



Safe Children, Stable Families, Supportive Communities

Placement Crisis Affecting Children Services Report

February 2022

Background

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

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

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

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

Overall Impact on Placement Challenges

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

The survey results show that **24% of youth (or 1,005 youth)** who came into care in 2021¹ **were diverted from juvenile corrections (9.3% of all cases), or entered primarily due to behavioral health needs (12.1%), or developmental/intellectual disabilities (2.4%).** PCSAs are then

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

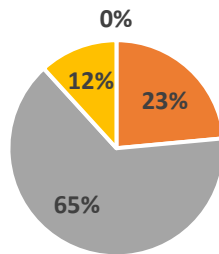
challenged to secure timely and appropriate placements for them. Assuming 24% is an accurate count for youth who come into care primarily as a diversion from juvenile corrections or due to their behavioral health needs or developmental/intellectual disabilities, then statewide this placement challenge could have included **3,145 multi-system youth²** (JJ, BH, DD/IDD) in 2021.

Closer Look at Juvenile Justice

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

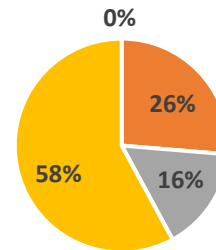
Of the youth who were placed in PCSA custody as a diversion from juvenile corrections in 2021, **26%** (101 out of 393 youth from juvenile justice) **were accused or convicted of a felony**. That represents 2.4% of the total youth who came into care in 2021 from the counties responding to the survey.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

Juvenile Justice Frequency



■ Very Often ■ Often ■ Sometimes ■ Rarely

JJ + Child Abuse & Neglect



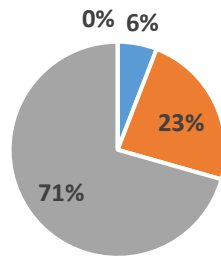
■ Yes, most ■ Yes, some ■ Yes, but very few ■ No

Closer Look at Behavioral Health

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

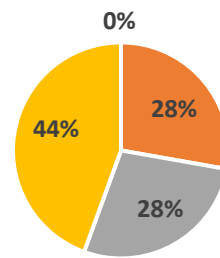
² This calculation is based on the ODJFS Public Facing Dashboard, Calendar Year 2021, All Removals = 13,105 children.

Behavioral Health Frequency



Very Often Often Sometimes Rarely

BH + Child Abuse & Neglect

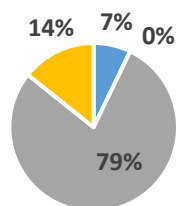


Yes, most Yes, some Yes, but very few No

Closer Look at Developmental Disabilities

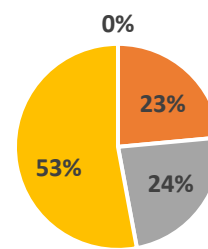
Most counties (74%) also experienced placements of youth with developmental/intellectual disabilities (including autism) as their primary need, most with a frequency rate of at least sometimes (79%), and more than half would not be considered abuse or neglect cases (53%). 86% of the respondents responded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

Developmental Disabilities
Frequency



Very Often Often Sometimes Rarely

DD/IDD + Child Abuse & Neglect

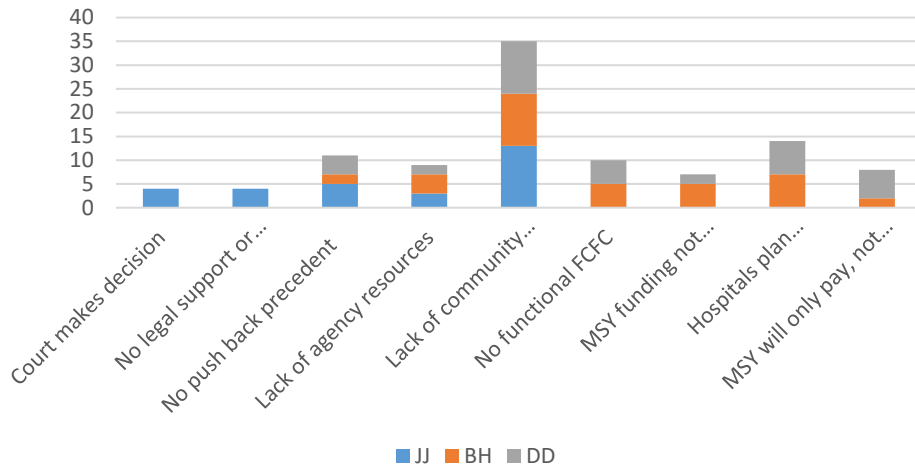


Yes, most Yes, some Yes, but very few No

Reasons These Placement Challenges Create Crisis

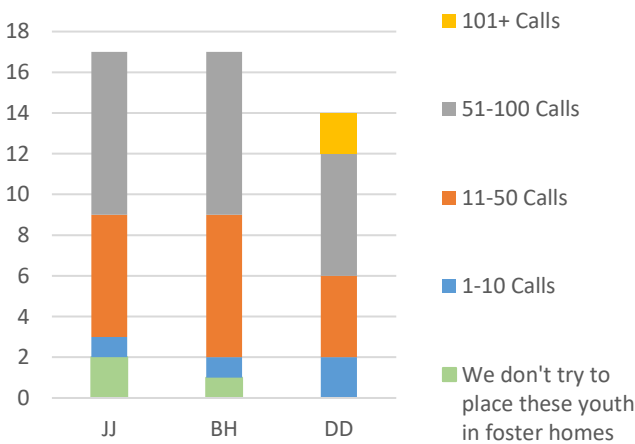
While counties responded that they often push back on the other systems for these placements, there was overwhelming agreement that the leading issue impacting this multi-system youth population (JJ, BH, DD/IDD) is the **lack of community alternatives (34%)** for these youth. Respondents were asked why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

Why These Placements Occur

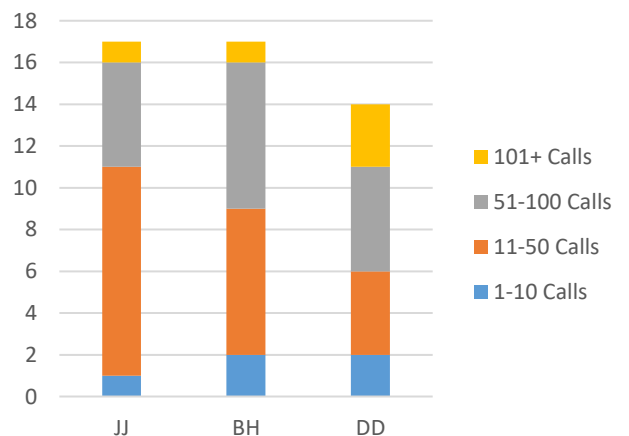


Despite these realities – the lack of community alternatives for youth, hospitals planning discharge before another placement can be arranged, and local collaboration and resources not being readily available or functional enough to avoid custody – PCSAs are nevertheless required to secure timely, appropriate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

Calls to Private Foster Care



Calls to Residential Facilities

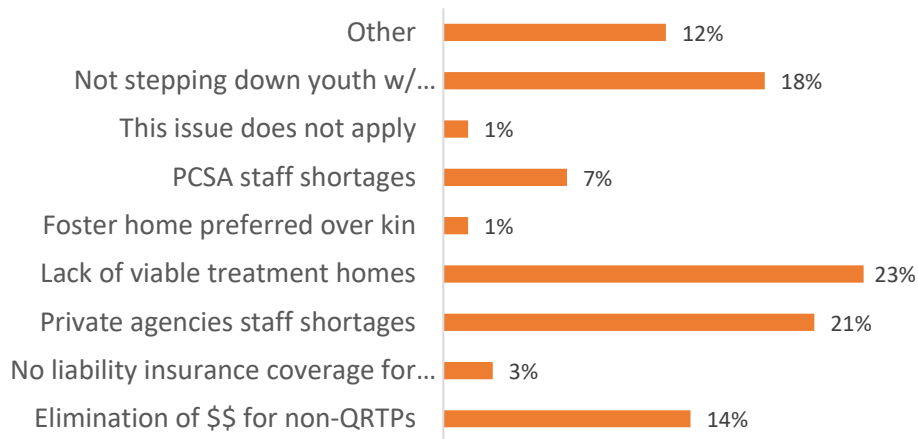


cases.

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

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

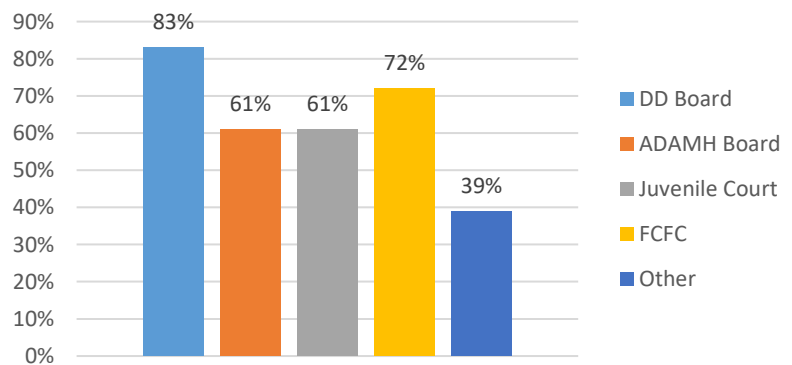
Additional Pressures Adding to Crisis



Positive Approaches for These Placement Challenges

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

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



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

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

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

Summary

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

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

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

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

CALL TO ACTION

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

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