



Safe Children, Stable Families, Supportive Communities

Juvenile Justice Working Group
Chair Tom Stickrath
Interested Party Written Testimony
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Chair Stickrath and members of the Juvenile Justice Working Group, thank you for your service and for consideration of this written testimony as you continue to examine topics impacting juvenile justice and corrections in Ohio. I am Angela Sausser, Executive Director of the Public Children Services Association of Ohio (PCSAO), which is a membership-driven association of Ohio's 88 county Public Children Services Agencies that advocates for sound public policy, promotes program excellence, and builds public value for safe children, stable families, and supportive communities.

While this Working Group has a laser focus on Ohio's juvenile justice system, particularly the institutions, there is a need to also consider the state's child welfare system, as overlap between youth served by the two systems is common. It is a well-known fact that youth often cross over between juvenile justice and child welfare. These youth are referred to as crossover, dually involved, dually adjudicated, or dual-system youth. One study shows that 92 percent of crossover youth are first involved in the child welfare system.¹ While Ohio's data does not capture the full impact of juvenile justice youth in custody of county Public Children Services Agencies, SFY 23 data shows that, of youth in PCSA custody on any given day, 3% (414 youth) entered due to delinquency or unruliness, and 15% (2,256) entered as dependent.² It should be noted that dependency is broadly defined in Ohio and can be used by juvenile courts to adjudicate youth with serious offenses as dependent.

¹ Haight, W., Bidwell, L., Choi, W.S., & Cho, M. (2016). *An evaluation of the Crossover Youth Practice Model (CYPM): Recidivism outcomes for maltreated youth involved in the juvenile justice system*. *Children and Youth Services Review*, 6, 578-85.

² ODJFS SACWIS, rate of placement calculated by the unduplicated count of children in agency custody on July 1, 2023.

Ohio's child welfare system has always struggled with how to case manage, work on reunification, and address the myriad needs presented by youth with juvenile justice involvement. However, over the last few years, this has become a serious tipping point for many counties in Ohio struggling to find available, appropriate, and affordable placement options for children and youth who enter PCSA custody. The purpose of the child welfare system is to protect children from abuse and neglect by their parents or caregivers, but in more recent years, it has become the system for any child whose needs another system (mental health, developmental disabilities, or juvenile justice) is unable to meet or whose level of care another system cannot afford. County PCSA directors will often say, "We are the system of last resort, charged with protecting children from adults, but we are now given custody of children who are a safety threat to others" (parents, siblings, caregivers, community).

It is our experience that juvenile courts often divert youth to PCSA custody when the needs of the youth do not require a locked facility but either the public would not be safe with the juvenile remaining in the community or the youth requires a higher level of care than community-based in-home services can provide or that is available in their community. While we appreciate the driving motivation for these decisions – that incarceration should be the least used alternative – we cannot emphasize enough that the result of these decisions is that a system built to protect children and strengthen families who have experienced child maltreatment, is somehow expected to serve and meet the needs of youth who have committed serious offenses even when no risk of abuse or neglect is present.

In February 2022, PCSAO released a [report](#) highlighting the profound placement and treatment crisis in this state for youth with multi-system needs. The study found that 24% of youth who entered PCSA custody in 2021 were diverted from juvenile justice (9.3% of all cases) or entered primarily due to behavioral health needs (12.1%), or developmental/intellectual disabilities (2.4%). Notably, 58% of those youth diverted from juvenile justice were reported to have no abuse/neglect concerns. The study further found that 26% of the youth who were diverted from juvenile justice system were accused or convicted of a felony. This represents 2.4% of the youth who came into care in 2021, or approximately 300 youth with felony convictions being placed, managed, and funded by the child welfare system. Finally, this study revealed that 6% of youth who came into care in 2021 had to spend at least one night at the county PCSA due to no available placements willing to accept that child's level of care. ODJFS confirmed this research with its [report](#) from October 2022 that showed 503 youth had slept in local

PCSAAs in SFY22, with the majority being between the ages of 11 and 18 years old, and 20.4% of those youth (103) had juvenile justice involvement or a direct order of custody from court. When youth must stay at the local PCSA, it is the children services caseworkers – who are neither clinicians nor direct care providers --- who provide around the clock care and supervision. In some situations, PCSA contracts with law enforcement to provide additional security for the youth and for staff. A multi-department placement workgroup has been meeting since last fall to develop short- and long-term solutions for Ohio’s placement and treatment crisis.

As both systems are wrestling with what is best for children and youth who come before juvenile court, law enforcement, DYS, and county PCSAs, it is imperative that solutions identified by these workgroups do not negatively impact the other system. Ohio Department of Youth Services is a national leader in juvenile justice reform, as Office of the Ohio Public Defender Managing Counsel Burns eloquently shared on Jan. 30, 2024. Much of that success can be attributed to the robust court incentives to expand community programming through RECLAIM, Targeted RECLAIM, Competitive RECLAIM, BH/JJ, and JDAI.

PCSAO supports reform within the juvenile justice system and does not believe that incarceration is the best answer for most of the juvenile justice-involved population. However, county PCSA directors also often say, “When one system reforms, children services is inevitably affected.” When state psychiatric hospital beds closed two decades ago, children with severe mental illness began coming into foster care through custody relinquishment by their parents. Mainstreaming and deinstitutionalization of children with developmental and intellectual disabilities resulted in more of these youth coming into PCSA care. And as Ohio’s juvenile justice system has reduced its prison population from more than 2,000 to under 500 over the last 10 years, juvenile courts diverted a number of youth with criminogenic behaviors from detention or incarceration into PCSA custody. And while we wholeheartedly support reforms in these other systems that reduce trauma and move away from restrictive environments, the cost and burden of serving these children has fallen largely on the children services system, which must comply with court order and cannot refuse service or placement.

Unfortunately, most foster parents are not equipped to accept placement of a youth with pronounced delinquent behaviors, and they are too scared to accept a youth into their home who has been accused or convicted of a violent felony. That means that children services inevitably place the youth in an

unlocked congregate care facility (group homes and children’s residential facilities known as Qualified Residential Treatment Programs - most restrictive setting in the child welfare system) – many of which are also not staffed to manage such behaviors. The youth is therefore institutionalized by our system instead of by the juvenile justice system, often far from their home and sometimes even out of state. They may have to move frequently if the facility believes them to be too much of a liability due to their behaviors. And all of this only compounds the trauma that these young people have already suffered.

It should be noted that hospital emergency departments – particularly in children’s hospitals – are seeing many of these same kids who bounce in and out of detention and PCSA custody. Their trauma has increased to the point that they require psychiatric hospitalization, but those beds are scarce. Many end-up “boarding” in the emergency department – sometimes for days or weeks – waiting for a bed to become available. Clearly, this too is an inappropriate environment for meeting the youth’s needs and only exacerbates their trauma.

Long term, the solution has to be preventing these youth from requiring out-of-home placement in the first place. In the short term, we must develop more community-based treatment alternatives, including in-home services. PCSAO’s [Children’s Continuum of Care Reform](#), first released in 2018, proposed a number of systemic and policy changes that may be of value to your workgroup’s efforts. OhioRISE, in part, grew out of our reform recommendations. This issue cannot be solved within juvenile justice and child welfare silos as our systems were designed to be “placing” systems. And while the Juvenile Justice Working Group makes recommendations to improve the conditions of the correctional facilities, there must be viable, high quality, trauma-informed, accessible, and affordable placement and treatment alternatives available for both populations/systems. Therefore, we provide the following recommendations for consideration:

1. Fully utilize Community Correctional Facilities (CCFs) to serve even more as a trauma-informed treatment facility for juvenile justice-involved youth by transitioning the current CCFs into becoming Qualified Residential Treatment Programs (QRTPs) for juvenile justice-involved youth. CCFs were established throughout Ohio through the RECLAIM initiative to provide a dispositional alternative to juvenile court judges when committing youth adjudicated for a felony offense. As QRTPs, OhioMHAS could serve as the state agency that would license,

oversee, and regulate CCFs as MHAS Class 1 facilities for juvenile justice-involved youth, with consideration of transferring DYS funding for CCFs to OhioMHAS. Youth would be able to maintain Medicaid coverage and courts would not lose RECLAIM credits for placing juvenile justice-involved youth there. These CCFs could specialize in specific criminogenic behaviors and also provide the needed mental health treatment many of these youth need. In addition, any juvenile court judge should be allowed to place a youth into a CCF in their catchment area without exception. Courts placed outside the catchment area would be interviewed for placement. This would remove CCF from RECLAIM, and thus courts would not be “penalized” for placing youth at such a facility. This would ensure these youth are receiving QRTP requirements and enhanced mental health treatment. As DYS and this workgroup undergo master facility planning, a component of that planning should include the capacity of CCFs and if the current number would be sufficient for when they transition to QRTPs.

2. Develop a RECLAIM similar approach for child welfare by redirecting any RECLAIM unspent dollars that are above the allowable 25% exception but provide for a 10% exception request that must be approved by DYS (if approved, any unspent RECLAIM dollars above 35% exception would be redirected). These redirected dollars would go into a “Community Reinvestment” state pool managed by the new Department for Children and Youth. DCY would then use the State Child Protection Allocation (SCPA) Formula annually and equitably disperse these funds to all PCSAs as either addition to the SCPA or the PCSA-Multi-System Youth funding line.
3. Expand Ohio existing community programs which have been proven effective in diverting juvenile justice-involved youth from detention and incarceration, including:
 - a. [Juvenile Detention Alternatives Initiative \(JDAI\)](#) which strives to eliminate the unnecessary and inappropriate use of secure detention and other incarcerations without sacrificing public safety.
 - b. [Behavioral Health/Juvenile Justice Initiative](#) (BHJJ) which is designed to identify and divert justice-involved youth with mental health and substance abuse disorders into community-based treatment.
 - c. [RECLAIM](#), which is a funding initiative which encourages juvenile courts to develop or purchase a range of community-based options to meet the needs of each juvenile offender or youth at risk of offending. By diverting youth from ODYS institutions, courts have the opportunity to increase the funds available locally through RECLAIM. As noted above, this cannot result in more juvenile justice-involved youth with no abuse/neglect findings being diverted to PCSA custody. Therefore, this recommendation is coupled with the 2nd recommendation above.

4. Work with Ohio Department of Children and Youth to “reimagine” the purpose of Title IV-E courts, the role they could play with diverting youth from PCSA custody (e.g., Family First prevention), leveraging federal funds to case manage, access evidence-based “prevention” services like MST and FFT, treatment foster care, residential options, and other needed supports, and determining the right amount of federally required necessary SACWIS documentation without overburdening courts.
5. Support and fund credible messenger interventions and lived-experience involvement (previously incarcerated youth or young adults, victims of crime, caregivers) as was demonstrated by the impact of the renounce denounce intervention shared by Laron and Angela Douglas. Read more about the credible messenger model [here](#) and [here](#).
6. Establish respite placement options available to juvenile courts in a QRTP-like facility, including the transformed CCFs (see recommendation #1) for juvenile justice-involved youth, as an alternative to detention or state incarceration.
7. Support and fund the development and operations of more accessible, regional Title IV-E eligible drop-off/assessment centers (unlocked) with a small number of beds for safety and deescalating.