U.S. House of Representatives
Committee on Oversight and Reform

Medical Experts: Inadequate Federal Approach to Opioid Treatment and the Need to Expand Care

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Oral Statement

Chairman Cummings, Ranking Member Jordan, members of the committee, two months ago, I had the opportunity to spend the afternoon in Coshocton County, Ohio, I believe that is Congressman Gibbs' district. I was there to visit the Family Treatment Court and my time included almost an hour with a young woman, I'll call her Monica, who graduated from the family treatment court and she shared her family's story of opioid addiction and her recovery.

Opioids entered her life when her husband had a work accident that almost severed his leg. He was sent home from the hospital with a large supply of opioid-based pain medication. Today, in hindsight, health care professionals might recognize that supply as too many pills for his prescription but his brain became triggered and he became dependent on that supply of semi-synthetic opioid pills. Later Monica had her first baby by a C-section and she too was sent home from the hospital with many opioid pain pills and their family was forever changed.

As the committee knows, much progress has been made across the country in restricting the availability of prescription drugs over the past several years. But that restriction has been filled by other forms of opioids. For Monica, a young mother in Coshocton, who was struggling with an opioid use disorder, the birth of her third baby brought child protective services into her life and she found her way to the county's Family Treatment Court.

I don't know all the details of her case, but what happened for Monica is the goal of child welfare services: she kept her children in her custody, while she worked her program of recovery through the Coshocton Family Treatment Court.

Monica is not unlike other mothers who have gotten trapped in opioid addiction. But it's all too rare for them have services like Coshocton and the 30 other Ohio counties with family treatment courts or the 31 counties with the START program in OH or 13 counties in Maryland where START is available to them. These are good programs, and they are helping some parents and children who desperately need them. But what I want to make clear is that these are still patchworks, not systems.

The most recent estimate of babies who are diagnosed with neonatal abstinence syndrome is from 2014 data with 8 babies per 1,000 hospital births or about 30,000 babies. This is a dramatic increase from a decade ago.

There are not clear data available that would connect these infants with NAS to the increasing number of infants who are being placed in child welfare services. But in 2017, out of the 269,000 children placed in protective custody, just over 50,000 of them were infants.

Why can't all parents who need treatment like Monica obtain it? It is not news to anyone on this committee that for decades, our country has neglected the infrastructure of the substance use and mental health treatment systems. The national office of Volunteers of America recently completed a national inventory of residential facilities that can accept parents with their children and there are 362 programs in the entire country. The painful reality is that there hasn't been a national effort to expand parent and children programs since the cocaine epidemic.

There has been a tremendous effort to provide service dollars over the past couple of years and on-going support is needed. But maybe we need an infrastructure week in Congress that is about building the infrastructure of substance use and mental health facilities for families—the infrastructure just isn't there.

In the child welfare arena, even though Title IV-E funds are being made available for children to remain with their parents in treatment, there remains an enormous infrastructure gap of bricks and mortar as well as professional staff who can work across substance use, child welfare and courts with families.

Have the responses from the Administration and Congress been adequate? No. Every single one of us can do better. From churches and community groups to local governments, states, federal officials and private enterprise, we all have a role.

I also believe it's critically important that new funding build on the existing planning, licensing, and certifications of state and local governments. I have had the opportunity to work with various grant programs from federal and state governments over the past 25 years and what I know is that grants often don't go to the communities of greatest need, they too often go to the community who is able to hire the best grant writer. From my perspective, connecting funding through existing planning and operational methods makes the most sense for evaluation of programs and for long-term sustainability.

At the end of my conversation with Monica I told her that from time to time I have the opportunity to make recommendations to state and federal officials and I asked her what she would want me to tell them. She said, tell them that the drugs are still here. That there is still a lot of diversion of pills and even meds for treatment of opioid addiction. Of course I wasn't happy to hear that as I'm sure the members of this committee are not. But she also said, tell them that there's not enough support for people who are in recovery. So Monica would say, she's in recovery, the family treatment court helped save her, but families like hers still need more help to sustain their recovery and I would add more help is needed to heal the trauma for her children and to focus on both generations. That support will need to be there a day at a time for the rest of her life, and our job is to make sure that the community support is there as well as the front=line treatment, in an organized system, not a bunch of patchwork of fragmented programs.