

**Testimony on Substance Abuse Treatment  
for the  
State of California  
Little Hoover Commission**

**Presented By  
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**I Overview of SHIELDS**

SHIELDS is a comprehensive, community based, non-profit organization serving families residing in South Central Los Angeles. SHIELDS' primary goals are to: (1) promote family reunification and support families remaining intact in the community; (2) strengthen families through the provision of comprehensive, collaborative services; (3) improve the general well being of families through comprehensive health programs and preventive social services; and (4) promote self-sufficiency and economic independence. SHIELDS exists to strengthen the family and community by building skills through education, counseling and support.

SHIELDS currently employs over 200 full time employees and 30 consultants, with an annual budget of \$12.5 million to operate 17 programs, including three collaborative networks where SHIELDS acts as the lead agency. Additionally, SHIELDS is a CALWORKS and certified Medi-Cal provider for mental health and substance abuse treatment and a United Way agency. SHIELDS programs provide for a continuum of comprehensive services that address the needs of the entire family. In order to increase the opportunities for successful outcomes, SHIELDS provides all services utilizing center-based, one-stop shopping models in conjunction with home visitations. Currently, over 20 agencies provide on-site services to SHIELDS clients. All services are offered in both English and Spanish.

SHIELDS has been providing comprehensive services to families for the past twelve years, with a static capacity of 900 families. SHIELDS substance abuse treatment programs have been used as national and state "best practice" models for the Center for Substance Abuse Treatment (CSAT), HUD, and California Institute for Mental Health (CALWORKS services), maintaining completion rates of 65% with 90% of graduates remaining clean and sober and 80% who are employed and/or enrolled in school or training one year post discharge. Additionally, the SHIELDS Compton Family Preservation Network was one of the original nine family preservation programs in Los Angeles County, in operation since 1992. Since implementation, the foster care rate has decreased in the City of Compton by 29%. SHIELDS has received numerous awards and recognition for our work with families including the C. Everett Koop Award, the International Athena Award from the State of California; an Achievement Award

from the Office of National Drug Control Policy; television features on 48 hours, CNN, and local news; features in print including special publications by the Children's Defense Fund and the Los Angeles Times.

A. **Programs and Services**

Programs and services include:

***Substance Abuse Treatment:*** SHIELDS offers seven substance abuse treatment programs with a total capacity of 375 families. Programming includes outpatient, day treatment and residential services. Special programs are provided for individuals who are dually diagnosed, perinatal clients, adolescents, general relief and TANF recipients and for Compton Drug Court and Proposition 36 referrals. In addition, housing is offered as a component of our residential program and satellite housing is available for families enrolled in day treatment. All treatment programs incorporate: individual, group and family counseling; life skills; educational classes on alcohol and drugs, AIDS, health, anger management and relapse prevention; mental health services; special issues groups on sexual abuse, grief and loss and family reunification; vocational and educational courses; parenting and child development education; child development center; therapeutic nursery; afterschool youth services; and transportation. In addition, SHIELDS Adolescent Treatment Program provides comprehensive services to youth identified from the Department of Probation and Department of Children and Family Services with substance abuse problems. The program also includes a dual diagnosis component funded through the Department of Mental Health. A satellite site for the program is provided in collaboration with the Department of Probation and Los Angeles County Office of Education at the Hope Centre Academy, a high school serving children on probation.

***Outreach, Intake and Assessment Services:*** Outreach services are provided to substance abusing pregnant and parenting women in the targeted community through street outreach staff through SHIELDS federally funded Healthy Start Program. Outreach is also provided on-site at local hospitals as requested and daily at King Drew Medical Center. Additionally, SHIELDS has eight outreach staff in two local Department of Public Social Services (DPSS) offices to conduct outreach and intake services to individuals applying and/or recertifying for public assistance. SHIELDS is a collaborative partner with three community agencies to provide assessment services for General Relief, CalWORKS and Proposition 36 recipients who are identified with mental health and/or substance abuse issues. SHIELDS operates an assessment center five days a week to provide for assessment, referral and placement services for clients referred from DPSS and the Courts. Intake and assessment services for substance abuse treatment are also provided by three full time assessment staff at the SHIELDS Genesis site. In addition, a full time assessment and referral specialist is located at the Los Angeles County Juvenile Dependency Courts to assist individuals in accessing substance abuse treatment services throughout Los Angeles County, as well as a two full time assessment staff at the Compton Superior Court to provide intake and assessment for Compton Drug Court and Proposition 36.

**Case Management:** Intensive case management services are provided to all substance abusing pregnant and parenting women and their families enrolled in SHIELDS substance abuse treatment programs. In addition case management is provided to families referred from the Los Angeles Unified School District's Teenage Pregnancy and Healthy Start Program's located in the Jordan-Locke Cluster. Case management services include assistance with accessing housing, food, employment, income, and other related social services.

**Child Development:** Comprehensive child development centers are provided on-site at all SHIELDS substance abuse treatment programs for children ages 0-5. All children enrolled in services receive a developmental screening and assessment and have an individual education plan developed. Child development services also include: parenting education, child development education, parent-child interaction classes ("Mommy, Daddy and Me"), therapeutic nursery, and supervised early childhood intervention.

**Youth Services:** SHIELDS offers two youth programs (Heros and Sheros) that provide prevention and early intervention services for children (ages 6-14) whose parent(s) are enrolled in a drug treatment program, with a primary emphasis on serving the older children of families enrolled in existing SHIELDS programs. The youth programs provide culturally-based after-school and weekend programming that includes self awareness, tutoring, mentor services, and social and recreational activities that help children recognize that they are "Heros and Sheros." In addition, SHIELDS offers afterschool services at the Los Angeles Unified School District (LAUSD) 92<sup>nd</sup> Street Elementary School in collaboration with other community providers and at the LAUSD Ritter Elementary School. In collaboration with Los Angeles Unified School District, SHIELDS provides case management services to families identified through the Teen Pregnancy and Healthy Start programs at five schools in the local community. Additionally, at our residential treatment site, a teen support program focused specifically on youth 14-18 years of age is provided. Additionally, SHIELDS provides Families and Schools Together, a communication program for elementary aged youth and their families at two LAUSD elementary schools and will implement an alcohol and drug prevention program at Crenshaw High School in September, 2001.

**Mental Health:** In 1997, SHIELDS was awarded a Los Angeles County Department of Mental Health contract to provide dual diagnosis mental health services. In 1998, those services were expanded to include the provision of children's mental health services in collaboration with the Children's HUB at King Drew Medical Center. In 1999, SHIELDS expanded services again to provide mental health services to CalWorks recipients and to school based sites at 92<sup>nd</sup> Street, Grape, Ritter and Wiggins Elementary schools in the Los Angeles Unified School District and to Mayo, Whaley and Foster Elementary and Dominquez High School in the Compton Unified School District. In September 2001, SHIELDS will be expanding school based services to an additional ten schools and the outpatient children's program will expand to three satellite sites. In April, 2001, SHIELDS began an outpatient dual diagnosis program for adolescents and a Therapeutic Nursery day treatment program on the campus of King Drew. Mental

health services include: individual, group and family counseling; case management; psychological testing; psychiatric evaluation; medication support; and crisis intervention.

**Family Preservation:** Family Preservation is a collaborative, community based program which works with high risk families referred by the Department of Children and Family Services. SHIELDS provides family preservation services for the community of Compton in collaboration with three agencies in order to provide intensive and comprehensive services to families to reduce the risk of out-of-home placement. Because of the success of the Family Preservation program, SHIELDS was selected by the Department of Children and Family Services to implement an intensive case management program to divert families from the child welfare system, called Families First.

**Vocational Services:** Vocational and educational services are provided as a component of all treatment programs as well as offered through our Vocational Services Center site. Services include a continuum of vocational training and job placement services. All primary services are provided by SHIELDS and its collaborating partners, inclusive of the Los Angeles Unified School District, the Department of Rehabilitation, the Housing Authority of the City of Los Angeles, AADAP, IAM Cares, the Department of Children and Family Services, and the Los Angeles Community Colleges. In addition, an on-site AA degree program is offered by Los Angeles Trade Technical College, High School Equivalency Degrees through Victory High School, as well as certification programs in Child Development through Pacific Oaks College and Fiber optics (RF Technician) through the Lindsey Technical Institute. SHIELDS also works in collaboration with Gain, the City of Hawthorne, the City of Los Angeles and the Housing Authority of the City of Los Angeles to provide a subsidized work experience and on the job training program for our participants.

**Aftercare:** SHIELDS offers lifetime aftercare services to all program graduates. Services include counseling, case management, support groups and access to job placement and housing services.

**Housing:** Low-income housing is provided for eligible program participants enrolled in one of SHIELDS perinatal substance abuse treatment programs. Currently, SHIELDS has 126 units of housing at three sites: Keith Village, Naomi Village and Saraii Village. In addition, SHIELDS works collaboratively with the Department of Mental Health, Beyond Shelter and the Housing Authority of the City and County of Los Angeles to assist our clients in accessing Section 8 and other permanent housing.

**Transportation:** Van services are provided to transport eligible SHIELDS families to program services, medical appointments and related services. In addition, clients are assisted with transportation through the provision of bus tokens.

## B. Target Population

SHIELDS substance abuse treatment programs serve all members of the community who are in need of services, however for today's testimony I will be specifically focusing on the target population of pregnant and parenting substance abusing women and their children who are significantly impacted by state and local policies that negatively effect the implementation and provision of perinatal treatment services.

While actual numbers of substance abusing women are unknown, the National Institute on Drug Abuse (NIDA) estimates that 15% of women of child bearing age are substance abusers. This figure is estimated at five million women who used illicit drugs in the United States (NIDA). In California, the perinatal prevalence study conducted in 1992 by the State Department of Alcohol and Drug Programs (ADP) indicated that 11.35% of all births were substance exposed. This figure equated to a total of 69,000 births for that year. In Los Angeles County, a survey conducted by the Department of Children and Family Services and the Los Angeles County Superior Courts indicated that approximately 15,600 women are court-referred on an annual basis to drug counseling and treatment for drug related child abuse and/or neglect cases. According to the Department of Children and Family Services, 80% of all Child Protective Services cases in Los Angeles County involve substance abuse.

Nationally, women make up approximately 35% of the drug treatment admissions. In Los Angeles, women constitute approximately 45% of the clients in drug treatment. Women, however, are thought to be underrepresented in treatment, primarily because of the barriers in regards to acceptance of pregnant and parenting women with children in treatment services and the fears women experience about losing their children if they acknowledge they have a substance abuse problem.

## C. Target Population Characteristics

Women who abuse substances present with myriad problems that stem from long term histories of individual, psychological, social, family and environmental issues. According to SHIELDS data on the current population of approximately 220 women enrolled in perinatal services (and substantiated by the literature) the following characteristics were identified:

75% of substance abusing women enrolled in treatment where victims of child abuse and neglect.

- 80% were children of substance abusers.
- 70% started their alcohol/drug use by the age of 14.
- 70% did not complete high school and have reading levels at 5<sup>th</sup> grade or below.
- 60% were homeless or at imminent risk of homelessness at intake.

- 90% are involved with Child Protective Services
- 65% have a co-occurring mental illness
- 50% have experienced domestic violence.
- 80% have never been employed.
- the average number of children is 4.5
- 70% have been convicted of a felony.
- 65% have been incarcerated.

Children enrolled in services have the following characteristics:

- 10% -15% of children, ages 0-5, are assessed with developmental delays.
- 40% have mental health needs that requires treatment
- 80% have been in out-of-home care.
- 70% have academic or behavioral problems in school.
- 90% of school age children have transfered to two or more schools.

## II **Perinatal Treatment Services**

### A. **Availability**

The total amount of funding in the State of California for perinatal treatment services is approximately \$48,300,000 out of a total budget of over \$300 million for services for all populations. This funds slots to serve somewhere close to 12,000 women and 18,400 children annually in 249 public funded programs throughout the state (ADP). This equates to one women with .44 children per funded slot. Given that the State's own study indicated 69,000 infants born in one year that are substance exposed, it becomes quite evident that there is a significant gap between the need for services and the availability of services. In Los Angeles County alone, there are more than 15,000 women identified through the Child Welfare System that have open Child Protective Services cases where substance abuse is an issue.

### B. **Accessibility**

Perinatal treatment services that do exist are often inaccessible due to the inability to accept all of the children into services; lack of transportation; lack of child care; or long

waiting periods for admission, particularly for a residential bed. Because of the limited availability of slots for children, women are often faced with the choice of placing their children in foster care in order to enter treatment. Additionally, because the majority of women served are dependent upon government assistance and are single heads of households, transportation and child care become two significant barriers to the accessibility of services. For a mother with three or more children, a bus ride of several hours and long waits in clinics with no or limited child care are pivotal deterrents to engaging or maintaining treatment services.

### C. **Services Needed**

The problems and issues that substance abusing women face are related equally to their being women as much as being addicted. For such women the effects of addiction are far reaching. Not only are their personal lives affected dramatically in terms of physical, social, emotional and interpersonal dysfunctions, but also, and sometimes even more devastating, are the effects on their unborn fetuses and the growth and normal development of their children.

Perinatal treatment programs must be able to provide services that adequately address the complex and multiple variables that have been found to be related to perinatal substance abuse. Individual counseling is required for psychological issues affecting the addict. Family counseling is imperative for resolving issues in the current family configuration as well as in the family of origin that impact recovery outcomes. Access to health services is necessary to evaluate and treat the medical needs of the mother and the child. Parenting and child development education is critical to assist the mother in raising her children and regaining or maintaining custody. The provision of or linkages to educational, vocational, housing and financial services is crucial for re-establishing or establishing self-sufficiency for the family unit. Group and support networks must be provided to assist in the development of a strong foundation for the mother's ongoing needs. Child care and transportation services are critical for the mother to have access to treatment services. In addition, programs must be able to engage the addict in the treatment process in order to maintain her in the program and increase the likelihood of successful outcomes for her and her children.

The research on treatment services for women consistently indicates that programs are needed that demonstrate effectiveness in addressing these issues holistically, by providing comprehensive, collaborative, culturally sensitive, community based, and family focused services that address substance abuse as a chronic, relapsing disorder that is biopsychosocial in nature. Most importantly, evaluation efforts continue to prove that if women are able to bring their children into treatment, successful outcomes are significantly increased. In the converse, the primary reason women leave treatment is because they can not have their children with them.

### **III Impact of State Policy on Perinatal Services**

Systemic barriers are a fundamental cause of the low rates of admission, retention and successful outcomes in treatment. Although research has consistently documented models and practices that will enhance service results for the target population, State policy and practice has not allowed for the implementation of perinatal treatment services in a manner consistent with this evidence.

#### **A. Funding Restrictions**

##### **Funding for Individuals**

Treatment funds can only pay for the identified substance abusing client. Therefore, although rates are slightly enhanced for perinatal services, funding can not cover the costs for services for children or family focused programming although research substantiates the necessity of these services for successful outcomes. As indicated previously, perinatal programs supported through ADP supports a .44 child slot (less than half a child) for every one woman's slot. Given that the majority of women have multiple children (SHIELDS average is 4.5) of all age ranges, they are faced with the choice of selecting a child or placing children in alternative out-of-home care in order to access services. SHIELDS is the only program in the state that allows women to bring all their children into treatment regardless of their age or the total number of children a woman may have. The inability to bring children to treatment is a primary barrier to accessing services for women and the number one reason why they leave treatment after admission. In addition, limitations on what funding can pay for restricts the services that can be offered for children. Therefore, although the extensive needs of the children of these mothers are known, the majority of programs can only afford to provide child care without the therapeutic intervention necessary that can address developmental delays and reduce long term problems for these children and costs for the State in education, mental health and health services.

##### **Unallowable Costs: Outreach to Unserved Population**

As previously indicated, ADP funded perinatal programs served 12,000 women in the last fiscal year, although it is evident through the research that there is a significantly larger population of women in the State that are in need of services. As ADP identified in their 1992 prevalence study, 69,000 births were substance exposed annually, suggesting a population of upwards of 70,000 women in the State who are in potential need of treatment. The reasons why these women do not access treatment are multiple: lack of knowledge of service availability, fear of children being removed, fear of losing income, lack of hope. Many of these issues could be addressed if outreach to the unserved population was available. However, outreach is not an allowable cost under substance abuse treatment. Providers are paid only if the woman attends treatment and, with some modalities, only if she attends a certain number of days and hours per week. Therefore, incentive for programs to conduct outreach to this population of women is significantly reduced. As an example of what could be possible, SHIELDS,



through its federal Healthy Start grant, conducted outreach to pregnant substance abusing women in two zip codes in Los Angeles. Over a 2½ year period, over 360 women were identified and enrolled in prenatal services. Of those, 100% remained in prenatal care, 70% remained in treatment, and 97% of the babies born were drug free. This last factor alone saved the health care system millions of dollars in health care costs attributed to the birth of substance exposed infants.

### **Fee for Service = Quantity vs. Quality**

The majority of perinatal treatment contracts are fee for service. This means we only get paid if the woman attends treatment on-site at the facility and as previously indicated, for daycare habilitative programs, payment occurs only if the client attends a certain number of days and hours per week. The impact of this method of payment forces providers to emphasize quantity versus quality of services in order to make sure a cash flow exists that can pay for staff and facilities. Therefore efforts made to do services that are not reimbursable are minimal. If a client falters in treatment, outreach to bring them back into services is often limited because having someone in the slot is imperative to the survival of the program, particularly in smaller agencies.

### **Categorical Funding Limitations**

One of the primary barriers to perinatal treatment services is categorical funding - funding streams that only fund one type of service. As has been demonstrated, women enrolled in perinatal treatment present with myriad problems that include mental health, domestic violence, homelessness, and limited educational and vocational skills. Because of categorical funding, funds for treatment are to be used for core substance abuse services, forcing providers to attempt to access other funding or establish relationships with an array of providers that receive funding for services needed for the clients that serve. In the former situation, providers that access other funding are now also subject to the requirements of those other sources - requiring agencies to complete multiple reports, have separate accounting for funds and comply with often conflicting regulations. In the latter situation, providers are dependent upon relationships with other providers and their funding limitations to access resources that are needed. To complicate matters, many of these women are no longer eligible for Medi-Cal because their children are not in their custody. Therefore, they can not pay for services such as mental health and health care, and are dependent upon indigent care which is almost nonexistent throughout the State.

### **B. Treatment Modality Restrictions**

State identified modalities of service limit the flexibility providers have in offering services and inhibit the creativity for new concepts and methodologies for women and children. The current models of service include outpatient, daycare habilitative and residential services. While these modalities may cover single individuals in need of services, they do not address the continuum of services necessary to serve women and children and are often times more expensive and difficult to implement than alternative

models that have proven to be more effective for this population. For example, residential programs are the most expensive model of services, averaging approximately \$25,000 per slot or more. To implement a residential program, providers most obtain a license and meet community zoning requirements. If they are having children in the program, additional standards must be complied with that generally require significant rehabilitation of program sites. Currently, this process is averaging two years to accomplish. This does not include any community resistance, referred to as NIMBY (not in my back yard), that may delay and/or stop the process entirely. In addition, the size of the facility that would be necessary for women to bring all their children to treatment, would be prohibitive, and would not be financially supported given the existing fee for service rates. An alternative to the residential model is the use of apartments attached to treatment services. At SHIELDS' Exodus program, families live in an 86 unit apartment complex where treatment, child development and youth programming is provided on-site. The entire family is able to live together on site with no restrictions on the number or age of children participating. Apartment living assists clients with modeling "real life" by learning how to manage a household, pay their rent and utilities and care for their children. Since implementation, Exodus has experienced a 65% completion rate, double the national average. The facility does not require licensure and the cost is approximately \$15,000 per family for treatment services. Although this model has been extremely successful and is being copied in other states, California has not been able to "fit" the model into any of its recognized modalities of service. Therefore we periodically get calls regarding the need for licensing (although no one has been able to figure out how to license us) and Los Angeles County has decided to reimburse us as a daycare program, although our services more closely resemble residential programs. Encouraging providers to look at alternatives and reimbursing them accordingly could significantly reduce costs for services and enhance outcomes for women and children, thereby reducing costs for the entire health and welfare system.

### C. **Lack of Collaboration**

Fragmentation and the lack of integration of supportive services is another prime barrier to care. The majority of the target population are engaged in multiple social service systems which often function independently of one another due to categorical funding and/or isolative procedures. Multiple assessments, appointments and criteria for eligibility can be overwhelming to a mother already victimized by her environment and life situation. Although limited perinatal services and funds could be enhanced through collaboration with other systems that serve the target population, efforts which support the integration of services and the blending of funding are limited. As indicated previously, substance abusing women have numerous issues when admitted to treatment including mental health, involvement with the child welfare system, homelessness, domestic violence and educational/vocational needs. Separate State and local Departments exist that address each of these issues and often implement separate (and duplicative) initiatives to address these issues targeting the same population. So, for example, the Department of Mental Health releases an RFP for dual diagnosis services for mental health agencies to apply - instead of working with ADP to

implement the integration of mental health services into existing substance abuse agencies who are already serving a population where 60% or more of their existing clients have been identified with a co-occurring disorder. The Department of Social Services has separate programs that offer Family Preservation and Family Support services - instead of working with ADP to integrate these services into existing perinatal programs where 90% or more of the clients are involved with Child Protective Services.

I could continue, however the message remains the same, we continue to set up separate programs, separate funding streams - yet the population we serve is identical. We ask our clients to go through multiple assessments, have multiple people from different agencies involved in their lives and several different sets of rules and guidelines they must comply with- and we pay for these unnecessary duplications of program administration and staffing with our tax dollars- when all that is necessary is for the State to work together to streamline services and funding so that a continuum of services can be provided in one site.

#### **IV Impact of Governor's Budget on Perinatal Treatment Services**

##### **A. Proposed Cuts**

The Governor's budget proposes a \$2.5 million dollar cut in State funds for Perinatal Treatment Services. This is a 10% cut in a budget that is already unable to meet the needs of women and children in the State. Efforts to address the proposed shortage through other funding streams have not occurred and, given the lack of collaboration between Departments, probably will not happen. The impact of this cut on providers will be tremendous. A 10% across the board cut, means that many small programs will no longer be able to operate and all other programs will have to cut back critical services. The impact of this cut on our women and children will be even more immense - leaving our most vulnerable population with less hope than they have today.