

Substance-Exposed Infants: Policy, Practice and Opportunities

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Overview

- The policy context
- The numbers
- The 10-State study
- A policy and practice framework
- State policy and practice: findings, models and implementation
- Opportunities for advancing policy
- The critical choices



Substance-Exposed Infants



The Policy Context

The Policy Context

- Child Abuse Prevention and Treatment Act (CAPTA) amendments of 2003
 - Referrals of newborns identified as affected by illegal substance abuse or withdrawal symptoms
 - Referrals of children birth to age 3 to Early Intervention Services
- Increasing number of pregnant women and children affected by maternal use of methamphetamines
- Research on fetal alcohol spectrum disorders and alcohol-related neurodevelopmental disorders
- Congressional caucus addressing this issue
- Proposed State legislation aimed at both fetal alcohol exposure and maternal abuse of illegal drugs

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...



Maternal Substance Use and Substance-Exposed Infants



The Numbers

The Numbers

- Use during pregnancy
- Women and pregnant women needing and receiving treatment
- Substance-exposed infants

Use During Pregnancy

SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003

Substance Used (Past Month)	1st Trimester	2nd Trimester	3rd Trimester
Any Illicit Drug			
Alcohol Use			
Binge Alcohol Use			

Use During Pregnancy

SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003

Substance Used (Past Month)	1st Trimester	2nd Trimester	3rd Trimester
Any Illicit Drug	7.7% women 315,161 infants		
Alcohol Use			
Binge Alcohol Use			

Use During Pregnancy

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Substance Used (Past Month)	1st Trimester	2nd Trimester	3rd Trimester
Any Illicit Drug	7.7% women 315,161 infants		
Alcohol Use	19.6% women 802,228 infants		
Binge Alcohol Use			

Use During Pregnancy

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Substance Used (Past Month)	1st Trimester	2nd Trimester	3rd Trimester
Any Illicit Drug	7.7% women 315,161 infants		
Alcohol Use	19.6% women 802,228 infants		
Binge Alcohol Use	10.9% women 446,137 infants		

Use During Pregnancy


SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003

Substance Used (Past Month)	1st Trimester	2nd Trimester	3rd Trimester
Any Illicit Drug	7.7% women 315,161 infants	3.2% women 130,976 infants	
Alcohol Use	19.6% women 802,228 infants	6.1% women 249,673 infants	
Binge Alcohol Use	10.9% women 446,137 infants	1.4% women 57,302 infants	

Use During Pregnancy

SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003

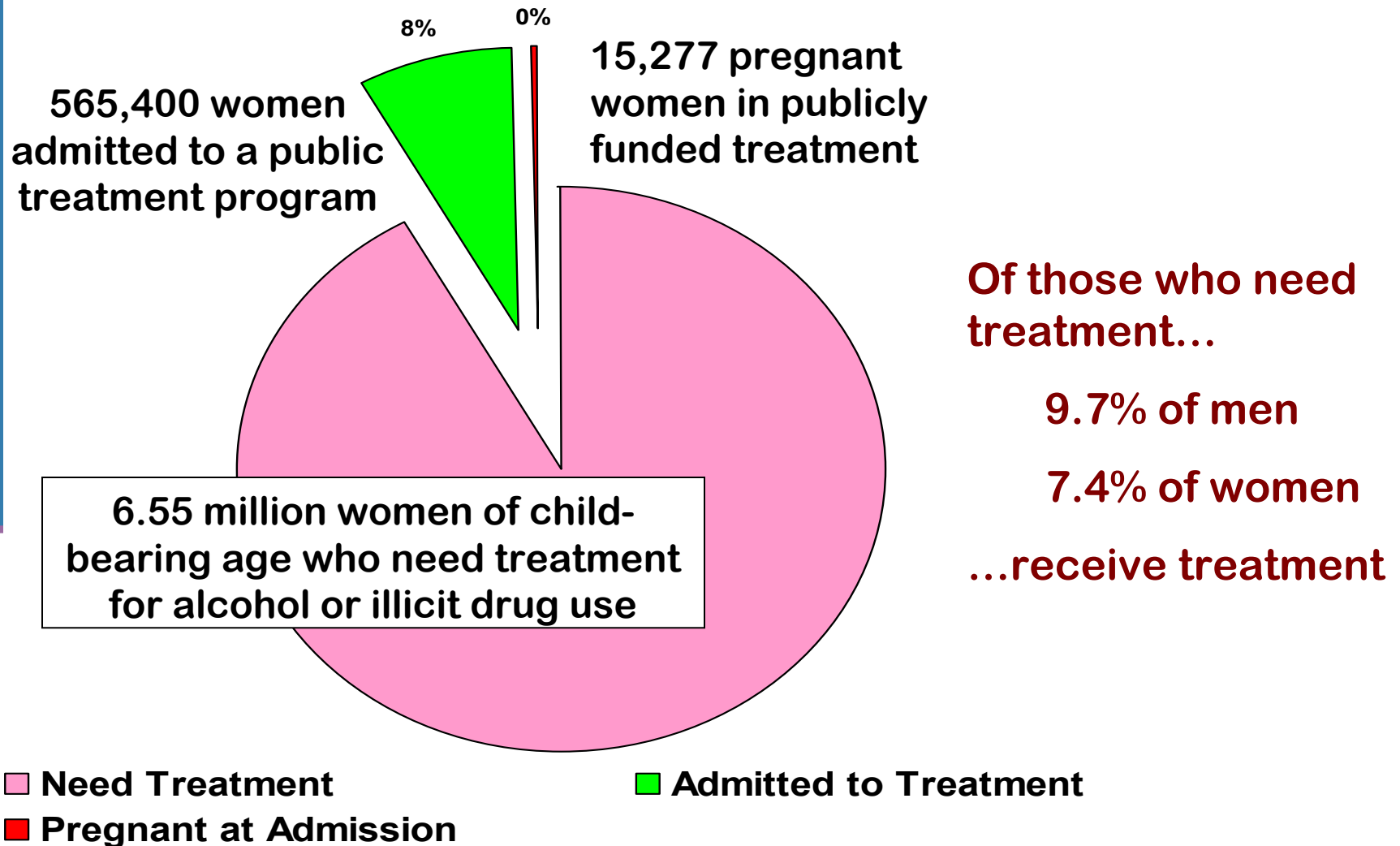
Substance Used (Past Month)	1st Trimester	2nd Trimester	3rd Trimester
Any Illicit Drug	7.7% women 315,161 infants	3.2% women 130,976 infants	2.3% women 94,139 infants
Alcohol Use	19.6% women 802,228 infants	6.1% women 249,673 infants	4.7% women 192,371 infants
Binge Alcohol Use	10.9% women 446,137 infants	1.4% women 57,302 infants	0.7% women 28,651 infants



How are we doing at identifying and providing services to pregnant and parenting women who need treatment?

Women and Pregnant Women in Treatment

- There are four million births annually, and six and a half million women of child-bearing age who need treatment



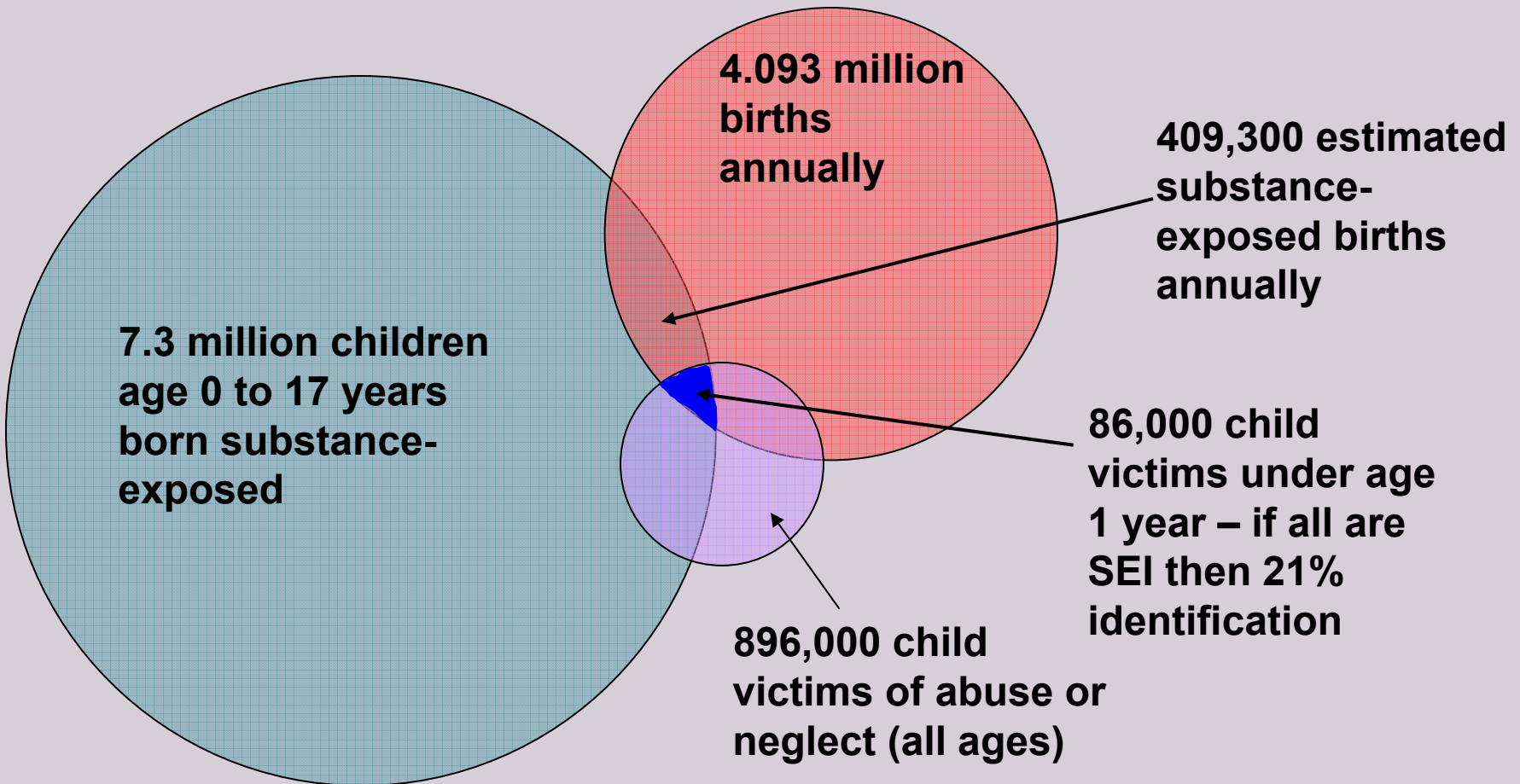
Number of Substance-Exposed Infants

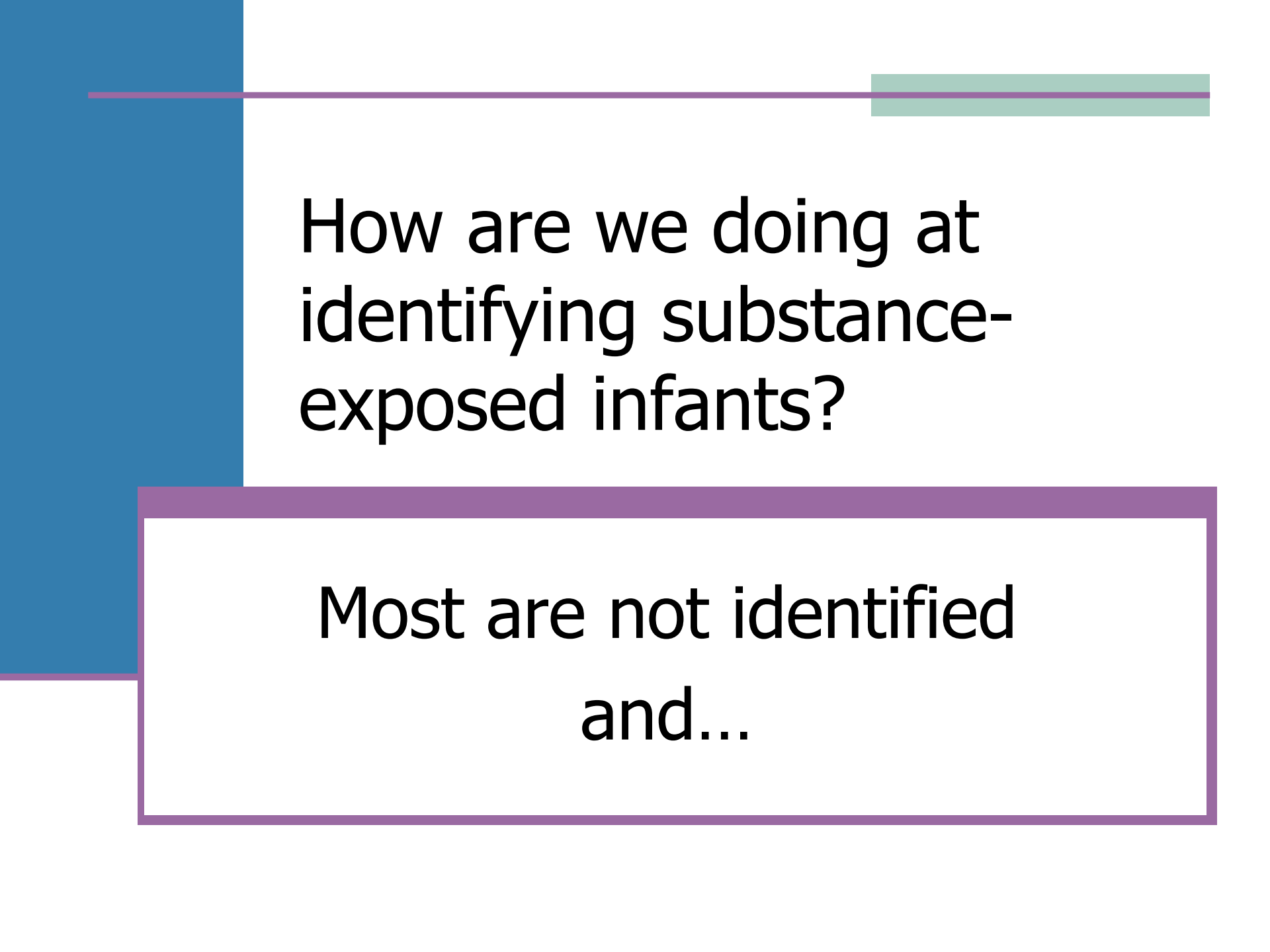
Estimates are that 10-11% of all newborns are prenatally exposed to alcohol or illicit drugs; this translates to:

- An estimated 400,000-480,000 substance exposed births nationwide last year
- A cumulative 7.3 million of the 73 million children ages 0 to 17 years old

A Graphic View

73 million children and youth age 0 to 17 years





How are we doing at
identifying substance-
exposed infants?

Most are not identified
and...

Most go home...

80-95% of substance-exposed infants are undetected and go home.

Why?

- Many obstetricians don't ask
- Many hospitals don't ask, test or systematically refer to CPS
- State law may not require report or referral
- Tests only detect very recent use

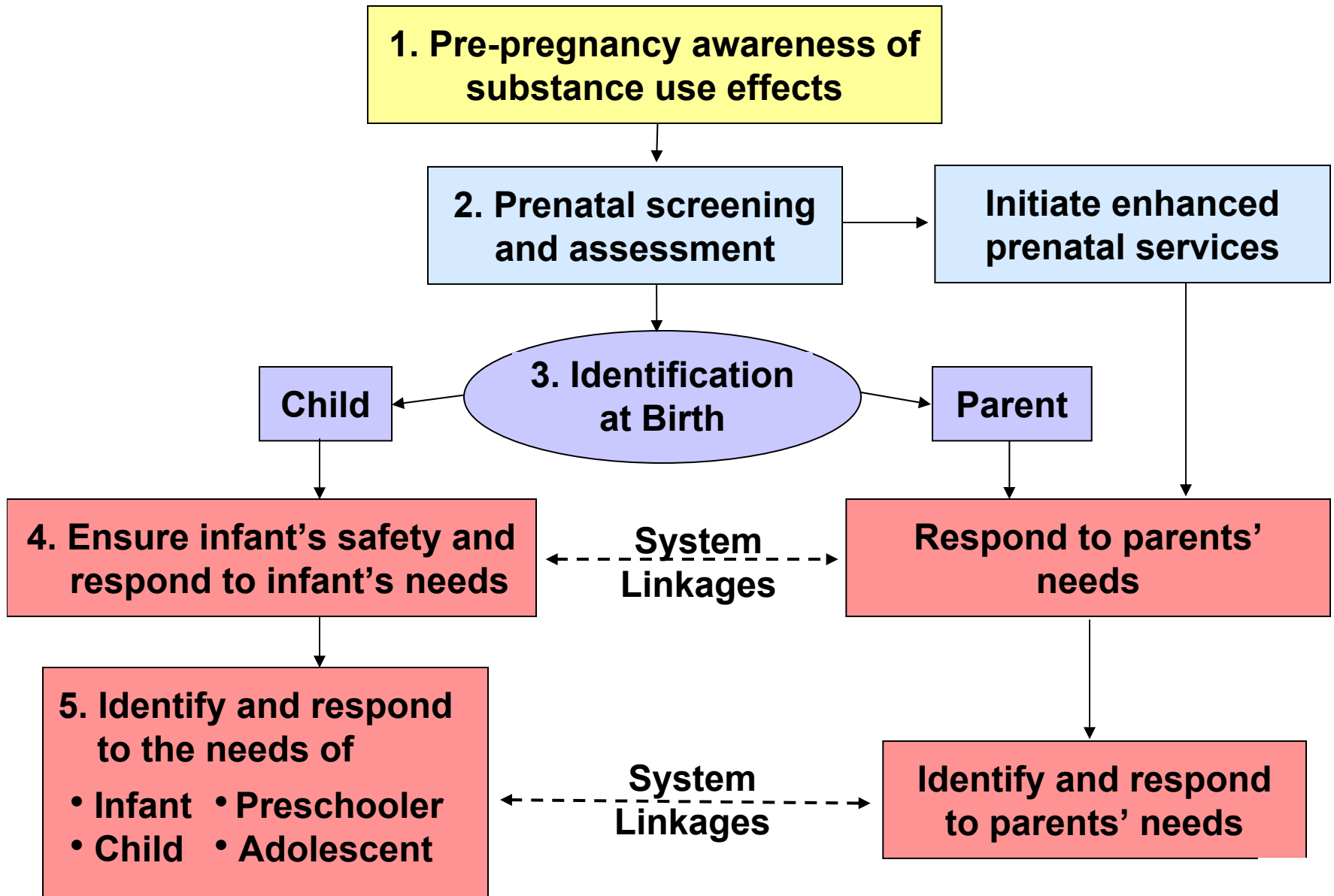


A Policy and Practice Framework



Five Points of Intervention

Policy and Practice Framework: Five Points of Intervention





The 10-State Study



Methods and Design

The 10-State Descriptive Study

- Purpose was to better understand and describe States' policy regarding substance exposed infants
- Coordinated with AIA study
- Reviewed Federal and State legislation
- Reviewed State publications
- Reviewed other national assessments of substance exposed infant and family issues

The 10-State Study

- Selected 10 States for in-depth interviews based on efforts in one or more of the first points of intervention
 - California, Hawaii, Illinois, Maryland, Massachusetts, Minnesota, Rhode Island, South Carolina, Virginia, and Washington
- Developed interview guide based on the policy and practice framework five points of intervention

What Kinds of Policy

- Federal laws
- State legislation
- State regulations and guidelines
- State budget allocations
- State interagency bodies with policy responsibilities
- The implementation of policy
 - Respondents' view of what happens in the field
 - Reviewed State and national data that may indicate how policy had been implemented

The 10-State Study

- Conducted 1- to 2-hour interviews as an open-ended guided discussion
 - Contacted the Women's Treatment Coordinator in each State
 - Identified officials from several departments across agencies
 - 3 to 4 respondents in each State



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

c1

Numbering on this slide has to change - 4 is postnatal response for infants and parents, where 5 is also id and respond to needs of children and parents

cotero, 9/26/2005

1. Pre-Pregnancy

Findings

- States have developed public education campaigns
 - Warning signs at point of sale
 - 3 out of 10 study States
 - 37% of all States
 - Warning signs at other venues such as marriage license departments
 - 3 out of 10 study States
 - 24% of all States

1. Pre-Pregnancy

Findings

- 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

1. Pre-Pregnancy

Implementation

- Rates of first trimester use suggest that the message is not getting through to a critical group of pregnant women
- Use during 1st Trimester
 - 7.7% women used any illicit drug (315,161 infants)
 - 19.6% women used alcohol (802,228 infants)
 - 10.9% women engaged in binge alcohol use (446,137 infants)

2. Prenatal Screening and Services

Findings

- 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

2. Prenatal Screening and Services

Implementation

- No States *require* prenatal screening for substance abuse
- Medicaid funds 37% of births, but it is typically not used for encouraging nor requiring screening programs

2. Prenatal Screening and Services

Implementation

- Referrals of pregnant women to treatment and progress in treatment are not monitored on a Statewide basis
- Wait lists persist in some States—particularly for residential care
- Admissions of pregnant women are a very small percentage of total admissions

3. Screening and Testing at Birth

Findings

- Policies on screening at birth are generally not at the State level
 - Local hospital policy dictates screening practices such as who is screened
- Reporting requirements
 - 5 of 10 study States require reporting to CPS at birth
 - 2 study States require as mandated reporters
 - 37% of all States
 - Recent legislation proposed or enacted in some States has expanded requirements for referrals when drug exposure is detected -- AR, CO, LA, NV, WA

3. Screening and Testing at Birth

Findings

- 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

3. Screening and Testing at Birth

Implementation

- 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

4. Post-Natal Services to Infants and Children

Findings

- 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

4. Post-Natal Services to Infants and Children

Implementation

- Too early for the 10 study States to have data on increased referrals due to CAPTA/IDEA changes
- 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

4. Post-Natal Services to Infants and Children

Implementation

- Too early for the 10 study States to have data on increased referrals due to CAPTA/IDEA changes
- 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**

4. Post-Natal Services to Parents

Findings

- 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

4. Post-Natal Services to Parents

Implementation

- Significant data gaps exist
 - TEDS requires “pregnant at admission” but not “parenting”
- Capacity of programs is not sufficient to serve all those in need of treatment for women and infants

States' Coordination Efforts

Findings

- All study States have perinatal councils or other coordinating bodies that address SEI issues
 - IDEA interagency councils
 - Women's treatment interagency councils
 - Early childhood coordinative councils
 - Interagency child welfare reform bodies

States' Coordination Efforts

Implementation

- None of the study States have an interagency process to monitor data, effectiveness or outcomes across agencies

States' Coordination Efforts

Implementation

- Information gaps make tracking progress difficult
 - Prevalence data gaps
 - SEI referral data gaps
 - Mothers treatment referral data gaps
 - Treatment outcomes data gaps
- Funding comprehensive services demands skillful efforts to access multiple funding sources; few States have current inventories of available funding

Summary

- These 10 States are responding to the SEI problem and the 2003 CAPTA changes with some strong programs
- None of the study States have developed policy at each of the five points of intervention for mothers and infants
- State policy implementation occurs across a diverse set of agencies requiring extensive coordination

Opportunities for Advancing Policy

- CFSR review II—spotlight on the child welfare system's SEI reunification outcomes
- Federal treatment information system changes
- Monitoring of child and family service state plans

Opportunities for Advancing Policy

- IDEA referrals under CAPTA
- Renewed focus on school readiness issues
- Using Medicaid funding of births to leverage screening efforts

Conclusions

Four key policy challenges:

- There are many opportunities *before and after the birth event* to intervene—a balanced policy would address all five stages of the SEI problem
- To address all five stages, States need much stronger coordination that monitors progress across multiple agencies

Conclusions

Four key policy challenges:

- States don't track SEIs and treatment for mothers well enough to measure whether they are making progress on the problem or to justify additional resources
- Treatment programs do not admit enough pregnant and parenting women in comparison to those who need treatment services

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