



Preventing Pre-Natal Exposure:

A Collaborative Effort Toward "Superior Babies"

National Alliance for Drug Endangered Children
Conference
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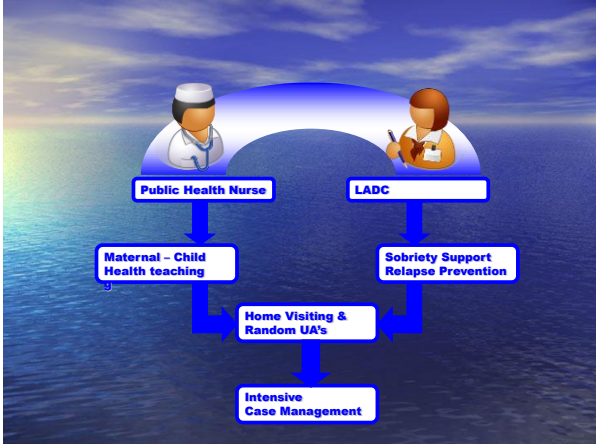
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Program Goals

1. Reduce the incidence of Fetal Alcohol Spectrum Disorders (FASD), and other chemically related health effects by identifying and serving pregnant women suspected of or known to use or abuse alcohol and other drugs.
2. Promote healthy birth outcomes, normal growth and development and positive parenting.



Program Components

- ## Referral Sources
- Social Services
 - Probation
 - Clinics
 - WIC Program
 - Chemical Dependency Treatment Professionals
 - Self/family

Participation

- Admission: As early in pregnancy as possible
- Continued postpartum involvement with sobriety as a goal
- Graduation: Baby's 2nd Birthday

Interventions

- Collaborative case-management
 - Discipline specific visit protocols
- Multidisciplinary Approach
 - Public Health Nurse
 - Licensed Alcohol and Drug Counselor
- Multiple types of contacts
 - Home visits (primarily), office visits, telephone contacts, collateral contacts

Activities

- Frequent Home Visits
- Random UA's
- Intensive Case Management
- Team Approach of PHN & LADC with regular communication
- Establish positive trusting relationship with client
- Monthly team staffing with Supervisor
- Client Incentives
- Toxicology tests at birth

Interventions

Assessment and Education

- NCAST Tools & Scales
- Home Safety Checklist
- Developmental Screening Tools
- Adult -Adolescent Parenting Inventory (AAPI-2)
- Depression Screening
- Bonding/Attachment Videos
- Toxicology at birth
- Chemical Use Assessment and Recommendations
- Relapse Prevention Education
- Random Drug Screening
- Video of Parent-Child Interaction

Interventions

- Support and Advocacy
- Referrals to Community Resources
 - Transportation
 - Housing
 - Mental Health
 - Education and Employment
 - Parenting (Early HeadStart and ECFE)
 - CD Treatment and 12-step involvement

Program Strengths

- Serves appropriate clients
- Effective interdisciplinary model
- Consistent Staff
- Frequent communication between team members; regular clinical staffing
- Regular random UA's for toxicology
- Extensive client contacts/case management
- Good birth outcomes

2004

Weaknesses and Conclusions

- Weaknesses
 - High drop-out rate postpartum
- Conclusions
 - ✓ Significant advantage for PHN's to partner with staff who have expertise in chemical dependency.
 - ✓ Gaining and maintaining the trust of participants is an integral part of the program.
 - ✓ Flexibility and practical problem solving are key elements.

2004

2004 Evaluation Participant Characteristics

- Generally young, 74% were < 30 years old
- Half entered SB in the first trimester
- Almost half had previous chemical dependency treatment
- Nearly half have mental health issues
- Over half had income below Federal Poverty Guidelines
- One-third of the women had previous criminal justice system involvement

2004

2010 Evaluation (covers 2007-2010)

- Examines client characteristics
- Summarizes outcomes
- Identifies key components of program
- Suggests important program elements to replicate program
- Provides example cost/benefit analysis

2010 Evaluation (2007-2010) Client Characteristics (N=40)

Characteristic	Number	Percentage
Below federal poverty level	36	90%
Involved with child protection	15	36%
Mental health concerns	24	60%
Mental health treatment at entry	18	45%
Criminal justice involvement	18	45%
Prior substance abuse treatment	21	52%

Client Use at Entry (N=40)

Drug	None	Daily	3-6 times a week	1-2 times a week	1-3 times a month	Unknown
Alcohol	30%	15%	18%	15%	15%	7%
Marijuana	28%	28%	20%	8%	8%	8%

Other reported use:
 19 (48% smoke)
 7 (18% use methamphetamines)
 3 (8%) use inhalants
 8 (20%) use other drugs

Outcomes Reported by Clients in Follow-Up Interviews (N=9¹)

- All reported good to outstanding relationship with Superior Babies staff (67% outstanding)
- 89% reported reduced use of alcohol or drugs
- All reported that other families in similar situations could benefit from program
- All reported their experience with Superior Babies program as very good or excellent
- 89% reported SB program helped with parenting skills
- 89% reported that their lives were much better than they were before first contact with Superior Babies

¹Clients are often transient and difficult to contact after participation in the SB program

Discharge Outcomes (N=38)

- 58 % completed parenting training
- 21% ended involvement with child protection
- Of 26 known at discharge, 96% using birth control
- 50% are using mental health services
- 42% are in 12-step program.

Birth Outcomes (N=41)

2007 – July 31, 2012

Outcome	# of positive outcomes	Results Received ¹	% positive results
Birth Weight	40	41	98%
Gestational Age	38	41	93%
APGAR	39	39	100%
Mother Toxicology	35	36	97%
Baby Toxicology	34	35	97%

¹Some APGAR and toxicology tests were not completed at hospital or available

Recommendations for Professionals Starting Programs for Women At-risk for FASD

- Focus on communication in creating PHN/LADC partnership
- Network with other professionals (e.g., probation officers, social workers, physicians, WIC for referrals)
- Lay out expectations for clients early in relationship
- Incorporate intensive case management
- Work to develop trust with client through honoring who they are, visiting in home, being honest, providing support
- Incorporate regular, random urinalysis
- Meet with supervisor for regular staffings

Challenges for Program

- Clients are addressing multiple issues (CD, MH)
- Many clients have transportation issues (rural)
- Difficult to facilitate group support
- Client participation is usually voluntary
- Funding is an on-going challenge

Funding is a Good Investment!

- Mothers who are very highly at-risk are obtaining excellent birth outcomes
- Cost of lifetime services for a child with FASD averages about \$2 million
(www.fasdcenter.samhsa.gov/publications/cost.cfm)
- Cost to provide Superior Babies program for one year is \$100,000
- If only one FASD birth is prevented every 20 years, program pays for itself
- Very likely more FASD births and other negative birth outcomes are prevented
