

**Department of Alcohol and Drug Programs
Program Services Division
Office of Perinatal Substance Abuse**



Perinatal Environmental Scan Summary Report

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**Prepared for the Department of Alcohol and Drug Programs
by Children and Family Futures, Inc.**



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Introduction

The California Department of Alcohol and Drug Programs (ADP) Office of Perinatal Substance Abuse (OPSA) asked Children and Family Futures, Inc. (CFF) to conduct a Perinatal Environmental Scan (PES) to:

- ✓ determine the status of perinatal services for women with substance use disorders;
- ✓ assess current trends; and
- ✓ formulate recommendations for prioritization and planning.

Prior to the start of the PES research, CFF held a focus group with the staff of OPSA and conducted a statewide Women and Perinatal Technical Assistance Needs Assessment. The Perinatal Environmental Scan included a review of women, pregnant women and parenting women.¹ The PES addressed five research questions.

- Question 1: What is the prevalence of substance use and need for treatment among California women?
- Question 2: How do services in California compare with treatment needs and with evidence-based practice?
- Question 3: What are the interagency initiatives affecting substance-using women, including pregnant women, parenting women and their children in California?
- Question 4: How do we ensure quality of services and best utilization of resources?
- Question 5: How can we reduce substance exposure in California children?

To answer these questions, CFF combined information drawn from a literature search, quantitative analysis, and key informant expertise.

- ✓ The **literature search** included: research articles; ADP reports, treatment standards and guidelines; other California departments' reports; and federal materials on women's and family treatment models.
- ✓ **CFF analyzed federal data** from the California sub-sample of federal data reports from: the National Survey on Drug Use and Health (NSDUH); the Treatment Episode Data Set (TEDS); and the National Survey of Substance Abuse Treatment Services (N-SSATS).
- ✓ **CFF conducted key informant and focus group interviews.** A total of 33 respondents from 19 counties participated. A roster of informants is included as Attachment 1 to this report. Key informants included treatment providers from statewide associations, county alcohol and drug program administrators, county perinatal service coordinators, researchers and the Director's Advisory Council Women's Constituent Committee.

This paper discusses the five research questions and provides selected findings and recommendations. In addition to this document, the California Data Summary provides additional detail on the prevalence, and characteristics of women with substance use disorders. CFF compiles summaries of current articles found in the scientific literature.

Key Questions

Question 1: What is the prevalence of substance use and the need for treatment among California women?

California Women, 2005

- More than 2 million women reported recent binge alcohol useⁱⁱ
- Almost 1 million women reported recent illicit drug useⁱⁱⁱ
- Of those using illicit drugs or alcohol, approximately 979,000 met the criteria for substance abuse or dependence^{iv}
- 755,000 women would have benefited from but did not receive treatment for alcohol problems and 324,000 women would have benefited from but did not receive treatment for illicit drugs^v
- 63,000 women were admitted to treatment^{vi}

Pregnant Women in California, 2005

- An estimated 100,000 infants are born prenatally exposed to alcohol each year^{vii}, and an estimated 20,000 to 60,000 are born prenatally exposed to illicit drugs^{viii}
- Fewer than 4,000 pregnant women entered treatment in California in 2005^{ix}

California Parents, 2005

- Nationally, among parents living with their children, 8 percent of fathers and 4 percent of mothers were dependent on or abused substances in the past year^x
- An estimated 849,000 California children live with a parent who abuses or is dependent on alcohol or illicit drugs^{xi}
- Approximately 103,000 parents were admitted to treatment^{xii}

Treatment need for women, pregnant women and parents exceeds treatment access more than tenfold.

Question 2: How do services in California compare with treatment needs and with evidence-based practice?

California's service delivery system is based on a continuum of services that includes prevention, intervention, treatment and recovery support.

Prevention and Intervention

The five-stage framework developed by the National Center on Substance Abuse and Child Welfare (NCSACW) serves as a framework for preventing substance-exposed births. This

framework includes five intervention points for both parents and children: pre-conception, during pregnancy, at-birth, infancy and preschool, and among older children.

- The extent of current Substance Abuse Prevention and Treatment (SAPT) Block Grant prevention set-aside funds that address women or pregnant women is not known. The environmental prevention strategies within California do not specifically target women and pregnant women; however, women also benefit from these prevention efforts.
- There is a range of community-based and individual-based prevention strategies that can prevent and reduce substance use problems in women, pregnant women and families.
- Maternal, child and adolescent health (MCAH) agencies have established collaborative perinatal-specific prevention efforts in many counties across California. These efforts often include: prenatal care provider training, screening at prenatal clinics, education programs and assessment and treatment linkages. In some counties, brief intervention services are provided on-site at prenatal clinics.

Gender Responsive Treatment

A substantial body of research identifies unique characteristics of women with substance use disorders.^{xiii} Girls and women differ from boys and men in many aspects, including their reasons for initiating substance use; the consequences they experience; barriers and motivations for entering treatment; treatment service needs; relapse risks; and recovery support needs.

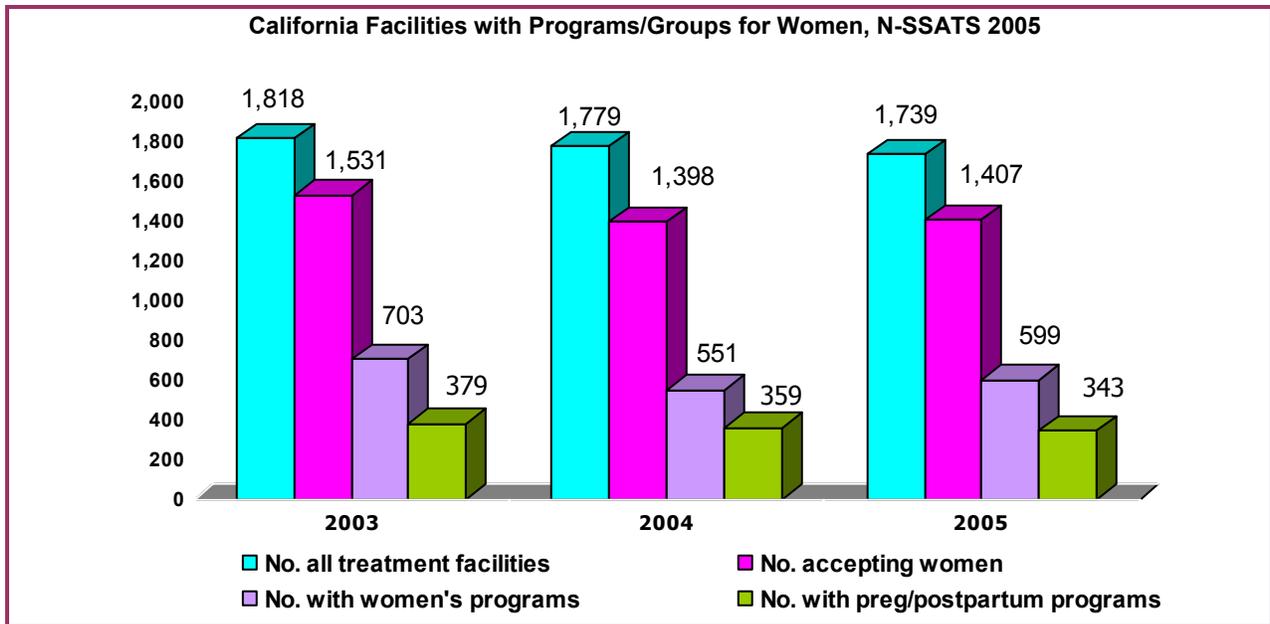
Gender responsive treatment addresses the needs of women with substance use disorders.^{xiv} Federal and state funding and evaluations of comprehensive service models and specific practice interventions have established an array of effective services. The Center for Substance Abuse Treatment (CSAT) Comprehensive Treatment Model for Women and Their Children includes three inter-related circles defining core, supportive and community services.^{xv} Common themes and characteristics of gender responsive services as described in the box to the right are found throughout the literature. Key informants expressed concern that quality programs be available across the lifespan of women and not be based on women's pregnancy and parenting status.

Characteristics of Gender-Responsive Services

- Relational
- Address the different pathways to use, consequences of use, motivation for treatment, treatment issues and relapse prevention needs unique to women
- Strength-based, motivational
- Comprehensive
- Trauma informed
- Provided in an environment in which women feel safe and comfortable

Some programs in California have developed improved services through evidence-based practices such as motivational enhancements, increased mental health services, trauma services, children's therapeutic services, and comprehensive services. These programs rely on a range of collaborations and funding streams. ***While programs exist, comprehensive, gender responsive services are not the universal standard of care.***

The majority of facilities accepting women do not offer a woman-specific program or group. Having a woman-specific program or group is a minimal measure of the gender responsiveness of a facility.



- 81 percent of California's 1739 treatment facilities accepted women in 2005
- Approximately 57 percent of California treatment facilities accepting women *do not* offer a specialized program or group specifically designed for women
- Three out of four (76 percent) California treatment facilities accepting women *do not* offer a specialized program or group specifically designed for pregnant/post-partum women
- There are 314 programs in the California Perinatal Services Network (PSN). Informants felt that perinatal programs have more gender responsive, comprehensive services for women and families than non-perinatal programs. (It is not clear whether informants were thinking of all 314 PSN providers or selective programs.)

While California could do a better job of delivering gender responsive services, California is doing better than the country as a whole.

California Compared to the Nation		
	California 2005	National 2005
Percent Female Admissions	35.5	32.0
Percent of Facilities with Women's Program	34.4	32.8
Percent Females Pregnant at Admission	5.7	3.9
Percent of Facilities with Pregnant/ Postpartum Women's Program	19.7	14.1

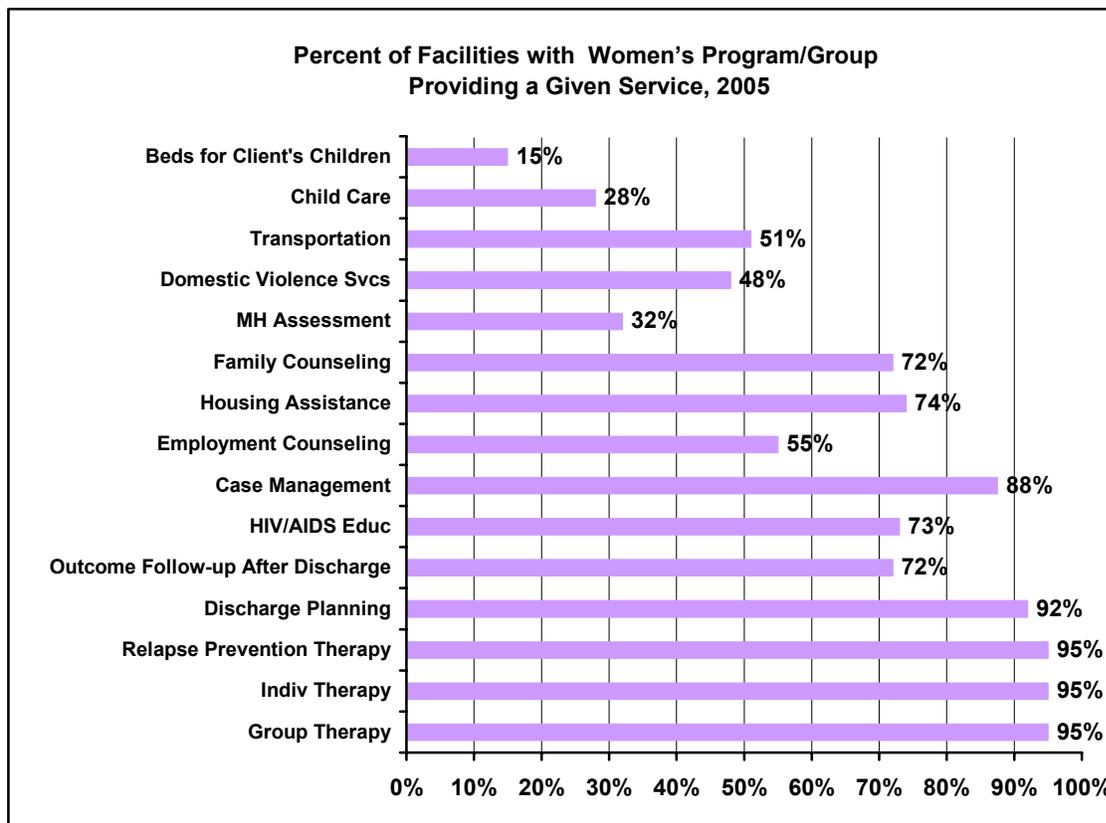
Sources: Online analysis of TEDS 2005 Computer file (admissions); N-SSATS 2005 State & U.S. Profiles (programs)

- In California, women made up 35.5 percent of all treatment admissions in 2005. The national average is 32 percent.
- California and New York admit more women to treatment than any other state.
- California's treatment system has more facilities with a specialized program or group for women than the national average.

- California also leads the nation in admissions and specialized programs or groups for pregnant women.

Array of Services Offered

The N-SSATS also asks providers what types of services they offer.



By self-report, of the 599 facilities indicated whether they offer a women specific program or group:

- 45 percent do not provide employment assistance

- 28 percent offer no family counseling
- 68 percent do not offer mental health assessments
- 26 percent do not offer housing assistance
- 13 percent do not provide case management, and
- 72 percent do not provide child care

It is also worth noting that the respondents are asked a closed-ended question (yes or no responses) regarding services they offer; there is no indication of the frequency or quality of services delivered. There is no data available on services for children.

Question 3: What are the interagency initiatives affecting substance-using women, including pregnant women, parenting women and their children in California?

Women with substance use problems typically have a host of other problems as well. Collaboration with the other service delivery systems which impact women allows for the development of policies and programs which more effectively meet women’s complex needs. A collaborations matrix was developed to illustrate the types of collaborative activities. Collaborations were identified with multiple service systems at the provider, county and statewide levels.

Collaborations Matrix			
This matrix is intended to be illustrative, not comprehensive. It contains a sample of collaborations based upon a limited set of interviews.			
	Provider Level Collaborations	County Level Collaborations	State Level Collaborations
Community Level Prevention and Education	<ul style="list-style-type: none"> • Participation in community prevention coalitions • Prevention of pregnancy, AOD use and delinquency 	<ul style="list-style-type: none"> • SPF planning and prevention activities (may not specifically address perinatal population) 	<ul style="list-style-type: none"> • GPAC, but perinatal population not specifically addressed (ADP, lead) • FASD Taskforce (ARC, lead)
Health and Prenatal Care	<ul style="list-style-type: none"> • Collaborations for health care • Brief interventions and engagement at clinics and hospitals • HIV testing/counseling 	<ul style="list-style-type: none"> • Prenatal screening at clinics coordinating groups (e.g., SART) • SB 2669 training /implementation • HIV Taskforces 	<ul style="list-style-type: none"> • FASD Taskforce (ARC, lead) • DHS Office of Women’s Health Survey • DHS Immunization Collaborative
Mental Health	<ul style="list-style-type: none"> • Integrated services • Trauma services • Collaboration for mental health services 	<ul style="list-style-type: none"> • Integrated departments • Co-Occurring Taskforces • Cross-Training • Prop 63 planning groups 	<ul style="list-style-type: none"> • COJAC (DMH and ADP, joint leads)
Criminal Justice	<ul style="list-style-type: none"> • Funded programs • Client support to meet probation requirements 	<ul style="list-style-type: none"> • Prop 36 advisory and planning groups 	<ul style="list-style-type: none"> • Prop 36 Advisory Group, but perinatal not specifically addressed, (ADP, lead)

Collaborations Matrix

This matrix is intended to be illustrative, not comprehensive. It contains a sample of collaborations based upon a limited set of interviews.

	Provider Level Collaborations	County Level Collaborations	State Level Collaborations
Domestic Violence	<ul style="list-style-type: none"> • Integrated services for victims • Integrated services for perpetrators • Referrals • Participation in domestic violence prevention programs 	<ul style="list-style-type: none"> • Participation in domestic violence prevention councils 	<ul style="list-style-type: none"> • Domestic Violence Task Force (Attorney General, lead) • Domestic Violence, Mental Health & Substance Abuse Curriculum Advisory Board (MCAH, lead) • Greenbook Leadership Group (Administrative Office of the Court, lead)
CalWORKs & Employment	<ul style="list-style-type: none"> • CalWORKs-funded treatment services • Employment programs 	<ul style="list-style-type: none"> • Joint planning for treatment services • CADPAAC CalWORKs Workgroup 	<ul style="list-style-type: none"> • TANF Reauthorization Planning Committee (DSS, lead) • Annual CalWORKs Conference Planning Committee (DSS, lead)
Child Welfare & Dependency Drug Courts	<ul style="list-style-type: none"> • Co-locating in Dependency Courts • Funded for treatment services • Coordination and reporting for clients 	<ul style="list-style-type: none"> • Family to Family • Participation in SIP development • Cross-Training • MOUs and funding for treatment • Dependency drug court development and oversight committees 	<ul style="list-style-type: none"> • State Interagency Team, (DSS, lead) • State Interagency Team, AOD Workgroup (ADP, lead) • California Blue Ribbon Commission on Children in Foster Care (Judicial Council, lead)
Early Childhood	<ul style="list-style-type: none"> • Funding from First 5 agencies • Referrals and collaborations for services 	<ul style="list-style-type: none"> • Collaborative effort to fund EPSDT services for children at treatment sites • School readiness initiatives (though ADP may not participate) 	<ul style="list-style-type: none"> • California Interagency Coordinating Council on Early Intervention (DDS, lead) • First 5 Special Needs Initiative (but does not address substance exposure) • Safe from the Start
Children and Youth Services	<ul style="list-style-type: none"> • Adolescent family treatment models • Afterschool programs at treatment programs • Referrals and collaborations for services 	<ul style="list-style-type: none"> • Prevention collaborations with schools • Safe and drug-free schools 	<ul style="list-style-type: none"> • Youth Services Coordination Assessment
Housing	<ul style="list-style-type: none"> • Seeking housing resources • Housing development • Sober living 		<ul style="list-style-type: none"> • COJAC supportive housing taskforce • Housing committee
Family Resource Centers	<ul style="list-style-type: none"> • Referrals and collaborations 	<ul style="list-style-type: none"> • Planning and training meetings 	

The Perinatal Scan also reviewed selected trends within other service systems that may impact alcohol and other drug treatment services for women and families.

Children Welfare System

- United States Administration for Children and Families Safe and Stable Families will offer grants for family treatment for methamphetamine.
- Child Welfare Services Redesign has created service improvement opportunities at the county level.
- California received a Title IV-E waiver for child welfare funding. They have been used in other states to support funding treatment and client engagement efforts.
- The Child Abuse Prevention and Treatment Act (CAPTA) amendments require hospitals to notify Child Protective Services of infants affected by drug abuse and require developmental assessments of all 0-2 year-olds in substantiated abuse and neglect cases.

Health

- The Maternal, Child and Adolescent Health field has increased interest and planning on prenatal substance use.
- There has been increased knowledge about early brain development, alcohol-related neurological disorders and school readiness for children.
- Domestic violence service providers have an increased awareness of the need to address substance abuse and mental health.

Criminal Justice and Corrections

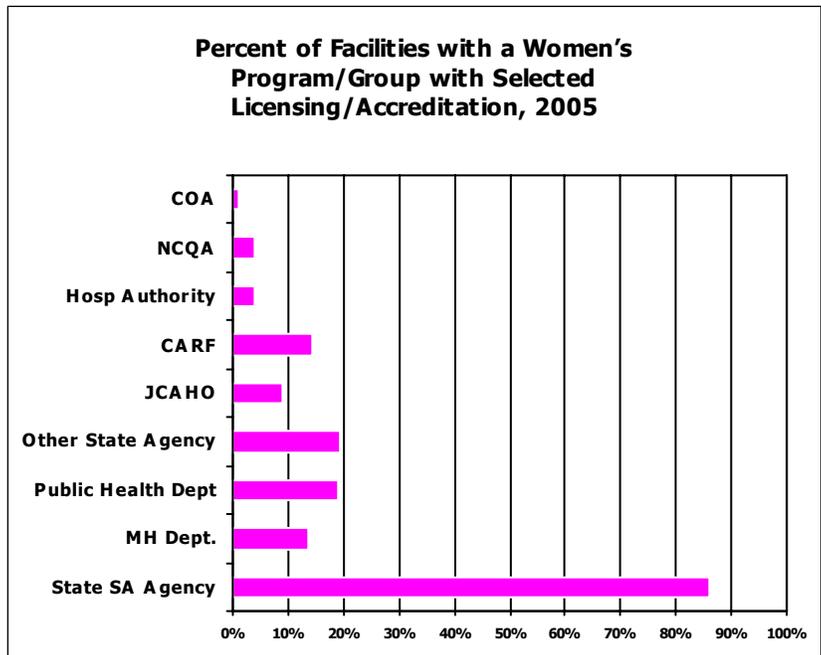
- The California Department of Corrections and Rehabilitation is working to improve programming for female offenders.
- The Drug Endangered Children collaborations are increasing collaboration and awareness of the dangers for children in methamphetamine production environments.

There is a wide array of collaborations addressing substance abuse and related problems occurring at the provider, county and state levels. Many of these collaborations are led by other departments.

Question 4: How do we ensure quality of services and best utilization of resources?

Licensing and Accreditation

Most of the women's treatment facilities are licensed and/or certified by the State Department of Alcohol and Drug Programs. Others have mental health (13.5 percent), public health licenses (18.9 percent) or other state agency (19.2 percent) licenses or accreditations. Additionally, 8.8 percent are accredited by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) 14.4 percent by the Commission on the Accreditation of Rehabilitation Facilities (CARF), and 3.8 percent on the National Committee for Quality Assurance. Only 1.2 percent have been accredited by the Council on Accreditation for Children and Family Services (COA).^{xvi}



Outcome Measures and Data Analysis

- While stakeholders *believe* that treatment providers are delivering quality services, outcome evaluation is limited.
- Some administrators actively review and monitor data reports. Most rely on site visits and a series of programmatic, policy and fiscal audits.
- Providers and counties are hopeful that the California Outcome Management System (CalOMS) will fill information gaps and produce data on services and outcomes that they can use for planning and quality improvement.
- Most funding is not linked to results. Several informants would like more cost-to-benefit data. There is no assessment of how funds are used to respond to community/individual treatment needs. Drug Medi-Cal (DMC) is based on allowable costs rather than results.

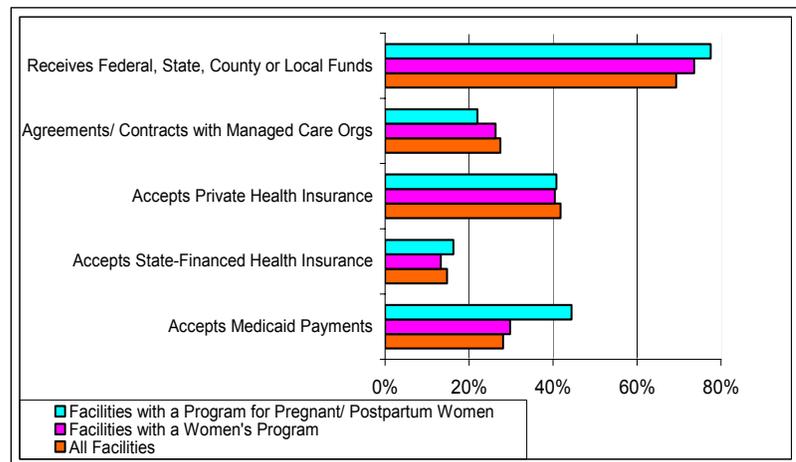
Perinatal Standards and Guidelines

- Perinatal Services Network
 - The Perinatal Services Network (PSN) includes programs receiving state or federal perinatal funds. These programs can serve pregnant and parenting women with children under the age of 17, though many programs place a younger limit on the ages of children. These programs are expected to meet the Perinatal Services Guidelines.

- Programs serving pregnant or parenting women that do not receive perinatal funds are not included in the Perinatal Services Network.
- The ADP Perinatal Services Guidelines are referenced in contracts. Key informants felt that providers exceed these minimal standards and had not reviewed them recently.
- Two counties have developed, but not yet implemented, increased perinatal standards based on research and best practices.
- General consensus among key informants is that the perinatal guidelines should be reviewed with language updates and to determine whether more extensive revisions are feasible.
- Across the State - there are no consistent definitions for gender responsive or culturally responsive services. There are no standardized definitions or measures for evaluating quality or effectiveness of women or family services among California stakeholders.

Funding

Women's programs are less likely to have private funds such as private health insurance or managed care contracts. They are more likely to receive government funding and Medicaid. Programs with a specialized program or group for pregnant women are significantly more likely to receive Medicaid payments. More than 77 percent of these facilities received federal, state or local funding.



Question 5: How can we reduce substance exposure in California children?

- With the exception of Sacramento County, key informants indicated minimal impact from the CAPTA requirements or California SB 2669 which requires a risk assessment for exposed infants.
- There is an increasing recognition of the importance of prevention and early intervention to address prenatal substance abuse.
- In many counties, collaborative efforts are underway in maternal and child health to improve OB/GYN screening and referrals. In some counties, AOD assessments, engagement services, and brief interventions are occurring on-site.
- There are some innovative outreach and children's service programs through collaborations with County First 5 Commissions and children's mental health providers.

Selected Findings and Recommendations

The Perinatal Environmental Scan provides an initial analysis of prevalence, practices, policies and partners impacting perinatal substance use within the landscape of California. Children and Family Futures developed recommendations based upon the data analysis, key informant interviews and literature review (see Attachment 2). The findings and recommendations of the Perinatal Environmental Scan inform planning efforts at three levels: 1) within ADP; 2) within the AOD field; and, 3) cross-systems planning to improve services for women and families affected by substance use.

SELECTED FINDINGS

- ✓ The term “perinatal” is used to refer to different populations of women and children in different contexts.
- ✓ Across the state, there is not a consistent concept or implementation of gender responsive services.
- ✓ There is increasing interest in family-based services.
- ✓ Recognition of the importance of prevention and early intervention is spreading to address prenatal and childhood substance exposure.
- ✓ Interagency collaboration is occurring, but there are gaps and room for improvement.
- ✓ There is significant concern about funding and maintaining existing programs. Some new or untapped federal, private and other funding options with flexibility may be available.

RECOMMENDATIONS

- ✓ Increase communication within the field, including dissemination of scientific knowledge on effective AOD treatment for women.
- ✓ In collaboration with CADPAAC and providers, develop a process to review the Perinatal Services Guidelines and ensure they reflect the state of knowledge in the field.
- ✓ Expand analysis of available data from ADP and other state agencies; develop fact sheets and white papers to share information with the field.
- ✓ Support improved funding, including an evaluation of Perinatal DMC standards and funding limitations, joint proposals and interagency collaboration.
- ✓ Engage and collaborate with decision makers from other state agencies and support local collaborative efforts to expand comprehensive services for women and families.

ADP will use these results to work with our stakeholders to create a framework for capacity building within ADP, the AOD field and across systems that will enable us to further improve services for women with substance use disorders and their families.

END NOTES

- ⁱ Within the alcohol and other drug (AOD) field there is no consensus on the definition of perinatal. Perinatal, particularly within health care, typically refers to pregnancy and the post-partum period (60 days) but within AOD services parenting women are typically included. Perinatal Services Network programs are those that receive state or federal perinatal set-aside funds, and serve pregnant and parenting women with children up to age 18, though the programs often place different age restrictions on children. Pregnant and parenting women are also served in programs that do not receive perinatal funding and are not part of the Perinatal Services Network.
- ⁱⁱ Extrapolated from Office of Applied Studies (OAS). (2007). Overview of findings from the 2005 National Survey on Drug Use and Health (NSDUH). Rockville, MD: Substance Abuse and Mental Health Services Administration (SAMHSA). NSDUH defines binge alcohol use as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days.
- ⁱⁱⁱ Ibid. Any reported use of an illicit drug in the past 30 days. Illicit drugs include marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including phencyclidine [PCP], lysergic acid diethylamide [LSD], and Ecstasy [MDMA]), heroin, or prescription-type psychotherapeutics used nonmedically, which include stimulants, sedatives, tranquilizers, and pain relievers. Illicit drug use refers to use of any of these drugs.
- ^{iv} Ibid. NSDUH identified a respondent was defined with abuse of a substance if he or she met one or more of the four criteria for abuse included in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (American Psychiatric Association [APA], 1994) and did not meet the definition for dependence for that substance. Additional criteria for alcohol and marijuana abuse are that if respondents reported a specific number of days that they used these drugs in the past 12 months, they must have used these drugs on 6 or more days in that period.
- NSDUH defined a respondent with dependence on illicit drugs or alcohol if he or she met three out of seven dependence criteria (for substances that included questions to measure a withdrawal criterion) or three out of six criteria (for substances that did not include withdrawal questions) for that substance, based on criteria included in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994). Additional criteria for alcohol and marijuana dependence since 2000 are that if respondents reported a specific number of days that they used these drugs in the past 12 months, they must have used these drugs on 6 or more days in that period.
- ^v Extrapolated from OAS, SAMHSA. (2006). Estimated Number of Persons Needing but Not Receiving Treatment for Illicit Drug Use in Past Year based on National Survey on Drug Use and Health 2003, 2004. Retrieved from: <http://www.oas.samhsa.gov/2k4State/vars.htm>.
- ^{vi} Office of Applied Studies, SAMHSA. (2007). Treatment Episode Data Set, 2005 – Computer file. Retrieved from <http://www.dasis.samhsa.gov/webt/NewMapv1.htm>.
- ^{vii} The California Maternal and Infant Health Assessment, 2003, survey of women post-delivery found that 19 percent of women reported drinking alcohol during their pregnancy.
- ^{viii} Four studies produce prevalence rates for drug use during pregnancy the NSDUH, IDEAL and the California Prenatal Substance Exposure Study prevalence rates range from 3.5 percent to 11 percent. Prevalence rates were applied to the number of births in California in 2004.
- ^{ix} Office of Applied Studies, SAMHSA. (2007). Treatment Episode Data Set, 2005 – Computer file. Retrieved from <http://www.dasis.samhsa.gov/webt/NewMapv1.htm>.
- ^x Office of Applied Studies. (2003). The NHSDA report: Children living with substance-abusing or substance-dependent parents. Rockville, MD: SAMHSA.
- ^{xi} Extrapolated using rates from OAS, 2003. The NHSDA report: Children living with substance-abusing or substance-dependent parents to California population.
- ^{xii} Extrapolated using rates from Hser, Y.-I., Evans, E., Teruya, C., Ettner, S., Hardy, M., Urada, D., et al. (2003, January 31). The California Treatment Outcome Project final report. Los Angeles: Integrated Substance Abuse Programs and applying to California admissions data from OAS, SAMHSA. (2007). Treatment Episode Data Set, 2005.
- ^{xiii} Sources include:
- Brady, T. M., & Ashley, O. S. (Eds.). (2005). Women in substance abuse treatment: Results from the Alcohol and Drug Services Study (Department of Health & Human Services (DHHS) Publication No. SMA 04-3968, Analytic Series A-26). Rockville, MD: SAMHSA, Office of Applied Studies.

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- ^{xiv} Sources include:
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- Young, N., Gardner, S., & Dennis, K. (1998). Responding to Alcohol and Other Drug Problems in Child Welfare: Weaving Together Practice and Policy. Washington, DC: Child Welfare League of America.
- Children and Family Futures compiles research summaries of articles published in the scientific literature that address gender responsive treatment and other topics relevant to perinatal services. Available at http://www.cffutures.com/calwcf/research_policy.shtml.
- ^{xv} CSAT Women, Youth and Families Coordinating Committee (2004). "Center for Substance Abuse Treatment's comprehensive substance abuse treatment model for women and their children." Unpublished draft.
- ^{xvi} Office of Applied Studies, SAMHSA. (2007). National Survey of Substance Abuse Treatment Services (N-SSATS), 2005 – Computer file. Available at: http://www.dasis.samhsa.gov/webt/state_data/CA05.pdf.

Attachment 1

Perinatal Environmental Scan Key Informants and Affiliations

County Administrators:
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Dennis Koch , Administrator, Fresno County Department of Behavioral Health, Substance Abuse Services
Lupe Mariscal for Marye Thomas , Perinatal Services Coordinator, Alameda County Behavioral Health Care Services
Toni Moore , Administrator, Sacramento County Alcohol and Drug Services, Department of Health and Human Services
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Brenda Randle , Fiscal Analyst, Kings County Alcohol & Other Drug Programs
Women's Constituent Committee Members:
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Susan Blacksher , Executive Director, California Association of Addiction Recovery Resources
Laurie Drabble, Ph.D. , San Jose State University College of Social Work
Ann Harrison , Executive Director, Marin Services for Women, Marin County
Theresa Hernandez , Foster Parent, Fresno County
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Ann Munoz , Alcohol Research Group, Alameda County

Continued on Next Page

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Tom Avey , Executive Director, Progress House, Inc., El Dorado, Placer & Yolo Counties
Vivian Brown, Ph.D. , CEO, Prototypes Center for Innovation, Inc.; SAMHSA Women’s Advisory Committee
Nancy Fernandez for Jim Hernandez , Operations Program Director, California Hispanic Commission on Alcohol & Drug Abuse
Kathryn Icenhower, Ph.D., LCSW , Executive Director, Shields For Families, Los Angeles County and founding member of the California Perinatal Treatment Network
Martha A. Jessup, Ph.D., RN, CNS , ADP Medical Director Office, Associate Adjunct Professor, Department of Family Health Care Nursing, University of California San Francisco
Pamela Johnson , Director, Family Ties Program, San Joaquin County Behavioral Health Services
Lynn Pimentel , WestCare, Fresno, California
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Attachment 2

Recommendations

Children and Family Futures, Inc.

Children and Family Futures, Inc. (CFF) developed a series of recommendations grouped into three distinct but overlapping levels of planning and capacity building: (1) the Department of Alcohol and Drug Programs (ADP) and Office of Perinatal and Substance Abuse (OPSA) internal planning and capacity building; (2) capacity building within the alcohol and drug field; and, (3) cross-system capacity building with external agencies.

ADP and OPSA Internal Planning and Capacity Building

- ✓ Expand OPSA's functions to include a larger focus on Children, Youth and Family Services, while retaining a separate emphasis on the unique issues faced by women and the demand for gender-specific and culturally competent programs.
- ✓ Expand communication and communicate more with the field to disseminate evidence-based practices on family-centered treatment.
- ✓ Identify the best methods of delivering technical assistance, training, and communication strategies for women, perinatal and family service providers.
- ✓ Expand analysis of available data from ADP and other state agencies; develop fact sheets and white papers.
- ✓ Develop an effective data analysis and reporting system as part of California Outcomes Measurement System (CalOMS) that allows for evaluation of women, perinatal and family services, including implementation of the Perinatal Services Guidelines.
- ✓ Develop a white paper(s) and training protocol on gender responsive services, drawing upon available research and literature. Build consensus on key components and best practices.

Capacity Building within the Alcohol and Drug Field

- ✓ Build consensus on terminology used by treatment providers, counties and the state (can be a part of the strategic plan).
- ✓ Convene a work group of County Alcohol and Drug Program Administrators Association of California (CADPAAC) members and treatment providers to review the perinatal services guidelines (in this context perinatal is referring to guidelines for pregnant and parenting women), suggest language updates, and formulate a recommendation as to whether the guidelines should be updated to be more prescriptive and inclusive of evidence-based practices. The work group could explore transitioning the Perinatal Services Guidelines to voluntary standards for all publicly funded programs serving women, with sections that address women, pregnant women and families, while considering the context of CalOMS and the emergence of evidence-based data in the review.

- ✓ Review Perinatal Drug Medi-Cal standards, funding and practices as well as Medicaid requirements to determine if there are waivers or additional service categories that are possible. If there are benefits to making changes, this work could be referred to the Perinatal Standards Workgroup to ensure complementary practices.
- ✓ Consider a statewide conference or an annual event in which evidence-based, gender-specific programs are fostered and effective clinical interventions are emphasized.

Cross-System Capacity Building with External Agencies

- ✓ Develop a funding inventory that identifies non-ADP funds which could be used to expand services for women, pregnant women and families.
- ✓ Develop a white paper on possible approaches to collaborating with child welfare.
- ✓ Work in collaboration with other state agencies on current initiatives in the area of prevention and early intervention in responding to the effects of prenatal and post-natal substance exposure.
- ✓ Conduct a comprehensive survey of the county-level collaborations occurring within California that address these issues, describing their functions and funding streams, identifying available data measuring the impact of these collaboratives and summarizing promising practices.
- ✓ Review current interagency collaborative involvement and assess the potential impact on perinatal services, including the prospects of expanded support for comprehensive family-based services.
- ✓ Develop a strategic plan with benchmarks and baselines in each of the broad areas where ADP envisions an ongoing partnership with its sister agencies.
- ✓ In collaboration with the Judicial Council and the Department of Social Services, seek resources to convene a statewide meeting on Dependency Drug Courts similar to the early Proposition 36 implementation meetings.
- ✓ Schedule a series of introductory meetings between ADP, OPSA, and the Associate Director/Administrator of Female Offender Services in both adult and juvenile services to identify current planning and implementation activities and opportunities for collaboration and information sharing.
- ✓ Request information and data analysis on how Proposition 36 and Drug Courts have expanded services for women, including specific data on participation, services, and outcomes, including family outcomes. From this data, develop a planning tool for the Proposition 36 Advisory Committee and counties to use for quality improvement and to shape revisions to programs.