Statewide Child Protection Program Rounds

11/12/20- Agenda: Discussion of Mandated Reporter Commission's consideration of legislative change related to the reporting of newborns exposed to medication used to treat MOUD. These cases are currently reported via a 51A to DCF.

Rounds participants

Sasha Svendsen, MD: Child Abuse Pediatrician- UMass
Steve Boos, MD: Child Protection Program Medical Director- Baystate
Bob Sege, MD: Child Protection Program Medical Director- Tufts MC
Alice Newton, MD: Child Protection Program Medical Director- MGH
Allyson Gormley: OB SW- Tufts MC
Constance DiMarino: OB SW- Cooley Dickenson
Genevieve Preer, MD: Child Protection Program Medical Director- BMC
Susan Remy: OB/GYN SW- Beth Israel
Jessica Marks: OB/GYN SW- Brigham & Womens
Daniel Rauch, MD: Hospitalist/ Child Protection Program- Tufts MC
Elizabeth Egan: Child Protection Team Manager- BMC
Sarah Ullian: SW Supervisor- BMC
Taneequa Field: Child Protection Team SW- BMC
Aine Blanchard: Child Protection Program Manager- MGH
Justine Romano: Child Protection Program SW- MGH
Fiona Danaher, MD: Child Protection Program Pediatrician- MGH

Facilitated by: MGH Child Protection Program

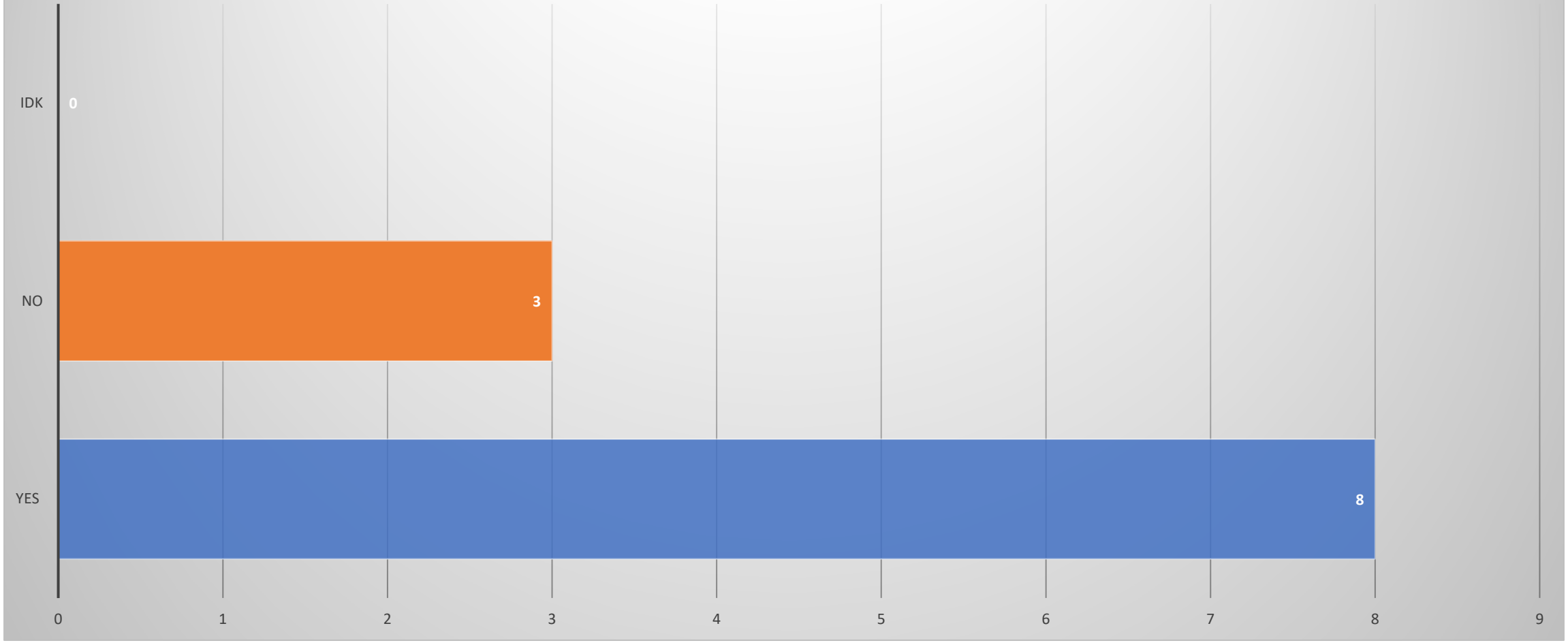
- Discussion
- Agreed upon follow up plan: Distribute survey to participants and collate results to submit to mandated reporter commission
  - Survey questions:
    - Please record your role and name of institution you are representing
    - The current reporting system needs to be changed
    - The current reporting system should be changed at the legislative level
    - The current reporting system should be changed within its current (DCF) structure
    - An alternate reporting pathway (not connected to DCF) should be created
    - An alternate reporting pathway should be anonymous *(for reported person/ persons)*
    - An alternate reporting pathway should consider the following:

Q1- Identify your role and institution

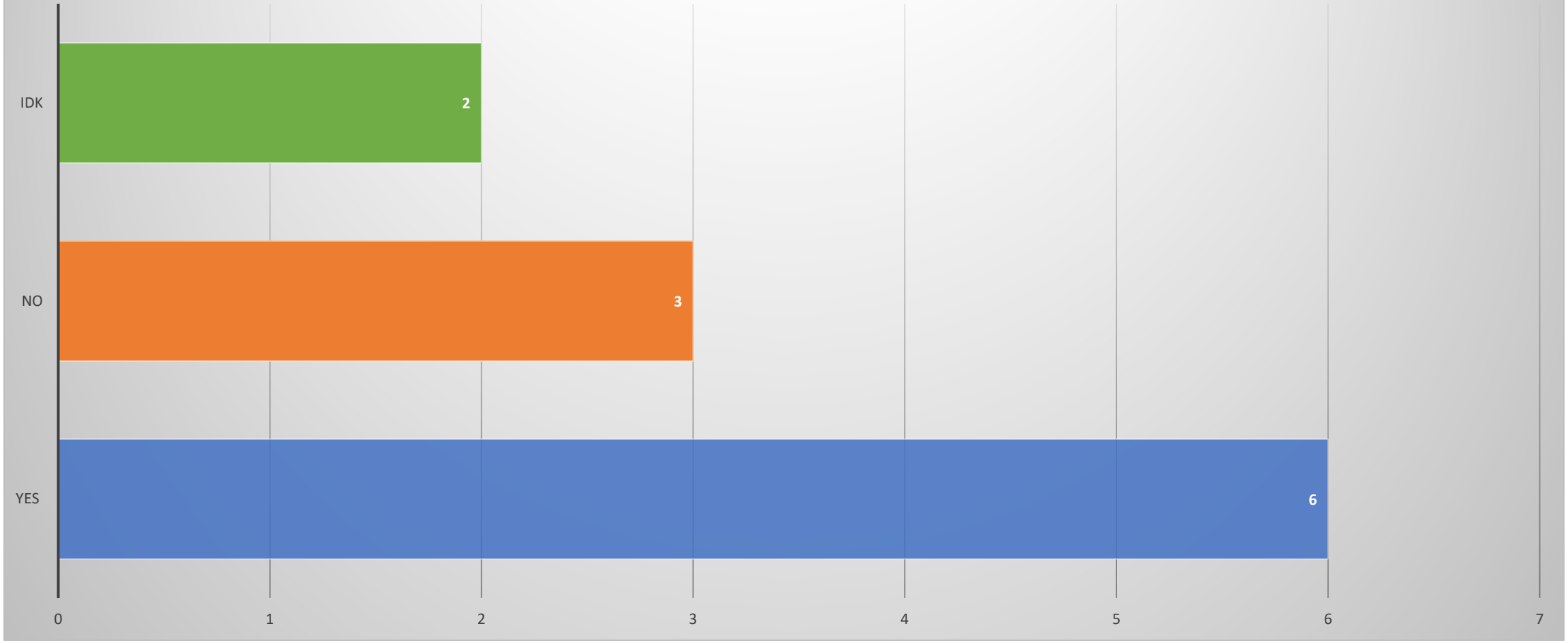
	CPT		OTHER	
	MD	**SW**	**MD**	**SW**
Baystate MC	**1**			
Tufts MC	**1**	**1**		**1**
BMC		**1**		
Cooley- Dickinson				**1**
MGH	**1**	**1**		**1**

(N= 9- 2 didn’t respond)

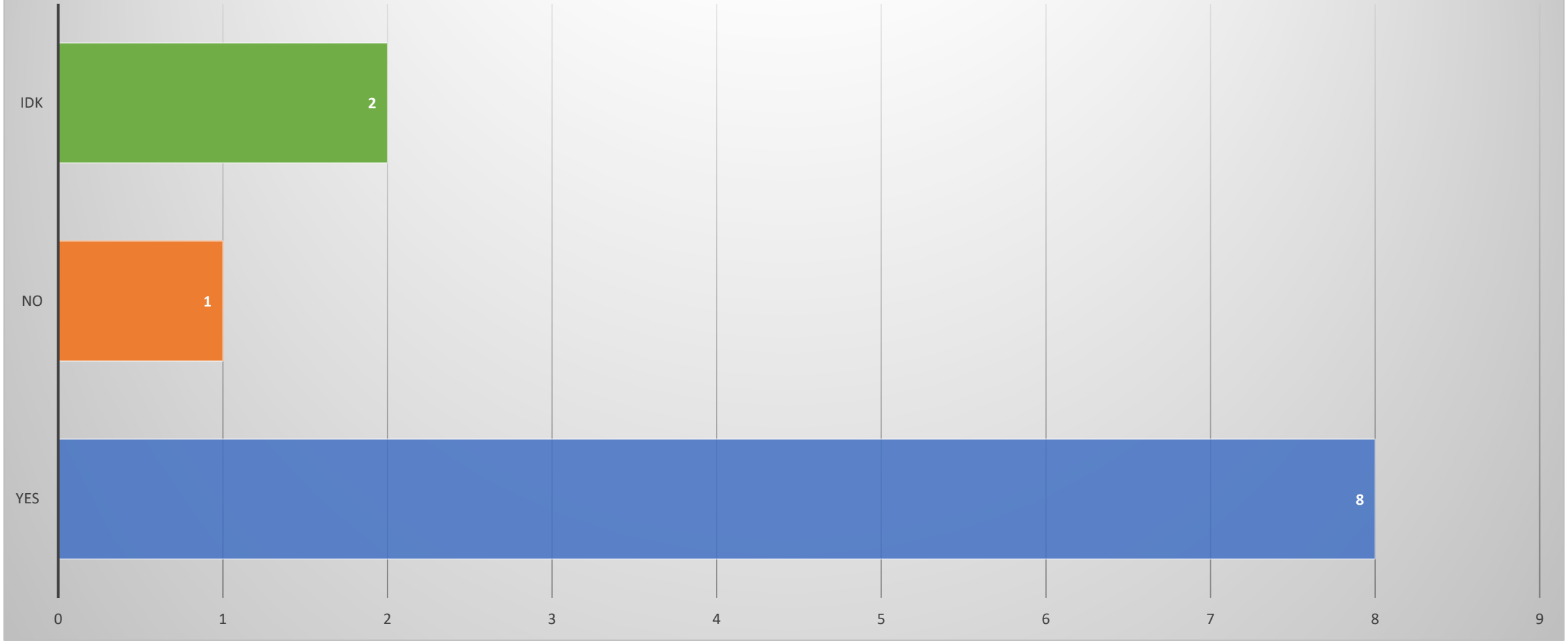
Q2 – The current reporting system needs to be changed (N=11)



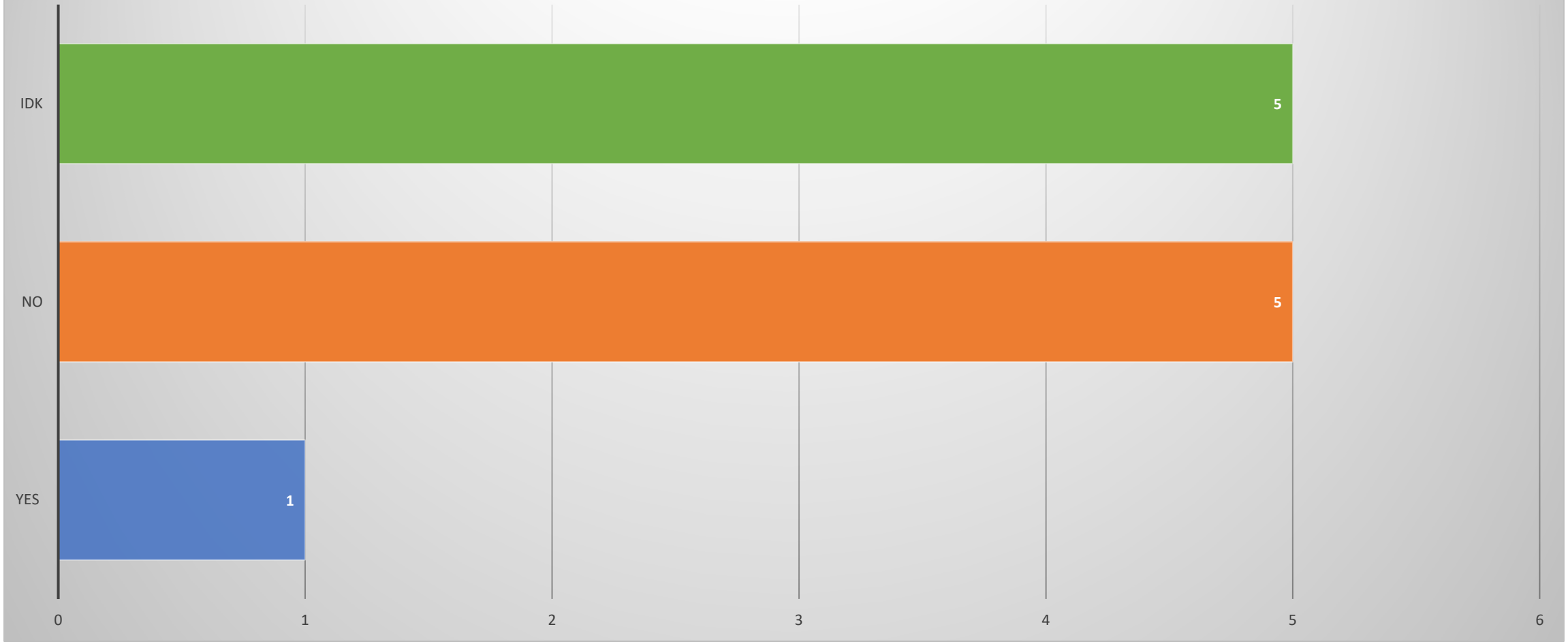
Q3 – The current reporting system should be changed at the legislative level (N=11)



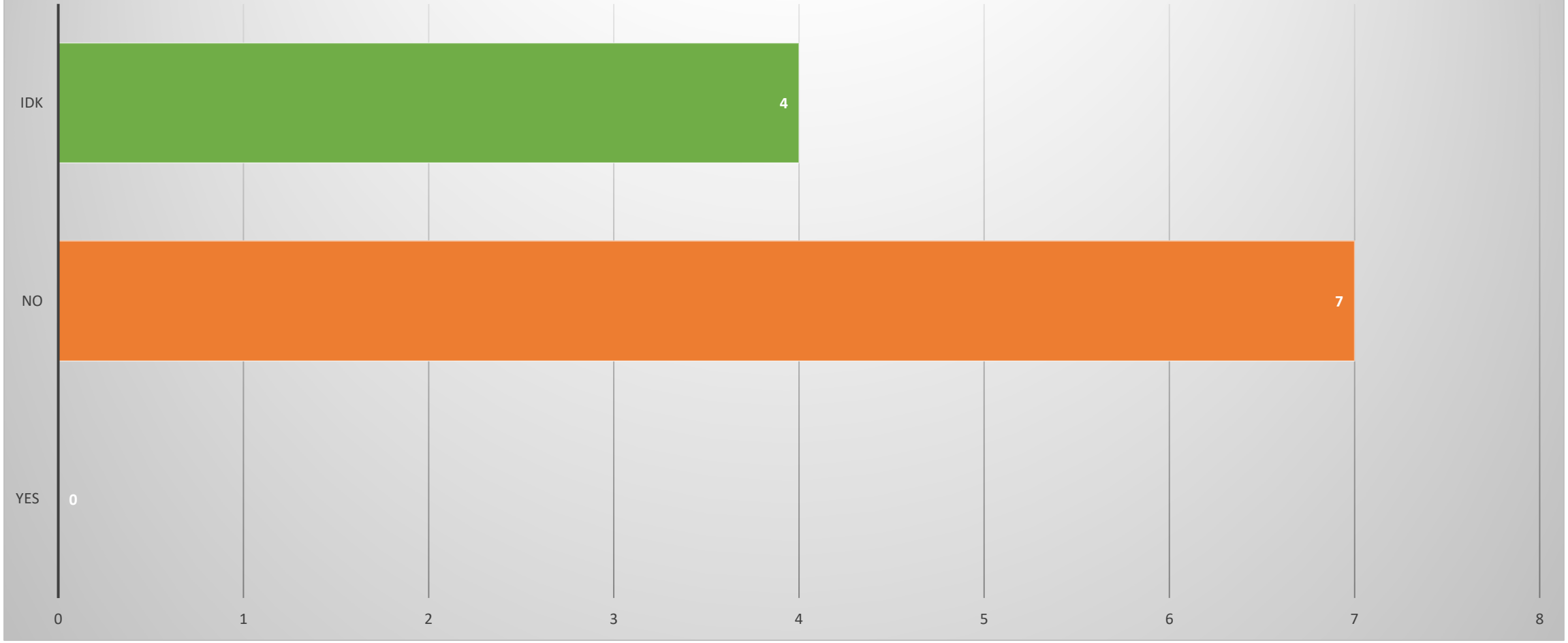
Q4 – The current reporting system should be changed within its current (DCF) structure (N=11)



Q5 – An alternate reporting pathway (not connected to DCF) should be created (N=11)



Q6 – An alternate reporting pathway should be anonymous (N=11)



Q7- Any reporting pathway should consider the following:

- DCF should utilize screening process as a way to do initial assessment even if not in person and then screen out those who are stable. DCF has access to records and information that hospital clinicians do not, so decision to screen out should be made with all the information available. Anonymous reporting would eliminate this and may put babies at risk due to information that reporters do not have access to.

- An alternate pathway within DCF needn't use a 51A or the current investigations system, but cases need to be identified and every child throughout the state should have full and equal access to both assessment and habilitation of their family system.

- It may be useful to focus the conversation on low risk families/those that are currently screened out, also I support the recommendation of DCF releasing more comprehensive data reporting to allow for thoughtful decision making.

- Racial bias is, sadly, a real problem in our system. If we move forward, we need to make sure that there are (prospective) objective ways to determine which path to take, and (retrospective) data regarding decision-making, broken out by racial group at a minimum. This is one of the main reasons why I suggest that these alternative pathway choices be disclosed to DCF and they not be truly anonymous. Those would make accountability difficult or impossible and allow racist systems to persist.

- Clear, objective definitions of: Recovery, stable recovery, relapse if these concepts are going to be used to identify families who should go into an alternate, potentially anonymous pathway.

- Very clear outline of risk factors which would send the case to the mandated reporting pathway

- Having access to DCF records and CORI, ability to confirm mother is in treatment.

- Social and relapse risk, NOT infant symptoms.