Creating & Navigating Pathways for Sustaining Comprehensive Women’s Recovery Services

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Objectives

- Recognize the role of community partnerships in successful case management;
- Identify effective strategies for active implementation of trauma-informed services;
- Discuss best practices for establishing a consumer advisory structure in their programs;
- Build understanding of ROSC’s impact on emerging CD workforce.
Workshop Format

- Overview of Women’s Recovery Services grant initiative at DHS.
- Review of Lessons Learned
- Panel discussion and response to key components of the initiative
- Summary and wrap-up
The traditional models of SUD treatment

- Addiction is a chronic illness
- Addiction is a brain disease
- Co-occurring disorders are an expectation
- The most powerful curative factor is the relationship - but
- Our care system is not set up this way
  - Structurally
  - Financially
  - Pragmatically
  - Philosophically (?)
But, what about women?

We know that women . . .

- Have higher levels of pain, loss, and trauma, especially early childhood and intimate trauma
- Higher levels of anxiety and depressive disorders
- More social restrictions on behavior and choices, and a strong sense of lack of power
Women experience . . .

- Domestic violence and danger from family members if they seek help
- Higher levels of involvement in the sex industry
- The tendency to turn to drugs or alcohol after a serious loss
- Greater negative impact of drugs and alcohol on their bodies
Women experience . . .

- Complex physical health care issues can raise women’s vulnerability to drug and alcohol use.
- Enormous impact of drug and alcohol use on women’s health care needs.
- Caregiving responsibilities make it difficult for women to seek or stay in treatment or recovery.
- Challenges for children whose mothers are addicted.
Challenges of the traditional service model:

- Women place a high value on relationships, a value not always respected in traditional service models
- Sexual harassment and exploitation in treatment and recovery support settings
- Re-traumatization through harsh, confrontational, treatment practices
- Most recovery groups created around the needs of men
System challenges highlight and are impacted by:

- **High basic needs** - Lack of childcare/transportation/health insurance/finances; drug-abusing partner; support

- **Age** - Mid-life / older women are the largest consumers of prescription benzos, pain meds, antidepressants

- **Shame and stigma** - are still more prevalent for female addicts/alcoholics

- **Depression**: Suicide rates are higher for female substance abusers than the general population (4x)
Overview: WRS Grant Initiative

- 5-year grant: July 2011 – June 2016
- Goal was to improve women’s treatment support and recovery
- Grantees provided comprehensive, gender-specific services to pregnant or parenting women with substance use disorders
- Ten (10) grantees statewide (5 metro, 5 greater MN)
- Comprehensive cross-site evaluation and Return On Investment (ROI) study
Program eligibility

- Currently in treatment
- Completed treatment in the past 6 months
- Planning to enter treatment within 3 months
- Pregnant and using
Services and supports provided

- Treatment and recovery
- Basic needs and daily living
- Mental and physical health
- Parenting
About the women served

2,955 clients
6,051 children

• 47% mom, dad, both parents
• 29% other family or friends
• 16% in non-kinship setting
Key outcomes

- Compared to entry, at exit clients (N=2,079) were:
  - Less likely to be using substances (26% vs. 61%)
  - More likely to be in AA/NA (81% vs. 48%)

- However, over time

- Used substances in past 30 days (N=137)
- In AA/NA (N=145)
Sobriety at follow-up

- At 12-month follow-up, 41% of women said that their children most motivated them to stay sober.
- The factors that made it most difficult to stay sober were:
  - The influence of people who are using (16%)
  - Lack of money/employment (13%)
  - Stress (12%)
“Taking care of my kids...providing them with a stable home. Not being like my mom. I want to be there for them when they need me. My mother left me in foster care...and that really sucked, so I want them to feel that they are loved and wanted by me. They are the most important thing for me in this world.”

“My children...just being able to interact with them. Seeing how happy they are when I am sober.”

“My children, my health...because [my children] look up to mommy to be there. Everything don’t work if you are using. I feel much better and look much better when I am clean.”
### Predictors of positive outcomes

#### Housing
- Supportive to recovery at closing
- Supportive to family stability
- Supportive to long-term sobriety (at 6 months and 12 months)

#### Service Intensity
- Length of program participation (90 days or more)
- Total staff contact hours
- Total in-person hours with staff

#### Recovery support
- Participation in AA/NA at closing
- *Program staff & recovery coach
Stressors to success

- Physical health
- Mental health
- Involvement in Child Protection system
- Lack of employment
Lessons Learned

- The intensity of services (dosage) makes a difference
- Access (at closing) to stable housing that is supportive to client recovery and other critical supports like mental health services and AA/NA are important factors in long-term sobriety and family stability
- There is a need for continued focus on sobriety after case closing (e.g., aftercare services)
- Relationships are important
Continuous Improvement: Incorporating A Recovery Oriented Systems of Care (ROSC)

- Evidence-based and care must also be **person-centered care**.
- Comprehensive models are gender-responsive, and **treat the whole family**, not just the woman.
- Trauma-informed approaches protect safety and **avoid causing more trauma**.
- Strength-based approaches **focus on choice, empowerment, and recovery capital**.
Consumer participation must be active and authentic.

Trauma-informed care begins with a conducive service environment.

Build understanding of ROSC's impact on emerging CD workforce.

Successful case management requires cross-sector community partnerships.
Case Management and Community Partnerships effective at all levels

Provider level:
LADC & Recovery coach

Local/community:
Multi-sector coalition

State agency collaboration
Trauma-informed Systems Change

- National Council trauma-informed care initiative’s *Operation Plan*:
  - Board/leadership buy-in
  - Workforce training
  - Practice changes and guidelines
  - Care environment
  - Community awareness
Consumer participation must be active and authentic

- Assess agency readiness and establish administrative processes that facilitate consumer communication and input

- Actively recruit using a variety of vehicles

- Assertively address barriers to ensure representative and consistent involvement
Participant Panel Discussion
Moving Forward

- Women’s Recovery Services: the next 3 years
- Minnesota’s SUD system reform
- A plan for DHS Community Supports Administration workforce
Thank You!

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