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Children Services Transformation Advisory Council
Foster Care Forum-Central Region, Franklin County
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Good Evening. My name is Lynanne Gutierrez. I am the Policy Director and Legal Counsel for Groundwork Ohio, a nonpartisan statewide advocacy organization whose mission is to champion high-quality early learning and healthy development strategies from the prenatal period to age five that lay a strong foundation for Ohio kids, families and communities. My work has come full circle this evening, because before returning to policy and advocacy work at Groundwork, I was in private practice and I often represented children as a guardian ad litem in private custody and divorce cases and abuse, neglect, dependency cases where children services was involved. My experiences with children in crisis are what grounds my work in elevating prevention strategies in my current role. Thank you to the Advisory Council and everyone here for the work you do on behalf of children every day and for hosting this Foster Care Forum.

The state of Ohio must be visionary in its leadership when considering the transformation of the foster care system. Our systems and the children we serve face many crises and we, for good reason, spend a lot of time and resources focusing on the crisis itself and a response to that snapshot in time for the child and their family. If we are going to be truly transformative, however, we must not only acknowledge and respond to the crisis moments but shift our mindset to how we prevent crisis altogether and focus on the outcomes we desire for all kids in our community.

Think about these outcomes in terms of performance moments—those snapshots in time that indicate how much has effectively been at work to achieve the intended result. For example, achieving a Buckeye win at bowl game is a performance moment—many hours of training and countless coaches and networks of support have to contribute to that moment. Same is true for your morning cup of coffee from Starbucks--there is thought leadership, an international business model, and layers of management of human capital that ensures your order is just right at the drive-through window. When I consider some of those standout performance moments for our kids, I think about a child's first day of kindergarten when they enter the classroom ready to learn and then at the end of the K-12 pipeline, a child's high school graduation after over 18 years of love, schooling and guidance with their future plans at their fingertips.

These are some of the performance moments that we want for our children. If we are going to provide them, they require focus and vigilant measurement and evaluation. While it is paramount that we measure and assess our ability to respond in crisis to provide a safe and stable environment for a child who has been taken from their home and family, when transforming a system we cannot lose site of the outcomes that we desire for these children beyond safety alone. One primary way that we can begin to shift our mindset is to prioritize leadership behind prevention strategies. A prevention mindset requires us to plan our policies and build up our communities far before a family ever encounters the child welfare system and our planning must be informed by child development and brain science.

Brains are built on a foundation of early experiences. In the first few years of life, more than one million neural connections are formed every second. These neural connections, the brain's architecture, are formed through the interaction of baby and their environment through early enriching experiences. While genes provide a blueprint for brain architecture, neural connections must be formed through repeated use. All children are born with the ability to reach their highest potential, but connections that form early form

either a strong or weak foundation for the connections that form later. These critical interactions with adults lay the foundation for all later learning, behavior and health.

When children experience trauma and their emotional health deteriorates, they are subject to poor outcomes in these areas because their ability to form close and secure relationships, manage a full range of emotions and explore their environment is compromised. One way that trauma has been quantified is through Adverse Childhood Experiences (ACEs). ACEs are traumatic events that have the potential to cause long-lasting negative effects. During the earliest and most critical years of development, children are highly vulnerable to adversity. Almost half of all children in the United States have experienced at least one ACE, but black and Hispanic children are at much higher risk than their white peers—51% of Hispanic children and 61% of black children have had an adverse childhood experience, compared to 40% of their white peers. As the frequency and length of ACEs increase, so do the impacts on physical and mental health, academic achievement, and self-sufficiency. Ohio ranks 46th in the nation for kids having three or more ACEs, putting them at higher risk for long-lasting negative effects.ⁱ

The Adverse Childhood Experiences Study conducted in 1995 outlined ten ACEs that predict negative outcomes later in life. Today, these have been adapted to create the ACE test—an eight-question survey to determine the number of significant adversities a child has experienced. The commonly accepted questions on the ACE test ask whether a child has ever:

1. Lived with a parent or guardian who became divorced or separated.
2. Lived with a parent or guardian who died.
3. Lived with a parent or guardian who served time in jail or prison.
4. Lived with anyone who was mentally ill or suicidal, or severely depressed for more than a couple of weeks.
5. Lived with anyone who had a problem with alcohol or drugs.
6. Witnessed a parent, guardian, or other adult in the household behaving violently toward another.
7. Been the victim of violence or witnessed any violence in his or her neighborhood.
8. Experienced economic hardship “somewhat often” or “very often” (i.e., the family found it hard to cover costs of food and housing).ⁱⁱ

Nearly half of all Ohio kids have had at least one ACE and 1 in 7 kids in Ohio had three or more adverse childhood experiences, putting them at much higher risk for long-term negative effects.ⁱⁱⁱ The experiences a child has during the first several years of life shape who they become. Adverse childhood experiences have the potential to impact long-term mental health, physical health, and behaviors, including smoking, alcoholism, drug use, missed work, depression, suicide attempts, heart disease, diabetes, severe obesity, cancer, and stroke. On average, people with six or more adverse childhood experiences have a life expectancy of 60 years, which is significantly shorter than the 80-year life expectancy for people with no ACEs.

Given this critical period of time in a child’s brain development in their first few years of life, what do we know about young children in the foster care system who are experiencing the highest rates of trauma and ACEs? The following is a summary baseline of what we know about infants and toddlers in the child welfare system by the numbers:

National	Ohio
<ul style="list-style-type: none"> • 72% of children who die from maltreatment are under age 3.^{iv} 	<ul style="list-style-type: none"> • 25.7 for every 1,000 (nearly 1 out of every 39) Ohio babies under 1 year old are victims of maltreatment.^{vii}

<ul style="list-style-type: none"> • 41% of the nation’s foster care population are young children ages 0-4.^v • Infants and toddlers are removed from their homes at a rate more than double that of children ages 4-17 (6.6 per 1,000 0-3-year olds and 2.8 per 1,000 4-17 year olds entering foster care) • Infants and toddlers are more likely than older children to enter foster care because of neglect and parental drug abuse.^{vi} 	<ul style="list-style-type: none"> • 39% of Ohio’s foster care population are young children ages 0-4.^{viii} In 2019, this equates to 6,212 0-4 year olds.^{ix}
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Babies and toddlers in the child protection and foster care system are among the most vulnerable children across the nation and in the state of Ohio. With 3,200 more children in foster care during 2018 than in 2016 in the state of Ohio, and the largest growing population being young children, we must respond to their unique needs.^x Whether or not we have yet to fully understand it, the fact is that, as a result, there is a hidden early childhood system in the child welfare system. Considering the brain science and what we know about young children experiencing trauma in the child welfare system, the child protection system is integral to delivering on prevention strategies that position young children for lifelong success instead of perpetuating the impact of trauma.

While we continue to build out our prevention strategies to better meet the needs of young children and their families before they are engaged with the child welfare system, we also have to ensure that when young children and parents of young children enter into custody, that foster care placements are developmentally appropriate and aligned with the child’s unique needs.

Studies have shown that the most successful way to prevent and respond to the cycle of adverse experiences is to provide interventions for both parents and children. Successful interventions include:

- Giving parents the tools to be successful caregivers and teachers. Programs that allow parents to cultivate strong, healthy relationships with their children, such as voluntary, evidence-based home visiting, give children the emotional security required for healthy development and provide parents with the knowledge to understand their child’s needs, as well as their own.
- Helping struggling families achieve and maintain consistency and self-sufficiency. In order to provide children with the consistency they need for healthy development in the early years of life, programs like quality publicly funded child care and income assistance allow parents to work toward stable employment and self-sufficiency.
- Creating stable, nurturing environments that ensure healthy physical and emotional development for young children. Access to intimate partner violence prevention programs and mental illness and substance abuse treatment are crucial to ensuring that children can grow and thrive without the toxic stress caused by domestic violence and mental illness within the home.^{xi}

There are many opportunities to promote emotional health and prevent trauma among young families and their children before they manifest more serious problems later in life and at-risk young children need to be supported by a continuum of services to support their healthy development. Governor DeWine has already invested in some of these strategies, including evidence-based home visiting, the impacts of which we look forward to celebrating in the future. Our evidenced-based home visiting models currently funded by the Ohio Department of Health (Health Families America, Nurse-Family Partnership and Parents as Teachers) deliver outcomes that will reduce abuse and neglect among young children by empowering parents with the tools and resources they need to be successful and support their child’s development.

One intervention that deserves additional understanding and attention is infant and toddler early childhood education. Research links availability of early care and education rates of child maltreatment and involvement with the child protective services system, in addition to demonstrating positive impacts on early childhood development. Enrollment of children in foster care in early care and education services remains low, however, despite their federal categorical eligibility for Early Head Start and Head Start programs. One Oklahoma study^{xii} showed a persistent gap for young children and their families between being involved in the child welfare system and being effectively connected to programs and supports for early childhood development services.

Barriers to young children in the child welfare system being effectively connected to programs and supports for early childhood education including child care and evidence-based home visiting include the following:

- Connecting Children to Services
 - Lack of knowledge
 - Local programs are at capacity
 - Limited caregiver time to take advantage of some programs
- Enrolling Children in Services
 - Lack of knowledge
 - Local programs at capacity
 - Transportation
- Keeping Children in Services
 - Changes in placement
 - Distance to services
 - Transportation

During these series of forums, I understand that you have heard from foster families who have struggled to find and pay for child care. These families often have difficulty finding providers, especially high-quality providers who have the skills and capacity to care for children who have experienced a high-level of trauma and have other special physical and emotional needs. Given the barriers identified, there is no question that increasing state resources to build capacity in state and federally funded programs so that young children in foster care and kinship care have the benefit of accessing high-quality early childhood programs is critical. The same Oklahoma study also revealed that both early childhood education and child welfare professionals reported very low levels of collaboration. Ohio needs to think collaboratively, across child serving systems, to align and develop policies that address barriers to connecting early childhood education services to foster children and provide training to all professionals to enroll and keep children in services.

Additionally, in order to leverage new state resources, we must strategically finance and leverage Medicaid and Family First Protection Services Act (FFPSA), Title IV-E dollars available to the state of Ohio. The Ohio Department of Medicaid, through its agency leadership and the opportunity afforded by managed care plan procurement, is uniquely positioned to advance our state's kids, families and communities by investing in the healthy development of Ohio's most at-risk young children. To learn more about the ways Medicaid and managed care procurement please read Groundwork Ohio's [Response to Medicaid's Request for Information](#) and their [Addendum Response](#) available on our website at www.GroundworkOhio.org which provides additional detail and proposes a framework of how to advance a vision for young children through managed care.

As the state continues to develop its FFPSA plan, we understand that eligible candidates for Title IV-E prevention services are children who are “candidates for foster care” that must have a written foster care prevention plan that identifies them as being at imminent risk of entering care and that they can safely remain at home with parents or in a temporary or permanent kinship placement if provided trauma-informed, evidence-based services. These children and their families, among other interventions, often need mental health treatment, substance abuse prevention and treatment, in home parent skill-based programs including evidence-based home visiting and access to quality child care. FFPSA can further be aligned with not only Medicaid financing, but also other state and federal investments in early childhood education such as the Preschool (Birth through Five) Development Grant and the Child Care Development Block Grant (CCDBG) in the coming years to build the strongest system for young children in Ohio.

Most children come into foster care due to neglect, not abuse. And many children come from families impacted by substance abuse. FFPSA intervention services, similarly to early childhood development strategies, are intended to reduce neglect by addressing behaviors and situations that lead to neglect, keep children safely at home while issues are addressed and provide services for the entire family. The state must transform the child welfare system by developing and implementing an approach grounded in prevention and the science of child development that supports the healthy development of young children who are at risk of child maltreatment or have experienced the trauma of child abuse and neglect.

ⁱ Child Trends. “[The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity.](#)” (2018).

ⁱⁱ Centers for Disease Control and Prevention, Kaiser Permanente. “[Adverse Childhood Experiences \(ACE\) Study.](#)” (1997).

ⁱⁱⁱ Child Trends. “[The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity.](#)” (2018).

^{iv} U.S. Department of Health and Human Services, Administration for Children and Families, “[Child Maltreatment.](#)” (2017).

^v The National KIDS COUNT Data Center. “[Children who are confirmed by child protective services as victims of maltreatment by age group in the United States.](#)” (2017).

^{vi} Child Trends. “[Infants and toddlers are more likely than older children to enter foster care because of neglect and parental drug abuse.](#)” (2019)

^{vii} U.S. Department of Health and Human Services, Administration for Children and Families, “[Child Maltreatment.](#)” (2017).

^{viii} The National KIDS COUNT Data Center. “[Children who are confirmed by child protective services as victims of maltreatment by age group in the United States.](#)” (2017).

^{ix} Public Children Services Association of Ohio. “[PCSAO Factbook, 14th Edition 2019, State of Ohio.](#)” (2019)

^x Public Children Services Association of Ohio. “PCSAO Factbook, 14th Edition 2019.” (2019)

^{xi} Veto Violence. “[Adverse Childhood Experiences Snapshot.](#)”

^{xii} D. Bard, L. Beasley, G. Marshall and A. Peters. “[Building Stronger Partnerships Between Child Welfare and Early Child Care Education: A Resiliency Strategy for Protecting the Most Vulnerable Children.](#)”