



Prescription Drug Monitoring Program Training and Technical Assistance Center

2017 PDMP and Child Welfare Roundtable Meeting

There has been growing interest in what role PDMPs can play in the area of child welfare. BJA sponsored a meeting consisting of PDMP administrators and Child Welfare officials of the seven (7) states that comprise the Regional Judicial Opioid Initiative (RJOI): Illinois, Indiana, Kentucky, Michigan, North Carolina, Ohio, and Tennessee.

A total of 36 agencies attended the meeting including four (4) PDMP administrators, healthcare stakeholders and national associations. The meeting was sponsored by the Bureau of Justice Assistance. The PDMP Training and Technical Assistance Center provided logistical support and assistance.

The meeting began with introductory remarks from Honorable Judge Duane Slone, Circuit Court Judge in Tennessee, Robin Ghertner, Director of Data and Technical Analysis, Health and Human Services, Jeff Coady, Regional Administrator (SAMHSA) and Tara Kunkel Senior Policy Advisor IPA (BJA). It was followed by a general overview of PDMP programs by Patrick Knue, Director of TTAC and Laura Radel, Senior Social Science Analyst (HHS), provided an overview of the Child Welfare programs.

Robert Ghertner moderated a discussion about opportunities to link data across PDMPs and child welfare programs. The discussion centered on what policy and program questions that linked data could answer and what information could linked data provide to caseworkers, courts, and child maltreatment prevention efforts. Several potential benefits were identified in the discussion about linking data:

- Using PDMP analytics (e.g., refilling prescriptions too early, doctor shopping, overdose risk), identify potential risks or abuse issues as part of a child welfare investigation.
- Identify substances which may be involved in child abuse
- Corroborate/disprove allegations of drug misuse/abuse
- Validate efficacy of PDMP risk measures
- Collaboration between PDMPs and Child Welfare could assist parents in getting needed treatment
- PDMP information can serve as indicator for early intervention
- Identify correlation between child abuse and percentage of parents using/abusing opioids



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The next discussion concerned the risks to linking data and was moderated by Tara Kunkel (BJA). The discussion centered on addressing several issues including risks to individuals in the child welfare system and to others, legal obstacles to linking data, and identifying unintended consequences of linking the data. Several issues were identified including:

- Misinterpretation of PDMP data may lead to inappropriate investigative actions
- PDMP data quality issues may result in missed opportunities for intervention
- Some state laws do not permit linking/sharing PDMP data with child welfare entities
- Data overload may negatively impact identification of any potential child welfare issues

The meeting ended with the attendees listing practical steps that could be undertaken. This discussion was moderated by Michelle White (RJOI) and Jeff Coady (SAMSHA). Several topics were identified as needing additional research:

- Document the confidentiality guidelines for each state
- Expand activities on educating appropriate stakeholders (e.g., judges, case managers, provider community, half-way housing) on medication assisted treatment options
- Identify states that are engaged in using data for early surveillance analysis
- Detail which data elements from child welfare and PDMPs are valuable to share
- Explore the possibility of 'layering' child welfare, criminal justice, and PDMP data
- Identify statutory issues surrounding aggregating identified vs. de-identified data
- Explore the possibility of sharing multi-state PDMP data through a trusted broker to link/cluster patient information. This data could then be de-identified and analyzed for trends across state lines

At the end of the discussion, volunteers were sought for two (2) related projects:

- Aggregate-level data project
 - Work with Indiana to document their process for aggregating data and use as a guide for other RJOI states. Kentucky and Ohio expressed interest following Indiana's processes with Michigan, North Carolina, and Tennessee to join later.
- Case-level education project
 - Document each state's capacity to handle an increase in case load, legislation needed, and training/support

Analysis of the aggregated data could guide the options for case-level analysis.