Special Connections Annual Report
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SPECIAL CONNECTIONS ANNUAL REPORT FY 2006-2007

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Forward

The recognition that women's substance use disorder treatment needs are different from the services they had been provided for the past 40 years gradually dawned on the treatment field as a whole in the early 1990's. At that time, new programs were established in many locations around the country through the program known as "residential treatment for women and their children," which funded start-up and treatment costs for women's gender-specific treatment. (In Colorado, Arapahoe House's New Directions for Families program was a part of this pioneering group). Many of those original programs are still around today, and a great many more have been established since then with the use of federal funding for the Pregnant and Post Partum Women program.

The Special Connections program, which began operation in 1992, was another manifestation of this new interest in women's treatment. The importance and efficiency of treatment for pregnant and post partum women struck a chord with both the state legislature as evidenced by the passing of Senate Bill 91-56. Department of Health Care Policy and Financing and the Alcohol and Drug Abuse Division (then located within the Department of Public Health and Environment) then jointly formed the Special Connections program for the treatment of pregnant women with substance use disorders. This Special Connections Annual Report is submitted on a yearly basis to the Department of Health Care Policy and Financing and to our stakeholders, providers and community partners.

The Alcohol and Drug Abuse Division of the Colorado Department of Human Services receives funding from the federal Substance Abuse Prevention and Treatment (SAPT) Block Grant that prioritizes these funds to be spent on treatment for pregnant women, injection drug users and women with dependent children. Each state has a portion of this money set aside for the treatment of pregnant women and women with dependent children, known as the "Women's Set-Aside." Every year, Colorado reports to the Substance Abuse and Mental Health Services Administration (SAMHSA) the number of women served in whole or in part with these funds. Many of the women served in Special Connections programs receive additional services paid for by the set-aside (such as transportation and child care) which are aimed at reducing the barriers to their participation in treatment.

Special Connections' thirteen providers cover much of Colorado, though geography and resources cause them to be located far apart from one another. Most are located in agencies that contract for public substance abuse treatment dollars with regional Managed Services Organizations. Although the Alcohol and Drug Abuse Division (ADAD) through a Memorandum of Understanding with the Department of Health Care Policy and Financing manage the Special Connections program, other portions of the publicly funded system are managed by the Managed Services Organizations including the expenditures of the women's set aside dollars. Compliance with ADAD's Substance Use Disorder Treatment Rules (located at http://www.cdhs.state.co.us/adad/PDFs/ADADSUBSTANCEUSEDISORDERTREATM

ENTRULES31062.pdf) is mandatory for every Special Connections Provider, and a specialty license for women's gender-specific treatment is also required (please see section 15.229 of these treatment rules).

Many thanks go out to our many collaborators, partners and providers in this endeavor, including the Colorado Department of Health Care Policy and Financing, the Prenatal Plus Program through the Colorado Department of Public Health and Environment, the Colorado Department of Human Services, Child Welfare Division, the State Court Administrator's Office, Division of Probation Services and the many dedicated program managers, clinical supervisors, addictions counselors and women's advocates who have worked so hard to make this program a success.

Special Connections—Program Highlights

Program Goals:

- To produce a healthy infant
- To maintain the family unit, with mother, infant and other family members
- To promote and assure a safe child-rearing environment for the newborn and other children
- To reduce or stop the substance using behavior of the pregnant woman during and after the pregnancy

Program Objectives:

- To prevent or reduce the number of low birth weight babies born in Colorado
- To support drug/alcohol-free, full=term, healthy pregnancies
- To educate women about the effects of alcohol, other drugs or tobacco on the fetus' and the mother's health as well as the risk of HIV transmission through injection drug use
- To teach women about infant and child safety, attachment and other developmental behaviors of infants and children

Eligibility Criteria:

- Medicaid eligibility or presumptively eligible for Medicaid (non-Medicaid eligible women may receive funding through the Federal Substance use disorder Prevention and Treatment Block Grant)
- Pregnant
- Assessed at high risk for a poor birth outcome due to substance use disorder or dependence
- Willingness to receive prenatal care during pregnancy

Services provided on an outpatient or residential basis (room and board are not covered services):

- An in-depth assessment to determine level of alcohol/drug abuse or dependence and the comprehensive treatment needs of the client
- Individual substance use disorder counseling
- Group substance use disorder counseling with other pregnant women
- Case management services
- Group health education/information and life management skills
- Direct provision of or arrangements for child care while the mother receives substance use disorder treatment services (covered by Federal Substance use disorder Prevention and Treatment Block Grant dollars).
- Urine screening and monitoring on a randomized basis to measure treatment progress
- Access to other behavioral services within the treatment agency

Activities and Issues for Fiscal Year 2006-2007

Increasing Access to Substance Use Disorder Treatment for Addicted Pregnant Women in Colorado

Access to substance use disorder treatment for pregnant women is good in the urban areas. Denver, Boulder, Lakewood, Colorado Springs and Pueblo all have Special Connections providers within close enough proximity to enable a woman seeking services to find them. Other areas of the state are less fortunate due to the large distances between cities and towns and the residences of women seeking services. Without a car, it is very difficult to move around from place to place. Areas hit especially hard include large portions of the West Slope, and towns out on the Eastern Plains.

The Special Connections program seeks to expand into some of these more rural areas, although these programs see so few pregnant women at a time that they have a difficult time keeping their agencies open. Since the required compliance with ADAD's Women's Substance Use Disorder Treatment Rules necessitates a separation between men and women in treatment, prospective Special Connections providers must give extra thought to the planning of their programs.

Access to treatment for women with substance use disorders is also complicated by their very natural fears that if they get involved with "the system" in any way, their babies maybe removed from their custody at birth and that their existing children may become subjects in Dependency and Neglect actions. Special Connections providers do outreach to pregnant women within the community, with the aim of establishing helpful relationships that continue all the way through treatment.

Improving Linkages Between Special Connections and Other Programs Within the Colorado Department of Human Services

The City and County of Denver has a 3-year grant known as C-SIMI (Colorado Systems Integration Model for Infants). The goal of this project is to connect pregnant women, who are having issues with substances, with treatment and prenatal care, in order to assure the best possible outcome to the pregnancy. Casework staff in this program make regular referrals to Special Connections providers in order to maximize the health of mother and fetus during and after the pregnancy.

Advances in Data Collection

This year was the first time that the Pregnancy Risk Assessment was added to the Drug and Alcohol Coordinated Outcomes Data Set (DACODS) screens on ADAD's web-based data collection system. This enabled clinicians to enter information directly into the secure web system, and eliminated the need for duplicative paperwork. This enabled clinicians to spend more time with the women with they were working, and less time at the fax machine.

Summary of Continued Challenges

For the past 2-3 years, the number of women participating in and completing the Special Connections program has decreased. This may be due to the loss of two of our provider programs (Rocky Mountain Behavioral Health and Denver Area Youth Services have both had transitions in their rendering provider physician, and have had difficulty replacing their doctors who have left), both of whom had treated a significant number of women each year (15-20 for Rocky Mountain and 25 – 35 for Denver Area Youth Services) prior to dropping their participation in the program. As the Special Connections program is a Clinic service under Medicaid, it is required that a doctor be available to oversee the delivery of these services. Now that treatment for substance use disorders is paid for by Medicaid (for those who qualify) through the Outpatient Benefit (a Rehabilitation service), some of the women who would have been treated through Special Connections will have had their treatment covered by the Outpatient Benefit. Thus, the women treated here would not be counted in the Special Connections totals.

Outcomes for Special Connections FY 2007

Clients entered treatment	Clients with reported birth outcome	Normal birth weight babies	Low birth weight babies	Percentage of low birth weight babies
261	124	104	20	16%

Referral Sources for Special Connections, FY 2007

Referral Category	Count	Percentage
AOD Treatment Providers	13	9%
Criminal Justice	44	32%
Health Care Provider	12	8%
Local Depts of Social Services	37	27%
Other	14	10%
Self, Family or Friend	17	12%
Unknown	1	1%
Total	138	99%*

*Numbers do not add up to 100% due to rounding.

The criminal justice system remains the most frequent referral source for Special Connections service and is seconded by local departments of social services. The least frequent referral source to Special Connections is the category “health care provider.”

Of note is the SAMHSA-funded Screening, Intervention and Referral to Treatment (SBIRT) program currently being implemented in Denver County and being expanded to other parts of Colorado. This program puts into place in primary health care settings screeners who can identify people at high risk for having or developing substance use disorders and who can refer to appropriate interventions and brief treatment before the problem becomes severe enough to warrant treatment in our publicly funded system. It is possible that this may provide the Special Connections program with additional referrals, if physicians and medical personnel become comfortable asking screening questions to detect possible substance use disorders.

Cumulative Special Connections Outcomes since 1992

The following table represents the total numbers of women served in Special Connections (admissions, or admits), the number of births whose results were reported to ADAD by program providers (Birth outcomes reported), the number of normal (above 5 lbs 8 oz) weight births, the retention rate of women in treatment overall (defined as the number of women admitted to the program who remained in treatment contact with the program through the births of their infants), the percentage of total births each year that were low weight, and the percentage of total births that were of normal weight.

Year	Admits	Birth Outcomes reported	Normal birth weight	Low birth weight	Retention rate	%low birth weight births	% normal birth weight/total births
1992	42	5	5	0	12%	0%	100%
1993	172	33	26	7	19%	21%	79%
1994	309	115	96	19	37%	17%	83%
1995	288	159	132	27	55%	17%	83%
1996	303	149	129	20	49%	13%	87%
1997	316	189	159	30	60%	16%	84%
1998	283	180	152	28	64%	16%	84%
1999	291	183	161	22	63%	12%	88%
2000	295	172	148	24	58%	14%	86%
2001	259	174	144	30	67%	17%	83%
2002	245	147	125	22	60%	15%	85%
2003	279	157	140	17	56%	11%	89%
2004	334	163	151	12	49%	7%	93%
2005	339	187	159	28	55%	15%	85%
2006	317	165	139	26	52%	16%	84%
2007	261	124	104	20	48%	16%	84%

Research regarding the cost effectiveness of treatment for pregnant women who have substance use disorders is somewhat scarce; those studies that do exist appear to be at least several years old. Each study examines the issue somewhat differently, as well, making it difficult to compare results across studies. Estimates as to the cost of care for a low birth weight infant vary widely, and figures supplied in the media pertaining to the cost to society of a child with FAS generally discuss lifetime cost For the purposes of

evaluating Special Connections, we have used the figure supplied by the Prenatal Plus program in 2001 of $6,362 (Prenatal Plus Annual Report, 2001), because this figure was established in Colorado and is fairly recent. This number includes medical care for the first four months of the infant's life. Another well-known study documented a savings of $4644, when substance abuse treatment costs are compared to neonatal intensive care unit costs of caring for a low birth weight baby (Svikis et al, 1997). Other critical questions in evaluating the cost-benefit of treatment for pregnant women would be a comparison of the cost of treatment to the cost of a year of involvement with the Child Welfare system, as well as cost avoidance in successful treatment completion as preventing involvement with this same system. Other cost-avoidant measures related to prevention of child abuse and neglect can be found in the child welfare literature, although none of it relates to provision of treatment for substance use disorders.