Fawn Gadel, PCSAO, Director of Ohio START
Impact of Opioid Epidemic on Children

50% of children taken into custody in 2015 had parental drug use

Impact of Opioid Epidemic on Children

28% of children taken into custody in 2015 had parents who were using opioids at time of removal.

Ohio’s Children Services System Is Strained

More children are entering foster care at alarmingly higher rates than ever before

- 67% of children in foster care are 12 and younger;
- 28% are 3 and younger.

Source: ODJFS SACWIS special data run, received Nov. 2017.

23% increase overall;
13% increase in 15 months
Relationship Between Overdose and Foster Care Entry

Figure 4. Relationship between Overdose Death and Drug-Related Hospitalization Rates and Foster Care Entry Rates, 2011-2016

10% increase in...

| Overdose death rate | corresponds to foster care entry rate increase of...
<table>
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<tr>
<td>Drug-related hospitalization rate</td>
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Note: Results are statistically significant, $p < 0.01$. $N = 9,392$ for hospitalizations and 14,539 for overdose deaths. More detailed model results are shown in Appendix Tables A2 and A3. The analysis for drug-related hospitalizations covers 2011 through 2014.

Source: The Relationship between Substance Use Indicators and Child Welfare Caseloads By Robin Ghertner, Melinda Baldwin, Ph.D., Gilbert Crouse, Ph.D., Laura Radel, Annette Waters, PhD.
Ohio’s Children Services System Will Explode

If the opioid epidemic continues at its current pace, Ohio will have over 20,000 children in foster care by 2020

Only 7,200 foster homes available; not increasing at the same pace – 2.5% increase/year

Source: ODJFS SACWIS special data run, received Nov. 2017. Additional calculations by PCSAO.
Ohio’s Children Services System Is Strained
Placement costs have increased dramatically due to more children in care and their needs are more complex

66% paid with local dollars, 34% paid with federal dollars

Foster Care Placement Costs, SFY 13 & 16

20% increase

Source: ODJFS SACWIS special data run, received Jan. 2017. Additional calculations by PCSAO.
Foster Youth Trauma

Top 3 traumatic events occurring in screened foster kids’ lives:

- Parent Incarceration
- Separation from Caregiver
- Unexpected Death

Source: The Gateway CALL Project, The Ohio State University College of Social Work.
Ohio’s Children Services System Will Explode

The skyrocketing cost of foster care in Ohio is reaching levels that will require substantially more State resources.

An additional $175M will be needed in 3 years - just for placement costs!

67% est. increase

Source: ODJFS SACWIS special data run, received Jan. 2017. Additional calculations by PCSAO.
Ohio’s Children Services System Today

More relatives are caring for children impacted by the opioid epidemic

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

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

19% increase

Median Days in Temporary Custody (July 1)

Source: ODJFS SACWIS special data run, October 2016.
IMPACT ON FAMILIES
Unintentional Drug Overdose Deaths of Ohio Residents

2002

2014
Figure 9. Average Age-Adjusted Unintentional Drug Overdose Death Rate Per 100,000 Population, by County, 2011-2016).

Death Rates per 100,000 Population
- Rates not calculated for death count < 10
- 5.8 - 13.8
- 13.9 - 17.8
- 17.9 - 21.3
- 21.4 - 28.3
- 28.4 - 42.5

1 Sources: Ohio Department of Health, Bureau of Vital Statistics; analysis conducted by ODH Violence and Injury Prevention Program; U.S. Census Bureau (Vintage 2016 population estimates).
2 Includes Ohio residents who died due to unintentional drug poisoning (underlying cause of death ICD-10 codes X40-X44).
Rate suppressed if < 10 total deaths for 2011-2016.
Ohio’s Overdose Deaths

Source: CDC, Provisional Drug Overdose Death Counts, March 2018

35.7% increase
Relationship Between Overdose and Foster Care Entry

Figure 4. Relationship between Overdose Death and Drug-Related Hospitalization Rates and Foster Care Entry Rates, 2011-2016

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Source: The Relationship between Substance Use Indicators and Child Welfare Caseloads By Robin Ghertner, Melinda Baldwin, Ph.D., Gilbert Crouse, Ph.D., Laura Radel, Annette Waters, PhD.
Victims of Crime Act (VOCA)
Additional Partners

- Casey Family Programs
- Ohio Department of Mental Health and Addiction Services- CURES Funding
- UnitedHealthcare Community Plan of Ohio
- HealthPath Foundation of Ohio
- The Ohio State University's College of Social Work
- The Voinovich School of Leadership and Public Affairs at Ohio University.

Source: The Gateway CALL Project, The Ohio State University College of Social Work.
Referral made to CPS

CPS Safety and Risk Assessment

Case Management; Connecting to services
AOD Screen and Treatment

Shelter Care Hearing

Adjudication/Dispositional Hearing
Referral made to CPS

CPS Safety and Risk Assessment; AOD Screen

Trauma Screen and Referral to Treatment

Shelter Care Hearing

Case Management; Connecting to services

Adjudication/ Dispositional Hearing

Connecting to services

Case Management; Connecting to services

Adjudication/ Dispositional Hearing

Referral made to CPS
- Referral to START
- Relapse
- 6 months into START
- During crisis
- Changes in treatment plan
Ohio Attorney General START Video
Kentucky START Outcomes
Ohio START Longer-Term Outcomes
WE KNOW WHAT WORKS FOR CHILDREN AND FAMILIES

An early system of identifying families in need of SUD treatment

Given the often conflicting timelines between Adoption and Safe Families Act (ASFA) and time it takes to achieve recovery, early identification is critical to the success of reunification and long term recovery.

Timely access to assessment and treatment services

Using a standardized, valid tools ensure that parents are appropriately diagnosed and matched to the right level of care and services. A continuum of care, based on the assessment, should be made available since treatment is not one size fits all. To meet timelines, families need to engage in treatment quickly.

Increased management of recovery services and compliance with treatment

Treatment compliance is an important factor because the single strongest predictor of reunification is completion of treatment (Green, Rockhill, & Furrow, 2007; Morris, Smith, & Brun, 2011). An important strategy to maximize treatment compliance is providing a peer mentor or recovery specialist.

Family-centered treatment services and parent-child relationships

A family-centered approach serves the needs of parents, children, and the family. Services also focus specifically on healing and strengthening the parent-child relationship.

Increased judicial oversight

As demonstrated in family treatment courts, judges can step beyond their traditional role responding to parents in a way that supports continued engagement in recovery. Increased frequency of hearings provide enhanced supervision and monitoring and ensures that families receive needed services.

Systematic response for participants – contingency management

Responses to participant behavior should be designed to be therapeutic and motivational. Responses set and communicate clear concrete expectations for parents and enhance the likelihood of reunification within required timelines.

Collaborative non-adversarial approach and efficient cross-system communication

The collaborative must address structural components such as developing common principles, cross training, information systems, and sustainable funding. Sharing information about families' progress in treatment with adequate privacy protections is critical.

Let's Work Together - Contact Children & Family Futures

Our mission is to improve safety, permanency, well-being and recovery outcomes for children, parents and families affected by trauma, substance use and mental health disorders.

www.cffutures.org | info@cffutures.org | (714) 505-3525
How to Contact Us

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