

# WHAT WOMEN WANT.....

*A Webinar to Enhance Substance Abuse Treatment for Women*

Presented by DACCO, Tampa



# *DACCO Presenters*

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# *Learning Objectives*

- Expand awareness of promising practices for women in substance abuse services as related to enhancement of engagement and retention.
- To learn of the success with diverting families from the child welfare system via the *Substance Abuse Family Intervention* pilot of Hillsborough County.
- To become familiar with a unique case management & outreach program for women that connects pregnant women with treatment.
- Gain knowledge of “wrap-around” services for women to enhance treatment outcomes including in-depth collaboration with the child welfare system and community health care

# *Why single out women?*

- Women have unique needs including pregnancy, post-partum issues, and child abuse and/or neglect charges resulting in loss custody of their children & involvement in child welfare system.
- Gender specific services are generally proven to be more effective than mixed-gender services.
- Women in services have a greater array of needs.

# *So, what do women actually want in Substance Abuse Services?*

- *Recommendations of a Consensus Panel and CSAT (2009) across continuum of care:*

1) Women's SA services need to be adapted to their needs.

2) Women's SA Services should address the specific challenges faced when trying to engage in TX.

# *Recommendations of a Consensus Panel & CSAT Across Continuum of Care*

3) Promising practices designed to treat women with substance use disorders include *comprehensive and integrated clinical and community services ideally provided at a one-stop location.*

# *Services Reflective of Women's Needs*

- **Medical Services**
- **Health Promotion**
- **Psycho-education**
- **Gender-Specific Needs**
- **Life Skills**

# *Services Reflective of Women's Needs*

- **Family and Child-Related Services**
- **Comprehensive Case Management**
- **Mental Health Services**
- **Disability Services**
- **Staff & Program Development**

# *Barriers for Women in TX*

## Intrapersonal Obstacles:

- Concern about managing mental health symptoms
- Shame and guilt
- Fear of losing children
- Health issues

# *Barriers for Women in TX*

## Interpersonal Obstacles:

- Primary caregivers of family so they are often unable or not encouraged to enter and remain in treatment
- Families and friends may be involved with substance use and abuse
- Central activity of social network may be drug or alcohol use
- Particularly vulnerable to losing their partner upon entering treatment

# *Barriers for Women in TX*

## Socio-cultural Obstacles:

- Stigmatized as mothers, wives...
- Stigma in their cultural group (could be both for using and for asking for help)
- Language and cultural barriers

# *Barriers for Women in TX*

## Structural Obstacles include:

- Not having gender specific programming
- Not accepting pregnant or postpartum women or offering them specific services for their needs
- Not having housing for women with their children
- Lack of cultural knowledge from treatment providers

# *Barriers for Women in TX*

## System Obstacles include:

- Being involved in multiple social service systems
- Co-occurrence of a SUD and involvement in the child welfare system ranges from 50 to 80 percent
- Services may be fragmented; different requirements from different systems on the same client/family

# *DACCO Women's Treatment Services*

- Created to decrease barriers to engagement & retention.
- To increase recovery success w/continuum of care and comprehensive approach
- Gender specific services
- Intervention, Outpatient, Day TX and Residential levels of programming

# *DACCO Women's Treatment Services*

- Modified therapeutic community model
- Individualized treatment
- Evidenced based curriculums including *Seeking Safety, Living in Balance, Motivational Interviewing, SPARC and The Matrix*
- Psycho-Education, Life Skills, Relapse Prevention, Empowerment, Domestic Violence, Anger Management, Stress Management, Nutrition & Communication groups

# *DACCO Women's Treatment Services*

- F-T nursing staff & medical case management
- Women's Health Education groups that include classes on the prenatal effects of alcohol & drugs
- DOULA classes and delivery support
- Tampa Family Health Center on-site 5 days/wk
- Mental health services including evaluation, follow up, medication mgmt. & psycho-

# *DACCO Women's Treatment Services*

- Science-based Nurturing Parenting Program
- On-site, full day Developmental Childcare Center and partner Baby Safe Program
- Case Management w/extensive participation in Family Dependency Treatment Court
- Supported Employment services

# *DACCO Women's Treatment Services*

- GED classroom on-site
- Transportation
- Staff & Program Development

# *DACCO Women's Treatment Services: Family Residence*

- Residence at the Women's Residential facility include two duplex units which provide onsite housing for up to four families to live while they continue treatment in DACCO programs.
- Allows mothers to continue their treatment and not be separated from their children.
- Children attend Developmental Daycare in Breakaway - onsite services by partner Child Abuse Council.



*Bridging the Gap:  
Child Welfare and  
Substance Abuse  
Treatment Systems*



*Family Intervention  
Services*

# *Why Family Intervention Services?*

- Substance abuse is *estimated* to be a factor in 7 out of 10 cases of child abuse and neglect.
- Children of substance abusers are 2.7 times likelier to be abused and 4.2 times likelier to be neglected than children whose parents are not substance abusers (National Center on Addiction and Substance Abuse, Columbia University, 1999)
- Need to remove *barriers* for families in the child welfare system to access timely substance abuse TX.

# *Barriers Between the CW & SA TX Systems*

- **Confidentiality laws** – exchange of information delayed or denied
- **Different beliefs & language** – perceptions of the parents and kids
- **Conflicts** with 1) time required for progress in recovery, 2) child's developmental needs, and 3) legislative mandates, re: permanency.

# *How FIS Addresses Barriers*

- Collaborative relationship with HCSO CPI Division fostered by co-location
- Enhanced communication reinforced by updates @ CPI “roll-calls” and supervisor meetings
- Cross training- DACCO presents SA training to CPI Orientation classes
- HCSO presentations, re: child welfare legal processes and mandates to SA staff

# *How FIS Addresses Barriers*

- Participation in *Diversion Workgroup* with HCSO and other county resource programs
- FIS ability to directly enter information into child welfare FSFN data base (in works)
- Significant national (RPG), state (FADAA) and county attention on bridging the gap between SA, DV & CW systems

# *Child Welfare and FIS: Shared Goals*

FIS support these joint system goals of child welfare & substance abuse programs:

- Protect and ensure the safety of children
- Prevent and remediate the consequences of substance abuse on families involved in the child welfare system
- Divert families from the foster care system (Hillsborough County pilot)
- Support families in recovery

# *Barrier Busters: Family Intervention Specialists*

- Family Intervention Specialists (FIS) are substance abuse counselors or case managers co-located w/child welfare services.
- FIS serve as a link between the child welfare and substance abuse treatment systems.
- FIS enhance and expedite child welfare referrals to substance abuse services.

# *DACCO FIS Model*

- In 2005 DACCO volunteered to be Hillsborough County pilot project for an alternative model of Family Intervention Services.
- The FIS traditional model entailed co-location & collaboration in community based care (CBC) sites to enhance family reunification efforts
- Pilot project Family Intervention Specialists work directly with the Hillsborough County Sheriff Office Child Protection Investigations Division in an effort to effectively divert families from entering the dependency system.

# *DACCO FIS Model*

- DACCO participated in the Hillsborough County Diversion Committee since its inception, and an approximate *30% reduction* in families entering the dependency system has been attained through this multi-system of care initiative.

# *Why would women want FIS?*

- Voluntary program
- Able to avoid dependency court involvement
- Screening and other services are available in the home
- No fee for FIS services
- Flexibility in scheduling appointments
- Advocacy, support, and continuity of care
- Collaborative effort between Child Investigations and FIS

# *How do FIS function within dual-systems of care?*

- DACCO FIS conduct screenings to assist in identifying substance abuse and co-occurring SA/MH issues
- If indicated, refer to SA TX agency for comprehensive assessment to determine the most appropriate level of care.
- FIS links the family to needed treatment and ancillary services.
- A case management plan developed with the client depending upon the particular circumstances of the placement and service

# *DACCO FIS: The Flow*

- Referrals: sent secure email to FIS Coordinator (Faxing inconsistent.)
- Coordinator assigns to FIS same day
- FIS needs to attempt contact with client and document w/in 48 hours
- Upon contact initial screening scheduled
- Initial screening scheduled for home or FIS office

# *DACCO FIS: The Flow*

- Outcome of screening & recommendations discussed with client
- If indicated, FIS contacts TX facility to schedule comprehensive assessment
- FIS notifies HCSO CPI of recommendation and action via phone and/or fax (will be able to input FSFN directly soon)

# *FIS Timeline Challenges*

The FIS service delivery pace is accelerated due to significant timeline challenges in accomplishing successful diversion:

- Most notably a legal decision for the family must be determined within 60 days per child welfare state law.
- Further challenging, the HCSO CPI case only remains open for 45 days

# *Who's DACCO FIS serving?*

- Who's eligible for services?

- Parents/caregivers, significant others, and other household residents referred by CPI's when substance abuse is suspected as a contributing factor in abuse/neglect situation
- Referrals may be made at any point, but it is preferable to refer as soon as possible in the process

# *Who's DACCO FIS serving?*

- Priority families
  - Child/ren at risk of immediate removal
  - Pregnant women
  - Injection drug users
- What FIS are not
  - In-home therapists

# *So, what's the benefit of DACCO FIS?*

- Provides immediate referral to substance abuse treatment intervention and support
- Ensures early identification of substance abuse and co-occurring disorders, before entry into court involvement
- Supports participation in treatment.

# *So, what's the benefit of DACCO FIS?*

- Expedites entry into treatment
- YTD data:
  - 983 CPI referrals to DACCO FIS
  - 557 clients screened
  - 406 comprehensively assessed
  - 338 referred to intervention or TX services

# *The Most Important Reason for Women in FIS*

- *“The best hope of a safe haven for these children is to prevent alcohol and drug abuse by their parents” —*  
Joseph Califano, Jr.,  
Chairman and President of  
CASA



*Engaging Pregnant Women in SA  
Services:  
Zero Exposure Model*



# *What exactly is Zero Exposure?*

- DACCO Zero Exposure Program provides substance use and co-occurring SA/MH Screening, Assessment, Referral and Treatment to pregnant women receiving medical services in community health clinics, county jail or hospitals.
- The strength of the program design is to not only to improve the identification of substance use/ risk but also *to eliminate barriers and provide immediate engagement in education, support and treatment services.*

# *The Zero Exposure Model*

- External referrals are accepted from other behavioral and social service agencies in Hillsborough County.
- **Effects of substance use during pregnancy classes provided**
- **Effects of substance use during pregnancy 1:1 education with identified at-risk and incarcerated women.**

# *The Zero Exposure Model*

- *Length of stay in ZEP* varies according to the stage of pregnancy in which the woman receives initial screening and continues 3-months post-partum.
- *Others receiving services* include child welfare referrals of women who test positive for illicit drugs at the delivery. (Women frequently experience further pregnancies, and ZEP can have a positive effect on their future maternal health.)
- Substance using pregnant women who are admitted to DACCO Women's Day TX and Outpatient programs with high levels of risk and complex case management needs, as indicated by the referring child welfare agency, may receive concomitant ZEP services.

# *ZEP Screening Tool for Pregnant Women: The 4P's Plus*

- Screening instrument designed to identify pregnant women at risk for alcohol or other drug use
- Assesses recent alcohol or tobacco use
- Chasnoff, 2003
  - Field tested with 1,528 Medicaid-eligible pregnant women in Chicago
    - 80% African-American, 20% Hispanic
  - 27% found to be at risk
  - Of positive screens, clinical assessment indicated that 35% were actively using alcohol or illicit drugs

# *ZEP Screening Tool for Pregnant Women: TWEAK*

- Developed by Russell (1994) as an alcohol screening tool specifically for pregnant women
  - Adopted items from the MAST, CAGE, and T-ACE
- Focuses on current or recent use as opposed to historical use
- Dawson et al., 2001
  - 404 lifetime drinkers presenting for initial visit at 9 prenatal clinics in DC
- Cooney et al, 1995
  - Administered to 4,743 African-American women
  - More sensitive than either the CAGE or MAST
- Chang, 1999
  - 135 pregnant women in Boston
- Sobell et al. (1994)
  - Adequate psychometric properties
  - Good predictive and concurrent validity

## *Summary: TWEAK vs. 4P's+*

	<u>TWEAK</u>	<u>4P's+</u>
# Items	5	6 or 16
Substance(s) for Positive Screen	Alcohol Only	Cigarettes and Alcohol Only
Timeframe	Current, Last Year, Lifetime	Month before knew about pregnancy
Score Range	0 – 5	0 – 10
At-Risk Score	$\geq 2$	$\geq 1$

# *Why Zero Exposure?*

Florida is the 4th highest state in the U.S. for the number of live births annually.

It is estimated that \$2.70 is saved in medical care for the infant in the first year of life for every \$1 spent in prenatal care and drug treatment for the pregnant woman.

Early intervention for drug-exposed infants can make significant positive impact on the child's development and academic success.

The amount of alcohol a woman has to drink to cause FASD remains unknown. However, the full effects of FASD can be reduced when a woman enters treatment and ceases alcohol use by the 3rd trimester.

# *The How of Zero Exposure*

- The Zero Exposure Project was initiated as a collaborative effort of multiple medical and human services organizations that serve families in Hillsborough County and funded in 2004.
- The project was influenced by the work of Dr. Ira Chasnoff of the Children's Research Triangle of the University Of Illinois College Of Medicine.
- Since 2004, DACCO's ZEP case managers screen pregnant women for ATOD in various health care and community sites, and link them to the appropriate services to promote a clean and healthy birth outcome.

# *ZEP Engagement & Retention Strategies*

- On-going, fluid assessment to meet the often changing needs of the pregnant women.
- “Start where the client is..” Assessing the *Stage of Change*, the sequence of stages through which people and organizations typically progress as they think about, initiate and maintain new behaviors (Prochaska and DiClemente).
- Strong connections to supportive community services helping pregnant women, i.e., Healthy Start, DOULA services, and County Health Dept

# *ZEP Engagement & Retention Strategies*

- Utilize the basic Motivational Interviewing principles- 1) express empathy, 2) develop discrepancy, 3) avoid arguing, 4) roll with resistance and 5) support self- efficacy.
- Provide supportive counseling and wrap around services throughout involvement in treatment.
- Assist with transportation and communication between and health care provider.

# *Practices Applied: Sherene's Story*

Sherene, age 35, was a mom to an 11 year old daughter and 1 year old toddler when she learned was pregnant again. This news was delivered immediately after she lost her car and almost burned down her own home and came to realize she couldn't stop using without help.

Sherene had successfully remained clean for nearly two years following treatment completion in 2008, and had recently experienced a "full-blown relapse. I was back out there." She chalked her relapse up to just going through the motions in treatment.

# *Sherene's Story*

After a visit from a Child Protective Investigator, Sherene voluntarily placed her son in a relative's care and entered residential treatment. "I knew that I needed to 'dig deep' to get my life back on track." She was also on probation for possession of cocaine.

Sherene immediately entered DACCO's Women's Residential Treatment program in January 2010 and started working with Casey, a DACCO's Zero Exposure case manager. With the help of ZEP, Sherene was able to concurrently participate in a number of on-site classes provided by community partner agencies.

# *Sherene's Story*

DOULA services provided by Achieve Tampa Bay educated Sherene on what she could expect during delivery. Rayna, a certified DOULA, will provide Sherene the physical, emotional and informational support needed during and after birth as well as information on breast feeding, mom/baby care and family planning. “None of my family will be there for me, so I’m grateful to Rayna.”

In addition, Casey arranged for Sherene to attend a number of Healthy Start fairs which provide her additional information and access to services to help ensuring a healthy and clean delivery.

# *Sherene's Story*

With the assistance of DACCO Family Intervention Services, Sherene was able to work effectively with Child Protective Services Division to regain custody of her son. (The relative caring for Elijah was resistant to Sherene taking care of him again.) On April 23rd, Elijah was reunited with his mom and now lives in a DACCO Family duplex while Sherene completes her treatment and attends Behavioral Health Technician classes at Brewster Tech.

# *Sherene's Story*

Elijah attends DACCO's onsite developmental child care center operated in collaboration with the Child Abuse Council which enables Sherene to stay focused on achieving all of her goals. "I have a peaceful feeling now that I never have had before – no more chaos."

Sherene continues in treatment with the support of a therapeutic community and a continuum of services tailored to the specific needs of women.

