Special Needs and Prenatal Exposure: Different Planets, or Close Relatives?

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The Case

1. **Substance abuse and its effects on younger children are not receiving the attention they deserve from county commissions or the Special Needs projects**
2. **Prenatal exposure is the primary form of impact on younger children, but not the only one**
3. **We already know what to do to take substance abuse seriously**
4. **We *should* do it—the ten self-assessment questions**

What Do the Numbers Say?

- **Of all children, 9% live with one or parents who are dependent on alcohol or illegal drugs**
- **Of all children, 10-12% were prenatally exposed to alcohol, tobacco, or illegal drugs**
- **Of children identified as having special needs,**
- **Of children entering the child welfare system, 40-80% are affected by their parents' or caretakers' substance abuse**
- **Prenatal screening rates in some California counties show up to 15-20% affected**
- **First trimester alcohol use rates in California remain 19%**

What Do the Numbers Mean?

- **With 540,000 births annually, if 10-12% of all births are prenatally exposed to ATOD—a conservative assumption—there are *324,000-388,800 0-5 year olds* who were PNE, and an unknown additional number who were postnatally exposed by growing up in a family where one or more parents was alcoholic or dependent upon an illegal drug.**

What do the original P10 Guidelines Say?

“Prenatal exposure to tobacco, alcohol, and illicit drugs increases a child's risk of mental retardation, neurodevelopmental deficits, attention deficit disorders with hyperactivity, fine-motor impairment, as well as more subtle delays in motor performance and speech. Maternal smoking and infant exposure to environmental tobacco smoke has been linked to asthma, low birth weight and an increased risk of sudden infant death syndrome.”

What is the connection between PNE, learning, and behavior?

- **The effects of prenatal exposure and family violence on prefrontal cortex/ executive functions[1] and impulsivity[2] mean these children are more likely to have behavioral problems and to live in families in which maternal depression, family violence, and other conditions impair their development.**
- **They often process information differently and have trouble behaving in accord with preschool and school expectations**
- **Early identification and early intervention make a difference**

So what are we doing about it?

- **Some counties have funded 1 or 2 projects addressing ATOD issues**
- **Special Needs projects largely ignore the issue, and training does not address it**
- **Screening tools typically ignore the issue**
- **Only two counties have screened for prevalence at birth**
- **Most First Five publications on special needs children mention substance abuse very briefly—if at all**
- **To summarize: at least 10-15% of all children are affected by ATOD issues—but First 5 agencies devote far less attention to it than these numbers indicate is needed**

We’ve got the models

- **California versions of 4Ps Plus and other prenatal screening models**
- **California versions of Starting Early, Starting Smart and Free to Grow/Head Start preschool programs with a substance abuse emphasis**
- **Nationally recognized family treatment providers: Shields, Prototypes, others**

What improves treatment outcomes?

Critical ingredients in successful programs, based on the experience of programs funded by the Center for Substance Abuse Treatment and California's Options for Recovery program, include

- **an emphasis on services to the whole family;**
- **engaging clients repeatedly, since clients who stayed in treatment longest had the best outcomes;**
- **non-ATOD services to women who have multiple problems in addition to their addiction, including job services, mental health counseling, and health services;**
- **child development services and recurring developmental assessments built into treatment programs; and**
- **inclusion of after-care and followup services as a part of treatment.**

What could county commissions do?

(2002 version)

- **Assess for AOD prevalence at birth: (Monterey and Orange did)**
- **Inventory all treatment funding**
- **Increase allocations to two-generation programs that provide family treatment and aftercare services**
- **Assess treatment outcomes and child welfare outcomes in depth**
- **Include AOD screening in home visiting and other Prop 10-funded programs**

Options for county commissions II

- **Help grantees understand AOD issues with training**
- **Ask preschools and other UPK/SR grantees how they address AOD issues and give them training and TA support on existing national models**
- **Review foster care impact of AOD**
- **Develop a multi-year, interagency strategic plan for AOD issues affecting younger children**

Ten Questions To Ask

(and some bonus questions)

- **What is your CAPTA referral rate of SEIs?**
- **What is your CAPTA referral rate of 0-2s for developmental assessments?**
- **What happens to kids referred to the regional center (the Part C agency)?**
- **What help do their parents get if they are not accepted by the Regional Center?**
- **What do child care centers do about special needs children—do they use best practices models for substance abuse effects?**
- **Does anyone track expulsion rates from preschools? [3:1]**

More Questions to Ask

- **Does anyone track how special needs kids do in K-6 systems?**
- **How do your county's IDEA identification rates compare to statewide averages and other counties?**
- **Which levels of the SEI prevention framework do you work on?**
- **Who compiles the county's report card used to track the progress of special needs children in school readiness and academic performance—where is the dashboard?**
- **Where is the table around which these issues get interagency attention annually and who is missing from that table?**
- **What training do special needs project staff receive on substance abuse issues as part of special needs framework?**

Why we should pay more attention to these issues

- **Because the federal government may sanction county performance in child welfare—which is affected by AOD**
- **Because the state and county are out of compliance with both CAPTA mandates**
- **Because we know what it takes to make it better**
- ***Because ignoring this problem may harm children for the rest of their lives***