

Child Protection Accountability Commission

Joint Committee on Substance-Exposed Infants/Medically Fragile Children

Friday, July 24, 2015

Minutes

ATTENDEES:

Dr. Allan DeJong, A.I. DuPont Hospital
Dr. Judith Gorra, Child Development Watch
Dr. Amanda Kay, Christiana Hospital
Wendy Felts, Christiana Hospital
Lisa Bechler, Christiana Hospital
Bridget Buckaloo, Beebe Hospital
Pamela Laymon, Bayhealth
Karen Kelly, Bayhealth
Vicky Kelly, DFS
Linda Shannon, DFS
Lisa Williamson, DFS
Lisl Phelps, DPH
Grace Courtney, DPH
Nikole Papas, Brandywine Counseling
Jill Walters, Connections
Vikki Benson, Children & Families First
Margaret-Rose Agostino, Nurse Educator/Consultant
Kelly Ensslin, OCA
Rosalie Morales, OCA
Ashlee Starratt, DSCYF
Jennifer Donahue, DSCYF

I. Committee Member Introductions

Jennifer Donahue chaired the meeting welcoming everyone and facilitating introductions.

II. Approval of May 29, 2015 Meeting Minutes

Upon Motion and no objection, the Committee approved the May 29, 2015 meeting minutes without any changes.

III. DFS Policy/Protocol for Substance-Exposed Infant Cases

Linda Shannon provided an overview of DFS' response protocol for SEI cases utilizing the Structured Decision-Making Tool. She explained that when "drug-exposed newborn" or "FASD" is selected as a parental risk factor, "risk of physical abuse" or "risk of

neglect” is also selected based upon the details of the individual report. Linda further reported that DFS has recently implemented the use of an “Expedited Substance Abuse Liaison Referral Form” for all screened-in reports of drug-exposed newborn or FASD cases. This form is completed by the DFS supervisor and forwarded to the substance abuse liaison when the case is assigned an investigation worker. It is intended that the liaison and investigation worker will conduct a joint visit with the mother at the hospital. It is further intended that the liaison will provide support and help connect the mother with community based treatment services. The liaison will remain active in the case as long as it remains open with DFS. Linda indicated that the substance abuse liaisons are also trained DFS workers and they will be available in all 3 counties.

Linda Shannon indicated that approximately 70% of drug-exposed infant reports are accepted for investigation by DFS. The cases that are screened out are mostly methadone cases where the mother is compliant with treatment. Kelly Ensslin asked who is responsible for checking whether the mother is compliant with treatment. Linda indicated that the hospitals are responsible for this inquiry.

Dr. Amanda Kay expressed her concern about the difficulty in assessing the risk in SEI cases because of inconsistent or lack of communication by the home visiting nurses with the primary care physicians/pediatricians. Vicky Kelly indicated that the statewide Home Visiting Nurses Committee is in the process of developing a “communication form” to exchange information with the PCPs/pediatricians. Dr. Kay stated that as a PCP/pediatrician, she needs to know the details of the “plan of safe care” upon the infant’s discharge. Bridget Buckaloo added that in addition to the medical summary, Beebe hospital is also sending case manager notes to the PCPs/pediatricians. It was also reported that the engagement rate of mothers utilizing the visiting nursing programs is only 5%. The Committee discussed the critical importance of making an immediate hotline report to DFS if the mother does not cooperate with the visiting nursing program.

Lisa Bechler, Engagement Specialist with Project Engage Mother & Child at Christiana Hospital, shared details of the grant funded pilot program for opiate-addicted mothers. Referrals are received from Christiana and Wilmington Hospitals. Engagement

specialists will provide support and education for these women, prenatally through 3 months after delivery.

IV. Joint Commission Recommendation #3 – Conduct Universal Drug Screenings for Mothers in all Birthing Facilities in the State

Kent General and Milford Memorial Hospitals conduct universal drug screenings of pregnant mothers upon admission, but do not conduct drug screenings of infants. Beebe Hospital conducts universal drug screenings of pregnant mothers upon admission and, if she tests positive, the hospital will send out the baby's meconium to an appropriate lab for testing. Pamela Laymon stated that meconium testing is less expensive than other methods, but results may take several days. Pamela further stated that when a mother tests positive, there is no need to test the infant since he/she is already being evaluated and observed for withdrawal symptoms. Margaret-Rose Agostino opined that meconium testing would provide specific prevalence data to support funding in the future. Dr. Judith Gorra stated that meconium testing provides a better study and the results often come back prior to the infant's discharge.

Christiana Hospital utilizes the ACOG risk- based test for pregnant mothers instead of conducting universal drug screenings. However, Dr. Kay indicated that the issue of universal drug screenings for delivering mothers has been on the radar at Christiana and is a topic of on-going discussion. Dr. Kay stated that one issue that was discussed among the members in the Wilmington location was that before our group makes any meaningful recommendations concerning maternal drug testing, we must have OB-GYN's at the table. Finally, there was some discussion of the concerns of false positives and presumptive results and the cost of confirmatory tests.

Wendy Felts commented that umbilical cord testing may be an option as the results are returned in approximately 48 hours. Wendy will obtain more information about this method and share her findings with the Committee at the next meeting.

V. Joint Commission Recommendation #4 – Hospital High Risk Medical Discharge Protocol to Include all Drug-Exposed Infants

The Committee reviewed the protocols and much discussion was held regarding whether all or some of SEI infants should require HRMDP. All members agreed that it should be within the hospital's discretion to initiate the protocol based upon the totality of the circumstances. The Committee agreed that there is a need for formal criteria to assist hospitals in determining which SEI infants require HRMDP. Bridget Buckaloo suggested that a proposed criteria be developed at the next meeting of the Delaware Healthy Mothers and Infants Consortium.

VI. Next Meeting

The next meeting of the Committee will occur on Friday, October 23, 2015, from 9:30 – 11:30am, in the 9th Floor Conference Room in the New Castle County Courthouse. For the convenience of those located in Sussex and Kent Counties, there will be a live video feed of the meeting to the Wild Wings Conference Room in the Sussex County Family Courthouse in Georgetown and to the 1st Floor Conference Room in the Kent County Courthouse.

VII. Public Comment

No public comment was received and the meeting was adjourned.