# Identification and Care of Children with Prenatal Alcohol and Other Drug

# Exposures: Prevention Strategies Project

***Draft Example* - Email for Local Area Child Welfare Directors**

*[NOTE: The following includes an example of email communication with Local Area Child Welfare Agency Directors regarding possible participation in usability testing for the toolkit. The email sender may include Federal partners from the Children’s Bureau or the Principal Investigator and Project Managers for this study from JBA and ICF. A project description email attachment will be included with the email. After sending this initial email, the topics discussed in the email and provided in the project description attachment will be adapted and serve as talking points for any follow-up phone conversations with Local Area Child Welfare Directors.]*

Dear [name]:

We are writing on behalf of the US Department of Health and Human Services’ Children’s Bureau and the Centers for Disease Control and Prevention regarding a current project focused on the identification and care of children in child welfare with prenatal exposure to alcohol and other drugs. James Bell Associates (JBA) and ICF are examining the usability of a newly developed practice-informed toolkit to help child welfare agency leaders, supervisors, caseworkers, and caregivers increase their awareness and knowledge of prenatal alcohol and other substance exposures. Through brief, step-by-step guided processes, resources, and tools, **the toolkit is intended to** **help agencies plan and implement internal and cross-system processes to improve their practices to identify and provide care and support to families and children living with fetal alcohol spectrum disorders (FASDs).**

As you may be aware, prenatal substance exposure (PSE) can result in a variety of adverse birth outcomes and short- and long-term physical, behavioral, developmental, and cognitive effects. In a recently completed descriptive study of child welfare agency policies and practices, staff and directors, allied service providers, and caregivers all noted a great need for child welfare staff to increase their knowledge about PSE and PAE. Study participants especially raised the need for available information and resources to provide for the care for those children and youth affected by PSE and FASDs. This is where our toolkit for the identification and care of children prenatally exposed to alcohol and other drugs could be helpful to your agency and staff.

Your agency was identified by [insert name of State or County Local Area Director] as an ideal candidate to participate based on [insert reasons why agency was identified e.g., varied staff positions, existing practice/policies/trainings addressing PSE, etc.]. **We would like to invite your agency to participate with the review and refinement of the toolkit and to provide usability feedback through virtual individual and/or group interviews**. Usability refers to providing input on reactions to the toolkit, including usefulness, ease of use, and areas to improve. Participating sites will receive non-monetary supports such as access to expert consultants and recognition in publications to compensate for the time and opportunity costs of staff participation in activities related to use and evaluation of the toolkit.

We have attached to this email a description of the project and a brief description of the benefits of site participation. We would appreciate your letting us know if there is a date and time [enter specific time period] where we could schedule a time to talk with you about this opportunity and answer any questions you may have.

Thank you for your time and attention to this request.

Erin Ingoldsby Sharon Newburg-Rinn
Project Director Federal Lead, Children’s Bureau