The children in these narratives are real; their stories come from the accounts of children services agency directors throughout Ohio.

We share these stories for several reasons. First, to illustrate the severe crisis facing Ohio’s children services system and the need for reform. Second, to put the focus where it should be - on the children. As you read, think of the children in your own life. These children are also “our” children. We must do better for all children.
Separating a Mother and Son

A lack of services available to infants and children with medical needs can prolong their stay in institutions.

In 2018, a 1-year-old child from Eastern Ohio, who had been in and out of the hospital since birth, came into the care of children services. The child had significant medical needs and was moved back and forth from the hospital to a long-term care facility out of state. After finally being moved back to the hospital, he was cleared for discharge on the condition of receiving in-home pediatric nursing and shifting the responsibility of care to the county agency. However, the county could not provide this service due to a lack of pediatric nurses in the community, making discharge impossible.

Healthcare providers requested that the county take custody and instead place the baby in a different county with the in-home pediatric services needed. However, the mother had custodial rights and wanted the child to come home.

The county would have to assume custody through no fault of the mother’s but, rather, because the area lacked appropriate services. This mother was faced with the possibility that the only way her son could receive proper health treatment was to give up custody and remain separated from him.

By the Numbers...

$384 Million: Total placement costs (room and board) for children and youth in custody in SFY2018; up $54M/year in just two years. Complex needs and longer stays, as demonstrated by Northwest Ohio examples, show why these costs are increasing:

**Youth 1, eligible for partial federal reimbursement (Title IV-E)**
- Days in a residential facility: 2,540
- Placement Cost: $435/day
- Total Placement Cost: $1.1 Million
- Local Share: $420,000

**Youth 2, Not eligible for partial federal reimbursement (Title IV-E)**
- Days in a residential facility: 1,101
- Placement Cost: $380/day
- Total Placement Cost: $438,380
- Local Share: $438,380

Another Example:

3 youth in an Eastern Ohio county account for 75% of the county’s total placement costs
How do you Find a Home for a Boy with a Troubled Past?

*Finding a foster home for a child with multiple needs and a challenging history often proves difficult.*

One county in Northern Ohio searched far and wide for over a year trying to find a family facility for a 12-year-old boy in permanent custody who was ready to step down from a residential setting. He is developmentally delayed and has a background of familial substance abuse, domestic violence, and homelessness. Previously placed in therapeutic foster care, he was removed after he behaved violently with family, pets, and property, and exposed himself to another child.

More than 30 placement agencies were contacted, and the county’s Board of Developmental Disabilities and Family and Children First Council became involved as well. Three families expressed interest in placement over the year, but they changed their minds after meeting him. The potential families expressed concerns specifically regarding his developmental delays and sexual behaviors.

For over a year now, this boy has been rejected from every placement the agency contacted. Being able to step down into a family setting is the next step in this boy’s healing; instead he remains at the residential facility. Children should be raised in families, not institutions.

What Happens to the Boy Nobody Can Care for?

A 16-year-old boy from Northeast Ohio, currently in a therapeutic foster care placement after moving from placement to placement, is now being told he is no longer allowed to stay there. While in the custody of his parents, he was sexually assaulted by an aunt when he was very young. He has an IQ of 67, struggles with reading and writing and is on IEP/ETP to help him in school. Moreover, he struggles with coping mechanisms, impulse control issues, and has allegations against him of non-consensual sexualized behaviors, but has not been formally charged. He has been aggressive with staff and peers in his placements, usually when he hears something that he does not like.

This child has current diagnoses of Primary-ADHD, Secondary-Adjustment Disorder with mixed anxiety and depressed mood, and Tertiary-PTSD. He has experienced extreme trauma in his life, and no placement suitable for his needs can be found.
Life as a teenager is already a difficult time for many 17-year-olds. This time is typically spent looking into what college you want to attend, playing sports, joining extracurriculars, or just enjoying your senior year of high school. However, for this 17-year-old from rural Southwest Ohio, none of that is a reality.

With a history of delinquency, aggressive behavior, and substance abuse, this girl is currently being held in a detention center. She has started a “riot” in a previous placement, organized other disruptions, and has run away several times. She faced a felony charge, but it was later dropped, taking the Department of Youth Services out of the picture. Despite best efforts, no placement was found as of one week before her release.

Every place that was contacted was unable to place her. However, the release from detention would occur regardless of whether the PCSA could find a place willing to accept her or not. This girl does not have a permanent home and has nowhere to stay after being released from detention; she is only 17 years old.
A Child Who has been Through It All

Challenges of finding an appropriate fit for youth with a combination of behavioral issues, juvenile detention background, and mental health needs cross state lines.

In 2013, a PCSA received custody of a 13-year-old boy. While in agency custody, he was placed in six different facilities (including group homes and residential centers), had 10 detention stays, and nine hospitalizations. The boy had several different psychiatric diagnoses, injured himself repeatedly, and demonstrated impulsive behavior.

He was asked to be removed from each facility, one as soon as 11 days after placement. In 2016, he was placed in a Juvenile Detention Center due to delinquency charges. Here, he attempted suicide. The county JFS contacted 129 different placement facilities in Ohio and other states, but none accepted placement. In 2016, a center in Missouri agreed to accept him. However, the boy’s father in Florida was awarded custody in July after an evidentiary hearing following a home study denial, and he moved to Florida instead. Soon after, the boy was physically aggressive with his father, even breaking his arm, and was then placed in a treatment facility in Florida, starting the cycle again.

Children Services Workers Aren’t Equipped to Serve as Mental Health Professionals

A county agency is seeking placement for a 14-year-old female from Southwest Ohio who was diagnosed with Unspecified Schizophrenia Related Psychotic Disorder, Autism Spectrum Disorder, Intermittent Explosive Disorder, Intellectual Disability, and Opposition Defiant Disorder. There is discrepancy on her IQ, with one provider putting it at 66, another at 44. She experiences intense auditory and visual hallucinations and can be extremely aggressive. However, she can also be very sweet; she loves coloring, playing Uno, and listening to music. She has been in multiple residential treatment settings over the years and is currently placed out of state. After continuing to exhaust the list of resources, the agency has run out of ideas for where to place this girl, and where to get her help.

The teenager’s future is uncertain because the care she needs is unavailable.
Continued Challenges Finding Facilities

There are immense difficulties placing youth with high levels of psychiatric need, behavioral concerns, and many previous placements.

In 2018, a Northern Ohio county was suddenly tasked with finding a placement for an 11-year-old boy. This child had most recently been at a treatment facility that closed, leaving him without a placement. Before he arrived there, he had moved among seven different families and facilities, where several placements reported instances of unsafe behavior and sexual aggression. Before his most recent placement closed, however, he was reported to be improving, demonstrating less sexualized behavior and attending school. After the facility closed, the county contacted at least 55 places. None were able to provide placement for him - citing reasons including being full, concerns for safety of other children in their care due to his sexualized behaviors, his history of placement disruptions, and unable to provide the appropriate restrictions and care given his mental health challenges.

Even though this boy was showing improvement in his behaviors, an appropriate placement that could support his progress could not be found.

Help us help a system in crisis. Foster hope for Ohio’s children.

THEY AREN’T THE ONLY ONES

Unfortunately, these children are not an exception to a rule. Provider agencies are unable to accept placement of a child for a variety of reasons, including no availability in a foster home or treatment facility, or their services do not align with the child’s needs - demonstrating clearly why reform is needed. Below are just some denials that have been received:

- “We are full at this time. Thank you for considering our treatment team for placement. We look forward to working with you in the future.”

- “I’m sorry, but due to his behaviors, we do not have a foster home available for him. I hope you can find a home for him soon.”

- “Unfortunately, after the clinical team reviewed the backgrounds, they are going to decline him due to the mental health component.”

- “Thank you for the referral of this youth. We have reviewed the information that you supplied. We do not feel that he would be a good fit for the Residential Program at this time. We look forward to reviewing future referrals.”