Special Connections Annual Report
July 1, 2005 – June 30, 2006

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SPECIAL CONNECTIONS ANNUAL REPORT FY 2005-2006

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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 use disorder 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 5 – 6 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 use disorder 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 the Haven for providing the cover photograph, which illustrates so beautifully the goals and outcomes of the Special Connections program.

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 in Colorado
- 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 Substance use disorder Prevention and Treatment Block Grant)
- Pregnant
- Assessed at high risk for a poor birth outcome due to substance use disorder 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 use disorder counseling
- Group substance use disorder 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 use disorder treatment services (covered by Federal Substance use disorder Prevention and Treatment Block Grant dollars).
- 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 2005-2006

Increasing Access to Substance Use Disorder Treatment for Addicted Pregnant Women in Colorado

The number of pregnant women served through Special Connections increased slightly this year over previous years. That increase appears to be the result of increased awareness of Special Connections within the criminal justice system, as well as increased capacity to provide residential treatment for pregnant women. In particular, the Haven has expanded its program capacity now to include services provided to pregnant women and new mothers in a specialized, more intimate facility, which allows for bonding among the new mothers and mutual support for the weeks preceding and following the births of their children.

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

Familiarity with the Special Connections programs and providers appears to be growing within other Divisions within the Department of Human Services, particularly the Child Welfare Division. One advantage, if it can be called such, of the increased attention paid to methamphetamine within the child welfare system is that issues of substance use by pregnant women are beginning to receive more attention within our state. Treatment has become a more appealing option as communities continue to struggle to find solutions to the problem of substance-exposed infants.

Denver County received federal funding last year to develop a comprehensive system of care for substance-exposed infants and their families. The Special Connections program plays a vital prevention role in ensuring that pregnant mothers receive proper care for their substance use disorders when these are present, in the hope of minimizing harm done to unborn children resulting from their mothers' substance use disorder. For the component of the project that emphasizes treatment for parents, Special Connections will have a vital role to play, bringing treatment to program participants to prevent their babies from being prenatally exposed to drugs and alcohol.

ADAD's Women's Treatment Coordinator continues to work closely with the Child Welfare Division of the Colorado Department of Human Services, acting as a liaison between the two Divisions, and maximizing opportunities for collaboration wherever possible. The Special Connections program is an important component of the array of services available to clients with open child welfare cases, and as a prevention program it can address risk factors before they adversely contribute to problems for children.

Advances in Data Collection

A meaningful and impactful evaluation process for the statewide Special Connections Program could combine the data set for Special Connections with ADAD's general treatment data set, in order to streamline the data collection process and reduce

duplicative paperwork. To this end, ADAD has done some exploration of some of the data changes that could assist in this process. One change, which was approved but pending at the end of this fiscal year, was that the Pregnancy Risk Assessment/Screening Criteria form would be incorporated into ADAD's data management system. This way, information regarding the risk factors affecting a particular client can be looked at together with the approach to treatment that was used by the individual program, other issues which were dealt with during treatment, and reduction in or elimination of substance use between the beginning and the end of the treatment episode. Previous evaluation processes have required the collection and compilation of the two sources of data by hand, and that was too onerous to be worthwhile.

If Special Connections could be linked to positive outcomes in the child welfare system, this would be an added piece of information for decision-makers to have. In order to link the Special Connections information with the Trails dataset, however, a common identifier must exist between the two systems. A very preliminary query was run using client social security numbers to connect records for clients involved in both systems, either simultaneously or sequentially. This query was able to link approximately 35% of Special Connections clients with current or later child welfare involvement. The quality of the data used to link the programs was very rough, however, because social security numbers were not collected uniformly in both systems, and so the actual correlation between the systems could be higher. Nonetheless, this process taught us that we could link the two datasets (depending upon the quality of the data), and further applications of this capability will likely present themselves in the future.

Summary of Continued Challenges

Special Connections has faced some new challenges in FY 2006. One provider, Rocky Mountain Behavioral Health, was no longer able to participate in Special Connections because of the requirement that a physician had to oversee the delivery of treatment. The physician with whom they had been working expressed unwillingness to continue in his status as rendering provider for this program, and Rocky Mountain Behavioral Health was then no longer able to bill for Special Connections services, as there was no other physician in town willing to step into the role left by the previous doctor.

Discussions with staff at the Department of Health Care Policy and Financing have yielded greater clarity as to the nature of and solution to this problem of having physicians as rendering providers for Special Connections. When the Special Connections program was developed, the application to the Centers for Medicaid and Medicare Services for a State Plan Amendment (necessary to put the enabling legislation into action) designated Special Connections as a Clinic Service, for which the rendering provider must be a physician or other doctor. As program substance use disorder treatment budgets became tighter and tighter, the ability of these agencies to pay for full-time doctors was also diminished. As of this writing, the only way for substance use disorder treatment programs to become rendering providers would be for Special Connections to be re-designated as a Rehabilitation Service, for which rendering providers can be agencies or programs. This would require an additional State Plan

Amendment be submitted to and approved by the Centers for Medicaid and Medicare Services.

Outcomes for Special Connections

Birth of a healthy, normal birth-weight infant is the primary objective for the Special Connections program. In order to obtain this data in a predictable way, the treatment program must collect this birth information. This requires that programs must retain contact with their clients at least until the babies are born. Retention rates in treatment are calculated with the use of healthy birth outcomes as the completion of the treatment episode, although the Special Connections treatment episode may extend beyond the birth of the infant as much as 60 days. If treatment is still needed beyond this 60-day limit, clients may be put on a fee schedule with a reduced fee based upon income, in order to continue their treatment. Program retention levels are reviewed each fiscal year, in hopes that this information can guide efforts to improve engagement and retention in treatment, as well as program and birth outcomes. Please see the table below for retention rates since 1992.

Special Connections Retention Rates 1992-2006

Year	Admits	Outcomes	**% retention rate**	Normal birthweight	Low birthweight
1992	42	5	**12%**	5	0
1993	172	33	**19%**	26	7
1994	309	115	**37%**	96	19
1995	288	159	**55%**	132	27
1996	303	149	**49%**	129	20
1997	316	189	**60%**	159	30
1998	283	180	**64%**	152	28
1999	291	183	**63%**	161	22
2000	295	172	**58%**	148	24
2001	259	174	**67%**	144	30
2002	245	147	**60%**	125	22
2003	279	157	**56%**	140	17
2004	279	163	**58%**	151	12
2005	320	187	**58%**	159	28
2006	326	146	**45%**	124	22

The Special Connections program admitted 326 new women between July 1, 2005 and June 30, 2006. Special Connections collected 146 birth outcomes that time period, reflecting a retention rate in treatment through the birth of the child of 45% overall. A possible reason for this relatively low retention rate, when compared with previous years, may be that some women were admitted to treatment earlier in their pregnancies than

before, and had not yet given birth to their babies by the end of the fiscal year. If this assumption is correct, next year we should see more births than usual at the beginning of the fiscal year, reflecting outcomes for treatment episodes begun during FY 2005-2006.

Of the birth outcomes collected, 22 of the infants born were of low birth weight, and 124 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 124 average birth weight babies delivered to Special Connections clients saved taxpayers $788,888 in FY 2006, assuming that every one of those babies would have been born at low birth weight had treatment not been provided for their mothers' substance use disorders.

Table 1: Birth Outcomes FY 2006

Outcome	Number	%
Low birth weight	22	15%
Normal birth weight	124	85%
Total:	146	100%

Referral Sources for Special Connections, FY 2006

Referral sources for women treated in FY 06 consisted of the following, and indicated that criminal justice and social/human services agencies made the majority of referrals to Special Connections. This increase in referrals to Special Connections programs by County Departments of Social/Human Services is very encouraging and may reflect a newly proactive approach by County Departments to the problem of infants born prenatally exposed to alcohol and other drugs. A significant change from previous years was the number of clients who were self-referred or who had heard about Special Connections through family or friends. This would indicate a greater familiarity with Special Connections services than in the past on the part of informal and social support networks within families and communities.

Please note that the numbers below reflect the number of referrals to treatment that have resulted in initial contact between the program and the client. Due to the complex dynamics involved in retaining pregnant women in treatment (multiple demands upon their time, competing demands from different systems, or medical needs, for example), the retention rates in Special Connections have fluctuated over the years.

2006 Referral Sources—Intake Data

AOD Treatment Provider	29
Criminal Justice	125

Health Care Provider	20
Departments of Social/Human Services	68
Other	21
Self, Family, Friends	61
Total:	324

Another notable change from previous years is that substance use disorder counselors have made significantly fewer referrals to Special Connections programs. This trend may indicate that women are being referred to Special Connections earlier in the treatment process now (i.e. they don't already have assigned substance use disorder counselors or programs by the time of the referral), or that providers in general feel more comfortable in providing treatment to pregnant women and are choosing to retain the clients in their current programs rather than make the Special Connections referral and switch.

Please see Appendix A for historical data pertaining to Special Connections referral sources.

References

Mendelson, B. (2002) *Alcohol and drug use and abuse among selected Medicaid recipients: Colorado 2001*. Denver, CO: Colorado Department of Human Services Alcohol and Drug Abuse Division

National Institute on Drug Abuse (1999) *Principles of drug addiction treatment: a research based guide*. NIH Publication No. 99-4180.

National Survey on Drug Use and Health (January, 2004) *Pregnancy and substance use*. http://www.DrugAbuseStatistics.samhsa.gov.

Prenatal Plus Annual Report 2001.

Appendix A—About the Special Connections Program: Historical Data

Special Connections is a substance use disorder 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 use disorder treatment and case management services to women who are pregnant and have substance use disorder 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 use disorder 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 (Section 8.745), a Certified Addictions Counselor II or III must provide these services. The services must also be provided by a licensed substance use disorder treatment facility that is licensed specifically for women's treatment. As of this writing, there are 12 substance use disorder treatment programs providing these 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 use disorder 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.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 use disorder. 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

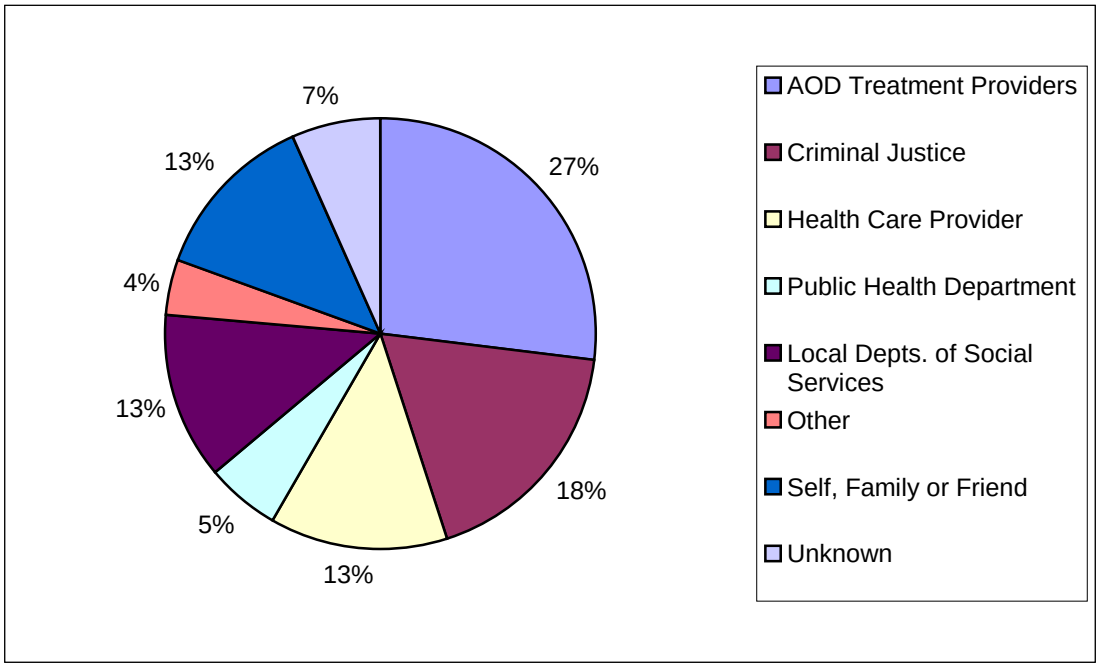
from treatment, childcare provided while the client is in treatment, gender-specific groups, linkages to medical care and family planning services, access to trauma services and family treatment.

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:

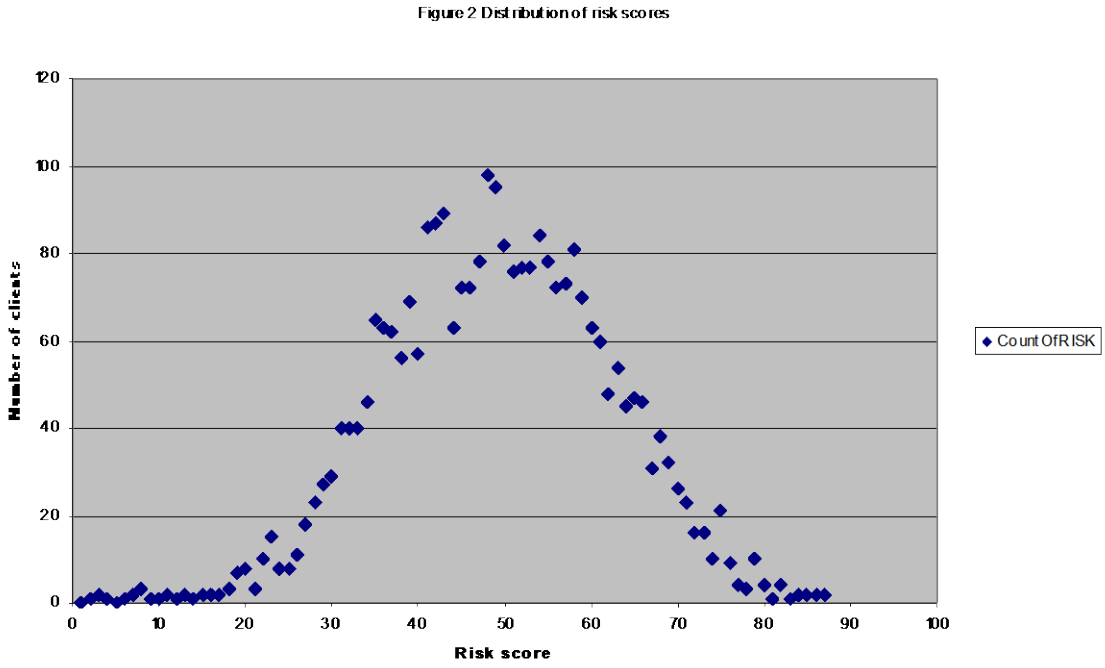
Historically, referrals to the Special Connections program have come from a variety of sources which are broken out into the categories listed in Figure 1. Substance use disorder treatment providers (AOD Treatment Providers) have made the largest number of referrals to the Special Connections program (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 1992 - 2002



Access to Treatment and Screening Criteria:
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 has 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. This risk assessment tool has been incorporated into ADAD's Drug and Alcohol Coordinated Data System (DACODS). 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 between 1993 and 2003 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 use disorder. 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

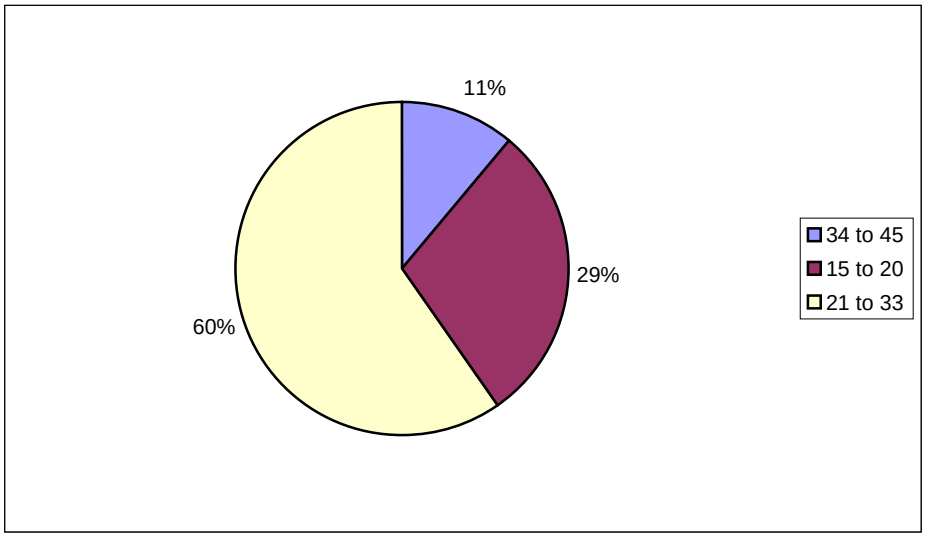
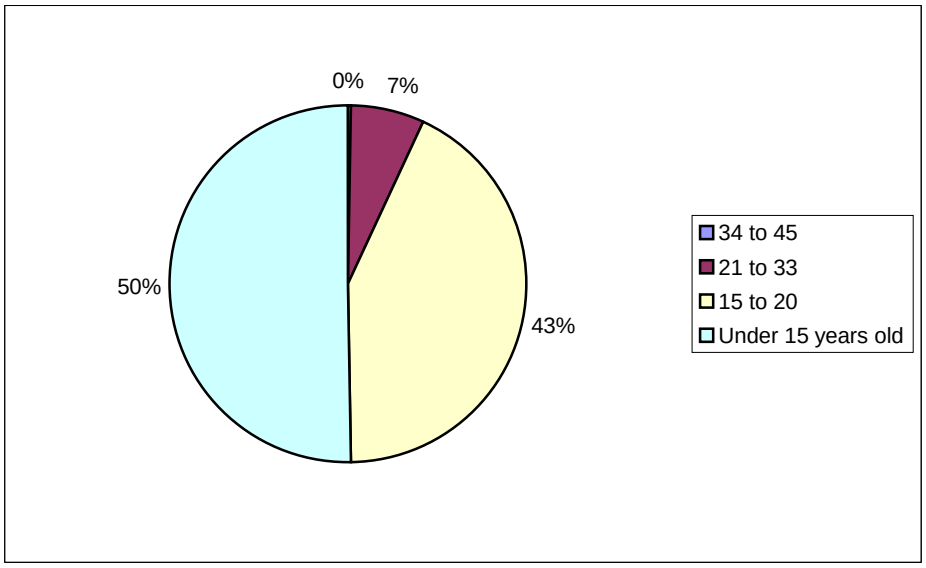


Figure 4 contains information regarding the age of first use of illicit drugs or alcohol by Special Connections clients. Our risk assessment information indicates that fully half of the pregnant women treated through Special Connections began their use of substances before the age of 15 years. Another 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 use disorder 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

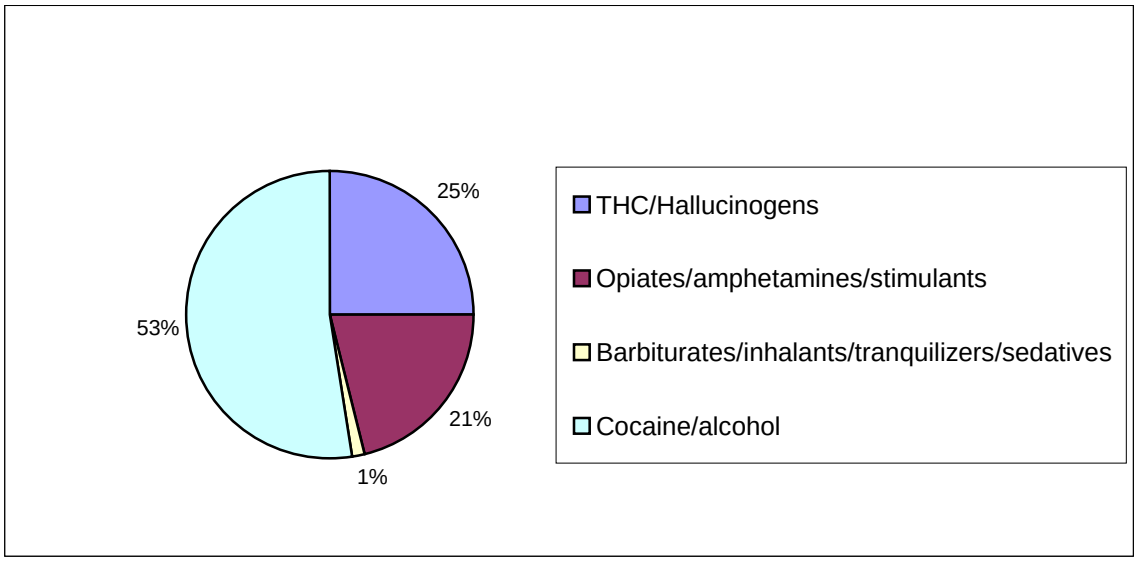


Figure 6—Secondary drug

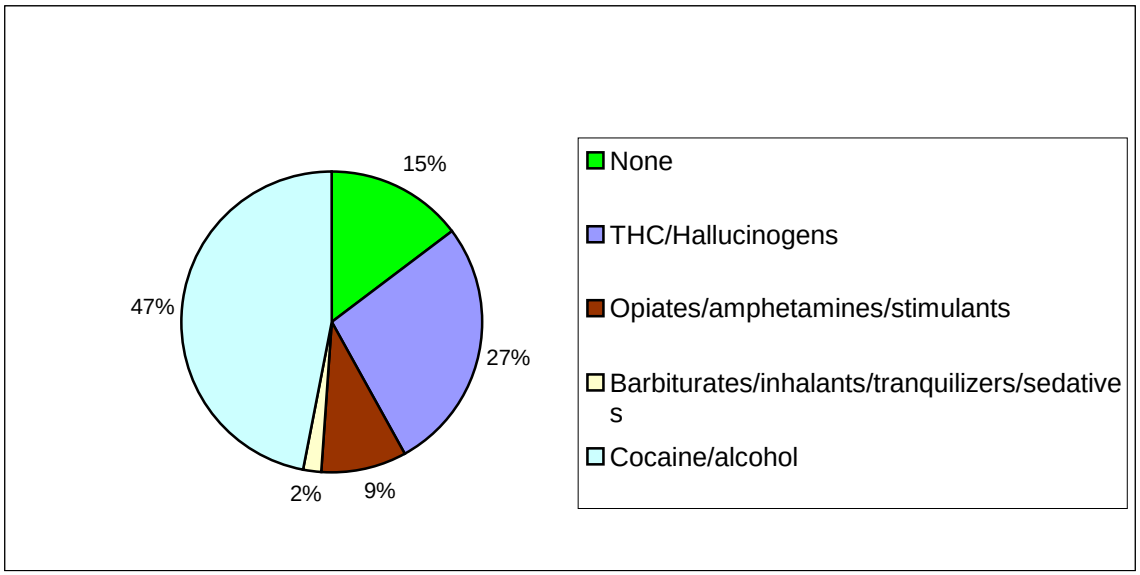


Figure 7 shows the frequency of use of substances reported by women at admission to Special Connections. Although 2 percent admit to no use and 22 percent admit to using substances monthly, it is noteworthy that the remaining 76% of clients admitted to using weekly or more. Again, as people entering substance use disorder 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

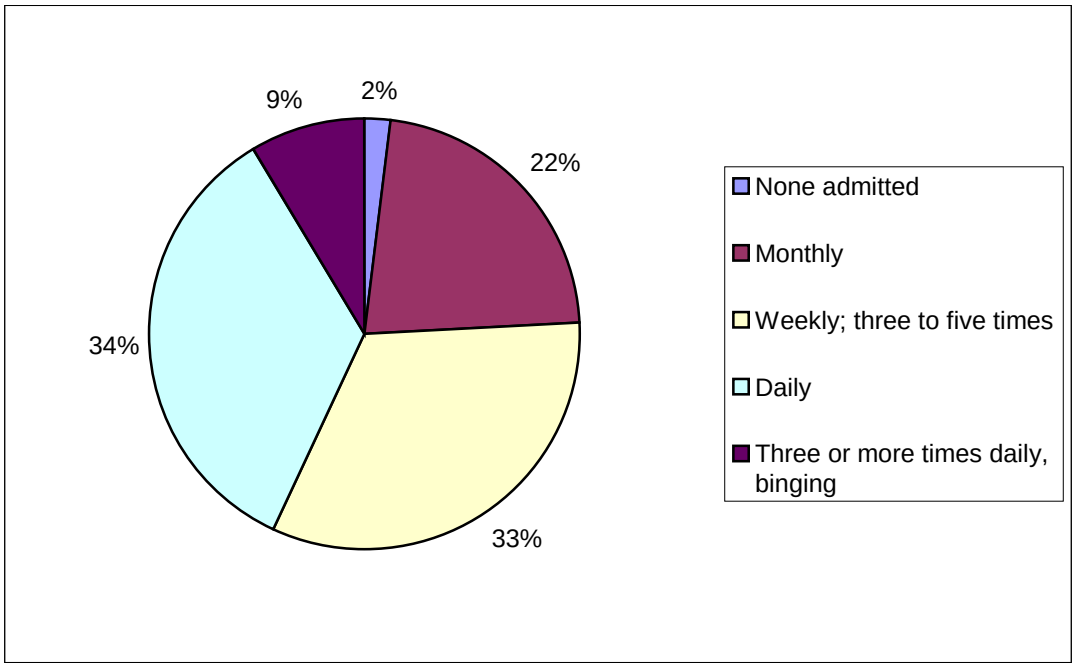


Figure 8—Prenatal care status at intake

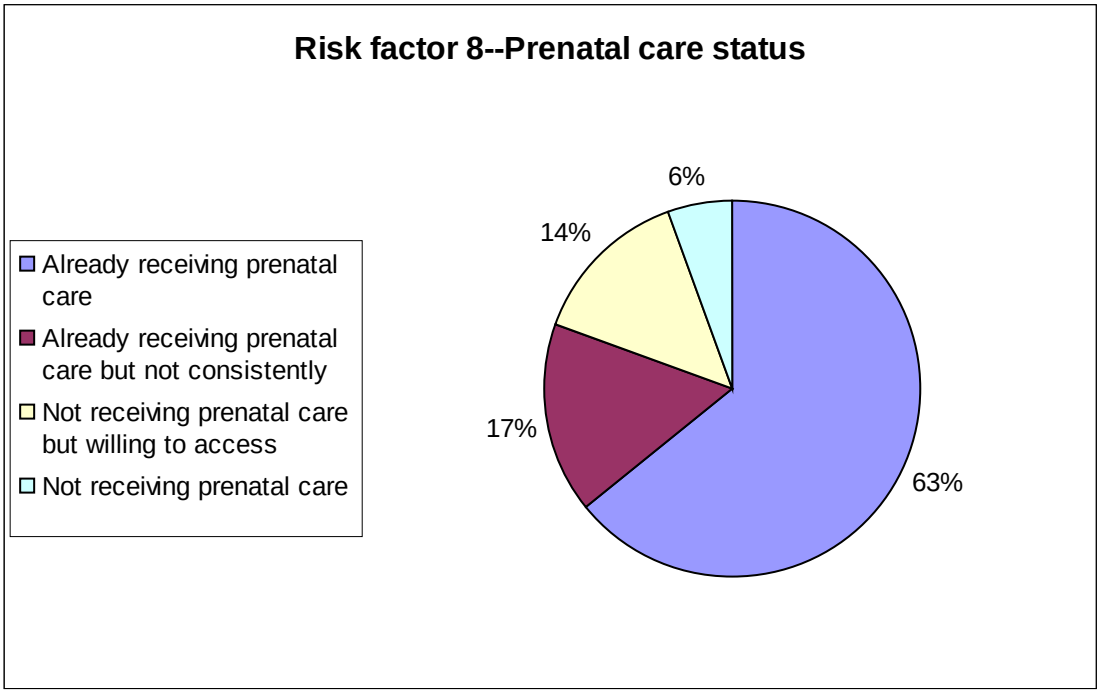


Figure 8 shows prenatal care status at intake, and the data collected on the risk assessment tool indicates that most women are already receiving prenatal care at the time they come into treatment with Special Connections. Only 6 percent of women coming into Special Connections express reluctance to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

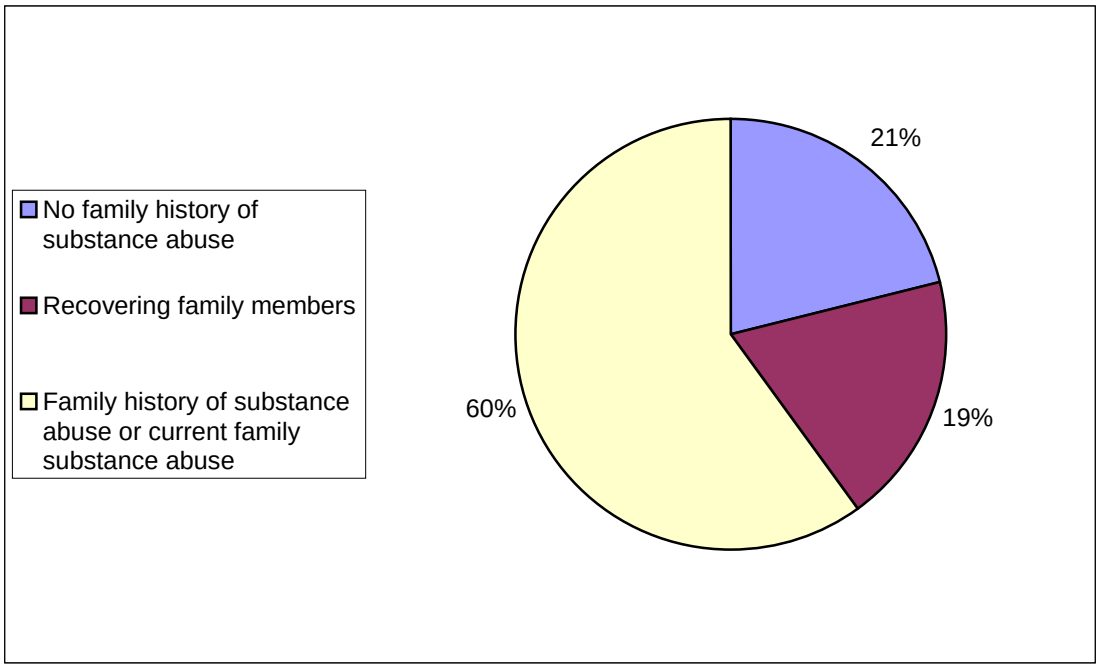
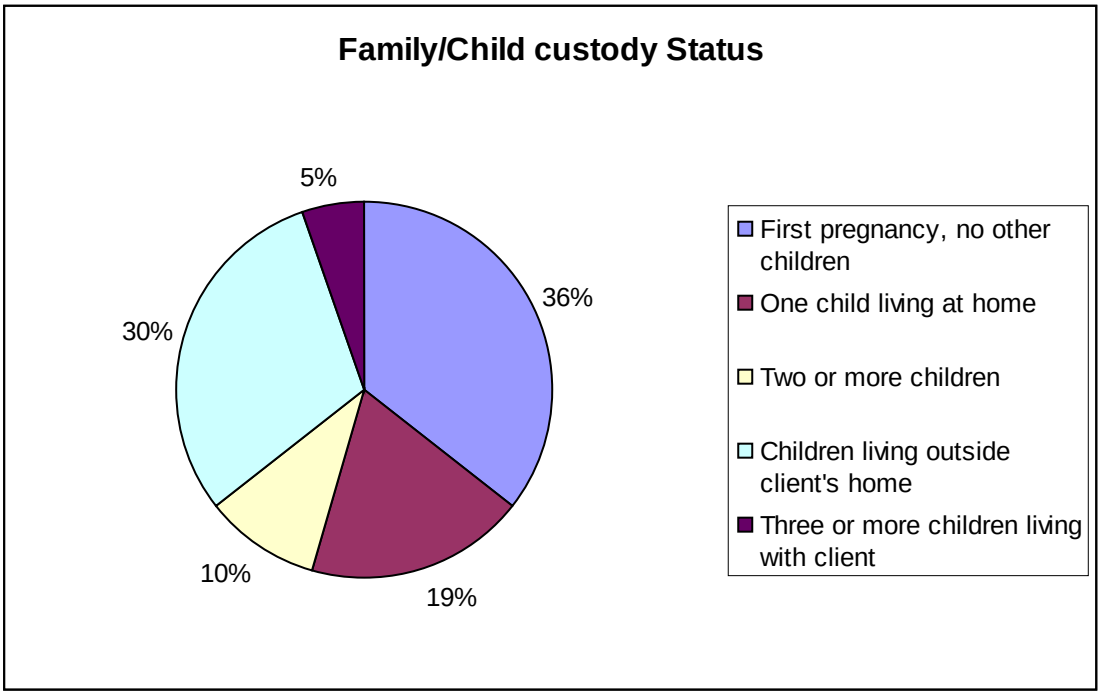


Figure 9 shows that over three quarters of pregnant women served through Special Connections have either family histories of substance use disorder or current family substance use disorder issues. This figure underscores the importance of engaging significant others and family members into the substance use disorder 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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National Center on Addiction and Substance use disorder at Columbia University (February, 2003) The formative years: pathways to addiction and substance use disorder among girls and young women ages 8 – 22. New York: Author.

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 use disorder 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 mental health 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 meets these 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 use

disorder problems, co-occurring mental health issues, and histories of trauma. The program is comprehensive, offering substance use disorder 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 is located in Sterling, Colorado. They receive referrals from a variety of sources, including their local Departments of Social Services (there are ten counties in the northeast part of Colorado to whom Centennial provides substance use disorder and mental health treatment), public health departments, probation department and Mental Health Center staff within other parts of the agency. The great distances between towns and farms and houses in many parts of this Northeast area make the provision of Special Connections services particularly challenging. Available services include family counseling and treatment for children of the women in the Special Connections program. Like many other rural treatment providers, Centennial Mental Health enjoys close working relationships with their local communities.

Cortez Addictions Recovery Services is located in the Four Corners area of Colorado, in the southwest-most corner of the state. They have a small outpatient women's program capable of providing culturally competent and gender-specific treatment for pregnant women. One of their strengths is their very notable presence in the community and their excellent working relationships with all of the agencies providing ancillary services to pregnant women. Theirs is a specific emphasis on nutrition, and all staff are trained in the use of the Matrix Model, which is an evidence-based manualized treatment approach for addiction to methamphetamines.

Crossroads' Turning Points 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 has an outpatient treatment program licensed specifically for women. 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 use disorder 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 use disorder.

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, at 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, **is not able to participate in Special Connections until either a physician becomes available in Canon City to be a rendering provider (none has agreed to this as of this writing), or until a State Plan Amendment is approved to change Special Connections from a clinic service to a rehabilitative service.**
Rocky Mountain Behavioral Health is 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.

Appendix C: The Amount of Additional Resources Required to Meet the Need:

Mary McCann, ADAD's Director of Clinical Services, calculated the cost of providing sufficient substance use disorder treatment to meet the needs of pregnant women with substance use disorders statewide as follows:

The following information is based on the latest statistics available as of October 11, 2007. In September 2006 the Substance Abuse and Mental Health Services Administration published *Results from the 2005 National Survey on Drug Use and Health: National Findings*, in which:

- 3.9 percent of pregnant women nationwide reported use of illicit drugs in the past month, and
- 4.2 percent reported binge alcohol and/or heavy drinking within the past month.

It is unclear from this report how much overlap there is between the two groups, so we have used the conservative figure of 3.9 per cent.

The number of live births in Colorado in 2005 was 68,922, so the estimated number of pregnant women in need of addiction treatment in 2005 was 2,688. The 339 women served by our Special Connections (Medicaid program for high-risk pregnant women) providers during FY 2005 constitutes 12.6% of pregnant women likely to have been in need of addiction treatment in Colorado, leaving 2,349 untreated.

Assuming the estimates for FY07 and FY08 are similar, and assuming approximately 20% of those in need require a residential level of treatment (469), the cost of residential treatment using an average length of stay of 6 months (469 X $154/day X 180 days) would be $13,000,680 per year. One half of this could be paid by federal (Medicaid) funds; so the amount of state General Funds needed would be $6,500,340 per year for this portion of the population. The remaining 80% (1,880 pregnant women) would be appropriate for an outpatient level of care. We estimate that each client would participate in outpatient treatment for 3 months and extended aftercare sessions for 7 months. The former consists of 9 hours per week of (group) services X $14/hr X 4 weeks per month X 3 months equals $1,512. The latter consists of 2 (individual) contact hours per month for 7 months ($34 X 2 hr/mo X 7 months) costing $476. The two phases combined per woman equals $1,988 times 1,880 women or $3,737,440 per year. Half could be paid by federal Medicaid funds, leaving $1,868,720 for outpatient treatment to be covered by state General Funds. The total state dollars needed from Colorado for each fiscal year would be $8,369,060. (See table below for summary).

Table 1. Calculation of number and percent of met and unmet need

Description	Amounts # / $
# Of live births in Colorado	68,922
% Of pregnant women reporting usage (national rate)	3.9%
Estimated # of pregnant women w/usage	2,688
# Of pregnant women w/ usage served	339
Estimated # of pregnant women w/usage not served	2,349
% Of pregnant women served of population in need	12.6%

Table 2. Calculation of cost for unmet need (Residential and Outpatient)

Description	Residential Treatment / Unmet Need (20%)	Outpatient Treatment / Unmet Need (80%)	Total
Estimated unmet need (2,349)	469	1,880	2,349
# Of days need (est. 6 months) residential	84,420		
# Of days need (est. 3 months) outpatient		169,200	
# Of days need (est. 7 months) extended aftercare		400,252	
Cost of service ($154 / day)	$13,000,680		
Cost of service ($14/hr - 9hrs/wk)		2,842,560	
Cost of service ($34/hr - 2hrs/month)		$894,880	
Federal Medicaid share of cost	$6,500,340	$1,868,720	$8,369,060
State share of cost	$6,500,340	$1,868,720	$8,369,060