



Testimony

Submitted on behalf of Maternity Care Coalition

Public Hearing on Opioid dependency in Infants and Babies.

Before the:

Pennsylvania House Children and Youth Committee

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Submitted by:

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Chairwoman Katherine M. Watson, Chairman Scott Conklin and members of the Pennsylvania House Children and Youth Committee:

Thank you for conducting this hearing on the opioid epidemic impact on infants and children and families in Pennsylvania. My name is Rosemarie Halt and my perspective today is presented through the wide lens of my 28 years of experience as a registered pharmacist, and with a public health degree working in maternal child health policy for a large nonprofit agency.

Since 1980, Maternity Care Coalition has assisted more than 100,000 families throughout Southeastern Pennsylvania, focusing particularly on neighborhoods with high rates of poverty, infant mortality, health disparities, and changing immigration patterns. We know a family's needs change as they go through the pregnancy and their child's first years and we offer a range of services and programs for every step along the way. Our evidenced based home visiting programs of Early Head Start and Healthy Families America and our Momobile Riverside Correctional Facility program as well as our parenting collaborative program have formed the basis for MCC's response to the current opioid epidemic. MCC also brings to the table additional tools of our research, program evaluation and health policy departments that work with multiple community partners including universities and other maternal child health organizations.

In the past three decades since MCC began, we have seen at least three major shifts in substances of abuse including the devastating cocaine epidemics of the late 80's and 90's, methamphetamines in early 2000s, and now the opioid epidemic. Through it all we learned many valuable lessons: trust is earned in a community; a multidisciplinary approach is needed to be successful; and most of all remember that children come in families!

In testimony that was submitted to the Committee last fall, MCC defined the scope of the problem of the opioid crisis particularly for pregnant women and NAS infants.

A few key facts are worth mentioning again:

- 14 to 22 percent of pregnant women will fill a prescription for an opioid.
- In 2015, 2,691 newborns were hospitalized in Pennsylvania for substance-related problems, with 82% of newborns born dependent on the opioids that their mother took.
- The cost of unintended Medicaid costs for infant care in NICU rose to 20.3 million in 2015 and is expected in to be even higher in 2016.
- 80% of pregnancies to women having substance abuse disorder are unintended vs. 50% unintended pregnancies in general population.
- 92% of women in Philadelphia prisons are single mothers.
- One out of every four Pennsylvania families suffers from drug or alcohol abuse.

Today I would like to share several two-generational and cross-system solutions that MCC is developing. I will also share some MCC recommendations on limiting the impacts on children and families in the midst of the deadliest drug epidemic in U.S. history.

Centers of Excellence

MCC is currently working with 2 Centers of Excellence in Philadelphia: 1) Temple University and Wedge Medical Center of Excellence; and 2) University of Pennsylvania Health System. MCC's Community Health Workers (CHW), which we refer to as Advocates, support clients through home visitation, accompaniment to appointments, and connections to a wide range of services and resources that provides social and economic support including housing,

WIC, transportation etc. The Advocate helps the client develop a Family Service Plan; defining client goals and priorities, and helping them in the current situation as well as beginning to think of the long-range plan for themselves and their children. The collaboration between the medical team, the treatment program and the Advocate are key in helping the client meet the many challenges, (physically, mentally, socially and economically) on her road to delivery of her baby and addiction recovery.

Keystone First

MCC is also developing a targeted program with Keystone First using the models from our other interventions with the focus on ensuring that babies go from the NICU (neonatal intensive care unit) to safe living environments where their health needs are addressed along with the moms. The Advocate stays connected with the family until the baby is considered living in a stable environment until at least 12 months of age. At this point, MCC hopes to transition the family into other programs, such as Early Head Start or other evidence-based home visiting programs. The key is to ensure that the mother has the supports she needs to take care of her infant during this very vulnerable period. If the child is placed in foster care or kinship care, the baby is followed until permanent or stable placement is ensured or alternative services are in place. MCC is using the strengths-based home visitor model, which promotes a trusting and friendly relationship between the CHW and the client. The relationship is ideal for identifying mental health and substance abuse issues and enhancing a client's receptivity to treatment. Our CHWs are often from the communities we serve, so they provide linguistically and culturally appropriate services.

Jefferson University MATER Program

MCC's Parenting Collaborative is a group-based parenting education program that is committed to reducing child abuse and maltreatment. The program is for specialized populations such as incarcerated women, families in shelters, and parents transitioning from drug treatment programs. The program provides a DHS approved certificate upon successful completion. One of the locations we provide the parenting collaborative is with Jefferson University's MATER program. Given the dramatically increasing rates of opioid addiction in pregnant women, the two programs submitted a grant to the Substance Abuse and Mental Health Services Administration (SAMHSA). The grant would help to fill the enormous need for services in this special population of women requiring transitional support from residential treatment programs back into the community and to reaffirm their role as a mother, while also protecting the infant and other children in the family. Similar to our other Home Visiting programs, MCC will begin services while the mother is in treatment and continue through the critical time that they reenter into the community. MCC will also support MATER in the recruitment of pregnant women with opioid dependency from our other programs including the Riverside Correctional facility in Philadelphia.

Staff Training

Providing CHW for these unique programs requires the critical component of staff training to respond to the opioid epidemic. MCC conducts regular training across programs with internal and external expertise that focuses on trauma informed care and ensures our staff are prepared to respond to the complex needs of a mother and her infant in the opioid epidemic. Through our strong community connections, MCC partners with Early Intervention Services (EIT) of Montgomery County to provide joint training for both our staff and EIT staff. This will provide

additional opportunities to address shared concerns in Montgomery County and foster joint solutions.

Time is of the essence

A woman battling substance use disorder faces enormous challenges that are compounded further if she is a mother. Our advocates talk about the challenges and the courage their clients show everyday. One of our client's stories illustrates just how difficult the road to recovery can be. This young woman was referred to our Montgomery county program from her outpatient addiction program. She herself had been a victim of sexual abuse both as a child and adult. She was 9 months pregnant with her third child. She was struggling to maintain her housing, and a part time job, her children were being followed by child welfare services, and she was trying attend her required drug treatment program, and a parenting program and find childcare for her other young children. She was worried about delivering at the local hospital because she heard at her parenting group that the nurses did not take kindly to patients on medication-assisted treatment. She was unable to keep many of her prenatal appointments partly out of shame for her addiction. She had no one to be her coach during delivery and no trusted adult lined up to take care of her other children when she delivered the baby. MCC staff helped her navigate these barriers including offering doula support for delivery. The baby was delivered and through coordinated care had limited medical complications. The mother is working on keeping her family together and being the best parent she can.

This Committee's work on the Opioid Task Force Bill has started the State in the right direction. The Wolf administration has also taken important steps through the Centers of

Excellence to address opioid abuse in the perinatal period. County and cities such as Philadelphia are coordinating task forces on how to address the epidemic locally. However, much more needs to be done. Stronger links need to be developed between recovery providers, community agencies serving pregnant women, public health departments and prenatal care, pediatricians and child protective services. There are many other tools needed, including better and more real-time data collection and monitoring, and developing a State Task Force that includes the Plan of Safe Care for Pennsylvania that meets Federal requirements.

The current COE funding begins to touch on these issues. However, the recent proposed House Budget actually cuts COE and opioid treatment programs by 9 million dollars at a time that increased funding is needed to deepen their impact. In addition, proposed Medicaid block grants by the federal government and state budget concerns come at a time where more funding is needed to address this public health crisis, not less. For infants and children in the opioid epidemic, time is running out and Pennsylvania will need to decide to we pay now or pay even more later.