WISCONSIN WOMEN'S HEALTH AND RECOVERY PROJECT
WHARP

Planning Phase Final Report
September 28, 2020

EXECUTIVE SUMARY

The misuse of drugs including alcohol, tobacco, illegal drugs, and prescription medications negatively affect the health and well-being of millions of Americans. Estimates of lifetime prevalence of substance use disorders remains above 10%. Annually in Wisconsin we experience over 2,000 deaths, 5,000 traffic accidents, 93,000 arrests and an economic burden of $6.8 billion caused by substance misuse. While an estimated 456,000 people need addiction treatment in Wisconsin, only 23% receive treatment.

Critical and significant differences between women and men in the biopsychosocial aspects of substance use, substance use disorders (SUD), and their impact on health and treatment outcomes have been well established. Clear differences in initiation of drug use, experience when taking drugs, metabolism, and addiction rates have a strong evidence base. Further, women are more likely to be negatively impacted by drugs in their physical health, social interactions, and personal lives. Finally, women face many more barriers to recovery than men.

A theoretical framework based in relational, cultural, and trauma theories has been shown to be the strongest base from which to provide needed recovery services. While Wisconsin has a robust history of providing a full continuum of services for women with SUDs including prevention, early intervention, treatment, and recovery support services, increased demands on these systems have shed light on service gaps that can leave women vulnerable.

In early 2019 funding from the Wisconsin Department of Health Services brought together a diverse group of stakeholders from Waukesha County, Wisconsin and surrounding areas to develop a county-level collaborative model for behavioral health, physical medicine, and social services to address the needs of women at risk of or with a substance use disorder, their children and their families. The model includes all women regardless of sex assigned at birth.

The ***Wisconsin Women's Health and Recovery Project (WHARP)*** is based on the Hub and Spoke Model with a county-level agency managing coordinated intake into the system and providing care coordination and peer support from service referral through treatment and recovery services covering all levels of care. Additional planning has been provided for seamless transitions between and among all services. The Relational-Cultural Model's theoretical underpinnings will provide the foundation with a significant focus on training and fidelity monitoring within the Hub and all Spoke referrals. The mode includes 96 components identified by the planning team that will be addressed through the system of care.

With the WHARP planning phase complete it is now ready for intensive implementation planning. By acting on the goals and objectives to enable the model and develop a financial matrix to overlay on all planned services, sustainability of the project is assured.

HISTORY
Planning Phase I: 2019

On February 13, 2019 a diverse group of stakeholders from Waukesha County, Wisconsin and surrounding areas came together to design a comprehensive, county-lead collaborative model for behavioral health, physical medicine, and social services to address the complex needs of women at risk for a substance use disorder (SUD) and women with an SUD diagnosis. Planning was funded by the Wisconsin Department of Health Services (WI DHS).

Wisconsin has a robust history of providing a full continuum of services for women with SUDs including prevention, early intervention, treatment, and recovery support services. Increased demands on these systems, however, have shed light on service gaps that can leave women vulnerable.

Waukesha County Health and Human Services was chosen to develop this model due to its unique combination of both a rural and urban landscape. The flexibility a program would require to serve women in both types of geographical areas makes this model adaptable to any county in Wisconsin.

Following a facilitated brainstorming session at the first planning meeting, key concepts deemed necessary for inclusion in any SUD model for women were grouped into six themes: *Education and Prevention, Access and Continuity, Treatment, Women's Health, Child and Family Services,* and *Recovery Support Services.* Strategic teams were then formed by participant self-selection to embark on the planning process. Each team was provided a blank Strategic Team Work Plan template with suggested activities in five stages to assist in their planning process. An environmental scan was conducted to provide targeted information to the teams to inform their planning meetings. Subject matter experts were engaged to expand the scope of knowledge to support the planning team. A summary report from subject matter expert guidance is included in the Appendix.

The work plans of the strategic teams were then melded into the draft service model presented to WI DHS in a preliminary report in September 2019. The model was designed to be fluid and allow change based on identified needs, resources, and practice.

Planning Phase II: 2020

During Phase II, a contract was extended to a content expert to join the administrative team to review the report and make recommendations. The administrative team then worked to refine the model. Several activities dominated Phase II planning:

- Programs in the United States that serve women with substance use disorders were contacted to learn how key services were carried out to meet the needs of women and their families,
- State-level *Women's Services Coordinators* were surveyed and meetings were conducted to obtain information on services in their state and receive their feedback on the WHARP model,
- Feedback from WI DHS was reviewed and discussed in the context of relevant state and federal statutes,
- Through these actions and consultant feedback, the Flow Chart was revised for clarity and the goals and objectives were revised to reflect and incorporate common cross-theme activities.

Planning efforts were impacted due to the COVID-19 pandemic that saw many programs suspend services, furlough employees, or shift toward telehealth in an accelerated manner. In this environment the administrative team conducted virtual interviews and heard many innovative ways to carry out SUD services in both rural and urban settings—even in the unprecedented health climate.

Following the completion of the activities described above, the original WHARP small-group teams were reassembled virtually to review the revised Flow Chart and Goals and Objectives. Their suggestions were incorporated and recommendations were created to inform the implementation planning phase of the project. Upon further modifications the larger planning team was reassembled to review the final report. Information collected during Phase II planning activities is included in the Appendix.

Waukesha County would like to acknowledge the following individuals for their time and efforts to complete this project:

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ACRONYMS

CDC: Centers for Disease Control and Prevention. The nation's health protection agency. www.cdc.gov

CFR: Code of Federal Regulations. This represents the codification of the general and permanent rules published in the Federal Register by the departments and agencies of the Federal Government. https://www.govinfo.gov/app/collection/cfr/

CLAS: Culturally and Linguistically Appropriate Services. The National CLAS Standards are a set of 15 action steps intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. https://www.thinkculturalhealth.hhs.gov/clas

FASD: A group of conditions that can occur in a person whose mother drank alcohol during pregnancy. Effects can include physical, behavioral, and learning problems. https://www.cdc.gov/ncbddd/fasd/facts.html

HIV/AIDS: Human Immunodeficiency Virus. HIV weakens a person's immune system by destroying important cells that fight disease and infection. Although no effective cure exists for HIV, with proper medical care, HIV can be controlled. https://www.cdc.gov/hiv/basics/index.html AIDS: Acquired Immunodeficiency Syndrome. If HIV is not treated, it can lead to AIDS.

MAT: Medication-Assisted Treatment. MAT is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders. https://www.samhsa.gov/medication-assisted-treatment

NAS: Neonatal Abstinence Syndrome is a group of conditions that can occur when newborns withdraw from certain substances, including opioids, they were exposed to before birth. https://www.cdc.gov/pregnancy/opioids/basics.html

NOWS: Neonatal Opioid Withdrawal Syndrome is withdrawal caused by opioids during the first 28 days of life. https://www.cdc.gov/pregnancy/opioids/basics.html

PNCC: Prenatal Care Coordination. PNCC services help a recipient and, when appropriate, the recipient's family gain access to medical, social, educational, and other services related to the recipient's pregnancy. PNCC was added as a Wisconsin Medicaid benefit as authorized by Act 39, the 1991-93 state budget, as amended by Act 269 Laws of 1991. https://www.forwardhealth.wi.gov/kw/pdf/pncc.pdf

RCT: Relational-Cultural Theory. RCT stresses the essential role of the counseling relationship and relational tools in treatment (Frey, 2013).

SAMHSA: Substance Abuse and Mental Health Services Administration. SAMHSA is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. https://www.samhsa.gov/about-us SAMHSA block grants fund many treatment services in Wisconsin.

SAPT: Substance Abuse Treatment and Prevention. https://nasadad.org/

SUD: Substance Use Disorders. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) of the American Psychiatric Association recognizes substance-related disorders resulting from the use of 10 separate classes of drugs: alcohol; caffeine; cannabis; hallucinogens (phencyclidine or similarly acting arylcyclohexylamines, and other hallucinogens, such as LSD); inhalants; opioids; sedatives, hypnotics, or anxiolytics; stimulants (including amphetamine-type substances, cocaine, and other stimulants); tobacco; and other or unknown substances. https://www.verywellmind.com/dsm-5-criteria-for-substance-use-disorders-21926

WI DHS: Wisconsin Department of Health Services. WI DHS is committed to protecting and promoting the health and safety of the people of Wisconsin, making sure everyone can live their best life. https://www.dhs.wisconsin.gov/aboutdhs/index.htm

WIC: Women, Infants and Children Program. WIC is a special supplemental nutrition program for women, infants, and children to promote and maintain the health and well-being of nutritionally at-risk pregnant, breastfeeding, and postpartum women, infants, and children. https://www.dhs.wisconsin.gov/wic/index.htm

US DHHS: United States Department of Health and Human Services. US DHHS enhances the health and well-being of all Americans by providing effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services. www.hhs.gov

DEFINITIONS

Behavioral Health: The spectrum encompassing mental health and substance use disorders occurring either independently or simultaneously (B. Jeffers, personal communication, June 20, 2020).

Care Coordination Team: A team that will deliberately organize client care activities between the client and all related services and service providers involved in a client's care to facilitate the appropriate delivery services. Organizing care involves the positioning of personnel and other resources needed to carry out all required client care activities and can be managed by the exchange of information among participants responsible for different aspects of care. Adapted from https://www.ahrq.gov/ncepcr/care/coordination/atlas/chapter2.html In the WHARP model this team will include at a minimum the client, a care coordinator and peer support.

Complex Needs: A combination of physical, intellectual, behavioral or wellbeing needs spanning a range of complexity that can challenge the various systems employed on an individual's behalf. Adapted from https://sk.sagepub.com/books/key-concepts-in-learning-disabilities/n16.xml. For the purposes of the WHARP project, a woman is understood to have complex needs if she is receiving services in more than one system.

Comprehensive Health Care: An approach that cares for the whole patient using services of many disciplines collaborating to address all needs of the individual, not solely the medical and/or physical needs. Adapted from https://www.cancer.org/treatment/children-and-cancer/when-your-child-has-cancer/during-treatment/navigating-health-care-system.html.

Cultural Competence: Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. Quoted from https://www.asha.org/Practice/ethics/Cultural-and-Linguistic-Competence/. Retrieved 7/19/2020. In the context of the proposed service model, culture includes (but is not limited to), race/ethnicity, geographic characteristics, spirituality, gender identification, sexual orientation, health status, age, work status, family definition, language/communication.

Family-Based Services: At a minimum, family-based services acknowledge the influence and importance of family, provide for family involvement, and address family issues in individual treatment plans. The most comprehensive model of family-based services is the family-centered treatment model. Family-Centered Treatment, provides services for women who use substances, their children, and the children's fathers or other family members. All members of the family have individualized case plans and share an integrated family plan. Male partners with substance use disorders access their own treatment services (possibly in a different location or in a program

different from that of mothers); family counseling, employment, and reentry services are among the services that may be provided. In addition, children, often with behavioral or emotional problems of their own, receive individualized services (Werner, Young, Dennis & Amatetti, 2007).

Family Planning: According to the World Health Organization (WHO), family planning is defined as "the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility" (working definition used by the WHO Department of Reproductive Health and Research [WHO, 2008]) Quoted from https://www.ncbi.nlm.nih.gov/books/NBK215219/ Retrieved 7/19/2020

Mental Health: Mental health is an important part of overall health and well-being. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Quoted from https://www.cdc.gov/mentalhealth/ Retrieved 7/19/2020

Peer Recovery Coach: A Peer Recovery Coach is someone with lived experience, from Mental Health, Substance Abuse, or has an affected family member. A Peer Recovery Coach has been trained in and provides support, mentorship, advocacy, resources, recovery wellness planning, trauma informed, multiple pathways to recovery, education, and a person-centered approach. Trained peer specialist and recovery coaches have expertise that professional training cannot replicate. Their lived experience is the foundation of their effectiveness, offering a bridge of understanding and hope to someone seeking or in need of help. Quoted from https://www.wishope.org/recovery-coaching/ Retrieved 7/19/2020

Peer Specialist (Certified): A Certified Peer Specialist is a person who has their own lived experience of mental health and/or substance use challenges and has completed formal training and certification in the peer specialist model of mental health and substance use-oriented peer support. They use their unique set of lived experiences and recovery in combination with comprehensive skills-training, including continuing education, to support people living with mental health and/or substance use challenges. Certified Peer Specialists actively center peer support and associated principles in their work, while operating under a clearly defined role and collaborate in a complementary fashion as part of an agency's team support structure. Quoted from https://www.wicps.org/certified-peer-specialist/ Retrieved 7/19/2020

Recovery: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.
SAMHSA Working Definition: https://store.samhsa.gov/system/files/pep12-recdef.pdf

Reproductive Health: Reproductive health refers to the condition of male and female reproductive systems during all life states. Quoted from https://www.niehs.nih.gov/health/topics/conditions/repro-health/index.cfm Retrieved 7/19/2020.

Relational-Cultural Theory (RCT): A model of human growth in the field of psychology. Incorporating gender and culture, this model views healthy psychological human growth as a process that occurs within the context of relational connections to others. This is in opposition to psychological growth theories that proposed that healthy growth occurs through separation and individuation. This has implications for service provider-client approach, including acceptance of client perspectives, being strength-based, having an egalitarian relationship, valuing diversity, empowerment, etc. (Fletcher & Ragins, 2007).

Woman: Any individual who identifies as a woman regardless of sex assigned at birth.

BACKGROUND

SUBSTANCE USE

The misuse of drugs including alcohol, tobacco, illegal drugs, and prescription medications affect the health and well-being of millions of Americans (https://www.samhsa.gov/find-help/atod). Estimates of lifetime prevalence of substance use disorders remains above 10% (Regner et al., 2015). Whether legal or illegal, the effects are devastating to families.

Annually in Wisconsin there are over 2,000 deaths, 5,000 traffic accidents, 93,000 arrests and an economic burden of $6.8 billion caused by substance misuse (WI DHS Division of Care and Treatment Services, 2018). Substance misuse is the fourth leading cause of death and is only preceded by heart disease, cancer, and stroke. While an estimated 456,000 people need addiction treatment in Wisconsin, only 23% receive treatment (WI DHS Division of Care and Treatment Services).

Wisconsin has historically exceeded national averages for drug use and misuse. Recent data indicated alcohol use and binge drinking remained above the national average and was the primary drug used among individuals receiving county-authorized treatment (WI DHS Division of Care and Treatment Services, 2018). Those whose primary drug was an opioid represented 17% of those receiving treatment, and those receiving treatment primarily for marijuana or cocaine represented 15% and 4% respectively.

Although alcohol use continues to exceed the national average and impact the health and safety of Wisconsin residents, drinking rates have remained relatively stable while opioid hospitalizations and deaths have seen a dramatic increase between 2014 and 2019 (WI DHS, 2020a).

In addition to Wisconsin's alarming rates and consequences of drug use and misuse, COVID-19 placed the state at additional risk due to the link between stress and increased use in a climate where many treatment programs dramatically altered services and some suspended services. The Wisconsin Department of Health Services (WI DHS) reported evidence that during the COVID-19 pandemic drug use has increased. Initial figures showed suspected opioid overdose Emergency Department (ED) visits increased by 41% since the start of the pandemic in Wisconsin compared to the same time period in 2019 (https://www.dhs.wisconsin.gov/news/releases/083120.htm Accessed 09/10/2020). Further, Wisconsin was reported to have a 21.38% increase positive fentanyl rates between pre- and COVID-19 time periods (Millennium Health, 2020).

Opioid Use

Opioids are a class of drugs that include prescription medications for pain management (i.e., morphine, codeine, methadone, oxycodone, hydrocodone, fentanyl, etc.) and illicit drugs like heroin and fentanyl analogs. While naturally found in the opium poppy plant, prescriptions can also be made in a lab. These substances increase relaxation, create a "high" and are very addictive (NIDA, 2020; SAMHSA, 2018).

Beginning in the early 2000s Wisconsin experienced a dramatic increase in opioid prescribing, opioid misuse, and related negative health consequences. In the past year 1 in 6 Wisconsin adults were prescribed and used an opioid (WI DHS, 2020a). Between 2005 and 2015 opioid-related deaths in Wisconsin doubled (WI DHS Division of Care and Treatment Services, 2016). Wisconsin's rate of drug and opioid overdose deaths per 100,000 people remains greater than the national average (Rudd, Seth, David & Scholl, 2016). In Wisconsin, opioid deaths of women rose between 2015 and 2017 by 56% (Henry J. Kaiser Family Foundation, 2018). While a 10% decrease in opioid-related deaths was seen between 2017 and 2018, in 2019 the rate increased again by 9% (WI DHS, 2020a).

Prescription opioid misuse has also been on the rise. Specifically, from 1999-2015 deaths in women from prescription overdoses increased 471 percent—twice as fast as deaths in men. Dr. Thomas Price, US Health and Human Services Secretary, named the opioid epidemic as a top departmental priority in April 2017 (US DHSS, 2017).

Early recognition in trends of opioid-related adverse events led Wisconsin legislators to enact several state laws and the Wisconsin Department of Health Services implemented multiple programs aimed at reducing opioid misuse and death. The Heroin, Opioid, Prevention and Education agenda (HOPE Agenda) is a legislative effort in Wisconsin that is aggressively addressing the opioid epidemic. Over 80 responses, programs, activities, and initiatives have been recorded since 2014 (WI DHS, 2020b).

Check out the efforts of the HOPE Agenda:
https://legis.wisconsin.gov/assembly/hope/

Stimulant Use

Stimulants are a group of drugs both legal and illegal that increase activity in the body. Typically, stimulants are prescribed to treat attention-deficit hyperactivity disorder (ADHD), obesity, narcolepsy, depression, and cognitive impairment (NIDA, 2018; Tseregounis, 2020). People who abuse stimulants generally feel intensified energy levels and improved focus. (https://americanaddictioncenters.org/stimulant-drugs). Typically prescribed stimulants include dextroamphetamine, methylphenidate, and dextroamphetamine/amphetamine (NIDA). Illegal stimulants include cocaine and methamphetamine.

The number of people in the United States reporting first-time stimulant use has significantly increased since 2015 and the number of cocaine and other stimulant-related deaths has increased dramatically over the past years (SAMHSA 2019a). Further, the Substance Abuse and Mental Health Services Administration (SAMHSA) reported an increase in polydrug use may partially explain the increase in stimulant-related deaths.

Women have been shown to have higher rates of stimulant dependence, more severe forms of addiction, and lower rates of treatment compared to men (Riley et al., 2015). Riley et al. also cite

significant research highlighting the link between stimulant use with Caucasian women, younger in age, living in poverty, and experiencing risky sexual activities and co-morbid psychiatric disorders. This trend may continue as prescribing rates have continued to be higher for women than for men (Tseregounis et al., 2020).

Women demonstrate an accelerated course of stimulant use compared to men—typically beginning earlier, using more, and having more difficulty quitting (Becker, Perry & Westenbrook, 2012; Lynch, 2006). In addition to a faster trajectory to substance use disorders and negative health impacts, dramatic differences can be seen in the brain. Women with stimulant dependence were found to have significantly less gray matter volume than women without stimulant dependence while no difference was found between men with stimulant dependence and men with no use. The particular structures affected are those involved in reward, learning, executive functioning, and emotional processing (Regner et al., 2015). These findings suggest additional diligence in screening for stimulant use and screening for cognitive challenges. Deficits in any of the brain functions listed above can have a significant impact on treatment outcome unless additional services are included to support brain function.

In Wisconsin, cocaine was the 4th most common substance reported in county services usage in 2019 (WI DHS 2020c). Methamphetamine use has also increased in recent years. Its popularity is based on a less expensive cost and longer euphoric effect than other illegal stimulants (https://www.dhs.wisconsin.gov/meth/index.htm).

In addition to the physical effects associated with the increase in methamphetamine use in Wisconsin, the costs associated with remediating production sites when found create a considerable burden to the local economy. Effective cleanup of former meth labs involves a significant amount of time and resources from law enforcement, Child Protective Services, HazMat teams, and Public Health (WI DHS Department of Public Health, 2018).

Alcohol Use

When asked about "heavy" alcohol use in the past month (defined for women as 4 or more drinks within a couple hours on 5 or more days in a month), 5 million women aged 21 and older reported consumption at this level (SAMHSA, 2019a). Among women who report drinking at all, 13% drink more than 7 drinks per week, defined as risky drinking (Breslow, Castle, Chen & Graubard, 2017; CDC, 2015). Binge drinking is also increasing in older women (Guy & Peters, 2013).

From a health perspective, women who drink at risky levels increase their risk of liver disease, brain disease, cancer, heart disease, and osteoporosis (Breslow et al., 2017). In addition, depression and other behavioral health challenges increase, along with a host of social, safety, and legal issues including domestic violence, impaired driving, change in employment status, and risk of sexual assault.

Alcohol use by women in Wisconsin remains above the national average with 18.9% of women ages 18-44 reporting binge drinking in the past month (Wisconsin DHS, 2020a). Further, when new mothers were asked about their alcohol consumption in the last three months of pregnancy (a period of significant fetal brain development), 8% reported consumption. The Wisconsin Pregnancy Risk Assessment Monitoring System (PRAMS) for 2016-2017 indicated 69.70% of post-partum women in Wisconsin reported any alcohol use during the last three months of pregnancy, and 4.34% reported excessive alcohol use during the same time frame (WI DHS, 2019). The total cost of excessive alcohol consumption in Wisconsin was estimated at $3.9 billion with an average cost per resident at $666 (Linnan, Paltzer & Skalitzky 2019).

GENDER DIFFERENCES

Critical and significant differences between women and men in the biopsychosocial aspects of substance use, substance use disorders (SUD) and their impact on health and treatment outcomes have been well established (CDC, 2015; SAMHSA, 2009). Women progress from use to substance use disorder more quickly than men due to many factors including physiology and genetics (Becker et al., 2012). Clear differences in initiation of drug use, experience when taking drugs, metabolism, and addiction rates are well documented. Initiation of injection heroin use in young women happens more often through intimate partners than is seen with men (Mayock, Cronly & Clatts, 2015). Trauma (physical or witnessed) is another potent predictor of drug initiation for women (Werner et al., 2016). This data suggests the need for refined screening methods to determine trauma history, a clear understanding of where women are in their substance use progression, insight into relationship dynamics to foster empowerment, and the inclusion of early intervention and educational services in any system of care.

Women are more likely to be negatively impacted by drugs in their physical health, social interactions, and personal lives (Niccols et al., 2012; Regner et al., 2015). When compared to men, women are more likely to come from a family with at least one member that is also addicted to drugs and be in a relationship with a drug abuser, experience environmental stress and attribute their drinking to trauma and stress (Tuchman, 2010). Women in substance use disorder treatment report more severe challenges than men in several areas including employment, social/family relationships, medical, and psychological well-being (McHugh, Votaw, Sugarman & Greenfield, 2018). They experience higher rates of depression, physical and sexual abuse (Du, Huang, Zhao & Hser, 2013).

Unfortunately, women face many barriers to recovery including pregnancy, fear of losing custody of children, lack of affordable childcare, transportation, finances, and lack of support from family and friends (Tuchman, 2010). There is sufficient clinical and research evidence to support programming that addresses the above barriers and engages women, thereby increasing the likelihood they will seek and remain in treatment (Paino, Aletraris & Roman, 2016). Each of these services have been included in the developing WHARP model.

Substance Use and Pregnancy

Substance use during pregnancy increases risk for both mother and fetus. While accurate substance use rates during pregnancy are difficult to ascertain, rates have been reported nationally to be approximately 4.4% for illicit drugs, 10.8% for alcohol and 16.3% for cigarette use (Behnke & Smith, 2013). The number of women with an opioid use disorder during delivery quadrupled between 1999 and 2014 (NIDA, 2020). In Wisconsin, one suburban-based obstetric practice reported 13% of their pregnant patients tested positive on urine drug screens (Schauberger, Newbury, Colburn & Al-Hamadani, 2014) and 11% of pregnant women were reported to have had a substance use disorder (WI DHS Division of Care and Treatment Services, 2018).

The risk of stillbirth is 2-3 times higher for pregnant women who smoke tobacco or marijuana, take prescription pain medication, or use illegal drugs. Even second-has cigarette smoke has been shown to double the rate of stillbirth. While much research has focused on opioids and the risk for neonatal abstinence syndrome (NAS), evidence shows the use of alcohol, barbiturates, benzodiazepines, and caffeine can result in infant withdrawal symptoms as well (NIDA, 2020).

Nicotine use is also a risk factor for low birth weight and intrauterine growth restriction but no lasting growth effects are seen after 24 months. Marijuana can produce up to 5 times the amount of carbon monoxide as cigarettes but appears to not cross the placenta as readily as other drugs. (Behnke & Smith 2013).

The effects of cocaine use on pregnancy are not completely known as many women who use cocaine also use other drugs including alcohol, do not readily seek prenatal care, and have other risk factors. Babies may have lower birth weight, be smaller, and show symptoms of hyperactivity, tremors, high-pitched dry and excessive sucking at birth and may be due to withdrawal (NIDA, 2018).

For additional information on the effects of substance use during pregnancy, click here: https://www.drugabuse.gov/publications/drugfacts/substance-use-in-women

Alcohol is a well-documented teratogen that can cause significant neurobehavioral effects in a fetus resulting in fetal alcohol spectrum disorders (FASD) (Manriquez et al., 2019). Approximately 10% or women reported alcohol consumption during the past month with 50% reporting use in the first trimester (Chiodo et al., 2019).

Substance use during pregnancy places women in the crossroads of the health care and criminal justice systems. Not only is their personal health and the health of their baby at risk, stigma and risk for prosecution pose significant barriers to treatment (Stone, 2015). Some states extend child abuse reporting laws to fetuses, and child welfare cases involving prenatal drug exposures have resulted in loss of parental rights (Biondi, Frank & Springer, 2020). In Wisconsin, pregnant women have priority status for substance use recovery services and the WHARP model will expand outreach services to increase engagement and retention.

Mothers and Children

Mothers with substance use disorders face complex issues as they navigate addiction and the parenting relationship (Kaltenbach, 2013). Substance use affects multiple generations with particular effects seen in the early mother-child dyad (Rutherford & Mayes, 2017).

The notion of cortical reorganization that has been shown in postpartum women to enable parenting behavior is not as evident in women who use substances—in fact mothers that misuse substances show less gray matter in the frontal and cortical areas of the brain during the postpartum period (Rutherford, Gerig, Couttard, Potenza & Mayes, 2015). These brain differences alone can impact a mother's ability to interact with her child in ways that create attachment and support emotional and behavioral development. Integrated substance use disorder treatment services (including on-site parenting services and services for children) whether residential or outpatient have been shown to reduce parenting risks (Niccols et al. 2012).

To learn more about the effects of substance use on the maternal parenting brain, click here: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5560070/pdf/nihms853504.pdf

United States data from 2009-2014 estimated an average of 8.7 million children under the age of 18 lived with at least one parent with a substance use disorder—this reflects 1 in 8 children (Lipari & Van Horn, 2017). In 2018, 20% of out-of-home placement for children in Wisconsin listed either "caretaker drug abuse" or "caretaker alcohol abuse" as a removal reason (WI DCF, 2019). From 2011 to 2016, the U.S. counties with higher rates of drug overdose deaths and drug-related hospitalization also had higher rates of child maltreatment reports, substantiated child maltreatment reports, and foster care entries. Higher rates of substance use are correlated with more complex and severe cases of child maltreatment (Ghertner, Baldwin, Crouse, Radel & Waters, 2018).

Lesbian, Gay, Bisexual or Transgender

People who are lesbian, gay, bisexual, or transgender (LGBT) experience SUDs at a higher rate that those who are not LGBT (Silvestre, Beatty & Friedman, 2013). While most initial research on sexual minorities involved men with the large number of studies on HIV (Silvestre et al.) in 1993 SAMHSA called for more rigorous studies on substance use in the LGBT community (Hardesty, Cao, Shin, Andrews & Marsh, 2012). Hardesty et al. found sexual minorities and non-sexual minorities saw similar benefits to substance use disorder treatment while sexual minorities used more services in each category.

In addition, persons who are transgender are at increased risk for substance use issues compared to nontransgender individuals (Glynn & van den Berg, 2017). Research has indicated experienced discrimination from transphobia or gender abuse is associated with increased substance use (Nuttbrock et al., 2014). Glynn & van den Berg recommended specialized approaches in substance use treatment for transgender individuals including the use of gender minority theoretical frameworks, a community based participatory intervention design, interventions that address comorbidities, and the use of transgender peers to deliver services.

Trauma

Trauma is an underlying variable in substance use. It is well documented that trauma and adverse childhood experiences are associated with substance use disorders (Goodman, 2017; Levinson, 2016). Trauma plays a substantial role—whether recognized or not—in the physical and behavioral health of women. Post-traumatic stress disorder (PTSD) is one type of disorder resulting from trauma (Covington, 2008).

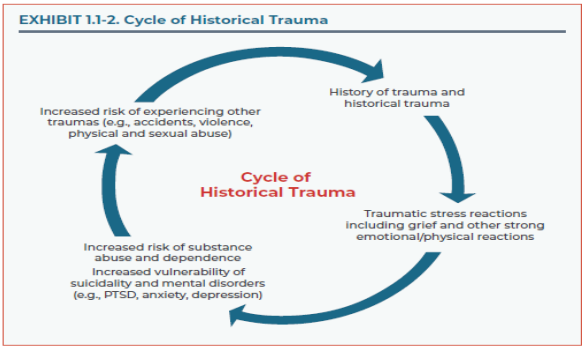
Women who experienced childhood trauma are more likely to have used illegal drugs in the past year than men with similar trauma (Widom, Marmorstein & White, 2006). These authors conducted a unique long-term prospective study following women and men with childhood trauma and compared a matched group that did not experience childhood trauma. While a lifetime report of substance use showed no significant differences between groups when younger, an increased risk was seen in middle adulthood. Higher levels of maltreatment in childhood have been reported to correspond with less successful substance use disorder treatment outcomes (Moustafa et al., 2018). Adding to the complexity, females are more likely to develop PTSD in response to any trauma for neurobiological reasons (Bangasser et al., 2010).

SAMHSA's Treatment Improvement Protocol (TIP) 57, Trauma-Informed Care in Behavioral Health Services addresses the sociocultural perspective of trauma, awareness, impact, screening & assessment, and trauma-specific services. The manual not only support recovery, but also serves to strengthen the treatment workforce.

To view TIP 57, click here:
https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816

Trauma is not solely a consideration of experienced maltreatment, physical, or emotional abuse. Historical trauma (and related transgenerational, intergenerational, cross-generational trauma, soul wounds and Post-Traumatic Slavery Syndrome) encapsulate shared experiences by specific cultural groups of people across multiple generations (Mohatt, Thompson, Thai & Tebes, 2014). There are currently many terms for historical trauma in the literature, and Mohatt et al. define three primary and common elements: a wounding "trauma;" the trauma is shared collectively rather than individually; and the trauma spans many generations resulting in the current generation experiencing trauma-related symptoms without experiencing the past traumatic events.

SAMHSA's Treatment Improvement Protocol #61 highlights the cycle of historical trauma (SAMHSA, 2019b)



To read SAMHSA's TIP 61, Behavioral Health Services for American Indians and Alaska Natives follow this link: https://store.samhsa.gov/product/TIP-61-Behavioral-Health-Services-For-American-Indians-and-Alaska-Natives/SMA18-5070

Research has described the relationship between historical trauma and increased health risks (including substance misuse) and lack of family cohesion (Weichelt, Gryczynski, Johnson & Caldwell, 2012). Weichelt and colleagues specifically found an association in American Indians between historic loss (measured with two historical trauma scales) and alcohol and illicit drug use. Notably, the authors urban sample showed a larger effect than previous research with American Indians living on a reservation.

Minority women from groups that have been shown to experience historical trauma were seen as 50% less likely than white women to access mental health services and those in substance use treatment reported unmet needs for mental health compared to White women or Mixed-race women (Salameh, Hall, Crawford, Staten & Hall, 2019).

Research supports the effectiveness of adding trauma-informed care practices as well as symptom-focused trauma treatment to the standard treatment of substance use disorders (Goodman, 2017; Litt, 2013; SAMHSA, 2019). It is critical for all practitioners providing services for women in their recovery journey to understand trauma theory and trauma assessment, recognize how trauma impacts women's behaviors and thought processes, and provide trauma-informed services to minimize triggers, support coping, and facilitate the client's management of trauma symptoms (Covington, 2008).

THEORETICAL FRAMEWORK

It is vital a shared theoretical approach is implemented and embraced by all organizations and staff involved in providing services to women with substance use disorders. An evidence-based approach that recognizes the behaviors, thinking, attitudes and language of women with substance use disorders is important to avoid misinterpretations. These misinterpretations can sabotage access, engagement, and acquisition of services.

Additionally, violating gender role expectations, female drug users face more stigmatization than male drug users. This is especially true for women that abuse drugs while pregnant. (Stengel, 2014; Stone, 2015). This stigma and its associated biases can have an impact on how health care workers, substance use treatment providers and other providers of services disorders interact with clients who are female and have substance use disorders. Having an evidence-based theoretical approach gives organizations and staff who provide services to this population a defined way to best interact with women with substance use disorders that improves retention and outcomes.

Stephanie Covington (2008) described a Women's Integrated Treatment (WIT) model structured around three theories: the relational-cultural theory, the addiction theory, and the trauma theory. The context and the environment of all the organizations that provide services to women is just as important as the content offered throughout the process. This is critical as only 44% of substance use disorder treatment centers have women-specific programs (SAMHSA, 2016).

The Relational-Cultural Theory (RCT) posits people seek connection and meaningful relationships with others throughout their lives and that these connections serve to heal (Haskins & Appling, 2017; Jordan, 2017; Kress, Haiyasoso, Zoldan, Headly & Trepal, 2018). Based on a feminist therapeutic approach, other concepts of RCT are: mutual empathy vs. separation; relationship differentiation and expansion characterize growth; mutual empathy and empowerment are the foundation of growth-fostering relationships; authenticity is critical for true engagement; and finally, relational competence is improved over the life span (Haskens & Appling). The WHARP model includes training on the RCT for all members of the Cross System Provider Network.

People generally believe the subjective quality of the relationship with health care providers and other professionals are remembered more than the technical information related to the care they receive. This is especially true for women with substance use disorders who have felt dismissed, demeaned, and misunderstood when seeking help in the past (Browning, 2003; Konrad, 2008; Morton & Konrad, 2009). When the relational-cultural theory is applied to the interactions between the health care or service provider and the woman, a collaborative relationship develops. There is a focus on the development of a trustworthy, empathic, mutual relationship rather than an authoritarian "do as I say" approach. The client's choices and control are respected while maintaining a strong focus on her strengths and skills-building. The respect experienced and control the woman maintains within the relationship increases her ability to trust and her sense of competence.

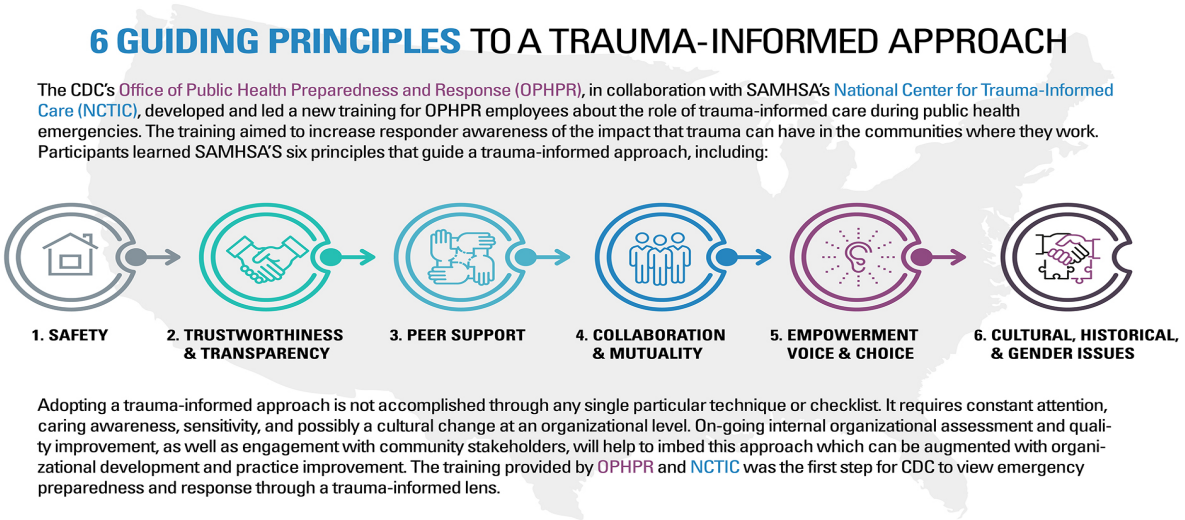
There is a significant research base supporting the use of RCT in women's health that shows enhanced relationships reduce psychological distress and improve healing from trauma (Kress et al., 2018). It has been shown to be effective with diverse populations and allows counselors to address relationships and help clients of color address racial trauma (Haskins & Appling, 2017). Importantly, the evidence-base of neuroscience has also supported most principles of RCT over the past 30 years (Jordan, 2017).

The WHARP model presented below has the Relational-Cultural Theory as its foundation. All services will be developed within this framework to provide the strongest evidence-based approach for women with complex needs.

SAMHSA, a leader in substance use disorder treatment programming, addressed the development of competencies to support a theoretical framework for women's services. They offer guidance on the evidence-based knowledge to be integrated into staff education, credentialing, continued professional development training, and common policies and service delivery for all members of a service delivery system (SAMHSA, 2011). SAMHSA's guide, *Addressing the Needs of Women and Girls: Developing Core Competencies for Mental Health and Substance Abuse Service Professionals* provides a competency framework, guidance statements, and knowledge and skill competencies.

To review SAMHSA's Guide on developing core competencies for mental health and substance abuse service professionals click here: https://attcppwtools.org/ResourceMaterials/SMA11-4657.pdf

To develop a county-lead collaborative model for behavioral health, physical medicine, and social services to address the complex needs of women at risk of and women with a substance use disorder, all federal and state guidelines must be included. With an understanding of the contextual and physiological differences between men and women with substance use disorders, all services within a treatment continuum must be conducted in a trauma-informed environment. The State of Wisconsin has adopted the following principles of Trauma Informed Care from the Centers for Disease Control and Prevention (CDC): Safety, Transparency and Trustworthiness, Choice, Collaboration and Mutuality, Empowerment (CDC, 2018).



To assist in setting up a framework from which to provide and monitor substance use disorder recovery services, providers can draw on evidence-based publications available from a variety of trusted sources. The following is not an exhaustive list, but rather those sources whose recommendations have been adopted by many Wisconsin providers that serve women. SAMHSA endorsed twelve ***Core Principles*** that set the minimum standard for gender responsivity in substance use disorder treatment. These practices are supported in SAMHSA's Treatment Improvement Protocol (TIP) 51 (SAMHSA 2009) and pay attention to socioeconomic issues, relationships and their impact on women including gender roles and expectations, cultural competence, health, and adopting trauma-informed services in a strength-based model.

In addition to the Core Principles and Treatment Standards, state and federal funders have specific regulations for treatment of pregnant women, women with dependent children, and persons who inject drugs. The ***Code of Federal Regulations*** (CFR) 45CFR 96.120-137, Wisconsin Chapter 51.42 (4m), 51.46 and the Substance Abuse Prevention and Treatment (SAPT) Block Grant regulations all have specific requirements that must be built into all care provision. Regulations cover treatment priority status, publicity required to inform the public about service availability, continuing education available for service providers, and the protection of patient records.

Culturally and Linguistically Appropriate Services (CLAS) Standards provide action steps to advance health equity and eliminate disparities. The enhanced Standards are a series of guidelines that inform, guide, and facilitate practices related to culturally and linguistically appropriate health services. They establish a blueprint for health and health care organizations.

LEGISLATIVE REGULATIONS, CORE VALUES AND CLAS STANDARDS

SAMHSA's Core Principles can be viewed on pp. 4-6 of TIP 51
https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4426.pdf

To review the Code of Federal Regulations as they relate to substance use disorder treatment, check out:
https://www.govinfo.gov/content/pkg/CFR-2019-title45-vol1/xml/CFR-2019-title45-vol1-part96.xml

To review the complete CLAS Standards, click here:
https://thinkculturealhealth.hhs.gov/assets/pdfs/Enhanced/NationalCLASSStandards.pdf

Wisconsin's evolution of gender-responsive treatment services for women and their families spans decades and impacts all areas of the state. The Wisconsin Department of Health Services crafted ***Treatment Standards*** for women's programs with the understanding the strongest motivation for women seeking treatment is challenges in their relationships. These relationships include children, significant others, families, friends, colleagues, and their community. The standards were built from the theoretical framework that relationships, and the link between a woman's self-esteem and her ability to nurture relationships, are necessary to improve outcomes. To accept State funding for women-specific treatment, a program must include these treatment standards.

To review Wisconsin's Treatment Standards and Core Values for Women, click here: http://publicnotices.wi.gov/NoticeView.asp?lnid=1534538

Core Values for Wisconsin's women-specific substance use disorder treatment programs are also in place and all state-funded programs are held to these high standards. These mandate that programs: are family-centered, engage the women and her family, build on natural and community supports, are strength-based, provide unconditional care, actively collaborate across systems, involve a team approach across agencies, ensure safety, provide gender/age/culturally responsive treatment, adopt a self-sufficiency core value, provide education and a vocation and work focus, believe in growth learning and recovery, and are outcome oriented.

Each of the values, guidelines, statutory requirements, and standards mentioned above will be integrated into the theoretical framework of the WHARP project during implementation.

PREPARING FOR IMPLEMENTATION

Even with all evidence and guidelines, lasting changes in recovery models are not easy and rarely happen in artificially short timeframes. In fact, Bertram, Blase & Fixsen (2015) acknowledge, "In the midst of change, it is wise to begin with what remains stable." They identify components necessary for novel interventions (pp. 477-478):

1. Model definition
2. Theory bases supporting those elements
3. The practice model's theory of change
4. Target population characteristics
5. Alternative models

These components should be addressed during program planning. "To effectively implement a purposefully selected practice model with fidelity, a service organization must adjust its infrastructure beginning in the installation stage of program implementation" (Bertram et al., 2015, p. 478). The authors conclude infrastructure change is dependent on a change from "technical leadership" to "adaptive leadership" in the initial stages of implementation. An acknowledgement and support of change (both planned and evolved) must be communicated to all contributing partners, service providers, and consumers.

PLANNING PHASE OUTCOMES

The service model described below is the result of a two-phase planning process of the *Wisconsin Women's Health and Recovery Project (WHARP).* Specific activities to accomplish each goal and objective and incorporate all critical themes and components will be further addressed in the implementation phase of the project.

Given the sex- and gender-based differences in the impact of substance use between men and women, approaches to recovery programming must be responsive. They must be sensitive to how women view themselves in relation to others; how trauma has affected their bodies, mental health coping skills and relationships; and how substance use has affected their physical and cognitive capacity to complete service components.

Programmatic Themes and Components

Individual components of an integrated, comprehensive system to provide culturally responsive substance use disorder treatment for women with complex needs were identified via group process during Phase I and categorized into the following six thematic concepts: Education and Prevention, Access and Continuity, Treatment, Women's Health, Child and Family Services, and Recovery Support Services. These are presented in Table 1. In addition, eight components were identified that spanned the entire system. Each programmatic goal includes these components as standards of care within their objectives: peer support services, legal assistance and advocacy, care coordination, transportation, follow-up care, childcare, and remote access to services. Existing challenges to these eight cross-cutting components are presented in Table 2 along with recommendations for remediation proposed in the WHARP model.

Table 1 **Women's Health and Recovery Project (WHARP)**

Phase I Identified Components for a comprehensive model service system for women with substance use disorders & their children & family

Education & Prevention	Access	Treatment	Women's Health	Child & Family Services	Recovery Support Services
1. Outreach 2. Youth prevention 3. Addressing stigma 4. Healthy social connections healthy Behaviors "girlfriends" 5. School systems 6. Criminal justice education 7. Parenting skills & support 8. Personal development (communication skills/ relational skills) 9. Trauma informed providers 10. Education of healthcare providers (bias's) 11. Domestic Violence prevention/ protection 12. Identifying triggers 13. Human trafficking	14. Outreach, screening & assessment 15. Cross-county services/ referrals 16. Advocacy/ best practices champions 17. Policy change *CPS *Foster *Transportation 18. Central navigator 19. Criminal justice system 20. Knowledge deficit of services 21. Resource development *Identification *Allocation *Legislation 22. County jail policy change 23. Health insurance 24. Benefit specialist	25. Crisis services 26. Crisis intervention 27. Trauma responsive 28. Behavioral health treatment & recovery support for individuals & families 29. Behavioral health treatment & recovery support for family 30. Family treatment services 31. Apt. style residential services (entire family) (women/ children) 32. Family based residential or women & child IOP 33. Mental health services (for whole Family) 34. Detox services in controlled environment 35. Medication assisted treatment (MAT) 36. MAT Continuity 37. Relapse care 38. Grief support 39. Child therapy 40. County jail policy 41. Health insurance 42. Identifying triggers 43. Human trafficking	44. Medical home access & insurance 45. PNCC Care 46. Education *What is addiction *Prep. For delivery *Prep. For NAS/NOW impact on baby/ family *Prep for FASDs 47. Comprehensive reproductive health 48. Nutrition assistance 49. Lactation support 50. Comprehensive health care and education 51. Domestic Violence support 52. WIC 53. Developmental/ intellectual disabilities 54. Perinatal Care *Mother-child bonding	55. Birth-3/ early intervention 56. Home visiting services 57. Child development services 58. Child protective services foster care (Whole Family) 59. Family court 60. Health infant court 61. Coordinated educational access for children 62. Pre-school/ elementary education 63. Medical home 64. Dental services 65. Parenting education 66. Fathers/partner services 67. NAS/NOW 68. Child/family therapy 69. WIC	70. Support groups 71. Food & clothing 72. Basic needs (personal feminine hygiene) 73. Education addiction Pre-Post-baby 74. Coordination with CPS, jail, drug court 75. Self-care & well-being (exercise, etc.) 76. Pets 77. Social activities *individual *family centered 78. Affordable safe housing before/ after treatment 79. Internet connection & technology 80. Vocational training 81. Financial planning 82. Budgeting 83. Financial assistance 84. Employment/ education 85. Employment assistance 86. Family support 87. Healthy relationship skills 88. Spiritual/ faith Support 89. Childcare 90. Child therapy 91. Household Mgmt Asst

Peer Support Services[92]~Legal Assistance & Advocacy[93]~Care Coordination[94]~Transportation[95]~Follow-up Care[96]~Remote Access to Services[97]~ Family-Centered[98]~Childcare[99]

Table 2: Existing challenges and recommendations for cross-cutting themes.

Cross Cutting Themes	Barriers	WHARP Feature
Peer Support Services	Limited access to trained peer support in rural areas of Wisconsin Lack of trained peers in matched demographics including LGBTQ	Telehealth Mobile Units Comprehensive training
Legal Assistance & Advocacy	Lack of coordinated communication between court system and treatment system	Cross System Provider Network
Care Coordination/Navigation	Lack of comprehensive coordinated care encompassing multiple agencies/systems of care	Care Coordination System
Transportation	Limited transportation access in rural areas Prohibiting rules for transportation of children at certain ages Trauma responses in some women based on driver of arranged transportation	Mobile Units Peer Support
Follow-up Care	Limited access to follow-up services in many parts of the state	Mobile Units Telehealth
Remote Access to Services	Limited access to in-person services in rural areas Limited options for treatment services via remote services (changing in COVID-19 era)	Mobile Units Telehealth
Family-Centered	Diverse definitions of family-centered Limited access to comprehensive family services in all areas of the state	Comprehensive training Cross System Provider Network Inclusion of family-based services
Childcare	Prohibiting rules for transportation of children based on age Lack of available childcare in all service venues	Peer Support Discretionary funding

Figure 1 below shows a diagrammatic representation of the proposed county-level service model. The interrelationship of the components is a key factor for implementation.

Figure 1: Proposed Services Conceptualization

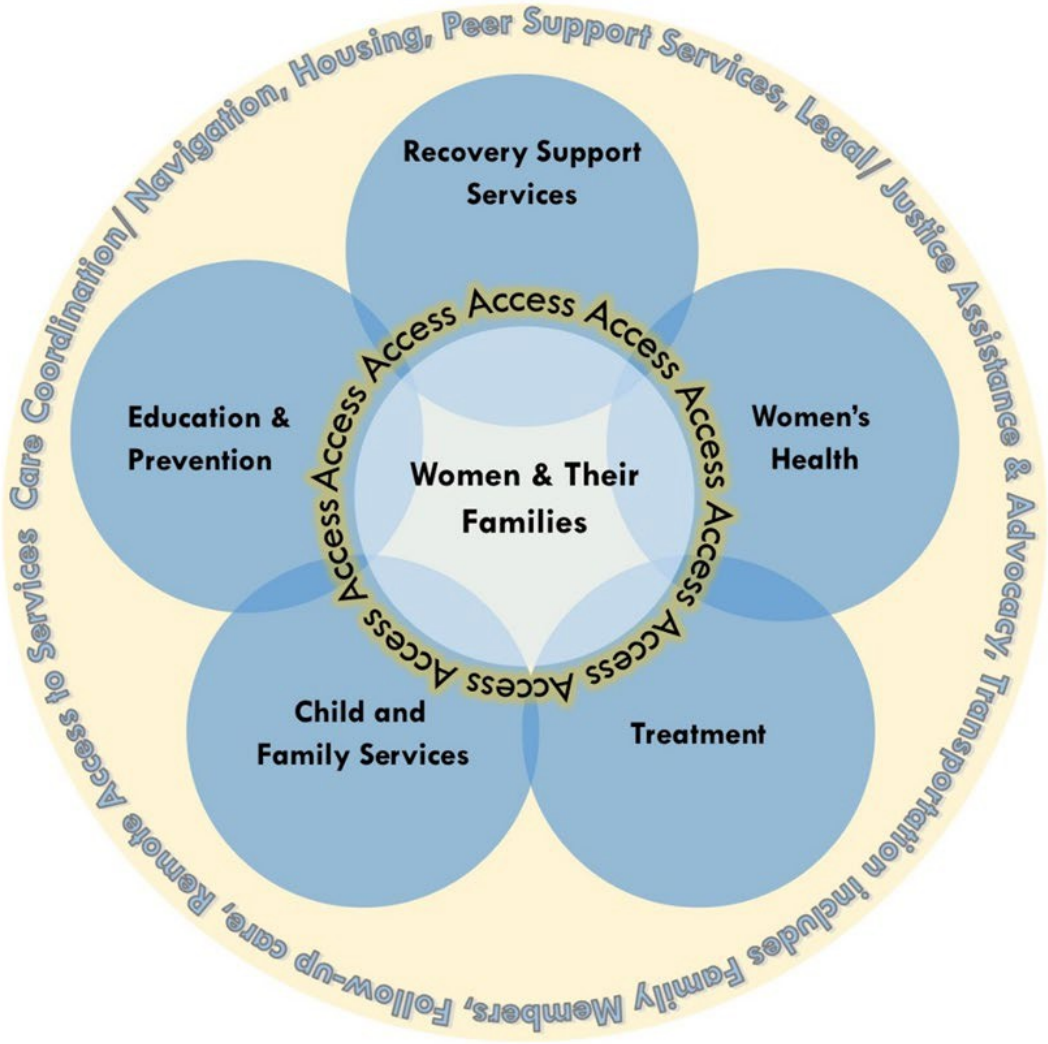
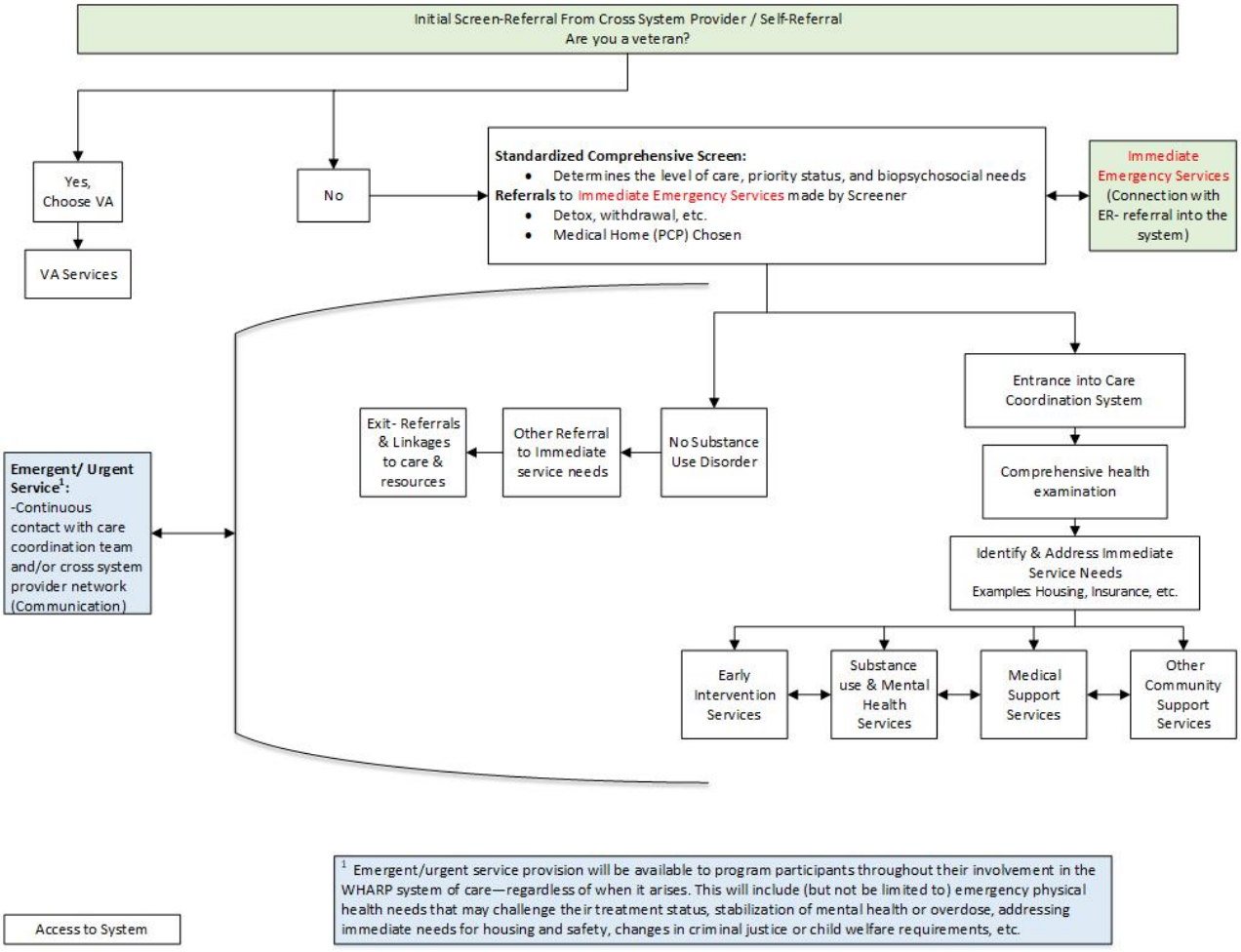


Figure 2 below provides a proposed flow chart for the county-level treatment system. At intake/initial assessment, a care coordinator and peer support will be assigned to facilitate and support the process at all levels. The model is designed to be adaptable to meet the needs of women in any county. Further revisions and refinements will continue through the implementation process.

Figure 2: Proposed Flow Chart



[1] Emergent/urgent service provision will be available to program participants throughout their involvement in the WHARP system of care—regardless of when it arises. This will include (but not be limited to) emergency physical health needs that may challenge their treatment status, stabilization of mental health or overdose, addressing immediate needs for housing and safety, changes in criminal justice or child welfare requirements, etc.

GOALS AND OBJECTIVES

Overarching Goal:
Design an adaptable, county-lead collaborative model for behavioral health, physical medicine, and social services to address the target population of women at risk of and women with a substance use disorder, their children, and their families. The model incudes all women, regardless of sex assigned at birth.

Goal A:
Construct a model for centralized county-level access to address the complex needs of the target population.

Objective A1:
Create a barrier-free centralized access protocol for the target population.

Objective A2:
Identify clinically appropriate tools to screen women at any service within the Cross System Provider Network to identify the potential for a substance use services for referral to the centralized county access point.

Objective A3:
Develop an assessment mechanism in partnership with medical facilities to assure all women receive an initial, and subsequently annual comprehensive health and psychosocial screening including medication status, domestic violence, anxiety, depression, substance use, and medical/dental conditions (HIV, Hepatitis B/C, STI, etc.) and matched with an appropriate health home chosen by the woman if she does not have one.

Objective A4:
Develop a clinically appropriate screening and assessment protocol and tools to determine substance use, risk for overdose or withdrawal, and level of care for substance use disorder treatment with immediate access to the Care Coordination System.

Goal B:
Develop, train, and evaluate a Cross System Provider Network to include all services needed to address substance use disorders and supportive services to meet the complex needs of the target population.

Objective B1:
Identify needed services and systems to create a diverse Cross System Provider Network and develop an engagement strategy that describes the benefits of the network for the target population and the outcome benefits for each provider.

Objective B2:
Develop an educational and skills-building training menu with evaluation and fidelity checklists for the Cross System Provider Network tailored to each of the agency's roles.

Activity 1:
Develop training modules for all members of the Cross System Provider Network that include implicit bias training, an understanding of the relationship between trauma and substance use disorders in women, and what it means to be family-based and trauma-informed.

Activity 2:
Develop training modules about women and substance use and how to work with women at risk of or with substance use disorders for all members of the Cross System Provider Network that includes the Relational-Cultural Theory, the impact of trauma, the etiology of and the substance use experience of women, its impact on children, and family, reducing stigma, understanding stigma's consequences for women, the use of Naloxone and being culturally responsive.

Activity 3:
Develop training modules specific to the task of the agency within the Cross System Provider Network including the impact of maternal substance use on mother-child dyad, understanding of domestic violence for prevention and intervention, human trafficking, trauma-informed parenting, and understanding and client's rights within the context of each discipline.

Activity 4:
Develop protocols for service provision in rural areas for the target population including Mobile Units for access to Medication Assisted Treatment, timely assessment (via partner treatment agencies, crisis service, telehealth or referral resource systems if necessary) and interim services (per State regulations possibly through a regional coordination clearinghouse).

Objective B3:
Develop an outreach program to raise awareness and reduce stigma in the general public, and populations of higher need and greater disparity through mass media messaging, education, community programs and contact strategies.

Objective B4:
Develop a comprehensive, searchable database of available services to meet basic needs to support stability and enhanced recovery support.

Objective B5:
Develop a model that assures transportation availability and a means of access to all services including daily activities in the Cross System Provider Network for the target population.

Objective B6:
Develop a WHARP Extension for Community Healthcare Outcomes (ECHO) to support the Cross System Provider Network by providing regular meetings, relevant didactic training, and ongoing support to network members in collectively addressing challenging situations.

Goal C:

Develop a model for a Care Coordination System that is family-based, trauma informed and provides direction and support to the target population while maintaining responsibility for the integration of services and communication among a CrossSystem Provider Network.

Objective C1:
Develop protocols for the communication processes, linguistic access, and development of positive working relationships among each member of a Cross-System Provider Network to facilitate a seamless coordinated structure to meet the needs of the target population.

Objective C2:
Identify instruments and develop protocols to assess the immediate basic needs of the target population, develop a plan of care, and educate and assist them to meet those needs with the help from a Cross System Provider Network.

Objective C3:
Identify instruments and develop protocols to assess complex needs for the target population, develop a plan of care, provide education, advocacy, and assistance to meet those needs with the help from a Cross System Provider Network.

Objective C4:
Develop the job functions of all members of the care coordination team to include scope of practice, educational requirements, core competencies and clinician supervisory requirements. The care coordination system should include peer support and care coordinators.

Objective C5:
Develop a mechanism for substance use treatment programs, Child Welfare, Family Courts, W-2 and Criminal Justice to assure a working relationship that is family-based and coordinated that identifies the needs of the target population and meets the requirements and mandates of these systems, assures the coordination of resources and avoids duplication of services.

Objective C6:
Develop and communicate a seamless handoff strategy between MAT providers with the strong emphasis and encouragement in communication and collaboration among the providers.

Goal D:
Assure the Cross System Provider Network has gender-responsive treatment options available and effective programming and services to meet the needs of the target population at every level of care.

Objective D1:
Develop a mechanism assuring clients with children have childcare available while receiving services, and options in residential treatment to keep mothers and children together and improve the mother-child dyad.

Objective D2:
Develop system-wide policies to assure availability of Medication Assisted Treatment (MAT) in all settings and across systems (e.g., jails, community, ER's, medical clinics, and providers) at all levels of care.

Objective D3:
Develop mechanisms to coordinate integrated family-based treatment services seamlessly with Child Welfare, Family Courts, W-2, and Criminal Justice.

Objective D4:
Develop protocols and provide staff and systems training in emergency preparedness to assure women in the system have continuity of care.

Objective D5:
Provide clients of childbearing age unrestricted access to comprehensive contraception/family planning and education resources (incl. substance use during pregnancy and birth outcomes), including annual screening for plans for pregnancy.

Goal E:
Create an evaluation and sustainability plan to support all services and resources for the target population.

Objective E1:
Develop a comprehensive process, outcome, and fidelity evaluation plan to support the WHARP model and all activities.

Objective E2:
Develop a systems level funding model to assure sustainability for continuous access to care and resources.

Objective E3:
Identify options to develop resources to bridge women with limited income to living wage/supportive employment.

Goal F:
Develop a plan and responsible entity to provide oversight of the WHARP system of care.

Objective F1: Develop an oversight plan to assess the overall functioning of the WHARP model. Oversight will include determining programs are person-centered, strength-based, racially-equitable, gender and gender-identity sensitive, family-based, trauma-informed, trauma responsive, providing appropriate quality services, analyzing outcomes and making appropriate changes within the county system as well as legal, policy, advocacy and education.

Objective F2:
Identify people with the appropriate expertise to create a *Women's Service Network* to provide oversight, engage in quality assurance discussions, make ongoing quality improvements both internally, and through advocacy and policy change to improve the system of care.

Objective F3:
Develop a mechanism within the *Women's Services Network* to direct policy change to eliminate discriminatory practices within the Cross System Provider Network

PARALLEL GOAL AND OBJECTIVES FOR CHILDREN

Goal G:
Develop a model for a Care Coordination System that is family-based, trauma-informed, and trauma-specific treatment to address the needs of the children whose mothers are receiving WHARP services including mechanisms for the integration of services and communication among a Cross System Provider Network.

Objective G1:
Create a comprehensive assessment to determine all services needed for children, and specify the systems and providers to be included in a Cross System Provider Network for children needed to address the impact on the mother-child dyad, and educate all participants in an inclusive manner that addresses the diverse multicultural populations of providers and the children and their families.

Objective G2:
Develop protocols for the communication processes, linguistic access and development of a positive working relationships among each member of a Cross System Provider Network to facilitate a seamless coordinated structure to help meet the needs of children whose mothers are receiving WHARP services.

Objective G3:
Develop a mechanism to provide coordinated early intervention, home visiting, public health, and childcare to support families that emphasizes strong social and emotional attachment in children.

Objective G4:
Develop a collaboration mechanism with school based mental health/crisis workers to ensure success in the school system through graduation.

Objective G5:
Develop a coordinated model for the health home initiative to address the physical and psychological effects of trauma with service provisions that is both multi-generational and specific to young children.

RECOMMENDATIONS FOR IMPLEMENTATION PLANNING

The following recommendations are put forth to assist implementation planning.

Focus Area	Strategies
Planning Team	Engage future members of the Cross System Provider Network to participate in planning. Assure those in attendance have the authority to create change within their organization/system. Include Transportation and Housing agencies, and Criminal Justice. A "team of champions" from each site will buffer the model from staff turnover.
Brief Screen	Work with Cross System Provider Network members who have expertise in screening women to define a common brief screen, combination of screens, or set of criteria from which to make a referral into the WHARP system.
Medical Home/Health Home	To assure continual access to health care services, define process to identify a Medical Home/Health Home for women who do not currently have access.
Comprehensive Screen	Work with Cross System Provider Network to choose/create a comprehensive screen for entry into the WHARP system that includes physical health, behavioral health, diagnostic/placement criteria, etc.
CFR/Policy Checklist	Work with WI DHS to create a checklist at entry into system to reviews all requirements for prioritized individuals (i.e., pregnant women, injecting drug users, etc.) to assure compliance federal- and state-level regulations, and policies, and educate client on her rights and available choices.
Peer Support	Engage certified peer specialist/peer recovery coach training entities and agencies utilizing various models of peer support in their services to identify and define optimum services for the WHARP model. Consider "peer" in multiple contexts.
Training	Develop a menu of training opportunities to include cross system training in the Relational-Cultural Theory as the theoretical foundation.
Care Coordination	Define team and communication mechanism between care coordinator and all members of the Cross System Provider Network.
Children's Services	Screening for client that includes questions about children from her perspective. Consider ACEs tool, add tool for children's voices.

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WISCONSIN WOMEN'S HEALTH AND RECOVERY PROJECT
WHARP

APPENDIX

DATA COLLECTION SUMMARY REPORTS

PHASE I
DATA SUMMARY REPORT

January 2019 – June 2019

WISCONSIN WOMEN'S HEALTH AND RECOVERY PROJECT
WHARP

SUBJECT MATTER EXPERT INTERVIEW SUMMARY

Subject Matter Expert Interview Results

In February 2019, a Qualtrics™ web-based survey was emailed to a broad base of treatment and human services subject matter experts at the local, county and state level in Wisconsin. The web-based interviews consisted of 13 questions designed to gather feedback about "complex issues" experienced by women in substance use disorder treatment programs.

Of the 57 recorded responses, 54 were completed with 3 "in progress."

Respondents represented 33 agencies including treatment centers, public health, state and county agencies, private clinics, counseling centers, social services agencies, Tribal clinics and professional organizations.

Of those experts reporting, the average number of years served in treatment settings was 17 years.

Positions represented included administrators/directors/managers, psychologists, counselors and therapists, evaluators, physicians and care coordinators.

When asked to define the term, "complex issues," 28 individual responses were recorded. Responses fit into four major themes reported below. The overarching theme of "complex issues" was characterized as involving layered, constantly changing client characteristics that require a multi-disciplinary, interprofessional treatment framework.

MENTAL HEALTH:
Trauma (childhood, recent, complex), mental health symptoms and diagnoses, domestic violence, self-esteem, sexual abuse, overwhelmed with all expectations, adverse childhood events

PHYSICAL HEALTH:
Pregnancy complications, little knowledge about effect of substances on pregnancy, reproductive health, multi-organ dysfunction/failure, physical illness, hide substance abuse during voluntary adoption planning for babies, avoidance of prenatal care (multiple factors including county/state involvement for other children), women's biology and neurology shaped by genetics and environmental factors, traumatic changes can affect quality of life and the complex formation of a disease

SOCIAL/ENVIRONMENTAL CONCERNS:
Less education than male counterparts, few resources, lack of housing, safety, less employable, complicated by patriarchal misogynistic paradigms, prostitution, co-dependence, coercion, trafficking, human rights violations, stress-based identities (e.g., racial and ethnic minorities, LGBTQ+), basic needs, effects of substance abuse, factors that contribute to substance use, incarceration, Lack of financial resources, access to services, uninsured

FAMILY CONCERNS:
Involvement with child welfare, domestic violence, more likely to be caring for children, inadequate child care, relational issues, co-dependence, multiple roles of clients

When asked to think specifically about complex issues experienced by their own program participants, more specific and detailed responses were given within the same broad themes. Responses in this section overlap significantly with those characteristics identified above. Therefore, only novel responses are included below.

MENTAL HEALTH:
Lack of self-efficacy, feels defeated, unclear how to fit into today's life, limited number of treatment centers

PHYSICAL HEALTH:
Impact of substance abuse on the female body, nutritional concerns, poor physical health, diabetes, hypertension, blood dyscrasias, liver disease, unplanned pregnancy, eating disorders, sexual dysfunction, no prenatal care, physician lack of experience regarding withdrawal, overuse of ER services

SOCIAL/ENVIRONMENTAL CONERNS:
Inability to develop healthy, mutual relationships, gaining skills to utilize technology, changing old behaviors, substance affecting ability to gain and retain employment, fragmented services, stigma (across systems), not informing providers about history, criminal history, physical appearance, varying interpretations of reporting laws, language barriers, poor interpersonal skills, lack of support systems

FAMILY CONCERNS:
Family of origin, education on parenting, neonatal abstinence syndrome, safety in home, child abuse and neglect, lack of treatment of family members, adoption, abortion, incest, rape, children with special needs

Finally, to facilitate an understanding of the most frequent issues experienced by program participants, experts were asked to name the five most frequent challenges. The issues surrounding families with children (including single parenting, lack of parenting skills, and children with special needs) was listed most often in the "Top 5" count, even above Trauma, Mental Health, and Substance Abuse. In an attempt to encapsulate the "Top 5" themes, the final ranking was as follows:

1. Families with Children (Including single parenting, children with special needs, lack parenting skills and education, inability to discipline, involvement with CPS)
2. Trauma (Including current and past, sexual and physical abuse)
3. Mental Health (Including co-occurring diagnoses)
4. Finances (Including food insecurity, lack of funding for treatment, poverty)
5. The following 3 broad categories tied to round out the "Top 5"
    a. Employment (lack of jobs, job skills, job retention)
    b. Support for Recovery
    c. Housing (including sober living facilities, safe housing, housing for children)

If “substance abuse” is included by definition, the following remaining characteristics were identified in “Top 5” accounting from highest to lowest:

- Medical issues
- Transportation (lack of)
- Lack of health care
- Stigma
- Lack of integrated care
- Lack of self-efficacy/ability to live independently
- Unhealthy partners/relationships
- Safe space
- No legal protection
- Lack of cultural responsivity
- Lack of education
- Insufficient time for recovery
- Grief
- Sex trafficking
- Unmet basic needs
- Gender responsive

When asked how well the respondent’s agency meets the complex needs of women (on a scale of 0 to 10 with 0 meaning, “Not at All” and 10 meaning “Completely”) the responses ranged from 3 to 9 with the average being 6.68 (N=28 responses).

When asked how satisfied they were with access to staff training opportunities to improve skills to serve women with complex issues (on a scale of 0 to 10 with 0 meaning “Not at all Satisfied” and 10 meaning “Completely Satisfied”, responses again ranged from 3 to 9 with the average being 6.14 (N=29 responses).

Providers were then asked to name one program component of their agency they are most proud of. Thirty responses were recorded. Many described theoretical approaches that revolved around a multi-systems/inter-disciplinary/wraparound approach including addressing the psychology of women, utilizing the relational model and trauma-informed care, recognition of co-occurring disorders and flexibility to meet women where they are at. In addition, several specific programs were identified:

- Celebrating Families
- Ability to intervene with children 0-3
- Child therapy
- Gender-specific groups
- Entire program developed to help children and parents involved with CPS
- AWHONN and ACOG standards
- Comprehensive Community Services (a wraparound care program)
- Ability to provide comprehensive medical and dental care to low-income women
- Proactive approaches with patients to establish a trusting relationship for infant care
- MAT4 Moms
- Focus on a healthy pregnancy
- UJIMA (culturally-specific for African-American families)

- Telemedicine
- "Mothers of Tradition" (focused on self-identity and awareness to be a Native-American woman)
- Behavioral Health Program
- Medical Assisted Treatment
- Multiple programs funded through WAPC

Respondents were asked to articulate one success story. These responses are included in their entirety so as not to unintentionally truncate important aspects of the recovery story. Identifying information was omitted and spelling was corrected via spell check.

As with all women served, a relational approach was implemented for [client name omitted] along with several services to help her meet her needs and the needs of her children. This included tremendous sensitivity to her need for physical and emotional safely as well as providing her with the maximum amount of control over her treatment plan and her treatment experiences. Services included: individual and group therapy and AODA education, trauma treatment, mental health treatment, nurturing program, trauma-informed parenting classes, medical and dental care for her and her children, employment readiness sessions, transportation, screening, evaluation and treatment of her children, mother-child therapy, attendance at one child's IEP, peer-to-peer activities, integration of her child welfare, probation and TANF plans, help with access to community resources for housing, transportation and clothing and vocational training.
Client continued addressing her issues by meeting with therapist and attending self-help groups. Client obtaining full time employment at one of our programs.
A female patient that presented for co-occurring IOP was able to maintain sobriety, utilize services through Hebron house and obtain employment with St. Vincent De Paul. This patient is now connected to transitional housing and continuing in treatment for ongoing mental health therapy.
Our agency provides excellent case management and collaborates with all providers women work with. The clinical team and social services and probation worked together to help plan a safe discharge. We also worked with the foster care parents on a time that worked for them to come here so the woman could bond with her newborn baby. The woman has been sober over a year. She regained custody of her oldest child but chose to let the foster parents adopt her baby as she did not feel she could take care of both.
Through referrals to community partners, providing supportive services, and facilitating connections to local employers.
Use of the Wrap Around Team was very influential in making sure that providers and natural supports were available to the client whenever they needed services, support and encouragement.
Assisted the woman in getting off a plethora of medications (which were prescribed over the years while she was either actively using drugs/alcohol or when she was in detox), worked with social workers to reunite her with her children, secured ongoing services for her to continue to deal with sexual abuse and recovery, assisted her in finding both a job and safe and secure housing.

The interventions provided to a mom currently enrolled in the program had the following impact: Three children came to the attention of the Waukesha County CPS Unit due to exposure to domestic violence and neglect. Following findings of substantiation of child abuse and neglect, all three children were removed from mom's care and placed in foster homes. Mom was allowed to see the children one time per week for 90 minutes during supervised visitation. Mom was engaged and faithfully saw her children each week, however, visits were very stressful for mom and the children and ending in crying and tantrums. Mom agreed to participate in our program services. Staff met with her, discussed her concerns about her children and the decision was made to have staff support her during the supervised visitation. Upon observation, the staff member noted that the children were clingy with mom, had questions about where mommy lived, and were fearful for her safety. Mom would answer the questions with promises, dates, and assure the kids they would be home soon. When it was time to end the visit, the children repeated those promises and did not want to leave their mother. Intervention provided mom with support to reflect on her own feelings about having to say good bye, what it might feel like for the children, and what it means to be able to provide the children with a secure base for attachment. Mom and the children needed to have their feelings named and validated.
Managing Postpartum hemorrhage.
NA - right now we are in the midst of piloting and evaluating a comprehensive care model. No success stories yet...
patient with alcoholic cirrhosis and hepatitis c able to support abstinence program treat medical issues, aid patient in obtaining insurance and referring to appropriate specialty care
We meet with women during the 3rd trimester who are identified as high risk. We talk about expectations in the hospital regarding length of stay, what medications may be used, and plans of care. They also meet with the Neonatal Nurse Practitioner and get a tour of the NICU. This collaboration makes them feel supported and has led to decreased lengths of stay in our NICU.
We have many success stories, but often not directly related to substance abuse. We've had some women who take methadone who tell us that upfront so we can prepare for a baby that will go through withdrawal. Some moms do report prenatal drug use, but it is very difficult to get them to seek treatment. The most common scenario is that she doesn't report what she's using and we learn it at birth from baby's drug screen. Sometimes they are willing to seek treatment after the birth with referrals we give them, but we need to improve those outcomes. They often just stop having contact with me.
We had a 30-year-old female and her 2-year-old daughter that was court ordered to successfully complete our Specialized Women's Services residential program (women with children). 7 months in Tx she went to court and was sentenced for 2 years in state prison due to 3 counts of child endangerment and drug possession (Meth). The mother and child were with us for almost 1 year before she was locked up. The mother new and we knew that her rights would be terminated. We set up a transition plan in which the mother could help choses the family that would adopt her child. Once a family was identified we made a transition plan for the now 3-year-old. This plan would make the transition from mom to the new family not as hard. The transition when well with the child. Mom is out of prison and 1.5 years clean and gave birth to a baby boy 6 months ago. She is very involved with NA. The highly structured SWS program that had 5 phases that the clients had to go through and the transition plan with her child is what she feels help her in her continued recovery.

Actual client comment ~ [Name deleted] is the best counselor I could have ever asked for. She has helped me recognize my self-worth which has boosted my self-esteem tremendously. She guides me in so many ways through life challenges and hurdles, how to problem solve, how to be assertive and face so many issues I used to face with fear. Now I have the courage and strength to take on ANYTHING that I am faced with. Her spirituality has helped me in my own walk with God. She's absolutely awesome! [Name deleted] is another woman who is amazing!! She's got all the right resources, has helped me in so many ways, from fighting to get health insurance, safe housing, and many other services and supports needed to maintain/sustain my recovery. She is kind and empathetic, qualities needed to assist those that need it so much. These two ladies are on the top of my list of phenomenal women! I can think of nothing you need to improve on at this time. In a previous survey I stated it would be great if Women's Outreach would offer women in the program jobs to assist and help others in recovery. [Names deleted] encouraged me to apply for a position with Americorps as a Recovery Coach. I have almost completed my first term with them and LOVE my job, giving back, as hope was given to me. Women's Outreach has helped me transform my life and live my life to my best potential. Thank you!!
All the team working together until the needs of the patient are covered. Under weather extreme circumstances the clinic was able to provide all basic medical and physical needs for homeless patients, from medication to food, from emergency shelter to warmer clothes.
34-year-old single [Identifier deleted] female with 4 children, opiate/meth addiction asked for help. URW program assisted with 45-day inpatient treatment and when inpatient was completed, support them to be in 45-day sober living program. She completed and came home and was part of the [Identified deleted] drug court program, to have her children back with her. She successfully completed drug court, attained her driver's license, off probation, received assistance with a program our program works with called Vocational Rehabilitation for Native Americans. She received skills in working with computers and how to complete a resume. She applied for several positions with the [Identifier deleted] and finally attained a full-time position. She has been employed for the past two years and enjoys her position. She has all her children with her, found a house for them all to live together, and has her own vehicle. She is still in a positive recovery road and continues to be involved with the Native community and supports healthy living for anyone who really wants it bad enough.
A pregnant woman came to us after having been "turned away" by her MAT Prescriber because she was "too far along" in her pregnancy and she was inconsistent with appointments. We admitted her in residential and connected her with medical director that day. Client stayed in treatment, had a healthy baby boy and was well into her recovery journey when they completed all services at UCC.
I can think of many moms that have been in our program and reached years of sobriety. I believe this is a result of the relationship they build with their case manager and the support that is provided over the years they are in the program. We try to make sure we are addressing issues the whole family is experiences, we celebrate their successes, families drive the goals, and it is voluntary to be in our program.
Most of our successes involved the efforts of our medical team, psychiatric team, and therapists.
The continuum of service and ongoing support offered to women at Parents Place is a key to our success.
Since we don't provide direct patient services, my story is about the use of one of our materials. I had a chance encounter with someone at a conference. I mentioned I worked for WAPC. The person responded that they were using WAPC's Blueprint for Action to develop their approach to care for women with opioid use disorder.

Similarly, respondents were asked to share a story showing a client who may not have done as well in order to highlight potential gaps in services, funding or evidence base. As with the success stories, only spelling was corrected via spell check.

Standard practice for each woman that does not do well, is to discuss what we could have done differently. Sometimes, we are able to identify our own failings and then obtain the education or training we need to do better. Most of the time, however, the difficulty we have has to do with funding. Women do better when there is funding other than insurance. There is a huge disconnect between the provision of services that must depend on insurance and services that can be provided with other funding. Appropriate women's services cannot be provided if programming is paid by insurance only. Relational approaches are family centered which inherently has a different philosophy about treatment.
We always give our women resources and make ourselves available to address their needs.
I would have needed more time and flexibility in my job duties to accompany this patient to appointments or assist her with paperwork to apply for disability and access housing resources.
We only cover the workforce pieces, I have stayed after our building closed with women waiting for the bus with children in arctic weather, as well as with one who was trying to find a place to sleep.
Transportation and housing services, including funding or specialized assistance.
Legal Issues and medical Issues greatly impact the women we serve. Having a nurse available to them would've been beneficial as well as having more providers in our area as we have a provider shortage.
Housing options - difficult when the woman has a felony drug conviction and cannot qualify for assistance, lack of access to both psychiatric care as well as funds for same, and once a woman has been labeled with a myriad of psychiatric diagnoses (again, diagnosed while actively using or while in DETOX), it's difficult to access serious help for her on an ongoing basis. She's often just seen as borderline, etc.
More stable housing for family.
We definitely struggle with safe and supportive housing for women after treatment. There are Oxford houses but none in our area. This makes it difficult when people are on probation and have children in the area they want to remain close to. We also have difficulties with primary care doctors willing to prescribe Vivitrol.
Recovery options that include mom and child(ren) together. When the child is removed, many moms disengage -missed visitation, they dis-appear, etc.
Readiness for discharge and Managing health at home is a common theme.
Slipped through the cracks, needed better coordination of care with all providers on board. When a woman doesn't show up for an appointment, there should be someone to follow up with her. She is likely at risk. Also, there is not enough support to women who are incarcerated. There needs to be MAT in jail and prison settings, women who are pregnant and incarcerated need to receive adequate perinatal care treatment and counseling, agencies need to work together to ensure women have a safe place to stay and that their children are protected as well.
Housing
Diabetic who is uninsured, undocumented, and in renal failure, difficult to get dialysis especially since the undocumented do not qualify for any medical insurance programs.
Being more proactive prenatally.

We've lost many patients who stopped coming to treatment, as we don't have a good process for outreach in these cases.
I think our outcomes would be better if I could tell a woman there was a medical facility near her that she could receive prenatal care at that would also help her with addiction issues. If I could reassure her that the county will not be called (especially if she is parenting other children), that would be very helpful. They don't report their use out of fear.
A need for long term residential care with ongoing treatment.
More resources, money, more supplies, easier housing, more staff...
We do not focus on the down side of women, because to be a strong support system, there are no failures. We continue to work with women and give them the support they need and do what we can to assist. Each woman has a care team whom work with the individual once a month. Meetings occur with them and the women let us know what they need.
Provided housing and long-term mental health services.
I worry about the families not ready to accept the help and will not accept the program. I also think we have some families that truly do not want to disappoint their case manager that they have built such a strong relationship with. We have had some moms that will not be honest about relapsing because they feel they will disappoint their case manager. I am not sure the right answer to address this. We do work as a team to make sure we discuss with families that we are not here to judge, and they we know it is a difficult road and there will be hard times, but we are here regardless. Unfortunately, it does not always work.
Co-occurring issues, gender issues - needed a gender-specific group or program.
There are multiple factors considered if a woman does not follow-through on her goals.
Again, we don't provide direct patient services. As a statewide organization providing a fair amount of provider education. We have been unable to reach and impact a great number of providers in the state.

Finally, respondents were given an opportunity to share final comments.

It is safe to assume that most women will have complex issues. It takes a multidisciplinary team of people that share a common approach. Children are usually the main concern for the women and need to be included in the treatment process both to help the mother with parenting abilities and as prevention for the children. The team needs cross training and constant communication.
We also do home visit throughout treatment, and under the umbrella of Community Advocates we offer an array of services such as; housing, energy assistance, and case management services.
The social service industry needs to continue to stream line services and evaluate the systems that allow women to access benefits to make those systems as efficient and easy to access as possible.
The recovery communities remain the most reliable long-term support structure for women.
Having staff that genuinely care about the women they are working with while balancing the need for boundaries is very important. The women served need to feel respected and appreciated for their strengths and who they are.

FUNDS are desperately needed. The most crucial needs we see are women who are in the correctional system. The correctional institutions (prisons) get increases annually. Community corrections has not had an increase in 8 years. There is a several month wait list for beds for women needing residential treatment services and a lack of funds for community-based services particularly for women with criminogenic risks and needs in addition to their other needs.
I forgot to mention the important issue of women's mental health when addressing substance use, as a pediatrician I do my best to encourage/refer to services for mom
Systems that are family friendly from residential that includes children, to jails that allow frequent and face to face contact, to family court and healthy infant court.
Coordination of care is HUGE, services need to be provided in a compassionate way and there should be a warm handoff from service provider to service provider. We need to make the system decrease stress, not add stress on women which it typically does because it is so hard to navigate. Strengthen continuum of care throughout perinatal period and continue to provide support during postpartum... AT LEAST a year after baby is born (and hopefully longer). Also, develop entire family support systems so that everyone in the family is taken care of.
We need more housing resources, residential services.
Patients need access to affordable health insurance and a navigator who can aid them in accessing the services they require.
I think that some sort of centralized care navigator role will be crucial to the success of this model.
They just need so much help, for such a long time. It's overwhelming. Good luck!
I am sure there is but I just can't remember all the things.
Medical team need to be cultural aware and open minded, non-judgmental, and persistent until the problems are solved.
This is how I see the statement of complex issues. As strong women, you can address any issue as long as you desire this in your heart. Women can be difficult however most women have addressed issues in their life that were complex and we are "survivors". Thank you.
Coordination and partnership with County/State, coordination with area hospitals and access to housing resources are essential. No one provider/system can really meet all the needs, but together we can find better solutions (than working alone).
I think any services able to be done in the home is a huge benefit. Also, I think warm referrals are needed, along with staffing's with all professionals working with the family at the table.
The staff at Sixteenth Street CHC are always ready to learn the current best practices.
Life in general is much more complex than we realize and providing women with a wraparound of services is critical.
This does not add anything you don't already know--we highly value a model of care that addresses both biomedical and psychosocial aspects of health.

PHASE II
DATA SUMMARY REPORT

January 2020 – June 2020

PROCESS

1. An additional subject matter expert, Francine Feinberg, was offered a contract to review the WHARP model documents and provide input on the strengths of the model and suggestions on what could be included enhance the model.

2. A list of exemplary substance use treatment and related programs was developed from which to choose sites to visit or interview. Given the COVID-19 epidemic, all planned site visits were conducted virtually via Zoom with structured interviews or survey.

3. A brief survey was developed and sent to the Women's Services Network (WSN) members—those individuals across the country that hold State-level positions coordinating women's treatment services. From their perspective we specifically sought what programs in their state they recommended as exemplary and to receive feedback on the WHARP matrix and goals & objectives.

RESULTS

Based on the initial agency search and recommendations from WSN members, 33 programs were identified. Targeted agencies included those that offered services included in the WHARP model. Responses were limited somewhat due to the many programs that suspended services during the initial stages of COVID-19. With staff layoffs and furloughs data was limited.

- Five programs in 4 states participated in structured interviews via Zoom. In addition, 2 programs responded to a survey with similar interview questions.
- "Innovation" was the focus of discussions to feed the WHARP model with examples of non-routine programming. Highlights included:
    1. Telehealth. While new to some programs and program staff, they moved quickly to support women as some treatment centers (especially residential programs) suspended services. State legislation also changed quickly to support billing procedures.
    2. Complementary services. Many programs are continuing to offer complementary options within their substance use disorder treatment and recovery centers such as Reiki, acupuncture, in-house job training, and mobile services.
    3. Adaptation. Staff was eager to share innovative ways services were being provided in a virtual environment.

    4. Contingency planning. Several residential and combined treatment centers that managed to maintain women in their programs without suspending services shared tips on how they managed to avoid service suspension. For some it was because their disaster plan already included infection control.
    5. Disaster planning. Major inputs to current disaster plans included telehealth and mobile services. For those that didn't suspend services:
        - Meals and food services were altered
        - Sleeping arrangements were altered
        - Increased phone privileges were added due to decrease or elimination of visitation

6. Funding. Diversified funding bases were discussed including a mix between governmental sources and private foundations to support those activities that hospitals can't accommodate or couldn't be billed to grants.
7. Fidelity. Discussions included how management monitored an agency's "philosophical approach" to treating women. While most didn't monitor past training, one site uses log-books for communication between overnight and day staff. The comments are openly and knowingly monitored for "tone" and check-in with staff is conducted if stress or a change in language is noticed.
8. Barriers to success. The key barrier to ongoing recovery was identified as *safe and affordable housing*. If not offered through the program, it is becoming increasingly challenging to find

Two meetings were held with WSN members to receive feedback on the WHARP model.

- Positive feedback was received for the "one entry point" and standardized screens and comprehensive assessment
- In considering care coordination, recommendations included a plan for each member of family as well as one that covers all members of the family to minimize segmented treatment
- Indiana's Mobile Integrated Response System provided a strong model for first responders and a team that includes clinician/social worker, emergency services, peer recovery, navigator, EMS/firefighter with 90-day follow-up
    - In counties with no treatment services these units can provide necessary connection including in-home assessment and counseling and telehealth
- Peer services are widely used in a variety of models and definitions of "peer"

All information gathered from these activities were reported to the small group teams and positively impacted the continued development of the WHARP model.

ENVIRONMENTAL SCAN

ENVIRONMENTAL SCAN

EDUCATION AND PREVENTION				
KEY WORDS	**TITLE**	**SOURCE**	**SYNOPSIS**	**WEB LINK**
All	Substance Abuse Treatment: Addressing the Specific Needs of Women	SAMHSA Treatment Improvement Protocol TIP 51	Provides a biopyschosocial framework for gender-responsive treatment. Models included are grounded in women's experiences, built on their strengths and based on evidence.	https://store.samhsa.gov/system/files/sma15-4426.pdf
Prevention SBIRT	Reducing the Risk of Alcohl Use Disorders in Women	Nurs Womens Health. 2015. Dec-2016 Jan;19(6):537-41	Provides Screening, brief intervention and referral to treatment (SBIRT) model to reduce the risk substance use disorders in women.	https://nwhjournal.org/article/S1751-4851(15)30846-1/pdf
Prevention SBIRT	Alcohol SBI Trainng for the Healthcare Professional	Centers for Disease Control and Prevention (CDC)	This free web-based course was designed for healthcare providers to provide training to screen for risky drinking, and provide a brief intervention to reduce risk (or referral to treatment)	https://catalystlearningcenter.com/courses/alcohol-sbi-training-for-the-healthcare-professional/
Emergency Services Access Prevention	Challenges and Opportunities to Engaging Emergency Medical Service Providers in Substance Use Research: A Qualitative Study	Prehosp Disaster Med. 2017. Apr;32(2):148-155.	Emergency Medical Service providers are recognized as having a unique position as first responders to deliver motivational, harm-reduction messages to substance-using patients during transport. Implementation could be improve emergency and behavioral health services.	https://www.ncbi.nlm.nih.gov/pubmed/28122657
Staff Support Compassion Fatigue	Compassion Fatigue: A Meta-Narrative Review of the Healthcare Literature	International Journal of Nursing Studies, Volume 69, April 2017, 9-24.	This review critically examines compassion fatigue to determine if it is an accurate disruptor of work-related stress anda valid variable for intervention.	https://www.sciencedirect.com/science/article/pii/S002074891730010X

Staff Support Compassion Fatigue	The Unbearable Fatigue of Compassion: Notes form a Substance Abuse Counselor Who Dreams of Working at Starbuck's	Clinical Social Work Journal. 2007, 35(3);199-205	This paper looks at vicarious trauma and compassion factigue in substance abuse practice.	https://link.springer.com/article/10.1007/s10615-007-0094-4
Staff Support Compassion Fatigue	Secondary Traumatic Stress, Job Satsfaction, and Occupational Commitment in Substance Abuse Counselors	Traumatology. 2011, 17(1);22-28.	Study examined relationship between secondary traumatic stress and job satisfaction and turnover in substance abuse counselors.	https://journals.sagepub.com/doi/abs/10.1177/1534765610395617
Staff Support Compassion Fatigue	Trauma Trainng, Trauma Practices, and Secondary Traumatic Stress Among Substance Abuse Counselors	Traumatology. 2009, 15(2);96-105.	Study conducted to examine trauma training, trauma practices in treatment settings, and secondary traumatic stress in substance abuse counselors. Results showed most substance abuse counselors are not being prepared for practice with traumatized populations in formal academic training.	https://journals.sagepub.com/doi/abs/10.1177/1534765609336362
Staff Support Compassion Fatigue	Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized.	Book. 1995. Taylor and Francis Group, LLC. Routledge, New York, NY	Compilation of individual chapters and topics related to compassion fatigue, i.e., Survival strategies, working with people in crisis, treating the 'Heroic Treaters', working with people with PTSD, etc. Will be a good source of additional information.	Available on amzon.com

Prevention Treatment Adolescents Exercise	Neurobiology of Substance Use in Adolescents and Potential Therapeutic Effects of Exercise for Prevention and Treatment of Substance Use Disorders.	Birth Defects Res. 2017. 109(20);1711-1729.	Review article providing overview of current state of substance use in adolescents and rationale for utilization of exercise and assisted exercise to increase neural activity in cortical-subcortical regions for the prevention and adjunctive treatment of substance use disorder.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5751741/
Prevention Treatment Policy	Health and Public Policy to Facilitate Effective Prevention and Treatment of Substance Use Disorders Involving Illicit and Prescription Drugs: An American College of Physicians Position Paper	Annals of Internal Medicine. 2017. 166(10); 733-736.	The American College of Physicians offers recommendations on expanding treatment options, the legal status of marijuana, addressing the opioid epidemic, insurance coverage of SUD treatment, education and workforce, and public health interventions.	https://annals.org/aim/fullarticle/2613555/health-public-policy-facilitate-effective-prevention-treatment-substance-use-disorders
Opioid Use Disorder in Pregnancy	Opioid Use Disorder in Pregnancy	acog.org	Self-guided online education series. Updated March 2019	https://www.acog.org/About-ACOG/ACOG-Districts/District-II/Opioid-Use-Disorder-in-Pregnancy?IsMobileSet=false

TREATMENT				
KEY WORDS	**TITLE**	**SOURCE**	**SYNOPSIS**	**WEB LINK**
All	Substance Abuse Treatment: Addressing the Specific Needs of Women	SAMHSA Treatment Improvement Protocol TIP 51	Provides a biopyschosocial framework for gender-responsive treatment. Models included are grounded in women's experiences, built on their strengths and based on evidence.	https://store.samhsa.gov/system/files/sma15-4426.pdf
Treatment Behavioral Health	Project WIS HOPE: Wisconsin Behavioral Health Resources	www.wishope.org	Provides resources, education, and support to Wisconsin communities and individuals impacted by addiction and mental health.	www.wishope.org
Women's Health Policy Access	A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders	Substance Abuse and Mental Health Services Administration. HHS Publication No. (SMA) 16-4978. Available at http://store.samhsa.gov	Publication to support efforts to address the needs of pregnant women with opioid use disorders and their families. Includes current policy, services, and a facilitator's guide to assist planners in developing	https://store.samhsa.gov/system/files/sma16-4978.pdf
Treatment	Do women with complex alcohol and other drug use histories want women-only residential treatment?	Addiction, 2018, June; 113 (6): 989-997	Research to determine whether women prefer women-only addiction services. Results showed few women said they wanted women-only treatment, but became more positive towards it after entering. Conclusions showed women with	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6221094/pdf/ADD-113-989.pdf
Treatment Veterans	Substance Use Disorder Treatment Services for Women in the Veterans Health Administration	Womens Health Issues, 2017, Nov-Dec; 27(6)639-645	National VHA data examined the extent of women's specialty SUD treatment programming in the VHA. Findings showed only 30% of facilities provided women-only	https://www.whijournal.com/article/S1049-3867(16)30190-6/pdf

Treatment Access	Patient and Program Costs, and Outcomes, of Including Gender-Sensitive Services in Intensive Inpatient	Evaluation and Program Planning, Volume 65, December 2017, 139-147.	Study measuring patient and provider costs f adding gender-sensitive services, outcomes, and cost-outcome for 12 mixed-gender intensive inpatient	https://www.sciencedirect.com/science/article/pii/S0149718917300265
Treatment	Group therapy for women with substance use disorders: Results from the Women's Recovery Group Study	Drug Alcohol Depend. 2014. Sept 1;142:245-53. Epub 2014 Jul 4.	Study investigated effectiveness of Women's Recovery Group in sample of women with substance use and co-occurring psychiatric disorders and feasibility to implement group at two sites.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4150678/pdf/nihms611374.pdf
Treatment Access	Increasing access and providing social services to improve drug abuse treatment for women with children	Addiction, Volume 95, Issue 8, 2000, 1237-1247.	Assesses the impact of substance abuse treatment for women with children designed to increase access to treatment throug.h transportation, outreach and child-care services. Also, to assess the impact of using access services on the use of other services and on treatment effectiveness	https://onlinelibrary.wiley.com/doi/abs/10.1046/j.1360-0443.2000.958123710.x
Treatment	Women in Substance Abuse Treatment: Results from the Alcohol and Drug Services Study (ADSS)	Department of Health and Human Services, Substance Abuse and Mental Health Services Administration	In-depth analysis of substance abuse treatment clients and facilities with a special focus on women.	http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.439.783&rep=rep1&type=pdf
Treatment	Characteristics of Women-Only and Mixed Gender Drug Abuse Treatment Programs	Journal of Substance Abuse Treatment, Volume 17, Issues 1-2, July-September 1999, 37-44.	Analysis of regional database of drug abuse treatment programs compared characteristics of women-only and mixed-gender programs.	https://www.sciencedirect.com/science/article/pii/S0740547298000452

Treatment	The Relative Effectiveness of Women-Only and Mixed-Gender Treatment for Substance-Abusing Women	Journal of Substance Abuse Treatment, Volume 40, Issue 4, June 2011, 336-348.	Research results of a social, peer-based model responsive to women's needs.	https://www.sciencedirect.com/science/article/pii/S074054721100002X
Treatment Incarceration	Best Practices for Pregnant Incarcerated Women with Opioid Use Disorder	Journal of Correctional Health Care. 2019. 25(1);4-14.	Recommends strategies to optimize the care of pregnant incarcerated women with opioid use disorder including counseling and treatment with opioid agonist pharmacotherapy.	https://journals.sagepub.com/doi/abs/10.1177/1078345818819855?journalCode=jcxa
Treatment Diversity	A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individual-2012	HHS Publication No. (SMA) 12-4104, First printed 2001, Revised 2003, 2009, 2012	Provides clinicians and administrators treatment approaches sensitive to the LGBT community. Includes cultural, clinical, health, administrative, and legal issues along with alliance building.	https://store.samhsa.gov/system/files/sma12-4104.pdf
Treatment Children's Services	Promising Results for Cross-Systems Collaborative Efforts to Meet the Needs of Families Impacted by Substance Use.	Child Welfare.2015;94(5):21-43.	Study examined data from >15,000 families served by 53 federal grantees showing that child safety and permanency, parental recovery, and family well-being improve when agencies work together to address the complex needs of families at the intersection of substance abuse treatment and child welfare.	https://www.ncbi.nlm.nih.gov/pubmed/26827463

Treatment Children's Services Policy	Residential Substance Abuse Treatment for Pregnant and Postpartum Women and their Children: Treatment and Policy Implications	Child Welfare.2001;80(2):179-98.	A report of the 27 five-year grants funded by SAMHSA that supported 35 residential treatment projects for substance-abusing pregnant and postpartum women and their children. These project provided comprehensive culturally and gender-specific treatment.	https://search.proquest.com/openview/84591b51e8a1c64515df8c4107c8206f/1?pq-origsite=gscholar&cbl=40853
Gender Treatment	Closing the Need-Service Gap: Gender Differences in Matching Services to Client Needs in Comprehensive Substance Abuse Treatment	Social Work Research, 2009. 33(3): 1830192	Study examined gender differences in the impact of matched services, access services, and outcome-targeted services on substance abuse treatment outcomes by using national data.	https://academic.oup.com/swr/article-abstract/33/3/183/1617155
Pregnancy Gender	Pregnant Women in Women-Ony and Mixed-Gender Substance Abuse Treatment Programs: A Comparison of Client Characteristics and Program Services	The Journal of Behavioral Health Services & Research. 2006. 33(4);431-442.	Comparison of characteristics of pregnant women treated in women-only and mixed-gender substance abuse treatment programs.	https://link.springer.com/article/10.1007/s11414-006-9019-1

Treatment Employment Recovery Support Services Housing	What are your priorities right now? Identifying service needs across recovery stages to inform service development.	Journal of Substance Abuse Treatment. 2010. 38(1);51-59	Qualitative data is presented that suggest that many areas of functioning remain challenging long after abstinence is attained, most notably employment and education, family/social relations, and housing. Implications for the development and evaluation of recovery-oriented services are discussed.	https://www.sciencedirect.com/science/article/pii/S074054720900097X
Pregnacy Postpartum Mental Health Treatment	A qualitative study of treatment needs among pregnant and postpartum women with substance use and depression.	Subst Use Misuse, 2013 Dec;48(14):1498-508	Results from a focus group study funded by NIDAthat probed for factors impacting treatment outcomes and needs.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3795848/pdf/nihms-472208.pdf
Treatment Gender	Women-Centered Drug Treatment Services and Need in the United States, 2002-2009.	Am J Public Health. 2015. Nov;105(11):e50-4.	Study examined options and need for women-centered substance use disorder treatment in the US	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4605167/pdf/AJPH.2015.302821.pdf
Treatment Women's Health	Substance Use Disorder Treatment for People with Physical and Cognitive Disabilities	Substance Abuse and Mental Health Services Administration Treatment Improvement Protocol (TIP) Series (#29)	Nearly 1/6 of all Americans have a limitations that impact their activity--and can potentially make SUD treatment inaccessible (either physically, cognitively, or psychologically). This TIP focuses on the needs of adults in treatment settings who have coexistig disabilities.	https://store.samhsa.gov/system/files/sma12-4078.pdf

Treatment Women's Health Policy	PSCC Guidance: Pregnancy and Bupenorphine Treatment	Physician Clinical Support System, 877-630-8812, www.PCSSmentor.org	Covers guidelines related to pregnant women and bupenorphine treatment. Supports SAMHSA TIPs 43 and 40.	http://www.naabt.org/documents/PCSS Pregnancy.pdf
Treatment Women's Health	Partners in Health Primary Care/County Mental Health Collaboration Tool Kit, First Edition	2009. IBHP.org	Tool kit to accelerate integration of behavioral health services and primary care (model designed in California). Not specific to SUD treatment, but addresses model to provide comprehensive coverage.	http://www.niatx.net/pdf/ARC/Webinar_1_Partners_in_Health_Toolkit.pdf
Recovery Behavioral Health	Recovery to Practice: Resource Center for Behavioral Health Professionals FREQUENTLY ASKED QUESTIONS (FAQs)	July 2011. Substance Abuse and Mental Health Services Adminsitration. Http://www.samhsa.gov	Thirty of the most frequently asked questions about recovery and recovery-oriented practice--and answers.	https://niatx.net/pdf/kansas/resources/SAMHSA_RTP_FAQs.pdf
Treatment Policy	Substance Use Disorder Treatment Policy Recommendations for the State of Wisconsin: Final Report July 2018	State of Wisconsin Governor's Task Force on Opioid Abuse, 2018.	A full system assessment was conducted in Wisconsin by the Pew Charitable Trust at Wisconsin's invitation. This report provides informed recommendations for the state on timely, comprehensive, evidence-based and sustainable treatment for SUD.	http://legis.wisconsin.gov/assembly/hope/media/1161/wisconsin-final-report-final.pdf
Treatment Housing	Substanc use outcomes among homeless clients with serious mental illness: Comparing Housing First with Treatment First programs	Community Mental Health Journal. 2011. 47(2);227-232	A comparison of "Housing First" approach to treatment vs. "Treatment First" approach. Differences were assessed using qualitative data.	https://link.springer.com/article/10.1007/s10597-009-9283-7

Treatment Women's Health	Assertive Community Treatment for People with Severe Mental Illness	Disease Management and Health Options. March 2001. 9(3);141-159	Describes components of assertive community treatment (ACT) model for people with severe mental illness and reviews evidence on efficacy and cost.	https://link.springer.com/article/10.2165/00115677-200109030-00003
Treatment Children's Services Policy	Maternal substance use and integrated treatment programs for women with substance abuse issues and their children: a meta analysis	Substance Abuse Treatment, Prevention, and Policy. 2010. 5:21.	Meta-analysis of 21 studies showed integrated programs not significantly more effective than non-integrated programs. Policy implications are disussed.	https://substanceabusepolicy.biomedcentral.com/track/pdf/10.1186/1747-597X-5-21
Housing Treatment	Treating Homeless Clients with Severe Mental Illness and Substance Use Disorders: Cost and Outcomes	Community Mental Health Journal. August 2006. 42(4);377-404	Comparison of costs and outcomes associated with 3 treatment programs: Integrated Assertive Community Treatment (IACT), Assertive Community Treatment only (ACTO), and standard care. Clients in IACT and ACTO reported more days in stable housing than control. ACTO was the most expensive.	https://link.springer.com/article/10.1007/s10597-006-9050-y
Treatment Transportation Access	Development of an in-home telehealth program for outpatient veterans with substance use disorders.	Psychol Serv. 2013. Aug;10(3):304-314.	Addresses obstacles, including lack of transportation and access in rural districts, conttributes to underutilization of treatment among patients with substance use disorders. Study reports on telehealth in-home-messaging-device as a treatment method.	https://www.ncbi.nlm.nih.gov/pubmed/23937090

Treatment Psychopharmacology Policy	The Past, Present, and Future of Psychopharmacology and Substance Use: Special Issue 50th Anniversary of APA Division 28	Experimental and Clinical Psychopharmacology. 2016. 24(4), 207-208 (intro)	This special issue is includes review articles and meta-analysis of important findings relevant to psychopharmacology and substance abuse and follows with original, new, cutting edge research on the topic.	https://psycnet.apa.org/fulltext/2016-36138-001.pdf
Treatment Policy Legislation	The UW Opioid Crisis: Current Federal and State Legal Issues	Anesth Analg. 2017. Nov;125(5):1675-1681.	Narrative review article including federal oversight, Nalaxone access and other federally-funded programs.	file:///C:/Users/GEORGI~1/AppData/Local/Temp/The_US_Opioid_Crisis___Current_Federal_and_State.36.pdf
Incarceration Anger Intervention	Testing a New Intervention with Incarcerated Women Serving Life Sentences	Research on Social Work Practice. 2017. DOI:10.1177/1049731517700272	Results of study testing gender-responsive, trauma-informed intervention (Beyond Violence) in incarcerated women't mental health and anger expression	https://www.stephaniecovington.com/assets/files/BV%20with%20lifers%20by%20Fedock%2C%20Kubia%20and%20Bybee%202017.pdf
Aging	Women, aging, and alcohol use disorders	J Women Aging. 2007;19(1-2):31-48	Abstract outlines issues of older women and risk for alcohol use disorder.	https://www.ncbi.nlm.nih.gov/pubmed/17588878
Women's Health	Substance abuse and women's health.	Public Health Rep. 1987 July-Aug;102(4 Suppl): 42-8.	Although a old article, lays out several health issues in respect to treatment for women.	https://www.ncbi.nlm.nih.gov/pubmed/3120220
MAT Treatment	TIP 63: Medications for Opioid Use Disorder	Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Improvement Protocol #63 (2018)	Review of use of the three FDA-approved medications used to treat opioid use disorder--methadone, naltrexone and bupenorphine and other strategies and services needed to support recovery for people with OUD.	https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document-Including-Executive-Summary-and-Parts-1-5-/SMA18-5063FULLDOC

Prevention Treatment Adolescents Exercise	Neurobiology of Substance Use in Adolescents and Potential Therapeutic Effects of Exercise for Prevention and Treatment of Substance Use Disorders.	Birth Defects Res. 2017. 109(20);1711-1729.	Review article providing overview of current state of substance use in adolescents and rationale for utilization of exercise and assisted exercise to increase neural activity in cortical-subcortical regions for the prevention and adjunctive treatment of substance use disorder.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5751741/
Prevention Treatment Policy	Health and Public Policy to Facilitate Effective Prevention and Treatment of Substance Use Disorders Involving Illicit and Prescription Drugs: An American College of Physicians Position Paper	Annals of Internal Medicine. 2017. 166(10); 733-736.	The American College of Physicians offers recommendations on expanding treatment options, the legal status of marijuana, addressing the opioid epidemic, insurance coverage of SUD treatment, education and workforce, and public health interventions.	https://annals.org/aim/fullarticle/2613555/health-public-policy-facilitate-effective-prevention-treatment-substance-use-disorders
Treatment Corrections	Substance use treatment in a jail or Huber facility	NIH US Department of Health and Human Services ACOG	MAT and comprehensive treatment for incarcerated women. Wcgrant (Community Medical Services--Michael White)	https://ndcrc.org/wp-content/plugins/downloadattachments/includes/download.php?id=6303
MAT Treatment	Rapid MAT Access	Added by "Treatment" planning team.		
Opioid MAT Treatment	Treating Opioid Abuse: A Report by the Commission on Substance Abuse Treatment Delivery (2018-Wisconsin)	Governor's Task Force on Opioid Use-Wisconsin Department of Health Serivces P-02302 (11/30/2018)	Report from WI Commission on Substance Abuse Treatment Delivery that researched hub-and-spoke delivery models for opioid treatment. Provides overview of model programs.	https://www.dhs.wisconsin.gov/publications/p02302.pdf
Treatment Referral	wishope.org	wishope.org	Website dedicated to resource	wishope.org

Emergency Services	www.prohealthcare.org	www.prohealthcare.org	Naloxone, EMS awareness Waukesha Memorial Hospital	www.prohealthcare.org
LGBTQ (GLADD)	https://www.va.gov/COMMUNITYCARE/programs/veterans/VCP/index	https://www.va.gov/COMMUNITYCARE/programs/veterans/VCP/index		
Veterans	Rural Veterans and Access to Health Care	https://www.ruralhealthinfo.org/topics/returning-soldier-and-veteran-health	Information on health programs available to rural veterans.	https://www.ruralhealthinfo.org/topics/returning-soldier-and-veteran-health
LGBTQ	Pride Institute	www.pride-institute.com	Pride Institute offers inclusive and accepting recovery programs for members of the LGBTQ+ community. Pride first opened in 1986 and has since gone on to be one of the leading providers in	www.pride-institute.com
Individuals at risk of becoming involved in the	https://www.wiscs.org/programs/	https://www.wiscs.org/programs/		
Gateway Residential Treatment Center	The Gateway Foundation	https://www.gatewayfoundationlakevilla.org	Gateway is a recognized leader in evidence-based treatment proven to get results. Our experts in Addiction Medicine—including highly educated clinical and medical professionals and expert psychiatrists and nurses—deliver	https://www.gatewayfoundationlakevilla.org

Opioid Use Disorder Pregnant Postpartum	State Strategies to Address Opioid Use Disorder Among Pregnant and Postpartum Women and Infants Prenatally Exposed to Substances, Including Infants with Neonatal Abstinence Syndrome.	Morbidity and Mortality Weekly Report, September 13, 2019	Addresses opioid use disorder and neonatal abstinence syndrome including access and coordination of quality services, barriers, and strategies	https://www.cdc.gov/mmwr/volumes/68/wr/mm6836a1.htm?s_cid=mm6836a1_w
Treatment Interventions	Treatment interventions for women with alcohol use disorder.	McCrady, B. S., Epstein, E.E. & Fokas, K. F. (2020). Treatment interventions for women with alcohol use disorder. *Alcohol Research: Current Reviews, 40, (2): 08.*	Reviews barriers to women seeking help, treatment programs that may reduce barriers, and guiding principles for substance use disorder.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7384374/
Screening	Comfortably engaging: Which approach to alcohol screening should we use?	Vinson, D. C., Galliber, J.M., Reidinger, C. & Kappus, J. A. (2004). Comfortably engaging: Which approach to alcohol screening should we use? *Annals of Family Medicine, 2,* 398-404.	A comparison of 2 screening instruments for problem drinking, the CAGE and a single question.	
Screening SBIRT	Substance use screening, brief intervention, and referral to treatment for pediatricians.	Committee on Substance Abuse. (2019). Policy statement: Substance use screening, brief intervention, and referral to treatment for pediatricians. *American Academy of Pediatrics, 128,* e1330-e1340.	Policy paper encouraging screening of adolescents and providing guidance regarding substance use.	

Joint Principles Opioid Crisis	Joint principles on opioid crisis call for comprehensive, public health approach to addiction treatment.	https://www.acponline.org/acp-newsroom/joint-principles-on-opioid-crisis-call-for-comprehensive-public-health-approach-to-addiction	Leaders of six medical organizations developed policies that recognize opioid use disorder as a chronic disease of the brain requiring comprehensive treatment.	https://www.acponline.org/acp-newsroom/joint-principles-on-opioid-crisis-call-for-comprehensive-public-health-approach-to-addiction
Stimulant Use Disorders	Treatment of Stimulant Use Disorders.	Substance Use and Mental Health Services Administration (2020). *Treatment of Stimlant Use Disorders.* SAMHSA Publication No. PEP20-06-001 Rockville, MD: National Mental Health and Substance Use Policy Laboratory.	Guide discusses effective practices to treat stimulant use disorders, clinical challenges associated with these disorders, and implementation strategies that can be used to address those challenges.	https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-06-01-001_508.pdf
Family-Centered Treatment	Family-Centered Treatment for Women with Substance Use Disorders: History, Key Elements and Challenges.	Werner, D., Young, N. K., Dennis, K. & Amatetti, S. (2007). *Family-Centered Treatment for Women with Substance Use Disorders: History, Key Elements and Challenges.* Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.	Part of a series by SAMHSA for effective treatment and supportive services that promotes recovery.	https://www.samhsa.gov/sites/default/files/family_treatment_paper508v.pdf

Co-ed Setting	Supporting Women in Co-ed Settings	Substance Abuse and Mental Health Services Administration. (2016). *Guidance Document for Supporting Women in Co-ed Settings.* HHS Publication No. (SMA) 16-4979. Rockville, MD: Substance Abuse and Mental Health Services Administration.	A SAMHSA guidance document on serving women with substance use disordes in co-ed settings.	https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4979.pdf
Competencies	Addressing the Needs of Women and Girls: Developing Core Competencies for Mental Health and Substance Abuse Service Professionals	Substance Abuse and Mental Health Services Administration. (2011). *Addressing the Needs of Women and Girls: Developing Core Competencies for Mental Health and Substance Abuse Service Professionals.* HHS Pub. No. (SMA) 11-4657. Rockville, MD: Substance Abuse and Mental Health Services Administration.	A 16-member expert panel on core competencies for women and girls in behavioral health identified competencies for individuals working with women and girls in the behavioral health field.	https://attcppwtools.org/ResourceMaterials/SMA11-4657.pdf
LGBTQ	Substance Use and SUDs in LGBTQ Populations	https://www.drugabuse.gov/drug-topics/substance-use-suds-in-lgbtq-populations	National Institute on Drug Abuse document addressing substance use and misuse by LGBTQ individuals.	https://www.drugabuse.gov/drug-topics/substance-use-suds-in-lgbtq-populations

Transgender	A systematic review of interventions to reduce problematic substance use among transgender individuals: A call to action.	Glynn, T. & van den Berg, J. J. (2017). A systematic review of interventions to reduce problematic substance use among transgender individuals: A call to action. *Transgender Health, 2.1.*	Persons who are transgender are at elevated risk for developing problematic substance use. This systematic review conducted a synthesis of the available evidence on interventions for reducing use.	https://www.liebertpub.com/doi/10.1089/trgh.2016.0037
LGBTQ Sexual Minorities	Social and health service use and treatment outcomes for sexual minorities in a national sample of substance abuse treatment programs.	Hardesty, M., Cao, D., Shin, H., Andrews, C. A. & Marsh, J. (2012). Social and health service use and treatment outcomes for sexual minorities in a national sample of substance abuse treatment programs. *Journal of Gay & Lesbian Social Services, 24,* 97-118.	Study examining substance use severity, levels of social and health service utilization, and the impact of service utilization on treatment outcomes for sexual minorities.	

Mindfulness	Moment-by-moment in women's recovery: Randomized controlled trial protocol to test the efficacy of a mindfulness-based intervention on treatment retention and relapse prevention among women in residential treatment for substance use disorder.	Amaro, H. & Black, D. S. (2017). Moment-by-moment in women's recovery: Randomized controlled trial protocol to test the efficacy of a mindfulness-based intervention on treatment retention and relapse prevention among women in residential treatment for substance use disorder. *Contemporary Clinical Trials, 62,* 146-152.	A 12-session "Moment-to-Moment in Women's Recovery" (MMWR) trial was tested to determine psychosocial and neural mechanisms of action underlying the intervention.	
Social Support	Social support: A mixed blessing for women in substance abuse treatment.	Tracy, E. M., Munson, M. R., Peterson, L. T. & Floersch, J. E. (2010). Social support: A mixed blessing for women in substance abuse treatment. *Journal of Social Work Practice in the Addictions, 10,* 257-282.	Qualitative study seeking to understand how women in SUD treatment describe their network members' supportive and unsupportive behaviors related to recovery.	
Mothers Parenting Intervention	Differential responsiveness to a parenting intervention for mothers in substance abuse treatment.	Paris, R., Herriott, A., Holt, M. & Gould, K. (2015). Differential responsiveness to a parenting intervention for mothers in substance abuse treatment. *Child Abuse & Neglect, 50,* 206-217.	Study examining the relationship between levels of psychosocial distress in substance-dependent mothers and their differential response to a dyadic parent-child intervention.	

Wraparound	The relationship between client characteristics and wraparound services in substance use disorder treatment centers.	Paino, M., Aletraris, L. & Roman, P. (2016). The relationship between client characteristics and wraparound services in substance use disorder treatment centers. *Journal of Studies on Alcohol and Drugs, 77,* 160-169.	A study of treatment centers nationally to determine how many of the wraparound services endorsed by NIDA were actually used in the treatment centers. On average centers offered less than 50% of these endorsed services.	
Trauma PTSD Intervention	The role of alcohol misuse in PTSD outcomes for women in community treatment: A secondary analysis of NIDA's Women and Trauma study.	Hien, D. A., Campgell, A. N., Ruglass, L. M., Hu, M. & Killeen, T. (2010). The role of alcohol misuse in PTSD outcomes for women in community treatment: A secondary analysis of NIDA's Women and Trauma study. *Drug and Alcohol Dependence, 111,* 114-119.	A secondary analysis of a NIDA Clinical Trials Network study exploring the effectiveness of two interventions for women witn comorbid PTSD and substance use disorders.	
Parenting	Integrated programs for mothers with substance abuse issues: A systematic review of studies reporting on parenting outcomes.	Niccols, A., Milligan, K., Sword, W., Thabane, L., Henderson, J. & Smith, A. (2012). Integrated programs for mothers with substance abuse issues: A systematic review of studies reporting on parenting outcomes. *Harm Reduction Journal, 2012, 9:14.*	A systematic review of studies evaluating the effectiveness of integrated programs on parenting.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3325166/

WOMEN'S HEALTH				
KEY WORDS	**TITLE**	**SOURCE**	**SYNOPSIS**	**WEB LINK**
All	Substance Abuse Treatment: Addressing the Specific Needs of Women	SAMHSA Treatment Improvement Protocol TIP 51	Provides a biopyschosocial framework for gender-responsive treatment. Models included are grounded in women's experiences, built on their strengths and based on evidence.	https://store.samhsa.gov/system/files/sma15-4426.pdf
Mental Health Diversity Treatment	Racial/ethnic differences in unmet needs for mental health and substance use treatment in a community-based sample of sexual minority women	J Clin Nurs. 2016. Dec; 25(23-24):3557-3569	Study to examine unmet needs for mental health and substance use treatment among diverse women. Findings showed although use of treatment among sexual minority women is high, there is a potentially unmet need for mental health and substance use treatment that varies by race/ethnicity with Latina women showing the greatest unmet need for treatment.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5819990/pdf/nihms941476.pdf
Pregnancy	Guidelines for Management of Pregnant Women with Substance Use Disorders	Psychosomatics. 2016. Mar-Apr;57(2): 115-30	Provides clinicians and educators with up-to-date summary of treatment options for pregnant women with substance abuse issues.	https://www.sciencedirect.com/science/article/pii/S0033318215002066?via%3Dihub
Aging	Women, aging, and alcohol use disorders	J Women Aging. 2007;19(1-2):31-48	Abstract outlines issues of older women and risk for alcohol use disorder.	https://www.ncbi.nlm.nih.gov/pubmed/17588878

Reproductive Health Psychological	Pap smear screening, pap smear abnormalities and psychosocial risk factors among women in a residential alcohol and drug rehabilitation facility.	J Adv Nurs. 2015 Dec;71(12):2858-66.	Study to compare rates of late screening, abnormal Pap smears and prealence of psychosocial factors for cervical cancer between women in the community and women attending residential drug and alcohol treatment. Findings show women attending the residential facility had higher rates of abnormal Pap smears, smoking, sexual assault, domestic violence and other psychosocial risk factors.	https://onlinelibrary.wiley.com/doi/pdf/10.1111/jan.12745
HIV Treatment	Utilization of Alcohol Treatment Among HIV-Positive Women with Hazardous Drinking	J Subst Abuse Treat. 2016. May;64:55-61	Little is known regarding the utilization of alcohol treatment services among HIV+ women with hazardous drinking. Study assessed utilization of any treatment. Only 19% reported using treatment. Reports factors what factors influenced use of treatment (i.e., social support).	https://www.ncbi.nlm.nih.gov/pubmed/26961420
Cardiovascular	An expanding knowledge of the mechanisms and effects of alcohol consumption on cardiovascular disease.	J Cardiopulm Rehabil Prev. 2014. May-June;34(3):159-71.	The mechanisms of of the cardioprotective effects of alcohol are complex and there are multiple pathways by which moderate alcohol consumption reduces the risk of CVD…but what are the important differences?	https://www.ncbi.nlm.nih.gov/pubmed/24667667

Oral health	A qualitative study of patients' knowledge and views about oral health and acceptability of related intervention in an Australian inpatient alcohol and drug treatment facility	Health Soc Care Community 2017 May;25(3):1209-1217.	Social factors, health behaviours and direct effects of substanc abuse contribute to poor oral health and restricted access to dental services experienced by people with drug dependence. This study examined patients' views about oral health to support an intervention design.	https://www.ncbi.nlm.nih.gov/pubmed/28105790
Cirrhosis	Women with Cirrhosis: Prevalence, Natural History, and Management.	Gastroenterol Clini North Am. 2016 Jun;45(2):345-58.	Cirrhosis is less frequent in women than in men in large part due to the lower prevalence of hepatitis B and C. Studie reviews most common causes of cirrhosis and management strategies.	https://www.ncbi.nlm.nih.gov/pubmed/27261903
Women's health	Substance abuse and women's health.	Public Health Rep. 1987 July-Aug;102(4 Suppl): 42-8.	Although a old article, lays out several health issues in respect to treatment for women.	https://www.ncbi.nlm.nih.gov/pubmed/3120220
Reproductive health	Ovarian hormones and drug abuse.	Curr Psychiatry Rep. 2014 Nov;16(11):511.	This review focused on findings from clinical and preclinical studies of reproductive cycle phase, endogenous ovarian hormones, and hormone replacement on responses to stimulants, nicotine, alcohol, opioids, and marijuana.	https://www.ncbi.nlm.nih.gov/pubmed/25224609
Neurovascular	Drug abuse and the neurovascular unit.	Adv Pharmacol. 2014;71:451-80.	Review focused on specific effects of opioids, amphetamines, alcohol, and nicotine on the neurovascular unit and its role in addiciton and adaption to brain diseases. A better understanding of these processes will facilitate the development of better therapeutic approaches for drug-dependent individuals.	https://www.ncbi.nlm.nih.gov/pubmed/25307226

Complex Care	Webinar: Introducing the Blueprint for Complex Care: Opportunities to Advance the Field (Center for Health Care Strategies, Inc.)	https://www.chcs.org/resource/introducing-the-blueprint-for-complex-care-opportunities-to-advance-the-field/	Their recently released *Blueprint for Complex Care* provides a strategic a template to assist organizations and individuals a model for innovative care. This webinar outline the goals of the Blueprint.	Link to Blueprint: https://www.chcs.org/media/Blueprint-for-Complex-Care_FINAL_120318.pdf
Disabilities	Substance Use Disorder Treatment for People with Physical and Cognitive Disabilities	Substance Abuse and Mental Health Services Administration Treatment Improvement Protocol (TIP) Series (#29)	Nearly 1/6 of all Americans have a limitations that impact their activity--and can potentially make SUD treatment inaccessible (either physically, cognitively, or psychologically). This TIP focuses on the needs of adults in treatment settings who have coexistig disabilities.	https://store.samhsa.gov/system/files/sma12-4078.pdf
Pregnancy MAT	PSCC Guidance: Pregnancy and Bupenorphine Treatment	Physician Clinical Support System, 877-630-8812, www.PCSSmentor.org	Covers guidelines related to pregnant women and bupenorphine treatment. Supports SAMHSA TIPs 43 and 40.	http://www.naabt.org/documents/PCSSPregnancy.pdf
Mental Health	Partners in Health Primary Care/County Mental Health Collaboration Tool Kit, First Edition	2009. IBHP.org	Tool kit to accelerate integration of behavioral health services and primary care (model designed in California). Not specific to SUD treatment, but addresses model to provide comprehensive coverage.	http://www.niatx.net/pdf/ARC/Webinar_1_Partners_in_Health_Toolkit.pdf
Mental Health	Assertive Community Treatment for People with Severe Mental Illness	Disease Management and Health Options. March 2001. 9(3);141-159	Describes components of assertive community treatment (ACT) model for people with severe mental illness and reviews evidence on efficacy and cost.	https://link.springer.com/article/10.2165/00115677-200109030-00003

Pregnancy MAT	A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders	Substance Abuse and Mental Health Services Administration. HHS Publication No. (SMA) 16-4978. Available at http://store.samhsa.gov	Publication to support efforts to addressthe needs of pregnant women with opioid use disorders and their families. Includes current policy, services, and a facilitator's guide to assist planners in developing comprehensive programming.	https://store.samhsa.gov/system/files/sma16-4978.pdf
Excessive Alcohol Use Risks to Women's Health Reproductive Health	Fact Sheets: Excessive Alcohol Use and Risks to Women's Health	Centers for Disease Control and Prevention Fact Sheet	Part of CDC's Alcohol and Public Health web-based information. Includes risks to reproductive health and pregnancy.	www.cdc.gov/alcohol/fact-sheets/womens-health.htm
Brain Structure	Investigating maternal brain structure and its relationship to substance use and motivational systems.	Rutherford, H., Gerig, G., Gouttard, S., Potenza, M. N. & Mayes, L. C. (2015). Investigating maternal brain structure and its relationship to substance use and motivational systems. *Yale Journal of Biology and Medicine, 88,* 211-217.	Research looking at gray matter volume in substance-using mothers compared to non-substance using mothers and implications.	
Alcohol-exposed Pregnancy	Vital Signs: Alcohol-exposed pregnancies--United States, 2011-2013.	Green, P. P., McKnight-Eily, L. R., Tan, C. H., Mejia, R. & Denny, C. H. (2016). Vital Signs: Alcohol-exposed pregnancies--United States, 2011-2013. *Morbidity and Mortality Weekly, 65,* 91-97.	Prevalence estimates for alcohol-exposed pregnancies in the United States. Includes key facts and risks.	https://www.cdc.gov/mmwr/volumes/65/wr/mm6504a6.htm

Liver Disease	Liver disease in women: The influence of gender on epidemiology, natural history, and patient outcomes.	Guy, J. & Peters, M. G. (2013). Liver disease in women: The influence of gender on epidemiology, natural history, and patient outcomes. *Gastroenterology & Hepatology, 9,* 633-639.	Review highlighting the epidemiology, history, treatment outcomes, and patho-physiology of common liver diseases in women. Includes a discussion on gender influences of incidence, presentation, progression, and outcomes.	
Pregnancy Barriers to Care	Pregnant women and substance use: Fear, stigma, and barriers to care.	Stone, R. (2015). Pregnant women and substance use: Fear, stigma, and barriers to care. *Health and Justice, 3:2.* DOI:10.1186/s40352-015-0015-5.	Women's stories highlight their strategies for managing risks of detection by health or criminal justice systems. Barriers are described.	https://healthandjusticejournal.biomedcentral.com/articles/10.1186/s40352-015-0015-5
LGBT Health	Substance use disorder in the context of LGBT health: A social work perspective.	Silvestre, A., Beatty, R. L. & Friedman, M. R. (2013). Substance use disorder in the context of LGBT health: A social work perspective. *Social Work in Public Health, 28,* 366-376.	Analysis from a social work perspective considers the current state of research, professional training, and social oppression as they affect the health of LGBT individuals.	
Minority Stress Sexual Minority	The impact of minority stress on mental health and substance use among sexual minority women.	Lehavot, K. & Simoni, J. M. (2011). The impact of minority stress on mental health and substance use among sexual minority women. *Journal of Consulting and Clinical Psychology, 79,* 159-170.	1,381 lesbian and bisexual women participated in an online survey to examin the direct and indirect impact of minority stress on menal health and substance use among sexual minority women.	

Historical Trauma	Historical trauma as public narrative: A conceptual review of how history impacts present-day health.	Mohatt N. V., Thompson, A. B., Thai, N. D. & Tebes, J. K. (2014). Historical trauma as public narrative: A conceptual review of how history impacts present-day health. *Social Science & Medicine, 106,* 128-136.	Critical review integrates the literature of historical trauma, in relation to racial and ethnic minority populations and groups that experience significant health disparities.	

ACCESS AND CONTINUITY				
KEY WORDS	**TITLE**	**SOURCE**	**SYNOPSIS**	**WEB LINK**
All	Substance Abuse Treatment: Addressing the Specific Needs of Women	SAMHSA Treatment Improvement Protocol TIP 51	Provides a biopyschosocial framework for gender-responsive treatment. Models included are grounded in women's experiences, built on their strengths and based on evidence.	https://store.samhsa.gov/system/files/sma15-4426.pdf
Women's Health Policy Access	A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders	Substance Abuse and Mental Health Services Administration. HHS Publication No. (SMA) 16-4978. Available at http://store.samhsa.gov	Publication to support efforts to address the needs of pregnant women with opioid use disorders and their families. Includes current policy, services, and a facilitator's guide to assist planners in developing comprehensive programming.	https://store.samhsa.gov/system/files/sma16-4978.pdf
Treatment Access	Patient and Program Costs, and Outcomes, of Including Gender-Sensitive Services in Intensive Inpatient Programs for Substance Use	Evaluation and Program Planning, Volume 65, December 2017, 139-147.	Study measuring patient and provider costs f adding gender-sensitive services, outcomes, and cost-outcome for 12 mixed-gender intensive inpatient programs.	https://www.sciencedirect.com/science/article/pii/S0149718917300265
Treatment Access	Increasing access and providing social services to improve drug abuse treatment for women with children	Addiction, Volume 95, Issue 8, 2000, 1237-1247.	Assesses the impact of substance abuse t	https://onlinelibrary.wiley.com/doi/abs/10.1046/j.1360-0443.2000.958123710.x
Treatment Children's Services Policy	Residential Substance Abuse Treatment for Pregnant and Postpartum Women and their Children: Treatment and Policy Implications	Child Welfare.2001;80(2):179-98.	A report of the 27 five-year grants funded by SAMHSA that supported 35 residential treatment projects for substance-abusing pregnant and postpartum women and their children. These project provided comprehensive culturally and gender-specific treatment.	https://search.proquest.com/openview/84591b51e8a1c64515df8c4107c8206f/1?pq-origsite=gscholar&cbl=40853

Treatment Transportation Access	Development of an in-home telehealth program for outpatient veterans with substance use disorders.	Psychol Serv. 2013. Aug;10(3):304-314.	Addresses obstacles, including lack of transportation and access in rural districts, conttributes to underutilization of treatment among patients with substance use disorders. Study reports on telehealth in-home-messaging-device as a treatment method.	https://www.ncbi.nlm.nih.gov/pubmed/23937090
Emergency Services Access Prevention	Challenges and Opportunities to Engaging Emergency Medical Service Providers in Substance Use Research: A Qualitative Study	Prehosp Disaster Med. 2017. Apr;32(2):148-155.	Emergency Medical Service providers are recognized as having a unique position as first responders to deliver motivational, harm-reduction messages to substance-using patients during transport. Implementation could be improve emergency and behavioral health services.	https://www.ncbi.nlm.nih.gov/pubmed/28122657
Policy Community Partnerships	Bridging the Gap between Practice and Research: Forging Partnerships with Community-based Drug and Alcohol Treatment	Institute of Medicine (US) Committee on Community-based Drug Treatment (1998)	Examines issues of access, efficacy, relationship between clinical and demographic characteristics of patients, co-occurring disorders, etc. and how these characteristics affect public health.	https://www.ncbi.nlm.nih.gov/books/NBK230402/?term=policy%20issues%20in%20substance%20abuse%20treatment
Policy	Residential Substance Abuse Treatment for Pregnant and Postpartum Women and their Children: Treatment and Policy Implications	Child Welfare.2001;80(2):179-98.	A report of the 27 five-year grants funded by SAMHSA that supported 35 residential treatment projects for substance-abusing pregnant and postpartum women and their children. These project provided comprehensive culturally and gender-specific treatment.	https://search.proquest.com/openview/84591b51e8a1c64515df8c4107c8206f/1?pq-origsite=gscholar&cbl=40853

Policy Treatment Prevention	Brief intervention, treatment, and recovery support services for Americans who have substance use disorders: An overview of policy in the Obama administration.	Psychological Services. 2010. 7(4);275-284.	A review of the policies implemented by the Obama administration to reinvigorate the US system of care for substance use disorders through new health insurance parity regulations, ACA, and the President's National Drug Control Strategy.	https://psycnet.apa.org/record/2010-25103-006
Policy Treatment	Substance Use Disorder Treatment Policy Recommendations for the State of Wisconsin: Final Report July 2018	State of Wisconsin Governor's Task Force on Opioid Abuse, 2018.	A full system assessment was conducted in Wisconsin by the Pew Charitable Trust at Wisconsin's invitation. This report provides informed recommendations for the state on timely, comprehensive, evidence-based and sustainable treatment for SUD.	http://legis.wisconsin.gov/assembly/hope/media/1161/wisconsin-final-report-final.pdf
Treatment Policy	Maternal substance use and integrated treatment programs for women with substance abuse issues and their children: a meta analysis	Substance Abuse Treatment, Prevention, and Policy. 2010. 5:21.	Meta-analysis of 21 studies showed integrated programs not significantly more effective than non-integrated programs. Policy implications are disussed.	https://substanceabusepolicy.biomedcentral.com/track/pdf/10.1186/1747-597X-5-21
Policy Services Planning	A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders	Substance Abuse and Mental Health Services Administration. HHS Publication No. (SMA) 16-4978. Available at http://store.samhsa.gov	Publication to support efforts to address the needs of pregnant women with opioid use disorders and their families. Includes current policy, services, and a facilitator's guide to assist planners in developing comprehensive programming.	https://store.samhsa.gov/system/files/sma16-4978.pdf

Treatment Policy Legislation	The UW Opioid Crisis: Current Federal and State Legal Issues	Anesth Analg. 2017. Nov;125(5):1675-1681.	Narrative review article including federal oversight, Nalaxone access and other federally-funded programs.	file:///C:/Users/GEORGI~1/AppData/Local/Temp/The_US_Opioid_Crisis___Current_Federal_and_State.36.pdf
Treatment Incarceration Access	Best Practices for Pregnant Incarcerated Women with Opioid Use Disorder	Journal of Correctional Health Care. 2019. 25(1);4-14.	Recommends strategies to optimize the care of pregnant incarcerated women with opioid use disorder including counseling and treatment with opioid agonist pharmacotherapy.	https://journals.sagepub.com/doi/abs/10.1177/1078345818819855?journalCode=jcxa
Incarceration Anger Intervention	Testing a New Intervention with Incarcerated Women Serving Life Sentences	Research on Social Work Practice. 2017. DOI:10.1177/1049731517700272	Results of study testing gender-responsive, trauma-informed intervention (Beyond Violence) in incarcerated women't mental health and anger expression	https://www.stephaniecovington.com/assets/files/BV%20with%20lifers%20by%20Fedock%2C%20Kubia%20and%20Bybee%202017.pdf
Criminal Justice	TIP 44: Substance Abuse Treatment for Adults in the Crimnial Justice System	SAMHSA Treatment Improvement Protocol TIP 44	Guidelines to help counselors and administrators deliver SUD treatment in criminal justice settings.	https://store.samhsa.gov/product/tip-44-substance-abuse-treatment-for-adults-in-the-criminal-justice-system/sma13-4056
Prevention Treatment Policy	Health and Public Policy to Facilitate Effective Prevention and Treatment of Substance Use Disorders Involving Illicit and Prescription Drugs: An American College of Physicians Position Paper	Annals of Internal Medicine. 2017. 166(10); 733-736.	The American College of Physicians offers recommendations on expanding treatment options, the legal status of marijuana, addressing the opioid epidemic, insurance coverage of SUD treatment, education and workforce, and public health interventions.	https://annals.org/aim/fullarticle/2613555/health-public-policy-facilitate-effective-prevention-treatment-substance-use-disorders

CHILDREN'S SERVICES				
KEY	**TITLE**	**SOURCE**	**SYNOPSIS**	**WEB LINK**
All	Substance Abuse Treatment: Addressing the Specific Needs of Women	SAMHSA Treatment Improvement Protocol TIP 51	Provides a biopyschosocial framework for gender-responsive treatment. Models included are grounded in women's experiences, built on their strengths and based on evidence.	https://store.samhsa.gov/system/files/sma15-4426.pdf
Child Welfare Treatment	Integrated Substance Abuse and Child Welfare Services for Women: A Progress Review	Children and Youth Services Review, Volume 33, Issue 3, March 2011, 446-472.	Call for integrated integrated, coordinated, evidence-based practices for women involved in substance abuse treatment and child welfare services.	https://www.sciencedirect.com/science/article/pii/S0190740910001866
Drug Courts Treatment Child Welfare	New Approaches for Working with Children and Families Involved in Family Treatment Drug Courts: Findings from the Children Affected by Methamphetamine Program.	Child Welfare.2015;94(4):205-32.	Descriptive study of the Children Affected by Methamphetamine (CAM) grant program to improve outcomes through the addition of targeted interventionsfor 1.940 families (including 4,245 children) across six states. Insights from the program and results are presented.	https://www.ncbi.nlm.nih.gov/pubmed/26827483
Criminal Justice Drug Treatment Courts	Parental Criminal Justice Involvement and Children's Involvement with Child Protective Services: Do Adult Drug Treatment Courts Prevent Child Maltreatment?	Subst Use Misuse. 2016;51(2):179-92.	Children of parents convicted of a substance-related offense were at greater risk of CPS involvement than children whose parents were not convicted, but DTC participation did not mitigate this risk.	https://www.ncbi.nlm.nih.gov/pubmed/26789656

Criminal Justice Drug Treatment Courts	Criminally Involved Parents who Misuse Substances and Children's Odds of Being Arrested as a Young Adult: Do Drug Treatment Courts Mitigate the Risk?	J Child Fam Stud. 2016 Aug;25(8):2447-2457.	While 25% of children whose parents participated in a drug treatment court program were arrested as young adults, parental completion did not reduce this risk.	https://www.ncbi.nlm.nih.gov/pubmed/27840567
Family Drug Court	How does family drug treatment court participation affect child welfare outcomes?	Child Abuse Negl. 2014 Oct;38(10):1659-70.	Findings showed children of parents who were referred but did not enroll or who enrolled but did not complete had longer stays in foster care than children of completers. Call for future research to examine factors for improving participation and completion rates.	https://www.ncbi.nlm.nih.gov/pubmed/24736039
Families	Promising Results for Cross-Systems Collaborative Efforts to Meet the Needs of Families Impacted by Substance Use.	Child Welfare.2015;94(5):21-43.	Study examined data from >15,000 families served by 53 federal grantees showing that child safety and permanency, parental recovery, and family well-being improve when agencies work together to address the complex needs of families at the intersection of substance abuse treatment and child welfare.	https://www.ncbi.nlm.nih.gov/pubmed/26827463
Children's Services Policy Access	Residential Substance Abuse Treatment for Pregnant and Postpartum Women and their Children: Treatment and Policy Implications	Child Welfare.2001;80(2):179-98.	A report of the 27 five-year grants funded by SAMHSA that supported 35 residential treatment projects for substance-abusing pregnant and postpartum women and their children. These project provided comprehensive culturally and gender-specific treatment.	https://search.proquest.com/openview/84591b51e8a1c64515df8c4107c8206f/1?pq-origsite=gscholar&cbl=40853

Children's Services Policy Access Treatment	Maternal substance use and integrated treatment programs for women with substance abuse issues and their children: a meta analysis	Substance Abuse Treatment, Prevention, and Policy. 2010. 5:21.	Meta-analysis of 21 studies showed integrated programs not significantly more effective than non-integrated programs. Policy implications are disussed.	https://substanceabusepolicy.biomedcentral.com/track/pdf/10.1186/1747-597X-5-21
Prevention Treatment Adolescents Exercise	Neurobiology of Substance Use in Adolescents and Potential Therapeutic Effects of Exercise for Prevention and Treatment of Substance Use Disorders.	Birth Defects Res. 2017. 109(20);1711-1729.	Review article providing overview of current state of substance use in adolescents and rationale for utilization of exercise and assisted exercise to increase neural activity in cortical-subcortical regions for the prevention and adjunctive treatment of substance use disorder.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5751741/
School-based mental health	DPI	https://dpi.wi.gov/sspw/mental-health	Website with resources	https://dpi.wi.gov/sspw/mental-health
Research and Training Center	University of South Florida	https://rtckids.fmhi.usf.edu/sbmh/default.cfm	Website of research and training center	
School-based mental health	School-Based Mental Health: An Empirical Guide for Decision-Makers	http://rtckids.fmhi.usf.edu/rtcpubs/study04/default.cfm	The guide provides practical information and advice for those engaged in developingand implementing effective evience-based services in the school setting	
Strengthening families Protective factors	Center for the Study of Social Policy	https://ccsp.org/our-work/project/strengtheningfamilies/	The Strengthening Families framework s a research-informed approach to increase family strenghts, enhance child development, and reduce the likelihood of child abuse and neglect	

Family	Wisconsin-Based Parent Cafés	Supporting Families Together Association	Supporting Families Together Association is Wisconsin's statewide member association for organizations and individuals committed to making every early childhood a great one. Our core membership consists of Wisconsin's Child Care Resource & Referral Agencies (CCR&Rs) and Family Resource Centers (FRCs). Our individual membership is made up of other like-minded individuals.Parent Cafés guide parents to explore the Strengthening Families™ Protective Factors in a small group setting through a peer-to-peer learning process and individual self-reflection.	https://supportingfamiliestogether.org/families/support-your-family/
School Parent Engagement	Families and Schools Together (FAST)	Families and Schools Together (FAST)	Based on family systems theory and family stress theory, FAST brings families together in dynamic groups to build supportive relationships across domains of family, school and community.	https://www.familiesandschools.org/
Zero-to-three Social and emotional development Expulsion prevention	Zero to Three	https://www.zerotothree.org/resources/series/preventing-expulsion-from-preschool-and-child-care	Providing resources for child emotional and behavioral support	https://www.zerotothree.org/resources/series/preventing-expulsion-from-preschool-and-child-care

Children's Health Medical Home	Children's Health Allicance of Wisconsin	www.chawisconsin.org/initiatives/medical-home	The Wisconsin Medical Home Initiative was established in 2010 by the Wisconsin Department of Health Services. It has been administered by Children's Health Alliance of Wisconsin since 2015. The Wisconsin Medical Home Initiative is funded by the Wisconsin Department of Health Services' Title V Children and Youth with Special Health Care Needs Program and the Maternal Child Health Program located in the Division of Public Health.	http://www.chawisconsin.org/initiatives/medical-home/
Family-centered care Care Coordination	Patient- and Family-Centered Care Coordination:A Framework for Integrating Care for Children andYouth Across Multiple Systems	American Academy of Pediatrics (Policy Statement)	Understanding a care coordination framework	https://pediatrics.aappublications.org/content/pediatrics/133/5/e1451.full.pdf
Trauma	Trauma Toolbox for Primary Care	American Academy of Pediatrics	Tools for primary care	https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Trauma-Guide.aspx

Resource Website Trauma Attachment Disorder	The Circle of Security Network	http://circleofsecuritynetwork.org/	The COS Network provides an evidence-based intervention program for parents and children that focuses on relationships. The Network serves a wide range of families raising children and adolescents suffering from attachment difficulties due to developmental issues, reactive attachment disorder, maltreatment, disrupted relationships and complex trauma.	http://circleofsecuritynetwork.org
Resource Website	Center on the Social and Emotional Foundations for Early Learning	Vanderbilt University	Center website	http://csefel.vanderbilt.edu/resources/family.html
Resource Website Attachment	Attachment, Regulation and Competency (ARC) Framework	https://arcframework.org/	The Attachment, Regulation and Competency (ARC) Framework is a flexible, components-based intervention developed for children and adolescents who have experienced complex trauma, along with their caregiving systems.	https://arcframework.org/
Grief	National Alliance for Grieving Children	https://childrengrieve.org/	Mission is to raise awareness about the needs of children and teens grieving a death and provide education and resources to anyone who wants to support them.	https://childrengrieve.org/
Resource Website	Zero to Three	www.zerotothree.org	National resource for information on child development, attachment, overall needs of infants and toddlers	www.zerotothree.org

Resource Website	Center on the Developing Child	Harvard University	Catalyzes local, national, and international innovation in policy and practice focusedon children and families.	https://developingchild.harvarde du/
Resource Website Maternal and Infant Health	Maternal, Infant, and Early Childhood Home Visiting Program	HRSA	Home visiting best practices	https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview
Resource Website	American Academy of Pediatrics	aap.org	Early Intervention, IDEA, Part C	https://pediatrics.aappublication s.org/content/pediatrics/132/4/ e1073
Resource Website	Raising the Bar: Child Welfare's Shift Toward Well-Being	Center for the Study of Well-being	Increasing awareness about the poor developmental outcomes for children and youth in the child welfare system. The recognition of the need to improve well-being.	https://cssp.org/wp-content/uploads/2019/03/raisin g-the-bar-child-welfares-shift-toward-well-being.pdf
Resource Website	Center for Children and Family Futures	Children and Family Futures website	Children and Family Futures strives to prevent child abuse and neglect while improving safety, permanency, well-being and recovery outcomes for children, parents and families affected by trauma, substance use and mental health disorders.	https://www.cffutures.org
Resource Website	Durham Connects	Duke University	Durham Connects increases child well-being by bridging the gap between new parent needs and community resources.	https://childandfamilypolicy.duk e.edu/project/durham-connects/

Resource Website	Handle with Care	West Virginia Center for Children's Justice West Virginia State Police Headquarters	If a law enforcement officer encounters a child during a call, that child's information is forwarded to the school before the school bell rings the next day. The school implements individual, class and whole school trauma-sensitive curricula so that traumatized children are "Handled With Care". If a child needs more intervention, on-site trauma-focused mental healthcare is available at the school.	http://handlewithcarewv.org/index.php
Home visiting	Home Visiting	First Five Year's Fund	Discusses how home visiting builds more resiliency for the kids and can be a factor in the opioid epidemic.	https://www.ffyf.org/access-home-visiting-can-save-families-affected-opioid-crisis/
Resource Website Home visiting training	Staff training	Healthy Families America	One article focused on training to make the staff feel more confident and comfortable to keep having discussions on hard topics.	https://www.healthyfamiliesamerica.org/

Home visiting	Impacts on Family Outcomes of Evidence-Based Early Childhood Home Visiting: Results From the Mother and Infant Home Visiting Program Evaluation	Charles Michalopoulos, Kristen Faucetta, Carolyn J. Hill, Ximena A. Portilla, Lori Burrell, Helen Lee, Anne Duggan, and Virginia Knox. (2019). Impacts on Family Outcomes of Evidence-Based Early Childhood Home Visiting: Results from the Mother and Infant Home Visiting Program Evaluation. OPRE Report 2019-07. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.	The United States Department of Health and Human Services (HHS) released the Mother and Infant Home Visiting Program Evaluation (MIHOPE) report. MIHOPE is a legislatively mandated multi-tiered evaluation of the MIECHV program that includes the four largest national home visiting models: HFA, Early Head Start, Nurse Family Partnership, and Parents as Teachers.	https://www.mdrc.org/sites/default/files/MIHOPE_Impact_Report-Final2.0.pdf
Circle of Security Toddlers and Preschoolers	Changing toddlers' and preschoolers' attachment classifications: The Circle of Security intervention.	Hoffman, K. T., Marvin, R. S., Cooper, G. & Powell, B. (2006). Changing toddlers' and preschoolers' attachment classifications: The Circle of Security intervention. *Journal of Consulting and Clinical Psychology, 24,* 1017-1026.	Research study on the intervention The Circle of Security to provide parent education and psychotherapy based on attachment theory.	

NAS	Neurodevelopmental outcomes of neonates randomizedto morphine or methadone for treatment of neonatal abstinence syndrome.	Czynski et al. (2020). Neurodevelopmental outcomes of neonates randomizedto morphine or methadone for treatment of neonatal abstinence syndrome. *The Journal of Pediatrics, 219,* April 2020. Https://doi.org/10.1016/j.peds.2019.12.018	Randomized, controlled trial that evaluated the effects of pharmacologic treatment of NAS on neurodevelopmental outcome.	
Parenting with SUD	Children living with parents who have a substance use disorder.	Lipari, R. N. & Van Horn, S. L. (2017). *Children living with parents who have a substance use disorder.* The CBHSQ Report: August 24, 2017. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, MD.	Report on combined data from the National Survey on Drug Use and Health (NSDUHs) from 2009-2014 addressing the number of children living with at least on parent with an SUD.	https://www.samhsa.gov/data/sites/default/files/report_3223/ShortReport-3223.html
Mothers Parenting Intervention	Differential responsiveness to a parenting intervention for mothers in substance abuse treatment.	Paris, R., Herriott, A., Holt, M. & Gould, K. (2015). Differential responsiveness to a parenting intervention for mothers in substance abuse treatment. *Child Abuse & Neglect, 50,* 206-217.	Study examining the relationship between levels of psychosocial distress in substance-dependent mothers and their differential response to a dyadic parent-child intervention.	

RECOVERY SUPPORT SERVICES				
KEY WORDS	**TITLE**	**SOURCE**	**SYNOPSIS**	**WEB LINK**
All	Substance Abuse Treatment: Addressing the Specific Needs of Women	SAMHSA Treatment Improvement Protocol TIP 51	Provides a biopyschosocial framework for gender-responsive treatment. Models included are grounded in women's experiences, built on their strengths and based on evidence.	https://store.samhsa.gov/system/files/sma15-4426.pdf
Recovery Mindfulness	Moment-by-Moment in Women's Recovery: Randomized controlled trial protocol to test the efficacy of a mindfulness based intervention on treatment retention and relapse prevention among women in residential treatment for substance use disorder.	Contemp Clin Trials. 2017 Nov:62:146-152. Epub 2017 Sep 14.	About 50% of treatment participants leave early and relapse. This study tested the efficay of a 12-session mindfulness program on retention and relapse.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5812450/pdf/nihms908455.pdf
Technology Recovery Support	A Smartphone Application to Support Recovery from Alcoholism: A Randomized Clinical Trial	JAMA Psychiatry. 2014. 71(5);566-572.	Clinical trial testing Smartphone App vs. Usual Care showed Smartphone group reported significantly fewer risky drinking days than di patients in the control group.	https://jamanetwork.com/journals/jamapsychiatry/fullarticle/1847578
Policy Recovery Support	Promoting recovery in an evolving policy context: What do we know and what do we need to know about recovery supports services.	Journal of Substance Abuse Treatment. 2013. 45(1);126-33	Recovery is increasingly guiding substance use disorder services and policy.This paper reviews the policy environment surrounding recovery support services, the needs to which they should respond, and the status of current recovery support models.	https://www.sciencedirect.com/science/article/pii/S0740547213000329

Peer Recovery	Peer-Delivered Recovery Support Services for Addictions in the United States: A Systemmatic Review	J Subst Abuse Treat. 2016. Apr;63:109.	Systemmatic review identifies, appraises and summarizes evidence on effectiveness of peer-delivered recovery support services.	https://www.ncbi.nlm.nih.gov/pubmed/26882891
Children's Services Family Reunification	Integrated services for families with multiple problems: Obstacles to family reunification	Children and Youth Services Review. 2006. 28(9);1074-1087.	Study focused on families in the child welfare system with co-occurring programs and the liklihood of reunification. Sample of 725 substance-abusing families enrolled in Illinois Title IV Alcohol and Other Drug Abuse Waiver Demonstration.	https://www.sciencedirect.com/science/article/pii/S0190740905002173
Children's Services Family Services	A Family Perspective for Substance Abuse: Implications from the Literature	Journal of Social Work Practice in the Addictions. 2006. 6(1-2);1-29.	Authors present recommendations for increasing the focus on family in substance abuse research.	https://www.tandfonline.com/doi/abs/10.1300/J160v06n01_01
Recovery Support Spirituality Cultural Diversity	An Examination of Spirtuality among African American Women in Recovery from Substance Abuse	Journal of Black Psychology. 2000. 26(4); 470-486 Issue published: November 1, 2000.	Spirituality and its relationship to mental health outcomes, family attitudes, and satisfaction with social support was examined among African American women in recovery from substance abuse.	https://journals.sagepub.com/doi/10.1177/0095798400260040008
Housing	Treatment Improvement Protocol #55: Behavioral Health Services for People who are Homeless	Substance Abuse and Mental Health Services Admintration, Treatment Improvement Protocol (TIP) Series, #55	This SAMHSA Tip helps providers work more effectively with peoples experiencing homelessness or are at risk of becoming homelessand need or are currently in SUD treatment.	https://store.samhsa.gov/system/files/sma13-4734.pdf
Housing	Housing and Shelter	Substance Abuse and Mental Health Services Administration	Provides definitions for housing and shelter and links to SAMHSA resources to address these issues in treatment.	https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/housing-shelter

Housing	Permanent Supportive Housing Evidence-Based Practices (EBP-KIT)	Substance Abuse and Mental Health Services Administration. Available for download from SAMHSA website.	Toolkit outlines essential components for supportive housing services and programs for people living with psychiatric disorders. Includes eight booklets on program development.	https://store.samhsa.gov/product/Permanent-Supportive-Housing-Evidence-Based-Practices-EBP-KIT/SMA10-4510
Housing	Homeless women's service use, barriers, and motivation for participating in substance use treatment.	Am J Drug Alcohol Abuse. 2018;44(2):252-262.	Study showed over 60% of homeless women with dual alcohol and drug use disorders used some type of SUD service in past year (more than drug or alcohol use alone). Study examines barriers for homeless women despite high motivation for treatment.	https://www.ncbi.nlm.nih.gov/pubmed/28806101
Housing Treatment Recovery Support Svs Employment	What are your priorities right now? Identifying service needs across recovery stages to inform service development.	Journal of Substance Abuse Treatment. 2010. 38(1);51-59	Qualitative data is presented that suggest that many areas of functioning remain challenging long after abstinence is attained, most notably employment and education, family/social relations, and housing. Implications for the development and evaluation of recovery-oriented services are discussed.	https://www.sciencedirect.com/science/article/pii/S07405472090 0097X
Housing	Exploring opioid use disorder, its impact, and treatment among individuals experiencing homelessness as part of a family.	Drug Alcohol Depend. 2018. July 1:188:161-168.	Report on semi-structured interviews with adults experiencing opioid use disorder staying in family shelters with dependent children.	https://www.sciencedirect.com/science/article/pii/S03768716183 02710?via%3Dihub

Housing Treatment	Substance use outcomes among homeless clients with serious mental illness: Comparing Housing First with Treatment First programs	Community Mental Health Journal. 2011. 47(2);227-232	A comparison of "Housing First" approach to treatment vs. "Treatment First" approach. Differences were assessed using qualitative data.	https://link.springer.com/article/10.1007/s10597-009-9283-7
Housing	Disaffiliation, Substance Use and Exiting Homelessness	Substance Use & Misuse. 2003. 38(3-6); 577-599	Study looked at social affiliation and association with homelessness. Social affiliation only impacted exiting homelessness when substance abuse was not a factor.	https://www.tandfonline.com/doi/full/10.1081/JA-120017386?scroll=top&needAccess=true
Housing Treatment	Treating Homeless Clients with Severe Mental Illness and Substance Use Disorders: Cost and Outcomes	Community Mental Health Journal. August 2006. 42(4);377-404	Comparison of costs and outcomes associated with 3 treatment programs: Integrated Assertive Community Treatment (IACT), Assertive Community Treatment only (ACTO), and standard care. Clients in IACT and ACTO reported more days in stable housing than control. ACTO was the most expensive.	https://link.springer.com/article/10.1007/s10597-006-9050-y
Employment	Integrating Substance Abuse Treatment and Vocational Services	Substance Abuse and Mental Health Services Administration (2000) Treatment Improvvement Protocol #38	Presents the importanceof integrating vocational services into substance abuse treatment planning and how employment can play a key role in recovery.	https://www.ncbi.nlm.nih.gov/books/NBK64287/

Employment	Work and Identity in Substance Abuse Recovery	Journal of Substance Abuse Treatment. 1998. 15(1);65-74	Employment trainng/job search activities are integrated into social model programs andoffers quality evidence of how staff and advanced residents teach the value of work. Longitudinal data suggest the focus of social model on employment does make a difference in posttreatment functioning.	https://www.sciencedirect.com/science/article/pii/S07405472970 0250X
Recovery Behavioral Health	Recovery to Practice: Resource Center for Behavioral Health Professionals FREQUENTLY ASKED QUESTIONS (FAQs)	July 2011. Substance Abuse and Mental Health Services Adminsitration. Http://www.samhsa.gov	Thirty of the most frequently asked questions about recovery and recovery-oriented practice--and answers.	https://niatx.net/pdf/kansas/resources/SAMHSA_RTP_FAQs.pdf
Peer Support	Associations between the peer support relationship, service satisfaction and recovery-oriented outcomes: a correlational study.	Journal of Mental Health. 2018. 27(4);352-358.	Study results from peer-to-peer relationship study in population with serious mental illness.	https://www.tandfonline.com/doi/abs/10.1080/09638237.2017.1417554?journalCode=ijmh20
Adolescents Recovery Support Telephone	Recovery Support for Adolescents with Substance use Disorders: The Impact of Recovery Support Telephone Calls Provided by Pre-Professional Volunteers.	J Subst Abuse Treat. 2014. Apr;2(2):1010.	Study examined direct and indirect effects of recovery support telephone calls following adolescent substance use disorder treatment.	https://www.ncbi.nlm.nih.gov/pubmed/25574502

SUBSTANCE USE DISORDERS				
KEY WORDS	**TITLE**	**SOURCE**	**SYNOPSIS**	**WEB LINK**
Substance use disorders Mental health Needs assessemt	*Wisconsin Mental Health and Substance Use Needs Assessment* (P-00613).	Wisconsin Department of Health Services, Division of Care and Treatment Services. (2018).	This needs assessment is used by the Wisconsin Department of Health Services to inform ongoing program and policy planning as well as to develop funding and program priorities.	https://www.dhs.wisconsin.gov/publications/p00613-17.pdf
Sex and Gender Differences Pregnancy Breastfeeding	NIH Drug Facts: Substance Use in Women	National Institute on Drug Abuse Drug Facts: www.drugabuse.gov	Addressed the unique issues faced by women affected by substance use	https://www.drugabuse.gov/publications/drugfacts/substance-use-in-women
Epidemiology	Epidemiology of Substance Use Disorders	Merikangas, K. R. & McClair, V. L. (2012). Epidemiology of Substance Use Disorders. *Human Genetics, 131,* 77-789.	A summary of recent findings on the epidemiology of substance use and disorders.	
Stimulants	Stimulant Drug Use	https://drugabuse.com/?s=stimulant+drug+abuse	Overview of stimulant drugs use including signs and symptoms, physical effects, psychological and behavioral symptoms, statistics and information on teens.	https://drugabuse.com/?s=stimulant+drug+abuse
Overdose	Drug Overdose Deaths Among Women Aged 30-64 Years--United States, 1999-2017.	VanHouten, J. P., Rudd, R. A., Ballesteros, M. F. & Mack, K. A. (2019). Drug Overdose Deaths Among Women Aged 30-64 Years--United States, 1999-2017. *Morbidity and Mortality Weekly, 68.*	Covers overdose deaths and emergency room visits in women	https://www.cdc.gov/media/mmwrnews/2019/0111.html#anchor_1547130310218

Cannabis African American European American	The association of specific traumatic experienceswith cannabis initiation and transition to problem use: Differences between African-American and European-American women.	Werner, K. B., McCutcheon, V. V., Agrawal, A., Sartow, C. E., Nelson, E. C., Heath, A. C. & Bucholz, K. K. (2016). The association of specific traumatic experienceswith cannabis initiation and transition to problem use: Differences between African-American and European-American women. *Drug and Alcohol Dependence, 162,* 162-169.	Examination of trauma exposure to cannabis initiation and transition to first cannabis use disorder in African-American and European-American emerging adults.	
Pregnant Women Illicit Drug Use Private Practice	Prevalence of illicit drug use in pregnant women in a Wisconsin private practice setting.	Schauberger, C. W., Newbury, E. J., Colburn, J. M. & al-Hamadani, M. (2014). Prevalence of illicit drug use in pregnant women in a Wisconsin private practice setting. *American Journal of Obstetrics & Gynecology, 211:255e1-4.*	A prospective study designed to meausure the prevalence of illicit drug use in a Wisconsin obstetric practice.	
Adolescents Initiation	Adolescent initiation of drug use: Effects of prenatal cocaine exposure.	Richardson, G. A., Larkby, C., Boldschmidt, L. & Day, N. L. (2013). Adolescent initiation of drug use: Effects of prenatal cocaine exposure. *Journal of the American Academy of Child & Adolescent Psychiatry, 52,* 37-46.	Investigated the effects of cocaine exposure in early pregnancy and its relationship to adolescent initiation of marijuana and alcohol.	

Initiation Heroin	The risk environment of heroin use initiation: Young women, intimate partners, and "drug relationships."	Mayock, P., Cronly, J. & Clatts, M. C. (2015). The risk environment of heroin use initiation: Young women, intimate partners, and "drug relationships." *Substance Use and Misuse, 50,* 771-782.		
Opioid Overdose	Final Report: Opioid Use, Misuse and Overdose in Women.	U.S. Department of Health and Human Services, Office of Women's Health. (2017). *Final Report: Opioid Use, Misuse and Overdose in Women.* Retrieved from: https://www.womenshealth.gov/files/documents/final-report-opioid-508.pdf	Final report covering prevention, treatment, and recovery issues of both legal and illegal opioid use. Meeting report as part of an initiative of the US DHHS Office on Women's Health.	https://www.womenshealth.gov/files/documents/final-report-opioid-508.pdf
Prescription Stimlents	Illicit use of prescription stimulants: Gender differences in perceptions of risk.	Hachtel, J. C. & Armstrong, K. J. (2019). Illicit use of prescription stimulants: Gender differences in perceptions of risk. *Substance Use & Misuse, 54, 1654-1662.*	Research report on 1,714 undergrads looking at gender differences in prevalence of illicity stimulant use and perceptions of risk between women and men.	
Victimization Middle Adulthood	Childhood victimization and illicit drug use in middle adulthood.	Widom, C. S., Marmorstein, N. R. & White, H. R. (2006). Childhood victimization and illicit drug use in middle adulthood. *Psychology of Addictive Behaviors, 40,* 394-403.	Prospective cohort design to study whether childhood victimization increases risk of illicit drug use and related problems in middle adulthood.	

Gray Matter Changes Brain-Behavior	Sex differences in gray matter changes and brain-behavior relationships in patients with stimulant dependence.	Regner, M. F., Dlawani, M., Yamamoto, D., Perry, R. I., Sakai, J. T., Honce, J. M. & Tanabe, J. (2015). Sex differences in gray matter changes and brain-behavior relationships in patients with stimulant dependence. *Radiology, 277,* 801-812.	An investigation on whether sex modulates the effects of stimulant dependence on gray matter volume in patients who have achieved long-term abstinence and to characterize how sex modulates gray matter volume according to specific behavioral measures.	
Alcohol Use Binge Drinking	Alcohol use and binge drinking among women of childbearing age--United States 2011-2013.	Tan, C. H., Denny, C. H., Cheal, N. E., Sniezek, J. E. & Kanny, D. (2015). Alcohol use and binge drinking among women of childbearing age--United States 2011-2013. *Morbidity and Mortality Weekly Report, 64,* 1042-1046.	BRFSS data reporting on alcohol use and binge drinking of women aged 18-44 years old in the US.	https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6437a3.htm
Epigenetics Psychostimulants	Epigenetics and Addiction.	Cadet, J. L., McCoy, M. T. & Jayanthi, S. (2016). Epigenetics and addiction. *Clinical Phaymacology & Therapeutics, 99,* 502-511.	Article addressing the role of epigenetics in psychostimulant exposure.	
Prescription Stimulents	Prescription stimulants	https://www.drugabuse.gov/publications/drugfacts/prescription-stimulants	Drug facts on prescription stimulants, use and misuse, and health facts.	https://www.drugabuse.gov/publications/drugfacts/prescription-stimulants

Stimulant Use Homeless	Risk factors for stimulant use among homeless and unstably housed adule women.	Riley, E. D., Shumway, M., Knight, K. R., Guzman, D., Cohen, J. & Weiser, S. D. (2015). Risk factors for stimulant sue among homeless and unstably housed adult women. *Drug and Alcohol Dependence, 153,* 173-179.	Study of 260 female participants with a history housing instability from community-based venues to determin relative risk of stimulant use.	
Simulant Prescribing rates	Age- and sex-specific increases in stimulant prescribing rates--California, 2008-2017.	Tseregounis, I. E., Steward, S. L., Crawford, A., Marshall, B. D., Cerda, M., Shev, A. B. & Henry, S. G. (2020). Age- and sex-specific increases in stimulant prescribing rates--California, 2008-2017. *Journal of Attention Disorders, 24,* 205-214.		
Opioid Overdose	Increases in drug and opioid-involved overdose deaths--United States, 2010-2015.	Rudd, R. A., Seth, P., David, F & Scholl, L. (2016). Increases in drug and opioid-involved overdose deaths--United States, 2010-2015. *Morbidity and Mortality Weekly, 65, 1445-1452.*	Centers for Disease Control and Prevention report on drug and opioid related overdose deaths in the UW from 2010-2015.	https://www.cdc.gov/mmwr/volumes/65/wr/mm655051e1.htm
Epigenetics	Epigenetics and Addiction.	Hamilton, P. & Nestler, E. J. (2019). Epigenetics and addiction. *Current Opinion in Neurobiology, 59,* 128-136.	Discussion of drug-induced epigenetic adapttions.	

Wisconsin Drug Dashboards	Drug Dashboards	https://www.dhs.wisconsin.gov/search?search=drug+dashboard	The Wisconsin Department of Health Services maintains drug dashboards on a variety of topics for up-to-date useage, treatment, hospitalization and death reports.	https://www.dhs.wisconsin.gov/search?search=drug+dashboard
Prescription Opioids	Prescription opioids	https://www.drugabuse.gov/publications/drugfacts/prescription-opioids	Drug facts on prescription opioids, use and misuse, and health facts.	https://www.drugabuse.gov/publications/drugfacts/prescription-opioids
Substance Use Disorder Trends	Trends in substance use disorders among adults aged 18 and older.	Lipari, R. N. & Van Horn S. L. (2017). Trends in substance use disorders among adults aged 18 and older. *The CBHSQ Report: June 29, 2017.* Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, MD.	Report on data from 2002-2014 to examine substance use disorder trends.	https://www.samhsa.gov/data/sites/default/files/report_2790/ShortReport-2790.html
Alcohol-exposed Pregnancy	Vital Signs: Alcohol-exposed pregnancies--United States, 2011-2013.	Green, P. P., McKnight-Eily, L. R., Tan, C. H., Mejia, R. & Denny, C. H. (2016). Vital Signs: Alcohol-exposed pregnancies--United States, 2011-2013. *Morbidity and Mortality Weekly, 65,* 91-97.	Prevalence estimates for alcohol-exposed pregnancies in the United States. Includes key facts and risks.	https://www.cdc.gov/mmwr/volumes/65/wr/mm6504a6.htm
Opioid Overdose Prevention	SAMHSA Opioid Overdose Prevention TOOLKIT	https://store.samhsa.gov/sites/default/files/d7/images/sma18-4742.jpg	Strategies and resources to prevent opioid overdose deaths.	https://store.samhsa.gov/sites/default/files/d7/images/sma18-4742.jpg

Trauma American Indians	Understanding the link between racial trauma and substance use among American Indians.	Skewes, M. C. & Blume, A. W. (2019). Understanding the link between racial trauma and substance use among American Indians. *American Psychologist, 74,* 88-100.	Report on participatory research qualitative data from 25 American Indian key informants. Using a semistructured interview, participants discussed their perceptions of the causes of substance use problems and barriers to recovery on the reservation.	
Race/Ethnic Differences Pregnancy	Racial/ethnic differences in mental health treatment among a national sample of pregnant women with mental health and/or substance use disorders in the United States.	Salameh, T. N., Hall, L. A., Crawford, T. N., Staten, R. R. & Hall, M. T. (2019). Racial/ethnic differences in mental health treatment among a national sample of pregnant women with mental health and/or substance use disorders in the United States. *Journal of Psychosomatic Research, 121,* 74-80.	Research examined racial/ethnic differences in the receipt of mental health treatment among pregnant women with mental health and/or substance use disorders.	
Alcohol Use	Problem alcohol use among problem drug users in primary cares: A qualitative study of what patients think about screening and treatment.	Field, C. A., Klimas, J., Barry, J., Bury, G., Keenan, E., Smyth, B. & Cullen, W. (2013). Problem alcohol use among problem drug users in primary cares: A qualitative study of what patients think about screening and treatment. *BMC Family Practice, 14:98.*	Primary care based methodone programs in Ireland recruited individuals who used drugs and conducted semi-structured interviews to determine patient experiences.	https://bmcfampract.biomedcentral.com/articles/10.1186/1471-2296-14-98

Historical Trauma	Historical trauma among urban American Indians: Impact on substance abuse and family cohesion.	Wiechelt, S. A., Gryczynski, J., Johnson, J. L. & Caldwell, D. (2012). Historical trauma among urban American Indians: Impact on substance abuse and family cohesion. *Journal of Loss and Trauma, 17,* 319-336.	Study examining historical trauma in an urban American Indian sample (N-120) using validated measures of historical loss and associated symptoms.	
Gender Differences	Sex and gender differences in substance use disorders.	McHugh, R. K., Votaw, V. R., Sugarman, D. E. & Greenfield, S. F. (2018). Sex and gender differences in substance use disorders. *Clinical Psychology Review, 66,* 12-23.	Review providing an overview of sex/gender differnces in the biology, epidemiology, and treatment of SUDs.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5945349/

THEORETICAL FRAMEWORK				
KEY WORDS	**TITLE**	**SOURCE**	**SYNOPSIS**	**WEB LINK**
Relational-Cultural Theory	Relational-cultural theory and Reality therapy: A cultually responsive integrative framework.	Haskins, N. H. & Appling, B. (2017). Relational-cultural theory and Reality therapy: A cultually responsive integrative framework. *Journal of Counseling & Development, 95, 87-99.*	An overview of the two theories and a case illustration depicting the integration method in practice.	
Trauma-Informed	Women and addiction: A trauma-informed approach.	Covington, S. S. (2008). Women and addiction: A trauma-informed approach. *Journal of Psychoactive Drugs, Supp 5,* 377-385.	This article presented the definition of and principles for gender-responsive services and the Women's Integrated Treatment (WIT) model.	
Relational-Cultural Theory	Relational-cultural theory: Theory, research, and application to counseling competencies.	Frey, L. (2013). Relational-cultural theory: Theory, research, and application to counseling competencies. *Professional Psychology: Research and Practice, 44,* 177-185.	An overview of RCT including the overarching framework and practice.	
Relational-Cultural Theory	Relational-cultural theory: The power of connection to transform our lives.	Jordan, J. (2017). Relational-cultural theory: The power of connection to transform our lives. *Journal of Humanistic Counseling, 56,* 228-243.	RCT provides a rationale to guide therapeutic practice at the same time that it creates a basis for the pursuit of social justice.	

Relational-Cultural Theory Traumatic Stress Disorders	The use of relational-cultural theory in counseling clients who have traumatic stress disorders.	Kress, V. E., Haiyasoso, M., Zoldan, C. A., Headley, J. A. & Trepal, H. (2018). The use of relational-cultural theory in counseling clients who have traumatic stress disorders. *Journal of Counseling & Development, 96,* 106-114.	Overview of traumatic stress disorders and RCT including the ways RCT can inform trauma conceptualization and treatment approaches.	
Trauma Theory	Comtemporary trauma theory and trauma-informed are in substance use disorders: A conceptual model for integrating coping and resilience.	Goodman, R. (2017). Comtemporary trauma theory and trauma-informed are in substance use disorders: A conceptual model for integrating coping and resilience. *Advances in Social Work, 18, Spring 2017.*	Integrating trauma-informed care practices aimed at enhancing coping and resilience into treatment for co-occurring trauma and SUDs.	http://advancesinsocialwork.iupui.edu/index.php/advancesinsocialwork/article/view/21312/20845

IMPLEMENTATION				
KEY WORDS	**TITLE**	**SOURCE**	**SYNOPSIS**	**WEB LINK**
Organization Change Implementation Frameworks	Improving programs and outcomes: Implementation frameworks and organization change.	Bertram, R. M., Blase, K. A. & Fixsen, D. L. (2015). Improving programs and outcomes: Implementation frameworks and organization change. *Research on Social Work Practice, 25,* 477-487.	Recent refinements to implmentation constructs and frameworks.	