Special Connections Annual Report
July 1, 2003 – June 30, 2004

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SPECIAL CONNECTIONS ANNUAL REPORT FY 2003-2004

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Forward

The Special Connections Program has been in place since 1992 in Colorado. During the past 10 years, tremendous changes have taken place in the field of substance abuse treatment, as well as in the fields of addiction and prenatal care. More information is available now about the longer term effects of prenatal exposure to drugs and alcohol, and public concern about some drugs has decreased while concern about others has increased. In 1992, child welfare agencies, law enforcement and the medical community were concerned about crack cocaine and about the surge in the number of babies born who tested positive for cocaine at birth. In the past 3 – 4 years, methamphetamine has become a particular concern in Colorado, due to rising public awareness of the risks of clandestine methamphetamine labs to children living in homes shared with these operations, as well as the risks to the environment and to our neighborhoods.

The field of women's gender-specific substance abuse treatment was relatively new in the early 90's; since then a wealth of information has become available about effective treatment models and the components of a comprehensive, integrated system of care for pregnant women with addictions. Newer approaches to care include a recognition of the important role of trauma in the lives of women with addictions, as well as practical solutions to problems of daily living, such as scheduling and including significant others and family members in the treatment process.

The report is primarily a description of the Special Connections program as it now stands, and includes descriptive data collected over the past 10 years about the women we serve. Many of our treatment providers have been with us since 1992, and many of the counselors and program directors have become experts in the field of the provision of gender-specific services to pregnant women and women with dependent children. Future work should include further analysis and comparison of this information to other available data about treatment of other populations, as well as an analysis of the variables that may or may not contribute to successful outcomes within our client population. Our Special Connections database includes much more information than we are able to discuss in this annual report, and we are very optimistic and enthusiastic about our continued work in this field, on behalf of the women and children in Colorado who are impacted by addiction.

Many thanks go out to our many collaborators, partners and providers in this endeavor, including the Colorado Department of Health Care Policy and Financing, the Prenatal Plus Program through the Colorado Department of Public Health and Environment, the Colorado Department of Human Services, Child Welfare Division, the State Court Administrator's Office, Division of Probation Services and the many dedicated addictions counselors and women's advocates who have worked so hard to make this program a success.

A special thank you to Robert Clark, photographer, for his gracious permission to use the photograph on the cover of this report, which so elegantly illustrates the special connection between mother and child.

Special Connections—Program Highlights

Program Goals:

- To produce a healthy infant
- To maintain the family unit, with mother, infant and other family members
- To promote and assure a safe child-rearing environment for the newborn and other children
- To reduce or stop the substance using behavior of the pregnant woman during and after the pregnancy

Program Objectives:

- To prevent or reduce the number of low birth weight babies born
- To support drug/alcohol-free, full=term, healthy pregnancies
- To educate women about the effects of alcohol, other drugs or tobacco on the fetus' and the mother's health as well as the risk of HIV transmission through injection drug use
- To teach women about infant and child safety, attachment and other developmental behaviors of infants and children

Eligibility Criteria:

- Medicaid eligibility or presumptively eligible for Medicaid (non-Medicaid eligible women may receive funding through the Federal Block Grant)
- Pregnant
- Assessed at high risk for a poor birth outcome due to substance abuse or dependence
- Willingness to receive prenatal care during pregnancy

Services provided on an outpatient or residential basis (room and board are not covered services):

- An in-depth assessment to determine level of alcohol/drug abuse or dependence and the comprehensive treatment needs of the client
- Individual substance abuse counseling
- Group substance abuse counseling with other pregnant women
- Case management services
- Group health education/information and life management skills
- Direct provision of or arrangements for child care while the mother receives substance abuse treatment services (covered by federal alcohol an drug abuse block grant funds)
- Urine screening and monitoring on a randomized basis to measure treatment progress
- Access to other behavioral services within the treatment agency

Activities and Issues for Fiscal Year 2003-2004

Increasing Access to Substance Abuse Treatment for Addicted Pregnant Women in Colorado

Despite the availability of substance abuse treatment under the Special Connections program, the need for treatment for pregnant women far exceeds its availability. There is no mandated data collection in Colorado to date regarding the number of substance-exposed infants born in this state, Until such time as we have an accurate count of the number of drug-exposed infants born in Colorado, we can only estimate the number of pregnant women in the state in need of addiction treatment.

A very rough estimate of the need for substance abuse treatment by pregnant women can be had by taking the number of births in Colorado (65,429 in 2000), and applying the substance abuse prevalence rate of 7.8% (Mendelson, 2002) to that number to obtain the number of pregnant women in need of treatment. This number comes to 5,103. In a report issued in January, 2004, in the National Survey on Drug Use and Health report entitled *Pregnancy and Substance Use* (SAMHSA, 2004), 3 percent of pregnant women reported use of illicit drugs in the past month, and 3 percent reported binge alcohol use. It is unclear from this report how much overlap there is between the two groups, but even using the 3% figure to estimate the number of pregnant women in Colorado in need of treatment, there would be 1,962, based upon numbers from the year 2000. The 334 women contacted by our Special Connections providers during FY 2004 constitute approximately 17% of the more conservative estimate of the number of pregnant women likely to be in need of addiction treatment in Colorado.

In Fiscal Year 2003-2004, two new providers were added, effective July 1, 2003, to the existing Special Connections programs—Centennial Mental Health Center, located in Sterling, Colorado but serving Colorado's 10 northeast counties, and Colorado West Regional Mental Health Center, in Glenwood Springs. Crossroads Managed Care expanding their Special Connections services to the San Luis Valley, Trinidad and Walsenberg, and ARTS' women's Therapeutic Community program is being added to the menu of residential treatment programs available to pregnant women.

It is hoped that with an increase in the number of sites providing addiction treatment to pregnant women around the state, as well as the addition of another residential program for women and children under Special Connections, a greater proportion of the pregnant women in need of addiction treatment in Colorado will receive it.

One of the Special Connections providers, Arapahoe House, took a leadership role in the development of a trauma-sensitive infectious disease screening tool, when it was discovered that the questions and format of the ADAD approved tool was increasing barriers to participation in treatment for women whose traumatic memories were

triggered by the information requested in the questions. As there is a significant link between trauma history and addiction, the use of this less intrusive questionnaire should lead to greater engagement and retention in treatment for women who previously left treatment due to this issue.

Improving Linkages Between Special Connections and Other Programs Within the Colorado Department of Human Services

ADAD staff participate in numerous committees throughout the Department of Human Services, in an effort to increase awareness of the availability of Special Connections services for pregnant women. ADAD's Women's Treatment Coordinator is on the Core Team for the State's In-Depth Technical Assistance Project from the National Center on Substance Abuse and Child Welfare, aimed at the development of a standard protocol for screening, assessment, engagement and retention in treatment of child welfare clients involved with the juvenile court. This protocol will be completed by July 1, 2004, and will then be piloted in 4 counties.

ADAD's Women's Treatment Coordinator also provides training and technical assistance to County child welfare staff, substance abuse treatment provider staff and community agencies around the intersection between substance abuse and child abuse and neglect, as well as the provision of gender-specific treatment services for women. She provides the four substance abuse trainings offered by the Institute for Families at the University of Denver, through a contract with CDHS County Training and Staff Development department.

Broadening the Special Connections Referral Base

Special Connections providers hold regular outreach meetings with other agencies within their communities, in order to increase awareness of Special Connections services. Outreach continues to target health care providers, probation departments, county social services departments, and women's services groups around the state. In addition to conducting outreach and inservice trainings for potential referral source agency staff, Special Connections providers have been in contact with their local Prenatal Plus programs, in order to re-establish linkages with them and facilitate referrals between the two programs.

Increasing Public Awareness of the Effectiveness of Substance Abuse Treatment for Pregnant Women

ADAD staff presented information regarding the effectiveness and availability of treatment for addiction to 505 participants over 123 hours in FY 2003.

As maternal addiction continues to carry a large stigma within the minds of the public, concerns regarding the effectiveness of substance abuse treatment continue to be heard from various audiences around the state. The most recent research available regarding addiction verifies that it is a behaviorally based brain disease similar in its chronic nature

to other such diseases like diabetes, hypertension and asthma. As with any of these diseases, if treatment is discontinued, the likelihood increases that symptoms will return. Old models used to measure the effectiveness of treatment did not account for the probability of relapse once treatment was discontinued, thus interpreting relapse as treatment failure. Current treatment models, together with information about the disease of addiction, show that treatment is more effective when it is delivered over longer periods of time (NIDA, 1999). A minimum of 90 days of treatment is associated with better treatment outcomes, with longer time in treatment showing more improvement. For pregnant women, treatment contact throughout the pregnancy and post-partum period is optimal, because it provides continued support during the period of time during which women can be prone to relapse if treatment is discontinued.

Summary of Continued Challenges

A survey of current Special Connections providers conducted in January, 2004, indicated that the programs continued their commitment to serving pregnant women, despite the significant financial hardship that these programs face. Pregnant women are a difficult population to serve because they have so many needs beyond the provision of treatment groups, and because they must deal with competing priorities and stresses in their lives associated with being pregnant. The Special Connections providers have expressed interested in the following continued innovations for the provision of treatment services to pregnant women:

- ⇒ Development of shared family care, together with their local county departments of social services, to enable mothers and children to remain together in a home-like environment during the early part of the women's recovery
- ⇒ .Formation of a committee to develop trauma-informed policies and procedures, as well as trauma informed approved treatment curricula for pregnant women and women with their children
- ⇒ Ongoing training and technical assistance to referral sources regarding addiction, recovery and treatment services for women
- ⇒ Exploration of treatment models and modalities which fall outside of the traditional addiction treatment models (such as brief, solution focused therapy for addiction)

Outcomes for Special Connections FY 2004

The Special Connections program treated 334 new women between July 1, 2003 and June 30, 2004. 163 birth outcomes were collected by Special Connections during that time period, reflecting a retention rate in treatment through the birth of the child of 48% overall.

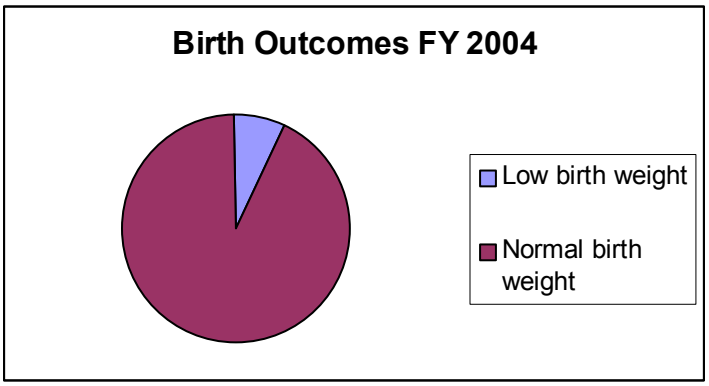
Of the birth outcomes collected, 12 of the infants born were of low birth weight, and 151 were of normal birth weight, defined as 5 pounds, 8 ounces or more.

According to data provided by the Prenatal Plus program in their Annual Report for FY 2001, the average taxpayer cost of a low birth weight baby is figured at $6,362 in dollars at the 2000 rate. (Prenatal Plus Annual report, 2001, page 9). The 151 average birth weight babies delivered to Special Connections clients saved taxpayers $960,662 in FY 2004, assuming that every one of those babies would have been born at low birth weight had treatment not been provided for their mothers' substance abuse

Table 1: Birth Outcomes FY 2004

Outcome	Number	%
Low birth weight	12	7%
Normal birth weight	151	93%
Total:	163	100%

Chart 1: Birth Outcomes FY 2004



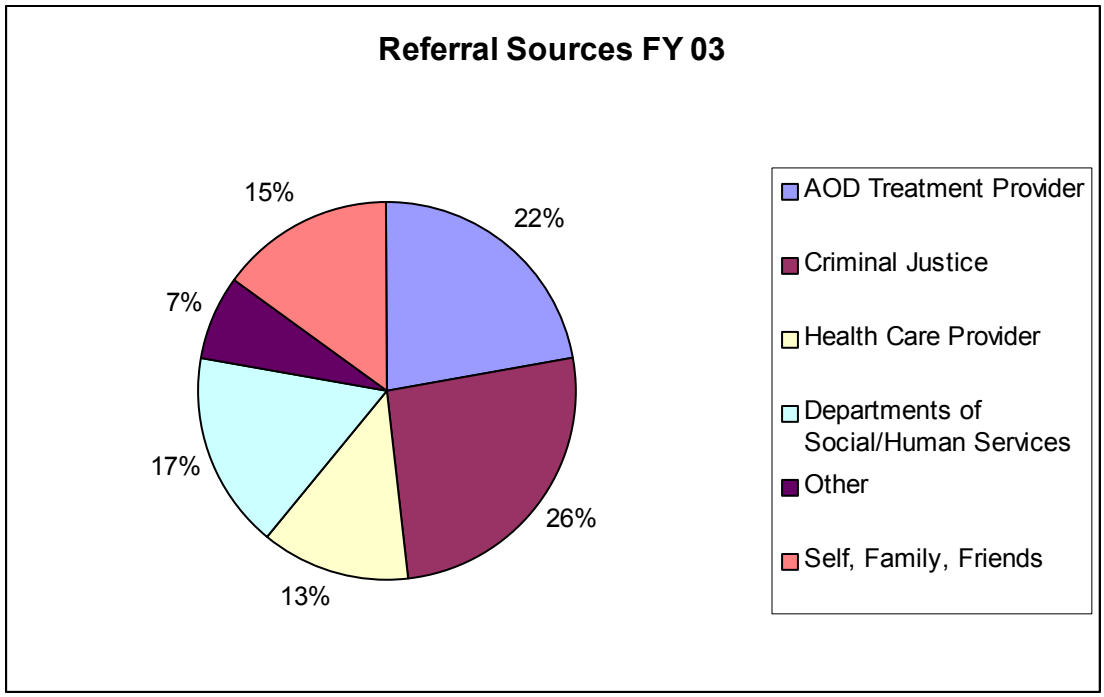
Referral Sources for Special Connections, FY 2004

Referral sources for women treated in FY 04 consisted of the following, and indicated that while criminal justice agencies and substance abuse treatment agencies made the

majority of referrals to Special Connections, there was less of a discrepancy between referral sources this year than there had been during the ten years whose data is reflected in the appendix:

AOD Treatment Provider	62
Criminal Justice	72
Health Care Provider	36
Departments of Social/Human Services	47
Other	20
Self, Family, Friends	42
Total:	279

Chart 2: Referral Sources FY 04



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Prenatal Plus Annual Report 2001.

Appendix A—About the Special Connections Program

Special Connections is a substance abuse treatment program jointly administered by Colorado Department of Human Services, Alcohol and Drug Abuse Division, and the Colorado Department of Health Care Policy and Financing. This program provides substance abuse treatment and case management services to women who are pregnant and have substance abuse issues. The Alcohol and Drug Abuse Division contracts with some of its licensed women's treatment programs to provide services paid for with Medicaid dollars through Health Care Policy and Financing.

Legislation authorizing the Special Connections program was passed in 1991, as Senate Bill 91-56. Rationale for this legislation was that Colorado would benefit from early identification and intervention with pregnant women who had substance abuse problems and were therefore at risk of delivering low-birth weight babies with other health complications, and that this program would save money for Colorado through the provision of these services. Funding for both residential and outpatient treatment was approved at that time.

Services provided and paid for by Medicaid include group treatment, health education, case management and individual counseling, as well as an initial risk assessment and urinalysis testing. Under Medicaid rules, a Certified Addictions Counselor II or III must provide these services. The services must also be provided by a licensed substance abuse treatment facility that is licensed specifically for women's treatment. As of this writing, there are 12 substance abuse treatment programs providing services through subcontracts with ADAD

Available levels of care for pregnant women are listed and defined in Table 1. Levels of care are defined in the ASAM (American Society of Addiction Medicine) Patient Placement Criteria for the Treatment of Substance-Related Disorders (Second Edition—Revised). These placement criteria determine the level of care into which a woman is placed during the course of her treatment. The placement criteria, when applied, require an assessment of the intensity of level of care needed across six dimensions:

Dimension 1: Acute Intoxication/Withdrawal Potential
Dimension 2: Biomedical Conditions and Complications
Dimension 3: Emotional, Behavioral or Cognitive Conditions or Complications
Dimension 4: Readiness to Change
Dimension 5: Relapse/Continued Use/Continued Problem Potential
Dimension 6: Recovery Environment

Information about these dimensions, or aspects of the pregnant woman's substance abuse and related conditions, is collected from a variety of sources. This assessment continues throughout the treatment process, so that if something changes to influence the level of difficulty experienced in one or more of these dimensions, the client's treatment plan can be adjusted to incorporate this new information. Thus, treatment does not consist of a specified number of sessions at a particular level of care (as is common in DUI programs,

for example, or some forms of offender treatment) but rather is aimed at finding and providing the safest and most effective interventions at any given time.

Table 2: ASAM Levels of Care Offered to Pregnant Women through Special Connections

Level of Care	Name	Number of Contact Hours/Week	Modalities Provided
I	Outpatient Treatment	Less than 9	Group, case management, individual sessions, health education groups and couples and family sessions
II.1	Intensive Outpatient Treatment	Between 9 and 20	Same as above, however sessions are more frequent and designed to address a greater number of issues
III.1	Transitional Residential Treatment	Residential	Halfway House model—treatment is provided evenings and weekends so that clients can work during the day. Services provided are the same as those listed above
III.5	Therapeutic Community	Residential	Same services provided as above. Some programs require clients to be completely substance free (includes use of psychotropic medication by prescription). Treatment provided by the milieu—less client contact with professional counselors than is provided in other modalities.
III.7	Intensive Residential Treatment	Residential	Individual, group, education sessions all provided on site, as well as linkages to mental health evaluations, medical services and family treatment sessions

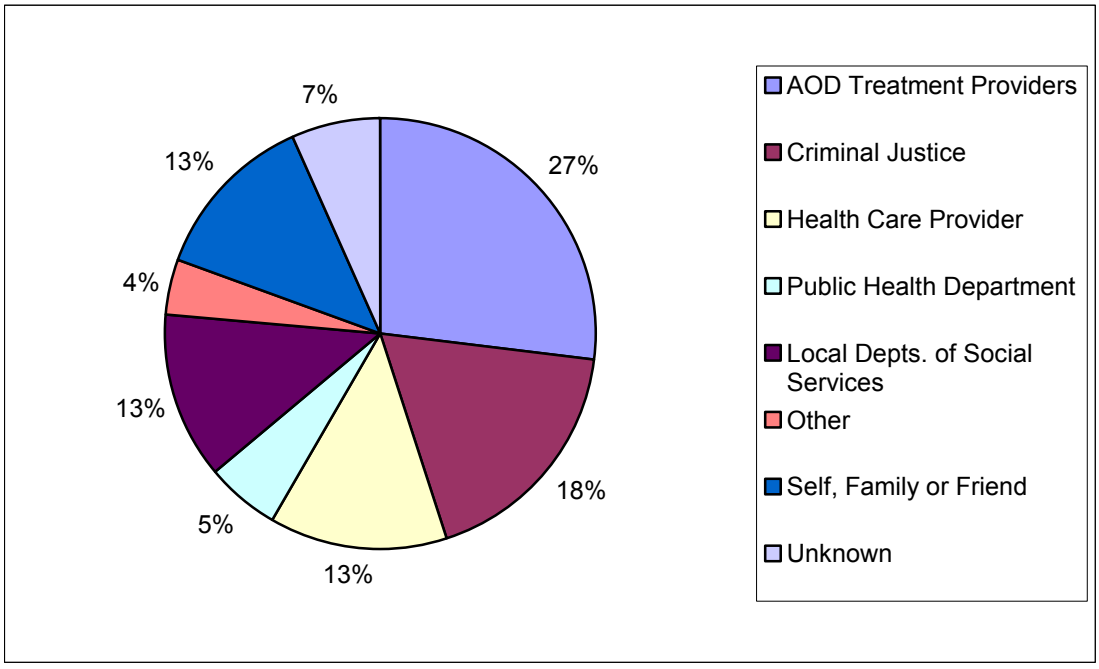
The Alcohol and Drug Abuse Division receives Federal dollars from the Center for Substance Abuse Treatment (CSAT) through the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). A portion of these dollars is set aside to provide treatment and ancillary services for women experiencing problems with substance abuse. This funding, known as Specialized Women's Services funding, enables funded programs in Colorado to reduce barriers to treatment participation by women. These barriers include lack of transportation to and from treatment, childcare provided while the client is in treatment, gender-specific groups, linkages to medical care and family planning services, access to trauma services and family treatment.

For pregnant clients in treatment through Special Connections, SWS funding is used to supplement the treatment they receive by providing for the above services when these fall outside of the Medicaid-reimbursable services.

Referrals to Special Connections:

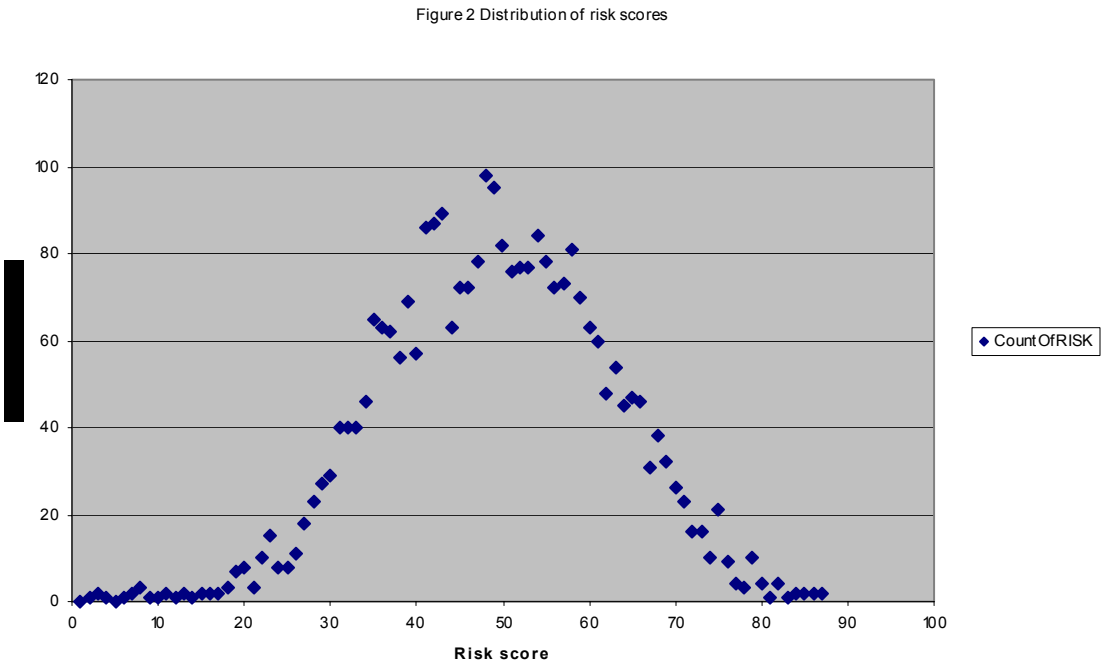
Historically, referrals to the Special Connections program have come from a variety of sources which are broken out into the categories listed in Figure 1. Substance abuse treatment providers (AOD Treatment Providers) have made the largest number of referrals to the Special Connections program (27% of referrals), followed by Criminal Justice (18%), Health Care Providers, Departments of Social Services and Self, Family or Friend (each at 13%). 5 % of referrals to Special Connections have come from the Department of Public Health and Environment, 7% from unknown sources, and 4% from other sources.

Figure 1: Referral Sources



Access to treatment and screening criteria (Risk assessment):
When the Special Connections program began, there was concern over the possibility that so many women would attempt to access treatment that the available resources might not meet the need, so a risk assessment tool was developed to establish a cut-off point below which pregnant women would not be eligible for services. This would be true in cases in which the risk to the unborn child appeared relatively low, and a screening criteria score of 20 or below was determined to render a woman ineligible for treatment funding under this program. Figure 2 shows the distribution of 2976 risk assessment scores collected for the first 10 years of the Special Connections program. The mean of these scores is 50.3, and the standard deviation is 18.5. The risk assessment scores show a normal distribution along a bell-curve, indicating that the risk assessment tool is capturing information about a range of factors that appear to measure accurately those items necessary to an appropriate estimate of the issues facing this population.

Figure 2—Distribution of risk scores



About the Risk Assessment Tool: This form was developed in 1993, according to what was known at that time about the effects of prenatal exposure to different substances of abuse. ADAD plans to revise this tool as soon as possible to take into account current information made available since the tool was developed, as well as to make the tool more sensitive to important data collected in order that the risk assessment tool may reflect more accurately what other risk factors women are facing. The risk assessment instrument contains 25 items scored between 0 and 5 points depending upon the associated risk of low birth weight associated with each risk factor. Please see the

attached risk factor sheet titled "Screening Criteria for Special Connections Program" for the actual instrument used.

Profile of population served:
Data collected from the Screening Criteria form over the past 10 years paint a complex picture of some of the issues faced by women enrolled into Special Connections. Information is collected about drug use as well as about other co-occurring issues that impact women's lives and influence the course of their treatment for substance abuse. Clients report their primary and secondary drugs of choice, as well as their age of first use and the frequency of their use. Information is collected at intake, during one of the initial sessions between the client and her counselor. The relationship between the client and the counselor being a new one, it would be natural for the client to under-report information regarding some of the items on the risk assessment, and yet it is remarkable how forthcoming the women have been in giving information about their lives.

Figure 3 shows the chronological ages of clients served at intake. Client ages are divided into three groups: up to age 20, between 21 and 33, and ages 34 and above. No demographic information is collected by Special Connections regarding race/ethnicity, nor marital status or education level, as these are not seen as primary contributors to risk of prenatal or neonatal complications in babies born to substance abusing or addicted pregnant mothers. Data regarding pregnancy status at intake is collected, as the sooner in her pregnancy a woman gets started in treatment, the better the likely outcome of the pregnancy. 30% of Special Connections enter treatment in the first trimester of their pregnancies, 42% enter during the second trimester, and 28 % enter during the third trimester.

Figure 3 – Chronological age of clients served

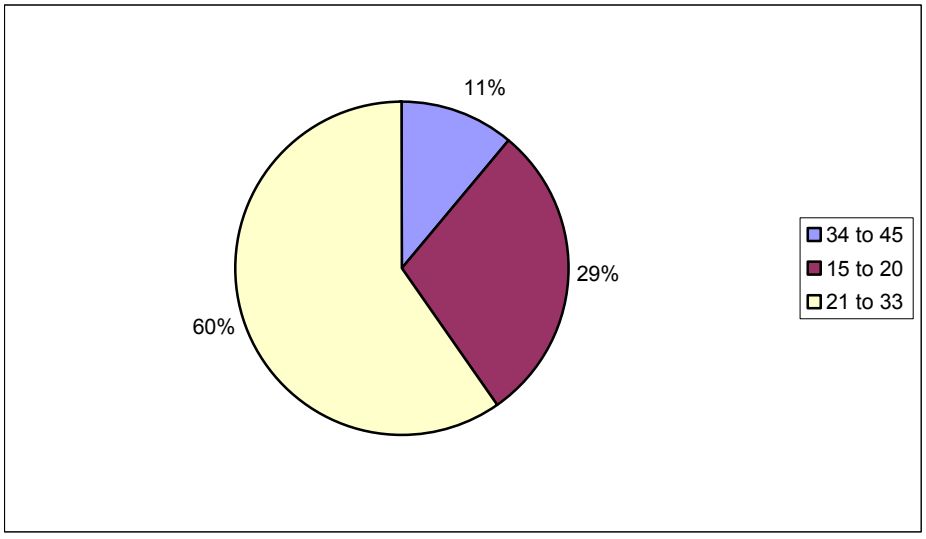
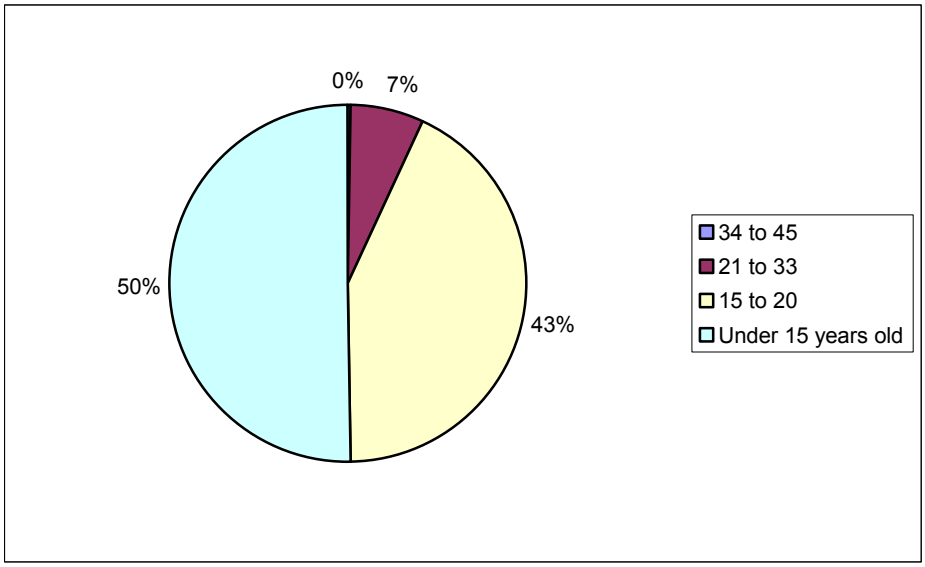


Figure 4 contains information regarding the age of first use of illicit drugs or alcohol by Special Connections clients. Our risk assessment information indicates that fully half of

the pregnant women treated through Special Connections began their use of substances before the age of 15 years. Another 43% began using between the ages of 15 and 20, and only 7% began using after the age of 20. This information is consistent with what is known in general about age of first use of substances, that the earlier a girl starts using, the more likely it is that she will have problems related to that use (National Center on Addiction and Substance Abuse at Columbia University, p. 16).

Figure 4—Age at first use



Primary and secondary drugs of choice are shown in Figures 5 and 6. These numbers are somewhat difficult to interpret, because the categories of drugs used are grouped together according to the risk of potential harm to a fetus if exposed in utero, as this information was available in 1993. Thus, cocaine and alcohol are grouped together, so that if a woman uses alcohol as a primary drug of choice and cocaine as a secondary drug of choice, both of these substances (although pharmacologically very different from one another) show up in light blue on the chart. Our data analysis is not sophisticated enough at this point to be able to tease these substances out from one another, but it does stand to reason according to anecdotal reports from treatment providers that these two categories of substances can indeed be used as primary and secondary drugs of choice.

In addition, information regarding methamphetamine and the increase in its use in recent years is also not reflected in this data, because methamphetamine is grouped together with opiates, stimulants and amphetamines (and is not listed as a separate substance within this subgroup).

Figure 5—Primary drug of choice

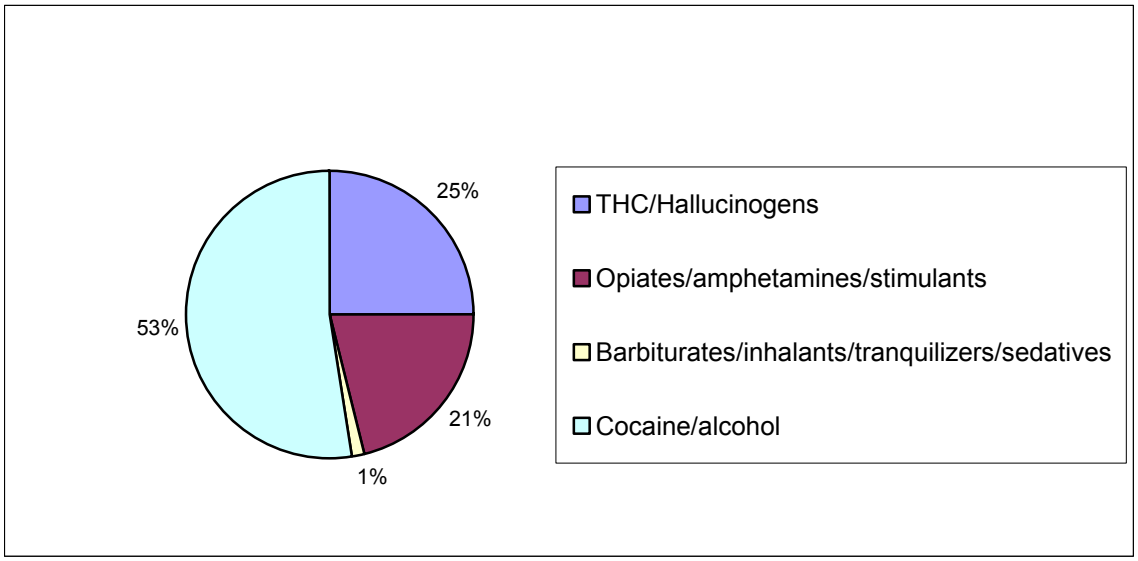


Figure 6—Secondary drug of choice

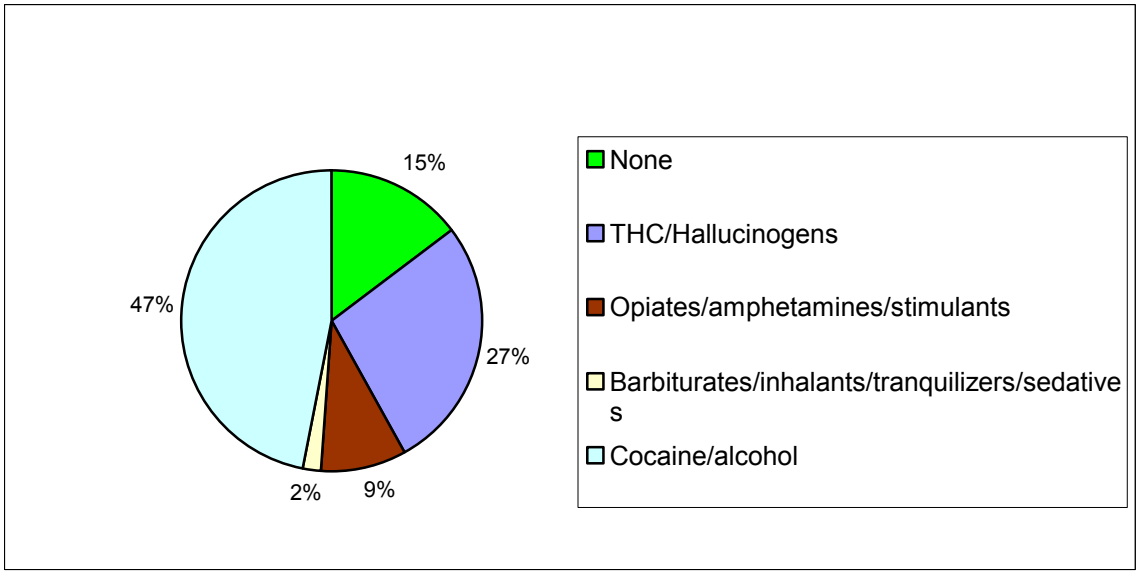


Figure 7 shows the frequency of use of substances reported by women at admission to Special Connections. Although 2 percent admit to no use and 22 percent admit to using substances monthly, it is noteworthy that the remaining 76% of clients admitted to using weekly or more. Again, as people entering substance abuse treatment are often assumed to under-report their substance use at the outset of a therapeutic relationship, the availability of this level of information at intake indicates that the clinicians are quite skilled at obtaining the information, or that pregnant women entering treatment through Special Connections have particularly significant levels of substance use.

Figure 7—Frequency of use

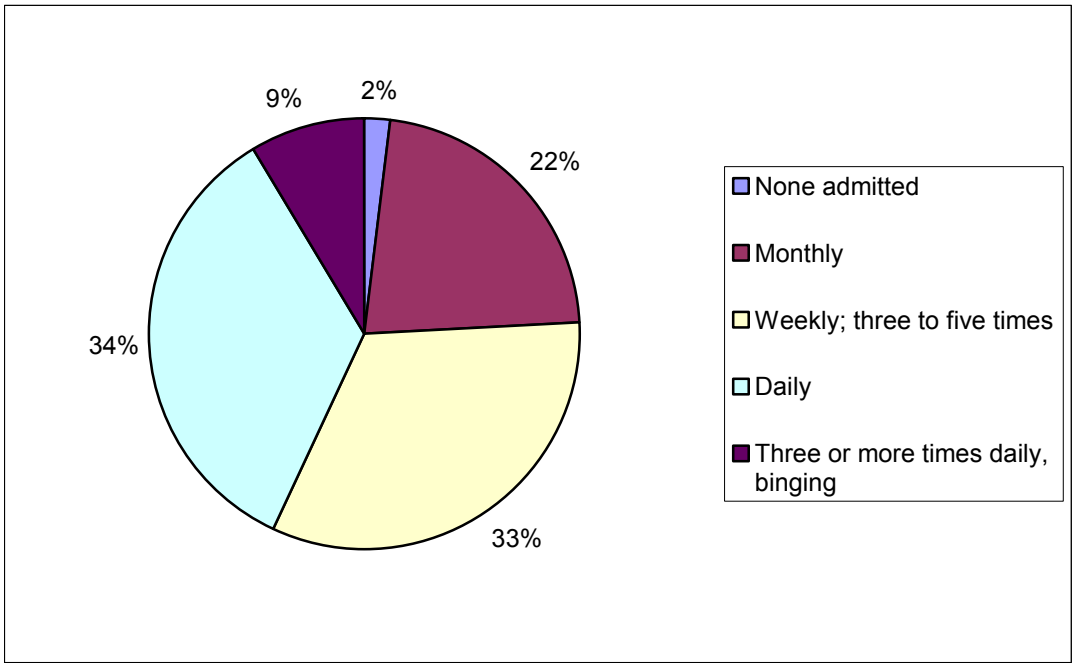


Figure 8—Prenatal care status at intake

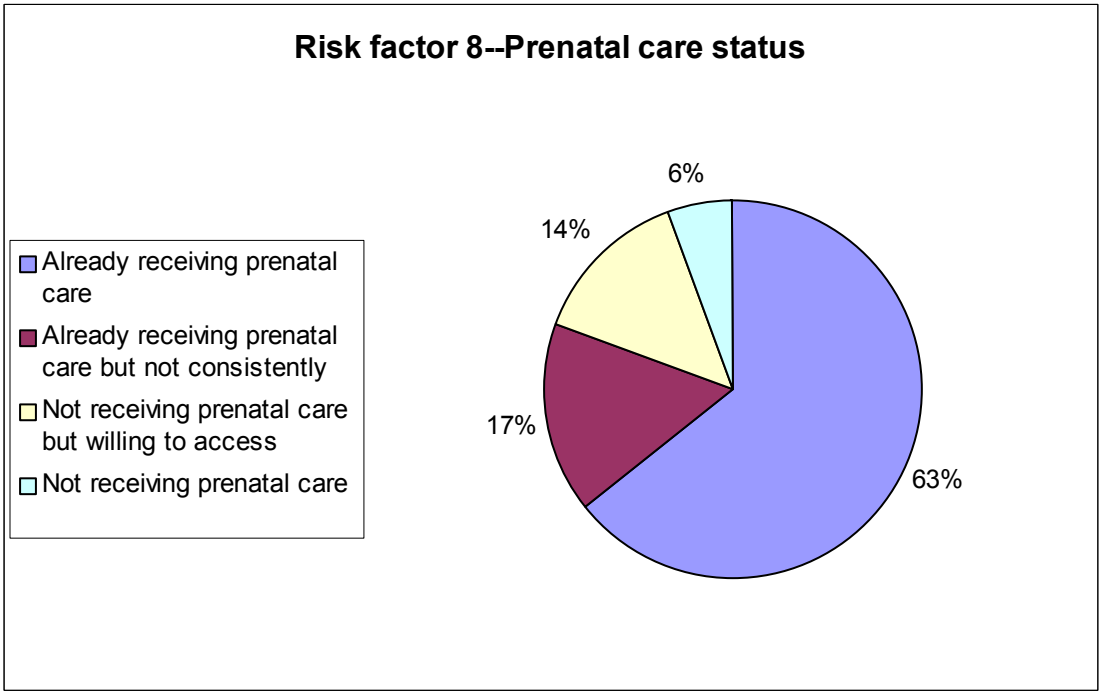


Figure 8 shows prenatal care status at intake, and the data collected on the risk assessment tool indicates that most women are already receiving prenatal care at the time they come into treatment with Special Connections. Only 6 percent of women coming into Special Connections express reluctance to receive prenatal care, and as regular and

appropriate prenatal care is a requirement of participation in the Special Connections program, this would become a primary focus of intervention for these clients.

Figure 9 – Family substance use history

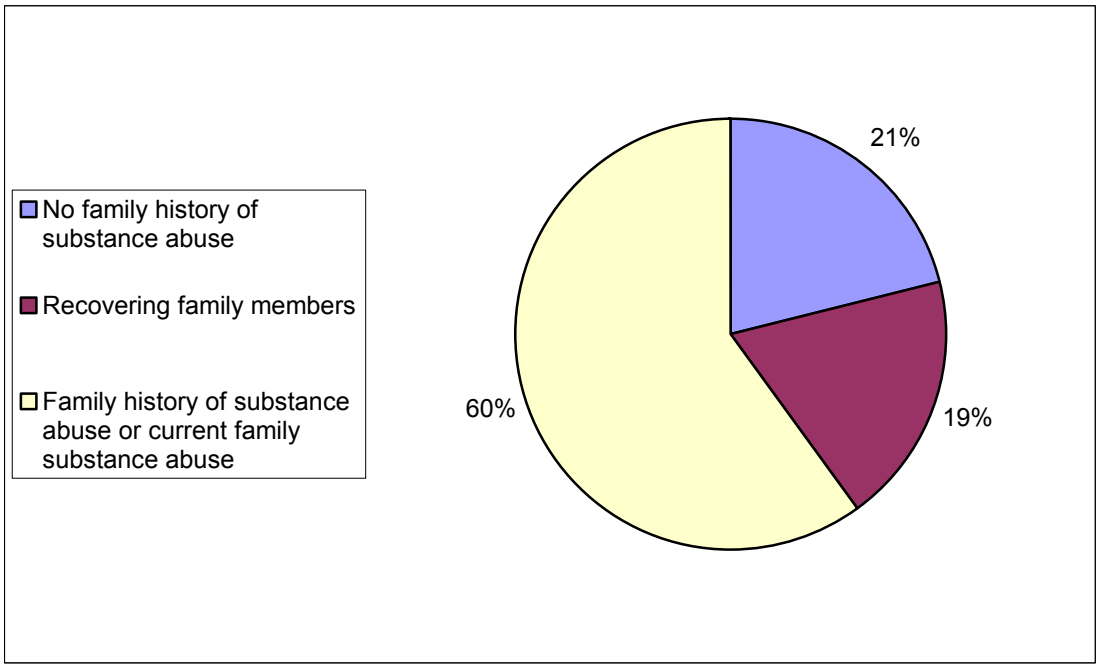
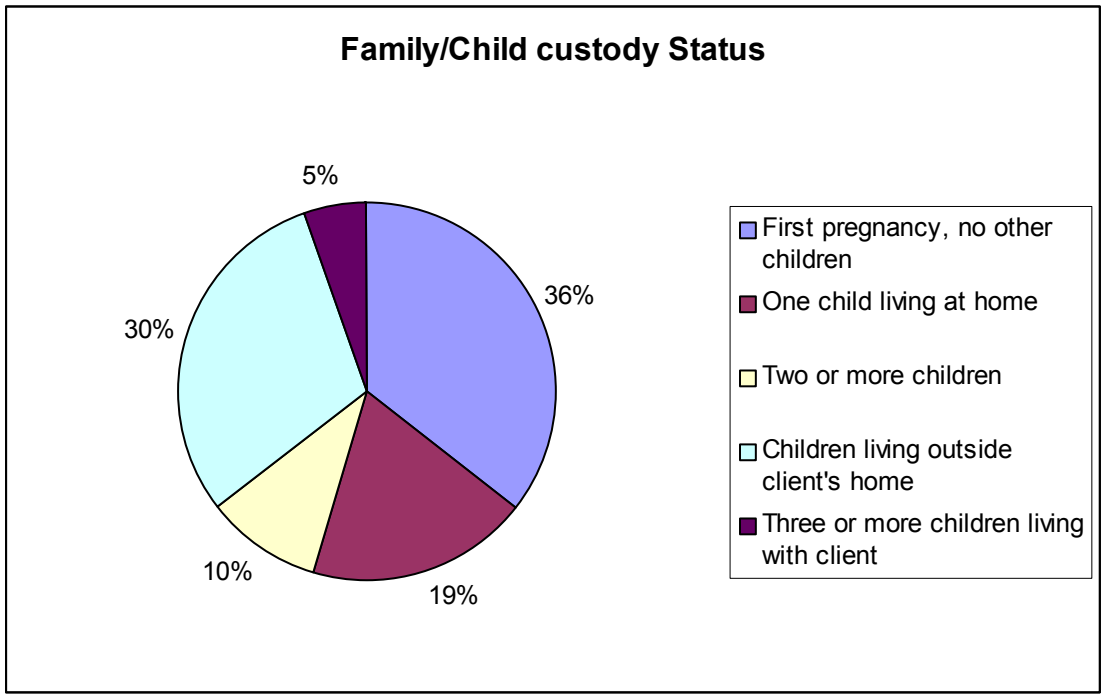


Figure 9 shows that over three quarters of pregnant women served through Special Connections have either family histories of substance abuse or current family substance abuse issues. This figure underscores the importance of engaging significant others and family members into the substance abuse treatment process for pregnant women, as it has been show women's significant relationships have a great deal of influence over their long term success at attaining and maintaining abstinence (National Abandoned Infants Assistance Resource Center, 2002).

Figure 10 shows information as to family status of pregnant women entering treatment through Special Connections. 30 percent of clients have children who do not live with them. This number is not further broken down to separate out those women whose children are out of their custody due to divorce and child custody proceedings from those whose children are in the custody of kin or have been removed from the home due to child abuse and neglect issues. For 36 percent of women, this current pregnancy is their first.

Figure 10—Family status



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Appendix B – Special Connections Providers

Care to substance abusing, pregnant women in Colorado under the Special Connections Program is provided by the agencies listed below. All programs are required to provide an initial risk assessment, group and individual treatment, health education and case management services. In addition, programs providing services to pregnant women must make arrangements for prenatal care and monitor that the women are receiving regular care. Developmental assessments for the children already in the clients' care must be made available, as well as parenting classes and family planning services. In order to eliminate the most common barriers experienced by women to participating in substance abuse treatment, programs must provide linkages to child care during the time the woman is in treatment, as well as transportation to and from treatment, access to mental health services for those experiencing co-occurring disorders, domestic violence treatment and family and couples treatment. The programs currently subcontracting with ADAD to provide Special Connections services are summarized below:

Addiction Research and Treatment Services (ARTS) is affiliated with the University of Colorado Health Sciences Center and serves primarily the Denver Metropolitan Area. The Outpatient Women's Treatment Services clinic, located at 1648 Gaylord Street, targets services to pregnant women and women with dependent children and tailors services to these two client groups. Unique to this outpatient program is a gender specific menu of groups from which the client can select including parenting, pregnancy, relapse prevention, incest survivor and other groups. Clients participate in an incentive system and receive points, which can be "spent" in the incentive closet containing adult and children's items such as diapers, baby clothes, formula, child care books and other items to assist in positive parenting. A monthly multi-family night for clients, spouse/partner and children 12 years and older focuses on family issues in recovery. The Haven is a separate women's modified therapeutic community treating pregnant women and women with dependent children. The Haven has expanded to include another site that serves up to 16 women with their children and thereby meet this criteria for Special Connections reimbursement for residential treatment.

Arapahoe House is ADAD's largest treatment subcontractor-provider, and serves pregnant women and women with dependent children in three outpatient locations in Denver, Aurora and Thornton. This agency has developed a Women's Dyad in its case management service component to work with both pregnant women and women with dependent children. A psychiatrist is available 5 hours per week to work with women with co-occurring disorders. A Women's Service committee meets quarterly to address training, treatment and service needs for pregnant women and women with dependent children. The New Directions for Families program serves 16 female heads of household with their dependent children through a four-month residential treatment experience followed by a four-month continuing care outpatient program. This program works with female clients who are typically involved with multiple systems including TANF, Child Welfare and/or criminal justice. These clients typically present with severe substance abuse problems, co-occurring mental health issues, and histories of trauma. The program

is comprehensive, offering substance abuse treatment, parenting skills, job preparation, job placement, childcare and children's treatment. There is an onsite Learning Center for infants through preschool age allowing women to bring their children with them to treatment. Family planning and reproductive health services are also offered onsite for pregnant women and women with dependent children.

Boulder County Health Department offers outpatient treatment services at sites in Boulder, Lafayette and Longmont. Close collaboration with the public county prenatal subcontractor-providers and the Community Infant Project has helped identify pregnant women in need of services. Bi-lingual staff has been hired to work with a high percentage of Hispanic monolingual clients. Boulder has access through the Mental Health Center to psychiatric evaluations and consultations for its female clients who present with co-occurring mental health issues. This year, Boulder's Specialized Women's Services staff members have utilized dance and movement therapy techniques in their women's therapy group. They have used these techniques to explore boundaries, personal space, relationships, self-image and self-nurturing. In processing the groups, the women are asked to relate their learning to their parenting skills and their relationships to their children.

Centennial Mental Health Center

Colorado West Regional Mental Health Center

Cortez Addictions Recovery Services

Crossroads Managed Care is located in Pueblo and has sites in Alamosa, Walsenburg and Trinidad. The Special Connections program is conducted mainly at the residential site in Pueblo, which is a 30-day family program that women can attend with their children. Referrals to residential treatment at Crossroads come from many locations in the San Luis and Arkansas Valleys. A strong relationship with a physician in the community has enabled several high-risk pregnant women to enter the residential treatment program there due to that medical support. Both outpatient and residential services are located in the same facility and childcare is available at the same location for clients. Outpatient services are provided after the family has completed residential treatment, and include counseling groups, individual sessions and case management. The need for residential services for women accompanied by their children has been strong enough that the agency has added a 16-family apartment facility to expand residential services.

Denver Area Youth Services (DAYS) is an outpatient treatment program located in west Denver serving primarily the Hispanic community. DAYS provides extensive case management and transportation services to retain the targeted populations in treatment. DAYS staff members utilize both the *Read Your Baby* curriculum for new mothers and their babies, the *Nurturing Program* by Bavolek and *Multi-Ethnic Families* curriculum by Marilyn Steel to teach parenting to the clients. Pregnant moms develop baby books to increase bonding and attachment during the pregnancy and reflect the mother and father's hope for the baby. Moms in treatment whose children are in out-of-home placement

develop a "plan for visitation" including an activity backpack with age appropriate games, toys, and other material for the visits with their children. A family strengths program called "The Dad Project" is part of the SWS services offered clients and is being piloted for the Hispanic population nationally.

El Paso County Health Department, McMasters Center, is an outpatient treatment program. The McMasters Center has developed the Mom's Project, which targets gender specific services to pregnant women and women with dependent children. An on-site childcare center is available that is staffed by two child therapists. To enhance retention in treatment, the children come for therapeutic care while their mothers receive substance abuse treatment services. The McMasters Center developed a unique approach to engage the partners or husbands of pregnant clients in treatment by offering a 14-week psycho-educational group called the Dad's Project. Additionally a physician is on staff to work with clients with co-occurring disorders needing medications. This year the McMasters Center has developed the Family Recovery Program providing a 12-week curriculum of 2.5 hours per week for families recovering from substance abuse with or without issues of domestic violence, child abuse and criminal justice involvement. The children of such families receive a corresponding children's curriculum for 12 weeks from early childhood teachers cross-trained in substance abuse.

Island Grove Regional Treatment Center, located in Greeley, offers specialized outpatient services to pregnant women and women with dependent children. Several other outpatient sites are located in Loveland, Fort Lupton, and Fort Collins to reach these target groups. Counselors utilize the "Ages and Stages Developmental Worksheets" with moms to assess the children and refer for further assessment if needed. A playroom and outside playground have been added to the residential facility to make it child friendly for families. The detox unit has developed a special medical assessment form for women entering detox to better assess the client's health needs. For women clients admitted to the residential unit or detox unit, there is an automatic referral to Specialized Women's Services for follow-up.

Jefferson County Health Department Jefferson County Department of Health and Environment has an outpatient treatment program in the western part of the Denver Metropolitan area. It provides enhanced services to the target populations and arranges for child-care services when needed. With the Women, Infants, and Children food supplement program, Immunization program, the Prenatal Care Referral program, Prenatal Plus, and the pregnancy testing clinic co-located in the same building, good coordination and collaboration exist between SACP and these programs not only for client identification but also for client services, i.e. prenatal care and/or alcohol/drug treatment. Free play therapy services for children are available from a staff person trained in family therapy. This program is devoted to a solution-focused therapy theoretical approach, and the clinical staff receives excellent supervision and training.

Outpatient Behavioral Health Services, a program run by Denver Health and Hospital Authority, is an outpatient treatment program serving mainly opioid-addicted clients.

Most of the female clients of this program are enrolled in a methadone maintenance program. Enhanced services to women with dependent children and pregnant women include coordination with prenatal services and primary care given the medical setting of this service. Gender specific groups have been developed as well. A separate case manager focuses on the special needs the women present while in treatment. The program contracts with an infant/child therapist to assess the children of SWS clients. Free pap smears and mammography are arranged for women needing such services. This program offers literacy training with books as incentives.

Rocky Mountain Behavioral Health, an outpatient program located in the central mountains of Colorado, serves a three county area. It offers enhanced services to women with dependent children and pregnant women. Transportation is a huge issue and barrier for these clients so the program often provides at-home treatment services depending on the distances involved. This program has also developed services for women in the county jail. This past year, the agency has developed a Family Center where a separate child care room equipped with age-appropriate toys and games is available while either parent is receiving treatment. The agency utilizes a Family Screening Checklist to assess family needs focusing on family/relationships and child/ren issues that may impact treatment outcomes.