

Appendix E. PAE project description

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

Draft Example - Project Description

[Note: This project description will be provided as an email attachment in communications with state, county, and/or local Child Welfare Agency Directors. The format of the final version may be adjusted to make it more inviting and eye catching.]

Background

Prenatal substance exposure (PSE), and in particular, alcohol exposure (PAE), can result in a variety of adverse birth outcomes and short- and long-term physical, behavioral, developmental, and cognitive 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 PSE within child welfare populations is not well established, but research indicates PSE is tied to higher rates of child abuse, neglect, and family dysfunction, often resulting in receipt of child welfare services. Learning challenges, self-regulation difficulties, and poor social communication that result from PAE can make parenting especially difficult, especially when parents of these children continue to struggle with mental health or substance abuse problems—potentially increasing the risk of maltreatment. Yet these children often get missed and their behavior and family functioning can be misunderstood in child welfare systems. **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 minimize this risk for subsequent maltreatment.**

Child welfare agencies are already working to recognize newborns/infants who are substance-exposed and to address the requirements of Child Abuse Prevention and Treatment Act (CAPTA) and Comprehensive Addiction Recovery Act (CARA) legislation to make appropriate referrals and plans of safe care. Since 2016, partner organizations James Bell Associates (JBA) and ICF have been collaborating with the US DHHS' Children's Bureau and Centers for Disease Control and Prevention to study current child welfare agency practices related to prenatal substance exposures, with a focus on PAE. The descriptive study, which involved 22 child welfare agency sites in five diverse states, found limited attention to obtaining prenatal substance use 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 increase their knowledge about PAE and also have available information and resources** to identify and provide for the care of children and youth affected by PAE and FASDs and their families.

The Current Project

Building from those findings, the *Identification and Care of Children with Prenatal Alcohol and Other Drug Exposures* project team and collaborators are creating 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 provide care and support to families and children living with FASDs and other substance exposures. **The team is currently seeking local child welfare professionals – directors, supervisors, and caseworkers – to partner with to review and provide feedback on the toolkit.** The objective is to make the toolkit fit into the day-to-day efforts of agencies and individual staff – so we need informed perspectives of those working

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with children and families in diverse child welfare contexts. The toolkit will eventually be implemented and evaluated in other child welfare agencies.

“The Ask” - Toolkit Usability Testing with Participating Child Welfare Agencies

We are seeking 1-2 local child welfare agencies to participate in informing the usability of our newly developed toolkit. Usability testing refers to gathering staff perspectives on reactions to the toolkit – e.g., the usefulness, ease of use, and areas to improve. Agencies selected to participate should have adequate staff resources including a sufficient number of supervisors and staff who serve in varied agency roles, and time to complete the required activities outlined below. Child welfare agencies that agree to participate can expect the following:

- Work with the project team to create a site agreement outlining the activities and resource expectations of site participation (including desired number and type of staff to participate, estimated hours and timeframe to review the toolkit), honoraria, usability testing activities, and steps to help ensure participant privacy.
- Identify approximately 6 to 8 child welfare agency staff (including supervisors and frontline staff) at each participating agency who will spend approximately 5 to 27 hours over a 5-month period (no more than 5.5 hours per month depending upon role) to review and provide reactions on one or more components of the toolkit and provide feedback to the project team.
- Identify a site lead from among participants who can support child welfare agency staff participation with usability testing activities (i.e., assisting with the coordination of staff schedules for group interviews to share feedback with the project team).

Benefits to Participation

- Access to information and resources to assist in the identification and care of children prenatally exposed to alcohol and other drugs.
- Ability to provide feedback and input on the content, structure, and use of the toolkit to make it practical and compelling to child welfare agencies and the workforce, as well as parents and caregivers.
- Access to expert consultants and recognition in publications. .

Study Contacts

For more information, please contact [*name(s) and email address*].