hpio health policy institute of ohio

Policy brief 2 Factors contributing to child and youth mental health struggles

Strong mental health is essential for Ohioans to reach their full health potential. About half of all mental health conditions begin by the mid-teen years, and three quarters begin by the mid-twenties and often continue into adulthood.[1] A wide variety of factors can impact mental health in childhood. Addressing these factors early can prevent poor mental health outcomes for youth through adulthood.[2]

Ohio children and youth are experiencing significant mental health challenges, with increases in overall rates of mental health conditions and higher rates compared to the U.S. overall in recent years.[3] For certain Ohio youth, specifically, Ohioans with low incomes and those who are LGBTQ+, these challenges are even more acute. Childhood mental health conditions can have long-term consequences, including an increased risk of chronic physical health conditions, continuing mental health problems and worse employment outcomes in adulthood.[4]

Factors that influence mental health differ from one child to the next. Some factors present considerable mental health risks for only certain groups of children and youth, while others have more widespread effects. This brief focuses on three important contributing factors, identified based on research literature, feedback from HPIO's **Child Mental Health Advisory Group** and input from Ohio youth who participated in two focus groups facilitated by HPIO:[5]

- Smart phones and social media
- Housing instability and homelessness
- Child protective services and foster care system involvement

This brief describes how each factor influences child and youth mental health, the extent to which it exists in Ohio and what the state is doing to address it. Finally, it presents a variety of policy options that could be implemented to address each topic.

3 Key findings for policymakers

1. **Smart phones and social media have benefits for young Ohioans, but are also associated with numerous mental health risks**, such as bullying, less face-to-face interactions and exposure to harmful content.[6] Sixty-three percent of Ohio youth, ages 12-17, are spending three or more hours on screens per day.

2. **Children without safe, stable and high-quality housing often experience mental health challenges.** In 2023, 3.7% of Ohio high school students reported experiencing unstable housing; rates were higher among Black and Hispanic students.

3. **Up to 80% of children and youth in foster care have a significant mental health need**, according to the American Academy of Pediatrics[7], and these challenges generally continue into adulthood.

HPIO's Child and Youth Mental Health policy brief series

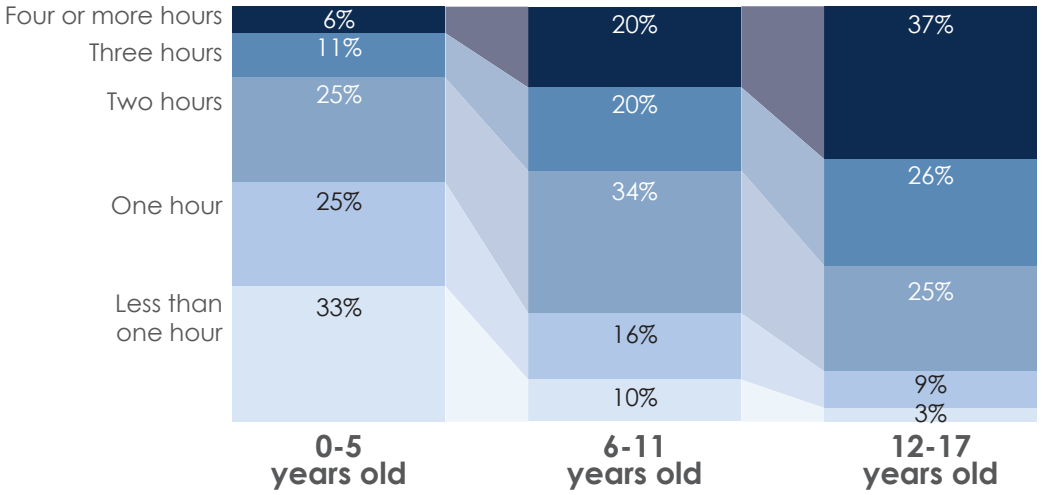
released December 2024	Brief 1	**Mental health conditions among Ohio children and youth** presents prevalence data
This brief ►	Brief 2	Describes factors contributing to child and youth mental health challenges
expected late 2025	Brief 3	will focus on access to mental healthcare services across levels of care
expected Spring 2026	Brief 4	will examine health insurance coverage, cost and affordability of care and how they influence access to mental health services

Smart phones and social media

The invention of smart phones and social media have drastically changed the world in many ways, some of which are positive. However, many people, including youth focus group participants, point to the constant connection made possible by smart phones as a central cause of today's widespread mental health struggles among children and youth.[8]

Research has found mixed effects of smart phones and social media on child and youth mental health, given that there are both benefits and risks associated with their use. The effects largely depend on factors such as the amount of time spent, the child's developmental stage and the content consumed.[9] Negative impacts of smart phones and social media on young Ohioans are especially worrisome during the most developmentally sensitive periods, such as adolescence, when mental health challenges are most likely to begin.[10] Figure 1 displays the amount of time Ohio children are spending on screens each day.

Figure 1. **Number of hours of screen time per day among Ohio children, not including schoolwork, by age, 2022-2023**



63% of Ohio youth, ages 12-17, are spending three or more hours on screens per day (not including schoolwork).

Note: Parents were asked how much time, on most weekdays, the child usually spends in front of a TV, computer, cellphone or other electronic device, watching programs, playing games, accessing the Internet or using social media, not including school work.
Source: National Survey of Children's Health

Benefits

Smart phones and social media enable social connections. For some adolescents, such as LGBTQ+ youth, social media offers a way for them to connect with people like themselves, and to potentially find an accepting community.[11] Other potential benefits include:[12]

- **Interest-driven learning**. Exploring new topics, ideas and hobbies online
- **Creative expression and identity development.** Sharing hobbies and activities with others, which can help youth learn more about who they are
- **Civic engagement**. Learning about causes, engaging in advocacy and connecting with communities sharing similar beliefs
- **A flexible and inclusive tool for education.** Offering diverse mechanisms for children to learn, such as audio, eBraille and sign language

Social media can also be helpful for emotional regulation or distraction during hard times, as one Ohio teen shared:

> "I also think that social media could be like somebody's escape or something that they can turn to in a really hard time. So, it's kind of hard to focus on all the bad. There's been so much good that's come out of social media too."
>
> *– Youth focus group participant*

Risks

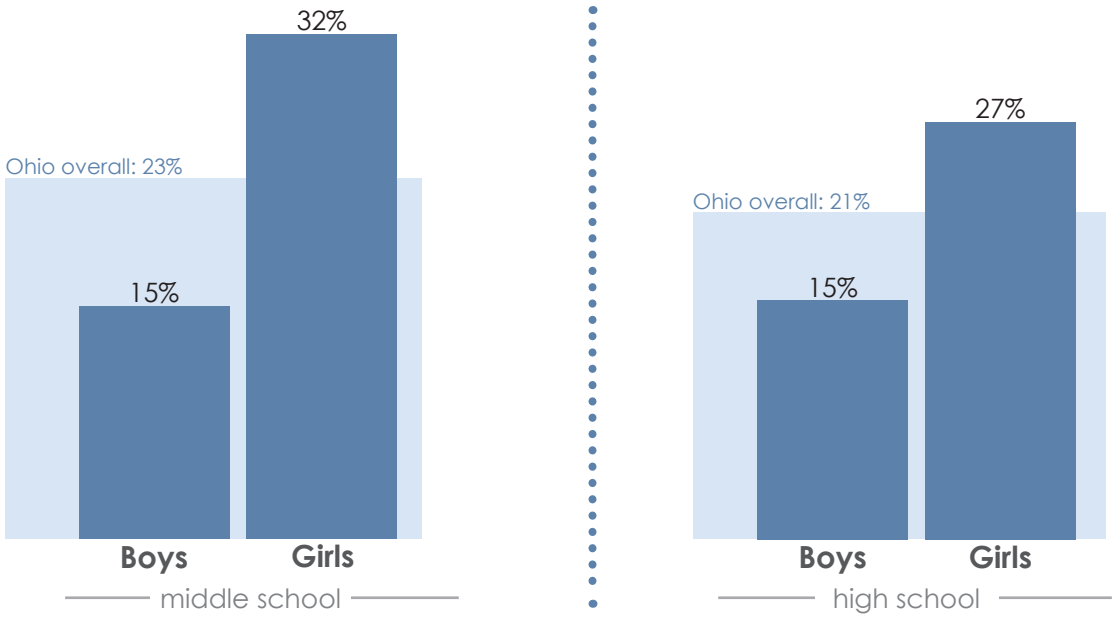
There are also various potential risks of smartphones and social media use to the mental health of young Ohioans, as described below.

Social comparison and competition. Social media can impact self-esteem, especially among adolescents, giving the false sense that others have perfect lives and are happy all the time.[13] Platforms where images can be altered can also impact body image, especially among females.[14]

> "I also see a lot of…comparing yourself to other people. You're growing in high school and middle school. You're trying to find who you are, and if you're seeing just the best of what people are doing and not even the downsides of their life, I think it really has an effect on the growing mind of a high schooler or a middle schooler."
>
> *– Youth focus group participant talking about social media*

Bullying and harassment. Bullying and harassment commonly happen through digital platforms, as not being face-to-face can embolden individuals. Research clearly shows a link between bullying on social media and depression.[15] (See HPIO's **Mental Health Conditions among Ohio Children and Youth** data brief for rates of depression.) In 2023, one in five high school students and nearly one in four middle school students reported being electronically bullied within the past year, as displayed in figure 2. Females are more likely to experience electronic bullying, with the rate among middle school females (32.3%) being more than double that of males (14.9%) in 2023.

Figure 2. **Percent of Ohio students electronically bullied in the last year, by age and sex, 2023**



Note: Electronically bullied includes being bullied through texting, Instagram, Facebook or other social media.
Source: Youth Risk Behavior Survey

Fewer peer interactions. As children and teens spend more time on smartphones, they are interacting less with others in person. This can lead to more loneliness.[16] Social connections and having trusted peers and adults to turn to during difficult times are critical for positive mental health.[17]

"Nobody seems really happy at my school. We don't do spirit wear. We don't do like a bunch of stuff that makes us want to come together. I feel like a lot of people are, like, checked out…. It's like you can see that they just can't connect with people anymore and I don't know if it's the phones. I don't know if they're going through something. But a lot of kids at school just aren't connecting."

– Youth focus group participant

Less sleep and physical activity. As children and youth spend more time on smartphones, there is less time for other activities necessary for health, such as sleep, physical activity and spending time outside. Sleep is very important for brain development in children and adolescents and for mental health.[18] In 2023, 74.4% of high school males and 85.2% of high school females reported getting less than eight hours of sleep each night (the low end of the recommended range of sleep for this age group[19]), as displayed in figure 3. Percentages were better among middle schoolers, but many were still not getting the recommended amount of sleep (54% and 62% of males and females, respectively).

Figure 3. **Percent of Ohio high school students who do not get at least 8 hours of sleep per night, by sex, 2023**

8 in 10 Ohio high school students (80%) do not get at least 8 hours of sleep a night, with girls less likely than boys to get the recommended amount

Note: The American Academy of Sleep Medicine recommends adolescents get 8-10 hours of sleep per night.
Source: Youth Risk Behavior Survey

Harmful content and unwanted contact. Youth can access online content that is not age-appropriate or that could be harmful, such as pornography, extreme violence or information on how to harm oneself. Youth may also be contacted by strangers online, including child sexual exploitation perpetrators or others involved in human trafficking.[20]

Reduced ability to pay attention. Heavy use of social media can negatively affect attention span and has been linked to symptoms of ADHD.[21] Constant notifications are distracting during face-to-face social interactions and disruptive to one's ability to work.

"There's people in my school who have upwards of 40, 50, 60 hours a week on TikTok... I think it also leads to students having shorter attention spans, which doesn't help at all when it comes to doing longer assignments… Students now are doing five to seven page essays and not knowing how to do them because they can't focus on them for more than 20 minutes at a time."

– Youth focus group participant

What is being done in Ohio?

In recent years, Ohio policymakers have taken steps to curb the harmful effects of smartphones and social media on youth:

- **House Bill (HB) 84** (Pending in the 136th General Assembly) would require age verification to view pornographic material online.
- **HB 96** (Enacted in the 136th General Assembly) banned mobile devices among public school students during instructional hours beginning on Jan. 1, 2026, except for student learning or to monitor or address a health concern. (June 2025)
- **App Store Accountability Act (HB 226 and SB 167)** (Pending in the 136th General Assembly) seeks to implement age verification at the app store level before permitting children under age 16 to download certain applications, including social media. (**HB 33**, enacted in the 135th General Assembly, required parental consent for use of social media under age 16, but it was blocked by the courts).
- **HB 250** (Enacted in the 135th General Assembly) required public schools to adopt policies limiting the use of cell phones and directed the Ohio Department of Education and Workforce to develop a model policy. (May 2024; The model policy requirement was eliminated in HB 96 in the 136th General Assembly)
- **Braden's Law** (Enacted in the 135th General Assembly) made sextortion a criminal offense. This includes threatening to release or distribute private images of another for financial gain, compelling someone to perform acts against their will, or obtaining additional private images or anything of value through coercion. (Dec. 2024) Similar federal legislation, the Take It Down Act, was signed into law in May 2025.
- **HB 485** (Considered in the 135th General Assembly) would have required public schools to adopt internet safety policies and include instruction on the social, emotional and physical effects of social media in grades 6-12.

Policy options related to smartphones and social media begin on p. 12.

Housing instability and homelessness

Secure, high-quality housing provides a foundation for healthy development and mental health across the life course. However, Ohio faces many challenges in housing affordability and availability despite the presence of government programs that aim to promote housing stability. In 2024, the average wait time for affordable housing across all HUD programs in Ohio was 25 months.[22]

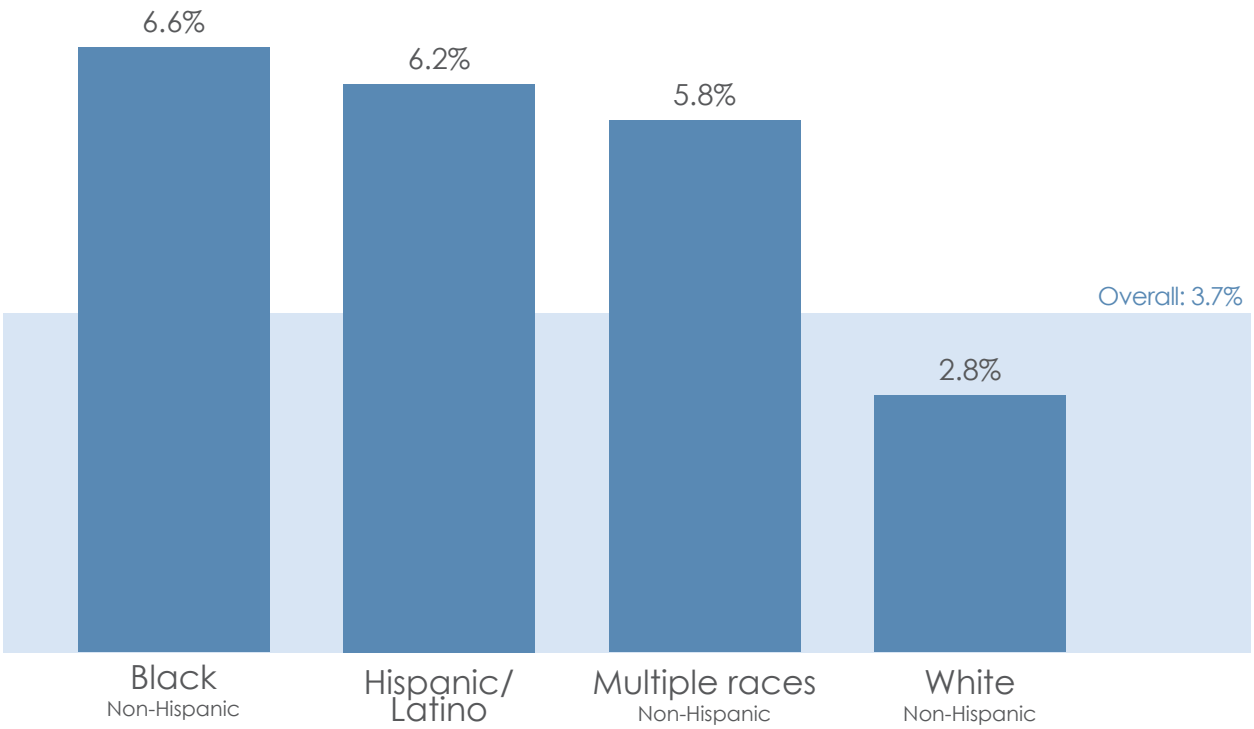
Housing stability

Housing stability, especially in early childhood, plays a critical role in development.[23] Housing instability can include difficulty paying rent and being evicted.[24] Without access to safe and affordable housing, families experience stress, uncertainty and traumatic events, like evictions, that can contribute to mental health challenges such as:

- Anxiety and depression in childhood[25]
- Depression into adulthood[26]
- Thought and attention related problems (such as difficulty concentrating or sitting still and nervousness)[27]
- Higher risk of developmental problems[28]

In 2023, 3.7% of Ohio high school students reported experiencing unstable housing in the past 30 days.[29] As displayed in figure 4, rates of housing instability were higher among Black, non-Hispanic students (6.6%) and Hispanic/Latino students (6.2%). Higher rates of housing hardship, such as eviction and instability, among Black and Hispanic households often relate to current and historical experiences of discrimination, neighborhood segregation and lack of access to quality education and job opportunities.[30]

Figure 4. **Percentage of Ohio high school students who experienced unstable housing, by race, 2023**



Source: Youth Risk Behavior Survey

Housing instability can also impact mental health by affecting treatment usage. Children experiencing unstable housing are less likely to use mental health treatment services than children in stable housing with similar mental health conditions. Limited health insurance, lack of a primary care provider, difficulty navigating the healthcare system and lack of privacy to engage in therapy can all serve as contributing factors.[31] Housing instability can also impact the mental health of caregivers, further contributing to poor mental health for children.

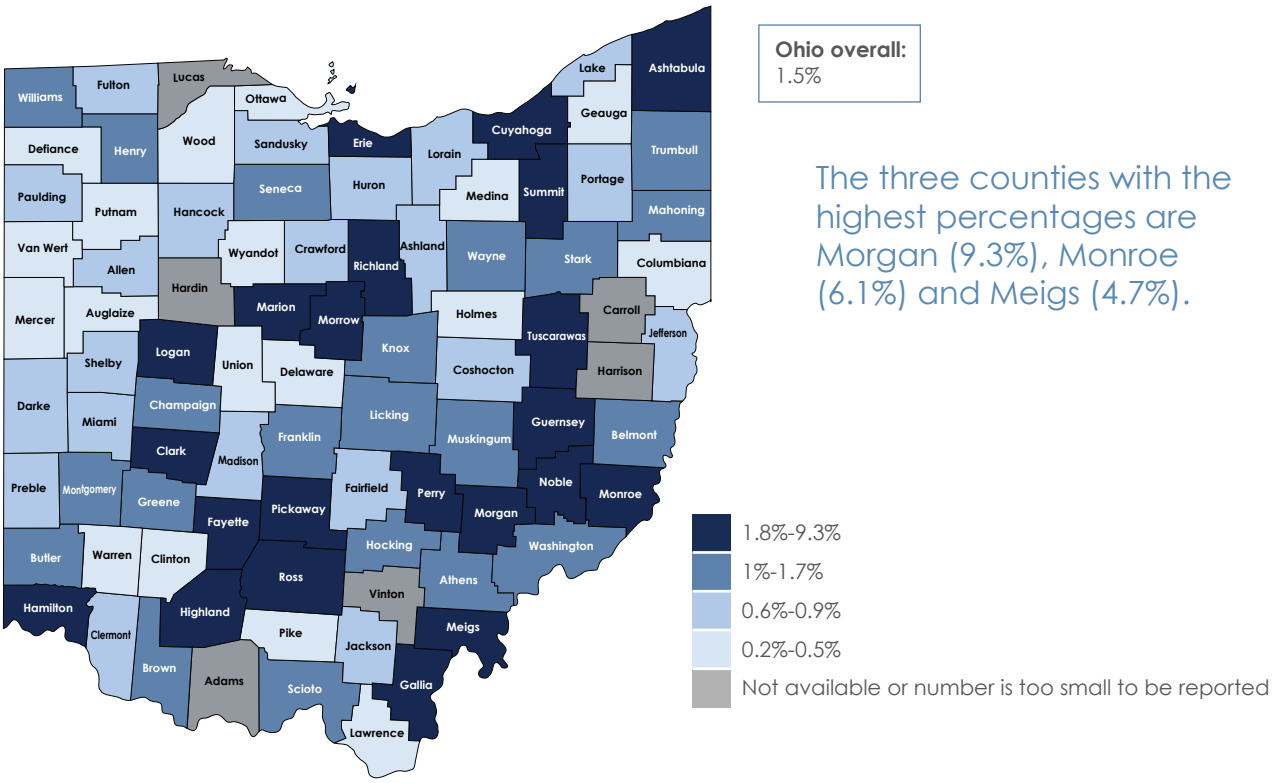
"Housing challenges… they may not know what the person is going through at home. They may come to school or they may hang out with their friends in raggedy clothes, and their friends might just clown them and they don't know what's going on at their house. They don't know how their living condition is."

-Youth focus group participant

Homelessness

Similarly, homelessness has negative impacts on mental health, and homeless children are more likely to have mental health problems than their housed peers.[32] Figure 5 shows the percent of students who were homeless during the 2023-2024 school year by county. Urban counties had cumulatively higher rates of homelessness than rural and partially rural counties. Many of the counties with the highest rates of homelessness were Appalachian.

Figure 5. **Percent of students who are homeless, by county, 2023-2024 school year**



Source: Ohio Department of Education and Workforce

"I used to be around a lot of people… kids my age, they don't have nowhere to go to sleep at night, something like that. It's very hard to see. I know that's gonna be hard to deal with."

-Youth focus group participant

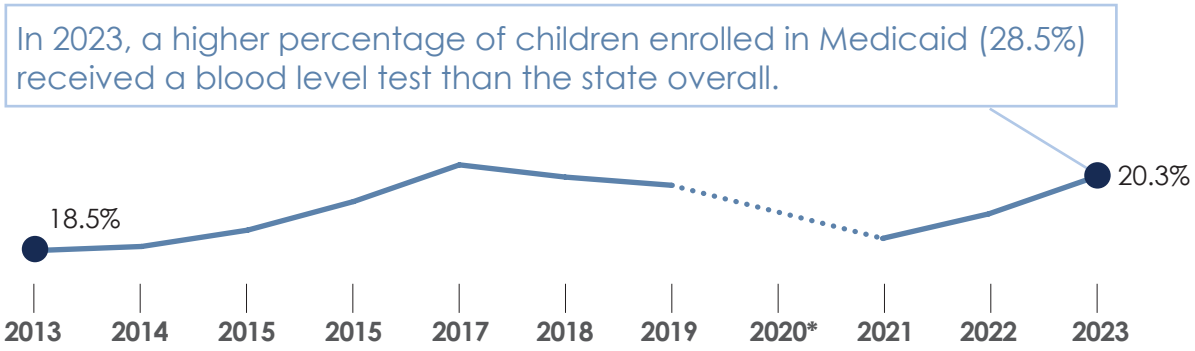
Housing quality and lead exposure

Another dimension of housing that impacts mental health is housing quality, specifically lead in paint or pipes. Ohio's housing stock is relatively old, with half of Ohio's housing units built before 1965 and nearly a quarter built before 1940.[33] Almost 9 in 10 (87%) homes built before 1940 have some lead-based paint, compared to 24% of homes built between 1960 and 1978, the year when the federal government banned lead paint.[34] Childhood lead exposure can negatively influence mental health into adulthood.[35] Research estimates that lead exposure from gasoline from 1940 to 2015 resulted in a significant increase in risk of mental illness in the population and an estimated 151 million excess mental disorders attributable to lead exposure.[36] Lead exposure through the household physical environment can have a similar impact on mental health.[37]

The percent of tested Ohio children under age 6 with an elevated blood lead level is low (2.0% with a confirmed elevated blood lead level of 5 µg/dL or higher) and has decreased over the past 25 years.[38] However, only 20.3% of Ohio children ages 0-5 received a screening blood lead level test in 2023. Since 2013, the percent of Ohio children who received a screening blood lead level test has stayed relatively consistent, increasing by only two percentage points (see figure 6).

Children enrolled in Medicaid have a higher rate (28.5%) of being screened for lead than the state overall. Ohio law requires healthcare providers to administer blood tests to children enrolled in Medicaid under age 6.

Figure 6. **Percent of Ohio children, ages 0-5, who received a screening blood lead level test, 2013-2023**



* Data not available for 2020
Source: Ohio Department of Health, Healthy Housing and Lead Poisoning Surveillance System and American Community Survey PUMS estimates, Ohio Department of Medicaid, Advanced Data Analytics Tool by IBM Consulting

What is being done in Ohio?

Ohio has many policies in place to promote housing stability and quality. Some of the most relevant include:

- **HB 50** (Enacted in the 135th General Assembly) introduced a structured process for formerly incarcerated citizens to apply for a **Certificate of Qualification for Housing**.
- **HB 135** (Pending in the 136th General Assembly) would amend Ohio law to prohibit discrimination in rental housing based on lawful source of income, including types of government housing assistance.
- **Funding through the State Children's Health Insurance Program (SCHIP)** for lead paint hazard testing and removal has been provided by the federal government to the Ohio Department of Health and the Ohio Department of Medicaid. SCHIP is described in more detail on page 11 of **State Policy Roadmap: Leveraging Medicaid to support housing and nutrition in Ohio**.
- **The Ohio Housing Trust Fund** is the primary source of state funding for local homelessness and housing services.
- **The federal Renovation, Repair and Painting (RRP) Rule** sets standards and certification for lead-safe work practices. While the rule is applicable in Ohio, the state has not been authorized to have power of enforcement like many other states.[39]

Policy options related to housing are listed on p. 13.

Child protective services and foster care system involvement

Many children who have interactions with the child protection system (called the children services system in Ohio) have been exposed to adverse childhood experiences (ACEs) and trauma. Ohio's children services system is administered by local-level public children services agencies. Those children taken under the care and supervision of the system (i.e., in custody) often experience additional trauma. For example, they are generally removed from their parents or other primary caregivers and may undergo multiple placement changes, creating barriers to forming a stable relationship to a nurturing caregiver.[40] Being in foster care is considered an ACE by some researchers.[41]

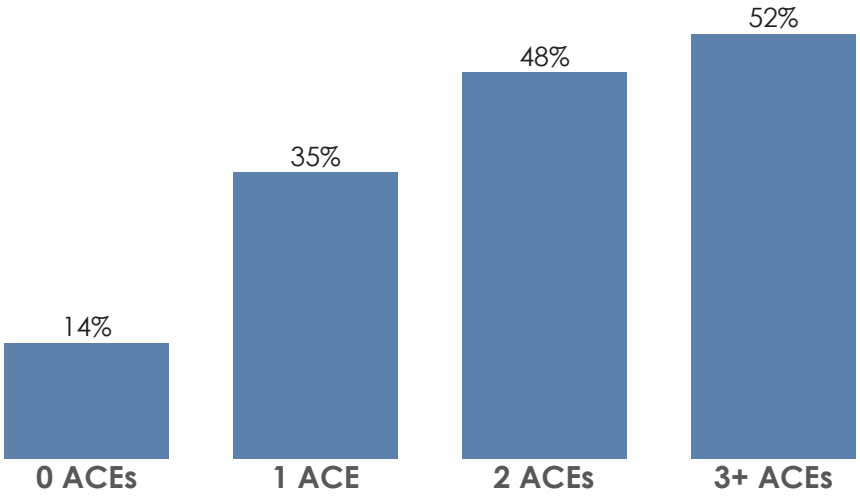
Children in foster care are at a higher risk of having mental health conditions.[42] According to the American Academy of Pediatrics, up to 80% of children and youth in foster care have a significant mental health need.[43] Experts attribute this to trauma and poor access to healthcare services experienced before entering care.[44] Also, connecting these children to consistent, effective and trauma-informed treatment can be challenging due to factors such as placement transitions and workforce shortages.

National data has shown that these challenges continue into adulthood. Young adults who were in foster care during adolescence have higher rates of mental health conditions, homelessness and unemployment than their peers.[45]

Adverse Childhood Experiences (ACEs) and youth mental health

ACEs are potentially traumatic events that occur during childhood. These can include abuse, neglect or other household challenges, such as living with someone with a mental health condition or substance use disorder or who experienced incarceration. There is clear evidence that ACEs negatively affect brain development and increase the likelihood of numerous physical and mental health conditions through adulthood.[46]

Figure 7. **Percent of Ohio children, ages 3-17, with at least one mental, emotional, developmental or behavioral condition, by number of ACEs, 2023**



Of Ohio children with three or more ACEs, 52.2% had at least one mental, emotional, developmental or behavioral condition, compared to only 14.3% of Ohio children with no ACEs.

Source: HPIO Analysis of National Survey of Children's Health

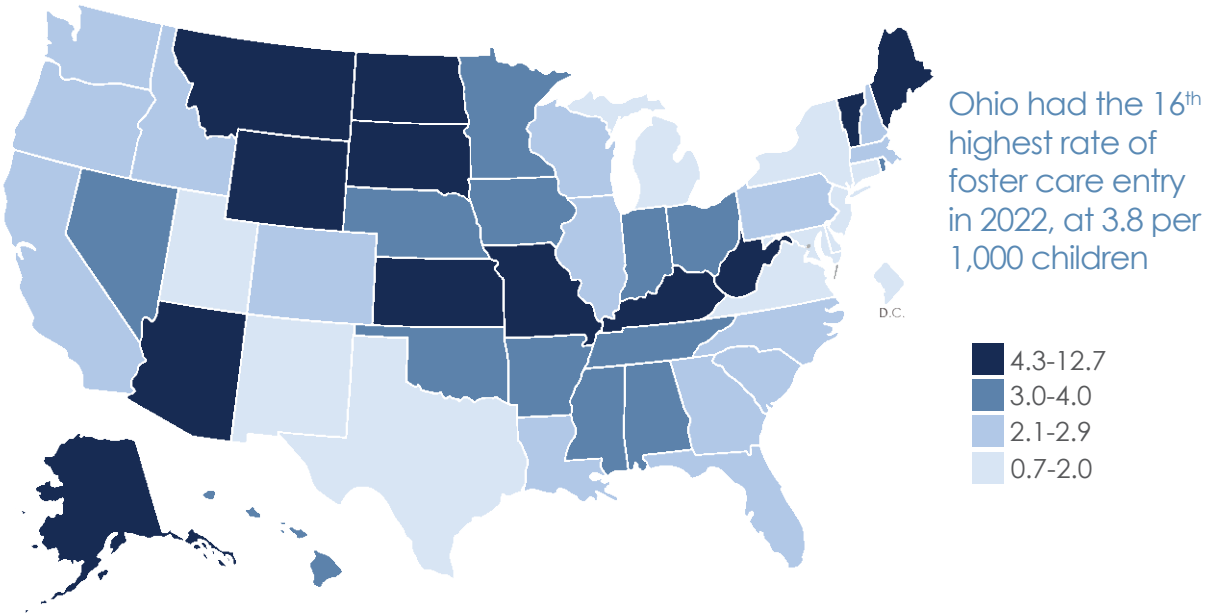
For additional data and information on the health and economic impacts of ACEs and evidence-informed ACEs prevention strategies, see the Health Policy Institute of Ohio (HPIO)'s **Ohio ACEs Impact project**.

Status of Ohio's children services system

The goal of the foster care system is "to provide for the health, safety, and well-being of children and adolescents while fostering reunification or an alternative permanency arrangement (adoption, guardianship, placement with relatives, or independent living) when reunification is not possible."[47] When compared to all other states and D.C., Ohio had the 16th highest rate of foster care entry in

2022, at 3.8 per 1,000 children. New Jersey had the lowest rate (0.7), and West Virginia had the highest (12.7), as displayed in figure 8.[48] There are numerous reasons for the variation among states, including differences in policies regarding when a child is placed in foster care and the services and supports available to enable children to remain in their homes.[49]

Figure 8. **Number of children entering foster care per 1,000 children in the population, U.S., 2022**

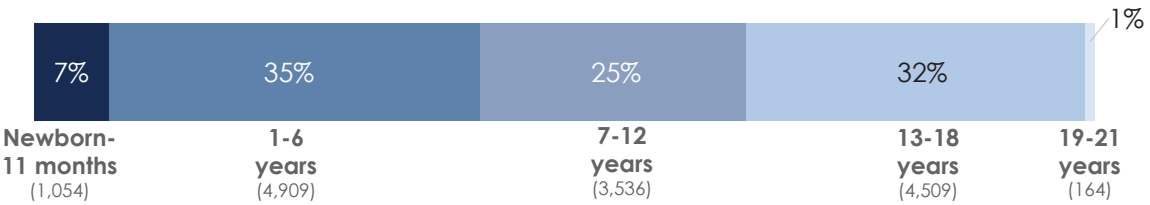


Note: There are numerous reasons for the variation among states, including differences in policies regarding when a child is placed in foster care and the services and supports available to enable children to remain in their homes.
Source: U.S. Department of Health and Human Services, Office of the Administration for Children and Families, Adoption and Foster Care Analysis and Reporting System

There were 23,707 Ohio children in children services custody at some point during state fiscal year (SFY) 2024. As of October 2024, there were 14,172 children in children services custody; young children (ages 1-6) and teenagers made up the largest percentages of children in custody (displayed in figure 9). The most common reasons for removing Ohio children from their homes in 2024 were neglect and parental substance abuse (31% and 23% of removals, respectively).[50]

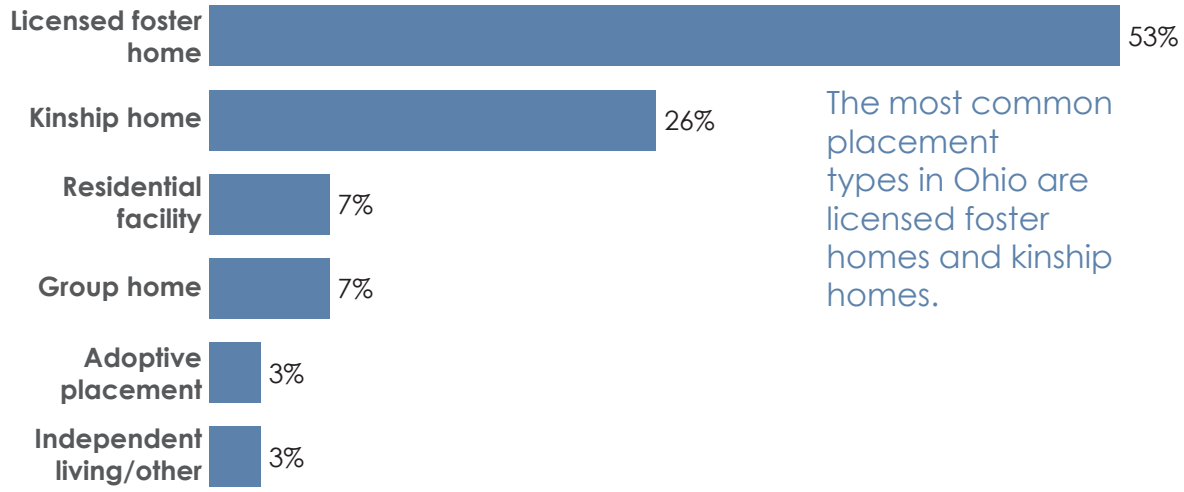
Figure 9. **Ohio children in childrens services custody, by age, October 2024**

There were 23,707 Ohio children in children services custody at some point during state fiscal year 2024. The largest percentage were young children ages 1-6.



Note: Children in custody can include children who are in placements such as family foster care, kinship care, independent living, congregate care (congregate care includes placements such as residential centers, shelter care facilities, group homes, hospitals, nursing homes, and detention facilities), and other settings.
Source: Ohio Department of Jobs & Family Services Point in Time Count of Children in Care Dashboard, data as of October 2024

Figure 10. **Percent of Ohio children in children services custody, by placement type, July 1, 2024**



Note: There were 14,650 children in custody on July 1, 2024. Kinship caregivers are family members or non-relative adults who share a long-standing relationship with the child.
Source: 2024 PCSAO Factbook State of Ohio profile

Figure 10 shows placement types for children in children services custody as of July 1, 2024. In SFY 2024, a total of 6,796 children gained permanency — including 3,512 through family reunification, 348 through guardianship, 1,656 were put in custody of a relative and 1,296 were adopted. An additional 856 transitioned to living independently.[51]

What is being done in Ohio?

Since taking office, Governor DeWine has prioritized improving Ohio's children services and foster care systems. In 2019, he created the Children Services Transformation Advisory Council, who released **a report with 37 recommendations** the following year (and a **progress update report** in Nov. 2022). The recommendations addressed prevention, workforce, practice, kinship, foster care, adoption and juvenile justice. Many of the recommendations have been implemented, including:

- Providing free access to Triple P Online, a parent/caregiver and family skills training program, for families statewide
- Creating a new trauma-informed training for kinship caregivers
- Establishing a foster youth bill of rights, as well as one for foster and kinship families (i.e., resource families)

Ohio has invested resources, policy and practice in creating a kin-first culture, as children cared for by safe, familiar relatives and kin have better outcomes than other children in foster care.[52] For example:

- **OhioKAN Kinship and Adoption Navigator program** connects kin caregivers (regardless of involvement with the children services system) with services and resources
- **Kinnect to Family** is a family search and engagement program available to public children services agencies when children cannot stay at home
- **Kinship Permanency Incentive Program** offers short-term subsidies to approved kinship caregivers

In 2022, the state launched OhioRISE (Resilience through Integrated Systems and Excellence), a specialized, voluntary managed care program for children and youth with complex behavioral health and multisystem needs. As of August 2024, there were 37,748 children and youth enrolled, including over 3,800 kids in foster care.[53] OhioRISE covers intensive home- and community-based treatment services such as **multisystemic therapy** and **functional family therapy**.

Ohio START (Sobriety, Treatment and Reducing Trauma) is a children services-led initiative to transform the system of care within and between children services agencies and behavioral health providers to help families recover from substance use disorders together. Ohio began implementing the program in 2017, and as of May 2025, it is operating in 57 counties and has served over 4,800 Ohioans.[54] When implemented to fidelity, Ohio START has been shown to decrease out-of-home placements and child maltreatment recurrence and improve rates of sobriety among mothers.

Several examples of relevant legislation include:

- **SB 13 and HB 25** (Pending in the 136th General Assembly) seek to establish the Foster-to-College Scholarship Program
- **HB 96** (Enacted in the 136th General Assembly) includes provisions to:
  - Increase appropriations for family and children services to offset recent, higher placement costs[55]
  - Establish regional child wellness campuses to serve youth (1) who have been determined to be at risk of being, or currently are in the custody of a public children services agency, (2) not yet placed in a licensed residential setting, and (3) spending one or more nights in an unlicensed setting
  - Implement Wendy's Wonderful Kids Program statewide, in which professional recruiters use a child-focused model to find permanent homes for children in foster care

Policy options related to children services involvement and foster care are listed on p. 14.

Policy options

The extent to which all three of these factors contribute to mental health challenges can be mitigated through policy changes at the state, local or organizational levels. Below are a variety of steps that could be taken by policymakers.

In addition to the specific policy options listed, policymakers can take action to build protective factors among children, youth and families. Protective factors are positive experiences, resources and assets that support mental health and can buffer children and families against the harmful effects of ACEs and trauma. See HPIO's **Protecting against the harms of adverse childhood experiences (ACEs)** policy brief for more information.

Smart phones and social media

Support positive face-to-face interactions among youth

1. State and local policymakers can:
   - Support and fund safe youth gathering spaces and other efforts to increase community well-being and facilitate social connections (e.g., community centers, game days, cultural events)
   - Scale the reach of positive youth programs, particularly for youth who currently have the least access.
2. School districts can explore **enhancements to school climate**, including through youth-led initiatives, and promote **certified youth peer supporters** for youth impacted by behavioral health challenges.
3. Policymakers and philanthropic funders can offer scholarships for youth with financial barriers to participate in extracurricular activities, similar to The Hous Foundation's **Dreamers Initiative**.

Increase awareness of the potential harms of unhealthy smart phone and social media use, and improve digital and media literacy among youth, parents and caregivers

4. The Ohio Department of Education and Workforce and Department of Mental Health and Addiction Services can partner with school districts, students, parents, caregivers, behavioral health

providers and national experts to develop, support implementation of and evaluate an age-appropriate digital and media literacy curriculum framework for schools (beginning in early grades), that would:
   - Develop students' ability to recognize, manage and recover from online risks
   - Teach youth to navigate social media and technology in a way that supports positive relationships and mental health
   - Include resources and education for parents, caregivers and families, and professional development modules for teachers.
5. School districts, local health departments and alcohol, drug addiction and mental health (ADAMH) boards can take steps to build community awareness and solidarity around the issue, such as through a large-scale media campaign and providing resources to parents and caregivers to help them manage screentime at home and model healthy digital behaviors.
6. State policymakers can create a multidisciplinary state-level task force focused on digital safety and children's mental health to study and recommend cohesive, research-informed policy approaches and enable effective implementation and evaluation across schools and communities.

Housing

Improve housing stability and prevent homelessness

1. State policymakers can increase funding for the Ohio Department of Health's Youth Homelessness Program, a grant program for non-profit entities serving youth in various capacities. While mental health data is collected for youth and families who utilize homelessness and housing programs, there is no system-level integration of mental health screening, referral or co-location strategies. Increased funding can be utilized for integration of these services. Policymakers can also direct a portion of the Ohio Housing Trust Fund (OHTF) or Youth Homelessness Program dollars to support youth-specific housing models, particularly those that integrate on-site behavioral health services.
2. State and local policymakers can fund access to legal counsel in eviction proceedings, matching efforts in **Dayton** and **Columbus**. Access to legal counsel can be prioritized for youth-headed households and transition-age youth who may lack adult advocacy.
3. State and local policymakers can encourage development of affordable, high-quality housing, promoting models that integrate supportive services, including on-site mental health care, peer support, and youth engagement activities. Policymakers can prioritize developments that accept youth with rental barriers such as poor credit, criminal history or past evictions.

Prioritize lead safety and abatement initiatives

4. State policymakers can restore funding for lead abatement and the Lead Safe Home Fund.
5. State policymakers can increase funding for the State Children's Health Insurance Program (SCHIP) Lead Program for High-Risk Children and pair this with community-based mental health and housing programs to ensure eligible families and unaccompanied youth are identified through case management systems.
6. State policymakers can allow the Ohio Department of Health to enforce the federal **Renovation, Repair and Painting (RRP) Rule**. Fifteen other states have adopted their own RRP Rule to increase effective enforcement of the policy.

Strengthen implementation of the McKinney-Vento Act, which ensures youth experiencing homelessness can attend school without barriers

7. State policymakers can expand funding for McKinney-Vento liaisons within schools and train staff to recognize signs of housing instability.
8. School districts can use **Student Success and Wellness Funds** for school-based mental health housing liaisons in high-need districts to work alongside McKinney-Vento liaisons, helping identify students at risk of homelessness due to mental health challenges and linking them to appropriate supports.

Children services system involvement and foster care

State and local policymakers can continue to implement **recommendations of the Governor's Children Services Transformation Advisory Council** and the Foster Care Advisory Group, and establish a multi-agency implementation task force to oversee, track and report progress.

Take steps to stabilize home environments and prevent children services system involvement among families

1. State and local policymakers can fund resources addressing food insecurity, housing instability, unemployment, transportation challenges and behavioral health treatment, as well as programs that connect families to these resources.
2. State and local policymakers can expand evidence-based home visiting programs (e.g., Nurse-Family Partnership, Family Connects) that include mental health screenings for caregivers, particularly in high-risk communities, and other intensive mental health home-based evidence-supported models that the Family First Prevention Services Clearinghouse has accepted for Title IV-E reimbursement.
3. State and local policymakers can support and expand the Ohio START model to the 31 counties currently without a program.
4. State policymakers can take advantage of new federal streamlined kinship foster care licensing opportunities that will leverage federal funds to set those families on a timely path to permanency for the children and a stable exit from foster care.

Support those who care for children in the foster care system

5. State and local policymakers can support the children services workforce, such as by increasing access to mental health services and taking other steps to reduce and heal secondary trauma among these professionals.
6. State and local policymakers can encourage mental health services among kinship and foster families by facilitating access and taking steps to reduce stigma (e.g., transportation assistance, incentives for attending appointments), as well as increasing respite care availability.

Ensure children and youth in foster care and who have aged out of foster care have access to services and supports with evidence of improving mental health among this population

7. The Ohio Department of Medicaid can consider coverage of alternative, evidence-informed therapies that have been found to be more effective for children with children services system involvement (e.g., art therapy, music therapy, equine-assisted psychotherapy). Reimbursement of these services could be piloted in OhioRISE.
8. Children services agencies can partner with lived-experience organizations and certified youth peer supporters to develop peer support program models for youth in care and/or establish mentorship programs for older foster youth to support younger peers. State policymakers can provide funding to support peer support integration into child-serving organizations.
9. State and local policymakers can encourage ongoing training on ACEs and trauma-informed care among healthcare providers, K-12 and early childhood education professionals, and other adults working with children in the children services system.
10. Local public housing authorities, public children services agencies and continuums of care can partner to maximize use of the Foster Youth to Independence (FYI) program and the Family Unification Program (FUP), which provide housing choice vouchers for youth aging out of foster care and for families involved in the children services system who are experiencing housing problems.

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