

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

Friday, March 18, 2016

Minutes

ATTENDEES:

Dr. Allan DeJong, A.I. DuPont Hospital
Dr. Jerry Gallucci, DHSS
Dr. Jane Ierardi, Nemours
Bridget Buckaloo, Beebe Hospital
Anne Pedrick, Child Death Commission
Wendy Felts, Christiana
Nancy Oyerly, Nanticoke Memorial Hospital
Lisl Phelps, DHSS/DPH
Crystal Sherman, DHSS/DPH
Jamie Mack, DHSS/DPH
Emily Knearl, DHSS/DPH
Margaret Agostino, Maternal Mortality & FIMR
Rebeca McMillan, Children & Families First
Linda Shannon, DFS
Trene Parker, DFS
Janice Tigani, Esq., DOJ
Aleks Casper, March of Dimes
Heather Baker, March of Dimes
Steve Yeatman, DSCYF
Nicole White, Brandywine Counseling
Tania Culley, Esq., OCA
Kelly Ensslin, Esq., OCA
Rachael Neff, Family Court
Lauren Brueckner, CASA
Jennifer Donahue, Esq.
Melissa Steele, Cape Gazette

I. Committee Member Introductions

Jennifer Donahue chaired the meeting welcoming everyone and facilitating introductions.

II. Approval of January 15, 2016 Minutes

Upon Motion and no objection, the minutes from the January 15, 2016 meeting with requested changes by Linda Shannon were approved.

III. Status of SEI House Bill 268

Jennifer Donahue stated that the Bill has been filed and assigned to the House Judiciary Committee, but it has not yet been placed on the agenda so that additional discussions by all interested parties may take place. She stated that there will be upcoming meetings with Rep. Ruth Briggs King and Rep. Melanie Smith to review proposed amendments to the Bill. There will be further opportunities for all interested parties to voice opinions and concerns about the Bill as it moves through the General Assembly. Some members of the Committee noted concerns about whether this law will include financial support for the agencies involved with SEI's. It is anticipated that there will be support as Rep. Smith is co-chair of the JFC and is the prime sponsor of the Bill.

Linda Shannon and Janice Tigani voiced their concerns that including medical fragile children in the Bill will cause confusion as to whether these cases need to be reported in the absence of concerns for abuse or neglect, which would result in unnecessary hotline reports. Marge Agostino noted that there is a higher risk of abuse of medical fragile children so protections need to be put in place in some way.

Additional discussion occurred about clinical-based home visiting nursing programs, such as VNA, to be used for SEI cases. In addition, there was discussion about the idea of merging substance abuse treatment providers with obstetric care for mothers with addictions. Christiana Care Hospital and Brandywine Counseling currently work together to assist these mothers. Jerry Gallucci stated that there is an evidence-based telehealth program called ECHO that provides consultation to providers using a multidisciplinary team to use best practices for treating pain and for the use of medication assisted treatment. He stated that DHSS is exploring using this to provide consultation to OB providers interested in working with women with addictions.

Emily Knearl shared the website, www.helpisherede.com which provides extensive information about addiction treatment and services statewide. The Committee agreed this website may be a good place for addicted pregnant mothers to obtain information

and help. Some members suggested giving out information cards for the website at doctor's offices or posted the website on billboards.

IV. Update on SEI Reports

Linda Shannon stated that there were 125 hotline reports of SEI/FASD cases from January 11, 2016 through March 13, 2016. Jen Donahue noted that there was a spike during the week of March 7-13, 2016 which resulted in 21 reports.¹ Aleks Casper inquired about the types of drugs involved in those cases. Jen Donahue agreed to provide a breakdown at the next meeting.

Joann Bruch will provide an update on the substance abuse liaisons at the next meeting.

V. Hospital High Risk Medical Discharge Protocol (HHRMDP) and DHMIC Triggers

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. However, she stated that the triggers still need to be presented to the DHMIC Standards Committee before they can be formally included in the protocol. Aleks Casper indicated that the protocol and triggers will be addressed at the next meeting of the Perinatal Cooperative on April 7, 2016.

In the interim, Linda Shannon stated that DFS has included the triggers in its policy and that DFS would support adding the triggers to the updated version (Jan.'16) of the HHRMDP. However, since substantial changes were made to the updated version of the HHRMDP that are in conflict with the pending legislation, it was requested that the prior version (2012) continue to be used, with the addition of the triggers. Tania Culley stated that since there will be a 6 month delay after the legislation passes to create a Memorandum of Understanding, it is appropriate that DFS incorporate the triggers to policy in the interim.

VI. In-Depth Technical Assistance

¹ As of the writing of these minutes on April 10, 2016, the total number of hotline reports received by DFS involving SEI/FASD infants to date is 181.

Jen Donahue stated that it may be beneficial for Delaware to apply for the In-Depth Technical Assistance for SEI's from the National Center on Substance Abuse and Child Welfare. The Committee agreed and Tania asked that Jen prepare a proposal outlining the requirements for the application.

VII. Next Meeting Date

The next meeting of the Committee will occur on Friday, May 13, 2016 from 9:30 – 11:30am at the Appoquinimink State Service Center, 122 Silver Lake Road, Middletown, DE 19709

VIII. Public Comment

No public comment was received and the meeting was adjourned.