Task Force on Pregnancy Health and Substance Use Disorder Meeting Minutes

Date: September 12, 2024
Minutes prepared by: Mary Ottman

- Go to the Task Force Meeting Information (www.health.state.mn.us/people/womeninfants/womenshealth/tfpsud/meeting.html) webpage to find the formal meeting agenda, presentation slides, and any other relevant documents from the meeting.

Attendance

Task force members present	Task force members absent
Alexandra Kraak Amal Ali Caroline Hood Dr. Chris Derauf Dr. Cresta Jones Dr. Frances Prekker Dr. Kurt Devine Dr. Meagan Thompson Dr. Shanna Vidor Heidi Holmes Kristen Bewley Lisa Edmundson Marlena Hanson Rebecca Wilcox	Brittany Wright Cherilyn Spears Dr. Kari Gloppen Hannaan Shire Margarita Ortega Tanisha Brown

Decisions made

- No voting was conducted at this meeting.

Meeting notes

1. **Welcome and introductions**
   Mary Ottman, Minnesota Department of Health (MDH) welcomed all Task Force members. The Task Force deliverables were read and shared from Minnesota law, Chapter 70, Article 4, Section 110. The meeting agenda was reviewed.
2. **Group Agreements** – Stephanie Heim, Minnesota Analysis and Development, Meeting Facilitator

The Task Force members were sent an article "The US is Failing Substance-Exposed Infants" and a rationale for sending the document was shared.

Group agreements were read out loud by Task Force members.

3. **Presentation of Community Input** - Samantha Grant and Stephanie Heim, Minnesota Development, Meeting Facilitators
The process used to gain community input from stakeholders was reviewed. The task is now to make meaning of the input received and to strengthen the draft proposal.

Mad facilitators will meet with any Task Force member one on one to allow members to individually speak their voice. Information will be sent by email for those who would like to schedule a meeting with Stephanie and/or Sam.

Spots to work on the subgroup are still open. The subgroup will meet two times to finalize the current draft with both the community input and information form today's Task Force member's discussion.

There were many positive responses to the draft.

A summary of key concerns was reviewed.

1. Shifting responsibility to assess child safety from child welfare to healthcare providers given their current scope of practice
2. Inadequate approach to assess child safety
3. Lack of clarity about who is accountable to oversee Plans of Safe Care and evidence they keep children safe
4. Purpose of blind notification system is unclear

Discussion

A task force member presented a short discussion on feedback concerning medical providers as reporters. Also discussed was the mandated reporting of pregnant clients with SUD and how it conflicts with other reporting requirements around issues of wellbeing for the infant such as poverty, housing, poverty, or mental health issues. Most of the reporting is for neglect and not maltreatment. Medical providers do not make automatic referrals to CPS for other risk factors such as poverty or mental health issues, why SUD, a medical condition? Providers should make a judgment that there is a reason to believe there is a need to make a report to CPS – providers are assessing concerns for safety. They are in the most important arena to make this judgement.

Other states are relying on the medical team to make assessments.

Who is responsible for the Safe Plan of Care (SPOC)? Very confusing with multiple layers of care. Accountability for the SPOC and knowing who is ultimately responsible for oversight is key.

A question was asked – what conditions are reasonable to report? Use models for reporting from other states.

Health care providers have always had the responsibility to assess infant safety.

Motives should move from punitive to preventative measures when reporting.

CPS involvement should shift as punitive response should not be harsh. Punitive measures do not make room for the chronic relapsing disease and the cumulative issues resulting in harsh measures.

System focuses on substance use rather than the degree of use or former successes.

CPS gatekeeping may need to be changed – change the statute language.

It would be a good idea to have a specific list of issues to clarify for providers to know when to trigger a report.

Consultation time is short, and decisions need to be made in the moment. What are you going to do for the safety of the infant?

One size does not fit all – some families need to enter CPS as an intervention.

Reporters job is to assess safety and risk offering valuable information on what is happening in the family unit.

Have the issues of liability and HIPPA been addressed? If the core of a sift of responsibility takes place, who is liable?

What about the other birthing partner? How much emphasis is needed here?

Substance use alone is a risk to the infant is an inadequate approach to assessing child safety.

There is a need for very clear examples to help clarify if a report needs to made.

Alcohol is clearly a big issue in pregnancy – can cause additional child safety issues.

Use terms that are less judgmental – misuse, persistent use, or return to use are better, get rid of substance abuse.

Prioritize the dyad safety not just the infant safety with Narcan, MOUD.

Plans of Safe Care (POSC) are designed to supply supportive services to the entire family. Who is responsible for these? Multiple people from different organizations – prenatal social worker, child protection, addiction counselor? An OB GYN may join at the end of the process and an assessment is hard to do without adequate information. A POSC is a good idea when done well. How do we figure out accountability and sharing information across silos – who is responsible for creating and following up on POSC?

The question was asked – What can we fix that is broken – Recommendations?

Be clear what our responsibility is as providers.

Clarify the role of the provider to help pull together resources and connections that this family needs – hospital/providers responsibility in those cases.

There is a lack of clarity of blind notification – why is this a blind notification? Is this what the Task Force want to recommend moving forward? Does it need to be blind?

CAPTA reporting does not require the states to provided names to be reported or personal data.

Notification vs actual report – both routes can be implemented and are separate.

The recommended changes do not take away the safety net to make a CPS report if needed.

How do we know these changes are going to help? Recommend better data collected on outcomes and make the data available to see if this work will improve the issue or make it worse.

Next meeting

A review of the next draft of the recommendations will be shared and reviewed. We will vote on the approval of the report at our final meeting.

Date: Our final full Task Force meeting is Thursday, October 10, 2024

Time: Noon to 2 p.m.

Location: Virtual

Agenda items: Submit proposed agenda items to mary.ottman@state.mn.us.

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