



Safe Children, Stable Families, Supportive Communities

Ohio House of Representatives  
House Finance Committee  
Testimony on Sub HB 33  
April 20, 2023  
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Good morning, Chair Edwards, Vice Chair LaRe, Ranking Member Sweeney, and members of the House Finance Committee. Thank you for the opportunity to provide this children services testimony on Sub. HB 33. 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 that advocates for sound public policy, promotes program excellence, and builds public value for safe children, stable families, and supportive communities.

I am here today to express appreciation to this Committee for maintaining the proposed new investments for public children services agencies in the State Child Protection Allocation (KID Line 830506). These dollars are absolutely needed by our county public children services agencies (PCSAs) to help stabilize the workforce, address the cost associated with today's placement crisis, effectively implement the many changes that have occurred within our system over the last five years, and become more innovative in our approaches to working with children and families.

Over the past two years, our chief struggles have been our children services workforce crisis and our placement crisis – which is largely a mental health treatment crisis impacting Ohio's youth. These struggles are real and severely limit the county public children services agencies' ability to effectively and proactively implement all the federal and state changes that have

occurred over the last five years, including the federal Family First Prevention Services Act and the Governor's Children Services Transformation recommendations.

First, our workforce. A national study in 2018 revealed that 53 percent of Ohio's caseworkers demonstrated levels of secondary traumatic stress that met the threshold for Post-Traumatic Stress Disorder (PTSD). The stress of these jobs clearly existed before the pandemic but was exacerbated during lockdown as caseworkers continued to see children in person, investigate allegations of abuse, and remove children from unsafe situations. Those stressors have led to caseworker vacancy rates in the double digits in many counties and caseload sizes well above what is manageable and safe. PCSAO commissioned a [research study](#) (Executive Summary is attached) on Ohio's children services workforce crisis, revealing that our system experienced a 38% turnover rate in 2020, higher than the national average of 30%. We appreciate ODJFS's efforts to date on our workforce crisis, including a \$15 million one-time grant focused on recruitment and retention efforts. Even with these supports in place, agencies continue to struggle to recruit and retain quality caseworkers. The proposed increase in the State Child Protection Allocation would provide opportunities for PCSAs to continue successful recruitment and retention efforts that they have gained through the ODJFS grant.

The other crisis tipping point impacting the children services system is Ohio's youth treatment crisis, which has created severe placement challenges. PCSAO issued a [report on Ohio's placement crisis](#) (attached) in February 2022. We found that approximately 24% of children who entered care in 2021 did so primarily due to their behavioral health needs, developmental delays, or involvement in the juvenile justice system rather than due to abuse or neglect concerns. This report also revealed that in 2021, 6% of those youth had to spend at least one night at an agency. In that same report, PCSAO issued a call to action asking state leaders to develop a shared commitment across systems for these youth with multi-system, high acuity needs. It's long past time to develop and implement a comprehensive, rapid response approach for these youth. We know this worked in Virginia when Gov. Youngkin created a multi-system

task force that aggressively worked to reduce the number of children sleeping at agencies awaiting placement by 89% in six months.

Yet even when we do find a placement, whether in Ohio or out-of-state, the placement costs associated with many of these children with complex, high-acuity needs are astronomical. Residential facilities have had to increase their own costs by as much as 60%. According to these facilities, this increase is due to overall inflation, their own workforce shortages, and the necessity of meeting new federal Family First Act requirements for Qualified Residential Treatment Programs (QRTP). Here is a good illustration of this increased cost: a small county in southeastern Ohio returned a youth to a facility for which they are currently paying \$2,500/day, double the rate they previously had been paying for this same youth at the same facility. The proposed new investment allows PCSAs to address some of the rising placement costs while policy solutions for the lack of available and appropriate placement and treatment options continue to be sought.

We are concerned about the proposed cuts of \$28 million in SFY 24 and of \$25 million in SFY 25 in the KID Line Item 830506 in Sub HB 33. This line items contains many critical programs and services for foster children, youth, their families, and public children services agencies. Programs such as Ohio Kinship and Adoption Navigator program, Kinship Support Program, Bridges program for foster youth transitioning to young adulthood, Sobriety, Treatment and Reducing Trauma (Ohio START) program (see attached testimony from Aimee Rich, Ashtabula County START caseworker, presented to the HHS Subcommittee in March), Tiered Foster Care, a new driver's license program for foster youth, prevention services for families such as Triple P, and a youth navigator program. These proposed cuts mean that children, youth, and families will not have access to these programs and supports that help children remain safely in their own homes, or with kin, and be successful when they leave foster care.

The next two years are pivotal for Ohio's children services system. We must maintain the proposed investments for children services as introduced in the Executive Budget. Again, we

greatly appreciate the increase in the State Child Protection Allocation (KID Line Item 830506), which is the only direct state allocation to the county public children services agencies and are needed to help stabilize the children services workforce, address the costs associated with today's placement crisis, effectively implement the many changes that have occurred within our system over the last five years, and work to become more innovative in our approaches to working with children and families. In addition, this line item maintains funding for multi-system youth and for best practice incentives. However, the overall line item must be restored to at least the Executive Budget levels so that critical programs, such as the Kinship and Adoption Navigator Program, Bridges, Ohio START and youth navigator program, can be fully maintained.

We look forward to working with the General Assembly to maintain these new investments for children services and identify solid policy solutions to impact Ohio's youth treatment/ placement crisis and stabilize the children services workforce.

Thank you. I would be happy to answer any questions.

## Executive Summary

In 2021, the Public Children Services Association of Ohio, the membership association of Ohio's county children services agencies, commissioned The Ohio State University College of Social Work to conduct research and develop recommendations to improve recruitment and retention of frontline children services caseworkers because of the workforce crisis many agencies are facing. Researchers were charged with examining successful efforts in other state-supervised, county administered child protective services (CPS) systems and in similar human services systems, gathering data through surveys and focus groups of county agency staff, and recommending strategies at both the state and county level for "Building a 21<sup>st</sup> Century Children Services Workforce."

Turnover among CPS caseworkers can be attributed to a number of drivers, including the highly complex nature and demands of the work, the resultant secondary traumatic stress, the quality of supervisory and organizational support, and compensation. Turnover is costly to taxpayers, increases workload and stress for those who remain, and ultimately harms the children and families served by the system. While turnover has hampered CPS agencies for years, the COVID-19 pandemic threatens to exacerbate the problem, triggering resignations in any number of fields.

A representative sample of CPS agencies and their staff participated in an OSU survey; survey respondents were then given the opportunity to join a focus group. Ohio workers in the sample reported feeling moderately satisfied with their work; however, levels of job satisfaction appear to decrease the longer employees work within a specific role. Not surprisingly, 63% of respondents (who included caseworkers as well as agency staff in other positions) reported feeling moderate or high levels of work stress. Caseworkers – particularly those working within assessment/investigation units – consistently indicated experiencing high levels of work stress.

Workers' commitment – their desire, need, or obligation to maintain employment – is not high. While in general, workers report that their agencies have a strong organizational culture, leadership, and evaluation context, specific features of employees' work experiences may influence their perceptions of organizational context elements. For example, the specific CPS unit in which employees currently work was

related to differences in their ratings of organizational culture and evaluation context.

Research findings reveal that workers feel they can carry out their job competently; however, workers overall reported a lack of clarity about what is expected of them. Significant opportunities for workforce retention include improving available supervision, strengthening external collaborations, and targeting psychological safety. Significant threats to workforce retention included worker disempowerment and a lack of voice as well as limited social and family services available to clients in the community.

With respect to successful strategies in other states and systems, large-scale change interventions that include frontline workers in decision making were found to support worker autonomy. Use of such approaches has led to greater satisfaction with communication, operating procedures, and organizational culture and climate, along with decreased role overload and emotional exhaustion. The use of employee selection programs to identify workers best suited for CPS work can increase employee satisfaction and build strong teams. Multifaceted interventions that include team building and leadership training can also increase job satisfaction and team cohesiveness.

Ohio must take a comprehensive and coordinated approach to improving recruitment and retention. Interventions should consider Ohio's complex children services system, engage all levels of the workforce in change planning and decision making, and elevate matters of race, equity and diversity. Specific state- and county-level recommendations can be found beginning on page 23. This report makes two overarching recommendations, each with two goals:

### **Recommendation 1: Reduce and Prevent Turnover-Related Risk Factors by Minimizing Professional Weaknesses and Threats**

***Goal 1: Reduce Workforce Burnout and Job Dissatisfaction***

***Goal 2: Decrease Negative Influences of Professional Climate and Leadership***

### **Recommendation 2: Bolster Recruitment and Retention Protective Factors by Maximizing Professional Strengths and Opportunities**

***Goal 1: Increase Organizational Commitment and Intention to Stay***

***Goal 2. Improve Workforce and Community Experiences of the Profession***



Safe Children, Stable Families, Supportive Communities

# Placement Crisis Affecting Children Services Report

February 2022

## Background

The Board of Trustees of the Public Children Services Association of Ohio (PCSAO) identified an ongoing but escalating challenge in placing children with high-acuity, multi-system needs. This challenge was originally identified by PCSAO in 2016, leading to the release in 2018 of the [Children's Continuum of Care Reform plan](#). Although progress has been made on several strategies in the reform plan, the challenge of securing timely and appropriate placements continues to grow, particularly for youth coming into care with significant behavioral health needs, developmental/intellectual disabilities, or as a diversion from juvenile corrections.

Quantifying this placement challenge for youth with complex needs can be quite difficult as such data is not easily extracted from Ohio's child welfare automated information system. The following county public children services agencies (PCSA) completed a survey in mid-December 2021 to quantify this challenge: Ashtabula, Champaign, Coshocton, Crawford, Franklin, Jackson, Lorain, Lucas, Perry, Portage, Preble, Seneca, Stark, Summit, Tuscarawas, Union, Warren, Wayne, and Williams. These 19 counties provide a solid representation for the state as they are diverse in size, geographic location, resources, and structure.

Data were collected in three distinct categories to ensure no duplicative count:

- 1) Placements of young people diverted by the court from juvenile corrections;
- 2) Placements of young people with behavioral health as their primary need; and
- 3) Placements of young people with developmental/intellectual disabilities (including autism) as their primary need.

## Overall Impact on Placement Challenges

The survey looked at the total number of children who entered care in 2021 (January – November/December) per county and compared that to the number of youth in each of the above three categories. While many of these youth could be accounted for in more than one category, respondents were asked to select the category that best represented the youth's presenting need(s).

The survey results show that **24% of youth (or 1,005 youth)** who came into care in 2021<sup>1</sup> **were diverted from juvenile corrections (9.3% of all cases), or entered primarily due to behavioral health needs (12.1%), or developmental/intellectual disabilities (2.4%).** PCSAs are then

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<sup>1</sup> Total number of children in care was calculated by some respondents to include those who came in and out of care, a few may have used the total number of children in care vs. came into care that year, and a couple may have included where custody remained with parent. PCSAs used actual and estimated numbers to account for the youth. According to ODJFS Public Facing Dashboard, there was a total statewide of 13,105 removals in 2021.

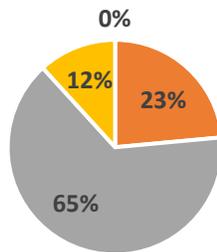
challenged to secure timely and appropriate placements for them. Assuming 24% is an accurate count for youth who come into care primarily as a diversion from juvenile corrections or due to their behavioral health needs or developmental/intellectual disabilities, then statewide this placement challenge could have included **3,145 multi-system youth<sup>2</sup>** (JJ, BH, DD/IDD) in 2021.

### Closer Look at Juvenile Justice

Most of the responding counties (89%) experience courts placing youth in their custody as a diversion from the juvenile corrections, at least sometimes in terms of frequency (65%), and over half do not consider them to be abuse or neglect cases (58%). 94% of the counties responded that they have attempted to push back on the juvenile justice system for these placements.

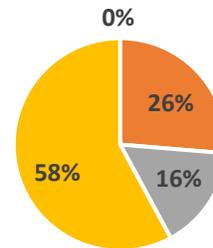
Of the youth who were placed in PCSA custody as a diversion from juvenile corrections in 2021, **26%** (101 out of 393 youth from juvenile justice) **were accused or convicted of a felony**. That represents 2.4% of the total youth who came into care in 2021 from the counties responding to the survey. Statewide, this could mean there were 315 youth in PCSA custody who had been accused or convicted of a felony.

Juvenile Justice Frequency



■ Very Often ■ Often ■ Sometimes ■ Rarely

JJ + Child Abuse & Neglect



■ Yes, most ■ Yes, some ■ Yes, but very few ■ No

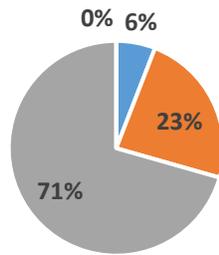
### Closer Look at Behavioral Health

Similarly, 89% of counties experienced placements of youth whose needs were primarily behavioral health related, most with a frequency rate of at least sometimes (71%), and less than half would not be considered abuse or neglect cases (44%). 100% of the respondents reported that they have attempted to push back on the behavioral health system for these placements.

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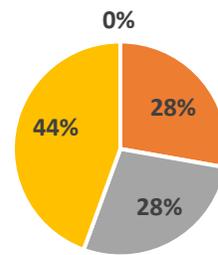
<sup>2</sup> This calculation is based on the ODJFS Public Facing Dashboard, Calendar Year 2021, All Removals = 13,105 children.

Behavioral Health Frequency



Very Often Often Sometimes Rarely

BH + Child Abuse & Neglect

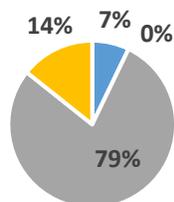


Yes, most Yes, some Yes, but very few No

### Closer Look at Developmental Disabilities

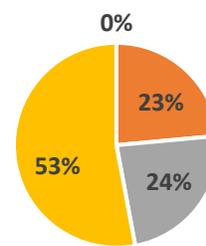
Most counties (74%) also experienced placements of youth with developmental/intellectual disabilities (including autism) as their primary need, most with a frequency rate of at least sometimes (79%), and more than half would not be considered abuse or neglect cases (53%). 86% of the respondents responded that they have attempted to push back on the developmental disabilities system for these placements.

Developmental Disabilities  
Frequency



Very Often Often Sometimes Rarely

DD/IDD + Child Abuse & Neglect

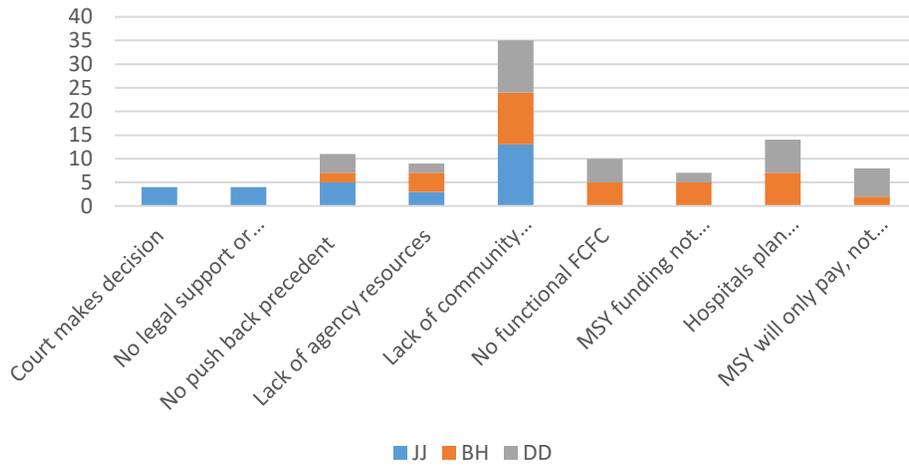


Yes, most Yes, some Yes, but very few No

### Reasons These Placement Challenges Create Crisis

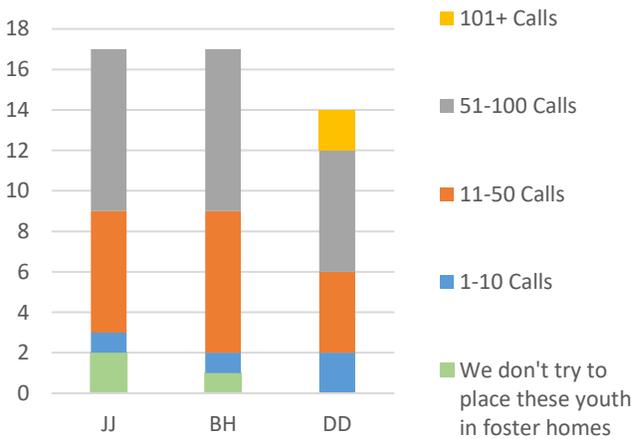
While counties responded that they often push back on the other systems for these placements, there was overwhelming agreement that the leading issue impacting this multi-system youth population (JJ, BH, DD/IDD) is the **lack of community alternatives (34%)** for these youth. Respondents were asked why these placements occur, and responses included: court makes decision (4%), lack of legal support or inadequate representation for PCSA (4%), precedent does not support pushback on other systems (11%), lack of agency resources or staff (9%), lack of community alternatives (34%), lack of a functional collaborative (Family and Children First Council, FCFC) (10%), multi-system youth(MSY)/FCFC funding not timely enough to avoid custody (7%), hospitals plan discharge before another placement is secured (14%), and MSY/FCFC will pay but PCSA must still find placement (8%).

### Why These Placements Occur

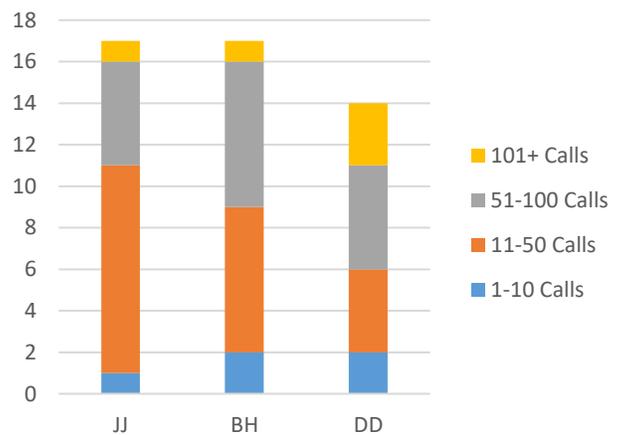


Despite these realities – the lack of community alternatives for youth, hospitals planning discharge before another placement can be arranged, and local collaboration and resources not being readily available or functional enough to avoid custody – PCSAs are nevertheless required to secure timely, appropriate placements for these youth with high-acuity needs. For this multi-system youth population (JJ, BH, DD/IDD), counties responded that they make at least 51-100 calls (46%) to private foster care networks and make at least 11-50 calls (44%) to children’s residential facilities before securing a placement. Overall, **81% of counties are making between 11-100 calls (41% for 51-100 calls; 40% for 11-50)** before securing a private foster home or a residential placement. This consumes staff time and resources (including other staff may get involved including director and legal), increases stress while the child may often be sitting in their agency waiting for a placement to be found, and reduces staff focus on abused and neglected

### Calls to Private Foster Care



### Calls to Residential Facilities

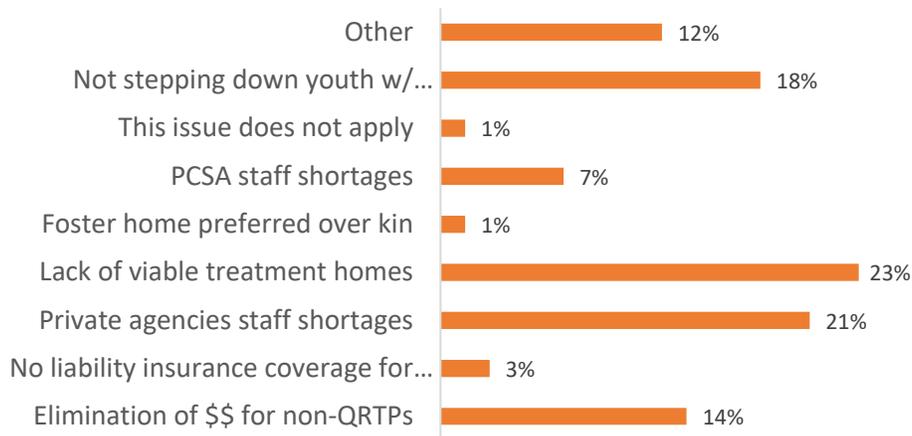


cases.

When a placement cannot be identified in a timely manner, PCSAs are left with the only other option: for the youth to stay at least one night in their agency. In the past year, the responding counties reported that **179 youth (6%)** who came into care in 2021 had to spend at least one night at the county agency. One child is one too many when spending a night at a PCSA, but extrapolating **statewide, 786 youth could have had such a traumatizing experience** in 2021.

In addition, respondents were asked what recent changes or additional pressures may have exacerbated the placement challenges. The top three changes or additional pressures included **lack of viable treatment foster homes (23%), staff shortages at private provider agencies (21%), and the belief that private providers have youth with lower-level needs (18%) that are not being stepped down to less intensive care**, leaving no space for youth with more serious needs.

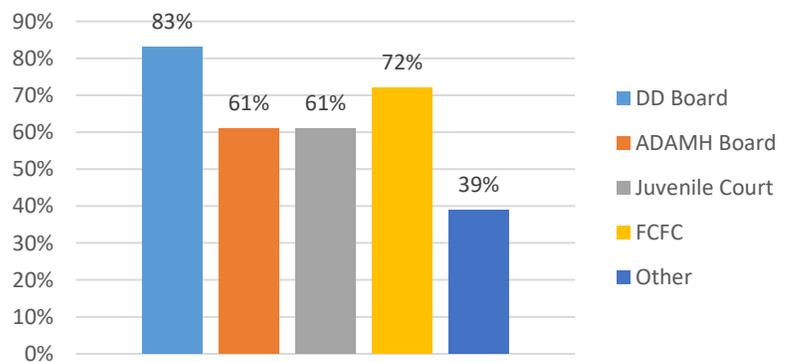
### Additional Pressures Adding to Crisis



### Positive Approaches for These Placement Challenges

Respondents reported that while securing placements for these youth can be quite challenging and a drain on resources, agencies have found success locally by regularly collaborating with other agencies where they share responsibility for multi-system youth (County Developmental Disabilities Board – 83%, Family and Children First Council – 72%, County Alcohol, Drug and Mental Health Board – 61%, Juvenile Court – 61%, Other – 39%).

### Collaborate & Share Responsibility for Multi-System Youth (JJ, BH, DD/IDD)



Another positive is that success has been found at the state level with the new Multi-System Youth (MSY) efforts. With funding through the Ohio departments of Job and Family Services and Medicaid, the state's coordinated MSY state-level program has provided counties with some relief as noted in the survey responses. A couple of respondents noted that due to the available MSY funding through Family and Children First Council (FCFC) or at the state level, they did not have to experience a child come into their custody in 2021 due primarily to their behavioral health needs or developmental/intellectual disabilities.

While PCSAs try to seek placements in-state, at times they must consider out-of-state placements. Survey responses showed that while these youth present challenges with finding and securing timely, appropriate placements, only **5 of the youth who came into care required an out-of-state placement (0.12%)**. However, if this percentage were applied statewide for 2021, **157 youth could have been sent to an out-of-state placement**. Ohio has typically had on average approximately 400 youth in out-of-state placements over the last few years, but this survey did not study if such an increase has been experienced recently.

There is hope that future efforts by Governor DeWine's administration to further address multi-system youth issues (JJ, BH, DD/IDD) such as OhioRISE and the establishment of psychiatric residential treatment facilities (PRTFs), further development of Family First prevention services, and more expansive levels of care for developmental/intellectual disabilities will help to address this placement crisis. **Overall, 26% believe future efforts will address this issue, 42% of respondents are unsure but remain hopeful, and 32% believe such efforts will not resolve the issues**. This is a great opportunity for the state and local agencies to partner closely and bolster these efforts to ensure that they do positively impact this population and the placement crisis.

## Summary

This survey demonstrates that 24% of youth come into care primarily due to severe behavioral health needs, significant developmental/intellectual disabilities, or as a diversion from juvenile corrections. PCSAs are encountering real challenges in securing timely, appropriate, and available placements for them. While funding can be challenging, especially when considering higher level-of-care placements for multi-system youth with high-acuity needs, the key issues driving this current crisis are the lack of community alternatives, viable treatment homes, and other placement options due to staff shortages, particularly at residential facilities.

Gov. Mike DeWine's administration has prioritized improving outcomes for children, particularly those in the foster care system. This prioritization means more services and options are coming that should have a positive impact on today's placement crisis. The development of Medicaid's OhioRISE managed care program and ODJFS' creation of Tiered Treatment Foster Care will help. Selection of future Family First prevention services will be key in addressing the needs of youth who could be better served in their homes rather than in out-of-home care (foster home, residential facility). Taken together, these initiatives will make great progress toward many of the ideas put forth in PCSAO's Children's Continuum of Care Reform plan and should result in a more robust set of services for how communities can serve children and families. However, these

options will take time to mature and grow to scale. Thus, today's challenge will not go away anytime soon, especially with the workforce shortage impacting these sectors.

Even with these new options, we must tend to the underlying developmental/intellectual disabilities, behavioral health, and juvenile justice issues as they impact the children services system. Without addressing those, it is hard to see how children services will move beyond what may be assumed as the system of last resort for children and their families. Unlike other systems, when PCSAs receive referrals for youth with multi-system, high-acuity needs (JJ, BH, DD/IDD), they are required to find and secure a placement, and often to take custody of those youth. Focusing on solutions that include creating joint accountability and ownership among the other systems for these youth would provide a significant measure of relief for families, youth, and PCSAs. Therefore, we recommend a Call to Action with the following strategies.

### **CALL TO ACTION**

- State leaders must demand that Ohio has a shared commitment that includes joint accountability and ownership across systems at both the state and local level for these youth with multi-system, high-acuity needs (BH, DD/IDD, JJ) and their families.
- State and local leaders representing these four systems (BH, CW, DD/IDD, JJ), service providers, and experts should be convened with a sense of urgency and a clear timeline to develop and implement a comprehensive, child-centered, trauma-informed, multi-system, rapid response approach for youth with high-acuity needs. This rapid response approach must factor in the contributing causes of the current crisis, including the complex needs of youth, the relevant market forces and workforce constraints, as well as potential new resources, such as potential ARPA funding, OhioRISE, Tiered Treatment Foster Care, and expansion of intensive crisis services. The approach should include:
  - Addressing the workforce shortages at private and public agencies to increase capacity for placements, services, and case management;
  - Assisting county systems in identifying and securing appropriate placement options including establishment of regional emergency short-term crisis beds for youth with high-acuity needs ;
  - Assisting counties in identifying and securing local and regional community alternatives that meet the needs of these youth (BH, DD/IDD, JJ) so they and their families can be served outside of the children services system; and
  - Ensuring that private providers can serve youth with multi-system, high-acuity needs at reasonable rates, incentivizing those providers with progressive programming and collaborative stepdown efforts.

In conclusion, this survey reveals that Ohio's youth are not being served well, their needs are not being met, PCSAs are struggling to maintain the resources (staff, time, services, funding) to address their needs, timely and appropriate placements are not readily available, and alternatives in communities are greatly lacking. Action is needed now.



# Ashtabula County Children Services

"It takes a community for a child to grow."

**24 HOUR  
ABUSE HOTLINE**

440-998-1811 or  
1-888-998-1811

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March 7, 2023

Finance Subcommittee on Health and Human Services

HB33 Testimony

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Chair Carruthers, Ranking Member Liston, and members of the House Finance Subcommittee on Health and Human Services, my name is Aimee Clemson I am an Ohio START caseworker at Ashtabula County Children Services and I am also a recovered addict. I am before you today, as I have made it my life's mission to help the children and families whose lives are directly affected by the opioid and methamphetamine epidemic. I am on the frontlines, protecting the children, while holding their parent's hand in a battle of life and death. I try to lead by way of example and hope, while directing my clients towards a pathway of healing and recovery. I do this because I know there are only two potential outcomes with this disease... the prognosis is terrifyingly simple, they get better, or they die.

May I serve as an example that the disease of addiction does not discriminate. I was brought up in a two parent, upper middle class, deeply loving home. My parents imparted strict Christian values upon my sister and myself and we both knew that our potentials were limitless if we put in hard work.

I spent the first decade of my adult life raising four amazing children and excelling in my radio career. Driven to be a woman that my kids would respect and look up to, I was motivated to be a success, despite being a single mother. I quickly moved up the ladder as an on-air personality and ultimately became the driver of a morning show. But amid my biggest personal and professional accomplishments, I struggled with mental illness. It was at this point in my life when a perfectly "good girl," inadvertently turned "bad."

In a desperate search to relive symptoms of anxiety and depression, I was prescribed and subsequently became addicted to a drug named Xanax. The escalation of my substance use dependency was so quick and debilitating that in almost no time at all, I had lost more than just material or superficial possessions. Those things could be reacquired. But gone forever was a piece of my heart, a piece of my soul, a piece of me... my son.

**3914 C Court, Ashtabula, OH 44004**

Rev. Fred Grimm, President \* Kim Whitcroft-Parker, Vice President \* Jeffrey Wheeler, Secretary/Treasurer  
Nancy Calaway \* Ruth Farr \* Patricia Inman \* Charles Lafferty \* Steve Sargent \* Denise Smith \*

Every person with a substance use disorder has a bottom. This was mine: At the depths of this sickness, I found myself pregnant. I briefly managed to get clean in order to deliver a healthy baby boy. But my life was a disaster, and I knew that my son deserved better. I believed that surely there were people more worthy of this gift than myself. So, I searched the Country for parents who were everything that I was not. Then, the day I feared the most had come, May 2, 2018, his new parents rushed to my labor and delivery bedside as I brought Isaiah Ryan into this world. I watched tears of joy run down their faces, as tears of pain ran down mine. The sickness I felt placing MY son into his new mother's arms is not a hurt I can adequately put into words. It is a grief so dark, a longing so desperate and an emptiness so vast that five years later the thought of that day still brings me to my knees. But the thought that kept me selfless in that moment of relinquishment and still today is this: "I will break my heart forever, a million times over, to never have to break my child's heart.

For the next year I was on a mission to self-destruct, I hated myself, the grief felt endless. However, the love I had for ALL my children was just enough to keep me on this side of the ground, long enough for help to arrive.

The memory of Ashtabula County Children Services knocking at my door is something a mother does not forget. Not wanting to face who was on the other side, afraid of the judgement, petrified of losing the only thing that I had left to live for, my children, a force greater than myself pushed me to turn the doorknob and face the consequences. Standing there were two women, (to this day refer to as my living angels), sent to answer my prayers; to help me when I could not help myself; to take care of my children, when I could not take care of them myself; to love me when I could not love myself.

They explained to me a new program called START, which is an acronym for "Sobriety Treatment and Reducing Trauma." They detailed how they would assist me in getting the substance abuse treatment that I desperately needed, while assuring me that if I followed treatment plan recommendations, I would not have to lose my children. Not trusting that they truly cared about me, believing I was just another case file number, and a way they earned their paycheck, I reluctantly signed the contract. Afterall, I was in no position to decline their offer, I was desperate for help.

Getting better did not come easy. In fact, its typically a process of failing, falling, getting back up and trying again, repeat, repeat, repeat. The persistence and support I received from my Children Services Caseworker and her Supervisor meant the difference between life or death. It would have been easier to take my children and close my case. But they did not take the path of least resistance. They took the hard path of compassion, empathy and faith in a painstaking process of saving a person with a substance use disorder. Not only do I thank them, but my children also do... as they have been saved from experiencing a trauma of having to bury their mother.

This entire journey has been everything from moments of excruciating heartaches to times of incredible joy and fulfillment. From feeling like I cannot go on, to feeling like there's a reason I am alive. I began working at Ashtabula County Children Services as a Family Peer Mentor in May of last year. Having the opportunity to work beside the women that saved my life, Caseworker, Dana Berry and Supervisor, Ann Lynch; they were able to witness firsthand the woman they built back up. When I was asked to submit my resume for a START caseworker opening and was hired, it was the first time that I felt I had overcome my label of "addict."

They didn't see me as the person I was, they saw me as the person that I am.

Each day I awake I am deeply grateful for the people at Ashtabula County Children Services who helped turn this "bad girl-- back to good." As a direct result of their unwavering support and guidance I have been able to turn the most painful experience of my life into my purpose. I get to be that person on the other side of the door, to guide, to support, to advocate for, to believe in, to empower. I get to pay it forward. I get to teach birthmothers that we ARE strong enough to make the decision that is best for our children, even when it doesn't align with what our hearts innately want. Even when it feels like it will kill us. We CAN recover and we DO recover. May my labors in this life continue to illustrate that.

As I stand here today, I passionately advocate on a wide scale for greater understanding and public policy that sees beyond the disease, destigmatizes addiction, and makes a true difference in the lives of suffering families.

Specifically in children services, we need more supportive, educated caseworkers who see the person for who they CAN be and not what they struggle with, because every life matters. The workforce crisis that Angela and Tammy mentioned earlier is real. The workers qualified to help families is disproportionate to the families in need. I see firsthand the people that I work with, they are emotionally, mentally and physically burned out. I speak for many of us at the agency when I say, "We need to be able to give more of our time and attention to the people that have the potential to turn their lives around." But it is impossible to individually devote our care to each family when we are drowning in cases.... Simply put, there are not enough workers for the number of intakes that could benefit from programs like START. Having to turn down cases that we know could benefit, can prove to be tragic for families and fatal for the addicted. I know for myself, if I hadn't had that opportunity, I would not be before you today. I want every parent to be able to have the chance that I had. That is why investing in Children Services is so critical- it makes a difference.

You have the opportunity to continue to transform lives like you have mine. I personally give you my deepest respect and gratitude. Thank you. I am happy to answer any questions.