

February 23, 2018

The Honorable Thad Cochran
Chairman
U.S. Senate Committee on Appropriations
S-128, The Capitol
Washington, DC 20510

The Honorable Roy Blunt
Chairman
Subcommittee on Labor, Health and Human
Services, and Education
S-128, The Capitol
Washington, DC 20510

The Honorable Patrick Leahy
Ranking Member
U.S. Senate Committee on Appropriations
S-128, The Capitol
Washington, DC 20510

The Honorable Patty Murray
Ranking Member
Subcommittee on Labor, Health and Human
Services, and Education
S-128, The Capitol
Washington, DC 20510

Dear Senators Cochran, Leahy, Blunt, and Murray:

Thank you for your continued commitment to finding solutions and providing needed resources to combat our country's current opioid crisis. As advocates committed to the prevention of child abuse and neglect and improving the lives of children and families in or at risk of entering the foster care system, we are deeply committed to ensuring that our federal policies help our nation's most vulnerable children and families. As you consider how to spend the \$6 billion over two years included in the Bipartisan Budget Act (H.R. 1892), to directly deal with this drug crisis, we urge you to dedicate a portion of these federal dollars to meet the needs of children, who have been uniquely impacted.

The unique impact of the opioid crisis on our country's children must not be forgotten and requires urgent action and resources at the federal, state and community levels to minimize the lifelong consequences of parental substance abuse on child well-being. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), 1 in 8 children live in a family where one or both parents have a substance use disorder. These children are at increased risk of developmental delays, academic problems, mental health issues, physical and sexual abuse, and themselves developing a substance use disorder later in life. However, if given timely access to appropriate treatment and services, children can thrive, and many parents can remain safely with their children – minimizing trauma to children while improving both recovery rates for parents and outcomes for children.

The recent national rise in substance abuse has left parents, extended families, communities, schools, and child welfare agencies struggling to meet the needs of children. The number of children in the child welfare system has increased as the drug crisis has grown worse. Federal data indicate a rise in the percentage of children who are removed from their homes due to parental substance abuse, and this reason for removal is increasing faster than any other reason. These numbers do not take into account the thousands of kinship caregivers – grandparents, aunts and uncles, siblings, extended family, and adults with a kin-like relationship to the child – who have stepped in to care for children whose parents cannot safely care for them.

We need a comprehensive approach to ensure that the impact of the opioid crisis on children is minimized. This requires engagement of multiple community partners, including not just family and extended family, but hospitals, service providers, and schools. When appropriating funding to address the opioid crisis, we urge the federal government to consider itself a partner with states and communities to ensure an effective response that directly addresses the well-being of children.

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Below, we offer specific recommendations for how FY18 and FY19 appropriations should be directed to ensure children do not remain forgotten victims in this drug crisis. These proposals would help more children and families receive evidence-based treatment and empower states and communities to leverage the expertise already in the field in order to improve outcomes for children and families.

1. Ensure meaningful implementation for Plan of Safe Care requirement within CAPTA

Background: Section 503 of the *Comprehensive Addiction and Recovery Act of 2016* (CARA) amended the *Child Abuse Prevention and Treatment Act* (CAPTA) requirement regarding the development of “plans of safe care” for newborns identified as affected by substance abuse in utero. This reform has played an important role in states placing greater focus on the well-being of infants born with Neonatal Abstinence Syndrome (NAS), Fetal Alcohol Spectrum Disorder (FASD), and exposure to other harmful substances. However, this unfunded mandate provided no resources to states or guidance from the Department of Health and Human Services (HHS) to support strong collaboration and best practices between health care providers and the child welfare system in responding to the rise of SUDs among pregnant and parenting women. Both funding and technical assistance to states are essential for this critical reform to have Congress’s intended impact.

Recommendation: We urge Congress to increase CAPTA Title I State Grant funding to the full authorized level of \$120 million per year to support local implementation of plans of safe care and to direct HHS to consult with a broad-range of experts to develop evidence-based guidance to states. This would require \$190 million in additional appropriations over two years. This would provide immediate assistance to families in crisis and support a public health approach to maternal opioid use that can ensure infant safety and healthy development while enabling families to stay together during treatment when appropriate.

FY18/FY19 Appropriations Request: \$120 million per year for two years to CAPTA Section 106 Title I State Grant Funding with express direction to states to focus on improved implementation of plans of safe care, including improved collaboration between health providers and child welfare agencies, effective family-centered treatment models, and non-pharmacological approaches to treating babies with NAS. HHS should also be directed to consult with experts and develop guidance for states on best practices for plans of safe care.

2. Invest in substance abuse and mental health prevention and treatment services and parenting skills programs to prevent children from entering foster care

Background: In 2016, more than 437,000 children were in foster care. After years of decline, the number of children in foster care has risen steadily since 2012, in part a result of the parallel rise in opioid addiction and overdoses. Child welfare agencies have lacked the ability to provide families with access to evidence-based substance abuse disorder and mental health prevention and treatment services as well as parenting skills programs because of limitations in federal child welfare financing. These services could help families challenged by the opioid epidemic to remain safely together without the need for foster care.

The *Family First Prevention Services Act*, enacted into law on February 9 as part of Division E in the *Bipartisan Budget Act* (P.L. 115-123), gives states, tribes and territories the opportunity for reimbursement under Title IV-E of the Social Security Act for evidence-based substance abuse and mental health treatment and prevention services, recognizing that both substance abuse and mental health problems often result in children entering foster care. Beginning October 1, 2019, children at imminent risk of entering foster care and their families will be eligible for treatment and services for not more than 12 months. However, children and families cannot wait – funding is urgently needed now to both provide needed treatment as well as help states develop the capacity to build robust, evidence-based prevention service systems. Services and treatment for both substance abuse and mental health recognize that parental trauma and unmet mental health needs can lead to opioid use, and attention to social and emotional needs of both parents and children during recovery is essential.

Recommendation: For the next two years, funds are needed to: 1) fund substance abuse and mental health prevention and treatment and parenting programs that are evidence-based for children and families impacted by the opioid crisis; and 2) provide states with adequate research, evaluation and implementation funding to help states, and existing program models, generate the evidence necessary to meet the standards from P.L. 115-123. Therefore, we urge Congress to provide \$125 million annually to Title IV-B for these purposes.

FY18/FY19 Appropriations Request: Add \$125 million per year for FY2018 and 2019 appropriations to Title IV-B of the Social Security Act for competitive grants to states and tribes or consortia of tribes to establish, expand, and strengthen substance abuse and mental health prevention and treatment and parenting program services that are evidence-based and can help prevent children from entering foster care.

3. Support kinship caregivers

Background: According to the U.S. Census, about 2.5 million children live with grandparents, other relatives or close family friends without either of their parents in the home. With the rise in opioid abuse, more grandparents and other relatives are stepping in to raise children. Nearly one-third of children in foster care are being raised by grandparents or other relatives in “kinship care.” But for every child in foster care with relatives, 20 children are being raised by relatives outside of foster care. These relatives are often called in at a moment’s notice and suddenly must

navigate unfamiliar, complex systems to help meet children’s trauma-related physical, mental and cognitive health challenges.

In a survey of programs across the U.S. that primarily serve kinship families raising children outside of the foster care system, more than 70 percent identified opioids as one of the most common types of drugs impacting the families. The services most frequently requested and used by these kinship families were: kinship navigation services, mental health services, and financial assistance. Currently only 20 states have some form of a navigator program, and many are limited to a single geographic region, leaving children and caregivers in more than half of the states without access to navigation supports.

Recommendation: Kinship Navigator Programs offer grandfamilies a single point of entry for connecting to health and mental health services, financial and legal assistance, substance abuse prevention and treatment, housing, support groups, and other services. Research shows kinship families who use quality kinship navigation services experience greater safety, permanency, and well-being. Increased funds are needed to help *all* states establish and enhance evidence-based kinship navigation services. Once in place these services will be eligible for federal reimbursement under the Family First Prevention Services Act in P.L. 115-123.

We recommend an appropriation of \$15 million per year for two years for formula grants to states, tribes and territories to develop or enhance kinship navigator programs, with a minimum of \$200,000 per year in each state with additional funds apportioned based on child population. These funds should be awarded through Part B of Title IV-B of the Social Security Act. Funds may be used for evaluation to assist states, tribes, and territories toward the goal of meeting evidence-based standards for their kinship navigator programs. Five percent of funds should be reserved for the provision of technical assistance to states, tribes and territories.

FY18/FY19 Appropriations Request: \$15 million per year for two years for formula grants to states, tribes and territories to develop or enhance kinship navigator programs, with a minimum of \$200,000 per year per state with additional funds apportioned based on child population through Title IV-B of the Social Security Act, allowing funds to also be used for evaluation of kinship navigator programs, and reserving five percent of funds for provision of technical assistance to grant recipients.

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These three critical funding priorities capture just some of the many ways we can help children who are victims of the current drug crisis. Should Congress choose to instead more generally provide lump sums of new funding directly to states instead of targeted priorities, we recommend the following uses of funds be prioritized by states: implementation of plans of safe care under CAPTA, prevention and early intervention services for children and parents, prevention and treatment for children at risk of entering foster care, kinship care, family-centered treatment, including non-pharmacological approaches to treating babies with NAS, schools so they can support trauma-informed care of students, and state oversight bodies to improve coordination of services for children and families.

Thank you for your leadership on this critically important issue. We appreciate your consideration of these proposals and hope that you will not hesitate to contact us with questions or feedback.

Sincerely,

American Academy of Pediatrics
American Psychological Association
Children and Family Futures
Children's Advocacy Institute
Children's Defense Fund
Child Welfare League of America
Family Focused Treatment Association
Futures Without Violence
Generations United
National Alliance of Children's Trust and Prevention Funds
National Association of Social Workers
National Child Abuse Coalition
Within Our Reach