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Ohio House of Representatives Senate Committee on Health, Human Services and Medicaid Senator Bob D. Hackett, Chair Senator Charleta B. Tavares, Vice Chair May 17, 2017 Testimony on HB49 Robin Reese, Executive Director

Good morning, Chairman Hackett, Vice-Chair Tavares, and committee members. My name is Robin Reese, and I am the executive director of Lucas County Children Services. Thank you for allowing me the opportunity to appear before you today. While I have been the agency's executive director for about a year and a half, I have been employed there for 33 years.

I am here today to tell you that the opiate epidemic is the most severe problem my agency has faced in my 33 years in child welfare — and I was there for the crack epidemic. We are in danger of losing an entire generation of children to the trauma caused by their parents or other family members abusing drugs, particularly opiates.

In 2016, Lucas County Children Services opened more than 500 new cases, up 13 percent from the previous year. Of those 500-plus cases, more than half of them opened because the parents were abusing substances. And, among those substance abuse-related cases, 62 percent were due to the parents using heroin or opiates. These trends have continued, and, in some cases intensified, in the first quarter of 2017.

Our caseworkers are literally taking these families by the hand and dragging them to drug treatment, if treatment is available, and if we can even find the parent. Many opiate-dependent parents disappear when we open a child protection case. It is difficult to get parents into medically assisted treatment. We have the dual problems of parents who are so consumed by drugs, they are uninterested in caring for their children, and of a scarcity of medically supervised recovery beds. My county also has no medical detox beds available for minors.

We are serving about 900 children, both in agency custody and in the custody of relative or kinship care providers. Opiate addiction is affecting multiple generations within families, and it is difficult for us to identify appropriate relatives when children have to be removed from their homes. In cases when substance abuse has been a concern for a family, 73 percent of the time we have had to bring the children into agency custody. Compare that to the 47 percent of cases not involving substance abuse where we needed to take children into agency custody. Relatives tell us that they are overwhelmed, and don't have the resources, or space in their homes, to care for these children. For the first time in LCCS history, we are spending a million dollars a month to care for kids.

In my 33 years at LCCS, we've rarely had newborn babies coming into care. It used to be that most of the children coming into foster care were school-aged. In fact, we used to tell our foster care and adoption recruiters to never say that we had babies that needed foster care or adoption, because we'd be overwhelmed with inquiries. Now, we see a lot of newborns who are born with Neonatal Abstinence Syndrome, and who need costly hospital treatment, as well as foster parents who are specially trained to ease their suffering around the clock. The services the children and their caregivers need are costly, and we've never had to provide them to so many children.



Let me tell you about "Baby J." She is 9 months old, and she was born with Neonatal Abstinence Syndrome because her mother used methadone and heroin during pregnancy. Mom has not regularly participated in services or visited "Baby J." Doctors recently tried to wean "Baby J" from two antiseizure medicines she was taking to control the effects of drug exposure, but she was consistently agitated, clawing at herself, and not sleeping, which has meant that the foster parent has not been sleeping. The doctor has told the foster parent that "Baby J's" nervous system is so compromised, she may well need to be on powerful medications for the rest of her life. "Baby J" is receiving Help Me Grow and physical therapy services, and is expected to need those services for a long time. The foster parent needs more respite to catch up on her sleep and to care for the rest of her family.

In another case, a mother who tested positive for opiates, cocaine and marijuana recently had a baby who was born positive for opiates and cocaine. The baby is now on methadone. Mom got no prenatal care, and after delivery, left the hospital against medical advice. She has completely disappeared, leaving this baby, as well as a toddler who is in the legal custody of a relative.

We are also finding that older children of these substance-dependent parents are suffering from extreme trauma, and need trauma-informed care to overcome abuse and neglect. On more than one occasion, we've had cases involving children who were trained to give their parents Narcan, or who have witnessed their parents overdosing and having to call 911. We've had caseworkers who have had to tell children that their parents died as a result of an overdose.

When we can find an appropriate relative caregiver, they are telling us they are struggling, financially. Kinship caregivers need help with day care, with money for beds and dressers, transportation to school and doctor appointments, and respite services. The need is particularly great for retirees who are struggling to care for children on fixed incomes.

Several years back, Ohio adopted a new approach to working with families called "Alternative Response," with a focus on working cooperatively with families to resolve their safety issues, rather than work to substantiate child abuse and get the court involved. It worked, for a while, but the opiate epidemic has flipped the situation on its head. More than 80 percent of cases we opened in the first quarter of 2017 had to be handled the "traditional" way. Cases are more complex, with many layers. Drug dependence is being accompanied by domestic violence, mental health issues, human trafficking, homelessness and severe trauma. These cases are harder to manage and take longer to be resolved, if they can be resolved, at all. In Lucas County, twice as many children were adopted in 2016, compared to 2015, because so many children had to be permanently separated from their parents.

The challenges presented by the opiate epidemic have strained our foster care resources far beyond capability. As I stated, we have nearly 700 children in foster care, but only about 250 foster homes. Our caregivers are taking more children than they originally intended. Siblings are getting split up because we can't find homes with enough open beds to keep them together. Under good child welfare practice, we would keep children in their neighborhood of origin. This has become increasingly more difficult. Some of our foster parents are dropping one child off at school in the morning on one side of town, and then racing to drop another child off at a school on the other side of town — and repeating the routine to pick them up in the afternoon. Foster parents who care for some of our more challenging teens have expressed concerns about their own safety because of the extreme behaviors of youth in their homes, further adding to the burden. We've been faced with placing teens from rival gangs in the same home. Our caregivers are getting worn out.

We have been aggressively recruiting for foster families. Our goal is to license at least 400 new homes. Hardly a week goes by that we are not in a church, at a group meeting, or presenting somewhere to recruit new families. We have put up billboards, bought all kinds of advertising, and come up with all kinds of creative ways to get the message out. We're doing better at recruiting families, but we are not keeping pace with the need. Some prospective foster and adoptive families tell us that it's too hard for them to get through the licensing process.

In closing, child protection in Ohio is drowning. The opiate epidemic is unlike anything I've experienced in child welfare. In Lucas County, the number of new child abuse investigations in the first quarter is up more than 20 percent just since December. The number of initial custodies is up 25 percent. Ohio's children are at risk. I implore you to consider these facts as you finalize the state budget. Thank you for the opportunity to share this information with you today. I am happy to answer any questions you may have.