THE CENTER FOR Children's Justice

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March 29th follow up materials

Children's Roundtable Drug and Alcohol Workgroup

Since 2013, the Pennsylvania State Roundtable created a Drug and Alcohol Workgroup. The workgroup has issued two reports. You can access the 2014 and 2015 reports at http://www.ocfcpacourts.us/childrens-roundtable-initiative/state-roundtable-workgroupscommittees/drug-and-alcohol/state-roundtable-reports.

EPISCenter

The EPISCenter is a collaborative partnership between the Pennsylvania Commission on Crime and Delinquency (PCCD), the Pennsylvania Department of Human Services (DHS), and the Bennett Pierce Prevention Research Center, College of Health and Human Development, Penn State University. The Center is funded by DHS and PCCD to support "the dissemination, quality implementation, sustainability, and impact assessment of a menu of proven-effective prevention and intervention programs, and conducts original translational research to advance the science and practice of evidence-based prevention." http://episcenter.psu.edu/. Programs identified as evidence-based include:

- Aggression Replacement Training
- Big Brothers Big Sisters
- Functional Family Therapy
- LifeSkills Training Program
- Multisystemic Therapy
- Olweus Bullying Prevention Program
- Project Towards No Drug Abuse
- Promoting Alternative THinking Strategies
- Strengthening Families Program: For Parents & Youth 10-14
- The Incredible Years
- Treatment Foster Care Oregon (formerly Multidimensional Treatment Foster Care)

Methadone Death and Incident Review Team (MDAIR)

The team created in statute in 2012 is intended "to reduce methadone related deaths and incidents that occur as a result of dangerous drug interactions by improving related treatment practices and promoting safe prescribing practices." The team is within the jurisdiction of the Department of Drug and Alcohol Programs (DDAP).

Fatalities reviewed by the team include those where Methadone was the "primary or secondary cause of death or may have been a contributing factor." Meanwhile, a Methadone-related incident involves "a

situation where methadone may be a contributing factor that doesn't involve a fatality but instead involves a serious injury or unreasonable risk of death or serious injury."

By statute, the team must include:

1. DDAP Secretary (or his/her designee)
2. A representative from narcotic treatment programs as defined in 28 Pa. Code § 701.1 (relating to definitions)
3. A representative from a licensed drug and alcohol addiction treatment program that is not defined as a narcotic treatment program
4. A representative from law enforcement recommended by a Statewide association representing members of law enforcement
5. A representative from the medical community recommended by a Statewide association representing physicians
6. A district attorney recommended by a Statewide association representing district attorneys
7. A coroner or medical examiner recommended by a Statewide association representing county coroners and medical examiners
8. A member of the public
9. A patient or family advocate

Duties of the team include:

- Review each death where methadone was either the primary or a secondary cause of death and review methadone-related incidents
- Determine the role that methadone played in each death and methadone-related incident.
- Communicate concerns to regulators and facilitate communication within the health care and legal systems about issues that could threaten health and public safety.
- Develop best practices to prevent future methadone-related deaths and methadone-related incidents. The best practices then "shall be" promulgated by DDAP as regulations and posted on DDAP's website
- Collect and store data on the number of methadone-related deaths and methadone-related incidents and provide a brief description of each death and incident. The aggregate statistics shall be posted on the department's Internet website. The team may collect and store data concerning deaths and incidents related to other drugs used in opiate treatment.
- Develop a form for the submission of methadone-related deaths and methadone-related incidents to the team by any concerned party.
- Develop a model form for county coroners and medical examiners to use to report and transmit information regarding methadone-related deaths to the team.
- Develop and implement any other strategies that the team identifies to ensure that the most complete collection of methadone-related death and methadone-related serious incident cases reasonably possible is created.

Read the 2014 MDAIR report at
http://www.ddap.pa.gov/Reports/2014%20MDAIR%20Annual%20Report.pdf.

Neonatal Abstinence Syndrome (NAS) as a Reportable Disease

The Center for Children's Justice has been urging Pennsylvania policy makers to explore the value of adding NAS to the list of reportable diseases in Pennsylvania. Currently, PA requires the reporting of 74 diseases some of which require that health care practitioners/facilities report within 24 hours, others within 5 days. (http://www.portal.state.pa.us/portal/server.pt?open=514&objID=557245&mode=2)

This week in responding to a report that aired on National Public Radio's All Things Considered, the PA Department of Health (DOH) indicated that this summer the Commonwealth will add NAS to the list of

reportable diseases. Read or listen to the NPR report at http://www.npr.org/sections/health-shots/2016/03/28/471308462/a-crisis-with-scant-data-states-move-to-count-drug-dependent-babies.

Beginning in 2013, Tennessee began requiring the reporting of infants diagnosed with NAS. TN uses the collected information "in aggregate form for the development of NAS-related policies and programs aimed at reducing the number of babies born to substance-affected mothers." A weekly summary and analysis is prepared and includes information not just about the overall number of infants diagnosed with NAS, but also data about the source of the exposure (e.g., heroin, Methadone, prescribed opioid pain reliever). You can review these weekly reports at https://tn.gov/health/article/nas-summary-archive.

NAS Forum in 2104

In 2014, the Pennsylvania Preemie Network supported by the March of Dimes and The AmeriHealth Caritas Family of Companies sponsored a symposium on NAS. Over 600 individuals participated in the symposium either in-person or remotely.

Included in the symposium were presentations from Jean Ko, PhD, an epidemiologist with the Centers for Disease Control and Prevention (CDC) and Elisabeth Johnson, PhD from the University of North Carolina at Chapel Hill who spoke about the mother-baby dyad.

Johnson framed her presentation by enlisting the words of Donald Woods Winnecott: "There is no such thing as a baby – meaning that if you set out to describe a baby, you will find you are describing a baby and someone. A baby cannot exist alone but is essentially part of a relationship."

Johnson stressed throughout her presentation that "parents need continued education and support at home" underscoring that the infants can often "be difficult to sooth, irritable, have difficulties transitioning and maintaining sleep." She also highlighted that parents often return to situations that are "highly stressful," including returning to a situation where intimate partner violence has and continues to exist.

A panel discussion related to thinking through strategies that "will decrease variations in practice and foster safe discharge" included doctors from Magee Womens Hospital, Children's Hospital of Pittsburgh UPMC, Jefferson University Hospital, Penn State Children's Hospital, Janet Weis Children's Hospital at Geisinger Health System, Crozer-Chester Medical Center and UPMC Hamot Women's Hospital.

Data obtained by surveying ten hospitals in Pennsylvania was highlighted at the symposium. Among the highlights:

- None engage in universal screening of mothers;
- Half offer a "special program for pregnant women who are using narcotics, methadone, subutex, or illicit drugs;"
- 6 said they have a postpartum program for "drug using/abusing women;"
- 4 responded that babies may be discharged on medication and all then said that there is "follow-up" when discharged home. Even when a child is discharged without medication, the majority (7) said that there is some follow up with the family;
- Half of the hospital keep an infant in the hospital for observation for five or more days if they have observed "signs and symptoms of NAS." Three keep the infant in the hospital for 3 or fewer days.[1]
- Five said that they refer "all NAS admissions" to children and youth services, while 4 said they make the referral on "selective NAS admissions." Among the considerations as to whether the referral is made: use of drugs other than methadone, non-prescription substance abuse, positive neonatal meconium toxicology screen.

[1] During Dr Ko's presentation she noted that the "onset of signs" of narcotic NAS may be delayed until 5 to 7 days.

- Thomas Jefferson University served "more than 100 pregnant patients on methadone per year" with 40 pregnant patients treated at any given time.
- Magee Women's Hospital UPMC treated 200 infants for NAS in 2012, 52 infants were treated in a pediatric specialty hospital at the Children's Home of Pittsburgh – a program that serves as a "bridge to home."
- Penn State had 17 infants admitted with NAS, Geisinger Health System 23, Crozer Chester had 50 and UPMC Hamot Women's Hospital in the Erie region had 44 NAS admissions in 2013.

Residential Drug and Alcohol Treatment for Pregnant Women

Act 65 of 1993 directed the Department of Health to fund "residential drug and alcohol treatment and related services for pregnant women, mothers and their dependent children and mothers who not have custody of their children where there is a reasonable likelihood that the children will be returned to them if the mother participates satisfactorily in the treatment program."

Authority for these programs was transferred to the Department of Drug and Alcohol Programs (DDAP) in 2010. DDAP's 2014-2015 Annual Plan and Report reveals information about service capacity for women and women with children in 2012-2013. Programs providing residential treatment services exclusively for pregnant women or women with dependent children:

- Total Capacity for Women = 266
- Total Capacity for Children = 442
- Residential Programs for Women = 10
- Total Capacity = 174

Halfway House Programs had capacity for 348 women and 28 children.

During FY 2012-2013, the following residential women with children programs were in operation:

- Abstinent Living at the Turning Point at Washington (Women with Children) Julie's House
- Family Links, Inc. in Allegheny County
- Family Links - Family Treatment Center Frankstown in Allegheny County
- Gaudenzia, Inc. - Fountain Springs in Schuylkill County
- Gaudenzia, Inc., Vantage House in Lancaster County
- Gaudenzia, Inc. Winner Co-occurring Women and Children Program in Philadelphia County
- Gaudenzia Kindred House in Chester County
- Gaudenzia New Image in Philadelphia County
- Genesis II, Inc. DBA Caton Village in Philadelphia County
- Interim House West in Philadelphia County
- Libertae Family House Libertae, Inc. in Bucks County
- My Sister's Place, Thomas Jefferson University in Philadelphia County
- RHD Family House in Montgomery County
- RHD Family House NOW (New Options For Women) in Philadelphia County
- Samara House of CYWA in Chester County
- Sojourner House, Inc. in Allegheny County

Training for Child Welfare Workers

The National Center on Substance Abuse and Child Welfare (NCSACW) has developed online "tutorials" on substance abuse and child welfare intended to "support and facilitate collaboration between the child welfare system, the substance abuse treatment system and the courts." Each of the trainings are free and offer 4 continuing education units (CEUs). The trainings include:

- Tutorial 1: Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals
- Tutorial 2: Understanding Substance Use Disorders, Treatment, and Family Recovery: A Guide for Child Welfare Professionals
- Tutorial 3: Understanding Substance Use Disorders, Treatment, and Family Recovery: A Guide for Legal Professionals

The trainings can be found at https://www.ncsacw.samhsa.gov/training/default.aspx

Voluntary Opioid Prescribing Guidelines

The Commonwealth of Pennsylvania has partnered with the Pennsylvania Medical Society (PMS) to develop a series of voluntary prescribing guidelines. Earlier this year, the guidelines for Obstetrics & Gynecology Pain Treatment were released, which can be retrieved at http://www.pamedsoc.org/DocumentVault/VaultPDFs/Opioid-Guidelines-OB-GYN.pdf. The Department of Health is developing additional guidance for clinicians about treating substance use disorders in pregnant patients.

The published prescribing guidelines available at www.pamedsoc.org/opioidguidelines, include:

- For the treatment of chronic, non-cancer pain (developed by PAMED and the state)
- For treatment of pain in the emergency department (developed by PAMED and the Pennsylvania Chapter of Emergency Physicians)
- For dental practice (developed by the state and the Pennsylvania Dental Association)
- Dispensing guidelines for pharmacists (developed by the Pennsylvania Pharmacists Association)
- For obstetrics and gynecology pain treatment
- For Geriatric Pain Opioid Use and Safe Prescribing Guidelines