REPORT OF THE
DEPARTMENT OF MENTAL HEALTH, MENTAL
RETARDATION AND SUBSTANCE ABUSE SERVICES ON

The Implementation of Women's Substance Abuse Programs in Virginia

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

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PREFACE

This study was undertaken in response to House Joint Resolution 389 *requesting the Commissioner of Mental Health, Mental Retardation and Substance Abuse Services to scrutinize the implementation of women's (substance abuse) programs in Virginia.*

The Department of Mental Health, Mental Retardation and Substance Abuse Services wishes to recognize the efforts of the members of the study group. Jackie Dare (Rappahannock-Rapidan Community Services Board); Beth Ludeman (Central Virginia Community Services Board); Shirley Near (District 19 Community Services Board); Patricia Evans (Fairfax-Falls Church Community Services Board); Patty Gilbertson (Hampton-Newport News Community Services Board); and Mary Ann Bergeron (Virginia Association of Community Services Boards). Their willingness to give of their time, energy and knowledge are greatly appreciated.

The study could not have been completed without the assistance and cooperation of the staffs of the 40 community services boards (CSBs). The Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) is especially grateful to Terrie L. Glass, Director of Substance Abuse Services at Henrico Area CSB for assistance in testing the research instrument and providing feedback which led to uniformity in completing the survey.

The Department also expresses its gratitude to professionals and volunteers who have for so long worked to provide substance abuse prevention and treatment services to women in the Commonwealth. They have generously shared their knowledge and experience. They are to be commended for their efforts on behalf of these women and their families long before it was an issue of national concern. They are the pioneers. They have led the way. We salute them!

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EXECUTIVE SUMMARY

Background

This study of substance abuse prevention and treatment services provided for women in Virginia was executed in response to House Joint Resolution 389, which directed the Commissioner to "scrutinize" these services. The study consists of

- a review of the issues as discussed in scientific treatment literature;
- a discussion of the study methods and results;
- a discussion of the implications of the study;
- recommendations for future action.

Programs or services were considered to be "specialized services", i.e., specifically designed to address the needs of female clients if they possessed one or more of the following characteristics:

- Counselors trained to work with women's issues in treatment;
- Same gender treatment activities, such as group therapy with all female clients;
- Specialized outreach activities designed to provide education on women's issues and connect women to treatment resources in the community;
- The provision of child care for women participating in treatment.

Issues

A review of the literature and the study itself yielded several major identifiable issues which should be addressed by the community services boards and the Department:

- Issues related to **appropriate prevention and treatment**:
  - Training is needed for community services board staff to promote women as a **priority population**;
  - **Access to and availability of intensive residential treatment** need to improve, particularly in settings which include and accommodate women with dependent children;

- Programs should include **educational and vocational services** geared to assist women in becoming economically independent;

- **Training in basic life skills** should be provided to help women become self-sufficient, such as budgeting, learning to access community resources, goal setting and problem solving;

- **Physical and sexual abuse** are frequently reported by women seeking substance abuse treatment;

- **Improved outreach services** are needed to identify women at-risk for substance abuse or in need of treatment services;

- Issues related to **parenting**:

  - The study identified **child care** as the most significant barrier keeping women from seeking treatment services;

  - The fear of losing **custody of dependent children** prevents some women from seeking needed treatment for substance abuse;

- Issues related to **community support**:

  - Existing community resources need to be **more effectively coordinated** to assist these women in accessing necessary resources;

  - Geographic distance and lack of **transportation** prevent many women from participating in available treatment;

  - Many women **lack appropriate housing** in safe, drug free environments;

  - Poor access to **health care** is a major problem for medically indigent women, and is especially critical for pregnant women who abuse substances and the children of women abusing substances;

Study Methods and Findings

The study was conducted by Department staff, utilizing both a written questionnaire and an interview of community services boards concerning services provided to women

during State Fiscal Year 1991. All of the 40 community services boards submitted data to the study. Of the 75,516 admissions to substance abuse treatment services (emergency, inpatient, outpatient, day support, residential), 21,873, or nearly 29 percent, were women. Of these women, 4,159 received "specialized" services designed specifically to meet the needs of women. Compared to the general population of the state, women of color were over represented (34%), especially in services designed to treat persons with more severe substance abuse problems.

The study found, however, that a limited spectrum of specialized services for women were widely available. Access to the services (i.e, the ability of the women to utilize the service adequately) is limited by the barriers listed previously. In addition, the state lacked several specialized services, especially specialized residential services.

The study revealed that 32 community services boards expended a total of $3,326,812 on services specifically designed to meet the needs of women, indicating that specialized services are widespread. Twenty-seven CSBs report that specialized services for women are a priority in long-range plans submitted to the Department for inclusion in its Comprehensive Plan process.

Several community services boards reported attempts to initiate specialized services to women; however, the services were poorly utilized, possibly due to lack of training for staff and collaboration with other appropriate community agencies. In FY '91 an estimated total of $14,562,176 was expended to provide services to women in both specialized and nonspecialized services.

Finally, information concerning referral patterns was collected. CSBs utilize local health departments extensively for testing and treatment of sexually transmitted diseases (especially HIV/AIDS) and for nutrition programs. Nearly all of the CSBs reported making referrals to early intervention services for mothers whose newborns may have been exposed to alcohol or other drugs in utero. Many CSBs also reported providing training to other community agencies regarding services to substance abusing women.

Recommendations

The study concentrated on identifying the availability and accessibility of substance abuse services specifically designed to address the needs of women. Although the substance abuse prevention and treatment needs of women are the responsibility of the Department of Mental Health, Mental Retardation and Substance Abuse Services, many of the barriers to receiving treatment could be remedied by enhanced collaboration with other state agencies. Similarly, many of the support services necessary for stable recovery from substance abuse are provided by other state agencies. **The Department therefore recommends that the Subcommittee request the Secretary of Health and Human Services to respond to the study by coordinating the identification of appropriate resources for the 1994-96 budget, including a specific plan of action to address the needs identified in the study.** This plan would:

- **quantify** the need for specific types of essential services throughout the Commonwealth;
- **identify the agency resources** responsible for addressing the identified need;
- provide **cost estimates** for implementation;
- describe **strategies for implementation**, including
  - geographic distribution of prevention and treatment modalities,
  - specific services to be provided, and
  - timetables,
- and would be **assembled in collaboration** with representatives of other relevant state agencies, the Virginia Association of Community Services Boards, and other stakeholders.

INTRODUCTION AND BACKGROUND

As the struggle against the abuse of alcohol and other drugs continues, increased attention has been focused on the problems of chemically dependent women. Recognition that the needs of women who abuse substances are different from those of men is a relatively recent phenomenon since, historically, alcoholism and drug abuse have been viewed as predominantly male problems. Greater sensitivity to women's issues in general and heightened public awareness of the effects of neonatal addiction in particular have led to a new commitment to address substance abuse among women.

Suggestions to increase legal sanctions for women who use illicit drugs during pregnancy are illustrative of longstanding patterns of response to women with problems of substance abuse: "Social reactions to drug and alcohol use by women have been more extreme and negative than reactions to substance abuse by men. . . This response seems to emerge from a view of women that emphasizes their life-giving and nurturing capabilities and that defines behaviors seemingly incompatible with this view as sick or immoral" (Marsh, Colten & Tucker, 1982, p.1). This type of bias is one of a number of barriers that can interfere with the development of appropriate and effective interventions for women with problems of substance abuse.

Women attempting to overcome problems related to the abuse of alcohol or other drugs must confront barriers on several levels. The status of women in society and attitudes regarding substance abuse by women are factors that can hinder recovery. Additional barriers are the result of a failure on the part of treatment professionals to recognize the need for gender-specific services.

In response to House Joint Resolution 389, the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) undertook a study of substance abuse services provided to women through the community services boards (CSBs) during FY 1991. A result of the work of the Joint Subcommittee Studying Maternal and Perinatal Drug Exposure, the resolution specifically requested the Commissioner to "Scrutinize the implementation of women's programs in Virginia."

Scope of Report

This report presents information collected through both a survey and interviews conducted with the substance abuse directors and other key personnel from each of the 40 CSBs. Interview questions focused on a broad range of issues, including the availability of specialized women's treatment and prevention services. The interview format allowed for greater interaction between researchers and program personnel and resulted in a more complete description of programs designed to meet the needs of female clients. Questionnaires were used to collect detailed information in three areas: total number of

women served, women served in specialized programs, and the sources and amounts of funds allocated for specialized programs.

The study attempts to provide a profile of the array of services provided through CSBs that address the substance abuse prevention and treatment needs of women. It reports information related to the number of women served, the types of services they received and the amount of funding dedicated to provision of these services. Age and ethnic background were considered in relation to services provided. CSBs reported on the type of referrals they make to other services and estimated the number of pregnant women they served. Finally, the CSBs were asked to identify the barriers that they feel exist for effective service delivery to women and the areas of unmet service need.

This study reviewed services provided under the auspices of the community services board system which, as the providers of public services, serve a high proportion of low income persons. This population tends to be uninsured or underinsured, or may be eligible for other forms of public assistance. [Note: Treatment for substance abuse is not included in Virginia's Medical Assistance Plan which determines which services are eligible for coverage by Medicaid.]

The report clearly demonstrates that a broad array of services is provided for women and that significant numbers of women access these services. The report places into context the extent of services provided to women as a factor of total services provided. In addition to the broad array of services available, a number of CSBs have developed specialized programs and services exclusively for women.

This document provides a starting point, and as with many such reports, it serves to raise a number of questions for further study. This report does not provide information on the efficacy or impact of any of the services. The Department will continue to evaluate services for women with an attempt to correlate such factors as amount of utilization, types of services and client outcomes. These areas of inquiry, along with continued efforts to remove barriers to treatment for women, will assist Virginia in developing an effective and responsive system of services for women.

Review of Relevant Research

The research on treatment services to women tends to be based on experience with women in programs supported by grants and public funding which are designed to reach populations who lack access to mainstream, private treatment resources. The themes which are identified in this literature relevant to this study are discussed below.

Economic factors. Women who abuse alcohol or other drugs may have inadequate financial resources and few marketable job skills. Women entering treatment for drug or alcohol abuse may be unemployed, and may not have worked for several years. Others may have never been a part of the labor force, making the provision of education and vocational

services very important in support of treatment. These problems affect the availability of transportation to and from treatment appointments, limit housing and child care options and restrict access to primary health care. Stress caused by financial pressures places such women at high risk of physical and emotional illness (Ludeman, 1989).

Limited transportation resources among women in treatment significantly affects client/counselor interaction and access to support groups. Additionally, many women are not able to purchase transportation services. This barrier keeps women from seeking treatment and isolates them from other services and support networks.

Homelessness among women with children is a relatively new phenomena. The issues are yet to be fully defined. Substance abuse may be a significant contributor to their homeless status. These families require extensive case management and treatment services, with an immediate goal of providing adequate transitional and long-term housing.

Social stigma and self-esteem. Society places a greater onus of responsibility and blame on women with problems of substance abuse than on men with the same problems. Women are more likely to be viewed as morally flawed and negligent of their expected roles as wives and mothers. These attitudes result in a burden that is often internalized, leading to feelings of depression, guilt and low self-esteem that can inhibit women from seeking help for problems of addiction (Finkelstein, 1991).

Denial and the enabling factor. The stigma placed on female substance abusers leads to a pattern of denial, both on the part of the woman herself as well as on the part of her family and friends. This enabling "protection" of women with problems of abuse tends to isolate them from treatment resources (Ludeman, 1989).

Lack of outreach services for women. The barriers described above make specialized outreach programs a critical factor in serving chemically dependent women. The three most successful intervention approaches that have been developed for alcoholism have been driving under the influence, public inebriate and employee assistance programs. These models are particularly effective for men since the motivations for men entering treatment most frequently are related to troubles experienced with their jobs or the law. Women report health or family problems as their primary motivations for entering treatment, making parallel models based in medical or public service agency settings a better approach for reaching women (Blume, 1989).

Shortage of gender-specific treatment services. Programs for the treatment of alcohol and other drug problems have typically been based on a medical model that emphasizes reaching and maintaining total abstinence, after which problems in other areas of the client's lives would be resolved. One criticism of this model is that "medical solutions are provided often to the exclusion of other important services needs" (Marsh, 1982, p. 153). The limited focus of the medical model combined with the gender bias inherent in the field of addictions can obstruct the provision of needed services. It is now recognized that a more holistic

approach is needed to effectively engage women in a successful treatment experience; one which addresses the medical, vocational, transportation and child care needs of women as well as their problems of abuse (Finkelstein, 1991).

The roles of women in treatment as mothers and care-givers, not uncommon in the context of a single-parent family, are often ignored. Lack of adequate child care forces women to confront difficult choices and can lead to their terminating treatment (Ludeman, 1989). Opportunities for women to have their children with them while receiving residential treatment are practically nonexistent. Currently, Demeter House, located in Arlington County, is one of a few programs nationally, and the only facility in Virginia, that allows women to bring their children with them into residential treatment.

Health Care Issues. As a result of the economic factors and lack of transportation, poor or uninsured chemically dependent women have very limited access to primary health care. Consequently, these women are more likely to develop a variety of serious medical problems which are often not identified until they enter treatment.

The life style of poor chemically dependent women may be characterized by neglect of normal hygiene, health care, and nutrition. In addition, some women may trade sexual activity for drugs. These factors increase the probability of gynecological, genitourinary and circulation problems among women in treatment. Treatment programs may not have the proper knowledge or adequate resources to address these problems.

Pregnant women may have difficulties obtaining treatment for substance addiction. Many residential programs will not accept pregnant women after the first trimester. Substance abusing pregnant women often have limited access to prenatal care. Even when available, many women do not seek early and regular prenatal care due to being unaware of their pregnancy, denial, fear or other factors.

Pregnant women with histories of substance abuse are more likely to deliver prematurely, and have higher rates of infant morbidity and mortality (Mondanaro, 1981). Drug exposed infants, already at risk due to poor prenatal care, may undergo drug withdrawal, may exhibit neurological or behavioral disorders, and may be at risk of developmental delays. Alcohol consumption during pregnancy may lead to the conditions known as Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effect (FAE). FAS and FAE are among the leading known causes of mental retardation and are completely preventable.

The HIV epidemic among current and former drug users and their sexual partners and children is increasing. Intravenous drug use is the direct or indirect cause of the majority of AIDS cases among people of color, most cases of AIDS in women and essentially all AIDS cases involving children. According to the Centers for Disease Control, in 1989, AIDS was the fifth leading cause of death among women in the United States who were between the ages of 15 and 44.

Often primary health care is not available for many of the women at greatest risk for HIV infection. Contact with health care professionals needed to make the diagnosis does not occur. The result is that some women die of HIV related illnesses while never having received an AIDS diagnosis. This may be a direct result of the Centers for Disease Control failure to include female specific diagnosis such as pelvic inflammatory disease, cervical dysplasia and other gynecological disorders in their definition of HIV related diseases. Too often programming for HIV positive and AIDS patients is not sensitive to the specific needs of women. Effective avenues to reach women at risk of becoming HIV positive includes prenatal care, drug treatment and public entitlement programs.

Unhealthy Relationships. Substance abuse by women often has its origins in the context of intimate relationships with men who abuse or deal drugs. Patterns of abuse of alcohol and other drugs in women are "particularly dependent on the initiation, assistance and encouragement of others" (Finkelstein, 1991). Many women with alcohol or drug problems are survivors of domestic violence, emotional or sexual abuse (Hurley, 1991). Breaking patterns of co-dependency and resolving the effects of physical or emotional abuse require a focus on relationships. For women, addressing the issues of empowerment and the development of healthy relationships may be difficult in traditionally male-oriented treatment programs.

Federal Mandates for Specialized Treatment of Women

The movement to overcome barriers to the effective treatment of addicted women emerged in the early 1970's. In 1976, PL 94-371 was enacted by the federal government to give priority consideration to the funding of women's treatment programs. In 1981, however, with the shift to block grant funding, federal alcohol and drug treatment funding was cut by 30%. Many of the new women's programs did not survive this reduction. Continued pressure to address the needs of chemically dependent women led to the passage, in 1984, of PL 98-509, requiring that 5% of the total Alcohol, Drug Abuse and Mental Health Services (ADMS) block grant be used to expand existing prevention and treatment services for women as well as to develop new women's programs.

In 1985, the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services used ADMS block grant funds to open five new programs for women substance abusers. A Women's Place programs in Culpeper and Fredericksburg, Visions in Petersburg and Recovery Women's Center in Fairfax provide day treatment, child care and vocational counseling, while the women's component in the Arise facility in Lynchburg provides specialized residential services to women. These programs established a base of experience and expertise in women's treatment issues from which to offer technical assistance to other programs.

In 1988, P.L. 98-509 was amended to require states to expend 10 percent of the ADMS block grant set-aside for women's services, resulting in $2,013,506 dedicated to women's services in Virginia during the 1991 fiscal year. These funds helped support the

provision of substance abuse services through the state's 40 community services boards (CSBs) to a treatment population that was approximately 36% female.

STUDY METHODOLOGY

Data Collection

Information for the Study of Substance Abuse Services for Women was provided by the substance abuse services directors/coordinators at each of the 40 community services boards (CSBs) through interviews and questionnaires. The interviews were conducted by staff from the Offices of Research and Evaluation and Substance Abuse Services during September and October 1991. Responses reflect program activity during FY 1991. Interview questions focused on a broad range of issues, including the availability of specialized women's treatment and prevention services. Programs or services were considered to be specifically designed to address the needs of female clients if they possessed one or more of the following characteristics:

- Counselors trained to work with women's issues in treatment
- Same gender treatment activities, such as group therapy with all female clients
- Specialized outreach activities designed to provide education on women's issues and connect women to treatment resources in the community
- The provision of child care for women participating in treatment

Interview questions also addressed services to special populations of women, educational services, services to pregnant women, plans for expanding services to women, barriers to service delivery and areas of unmet needs.

The process of developing and field testing the interview protocol (Appendix B) addressed the issue of reliability across interviewers. Since several interviewers were involved in the study, agreement on definitions and identification of areas of possible ambiguity were critical in gathering valid and reliable information. Three training sessions were conducted with the interviewers during the development and field testing of the instruments.

Questionnaires were used to collect detailed information in three areas: total number of women served, women served in specialized programs, and the funds allocated for specialized programs. In many cases, this information is not compiled until late in the funding cycle and, therefore, was not available at the time of the interviews. For this reason, two questionnaires were developed (Appendices C and D) to allow the CSBs to report this information as it became available. Data on the number of women served were requested for each core service (Core Services Taxonomy III, attached as Appendix E):

1. Emergency Services

2. Inpatient Services

3. Outpatient Services
   a. Outpatient Counseling
   b. Methadone Detoxification
   c. Methadone Maintenance
   d. Case Management

4. Day Support

5. Residential Services
   a. Medical/Social Detoxification
   b. Primary Care
   c. Therapeutic Community
   d. Group Home/Halfway House
   e. Supervised Apartments
   f. Domiciliary Care
   g. Residential Respite/Emergency Shelter
   h. Sponsored Placements
   i. Supported Living/In-home Respite

6. Prevention and Intervention
   a. Prevention
   b. Early Intervention.

Within each service, totals were requested for both white and non-white women in four age groups: 13 to 18 years of age, 19 to 35 years of age, 36 to 59 years of age and over 59 years of age. Additional questions requested estimates on the number of pregnant women served, number of referrals to Child Protective Services and the number of female collateral/codependent clients served (collateral/codependent clients receive substance abuse services for problems resulting from the chemical dependency of a family member or friend).

Copies of the interview protocol and the questionnaires were sent to each substance abuse services director/coordinator prior to scheduling the interviews. Following the interviews, summaries of the results were returned to each substance abuse services director/coordinator for their review. This process allowed for greater interaction between researchers and program personnel and resulted in a more complete description of programs designed to meet the needs of female clients.

STUDY RESULTS

Results from the two questionnaires are presented below followed by the data obtained thorough interviews:

Program Development

Eighteen CSBs have implemented women's programs or services in the past which they were forced to discontinue, primarily due low utilization. This poor use of services can be traced to inadequately addressing the barriers addressed in this study. Twenty-seven CSBs indicated that they have already allocated funds for the implementation of additional programs or services for women in the near future. These programs or services included the five CSBs that are beginning implementation of Project LINK, 9 CSBs that are expanding outpatient or case management services, 5 CSBs expanding child care or transportation available to clients, and 3 CSBs that are expanding residential services.

Twenty-seven CSBs indicated that specialized programs or services for women are a priority in their Eight-Year Plans. These programs or services included expanded residential services at 5 CSBs (total funding $1,751,000), expanded day treatment services at 5 CSBs (total funding $1,427,000) and expanded outpatient/case management services at 7 CSBs (total funding $1,061,000).

Total Number of Women Admitted to Services

Thirty-nine of 40 CSBs provided data on the number of women served. Table 1 summarizes this data. Patterns which emerge from the data include an over-representation of non-white women in inpatient, day support and residential services relative to their proportion in the general population. These services are typically appropriate for individuals with more severe problems of abuse. This pattern is less evident in emergency and outpatient services, however, suggesting that there are racial differences in patterns of service delivery which may relate to availability and accessibility. Within each service type, numbers of clients are not duplicated; however, many clients are admitted to more than type of service during the course of treatment.

Emergency and inpatient services. Emergency services are the only services mandated for community services boards. A total of 2,462 women received emergency substance abuse services in FY 1991. This included 1,770 white (72%) and 692 non-white women (28%). Eighty-four percent of the women served (n = 2,073) were between the ages of 19 and 59. Within each age group, the percentage of non-white women ranged from a low of 16% in the 13-18 age group (n = 40) to highs of 71% in the groups age 19-35 and 36-59. A substantially smaller number of women (n = 26) received inpatient services, primarily in the 19-35 age group. Statewide, fewer CSBs have access to inpatient service than any other.

Outpatient services. All community services boards provide outpatient substance abuse services to the general population. The figures for the number of women who received outpatient counseling provide an approximation of an unduplicated count of female clients, since most clients receive some form of outpatient treatment in conjunction with other forms of treatment. The data indicate that 15,214 women received outpatient services during FY 1991. Of this number, 10,091 (66%) were white and 5,123 (34%) were non-white. Again, the lowest percentage of minority women was found in the 13-18 age group (23%).

Day support and residential services. Fewer than half the community services boards provide day support services to the citizens of their catchment areas, and residential services are even less available. Data for these services, as with inpatient services, indicate higher proportions of non-white women served. Overall, 1,149 women received day support services. Again, the 13-18 age group had a lower percentage of non-white women than those women aged 19-59 (22% versus 48%). Residential services were received by 2,982 women, including 1,432 white women (48%) and 1,550 non-white women.

Prevention and early intervention services. All CSBs provide substance abuse prevention services of some description. A total of 10,676 women received prevention or early intervention services, including 7,377 (69%) white and 3,299 (31%) non-white women. These services were targeted primarily at the younger age groups, with 7,878 of the women served (74%) age 13-18.

TABLE 1: WOMEN RECEIVING SUBSTANCE ABUSE SERVICES DURING FY91 BY RACE AND AGE GROUP

	13-18		19-35		36-59		>59		
SERVICE TYPE	WH	NW	WH	NW	WH	NW	WH	NW	TOTAL
EMERGENCY	214 (84%)	40 (16%)	823 (71%)	344 (29%)	643 (71%)	263 (29%)	90 (67%)	45 (33%)	2,462
INPATIENT	2 (100%)		9 (53%)	8 (47%)	5 (71%)	2 (29%)			26
OUTPATIENT	1,394 (77%)	411 (23%)	5,446 (63%)	3,131 (37%)	2,902 (67%)	1,425 (33%)	349 (69%)	156 (31%)	15,214
DAY SUPPORT	60 (79%)	16 (21%)	350 (48%)	381 (52%)	156 (47%)	179 (53%)	5 (71%)	2 (29%)	1,149
RESIDENTIAL	32 (61%)	21 (39%)	974 (45%)	1,188 (55%)	345 (51%)	330 (49%)	81 (88%)	11 (12%)	2,982
PREVENTION/EARLY INTERVENTION	5,485 (70%)	2,393 (30%)	1,100 (65%)	589 (35%)	676 (72%)	265 (28%)	116 (69%)	52 (31%)	10,676

Note: Age as of June 30, 1991; WH=White, NW=Non-white; Percentage figures reflect proportions within age groups

Specific Women's Issues

The needs of women in treatment for the abuse of alcohol or other drugs differ from those of men. These unique needs revolve largely around the role of women as mothers and the primary providers of child care. Issues of particular interest in the assessment of treatment resources include the numbers of pregnant women served and fear of loss of custody of children as a barrier to treatment. Additional issues are related to the traditional status of women as subservient to men, a condition still common in the lives of many women. In particular, information on the extent to which women's problems of addiction are a result of the substance abuse of their spouse or partner is useful in treatment planning.

Pregnant women served. Public attention has focused on the issue of perinatal addiction, resulting in greater awareness of the impact of Fetal Alcohol Syndrome and the plight of drug-exposed babies. Information on the number of pregnant women in treatment is essential, both in terms of structuring treatment as well as in assessing the need for additional medical services. CSB substance abuse services staff were asked to provide an estimate of the number of pregnant women served during FY 1991. Thirty-two CSBs provided estimates that totaled 900 pregnant women receiving substance abuse services. Since eight CSBs did not contribute to this estimate, it may be viewed as conservative.

Referrals to Child Protective Services. Many women who abuse alcohol or other drugs fear losing their children as a result of entering treatment, creating a real barrier to these women seeking help for their problems of chemical dependence. While loss of custody may be the best alternative in some cases, other options may be available which might increase the likelihood that women will enter and remain in treatment. Thirty-four CSBs estimated a total of 423 referrals made to Child Protective Services in FY 1991.

Collateral/codependent clients served. Thirty-three CSBs estimated that a total of 3,908 female clients received substance abuse services for problems resulting from the chemical dependency of a family member or friend during FY 1991. Data on the extent to which such women are participating in treatment have implications for structuring treatment resources.

Number of Women Who Received Specialized Services

Services specifically tailored to address the needs of women include those provided by counselors especially trained in problems and techniques focusing on such issues as forming positive gender identity, resolving conflicts associated with histories of physical and sexual violence, assertiveness training for very dependent women, vocational and educational needs of women, and childcare and parenting.

The data on the number of women who received specialized services is summarized in Table 2. It is likely that the data in Table 2 represents a conservative estimate of the number of women who received specialized services in FY 1991. Staff at several CSBs indicated that their management information systems lacked the capability to track the number of clients in specialized programs or services. While some of these CSBs provided estimates, others did not submit data. Patterns which emerge from the data on women receiving specialized services include proportionally fewer women in the 13-18 and over 59 age groups, and generally higher proportions of non-white women than in the total treatment population.

TABLE 2: WOMEN RECEIVING SPECIALIZED SUBSTANCE ABUSE SERVICES DURING FY91 BY RACE AND AGE GROUP

	13-18		19-35		36-59		>59		
SERVICES SPECIALIZED FOR WOMEN	WH	NW	WH	NW	WH	NW	WH	NW	TOTAL
EMERGENCY			6 (43%)	8 (57%)	6 (46%)	7 (54%)			27
INPATIENT			1 (33%)	2 (67%)	1 (33%)	2 (67%)			6
OUTPATIENT	34 (69%)	15 (31%)	683 (53%)	610 (63%)	360 (64%)	206 (36%)	22 (81%)	5 (19%)	1,935
DAY SUPPORT	23 (88%)	3 (12%)	159 (47%)	177 (53%)	78 (45%)	97 (55%)	9 (75%)	3 (25%)	549
RESIDENTIAL	14 (67%)	7 (33%)	263 (46%)	310 (54%)	90 (44%)	115 (56%)	11 (65%)	6 (35%)	816
PREVENTION/EARLY INTERVENTION	121 (38%)	200 (62%)	207 (44%)	262 (56%)	7 (20%)	28 (80%)		1 (100%)	826

Note: Age as of June 30, 1991; WH=White, NW=Non-white; Percentage figures reflect proportions within age groups

Specialized emergency and inpatient services. All specialized emergency and inpatient services were provided by Western Tidewater CSB; 27 women received such services. There were nearly equal proportions of white and non-white women and of women in the 19-35 and 36-59 age groups. Only six women (two white and four non-white) received specialized inpatient services.

Specialized outpatient services. A total of 1,935 women received specialized outpatient services, or 14% of the total number of women who received outpatient services. Of this number, 1,099 were white (57%) and 836 were non-white (43%), representing a higher proportion of non-white women than in the total for outpatient services (34% non-white). Ninety-eight percent of these women were between the ages of 19 and 59.

Specialized day support and residential services. A total of 549 women received specialized day support services, or 80% of all women who received day support services. As with other specialized services, there was a smaller percentage of women in the extreme age groups (7% were between the ages of 13 and 18 or over age 59). Eight hundred and sixteen women received specialized residential services, or 24% of the total female residential population.

Funding Sources and Amounts for Specialized Programs

As with the data on the number of women who received specialized substance abuse services, the data on funding for specialized services presented in Table 3 should be viewed as conservative. These data are summarized in Table 3, along with data from the CSBs Fourth Quarter Performance Contracts on total funding for substance abuse services and the proportion of women in the overall client population.

TABLE 3: CLIENTS SERVED AND FUNDING

	CLIENTS SERVED (a)	WOMEN SERVED (b)	PERCENT WOMEN (b/a)	SUBSTANCE ABUSE FUNDS (c)	FUNDS FOR WOMEN'S SERVICES (c x b/a)	SPECIAL WOMEN'S PROGRAM FUNDS
EMERGENCY	7,353	2,462	33.5	$2,008,708	$672,917	$94,886
INPATIENT	148	66	44.6	$238,746	$106,480	$14,584
OUTPATIENT	52,542	15,214	29.0	$28,331,421	$8,216,112	$1,373,114
DAY SUPPORT	3,253	1,149	35.3	$4,113,599	$1,452,100	$535,807
RESIDENTIAL	12,220	2,982	24.4	$16,862,935	$4,114,566	$1,128,152
TOTAL				$51,555,409	$14,562,176 (28% OF TOTAL)	$3,326,812

Specialized prevention and early intervention services. A total of 826 women received specialized prevention/early intervention services, the majority of whom were non-white (59%, n = 491). Most were in the younger age groups, with 321 age 13-18 (39%) and 469 age 19-35 (58%).

The percentage of women enrolled in each service category is calculated by dividing the number of women admitted to each service by the total number of clients served. This percentage is then applied to the total funding for that service to give an estimate of funds for women's services for each service category. These amounts ranged from $106,480 for inpatient services to $8,216,112 for outpatient services, for a total of $14,562,176 or 28% of

the total funding for substance abuse services. These figures are based entirely on the proportion of women in the total treatment population for each service.

In addition to the figures calculated above, Table 3 also presents survey data on the amount of funding for programs or services specifically designed to meet the needs of female clients. The data indicate that a total of $94,886 was devoted to funding specialized emergency services for women. Specialized inpatient services were funded with $14,584. Outpatient counseling received a total of $1,373,114, the largest total for any service category. Specialized day support services were funded with $535,807. Specialized residential services for women received a total of $1,128,152 in funding. Specialized substance abuse services for women were funded with a total of $3,326,812 in FY 1991.

Specialized Services at the CSBs

Interview data indicated a wider availability of specialized services for women than did the data obtained through questionnaires on clients served and funding. This again is attributed to the limited ability of management information systems at some CSBs to provide detailed information on numbers of clients served and funding for specialized programs for women. These results are presented in Table 4.

Staff at 32 CSBs indicated that they offered services which were specifically designed to meet the needs of female clients during FY 1991, exclusive of jail-based groups. Staff at seven CSBs indicated that specialized emergency services were available to their clients. Specialized inpatient services were offered at only one CSB. Thirty-one CSBs offered outpatient counseling specifically designed for women. Only two respondents indicated their CSB offered specialized methadone detoxification or maintenance; however, methadone is only available at five sites in Virginia and is only appropriate for persons addicted to opiate and opiate synthetics. Sixteen CSBs offered specialized case management services while ten CSBs offered specialized day support services.

Specialized residential services are available to women at all CSBs through a purchase of service arrangement, which allows CSBs which do not offer a particular residential service to purchase that service from an approved vendor. The residential service most commonly specialized to meet the needs of female clients was primary care (13 CSBs), followed by group homes (12 CSBs) and medical/social detoxification (9 CSBs). Specialized supervised apartments were operated by seven CSBs; six CSBs offered therapeutic community services to women. Twenty-four CSBs offered prevention/early intervention services designed specifically for women.

Responses indicate that 31 CSBs have women's counseling groups, 30 have counseling staff who are specifically trained in serving female clients and 17 offer some form of child care to their clients. In addition, 25 CSBs have implemented outreach programs designed to provide education on women's issues and connect women to treatment resources in the community. Twenty-one CSBs make transportation available to female clients.

Jail Services

Staff at 34 CSBs indicated that their CSB offered specialized women's services in prisons or jails. This included individual counseling at 31 CSBs, group counseling at 30 CSBs, assessment services at 31 CSBs, HIV case management at 12 CSBs and general case management at 27. Thirteen CSBs offer other services, including marital counseling, liaison with other services, education/prevention services, services to dually diagnosed clients and transitional services to assist clients reintegrating into the community.

TABLE 4: SPECIALIZED SERVICES FOR WOMEN - INTERVIEW DATA

SERVICES	NUMBER OF CSBs OFFERING SERVICE
Offer Programs or Services Specialized for Women	32
Emergency Services	7
Inpatient Services	1
Outpatient Counseling	31
Methadone Detoxification	1
Methadone Maintenance	2
Case Management	16
Day Support	10
Medical/Social Detoxification	9
Primary Care	13
Therapeutic Community	6
Group Homes/Halfway Houses	12
Supervised Apartments	7
Domiciliary Care	1
Residential Respite/Emergency Shelter	3
Sponsored Placements	1
Supported Living/In-home Respite	
Prevention	24
Early Intervention	12

Educational Services

Substance abuse staff were asked to discuss topics on which the CSBs routinely serve as an educational resource for women with alcohol and other drug problems. Staff at 36 CSBs indicated that female clients are provided with education on health issues, sexually transmitted diseases and life skills. Thirty-three CSBs offer education on child development and 29 provide education on the topic of nutrition. In addition, ten CSBs offer educational services related to parenting.

Referral Patterns

To identify patterns of collaboration, substance abuse staff were asked to discuss their referrals to other public service agencies. Their responses are summarized in Table 5. All 40 CSBs described collaboration with other agencies on the issues of medical services assistance and perinatal care, typically with local Public Health Departments. All CSBs also collaborate with the Department of Rehabilitative Services or the Virginia Employment Commission to provide employment services to female clients. Thirty-nine CSBs provide referrals to the local Department of Social Services for women in need of financial services assistance or in cases where staff feel the involvement of Child Protective Services is necessary.

Thirty-seven CSBs make referrals for services in the area of infant early intervention services, usually to CSB-operated programs. However, only 14 CSBs indicated that they routinely refer for Early Periodic Screening, Diagnostic Testing and Treatment (EPSDT), a Medicaid funded program for children. Thirty-nine CSBs make referrals for HIV services, most commonly to the local public health department or AIDS consortium. Thirty-five CSBs refer for services to the Women, Infants and Children (WIC) program. Twenty-seven CSBs indicated that they provide in-service training on women's substance abuse issues to agencies which refer to them or which receive their referrals.

Services to Pregnant Women

Twenty-seven CSBs indicated that specialized substance abuse services are provided to pregnant women. These services included those at the five Project LINK pilot sites, where a specific multi-agency program is targeted to this population. Various educational and medical services are provided at other CSBs. Only two CSBs have policies which restrict the admission of pregnant women to services based on trimester. Hampton-Newport News requires clients in the third trimester to participate regularly in medical care as a condition for admission to residential services. Planning District 19 does not admit clients in their second or third trimester to primary care. In situations where a waiting list exists, 31 CSBs will make special provisions for the admission of pregnant clients.

Services to Special Populations

Thirty-nine CSBs provide specialized prevention/early intervention programs to the children of parents with alcohol or other drug problems, most typically through school-based Children of Alcoholics (COA) groups. Sixteen CSBs provide substance abuse services to adolescent females which are specialized to their gender and age group, including services for pregnant teens and groups for survivors of sexual abuse.

TABLE 5: REFERRALS BY CSBs TO OTHER AGENCIES

SERVICE AREA	CSBs WHICH MAKE REFERRALS	AGENCIES TO WHICH REFERRALS ARE MADE
Financial Services Assistance	39	Dept. of Social Services Credit Agencies Virginia Employment Commission Community Action Chamber of Commerce DRS Local Churches
Medical Services Assistance	40	Public Health Dept. Private Physicians Dept of Social Services MCV Local Hospitals/Clinics Detoxification Programs
Perinatal Care	40	Public Health Dept. CSB Programs Local Hospitals/Clinics MCV Private Physicians Detoxification Programs
EPSDT	14	
Child Protective Services	39	
Employment Services	40	DRS VEC JTPA Dept. of Social Services Job Corps OIC
WIC	35	
HIV Services	39	Public Health Dept. AIDS Consortiums Local Physicians MCV
Provide In-service to Agencies on Women's Substance Abuse Issues	27	

Staff at eight CSBs described programs or services targeted at older women. These services included the provision of specialized training for staff in serving this population, a specific program in medication management for older clients and specialized residential services. Ten CSBs offer specialized substance abuse services to women representing various cultural/racial/ethnic groups, primarily to African-American women, but with two

CSBs indicating specialized services for women of Hispanic origin.

Counseling and Support Groups

In discussing topics addressed by specialized counseling or groups, 28 CSBs indicated the availability of rape and incest counseling. Thirty-seven CSBs provide co-dependency counseling, 30 address the issue of domestic violence and 19 provide specialized HIV counseling. Other counseling topics addressed included the development of self-esteem, lesbian issues and eating disorders.

Support groups specializing in serving women are available to clients at 36 CSBs. The relationships of the CSBs with these groups range from referring clients to more extensive involvement in the form of providing technical assistance and facilitators.

Barriers to Service Delivery/Areas of Unmet Need

Staff at 34 CSBs characterized the extent to which the current level of need for substance abuse services for women is being met in their communities as inadequate. Figure 1 presents the results of staff rating potential barriers on a four-point scale (0 = Not a Problem; 1 = Minor Problem; 2 = Moderate Problem; and 3 = Severe Problem).

These responses indicate that the barrier to the effective delivery of services most frequently encountered is the availability of child care, rated between moderate and severe (2.3). Somewhat less problematic, but still between moderate and severe, are the availability of housing, transportation and affordable medical services (2.2). Transportation was seen as a particular problem by rural CSBs, particularly those which serve multiple jurisdictions (2.6). Housing and child care were relatively greater difficulties in large urban CSBs (2.4 for both). Fear on the part of clients that they may loose custody of their children was seen as a moderate problem (1.9). Staff knowledge on women's substance abuse issues was seen as a minor problem (0.9) and staff attitudes toward female substance abusers and staff fear of litigation as a result of working with female clients were seen as the least problematic of the potential barriers (0.4 and 0.5, respectively).

In further discussion of barriers to the effective delivery of services and areas of unmet needs, the most frequently mentioned topic was that of insufficient resources for effective outreach to inform women regarding problems of addiction and the resources available to address these problems (31 CSBs). Further concern was expressed regarding lack of access to transportation and inadequate resources for child care (mentioned by 23 and 21 CSBs, respectively). Lack of residential services for women was seen as a significant area of unmet need by 15 CSBs. Although rated as a minor problem by CSBs overall, staff at 15 CSBs mentioned the need for additional resources to provide staff training on women's substance abuse issues. Lack of resources in their community to provide clients with a complete continuum of care was seen as a problem by staff at 15 CSBs. Inadequate medical

services and perinatal care was mentioned by staff at 14 CSBs. Other topics mentioned included the need for vocational rehabilitation/habilitation for women (5 CSBs) and the need for additional resources to address problems of domestic violence (6 CSBs). These data are summarized in Table 6.

FIGURE 1: BARRIERS TO SERVICE DELIVERY

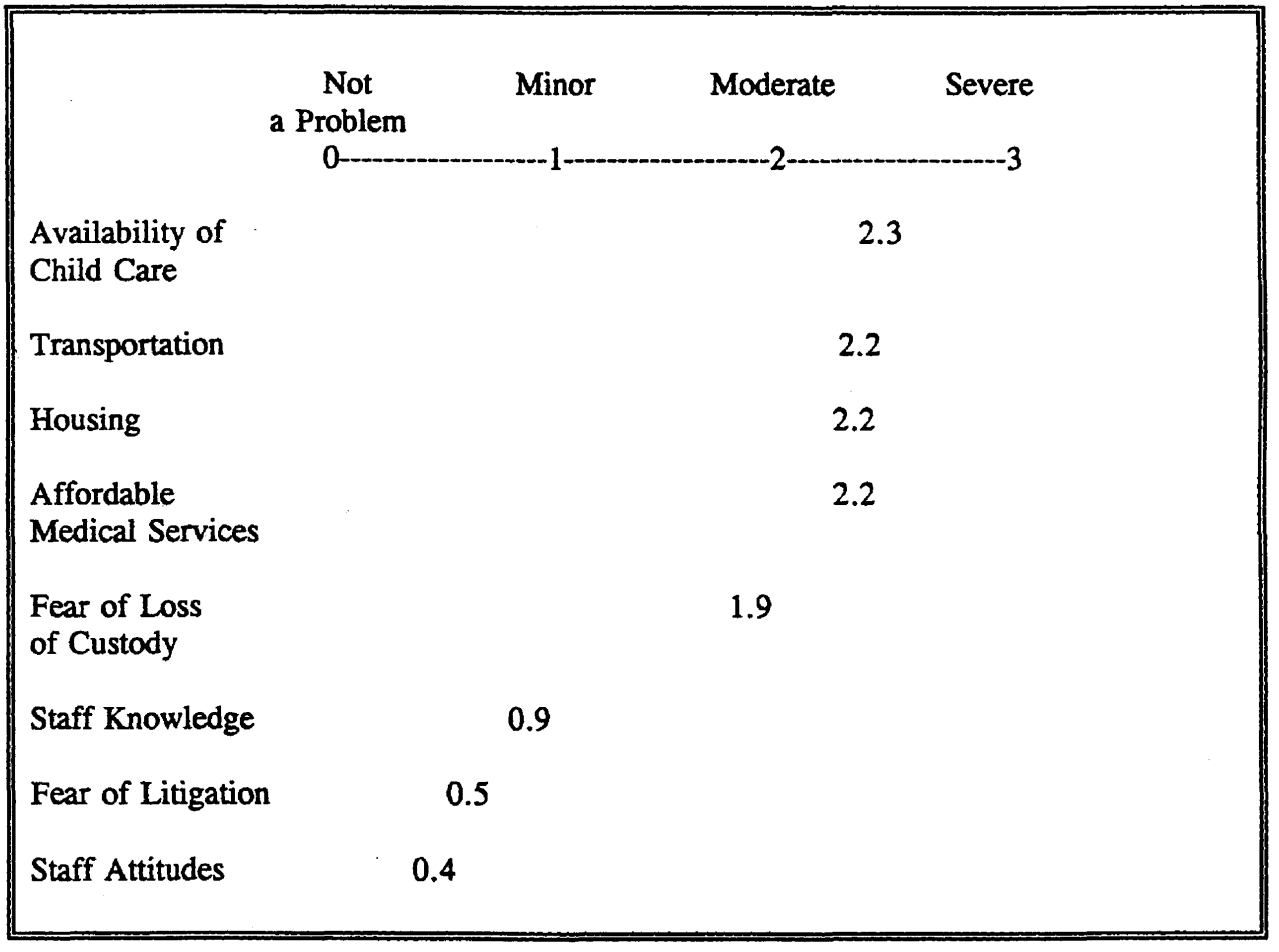

TABLE 6: BARRIERS TO SERVICE DELIVERY/AREAS OF UNMET NEED

BARRIERS TO SERVICE DELIVERY/ AREAS OF UNMET NEED	NUMBER OF CSBs IDENTIFYING AREA AS A PROBLEM
Insufficient Resources for Outreach to Women	31
Lack of Access to Transportation	23
Inadequate Child Care	21
Lack of Residential Services	15
Inadequate Training on Women's Issues	15
Incomplete Continuum of Care	15
Lack of Medical/Perinatal Care	14
Inadequate Resources to Address the Issue of Domestic Violence	6
Inadequate Employment Services for Women	5

IMPLICATIONS FOR FUTURE SUBSTANCE ABUSE PREVENTION AND TREATMENT SERVICES TO WOMEN

This study identified the following issues which should be addressed in providing substance abuse services to women.

Prevention and Treatment Services

- **Issues related to appropriate prevention and treatment;**
  - Training for community services board staff to promote women as a **priority population;**
  - **Lack of intensive residential treatment**, particularly in settings which include and accommodate women with dependent children;
  - **Educational and vocational services** geared to assist women in becoming economically independent;
  - **Training in basic life skills** to help women become self-sufficient, such as budgeting, learning to access community resources, goal setting and problem solving;
  - **Physical and sexual abuse** are frequently reported by women seeking substance abuse treatment;
  - **Improved outreach services** are needed to identify women at-risk for substance abuse or in need of treatment services;
- Issues related to **parenting**:
  - The study identified **child care** as the most significant barrier keeping women from seeking treatment services;
  - The fear of losing **custody of dependent children** prevents some women from seeking needed treatment for substance abuse;
- Issues related to **community support**:
  - Existing community resources need to be more effectively coordinated

to assist these women in accessing necessary resources;

- Geographic distance and lack of **transportation** prevent many women from participating in available treatment;

- Many women **lack appropriate housing** in safe, drug free environments;

- Poor access to **health care** is a major problem for medically indigent women, and is especially critical for pregnant women who abuse substances and the children of women abusing substances;

The needs of women seeking treatment for substance abuse are complex, and many of those seeking and receiving services under the Department's aegis are indigent, and are therefore lacking financial resources with which to support themselves or purchase assistance. The Department and the community services boards are charged by the Code of Virginia to provide substance abuse prevention and treatment services, and are responsible for providing leadership and coordination in addressing these issues. Collaboration among state agencies to address these issues is imperative.

RECOMMENDATIONS

This study concentrated on identifying the availability and accessibility of substance abuse services specifically designed to address the needs of women. Although the substance abuse prevention and treatment needs of women are the responsibility of the Department of Mental Health, Mental Retardation and Substance Abuse Services, many of the barriers to receiving treatment could be remedied by enhanced collaboration with other state agencies. Similarly, many of the support services necessary for stable recovery from substance abuse are provided by other state agencies. **Therefore, the Department respectfully recommends that the Subcommittee request the Secretary of Health and Human Services to respond to the study by coordinating the identification of appropriate resources for the 1994-96 budget, including a specific plan of action to address the needs identified in the study.** This plan would

- **quantify** the need for specific types of needed services throughout the Commonwealth;
- provide **cost estimates** for implementation; and
- describe **strategies for implementation**, including
  - geographic distribution of prevention and treatment modalities,
  - specific program descriptions, and
  - timetables, and
- be assembled in **collaboration** with representatives of other relevant state agencies, the Virginia Association of Community Services Boards, and other stakeholders.

APPENDICES

Appendix A: House Joint Resolution 389

Appendix B: Substance Abuse Services for Women Interview Protocol

Standardized interview protocol used in interviews with substance abuse services directors/coordinators at each of the 40 community services boards. Topics of inquiry included the extent of services specially designed to meet the needs of female clients, services to special populations of women, patterns of collaboration among social service agencies and barriers to the delivery of services. Copies available from Sterling Deal, Office of Research and Evaluation, DMHMRSAS, P.O. Box 1797, Richmond, VA 23214; (804) 371-7760.

Appendix C: Substance Abuse Services for Women Service Matrix Questionnaire

Survey instrument used to gather data on women receiving substance abuse services during FY 1991. Information was requested on the total number of women served, cross tabulated by age and racial group for each service category. In addition, similar information was requested on the number of women who received services specially designed to meet the needs of female clients. Specialized services were defined as possessing one or more of the following characteristics:

- counselors trained to work with women's issues in treatment
- same sex treatment activities, such as group therapy with all female clients
- specialized outreach activities designed to provide education on women's issues and connect women to treatment resources in the community
- the provision of child care for women participating in treatment.

Copies available from Sterling Deal, Office of Research and Evaluation, DMHMRSAS, P.O. Box 1797, Richmond, VA 23214; (804) 371-7760.

Appendix D: Substance Abuse Services for Women Funding Matrix

Survey instrument used to gather data on funding sources and amounts for specialized substance abuse services for women.

Copies available from Sterling Deal, Office of Research and Evaluation, DMHMRSAS, P.O.

Box 1797, Richmond, VA 23214; (804) 371-7760.

Appendix E: Core Services Taxonomy III

Document defining the categories of services provided by community services boards during FY 1991. Core Service Taxonomy IV revisions became effective on July 1, 1991. Copies available from Sterling Deal, Office of Research and Evaluation, DMHMRSAS, P.O. Box 1797, Richmond, VA 23214; (804) 371-7760.

Appendix F: Research Notes Series 2 Number 4 "Barriers to the Effective Delivery of Substance Abuse Services to Women"

DMHMRSAS publication describing data on barriers to service delivery. Copies available from Sterling Deal, Office of Research and Evaluation, DMHMRSAS, P.O. Box 1797, Richmond, VA 23214; (804) 371-7760.