



PRIDE in PRACTICE: Shaping a New Agenda for
African Americans in Treatment

**Re-Organizing Systems to
Improve Options & Outcomes for
Women & Children**

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Deborah Werner

California Women Children & Families TA Project

Children and Family Futures

4940 Irvine Blvd., Ste 202 * Irvine, CA 92620

714.505.3525 * dwerner@cffutures.org



Culturally Relevant, Gender
Responsive Treatment



Selected Statistics

- **Percentage of past month illicit drug use 2002-2003 NSDUH:**
 - African American pregnant women: 8.0%
 - African American non-pregnant women: 9.4%
- **Percentage of Substance Abuse Treatment Admissions, 2004 (male and female):**
 - Total admissions: More than 30,000 16.9%
 - alcohol 12.9%; alcohol with secondary drug 19.9%; smoked cocaine 64%, other cocaine 22.2%; marijuana 21.6%; heroin 12.4% and other opiates 5.4%.
- **Treatment in CA: 51% in regular outpatient, 15% in day treatment/intensive outpatient, 3% detoxification, 2% methadone, 13% residential, 1% hospital. (N-SSATS 2004)**

Source: SAMHSA Office of Applied Statistics, <http://oas.samhsa.gov>

Culturally Relevant Treatment

- Honors traditions and values
- Acknowledges cultural pain and racism
- Builds appropriate efficacy and support
- Staff, management and Board reflective
- Respects individuals
- Differentiates drug culture from culture itself
- Helps people learn cultural traditions
- Relational

Common Characteristics of Women Seeking Treatment

- Intergenerational addiction
- Relationships that encourage use and are unsupportive of treatment
- History of trauma and childhood abuse
- Co-occurring disorders, PTSD
- Lack of intervention strategies or treatment options
- Lack of self-esteem and self-efficacy
- Environment that encourages alcohol/drug use
- Pregnant or caretakers of children

Gender Responsive Treatment

- Relational
- Strength-based, motivational
- Comprehensive
- Trauma informed
- Addresses the different pathways to use, consequences of use, motivation for treatment, treatment issues and relapse prevention needs

Comprehensive Model includes:

- Components
 - Clinical treatment services for women
 - Clinical support services for women
 - Community support services for women
 - Clinical treatment services for children
 - Clinical support services for children
 - Community support services for children
- Cultural Competence, Gender Competence and Developmentally Appropriate

Clinical Treatment Services

FOR WOMEN

- Outreach and engagement
- Continuing care
- Screening
- Pharmacotherapies
- Drug monitoring
- Treatment planning mental health services
- Detoxification
- Medical Care and Services
- Assessment
- Trauma Informed and Trauma-Specific Services
- Case Management
- Substance Abuse Counseling and Education
- Crisis Intervention

FOR CHILDREN

- Intake
- Screening
- Medical Care and Services
- Therapeutic Child Care
- Development Services
- Mental Health and Trauma Services
- Assessment
- Residential Care in Residential Settings
- Case Management
- Substance Abuse Education & Prevention
- Care Planning

Clinical Support Services

FOR WOMEN

- Life skills
- Advocacy
- Primary health care services
- Family programs
- Parenting and child development education
- Housing support
- Education remediation and support
- Employment readiness services
- Linkages with legal system and child welfare systems
- Recovery community support services
- Life skills

FOR CHILDREN

- Primary health care services
- Onsite or healthy child care
- Recovery community support services
- Advocacy
- Educational services
- Recreational services
- Prevention services
- Mental health and remediation services

Community Support Services

- Transportation
- Child care
- Housing services
- Family strengthening
- Recovery community support services
- Employer support services
- TANF linkages
- Vocational and academic education services
- Faith based organization support
- Recovery management

Family Treatment – the Next Evolution

- Services for all family members
- Dynamic, different members come at different times
- Continuum of family involvement to family treatment

Collaborations

Challenges

- Limited funds in all pools
- Gaps in funding and services
- Programs tend to work in one or two systems- clients (with low self-efficacy) must interface in many more
- Access to Policy Makers and shifts
- Funding Silos
- Turf – resistance to sharing clients, resistance to collaborating
- Imperfect partners
- Increased barriers for women with felony convictions
- Stigma
- Social Exclusion

Culture & Treatment Partial History

- 1970 Hughes Act (Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment & Rehabilitation Act of 1970) established alcoholism services, created NIAAA, made funding available for specific under-served populations. Required states to develop plans identifying needs and strategies to assure adequate services for underserved populations.
- 1970s California established several steering committees to support planning for under-served populations. ADP began providing technical assistance to expand services for under served populations.
- Early 1990s National Black Alcoholism Council, TA, advocacy (counselor certification)
- 1992 Director's Advisory Council established.
- AAAOD established
- On-Track TA Project

Emergence of Perinatal Services

- 1990 AB 3010 established the SITF. Cross-systems talking ADP, CDC women, DOE, DSS, DDS, MCH, and others.
- 1991 Perinatal Treatment Expansion Initiative – by 1993 57 of 58 counties have perinatal programs.
- 1991 Women's Leadership Development Forums.
- 1993 Perinatal Set Aside
- Vega Study shows prevalence of alcohol drug use during pregnancy
- Crack Babies sensationalize problems – bring resources.
- Increase in awareness of alcohol and drug issues in other service agencies.
- Research on women begins informing practice

- Today in California– more than 3000 pregnant women are served by treatment programs. More than 100,000 California babies are exposed to alcohol 40-70,000 to illicit drugs. 20% of treatment programs have special programs for children.

Two System Changes

- Federal, state and local funding agencies must work together better. Collaborate to improve customer services.

- Neighborhood-Based agencies must become better able to influence and obtain resources from Federal, state and local funding agencies.

Required Ingredients for Collaboration

- Cross-Training and Understanding
- Common Goal
- Communication Mechanisms
- Common Language
- Identification of Common Principles
- Respect and Trust
- Daily Practices
- Evaluation
- Accountability

Working with Child Welfare

- Family to Family as an Opportunity
- The Village – shared custody model
- Dependency Drug Courts
- Funding – must offer treatment – advocacy need – appropriate level of treatment

Innovations in Accessing Housing

- Building affordable housing
- Supportive Housing (Corporation for Supportive Housing)
- Housing advocacy
- Sober living (loan fund, CAARR)
- AB 2034
- Home-based Case Management

Health Access

- Healthy Families and Medi-Cal
- Black Infant Health Project
- Establishing Medical Homes at Community Clinics
- School based health clinics
- Needle Exchange – homeless health care
- HIV Programs

Children's Services

- Early Start
- Universal Pre-school, School Districts
- Regional Centers
- Programs integrating therapeutic child care & developmental services
- Proposition 10
- Proposition 63 – children's mental health?
- EPSTD

Life Skills

- Home visiting programs
- Literacy, GED Programs
- Recovery Mentors
- Faith-based Efforts
- Case Management – by who for what
– are they trusted
- Foster care – Independent Living Programs


Employment

- Micro-businesses. Portals, Village.
- Strength-based approaches need to value all work, livable wages.
- Specialized programs for felons.
- PRINCE CHARMING IS NOT COMING
- Long-term solutions
- PICs, one-stop shops. San Mateo
- Earned Income Tax Credit.

Community-Based Strategies

- PRINCIPLE- COMMUNITY ASSET DEVELOPMENT “build with”.
- Service Enriched Housing
- Family Resource Centers
- Neighbor-to-Neighbor approaches
- Faith Community Involvement
- Community Recovery Model
- Agencies role modeling success

Importance of Strong Agencies

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- Battered agencies?
 - Dumping on non-profits.
 - Burden for funding and how to meet the complex needs of clients rests with those who are most.
 - Still must learn the language and access the funds and services
 - Communicate using outcomes, evidence-based practices.
 - Efforts to reduce the silos and collaboration.