

Testimony September 28, 2016
House of Representatives, Children and Youth Committee
Public Hearing on the Impact of Opioid Dependency on Child Welfare
Washington County Children and Youth Services Administrator, Kimberly Rogers

Good Morning Chairwoman Watson, Co-Chair Conklin, Mr. Grasa, and the Honorable Committee. Thank you for allowing me this opportunity today.

My name is Kimberly Rogers. I am the Agency Administrator of Washington County Children and Youth Services. I have served in this capacity for almost four years. Prior to this, I was an Intake Supervisor and an Intake and Ongoing Caseworker for Allegheny County Office of Children, Youth and Families for almost 20 years. I would like to talk to you about the impact of opioids in Washington County's child welfare system, the volume of referrals, the increase of our children in placement, and our attempts to address this, the cost of addressing this and our perceived need.

In Washington County the profound effects of parental opioid dependency is found in our child welfare system. Our vulnerable children are profoundly impacted by their parent's use, especially heroin. Last year, Washington County experienced three near fatalities of children. One of these near deaths involved a mother using opiates.

I've watched our staff feed and care for the neglected children, while trying to find them family to stay with. I've heard their frustration of a mother, given our proximity to other states, who has three physicians prescribing her opioids, physicians in Pennsylvania, Ohio, and West Virginia. I've read the newspaper articles referring to our county and the impact of heroin with the following headlines:

Newspaper headlines read: Bernstein, Larry. (2015, August 23). The heroin epidemic's toll: One county, 70 minutes, eight overdoses. *The Washington Post*. and Miller, Barbara. (2016, August 23). The cost of addiction: Heroin leading to more CYS cases. *Observer-Reporter*.

Every year, we consistently receive more referrals than the preceding years. In four years, Washington County CYS went from working with 1,690 children annually, to now 3,819 children. A staff of 103 worked closely with 1,929 families, with each family having complex needs. When we take a closer look at the reasons children and families are referred to WCCYS, we find parental substance abuse is that primary reason, with neglect as the second highest referral reason.

In 2014, we received 381 referrals regarding parental substance abuse. In 2015 we received 788 referrals, a number that more than doubled. In this year alone, we are projected to receive an additional 811 referrals. This means that close to half of our referrals revolve around parents using drugs. With these referrals, we find children under the age of one year old who were born and identified as being affected by illegal substance abuse, and children under the age of one year old who had withdrawal symptoms as a result of prenatal drug exposure.

How many children are we talking about? In 2014, there were 691. In 2015, this doubled to 1,403. This year, we are projected to have over 1,600 children referred to our agency due to parental substance abuse. Again, this means 1 in every 2 children are now referred to our agency due to allegations of parental substance abuse.

Our mission is to preserve families, wherever possible. Preserving families, however, has been quite difficult lately, due to the opioid epidemic. How can we assure a child's safety when the parents are actively using opiates? Their motor skills and judgment are impaired. We find them "nodding off" while trying to talk to them. Sometimes we find the children left unsupervised or left with an unsuitable caregiver, or we find no food in the home.

When safety concerns like these are identified, we do request the court's intervention and recommend the placement of the children. When it comes to parental opioid dependency, this most likely results in children being taken into protective custody and placed into care. When placement is necessary, our staff actively locates the least restrictive placement for the children, in an attempt to lessen their trauma, by finding kinship caregivers, relatives and friends who are willing to care for the children. Washington County's kinship care rates are among the highest in the state.

Overall, parental substance abuse has single-handedly been the primary reason for our increased referrals. Parental opioid dependency has been the reason for our increased child placements.

Since FY12/13, placements of children consistently decreased in Washington County, resulting in a safe reduction of children in care. This all changed, however, in the past two years, when referrals regarding parental substance abuse increased and parents were found actively using heroin and opiates. Our placement of children went from a total of 265 children in care on an average day to 309 children. For the first time in several years, placements increased to the highest number Washington County has ever had, 513 children in care. The second highest year for placements was FY12/13, when we had 511 children in care.

We found that 65% of our children are in placement as a direct result of the impact of a parent/caregiver's ability to safely parent due to their drug use.

In this past year alone, we received 212 referrals regarding babies born addicted to drugs. As you may guess, this means the increase of children in care in Washington County are the children between birth and 8 years of age. We are actively recruiting for prospective foster parents who reside in Washington County.

We know that federal legislation, the Adoption and Safe Families Act, establishes the timeframes in which we move toward permanency. We do believe that children deserve to have timely permanency. Our first permanency goal is reunification, and when this cannot be achieved, we request the goal of adoption. Our adoptions have consistently increased,

from 22 adoptions in FY11/12, to now 71 in FY15/16. We project this trend will continue, as parents struggle with opioid dependency.

In Washington County, we continue to try innovative ways to address opioid dependency. Judge Michael Lucas re-instituted a local roundtable to address this matter in more depth, developing a drug and alcohol workgroup tasked with such efforts. Our contracted providers, who also work directly with parents and children, have developed programming to combine with their current evidence-based practices. Justice Works Youth Care built into their evidenced based Nurturing Parenting Program a substance abuse component. Adelphoi Village added in a drug and alcohol aspect into their Multi-Systemic Therapy. Referrals to these programs have risen.

In collaboration with Washington County Drug and Alcohol Commission, we developed a program in which child welfare and drug and alcohol evaluators work together, in the same office, going into the field together. Although we weren't the first county to develop this level of collaboration, we have no shame in adapting ideas and programs from other counties that would benefit our children and families. We now have a drug and alcohol Case Manager (CM), located in our child welfare office, who completes timely drug and alcohol assessments of the parents and makes a determination for a level of treatment. The CM then connects the parents to any recommended treatment and a provider to improve the likelihood parents will enter treatment. We also have a Certified Recovery Specialist (CRS), a person who is currently in recovery that is charged with supporting and encouraging parents to enter recovery and maintain sobriety. There has been hope. There are some bright spots. Some parents have entered treatment and their children have returned to their care.

We believe, that by working with the parents, we are making reasonable efforts toward reunification, trying to uphold our mission to preserve families. In FY15/16, we had 350 drug and alcohol referrals, with referrals increasing in the summer months. Although the primary referrals for the assessment were THC, opiates were the second highest referral reason, followed by cocaine and then alcohol.

We are beginning to work with The Children's Institute of Pittsburgh and their Care Coordination program to address neonatal abstinence syndrome. The Children's Institute (CI) Care Coordination program provides care coordination services for families with children born drug-exposed. The program conducts a comprehensive assessment of medical and psycho-social risk factors to determine the frequency of contact by the care team, which includes a social worker, health coach, and registered nurse. The care team visits with the family in-home, in-office, and at provider appointments. The care team also develops goals in collaboration with the caregivers and WCCYS, which can be utilized in developing plans of safe care. The utilization of this program would promote the safety and well-being of all drug-exposed children, and their caregivers, and encourage optimal child and family functioning. Unfortunately, funding is an obstacle. The child welfare budget is a projected budget, written two years in advance, and unfortunately, we didn't predict a program of this nature. We are left with re-allocating existing money, pulling from other programs, to fund this one. That is another challenge we face in child welfare, unfunded mandates.

I would like to add, that quality training of child welfare staff is essential. We just had 24 new child welfare related laws enacted in the past 21 months, all while we are trying diligently to manage the impact of heroin and opiates on the children in our county, the increased referrals and the increased number of children in care. The demands of our child welfare staff are high, and as a result, so is the turnover. I believe revisiting caseloads of direct practice staff, and reducing the number of families they work with, is essential.

We are fortunate to have County Commissioners, Commissioners Maggi, Irey-Vaughan and Shober who have supported Washington County Children and Youth Services who are committed to children and families.

I would also like to thank you, again, for allowing me this opportunity to speak today. I thank you for everything that you do on behalf of the children in our state and I thank you for allowing me this time. I welcome any questions.