

## The Important of Women's Treatment Standards in a Age of Health Care Reform

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## Setting the Stage

- Importance of Gender Specific Services
- The Development of The Guidance to State's Document
- How States have used the Document
  - Survey Results from the first year
  - Highlights from New Jersey, Illinois and New York

## Why Gender Specific Standards

- Sex and Gender Differences
- Biological Differences
- Relational View of the World
- Different Pathways to Use of Alcohol and/or other Substances

## Women's Treatment Standards Sub-Committee Members

Co-Chairs  
Maria Morris-Groves (NY) and  
Starleen Scott Robbins (NC)

Subcommittee Members  
Lynne Allar-Meine (MO), Becky Barnett (UT), Marjorie McKisson (CA), Barbara Caskey-Parisi (NE), Ruthie Dallas (MN), Sue Gadacz (WI), Sue Green (WA), Sarah Harkless (AL), Sherry Johnson (ID), Martha Kurgans (VA), Valerie Leal (CT), Peggy Bean (CA), Karen Mooney (CO), Karen Pressman (MA), Cassandra Price (GA), Atrica Warr (FL)

Federal Project Officer  
Sharon Amatetti (CSAT)

## Purpose of the Guidance to States Document

*To provide guidance to States who want  
to develop or enhance treatment  
standards for women.*

## Framework

Based on CSAT's Comprehensive Substance Abuse  
Treatment Model for Women and Their  
Children (CSAT, 2004)

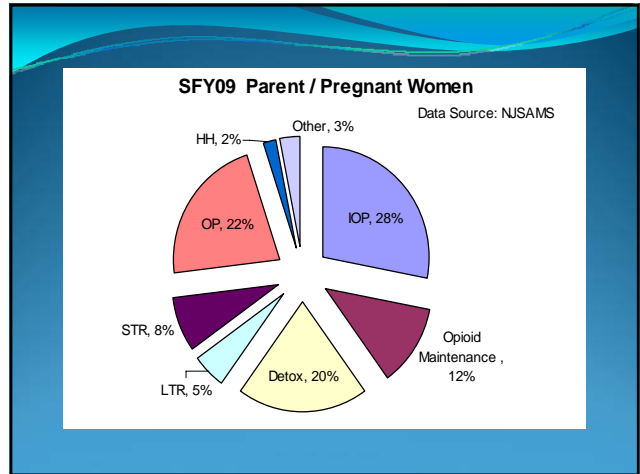
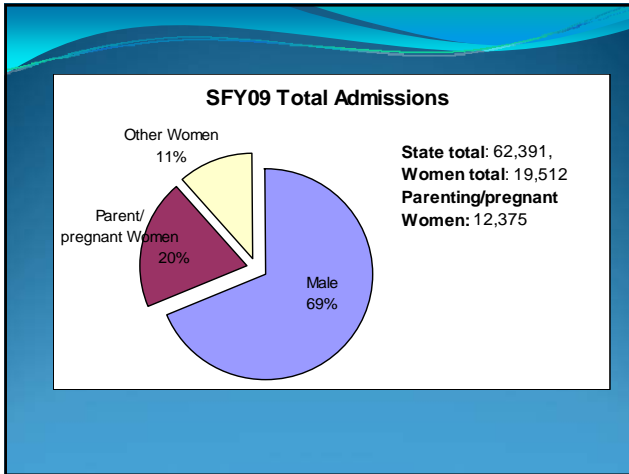
- Clinical treatment services
- Clinical support services
- Community support services

## Recommended Uses

- Program and policy planning, evaluation and decision-making
- Develop/communicate a general vision for women's services
- Provide concrete recommendations
- Template for women's treatment standards

**New Jersey Department of Human Services  
(DHS) Division of Mental Health and Addiction  
Services (DMHAS)**

Christine K. Scalise MA LPC LCADC



### Background - NJ and Substance Abuse Treatment

- 2002 – New Jersey Department of Human Services (DHS) began to plan improvements for the state’s child welfare system as part of its preparation for New Jersey’s Child and Family Services Review (CFSR)
- Commissioner priority:
  - Develop plan to meet benchmarks for systemic service coordination and delivery requirements
  - Identified Domestic Violence and Substance Abuse as two critical areas lacking effective coordination and linkages

### Background (cont)

- Governor signed Executive Order to establish Domestic Violence and Substance Abuse Workgroups to look at:
  - Relationships between child welfare and domestic violence and child welfare and substance abuse 2003, in the aftermath of these events,
- Simultaneously (2003) child welfare reform became more urgent as news of child death made national headlines
  - Governor settled a child welfare class action lawsuit originally filed against the state in 1999 that called for reform of New Jersey’s child welfare system

## Background (cont)

- Substance Abuse Workgroup:
  - Comprised of cross section of individuals from disciplines that interacted with child welfare
- Recommendations:
  - Development of innovative and collaborative policies and practices across systems
  - Families affected by substance abuse need opportunities for treatment and recovery within their reach
  - Expand substance abuse treatment capacity and access
  - Design family-centered intervention that meet family's complex multi-service needs
  - Collaboration across social service delivery systems
  - Understand that as a parent's prospects for recovery improve, so too do their children's prospects for safety and well-being.

## Identified Barriers to Accessing Treatment for Women

### PERSONAL BARRIERS

- Fear of Reprisal from Significant Others or Family Members
- Confidentiality concerns
- Linguistic or Cultural Barriers
- Social Stigma
- Fear of Child Protection Involvement
- Financial (lack of money, insurance)

### SYSTEMS BARRIERS

- Lack of money or insurance
- Waiting Lists
- Lack of treatment for pregnant client
- Childcare concerns
- Employment
- Housing needs
- Need time to address demands of other systems i.e., Child Welfare, Courts, Temporary Assistance for Needy Families (TANF)

## NJ Implementation Process: "Guidance to States"

- State Fiscal Year 2005 submitted copies of DMHAS Women's Treatment Provider Contract Annex A and Standard Language Documents to Children and Family Futures (CFF)
- State Fiscal Years 2008 - 2010:
  - Provided mandatory workshop/trainings to licensed women's treatment providers, facilitated by national experts on:
    - Family Centered Treatment
    - Trauma and Addictions Among Women
    - Seeking Safety
    - Strengthening Families

## NJ Implementation Process: "Guidance to States" (cont)

- Introduced "Guidance to the States" document at quarterly Women's Steering Committee meeting (comprised of women's treatment providers)
  - Established subcommittee to review Child Care and Transportation Elements
- Reviewed Document with DMHAS Monitoring & Quality Assurance
  - Identified Elements that needed to be addressed in DMHAS contract standard language documents

### NJ Implementation Process: "Guidance to States" (cont)

- Modified women's treatment provider contracts and Standard Language documents to include:
  - Language and elements from the "Guidance to States" document that:
    - Addresses full continuum of treatment
    - Specialty services
    - Key considerations for Special Populations (pregnant and parenting women)

### Changes to Contract Language - Women's Treatment Standards

- **Element 7 Coordinated Case Management** - "Systems Collaboration" component and a requirement for program staff to complete NCSACW online tutorials "Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals"
- **Element 17 Family Strengthening** - "Family Centered Treatment"
- **Element 18 Parenting Skills and Child Development** - Evidence Based Practice parenting skills curriculum
- **Element 19 Housing Supports and Assistance**
- **Element 23 Transportation** - includes reference to NJ Laws and Regulations and subcommittee recommendations
- **Element 24 Child Care and Child Developmental Services Child Care** - NJ Child Care Center Licensing Law including subcommittee recommendations

### New Jersey and Women's Specialty Treatment

- \$6.7 million through Federal Block Grant Women's Set Aside (WSA) for pregnant and parenting women
- \$10 million State funding women with children under supervision of Child Welfare
- Funding supports a statewide network of 48 licensed substance abuse treatment providers for all modalities of care (IOP, IOP with Housing, Methadone IOP, LTR, Halfway House)
- Pregnant women have priority admission

### NJ Revised Contract Standards for Women's Specialized Treatment

- Gender specific treatment
- Family centered treatment approach
- Transportation as needed
- Child care
- Evidence based practices
- Interdisciplinary meetings with referral systems
- Assessment and treatment for co-occurring disorders
- Individual, family, group and educational counseling sessions
- Participate in Monthly Consortia (Child Welfare)
- Case management services
- Children referred for medical (including immunization and/or psychological care as needed)
- Evidence-based Parenting Skills Curriculum
- Trauma Informed Trauma Responsive "Seeking Safety Program"
- Strengthening Families Program
- Life Skills Training
- Linkages & Recovery Support
- Assist families with accessing transitional and/or permanent housing

### NJ Revised Contract Standards for Women's Specialized Treatment

- Provide support during a women's recovery process
- Priority access for pregnant client
- Awareness of funding sources
- Knowledge of resources/information on available services
- Linkage, coordination and collaboration with:
  - Social Services
  - Division of Youth and Family Services (DYFS)
  - Federally Qualified Health Care (FQHC)
  - Perinatal Addiction Coordinators/Specialists

### Special Initiatives - Enhance Standards & Women's Specialty Treatment

- NJ Performance Improvement Network Initiative (NIATx) for providers treating women with children under the supervision of child welfare
- In-Depth Technical Assistance (IDTA) through NCSACW – Joint Initiative with Child Welfare, Substance Abuse and Courts
- Corporation for Supportive Housing “Keeping Families Together” Pilot
- Women's Services Network (WSN)

### Special Initiatives & Resources Standards & Women's Treatment

- NJ Performance Improvement Network Initiative Collaborative effort between DMHAS and Network for the Improvement of Addiction Treatment (NIATx)
- Selected child welfare funded IOP/Methadone and IOP providers to receive training and TA in *NIATx Process Improvement Model* to:
  - Improve access to and retention in addiction treatment
  - Make process improvement part of the culture of managing and delivering treatment
  - Reduce organizational barriers that limit treatment access
  - Reduce drop-out from treatment
  - Support and improve service delivery infrastructure

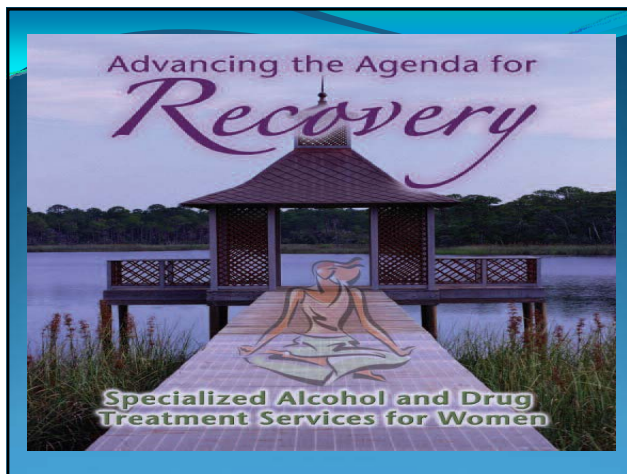
### NJ - In-Depth Technical Assistance

- National Center of Substance Abuse and Child Welfare through SAMHSA/CSAT and ACF
- Improve outcomes for substance abusing families involved with child welfare and courts
  - Joint Initiative – DYFS, DAS and AOC
  - Develop cross system partnerships & practice changes
  - Data integration
  - Best Practice Models across 3 systems
  - Professional Training & Staff Development
  - Recovery Support Specialists

## Special Initiatives & Resources Standards & Women's Treatment

### Corporation for Supportive Housing "Keeping Families Together" (KFT)

- Child welfare preventive services can prevent family separation and child removal
- Permanent Supportive Housing Pilot
- KFT increases housing stability
- Improves and enhances family functioning
- Establishes permanent supportive housing as part of child welfare system
- Improves collaboration between multiple service systems
- Family focused approach with full array of services on and off site
- Services designed to prevent further child welfare involvement



**Barbara J. Brooks, Ms.Ed, MSW, LSW**

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Women, Youth and Criminal Justice Services

**Illinois' Gender Competency Endorsement**

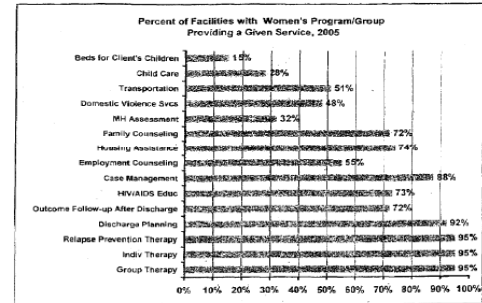
Overview / Development :  
Illinois  
Gender Competency Endorsement  
'GCE'

## Historical Overview The Need

- State Recognition of Need
- 1986-Geographic/Population based Model
- Data Utilized
- Targeted Population: Women

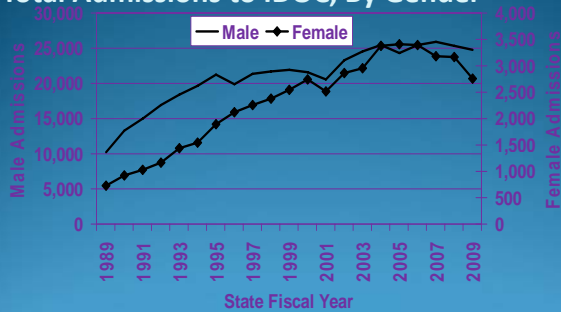
### Array of Services Offered

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



Dept of Alcohol and Drug Programs "Perinatal Environmental Scan 07

## Total Admissions to IDOC, By Gender



Source: Analyses of IDOC data by Loyola University Chicago, Criminal Justice Department

## At the State Level...

- What are WE doing to make an impact in Illinois





## The Illinois Model

### Gender Competency Endorsement Definition

Women Specific substance use services are distinguished as those that:  
✓ Address Women's treatment needs

- ✓ Reduce barriers to recovery from alcohol and other drug dependence that are more likely to occur for women
- ✓ Are delivered in a context that is compatible with women's lifestyles and orientations and is safe from exploitation
- ✓ Take into account women's role, socialization and relative status within the larger culture

## Legislative Mandate

• 1990 Women's Committee Legislated

• Women's 3 -Year State Plan

• Women's Sub Committees

• Criminal Justice

• Family Centered Services

• *Training*

## Steps to Gender Guidance: The Illinois Plan

- Developed & Codified Core Values and Principles
- Gender As a State Priority Population
- Formulate, Integrate & Implement State Standards

### Steps to Gender Guidance: Committee Goals: Reshaping the Landscape

- Develop ,Integrate Promote and Integrate a Gender Competency Endorsement (GCE) statewide
- Collaborate and coordinate GCE process with the Illinois Alcohol and Other Drug Abuse Professional Certification Association
- Create educational/training platform to inform the field (child welfare, Criminal Justice) regarding gender specific standards for women
-

## "GCE" Performance Domains

Assessment of Women  
Case Management  
Professional Responsibility  
Counseling Women

## GCE Requirements & Eligibility

**Required Work Experience**= 1 Yr (2,000 hours qualified Work

**Supervised practical Experience**=Supervision by an individual Licensed in Women's Addiction Counseling  
**Training/Education**=45 hours in the women-specific domains

**Letter of Support**= From a credentialed professional (through ICB and/or a Licensed Independent Practitioner)

## Endnotes

- Women's Committee of the Illinois Alcohol and Other Drug Advisory Council& Illinois Alcohol & Other Drug Professional Association  
[www.iaodapca.org](http://www.iaodapca.org)
- California Department of Alcohol & Drug Programs, Office of Perinatal Substance Abuse, 2007
- Illinois Alcoholism and Drug Dependence Association, [www.iadda.org](http://www.iadda.org)
- Guidance to States: Treatment Standards for Women with Substance Use Disorders, The National Association of State Alcohol and Drug Abuse Directors (NASADAD) [http://www.nasadad.org/resource.php?name\\_id=1484](http://www.nasadad.org/resource.php?name_id=1484)
- Funding Family Centered Treatment for Women with Substance Use Disorders, SAMHSA, [http://womenandchildren.treatment.org/documents/FINAL\\_Paper\\_508V.pdf](http://womenandchildren.treatment.org/documents/FINAL_Paper_508V.pdf)

## New York

- In 2007 OASAS Treatment Programs
  - 57,040 female primary admissions
  - 1,145 female significant other admissions
- 65% of females admitted reported having children
- New York State has 26 certified residential programs that admit children with their parent

## Background

- Local Services Bulletin – telling all programs they have to adhere to SAPT Block Grant Requirements
  - Preference to Pregnant and Parenting Women
  - Maintain a Waiting List
- One set of Regulations for all of the adult population
- No guidance on Gender Specific Treatment

## Practice Guidance: Gender Competent Addiction Services for Women

- Built upon the Values of Gender Responsive Treatment Principles ( From CSAT’s Women’s TIP)
- Built upon the Guidance to States Document
- Acknowledges Systems Change
  - Movement toward Recovery Oriented Systems of Care
  - Healthcare Reform

## Continuum of Gender –Responsive Services

Gender Neutral Programs	Gender Enhanced Programs for Women	Gender Responsive Programs for Women
Services are provided without consideration of gender	Programs recognize gender differences and provide gender-sensitive counseling and some gender-specific services	Programs are designed with women in mind. They are comprehensive, relational, trauma-informed and grounded in women’s experiences.

## Service Elements to Consider

### Gender Enhanced

- Separate women’s group available
- Medical care referred to specialty clinic
- (Women assigned to female counselor)
- Attention paid to m/f ration
- Groups on addictions and trauma
- Physical living quarters separate
- Staff trained on gender issues
- Have a female staff
- Clinical Supervision
- Case Management
- (Children and Child Welfare)

### Compressive Gender Responsive

- Skill Staff (advocacy, truma, cod)
- In house women’s health services
- Integrated Mental Health Services
- Separate physical plant
- Family Therapy
- Parenting
- Domestic Violence
- Intimate Partner Relationships
- All Staff Trained
- FASD/Perinatal Care
- Family Planning and Reproductive Health
- Vocational program that addresses women’s needs
- Cultural Responsiveness
- Case Management

## Service Components

- Screening, Engagement and Placement
- Assessment and Treatment Planning
- Addiction Counseling and Education
- Physical Health and Wellness, including Medication Assisted Recovery and Pregnancy
- Mental Health/Co-Occurring Disorders
- Trauma Informed Trauma Specific
- Family Services including Parenting and children's Services
- Recovery Supports (health, home, community and purpose)
- Case Management and Linkages

## Screening, Engagement and Placement

**Considerations for Women:**

- Women often have more serious health consequences and develop dependency at faster rates than men. Women incur a greater degree of physical damage earlier in the course of their substance use than their male counterparts.
- Women can have difficulty negotiating the financial aspects of treatment (more likely to live in poverty). Women are less likely to be able to pay the cost of treatment as well as have more general economic problems and can't afford transportation, babysitting co-pays etc
- Women may not receive services due to lack of identification and screening from other providers.
- Women's role obligations and family responsibilities may physical and psychological create barriers to treatment
- Women have a high incidence of co-occurring mental health, trauma, intimate partner violence, child welfare problems, and stigma, all of which should be considered when entering treatment.
- Women with STDs are at high risk for HIV and Hepatitis C.
- Considerations need to be given to: pregnancy/reproductive health, trauma, grief and loss, cultural identity, relationship issues, eating disorders and co-addictions, legal mandates – criminal justice, child neglect/abuse CPS cases, other health/mental health, employment and educational deficits and housing/safety.
- Providers may need to learn about service systems for children and help women to engage with those systems.

Gender Enhanced Program Guidelines	Gender-Responsive Program Guidelines
<ul style="list-style-type: none"> <li>• Use of screening tools which are relevant and address women's issues are utilized</li> <li>• Areas include: substance use, medical, financial, legal, vocational, educational, social, housing, transportation, mental health, family, domestic violence, child welfare involvement, HIV, health, reproductive health, disabilities, strengths and resource.</li> <li>• Facilities are child friendly and safe and child care referrals are provided</li> <li>• Staff are sensitive to women's barriers to treatment and able to assist them to overcome these barriers and engage in treatment.</li> <li>• Treatment placement considers women's specific needs/risks regarding family responsibility, safety and access to services.</li> <li>• Health screening prior to admission should be conducted by a medical provider familiar with women's health and sensitive to issues of trauma and STDs. Pregnancy test should be included.</li> <li>• Immediate bed availability for women and children's programs and contingency plan if beds are not available.</li> </ul>	<ul style="list-style-type: none"> <li>• Use of screening tools which are relevant and address women's issues by staff knowledgeable about women and skilled at screening and engagement strategies which are relevant for women.</li> <li>• Areas include: substance use, medical, financial, legal, vocational, educational, social, housing, transportation, mental health, family, domestic violence, child welfare involvement, HIV, health, reproductive health, prenatal exposure, disabilities family, cultural and faith-based resources.</li> <li>• Screening and engagement services are provided in child-safe, child friendly environments and with on-site child care when possible.</li> <li>• When possible, conduct screening for other family member needs.</li> <li>• Collaboration among providers to minimize duplication of screening/assessment. Use of Motivational Interviewing or another effective approach for working with women.</li> <li>• When possible, have staff member conducting initial screening link woman to level of care and admission. Maintaining relationship builds engagement.</li> <li>• Maintain a relationship with a health care provider familiar with women's health and sensitive to trauma, pregnancy and STDs.</li> <li>• Immediate bed availability for women and children's programs and</li> </ul>

## Next Steps

- Finalize the Document
- Develop a Self-Assessment Tool
- Healthcare Reform – Advocate for Appropriate Services for Women

## Moving Forward in Healthcare Reform/Systems Change

- Help Develop a Basic Competency
  - Gender Enhanced vs. Gender Responsive
- Allow programs to Self-Assessment of Services
- Therapeutic Services for Children

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