

Michigan Department of Community Health
Behavioral Health and Developmental Disabilities Administration
Bureau of Substance Abuse and Addiction Services

Parent-Child Assistance Program (PCAP)
Annual Report- Option Year 3
August 1, 2010 – July 31, 2011

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1. Project Summary

In 2008, the Michigan Department of Community Health (MDCH)/Bureau of Substance Abuse and Addiction Services (BSAAS) implemented the Parent-Child Assistance Program (PCAP) in three counties in the lower peninsula of west Michigan: Berrien, Kent and Muskegon. The primary goal of PCAP is to prevent future alcohol and drug exposed births among birth mothers who have used alcohol during the current or most recent pregnancy. PCAP uses a two-prong approach to meet this goal: (1) Increasing abstinence from alcohol and drug use, and/or (2) Motivating client to use an appropriate family planning method. The target population is pregnant and up to six-month post-partum women who have had an alcohol-exposed pregnancy and meet American Society for Addiction Medicine (ASAM) criteria for, or are participating in, residential or intensive outpatient substance abuse treatment.

The PCAP initiative supports the mission of the MDCH to protect, preserve and promote the health and safety of the people of Michigan with particular attention to providing for the needs of vulnerable and underserved populations. The substance use disorder service delivery system in Michigan is centered on 16 regional Coordinating Agencies (CAs) charged with planning, contracting for and administering treatment and prevention services in their geographic boundaries. BSAAS monitors CAs to assure compliance with state and federal regulation.

The three counties selected for this project are in two of the CA regions: Network 180 (Kent County) and Lakeshore Coordinating Council (Berrien and Muskegon counties). At the center of Kent County is the city of Grand Rapids, the second largest city in the state. Lakeshore Coordinating Council (LCC) encompasses a total geographic service area of Ottawa, Allegan, Muskegon, and Berrien counties. The two counties chosen for this program in the LCC region, although smaller in population, have two of the highest-need areas in the state: Benton Harbor, in Berrien County, and the city of Muskegon in Muskegon County. The LCC region also has a large rural population.

The objectives of PCAP are to:

- Eliminate or reduce the use of alcohol in 60% (43) of women who are enrolled in and complete PCAP;
- Eliminate the use of alcohol during subsequent pregnancies in 100% of women enrolled in PCAP; and
- Promote consistent use of an effective contraceptive method in 50% (36) of women enrolled in and completing PCAP.

Women enrolled in PCAP are linked with a case manager/advocate to work with the woman on a wide range of need. Advocates are responsible for establishing relationships with the client in order to identify goals. Based on these goals, the advocate is responsible for establishing linkages with other service providers, developing written agreements between the client and the service provider, teaching clients basic living skills, and evaluating client outcomes. Advocates also work closely with their clients to help support their efforts at recovery and are active in assisting them in reconnecting to treatment services if the client experiences a relapse.

Key strategies and activities include PCAP being a three-year home visitation model; transportation for clients and their children is provided by the advocate to necessary

appointments; clients are not asked to leave the program because of relapse or setbacks; and there is coordination of service planning with extended family and other provider's in the client's life. In addition, advocates are well-trained and closely supervised, and caseloads are limited to no more than 15 clients per advocate.

The hiring and training of staff for PCAP was completed by the end of September, 2008, and the process of enrolling women in the program began in October of that same year. The final woman was admitted into the program in February, 2010, during option year 2. In order to assess the project's impact on enrolled clients, the use of alcohol, drugs and contraception were assessed at program entry and will again be measured at exit by administration of the Addiction Severity Index (ASI), as modified by PCAP. Data collection occurs every six months during the intervention, including verifying eligibility, weekly case manager time summaries, review of client goals, biannual client progress reports, and final outcome measures. Process objectives are also monitored through data collection regarding enrollment, retention, frequency of case manager contact, client progress toward goals, and use of community services.

Current data shows increases in the number of clients who are abstinent from both alcohol and drugs as compared to their status at intake. In addition, consistent use of an effective family planning method has shown remarkable outcomes. At intake, 28% of clients identified having such a method. At six months, the rate increased to 39%; at twelve months, it increased to 55%; at 18 months it increased to 67%; and at 24 months it increased to 70%. Abstinence will prevent alcohol exposed births, but family planning can also limit the exposure of fetuses to alcohol. The use of permanent or effective birth control methods will allow clients to plan for future pregnancies and stop the use of alcohol when they decide to have a child.

Michigan PCAP offers a unique intervention strategy for women who are most at-risk of an alcohol-exposed pregnancy. The complex needs of women with a substance use disorder cannot be met by the treatment system alone, and adequately addressing all their needs will require multiple systems of providers and services. The long-term support gives clients a stable basis for future healthy lifestyle changes, and celebrating small successes with clients provide motivation and confidence to attain larger goals.

PCAP has also served as an example of an effective intervention in a recovery oriented system of care (ROSC), a system transformation on which Michigan has embarked over the past two years. ROSC is a philosophical construct by which a behavioral health system (SUD and mental health) shapes its perspective on how to address recovery from alcoholism, addiction and other disorders. Michigan's definition of a ROSC *supports an individual's journey toward recovery and wellness by creating and sustaining networks of formal and informal services and supports. The opportunities established through collaboration, partnership and a broad array of services promote life enhancing recovery and wellness for individuals, families and communities.* During OY4, policy is being developed to integrate core components of PCAP into the overall SUD service delivery network as part of sustainability, an integration that is more easily accomplished under the ROSC umbrella.

2. Key Client Results Achieved

Target Population	Number from beginning through July 31, 2011
# of women entering the services who are referred for screening	81

The target population for PCAP is defined by the model as pregnant or post-partum (a child less than 6 months of age) women who used alcohol during a past pregnancy. The majority of referrals into the program came from probation or parole agents, local public health nurses, and homeless youth workers.

Demographic Data: Race	Network 180	Lakeshore	Total
Hispanic	3	1	4
White	19	29	48
Black	15	17	32
Native American	4	0	4
Asian/Alaska Native/Hawaiian	0	0	0
Other	1	2	3

The racial makeup of clients is representative of the general population in these three counties. There were more black clients in Muskegon County than in Berrien in the Lakeshore region. In Kent County, there are more white clients in PCAP than are identified in substance use disorder treatment; however the percentage is closer to the general population.

Demographic Data: Age	Network 180	Lakeshore	Total
19 and Under	5	5	10
20 -29	17	35	52
30 -39	11	8	19

The ages of PCAP clients were 17 to 39. In Kent County, the age of clients was younger due to the homeless youth assistance program at Arbor Circle, where PCAP is housed.

Demographic Data: Educational Status	Network 180	Lakeshore	Total
6 th grade or less	0	0	0
7 th – 8 th grade	9	3	12
9 th – 11 th grade	7	22	29
12 th grade or GED	10	17	27
1-2 years of college	5	3	8
2 years of college but less than 4 years	3	2	5

The educational status of clients confirmed that this population tends to drop out of school or complete their education with a high school diploma. There were few clients

that had gone to college. The educational status provides a challenge for these clients to get a well-paying job or pursue a career that provides adequate income for their family.

Demographic Data: Marital Status	Network 180	Lakeshore	Total
Married	3	6	9
Unmarried, living with partner	9	7	16
Divorced or separated	6	4	10
Never married	16	30	46

Most of the women enrolled in PCAP have never been married (57%). The next highest category was women who are unmarried but living with a partner (20%).

Screening:

	Network 180	Lakeshore	Total
# of women screened (pregnant and postpartum) 8/1/10 to 7/31/11	0	0	0
# of women screened eligible for entry into program (pregnant and postpartum) 8/1/10 to 7/31/11	NA	NA	NA
# of women enrolled in PCAP program (pregnant and postpartum) from beginning through 7/31/11	32	41	73
# of women lost or no longer participating in PCAP program from beginning through 7/31/11	2	6	8

Due to capacity for services being met during OY2, no new women were screened or enrolled for services during OY3. Seventy-three of the original eighty-one women have continued enrollment in the program since the beginning, for a retention rate of 94% for Network 180 and 87% for Lakeshore.

Intervention Services:

Average number of face-to-face monthly contacts with clients	Network 180	Lakeshore	Total
0	11	13	24
1	8	9	17
2	6	7	13
3 or more	9	12	34

The average number of face-to-face monthly contacts with a client varies depending on the time of year (typically, summer and winter months there is less face-to-face contact) as well as the needs of the client. Although the information in the table above indicates no face-to-face contact with 30%-34% of each CAs client caseload in a given month, in the majority of instances, advocates do have telephone contact with the client. The move from intensive face-to-face to telephone contact at this point in the project makes sense as the client becomes more self-sustaining. The population served tends to be transient in nature, and at times resistant to services. The model is setup so that during times when the client is missing or lost, the advocate searches to find her. In any given month, there may be 3 to 5 women who have not had any contact with their advocate.

Baseline Characteristics – Alcohol Use

	Network 180	Lakeshore	Total
Average # of days women drink alcohol in the past 30 days at screening	3.66 (44 days/12 women)	9.47 (161 days/17 women)	7.07 (205 days/ 29 women)
Average # of drinks (from 0 to 10 or more) consumed on a typically day when drinking alcohol in the past 30 days at screening	3.58 (43 drinks/12 women)	4.05 (69 drinks/17 women)	3.86 (112 drinks/29 women)
Average #/% of women who had 4 or more drinks in 1 day in the past 30 days at screening	14.7% (5 of 34 women)	23.4% (11 of 47 women)	19.8% (16 of 81 women)
Treatment status in pregnant women at first entry into program: Had Prior treatment	26	19	45

As noted in the table above, baseline alcohol use at intake shows 29 women had drunk during the 30 days prior to admission, with the average number of days having drunk being 7. The average number of drinks per drinking occasion was 3.86, with almost 20% of the women drinking 4 or more drinks on at least one occasion in the 30 days prior to intake. Intake data also showed that 56% of the women had prior substance use disorder treatment. As substance abuse is a chronic relapsing disease, this data was not surprising. Moves forward are often followed by back steps, however with the PCAP intervention, relapse is not a reason for termination, and advocates are able to increase their interactions with a client during these times in order to get them quickly back on track.

Outcomes: Network 180

	No. at 6 mo follow- up	No. at 12 mo follow- up	No. at 18 mo follow- up	No. at 24 mo follow- up	No. at 30 mo follow- up
Alcohol use in the past 30 days at bi-annual follow-ups	4	16	12	8	0
Number of women completed or in progress with inpatient or outpatient treatment	9	6	9	5	2
Number of postpartum and not pregnant women using contraception effectively at the end of the 6 month period	6	14	14	8	0
Number of women completed or in progress with Alcohol/drug support group, mental health counseling, parenting classes or other community support services	19	7	10	7	2
Number of women attending or completing GED classes	3	2	2	1	1
Number of women attending or completing community college/ four-year college or vocational training in the past 30 days	2	5	5	5	0
Number of women reporting permanent housing in the past 30 days	16	11	13	6	1
Number of clients employed during the 6 month period, even if currently not.	10	9	7	5	3

Outcomes: Lakeshore

	No. at 6 mo follow- up	No. at 12 mo follow- up	No. at 18 mo follow- up	No. at 24 mo follow- up	No. at 30 mo follow- up
Alcohol use in the past 30 days at bi-annual follow-ups	11	8	14	10	2
Number of women completed or in progress with inpatient or outpatient treatment	19	11	6	5	0
Number of postpartum and not pregnant women using contraception effectively at the end of the 6 month period	12	16	19	21	0
Number of women completed or in progress with Alcohol/drug support group, mental health counseling, parenting classes or other community support services	18	5	8	7	3
Number of women attending or completing GED classes	1	3	4	2	0
Number of women attending or completing community college/ four-year college or vocational training in the past 30 days	12	8	10	5	1
Number of women reporting permanent housing in the past 30 days	24	24	18	16	3
Number of clients employed during the 6 month period, even if currently not.	12	8	12	13	0

Outcomes: Michigan Totals

	No. at 6 mo follow- up	No. at 12 mo follow- up	No. at 18 mo follow- up	No. at 24 mo follow- up	No. at 30 mo follow- up
Alcohol use in the past 30 days at bi-annual follow-ups	15	24	26	18	2
Number of women completed or in progress with inpatient or outpatient treatment	28	17	15	10	2
Number of postpartum and not pregnant women using contraception effectively at the end of the 6 month period	18	30	33	29	0
Number of women completed or in progress with Alcohol/drug support group, mental health counseling, parenting classes or other community support services	37	12	18	14	5
Number of women attending or completing GED classes	4	5	6	3	1
Number of women attending or completing community college/ four-year college or vocational training in the past 30 days	14	13	15	10	1
Number of women reporting permanent housing in the past 30 days	40	35	31	22	4
Number of clients employed during the 6 month period, even if currently not.	22	17	19	18	3

3. Description of Program and Experiences

a. Population Needs Identified and Addressed

The two coordinating agencies (CAs) in West Michigan identified multiple and serious psychosocial issues that affect the lives of women after they have completed treatment, which have been difficult to fill in the past prior to the implementation of PCAP. These needs have included basic needs such as food, clothing, shelter, transportation, housing, education or employment, in addition to family planning and social skills. Lack of finances is an overarching theme that impacts other needs identified. As women struggle to meet their basic needs, PCAP advocates assist them by connecting the client to community resources, conducting budgeting activities with them, utilizing agency discretionary funds, and going with the client to local food pantries. Housing is another basic need that has been consistently identified for women enrolled in PCAP. In all three of the communities being served by the program, lack of affordable and safe housing options is an issue. For many of the clients, unpaid prior utility bills are a barrier to them being able to move into their own housing. Advocates attempt to connect the client with appropriate community resources to assist with their needs; however overall, there remains the concern of instability with housing options for this population.

Another issue for many of the women in PCAP is the lack of positive support system. Family units are often dysfunctional, and there may be issues of substance use among other family members as well creating an unhealthy environment for the women to live. In some cases, prior support systems have “given up” on the woman and are unwilling to continue to provide emotional support. Advocates have attended support groups with their clients, and have worked with them on identifying healthy ways to meet new people such as church, school, or other community organizations.

Addressing issues of mental health continues to be a need identified for the women enrolled in PCAP. Some clients have been presenting with increased depression, anxiety, and in a few cases, suicidal ideation. Advocates have established relationships with local mental health and co-occurring service providers, and have provided transportation to these appointments. In all cases where mental health issues are identified, advocates increase their contact with the client as well as consistent case consultation with their supervisor. Through the project, it has been found that assisting clients with personal care items can often lift their spirits, and advocates also attempt to get the woman involved in fun activities in the community with their child (such as the zoo, museum, having a picnic lunch in the park, etc.)

The population needs may vary by individual client, but the resolution of the problem is highly correlated with the relationships built by the advocates. When the client feels a sense of trust, they are more willing to work on their problems and value the suggestions of the advocates. A client satisfaction survey is given each year and anonymous participation is provided. These surveys have overwhelmingly showed support for the services of the program and great satisfaction with the advocates.

During the later part of the option year, as some of the women began preparing for discharge from the program due to their three year mark, abandonment issues began to be identified. It was identified that how advocates approach this situation was an issue for

not only clients, but the advocates as well. This is common in the substance use disorder field, especially when such strong attachments have been developed. As a result, training is being scheduled for early in the final option year on grief, loss, and how to positively and appropriately transition out of PCAP. In addition, the opportunity is being given for women to transfer into a peer support system through their local service delivery system.

b. Service Delivery Process (referrals for screening, screening, referrals for intervention, and implementation of the intervention)

The PCAP is an evidence-based, intensive three year home visitation program providing case management and peer advocacy. The primary goal of PCAP is to prevent subsequent alcohol and drug exposed birth among birthmothers who have used alcohol during their current or recent pregnancy. The PCAP target population is women of childbearing age who have used alcohol during their most recent pregnancy.

Screening for the program did not materialize as expected. Originally, it was planned to have recruitment directly from treatment centers in Kent, Muskegon and Berrien counties. Instead, the referrals have come from other sources such as officers of the court, probation, parole, etc. For example, of the 19 referrals in 2009/2012 record, 3 were referred from clients or their family; 5 from other programs at Arbor Circle; 2 from local public health departments; 4 from child services or shelters; 2 from primary care; 1 from district court; and 2 from other treatment programs. Recognizing the difficulty women who are drug and alcohol dependent have in the legal system, referral sources have been grateful to have a program that seems to work with recidivism back into the system. Referrals were made to the PCAP program site; women were screened by the supervisor, and directly enrolled in the program as eligible.

Advocates facilitated women who were not in treatment at the time of enrollment through the admission process for treatment. The involvement of advocates improved access for these women. A sample of referrals logs from advocates during option year 3 revealed that substance abuse was the most often used resource. Clients were also referred frequently for shelter, family planning, mental health services and transportation. Of the data used in the sample for 57 clients, 18 had no recorded referrals. Of the 39 who were referred to community resources, most had multiple needs; and one client was referred to 10 different resources in a given month.

Michigan's PCAP follows the Washington model protocol for weekly contact at initial program entry. For women who have been in the program many months, the advocates and supervisors determine when to reduce the contact to twice per month. For clients who are clean, sober and succeeding in goal attainment, the contact has been allowed to be reduced to once per month. Contacts are generally face-to-face, with phone contact in between or if unable to make face-to-face contact.

Case management consists of aggressive help in finding and following through with resources, monitoring goal attainment, regular contact and relationship building. Advocates have been trained in listening skills and maintain weekly contact with their supervisor.

Supervisors use a variety of methods to track the activities of the advocates. In one county, a large whiteboard is used to monitor upcoming events. Advocates use their personal systems to keep track of activity, including files on each client.

Due to meeting the maximum number of participants in option year 2, no new women were screened or enrolled for services in option year 3.

c. Staff Training

Originally the staff training from Washington PCAP was excellent, and important for advocates and supervisors to walk through how the process is completed. Because several advocates were replaced, there was some difficulty getting additional training, although Washington PCAP has been helpful in being available and providing answers to questions.

During the past option year, training has been accomplished locally through the state FASD program consultants, local public health departments, treatment providers in the service delivery network, and conferences and seminars through the BSAAS Training Contract. Specific trainings that have been held during the past year include:

- Communicable disease
- Confidentiality
- Challenges for Children
- Personality Disorders
- Drug Exposed Infants
- Drugs of Abuse (with focus on the three county area)
- Motivational Interviewing- Advanced Session
- Trauma Informed Services
- Infant Mental Health
- Recovery Oriented Systems of Care
- Methamphetamine
- Diversity and Inclusion in the 21st Century

In addition to the above list, the annual update training on PCAP was provided by University of Washington, and arrangements were made for supervisors to be trained on the ASI Exit Interview process.

As part of sustainability of PCAP, advocates who are not currently Certified Addiction Counselors (CAC) registered with the Michigan Certification Board for Addiction Professionals (MCBAP) and implemented development plans to begin the process of becoming certified.

d. Case Manager Satisfaction

All seven advocates who took the satisfaction survey in 2010 responded to “Overall satisfaction with the PCAP model” satisfied and strongly satisfied. The same is true for “satisfaction with support by the project director” and “satisfaction with supervision”. Several added that the project director was always available and was very knowledgeable about the program. Several felt that the supervisors were very dedicated to the program, but could use more time devoted to this program.

The advocates had the following comments on the best parts of their job: being able to be with clients for 3 years; seeing improvement in the women; helping women and children; collaboration with co-workers – variety of work- cutting edge work; and not closing out clients for non-compliance. The worst part of their job: not being able to expand and add

more clients; frustration when kids are removed; paper work; working with courts on treating people with FASD; and lack of resources. Advocates felt they needed training on: drug exposed infants, mental health basics, methamphetamine, motivational interviewing, trauma, personality disorders, gangs, and development of babies.

Regarding the client incentive/special needs money, advocate responses were mixed. In some instances, there is a lack of this money or the advocates were not aware of the possibility. Client incentive/special needs money was very helpful for clients they have been able to use it with. In response to the question about needed support, the advocates responded with additional clerical support would be beneficial, as well as emergency funds to assist with paying bills. It was also identified that more time with other advocates to talk about cases would also be helpful, to gain additional insight. Responses to what advocates would change about PCAP include less paper work/data entry, the ability to have more hours in order to do the work work, ability to help clients obtain birth control, and to simplify monthly and biannual reports.

In response to the survey results, in-service trainings were scheduled to meet needs identified throughout the rest of the option year. As most in-services were 3-4 hours, training was arranged before or after lunch and calendars were blocked off so advocates could extend the training for informal networking over lunch to meet the need of having more time available with other advocates.

e. Task Force and Stakeholder Needs/Insights/Implications for Service Delivery

The task force/leadership team consists of directors from the two coordinating agencies, a clinical manager from one of the treatment sites, the program supervisors, the evaluator, and program manager. The leadership team met monthly during the first quarter of the option year, and quarterly during the last part of the year. Most leadership team members were also present during the in-service trainings that were held.

Leadership team members are knowledgeable about most aspects of the substance use disorder service delivery system, and are also helpful in making suggestions to integrate successful approaches for integration and sustainability.

PCAP leadership team is also represented on the statewide FASD Task Force, and quarterly updates are provided at their meetings through the program manager. Pertinent data is shared about their program, and FASD Task Force member input is regularly sought. This has been especially true this past year, as ideas were generated for sustainability.

f. Description of the Barriers and Ways to Facilitate Implementing the Evidence-Based Intervention Into the Local Service Delivery Organizations

The overarching issue that all involved in PCAP agree to is this client population requires a significant amount of time, and having a lower caseload (maximum 15 clients per advocate) is essential. Weekly supervision is also necessary. Both elements have been integrated into the technical advisory being released as part of sustainability efforts.

Specific barriers have been identified as affordable and safe housing; dental concerns; and meeting basic needs. During each year of the program networking was developed and has continued with community agencies. As a result, strong relationships with other community based service providers have been developed; however more needs to be

done in this regard. Establishing and maintaining these relationships can also be time consuming, yet have proven to be effective when developed.

In order to facilitate implementation of core components of PCAP into the local service delivery network, a draft *Technical Advisory for Enhanced Women's Services* was developed. This will provide direction and guidance to the existing service delivery network on how to incorporate core components of PCAP into their overall Women's Services programs once the PCAP project period ends. Final release of this document for implementation is anticipated by January 1, 2012 to allow for a transition period during the final months of the project. The PCAP project also fits with the system transformation to a recovery oriented system of care on which BSAAS embarked in fiscal year 2010. This initiative changes the values and philosophy of the existing service delivery system from an acute crisis intervention to a long term stable recovery oriented one. The PCAP model with its strategies that include treatment, prevention and recovery is recognized as an excellent example of a recovery oriented service model.

g. Descriptions of the Experiences of Women Enrolled in PCAP

In addition to the information provided previously in the data section of this report, overall information about the women enrolled in PCAP shows they are open to the services, are embracing recovery, and are beginning to connect to other services in the community because of the long term relationship and trust they have built with their advocate. Many of the clients are or have been in unhealthy relationships, have a history of trauma, and are diagnosed with a co-occurring disorder. In addition, many of the women have experience with child protective services and/or the foster care system, often as a child themselves and now with their own children. The majority of women have extensive financial concerns, and many have some level of legal involvement and lower education levels.

Prior to involvement with PCAP, most clients were unaware of the resources available in the community. Advocates are able to assist them in connecting to these resources in order to better meet their needs and live independently. It has been evident throughout the course of this program that the relationship established between the advocate and the client is imperative to the woman's success. In many instances in the past when the women became involved with community services, they were transferred to new workers several times, and describe "feeling like a number." For many of the women in the program, this may be the first time in their life they feel cared for, and believed in. The trust that has been developed as advocates offer support and encouragement to the woman, and the client knowing the advocate will be there for them over the course of the three years, has assisted them in feeling empowered. As clients reach "mini-goals," they have confidence to attempt larger ones including recovery, independence, and control over their own life.

h. Description of Model Approaches to Integrating the SBI into State or Local WIC or Home Visitation Programs

As previously outlined, core components of PCAP will be integrated into the existing substance use disorder service delivery system through the release of a technical advisory for Enhanced Women's Services to be in effect for fiscal year 2012 (October 1, 2011 through September 31, 2012). Standard procedure is a technical advisory is in effect for the period of one year, at which time it becomes policy. Once the final technical advisory

is implemented, (e.g. after a response time from the field has been completed and final advisory released), a copy will be sent with the monthly report.

4. Project Changes

Change Category	Description of Change
State/local policies and procedures	The integration of PCAP core components into the Enhanced Women’s Services for BSAAS by the technical advisory and subsequent policy process is described earlier. Although part of larger initiatives, during the course of this initiative, the following policies have also been developed that impact the sustainability of PCAP: Treatment Policy #11, Fetal Alcohol Spectrum Disorders; Treatment Policy #12, Women’s Treatment Services; and Technical Advisory #7, Peer Recovery/ Recovery Support Services.
Organizational policies and procedures	As part of system transformation at BSAAS the past three years, it has become recognized that the use of essential components of PCAP model in the recovery oriented system of care (ROSC) development is a successful strategy to improve services for women.
Systems integration (intake, screening, case coordination, internal and external system referrals, etc.)	The integration of intake and screening at the PCAP centers is described earlier. The work with the local criminal justice systems to identify eligible incarcerated or paroled women has been an important asset to the program. In addition, during the course of this initiative, advocates have gained the trust of local judges and Department of Human Services Case Managers and are often called upon to provide information in custody/ potential parental termination cases.
Service delivery processes (individual vs. group formats, new clinical techniques, case management, etc.)	As noted previously, the intervention model serves as an example of an evidence-based program that works and encompasses strategies essential to a ROSC. Essential components of the program are being integrated through case management policy and potential Medicaid waiver. PCAP clients who have not completed the full 3 years of the intervention model at the end of the initiative will be integrated into existing case management services at SUD provider agencies. Through system transformation and cross-system training, the use of the Stages of Change model and how to build/sustain collaborative partnerships in the community is a strength of this initiative from a prevention perspective. The use of Motivational Interviewing has also been integrated into the overall SUD service delivery system in Michigan.
Data systems (integration of program data, centralization, etc)	The data entry process has been a source of frustration for the advocates but no change was implemented. However the use of Illume aggregate data was enhanced by report generation from Northrop Grumman. All program reports were developed centrally through collaboration of the project manager and evaluator.
Staffing (new	There is a wide network of in-state trainers on various topics

training focuses, staffing structures, qualifications for new hires, etc.)	available, and as noted previously, as part of systems transformation more clinicians in the provider network have been trained in Motivational Interviewing techniques. In addition, training on a community-based service model (versus an office-based setting) has been and will continue to be part of the overall SUD system training calendar. The facilitation of certification for PCAP advocates is described earlier and is part of the transition plan.
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