

# Task Force on Pregnancy Health and Substance Use Disorder Meeting Minutes

Date: February 8, 2024

Minutes prepared by: Mary Ottman

- Go to the [task force 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
<ul style="list-style-type: none"> <li>Alexandra Kraak</li> <li>Amal Ali</li> <li>Brittany Wright</li> <li>Caroline Hood</li> <li>Dr. Chris Derauf</li> <li>Dr. Cresta Jones</li> <li>Dr. Kari Gloppen</li> <li>Dr. Kurt Devine</li> <li>Dr. Fran Prekker</li> <li>Dr. Shanna Vidor</li> <li>Hannan Shire</li> <li>Lisa Edmundson</li> <li>Meagan Thompson</li> <li>Rebecca Wilcox</li> </ul>	<ul style="list-style-type: none"> <li>Heidi Holmes</li> <li>Kristen Brewley</li> <li>Tammy Dejaurlais</li> <li>Tanisha Brown</li> </ul>

## Decisions made

- No voting was conducted at this meeting.

## Meeting notes

### 1. Welcome

Mary Ottman welcomed all Task Force members and reviewed the meeting agenda. For an icebreaker, Stephanie Heim suggested all Task Force members access SharePoint with the posted link. Several members were not able to enter the Task Force resource site. MDH staff will continue to work to gain access to SharePoint for all Task Force members.

### 2. Task Force Timeline

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Task Force Co-Chair, Brittany Wright, reviewed the proposed Task Force timeline through December 1, 2024, focusing on initiating a healthy foundation for our shared work. Brittany also described and discussed our next task, the formation of two subgroups to develop and refine the work for drafting our final report.

3. Mural

Stephanie reviewed Mural, a virtual workspace, while sharing the *Dimensions of Success* detailing a balance of results, process, and relationship in the work of the Task Force. Group agreements, first developed from Violence Free Minnesota, were also shared and reviewed.

4. Revisit of Introductions

Several Task Force members that were not able to introduce themselves shared their introductions with the Task Force.

5. Themes from Task Force member interviews

A presentation of revised summary of themes from interviews by Minnesota Analysis and Development consultants was presented by Samantha Grant. Additional findings highlighted included:

- A shared foundation expanded our definitions of substance use disorder and trauma informed along with recognizing culturally centered approaches.
- Many discussed the importance of building trust to continue care and making sure testing and reporting are not harmful for continued engagement in care.
- With testing we need to provide clarity to ensure infant health is key in our interventions.
- The importance of education was highlighted. Though the legislation does not call this to task, education would be important to highlight to the legislature.

6. Presentation of Chapter 260E, including 260E.32 and 260E.31 by Rebecca Wilcox.

- Cannabis was legalized but is not included in this legislation.
- Chris had a clarifying question of the exemption: Not just the exposure but also the safety of the child, not just exposure alone.
- The exemption is trying to avoid some reporting for child protection services
- One of the effects are that some pregnant people are engaged in treatment, baby is born and required to test. If positive, then folks need to report. Intentions are good, but they don't fit together with the current exemption and reporting. A large rupture of trust results. The issue - different laws do not fit together well to benefit the patient.
- Cresta- we may need to call out that there is a statute in our state that we will always come against for neglect.
- Are there states that are doing this well: what can we learn?
  - Connecticut, follow CARA and CAPTA to assess the family. They complete an assessment to see if there are signs of abuse or neglect.
  - Colorado- infant must be affected and there are safety concerns.

7. Small Group Discussion

Small group discussion followed using the questions to guide discussion:

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- a. What stands out to you about the current statutes and revised interview summary?
- b. As the task force moves to develop recommended protocols for testing and reporting, what seems the most critical?
- c. What questions are coming up for you?
- d. What actions must the testing work group take? What actions must the reporting work group take?

8. Large group

Task Force members reviewed small groups comments. Stephanie suggested the following questions for discussion:

What are you seeing? What patterns are you noticing from the small group discussions?

A robust discussion followed. Task Force member comments included:

- Ambiguity of the testing and the reporting- it's not clear when and at what state of their pregnancy.
- If a drug is socially normal, we don't pay too much attention to it. How do we suggest guidelines with substances across the board that harm babies, so we are not picking?
- What is the goal of what we are trying to do? To identify substances being used, or using our goals to guide decisions and how to report?
- We want to have more healthy babies, and a healthy family unit. Not just about newborns when born, we need to continue that through the spectrum.
- "Taking an equity time out" is important when we are looking at the populations that we know will be impacted disproportionately.
- We treat this condition so differently from say depression. Caregiver depression is more common in infant abuse than substance use. We don't report caregiver depression in reporting. We could make a shift in how and what we are reporting.
- Highlighting the analogies for other medical diagnosis, is helpful for folks in the legislature, so they don't see this as a 'moral failing' because it's not.
- Regularly see child admitted to the hospital due to exposure to fentanyl with accidental ingestions. Untreated SUD have different impacts on families than from uncontrolled diabetes. The inability to parent while using has some increased risks.
- May need to assess prenatal vs. postnatal exposure.
- Need to identify the use with safety concerns. Can we identify the high-risk families? Systems don't let us risk stratify well.
- Goals: if we were to achieve that goal, how it is met? Right now, this is approached from a criminal justice lens instead of a SODH lens.
- How often do we see accidental ingestion for substances or other things? We see more children who have accidental exposures to THC, amphetamines, and fentanyl. Are these things being tracked?
- There is a lot of versatility of drug testing in the state.

9. Form workgroups

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- a. A workgroup for both testing and reporting were formed. Task Force members with interest and time were invited to serve on a work group. Task Force members could sign up for one workgroup if their schedule permits or they could take part in both if their time allows.

**Other business**

No other business was discussed.

**Next meeting**

Date: Thursday, April 11, 2024

Time: Noon to 2 p.m.

Location: Virtual

Agenda items: Submit proposed agenda items to [mary.ottman@state.mn.us](mailto:mary.ottman@state.mn.us).

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