



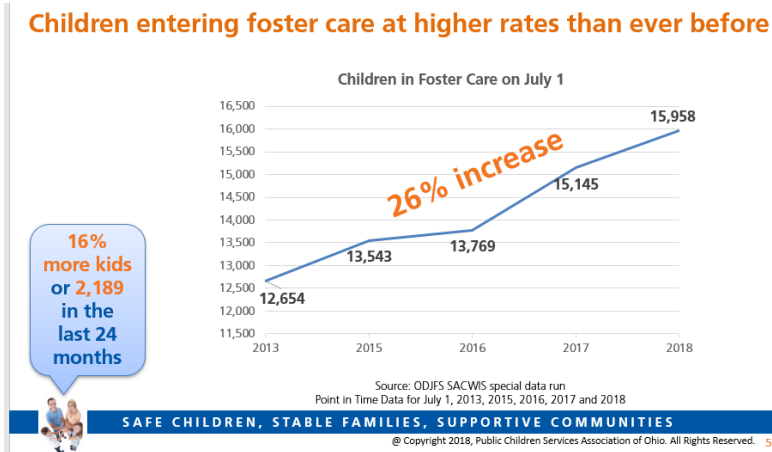
Safe Children, Stable Families, Supportive Communities

Ohio Senate
Health and Human Services Subcommittee
Senate Finance
Testimony on HB166
May 15, 2019
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Good morning Chairman Hackett, Vice-Chairman Huffman, Ranking Member Thomas, and members of the Senate Finance Subcommittee on Health and Human Services. My name is Angela Sausser and I am the Executive Director of the Public Children Services Association of Ohio (PCSAO). PCSAO is a membership-driven association of Ohio's 88 county Public Children Services Agencies (PCSAs) that advocates for and promotes child protection program excellence and sound public policy for safe children, stable families, and supportive communities. Joining me on this panel are John Fisher, Director, Licking County Job and Family Services, and Jerica Estle-Grooms, a young woman with lived experience in the foster care system.

Two years ago, we stood before you and shared that Ohio's children services system was facing a crisis due to the opioid epidemic. The General Assembly then, led by many of you, especially Senator Hottinger, became champions of our children services system by investing \$15M/year more into the State Child Protection Allocation (Line 600523), which was so desperately needed after we had been flat funded for over a decade prior, even while the opioid epidemic grew and tore apart families.

I wish I could say the crisis is over, but instead, Ohio's children services system is now in a severe crisis. 26% more children are in foster care than five years ago-- almost 3,500 more children. On any given day, Ohio now has nearly 16,000 children in out-of-home care.



While volume alone puts Ohio's Children Services System in severe crisis, these children are coming into care with more complex needs - making it extremely difficult to find appropriate treatment and placement options, whether it would be a foster home, group home, or a residential treatment facility. Unfortunately, Ohio has 7,400 licensed homes to care for the 16,000 children in care today; a definite shortage and strain on our system.

Sixty-one percent of children that are in custody of PCSAs are there for reasons other than abuse and neglect. These are the youth who have multi-system needs (behavior, delinquency, dependency) and are in the custody of PCSAs. Our member agencies, the PCSAs, have shared stories of calling numerous places in order to find a home for a child who has entered foster care; of children sleeping in their agency's lobby for a night or several nights before a placement is found; of having to send a child out of state for a placement as no one was able to care for the child's needs in this state.

Attached to our testimony is a document titled, "*Stories from the Field: The Need for Reform.*" These are real stories about real children in our system and the struggles the PCSAs encounter when trying to secure appropriate placements for these children. Please take some time when you have a quiet moment to read and ponder these stories.

Majority of youth in custody are there for reasons other than abuse and neglect

Reports Screened-in to PCSAs

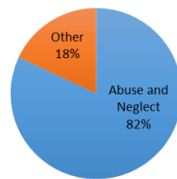


Figure 1: SFY 2018

Reason for Children In PCSA Custody

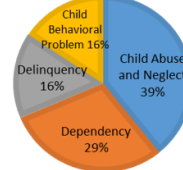
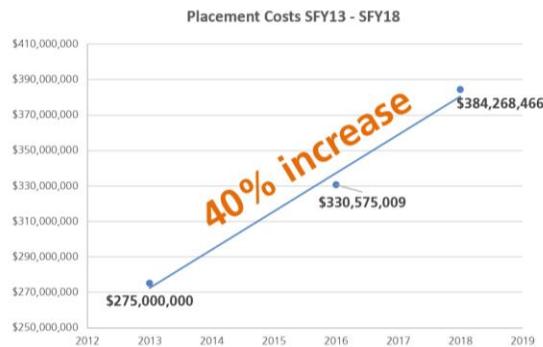


Figure 2: For children in custody on 7/1/18



With more children in care with more complex needs, placement costs (room and board for children in a foster home, group home, or residential treatment facility) have risen rapidly. Over the past five years, these placement costs have increased by 40% or \$109 million more today than in 2013 (in the past two years, placement costs have increased by \$54 million). PCSAs incur 63% of that cost—the balance is covered by federal funding. This is not sustainable for any county in Ohio.

Placement costs have increased sharply



Source: PCSAO Factbook 14th Edition Analysis



More children in care, with more complex needs, unsustainable placement costs, and an overburdened workforce leads to poor outcomes for children and families. Ohio’s children services system needs **significant state investment and reform immediately.**

Our members, the county public children services agencies, called for such reform last year – focused on building a stronger continuum of services for children. The goal of the reform-- which will take several budget cycles to achieve -- is to keep children with families. Reform will help prevent children from entering foster care, strengthen the foster care system to meet the complex needs of these children, provide aftercare services to families so children don't re-enter foster care, and reduce reliance on residential treatment. It aligns with the new federal law, Family First Prevention Services Act, which, when it becomes live in Ohio, will help our state build this stronger continuum of care for children.

In my 20 years of public service and advocacy on children's issues, I have never seen such dedication to meeting the needs of children long neglected by public policy. This is truly and stunning and remarkable budget for children, their families, and the children services system.

The Governor's proposed budget investments along with the incredible additional investment from the Speaker Householder and the House Finance Committee are right on target to help stabilize today's severe crisis in children services and begin the reform so desperately needed. And most importantly, to achieve better outcomes for children and their families.

HB 166 investments that connect to the children services crisis and our reform include:

- \$60M/year – added to the State Child Protection Allocation (JFS Line 600523), direct funding to county PCSAs to assist with the severe crisis and begin to stabilize
- \$5M/year – for county PCSAs to staff foster and kinship families recruitment and support, added to the State Child Protection Allocation (JFS Line 600523)
- \$25M/year – to assist PCSAs with the expensive and rising placement costs for youth with multiple system needs in custody or to prevent youth from entering custody (JFS Line 600523)

- \$4.65M/year – to support evidence-based practices that achieve results of preventing children from entering care and reducing the length of stay in foster care, including Ohio START, 30 Days to Family, and Permanency Roundtables (JFS Line 600523)
- \$6M/year – to support continuing and expanding Ohio START program from 32 counties today to 64 counties by the end of the biennium (MHAS Line 336421)
- \$3.5M/year – to establish a robust statewide kinship navigator program (JFS Line 600523), will draw down \$3.5M in federal matching funds
- \$15M/year – maintain the current kinship caregiver program (JFS TANF earmark)
- \$3.4M/year to support technology needs for caseworkers to be more productive in the field (JFS Line 600450)

Other proposed investments in HB 166 that connect with children and families involved or at risk of being involved with children services and support the [PCSAO Continuum of Care Reform plan](#) include:

- \$6M/year in the OhioMHAS budget for crisis services. These are needed to prevent children from coming into foster care or reentering care.
- \$7.5M/biennium in the OhioMHAS budget to expand up to 30 specialized court dockets that often involve families with children in foster care or at risk of entering foster care.
- \$10M/year in the Dept. of Medicaid budget for multi-system youth innovations. These are services not covered today by Medicaid but would put them on the pathway for coverage and future expansion across the state. These services would prevent multi-system youth from having to enter custody of PCSAs for services.
- Behavioral Health Care Coordination in the Medicaid's budget – first time ever that the Dept. of Medicaid will develop a separate model for children which is desperately needed. This effort will create intensive care coordination models that specialize in multi-system youth and assist in preventing custody relinquishment.
- \$625M/biennium in the Dept. of Education budget for student wellness and success funds. A target population for these new wraparound services will be youth involved

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with the children services system. These services would assist in meeting needs of children in the schools and thus, lessen the need for children services involvement.

- \$83M/biennium in the Dept. of Health budget for increasing Help Me Grow home visits. These evidence-based home visit programs assist families to safely maintain children at home, promote child development, and prepare children for school.

The leadership of this General Assembly and the Governor, combined with the bold new investments in the budget, will have a lasting impact on children and families in Ohio struggling with addiction and other challenges that lead to child abuse and neglect. This leadership and the bold investments will stabilize local public children services agencies that have been overwhelmed by the addiction epidemic, traumatized children and rising costs. This leadership and the bold investments bring a new opportunity to begin reforming the children services system so we can achieve the goal of a safe, stable, loving family for **all** Ohio children.

Thank you.

Testimony to the Health, Human Services Sub-Committee
Senate Finance Committee
May 15, 2019

Chairman Hackett, Vice-Chair Huffman, Ranking Member Thomas: Thank you for the opportunity to address the Committee. I am John Fisher, Director of the Licking County Job and Family Services. I am here today to help emphasize the crisis in Children Services. But before I note the crisis, I would like to provide you with a “glimpse” of Licking County.

I am proud to note that I live in a community that understands our crisis and supports services for abused and neglected children. Since 1985 Licking County has maintained a 1 mill Children Services Levy, and in 2017 passed an additional 1 mill levy. In addition to these levies, the County Commissioners provide additional funds (\$2.1m) from County GRF.

Unfortunately, even with all this local financial and community support, Licking County Children Services still finds itself in “crisis.” In order to address this crisis, we need our State partners to step up their support for abused and neglected children.

Today as I speak, Licking County has 514 children in foster care – of which approximately 150 are placed with kin and 55 are in residential treatment centers. Of the 514 children, over 85% are in our care due to the drug addictions of their parents.

Some quick “points” on identifying the crisis:

- On January 1, 2014, Licking County had 370 children in foster care. As of May 7, 2019, the number of children in care totals 514 – an approximate 40% increase in the number of abused and neglected children in foster care.
- While the number of children in care increased, their length of time in care also increased. Parents who are involved with drugs require longer periods of time to “recover” – thereby

making a child's stay in foster care longer. We've seen our average stay in foster care go from approximately 9 months to 14 plus months.

- Undoubtedly the most heartbreaking issue is the increase in the number of infants born addicted who enter foster care. In CY2018, a total of 262 children entered our care in which 37 were addicted newborns. That's 14% of the children who entered care in CY18 were born addicted and underwent withdrawal. These infants require and rightfully deserve the care and attention to win their addiction battle and hopefully emerge into a healthier childhood.
- The emotional and mental turmoil that children of drug addicted parents are subject to is "unimaginable." In the past, we averaged about 30 – 35 children in residential treatment centers. Now we average 55. While the 55 children are only about 10% of our children in care – they utilize 48% of our resources.
- In addition, we are finding that these children who require such intensive residential treatment services often cannot receive these services due to their extreme behaviors which treatment centers cannot accommodate and/or lack of services within Ohio which then require out-of-state placement of the child.
- The number of children entering our permanent custody continues to grow. The resources to timely find these children adoptive homes is currently insufficient – again driving children to stay in the foster care system longer than needed.
- With the number of children in foster care and an additional 89 children being served through Protective Service Orders (children remaining in the custody of their parents), our children services social workers are swamped and are trying to "balance" serving the families/children and completing their mandated administrative responsibilities. Additional revenues are needed to help reduce caseloads to an acceptable and safe level per social worker – and, hopefully, with a positive outcome for families and reducing the time a child is in care.

- I am sure you are aware of the upcoming Federal changes – called the Family First Prevention Services Act – which redirects Federal revenue to more “preventative” and home-based services. We strongly support this redirection – but – in communities the size of Licking County and smaller – we need the resources to build and expand these home-based prevention services all while maintaining services to our current families. Without additional resources, the Children Services “system” in many medium to small counties will not be able to make a successful transition to more preventative and home-based services.

In presenting you with a “glimpse” of the crisis in Licking County, I provided you with a host of figures and statistics. Let us dare not forget that behind these “numbers” are the faces and lives of the children and families we serve. The “numbers” include the 13 year-old girl who was prostituted by her parents in order to obtain money for drugs. The figures also include the 14 year-old boy whose physical health and violent emotional outbursts were so significant that only a specialized out-of-state treatment center could meet his needs.

I’ve been Director of the Licking County agency for over 18 years. It is not in my nature to overstate challenges, but I can sincerely say to you that this current crisis in children services is the worst I have seen in my long tenure. We are likely to lose a generation of children. That is why the investments in children’s services, first by the Governor and then by the House, are critical – I urge you to maintain them. Coupled with real leadership from the state, PCSAs across the state can start to get ahead of this crisis and focus where we should focus...on the children and families we serve.

Thank you.

Respectfully submitted:

John D. Fisher, Director
Licking County Job & Family Services

Testimony on Children Services Provisions in HB166
HHS Subcommittee, Senate Finance
May 15, 2019
Jerica Estle-Grooms
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Good Morning, Chairman Hackett, Vice-Chair Huffman, Ranking Member Thomas, and members of the Committee. My name is Jerica Estle-Grooms. I am 22 years old. Growing up with my biological family who were addicted to drugs, you can only imagine the things that I witnessed. Imagine walking in from school as a young child witnessing both parents stumbling because they're so high while wondering why there was prescription bottles and needles laying on the table. The electric was shut off. The water was shut off. There were times that we didn't always have food because my parents' addictions came before our basic needs. A month after my mother's death at the age of 12, I, along with my twin brother, and our older two siblings entered foster care due to issues within our primary family. One year later, my father died in 2009 also due to a drug overdose. During my stay in foster care, I was in eight placements from 2008-2014. I lived at Wilson Children's Home (a children's residential center) in Adams County, Ohio, on four separate occasions. The last home is from where I emancipated.

It wasn't until I was 18, that I met my "family," Chris and Bobbi Grooms of West Union, Ohio. I met the Grooms' family through their oldest daughter, Lizzy, when we both worked at a local restaurant. Chris and Bobbi (known to me as "mom and dad") were previous foster parents and had adopted Lizzy from foster care when she was a young child. Bobbi is also a social worker and has experience as an adoption worker in the public child welfare system. As difficult as things were and as closed off as I had become during my teen years, the Grooms family never gave up on me. They accepted me as part of their family and helped me, emotionally and financially, throughout my emancipation, through college and continue to help support me emotionally, into adulthood. My mom and dad also helped re-establish relationships with biological family members and with my twin brother. In July 2015, I legally accepted their name as my own: Jerica Estle-Grooms. Because of their support, I graduated with my bachelor's degree in Business from Marshall University in Huntington, West Virginia, in December 2018.

Many people, including caseworkers, supervisors, directors, etc., have referred to me as a success story. What you may not realize is, that in foster care, it can be difficult to form attachments, to make connections and to have the support of family into adulthood. Many children who age out or emancipate from the foster care system, without permanency, face the reality of homelessness, poor education, early pregnancy, inappropriate relationships, increased rates of mental illness and joblessness. Through no fault of their own, I know that if I had remained with my biological family, I would never have received the encouragement or support I needed to attend and graduate from college.

My agency and my family (the Grooms') were able to provide these supports for me. My kinship placements came to be as a result of meeting people within the community during my high school years, where I was able to participate as a cheerleader, homecoming queen and work a job at local restaurants. These activities helped me develop connections with teachers, coaches and other community members that would encourage me to succeed and to not give up on my dreams in life!

I was supported and encouraged by my caseworkers and other staff of Adams County Children Services with working, attending school, graduating high school, going to prom, getting my driver's license, opening a bank account, earning money, completing chores, and many other experiences "normal" children (meaning children not in the child welfare system), get to experience growing up. Adams County Children Services even purchased items for me for my dorm room when I entered my freshman year and caseworkers collected snacks and other items for me at their own expense, as well.

To this day, if I need anything (documentation, encouragement, whatever it may be), I can go to the agency or call my caseworker and get the help I need. Prior to graduation and since graduation, I have stopped by many times, just to say "thank you" to the staff at Adams County Children Services, who truly care about me (even when I didn't understand that they did) and were so happy and proud to see me succeed in life. They can understand how hard it is for kids and young adults in my situation to navigate through life without the proper supports.

Many children in foster care that I have met throughout my life, don't always share the accomplishments and opportunities that I have had. Theirs are often stories of struggle, pain and despair. No matter the situation, it always seemed to come back to that individual not having the appropriate people or supports to rely on. I'm so thankful, as this could have been me, as well.

Ohio ranks last in the nation for support of local children's services. Only 51 of Ohio's 88 counties have levies to generate local funding for services. In counties without them, services are limited or simply unavailable. And in recent years, thousands more children are in need of services in large part because of the state's opioid crisis. I AM TRULY the face of this tragic epidemic. I NOT ONLY lost one parent, I lost BOTH.

Many children across Ohio, just like me, are counting on you to help those at the state and county level. If made available, this funding could be used to provide the necessary services which will allow more children who emancipate from foster care the opportunity to succeed and not become a burden on taxpayers. Additionally, it can provide the necessary assistance to recruit more foster/adoptive homes for those children still waiting for permanency within the state child welfare system and provide more options for children who have yet to find their forever home.

PLEASE remember my story as you consider the children services proposals included in Governor DeWine's budget and in the House version. These additional dollars are needed so more youth can have the support and opportunities that I did.

Sincerely,

Jerica Estle-Grooms



STORIES FROM THE FIELD: THE NEED FOR REFORM

The children in these narratives are real; their stories come from the accounts of children services agency directors throughout Ohio.

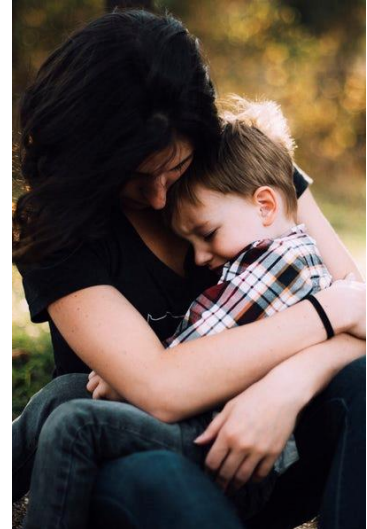
We share these stories for several reasons. First, to illustrate the severe crisis facing Ohio's children services system and the need for reform. Second, to put the focus where it should be - on the children. As you read, think of the children in your own life. These children are also "our" children. We must do better for **all** children.

Public Children Services Association of
Ohio
2019

Separating a Mother and Son

A lack of services available to infants and children with medical needs can prolong their stay in institutions.

In 2018, a 1-year-old child from Eastern Ohio, who had been in and out of the hospital since birth, came into the care of children services. The child had significant medical needs and was moved back and forth from the hospital to a long-term care facility out of state. After finally being moved back to the hospital, he was cleared for discharge on the condition of receiving in-home pediatric nursing and shifting the responsibility of care to the county agency. However, the county could not provide this service due to a lack of pediatric nurses in the community, making discharge impossible.



Healthcare providers requested that the county take custody and instead place the baby in a different county with the in-home pediatric services needed. However, the mother had custodial rights and wanted the child to come home.

The county would have to assume custody through no fault of the mother's but, rather, because the area lacked appropriate services. This mother was faced with the possibility that the only way her son could receive proper health treatment was to give up custody and remain separated from him.

UNSUSTAINABLE COSTS

By the Numbers...

\$384 Million: Total placement costs (room and board) for children and youth in custody in SFY2018; up \$54M /year in just two years. Complex needs and longer stays, as demonstrated by Northwest Ohio examples, show why these costs are increasing:



Youth 1, eligible for partial federal reimbursement (Title IV-E)

Days in a residential facility: **2,540**

Placement Cost: **\$435/day**

Total Placement Cost: **\$1.1 Million**

Local Share: **\$420,000**

Youth 2, Not eligible for partial federal reimbursement (Title IV-E)

Days in a residential facility: **1,101**

Placement Cost: **\$380/day**

Total Placement Cost: **\$438,380**

Local Share: **\$438,380**

Another Example:

3 youth in an Eastern Ohio county account for **75%** of the county's total placement costs



How do you Find a Home for a Boy with a Troubled Past?

Finding a foster home for a child with multiple needs and a challenging history often proves difficult.

One county in Northern Ohio searched far and wide for over a year trying to find a family facility for a 12-year-old boy in permanent custody who was ready to step down from a residential setting. He is developmentally delayed and has a background of familial substance abuse, domestic violence, and homelessness. Previously placed in therapeutic foster care, he was removed after he behaved violently with family, pets, and property, and exposed himself to another child.

More than 30 placement agencies were contacted, and the county's Board of Developmental Disabilities and Family and Children First Council became involved as well. Three families expressed interest in placement over the year, but they changed their minds after meeting him. The potential families expressed concerns specifically regarding his developmental delays and sexual behaviors.



For over a year now, this boy has been rejected from every placement the agency contacted. Being able to step down into a family setting is the next step in this boy's healing; instead he remains at the residential facility. Children should be raised in families, not institutions.

What Happens to the Boy Nobody Can Care for?



A 16-year-old boy from Northeast Ohio, currently in a therapeutic foster care placement after moving from placement to placement, is now being told he is no longer allowed to stay there.

While in the custody of his parents, he was sexually assaulted by an aunt when he was very young. He has an IQ of 67, struggles with reading and writing and is on IEP/ETP to help him in school. Moreover, he struggles with coping mechanisms, impulse control issues, and has allegations against him of non-consensual sexualized behaviors, but has not been formally charged. He has been aggressive with staff and peers in his placements, usually when he hears something that he does not like.

This child has current diagnoses of Primary-ADHD, Secondary-Adjustment Disorder with mixed anxiety and depressed mood, and Tertiary-PTSD. He has experienced extreme trauma in his life, and no placement suitable for his needs can be found.

A Teenager with no Place to Go

Challenges of placing adolescents with history of substance abuse and behavioral issues

Life as a teenager is already a difficult time for many 17-year-olds. This time is typically spent looking into what college you want to attend, playing sports, joining extracurriculars, or just enjoying your senior year of high school. However, for this 17-year-old from rural Southwest Ohio, none of that is a reality.

With a history of delinquency, aggressive behavior, and substance abuse, this girl is currently being held in a detention center. She has started a “riot” in a previous placement, organized other disruptions, and has run away several times. She faced a felony charge, but it was later dropped, taking the Department of Youth Services out of the picture. Despite best efforts, no placement was found as of one week before her release.

Every place that was contacted was unable to place her. However, the release from detention would occur regardless of whether the PCSA could find a place willing to accept her or not. This girl does not have a permanent home and has nowhere to stay after being released from detention; she is only 17 years old.



A Child Who has been Through It All

Challenges of finding an appropriate fit for youth with a combination of behavioral issues, juvenile detention background, and mental health needs cross state lines.

In 2013, a PCSA received custody of a 13-year-old boy. While in agency custody, he was placed in six different facilities (including group homes and residential centers), had 10 detention stays, and nine hospitalizations. The boy had several different psychiatric diagnoses, injured himself repeatedly, and demonstrated impulsive behavior.

He was asked to be removed from each facility, one as soon as 11 days after placement. In 2016, he was placed in a Juvenile Detention Center due to delinquency charges. Here, he attempted suicide. The county JFS contacted 129 different placement facilities in Ohio and other states, but none accepted placement. In 2016, a center in Missouri agreed to accept him. However, the boy's father in Florida was awarded custody in July after an evidentiary hearing following a home study denial, and he moved to Florida instead. Soon after, the boy was physically aggressive with his father, even breaking his arm, and was then placed in a treatment facility in Florida, starting the cycle again.



Children Services Workers Aren't Equipped to Serve as Mental Health Professionals



A county agency is seeking placement for a 14-year-old female from Southwest Ohio who was diagnosed with Unspecified Schizophrenia Related Psychotic Disorder, Autism Spectrum Disorder, Intermittent Explosive Disorder, Intellectual Disability, and Opposition Defiant Disorder. There is discrepancy on her IQ, with one provider putting it at 66, another at 44. She experiences intense auditory and visual hallucinations and can be extremely aggressive. However, she can also be very sweet; she loves coloring, playing Uno, and listening to music. She has been in multiple residential treatment settings over the years and is currently placed out of state. After continuing to exhaust the list of resources, the agency has run out of ideas for where to place this girl, and where to get her help.

The teenager's future is uncertain because the care she needs is unavailable.

Continued Challenges Finding Facilities

There are immense difficulties placing youth with high levels of psychiatric need, behavioral concerns, and many previous placements.

In 2018, a Northern Ohio county was suddenly tasked with finding a placement for an 11-year-old boy. This child had most recently been at a treatment facility that closed, leaving him without a placement. Before he arrived there, he had moved among seven different families and facilities, where several placements reported instances of unsafe behavior and sexual aggression. Before his most recent placement closed, however, he was reported to be improving, demonstrating less sexualized behavior and attending school. After the facility closed, the county contacted at least 55 places. None were able to provide placement for him - citing reasons including being full, concerns for safety of other children in their care due to his sexualized behaviors, his history of placement disruptions, and unable to provide the appropriate restrictions and care given his mental health challenges.



Even though this boy was showing improvement in his behaviors, an appropriate placement that could support his progress could not be found.

Help us help a system in crisis. Foster hope for Ohio's children.



THEY AREN'T THE ONLY ONES

Unfortunately, these children are not an exception to a rule. Provider agencies are unable to accept placement of a child for a variety of reasons, including no availability in a foster home or treatment facility, or their services do not align with the child's needs - demonstrating clearly why reform is needed. Below are just some denials that have been received:

- "We are full at this time. Thank you for considering our treatment team for placement. We look forward to working with you in the future."
- "I'm sorry, but due to his behaviors, we do not have a foster home available for him. I hope you can find a home for him soon."
- "Unfortunately, after the clinical team reviewed the backgrounds, they are going to decline him due to the mental health component."
- "Thank you for the referral of this youth. We have reviewed the information that you supplied. We do not feel that he would be a good fit for the Residential Program at this time. We look forward to reviewing future referrals."

Why Is Reform Needed in Ohio?

With 4,000 additional children in foster care today than just five years ago, Ohio's children services system is in crisis. They come with more trauma and more complex needs, and they stay in care longer. If trends continue, by 2020, Ohio could have 20,000 children in foster care on any given day and spend more than half a billion dollars just for out-of-home placement. Ohio can—and must—do better. PCSAO is proposing system-wide reform that will create a continuum of services for children and their families. We can get better outcomes and, ultimately, spend less.

Opioid Epidemic Devastation



Ohio is one of the worst-hit states in the nation for overdoses, and these adults are of child-bearing age. More kids are coming into foster care due in large part to the epidemic.

- 27% increase in number of children in care since 2013
- More than 16,000 children in custody on any given day in July 2018
- 20% increase in placement costs alone (\$55 million increase)
- 7,200 licensed foster homes unable to meet the demand
- Average child spends a month longer in care because of parent relapse

Residential Care for Complex Needs



Many children in residential (congregate) care settings came into the system not because of abuse or neglect but because other systems—juvenile justice, mental health, developmental disabilities—are unable to meet their complex needs.

- 14% increase in residential and 7% increase in group home placements since 2014
- Children in out-of-state residential placement stay in custody for 559 days (median) vs. 318 days for in-state
- 15% of children in congregate care are under the age of 13

Ohio's biggest challenges:

- Kids are unhealthy, unable to overcome their trauma
- Kids are being raised in institutions, not with families
- Kids are being placed with foster families that are not near their home
- Kids are being placed out of state for residential care
- Kids are staying in care longer

Workforce Impacts



Children services caseworkers strive for reunification, but as caseloads rise and children get stuck in foster care, caseworker morale plunges.

- In 2016 and 2017, 1 in 4 caseworkers left their positions
- Cost of turnover estimated at \$24.3 million
- Research shows that caseworker turnover has a direct impact on kids spending longer in foster care

Funding Inequities



Even with a 2017 increase from the state legislature, Ohio pays the smallest share of child protection costs of any state in the nation.

- Ohio contributes only 10 cents on the dollar, and just 5 cents of that goes to counties (SFY16)
- Counties bear the lion's share, 52 cents on the dollar; federal government share is 38 cents (SFY16)
- \$175 million more will be needed by 2020 just for out-of-home placement costs

Children's Continuum of Care Reform

Children deserve to be safe in their homes, and they do better living with families than in institutions. Ohio can do a better job of preventing children from entering foster care in the first place with community-based, short-term crisis stabilization services. If children have to be removed from their families, we need a robust foster care system that can support the challenging needs of kids in a family-based setting while focusing on reunification. Join PCSAO and our supporters in redesigning Ohio's children services and foster care system using these four strategies to keep kids safe, stable and healthy.



Prevention, Intervention, Crisis & Diversion Services

Increase services so that children can remain with their families and not come into foster care in the first place

- High-Fidelity Wraparound
- Intensive Home-Based Treatment
- Trauma-informed short-term crisis options
- Juvenile court diversion programs
- Community-based supports to meet basic needs
- Peer mentors
- Family search and engagement
- Evidence-based mental health, substance abuse and parenting education programs

This plan is designed to reduce:

- Number of children entering foster care
- Length of stay in foster care
- Reentry into foster care
- Residential placement
- Children experiencing trauma
- Cost to taxpayers



Appropriate Residential Care

Decrease Ohio's use of congregate care (residential, group homes) settings and, when needed, ensure that high-quality residential treatment facilities can meet the needs of children and are available in proximity of family

- Available, affordable and accessible high-acuity placements
- Short-term, individualized, trauma-informed facilities
- Expanded options



Professional Foster Care

Create a robust foster care system that can meet the variety of challenging needs of children while focusing on reunification efforts

- Targeted caregiver recruitment
- Foster and kinship family retention supports
- In-home treatment services
- Defined expectations with aligned supports, policies and compensation
- Value-based incentives



Aftercare & Reunification Services

Increase availability and accessibility of services so that children can safely return to their families and achieve sustained permanency

- Meaningful supports for families
- Various levels of care accessible to all counties