

**State FEAT Workgroup Meeting Minutes**  
**April 17, 2007**

**Participants:**

- Sudge Budden (Emmanuel Hospital, Oregon Pediatric Society)
- Stacey Daschner (DHS Child Welfare),
- Lesa Dixon-Gray (DHS Office of Family Health—FAS Project),
- Cyndi Durham (DHS Office of Family Health),
- Kris Funk (FEAT Project)
- Sid Gardner (National Center on Substance Abuse and Child Welfare)
- Jim Ledbetter (OHSU, Child Development and Rehabilitation Clinic)
- Diane Lia (DHS Addictions and Mental Health Division)
- Catherine Luby (U.S. Department of Health and Human Services, Children’s Bureau)
- Tedra Mandell (Oregon Commission on Children and Families/Healthy Start),
- Marina Merrill (Oregon Department of Education, Part B and C)
- Bob Nickel (FEAT, OHSU, Child Development and Rehabilitation Clinic )
- Jane Squires (FEAT, University of Oregon Early Intervention Program)
- Theodora Tsongas (DHS Public Health)
- Liz Twombly (FEAT, University of Oregon Early Intervention Program)
- Karen Van Tassel (Oregon Commission on Children and Families/Healthy Start),
- Jay Wurscher (DHS Child Welfare)

**I. Introductions**

- a. Participants introduced themselves to group. Diane Lia of DHS Addictions and Mental Health Services and Marina Merrill of the Oregon Department of Education are new to the FEAT State Workgroup. Sid Gardner from the NCSACW was present to facilitate parts of this meeting. He will be providing technical assistance to FEAT staff and will assist in facilitating the ongoing FEAT state planning process.
- b. Jane Squires gave a brief introduction to the FEAT project for newcomers (link to Powerpoint)

**II. Overview of Oregon Data and Programs**

- a. Liz Twombly reviewed matrix compiled by FEAT staff with contributions from State Workgroup participants of Oregon Programs and available data at Five Levels of Intervention, along with recent trends data and local county data.
- b. Participants provided additional information and raised relevant questions. This information has been inserted into the working draft matrix (Link to Matrix).
  - i. Additions are in **green** font.
  - ii. Questions or missing data is in **red** font.
  - iii. Assignments of data to be collected is in **blue**.
- c. Bob Nickel said that there is a methamphetamine research project at OHSU involving memory deficits associated with methamphetamine exposure in 9 to 11

year-old children. Diane Lia said that the DHS office of Addiction and Mental Health has also been working with the researcher on this project.

- d. The issue was raised about whether doctors should be able to make CPS reports prenatally, when a pregnant woman is using drugs but before a child is born. Participants raised concern about whether this would inhibit women from accessing prenatal care. Sid suggested that we create a discussion item around the possibility of changing CPS policy. He suggested that we look at the body of national literature about whether screening practices would actually drive women away, suggesting that in actuality this is not the case.
- e. Diane Lia reported that there is a good chance that current law that absolves insurance companies of responsibility in cases involving alcohol will be rescinded. She will send more information on this. She also suggested that it is likely that the state will be passing new substance screening measures in trauma centers.
- f. Diane also suggested that it is important that define what a data year is (calendar vs. fiscal) so that we are all tracking data in the same way.

### **III. Overview of National Legislative and Policy Choices**

- a. Sid Gardner from the National Center on Substance Abuse and Child Welfare (NCSACW) gave a review of activities across multiple states.
  - i. He talked about the 5 Level of Intervention. These intervention points are supposed to fit together. From before a baby is born into adulthood, we're accountable for all of those points as a system. The five points help to frame the discussion about substance-exposed newborns. We are ahead of most states simply through our attempts to look at the whole picture.
  - ii. State are currently doing partial, pilot-oriented things:
    1. A few states are moving toward universal prenatal screening
    2. Very few are talking about universal hospital screening
    3. Some states are looking at the college population
  - iii. The CAPTA requirement for referral for developmental assessment is not being taken seriously in most places.
    1. How much has hospital referrals to CPS increased?
    2. How much has referrals from CPS to Part C increased?
  - iv. There is new money for CPS for meth and regional partnerships. Over \$40 million is available in individual grants of \$500,000 to \$1 million per year.

### **IV. Discussion of data and feasible policy choices**

- a. Sid suggested that we consider the following questions/input as we consider feasible policy choices:
  - i. What do we agree about as a group? What are the priority areas we want to address? We should think in terms of
    1. No-cost changes
    2. Low-cost changes
    3. Serious cost changes

- ii. A collaboration without shared outcomes will have no payoff. We need a unified “score card.”
  - iii. We have to continue our conversation about prevalence. Legislators want to know numbers. We can extrapolate from national numbers when necessary. 10-12% is a defensible rate in terms of substance, though the number can jump to 15-18% with really good screening. The data we have right now is so awful that even slightly better data is a leap into the future. **Don’t let the perfect be the enemy of the good.**
  - iv. How do we define SEN? This question was raised by Lesa Dixon-Gray and it is something for us discuss. Are we including alcohol and tobacco in our definitions of substance exposure?
  - v. We need to develop a budget that costs out what is being spent on state programs. This information will speak to legislators.
  - vi. We need to set 4 to 5 priorities. Lists won’t do anything. A list of 35 priorities will just sit there.
  - vii. Questions to consider:
    - 1. Do we agree on the size of the problem?
    - 2. Should we do a self-assessment?
    - 3. Do we agree on the effectiveness of the ongoing programs and how we will measure their effectiveness?
    - 4. Do we agree on priorities (no-cost, low-cost and significant cost)?
  - viii. Sid said that low dosage programs don’t work. It’s better to do high dosage programs with fewer clients, even though this isn’t popular with legislators.
- b. Group Discussion
- i. Diane Lia is the Coordinator for Women’s Treatment for DHS-AMH. She is going to the National Meeting soon and would like information on state legislation from Sid to bring to the meeting
  - ii. The Governor’s Task Force on Underage Drinking and the Governor’s Task Force on Methamphetamine were suggested as possible participants in this process.
  - iii. Lesa Dixon-Gray asked that we not lose sight of prevention in our process.
  - iv. Jay Wurscher suggested that we need to get upper administration buy-in.
  - v. Sid said that we should not be afraid to point out how long substance-exposed kids stay in the system. A lot of budgets are impacted by these issues: highway patrol, Early Intervention, etc.
  - vi. The group discussed our plan from here and how and when we should invite upper administration involvement. Sid suggested that we:
    - 1. **Complete the matrix**, remembering that it will never fully be complete. We should attempt to get as much information as we can at this point in time.
    - 2. **Engage in a prioritization process.** We could begin this process before the next meeting by sending something out to all participants.
    - 3. Once we know our priorities, we can **then bring additional players into the process.** These players may add information or

tweak our priorities, but it's important to have them established first.

- vii. Sid also suggested utilizing a Collaborative Capacity Instrument, created by NCSACW to assess statewide interagency collaboration around the issue of substance-exposed newborns. Sid will forward this document to FEAT staff.

**V. Next Meeting**

- a. FEAT staff proposed **Tuesday, July 10<sup>th</sup>** for our next State FEAT meeting.
- b. The group discussed the merits and challenges of using a video-conference format for the next meeting. There were advocates both for trying the video-conference format and for gathering for another face-to face meeting. FEAT staff will explore the options and report back to the group.