

FY 2024-2025 BIENNIAL BUDGET ISSUE BOOK

CREATING A VISION OF CHILD WELL-BEING FOR OHIO



OHIO
CHILDREN'S
BUDGET
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While children make up 22% of Ohio's population, they represent 100% of Ohio's future. The budget is a moral document that reflects our priorities as a state - we must do right by the children of Ohio.

Children do not come in pieces, and neither should our policy and budget decisions. We must maintain, protect, and strengthen the public resources dedicated to ensuring the wellbeing of our children in the 24-25 biennial budget.

To support the potential of each child, they must be cared for, healthy, educated, fed, and nurtured. Unfortunately, too many Ohio children are not adequately supported in all areas of their wellbeing.

The Ohio Children's Budget Coalition (OCBC), a partnership of organizations across the state committed to the health and well-being of children, was established to advocate for the needs of the "whole child" in Ohio's budget decisions. Together, we are fighting for a fair and just children's agenda that elevates equitable opportunities for all children to thrive. OCBC's recommendations represent effective investments of taxpayer dollars that help children across our great state.

State lawmakers and Governor DeWine's Administration must:

- Prioritize the whole child, including the communities they call home and the systems they depend on.
- Improve outcomes and eliminate silos by building a comprehensive, coordinated continuum of services and programs to address issues beyond the artificial boundaries of agencies and funding streams.
- Protect essential programs that promote whole child well-being. Maintain and build on previous investments that promote health, nutrition, housing security, quality child care, economic stability, strong families, quality education, and critical infrastructure, like broadband, that connects children and families to the services and supports needed during the pandemic and beyond.
- Advance budget solutions that prioritize racial equity and combat the effects of structural racism in our communities, which negatively impact child outcomes.
- Support the transition to adulthood. Childhood is a continuum and adolescent development continues through the early 20s. Many youth need additional support to successfully transition to adulthood.
- Ensure all investments go toward data and research-driven best practices, approaches, programs, and services that maximize benefits for children and families and represent an effective use of taxpayer investments.

The Ohio Children's Budget Coalition wrote the following issue briefs outlining critical opportunities to improve child well-being in this budget.

OHIO CHILDREN'S BUDGET COALITION MEMBERS

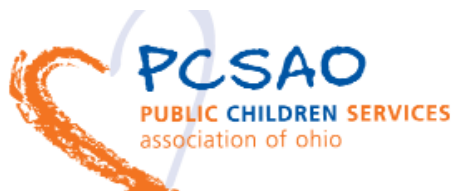




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Child Lead Poisoning

Lead is a toxin. There is no safe level of lead in the blood. Childhood lead poisoning can cause irreversible brain and nervous system damage leading to learning and behavioral challenges, lower IQ, lower academic achievement, increased hyperactivity, emotional problems, and future delinquent behavior. Over 90% of Ohio's lead poisoning cases result from dust created by lead-based paint in houses built before 1978. Young children are uniquely vulnerable to lead because their rapidly developing nervous system has no defense against toxins. Thousands of Ohio children have already been poisoned and many more continue to be exposed to lead. Over 5-years (2016-2021), 22,418 children tested for elevated blood lead levels (EBLLs), which is an undercount and does not disaggregate data by race. Ohio has the second highest rate of kids who test for EBLLs in the country.

Policy

The Ohio Department of Health (ODH)'s Healthy Homes and Lead Poisoning Prevention Program (OHHLPPP) conducts investigations to identify and abate lead hazards when children have an EBLL. All children must be tested for lead at ages 1 and 2 years if they are on Medicaid, reside in a high-risk zip code, or if other identified risk factors exist, but existing testing falls far short of this. ODH receives federal and state funding for the State Child Health Insurance Program (SCHIP) Health Services Initiative (HSI) lead program which supports some lead investigations and abatement, public education, and the Lead Safe Rental Registry. ODH relies on local health agencies to help implement the OHHLPPP; however, the lack of resources limits the effectiveness. In the most recent state budget, funding was allocated to ODH to start a first of its kind grant program for communities to establish or enhance existing lead safe programming and prevention. \$6.8 million in new grants were administered by ODH via the Lead Safe Home Fund in FY22-23. ODH also manages GRF funding for local lead prevention including the Lead Safe Home Fund in Cleveland and earmarked funding for Toledo. There is also funding for the Department of Developmental Disabilities (DoDD) which implemented expanded automatic eligibility of early intervention (EI) for children with EBLLs. The Ohio Department of Development recently received 1-time American Rescue Plan dollars for lead poisoning prevention projects and workforce development efforts.

Challenge

We know lead dust from lead paint is the most common source of lead exposure and yet Ohio does not require lead hazard remediation prior to children or pregnant women residing in a home. Instead, Ohio relies primarily on increasing public awareness and lead testing to identify and abate lead hazards after a child has been lead poisoned, rather than preventing them from being poisoned in the first place, relegating children to the proverbial “canaries in the coal mine.” The COVID-19 pandemic posed an additional challenge; keeping children inside their homes longer further exposing them to potential lead hazards while also slowing down the number of children tested.

Childhood lead poisoning requires a comprehensive solution that begins with healthy housing. No single agency is responsible for all the factors that contribute to child lead poisoning. However, it is incumbent upon agencies to work together with local and community partners to implement solutions that have a foundation in primary prevention. Furthermore, we must continue to invest in EI funding so that we are taking care of the children and families who have already been negatively affected by lead. DoDD went from serving 56 children in its first year of automatic EI eligibility for children with EBLLs, to 327 children in FY22 and further growth in the need for EI is expected.

Ohio is set to adjust its lead reference levels consistent with the CDC from 5.0ug/dl down to 3.5ug/dl. The change will enable ODH to identify more children exposed to lead earlier, allowing for a quicker response. However, to handle the increase, it will be necessary to invest in additional resources to make sure children and families have access to educational information and supportive services.

Opportunity

Governor DeWine recognizes the critical importance of primary prevention of child lead poisoning, identified as the “optimal strategy” by the CDC and the American Academy of Pediatrics. However, despite important investments in the FY22-23 budget, Ohio still is not adequately funding its lead poison prevention efforts. Over two-thirds of Ohio’s housing stock is older than 1980, many in neighborhoods that bear the brunt of historical disinvestment. If we continue at the current level of funding, it will take over a century before Ohio rids itself of lead poisoning. The funding for the state Lead Safe Home Fund, while historic, was still only enough to fund seven (7) grantees. Given the success of the program, the funding should at minimum be doubled to help expand the reach of the program to more communities in need. SCHIP continues to have a backlog and is still primarily abating houses where children have already been poisoned rather than its intended purpose of primary prevention. Particularly given how the SCHIP program leverages federal dollars, funding for this program should be maximized. Another opportunity to protect children from lead hazards at the source would be for the state to assume control of the federal Renovation, Repair and Painting (RRP) rule, which requires the use of lead safe work practices when conducting repairs in a pre-1978 unit. Granting ODH authority to manage RRP would offer a solid foundation for building a primary prevention approach. If implemented, these prevention efforts could save lives and increase job opportunities, ultimately saving taxpayer dollars. Additionally with the state considering changing the reference level to 3.5 ug/dl, Ohio needs to make

sure that the delegated health authorities have the necessary funding to handle the increased responsibilities after the rule change. Similarly, once the reference level is lowered, EI funding should increase to account for the influx of newly eligible children.

Support Child Well-Being: Budget Recommendation

Build on existing lead poisoning efforts, including workforce development, lead safe housing and critical funding for EI supports for children with EBLLs, through the following primary prevention investments:

1. Double the investment in local lead poisoning prevention innovation through the Lead Safe Home Fund which was newly created in FY22-23, in order to expand the programs reach to more regions across the state looking to start or expand lead poisoning prevention programs in their local communities (\$13 million/FY).
2. Broaden the reach and impact of the SCHIP HSI Lead Hazard Control Program by doubling the total dollars (\$20 million over the Biennium) and require that at least 50% of the funding support the Phase 2 primary prevention track which targets pre-1978 dwellings prior to a child having an EBLL.
3. Shift oversight authority for the RRP rule from the federal level to the state by designating ODH authority to enforce the program, with one-time cost of \$1.3 million.
4. Increase Services & Supports to Mitigate Harm due to Lead Exposure for Children with EBLLs through enhanced Early Intervention (EI) (approximately \$1 million of the total \$26 million/FY) & Funding for Delegated Health Authorities (\$2.5 million/FY) to accommodate additional education and supportive services with increased caseloads due to the lowering of the blood lead reference level.
5. Designate a lead coordinator within the DeWine administration to oversee and streamline communication and collaboration between the various state agencies and committees working on lead poisoning prevention related efforts, including the Ohio Department of Health, Ohio Department of Development, Ohio Housing Finance Agency, and Ohio EPA



Ending Homelessness for Children and Families

Homelessness in Ohio has [increased 30% since 2012](#) – an increase driven largely by a growing number of children entering the homeless system. Minors now account for 29% of the more than 76,000 Ohioans who experienced homelessness during a single year.

The longer a family is homeless the longer it takes a family to regain stability and provide a healthy foundation for children to thrive. The best way to fight homelessness is to prevent it.

Policy

Over the years, housing providers have developed powerful strategies to divert people away from shelters and into housing. Given the long-term, negative effects of housing insecurity on a child's health, education and economic future, homeless children must be prioritized. We are so grateful that the DeWine administration has already started to take action. He understands that now more than ever, housing is healthcare. We look forward to working with him to continue developing a range of options that will quickly move children out of homelessness into permanent homes:

- **Housing Now for Homeless Families**: Rapid Rehousing (RRH) provides wrap-around services and housing assistance to quickly move families and pregnant women out of homelessness into homes of their own. Homelessness Prevention provides immediate financial assistance to stabilize families before they lose their home. The TANF-funded Housing Now for Homeless Families, administered by the Coalition on Homelessness and Housing in Ohio, provides RRH and homelessness prevention services to help families remedy underlying challenges like unemployment, health conditions, and domestic violence to regain housing stability. Evidence shows these interventions are highly effective. In Franklin County, 82% of homeless families with minor children in emergency shelter who received RRH services successfully secured permanent housing.
- **Youth Homelessness**: The \$5 million appropriation for the Ohio Department of Health to address homelessness among youth and pregnant women is helping these extremely vulnerable Ohioans secure safe, decent housing during this pandemic. Given the long-lasting impact the public health crisis and recession will have on this population, this line item should be continued and even expanded in the next biennial budget to support effective local programs

that are combining housing assistance with age-appropriate services to move young adults out of homelessness and into permanent housing.

- **Healthy Beginnings at Home:** Housing insecurity is one of the key factors correlated with adverse birth outcomes associated with the high rate of infant mortality, particularly among low-income Black and brown families. Healthy Beginnings at Home, a pilot project in Columbus funded in part by Ohio Housing Finance Agency (OHFA), greatly improved birth and health outcomes for extremely low-income pregnant women and new mothers who received time-limited rental assistance coordinated with healthcare and social services. This effort should be continued and expanded to additional communities with very high rates of infant mortality.
- **Ohio Housing Trust Fund:** The OHTF is the primary source of state funding for local homeless and affordable housing programs. Over the past 25 years, the OHTF has generated over \$1 billion for affordable housing development and preservation projects, home repair and accessibility programs for seniors and Ohioans with disabilities, and local homeless services agencies throughout the state. However, the growing shortage of affordable housing has outstripped OHTF revenue. Even with a modest fee increase in the last budget, the OHTF will generate less revenue than the \$50 million/year that it produced over 15 years ago. A well-funded Housing Trust Fund will leverage far more private and federal resources to empower the State to respond more aggressively and effectively to the urgent and increased housing needs in the wake of the Covid-19 pandemic.

Challenge

Ohio faces a broad range of housing issues that limit opportunities for people to succeed. Most concerning is the fact that increasing numbers of children and families are entering the homeless system each year. There are nearly 22,000 children in Ohio's homeless system each year – a number that is rapidly increasing. Children who experience homelessness are at much greater risk for long-term problems with physical and mental health, academic achievement, and future economic success.

Also disturbing is the fact that African-Americans are vastly over-represented in Ohio's homeless population. Black Ohioans are only 13% of the state's residents, but make up nearly 50% of the homeless population.

Fortunately, homelessness is a solvable problem. Over the last decade, veteran homelessness has dropped by 56% in Ohio and chronic homelessness has fallen by 61%. These populations were given priority through effective Housing First interventions, like supportive housing; a modest increase in federal funding; and improved collaboration among governmental and nonprofit agencies. Applying the same kind of strategic focus that worked to reduce veteran and chronic homelessness can work to move thousands of children and families off the streets into stable homes.

Opportunity

Housing is universally acknowledged as a critical need for those trying to overcome addiction or mental illness, children aging out of foster care, people with disabilities exiting institutions, seniors facing premature nursing home placement and mothers trying to raise healthy babies. When it comes to children's homelessness and the growing lack of affordable housing, the DeWine Administration has the opportunity to build a brighter future for struggling families.

Support Child Well-Being: Budget Recommendation

- \$25 million annual TANF allocation to Housing Now for Homeless Families
- Build on the \$5 million for ODH program for homeless youth and pregnant women
- Invest \$3 million to extend and expand Healthy Beginnings at Home pilot by adding communities with high rates of infant mortality
- Expand the Ohio Housing Trust Fund



Youth Incarceration

“Since I was 11 I’ve been involved with the system. It has put more traumatizing effects on my life than recovering effects. This system only breaks down our mind and worsens us...when I found out how much money Ohio spends per teenager on locking us up, it made me want to cry.” —Davion, incarcerated in Ohio, age 22

Juvenile incarceration is a high-cost policy with a low return on investment. Each year, Ohio spends an average of \$293,722 per year to incarcerate one child—money that can and should be invested more effectively. This number has increased significantly in recent years. In 2018 the per diem average cost to per child was \$534.96 compared to 2022’s \$804.72- an increase of 34%. Incarceration inflicts bodily harm on youth, is rife with racial disparities, restricts opportunities for youth to become well-educated and financially stable, and does not improve recidivism rates. Upstream investment in Ohio’s children will prevent their involvement in the juvenile justice system. In the meantime, the state should shift spending away from youth confinement and towards local and community alternatives with robust data collection that ensures programs treat the root causes of issues that lead to justice involvement.

Policy

After closing five youth prisons between 2007-2019, Ohio’s Department of Youth Services now operates three, called juvenile correctional facilities (JCFs), along with eleven community corrections facilities (CCFs) and three alternative placement facilities. In FY22 there was a daily average of 431 youth held in JCFs, 180 in CCFs, 52 in alternative placements and 215 on parole, not including the youth in additional county-run facilities across Ohio which are not administered by DYS. Over the past 15 years, Ohio has reduced its youth prison population as the state has shifted to prioritizing more successful investments and decreased its reliance on punishment. However, DYS still spends millions more on youth prisons that it does on its most effective diversion programs, including Targeted RECLAIM, Competitive RECLAIM, and the Behavioral Health Juvenile Justice (BHJJ) initiative.

Challenge

Ohio’s incarcerated youth have been subject to excessive use of force and the highest rate of sexual victimization in the nation. Most youth in DYS care require mental health treatment, but confinement often exacerbates mental health issues and is associated with worse overall health outcomes later in life. Youth incarceration does not reduce recidivism and can actually increase it compared to more

humane approaches. Incarcerated youth, 48% of whom require special education, receive poor education, face overwhelming challenges in transferring educational credit and are therefore less likely to return to schooling outside and less likely to graduate high school or go to college. They are also more likely to experience a reduction in wages and work, all hindering their ability to pursue stable employment. These collateral consequences impact Black youth disproportionately, who currently make up 66% of incarcerated youth in DYS and alternative facilities despite only being 14% of Ohio’s youth population—a culmination of the racially biased treatment that they receive at each level of the justice system.

Opportunity

Youth incarceration has declined across the country since the mid-2000s, and Ohio has been a national leader in the trend. Unfortunately, although the number of incarcerated youths has dropped, funding has not been diverted from incarceration at the same rate. This creates an opportunity for Ohio to take the rational step of more effectively funding our children and our futures. Around the country, there are alternative models of youth justice that are adaptable to local contexts in Ohio – these models are focused on developing partnerships and continuums with community members, community organizations and non-profits, which are more cost-effective and better positioned to serve justice-involved youth, particularly Black youth and youth of color. Along with shifting towards a community-engaged and led approach, we can move funds to our existing alternative programs. Youth served by BHJJ programs have seen improvements in trauma symptoms, substance abuse, and school performance, and those served by Targeted RECLAIM have been less likely to reoffend. Between 2017 and 2019, 81% of youth in the state’s juvenile diversion program successfully completed the program and 79% of youth reduced their contact with police while in treatment. These initiatives still serve high-need children while costing a fraction of the cost of incarceration in an Ohio youth prison and could therefore serve more youth who are currently being subjected to confinement. Incarcerated children often have persistent unmet needs: poverty, racism, substance abuse or addiction, mental health challenges, homelessness, and various other environmental and social risk factors. Many of these are also multi-system youth. One straightforward solution across the country has been justice reinvestment, which reduces unnecessary incarceration and intentionally invests the savings into services and systems that treat the risk factors which negatively impact our youth— getting at the root of the issue by diverting youth away from juvenile court involvement and incarceration.

Support Child Well-Being: Budget Recommendation

Ohio’s current spending priorities do not effectively serve justice-involved youth. To prevent children’s further involvement in juvenile court, Ohio should pursue the following evidence-based recommendations:

- Focus on upstream investment in systems and programs that particularly reach low-income children and families who are criminalized and under-invested in (disproportionately Black Ohioans). Mechanisms to increase community safety long-term include adequate healthcare,

high-quality education, stable employment and income, safe and affordable housing, and food assistance. These are the conditions that children need to grow into successful and productive members of society.

- Reduce reliance on youth confinement, which ultimately doesn't increase community safety, and use the savings to expand alternative programs. We should expand demonstrably positive efforts within DYS's Targeted RECLAIM, Competitive RECLAIM, and Behavioral Health Juvenile Justice initiative, as well as adapt and adopt effective models from across the country. Funding should be flexible to foster partnerships and continuums with community members, community organizations and non-profits.
- Alternatives to incarceration should be accompanied by robust data collection, evaluation, and oversight to ensure state dollars are being spent justly and effectively on trauma-informed and healing-centered approaches rather than on the harsh or traumatizing conditions of juvenile confinement.



Strengthening Ohio Medicaid Can Help Ohio Kids Thrive

Young children need uninterrupted access to health insurance to thrive. Brain development is most rapid in the early years of life, and infants and young children need quality health care to ensure they get and stay on a path to success. Pediatricians recommend frequent visits in early years to track progress toward developmental milestones, detect and address social, emotional, or developmental delays prior to beginning school, and minimize unnecessary, long-term harm and costs.

Challenge

Children in Ohio aren't getting the care they need. Ohio can and should be doing a better job of providing care to families and children — particularly those who are covered by and/or eligible for Medicaid.

- Medicaid covers 1,428,755 children in Ohio. But administrative barriers and red tape cause many eligible children to fall off and re-enroll. In 2019 alone, more than 23,000 children lost their Medicaid coverage, and over 70 counties saw child enrollment declines — without corresponding gains in private insurance coverage.
- Ohio ranks poorly in several [Child Core Set measures](#). According to data highlighted by the [Georgetown Center for Children and Families](#):
 - 4.4% of children under age 6 are uninsured
 - Only 61% of Ohio children complete well-child visits in first 18 months
 - Only 62% of children aged 2 have the required immunizations.
 - Only 29% of eligible children received preventive dental services.
- When it comes to overall child well-being, Ohio fell from 27th in 2019 to 31st in 2020 ([2022 Kids Count Data Book](#)).
- Ohio ranks 47 out of 50 states on health value, meaning that Ohio spends more on healthcare and experiences worse outcomes than people in most other states ([2021 HPIO Health Value Dashboard](#)).

How can Ohio address these poor child health outcomes?

Support Child Well-Being: Budget Recommendation

Continuous early childhood Medicaid eligibility can help us get back on track. One important way to ensure Ohio kids are getting the care they need is to offer continuous Medicaid eligibility from birth to age 6. Allowing children with Medicaid to maintain their coverage regardless of temporary household income fluctuations will:

- Give children consistent access to the well-child visits, vaccinations, and specialty care they need to start school ready to learn.
- Help low-income parents stay focused on getting their kids to the doctor without worrying about whether visits will be covered from one month to the next.
- Allow families to seek care before small health issues turn into expensive problems.
- Address racial health disparities by reducing the gaps in coverage that disproportionately affect nonwhite children.
- Reduce administrative burden and costs to the state and drive more efficient spending.

Strengthen Medicaid/CHIP to allow coverage for children in families up to 300% FPL

- Ensuring that ALL children in Ohio have access to affordable, quality health care during all stages of development is essential to their future health and success.
- As the cost of dependent coverage for employer-sponsored insurance continues to increase, expanding Medicaid and CHIP income eligibility would give more children access to affordable coverage.

Medicaid coverage of Doula services.

There is a strong and growing body of evidence that access to doula care during pregnancy reduces the incidence of preterm birth, the prevalence of cesarean births, and increases positive birth experience and healthy outcomes for both mother and child. In 2018, there were 13,845 preterm births in Ohio, representing 10.3% of live births. According to The Ohio Perinatal Quality Collaborative a preterm birth in Ohio costs \$32,000. Doulas provide emotional, physical, and educational support to a mother who is expecting, is experiencing labor, or has recently given birth.

Increase utilization of Ohio's Evidence-based Home Visiting Programs (Help Me Grow)

Home visiting programs are one proven approach to mitigating infant mortality. For every \$1 invested in home visiting programs, the state return on investment is \$6. Ohio increased its investment to \$80 million over the biennium in evidence-based home visiting programs in the FY 22-23 budget. Ohio should continue to fully fund the Help Me Grow program at current levels.

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Expand Access to High Quality Child Care

Every child, regardless of race, class, or zip code, deserves to be safe, cared for, and educated. High quality child care provides care for our children and helps prepare them to be successful in school and their future. Child care also keeps our economy running and helps parents stay in the workforce.

Policy

Ohio's publicly funded child care (PFCC) program helps make child care affordable for working parents. PFCC is available to children of working parents at or below 142 percent of the federal poverty level (a family of three making \$32,703 a year or less) or 150 percent of the federal poverty level for children with special needs. Once qualified, families can continue to participate in the program until they surpass 300 percent of the federal poverty level (which is \$69,090 for a family of three). PFCC is administered by the Ohio Department of Job and Family Services.

Challenge

When children receive high quality early education, they are more likely be ready for kindergarten. Often kids whose parents are paid low wages have greater challenges, because their parents work longer and irregular hours to make ends meet. It's also harder for families with low incomes to afford high-quality child care. This challenge leads to a disproportionate impact on Black children and children in rural areas. As a result, only 22% of Black children and 38% of Ohio kids start kindergarten ready to learn (Ohio Department of Education, 2022). Regardless of race or zip code, when children start behind, they often stay behind.

Many parents can't afford high quality care. Infant care in Ohio costs an average of \$9,697 per year — almost the same as in-state public college tuition. A single mother of two, being paid \$17-an-hour spends half her income on child care. She makes too much to qualify for PFCC, but she makes too little to afford high quality child care and other basics to support her family.

Today working parents who are paid low wages have fewer options than before the pandemic. Over the past two years, 798 child care programs have permanently closed in Ohio (Ohio Department of Job and Family Services, 2022). Action for Children found that more than one in five child care programs

permanently closed in Central Ohio over the past two years and the proportion of programs participating in PFCC decreased by 2.6 percent, eliminating almost 3,200 slots.

Fewer child care options have forced Ohio parents, particularly Moms, to work fewer hours or leave the workforce entirely. A 2021 Public Opinion Strategies poll on behalf of Groundwork Ohio, found that more than four in 10 working parents in Ohio reported reducing hours to care for their children in the last few months. Sixty percent of non-working or part-time working moms say they would go back to work if they could find affordable, quality child care.

Moreover, child care centers are struggling with staffing because early educators are leaving the field for higher-paying opportunities. Long before the pandemic, the child care system was built on low-paid labor primarily performed by women and disproportionately Black women. Women make up 95% of the child care workforce making an median wage of just \$11.17 an hour in Ohio (US Bureau of Labor Statistics, May 2021). The low wages for work in child care and the emergence of more competitive job opportunities are major reasons why many child care providers are struggling with recruitment and retention of early educators. According to a 2022 Action for Children report, four in five center-based providers are experiencing staffing shortages and trying to hire more early educators. The shortage of workers means child care providers serve fewer families and have longer waitlists. Child care workers perform an essential role of loving, caring for and teaching our children and helping parents stay in the workforce; their wages should reflect this essential work.

Opportunity

We can fix the child care system and make Ohio the best state to raise a family. Child care has proven to be a critical support for our workforce, and it increases a child's likelihood to be ready to learn when they start kindergarten. Kindergarten readiness predicts academic and life success. As Governor DeWine recently said, "Supporting Ohio's families now will help children thrive as adults and continue leading our great state to an even brighter future." Quality child care during the critical early years of development is powerful prevention policy that offers a 13 percent return on public investment.

This is why Ohio's child care providers made a commitment to quality. All of Ohio's publicly funded child care providers are now participating in Ohio's Step Up to Quality system, including nearly a third of programs that are highly rated. With continued commitment to and investment in high-quality child care, Ohio can ensure that children from families with low incomes are positioned for success early. We know that high-quality child care in Ohio works for families and children and is good for our state's economy.

Support Child Well-Being: Budget Recommendation

- ***Stabilize the child care sector:*** Protect all current levels of state and federal funding for PFCC and increase state investment in the program to support the increased cost of operations, recover lost capacity as a result of COVID-19 and ensure that the system has sustainable funding mechanisms throughout the FY24-25 budget.

- ***Help more parents afford child care and participate in the workforce:*** Expand initial eligibility for publicly funded child care from 142 percent FPL to 200 percent FPL (which would support a family of three making \$46,040 or less) to help parents afford child care and ensure more children at-risk for not being ready for kindergarten have access to high-quality care.
- ***A brighter future for children, families, and our state:*** Support all providers serving children in publicly funded child care in achieving at least 3-stars in Ohio’s Step Up to Quality rating and improvement system to ensure kids receive the quality care they need to thrive. This includes supporting a highly skilled and fairly compensated early childhood workforce.
- ***Target resources toward infants, children and families with the greatest need:*** Evaluate programs to ensure that all kids can have a great start. Use data to target funding in ways that eliminate barriers to access and the impacts of COVID-19 based on race, rural geography and age of the child.

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Reducing Food Hardship for Ohio Families

In many ways, the pandemic threatened economic stability and exacerbated pre-existing hardships for families and children. Although families with children received some temporary support due to federal COVID relief measures, research shows that childhood hunger, which saw historic declines in the latter half of 2021, [significantly increased after the expiration of the federal expanded Child Tax Credit](#). This, coupled with other factors including rising prices for food and other basic household needs, drove households with children to seek help from the Ohio Association of Foodbanks statewide food pantry network in great numbers and with more frequency. In state fiscal year 2022, Ohio's food pantries [provided take-home groceries to help meet nutritional needs for 2.8 million children](#), which made up 28.3% of the 9.9 million people served. But need continued to climb in the latter half of calendar year 2022; Ohio foodbanks served 50.9 percent more children (829,010) from July to September 2022 than they did just a year before, when they served 549,241 children from July to September 2021.

We know childhood hunger and poverty disproportionately harms those who have been historically marginalized, including Black children, Latino children, and those living in rural communities. Addressing childhood hunger must consider how these policies will impact these communities, so that all Ohio children are nourished and ready to grow. We can all agree that even one child experiencing hunger is unacceptable. Thankfully, Ohio has the power to change that by adopting common sense policies that support children and families.

A hungry child struggles to learn, has troublesome health outcomes, and will have difficulty achieving their full potential. To be the best state to raise a family, Ohio must give children all the tools they need to thrive and view food security as an essential ingredient to family stability and overall health.

Policy

Pandemic-related changes to many nutrition programs demonstrated to Ohio families and to policymakers that these programs can be improved to better meet community needs. These changes provided more autonomy and flexibility and helped program providers reach families where they were at. During the upcoming biennial budget, Ohio can build on these lessons learned during the pandemic and invest in programs and changes that would significantly improve family stability and health outcomes for Ohio families and children. Some policies include:

- **Family-focused changes to SNAP:** The state of Ohio can consider changes to the Supplemental Nutrition Assistance Program (SNAP) that would better support working families with children. The state can direct

the Ohio Department of Job and Family Services (ODJFS) to consider families with gross incomes at or below 185% or 200% of the Federal Poverty Level, rather than 130%, during eligibility determinations. This would direct more federally funded nutrition assistance to working parents and caregivers who would not have to worry about losing the benefits that help them feed their children as they climb the economic ladder toward self-sufficiency.

Additional direct certification between programs would ensure that families and children are enrolled in the programs for which they are eligible. The Ohio General Assembly could direct agencies, like ODJFS, the Ohio Department of Medicaid (ODM), and the Ohio Department of Health (ODH) to share data and work together to ensure eligible families are directly enrolled in programs like SNAP, Medicaid, and Women, Infants, and Children (WIC) based on their eligibility for other program(s). This reduces the burden on families and county caseworkers during the application and recertification processes, reducing caseload churn and freeing up resources to focus on other priorities for improving family stability.

- **Investments in the emergency food relief network:** Some hardworking families with children simply are unable to afford enough food after they have paid for housing, utilities, transportation, health care, medicine, childcare, and basic household necessities. Others need a safety net to turn to when they experience an unexpected crisis, from a car repair to lost wages due to unpaid sick days. Fortunately, the State of Ohio can continue to support Ohio foodbanks through the existing [Ohio Food Program and Agricultural Clearance Program](#), which has supported Ohio farmers and families for three decades.
- **Family-focused state tax credits:** It costs a lot to raise a family; Ohio needs to support families as it strives to attract and retain workers. A [thriving families tax credit](#) would help nearly 986,000 Ohio families and 1.8 million children under 18 and provide eligible families with an average tax refund of roughly \$1,000 a year. This tax credit would directly improve food security, as demonstrated by the [significant reductions in food insufficiency](#) when the federal expanded Child Tax Credit was available through advance monthly payments in 2021.
- **School Meals for All:** Every student in Ohio should be able to count on wholesome meals as part of their school day. During the pandemic, Ohio students received school meals at no cost to themselves or their families. Making [meals for all students](#) part of the school day reduces stigma and reduces the burden on families and schools to submit applications and determine eligibility.
- **Modernization of WIC:** We lift up the need for Ohio to modernize the Supplemental Nutrition Program for Women, Infants, and Children (WIC). The pandemic made it clear that Ohio's program needs to be transitioned to an online program, where benefits are loaded onto an EBT card like the SNAP program. Ohio is one of just 9 states still requiring in-person office visits to load WIC benefits, which led to a reduction in Ohio's WIC caseload during the pandemic at a time when more mothers, infants, and children needed support. [COVID stimulus funds were provided to Ohio specifically earmarked for improving and modernizing WIC](#), which could be used to support these priorities.

Challenge

2022 was an especially difficult year for many Ohio families. As COVID-19 cases ebbed and flowed, rising costs for basic needs deeply impacted families with low to moderate incomes who did not have the extra room in their budgets to soften the blow of inflation. This, combined with the expiration of some

pandemic-related changes to nutrition programs and other factors, has led to an increase in families with children turning to Ohio's emergency hunger relief network. This is only expected to increase in the coming months, and Ohio foodbanks are reaching a breaking point.

Opportunity

We know what policy changes would alleviate hunger and support financial stability for families. The evidence is also clear that these hunger-fighting policies would lead to better learning and health outcomes for young Ohioans. The whole state benefits when all Ohio children are given the tools to thrive. The 135th General Assembly and the DeWine Administration have the opportunity to invest in a hunger-free future for all Ohio children during this biennial budget.

Support Child Well-Being: Budget Recommendation

- Direct ODJFS to increase the gross income limit for SNAP from 130% FPL to 185% or 200% FPL to help working families get the federally funded economic support they need to feed themselves as they climb the economic ladder.
- Streamline benefit programs by directing agencies to utilize direct certification.
- Invest in school meals for all to support better learning and life outcomes for the next generation.
- Support the modernization of the Supplemental Nutrition Program for Women, Infants, and Children (WIC) to improve participation in the program.
- Invest in Ohio's emergency hunger relief network so families can turn to their local food pantry when they experience a crisis.
- Create a Thriving Families Tax Credit to support Ohio families with affording basic needs including rent, childcare, and groceries.



Hunger-Free Schools Ohio- Healthy School Meals for All

Providing healthy school meals at no cost for every student in Ohio is a critical investment in improving the health and well-being of Ohio's students, ending child hunger in schools, and strengthening our education and health system. Research shows school meals improve school attendance, academic achievement, standardized test scores, and overall cognitive function. Healthy school meals are also shown to contribute to improved mental and behavioral health outcomes, an important priority of the DeWine administration. Consumption of school meals is also linked with greater food security and improved physical and mental health outcomes.

Policy

There has never been a more important time to invest in school meals for all children. Ohio must act in this budget to avoid the child hunger cliff. Six states have passed legislation to continue providing school meals at no cost to all children (Maine, California, Vermont, Nevada, Massachusetts, and Colorado), and Pennsylvania will be providing breakfast for all students at no cost. Ohio can address child hunger by providing our children with meals during the school day so they can thrive in school. We can make the following policy decisions in Ohio's operating budget to ensure all children have access to healthy school meals.

- State supplements the cost of providing school meals that are not covered by the federal government, so schools are fully reimbursed at the "free rate" for all meals they serve.
- Provide additional resources and education for ODE to help encourage and assist school districts eligible for Community Eligibility Provision (CEP) to pursue this option to more effectively maximize federal funding and relieve local fiscal pressures impacting the program
- In the absence of budget commitments toward school meals, the administration should prioritize anti-lunch shaming policies to ensure no student is denied access to a hot meal at school. Ohio is among those states lacking an anti-lunch shaming policy.

Challenge

The federal school meal programs have played a central role in reducing hardship during the pandemic. Last school year, USDA provided waivers to schools, allowing them to serve meals at no cost to all students. Those meals were a lifeline for struggling families, but the waivers expired, leaving schools and students in Ohio without access to free school meals.

The last year has shown us that the current system is not reaching every student who needs it. Many families (close to 37%) facing food insecurity are above the Nutrition program threshold of 185%.

All school districts in our state face significant challenges in supporting students and addressing non-instructional needs of children while also being tasked to nourish our children each school day. We have heard from school districts that the financial and administrative burden of shifting back to a tiered payment system for school meals has been challenging and they worry that more students are going hungry.

Further, school districts across the state are reporting record levels of school meal debt, an indicator that families are struggling to make ends meet. This is troubling because some of our school districts have policies in place that require meal providers to take away a student's hot meal when they accrue a certain amount of school lunch debt. Today, in some districts in Ohio, a kindergartener may go through the lunch line ready to eat their hot school meal, only to have it taken away and instead handed a paper-bag sandwich because their family cannot afford the school meals. This is demoralizing and wrong. Ohio must do better.

Opportunity

America's infrastructure does not just include roads and bridges; it also includes our food distribution system and how nutritious food gets to all those who need it. Free school meals for all improves our human infrastructure by ensuring that children receive the nutritious meals they need to thrive and supporting jobs and financial viability for school nutrition departments.

We have an opportunity to prioritize Ohio's children and families and make meals accessible to every child—regardless of their ability to pay. This is something that parents overwhelmingly want for their children. In fact, in a survey of over 1300 parents and caregivers with students in k-12 schools in Ohio, 87% agreed that school meals should be provided to all students regardless of their ability to pay.

Support Child Well-Being: Budget Recommendation

- Use funding to supplement the cost of providing school meals that are not covered by the federal government, so schools are fully reimbursed at the “free rate” for all meals they serve.
- Provide additional resources and education for school districts to maximize federal funds for school meals through encouraging school districts eligible for the CEP to pursue this option to more effectively leverage federal funding and implement best practices to maximum federal reimbursements and relieving local fiscal pressures impacting the program
- The administration must, at the very least, prioritize anti-lunch shaming policies to ensure no student is denied a hot meal at school.

This issue brief was authored by: Katherine Ungar, JD, Senior Policy Associate, Children's Defense Fund-Ohio and on behalf of [Hunger-Free Schools Ohio](#) (a broad-based coalition of over 40 organizations across the state committed to fighting childhood hunger and ensuring all children have access to nutritious meals at school)

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School-Based Health Care is Critical to Supporting Children

All children deserve to be healthy and get the care they need to thrive. Student physical health, mental health, and overall wellness are critical foundations for success in school and life, but according to the 2020-2021 [National Survey of Children's Health](#), an estimated 58,000 school-age children in Ohio were not able to access needed health care. Health care in schools helps ensure that children are healthy and ready to learn and advances health equity by providing increased health care access in areas where it may be needed. Integrating the services children and families need to thrive makes schools valuable neighborhood hubs that can transform student and community outcomes.

Recent data from the Ohio Department of Education (ODE) shows about 15 percent of schools reported half of their students chronically absent during the 2020-2021 school year. Increasing access to school health services is an evidence-based strategy for (1) reducing absenteeism so that students are in the classroom and ready to learn, (2) improving access and quality of care, and (3) reducing health care costs.

Policy

School-based health services and supports are high priorities across multiple state departments: ODE's strategic plan, [Each Child, Our Future](#), and the Whole Child Framework identify physical and mental health as needs schools should address for students to have their best chance at success; Ohio's 2020-2022 [State Health Improvement Plan \(SHIP\)](#) identifies chronic absenteeism as a key priority; and the Ohio Department of Medicaid (ODM) now requires managed care organizations (MCOs) to measure their activity and effectiveness in meeting the needs of children, by partnering with schools to improve health outcomes for children. The last biennial budget, H.B. 110 – FY 2022-2023, also demonstrated a funding commitment in Ohio for student health and wellness, including funds that directly support behavioral health services in schools and delivery via telehealth, continuation of Ohio Student Wellness and Success funding, and investments to support and expand Ohio's behavioral health workforce. Beyond the budget, Ohio has also issued \$25.9M in ARPA funding to support 136 new or expanded school-based health center sites.

Challenge

Supporting the growth of students is an evergreen concern, and even more so as the state continues to recover from the COVID-19 pandemic. The following data illustrate the pandemic's negative impacts on students and highlight the need for continued robust and coordinated state investment in the academic, physical, and mental health of our children.

- **Increasing stress is contributing to mental health concerns.** The CDC reported that 62.9% of 18-24 year-olds reported an anxiety or depressive disorder, 25% said they were using illicit drugs or alcohol to cope with stress, and 25% reported that they had “seriously considered suicide in the previous 30 days.” A [review of 102 studies](#) through mid-2021 showed significant increases in addictive behavior, problematic internet use, depression, anxiety, lack of sleep, and suicidal ideation.
Ohio: In 2020, nearly 1 in 8 Ohio children, received a diagnosis of anxiety, depression, or both, up 42% - [the 10th highest increase nationwide](#).
- **Learning has been negatively impacted.** Students were about 10 points behind in math and 9 points behind in reading compared to matched students before the pandemic, according to a July [2021 McKinsey and Co. study](#) of more than 1.6 million elementary in-school assessments across 40 states. Students of color and low-income students suffered the most. Students in majority Black schools ended the school year 6 months behind in both math and reading, or 50% and 100% further behind, respectively, than students in non-majority Black districts. In addition, chronic absenteeism increased by 12%. In December 2021, [UNICEF](#) reported that learning losses from COVID-19 could cost this generation of students close to \$17 trillion in lifetime earnings.
Ohio: [Data](#) from 2020-2021 shows that eighth grade math proficiency ranged from a low of 4% for students in some Ohio districts to as high as 98% in others, and third grade reading proficiency ranged from 10% to 98%, demonstrating striking disparities based on which district a child attends.

Support Child Well-Being: Opportunities to Improve School Health

For many students across Ohio, school-based health care represents their only access to critical services such as mental health, dental, vision, chronic disease management, and immunization. However, given current health and education challenges, there is significant need for collaborative, long-term solutions that expand school-based health care and support sustainability of services for both school and health care partners. **Fortunately, in Ohio, there is a growing group of dedicated health care providers, K-12 education organizations, non-profits, and advocates for children at the forefront of this conversation, and there is a role for everyone.** The opportunities outlined below are intended to serve as a starting point for an intentional and thoughtful dialogue about school health and the role the state can play in supporting these efforts.

School Provided Health Supports:

- **Open Medicaid in Schools to all potential students.** In 2014, the federal government expanded the opportunity for Medicaid-eligible students without an Individualized Education Plan (IEP) to receive services reimbursed by the Medicaid in Schools Program. At least 16 other states, including Indiana, Michigan, and Kentucky, allow Medicaid reimbursement for students without an IEP.
- **Focus on Student Wellness and Success funds.** Student Wellness and Success Dollars in school funding were a strong start towards dedicated dollars, and the intentional focus on student wellness should be maintained. In the future, funds should be specified for use to support school-based health care partnerships, such as hiring a school nurse or wellness staff and supporting a school-based health center.

- **Utilize school funding to ensure school community resource coordinators in every school district.** These coordinators serve an essential function in the delivery of school health services by building and maintaining community and external partnerships to ensure responsiveness to student needs in their local context.
- **Expand bricks and mortar access to support school-based care.** Currently, schools are allocated a certain amount of space for school health, and schools can assign other square footage for school health if so desired. The state should reconsider the space allowances for school-based health centers to support the bricks and mortar needs to provide appropriate, quality onsite care.

Community Based Partner Supports:

- **Enhance school health services payment rates and models.** Enhance and allow for flexibility in reimbursement rates for services delivered by providers in school settings and explore alternative payment models based on metrics that support student health. Seven states, including West Virginia and North Carolina have already adopted this approach.
- **Incentivize Managed Care Organizations to offer value-based payments to community-based partners.** Pay community-based providers bonuses for meeting state-defined quality metrics that are aligned with state population health goals, including goals for behavioral health. Create more incentives in alignment with national School Based Health Alliance [metrics](#), potentially as part of the Pediatric Comprehensive Primary Care program.
- **Improve reimbursements to provide parity for physical and mental health.** Children with commercial coverage are often unable to access mental health and Substance Use Disorder (SUD) prevention and treatment in schools due to coverage gaps and low reimbursement. Insurance carriers covering physical health services in schools must be accountable for covering and adequately reimbursing licensed behavioral health providers for a full range of mental health and SUD prevention and treatment services.

Community Efforts:

- **Address workforce retention and recruitment.** The pandemic negatively impacted the health care workforce, creating more vacancies, strain, and burnout. Explore certification or internship flexibility options to increase the pool of willing employees for school health providers of every type – school based, and community based.
- **Allow for Medicaid Administrative Claiming payment for family engagement activities.** Building awareness and earning the trust and understanding of caregivers in a school district can be a barrier to creating a self-sustaining school-based health program. MAC is generally permissible for items that improve the administration of Medicaid services and compensating for family engagement will support access to care.
- **Use ARPA funds to sustain, create new and expand existing school-based health service sites.** Release American Rescue Plan Act funds to support school-based health centers and encourage new community-based partners and districts to engage in evidence-driven, innovative school-based health care partnerships to meet the needs of Ohio’s children.

This issue brief was authored by Alison Paxson, Children’s Defense Fund-Ohio, in partnership with Nikki Reis, Advocacy and Communications Solutions, and the Ohio School-Based Health Alliance.

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Fulfilling Ohio's Promise to Students. Everywhere.

In March 1997, the Ohio Supreme Court ruled in *DeRolph v. State* that Ohio did not “provide for a thorough and efficient system of common schools” as required by the Ohio Constitution. The Court ordered “a complete systematic overhaul” to remedy the state’s unconstitutional funding system. The Ohio General Assembly responded with several changes, but the Court ruled in May 2000 that further work was needed, and it gave the General Assembly an additional year to address deficiencies.

The “complete systematic overhaul” ordered in *DeRolph I* and *II* was supposed to include but was not limited to: 1) determining a base level of per-pupil funding predicated on the resources required and outcomes expected of a thorough and efficient system; 2) adequate funding for education in every school district; 3) reduction in reliance on property taxes; 4) elimination of forced borrowing to meet ordinary school district expenses; 5) adequate funding for school facilities; 6) elimination of unfunded mandates; 7) elimination of phantom revenue; 8) provisions for a statewide school facilities assessment; and 9) provisions for strict statewide academic standards, including input and output standards.

Two subsequent Ohio Supreme Court decisions upheld the *DeRolph I* and *II* decisions and found that the state’s school funding system remained unconstitutional. On May 19, 2003, the Court released the case from its jurisdiction, essentially ending further litigation, but it reiterated its earlier findings when it directed the General Assembly “to enact a school-financing scheme that is thorough and efficient, as explained in *DeRolph I*, *DeRolph II*, and the accompanying concurrences.”

For decades, Ohio lawmakers failed to agree upon and implement a school funding system that met the needs of all of Ohio’s students and the requirements of those court decisions. That changed in 2021, when the Ohio General Assembly adopted the Fair School Funding Plan in the biennial budget bill (HB 110). The Fair School Funding Plan provides a predictable student-centered formula that is based upon how much it actually costs to educate a child and how much a local community can afford to contribute toward these costs.

This groundbreaking plan – created with input from policy makers, finance experts, educators, and community members – was intended to be phased in and fully funded over six years.

However, when lawmakers adopted it in HB 110, they only agreed to fund it through the end of the current biennium (June 30, 2023). Therefore, the fight for full funding continues.

Policy

It is essential that Ohio fully implement the Fair School Funding Plan and make the necessary modifications to update the formula components. The Plan’s formula is based on student need and provides enough state resources to reduce the reliance on local property taxes. Further, the funding

plan allows school districts to plan appropriately and invest resources where they're needed to help students succeed. Implementation of the Fair School Funding Plan puts Ohio on the path toward a constitutional funding system.

Challenge

In the 134th General Assembly, there was increased legislative pressure to create a universal voucher program. These proposals (HB 290 and SB 368) would take needed resources from 90% of Ohio's children who are educated by our public schools, with little accountability for the taxpayer money. The Ohio Legislative Services Commission estimates the cost of the universal voucher program at \$1.2 billion extra per year in state revenue. This concept would drive a significant hole in the state budget while leading to worse student outcomes and a greater reliance on local property taxes to fund our public schools.

In addition, Ohio has seen a reduction in the state's income tax rates since 2005. In the previous Ohio General Assembly, there was a proposal (SB 327) to phase out the income tax over 10 years. Eliminating the state's income tax would result in a \$10.8 billion loss in revenue the first year. This loss would need to be absorbed by cutting state spending, raising other taxes, or a combination of both.

Ultimately, these proposals would jeopardize Ohio's ability to fully fund the Fair School Funding Plan and other critical state-supported services, resulting in a greater reliance on local property taxes to support public education.

Opportunity

Ohio lawmakers have a tremendous opportunity to build upon the foundation of the Fair School Funding Plan enacted in the 134th General Assembly by ensuring it is fully funded into the future. This will finally achieve our state's constitutional promise to give all children, regardless of their race, zip code, or family income, the resources needed to thrive and succeed

Support Child Well-Being: Budget Recommendation

Ohio must:

- Fulfill the promise of the Fair School Funding Plan by appropriating an additional \$1.99 billion in state aid for public education once fully implemented.
- Update the formula components with current data (i.e., property valuations, resident income, teacher salaries, etc.).
- Invest in comprehensive state studies to improve funding for students in poverty and other potential funding categories to ensure all students receive the world-class education they deserve, regardless of background or address.

This issue brief was authored by: Scott DiMauro, President, Ohio Education Association, and Melissa Clark, Government Relations, Ohio Education Association

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Systematic Solutions to the Educator Staffing Crisis

In 2022, the Ohio Education Association (OEA), which represents over 120,000 educators across the state, formed state Educator Voice Academy teams to address issues related to Teacher Recruitment & Retention and Social & Emotional Learning. From that process, OEA has laid out a comprehensive set of recommendations for addressing the growing educator shortage crisis. The following issue brief draws from these recommendations. To access the full report of the EVA, please visit the OEA websiteⁱ.

According to the U.S. Bureau of Labor Statistics (BLS), there were 21,000 fewer people employed in K-12 public schools in Ohio in September 2021 than in September 2019. This trend appears to be continuing into the 2022-2023 school year, with preliminary July 2022 BLS data showing a decrease of 17,000 employees versus July 2019 employment levels. While the data do not distinguish between teachers and others employed in the system, it is alarming that Ohio's public education workforce is 6% smaller now than three years ago. During the same period, public school enrollment in Ohio declined by 2%. Any impact of the COVID pandemic on enrollment and staffing appears to have disproportionately affected staffing levels.

A recent Economic Policy Institute (EPI) study, published on December 6, 2022, on teacher recruitment and retention issues confirmed the findings of the OEA Educator Voice Academy report. The EPI Study indicates that the "combination of substandard [educator] compensation and highly stressful working conditions...made [the education profession] a much less attractive profession than alternatives..."ⁱⁱ What is clear is that the shortage of qualified educational staff – both classroom teachers and education support professionals – have a direct and distinct impact on Ohio's public schools. The staffing crisis harms students' abilities to academically succeed and have their social and emotional needs met by caring qualified individuals. Finally, the educator shortage causes the quality and effectiveness of educators that remain in the profession by increasing the pressures of an already stressful workplace when they are forced to take on larger class sizes and caseloads and are expected to do more with less.

Policy

Addressing the educator staffing shortage will take time and require a systematic effort by policy makers at all levels – federal, state, and local – in collaboration with stakeholders in the public education community. It is imperative that educators be included in the process that develops solutions to the staffing crisis. While not all policy recommendations proposed to address this issue may not impact the state's next biennium budget, state policy must: 1) ensure all educators are compensated at a level that

reflects their value; 2) create supportive educator working conditions necessary for conducive conditions for student learning; 3) develop quality job-embedded support systems; and finally, 4) reflect a fundamental respect for educators and their professional autonomy.

Challenges

There are several distinct challenges that impact educator staffing. Both the OEA Educator Voice Academy Report and EPI study outlined recruitment and retention challenges connected to educator compensation, barriers to pre-service entry of qualified applicants, and working conditions. Additionally, there are distinct policy challenges impacting this issue. During the 134th General Assembly, legislators introduced legislation that would have censored what was taught in Ohio's classrooms and short-term fixes to this issue that would have only served to drive more individuals away from and out of the profession and erode professional standards of educators.

Recruitment Challenges

The decline in the number of university students pursuing careers in education is alarming. A report from the American Association of Colleges for Teacher Education showed that traditional teacher-preparation programs experienced a decline of 35% in enrollment over the ten-year period from 2008-09 to 2018-19. And that does not include an expected drop due to the pandemic.ⁱⁱⁱ An August WKYC report highlighted "a big drop off" in enrollment in teacher preparation programs at northeast Ohio universities^{iv}. According to the National Council of Education Statistics, completion of education programs by Ohio's higher education graduates decreased 30% between 2003 and 2021. A federal Title II report reveals 16,982 students enrolled in teacher preparation programs at Ohio's 50 college and university providers in 2019-20. In 2011-12, there were 28,502 enrolled at 51 colleges and universities in the state, representing a 40% drop.

Retention Challenges

Mounting pressures related to the COVID-19 pandemic, under-resourced schools, politicization of education, and lack of respect for educators and the education profession are leading to growing challenges with teacher retention.

During the 2021-2022 school year, the National Education Association (NEA) surveyed members across the country. A whopping 90% reported feeling burnt out, and 55% expressed an interest in retiring early or leaving the profession. The numbers are even worse among members of color. While a mass exodus of experienced educators from the teaching profession has not yet materialized, it is cause for significant concern when so many are expressing deep frustrations over what they believe is a lack of support and respect for the work they do with students. There has long been a struggle to retain educators in their first five years of teaching, but pressures of the past three years are taking their toll on those with more experience as well.

The COVID-19 pandemic has exposed and exacerbated problems that had been evident prior to 2020, including deep levels of inequity that place significant pressure on educators in high-poverty communities and communities impacted by systemic racism. Inequitable access to non-academic supports, including mental health services, as well as greater needs for nutrition, after-school care, access to technology, and physical health and safety create challenges particularly for educators in marginalized communities. Layered on top of that, especially during the early phases of the pandemic, were threats to educators' personal health and safety, concerns about their own vulnerable family members, and intense pressures related to the transition to remote learning. Perhaps not coincidentally, educators also reported having greater unmet mental health challenges than before the pandemic.

Opportunity

Despite recent policy attempts by members of the General Assembly to censor honest education (HB 322, 327, and 616 – 134th GA) and propose short term, band-aid solutions to the educator staffing crisis (SB 361 – 134th GA), there are some real opportunities to addressing the educator recruitment and retention problem in Ohio.

It is widely accepted by policymakers, education leaders (at both the local and state levels), and education stakeholders that Ohio must find a systemic and comprehensive set of policy solutions to addressing this issue. This was apparent at several Regional Roundtables convened by the Ohio Departments of Education and Higher Education at the end of October and beginning of November. At these regional convenings, state officials, local superintendents and PK-12 staff, higher education faculty, and other education stakeholders came together to discuss the educator staffing crisis and work collaboratively to identify components of a comprehensive solution. Already, stemming from these discussions, a bi-partisan group of policymakers and stakeholders are working to develop a set of systematic policy recommendations to address the educator staffing crisis in the new General Assembly.

Finally, while OEA's initial Educator Voice Academy focused on teacher recruitment and retention, it has established an Educator Voice Academy to address the education support professional (ESPs) recruitment and retention issue. Acute shortages of bus drivers, paraprofessionals, cafeteria workers, school secretaries, and other essential workers have significantly disrupted student learning, strained working conditions, and highlighted the need to invest in our ESPs. The OEA Educator Voice Academy cadre for Education Support Professionals will develop advocacy and organizing strategies to ensure every student in Ohio is served by caring, qualified support professionals who are respected, given the resources they need to be successful, and reflect the diversity of our population

Support Child Well-Being: Budget Recommendation

Ohio must ensure that all students have access to high quality, dedicated educators by creating a comprehensive set of solutions to the educator staffing crisis, that include the following:

- Increase Ohio’s state minimum teacher’s salary from \$30,000 to \$50,000.
- Fully fund the Fair School Funding Plan and provide state support to local school districts with the resources to fund necessary salary increases.
- Extend Public Service Loan Forgiveness programs and expand student loan forgiveness, grants, and scholarships to provide meaningful financial relief for those who commit to service students in our public schools.
- Strengthen educators’ retirement security by supporting a fully funded State Teachers and School Employees Retirement Systems (STRS and SERS, respectively) and repeal the Government Pension Offset (GPO) and Windfall Elimination Provision (WEP).
- Remove financial barriers for completion of pre-service requirements for teacher licensure, such as allowing student teachers to be compensated.
- Require the state to complete a comprehensive assessment of the alignment of Ohio’s teacher preparation programs with the realities of PK-12 schools.
- Seek feedback from educators on their working conditions and create a system for school leaders to act on that feedback to make necessary changes to policies, practices, and culture in schools.
- Create and maintain an accessible statewide database of education job openings to facilitate the matching of educators seeking employment with available positions and to provide a reliable source of information for the public to monitor trends in education employment in Ohio.
- Explore and support the expansion of “grow your own” educator recruitment programs and the development of Educator Registered Apprenticeship Programs.

This issue brief was authored by: Scott DiMauro, President, Ohio Education Association, Dan Ramos, Manager of Government Relations, Ohio Education Association, and the members and staff responsible for the drafting of the OEA Educator Voice Academy on Teacher Recruitment and Retention
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ⁱ OEA Press Release on Educator Voice Academy Report on Teacher Recruitment and Retention, <https://ohea.org/press-releases/2022/ohea-members-offer-solution-to-states-growing-teacher-recruitment-and-retention-crisis/>

ⁱⁱ *The Pandemic has exacerbated a long-standing national shortage of teachers*, Report by John Schmidt and Katherine DeCourcy, December 6, 2022, the Economic Policy Institute, <https://www.epi.org/publication/shortage-of-teachers/>

ⁱⁱⁱ AACTE’s National Portrait Sounds the Alarm on Declining Interest in Education Careers - American Association of Colleges for Teacher Education (AACTE).

^{iv} Northeast Ohio universities say fewer students are choosing education as a profession | wkyc.com.



Scholarships for Students with Experience in Foster Care

Promising scholarships to students with experience in foster care tells them that they matter and the adults in their lives will do their part to help them succeed. Full-ride scholarships for students with experience in foster care (SEFC) will not only increase the number who aspire to pursue higher education and complete college, but it will help them achieve financial stability earlier.

Policy

Ohio can make that promise by enacting “tuition waiver” legislation, which waives tuition, fees, room and board: the annual cost of attendance to any institution of higher education (IHE) in Ohio for SEFC, which is around \$22,000 for public institutions and \$46,000 for private according to the National Center for Education Statistics. Caidyn Bearfield, a student with experience in foster care at Columbus State Community College says:

“Nearly every fellow former foster youth that I have ever met relates to what I have endured: we were moved around extensively, often as a result of neglect or abuse experienced in a placement, and without much say in the matter. How are they supposed to be involved in the extracurriculars or have a competitive GPA and earn scholarships? Full-ride scholarships would be a life-affirming preventative measure to equip today’s foster youth to defy the statistical trends we have seen for so many decades and break the cycle.”

Challenge

Ohio trails the nation in outcomes for youth aging out of care – according to national data, at age 21, Ohio youth were less likely to graduate high school or get a GED, obtain employment, be enrolled in school, and more likely to be justice-system involved than their peers across the nation. Ohio is in the bottom 10% of states across each of these measures.

Opportunity

The research is clear, the main barriers to higher education for youth are financial, preparedness, and aspirations. Students who know they can pay for college are more likely to aspire to attend. Reducing financial barriers increases the likelihood that a student will complete their degree. A recent study in Texas shows the students who take advantage of the state's policy of waiving all tuition and fees for students with experience in foster care are 3.5 times more likely than their SEFC peers to graduate with a postsecondary education degree.

Support Child Well-Being: Budget Recommendation

1. Enact legislation that waives tuition and provides for the full cost of attendance (room, board, books, and fees) to any IHE in Ohio for SEFC, regardless of age or state of residence during foster care
2. Create a cost-sharing model between IHEs and the Ohio Department of Higher Education
3. Ensure that financial aid offices can access state funding directly so that students won't have to navigate complex systems on their own.
4. Establish SEFC-specific support groups at IHEs to provide additional academic and support services



Preventing Harmful “Hoteling” Displacement in Foster Care

In Ohio and in other states across the country, strain on the child welfare system has led to desperate situations related to how foster youth are housed. When homes or facilities aren't available, sometimes foster youth are temporarily housed in child welfare agency offices for a night, a week, or even for months. These settings are typically unsecured and unlicensed. The term “hoteling” has come to be used to describe reserving office space for foster children to live and sleep in during these unfortunate situations.¹

Ohio foster children faced with these temporary housing accommodations have often already experienced numerous challenges in life, including being a victim of abuse, neglect, and abandonment, which can lead to significant mental health conditions. All children deserve safe, comfortable, and normal housing arrangements while in the custody of the child welfare system. Ohio foster children are hotelled for many reasons, including a shortage of foster homes with the training and support to serve high-needs children, a lack of community-based support services for families, and a woefully understaffed health and human services workforce.

In this brief we assess “hoteling” in Ohio, describe the challenges that result from this practice, and share comprehensive solutions to address this crisis and enhance the child welfare system as a whole.

Policy

There are approximately 15,000 children and young adults in Ohio child welfare custody on a given day.² In contrast, there are just over 7,600 licensed foster homes, a decrease of roughly 500 homes from 2021, and 282 congregate care facilities.³ There is a stark disparity between the amount foster youth who need homes, and the amount of available licensed foster care placement settings. In recent years, desperation has forced children services staff to temporarily house some foster youth in a hotel or at county children services office buildings. Hoteling occurs as a last resort and temporary solution when there are no other safe options for these youth. One Cleveland news source asserts that 91 kids in Cuyahoga County spent at

¹ <https://thrivepenobscot.org/hoteling-the-new-term-in-the-crisis-in-foster-care/>

² <https://data.ifs.ohio.gov/FamChild/ChildWelfare.stm>

³ <https://www.fostercarecapacity.com/states/ohio>

least one night in a children services office between the months of July and November, 2022 alone.⁴

While Ohio struggles to place kids in appropriate settings, other states are battling lawsuits over the same issue. Texas is embroiled in a lawsuit originally filed in a U.S. District Court in 2011. The court initially found the state failed to protect foster children from "an unreasonable risk of harm" by hoteling them and banned the practice. Since then, Texas' child welfare department has been held in contempt of court and fined multiple times, and in 2022 again faced significant fines for non-compliance.⁵ A 2021 federal lawsuit filed in the state of Washington also ordered the state to end the practice of hoteling foster children in settings which included hotels, child welfare agency offices, and even cars. The matter was recently settled by Washington's Department of Children, Youth, and Families which promised to address the reasons foster youth end up in unlicensed settings and out-of-state placements, and provide more options for children and foster parents.⁶

Challenge

We know that hoteling kids in foster care is untenable for many reasons. Legal precedent, trauma-informed care research, child welfare best practices, and common sense dictate that this hasty solution unintentionally makes a bad situation worse. Research validates what we already know: experiences of trauma are extremely prevalent among foster youth. High-needs youth require stability and secure attachments to grow and lead healthy, productive lives.

Hoteling is not only damaging to foster youth, but it is likely bleeding state resources. In Georgia, fiscal research revealed that temporary hotel placements created "staggering costs" of \$1,200 a day per child.⁷ In comparison, residential treatment care costs approximately \$225 a day per child and foster care costs \$45 per day per child in Ohio.⁸ Regardless of location, there are known costs associated with hoteling, including wages for social workers or law enforcement personnel providing care and supervision including overnight with these displaced children. There are direct and indirect expenses associated with this, because requiring this of already-overworked public servants costs additional taxpayer dollars in the short-term and can intensify existing workforce shortages in the child welfare and criminal justice systems long-term.

Four in ten social workers anticipate quitting the profession within five years due to high stress and caseloads

Additionally, evidence suggests that foster youth are more susceptible to out-of-state placements following sleeping in a county children services office or hotel. This leads to more

⁴ <https://www.cleveland19.com/2022/11/19/children-staying-fewer-nights-cuyahoga-county-office-building-officials-still-face-huge-placement-gap/>

⁵ <https://www.texastribune.org/2022/06/06/texas-foster-care-sanctions/>

⁶ <https://crosscut.com/news/2022/06/wa-settles-lawsuit-over-practices-housing-foster-kids>

⁷ <https://khn.org/news/article/foster-care-hoteling-temporary-placement/>

⁸ <https://medicaid.ohio.gov/about-us/budget/2022-2023-budget/sfy-2022-2023-ohiorise-realigned-service-delivery>

costly and disruptive care for vulnerable youth. In fact, a 15-year-old foster youth who was hoteling in the Cuyahoga County children services office during 2021 was eventually placed in a Tennessee residential facility because there were no local congregate care placements available.⁹ This placement, which is costing Ohio taxpayer dollars to fund, is also likely taking an emotional toll on this child and his family who must be separated so he can receive care.

Finally, we believe that this problem is likely to worsen, not go away. Montgomery County Children Services has noted that a contributing factor of hoteling kids is that they “have exhibited delinquent behaviors, including violence and sex crimes, as well as behavioral health concerns.”¹⁰ The Public Children Services Association of Ohio released a report earlier this year showing that nearly 1 in 4 kids who came into children services custody last year did so primarily due to significant mental health needs, developmental intellectual disabilities, or as a diversion from juvenile corrections.¹¹

Opportunity

Governor DeWine and the Children Services Transformation Advisory Council has made incredible progress in the child welfare system improvement. Through their work, the rights of children and the resource families that care for them have been reaffirmed, a Youth and Family Ombudsmen Office has been created which establishes an independent review of youth, family, and community concerns within the system, a consistent onboarding process has been established for caseworkers, and so much more. Addressing the hoteling practice of foster youth is a necessary next step in achieving child welfare transformation in Ohio.

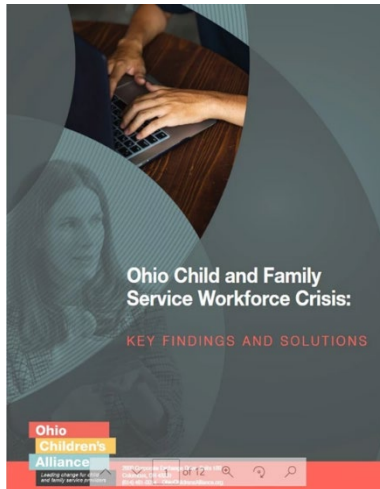
We must address the systemic underlying issues that lead to hoteling, while also investing in safer, community-based housing solutions in the interim. There are many policy and practice levers at our disposal to address the underlying problems and prevent it from ever happening. This tragic circumstance provides us an opportunity and a responsibility to enhance our efforts across the child welfare landscape in increasing collaboration, supporting foster care prevention services, adding to the pool of foster care workforce and foster parents, and investing in trauma-focused, evidence-based foster care programs. In all the work that we do, we should ensure that we make data-driven decisions that are reached through stakeholder and policy maker partnership to improve children services delivery.

Key to keeping kids out of foster care is equipping families with resources to preserve and strengthen their household. A foster care prevention approach addresses trauma experienced by children and parents, provides mental health treatment, and connects families with community resources. Empowering families with high-quality and evidence-based services promotes stability and safety. Keeping kids with their families whenever safe and possible leads to improved family outcomes and less government resources expended. We know approximately 1 out of 5 kids and families in our state lack access to sufficient and timely

⁹ <https://www.cleveland19.com/2022/11/19/children-staying-fewer-nights-cuyahoga-county-office-building-officials-still-face-huge-placement-gap/>

¹⁰ <https://www.daytondailynews.com/local/foster-home-shortage-leaves-kids-sleeping-in-agency-offices/YOGPRFLF2FHLNJ47MIXUYJG5HU/>

¹¹ <https://www.pcsao.org/news/151>



mental health services.¹² The mental health workforce crisis is a contributing factor to the access gap. Like in other health and human services fields, community mental health agencies face serious provider shortages, especially among employers that serve lower income families. Survey results we gathered from a recent Ohio Children's Alliance report shows a staggering 44% of child welfare and mental health agencies halted accepting new referrals altogether.¹³ We need to expand Ohio's workforce capacity with a particular focus on employers that serve lower income families who are at greater likelihood of coming into contact with the children services system.

In addition to the health and human services workforce shortage, Ohio lacks a sufficient supply of trained and licensed foster homes. It is estimated that between 30% to 50% of foster families quit within their first year, citing lack of support and feeling ill-equipped to meet the needs of the kids they care for as major reasons.¹⁴ The workforce crisis compounds the foster home shortage, since without an adequate workforce, including social workers, home assessors, and treatment staff, foster homes take longer to approve, children take longer to place, and families don't receive timely access to the supports they need. We are hopeful that Ohio's *It Takes Heart* caregiver recruitment and homestudy support program will adequately address this challenge. We must continue to think creatively to address the shortages of caregivers and providers by investing in proven workforce recruitment and retention initiatives and in fair salaries and benefits for community agencies.

For some foster children with intensive behavioral health needs, residential treatment facility or group home placement may be the most appropriate placement settings. However, congregate care facilities face their own workforce challenges which have crippled their ability to accept placements. In 2018, Congressional passage of the Family First Prevention Services Act placed new restrictions on the use of foster care dollars for congregate care. The legislation also codified best practices and higher standards for these facilities, but not enough funding has been dedicated to help agencies meet them. In addition, new background check requirements have caused significant barriers in hiring residential care staff. We have a critical opportunity to implement support structures and dollars to address these challenges.

Support Child Well-Being: Budget Recommendation

Task Force:

¹² <https://www.nami.org/NAMI/media/NAMI-Media/StateFactSheets/OhioStateFactSheet.pdf>

¹³ <https://www.ohiochildrensalliance.org/post/ohio-children-s-alliance-announces-release-of-workforce-report>

¹⁴ https://www.ncsl.org/Portals/1/Documents/cyf/Support-Foster-Families_32702.pdf

- ❖ Establish robust, publicly facing SACWIS reporting requirements for children services staff in state statute which will include the following information when a child is placed in an unlicensed setting:
 - What that setting is (i.e. children services building, hotel, or other location)
 - How long they were there
 - Why they were placed there
 - Their age
 - Where they transitioned to
- ❖ Develop a task force charged with producing policy and infrastructure improvements aimed at ending the use of hoteling in Ohio’s child welfare system. Task force members should include, at minimum, child advocates, county and state children services, housing advocates, foster care and mental health agencies, former and current foster youth and alumni, foster parents, and primary families who have experienced the children services system.

Prevention:

- ❖ Require that at least half of the Ohio Department of Education’s Student Wellness and Success Funds are spent on mental health treatment, prevention, or education.
- ❖ Invest in resources that connects families with timely access to community-based mental health and family preservation resources.
- ❖ Enhance Medicaid reimbursement rates for mental health services provided by community mental health agencies.

Foster Care:

- ❖ Establish a \$10 million dollar grant program for foster care and adoption agencies to enhance workforce recruitment and retention efforts.
- ❖ Allocate \$5 million to expand access to treatment-level foster caregiver training; funds to be used to pay caregivers (and applicants) and agencies for training above and beyond state hour minimums, to pay for child care for foster caregivers (and applicants), and to support peer mentorship opportunities among foster caregivers.
- ❖ Streamline regulatory environment of foster care agencies by recognizing their national accreditation as evidence of compliance with applicable state regulations.

Congregate Care Facilities:

- ❖ Require increased accountability and expediency in staff background check processes in state statute, and create clearer guidelines on whom checks are required (staff, contractors, volunteers, visitors, etc.)
- ❖ Allocate \$10 million to support congregate care facilities to achieve state Qualified Residential Treatment Provider certification and national accreditation/re-accreditation costs.

This issue brief authored by: Kate Rossman, Ohio Children’s Alliance
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Protect Ohio's kids by investing in frontline staff and upstream treatment services

Every child has tremendous potential, and we all have a shared obligation to foster and protect that potential. State and local policies, investments, services, and priorities must work together to build communities where families can thrive.

When child abuse or neglect occurs, children deserve a timely response from their county public children services agency (PCSA). Best practice should focus on strengthening the family while keeping the child safe from harm, elevating healing and building relationships. With effective services designed to support families' strengths, many children can remain safely in their homes.

When removal from the home is necessary to ensure safety, children deserve to be placed in the most family-friendly and supportive environment possible to limit further trauma. That means placing with relatives or friends (kin) first and placing in family foster care only if kin placements are not available. Placement in a qualified residential treatment program or group home (congregate care) should be rare and of short duration. Every effort must be made to reunify children with their families as swiftly as possible.

Availability of community-based services, including prevention and mental health services, alongside a well-trained, competent children services workforce, are key to achieving this vision. Gov. DeWine's proposals to strengthen family supports and expand mental health services, together with the General Assembly's goal to build a 21st century workforce, will lead to better outcomes for Ohio families.

Placement challenges:

Nearly 1 in 4 youth who came into PCSA custody in 2021¹ were diverted from juvenile corrections or entered primarily due to behavioral health needs or developmental/intellectual disabilities. Lack of community alternatives pushes these youth with multi-system needs into the children services system, even when abuse and neglect are not factors. PCSAs are nevertheless required to secure timely, appropriate placements for these youth with high-acuity needs. Nearly half of PCSAs report making 51-100 calls to private foster care networks and at least 11-50 calls to children's residential facilities before

¹ Public Children Services Association of Ohio (PCSAO) (2022). Placement Crisis Affecting Children Services Report. Retrieved from: <https://www.pcsao.org/pdf/advocacy/PCSAOPlacementCrisisReportFeb2022.pdf>. Total number of children in care was calculated by some respondents to include those who came in and out of care, a few may have used the total number of children in care vs. came into care that year, and a couple may have included where custody remained with parent. PCSAs used actual and estimated numbers to account for the youth. According to ODJFS Public Facing Dashboard, there was a total statewide of 13,105 removals in 2021.

securing a placement. This increases stress for the child sitting in the agency waiting for placement and diverts limited staff time and resources from abused and neglected children.

When a placement cannot be identified in a timely manner, PCSAs are left with the only other option: for the youth to stay at the agency. An estimated 6% of youth who came into care in 2021 had to spend at least one night at the county agency; some youth stayed for multiple nights. The top three reasons PCSAs cite for these placement challenges are lack of viable treatment foster homes, staff shortages at private provider agencies, and lack of step-down placements for youth who have met their treatment goals and no longer require such an intensive environment, limiting space for youth with more serious needs.

Opportunities

Medicaid's OhioRISE specialty managed care program and development of a new tiered foster care system by ODJFS will help. With the proper infrastructure, new prevention services that can be partially funded with federal dollars will address the needs of youth who could be better served in their homes rather than in out-of-home care (foster home, residential facility). However, these options will take time to mature and grow to scale. Thus, today's challenge will not go away anytime soon, especially with the workforce shortage impacting these sectors.

Workforce Challenges

High levels of workforce burnout, secondary traumatic stress, and associated turnover are particularly prevalent within PCSAs². Nationally, an average of 30% of workers leave their position each year; in Ohio, this average appears to be higher, with 38% of workers leaving their position in 2020³. Within children services, worker turnover is often driven by burnout and the psychological toll of the work⁴. Turnover is costly for taxpayers and can compromise the quality of services delivered to children and families, increasing the length of foster care placements and the risk of child maltreatment recurrence⁵.

Opportunities

² Graham, J. R., Bradshaw, C., Surood, S. and Kline, T. J. B. (2014). Predicting social workers' subjective well-being. *Human Service Organizations Management, Leadership & Governance*, 38(4), 405-417; Goodwin, L., Ben-Zion, I., Fear, N. T., Hotopf, M., Stansfield, S. A. & Wessely, S. (2013). Are reports of psychological stress higher in occupational studies? A systematic review across occupational and population based studies. *PLOSone*, 8(11), 1-22. <https://doi:10.1371/journal.pone.0078693>; Mor Barak, M. E., Nissly, J. A. & Levin, A. (2001). Antecedents to retention and turnover among child welfare, social work, and other human service employees: What can we learn from past research? A review and metaanalysis. *Social Service Review*, 75(4), 625-661.

³ Phillips, R., Bunger, A., & Parmenter, S. (2022). *Building a 21st Century Children Services Workforce*. The Ohio State University College of Social Work, 4-5.

⁴ Casey Family Programs (2017). *How does turnover affect outcomes and what can be done to address retention?* Retrieved from: <https://www.casey.org/turnover-costs-and-retention-strategies/>.

⁵ Ibid.

Ohio must take a comprehensive and coordinated approach to improving recruitment and retention of the children services workforce. Fortunately, a 2022 study, [Building a 21st Century Children Services Workforce](#), outlines such an approach with recommendations at both the state and local levels.

The Ohio Department of Job and Family Services recently made \$15 million available to county agencies to recruit and retain frontline staff. This grant funding, administered by PCSAO, is available for a flexible menu of interventions through June 30, 2023, and will help inform ongoing workforce strategies and investments.

Support Child Well-Being: Budget Recommendation

Address Ohio's treatment and placement crisis.

- State leaders must demand a shared commitment across state government that includes joint accountability and ownership at both the state and local levels for these youth with multi-system, high-acuity needs and their families.
- State and local leaders representing relevant systems, service providers, and areas of expertise should be convened with a sense of urgency and a clear timeline to develop and implement a comprehensive, child-centered, trauma-informed, multi-system, rapid-response approach for youth with high-acuity needs. This approach must factor in the contributing causes of the current crisis, including the complex needs of youth, the relevant market forces, and workforce constraints, as well as potential new resources, such as OhioRISE, tiered foster care, and expansion of intensive crisis services.

Stabilize and build the children services workforce.

- **Cut red tape associated with children services casework.** Children services workers want to increase their direct interactions with families and provide more prevention services to keep kids out of foster care, while spending less time on paperwork and rule compliance.⁶
- **Build understanding and public value for the children services workforce.** Caseworkers report frequent experiences of being disrespected and belittled by interagency professionals, who simultaneously expected them to resolve issues far outside their scope or capacity.⁷
- **Continue investing** in the children services workforce using proven strategies, including recruitment and retention bonuses, educational incentives, supervisor supports, workplace culture enhancements, and workload efficiencies.

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⁶ Phillips, R., Bunger, A., & Parmenter, S. *Building a 21st Century Children Services Workforce*, 19-26.

⁷ Ibid.



Paid Family and Medical Leave

Every Ohio child - no matter what they look like, where they live or who their parents are - deserves the opportunity to thrive. By investing in family-friendly and children-centered policy solutions like paid family and medical leave, we can ensure that families are set up for success and children can reach their full potential.

When COVID-19 first disrupted our way of life, Congress came together and passed the Families First Coronavirus Response Act providing emergency paid leave benefits for coronavirus-related child care reasons. However, the policy had significant limitations and expired in 2020. The U.S. remains the only industrialized nation in the world without some form of a permanent national paid leave policy. Because of that shortcoming, **only 25 percent of civilian workers have access to paid leave through their employers¹**, and the workers who need access to the policy the most have been left behind: women, people of color, and low-wage workers².

Access to paid family and medical leave promotes economic stability and workforce participation for parents and caregivers, **and the policy is integral to children's health, success, and futures.**

Policy

The COVID-19 pandemic exposed the immediate need for paid leave as families continue to slip through the cracks of the caregiving system and struggle under the strain of the crisis. There is mounting evidence of the far-reaching benefits that comprehensive and inclusive paid family and medical leave can have for children and families, as well as for businesses and our economy.

In the last four Ohio General Assemblies, state lawmakers proposed legislation to create a statewide paid family and medical leave program. Now, state leaders have an opportunity to enact a policy through the operating budget process. In order to address current racial, gender, and economic disparities in access to leave, the program should be modeled after evidence-based approaches to paid

¹ <https://data.bls.gov/timeseries/NBU1870000000000033349>

² <https://paidleave.us/plusemployertrendsreport>

leave policies that center Black, Indigenous, and other People of Color (BIPOC), women, and workers with low-wages. The policy must:

- **Include comprehensive coverage for leave**, including caring for and bonding with a newborn, new-adopted child, or newly-placed foster child; recovery after stillbirth; caring for a family member with a serious health condition; and addressing an individual's own serious health condition.
- **Cover all employers, regardless of size or sector**, including part-time workers, hourly workers, and domestic workers, and extend coverage of benefits for self-employed workers and contract workers (1099 employees) to ensure that no working person or family is left behind.
- **Provide adequate wage replacement** for all leave circumstances to make it accessible, particularly for low-wage and part-time workers.
- **Adopt an inclusive definition** of an individual who is covered by caregiving leave to ensure that everyone in the community can be cared for if they need it.
- **Provide adequate leave time of at least 12-weeks** to be utilized for parental, caregiving, or personal medical leave.
- **Guarantee job-protection, anti-retaliation, and anti-discrimination** protections for workers on leave.

Challenge

In Ohio, even *unpaid* leave under the federal Family and Medical Leave Act (FMLA) is inaccessible for 61 percent of working people, either because they are ineligible or because they cannot afford to take unpaid leave³. This can lead to working people making the impossible choice between the family they love and the income they need as they welcome a new child or face serious personal or family health needs.

Without a state policy, access to paid leave is dependent upon where a person lives or works - and access is not equal. Nationally, 48 percent of Latino workers and 43 percent of Black workers do not have access to any paid or partially paid parental leave, compared to 42 percent of white workers, which contributes to racial disparities in health outcomes and economic opportunity⁴.

Because of disparities in access to economic support, families of color, particularly Black and Latino families, experience a vast wealth gap compared to white families, and the lack of access to paid leave exacerbates the racial wealth gap. Access to paid family leave is fundamentally important not only from an economic standpoint, but also from a health perspective.

Paid leave has been shown to yield critical long-term health benefits for children and mothers:

³ <https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-leave/paid-leave-means-a-stronger-ohio.pdf>

⁴ <https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-leave/paid-family-and-medical-leave-racial-justice-issue-and-opportunity.pdf>

- Paid leave can help to address racial health disparities in maternal and infant health outcomes, and this is particularly important for Black babies who have the highest infant mortality rate of any racial or ethnic group in the U.S.⁵
- Rates of infant mortality, immunization, and breastfeeding have all been seen to improve when parents or caregivers have access to paid leave during pregnancy and after childbirth. As a result, the health benefits for babies include reduced rates of infections, allergies, sudden infant death syndrome, obesity, diabetes, childhood lymphoma, and leukemia⁶.
- Early bonding between caregivers and children has been associated with better mental health and self-esteem later in life, and it can help young children develop their ability to learn, to form positive relationships, and to exercise self-control⁷.

Opportunity

Currently, thirteen U.S. states and the District of Columbia have established statewide paid family and medical leave laws, with the state of Delaware most recently implementing paid leave in 2022. In the state of Ohio, there are more than 10 city or county governments that have enacted paid leave policies for the municipal workforce, including Columbus, Middletown, and Summit County.

States have also utilized the state budget process to act on improving or enacting paid leave or paid sick policies. For example, Michigan recently allocated \$10 million in a state budget to enact new paid parental leave benefits for the nearly 49,000 employees that work for the State of Michigan. The policy took effect at the start of Fiscal Year 2021, and it allows eligible employees to take up to 12 weeks of paid leave following the birth or adoption of a new child. Now, Ohio has a chance to join as a national leader in this work by enacting paid leave through our next state operating budget.

Support Child Well-Being: Budget Recommendation

The evidence is clear: paid family and medical leave strengthens families, reduces racial health and economic disparities, improves critical health outcomes for children, and promotes a strong economy. In the upcoming state budget, Ohio leaders should prioritize families and children by establishing a statewide paid family and medical leave program. **Providing paid family and medical leave in Ohio would take a pivotal step forward in fostering a state with healthy children and families, and it is an important tool to help Ohio’s economy rebuild from the ongoing COVID-19 crisis and impending recession.**

This issue brief was authored by: Ambur Smith, Managing Director, The Ohio Women’s Public Policy
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⁵ <https://www.americanprogress.org/issues/women/reports/2019/05/02/469186/eliminating-racial-disparities-maternal-infant-mortality/>

⁶ <http://innovationohio.org/front-page/io-analysis-the-benefits-of-paid-parental-leave/>

⁷ <https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-leave/the-child-development-case-for-a-national-paid-family-and-medical-leave-insurance-program.pdf>



Increase Family Security in Ohio

Ohio can be the best state to raise a family. Together, we can build a state where all children and families live with stability, security, and basic human dignity.

But today, hundreds of thousands of families struggle to afford food, rent, utilities and child care. Four of the 10 most common jobs in Ohio don't pay enough to feed a family of three without food assistance. Corporate price gouging is helping drive inflation and making it harder for parents to buy groceries, fill up their cars and heat their homes.

Since 2005, Ohio has shifted money away from working-class families and toward the wealthy and well-connected through tax cuts and special interest giveaways. As a result, the wealthiest 1% of Ohio households are taking home, on average, over \$50,000 every year in tax breaks. Meanwhile, Ohio households making less than \$65,000 are paying more on average in state and local taxes today compared to what they did in 2005. These tax breaks have drained around \$8 billion a year from Ohio's budget that could be improving the quality of life of kids and families across our state. This is why we are calling on state lawmakers to rewrite the tax code in Ohio to boost opportunity for children and working-class families through a thriving families tax credit.

An Ohio Thriving Families Tax Credit

A state thriving families tax credit would help with the cost of raising children, alleviate working parents of stress, and make Ohio strong in the future by setting our children up for success. This policy would:

- **Help an estimated 986,000 families pay for the basics:** Tax refunds go directly to families with children to help them afford basic necessities, like rent, food, and child care. An interactive map outlining the impact in each county is [available here](#). Families in every county would benefit.
- **Provide an average tax refund of \$1,063 each year to families who have been left out:** Most of the money from the Ohio thriving families tax credit would go directly to Ohio families who make less than \$65,000; these are the households who pay more in taxes each year on average due to changes to the tax code since 2005.
- **Provide more opportunity to families of color and families in Appalachia:** An estimated 77% (285,000 children) of Black children and 53% (1.37 million children) of white

children would benefit. An estimated 300,000 families in the 32 Appalachian counties would be eligible for the credit.

According to modeling done by the Institute for Tax and Economic Policy, an estimated 1.8 million children under 18 could benefit from a state thriving families tax credit.

Ohio Thriving Families Tax Credit	
Maximum annual tax credit amount per child	\$700
Average tax refund per eligible household	\$1,063
Number of children benefitting*	1,822,262
Number of households benefitting	985,969
Eligibility by income	Less than \$85,000 *
Eligibility by age	All children under age 18

Source: Policy Matters Ohio, based on Institute on Taxation and Economic Policy, October 2022.

*Tax filers who make \$65,000 or less with a dependent child (or children) are eligible for the maximum annual tax credit amount per child. Tax filers who make over \$65,000 will receive less than the full amount until the credit phases out at \$85,000.

Challenge

An estimated 463,841 children lived in poverty in 2021. Growing up in constant insecurity and stress harms children’s ability to learn and grow and limits their long-term opportunities. Compared to their more affluent peers, children who grow up in poverty are more likely to do worse in school, have worse health outcomes and get involved with the criminal legal system as adults.

Opportunity

These outcomes don’t have to be the norm for kids from families who are paid low wages. When families have financial stability and resources to pay for the basics, children get better grades in school, are healthier, and are paid more during their lifetime. As Gov. Mike DeWine recently said, “Supporting Ohio’s families now will help children thrive as adults.”

The expanded federal child tax credit showed how a simple solution — direct payments to families with children — could be transformative. Over 1.2 million families in Ohio had more money to pay the rent, put gas in the car, and food on the table. Nationally, an estimated 3.7 million children were kept out of poverty. Child poverty fell to a record low of 5.2% in 2021, in large part due to the expanded child tax credit.

But now, families in Ohio are facing greater hardship because the expanded child tax credit has expired. This is why Ohio lawmakers must act now. Ohio’s children are Ohio’s future.

Support Child Well-Being: Budget Recommendation

Parents and caregivers work hard, day in and day out, to give children the best possible start in life. State lawmakers can rewrite the tax code to boost economic security of children and families across the state by putting more money back in the pockets of families and increasing the economic security of thousands of families across the state. A thriving families tax credit will help Ohio's children and families succeed

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