

Foster Hope for Ohio's Children

Policy Solutions for a System in Crisis

Public Children Services Association of Ohio

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Spring 2018

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Executive Summary

Public Children Services Association of Ohio (PCSAO) is a nonprofit, nonpartisan, membership-driven association of Ohio's 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.

In the "home rule" state of Ohio, state government ceded authority for day-to-day oversight of the child protection function to county government. County PCSA directors, therefore, work for elected county commissioners, and in this way, counties have assumed the administration, risk, liability, and ultimately funding of what in most states is a state government function. Ohio is one of only nine states with such a state-supervised, county-administered system.

Over time, through steep cuts to or elimination of the Local Government Fund, the Tangible Personal Property Tax, the estate tax, the managed care tax, and other revenue sources, the state has sharply reduced its share of funding available to counties for carrying out this delegated service. At the same time, the Ohio Department of Job and Family Services has dramatically increased the level of oversight, rules, audits, and practice expectations of PCSAs, partly in response to federal government initiatives and new federal laws. The result over the past 10 years for county agencies that have assumed so much of the state's responsibility for ensuring child safety: drastically higher state requirements combined with devastating cuts in state resources.

Ohio's children services agencies share the same values of getting better outcomes for children and their families, but the state's disinvestment in children services, combined with a devastating opioid epidemic, has resulted in significant barriers to achieving these values. Ohio's children, families, and the children services system are in crisis from **more children in foster care, more complex needs, more kinship families in need, more overburdened workforce, and more expensive costs.**

Ohio needs statewide leadership and reform action to improve outcomes for children and families. PCSAO's policy solutions will put the state on the right path to containing costs while achieving better outcomes.

Reform Ohio's children services system by establishing a children's continuum of care model:

- 1) Create a **robust foster care system** that meets the challenging needs of children close to home, supports foster families, and enhances reunification efforts.
- 2) Increase **prevention, intervention, crisis and diversion services** so that children remain with their families.
- 3) Increase **aftercare and reunification services** so that children safely return to their families and achieve sustained permanency.
- 4) **Decrease use of congregate care** by building a more robust foster care system and, when needed, ensure that high-quality, short-term residential treatment facilities meet the needs of children.

Support kinship caregivers:

- 1) Establish a statewide **kinship navigator program** to link kinship caregivers to services and supports.
- 2) Open publicly funded **child care** to children in foster care and children living with kinship caregivers.
- 3) Ensure kinship caregivers can access **financial assistance** to meet children's needs.
- 4) Provide tailored, **trauma-informed services** and supports for children and caregivers.
- 5) Educate kinship caregivers on **legal options** and improve their access to legal assistance.
- 6) Maximize use of the **National Family Caregiver Support Program**.
- 7) Monitor the impact of **D.O. v. Glisson**.

Preserve essential federal funding streams and increase state investment:

- 1) Maximize recent reforms to federal funding referred to as the **Family First Prevention Services Act**.
- 2) Preserve **Title XX (Social Services Block Grant) and Medicaid Expansion**.
- 3) Preserve other critical funding streams and oppose cuts or elimination.
- 4) Increase **state funding for PCSAs**, including the continuum of care reform and kinship supports.
- 5) Save money by **allowing data sharing**.

Who We Are

Public Children Services Association of Ohio (PCSAO) is a membership-driven association of Ohio's 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.

Founded in 1980, PCSAO is a 501(c)(3) nonprofit, nonpartisan organization that serves as a collective voice for Ohio's PCSAs. We act as an advocate, innovator, and leader in Ohio's state-supervised, county-administered child protection system – one of only nine states structured in such a way.

PCSAO is a small but effective team that consists of the following staff: Angela Sausser, Executive Director; Scott Britton, Assistant Director; Mary Wachtel, Director of Public Policy; Jeed Jitprasert, Director of Operations; Fawn Gadel, Director of Ohio START; William Murray, Director of Ohio Reach; and Bhumika Patel, Anti-Human Trafficking Coordinator. ([See Appendix A, Staff Bios.](#))

PCSAO is governed by a Board of Trustees consisting of 15 peer-elected county directors of PCSAs who represent the needs and issues across the state. The Officers are appointed annually by the Board. PCSAO's current Officers are Cathy Hill, President, Athens County Children Services; Kathi Spirk, Vice President, Clinton County Job and Family Services; Kate Offenberger, Treasurer, Carroll County Job and Family Services; Julie Barnes, Secretary, Summit County Children Services; and Matthew Kurtz, Past President, Knox County Job and Family Services. ([See Appendix B, Board of Trustees Roster.](#))

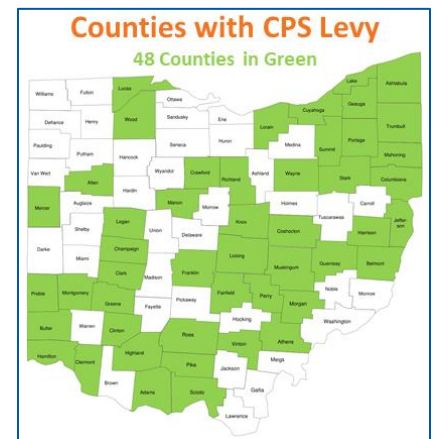
PCSAO is funded primarily through membership dues from the county PCSAs and our Annual Conference held every year in September for three days. In addition, PCSAO currently has grants from the Attorney General's Office, Casey Family Programs, Office of Criminal Justice Services, and the Ohio Department of Youth Services. PCSAO also conducts fundraising through our Mission Champions program.

Who We Represent: County Public Children Services Agencies

PCSAO represents the county Public Children Services Agencies (PCSAs) in Ohio. There are currently 85 PCSAs as three counties in southern Ohio and two counties in northwest Ohio have consolidated. Of those, 61 counties have children services within their department of job and family services. In the remaining counties, children services is considered a stand-alone agency with an appointed board or, in two cases, direct oversight by a county executive. Currently, 84 of the 85 PCSAs are members of PCSAO.

Few systems compare to children services when it comes to complexity and risk. Protecting children from abuse and neglect while stabilizing families remains one of the most challenging jobs in social services. Ohio government ceded authority for day-to-day oversight of the child protection function to county government. PCSAs designated by each county are given the responsibility under [ORC Chapter 5103](#) and [5153](#) to provide for prevention or remedy of the dependency, neglect, abuse, or exploitation of children unable to protect their own interests. (See Appendix C, Index of Child Protection-Related State Law.) County PCSA directors, therefore, work for elected county commissioners, either directly or through a commissioner-appointed children services board, and in this way, counties have assumed the administration, risk, liability, and ultimately funding of what in most states is a state government function. ([See Appendix D, CCAO Handbook for Ohio County Commissioners, Chapter 45.](#))

In addition to ensuring implementation of federal and state laws pertaining to protecting children, county PCSAs are ultimately responsible for funding services by leveraging federal funding when possible, using limited state dollars, and securing local funding through county general revenue funds and/or a dedicated property tax levy. In 2016, 52 percent of all children services expenditures were paid with local funding, 38 percent with federal funding, and 10 percent with state dollars. Meanwhile, only 48 counties, marked in green on the map above, have a dedicated children services levy. ([See Appendix E, Counties with Voted Children Services Property Tax Levies.](#))



Over time, through steep cuts to or elimination of the Local Government Fund, the Tangible Personal Property Tax, the estate tax, the managed care tax, and other revenue sources, the state has sharply reduced its share of funding available to counties for carrying out this delegated service. At the same time, the Ohio Department of Job and Family Services has dramatically increased the level of oversight, rules, audits, and practice expectations of PCSAs, partly in response to federal government initiatives and new federal laws. The result over the past 10 years for county PCSAs that have assumed so much of the state's responsibility for ensuring child safety? Drastically higher state requirements combined with devastating cuts in state resources.

What We Value

Ohio's PCSAs share a set of values that must be supported by sound public policy. These include:

- **No child should live in fear or chaos in the home.** Ohio's **children deserve to grow up in families** and communities that assure their safety and basic human needs, without abuse or neglect. Protecting children from abuse and neglect is the community's responsibility, and that of every government service that touches children and families, from schools and hospitals to community and faith-based service providers. A robust set of community supports must be in place to prevent abuse and neglect before it happens.
- When child abuse and neglect do come to the attention of a PCSA, **children deserve a swift response based on best practices** in the field. At the same time, families deserve an opportunity to be preserved intact, as children's long-term outcomes will improve if they can remain with their families, with supportive services designed to strengthen and stabilize families.
- When removal from the home is needed to ensure safety, **children deserve to be placed in the least restrictive environment possible** that will limit any further trauma. That means placing them with relatives or friends (kin) first and placing them in family foster care only if kin placements are not available. Placement in a residential treatment center or group home (congregate care) should be rare and of short duration. Every effort must be made by PCSAs, the courts, and other stakeholders to reunify children with their families as swiftly as possible.
- **Foster and kinship families deserve to be well trained and supported**, trauma informed, committed to reunifying children with their families, and genuinely engaged with PCSAs and the courts as partners in supporting the best interests of the children in their care. While in care, children's physical and behavioral health care, educational, and other well-being needs must be met with robust community services and coordination. Consideration must also be given to the needs of the caregiver family, whether kinship or foster.
- When reunification is not possible, and parents' rights are terminated, **children deserve swift legal permanency** so that they do not linger in foster care and age out of (emancipate from) the system without meaningful permanent connections.
- Children deserve a **caseworker who is well trained, supported, and not overburdened** to ensure the best outcomes for that child and family.
- **Emancipated youth and young adults deserve to be supported**, connected to positive mentors, and offered assistance with postsecondary education, employment, and housing as they transition to adulthood.

While on the surface these appear to be rudimentary or obvious, transforming these values into a reality in Ohio's 88 counties requires aligning federal, state, and local investments to promote best practices, support the child protection workforce, and address gaps in community services. At the same time, PCSAs must be good stewards of public money, paying for positive outcomes now to prevent costlier negative consequences for this population down the road, such as juvenile delinquency, unemployment, homelessness, incarceration, and significant trauma-related health problems.

What We Do

The work of child protective services is complex, governed by a myriad of federal and state laws and administrative rules. In general, the responsibilities include the following areas:

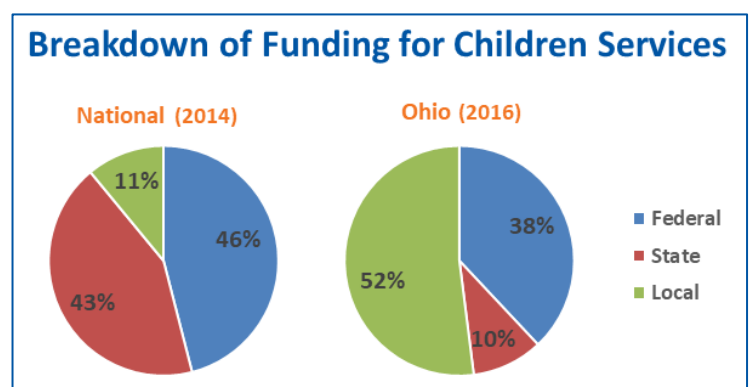
- **Screening:** Receiving and evaluating calls from the public and from mandated reporters regarding suspected abuse or neglect to determine if the situation meets statutory requirements for investigation, a significant governmental intrusion into the family.
- **Investigation and assessment:** An up to 45-day period during which family members are interviewed, strengths and challenges assessed, and standard instruments completed to determine whether abuse/neglect occurred and whether the child's immediate safety is threatened, warranting a safety plan that may involve removal, and whether risks are present that require services to mitigate additional safety concerns.
- **Removal, placement and reunification:** With judicial oversight, taking temporary custody of children, moving them from a home where an active safety threat is present, determining the least restrictive and most appropriate placement (kin, family foster care, treatment foster care, congregate care), and later returning custody to the family after certain expectations are met.
- **Foster care recruitment, certification, and support:** Identifying and supporting community members interested in serving as foster caregivers in the process of training and certification, evaluating their success and needs, and developing supports to retain them.
- **Case planning and visitation:** Identifying, securing, and coordinating a range of services needed by the entire family that will stabilize them and prepare them for reunification and/or case closure so that the children can be safe again in the home. This includes arranging for and monitoring frequent visitation between parents and children while the children are in foster care, and making regular visits to the parents and the children in care to evaluate safety, service needs, and readiness for reunification.
- **Adoption, independent living, and emancipation:** When children come into permanent agency custody and legal custody to kin is not possible, matching them with an adoptive family; while in care, providing children 14 and older with skills to live independently so that at age 18 they can emancipate from care with positive permanent connections.

To get a sense of the number of children who flowed through the child protection system in 2016, [see Appendix F, Infographic: Big Numbers, Big Needs in Children Services](#). Additional detail can be found in [Appendix G, PCSAO Factbook, 13th Edition, 2017 State of Ohio Profile](#) and [Appendix H, Required Duties and Mandated Services of a PCSA](#).

How It's Paid For

The cost of this work is borne by a complex mix of federal, state and local funding that varies significantly by state. Ohio, for example, relies more heavily than any other state on local dollars. As stated previously, PCSAs draw from county general revenue funds and/or a voted property tax levy to pay, on average in 2016, 52 percent of the range of services described above. The State of Ohio contributed only 10 percent that year, about half of which is set aside for counties through the State Child Protection Allocation ([see Appendix I, State Child Protection Allocation: Ohio's Investment in Children Services](#)) and the other half of which covers statewide programming. Lastly, the federal government's reimbursement constituted 38 percent of total child protection expenditures, which in that fiscal year was over \$900 million.

Federal funding sources include several entitlements and programs, some of which have been and are being considered for reduction or elimination.



First and foremost, **Title IV-E of the Social Security Act** offers the most stable, uncapped support for abused and neglected children. Generally, IV-E is used for foster care and adoption and requires state or local match. Unfortunately, the funding mechanism is antiquated, only paying to remove children into foster care – not always the least expensive option and certainly not always the most appropriate. Efforts to reform this funding stream and offer more flexible resources aimed at keeping families together, rather than tearing them apart, fell short in 2016 with the unraveling of the Family First Prevention Services Act. Meanwhile, Ohio is winding down a highly successful 20-year **Title IV-E waiver program** in 15 counties that prevented children from coming into foster care, supported kin to take temporary or permanent custody of children, and engaged families in a decision-making process that yielded better results for everyone involved.

Fortunately, the **Family First Prevention Services Act** passed as part of the Bipartisan Budget Act of 2018 (Public Law 115-123) and offers the first significant change to federal child protective services financing in decades. These changes will permit PCSAs to spend federal funds (Title IV-E and Title IV-B) to prevent children from coming into foster care by enhancing support to children and families through the provision of mental health and substance abuse prevention and treatment services, in-home skill-based parenting programs, and kinship navigator services. The Act also focuses on reducing reliance on congregate care by allowing only short-term qualified treatment facilities to be acceptable for federal reimbursement of such placements. PCSAO will be actively engaged in Ohio's implementation of these provisions over the next 18 months. Much consideration needs to be given to whether Ohio is ready to implement such monumental change and how the non-federal match will be met.

Another critical funding stream for children services in Ohio is **Title XX, the Social Services Block Grant** (SSBG). Especially in Ohio, where the state share of child protective services funding is lowest in the nation, SSBG offers children and families a critical lifeline. Particularly in non-levy counties, SSBG may be the only funding stream keeping agencies afloat. Yet every year, Congressional committees consider eliminating SSBG. The Child Welfare League of America has published helpful information and a coalition letter in support of SSBG, highlighting the critical role it plays in supporting children and families. The Newark Advocate recently editorialized about the importance of these funds. PCSAO opposes any effort to cut SSBG or the related Title XX TANF Transfer. ([See Appendix J, SSBG Resources.](#))

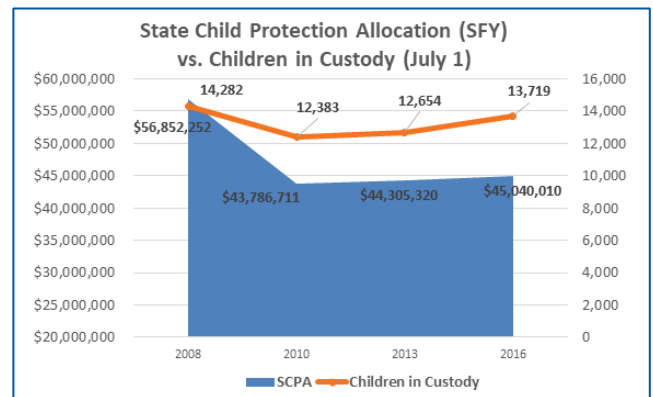
Though not a child protection-specific funding stream, **Medicaid Expansion** and the **Affordable Care Act** have supported children, youth and families in several important ways. Many parents who otherwise would not have been able to afford addiction treatment services have accessed health care under the expanded income and categorical guidelines of the ACA, giving many an opportunity to recover and to be reunified with their children. Former foster youth who have emancipated from agency custody at age 18 can now remain covered by Medicaid through age 26 – a tremendous benefit for young people who tend to have more serious physical and behavioral health challenges than their peers because of the trauma they have suffered.

The Problem: Ohio's Children Have Been Ignored

Every child deserves a safe, stable, and permanent family. But on any given day in Ohio, over 15,500 children are now living in foster care because it is not safe for them to live at home. The trauma of being removed from all that is familiar makes it hard for children to feel connected and develop healthy relationships. (See Appendix K, [Working Toward Reunification During the Opioid Crisis: Best Interests.](#))

These traumatized children have been ignored for too long in Ohio. Historically, the state has provided flat funding to county PCSAs since 2008 while the number of children coming into care has climbed. Positive, long-term policy solutions have been limited. The availability, accessibility, and affordability of community-based services and supports for families have been dwindling. Consequently, Ohio's children, families, and the children services system are in crisis from:

- more children in foster care
- more complex needs
- more kinship families in need
- more overburdened workforce
- more expensive costs



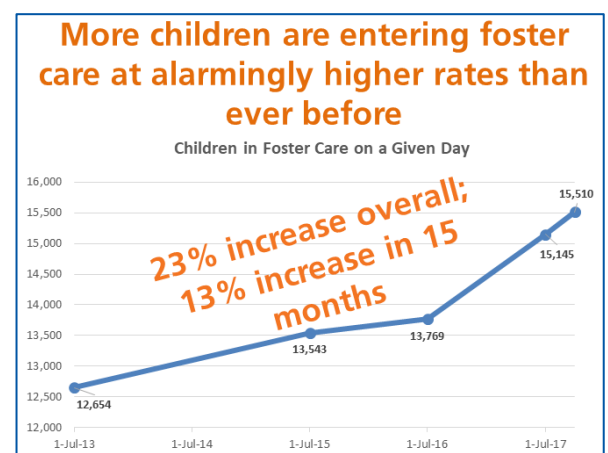
In 2017, the **General Assembly** recognized the desperate situation of an under-resourced system facing a staggering number of children in care due to the opioid epidemic by **investing an additional \$15 million per year in the State Child Protection Allocation**, the primary pool of funds dedicated by the state for use by county PCSAs; the legislature also **earmarked \$15 million per year in the Temporary Assistance for Needy Families** block grant to provide child care assistance to kinship caregivers.

In addition, the **Ohio Attorney General** provided **\$6 million in federal grant dollars** to support southern Ohio county PCSAs in creating a program to reduce the trauma experienced by children and address the substance abuse disorders of their parents. PCSAO is extremely grateful for these recent investments and their recognition that Ohio's children should not be ignored.

However, more is needed to address the problems. **Committed state leadership and reform action are needed** for Ohio's children, families, and the children services system. Without such leadership and reform, county children services agencies are at risk of being unable to find foster families where children can live safely, pay skyrocketing placement costs, provide necessary supports to maintain kinship placements, and appropriately ensure children's safety.

More Children in Foster Care

The decade following 2002 saw Ohio gradually and safely reducing the number of children in foster care – leading the nation, in fact, with a 42 percent decline. But that number is rising again. The ravages of the Great Recession, the scourge of the opioid epidemic, and the increasing complexity of children who need services from multiple systems have led to a 23 percent increase of children in foster care on any given day since 2013. That means **an additional 3,000 Ohio children were living away from their families**, dealing with trauma, in 2017 compared to just four years earlier. Many of these children are quite young: 67 percent of children in foster care are under the age of 12; 28 percent are ages 3 and younger.



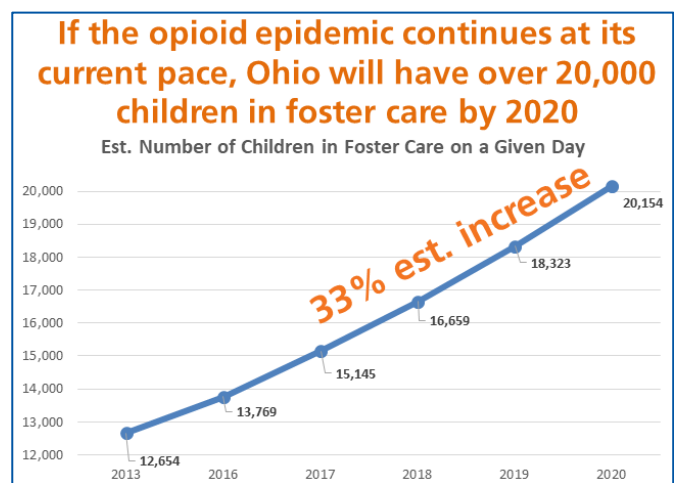
A major contributor to this trend is Ohio’s opioid epidemic. A PCSAO survey showed that half of all children taken into custody in 2015 had parental drug use as a removal factor; of those, more than half had parents using opioids, including heroin. That means **28 percent of children in custody that year were victims of the epidemic**, and that number has almost certainly risen. Placing these children with kin, while a top priority, is complicated by the fact that opioid use can become a multi-generational family addiction. Consequently, agencies must turn to foster care. ([See Appendix L, Infographic: Impact of the Opioid Epidemic on Children.](#))

Because parents who are addicted to opioids are likely to relapse – some multiple times during their recovery process – their children linger in care. The **length of time that children stay in temporary custody is up 19 percent**, from 202 to 240 days, over four years. If parents cannot demonstrate sobriety within the children services system’s timelines, or if they fall victim to an overdose, then children come into permanent custody of an agency. Not surprisingly, the number of children awaiting adoption is up, a trend many public children services agencies attribute to the epidemic.

While county PCSAs are charged with protecting children and stabilizing families, this can only be accomplished with partners such as the juvenile court, behavioral health providers, schools, pediatricians, and others. In fact, juvenile courts are responsible for determining if it is in the child’s best interest to remain in the home, to be removed from the home, or to return home. PCSAO recently released a white paper focused on how such decisions are made and how the opioid epidemic impacts these decisions related to children’s permanency. ([See Appendix K.](#)) In addition, children services cases are required by federal and state laws to be decided upon within certain timeframes. If judicial timelines are not met, cases become delayed and permanency cannot be achieved for children. **Judicial decisions and timeliness can ultimately impact Ohio’s ability to meet certain federal measures for child protection, which can result in a federal financial penalty to counties.** ([See Appendix M, Timelines for Abuse, Neglect, and Dependency Cases.](#))

With such a sharp increase of children in foster care in the last three years, county children services agencies are struggling to find available and appropriate foster homes for children coming into care. While there are more than **15,500 children in foster care today, there are only 7,200 licensed foster homes**. Over the past few years, the number of licensed foster homes has seen a steady increase of about 2.5 percent per year.

In response to the opioid epidemic, Attorney General Mike DeWine awarded federal Victims of Crime Act (VOCA) funding to PCSAO to support **Ohio Sobriety, Treatment, and Reducing Trauma (START)**, an evidence-informed approach currently being implemented in 16 southern Ohio counties to better engage parents with opioid and other substance use disorders in recovery so that children can either be maintained safely at home or reunify more quickly from foster care. Attorney General DeWine also awarded VOCA funds to Waiting Child Fund (now known as Kinnect) to support up to 10 PCSAs in recruiting more foster parents and more quickly identifying kin placement options for children.



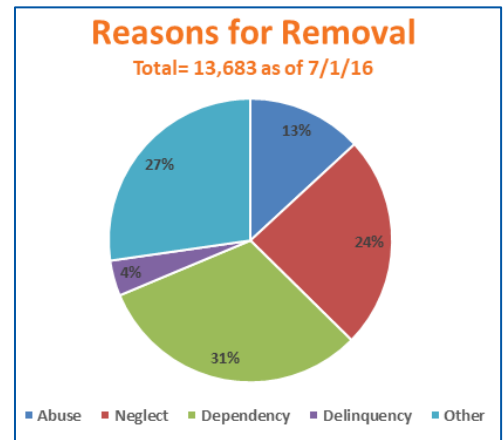
Nevertheless, if the rate of children entering foster care does not change, it is estimated that by 2020, there will be more than 20,000 children in care on any given day. Ohio’s foster care model is outdated and will not be able to support and care for all of these additional children in care. ([See Appendix N, Special Report: The Opioid Epidemic’s Impact on Children Services, December 2017.](#))

More Complex Needs

State and federal laws that govern children services were constructed to protect children from abuse and neglect. However, there has been an increase of children in foster care whose needs are primarily related to mental illness, developmental disability, or juvenile delinquency. It is often said that **when one human services system reforms, children services is invariably impacted**. Other social services systems have moved away from institutionalizing their youth population to more community-based services, which is a

positive trend as children do better with families. However, when community-based services are not readily available or accessible by families, county children services agencies are often relied on to take custody of the child and provide such services. These children are often referred to as “multi-system” youth.

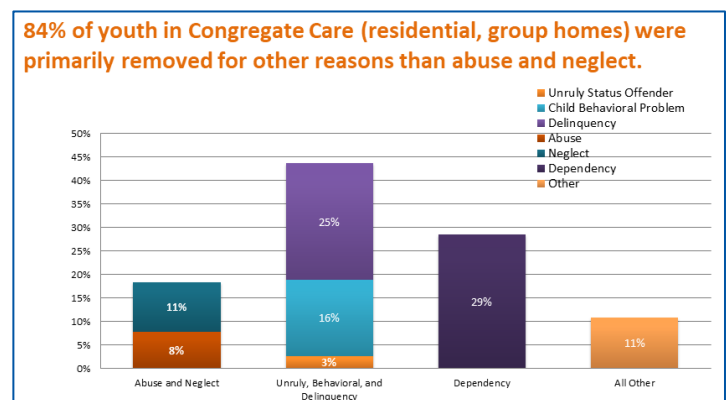
These multi-system youth account for a significant percentage of children in custody of county children services agencies. In July 2016, **62 percent of youth in custody were there for reasons other than abuse and neglect.** Often, they come into children services agency custody when a parent who is not abusive or neglectful is forced to relinquish custody in order to secure treatment and stabilization services for the child, or when a judge grants custody of a youth to children services to avoid juvenile incarceration. They primarily come into care deemed dependent, delinquent, or for other reasons beyond abuse and neglect. In fact, neglect as a removal factor has decreased from 32 percent in 2010 to 24 percent in 2016. ([See Appendix O, Addressing the Needs of Ohio’s Multi-System Youth.](#))



In addition to the multi-system youth in care, children entering custody of county public children services because of their parents’ substance use are demonstrating **more complex needs due to the trauma** experienced in their home. For babies who are born drug-exposed, many of them require more intensive levels of care to address their withdrawal symptoms and lack of bonding. For children who have witnessed horrific drug-related scenes such as their parents overdosing, many require higher levels of care to address their trauma and stabilize their behaviors.

Children requiring higher levels of care to address their complex and multi-system needs are placed in treatment foster care, a group home, or a residential treatment facility. However, county children services agencies are struggling to find appropriate and available treatment placements to address the unique, intense, and challenging needs of these children. At times, due to the lack of options in the state, children are placed in residential treatment centers in other states. In July 2017, 118 children in PCSA custody were placed in out-of-state residential treatment facilities and group homes.

This has negative consequences, as the farther away a child is placed, the less likely the child will reunify with his/her family. In addition, the farther away a child is placed, the more challenging and expensive it is for the children services caseworker to make required monthly visits with the child or to arrange for the child to visit with family. For example, in 2017, the median days in custody for a child placed in an in-state residential treatment facility was 318 days compared to 559 days for children placed in an out-of-state residential facility.

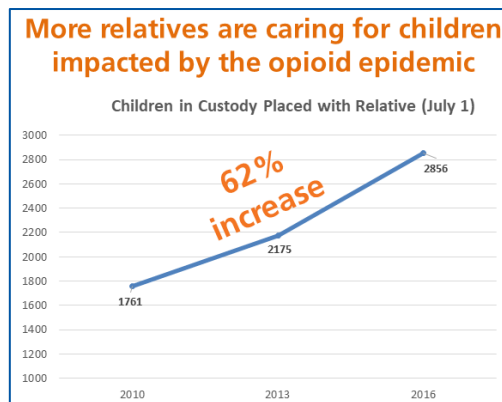


In addition, PCSAs are required to arrange for services to meet the challenging and complex needs of children and their families. However, there are significant gaps in the continuum of care, including services that are accessible, affordable, and available in local communities. These gaps have been well documented in a needs assessment conducted by ODJFS several years ago. These service gaps impact the PCSAs’ ability to ensure the safety, well-being, and permanency of children. ([See Appendix P, Ohio Needs Assessment for Child Welfare Services.](#))

More Kinship Families in Need

With more than a hundred thousand grandparents raising grandchildren in Ohio, there are far more informal kinship arrangements, outside the purview of children services, than the more formal placements arranged by county PCSAs. When children must come into agency custody, caseworkers try first to place them with kin (relative or nonrelative) rather than in foster homes, because they experience less trauma than those placed in unfamiliar settings including a foster family. ([See Appendix Q, Kinship Resources.](#)) However, tracking kin placement data in Ohio is complicated because some judges transfer custody directly to a grandparent or other relative and, thus, would not be captured in the statewide child welfare information system.

Between 2010 and 2016, Ohio has witnessed a **62 percent increase in children placed with relatives**, when county PCSAs maintain custody. However, kinship families rarely receive the financial benefits available to licensed foster parents. Ohio provides little support for these kinship families who offer a temporary refuge for children. Kinship caregivers, often caring for their own children as well, struggle with additional child care costs, which can add up quickly, especially for multiple children. In 2017, the Ohio General Assembly established a **new child care benefit for kinship families** through the Temporary Assistance to Needy Families (TANF) Block Grant. While this new program will help some kinship families, there are concerns with the eligibility limitation and that only child care providers licensed through the existing licensing structure can qualify to provide such a service. It is anticipated that there will continue to be a great need for child care assistance for kinship families.



For kinship caregivers who offer a permanent home to children, Ohio provides the **Kinship Permanency Incentive** (KPI), a modest payment intended to help stabilize the family for the first three to five years after legal custody is granted. The number of children supported by KPI increased 37 percent between 2013 and 2016.

More Overburdened Workforce

Children services **caseworkers are seldom recognized as the first responders they are**. Their role is similar to that of law enforcement, firefighters, and paramedics. Every day, they knock on doors in response to reports of child abuse and neglect, not knowing what is on the other side. Sometimes it is a dirty home, sometimes a frightened child; more and more, it is a parent who has overdosed.

Within the strict guidelines of federal and state laws, caseworkers make critical decisions every day. Many work on call, making for long nights and weekends. Their satisfaction comes from reunifying children with their families, but the devastation of the opioid epidemic means that more and more children will never go home.

In state fiscal year 2016, **one in four caseworkers left their position**, some to promotion or retirement (“positive turnover”), but one in seven left with no performance concerns by their supervisor (“negative turnover”). Negative turnover hurts agencies and slows or reduces positive child and family outcomes. Burnout and secondary trauma lead many caseworkers to seek more traditional jobs that pay better. Regardless of the reason, such turnover costs agencies – in recruitment, training, and overtime. It costs the caseworkers who are left behind – in higher caseloads until a new worker can get up to speed. And it costs children – worker turnover is the leading contributor to young people getting stuck in foster care longer than they need to be. ([See Appendix R, Infographic: High Caseworker Turnover and Substance Use/Caseload Relationship Research.](#))

Because caseworkers, like other first responders, may inadvertently come into contact with dangerous substances like fentanyl, some county PCSAs began authorizing caseworkers to carry Narcan (naloxone) for the first time in 2017 so that they might administer the life-saving drug to themselves or a coworker or to a client. PCSAO even developed a guide for PCSAs to use when developing such policies. ([See Appendix S, Ensuring the Safety of Children Services Staff in the Era of Opioids.](#)) In addition, with the rise of children coming into care, caseloads have most certainly risen across the state for PCSA caseworkers. ([See Appendix L.](#))

More Expensive Costs

Maintaining more children in custody and addressing the trauma they experienced because of their parents' neglect is increasingly expensive. When children are removed from their homes by a PCSA due to abuse, neglect, dependency, or delinquency, they are placed into foster care. Children in foster care may be placed in a variety of settings including kinship homes, family foster homes, group homes and residential treatment facilities. PCSAs are required to seek placement first with a family member (kinship care) and then, if not available, a foster home. Children are to be placed in group homes or residential centers only when their needs cannot be met in a kinship or foster home.

Foster caregivers must be licensed (either through a public children services agency or a private agency) and are responsible for providing the day-to-day needs necessary to promote the safety, permanency, and well-being of children in their care. This includes providing shelter, food, clothing, daily supervision, education, and other personal necessities. Ideally, it also means working with the birth family toward reunification and ensuring through trauma-informed care that the child's behavioral health needs are met.

All licensed foster care settings (foster homes, group homes, child residential centers) are paid a daily maintenance per diem. The per diem is an agreed-upon amount between the PCSA and the provider and is included in the Individual Child Care Agreement (ICCA). An ICCA is developed each time a child is placed in a foster care setting and is signed by all parties. Across these settings, per diems can have "difficulty of care" payments established for children who have special, exceptional, and intensive needs.

The underlying funding sources for foster care payments differ based on whether the child is eligible for the federal **Title IV-E Foster Maintenance Program**. Title IV-E of the Social Security Act provides federal reimbursement for foster care maintenance and per diem expenses for eligible children in foster care. The PCSA pays the total cost of the per diem to the foster care provider. The PCSA then may be partially reimbursed for eligible children and expenses. The reimbursement rate mirrors the Medicaid Federal Financial Participation (FFP) rate for each state, currently 62.78 percent in Ohio. PCSAs are responsible for the remaining 37.22 percent for IV-E-eligible children. In

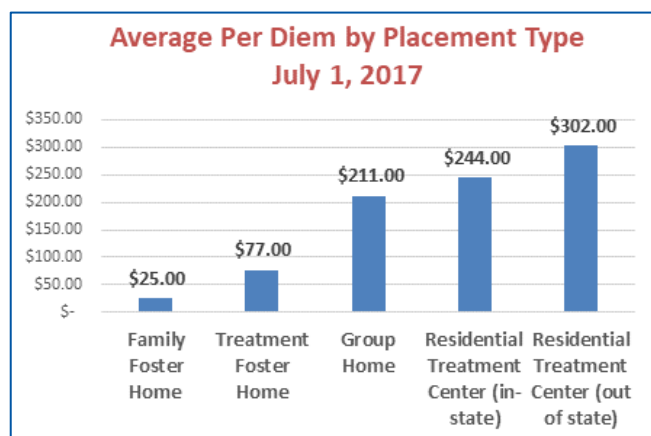
Ohio, **approximately 60 percent of children in foster care are eligible for IV-E; foster care payments for the remaining 40 percent of children are the sole responsibility of the PCSA.**

To be eligible for the Title IV-E Foster Care Maintenance Program, children must:

- be in the custody of a PCSA,
- have entered care through a judicial determination or voluntary placement,
- meet the Aid to Dependent Children-relatedness requirement from July 1, 1996, and
- be placed in a licensed setting (foster home, group home, or residential center).

Agencies spent \$275 million in total placement costs in 2013; by 2016, costs had increased 20 percent to \$331 million. The Ohio Department of Job and Family Services estimates that \$138 million of these costs were for substance abuse-related cases. ([See Appendix T, The Opioid Epidemic's Impact on Children Services, Spring 2017.](#))

In 2016, 52 percent of agency placement costs were spent on just a third of children in custody – children ages 12 to 17. When youth 18 and older are included, **63 percent of placement costs were spent on 37 percent of all youth in custody.** The rationale for this is that those youth with complex needs and significant trauma require more expensive, more treatment-oriented levels of care.

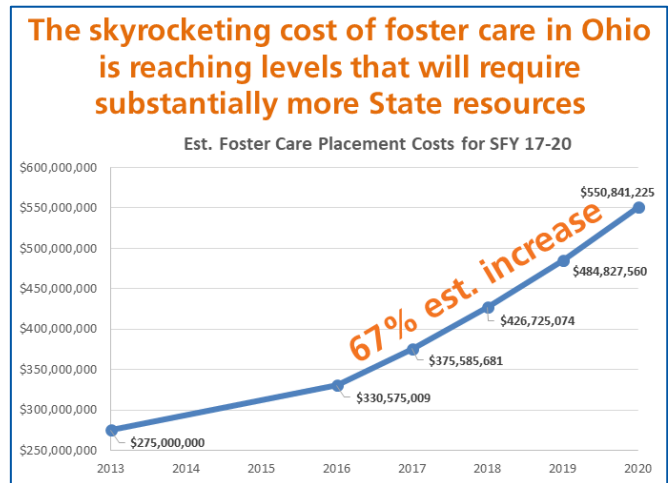


Over the past two years on average, county PCSAs experienced almost a 2 percent increase in the per diem for family foster homes; almost a 3 percent increase in the per diem for treatment foster care; a 5 percent increase for in-state residential treatment facility per diem; and an 8 percent increase in group home per diem. If the rate of children entering foster care does not change and the intensity of needs in this population persists, it is predicted that **by 2020, placement costs will increase by 67 percent to \$550.8 million.** (See [Appendix N.](#))

Beyond the cost of serving children, PCSAs absorb extensive administrative costs including those related to technology. Currently, **PCSAs are not able to access and share information across the various human services programs** such as child support, child care, Medicaid, and public assistance. When the same families are served by these various programs, their historical and demographic information cannot easily be shared.

This is even true for combined job and family services agencies. By not allowing data sharing and integration, PCSAs spend unnecessary time and effort to duplicate such information or attempt to access the information from other programs.

In addition, the state has decided to move forward this year to implement a statewide electronic document management system for all human services programs, including mobility capacity for child protection, which PCSAO supports. This opportunity is largely being paid for by federal funding but does require a state/local match. By moving forward with this effort, counties will now be able to upload documents related to cases, store such documents in a state server, and have access to unlimited licenses for the next 10 years. In addition, PCSAs will be able to access documents and information in the field with mobility capabilities – revolutionary for children services. This will ultimately save funding for counties that have had such a system in place and eliminate duplicate paperwork for counties that have not had such a system. However, beginning in the fall of 2019, counties are going to be required to cover the nonfederal ongoing maintenance costs for document management and mobility capacity for child protection and to provide the federal portion up front before they can ultimately be reimbursed. This creates problems for counties, especially for those that do not have local resources to front costs.



Policy Solutions: Foster Hope for Ohio's Children

PCSAO respectfully submits the following policy solutions as a blueprint for improving outcomes for children and families.

Solutions for More Children in Foster Care and More Complex Needs

PCSAO established a planning group in August 2017 to research what other states have done to reform their children services system and address the issues of children being placed out of state for residential care, kids staying in care too long, kids being placed in institutions and not with families, and kids being placed too far away from their home.

Based on the research conducted, the group has developed a **Children's Continuum of Care Reform** plan with the following goal:

To reduce reliance on congregate care settings and embrace that kids do better with families, Ohio needs to establish a children's continuum of care that focuses on preventing and intervening with community-based, short-term crisis stabilization and diversion services. If children need to be removed from their families, there needs to be a robust foster care system that can support the challenging needs of kids in a family-based setting while focusing on reunification.

This plan will be shared and further developed in the coming months with state partners and stakeholders. PCSAO is hopeful that the next Administration will champion this much-needed transformation of our system. ([See Appendix U, Children's Continuum of Care Reform Plan.](#))

Recommendations:

- 1) **Create a robust foster care system** that can meet the variety of challenging needs of children in their own community, support foster families, and enhance reunification by developing statewide foster parent recruitment and retention assistance that includes dedicated state funding; increasing in-home supports to foster caregivers; using technology to target the type of homes that are needed; revising licensing standards based on national research-based models; expanding beyond the two current levels of foster care and support foster families working on reunification efforts by stratifying foster home per diems; providing trauma-informed care and intensive treatment services in the foster home; professionalizing foster caregivers by creating incentives for working directly with birth families on reunification, supporting other foster families, and serving more as a resource family; and establishing common outcomes of foster homes using research-based tools.
- 2) **Increase availability and accessibility of prevention, intervention, crisis, and diversion services** so that children can remain with their families by incorporating high-fidelity wraparound as a Medicaid-billable service; expanding the intensive home-based treatment continuum in Medicaid and allowing for services to be provided in the foster home; increasing short-term crisis options; expanding juvenile court diversion programs; expanding community-based supports to meet the family's basic needs; expanding peer mentor models to keep families together; enhancing family search and engagement efforts; and developing effective, trauma-informed mental health, substance abuse, and parenting prevention services.
- 3) **Increase availability and accessibility of aftercare and reunification services** so that children can safely return to their families and achieve sustained permanency by expanding effective trauma-informed, home-based services that can support reunification and ensure such services can be included in the state's Medicaid plan; developing appropriate aftercare services that can support the child's varied levels of care (psychiatric inpatient, residential, group home, foster care); employing outcome tools that can monitor services' effectiveness in maintaining reunification so that children do not reenter the foster care system; and exploring tools that can determine the appropriate level of care setting for a child and allowing PCSAs to have the ultimate decision on best placement.
- 4) **Decrease Ohio's use of congregate care** (residential, group homes) settings by building a more robust foster care system and, when needed, ensure that high-quality residential treatment facilities can meet the needs of children and are available in proximity to families; ensuring availability and

accessibility to in-state high-acuity residential placements, including affordability for families to access without relinquishing custody; exploring options that would require Medicaid to pay room and board at residential facilities; creating a state-level funding option to cover the non-Medicaid cost of residential placements; developing more short-term, individualized, trauma-informed residential treatment facilities by working with providers; exploring tools that can determine the appropriate level of care setting for a child; and employing outcome tools that can monitor services' effectiveness in meeting the needs of youth in facilities.

Solutions for More Kinship Families in Need

PCSAO convened a Kinship Policy Workgroup in 2017 to develop sound public policy options for enhancing services and supports for kinship families. As research shows, children do better in kinship care than in stranger foster care. However, kinship care providers typically do not receive a foster care per diem to help defray the cost of raising children, though they may qualify for other supports such as Temporary Assistance for Needy Families (TANF) Child Only. Ohio must maintain a pool of committed professional foster caregivers, but new supports should be developed to ensure that kinship placements are stable and well supported. ([See Appendix Q.](#))

Recommendations:

- 1) **Establish a statewide kinship navigator program** to link kinship caregivers to services and supports to ensure that throughout Ohio they have access to guidance, information and referral, and help obtaining services for which they are eligible.
- 2) **Open the publicly funded child care program to children in foster care and children living with kinship caregivers.** Currently, eligibility for publicly funded child care is based on the income of foster parents and kinship caregivers, leaving many caregivers without access to the program. Instead, children in foster care and children living with defined kinship caregivers should be categorically eligible for child care.
- 3) **Ensure kinship caregivers can access financial assistance** to meet children's needs. Taking on the unexpected expense of caring for a child – or children – is one of the biggest challenges for kinship caregivers, both initially and in the long term. Financial support must be available for a range of kinship caregiver situations including increasing the Ohio Works First child-only grant for children being raised by specified relatives other than parents; restoring the Kinship Permanency Incentive Program (KPI) to the original 2005 levels to better support kinship caregivers who have legal custody or guardianship of kin children; maintaining licensing as optional for kinship caregivers; and exploring other subsidy models for kinship caregivers, such as maximizing TANF, child support, and Title IV-E options.
- 4) **Provide tailored, trauma-informed services and supports for children, parents and caregivers.** Services need to be available to prevent children from entering or reentering foster care if issues arise after caregivers adopt or take legal custody of the child.
- 5) **Educate kinship caregivers on legal options and improve their access to legal assistance.** Relatives need to know the available legal relationship options and understand the differences among adoption, guardianship, and legal custody.
- 6) **Maximize use of the National Family Caregiver Support Program (NFCSP).** A portion of NFCSP funds may be used to provide supportive services to children and kinship caregivers who are age 55 or older.
- 7) **Monitor the impact of *D.O. v. Glisson*,** where the U.S. Court of Appeals for the Sixth Circuit ruled the Kentucky Cabinet for Health and Family Services must provide monthly foster care maintenance payments to relatives approved to care for children in custody just as licensed foster parents receive. The U.S. Supreme Court declined to hear Kentucky's appeal, meaning the Sixth Circuit's decision stands and is applicable to the additional states in that circuit: Ohio, Michigan, and Tennessee. Of these three states, only Ohio similarly approves relatives and thus could be impacted in the near future with a similar court decision.

Solutions for More Overburdened Workforce

Children services caseworkers are at minimum bachelor's-level professionals who must maintain more continuing education training than someone with a Master of Social Work degree: 36 hours per year vs. 30 hours every two years. Yet caseworkers are often paid the same as or less than other county employees who have less education and no training requirements – and who do not have to enter sometimes dangerous homes.

Recommendations:

- 1) **PCSAs need more caseworkers to handle an increasingly unmanageable caseload.** While better pay and benefits are desirable, PCSAs are constrained by lack of local resources, county FTE limits, and other barriers that make pay increases challenging. Solutions must be localized, and in addition to increases, they might include more capacity to pay overtime; more supportive services such as case aides, transportation aides and visitation supervisors; and education loan forgiveness.
- 2) **PCSAs need access to professional supports for caseworkers impacted by secondary trauma** or who experience critical incidents on their caseloads.
- 3) PCSAO was pleased to support the Ohio Department of Job and Family Services in securing a federal workforce grant from the Quality Improvement Center on Workforce Development. Over the next three years, five experimental PCSAs and three comparison agencies will identify, implement and evaluate an evidence-based workforce practice designed to improve recruitment and retention of caseworkers. **PCSAO supports statewide implementation of any practice that demonstrates results.**

Solutions for More Expensive Costs

Federal and state funding is critical to the success of serving abused, neglected, and dependent children in Ohio, and to achieving better outcomes for them and their families. In 2016, federal funds accounted for 38 percent of child protection dollars spent in Ohio – more than \$352 million. Now more than ever, given the impact of the opioid epidemic, vulnerable children need Ohio's next governor to champion federal funding security, flexibility, and reform with the President's Administration and with the state's Congressional delegation.

PCSAO supports strong collaboration among the Governor's Office, Ohio's Congressional delegation, and the Administration of the President, particularly the U.S. Department of Health and Human Services. Skillful advocacy by the Governor's Administration on matters of federal policy and financing can make a difference in the lives of the more than 20,000 Ohio children and their families receiving services from a county child protection agency.

Recommendations:

- 1) **Fully align and maximize the recent reforms to federal funding** referred to as the Family First Prevention Services Act in the period leading up to its rollout. ([See Appendix V, Family First Prevention Services Act.](#))
- 2) **Preserve Title XX (Social Services Block Grant) and Medicaid Expansion**, and oppose efforts to reduce or block-grant Medicaid.
- 3) **Preserve other critical federal funding streams** to ensure that no child lives in fear or chaos in the home, and oppose any effort to eliminate or cut back on the following:
 - Provisions of the **Social Security Act** that are used to protect children, prevent abuse and support at-risk families, and to support caseworker visits in the home;
 - **Emergency Services Assistance Allocations (ESAA)**, used to prevent unnecessary separation of children from their families;
 - **Chafee**, used to support independent living and education for transition-age and emancipated youth; and

- **Temporary Assistance to Needy Families (TANF)**, which supports families so that children can be cared for in their own homes, with special emphasis on **TANF Child Only**, which is critical to helping kin care for children.
- 4) **Now more than ever, given the impact of the opioid epidemic and the complex needs of children, Ohio must increase its share of funding for children services.** Years of disinvestment by the state in child protection needs to be given much attention and consideration by the next Administration. In 2016, state funds accounted for 10 percent of child welfare dollars spent in Ohio – more than \$95 million. However, less than half of that was allocated to the county children services agencies to provide direct services to children and families in need. If PCSAO’s projections are at all correct for 2020, an additional \$175 million will be needed just for foster care placement costs. In addition, the reform efforts that are significantly needed in children services, including creating a strong continuum of care for children, providing kinship supports, and building a supported workforce, will require new state investments.
 - 5) **ODJFS should grant all human services programs, including PCSAs, the opportunity to exchange data** between and among the systems, including Medicaid and the managed care plans, so as to ensure the safety of children and workers and to better meet the needs of families. In addition, the state should cover the ongoing maintenance costs for the electronic document management system and mobility for child protection. These minimal costs that could be covered by the state would allow counties to more appropriately use their local resources to meet the needs of children and families. In addition, in order for the mobility portion of this new system to work most effectively, the state should allow the child welfare information system to interface with this new technology.

Recommendations within this policy paper will require significant investments, but Ohio cannot continue to rely solely on additional local dollars. It is time for the State of Ohio to reform the children services system, before the custody and cost trends break the system, and begin to foster hope by investing in Ohio’s children.