

Foster care crisis forcing hundreds of kids to sleep in offices as officials seek solutions

By Catherine Candisky

COLUMBUS, OH – Twice in the last year, Zoey, a 16-year-old in foster care, had to spend the night in the Franklin County Children Services office.

She had nowhere else to go.

“It was bad,” recalled the soft-spoken Zoey, a stuffed bunny clutched under her arm. “It wasn’t scary. It was just uncomfortable.”

Zoey, who asked to be identified by only her first name, ate canned ravioli and camped out on a sofa in a windowless visitation room she shared with another girl.

“We didn’t watch TV. We just sat here staring at each other,” Zoey said. “How do you sleep on this hard couch and a pillow that was flat?”

“We stayed in here and we did nothing.”

Across Ohio, a shortage of foster families, group homes, residential treatment facilities and other placements has overwhelmed child welfare agencies. Frequently, it means youth in their custody are housed in offices, hospital emergency rooms and other ill-suited places for days, weeks and sometimes longer.

In the year ending June 2022, 503 children in foster care spent at least one night in county government offices across Ohio, according to a [state report](#). Dozens more youth stayed in hospitals even though they weren’t sick and there was no medical reason for them being there.

Child welfare officials say it’s the last option for already traumatized kids with severe behavioral health issues and developmental disabilities. There simply are not enough places offering the treatment they need.

“Residential facilities have been serving children with less significant needs and the children that we are left placing are those that have very deep-end type of issues and significant traumas that have been repeatedly occurring throughout their lives,” said Donna Seed, director of social services at Lucas County Children Services.

“They [have] issues that can range from delinquency to gang issues to significant developmental delays to ranges on the autism spectrum, or even medical issues.”

Kellijo Jeffries, director of Portage County Job and Family Services, recently was unable to find



Pictured: Amy Wood, Placement Director at Franklin County Children Services: “It’s heartbreaking for these kids. No one wants them to [have to] stay here.” PHOTO CREDIT: JAMES DECAMP

placement for an 11-year-old girl with developmental disabilities who sometimes was aggressive as well as two youth who had attempted suicide.

Foster families, group homes and treatment facilities commonly share when they deny placement that the youth’s needs are too great, or they don’t have appropriate services or enough staff to meet the child’s need, Jeffries said. “Until we have capacity and the right facilities and options for these kids, we’re going to continue to spin.”

In the case of the youth with developmental disabilities, her placement provider took the child to the hospital when she wouldn’t go to sleep, started banging her head and refused her medication. The placement provider then notified the agency that it could not take her back because of insufficient staff and her aggressive behavior.

The two youth who had recently attempted suicide were discharged from a Northeast Ohio hospital, but because the agency could not secure immediate placement, despite collaborative efforts with county and state agencies, both children remained in the hospital for days after discharge.

The system not only is failing these youth, it’s compounding their problems, said Angela Sausser, executive director of the Public Children Services Association of Ohio.

“This kid is being told essentially that

you're not wanted. No one wants you. You can't be with your family. They may not want you because of your behaviors, or can't take care of you because of your behaviors, and now nobody else wants you and you're stuck in this cold government agency eating takeout and showering at the YMCA. Children experience trauma from being removed from their own homes. By not having a placement option readily available, we are just adding to the child's trauma."

Nearly 15,000 youth are in state custody and about a fourth of them have complex issues including mental illness, developmental disabilities, and kids from the juvenile justice system, some involved in felony-level crimes.

Approximately 1 in 4 of youth in state custody are there for these other reasons, with no history of abuse and neglect. Sausser said it's time to ask why children services has become the "system of last resort" when other systems cannot meet the needs of these youth.

Foster children's health care is covered by Medicaid while they are in custody. Medicaid is required to meet their physical, developmental, and mental health needs, but while screening and diagnosis for behavioral health conditions is common among foster youth, appropriate and available treatment for those with aggressive behaviors resulting from mental illness, developmental disabilities or trauma is in short supply.

Caseworkers say the number of youth needing intensive, long-term treatment has grown, making it harder to find a foster family or group home to take them. The longer kids wait for placement, the longer they wait for treatment, and for many youth their conditions worsen.

"It is truly additional trauma. It can worsen acute symptoms," Dr. Katherine Junger, associate medical director of mental and behavioral health for Cincinnati Children's Hospital Medical Center, said of kids stuck at the hospital.

"It leaves them feeling helpless and hopeless and, quite frankly, rejected and removed from society."

The nation's largest pediatric psychiatric unit with 100 inpatient beds, Cincinnati Children's had 22 youth in its emergency room waiting for placement in April. Another 22 children remained in inpatient beds because

appropriate home- or community-based treatment was unavailable.

The inpatient unit is designed for short-term crisis stabilization where youth stay five to seven days before they are discharged and moved to long-term care.

When forced to stay longer, Junger said, "they can actually get sicker while they're in the hospital because they're at this level of care that is inappropriate for their needs but it's where they can be safe until we can find a better place for them to be."

Last spring, a teen spent a month in Cleveland's University Hospitals Rainbow Babies & Children's Hospital. The youth was ready to be discharged, but the mother, working with child welfare officials, was not able to find a treatment facility and refused to pick up the youth until she could secure a safe option.

Eventually, due to the hospital filing abandonment charges, the Wayne County Juvenile Court placed the teen in the custody of county children services, and hospital officials brought the youth to the agency office. With no identified placement, the teen stayed two nights at the agency before custody was returned to the mother. The mother then had to take the child home due to lack of a therapeutic placement. Two days later, police were called and the youth was arrested for domestic violence and stealing the mother's car. The teen, still waiting for treatment, was taken to juvenile detention.

"I feel so helpless. All [my child] wants to do is to come home and be part of the family, but we can't safely do that," said the teen's mother. She and her child are not being identified to protect their privacy.

"It has been unbelievably difficult to find the appropriate mental health care for my child who is very complex. I know that doesn't make it easy, but it shouldn't be that difficult either.

"Someone is going to end up very hurt and [my child] is going to be scarred for life by something she can't come back from."

Dr. Ethan Leonard, chief medical officer for University Hospitals Rainbow Babies & Children's Hospital, couldn't discuss the teen's case because of patient privacy laws.

In general, "at any given time we have at least two or three kids that are in county children services custody," Leonard said.

"Many have been placed in foster care or a

longer-term residential facility and have continued to exhibit behaviors and often will be dropped off in the emergency department by a foster family or outside residential place with then a refusal to take them home or take them back.”

A shortage of placements and treatment options is not new. But child welfare officials say it has gotten worse since the COVID pandemic. More youth need intensive and individualized therapy, and a lack of mental health professionals and other staff has caused facilities to reduce services and beds. Some have closed entirely.

“When I first came on board over nine years ago, we barely had to make a dozen phone calls to secure appropriate residential placement. Now, the average is 80 to 100 calls to secure appropriate placement - and it’s not always appropriate,” said Deanna Nichols-Stika, executive director of the Wayne County Children Services Board.

The teen hospitalized for a month before ending up in juvenile detention was denied by 160 (treatment) facilities, she said.

In May, a 15-year-old youth became aggressive with caseworkers in western Ohio’s Greene County after spending two nights on an office couch. Police were called; the teen was charged and taken to juvenile detention.

“Our workers are not trained to provide the physical care for children in this kind of crisis, and they are not permitted or trained to restrain a youth who is a danger to themselves or others. We are responsible for finding appropriate care for them, but when that care doesn’t exist, they end up at the agency with staff and that’s a problem,” said Beth Rubin, director of Greene County Job and Family Services.

Lana Penney, the county’s children services administrator, said caseworkers were turned down by more than 60 treatment facilities, many out of state.

“Even when we do identify a resource for this child, or any child, it’s months that we’re on a waiting list for that child to get the treatment that they need,” Penney said.

Ohio’s urban centers like Cleveland and Columbus have been hardest hit. One week in June, Cuyahoga County Children and Family Services had 11 foster kids sleeping in its offices. Nine were from the juvenile court system and two had developmental disabilities.

In Franklin County, the number of times a child has stayed in agency offices has doubled for two years in a row. In 2022, there were 90 overnights, an increase from 42 stays in 2021, and up from 21 in 2020.

Child welfare officials said the uptick coincided with a spike in kids coming into their custody from juvenile court. Like elsewhere, more children with complex issues and a decline in foster families, group homes and facilities to meet their needs are also to blame.

Not surprisingly, problems can arise when kids stay overnight in offices and police get called when youth get frustrated, angry or even violent.

“There are days my stomach hurts, that I’m literally sick to my stomach, knowing that they are going to stay here one more night,” said Amy Wood, associate director of placements for Franklin County Children Services. “It’s heartbreaking for these kids. No one wants them to [have to] stay here.”

The agency has taken several steps to address the issue. It hired a company to provide emergency stabilization services and is working with a local treatment facility to create emergency shelter foster homes to avoid office stays. In addition, the agency is collaborating with providers to ensure that foster youth and their caretakers have needed services and around-the-clock crisis support.

Portage County Juvenile Judge Patricia J. Smith said that timely treatment is desperately needed.

She said she deals with foster placement issues every day and routinely keeps children in detention when they really need treatment because none can be found.

“I had to hold a young lady in my detention center because we have nowhere to put her. She had delinquent charges, but they are based on mental health issues. She should not be in a detention center. It is absolutely the worst possible alternative for her,” Smith said.

“We could keep more kids in the home if we actually had services immediately available.”

Ohio is among nine states where child-welfare services are administered by counties and overseen by the state. Advocates say a statewide solution is needed and have asked lawmakers to create a task force to come up with recommendations and aggressively implement them.

The Public Children Services Association of Ohio’s Sausser said that, most immediately, crisis beds are

needed to house youth until placements are available. The larger problem is a nationwide shortage of in-home and community-based treatment interventions for youth with developmental delays and mental health challenges.

Gov. Mike DeWine has championed many initiatives for children, including those in foster care. Most recently, the administration announced a campaign to expand the number of adoptive parents, foster families and kinship caretakers.

Bill Teets, communications director for the Ohio Department of Job and Family Services, said the administration is committed to working with the children services association and others to address the foster care placement issue. "It is important that youth have access to the most appropriate services and supports, which includes placements that meet their needs," he said.

Creation of the state's new Department of Children and Youth, Teets said, will provide stakeholders additional opportunity to provide input on children's issues, including foster care placement. The new department is established in Ohio's biennial budget, which took effect in July.

The children services association first sounded the alarm in 2016, and in a [report released last year](#), found "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."

"We released our report in February 2022 and to date nothing has really been done," Sausser said. "It's sad to me that we're accepting this as the new normal, that it's fine for kids to have to sit in a government agency until we find some placement whether appropriate or not for this kid. We are grateful that the Governor's Office plans to explore solutions with us because experience in other states proves that statewide, cross-departmental leadership is needed to get results."

The crisis is not just impacting Ohio. In 2021, in the wake of the COVID outbreak, the American Academy of Pediatrics issued a [national state of emergency in children's mental health](#), and the U.S. Surgeon General released an [advisory on protecting youth mental health](#).

Health care providers are advocating preventative care and early intervention by having mental health therapists in pediatric primary care

practices. The idea is to identify and treat problems earlier so kids avoid bigger issues later.

Illustrating the need, Cincinnati Children's provided some sobering statistics:

- 14% of Ohio youth had a severe major depressive episode in 2022
- More than half did not receive any mental health treatment
- Three-fourths of Ohio's 88 counties have a shortage of mental health professionals

A reactive health-care system isn't working for these kids, said Cincinnati's Junger. Early intervention is needed. Approaching a child's brain health like their physical health could pay dividends down the road by preventing conditions from worsening and reducing the number of youth entering the child welfare system.

The hospital opened a clinic providing primary care for youth in state custody which has pediatricians, mental health professionals and social workers side-by-side caring for kids.

"If we can put those behavioral health providers right in the pediatrician's office where [patients and their families] have these decades-long relationships with their primary care providers, we can do what as a society we need to be doing and making sure we are caring for each and every child."

Sausser added that enforcing the state Medicaid program's responsibility for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and ensuring that mental health challenges are treated the same as physical health challenges is also needed.

Nearly every state is dealing with foster placement issues, including Virginia and Colorado, which like Ohio have county-administered systems.

If Ohio creates a task force, it would be following in the steps of Virginia, which last year dramatically reduced the number of foster youth sleeping in child welfare offices.

"There is both a short-term and a long-term solution to it," said Janet Kelly, who as special advisor to Gov. Glenn Youngkin led Virginia's Safe and Sound Task Force.

Long term, Kelly said, states must bolster infrastructure by supporting and expanding kinship and family-based foster care placements. This allows kids to get treatment while staying in a family-like environment

where they tend to do best.

Short-term, Virginia shifted staff to intensify and individualize the search for placements, negotiating case by case with providers.

“The governor made it a priority. We put together a multi-disciplinary team with our Medicaid agency, our behavioral health agency, our social services agency, and we basically staffed every single kid who was in an office or who was in danger of being in an office,” Kelly said.

If a provider declined a placement, “we would call them back and say ‘Okay, how do we get to yes?’” Whatever was needed - more money, specialists, additional services - they found a way to provide it.

“We could say, ‘Does he need one-on-one care? Great, we’ll pay for that. Does he need a special training or special attention? For example, sexual violence? Okay, we’ve got an expert for that.’ We would just take a highly individualized approach for these kids.”

But the results were not lasting, Kelly acknowledged.

“We went all in for about 90 days,” she said. “We took all of our best people out of our agencies and put them on this project, and we were able to reduce the number of kids living in offices by 89% in 90 days. That’s not a sustainable solution. Those people have jobs, and once they went back to their jobs our numbers started to go up.”

Still, officials learned it could be done and are finding ways to adapt. They also reduced the average length of time a child stays in an agency office, emergency room or hotel to three days, down from seven.

In Colorado, officials are trying to expand available beds at existing treatment facilities and building a new state-run center for high-need kids. They earmarked \$23 million to boost provider payments, combat staff shortages and expand specialized care, and contracted with two private facilities for 27 beds, quickly filling them all.

In April, about 82 Colorado kids had to stay in child-welfare offices, hospitals, hotels, detention centers or out-of-state facilities because treatment was not available.

“We have so much left to do,” said Minna Castillo Cohen, director of the Office of Children, Youth and Families at the Colorado Department of Human Services.

“We are really trying to do this in a lot of different ways: building out workforce, trying to work to increase capacity, looking at the incentives that can be offered to providers who are willing to accept these young people in and building additional capacity across the board by looking at data.”

The spike in demand for more intensive services followed closure of several residential treatment facilities, pushing more kids into foster homes and kinship care. Like Virginia, Colorado officials started by creating a task force to come up with a plan.

“This is not solved by one, two or three strategies, certainly not in the immediate short-term. This is long-term work, and you have to approach it from different angles,” said Heather Duroske, with the Colorado Human Services Directors Association.

In Columbus, Zoey doesn’t have a solution. She just doesn’t want to spend another night in the child welfare office.

“The couch was hard, the shower was broken. We just sat here,” she said. “Yeah, I really don’t want to come back here.”