SEI - The Framework: Five Points of Intervention

- Pre-pregnancy and public awareness
- Prenatal screening and support
- Screening at birth
- Services to infants 0-3 and beyond
- Services to parents

So—the birth event is one of several opportunities to make a difference, not the only one!
Policy and Practice Framework: Five Points of Intervention

1. Pre-pregnancy awareness of substance use effects
   - Initiate enhanced prenatal services

2. Prenatal screening and assessment

3. Identification at Birth
   - Parent
   - Child

4. Ensure infant's safety and respond to infant's needs
   - System Linkages
   - Respond to parents' needs

5. Identify and respond to the needs of:
   - Infant
   - Preschooler
   - Child
   - Adolescent
   - System Linkages
   - Identify and respond to parents' needs

The Policy Context

- Child Abuse Prevention and Treatment Act (CAPTA) amendments of 2003 and 2010
  - Referrals of newborns identified as exposed illicit substances; alcohol and FASD added in 2010
  - Referrals of children birth to age 3 to Early Intervention Services

- Affordable Care Act expansion of treatment and preventive services; 2008 parity legislation affecting coverage

- Research on fetal alcohol spectrum disorders and alcohol-related neurodevelopmental disorders

- Proposed State legislation aimed at both fetal alcohol exposure and maternal abuse of illegal drugs

The Reality: Use During Pregnancy

SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2008-2009 Annual Average
Total U.S. Births 2009: 4,131,000

<table>
<thead>
<tr>
<th>Substance Used (Past Month)</th>
<th>1st Trimester</th>
<th>2nd Trimester</th>
<th>3rd Trimester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Illicit Drug</td>
<td>8.5%</td>
<td>3.2%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Alcohol Use</td>
<td>20.4%</td>
<td>6.5%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Binge Alcohol Use</td>
<td>11.9%</td>
<td>0.9%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>22.4%</td>
<td>12.6%</td>
<td>11.6%</td>
</tr>
</tbody>
</table>

National vs. Local Rates of Positive Screens

Despite These High Rates...

- The rates of admission of pregnant women to treatment are very low
- The national average is that only 3.9% of all women admitted to treatment are pregnant—and less than 2% of all admissions. (US total in 2009 was 24,759 pregnant women /estimated total of 410,000 women needing brief or longer treatment)
- “Priority access to treatment” is not policy at the present time
- Brief interventions in response to prenatal screening are Medicaid-reimbursable, but few states are fully using the available tools

Why are substance-exposed births important?

- Though a small percentage of CWS cases, these children are disproportionately affected by many lifetime conditions
- Prenatal exposure to alcohol is the leading cause of mental retardation
- Special education classrooms contain a disproportionate number of children who were prenatally exposed to drugs
- SEIs require a higher level of public spending than many other target groups

We can’t afford not to take on this problem

- Estimated annual costs of FASD in one study were $21,642 a year.*
- Another 2002 estimate found that the total lifetime costs for caring for those children that survive prenatal exposure to drugs or alcohol ranges from $750,000 to $1.4 million.**
- If costs for special education and mental retardation (which is the most preventable effect of prenatal alcohol exposure) are added, these estimates rise even higher.
- None of these studies account for failed foster care placements or adoptions—which some estimates place as high as 25% for special needs children, including those prenatally exposed to drugs or alcohol.***

**Estimated Costs Related to the Birth of a Drug and/or Alcohol Exposed Baby. (2002) Kalotra, C.J.
***http://www.childwelfare.gov/pubs/s_disrup.cfm
No One Agency

The SEI issue does not “belong to” any one agency, because it demands
– comprehensive services
– provided along a continuum of prevention, intervention and treatment
– at different developmental stages in the life of the child and family
No single agency can deliver all of these

The Needed Partners

Collaboration on SEI issues requires roles for:
– Hospitals
– Private physicians
– Health care management plans
– Maternal and child health
– Children’s and adult mental health
– Domestic violence agencies
– Child welfare
– Drug and alcohol prevention, treatment and aftercare
– Developmental disabilities agencies
– Schools and special education
– Family/dependency courts
– Child care and development
– Employment and family support agencies
– And more…

The 10-State Study

Findings, Models and Implementation

State Policy, Practice and Models

10-State Study
– Findings
– Models
– Implementation
Within the Five Points of Intervention
1. Pre-pregnancy and public awareness
2. Prenatal screening and support
3. Screening at birth
4. Post-natal services to infants
5. Post-natal services to parents
1. Pre-Pregnancy

What States and Localities Are Doing:
- States have worked with institutions of higher education in disseminating this message
- Federal "Drug Free Schools and Communities Act Amendments of 1989"
  - Universities and educational institutions that accept federal funding must notify their employees and students that use of alcohol during pregnancy may have detrimental effects on their children
  - Model: University of Massachusetts

What Needs Doing:
- Expanded efforts on campuses and among high-risk young women and men
- Approaches to industry to fund expanded public information efforts

2. Prenatal Screening and Services

What States and Localities Are Doing:
- All States had some prevention efforts and some form of prenatal screening efforts
  - Model: Washington State has developed detailed guidelines for prenatal screening, and a quality improvement effort that seeks “universal screening” for substance use
  - Some jurisdictions within States had screening policies
- All States gave pregnant women priority status in entering treatment, in accord with federal requirements

What Needs Doing:
- Medicaid guidelines for prenatal screening
- Implementation of SBIRT brief intervention
- Admissions of pregnant women are a very small percentage of total admissions to treatment: 3.9% of all women admitted, less than 2% of all admissions
- Links from prenatal screening to home visiting referrals
3. Screening and Testing at Birth

What States and Localities Are Doing:
- Reporting requirements
  - 5 of 10 study States require reporting to CPS at birth
    - 2 study States require as mandated reporters
- Defining substance exposure as evidence of child abuse or neglect
  - 7 out of 10 study States; 40% of all States
  - Policies vary for different substances
    - “controlled substance,” “addictive drug,” “non-prescription, controlled substance or signs of fetal alcohol syndrome,” “cocaine, heroin or a derivative thereof”
- FASD issues have received new attention in some States – HI, MD, MN, ME

What Needs Doing:
- Hospitals’ policies vary widely with few standardized protocols that are consistently implemented
- States do not monitor screening and referrals
  - Hospitals do not usually provide CPS agencies with totals of screenings at birth, results of tests, or number of referrals made to CPS
- Detection of and response to FAS and FASD is inconsistent in policy and practice; CAPTA referrals not totaled in most states

4. Post-Natal Services to Infants and Children

What States and Localities Are Doing:
- Early intervention policies and process for referrals to IDEA are still emerging
  - Two out of 10 Study States (MA and RI) have strong links between IDEA referrals and SEIs in child protective service agencies
- Some States have supplemented federal funding set-asides for treatment for pregnant and parenting women
  - 5 of the 10 study States
  - 37% of all States
- Strong models of family-centered services have been developed

What Needs Doing
- Child welfare developmental assessments are not consistently performed for SEIs or for older children of substance abusers who may be prenatally-exposed but entered child welfare at older ages
- Capacity of programs is not sufficient to serve all those in need of treatment for women and infants
### Some State and Local Models by Intervention Level

<table>
<thead>
<tr>
<th>Intervention Level</th>
<th>Model/Program</th>
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<tbody>
<tr>
<td>Pre-pregnancy</td>
<td>Notices in public places where alcohol is served—many states</td>
</tr>
<tr>
<td></td>
<td>Information in testing kits: CA</td>
</tr>
<tr>
<td>Prenatal</td>
<td>Statewide screening efforts: WA, LA, NJ</td>
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<tr>
<td></td>
<td>County-level screening: Some CA counties</td>
</tr>
<tr>
<td></td>
<td>Prevalence studies: Orange County</td>
</tr>
<tr>
<td>At Birth</td>
<td>Links to Part C agencies/CAPTA reporting: MA, ME, CL, RI</td>
</tr>
<tr>
<td>Infant/Toddler/Preschool</td>
<td>COSA programs</td>
</tr>
<tr>
<td>School-age</td>
<td>COSA programs</td>
</tr>
</tbody>
</table>

### States’ Coordination Efforts

#### What States are Doing:
- All study States have perinatal councils or other coordinating bodies that address SEI issues
  - IDEA interagency councils
  - Women’s treatment interagency councils
  - Early childhood coordinating councils
  - Interagency child welfare reform bodies
- Several states have created working groups focusing on FASD issues

#### What Needs Doing:
- None of the study States have an interagency process to monitor data, effectiveness or outcomes across agencies
- None of the study States have developed policy at each of the five points of intervention for mothers and infants
If we were serious about substance-exposed infants—what would we be doing?

• States would monitor the issue as a priority in their early childhood, home visiting, and health reform agendas
• States would have annual report cards on the indicators that best measure the scale of the SEI problem and annual progress in reducing it
• States would have inventories of all state agencies and programs that work on SEI issues
• States would track both their spending to address the problem and the cost savings that result from effective programs
• There would be an interagency body responsible for all of the above tasks

How could a state self-assess its current collaboration on SEI issues?

• Review all five levels of policy: inventory current resources in each of the five areas
• Review the results in each area—how do we measure progress or success?
• Review the data—what do we know, where are the gaps, how can info systems be improved?
• Review who is at the table and who is missing
• Review the options for a strategic plan across agencies with shared outcomes

An example: self-assessing current prenatal services

• What current screening practices do physicians use? Are 4Ps Plus or other brief, validated screening tools used?
• How many Medicaid births [41% nationally] are screened?
• How many referrals are made to treatment from prenatal screening? What %?
• What estimates do we have for current prenatal exposure—how do #s of referred women compare to the estimated need?
• What is the treatment gap and how does it compare to total of women entering treatment—is there an issue of priorities?

The Message of the Missing Numbers

• Sherlock Holmes: the case of the dog that didn’t bark
• Sometimes it is what doesn’t happen that matters most—lacking the numbers to measure a problem may be the problem
• Caring enough to count is the heart of accountability
Barriers to Policy Change

- Lack of a comprehensive state plan at all five levels and an interagency body to monitor progress
- Concern that residential/family treatment will be de-emphasized in health policy and funding changes
- Concerns about punitive responses to referrals to child welfare from prenatal screening and hospitals
- Lack of Medicaid, home visiting, or CAPTA guidelines emphasizing prenatal screening referrals and priority access to treatment
- Lack of accurate prevalence data

The Biggest Policy Questions

- Can a pregnancy screening (like 4Ps Plus©) be the trigger for “upstream” services and referral to treatment?
- Can a mandated SEB report to CPS be the trigger for “downstream” follow-up services to child and parent(s)?
  - Home visiting, family support, parenting skills, child development and developmental screening
- With Medicaid covering nearly half of all births, why aren’t we screening for prenatal exposure?

Opportunities for Advancing Policy

- CFSR review—spotlight on the child welfare system’s SEI reunification outcomes
- Federal treatment information system changes and new HI investments
- Expansion of treatment due to Affordable Care Act coverage and new parity regulations—setting priorities for covered services and target groups
- Home visiting expansion: target PNS referrals
- Using Medicaid funding of births to leverage prenatal screening efforts—mandated guidelines for reimbursement

Opportunities for Advancing Policy II

- IDEA referrals under CAPTA: start counting
- Blend screening and assessment of maternal depression with screening for prenatal exposure
- Renewed focus on school readiness issues: review Head Start and other early childhood practices to ensure that SEI children are not screened out of the mandated special needs population
Supporting changes and options

- Information systems: unique identifiers for SEI caseloads across agencies; ongoing data matching to ensure service adequacy and track outcomes
- Child welfare worker training in SEI issues using Title IV-E university resources
- Statewide Title IV-E waivers targeting SEI children and parents
- Ensure that family treatment and residential treatment options are part of new health exchanges, essential services packages, and private health coverage under parity

The levers of policy change

- Better and earlier screening and assessment
- Better prenatal care and referrals for brief intervention and longer-term treatment as needed
- Better and earlier therapeutic intervention for parents and infants
- Better and longer-term monitoring of child developmental milestones
- Better in-home family support services: home visiting and other in-home interventions

<table>
<thead>
<tr>
<th>The Stages of Intervention</th>
<th>The Levers of Policy Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-pregnancy</td>
<td>Public education campaigns, targeting on higher-risk groups, with surveys to determine impact</td>
</tr>
<tr>
<td>Prenatal</td>
<td>Medicaid funding and requirements for prenatal screening for substance use, Medicaid funding for SBIRT, inclusion of prenatal screening in federal preventive care guidelines, state prenatal care guidelines, and private insurance coverage, Training in support of the above practices</td>
</tr>
<tr>
<td>The birth event</td>
<td>Screening and referrals to treatment: links to hospital accreditation, CAPTA referrals to CPS for monitoring, not maltreatment reports, State agency annual reporting of total CAPTA referrals, Training in support of the above practices</td>
</tr>
<tr>
<td>Infants and toddlers 0-3</td>
<td>Early childhood council agendas that address SEIs as special needs children, CAPTA referrals to Part C agencies for developmental screenings, Home visiting screening for substance abuse as a risk factor, Leveraged resources from new funding for health care workers staffing and training, Family drug court prioritization of 0-3 SEI population</td>
</tr>
<tr>
<td>Preschool</td>
<td>Protocols for handoffs and follow-up between Part C agencies and schools’ early special education caseloads</td>
</tr>
<tr>
<td>School-age and adolescents</td>
<td>Continuing family support, Targeted prevention services, Teen pregnancy prevention</td>
</tr>
</tbody>
</table>

Collaborative Practice and Policy Tools

- Ten Element Framework – A method to organize collaborative activities in specific practice and policy areas
- Collaborative Values Inventory – An anonymous way to explore values and beliefs to facilitate the development of common principles using web-based data collection
- Collaborative Capacity Instrument – An anonymous way to assess the strengths and challenges in each of the areas of system linkages using web-based data collection
- Collaborative Practice Model – A practice-based approach that specifies characteristics of advanced collaboration practice in the elements of system linkages
- Online Trainings: Three modules for child welfare workers, workers in treatment agencies, and court and judicial personnel
- Screening and Assessment for Family Engagement, Retention and Recovery — SAFERR — A guidebook to develop effective communication across systems while engaging families in services
How do I access technical assistance?

- Visit the NCSACW website for resources and products at [http://ncsacw.samhsa.gov](http://ncsacw.samhsa.gov)
- Email us at ncsacw@cffutures.org
- Call us: 1-866-493-2758