NATIONAL CHILD ABUSE COALITION

April 11, 2018

The Honorable Lamar Alexander
Chairman
Senate Committee on Health, Education,
Labor and Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Patty Murray
Ranking Member
Senate Committee on Health, Education
Labor and Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Alexander and Ranking Member Murray:

The National Child Abuse Coalition, which represents a range of national organizations committed to the prevention and treatment of child abuse and neglect, thanks you for the opportunity to provide comments on the discussion draft of the "Opioid Crisis Response Act of 2018." We commend your efforts to seek comprehensive and bipartisan solutions and to allocate needed resources to combat this national crisis.

Children have largely been the forgotten victims of the current drug epidemic. Children's well-being is closely tied to their parents' well-being, so as our drug crisis grows, so too do the number of children whose well-being is at risk. At least one in eight children live in a family where one or both parents have a substance use disorder. These children are at increased risk of developmental delays and disabilities, academic problems, mental health issues, physical and sexual abuse, adverse life outcomes and early mortality. Every 25 minutes a baby is born with neonatal abstinence syndrome (NAS), which is what some infants experience upon birth if they have been exposed prenatally to harmful substances. Although the majority of these children can remain safely with their families, those who cannot may be removed and placed into foster care. Since 2012 the number of children in foster care has been increasing – an increase that both the Department of Health and Human Services and other experts attribute to the national rise in substance abuse.

When children and their parents are given timely access to appropriate trauma-informed treatment services that meet the needs of the whole family, parents recover from substance use disorders at faster rates, children can remain or be reunified safely with their parents, and trauma to children is minimized. Such services are essential to breaking intergenerational cycles of trauma, abuse and neglect, and child welfare system involvement. Even children who are affected by a parent's substance use disorder often do better when they can remain safely with their parents. Since many parents struggling with substance use disorders do so as a result of their own experiences of trauma, children's well-being will be heavily impacted by our ability to provide timely and appropriate services to parents.

The discussion draft released by the Senate HELP Committee includes numerous important provisions essential to a comprehensive approach to combating the opioid crisis. However, we are focusing our comment on the sections of the draft that most closely align with the Coalition's work. Thank you for your commitment to helping children impacted by this drug crisis and for your consideration of our comments below. We look forward to continuing to work with you on this critically important legislation. If you have any questions, please contact the Coalition, at nationalchildabusecoalition@gmail.com.

Comments on the Senate HELP Committee discussion draft to follow:

State Grants for Plans of Safe Care

We applaud the Committee for including a grant program to help states meaningfully implement the plan of safe care requirement within the Child Abuse Prevention and Treatment Act (CAPTA). As you know, this statutory provision requires that for every infant born at a hospital with prenatal substance exposure, medical professionals should work collaboratively with the child welfare and substance abuse treatment agencies and other community partners to develop a "plan of safe care" to ensure the family is connected to needed services and prevent unnecessary removal of the child into foster care. Although the Comprehensive Addiction and Recovery Act (CARA) of 2016 took steps to strengthen the requirement, CAPTA has been chronically underfunded for many years, and as a result this requirement has not been widely or effectively implemented.

Though we strongly support this grant program, we encourage you to consider placing it as a new paragraph "(a)" in Section 105 of CAPTA, while still maintaining its separate authorization, as you currently have structured. This placement is more consistent with CAPTA's existing structure, purpose, and goals, while still appropriately elevating the urgent need to address the issue of vulnerable infants with prenatal substance exposure.

Trauma-Informed Care

We also support the Committee's clear recognition of the link between trauma and substance use disorders, and the critical role that trauma-informed care can play in decreasing the impact of the opioid crisis on children and adults. Growing up in a home with exposure to adverse, traumatic childhood experiences is associated with lifelong physical, emotional, psychological and social challenges that continue through adulthood and can contribute to substance abuse later in life. Research shows that adults who seek treatment for a substance use disorder report high rates of childhood trauma. Failure to understand and address this trauma among both children and parents impacted by substance use disorders only perpetuates intergenerational cycles of childhood trauma, substance use disorders, and child maltreatment. Thus, increasing access to trauma-informed care will greatly benefit the entire family in the short- and long-term.

We strongly support the discussion draft's provisions related to trauma-informed care, which closely align with provisions from the Trauma-Informed Care for Children and Families Act (S. 774) originally introduced by Senators Heitkamp and Durbin. In addition to the provisions

already included in the discussion draft, we recommend that the Committee include other aspects of S. 774 in order to further strengthen access to appropriate services. We particularly urge the Committee to include specific language from S. 774 directing the Centers for Disease Control and Prevention (CDC) to improve data collection on exposure to Adverse Childhood Experiences through the Behavioral Risk Factor Surveillance System and Youth Risk Behavioral Surveillance System by providing funding for all states to carry out these surveys.

Pregnant and Postpartum Women

We also encourage the Committee to include additional provisions aimed at expanding family-centered treatment services. Approximately 70 percent of women entering substance use disorder treatment services have children. Although research shows that outcomes for both mothers and children are greatly improved if their children can remain with them during treatment, according to a 2010 survey of treatment facilities in the United States, only 4 percent of residential facilities had beds for their clients' children, and just 7.5 percent of all treatment facilities provided child care. Our nation's substance use treatment system is simply not meeting the needs of children and families, and any effort to address the opioid crisis must include resources to promote and expand family-centered care.

The Pregnant and Postpartum Women (PPW) grant program authorized by the Comprehensive Addiction Recovery Act of 2016 provides some of the only federal resources available to support treatment approaches that meet the needs of families – allowing children to remain with their parents while they are in recovery in residential and non-residential treatment services. However, it is does not come close to meeting the need. We urge the Committee to increase the authorization level for these important grants to $200 million to allow expansion of these programs to meet the needs of more children and families.

Infant and Early Childhood Mental Health

We commend the Committee's decision to include supportive policies directed at school-age children but urge the Committee to consider that very young children are also deeply affected by exposure to trauma. Infant, toddler, and early childhood development is primarily shaped by the home environment, and substance abuse impairs a parent's ability to form the close relationships young children need and can create an environment in which a very young child's developing brain architecture is impacted by the stress around them. Substance use also increases the frequency of violence and places a child at risk of abuse or neglect. Young children can and do experience mental health problems as a result of such trauma. When left untreated, developmental delays and mental health problems can take root early and get worse over time, with potentially serious consequences for early learning, social behavior, later substance abuse, and lifelong health. Thus, services to address trauma in childhood are essential to decreasing substance use and mental health problems later.

Therefore, as the Committee moves forward with legislation to address the opioid crisis, we recommend you expand your focus to include more solutions to help communities meet the developmental and mental health needs of children prior to the age of school entry. Infant and early childhood mental health (IECMH) can be supported in child-serving settings through

mental health consultation as well as through clinical services providing evidence-based treatments that focus on rebuilding healthy and secure relationships between the child and parent or primary caregiver. However, clinicians who specialize in early childhood mental health, and particularly the needs of infants and toddlers, are scarce – limiting access to services. In the 21st Century Cures Act in 2016, Congress authorized Infant and Early Childhood Mental Health Promotion, Intervention, and Treatment grants, but the program received only 5 million dollars in FY18. A greater commitment to services such as these will help expand the availability of services and trained clinicians to provide age-appropriate services for the very young children who experience trauma.