



REGIONAL PARTNERSHIP GRANTS ROUND 5 2018–2021

A REGIONAL PARTNERSHIP FOR NEW YORK CITY TO IMPROVE CHILD WELFARE OUTCOMES AMONG PREGNANT WOMEN AT RISK OF SUBSTANCE MISUSE AND THEIR NEWBORNS

LEAD AGENCY: Montefiore Medical Center

GEOGRAPHIC AREA: Bronx, NY

LOCATION: Bronx, NY

ADMINISTRATION FOR CHILDREN AND FAMILIES REGION: Region 2

PROGRAM FUNDING: \$1,899,999.00

CONGRESSIONAL DISTRICT SERVED: NY District NY-015

BRIEF PROGRAM DESCRIPTION

Montefiore Medical Center is implementing a Regional Partnership initiative for New York City entitled *Improve Child Welfare Outcomes among Pregnant Women at Risk of Substance Misuse and their Newborns*. The dual goals of this project are to (1) improve communication and collaboration between substance use disorder treatment providers, obstetricians, and child welfare providers, and (2) enhance child welfare outcomes for pregnant women who are at risk of substance misuse and their babies. Services are delivered through Montefiore’s Department of Obstetrics & Gynecology and Women’s Health (Obstetrics). Program services include three empirically supported interventions: Motivational Enhancement therapy to enhance intrinsic motivation to change unhealthy behaviors and support their referral to substance abuse treatment at Montefiore’s Division of Substance Abuse (DOSA); Incredible Years to improve parenting skills, especially related to infancy and early childhood; and Contingency Management to reinforce healthy behaviors, including attendance at treatment and abstinence. The regional partnership represents an important collaboration between governmental agencies, a medical provider, and a substance abuse treatment program, with the goals of improving outcomes for families at risk of substance use and child welfare involvement and improving collaboration between diverse systems to achieve this aim.

TARGET POPULATION AND PROJECTED NUMBERS SERVED

The target population is pregnant women referred by Montefiore Obstetrics who are at least 16 weeks pregnant and have been identified as at-risk for substance use, and/or have tested positive for at least one substance.

The project is anticipating serving 270 pregnant women, 135 women randomly assigned to the treatment group and 135 randomly assigned to the control group.

MAJOR PROGRAM GOALS

GOAL 1: Enhance child welfare outcomes for pregnant women who are at-risk of substance misuse and their babies.

GOAL 2: Improve communication and collaboration between substance use disorder treatment providers, obstetricians, and child welfare providers.

KEY MAJOR PROGRAM SERVICES

- **Case Management and Case Conferencing**
- **Parenting/Family Strengthening**
 - Incredible Years for Babies
- **Specialized Outreach, Engagement, and Retention**
 - Motivational Enhancement
 - Contingency Management
- **Children’s Screening/Assessment**
 - Infant-Toddler Sensory Profile
 - Vineland: Socialization Subscale
- **Adult Screening/Assessment**
 - Addiction Severity Index
 - Adult-Adolescent Parenting Inventory
 - Protective Factors Survey
 - Parental Stress Index
 - Trauma Symptom Checklist—40
 - Center for Epidemiological Studies Depression Scale
- **Cross-Systems/Interagency Collaboration**
 - Cross-Systems Clinical Training
 - Staff Training
 - Cross-Systems Information Sharing
 - Regional Partnership Meetings
- **Evidence-Based Practices**
 - Incredible Years
 - Motivational Enhancement therapy
 - Contingency Management

PARTNER AGENCIES AND ORGANIZATIONS

- **Child Welfare**
 - New York City Administration for Children's Services (NYC ACS)
 - New York State Office of Children and Family Services (NYS OCFS)
- **Substance Use Disorder Treatment**
 - New York State Office of Alcoholism and Substance Abuse Services (NYS OASAS)
 - Montefiore Division of Substance Abuse (DOSA)
- **Court**
 - Bronx Family Court
- **Medical and Health**
 - American College of Obstetricians and Gynecologists (ACOG)
 - Montefiore Obstetrics
 - Albert Einstein College of Medicine

EVALUATION DESIGN

Outcome Study Design: Randomized Controlled Trial (RCT)

Montefiore Medical Center's (Montefiore's) local evaluation has two components: an impact study and a partnership study. The grantee is also participating in the RPG cross-site evaluation studies of family and child outcomes, program implementation, and collaboration among RPG grantees and partners.

Impact Study Design

Montefiore will use a RCT design to test the impact of their RPG services among pregnant women who present at a Montefiore Obstetrics clinic for prenatal care and are at-risk for substance use. Members of the program group will receive three program models: (1) Motivational Enhancement to improve intrinsic motivation to change unhealthy behaviors (two to four sessions), (2) Incredible Years to improve parenting skills (four sessions), and (3) Contingency Management, which provides monetary incentives for attending program sessions and treatment abuse sessions. In addition to these three program models, women will receive case management for 6 months, which will include the development of a plan of safe care, clinical evaluation and referrals for substance use treatment, and care coordination. Members of the comparison group will receive business-as-usual prenatal care and substance abuse treatment services and referrals. The service period for women in both groups is 6 months. The impact study will include 200 families, with 100 in the program group and 100 in the comparison group. The grantee will examine impacts in the following domains: permanency, safety, child well-being, family functioning, and recovery.

Data sources include administrative data and information collected by data collectors using standardized instruments. Grantee staff will conduct data collection with standardized

instruments for both the program and comparison groups. Standardized instruments will be administered two times for each family: (1) when families begin services (baseline) and (2) 6 months following baseline (coinciding with the end of case management service offerings for the program group).

Implementation Study Design

In the implementation study, the grantee will examine the nature and intensity of service delivery. Data will include demographic characteristics; participant recruitment, enrollment, timing and reasons for exit, and engagement in each program component; and service use. Data sources include session attendance records, and self-report feedback about the program models. The grantee will track these data on an ongoing basis.

Partnership Study Design

In the partnership study, the grantee will examine involvement of the project partners and collaboration activities. Data sources include: (1) annual surveys of key partners and other collaborators; and (2) observations of partnership meetings throughout the project. In the annual surveys, partners will report on their understanding of the project's goals and aims, the quality and benefits of the collaboration, challenges encountered, and strategies for building and sustaining the partnerships and service integration. The evaluator will also observe regional partnership meetings to examine how partners address implementation challenges, such as strategies to improve service coordination and data sharing.

SUSTAINABILITY STRATEGIES AND ACTIVITIES

The partnership is built to be sustainable, with many opportunities to build relationships at all levels of organization and to create opportunities for consultation, joint accountability, and the exchange of information. In terms of the interventions provided, the screenings for substance use will be provided by obstetrics staff and can, therefore, be sustained. During the grant project, trainings will be provided on the Comprehensive Addiction and Recovery Act amendments to the Child Abuse Prevention and Treatment Act and completing Plans of Safe Care for Obstetrics and DOSA staff. At the end of the funding period and beyond, Obstetrics and DOSA will conduct a robust training in completing and communicating Plans of Safe Care and will be able to collaborate with each other, with the Administration for Children's Services, and others on this topic. Motivational Enhancement therapy and Incredible Years are billable services and can be provided through insurance reimbursement at appropriate clinical sites after the grant period ends. Contingency Management may be sustainable based on the interest of health plans or risk-based entities. Finally, if the program is demonstrated to be successful, results are fully scalable throughout Montefiore, throughout the Bronx, and throughout New York City.

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