

**First Focus Campaign for Children  
Statement for the Record**

**U.S. Senate Committee on Health, Education, Labor, and Pensions  
“The Front Lines of the Opioid Crisis: Perspectives from States, Communities, and Providers”**

**November 30, 2017**

Chairman Alexander, Ranking Member Murray, and Members of the Senate Committee on Health, Education, Labor, and Pensions, we thank you for the opportunity to submit this statement for the record for this hearing to understand how the states and localities are addressing the opioid crisis.

The First Focus Campaign for Children is a bipartisan advocacy organization dedicated to making children and families a priority in federal policy and budget decisions. As an organization dedicated to promoting the safety and well-being of all children in the United States, we urge Congress to make sure that the impact on children living in families battling opioid and substance use issues is considered when determining policy solutions to address this epidemic.

The opioid crisis has grown steadily in the past several years. In 2016, the CDC estimated that there were over 64,000 deaths related to drug overdose.<sup>1</sup> An analysis from Blue Cross Blue Shield of its members found that from 2010 to 2016, the number of people diagnosed with an addiction to opioids increased by 493%.<sup>2</sup> In 2010, there were just 1.4 incidences of opioid use disorder among every 1000 members. By 2016, that rate had climbed to 8.3 incidences for every 1000 members. Yet, at the same time, there was only a 65% increase in the number of people getting medication-assisted treatment to manage their addiction.<sup>3</sup>

This crisis has certainly affected children and families across the United States. Children are entering the child welfare system at accelerated rates due to opioid deaths and addiction issues. Nationally, the most recent data shows that in 2015, children entering the foster care system because of drug abuse by a parent represented 32% of all those entering foster care, with the overall number of children increasing steadily each year. In 2015, 427,910 children entered foster care.<sup>4</sup> However, reports and local data indicates that this number is likely to be higher in the coming years. According to the Pew Charitable Trusts, Alaska, Kansas and Ohio, have issued emergency pleas asking more people to become foster parents and take neglected children. The same study found that in Ohio more than 9,900 children are in foster care and nearly half of those taken into custody last year had a parent using drugs. In addition, caseworkers are having a hard time placing children

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<sup>1</sup>Lopez, German. “Drug Overdose Death Skyrocketed in 2016- and Traditional Opioid Painkillers Weren’t the Cause.” *Vox*, Vox, 5 Sept. 2017, [www.vox.com/policy-and-politics/2017/9/5/16255040/opioid-epidemic-overdose-death-2016](http://www.vox.com/policy-and-politics/2017/9/5/16255040/opioid-epidemic-overdose-death-2016).

<sup>2</sup>America’s opioid epidemic and its effect on the nation’s commercially- Insured population.” *Blue Cross Blue Shield*, 29 June 2017, <https://www.bcbs.com/the-health-of-america/reports/americas-opioid-epidemic-and-its-effect-on-the-nations-commercially-insured>.

<sup>3</sup> Kounang, Nadia. “Opioid addiction rates continue to skyrocket.” June 29, 2017  
<http://www.cnn.com/2017/06/29/health/opioid-addiction-rates-increase-500/index.html>

<sup>4</sup> U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, [www.acf.hhs.gov/programs/cb](http://www.acf.hhs.gov/programs/cb) Preliminary Estimates for FY 2015 as of June 2016 (23)

with relatives because many of the adults in these children's extended families are also addicted to opioids.<sup>5</sup> Other states are also seeing high number of children entering foster care with the number of children increasing 27% in North Dakota, 45% in Maine, and 19% in Massachusetts between 2011 and 2015.

In addition, more babies are born addicted to substances and require special care. Between 1999 and 2013, the number of babies born with Neonatal Abstinence Syndrome (NAS) tripled.<sup>6</sup> These babies not only need specialized care, they also are at a higher risk for long term behavioral health issues and learning disabilities.

Recently, Dr. Cox, Superintendent of Allegany Schools in Maryland, testified before the U.S. House Education and Workforce Committee about the increases in absenteeism in schools due to parents not being able to take their children to school because of drug use. Substance use issues are also playing a significant role of children entering the child welfare system, as parents are unable to care for their children or dying due to overdose.<sup>7</sup>

## Recommendations

### *Protect Medicaid from Cuts or Caps*

In the context of our current debate on health care, the opioid crisis is an extremely important issue. Converting Medicaid into a per capita cap funding structure would be devastating in the fight against this epidemic. Medicaid funding cuts through caps or block grants would have a significant impact on the needed mental health and physical health services that children in foster care need to promote their healthy development. Per capita caps would not be responsive to public health crisis such as the spike in the number of preterm births or parents and adolescents needing opioid addiction treatment. In addition, states would not be able to provide adequate funding to states where hundreds of infants are born exposed to opioids and need NICU care. Medicaid covers 80 percent of treatment for babies born with NAS.<sup>8</sup>

*Support for Kin* Many children who have parents dealing with addiction issues end up living with grandparents or other relatives. It is vital that kin have access to services and resources while taking care of children so that their households are not significantly burdened and destabilized.

### *Reauthorize the Maternal, Infant, Early Childhood Home Visiting Program (MIECHV)*

Many programs funded by MIECHV are on the frontlines of this national crisis. Programs such as Nurse Family Partnership, Early Head Start, Parents as Teachers, and Prevent Child Abuse work with young mothers and infants who are directly affected by this epidemic. Family engagement is a critical component of these programs and for families and children affected by addiction. Some examples of the strategies these programs employ with families include: connecting families to health coordinators, conducting EPSDT screenings, creating family partnership agreements, and developing MOUS and community partnerships with local community health centers.

### *Pass the Family First Prevention Services Act*

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<sup>5</sup> Wiltz, Teresa. "Drug-Addiction Epidemic Creates Crisis in Foster Care." *Stateline*, The Pew Charitable Trusts, 7 Oct. 2016, <http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2016/10/07/drug-addiction-epidemic-creates-crisis-in-foster-care>.

<sup>6</sup> Ross, Casey. "US babies born addicted to opioids has tripled in 15 years CDC says." *STAT*, 11 Aug. 2016, <https://www.statnews.com/2016/08/11/babies-opioids-addiction/>.

<sup>7</sup> Draft Testimony to the House Committee on Education and Workforce David A. Cox, Ed. D., Superintendent, Allegany County Public Schools November 8, 2017 [https://edworkforce.house.gov/uploadedfiles/david\\_cox\\_written\\_testimony.pdf](https://edworkforce.house.gov/uploadedfiles/david_cox_written_testimony.pdf)

<sup>8</sup> Ko JY, Patrick SW, Tong, VT, Patel R, Lind JN, Barfield WD. Incidence of Neonatal Abstinence Syndrome- 28 States, 1999-2013. *MMWR Morb Mortal Wkly Rep* 2016;65:799-802.DOI: <http://dx.doi.org/10.15585/mmwr.mm6531a2>

The Family First Prevention Services Act would allow Title IV-E dollars to be used for families at risk of entering the child welfare system. These would include in-home parent skills, substance use services, and mental health services. Investing in these issues before a child enters care mitigates the monetary cost of a child entering foster care and also reduces the trauma that both children and families experience when separated. In addition, the Family First Act has provisions that would allow IV-E reimbursements for children who are living with parents in residential treatment programs to help them overcome their addiction. This bill also reauthorizes the Regional Partnership Grants, which support interagency collaborations and the integration of programs, services, and activities designed to increase the wellbeing, improve the permanency, and enhance the safety of children who are in, or at risk of, out of home placements as a result of a parent or caregiver's substance use.

*Allocate Resources to CAPTA for Robust Plans of Safe Care Programs*

Additional funds to implement changes made by the Comprehensive Addiction to Recovery Act (CARA) of 2016 to CAPTA would assist healthcare providers in developing plans of safe care for infants who are born and identified as being affected by substance abuse, as well ensure that their mothers receive appropriate treatment services. The increase in individuals, children, and families being served by human service agencies has increased the need for child welfare providers, health care providers, treatment providers, and the courts to collaborate and provide a cross-sector approach to ensure the safety of the youngest victims of this epidemic.

We thank you again for the opportunity to submit this written testimony. We look forward to working with you to help reduce the incidence of opioid use in this country and to ensure that policies are in place to protect children who may be affected. Should you have any questions about this testimony, please contact Richa Mathur at 202-999-4852 or at [richam@firstfocus.org](mailto:richam@firstfocus.org).