

# AFTER THE SIRENS:

## BARRIERS TO FOSTER CARE & ADOPTION IN WARREN COUNTY & OHIO

IN CONSIDERATION OF THE BATTLE AGAINST OPIOIDS IN OHIO, AND ITS IMPACT ON FOSTER CARE.

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*What we know about early childhood trauma, tells us that we must consider and PROACTIVELY plan for ramifications into adulthood. Any child being removed from a home, placed into foster care, whether for neglect or abuse, has/will develop trauma factors that will impact education, health, and social life going forward. Even with the proper treatment, scaffolding and support, it is likely that this will impact these children for a long way into their adult lives. According the NCTSN (National Child Traumatic Stress Network):*

Complex trauma describes both children's exposure to multiple traumatic events—often of an invasive, interpersonal nature—and the wide-ranging, long-term effects of this exposure. These events are severe and pervasive, such as abuse or profound neglect. They usually occur early in life and can disrupt many aspects of the child's development and the formation of a sense of self. Since these events often occur with a caregiver, they interfere with the child's ability to form a secure attachment. Many aspects of a child's healthy physical and mental development rely on this primary source of safety and stability.

*Ohio Children coming into care in 2019, have been exposed to several Adverse Childhood Experiences (ACE's) if they are coming from an opioid or abuse of drug environment.*

**What follows is by no means an all-inclusive list of solutions, but it is a place to start at our local and state level to improve the quality and availability of care for our state's most vulnerable.**

It should also be stated that many social workers, CASAs, teachers, doctors, and families in Warren County and across Ohio are doing what is best for kids in care every single day. They give of themselves and their wallets constantly to make sure that kids have what they need, and are able to have a life that is as normal as possible. We had a case worker for our two boys in Warren County who was the best agency worker with which we have worked in ten years. That said, there is room for improvement in most areas of our work, and this document is designed to initiate that conversation.

Another important thing to note is that this is my personal lens having been in Foster Care for 11 years, combined with my own professional experiences as an educator and advocate. I recognize that there may be partial solutions available already for some of these issues, but even with my relentless pursuit of interviews, meetings, and research, I do not see them in practice in my region of Ohio. This may mean that we have issues getting resources from point A and point B, which is also a valid place to begin this conversation.

## 1. PROBLEM: IMMEDIATE AND QUALITY MEDICAL CARE

Within 7 days of placement, newly placed foster children (or children in adoptive placement) are required to have a physical, eye exam and dental exam. Their Medicaid card will cover these services but finding providers that will take Medicaid can be extremely impossible in Warren County. FP's (foster parents) are told to ask around or make calls, and this often means driving to Cincinnati to stand in line to be seen at a Medicaid accepting facility fast enough to meet requirements. This is extremely traumatic for foster families – you cannot imagine the task of assimilating a child into your home those first seven days, including managing an evolving list of behaviors that typical children may never display, managing your other children in the home, and then trying to make trips to find these providers (after spending hours on the phone cold calling). Add to this the job of getting specialists, psychiatrists, therapists and developmental pediatricians to see these children with often no medical history (or fragmented, at best) to document medical need, and sometimes they have even no past medical care. Shots are often outdated, simple needs have grown to big problems without parental care and medical intervention, and abuse/trauma/neglect related injuries, illnesses and problems are often taking the lead in the child's life.

## LOCAL POSSIBLE SOLUTION: COUNTY WIDE CHILD RESPONSE NETWORK

We could create a county network of providers and supporters who would be willing to serve in a consortium and provide for needs that these families and children experience. This could encompass everything from educational liaisons (see item later listed), local store owners, doctors (even those who can't take the child on permanently but could handle those first physicals), pharmacies, providers, community centers, YMCA's or daycares. Their motivation to participate would be to become part of our county solution team to fight the effects of the heroin epidemic in our county (see statistics on number of calls in Warren County and their primary cause). Locally, agencies could work to maintain lists of providers in our own county that would be willing to add these cases to their offices because *it's the right thing to do*. Certainly, in advertising and communications these organizations could be thanked and treated like sponsors or team players as we all fight together to take back our state from drug abuse. ***At the very least, the CSB should be maintaining this list of providers, and not expecting every foster parent to reinvent the wheel.***

**Mason Community Center, YMCA's and gyms could consider comping memberships for foster families, or at a minimum, waiving fees for programs and memberships for the children themselves while they are in the state's custody.** This would go a long way towards helping create normalcy for everyone in the family.

## STATE LEVEL SOLUTION: STATEWIDE CHILD RESPONSE NETWORK

Creating a statewide network of caring Ohioans would put a grass roots team of people out there to fight this post-heroin epidemic by helping these families maintain placements, whether adoptive or foster, by rallying around them. This is a fundamental change in the way foster parents/adoptive

parents have been labeled or managed in the past: We must see them as front-line responders to heroin abuse, and put resources, dollars and people in place to help them stay committed for a lifetime to these children. There is no limit to the resources that could be provided or maintained through this network. Larger state employers may even want to get involved and subsidize costs for providers (as the Medicaid rates for services are prohibitively low compared to major medical).

## 2. PROBLEM: DAYCARE/CHILDCARE

*Foster placements can happen very quickly. Sometimes you prepare your home in two days for a child that is coming, only to have the child not come. Your life, job, and home will be turned upside down after placement (especially those first few months) and this can be challenging financially to many families. It often takes days to get a child into a daycare, preschool or school and on a schedule. That waiting period can cause problems with employers, other commitments, appointments and other responsibilities.*

### LOCAL SOLUTION: URGENT RESPONSE BY AGENCY WORKERS, OR ADDITIONAL STAFFING

In addition to maintaining relationships and a network of county wide educational and childcare providers, county workers need to treat this with urgency. If a parent misses a week of work due to the placement, this may have lasting ramifications. WCCS must make the calls and make this a priority. To secure daycare for a child placed with a working parent, the board rate paid to the foster parent is reduced by roughly the same amount as the childcare. This isn't appropriate – as the board rate is for the child's needs (shelter, food, clothing, etc.) and all of those still exist at the same rate even if the child spends a few hours a day at daycare. The foster parent subsidy isn't for childcare or "babysitting" the child placed in their home. School districts, especially in Warren County, hard arduous processes for enrollment, and coordinating that meeting with the FP's, an agency worker and the district should happen as quickly as possible. Getting educational records from district of residence or prior placements is extremely challenging, and, again, totally dependent of the child's case worker's ability to get this task moving and closed. (See Education later in this document). *Having a county educational liaison that specifically handles these enrollments, and continuity of records for the kids would be huge. This person could also act as a surrogate parent (as required by law for foster children in school IEP meetings) at IEP and advocacy meetings within a full-time county role.*

### 3. PROBLEM: CHILDCARE/RESPIRE

Children from Trauma backgrounds can be extremely hard to live with, parent, and cope with emotionally. Foster families raising this increasing number of kids in Warren County need scaffolding to do this job well, and maintain their homes, marriages, other children and jobs. Raising kids with early childhood trauma exposure is hard no matter how long or how good you have been at parenting – largely because – all that doesn't matter. The early childhood trauma exposure, and subsequent frontal lobe damage to the developing child's brain is pointed to for a very specific list of behaviors. According to the [Child Welfare Information Gateway](#), A child that is a victim of drug abuse will likely struggle with behavior, executive functioning, self-regulation and submission to authority. Trauma often requires relentless and creative parenting to get the job done. These foster and adoptive parents need training, respite, and financial consideration. If a child comes into care based on a drug call (see Intake Calls) a few things should be proactively put into place.

LOCAL SOLUTIONS: PROACTIVE RESPIRE, SUBSIDY, CHILDCARE DATABASE, UNLIMITED BACKGROUND CHECKS, LOWER COST SERVICE PROVIDERS, ABILITY TO RECEIVE ON-LINE REPORTS FROM OTHER AGENCIES.

**Respite care should be destigmatized (currently treated almost like a “vacation” or “luxury” in conversations between foster families and county agencies) and considered a necessity for trauma related placements.** These children are very hard to find childcare/babysitters, etc. for and the cost for this goes up dramatically above typical children. Also, the states' children are only able to be watched by those who have gone through full fingerprinting/background checks at a very high cost (to be completed at Warren Co. Sheriff's Office). At last check, the cost was over \$70. There are many on-line organizations that provide this service for considerably less. Foster parents must do this themselves every year and in Warren County have been given “two sets” of babysitters they can get approved. **I advocate for a “database” of approved childcare providers that could be prechecked and made available to all our county families.** According to Kristen Souers, assistant director at Washington State University's Child and Family Research Unit, and author of *Fostering Resilient Learners* (2016) she discusses how important it is to take the universal precaution of dealing for the mental health of educators and providers who work with children coming from trauma situations on a sustained basis. This is key to preventing burnout (or compassionate fatigue, as it is called by some).

LOCAL SOLUTION: EXPECTED BREAKS

A stipend amount per month could be made available for monthly evening out (or a childcare reimbursement amount), encouraging our families to take a break from the constancy of parenting trauma for mental health and the sake of all the other relationships in the home. Beyond, for example, getting both sets of your parents to drive to Warren County Sherriff's office (in our case, almost 2 hours from our parents' homes) and go through the process (they currently can't be reimbursed for going to an agency or police station in their own county...where the cost could be much less), foster

parents are expected to pay out of pocket to get babysitters (who must be over 18) to go through this same process. My personal experience is that our parents struggle to manage the behaviors of our trauma child and no longer eagerly make themselves available to give us a break (especially as they age, and their own medical issues increase). It is very upsetting to be caring for foster children and be expected to jump through hoops and pay for the approval of babysitters to follow state rules, when other children in the home can be watched by a responsible teen or young adult.

As foster parents in the state of Florida, all we had to do was send anyone who was willing to help us with the kids to the agency, and they completed the fingerprinting/background checks on the spot at the front desk and for free. This allowed other moms with which I was doing life to help me by running down and being able to help out for a year. A side benefit to this is a that meaningful interaction with a foster child may open doors for a family to consider getting involved that previously wouldn't have. Currently, official respite involves overnight care by home-studied, background checked and agency-approved families (even with the passage of the *Reasonable and Prudent Parenting Standard*, as each county gets to interpret the standard in the way they see fit.) This is a much bigger production than a simple date night out for four hours. Also, currently respite care is subtracted at a rate of one day per night from the foster parent board rate for the month. Respite providers then receive those days' payments.

## LOCAL SOLUTION: REVIEW IMPLEMENTATION OF THE NORMALCY STANDARD

### NORMALCY AND THE REASONABLE AND PRUDENT PARENTING STANDARD

"The standard characterized by careful and sensible parental decisions that maintain a child's health, safety, and best interests while at the same time encouraging the child's emotional and developmental growth, that a caregiver shall use when determining whether to allow a child in the care of the caregiver to participate in extracurricular, enrichment, and social activities" (ACYF-CB-IM-14-03, 2014; ORC 5103.162, 2014) Ohio passed a similar law in 2014, Ohio House Bill 213. This law went into effect September 2014.

Currently in Warren County, the Agency, in my opinion, very narrowly interprets this much-celebrated piece of legislation. The goal was to make the lives of kids in care as normal as possible, and each county in Ohio makes their own best judgments on what that will now mean for their families. I attended a training put on by SWORTC (Southwestern Ohio Regional Training Center) on this standard, and when I said, "I am in Warren County, can you tell me what I can now offer a child or do differently than we did in the past?" the presenter told me, "I don't have county specific information". When I called my licensing worker at Warren County, she said "No, we basically still do what we did before". Upon further discussion, I asked about sleepovers – if the child can have a sleepover at a friend's house, without a parental background check according to the standard, then why can't a child spend the night at my friend's house for the sake of my husband and I having a date night away or respite? My friend has other children and can't bring her whole family to sleep at my house, and she isn't a licensed foster parent. She said that the difference to WCCS was that the sleepover was *for the child* and the *date night* was *for me*. I will continue to argue that if "normalcy" is the intent of the law, what is the difference? Interpreting this so narrowly hurts the hosting family

and child. Interpreting this so differently from neighboring counties leaves room for frustration, mistrust, and negative feedback about our county and its system of care. ***This standard and its execution in Warren County should be scrutinized considering the intent of the law, what is best for the kids in care, what is best for our licensed families, and compared to what the rest of the state's counties are doing in this regard.***

***WCCS has notoriously told foster families to “use each other” for childcare. When the heroin epidemic began impacting our region and children coming into care, this stopped making sense.*** I have five children, and two that have significant trauma behaviors, and nearly every other foster family I know in this county is also raising trauma-impacted kids. How could I possibly or even logistically ask other families (buckling under this weight themselves) to take my hardest children, so I can have a break for the evening?

#### 4. PROBLEM: EDUCATION AND CONTINUITY OF CARE BETWEEN PARTNERS

Most of the children I have encountered in the care of Warren County, coming in from a drug-related call, are either on an IEP or should be immediately, in my educational opinion. They are behind on learning benchmarks and healthy adult interaction, and often haven't had positive early childhood learning experiences, preschool or academic support. Much of their short lives have been taken with the task of survival, and not education. Even if the child is able to make up the learning gap, it isn't going to happen quickly, and that progress will likely be impacted by trauma behaviors. In the classroom, they exhibit severe executive functioning deficiencies, self-control problems, lack of awareness of social and physical dangers, and are sometimes also defiant and hyperactive. They lack the ability to self-regulate their emotions, behaviors, and materials.

#### LOCAL SOLUTION: EDUCATIONAL LIASON

An educational liaison would be a huge asset in advocating for IEP support and other interventions. A liaison would also be able to educate foster parents about their foster child's educational needs, how to navigate the state's IEP system, and work with local school officials to advocate for the child. Using the category of "Severe Emotional Disturbance" or "Other Health Impairment" on current IEPs, we can advocate for teachers and districts to get resources to provide for those needs, from the county, state or federal funding. These children impact every other child in the classroom.

#### STATE SOLUTION: WEB-BASED FOSTER CHILD INFORMATION PLATFORM

Consider a statewide web-based database system, that would allow logins for all the parties involved in the care of a child, from removal to permanency. This could function like digitizing health care and medical record sharing (similar to the *EPIC System* and *Care Everywhere*). This would allow for continuity of educational records, interventions, and what "works" or doesn't work for the child in prior placements, or district of residence. Right now, this information is seldom shared, greeted with great suspicion by intake districts, and often doesn't exist at all. Many children have been moved around enough that an IEP hasn't even been put into place, and services, interventions, and learning that could take place, cannot. In order for any district to put the child on an IEP, extensive documentation that shows attempted supports and interventions must be produced. This causes even more lost time when a child is placed permanently. This system could include behavior plans, rewards systems, photographs uploaded by foster families or workers (serving as a digital *Life Book*), health records (for historical/intervention sake). Foster parents, CASA's, engaged teachers or any other community partners could be given an appropriate login, and information could be shared appropriately for the good of the child! These folks could also consent for their contact information to be made available on an ongoing basis to additional foster or adoptive placements, the child, or at the child's 18<sup>th</sup> birthday. We can do a better job of providing a history for these children on every level.



As Ohioans balancing an ever-increasing caseload of kids coming into care, we need to consider standardizing licensing requirements, maintenance subsidies, and regulations (minimum standards of care in placements). Many children are not in a foster home in their own county of residence due to lack of availability, and some counties (like Hamilton) have many private agencies operating on completely different standards than county CSB's. This is bad for kids, as it creates inconsistencies in care, record-keeping, types of placements, board rate, and communication with county agencies. Disjointed communication about a child's medication, life history, trauma experience or medical care can create many additional problems in the future. We have personally experienced this. We had a child come from a private agency in this region into our Warren County licensed home as an adoptive placement, and he was 18 months behind on the CDC vaccination schedule. It has taken us two years to get him caught up, and this is just one of the medical issues he must fight.

## 5. PROBLEM: LICENSING/RENEWAL

In addition, the considerations offered above regarding BCI/FBI checks, every two years, Warren County Foster Families must renew their state license. I see three specific barriers to renewal:

### LOCAL SOLUTION: CONSIDER OFFERING TRAINING AT LOCATIONS THAT ALREADY OFFER CHILDCARE POSSIBILITIES

**40 hours of coursework are due every two years to renew.** In a two-parent home, both parents must clock all 40 hours. When we took in a pair of boys from Warren County a few years ago, with significant trauma issues, we couldn't even figure out how to deal with the laundry or the almost daily medical/therapy appointments, let alone think about taking 40 more hours off work or paying childcare (which we couldn't even find) to watch those kids while we did more training. As an educator, I highly value continuing education, but the way we do this in Warren County is a hardship for most of our families. There is almost no one to watch the children (childcare isn't provided in most cases, or in the county SWORTC classes offered). The experience of daily life with these two is a constant source of education, and we must constantly reach out to providers/specialists to teach us what we don't know, and this isn't at all reflected in current requirements. It does impose on our ability to make a living at work and manage our home and other children. Courses could also be offered in contract with YMCA's, Community Centers or Daycares that may already have facilities/staff/training to manage childcare during parent training.

### LOCAL SOLUTION: ALLOW ON-LINE RED CROSS TRAINING FOR CPR/FIRST AID

Many counties around us allow their families to do on-line renewal work, and some even the initial licensure forty-hour requirement. Warren County won't even allow the American Red Cross First Aid renewals to be done via an on-line course. **The Red Cross is considered the premier teacher of First Aid in the US, and our agency will not allow their Certificate of Completion for the on-line course to meet this renewal requirement.** This totals 8 of those 40 renewal hours and it could be done on-line, in the home, whenever foster children are sleeping!

### LOCAL/STATE SOLUTION: EXPAND OUR DEFINITION OF CONTINUING EDUCATION.

What is the goal of the education? To grow as parents? To learn new parenting skills? To learn coping strategies? A check box to mark off? If the intent is personal development, why don't we expand our consideration of what meets this, like the State of Ohio did with teachers and Local Professional Development Committees twenty years ago? These LPDC's evaluate personal learning and development experiences in exchange for the "hours" to renew a state license to teach. I have taken 3 semester hour courses several times to renew my teaching license and chosen content specifically based on my 3 adopted boys' special needs. My coursework has included teaching strategies for learners with autism, poverty background, trauma and executive

functioning problems. Each 3-semester hour college course is 30 clock hours of graduate course work, and I have been denied by WCCSB the ability to use this as a valid way to earn recertification hours. This may be the single greatest reason families chose not to renew. I have sat through several county or regional trainings put on by mediocre inexperienced lecturers that didn't add anything to my daily life raising foster children (and were not skilled in presentation or engagement). In contrast, all my professors over the years have had PHD's in their fields and are considered experts in these areas of child development. That is just one example of the types of learning we could include. Another would be hours on the job – I have logged over 150 visits to Psychiatrists and Developmental Pediatricians in the last 11 years as a foster parent. Talk about personal development! I have learned more in those visits about parenting these kids than any book or social worker could teach.

## 6. PROBLEM: FINANCIAL BURDEN/SUPPORT

Every county determines its own foster care board rate, or the amount paid to foster parents each month for the children's needs. In addition to the previous discussion of daycare costs, these monthly subsidies do not automatically continue post adoption. The costs of parenting children from trauma are much greater than you would assume from the onset. Often, these dramatic behaviors increase in severity and duration as the child ages and goes through developmental stages. From damage to our physical dwelling, to emotional and mental health struggles of biological children, to being unable to be cared for by typical sitters or means, families need the state's support after the adoption is final to shoulder the burden.

## LOCAL SOLUTION: CHANGE THE SUBSIDY REQUEST PROCESS

In our county, we require families to complete an "Adoption Subsidy Request Tool" (see below) that asks prospective adoptive parents to fill out a complicated grid where they must attempt to quantify why their child will have financial needs above the cost of raising a biological child. In my experience working with foster families this document has two large problems:

*The front page has two check boxes.*

**Warren County Children Services (WCCS)  
Adoption Subsidy Negotiation Worksheet**

**Part A: To Be Completed by Adoption Assessor**

Name of Prospective Adoptive Parent(s): \_\_\_\_\_

Child's Biological Name (First Name Only): \_\_\_\_\_ Child's DOB: \_\_\_\_\_

Is the child Title IV-E Eligible?  Yes;  No      Date Mailed/Given to Prospective Adoptive Parent(s): \_\_\_\_\_

**PART B: To be completed by prospective adoptive parent(s) prior to adoption assistance negotiation**

Initial/Date received Negotiation Worksheet \_\_\_\_\_

Date received hearing rights/responsibilities \_\_\_\_\_

Child's Anticipated Adoptive Name: \_\_\_\_\_

**Check Box 1 or 2:**

1. \_\_\_\_\_ I am able to adopt this child WITHOUT adoption subsidy. I request \$0. If you check this box, sign below and give this form to your adoption assessor. *If the child is Title IV-E Eligible, WCCS recommends that prospective adoptive parents apply for adoption assistance approval with no payment to ensure later eligibility for assistance if the child's needs warrant.*

Signature of Prospective Adoptive Parent(s): \_\_\_\_\_

2.  I request adoption subsidy for this child. If you check this box, complete the rest of Part B on the following pages.

After interviewing foster parents that are currently struggling through the financial hardship of raising a child with trauma behaviors, and asking them why they are not getting a subsidy from Warren County to support the child's needs, several state that they made to feel like they were asking for "welfare" if they checked the second box to be considered for subsidies, and that, of course, they loved the children and "were able" to adopt the child without the subsidy. The

Agency has a reputation for being tight with money and in my own experience, tends to sometimes act as if the money was actually “theirs” to hold onto. I have three adopted children who receive a subsidy, and two from Warren County receive over 90% of their monthly amount from the State checks, and less than 10% of their monthly subsidy comes from Warren County.

**LOCAL SOLUTION: CHANGE THE WAY ADOPTION MAINTENANCE SUBSIDIES ARE DETERMINED**

The document itself is very hard to fill in, without example, and adoptive families have no idea what things could be covered according to the law. I have spoken with several families so overwhelmed with the practice of putting a “financial amount on a child” that they couldn’t bring themselves to do it. From my experience, the amount that these adoptions have cost our family couldn’t be counted, and we would still do it again, but if resources were there to cover all the financial needs that are going to be connected to these kids without a bunch of arguing, negotiating and begging, it would make a huge difference. It would also enable families to PROACTIVELY plan for the future with these children in their home, and head off future issues with other family members caused by secondary trauma or burnout.

Use the following chart to document the child's current and expected special needs and services. Whenever possible, attach documentation that explains the need or concern and verifies the cost. Not all needs or concerns will be associated with a service or cost. Use a separate row to capture each specific Need/Concern/Service. Attach additional pages if necessary.

Child's special condition or diagnosis (include any physical disability or symptoms, mental health diagnosis or symptoms, learning problems, or risk factors due to child's or bio family's history)	Service or special care needed to address this condition or diagnosis. Include a brief explanation as to why the service or special care is necessary.	Who provides this service now? IF KNOWN, list name of the agency and/or professional who provides the service, address, and telephone number.	Is the cost of this service or special care covered by Medicaid? Please list Yes, No, or Unknown. If you plan to use a non-Medicaid provider for a Medicaid-covered service, please explain why.	Anticipated per-month cost of service or special care NOT covered by Medicaid. When applicable, attach documentation from the provider and/or your insurance co. of the monthly out-of-pocket cost to you.	Anticipated duration of service or special care	Annual Total

**STATE SOLUTION: CHANGE THE WAY ADOPTION MAINTENANCE SUBSIDIES ARE GIVEN.**

Other states, such as Florida, automatically offer the child a monthly standardized (based on age) subsidy, a Medicaid card, and full college tuition to a Florida state school, and these are given without asking at adoption finalization. Additional special circumstances and needs can be negotiated above the basic model. Every child adopted from foster care, in the state of Florida, is considered a “special needs adoption” by federal guidelines and Title IV-E eligible. This means they will receive Medicaid and a monthly subsidy, but also qualify for the generous federal Adoption Tax Credit, \$13810 for 2018. It costs an amazing amount to raise a child in 2019,

and families willing to take the trauma head on and go the distance should get every resource, without bullying or negotiating, to help them raise the state's children and do it well. This is our only hope of stopping the cycle of drug abuse in families. All children in our county coming from foster care or impacted by trauma should automatically fall in the category of Special Needs (the Federal Government allows that determination to be made by local CSB's). Families are not educated in this process or its long-term difference to their family when they are given those famous forms.

For perspective, here are some of the possible costs of raising a trauma exposed child from foster care (*taken from my experience and personal interviews*):

1. One spouse or the other cannot work, even in the future, due to the frequency of psychiatry/therapy and school-based calls and meetings to manage the child.
2. Holes in drywall. Urine on carpeting. Harmed pets. Stolen items. Damaged caused by inappropriate use of bodily functions.
3. Home/room reassignments, modifications, renovations to safely manage child. Alarm systems. Some children can't share a room with anyone (trauma children very frequently have terrible night times, as all the bad things in their lives seemed to happen in the dark). Spaces need to be created to allow for distance and safety for other children.
4. One medical visit downtown Cincinnati takes an average of 4 hours from start to finish from Mason, Ohio. Other issues: increased need for services, supports, gas mileage, work hours, childcare for other children during treatment, medication management.
5. IEP, Behavior Plan, ETR, Parent/Teacher Meetings are more than quadruple that of a non-trauma-exposed child in the home. Many families in our county are two-parent working families and must take off work to attend every one of these meetings.
6. Physical needs, due to malnutrition, neglect, having teeth broken out, witnessing violence, being exposed to starvation, night terrors.
7. Parental exhaustion, anxiety, sibling anxiety, marriage difficulty due to lack of any time together, adequate sleep, and connection.

**We also have an adopted child with autism, which comes up easier to parent and live with EVERY SINGLE DAY than trauma behaviors.**

STATE SOLUTION: EXPAND MEDICAID TO COVER COUNSELING SERVICES FOR ALL MEMBERS OF THE FOSTER/ADOPTIVE FAMILY IN WHICH THE CHILD IS PLACED.

Currently, many private insurers do not cover mental health/counseling services or if they do, the copays are significant. Ohio Medicaid covers counseling/therapy for the child in care, and family therapy – but the focus of that therapy is the child, and the child is usually present. I advocate for this same coverage to extend to family members, on a personal basis until the child is 18 years old. Moms or stressed out Dads or anxiety-embattled biological children may need counseling/therapy services themselves to learn personal coping strategies, and alternative forms of self-care in response to secondary trauma and burnout.

## 7. LOCAL SOLUTIONS: JUST DO ITS:

### HELP THAT HELPS:

Resources are available to families on an ongoing basis with state PASSS funding (Post Adoption Special Services Subsidy). These funds are determined by Warren County CSB. In our case, as an example, our foster care licensing worker (which processed our original license) was directly involved in our adoption subsidy negotiation, is directly involved in determining any request for PASSS funding, and also oversees subsidy renegotiation. In our case, this may or may not be a negative thing for our family, but many families feel like this works against them. It would seem appropriate for different eyes to evaluate families and their needs instead of always the same person. There seems to be a lot that cannot be covered by PASSS due to its state guidelines, which points to doing a better job locally with our original subsidy negotiation (which has a broader reach). In my experience, PASSS funding cannot precede the expense, and is only used for reimbursement. This process takes several months to receive a check, even if approval was gotten prior to the expense. I am not sure why. Some families cannot carry the debt for several months waiting to be reimbursed if they took on a large expenditure that the child needed.

[5101:2-44-13.1 Eligibility and application process for the post adoption special services subsidy \(PASSS\) program.](#)

### BUILDING A TEAM: OBSERVATIONS AND SUGGESTIONS

There is a culture of mistrust and “us versus them” when it comes to the Agency and Warren County Foster Parents. There are virtual networks where these parents try to support each other, but they also share all information that they receive, hear, or pick up. The effects of gossip versus proactive communication and transparency can't be understated. This needs to be addressed from the top down, and every bit of information that can be shared should be. The same answers should be given regardless of the social worker involved. Trying to get out in front of frequent concerns/complaints would be helpful.

The new “Foster Parent Forums” that have been held are a great idea on paper, and I have attended to observe, but the same folks tend to attend each one. Information gleaned in these sessions could no doubt help the agency make better decisions and fix broken things, but some parents have already decided that number one, change isn't coming out of these sessions, and two, many parents won't attend or share openly because the fear of retribution. To complain about a case worker or their behavior or their performance on the job creates a problem – the worker may make your life miserable as a foster parent going forward. This is due to so many things being unclear, standards being left up for interpretation by many different workers (with many levels of work, job, parenting experience), so what is good for one family to do may get a “no” from another worker. This doesn't end well for the Agency trust issue – as families share everything with each other. ***Some form of local liaison role between foster parents, WCCS and our local governing body would assist in making data-driven agency decisions, and gathering real and honest feedback on agency performance, with the only motive being the good of the children and families served.***

## LOCAL SOLUTION: CONSIDERATION AND TIMELINESS OF RESPONSE

I have referred many families to foster care in Warren County and worked with many others. One common trend of concern is timeliness of response. This encompasses everything from workers getting back to families on urgent concerns, to completing a home study in under 6 months. I have worked with several families that it took up to 12 months to get the paperwork completed on the WCCSB side and this not only violates agency policy, but it is not acceptable. In our own family we have had home studies completed in 1 month in other states or counties. This discourages new families who are ready to serve and excited to be part, while “telling” them right up front that their time isn’t valuable and worthy of being respected.

## LOCAL SOLUTION: A 360 REVIEW AS PART OF SOCIAL WORKERS AND AGENCY PERFORMANCE IS WARRANTED.

The posture of the social workers as they enter the homes of foster parents should be considered. They should consider that often they are not even parents themselves, may have way less parenting experience than those they serve, and should notice and value the contribution of the families taking in children. This is a huge sacrifice and an acknowledgement or thank you from a county worker goes a very long way in shaping up how families feel about their role as foster parents. This posture also creates an atmosphere of “team” and “problem solving” instead of rules, mandates and punitive action. This would assist us in getting families to consider staying on the team as a foster or respite provider.

Workers should be aware of the pressure on foster families from other people in the game (CASAs, or GALs, service providers, therapists, doctors, teachers, etc.) and consider this as they impose deadlines, mandates, and rules that do not come from law or agency policy, but out of an inability to think outside of the box and devise creative solutions for unique children.

Google Surveys, outside surveyors, and outside data preparation could allow our shareholders to honestly and specifically share concerns without fear of retribution and empower them to feel like they are involved in solutions to make the system better for our kids and families.

## LOCAL/STATE SOLUTION: SEEK OUT FUNDING TO CONDUCT A LARGE-SCALE SURVEY OF PAST FOSTER/ADOPTIVE PARENTS.

In Warren County, this research could show us what keeps families connected to the agency and willing to sign up again, what motivates them to encourage others to do this job, and where they are getting the support that they have. It would also enable us to identify large scale needs and gaps in our current system of support, allowing us to make data-driven decisions about where funding and resources should be focused.

Civic and Community partners and agencies could also be surveyed as way to identify what they know, need to know, and how they could help. I have found that even awareness and education make a huge difference when trying to solicit support from these partners on any level.

We also have an ethical obligation as a state-wide community to support these families and the needs that arise due to the early childhood trauma. They should not be on their own after the final hearing and left to navigate their much more complicated lives and families. Our state could offer



many kinds of supports, both financial and otherwise. Our state representatives and senators would be a great support and asset in the effort to bring change.

JUDGES, AGENCY EMPLOYEES, AND OTHER OFFICES OF GOVERNMENT MAKING AN EFFORT TO PARTNER WITH FOSTER AND ADOPTIVE FAMILIES, SEEING THEM AS FRONT-LINE WARRIORS IN THE FIGHT AGAINST THE OPIOID CRISIS WOULD MAKE A MAJOR DIFFERENCE IN OUR STATE, AND OUR ABILITY TO RECRUIT MORE FAMILIES TO DO THIS HARD, LONG-TERM JOB.

Questions that should be considered in Warren County and across Ohio:

1. **Why are foster families not allowed to attend court hearings for children they serve?** They can manage every other aspect of a child's life, and give up their own comfort for the child, but currently are omitted from the hearings. This increases distrust, and subversively undermines the idea that all are on the child's team. This also causes even more mistrust of agency workers, due to the feeling that they are getting "filtered" information regarding the child's case.
2. **What are our greatest barriers to placing older children/teens in Warren County, and why do we have no therapeutic homes?** There are some standout concerns of families who would otherwise do this job in our county. Consider local and state level changes that will add supports to families until the child is 18, including college or job skill training, legal aid, and other supports. This would help our state grow our skilled labor workforce, and provide these kids with jobs that can support their future families.
3. **When recruiting, why don't we look at our current offerings/resources/supports and lead with those?** Almost all people that I encounter to have basic conversations about adopting and foster care have no idea that it is free to adopt in our county. This is a great benefit to put out there. If we could land on future supports that we could guarantee, those would be good advertisement, as well. In Florida, our experience was that college tuition, Medicaid, and free adoption were used with recruitment of new families, and did a great job of attracting more people.

Adverse Childhood Experiences (ACE's) and Children in Care:  
<https://www.ohiocasa.org/wp-content/uploads/2017/09/F02.pdf>

Souers, K. with Hall, P. (2016). *Fostering Resilient Learners: Strategies for Creating a Trauma-Sensitive Classroom/ Alexandria, VA: ASCD.*

The National Child Trauma Stress Network <https://www.nctsn.org/>