Public Hearing

Opioid Dependency in Infants

Ted Dallas

Secretary

Department of Human Services

Cathy Utz

Deputy Secretary

Department of Human Services, Office of Children, Youth, and Families

House Children & Youth Committee

April 26, 2017

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Good morning, Chairwoman Watson, Chairman Conklin, committee members and staff. I am Ted Dallas and I serve as Secretary for Human Services (DHS). Cathy Utz, Deputy Secretary for the Office of Children, Youth and Families (OCYF) in DHS, has joined me today. I would like to thank you for the opportunity to testify regarding the impact parental substance use has on children and families served by the child welfare system.

In September of 2016, we testified before this committee about the impact of the opioid epidemic on children and their involvement with the child welfare system. I will briefly set the stage as a reminder of the number of children and families served by county children and youth agencies where substance use disorder is a concern.

During calendar year 2015, there were a total of 7,966 valid general protective services reports as a result of parental substance use. Of these, 799 were specific to children under the age of one. Further analysis of this data shows that 301 were specific to children who presented with withdrawal symptoms from prenatal exposure, three were identified as having fetal alcohol spectrum disorder (FASD), and 495 were identified as being affected by illegal substance use by the mother. Additionally, during the same year, 169 reports of child abuse were substantiated noting that parental substance use was a contributing factor in the child's abuse. For substantiated abuse cases, this is not limited to prenatal substance exposure.

Parental substance use, particularly drug use, is identified as one of the leading reasons children enter out-of-home care in Pennsylvania. Based on placement data provided by county children and youth agencies, on September 30, 2015, approximately 16,000 children were in out-of-home care and of those children nearly 55 percent were removed from their homes as a result of

parental drug use. At this point, this data does not distinguish the specific drug used by the parent, but we intend to capture this data on a statewide level in the future. Counties often capture this data locally and use it to guide local planning and service delivery.

Further analysis of data specific to children entering out-of-home care as a result of parental drug use suggests that 32 percent of those children had no other removal reason noted, while 24 percent also noted neglect and 14 percent noted inadequate housing as co-occurring reasons for removal.

The federal Child Abuse Prevention and Treatment Act (CAPTA) requires that health care providers notify child protective services agencies when children are born affected by substance use or have withdrawal symptoms from prenatal drug exposure or FASD. It also requires the development of a safe plan of care to ensure the safety and well-being of the infant following release from the care of a health care provider, including addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver. State legislation is needed to comply with the new CAPTA mandate and this is a legislative priority for DHS.

As a result of recent CAPTA amendments and through a partnership with the departments of Health and Drug and Alcohol Programs, DHS formed a cross-system stakeholder team and efforts are underway to issue policy guidance that ensures that appropriate screening tools are used to identify infants and caregivers affected by substance use disorder, to support the required notice to the child welfare system, and, most important, to ensure that plans of safe care are developed based upon child and family needs with services provided through a coordinated service delivery system. This work includes efforts related to CAPTA compliance legislation.

We are committed to the development of a single policy agenda supported by multiple system partners that addresses primary prevention, substance use screening, referral to treatment, coordination of care for the infant and mother, development of protocols for plans of safe care for the infant, and tracking of referral outcomes. The overarching goal is to take a public health and child safety approach to our coordinated response. This will ensure there is community-based, family-centered care to increase access, that follow-up is provided for the mother, infant, and family, and that plans of safe care are individualized and treatment focused.

As a result of this partnership, Pennsylvania was one of 10 states selected to attend a federally convened policy academy to advance this work. A team of eight stakeholders attended the policy academy in February and over the course of two days began the development of an action plan focused on issuance of guidance to health care providers, substance use disorder treatment providers, community-based organizations and county children and youth agencies on their respective roles. This action plan is built upon a five-point intervention framework developed by the National Center for Substance Abuse and Child Welfare (NCSACW). NCSACW is an initiative of the U.S. Department of Health and Human Services and jointly funded by the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment and the Administration on Children, Youth, and Families, Children's Bureau's Office on Child Abuse and Neglect. This collaboration has supported a number of federal initiatives to help states' efforts to address families with infants affected by prenatal substance exposure. This framework[1] was developed from a public health perspective that supports pre-pregnancy

[1] *A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders, Practice and Policy Considerations for Child Welfare, Collaborating Medical and Services Providers*, U.S. Department of Health and Human Services – Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment and Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau

education for substance using women, ensures quality pre-natal care and linkage to services as part of the plan of safe care, ensures identification at birth to address the needs of the infant and parent, ensures on going post-partum care and child safety, and identifies and responds to the ongoing needs beyond infancy.

Additionally, NCSACW has identified best practices[2] that reflect coordinated, multi-systemic approaches that are grounded in early identification and intervention, to assist child welfare, medical, substance use disorder treatment, and other systems to support families affected by opioid use disorders. Examples of best practices include the use of:

- Early identification, screening, and engagement of pregnant women who are using substances. This includes universal screening for all pregnant women, ideally every trimester; and outreach and engagement to ensure women receive prenatal care and are connected to treatment.
- Appropriate treatment for pregnant women, including timely access to treatment; access to comprehensive medication assisted treatment; guidelines and standards for treatment that include preparing mothers for the birth of their infant who may experience withdrawal syndrome and potential involvement with child protective services (CPS); and beginning the development of a plan of safe care prior to the birth event.
- Consistent hospital policies for screening pregnant women, postpartum women, and their infants; if universal screening is not feasible, then clearly defined, non-biased criteria for who is screened; and hospital standards and practices for care of the infant and mother

[2] ibid

that promote infant/mother attachment and bonding (e.g., breastfeeding, rooming in, skin-to-skin contact).

- Consistent hospital notifications to CPS, including developing a set of questions and responses that will help CPS hotline workers assess risk and protective factors and safety concerns for the infant and mother; comprehensive assessments of the infant's physical health, and the mother's physical and social/emotional health and parenting capacity, which will be used to develop a thorough discharge plan and inform a multi-disciplinary plan of safe care.
- Memoranda of Agreement that allow for timely information sharing and monitoring of infants and families across multiple systems.
- Ongoing care plans for mothers and their infants that include evidence-based home visitation, Early Intervention services and recovery supports, and plans of safe care that are of sufficient duration to ensure a greater likelihood of family stability and well-being, with sufficient monitoring of maternal depression and anxiety, continuing recovery, and parental capacity to meet her infant's needs as well as her own.

Children and Families Futures through a technical assistance white paper has also identified three populations among pregnant women and new mothers and have suggested the community agency that may best suited to guide the development of the safe plan of care. These populations[3] include:

[3] The Role of Plans of Safe Care in Ensuring the Safety and Well-Being of Infants with Prenatal Exposure, Their Families and Caregivers. A Discussion Draft in Development of a Technical Assistance White Paper – Child and Family Futures

- receiving medication for chronic pain that can result in a withdrawal syndrome and is not known to have a substance use disorder;
- receiving medication assisted treatment for an opioid disorder or is actively engaged in treatment for substance use disorder; and
- misusing prescription drugs or is using legal or illegal drugs, has a substance use disorder, and is not actively engaged in treatment.

The guidance suggests that prenatal care providers, pain specialists, substance use disorder providers, including medication assisted treatment centers and other community based programs, may be best suited to lead the development of the plan of safe care when providing services to the first two populations of new mothers. Child welfare agencies would be positioned to guide the plan of safe care for the third population. Team members will be using materials distributed during the policy academy to ensure that comprehensive guidance is provided to system partners to support plan development.

County children and youth agencies have served children and families impacted by substance use disorder for decades, but now more than ever there is a need for a coordinated approach to service delivery. County children and youth agency staff cannot serve this population alone. Ensuring that cross-system case specific teams are convened is critical to child and family success.

We know that the opioid epidemic does not discriminate; it affects Pennsylvanians from all walks of life. We recognize that rather than just treating addiction, treating the entire person through a team-based approach is critical in this fight. Our goal is to integrate behavioral health and primary care and when appropriate evidence-based medication assisted treatment. By doing

so, treatment will address not only an individual's substance use disorder but also the underlying physical and behavioral health issues that are the root of addiction. The work will begin through implementation of Centers for Excellence that will serve as the central, efficient hub around which treatment revolves. These centers will have navigators to assist people with opioid-related substance use disorders through the medical system, and ensure they receive behavioral and physical health care, as well as any evidence-based medication assisted treatment needed.

In closing, on behalf of DHS, I would like to thank you for your dedication to the children and families of Pennsylvania and for allowing us this opportunity to share our thoughts today.