

Appendix B

Project description

Identification and Care of Children with Prenatal Alcohol and Other Drug Exposures: Prevention Strategies

The Need

Prenatal substance exposure (PSE), and in particular, alcohol exposure, can result in short- and long-term behavioral, developmental, cognitive, and physical effects. Across substances including cocaine, heroin, and marijuana, **prenatal alcohol exposure (PAE) has been found to cause the most serious neurobehavioral harm to the developing child.** The prevalence of PAE within child welfare populations is not well established but is known to be greatly underestimated. Learning challenges, self-regulation difficulties, and poor social communication that result from PAE can make parenting an affected child especially difficult, especially when parents of these children continue to struggle with mental health or substance abuse problems—potentially increasing the risk of maltreatment. **Recognizing signs of PAE-related conditions (including Fetal Alcohol Spectrum Disorders or FASDs) and connecting to appropriate services can help individuals at any age and their families minimize this risk for subsequent maltreatment.**

Child welfare agencies are working already to make appropriate referrals and plans of safe care for newborns/infants who are affected by substance exposure via requirements of CAPTA and CARA legislation. Since 2016, James Bell Associates (JBA) and ICF have been collaborating with the US DHHS' Children's Bureau and their federal partner agency, the Centers for Disease Control and Prevention, to study child welfare agency practices related to PSE and PAE. The descriptive study, which involved 22 child welfare agency sites in five states, found limited attention to obtaining PSE history and identifying PAE/FASDs, particularly during later childhood when child indicators tend to emerge. Staff and directors, caregivers, and allied service professionals all raised the great need for child welfare staff to have available information, resources, and skills to assess and provide referrals for care of children and youth affected by PAE and their families.

The Identification and Care of Children with Prenatal Alcohol and Other Drug Exposures Project

Our team and collaborators have created a **new practice-informed toolkit**—filled with resources designed to address these needs. The toolkit will help agencies plan and implement internal and cross-system processes to better recognize and support families and children living with FASDs and other substance exposures. **The team is seeking local child welfare professionals—directors, supervisors, and caseworkers—to partner with to implement and provide feedback on the toolkit.** The objective is to make the toolkit fit into the day-to-day efforts of agencies and staff—we need informed perspectives and experience of those working with children and families in diverse child welfare contexts to do so.

The Ask—Toolkit Formative Evaluation with Participating Child Welfare Agencies

Our team wants to partner with state and local agencies to conduct phases of evaluation of the toolkit. For this formative evaluation phase, we are **seeking a team of child welfare professionals from 1-2 local agencies** to participate in implementing the newly developed toolkit.

Child welfare agencies that agree to participate can expect the following:

- Outline a site agreement that includes the activities and resource expectations of participation.
- Identify approximately 6–8 child welfare agency staff who will spend time to implement and provide feedback through surveys. The site team would include agency director, supervisor(s), staff from a variety of program areas, and any specialists (e.g., substance use specialist, CQI, training).
- Identify a site lead from among participants who can support formative evaluation activities (i.e., assisting with the coordination of staff schedules for group interviews).
- Work with the project Implementation Support Specialist to plan for toolkit implementation including a readiness assessment and a site team orientation call.
- Time would include a five month implementation and survey period beginning in January 2024.

Benefits to Participation

- Ability to provide feedback on the toolkit to ensure its applicability and usefulness to child welfare agencies and the workforce, as well as parents and caregivers.
- Access to information and resources to assist in the identification and care of children prenatally exposed to alcohol and other drugs.