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I am grateful for the opportunity to share with you the reality of the practice of child welfare in Fayette County, PA. I am the Administrator and have been a caseworker, a supervisor, and a manager for Fayette County CYS for nearly 25 years. I began my career in child welfare believing that as a resident of the county for my entire life, I knew what to expect. I was wrong and soon realized that I was naïve to the problems and challenges of so many.

Over the past 25 years, I have seen many changes, however never so many as we faced in 2014 when 24 new legislations were introduced as a result of the 2011 child abuse case at Penn State. I was pleased that the problems of child protection were on the forefront, however I was truly disappointed that the changes made the practice of child welfare more about compliance, paperwork, checks and balances and less about what was needed, working with people, understanding the family dynamics and mostly family contact. It is through this that children will have the opportunity to be safe. Never will an additional rule or paper protect a child. Unfortunately, the reality of the situation is that not all children will be protected but we have to be having human contact to make any difference at all.

As noted above, there have been so many trends, practice suggestions, evidenced-based practices and belief changes from placement to no placement, family vs. foster, termination vs. keeping the family intact. The current crisis to face child welfare is the opioid epidemic. Please let me first assure you that child welfare has always struggled with parents that were impaired as a result of addiction. We have worked through the denial and made attempts to engage families and to want to make the difference for themselves as well as their children. Today the drug of choice is opioids and heroin. The challenges are heightened because in many cases this begins due to a prescribed legitimate medication that leads down a horrific spiral of addiction.

Fayette County is unique from others in that all human services have a positive working relationship. With the poverty of the county being as it is we were forced to work together and to be creative in order to accomplish any positive outcomes for the residents. As a result of the long history of collaboration child welfare, juvenile probation, drug and alcohol, and behavioral health and many other human service agencies have been successful in overcoming obstacles in order to best serve our families.

We continue to work with our SCA, Law Enforcement and medical personnel to find options for families suffering from abuse issues. We have recently begun a countywide task force to look at the issues facing our community in regard to drug overdoses. We find that this epidemic has put extensive demands on all providers, law enforcement, first responders and medical personnel in the county. We recognize that we are all attempting to eliminate the same problem we should all work together. This has led to many new ideas and thoughts that we believe will result in positive outcomes. However, this is just the beginning of the work.

In order to make any long-term changes, we must look at the underlying issues that led to the addiction. This will not occur quickly or by taking an all or nothing approach. We continue to see highly complex cases where the underlying issue is one or more of the family has significant mental health issues. In many instances, the mental health issues lead to the drug abuse in an attempt to self-medicate. These mental health issues are untreated and in many instances undiagnosed. Families are not apt to seek treatment due to the many stigmas attached to both

addiction and behavioral health treatment. As with most chemical addiction issues, families have extensive denial. Agency staff and providers spend a large amount of time attempting to bring the family out of denial. This requires having the ability to engage families, gain their trust and allowing them the opportunity to want change and to initiate change in their own lives.

Through a collaborative approach with Fayette County Drug and Alcohol Commission, we have a drug and alcohol therapist in our office 2 half days a week to meet with families, do assessments and work with agency staff by providing input and offering an opportunity to discuss cases and ways to work with families to engage change. It is our hope that we will have the opportunity to expand this program to include opportunities to partner and work with families utilizing a team approach. As we began this initiative in January 2018 we have yet to see data however we do believe that the outcomes will benefit children and families.

In the past 12 months, January 2017 to current, 60 referrals of children under the age of one are being exposed to drugs, typically prenatally. We have had referrals that small toddlers have gotten into parents drugs and ingested them and most recently a child was being held by an adult that had fentanyl on their clothing the result, the child was classified as a near fatality and was resuscitated and survived. We had referrals regarding 552 families that the primary allegation was drug addiction. To put that in perspective 555 families that were referred during the same time frame were registered for abuse and 469 were for other GPS referrals such as truancy, housing, parent-child conflict, and mental health concerns. The agency has requested drug testing from families if there was a concern for use for many years. We started tracking the data in March of 2017. Since that time the agency has screened and sent to the lab a total of 764 samples. Of those samples, 664 were positive for a substance and 108 for opiates. I have enclosed specific data in your packets regarding the complete breakdown.

I would further like to explain some of the data I believe you will find compelling. As of January 30, 2018, the agency had 185 youth in out of home placement, 80 are a direct result of parental substance abuse. The agency has approximately 40 foster homes. The agency pays between \$17 a day to \$40 a day for a special needs child. Although the agency does have foster homes many placements occur with outside agencies or group home placement. The average cost of a contracted foster placement is \$70 per day and the for a group home anywhere from \$200 and up per day. The placement decisions are based on the needs of the child. I have further included the data for the agency dating back to FY12/13 you will find there is an ongoing trend that increases families, children services.

The agency has 3 intake units and 3 family services units as well as 1 special service unit. We have a total, when at full capacity of 32 caseworkers. I must stress, I can't remember the last time we were at full capacity. We have, like all child welfare agencies, turn over but in addition, we have staff on leave for education, FMLA and maternity throughout any given time. Taking the 2016-17 numbers each intake worker completed assessments on 195.13 families and 127 children. The 15 caseworkers in family services had 87 children and 21 families in the home and an addition 24.4 kids in placement. Wait, we cannot forget the foster homes that are an additional 3 cases per worker.

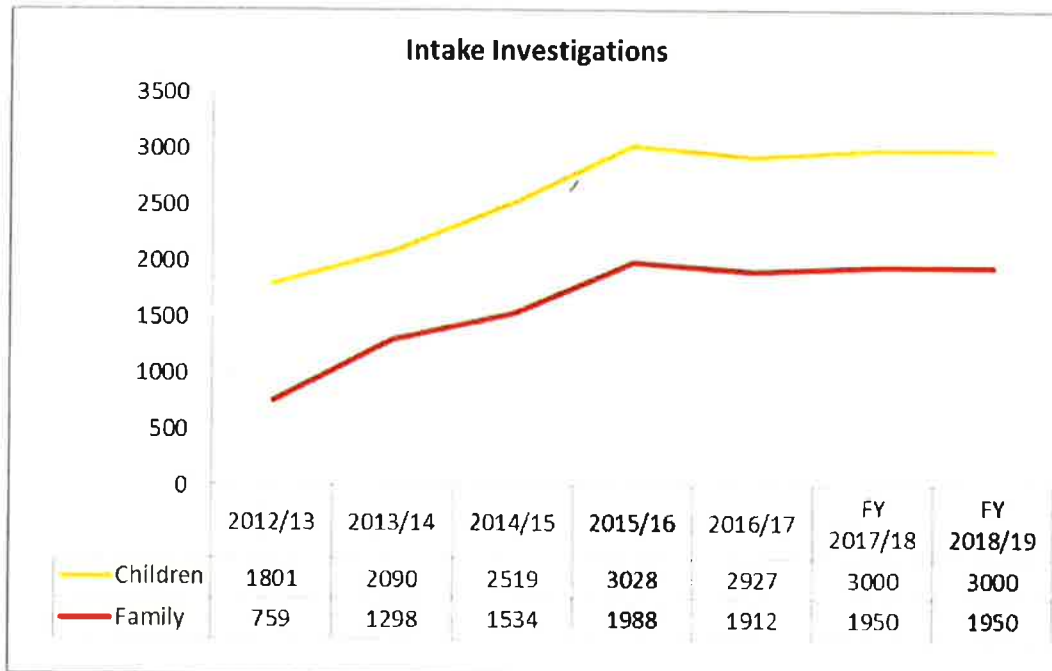
The average assessment should be completed in 30 days and if there is a good reason 60 but must be completed at that time. That assessment includes at minimum, interview of all children alone, all adults alone, adults together if appropriate, children and adults if appropriate, home visit to all caregivers homes and assessment of the safety of the home, contacts with all providers

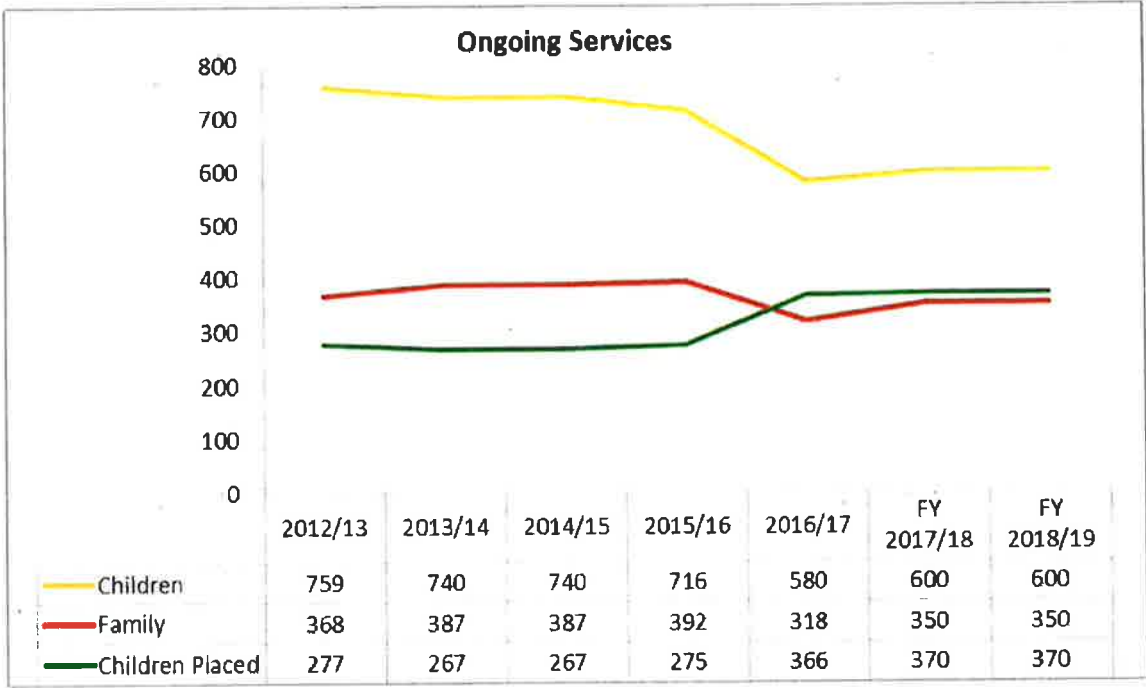
working with the family, doctors of all children, schools for all children. Paperwork, we cannot forget the paperwork, risk assessment, safety assessment, case dictation, letters, and releases and it all has to be filed. The allegations are deemed invalid and the case is closed at that point. If the allegations are validated the worker must determine if the case should be accepted, court active; referrals, placement. At that point, many other duties enter the realm.

Once a case becomes accepted the family service plan or child permanency plan must be completed by all parties, caregivers, providers and must be done in 30 days. Family meetings must be scheduled if the court is involved; the first hearing is in 90 days and every 90 days thereafter. The petitions are due to the attorney a month before the hearing and mailed 15 days before the hearing. All witnessed must be served and the case must be prepared for court. Home visits made to all family members; follow up with all providers and schools, doctors and caregivers. More dictation with every contact. Now 4 days in court waiting for your case, reviews of the service plans, more planning, another phone call to return. And the list goes on further.

As we look at the crisis of drugs on our youth we have to recognize the impact is far reaching. Grandparents and kin are raising children. This is not the role that most grandparents hope to find themselves. The entire family is negatively affected by the addiction. The long term effects are yet to be seen. We as a community must step up and support families and take the steps today to help the adults of tomorrow. In order to do this we must allocate the resources to provide the agency with the tools needed to combat the epidemic, including increasing the staff compliment to allow for more time to spend engaging and empowering families. If we do not intervene to help the youth they will become the incarcerated adults of tomorrow.

It is easier to build a child than repair an adult. Thank you





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