

Ohio addiction policy scorecard

4 Children, youth and families

Executive summary

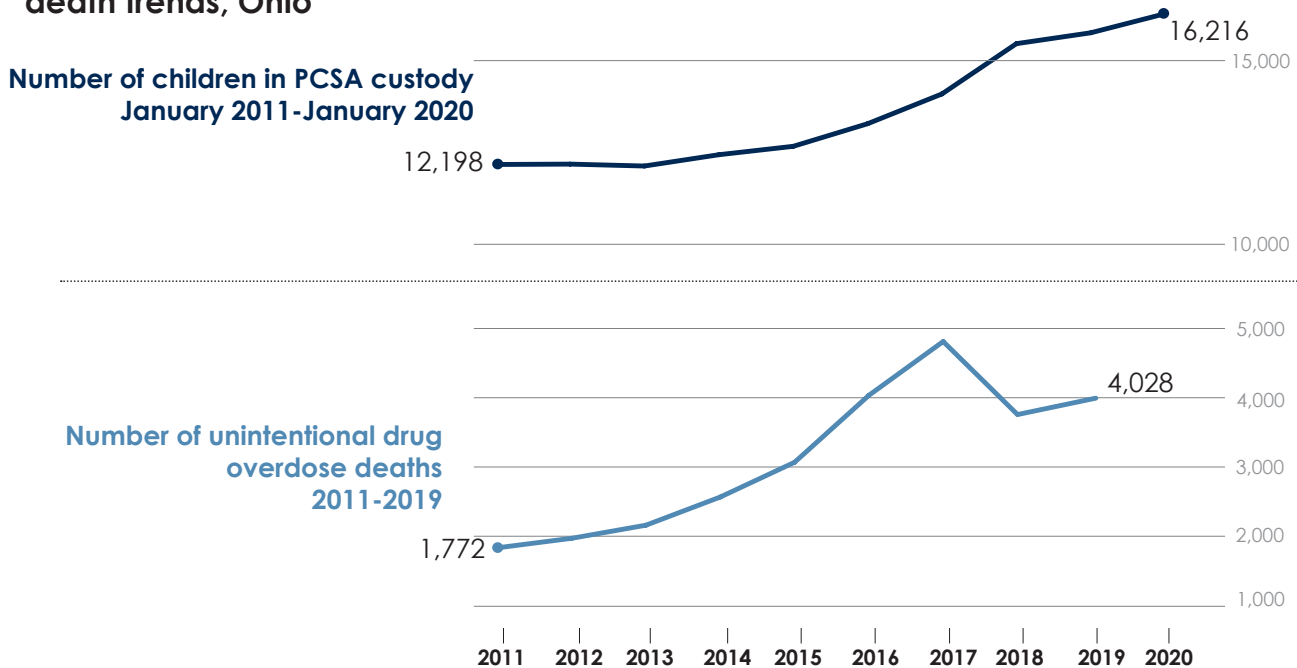
Ohio's sharp rise in drug overdose deaths from 2011 to 2017 was followed by a steady increase in the number of children entering the child protection system. As seen in Figure ES.1, these trends highlight the relationship between the opioid crisis and child maltreatment. Parents in active addiction face many challenges to providing a safe and stable environment for their children.

Parental substance use can harm children at every stage of development, from preconception to adolescence. Left unchecked, the consequences of addiction and family instability can lead to negative education, employment, health and criminal justice outcomes for children and their communities.

3 key findings for policymakers

- **Addiction's toll on families requires a comprehensive response.** Parental addiction can harm children in many ways. Ohio has launched multiple programs to address the needs of these children, but more can be done to keep families together, ameliorate childhood trauma and build resilience.
- **A hopeful moment for change.** Policymakers have prioritized child welfare. Recent state and federal reforms lay the groundwork for improved investments in prevention and substantive changes to the children services system.
- **Implementation and evaluation are critical next steps.** Policymakers should closely monitor implementation of these changes and evaluate their impact on outcomes such as out-of-home placements, child well-being, addiction treatment access and equity.

Figure ES. 1. **Public Children Services Agency (PCSA) custody and drug overdose death trends, Ohio**



Source for PCSA custody: Ohio's Interactive Children Services Dashboard. Ohio Department of Job and Family Services. Accessed Oct. 2, 2020.
Source for overdose deaths: Ohio Department of Health, Public Health Data Warehouse. Accessed Oct. 30, 2020

Figure ES. 2. **Summary scorecard rating: Extent to which Ohio policies and programs align with research evidence and reach Ohioans in need**

Subtopic	Rating
Family-focused prevention	Weak
Addiction treatment and recovery for parents	Moderate
Prenatal drug exposure	Strong
Child protection services and the foster care system	Moderate
Kinship care	Strong
Multi-system youth	Strong

Note: Rating based on evidence alignment and implementation reach. See Part 5 of the [full report](#) for details.

Local children services agencies have struggled to keep pace with caseloads that rose 33% from 2013 to 2020. State policymakers have grappled with child protection reforms within the constraints of limited resources and the decentralized nature of Ohio's children services system.

Several hopeful developments, prior to the COVID-19 pandemic, indicate that Ohio may have turned the corner. For example, the number of Neonatal Abstinence Syndrome (NAS) cases fell in recent years, and the number of children removed from the home due to parental drug use declined slightly in 2019, after peaking in 2018.

This report reviews state-level policy changes related to the impact of addiction on children, youth and families enacted in Ohio from 2013 to 2019. It includes:

- **An inventory** of policy changes (legislation, rules and state agency initiatives, programs and systems changes)
- **A scorecard** that indicates the extent to which Ohio is implementing strategies that are proven effective by research evidence (see figure ES. 2)
- **Opportunities for improvement** to strengthen Ohio's response

What are the strengths of Ohio's policy response?

There has been a high volume of policy change in recent years designed to strengthen children services and help parents overcome addiction. The following strengths stand out:

- **Focus on child welfare.** The DeWine administration has prioritized child welfare, including the creation of the Office of Children Services Transformation. In addition, state agencies and other partners have launched programs for families struggling with addiction, such as Ohio START (Sobriety, Treatment and Reducing Trauma), MOMS (Maternal Opiate Medical Supports) and specialized dockets.
- **Foundation set for increased use of evidence-based prevention.** With resources and guidance from the federal government, state agencies have prioritized a set of rigorously-evaluated prevention models designed to improve child health, strengthen parenting skills and reduce child maltreatment, largely through home visiting.
- **Medicaid policies support access to care for parents and children.** Medicaid coverage extensions have increased access to care for pregnant women, some young adults formerly in the children services system and adults engaged in addiction treatment. Pending Medicaid reforms would further strengthen access.

What are the gaps in Ohio's policy response?

Despite these strengths, Ohio continues to struggle with child maltreatment and addiction. The following gaps remain:

- **Limited reach of early childhood evidence-based prevention programs.** While state agencies now support a coordinated set of effective home visiting models, these programs currently reach far too few families. For example, only 16.9% of the estimated number of Ohio families in need of home visiting were served through evidence-based models in 2019.
- **Local children services stretched thin and reforms needed.** Many Ohio communities have struggled to meet the rising demand for children services. Local children services agencies report increasingly complex needs of children in foster care, rising placement costs and burnout and secondary trauma among caseworkers.
- **Inequities in the child protection system.** There are a disproportionate number of African American and multiracial children in children services custody in Ohio.
- **Inconsistent approach to prenatal drug exposure.** Ohio does not have universal standardized screening protocols for substance and alcohol use in pregnant women, resulting in missed opportunities for referring women to intervention and treatment and possibly contributing to inequities.
- **Gaps in addiction treatment and recovery supports for parents.** Few treatment providers offer childcare or programs specifically tailored for pregnant or postpartum women, particularly in rural and Appalachian counties. The need for wrap-around care and recovery supports, such as recovery housing for families with children, also appears to be unmet in many communities.
- **Limited data and evaluation.** Lack of data on behavioral health system capacity makes it difficult to quantify unmet needs for addiction treatment for parents and pregnant women. Overall, policymakers lack solid data to determine which policies and programs should be scaled up and which should be revised or discontinued.

Opportunities for improvement

1. **Build upon current momentum to transform and strengthen Ohio's children services system.**
 - a. Implement recommendations from the **Governor's Children Services Transformation Advisory Council.** Monitor progress on action steps and publicly report performance on intended outcomes.
 - b. Ensure success of Ohio's **Family First Implementation Roadmap** through ongoing stakeholder engagement, relevant workforce development and rigorous quality assurance.
 - c. Implement the **Child in Need of Protective Services (CHIPS)** framework as recommended by the Supreme Court of Ohio Advisory Committee on Children and Families.
 - d. Prioritize assistance for kinship caregivers and foster families, including improved financial support and training.
 - e. Continue to pursue structural reforms to address the needs of multi-system youth through state agency collaboration and data sharing, long-term resource allocation and effective quality incentives within Medicaid managed care.
2. **Extend evidence-based prevention to reach more families,** including primary prevention of child maltreatment, secondary prevention for families at elevated risk for poor outcomes due to parental substance use disorder and programs that support parenting skills and healthy child development for all families.
 - a. Leverage collaboration among the Governor's Children's Initiative, Ohio Department of Health (ODH), Ohio Department of Job and Family Services (ODJFS) and Ohio Department of Medicaid (ODM) to achieve the goal of tripling the number of Ohio families served by evidence-based home visiting models. Report progress toward this goal on an annual basis.
 - b. Monitor implementation of recommendations from the Governor's Advisory Committee on Home Visitation and the Maternal, Infant, and Early Childhood Home Visiting Needs Assessment update.
 - c. Expand evidence-based parenting education programs, such as Triple P, to all Ohio counties.
 - d. Increase the percent of children who participate in high-quality early care and education, including Head Start and other preschool programs.

3. **Ensure that pregnant women and parents have access to effective addiction treatment and recovery services.**

- a. ODM should move forward with plans to apply for a Centers for Medicare and Medicaid Services Section 1115 waiver to allow continuous Medicaid coverage for 12 months postpartum for women with substance use disorder.
- b. Increase the number of treatment providers that offer childcare, family-friendly residential treatment, recovery housing and two-generation family services.
- c. Increase the number of treatment providers that offer methadone and buprenorphine to pregnant women.
- d. Allocate resources to address unmet behavioral health needs in communities of color and rural and Appalachian counties.
- e. Increase the number of addiction treatment providers that report data into the new Ohio Behavioral Health Information System (OBHIS). Use OBHIS and Medicaid data to track changes in unmet need for addiction treatment over time.

4. **Improve screening, data surveillance and early intervention for prenatal drug exposure.**

- a. Develop or adopt standardized protocols for universal screening, brief intervention and referral to treatment for alcohol and substance use in pregnant and postpartum women.
- b. Encourage widespread implementation of the Ohio Perinatal Quality Collaborative (OPQC) **NAS protocol**.
- c. Standardize plans of safe care policies, processes and procedures, such as monitoring, across the state.
- d. Increase collaboration between ODM, ODH, Ohio Department of Mental Health and Addiction Services and the Ohio Hospital Association to improve data collection, information sharing and

efforts to improve surveillance of NAS, fetal alcohol spectrum disorders, prevalence of pregnant women with substance use disorders and scope of unmet need.

5. **Assess and dismantle inequities resulting from racism and other forms of discrimination in the children services and court systems.**

- a. Allocate resources to address unmet needs for families of color and Appalachian families within the children services and court systems.
- b. Add race and ethnicity as filter categories on the ODJFS Families and Children Data Dashboard. Ensure this disaggregated data is available at the state and county levels, when applicable.
- c. Increase the number of drug courts and family dependency treatment courts that use the Racial and Ethnic Disparities Tool to reduce disparities in practices and outcomes. Require these specialized dockets to assess and report graduation rates by race and ethnicity.
- d. Require child welfare program evaluations to disaggregate data by race and ethnicity.
- e. Assess and improve cultural competence of service delivery staff, including public children services agency (PCSA) caseworkers, court staff and judges, early childhood home visitors and others who work directly with families.
- f. Engage families to ensure their voices are included in decision making.
- g. Identify additional opportunities to dismantle systemic racism and reduce inequities in child maltreatment. See **Connections between Racism and Health** for potential action steps.

6. **Increase use of evaluation to drive improvement and resource allocation** by prioritizing evaluation and fidelity monitoring for Family First programs and requiring that future projects include rigorous evaluation and transparent reporting of results.



About the HPIO Addiction Evidence Project

This report is part of HPIO's **Addiction Evidence Project**, which provides policymakers and other stakeholders with information needed to address substance use disorders in a comprehensive, effective and efficient way. This scorecard report analyzes policies specific to children, youth and families. Other topics were addressed in previous reports.

Part 1	Prevention	Treatment	Recovery	
Part 2	Harm reduction	Overdose reversal	Data and evaluation	
Part 3	Law enforcement	Criminal justice reform	Children, youth and families	This report

Download the complete "Ohio Addiction Policy Inventory and Scorecard: Children, youth and families" at www.hprio.net/ohio-addiction-policy-scorecard-children-youth-and-families