Commission on Improving the Status of Children in Indiana

Recommendation to the Commission

Party Submitting Recommendation: Indiana Perinatal Quality Improvement Collaborative (IPQIC)

Date of Submission: 6/8/2021

Type of Action Requested:

☐Legislation ☐Administrative Rule or Policy ☐Resolution of Support or Endorsement ☐Professional/skills development

☒Other:_____Additional indicator for Strategic Goal 2_____

Which of the Commission's Strategic Priorities does this Recommendation help advance (check all that apply):

☐Child Health and Safety ☐Juvenile Justice and Cross-system Youth

☒Mental Health and Substance Abuse ☐Educational Outcomes

Summary of Recommendation:

We request that an additional indicator be added to Strategic Goal 2 to address services and supports for a vulnerable population and their families.

Background of Recommendation:

What is the need or problem, and how does it impact disparate populations?

The identification of newborns prenatally exposed to substances is being addressed by the work of the Perinatal Substance Use Task Force under the umbrella of the Indiana Perinatal Quality Improvement Collaborative. Through voluntary screening initiatives at Indiana's birthing hospitals, newborns are being tested for exposure, treated as necessary and linked to resources and supports to address their needs. As a component of discharge planning, referrals are to be made to First Steps, Help Me Grow and to the Indiana Birth Defects and Problems Registry for tracking and services as needed.

The challenge lies with older children and the difficulty of screening, identification and treatment. Because the focus of IPQIC is prenatal to age 1, we are requesting that the Children's Commission address the identification and treatment of children impacted by prenatal alcohol exposure but not identified at birth. These children are often misdiagnosed or undiagnosed and may have intellectual disabilities as well as problems with behavior and socialization.

IN FAS Prevalence Overall by Year, 2007 -2019

	2007	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**
IN Prev per 1,000	0.37	0.32	0.23	0.2*	0.16*	0.18*	0.13*	0.12*	0.25	0.35	0.3	0.21*	0.34

* Rates based on fewer than 20 cases are unstable and are not comparable

What data, research or other information did the recommender consult to formulate this proposal?

- Using medical and other records, CDC studies have identified 0.2 to 1.5 infants with FAS for every 1,000 live births in certain areas of the United States. The most recent CDC study analyzed medical and other records and found FAS in 0.3 out of 1,000 children from 7 to 9 years of age.
- Studies using in-person assessment of school-aged children in several U.S. communities report higher estimates of FAS: 6 to 9 out of 1,000 children.
- Few estimates for the full range of FASDs are available. Based on the National Institutes of Health-funded community studies using physical examinations, experts estimate that the full range of FASDs in the United States and some Western European countries might number as high as 1 to 5 per 100 school children (or 1% to 5% of the population)
- According to Indiana's Birth Defects and Problems Registry, the Indiana prevalence per 1,000 births for 2007-2019 was 0.24. Because of the challenge for identification, it is believed that this is an understatement of actual prevalence.

https://www.cdc.gov/ncbddd/fasd/data.html#ref

What disproportionality did the data reveal?

IN FAS cases by Race, 2007-2019

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Asian or Pacific Islander	American Indian or Alaskan Native	Other/ Unknown	Total
FAS cases	201	47	12	0	1	3	264
Prev per 1,000	0.24	0.37	0.15*	0	0.89*	0.13*	0.24

What is the current response to the problem by the State of Indiana?

The systems that provide care essentially bounce individuals with prenatal alcohol exposure. Each system can see the impact and feel it is another system's responsibility to fund services and seek solutions. With this reactionary mind set, each system is paying more on the back end and the individuals experience secondary and tertiary disorders due to lack of appropriate support and services.

What solution is the recommender proposing, and how does it affect disparate populations?

We are requesting that the Commission more fully research this issue, better identify the numbers of children impacted and identify resources and supports to better meet their needs.

How does the solution address the disproportionality in the data?

Click or tap here to enter text.

Implementation:

Who is responsible for implementing the recommendation?

While this issue could be addressed through each strategic goal, we believe that Strategic Goal 2: Increase access to quality mental health and addiction services for children and their families is the appropriate with the addition of an

Objective #7: Identify and encourage adoption of screening protocols and promising treatment options for children with substance and alcohol exposure.

Has the recommendation been discussed with the implementer?

☒ Yes ☐ No

What is the recommended timeframe for the Commission to review implementation?

☐ 6 months ☐ 12 months ☒ 18 months ☐ Other_____

If a legislative request, cite the current relevant code and specify what change is being recommended.

Click or tap here to enter text.

If a policy request, cite the current relevant policy and specify what change is being recommended.

Click or tap here to enter text.

If the recommendation involves an endorsement or public promotion of a specific initiative or statement, attach the document of which you are seeking the Commission's support/endorsement/promotion.