



DEPARTMENT OF JOB AND FAMILY SERVICES

CHILDREN SERVICES DIVISION

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Dear Chairman Hatch and Ranking Member Wyden,

Please consider this letter in response to the Senate Finance Committee's request for recommendations regarding the opioid crisis.

The children's services community in Ohio supports development of an appropriate continuum of care for babies born with neonatal abstinence syndrome (NAS), and their families. This means not just high quality medical services for babies with NAS who are withdrawing from opiates, but wraparound services for their moms and dads. We value Brigid's Path as part of the solution to Ohio's opioid epidemic, and believe that enabling Medicaid reimbursement for the services it provides will lead to its long-term sustainability, as well as the ability to replicate the pediatric recovery center model throughout the country.

A recently released Government Accountability Office report on the intersection between substance-affected infants and foster care revealed the following:

- States reported that parental drug abuse was a factor associated with the removal of 32% of the children entering foster care in fiscal year 2015.
- Nationally, the number of children under the age of 1 entering foster care increased by about 15% (from 41,235 to 47,219) from fiscal year 2012 through fiscal year 2015—an increase that many researchers and child welfare professionals attribute to the opioid epidemic.¹

The situation in Ohio is no different: between 2011 and 2015, Ohio's foster population increased nearly 10%, with more than 60% of children in the system because of parental drug abuse. The impact of the overburdening of the foster care system is manifold: additional cases for already resource-strapped case workers, more complicated cases, pressure on state budgets, and a scarcity of foster families to provide loving care for babies.

Brigid's Path is one piece of the "solution puzzle" in the Dayton, Ohio area. Brigid's Path allows babies to withdraw in a home-like setting with high quality medical care. It also encourages moms and dads to participate in their babies' lives, which is critical to bonding and long-term family success. Unlike a hospital neonatal intensive care unit, where NAS babies typically withdraw, Brigid's Path can keep baby until mom and dad are ready to take baby home, or until a suitable kinship or foster care placement has been arranged. During this time, Brigid's Path facilitates life-skill building for mom and dad, and specialized training to care for a baby with NAS.

Brigid's Path and the children's services community have the same goals: the best placement for baby the first time (ideally with mom, dad, or another biological family member), and long-term success for the child/parent relationship. Medicaid reimbursement for pediatric recovery centers like Brigid's Path is imperative to the ongoing sustainability of this model.

We ask that you consider passage of the CRIB Act so that babies and families can continue to get the services they need and want in Dayton and, in the future, all over the country.

Sincerely,

Jewell L. Good, MSW, LISW-S
Assistant Director, Children Services Division
Montgomery County Department of Job and Family Services

¹ SUBSTANCE-AFFECTED INFANTS: Additional Guidance Would Help States Better Implement Protections for Children. Government Accountability Office. January 2018.