

Massachusetts FASD Prevention Initiatives



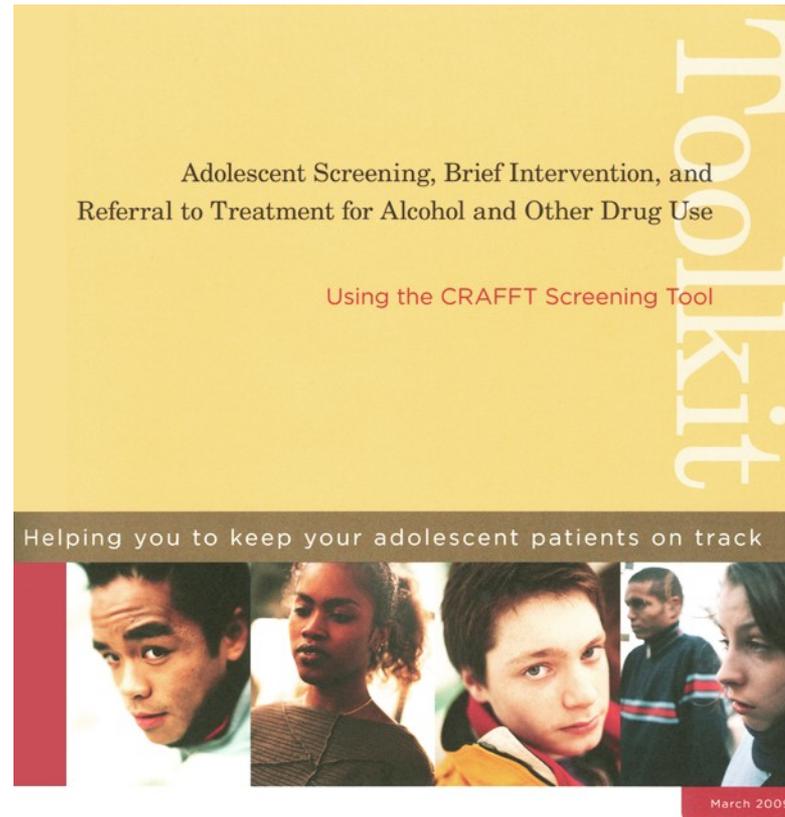
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Part of State Strategic Plan

- Governor's Interagency Council on Substance Abuse and Prevention
 - Improve access to substance use and addictions screening and services
 - Strategy 1: Integrate substance use and addictions screening, services and skills into health care settings, including primary care, emergency departments, federally qualified health centers and medical homes.
- Bureau of Substance Abuse Services priority
 - Integrate substance use screening, services and skills into health care settings

MDPH Adolescent SBIRT Toolkit



Massachusetts Department of Public Health
Bureau of Substance Abuse Services



CRAFFT (Adolescents)

- C** Have you ever ridden in a **CAR** driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
- R** Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?
- A** Do you ever use alcohol/drugs while you are by yourself, **ALONE**?
- F** Do you ever **FORGET** things you did while using alcohol or drugs?
- F** Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?
- T** Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?

Toolkit Contents

- Provider Guide: Using the CRAFFT
- MDPH booklets for parents of adolescents (12+) and for youth who have screened positive for unhealthy substance use
- Reimbursement resources for SBIRT
- Coming soon: Web-based copy on mass.gov/dph/bsas . . .

MDPH Women's SBIRT Toolkit

Protecting Women and Babies from Alcohol and Drug Affected Births: Tools and Resources

Included: CME course from ACOG and other resources

COMMONWEALTH OF MASSACHUSETTS
BUREAU OF SUBSTANCE ABUSE SERVICES
BSAS
Massachusetts Department of Public Health

MDPH/BSAS/IHR

The Alcohol and Other Drug Issues

- Alcohol is often used in combination with other substances (AOD).
- Toolkits offer “Issues and Answers on Alcohol and Other Drug Use” sheet
- Message: No amount of alcohol is safe during pregnancy
- Heavy AOD use may indicate need for detox; Toolkits provided resources on detoxification and other counseling

Protecting Women and Babies from Alcohol and Drug Affected Births: Tools and Resources

- Offers ACOG continuing medical education credits for “Drinking and Reproductive Health” Course on CD
- Provides 2 screening tools, a release of information form and treatment resources
- Offers information on priority given for treatment of pregnant women in MA Department of Public Health programs

Transferable Approach to Prevent FASD and Drug-Affected Births

- Because 50% of pregnancies are unplanned, we recommend primary prevention as well as intervention
- Health care professionals are given resources to be proactive with all women of childbearing age
- FASD Center for Excellence Resources are disseminated

Resources for Prevention

- Providers are encouraged to order bulk quantities for one-to-one distribution, and for waiting rooms
- Woman-focused booklet with Helpline number
- Print resources in English and Spanish

The IHR 5 P'S Behavioral Risk Screening Tool

- Did any of your **Parents** have a problem with alcohol or other drug use?
- Do any of your **Peers/friends** have a problem with alcohol or other drug use?
- Does your **Partner** have a problem with alcohol or other drug use?
- In the **past**, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?
- In the past month (**present**) how often did you drink beer, wine, wine coolers or liquor or use illegal drugs? Q/F? How many days did you have 4 or more drinks per day?

The IHR 5 P'S Behavioral Risk Screening Tool (cont)

- Have you smoked any cigarettes in the past three months?
- Emotional Health
 - Over the last few weeks, has worry, anxiety, depression, or sadness made it difficult for you to do your work, get along with people, or take care of things at home?
- Violence
 - Are you currently or have you ever been in a relationship where you were threatened, controlled, physically hurt, or made to feel afraid?

Spreading the Word

- Toolkit was sent to every federally-approved Health Center and OB/GYN physician in MA
- 2,000 were placed in the MA Health Promotion Clearinghouse in July 2011
- Most have been disseminated, and a reprint is in process

MDPH Toolkit's Evaluation Ideas

Adolescent Screening, Brief Intervention, and Referral to Treatment for Alcohol and Other Drug Use

Using the CRAFFT Screening Tool

Toolkit

Helping you to keep your adolescent patients on track



March 2009

Massachusetts Department of Public Health
Bureau of Substance Abuse Services



Protecting Women and Babies from Alcohol and Drug Affected Births: Tools and Resources

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Massachusetts Department of Public Health

MDPH/BSAS/IHR

Possible Measures of Changes Over Time

- Ideally, comparisons since 2009
- Fetal deaths from short gestational age and low birth weight
- Congenital malformations
- Pregnancy complications
- SIDS
- Complications of the placenta
- Other?

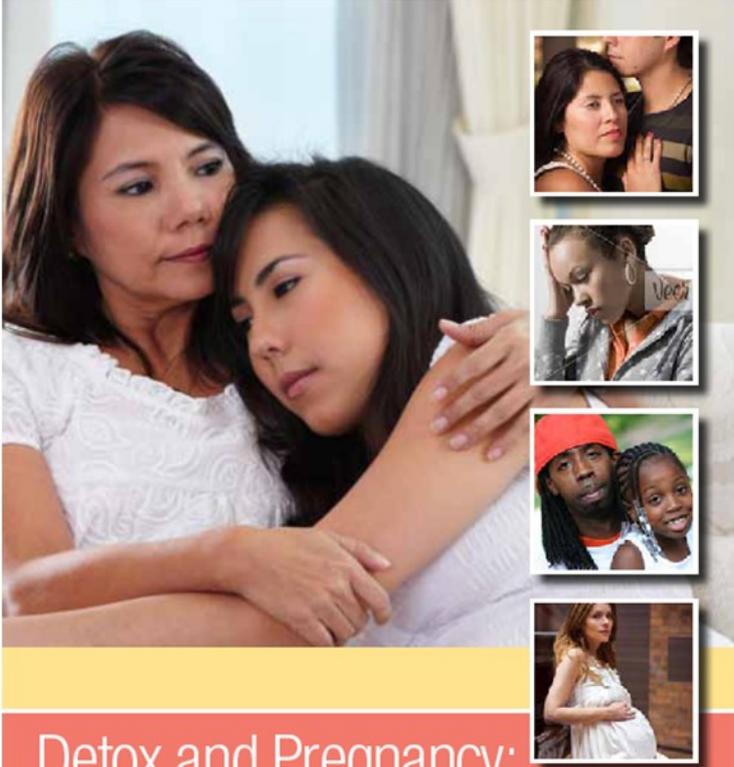
2008 BSAS Pregnant Women's Task Force

- Priority population under SAMHSA block grant
- To make regulatory, contract, standards, language as consistent as possible to remove barriers to accessing treatment to extent possible



MDPH/BSAS/IHR

Detox and Pregnancy



Detox and Pregnancy:
WHAT FAMILY AND FRIENDS
NEED TO KNOW

Detox and Pregnancy



The image is a composite graphic. On the left, a large photograph shows a woman with her hand to her forehead, looking distressed. A sign with the word "Veet" is visible in the background. To the right of this main image are four smaller, square portrait photos of different women, arranged vertically. The entire graphic is set against a background with a red top bar and a yellow bottom bar.

Detox and Pregnancy:
WHAT YOU NEED TO KNOW

Pregnant Women & Detox: The First 24 Hours



Pregnant women and detox: the first 24 hours

What is detox? Detox is a place for you to get help to safely stop drinking or using drugs. Detox staff will help you get sober and ready for treatment.

How long will I be in detox? Every person is different. The time you need in detox depends on a lot of things, including:

- How sick you get
- What drugs you were using
- If you have other health or mental health problems

What will happen to me during detox?

- A doctor or nurse will give you a physical exam and ask you about your alcohol and drug use. Tell detox staff about all drugs you are taking. Taking certain medicines at the same time as some detox drugs can harm you and your baby.
- You will get medicine to help you feel better. Your body is used to taking drugs, and it feels sick without them. The sickness you feel is called withdrawal.
- Your doctor may give you medicines to protect you and your baby until the alcohol or drugs are out of your system.

You need to call your insurance provider right away and talk to them about other services they might be able to give you. The phone number to call is on the back of your insurance card. You may have two numbers to call: one for 'behavioral' health and one for other health care. Call both numbers.

What if I don't have insurance for care during my pregnancy?
Find out about Healthy Start. This is a health insurance plan for pregnant women who meet certain income requirements. Call 1-888-665-9993 to find out if you can use the plan or 1-800-841-2900 to sign up.

Stay hopeful. You are taking the first step in getting healthy for you and your baby.

Pregnant Women & Detox: The First 24 Hours



Pregnant women and detox: the first 24 hours

I just found out I'm pregnant. Many women find out they are pregnant when they come to detox. This is because all women take a pregnancy test when they start detox.

If you don't have a doctor for your pregnancy (called an obstetrician or OB), the detox staff may be able to help you find one.

You may not be sure if you want to continue with the pregnancy. This is a difficult choice to make. If you want to discuss your choices about the pregnancy, you can talk with a doctor or call Planned Parenthood at 1-800-258-4448.

Detox staff is here to help you. Talk to them about how you are feeling and ask them questions. It is especially important to talk to them if you:

- Have children at home that need someone to take care of them
- Are being abused by a partner
- Are depressed or thinking about suicide (killing yourself)

**Before you leave,
detox staff will help you plan
what to do next.**



XXXXXXXXXXXX

Detox Quick Start Guide: What Pregnant Women Need to Know

Help

- **Your insurance or health plan** can help. Contact them now to find out about medical and support services. Their number is on your insurance card. Some plans offer Intensive Clinical Management: You talk to one person and get the medical and support services you need through community programs.
- Your prenatal doctor (called an **obstetrician or OB**) can help. Make sure he or she knows you are in detox so that you can get the right medical care.
- **Detox staff and other health care professionals** can help. They can talk to you about your choices...about medical treatment, your pregnancy and what happens after detox.

Help

Treatment is important. Here's how to find treatment:

- **The Bureau of Substance Abuse Services** helpline to find treatment: 1-800-327-5050, TTY: 1-888-448-8321 www.helpline-online.org
- **The Institute for Health and Recovery** to find a place to live after detox: 1-866-705-2807 or 1-617-661-3991.
- **Self-Help and 12 step groups** can help.
 - AA** in Eastern Massachusetts 1-617-426-9444 or visit www.aa.org
 - AA** in Western Massachusetts 1-413-532-2111 or visit www.aa.org.
 - NA** 1-866-624-3578 or 1-866-NA-HELP-U www.NowingandNA.org

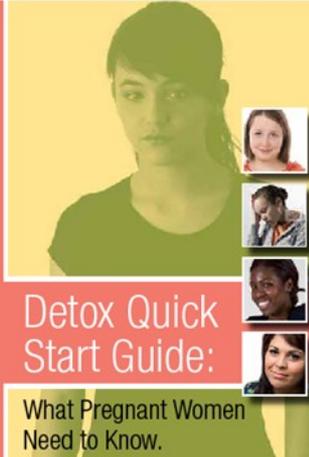
You can make it work.

You can help yourself by talking to someone and letting them know what you are feeling. Opening up will make you feel more involved in your care and help you make the choices that are best for you and your baby.

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Detox Quick Start Guide:

What Pregnant Women Need to Know.

Hope

No matter what your reasons are for being in detox, you have made the right decision. And it is the right time for you to start working on a healthier, more hopeful future for you and your baby. Even if it wasn't your decision, you still have choices about the next steps you take.

It's only natural to have a lot of different feelings about being here. You may feel confused and anxious about what's going to happen to you in the next few weeks. You may not be sure you want to be here, but you can be sure that we are going to take very good care of you and your baby. To get started, you need to know you are not alone. There are a lot of people, ready to help you, right now, on your journey to recovery.



5 steps that can help keep you on your path to recovery.

Step 1 Be honest with yourself and others about how you feel and what's going on in your life. Those caring for you can do a better job if they understand you better.

Step 2 Tell your doctor what drugs you are taking. This is very important to you and your baby because it makes a difference in the care you receive. *Don't worry about DCF. Doctors and detox staff are NOT required to report drug use DURING pregnancy to DCF.*

Step 3 Stay in treatment. Detox is just the beginning. You will need more medical and emotional support to keep moving toward recovery. Treatment choices include methadone programs, getting off drugs completely with the help of a doctor, group counseling and education.

Step 4 Think of next steps. Where will you go after you leave detox? If you're not quite ready to start

your long-term treatment, you might go to a **short, residential program** for up to 30 days. Another possibility is a **residential rehab**. This is a good choice if your home life might make recovery hard, if you have mental health problems and need extra support or if you have a high risk of going back to using alcohol or other drugs. People usually stay for 3 to 6 months. Massachusetts has several residential programs especially for pregnant women that offer treatment and education programs.

Getting treatment in your community is another choice. This is called **outpatient treatment**. This works well for women who have a strong, supportive home that will help recovery.

Step 5 Stay hopeful. You have already taken that first brave step. You are here. We are here to help you. This is a new day. And you are on your way to a better life for you and your baby.

What Pregnant Women Need to Know.

You can make it work.

Keeping Children and Families Safe Act (2010) Child Abuse Prevention and Treatment Act (CAPTA)

To create policies and procedures to address the needs of infants born and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or diagnosed with an Fetal Alcohol Spectrum Disorder.

A Helping Hand: Mother to Mother

- MA Department of Public Health (DPH):
 - Div. of Perinatal, Early Childhood, & Special Needs
 - Early Intervention
 - Bureau of Substance Abuse Services
- MA Department of Children & Families (DCF), Institute for Health & Recovery, Community HealthLink, Square One, Federation for Children with Special Health Needs, Birth Hospitals
- A Helping Hand: Mother to Mother
 - Home-visiting for mothers of Substance-Exposed Newborns with open CW cases
 - Peer Worker = mother in recovery
 - Funded by U.S. Children's Bureau, 2005-2010

New CAPTA Article

- Price, A., Bergin, C., Luby, C., Watson, E., Squires, J., Funk, K., Wells, K., Betts, W., & Little, C. (May, 2012). Implementing CAPTA requirements to serve substance-exposed newborns: Lessons from a collective case study of four program models. *Journal of Public Child Welfare*.

Substance-Exposed Newborns and Child Welfare

- MDPH working with stakeholders and birth hospitals to develop identification and referral guidelines to be used in Labor and Delivery
- MDPH and MA Dept of Children & Families collaborating on communication protocol for screening women in/out, i.e. do women compliant with Methadone tx need to be referred to DCF for screening?

Brigham and Women's Hospital Boston

- Prenatal SBIRT Initiative
- 8,000 live births/year
- Electronic Medical Records
- Screening tools under consideration:
 - T-ACE recommended by ACOG
 - New 'short screen' for Pregnant Women

The Substance Use Risk Profile- Pregnancy Scale

- Have you ever smoked marijuana?
- In the month before you knew you were pregnant, how many beers, how much wine, or how much liquor did you drink?
- Have you ever felt that you needed to cut down on your drug or alcohol use?

Yonkers, *Obstet Gynecol.* 2010;116:827-833.

SBIRT Projects in MA: Goals

- 1) Prevent risky alcohol/drug use from becoming problem/dependent use, and reduce the risk of trauma
- 2) Prevent alcohol-exposed pregnancies and Fetal Alcohol Spectrum Disorders
- 3) Address the stigma of addiction to ensure that women and adolescents feel comfortable discussing their substance use with medical staff.

MDPH SBIRT Initiatives

- Community Health Centers
- School-Based Health Centers
- School Nurses
- MASBIRT: Hospital, ED, Health Centers
- Home Visiting (Parent(s) of young children): *5 P'S + Violence*
- Clergy
- Batterer's Intervention

Trauma-Informed Approaches to SBIRT

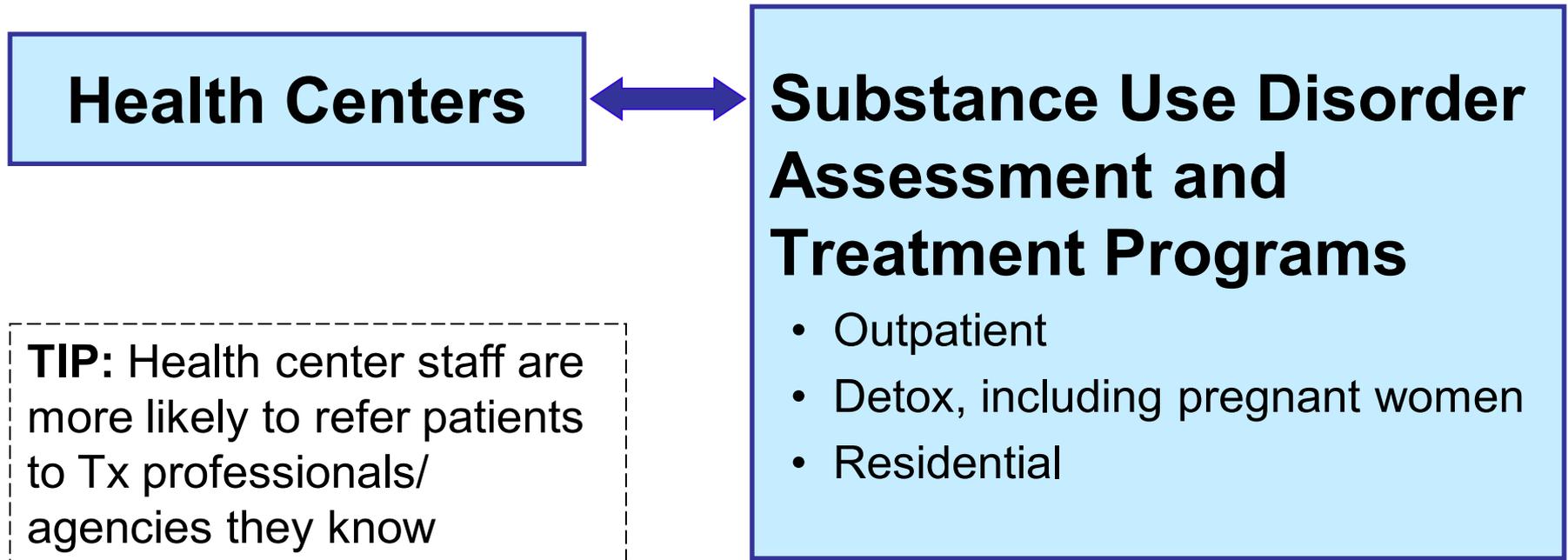
- Approach each individual in a manner that would be safe and engaging to a trauma survivor
- Provide rationale or a preamble as to why Alcohol/Drug screening questions are important and relevant
- Give individuals as much information and as many choices as possible to contribute to them feeling safe to reveal their use
- Address confidentiality and be sensitive to legal implications

Trauma-Informed Screening

Preamble

Women's health can be affected by emotional problems, alcohol, tobacco, other drug use, and violence. Women's health is also affected when those same problems are present in people close to us. By "alcohol," we mean beer, wine, wine coolers, or liquor. Drugs include marijuana and prescription medication taken for non-medical purposes.

Linkage Development



Some Health Centers provide SUD Services

SBIRT Lessons Learned

- Pregnancy is a unique window of opportunity to change sub use patterns
- Stigma needs to be addressed
- Labor & Delivery staff who see neonates in withdrawal find it challenging to empathize with mother
- Ongoing need to emphasize universal and routine screening

SBIRT Lessons Learned, cont.

- Staff who are more comfortable with Screening find that patients are more forthcoming about their substance use
- Brief Interventions are not brief when a provider is first learning them
- Motivational Interviewing is transferable to other medical issues, i.e. diabetes, obesity
- Trainings need to include substance use, attachment, and addressing stigma

Project BRIGHT

(funded by SAMHSA and CMHS/National Child Traumatic Stress Network)

- Institute for Health and Recovery
- Jewish Family and Children's Service, Center for Early Relationship Support
- Boston University School of Social Work
- Boston Medical Center, Child Witness to Violence Project



Institute for Health and Recovery

Project BRIGHT

- Designed to address traumatic stress in parents in recovery from substance use & co-occurring disorders & their children, birth-5 years
- Parents & children are in residence at one of the 8 Family Residential Treatment (FRT) programs across Massachusetts
- Will serve 80 children & their families over 3 year grant period



Fetal Alcohol Spectrum Disorders (FASD)

- DPH funds State FASD Coordinator at IHR
 - Provides SBIRT training/technical assistance
 - Provides FASD prevention, identification, resources (& intervention resources if available)
 - Collaborates with Children's Hospital for FASD diagnosis
 - Member of SAMHSA NAFSC FASD Coordinators
 - Coordinates FASD State Task Force

MA FASD Task Force Member Representation

- Parents
- Child Welfare
- Mental Health
- Physicians
- Federation for Children with Special Health Needs
- Public Health
 - Early Intervention
 - Birth Defects
 - Substance Abuse
 - Prevention, SBIRT
- Institute for Health & Recovery
- Corrections



Special Thanks to...

**Kathleen
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– MA DPH/BSAS
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For more information...

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