



National Center on
Substance Abuse
and Child Welfare

IN-DEPTH TECHNICAL ASSISTANCE (IDTA) INFANTS WITH PRENATAL SUBSTANCE EXPOSURE

SITE PROFILE

MINNESOTA

LEAD AGENCY: MINNESOTA DEPARTMENT OF HUMAN SERVICES

PROJECT ABSTRACT

The Minnesota IDTA-IPSE project resulted from concerns brought forward by tribal partners in Minnesota, focusing on the crisis of American Indian babies born dependent on opiates. The state has seen increased rates of American Indian women admitted to treatment programs for heroin and prescription opioids, as well as increased rates of those identified as using these drugs during their pregnancies. This resulted in a significant increase of babies being born with Neonatal Abstinence Syndrome. Further data collection requested by tribal partners identified that many American Indian pregnant women in need of services were not accessing prenatal care and were therefore not identified until the birth of their child. The following statistics were included in the Minnesota application to further describe the problems occurring in tribal communities throughout Minnesota. These data were taken from Medicaid claims linked to birth records and reported in Minnesota's In-Depth Technical Assistance (IDTA) application from 2014.

- About 33.3 percent of American Indian Medicaid pregnancies have a diagnosis of substance abuse, including alcohol use (from 10 months prior to 2 months following delivery); this compares to about 7.5 percent of all Medicaid pregnancies. Diagnosed opiate use during pregnancy has risen from 7.7 percent of American Indian births versus 0.9 percent of all births in 2009, to 14.8 percent and 1.6 percent respectively in 2012.
- 26 percent of opiate-affected Medicaid newborns are born premature, both in general and for American Indian births. Over 50 percent of American Indian opiate-affected newborns received no or inadequate prenatal care during pregnancy, compared to 34 percent of all such newborns.
- 55 percent of mothers with or without diagnosed opiate dependency or abuse received prescription opiates at some time during pregnancy; for American Indians the percentage is 58 percent. For those with a diagnosed opiate dependency or abuse, 15 percent of all mothers received prescriptions at some time during pregnancy, compared to 31 percent of American Indian mothers.

Multiple community and planning meetings with tribal partners within state agencies identified several specific needs, including earlier identification of women using opiates during pregnancy, better alignment of systems to address this issue efficiently, better access to treatment for these women, and a need for a community consensus or agreement about what kinds of treatment are appropriate for this population.

With the support of this IDTA-IPSE initiative, the state worked with its tribal partners to improve coordination across tribes as well as with Minnesota's treatment, child welfare, and maternal and child health agencies to employ a unified response to this crisis to yield the best results for Native women, their children, and their family members.

In addition to working on the identified goals, state and tribal partners utilized IDTA to address challenges and barriers that impact services for American Indian women and their children, including:

- Integrating fragmented service delivery systems
- Identifying challenges with integrating electronic data systems, including sharing electronic medical records and other information sharing
- Developing community/tribal consensus for treatment models that align with tribal values and beliefs, including evidence-based models
- The need for greater alignment of and coordination with state and individual tribal policies, cultural values and beliefs, funding priorities, and legislative proposals

KEY PARTNER AGENCIES

The Minnesota Department of Human Services served the lead agency for the Minnesota IDTA initiative, which concluded in September 2018. Partners for this initiative included:

- Department of Human Services (DHS), Chemical and Mental Health Services
 - Alcohol and Drug Abuse Division—American Indian Section
 - Legislative Communications
 - Women's Services
 - State Methadone Authority
- Child Welfare
 - American Indian Disparities Consultant
 - Child Safety and Permanency
- Department of Health
 - Maternal and Child Health
 - Home Visiting
 - Policy Development

- American Indian Health
- Tribal
 - American Indian Mental Health Advisory Council
 - American Indian Chemical Dependency Advisory Council
 - American Indian Child Welfare Advisory Council
- Minnesota Tribes
 - Boise Forte Band of Chippewa
 - Fond du Lac Band of Chippewa*
 - Grand Portage Band of Chippewa
 - Leech Lake Band of Ojibwe*
 - Lower Sioux Community
 - Mille Lacs Band of Ojibwe*
 - Red Lake Nation*
 - Upper Sioux Community
 - White Earth Nation*

**Integrated Care for High Risk Pregnancies (ICHRP) grantee*

MAJOR PROGRAM GOALS

The goals for Minnesota’s initiative were as follows:

- Goal 1: Screening and Assessment—Pregnant women, substance-exposed infants, and their families will be identified in a consistent, uniform, and timely manner across all systems.
- Goal 2: Joint Accountability and Shared Outcomes—Develop a collaborative practice approach to serving substance-exposed infants and their families that intersect each of their systems.
- Goal 3: Services for pregnant women, substance-exposed infants and their family—Partners will agree upon evidence-based practices and programs that meet the needs of the target populations and have processes in place for monitoring use and effectiveness of these programs.

ACCOMPLISHMENTS

- DHS awarded state funding to five northern Minnesota Tribes to deliver ICHRP through collaborative, community-driven approaches to serving American Indian families affected by substance use disorders and provide wraparound supports for high-risk

pregnancies. The IDTA-IPSE project supported these grantees with project implementation with the goal of improving birth, health, and recovery outcomes.

- The leadership team submitted a formal set of recommendations for American Indian women with opioid use disorders, their infants, and families to the governor’s task force in the fall of 2016. These recommendations were incorporated into a comprehensive substance abuse system reform package, which is under legislative review for passage. Some of the recommendations were also integrated into the action planning and work of a statewide workgroup on developing best practice guidance for child welfare staff on working with families affected by maternal substance use disorders.
- A resource guide was developed providing information about programs and services available for American Indian pregnant women with substance use disorders and their families in the metro area and in each tribal community.
- A final “listening tour” was conducted with the five ICHRP grantees on their respective reservations in August 2018. This tour was guided by an interview framework developed collaboratively by Minnesota’s IDTA-IPSE leadership team and was designed to solicit input from tribes about what works in developing collaborative approaches to improve outcomes for Native women and their families.

PRODUCTS

- Tribal and Urban Resources for Native Americans in Minnesota (located on the DHS website at <https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/indian-child-welfare-news-reports-work-groups>)
- *“Tapping Tribal Wisdom: Lessons Learned from Listening Sessions with Five Tribes in Minnesota”* (draft under review). This is a final summary report of the ICHRP grantee listening tour that was conducted in August 2018.

CONTACT US

For questions about this resource or to request technical assistance, please contact NCSACW at ncsacw@cffutures.org or 1-866-493-2758.

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