



## Tulalip Charitable Contributions Funds Distribution Report

**NAME OF AGENCY:** PEDIATRIC INTERIM CARE CENTER THE NEWBORN NURSERY

**DATE OF AWARD:** 2017 Q3

**ADDRESS:** 328 4th Ave S., Kent, WA 98032

**CONTACT:** (253) 852-5253, <https://www.picc.net>

**GENERAL GOALS:** The Pediatric Interim Care Center (PICC) provides immediate, short-term medical care between hospital and home for medically fragile infants suffering from prenatal drug exposure at a savings to the taxpayers of Washington State. PICC also provides educational and support services to the community in the recognition and management of substance abused infants.

**SPECIFIC USE FOR THIS AWARD:**

This award went towards support of their administration and programs.

For more information please read the attached report from Pediatric Interim Care Center The Newborn Nursery.



August 27, 2018

Emeritus Board

*Harry H. Hansen  
Dr. Wilma Hepker  
Kenneth Kilbreath  
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Executive Director

*Barbara Drennen*

Marilyn Sheldon  
Tulalip Tribes Charitable Fund  
Quil Ceda Village  
8802 27th Ave. N.E.  
Tulalip, WA 98271

Dear Ms. Sheldon:

Please find enclosed the report for the grant of [REDACTED] which Pediatric Interim Care Center received from Tulalip Tribes Charitable Fund December 27, 2017.

We send this report on our challenges and progress along with our heartfelt gratitude for the wonderful support Tulalip Tribes has provided to the drug-exposed and medically fragile newborns in our care. On behalf of all the babies you have helped, thank you.

With best wishes,

Barbara Drennen  
Executive Director

Pediatric Interim  
Care Center  
*The Newborn Nursery*

328 4<sup>th</sup> Ave S  
Kent, WA 98032

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## Report to Tulalip Tribes Charitable Fund Pediatric Interim Care Center

**Grant Code:** Q3 2017 14.2

**Organization URL:** <http://www.picc.net>

**Grant Amount:** [REDACTED]

**Grant Date:** December 27, 2017

### How Funds Were Used:

The [REDACTED] grant from Tulalip Tribes supported PICC's Infant Withdrawal Program, providing specialized 24-hour care for infants withdrawing from drugs their mothers took during pregnancy. On a cost-per-baby basis, the grant provided the unreimbursed direct cost of care to withdraw one newborn from drugs.

### Outcomes:

In FY2017-18 PICC provided 2,578 days of medically supervised 24-hour care for 77 infants, including 72 new admits and 5 infants continuing in care. Nineteen of the infants (25%) were of Native American heritage. For each of these infants, it is PICC's goal to provide a safe and healthy start in life by 1) safely weaning the infant from drug-dependency, 2) establishing a healthy weight gain, 3) facilitating family bonding and training caregivers, and 4) following the infant at home to ensure that the infant continues to thrive. PICC achieved the medical goals of safely weaning infants from drug-dependency and establishing a healthy weight gain for 75 of the 77 infants (97%) receiving care in FY2017-18. The two infants who did not reach these medical goals were discharged before the completion of treatment due to court-ordered changes of family placement. Caregiver training and home follow-up services are voluntary, and were always provided unless families that declined the service or could not be reached. These family services are voluntary, and were always provided unless families that declined the service or could not be reached. The average stay was 36 days. After discharge, 51% of the infants were placed with parents or relatives, and 49% were placed in foster care. The average stay was 36 days.



In addition to infant care, PICC provided a range of free services, including infant transportation, developmental screens, supervised visitation, caregiver and foster parent training, and six months of home follow-up after each baby's discharge. Perhaps the greatest service PICC provides is the stability of placement for the babies after they leave. While the babies are recovering at their own pace at PICC, caseworkers have time to find the optimal placements for them, whether with parents, relatives, or foster parents

open to adoption. Following-up on the babies who received care at PICC from 2013-2015, we found that fewer than 10% of the babies had moved from their initial placement, and most of those had moved between family members.

### **Cost Savings:**

In 2017 PICC saved Washington State \$570,915.00 in Medicaid payments to hospitals for infants requiring narcotic assistance withdrawal or medical observation alone. As substantial as these Medicaid savings are, they are a fraction of the real healthcare dollars saved. Without PICC as a medically safe interim setting, these infants would have required 592 additional days of hospital care at an actual cost of \$2,760 per day (the average cost of a hospital day in Washington State), generating more than \$1.6 million dollars in uncompensated hospital care that is passed on to all our citizens in the form of higher healthcare costs. Please note that these savings are calculated only for the days infants received morphine for withdrawal or medical monitoring for conditions that would have required hospitalization if the babies had not been at PICC.

### **Trends in Prenatal Drug Exposure:**



In FY2017-18 we continued to see a high numbers of babies exposed to heroin, along with a marked resurgence of methamphetamine. Heroin and methamphetamine were often used together and the potency of the drugs was greater, requiring more support and care for the babies. This year we also saw a steep increase in methamphetamine used alone, and the debilitating effect of this drug was reflected in the condition of our parents. We've had many babies whose parents are homeless—living in tents or rough on the streets. Few of them have any prenatal care. One baby was delivered on the floor of a gas station restroom. Another was born to a mother who was unconscious from a drug overdose and lay unattended on the floor for hours. Our experience over 28 years has been that both parental involvement with visitation at PICC and placement in foster care after discharge are correlated with the trends in street

drugs. Whenever we see increases in methamphetamine, we see a decrease in parental involvement and an increase in foster care placements. These trends have held true again with the increase in methamphetamine this year. During their stay at PICC, 69% of the babies were visited by one or both of their parents in 2017, a decline from 78% in 2016. Foster care placements rose from 41% in 2016 to 56% in 2017.

### **Program Changes:**

When PICC was founded 28 years ago, it was the first center of its kind. There wasn't a state license for a facility that provided interim care for infants, so PICC was licensed as a foster home, and then as a group home under the Department of Social and Health

Services. That regulatory structure has never been a good fit for a specialized medical facility like PICC, but it has been the only one available.

This year the Washington State Legislature passed a bill creating a new license in the Department of Health for pediatric transitional care centers--a license designed for facilities like PICC. Beginning in 2019, PICC will be licensed by the Department of Health as a pediatric transitional center. The new license will not only provide an improved regulatory structure for PICC, but also will provide a blueprint for the other centers to follow.

**Accomplishments:**

Pediatric Interim Care Center was the first interim care center for drug-exposed newborns, and remains the only one in Washington State. Over its 28 years of operation, PICC has successfully weaned 3,161 babies from their drug-dependency and given them a safe and healthy start in life. PICC's pioneering program has become a national model for the care of drug-affected infants. Co-founder and Executive Director Barbara Drennen is frequently consulted by groups from other states and countries hoping to start a program like PICC's in their locale.