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# THE SOURCE

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ISSUE

Intervening  
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Women with  
Substance Use  
Disorders



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# Strategies for Retaining Pregnant and Postpartum Substance Abusing Women at SHIELDS for Families, Inc.

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*SHIELDS For Families, Inc. is a nonprofit community-based organization providing culturally sensitive, comprehensive services to high risk families in South Los Angeles. SHIELDS offers families an array of support services, including substance abuse treatment, child development and youth services, case management, vocational services, housing, and transportation.*

Perinatal substance abuse programs are the cornerstone of the agency. Genesis, the founding program of SHIELDS, was started in 1990 in partnership with Martin Luther King Hospital after physicians there delivered 1,200 infants exposed prenatally to drugs in one year. Offered in both English and Spanish to clients with a moderate level of substance abuse, Genesis serves 45 families in a day treatment model. The Exodus program serves homeless clients with a long history of substance abuse and is the only program in the United States that allows the entire family to live and participate in treatment together. Forty-five families live in an apartment, community owned and managed by SHIELDS. Other perinatal programs are specially designed to serve women leaving the penal system, women with a dual diagnosis, as well as young women ages 13 to 21 who present with co-occurring substance abuse and mental health disorders.

SHIELDS' Healthy Start Program is a federally funded program aimed at reducing infant mortality and morbidity. Healthy Start annually enrolls 200 substance abusing pregnant and postpartum women with children 0-2 years of age. Participants include clients in our perinatal programs, as well as women with a minor level of substance abuse and women enrolled in other community

perinatal substance abuse programs. Healthy Start provides intensive case management services, health education, perinatal depression screening, and inter-conceptional continuity of care to clients. Approximately 25% of Healthy Start clients are pregnant and 75% are postpartum at enrollment. More than three-quarters (77%) of clients have an open case with the Division of Children and Family Services (DCFS).

## Strategies for Retaining Perinatal Clients

Retention of participants is achieved through a variety of strategies, including:

- \* Providing quality outreach and case management services that respond to specific family needs such as housing, transportation, legal services, income support, etc.;
- \* Enrolling clients in the SHIELDS substance abuse treatment program that meets their particular needs;
- \* Engaging clients through parenting and child development classes, in-home early childhood education, child development services, health education, and on-site vocational services and high school diploma program;
- \* Hiring staff members who are indigenous to the community, are former substance abusers and/or SHIELDS alumni, are familiar with the community and the issues facing program participants, and who can serve as role models and encourage participants to realize they can overcome their challenges and be successful in their life goals;
- \* Providing regularly scheduled family-oriented extracurricular activities and graduation ceremonies; and
- \* Promoting self-empowerment by encouraging participants to join in program planning by becoming involved in SHIELDS' Client Council and Consumer Advisory Board.

## Community Outreach and Case Management Services

Community outreach is essential to identifying and engaging substance-abusing women. SHIELDS Healthy Start outreach workers conduct street outreach by distributing program literature, conducting door-to-door canvassing, and targeting local areas known to be frequented by substance abusing women (parks, alleys, etc.). Outreach staff also works in partnership with a local health program through their mobile van project, and with existing outreach and maternal and child health programs to ensure that women identified with substance abuse problems are linked to the program. Additionally, SHIELDS outreach staff works in collaboration with other SHIELDS staff located in two local Department of Public Social Services offices, the Los Angeles County Juvenile Dependency Court, and the Compton Superior Court. Finally, outreach staff targets WIC sites, DCFS, medical providers, and other social services organizations, including local hotlines and referral agencies.

Outreach workers conduct initial intakes on all recruited clients, identifying and addressing any barriers and/or urgent needs (e.g., food, shelter) the clients may experience while completing the intake process. The outreach worker then transports the client to the SHIELDS Central Intake and Assessment Center the same day or by scheduled appointment. At the Center, further assessments are conducted and the client is enrolled in Healthy Start as well as other SHIELDS substance abuse and mental health services as indicated.

Intensive case management is another key strategy for retaining program participants. Once successfully assigned to a treatment site and enrolled in the Healthy Start Program, clients are assigned a case manager. Case management staff consists of paraprofessionals with a bachelor's degree or extensive experience working in the community. Most are indigenous to the community and in recovery from substance abuse.

In addition to the initial assessment done on each client, Healthy Start case managers complete a Family Assessment, as well as other risk screening tools. Based on the results of these assessments, a Family Service Plan is developed in collaboration with the client to identify family goals and the services needed to achieve objectives. It is updated every 90 days as a mechanism to monitor a client's progress in the program. Case managers provide participants with a minimum of weekly contact and two home visits per month. High risk pregnant clients receive

more frequent visitation, and case managers transport and/or accompany clients to doctor visits as needed. SHIELDS recently partnered with a federally qualified health clinic (FQHC) in the community that provides high-risk perinatal care for substance abusing mothers and provides direct linkages to these services. As other specific needs are identified, case managers provide internal and community referrals for housing, medical, dental care, mental health services, transportation, vocational and adult education, employment, income support, clothing, food assistance, etc.

Case managers also serve as advocates for clients within the child welfare system, communicating with county social workers regarding their clients' progress, and accompanying clients to court or to team decision-making meetings (TDMs). Clients enroll in mandated parenting and child development classes where they learn essential skills for becoming effective and nurturing parents. Monitored visits can be held on-site, and once women regain custody of their children, they are provided with comprehensive child development services. On-site child development centers provide quality child care services while the client participates in one of SHIELDS' treatment programs. In addition to the parenting and child development classes, parents receive center-based parenting training and one-on-one mentoring from on-site child development specialists. Child development specialists also team with case managers to carry out monthly home visits to assist clients and to demonstrate early childhood experiences (ECEs), which ensure practical application of what they are learning in classes. In addition, child development specialists assess the home environment, as well as parenting stress levels. Developmental assessments are performed at enrollment and at a minimum every six months thereafter to identify any potential developmental delays and to make appropriate referrals.



## Case Study

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“Carla” was homeless, pregnant, and working at a nightclub when she came to SHIELDS through a referral from DCFS. Her three young children under five had been detained due to allegations of general neglect, and she had been smoking marijuana and drinking alcohol. She immediately stopped using when she enrolled in Healthy Start and committed to keeping her baby and regaining custody of her other children. Her significant other was also enrolled in a SHIELDS substance abuse program, and they were able to access housing and live as a family unit. With the support of SHIELDS, “Carla” began monitored visits with her children and later unmonitored overnight visits. Within three months, she had regained custody of her children. She had no medical coverage or medical home at intake, so her case manager assisted her in accessing quality prenatal care. Her children were enrolled in the child development program and are receiving periodic developmental assessments. “Carla” is receiving mental health services through our Healthy Start therapist (weekly therapy) and is attending classes through the Healthy Start program (drug and alcohol education, relapse prevention, health and nutrition, life skills, parenting, and “Mommy, Daddy and Me” instruction). She has been active in Client Council at the Healthy Start program and has plans to finish her high school diploma and enroll in community college upon program completion. She recently gave birth to a healthy, drug-free baby girl.

## Extracurricular Activities and Advocacy

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Finally, SHIELDS offers a multitude of opportunities to engage clients and their families through extracurricular activities and advocacy and leadership training. Annual holiday and multicultural programs include Black History Month, Cinco de Mayo, Family Day Picnic, Al-Impics, and Juneteenth. Quarterly graduation ceremonies are also held, as well as numerous dances, retreats, and outings. Self-empowerment and advocacy is stressed as clients are encouraged to become involved in client councils at each treatment program site and to represent their program at monthly Consumer Advisory Board meetings with SHIELDS administrators to discuss policy and programming issues.

## Conclusion

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SHIELDS’ perinatal substance abuse programs have average completion rates of 60-80%, among the highest in the country. This is due in large part to SHIELDS’ belief in families and their ability to acquire the skills needed to accomplish their goals and become nurturing parents and productive members of the community. To support this process, SHIELDS embraces a truly family-centered approach, providing a full range of culturally sensitive services to meet the unique need of each family member, advocating for families within the community, and providing linkages to service providers who are respectful of families’ backgrounds and circumstances. Moreover, SHIELDS strives to build clients’ self-efficacy so they can become their own advocates, and provides myriad opportunities to engage clients in family-centered activities that foster a sense of community and build a lifetime commitment as SHIELDS alumni.

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