

# PRENATAL SUBSTANCE EXPOSURE

## Providing prevention services, diagnoses, treatment, and support for prenatal substance exposure

Second Substitute House Bill 1168; Section 3(1); Chapter 288; Laws of 2023

November 13, 2024

### Legislative summary

During the 2023 legislative session, the Washington State legislature passed Second Substitute House Bill 1168, which directed the Health Care Authority to:

- Increase treatment services and supports to children over the age of three who were exposed prenatally to substances, along with their caregivers and families. This initiative will involve creating contracts with up to four providers in Washington State who have the infrastructure and capacity to serve individuals with Fetal Alcohol Syndrome Disorders (FASD) or Prenatal Substance Disorders (PSE).
- Submit recommendations to the legislature to increase diagnostic and treatment services for individuals exposed prenatally to substances.
- Contract with a non-profit entity to offer free support groups to individuals, families, and caregivers affected by FASD and PSE.
- Coordinate with state agencies, including the Department of Children, Youth, and Families (DCYF), Department of Health (DOH), Department of Corrections (DOC), Department of Social and Human Services (DSHS), and the Office of Superintendent and Public Instruction (OSPI) to complete the Interagency Agreement, which aims to ensure the coordination, identification, prevention, and intervention programs across system partners for children exposed prenatally to substances and pregnant individuals at high risk of having children with prenatal substance exposures.

This report, originally due June 1, 2024, provides an update on the current implementation status.

### Background

People with FASD and PSE can thrive when systems are FASD-informed and when people with lived experience are given their seat at the table. Recognition and accommodation of people with FASD and PSE is crucial. Modifications and shifts in practices and policies will support the complex needs of people with FASD and PSE. The key systems are neurodiversity, child welfare, education, justice, and public health. (FASD United, 2024.)

At this time, the workflow has not met established legislative timelines. Work that has been completed so far includes:

- Finalized a contract with Wonderland Children and Family Services as the initial provider of FASD and PSE related treatment services.

Division of Behavioral Health and Recovery  
626 8th Avenue SE  
Olympia, WA 98504  
Phone: (844) 461-4436  
[www.hca.wa.gov](http://www.hca.wa.gov)

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- Created and published a Request for Proposal (RFP) to establish free support groups through a nonprofit entity.
- Held initial meetings with another provider who indicated interest in building out their current treatment service to incorporate the work outlined in 2SHB 1168.

## Key findings

### Implementation updates

#### Expanding services

The legislature directed HCA to contract with an initial provider by January 1, 2024. HCA executed the initial service contract with Wonderland Child and Family Services, who will provide comprehensive services to individuals with prenatal substance exposure and their families. Wonderland Child and Family Services is developing its training curriculum to support additional contracted agencies and has submitted its initial training program outline to HCA. They expect to complete the training in early 2025.

HCA has identified two potential agencies that could contract with HCA to provide comprehensive services to individuals and their families, as outlined in the legislation, and participate in the training curriculum once it is developed by Wonderland Child and Family Services. HCA is currently in conversations with these agencies to determine if contracting with them will be possible.

#### Support groups for individuals with FASD and their caregivers

The legislation directed HCA to establish a contract with a nonprofit agency to provide statewide support groups for individuals with FASD and their caregivers at no cost. HCA published an initial Request for Proposal (RFP) with a due date of May 17, 2024, and there were no responses. However, after HCA closed the RFP, two organizations contacted HCA to indicate interest in establishing the support group program. The Fetal Substance Exposure Policy Administrator is currently revising the previous RFP.

#### Interagency agreement

The legislation directed HCA to coordinate with state agencies DCYF, DOC, DOH, DSHS, and OSPI to create an interagency agreement. The legislation does not specify a due date for the agreement. At this time, the fetal substance exposure policy administrator has contacted individuals from each of the named agencies to discuss the partnership and to identify the necessary individuals from each agency to participate in the work outlined in 2SHB 1168.

### Next steps

The goals for future policy implementation include:

- **Launching** FASD and PSE treatment service contracts with up to three new providers who can provide comprehensive treatment to children over the age of three and their families and caregivers. HCA expect partners to join the project by early 2025.
- **Publishing** the RFP for free support groups through a nonprofit agency. HCA is currently working to revise the RFP, with plans to release it around the end of 2024 and execute a contract with a successful bidder in early 2025. In addition, HCA will collaborate with this agency on how to

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reduce barriers related to accessing the support groups for individuals and families, while focusing on inclusive, trauma-informed, and culturally relevant topics and resources.

- **Developing** the interagency agreement and participating in ongoing meetings with system partners to share information about increasing diagnostic capacity, program growth, and creating pathways for individuals, communities, and systems to navigate services and resources.
- **Prioritizing** conversations with DCYF about identifying children and families entering the child welfare system due to the impacts of FASD and PSE and generating potential ways to reduce the number of out-of-home placements by centering appropriate and relevant services and resources for families.
- **Generate** recommendations to submit to the legislature on increasing diagnostic and treatment services for individuals exposed prenatally to alcohol or other substances by:
  - Establishing additional service provider contracts, statewide support groups, and the interagency agreement with cross-state agencies in order to deepen HCA's understanding of programs, services, and unmet needs.
  - Gathering information regarding the current state of FASD and PSE work in WA through consistent conversations with clinical and medical providers, researchers, and individuals with lived experiences.
  - Creating a gap analysis to determine access issues, causes, and other barriers individuals, families, and caregivers experience in terms of diagnostic and treatment services.

## Conclusion

The tasks and responsibilities outlined by the Legislature will be addressed by centering the work, recommendations, and voices of those who have direct experience with individuals prenatally exposed to alcohol and/or other substances. This work will incorporate data collection to inform how treatment services and programming are operating within Washington State's communities. The Health Care Authority is directed by the Legislature to provide a Legislative report by June 1, 2028. The report will address updates regarding program and policy implementation addressing the expansion of services under the contracts, outcome data and ways to improve outcomes, and recommendations related to improving the availability of and access to services.

## Contact

**Annie Hodges** – Fetal Substance Exposure Policy Administrator  
Health Care Authority  
*Division of Behavioral Health and Recovery*  
Email: [Annie.Hodges@hca.wa.gov](mailto:Annie.Hodges@hca.wa.gov)