Special Connections Annual Report

July 1, 2010 – June 30, 2011

Colorado Division of Behavioral Health

Submitted by: Karen Mooney, LCSW, CAC III
Manager, Women's Substance Use Disorder Programs
Colorado Department of Human Services
Division of Behavioral Health

December 31, 2011

Special Connections Annual Report 2011

Introduction: Special Connections is a Medicaid-funded treatment program for pregnant women who are using drugs/alcohol and is administered by the Department of Health Care Policy and Financing and managed by the Colorado Department of Human Services Division of Behavioral Health. This document represents quantitative information about the Special Connections program for state fiscal year 2011. We are able to capture a great deal of information about the women in the program, as well as about the costs of the program. What is more difficult to capture are the stories of each pregnant woman as she comes through the program, forms relationships with counselors and other women and is able to support and be supported by the positive regard and encouragement for sobriety that characterize Special Connections.

About the data used in this report: Data for this report come from several sources. Fiscal information, including services billed, are taken from the Department of Health Care Policy and Financing's MMIS system. The Division of Behavioral Health also keeps records of services billed, as the Division is the billing provider for Special Connections and reimburses each program for the services they billed to Medicaid. Furthermore, when a woman is enrolled in Special Connections, she must be pre-approved for services. At this time, she is assigned a unique client ID number, and information is gathered which reflects the level of risk to the pregnancy. This information is stored in an ACCESS database, and has also begun to be collected via DBH's Drug and Alcohol Coordinated Data System (DACODS). Within the next year, we expect all of Special Connections data to be handled through our automated system.

Special Connections Program Specific Data for Fiscal Year 2011:

Number of women served: 242

Gestational age (trimester) at enrollment: Upon enrollment in the Special Connections Program in FY 2010, almost 50% were in their first trimester. 29% were in their second trimester, and 21% were in their third trimester. This increase in treatment enrollment during the first trimester is encouraging, in that the sooner a woman is able to reduce her use of alcohol and/or drugs during her pregnancy, the more likely it is that her baby will be healthy at birth.

Retention rate (through birth): Of the 242 women enrolled in Special Connections, 97 remained in the program until their babies were born. This 40% retention rate is lower than the Special Connections program has seen since 1994. There are many possible explanations for this, which will be discussed in the concluding section of this report.

Rate of low birth weight for infants of women enrolled through birth: 15 babies were born who weighed less than 5 pounds 8 ounces. Of those 15 babies, four weighed 5 pounds 4 ounces or higher. The low birth weight rate for this cohort of infants is 15%.

Rate of normal birth weight for infants of women enrolled through birth: 85% of the original group of infants was born at weights of 5 pounds 8 ounces.

Sources of referrals to the program:

Referral source	**# of referrals**	**% of referrals received**
Criminal Justice	84	35%
Departments of Social Services	43	17%
AOD Treatment Providers	27	11%
Self, Family or Friends	38	15%
Other	26	10%
Health Care Providers	16	6%
Unknown	7	2%
Missing	1	1%
Total:	242	100%

Data from DACODS:

Average length of client participation in the program by admission level of care: Women who participated in Therapeutic Community level of care (40+ hours per week, therapeutically monitored and managed treatment services) was approximately 82 days, which is less than the optimal treatment dose of 90 days although if the same women also participated in outpatient treatment at the conclusion of their treatment experience, this would have been a good beginning prior to stepping down to a less intensive level of care. Also of note is that the therapeutic community level of care is typically very strenuous, with high levels of confrontation. The Haven, which is the Special Connections provider of therapeutic community services, has been modified to include extensive mental health services for mothers and babies, and to allow for bonding and breastfeeding time. That being said, the therapeutic community is not an easy modality, and some women choose to leave the facility and return to prison because they are not yet ready to do the therapeutic work required.

For Intensive Residential Treatment, the average time in treatment was 29 days, again a good beginning to what also should have included outpatient treatment as a step down. The success of a residential treatment episode typically depends upon the quality and quantity of outpatient services that succeed the residential treatment received.

In Intensive Outpatient treatment (9+ hours of therapeutic contact per week), the average stay was 131 days, which is considerably longer than the 90 days usually expected at this level of care. In Traditional Outpatient treatment (up to 9 hours per week of therapeutic contact), the average length of stay was 152 days. Again, this is longer than the usual length of stay in outpatient treatment, which is also assumed generally to be approximately 90 days.

Average length of stay in Opioid Treatment was 190 days. This longer treatment period is typical of women receiving this type of care, because of the long stabilization period that takes place prior to the maintenance phase of treatment. Methadone treatment is still considered the best and safest way to assure healthy pregnancies for mothers and babies, although withdrawal in the infant must be treated after birth. Recent research has shown the use of buprenorphine also to be safe and effective. The primary goal of the use of these medications is to prevent the pregnant woman from going into withdrawal. The fetus experiences all of the symptoms of withdrawal that the mother does, and it can be dangerous to the pregnancy for this to happen. For this reason, Colorado has provisions in its substance use disorder treatment rules that prohibit opioid programs from discharging pregnant women, regardless of ability to pay.

The National Institute on Drug Abuse has reported that a minimum of 90 days of treatment contact is necessary for a person to benefit from treatment. The numbers reported here exceed this threshold by quite a bit, particularly for outpatient treatment. From this information we can gather that the women served within the Special Connections program are very motivated to improve their lives and minimize their substance use. Rather than being required to complete a certain number of days or a certain number of groups, they are actively working through the change process and using the supports available to them.

Age of clients at admission to treatment:. 17.6 percent of women served this year were between 15 and 20 years old. 63.5 percent were between the ages of 21 and 33 at admission. 18.9 percent of women were between 34 and 45.

Primary substance: The primary substance used by women in the Special Connections program this year was methamphetamine, followed by alcohol, marijuana and crack cocaine.

Frequency of use: 29% of women reported using monthly, 20% reported using 3 – 5 times per week, 44% reported using daily, and 6.2% reported using multiple times in one day. This data is obtained at intake into the program, and it is likely that those women who reported using monthly have under reported their use at the first or second contact with the program.

Age of women at first use of primary substance: 45% of Special Connections participants reported their first use of drugs (excluding nicotine) or alcohol to have taken place before they were 15 years old. 39% reported their first use to have been between the ages of 15 and 20. 12.7% began using between the ages of 21 and 33, and an

additional 3 percent began using between the ages of 34 and 45. This distribution of first-use patterns is typical of the general population of people being treated for substance use disorder.

Prenatal care status: 66 percent of Special Connections participants were already receiving prenatal care at the time they enrolled into treatment. For another 7.6 percent, they were sporadically participating in prenatal care. 15 percent were not receiving prenatal care but were willing to access it, and another 11 percent were not receiving prenatal care. For these 26% of women, participation in prenatal care would become a treatment issue, meaning that it would be a goal that the women and their counselors together would accomplish.

Family substance use disorder history: 46% of women enrolled in Special Connections this year had either family histories of substance abuse or had family members currently using substances. 24% reported family members in recovery, and 29% reported no family history of substance abuse. For this reason, Special Connections program providers try very hard to engage family members into a woman's treatment. The Abandoned Infants Assistance program identified in their report entitled Partner's Influence over Women's Recovery.

Family/child custody status: For 18% of women in Special Connections, this was their first pregnancy. 20% of participants had one child living at home under the age of 6. 6 % of women had children living with them under the age of 6. The largest category, that of women with no children living with them, was 29.2%. Women who were living with 3 or more children constituted 6.3 %.

Fiscal information:

Total expenditures for waiver services: $500,811.47

Total expenditures for non-waiver services: $706,521.76

Total expenditures for FY 2009-2010: $1,207,333.23

Special Connections Birth Outcomes since 1992:
Please see the table attached below for the birth outcomes of Special Connections clients since 1992. The retention rate in treatment in 2009 was less than the program average for the past 18 years. Many factors are reported to have influenced this number, including a political climate in which women have been afraid to seek treatment for fear of prosecution. In FY 2010, special emphasis has been placed upon outreach and retention in treatment, particularly for pregnant women, among our publicly funded programs. We expect that some new public awareness materials (such as posters, brochures, outreach

kits and specific meetings with healthcare providers, to name a few) will help to increase our enrollment and retention numbers.

Year	Admits	Birth Outcomes reported	Normal birthweight	Low birthweight	Retention rate	%low birthweight births	% normal birthweight/total births	% Normal birthweight/ women entered tx
1992	42	5	5	0	12%	0%	100%	12%
1993	172	33	26	7	19%	21%	79%	15%
1994	309	115	96	19	37%	17%	83%	31%
1995	288	159	132	27	55%	17%	83%	46%
1996	303	149	129	20	49%	13%	87%	43%
1997	316	189	159	30	60%	16%	84%	50%
1998	283	180	152	28	64%	16%	84%	54%
1999	291	183	161	22	63%	12%	88%	55%
2000	295	172	148	24	58%	14%	86%	50%
2001	259	174	144	30	67%	17%	83%	56%
2002	245	147	125	22	60%	15%	85%	51%
2003	279	157	140	17	56%	11%	89%	50%
2004	334	163	151	12	49%	7%	93%	45%
2005	339	187	159	28	55%	15%	85%	47%
2006	317	165	139	26	52%	16%	84%	44%
2007	261	124	104	20	48%	16%	84%	40%
2008	282	141	129	12	50%	9%	91%	46%
2009	190	88	73	15	46%	17%	83%	38%
2010	242	97	82	15	40%	15%	82%	33%
2011	212	86	75	11	40%	12%	87%	35%
Total	5407	2628	2254	374	53%	14%	86%	41%