



July 8, 2016

Dear Member of the Pennsylvania Congressional Delegation:

Daily the undersigned are engaged in diverse work to ensure every child is connected to a safe, stable and supported family. Despite the diversity of our work, we are united in our deep understanding that the foundation for lifelong health, well-being, educational success, and economic opportunity is established within the critical years of early childhood, especially from birth to age three.

Together we urge your immediate leadership to ensure that the Plan of Safe Care Improvement Act (H.R. 4843/S.2687), which has been included in the Comprehensive Addiction and Recovery Act (CARA), advances to the President's desk.

We applaud the U.S. House of Representatives recent positive action on The Family First Prevention Services Act. This legislation **and** the Plan of Safe Care Improvement Act (embodied now within CARA) provide tools needed **NOW** to help families, counties, service providers, and the Commonwealth to effectively fight the unrelenting and indiscriminate heroin and opioid epidemic.

These two unique pieces of legislation represent a positive development in that they rightfully recognize that protecting children is a shared responsibility – across disciplines and systems. Also these legislative vehicles provide an invitation for states to make decisions that are intentional and impactful across a number of federal statutes and funding streams (e.g., Child Abuse Prevention and Treatment Act and the Social Security Act Titles IV-B and IV-E).

Every 19 minutes a baby is born in America suffering through withdrawal from opioids. Between 2010 and 2014, more than 7,500 infants were born onto Medicaid and diagnosed with Neonatal Abstinence Syndrome (NAS) in Pennsylvania. Heroin and other opioids taken during pregnancy, including drugs prescribed to a pregnant woman as part of her participation in substance abuse treatment (e.g., Methadone Buprenorphine), can result in NAS.

Since 2003, Congress has recognized the added vulnerability of infants born exposed prenatally to drugs and alcohol. Congress, however, also understood that improving the outcomes for the infant required a preventive, not punitive, approach that assessed and responded to the needs of the infant and parents. More than a decade later, states and local communities have struggled to effectively respond to these infants and their families, in part because of conflicting federal guidance as well as insufficient available resources through the Child Abuse Prevention and Treatment Act (CAPTA).

We look forward to your leadership and support for including the Plan of Safe Care Improvement Act within the negotiated CARA bill. We stand ready to work with you toward achieving our shared vision that every child in Pennsylvania has the opportunity to live and thrive in safe and supported families.

Sincerely,

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