Responding to the Needs of pregnant and Parenting Women with Substance Use Disorders in Philadelphia

Women's Law Project

A Report to Community Behavioral Health by the Working Group on Chemically Dependent Women

Carol E. Tracy

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September 2002

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A Review of Recent Literature &
The PVS Disaster:
Poverty, Violence and Substance Abuse
in the Lives of Women and Children
-Sandra L. Bloom, M.D.

Responding to the Needs of Pregnant and Parenting Women With Substance Use Disorders in Philadelphia

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Introduction

The Women's Law Project is a public interest law center committed to fighting discrimination and injustice against women and to advancing the legal, health, economic and societal status of women and their families. The Women's Law Project has a long and distinguished history of advocacy and is recognized as a national leader in the field of women's rights, as well as a unique resource for women in Philadelphia and Pennsylvania. It has been our goal since the WLP's founding in 1974 to provide women with knowledge to empower themselves and address the problems in their own lives, to work to eliminate gender discrimination in laws and institutions, and to promote changes in the legal system that directly affect the status and opportunities of women.

For more than a decade, the Women's Law Project has been involved in legal proceedings in cases throughout the United States, including before the United States Supreme Court, in which pregnant women have been prosecuted for choosing to continue their pregnancies despite suffering from untreated drug addiction. Our involvement in these cases is consistent with our commitment to protecting the autonomy and privacy of pregnant women. We have also worked on public policy and public education on these issues in Philadelphia. In 1994, we successfully challenged before the Philadelphia Commission on Human Relations the practice by many treatment providers of refusing to serve pregnant women. In 1997, we then published *A Resource Guide to Substance Abuse Programs for Pregnant and Parenting Women in the Philadelphia Area* (the second edition has just been printed). Our most recent effort, begun in 1998, has been the organization of the Working Group on Chemically Dependent Women, a collaboration of key stakeholders to participate in an ongoing dialogue about ways to enhance and increase resources related to maternal substance use disorders. This publication is the result of that work.

We wish to acknowledge those who helped us put together this document. Participants in Working Group meetings spent two years developing a framework for understanding the complexities of the issues facing pregnant and parenting women with substance use disorders. The women's treatment providers were available to provide information and invited their clients and staff to contribute and participate. They helped us in countless ways. We particularly thank the Steering Committee for their many hours of hard work planning, organizing, synthesizing, and analyzing information from the focus groups, roundtable, provider meetings, working groups meetings, and the voluminous literature. The Steering committee included Jessica Bellinder, Pennsylvania Health Law Project; Sandra Bloom, Community Works; Jennifer Campbell, project consultant; Deborah Freedman, Amy Hirsch and Elizabeth Thul, Community Legal Services; Elena DiLapi and Gloria Gay the Penn Women's Center, University of Pennsylvania; Melita Jordan, Certified Nurse Midwife; Dianne Salter, psychologist; Susan Lieberman, former director, Office of Children Youth and Women's Health, Department of Public Health, Susan Wasserkrug, Homeless Advocacy Project; and Astra Outley and Kathy Kaib of the Women's Law Project. We thank in particular Dr. Sandra Bloom for educating us about the implications of trauma in the lives of women, as well as for producing the prodigious literature review; Gloria Gay for facilitating the focus groups with consumers with sensitivity and integrity, and Jennifer Campbell for facilitating this spirited committee and for her enormous help in crafting the final report, and Kathy Kaib for keeping us all on track.

Most especially, we thank the women who participated in the focus groups who shared personal and intimate details of their lives and hardships, and whose voices, we hope, will guide us in creating more and better services for women and their children. *C. Tracy*

RESPONDING TO THE NEEDS OF PREGNANT AND PARENTING WOMEN WITH SUBSTANCE USE DISORDERS IN PHILADELPHIA

Executive Summary

Overview

Substance use disorders and exposure to violence are prevalent, if not endemic, in the lives of women who are served by the social and health systems in Philadelphia. A large body of evidence-based information about the complex and co-morbid conditions resulting from physical and sexual assault of women and girls now exists. The research is overwhelming in concluding that exposure to violence is the primary precursor to dysfunctional behavior in women, including substance abuse. The problem of substance abuse in women cannot be addressed without understanding and addressing the consequences of violence and exposure to trauma.

The Women's Law Project (WLP) entered into a contract with Community Behavioral Health (CBH) to develop recommendations to address gaps in services for pregnant and parenting women suffering from substance abuse disorders. Our initial understanding of these service gaps emerged from the Working Group on Chemically Dependent women. To further our understanding of the problems and potential solutions to service delivery, we convened a steering committee composed of leaders in women's issues in the mental health, physical health, and legal and advocacy communities and then we read and we listened. We listened to approximately 93 consumers and over 70 providers from approximately 50 agencies through structured roundtables, interviews and discussion groups; we reviewed current public policies; and we reviewed over 700 academic articles to glean the most current understanding of the problems of these vulnerable mothers and children, their treatment options, and implications for best practices. The findings from this extensive review of the literature were echoed in each focus group with both vulnerable mothers and the professionals who serve them: poverty, domestic violence, sexual assault and substance abuse are recurrent and concurrent themes.

Our tasks were to make recommendations on reaching women who need substance abuse treatment, particularly those who are pregnant, and to identify the unmet needs of those in treatment. Clearly, with our findings so inextricably linked to violence and untreated physical, sexual and emotional trauma our recommendations are more expansive than initially anticipated. The needs articulated by the vulnerable mothers, the frustrations reported by the providers, and the exhaustive review of the literature all underscore the interconnectedness of violence-induced trauma and behavioral problems. They point to an urgency with which these connections must be actively addressed to achieve productive treatment outcomes.

We found that the problems encountered by this population are systemic and rooted in a lack of public policy that addresses the needs of vulnerable women, and therefore, of their children. The city's health and social services predominantly serve pregnant and parenting women and their children. Yet women have only received peripheral attention in the public policy arena because their needs are addressed primarily in the context of their parenting or pregnancy. Their other needs are neither acknowledged nor served. Attempting to serve children by improving parenting skills or pregnancy outcomes without understanding or addressing the concomitant problems of the mothers is shortsighted and ineffective. There is no locus in government that identifies, serves, or coordinates the needs of the vulnerable women who are in the city's public health and social services system. Current attempts by city government to move away from a fragmented and single-problem focused system will fail if the needs of mothers in this system are not acknowledged and addressed.

Yet, in spite of the inadequacies in the systems that serve these women, we found extraordinary motivation and resilience on the part of seriously traumatized and addicted women. We also found compassion, sensitivity and a sincere desire to help on the part of many providers who are working with them. The desire of many women to heal - usually for the sake of their children - has led some to conquer seemingly insurmountable problems. In the face of crushing poverty, inadequate welfare benefits, unfit housing, and crime-ridden neighborhoods, many women have vanquished their own demons of abuse and addiction, usually with the help of a competent provider, and learned to live productive, healthy lives.

Philadelphia has many positive initiatives in place and has recognized that there are populations that require extensive, inter-agency coordinated services. In fact, Philadelphia has emerged as a national leader in both research and practice for issues affecting substance exposed families. There is a clear recognition on the part of policy makers of the need for a coordinated, integrated system of care. Philadelphia has the knowledge and resources necessary to launch a new initiative for these vulnerable mothers. As a steward of a major urban human service delivery system, Philadelphia has the responsibility to intervene in the endemic problems of addiction, poverty, violence and trauma. The city must now make the commitment to address the needs of this challenging, stigmatized, and marginalized population. Our recommendations are focused on filling the service gaps and, when implemented, will substantially move Philadelphia forward in achieving the integrated, coordinated system of care that the city aspires to deliver and that these women deserve.

Summary of Findings and Recommendations

Finding 1

Philadelphia's health and human service delivery system does not address the specific needs of women, does not integrate the linkage of trauma, violence, and substance abuse in service delivery, lacks cross-system training, and fails to fully comprehend the long term needs of families affected by trauma, violence and substance abuse.

Substance abuse, violence and trauma are inextricably linked and are endemic in the lives of women in Philadelphia's health, social service, and criminal justice systems. Untreated trauma leads to behavioral health problems. It is essential to address exposure to violence in order to effectively treat women's substance use disorders.

Substance abusing mothers have long term problems; for many, their addictions and victimization started when they were abused children. Addictions take years to evolve and years to solve.

Philadelphia has no unified system specifically for women. Pregnant and parenting women with behavioral health problems must access multiple, uncoordinated, and inadequate services. Separate services are offered with multiple short-term relationships with caseworkers and providers of services. An extensive and expensive patchwork of services exists that are only intermittently successful.

Poorly integrated systems turn women into systems nomads. Without a coherent framework for developing successful and consistent treatment programs or intervention strategies, mixed and ineffective services are provided. Cross-systems training about mandates, philosophies, services, and limitations is essential. Information about legal proceedings is critical for consumers and caseworkers since addicted women are enmeshed in numerous legal proceedings, with consequences that can be life altering.

Recommendations

- ✓ Create a system of care for women in Philadelphia with a locus in city government to develop and coordinate services for adult women.
- ✓ Adopt a trauma-informed system of intervention.
- ✓ Develop a policy of a multi-year commitment to families affected by trauma and addiction.
- ✓ Create a coordinated response to domestic violence.
- ✓ Create a training institute to develop and coordinate cross-systems training and appropriate resource material.

Finding 2

Addicted women have histories of abuse and deprivation, are socially isolated, and are exhausted and grieving.

Today's addicted mothers grew up in households where they experienced child abuse and/or neglect, an absence of parental care-giving, parental substance abuse, domestic violence, and community violence. They are socially isolated and have difficulty forming trusting relationships. For many addicted women, the only social activity they engage in revolves around drug use.

Recommendation

- ✓ Develop community-based services or centers for women that have recreational and social activities as well as information and referral to health and social services.

Finding 3

Appropriate consumer education material about addiction and trauma does not exist.

Pregnant and parenting women with behavioral health problems do not understand how the violence they have endured has affected their behavior and drug and alcohol use. Most of their counselors, caseworkers and the public at large do not understand the relationship between violence and trauma.

Recommendations

- ✓ Develop a communication strategy to increase public understanding of trauma and addiction.
- ✓ Develop consumer information on trauma and addiction.

Finding 4

Most pregnant substance abusing women do not receive substance abuse treatment.

Research has established that pregnancy is one of the most effective windows of opportunity to engage women in substance abuse treatment. However, communication between health care providers and the behavioral health system is lacking. Further, social workers are no longer employed in obstetric and delivery room sites.

Recommendations

- ✓ Set up regular meetings among health care stakeholders.
- ✓ Reinstate social workers in prenatal and delivery settings.

Finding 5

Case workers and home visitors who provide services to children lack appropriate tools, training, and professional development to address violence and addiction.

Caseworkers and home visitors are faced with challenging situations involving addiction and domestic violence for which they are poorly prepared to handle. In addition, caseworkers lack good consumer educational material regarding parenting, trauma, and addiction. Bias and stereotypes among caseworkers and counselors continue to exist requiring professional development and education.

Recommendations

- ✓ Provide a trauma informed checklist for home visitors.
- ✓ Develop a "team network" for home visitors.
- ✓ Provide trauma-informed parenting education programs.
- ✓ Expand mobile therapy options.
- ✓ Provide accurate training about parenting issues and child's behavioral issues for workers.
- ✓ Create materials for consumers that help them understand their child's behavior.

Finding 6

Women need gender-specific, trauma informed substance abuse treatment.

The research overwhelmingly concludes that women need gender-specific, trauma-informed treatment. Philadelphia's women-centered residential treatment programs provide more intensive intervention for adult women living with their children than any other system of care.

Recommendations

- ✓ Assure that all substance abuse treatment programs serving women understand gender and trauma, and provide gender-specific, trauma-informed treatment for all women seeking treatment.
- ✓ Create a consortium of women's treatment programs.

Finding 7

Children whose mothers are in treatment have not received adequate intervention.

The needs of children whose mothers are in substance abuse treatment have been ineffectively subsumed into the adult system. Intergenerational transmission of violence, substance abuse, and other disorders are common. These children suffer from numerous debilitating factors and have significant needs. The children's presence in a residential treatment system, where they are safe and provided for, affords an extraordinary window of opportunity for creative and positive intervention. Those

children not living with their mothers also have a complex web of needs for services. DHS is providing funding to enhance services to children in both residential and outpatient programs

Recommendations

- ✓ DHS should to continue supporting this important interagency initiative.

Finding 8

Residential treatment programs do not have the resources to address women's health care needs or to provide appropriate "aftercare" to prevent relapse.

Women who suffer from substance abuse disorders are often in poor health. They need primary care to treat their health care concerns, particularly their reproductive health care needs, and trauma-informed treatment to address their emotional needs. They need "aftercare" after completion of residential treatment program to prevent relapse. In addition to the women in treatment, staff at treatment centers often suffer from secondary trauma and need assistance in the form of professional development to understand their own reactions to working with trauma survivors.

Recommendations

- ✓ Help secure funding so that the Nursing Consortium can provide on-site health care and health education.
- ✓ Create "aftercare" specialists at each program who will be a troubleshooters for women leaving treatment.
- ✓ Provide systems-wide training in trauma so providers and consumers can fully understand the behavioral impact and self-medication that flows from the traumatic injuries of sexual and physical abuse.

Finding 9

Lack of childcare and transportation are serious barriers to obtaining outpatient treatment.

Many addicted women are consumed with exhaustion and grief and cannot overcome barriers to accessing outpatient treatment without extensive assistance. The barriers to treatment include transportation and childcare. Mobile therapy can be an important alternative for women who cannot manage traveling to outpatient treatment.

Recommendations

- ✓ Provide actual transportation to outpatient programs through funding for vans or other van services and funding for taxi vouchers.

- ✓ Implement the intensive case management model that mental health and MPP *(Maximizing Participation Project)* use, which includes transporting clients to appointments.
- ✓ Provide babysitters at home for women who are exhausted and unable to travel to treatment or set up on-site child care at treatment centers.
- ✓ Provide more behavioral health mobile therapy options for mothers who cannot physically get to treatment.

Finding 10

The mental health problems of pregnant and postpartum women and children are not appropriately addressed by the behavioral health system.

There are no residential treatment programs for severely mentally ill pregnant and postpartum women and their children, and the mental health system is not well trained in trauma-informed treatment. In addition, the mental health system has not developed gender specific programs the way the substance abuse treatment field has. Group therapy opportunities are an effective way to reach addicted women.

Recommendations

- ✓ Open a residential program, preferably associated with a psychiatric facility, for severely mentally ill pregnant and postpartum women and their children.
- ✓ Assure that mental health providers are properly trained in trauma-informed treatment
- ✓ Create group therapy opportunities for women.

APPOINT A TASK FORCE TO MONITOR THE IMPLEMENTATION OF THE RECOMMENDATIONS OF THIS REPORT.

RESPONDING TO THE NEEDS OF PREGNANT AND PARENTING WOMEN WITH SUBSTANCE USE DISORDERS IN PHILADELPHIA

Report to Community Behavioral Health

Section 1

Background

In 1997, the Women's Law Project (WLP) organized The Working Group on Chemically Dependent Women to develop an advocacy initiative to improve services and public policy for pregnant and parenting women in Philadelphia who suffer from substance use disorders. The Working Group is a highly collaborative effort bringing together substance abuse treatment providers, health care providers, maternal and children's advocates and outreach workers, the public interest legal community and government officials. Women in treatment and recovery from substance abuse disorders ("consumers") also attend the Working Group. The Working Group reviewed existing services in Philadelphia for chemically dependent women in order to establish an advocacy agenda. The Working Group created a "continuum of care" flow chart looking at prevention, outreach, transition to treatment, treatment and recovery. Specific gaps in services were identified and presented to Community Behavioral Health (CBH). In 2001 CBH contracted with the WLP for the purpose of making recommendations to fill the service gaps identified in the areas of:

- **Outreach to pregnant women who are using drugs and alcohol** to enable them to access necessary physical and behavioral health care to improve their health and the health of their pregnancies.

- **Engaging mothers whose children are in the child protective services and mental health systems because of their mother's addiction** so that the dual goals of healing and family preservation can be achieved by: (a) identifying services that can be provided by the child protective system; (b) improving communication and collaboration between child protective services, family court, the behavioral health system, and various users of these systems; and (c) developing a proposed curriculum and/or pilot programs for child protective services and mental health workers.

- **Documenting the unmet needs of women in treatment and developing recommendations** to address those needs, with a focus on access to, and integration of, mental health services, child care, housing, and civil legal services to pregnant and parenting women in substance abuse treatment program.

Section 2

Methodology

To fully understand the challenges, interrelated issues, and pressing policy concerns that affect services to chemically addicted women and their children, the WLP employed many different methods of gathering information. We spoke with approximately 93 consumers and over 70 providers from approximately 50 agencies. The WLP held seven focus groups with 73 consumers, including women in residential treatment, outpatient treatment, women in need of treatment, and women in the dependency legal system. Focus groups and meetings with providers were held, including obstetricians, pediatricians and certified midwife practitioners, perinatal social workers; Community Legal Services staff, CODAAP Women's Treatment providers, WATCH, and staff from the DHS Substance Abusing Mothers Project. Health care professionals were interviewed including physicians, social workers, a nutritionist, and a nurse coordinator. A Roundtable was held with outreach workers from six organizations. In addition, we consulted with David Fair of the Department of Human Services, with legal services organizations, treatment providers, domestic violence and sexual assault programs, and home visitors from the Maternity Care Coalition. At the core of the effort were the Working Group meetings, with five meetings of the large Working Group, attended by a total of 340 people. There were 10 meetings of the Steering Committee.

In addition to gathering information from the people intimately involved with the service delivery system, we conducted an extensive review of the professional literature, including over 700 articles that focused on the interrelatedness of substance abuse with trauma and violence. The full literature review is attached as a separate document, *The PVS Disaster: Poverty, Violence and Substance Abuse in the Lives of Women and Children.* Highlights of the literature review are contained in Appendix 2. We also researched and updated the WLP's *Resource Guide for Substance Abuse Programs for Pregnant and Parenting Women,* which is also attached as a separate document. Finally, Dr. Sandra Bloom developed a trauma-informed parenting training curriculum (Appendix 3).

Section 3

Scope of the Problem: Women, Their Children, Violence, Poverty and Substance Abuse

Violence, Poverty and Substance Abuse Nationally: It is estimated that at least 460,000 families on welfare are affected by addiction – about 1.2 million parents and children. Most of adults have less than a high school education and have difficulty finding lasting employment. Up to 40% have learning disabilities. Between 20% - 30% are currently involved in a physically or psychologically abusive relationship and between 50% -70% of mothers on welfare have been in an abusive relationship at some point in their lives. Substance abuse causes or exacerbates 7 out of 10 cases of child abuse and neglect. According to the National Crime Victimization Survey, the lower the annual household income, the higher the rate of intimate partner violence. Among females ages16-19, rates of intimate partner violence for households receiving $7,500 or less were at least twice those of females in the same age category but at higher income levels. For females ages 2 - 24 in the lowest income category, intimate victimization rates were at least 20% higher than those in households with a larger income (Rennison 2001). Women are exposed to high levels of violent attacks in childhood and as adults: 52% of women have been physically assaulted, 18% have been raped, 8% have been stalked, and 22% have been battered by an intimate partner (Tjaden and Thoennes 2000).

Childhood Exposure to Violence: Understanding the connections among violence, substance abuse, and stress are particularly important for child well being. Within a sample of inner city Philadelphia children 75% had heard gunshots, 60% had seen drug deals, 18% had seen a dead body outside, and 10% had seen a shooting or stabbing in the home (Hurt, Malmud et al. 2001) In 1997, 22,688 children were reported abused or neglected in Pennsylvania (CWLA 2000). In 1998, 108,494 children were arrested in Pennsylvania. Exposure to violence in all its forms has been strongly associated with an array of psychological, medical, social, and school problems that children endure. Exposure to violence in adolescence is as potentially damaging as violent victimization in childhood. As a longitudinal study has shown "[v]iolent victimization during adolescence appears to be a risk fact or for – and a cause of – most of the adult problem outcomes measured: violent crime victimization, domestic violence perpetration and victimization, violent and property crime perpetration, and problem drug use," (Menard 2002).

Substance Abuse Among Pregnant and Parenting Women in Philadelphia: The scope of the problem of substance abuse disorders among pregnant and parenting women in Philadelphia is significant. The Department of Human Services has reported that 80% of foster care placements involve some level of parental substance abuse. The Department of Public Health and the Philadelphia Perinatal Society performed two prevalence studies showing that 17% of all births (5,000 babies) were born cocaine-exposed. The result of these studies is an alarming indication of the volume of *untreated* chemically addicted mothers.

Violence Against Women in Philadelphia: Violence against women is equally alarming. In 2000 alone in Philadelphia there were 1,021 reported rapes. At least 45,000 women are battered in the city every year. Over 13,000 petitions for protection from abuse are filed in Philadelphia Family Court. Twenty percent of the emergency room visits by women in the city are the result of domestic violence, and 75% of these women will have additional injuries requiring treatment within the year (WAA 1996; DPIC 2002).

Emergence of Women-Centered Treatment Programs in Philadelphia: The City of Philadelphia Behavioral Health System has responded to the needs of pregnant and parenting women suffering from substance use disorders by supporting specialized women-centered drug treatment programs. These programs include six residential treatment facilities where mothers can live with their children, one residential program for women and children where the mothers are suffering from co-occurring substance use disorders and mental health problems, four residential programs for women alone and ten intensive outpatient programs. Several of the residential programs began as federal demonstration projects with a research component. When funding for the demonstration was exhausted, the city's behavioral health system drew from a variety of public funding streams to keep these programs running.

The residential treatment facilities allow women to remain for varying amounts of time, ranging from three to twelve months. The programs serve approximately 160 women. Residential programs that permit children serve approximately 200-240 children at any given time. Women may bring two children into treatment if they are under the age of 11 and living with the mother. Most of the children are under school age. These programs provide intensive treatment services for their adult clients along with a variety of other case management and life skill services. Residential treatment programs are reserved for the most seriously addicted and women must be assessed for admission in accordance with the Pennsylvania Client Placement Criteria (PCPC).

The women-centered outpatient programs usually provide three sessions, three times a week for women. This includes both therapeutic treatment for the substance use disorder and other supports to assist in recovery. Referral for intensive outpatient services usually suggests serious addiction problems. Some of these women should be in residential treatment facilities, but due to logistics or other circumstances instead attend intensive outpatient services. A recent housing initiative has been developed for people in outpatient programs who have no safe or secure place to live and whose success in outpatient services would be compromised because of their precarious living situation. Supervision and social supports are provided on a twenty-four hour, seven day a week basis. Four recovery houses are for women only. One recovery house serves women with children.

Section 4

Findings and Recommendations

During our intense year of study we found multiple, interrelated issues about the service delivery system and approaches to treating addicted women and their children. Although our recommendations follow each set of findings, it is important to note that the recommendations are interrelated, and usually apply to more than one finding. Embedded in our findings section are quotes from consumers and providers. These quotes are drawn from notes of comments made in focus groups and minutes from larger working groups, and have been edited for clarity and brevity.

Finding 1

Philadelphia's health and human service delivery system does not address the specific needs of women, does not integrate the linkage of trauma, violence, and substance abuse in service delivery, lacks cross-system training, and fails to fully comprehend the long term needs of families affected by trauma, violence and substance abuse.

Substance abuse, violence and trauma are inextricably linked.

Substance use disorders and exposure to violence are endemic in the lives of women in Philadelphia's health, social service and criminal justice systems: A large body of evidence-based information about the complex and co-morbid conditions resulting from exposure to violence now exists**.** The research and anecdotal reports about women who are in various social and health systems in Philadelphia -- homeless shelters, the criminal justice system, prisons, child abuse and neglect proceedings, domestic violence shelters and services, substance abuse and mental health treatment, maternal and children's health services, and emergency medical services – indicate that violence and substance use disorders are prevalent, if not endemic, in their lives. The research overwhelmingly in concludes that exposure to violence is *the primary* precursor to all of the other dysfunctional behavior, including substance use. (See Bloom, S. L. The PVS Disaster, attached). Despite this, none of our interlinked systems fully understand the complex ways in which exposure to violence impacts on the development, cognition, emotional responses, or behavior of those affected. As a result, there is no integrated system to work with adult women on the myriad of problems that flow from the trauma of experiencing violence and the resulting self-destructive or dysfunctional behavior.

> My mom and dad fought so much they left blood on the walls.

Domestic violence is widespread: Although domestic violence and sexual assaults are notoriously underreported, the police and court data for Philadelphia nevertheless document the prevalence of domestic violence. Case workers and outreach workers who enter families' homes identify frequent incidents of domestic violence, but have little knowledge about resources that can help. There is an extraordinary lack of knowledge, on the part of health and social service providers about the role of the police, the district attorney, and the courts in dealing with domestic violence. There is no office in

government to deal with the full impact of domestic violence: to assess needs, to evaluate services and to coordinate and integrate efforts.

Untreated trauma leads to behavioral problems: As research and practice have demonstrated, treating the symptom without treating the underlying trauma is ineffective. Substance abuse is frequently a symptom of trauma and many behavioral health problems emerge from un-treated trauma. Self-medication, through the anesthetic effects of drugs is an attempt to manage the pain and overwhelming fears associated with trauma. Trauma-based models exist which are effective in treating both the underlying problem and the behavioral symptoms it produces. Woman after woman told stories of untreated trauma and loss, and related that they used drugs to try and take away the pain.

> I started drinking at 17 because my boyfriend wanted to touch me and I couldn't stand being touched because my father molested me. I thought if I took a drink, it would be easier and that was the only way I could allow my boyfriend to touch me. I have been in a fog ever since.

<u>Philadelphia has poorly integrated systems for women with addictions</u>

Fragmentation creates systems nomads: Most of these vulnerable mothers are interacting with various systems of care. Some are "systems nomads" who move from system to system, without any coordinating efforts. For example, a woman might be in a domestic violence shelter and move to a homeless shelter, go to prison and then enroll in a substance abuse treatment program. While she is moving from system to system, her children are also system nomads and may be in Child Protective Services, different school systems, and different health clinics. Although presenting problems may be targeted and addressed by each separate system, the underlying issues of violence, poverty and trauma are never fully addressed or resolved.

> I was caught in the cycle of probation and jail time and drugs. I'm in treatment now…

Philadelphia has no coherent framework for developing successful and consistent treatment programs or intervention strategies, resulting in mixed and ineffective messages being sent to vulnerable women: A clear problem emerges for clients in the system as a result of these unspoken conflicts between the models: there is no common language, no common assumptions, no common goals, and no clearly articulated practice-based models that have emerged within the Philadelphia system. The opportunity to utilize trauma-based theory to treat addiction, provide consistent training across the Philadelphia system, and ensure coordination of mission and staff support will be a vital link in improving the functioning and success of Philadelphia's health and human service system.

Philadelphia has no unified system for women: As we interviewed women and treatment providers, it became clear that there is no organized or coordinated system of care for adult women. Women receive services primarily because they are the caretakers of children or are pregnant. Their other needs are rarely addressed. The system that exists is fragmented. There is a lack of ease of access to services, multiple

entry points, and a variation in treatment depending on where and under what circumstance treatment is provided. When women get compartmentalized in one problem, they don't get seen as a whole person. Although it makes sense for the system to try to specialize and isolate a problem for effective treatment, the multi-dimensional aspect of gender, trauma, and addiction bely this simple approach.

Pregnant and parenting women with behavioral problems are especially vulnerable and must access multiple uncoordinated services: Due to the variety of problems this population faces, many separate services will be offered, with multiple short-term relationships with caseworkers and providers of services. There is a lack of a continuum of care that can build upon a successfully negotiated relationship between the vulnerable mother and health and social services. There is a lack of communication among different agencies about their mission, services and limitations. There is also a lack of alignment of goals and philosophies of treatment that creates an extensive and expensive patchwork of services that is only intermittently successful. This is a costly and inefficient use of services, satisfying neither the women's need for a stable, long-term relationship and coordination of services, nor the need to serve these women in the most efficient manner possible.

Substance abusing mothers have long term problems

Today's addicted mothers were yesterday's abused children: Researchers and practitioners are consistent in reporting histories of physical and sexual abuse in childhood and ongoing violence in the lives of women suffering from behavioral health problems. They grew up in households where they experienced violence and addiction with childhoods that were chaotic and disorganized. Their children are at extremely high risk for repeating the pattern as they move into adulthood.

> I was five when I took my first drink. My family was all drinking and so I didn't know any better."

Addictions take years to evolve and years to solve: It is critical to understand that there are no quick fixes to effectively address the lifetime of abuse and resulting trauma that so many addicted women face and that effective intervention takes time. Research has shown, for example, that it takes seven attempts for a battered woman to leave her abuser and that it takes three to four times or more for substance abuse treatment to "take." It is of particular importance as insurers and funders are developing outcome measures to recognize that a long-term continuum of intervention is necessary for effective work with these families. Indeed, it may be necessary to rethink the entire concept of relapse in addressing the treatment requirements of complex cases involving addiction in women who suffer from PTSD and other psychiatric and social problems. The corollary may mean redefining success as women move along the continuum of care.

> The program is too short – it took so many years to get into addiction and they are expected to get out in 9 months.

> After you complete treatment you just get cut off from services and six months is not enough time to heal your life and your child's life.

Women who are addicted are involved with multiple legal systems. They often have no or inadequate legal representation. The outcome of these proceedings may be life altering. It is imperative that consumers and their caseworkers understand these proceedings.

> I have a lot of guilt about my children who were put into foster care and adopted. I feel like I could have done something.

Substance use disorders often bring women into Dependency proceedings in Family Court because their children have been determined to be at-risk for placement and/or are receiving services in their home: The passage of the Adoption and Safe Families Act has dramatically accelerated the process to terminate parental rights. Termination of parental rights has caused significant grief, even when voluntarily done, and is considered a major relapse trigger.

> Women wept openly at a Working Group Meeting on child custody proceedings when they learned that it was highly unlikely that they would regain custody of their children.

Mothers are also in the Domestic Relations branch of Family Court: In some cases women have voluntarily relinquished custody to relatives; in other cases relatives have petitioned and been awarded custody. This is often done to avoid involvement with DHS. The legal basis for custody determinations is the “best interest of the child.” Custody proceedings, unlike dependency (child abuse and neglect) proceedings, do not call for family reunification and do not have family service plans associated with them. Mothers seeking to keep their children out of the child protective services system often mistakenly believe that they can regain custody when they achieve sobriety. The “best interest standard” provides a considerable amount of discretion on the part of the judge hearing the case, and more often than not, custody will not be disturbed in cases like this, although visitation should be permitted. Also, unlike dependency proceedings, there is no entitlement to legal counsel in these cases, and there is a paucity of public interest lawyers available to represent mothers in custody proceedings. Mothers in recovery are surprised and heartbroken when they cannot regain custody of their children. It is important for service providers to understand these systems.

> She finished six months of our residential treatment program and was living on her own when her abuser came after her. Our counselor called the Domestic Violence hotline and there was no room at the Women Against Abuse Shelter. She didn’t want to go to a homeless shelter because she was afraid she would start using again. He killed her.

Addicted mothers are involved with Protection from Abuse Proceedings in the Domestic Relations Branch of Family Court: Violence is rampant in the lives of women suffering from addiction. Their ability to negotiate the legal system needed to protect them from violence is compromised by their addiction. Even when women have entered residential treatment, they might need help. While there, they and their children are most likely in a physically safe place. However, even if the daily threat of violence recedes, their need for protection from abuse will continue when

they leave treatment. Women who have been in residential treatment for several months and seek to obtain a Protection from Abuse Order (PFA) can face practical barriers from judges who are reluctant to issue such orders in the absence of a recent act or threat. A PFA can provide numerous remedies, including limiting the abusers proximity to the victim. Although not necessary in all cases, a safety assessment should be performed to determine whether a PFA is needed. Violation of a PFA is a crime and it can invoke immediate police intervention. Without such an order, women are not protected until additional abuse has occurred. Our legal survey indicated that very few women in the residential programs had PFA's, which, in the face of the violence that has usually been a part of their lives before treatment, could pose very serious problems after treatment. Domestic violence can be lethal.

Addicted women have consumer-related legal issues: Consumers who attend the large Working Group meetings have repeatedly mentioned consumer related legal problems that cause virtually insurmountable barriers to transitioning to recovery. Our survey of the residential treatment programs to ascertain the types of legal needs of their clients showed more than 60% of their client base have debt and credit problems, which prevents them from getting housing and utilities.

> My life is still on hold because I owe money to PHA therefore I cannot get public housing and my children are acting out because they are stuck in the system with me.

Local and national statistics show an exponential increase in the numbers of women involved in criminal justice proceedings: The vast majority of this increase is due to drug related activity, which ranges from drug sales to prostitution and shoplifting. Many of the women in the focus groups mentioned prostituting themselves in order to obtain drugs. Even after prison terms are served, the women continue to be under the supervision of probation and parole. Many of these women have outstanding bench warrants and unpaid fines, which can lead to re-arrest.

> I was hanging around with prostitutes and realized I was just like them. I had always felt superior to them because I did not have to do tricks to get my drugs. But now I was like them.

Women with criminal drug convictions are adversely affected by numerous civil laws and welfare restrictions: For example, TANF contains a lifetime ban on individuals with drug-related felony convictions for conduct after August 1996. This ban includes automatic ineligibility for cash assistance or food stamps. Federal laws make it difficult for persons with drug convictions to get public housing or federal financial assistance for higher education. Individuals with drug and other criminal convictions are barred from employment in certain occupations. These policies make recovery from addiction and other mental health problems profoundly more difficult, and serve as obstacles to overall social improvement.

Philadelphia has a lack of cross-systems training and information on services available: There are so many treatment providers that interact with families affected by addiction that the lack of cross-systems information becomes a major barrier to providing efficient and effective services. Providers in each system need to understand the legal mandates of the different entities, the mission of the organizations, the limits of their services and the relationship with the rest of the treatment providers. Cross training among Behavioral Health, Child Welfare, Homeless and Housing, Recreation and Prisons and the legal systems and services is crucial for the provision of integrated services.

Recommendations

- ✓ **Create a system of care for women in Philadelphia with a locus in city government to develop and coordinate services for adult women:** This office should inventory and integrate existing services, coordinate the creation of new services where gaps exist, and coordinate implementation of the recommendations from this report.

- ✓ **Adopt a trauma-informed system of intervention:** Trauma informed treatment will address the problem of substance abuse and related social dysfunction throughout the city's health and human services system and provider network.

- ✓ **Develop a policy of a multi-year commitment to families in the substance abuse treatment system:** Multiple interventions are the norm and do not represent client or system failure, but are a fact of treating trauma and addiction. It is therefore cost effective and programmatically practical to anticipate multiple returns to treatment.

- ✓ **Create a coordinated response to domestic violence:** The City of Philadelphia should follow the model of several other cities, e. g., Chicago and Boston, and create a coordinated response to domestic violence by creating a Task Force composed of key officials from the Philadelphia Police Department, Philadelphia District Attorney's Office, Family Court, Health and Human Services, Recreation, and provider agencies and advocates.

- ✓ **Create a training institute, using a model such as BHTEN, to develop and coordinate cross-systems training and appropriate resource material:** Include in contracts with providers a schedule of training and give appropriate professional education credits. The training should be trauma-informed and culturally competent. The institute should provide training that includes: (a) Systems capabilities: the legal mandates, mission, treatment philosophy, organizational structure, and service delivery of its provider organizations, (b) Legal procedures and processes that flow from legal mandates, and legal services that are available to assist families in these proceedings and, (c) Professional development on current research and best practices

Finding 2

Addicted women have histories of abuse and deprivation, are socially isolated, and are exhausted and grieving.

Today's addicted mothers grew up in households where they experienced child abuse and/or neglect, an absence of parental care-giving, parental substance abuse, domestic violence and community violence: Their childhoods were chaotic and disorganized. They are single mothers with their first pregnancy occurring in their teens. They are not healthy and have numerous untreated physical ailments. Their reproductive health needs are particularly unaddressed. Their education was interrupted, frequently by pregnancy, and they have limited job skills. They are socially isolated, without social supports. They have few opportunities for social or recreational activities that are not drug-involved, and they are very unhappy. Once they are in a system of care, they are besieged by caseworkers and conflicting mandates. They are also enmeshed in numerous legal proceedings. They believe they have caused irreparable harm to their children, from drug use during pregnancy and through poor childrearing. They are exhausted and grieving. The service delivery systems they are in do not understand their needs. The women do not understand the cause of their behavioral health problems.

For many addicted women, the only social activity they engage in revolves around drug use: Their traumatic histories interfere with their ability to build relationships and their addiction destroys the few relationships they might have. Women in our focus groups complained about needing "something to do." At virtually every small group discussion in the Working Group, providers and consumers alike talked about the need for community based drop-in women's centers that would have social and recreational activities and also information and referrals to health and social services. Congreso's "sewing circle" was cited as a model for engaging Latina women in domestic violence services. Another example of a social activity is the creation several years ago of a basketball team by one of the women's residential drug treatment programs.

Recommendation

✓ **Develop community-based women's centers:** Providing structure and support for isolated women in a community context will facilitate empowerment and access to services, and reduce the isolation of addicted women in the community. Explore ways to use existing community centers to develop or expand social and recreational activities for women, and for women with their children. These centers can help transition women to needed health and human services and also provide activities to help sustain sobriety for those who are in recovery. Investigate places where women currently congregate, e.g. Laundromats, grocery stores, and manicurists, to see if services could be co-located there. Use the model of the Momobile, to communicate the existence of social and recreational activities, as well as social and health services at these types of locations.

Finding 3

Appropriate consumer education materials about addiction and trauma do not exist.

There is a lack of information to help addicted women understand their own connection between trauma and addiction: Our focus group findings illustrate consumer frustration over not understanding their own addictive behavior and how to frame their recovery efforts. We need to develop quality, easy to understand consumer education material to help consumers understand addiction and empower them to take charge of their recovery process. Very little consumer information and education exists about the relationship between trauma and substance abuse in women. In order for women to "take back their lives" it is critical for them to understand what has gone on in their lives. At this juncture all they know is stigma, shame, and blame. Given their histories of pain, abuse, and deprivation, it is grossly unfair to keep information from them that explains their behavior and offers them tools and hope that they can live without pain and fear. Communicating that message, however, is extremely complex, since it also requires undoing the massive public perception of moral failure associated with addiction. Developing these materials is beyond the scope of health and social service workers, and communications and marketing professionals are needed to assist.

Recommendations

- ✓ **Develop a communication strategy to increase understanding of trauma and addiction:** We recommend that Estelle Richman, Managing Director of Philadelphia, contact Oprah Winfrey and request that she use her production company, Harpo Productions, to develop a communications strategy to help women understand addiction, trauma, and healing and "why they do the things they do." Oprah Winfrey is perhaps the most influential woman in America today and her ability to communicate with vast numbers of people, primarily women, is unparalleled in popular culture. One of her most enduring contributions has been her openness about her childhood sexual abuse and the behavioral impact it had on her, including eating disorders and obesity. She not only understands the connections between behavior and trauma, but she and her production company know how to communicate difficult subject matter effectively. We believe that she would take seriously a request from a person of Estelle Richman's position, stature and reputation.

- ✓ **Develop consumer information on addiction and violence that is trauma informed:** Consumers need the structure of hearing a consistent message from the provider community about addiction, and the way to view themselves in the context of recovery. Misinformation and mixed-messages dilute the impact of the treatment for consumers. Home visitors, case managers, treatment providers, lawyers and other workers who work with families affected by addiction can distribute the material.

Finding 4

Most pregnant substance abusing women do not receive substance abuse treatment.

Research has established that pregnancy is one of the most effective windows of opportunity to engage women in substance abuse treatment: Significant public health efforts have increased the numbers of pregnant women getting appropriate prenatal care. Frequently those who receive no, or inadequate, prenatal care are afflicted with substance abuse disorders. Assuming that the prevalence studies that have been conducted are accurate, it is clear that most pregnant substance using women receive prenatal care, but do not receive substance abuse treatment. It is critically important therefore to provide maximum efforts to reach pregnant women who are in the public health system who suffer from substance abuse disorders in order to assist them in getting appropriate treatment. Unfortunately, communication between the behavioral health system and the medical obstetric community is practically non-existent.

> I was losing everything, including my baby and that's when I knew that I had to get into treatment.

Philadelphia lacks a connection between health care providers and the behavioral health system: In a focus group with more than twenty health care providers – obstetrician/gynecologists, pediatricians and certified nurse midwives – it became apparent that little to no connection exists between them and the behavioral health system. "What is CBH?" was a question raised by a physician who had the interest in working to improve maternal and infant care among those affected by substance abuse. Physician led initiatives have been shown to influence public opinion, particularly on controversial subjects such as needle exchange. Our medical community has the expertise to provide this leadership, however, a structure is needed for this leadership to come forward. Convening physicians, nurses, and social workers from OB/GYN and the emergency departments around these issues will provide an educated, visible and powerful coalition. City government can convene meetings of the Department Chairs of OB/GYN, Emergency Medicine, Pediatrics, the Philadelphia Perinatal Society, the Nursing Consortium, the Pennsylvania Medical Society to develop a community dialogue about the needs of women.

> "What's CBH?" question posed by OB physician during a focus group.

Perinatal social workers are no longer employed in obstetrics and delivery room sites: Social workers are no longer employed in obstetrics departments in hospitals. Hospital based social workers were a vital link in identifying women who needed treatment and then facilitating the entry into treatment. Reports from the physicians and perinatal social workers indicated that social workers who identified and referred women with addiction-related problems were critical components of appropriate obstetric and pediatric care. Most hospital social workers now are primarily involved with discharge planning. Nurse care coordinators have played a role in filling this gap, but they do not have the training or referral network that social workers have, and they have other responsibilities. The trend of hospitals to eliminate and/or reduce social work coverage

in in-patient and out-patient settings has created a serious gap in the referral network. Lack of coverage in out-patient clinics and delivery units in hospitals has created enormous gaps in referring pregnant and postpartum women to needed services, and has dramatically reduced the system's effectiveness in reaching those in need.

Recommendations

- ✓ **Set up regular meetings among health care stakeholders:** Regular meetings with representatives from the behavioral health system the hospital department chairs of OB/GYN and Pediatrics, The Philadelphia Perinatal Society, the Nursing Consortium, the Public Health Commissioner, and doctors and nurses from healthcare centers should take place.
- ✓ **Reinstate social workers in prenatal and delivery settings:** If hospitals are unable to pay for this service, consideration should be given to having HMOs, including CBH, pay for it.

Finding 5:

Case workers and home visitors who provide services to children lack the appropriate tools, training, and professional development to address violence and addiction.

Caseworkers and home visitors are faced with challenging situations which they are poorly prepared to handle: Home visitors, case workers, and nurses in our focus groups, Working Groups meetings, and provider meetings have acknowledged that they are identifying addiction and domestic violence in the homes they visit. Yet, they also admit to having trouble negotiating the difficult line between maintaining a relationship with the mother and discussing her addiction and the abuse she has experienced. Most of the workers are in the homes to assist children and do not have a mandate, much less a background, in providing support for adult women. Those who are successful in bridging these sensitive and delicate issues, and helping mothers to find help, do so primarily because of their own personal ability to relate to the woman. Virtually all of the professionals in the field echoed the participants in our Roundtable Discussion on Outreach who indicated that relationship-building was the most important step in getting women to access any service. However, most of our informants stated that they felt ill equipped to deal with addiction and domestic violence. The complexities of trauma-induced violence and related addictions require more sophisticated training to enhance existing skills.

Caseworkers lack good trauma-informed parenting information they can provide for mothers: Many mothers in the DHS system are encouraged or mandated to attend parenting classes. Findings from our focus group suggest that parenting issues were the most compelling issues that brought women to treatment. Over half of the respondents said that some aspect of parenting issues brought them into treatment. For some, this was DHS or SCOH involvement and the potential or actual loss of custody of their children. For others, it was observing the impact that their drug use had on their children, and wanting a better life for their children than they

> I need to get my life together so I can be with my son.

could provide while using. Parenting education is a very powerful tool; however, parents need to understand how their trauma affects their parenting. During the course of this contract period, Dr. Sandra Bloom developed a trauma informed parenting curriculum, which her team conducted as part of a DHS contract with Interim House; this contract has been renewed by DHS.

The caseworkers in all systems need professional development and education: Educating workers in the many service entities is difficult and challenging. Each worker has his or her own personal and professional experience mixed with differing levels of education and value-based beliefs and prejudices. But when the information that maternal-health, addictions, and other case workers have is wrong, and the message that vulnerable mothers receive is inconsistent, it is difficult for the mothers to figure out which course to take. For example, many educational and training programs have been offered that provide accurate medical and scientific findings debunking the media created myth of the "crack baby", which held that children exposed *in utero* to crack suffered irreparable physical and developmental damage. This misinformation remains widespread in society and among the many workers working with families affected by substance abuse. It continues to stigmatize both mothers and children and perpetuates the notion that children born "crack exposed" are a biological underclass. The result is that the mothers are totally devastated because they believe they have ruined their children and as a result they avoid needed services.

> I don't care what you say the research says, I don't believe it …

Philadelphia needs a treatment philosophy that supports self-esteem, a sense of safety and security: Workers talked about addicted women needing to "hit bottom" before they can accept and benefit from treatment. Yet trauma theory has clearly shown that receptivity to treatment has to do with the ability to feel safe and secure, and that self-esteem must be supported and enhanced if treatment will be effective. Skepticism about the effectiveness of substance abuse treatment is rampant in services other than the substance abuse treatment system. Stigma, blame and moral failure continue to fuel the public perception of addiction, including the perception of many providers who work with families affected by drugs and alcohol. Unlike other chronic afflictions like diabetes or hypertension, when relapse occurs in an addicted person it is all too frequently considered a "failure in treatment."

> …we all know these women need to hit bottom before they will benefit from treatment. I've seen it again and again…

Recommendations

- ✓ **Provide a trauma informed checklist for home visitors:** Home visitors need a structured way to approach addressing addiction and domestic violence needs. A clear protocol of areas to address, services for referral, and steps for follow-up will provide a consistent message for consumers.

- ✓ **Develop a "team network" for home visitors:** Models exist that put the home visitor in the context of a full inter-disciplinary treatment team, thus expanding their ability to respond to the complex situations encountered.

- ✓ **Provide trauma-informed parenting education programs:** (see model curriculum at Appendix 3).

- ✓ **Expand mobile therapy options:** Providing more mental health mobile therapy options, as well as expanding mobile therapy to include substance abuse treatment, will improve accessibility of services for vulnerable mothers.

- ✓ **Provide accurate training about parenting issues and children's behavioral health issues for workers**: Through the Training Institute recommended above, workers should receive thorough training about parenting issues and children's behavioral health.

- ✓ **Create materials for consumers that help them understand their children's behavior**: Through development of the consumer materials recommended above, consumers will receive information that helps them to understand children's behavior and their parenting role.

Finding 6

Women need gender-specific, trauma informed substance abuse treatment

The research is overwhelming in concluding that women need gender-specific, trauma-informed treatment: The U. S Department of Health and Human Services drug and alcohol treatment and prevention programs (SAMSHA and CSAT) have long concluded that women-centered treatment is crucial to positive outcomes and is now emphasizing that this treatment must be trauma-informed as well. Co-ed treatment or treatment that does not understand gender or trauma is not effective for the vast majority of women who suffer from substance abuse disorders. In fact many report that their experience in co-ed treatment programs worsened their problems as men in the programs criticized them for their poor parenting. In addition, women report having difficulty coping with the sexual behaviors that are more commonplace in co-ed programs.

Philadelphia's women-centered residential treatment programs provide the most intensive intervention that adult women living with their children receive than from any other system of care: These families are in healing environments, under clinical supervision, for six to nine months. In these programs, not only is the hierarchy of need – food, clothing and shelter – provided, so is clinical treatment for trauma and addiction, as well as parenting and life skills training. No other services present such a unique and extraordinary opportunity to intervene in the cycle of addiction, abuse, neglect, and violence that are prevalent in the lives of these families. As such, the programs should be viewed not only as drug and alcohol programs, but programs that have the potential to decrease crime and homelessness, reduce and prevent child abuse and neglect, improve physical and reproductive health care, assist in improving education and job readiness, and reduce poverty. The need for these services exceeds the current capacity.

Recommendations:

- ✓ **Assure that all substance abuse treatment programs serving women understand gender and trauma and provide gender-specific, trauma-informed treatment for all women seeking treatment.**

- ✓ **Create a consortium of women's treatment programs:** A consortium will enhance professional development about "best practices" and coordinate services, such as housing and legal assistance. The city can also assist in securing grant and federal funding to research their practice methods and to follow families involved with the women's treatment system for an extended period of time.

Finding 7

Children whose mothers are in treatment have not received adequate intervention.

Children's needs have been ineffectively subsumed into the adult system: Treatment personnel from all of the treatment programs stated that the children of the women in the treatment system are in need of a wide range of services that are currently not offered. These services include therapeutic interventions for the children, mother-child healing and bonding interventions, play activities, and childcare. To be effective, the needs of children must be woven into the fabric of treatment for their mothers.

Intergenerational transmission of violence, substance abuse, and other disorders is common: Parental substance abuse is a leading cause of child abuse and neglect, as was clearly demonstrated in our review of the literature, *The PVS Disaster*. Addicted mothers frequently have had histories of abuse and neglect themselves and did not receive adequate parenting, which in turn has compromised their care-giving ability. Intergenerational transmission of violence, substance abuse and other disorders are commonplace in this vulnerable population.

> My whole family is alcoholic. My son is alcoholic and his children are being raised by a woman in recovery.

Children of addicted women suffer from numerous debilitating factors: The mothers are likely to be victims of domestic violence and sexual abuse, which their children witness and/or are also victimized by - either of which is traumatic. Addiction leads to chaos and disorganization, and homelessness and hunger, leaving children insecure, frightened and hurt. These children often suffer from significant attachment disorders. Many of them wind up in the child protective services or mental health system; many are removed from their mother's care.

Children living in residential treatment are safe which provides an extraordinary window of opportunity for creative and positive intervention: Children who are living with their mothers in residential treatment facilities are physically safe; their primary health and physical needs are being met. Program personnel from these programs have called for the creation of specific intervention/treatment services for children to address

the crises that many of these children have experienced. Since the children are safe and cared for, this time is an extraordinary window of opportunity for creative and positive intervention efforts.

Many children of mothers in treatment are not living with their mothers: Many mothers have children that are not living with them in the women and children's residential facilities, because they are older than 11, there are too many children, or the children are already in foster care. These children likely have additional issues of feeling abandoned or unwanted. These problems also exist for the children whose mothers are in the women-only residential programs. Because these children are with other family members or in foster care, resources are needed to provide services to them and to engage their caretakers in this process.

DHS has committed funding to enhance services to children in women's residential and outpatient programs: During this contract period, contact was made with David Fair, from the Department of Human Services, to advocate for use of child abuse prevention funds to enhance the services to children in both residential and outpatient women's centered programs. Mr. Fair met with providers and had contract staff participate in two Working Group focus groups with women in treatment, to ascertain how and if DHS could intervene. The psychological needs of children were paramount in these discussions, along with the physical health care needs of both women and children, and a range of aftercare needs from relapse intervention to housing. As a result, DHS will provide a professional to each program who is charged specifically with assessing and serving children. Dr. David Dan, former CBH children's mental health director, is supervising this project for DHS.

Recommendation

- ✓ **DHS needs to continue this important inter-agency initiative:** The coordination of efforts between DHS and the behavioral health system reduces fragmentation in service delivery. This linkage between child protective services and behavioral health has potential to improve system integration and cooperation by expanding the knowledge and practice base. Many social services outside of substance abuse services do not understand the treatment field or believe that treatment is effective or that appropriate intervention can occur. Similarly, the substance abuse treatment field has not been effective in providing competent services to children whose mothers are being treated. Their combined efforts in this project should prove to be very meaningful.

Finding 8

Residential treatment programs do not have the resources to address women's health care needs or provide appropriate "aftercare" to prevent relapse.

Women who suffer from substance abuse disorders are often in poor health: Their disorganized or chaotic lifestyle does not lead to good physical health. Their health issues can range from poor nutrition to hypertension, diabetes, liver disease, and major reproductive health care issues, including untreated sexually transmitted diseases,

HIV/AIDS, pregnancy with no prenatal care, and unwanted pregnancies. Reproductive health care issues involve many challenges, particularly because so many women have significant histories of sexual abuse. Gynecological examinations, contraception, childbirth and abortion, STD's, HIV/AIDS pose not only physical health care issues, but also psychological. A gynecological examination for a woman with a history of sexual abuse can be traumatic, even for those who have borne children. Sensitive intervention and a supportive environment are necessary for the provision of such care. Education about healthy and pleasurable sexuality and sexual orientation also needs to be introduced in this setting. Children's health care needs similarly have been neglected, including routine health care checks and immunizations. In the residential setting, where there are approximately 20 adult women and 24 – 36 children, organizing their health care needs takes a considerable amount of time, particularly in the early phases of treatment, which necessarily intrudes upon treatment time.

Addicted women need trauma-informed treatment: Increasingly women-centered substance abuse treatment providers are recognizing that trauma is the underlying problem and addiction (or self-medication) is the symptom. BHTEN has done a significant amount of training for the behavioral health system in the last several years. and has invited leading experts in the country to provide trauma training: Dr. Sandra Bloom, Dr. Maxine Harris, Dr. Carol Warsaw, and Dr. Karen Saakvitne. One series of programs involved developing TREM (Trauma, Recovery, Empowerment), a workshop for clients in residential treatment. The series of exercises are designed to help women recognize the behavior that has led to addiction and ways to recover from it. Program staff report significant satisfaction from the clients in TREM groups. Trauma-informed treatment is not only therapeutic for the clients, but is also necessary for organizational culture and practice needed for treating traumatized individuals**.**

Staff at treatment centers often suffer from secondary trauma and need assistance in the form of professional development to understand their own reactions to working with trauma survivors: Staff who work daily with traumatized women often suffer secondary trauma, and need trauma-informed professional development to develop their insights into their own reactions, ensuring that they can continue to maintain a safe supportive environment for the women they are treating.

The problems that women encounter after leaving intensive residential treatment can become triggers for relapse: Women frequently encounter problems after leaving the structured living environments of residential treatment even though case management around housing, education and employment takes place while women are in treatment to prepare families for living more independently. Upon leaving residential treatment, the women "step down" to less intensive treatment in another treatment program. The problems that are encountered after leaving intensive residential treatment – including domestic violence, intense poverty and lack of safe, stable housing - can be relapse triggers. Unless the woman herself contacts the residential program in which she had lived and improved for six to nine months, information about her relapse is not known to that program, and the program therefore has no ability to intervene. Since relationships are so difficult for women with these histories to develop and maintain, when relapse occurs it makes sense to reconnect them to the people and place where they encountered success. The

> I haven't used… now what?

human and financial investment that has been made in residential treatment should not be forfeited by bureaucratic rules and protocols.

Recommendations

- ✓ **Help secure funding so that the Nursing Consortium can provide on-site health care and health education:** We have approached the Nursing Consortium. Nurses and midwives are the most appropriate health care providers for this population, and have histories of providing care in residential facilities such as homeless shelters. In addition, mapping indicated that the existing nursing centers are located in proximity with the residential programs. At this time, the nursing programs are not "federally qualified health centers" (FQHC) and have reimbursement rates that are too low to provide the services of a FQHC. Two approaches to the problem are underway:

  (1) The Nursing Consortium has prepared a foundation proposal to provide onsite care and education at the residential treatment centers and ongoing connection to centers upon graduation. With the current enhancement of services underway, we think we can convince a foundation to fund these services, provided a sustainability plan can be developed.

  (2) Sustainability will include plans to have the nursing centers become eligible to be FQHCs. We have learned that nursing centers can currently qualify for FQHC if they collaborate with local community health centers. A suggestion has been made to develop a pilot program in which two nursing centers, two residential treatment programs, and two community health centers would collaborate to provide these services. With such a plan, a foundation would be more likely to support the plan. Support from city administration would be critical to obtain such funding. Another initiative involves The Family Planning Council, which is independently considering ways to provide more reproductive health care and education to these programs through direct service or through enhanced referral for outpatient programs. They currently provide some services to several drug treatment programs and have had significant experience in working with vulnerable women.

- ✓ **Create an "aftercare" specialist who will be a troubleshooter for women:** This position would be designed to be a bridge for the consumer back to the place of greatest safety and success. The aftercare specialist will also potentially be able to develop an alumni group that can eventually be used as mentors for recovery and hopefully develop leadership for more public advocacy. This position would not however, be designed to be a case manager or supplant existing case management services nor interfere with current "step down" treatment.

- ✓ **Need for systems-wide training in trauma is necessary so providers and consumers can fully understand the behavioral impact and self-medication that flows from the traumatic injuries of sexual and physical abuse:** The staff in the network of women's treatment services should have comprehensive

training to help them understand the interaction of violence-induced trauma and substance abuse and the impact of working with traumatized women and children on the organization.

Finding 9

Lack of childcare and transportation are serious barriers to obtaining outpatient treatment.

I was sick of being sick and tired.

Addicted women are consumed with exhaustion and grief and cannot overcome barriers to treatment without extensive assistance: The mothers in our focus groups spoke of being beyond tired. They exhibited inexorable grief and loss, and while desperate for a different life for themselves and their children, they described being unable to complete the most basic of tasks due to exhaustion undoubtedly caused by depression. Trying to take advantage of services of a fragmented delivery system was impossible.

The barriers of transportation and child care: The city's women-centered, gender-specific outpatient programs present a different set of challenges for enhancement of services. While the women and children have the same psycho-social, health care, and housing needs of those in residential treatment, these programs face additional needs that may serve as barriers: transportation and child care. Virtually all of the research literature indicates that these two issues pose the most significant barriers to treatment for pregnant and parenting women. Reports have in-dicated that attendance is sporadic at outpatient programs. Transportation and child care go hand-in-hand. Even if programs had child care facilities, the consumer might still have transportation problems. If other child care arrangements are possible, transportation can remain problematic. We learned during meetings with providers that during the last SEPTA strike, programs had to hire vans to bring clients to treatment, and experienced their highest attendance record. The sheer exhaustion that the women displayed during our focus groups suggests that use of public transportation to get to treatment may be more than some can handle, particularly when they are also under stress from not using drugs. Bringing children along with them does not necessarily contribute to the motivation to attend treatment. Their grief and sense of loss further dissipates energy required to make positive change.

Need for mobile therapy as alternative to outpatient care: It is clear that some women may need treatment in their homes. Community Legal Services reports some very good results with mobile therapists.

Recommendations

✓ **Provide actual transportation to outpatient programs through**
  - Funding for vans or other van services
  - Funding for taxi vouchers
  - Implement the ICM (Intensive Case Management) model that mental health and MPP (Maximizing Participation Project) use which includes transporting clients to appointments.

- ✓ **Provide babysitters at home or set up on-site child care at treatment centers:** Provide babysitters at home for woman who are exhausted and unable to travel to treatment or set up on-site child care, preferably therapeutic child care, at treatment centers.

- ✓ **Provide more behavioral health mobile therapy options for mothers who cannot physically get to treatment.**

Finding 10

The mental health problems of pregnant and postpartum women and their children are not appropriately addressed by the behavioral health system.

The current mental health system does not adequately respond to the needs of traumatized women: The mental health system has not developed gender-specific programs the way the substance abuse treatment field has. Substance abuse and mental health are frequently co-occurring. There is only one small residential program for women and children specializing in co-occurring disorders. Philadelphia does not have a residential program for pregnant and postpartum women with a *primary* diagnosis of severe mental health disorder. Some substance abuse residential treatment programs will not admit women on psychotropic medication. Pregnant and parenting women who have a primary diagnosis of mental illness have been inappropriately placed in substance abuse treatment programs. Meetings with women's treatment providers have indicated that the lack of appropriate care for mentally ill pregnant women has resulted in tragic consequences.

> You can call your report "four dead babies" because I know of four cases where appropriate services simply were not available for mentally ill new mothers and everyone knew it before anything harmful happened to the baby. One woman was referred to us, but it soon became apparent her severe mental health problems prevented her from functioning in a therapeutic community. When she decompensated and was sent to an emergency psychiatric placement, I told the caseworker that she was unable to care for her newborn. I later learned she was sent home, because there was no other facility for her and the baby. The baby died.

The mental health system is not well trained in trauma-informed treatment: The system is not as well informed about trauma as the women's substance abuse treatment system.

The mental health system has not developed gender-specific programs the way the substance abuse treatment field has.

Group therapy opportunities are an effective way to reach addicted women: There are few, if any, outpatient programs that provide group therapy, which is an effective intervention for women.

Recommendations

- ✓ **Open a residential program, preferably associated with a psychiatric facility, for severely mentally ill pregnant and postpartum women and their children:** Friends Hospital and Belmont have facilities that could accommodate this at a cost of $1 million dollars in renovation.

- ✓ **Assure that mental health providers are properly trained in the field and practice of trauma.**

- ✓ **Create group therapy opportunities for women.**

APPOINT A TASK FORCE TO MONITOR THE IMPLEMENTATION OF THE RECOMMENDATIONS OF THIS REPORT.

Section 5:

Conclusion

We found that the problems encountered by pregnant and parenting women with substance use disorders are systemic and rooted in a lack of public policy that addresses the needs of vulnerable women, and therefore, of their children. Although pregnant and parenting women receive services in the city's health and social service delivery system, they have only received peripheral attention in the public policy arena because their needs are addressed primarily in the context of their parenting or pregnancy. Their other needs are neither acknowledged nor served. Attempting to serve children by improving parenting skills or pregnancy outcomes without understanding or addressing the concomitant problems of the mother is shortsighted and ineffective. There is no locus in government that identifies, serves, or coordinates the needs of the vulnerable women who are in the city's public health and social services system. Current attempts by city government to move away from a fragmented and single-problem focused system will fail if the needs of mothers in this system are not acknowledged and addressed.

Yet, in spite of the inadequacies in the systems that serve these women, we found extraordinary motivation and resilience on the part of seriously traumatized and addicted women. We also found compassion, sensitivity and a sincere desire to help on the part of many providers who are working with the women. The desire of many women to heal - usually for the sake of their children - has led some to conquer seemingly insurmountable problems. In the face of crushing poverty, inadequate welfare benefits, unfit housing, and crime-ridden neighborhoods, many women have vanquished their own demons of abuse and addiction, usually with the help of a competent provider, and learned to live productive, healthy lives.

Philadelphia has many positive initiatives in place and has recognized that there are populations that require extensive, inter-agency coordinated services. In fact, Philadelphia has emerged as a national leader in both research and practice for issues affecting substance exposed families. There is a clear recognition on the part of policy makers of the need for a coordinated, integrated system of care. Philadelphia has the knowledge and resources necessary to launch a new initiative for these vulnerable mothers. As the steward of a major urban human service delivery system, Philadelphia has the responsibility to intervene in the endemic problems of addiction, poverty, violence, and trauma. The city must now make the commitment to address the needs of this challenging, stigmatized, and marginalized population. Our recommendations are focused on filling the service gaps, and when implemented will substantially move Philadelphia forward in achieving the integrated, coordinated system of care that the city aspires to deliver and that these women deserve.

List of Findings and Recommendations

Finding 1
Philadelphia's health and human service delivery system does not address the specific needs of women, does not integrate the linkage of trauma, violence, and substance abuse in service delivery, lacks cross-system training, and fails to fully comprehend the long term needs of families affected by trauma, violence and substance abuse.

Recommendations

- ✓ **Create a system of care for women in Philadelphia with a locus in city government to develop and coordinate services for adult women**. This office should inventory and integrate existing services, coordinate the creation of new services where gaps exist, and coordinate implementation of the recommendations from this report.

- ✓ **Adopt a trauma-informed system of intervention.** Trauma informed treatment will address the problem of substance abuse and related social dysfunction throughout the city's health and human services system and provider network.

- ✓ **Develop a policy of a multi-year commitment to families in the substance abuse treatment system**. Multiple interventions are the norm and do not represent client or system failure. It is a fact of treating trauma and addiction. It is therefore cost effective and programmatically practical to anticipate multiple returns to treatment.

- ✓ **Create a coordinated response to Domestic Violence:** The City of Philadelphia should follow the model of several other cities, e. g., Chicago and Boston, and create a coordinated response on domestic violence, by creating a Task Force composed of key officials from the Philadelphia Police Department, Philadelphia District Attorney's Office, Family Court, Health and Human Services, Recreation, and provider agencies and advocates

- ✓ **Create a training institute, using a model such as BHTEN, to develop and coordinate cross-systems training and appropriate resource material**. Include in contracts with Providers a schedule of training and give appropriate professional education credits. The training should be trauma-informed and culturally competent. The institute should provide training that includes: (a) Systems capabilities: the legal mandates, mission, treatment philosophy, organizational structure, and service delivery of its provider organizations (b) Legal procedures and processes that flow from legal mandates, and legal services that are available to assist families in these proceedings. (c) Professional development on current research and best practices

<u>Finding 2</u>
Addicted women have histories of abuse and deprivation, are socially isolated, exhausted and grieving.

Recommendation

- ✓ **Develop community-based women's centers:** Providing structure and support for isolated women in a community context will facilitate empowerment and access to services, and reduce the isolation of addicted women in the community. Explore ways to use existing community centers to develop or expand social and recreational activities for women, and for women with their children. These centers can help transition women to needed health and human services, and also provide activities to help sustain sobriety for those who are in recovery. Investigates places where women currently congregate, e.g. Laundromats, grocery stores, manicurists, to see if services could be co-located there, or use the model of the Momobile, to communicate the existence of social and recreational activities, as well as social and health services at these types of locations.

<u>Finding 3</u>
Appropriate consumer education material about addiction and trauma does not exist.

Recommendations

- ✓ **Develop a communication strategy to increase understanding of trauma and addiction:** We recommend that Estelle Richman, Managing Director of Philadelphia, contact Oprah Winfrey and request that she use her production company, Harpo Productions, to develop a communications strategy to help women understand addiction, trauma, and healing and " why they do the things they do." Oprah Winfrey is perhaps the most influential woman in America today; and her ability to communicate with vast numbers of people, primarily women, is unparalleled in popular culture. One of her most enduring contributions has been her openness about her childhood sexual abuse and the behavioral impact it had on her, including eating disorders and obesity. She not only understands the connections between behavior and trauma, but she and her production company know how to communicate difficult subject matter effectively. We believe that she would take seriously a request from a person of Estelle Richman's position, stature and reputation.

- ✓ **Develop consumer information on addiction and violence that is trauma informed.** Consumers need the structure of hearing a consistent message from the provider community about trauma and addiction, and the way to view themselves in the context of recovery. Misinformation and mixed-messages dilutes the impact of the treatment for consumers. Home visitors, case managers, treatment providers, lawyers and other workers who work with families affected by addiction can distribute the material.

Finding 4

Most pregnant substance abusing women do not receive substance abuse treatment.

Recommendations

- ✓ **Set up regular meetings among health care stakeholders.** Regular meetings with representatives from the behavioral health system and with the hospital department chairs of OB/GYN, and Pediatrics, The Philadelphia Perinatal Society, public health commissioner, doctors from healthcare centers should take place.
- ✓ **Reinstate social workers in prenatal and delivery settings**. If hospitals are unable to pay for this service, consideration should be given to having HMO's, including CBH pay for it.

Finding 5:

Case workers and home visitors who provide services to children lack appropriate tools, training and professional development to address violence and addiction.

Recommendations

- ✓ **Provide a trauma informed checklist for home visitors.** Home visitors need a structured way to approach addressing addiction and domestic violence needs. A clear protocol of areas to address, services for referral and steps for follow-up will provide a consistent message for consumers

- ✓ **Develop "team network" for home visitors:** Models exist that put the home visitor in the context of a full inter-disciplinary treatment team, thus expanding their ability to respond to the complex situations encountered

- ✓ **Provide trauma-informed parenting education programs** (see model curriculum at Appendix 3)

- ✓ **Expand mobile therapy options:** Providing more mental health mobile therapy options as well as expanding mobile therapy to include substance abuse treatment will improve accessibility of services for vulnerable mothers.

- ✓ **Provide accurate training about parenting issues and children's behavioral issues for workers**: Through the Training Institute recommended above, workers should receive thorough training about parenting issues and children's behavioral health.

- ✓ **Create materials for consumers that help them understand their children's behavior**: Through developing consumer materials recommended above,

consumers will receive information that helps them to understand children behavior and their parenting role.

Finding 6

Women need gender-specific, trauma informed substance abuse treatment. The women's-centered treatment programs in Philadelphia provide the most intensive intervention for adult women in the entire health and human service delivery system.

Recommendations:

- ✓ **Assure that all substance abuse treatment programs serving women understand gender and trauma and provide gender-specific, trauma-informed treatment for all women seeking treatment.**

- ✓ **Create a consortium of women's treatment programs:** A consortium will enhance professional development about "best practices" and coordinate services, such as housing and legal assistance. The city can also assist in securing grant and federal funding to research their practice methods and to follow families involved with the drug treatment system for an extended period of time.

- ✓ **Create more women's-centered behavioral health treatment programs.**

Finding 7

Children whose mothers are in treatment have not received adequate intervention.

Recommendation

- ✓ **DHS needs to continue its important inter-agency initiative.** The coordination of efforts between DHS and the behavioral health system reduces fragmentation in service delivery. This linkage between child protective services and behavioral health has potential to improve system integration and cooperation, by expanding the knowledge and practice base. Many social services outside of substance abuse services do not understand the treatment field or believe that treatment is effective or that appropriate intervention can occur. Similarly, the substance abuse treatment field has not been effective in providing competent services to children whose mothers are being treated. Their combined efforts in this project should prove to be very meaningful.

Finding 8

Residential treatment programs do not have the resources to address women's health care needs or provide appropriate "aftercare" to prevent relapse.

Recommendations

- ✓ **Help secure funding so that the Nursing Consortium can provide on-site health care and health education.** We have approached the Nursing Consortium. Nurses and midwives are the most appropriate health care providers for this population, and have histories of providing care in residential facilities such as homeless shelters. In addition, mapping indicated that the existing nursing centers are located in proximity with the residential programs. At this time, the nursing programs are not "federally qualified health centers" (FQHC) and have reimbursement rates that are too low to provide the services of a FQHC. Two approaches to the problem are underway: (1) The Nursing Consortium has prepared a foundation proposal to provide onsite care and education at the residential treatment centers, and ongoing connection to centers upon graduation. With the current enhancement of services underway, we think we can convince a foundation to fund these services, provided a sustainability plan can be developed. (2) Sustainability will include plans to have the nursing centers become eligible to be FQHCs. We have learned that nursing centers can currently qualify for FQHC if they collaborate with local community health centers.

- ✓ **Create an "aftercare" specialist who will be a troubleshooter for women leaving residential treatment.** This position would be designed to be a bridge for the consumer back to the place of greatest safety and success. It is also hoped that the aftercare specialist will be able to develop an alumni group that can eventually be used as mentors for recovery and hopefully develop leadership for more public advocacy. This position would not be designed to be a case manager or supplant existing case management services nor interfere with current "step down" treatment.

- ✓ **Need for systems-wide training in trauma is necessary so providers and consumers can fully understand the behavioral impact and self-medication that flows from the traumatic injuries of sexual and physical abuse:** The staff in the network of women's treatment services should have comprehensive training to help them understand the interaction of violence-induced trauma and substance abuse and the impact on the organization of working with traumatized women and children

<u>Finding 9</u>

Lack of childcare and transportation are serious barriers to obtaining outpatient treatment.

Recommendations

- ✓ **Provide actual transportation to outpatient programs in the following ways.**

- Provide funding for vans or other van services,
- Provide funding for taxi vouchers
- Implement the ICM (Intensive Case Management) model that mental health and MPP (Maximizing Participation Project) use which includes transporting clients to appointments;

✓ **Provide babysitters at home or set up on-site child care at treatment centers:** Provide babysitters at home for woman who are exhausted and unable to travel to treatment or set up on-site child care, preferably therapeutic child care at treatment centers

✓ **Provide more behavioral health mobile therapy options for mothers who cannot physically get to treatment.**

Finding 10

The mental health problems of pregnant and postpartum women and children are not appropriately addressed by the behavioral health system.

Recommendations

✓ **Open a residential program, preferably associated with a psychiatric facility, for severely mentally ill pregnant and postpartum women and their children.**

✓ **Assure that mental health providers are properly trained in the field and practice of trauma.**

✓ **Create group therapy opportunities for women.**

APPOINT A TASK FORCE TO MONITOR THE IMPLEMENTATION OF THE RECOMMENDATIONS OF THIS REPORT.