

February 16, 2018

The Honorable Orrin Hatch
Chairman
U.S. Senate Committee on Finance
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
U.S. Senate Committee on Finance
Washington, DC 20510

Dear Chairman Hatch and Ranking Member Wyden,

Thank you for reaching out to stakeholders for information on how programs within the jurisdiction of the U.S. Senate Committee on Finance might be coordinated and strengthened to serve the people, children and families most affected by the opioid epidemic. Casey Family Programs, as a private foundation interprets this request as one envisioned pursuant to Treas. Reg. 53.4945-2, and provides the responses herein for the benefit of the entire Committee's consideration.

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.

Casey Family Programs commends your leadership and persistence in enacting the Family First Prevention Services Act as part of the Bipartisan Budget Agreement (P.L. 115-123) on February 9, 2018. This law will shift the focus of the child welfare system toward prevention services that support, parents, children and kin caregivers explicitly for evidence-based programs on substance abuse, mental health and in-home parenting education. The goal is serve children and families at imminent risk of foster care placement in a different way while maintaining a child's safety and reducing trauma. Effective implementation of this historic act will mean a great deal in serving the children and families involved in the opioid epidemic.

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.¹ Many jurisdictions have attributed this increase to be directly correlated with opioid use disorders and overdoses among parents. At least 35% of the entries into foster care are 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

¹ AFCARS FY2016

reasons.² This impact may be even higher for Native Americans who are Native Americans 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.³

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. Studies indicate that such Adverse Childhood Experiences – or ACES - can have negative, lasting effects on health and well-being and are strongly related to development of risk factors for disease, such as increased illness and morbidity, as well as negatively impacting future well-being through reduced productivity and employment. One of the key ACES is parental substance abuse, which not only endangers children at the time it occurs, but has downstream effects on child development, and on the ability of those children to parent their children in the future.⁴

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.

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.⁵ Research has shown that when parents are able in a timely manner to get into treatment programs with their children, two-thirds of them complete the program⁶ 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.⁷

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

² 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.

³ 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/>

⁴ <https://www.cdc.gov/violenceprevention/cestudy/about.html>

⁵ 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

⁶ <https://www.ncbi.nlm.nih.gov/pubmed/11291901>

⁷ <https://www.ncbi.nlm.nih.gov/pubmed/11291900>

parents rapid access to intensive addiction/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.⁸

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.⁹ Many relatives and child welfare professionals have cited a direct correlation between the spike in relatives caring for children and the national opioid epidemic.¹⁰¹¹

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.¹²

- Kinship placements tend to be more stable than non-relative foster care placements, and there are fewer placement disruptions.¹³
- Children placed with relatives are more likely to be placed with siblings and maintain relationships with birth parents and relatives.¹⁴

⁸ 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>

⁹ *Raising the Children of the Opioid Epidemic: Solutions and Supports for Grandfamilies*. Generations United, 2016
<http://qu.org/OURWORK/Grandfamilies/TheStateofGrandfamiliesinAmerica/TheStateofGrandfamiliesinAmerica2016.aspx>

¹⁰ 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

¹¹ 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

¹² *Children Thrive in Grandfamilies*. Generations United, 2016. <http://grandfamilies.org/Portals/0/16-Children-Thrive-in-Grandfamilies.pdf>

¹³ 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.

¹⁴ 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; O'Brien 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.

treatment, and other efforts that would reduce the unnecessary and costly need for foster care when it is safe to do so.

Casey Family Programs is eager to work with your Committee and the Congress support implementation of the Family First Prevention Services Act. We also look forward to working with you to explore opportunities to enhance collaboration and coordination across the many federal programs that provide substance abuse treatment and prevention for children and families.

Sincerely,

A handwritten signature in black ink, appearing to read "David Sanders", written in a cursive style.

David Sanders
Executive Vice President
Systems Improvement
Casey Family Programs