

**The Opioid Crisis:  
Measuring the impact on, collaborating for children and families**  
Presented by Cathleen Palm  
November 15, 2018



To promote community responsibility so every Pennsylvania child is protected from child abuse, including sexual abuse.  
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The Center for Children's Justice

- Engages and Mobilizes
- Leverages Data and Evidence
- Serves as the Independent and Trusted Voice

Dedicated to Protecting Pennsylvania Children



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**"It's a choice!"**



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Not all who make the "choice" develop a substance use disorder (SUD)

9 OUT OF 10  
PEOPLE WITH SUBSTANCE  
PROBLEMS STARTED USING  
BY AGE 18



It shouldn't  
hurt to be  
a child.

People who began using  
addictive substances  
before age 15 are nearly  
**7 times likelier** to  
develop a substance  
problem than those who  
delay first use until age  
21 or older



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Forces combine with, extend beyond that **INITIAL choice**



"the pull of gravity and rushing water pulls you under"



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**Changing dynamics of the  
drug overdose epidemic in the  
United States from 1979 through 2016**

Authors: John S. Barkley, Mark S. Barkley, Lawrence G. Barkley, Ryan Pflanz, Timothy S. Barkley

<http://science.sciencemag.org/content/361/6408/eaam1184.full.pdf>

**Sociological and  
psychological  
"pull" forces may be operative  
to accelerate demand, such as  
despair, loss of purpose, and  
dissolution of communities  
(42, 43). Elucidation of the  
dynamics of the "deep"  
drivers of the overdose  
epidemic may provide  
valuable new insights.**



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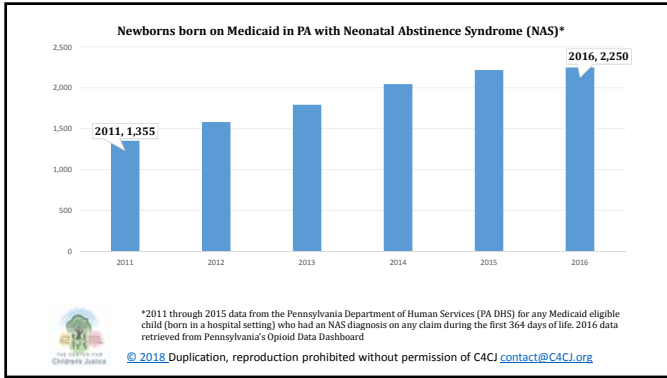













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**"Live Births Exposed to Illegal Drugs Before Birth in Pennsylvania"**

- Calendar year 2017 = **3,958\***
- Calendar year 2016 = **3,897\***
- PA Fiscal Year 14-15 = **3,755**
- PA Fiscal Year 13-14 = **3,199**
- PA Fiscal Year 12-13 = **2,706**

*A live birth is to be counted as "exposed to illegal drugs" if there is evidence of such exposure through urine screens of the mother or the newborn, history of the mother, or withdrawal symptoms. Diagnosis codes of 760.7 "Noxious influences affection fetus via placenta or breast milk", 760.70 "Unspecified noxious substance," 760.72 "Narcotics", 760.73 "Hallucinogenic agents", 779.5 "Drug withdrawal syndrome in newborn", 292.0 "Drug withdrawal syndrome", and 305.1 through 305.9 (tobacco use disorder, cannabis, Hallucinogen, Barbiturate, Opioid, Cocaine, Amphetamine, Antidepressant, and Other abuse) are considered evidence of exposure.*

\*Note: that the PA Department of Health previously reported this data on a fiscal year (vs. calendar year). <http://www.statistics.health.pa.gov/HealthStatistics/HealthFacilities/HospitalReports/Pages/HospitalReports.aspx#W67144D-aE>

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ON
ACTION PLAN FOR PENNSYLVANIA    NEWS    SCHEDULE    CONTACT

### 3 Focus Areas:

**Governor Wolf Declares Heroin and Opioid Epidemic a Statewide Disaster Emergency**

January 12, 2018

**Harrisburg, PA** – Today, Governor Tom Wolf took another step forward in bolstering the fight against heroin and opioid addiction by signing a statewide disaster declaration to enhance state response, increase access to treatment, and save lives. The declaration is the first of its kind for a public health emergency in Pennsylvania and will allow a command center at the Pennsylvania Emergency Management Agency to track progress and enhance coordination of health and public safety agencies.

"While we have made progress in combating the heroin and opioid abuse crisis and drastically expanded Pennsylvania's response, we are still losing far too many Pennsylvanians," Governor Wolf said. "I am taking this step to protect Pennsylvanians from the looming public health crisis, and I am using every tool at my disposal to get those suffering from substance use disorders into treatment, save more lives, and improve economic circulation."

<https://www.governor.pa.gov/governor-wolf-declares-heroin-and-opioid-epidemic-a-statewide-disaster-emergency/>

- 1. Enhancing Coordination and Data Collection to Bolster State and Local Response**
- 2. Improving Tools for Families, First Responders, and Others to Save Lives**
- 3. Speeding Up and Expanding Access to Treatment**

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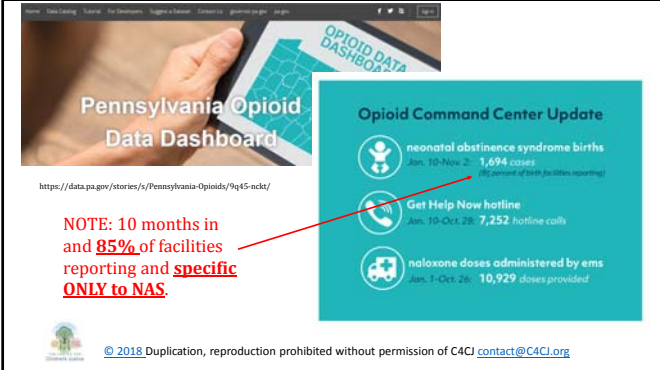
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**NOTE: 10 months in and 85% of facilities reporting and specific ONLY to NAS.**

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Epi-Aid: Undetermined Hospital Barriers to Diagnosis of Neonatal Abstinence Syndrome (NAS) and Reporting to State NAS Surveillance—Pennsylvania, 2018

**NAS in Pennsylvania**

Estimated rate of NAS increased more than 4,000% from 2.2 to 23.0 per 1,000 newborn hospital stays from 2000-2017.

As of May 23, 734 infants with NAS have been reported to Pennsylvania Department of Health (DOH).

**The problem:** Anecdotal evidence suggests that there are challenges to obtaining accurate counts of and quality data about infants born with NAS in Pennsylvania within the voluntary NAS state surveillance system.

**Addressing the problem:** To document and help address these challenges, the Pennsylvania DOH has requested technical assistance from the Centers for Disease Control and Prevention (CDC) in the form of an Epi-Aid.

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**Goals of the [Pennsylvania] Epi-Aid**

1. Document the case definitions used for NAS diagnosis within all hospitals in the state and determine how these definitions differ from the state of Pennsylvania NAS surveillance definition;
2. Identify systematic barriers to hospital diagnosis of NAS and reporting of NAS cases to the state surveillance system; and
3. Assess the impact of varying NAS case definitions, as well as barriers to diagnosis and reporting, on the quality of data reported for NAS cases in the Pennsylvania state surveillance system.

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**"Reporting" for different purposes -these are NOT the same thing**

**Epidemiology**

**Opioid Command Center Update**

- neonatal abstinence syndrome births  
May 19 - June 2, 1,494 cases  
*(8% percent of total inpatient discharges)*
- Get Help Now hotline  
May 19 - Oct 26, 7,252 hotline calls
- naloxone doses administered by EMS  
May 1 - Oct 26, 10,929 doses provided

**CAPTA requires**  
Health care providers "notify the child protective services system...."

substance abuse  
**OR**

Withdrawal symptoms resulting from prenatal drug exposure  
**OR**

Fetal Alcohol Spectrum Disorder (FASD)

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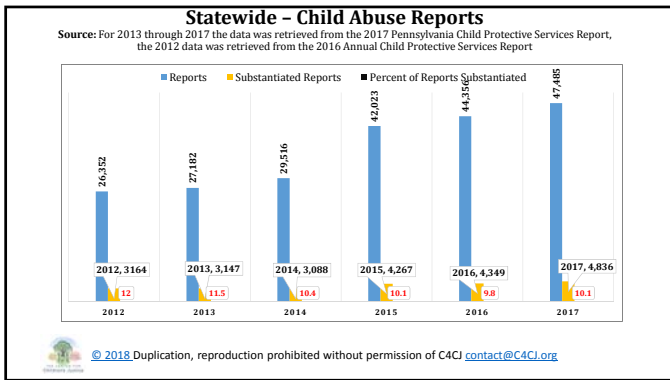
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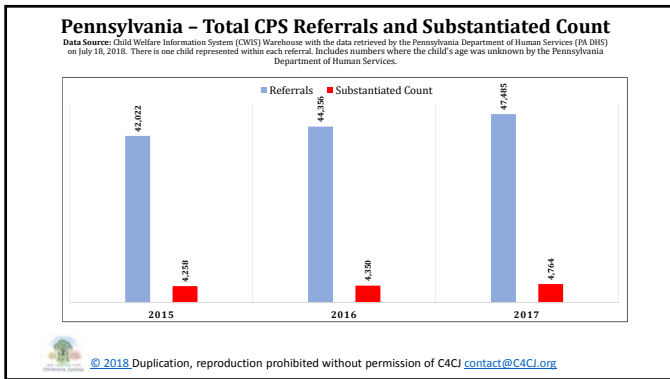
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- Abandonment/Lack of Caretaker
  - Child Acting Out Sexually
  - Child Behavior Problems/Behavior Health Concerns
  - Child Substance Abuse
  - Child Under 1 Year Old Who Has Withdrawal Symptoms/Born Affected By Drug Exposure
  - Conduct by Parent that Places Child at Risk
  - Domestic Violence
  - Experiencing Homelessness/Inadequate Shelter
  - Exposure To Hazards
  - Inadequate Basic Needs
  - Inadequate Caregivers
  - Inadequate Health Care
  - Inappropriate Discipline
  - Injury Caused by Other Person
  - Lack of Supervision
  - Other
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**National – Children **Entering** Foster Care in FY 2017 = 269,690**



➤ **36% have Parental Drug Abuse as Factor (n=96,720)**  
 ➤ **5% have Parental Alcohol Abuse as Factor (n=14,684)**  
 ➤ **19% were < 1 year of age (n=50,076)**  
 ➤ **39% (n=104,726) children 3 years or younger**

<https://www.acf.hhs.gov/sites/default/files/ch/afcarsreport125.pdf>  
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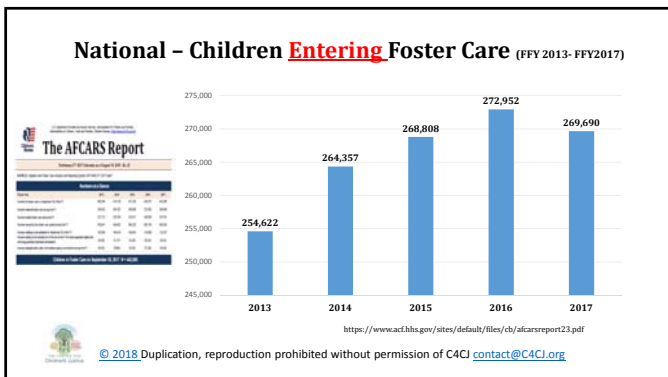
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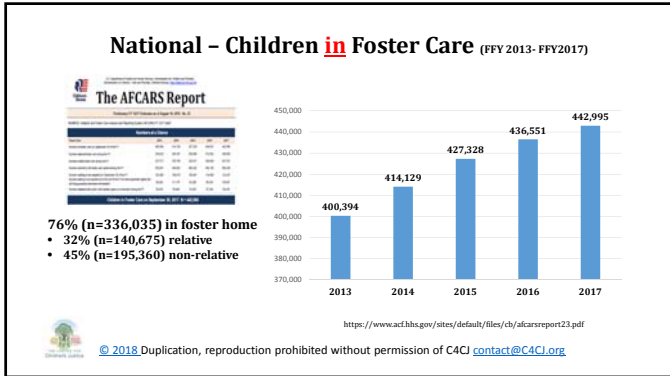
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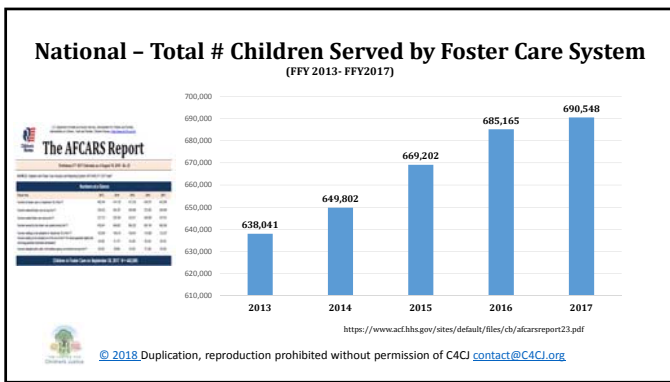
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### Pennsylvania – Children **in** Foster Care

(as of March 31, 2018)

# 16,305

38.5% (n=6,291) residing in “formal kinship care homes”

#### Beyond Foster Care

“Based on Generations United data and Pennsylvania foster care data, an estimated 132,111 children in Pennsylvania are being raised by relatives or kin, whether or not the children are involved in the child welfare system.”

<http://www.emarketplace.state.pa.us/Solicitations.aspx?SID=RFA%2013-18>

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**Fiscal Year 2019-20 Needs-Based Plan & Budget**

Commonwealth of Pennsylvania  
Office of Children, Youth and Families

**Identifying and Serving Children and Youth Victims of Human Trafficking**

- Taking a Multi-Disciplinary Approach Against Heroin and Opioid Abuse** - In January 2018, Governor Wolf signed a statewide disaster declaration to address the opioid epidemic, speed up recovery efforts, increase access to treatment, save lives and direct more resources to battling substance abuse disorders and overdoses. Tragically, 4,302 Pennsylvanians lost their lives to substance abuse overdoses in 2016. These numbers continue to rise at an alarming rate.

We must focus on addressing the substance use challenges in Pennsylvania while ensuring that our prevention programs are robust, well-resourced, and evidence-based, and that all Pennsylvanians struggling with substance use disorders can get the level and duration of treatment and recovery supports they need to live a healthy and productive life. To strengthen and expand current initiatives, a unified and concerted effort must be put in place to address these issues. This requires multi-disciplinary initiatives to effectively combat opioid abuse and the loss of life by drug overdoses in the commonwealth. As the number of children and youth served where substance abuse is an identified concern continues to increase, CCTAs are encouraged to learn more about the efforts to combat this disease. Of all placements in FFY 2017, 36.1% were linked to parental substance use which highlights the negative impacts drug and alcohol abuse has on children, youth and families, and communities. Of the 78,816 valid CPS allegations received in 2017, 22.4% (17,672), were related to parent substance use and 732 were related to child substance use. This is an increase over 2016, there were 64,125 valid CPS allegations, the majority, 21% (13,265), were related to parent substance use and 547 were related to children and youth substance use.

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Placements in PA during FFY 2017

36.11% linked "to parental substance use"

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**FOSTERING YOUTH TRANSITIONS**  
USING DATA TO DRIVE POLICY AND PRACTICE DECISIONS

**2018 PENNSYLVANIA PROFILE**  
TRANSITION-AGE YOUTH IN FOSTER CARE

The transition from adolescence to adulthood is a pivotal developmental stage as young people learn the skills needed to be healthy and productive adults. This process can be complicated for youth with foster care experience. Here's what we know about the experiences of these youth in Pennsylvania.

171,162 or 25% of United States' foster care population is ages 14+  
8,639 or 33% of Pennsylvania's foster care population is ages 14+

United States  
Pennsylvania  
Pennsylvania

<https://www.aecf.org/m/resourcedoc/pennsylvania-fosteryouthtransitions-2018.pdf>

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**FOSTERING YOUTH TRANSITIONS**  
USING DATA TO DRIVE POLICY AND PRACTICE DECISIONS

**Young Adult Outcomes by Age 21**

Research shows that young adults who experienced foster care have worse outcomes than their peers in the general population across a variety of spectrums — from education to employment to housing to early parenthood. Examining data on these outcomes in Pennsylvania is important as we strive to improve the practices, programs and policies that help ensure these young people have the relationships, resources and opportunities they need for well-being and success.

Outcome	State's Foster Care Population	U.S. Foster Care Population	State's General Population
Full/Part Time Employment	44%	49%	57%
High School Diploma/GED*	75%	76%	92%
Stable Housing	63%	70%	70%
Young Parents	28%	31%	31%

<https://www.aecf.org/m/resourcedoc/pennsylvania-fosteryouthtransitions-2018.pdf>

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**ENACTED - Federal**

H.R. 1092

**Our hundredth fiftieth Congress  
of the  
United States of America**

AT THE SECOND SESSION  
*Began and held at the City of Washington on Wednesday  
the third day of January, two thousand and eighteen*

**Be It Enacted**  
*That the President be, and he is, authorized to transmit to the Senate the bill to amend the title IV-E subtitle A, first chapter of the title IV-E of the Social Security Act (in English translation), which was approved by the House of Representatives on September 28, 2017.*

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<https://www.congress.gov/115/bills/hr/1092/BILLS-115hr1092enr.pdf>

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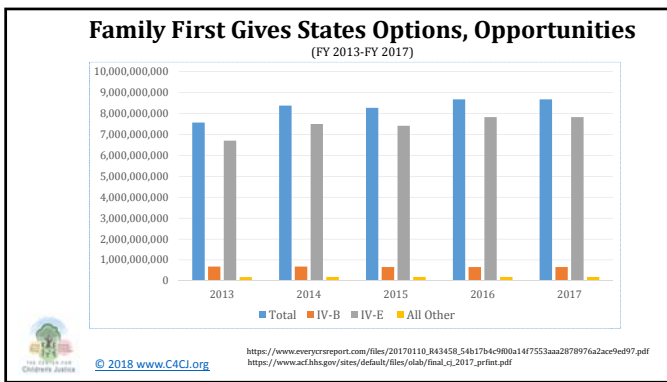
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- ### Family First Highlights
- Optional time-limited IV-E prevention programs and services – mental health and substance abuse and in-home services
  - Title IV-E foster care maintenance payments for children who are residing with a parent in a licensed residential family-based substance use disorder treatment facility – up to 12 months. Child must be IV-E eligible or meet the IV-E eligibility (minus being AFDC eligible). The child has a case plan, the facility has to provide parenting skills training, parent education and individual family counseling and underlying all the services is a trauma-informed approach.
  - Limits IV-E foster care payments for children placed in child care institutions.
  - Limits number of children in a foster family home.
  - Amends IV-B requiring states to develop a plan it will take “to develop and implement a comprehensive, statewide plan to prevent the fatalities that involves and engages relevant public and private agency partners, including those in public health, law enforcement, and the courts.”
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- 4,200+ = Endangering the Welfare of Children (EWOC) cases initiated in 2016.
- 850+ involved a co-occurring drug-related offense

**WESTMORELAND**  
**'Zombie' overdose couple charged with neglecting child in West Newton**  
 Couple accused of overdosing in front of children  
 PAUL PERICE | Friday, May 6, 2017, 1:27 pm  
 West Newton Police got arrest warrants this week for a couple who were found "like zombies" in their home.

**LANCASTER REAL-TIME NEWS**  
**Lancaster woman suffers overdose, children removed from filthy apartment**  
 Lancaster woman suffers overdose, children removed from filthy apartment  
 Updated Aug 10, 2017, Posted Aug 10, 2017

**NEWSSTATE, PHILADELPHIA** - The father of a 9-month-old girl who was stuck with a hypodermic needle Wednesday night in...

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- **81,096 Pennsylvania children have parent who is incarcerated in a state prison.**
- Approximately 5,349 of these children have a mother who is incarcerated.
- **The female inmate population is growing**, while the male population is declining. DOC projects that the female population may well grow by another 8% over the next 5 years.

**THE CHALLENGE:**  
 A HARSH REALITY: INCARCERATION'S LONG SHADOW  
 A STATISTIC OF INTEREST: 81,096 CHILDREN OF INCARCERATED PARENTS & THEIR CHILDREN  
 81,096  
 75,747  
 5,349

CREATING NEW REALITIES. CREATING SOLUTIONS THAT WORK.  
 • Community Reentry Planning  
 • Family Support Services  
 • Parenting Skills Training  
 • Substance Abuse Treatment  
 • Vocational Training  
 • Case Management

http://www.cor.pa.gov/General%20Information/Pages/Children-of-Incarcerated-Parents.aspx#W0X5FJjD-aF

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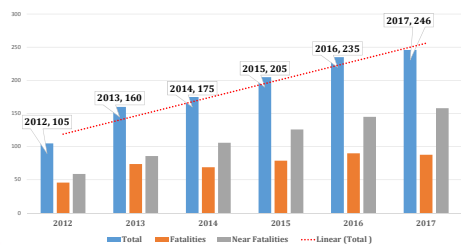
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**PA Child fatalities and near fatalities initially suspected as child abuse**  
 (2012-through December 31,2017 retrieved from PA DHS website on 5/31/2018)




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**Bipartisan Budget Act (Public Law No: 115-123)**  
**Section 50732. Development of a Statewide Plan to Prevent Child Abuse and Neglect Fatalities**

States have to document inside of their Child and Family Services Plans (CFSP) and Annual Progress and Services Reports (APSRs) the steps they are taking to "track and prevent child maltreatment deaths." Specifically:

- State efforts to "compile complete and accurate information" on such deaths (and utilize surveillance that gets beyond administrative child welfare data - e.g. - vital statistics, child death review team reports, law enforcement, medical examiners.
- State steps "to develop and implement a comprehensive, statewide plan to prevent the fatalities that involves and engages relevant public and private agency partners, including those in public health, law enforcement, and the courts."

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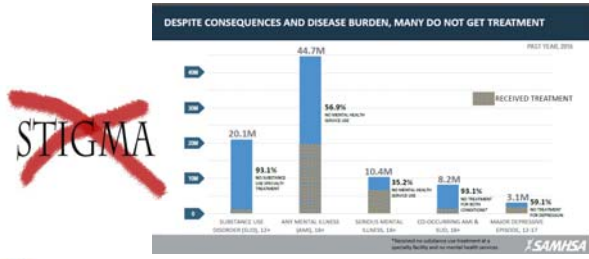
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"1 in 9 adults with an SUD received any substance use treatment in the past year"




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**STIGMA**

Like other chronic diseases such as diabetes or heart disease, OUD can be treated. The most effective therapy, called medication-assisted treatment (MAT), combines counseling or other behavioral therapy with medications approved by the Food and Drug Administration (FDA).



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**Prescribed Medicine(s) – Part of *Whole Patient Treatment***

**CORONARY ARTERY DISEASE** -Treatment for coronary artery disease usually involves lifestyle changes and, if necessary, drugs and certain medical procedures. Making a commitment to the following healthy lifestyle changes can go a long way toward promoting healthier arteries: •Quit smoking. •Eat healthy foods. •Exercise regularly. •Lose excess weight. •Reduce stress. Various drugs can be used to treat coronary artery disease, including: •Cholesterol-modifying medications.

<https://www.mayoclinic.org/diseases-conditions/coronary-artery-disease/diagnosis-treatment/drc-20150619>

**DIABETES** -Taking insulin or other diabetes medicines is often part of treating diabetes. Along with healthy food choices and physical activity, medicine can help you manage the disease. Some other treatment options are also available.

<https://www.niddk.nih.gov/health-information/diabetes/overview/insulin-medicines-treatment>

**HYPERTENSION** – But sometimes lifestyle changes aren't enough. In addition to diet and exercise, your doctor may recommend medication to lower your blood pressure.

<https://www.mayoclinic.org/diseases-conditions/high-blood-pressure/diagnosis-treatment/drc-20173417>



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**Prescribed Medicine(s) – Part of *Whole Patient Treatment***

Medicated-Assisted Treatment (MAT) is the use of FDA- approved medications, **in combination with counseling and behavioral therapies**, to provide a “whole-patient” approach to the treatment of substance use disorders.

**OPIOID USE DISORDER** - Methadone, buprenorphine, and naltrexone are used to treat opioid dependence and addiction to short-acting opioids such as heroin, morphine, and codeine, as well as semi-synthetic opioids like oxycodone and hydrocodone. People may safely take medications used in MAT for months, years, several years, or even a lifetime. **A common misconception associated with MAT is that it substitutes one drug for another.** Instead, these medications relieve the withdrawal symptoms and psychological cravings that cause chemical imbalances in the body. MAT programs provide a safe and controlled level of medication to overcome the use of an abused opioid.



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"Medication assisted treatment (MAT) is the use of medications **in combination with counseling and behavioral therapies for the treatment of substance use disorders**. A combination of medication and behavioral therapies is effective in the treatment of substance use disorders, and can help some people to sustain recovery."



**"During pregnancy, medication assisted treatment (MAT) is the recommended standard of care for women with opioid use disorders.**

While any opioid use during pregnancy, including MAT medications, can increase the risk of neonatal abstinence syndrome, the use of medications improve maternal and infant outcomes and are now the standard of care in this patient population.

<https://www.integration.samhsa.gov/clinical-practice/mat/mat-overview>

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**Babies ARE NOT Born "Addicted"**

**Neonatal Abstinence Syndrome**



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."

- **Illicit** - Heroin
- **Prescribed for pain** = Hydrocodone, Oxycodone, Tylenol with Codeine, Percocet, Morphine
- **Medication Assisted Treatment (MAT) for opioid use disorders** = Methadone, Buprenorphine

- ◆ Each of these drugs has the potential to trigger withdrawal
- ◆ NAS is quite variable - babies can be exposed to such drugs, but still not develop NAS
- ◆ NAS symptoms may occur in the first 24 hours or may be delayed for 5-10 days
- ◆ NAS, in and of itself, is NOT fatal.

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**Butler County woman who overdosed while pregnant will stand trial**

ASHLEY MURRAY AND SHELLY BRADBURY  
Pittsburgh Post-Gazette | OCT 19, 2017

A Butler County woman will stand trial on a charge that she assaulted her unborn baby when she overdosed on heroin in June — a charge that as of 2016 had never been filed against a pregnant woman in Pennsylvania, according to legal experts.

Kasey Duchman, 30, of Evans City was ordered to stand trial on a single charge of aggravated assault of an unborn child. She appeared for a preliminary hearing Tuesday in the courtroom of District Judge Lewis Stoughton in Chicago.

<http://www.post-gazette.com/local/north/2017/07/11/Butler-County-woman-overdosed-heroin-pregnant-ordered-stand-trial-Kasey-Duchman/story/201707110143>

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**Since 2003, federal law has addressed infants born with & identified as being affected by**

**CAPTA\* required**  
(effective 2003-2010)

1. Health care providers "notify the child protective services system..." **AND**
2. Development of a plan of safe care for the infant

CAPTA = Child Abuse Prevention and Treatment Act

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**CAPTA does not establish a federal definition of child abuse or require (or promote) prosecution for drug use during pregnancy**

"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,"

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**After 2010, infants born with & identified as being affected by**

**CAPTA\* requires**  
(2010 - 2016)

1. Health care providers "notify the child protective services system..." **AND**
2. Development of a plan of safe care for the infant

CAPTA = Child Abuse Prevention and Treatment Act

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Act 4 of 2014



This legislation will refine the current section 6386 of Title 23 dealing with the mandatory reporting by health care providers of newborns identified as being affected by an illegal substance. It also stipulates that upon notification, the County Children and Youth Agency is required to do a safety or risk assessment to determine whether the child is in need of general or child protective services. The legislation specifies time frames for contact with parents and the physical interaction with the child. In addition, it requires the agency to develop a safety plan and provide services if warranted.

<http://www.legis.state.pa.us/cfdocs/legis/li/uconsCheck.cfm?yr=2014&sessInd=0&act=4>

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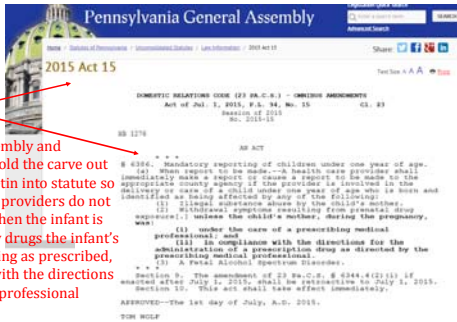
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2015

PA General Assembly and Governor Wolf folded the carve out from 2007 bulletin into statute so that health care providers do not make reports when the infant is born affected by drugs the infant's mother was taking as prescribed, in compliance with the directions of a health care professional



§ 6304. Mandatory reporting of children under one year of age. (a) When reports to be made.--A health care provider shall immediately make a report or cause a report to be made to the appropriate county agency if the provider is involved in the delivery or care of a child under one year of age who is born and identified as being affected by any of the following: (1) illegal substances abuse by the child's mother; (2) withdrawal symptoms resulting from prenatal drug exposure; (3) unless the child's mother, during the pregnancy, was: (A) under the care of a prescribing medical professional; (B) in compliance with the directions for the administration of a prescription drug as directed by the prescribing medical professional.

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Within Our Reach  
A National Strategy to Eliminate  
Child Abuse and Neglect Fatalities



"Lack of teeth" and "uneven implementation"

"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://www.childabuseandneglect.com/wp-content/uploads/2016/09/WOR-2016-final-report.pdf>

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**After July 2016, infants born with & identified as being affected by**

**CAPTA\* requires**  
(effective 7/22/16)

1. Health care providers "notify the child protective services system...." **AND**
2. Development of a plan of safe care for the infant **and "affected family member or caregiver"**

CAPTA = Child Abuse Prevention and Treatment Act

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**Connections or Chaos?**

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**Overcoming chaos to collaborate and coordinate ?**

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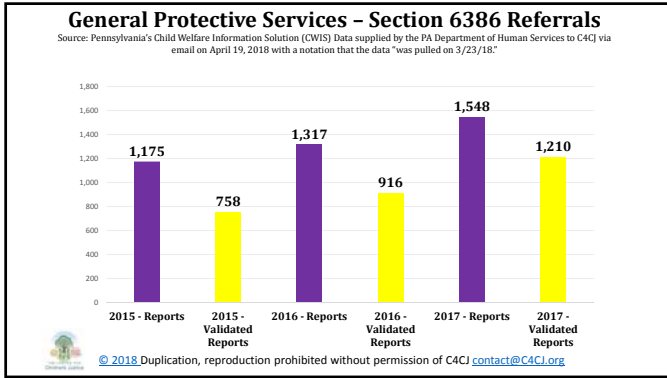
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### Governor Wolf signs HB 1232 into law creating Act 54 of 2018

6/28/2018 [http://www.legis.state.pa.us/cfdocs/billinfo/bill\\_history.cfm?year=2017&ind=0&body=H&type=B&bn=1232](http://www.legis.state.pa.us/cfdocs/billinfo/bill_history.cfm?year=2017&ind=0&body=H&type=B&bn=1232)

SENATE AMENDED  
 HOUSE PRINTED NO. 1460, 2104, 3432      PRINTER'S NO. 3782

2018

THE GENERAL ASSEMBLY OF PENNSYLVANIA

**HOUSE BILL**  
 No. **1232** Session of 2017

INTRODUCED BY HURT, WATSON, SIMONS, BAKER, BOBACK, V. BROWN, BULLOCK, CORRIEN, DAVIS, DELUCA, HANCOCK, FREDMAN, KINSLEY, FORT, MCCLINTON, McNEILL, HELLSON, FASINSKI, READSBAM, ROSENCK, SNIDER, TOCHIL, WARD, WARREN ANKINE, APRIL 17, 2017

AS AMENDED ON THIRD CONSIDERATION, IN SENATE, JUNE 20, 2018

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### Senator Judy Schwank on Act 54 of 2018

6/28/2018 [http://www.legis.state.pa.us/cfdocs/billinfo/bill\\_history.cfm?year=2017&ind=0&body=H&type=B&bn=1232](http://www.legis.state.pa.us/cfdocs/billinfo/bill_history.cfm?year=2017&ind=0&body=H&type=B&bn=1232)

"This bill continues to promote a public health approach and to once again stipulate that in Pennsylvania lawmakers have not and will not hopefully equate the co-occurrence of drug use and pregnancy as child abuse. **This legislation reinforces that Pennsylvania is committed to a public health approach to address the health, safety and early childhood development needs of these infants and their families.** I have to catch myself on this occasionally, Mr. President, because I say it and I hear other people say it. Babies are not born addicted, they do not choose to have drugs in their blood system. That invites stigma for the infant and more importantly for the mother of the infant as well. Babies, however, can be born dependent on a substance and some experience actual withdrawal symptoms which may be known as neonatal abstinence syndrome or NAS. A baby can be born dependent on drugs that are taken illegally such as heroin or, in the best possible case when the mother is addicted, she is taking prescribed drugs to help treat that opioid disorder for example taking Methadone. **Stigma is one of the biggest challenges faced in fighting the opioid crisis and stigma is so magnified for a woman who is pregnant and also then battling a substance use disorder.**"

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**Act 54 of 2018 - NOT YET IN EFFECT**  
**Effective AFTER October 1, 2018**

[http://www.legis.state.pa.us/fddocs/hillinfo/hill\\_history.cfm?year=2017&ind=0&body=H&type=B&he=1232](http://www.legis.state.pa.us/fddocs/hillinfo/hill_history.cfm?year=2017&ind=0&body=H&type=B&he=1232)

- Reworks CPSL's Section 6386 from "mandatory reporting" to "notification"
- Requires the health care professional notify the PA Department of Human Services (as compared to current practice of calling local child welfare agency)
- Notification is for purpose of "assessing" a child and the child's family for a plan of safe care
- Notice happens for infants (up to age 1) who are born "affected by substance use or withdrawal symptoms resulting from prenatal drug exposure or FASD
- Notification is not to "constitute a child abuse report"
- Statute eliminates requirement that county child welfare undertake face-to-face contact as well as safety or risk (NOTE: this could return in some way when the protocols are developed)
- Requires PA DHS to collaborate with PA Department of Health and PA Department of Drug and Alcohol Programs on "written protocols"



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**Act 54 of 2018 - Effective AFTER October 1, 2018**

[http://www.legis.state.pa.us/fddocs/hillinfo/hill\\_history.cfm?year=2017&ind=0&body=H&type=B&he=1232](http://www.legis.state.pa.us/fddocs/hillinfo/hill_history.cfm?year=2017&ind=0&body=H&type=B&he=1232)

- **PA DHS, PA DOH & PA DDAP written protocols must address:**
  - Definitions and evidence-based screening tools "to be utilized by health care providers to identify a child born affected by..."
  - Determine if "ongoing involvement of the county agency" is required (under what circumstances is child welfare involved or not with the infant/family post discharge from hospital)
  - Data collection required to meet state/federal requirements
  - Identification (after an initial assessment of the infant and the infant's parents and immediate caregivers) as to what entity should serve as the "lead" on the plan of safe care
  - Initial assessment (happens before infant's discharge) and can include (not limited to) representative(s) from: public health, maternal and child health, home visitation, substance use disorder treatment program, mental health, child welfare, early intervention, courts, managed care/private insurers, hospital and medical providers



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**FEDERAL CHILD ABUSE PREVENTION AND TREATMENT ACT**  
**SUBSTANCE-EXPOSED INFANTS**

**SINCE 2003, THE CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)** has included requirements to ensure appropriate notification is given to child protective services agencies to address the needs of substance-exposed infants.  
On July 22, 2016, the Comprehensive Addiction and Recovery Act (CARA) was enacted to expand the requirement for the development of a plan of safe care for infants born and identified as being affected by substance use or withdrawal symptoms from prenatal substance exposure or Fetal Alcohol Spectrum Disorder. This is to ensure the safety and well-being of infants following removal from the care of

A cross-system stakeholder team has been convened 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 importantly, to ensure that plans of safe care are developed based upon child and family needs with services provided through a coordinated service delivery system.

[http://www.dhs.pa.gov/csj/groups/webcontent/documents/document/c\\_275378.pdf](http://www.dhs.pa.gov/csj/groups/webcontent/documents/document/c_275378.pdf)



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### Pennsylvania's Multi-Disciplinary Workgroup on Infants with Substance Exposure (MDWISE)

#### CHARTER

**Mission Statement:** Through a public health approach, minimize prenatal exposure to substances and improve infant, child and family outcomes.

**Problem Statement:** The impact on infants and the healthcare system as a result of substance use, particularly heroin and opioids, in Pennsylvania has reached epidemic proportions. This has resulted in the need to expand the service array to meet the increased demand for comprehensive addiction recovery models. Substance use disorder (SUD) is a complex disease that is widely misunderstood. Individuals with an SUD encounter significant stigma, complicating the ability to identify, treat, and support long-term recovery. Infants are particularly vulnerable. Local human service agencies have seen an increase in the individuals, children and families served. Therefore, the need for public health, child welfare, the courts, substance use disorder treatment providers, and health care providers to jointly develop a coordinated approach to ensure the safety of infants and the family's access to appropriate services is warranted.



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### Pennsylvania's Multi-Disciplinary Workgroup on Infants with Substance Exposure (MDWISE)

Qualtrics Survey Software

12/22/18

Pediatric: PA Birthing Hospital Survey: Substance Exposed Infants & Their Mother

Hospital Pediatric Leadership: Substance Exposed Infants Survey

The survey should take less than 20 minutes to complete.  
Thank you in advance for your feedback.

1. Identify your hospital

2. Fill in the information below



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### Pennsylvania's Multi-Disciplinary Workgroup on Infants with Substance Exposure (MDWISE)

**DRAFT**

**DRAFT**

#### Pennsylvania Plan of Safe Care Guidance

**DRAFT** Draft Version 4.0  
August 27, 2018

- Chapters
- Chapter 1 - Introduction
- Chapter 2 - Opioid Epidemic/ Disaster Declaration Overview
- Chapter 3 - Overview of CAPTA and CANA Legislation
- Chapter 4 - Know your State Systems
- Chapter 5 - Universal Substance Screening for Pregnant Women and Newborns
- Chapter 6 - Identify Partners for a Comprehensive Plan of Safe Care Approach
- Chapter 7 - Define Plans of Safe Care
- Chapter 8 - Create a Notification System and Protocol for Plans of Safe Care
- Chapter 9 - Assess Needs to Guide Individual Plans of Safe Care
- Chapter 10 - Develop, Implement, and Manage the Plan of Safe Care
- Chapter 11 - Oversee State Systems and Report Data on Plans of Safe Care



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**Opioid Use Disorder, Maternal Outcomes, and Neonatal Abstinence Syndrome Initiative**

**Learning Community Purpose:**  
The ASTHO Opioid Use Disorder, Maternal Outcomes, and Neonatal Abstinence Syndrome Initiative (OMASIS) is a new learning community funded through CDC's Division of Reproductive Health (DRH) and the National Center for Birth Defects and Developmental Disabilities (NCBDDD). The purpose of the learning community is to disseminate strategies and best practices supporting program and policy implementation related to substance use disorder (SUD) among pregnant and postpartum women and infants diagnosed with neonatal abstinence syndrome (NAS).

**Learning Community Background:**  
ASTHO's Learning Community model integrates several research-based implementation strategies including organized meetings, centralized technical assistance, ongoing consultation from subject matter experts, disseminating educational materials and resources, and networking opportunities to promote peer-to-peer information sharing and collaborative problem solving. In year one of the learning community, ASTHO will evaluate 13-15 states selected for their work in advancing reform in

**Core team to include:**

1. State Health Official
2. Title V Director
3. Behavioral, Mental Health, or Alcohol and Drug Abuse Director
4. Medicaid Medical Director
5. Provider or Facility Champion (specialists in prenatal/postpartum care, neonatal care, etc.; representatives of the state association for hospitals, federally quality health centers, etc.; representative from that level social services/child protective services, etc.)

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## Interdisciplinary Plans of Safe Care



1. Don't wait, start early in the prenatal period
2. Effective triaging – which babies/families need what and why
3. Meaningful teaming - many, not ONE, discipline (or perspective)
4. Connecting the pieces of the puzzle (e.g., D&A treatment, housing, early intervention, medical home)
5. Identifying who convenes/leads the team (manages the puzzle pieces)
6. Remembering the infant is part of a family!

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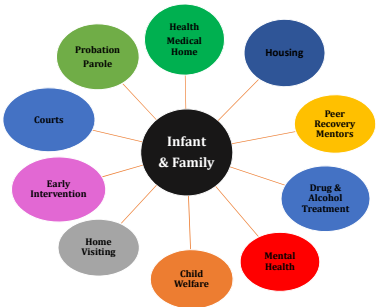
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**How can your community collaborate – across disciplines and systems - to define what is a two-generational Plan of Safe Care & determine how it is developed and monitored?**

**What types of services and supports are among the ingredients to the Plan of Safe Care?**



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**Fiscal Year 2019-20 Needs-Based Plan & Budget**

Commonwealth of Pennsylvania  
Office of Children, Youth and Families

**Cambria:** Cambria County Children and Youth Service has been invited to participate in the planning of this initiative to provide a one stop shop for pregnant women with Opioid Use Disorder, to connect them with medical (Ob/ Gyn) care, lab work, social services, nutrition and parenting education along with Navigators and Recovery Specialists who can support and encourage the women in their substance abuse disorder treatment. Enhancing this program for pregnant women, is the follow up that must occur post-partum to assure the women learn positive parenting techniques and access to early intervention services for their babies, which could result in reduced child abuse and neglect. Cambria County D & A was awarded this time limited grant, so we expect the impact to be limited to 15 to 20 pregnant/post-partum women.

**Cumberland:** During the last NBB submission we identified two caseworkers to work with drug affected infants from intake through case closure. We immediately saw the need for more workers needed in this area and made the decision to reassign two generic caseworkers and move them to this unit. We currently have four caseworkers trained to work with these families.

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**Fiscal Year 2019-20 Needs-Based Plan & Budget**

Commonwealth of Pennsylvania  
Office of Children, Youth and Families

**Lancaster:** The Agency has collaborated with the local hospitals, the Healthy Beginnings program and Nurse Family Partnership to develop a collaborative approach and intervention with woman who are using substances during their pregnancy and or deliver a baby exposed to substances. The Agency has selected two caseworkers to be assigned to these cases who will be part of the planning team.

**Lehigh:** LCOYS has been providing services through SafeStart program. Safestart is a program that is center based for infants who are born drug impacted. The program provides developmental services at the center as well as home visits by the staff and family coach. This program is always full and often there is a wait list for services. For this fiscal year LCOYS has added the Safe-Start at home program. Through this EBP program children who are born drug impacted and their families will receive comprehensive child development services as well as parenting education, health and mental health services for the families and their children in their homes.

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**Fiscal Year 2019-20 Needs-Based Plan & Budget**

Commonwealth of Pennsylvania  
Office of Children, Youth and Families

**Tioga:** TCDHS is working closely with a local, grass-roots effort to open a short-term treatment facility for Neonatal Abstinence Syndrome babies in the County. "Asa's Place" will provide emergency shelter and rooming-in, NAS medical treatment, and will house the County's developing Court Appointed Special Advocates program.

**Union:** SUMCD is establish two of our EHS classes as therapeutic programs for infants and toddlers with neo-natal abstinence. Modeled after the long established and highly effective "SafeStart" program operated by Community Services for Children (Allentown, PA), the SUMCD EHS therapeutic classes would provide comprehensive services for infants/toddlers born chemically dependent and their parents/caregivers.

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**Fiscal Year 2019-20 Needs-Based Plan & Budget**

Commonwealth of Pennsylvania  
Office of Children, Youth and Families

**Washington:** We are considering a halfway home for women in early recovery who can reside there with their newborn infant and/or children, as a reasonable effort to prevent placement. Throughout the FY17/18, parental substance abuse was a primary reason for placement. In a point in time study, December of 2017, 90% of the children were in care due to this.

**York:** CYF has made a concerted effort to collaborate...Along with York Hospital staff, Early Intervention, Mental Health, Drug and Alcohol, and Probation/Parole, meet to review every drug affected newborn as a cross system team to determine how each agency can support the family. Since beginning this practice in September of 2017, 44 meetings have been held. Of those 44, only 3 babies have entered CYF custody, all of which were placed with a kinship resource.

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HEALTH FEDERATION OF PHILADELPHIA  
The Alliance of Community Health Since 1982

About Us Programs Health Centers Training Publications News Room Q

PHILADELPHIA PARTNERSHIP FOR FAMILY RECOVERY AND WELLBEING

**PHILADELPHIA PARTNERSHIP FOR FAMILY RECOVERY AND WELLBEING**



Secure parent-child attachment is fundamental for child, parent and family well-being and is threatened by child maltreatment coupled with parental substance abuse. The Regional Partnership was designed to test the efficacy of integrating Child-Parent Psychotherapy, an evidence and relationship based treatment model, with a unique "one-stop-shopping" program, the Achieving Reunification Center in Philadelphia.

<http://healthfederation.org/FamilyRecovery>

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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Room 302-G  
200 Independence Avenue, SW  
Washington, DC 20201

**Facts will aid infants and mothers affected by the opioid epidemic**

**FACT SHEET**  
FOR IMMEDIATE RELEASE  
October 23, 2018  
Contact: CMS Media Relations  
(202) 696-1471 | [CMS.Media.Relations](mailto:CMS.Media.Relations)

**Maternal Opioid Misuse (MOM) Model**

The Center for Medicare and Medicaid Innovation's (Innovation Center) Maternal Opioid Misuse (MOM) model is the next step in the Centers for Medicare & Medicaid Services' (CMS) multi-pronged strategy to combat the nation's opioid crisis. The model aims to address fragmentation in the care of pregnant and postpartum Medicaid beneficiaries with opioid use disorder (OUD) through site-driven transformation of the delivery system surrounding this vulnerable population. By supporting the coordination of clinical care and the integration of other services critical for health, wellbeing, and recovery, the MOM model has the potential to improve quality of care and reduce costs for mothers and infants.

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Funding Announcement early 2019

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Room 9C42  
550 Independence Avenue, SW  
Washington, DC 20420




**FACT SHEET**  
FOR IMMEDIATE RELEASE  
October 21, 2018  
Contact: C4J Media Relations  
(202) 696-6141 | [C4J.Media@cms.gov](mailto:C4J.Media@cms.gov)

### Maternal Opioid Misuse (MOM) Model

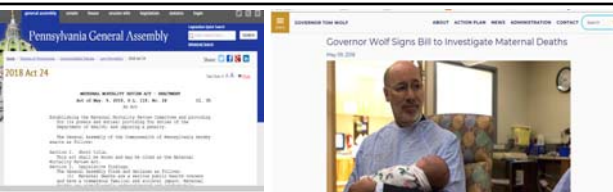
The Center for Medicare and Medicaid Innovation's (Innovation Center) Maternal Opioid Misuse (MOM) model is the first step in the Centers for Medicare & Medicaid Services' (CMS) multi-pronged strategy to combat the nation's opioid crisis. The model aims to address disparities in the care of pregnant and postpartum Medicaid beneficiaries with opioid use disorders (OUD) through cross-driven transformation of the delivery system surrounding this vulnerable population. By supporting the coordination of clinical care and the integration of other services critical to health, well-being, and recovery, the MOM model has the potential to increase quality of care and reduce costs for the nation's population.

<https://innovation.cms.gov/initiatives/maternal-opioid-misuse-model/>



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- Up to 12 "cooperative agreements" with states
- Fostering coordinated and integrated care delivery:** Support the delivery of coordinated and integrated physical health care, behavioral health care, and critical wrap-around services.
- Utilizing Innovation Center authorities and state flexibility:** Leverage the use of existing Medicaid flexibility to pay for sustainable care for the model population.
- Strengthening capacity and infrastructure:** Invest in institutional and organizational capacity to address key challenges in the provision of coordinated and integrated care.



**Governor Wolf Signs Bill to Investigate Maternal Deaths**  
May 10, 2018

“With the alarming rate of maternal deaths in Pennsylvania, establishing this committee will help take immediate action in determining the reasons for this phenomenon and, more importantly, help to develop prevention recommendations,” Governor Wolf said.

<https://www.governor.pa.gov/governor-wolf-signs-bill-investigate-maternal-deaths/>  
<http://www.legis.state.pa.us/cddocs/legis/l/ucmsCheck.cfm?yr=2018&sessInd=0&act=2>



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**Maternal Mortality and Morbidity Review in Massachusetts  
A Bulletin for Health Care Professionals**  
Substance Use among Pregnancy-Associated Deaths —  
Massachusetts, 2005–2014  
Massachusetts Department of Public Health | SPRING 2018

Dear Healthcare Provider or Public Health Professional,  
The Massachusetts Maternal Mortality & Morbidity Review Committee has observed an increase in the number of women who have died during or within a year of the end of pregnancy because of substance use. This bulletin presents data collected by the committee in an effort to call attention to this disturbing trend and facilitate conversation about what can be done to prevent these deaths.  
Please direct correspondence to [Hoofstau.Doug@State.MA.US](mailto:Hoofstau.Doug@State.MA.US)

**A recent MDPH report found that more than a third (38.3%) of deaths among women delivering a live birth between 2011 and 2015 were fatal opioid-related overdoses.1 In 2016 the MMMRC became alarmed at an increase in the number of reviewed deaths that were directly or indirectly associated with substance use. This bulletin is an attempt to alert health care providers to trends in pregnancy-associated deaths involving substances, and to make recommendations to reverse them.**

<https://www.mass.gov/files/documents/2018/05/02/ma-maternal-mortality-and-substance-use-april-2018.pdf>



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**Between 70-84% of women with OUD in PA who are enrolled in Medicaid “do not receive a postpartum visit - huge missed opportunity for multiple interventions!”**



https://s3.amazonaws.com/uploads.ferm.webcoo.com/sto...  
re/01C4TY7CZNY1023372/0114\_state-response-to-the-  
opioid-crisis-w6f6.pdf

**Contraception and Unintended Pregnancy**

- 86% of pregnancies among women with OUD are unintended versus 45% in the general population
- Approximately half of women with OUD use contraception
  - Condoms are the most frequently used method (62%)
  - 8% use LARC methods (i.e. IUD or implant)
  - 7% report dual protection (condoms + hormonal contraception)
- Between 70-84% of women with OUD in Pa. MA do not receive a postpartum visit – huge missed opportunity for multiple interventions!
- Need to evaluate Pa. MA program's use of contraception in postpartum OUD populations

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**H.R. 6 - Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act or the SUPPORT for Patients and Communities Act**



- House passed the SUPPORT for Patients and Communities Act on September 28 by voice vote of 393 to 8. U.S. Senate by a vote of 98 to 1.
- Weaves together scores of stand alone pieces of legislation that had been proposed by many bipartisan lawmakers.

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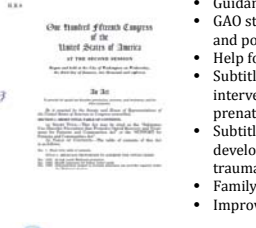
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**H.R. 6 - Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act or the SUPPORT for Patients and Communities Act**



- Guidance to improve care for infants with NAS
- GAO study on “gaps in Medicaid coverage for pregnant and postpartum women with a substance use disorder
- Help for moms and babies
- Subtitle G – Protecting Women and Infants (e.g., early interventions for pregnant women and infants, prenatal and postnatal health, Plans of Safe Care)
- Subtitle N – Trauma-informed care (e.g., Task Force to develop best practices, recognizing early childhood trauma related to substance abuse)
- Family-Based Residential Treatment Provisions
- Improving Recovery and Reunifying Families

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**PA's Share = \$26.5 million (each year for 2 years)**

- 21<sup>st</sup> Century Cures Act - 12/13/2016 Became Public Law No: 114-255
- \$1 billion (over 2 years) "for grants to states to supplement opioid abuse prevention and treatment activities, such as improving prescription drug monitoring programs, implementing prevention activities, training for health care providers, and expanding access to opioid treatment programs."

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**State allocations for the Opioid SOR grants are calculated by a formula based on:**

- #1 the state's proportion of people with abuse or dependence on opioids (prescription opioids and/or heroin) who need but do not receive treatment (NSDUH, 2015-2016); and
- #2 the state's proportion of drug poisoning (overdose) deaths (CDC National Vital Statistics System, 2016).

Each state guaranteed at least base of \$4 million.

**10 states received additional funding (\$142.5 million) because they had the "highest mortality rates due to drug poisoning deaths."**

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**10 states received additional funding (\$142.5 million) because they had the "highest mortality rates due to drug poisoning deaths."**

Also, the grant prioritizes an additional \$2 million in funding to develop person-centered Health Homes to provide comprehensive physical and behavioral health care to pregnant women with OUD. These Health Homes will improve access to high-quality care for pregnant women living with OUD.

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**\$15 million (annually for two years) intended to fund at least 8 "pilots"**

The proposed pilot programs must help individuals to become and remain engaged in evidence-based treatment interventions, provide individuals with the necessary support services to maintain housing stability, and provide pre-tenancy and tenancy education services

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**Supporting Pennsylvanians through housing**

The Department of Human Services' (DHS) five-year housing strategy is a comprehensive plan to ensure Pennsylvanians have affordable, integrated and supportive housing. DHS will leverage internal and external resources and collaborate with all levels of government and private agencies to make housing resources and services more accessible and available to a wide range of individuals served by DHS.

**The housing strategy concentrates on:**

- Individuals who live in institutions but could live in the community with housing services and supports
- Individuals and families who experience homelessness or are at-risk of homelessness
- Individuals who have extremely low incomes and are rent-burdened

The DHS housing strategy describes the challenges faced by three populations and identifies the action steps to address them.

<http://www.dhs.pa.gov/cj/groups/webcontent/documents/document/c-228399.pdf>

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**"We know one of the number one predictors of whether or not you're going to be successful in recovering from addiction is whether or not you've got permanent supportive housing to go back into."**

Vice Admiral Jerome Adams, M.D., MPH  
Surgeon General  
Public Health Service  
Washington, D.C.

[Download Testimony](#)

<https://www.hhs.gov/healthcare/hearings/encouraging-healthy-communities-perspective-from-the-surgeon-general>

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"In the last 6 months, at least 35% of our 92 admissions had housing concerns. These were either unsafe from a domestic violence standpoint, insecure in that housing was temporary or imminently ending, or straight up homeless. That is almost certainly an underestimate, as I counted instances where housing was described as 'with a parent' or otherwise nondescript about its security as 'secure.' The true housing need is likely closer to 50%, based on my gut after working here for a few years."

-- Dr. Dennis Hand from Thomas Jefferson University's Maternal Addiction Treatment Education and Research (MATER)



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### Needs Assessment Pennsylvania's Opioid STR Grant -T1-17-014



"Additionally, there is a nationwide increase in the incidence of neonatal abstinence syndrome (NAS) and drug exposed newborns. According to Pennsylvania Medicaid data, between 2013 and 2014 in Pennsylvania, about 3,700 of the babies on Medicaid, were born with NAS. PA licenses 17 specialty residential programs for women and young children. These allow pregnant women to seek the treatment they need while remaining connected with their families, and support for women through pregnancy and early childhood. Two outpatient Centers of Excellence at McGee and Penn Foundation offer specialty care for this population. Other programs accept pregnant women but may not have an identified specialty. Pennsylvania is actively working to develop and implement practices to improve identification, referral and engagement of this population."



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### Residential Drug and Alcohol Treatment Programs for Pregnant Women and Mothers and Their Dependent Children (Act 65 of 1993)



"Based on Single County Authority (SCA) funding for Women and Children treatment programs in State Fiscal Year (SFY) 12/13 there were 152 admissions, in SFY 13/14 there were 127 admissions and from 7/1/14-8/31/15 there were 129 admissions."

I want to stress that these were admissions based on SCA funded individuals. Medicaid funds many more treatment services and many women would be covered under Medicaid so the admissions to treatment may be significantly higher, but we don't have that data available to us."

--May 2, 2018 email from Jeff Geibel, Chief, Treatment Division, PA Department of Drug and Alcohol Programs to Cathleen Palm



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NHVR STATE PROFILES  
**Pennsylvania**  
Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Pennsylvania included Attachment and Biobehavioral Catch-up, Early Head Start Home Based Option, Family Check-Up, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnerships, Parents as Teachers, and SafeCare. Total: 132 local agencies operated at least one of these models.

144,159 home visits provided  
14,537 families served  
17,037 children served

841,300 children could benefit from home visiting  
654,500 families could benefit from home visiting

Of the 841,300 children who could benefit—  
Infants: 136,700 (16%)  
1-3 year: 283,300 (34%)  
3-6 years: 419,300 (50%)

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Pennsylvania who meet the following targeting criteria:  
Child + Single mother: 19%  
Child + Single mother + Pregnant with no high school diploma: 7%

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**NEW STATEWIDE STUDY SHOWS HOME VISITING SERVICES NEED ADDITIONAL SUPPORTS TO PREVENT CHILD ABUSE INJURIES**

1000 Philadelphia Households  
Published: June 16, 2018

**Large Pennsylvania Study Finds No Evidence of Child Abuse Injury Prevention Among Those Who Receive Home Visitation**

<https://policylab.chop.edu/press-releases/new-statewide-study-shows-home-visiting-services-need-additional-supports-prevent>

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**Large Pennsylvania Study Finds No Evidence of Child Abuse Injury Prevention Among Three Evidence-Based Home Visiting Models**

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Blanton W, Gelles KA, Dunbar R, Gunter J, Gilchrist J, Mithasar L, Rubin GM, Osofsky FF (2018) A Mixed Methods Evaluation of Early Childhood Abuse Prevention Within Evidence-Based Home Visiting Programs. *Child Abuse and Neglect* 82:105–115. doi:10.1016/j.chab.2018.03.007

**A Mixed Methods Evaluation of Early Childhood Abuse Prevention Within Evidence-Based Home Visiting Programs**

W. Blanton<sup>1</sup>, K. A. Gelles<sup>1</sup>, R. Dunbar<sup>1</sup>, J. Gunter<sup>1</sup>, J. Gilchrist<sup>1</sup>, L. Mithasar<sup>1</sup>, G. M. Rubin<sup>1,2,3,4,5,6</sup>, & F. F. Osofsky<sup>1,2,3,4,5,6</sup>

<sup>1</sup> Spring Center for Child Abuse and Neglect, <sup>2</sup> University of Pennsylvania

**Abstract**  
Objective: In this large-scale mixed methods evaluation, we determined the impact and content of early childhood home visitation on rates of child abuse-related injuries. Methods: Sample included and comprised every matched caregiver-child pair (N = 1000) comprising children of Philadelphia Nurse-Family Partnership (NFP), Parents as Teachers (PAT), and Early Head Start (EHS) on average and children of Research Network National Institute of Mental Health (NIMH) women from 2003 to 2016. Other related injury variables included physical, emotional, and behavioral injuries. Results: Children of NFP and PAT clients had significantly fewer injuries than children of comparison households. Children of EHS clients had significantly fewer injuries than children of comparison households. Children of NFP and PAT clients were significantly more likely to experience an abuse episode than comparisons. Among home visited children who experienced an abuse episode included superficial injuries and dislocation, fracture or crush injuries. Burns were the least prevalent injury type in aggregate. Roughly 1% of NFP and PAT clients and comparisons were diagnosed with IPV in the pregnancy period. However, across both programs, mothers with diagnosed IPV were significantly more likely to have a child with an abuse episode than those without diagnosed IPV.

<https://www.ncbi.nlm.nih.gov/pubmed/29855837>

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- "Across all models, children of clients were significantly more likely to experience an abuse episode than comparisons...."
- "among home visited children who experienced an abuse episode included superficial injuries and dislocation, fracture or crush injuries. Burns were the least prevalent injury type in aggregate."
- Roughly 1% of NFP and PAT clients and comparisons were diagnosed with IPV in the pregnancy period..... However, across both programs, mothers with diagnosed IPV were significantly more likely to have a child with an abuse episode than those without diagnosed IPV

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Children and the Opioid Epidemic: Monitoring the Moving Parts in Pennsylvania, Congress and Communities

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