

WRITTEN TESTIMONY

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Casey Family Programs
U.S. Senate Committee on Health, Education, Labor and Pensions
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Good morning Chairman Alexander, Ranking Member Murray and Members of the Committee. My name is William Bell and I am the President and Chief Executive Officer of Casey Family Programs. Casey Family Programs is the nation's largest operating foundation focused on safely reducing the need for foster care and building communities of hope for children and families across America.

Casey Family Programs was founded in 1966 and has been analyzing, developing and informing best practices in child welfare for more than 50 years. We work with child welfare agencies in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and with 16 American Indian tribal nations, and with the federal government on child welfare policies and practices. We partner with child welfare systems, policymakers, families, community organizations, American Indian tribes and courts to support practices and policies that increase the safety and success of children and strengthen the resilience of families.

I thank you for the opportunity to be here today to discuss the critical impact the opioid crisis is having on our nation, and in particular the disruption it is causing for children, families and communities. This is not the first time that substance abuse has devastated families, leading to their involvement in the child welfare system - take for example the crack epidemic of the 1980's. Data and our work with states and communities continues to show that parental substance abuse overall is a key factor associated with children coming into foster care – separated not only from their families – but often from their neighborhoods, schools, friends and everything familiar.

While parental substance abuse is not a new challenge for child welfare agencies, the current opioid epidemic is proving to have an immeasurable impact on foster care caseloads and child welfare budgets across the country.

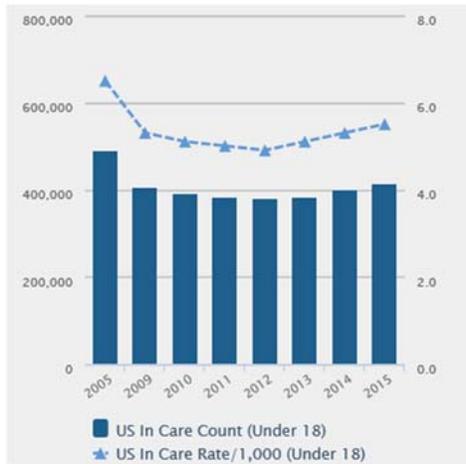
The National Center on Substance Abuse and Child Welfare (NCSCAW) explains it this way, *“In the past three decades, the United States has experienced at least three major shifts in substances of abuse that have had dramatic effects on children and families. However, the increase of opioid misuse has been described by long-time child welfare professionals as having the worst effects on child welfare systems that they have seen. Studies indicate that there is substantial overlap between parents involved in the child welfare and substance use treatment systems...”*¹

This is what the data tells us: Following years of decline in the national foster care population, there has been a steady increase in the number of children in foster care. In FY2016, there were 437,465 children in foster care in the United States.² Many jurisdictions have attributed this increase to be directly correlated with opioid use disorders and overdoses among parents.

¹ See <https://ncsacw.samhsa.gov/resources/child-welfare-and-treatment-statistics.aspx>

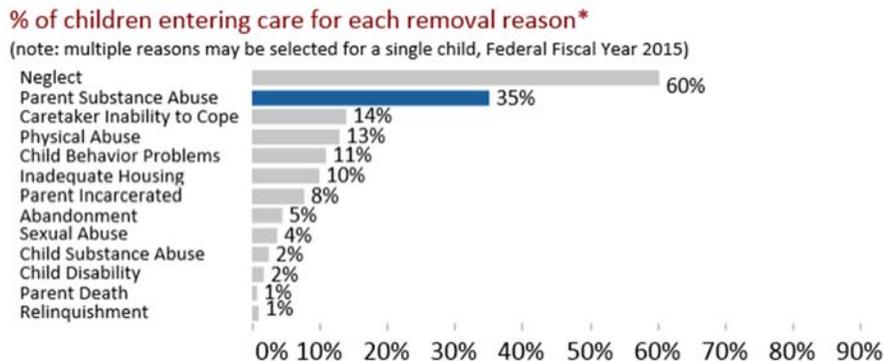
² AFCARS FY2016

Number of Children in Foster Care in the United States



Source: Adoption and Foster Care Analysis and Reporting System (AFCARS)

At least 35% of the entries into foster care were identified as due to parental substance use - a percentage that has steadily risen in recent years and a percentage that represents an undercount, due to the varying approaches states take to documenting removal reasons.³ This impact may be even higher for American Indians and Alaska Natives who are at least twice as likely as the general population to become addicted to drugs and alcohol, and three times as likely to die of a drug overdose.⁴

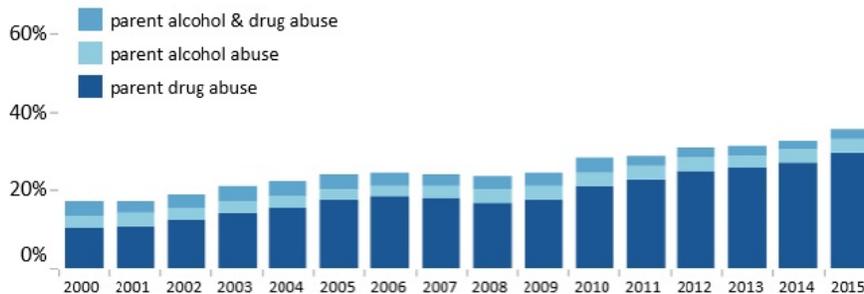


Source: Adoption and Foster Care Analysis and Reporting System (AFCARS)

³ Ibid. *Children enter care for many reasons. These categories represent the standard removal reasons states provide as part of their required AFCARS submission. How states utilize these standard fields, and whether or not they use all fields, is impacted by two key things: 1) how the removal reasons in their case management system are mapped to these categories; and 2) how caseworkers are instructed to determine removal reasons for a child. State policy and practice vary.

⁴ American Journal Drug and Alcohol Abuse (2012) *Epidemiology and Etiology of Substance Use among American Indians and Alaska Natives: Risk, Protection, and Implications for Prevention*. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4436971/>

% of children entering care with parental substance abuse as a removal reason
(alone or in combination with other reasons)



Source: Adoption and Foster Care Analysis and Reporting System (AFCARS)

We have heard directly from states that the opioid crisis continues to directly impact the wellbeing of children and families and has increased pressure on their child protection systems. Just last month, the National Governors Association (NGA) – a bipartisan organization of the nation’s governors – released recommendations to Congress and the Administration calling for action to bolster the federal response to the opioid crisis. The NGA’s recommendations included the following:

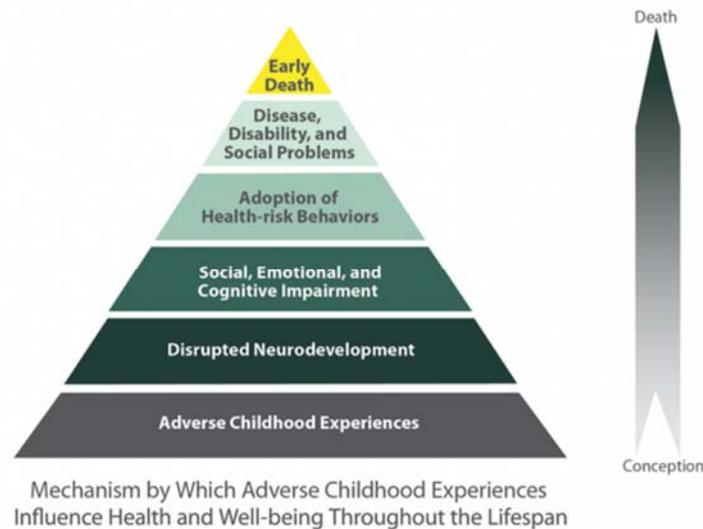
- Increased federal support to states, with flexibility to meet communities’ needs;
- Improved coordination across federal agencies;
- Federal training and education requirements for opioid prescribers;
- Statutory flexibility for state Medicaid programs to provide the full continuum of evidence-based treatment;
- More flexibility for providers to prescribe medications to treat opioid use disorder;
- Additional training and technical assistance to facilitate data and information sharing across public health and public safety; and
- Enhanced federal support for justice-involved populations, including the option for state Medicaid programs to cover substance use and mental health services prior to conviction and up to 30 days prior to release from prison or jail.⁵

We recently partnered with the state of Tennessee to host a Safety Culture Summit that explored Tennessee’s progress in reframing their system – at all program and policy levels – to recognize safety as a key priority in how they work and engage with families and their children, including around the impact of opioids and substance abuse. More than 20 states attended this summit, illustrating strong interest from states in exploring how they might work to reform their systems in a similar manner.

I want to applaud this Committee for its leadership to address the opioid and other substance abuse crisis through passage of the Comprehensive Addiction and Recovery Act of 2016 (CARA). CARA included language to strengthen the requirement that states - as a condition of receiving funds through the Child Abuse Prevention and Treatment Act (CAPTA) - have infant plans of safe care in place that address both the needs of the infant as well as the caregiver. But there is so much more we can, and should, be doing.

⁵ National Governor’s Association, press release from January 18, 2018, retrieved from <https://www.nga.org/cms/governors-recommendations-opioid-crisis>.

Children can experience specific trauma as a result of parental opioid addiction - including emotional or physical abandonment – which is often magnified by the additional trauma that comes from removal from the home. Studies indicate that such Adverse Childhood Experiences – or ACEs - can have negative, lasting effects on health and well-being and are strongly related to the development of risk factors for disease, such as increased illness and morbidity, as well as negatively impacting future well-being through higher unemployment and reduced productivity. One of the key ACEs is parental substance abuse, which not only endangers children at the time it occurs, but has negative downstream effects on child development, and on the ability of those children to parent their own children in the future.⁶



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Casey Family Programs partners with states, localities and tribes throughout this country, and we hear directly from youth and families, child welfare leaders, judges, and other professionals in the field. Through their own work and experiences, they have identified certain strategies as effective in supporting families at risk or involved with child welfare due to a substance use disorder. I'd like to share some of those with you today.

Parents have highlighted that timely access to comprehensive substance use treatment options, - including family residential and family centered treatment, peer mentors, medication assisted therapy (MAT), residential treatment for pregnant mothers and recovery supports - have been effective in their recovery and reunification with their children.⁸ Research has shown that when parents are able to get into treatment programs with their children in a timely manner, two-thirds

⁶ <https://www.cdc.gov/violenceprevention/acestudy/about.html>

⁷ Ibid.

⁸ What Parents Say About Substance Abuse Recovery. National Alliance for Children's Trust and Prevention Funds, 2017.

http://www.bpnn.ctfalliance.org/BPNN%20Brief_What%20Works%20in%20Substance%20Abuse%20Recovery.pdf

of them complete the program⁹ compared with only one-fifth of parents who complete the program when their children are not allowed to stay in the treatment facility with them.¹⁰

For example, Kentucky's Sobriety Treatment and Recovery Teams (START) is an evidence-based program for families with substance use disorders and child abuse and neglect that provides services to safely maintain child placement in the home when possible and provides parents rapid access to intensive addiction and mental health assessment and treatment. Kentucky START has demonstrated that the families they serve have twice the sobriety rates and half as many children in foster care compared to their peers who did not participate in Kentucky START.¹¹

To address rising placement rates and challenges recruiting and retaining foster parents shortages – in some states resulting in children sleeping in offices and hotels - child welfare systems are increasingly placing children with grandparents and other relatives. Nationally, over a third of all children placed in foster care because of parental alcohol or drug use, are placed with relatives.¹² Many relatives and child welfare professionals have cited a direct correlation between the spike in relatives caring for children and the national opioid epidemic.¹³

Extensive research confirms that children who cannot remain with their birth parents are more likely to have stable and safe childhoods when raised by relatives compared to children raised by non-relatives.¹⁴

- Kinship placements tend to be more stable than non-relative foster care placements, and there are fewer placement disruptions.¹⁵

⁹ <https://www.ncbi.nlm.nih.gov/pubmed/11291901>

¹⁰ <https://www.ncbi.nlm.nih.gov/pubmed/11291900>

¹¹ Huebner, R. A., Willauer, T., & Posze, L. (2012). The impact of Sobriety Treatment and Recovery Teams (START) on family outcomes. *Families in Society Journal of Contemporary Social Services*, 93(3)196-203. See also Testimony of Tina Willauer. May 18, 2016. U.S. House of Representatives Committee on Ways and Means Hearing "The Heroin Epidemic and Parental Substance Abuse: Using Evidence and Data to Protect Kids from Harm" <http://waysandmeans.house.gov/wp-content/uploads/2016/05/20160518HR-Testimony-Willauer.pdf>

¹² *Raising the Children of the Opioid Epidemic: Solutions and Supports for Grandfamilies*. Generations United, 2016
<http://gu.org/OURWORK/Grandfamilies/TheStateofGrandfamiliesinAmerica/TheStateofGrandfamiliesinAmerica2016.aspx>

¹³ Testimony of Bette Hoxie. March 21, 2017. U.S. Senate Special Committee on Aging Hearing "Grandparents to the Rescue: Raising Grandchildren in the Opioid Crisis and Beyond" https://www.aging.senate.gov/imo/media/doc/SCA_Hoxie_3_21_17.pdf; Testimony of Sharon McDaniel. March 21, 2017. U.S. Senate Special Committee on Aging Hearing "Grandparents to the Rescue: Raising Grandchildren in the Opioid Crisis and Beyond" https://www.aging.senate.gov/imo/media/doc/SCA_McDaniel_3_21_17.pdf

¹⁴ *Children Thrive in Grandfamilies*. Generations United, 2016. <http://grandfamilies.org/Portals/0/16-Children-Thrive-in-Grandfamilies.pdf>

¹⁵ Rubin, Downes, O'Reilly, Mekonnen, Luan, and Localio (June 2008). Impact of kinship care on behavioral wellbeing. *Pediatrics Adolescent Medicine*. Volume 162, No. 6; Webb, Dowd, Harden, Landsverk, and Testa. (2010). *Child Welfare and Well Being*. New York: Oxford University Press; Wonokur, Holtan, and Valentine. (2009). Kinship care for the safety, permanency, and wellbeing of children removed from the home for maltreatment. *Campbell Systemic Review*. 2009:1.

- Children placed with relatives are more likely to be placed with siblings and maintain relationships with birth parents and relatives.¹⁶
- Children in kinship care are more likely to remain in their community of origin and maintain connections to cultural identity, as well as remain in the same school and benefit from their school support system.¹⁷
- Children in kinship care tend to be as safe, or safer, than children in foster care.¹⁸
- Children in kinship care are less likely to re-enter care than children in foster care.¹⁹

Relatives who step in to care for children are often older and on fixed incomes, perhaps lacking adequate supports to care for their relative children. Caregivers report that they need a range of supports, including mental health services for the child and the family, kinship navigators, respite care, and financial assistance.²⁰

Parents, youth, and kinship caregivers report tremendous value in services to safely prevent the need for foster care by strengthening a family's ability to keep their children safe and help them thrive and by stabilizing a family before maltreatment occurs.²¹ Examples include peer support, evidence-based parenting education programs, supportive housing and individual and family mental health services. Federal foster care funding through Title IV-E does not currently allow children or their caregivers to access such prevention services.

Youth and parents also report that reunification after a stay in foster care can be a very vulnerable time when the family may need additional in-home services to ensure the children remain safely at home and avoid repeat maltreatment. The majority of children in foster care have a case plan goal of reunification with their parent or primary caregiver. In FY2016, 125,975 (51%)²² children left foster care and were reunified with their parent or primary caregiver. However, federal foster care funding through Title IV-E does not currently allow children or their caregivers to access aftercare services.

Despite all of what we know works to both keep children safe and support their development within their families, the vast majority of our federal funds for child welfare support a different

¹⁶ Child Welfare Information Gateway. (2013). *Sibling issues in foster care and adoption*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau; Obrien and Fechter-Legget. (2009). The effects of kinship care on adult mental health outcomes of alumni of foster care. *Children and Youth Services Review*. V. 31, pages 206-213.

¹⁷ Pew Charitable Trust. (2007). *Time for reform: Support relatives in providing foster care and permanent families for children*. Retrieved from http://www.pewtrusts.org/~media/legacy/uploadedfiles/wwwpewtrustsorg/reports/foster_care_reform/supportingrelativespdf.pdf

¹⁸ Haskins, R., Wulczyn, F., and Webb, M.B. (2007). *Child Protection: Using research to improve policy and practice*. Washington DC: Brookings Institution Press.

¹⁹ Casey Family Programs. (2011). *Does kinship care work well for children? A summary of the research*. Seattle: Casey.

²⁰ Raising the Children of the Opioid Epidemic: Solutions and Support for Grandfamilies. Generations United. 2016. <http://gu.org/OURWORK/Grandfamilies/TheStateofGrandfamiliesinAmerica/TheStateofGrandfamiliesinAmerica2016.aspx>

²¹ Testimony of Sandra Killelt. August 4, 2015. U.S. Senate Committee on Finance Hearing "A Way Back Home: Preserving Families and Reducing the Need for Foster Care". <https://www.finance.senate.gov/imo/media/doc/04aug2015-KilleltTestimony.pdf>; What Parents Say About Prevention and Early Intervention. National Alliance for Children's Trust and Prevention Funds, 2017. http://www.bpnn.ctfalliance.org/BPNN%20Brief_Prevention%20Strategies%20That%20Work.pdf

²² AFCARS FY2016

decision. For every \$7 the Federal government spends on foster care, only \$1 is spent on prevention. We must reform how we spend federal child welfare funds to allow states and localities to be nimble and targeted in how they support those families that come to our attention.

Research and the stories of youth and their families tell us that children need permanent and loving homes, preferably with their families, to thrive and grow up to be happy and productive adults. Our goal is for children to be free from abuse and neglect, surrounded by strong families and supportive communities. We believe that this can be achieved by allowing states to invest federal child welfare resources in an array of prevention, early intervention, after care services, treatment, and other efforts that would reduce the unnecessary and costly need for foster care when it is safe to do so.

To truly help these families, we know it's important that we intervene as early as possible. As the other witnesses have testified, we must support and ensure our programs and policies encourage parents and families to be more forthcoming with their challenges in a manner that is not punitive.

This Committee will consider the reauthorization of the Child Abuse Prevention and Treatment Act. Nationally, more than 4 million calls are made to hotlines of reports of abuse and neglect, a very small number of which ever reach a response that warrants removal.²³ States and communities are challenged every day with how to respond to each of these calls, often early warning signs that a family is at risk of child maltreatment, in a way that connects these families for life-long success. Casey Family Programs looks forward to being a resource for assistance to the Committee for child abuse and prevention programs.

Jurisdiction leaders from the public and private sectors in Johnson County, Kentucky²⁴, Hagerstown, Maryland²⁵ and Gainesville, Florida²⁶ have demonstrated that when public and private agencies working with children and families come together the safety, permanency and wellbeing outcomes for children and families can be improved. Families have shared that they often interact with multiple systems of care, including the courts, housing, child welfare, and healthcare. Coordination among systems positively impacts families' ability to successfully and efficiently get the help they need and keep their children safe.²⁷ For families at risk of child welfare involvement and for families reunifying, access to affordable housing along with services – supportive housing – has demonstrated improved child safety and family stability, as well as sobriety for the families that entered with a substance abuse problem.²⁸

I'd like to end my testimony with just one example of why we believe there is hope, and why we believe it is important that we not forget how each and every family we interact with has the same opportunity for a bright future. Just last month, I had the privilege to recognize Alise

²³ [U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. \(2018\). *Child maltreatment 2016*. Available from https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment](https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment)

²⁴ <https://cdn.casey.org/media/hope2017.pdf>

²⁵ https://cdn.casey.org/media/Hagerstown_brief.pdf

²⁶ https://www.casey.org/media/Gainesville_brief.pdf

²⁷ Testimony of Toni Miner. November 8, 2017. U.S. House of Representatives Committee on Education and the Workforce Joint Subcommittee on Early Childhood, Elementary, and Secondary Education, and Higher Education and the Workforce Hearing "Close to Home: How Opioids are Impacting Communities." https://edworkforce.house.gov/uploadedfiles/toni_miner_written_testimony_-_final.pdf

²⁸ http://www.csh.org/wp-content/uploads/2011/12/Report_KFTFindingsreport.pdf

Hegle as one recipient of the 2018 Casey Excellence for Children Awards.²⁹ Ms. Hegle's daughter was removed at birth due to her struggles with substance use and a pending prison sentence. However, Ms. Hegle participated in a treatment program and was reunified with her daughter. Ms. Hegle has become a compassionate ally and forceful advocate for birth parents. As a peer mentor in Washington State, Ms. Hegle uses her own life lessons to engender hope in families involved in the dependency system. Part of Ms. Hegle's message is the critical importance of working in and with communities, connecting parents together to ensure their needs are met, and shifting resources toward prevention and reunification efforts.

I have highlighted some of the strategies that are critical to combatting this crisis and ensuring safety, stability and success for children and families across the country. However, it will take a coordinated network of services with the support and advocacy from all levels of government, to begin to repair and halt the destructive impact that the opioid crisis is having on children and families.

Thank you again for this opportunity, and I'd be happy to answer any questions you may have.

²⁹ See <https://www.casey.org/2018-casey-excellence-for-children-awards/>