

# Issue Summary: Challenges, Strengths, and Solutions for Ohio Children in Drug-Involved Families



Developed by: *Patrick Caniglia*

Ohio overdose rates are 85% above the national average.<sup>1</sup> Despite the substance abuse epidemic raging across the United States, only 11.5% of individuals with a substance use disorder (SUD) receive treatment.<sup>2</sup> This leaves the vast majority of SUD patients without treatment, harm reduction, or other resources needed to support their families. Behavioral health job vacancies, treatment stigma, and lack of access to treatment are persistent barriers to rural communities and further jeopardize families seeking relief.<sup>3</sup>

Children of parents with SUD are among the most impacted by these deficits. More than 11% of children live with a parent dependent on alcohol or needing drug abuse treatment.<sup>4</sup> These children are especially at risk of facing neglect or abuse from untreated parents struggling with addictions. Furthermore, children with substance-abusing parents battle higher rates of mental health disorders and drug use themselves.<sup>5</sup> These families have increased chances of dissolution, further propelling children's adverse circumstances.<sup>5</sup>

As a result of current policies and practices, it is difficult for families exposed to SUD to access treatment and support, especially in rural areas. This creates a number of challenges for children living in these drug-involved families, including:

- Lack of consistency in caregivers due to the criminalization of drug use.
- Greater risk of falling into a cycle of poverty because caregivers exiting the criminal justice system often struggle to find resources and gainful employment.
- Greater risk of developing mental health disorders and abusing substances themselves, especially when their caregivers' treatment options are not sustainable.
- Higher likelihood of placement in kinship care families that lack resources to support children.

Increasing access to family support would promote stability and enhance child outcomes while addressing addiction recovery more efficiently.

## Why Appalachia?

Seven out of the 10 Ohio counties with the highest drug overdose death rates are from Appalachia.<sup>6</sup> Appalachians are 63% more likely to die of an overdose than Americans living outside the region,<sup>7</sup> and these numbers are expected to increase as fentanyl continues to sweep across Appalachia.<sup>8</sup> However, heroin is surprisingly not projected to be the primary contributor to these overdoses. As heroin use declines, methamphetamine and cocaine usage has risen

<sup>1</sup> *Drug overdose death statistics: Opioids, fentanyl & more.* NCDAS. (2022). Retrieved from <https://drugabusestatistics.org/drug-overdose-deaths/#ohio>

<sup>2</sup> Daley, D. C., Smith, E., Balogh, D., & Toscaloni, J. (2018). Forgotten but not gone: The impact of the opioid epidemic and other substance use disorders on families and children. *Commonwealth*, 20(1), 93–121. <https://doi.org/10.15367/com.v20i2-3.189>

<sup>3</sup> Jenkins, W. D., Bolinski, R., Bresett, J., Van Ham, B., Fletcher, S., Walters, S., Friedman, S. R., Ezell, J. M., Pho, M., Schneider, J., & Ouellet, L. (2020). Covid-19 during the opioid epidemic – exacerbation of stigma and vulnerabilities. *The Journal of Rural Health*, 37(1), 172–174. <https://doi.org/10.1111/jrh.12442>

<sup>4</sup> *National strategic plan for family drug courts.* Children and Family Futures. (2017). Retrieved from [https://www.cffutures.org/files/FDC\\_StrategicPlan\\_V1R1.pdf](https://www.cffutures.org/files/FDC_StrategicPlan_V1R1.pdf)

<sup>5</sup> Winstanley, E. L., & Stover, A. N. (2019). The impact of the opioid epidemic on children and adolescents. *Clinical Therapeutics*, 41(9), 1655–1662.

<https://doi.org/10.1016/j.clinthera.2019.06.003>

<sup>6</sup> *Explore health rankings: 2021 measures.* County Health Rankings & Roadmaps. (n.d.). Retrieved February 7, 2022, from <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/2021-measures>

<sup>7</sup> Beachler, T., Zeller, T. A., Heo, M., Lanzillotta-Rangeley, J., & Litwin, A. H. (2020). Community attitudes toward opioid use disorder and medication for opioid use disorder in a rural Appalachian county. *The Journal of Rural Health*, 37(1), 29–34. <https://doi.org/10.1111/jrh.12503>

<sup>8</sup> U.S. Department of Health and Human Services. (2022). *Overdose death rates.* National Institutes of Health. Retrieved from <https://nida.nih.gov/drug-topics/trends-statistics/overdose-death-rates>

dramatically. In fact, these drugs, increasingly laced with fentanyl, now contribute to the majority of drug overdoses in Ohio. Methamphetamine and cocaine users often have little tolerance for opiates as strong as fentanyl, only to receive it through their laced drug of choice.

Appalachian Ohio has been impacted by the opioid epidemic in all of its phases. As fentanyl rears its head, it is time to support the region's youth by equipping its families via increased access to quality addictions treatment while also relying on regional strengths.

### **Current Initiatives**

In 2017, Ohio ranked 50<sup>th</sup> in state investments in children services.<sup>9</sup> Although state leadership has since taken strides toward prioritizing Ohio's youth, great disparity remains in supporting children in drug-involved families.

- **Ohio START**

- Ohio START utilizes a family-centered approach to ensure that families grow together. Launched under Governor DeWine's administration, Ohio START assists clients struggling from SUD by treating addiction from a whole family, strengths-based perspective.<sup>10</sup> Upon entering the program, families are placed with a caseworker and peer mentor tasked with connecting families with resources. This program encourages each client to take strides from abusing substances to becoming a contributing family member. Stronger efforts to reunify families impacted by substance abuse would reduce the likelihood that children are placed into the foster care system or kinship care for extended periods of time.

- **Ohio Youth and Family Ombudsmen Office**

- In February 2022, the Ohio Youth and Family Ombudsmen Office was formed to advocate for children and families involved in the child welfare system.<sup>11</sup> Their work heavily focuses on families involved in the foster care and adoption process. This emphasis makes them a much-needed resource for families navigating complex systems.

- **State Budget FY21-22**

- Governor DeWine's biennial budget FY21-22 included major investments in schools and behavioral healthcare while using a whole child framework.<sup>6</sup> While these investments are positive steps toward building a better future for Ohio children, children in drug-involved families must be prioritized for the state's most vulnerable families to have the opportunity to succeed.

- **Kinship Support Program**

- The Kinship Support Program, or KSP, provides an avenue for kinship families to receive financial assistance for raising their children. Specifically, it assists families in adjusting financially to kinship care roles. This assistance is typically

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<sup>9</sup> Public Children Services Association of Ohio. (2022). *Opiate epidemic*. PCSAO. Retrieved from <https://www.pcsao.org/programs/opiate-epidemic#:~:text=The%20impact%20on%20the%20system,had%20her%2Fhis%20rights%20severed.>

<sup>10</sup> *Our services*. OHIO Start. (2021). Retrieved from <https://ohiostart.org/our-services/>

<sup>11</sup> Ohio Youth and Family Ombudsmen Office. (n.d.). <https://youthandfamilyombudsmen.ohio.gov/>

distributed at \$10.50 a day per child, and payments last for the first six months of care.<sup>11</sup>

### **Policy and Program Recommendations**

Greater responsiveness to the challenges and needs of children in drug-involved families would be achieved through the following:

- **Integrate family services into Ohio drug courts.**
  - The goal of drug courts is to foster participants' return to the workforce and their families. The child welfare system is too often disconnected from this recovery process.<sup>12</sup> However, SUD recovery involves the whole family, especially when the user has children of their own. Family-centered support should be provided in addition to a drug court model that predominantly consists of a judge, probation officer, and peer mentor.<sup>13</sup> This model would connect family members with counseling, case management, and other resources to improve family wellness and cohesion. Drug courts emphasizing the family's recovery are family investments that should be implemented in all Appalachian Ohio counties.
- **Emphasize medication-assisted therapy (MAT) in addiction treatment plans.**
  - The stigma surrounding MAT is slowly decreasing. Notions that the approach costs too much, is abused by users, and eliminates the need for outside interventions are often exaggerated. Rather than replacing or undermining the need for psychosocial intervention, MAT provides an avenue in which families can stay together as patients enter recovery. MAT is an investment that builds patients up to become strong contributors to the economy when they would otherwise be criminalized in the costly criminal justice system. However, MAT programs are still difficult to find in rural areas.<sup>14</sup> Increased MAT access is essential to ensure evidence-based care reaches impacted families.
- **Develop and implement needle exchange programs in Southeast Ohio.**
  - Needle exchange programs are an extremely effective approach to harm reduction. For starters, they drastically decrease the risk of diseases and infections such as HIV and hepatitis C. This benefit would assist Appalachian Ohioans immediately, as consistently high hepatitis C rates in Southeast Ohio have been directly linked to the region's injectable drug abuse numbers.<sup>15</sup> In the long term, needle exchange programs' benefits are simple. If users are alive, they are more likely to be treated. Users who come to needle exchange programs to receive fresh needles have an increased opportunity to speak with staff members in a safe environment about how to get help. Lastly, needle exchange programs are also

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<sup>11</sup> *Kinship Support Program (KSP) frequently asked questions*. Ohio Department of Job and Family Services. (2021). Retrieved from <https://jfs.ohio.gov/ocf/KinshipSupportProgramFAQ.stm>

<sup>12</sup> Zhang, S., Huang, H., Wu, Q., Li, Y., & Liu, M. (2019). The impacts of family treatment drug court on child welfare core outcomes: A meta-analysis. *Child Abuse & Neglect*, 88, 1–14. <https://doi.org/10.1016/j.chabu.2018.10.014>

<sup>13</sup> Fife, A. (2019). The Ohio Channel. Retrieved March 1, 2022, from <https://ohiochannel.org/video/second-chances-one-year-in-ohios-drug-courts>

<sup>14</sup> Hser, Y. I., & Mooney, L. J. (2020). Integrating telemedicine for medication treatment for opioid use disorder in rural primary care: Beyond the COVID pandemic. *The Journal of Rural Health*, 37(1), 246–248. <https://doi.org/10.1111/jrh.12489>

<sup>15</sup> Higgins, J. (2019). *Prevalence of hepatitis C rates in Ohio may indicate highest areas of opioid misuse*. OHIO News. Retrieved from <https://www.ohio.edu/news/2019/11/prevalence-hepatitis-c-rates-ohio-may-indicate-highest-areas-opioid-misuse#:~:text=Over%20those%20five%20years%2C%2084%2C637,decreased%20to%2016%2C746%20in%202018>

cheaper than reactive treatment. In FY2019, the United States spent \$34.8 billion in HIV care, predominantly domestic treatment programming.<sup>16</sup> Meanwhile, needle exchange programs typically cost around \$700 per client per year in order to function,<sup>17</sup> an expense that pales in comparison to the \$364,000 in public health savings with each avoided case of needle-infected hepatitis C.<sup>18</sup> Investing in expanded needle exchange program locations in Appalachian Ohio would prevent expensive public health treatment for diseases such as HIV and hepatitis C while providing users with avenues to explore treatment options.

- **Continue Ohio’s emphasis on family reunification in child welfare practice.**
  - Family reunification is the ultimate goal of Ohio’s child welfare system. Even when it is not an option to reunite parents with children, keeping children within the greater family unit whenever possible produces better outcomes than entering the foster care system. When living safely with their own families, children feel more supported, experience higher self-esteem, remain culturally connected, and enjoy a more stable environment.<sup>19</sup> Through solidifying the importance of keeping children within their families, these children are more likely than foster children to achieve greater outcomes and fulfill their potential.
- **Adjust the Kinship Support Program assistance scale to match that of licensed foster care providers.**
  - In a state in which 100,000 grandparents are raising grandchildren,<sup>20</sup> kinship caregiving is an Appalachian strength. However, kinship caregivers are being left unsupported while barriers such as fixed incomes and children’s complex needs accumulate. Meanwhile, an estimated one-third of kinship families live at or below the federal poverty line.<sup>21</sup> Increasing the state’s allocation of funds to the KSP can contribute to decreasing the expenses of Ohio’s multisystem youth. Rather than contributing to WIC, SSI, SNAP, TANF cash assistance, subsidized childcare costs, or even legal fees or law enforcement dollars, more KSP funding would offer a streamlined assistance resource to kinship caregivers facing financial challenges. Specifically, increasing the amount of the payments, which are approximately half as much as those received by licensed foster care providers, will enhance equity and outcomes among children in kinship care.
- **Increase Ohio Works First funding.**
  - Ohio Works First is the financial assistance program affiliated with the state’s TANF program. Under OWF, minors can qualify for child-only assistance with no time limit while living with guardians other than their parents. Qualifying for

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<sup>16</sup> U.S. federal funding for HIV/AIDS: Trends over time. Kaiser Family Foundation. (2019). Retrieved from <https://www.kff.org/hiv/aids/factsheet/u-s-federal-funding-for-hiv/aids-trends-over-time/>

<sup>17</sup> Teshale, E. H., Asher, A., Aslam, M. V., Augustine, R., Duncan, E., Rose-Wood, A., Ward, J., Mermin, J., Owusu-Edusei, K., & Dietz, P. M. (2019). Estimated cost of comprehensive Syringe Service Program in the United States. *PLOS ONE*, *14*(4), 1–10. <https://doi.org/10.1371/journal.pone.0216205>

<sup>18</sup> Ibragimov, U., Cooper, K. E., Batty, E., Ballard, A. M., Fadanelli, M., Gross, S. B., Klein, E. M., Lockard, S., Young, A. M., & Cooper, H. L. (2021). Factors that influence enrollment in syringe services programs in rural areas: A qualitative study among program clients in Appalachian Kentucky. *Harm Reduction Journal*, *18*(1), 1–15. <https://doi.org/10.1186/s12954-021-00518-z>

<sup>19</sup> Houshyar, S. (2020). *A critical resource at risk: Supporting kinship care during the COVID-19 pandemic and beyond*. Center for the Study of Social Policy. Retrieved from <http://centerforchildwelfare.fmhi.usf.edu/kb/ReLCaregivers/Policy-Kinship-Care-CSSP.pdf>

<sup>20</sup> 2019 PCSAO Factbook. Public Children Services Association of Ohio. (2019). Retrieved from <https://www.pcsao.org/factbook>

<sup>21</sup> Xu, Y., Bright, C. L., Ahn, H., Huang, H., & Shaw, T. (2020). A new kinship typology and factors associated with receiving financial assistance in Kinship Care. *Children and Youth Services Review*, *110*, 1–11. <https://doi.org/10.1016/j.childyouth.2020.104822>

child-only assistance does not require kinship caregivers to achieve formal custody, further increasing access to support. Child-only assistance cases make up about 83% of the OWF caseload,<sup>22</sup> and monthly OWF payments averaged \$221 in November 2021.<sup>23</sup> As of 2020, the state had \$583 million in unutilized TANF funding;<sup>24</sup> a number that has since climbed to over \$650 million. Increasing OWF payments via TANF funding is a solution that can make up for the lack of equitable funding in resources such as KSP.

### **Program Examples**

- **Travis County Family Drug Treatment Court**
  - Family Drug Treatment Courts, such as the program led by Brook Son and Judge Leigh Matthews Rodriguez in Travis County, Texas, treat addiction like the chronic illness it is while providing support for involved family members, as well. Through decriminalizing addiction, Travis County instead prioritizes family-centered rehabilitation. This is accomplished through sending participants to 90 days of residential treatment followed up with a 90-day stint in sober living, all with their children alongside them at the facilities. Upon their return from treatment, participants are connected with a caseworker who offers extended services such as family therapy. For more information on Family Treatment Drug Courts, visit <https://www.cffutures.org/family-centered-treatment/#easy-footnote-2-1173> or visit <https://www.traviscountytexas.gov/health-human-services/children-and-youth/welfare/family-drug-court> for details on Travis County's program.
- **Prestera Center**
  - The Prestera Center offers two residential addictions facilities for West Virginia women with young children. Located in Huntington and Charleston, the residential facilities allow recovering women to live with their children while receiving needed addictions treatment and other services. This approach to addictions treatment emphasizes the family-centered care linked to more positive outcomes for youth living in drug-involved families. To learn more about Prestera Center and its programming, visit <https://www.prestera.org/services/addictions-recovery/#heading1>
- **Ohio Grandparent/Kinship Coalition**
  - The Ohio Grandparent/Kinship Coalition is an organization that focuses on providing kinship caregivers with resources needed to raise healthy children. Kinship caregivers do not expect to raise their children, and the support groups offered through the Ohio Grandparent/Kinship Coalition are essential in

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<sup>22</sup> Hudacek, S. (2021). *Ohio's cash assistance program fails to meet ongoing need*. The Center for Community Solutions. Retrieved from <https://www.communitysolutions.com/research/ohios-cash-assistance-program-fails-meet-ongoing-need/>

<sup>23</sup> *Ohio Works First*. Ohio Department of Job and Family Services. (2022). Retrieved from <https://jfs.ohio.gov/factsheets/owf.pdf>

<sup>24</sup> *TANF Spending Ohio*. Center on Budget and Policy Priorities. (2022). Retrieved from [https://www.cbpp.org/sites/default/files/atoms/files/tanf\\_spending\\_oh.pdf](https://www.cbpp.org/sites/default/files/atoms/files/tanf_spending_oh.pdf)

prioritizing kinship caregivers' mental health as they cope with suddenly changing roles. Likewise, the coalition assists kinship caregivers in applying for financial assistance such as the Kinship Support Program, Child Care Tax Credit, and SNAP. Finally, the coalition promotes advocacy for issues regarding kinship care through offering information and resources surrounding policy issues such as kinship care financial assistance. To learn more about the Ohio Grandparent/Kinship Coalition, please visit <https://ohiograndparentkinship.org/>.

- **Ohio START**

- See "Current Initiatives." For more details, visit <https://ohiostart.org/>.

### **Conclusion**

Children experience the strongest outcomes when with family. Supports such as family treatment drug courts, ombudsman advocacy, and Ohio START center on families staying together and regaining functionality while being treated with the dignity and respect that they deserve. In addition to programming directly impacting children in drug-involved families, harm reduction protects children in drug-involved families, as well. Sustainable treatment options such as MAT and needle exchange programs provide enhanced opportunities for family stability and motivational interviewing. Family-centered care is the key to supporting children in drug-involved families, and it often begins with best practice addictions treatment.

These investments would reduce the financial and emotional costs of criminalizing drug abuse while empowering the children of substance-abusing caregivers in the process. A focus on the family means prioritizing its children, and it is evident that Appalachians are ready for change. Over 68.8% of Appalachian residents sampled considered opioid use disorder to be a chronic illness.<sup>7</sup> With overdose deaths 63% more likely within the region,<sup>7</sup> the time is now to make meaningful change for Appalachian Ohio's children and families.

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