State of Illinois
Department of Human Services

Women's Plan and Practitioner Toolkit

2017-2019

This Women's Plan and Practitioner's Toolkit is created by the Women's Committee of the Illinois Advisory Council on Alcoholism and Other Drug Dependency for the Illinois Department of Human Services/Division of Alcoholism and Drug Abuse

December 1, 2016

Dear Colleague:

It is my pleasure to introduce the 9th Edition of the 2017-2019 Women's Plan and Practitioner Toolkit.

The Illinois Advisory Council on Alcoholism and other Drug Dependency's Women's Committee is charged with advising and submitting recommendations to DASA concerning substance misuse treatment and recovery for women and their families.

The Women's Committee and its workgroups continue to devote time and resources to the successful establishment and implementation of gender-specific strategies aimed at improving the quality of care for women with alcohol and substance use disorders.

Women with substance use disorders have different needs than do men. Women are more likely than men to have co-occurring disorders, to have experienced trauma, and to be involved in family structures. Treating women the same in terms of service delivery creates a disservice to women, as the conditions around their substance use and substance use disorders differ substantially from the male experience. This is why this committee is mandated by Illinois law.

The overall treatment landscape is changing rapidly and so is our culture. This women's plan attempts to incorporate both the changing nature of treatment of substance use disorder but also cultural shifts that have occurred across the United States.

This plan has been reworked into a both a plan and a "practitioner toolkit" so that agencies and staff can easily find resources to implement evidence based practices outlined in the plan, which address women's unique needs.

Sincerely,

Kathie Kane-Willis,
Chair, Women's Committee

Ron Vlasaty
Chair, Illinois Advisory Council

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EXECUTIVE SUMMARY: RECOMMENDATIONS

Workforce and Program Development Make sure providers have access to available trainings and resources to enhance employee orientations, ongoing training, and direct supervision as well as frameworks for creating innovative and best practice programming to ensure appropriate care to women and women with families.

- Promote the Gender Competency Endorsement (GCE) statewide.
- Collaborate with partners in creating and marketing trainings that support the GCE.
- Support cross-training of staff from various disciplines to support trauma-informed collaboration/co-ordination of care.
- Create a platform to ensure that individuals, including rural counselors and university level students, are knowledgeable on current research on best practices for engagement in treatment and have access to trainings.
- Utilize resources and tools available from the Addiction Technology Transfer Center (ATTC) Center of Excellence: Family Center Behavioral Health Support for Pregnant and Postpartum Women in developing staff skills, program curriculum and creating policy.
- Increase front line and agency staff training and understanding of trauma-informed care.
- Increase training for opioid use disorders best practices, including safe opioid prescribing and the use of medication assisted treatment (MAT) and overdose prevention, including naloxone distribution.
- Increase understanding of harm reduction principles and practices.
- Provide training on motivational interviewing, an evidence-based, person-centered practice that is compatible with the principles of harm-reduction.
- Implement best practices in serving clients/patients who may be victims of intimate partner violence.
- Use consumer input to inform programming.
- Provide training to ensure culturally-responsive and evidence based prevention and treatment services for lesbian, gay, bisexual, transgender, and queer populations.
- Increase staff and program capacity to serve women with co-occurring disorders through dual disorder capable and/or dual disorder enhanced treatment services.
- Pursue additional staff training opportunities that highlight family centered treatment guidelines.
- Employ persons with lived experience and have consumers involved at the policy, program and practice levels.
- Address the lack of transitional services for post-partum women.
- Forge a closer collaboration with Illinois Department of Public Health (IDPH) and other agencies.

Screening and Assessment

- Screen each woman for a history of opioid use and overdose risk factors, including women without opioid use disorder (OUD);
- Use minimally invasive screening practices, whenever possible. When a procedure (such as an assessment) requires a degree of invasiveness, prepare the woman/girl by explaining the procedure, how it may feel invasive, the benefits/risks of the procedure, and clearly outline their choices and ways to voice their needs and preferences throughout the procedure.
- Screen for involvement in sex work by including questions within screening questionnaires such as "have you ever exchanged sexual activity for goods?"
- Begin screening for potential safety issues, including intimate partner violence (IPV) at first contact.

- Provide screening for the presence of a co-occurring substance use disorder and mental health disorder using assessment tools that are recommended for use in substance use treatment settings.
- For women with opioid use disorder, screen to determine whether MAT is desired or needed.
- Implement the practice of asking individuals their gender pronoun(s) to assess for and affirm transgender and gender nonconforming identities.
- Implement universal screening for Neonatal Abstinence Syndrome (NAS) and Fetal Alcohol Syndrome (FAS).

Agency Level Change

- Encourage service providers to use a trauma-informed care approach.
- Outline skills that staff can gain at the provider level around trauma-informed care and how to build competencies with staff to address trauma and gender.
- Provide referral and linkage to mental health screenings and treatment services that provide integrated care.
- Do not involuntarily discharge women and girls from treatment due to testing positive for substances and/or alcohol on a toxicology screening and/or breathalyzer.
- Agencies should allow women to determine the composition of her "family" and engage them in her treatment planning and sustained recovery plan in order to strengthen family functioning, empowerment, safety, recovery and well-being.
- Ensure that women have the right to access gender affirming treatment services according to their gender identity, regardless of the sex they were assigned at birth.
- Ensure that people who are under a physician's care and accessing medication-assisted treatment are not disqualified from recovery housing merely on the grounds that they access medication-assisted treatment.
- Explore opportunities for interagency collaborative efforts to expand access to health and wellness education and care for the women served by each agency.

Public Policy Recommendations

- Create and disseminate an outline (tool) to inform the field on how to build capacity including attracting new providers and increasing the number of prescribers that enroll, receive waivers and prescribe buprenorphine.
- Implement HB 5593, which provides that any individual who is assessed or treated for opioid use disorder must receive information on medication assisted treatment MAT and overdose prevention.
- Promote building collaborative teams between child welfare, public health, substance abuse and mental health community providers and medical professionals to address policy and practice to address the needs of pregnant women with opioid use disorders.
- Expand pre-arrest diversion programs, for example the High Intensity Drug Trafficking Areas (HIDTA's) pilot program of the LEAD (Law Enforcement Assisted Diversion) model, state-wide.
- Enhance rehabilitative programming in the Illinois Department of Corrections (IDOC), including using a gender-responsive risks assessment tool. Implement cognitive-behavioral evidence-based programming that targets criminogenic need and substance abuse disorder.
- Implement IL HB 5594 which ensures that, if treatment for OUD is needed, defendants in drug court will not be denied prescription medication.
- Ensure at all points of contact (e.g. jail, court) that eligible women are enrolled in Medicaid.

- Work with the health department to integrate harm reduction, diet, nutrition, and family planning into their services. Address what harm reduction looks like for women when such a limited number of services are currently available.
- Invite consumers to become active members of the Women's Committee.
- Actively advocate and pursue policy revisions, funding and billing revisions that would sustain and make family- centered services more widely available within the Illinois substance abuse treatment service delivery system.
- Establish a work group to review community-level discharge policies and provide recommendations to ensure women and families are not discharged into homelessness.
- Explore limitations and opportunities associated with reimbursement for community-based substance use treatment.
- Explore limitations and opportunities associated with reimbursements for case management for those with substance use disorder (SUD) and mental health challenges.
- Establish appropriate detox services in Illinois jails to effectively address the needs of individuals with SUD.
- Address the growing number of women charged with the offense of drug-induced homicide; women imprisoned for this crime are deemed violent offenders.
- Require agencies to allow women to take prescribed medications for MAT when in sober living facilities.

DATA TRENDS

Mortality

- The number of women dying from accidental drug overdose (otherwise known as accidental drug poisonings) increased by 23%from 2013-2015, rising much more rapidly among women than men during this time period;
- Opioid overdoses deaths among women rose by 41% from 2013 to 2015;
- Heroin overdose deaths among women ***doubled*** from 2013 to 2015, increasing from 105 deaths in 2013 to 210 deaths in 2015.

Substance Patterns of Admissions to Treatment

- In 2014, the most common drug for women to enter treatment was heroin, surpassing alcohol as the most common reason to enter treatment;
- Females comprised 40% of treatment admissions for all drugs except for alcohol (30%) and marijuana (25%);
- Women made up the majority of those seeking treatment for opioids (52.7% female), benzodiazepines (51%), hallucinogens (50%) and methamphetamine (49%).

Demographic Information

- The number of white women and Latinas entering treatment increased, while the number of black women declined from 2013 to 2014;
- Nearly 55% of women entering treatment were aged 25-44, although there were age differences based on drug type;

- Women aged 45 and older were more likely to enter for alcohol, cocaine and heroin; while more than 53% of those entering treatment for marijuana were under age 25;
- About 30% of women entering treatment were parents taking care of children;
- The percentage of women entering treatment who were pregnant remained stable at 3.5% of total events;
- The Department of Child and Family services continues to be involved in 1 out of five treatment events in which women received treatment for substance use or substance use disorder.

Treatment Characteristics

- As in the past, the most common referral source was individual self-referral, 44% in 2014;
- Criminal justice referrals to treatment increased slightly from 2013 to 2014 and remain the second most common referral type (32% in 2014);
- The number of women who didn't have any type of insurance decreased dramatically from 2013 to 2014 (46% vs. 29%);
- About half of women had Medicaid coverage in 2013, in 2014, 65% of women were covered by Medicaid;
- About 17% of women entering treatment had a co-occurring disorder in 2014;
- While the percentage of women reporting using methadone as part of their treatment increased slightly from 6% in 2013, to nearly 8.4% in 2014, the number using methadone is still very low;
- The most common treatment type was outpatient treatment (42%) and most settings remained stable from 2013-2014;
- The number of women successfully completing treatment fell from 50% to 47% from 2013 to 2014, although caution should be used as large amounts of missing data were recorded for 2013.

THE WOMEN'S COMMITTEE FOR THE ILLINOIS ADVISORY COUNCIL WOMEN'S PLAN

Women with substance use disorders have different needs than do men. Women are more likely than men to have co-occurring disorders, to have experienced trauma, and to be involved in family structures. Treating women the same in terms of service delivery creates a disservice to women, as the conditions around their substance use and substance use disorders differs substantially from men's experience. This is why this committee is mandated by Illinois law. The Women's Committee is mandated by law under Section 10-20.

> *Committee on Women's Alcohol and Substance Abuse Treatment established.*
>
> *There is established a Committee on Women's Alcohol and Substance Abuse Treatment of the Illinois Advisory Council on Alcoholism and Other Drug Dependency. Members shall serve without compensation but shall be reimbursed for any ordinary and necessary expenses incurred in the performance of their duties. The chairperson of the Council shall annually appoint a chairperson for the Committee on Women's Alcohol and Substance Abuse Treatment from among the membership of the Council. The Committee shall meet no less often than quarterly and at other times at the call of its chair or a majority of its members.*

While women, historically, are less likely to have developed substance use disorder – no matter the substance -- as compared to men, these patterns are changing. Women are gaining parity not only in terms of employment and education, but also in terms of using and developing substance use disorders.

In addition, the overall treatment landscape is changing rapidly and so is our culture. This women's plan attempts to incorporate both the changing nature of treatment of substance use disorder but also cultural shifts that have occurred across the United States.

To this end, the Women's Committee has divided this report into the following sections for ease of use, not only for planning purposes, but to make it a working document. **These sections include the following issue areas:**

1. **Opioid Use Disorders**
2. **Trauma-informed Care**
3. **Co-Occurring Disorders**
4. **Criminal Justice Involved Women**
5. **Family Centered Services**
6. **Harm Reduction**
7. **LGBTQ+ Specific Needs**
8. **Utilizing Evidenced Based Practices from Mental Health**
9. **Interdisciplinary Cooperation/Integrated Care**

Each section of the report covers an issue area (e.g. Opioid Use Disorders), and within each section there are subheadings with recommendations to facilitate assessment and modification of practice in the following areas:

1. **Agency Level Changes**
2. **Recommendations for Workforce and Program Development**
3. **Screening and Assessment**

4. **Policy Changes**
5. **Hyperlinks to Resources that support that subject section**

Additionally, the Women's Committee has included in each subsection a *sidebar on "How to Implement Evidenced Based Practices"* so that providers and others can quickly navigate to the section that they are interested to find what would work best for the agency/department or state.

The Women's Committee's Plan also includes a list of all of the resources by subject area so that this plan is a toolkit for implementation. Too many times, reports are written that are put on shelves. This document is meant to be a working document that can be used by providers, the state, DASA and individuals.

DATA ANALYSIS

MORTALITY

The rate at which women are dying from accidental overdose has increased dramatically from 2013 to 2015. As compared to males, the rate of morality from overdoses increased more rapidly for women than men from 2013 to 2015. For all overdose deaths, women's deaths increased by 23% in just two years, while opioid overdoses deaths among women rose by 41% over the same time period. Heroin overdose deaths among women doubled from 2013 to 2015, increasing from 105 deaths in 2013 to 210 deaths in 2015 (Tables M1-M3).

Table M1. All drug overdose deaths

Gender	2013	2014	2015	% Change
Males	1,065	1,103	1,159	+9%
Females	514	597	632	+23%
Total	1,579	1,700	1,791	+13%

Table M2. Opioid overdose deaths

Gender	2013	2014	2015	%Change
Males	770	821	912	+18%
Females	302	382	427	+41%
Total	1,072	1,203	1,339	+25%

Table M3. Heroin overdose deaths

Gender	2013	2014	2015	%Change
Males	478	539	609	+27%
Females	105	172	210	+100%
Total	583	711	819	+40%

TREATMENT ADMISSIONS

General Trends

In both 2013 and 2014, women comprised more than 50% of those presenting for treatment for opioid use and in 2014, heroin was the most common reason among women for entering treatment. Women enter treatment for benzodiazepines more often than men, and of those entering treatment for hallucinogens in 2014, nearly 50% were females. Females made up at least 40 percent of treatment admissions for all drugs except for alcohol (29.8% female) and marijuana (25.1%) in 2014 (Tables D1-D2).

Table D1. Treatment Events by Substance and Gender, 2013

Substance Used	Male	Female	Total	% Female
None	1,525	849	2,374	36%
Alcohol	16,031	7,544	23,575	32%
Cocaine	3,605	2,755	6,360	43%
Marijuana	12,993	4,504	17,497	26%
Heroin	9,265	7,439	16,704	45%
Opioids	1,713	1,880	3,593	52%
Hallucinogens	193	195	388	50%
Meth & Stimulants	1,050	997	2,047	49%
Benzos	227	238	465	51%
Other Drugs	356	208	564	37%
Total	**46,958**	**26,609**	**73,567**	**36%**

Table D2. Treatment Events by Substance and Gender, 2014

Substance Used	Male	Female	Total	% Female
None	1,466	862	2,328	37%
Alcohol	17,128	7,261	24,389	29.8%
Cocaine	3,387	2,470	5,857	42.2%
Marijuana	13,515	4,525	18,040	25.1%
Heroin	10,801	8,124	18,925	42.9%
Opioids	1,603	1,787	3,390	52.7%
Hallucinogen	199	197	396	49.7%
Meth & Stimulants	1,209	1,079	2,288	47.2%
Benzos	255	282	537	52.5%
Other Drugs	325	218	543	40.1%
Total	**49,888**	**26,805**	**76,693**	**35%**

Race

Whites comprised the largest group entering treatment by drug type. Whites comprised the majority of admissions for alcohol, heroin, opioids, methamphetamine, benzodiazepines, marijuana and other drugs in 2014. In comparison, African American women made up the majority of treatment admissions for cocaine (53%) and hallucinogens (70%) in 2014.

The number and percentage of white females entering treatment for heroin increased over the two year period. In 2013 white females comprised 50% of females entering treatment for heroin, while increasing to 53% in 2014. A corresponding decrease occurred among Black females who comprised 41.6% of those presenting for treatment for heroin in 2013, decreasing to 37% in 2014.

Latina admissions for substance use treatment increased from 2,250 in 2013 to 2,592 in 2014. Admissions for heroin, opioid, benzodiazepine, alcohol, cocaine, and marijuana increased among Latinas during the two year period (Tables D3-D4).

Table D3. Racial demographics of women in treatment events by substance used 2013 (Percentages)

Race / Substance	Black	White	Latina	Other	Total (n)
None	28%	53%	16%	3%	**849**
Alcohol	21.3%	66.8%	9.6%	2.3%	**7,544**
Cocaine	55.4%	37.4%	5.1%	2.1%	**2,755**
Marijuana	34.6%	48.9%	14.4%	2.1%	**4,504**
Heroin	41.6%	50.9%	5.5%	2.0%	**7,439**
Opioids	4.6%	89.1%	5.0%	1.3%	**1,880**
Hallucinogens	62.1%	23.1%	13.8%	1.0%	**195**
Meth & Stimulants	2.4%	93.5%	2.7%	1.4%	**997**
Benzos	1.3%	89.9%	7.6%	1.3%	**238**
Other Drugs	6.3%	78.4%	12.0%	3.4%	**208**
Total Use	**31.1%**	**58.4%**	**8.5%**	**2.1%**	**26,609**

Table D4. Racial demographics of women in treatment events by substance used 2014 (Percentages)

Race / Substance	Black	White	Latina	Other	Total (n)
None	21%	61%	16%	2%	**862**
Alcohol	23%	64%	11%	2%	**7,261**
Cocaine	53%	40%	6%	1%	**2,470**
Marijuana	36%	46%	15%	3%	**4,525**
Heroin	37%	53%	8%	2%	**8,124**
Opioids	6%	86%	7%	1%	**1,787**
Hallucinogen	70%	16%	12%	2%	**197**
Meth & Stimulants	1%	95%	3%	1%	**1,079**
Benzos	1%	88%	9%	2%	**282**
Other Drugs	8%	87%	3%	2%	**218**
Total	**30%**	**58%**	**10%**	**2%**	**26,805**

Age

Females aged 25-44 years at time of treatment admission represented the largest age cohort, comprising nearly 55% of all admissions among females. In 2014, those aged 25-44 entered treatment in large percentages, especially for opioids (74%) hallucinogens (76%), and methamphetamines (75%). Marijuana was the most common substance reported among 18-24 year olds in both 2013 and 2014. Most females entering treatment were below age 45, however, there were noticeable differences among drug type. Forty-three percent of women entering treatment for cocaine were aged 45-64 at time of admission, and nearly 30 percent of women entering treatment for heroin were older than age 44. Nearly one third of women entering treatment for alcohol (31%) were 45 or older (Tables D5-D6).

Table D5. Age Demographics of Females by Substance Used in 2013 Treatment events

Age (Yrs) / Substance	Under 18	18-24	25-44	45-64	65+	Total (n)
None	17.7%	16.8%	47.3%	17.8%	0.4%	**849**
Alcohol	2.6%	12.4%	53.8%	30.2%	1.0%	**7,544**
Cocaine	0.3%	4.9%	56.4%	37.9%	0.4%	**2,755**
Marijuana	17.1%	35.5%	42.8%	4.3%	0.3%	**4,504**
Heroin	0.3%	13.8%	54.1%	31.3%	0.5%	**7,439**
Opioids	0.3%	11.9%	75.1%	12.6%	0.2%	**1,880**
Hallucinogens	2.1%	22.1%	69.7%	6.2%	0.0%	**195**
Meth & Stimulants	1.5%	15.9%	73.8%	8.7%	0.0%	**997**
Benzos	3.4%	18.5%	62.2%	15.5%	0.4%	**238**
Other Drugs	10.1%	20.2%	47.1%	19.7%	2.9%	**208**
Total	**4.5%**	**16.3%**	**54.5%**	**24.1%**	**0.6%**	**26,609**

Table D6. Age Demographics of Females by Substance Used in 2014 Treatment events

Age (Yrs.) / Substance	Under 18	18-24	25-44	45-64	65+	Total (n)
None	13.7%	18.2%	49.7%	18.1%	0.3%	**862**
Alcohol	2.1%	11.5%	55.4%	30.1%	0.9%	**7,261**
Cocaine	0.4%	4.1%	51.7%	43.4%	0.4%	**2,470**
Marijuana	15.3%	34.9%	45.6%	4.2%	0.1%	**4,525**
Heroin	0.5%	12.6%	56.6%	29.6%	0.6%	**8,124**
Opioids	0.6%	11.8%	73.5%	13.8%	0.3%	**1,787**
Hallucinogen	1.5%	17.8%	76.1%	4.6%	0.0%	**197**
Meth & Stimulants	0.7%	17.1%	74.8%	7.2%	0.1%	**1,079**
Benzos	1.8%	22.7%	60.6%	14.9%	0.0%	**282**
Other Drugs	10.6%	18.3%	53.7%	16.5%	0.9%	**218**
Total	**4.0%**	**15.8%**	**55.8%**	**23.9%**	**0.5%**	**26,805**

Referral Type

There was a slight increase in criminal justice referrals from 2013 to 2014. The most common referral source is the individual (41.2% in 2013, 43.5% in 2014) or from the criminal justice system (31.8% in 2013, 32.4% in 2014). There was also an increase in referrals from early intervention providers (.4% in 2013 to 1.3% in 2014).

Table D7. Referral Sources of Female Pt's, 2013

Referral Source	Frequency*	Percent (%)
Individual	10,969	41.2%
Addiction Treatment Provider	937	3.5%
Early Intervention Provider	94	0.4%
Prevention Provider	217	0.8%
Other Healthcare Provider	1,740	6.5%
School	493	1.9%
Employer/EAP	51	0.2%
Other Community Referral	2,805	10.5%
Criminal Justice Referral	8,474	31.8%
Total	**25,780**	**96.9%**

*Information missing n=829

Table D8. Referral Sources of Female Pt's, 2014

Referral Source	Frequency*	Percent
Individual	11,654	43.5%
Addiction Treatment Provider	915	3.4%
Early Intervention Provider	336	1.3%
Prevention Provider	227	0.8%
Other Healthcare Provider	1,650	6.2%
School	394	1.5%
Employer/EAP	47	0.2%
Other Community Referral	1,964	7.3%
Criminal Justice Referral	8,675	32.4%
Total	**25,862**	**96.5%**

*Information missing n=943

Arrest History

While there was a significant increase in the percentage of women who had been arrested 30 days prior to treatment admission between 2013 and 2014 (2.6% v 6.6%) this increase might have to do with the large number of missing data from 2013. In 2013, nearly 4,000 events were missing, or about 15% of the total. However, there also was a slight increase in criminal justice referrals over this two year time period which could lead to the conclusion that criminal justice system involvement is slightly increasing among women entering treatment (Tables D9-D10).

Table D9. Arrested in 30 Days Prior to Opening of Treatment Event 2013

Arrested	Frequency*	Percent
Yes	703	2.7%
No	22,203	83.4%
Total	**22,906**	**86.1%**

*Information missing n=3703

Table D10. Arrested in 30 Days Prior to Opening of Treatment Event 2014

Arrested	Frequency*	Percent
Yes	1,778	6.6%
No	24,898	92.9%
Total	**26,676**	**99.5%**

*Information missing n=129

Type of Insurance

Two significant changes occurred during the 2013 to 2014 period in terms of insurance type for women entering treatment in Illinois. The first was the increase in women with Medicaid which rose from 50% of treatment events to more than 65% in one year. The percentage of women reporting no insurance decreased from 46% in 2013 to 29% in 2014. These changes are likely due to the Affordable Care Act and Medicaid expansion.

Table D11. Insurance Type Among Female Patients in 2013 Treatment Events

Insurance Type	Frequency	Percent (%)
Private	313	1.2%
Blue Cross/Blue Shield	292	1.1%
Medicare	129	0.5%
Medicaid	13,316	50.0%
HMO	59	0.2%
Other	269	1.0%
None	12,231	46.0%
Total	**26,609**	**100.0%**

Table D12. Insurance Type among Female Patients in 2014 Treatment Events

Insurance Type	Frequency	Percent (%)
Private	415	1.5%
Blue Cross/Blue Shield	286	1.1%
Medicare	131	0.5%
Medicaid	17,468	65.2%
HMO	251	0.9%
Other	456	1.7%
None	7,680	28.7%
UNKNOWN CODE	118	0.4%
Total	**26,805**	**100.0%**

Co-Occurring Disorders

Growing percentages (17.2% in 2014) of women entering treatment for substance use disorder also have co-occurring mental health disorders. There is an ongoing need for integrated services that can address co-occurring disorders.

Table T1. MISA Involvement among Female Pt's, 2013

MISA Patient	Frequency	Percent (%)
Yes	4,488	16.9%
No	22,121	83.1%
Total	**26,609**	**100%**

Table T2. MISA Involvement among Female Pt's, 2014

MISA Involved	Frequency	Percent
Yes	4,616	17.2%
No	22,189	82.8%
Total	**26,805**	**100%**

Methadone

Considering the increase in heroin and opioid disorders, it's not surprising that there was a slight increase in the number of women using methadone as a component of treatment, increasing from 6.3% in 2013 to 8.4% in 2014. These numbers are still very low, however considering that the most common drug used among women entering treatment was heroin in 2014.

Table T3. Methadone status among female patients in 2013 treatment events

Methadone	Frequency*	Percent (%)
Yes	1,671	6.3%
No	24,681	92.8%
Total	**26,352**	**99%**

*Information missing n=257

Table T4. Methadone status among female patients in 2014 treatment events

Methadone	Frequency*	Percent
Yes	2,254	8.4%
No	24,343	90.8%
Total	**26,597**	**99.2%**

*Information missing n=208

Treatment Setting and Discharges

From 2013 to 2014 there were few changes in treatment settings. Slight declines were seen in detoxification services, and a slight increase was observed among women in recovery homes. Most of these changes were minimal and overall remained stable over this time period.

Discharge information paints a different picture. Fewer women completed treatment in 2014 than in 2013 (50% vs 47%). Large amounts of missing data in both years make it difficult to draw significant conclusions although the number missing remained stable during both years. Currently the majority of women's treatment events were not completed. There was no single cause for the lack of completion, rather small decreases were spread across a number of categories (Tables T5-T8).

Table T5. Treatment Settings among Women in 2013 Treatment Events

Treatment Setting	Frequency	Percent
Outpatient	10,938	41.1%
Intensive Outpatient	5,022	18.9%
Residential Rehabilitation	5,256	19.8%
Detoxification	4,287	16.1%
Residential Extended Care (Halfway House)	363	1.4%
Recovery Home	743	2.8%
Total	**26,609**	**100%**

Table T6. Treatment Settings among Women in 2014 Treatment Events

Treatment Setting	Frequency	Percent
Outpatient	11,255	42%
Intensive Outpatient	4,924	18.4%
Residential Rehabilitation	5,454	20.3%
Detoxification	3,959	14.8%
Residential Extended Care (Halfway House)	357	1.3%
Recovery Home	856	3.2%
Total	**26,805**	**100%**

Table T7. Discharge Type in 2013 Treatment Events

Discharge Type	Frequency*	Percent
Completion of Services	13,307	50%
Left Against Staff Advice	5,481	20.6%
Terminated by Facility	1,636	6.1%
Incarcerated	281	1.1%
Deceased	11	<0.1%
Discharged to Another Provider - UM Decision	118	0.4%
External Transfer - Non-Completion	830	3.1%
External Transfer - Completion	14	0.1%
Internal Transfer - Non-Completion	173	0.7%
Internal Transfer - UM Decision	13	<0.1%
DASA Administrative Discharge	1,019	3.8%
Total	**22,883**	**86%**

*Information missing n=3,703

Table T8. Discharge Type in 2014 Treatment Events

Discharge Type	Frequency*	Percent (%)
Completion of Services	12,539	46.8%
Left Against Staff Advice	5,605	20.9%
Terminated by Facility	1,563	5.8%
Incarcerated	300	1.1%
Deceased	32	0.1%
Discharged to Another Provider - UM Decision	146	0.5%
External Transfer - Non-Completion	882	3.3%
External Transfer - Completion	25	0.1%
Internal Transfer - Non-Completion	863	3.2%
Internal Transfer - UM Decision	34	0.1%
DASA Administrative Discharge	1,064	4.0%
Total	**23,053**	**86%**

*Information missing n=3,752

Family-related Characteristics

About a third (33.7% in 2013 and 33.3% in 2014) of women identified as the primary caregiver for a child. There was also a small increase in DCFS involvement between 2013 and 2014, while the percentage of pregnant women decreased slightly (Tables F1-F6).

Table F1. Women Identifying as Primary Caregiver for at least one child in 2013

Primary Caregiver?	Frequency	Percent
Yes	8,957	33.7%
No	17,652	66.3%
Total	**26,609**	**100%**

Table F2. Women Identifying as Primary Caregiver for at least one child in 2014

Primary Caregiver?	Frequency	Percent
Yes	8,919	33.3%
No	17,886	66.7%
Total	**26,805**	**100%**

Table F3. Pregnancy at Opening among Female Pt's in 2013 Treatment Events

Pregnant	Frequency	Percent(%)
Yes	998	3.8%
No	25,611	96.2%
Total	**26,609**	**100%**

Table F4. Pregnancy at Opening among Female Pt's in 2014 Treatment Events

Pregnant	Frequency	Percent (%)
Yes	936	3.5%
No	25,869	96.5%
Total	**26,805**	**100%**

Table F5. 2013 DCFS Involvement

DCFS Involved	Frequency	Percent
Yes	4,633	17.4%
No	21,976	82.6%

Table F6. 2014 DCFS Involvement

DCFS Involved	Frequency	Percent
Yes	5,197	19.4%
No	21,608	80.6%

RECOMMENDATIONS FOR THE WOMEN'S COMMITTEE

Workforce and Programming Development

Recommendation: Promote the Gender Competency Endorsement (GCE) statewide and collaborate with partners in creating and promoting trainings that support the GCE.

Measures

1. The number of individuals who have completed the GCE from 2017-2019
2. The number of trainings that promote the GCE

The Women's Committee shall be dedicated to breaking down siloes and ensuring care for women with substance use disorders across the care continuum to prevent duplicating existing work.

Recommendation : Ensure that the Women's Committee is comprised of professionals from various disciplines, agencies and organizational bodies, including agencies involved in the continuum of healthcare services such as Illinois Department of Public Health, Illinois Department of Healthcare and Family Services, etc.

Measure

1. The number of new committee members who are from various disciplines in 2017, 2018 and 2019.

Recommendation: Determine new subcommittee structure based on feedback and input from Women's Committee Members.

Measures

1. Working groups formed based on group consensus;
2. The number of meetings of each of these working groups;
3. Goals and opportunities brought forth by each of the working groups.

Recommendation: Promote the new Women's Plan Report, including online at DASA, and encourage providers to link to the report on their website.

Measures

1. The number of website hits at DASA for the Women's plan (and some of the subsections)
2. The number of agencies that have linked to the DASA site report

Recommendation: Disseminate the report from the Women's Committee to DASA-licensed providers and promote use of this document to inform future clinical and program planning decisions.

- The report may be disseminated in its entirety and through the subsections
- The resources section should be promoted by the state.

Measures

1. The number of website hits on the report

Recommendation: Encourage and educate DASA licensed providers about implementing at least two plan recommendations.

Measures

1. A survey of DASA licensed providers to determine implementation barriers and accomplishments;
2. Website hits to specific links in the resources section

Resources (General)

- Guidance to States: Treatment Standards for Women with Substance Use Disorders
  http://nasadad.org/2015/07/guidance-to-the-states-treatment-standards-for-women-with-substance-use-disorders/

- Gender Competent Endorsement - http://www.iaodapca.org/?page_id=651

- Gender Responsive Co-ed Treatment and Recovery for Women
  This course discusses strategies and approaches to effectively support and treat women with substance use and co-occurring disorders at coed treatment centers.
  https://www3.thedatabank.com/dpg/423/mtgdetail.asp?formid=meetb&caleventid=28482

- Addressing the Needs of Women and Girls: Developing Core Competencies for Mental Health and Substance Abuse Service Professionals
  http://store.samhsa.gov/product/Addressing-the-Needs-of-Women-and-Girls-Core-Competencies-for-Mental-Health-and-Substance-Abuse-Service-Professionals/SMA11-4657

- Girls Matter
  SAMHSA has created this webinar series to: Increase the behavioral health workforce's understanding of the needs and concerns of adolescent girls (primarily ages 12 to 18), and bring visibility and attention to the specific behavioral health concerns of adolescent girls.
  https://www.samhsa.gov/women-children-families/trainings/girls-matter

- Women's Health, Wellness, and Recovery: An Introduction to Women's Substance Use Disorders and Health
  This 1.5 hour session provides an overview of health concerns for women with substance use disorders and the importance of integrated health and behavioral health services for early identification and interventions.
  https://www3.thedatabank.com/dpg/423/donate.asp?formid=meetb&c=3302159

- Introduction to Women and Substance Use Disorders
  This 12-hour, self-paced course helps counselors and other practitioners working with women to better understand women's substance use, treatment and recovery experiences and effective interventions for women.
  https://www3.thedatabank.com/dpg/423/donate.asp?formid=meetb&c=2850346

- Addiction Science Made Easy (ASME) Online Articles

Taken from the Research Society on Alcoholism's journal, *Alcoholism: Clinical & Experimental Research*, and from the NIDA CTN Dissemination Library, these cutting-edge research articles are read and interpreted by science writers, and then rewritten in lay terms.
http://www.attcnetwork.org/addiction-science/asme-search.aspx

- Substance Abuse Treatment: Addressing the Specific Needs of Women TIP 51
  Topic-specific best-practice guidelines for the prevention and treatment of substance use and mental disorders.
  http://store.samhsa.gov/product/TIP-51-Substance-Abuse-Treatment-Addressing-the-Specific-Needs-of-Women/SMA15-4426

- Guidance Document for Supporting Women in Co-ed Settings
  http://store.samhsa.gov/shin/content/SMA16-4979/SMA16-4979.pdf

OPIOID USE DISORDERS

Opioid use and overdose among women, including pregnant and parenting women, has increased in recent years (SAMHSA, 2016). Healthcare professionals and substance use service providers must be made aware of the clinical, ethical, and legal issues regarding the use of and access to medication for overdose prevention as well as medication-assisted therapy for substance use disorders.

Agency-level changes:

- Implement policies that support women who use medication-assisted treatment, ensure that they are not disqualified from care merely on the grounds that they use MAT, particularly in the following areas:
  - Housing and sober living environments without dosage limits (no caps on the dose of agonist treatments);
  - Counseling and counseling supports including both individual and group counseling;
  - Peer support must be tailored to women who use MAT.

- Create or promote training opportunities that educate statewide that medication-assisted treatment has been effective in assisting recovery from opioid addiction for many individuals.

- Disseminate SAMHSA's TIP 43 Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs.

- Provide access to overdose prevention materials, education and naloxone within each agency.
  - Institute opioid OD prevention and response policies regarding naloxone distribution;
  - Some agencies may have barriers to distributing naloxone so connecting clients to naloxone distribution prior to discharge from treatment is essential.

Workforce Development and Programming:

- Increase training for opioid use disorders best practices, including safe opioid prescribing, the use of medication assisted treatment (MAT) and overdose prevention, including naloxone distribution.

- Acknowledge the stigma that exists among some providers and create a culture of change to embrace this evidenced based practice
  - Within agencies it is important to identify barriers that may inhibit staff from embracing MAT.

Screening and Assessment:

- Screen each woman for a history of opioid use and overdose risk factors, including women without OUD.

How to Implement Evidenced Based Practices

Pick one evidenced based practice or workforce development skill/training set that would be realistic for your organization to implement.

Gather an interdisciplinary group that includes a mix of administrators, counselors, and service recipients (does not have to be a large group, smaller groups can be more effective sometimes).

Create a plan for implementing the one principle or practice, and set a timeline with benchmarks and action items.

Implement plan

Evaluate effectiveness of plan, re-work as needed

Put strategies in place to maintain the accomplishments of the plan.

Pick another principle, and repeat.

- Ensure that screening for co-occurring disorders (COD) and trauma are conducted, as the prevalence of COD and trauma are more common among women who have OUD than with other SUDs.

Policy Changes:

- Create and disseminate an outline (tool) to inform the field in how to build capacity including attracting new providers and increasing the number of prescribers that enroll, receive waivers and prescribe buprenorphine.

- Implement HB 5593, which provides that any individual who is assessed or treated for opioid use disorder must receive information on medication assisted treatment MAT and overdose prevention.

- Require agencies to allow women to take prescribed medications for MAT when in sober living facilities.

- Ensure Illinois Department of Corrections practices for detoxification of chemically dependent inmates follow the clinical practice guidelines proposed by the Federal Bureau of Prisons.

- Promote building collaborative teams between child welfare, public health, substance abuse and mental health community providers and medical professionals to address policy and practice to address the needs of pregnant women with opioid use disorders.
    - Review Women's Committee composition and recruit missing disciplines to assist in addressing Neonatal Abstinence Syndrome (NAS).
    - Create a training curriculum that would assist in addressing barriers and strategies to improve cross collaboration in serving pregnant and parenting women.
    - Ensure non-judgmental, non-stigmatizing prenatal care—engage women and bring them closer rather than driving them away
    - Address training and knowledge of MAT among medical practitioners, including psychiatrists, family doctors, and other medical personnel. Encourage IL State Medical Society to include women with substance use disorders in CME training.

Resources:

Introduction to Women and Substance Use Disorders
This 12-hour, self-paced course helps counselors and other practitioners working with women to better understand women's substance use, treatment and recovery experiences and effective interventions for women.
https://www3.thedatabank.com/dpg/423/donate.asp?formid=meetb&c=2850346

Addiction Science Made Easy (ASME) Online Articles
Taken from the Research Society on Alcoholism's journal, *Alcoholism: Clinical & Experimental Research*, and from the NIDA CTN Dissemination Library, these cutting-edge research articles are read and interpreted by science writers, and then rewritten in lay terms.
http://www.attcnetwork.org/addiction-science/asme-search.aspx

Substance Abuse Treatment: Addressing the Specific Needs of Women TIP 51

Topic-specific best-practice guidelines for the prevention and treatment of substance use and mental disorders.
http://store.samhsa.gov/product/TIP-51-Substance-Abuse-Treatment-Addressing-the-Specific-Needs-of-Women/SMA15-4426

Guidance to States: Treatment Standards for Women with Substance Use Disorders
http://nasadad.org/2015/07/guidance-to-the-states-treatment-standards-for-women-with-substance-use-disorders/

Guidance Document for Supporting Women in Co-ed Settings
http://store.samhsa.gov/product/Guidance-Document-for-Supporting-Women-in-Co-ed-Settings/All-New-Products/SMA16-4979

MATX Mobile App to Assist with Medication-Assisted Treatment for Opioid Use Disorder
Available through the SAMHSA store, this free app is designed for healthcare practitioners who provide medication-assisted treatment (MAT) and includes information and tools to help ensure effective care.
http://store.samhsa.gov/apps/mat/

SAMHSA Buprenorphine Physician Locator
Find physicians authorized to treat opioid dependency with buprenorphine by state.
https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator

SAMHSA Opioid Treatment Program Directory
Find opioid treatment programs by state.
http://dpt2.samhsa.gov/treatment/directory.aspx

Family-Focused Behavioral Health Support for Pregnant & Postpartum Women- Learn a Skill
Tools for Treatment offers free, downloadable training curricula for behavioral health professionals, as well as an archive of “webinettes” on focused topics relating to the behavioral health of pregnant and postpartum women and their families.
http://attcppwtools.org/LearnASkill/Default.aspx

A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders: Practice and Policy Considerations for Child Welfare, Collaborating Medical, and Service Providers.
http://store.samhsa.gov/shin/content/SMA16-4978/SMA16-4978.pdf

TRAUMA-INFORMED CARE

It is essential that agencies working with women and families acquire training and tools to help identify trauma and not inadvertently re-traumatize when providing treatment. A trauma-informed approach involves four key elements: (1) realizing the prevalence of trauma; (2) recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce; (3) responding by putting this knowledge into practice; and (4) resisting retraumatization (SAMHSA, 2014).

Agency-level Changes

- Encourage service providers to use a trauma-informed care approach
  - Obtain (free) copies and/or downloads of SAMHSA's TIP 57 and/or TIP 57 Quick Guide on "Trauma-Informed Care in Behavioral Health Services" and make accessible to all staff and volunteers (clinical and administrative).
  - Eliminate the use of confrontational approaches, as well as practices that could humiliate women and girls.
  - Use minimally invasive practices, whenever possible. When a procedure (such as an assessment) requires a degree of invasiveness, prepare the woman/girl by explaining the procedure, how it may feel invasive, the benefits/risks of the procedure, and clearly outline their choices and ways to voice their needs and preferences throughout the procedure.

- Outline skills that staff can gain at the provider level around trauma-informed care and how to build competencies with staff to address trauma and gender.
  - Disseminate across systems SAMHSA's Addressing The Needs of Women and Girls: Developing Core Competencies for Mental Health and Substance Abuse Service Providers
  - Recognizing that women are often served in co-ed settings, promote the importance of programming and that staff can still be developed and trained to better serve women by distributing SAMHSA's Guidance Document for Supporting Women in Co-ed Settings.

Workforce and Program Development

- Increase front line and agency staff training and understanding of trauma-informed care.

- Provide training on how to best screen for and describe patterns of intimate partner violence, including focusing on specific behaviors (e.g. pushed, slapped, followed) rather than the use of labels (i.e. "has your partner *abused* you"). Trainees should also receive information on the various forms of IPV, including psychological aggression such as coercive control (e.g., limiting access to money, friends, and family; excessive monitoring of the person's whereabouts)

How to Implement Evidenced Based Practices

Pick one evidenced based practice or workforce development skill/training set that would be realistic for your organization to implement.

Gather an interdisciplinary group that includes a mix of administrators, counselors, and service recipients (does not have to be a large group, smaller groups can be more effective sometimes).

Create a plan for implementing the one principle or practice, and set a timeline with benchmarks and action items.

Implement plan

Evaluate effectiveness of plan, re-work as needed

Put strategies in place to maintain the accomplishments of the plan.

Screening and Assessment

- Recommendation 5: Use minimally invasive practices, whenever possible. When a procedure (such as an assessment) requires a degree of invasiveness, prepare the woman/girl by explaining the procedure, how it may feel invasive, the benefits/risks of the procedure, and clearly outline their choices and ways to voice their needs and preferences throughout the procedure.

- Recommendation 6: Screen for trauma related to involvement in sex work by including questions within screening questionnaires such as "have you ever exchanged sexual activity for goods?"

- Recommendation 7: Begin screening for potential safety issues, including intimate partner violence (IPV) at first contact. This could be done by asking neutral questions while gathering contact information, such as asking whether there are any special instructions for contacting them by phone, whether their messages are private, etc.

Resources

Guidance Document for Supporting Women in Co-ed Settings
http://store.samhsa.gov/product/Guidance-Document-for-Supporting-Women-in-Co-ed-Settings/All-New-Products/SMA16-4979

SAMHSA's Concept of Trauma and Guidance for a Trauma-informed Approach
The purpose of this paper is to develop a working concept of trauma and a trauma-informed approach and to develop a shared understanding of these concepts
http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf

SAMHSA Trauma-Informed Care in Behavioral Health Services TIP 57
Topic-specific best practice guidelines for the prevention and treatment of substance use and mental disorders. TIPs draw on the experience and knowledge of clinical, research, and administrative experts of various forms of treatment and prevention.
http://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816

Engaging Women In Trauma-informed Peer Support
For peer supporters who want to learn how to integrate trauma-informed principles into their relationships with the women they support or into the peer support groups of which they are members.
http://www.nasmhpd.org/sites/default/files/PeerEngagementGuide_Color_UP_FRONT_PAGES.pdf

How to Implement Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
This TF-CBT Implementation Manual is for therapists, clinical supervisors, program administrators, and other stakeholders who are considering the use of TF-CBT for traumatized persons in their communities.
http://www.nctsnet.org/nctsn_assets/pdfs/TF-CBT_Implementation_Manual.pdf

Essential Components of Trauma-Informed Judicial Practice
This issue brief provides information, specific strategies, and resources that many treatment court judges have found beneficial
http://www.nasmhpd.org/sites/default/files/JudgesEssential_5%201%202013finaldraft.pdf

National Center on Substance Abuse and Child Welfare
Online webinars including Medication Assisted Treatment and Neonatal Abstinence Syndrome, Screening and Assessment for Family Engagement and Retention, Trauma, Models of Collaboration, and Evidence-Based Practices for Families Affected by Substance Use Disorders
https://ncsacw.samhsa.gov/resources/videos-and-webinars/webinars.aspx#medication

Guide for Engaging & Supporting Parents Affected by Domestic Violence
This guide is designed for staff in domestic violence programs and provides practical guidance for supporting parents affected by domestic violence in their parenting.
http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2016/04/NCDVTMH_GuideEngagingSupportingParents.pdf

Health Care Providers' Role in Screening and Counseling for Interpersonal and Domestic Violence
This fact sheet describes guidelines for screening and counseling for interpersonal and domestic violence.
https://www.womenshealth.gov/files/assets/docs/fact-sheets/ipv_screening_508.pdf

Addiction Recovery and Intimate Violence (ARIV)
This 5-hour self-paced course is based on industry awareness that Intimate Partner Violence (IPV) is a frequent issue for clients.
https://www3.thedatabank.com/dpg/423/donate.asp?formid=meetb&c=532732

Women in the Mirror: Addressing Co-occurring Mental Health Issues and Trauma in Women with Substance Use Disorders
This 1.5 hour session will cover current information about effective interventions and strategies for supporting women with co-occurring substance use, trauma and mental health issues.
https://www3.thedatabank.com/dpg/423/mtgdetail.asp?formid=meetb&caleventid=27687

CO-OCCURRING DISORDERS

A co-occurring disorder (also known as a *dual diagnosis*) is present when a person has a mental illness (e.g. depression, anxiety, PTSD) with a substance use issue. It can be difficult to differentiate which issue is primary at a given time, and each has the ability to affect the outcome of the other. Women in substance use treatment have shown higher rates of both serious and nonserious mental illness (Mangrum, Spence, Steinley-Bumgarner, 2006). It is therefore essential to implement an approach that involves a comprehensive treatment program for both disorders in a setting equipped to integrate treatment of both issues. Additionally, according to the Principles of Effective Treatment, both SUD and mental health issues must be treated at the same time, in order to be effective.

Agency-level Changes:

- If your agency does not provide treatment for co-occurring disorders, ensure that referral and linkage to mental health professional and substance use and mental health treatment services that provide integrated care are in place.
- Consider hiring counselors/clinicians who can treat both mental health and substance use disorders, if you have the capacity to do so.

Screening and Assessment:

- Provide screening for the presence of a co-occurring substance use disorder and mental health disorder using assessment tools that are recommended for use in substance use treatment settings.

Resources:

Gender Responsive Co-ed Treatment and Recovery for Women
This course discusses strategies and approaches to effectively support and treat women with substance use and co-occurring disorders at coed treatment centers.
https://www3.thedatabank.com/dpg/423/mtgdetail.asp?formid=meetb&calleventid=28482

Addressing the Needs of Women and Girls: Developing Core Competencies for Mental Health and Substance Abuse Service Professionals
http://store.samhsa.gov/product/Addressing-the-Needs-of-Women-and-Girls-Core-Competencies-for-Mental-Health-and-Substance-Abuse-Service-Professionals/SMA11-4657

Introduction to Women and Substance Use Disorders
This 12-hour, self-paced course developed by SAMHSA helps practitioners better understand women's substance use and recovery experiences and effective interventions for women. Modules include: Women and Substance Use, Effective Clinical Interventions with Women, Violence, Trauma-Informed

How to Implement Evidenced Based Practices

Pick one evidenced based practice or workforce development skill/training set that would be realistic for your organization to implement.

Gather an interdisciplinary group that includes a mix of administrators, counselors, and service recipients (does not have to be a large group, smaller groups can be more effective sometimes).

Create a plan for implementing the one principle or practice, and set a timeline with benchmarks and action items.

Implement plan

Evaluate effectiveness of plan, re-work as needed

Put strategies in place to maintain the accomplishments of the plan.

Pick another principle, and repeat.

Approaches, Co-Occurring Mental Health Disorders (CODs), Health Care Issues for Women in Treatment, Considerations Related to Pregnancy, and Considerations Related to Family
http://healtheknowledge.org/course/info.php?id=44

Women Matter: An Introduction to Women, Addiction and Recovery
SAMHSA created the Women Matter! Webinar series to: (1) build the workforce's capacity to address the specific needs of women and provide gender-sensitive care; and (2) increase the national focus on, and understanding of, women's unique substance use and co-occurring disorders while offering concrete resources about the specific recovery needs of women.
http://healtheknowledge.org/course/index.php?categoryid=21

Screening and Assessment of Co-occurring Disorders in the Justice System
Provides an overview of the systemic and clinical challenges in screening and assessment of persons with co-occurring disorders involved in the criminal justice system.
https://csgjusticecenter.org/

Definitions and Terms Relating to Co-occurring Disorders
This paper provides definitions of terms associated with substance-related disorders, mental disorders, co-occurring disorders, and programs in order to develop consensus on how to address the needs of persons with co-occurring disorders (COD).
http://atforum.com/pdf/DefinitionsandTerms-OP1-4.pdf

NCADD's Information and Referral Services
NCADD's Information and Referral services provide confidential, one-on-one assessment, on the phone or in-person, by a trained professional who will match clients' needs with appropriate services in the community.
https://www.ncadd.org/get-help/find-local-assistance?radius=50&filter_catid=192&limit=3

Parity Toolkit for Addiction and Mental Health Consumers, Providers, and Advocates
The Parity Implementation Coalition provides this toolkit as an aid for individuals in and seeking recovery from addiction and mental illness and their families, providers and advocates to help them understand their new rights and benefits under the parity law.
https://www.thenationalcouncil.org/

Behavioral Health Treatment Service Locator
A confidential and anonymous source of information for persons seeking treatment facilities in the United States or U.S. Territories for substance abuse/addiction and/or mental health problems.
https://findtreatment.samhsa.gov/

Women in the Mirror: Addressing Co-occurring Mental Health Issues and Trauma in Women with Substance Use Disorders
This 1.5 hour session will cover current information about effective interventions and strategies for supporting women with co-occurring substance use, trauma and mental health issues.
https://www3.thedatabank.com/dpg/423/mtgdetail.asp?formid=meetb&caleventid=27687

CRIMINAL JUSTICE INVOLVED WOMEN

State and national drug policies with mandated prison terms have led to an increase in the number of women involved in the criminal justice system, even though women are less likely than men to be convicted of violent crime (NRCJIW, 2016). The majority of these women meet the criteria for a substance use disorder. It is important to advocate ensuring legal and civil rights as well as equitable access to recovery services for women who become involved with the criminal justice system for unlawful acts either directly or indirectly related to substance use.

Policy Changes

- Expand pre-arrest diversion programs, for example HIDTA's pilot program of the LEAD (Law Enforcement Assisted Diversion) model, state-wide. Enhance rehabilitative programming in IDOC, including using gender-responsive risks assessment tool. Implement evidence-based programming that targets criminogenic need, particularly cognitive behavioral therapy and substance abuse treatment. Evaluate those programs identified as promising and eliminate ineffective programs.
- Implement IL HB 5594 which ensures that, if treatment for OUD is needed, defendants in drug court will not be denied prescription medication.
- Ensure at all points of contact (e.g. jail, court) that Medicaid-eligible women are enrolled in Medicaid.
- As criminal justice reforms are created by the State Criminal Justice Reform and Sentencing Commission, women with drug and other related offenses should be diverted to community based resources rather than treated in jail or prison.
- Establish appropriate detox services in Illinois jails to effectively address the needs of individuals with SUD.
- Address the growing number of women charged with the offense of drug-induced homicide; women imprisoned for this crime are deemed violent offenders.

How to Implement Evidenced Based Practices

Pick one evidenced based practice or workforce development skill/training set that would be realistic for your organization to implement.

Gather an interdisciplinary group that includes a mix of administrators, counselors, and service recipients (does not have to be a large group, smaller groups can be more effective sometimes).

Create a plan for implementing the one principle or practice, and set a timeline with benchmarks and action items.

Implement plan

Evaluate effectiveness of plan, re-work as needed

Put strategies in place to maintain the accomplishments of the plan.

Pick another principle, and repeat.

Resources

Essential Components of Trauma-Informed Judicial Practice
This issue brief provides information, specific strategies, and resources that many treatment court judges have found beneficial
http://www.nasmhpd.org/sites/default/files/JudgesEssential_5%201%202013finaldraft.pdf

The Directory of Programs Serving Children and Families of the Incarcerated
This revised directory lists programs in the United States and around the world that offer services specifically for children and families of the incarcerated.
http://nrccfi.camden.rutgers.edu/resources/directory/

State Profiles of Health Care Information for the Criminal Justice System
https://lac.org/resources/state-profiles-healthcare-information-for-criminal-justice-system/

Screening and Assessment of Co-occurring Disorders in the Justice System
Provides an overview of the systemic and clinical challenges in screening and assessment of persons with co-occurring disorders involved in the criminal justice system.
https://csgjusticecenter.org/

Parenting From Prison
Parenting from Prison is a parent education program for inmates. The program curriculum teaches inmates skills to strengthen family functioning, increase positive behaviors, decrease substance use, and increase their knowledge of risk and resilience factors.
http://nrepp.samhsa.gov/ProgramProfile.aspx?id=44

Women Unbarred: Recovery and Support for Women Involved with Criminal Justice
This course discusses the unique experiences of women who are incarcerated, and the barriers to recovery and re-entry that women leaving incarceration often experience.
https://www3.thedatabank.com/dpg/423/mtgdetail.asp?formid=meetb&caleventid=28483

FAMILY-CENTERED SERVICES

Women seeking services for substance use disorders are more likely than their male counterparts to be relied on as caretakers by children or other family members. Lack of access to safe housing and other auxiliary services is a significant barrier to recovery, especially for women with families. It is important to promote increased access to quality family-centered services.

Agency-level Changes

- Develop and promote best practice guidelines for family-centered services based on research findings, survey data collected from community-based providers, national trends in behavioral health care and SAMHSA.
- Agencies should allow women to determine the composition of their "family," engage them in treatment planning and developing a sustained recovery plan to increase family functioning, empowerment, safety, recovery and well-being.

Workforce and Program Development

- Pursue additional staff training opportunities that highlight family-centered treatment guidelines, and engagement.
- Address the lack of transitional services for post-partum women.

Policy Changes

- Actively advocate and pursue policy revisions, funding and billing revisions that would sustain and make family centered services more widely available within the Illinois substance abuse treatment service delivery system.
- Ensure the working definition of post-partum matches federal guidelines.
- Establish a work group to review community level discharge policies and provide recommendations to ensure women and families are not discharged into homelessness.
    - Develop a listing of housing resources (i.e., recovery homes, oxford houses etc.) that may assist with discharge planning.
    - Encourage case managers to get access to the Statewide Referral Network (SRN).
    - Encourage case managers to become SOAR trained (SSI/SSDI Outreach, Access and Recovery).

Resources:

Introduction to Women and Substance Use Disorders

How to Implement Evidenced Based Practices

Pick one evidenced based practice or workforce development skill/training set that would be realistic for your organization to implement.

Gather an interdisciplinary group that includes a mix of administrators, counselors, and service recipients (does not have to be a large group, smaller groups can be more effective sometimes).

Create a plan for implementing the one principle or practice, and set a timeline with benchmarks and action items.

Implement plan

Evaluate effectiveness of plan, re-work as needed

Put strategies in place to maintain the accomplishments of the plan.

Pick another principle, and repeat.

This 12-hour, self-paced course helps counselors and other practitioners working with women to better understand women's substance use, treatment and recovery experiences and effective interventions for women.
https://www3.thedatabank.com/dpg/423/donate.asp?formid=meetb&c=2850346

National Center on Substance Abuse and Child Welfare
Online webinars including Medication Assisted Treatment and Neonatal Abstinence Syndrome, Screening and Assessment for Family Engagement and Retention, Trauma, Models of Collaboration, and Evidence-Based Practices for Families Affected by Substance Use Disorders
https://ncsacw.samhsa.gov/resources/videos-and-webinars/webinars.aspx#medication

Family-Focused Behavioral Health Support for Pregnant & Postpartum Women- Learn a Skill
Tools for Treatment offers free, downloadable training curricula for behavioral health professionals, as well as an archive of webinettes (brief webinars) on focused topics relating to the behavioral health of pregnant and postpartum women and their families.
http://attcppwtools.org/LearnASkill/Default.aspx

CHOICES: A Program for Women About Choosing Healthy Behaviors
A brief intervention designed to help women lower their risk of alcohol-exposed pregnancy (AEP) by reducing risky drinking, using effective contraception, or both.
http://legacy.nreppadmin.net/ViewIntervention.aspx?id=348

Substance Exposed Infants
Describes the findings of a review of state policies on substance exposed infants, variations among states in both policy and practice, and opportunities for improving interagency collaborations.
http://store.samhsa.gov/product/Substance-Exposed-Infants-State-Responses-to-the-Problem/SMA09-4369

Advancing the Care of Pregnant and Parenting Women with Opioid Use Disorder and Their Infants: A Foundation for Clinical Guidance
https://www.regulations.gov/document?D=SAMHSA-2016-0002-0001

A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders: Practice and Policy Considerations for Child Welfare, Collaborating Medical, and Service Providers.
http://attcppwtools.org/resourceMaterials/A%20Collaborative%20Approach%20to%20the%20Treatment%20of%20Pregnant%20Women%20with%20Opioid%20Use%20Disorder.pdf

Family-Centered Treatment for Women with Substance Abuse Disorders
Introduces the concepts and evolution of the field in providing a family-centered treatment approach for women and their families. It examines the role of family in the context of treatment for women and addresses the treatment needs of children and the inclusion of fathers, husbands, and other family members in treatment planning.
https://www.samhsa.gov/sites/default/files/family_treatment_paper508v.pdf

Funding Family Centered Treatment for Women with Substance Use Disorders

Assists treatment providers and state substance abuse agencies to identify and access potential sources of funding for comprehensive family-centered treatment.
https://www.samhsa.gov/sites/default/files/final_funding_paper_508v.pdf

Therapeutic Services for Children Whose Parents Receive Substance use Disorder Treatment
Identifies policies and practices that states have implemented to offer high-quality services for children whose parents enter treatment for SUD.
http://www.cffutures.org/files/publications/Child_Therapeutic_Services_FINAL.pdf

The Nurturing Program for Families in Substance Abuse Treatment and Recovery
A webinar series on evidence-based practices (EBP) for child welfare involved families affected by substance use disorders.
https://www.youtube.com/watch?v=aFM8z9zM98Q&feature=youtu.be

Recovering Together Program Curriculum: Substance Abuse Treatment for Women and Their Families
This document is for substance use treatment providers and their child welfare colleagues. It describes the Recovering Together Program (RTP), a program that treats families in which the mothers are receiving substance abuse services and the family is receiving child welfare services.
http://www.silooo.com/file-stock/recovering-together-program-curriculum-guide-substance-abuse-treatment-for-women-and-their-families.aspx

Supporting Infants, Toddlers and Families Impacted by Caregiver Mental Health Problems, Substance Abuse, and Trauma
Presents resources service providers, advocates, and practitioners can use to better understand and engage the community in responding to children whose caregivers are negatively impacted by mental illness, substance abuse, or trauma.
http://store.samhsa.gov/product/Supporting-Infants-Toddlers-and-Families-Impacted-by-Caregiver-Mental-Health-Problems-Substance-Abuse-and-Trauma/SMA12-4726

Women Connected: Families and Relationships in Women's Substance Use and Recovery
This 1.5 hour session will offer service providers specific strategies to address women's need for connection with others, especially children and family.
https://www3.thedatabank.com/dpg/423/mtgdetail.asp?formid=meetb&caleventid=27688

HARM REDUCTION

A harm reduction model offers support and services to individuals with substance use disorders without requiring abstinence. It includes services that reduce the risk level of drug-related behaviors as well as assistance meeting basic material needs, which is necessary before any higher-order changes can occur. Harm reduction encourages providers to adopt holistic practices that engage women at all stages of recovery and eliminate practices that discriminate on the basis of the individual's substance use behavior.

Agency-level Changes

- Do not involuntarily discharge women and girls from treatment due to testing positive for substances and/or alcohol on a toxicology screening and/or breathalyzer. Instead, focus on engaging the woman/girl in her treatment, and if anything, review whether she needs more intensive services.

Workforce and Program Development

- Increase understanding of harm reduction principles and practices through trainings made available online and in person.
- Provide training on motivational interviewing, an evidence-based, person-centered practice that is compatible with the principles of harm-reduction

Policy Changes

- Work with the health department to address harm reduction, diet, nutrition, etc. from a holistic perspective. Address what harm reduction looks like for women when such a limited number of services are currently available.
- Explore the creation of safe consumption facilities

Resources

Heartland Alliance – Midwest Harm Reduction Institute
https://www.heartlandalliance.org/mhri/

National Harm Reduction Coalition
Directory that includes contacts for local providers of harm reduction services
http://harmreduction.org/connect-locally/

PROS Network Chicago
A directory of direct service providers and legal, medical and mental health professionals who are capable of providing non-judgmental, client-centric and harm reduction-oriented services to individuals in the sex industry.
http://www.prosnetworkchicago.org/

How to Implement Evidenced Based Practices

Pick one evidenced based practice or workforce development skill/training set that would be realistic for your organization to implement.

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Pick another principle, and repeat.

CHOICES: A Program for Women about Choosing Healthy Behaviors
A brief intervention designed to help women lower their risk of alcohol-exposed pregnancy (AEP) by reducing risky drinking, using effective contraception, or both.
http://legacy.nreppadmin.net/ViewIntervention.aspx?id=348

Guide to Developing and Managing Overdose Prevention and Take-Home Naloxone Projects
A guide developed by the Harm Reduction Coalition
https://issuu.com/harmreduction/docs/od-manual-final-links

LGBTQ+-SPECIFIC NEEDS

According to SAMHSA, LGBTQ+ individuals have problems with substance use at rates disproportionate with the general population, an estimated two to three times greater (SAMHSA, 2016). Suspected causal factors range from minority stress, reduced access to services and lack of culturally competent providers (Hunt, 2012). Encourage providers to develop skills to deliver culturally-responsive and evidence-based prevention and treatment services for lesbian, gay, bisexual, transgender, and queer populations.

Agency-level Changes

- Ensure that women have the right to access gender affirming treatment services according to their gender identity, regardless of the sex they were assigned at birth.
  - Identify training and resource needs to address barriers and strategies to improve the system's ability to meet the needs of transwomen.
  - Begin collecting data on transwomen through existing reporting systems, in order to track and analyze treatment outcomes for transwomen. This data is essential for improving our systems of care in order to better meet the treatment needs of transwomen.
  - Implement the practice of asking individuals their gender pronoun(s) to assess for and affirm transgender and gender nonconforming identities.

Workforce and Program Development

- Promote trainings and resources that address provider's ability to provide LGBTQ+ sensitive programs.
  - Promote SAMHSA's A Providers Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual and Transgender Individuals.
  - Work with the Illinois Certification Board, Inc. (ICB), Illinois Association for Behavioral Health (ILABH), Community Behavioral Health Association of Illinois (CHBA) and other organizations to increase trainings available targeted towards LGBTQ+ needs.

Resources

The Impact Program
http://www.impactprogram.org/#sthash.ArqulMPD.nj2pJR7b.dpbs

Improving the Lives of Transgender Older Adults
Examines the social, economic and service barriers facing this population. This report includes a detailed literature review, profiles of the experiences of transgender elders around the country and more than 60 concrete recommendations for policymakers and practitioners.
http://www.transequality.org/

The Center of Excellence on Racial and Ethnic Minority Young Men Who Have Sex with Men and Other Lesbian, Gay, Bisexual, and Transgender Populations

How to Implement Evidenced Based Practices

Pick one evidenced based practice or workforce development skill/training set that would be realistic for your organization to implement.

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Create a plan for implementing the one principle or practice, and set a timeline with benchmarks and action items.

Implement plan

Evaluate effectiveness of plan, re-work as needed

Put strategies in place to maintain the accomplishments of the plan.

Pick another principle, and repeat.

Provides a variety of innovative training and technical assistance resources, including training curricula, webinars, and a website clearinghouse to help providers working with LGBTQ+ populations.
http://www.ymsmlgbt.org/webinars/

Building Bridges - LGBTQ+ Populations: A Dialogue on Advancing Opportunities for Recovery from Addictions and Mental Health Problems
https://store.samhsa.gov/shin/content/SMA13-4774/SMA13-4774.pdf

A Providers' Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual and Transgender Individuals
http://store.samhsa.gov/product/A-Provider-s-Introduction-to-Substance-Abuse-Treatment-for-Lesbian-Gay-Bisexual-and-Transgender-Individuals/SMA12-4104

Top Health Issues for LGBTQ+ Populations Information & Resource Kit
http://store.samhsa.gov/product/Top-Health-Issues-for-LGBT-Populations/SMA12-4684

UTILIZING EVIDENCED BASED BEST PRACTICES FROM MENTAL HEALTH

Aside from the direct links via co-occurring disorders, there are lessons in service planning and delivery to be learned from the mental health field, which has grown in its emphasis on holistic and evidence-based practice. In addition, mental health coverage in Illinois includes outpatient treatment in natural and community setting, which is not available for those with SUDs only. It would be beneficial to evaluate the service needs and current options for women with substance use disorders and compare with coverage and treatment options for women receiving services for mental health issues. There is also an ethical obligation to involve consumers by creating an organized voice of women and families with lived experience of substance abuse treatment and recovery.

Agency-level changes

- Bring consumers at all stages (pre, current, and post), including women at all stages of the lifespan and families, and move in direction of consumer-vetted/consumer driven input to treatment.
- Design a focus group standardized questionnaire that would be given to agencies represented by committee members. Survey would address and evaluate agency services.
- Invite consumers to become active members of the Women's Committee.

Workforce and Programming Development

- Use consumer input to inform programming.
- Employ persons with lived experience and have consumers involved at the policy, program and practice levels

Policy Changes

- Explore limitations and opportunities associated with reimbursement for community-based substance use treatment.
- Explore limitations and opportunities associated with reimbursements for case management for those with SUD and MH challenges

Resources

SAMHSA Trauma-Informed Care in Behavioral Health Services TIP 57
Topic-specific best practice guidelines for the prevention and treatment of substance use and mental disorders. TIPs draw on the experience and knowledge of clinical, research, and administrative experts of various forms of treatment and prevention.
http://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816

How to Implement Evidenced Based Practices

Pick one evidenced based practice or workforce development skill/training set that would be realistic for your organization to implement.

Gather an interdisciplinary group that includes a mix of administrators, counselors, and service recipients (does not have to be a large group, smaller groups can be more effective sometimes).

Create a plan for implementing the one principle or practice, and set a timeline with benchmarks and action items.

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Pick another principle, and repeat.

INTERDISCIPLINARY COOPERATION/INTEGRATED HEALTH

Women who have adverse childhood experiences are at increased risk of health problems and substance use issues later in life. The primary care provider is often the first and sometimes only point of contact in the healthcare system for women with substance use disorders (SUDs). Alternatively, some women with SUDs who are unable or unwilling to access healthcare services do not receive adequate preventative care and education, resulting in higher rates of preventable chronic illnesses, in addition to health outcomes more directly associated with substance use. It is therefore vital not only that primary healthcare providers be effectively trained in screening and providing resources related to substance use recovery, but also that providers of substance use and mental health services provide increased access to primary healthcare for the women they serve.

Screening and Assessment

- Implement universal screening such as those addressing Neonatal Abstinence Syndrome (NAS) and Fetal Alcohol Syndrome (FAS).

Agency-level changes

- Incorporate family planning and reproductive care services for women in the midst of substance use disorder.
- Explore opportunities for interagency collaborative efforts to expand access to health and wellness education and care for the women served by each agency.
- Disseminate the report from the Women's Committee to DASA-licensed providers and promote use of this document to inform future clinical and program planning decisions.

Resources

Women's Health, Wellness, and Recovery: An Introduction to Women's Substance Use Disorders and Health
This 1.5 hour session provides an overview of health concerns for women with substance use disorders and the importance of integrated health and behavioral health services for early identification and interventions.
https://www3.thedatabank.com/dpg/423/donate.asp?formid=meetb&c=3302159

Illinois Department of Public Health – The Healthy Woman: A Complete Guide for All Ages
https://www.womenshealth.gov/publications/our-publications/the-healthy-woman/index.html

How to Implement Evidenced Based Practices

Pick one evidenced based practice or workforce development skill/training set that would be realistic for your organization to implement.

Gather an interdisciplinary group that includes a mix of administrators, counselors, and service recipients (does not have to be a large group, smaller groups can be more effective sometimes).

Create a plan for implementing the one principle or practice, and set a timeline with benchmarks and action items.

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Put strategies in place to maintain the accomplishments of the plan.

Pick another principle, and repeat.

Top Health Issues for LGBTQ+ Populations Information & Resource Kit
http://store.samhsa.gov/product/Top-Health-Issues-for-LGBT-Populations/SMA12-4684

RESOURCES

This section is a toolkit to assist community-based providers, state agencies, and other stakeholders work with the Women's Committee toward accomplishing the outlined recommendations. The purpose of these resources is to provide materials that can help providers implement the recommendations outlined in the report.

GENERAL

- Women's Health, Wellness, and Recovery: An Introduction to Women's Substance Use Disorders and Health
  This 1.5 hour session provides an overview of health concerns for women with substance use disorders and the importance of integrated health and behavioral health services for early identification and interventions.
  https://www3.thedatabank.com/dpg/423/donate.asp?formid=meetb&c=3302159

- Introduction to Women and Substance Use Disorders
  This 12-hour, self-paced course helps counselors and other practitioners working with women to better understand women's substance use, treatment and recovery experiences and effective interventions for women.
  https://www3.thedatabank.com/dpg/423/donate.asp?formid=meetb&c=2850346

- Addiction Science Made Easy (ASME) Online Articles
  Taken from the Research Society on Alcoholism's journal, *Alcoholism: Clinical & Experimental Research*, and from the NIDA CTN Dissemination Library, these cutting-edge research articles are read and interpreted by science writers, and then rewritten in lay terms.
  http://www.attcnetwork.org/addiction-science/asme-search.aspx

- Substance Abuse Treatment: Addressing the Specific Needs of Women TIP 51
  Topic-specific best-practice guidelines for the prevention and treatment of substance use and mental disorders.
  http://store.samhsa.gov/shin/content/SMA14-4426/SMA14-4426.pdf

- Guidance to States: Treatment Standards for Women with Substance Use Disorders
  http://nasadad.org/2015/07/guidance-to-the-states-treatment-standards-for-women-with-substance-use-disorders/

- Guidance Document for Supporting Women in Co-ed Settings
  http://store.samhsa.gov/product/Guidance-Document-for-Supporting-Women-in-Co-ed-Settings/All-New-Products/SMA16-4979

- Addiction Technology Transfer Center Network
  A nationwide, multidisciplinary resource for addiction and recovery professionals.
  http://www.attcnetwork.org/home/

- NIATx: Removing Barriers to Treatment and Recovery
  A model of "process improvement" specifically designed for behavioral health.

http://www.niatx.net/Home/Home.aspx

BUILDING CAPACITY FOR OPIOID USE DISORDERS

- SAMHSA Buprenorphine Physician Locator
  Find physicians authorized to treat opioid dependency with buprenorphine by state.
  https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator

- SAMHSA Opioid Treatment Program Directory
  Find opioid treatment programs by state.
  http://dpt2.samhsa.gov/treatment/directory.aspx

- MATX Mobile App to Assist with Medication-Assisted Treatment for Opioid Use Disorder
  Available through the SAMHSA store, this free app is designed for healthcare practitioners who provide medication-assisted treatment (MAT) and includes information and tools to help ensure effective care.
  http://store.samhsa.gov/apps/mat/

TRAUMA-INFORMED CARE

- SAMHSA's Concept of Trauma and Guidance for a Trauma-informed Approach
  The purpose of this paper is to develop a working concept of trauma and a trauma-informed approach and to develop a shared understanding of these concepts
  http://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884

- SAMHSA Trauma-Informed Care in Behavioral Health Services TIP 57
  Topic-specific best practice guidelines for the prevention and treatment of substance use and mental disorders. TIPs draw on the experience and knowledge of clinical, research, and administrative experts of various forms of treatment and prevention.
  http://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816

- Engaging Women In Trauma-informed Peer Support
  For peer supporters who want to learn how to integrate trauma-informed principles into their relationships with the women they support or into the peer support groups of which they are members.
  http://www.nasmhpd.org/content/engaging-women-trauma-informed-peer-support-guidebook

- How to Implement Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
  This TF-CBT Implementation Manual is for therapists, clinical supervisors, program administrators, and other stakeholders who are considering the use of TF-CBT for traumatized persons in their communities.
  http://nctsn.org/products/how-implement-trauma-focused-cognitive-behavioral-therapy-tf-cbt-implementation-manual

- Essential Components of Trauma-Informed Judicial Practice
  This issue brief provides information, specific strategies, and resources that many treatment court judges have found beneficial
  http://www.nasmhpd.org/sites/default/files/JudgesEssential_5%201%202013finaldraft.pdf

INTIMATE PARTNER VIOLENCE

- Guide for Engaging & Supporting Parents Affected by Domestic Violence
  This guide is designed for staff in domestic violence programs and provides practical guidance for supporting parents affected by domestic violence in their parenting.
  http://attcppwtools.org/ResourceMaterials/NCDVTMH_GuideEngagingSupportingParents.pdf

- Health Care Providers' Role in Screening and Counseling for Interpersonal and Domestic Violence
  This fact sheet describes guidelines for screening and counseling for interpersonal and domestic violence.
  https://www.womenshealth.gov/files/assets/docs/fact-sheets/ipv_screening_508.pdf

- Addiction Recovery and Intimate Violence (ARIV)
  This 5-hour self-paced course is based on industry awareness that Intimate Partner Violence (IPV) is a frequent issue for clients.
  https://www3.thedatabank.com/dpg/423/donate.asp?formid=meetb&c=532732

- Intimate Partner Violence SBIRT: The WINGS Intervention Model
  A free webinar presenting research findings on WINGS (Women Initiating New Goals of Safety), an evidence-based screening, brief intervention, and referral to treatment tool designed for women who use drugs or alcohol.
  http://hospitalsbirt.webs.com/intimate-partner-violence

HARM REDUCTION

- Heartland Alliance
  The Midwest Harm Reduction Institute, founded by Heartland Health Outreach, promotes harm reduction practices and offers webinars and trainings on topics including Housing First, Harm Reduction, Motivational Interviewing, Trauma-informed care, and other topics relevant to mental health and substance use service providers.
  https://www.heartlandalliance.org/mhri/

- National Harm Reduction Coalition
  Directory that includes contacts for local providers of harm reduction services
  http://harmreduction.org/connect-locally/

- PROS Network Chicago
  PROS Network-Chicago (Providers and Resources Offering Services to sex workers) is a directory of direct service providers and legal, medical and mental health professionals who are capable of providing non-judgmental, client-centric and harm reduction-oriented services to individuals in the sex industry.
  http://www.prosnetworkchicago.org/

- Illinois Department of Public Health – The Healthy Woman: A Complete Guide for All Ages
  https://www.womenshealth.gov/publications/our-publications/the-healthy-woman/index.html

- CHOICES: A Program for Women about Choosing Healthy Behaviors
  A brief intervention designed to help women lower their risk of alcohol-exposed pregnancy (AEP) by reducing risky drinking, using effective contraception, or both.
  http://legacy.nreppadmin.net/ViewIntervention.aspx?id=348

- Guide to Developing and Managing Overdose Prevention and Take-Home Naloxone Projects
  A guide developed by the Harm Reduction Coalition
  https://issuu.com/harmreduction/docs/od-manual-final-links

LGBTQ+-SPECIFIC NEEDS

- The Impact Program
  http://www.impactprogram.org/#sthash.ArqulMPD.Kf1fdqGB.dpbs

- Improving the Lives of Transgender Older Adults
  Examines the social, economic and service barriers facing this population. This report includes a detailed literature review, profiles of the experiences of transgender elders around the country and more than 60 concrete recommendations for policymakers and practitioners.
  http://www.transequality.org/

- The Center of Excellence on Racial and Ethnic Minority Young Men Who Have Sex with Men and Other Lesbian, Gay, Bisexual, and Transgender Populations
  Provides a variety of innovative training and technical assistance resources, including training curricula, webinars, and a website clearinghouse to help providers working with LGBTQ+ populations.
  http://www.ymsmlgbt.org/webinars/

- Building Bridges - LGBTQ+ Populations: A Dialogue on Advancing Opportunities for Recovery from Addictions and Mental Health Problems
  https://store.samhsa.gov/shin/content/SMA13-4774/SMA13-4774.pdf

- A Providers Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual and Transgender Individuals.
  http://store.samhsa.gov/product/A-Provider-s-Introduction-to-Substance-Abuse-Treatment-for-Lesbian-Gay-Bisexual-and-Transgender-Individuals/SMA12-4104

- Top Health Issues for LGBTQ+ Populations Information & Resource Kit
  http://store.samhsa.gov/product/Top-Health-Issues-for-LGBT-Populations/SMA12-4684

CRIMINAL JUSTICE INVOLVED WOMEN

- The Directory of Programs Serving Children and Families of the Incarcerated

This revised directory lists programs in the United States and around the world that offer services specifically for children and families of the incarcerated.
http://nrccfi.camden.rutgers.edu/resources/directory/

- State Profiles of Health Care Information for the Criminal Justice System
  https://lac.org/resources/state-profiles-healthcare-information-for-criminal-justice-system/

- Screening and Assessment of Co-occuring Disorders in the Justice System
  Provides an overview of the systemic and clinical challenges in screening and assessment of persons with co-occurring disorders involved in the criminal justice system.
  https://csgjusticecenter.org/

- Parenting From Prison
  Parenting from Prison is a parent education program for inmates. The program curriculum teaches inmates skills to strengthen family functioning, increase positive behaviors, decrease substance use, and increase their knowledge of risk and resilience factors.
  http://nrepp.samhsa.gov/ProgramProfile.aspx?id=44

- Women Unbarred: Recovery and Support for Women Involved with Criminal Justice
  This course discusses the unique experiences of women who are incarcerated, and the barriers to recovery and re-entry that women leaving incarceration often experience.
  https://www3.thedatabank.com/dpg/423/mtgdetail.asp?formid=meetb&caleventid=28483

CO-OCCURRING DISORDERS

- Definitions and Terms Relating to Co-Occuring Disorders
  This paper provides definitions of terms associated with substance-related disorders, mental disorders, co-occurring disorders, and programs in order to develop consensus on how to address the needs of persons with co-occurring disorders (COD).
  http://atforum.com/pdf/DefinitionsandTerms-OP1-4.pdf

- NCADD's Information and Referral Services
  NCADD's Information and Referral services provide confidential, one-on-one assessment, on the phone or in-person, by a trained professional who will match clients' needs with appropriate services in the community.
  https://www.ncadd.org/get-help/find-local-assistance?radius=50&filter_catid=192&limit=3

- Parity Toolkit for Addiction and Mental Health Consumers, Providers, and Advocates
  The Parity Implementation Coalition provides this toolkit as an aid for individuals in and seeking recovery from addiction and mental illness and their families, providers and advocates to help them understand their new rights and benefits under the parity law.
  https://www.thenationalcouncil.org/

- Behavioral Health Treatment Service Locator
  A confidential and anonymous source of information for persons seeking treatment facilities in the United States or U.S. Territories for substance abuse/addiction and/or mental health problems.
  https://findtreatment.samhsa.gov/

- Women in the Mirror: Addressing Co-occurring Mental Health Issues and Trauma in Women with Substance Use Disorders
  This 1.5 hour session will cover current information about effective interventions and strategies for supporting women with co-occurring substance use, trauma and mental health issues.
  https://www3.thedatabank.com/dpg/423/mtgdetail.asp?formid=meetb&caleventid=27687

PREGNANT WOMEN WITH OPIOID USE DISORDERS AND THEIR CHILDREN

- Family-Focused Behavioral Health Support for Pregnant & Postpartum Women- Learn a Skill
  Tools for Treatment offers free, downloadable training curricula for behavioral health professionals, as well as an archive of "webinettes" on focused topics relating to the behavioral health of pregnant and postpartum women and their families.
  http://attcppwtools.org/LearnASkill/Default.aspx

- A Collaborative Approach to the Treatment of Pregnant Women With Opioid Use Disorders
  This guidance document provides background information on the treatment of pregnant women with opioid use disorders, summarizes key aspects of guidelines that have been adopted by professional organizations across many of the disciplines, presents a comprehensive framework to organize these efforts in communities, and provides a collaborative practice guide for community planning to improve outcomes for these families.
  http://attcppwtools.org/resourceMaterials/A%20Collaborative%20Approach%20to%20the%20Treatment%20of%20Pregnant%20Women%20with%20Opioid%20Use%20Disorder.pdf

- CHOICES: A Program for Women About Choosing Healthy Behaviors
  A brief intervention designed to help women lower their risk of alcohol-exposed pregnancy (AEP) by reducing risky drinking, using effective contraception, or both.
  http://legacy.nreppadmin.net/ViewIntervention.aspx?id=348

- Substance Exposed Infants
  Describes the findings of a review of state policies on substance exposed infants, variations among states in both policy and practice, and opportunities for improving interagency collaborations.
  http://store.samhsa.gov/product/Substance-Exposed-Infants-State-Responses-to-the-Problem/SMA09-4369

- Advancing the Care of Pregnant and Parenting Women With Opioid Use Disorder and Their Infants: A Foundation for Clinical Guidance
  https://www.regulations.gov/document?D=SAMHSA-2016-0002-0001

- A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders: Practice and Policy Considerations for Child Welfare, Collaborating Medical, and Service Providers.
  http://store.samhsa.gov/shin/content/SMA16-4978/SMA16-4978.pdf

- National Center on Substance Abuse and Child Welfare
  Online webinars including Medication Assisted Treatment and Neonatal Abstinence Syndrome, Screening and Assessment for Family Engagement and Retention, Trauma, Models of Collaboration, and Evidence-Based Practices for Families Affected by Substance Use Disorders
  https://ncsacw.samhsa.gov/resources/videos-and-webinars/webinars.aspx#medication

FAMILY-CENTERED SERVICES

- Family-Centered Treatment for Women with Substance Abuse Disorders
  Introduces the concepts and evolution of the field in providing a family-centered treatment approach for women and their families. It examines the role of family in the context of treatment for women and addresses the treatment needs of children and the inclusion of fathers, husbands, and other family members in treatment planning.
  https://www.samhsa.gov/sites/default/files/family_treatment_paper508v.pdf

- Funding Family Centered Treatment for Women with Substance Use Disorders
  Assists treatment providers and state substance abuse agencies to identify and access potential sources of funding for comprehensive family-centered treatment.
  https://www.samhsa.gov/sites/default/files/final_funding_paper_508v.pdf

- Therapeutic Services for Children Whose Parents Receive Substance use Disorder Treatment
  Identifies policies and practices that states have implemented to offer high-quality services for children whose parents enter treatment for SUD.
  http://www.cffutures.org/files/publications/Child_Therapeutic_Services_FINAL.pdf

- The Nurturing Program for Families in Substance Abuse Treatment and Recovery
  A webinar series on evidence-based practices (EBP) for child welfare involved families affected by substance use disorders.
  https://www.youtube.com/watch?v=aFM8z9zM98Q&feature=youtu.be

- Recovering Together Program Curriculum Guide: Substance Abuse Treatment for Women and Their Families
  This document is for substance abuse treatment providers and their child welfare colleagues. It describes the Recovering Together Program (RTP), a program that treats families (mothers and their children) in which the mothers are receiving substance abuse services and the family is receiving child welfare services.
  http://attcppwtools.org/ResourceMaterials/families%20recovering%20together%20curricula%20Donna%20Spear.pdf

- Supporting Infants, Toddlers and Families Impacted by Caregiver Mental Health Problems, Substance Abuse, and Trauma
  Presents resources service providers, advocates, and practitioners can use to better understand and engage the community in responding to children whose caregivers are negatively impacted by mental illness, substance abuse, or trauma.
  http://store.samhsa.gov/product/Supporting-Infants-Toddlers-and-Families-Impacted-by-Caregiver-Mental-Health-Problems-Substance-Abuse-and-Trauma/SMA12-4726

- Women Connected: Families and Relationships in Women's Substance Use and Recovery
  This 1.5 hour session will offer service providers specific strategies to address women's need for connection with others, especially children and family.
  https://www3.thedatabank.com/dpg/423/mtgdetail.asp?formid=meetb&caleventid=27688

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