

Special Connections Annual Report
July 1, 2007 – June 30, 2008



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December 31, 2008

Forward:

The Special Connections Program began in 1992, with the passing of House Bill 92-56. This legislation established the basis for the development of the program as a treatment resource for women who were struggling with substance use disorders. The program was funded by Medicaid and became a part of the Medicaid State Plan in 1993. It was designed to be a clinic benefit, and was designated as such in the State plan. As a clinic benefit, rendering providers had to be physicians or doctors, while the billing provider was established as the Alcohol and Drug Abuse Division (then under the Colorado Department of Public Health and Environment, but transferred in 1996 to the Colorado Department of Human Services). The Alcohol and Drug Abuse Division contracted with individual substance use disorder treatment programs to provide the actual treatment services, which were overseen by the rendering provider physician.

Since 1992, Special Connections has undergone a number of changes. Of the original programs that were present at the beginning of the program, there are now five remaining, while five new providers have been added. Existing providers, such as Arapahoe House and ARTS, have established new services at new locations since the program began. In 2002, residential treatment services were offered more consistently as treatment beds became available as a part of the Special Connections treatment continuum.

Since 2007, expenditures for treatment services have increased significantly due to the change in severity of the substance use disorders with which Special Connections clients come into treatment. Outpatient programs are seeing a decrease in enrollment in the program, while residential programs have seen their numbers increase. All women entering the program are screened for complicating factors that compound their need for intensive services. The American Society of Addiction Medicine Patient Placement Criteria (2 Revised) are used to determine what the appropriate level of care is for each client. For example, women who have stable support systems in place with friends and family who do not use substances, who are highly motivated for treatment and who have some skills to remain abstinent from substance use may be most appropriate for outpatient treatment, while those with severe physical, emotional or mental health needs, or whose support for recovery is non-existent, will be most likely to be served in a residential setting.

The Special Connections program would like to thank all of its many supporters, from referral sources to volunteers to community donors of baby goods, and to the programs and counselors who make this program work by laying their hearts and their professional expertise on the line to help assure that women with addictions can have healthy, normal birth weight babies with secure and stable homes.

A special thanks in particular goes out to the Department of Health Care Policy and Financing, for support and guidance through the complicated world of Medicaid, and for believing in the value of this program.

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

Fiscal Year 2007-2008

In addition to regular program activities of providing treatment and support systems to pregnant women needing treatment, the Special Connections program providers attended four meetings during this fiscal year to exchange information, obtain updated program information and problem-solve challenges with women whose lives are impaired by substance use disorders. Typical meeting activities focus upon program updates from each provider, discussions of topics of interest (in particular ways to engage pregnant substance using women into treatment) as well as recommendations for policy and rules changes. Other concerns include the increase in program expenditures and perceptions that women's substance use is being punished in some jurisdictions with incarceration.

Residential treatment costs are the driving force behind the over expenditure (over the allotted amount) of Medicaid dollars budgeted for Special Connections services. Residential care is reimbursed at a rate of \$156 per day at two Arapahoe House locations (New Directions for Families and the Aspen Center, which have average lengths of stay of 4 months and 60 days, respectively), one Crossroads location in Pueblo (average length of stay there is 30 days) and the Haven, which has an average residential length of stay of 8 months. Programs began providing residential services through Special Connections in 2001, though residential care had been a part of the benefit since the program's inception in 1991.

Women are eligible for Special Connections services from the time their pregnancies are verified through 12 months post partum (the post partum period was extended from 2 months to 12 months via HB 04-1075), hence it is possible for a woman's Special Connections participation to span the period of time between approximately the 8th week of pregnancy through the first year of the child's life (approximately 20 months, assuming 8 months of pregnancy plus the year post-partum). Typically, women remain in treatment only a fraction of that period of time due to the multiple demands upon their time and energy, both from their families as well as from the systems with which they are involved (child welfare, TANF, probation or parole, voc rehab, mental health, primary health care, parenting responsibilities for other children, etc.).

The 13 Special Connections programs typically retain 45 – 60 % of their pregnant clients in treatment through the births of their infants. All post-partum Special Connections clients must have begun their treatment during their pregnancies in order to be eligible for continued care under the extended benefit, so there are no new clients to the program after the births of their children who have not been in treatment during their pregnancies.

For the residential portion of the Special Connections program, all clients receiving services at the ASAM Level III.5 or ASAM III.7 levels of care (the only residential levels of care currently used in Special Connections) must have prior authorization in order to be admitted to treatment paid for under Special Connections. The prior authorization is

based upon documentation of clinical necessity for residential services according to the American Society of Addiction Medicine Patient Placement Criteria, version 2 Revised.

Women authorized to receive residential services must have co-occurring physical and/or mental health issues which complicate their course of treatment, they must be at high risk for relapse in an outpatient or non-treatment setting, they must have recovery environments which are dangerous to their physical, emotional and/or behavioral health, and they typically have minimal to no social support to maintain sobriety and healthy contact with prenatal care providers and others.

The following is an example of a prior authorization request for residential level of care for a client at the Haven:

“Ms. T is 31 weeks pregnant with her first child and has had minimal prenatal care throughout her pregnancy. She is considered to have a high-risk pregnancy due to minimal prenatal care and methamphetamine, alcohol and cannabis usage during her first and second trimester. Despite pregnancy and legal involvement the client continues to have cravings and thoughts of using illegal substances and alcohol. She has been mandated to treatment at the Haven Mother’s House. The client’s relapse potential is high due to Ms. T’s self-report that she has relied heavily on drugs and alcohol to help cope with her life’s stressors, emotional trauma and to relieve the despair of her life. Currently Ms. T reports she has minimal family and or social supports to help aid in her struggle with sobriety. Ms. T self reports that she has never developed the skills necessary to obtain/maintain employment or housing for herself and her unborn child.”

Without the residential level of care being available to them, the women at the Haven, Arapahoe House and Crossroads would typically either be incarcerated, living in unsafe environments or on the streets, with child welfare involvement likely upon the births of their babies.

Outcomes for Special Connections FY 2008

Clients entered treatment	Clients with reported birth outcome	Normal birth weight babies	Low birth weight babies	Percentage of low birth weight babies
282	141	129 (91%)	12	9 (9%)

Referral Sources for Special Connections, FY 2008

Referral Category	Count	Percentage
AOD Treatment Providers	21	7%
Criminal Justice	93	33%
Health Care Provider	22	8%
Local Depts of Social Services	66	23%
Other	28	10%
Self, Family or Friend	35	12%
Unknown	4	1%
Left Blank	14	5%
Total	283	99%

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

Cost Benefit Considerations:

Cost benefit considerations include the cost of providing medical care for a low-birth weight baby (\$6,362 in 2001 according to the Prenatal Plus Annual Report), cost of out of home placement for babies whose mothers' substance use disorders are left untreated (average cost of \$998 per month per child, according to the Core Services Annual Report dated September 19, 2007). Please note that this figure is an average out of home placement cost, and includes foster care payments for older children in out of home care whose placement costs are typically much lower than those of newborn babies with medical issues), and medical costs for treating children with special needs due to maternal drug use after the initial neonatal period (these cost estimates vary widely, and there are few cost-benefit studies available due to the difficulty in obtaining accurate data about prenatal drug use).

More work will be done to link child welfare data and costs to the possible savings realized in other systems due to the participation of pregnant women with substance use disorders in appropriate substance use disorder treatment.