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To promote community responsibility so every Pennsylvania child is protected from child abuse, including sexual abuse.

Neonatal Abstinence Syndrome (NAS)

Neonatal Abstinence Syndrome (NAS) "is a postnatal drug withdrawal syndrome that occurs primarily among opioid-exposed infants shortly after birth." Opioid receptors are largely situated within the central nervous system (CNS) as well as the gastrointestinal tract and "the predominant signs and symptoms of pure opioid withdrawal reflect CNS irritability, autonomic over reactivity, and gastrointestinal tract dysfunction."

Hudak ML, Tan RC; Committee on Drugs; Committee on Fetus and Newborn; American Academy of Pediatrics. Neonatal drug withdrawal. Pediatrics 2012;129:e540–60. Retrieved at http://pediatrics.aappublications.org/content/129/2/e540

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Neonatal Abstinence Syndrome (NAS)

The type and severity of symptoms an infant experiences varies "depending on the type of substance used, the last time it was used, and whether the baby is full-term or premature. Symptoms of withdrawal may begin as early as 24 to 48 hours after birth, or as late as five to 10 days." Among the "most common symptoms" of NAS: "tremors (trembling), irritability (excessive crying), sleep problems, high-pitched crying, tight muscle tone, hyperactive reflexes, seizures, yawning, stuffy nose, and sneezing, poor feeding and suck, vomiting, diarrhea, dehydration, sweating, and fever or unstable temperature."

http://www.stanfordchildrens.org/en/topic/default?id=neonatal-abstinence-syndrome-90-P02387

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1 infant every 25 minutes in the United States

Source: Centers for Disease Control and Prevention

http://www.cdc.gov/cdcgrandrounds/archives/2016/august2016.htm

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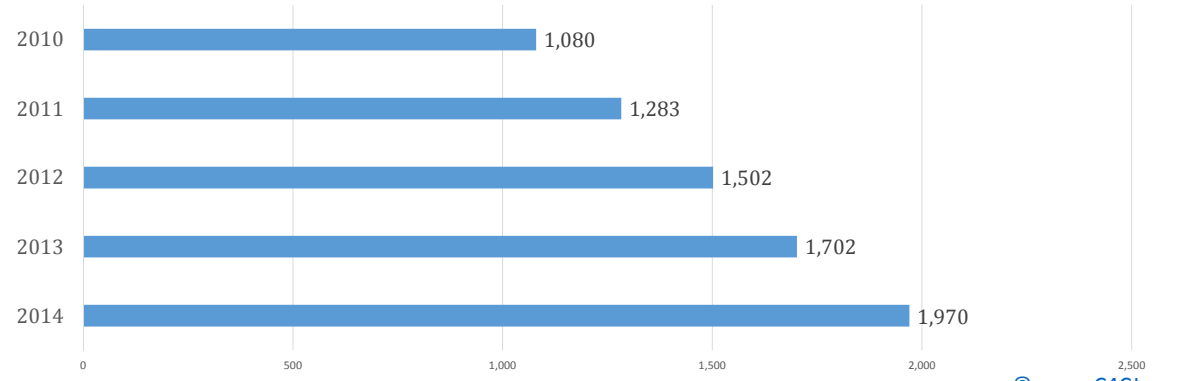
7,500+ infants diagnosed with NAS in PA

(NOTE: Includes only infants born onto Medicaid who were diagnosed with NAS between 2010 and 2014)

Table 1. Infants born onto Medicaid in PA , diagnosed with NAS

2010 - 2014



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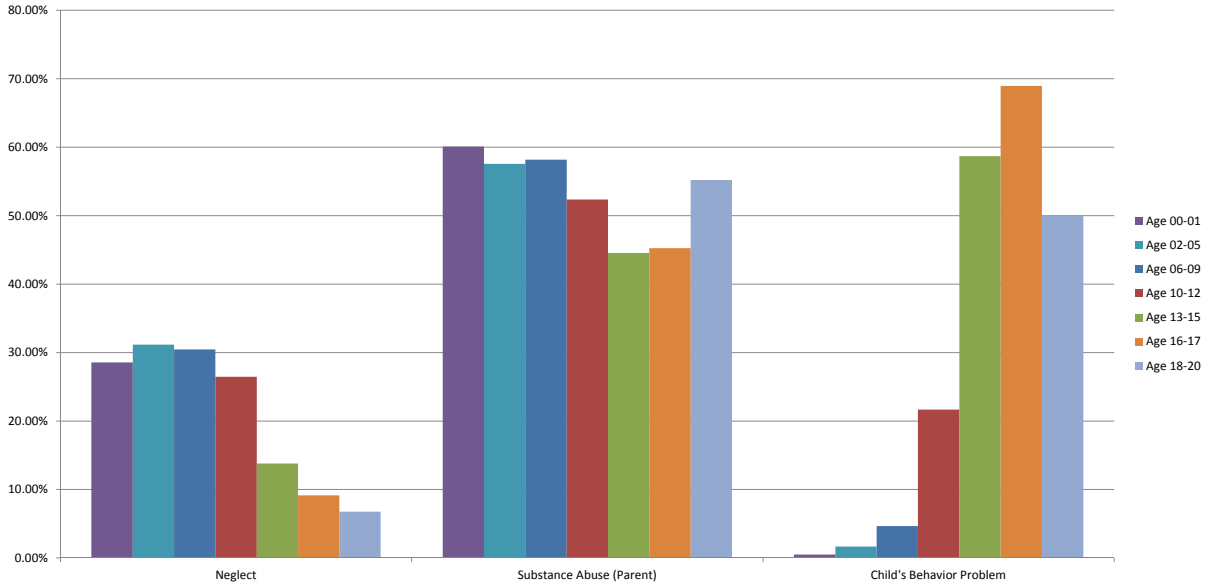
Top Three Reasons for Removal by Age FFY 2015

NOTE: not a C4CJ original slide, this slide was presented by the PA Department of Human Services to March 29th Roundtable



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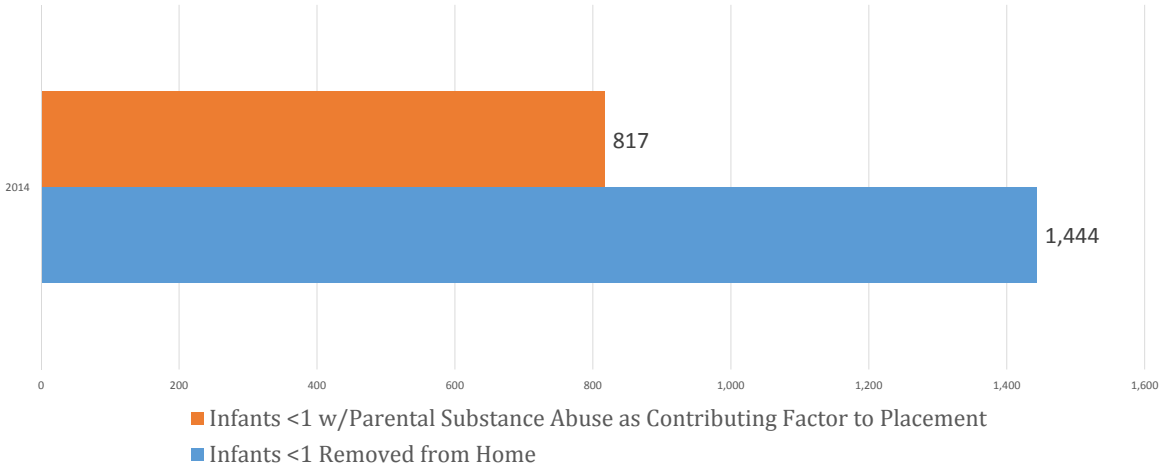
Pennsylvania Infants <1 Year of Age Removed from Home 2014
Source = AFCARS 2010 -2014 Foster Care Files



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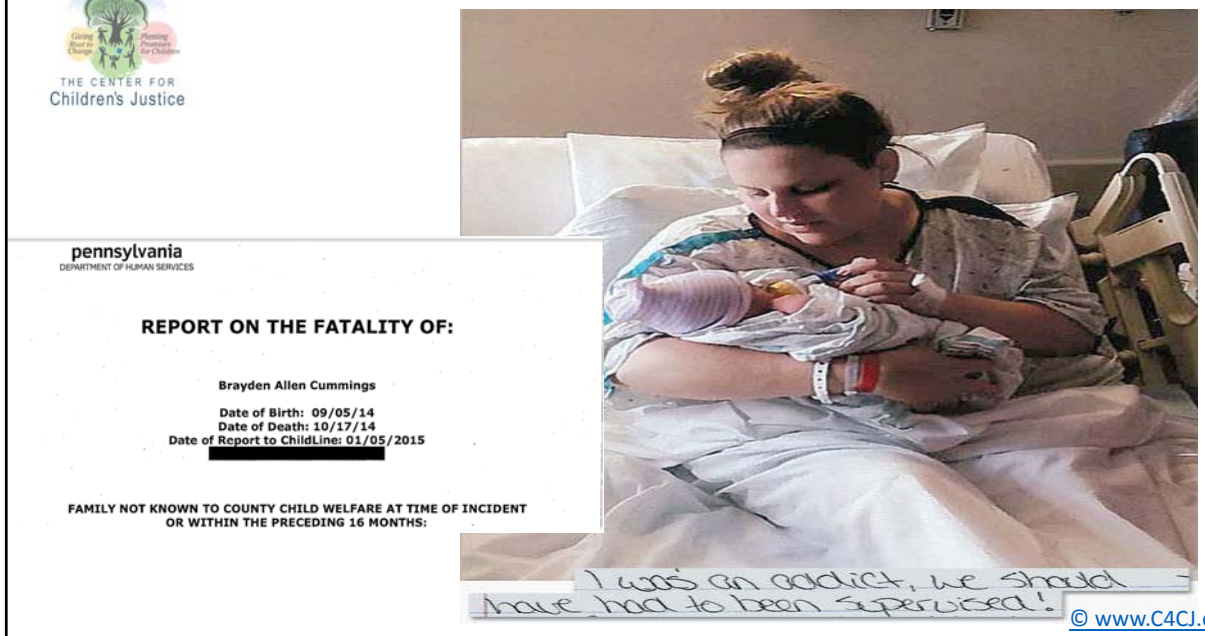

Photo credit: http://www.reuters.com/investigates/special-report/baby-opioids/

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Similar findings and recommendations

- DHS should "amend its policy for mandatory consultation when a report is received with the allegations related to drug-exposed infants. Currently reports regarding drug-exposed infants are assigned to the intake division for investigation. The DHS policy and planning division is in the process of creating an investigation manual that will update the existing policy to reflect the current process." http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_236405.pdf
- The local review team expressed "the need for local obstetricians and gynecologists to be educated on prevention resources for mothers who abuse drugs during pregnancy." This team also identified that "illegal drug use" has been a "reoccurring factor in homes with recent deaths of children." http://www.dhs.state.pa.us/cs/groups/webcontent/documents/document/c_201850.pdf
- An amendment was made to the on-call procedure for the assessment of all newborns. Any active or non-active referrals on call, regarding newborn babies are to have two supervisory reviews before determining final safety. An internal discussion was also held with supervisors regarding the weight of a child's removal based on risk, as well as safety." http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_211844.pdf
- The infant was "known" to the children and youth agency after "a referral was received when the deceased child was born because the mother tested positive for opiates." Indiana and Westmoreland counties had involvement with the family. http://www.dhs.pa.gov/cs/groups/webcontent/documents/report/p_034463.pdf.

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"And it's important to know that **NAS in and of itself is not fatal**. Now the circumstances of NAS certainly put a baby at risk leading to a diagnosis for other adverse outcomes, but babies typically do not die of neonatal abstinence syndrome."

Dr. Michael Warren (April 2015)

https://eliminatechildabusefatalities.sites.usa.gov/event/tennessee-public-meeting/

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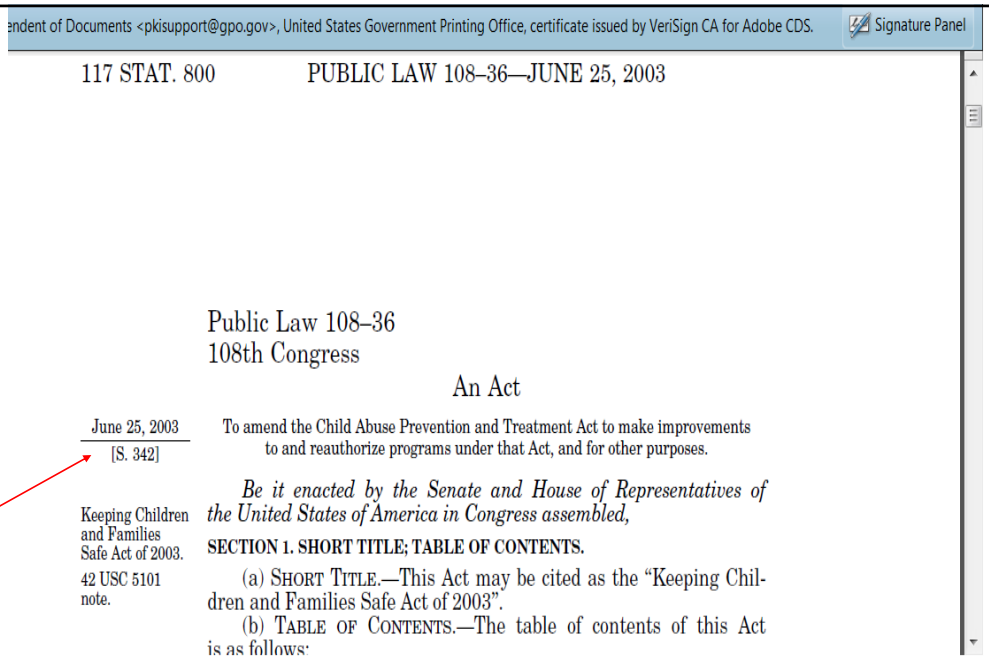
2003



ndent of Documents <pkisupport@gpo.gov>, United States Government Printing Office, certificate issued by VeriSign CA for Adobe CDS. Signature Panel

117 STAT. 800 PUBLIC LAW 108–36—JUNE 25, 2003

Public Law 108–36
108th Congress

An Act

June 25, 2003
[S. 342]

To amend the Child Abuse Prevention and Treatment Act to make improvements to and reauthorize programs under that Act, and for other purposes.

Keeping Children and Families Safe Act of 2003.
42 USC 5101 note.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Keeping Children and Families Safe Act of 2003".

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

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Keeping Children and Families Safe Act of 2003

- Linked receipt of (very modest) federal Child Abuse Prevention and Treatment Act (CAPTA) funding to a state having "policies and procedures" in place to address the needs of infants born and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.
- Required health care providers, involved in the delivery or care of these infants, to notify child protection BUT stipulated this was not an attempt to create a federal definition of child abuse or to require prosecution for any illegal action.
- Required development of a plan of safe care for the infant born and identified as being affected by illegal substance abuse or withdrawal symptoms

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"Today, children are born all over this country to mothers who have substance abuse problems....These babies are born in hospitals, they are frequently underweight, and they are frequently frail. Much money and effort is devoted to bringing them to health. These children do not meet any definition of child abuse, and probably they should not, but what happens is they are sent home from hospitals every day in this country and it is only a matter of time in so many instances until they return back to the hospital abused, bruised, beaten, and sometimes deceased."

– retired PA Congressman James Greenwood
April 2002

http://www.gpo.gov/fdsys/pkg/CREC-2002-04-23/pdf/CREC-2002-04-23-pt1-PgH1502

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2010

Public Law 111–320
111th Congress

An Act

To amend the Child Abuse Prevention and Treatment Act, the Family Violence Prevention and Services Act, the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978, and the Abandoned Infants Assistance Act of 1988 to reauthorize the Acts, and for other purposes.

Dec. 20, 2010
[S. 3817]

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

CAPTA Reauthorization Act of 2010.
42 USC 5101 note.

SECTION 1. SHORT TITLE.

This Act may be cited as the "CAPTA Reauthorization Act of 2010".

TITLE I—CHILD ABUSE PREVENTION AND TREATMENT ACT

SEC. 101. FINDINGS.

Section 2 of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101 note) is amended—

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2010 Reauthorization of CAPTA

Inserted "or a Fetal Alcohol Spectrum Disorder"
after the existing language about the needs of infants born and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

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What is a plan of safe care?
What entity creates and monitors it?

Federal officials in 2011: CAPTA did not specify whether it is the formal child welfare agency or another entity (e.g., hospital, community-based providers) that is to develop and implement this plan of safe care. ACF emphasized the plan "should address the needs of the child as well as those of the parent(s), as appropriate, and assure that appropriate services are provided to ensure the infant's safety."

https://www.acf.hhs.gov/cwpm/programs/cb/laws_policies/laws/cwpm/policy_dsp.jsp?citID=351

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GAO

United States Government Accountability Office

Report to Congressional Requesters

February 2015

PRENATAL DRUG USE AND NEWBORN HEALTH

Federal Efforts Need Better Planning and Coordination

2015

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GAO Examined:

1. Federally funded research, federal programs, and other federal agency efforts related to prenatal opioid use or NAS;
2. Gaps identified by federal agency officials and experts in efforts to address prenatal opioid use or NAS; and
3. How federal efforts to address prenatal opioid use or NAS are planned and coordinated.

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Planning, Coordination, ID Gaps

In order to ensure that efforts to address prenatal opioid use and NAS are systematically and effectively planned and coordinated across the federal government, the Director of Office of National Drug Control Policy (ONDCP) should document the process, including discussions held and information considered, of developing action items on prenatal opioid use and NAS. This may include documenting gaps that were considered in developing action items.

In order to ensure that efforts to address prenatal opioid use and NAS are systematically and effectively planned and coordinated across HHS's agencies, the Secretary of HHS should designate a focal point, such as the Behavioral Health Coordinating Council (BHCC) or another entity, to lead departmental planning and coordination related to prenatal opioid use and NAS, including consideration of gaps in research, programs, and other efforts.

http://www.gao.gov/assets/670/668385.pdf

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Protecting Our Infants Act

2015

An Act

To address problems related to prenatal opioid use.

Nov. 25, 2015
[S. 799]

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

Protecting Our Infants Act of 2015.

SECTION 1. SHORT TITLE.

This Act may be cited as the "Protecting Our Infants Act of 2015".

42 USC 201 note.

SEC. 2. ADDRESSING PROBLEMS RELATED TO PRENATAL OPIOID USE.

(a) REVIEW OF PROGRAMS.—The Secretary of Health and Human Services (referred to in this Act as the "Secretary") shall conduct a review of planning and coordination related to prenatal opioid use, including neonatal abstinence syndrome, within the agencies of the Department of Health and Human Services.

(b) STRATEGY.—In carrying out subsection (a), the Secretary shall develop a strategy to address gaps in research and gaps, overlap, and duplication among Federal programs, including those identified in findings made by reports of the Government Accountability Office. Such strategy shall address—

(1) gaps in research, including with respect to—

(A) the most appropriate treatment of pregnant women

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Protecting Our Infants Act

Because prevention and treatment efforts vary widely from state to state, the new law will help identify evidence-based approaches to care for these babies and their mothers. The law requires the Department of Health and Human Services to conduct a study and develop recommendations for preventing and treating prenatal opioid use disorders and NAS. In addition, the Centers for Disease Control and Prevention will continue to assist states in improving the availability and quality of data collection related to NAS, and encourage public health measures aimed at decreasing its prevalence. Michael Botticelli (November 2015)

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Protecting Our Infants Act

- The Secretary "shall conduct a study and develop recommendations for preventing and treating prenatal opioid use disorders, including the effects of such disorders on infants."
- A comprehensive assessment of existing research with respect to the prevention, identification, treatment, and long-term outcomes of neonatal abstinence syndrome, including the identification and treatment of pregnant women or women who may become pregnant who use opioids or have opioid use disorders.
- The HHS Secretary "shall conduct a review of planning and coordination related to prenatal opioid use, including neonatal abstinence syndrome, within the agencies of the Department of Health and Human Services." In carrying out this review, the Secretary "shall develop a strategy to address gaps in research and gaps, overlap, and duplication among Federal programs, including those identified in findings made by reports of the Government Accountability office."

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2015

REUTERS INVESTIGATES | Helpless & Hooked 1. Unprotected

Share

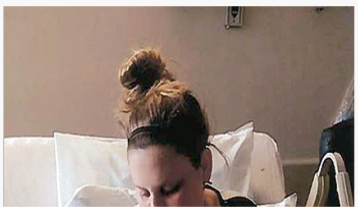
Newborns die after being sent home with mothers struggling to kick drug addictions

By Duff Wilson and John Shiffman | Filed Dec. 7, 2015, 9 p.m. GMT

Part 1: In America, a baby is born dependent on opioids every 19 minutes. But doctors aren't alerting social services to thousands of these infants, many of whom come to harm in families shattered by narcotics.

LEHIGHTON, Pennsylvania – Brayden Cummings turned 6 weeks old the morning his mother suffocated him.

High on methamphetamine, Xanax and the methadone prescribed to help her kick a heroin habit, 20-year-old Tory Schlier told police that she was "fuzzy" about what happened to her baby boy.



http://www.reuters.com/investigates/special-report/baby-opioids/

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Advocates urge Action

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Nurture and Protect from the Start

Engaging communities and cultivating strategies to strengthen the parent-child bond so infants and toddlers are nurtured, protected and ready to learn.

December 16, 2015

The Honorable Robert P. Casey, Jr.
393 Russell Senate Office Building
Washington, DC 20510
ATTENTION: Sara Mabry

Dear Senator Casey:

This month, Reuters unveiled a special investigation – Helpless and Hooked: The most vulnerable victims of America's opioid epidemic. Reuters identified 110 infants and toddlers who died from preventable deaths after their "mothers used opioids during pregnancy."

Require states to amend in a timely way (e.g., within 90 days) their CAPTA state plan to identify how the state is effectively developing inter-disciplinary Plans of Safe Care. Also how the state is working across cabinet-level departments and federal funding streams (e.g., evidence-based home visiting, maternal and child health, substance abuse treatment, child welfare) to support substance-exposed infants and their mothers.

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Stepped up CAPTA oversight

U.S. House Committee on Education and the Workforce

2016

Secretary Sylvia Burwell
January 15, 2016
Page 2

To understand the Department's process in reviewing and approving state plans under CAPTA, please respond to the following questions.

1. What is the review process for state plans? How often are the state plans reviewed?
2. What steps does the Department take to ensure that each state plan is meeting the basic requirements under CAPTA?
3. How does the Department work with states to address deficiencies if state plans are determined to be out of compliance with the law?
4. If a state plan is determined to be out of compliance and the state does not make efforts to change its plan to comply with the CAPTA requirements, what action does the Department take?

http://www.reuters.com/investigates/special-report/baby-opioids/

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HHS Seeks Insight from States

by 6/30/16

1. Identify state's policies and procedures "to address the needs of infants born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition of such infants." HHS writes, "We note that such notification should **occur in *any* instance in which an infant is demonstrating withdrawal symptoms due to prenatal drug exposure, whether the drugs were obtained legally or illegally**."
2. Identify "which agency or entity is responsible for developing a plan of safe care, how it is monitored and how follow-up is conducted to ensure the safety of these infants."
3. Identify "any technical assistance" that is needed "to improve practice and implementation in these areas, including how to support mothers and families, as well as infants, through a plan of safe care."

http://www.reuters.com/investigates/special-report/baby-opioids/

Commission to Eliminate Child Abuse and Neglect Fatalities

"CAPTA requires assurances from states that policies and procedures are in place regarding the development of a Plan of Safe Care for newborn infants identified as being affected by illegal substance abuse, withdrawal symptoms, or fetal alcohol spectrum disorder. The purpose of this requirement is to ensure that the infants do not leave the hospital without supports in place. The Commission heard from issue experts in the field and spoke with officials at HHS who noted the "lack of teeth" in the CAPTA Plan of Safe Care requirement and its uneven implementation across states. Many state agencies are unfamiliar with this requirement, and no state has designated a single accountable agency or person responsible for its implementation. States' lack of understanding of the policy is reflected in questions submitted to federal officials through the HHS Child Welfare Policy Manual."

Within Our Reach: A National Strategy to Eliminate Child Abuse and Neglect Fatalities, Page 112. Retrieved at https://eliminatechildabusefatalities.sites.usa.gov/files/2016/03/CECANF-final-report.pdf

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Commission to Eliminate Child Abuse and Neglect Fatalities

"Amend CAPTA and relevant health policy to clarify the roles and responsibilities at the federal and state level to improve the implementation of CAPTA's Plan of Safe Care. Clarifications should include a requirement for hospitals' full cooperation in implementing Plans of Safe Care and specify accountability measures for both CPS and hospitals in the timely development of Plans of Safe Care and referral of services."

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Commission to Eliminate Child Abuse & Neglect Fatalities

Expand annual Child Maltreatment Report to include:

1. "The number of births reimbursed by Medicaid in which an infant had a neonatal abstinence syndrome (NAS) diagnosis and the number of NAS-diagnosed infants referred to Part C.
2. The number of infants referred under a Plan of Safe Care who were adjudicated dependent in the first year of life and the number who were victims of child abuse or neglect fatalities in the first year of life."

Commission to Eliminate Child Abuse & Neglect Fatalities

Minority Report

"The plan of safe care requires notification to CPS in cases of substance-exposed infants, but the notification is not a report of child abuse, it is a pathway to access needed services."

Recommendation: States should "develop collaborative plans across cabinet-level departments and funding streams (such as Maternal, Infant & Early Childhood Home Visiting Programs (MIECHV), MCH, SAMHSA, and IV-E and IV-B) to support substance-exposed newborns and their mothers. Few states are using the "plan of safe care" for newborns but continue to receive federal funds."

Within Our Reach: A National Strategy to Eliminate Child Abuse and Neglect Fatalities, Page 157. Retrieved at https://eliminatechildabusefatalities.sites.usa.gov/files/2016/03/CECANF-final-report.pdf

PA Congressional Delegation Acts

- S. 2687 introduced by Senator Casey
- H.R. 4843 introduced by PA Congressman Lou Barletta

The Congressional Budget Office (CBO) released a cost estimate for H.R. 4843 and separately for S. 2687. CBO estimated that "implementing the legislation **would cost less than $500,000 annually** for additional personnel to carry out the new requirements; such spending would be subject to the availability of appropriated funds." CBO described CAPTA as requiring states that want to be eligible for CAPTA funding to develop "a plan of safe care for any drug dependent infant."

U.S. House Education and Workforce Committee underscores that while H.R. 4843 amends CAPTA, states "**should not limit their efforts to address the needs of substance exposed infants and their families to funds available under CAPTA**."

https://www.cbo.gov/sites/default/files/114th-congress-2015-2016/costestimate/hr4843.pdf
https://www.cbo.gov/sites/default/files/114th-congress-2015-2016/costestimate/s2687.pdf

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Infant Plan of Safe Care Improvement Act

S.2687/H.R. 4843 included in the Comprehensive Addiction and Recovery Act (S. 524)

- Amends federal Child Abuse Prevention and Treatment Act (CAPTA)
- Federal guidance/direction on best practices for development of Plans of Safe Care
- Enhanced data collection/reporting on number of substance-exposed infants and then those who a Plan of Safe Care was developed
- Enhanced monitoring by HHS of state plans, actions on behalf of these infants and their families

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2016

REUTERS Business Markets World Politics Tech Commentary Breakingviews Money Rio 2016

Politics | Fri Jul 22, 2016 7:31pm EDT

Related: ELECTION 2016, POLITICS, HEALTH

Obama signs into law opioid addiction bill to protect newborns

WASHINGTON | BY DUFF WILSON

Certified by Superintendent of Documents <pkisupport@gpo.gov>, United States Government Printing Office, certificate issued by VeriSign CA for Adobe CDS.

An Act

To authorize the Attorney General and Secretary of Health and Human Services to award grants to address the prescription opioid abuse and heroin use crisis, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Comprehensive Addiction and Recovery Act of 2016".

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—PREVENTION AND EDUCATION

Sec. 101. Task force on pain management.
Sec. 102. Awareness campaigns.
Sec. 103. Community-based coalition enhancement grants to address local drug crises.
Sec. 104. Information materials and resources to prevent addiction related to youth sports injuries.
Sec. 105. Assisting veterans with military emergency medical training to meet requirement for becoming civilian health care professionals.
Sec. 106. FDA opioid action plan.
Sec. 107. Improving access to overdose treatment.
Sec. 108. NIH opioid research.
Sec. 109. National All Schedules Prescription Electronic Reporting Reauthorization.
Sec. 110. Opioid overdose reversal medication access and education grant programs.

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Comprehensive Addiction and Recovery Act

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- Press Briefings
- **Statements & Releases**
- White House Schedule
- Presidential Actions
  - Executive Orders
  - Presidential Memoranda
  - Proclamations
- Legislation
  - Pending Legislation
  - Signed Legislation
  - Vetoed Legislation
- Nominations & Appointments
- Disclosures

https://www.whitehouse.gov/the-press-office/2016/07/22/statement-president-comprehensive-addiction-and-recovery-act-2016

Statement by the President on the Comprehensive Addiction and Recovery Act of 2016

Today, I signed S.524, the Comprehensive Addiction and Recovery Act of 2016 into law. This legislation includes some modest steps to address the opioid epidemic. Given the scope of this crisis, some action is better than none.

However, I am deeply disappointed that Republicans failed to provide any real resources for those seeking addiction treatment to get the care that they need. In fact, they blocked efforts by Democrats to include $920 million in treatment funding.

Every day, 78 Americans die from opioid overdoses. I have heard from too many families across the country whose lives have been shattered by this epidemic, including a mom from Ohio who recently wrote: "There are not near enough facilities in this area to handle the amount of care that is needed... We need help."

My Administration has been doing everything we can to increase access to treatment, and I'm going to continue fighting to secure the funding families desperately need. In recent days, the law

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Comprehensive Addiction and Recovery Act

https://www.congress.gov/114/bills/s524/BILLS-114s524enr.pdf

- Substance abuse treatment programs are to make available "therapeutic, comprehensive child care for children" when the child's mother is receiving health and rehabilitative services.
- Creates a competitive pilot grant program to be administered by the Department of Health and Human Services (HHS) to meet the unique needs of pregnant and postpartum women intended, in part, to support family based services within residential and non-residential settings.
- Within the Department of Justice, creates a Comprehensive Opioid Abuse Grant Program to develop or expand treatment alternatives over incarceration, including strategies focused "on parents whose incarceration could result in their children entering the child welfare system."
- The Government Accountability Office (GAO) will study the prevalence of NAS and identify best practices for treating infants diagnosed with NAS.

CAPTA Amendment included in CARA

(NOTE: text in brackets and highlighted will be deleted, CAPITALIZED text represents new law)

(ii) policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born with and identified as being affected by [illegal] substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition in such infants, except that such notification shall not be construed to—

(I) establish a definition under Federal law of what constitutes child abuse or neglect; or

(II) require prosecution for any illegal action;

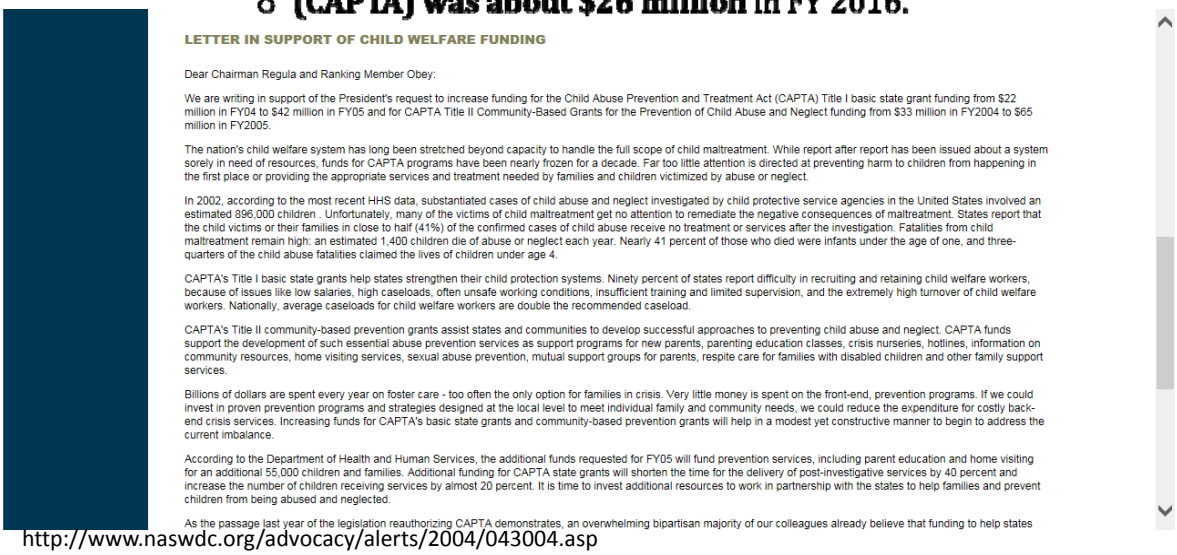
(iii) the development of a plan of safe care for the infant born and identified as being affected by [illegal] substance abuse or withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder TO ENSURE THE SAFETY AND WELL-BEING OF SUCH INFANT FOLLOWING RELEASE FROM THE CARE OF HEALTH CARE PROVIDERS, INCLUDING THROUGH

(I) ADDRESSING THE HEALTH AND SUBSTANCE USE DISORDER TREATMENT NEEDS OF THE INFANT AND AFFECTED FAMILY OR CAREGIVER; AND

(II) THE DEVELOPMENT AND IMPLEMENTATION BY THE STATE OF MONITORING SYSTEMS REGARDING THE IMPLEMENTATION OF SUCH PLANS TO DETERMINE WHETHER AND IN WHAT MANNER LOCAL ENTITIES ARE PROVIDING, IN ACCORDANCE WITH STATE REQUIREMENTS, REFERRALS TO AND DELIVERY OF APPROPRIATE SERVICES FOR THE INFANT AND AFFECTED FAMILY OR CAREGIVER.

$ challenge cited in 2003 remains in 2016

- **(CAPTA) was about $26 million in FY 2016.**



LETTER IN SUPPORT OF CHILD WELFARE FUNDING

Dear Chairman Regula and Ranking Member Obey:

We are writing in support of the President's request to increase funding for the Child Abuse Prevention and Treatment Act (CAPTA) Title I basic state grant funding from $22 million in FY04 to $42 million in FY05 and for CAPTA Title II Community-Based Grants for the Prevention of Child Abuse and Neglect funding from $33 million in FY2004 to $65 million in FY2005.

The nation's child welfare system has long been stretched beyond capacity to handle the full scope of child maltreatment. While report after report has been issued about a system sorely in need of resources, funds for CAPTA programs have been nearly frozen for a decade. Far too little attention is directed at preventing harm to children from happening in the first place or providing the appropriate services and treatment needed by families and children victimized by abuse or neglect.

In 2002, according to the most recent HHS data, substantiated cases of child abuse and neglect investigated by child protective service agencies in the United States involved an estimated 896,000 children . Unfortunately, many of the victims of child maltreatment get no attention to remediate the negative consequences of maltreatment. States report that the child victims or their families in close to half (41%) of the confirmed cases of child abuse receive no treatment or services after the investigation. Fatalities from child maltreatment remain high: an estimated 1,400 children die of abuse or neglect each year. Nearly 41 percent of those who died were infants under the age of one, and three-quarters of the child abuse fatalities claimed the lives of children under age 4.

CAPTA's Title I basic state grants help states strengthen their child protection systems. Ninety percent of states report difficulty in recruiting and retaining child welfare workers, because of issues like low salaries, high caseloads, often unsafe working conditions, insufficient training and limited supervision, and the extremely high turnover of child welfare workers. Nationally, average caseloads for child welfare workers are double the recommended caseload.

CAPTA's Title II community-based prevention grants assist states and communities to develop successful approaches to preventing child abuse and neglect. CAPTA funds support the development of such essential abuse prevention services as support programs for new parents, parenting education classes, crisis nurseries, hotlines, information on community resources, home visiting services, sexual abuse prevention, mutual support groups for parents, respite care for families with disabled children and other family support services.

Billions of dollars are spent every year on foster care - too often the only option for families in crisis. Very little money is spent on the front-end, prevention programs. If we could invest in proven prevention programs and strategies designed at the local level to meet individual family and community needs, we could reduce the expenditure for costly back-end crisis services. Increasing funds for CAPTA's basic state grants and community-based prevention grants will help in a modest yet constructive manner to begin to address the current imbalance.

According to the Department of Health and Human Services, the additional funds requested for FY05 will fund prevention services, including parent education and home visiting for an additional 55,000 children and families. Additional funding for CAPTA state grants will shorten the time for the delivery of post-investigative services by 40 percent and increase the number of children receiving services by almost 20 percent. It is time to invest additional resources to work in partnership with the states to help families and prevent children from being abused and neglected.

As the passage last year of the legislation reauthorizing CAPTA demonstrates, an overwhelming bipartisan majority of our colleagues already believe that funding to help states

http://www.naswdc.org/advocacy/alerts/2004/043004.asp

Family First Prevention Services Act

H.R. 5456/S.3065

PLEASE!/ NOTE

U .S. Senate failed to act before summer recess.

Prevention elements transform federal child welfare financing. Amends Social Security Act (Title IV) to promote prevention and family services. Under current law:

- **IV-E represents largest federal child welfare funding stream** – IV-E dollars match state dollars to pay for services that are essentially related to foster care or adoption related services. IV-E dollars can only pay for services to eligible child with eligibility linked to the old Aid to Families with Dependent Children (AFDC) that went away with 1996 federal welfare reform. In FY 2016, IV-E funding was about $4.7 billion.
- **IV-B funding more flexible, more directed to family support/preservation**. In FY 2016, IV-B was approximately $355 million.
- By contrast, **Child Abuse Prevention and Treatment Act (CAPTA) was about $26 million** in FY 2016.

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Family First Prevention Services Act

H.R. 5456/S.3065

U .S. Senate failed to act before summer recess.

Who's Eligible (under Prevention & Family Services provisions):

1. "Child who is a candidate for foster care" so that it is now a child with a prevention plan "at imminent risk of entering foster care" regardless of whether the child would eventually be eligible for foster care/adoption/kinship care payments. Also includes a child at risk for adoption or disruption.
2. Child in foster care who is pregnant or parenting
3. Parents or kin caregivers (when directly related to child's safety, well-being or permanence).
4. Child living with parent(s) in a licensed residential family-based treatment facility for substance abuse

Family First Prevention Services Act

H.R. 5456/S.3065

U .S. Senate failed to act before summer recess.

- Mental health services, Substance abuse treatment or In-home parent skill based programs
- Services have to be trauma-informed and ONLY those that are "promising, supported or well-supported" qualify. Bill includes definitions for these terms. HHS will issue further clarification and states will have under take a "well-designed and rigorous" evaluation process.
- Services eligible for "12 months per episode."
- IV-E reimbursement for prevention services delayed until FY 2019.

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Family First Prevention Services Act

H.R. 5456/S.3065

U.S. Senate failed to act before summer recess.

- Under the IV-B provisions, eliminates time limit on family reunification while child is in foster care, permits 15 months of services activated when a child returns from foster care.

- Reauthorizes Regional Partnership Grants (RPGs) – competitive grants awarded to states and non-profits. **RPG funding can be used for family-based comprehensive long-term substance abuse treatment services**, early intervention and prevention services, child and family counseling, mental health services, parenting skills training, etc. Heading would change from Targeted Grants to Improve the Well-Being of, and Improve Permanency Outcomes for Children and Families Affected by Heroin, Opioids and Other Substance Abuse. $ for planning (up to 2 years no more than $250K) and & for implementation (up to 1 million). Committee reports noes that application requirements would be changed so that applicants have to demonstrate how the focus will be to improve "the well-being of families as a whole (children and parents) and to facilitate implementation of evidence-based prevention services."

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Family First Prevention Services Act

H.R. 5456/S.3065

U .S. Senate failed to act before summer recess.

Preventing child abuse and neglect fatalities

State plan would have to:

1. Identify how state "compiles complete and accurate information" about such fatalities by pulling together information from various organizations (e.g., vital statistics, law enforcement, child death review, medical examiners/coroners).
2. Outline the state's "comprehensive" plan (in development and implementation) "to prevent child maltreatment fatalities, that involves and engages public health and law enforcement agencies, the courts, and other relevant public and private agency partners in the state."

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Family First Prevention Services Act

H.R. 5456/S.3065

No federal reimbursement for group homes UNLESS the child is in:

- A qualified residential treatment program
- A setting specializing in providing prenatal, post-partum, or parenting supports for youth
- Supervised independent living for youth under age 18

Shortage of foster family homes is not a permitted reason for saying that the child's needs cannot be met in a family type setting.

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Family First on CAPTA Plans of Safe Care

U.S. Senate failed to act before summer recess.

"This bill would encourage greater collaboration between child welfare and health care agencies by making substance use disorder treatment services available to parents when an infant is determined to be at imminent risk of entering foster care. Under the prevention services provided by this bill, states will be able to receive a federal reimbursement for substance abuse services for parents and infants when such children are deemed to be at imminent risk of entering foster care."

(Ways and Means Committee Report, page 38 - https://www.congress.gov/114/crpt/hrpt628/CRPT-114hrpt628.pdf)

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March 2016: Call for PA Task Force to:

1. Prioritize prevention of substance-exposed infants,
2. Improve outcomes for pregnant and parenting women striving to recover from addiction; and
3. Promote the health, safety and permanency of substance-exposed infants and other young children at-risk of child abuse and neglect or placement in foster care due to parental alcohol and drug use.

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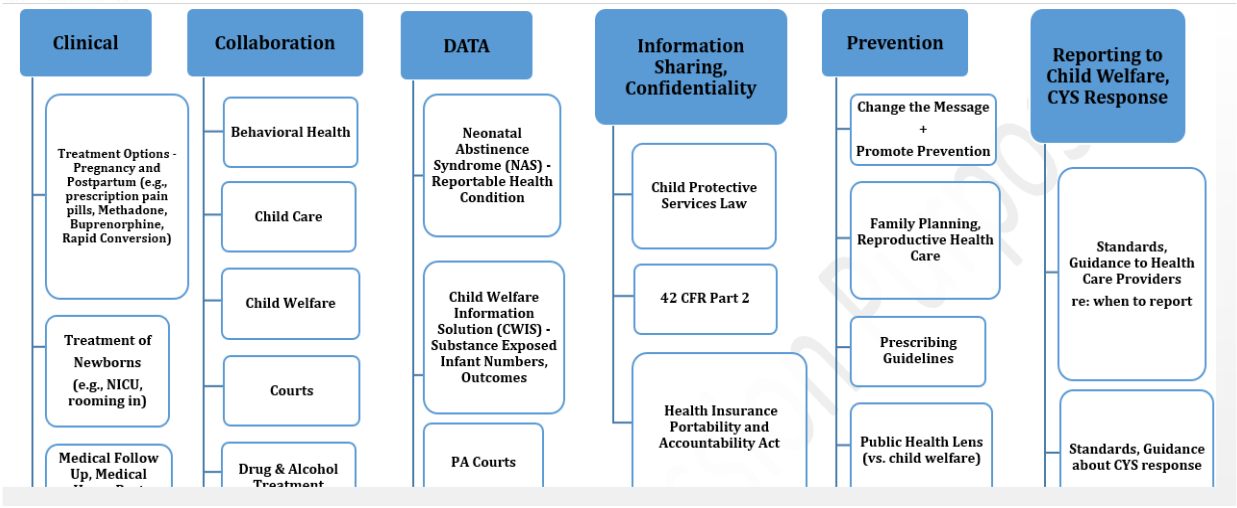
Many issues, disciplines, systems……..



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NGA/CLASP Two-Generation Strategies

- PA applied for competitive funding (up to $100K over 2 years) through the National Governors Association (NGA) Center for Best Practices and the Center for Law and Social Policy (CLASP).
- PA's overall proposal framed as a "No wrong door approach to human services." If successful, PA would fund two pilots to develop "a family's needs assessment and checklist" utilized at entry points for human services.
- PA also seeking TA to "ensure appropriate services to infants with neonatal abstinence syndrome and their families."

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THE CENTER FOR Children's Justice

- An overview of the extent of opioid use by pregnant women and the effects on the infant
- Evidence-based recommendations for treatment approaches from leading professional organizations
- An in-depth case study, including ideas that can be adopted and adapted by other jurisdictions
- A guide for collaborative planning, including needs and gaps analysis tools for priority setting and action planning

https://ncsacw.samhsa.gov/files/Collaborative_Approach_508.pdf

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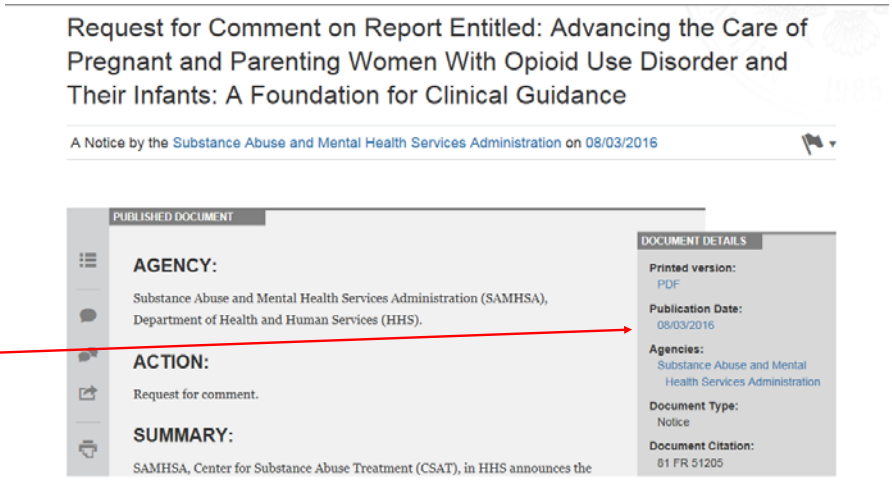
THE CENTER FOR Children's Justice

2016



https://www.federalregister.gov/documents/2016/08/03/2016-18324/request-for-comment-on-report-entitled-advancing-the-care-of-pregnant-and-parenting-women-with

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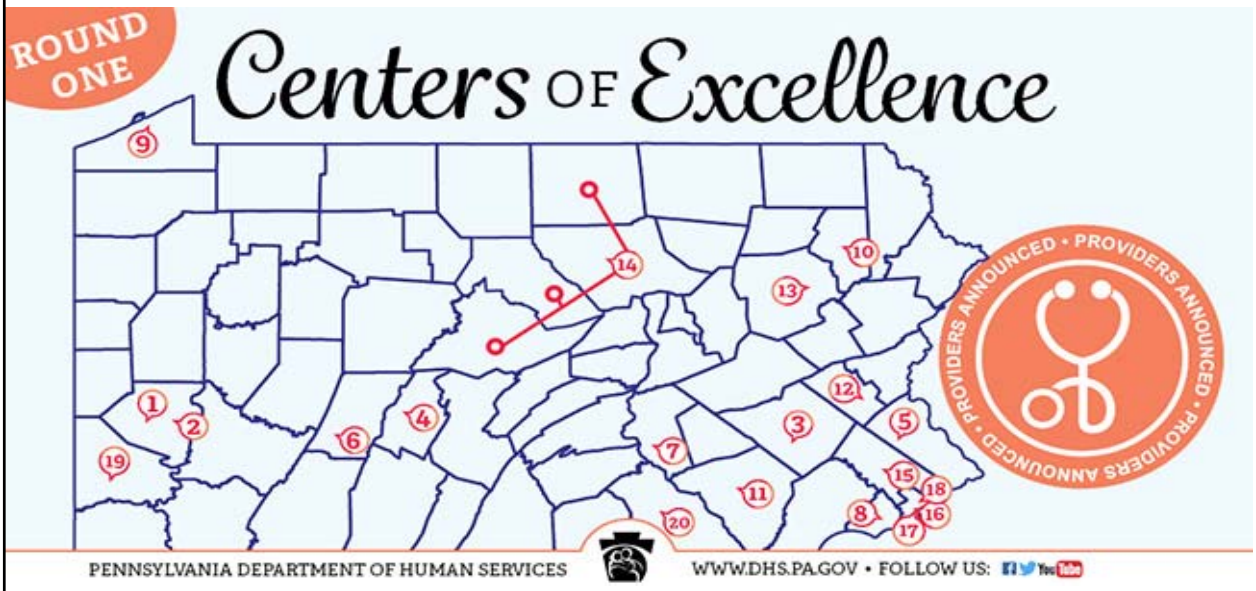

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PRESCRIPTION DRUG MONITORING PROGRAM

PDMP PORTAL (PA PMP AWARXE)

About

The Pennsylvania PDMP Portal, PA PMP AWARxE, is a gateway for prescribers, pharmacists, and their delegates to easily look up their patients' controlled substance prescription history before prescribing or dispensing. This information helps health care providers better identify patients struggling with substance use disorder, so that they can help them get the treatment they need.

To access PA PMP AWARxE, visit pennsylvania.pmpaware.net.

Registration is now open

All prescribers and pharmacists in the Commonwealth of Pennsylvania, as well as their delegates, can now register on PA PMP AWARxE. The system will be ready for query starting on Aug. 25, 2016.

Tips for a successful registration:

1. Review our Terms and Conditions before registering.
2. Prescribers: Enter your personal DEA number, not your employer's DEA number.
3. Enter your **Pennsylvania** Professional License number

NAVIGATION

- HOME
- QUESTIONS & ANSWERS
- CONTACT
- FOR DISPENSERS
- FOR PRESCRIBERS
- FOR PATIENTS
- PDMP PORTAL

http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/PaPrescriptionDrugMonitoringProgram/Pages/PDMP-Portal.aspx#.V9k4T2HD9-Q

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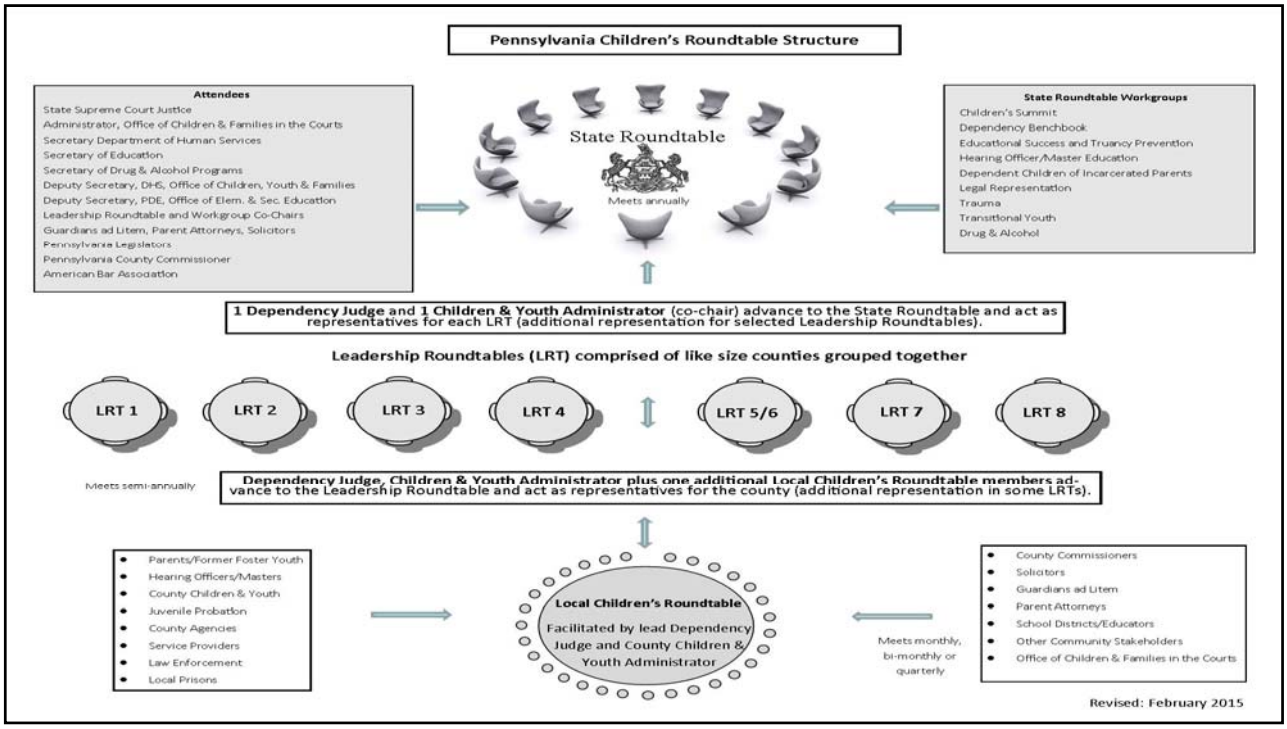
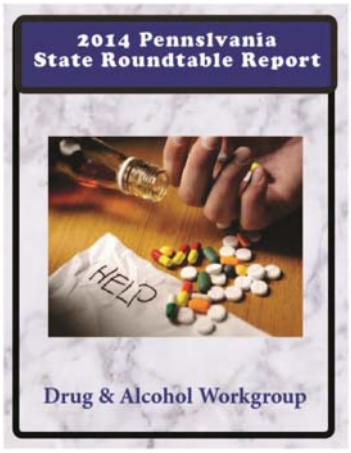
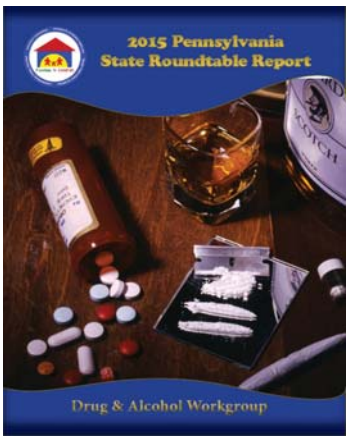
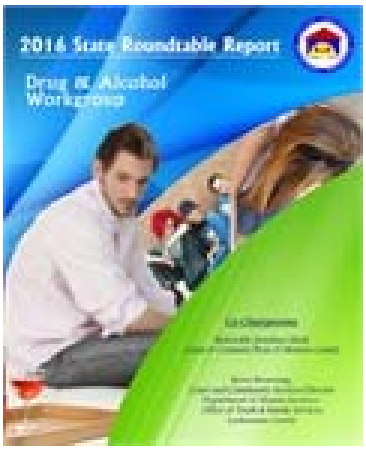


THE CENTER FOR Children's Justice

Since 2013, there has been a Drug & Alcohol Workgroup within PA's State Roundtable and, to date, the workgroup has issued 3 reports.







http://www.ocfcpacourts.us/childrens-roundtable-initiative/state-roundtable-workgroupscommittees/drug-and-alcohol/state-roundtable-reports

Revised: January 14, 2016

PA Prescribing Guidelines for Pennsylvania

USE OF ADDICTION TREATMENT MEDICATIONS IN THE TREATMENT OF PREGNANT PATIENTS WITH OPIOID USE DISORDER

The misuse of opioids has increased significantly over the past decade. Pregnant women are represented in this problem. The 2014 National Survey on Drug Use and Health found that 0.2

individual provider's clinical judgement. All treatment should be determined by the provider and the patient on an individual basis based on needs of the patient.

http://www.health.pa.gov/My%20Health/Diseases%20and%20Conditions/A-D/Documents/PA%20Guidelines,%20on%20Obstetrics%20_Gynogology.pdf

Nurture

Protect

Listen to

Speak up #4PAKids

To promote community responsibility so every Pennsylvania child is protected from child abuse, including sexual abuse.