

Option Year 3 Annual Report for P-CAP Subcontractors

1. Project Summary

The SCADP PCAP program (Southern California Alcohol and Drug Program's Parent-Child Assistance) is one of two Parent-Child Assistance Programs funded as a Fetal Alcohol Spectrum Disorder (FASD) prevention initiative through the FASD Center for Excellence. SCADP is a multi-site, community based, nonprofit organization founded in 1972 with a mission to provide treatment for addiction and other related problems to underserved populations in Los Angeles and Orange Counties. Our continuum of care includes a static capacity of 500 residential addiction treatment beds with four hundred of those beds dedicated to pregnant and parenting women and their children. The agency currently serves a minimum of 1500 women each year, many of them at risk for giving birth to a child with an FASD. PCAP is an intensive three year home visitation intervention for pregnant and parenting, alcohol abusing mothers who completed a 4-6 month residential addiction treatment program in one of our facilities in Los Angeles or Orange Counties. SCADP's PCAP has two full time advocates, each of whom works with the participant and her alcohol exposed infant (the target child) and members of the extended family active in the participant's life. Each advocate has a caseload of sixteen women. The PCAP treatment episode is three years.

The SCADP PCAP program has just completed the third and final year of services and participants will be exited from the program beginning in the month of October, 2011. For the past three years, advocates have visited the PCAP women and children at their home on average of once every ten days. When the program began services in 2008, women were referred to the PCAP advocates for screening from one of SCADP's twelve residential or two outpatient women's addiction treatment programs. At the time of screening, participating women were either pregnant or up to 6 months postpartum with the target child. All of the target children were exposed to alcohol in vivo. The Clinical Supervisor welcomed each participant and administered a PCAP modified Addiction Severity Index (ASI) before assigning the woman to her advocate. The relationship between the advocate and participant began with an individual needs assessment resulting in the development of a set of personal goals. For the past three years, the advocate has provided each participant with unwavering support for setting and achieving short and long term goals while maintaining sobriety and reproductive health. It took the first year of the program to establish a trusting relationship. In the second year, the advocate and participant worked hard on goal achievement with periodic evaluation and reassessment. Advocates supported each participant in her recovery from substance abuse and maintained an ongoing focus on birth control. Throughout the third year, the advocates prepared each participant to transition out of the program. The Clinical Supervisor will administer a PCAP modified Exit ASI to each client as she exits the program.

PCAP was developed in Seattle, Washington by Therese Grant, an etiologist at the University of Washington Medical School. Dr. Grant personally trained the SCADP PCAP team at the outset of the program in September, 2008. The program is based on the core beliefs that FASD is 100% preventable and that "a woman's sense of connectedness to others is central to SCADP PCAP
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her own growth and development.” PCAP has offered an opportunity for a long term relationship that will build confidence in a participant’s ability to develop skills to discern and maintain healthy connections with community, family and friends.

SCADP PCAP enrolled the first clients in August, 2008, after a six month planning and preparation period during which staff was hired and trained and the agency prepared to integrate the program into the existing service delivery system. Clients were enrolled into the program as planned throughout the first program year. Thirty three (33) clients have been enrolled in the program since inception. One client has been discharged for lack of participation. The original PCAP staffing pattern maintained three advocates, one full time for LA County and two part-time in Orange County. After the first year, advocacy staff was condensed to two full time advocates.

The initiative has three goals:

1. To achieve abstinence from alcohol while pregnant and postpartum;
2. To increase use of effective methods of contraception;
3. To prevent future alcohol-exposed pregnancies.

The Outcome and Process objectives from the Implementation Plan for Option Year 3, as follows, were designed to support achievement of the initiative goals:

Outcome objectives:

1. Achieve abstinence from alcohol
2. Regain sobriety after relapse
3. Use effective contraception consistently
4. No alcohol exposed pregnancies

Process objectives:

1. Access any needed FASD-related or P-CAP identified services in the community via case management, community resource referrals, advocacy and support.
2. Maintain 75% completion rate for PCAP participants.
3. Provide P-CAP with fidelity to the model as designed by Therese Grant
4. Prepare clients to complete PCAP.
5. Receive training on how to deliver the PCAP intervention model
6. Develop PCAP policies and procedures
7. Collect required data throughout the duration of the project
8. Develop annual project implementation plan for each of the four operating years.
9. Maintain an FASD task force
10. Develop and implement a P-CAP sustainability plan
11. Submit monthly reports and invoices to Northrop Grumman.

2. Key Client Results

a. Target Population

(i) # of women entering the service who are referred for screening.

PCAP screens women who are referred by the program directors from any of SCADP's ten residential and two outpatient treatment programs for women. The residential treatment programs are 4-6 months and the outpatient programs are a minimum of one year. 33 women were referred for screening and 33 were screened using the PCAP Screening Questionnaire. Participants must: 1.) be either pregnant or six months Postpartum; and 2.) have used alcohol during the pregnancy. All 33 women screened met both eligibility requirements and enrolled into the program.

b. Demographic data

(i) Race. Of the 33 women screened and enrolled in the SCADP PCAP program. Participants were not limited to one race. More women self-identified as Other than any other race. 54.5% self identified as Hispanic and 45.5% self identified as White. The complete results are as follows:

54.5% self identified as Hispanic

45.4% self identified as White

3% self identified as Black

9% self identified as Native American

6% self identified as Asian

0% self identified as Alaskan Native

0% self identified as Hawaiian

66.6% self identified as Other

(ii) Age. Of the 33 women reported, the mean age was 27.8, with a range from 19-46

(iii) Educational status:

45.5% of the PCAP participants completed somewhere between 9th and 11th grades. 45.5% either graduated from high school or got a GED. 6% completed 1-2 years of higher education and 3% declined to answer the question.

(iv) Marital status:

63.6% of the PCAP participants were never married. 30.3% are divorced or separated and 6% were married.

c. Screening

(i) # of women screened = 33

(ii) # of women screened eligible for entry into program = 33

(iii) # of women enrolled in P-CAP program = 33

(iv) # of women lost or no longer participating in P-CAP program = 1

33 women were screened. All of them were eligible for PCAP and subsequently enrolled in the program. 14 of the women were pregnant with the target child at the time of screening and 19 were up to six months post partum with the target child. One woman was dropped from the program after 6 months of no contact with her advocate.

d. Intervention Services

(i) PCAP advocates average three visits with each client per month with frequent phone contacts with client and for client case management.

e. Baseline characteristics – alcohol use

(i) Average # of days women drank alcohol in the past 30 days at screening:

At the time of screening, 30 of the 33 (90.9%) of the women had not taken a drink of alcohol within the past 30 days. Two women (6%) reported drinking one or more alcoholic beverages on one of the past 30 days. One woman (3%) reported drinking one or more alcoholic beverages on 17 out of the past 30 days. Women are screened while they are in either outpatient or residential treatment. The expectation is that the women will not be using alcohol or any other drug while in a treatment program. A woman entering treatment can use up to the day she enters the program.

(ii) Average # of drinks (from 0 to 10 or more) consumed on a typical day when drinking alcohol in the past 30 days at screening:

At the time of screening, two women (6%) reported that they drank one alcoholic beverage on a typical day when drinking alcohol in the past 30 days and one woman (3%) reported that she drank six (6) beverages on a typical day when drinking alcohol in the past 30 days. 30 women (90.9%) reported that they did not drink any alcoholic beverages on a typical day in the past 30 days.

(iii) Average #/% of women who had 4 or more drinks in 1 day in the past 30 days at screening:

At the time of screening, one woman (3%) reported that she had 4 or more drinks on more than 10 days in the past 30 days.

(iv) Treatment status in pregnant women at first entry into program:

Of the 33 women entering the program, 14 (42.4%) were pregnant upon enrollment. Of those 14 pregnant women, 14 (100%) have had alcohol treatment at some time during pregnancy.

f. Outcomes

(i) Alcohol use in the past 30 days at bi-annual follow-ups through end of program.

With the exception of one woman at her six month follow up, 100% of the women pregnant at the time of their biannual follow up have not used alcohol in the 30 days preceding the follow up interview. Our goal has been to have no alcohol exposed pregnancies. We have had one alcohol exposed pregnancy within the first six months of PCAP. As we have observed through this program, the first year of services is a year to

establish trust between the client and her advocate. A relapse within the first six months of the program and no relapses after the first year is consistent with our experience that the relationship between the client and her advocate takes time to build. Fortunately, the client trusted the advocate enough to be honest during the interview.

Of the women who were not pregnant (including post partum women) during the reporting period, 100% of the women remained sober during the first 6 and 12 months. 19 out of the 20 (95%) not pregnant women reporting at 18 months were not drinking during the preceding 6 months.

(ii) Treatment status of women in the past 30-days at bi-annual follow-ups and end of program.

40% (11 out of 28) of the women were in inpatient (residential) treatment during the first 6 months of PCAP as reported in their first biannual report. This includes two women who dropped out of residential during the six month reporting period. For the interim reports, at 12, 18 and 24 months, the numbers decrease to four and then to one person in residential treatment reported at 18 and 24 months. None (0%) of the twelve women with annual report data submitted for their last six months of the PCAP program are in residential treatment.

79% (22 out of 28) of the women were in outpatient programs during the first six months of PCAP. 11 of the 28 women reported enrollment in both inpatient and outpatient. It is possible that those women graduated from residential into an outpatient program during the first 6 months of PCAP. Outpatient enrollment also decreases from 15 at 12 months (56%), down to 10 (40%), 5 (28%) and 2 (17% at 18, 24 and 30 months, respectively.

The number of women attending a substance abuse support group follows a similar decreasing pattern from 86% (24) during the first 6 months of PCAP down to 33% (4) of the 12 women reporting on the 30 month biannual.

SCADP encourages women to attend 12 step programs indefinitely.

(iii) Effective use of contraception for postpartum women in the past 30-days at bi-annual follow-ups and end of program.

50% of the women who were not pregnant (includes post partum women) during the 6 month period preceding the 6 and 12 month reports were using contraception 30 days before the follow up interview.

At 18 months, 7 out of 20 (35%) women reporting were using contraception in the 30 days before follow up.

At 24 months, 5 out of 11 (45%) were using contraception in the past 30 days before the follow up.

At 30 months, 3 out of 9 (33%) of the women were using contraception (in the past 30 days).

(iv) Use of services (mental health counseling, parenting classes) in the past 30-days at bi-annual follow-ups and end of program

89% (25) of the 28 PCAP participants reporting were taking parenting classes in the past 30 days at 6 months. 21% (6) were receiving mental health counseling.

At one year, 10 women were taking parenting classes and 5 were receiving mental health counseling.

At 18 months, 8 women out of 25 (32%) were taking parenting classes and 4 out of 25 (16%) were receiving mental health counseling.

At 24 and 30 months, 4 women were taking parenting classes. At 24 months, 3 women were receiving counseling and at 30 months, 2 women were receiving counseling.

(v) Participation in and completion of college or vocational in the past 30-days at bi-annual follow-ups and end of program.

At 6 months, 1 woman was attending four year or community college and 5 women were taking some kind of vocational training.

At the 12, 18 and 24 month follow ups, 3 women were attending four year or community college. At 30 months, the number decreased to 2.

The number of women attending vocational training decreased from 5 to 3 at the 12 month biannual but increased to 5 again at 18 months. At 24 months, 3 women were attending vocational training and at 30 months 2 women reported they were attending vocational training.

The number of women attending or completing GED classes decreased from 4 at 6 months to 0 at 30 months. Many of the participants enrolled in PCAP while completing residential treatment. SCADP offers GED classes in the residential treatment programs.

(vi) Achievement of permanent housing in the past 30-days at bi-annual follow-ups and end of program.

The percentage of women in permanent housing steadily increased from the 6 month to the 24 month biannuals. At the 30 months, the number of permanently housed participants dropped.

At 6 months, 5 of the 28 PCAP participants (18%) were in permanent housing in the past thirty days preceding follow up.

At 12 months, 6 of the 27 women (22%) were in permanent housing; at 18 months 7 of the 25 (28%); at 24 months, 9 of the 18 women (50%) were in permanent housing.

At 30 months the number dropped to 4 out of 12, or 33%.

3. Description of Program and Experiences

a. Population needs identified and addressed.

The needs assessment compiled during the base period of the project found that clients lacked consistency in relationships and education and had inconsistent access and utilization of resources to meet basic needs, especially housing. The three year relationship between the woman and her PCAP advocate provides support for her to experience consistent, long term goal setting and achievement. The initial treatment plan is a collaboration between the participant and her advocate using a card game designed specifically for the PCAP program. Throughout the three years, the two revisit the treatment plan and the card game at regular intervals. After the first year, the advocates designed a goal chart for goals to work on between sessions. Participants gave themselves a sticker for each goal achieved and when a goal sheet was completed, the participant was given a raffle ticket that gave her a chance at a monthly raffle. Consistent goal setting and achievement builds confidence. During this year, advocates encouraged participants to work more independently than in the previous years. This was the opportunity for clients to experiment with independence.

b. Service delivery process.

All screenings took place in the first two option years. This was the third and final year of the three year program. The first year identified participants, assigned them to advocates and built a trusting relationship between the advocate and participant. The second year practiced goal setting and achievement and identified important resources and long term goals for participants and her family. This third and final year was the year of transition. Advocates focused more on long term goals, including permanent housing and birth control.

SCADP PCAP has attempted to provide consistent service delivery. 75% of the participants remained with her advocate for the entire three years. Eight (8) of the 32 participants experienced a change in advocate during the program when we changed the staffing pattern from two part-time and one full time advocate to two full time advocates. At that time (after the first year,) caseloads were transferred.

C. Staff training.

There has been no need for Northrop Grumman staff trainings during this option year. Staff was trained on the datastat system in the previous year and is preparing to exit clients by training on the ASI at the beginning of OY4. Throughout the year, however, staff has attended trainings offered through a variety of local organizations. In order to maintain their drug and alcohol counseling certification, the advocates must accumulate continuing education credits throughout the year. The Clinical Supervisor, Janet, must have continuing education credits for her MFT license. Trainings have been listed in the monthly reports. Notable trainings this year have been a full day training on nonviolent parenting techniques.

d. Case manager satisfaction

PCAP is a home visitation program. The PCAP advocates are challenged to maintain strong personal boundaries with a high stress population while they balance work, home and school *and* navigate the Los Angeles freeway system. Janet Burtt MFT, the clinical supervisor, has met with advocates throughout the year to help them process some of the tensions and stress that typically overwhelm persons working in social services with a high trauma population. Advocates are not fairly compensated financially for the amount of responsibility and skill the job requires.

e. Task force and stakeholder needs/insights/implications for service delivery.

We were not able to maintain a healthy task force throughout this option year. Task force member interest flagged during the second option year and we were not able to resume task force activity in this final year. However, staff did make attempts to widen the scope of FASD activities by attending local trainings and providing FASD education to residential programs and shelters, especially in Orange County. The Orange County advocate attended monthly service provider meetings for social service providers. While Los Angeles doesn't have a similar organization at the county level, staff attended trainings and meetings through the county department of Substance Abuse, Prevention and Control. While we did not have meetings at our location, we were all mindful of connections with service providers around us and continued to educate program directors and staff at any opportunity. The PCAP program has succeeded in raising FASD awareness throughout the larger organization and has been the basis for many new service relationships including connections with the area Regional Centers who can provide FASD diagnostic services.

f. Descriptions of the barriers and ways to facilitate implementing the evidence-based intervention into the local service delivery organizations.

The SCADP PCAP program is surrounded by financial insecurity from the county to the state and federal levels. IN the current climate, it is difficult to illicit commitment for a three year program. Similar programs in the agency last from 6 months to one year at the most. The PCAP program was a great luxury for both the advocates and the participants. In the past year, Los Angeles county has reorganized the addiction treatment department and in so during reorganized the priorities and budget. Longstanding county contracts with LA County Alcohol and Drug Programs have been redesigned for lack of funds. The new county department, SAPC, Substance abuse Prevention and Control places more investment in prevention and law enforcement. Also, the nation is waiting to see how our president's health care reform will impact addiction treatment. It is our impression that service delivery organizations such as ourselves will be funding future treatment through medicare dollars which could involve an overhauling of our administrative structure.

g. Description of the experiences of women enrolled in PCAP.

Most of the women enrolled in PCAP have received benefits through the CalWORKs program (California Work Opportunities and Responsibility to Kids), which has suffered from budget cuts in the past year. The childcare benefits of the program have been especially hard hit. PCAP participants have had to manage a lot of financial stress and make difficult decisions around childcare with less benefits than in previous years. Despite the increase in stressors, the PCAP program shows strong outcomes. Amongst the 20 biannual responses at 18 months, only one woman relapsed on alcohol. Again, out of the 12 responses we've received from those in their final year at the 30 month interview, one woman has relapsed.

Many participants have succeeded in moving towards housing stability. During the second year, advocates searched for resources and worked with participants to get themselves on housing lists and explore as many options as possible. At least two PCAP participants were able to get Shelter Plus Care housing this past year. With such scant resources, advocates have continuously urged the women to take action to secure future stability and avoid "magical thinking".

Advocates report that this year that there has been difficulty with birth control. A few women have been considering tubal ligations, but have been uncertain about the decision. "These girls hold on to hope or they think 'what am I going to do with myself?'.

Advocates have seen a lot of change in the women they have worked with. "Some of these women are changing the way they think about themselves. Now she wants to go to school or do something for herself. Most of the women have used all their [CalWORKs] time and have maxed out the system. Now some of the girls have graduated from educational programs and are out on their own. Some feel they have too much freedom and have boyfriends now. Now they're thinking about having a family. What I've been pushing for the past three years is: 'what do you want for yourself?'. If you're a confident and secure woman, you'll find yourself in better relationships with others. What do you want to do? Where do you see yourself in five years? This last year, a couple of girls want long term birth control and I think it's because they're thinking about themselves more. Not 'if I find a man, he'll want a baby.' A lot of girls think that 'if I have a baby, he'll stay'.

Advocates feel they've helped the women to develop a sense of self find their self esteem and become empowered. "It's difficult because the majority of them don't have anywhere in their past experience." Advocates are trying hard to instill a sense of self. "Teachable moments aren't always there. It also depends on how long they have been using and their family experience."

"Most of the girls are ready to go and try it on their own. They're more independent and not calling me as often. They're finding their own way. There are a couple that say now: 'no, wait. I'll figure it out I'll call later'. They stop themselves short. 'Let me think about that and I'll call you back.' One of the women finally got a sponsor. She didn't want someone telling her what to do. She was one who didn't want to join PCAP. She has started to talk about her mother and her sisters this past year. When she first started the program she didn't finish any of the questions on family. Now she's coming to terms. She doesn't identify with them

completely any more. She decided to work it out with her sponsor and is beginning to do her stepwork.”

4. Project Changes

Change Category	Description of Change
State/local policies and procedures	N/A
Organizational policies and procedures	The PCAP program has increased FASD and awareness for potentially hundreds of women in the program who are at high risk for alcohol exposed pregnancies. Advocates have provided FASD education to groups at the residential treatment centers throughout the past three years of the program.
Systems integration (intake, screening, case coordination, internal and external system referrals, etc.)	PCAP integrated into the SCADP service delivery system by several meetings with program directors during the planning period. Also, task force meetings included program directors and interested staff. Advocates have maintained a high profile in the community by attending service provider meetings and trainings with other providers.
Service delivery processes (individual vs. group formats, new clinical techniques, case management, etc.)	PCAP advocates have sought new ways to encourage the women throughout the three year program. This has resulted, not only in strong working relationships between advocate and participant, but also within the agency and the service delivery process as advocates have shared ideas and treatment methods via discussions with co-workers in residential and other outpatient treatment programs. In this way, PCAP has cross pollinated with other programs to provide a stronger treatment community.
Data Systems (integration of program data, centralization, etc.)	Northrop Grumman has provided technical support for the data system throughout the year. Over time, SCADP staff has become proficient with the system and has appreciated all the support provided.
Staffing (new training focuses, staffing structures, qualifications for new hires, etc.)	Staffing has been consistent throughout this program year providing stable and consistent treatment for a population that has experienced very little dependable stability.

