



Pennsylvania
**Department of Drug and
Alcohol Programs**

Advancing Maternal and Child Well-Being: *Funding
Resources and Understanding Fetal Alcohol Spectrum
Disorder*

Learning Objectives

- Understand federal funding requirements for pregnant women and women with children.
- Recognize the impact of stigma, misinformation, and bias on FASD identification and treatment.
- Understand how to apply trauma-informed communication strategies when discussing alcohol use during pregnancy.
- Understand the treatment provider's role in setting goals and coordinating care for individuals with FASD.
- Strengthen understanding of a person-centered approach to highlight strengths and build confidence in individuals with FASD.



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Today's Presenters

- Kelly Ciambra, Drug and Alcohol Program Supervisor
- Kelly Dietrich, Prevention Analyst



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Poll Question

1

What is your role?



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Poll Question

2

How familiar are you with the federal block grant requirements related to pregnant women and women with children?



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Maintenance of Effort

FEDERAL BLOCK GRANT REQUIREMENT

Substance Use Prevention,
Treatment and Recovery
Services(SUPTRS) Block Grant

Federal → State → SCAs → Providers

Maintenance of Effort

Federally Mandated Services:

As per [42 U.S. Code § 300x-22\(b\)](#); [42 U.S. Code § 300x-27](#); [45 CFR § 96.124 \(c\) \(e\)](#); and [45 CFR § 96.131](#)re:
Pregnant Women and Women
with Dependent Children

DDAP is required to expend
an amount equal to the
amount expended by the
Commonwealth during FFY
1994.

Performance Requirements

Treatment providers must ensure that pregnant women are given preference in admissions, prioritized as follows:

Pregnant
injecting drug
users

Pregnant
substance users

Persons who
inject drugs

Overdose
survivors

Veterans



The availability of services and preference in admission to pregnant women must be publicized, including:

Outreach

Public Service Announcements

Advertisements



PERFORMANCE REQUIREMENTS

SCAs and contracted providers are required to offer services to both women and their children to ensure the family is being treated as a unit, including:

- Primary medical care
- Childcare
- Primary pediatric care
- Gender-specific substance abuse treatment and other therapeutic interventions
- Therapeutic interventions for children in the custody of women in treatment
 - Including, but not limited to developmental needs, sexual abuse, physical abuse and neglect
- Sufficient case management
- Transportation

Performance Requirements



**SCAs must contract
with 2 different
providers**



**Case Management
Services/Recovery
Supports**



Interim Resources



**Resource
List**



REFERRALS TO PROVIDERS WITH CAPACITY AND INTERIM SERVICES

DDAP has provisions for narcotic treatment programs (NTP) that are at capacity but need to admit a pregnant woman for treatment of an opioid use disorder (OUD).

DDAP's Division of Program Licensure will review exception requests to increase capacity for any NTP on a case-by-case basis. In the event this is necessary, contact DDAP's Division of Program Licensure at 717-783-8200.

SPENDING OPTIONS

- Treatment
- Case Management Services
- Emergency Housing (limitations)
- Education/Training/Workforce Development
- Transportation
- Childcare, while the woman is attending treatment services
- Information Dissemination Materials (i.e., brochures, flyers, etc.)

WOMEN AND CHILDREN'S OUTREACH PLANS

**WHEN AN SCA IS UNABLE TO
SPEND DOWN THEIR
MAINTENANCE OF EFFORT
DOLLARS THROUGHOUT A SFY,
THEN THEY WILL BEGIN
ESTABLISHING A WOMEN AND
CHILDREN'S OUTREACH PLAN**

- OUTREACH AND REFERRAL TEAM**
- CREATING OUTREACH MATERIALS**





WOMEN AND CHILDREN'S OUTREACH PLAN:

Establishing a Referral Network




- OBGYNs
- PCPs
- Daycares
- Schools
- SAP Programs
- Residential SUD/MH Programs
- Outpatient SUD/MH Programs
- CYS
- Probation
- COE
- Homeless Shelters
- DVI Shelters
- CAP
- CAO
- Foodbanks
- YMCA/YWCA
- United Way
- Salvation Army
- Adult Learning Centers
- Career Link
- Recovery Houses
- Housing Authorities
- Correctional Facilities



WOMEN AND CHILDREN'S OUTREACH PLAN:

Outreach Plan: Barriers

- Distance to/from programs & services
 - Transportation
 - Inclement weather
 - Childcare
 - Family Involvement
 - Self-Motivation
 - Self-Advocacy
 - Culture
 - Openness to support/services
 - Acceptance of Help
- 



WOMEN AND CHILDREN'S OUTREACH PLANS

Once there is an established network and potential barriers identified the outreach and referral team will then become more familiar with the overall structure of those services.

- Funding/Insurance Structures
- Availability of Services



OUTREACH EFFORTS

- **Communication and Marketing Strategies**
 - **Presentations**
 - **Outreach**
 - **Pamphlets**
 - **Brochures**
 - **Educational Materials**



OUTREACH TRACKING

- Outreach Tracking System
 - The outreach team will implement and maintain systems to track all outreach activities & referrals. This will allow an evaluation of the impact of outreach and referral efforts.
 - Elements that should be included in the outreach tracking system are:
 - Organization/Agency Name
 - Specific Units/Departments
 - Relevant Contact Information
 - Tracking Outreach: date/name/type (e-mail, phone call, presentation, etc.)
 - Plans for Follow-Up



CONTACT INFORMATION

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FETAL ALCOHOL SPECTRUM DISORDERS (FASD)

**KELLY DIETRICH
(SHE/HER)**

Poll Question

3

Which of the following is true about FASD?



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Poll Question

4

FASD can affect which of the following areas?



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WOMEN'S HEALTH

Drinking a little alcohol early in pregnancy may be okay

January 29, 2020

By **Howard E. LeWine, MD**, Chief Medical Editor, Harvard Health Publishing

☰ COSMOPOLITAN

SUBSCRIBE

Sig

Why I Drank While I Was Pregnant

More educated, thirtysomething women, myself included, are drinking in moderation during pregnancy. Why do we do it?



BY **MICHELLE RUIZ** PUBLISHED: OCT 22, 2014 8:01 AM EST

The Salt

EATING AND HEALTH

Study Finds No Harm In Occasional Drink During Pregnancy

APRIL 18, 2013 · 1:54 PM ET


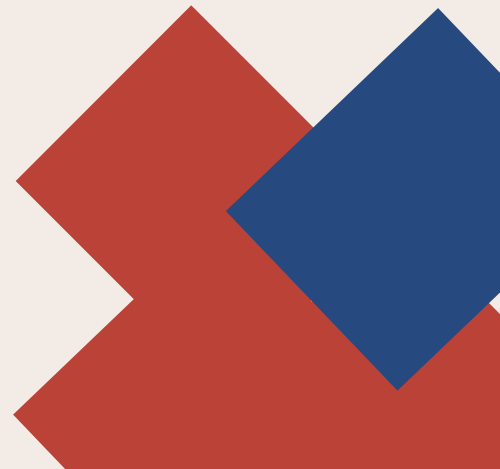
MISINFORMATION PROFILE

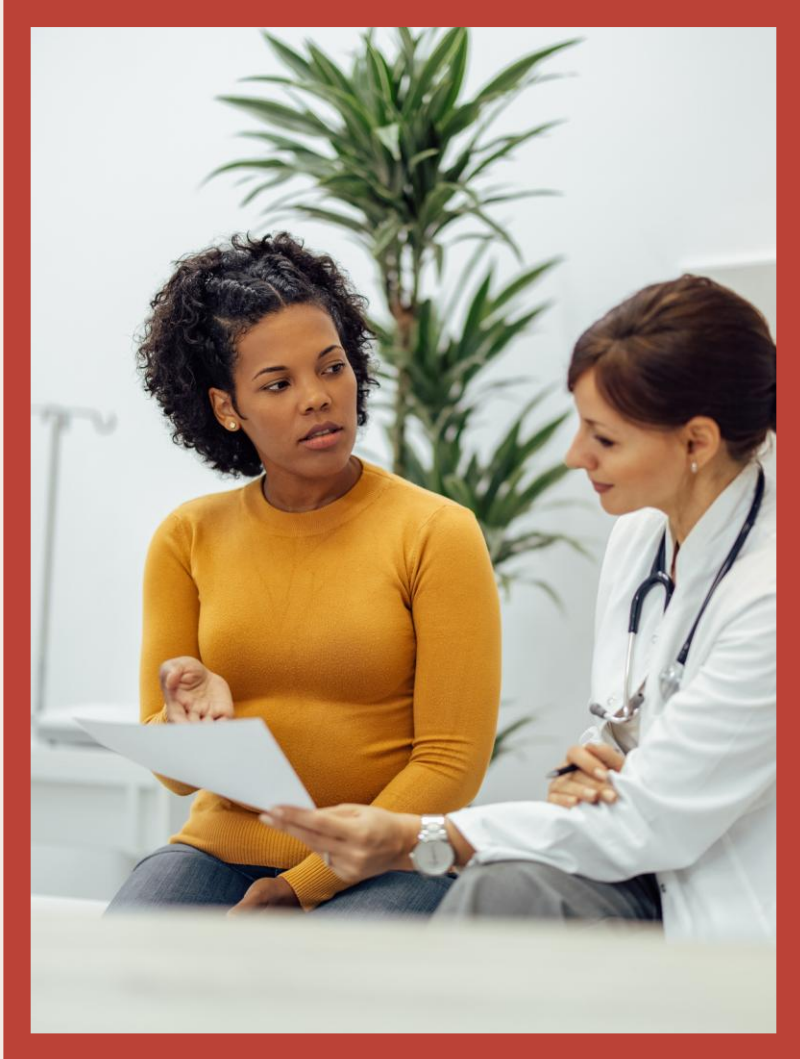
- Sources as recent as 2020 supporting alcohol-exposed pregnancies exist.
- The idea that doctors only say not to drink so they don't get sued.
- Confirmation bias when looking for information.



LET'S TALK ABOUT IT!

HOW DO THESE QUESTIONS MAKE YOU FEEL?

- You haven't had anything to drink during your pregnancy, correct?
 - What are your current drinking habits?
 - How have your drinking habits changed since becoming pregnant?
- 
- 



NAVIGATING CRITICAL CONVERSATIONS

- A person who consumed alcohol before knowing they were pregnant.
- A person experiencing a substance use disorder.

ROLE OF THE TREATMENT PROVIDER

1

Recognize

Make yourself familiar with both physical, developmental, behavioral, and social indicators.

2

Develop Goals

Coordinate with the individual to set realistic goals and expectations for day-to-day life, school, work and any other area of their life.

3

Coordinate

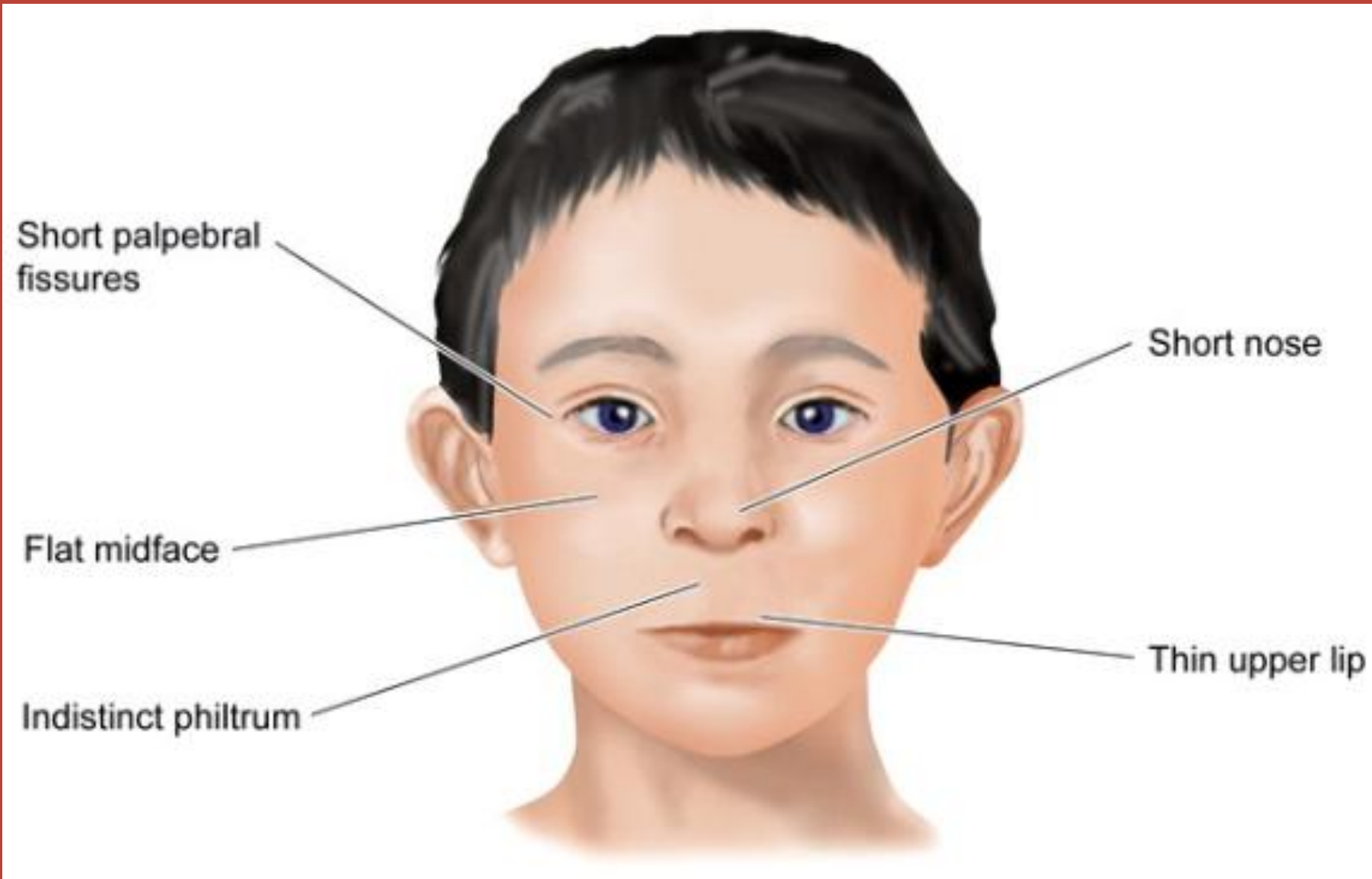
Assist the individual in coordinating needs with their care team, family members, school officials, supervisors etc.



BEYOND THE FACIAL FEATURES

Facial features are one way to recognize that an FASD is present but not the only way and never fool proof.





FASD FACIAL FEATURES



AGE 5



AGE 12




AGE 19


FASD FACIAL FEATURES THROUGHOUT THE YEARS




LEARN THE TERMS

01 Fetal Alcohol Syndrome (FAS)


 Most involved

 Includes CNS problems


 Includes birth defects.


 Difficulties in school

02 Alcohol Related Neurodevelopmental Disorder (ARND)


 Most common


 Intellectual disabilities


 Behavior difficulties


 Learning difficulties

03 Alcohol Related Birth Defects (ARBD)

 Physical presentation

 Skeletal Abnormalities

 Heart/Kidney problems

 Sight/hearing problems

RECOGNIZING EARLY SIGNS OF FASD

**Delayed
developmental
milestones and
inconsistent
memory.**

**Difficulty
understanding
cause-and-effect or
abstract concepts.**

**Impulsivity, poor
judgment, and
attention
challenges.**

**Social difficulties
such as
inappropriate
interactions or
immaturity.**

SUPPORT TECHNIQUES

Establish
predictable
routines and
structured
environments.

Use clear,
concise
language and
repeat
instructions
frequently.

Provide visual aids
and step-by-step
guides.

Allow extra time
for transitions and
processing
information.

Break tasks
into
manageable
steps.

(Green et al., 2009; Pei et al.,
2011)





PERSON-CENTERED APPROACH



Strengths

Focus on the strengths of the individual and work together to integrate them into all areas of their lives.

Celebrate

Celebrate wins both big and small. Help create habits of self praise

Support

Support identity and self-worth. Encourage individuals to trust themselves.



WORKING WITH FAMILIES AND SYSTEMS



Support

Support caregivers in identifying how to best support themselves and the individuals they give care to

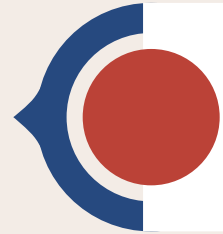
Normalize

Normalize struggles that caregivers may face such as burn-out, emotional fatigue, communication barriers

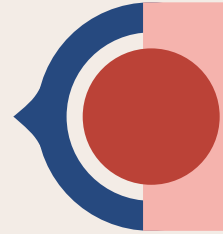
Coordinate

Coordinate with schools, courts, medical providers and any other systems as an advocate.

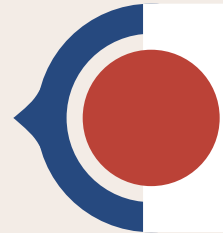
RESOURCES



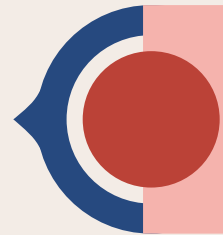
FASD United



SAMHSA FASD
Center



PA Family
Alliance



Proof Alliance



GET IN TOUCH WITH ME!



717-257-6646



kedietrich@pa.gov



www.ddap.pa.gov

Next Call

Next TA Call = October 6, 2025 @ 10:00AM
Topic: Trauma Informed Care



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