Hamilton County Children's Services Tax Levy Review

Final Report v3.1

February 20, 2026

PUBLIC CONSULTING GROUP

Solutions that Matter

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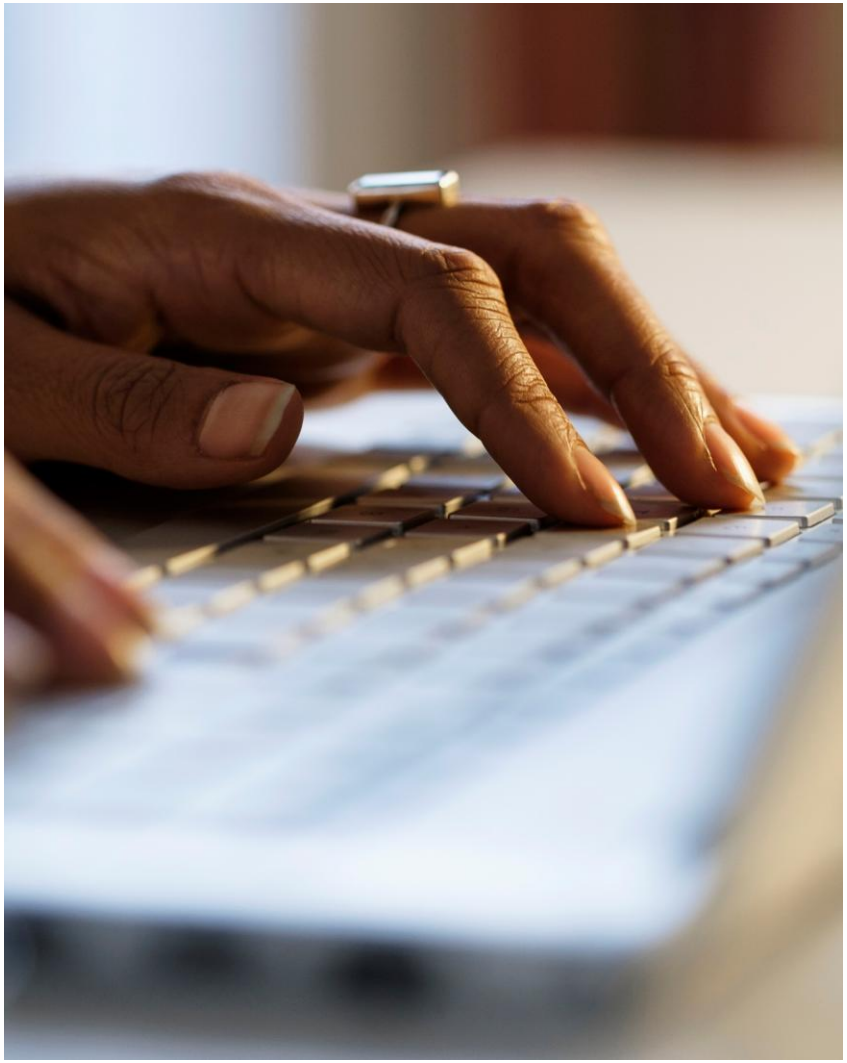


I. History and Overview of Job and Family Services (JFS) Operations

Scope of Work

Public Consulting Group (PCG) is contracted to conduct a review of Children's Services of Hamilton County Job and Family Services (JFS) and to complete the following tasks:

1. Provide a summary of prior consultant reviews since 2017
2. Perform a comprehensive financial analysis
3. Develop a comprehensive listing of mandated and non-mandated services and service levels for programming within the levy
4. Review levy purchase service contracts for children in care
5. Review JFS's efforts to increase and retain staff during the current levy period
6. Determine compliance with TLRC recommendations for the current levy cycle from the TLRC recommendation report dated June 29, 2021.
7. Review the development of the JFS Strategic Plan
8. Conduct a comparison of JFS's operations with peer organizations
9. Review levy request and prioritization at different funding levels
10. Develop recommendations for tax levy potential cost savings, revenue enhancements, and organization or program improvements
11. Make recommendations for future JFS requirements upon passage of the levy

Job and Family Services Overview

- Hamilton County Job and Family Services administers state, federal, and local programs designed to help those in need and help families work toward self sufficiency.
- The department is one of the few quadruple-combined public human service agencies in Ohio – providing public assistance, children's services, child support and workforce development programs to the community.
- The agency's duties include:
    - local child protection
    - adult protection
    - child care
    - child support enforcement
    - workforce development
    - cash assistance
    - food assistance
    - medical assistance

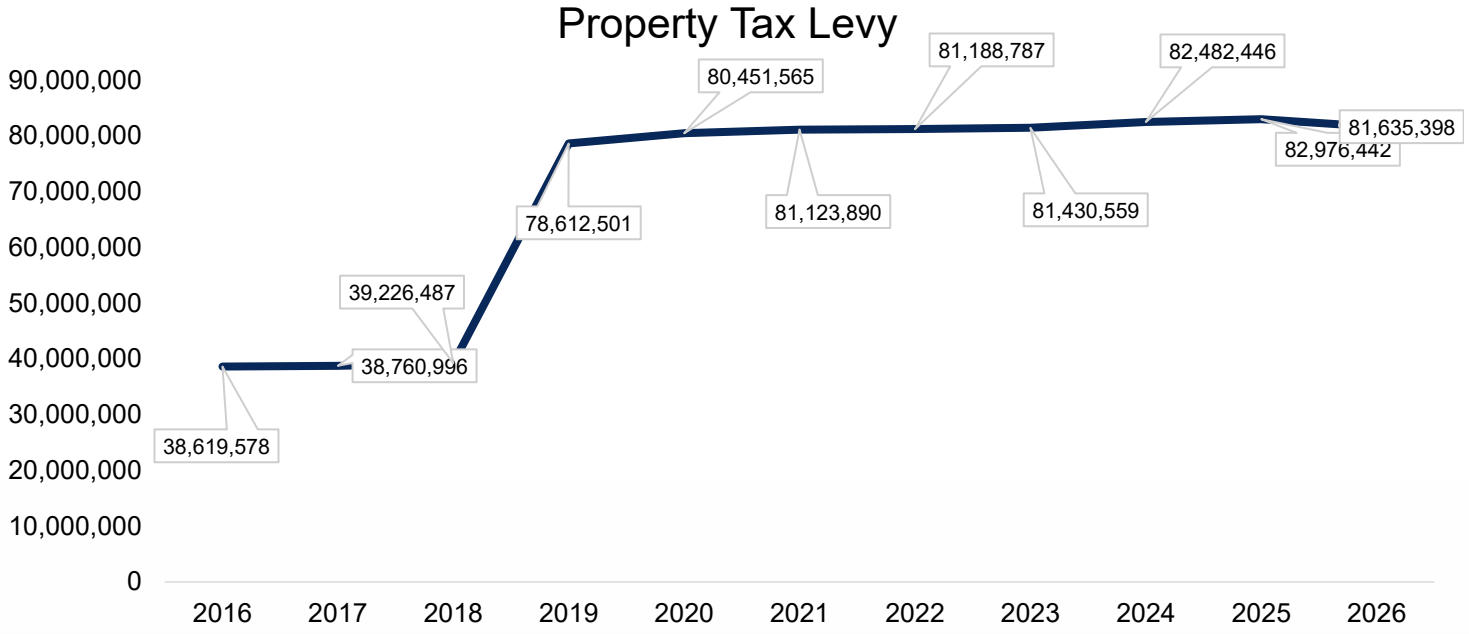
Hamilton County
Job & Family
Services

Mission: Helping our community today for a better tomorrow.

Vision: Hamilton County Job and Family Services will work passionately and collaboratively toward a community free of abuse, neglect and financial need.

Overview of Children's Services Tax Levy

- In 2018, the Children's Services Tax Levy increased from $39M to approximately $81M – or from 2.77 mills to 4.51 mills – to support a shrinking levy reserve largely driven by an increase of the number of children in Hamilton County JFS custody, an increase to the length of time children were spending in custody, and the rising cost of out of home placements. The levy increase occurred by adding a second levy to the ballot in 2018, which was approved by a vote of nearly 60%.
- The levy remained at 4.75 mills on the 2021 ballot (Issue 1) and passed with 58% of the vote.
- The tax levy costs the owner of a $100,000 home ~$81.15 annually.



- 2026 is an estimate

Peer County Levy Overview

The table below compares levies and child welfare spending across peer counties.

County	Hamilton	Cuyahoga	Franklin	Montgomery	Lucas
Population (2026)	837,000	1,241,000	1,356,000	537,000	426,000
Children in JFS Custody (as of 7/1/24)	1,936	2,145	1,562	813	806
Est. Child Welfare Spending (Most recent FY)	$162,300,000	$172,100,000	$230,600,000	$72,700,000	$63,400,000
Est. Cost per Child in Custody	$83,800	$80,200	$147,600	$89,400	$78,600
Voted Millage	4.51	9.50	5.60	3.43	5.15
Effective Millage	2.51	n/a	3.15	n/a	3.39
Est. Cost Per $100k Home	$81.15	$130.55	$110.16	$65.65	$109.88
Total Levy Revenue	$83.0M	$279.3M	$173.4M	$35.0M	$41.3M
Most Recent Levy Increase	2018	2020	2024	2014	2024

**A mill is equal to $1 for each $1000 in assessed property value.*

Overview of Previous Consultant Reports

2018 Consultant Report

In 2018, the levy was at 2.77 mils and generated approximately $39M in annual revenue. PCG found an increase to the levy was needed to support the rising numbers of children in care. From 2015 to 2017, JFS saw a 41% increase of children in JFS Children's Services custody. A mid-point review was required because JFS estimates showed that the agency would incur a deficit if it continued providing all mandated services under its current operating structure.

The report also emphasized a need for more services, the filling of vacant positions at JFS, and to support to kinship placements to meet the needs of the children and families in Hamilton County.

2021 Consultant Report

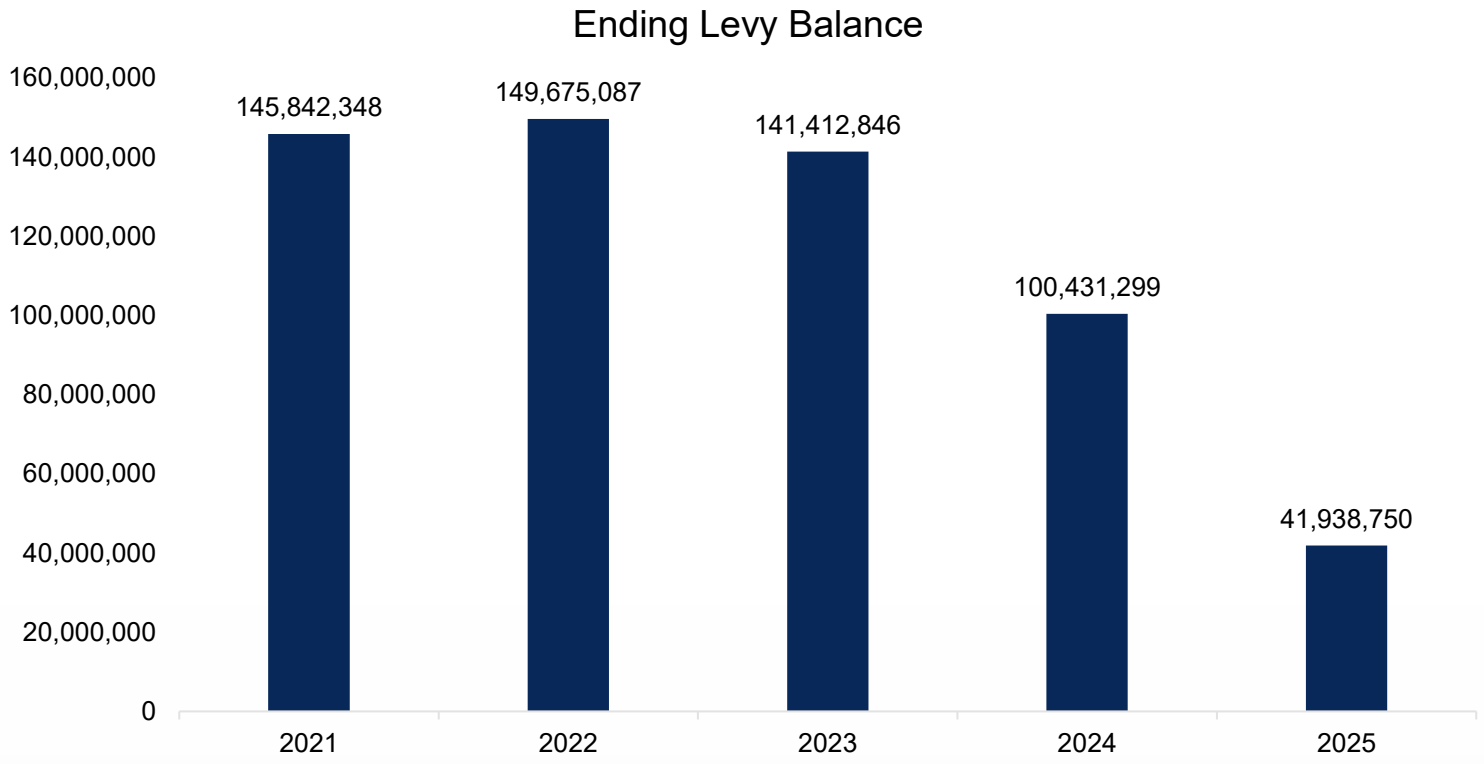
In 2021, the Children's Services Tax Levy was 4.75 mils and generated approximately $81M in annual revenue. Due to the increase in levy revenue, JFS was able to explore adding additional services outside of mandated services to better serve the community.

The report focused heavily on staff recruitment and retention and service delivery, specifically on prevention services, due to the passage of The Family First Prevention Services Act (FFPSA) in 2018. The Children's Services Tax Levy Subcommittee of the TLRC also asked PCG to review and analyze diversity, equity and inclusion across the system, as well as family poverty and homelessness issues that affect children and families in Hamilton County.

II. Financial Analysis

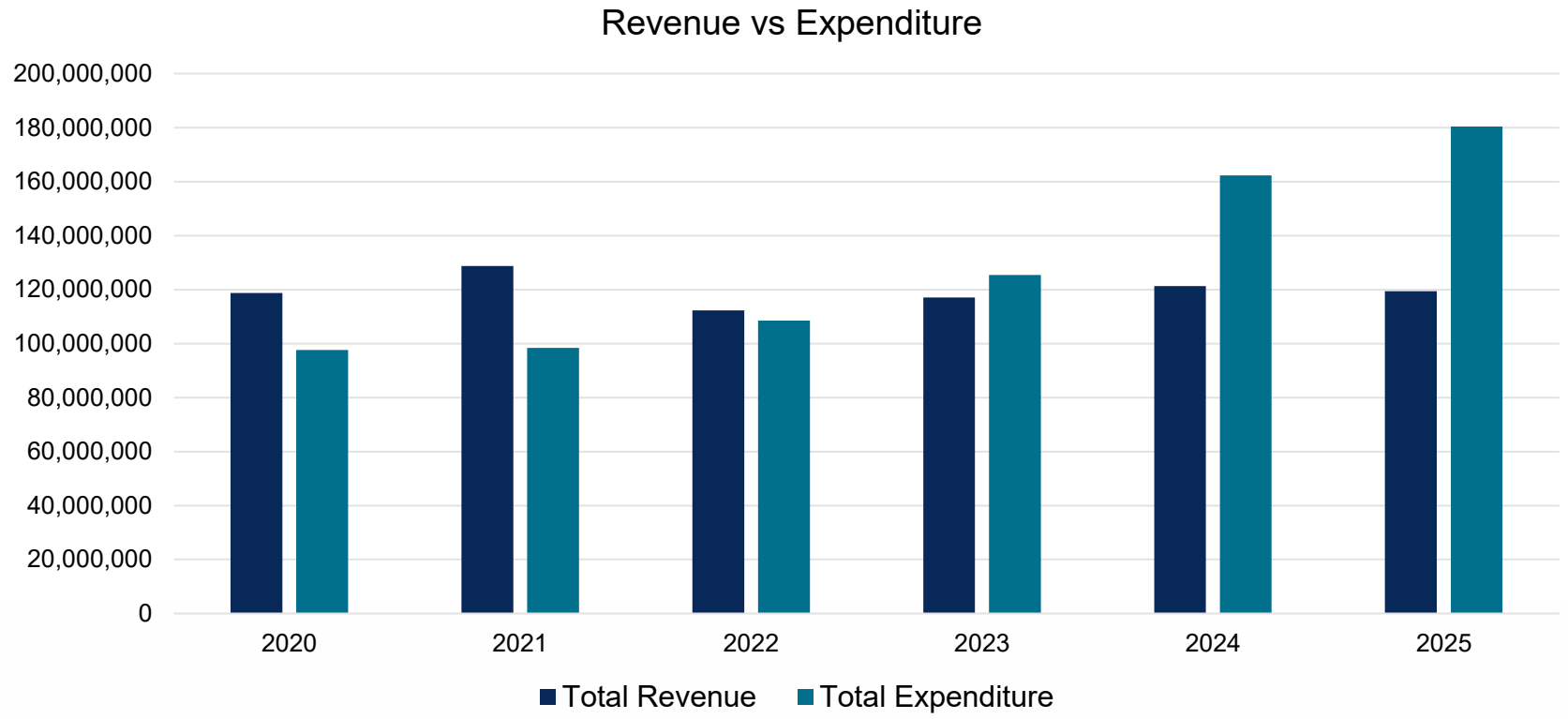
Levy Balance

The levy balance has declined sharply since 2022, dropping from nearly $150M to just $41.9M by the end of 2025. This steep reduction reflects the escalating costs of out-of-home care, which have grown exponentially and are outpacing available levy resources.



Current Levy Overview

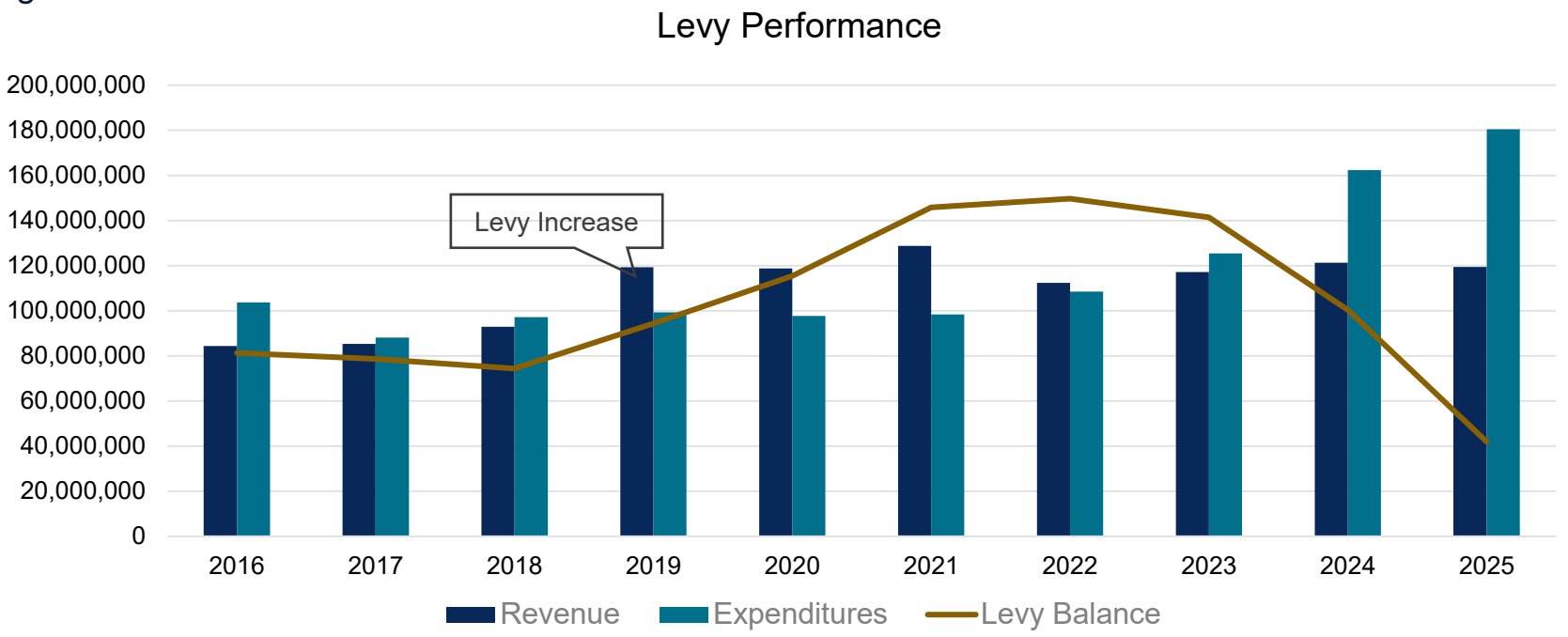
Hamilton County's levy moved from a surplus position in 2020–2022 to a deficit by 2023 as expenditures began outpacing revenues. This trend has accelerated, with spending projected to exceed revenue by a significant margin in 2025. Without corrective measures, the gap will continue to widen, signaling an urgent need for fiscal adjustments to maintain service sustainability.



- Totals shown in millions.

Historical Levy Performance

Over the past decade, expenditures have consistently grown faster than revenues, creating mounting financial pressure on the levy. From 2016 to 2025, expenditures increased by 74%, while revenues grew only 42%, despite the levy increase in 2018. This imbalance has caused the levy balance to decline sharply, dropping by 58% in 2025 alone, signaling that current funding levels are unsustainable without significant corrective action.



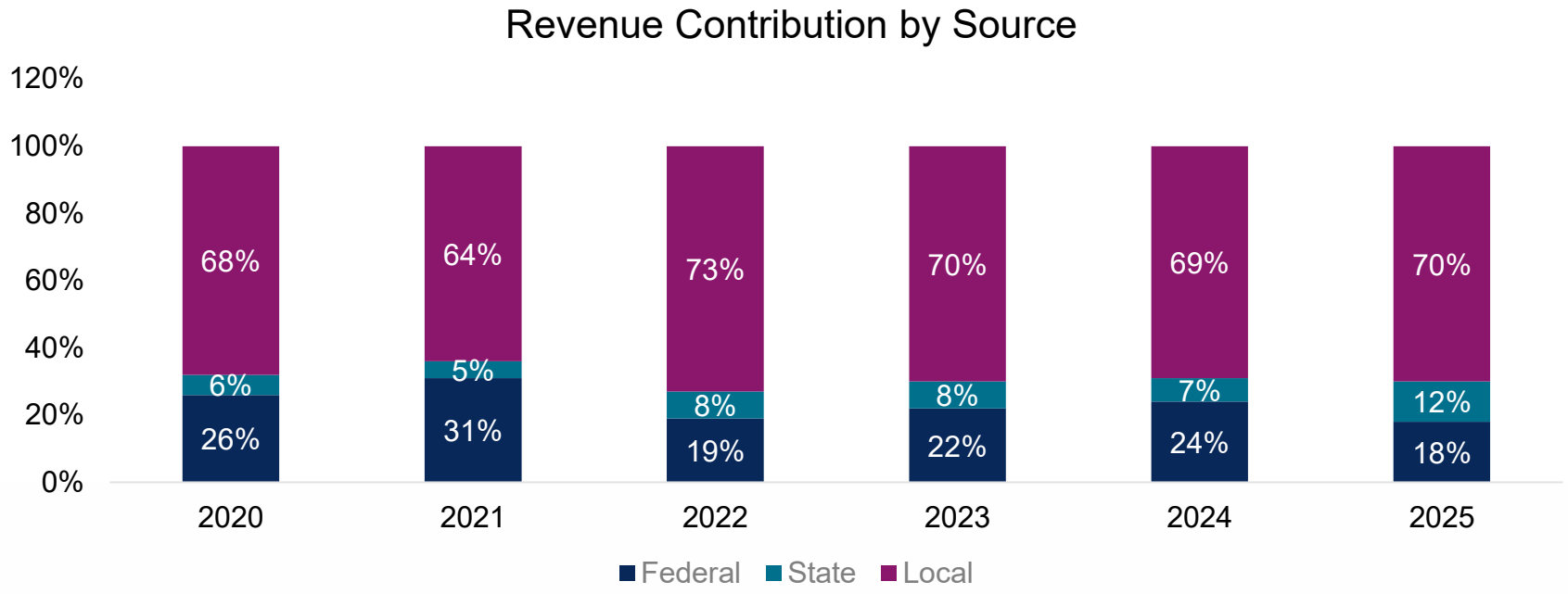
	2017	2018	2019	2020	2021	2022	2023	2024	2025
Revenue YoY % change	1%	9%	28%	0%	8%	-13%	4%	4%	-2%
Expenses YoY % change	-15%	10%	2%	-2%	1%	10%	16%	29%	11%
Levy Balance YoY % change	-3%	-5%	27%	22%	26%	3%	-6%	-29%	-58%

Revenue

Revenue Overview

Local government remains the primary funding source for Children's Services, contributing an average of 70% of total revenue over the past five years. Federal funding accounts for about 18%, while state contributions remain minimal at 12%.

	Federal	State	Local
2021	$39,973,770	$6,919,789	$81,887,015
2022	$21,781,048	$9,026,158	$81,495,378
2023	$25,188,983	$9,725,323	$82,199,191
2024	$29,633,371	$8,347,634	$83,326,099
2025	$21,880,222	$14,560,240	$82,976,742



Revenue Comparison

Hamilton County uses a larger proportion of local funding sources for revenue than the national average and the average across Ohio Public Children Services Agencies (PCSAs) but uses a similar proportion of taxy levy funds compared to other metro counties. As a state supervised, county-administered system, Ohio Department of Children and Youth (DCY) administers all state and federal funding to the counties. *See slide 98 for more information.*

To increase Title IV-E reimbursement, Lucas County increased their Title IV-E eligibility specialists to decrease errors and formed a process to review all non-Title IV-E eligible youth to determine why these youth are not claimable. Also, they do not place youth in non–Title IV-E reimbursable placements.

Funding Source	Hamilton Co.	Lucas Co.	Franklin Co.	Cuyahoga Co.	Ohio Average	National Average
Federal	18%	37%	28%	30%	43%	56%
State	12%	12%	5%	10%	57%	44%
County Tax Levy	70%	50%	71%	60%		

State and Local Contributions: National Overview

Ohio is the second lowest state for state-revenue contributions to child welfare. The average state contribution is 42%. This table shows the ten states with the lowest state contributions.

State	State Contribution
North Carolina	17%
Ohio	18%
New Hampshire	19%
Arizona	21%
Arkansas	25%
Minnesota	26%
Nevada	27%
South Carolina	29%
Louisiana	29%
Missouri	31%

Ohio is the third-most reliant state in local funding for child welfare. Of the states who reported local share (typically county supervised states), their contributions are listed below.

State	Local Contribution
Minnesota	43%
North Carolina	41%
Ohio	38%
Nevada	35%
Wisconsin	26%
New York	24%
Virginia	21%
Pennsylvania	18%
Colorado	13%
Michigan	2%
Georgia	1%

Detailed Revenue

In the past five years, the Property Tax Levy and Title IV-E have on average contributed to 87% of the revenues collected. Property Tax Levy leads with 68% while Title IV-E brings in 19% of the total revenues.

ACTUAL REVENUES	2021	2022	2023	2024	2025
REVENUES (Total)	**128,780,573**	**112,302,584**	**117,113,497**	**121,307,103**	**119,417,204**
IV-E FCM + Multi System Youth/Best Practices	23,355,037	18,546,168	21,447,858	20,920,019	20,571,636
Kinship Caregiver	274,866	2,430,267	1,966,933	-	3,239
Misc	2,463,724	1,516,872	1,090,080	2,212,256	1,308,586
Other allocations	433,110	347,692	291,263	238,499	5,726,020
Out of Home Care	-	-	340,778	-	-
Property Tax Levy	81,123,890	81,188,787	81,430,559	82,482,446	82,976,442
Reimbursements	763,125	306,591	768,632	843,652	300
State Child Protection Allocation	6,211,813	6,248,199	7,126,350	8,109,135	8,830,981
Title IV-B	14,155,008	1,718,008	2,651,045	6,501,096	-

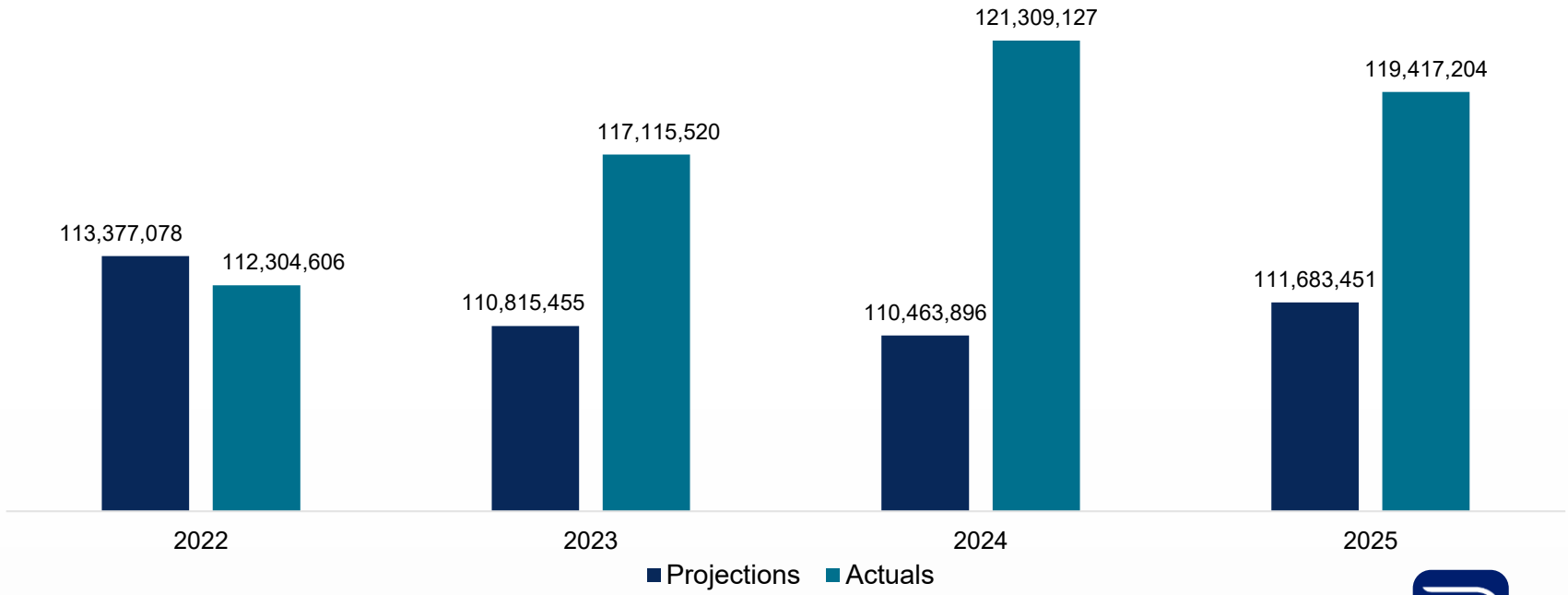
Note: For 2025, ‘other allocations’ also includes Title IV-B, Out of Home Care, and some kinship.

Variances

Revenue has consistently exceeded projections for two consecutive years, driven by higher-than-expected contributions from the Property Tax Levy, Title IV-B, and State Child Protection Allocations. In 2024, actual revenue reached $121.3M, surpassing projections by more than $10M, and similar positive variances are projected for 2025.

2025	Actuals	Projections	Difference
IV-E FCM + Multi System Youth/Best Practices	$20,571,636	$14,533,255	$6,038,381
Property Tax Levy	$82,976,442	$78,786,459	$4,189,983
State Child Protection Allocation	$8,830,981	$5,508,443	$3,322,538
Other allocations	$5,726,020	$458,853	$5,267,167

2024	Actuals	Projections	Difference
Misc	$2,212,256	$1,173,401	$1,038,855
Property Tax Levy	$82,482,446	$78,490,245	$3,992,201
State Child Protection Allocation	$8,109,135	$5,611,512	$2,497,623
Title IV-B	$6,501,096	$740,487	$5,760,609



Possible Revenue Changes – Next 5 Years

Social Security Income

- Beginning in FY26, Ohio is no longer to use Social Security Income (SSI) toward room and board for children in JFS custody.
- JFS estimates the financial impact of this will be ~$900,000 annually.

Rate Cards:

- H.B 96 established statewide ‘rate cards’ for Ohio Department of Children and Youth (DCY). These allow DCY to issue a request for proposal to establish statewide rate cards for placement and care of children eligible for foster care maintenance payments, which is currently done through each county PCSA.
- Ohio DCY would review the rate cards submitted by providers and approve rates, if in alignment with the states market rate analysis. All approved rates would be Title IV-E reimbursable.
- This process is anticipated to go live on July 1, 2026.
- There is still uncertainty surrounding the provision of rate cards. While this process will go into effect for providers licensed by DCY, it may not affect providers licensed by Ohio Department of Behavioral Health (ODBH – formerly OHMAS). Additionally, it is unsure whether foster care agencies will have to follow this process.
- It is unknown how this will affect the rising cost of care. According to PCSAO, they believe that rate cards will not yield a significant decrease in cost, at least initially.

Possible Revenue Changes – Next 5 Years (Cont.)

Additional Family First Prevention Services Act (FFPSA) Evidence Based Practices

- It was indicated that the state plans to work with counties to identify the additional service needs of families to determine additional evidence-based practices (EBPs) to add to the state prevention plan.
- To add additional EBPs, the state will have to amend its current state prevention plan and submit to the Administration for Children and Families (ACF) for approval.

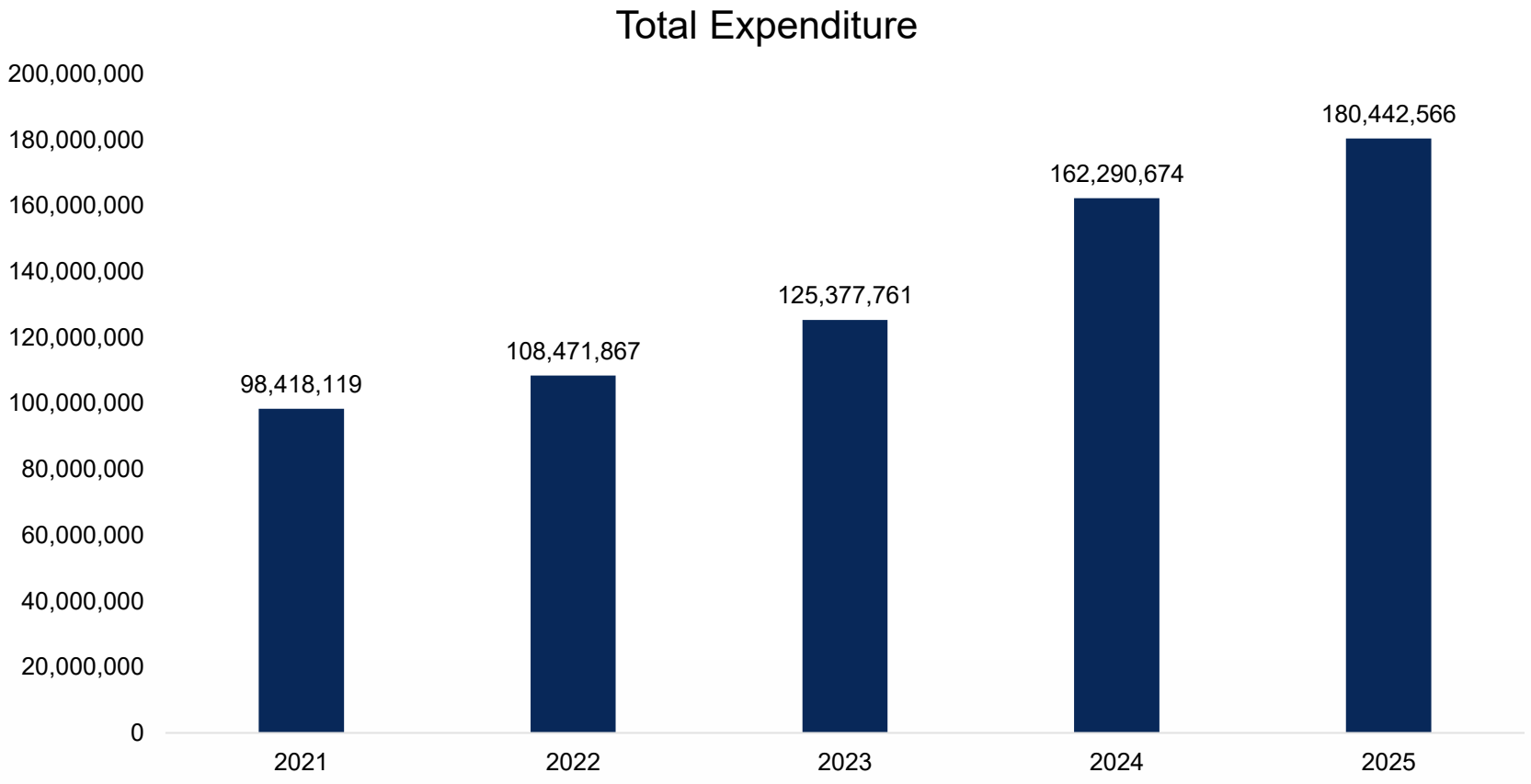
CFSR Review Process

- The state is currently preparing for a federal Child and Family Services Review (CFSR). As part of this process, there is potential for financial penalties over the next five years if the state is found noncompliant with federal requirements under Title IV-B and IV-E. These penalties may result in reduced federal revenue to counties. Process includes:
    - Initial noncompliance → PIP required.
    - Failure to complete PIP → Withholding of a portion of Title IV-B and IV-E funds.
    - Continued noncompliance in future reviews → Increased penalties (up to 2% per unmet outcome/systemic factor).

Expenditures

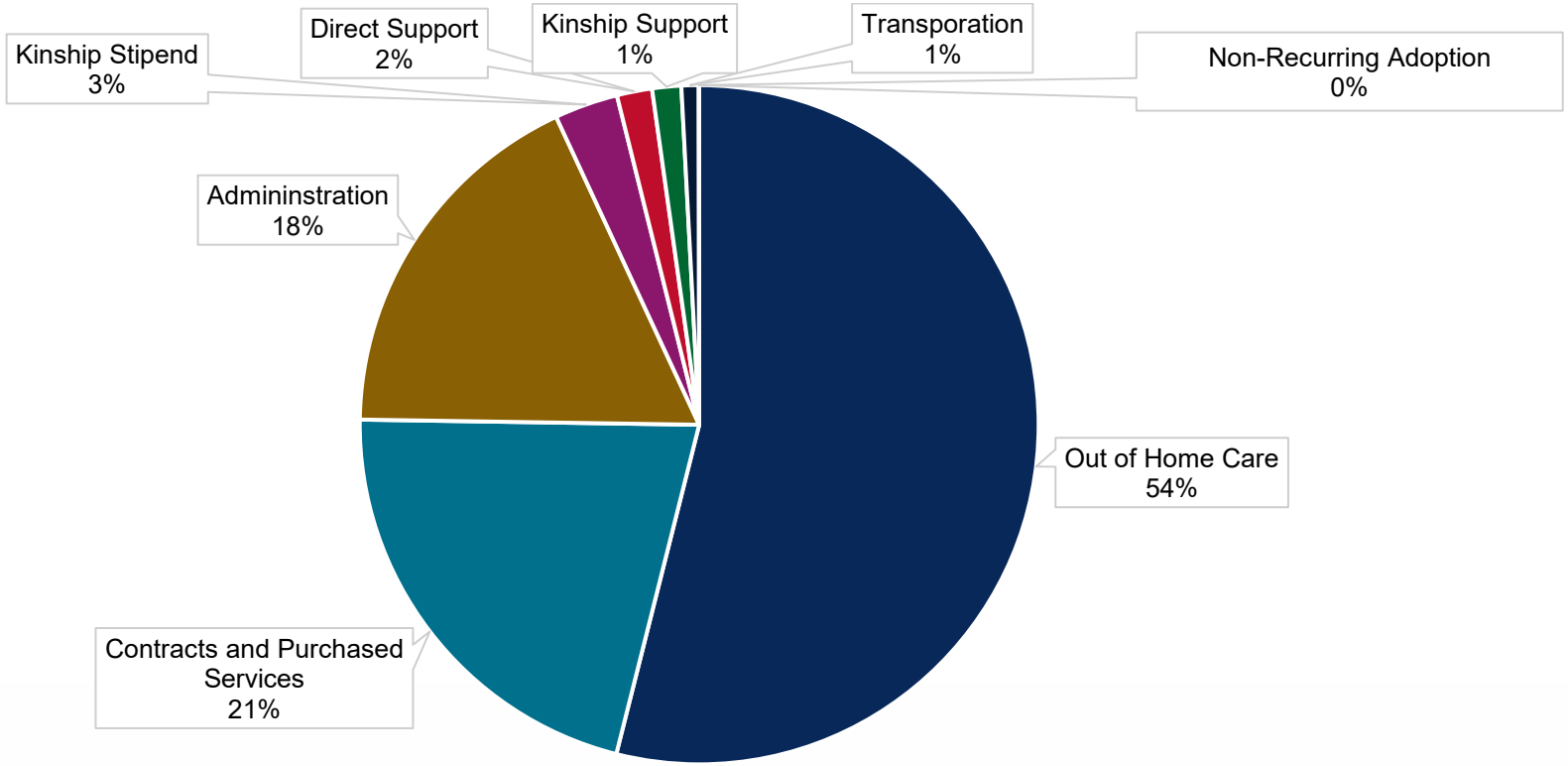
Expenditure Overview

Expenditures have risen sharply over the past five years, climbing from $98.4M in 2021 to a $180 million in 2025. Spending remains significantly above pre-2024 levels, largely due to the rising cost of out of home care.



Expenditure Categorization

The pie chart shows the breakdown of expenditures by category for 2025, with out of home care comprising the largest bucket of expenditures, followed by contracted services, then administration (which includes personnel).



Expenditure Categorization Over Time

The table below shows how expenditures by major category have changed from 2021 to 2025.

Expenditure	2021 Totals	2021 Percent	2025 Totals	2025 Percent
Administration	$28,185,323	29%	$32,175,757	18%
Adoption	$3,549,726	4%	$0	0%
Contracts and Purchased Services	$11,899,128	12%	$38,462,217	21%
Direct Support	$2,167,453	2%	$3,026,187	2%
Kinship	$2,269,550	2%	$7,954,265	4%
Out of Home Care	$48,056,866	49%	$97,308,759	54%
SS Dollars Returned	$176,092	0%	$0	0%
Transfer	$694,640	1%	$0	0%
Transportation	$374,442	0%	$1,474,570	1%

- Most adoption expenditures were moved to out of home care in 2025

Expenditures

On average over the five years, Administration costs and Out-of-Home Care contributed to 76% of expenses. Out-of-Home Care contributed 51% while Administration costs contributed to 25% of expenses.

	2021	2022	2023	2024	2025
EXPENDITURES	$98,418,119	$108,471,867	$125,377,761	$162,290,674	$180,442,566
Administration	$30,100,954	$30,190,432	$27,186,319	$45,308,046	$32,175,757
Contracts	$14,441,023	$24,369,414	$28,099,758	$29,929,065	$42,962,974
Adoption	$3,549,726	$3,320,604	$3,705,721	$4,233,506	$40,811
Out of Home Care	$48,056,866	$50,424,046	$64,815,538	$82,820,057	$97,308,759
Kinship	$2,269,550	$167,371	$1,570,426	$0	$7,954,265

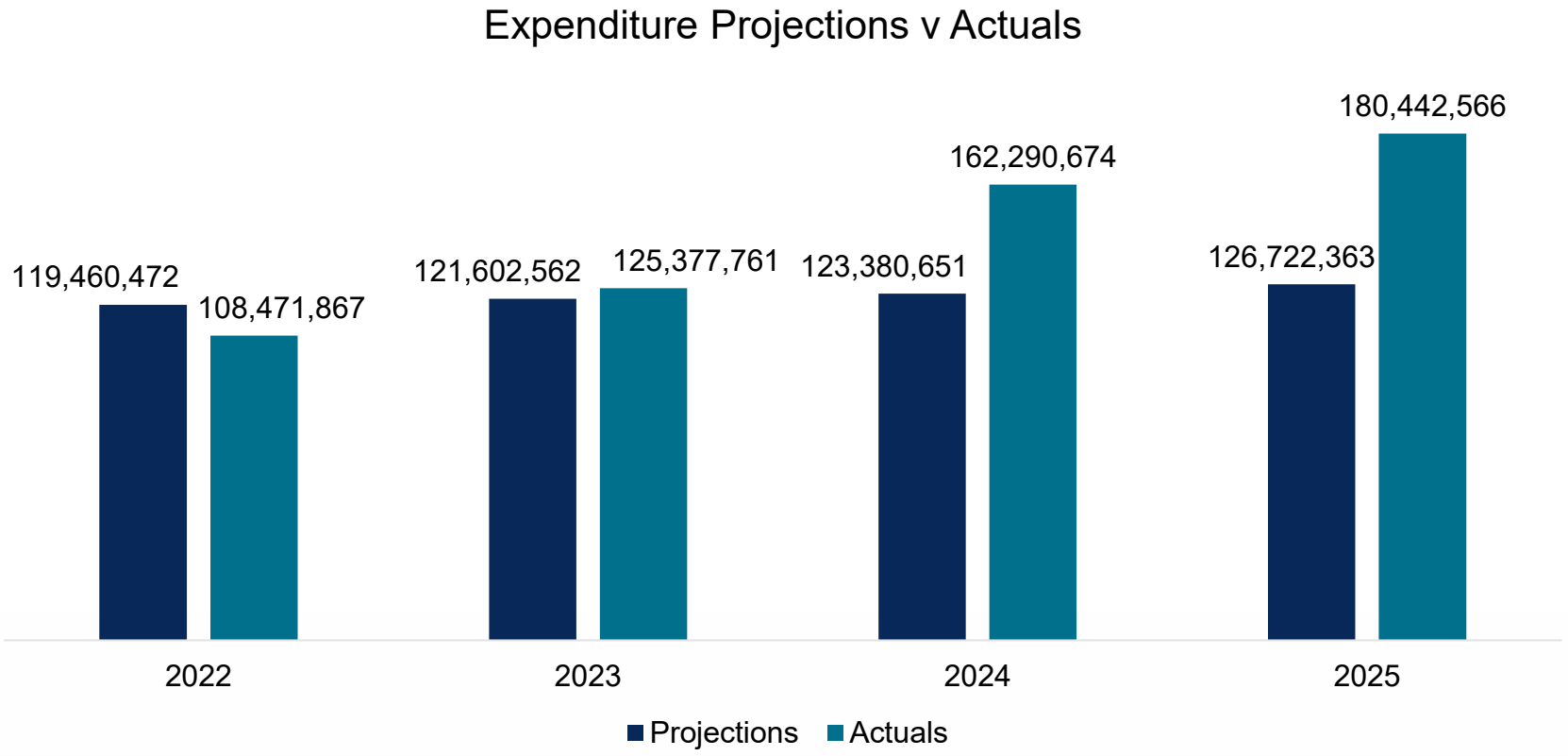
Detailed Expenditure Definitions

The table below outlines how expenditures are categorized and what falls in the major buckets.

Expenditure Category	Definition
Administration	Staff and other administrative expenditures, including advertising, printing, and legal, CSEA Match, Social Security funding for eligible children in custody, refunds, tax settlement fee, etc.
Adoption	Managed Care (Local Share) and Adoption Reimbursements
Contracts	County depts., services, FAIR/HOPE, etc. youth programs, parent education, services, Student Bus Services and Non-Medicaid transportation, Background checks and absent parent location, Visitation, direct support such as food rent utilities.
Kinship	Kinship stipends and Kinship supports for families
Out of Home Care	Placement room & board. Also includes other services provided by placement agency (when not covered by Medicaid)

Variances

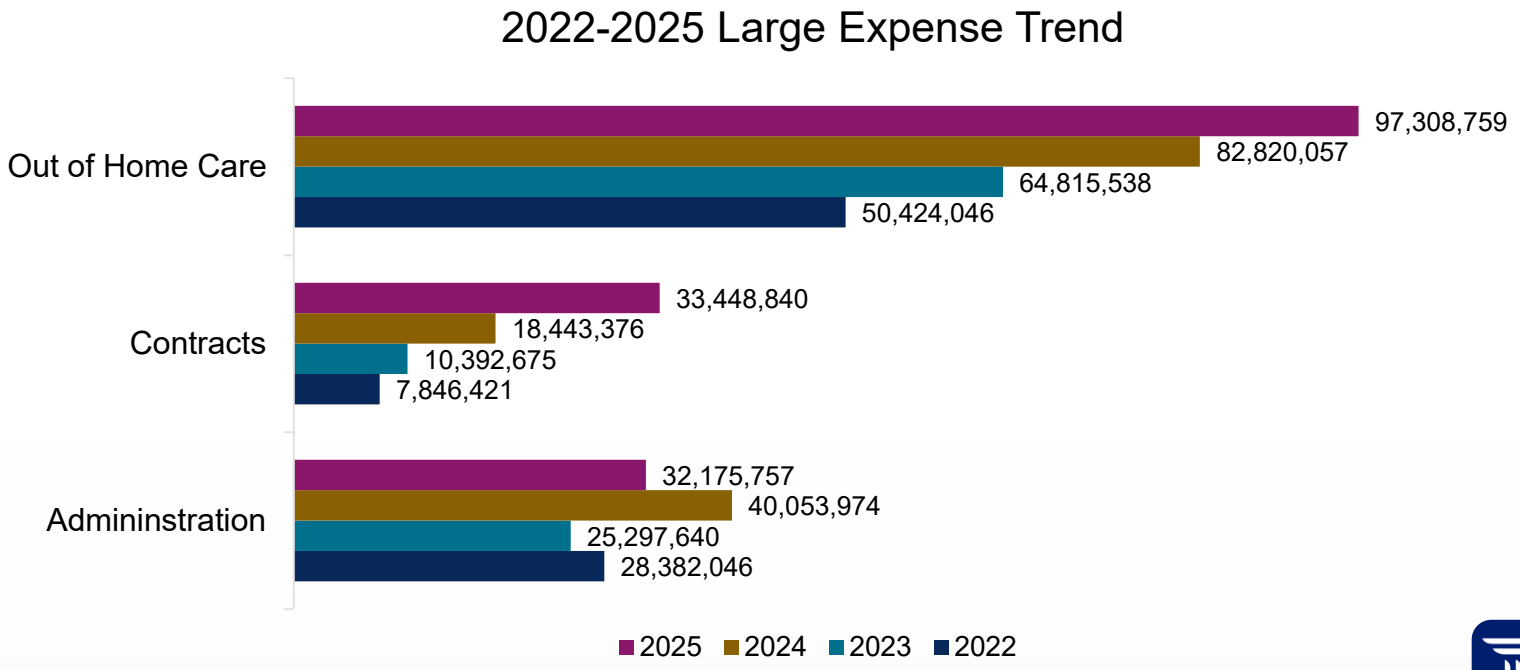
In 2025, actual expenditures surged to $167.3M, exceeding projections by over $40M. The largest driver of this variance was out-of-home care costs, which reached $97.2M in 2025, whereas consultant projections were ~$71.5M for 2025.



Large Expenditure Areas

The chart below looks at the three largest expenditure areas for JFS from 2022 – 2025.

- Out-of-home care is the largest expenditure driver and increased from $50.4M in 2022 to $97.2M in 2025—a rise of nearly $47M driven by increased provider rates.
- Contract spending rose from $7.8M in 2022 to $33.4M in 2025 – an increase of over $25M. This was driven largely by increased vendor costs, increase in service utilization, new contracts, and invoicing timing.
- Administration costs grew from $28.4M in 2022 to $32.2M in 2025 – driven by staff wage increases and filling previously vacant positions.



III. Mandated and Non-Mandated Services

Budget and Mandated Services Overview

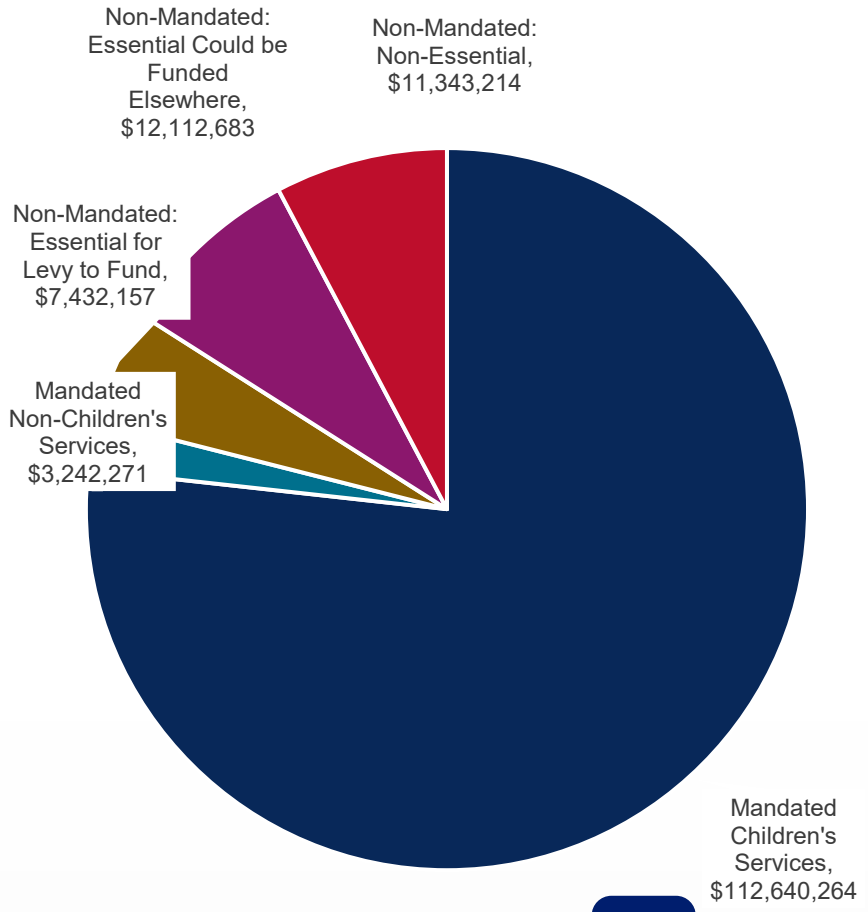
The budget below illustrates (at a high-level) spending levels in mandated and non-mandated services for the previous five-year levy period.

	2021	2022	2023	2024	2025	Mandated
EXPENDITURES (Total)	**$98,418,119**	**$108,471,867**	**$125,377,761**	**$162,290,674**	**$180,442,566**	
Administration	$28,185,323	$28,382,046	$25,297,640	$40,053,974	$32,175,757	Y
Adoption Assistance	$3,549,726	$3,291,219	$3,662,160	$4,198,543	--	Split
Contracts	$5,853,891	$7,846,421	$10,392,675	$18,443,376	$33,448,840	Split
Contracts/Purchased Services	$3,889,728	$5,818,702	$3,619,231	$1,646	$5,013,377	Split
Direct Support	$2,167,453	$7,749,929	$10,577,454	$8,030,252	$3,026,187	N
Kinship	$0	$0	$1,570,426	$0	$2,493,105	N
Intensive Services	$1,985,272	$2,264,106	$2,616,070	$3,134,329	--	Y
Location Services	$170,238	$272,922	$234,741	$260,257	--	Y
Misc	$1,044,899	$1,100,728	$1,086,130	$3,409,537	--	Split
Non-Recurring Adoption	$0	$29,385	$43,561	$34,963	$40,811	Y
Out of Home Care	$48,056,866	$50,424,046	$64,815,538	$82,820,057	$97,308,759	Y
SS Dollars Returned	$176,092	$59,047	$4,446	$44,437	$0	Y
Stipend - Kinship	$2,269,550	$167,371	$0	$0	$5,461,160	N
Transfer	$694,640	$648,611	$798,104	$1,800,098	--	Y
Transportation	$374,442	$417,334	$659,586	$59,205	$1,474,570	Split

Contracted Spending Overview

- The majority (79%) of children's services contracted spending is on mandated services.
- Approximately $26.5M could be removed from the Children's Services Tax Levy (either funded elsewhere or remove service).

Expenditure Type	Estimated Annual Contract Value
Mandated – Children's Services	$112,640,263.67
Mandated – Other County Services	$3,242,271.11
Non-Mandated – Children's Services	$12,684,103.77
Essential (could be funded elsewhere)	*$5,682,683.33*
Essential (levy-funded)	*$6,349,470.44*
Non-essential	*$641,250.00*
Non-Mandated – Other County Services	$18,214,650.74
Essential (could be funded elsewhere)	*$6,430,000.00*
Essential (levy-funded)	*$1,082,687.00*
Non-essential	*$10,701,963.74*
TOTAL	**$146,781,289.29**



Children's Services, Mandated

Service	Annual Contract Amount	Contract Purpose
FOSTER CARE PLACEMENT SERVICES	$34,763,387.43	Foster Care placements
GROUP HOME PLACEMENT SERVICES	$10,455,750.00	Group Home placements
INDEPENDENT LIVING PLACEMENT SERVICES	$14,791,143.55	Independent Living placements
RESIDENTIAL TREATMENT PLACEMENT SERVICES	$30,573,167.60	Residential Treatment placements
EMERGENCY/SHELTER PLACEMENT SERVICES	$1,100,000.00	Emergency placements
PARENTING EDUCATION	$3,250,000.00	Parent education classes
SUBSTANCE ABUSE SERVICES	$460,000.00	Substance abuse screenings
TRANSPORTATION SERVICES	$1,034,516.04	Transportation of children
CHILDREN'S BEHAVIORAL HEALTH SERVICES	$7,625,042.00	HOPE and FAIR contracts
EMANCIPATION SERVICES	$99,999.00	Housing and Case Management
FAMILY INTERVENTION SERVICES	$1,000,000.00	Intensive In-Home Family Preservation services
VISITATION SERVICES	$7,200,000.00	Family visitation services
HAMILTON COUNTY SHERIFF SCREENINGS	$240,000.00	Fingerprinting and background check services
OTHER	$47,258.05	Other children's services
TOTAL COSTS	**$112,640,263.67**	

Levy funded children's mandated services are approximately $112M per year.

- These contracted services are primarily for placement services for children and youth in care and custody or HCJFS.
- Other mandated services include treatment services, visitation services and other required screenings and assessment services.

Other County Services, Mandated

Vendor Name	Contract Amount	Contract Purpose
HAMILTON COUNTY	$223,474.98	CSEA IV-D COURT SERVICES- Magistrate hearings to enforce child support
HAMILTON COUNTY	$1,451,150.36	CSEA IV-D COURT SERVICES- JCT - filings that result from IV-D hearings
HAMILTON COUNTY	$178,454.68	CSEA IV-D LEGAL SERVICES- Attorney time reviewing child support cases
HAMILTON COUNTY	$81,647.29	CSEA IV-D SERVICES – Clerk's Office IV-D case filings for child support cases
HAMILTON COUNTY	$1,307,543.80	CSEA IV-D WARRANTS - Trips by the Sheriff's Office to serve warrants
TOTAL COSTS	**$3,242,271.11**	

Levy funded non-children's, mandated services are approximately $3M per year.

- These funds all support the Child Support Enforcement Agency (CSEA) with mandated child support services.

Children's Services, Non-Mandated

Essential	Vendor Name	Annual Contract Amount	Contract Name
	FII-NATIONAL	$3,000,000.00	Monthly emancipation payments to youth.
	HAMILTON COUNTY PROSECUTOR	$3,000,000.00	Represent Children's Services Cases
	HAMILTON COUNTY JUVENILE COURT	$1,600,000.00	Juvenile Court Magistrates for Children's Services cases
	LEGAL AID SOCIETY OF CINCINNATI	$945,799.14	Kids in School Rule Program
	Y W C A OF GREATER CINCINNATI	$678,249.58	Domestic Violence Services - Co-Located DV Services
	YOUTH ADVOCATE PROGRAM INC	$644,350.00	MENTORING - mentorship and wrap services
	Y W C A OF GREATER CINCINNATI	$565,421.72	Safe Care in-home services for children (age 0 - 5) and their caregivers
	SPEAKWRITE LLC	$500,000.00	Audio Transcription products and / or services
	LIGHTHOUSE YOUTH SERVICES	$500,000.00	Transitions to Independence program for youth over 18 in JFS custody
	TRANSPORTATION	$423,333.33	ESSA transportation services to foster youth to school of origin
	CHILDRENS HOSPITAL	$250,000.00	Cradle Cincinnati - cribs, pack-n-plays and other supports
	UNITED WAY OF GREATER CINCINNATI	$200,000.00	Positions to run the youth advisory board, training for staff
	CHILDRENS HOSPITAL	$150,000.00	Safe Care in-home services for parents and children ages 0 - 5.
	NEW LIFE FURNITURE INC	$100,000.00	Provision of furniture to families with Children Services involvement
	THE BUCKEYE RANCH INC	$60,000.00	ICPC Kinship Home studies and Adoption kinship home studies.
	GRADUATE HOTEL	$30,000.00	Hotel banquet center for Celebration of Dreams graduation program
	HAMILTON COUNTY	$15,000.00	Instant notification system
	TANGO CARD INC	$11,250.00	Gift cards for children and youth in care
	UNIVERSITY OF CINCINNATI	$10,700.00	Work study students (Interns)
	TOTAL COSTS	**$12,684,103.77**	

Essential (levy-funded) **Essential (could be funded elsewhere)** **Non-essential**

Other County Services, Non-Mandated

Essential	Vendor Name	Annual Contract Amount	Contract Purpose
	HAMILTON COUNTY	$5,000,000.00	Juvenile Court Placement Reimbursement
	TALBERT HOUSE INC	$4,734,761.00	Youth Employment Program
	HARBOR BEHAVIORAL HEALTHCARE	$1,864,205.10	Youth Employment Services
	HAMILTON COUNTY	$1,430,000.00	Medical Care - Juvenile Court Youth
	EASTER SEALS TRI STATE	$1,362,033.80	Peer Mentoring and Supportive Services - Benefit Bridge grant
	HAMILTON COUNTY	$1,082,687.00	GAL
	WOMEN HELPING WOMEN INC	$425,000.00	DVERT support and resource to HC families experiencing DV
	WOMEN HELPING WOMEN INC	$400,000.00	Gender based violence training for junior and senior high schools.
	UNITED WAY OF GREATER CINCINNATI	$170,000.00	PREVENTION SERVICES - United Way Family Success Network.
	HAMILTON COUNTY	$300,000.00	Program administration and reimbursement of grants
	Y W C A OF GREATER CINCINNATI	$250,000.00	School gender-based violence training
	AMERICAN LEGACY THEATRE	$100,000.00	PREVENTION SERVICES - Grant
	BEECH ACRES	$100,000.00	PREVENTION SERVICES - Grant
	BETHANY HOUSE SERVICES INC	$100,000.00	PREVENTION SERVICES - Grant
	BOYS/GIRLS CLUBS OF GREATER CINCINNATI	$100,000.00	PREVENTION SERVICES - Grant
	CHILDRENS HOSPITAL 310833936	$100,000.00	PREVENTION SERVICES - Grant
	FAMILY NURTURING CENTER	$100,000.00	PREVENTION SERVICES - Grant
	GLAD HOUSE INC	$100,000.00	PREVENTION SERVICES - Grant
	JUSTICE WORKS YOUTH CARE	$100,000.00	PREVENTION SERVICES - Grant
	THE CHILDRENS HOME OF CINCINNATI OHIO	$100,000.00	PREVENTION SERVICES - Grant
	COUNCIL ON CHILD ABUSE	$99,989.84	PREVENTION SERVICES - Grant
	TALBERT HOUSE INC	$99,974.00	PREVENTION SERVICES - Grant
	AGING DESIGN SOLUTIONS	$96,000.00	PREVENTION SERVICES - Grant
	TOTAL COSTS	**$18,214,650.74**	

Essential (levy-funded) **Essential (could be funded elsewhere)** **Non-essential**

- Prevention Services contracts totaling approximately $2.7M will not be renewed.
-- Medical care for youth in Hamilton County Juvenile Court is moving to the Indigent Care levy.

IV. Costs for Children in Care

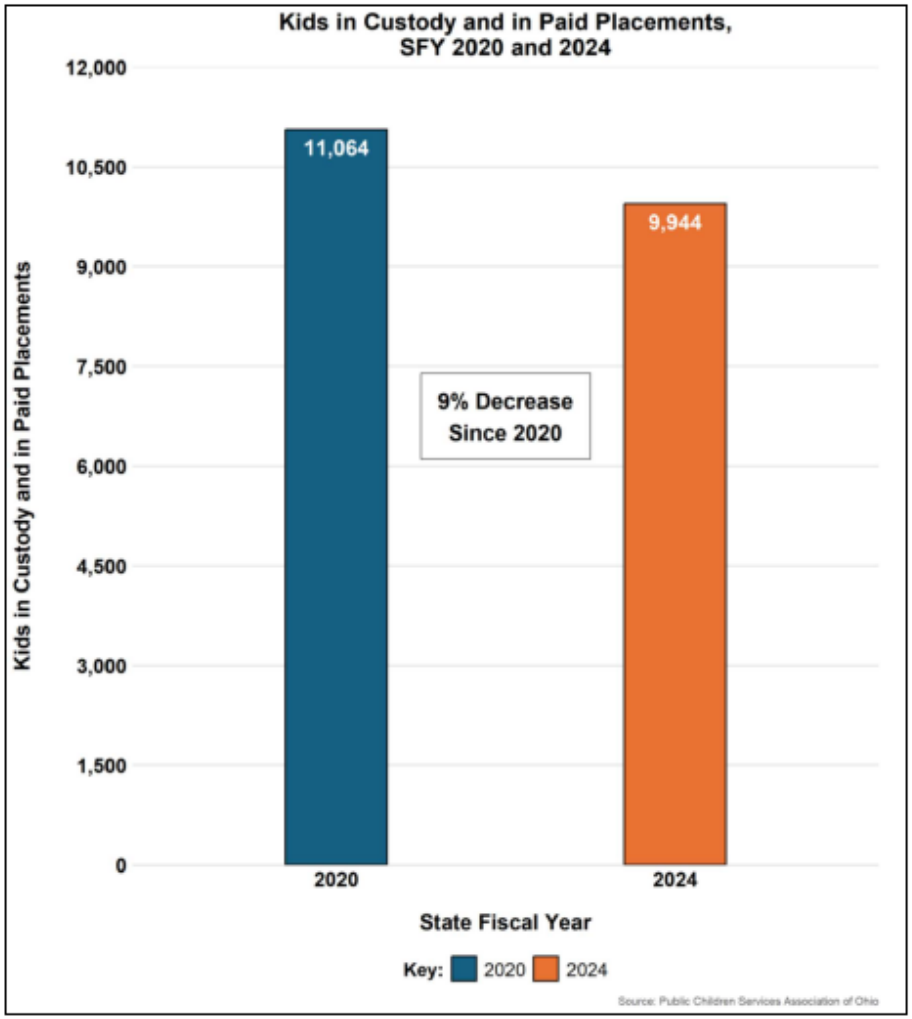
Statewide Placement Cost Trends

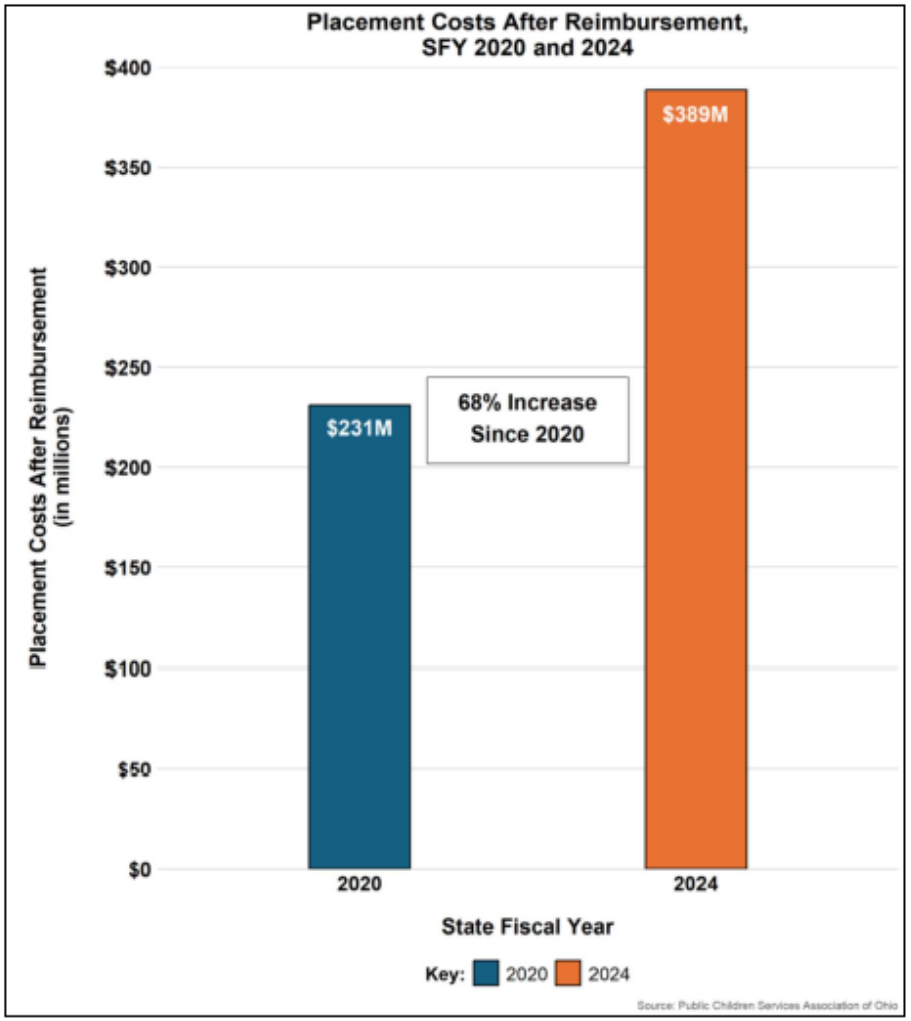
Overview

Ohio's foster care system is facing rapidly rising placement costs in nearly every county.

- **Statewide Surge in Costs:** Ohio's annual foster care placement spending increased by **~68% in five years**, despite a slight decrease in the foster care caseload. This trend translates to a **much higher cost per child** in care – increasing from ~$23,800 per child in 2018 to ~$35,350 in 2024.
- **Metro Counties Spending Tens of Millions:** Large counties like **Cuyahoga, Franklin , and Hamilton** each spent on the order of **$60–$70M** on foster placements in FY23. These figures are up 25–30% from 2018.
- **Key Cost Drivers:** The **2018 federal Family First Prevention Services Act (FFPSA)** limited federal funds for group homes/residential care, shifting more costs to state and counties. At the same time, **more children in care have serious behavioral or medical needs**, requiring expensive therapeutic placements that foster families often cannot provide. A limited supply of specialized care providers has allowed rates to increase across the board. Together, these factors have **sharply increased the cost per foster child** in every county.
- **Budget Implications:** Ohio's child welfare funding relies heavily on local property tax levies. The spike in placement costs has **strained county budgets**. Several counties have sought **emergency levy increases** or faced deficits. For instance, Lucas County had to propose a new levy after cost overruns of ~$9 million/year, and Coshocton County's levy failure forced the county commissioners to cover shortfalls from general funds. The state has increased its funding (nearly **doubling the State Child Protection Allocation to $152M in FY2024**), which has provided some relief, however, local agencies still bear the brunt of rising costs and continue to advocate for additional state support to ensure they can meet mandates without cutting services.

Rising Cost of Care Across Ohio





Source: PCSAO. *Ohio's Biennial Budget - Children Services in Focus: Placement*

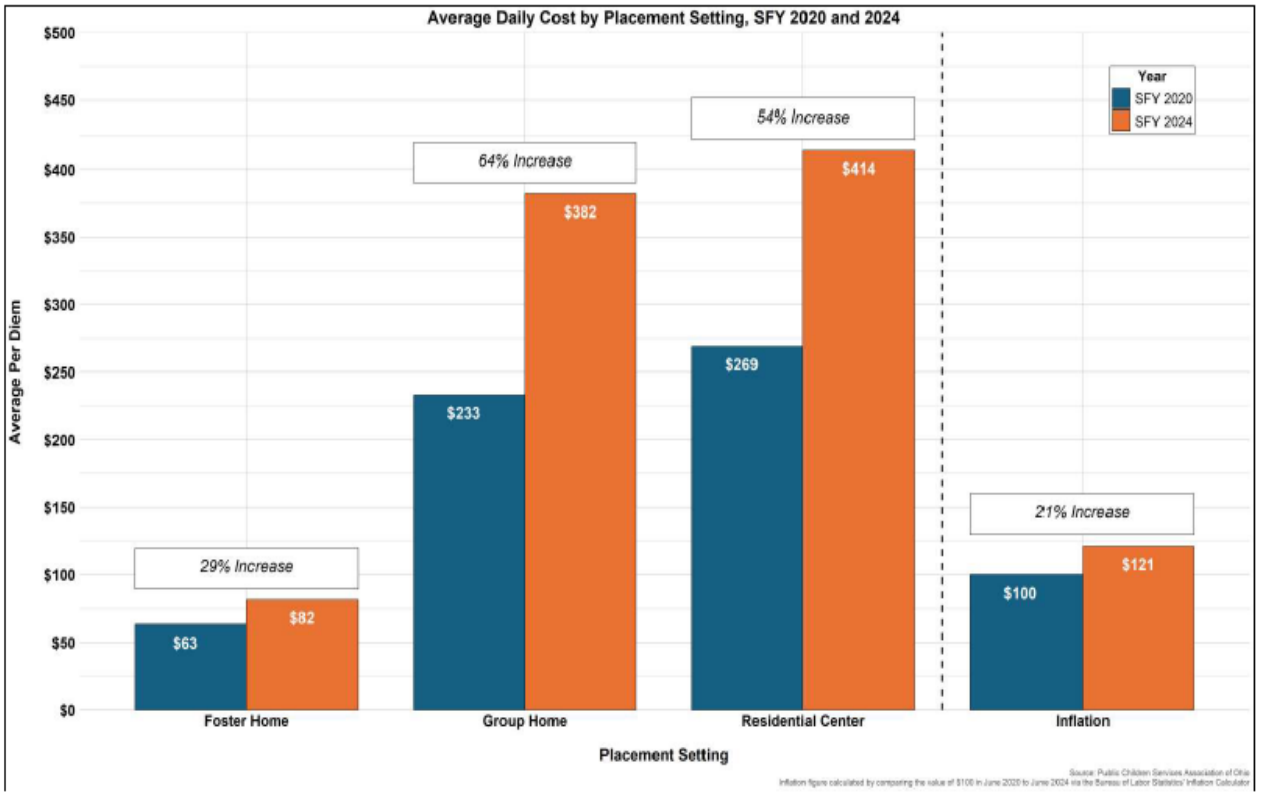
Across Ohio, placement costs have risen even as the number of youth in custody in paid settings has declined.

Rising Cost of Care Across Ohio, Cont.

Placement costs have increased across all placement types in Ohio and outpaces inflation.

Key drivers of increasing placement costs include:

- Shortage of placement options, especially for high-acuity youth
- Provider's ability to negotiate reimbursement above the state "ceiling" and failure to provide a cost report*
- Declining federal Title IV-E reimbursement due to Family First implementation.



↑ Foster Homes: 29% Increase
↑ Group Homes: 64% Increase
↑ Residential Center: 54% Increase

Source: PCSAO. *Ohio's Biennial Budget - Children Services in Focus: Placement*
- Counties cannot claim reimbursement unless the placement setting has filed a cost report

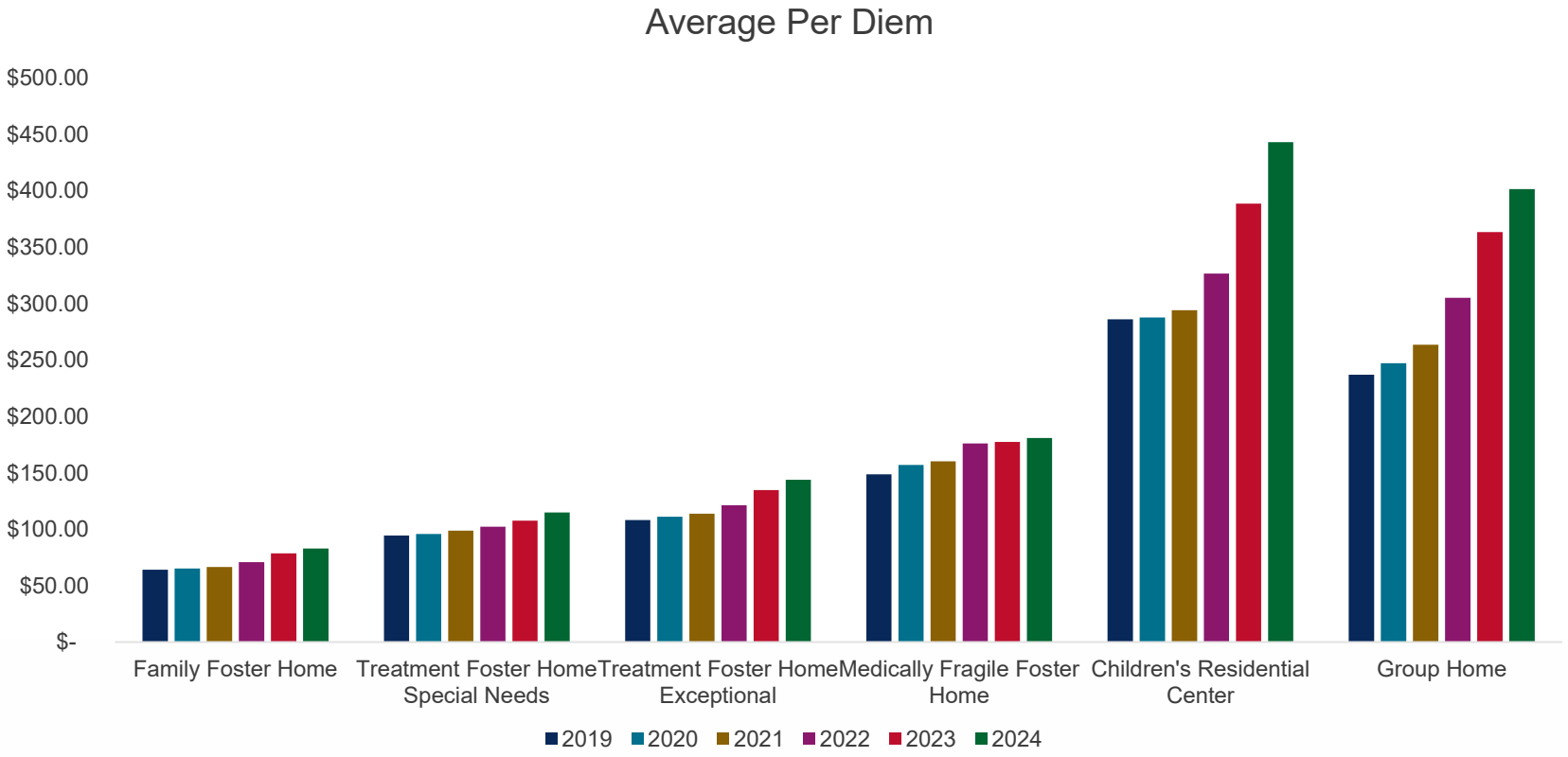
Statewide Increase in Placement Costs

While the upward cost trend is statewide, its impact varies by county. Generally, metro counties have the highest total costs, and smaller counties have the highest costs per child relative to their budgets. Below is a breakdown of foster care placement expenditures for selected counties, illustrating the range.

County	Children in Foster Care (approx. count, FY 2023)	Placement Cost (2018) (approx.)	Placement Cost (2023) (approx.)	% Change (≈2018→2023)	Avg. Cost per Child (2023)
Cuyahoga (Urban)	~3,300[2]	~$55 M (2018 est.)	~$70 M (2023 est.)	+~27%	~$21,000 per child
Franklin (Urban)	~2,760[2]	~$50 M (2019 est.)	~$62 M (2023 est.)	+24%[2]	~$22,500 per child
Hamilton (Urban)	~2,670[2]	$51.2 M (2018)[2]	$64.8 M (2023)[2]	+27%[2]	~$24,300 per child
Summit (Mid)	~1,400[4][3]	~$14 M (2018 est.)	$22 M (2023)[3]	+~57%	~$15,700 per child
Lucas (Mid)	~1,360[2]	$12.1 M (avg prior yrs)[2]	$21.1 M (2024)[2]	+77%[2]	~$15,800 per child
Montgomery (Mid)	~1,200 (est.)	~$10 M (2018 est.)	~$15 M (2023 est.)	+50% (est.)	~$12,500 per child
Stark (Rural)	~700 (est.)	~$6 M (2018 est.)	~$9 M (2023 est.)	+50% (est.)	~$12,900 per child
Coshocton (Rural)	~46[3]	$1.5 M (2018)[3]	$2.5 M (2024)[3]	+67%[3]	~$54,000 per child
Perry (Rural)	~40 (est.)	~$1.1 M (2018 est.)	~$1.8 M (2023 est.)	+64% (est.)	~$45,000 per child
Vinton (Rural)	~20 (est.)	~$0.5 M (2018 est.)	~$0.8 M (2023 est.)	+60% (est.)	~$40,000 per child

Average Per Diem Placement Rates

Statewide per diem rates have increased across all placement types from 2019 to 2024. While foster care rates have increased 20-30%, congregate care rates have increased 55% for residential placements and 70% for group homes.



Hamilton County and Statewide Average Per Diems

Hamilton County's average per diem rate is higher than the statewide average in most levels of care. However, the statewide average has seen similar increases to the cost of placement.

Average Daily Rate	Placement Type	2021	2022	2023	2024	Percent Increase*
Statewide	Foster Care	$86	$92	$102	$110	**32%**
	Group Home	$264	$305	$363	$402	**70%**
	Residential Treatment	$294	$327	$389	$443	**55%**
Hamilton County	Foster Care	$103	$103	$132	$141	**37%**
	Group Home	$248	$313	$345	$404	**63%**
	Residential Treatment	$351	$416	$450	$495	**41%**

**2019 to 2024*

National Rate Comparison

Hamilton County's rates, when compared to other states, tend to be higher. While these comparisons are not 'apples to apples' because of how differently each state classifies their levels of care and associated rate, this comparison does show that in general, Hamilton County's rates are much higher than what other states pay at all levels.

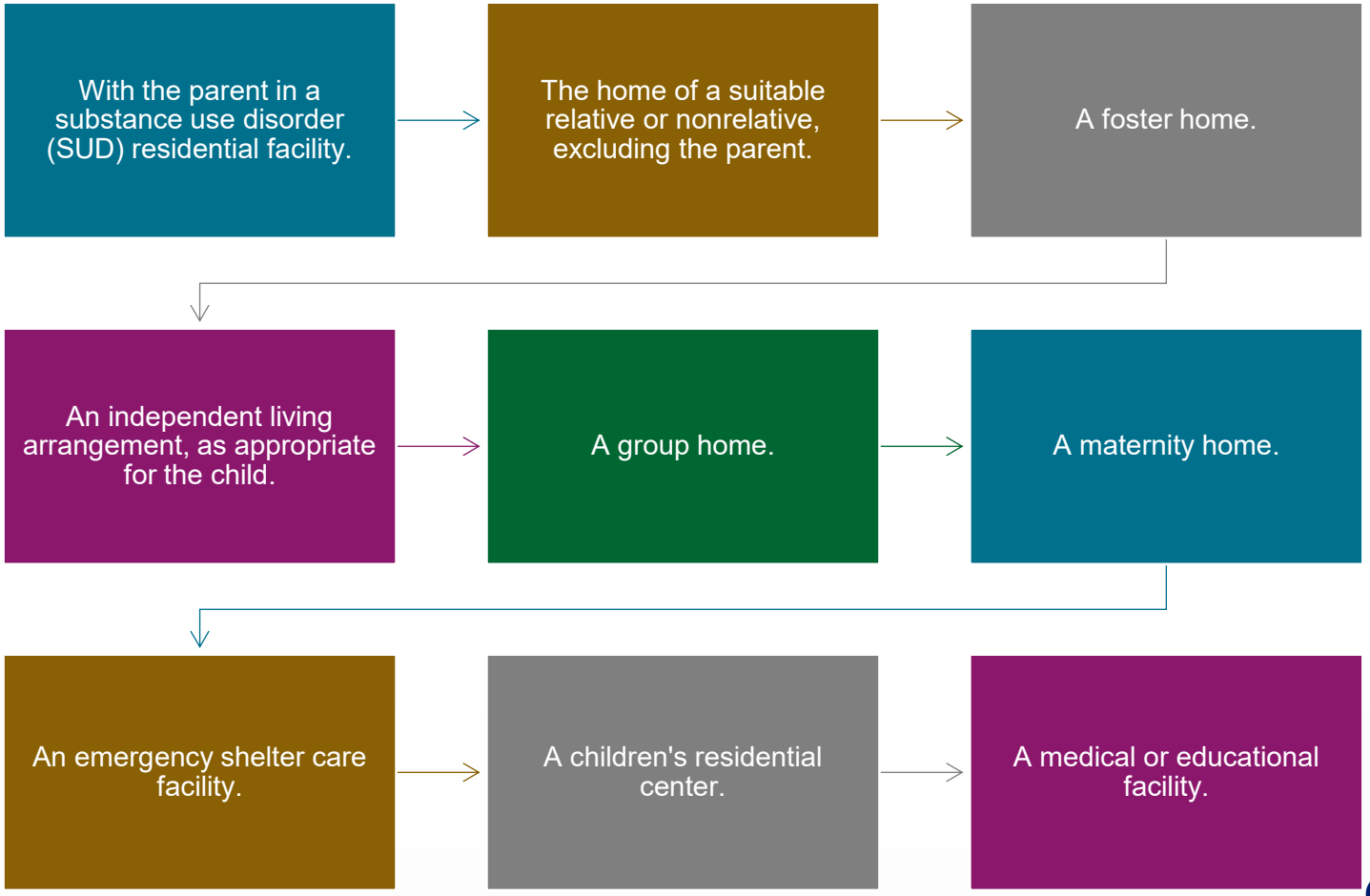
Placement Setting	Hamilton Co. Avg. Rate*	California*	Indiana	Kentucky	Missouri	Michigan*	North Carolina*	Texas*
Foster Care - Traditional	$101.46	$87.93	$29.07	$27.86	$19.71	$60.20	$61.80 - $69.83	$57.71
Foster Care Level 1	$132.08	$94.10	$36.78	$30.44	n/a	n/a	n/a	$101.77
Foster Care Level 2	$147.92	$100.37	$48.92	n/a	n/a	n/a	n/a	$126.62
Foster Care Level 3 (TFC basic)	$144.07	$107.83	$72.67	$44 - $140	$173 - $262	$102.35	$63 - $112	$218.11
Independent Living	$296.78	$111- $140	n/a	$83.16	n/a	$99 - $210	n/a	$35 - $57
Congregate Care (includes residential and group homes)	$465.61 (group) $554.55 (residential)	$544	n/a	$298.50	$194 - $254	$438 - $1043	$150 - $401	$52 - $480

*Includes administrative costs, as rates are paid through Child Placing Agencies (CPAs)

Statewide Placement Policies

Ohio Placement Continuum

The following allowable substitute care settings are listed in order from least restrictive to most restrictive:



Licensure

In Ohio, **two agencies** are responsible for licensing residential treatment and group home programs that serve youth in foster care:

- **Ohio Department of Children and Youth (DCY)** – This agency licenses and oversees group homes, children's residential centers, and other child welfare facilities. It ensures compliance with state regulations and monitors the quality of care provided.
- **Ohio Department of Behavioral Health (ODBH - formerly OHMAS)** – This agency licenses and certifies residential treatment programs that provide behavioral health services, including mental health and substance use disorder treatment, which often serve youth in foster care.
- Ohio Administrative Code (OAC) **requires all DCY and ODBH certified agencies be QRTP** approved by October 1, 2024.

Federal Funding for Congregate Care

Medicaid	A **Psychiatric Residential Treatment Facility (PRTF) Medicaid-defined**, non-hospital setting that provides intensive behavioral health services to youth due to serious emotional or psychiatric needs. **In Ohio,** the PRTF service is available to youth enrolled in OhioRISE plan that meet Ohio's PRTF Clinical Criteria, determined by Aetna through completion of the Child and Adolescent Needs and Strengths (CANS) Assessment. There are currently **only two licensed Psychiatric Residential Treatment Facilities (PRTFs)** in the state that serve youth. Other non-PRTF Congregate Care providers **are required to direct bill Medicaid** for all behavioral health treatment and services.
Title IV-E	**Qualified Residential Treatment Program (QRTP)** is a Title IV-E eligible residential setting for youth who need short-term, trauma-informed treatment. • Must be accredited (e.g., Social Current, The Joint Commission, etc.). • Requires a clinical assessment to justify placement. • Designed to involve family engagement and support transition to family-based care. All DCY and ODBH certified agencies must become certified QRTPs per state code.

Hamilton County Placement

Placement Overview

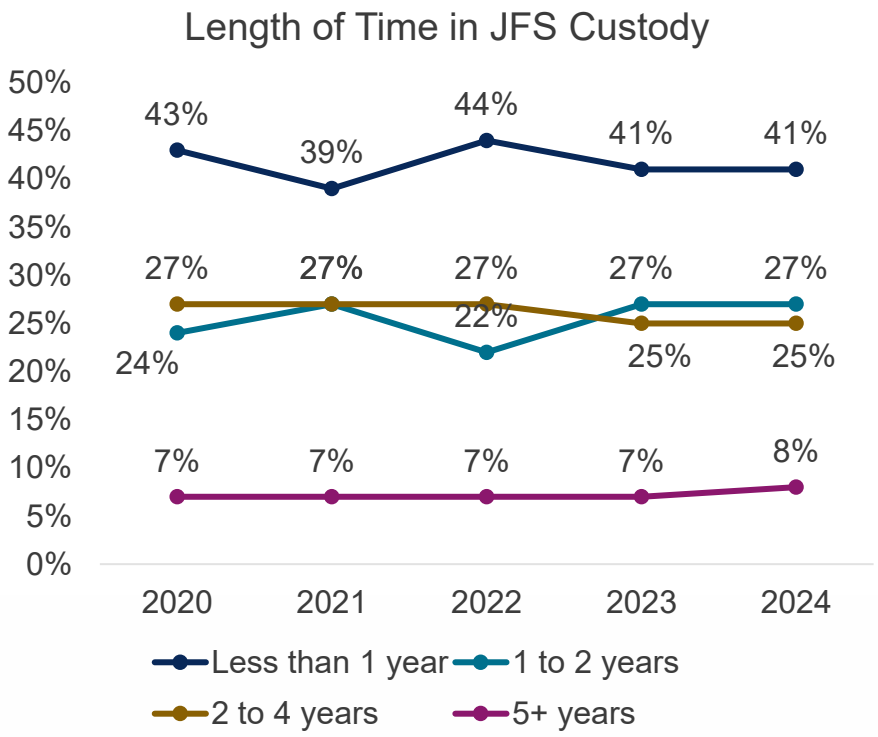
The table below provides a high-level summary about out of home care placements in Hamilton County. More detailed information can be found on subsequent slides.

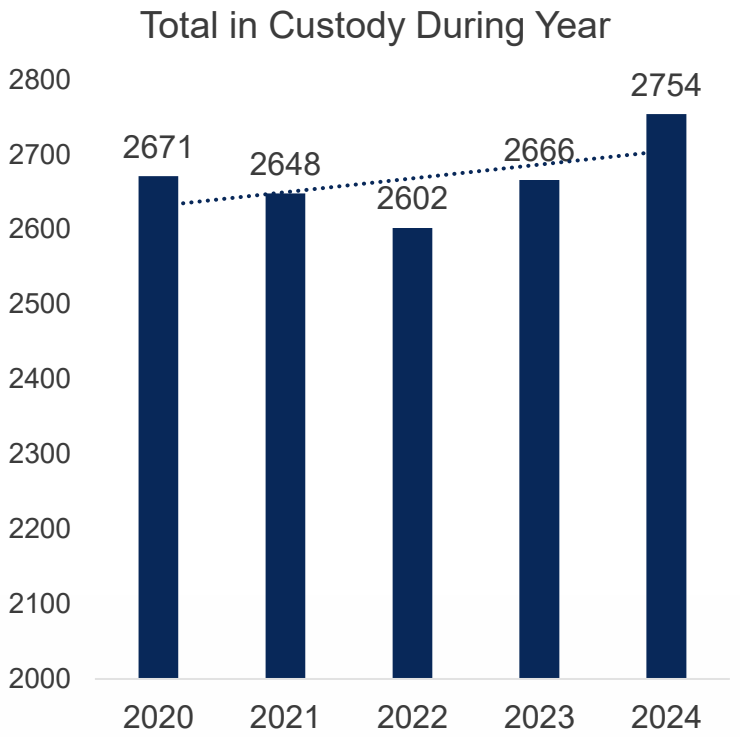
Placement Setting	Overview	% of Children in Placement*	Approx. Cost**	Approx. Annual Cost per Child
Kinship Home	Relatives, or any nonrelative adult who has a long-standing relationship or bond with the youth, who is providing care in their home.	36%	$6,000,000	$7,000
Foster Home	Licensed adults (foster parents) providing care in their home.	45%	$40,000,000	$41,000
Group Home	A licensed facility which provides placement services in the community for a maximum of 7 youth who are supervised by 1 trained staff.	5%	$11,000,000	$109,000
Residential Care	A licensed facility offering care, treatment, and services in an institutional or campus-style setting, often serving 10 plus children and with more specialized programming.	4%	$16,000,000	$168,000
Independent Living	Supervised or semi supervised independent living environment or arrangement designed to assist older youth to make the transition from foster care to adulthood.	9%	$12,000,000	$65,000
Other	Includes educational and medical facilities, detention facilities, non-custodial parents, and emergency shelter care.	1%	Not provided	Not calculated

*As of August 2025

Children in JFS Custody Over Time

During the previous 5, years, there has been a 3% increase of the number of children in JFS custody at any time during the year. During this same timeframe, the amount of time children are spending in JFS custody has remained relatively stable.

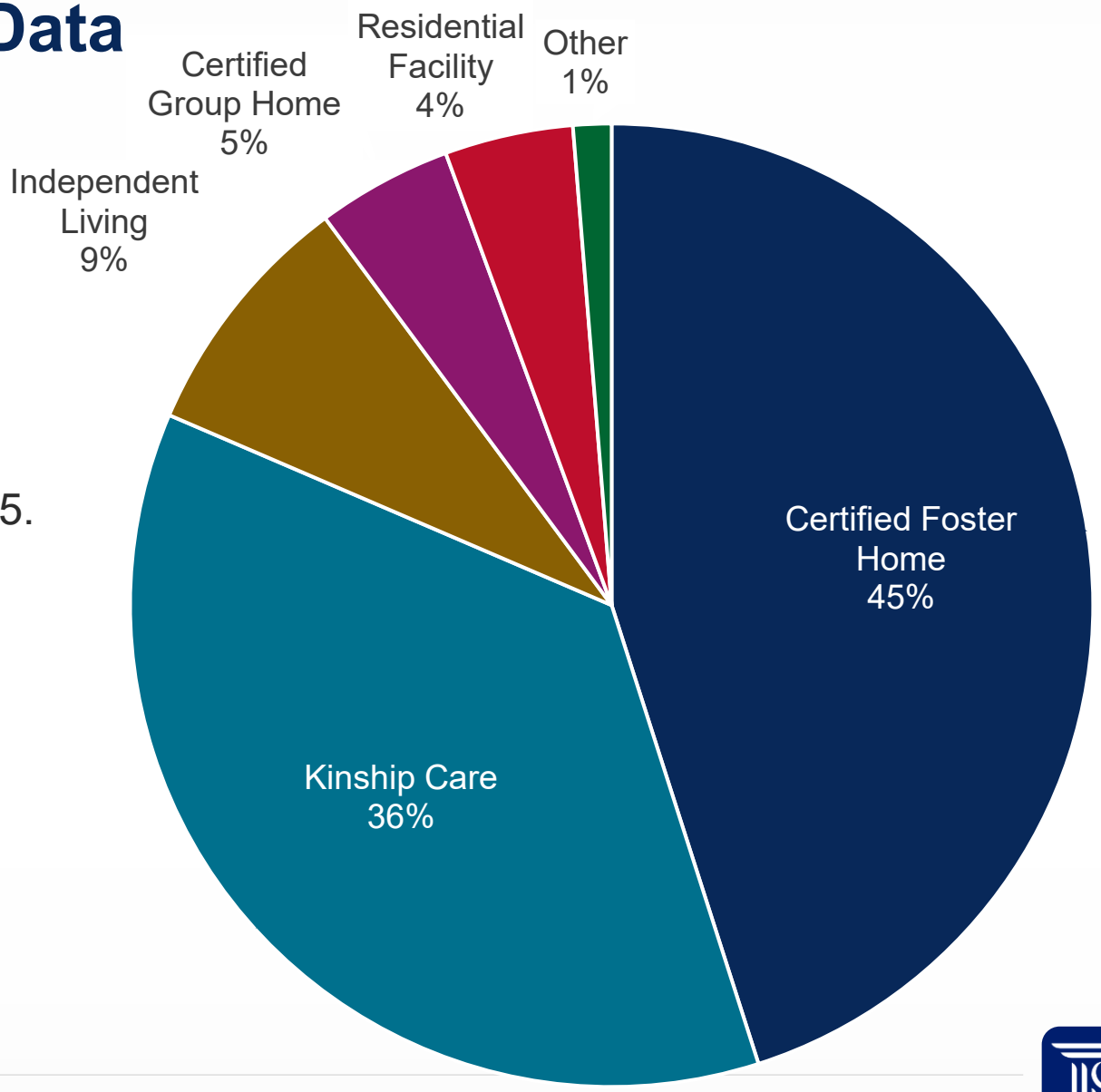




Placement Data

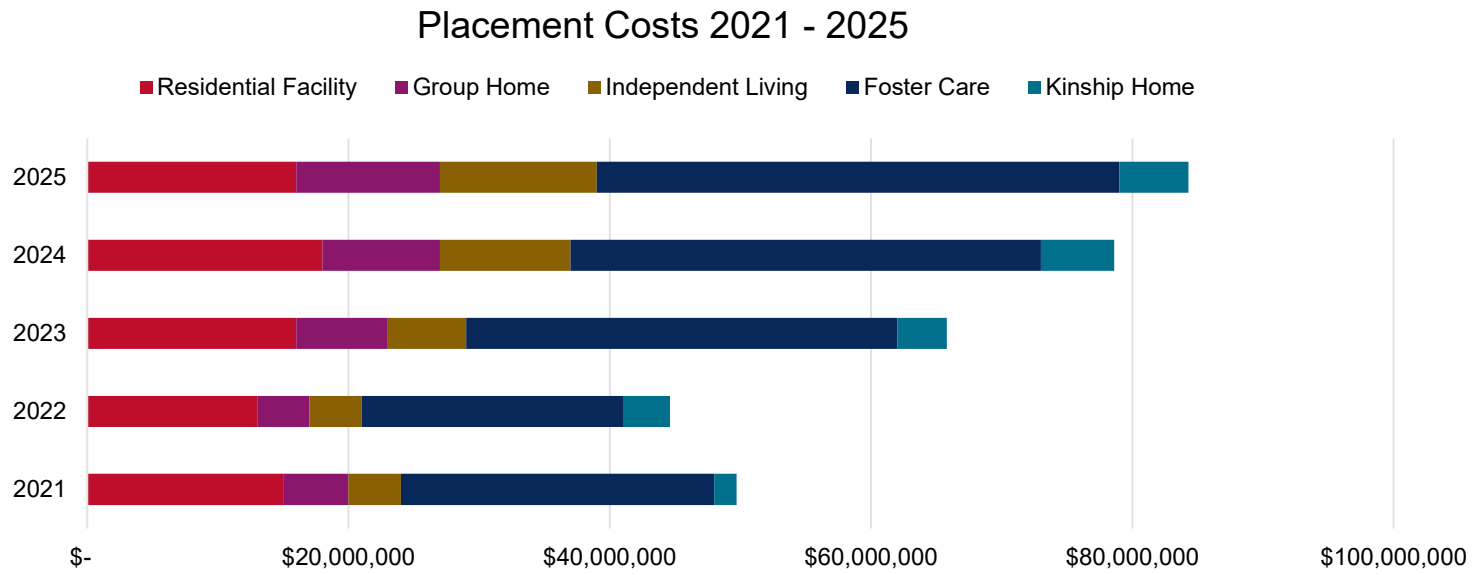
N= 2,179 youth

As of August 2025.



Placement Costs

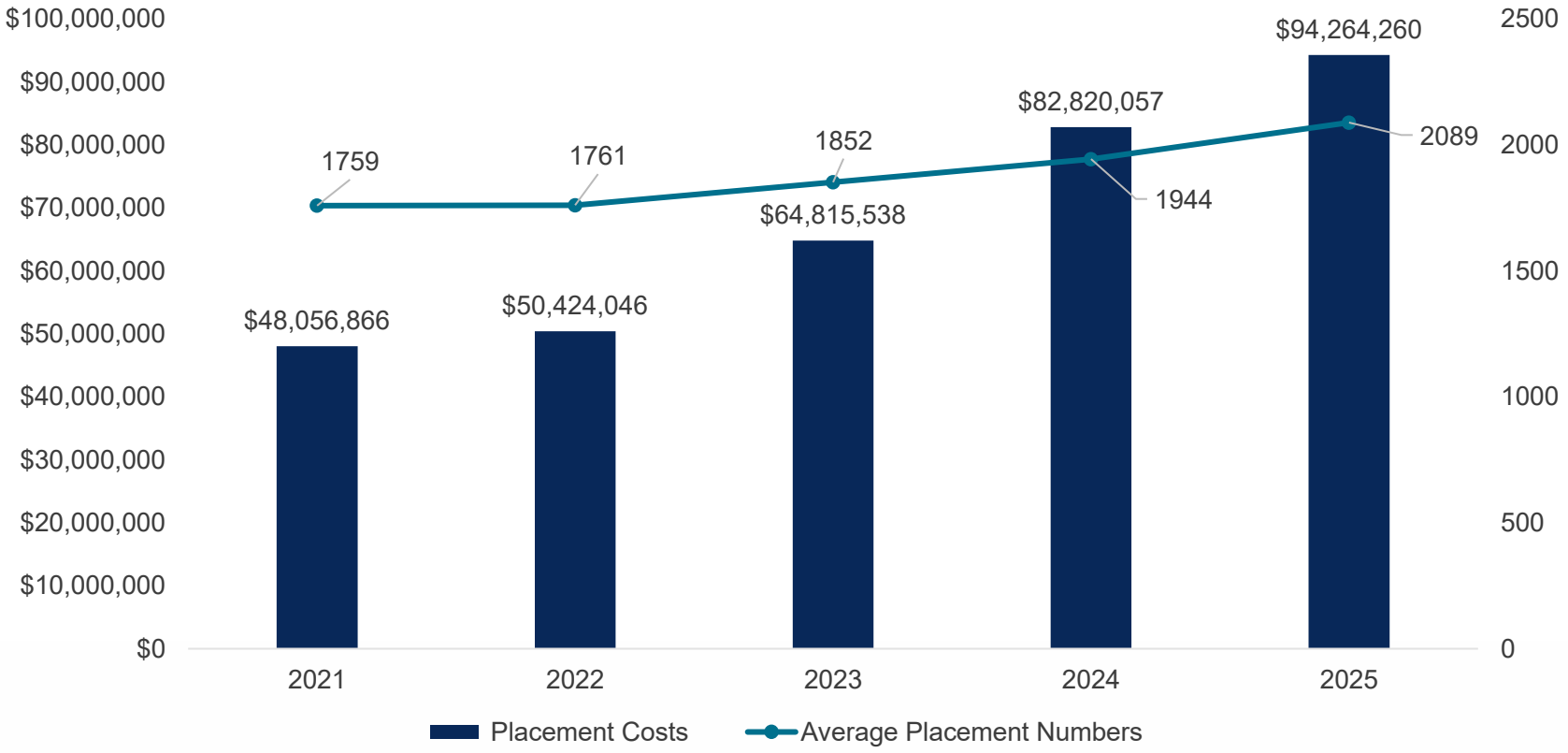
Overall, placement costs have **increased by over 50% since 2021** in Hamilton County. Costs have increased across all placement types, even as the number of children in placements has remained relatively stagnant for the same timeframe.



	2021	2022	2023	2024	2025
Residential Facility	$15,000,000	$13,000,000	$16,000,000	$18,000,000	$16,000,000
Group Home	$5,000,000	$4,000,000	$7,000,000	$9,000,000	$11,000,000
Independent Living	$4,000,000	$4,000,000	$6,000,000	$10,000,000	$12,000,000
Foster Care	$24,000,000	$20,000,000	$33,000,000	$36,000,000	$40,000,000
Kinship Home	$1,700,000	$3,600,000	$3,800,000	$5,600,000	$5,300,000

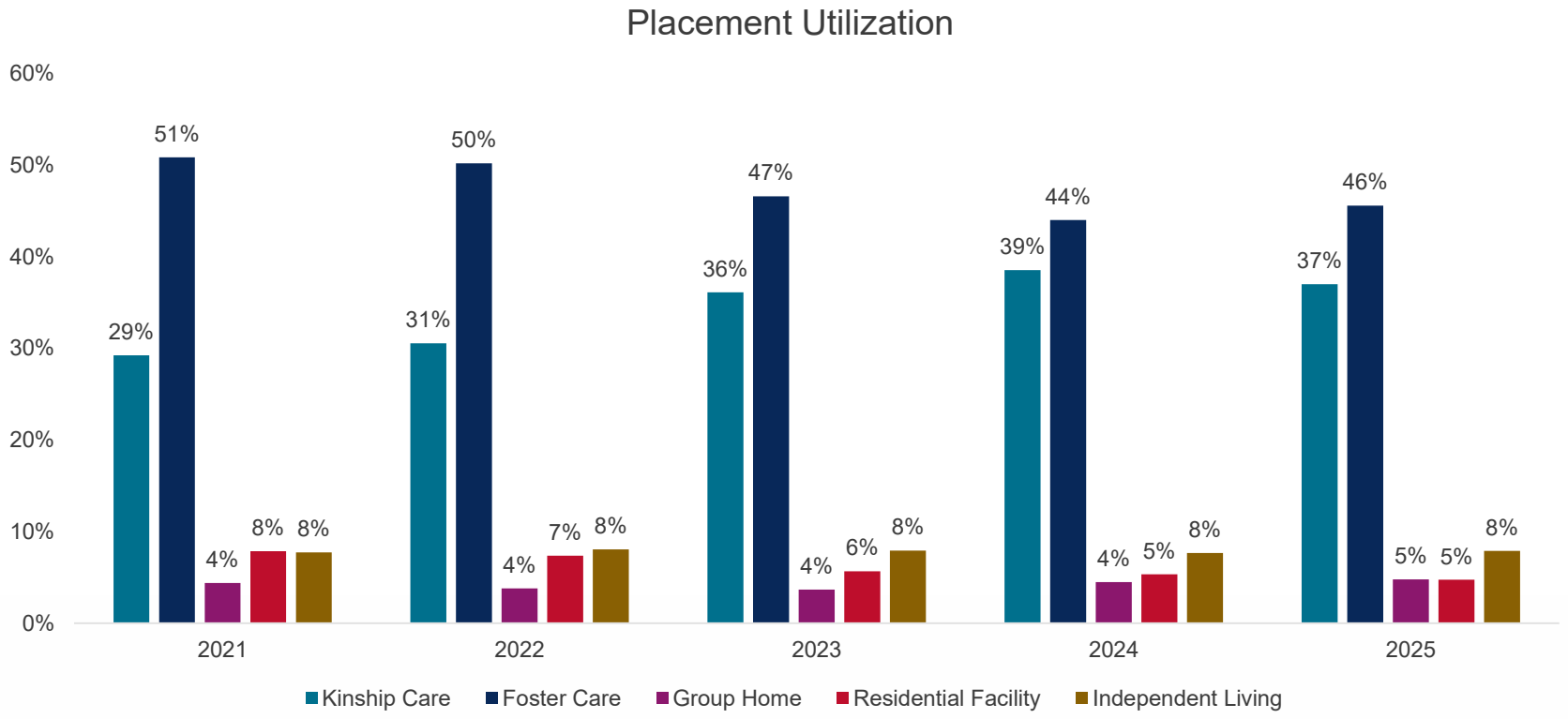
Placement Cost Compared to Children in Care

While the average number of children in care increased 19% from 2021 to 2025, the cost of out of home care increased by 92% for the same timeframe.



Placement Changes Over Time

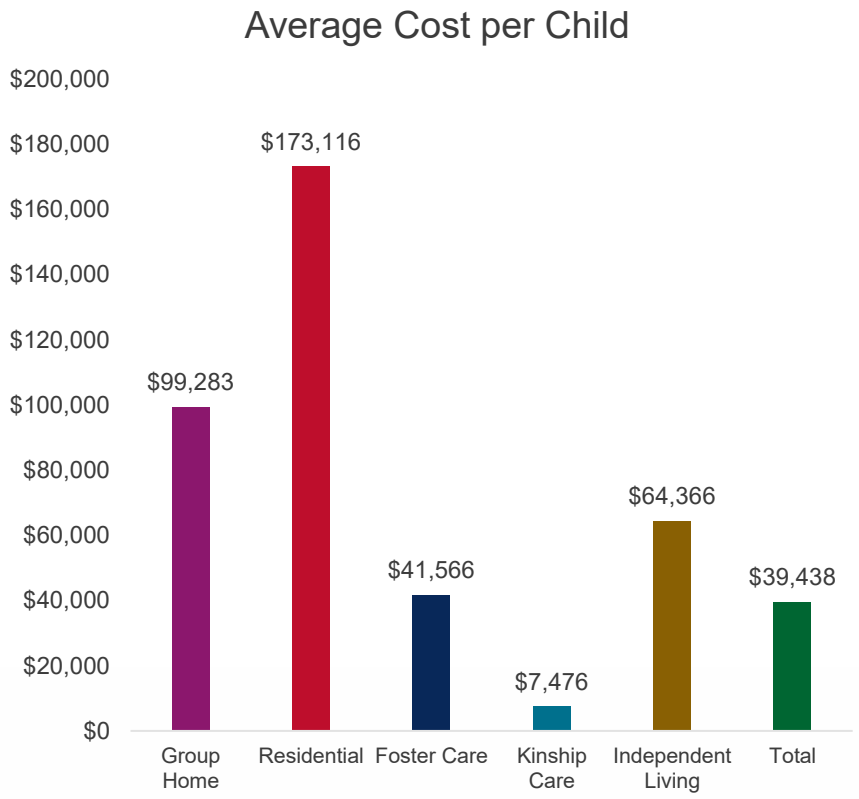
Over the previous five-year timeframe, the overall proportion of youth in kinship placements has increased while the proportion of youth in foster homes and congregate care settings (residential and group homes) has decreased.



Average Placement Costs

Using 2024 data, we calculated the average cost of children in care by placement type. We divided the total cost of each placement type by the average number of children in each placement per month. Congregate care placements are the most expensive placement type.

Placement	Average Children in Placement	Overall Placement Cost*
Group Home	87	$9,000,000
Residential	104	$18,000,000
Foster Care	855	$36,000,000
Kinship Care	749	$6,000,000
Independent Living	149	$10,000,000
Total	**1960**	**$79,000,000**



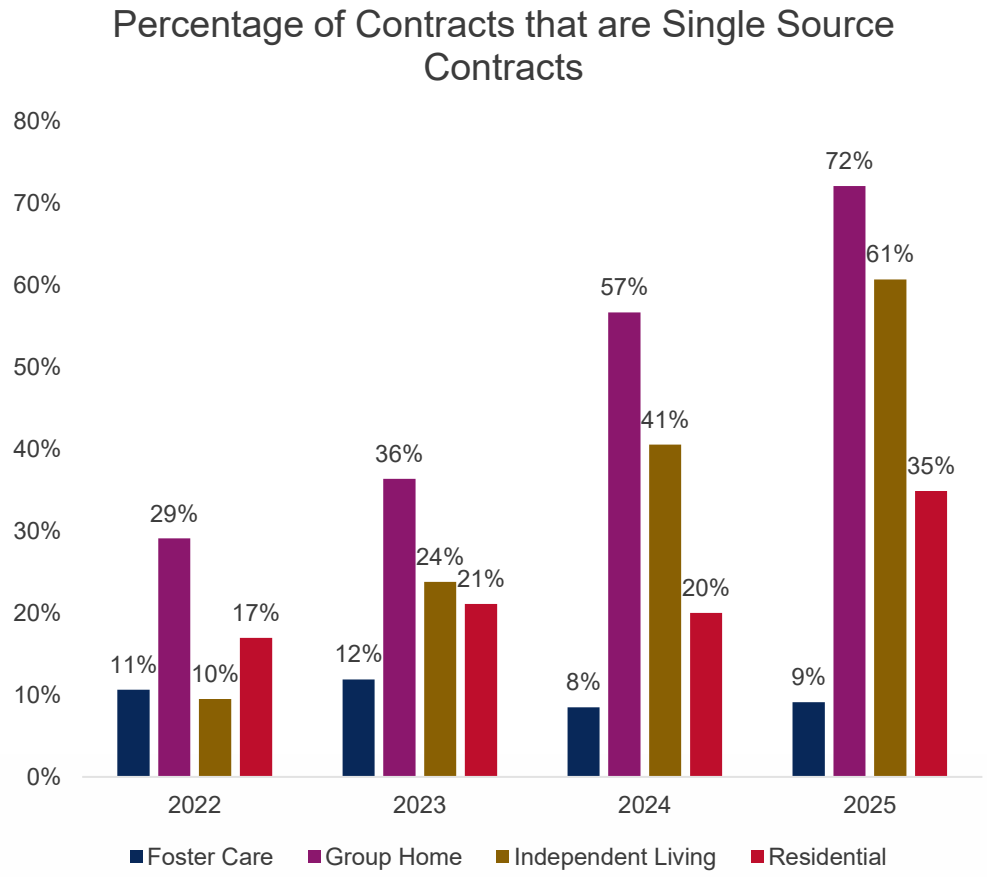
*rounded

Rate Setting Process

- Hamilton County seeks contractual agreements with private placement agencies through open RFPs.
- In the state, custodial agencies can request reimbursement from the state for placement costs of Title IV-E eligible children.
- Reimbursement is capped at the lower of either the actual costs incurred or the agency's approved Title IV-E cost ceiling and is paid based on the applicable federal match rate.
- Ohio uses the DCY 02911 Single Cost Report, which must be completed by all public and private providers of residential and foster care services to determine these reimbursement ceilings.
- The cost report sets the maximum reimbursement limits (called Title IV-E ceilings) for maintenance and administrative costs related to placing eligible children in residential or foster care settings.
- An agency must report at least 90 days of operations in order to submit a cost report for a new agency or existing agencies offering a new service.
- A provider may still be contracted with Hamilton county but may not complete DCY 02911 to determine the reimbursable ceiling, in these cases Hamilton county is NOT able to seek state reimbursement from the state for placement costs of Title IV-E eligible children.
- Additionally, providers may choose not to respond to an open RFP and instead are contracted through a single source contract.
- Notably, rates for group homes have increased, often due to single-source contracts for high-acuity youth, sometimes due to the need for additional staff for supervision.

Placement Setting	RFP	Single Source	Total Placements
Foster Care	91%	9%	230
Group Home	28%	72%	104
Independent Living	39%	61%	28
Residential	65%	35%	86

Increase in Single Source Contracts



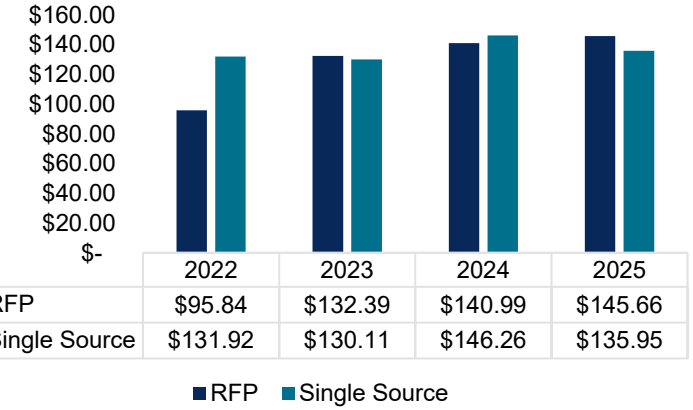
Since 2022, the use of single source contracts to place children has increased drastically among most placement setting types.

- Foster Care: 11% → 9%
- Group Homes: 29% → **72%**
- Independent Living: 10% → **61%**
- Residential: 17% → 35%

Single Source vs. RFP Rates by Setting

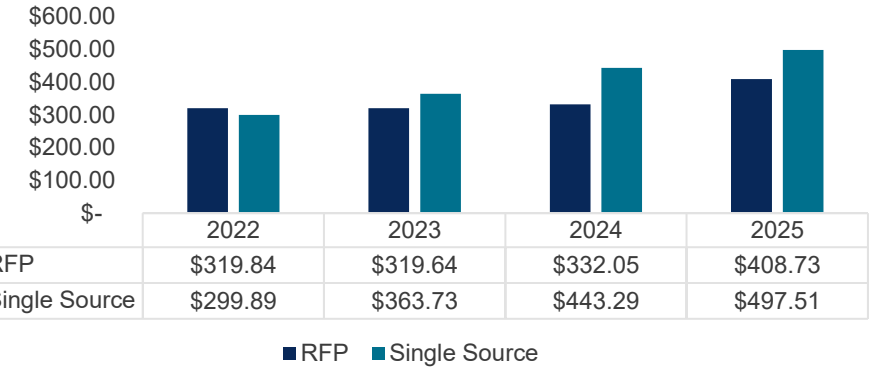
PCG compared average daily rates across setting types for those contracted through RFPs and those through single source contracts. In general, average rates are higher with single source contracts.

Foster Care



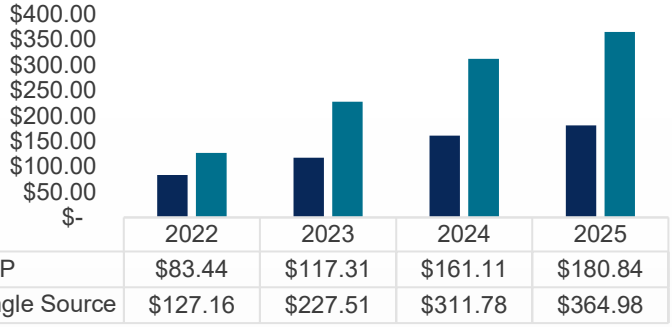
	2022	2023	2024	2025
RFP	$95.84	$132.39	$140.99	$145.66
Single Source	$131.92	$130.11	$146.26	$135.95

Group Home



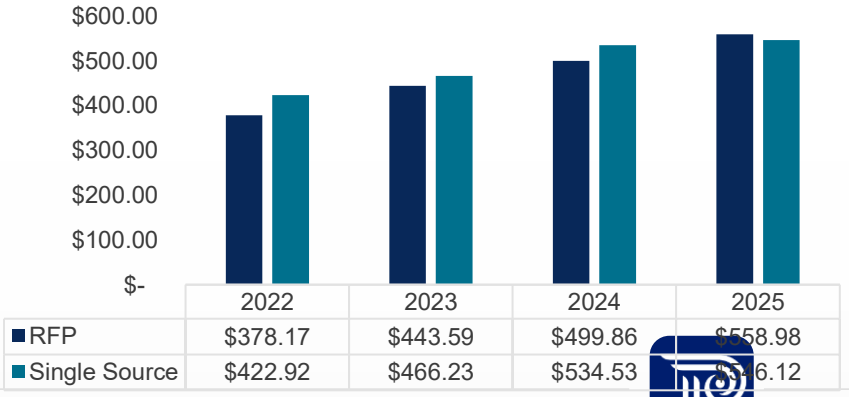
	2022	2023	2024	2025
RFP	$319.84	$319.64	$332.05	$408.73
Single Source	$299.89	$363.73	$443.29	$497.51

Independent Living



	2022	2023	2024	2025
RFP	$83.44	$117.31	$161.11	$180.84
Single Source	$127.16	$227.51	$311.78	$364.98

Residential



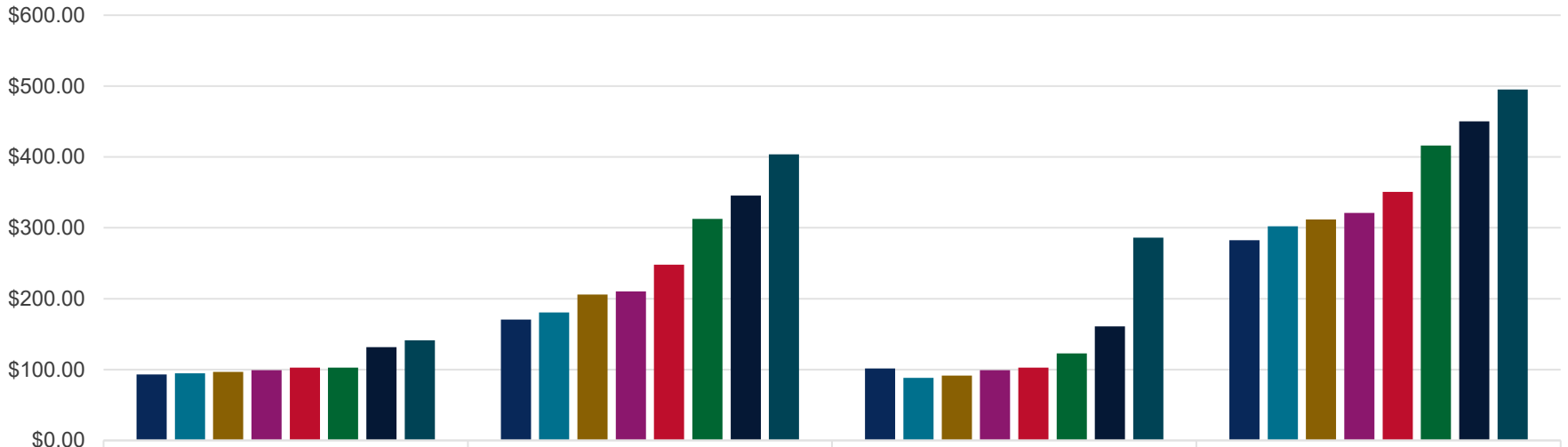
	2022	2023	2024	2025
RFP	$378.17	$443.59	$499.86	$558.98
Single Source	$422.92	$466.23	$534.53	$546.12

Hamilton County Rates

Average daily rates have increased across all placement types since 2017.

- Foster Care: 51% increase
- Group Homes: **137%** increase
- Independent Living: **182%** increase
- Residential Treatment: 75% increase

Average Daily Rate by Placement Type



	Foster Care	Group Home	Independent Living	Residential Treatment
2017	$93.27	$170.67	$101.49	$282.64
2018	$94.91	$180.69	$88.49	$302.11
2019	$96.66	$205.85	$91.34	$311.72
2020	$99.11	$210.40	$99.30	$321.10
2021	$102.73	$247.90	$102.90	$350.63
2022	$102.77	$312.76	$122.73	$416.14
2023	$131.75	$345.36	$160.85	$450.06
2024	$141.16	$403.73	$285.94	$495.06

2017 2018 2019 2020 2021 2022 2023 2024

Rate Variability

Because of the rate setting process, providers receive vastly different rates across setting types. This table shows the average, minimum and maximum rate for each placement setting grouping.

Providers are able to negotiate single source contracts much higher than the state Title IV-E ceiling for high acuity youth, creating large variances in provider rates.

Placement Setting	Avg. Rate	Min. Rate	Max. Rate	Difference
Foster Care	**$144.47**	**$60.17**	**$485.06**	**$424.88**
Foster Care - Traditional	$101.46	$60.17	$143.27	$83.10
Foster Care Level 1	$132.08	$90.00	$228.24	$138.24
Foster Care Level 2	$147.92	$125.87	$169.97	$44.10
Foster Care Level 3	$144.07	$99.47	$218.84	$119.37
TFC - Emergency	$205.44	$183.39	$227.48	$44.09
TFC - Medically Fragile	$463.01	$440.96	$485.06	$44.10
TFC - Other - Respite	$142.02	$119.97	$164.07	$44.10
TFC - Special Needs	$182.42	$109.17	$332.80	$223.63
TFC- Special Needs 2	$188.83	$166.78	$210.88	$44.10
Group Home	**$465.61**	**$176.99**	**$800.00**	**$623.01**
Residential Group Home	$465.61	$176.99	$800.00	$623.01
Independent Living	**$296.78**	**$160.41**	**$1,030.00**	**$869.59**
Independent Living	$301.32	$160.41	$578.76	$418.35
Semi-Independent Living	$293.66	$170.94	$1,030.00	$859.06
Residential	**$554.55**	**$242.00**	**$1,130.00**	**$888.00**
Crisis Stabilization	$610.13	$595.32	$624.94	$29.62
Residential Level 1	$521.39	$242.00	$960.90	$718.90
Residential Level 2	$608.73	$314.05	$1,130.00	$815.95

Advantages of Kinship Care

Utilizing kinship placements leads to better well-being and financial outcomes for children and child welfare agencies.

Well-being Outcomes

- Improved placement stability
- Increased likelihood of placement with siblings
- Better behavioral and mental health
- Higher likelihood of achieving permanency with their family

Financial Outcomes

- Kinship stipends are $350 a month for the first 6 months, then increase to $700 a month (when state funds expire).
- The average monthly cost for other placements is much higher:
  - Foster Care: $4,230
  - Group Homes: $12,112
  - Residential Care: $14,851

Stakeholder Feedback

- “Kinship providers should receive the same level of support and resources as foster parents”
- “Kinship families are not equipped to care for youth with complex needs”

Notes on Kinship Licensure

- Adapted Requirements: No formal training required if fostering only kin.
- License Requirement Waivers: Kinship-only homes may receive waivers (e.g., coed siblings sharing a room). Safety waivers must be resolved within 30 days.
- Title IV-E: A Kinship placements are eligible for Title IV-E reimbursement once licensed, including a kinship licensure.

Shortage of Placement Options

Hamilton County aims to utilize the least restrictive placement for children in care, prioritizing kinship homes and foster homes, when possible.

Limited Foster Home Capacity & Gaps in Quality Residential Care

- JFS Children's Services reports that there is a shortage of both foster homes and residential beds within Hamilton County.
  - While there is a small uptick in the number of statewide foster homes, in Hamilton County, JFS reports that there is a decreased number of qualified foster homes who can take high-acuity youth.
  - Many residential providers are at full capacity or have developed selective admission criteria for youth due to capacity limitations and risk level.

Implications of Group Home Growth for High-Acuity Youth Placements

- Statewide increase in group homes has led JFS to rely more heavily on them for placing high-acuity youth.
- Group homes must be QRTP-certified, intended to provide services comparable to residential treatment centers.
- Challenges reported by stakeholders:
  - Many group homes are new and inexperienced with high-acuity populations.
  - Quality of care varies, with concerns about stability and treatment effectiveness.
  - Behavioral health services are often outsourced in the group homes, limiting on-site support and contributing to placement disruptions.

Provider Workforce and Placement Challenges

Provider Challenges

- Workforce crisis across the provider network
- Providers are struggling to hire and retain qualified staff due to emotional and physical demands of care ,inexperience and low wages
- Staffing challenges have led to reduced placement capacity
- Increased operational costs (higher salaries, more staff needed, rising insurance costs, rising costs of necessities
- Increased requirements(staffing ratios, credentialed nurses)
- Providers are:
    - More selective in youth acceptance
    - Able to negotiate higher rates due to system demand
    - Providing need based child specific supports

Challenges for Youth in Congregate Care

- Increased number of youth in care over 5 years, with limited placement options
- Complex trauma and care needs(combined developmental medical, behavior health) require intensive support
- Multiple placement disruptions/ changes contribute to loss of connections, healing and the ability to engage in treatment.

PCSAO Placement Crisis Affecting Children Services Report 2022

- Survey of 19 counties in Ohio
- 24% of youth (1,005) entered care due to diversion from juvenile corrections (]9.3%), behavioral health needs (12.1%), or developmental/intellectual disabilities (2.4%).
- Estimated 3,145 multi-system youth statewide faced placement challenges.
- Counties report frequent court-ordered placements not considered abuse/neglect.
- While counties responded that they often push back on the other systems for these placements, there was overwhelming agreement that the leading issue impacting this multi-system youth population (JJ, BH, DD/IDD) is the lack of community alternatives (34%) for these youth.

Services and Needs

Services for Children in Care

JFS utilizes three (3) programs to provide service coordination for children and families receiving services.

	FAIR	HOPE	OhioRISE
Purpose	Assess the need for Behavioral health support for JFS case members and link to Medicaid enrolled providers	Intensive care coordination for multi-system youth	Medicaid-enrolled youth (0-20) provides coordinated care for youth with complex behavioral health needs to help reduce hospitalizations and out-of-state placements.
Referrals and Eligibility	Exclusively from JFS; any active case member	Involvement with ≥2 systems (JFS, DDS, Juvenile Court, Mental Health Board)	Medicaid-enrolled youth (0-20) with high behavioral health needs, identified through a CANS assessment
Services	Therapy, case management, medication, substance use treatment. May suggest parenting classes or domestic violence education (but does not directly refer for these)	Traditional + non-traditional (specialized therapy, mentoring)	Specialized services: Mobile crisis response (MRSS) Intensive home-based treatment Behavioral health respite Psychiatric Residential Treatment Facilities (PRTFs) when needed
Coordination	Specifically for JFS cases	Uses CANS; collaborates with OhioRISE	Integrated care coordination across systems (child welfare, juvenile justice, schools, behavioral health)
Funding	Children's Services Tax Levy	Shared across all systems, with JFS (tax levy) being the highest contributor	Medicaid
Scale	~2,500 open cases	~90 youth; no waitlist allowed	~3,800+ foster care youth are enrolled across Ohio.

Feedback on Service Array

JFS staff and system partners were asked to describe the current service array, quality, and availability of services. They shared the following:

Service Gaps for Families and Youth

- The needs of youth have changed, but services have not evolved to meet the needs of youth.
- The standard array of services often fails to address the specific needs of families in complex cases.
- Lack of services for youth not in acute crisis or early in JFS involvement.
- Limited outpatient therapy capacity
- Gaps in services for youth not meeting OhioRISE criteria.
- Need more domestic violence Services both for victims and perpetrators
- Specialized support for families with language or cultural barriers
- Need services to address complex trauma, including education for caregivers to understand behaviors related to trauma

High Acuity Barriers

- High-acuity youth remain in hospital stays longer due to lack of appropriate step-down options and adequate community-based supports.
- Limited intensive and specialized community services, lead to group home placements with high turnover and inadequate training.
- Shortage of service providers willing or able to offer creative, non-traditional solutions for high-acuity cases
- Need for increase access to high level case management/1:1 services/ parenting coaching for kids who have significant behaviors.

Lack of Prevention Services

- Families need better connection to community resources to avoid opening cases.
- Post-reunification and preventative services to prevent re-entry.
- Housing support and financial assistance to prevent removals.
- Centralized referral processing and more time for assessors to identify preventative supports to eliminate opening a case

System Complexity and Access Issues

- New services (IHBT, MRSS) promising but not widely accessible. OhioRISE services are often not available to youth in congregate care.
- OhioRISE rollout caused confusion and duplication with HOPE and FAIR. Unclear eligibility criteria; some youth fall through gaps.
- OhioRISE adds heavy documentation and coordination demands.
- Tools like the DAF (diagnostic assessment form) do not always identify actionable needs, especially in cases where parental choices, rather than mental health issues, are the primary concern, leaving gaps in service provision.

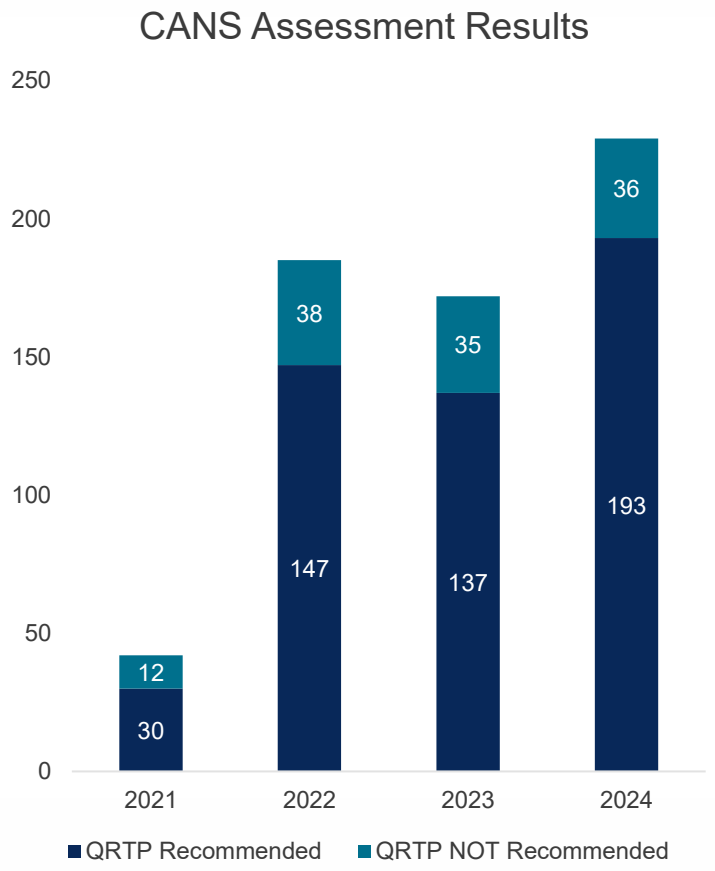
QRTP Qualified Assessments and Level of Need

Prior to or within 30 days of placement in a QRTP, a qualified individual must complete an assessment to determine which setting would provide the most effective and appropriate level of care for the child.

In Ohio, the qualified assessment tool is the CANS, which is required to be completed for any youth entering a QRTP on or after October 1, 2021, to maintain IV-E reimbursability.

Since 2021, there has been an increase in the number of youth who have been assessed for QRTP placement. Additionally, the percent of youth who it has been determined that a QRTP placement was not recommended has decreased.

FFPSA imposes additional criteria that must be met for Title IVE Claiming. Failure to meet requirements timely results in loss of Title IV-E reimbursement for affected placements.



Increase in Acuity: Growing Complexity of Needs Among Youth Entering Care

- Children and youth entering foster care often have pre-existing trauma related to abuse, neglect, instability, and separation.
- Over recent years, the needs of families involved with Children's Services have become more complex, and the subset of youth presenting with high-acuity behavioral and mental health needs has increased.
- While the COVID-19 pandemic may have contributed to these trends, it is not the sole cause, and the precise drivers are multifactorial and still emerging.

Observed Trends

- Greater complexity in family systems, including:
  - ✓ Co-occurring substance use, mental health, and housing instability
  - ✓ Multi-system involvement (child welfare, juvenile court, behavioral health, education)
- A growing subset of youth entering care with:
  - ✓ Higher intensity behavioral health needs
  - ✓ Increased difficulty stabilizing in traditional family-based placements
  - ✓ Greater need for specialized services and supports

Note: Increased acuity reflects broader system and family-level complexity and does not characterize all youth entering foster care.

Common Trauma-Related Behavioral Patterns (for a subset of youth)

- Emotional dysregulation (e.g., aggression, defiance, withdrawal)
- Difficulty forming or maintaining trust with adults
- Self-harm or other safety-related behaviors
- Running away or placement instability
- School disengagement or truancy
- Substance use or other high-risk coping behaviors
- Social isolation and limited peer connection

Increased acuity among a subset of youth has resulted in:

- Fewer placement options able to safely meet needs
- Greater reliance on intensive and congregate care settings
- Higher per-child costs and longer stabilization timelines
- These trends reflect increasing service intensity, not changing expectations of youth.

Associated Increased Costs for High Acuity Youth in Congregate Care

Creative solutions with associated increased costs - some high-acuity youth require additional supports and creative solutions

- Solitary housing - increase per diem to account for inability to place other youth
- 1:1 aids to assist with safety

Wraparound Care is another support provided in group and residential settings for high-acuity youth.

- Provider Staffing - If providers use their own staff for wrap services, costs are covered through their contracts
- Currently, 75 youth receive 1:1 wraparound support
- FAIR/HOPE Staffing
  - If provider staff are unavailable, FAIR/HOPE staff are used
  - Funded via contract with the Mental Health & Recovery Services Board
  - Services are non-Medicaid reimbursable
  - HOPE supplies the majority of Individual Aid staff
- Cost and Rate Details
  - 2024 estimated cost: $1,990,122.61
  - Hourly rates: $25–$45
  - Daily cost range: $600–$1,080
- Workforce Considerations
  - Rate increases ensure competitiveness and quality training

State Investment to Expand Local Stabilization Capacity: In February 2026, Ohio Governor Mike DeWine and Ohio Department of Children and Youth (DCY) Director Kara Wente announced funding for Child Wellness Campuses, including Talbert House in Hamilton County, to provide short-term, therapeutic stabilization and assessment for youth with complex needs, **offering a local alternative to hotels, shelters, and distant placements that often drive higher costs**.

Journey Mapping Introduction

Process and Overview

- PCG reviewed three (3) cases currently open from JFS that were determined ‘high-acuity’. All three children were at one point assessed as needing a residential level of care.
- JFS provided PCG with detailed information about the cases, including assessments completed, a placement history, and service logs.
- PCG mapped these cases to show the family background and needs as well as the services provided and placement history.
- These maps were created to show the level of care and services required to stabilize and treat children with high levels of behavioral and emotional needs.

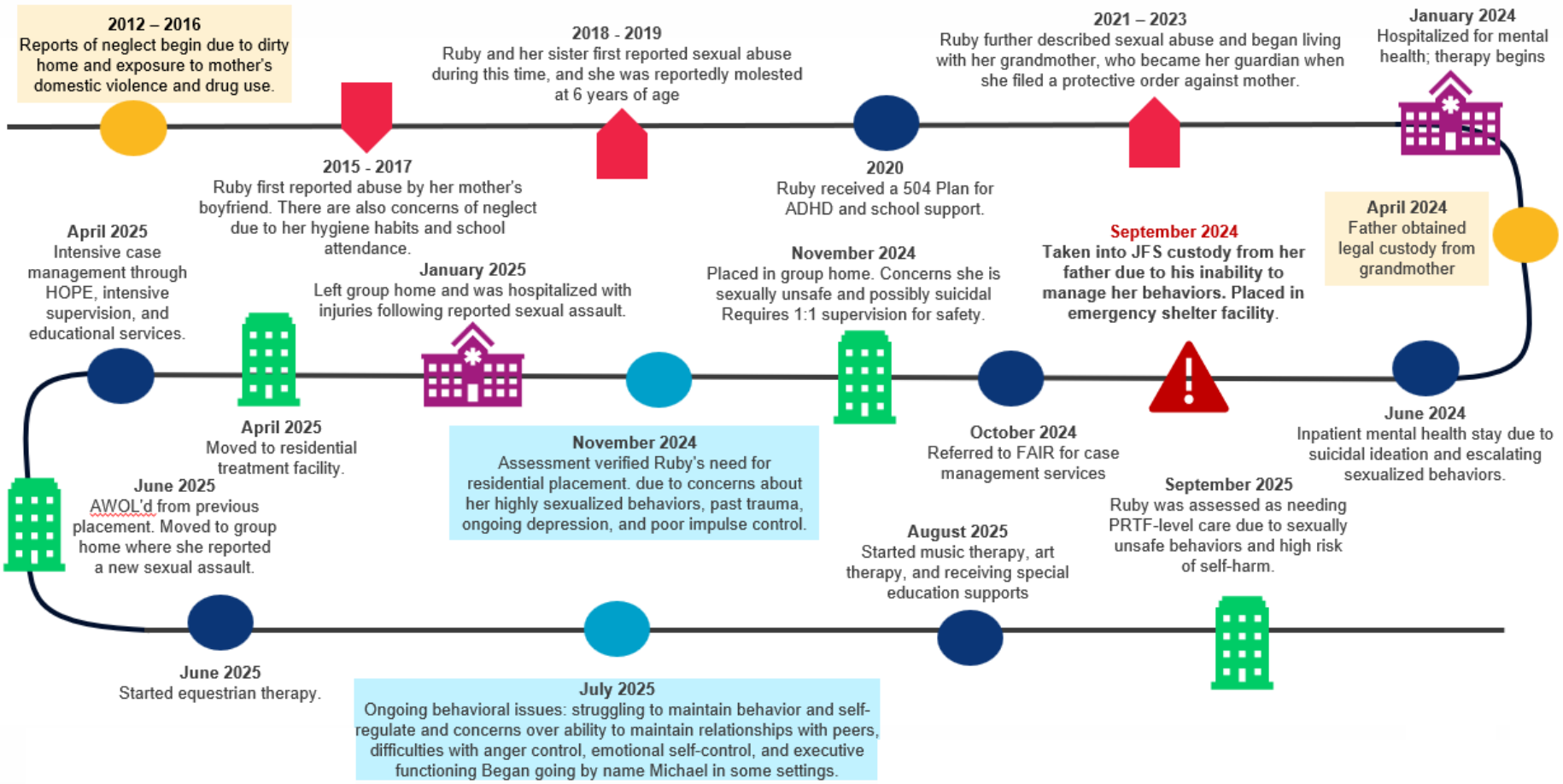
Observations

- High-acuity cases are expensive. They typically require more intensive (and expensive) placements and services and stay open longer.
- Having a relative caregiver available drastically reduces the overall cost of care – even if intermittent residential stays are required.
- There appear to be frequent service disruptions whenever a child changes placements, especially in congregate care settings, emphasizing the need for stable, home-based placements.
- It is difficult to find long-term, stable placements for high-acuity youth.
- Supportive services for both foster and kinship placements are needed to help decrease placement disruptions.

RUBY'S CASE SUMMARY

REMOVAL REASON	Ruby has a long history of abuse and neglect. Ruby lived in a dirty home with her mother and was exposed to drug use and domestic violence, and Ruby and her sister were molested by a family member in adolescence. Ruby moved in with her grandmother, who filed a protective order against her mother, then with her father, who ultimately was unable to maintain custody due to her behaviors and to protect the other children in his home.		
CASE OVERVIEW	Ruby has significant behavioral and emotional challenges due to the abuse and neglect she faced. In JFS custody, she has cycled through congregate care placements due to hyper-sexualized behaviors, trauma history, depression, poor impulse control, and repeated self-harm and suicidal ideation, requiring 1:1 supervision at many of her placements. She has reported assaults, struggled with trust and coping skills, and required intensive supervision, therapies, and special education services. Assessments ultimately determined she needed a Psychiatric Residential Treatment Facility (PRTF) level of care to ensure safety, structure, and intensive intervention for her high-risk behaviors and emotional instability.		
PLACEMENT OVERVIEW	Ruby was placed in 5 different congregate care facilities during her 15 months in foster care – 1 emergency shelter, 2 group homes, 1 residential care facility, and 1 PRTF.		
TOTAL PLACEMENT COST ESTIMATE FOR JFS	**$196,000**	**ANNUAL PLACEMENT COST ESTIMATE FOR JFS**	**$178,000**

RUBY'S CASE OVERVIEW



KEY

Removal		Family/Foster Care Placement		Services		Background	
Abuse / Neglect Report		Congregate Care Placement		Hospitalization		Assessment / Diagnosis	

JASPER'S CASE SUMMARY

REMOVAL REASON	Jasper entered JFS custody in 2017 at age three after his sibling tested positive for opiates at birth.		
CASE OVERVIEW	Jasper experienced multiple disrupted foster placements before moving into kinship care with his paternal grandmother in 2018, who has remained his primary caregiver despite significant challenges managing his aggressive and destructive behaviors. Jasper has been diagnosed with ADHD, ODD, DMDD, and PTSD related to trauma and loss, including the deaths of his father and grandfather. He has received extensive services—therapy, mentoring, school supports, and intensive supervision—but continues to struggle with anger, emotional regulation, and aggression toward family members. A CANS assessment determined he required residential treatment, and he was placed in a residential facility for a year to receive intensive therapeutic and psychiatric support. He then returned to his grandmother's with ongoing services to address his behavioral health needs.		
PLACEMENT OVERVIEW	• 3 foster care placements from July 2017 – December 2018 and one 2-month stay from August – October 2020. • Kinship placement with grandmother beginning in December 2018. • Residential treatment from November 2023 – December 2024 (then returned to grandmother).		
TOTAL PLACEMENT COST ESTIMATE FOR JFS	**$330,000**	**ANNUAL PLACEMENT COST ESTIMATE FOR JFS**	**$39,000**

JASPER'S CASE OVERVIEW

2017
Substantiated report that required in-home supports due to a dirty home environment, ongoing substance use issues, and domestic violence.

July 2017
Jasper and siblings were removed from parents when sibling tested positive for opiates at birth.

July 2017
Placed with foster family

July 2017
Began receiving services that included case management through FAIR and individual and family therapy through Central Clinic..

2018
Crue's paternal grandfather (and former caretaker) passed away.

Feb – Dec 2018
Two foster home placements. One disrupted due to abuse/neglect allegations from foster parents and the other due to behavior issues

December 2018
Jasper and his 2 siblings were placed in kinship care with paternal grandmother who has been actively involved with the children throughout their time in care.

August 2019
Diagnosed with Disruptive Mood Dysregulation Disorder. Noted Crue has behavior issues including fighting and aggression.

August 2020
Placement with grandmother disrupted for 2 months due to Jasper's behavior and outbursts. Jasper stayed in foster care placement during that time.

May 2021
Father passed away due to heroin overdose.

2022
Taking medication for behavioral health diagnoses, attending therapy, attending Glad House, family therapy, and school-based therapy. He has an IEP and ABS services

January 2023
Grandmother had to call police due to Jasper's vandalism. Jasper is quickly frustrated and lashes out with aggression when angry.

July 2023
Hospitalized due to violent outbursts and inability to emotionally regulate. Jasper has a history of violence, aggression toward family, difficulty listening, and following directions. Grandma has difficulty managing his behavior.

September 2023
Diagnosed with ADHD, ODD, and PTSD. It was recommended Jasper receive play therapy focused on grief and trauma and that he be evaluated for residential treatment

June 2025
CANS assessment determined residential care is needed to give Jasper supervision and services to address his behavioral health needs and keep himself and others safe

July – August 2024
Began receiving mentoring and care coordination through HOPE

December 2024
Returned to paternal grandmother for placement. The case plan goal is adoption (by grandmother). Jasper's sister is no longer placed with his grandmother, but he does have monthly visitation with his sister. His brother remains in the home with Jasper and grandmother.

KEY

Removal		Family/Foster Care Placement		Services		Background	
Abuse / Neglect Report		Congregate Care Placement		Hospitalization		Assessment / Diagnosis	

OPAL'S CASE SUMMARY

REMOVAL REASON	Children were removed from their mother's care due to chronic substance abuse, untreated mental health issues, and exposure to unsafe behaviors, including sexual acts and substance use. After unsuccessful placements with the noncustodial parent and kinship caregivers, Opal was diagnosed with Reactive Attachment Disorder and was exhibiting inappropriate sexual behaviors, leading to foster care placement.
CASE OVERVIEW	Opal's life has been marked by chronic instability, beginning with prenatal substance exposure and repeated involvement with child protective services. Her early environment included parental substance abuse, domestic violence, frequent incarcerations of caregivers, and exposure to physical and sexual abuse, creating unsafe and traumatic conditions. She experienced multiple removals, inconsistent caregivers, and disrupted attachments, which compounded her trauma and behavioral challenges. Over time, Opal developed complex mental health conditions, including PTSD, reactive attachment disorder, and schizoaffective disorder, co-occurring with intellectual disabilities and engaged in high-risk behaviors such as physical aggression and self-harm. Despite intensive interventions, her history reflects ongoing safety concerns and significant barriers to stability and healing.

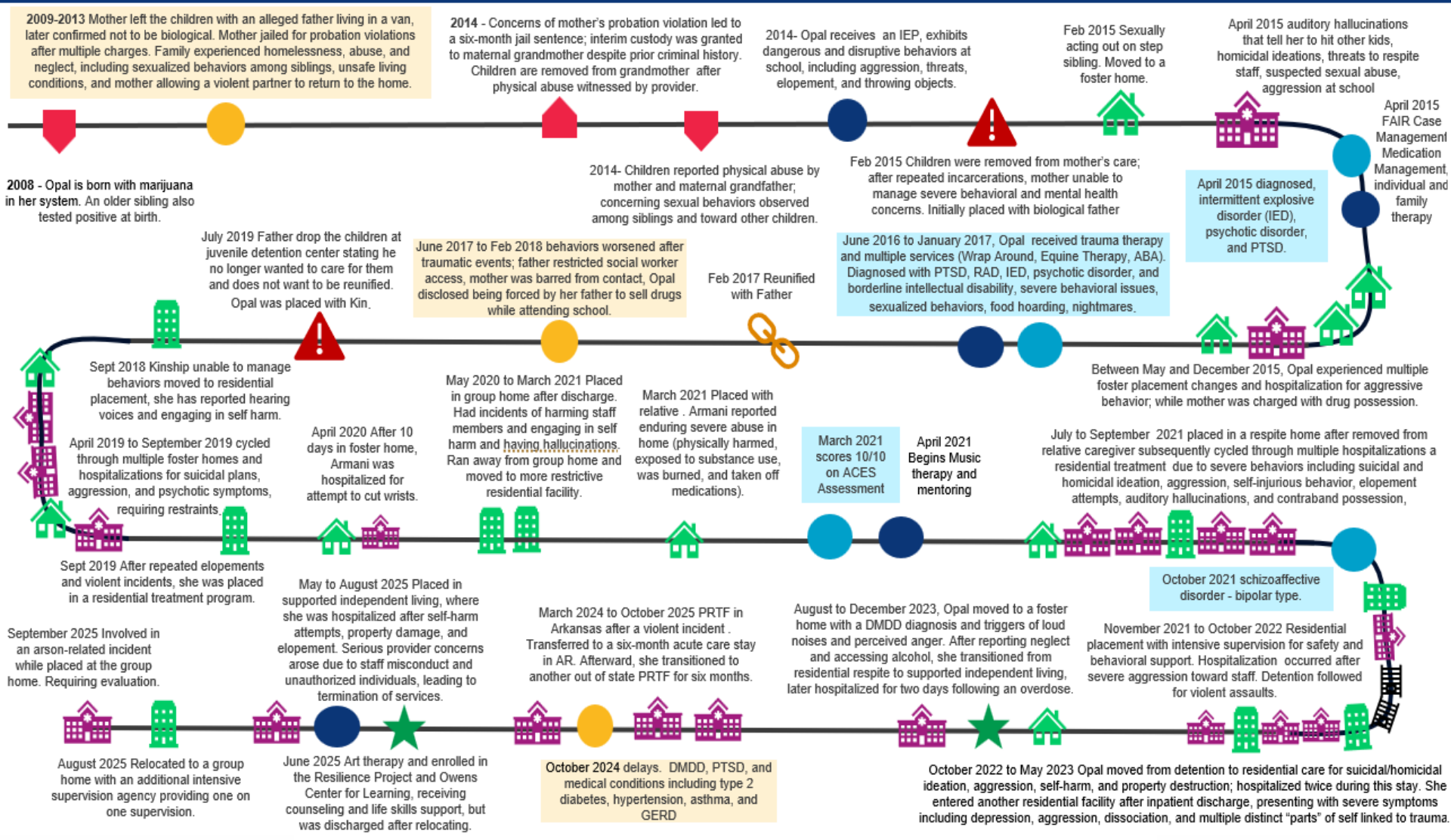
PLACEMENT OVERVIEW

Placement Type	Count	Placement Type	Count
Hospitalization	16	Group Home	2
Respite	13	Kinship	3
Foster	9	Detention	2
Residential	8	Independent Living	2
PRTF	2	Total Placements	57

TOTAL PLACEMENT COST ESTIMATE FOR JFS	**$795,000***	**ANNUAL PLACEMENT COST ESTIMATE FOR JFS**	**$85,000**

*Hospitalizations and PRTF stays are paid for through Medicaid.

OPAL'S CASE OVERVIEW

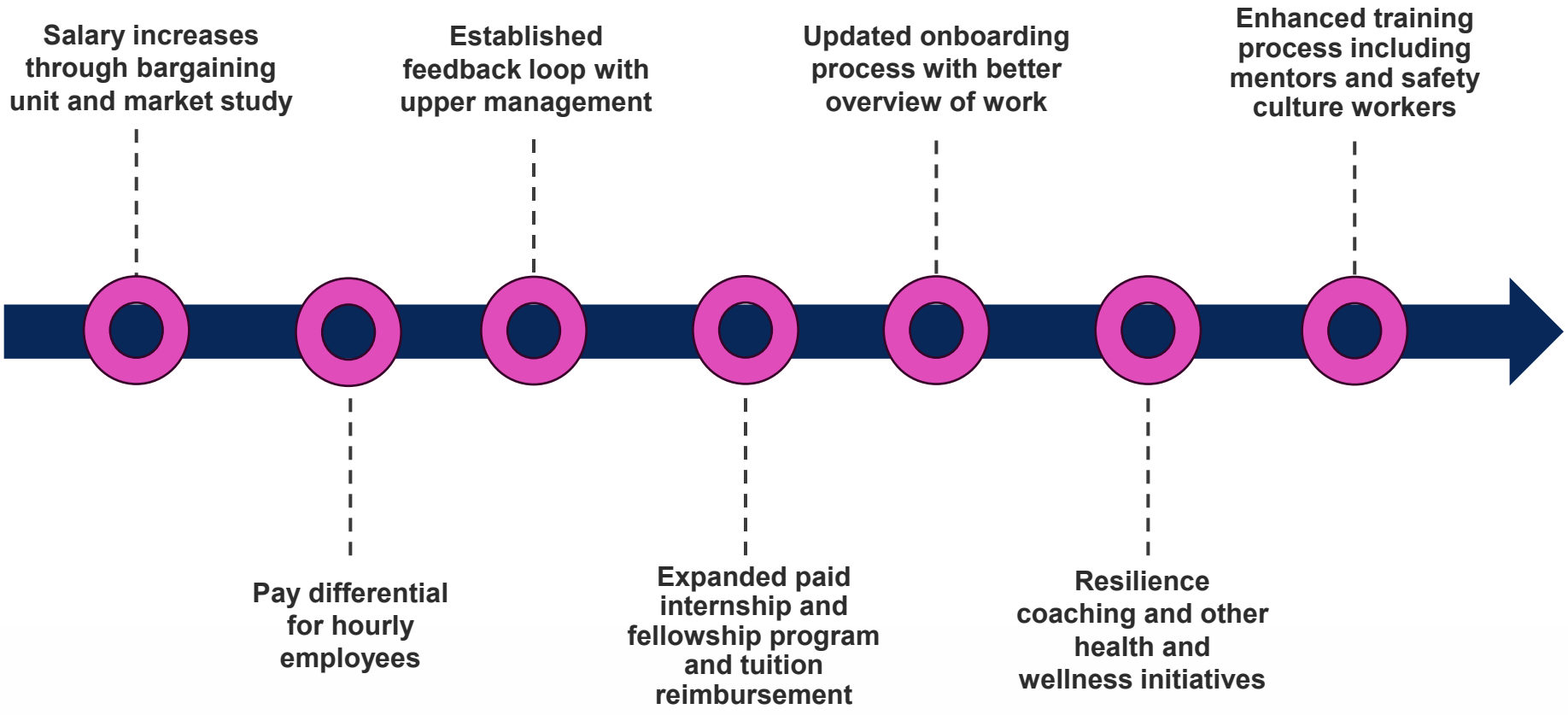


KEY							
Removal		Services		Hospitalization/ PRTF		Detention	
Family/Foster Care Placement		Assessment/ Diagnosis		Abuse / Neglect Report		Reunification	
Congregate Care Placement		Background		Independent Living			

V. Staffing and Retention Efforts

Overview of Staffing Initiatives

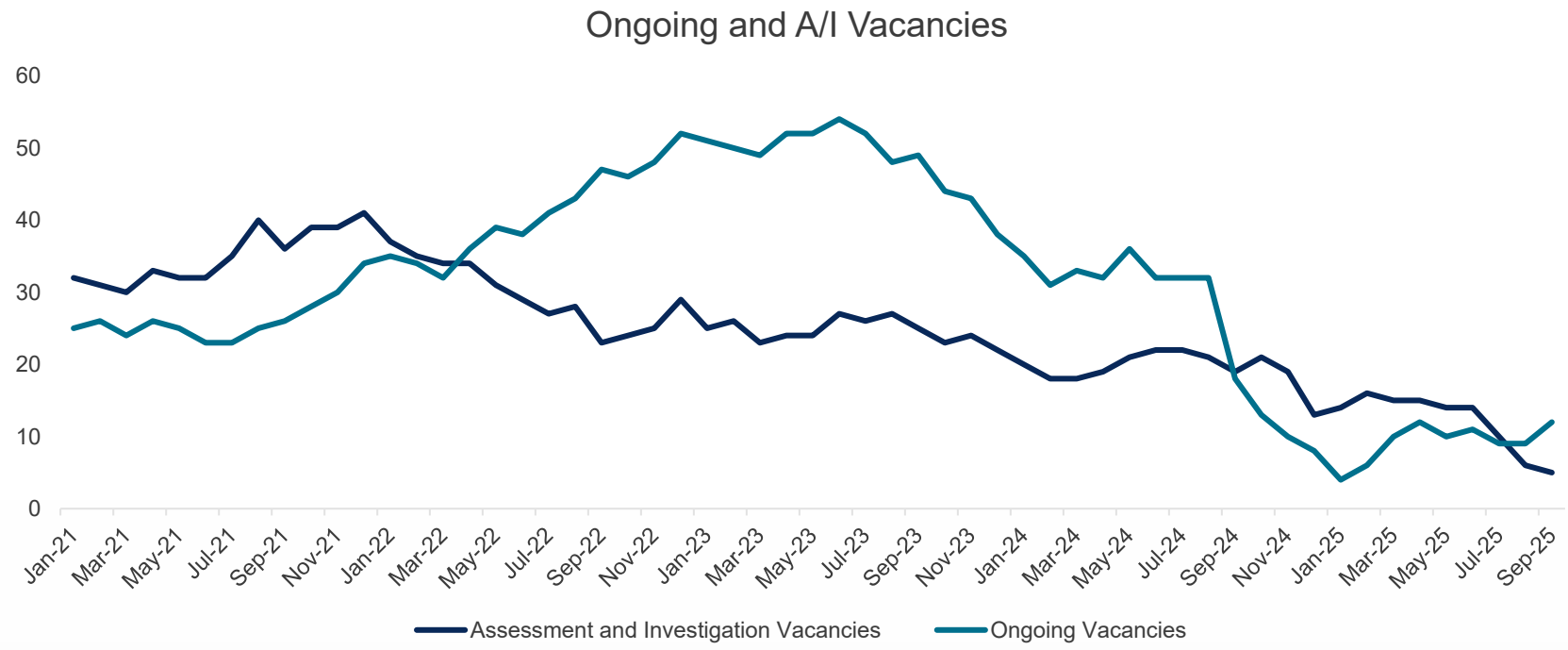
New staffing initiatives at Children's Services have led to a decrease in caseload sizes and fewer vacancies over the previous five-year timeline. Some of these initiatives are outlined in the timeline below.



Staff Vacancy Over Time

Children's Services has greatly reduced the number of staff vacancies for frontline caseworkers over the five-year levy period.

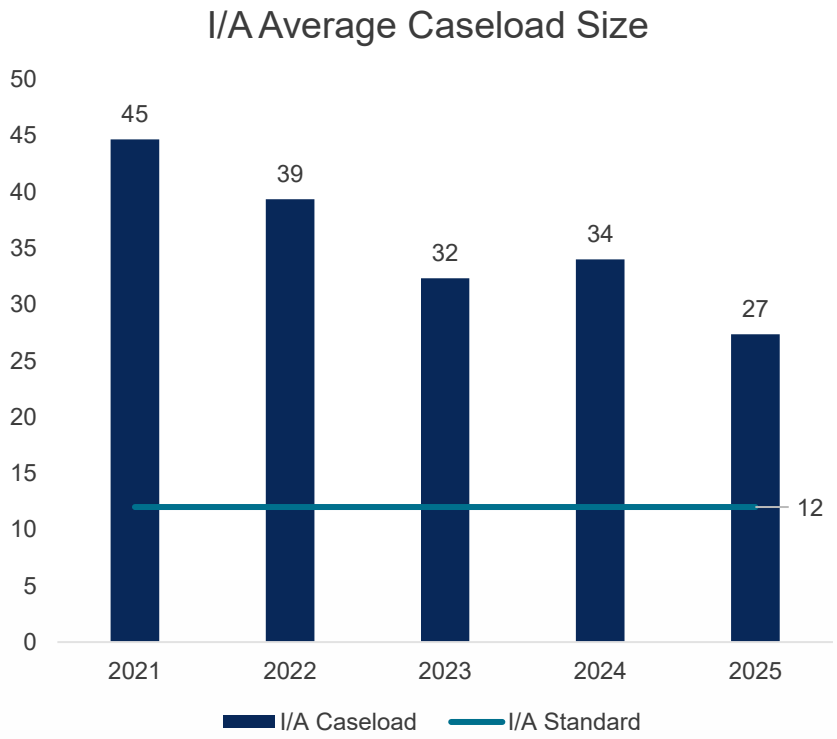
- Assessment and Investigation (A/I) vacancies have decreased from an average of 35 in 2021 to 12 in 2025.
- Ongoing vacancies have decreased from an average of 26 in 2021 to 9 in 2025.

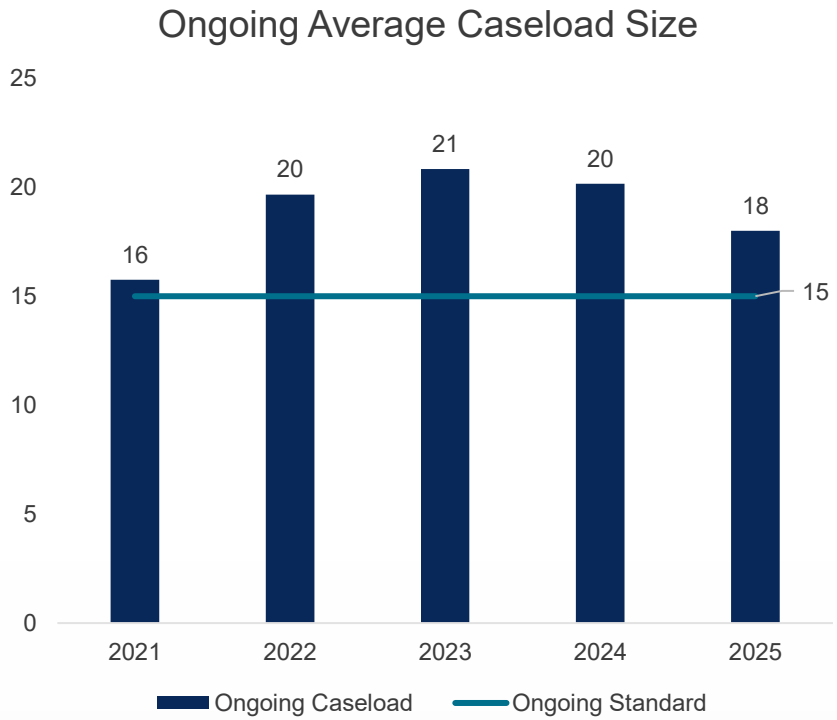


Caseload Sizes

During the five-year levy period, average caseload sizes for both ongoing caseworkers and Assessment/ Investigation (A/I) caseworkers have decreased, though still not to the recommended standard set by COA, the accrediting body.

Caseworkers described workloads as barely manageable, with caseworkers working ~50 hours/week. Preventative work and support for families doing well is often neglected due to crisis management.





Impact of Reduced Turnover

Low rates of staff turnover positively affect children, families, and staff.

Children and Families

- Less placement disruptions
- Shorter length of time in care
- Less incidents of maltreatment
- Lower re-entries into foster care

Caseworkers and Staff

- More manageable caseloads and workload
- Reduces stress and mitigates burnout
- Improves job satisfaction
- Supports timely visits, service provision, and family engagement

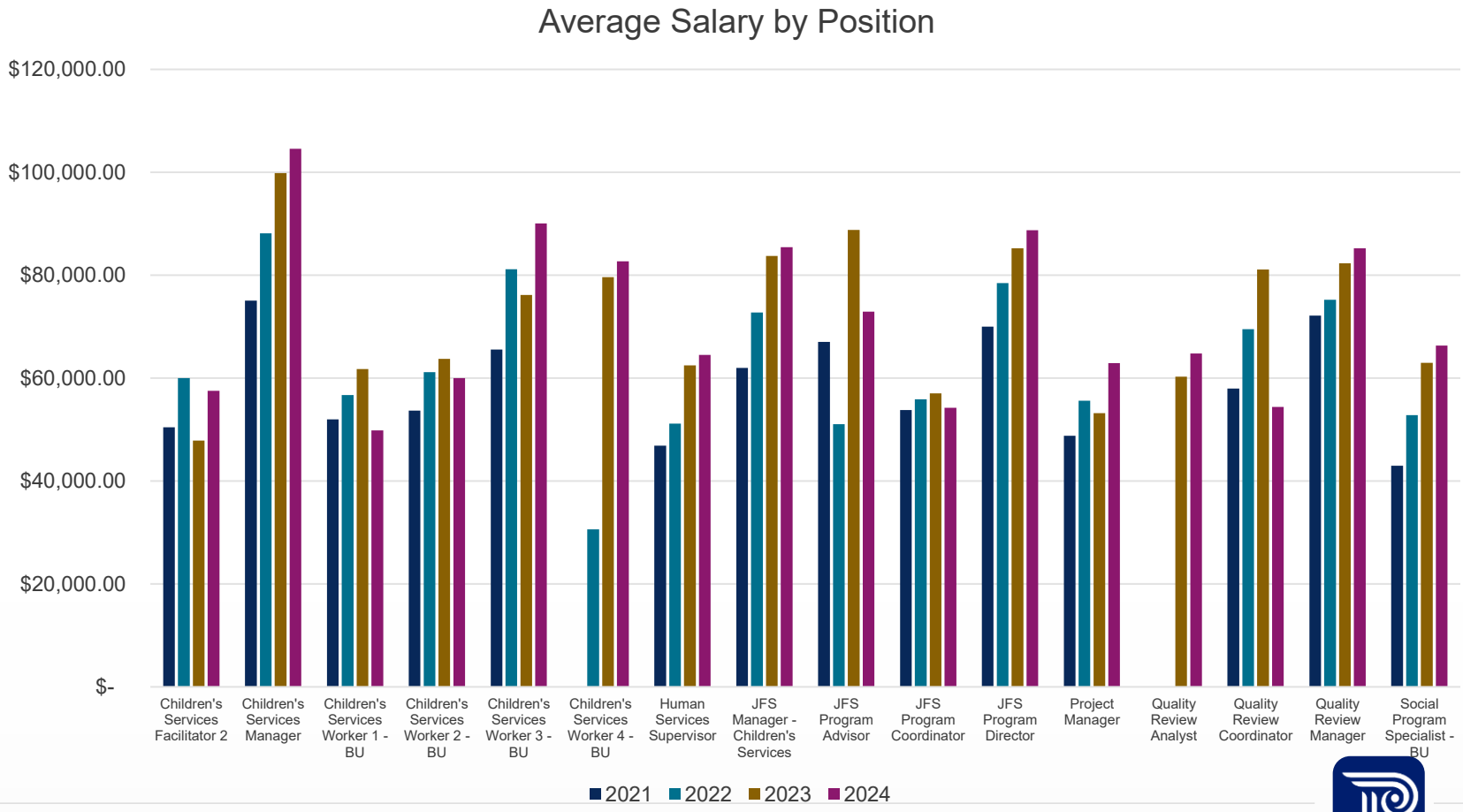
Staff and Client Demographics

- The racial composition of Children's Services employees is in line with the overall county demographics of Hamilton County, and the percentage staff who are people of color exceed overall county demographics
- JFS has made it a priority to focus on staff diversity, and nearly almost half of JFS Children's Services employees are people of color.
- However, there continues to be a disproportionate number of children of color in JFS custody compared to white children. This is a nationwide trend.

Race and Ethnicity	Children's Services Staff	County Demographics	JFS Children in Custody
Amer. Indian or Alaskan Native	1%	<1%	<1%
Asian	2%	3%	<1%
Black or African American	35%	25%	53%
Other / Declined	1%	2%	1%
Hispanic or Latino	2%	4%	3%
Two or more Races	3%	6%	13%
White	57%	63%	32%

Salaries

Increasing staff salaries have been a key driver of improved staff retention and reduced caseload sizes over the previous 5 years. All bargaining unit staff received a 12.5-15% pay increase through union negotiations, where other positions also saw similar increases.



Training and Professional Development

Professional Development and Supervision

- In general, staff feel supported by their supervisor but noted a lack of collaboration across teams due to heavy workloads across the agency. They also noted many supervisors also carry cases, so everyone is trying to keep their heads above water.
- Staff reported having a good deal of training available, but stated they often lack the time to attend them due to caseload demands.
- Veteran staff have noted improvements in training and professional development in the previous five-years.

Training Needs

- Some stakeholders reported JFS staff could benefit from additional training on how to interact with families in a way that is consistently respectful and courteous
- JFS staff have expressed a desire to receive more training around conflict resolution and de-escalation to deal with difficult and/or non-compliant families.
- Staff expressed a need for additional training on how to best serve kids, their trauma, and what services they may be best suited for.
- Staff still reported that many new staff have anxiety about beginning field work and would like more training clearly outlining the expectations of their role.

VI. Compliance with TLRC Recommendations

Compliance Overview

The TLRC developed the following list of recommendations to JFS Children's Services based on PCG's report in 2021. The following slides show JFS's progress toward each recommendation.

#	Recommendation
1.	Expanded efforts to increase and retain staff
2.	Continued effort to increase diversity of staff and leadership
3.	Increased services and support of older youth
4.	Development of a plan to provide funding and support to address families in crisis due to unstable housing
5.	An actionable plan to enhance communication, collaboration and partnership with community members and stakeholders
6.	Increasing community-based programming
7.	Expansion of community health and educational support for children
8.	Safety culture enhancements

Progress on Recommendations

#	Recommendation	Additional Information	2026 Updates

1	**Expanded efforts to increase and retain staff**	• 2021 Caseload levels
		  ○ Ongoing*: 13.4
		  ○ Assessment**: 30
		• 2021 Vacancy rate info: 15% for all positions (63 total vacancies)
			• JFS made improvements to caseload levels and staff vacancy rates
			• 2025 Caseload levels
			  ○ Ongoing*: 15
			  Assessment**: 22
			• 2025 Vacancy rate info: 8% for all caseload carrying staff (14 total vacancies), though staff still struggle with workload.

2	**Continued effort to increase diversity of staff and leadership**	• In 2021, 50% of JFS staff were people of color. • Making it a priority to focus on staff diversity is effective as seen by the diversity in the Children's Services staff population.	• 43% of children's services staff are people of color. • The percentage staff who are people of color exceed overall county demographics

**15 cases is the national recommendation for ongoing cases.*
***12 cases is the national recommendation for assessment cases.*

Progress on Recommendations

#	Recommendation	Additional Information	2026 Updates
3	**Increased services and support of older youth**	• Youth who age out exhibit elevated rates of dropout, teen pregnancy, crime/recidivism, and homelessness. • Hamilton County has a higher rate of older youth in care (20% of youth in care are 16 or older, vs. 14% nationally). • 5% more children in Hamilton County "age out" than the national average (12% vs. 7%)	• Several new initiatives to support older youth include: Found Village (2023), Youth Advocate Program (2024), Youth Advisory Board (2023), Emancipated Youth Stipend (2024). • As of 2024, 13% of youth in Hamilton County leaving care are aging out. (national average is 9%).
4	**Development of a plan to provide funding and support to address families in crisis due to unstable housing**	• Studies, and common sense, have shown a direct correlation between homelessness or the threat of homelessness, and family stability and child welfare. • Stakeholders reported a lack of affordable housing options in Hamilton County	• Utilized ARPA funds to provide concrete housing supports • Providing emancipated youth with housing stipends • Offering housing vouchers (have 50 total released on rolling cycle)

Progress on Recommendations

#	Recommendation	Additional Information	2026 Updates
5	**An actionable plan to enhance communication, collaboration and partnership with community members and stakeholders**	• From community focus group input, improvement could be made relative to outreach and engagement with existing "front line" organizations, and with individuals and families who are in direct need of service to prevent adverse impacts on children.	• Developed youth advisory board, led by emancipated youth or youth in care whose goal is to improve the foster care system. • Partnered with the Office of Family Voice, a parent-advocacy model to bring forward the voices and lived experiences of parents to inform decisions. • Expanded the Office of Client's Rights with staffing dedicated to community-based education and JFS program access
6	**Increasing community-based programming**	• There is a shortage of providers willing to provide intensive in-home services. • There are waitlists for some behavioral health services accessible through HOPE and FAIR.	• Workforce Shortages Persist • Assessment & Referral Improvements: All youth receive initial assessments through Check Clinic and are referred to FAIR.FAIR and HOPE teams complete assessments within 3 days and provide comprehensive support for adults. • Telehealth is available statewide—used when necessary, though not ideal.

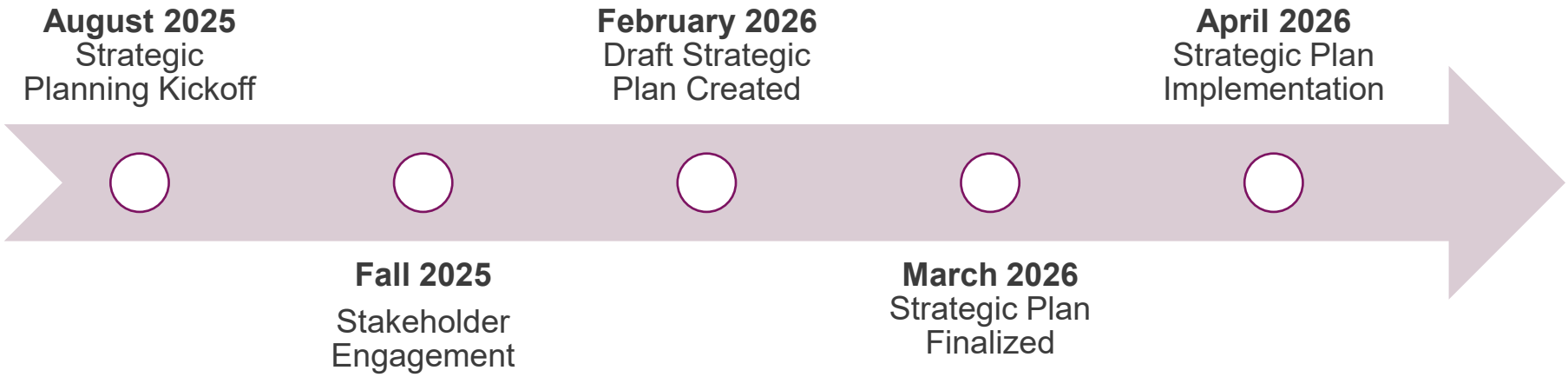
Progress on Recommendations

#	Recommendation	Additional Information	2026 Updates
7	**Expansion of community health and educational support for children**	• Trauma-informed systems with a focus on health and educational outcomes are critical to the well-being of children and families. • Hamilton County has many initiatives to address safety and permanence, but stakeholders reported a need to expand focus on child and family well-being.	• Active collaboration with Check Center for medical exams at intake. • Multidisciplinary Team (MDT) includes psychologist, social workers, and a new SUD interventionist screening all youth age 10+. • Hired a full time and part time youth coordinator to support youth education. • Upstream Health Education - Focus on youth ages 13–15: building awareness of primary care, dental, and vision health.
8	**Safety culture enhancements**	• Safety Coordinators do not have the capacity to reach the goal of screening 5-7% of cases. • There is need for increase capacity to train supervisors as the current CORE training does not address managing staff. • There is a need for increased capacity to support ongoing case managers on implementation of the safety model.	• Shifted focus to training and systemic safety improvements after the state discontinued the ASAP model • Collaborated with Southwest Ohio Regional Training Center (SWORTC) for mandated training delivery. • Achieved 100% compliance in key safety metrics among new staff. • Initial caseworker training extended from 4–6 weeks to 12 weeks in 2025. • Implemented Safe Systems Improvement Tool (SSIT) with University of Kentucky and ODCY to analyze system-level safety risks.

VII. Hamilton County JFS Strategic Plan

Strategic Plan

Hamilton County Job and Famile Services is in the process of working with a contractor to develop a strategic plan. The agency has not had a strategic plan since 2010. Throughout the fall, the contractor will engage stakeholders with focus groups and surveys to inform the plan. The plan will include components of the Children Services Strategic Plan which was completed in Summer 2025. The plan is expected to be finalized in March 2026.



VIII. Peer County Comparisons

Peer County Comparisons

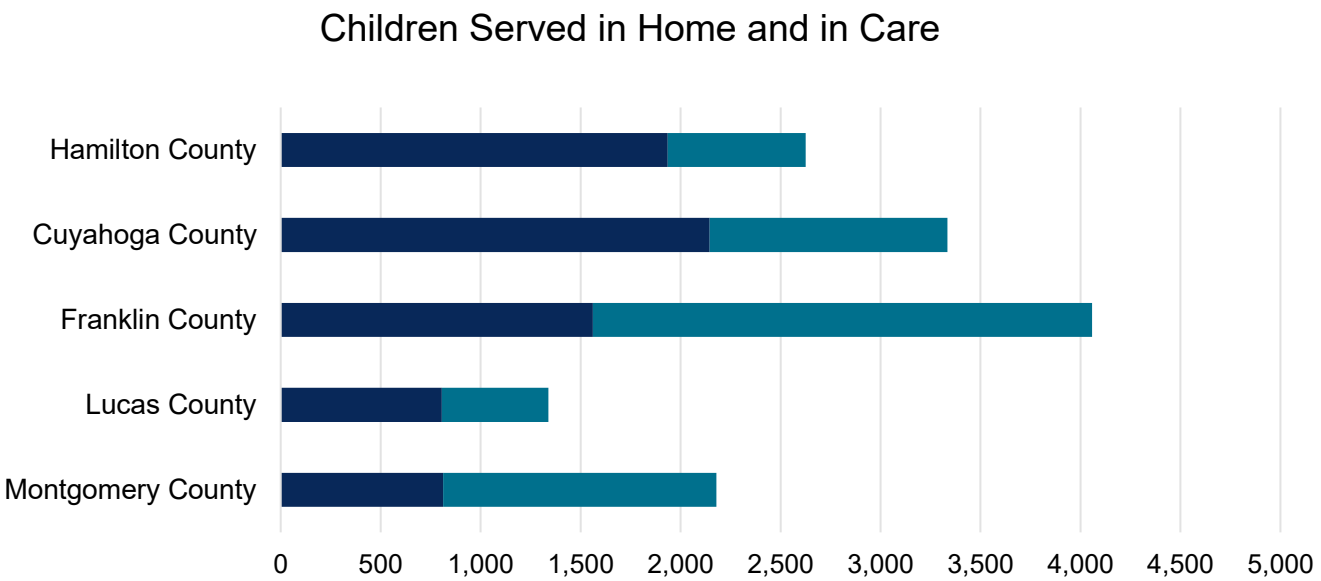
In this section, we will compare Hamilton County to other large, metropolitan counties in Ohio in various metrics related to their child welfare organization.

These include:

- Children served
- Intake and assessments
- Demographics for children in care
- Permanency plans
- Types of placements
- Time in care
- Children exiting care

Children Served

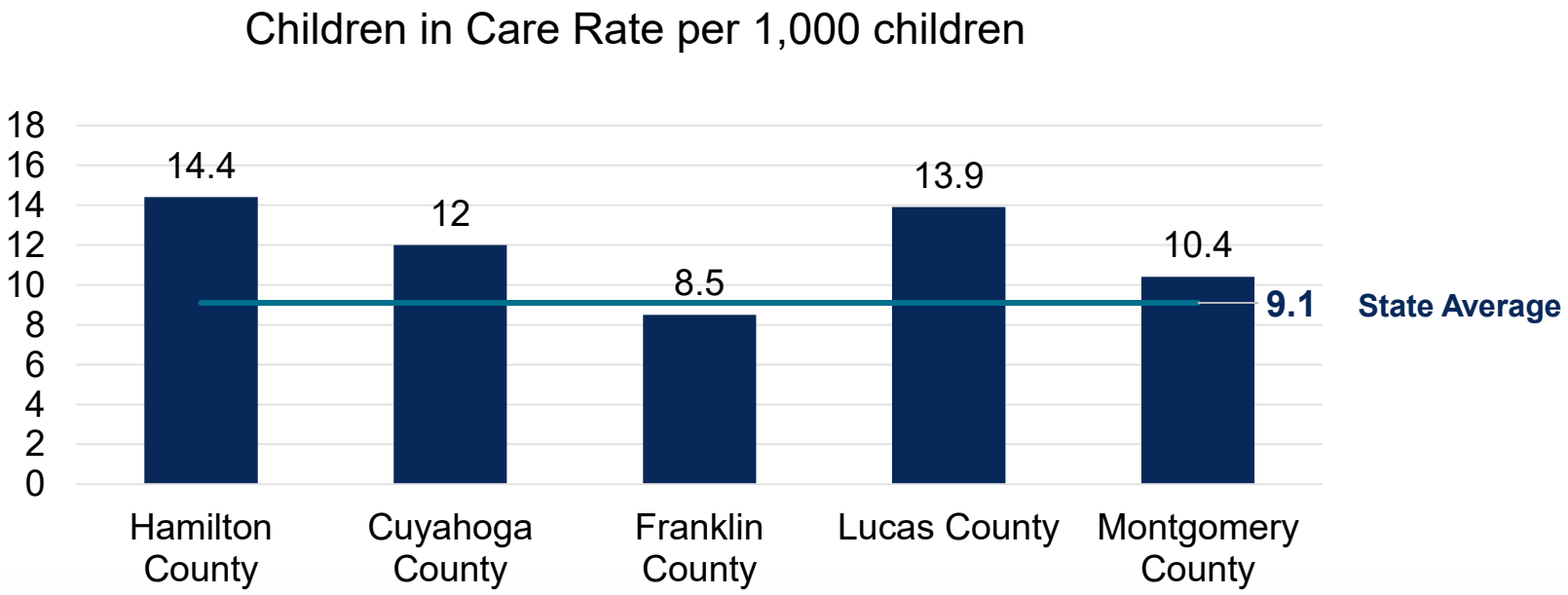
- Fifty-one percent of Ohio youth who receive Children's Services are in the care of their local PCSA.
- Both Hamilton and Cuyahoga counties have higher prevalence of youth being served in care (74% and 64% respectively).
- Montgomery and Franklin counties serve more youth in home than the peer counties.



	Montgomery County	Lucas County	Franklin County	Cuyahoga County	Hamilton County
Children Served in Custody	813	806	1562	2145	1936
Children Served in Home	1366	533	2496	1190	690

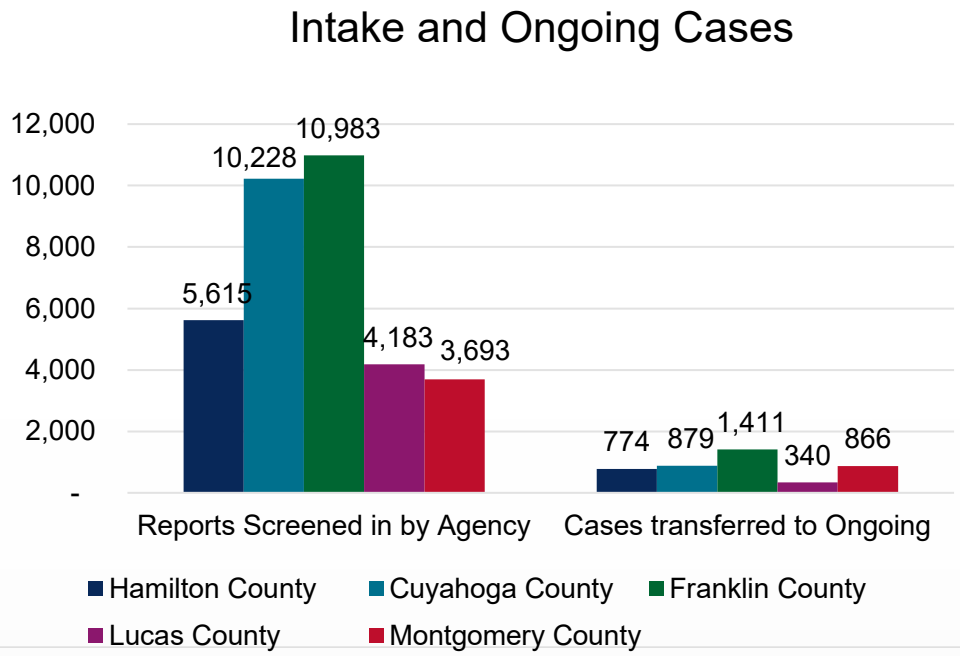
Children in Care Rate

- The rate of children in care is the highest in Hamilton County (14.4 per 1,000) followed by Lucas County (13.9 per 1,000) and exceeds the state average (9.1).



Reports to 241-KIDS

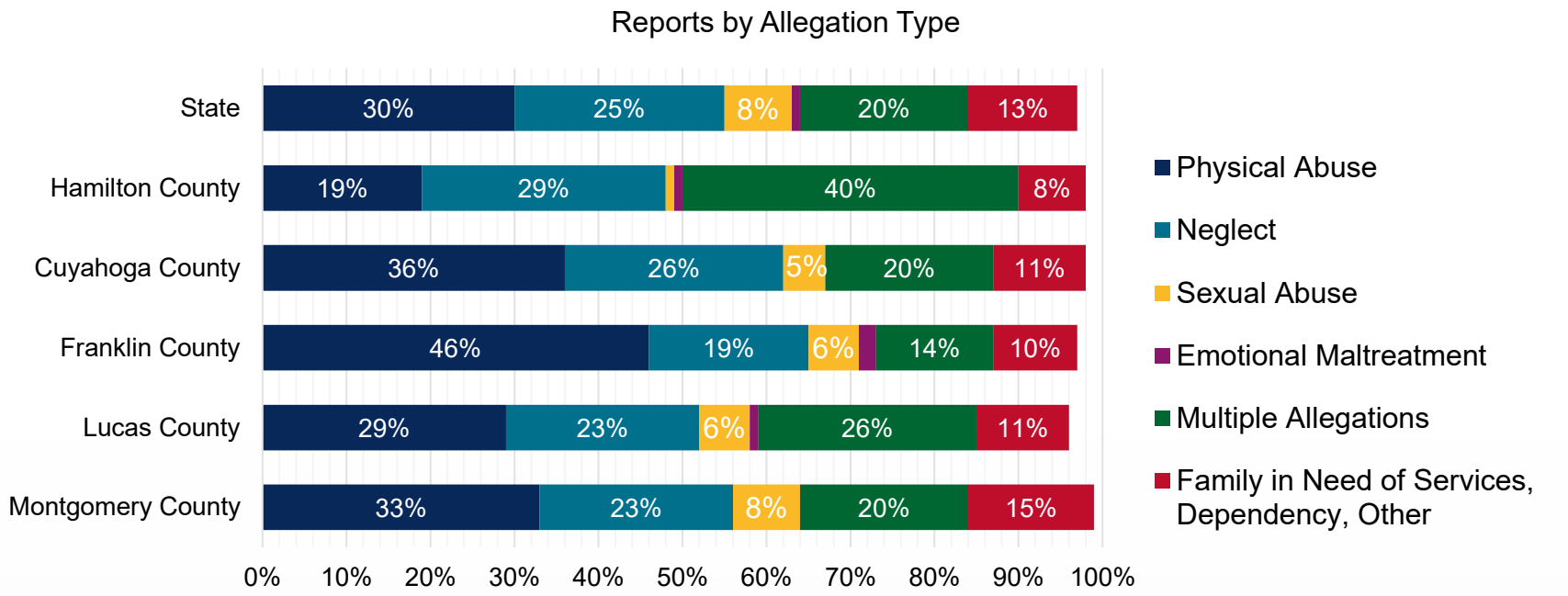
- Hamilton County operates a 24-hour hotline for reporting suspected cases of child abuse and neglect called 241-KIDS. The screener gathers details about the child, family, and concerns using a six-domain intake protocol. They assess if the report meets state criteria by evaluating child's age & vulnerability, presence of safety threats, acts of maltreatment, and jurisdiction of report. The screener then makes a preliminary recommendation to a supervisor concerning their assessment of information gathered.
- The supervisor evaluates the thoroughness and accuracy of the report, providing consultation and direction on follow-up information collection as needed. The supervisor then makes a final screening decision and assigns a response priority if the report is accepted for assessment.
- Hamilton County uses state screening guidelines, supplemented by HCJFS policy & procedure, for structured decision making on screening decisions and priority response of reports.
- In 2024, Hamilton County screened-in 5,615 referrals/reports. Nearly 14% of the reports resulted in an ongoing case where a HCJFS caseworker would continue to engage the family in services.



Location	Rate of Intake Reports that are Transferred to Ongoing Cases
Ohio	11%
Hamilton County	14%
Cuyahoga County	9%
Franklin County	13%
Lucas County	8%
Montgomery County	23%

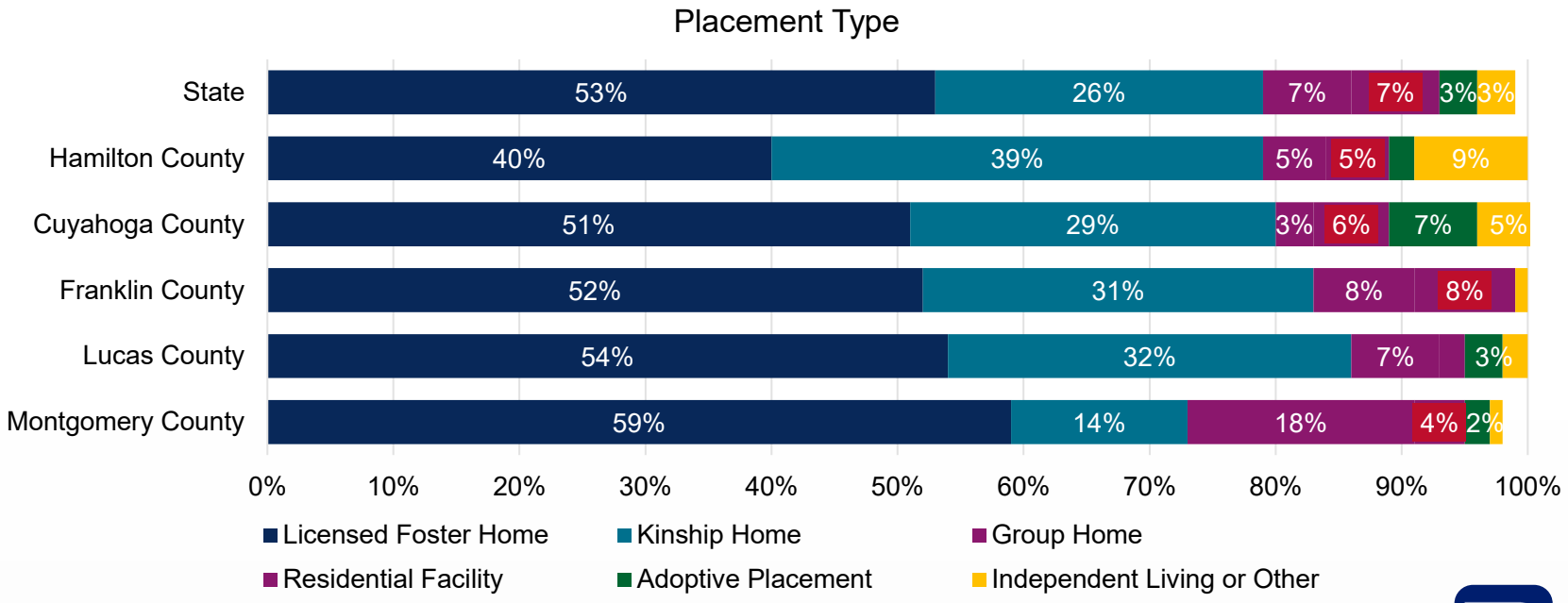
Reports by Maltreatment Type

- In 2024, Hamilton County Children's Services screened 5,615 reports for alleged child abuse and/or neglect. Multiple allegations were referenced in 40% of the reports. The prevalence of multiple allegations cited in reports was twice as high as the state average (20%).
- Fewer reports for physical abuse were screened in compared to the state and peer counties in Hamilton County.



Placement Type

- On average, most youth in Ohio (53%) are placed in **licensed foster homes**. Hamilton County's peers have similar rates for youth in licensed foster homes ranging from 51% to 59%, Hamilton County's rate is less than the state average and its peers (40%).
- Twenty-six percent of the state's youth in care are placed in **kinship homes**. **Hamilton County has more youth placed in kinship homes than its peers (39%).**
- More youth in Hamilton County's care are living in **independent living settings** (9%) than the state average (3%) and peers.
- Hamilton County has fewer youth (40%) placed in **foster care settings** than peer counties.



Race and Ethnicity of Youth in Care

Black or African American youth in care are overrepresented in care compared to peers of different races and ethnicities in care across all counties.

Race/ Ethnicity	Black or African American		Hispanic		Multiracial		White	
Location	In Care	Child Population	In Care	Child Population	In Care	Child Population	In Care	Child Population
Ohio	32%	14.4%	6%	7.2%	16%	10.6%	52%	70.2%
Hamilton	53%	29.0%	3%	8.1%	13%	12.1%	32%	53.6%
Cuyahoga	63%	34.5%	8%	10.0%	13%	12.0%	24%	47.4%
Franklin	44%	29.1%	10%	11.4%	19%	13.8%	36%	47.3%
Lucas	46%	23.3%	10%	12%	17%	14.4%	36%	57.9%
Montgomery	40%	23.2%	7%	6.3%	17%	13%	42%	59.7%

Ages of Youth in Care

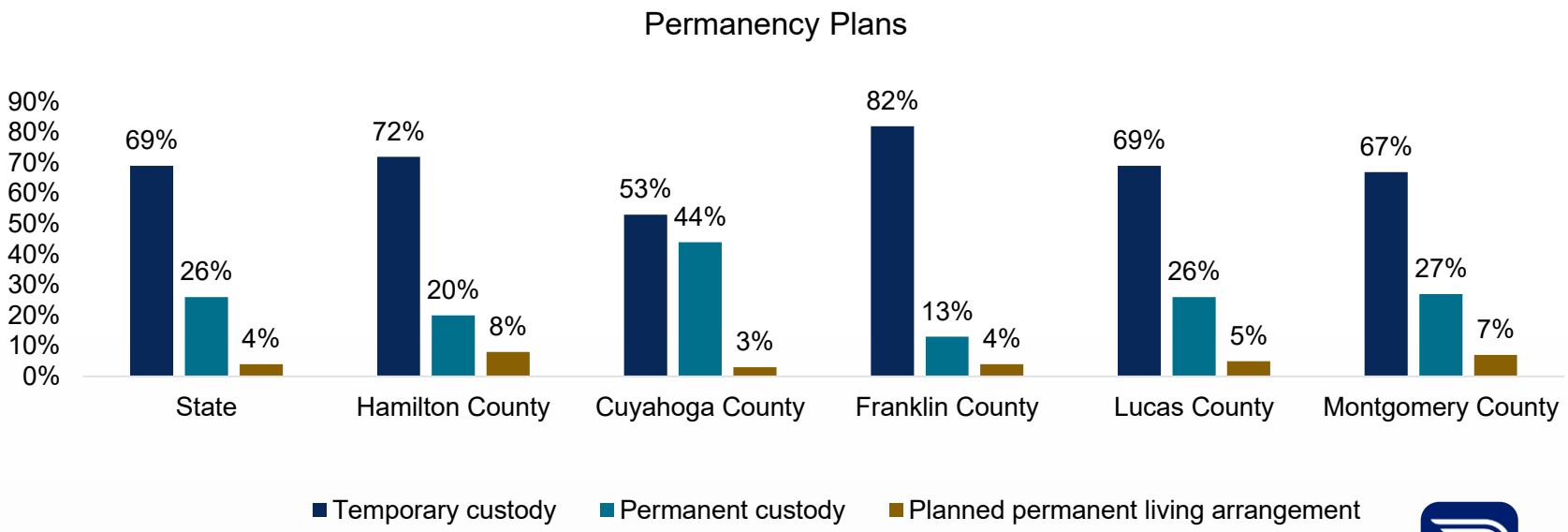
- The ages of youth in care are similar in Hamilton, Cuyahoga, Franklin, and Montgomery counties.
- While 3% of youth 18 or older are in the state's care, 7% of youth in Hamilton County are 18 or older.

Location	Under 6 years	6 to 11 years	12 to 17 years	18+
Ohio	37%	25%	34%	3%
Hamilton	38%	25%	31%	7%
Cuyahoga	38%	26%	30%	5%
Franklin	34%	22%	42%	3%
Lucas	47%	27%	23%	3%
Montgomery	36%	24%	35%	5%

Permanency Plans

Children with open cases who are under **temporary custody** include youth with emergency custody and *ex parte* cases. Temporary custody typically lasts up to a year. In cases where the court determines that a child cannot or should not be placed in the care of their parent, the court will grant the county **permanent custody** of said youth. Permanent custody also includes cases where a youth has been permanently surrendered into the care of the county. Cuyahoga County serves the most youth (42%) with permanent custody plans.

Youth who are at least 16 years old who should be in the care of the county and would not be a good fit for a placement in a traditional foster home setting. These youth are placed in **planned permanent living arrangements** which include independent living settings or in the care of a temporary caregiver who will take care of the youth until they age out of care. More youth in Hamilton County (8%) and Montgomery County (7%) were placed in a planned permanent living arrangement than youth in the other counties.



Grandparents Caring for Grandchildren

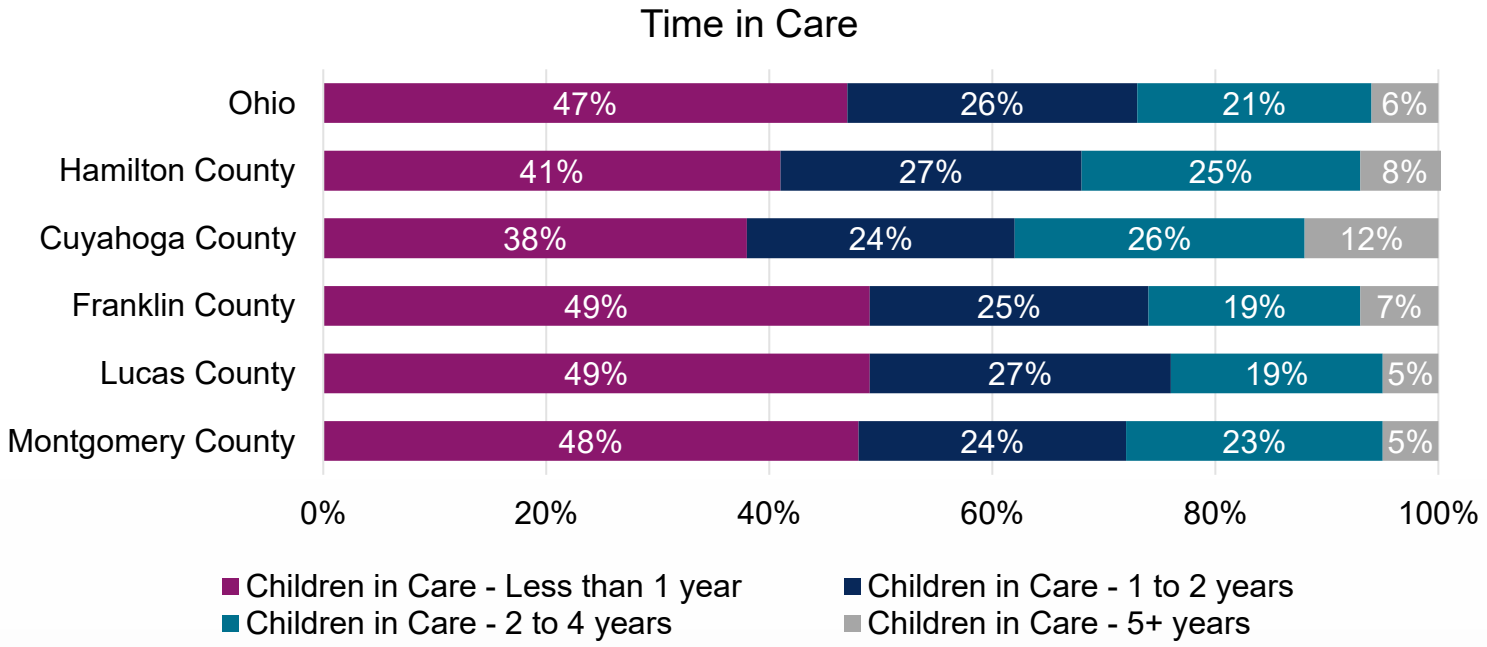
Nearly 3% of Ohio homes have a grandparent living with their grandchild. In 43% of these homes, the grandparent is responsible for the care of their grandchild under 18 years old. Although Hamilton County has a lower percentage of grandparents living with grandchildren, its share of grandparents with responsibility for the care of their grandchildren was nearly five percentage points higher than the state average.

Location	Total Households	Households with grandparents living with their grandchildren	Percentage	Households with grandparents who are responsible for their grandchildren 18 years and under	Percentage
Ohio	4,829,571	141,102	2.9%	60,257	42.70%
Hamilton County	352,181	9,319	2.6%	4,397	47.20%
Cuyahoga County	554,173	15,611	2.8%	6,312	40.40%
Franklin County	547,922	16,233	3.0%	5,818	35.80%
Lucas County	182,146	4,921	2.7%	2,136	43.40%
Montgomery County	230,149	6,596	2.9%	3,091	46.90%

Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates, Table B10063

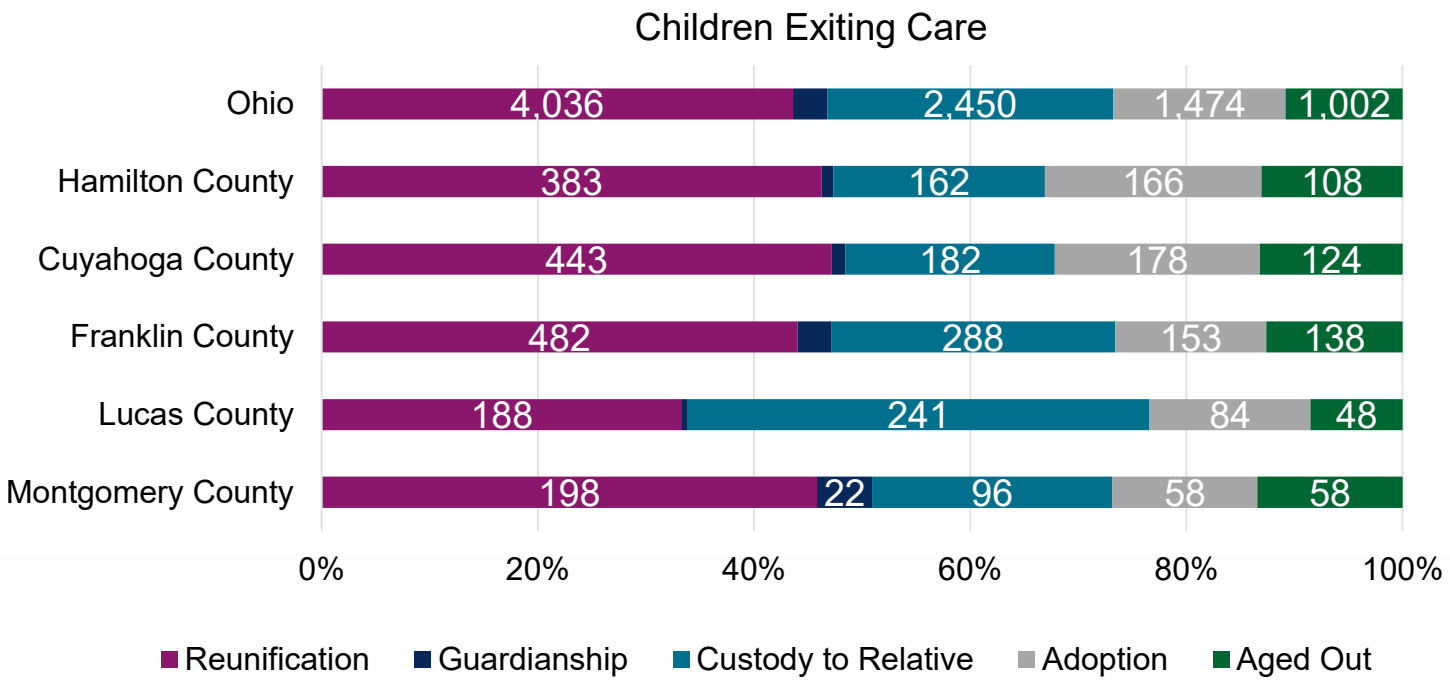
Time in Care

- Forty-seven percent of the state's youth spent less than a year in care.
- Youth in care in Hamilton County and Cuyahoga County are more likely to spend a year or more in care than their peers. When examining youth who've been in care for five or more years, both Hamilton and Cuyahoga have a greater prevalence of this than the state average.



Children Exiting Care

- In 2024, most youth exiting care were **reunited** with their families. This could be a testament to the effectiveness of family preservation services.
- More youth in Hamilton and Cuyahoga counties were **adopted**.
- Similar portions of youth in Hamilton, Cuyahoga, and Montgomery counties **aged out of care**.



IX. State and Federal Funding Impact

State-Supervised, County-Operated System: Limited Local Control

Ohio Department of Job and Family Services and other State Agencies

(Supervisory Authority)

- Develops and submits Title IV-E claiming plan to Administration of Children and Families (ACF) and State Medicaid Plan to the Centers for Medicare and Medicaid Services (CMS)
- Sets eligibility rules and reimbursement ceilings
- Controls SACWIS system logic for reimbursement
- Approves provider certification for Title IV-E
- Manages Medicaid waivers and other policies

Hamilton County Job and Family Services

(Operational Role)

- Enters per diem costs and placement data into SACWIS
- Follows state-mandated training and assessment protocols
- Contracts with providers (but not all are Title IV-E eligible)
- Contracts with providers to implement programs (e.g., congregate care providers, Family Access to Integrated Recovery (FAIR), HOPE for Children and Families (HOPE) within state guidelines
- Has no control over claiming logic or eligibility determinations

JFS operates under state-defined constraints, with limited control over Title IV-E and Medicaid claiming. The state also imposes unfunded mandates (due to low state contributions to counties for child welfare), further straining local resources.

Family First Prevention Services Act: QRTP

Residential Provider Requirements to Meet QRTP

1. Must be accredited by CARF, JCAHO, COA, or other approved by HHS Secretary
2. Must have licensed nursing staff onsite and available 24/7
3. Must have 'other licensed staff' who provide care within the scope of their practice on-site and available 24/7 (they do not have to be employees of the QRTP)
4. Must have a trauma-informed treatment model
5. Must facilitate outreach to the family members of the child, including siblings, documents how the outreach is made
6. If in the best interest of the child, family members must be involved in the child's treatment
7. Must provide discharge planning and family-based aftercare support for 6 months post discharge

State Agency Requirements to Meet QRTP

1. Must have an assessment completed by a qualified individual within 30 days of placement (assessment must recommend QRTP placement)
2. Must have court review within 60 days of placement (court must approve QRTP placement)
3. The case plan shall specify why the QRTP is the most effective, least restrictive setting, providing the appropriate level of care, and how the recommended placement is consistent with goals in the child's permanency plan.
4. Agency must assemble a family and permanency team for the child placed in the QRTP
5. For youth placed in a QRTP for an extended period of time, must have state director or designee review placement.
6. To claim to Title IV-E, child must be Title IV-E Eligible

Family First Claiming: QRTPs

- FFPSA imposes additional criteria that must be met for Title IVE Claiming. Failure to meet requirements timely results in loss of Title IV-E reimbursement for affected placements.
- Reportedly JFS has seen progress in accuracy since hiring the Program Support Specialist; however, they are still working to perfect the process that provides oversight to these requirements.
- Over 90% of QRTP CANS assessments have been completed within the allotted 30-day timeframe.
- On average, since 2021, less than 15% of QRTP assessments did not recommend placement in a QRTP.
- However, in 2024 many (a little less than half) of the required court rulings for QRTP placements were not received or where not completed within the allowable 60-day timeframe.
- So far, in 2025, there has been a significant increase in the number of court approvals being completed and received within the 60-day timeframe.

Family First Prevention Services Act: Prevention Services

Overview of Requirements

1. The programs and services must be specified in advance in the **child's prevention plan**
2. The programs and services must be **trauma-informed**
3. The programs and services must be approved on the IV-E prevention clearinghouse as **promising, supported, or well-supported practices.**
4. Services must be included in the State's approved **5 year IV-E Prevention Service Plan**
5. The state must meet the **outcome assessment and reporting** requirements
6. An **evaluation strategy** must be included for each program or service in the state's five-year prevention plan

Prevention Plan Requirements

"Candidates for foster care", documented in the prevention plan,

- identify the **foster care prevention strategy** for the child so that the child may remain safely at home, live temporarily with a kin caregiver until reunification can be safely achieved, or live permanently with a kin caregiver;
- **list the services or programs** to be provided to or on behalf of the child to ensure the success of that prevention strategy

Pregnant/parenting foster youth, documented in the case plan,

- **list the services or programs** to be provided to or on behalf of the youth to ensure that the youth is prepared or able to be a parent,
- describe **the foster care prevention strategy** for any child born to the youth.

Data Collection and Reporting requirements

For each child for whom, or on whose behalf, mental health and substance abuse prevention and treatment services or in-home parent skill-based programs are provided:

- The specific **services or programs provided and the total expenditures** for each of the services or programs,
- The **duration of the services** or programs provided, and
- In the case of a child who is a candidate for foster care: the child's **placement status at the beginning, and at the end of the one-year period**, respectively, and whether the child **entered foster care within two years** after being determined a candidate for foster care.

Annually report the following to HHS:

- The **percentage of candidates** for foster care for whom, or on whose behalf, the services or programs are provided **who do not enter foster care**, including those placed with a kin caregiver outside of foster care, during the 12-month period in which the services or programs are provided and through the end of the succeeding 12-month period, and
- The **total amount of expenditures** made for mental health and substance abuse prevention and treatment services or in-home parent skill-based programs, respectively, for, or on behalf of, each child.

Family First Claiming: Prevention Services

- The Ohio Department of Job and Family Services is responsible for developing and submitting the service plan to ACF (Administration for Children and Families) for approval.
- The state plan includes only five EBPs.
- Hamilton County does not determine which EBPs are included in the state plan.
- HFA is available within the county but to families not involved in the child welfare system.
- The START program is in early implementation in Hamilton County:
    - Initiation is led by the state.
    - Full implementation typically takes months to years to establish.

Evidence Based Practice (EBP)
Multisystemic Therapy (MST)
Functional Family Therapy (FFT)
Sobriety Treatment and Recovery Teams (START)
Healthy Families America (HFA)
Parents as Teachers (PAT)

Placement Claiming to Title IV-E

- This table shows for each placement type, the percent of the total rate that can be claimed to Title IV-E (for Title IV-E eligible children).
- In general, foster care placements have the highest Title IV-E reimbursement, with 87% of rates being IV-E claimable.
- No independent living placement costs can be claimed to Title IV-E because they are unable to under Ohio's Title IV-E State Plan.

Placement	% Title IV-E	% Non IV-E
Foster Care	87%	13%
Group Home	68%	32%
Independent Living	0%	100%
Residential	66%	34%

Extended Foster Care in Ohio

Federal Law Context

- The federal Fostering Connections to Success and Increasing Adoptions Act of 2008 allows states to extend foster care benefits beyond age 18
- Ohio law does not provide for "extended foster care." Instead, it establishes a voluntary, state-administered program under Title IV-E that offers post-emancipation support to former foster youth ages 18 to 21

Ohio Administrative Code: Rule 5180:5-50-03

Eligibility

- Emancipated young adult (ages 18–21)
- Must sign a Voluntary Participation Agreement (VPA)
- Must meet AFDC-related eligibility requirements

Duration

- Eligibility continues until the end of the month of the 21st birthday unless terminated earlier

Conditions for Termination

- Failure to obtain a juvenile court best-interest ruling within 180 days
- Exiting the program or not residing in an approved supervised independent living setting

Reimbursability

- Payments are contingent on the young adult living in an approved setting and meeting federal permanency plan requirements

Bridges: Ohio's voluntary post - emancipation support program

- Provides housing, case management, and financial support for eligible young adults (18–21) transitioning from foster care.
- Voluntary, state-administered program for emancipated foster youth
- Not an extension of foster care; does not involve moving custody back to the state
- Referrals can come from PCSAs up to 90 days before emancipation; after emancipation, youth enroll directly with Bridges
- County does not retain jurisdiction or transfer the case; Bridges operates separately as a support program
- Youth remaining in PCSA custody past age 18 (e.g., due to disability) are not eligible for Bridges

Independent Living

Chafee

Allowable Uses of Chafee Funds

1. Independent Living & Transition Supports

- Housing & Utilities: Rent, deposits, utilities, dorm essentials, furniture, vehicle repairs, driver's ed.
- Financial & Daily Life Skills: Budgeting, credit training, banking, transportation, IDs.
- Health & Well-being: Medicaid coverage, preventive care, mental-health, substance-abuse prevention.
- Mentoring & Support Connections: Contracted programs reinforce positive adult relationships.

2. Room & Board Assistance

- Up to 30% of state Chafee allocations can fund room and board (e.g., shelter, utilities, food, deposits) for youth ages 18–21 (or up to 23 in extended-care states).

3. ETV Program

- Provides vouchers—up to $5,000 annually—for eligible youth attending higher education or vocational/training programs.

Ohio received $5,585,140 in Chafee Transition to Adulthood funds and $2,267,760 in Chafee ETV in 2024 to be obligated by 2026 and liquidated by 2028

Hamilton County

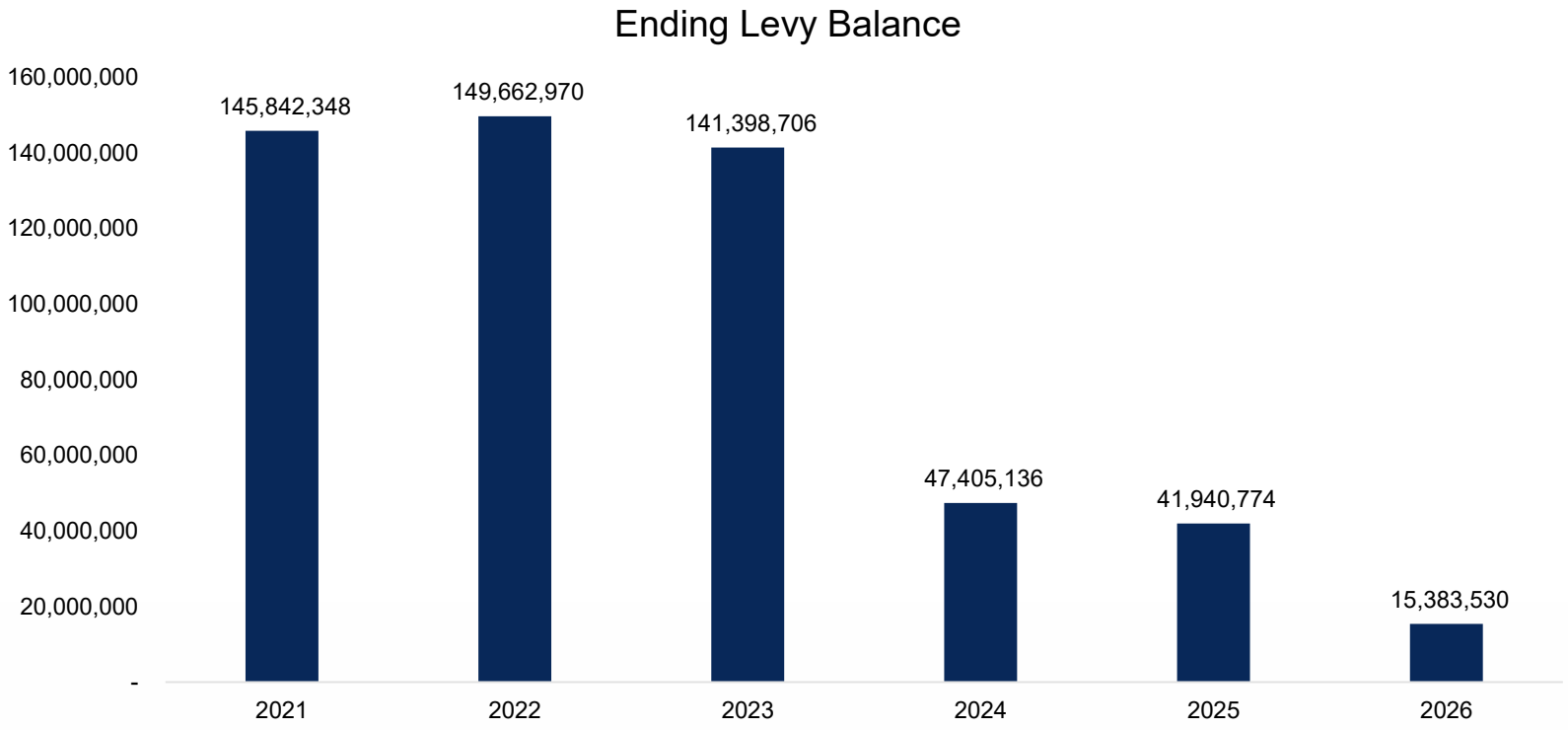
Specified Settings 18+

- After the initial two weeks, Title IV-E foster care maintenance payments for a child in a child care institution are only allowed if the placement meets one of the specified settings.
- For youth who have turned 18, this includes a supervised setting where the youth is living independently.
- Per 472(c)(2)(B) and (C) of the Act, "title IV-E agency has the discretion to develop a range of supervised a independent living settings which can be reasonably interpreted as consistent with the law.
- The title IV-E agency must submit an amendment to section 2.C.2.b., pages 19-21 of the Pre-Print (Attachment D) to claim for specific settings such as group home settings for 18+

X. Review of Levy Requests at Different Funding Levels

Estimated 2026 Levy Balance

Because of the rising costs of out of home care, steps are being taken to prevent a levy deficit going into 2027. The current estimated levy balance for 2026 is shown below. This reflects budget cuts and numbers provided by JFS, which are further outlined on the next slide.



Estimated 2026 Expenditure Reductions

Because of the rising costs of out of home care, steps are being taken to balance JFS's budget to prevent a levy deficit. This includes ~$36,000,000 in budget cuts for 2026, outlined below. **This will result in decreased services to JFS children's and families.**

Reduction Type	#	Item	Total
Service Reduction	1	Reduce independent living contracts for youth 18-21	$8,000,000
	2	Reduction in payments to kinship families	$1,000,000
	3	Reduction of vouchers for Children's Services families	$300,000
	4	Reduction in caseworker reimbursement	$114,000
	5	Reduction in service contracts (KISR, Family Success Network)	$200,000
	6	Hiring slowdown	$5,000,000
	7	Reduction in budget support to Child Support Enforcement (CSEA)	$500,000
	8	Youth Employment Program – reduce to federally funded service level	$6,400,000
	9	Women Helping Women (DVERT and School Domestic Violence)	$600,000
Transferred to General Fund	10	General Fund assumption of TANF match	$3,531,838
	11	General Fund assumption of Juvenile Court placement costs	$5,000,000
	12	General Fund assumption of Guardian ad Litem costs	$1,082,681
Transferred to Different Levy	13	Payments to Complex Medical Help Program (move to Indigent Care Levy)	$2,873,328
	14	DVERT – Countywide response (move to Family Services and Treatment Levy)	$400,000
	15	Juvenile Court Medical Cost (move to Indigent Care levy)	$1,600,000
			$36,601,847

Spending Scenario Overview

PCG has developed the three (3) scenarios below to model forecasted spending for the next five-year levy cycle.

- **Scenario 1 – Fixed Service Levels ($123M increase):** This is reflective of keeping all services at 2025 levels, without a reduction to services.
- **Scenario 2 – Reduced Service Levels ($74M increase):** This scenario is reflective of keeping ~$36,000,000 of spending cuts that were approved at a Commissioner's meeting in December 2025 in order to balance the budget.
- **Scenario 3 – Minimum Service Levels ($65M increase)**: This scenario is reflective of doubling the levy, which would result in even further service cuts than what is shown in Scenario 2.

Historically, the levy has included a carry-over fund balance sufficient to cover approximately one quarter of annual expenditures. This provides the required local match and working capital to bridge timing differences until reimbursable revenues are drawn down.

Overview: Scenario 1 – Fixed Service Levels

	2027	2028	2029	2030	2031
Projected Revenue	$119,893,260	$120,510,135	$121,910,402	$122,528,871	$123,930,598
Levy Revenue Needed	$123,417,635	$123,417,635	$123,417,635	$123,417,635	$123,417,635
Projected Expenditures	$198,502,279	$223,166,568	$228,325,514	$253,043,893	$258,258,551
Ending Levy Balance	**$44,808,616**	**$65,569,819**	**$82,572,342**	**$75,474,955**	**$64,564,638**

In order to have a balance of one-quarter's expenditures at the end of the five-year levy cycle, an additional **$123,417,635** is needed per year. This scenario is based on the assumption of a $0 balance going into the 2027 levy-cycle, which would be likely without spending cuts. If there is a $15M balance in this scenario, the additional levy funding needed would be $120,417,635.

Details: Scenario 1 – Fixed Service Levels

	2027	2028	2029	2030	2031
EXPENDITURES	**$198,502,279**	**$223,166,568**	**$228,325,514**	**$253,043,893**	**$258,258,551**
Administration	$37,873,064	$50,408,595	$43,412,137	$55,947,668	$48,951,210
Contracts	$44,233,325	$46,233,604	$48,260,527	$50,314,896	$52,397,531
Adoption	$42,685	$43,255	$43,825	$44,394	$44,964
Out of Home Care	$110,181,436	$119,743,492	$129,305,547	$138,867,602	$148,429,657
Kinship	$6,171,769	$6,737,624	$7,303,479	$7,869,334	$8,435,189

Overview: Scenario 2 – Reduced Service Levels

	2027	2028	2029	2030	2031
Levy Revenue	*$154,315,206*	*$154,927,502*	*$155,539,798*	*$156,152,095*	*$156,152,095*
Other Revenue	*$35,000,000*	*$36,050,000*	*$37,131,500*	*$38,988,075*	*$40,841,077*
Total Revenue	$189,315,206	$190,977,502	$192,671,298	$195,140,170	$196,993,172
Ending Levy Balance	**$1,309,113**	**$22,774,319**	**$38,079,321**	**$46,751,304**	**$49,027,025**

This scenario is based on the adoption of the 2026 budget outlined on slide 119 and assumes 2027 will begin with a ~$15,000,000 levy balance. In order to have a balance of one-quarter's expenditures at the end of the five-year levy cycle, an additional **$74,044,169** is needed per year.

Details: Scenario 2 – Reduced Service Levels

	2027	2028	2029	2030	2031
EXPENDITURES	**$169,348,582**	**$167,850,000**	**$175,672,500**	**$183,999,315**	**$192,864,449**
Administration	$35,000,000	$36,050,000	$37,131,500	$38,245,445	$39,392,808
Contracts	$34,848,582	$27,000,000	$27,000,000	$27,000,000	$27,000,000
Adoption	$3,500,000	$3,500,000	$3,500,000	$3,500,000	$3,500,000
Out of Home Care	$90,000,000	$96,300,000	$103,041,000	$110,253,870	$117,971,641
Kinship	$6,000,000	$5,000,000	$5,000,000	$5,000,000	$5,000,000

Overview: Scenario 3 – Minimum Service Levels

	2027	2028	2029	2030	2031
Levy Revenue	*$145,340,804*	*$145,917,912*	*$146,495,020*	*$147,072,129*	*$147,649,237*
Other Revenue	*$35,000,000*	*$36,050,000*	*$37,131,500*	*$38,988,075*	*$40,841,077*
Total Revenue	$180,340,804	$181,967,912	$183,626,520	$186,060,204	$188,490,314
Ending Levy Balance	**$13,657,695**	**$30,693,499**	**$42,580,261**	**$48,846,557**	**$48,730,575**

In order to support a **$65M** levy increase with one-quarter of expenditures remaining at the end of the levy cycle, services need to be drastically cut in all areas. While total cuts will be at the discretion of JFS, an example of a balanced budget is on the next slide which illustrates areas where cuts will be made. These include hiring slow downs, reduced kinship support, reduced services, and the gradual elimination of placements for youth 18+. This scenario is based on the adoption of the 2026 budget outlined on slide 119 and assumes 2027 will begin with a ~$15,000,000 levy balance.

Details: Scenario 3 – Minimum Service Levels

	2027	2028	2029	2030	2031
EXPENDITURES	**$163,305,000**	**$170,081,150**	**$177,360,225**	**$186,176,186**	**$195,565,337**
Administration	$34,505,000	$35,540,150	$36,606,355	$37,704,545	$38,835,681
Adoption	$3,500,000	$3,500,000	$3,500,000	$3,500,000	$3,500,000
Contracted Services	$24,000,000	$24,000,000	$24,000,000	$24,000,000	$24,000,000
Kinship Support	$5,000,000	$4,000,000	$3,000,000	$3,000,000	$3,000,000
Out of Home Care	$96,300,000	$103,041,000	$110,253,870	$117,971,641	$126,229,656

Scenario Comparison

The table below compares 2025 actual spending to projected 2027 spending across all three (3) scenarios.

	2025 Actuals	Minimum Service Levels	Reduced Service Levels	Fixed Service Levels
Total Expenditures	**$180,442,566**	**$163,305,000**	**$167,850,000**	**$198,502,279**
Administration	$32,176,002	$34,505,000	$36,050,000	$37,873,064
Contracts	$42,962,974	$24,000,000	$27,000,000	$44,233,325
Adoption	$40,811	$3,500,000	$3,500,000	$42,685
Out of Home Care	$97,308,759	$96,300,000	$96,300,000	$110,181,436
Kinship	$7,954,265	$5,000,000	$5,000,000	$6,171,769

Note: in the minimum and reduced service level scenario, all adoption costs are included in the adoption line whereas in the fixed service level scenario, only non-occurring adoption costs are listed on this line, and the others are included in out of home care.

XI. Findings and Recommendations

Overview of Findings and Recommendations

Hamilton County is facing sharply rising costs for out of home placements, especially congregate care placements, driven by increased rates and a growing number of high-acuity youth requiring these settings. Because of the structure of the child welfare system in Ohio, counties have very limited ability to control out of home placement costs. To address these immediate financial pressures, the county is planning to cut funding for other services and supports. These reductions may include scaling back independent living contracts, kinship family payments, service vouchers, and slowing hiring for frontline staff. While these budget cuts may temporarily balance the levy, this approach is not sustainable and risks leading to worse outcomes for children and families. Reducing investments in prevention, family supports, and staffing can increase the likelihood that more children will enter care, stay longer, or experience placement disruptions.

In the long term, Hamilton County must focus on strategies that decrease the number of children entering care and reduce reliance on costly congregate care placements. This includes:

- Expanding family-based placement options, such as recruiting and supporting more relative and foster families.
- Investing in prevention and early intervention services to keep families together and safely reduce entries into care.
- Advocating for state-level reforms and funding to support kinship care and community-based alternatives.

By prioritizing family-based care and prevention, Hamilton County can improve outcomes for children and families while containing costs over time.

Findings

Financial and Budget

- The Current budget template utilized by JFS and the TLRC does not allow for crosswalk to actual revenue and expenditures.
- Provider expenditures related to out of home care are not being tracked in a way that allows for JFS to determine which services each provider is being paid for at a granular level.
- The rising cost of out of home care, increases in contracted expenditures, and increases in staff costs have created a projected budget shortfall for 2025 and 2026.
- Expenditures have grown faster than revenue for the previous 10 years.
- Most of the levy funds mandated services (79%), and within that bucket most are for placement services.
- Based on current levy balance and spending levels, as well as projected spending levels, the Children's Services Levy will need to be increased for the next levy cycle

State and Federal Funding

- The majority of Hamilton County's revenue comes from County sources. JFS receives a limited amount of state and federal funding compared to welfare agencies nationally.
- JFS is not claiming independent living placement costs to Title IVE, because the state's extended foster care policy doesn't allow counties to claim IV-E for older youth who remain in custody.
- There have been improvements to meeting the QRTP claiming requirements, especially the 60-day court approvals.
- A provider may still be contracted with Hamilton county JFS but may not complete DCY 02911 to determine the reimbursable ceiling. In these cases, Hamilton county JFS is not able to seek state reimbursement from the state for placement costs of Title IV-E eligible children.
- New providers can not complete a DCY 02911 to determine the reimbursement ceiling because they are required to be in operation for at least 90 days before they do so, which would require the provider to go back and complete the process after the have already secured a contract with the county.
- JFS is not claiming for any FFPSA prevention services at this time due to the limited number of community providers offering prevention services in Ohio's Prevention State Plan.
- Hamilton County's Title IV-E reimbursement rate appears to be lower than their peer counties and the statewide average reimbursement rate.

Findings

Out of Home Care and Services

- Placement costs across all settings are increasing due to placement shortages, Ohio's rate setting process, and declining federal reimbursement and increasing provider costs due to FFPSA.
- Placement costs are increasing across the state at a similar rate to increases in Hamilton County, showing this is a statewide issue, not just a problem for Hamilton County.
- Rates for all setting types are high in Hamilton County compared to other jurisdictions across the country.
- Congregate care setting costs are increasing more than foster care setting costs, especially in group homes, who frequently use add-on rates and single source contracts for high-acuity kids.
- Placement rates for settings that utilize higher rates of single source contracts (group homes and independent living) are increasing more than rates for settings who utilize more RFP contracts and rates.
- Hamilton County has increased the utilization of kinship homes while decreasing the use of congregate care settings, even as acuity in children has increased.
- Due to a significant shortage of foster homes and residential treatment beds, the demand for placements has surged. In response, many group homes have opened to fill this gap. However, these homes often lack the specialized resources and clinical expertise required to meet the high-acuity needs of the youth being placed there, leading to frequent placement disruptions. Stakeholders have reported group homes do not offer the same quality of care as residential providers, as treatment is often delivered in the community rather than as part of their model. Group homes frequently use 1:1 staffing to support high-acuity youth, driving up their already high rates.
- State Rate Cards will be in effect as of July 2026. While this is anticipated to streamline the RFP and rate setting process, it is unknown how this will affect the rising cost of care. According to PCSAO, they believe that rate cards will not yield a significant decrease in cost, at least initially.
- Counties have no leverage under the current system to help ameliorate or curb the rising cost of out of home care. Under the current system, counties compete against one another for placements, which drive costs.
- Stakeholders have reported that kinship placements are not given the same level of support and resources as foster family homes, which can lead to placement disruptions.
- Services haven't kept pace with youth needs, leaving gaps for non-crisis cases and those outside OhioRISE eligibility.
- High-acuity youth face extended hospital stays and unstable placements due to shortages of intensive community services and trained providers.
- Preventive and post-reunification supports are insufficient, including housing, financial aid, and referral processes, increasing risk of removals and re-entry.

Findings

Organizational Practice

- Staff retention and vacancy rates have improved over the previous five years due to numerous staffing initiatives as well as sizable salary increases for all positions.
- Caseload sizes have decreased over the previous five years, but are still above COA standards.
- JFS has made progress on all recommendations from previous levy.
- JFS created a youth advisory board led to elevate the youth voice in system improvements.
- Hamilton County is transferring a larger number of cases to ongoing than peer counties.

Peer County Comparisons

- Hamilton County has the highest share of youth being served in care and the highest rate of youth in care per 1,000 youth across peer counties.
- A significant portion of child maltreatment reports reference multiple allegations in Hamilton County. Multiple allegations is defined as more than one allegation, such as physical abuse, sexual abuse, and neglect, that are all included in one report.
- Of youth in care, Hamilton County has a larger share of youth living in kinship homes. Fewer youth are placed in licensed foster homes.
- More youth in care are spending a year or more in care in Hamilton County.
- Hamilton County serves the most youth who are 18 or older.

Recommendations – *Financial, Budget, and Funding*

Short-Term

- Increase levy funding to account for the rising cost of out of home care while working to increase capacity of family-based settings, services and supports that improve outcomes for children and families.
- Increase Title IV-E eligibility case reviews to decrease errors and develop a workgroup to improve Title IV-E eligibility rates by conducting in-depth reviews of ineligible and/or non-reimbursable cases
- Establish provider monitoring protocols that enable detailed tracking of out-of-home care expenditures, allowing them to analyze spending patterns across all providers, assess the reasonableness of costs, identify the frequency of sole-source requests, evaluate the duration of service requests, and monitor overall spending at the case, provider and service level.
- Establish a case-level administrative process to track and approve sole-source requests. Each request should be supported by provider-submitted justification demonstrating documented need and reasonableness. The process should also include periodic extension reviews, such as every 30 days, that require the provider to submit updated justification for continued services, along with documentation of all approval decisions.
- Prioritize placement in Title IV-E eligible placements when appropriate.

Long-Term

- Advocate for removal of the Ohio state policy requirement that new providers cannot complete DCY02911, as this prevents Title IV-E claiming.
- Monitor state rate card process as a mechanism for controlling costs and advocate to state when necessary. This may include:
    - Advocating for establishment of a transparent and standardized cost analysis methodology.
    - Requesting periodic review and adjustment of rate cards to control costs
    - Advocating for a formal appeals process when rates are deemed excessive
    - Recommending the state establish a cost-containment task force
    - Advocating for alternative placement strategies
- Advocate for state to engage in rate setting process to standardize rates across the state.
- Convene a review panel to assess justification for *single source contracts* when above local ceiling and approve only if provider performance and need criteria are met.

Recommendations – *Out of Home Care and Services*

Short-Term

- Strengthen Quality Standards and Accountability: Implement clear performance benchmarks for group homes (e.g., staff training completion, youth outcomes, incident reduction) and enforce them through regular audits and transparent reporting.
- Embed Clinical and Support Resources: Ensure compliance of group homes to already existing standards including integration of trauma-informed practices and access to mental health professionals or behavioral specialists to improve care quality and reduce reliance on restrictive settings.
- Provide kinship placements quick and easy access to services and supports to prevent placement disruptions and ensure children's needs are met.

Long-Term

- Shift more resources to supporting foster and kinship placements, which will ultimately improve outcomes and drive down cost of out of home care placements. This could include:
    - Higher per diem rates for kinship (comparable to foster care)
    - Increase number of family based settings
    - More training for kinship families, especially for high-acuity children
    - More services and supports (i.e. wraparound, crisis intervention, respite, prevention)
- Conduct more frequent assessments for children in congregate care to determine ongoing necessity of placement.

Recommendations – *Organizational Practice*

Short-Term

- Update budget template used for next audit so it's easier to delineate revenue and expenditures.
- Continue working to reduce caseloads to COA standards to improve workload for caseworkers by continuing to hire frontline staff.
- Use data to compare Hamilton County's screening-in rates to similar counties across the state. Use these comparisons to determine whether Hamilton County is screening in more families, and if so, identify the underlying factors contributing to those differences.

Long-Term

- Expand FFPSA-Funded Prevention: Create a low-level prevention pathway using FFPSA-approved evidence-based programs to link families to services without opening a case.
- Expand the FFPSA EBP list based on local data: Partner with the state to add evidence-based programs aligned to Hamilton County's identified family needs, using screening and other data to prioritize gaps and ensure Title IV-E eligibility.

Solutions that Matter