

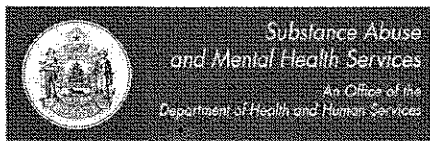
# Fetal Alcohol Spectrum Disorders and Drug Affected Babies

## Maine Office of Substance Abuse and Mental Health Services

### Maine Department of Health and Human Services

#### The Issue:

- 2008 prevalence estimates of alcohol use among women aged 18-44 years reveal that nationally, 50.3% of women reported any alcohol use and 14.7% reported binge use; in Maine those rates are 58.7% and 18.2%, respectively.<sup>1</sup>
- Half of all pregnancies in the United States are unplanned<sup>2</sup>; in Maine 39% of mothers reported that their pregnancy was unintended.<sup>3</sup>
- Since 2007, about five percent of all women who have been admitted to substance abuse treatment in Maine were pregnant; in 2011, this represented 262 women.<sup>4</sup>
- The proportion of pregnant Maine women who are admitted for treatment primarily due to synthetic opiates has increased since 2007 from 38 percent.<sup>4</sup>
- Nationally, the diagnosis of neonatal abstinence syndrome (NAS), a drug withdrawal syndrome among newborns, almost tripled between 2000 and 2009.<sup>5</sup>
- In Maine in 2005, 165 Drug Affected Baby (DAB) Reports were made to the Office of Child and Family Services; in 2011 that number increased to 667.



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Mary C. Mayhew, Commissioner

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The Maine Office of Substance Abuse and Mental Health Services and the Maine Office of Child and Family Services' combined efforts with funding from the Maine Infant Early Childhood Home Visiting (MIECHV) grant to develop a full range of programs to prevent and serve those with an FASD as well as drug affected/exposed infants.

#### Program Goals:

- To reduce the number of alcohol and illicit drug-exposed pregnancies.
- To increase awareness about the health benefits of medication assisted treatment to women using opiates during pregnancy and to increase the number of women who access treatment.
- To increase the number of Maine women who receive Screening, Brief Intervention and Referral to Treatment (SBIRT).
- To increase community awareness about the long-term health impacts of alcohol use during pregnancy.

#### Priority Populations:

Maine women, their families and communities.

#### Program Activities:

- Develop and implement a strategic plan for the State of Maine to address FASD as well as drug affected/exposed infants
- Collaborate with the Office of Substance Abuse and Mental Health Services (SAMHS) Treatment Team and other statewide stakeholders to enhance access to services for pregnant women and their families
- Collaborate with Statewide partners to address the issues of safe sleep environments for infants and young children's ingestion of prescription medication
- Provide educational materials and trainings on FASD/DAB to community members and providers Statewide
- Ongoing FASD/DAB Task Force meetings

<sup>1</sup>CDC State-Specific Alcohol Consumption Rates for 2010

[http://www.cdc.gov/ncbddd/fasd/monitor\\_table.html](http://www.cdc.gov/ncbddd/fasd/monitor_table.html)

<sup>2</sup>National Organization on Fetal Alcohol Syndrome

<http://www.nofas.org>

<sup>3</sup>Maine PRAMS, 2012

<http://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/prams/index.shtml>

<sup>4</sup>Substance Abuse Trends in Maine State Epidemiological Profile 2012

<http://www.maine.gov/dhhs/osa/pubs/data/2012/EpiProfile2012.pdf>

<sup>5</sup>About One Baby Born Each Hour Addicted to Opiate Drugs in US

<http://www.sciencedaily.com/releases/2012/04/120430190537.htm>

## CONTINUUM OF SUBSTANCE ABUSE SERVICES FOR WOMEN IN MAINE

### CASE MANAGEMENT

Statewide case management services are provided for women with substance use disorders or substance use disorders with co-occurring conditions, who are pregnant or are parenting children 5 years of age or younger. Case management services are primarily provided in the home and aim to reduce barriers of transportation, childcare, economic stress, family commitments and stigma that may prevent pregnant and parenting women from seeking treatment.

Case management services are gender specific, trauma informed and include parenting education, skill building, advocacy, referral and peer support. They consist of weekly individual counseling and group counseling per week for the first 90 days and tapering off thereafter as determined by assessment. Participants have the choice of attending group in an office setting or participating by TeleHealth

#### **The current provider:**

##### **Maine Mother's Network**

This is a consortium of Aroostook Mental Health Services, Crisis and Counseling, Day One, Tri-County Mental Health Services, and Wellspring.  
Statewide Referral Line at 1-800-244-6431.

#### **Similar programs:**

##### **The Women's Project**

The Opportunity Alliance  
207-523-5049  
1-877-429-6884

##### **Addiction Resource Center**

**Mid-Coast Hospital**  
Outreach to Pregnant Women and New  
Mothers with Substance Abuse Problems  
(207) 373-6950

## OUTPATIENT

**Non-Intensive Outpatient** is a treatment component that provides assessment, diagnosis, treatment, and after-care services in a non-residential setting. These services may also be provided to the families of substance abusers and other concerned persons, whether or not the substance abuser is receiving treatment. Components of outpatient services include individual counseling, family counseling, and group counseling.

**Intensive Outpatient** treatment is a component that provides an intensive and structured program of substance abuse evaluation, diagnosis, and treatment services in a setting that does not include an overnight stay.

- I. This component shall include both community-based nonresidential rehabilitation and partial capitalization programs. It includes programs generally described as "day treatment" and "intensive outpatient services."
- II. This component shall consist of a structured sequence of multi-hour clinical and educational sessions, scheduled for three or more days per week with a minimum of nine hours per week.

### **Outpatient Providers**

There are many agencies in the State which provide outpatient and intensive outpatient counseling. (These are typically coed.) Please ask for the resource book on our display table. Or you may go online to <http://www.maine.gov/dhhs/samhs/help/sa.shtml> to access the Substance Abuse Treatment Directory.

## RESIDENTIAL TREATMENT SERVICES (GENDER SPECIFIC)

SAMHS funds three levels of residential treatment in women only facilities

### **Level III.1 Clinically-Managed, Low Intensity Residential Treatment - Halfway House**

Halfway house is a community-based, peer oriented residential program that provides low intensity residential treatment to support recovery from substance use disorders.

It is designed to improve the residents ability to structure and organize the task of daily living and recovery, such as personal responsibility, personal appearance and are considered rehabilitative. Services include: The programming includes 5 hours a week of low intensity treatment of substance related disorders and 12 hours per week of rehabilitative groups designed to meet individual needs of clients. Biopsychosocial assessment, group/individual/family counseling, living skills, vocational assessment and preparation, transportation between programming or emergency care facilities and care coordination.

**Women's Halfway House For Women with Co-occurring Disorders**  
**Wellspring**  
Bangor  
(207) 941-1639

**Level III.3 Clinically-Managed, Medium Intensity Residential Treatment - Extended Care**

Extended care is a service that provides a long-term supportive and structured environment for people who are substance use dependent with extensive substance use debilitation. These programs provide a supervised living experience within the program. The focus is on teaching attitudes, skills and habits conducive to facilitating transition back to the community. Programming includes 7 hours per week or 1 hour per day of clinical individual or group counseling and 10 hours per week of rehabilitative groups designed to meet individual needs of clients. Services include: Bio psychosocial assessment, group/individual/family treatment sessions (planned clinical program activities to stabilize and maintain stabilization of the residents substance dependence symptoms and to help him or her develop and apply recovery skills, this may include; relapse prevention, interpersonal choices and a development of a social network supportive of recovery) , living skills training, vocational assessment and preparation, transportation between programming or emergency care facilities, and care coordination.

**Residential Services for Women**  
**Maine General Health**  
Augusta  
(877) 777-9393

**Level III.5 Clinically-Managed, Medium/High Intensity Residential Treatment - Residential Rehabilitation**

Residential rehabilitation services are designed to treat persons who have significant social and psychological problems. For placement in this level of programming an individual would have multiple deficits, which may include substance related disorders, criminal activity, psychological problems, impaired functioning and disaffiliation from mainstream values. Programming includes 14 hours per week or 2 hours per day of clinical individual or group counseling and 7 hours per week of rehabilitative groups designed to meet individual needs of clients. Services include: Biopsychosocial assessment, group/individual/family clinical treatment (planned clinical program activities to stabilize and maintain stabilization of the residents' substance dependence symptoms and to help him or her develop and apply recovery skills, this may include; relapse prevention, interpersonal choices and a development of a social network supportive of recovery), daily didactic/educational presentations, transportation between programming or emergency healthcare facilities, and care coordination.

**Residential Rehabilitation (for mothers and children ages 0 to 5)**  
**Crossroads**  
Portland  
207.773.9931