



General Assembly of the Commonwealth of Pennsylvania
Joint State Government Commission
Room 108 Finance Building, 613 North Street
Harrisburg, PA 17120
717-787-4397

Updated: 9/21/2022

(Act 2) Meeting of the Opioid Abuse Child Impact Task Force

September 19, 2022, at 1:00 p.m. - 3:00 p.m.,
via virtual and in-person at 2525 N 7th Street, Harrisburg, Pa 17110

DRAFT RECOMMENDATIONS

I. ATTENDANCE

Task Force Members: Jon Rubin (designee of Chairperson Hon. Meg Snead); Robin L. Adams, BS; Carolyn Byrnes, (designee of Hon. Denise Johnson, MD); Kimberly A. Costello, DO; April Lee; Dr. Michael Lynch, MD; Sheryl Ryan, MD; Leslie G. Slingsby, LSW

Task Force Members: *via* virtual connection: Jamie Drake, BS; Steve Ross (designee of Hon. Jen Smith)

Department of Human Services Staff: Dr. Michele Walsh, PhD; Cristal Leeper

Joint State Government Commission Staff: Glenn Pasewicz, Executive Director; Allison Kobzowicz, policy analyst

II. DISCUSSION

The following **draft** recommendations were discussed during the meeting.

1. Establish a system that provides referrals and access to supports such as birth control and counseling, education about risks to substance exposed infants, early intervention services, and home visitation in places where parents are receiving treatment and rehabilitation for substance use disorders. Services, particularly education, should be community-based. That is, the information and services should be tailored to and provided by members of the community. In many places there are multiple touchpoints in the community that the family could access voluntarily. For example, nurse-family partnerships, doula programs, mentoring programs, and community-based programs currently exist and can be tapped to co-locate with treatment and rehabilitation providers.
2. Establish ways to connect parents to services and supports, such as Plans of Safe Care, without involving county children & youth systems.
3. Establish a system of educating grandparents, those providing kinship care, and foster parents on how to care for substance exposed infants and children, including information about available resources and supports. Provide education and supports for grandparents and foster parents of teenagers, as well. There should be an intentional focus on preventing the next generation from suffering from SUD.

4. Develop age-based screening tools for substance exposure and behavioral health that would be used during primary care visits. Providers should not rely on doctors alone to provide screening. Make these services eligible for reimbursement to encourage healthcare providers to participate.
5. Require agencies that provide Plans of Safe Care to report data on outcomes to develop a system of best practices.
6. Combine resources of the Centers of Excellence, DHS' Office of Child Development and Early Learning (OCDEL) regional offices, and Pennsylvania's managed care organizations (MCOs) to map locations of local and regional resources to further help providers and families access services and supports.
7. Provide Narcan to at-risk families at discharge after a baby is born and make it available at subsequent home visits and medical appointments. Training on Narcan could be provided through the Department of Health or as part of WIC.
8. Provide medication lockboxes to families to prevent accidental or unintentional poisonings.
9. State, county, and local governments should direct resources and collaborate with Pennsylvania's colleges and universities to expand the state's human services workforce overall.

Last updated: 9/12/22 at 11:30AM