



Children Services Testimony
Health and Human Services Subcommittee
House Finance
March 16, 2017

CONTENTS

- ❖ Testimony
 - Kayla Price
 - David Haverfield
 - Patrick and Leah Clevenger
 - Lorra Fuller
 - Angela Sausser
- ❖ The Opioid Epidemic's Impact on Children Services in Ohio
- ❖ State Newspaper Editorial Board Support
- ❖ Opiate Stories from the Field

Ohio House of Representatives

Health and Human Services Subcommittee, House Finance Committee

March 16, 2017

Testimony on HB49

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Good morning Chairman Romanchuk and Committee. My name is Kayla Price and I am an Intake child welfare caseworker at Franklin County Children Services. I would like to thank you for giving me the opportunity to be a voice for my fellow caseworkers and the children and families we serve. Through my journey in child welfare I have seen multiple changes not only in the amount of referrals we are receiving, but also in the problems that the families in our community are facing.

When I think back to my caseload in 2008, I can only recall two of my families dealing with severe, chronic drug use and their drug of choice was cocaine. Today, a large portion of the families we see have one or two parents addicted to heroin or prescription pain pills. Sadly, a lot of the interviews I conduct reveal the same thing. The addiction started with prescription pain pills which eventually led to heroin use when the parent could no longer find a doctor to prescribe their medication.

Unfortunately, drug use is not the only problem our families are facing. They are struggling with homelessness, untreated mental health concerns, and domestic violence, just to name a few. When you compound all of these issues, the children in these families suffer greatly. Imagine being an 8-year-old girl. You wake up early in the morning because your 2-year-old brother is crying in his crib and needs his diaper changed. You walk out of your bedroom and find your mom passed out on the couch. You try waking her up, but she doesn't move. You see a needle lying beside her on the couch and know it will probably be awhile before she wakes up. You walk back into your bedroom and find the last clean diaper to change your brother. You take him to the kitchen to get him breakfast, but when you open the refrigerator you find an almost empty gallon of spoiled milk and an empty pizza box. You open the cabinets and find only a few roaches that scurry away as the cabinet door opens. You console your brother and give him the last pop tart you hid in your bedroom before putting him back in his crib; while your stomach aches from hunger pains. You dig through the dirty piles of clothing to try and find something to put on that isn't covered in stains or smells too bad. You head out the door to your neighbor's house in search of something to eat and more diapers because you know your brother will need one soon.

Sadly, this is what we, as child welfare professionals, see and read about daily. It is an emotionally taxing job that rarely ends at 5pm. We are often at the office doing paperwork or

out in the community interviewing the child that was brought to the hospital with severe burns and multiple broken bones in different stages of healing. This job causes us to miss precious hours at home with our own family and friends. The high caseloads, high stress level and low pay lead to a high turnover rate which also impacts the ability to provide consistency to the families we serve.

The impact parental drug use has on children is very devastating. Recovery is a long process and even parents that are motivated and want to change their lifestyle experience setbacks and relapse. Due to the complexity of addiction and the dual diagnosis a lot of our clients receive, children are staying in our care longer. Many children are being placed in permanent custody rather than being reunified with their parents and we are experiencing more children in care causing our placement costs to greatly increase.

Think back to the 8-year-old girl, the truth is, she doesn't want to leave her mom or her home. She just wants her mom to get better. Child welfare agencies were not designed to raise children. Children do best when they are in the least restrictive environment in their own communities. The dilemma is that we are experiencing a very large number of children in placement that not only experienced trauma at home, but have now experienced the trauma of being removed from their family and have extensive needs. This is a concern that we as a community need to recognize.

Parents need to be able to access quality, affordable treatment. They should not be put on a six month wait list while their children wait in foster care. We need to educate the community on addiction and recovery. Addiction is not limited to certain areas in Columbus. It is widespread and in our suburbs as well. Recovery is a process and we need to assist these families in achieving long term success in their recovery. We also need increased efforts to recruit and support kinship families. Children experience fewer traumas when they are placed with relatives or family friends. But the financial and emotional burden of taking in one, two or more children is great. We need more foster families to help care for the children coming into care. Our agency depends upon our community to partner with us to help the most vulnerable, our children.

I'm most encouraged that recovery is actually possible. Do you remember the 8-year-old girl I told you about? Although placed in foster care, she was kept with all three of her siblings in one of the most wonderful foster homes. Her mom and dad struggled and battled through their addictions and almost lost permanent custody of their children. Her parents are living proof that addicts can recover as they are now sober and leaders in their recovery communities. That little girl had her dream of returning to her family turn into a reality because her parents found help and support. Please allow us to continue ensuring the children in our community are safe by partnering with us and their families to overcome the obstacles in their lives.

Thank you.



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Good Morning Chairman Romanchuk and Ranking Member Sykes. My name is David Haverfield, and I am the director of Tuscarawas County Job & Family Services. We are a double combined agency with responsibility for public assistance and child welfare. Thank you for allowing me the opportunity to provide testimony today on the continuing struggle of our system to deal with the opiate crisis.

I have worked in child welfare for the past eighteen years, spending the first fifteen years of my career as an attorney representing our agency in child protection actions. In this time I have seen a dramatic change in the landscape of child protection. No longer do we have the time or resources to intervene early in cases to prevent bad things from happening. We have become much more reactive rather than proactive. And while the drug trends of cocaine and methamphetamine impacted our cases and children, the complexity and impact of those cases pale in comparison to the current opiate crisis.

For the first time in my career, I see children left to fend for themselves entirely as their parents' drug addiction becomes their only focus. Parents routinely lose custody because of addiction and simply walk away from their children rather than enter treatment. And the needs of the children we encounter from this epidemic are complex, expensive to treat and present these innocent victims with a lifetime of barriers. I would like to focus my testimony on two very important areas in dealing with this issue, support for kinship providers and workforce retention.

Best practice in child welfare is always to look to family or other kinship placements when a child cannot remain safely in their home. This significantly minimizes the trauma to the child by keeping them with people they know rather than complete strangers in the foster care system. But absent the ability to put more resources

toward these kinship placements, they have become less viable during the current epidemic. Families with members addicted to opiates are already exhausted - both emotionally and financially. Many have spent considerable time and energy trying to get their family member clean. Asking them to take on the care of children of these addicts, possibly for a very long time, is

challenging. Especially considering the trauma many of these children have endured which manifests itself in a myriad of behavioral and mental health issues.

At present, these kinship placements receive very little in the way of support from our system – some receive a small monthly allotment of TANF and a Medicaid card. And as anyone with children knows, this is not and cannot be enough to meet the financial burden. Many times these relatives are forgoing retirement or taking on additional jobs to meet the basic needs of these children. This is happening at a time when our system has less resources to assist them.

I recently experienced this struggle in my agency. A grandmother of two very young children was committed to caring for them while their mother worked through a number of serious issues. But with a decent job she found herself unable to qualify for child care assistance. And even for someone with a good job, a \$2,000 a month child care bill is not sustainable. We were able to access a small amount of flexible monies our county commissioners provide to us to assist her for a couple of months. But if the placement becomes long term or permanent, it will be difficult if not impossible for her to keep her grandchildren. Or worse yet, she will be incentivized to quit her job or take a part-time job to allow her to meet the eligibility limits of this program. Without additional state investment in child welfare, we will find ourselves in the unenviable position of being unable to sustain and support kinship placements which will raise system costs even higher as these children will enter our foster care system.

Agencies across Ohio also struggle with recruiting and maintaining good staff to work in the trenches during this unprecedented crisis. Scarce resources are already stretched very thin, so staff becomes another casualty of this crisis. This does not even begin to account for the secondary trauma these staff experience as they continue to deal with the child victims of the opiate epidemic. Crushing workloads, given the inability to retain good staff, as well as the weight of dealing with the children of addicts who often lose everything is simply too much. The jobs of these staff also have become markedly more dangerous as a result of the heroin epidemic. Our county sheriff's department has recently advised us to carry Naloxone in the event that a worker inadvertently ingests an opiate.

I recently wrote a piece for the Columbus Dispatch on a case in Tuscarawas County. A fairly new, but nonetheless exceptional worker in my agency responded to a call of a heroin overdose. This worker was charged with telling a nine year old girl that her father was dead and that there was nobody left to care for her. Sadly, that has become a daily reality for child welfare staff in Ohio. Unless and until we make a serious investment in the front line work being done daily in this arena, these stories will continue to be commonplace and no longer shocking.

The opiate crisis in Ohio has changed the landscape of child protection along with so many other things. It is critical that additional resources be marshalled to help those of us on the front lines try to manage this as best as possible. If we don't, we risk losing an entire generation of our youth.

Thank you again for the opportunity to speak with you today. On behalf of the children, families and professionals trying to navigate this crisis, I respectfully ask for your support for sufficient resources to meet this challenge.

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Testimony on HB49

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Hello and thank you for this opportunity to share our story and to speak out for the children in foster care in Ohio.

We are Patrick and Leah Clevenger. I work for Cornerstone Construction and I also serve as a worship pastor at the church we attend. My wife is a stay at home mom and part time secretary. We have three sons, two biological and 1 adopted. We have been foster/adoptive parents for 9 years which has involved 5 foster children in our care. We are licensed through South Central Ohio Job and Family Services.

Benjamin our youngest son we fostered from birth and then were able to adopt him close to his 2nd birthday. Our most recent foster daughter Cinamyn will soon be aging out of the system, graduating from High School with honors and going on to attend Ohio University.

One of the joys we have is leading a small group called puRE which is a support group for foster and adoptive parents. What we are sharing from our own experience as foster parents is similar to what others share with us.

Benjamin our adopted son was drug exposed at birth. His birth mom overdosed twice while pregnant. The 2nd time is what sent her into labor. He spent 5 ½ weeks in the hospital while they were trying to wean him with morphine. We brought him home and the next 8 months were the toughest 8 months of our life. We were in no way prepared for what he had to deal with. He could not soothe himself like most babies can. We swaddled, rocked, bounced, paced the floors, held him in every position, nothing seemed to work. He only would sleep for short periods of time. The rough times came at night for him because that's when his bio mom would do drugs. After that 8 month things started slowly to improve. He stayed with us until we adopted him at 2 years old. Today he is the most active 5 year old we know. He has some sensory issues. He gets overstimulated easily and it becomes hard for him to focus. Overall he is doing very well, his preschool teachers say he is good in school and hitting all his marks.

We always had a special place in our heart for his birth mother. When she made the decision to allow us to adopt him we were glad that we were able to meet with her and have a wonderful conversation. A year and a half after we adopted Benjamin we were contacted early one Sunday morning that his biological mother was rushed to the hospital with a brain aneurysm. The family asked for us to come to the hospital, and we did. Sorry to say that she did not make it and passed away later that day. It was my privilege to be able to reside over the funeral services. What tough but great memories to be able to share with Benjamin. At times Benjamin still has hard moments when his little mind begins to think of his first Mom. We never were able to have a relationship with his first Dad.

Every child that we have had in our home has been due to bio parents being on drugs. This impacts their lives greatly. They don't have stable home environment, parents, healthy meals, they are exposed to dangerous situations, behind in education, health & trust issues. For instance, we know that these children are not fed correctly or regularly because when they come to our homes they are starving and they hoard food. When they start doing weekend visits from our homes going to biologicals they come back to us starved. We have friends that are in school education and they inform us that many of these children who have drug addicted parents are deprived of their basic needs (food, clean clothes, personal hygiene, attending school regularly). We know that many of these children know too much about drugs and even how to administer them from watching others do them in their presence.

The older ones deal with a lot of horrifying memories of their parents and loved ones committing terrible acts of crime in front of them. As we all know the people that do drugs do other things too. It leads to selling drugs, selling their bodies, stealing and other awful acts. The placement we have now has been exposed to thievery, her mom being arrested and being homeless. This young lady actually asked her supervisor to contact the authorities and inform them to what was going on in her home. It's hard for these young people to picture having a better life when they are left in these environments. Stable families build stable lives for children.

I do want to say that we believe in reunification and we understand the tension between healthy caregiving and biologicals raising their own children. If healthy foster parents struggle as much as we do in raising these drug-affected babies/children how much more difficult is it for biological parents who are struggling with addictions, legalities, housing, employment, and relational issues to care for these children. The plain fact is we believe all sides are uneducated on many different levels. The courts don't understand the challenges that bios will face when they are to take custody of these drug affected children again. Foster parents are not well enough prepared to receive these children into their homes (this is not saying anything against

Children Services). It's important that you hear us say that foster parents need more training for these infants born "affected". We had no idea what we were getting into.

Recently we attended a training by Ronna Johnson. We discussed the need for a comprehensive supportive service which would involve nursing and medical professional who specialize in the care of drug affected children, family/friend mentor from the community which hopefully would be some of us who have fostered these children, and of course the parents who are in recovery. We also have come to know there is a lot more we can learn for how to take care of these infants and what services are available for these children. We really enjoyed this class and think that more foster parents and family members should get the same type of training and help. We believe this would bring about the best care for these children long term. We are hoping that more funding would be made available for services like these so our county and other places across the state can help children and families affected by the drug epidemic. Healthy people raise healthy children.

Thank you for this opportunity for us to share our hearts for the children in care. We are first and foremost for the children in our city, county and our state. We must pour our time, resources and hearts into these children to break cycles they have been exposed to.



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Testimony on HB49

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Good morning thank you for the opportunity to appear before you today. My name is Dr. Lorra Fuller and I am the Executive Director of Scioto County Children Services Board. We are a stand-alone child protection agency. I am personally responsible for the administration of child protective services in our county. I stand before you today asking for help and looking for hope in the battle we are currently fighting against the opiate epidemic. As the director in a county that has the highest number of opiate related deaths I am in desperate need of at least a glimmer of hope.

As of February of this year, we had the highest number of children in custody that our agency has ever seen. Sixty nine of the 207 children are under the age of 2. Why so many children so young in our care? Because they are the direct victims of this epidemic that is sweeping our state. Ninety percent of the children we have removed from their parents in 2017 has been a direct result of their parents' addiction. Ladies and Gentlemen this opiate epidemic has forever changed the face of child protection and we, as a system, need to find a new way to address this epidemic before it is too late.

Since becoming director in 2012, I have seen a tremendous change in the cases that we respond to. Five years ago, we rarely received a report of someone who had overdosed and

now it has become a weekly occurrence. A few weeks ago, we received a call from our local law enforcement agency to respond to a restaurant parking lot with only the details of “it’s an overdose and a child is present”. When my case worker arrived he saw mom overdosed in the front seat with a 2-year old awake in his car seat in the back. Neither we, nor law enforcement, had any idea who the mom was or who the child was. We had to take the child into custody because we had no way of identifying relatives for the child because mom was unable to provide information due to being overdosed on heroin.

Once mom finally came back to life after being administered multiple does of Narcan we learned that she had been sober for months, had completed treatment and was in transitional living. Her mom, who had custody of the child, let her take the baby for the weekend for bonding time. When we notified the grandmother of the overdose she had no idea the mother was using again. Apparently, it was the first relapse since completing treatment and it almost took her life. Thankfully, the mother lived and the child is safe but this is not always the outcome. Parents are dying every day in our community leaving their children to be raised by the system or by relatives.

Prior to the opiate epidemic we rarely took permanent custody of children. Now it has become the norm. Addicts are giving birth to drug affected infants and never coming back for them. They leave them in hospital, sometimes without even giving them a name, never to return to check on the baby or see who is providing care for the child. Imagine having a baby born with multiple health issues, leaving her in the hospital for a child protection worker to come and take custody of and place with a person you have never met and may never meet. That is opiate addiction. Heroin is more powerful than the natural instinct of mother to care for her child. I wish I could say this only happens occasionally but it happens on a regular basis in our county.

You need to understand that parents dying of overdose leaving multiple children to be raised in foster care, mother’s giving birth to drug affected infants leaving them alone in the hospital for a child protection worker to pick them up and place them in the care of someone the mother has never met, and parents not being able to obtain sobriety and being homeless are all direct results of opiate addiction.

In four years, our boarding costs have nearly doubled. In 2012 we spent \$961,000 on placements for children and in 2016 we spent \$1.8 million on placement costs. This 99% increase can be attributed to the opiate epidemic in our county. The number of children we have taken into care has almost doubled as well. More children come into our custody because of the abuse and neglect they suffer as a result of their parents’ addiction, more children are placed in high cost placements because of the significant physical, mental and behavioral health needs that they have, and they stay in care longer because it takes a long

time for families to be able to heal, to obtain sobriety and sober housing, and ultimately a stable, healthy environment for their children.

We currently have 26 foster homes and they are full of children who have been directly impacted by their parents' addiction. We do not have enough foster homes to care for the 200 children we have in custody. We are constantly attempting to recruit foster homes. But this is difficult for many reasons. First of all, we do not receive funding to recruit foster only homes. Secondly, the children that need foster homes typically have extreme needs including mental health, physical health, and behavioral health and sometimes those needs are too many for families to be able to commit to treating.

Due to a lack of dedicated funding, I only have one staff person, who also carries a caseload, devoted to foster parent recruitment. She is a hard-working, dedicated staff person but she is only one person with a small, donation-only budget trying to find families willing to serve the most difficult population of children in our county. The bottom line is we need more foster families and more money to help us to be able to recruit these families and compensate them for caring for these children with serious, oftentimes, overwhelming needs.

I am not exaggerating when I tell you that the opiate epidemic has tremendously changed the face of child protection and unfortunately, I do not believe we have seen the worst of it. The number of children in care continue to rise and the number of parental rights being terminated is at an all-time high in Scioto County. We need more funds to be able to provide safe, stable, permanent homes for these children and more workers to be able to provide services to these families that have been ravaged by addiction. Without more resources, I am not sure that we will be able to continue to provide the needed care for these victims of the opiate epidemic. Please help us find hope and help us heal the victims of this horrible epidemic that has ravaged the children and families we serve. Thank you in advance for your willingness to be part of the solution.



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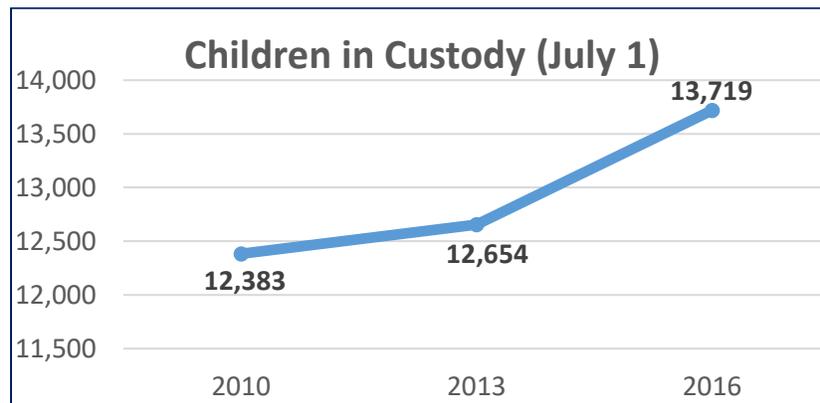
Angela Sausser, Executive Director
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Good morning Chairman Romanchuck, Ranking Member Sykes, and members of the House Finance Subcommittee on Health and Human Services, thank you for the opportunity to provide this children services panel testimony on HB 49. My name is Angela Sausser and I am the Executive Director of the Public Children Services Association of Ohio (PCSAO). Founded in 1981, PCSAO is a statewide association of Ohio's county Public Children Services Agencies that advocates for and promotes child protection program excellence and sound public policy for safe children, stable families, and supportive communities. I am joined here today with Kayla Price, Intake Caseworker at Franklin County Children Services; David Haverfield, Director of Tuscarawas County Job and Family Services; Patrick and Leah Clevenger, foster parents for South Central Job and Family Services; and Lorra Fuller, Director of Scioto County Children Services. We are here today to talk about the innocent, invisible victims of Ohio's opiate epidemic, the children, and the impact this epidemic is having on our county public children services agencies. Each of us brings a different perspective, but we all share a sense of urgency about this crisis.

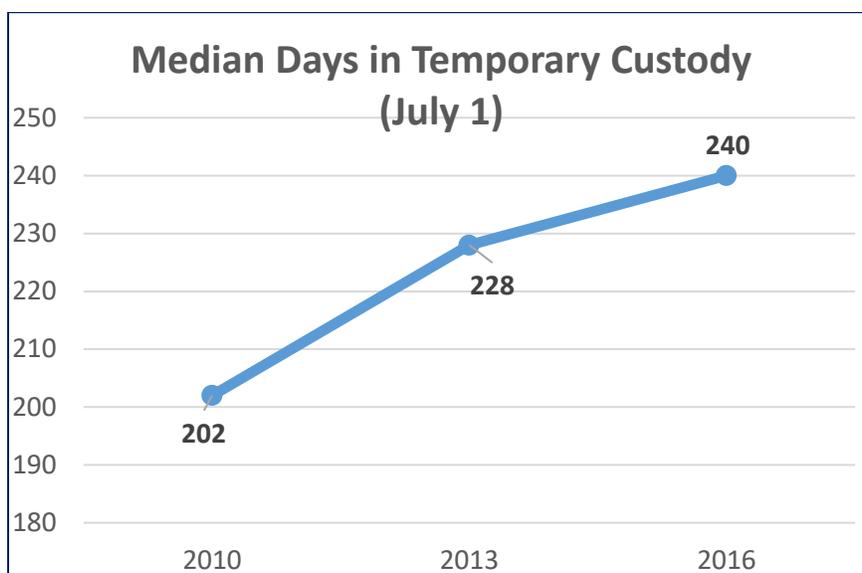
1. Kayla Price
2. David Haverfield
3. Patrick and Leah Clevenger
4. Lorra Fuller
5. Angela Sausser

As you heard from the previous panelists, today's children services system is in crisis. Ohio's opiate epidemic is severely impacting children services agencies across the state. The ability to provide essential services to our vulnerable children – the invisible victims – of this opioid crisis is at risk without new resources for children services. And sadly, most of us – including the experts – don't think this epidemic has bottomed out yet.

Ohio has witnessed an 11% increase of children being removed from their homes since 2010 which equates to more than 1,400 more children in foster care. As you heard from Director Fuller, more younger children are in care today. In fact, 63% of children in foster care were under the age of 12 in SFY16. We also know that 70% of children under the age of 1 are in foster care because of their parents' opiate addiction.

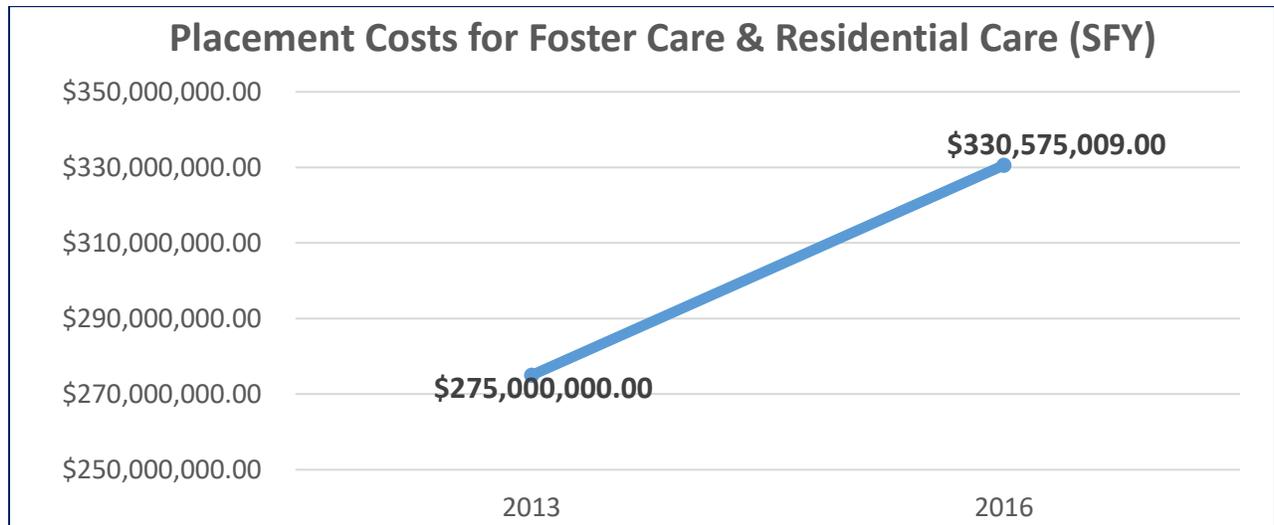


Lorra Fuller also highlighted how more children are remaining in care longer. In fact, Ohio's children services system has experienced a 19% increase in the length of stay since 2010. One of the drivers for this increase is the length of time it takes a person addicted to opiates to recover as up to 85% will relapse within a year of recovery. As you heard from Kayla and the Clevenger's, we all work together with the hope to reunify children with their parents. However, this addiction to opiates is extremely challenging our ability to successfully reunify children with their parents within 12 months. Children Services agencies across the state will tell you stories of being within days of reunifying a child with their parent, only to find out that the parent had relapsed again with opiates. Thus, more children are remaining in foster care, their family permanency is delayed, and more trauma is experienced by the child, the foster parents, and the children services caseworker.



With more children in need of foster care, we are really struggling to find homes for these children, and as Lorra Fuller pointed out are often babies in need of a loving family. We just don't have enough foster homes for the increased number of children in care and we don't have enough trained foster parents like the Clevenger's who know how to handle the children's very complex and traumatic needs. Although as the Clevenger's shared, foster parents are not always equipped to handle the needs of drug-affected kids—more training and supports are needed. And Ohio's children services agencies do not enough resources to pay to recruit more homes, properly train foster parents, or pay for foster care.

In fact, Ohio has experienced a 20% increase in placement costs since 2010, now spending \$330.5 million in foster care placements. ODJFS shared that out of the \$330.5 million that was spent on foster care placements in 2016, 42% or \$138 million was specifically related to drug-addicted cases. Ohio is only able to claim 25% of those costs in federal funds so the remaining amount (\$103 million) remains on local county public children services agencies to pay that share from local and very limited state funding.



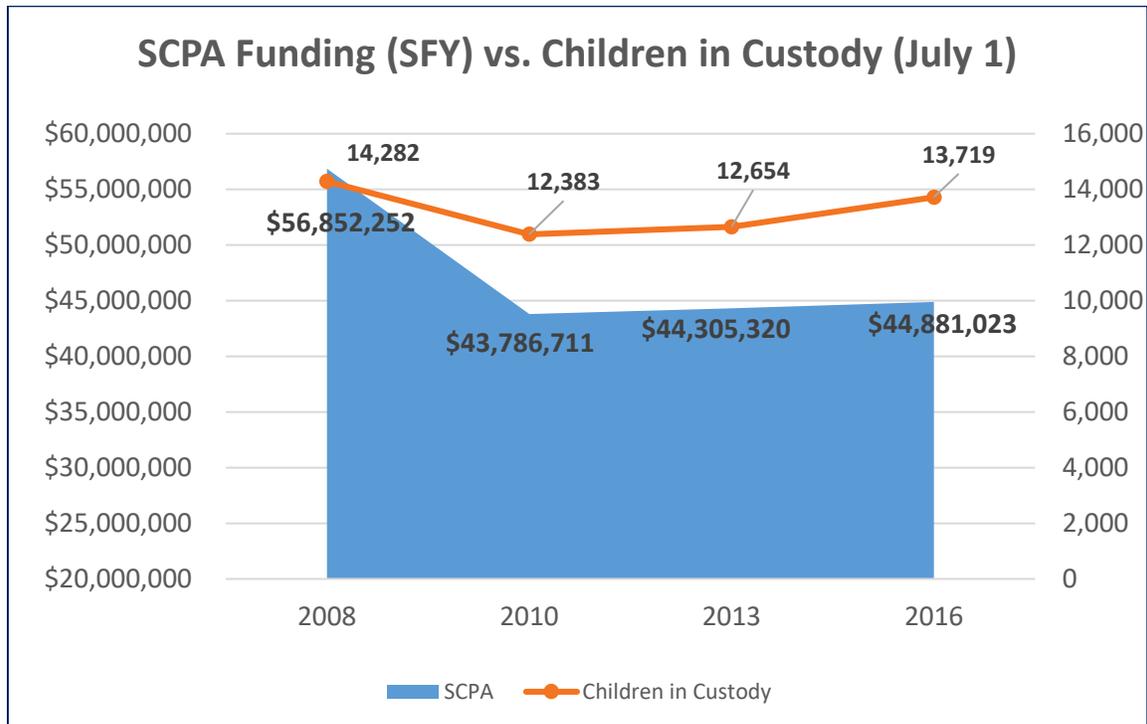
As David Haverfield pointed out, we rely heavily on kinship families. Children do better and experience less trauma when they are placed with people they are familiar with instead of a stranger. Since 2010, Ohio has witnessed a 62% increase in children placed with relatives with children services maintaining custody. However, as David pointed out, Ohio does not provide much financial support for kinship families. One of the primary struggles we hear from kinship families across the state is the need for affordable child care. I don't think many of us would be prepared to take our relatives children today and pay over \$2,000 month in their child care but we expect kinship families to figure it out.

Kayla is what we often referred to as a first responder to these opiate related cases. Children services caseworkers are often the first one knocking on the doors or being called out to a parking lot where parents have overdosed or having to tell a nine-year-old that her father has died. Some counties have caseworkers carrying over 20 cases, others are experiencing significant turnover, and all are trying to assist their workers with the secondary trauma being experienced in the field. Even if we had enough caseworkers, successfully reunifying children of parents with opioid addiction requires much more intensive casework than do other cases.

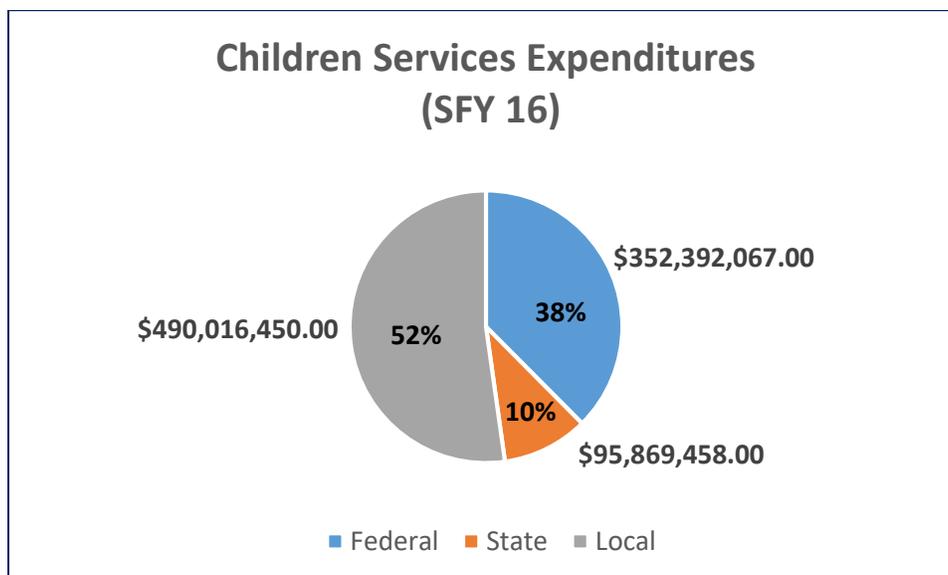
Children Services can't solve the opiate epidemic but we are absolutely a byproduct of how far this horrific epidemic has reached. We have a generation that needs your attention today so that they

don't grow up wanting to be like their parents, addicted to opiates. These children are the invisible victims of the opiate epidemic.

Ohio's children services system has received no new fiscal resources to address this epidemic and the surge in cases. In fact, we experienced a 21% reduction in state resources specific to county children services agencies since 2008 and been flat funded since 2010.



In SFY 16, State funding represented 10% of the total child protection expenditures with less than 5% or \$44.8 million going to local children services agencies through the State Child Protection Allocation. Federal funding represented 38% of children services expenditures and local funding equated to 52% in SFY 16. Ohio's counties have stepped up to fight the opiate epidemic but Ohio continues to be 50th in the nation for the State's share of children services expenditures. Per capita, Ohio ranks 15th in the nation with overall spending on children services which includes federal, state and local funding.



Of all the dollars that have gone to fight the opiate epidemic in Ohio, not one dollar has gone to children services to serve the invisible victims of this epidemic. Therefore, we are asking for \$30 million a year to be added to the State Child Protection Allocation so that our children services agencies can recruit additional foster and adoptive homes, provide additional support to kinship and foster families, assist with rising placement costs, recruit and retain a vital workforce, and leverage additional federal funding. We know this is a tight budget and this is a big ask, but \$30 million essentially equates to the cost of paying for 2,344 children in licensed foster care or 690 children in group/residential care for one year.

In addition, we are requesting \$10 million in unspent TANF funds to be available to county children services agencies to purchase affordable child care for kinship caregivers. One of our county children services members just recently shared a story where the agency had to take custody of a young girl because her relatives were not able to afford child care. This girl has now been in foster care for two years which is more traumatic, permanency has been delayed, and is costlier to the system. These relatives would have benefited greatly from this investment and the girl would be permanently with her family.

Dollars are important, but there are additional policy changes that would increase efficiencies in children services such as convening a state level advisory group to identify and implement best

practices related to recruiting, retaining, and supporting foster parents; developing a kinship navigator program that would connect kinship families to needed supports; exempting foster youth from paying Medicaid premiums; and allowing county public children services agencies to effectively use their state automated information system to ensure child safety when hiring new workers.

While today we are focusing on the needs of children services due to the opiate epidemic, we continue to remain committed to working with the House and Senate in implementing the recommendations from the Joint Legislative Committee on Multi-System Youth. One specific recommendation that would be very beneficial to parents so they wouldn't have to relinquish custody of their children for mental health treatment is the Crisis Stabilization Fund. We truly appreciate the leadership from Representative LaTourette in wanting to improve access to services and reducing the need for custody relinquishment by working to implement these recommendations.

The children are the invisible victims and children services is in crisis because of this opiate epidemic. We know \$30 million a year is a significant ask but if we don't invest now we are at an even greater risk of losing our next generation, of not having foster homes available to ensure children are safe, of not having a workforce to adequately respond to reports of abuse and neglect, and of not having kinship families available to provide love and support. It is time to make these children visible.

Thank you for allowing us to share how children services is being impacted by the opiate epidemic. We would be happy to answer any questions you may have.

Respectfully submitted,
Angela Sausser, MA, MSW, LSW
Executive Director



The Opioid Epidemic's Impact on Children Services in Ohio

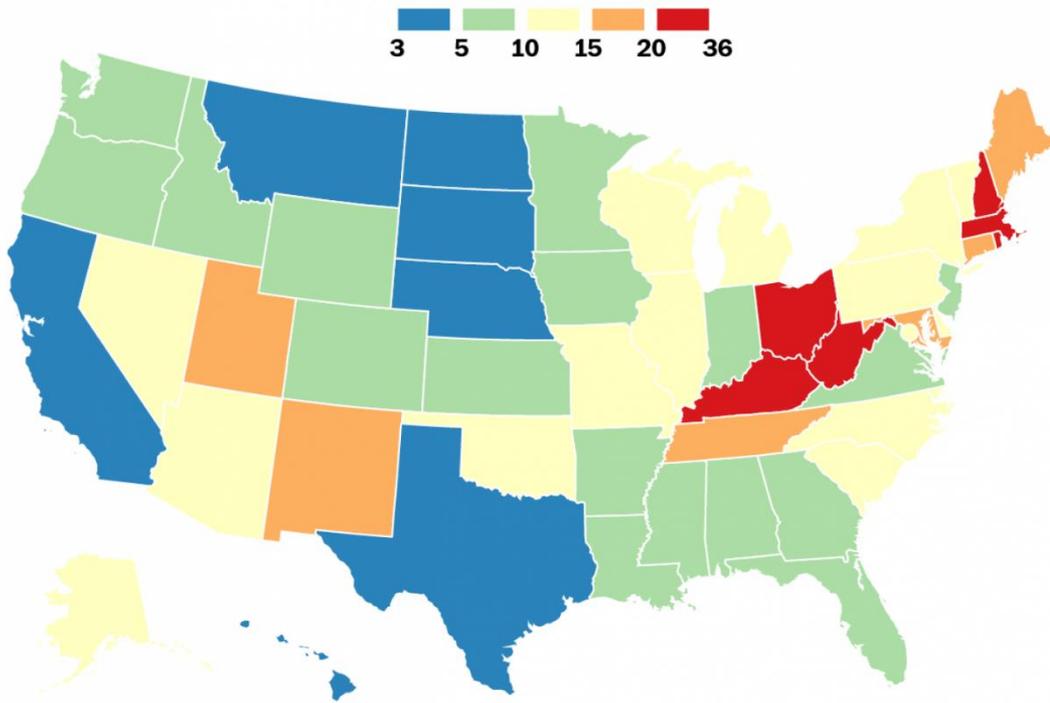
2017





Opioid deaths in 2015

Age-adjusted death rates (per 100,000) for overdose deaths from all opioid drugs

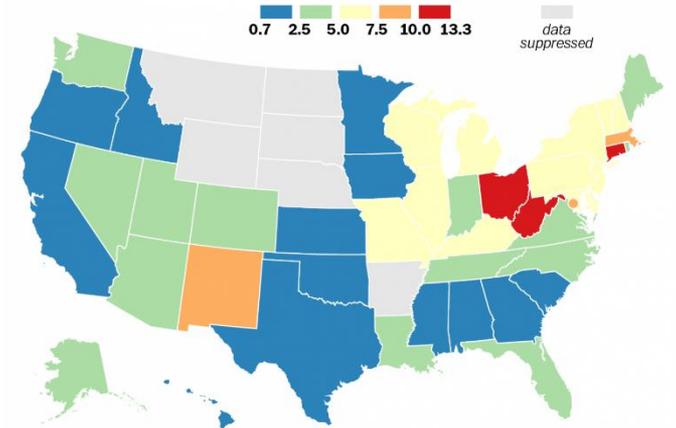


WAPO.ST/WONKBLOG

Source: CDC WONDER

Heroin deaths in 2015

Age-adjusted heroin overdose death rate (per 100,000)

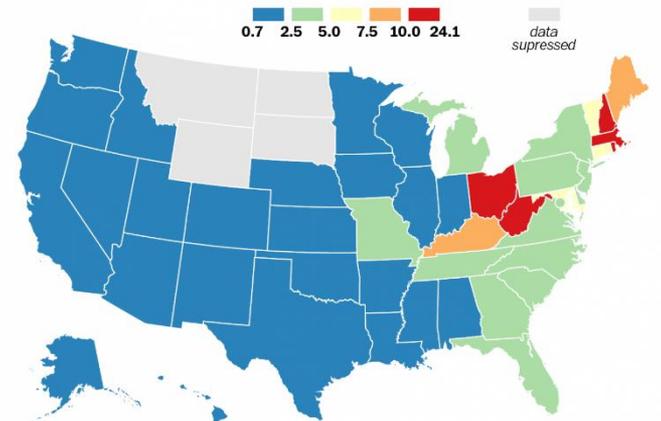


WAPO.ST/WONKBLOG

Source: CDC WONDER

Synthetic opioid deaths in 2015

Age-adjusted synthetic opioid overdose death rate (per 100,000)



WAPO.ST/WONKBLOG

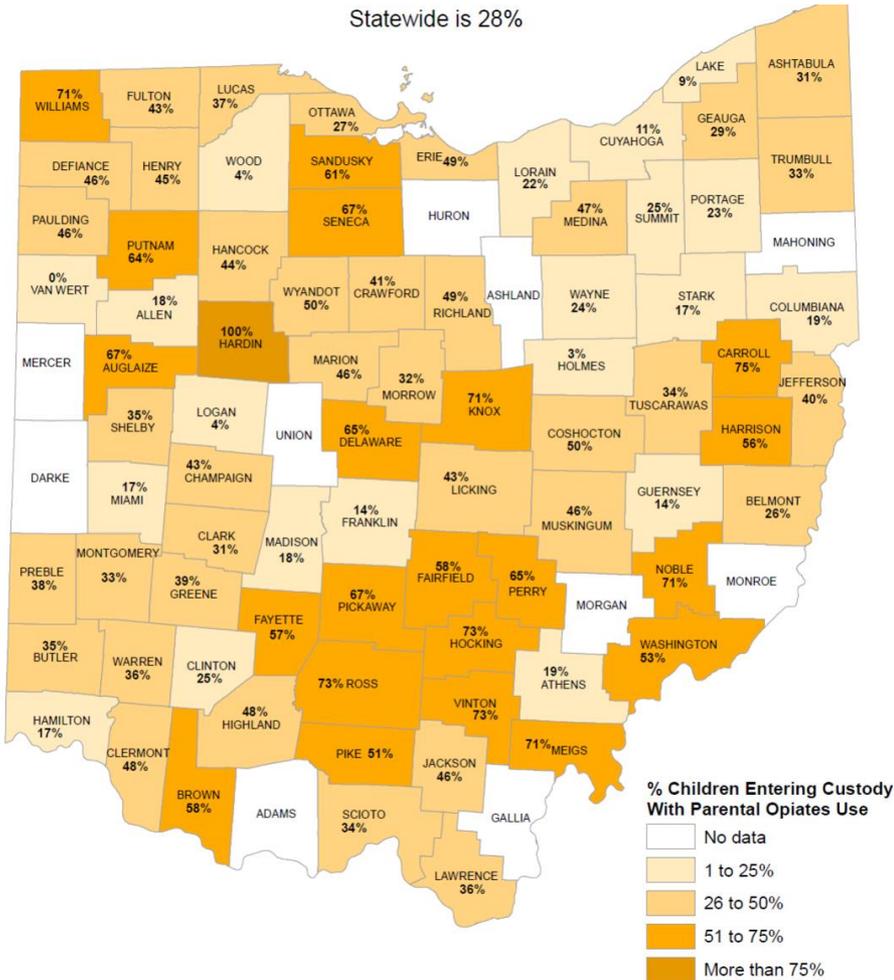
Source: CDC WONDER





Impact of Opioid Epidemic on Children

Statewide is 28%



PCSAO surveyed county PCSAs to determine the impact of opiates on children in custody (out-of-home care). 74 PCSAs responded and revealed:

- **28% of children taken into custody in 2015 had parents who were using opiates, including heroin, at time of removal**

Source: PCSAO Opiate Survey, April 2016





In-Depth Analysis of the Impact of Opioid Epidemic on Children

- **70% of children in custody under the age of 1 had parents who used opiates, including heroin.**
- **60% of children in custody under the age of 5 spend at least one birthday in foster care!**

Source: <http://www.pcsao.org/perch/resources/downloads/opiateconfrogerwardspresentation.pdf>

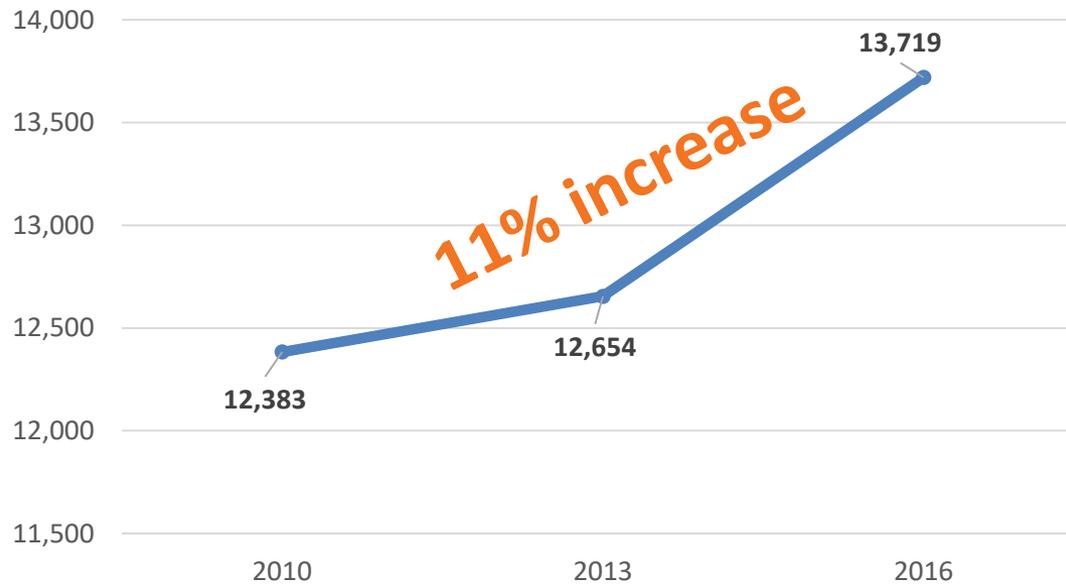




Ohio's Children Services System Today

More children are in PCSA custody requiring a foster care placement

Children in Custody (July 1)



63% of children in custody are under the age of 12

Source: ODJFS SACWIS special data run, October 2016. Additional calculations by PCSAO.

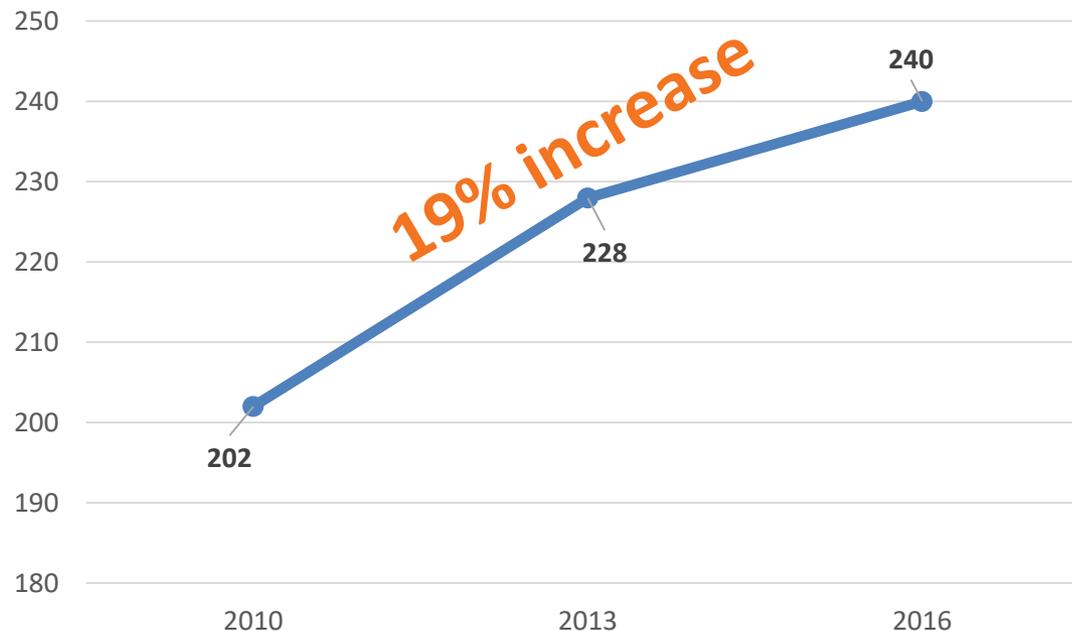




Ohio's Children Services System Today

Children are staying in foster care longer due to opiate recovery timelines and relapses

Median Days in Temporary Custody (July 1)



Within 1 year of recovery from opiates, **85%** will relapse

Source: ODJFS SACWIS special data run, October 2016.

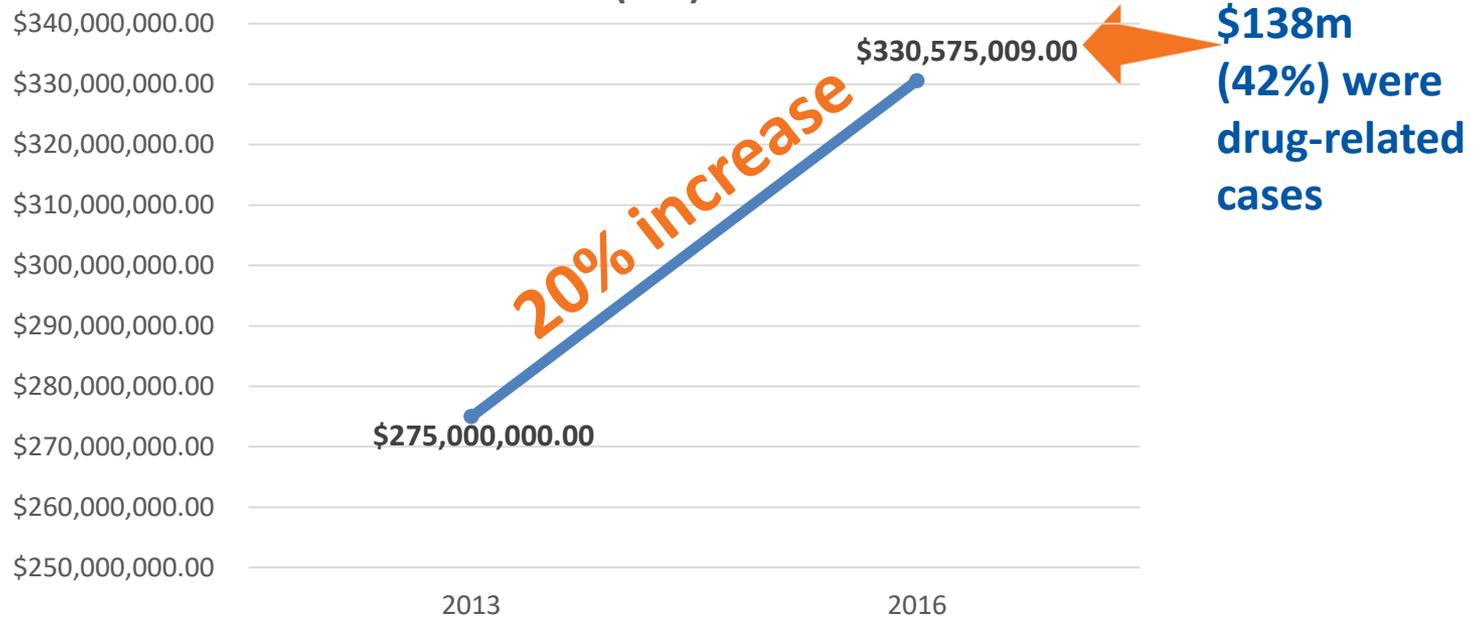




Ohio's Children Services System Today

Placement costs have increased due to more children in care and their needs being more complex

Placement Costs for Foster Care & Residential Care (SFY)



75% paid with local dollars, 25% paid with federal dollars

Source: ODJFS SACWIS special data run, January 2017. Additional calculations by PCSAO. This data is provisional and will be verified by PCSAO.

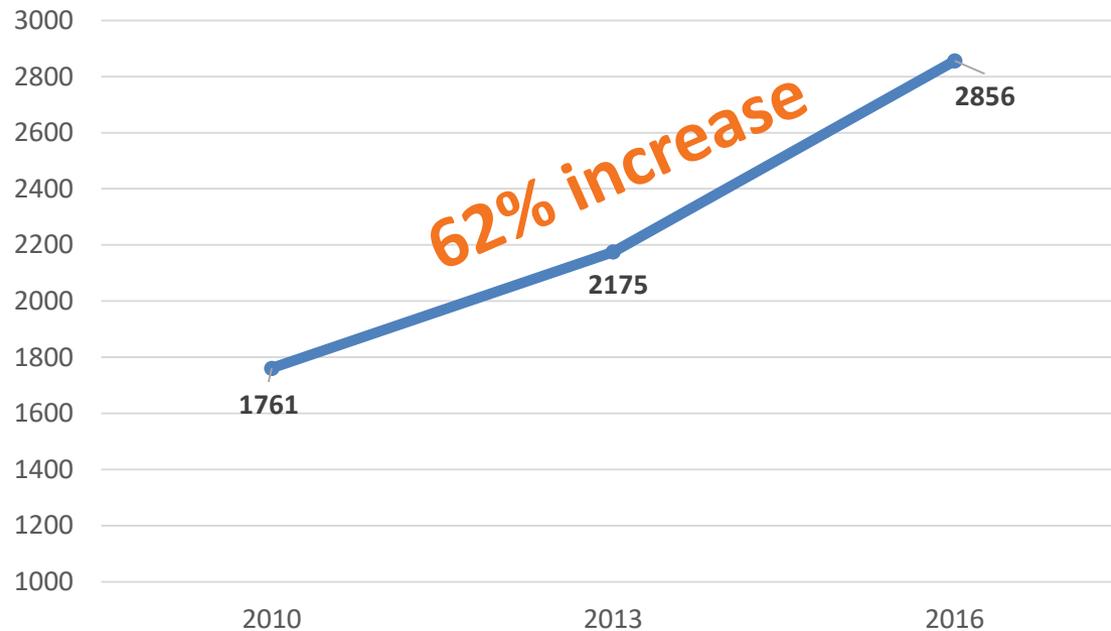




Ohio's Children Services System Today

More relatives are caring for children impacted by the opioid epidemic

Children in Custody Placed with Relative (July 1)



Access to affordable child care is the greatest need among kinship families.

Source: ODJFS SACWIS special data run, October 2016. Additional calculations by PCSAO.





Ohio's Children Services System Today

Caseworkers are first responders in these opioid-related case, leading to secondary trauma in our workforce.

In 2016

- **1 out of every 4 caseworkers left their positions (including promotions, retirement)**
- **1 out of every 7 caseworkers left children services all together with 0 performance concerns**

Loss of staff =
\$24.3 million
to cover
recruitment,
training,
overtime
costs

Source: Caseworker data from PCSAO Caseload Survey, 2016.

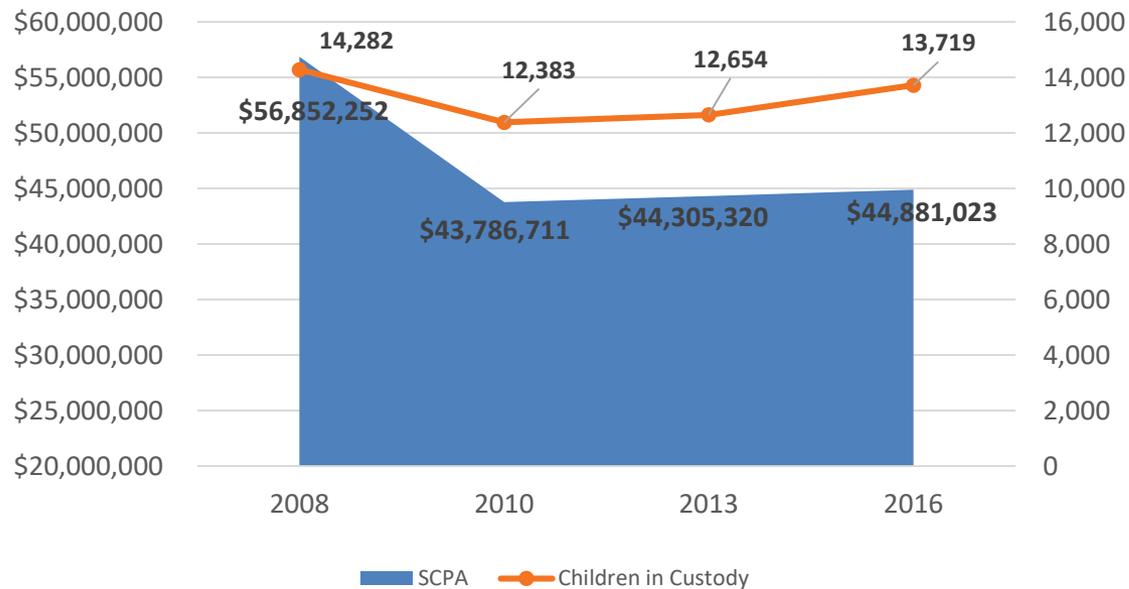




Ohio's Children Services System Today

State funding is not keeping up with the demands on Ohio's children services system

SCPA Funding vs. Children in Custody (SFY)



21% decrease in State funding to counties since 2008 while cases have increased

Source: ODJFS SACWIS special data runs for unduplicated count, October 2016 . SCPA from ODJFS, reported in PCSAO Factbook 11th, 12th editions, ODJFS special data run, January 2017. Additional calculations by PCSAO.

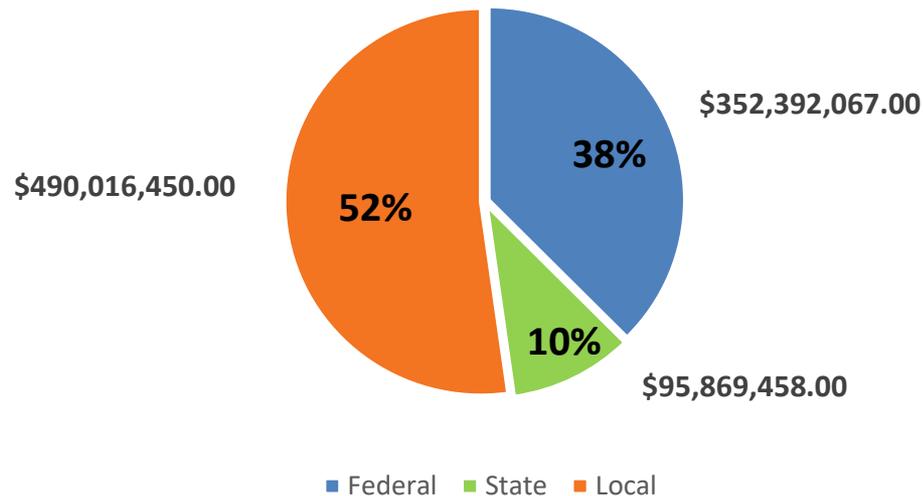




How Children Services is Funded in Ohio

Counties fund over half of children services expenditures by relying on local government funds and dedicated levies.

Children Services Expenditures
(SFY 16)



Less than 5%
 of the State's
 share (\$45m)
 is allocated to
 the county
 PCSAs

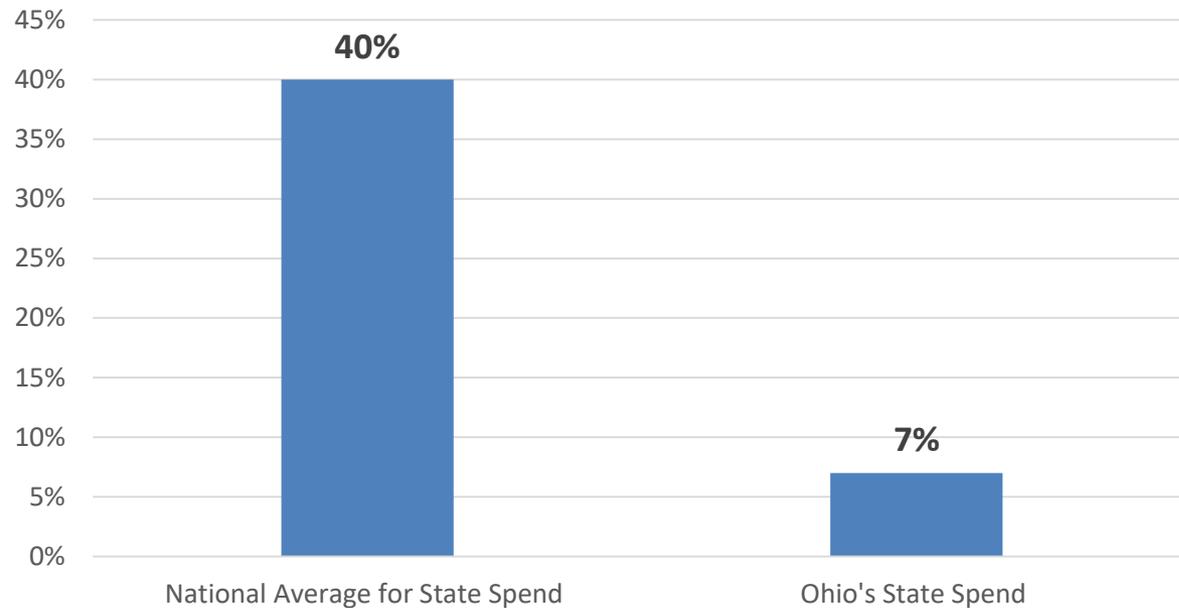
SFY 2016, from ODJFS SACWIS special data runs for unduplicated count, October 2016 . SCPA from ODJFS, reported in PCSAO Factbook 11th, 12th editions, ODJFS special data run, January 2017. Additional calculations by PCSAO.





Ohio Ranks 50th in Nation for State Share of Children Services Total Expenditures

2014 Comparison



If Ohio's state investment doubled, we would still be 50th in the nation

SFY 2014, from <http://www.childtrends.org/publications/child-welfare-financing-sfy-2014-a-survey-of-federal-state-and-local-expenditures/>





What Ohio Needs

\$30 million/year added to the State Child Protection Allocation (ODJFS Line-600523) so that PCSAs can:

- **Recruit additional foster and adoptive homes**
- **Provide additional support to kinship and foster families**
- **Pay rising placement costs (foster care, group homes, residential care)**
- **Recruit and retain a vital workforce**
- **Leverage additional federal funding**





Contact PCSAO for More Information

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Children in harm's way with the scourge of drugs

The Vindicator

Published: March 12, 2017 at 12:00 AM

With all the extensive press coverage of the opioid epidemic on the local, state and national levels, one aspect of this deadly scourge unfortunately has escaped public notice: the sharp increase in the number of children needing care as a result of addicted parents.

This situation is especially grim in Ohio, which leads the nation in opioid deaths. Late last year, the Henry J. Kaiser Family Foundation released a state-by-state report that contained some jarring statistics: One in nine heroin deaths in the nation occurred in Ohio, the most nationally; one in 14 deaths in the nation from synthetic opioids occurred in the state, also the nation's leader.

As for the overall death count, the Kaiser Foundation reported that Ohio had 2,106 opioid overdoses in 2014, representing 7.4 percent of the 28,647 nationwide. California ranked second, and New York was third.

To further drive home the point, the Ohio Department of Health recently released new data showing that one Ohioan now dies every three hours as a result of heroin or opiate abuse. The rate in all probability will accelerate.

As local and state law enforcement, health and social service agencies try to deal with this growing epidemic, the children of addicted parents are in harm's way. Caring for them is not cheap.

According to the Public Children Services Association of Ohio, the number of Ohio children in foster care as of July 1 of each year has risen from 12,383 to 13,719 over those six years.

The association also contends that the increasing number of Ohio children in custody and the increased complexity of their needs have raised foster and other residential placement costs from \$275 million in 2013 to \$321 million in 2016.

During a recent meeting with The Vindicator's Editorial Board, Angela Sausser, the association's executive director, and Scott Britton, the assistant director, were candid in their appraisal of what's in store for the state if more money isn't forthcoming to help meet the rising costs of caring for the children of addicted parents.

"We really do need the support of the state at this time, or we're going to find ourselves in a very serious crisis," Sausser said. "If we don't make an investment now in children, we quite possibly could lose an entire generation."

Shocking statistic

To bolster her argument, here's a shocking statistic: 85 percent of opiate addicts relapse within one year of their recovery.

As for the effects on children, the average duration of foster care in Ohio has risen from 202 days in 2010 to 240 days in 2016.

Britton, the deputy director of PCSAO, framed the issue in language that is easy to comprehend: "Children really are the invisible victims of this epidemic."

Thus the question: What do the children services agencies need to provide the care the innocent victims of this deadly scourge desperately deserve?

The answer is obvious to those who are on the front lines of the battle to save the "invisible victims" of the epidemic: Money.

Sausser told The Vindicator that the Public Children Services Association of Ohio is seeking a \$30 million increase in the \$90 million the state provides for child-welfare programs.

It is noteworthy the funding from Columbus has not increased in several years and that Gov. John R. Kasich's biennial budget blueprint maintains the status quo.

Ohio ranks fifth in the nation in total child welfare spending, said Jon Keeling, a spokesman for the Ohio Department of Job and Family Services. Keeling pointed out the Ohio system "has long been designed to be primarily funded and administered at the county level."

But the system the state official hails was designed to address the everyday needs of children at risk. It is not equipped to deal with the opioid epidemic sweeping the state and the nation.

Therefore, we urge Gov. Kasich and the Republican majority in the Ohio General Assembly to loosen the state's purse strings and provide the relatively small increase in funding to assist those who are providing a safe haven for the "invisible victims" of this deadly scourge.



Editorial: Heroin epidemic straining children services

By The Canton Repository Editorial Board

CantonRep.com

Published: March 3, 2017 at 7:27 AM

Denise Smith tells a harrowing tale about how two children, both under the age of 5, wound up in her office one day recently.

The children were at home with their mother when she overdosed on heroin. When paramedics arrived, they used Naloxone, a medication that acts as an opioid antidote. The mother was revived, temporarily, but she died in the ambulance on the way to the hospital.

Smith is program administrator for Stark County Job and Family Services' Child and Adult Protective Services Division. She handles intake and assessment. Smith and the social workers she oversees witness some of the saddest cases involving children imaginable.

This case was no different.

Though other counties have been hit harder and other agencies felt the strain on services earlier, Smith said Stark County Job and Family Services has begun to notice more and more of these cases in recent months. The heroin and opioid epidemic sweeping the state and nation has left behind scores of "invisible victims" — children whose parents or caregivers overdose (and sometimes die) and must come into the custody of children services.

The demand the epidemic is placing on the county agencies that remove these children from their homes and place them in the foster care system has taken its toll, according to a study by the Public Children Services Association of Ohio.

Since 2010, there's been an 11 percent increase in the number of children removed from their home who require foster care.

Parental drug use is the contributing factor in half of such cases, and nearly 30 percent are due specifically to heroin and opioid use.

Placement costs have increased 17 percent. Because the type of care required for opioid addiction recovery is more complex, children typically stay in foster care programs longer while their parents undergo treatment.

In more and more of these situations, relatives are caring for these children, sometimes permanently, but those caregivers often are not prepared for the effect, financial or otherwise, on their lives.

To make matters worse, the epidemic is making the already stressful job of being a social worker more stressful. The PCSAO survey found that one of every seven caseworkers left the children services field altogether with no concerns about their performance.

Though Ohio ranks first in the number of unintentional drug overdose deaths, it ranks last for the share of money state government spends on children services. Ohio's state share is about 5 percent compared to the national average of 40 percent.

Local agencies cannot afford to shoulder the additional costs this epidemic is creating. They're already funding a larger share of children services than they were a decade ago due to state cuts.

That's why the PCSAO and other advocates for children services are right to call on state lawmakers to increase children services funding \$30 million annually from the current level of about \$45 million a year, and to create a subsidy for relatives who become caregivers. It's a small amount compared to the overall two-year, \$67 billion state budget Gov. John Kasich has proposed.

Ohio has made significant strides in addressing the opioid epidemic. State lawmakers must do all they can to make sure its invisible victims aren't so invisible anymore.

THE BLADE

One of America's Great Newspapers

Funds needed for epidemic's young victims

By Robin Reese, Executive Director of Lucas County Children Services

The Blade

Published: February 25, 2017, Updated 1:59 AM

How do you tell a child that his or her parent has died of an opioid overdose?

That's a question that Lucas County Children Services caseworkers have faced at least twice in recent months, as parents consumed by heroin and fentanyl lost their lives to these addictive drugs.

These dedicated social workers have had the agonizing task of explaining the unexplainable to children, some still in diapers. Still others have had to comfort children through close calls, waiting to see whether first responders were able to save their parents' lives.

Too many Lucas County children have had to enter the care of relatives or foster parents because their birth families have been blinded by their substance dependency. The number of children in LCCS custody jumped 21 percent between 2011 and 2016. The number of children placed in the custody of a relative skyrocketed 40 percent in that same time, even as the proportion of available kinship caregivers had declined.

These drugs have torn apart entire family systems, leaving no one able to care for the children. Lucas County is not alone; nearly every children services agency in the state reports similar trends. Ohio has been ranked number one in the nation for both the number of heroin deaths and the number of synthetic-drug overdoses.

Our caseworkers are being crushed by the volume and severity of a crisis with no end in sight. They have experienced secondary trauma from the stress of trying to help these families day after day.

It costs the state of Ohio \$321 million to care for children in foster care, including almost \$1 million per month in Lucas County alone. Despite vigorous campaigns to recruit foster caregivers for these children, we can't train and license foster care families fast enough to keep up with the need.

In the face of these heartbreaking facts, the most recent version of the governor's biennial budget includes no additional funding for child protection, despite the increased demand for services. Ohio's children services system has actually experienced a 21-percent reduction in state resources since 2008 and has been flat-funded since 2010. Ohio remains a shameful 50th in the nation for its support for children services.

Additionally, the budget provides virtually no additional state funding for adult mental health and substance abuse treatment. The governor says he's fighting the problem through Medicaid expansion, but that means little for children whose parents cycle through relapse and recovery, unable to pull their lives together in the time period mandated by law to restore parental rights.

In Lucas County, 117 children were adopted in 2016, twice the number of the year before. Many of those children had parents who wanted and loved them, but who were too shackled by their substance dependency to follow through.

I urge Ohioans to contact the governor and their state legislators and demand increased support for children, to help our most vulnerable citizens. We must ensure that agencies have the resources to care for the silent victims of the opioid crisis. We cannot afford to lose an entire generation of children to a crisis that has the potential to devastate Ohio for years to come.



Boost funding to an Ohio foster care system increasingly burdened by the opioid crisis

By Editorial Board

Cleveland.com

Published: February 17, 2017 at 5:00 AM, Updated at 7:41 AM

Ohio Gov. John Kasich has been in the thick of the battle against deadly opioids, [signing a bill](#) this year to tighten restrictions on prescription opioids, speaking at conferences about heroin and even sending an Ohio Highway Patrol superintendent in April to Trumbull County after beleaguered officials there begged for help in quelling a rising tide of opioid overdoses and deaths.

Yet his latest budget fails to do enough to help the thousands of children removed from their homes and put into the foster care system because of abuse or neglect by their drug-addicted parents. He ought to correct that by changing his position and letting the legislature know he wants to expand the funding.

In far too many counties in Ohio -- rural as well as urban -- youngsters displaced by drugs from their families are inundating the foster care system, making it more difficult to find foster families and driving some despondent workers to quit their jobs, according to [a recent survey](#) by Public Children Services Association of Ohio, which represents Ohio's county children's services agencies.

Yet, according to PCSAO, Kasich's new two-year budget for county children's services agencies is flat at about \$45 million annually although Ohio contributes less in percentage terms to its children's services agencies than any other state.

"The fight against opiate abuse is one we take very seriously. Currently, Ohio ranks fifth in the nation in all-funds spent on child welfare," said Jon Keeling, director of communications for the Ohio Department of Job and Family Services in an email to the editorial board. He also pointed out that the state gives local governments plenty of flexibility in handling child welfare cases. However, it's clear that the foster care safety net needs special attention and resources.

More money is needed because counties can't weather the brunt of the heroin tsunami relying on a smattering of state money and limited local government funds and dedicated levies.

Ohio lawmakers, most of them deeply familiar -- and frustrated -- with the heroin crisis raging in their communities, should make sure that children's services are better funded.

Currently, about 7,000 Ohio children 18 and under are in protective custody because of parental drug addiction, and in more than half of those cases, parents were using heroin and other opioids, according to a just-released PCSAO survey. (Protective custody can be with kin or with unrelated adults.)

And placement costs have increased by 17 percent because there are more children in care and because they are staying longer because heroin addiction is so difficult to break, according to the survey. And with heroin use prevalent among the older generation, as well, it's been difficult to find homes for some children.

Even county case workers are feeling the impact. About one of every seven left the field despite having no performance issues, and PCSAO officials attribute their departure to the repeated strain of dealing with so many dirty, hungry youngsters virtually abandoned by their addicted parents. Cuyahoga County has escaped this turnover problem but only by devoting extra resources to counseling.

The state legislature must give counties the money and the resources to provide safe foster homes and to help county workers who are responsible for them. Make no mistake: The well-being of Ohio's next generation will depend on how well adult Ohioans take care of heroin's youngest victims.

AKRON BEACON JOURNAL

Ohio.com

Will Ohio protect its children?

By the Beacon Journal editorial board

Ohio.com

Published: February 17, 2017 at 08:50 PM

Advocates for public children services agencies in Ohio are lobbying lawmakers for a substantial boost in funding in the next state budget. They propose a \$30 million annual increase to the current yearly allocation of \$45 million. Still, the amount, needed to cope with the devastating effects of the opiate epidemic on children, is modest in the context of the governor's two-year budget proposal of roughly \$67 billion.

Put another way, the sum amounts to a tiny fraction of the \$9 billion in tax breaks permitted by the state each year.

What's more, even a doubling of current funding, to \$90 million, still would leave Ohio dead last among the states in terms of support for children services.

Just nine other states share the model Ohio uses for delivering care to vulnerable children through county-level agencies, and all of those states route substantially more money to local agencies to do the job. In Ohio, the state share is just 5 percent, with local funding picking up about three-fourths of the burden and the federal government the rest.

The national average for the state share? Forty percent.

Flat funding of the state's child protection allocation for the next two budget years, as proposed by Gov. John Kasich, would leave children services agencies across the state struggling to meet increasing and more demanding caseloads with less than the \$57 million they received in 2008. Since then, state support has dropped 21 percent. Meanwhile, Ohio now is No. 1 in the country in deaths from heroin and synthetic opiate overdoses.

Driving the budget request is the fallout on children when the adults in their lives are addicted. Across the state, there has been an 11 percent increase since 2010 of children taken into custody who need foster care. (For Summit County, the figure is 16 percent.)

For half the children who must be removed from their homes, drugs are the underlying problem. For 28 percent, opiates, including heroin, are to blame. Contributing to the need for foster care is that entire extended families may be addicted, or have family members who are estranged from addicts.

Advocates also point to the higher cost of caring for children whose lives have been disrupted by parents who are addicts. Because drug rehabilitation takes time and relapses are common, children are

staying in foster care longer and requiring more services to recover from what they have experienced. Providing child care in these cases is another need on the rise, and advocates are asking, with good reason, for the state to extend subsidized child care to relatives and foster families.

The state has responded to the opiate epidemic. In the recent lame-duck session, legislators enacted stronger regulations for opiate prescriptions, improved access to naloxone (medication to reverse overdoses) and support for treatment programs. Yet a truly urgent and comprehensive approach that includes a focus on children has been lacking.

After years of decreased funding from the state, agencies such as Summit County Children Services have stretched as far as they can go to handle the fallout from the opiate crisis. Surely, the state can find \$30 million to meet their request.

The Columbus Dispatch

Editorial: More needed to fight overdoses

The Columbus Dispatch

Published: February 13, 2017 at 12:01 AM, Updated at 6:14 AM

Ohio lawmakers are asking good questions about the money that Gov. John Kasich's proposed budget would devote to the state's opioid epidemic and the collateral damage from it.

Last week, Republican and Democrat legislators said they are concerned that the budget does not do enough. The concern is warranted. Ohio leads the nation in drug-overdose deaths, with 3,050 recorded in 2015, the most recent year with complete statistics.

CNN reported on Wednesday that the Montgomery County coroner's office is overwhelmed by the number of deadly overdose cases it is handling, which already totals at least 145 this year. The same report noted that fatal overdoses handled by Cuyahoga County more than doubled from 2015 to 2016, going from 228 to 517. In the first week of February, Cuyahoga County recorded at least 24 fatal drug overdoses. Over two days the same week, Chillicothe reported 12 overdoses, including one fatality.

In this context, lawmakers are right to question the governor's budget. The Kasich administration says Ohio is spending \$940 million a year to fight the plague of drug deaths, with about \$650 million provided as a result of Medicaid expansion that provides tens of thousands of Ohioans with health care they previously didn't have.

But Rep. Nickie Antonio, D-Lakewood, said, "A less-than-1-percent increase for mental-health and drug-addiction services is not what I was expecting to see in this budget," adding, "Tell me how this budget is going to make a difference, save lives and put resources in our communities?"

The chairman of the House Finance Committee, Rep. Ryan Smith, R-Bidwell, noted that the expansion does not mean that Medicaid patients are getting more access to drug treatment. He said that expanding treatment would be a priority for lawmakers.

Tracy Plouk, head of the Department of Mental Health and Addiction Services, said the state is seeking \$26 million from the federal government to expand the availability of treatment.

On the issue of collateral damage, Antonio also asked why state support for child-protective services has remained flat while foster-care placements have risen 11 percent since 2010 and the cost of those placements has increased by 17 percent. Many of these additional placements have occurred because of drug abuse by parents.

In September, the nation was shocked by a photo from East Liverpool showing a man and woman unconscious in their stopped vehicle, with the woman's 4-year-old son looking on from a car seat in the back. The boy was placed with Columbiana County Children's Services. On Feb. 1, a 5-year-old was found

running down the street and crying that his parents were dead in their home in Mad River Township. Authorities found the parents unconscious from overdoses, but still alive.

In a Jan. 13 column for The Dispatch, David W. Haverfield, director of Tuscarawas County Job & Family Services, recounted the heartwrenching story of a social worker who had to tell a young girl that her father, the only family she had, had just died of an overdose (<http://bit.ly/2lsxx9a>).

Drug overdoses produce lifetime scars carried by young victims like these.

Given these circumstances, Ohio legislators are right to question the governor's budget. Ohio is in the grip of a plague that shows no signs of abating. Stronger efforts are needed to combat it.

Opiate Stories From the Field

This is a series of stories submitted by public children services agencies that show the real impact of opiates in the children services system.

Ashtabula County Children Services

Athens County Children Services

Belmont County Job and Family Services

Coshocton County Job and Family Services

Geauga County Job and Family Services

Lucas County Children Services

Marion County Children Services

Montgomery County Job and Family Services

Morrow County Job and Family Services

Portage County Job and Family Services

Shelby County Job and Family Services

Stark County Children Services

Trumbull County Children Services

Ashtabula County Children Services

In February of 2016 I began working with a family of four children, mom and dad. The 13 years old boy was in YDC, and 15 years old girl was in a group home for substance abuse and behavioral issues through the court. There was also a 6 years old and a three months old baby still in the mother's care.

Services were implemented and the agency hoped that the family would be preserved, however the mother tested positive at one of the kids review hearings so custody of all four children was granted to the agency. The 15 years old girl returned to the group home, even though she had successfully completed her program. The 13 years old boy was placed in one foster home, and the 6 years old and infant were placed in another foster home. The siblings could not be placed together due to lack of placement options, and one of them was placed out of county.

The older sibling's father was in prison for drug charges, and the younger children's father had drug abuse concerns. I worked with the mother to get her into inpatient treatment. She sabotaged her treatment and was kicked out a few weeks later, but was arrested and put in jail due to warrants for her arrest.

Upon her release, I drove her out of county to another inpatient facility. She completed 28 days, but was released back into the community directly with minimal supports due to lack of resources in our county. She of course relapsed again, and stopped contacting the agency.

Mom had connections with a wealthy older man who provided her with money for her drug habit. It was later learned that the older children were exposed to pornography business the man owned and there were concerns that the mother previously had used the children to obtain money for her drug habit due to the severity of her addiction.

The children went about six months without seeing their mother, due to her being in and out of three inpatient facilities and overall minimal compliance. She would withdrawal so badly that she was a danger for the children to be around. The children missed their mother very much, and were only able to visit each other around once or twice per month again due to the distance between their placements.

I attempted to get mom into treatment on numerous occasions. I would visit with her and see her fall down, get sick and go through withdrawals. She was unable to escape the grips of the drugs. She used opiates, meth, marijuana, and even ecstasy at times. She was essentially homeless and lived from place to place, including motels.

In December of 2016, the county coroner contacted me directly to advise me that mom had died the night before of an overdose, and she had opiates, meth, heroin and THC in her system. She was found in a motel room. She had no next of kin, and since the agency had custody of the children I was notified. I then had to tell the children directly their mother had died of an overdose.

The coroner told me I had to go to the motel room and gather her valuables if I wanted the children to have them. I knew the older kids wanted some things that mom had in her

possession so I agreed. I proceeded to go to mom's motel room where she had died, and gathered her jewelry, paperwork and some belongings of the children's. I went to each of the foster placements and told the children about their mother. We all cried together, even the foster caregivers and placement providers. We looked at pictures together that the children had of the good times with mom, we laughed and we cried. The oldest sibling vomited when I told her, then she and her brother fell into my lap crying and consoling each other. I cried. They then told me "thank you for helping us, keeping us safe, and keeping us from having to find our mother dead". They told me that I was a mother figure to them and were grateful to me. I had to keep myself from falling apart, and getting sick which is what I really wanted to do. We then went through the belongings that I had gathered from the motel room and the children took what they wanted. I was awkwardly left with other belongings in my car that belonged to mom, which I then had to dispose of.

That night I returned home ripped apart from my day and couldn't even speak about what I had witnessed or done due to confidentiality. I felt that no one would truly understand anyway. Over the course of the next couple weeks, I met frequently with the kids to ensure they were doing ok. The agency helped to purchase necklaces for each of the children with mom's ashes, so they had a keepsake of mom. There were no services for mom, or even an obituary so the children really had no closure. They hadn't seen their mother in 8 months, and had no chance to say goodbye.

Since this has occurred, the younger two children fortunately were reunified with their father. They will grow up without every really knowing their mom. The older son, is in the custody of his foster parents, but the oldest daughter is still in a group home. She has no family that can take her, and will likely now age out of our system as mom has died and dad is incarcerated. This case was tragic and devastating, as I maintained a strong relationship with all the children, the mother, and all the caregivers. The children no longer have a mother to "go home to" as we always hope for in child welfare, and despite multiple attempts at helping mom, the resources just weren't there to give her the help she needed ending in her tragic passing.

I would like to urge anyone reading this story to understand that caseworkers are the first responders. Not just with abused or neglected children, but many more things including what I've described here. We do things on a day to day basis that aren't "in our job description" to help these children and families. We develop relationships, and we watch things fall apart that are beyond our control. We need help to fight back against this drug crisis to help save the children and the parents who are victims to this problem.

Athens County Children Services

Life can change on a dime. Life was good for Natasha. She was a therapeutic foster parent. She was in a new relationship and had a new baby. She gave up fostering to care for an elderly grandfather.

Then her relationship started changing with the father of her new baby, it became violent. Natasha had a friend who introduced her to Heroin. She quickly became addicted.

Natasha and her boyfriend became involved with Child Protective Services (CPS) due to addiction, domestic violence, poor living conditions, and a lack of employment and income. The couple were eventually arrested in a drug bust. Custody of their infant daughter was given to a relative, with a reunification plan through CPS.

While being arrested and charged with a felony is never a good thing, professionals in the field believe in this case it was what put Natasha on the road to recovery. Through the prosecutor's office Natasha was enrolled in a Vivitrol program and provided with substance abuse counseling services. Natasha was open and willing to begin the work of becoming sober.

In February 2016 CPS placed Natasha's child in a foster home because her kin caregiver could no longer care for her child. The foster family made a positive connection with Natasha and recognized her progress and need for support. Natasha achieved sobriety, received monthly Vivitrol, and began working full time.

The intervention of CPS had a transformational impact on Natasha. She had a structured case plan and a case worker to offer services and support. She acquired reliable transportation, a valid driver's license, and housing. Natasha, in an effort to maintain her sobriety, walked away from the circle of friends that she had while addicted. She was convicted of the felony, but because of her cooperation and her commitment to sobriety, she was enrolled in a diversion program.

Natasha was determined to be reunited with her daughter, and continued to work with CPS. Despite several challenges and setbacks, Natasha has maintained her sobriety and employment. With the support of her CPS caseworker, Natasha successfully completed her case plan and now has custody of her 3 year old daughter. She is now in a positive relationship with a new partner and continues to make healthy choices for herself and her daughter. They both continue a relationship with the foster parent that was so supportive and helpful throughout her time with CPS.

Natasha will never forget all of the problems she endured due to her addiction. Her family has been touched by the drug epidemic more than once. She has lived through the most devastating effects of the opiate epidemic, not only with losing custody of her own child, but also losing her brother to an overdose. Natasha understands her story could have been much more tragic for her and her daughter if not for the intervention of CPS and the supportive community services that were made available.

Belmont County Job and Family Services

Belmont County has permanent custody of a sibling group of 4 children. There are 2 boys ages 13 and 7. The girls are ages 10 and 9. In August of 2015, the custodial father was arrested in the school parking lot for having drugs and paraphernalia in his vehicle consisting of needles and heroin. One mother is deceased and the other had already lost her parental rights in a different state. The agency assumed emergency custody at that time.

The father was referred to Belmont County's Family Dependency Treatment Court to receive individual counseling, group counseling, random drug screenings and bi-weekly status hearings with the Juvenile Judge. At a Family Team Meeting, the father wept knowing he was unable to care for his children due to his drug addiction. As he listened to the caseworker talk about how much the children missed him and wanted to come home, he swore he was going to get clean. After a rocky start, the father began to make progress in treatment and attended visitation faithfully. Unfortunately, this did not last. He stopped contact with agency personnel as well as the treatment providers and was reportedly in Florida.

The agency was left with little choice but to file for permanent custody which was granted in October, 2016. Initially, the 2 girls were placed in a kinship home with a family whom they had a relationship through the church. But the oldest girl had behaviors that were too challenging and a therapeutic foster home was needed. The agency placed both girls in the same therapeutic home so that they could be together although only the oldest needed the extra structure. The same was similar with the boys. The oldest has emotional delays and required therapeutic foster care. In order to keep the boys together, they were both placed in the same home. Both of the homes are in the same network, so all 4 children see each other during activities and scheduled visitation.

The placement of these 4 children costs \$320 a day – close to \$10,000 a month. Although the agency is exploring options for permanent homes, we are faced with the challenge of having a sibling group of 4 children and not wanting to split them up. Belmont County's Family Dependency Treatment Court has had success, just unfortunately not often enough. Additional resources would be used to provide more intensive case management services as well as services to the placements. It would also help the agency with the placement costs of children who have suffered neglect and emotional trauma due to the drug use of their parents and the separation from them.

Coshocton County Job and Family Services

Mom and dad, married couple, between the two of them they have had 14 children.

Dad is 44 years old and has five children from a previous relationship. All children were removed from the mother and placed with maternal relatives. The oldest was returned to dad when he was 17. One returned to dad after he is was 18. The other three are being raised by maternal family. He is a recovering alcoholic and uses marijuana, opiates, cocaine

Mom is 31 years old. We began working with mom's family in 1987 with an older sibling. Mom was in placement in our group home from November 2000 to June 2001, then foster care from June 2001 to September 2002, and then back in group home from September 2002 to January 2003. She was reunified with parent at that time and then had a child in April 2004. Her oldest child, with a different father, is currently placed with paternal relatives. Eight children with current husband (referred to above), three children of theirs were placed with maternal relatives. Two were then removed and placed in our custody – one has been adopted, the other is in an adoptive placement. All the other children have been permanently surrendered and adopted or in adoptive placement. She uses pot, heroin and Xanax but has tested positive for opiates, benzodiazepines, and methadone. Her bio dad is an alcoholic, mother enabled her behavior. All of her siblings have struggled with addiction. Her brother's children – all 4 have been removed and either adopted or in permanent custody. Her sister lost custody of 3 children.

In June 2016, two shots of Narcan were administered to mom before she regained Consciousness. Again in October 2016, Narcan shot was administered. Mom verbalized to case worker in July 2016 that she got fentanyl laced drugs which caused the overdose. When our worker last saw mom, she said that she would take her to treatment anywhere she wanted to go and mom said, "It's too late for me." She completed Stanton Villa treatment but was not able to stay clean. Mother also attended residential treatment in summer of 2015 but left there after approximately one month. Four of her children were born drug addicted. Extended families of both mom and dad have resulted in approximately 32 children in placement.

Money spent on this family – estimate of nearly \$1M including court, juvenile court, adoption assistance, foster care assistance, treatment costs, hospitalizations, and staff and operating costs.

Geauga County Job and Family Services

I think that we need more facilities for the people that do not have health insurance. This has been a barrier in seeking services for my clients who have opiate addiction and obtaining medications. I feel that many of my clients have had to serve jail and or prison time instead of going to residential treatment. They are not getting the proper treatment in jail/prison.

Lucas County Children Services

Case #1 – Children, ages 7, 5, 4

The parents were pulled over after mom overdosed on heroin. The kids were in the backseat. (A citizen observed the situation and intervened.) The parents were arrested and charged with child endangering and kids placed were placed with a relative.

Case #2 – Children, ages 9 and newborn

Upon birth, the newborn was experiencing active withdrawal. He was initially prescribed Morphine, but is now on Methadone every 6 hours. He remains in the NICU. Mother admitted to using China White during her pregnancy. She did have a psychiatric admission in Feb 2016 at St V's as she was having the urge to commit suicide by overdosing on Heroin. Father was released from Federal Prison in May 2013 for armed robbery of a bank. He is currently on parole for two more years and has had additional alcohol related charges.

Case #3 – Child, newborn

Mother gave birth and was positive for oxycodone, barbiturates and opiates. The baby has withdrawal symptoms and was placed on methadone. Mother is unemployed and homeless due to being evicted. She admitted to being addicted to percocets and purchasing them off the streets. She also admits to taking percocets, cocaine and oxycodone while pregnant, has a long history of alcohol abuse and did not receive prenatal care. Father was arrested for threatening police officers. Father stated to staff "I am taking my son out of here at 48 hours and there ain't enough security in here to keep me from taking him."

Case #4 – Children, ages 11, 4 and 1

Case open due to heroin use by both parents including overdose in front of children & mother having taught the 11yr old how to use narcan in event of overdose of parents. The parents were both positive for multiple drugs and mother reported she has had to give her husband 3-4 doses of narcan to revive him lending to the potency of the heroin parents are using.

Case #5 – Child, newborn

Mother has lost custody of two older children due to substance abuse. Mother delivered a new baby. She and the baby tested positive for codeine, fentanyl, hydrocodone, morphine, norbuprenorphine, norhydrocodone. Mother admitted to having used china white, percocet and cocaine during pregnancy. The baby is having severe withdrawal symptoms.

Case #6 – Children, ages 9, 6 and 5

Father was using Heroin and he tried to commit suicide in front of the children. Mother works full-time and Father stays home to care for the children. Mother is aware of his substance abuse and mental health issues but still leaves the children alone with him. Father told the children to go in another room and play and then went out in the backyard. He got a ladder and a noose, put the noose around his neck and was going to push the ladder. The neighbor saw this, called 911. Father was admitted to the Psych Unit. Two months ago he was in ICU for 3 days and then in the psychological unit for 4 days for a suicide attempt in which he took 50 Ambien pills. Father was positive for Methamphetamine, heroin & cocaine.

Case #7 – Child, 4 years old

Mother was brought to the Hospital ER for a drug overdose. She states she stole a friends medication. The day prior, Mother took her boyfriends car to the Rainbow Clinic in Michigan to obtain her methadone dose with the 4 year-old in the car with her. She ended up getting in an accident. She was positive for opiates as well as the methadone. Mother has extensive history with substance abuse issues. Mother has two other children that are not in her care.

Marion County Children Services

Mother and child tested positive for opiates at the time of child's birth. While working with mother to ensure child safety, mother was involved in a car accident with her infant child. Unfortunately, mother admitted to continued opiate use and needles were found in the vehicle. Agency staff responded immediately and worked with the family to place the child with relatives. Working jointly with children services, Family Court and treatment providers she was a graduate of the Family Dependency Treatment Court and successfully reunited with her child. Today she is the proud mother of two beautiful children and works within the community as an advocate for families suffering from drug dependency issues. Mother is a valued partner / stakeholder of Marion County Children Services.

Montgomery County Job and Family Services

Case #1

The Children Services worker holds the six month old little girl, gently rocking her and patting her back. The Manager softly asks “is this our new baby?” and takes a peek at the sleepy eyed infant who looks back blankly, trying to figure out where she is and why. An all too familiar scene, the Manager thinks, and the irony of being asked just this morning to submit a story regarding the impact of opioids in the community is almost too much to take. Because this baby, this little one, is case in point. Here is her story. Baby Anna (not her real name) came to the attention of Children Services today via an emergency call from Law Enforcement. Officers were asking for immediate assistance on the scene of a heroin overdose where an infant was present. Anna appeared to have been in her mother’s arms at the time she lost consciousness due to the heroin. An unrelated adult who was present called 911 and Law Enforcement was able to administer Narcan to reverse the overdose. Alive, mother was transported to the Emergency Room by medics and Children Services was given Officer Acceptance of Anna. Transported back to Children Services by the worker for a health check and placement, other workers help rock and care for Anna while planning for what is next for her begins. As the opioid crisis escalates in our community the above story is not uncommon and occurs far too often. Highly addictive and increasingly deadly due to lacing with other drugs such as Fentanyl, opioids severely impact a parent’s ability to function. Motivation to engage and stay involved in treatment is challenging, as is maintaining sobriety after completion of treatment. Relapse is common and often deadly. According to preliminary information, Anna’s mother had been sober for the last eight months and had current involvement in a treatment program. As we begin our work with Anna and her family we will strive to understand their story and develop a plan to help them to move forward from the traumatic events of today. In Anna’s case, a relative contacted Children Services asking to care for her as soon as they learned of her mother’s overdose. As the caseworker leaves to meet with the relatives and assess the safety of their home for Anna, we wait, and rock, and hope that Anna’s trauma can be reduced by safe placement with these relatives as we work with her family. And so it begins.

Case # 2.

Montgomery County Children Services received notification of an unresponsive 2 year old child who was taken to an area hospital under full cardiac arrest. This otherwise completely healthy and developmentally on target toddler was soon pronounced dead of unknown causes. The information provided at the time was that the child was acting funny before he was sent to bed. Initial autopsy reports and feedback from medical experts indicated there were no signs of physical trauma or health related causes to this youth's death. Several weeks later, final toxicology reports were received which confirmed the two year old toddler's cause of death was due to a lethal fentanyl overdose, the potent opioid that is also linked to countless overdose deaths of adults addicted to heroin. With this new information, heightened concerns are exposed regarding the fatal risks of fentanyl exposure to young children in the community as well as the need for CPS workers to consider the varying forms that fentanyl is available when assessing child and family safety. A family and community is left with the unnecessary loss of a child and surviving siblings ages 1 and 3 years old will never experience the joys of bonding and playing together with their middle sibling.

Morrow County Job and Family Services

Our Alternative Response caseworker frequently ends up at Children's Hospital when we get a call about a baby being born drug addicted. Seeing those tiny newborns, frequently premature, babies struggling and hurting while going through withdrawal is particularly hard.

In one case, the baby was in the hospital for more than 2 months. It was not known what the long-term effects of the mother's drug use would be. The worker tried very hard to engage mother and father. She gave them rides to the hospital to spend time with the baby, encouraged them to hold him, worked with nurses to try to explain the importance of skin-to-skin contact. The parents were addicted to prescription pills. They would get gas vouchers through NET and go to the hospital long enough to get the form signed that they had been there, spending very little time with their baby boy and usually not even holding him. It was very hard when the parents never seemed to bond to the baby and he ended up in foster care with the parents never fully engaging in treatment. The worker cared more than the parents did. This story does have a happy ending. The little boy was eventually adopted with surprisingly few long-term affects so far. He spent a year in foster care. Countless hours were spent by the caseworkers trying to engage the parents and trying to find the parents. We know there will likely be long-term developmental effects that may not show themselves until he is older. Luckily, he has a family who loves him to make sure he has what he needs to succeed. This story keeps repeating itself in many other families in Morrow county. This little guy now will soon have an adopted brother whose life story is very similar.

While this may not seem like a traumatic event to some, the experience of seeing so many helpless little ones, babies who didn't ask for this, struggle in pain from withdrawal from their parents addiction causes just as much secondary trauma as the bruised and battered children we see on billboards.

Portage County Job and Family Services

Portage County Children Services has been involved with an intact family; mother and father and four children.

Our involvement has existed on and off for ten years. The children are now 16, 15, 13 and 10. Our original concerns related to unstable housing and food insecurity. The mother has never worked and the father has had unstable employment. Approximately 7 years ago mom who was dealing with pain issues was prescribed Percocet and an abuse of pain medication began. From there the drugs of choice were varied and inconsistent and the addiction was not identified by professionals for many years.

In August 2016, we were brought back into the case by local law enforcement as a result of a heroin overdose. It was brought to our attention after the incident that aftereffect of the overdose was recorded. A you tube video can be provided if requested.

Four children were taken into custody at that time. Both parents were aggressive in treatment and were testing negative and three months after the removal two of the four children were returned to their care in November 2016. During the Christmas holiday, a Domestic Violence incident at the home occurred and shortly thereafter the parents started to test positive for drugs again and the two children were once again removed.

Neither parent is gainfully employed at this time. Mom is in outpatient treatment and dad has stopped attending.

The children due to a variety of reasons are no longer in the same foster home. The 16 year old child is staying with a family friend and the three other siblings are in an out of county foster home.

In recent counseling the children have started to open up and have disclosed long term abuse of drugs. While they never witnessed the actual use they recall pills in the past in their home and the behaviors and impact that drugs have had on their family. One of the children recently shared a story how he loaned mom \$5 to buy Ramen noodles for the family so they had dinner. Social worker reports that the children are very street smart due to dealing with a variety of family issues. They have disclosed witnessing their parents both lying and stealing. They have a tendency to resist people. The fifteen year old daughter has served as a parental figure for the other siblings for a period of time. A very sad and recent comment made by one of the children to his social worker is that being in a home with a full refrigerator is something he hasn't had in a very long time. The foster mom reports that the children tend to go down in the middle of the night to eat food from the refrigerator. The social Worker is very dedicated to the family. She will make regular attempts to get the kids together to stay connected despite the out of county placement.

Mom who was originally very angry with the worker for removing the two older children from her home has since come around and has voiced ongoing interest in treatment and to one day have her children home.

Social Worker provides regular support and encouragement to the parent but is very discouraged about the hold that these drugs are having on these parents.

With two of the four children being 15 and 16, Children Services are investing additional services and interest in providing Independent Living Services to these teenagers who may transition from foster care to adulthood if reunification is not feasible.

Both parents continue to reside in subsidized housing and with not income and the reduction of food assistance, household stability which is needed for reunification is uncertain.

Child Welfare Systems continue to be vested in the best interest of the children but today's opiate/drug epidemic adds many more treatment goals to the case plan and the psychological impacts to the children in care is huge. Not to mention that impact on the social workers whose services must be expansive and intensive?

Shelby County Job and Family Services

Case #1.

On 4/12/16 Children Services was called to a home within Shelby County regarding heroin use. The call involved a grandmother who had custody of her five grandchildren. The ages of the children were 13, 11, 9 and 8 year old twins. It was discovered that the grandmother had been using heroin with her daughter, the mother of the five children. The grandmother had overdosed in the home. Children Services learned that the local fire department had to administer several shots of Narcan to the grandmother in order to revive her. The children were in school during the incident and were advised of their grandmother by Children Services Staff. Children Services had to find placements for the children due to the heroin use in the home. The two older children were placed with kinship providers and the three younger children were placed in foster care. All of the children's lives were turned upside down due to heroin as they were displaced from the only family they knew. The children's behaviors are a challenge to their current caregivers and a caseworkers as a result of their exposure to an environment riddled with heroin.

Case #2.

On 12/2/15 Children Services was called to a home within the county regarding a 4 year old and 2 year old living with their heroin addicted parents. Upon arrival at the home, the caseworker was able to interview the children. The 4 year old shared his account of his life within the home. He described to the caseworker that he had seen his parents use needles by sticking the needles in their arms. The child told the caseworker that he and his little brother also shared a bed with their mom and dad and that is where they would see their mom and dad use the needles. The caseworker observed the home to have no working utilities, little to no food for the children, opened and unopened heroin capsules and needles strewn about the home. The children appeared to have not been bathed for days, the bottoms of their little feet were black and they were dressed in appropriately for weather (as it was the beginning of December). The children were taken into agency custody and placed in a foster home.

Case #3.

On 12/2/16 Children Services received a call regarding a baby born addicted to heroin. The baby was transferred to the NICU at Miami Valley Hospital in Dayton. The baby showed signs of serious withdraw from long term exposure of her mother's heroin use. This is the fourth addicted baby that this particular mother has given birth. This child was placed in the custody of a relative and the mother does not have custody of her three older children – two were adopted and one is with the relative who took this baby. The mother has already informed the agency that she is not going to be able to complete the case plan and has no desire to discontinue her drug use.

Stark County Children Services

Opiates are insidious in their hold on people. This is Rachel's story.

July, Rachel was 6 months pregnant, with a 5 year old daughter when we met her. Her unborn baby's father had been arrested for theft and child-endangering. She was on the verge of being evicted. And she was using heroin. Rachel got help and got clean, for about two months.

September, Police found Rachel in a motel room surrounded by needles and packets of heroin within reach of Rachel's 5 year old daughter. Rachel had track marks indicating she was using. Rachel's parents took placement and eventually custody of her daughter. Rachel was arrested. She got clean again while incarcerated.

November, Rachel is released in time to give birth to a healthy baby. Neither she nor the baby test positive for any drug. She is given temporary housing at the YWCA, given a housing voucher through a HUD program, referred to an intensive outpatient drug program and assigned a sponsor through Narcotics Anonymous. She remains clean for almost two months.

January, Rachel is visited by her case manager on Thursday January 26th. She is healthy. Her baby is healthy. Reports from the YWCA confirm how well Rachel is doing. 6 days later, Rachel overdoses.

Rachel survives, because she is given Narcan. She is released from the hospital. She is estranged from her parents, who are raising her 5 year old daughter. Now she will lose custody of her 3 month old baby also. She is no longer eligible for her housing voucher. Rachel was not able to stay away from heroin when she had reason to hope for a better future. How will she stay off it now? And what about her children?

Bailey is 5 years old. She was the subject of child endangering charges in July 2016. Who knows what she witnessed. She was taken from her mother by police in September 2016 from a motel room where she was exposed to drugs and drug activity. She lives with her grandparents who will give her good care, but who are fed up with her mother. Her baby sister cannot come to live with her so they will not grow up together. It's probably just a matter of time until her mother does not survive a drug overdose.

3 month old Baby girl. She was well-cared for in the first three months of his life. And then one day she was dropped off at the babysitter's house and her mother did not come back.

Trumbull County Children Services

The ebb and flow of Trumbull County's industry and economy has exposed us to a wealth of socioeconomic challenges. Yet we are a county of driven innovators, from winning sports teams to energy exploration to a General Motors plant that puts America on the move.

However, the consequences of the opiate crisis in Trumbull County have moved us towards a spike in heroin use, a spike in deaths, and a spike in calls to Children Services. No one knows the issues that face our region more intimately than a Trumbull County Children Services caseworker. It is not unusual for them to receive calls about multiple overdoses within one week. One such call was placed about a 10-year-old girl whose father had overdosed that day, while her mom had overdosed the day before. It took two days for Children Services to locate this family, but the parents admitted to their usage and were open to treatment. While they were in medically-assisted treatment, the child lived with a relative and had regular visits with her parents. We surrounded this family with the support they needed, from ensuring that the parents completed their treatment to linking their daughter with counseling services after such a traumatic separation. One year later, the case was closed, the parents had completed their aftercare, and the family was reunified.

This is a success story that we love to talk about. Sadly, they don't all turn out so well. Two of our workers received an emergency call of an overdose in progress. This couple had their 7-year-old girl in the vehicle with them while they both overdosed in a parking lot. The girl watched as her father passed out while trying to revive her mother, and she ran to a nearby business to get help. Police and EMTs arrived on the scene, along with Trumbull County Children Services, who calmly shielded the girl from the growing press and bystanders. They brought her something to eat and collected her belongings from the motel in which her parents were living. She was placed in foster care for a few weeks while a relative prepared for her placement. Her mother is completing treatment, but this family still has a long road ahead. Since this crisis began, we have seen our caseworkers rise to the occasion of being first responders for our county's children. They do so with grace and understanding, and provide children with the gentleness and compassion they need in the immediate moments following trauma. There are many days that never seem to end. During the incident in the parking lot, the caseworkers received another emergency call about an overdose involving a parent three miles away.

The heart of Trumbull County is overwhelmed with the severity of this crisis. Funding on the state level not only provides Children Services with the resources we need to ensure the safety and protection of Ohio's children, it sends a clear message that we are all in this together. We may not have all the answers for the children in our care, but this legislation will tell them that they are safe, they are valid, and that they have a place in Ohio's future.