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February 15, 2018

The Honorable Orrin G. Hatch
Chairman
Senate Finance Committee
219 Dirksen Office Building
Washington DC 20510

The Honorable Ron Wyden
Ranking Member
Senate Finance Committee
219 Dirksen Office Building
Washington DC 20510-6200

Dear Chairman Hatch and Ranking Member Wyden:

On behalf of Children's Home Society of America, I want to thank you for your continued attention to the opioid epidemic that has enveloped so many lives across this nation. Additionally, we greatly appreciate your vision that such a dramatic and unfortunate set of circumstances can provide us with an opportunity to rethink how our various policies and related systems can be improved to offer greater access to services and treatment as well as the root causes underlying the opioid and other public health epidemics.

Children's Home Society of America (CHSA) is a national nonprofit leader and advocate dedicated to improving the lives of children and families in America. Our nationwide membership provides a comprehensive spectrum of services to create healthy children and strong families. Our core services include adoption, early learning, child and family counseling, foster care, family stabilization and support, parent education, and advocacy. CHSA is one of the nation's most respected and trusted child welfare advocates, having spent more than a century driving lasting, positive change on behalf of our country's vulnerable children. We do this through collaboration with the public and private sectors and academia to advance public policy benefiting children while reducing the public cost to taxpayers.

Our comments will focus on one of the questions raised in your letter: (1) What human services efforts (including specific programs or funding design models) appear to be effective in preventing or mitigating adverse impacts from OUD or SUD on children and families? In answering this question, it is our intent to surface ideas within the jurisdiction of the Senate Finance Committee that will positively impact the children and families that we serve, are fiscally viable and offer the potential for bipartisan support.

The Problem: A Child Welfare Perspective

Beginning as early as 2014, media all over the country has reported a growing number of children entering foster care due to the opioid epidemic. These reports are consistent with recent federal data showing three years of consecutive growth in the number of children in foster care. According to the Children's Bureau, as many as 92,000 children were removed from their home in FY16 alone due to reported substance use by at least one parent. Reports at both the federal and state agency level show that rising numbers of parental substance use, including opioids, is a key driver in the growth the nation's foster care system. The increasing demand for foster care has led many states to look outside their state boundaries to place children as in-state placements are increasingly stretched. Consequently,

our child welfare system faces its own crisis as more children flood a dwindling supply of placements needed to keep them safe.

Beyond this immediate strain on the system is the impact that this increased need has had on child welfare's ability to offer the types of programs that in the past, have helped to mitigate a similar migration into the foster care system. For example, we can look back to lessons learned during the crack cocaine epidemic of the 1980s. This epidemic, which similarly drove thousands of additional children into care, also resulted in longer stays in foster care throughout the 1990s which led to a peak of nearly 600,000 children in foster care by 1999. Data from the National Center for Health Statistics gives us cause for urgency, noting the death rate from the opioid epidemic is 5 times greater (10 per 100,000) than the crack epidemic (2 per 100,000.) In short, we must look back in order to look forward to ensure that the legacy of this current epidemic does not cause profound implications for the next 25 years and beyond.

Medicaid

Medicaid serves as the backbone of the child welfare system by providing health care coverage to nearly all children in foster care. Such coverage provides access to all of the medical and behavioral health services that these children often require as a consequence of exposure to neglect and/or abuse. Not surprisingly, behavioral health services make up the largest percentage of health services both requested and delivered to this population. As science has proven, adverse childhood experiences alter the brain's function in ways that lead to an increased need for behavioral and mental health services. Fortunately, through Medicaid, this population has coverage for such services.

Policy Recommendation 1: We urge Congress not to compromise or reduce access to Medicaid for vulnerable children effected by the opioid epidemic. This creates the potential of compounding the existing problem by reducing access to services for which the demonstrated need is growing.

Responding to Needs Unique to Child Welfare

Recognizing that we are already seeing the impact of the opioid epidemic on families and the nation's child welfare system, there are specific actions which government agencies under the jurisdiction of Senate Finance Committee can undertake to speed progress of work that is already underway.

Foster care and relatives. With an influx of children entering care because of the opioid epidemic, the availability of quality placements is increasingly scarce. A critical lesson learned from the crack cocaine epidemic was that child welfare systems invested too little in the capacity needed to care for children who could no longer remain in their homes. This means investing in the recruitment, training and support of foster parents, and also providing similar supports for relatives stepping in to care for children who can no longer safely remain with their parents. The federal government should eliminate funding barriers and encourage states to invest in high quality foster parenting for both related and unrelated caregivers. This includes training, ongoing support and resources. We know that intentional investments in foster parenting quality offer a child the best prospects to be placed with siblings, recover from the trauma of separation and enhance child wellbeing and stability. This investment also increases the likelihood that children spend less time in care, joining their forever families either through reunification with birth parents, relatives or adoption.

Policy Recommendation 2: Support funding to enhance foster parent recruitment, retention and training by allowing states to utilize an enhanced rate when partnering with community-based agencies undertaking the work.

Policy Recommendation 3: Delink subsidized guardianship payments from the Aid to Families with Dependent Children (AFDC) income standard allowing states to receive a federal match for all children placed in subsidized guardianship placements, promoting equity in the payment rate for kinship caregivers.

Early Childhood. Despite significant policy gains in addressing children born with neonatal abstinence syndrome (NAS) with the passage of the Comprehensive Addiction and Recovery Act (CARA) of 2017, the legislation did not include a requirement for states to identify a lead agency responsible for overseeing the implementation of plans of safe care. We see this as a significant gap, undermining the leadership necessary to have a coordinated approach to addressing care strategies for children effected by SUDs, NAS and Fetal Alcohol Syndrome.

Policy Recommendation 4: State plans for safe care should explicitly identify a lead agency responsible of service coordination and integration.

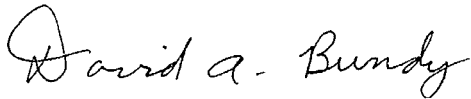
Conclusion

In closing, on behalf of the national network of organization's that make up the Children's Home Society of America, I want to thank each of you for your leadership on our nation's response to the opioid epidemic. We greatly appreciate the opportunity to share our perspective and our experiences on the front lines.

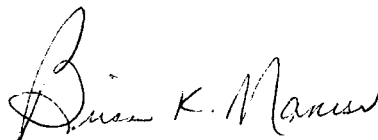
While there is great complexity underlying the problem of the opioid epidemic, we are confident that as with other challenges over our organizations' long history, the public-private partnership we value will once again prove successful in putting real solutions into action.

On Wednesday, March 14, 2018, at 2p.m. in Russell 485, Children's Home Society of America will be hosting an hour long briefing titled: "A System on the Brink of Disaster: How the Opioid Crisis Taxes the Child Welfare System and Its Children" examining the impact of the opioid crisis on America's child welfare system to provide greater background on the issue for legislators and their staff. We welcome the opportunity to explore the issue in greater detail next month.

Sincerely,



Dave Bundy
President and CEO



Brian Maness
Chair