

Proposed Guiding Principles for Cuyahoga County's Call for a "Child Wellness Campus"

CCDFCS Advisory Board Statement

Approved by DCFS Advisory Board August 2, 2023

for submission to HHS Director & Cuyahoga County Child-Serving Agencies

Context: In October, 2021 the CCDFCS Advisory Board adopted "A Call for Child-Serving Systems to Coordinate a Rapid Response Plan," which was sent to HHS Director Merriman and copied to other child-serving agencies in the county. This call was in response to the ongoing challenges of children and young adults with multiple, complex needs staying at the CCDFCS Jane Edna Hunt (JEH) building. We understand that Cuyahoga County is not alone in struggling to find appropriate placements for these complicated - often traumatized - youth, and that this multi-factorial problem requires a multi-system response. We commend the county HHS director for convening the child-serving systems across the county to work collaboratively to address this crisis, and we commend the compassionate and courageous CCDFCS staff who continue to serve our most vulnerable youth in a trauma-responsive manner. We also recognize the many steps that have been taken since our call in 2021, including: the creation of a short-term stabilization unit at The Centers; the coordination with the ODJFS rapid response team to access MSY supports; the security improvements to the child care room at JEH; the addition of enrichment programming and activities for the children; and the enhanced data collection. Despite these efforts, and those of partner county agencies to address these children in crisis, including the ADAMHS Board, the Board of Developmental Disabilities, the Juvenile Court and the FCFC, we understand that the problem persists.

Call to Action: The county refers to this as a "placement crisis," but we see this as a larger challenge to families as they struggle to manage their child's complex trauma, behavioral, mental, developmental and other health issues without sufficient resources and supports. These needs have been compounded by COVID and are by no measure unique to our county;ⁱ this is a youth- and family-serving crisis of national proportions. Although the lack of residential placements is one serious compounding factor in this crisis, the driving force behind this crisis is the lack of significant upstream preventative supports and interventions for families that are struggling. For instance, in our county, CCDFCS spends approximately \$2.5 million on prevention versus \$60 million on residential placements.

As such, we strongly urge the county to invest significantly more funding into home- and community-based prevention supports, especially for older youth with serious externalizing behaviors, such as aggression. Every family who comes to the attention of DCFS should have access to a menu of home- and community-based supports, including in-home therapists, behavioral interventionists, respite care, youth mentoring programs, and family coaches.ⁱⁱ

Home- and community-based prevention must be a priority if our county is ever going to reduce the need for residential and other deep-end, more costly interventions. Moreover, the entire community needs to ramp-up its support for the county's child- and family-service organizations as they expand their efforts to go up-stream and to support children and their families before there is a crisis.

Understanding that the county has an immediate and on-going need to support children who come into JEH, we urge the county HHS director, DCFS, and the other county child-serving systems to adopt the following **5 overarching guidelines as a foundation when considering proposals for a "child wellness campus."**

1. **Commit to expedited but appropriate placements.** Being in a facility, for even a day or two, can be deeply traumatizing and disconnecting for young people, who can quickly become “institutionalized” in their thinking and behavior. Finding a stable placement - preferably a family, kinship, therapeutic foster care, or other home-based placement - should be a priority from the moment of entry. Children should not be permitted to stay more than a specified number of days, with systemic checks in place to minimize any overrides. That said, many of the youth staying at JEH (up to 30% or more) are “frequent fliers,” suggesting that more appropriate placements initially could significantly reduce the number of youth needing “wellness campus” services in the future.
2. **Commit to being data-driven with clearly identified eligibility criteria.** The intervention should be tailored to address the top needs identified by the data collected about the children staying in JEH. A data assessment should be completed to determine the most likely/target population by age, gender, race, LGBTQ status, trauma history and mental health, substance and/or DD related needs. This data should also inform precisely defined criteria for entry and clear goals for placement, with particular attention to potential racial disparities. Such data is necessary to determine if our efforts are making a difference, for whom they are sufficient, and for whom they are not sufficient.
3. **Commit to being trauma-responsive with the least restrictive environment.** The children to be served in this “wellness campus” will all have been exposed to trauma and experience complex needs, which may present in disruptive and aggressive behaviors. It’s critical that the space and staff not further traumatize the youth. In addition to recruiting and supporting clinically astute, trauma-responsive and culturally-informed staff, the space should allow for ample movement and self-determination by the young people. Having a sense of agency is especially vital when so many other things in a young person’s life has been disrupted. Recruiting, training and retaining such exceptional, mission-driven staff will require significant investments.
4. **Attention to the Built Environment.** The space should also be youth-appropriate, calming and conducive to healing. This includes ample natural light, comfortable seating, recreational space both indoors and outdoors, access to books, art supplies and other materials and activities for self-expression and leisure.
5. **Commit to meeting the needs of complex, multi-systemic youth through comprehensive care coordination.** The “wellness campus” should include a team of related services and supports to address needs in addition to the immediate crisis, including health care, juvenile court related matters, housing issues, educational needs, therapeutic and occupational needs, family related supports (i.e. sibling relationships, incarcerated parents, etc.), and other needs identified. Comprehensive care coordination is needed to decrease the need for future visits to the “wellness campus.”

Thank you for your consideration.

ⁱ PCSAO, “Placement Crisis Affecting Children Services Report” (Feb. 2022). In a survey of 19 representative Ohio counties, found that 24% of youth entering care in 2021 were diverted from juvenile corrections (9.3%) or entered due to behavioral health needs (12.1%) or developmental/intellectual disabilities (2.4%).

ⁱⁱ Two new community efforts should be commended and promoted as part of a wider effort to keep children safely out of foster care. One includes a Family Coach who provides parenting support, financial literacy and concrete supports and referrals. Also, Providence House is opening [an eastside campus](#) that will reduce foster care placements from those eastside communities.