

Child Protection Accountability Commission
Joint Committee on Substance-Exposed Infants/Medically Fragile Children
Friday, November 18, 2016

Minutes

ATTENDEES:

Bridget Buckaloo, Beebe Healthcare
Nikole Papas, BCCS
Lauren Brueckner, CASA
Joan Kelley, CDRC
Dr. Amanda Kay, CCHS
Pamela Jimenez, CCHS
Dr. Jerry Gallucci, DHSS
Emily Knearl, DHSS
Crystal Sherman, DHSS
Grace Courtney, DHSS
Lisl Phelps, DHSS
Trene Parker, DFS
Linda Shannon, DFS
Janice Tigani, Esq., DSCYF
Susan Cycyk, DPBHS
Julie Leusner, DPBHS (via telephone)
Jennifer Donahue, Esq., IC
Aleks Casper, March of Dimes
Heather Baker, March of Dimes
Margaret-Rose Agostino, Maternal Mortality/FIMR
Dr. Jane Ierardi, Nemours
Kelly Ensslin, Esq., OCA

I. Committee Member Introductions

Jennifer Donahue chaired the meeting welcoming everyone and facilitating introductions.

II. Approval of Minutes

Upon Motion and no objection, the minutes from the July 15, 2016 meeting were approved.

III. Update on SEI reports to DFS

Jen Donahue provided an update on the number of SEI reports to the Division. As of 10/2/2016, there were 336 reports, of which 239 were screened in by the Division for investigation and 97 were screened out. There were 223 cases with 1 type of drug exposure,

the majority of which were marijuana, followed by methadone and opiates. There were 79 cases with 2 types of drug exposure, primarily opiates and marijuana. Finally there were 34 cases with 3 or more types of drug exposure, mostly involving opiates and cocaine. For the 239 cases that were screened in, there were 110 safety plans prepared by DFS at discharge from the hospital. There were no plans of safe care completed by any agency. 51 infants were removed from their homes and 179 remained in the home. Approximately 20% of the screened in cases involved a mother who had a prior SEI.

IV. Update on Substance Abuse Liaisons and parent engagement

Trenee provided an update on the expedited substance abuse liaison referrals from July through September, 2016. There were 10 referrals in New Castle County, of which 3 of the mothers engaged in services. 4 referrals involved opiates, 3 referrals involved cocaine, 2 involved benzodiazepines, and 2 involved amphetamines. In Kent County, there were 9 referrals and 7 mothers agreed to engage in services. 4 referrals involved cocaine, 3 involved marijuana and 2 involved opiates. In Sussex County, there were 12 referrals but only 2 mothers engaged in services. 11 referrals involved opiates and 1 involved cocaine.

V. Casey Family Programs work with DSCYF/DSAMH/DPH

Trenee explained that the agencies met recently with Paul DiLorenzo from CFP to discuss the sharing of information regarding families impacted by substance use/abuse and the differences between the MDT process in each county. Child Development Watch will be joining the ongoing meetings that will include small workgroups. Trenee agreed to keep the SEI Committee apprised of any policy changes or initiatives as a result of the meetings.

VI. In-Depth Technical Assistance (Cross-Systems survey, CARA/CAPTA, Policy Academy)

Jen Donahue and Emily Knearl explained the next steps with the IDTA, including an cross-systems survey to be distributed to all of the agencies that work with the SEI population to gather an understanding of the various points of views. It was explained that the Leadership Team of 8 from Delaware will attend the Policy Academy in Baltimore, MD to develop and finalize a state action plan for SEIs and their families. Jen Donahue discussed how CARA changed the requirements under CAPTA by

requiring states to address the needs of infants born with and identified as being affected by substance abuse, withdrawal symptoms or Fetal Alcohol Spectrum Disorders. CARA requires healthcare providers to notify DFS of infants with prenatal substance exposure and the requirements of Plans of Safe Care that address the health and substance use disorder treatment needs of the infant and affected family or caregiver. It also requires monitoring of these plans to ensure that referrals were made and services were provided. Finally, CARA requires states to report in the National Child Abuse and Neglect Data System (NCANDS) the number of SEIs, number of SEIs with plans of safe care, and the number of infants for who service referrals were made, including services for the affected parent or caregiver.

There was discussion about the definition of “affected by,” and substance “use” versus substance “abuse.” Dr. Ierardi noted that there is a difference between withdrawal and toxicity in an infant. Removal of the term “illegal” from the statute will now capture those women who are abusing legal prescription medications.

VII. Additional Discussion

There was discussion about ob/gyn providers, prenatal screening and which screening tools are appropriate for this population. Bridget Buckaloo asked whether there could be incentives for ob/gyn providers to engage with substance abuse treatment provider centers to assist with linkages to treatment. Lisl Phelps noted that some ob/gyn providers are not conducting screenings for substances and perhaps training would be beneficial. Aleks Casper indicated that ACOG has made recommendations for evidence-based tools; however, many women are hesitant to self-report that they are using drugs or alcohol. Dr. Kay stated that screening tools are specific to the population they are serving and that it is a challenge to reach the prenatal population. The use of a written tool filled out by the woman may be better than an oral tool administered by the provider. Marge indicated that having a tool is not enough; there needs to be an automatic referral to treatment if the mother is at risk. Susan Cycyk suggested that the training for screening for substance use during pregnancy could be tied in with existing trainings offered to ob/gyn providers. Project Engage was discussed as well as ob/gyn providers having a specialization in addiction medicine.

VIII. Next Meeting Date

The next meeting of the Committee will occur on Friday, January 13, 2017 from 9:30 – 11:30am at Kent General Hospital, Dover.

IX. Public Comment

No public comment was received and the meeting was adjourned.