The Minnesota SEI-IDTA 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 found that many American Indian pregnant women in need of services were not accessing prenatal care, and, 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 IDTA application from 2014.

- About 33.3% of American Indian Medicaid pregnancies receive a diagnosis of substance abuse, including alcohol (from ten months prior to two months following delivery). This percentage compares to about 7.5% of all Medicaid pregnancies. Diagnosed opiate use in pregnancy has risen from 7.7% of American Indian births and 0.9% of all births in 2009, to 14.8% and 1.6% respectively in 2012.

- Approximately 26% of opiate-affected Medicaid newborns are born premature, both in general and for American Indian births. Over 50% of American Indian opiate-affected newborns received no or inadequate prenatal care during pregnancy, compared to 34% of all such newborns.

- There were 55% of mothers with or without diagnosed opiate dependency or abuse who received prescription opiates at some time during pregnancy; for American Indians, the percentage is 58%. For those with a diagnosed opiate dependency or abuse, 15% of all mothers received prescriptions at some time during pregnancy, compared to 31% 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; access to treatment for these women; and a need for community consensus or agreement about what kinds of treatment are appropriate for this population.

With the support of this SEI-IDTA initiative, the state is working 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 these women and their children.

In addition to working on the identified goals, state and tribal partners are working on 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 but not limited to evidence-based models; and,
- 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 is the lead agency for the Minnesota IDTA initiative, which will continue through August 2018.

- 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
  o American Indian Mental Health Advisory Council
  o American Indian Chemical Dependency Advisory Council
  o American Indian Child Welfare Advisory Council
• Minnesota Tribes
  o Boise Forte Band of Chippewa
  o Fond du Lac Band of Chippewa*
  o Grand Portage Band of Chippewa
  o Leech Lake Band of Ojibwe*
  o Lower Sioux Community
  o Mille Lacs Band of Ojibwe*
  o Red Lake Nation*
  o Upper Sioux Community
  o White Earth Nation*
*Integrated Care for High Risk Pregnancies (ICHRP) grantee

**MAJOR PROGRAM GOALS**

The initial goals were identified as:

• 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 Integrated Care for High Risk Pregnancies (ICHRP), through collaborative, community-driven approaches to serving American Indian families affected by substance use disorders and provide wrap-around supports for high-risk pregnancies. The SEI-IDTA is supporting 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.

PRODUCTS

- Tribal and Urban Resources for Native Americans in Minnesota

CONTACT US

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