



Senate Government Oversight and Reform Committee

Testimony on HB325

May 3, 2016

Mary D. Wachtel, Legislative Director

Public Children Services Association of Ohio

37 W. Broad Street, Suite 1100

Columbus, OH 43215

614.224.5802

mary@pcsao.org

Good morning, Chairman Coley, Vice Chairman Seitz, Ranking Member Yuko, and members of the committee. My name is Mary Wachtel and I am Legislative Director for the Public Children Services Association of Ohio (PCSAO), a membership driven association serving Ohio's county Public Children Services Agencies (PCSAs) through the support of program excellence and sound public policy for safe children, stable families and supportive communities. I am here today to testify in support of HB325.

Child protective service workers throughout the state see firsthand the impact of the opiate epidemic on families and children. While county-level data on the extent of the epidemic is not yet available, many PCSAs report growing caseloads and challenges associated with serving families struggling with addiction. Consider the following:

- In 2013, child protective services cases involving parents abusing heroin, cocaine, or both, accounted for more than 25% of the entire statewide caseload.
- Seventy percent of children less than one year old who are in our custody are there because of parental drug use.

We work with many families who struggle with addiction, always looking out for the safety of the children while, at the same time, supporting parents' efforts to care for their children and break their addiction. Drug addiction is particularly challenging in the child protective services world because if parents cannot safely care for their children and the children are removed from the home, parents have limited time to prove that they are able to safely care for their children again and get them back. Treatment is key to avoiding this situation.

We believe HB325 can help break down a barrier to treatment for some pregnant women by assuring them that their baby will not be taken from them based solely on their use during pregnancy, if the mother was enrolled in a treatment program by the 20th week of her pregnancy, successfully completed the program or is in the process of completing the program, and maintained her regularly scheduled appointments and prenatal care.

This does not mean, however, that children services agencies will not be involved with these families. When PCSAs receive notice that a baby has been born positive for illegal substances or with withdrawal symptoms, a caseworker would meet with the baby's mother to assess the safety of the child and any other risks that may be present and then determine action based on that assessment.

I've seen this firsthand. Last summer, I had the opportunity to shadow a Franklin County Children Services caseworker. A call came in about a baby born positive --substance unknown. Later in the day, the caseworker found out from the birthing hospital that the substance that the baby tested positive for was a medication that the mother was on by virtue of her treatment for addiction (she had entered treatment earlier in her pregnancy). The caseworker was able to verify that the baby's mother was still active in her treatment program. We visited the young mother and her baby in the hospital neonatal intensive care unit. Mother and baby were doing well and had family support lined up for when the baby was to be discharged. The caseworker would continue to follow the family to ensure that this young family could safely care for the baby.

Treatment works and we must continue to make every effort to make sure that pregnant women, and all parents, can access the treatment they need to overcome addiction and safely care for their children.

For these reasons, we support HB325 and thank Representatives Green and O'Brien for their leadership in sponsoring this legislation.

Thank you and I am happy to answer any questions.