CARE FOR KIDS
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Care for Children Exposed to Illicit Drugs

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http://www.uihealthcare.com/childprotection/

Nationwide, research tells us, about 6% of women use illicit drugs during pregnancy. Studies at urban teaching hospitals find that drug use during pregnancy occurs in from 10 – 45% of all births. Of women who stop using illicit drugs during pregnancy, the majority relapse shortly after delivery.

Here in Iowa, the Alliance for Drug Endangered Children (DEC) reports that in 2005, 1,354 Iowa children tested positive for illicit substances. Research in Johnson County, Iowa, in 2003 found parental use of illicit drugs to be a predisposing factor for two-thirds of child abuse involving denial of critical care; in areas of Iowa where drug abuse is more prevalent, this figure may reach 70-80%.

Perinatal exposure to illicit drugs is linked to significant medical, social, and psychological consequences. Without early intervention, infants often fall victim to further drug exposure, child abuse and neglect, and domestic violence. It is clearly important to recognize the impact of illicit drugs on children, and to implement services for both children and families in homes where illicit drug use occurs.

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Care for Children Exposed to Illicit Drugs
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In 2003, the U.S. Department of Justice created the National Alliance for Drug Endangered Children (DEC). A year later, the Iowa DEC Alliance was formed, and began working to create local DEC Teams to assist communities to address the needs of children exposed to drugs. Today, there are 18 DEC teams throughout Iowa, helping communities develop interdisciplinary, interagency collaboration to protect children from drug exposure, and to identify and provide services to children who have already been exposed. Health care providers play a key role in this process.

The National DEC Alliance has developed guidelines for the care of children who have been exposed to illicit drugs, and these guidelines are being implemented in Iowa by local DEC teams.

Level I Care should be provided to children found in environments where meth is manufactured: Children found in homes where meth labs exist are in danger of burns from flash-fires and explosions. They are also endangered by the toxic chemicals used to make meth. Breathing the air and touching surfaces in a home that is a meth lab can expose a child to these toxins. Drug manufacturing environments may also contain weapons and pornography, increasing the risk of injury or abuse. Level 1 care should be provided when a child's acute exposure to illicit drugs is documented.

Level II Care: should be provided to children endangered by parental substance abuse: Children whose parents abuse drugs often face neglect and physical abuse. These children frequently live in the midst of chaos, without health care or parental supervision. Level 2 care should be provided when past or chronic exposure to illicit drugs is documented. It should also be provided when urine and hair tests come back negative, but clear evidence exists that the child's caregivers possess, use, or sell illegal drugs in the child's home or its vicinity.

Health care for children exposed to illicit drugs, whether at Level 1 or Level 2, includes:

- Medical evaluation and treatment
- Submission of a urine sample for illicit drug testing to explore acute exposure
- Submission of a hair sample, to explore past or chronic exposure.

Even if no exposure is documented or suspected, it is still important to establish a medical home for the child, who should be examined within the week.

More detailed information about Level 1 and Level 2 care is found on pages 5 and 6.

References

Frohna JG *et al.* Maternal substance abuse and infant health: Policy options (Millbank Q 1999).

Hohman MM *et al*. A comparison of pregnant women presenting for alcohol and other drug treatment (Child Abuse Negl 2003).

Iowa Drug Endangered Children (DEC) Alliance, http://www.iowadec.net/Home.html :

Building a DEC Team: Guide to help Iowa communities launch DEC programs

DEC response guidelines for law enforcement officials

Iowa Early ACCESS

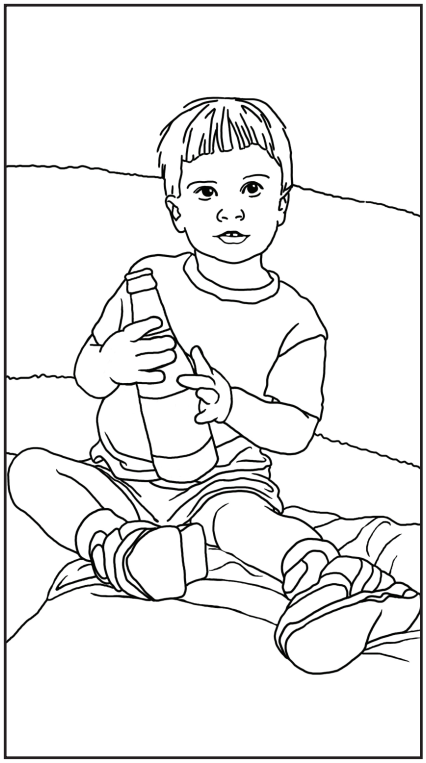
Helping Children Exposed to Illicit Drugs, and Their Families

Kelly Ann Schulte, Community Health Consultant
Bureau of Family Health, Iowa Department of Public Health

Iowa's Early ACCESS program works with the family to identify, coordinate, and provide services to promote their child's optimal growth and development.

To qualify for Early ACCESS services, the child must be younger than three years old and:

- Demonstrate a 25% delay in one or more areas of growth and development, or
- Have a condition or disability known to have a high probability of later delays unless early intervention services are provided. Perinatal drug exposure is one of these qualifying conditions. Any child who has known perinatal drug exposure automatically qualifies for the services of Early ACCESS.



Help for children older than 3 years

Children older than 3 years are eligible for services if they have a significant developmental delay that specifically interferes with learning in an educational setting.

Early ACCESS services

Services provided by Early ACCESS include:

- Health services, including medical evaluation to determine eligibility
- Assistive technology
- Audiology
- Family training and counseling
- Nutrition
- Occupational therapy
- Physical therapy
- Psychology
- Social work
- Special instruction
- Speech language therapy
- Vision care

Early referral is critical

As soon as a child is identified as eligible for services, it is important to refer him or

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Iowa Early Access: Helping Children Exposed to Illicit Drugs and their Families
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her to Early ACCESS. Each child eligible for Early ACCESS will be assigned a service coordinator. The child and family are matched with a coordinator whose expertise most closely relates to the child's needs. Infants and toddlers exposed to drugs are more likely to have a service coordinator from either Child Health Specialty Clinic or their local AEA.

The Individualized Service Plan (IFSP)

The Early ACCESS service coordinator facilitates the evaluation and treatment of the child. The coordinator works closely with the family to develop an Individualized Family Service Plan (IFSP).

Family priorities guide the selection of services provided as part of the IFSP. Working together, the family and service providers identify and address specific concerns related to the child's growth and development. Services may be provided in the home, and also in community settings with children of the same age who have no disabilities.

Early ACCESS service coordination activities and evaluation and assessment services that are part of the IFSP are provided at no cost to the family.

Health concerns are monitored for their potential impact on a child's development. Transportation assistance is provided as needed. Early ACCESS service coordination is provided by:

- Area Education Agencies (AEA)
- Child Health Specialty Clinics (CHSC)
- Child Health Title V Agencies
- Other community agencies as appropriate

Confidentiality

Two federal laws protect the confidentiality of Early ACCESS records:

- **School records** are protected under FERPA, the Family Educational Rights and Privacy Act (see http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html for a summary).
- **Health records** are protected under HIPPA, the Health Insurance Portability and Accountability Act.

Because Early ACCESS records are covered by FERPA, health care providers must obtain a signed release from the family in order to exchange information with Early ACCESS about children they refer to this program.

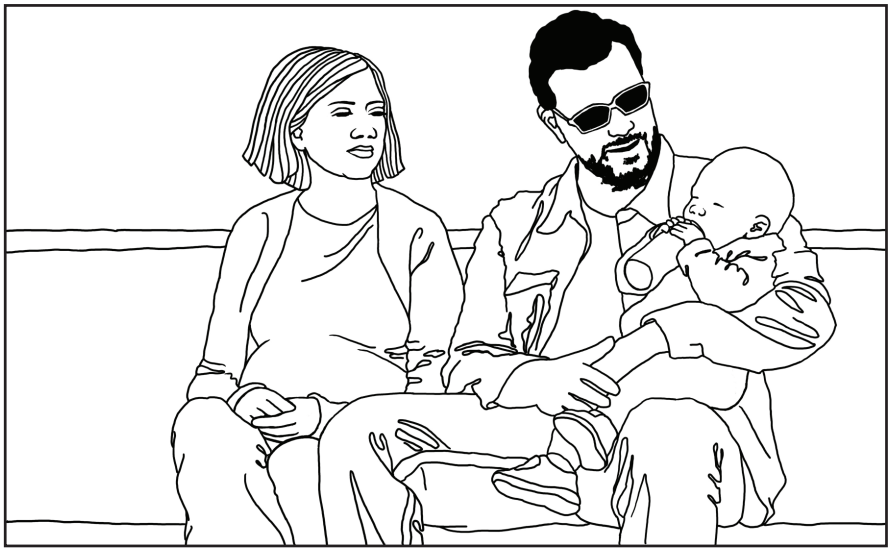
Learn more about Early ACCESS in Iowa at :

www.EarlyACCESSIowa.org.

Contact Early ACCESS
Monday through Friday,
8 AM to 7 PM

Phone
1-888-425-4371

Email
earlyaccessia@vnsdm.org



Guidelines for the Care of Children Exposed to Illicit Drugs

LEVEL 1 CARE: Onsite Medical Assessment

For a child found in an environment where meth is manufactured

ONSITE MEDICAL ASSESSMENT should be carried out in the field:

- Within 2 hours of discovering the child
- By medical personnel (such as EMT, PNP, PHN)
- To determine if the child requires emergency medical care

FIRST STEPS

- ❑ If child seems affected or ill, call 911; transport to ER immediately if child's life is at risk
- ❑ Transport to local ER within 2 hours:
  - If the child is stable
  - If no medical personnel are available onsite
- ❑ Assess vital signs: Temperature, blood pressure, pulse, respirations
- ❑ Assess pediatric triangle: Airway, breathing, circulation
- ❑ Remove child's clothing and bathe child on site if possible, then dress in clean clothing. Leave contaminated clothing, toys, etc. on site for collection by law enforcement as evidence

LEVEL 1 CARE: Emergency Room Medical Assessment

for child presenting in the ER with significant health concerns

BASELINE ASSESSMENT
to be carried out within **2 hours** of discovering child:

- ❑ Assess vital signs and pediatric triangle if not done in the field
- ❑ Decontaminate the child with shower, soap and water, new clothes if not done in the field; bag contaminated clothing and give to law enforcement
- ❑ Collect urine sample for toxicology screening **within 12 hours**. Request report of **any detectable levels.** Obtaining urine sample is a key goal of emergency exam; follow "chain of evidence" procedure:
  - Document in writing every transfer of evidence from one person to another
  - Transfer as little as possible
  - Be sure no one other than those documented can access evidence
  - If law enforcement brought child to ER, urine sample may be collected and given to officer for testing
- ❑ Perform comprehensive physical exam (including neurologic, respiratory, skin, affect)
- ❑ Obtain child's medical history from parents or case worker

Additional tests to order:

- ❑ Liver function (AST, ALT, total bilirubin, Alk Phos)
- ❑ Kidney function (BUN, creatinine)
- ❑ Electrolytes, CBC
- ❑ Lead level
- ❑ Urinalysis and urine dipstick for blood
- ❑ **If respiratory distress**, consider ordering:
  - ❑ Oxygen saturation test
  - ❑ Carboxyhemoglobin
  - ❑ Chest x-ray
- ❑ **If severely battered**:
  - ❑ Comprehensive metabolic panel (Chem 20 or equivalent)
  - ❑ Creatine phosphokinase (CPK)
  - ❑ Coagulation studies (if bleeding)
- ❑ **If parents use IV drugs**, test for HIV
- ❑ **Call Poison Control Center** if clinically indicated: **1-800-222-1222**

CHILD ABUSE EVALUATION

- ❑ Skeletal survey for child <2 years old
- ❑ Ophthalmology exam for child <1 year old
- ❑ Head CT/MRI if eye or neurologic exam is abnormal, or child is <1 year of age and you find other signs of abuse
- ❑ Screen for sexually transmitted diseases
- ❑ Collect forensic evidence (using chain of evidence procedure) when
  - Genital exam is abnormal and child is non-verbal, or
  - Child discloses sexual abuse
- ❑ **Schedule initial follow-up exam** with Early ACCESS, Child Protection Center, or child's medical home within 30 days of ER visit
- ❑ Secure necessary releases for child's medical records

LEVEL 1 CARE: Follow-up

INITIAL FOLLOW-UP CARE

- ❑ Provide follow-up within 30 days of baseline assessment
- ❑ Review labs done in the ER; order any missing tests

Consider:

- ❑ Hepatitis screening if liver function tests abnormal
- ❑ Tuberculosis screening if risk factors
- ❑ Nutritional consult if failure to thrive

- ❑ Complete physical exam (including neurologic, respiratory, skin, and affect)

Refer for:

- ❑ Full developmental, behavioral, emotional assessment by Early ACCESS, AEA, Child Health Specialty Clinic, or developmental pediatrics clinic
- ❑ Dental care

- ❑ Administer first doses of missing immunizations
- ❑ Establish medical home for long-term care

LONG-TERM FOLLOW-UP CARE

- ❑ Begin 6-12 months after baseline assessment
- ❑ Provide comprehensive physical exam with special attention to previous findings
- ❑ Repeat abnormal lab tests until normal
- ❑ Monitor release of previous medical records
- ❑ Complete missing immunizations and screenings
- ❑ Establish age-appropriate maintenance visits after everything normalizes
- ❑ Monitor for emotional problems (attachment disorder), behavioral problems (chronic irritability, ADHD, conduct disorder, poor social skills)

LEVEL 2 CARE

For children exposed perinatally or postnatally but not via meth lab exposure

CARE FOR NEWBORN EXPOSED IN UTERO

- ❑ Send urine and meconium sample for illicit drug testing as soon after delivery as possible
- ❑ Perform structured assessment for physical problems:
  - ❑ Neonatal abstinence syndrome or withdrawal symptoms
  - ❑ Congenital anomalies
  - ❑ Growth retardation
- ❑ During well-child health care visits, monitor for emotional (attachment disorder) and behavioral concerns, (chronic irritability, ADHD, conduct disorder, poor social skills)
- ❑ Treatment plan should include referral to Early ACCESS, AEA, Child Health Specialty Clinic, or developmental pediatrics clinic to address concerns with development, behavior, mental or emotional health

CARE FOR CHILD EXPOSED POSTNATALLY

- ❑ Provide comprehensive medical evaluation as soon as possible after removal from caregiver
- ❑ Send urine sample to be tested for illicit drugs, to explore acute exposure
  - ❑ If acute exposure is documented, follow the protocol for Level 1 children, above
  - ❑ If acute exposure is not found, establish a medical home for the child, and refer for examination within a week
- ❑ Send hair sample to be tested for illicit drugs to explore chronic or past exposure. If positive, follow the Level 1 initial and ongoing follow-up protocols above
- ❑ Regardless of urine and hair test results, if clear evidence exists that caretakers posses, use, or sell illegal drugs in the home or its vicinity, the child should receive Level 1 care, including follow-up

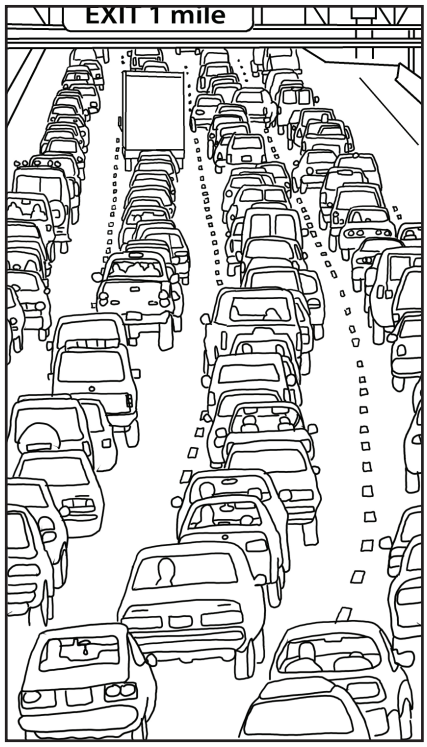
COMING YOUR WAY:
An Update on Childhood Injury in Iowa

Kay DeGarmo, Director
Prevention of Disabilities Policy Council

For Iowa's children and young adults between the ages of 12 months and 24 years, injury continues to be the leading cause of disability and death. Health care providers have an important role to play in preventing injuries. They are an integral part of the community support system that assists parents and their children by assessing risk, providing preventive counseling, and initiating referrals for additional services when needed.

A new state report, "Injury in Iowa: A Comprehensive Report" (October 2008), pulls together and analyzes data from multiple state sources to provide a baseline for monitoring the incidence and severity of specific types of serious injuries among specific age groups.

Looking at both intentional and unintentional injuries, the report also provides information we can use to target injury prevention efforts, and a yardstick against which to measure the outcomes of those efforts. The report is a collaborative effort of the Disability and Violence Prevention Bureau in the Iowa Department of Public Health and the Injury Prevention Research Center at the University of Iowa.



Motor vehicle traffic trauma is the leading cause of serious injury and death for Iowans between 12 months and 24 years of age.

Key findings in the report include:

- Motor vehicle traffic trauma is the leading cause of serious injury and death for Iowans between 12 months and 24 years of age.
- Among 15 to 24 year olds, suicide is the second leading cause of death .
- Homicide is the third leading cause of death for children between 1 and 4 years of age and the fourth leading cause of death among young people 15 to 24 years of age.
- Five to 14 year olds have the largest percentage of injury-related hospitalization and emergency department visits.

Coming issues of the *EPSDT Care for Kids News* will provide more information about childhood injury in Iowa, as well as resources you can use to address injury prevention in your work with children and families.

What's in this issue

If you have questions about **billing** related to EPSDT Care for Kids services, please call Provider Services: **1-800-338-7909**

If you have questions about **clinical issues** and EPSDT Care for Kids services, please call **1-800-383-3826**

Please note: Due to budget restraints, the *EPSDT Care for Kids Newsletter* is sent to offices and organizations, rather than to individuals.

The newsletter is also available online at http://www.iowaepsdt.org/EPSDTNews/

The ***EPSDT Care for Kids Newsletter*** is published three times a year, in print and online, as a joint effort of the Iowa Prevention of Disabilities Policy Council, the Iowa Department of Human Services, the Iowa Department of Public Health, and the Center for Disabilities and Development, which is nationally designated as Iowa's University Center for Excellence on Disabilities. The goal of this newsletter is to inform Iowa health care professionals about the EPSDT Care for Kids program, to encourage them to make use of this important resource, and to provide them with information about a wide range of developments in the field of health care.

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