

**Child Protection Accountability Commission**  
**Joint Committee on Substance-Exposed Infants/Medically Fragile Children**

**Friday, January 15, 2016**

**Minutes**

**ATTENDEES:**

Dr. Allan DeJong, A.I. DuPont Hospital  
Dr. David Paul, Christiana  
Dr. Amanda Kay, Christiana  
Dr. Yukiko Washio, Christiana  
Dr. Gerry Gallucci, DHSS  
Dr. Judith Gorra, Child Development Watch  
Bridget Buckaloo, Beebe Hospital  
Anne Pedrick, Child Death Commission  
Wendy Felts, Christiana  
Pam Jimenez, Christiana  
Vikki Benson, Children & Families First  
Linda Shannon, DFS  
Joann Bruch, DFS  
Lisa Williamson, DFS  
Trene Parker, DFS  
Janice Tigani, Esq., DOJ  
Aleks Casper, March of Dimes  
Heather Baker, March of Dimes  
Grace Courtney, DHSS  
Madelene Clark-Harris, DHSS  
Nikole Papas, Brandywine Counseling  
Kelly Ensslin, Esq., OCA  
Lauren Brueckner, CASA  
Jennifer Donahue, Esq.  
Jen Rini, Delaware News Journal  
Melissa Steele, Cape Gazette

I. Committee Member Introductions

Jennifer Donahue chaired the meeting welcoming everyone and facilitating introductions.

II. Approval of October 23, 2015 Minutes

Upon Motion and no objection, the minutes from the October 23, 2015 meeting were approved.

### III. Update on Substance Abuse Liaisons

Linda Shannon stated that there has been a change in DFS policy that if a mother tests positive for marijuana or methadone (and is in compliance with treatment), the DFS substance abuse liaison will not respond to the hospital. Linda noted that there was a miscommunication with Christiana and the hospital did not notify DFS of marijuana or methadone cases during the weeks of August 25, 2015 through September 15, 2015. Dr. Kay stated that the hospital does not test mothers for methadone and does not report on methadone cases where the mother is in compliance with treatment. Jennifer Donahue requested that Christiana provide information to DFS about those cases that were not reported, if possible, for statistical purposes. Kelly Ensslin commented that if the mother tests positive for a legal prescription medication, who confirms it is legal?

Joann Bruch stated that during October and November 2015, there were 3 expedited referrals to the substance abuse liaisons in New Castle County, 5 referrals in Kent and 9 referrals in Sussex. These cases involved cocaine or heroin use. Linda stated that in CY 2015, there were a total of 448 reports of substance exposed/FASD infants. DFS screened in 299 substance exposed infant cases (110 in NCC, 84 in Kent and 105 in Sussex) and 68 FASD cases (25 in NCC, 24 in Kent and 19 in Sussex). DFS screened out 149 substance exposed infant cases (33%) and 27 FASD cases (28%).

### IV. Christiana Care Hospital Screening/Testing Policy

Dr. Paul noted that in 2015 there were approximately 325 babies diagnosed with Neonatal Abstinence Syndrome. He stated that Christiana will be conducting universal drug screening of pregnant mothers beginning in March; however, it is a complex issue. Dr. Paul noted that some private medical insurance companies may refuse to pay for testing. He stated that due to the complex system of care at Christiana, it may take some time before testing is instituted universally.

### V. Use of Immunization Registry for NAS Infants

During prior committee meetings, the members discussed the importance of documenting if an infant was diagnosed with NAS so that the pediatrician has this information when

providing future medical care. Is the Immunization Registry an appropriate place to document this? Dr. Kay stated that the Immunization Registry is not an accurate communication tool as it is incomplete and the information is often months behind. She indicated that the medical record is the best source of information. Dr. DeJong agreed that the Immunization Registry is an inadequate communication tool and Dr. Gallucci noted that the Newborn Screening results go to the pediatricians. The Delaware Health Information Network can be accessed by all physicians for information on a patient.

## VI. Draft SEI Legislation

One of the charges of the SEI committee, per recommendations of CPAC and Child Death, is to “draft a statute to mirror the definitions [of substance-exposed and substance-addicted infants] and consider adding language to the neglect statute.” During prior committee meetings, discussion occurred about whether SEI’s should be included under the definition of abuse or neglect. The Committee unanimously agreed that it should not. As such, Jen Donahue prepared and distributed a draft version of SEI legislation to the committee members on January 14, 2016. She explained that the legislation does not include SEI’s under the definition of abuse or neglect, nor does it criminalize mother’s actions. Ms. Donahue noted that it mirrors what is already required by federal law (CAPTA), specifically, that healthcare providers notify DFS of SEI’s and a plan of safe care is then prepared for the infant and mother.

Much discussion and debate took place during this meeting as to whether this legislation is necessary and whether it may deter mothers from obtaining pre-natal care or dissuade them from drug treatment. Some members suggested that policy should be changed versus creating a law. Others stated that the SEI legislation should not be included in the same chapter as “abused children.” Dr. Paul stated that more data should be gathered and analyzed before creating a law. Dr. DeJong stated that the original premise of the Joint Commission was how can our state help prevent serious injuries among these SEI’s. The question is how good is our public health response in its ability to engage families? The near death reviews of these cases involved unengaged or disengaged families. Dr. DeJong noted that a big problem of our state is that not all mothers are able to engage in services. He stated that it is easier to place these SEI legislative changes into existing law that is

related. Dr. Kay stated that the vast majority of these cases are called into DFS, a case is opened but there is a lack of engagement by DFS. Jen Donahue stated that there are miscommunications and sometimes lack of communication altogether with these cases. She requested that the committee members discuss the legislation with their respective agency representatives so that a teleconference can be held within the next week.

Wendy Felts stated that DHMIC developed 6 “triggers” to be included in the Hospital High Risk Medical Discharge Protocol to assist healthcare providers in knowing when the protocol should be implemented. The DHMIC standards subcommittee on NAS recommended that the following conditions automatically trigger the HR discharge protocol: 1) significant non-compliance with care of the infant (ie. not visiting or participating in care while infant is in the hospital); 2) substance use and not in a treatment program; 3) evidence of current illicit drug use that impairs caregiving ability; 4) infant length of stay in the hospital is more than 30 days (as proxy for severity); 5) poly-substance use; and 6) infant is medically unstable or needs complex medical care in addition to concerns of ability of caregiver. The committee voted that these triggers should be incorporated into protocol and distributed to the hospitals for implementation. The modified protocol will be reviewed at the next meeting.

#### VII. 2016 Meeting Dates

The next meeting of the Committee will occur on Friday, March 18, 2016 from 9:30 – 11:30am at Bayhealth – Kent General Hospital, 2<sup>nd</sup> floor conference rooms, Dover, Delaware.

#### VIII. Public Comment

No public comment was received and the meeting was adjourned.