**Priority 1: Family Treatment Services**

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| Broad target population: Pregnant or parenting women with substance use disorder who utilize behavioral health treatment for themselves, their child or their partner. | Problem description: When women are seeking treatment there is often a need to engage and involve other family members as well. There needs to be a mechanism to do this and an understanding that this is better practice than treating the women only. |
| Specific target population: To be determined |
| Potential data points:   * Number of parents and children both receiving behavioral health services at one location * Number of case workers available to parents receiving SUD treatment * Number of DCF involved parents |
| Stakeholder agencies and providers:  Family Support Service Agencies  Case Management  SUD Treatment providers |
| Articles, evidence or publications: [Family Centered Treatment for Women with substance use disorder, SAMHSA 2007](http://www.uvalltogether.org/wp-content/uploads/2016/02/Family_Treatment_Paper_2007.pdf); [Funding Family Centered Treatment for Women with Substance Use Disorder, SAMHSA 2008;](http://www.uvalltogether.org/wp-content/uploads/2016/02/Funding-Family-Centered-Treatment-for-Womenwith-SUD_2008.pdf) [Mulligan, 2010, Maternal substance use and integrated treatment programs for women with substance abuse issues and their children: a meta-analysis.](http://www.uvalltogether.org/wp-content/uploads/2016/02/Mulligan_MaternalSubstanceUseIntegration_2010.pdf) | |

**Priority 2a: Extended stay recovery housing for 1-2 years**

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| Broad target population: Pregnant and parenting women who are in treatment or recovery who need additional supports such as case management and affordable housing to encourage recovery. | Problem description: Women are often stuck in unhealthy relationships with family and partners due to housing affordability, job stability, transportation, and financial needs. Safe housing for those in transition that can accommodate children and also provide basic supports is required. |
| Specific target population: To be determined |
| Potential data points:   * Housing insecure women with children enrolled in local treatment centers * Length of housing wait list for subsidized housing for women with children |
| Stakeholder agencies and providers:  Case Management  Recovery Coaches in the community  SUD Treatment providers  MAT Center  Recovery centers and meetings  Housing services |
| Articles, evidence or publications: [Reif et al. 2014. Recovery Housing: Assessing the Evidence. Psychiatric Services. March 2014 Vol. 65 No. 3;](http://www.uvalltogether.org/wp-content/uploads/2016/02/Reif_RecoveryHousingEvidence_2014.pdf) [SAHMSA 2009, TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women.](http://www.uvalltogether.org/wp-content/uploads/2016/02/SMA15-4426.pdf) | |

**Priority 2b: Comprehensive Case management**

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| Broad target population: Pregnant and parenting women who use drugs and are identified as needing resources beyond treatment to encourage recovery. | Problem description: When pregnant and parenting women are accessing care, they do not always have access to someone who is knowledgeable about local resources. It is unclear whether this is a problem because the resources do not exist or because most people cannot identify them. |
| Specific target population: To be determined |
| Potential data points:   * Number of women in treatment that have additional needs that are not able to be met * Number of clients seen by case managers that are women with a substance use disorder who have children |
| Stakeholder agencies and providers:  SUD Treatment providers  Case Management  Recovery Coaches in the community  SUD Treatment providers  MAT Center  Recovery centers and meetings  Housing services  Private practice counselors  Hospitals and clinics  Employers?  Landlords? |

**Priority 4: Trauma-informed care**

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| Broad target population: Pregnant and parenting women who access health and human services. | Problem description: Women who access the system of care for substance use disorder are often not met by individuals or systems that offer trauma informed care. A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures.   * Safety * Trustworthiness and Transparency * Peer support * Collaboration and mutuality * Empowerment, voice and choice * Cultural, Historical, and Gender Issues |
| Specific target population: Those who have a history of trauma. |
| Potential data points:   * Number of organizations who offer trainings in trauma informed care * Number of providers who have completed a training in trauma informed care |
| Stakeholder agencies and providers:  Case Management  Recovery Coaches in the community  SUD Treatment providers  MAT Center  Recovery centers and meetings  Hospitals and clinics |
| Articles, evidence or publications: [Trauma-Informed Approach and Trauma-Specific Interventions. SAMHSA website;](http://www.samhsa.gov/nctic/trauma-interventions) [SAHMSA’s Concept of Trauma and Guidance for a Trauma Informed Approach, 2014;](http://www.uvalltogether.org/wp-content/uploads/2016/02/TraumaInformedApproachSMA14-4884.pdf) [Covington, 2008, Women and Addiction: A Trauma Informed Approach; Implementing Trauma Informed Approaches in Access to Recovery Programs.](http://www.uvalltogether.org/wp-content/uploads/2016/02/Covington-TraumafocusedcareSARC2008.pdf) | |

**Priority 5: Children’s programming**

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| Broad target population: Pregnant and parenting women who access health and human services. | Problem description: When EMS, police, or any emergency personnel administers naloxone there is an opportunity to have a patient connect with recovery or treatment support in the community regardless of whether they are brought to the hospital. |
| Specific target population: Children of the women. |
| Potential data points:   * Number of children in the DCF system * Number of youth enrolled in 1st grade compare to kindergarten and preschool for previous years. |
| Stakeholder agencies and providers:  Child care providers  Parents  Schools |
| Articles, evidence or publications: | |