WELCOME TO THE WOMEN’S COORDINATORS MEETING
WELCOMING REMARKS

SUZETTE TUCKER, MARYLAND
11:00 am to 11:30 am EST Welcoming Remarks
   Suzette Tucker (MD)

11:30 pm to 12:30 pm EST Addressing the Elephant in the Room - Moderated by Julia Reddy (MA)
   Shyla Dauria & Samantha Kawola (NY)
   Donna Wood (TX)
   Michelle Cunningham (SC)

12:30 pm to 1:30 pm EST Lunch Break

1:30 pm to 2:30 pm EST Women, Housing, and Homelessness - Moderated by Quinetta Womack (LA)
   Deb Werner (Advocates for Human Potential)
   Marcy Stahl (TX)

2:30 pm to 3:15 pm EST Looking Toward the Future
   Dawn Tyus (Director, Southeast ATTC)

3:15 pm to 3:30 pm EST Awards
   Starleen Scott Robbins (NC)
ADDRESSING THE ELEPHANT IN THE ROOM

MODERATED BY JULIA REDDY, MASSACHUSETTS
Office of Addiction Services and Supports

Office Hours for Frontline Workers During COVID-19

Shyla Dauria, LMHC
Sam Kawola, LMSW

July 24, 2020
Partnership

Institute on Trauma and Trauma-Informed Care (ITTIC)

- Established in 2012
- Mission: To establish a multi-disciplinary trauma-informed system of care to ensure that service systems are not retraumatizing already vulnerable populations.

To learn more about ITTIC, visit their website at [socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care.html](http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care.html)

Or go to [socialwork.buffalo.edu](http://socialwork.buffalo.edu) > Hover over "Faculty and Research" heading > Select “Buffalo Center for Social Research” > Select ITTIC
Overview
Overview

Structure

- 60 minute sessions held via WebEx Events
- Equal parts educational and interactive
- Three topics:
  1. Navigating Worry, Stress, and Fear
  2. Grief, Loss, and Meaning-Making
  3. Vicarious Trauma and Resilience
Overview

Two Tracks: Frontline and Leadership

1. Frontline Groups
   - The peer workforce
   - Residential/Inpatient staff
   - Outpatient and Opioid Treatment Program (OTP) staff
   - OASAS Addiction Treatment Center (ATC) staff
   - Prevention program staff

2. Leadership Groups
   - Directors of OASAS-certified programs
   - OASAS Central, NYC, and Regional Office staff
Session Topics
Session Topics

1: Navigating Worry, Stress, and Fear

- COVID-19 is a collective trauma event
- Dr. Dan Siegel’s hand model of the brain
- Trauma-informed responses to general worry and fear

(Harris & Fallot, 2009; ITTIC, 2020)
Session Topics

2: Grief, Loss, and Meaning-Making

- “We’re talking about grieving a living loss – one that keeps going on and on.” – Robert Neimeyer on the reality of living through COVID-19
- The sixth stage of grief: finding meaning
- Taking pause and witnessing all that is, good and bad
Session Topics

3: Vicarious Trauma and Resilience

- Possible impacts of being in the helping profession
  - e.g., secondary traumatic stress, vicarious trauma, burnout, compassion fatigue
- Factors of resilience and post-traumatic growth
- Most people are resilient!
Impact
Impact

In-Session Discussion Themes
- Employment challenges and changes
- Fear and anxiety
- Concern for clients
- Self-care
- Isolation
- Powerlessness

Post-Session Takeaways
- Mutual support
- Self-care
- Psychoeducation
- Strategies/Resources
Next Steps
Next Steps

- Trauma Collaborative
- Project PrOMISE Learning Collaborative

For more info about the trauma collaborative, contact Shyla Dauria at Shyla.Dauria@oasas.ny.gov or Sam Kawola at Samantha.Kawola@oasas.ny.gov

For more info about Project PrOMISE, contact Katie Seaward at Katie.Seaward@oasas.ny.gov
INCARCERATED WOMEN IN SC: CHALLENGES AND OPPORTUNITIES

Michelle Cunningham, RNC-MNN, BSN, BA
South Carolina Department of Social Services, DAODAS Liaison

Pete Liggett, PhD, Licensed Psychologist
South Carolina Department of Health and Human Services
Objectives

- Participants will:
  - Become aware of SC Legislation passed in 2020 regarding pregnant and postpartum incarcerated women
  - Recognize barriers to care for incarcerated pregnant women
  - Identify ways community agencies and organizations can support incarcerated pregnant and parenting women in SC
What’s the carceral landscape for women in the U.S.?

- At a historic and global high
- Higher than any other country
- U.S. incarceration rate of 133 per 100,000 people
- Only 4% of world’s female population lives in the U.S. but U.S. accounts for 30% of worlds incarcerated women

- Data from the 2018 Prison Policy Initiative
How many women are locked up in the United States?

The United States is one of the top incarcerators of women in the world. Changing that will require knowing where 219,000 incarcerated women fall within our decentralized and overlapping systems of mass incarceration.
Nearly half of incarcerated women are held in jails

In Jails 102,000

Held in jails for local authorities 89,000
Convicted 35,000
Not Convicted 54,000

Drug
- Trafficking 4,400
- Possession 9,300
- Other Drug 2,400

Public order
- Parole/probation violations 1,000
- Weapons 500
- Other public order 500
- Obstruction of Justice 2,500
- Traffic 1,000
- Driving while intoxicated 1,200
- Drunkenness/morals 1,600
- Immigration 200

Violent
- Murder 100
- Manslaughter 100
- Kidnapping 40
- Rape 100
- Other sexual assault 300
- Robbery 900
- Assault 2,700
- Other violent 800

Property
- Burglary 900
- Arson 200
- Car theft 400
- Fraud 4,900
- Larceny/Theft 4,000
- Stolen property 300
- Other property 700

Other
- 300

Other violent 1,700
- Other sexual assault 600
- Robbery 2,700
- Assault 5,200
- Burglary 1,700
- Car theft 1,000
- Fraud 7,200
- Arson 300
- Larceny/Theft 5,200
- Stolen property 1,000
- Other property 600

Murder 1,500
- Manslaughter 200
- Kidnapping 300
- Rape 100
- Other sexual assault 600
- Robbery 2,700
- Assault 5,200
- Burglary 1,700
- Car theft 1,000
- Fraud 7,200
- Arson 300
- Larceny/Theft 5,200
- Stolen property 1,000
- Other property 600

23
Increases in Women in Carceral Systems

State policy drives women’s incarceration growth

Number of women incarcerated by federal, state or local governments per 100,000 female residents, 1922 – 2015

For source details, see: https://www.prisonpolicy.org/reports/women_overtime.html
The number of women in prison has been increasing at a rate 50% higher than that of men since 1980.
World Incarceration Rates If Every U.S. State Were A Country

Source: Prison Policy Initiative
https://www.prisonpolicy.org/

States of Incarceration: The Global Context 2018

Oklahoma now has the highest incarceration rate in the U.S., unseating Louisiana from its long-held position as "the world’s prison capital." By comparison, states like New York and Massachusetts appear progressive, but even these states lock people up at higher rates than nearly every other country on earth. Compared to the rest of the world, every U.S. state relies too heavily on prisons and jails to respond to crime.

Source: Prison Policy Initiative
https://www.prisonpolicy.org/
Collecting Data on Pregnant Incarcerated People

From 2016-2017, statistics were collected on pregnancy outcomes from a sample of prisons and large jails across the US, representing 57% of females in prison and 5% of females in jail. Participating prisons and jails reported aggregate data on a monthly basis for one year.

- State Department of Corrections
- Jails
- Federal Bureau of Prisons

Enrollment May-November 2016
Researchers from Johns Hopkins Medicine found that:

- approximately 1,400 pregnant women were admitted to 22 US state and all federal prisons in a recent year
- most of the prison pregnancies – over 90 percent – ended in live births with no maternal deaths.

Credit: Johns Hopkins Medicine/Raigan Wheeler
South Carolina

(Graph: Aleks Kajstura, June 2018)

This graph is a part of the Prison Policy Initiative report, States of Women’s Incarceration: The Global Context 2018.
SC Landscape

- South Carolina Department of Corrections founded in 1960 currently has some 5,700 employees, just over 20,000 inmates and operates 21 institutions

- 2 SCDC State-level Correctional Centers for Women
  - Camille Graham – Columbia, Level 2 (730)
  - Leath – Greenwood, Level 2 (600)

- 46 County Detention Centers
  - Smaller jails at municipalities

- 3 Juvenile Detention Centers
  - Charleston
  - Columbia
  - Greenville

- 2 Federal Prisons
  - Male only
Estelle v. Gamble & the 8th Amendment

• “These elementary principles (contained in the 8th Amendment) establish the government’s obligation to provide medical care for those whom it is punishing by incarceration…”
  • AND

• “We therefor conclude that the deliberate indifference to serious medical needs of prisoners constitutes the ‘unnecessary and wanton infliction of pain,” proscribed in the Eight Amendment.”
Estelle v. Gamble & the 8th Amendment

• Estelle’s Three Basic Rights
  • Access to care
    • Access to specialists and to inpatient hospital treatment, where warranted by the patient’s condition, is also guaranteed by the Eighth Amendment.
  • The right to care that is ordered
    • Estelle imposes a legal duty on administrative and custodial staff to honor medical orders and extends liability to those who interfere with ordered care.
  • The right to a professional medical judgement
    • The right to professional judgment places an outer, constitutional limit on medical discretion by ensuring that it is exercised in making decisions in individual cases.
    • By requiring professional judgment, the federal courts have not only protected the sphere of discretion surrounding medical practitioners’ diagnostic and treatment decisions but have also enhanced them in the unique environment in which they are undertaken.

The Burden on Counties & States

• Medicaid’s Role in Paying for Care…
  - Individuals are ineligible for Medicaid while they are incarcerated due to a federal law known as the Medicaid Inmate Exclusion Policy (MIEP)
  - The MIEP bars states from receiving federal Medicaid matching funds, except when beneficiaries are hospitalized for 24 hours or longer.
  - Therefore, the entire cost of providing medical care in jails or prisons falls on the shoulders of counties and states.

• The incarcerated population has significant physical and behavioral health needs. Chronic disease is prevalent among the population with higher rates of a variety of high-cost conditions.
What’s the carceral landscape for women in South Carolina?

• The female jail population percentage increased from 12.6% to 15.2% from 2005 to 2017 (BJS/USDOJ, 2019)
• Applied to Prison Policy Initiative's 2015 report of 11,000 individuals in SC Jails – Nearly 1,700 women are in SC Jails (SC should have 1535 based on U.S. jail detention rates)
• SCDC reports having 1,132 female inmates (SCDC, June 5, 2020) (SC should have 1435 based on U.S. prison incarceration rates)
  • Lower than the SC Jails’ female carceral population
• In September 2019, Camille Graham (SCDC) housed 11 pregnant inmates
• On June 5th, there were only four
How many babies are born to women incarcerated in county jails?

- In the U.S., there are 1,400 pregnant women in prison.
- Nearly three-quarters of incarcerated women are aged 18-44 — prime childbearing years — and two-thirds of incarcerated women are mothers and primary caregivers to minor children.
- The Bureau of Justice Statistics estimated...
  - In 2002, 5% of women in jail were pregnant at admission.
  - In 2004, 4% of women in state prisons were pregnant at admission.
  - These estimates have not been updated ~Bronson, J. & Sufrin, C. (2019).
- “Pregnant, incarcerated people are among the most marginalized and forgotten groups in our country… Women who don’t count, don’t get counted; and, women who don’t get counted, don’t count.” ~Carolyn Sufrin (NPR, March 21, 2019).
How many babies are born to women incarcerated in county jails?

- Texas has passed legislation (HB 1140 & 1651) requiring each jail’s medical plan to include care by an OBGYN for pregnant prisoners.
- The Texas Jail Project indicates 4000 pregnant women are incarcerated in Texas county jails each year.
- A simple proportional application of that number to South Carolina would indicate 725-750 pregnant women enter SC county jails annually.
- BJS’ estimate of 5% of women in county jails are pregnant upon admission would indicate there are 85 pregnant women in South Carolina’s county jails at any given point in time.
- Sufrin, et. al. (2020) indicate 3% of women are pregnant upon admission which would indicate there are 50 at any given time.
How many babies are born to women incarcerated in county jails?

- Greenville & Charleston Counties report a combined 11 live births in 2018.
- These facilities make up approximately 15% of the state’s women jail population.
- Application of these numbers would indicate that in South Carolina as many as 75 live births were to women in county jails in 2018.
What’s the problem in SC?

- No uniform standards of care
- No real time data on:
  - number of pregnant women incarcerated
  - women of childbearing age
  - women who deliver and return to jail/prison
  - number of the amount of incarcerated parents
  - pregnancy outcomes
- Being incarcerated as a parent can mean termination of parental rights if CPS/DSS involvement
- No universal standard for pregnancy screening
- SC recently enacted H 3967 which bans the shackling of pregnant women AND prevents any restraint during birth
Questions to ponder

- Is it safer for a pregnant women with SUD/ Mental Health issues to be in jail vs on the street?
- Is the medical care of incarcerated pregnant women better in jail vs on the street?
- How has COVID-19 impacted jails and prisons?
- What is a system of care for incarcerated pregnant women?
- Are there alternatives to incarcerating pregnant women?
In the news….

• Inmate housing area in a California prison

134 pregnant women tested positive for COVID-19 in L.A. County but none of their babies had the virus - LATimes.com
• Posted: May 11, 2020 / 09:29 PM PDT / Updated: May 11, 2020 / 09:29 PM - L.A. County officials addressed this little-discussed segment of the population. In the county that has recorded more than 32,000 confirmed cases of COVID-19 and more than 1,500 deaths, roughly 134 pregnant women have tested positive, Public Health Director Barbara Ferrer said.
• There have been 29 live births among those women, and one stillbirth. Twenty-four infants were tested at birth, including one set of twins, and none tested positive for the virus.
• Read the full story on LATimes.com.

During COVID-19 crisis, prioritize release of pregnant inmates

Death of federal prisoner from coronavirus days after giving birth shows how vulnerable, isolated population is

Dr. Carolyn Sutfin and Lauren Kuhik Opinions contributors
Published 4:02 p.m. ET May 9, 2020

Andrea Circle Bear was 30 years old and had only recently given birth when she died of COVID-19. Circle Bear was incarcerated for a drug-related charge at the time of her death. She spent the final weeks of her pregnancy in a local jail and then a federal prison, spaces that are known hotbeds for virus transmission — and it’s likely in one of these places that she contracted the virus. She shared the planet with her baby for only 88 days before she passed.

While much attention has rightly been given to the risks of COVID-19 in prisons, jails, and detention centers, the risks to pregnant and postpartum women like Circle Bear have largely been overlooked.

Pregnancy alone does not appear to be a risk factor for severe illness from COVID-19, but the data is clear that incarceration compounds the dangers associated with pregnancy. They are much more likely to get infected in prison or jail than in the community.

Darren Walker of the Ford Foundation co-authored a letter to New York Governor Andrew Cuomo calling for the release of as many people as possible from the state’s correctional facilities. “There is no good reason to keep putting residents, as well as police and correctional officers, at risk—or to turn a parole violation into a death sentence,” … “We must protect public safety. But today, there is no greater threat to public safety than the coronavirus.”
Incarceration and the COVID-19 Crisis

- Prisons and jails are faced with significant challenges to containing disease transmission and outbreak on any given day
  - Jails tend to keep inmates in close quarters and are not built for long stays; individuals frequently cycle from jails to communities and back over relatively short time periods
  - Prisons are intended to house inmates for a year or longer where social distancing may be easier to facilitate in given spaces

- Jails have limited resources and finances to handle complex medical conditions on any given day and are more constrained during COVID-19
- Inmates who are released from jails and prisons to limit the spread of COVID-19 may face difficult conditions:
  - obtaining safe living conditions where social distancing is possible,
  - scarce jobs
  - limited reentry services
  - obtaining transportation to substance use treatment centers
  - limitations in obtaining healthcare due to social distancing and limited access to telehealth resources

- Not knowing the relative risk inside and outside of facilities makes it difficult for community stakeholders to make decisions about whom to release and when
Case Scenario: Fiona

- 25 yo women, arrested for violation of probation and possession of drugs (Heroin and Methamphetamine), previous drug arrests, DSS involvement and TPR of her other three children
- Upon entry to jail, pregnancy is detected
- COVID-19 hits and jails are working to release pregnant women
- Fiona is released on probation with conditions of negative drug tests and admission into an inpatient treatment center when a bed becomes available
- Fiona violates terms of probation and flees
- Early third trimester Fiona reappears, is arrested due to violation of probation, tests positive for drugs, is in withdrawal and expresses threats of harm to self and unborn baby
- She is arrested for violation of parole and held at the county jail, who requested she be released due to nature of high-risk pregnancy, SUD, Mental Health issues and COVID-19
- **Challenge:** Finding an inpatient placement option during COVID-19
Case Scenario Cont’d

- Multiple agencies worked diligently across SC to find a bed
- Fiona is released on bond with conditions to remain drug free and report in three days to the treatment center
- Day before Fiona is to report to treatment center, she overdoses on Fentanyl, believing it was Heroin
- She is resuscitated after multiple administrations of Narcan
- She is admitted to a hospital and transported to the treatment center
- While at the treatment center she is found to be disruptive to staff and other patients and leaves AMA
- She is arrested with less than a month left until delivery, held at the jail with conditions of bond if she participates in another treatment program at a different center....
Care of Incarcerated Patients

- Varies among facilities
- Resources vary among counties
- Care is often contracted
- Medical staff on site provides 24-hour routine medical care, mental health and dental services, but not specialized care
- Costly to send out for care
- Gaps:
  - in identification of pregnant women
  - services and care for incarcerated pregnant women
  - education and training
Challenges

• No universal central SC data base
• No consistent:
  • health screening form
  • wording of questions
  • transfer of medical information from facility to facility
  • access to resources statewide
• Medical care costs for incarcerated comes out of individual detention center budgets
• Detention Centers are run by Sheriffs/Department of Public Safety
• Increase in numbers of incarcerated (especially women)
• More chronic and complex health conditions
• Older inmates
• Longer stays
• Higher rates of substance use disorders and mental health issues
• Not enough staff – Detention Centers, Correctional Officers, & Medical Staff
• Lack of training to medical staff on complex issues
• Older facilities
• Lack of medical equipment and supplies
• Hospice
• Covid-19
Opportunities

• Prenatal and perinatal care through local community partnerships
  • Healthcare systems
  • Providers
  • Public health educators
  • Volunteers
• Education & Training for carceral staff
• Contraception (continuation and LARCs)
• Participation in Dr. Carolyn Sufrin’s study
• Behavioral health interventions
• Site Visits
  • Administrators and Staff Receptive
• Survey and research
• Collaboration with Judicial System
• Pregnancy Drug Court or Pregnancy Track within Drug Courts
• Increase access to resources to improve the health of current and future generations

Carolyn Sufrin
What are we doing?

- Monthly SC BOI BHWG meetings of multidisciplines focusing on pregnant women in our carceral systems
- Meeting with SC Jail Administrators Association
- Development of Survey for detention centers and DJJ
- Working with 6th Circuit Solicitor's Office to assess pregnancy track
- Awareness:
  - Presentation at SC Jail Administrators Conference
  - SC BOI Symposium Presentation
  - Community presentations
- Site Visits to facilities in SC
  - Greenville County Detention Center
  - Charleston County Detention Center
  - Camille Graham Correctional Facility
Bright Spots

- Detention centers in Charleston & Greenville Counties
- USC School of Medicine & Dr. Jim Cook
- Anti-shackling legislation
- SCDC Director Bryan Stirling
- Volunteer doulas working with SCDC
- USC Center for Community Health Alignment & The Community Health Worker Institute
- Interested Solicitor’s Offices – 6th Circuit, Dpty. Solicitor Candice Lively
Our questions to the individuals of BOI …

• How can hospital systems partner with county jails within their catchment areas to improve support of jail administrators’ efforts to provide adequate care to pregnant inmates?
• What if some counties simply do not have the financial resources to fund an agreement with your hospital…what can you do to provide support anyhow?
• What would a pregnancy track in drug courts look like?
Q & A

RAISE YOUR HAND OR PUT YOUR QUESTION IN THE Q & A BOX
SAMHSA & NASADAD Annual Meeting

VIRTUAL EVENT

July 13, 15, & 17, 2020

Time for a Break
11:00 am to 11:30 am EST Welcoming Remarks
   Suzette Tucker (MD)

11:30 pm to 12:30 pm EST Addressing the Elephant in the Room - Moderated by Julia Reddy (MA)
   Shyla Dauria & Samantha Kawola (NY)
   Donna Wood (TX)
   Michelle Cunningham (SC)

12:30 pm to 1:30 pm EST Lunch Break

1:30 pm to 2:30 pm EST Women, Housing, and Homelessness - Moderated by Quinetta Womack (LA)
   Deb Werner (Advocates for Human Potential)
   Marcy Stahl (TX)

2:30 pm to 3:15 pm EST Looking Toward the Future
   Dawn Tyus (Director, Southeast ATTC)

3:15 pm to 3:30 pm EST Awards
   Starleen Scott Robbins (NC)
WOMEN, HOUSING AND HOMELESSNESS
MODERATED BY QUINETTA WOMACK, LOUISIANA
Women, Housing and Homelessness

Presented by Deborah (Deb) Werner, M.A., PMP

SAMHSA & NASADAD Annual Meeting
Women’s Services Coordinators Session
July 17, 2020
Housing and Housing Instability
Home – more than shelter from the storm

- Housing determines not only where you live but also:
  - Where your children attend school
  - Access to services and mutual supports
  - Employment opportunities

- People often do not want to relocate to new communities.

FIGURE 6: HOURLY WAGE PERCENTILES BY GENDER VS. ONE AND TWO-BEDROOM HOUSING WAGES

(Aurand et al., 2019)
Housing Instability

- Rent burdened
- Behind in the rent
- Formal eviction
- Informal eviction
- Violence
- Overcrowding
- Family tensions
- Never had housing of own

- Couch surfing
- Family separations
- Trades for places to stay
- Cars
- Leaving institutions
- Choices
Women and Homelessness
Women and Homelessness

Homelessness by Gender, *HUD 2019 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations* 

(HUD, 2019)
According to 2019 Annual Homeless Assessment Report (AHAR) to Congress, on a single night in January 2019:

- 54,000 households with children under the age of 18 experienced homelessness.
- These households included 171,670 people (30% of U.S. homeless population).
- Only 14,779 people were staying in unsheltered locations.
- The count declined by 5% (8,743 people) between 2018 and 2019 and by 27% between 2007 and 2019.

(Henry et al., 2020)
Demographic Characteristics of Persons in Families with Children Experiencing Homelessness, *HUD AHAR 2019, Part 1*

(Henry et al., 2020)
SUDs and Women Experiencing Homelessness

- Past year SUDs among women experiencing homelessness (Upshur et al., 2017):
  - Alcohol abuse (5.5%) and dependence (11.8%)
  - Drug abuse (5.3%) and dependence (18.8%)
  - n=780, 11 Health Care for the Homeless sites

- Daily alcohol use in past month (Montgomery et al., 2017):
  - 11% of women vs. 19% of men
  - n=25,481; 100,000 Homes Campaign

- Lifetime drug or alcohol abuse (Montgomery et al., 2017):
  - 57% of women vs. 69% of men

- Ever treated for mental illness (Montgomery, 2017):
  - 66% of women, vs. 49% of men

- Ever involuntarily hospitalized (Montgomery, 2017):
  - 28% of women, vs. 20% of men
Homelessness and Pregnancy

- Homelessness among pregnant and parenting low-income women:
  - Five-city survey of 9,995 mothers of children <48 months (Cutts et al., 2014)
  - Excluded women with private insurance → mostly low-income
  - 6% experienced homelessness during pregnancy
  - 3% experienced homelessness after birth of child
  - Prenatal homelessness independently associated with low birth weight

- Pregnancy among young women experiencing homelessness:
  - n=171; age 16–19 at baseline (Crawford et al., 2011)
  - 83 (48.5%) became pregnant during 3-year study
Families with Children: Causes and Effects of Homelessness

▪ Potential causes:
  • Extreme poverty
  • Lack of affordable housing
  • Unsafe or unstable family situation

▪ Children who experience homelessness have more developmental, health, emotional, behavioral, and learning challenges than their peers.

▪ Frequent moves and unstable housing create barriers to participating in early childhood programs and school.

(Head Start Early Childhood Learning & Knowledge Center, 2019)
Domestic Violence and Homelessness

- Domestic violence is common among women with children experiencing homelessness.

- Special considerations:
  - Trauma and mental health
  - Confidentiality
  - Safety concerns
  - Income changes
  - Safety planning
  - Children’s needs
  - Accessing shelter and permanent housing

(Administration on Children and Families, Family and Youth Services Bureau, 2016)
Housing Related Services
Housing-Related Services – Individual Supports

• Counseling and skill-building related to current living circumstances

• Problem-solving and supports to identify alternative housing options via networks

• Eviction prevention, homelessness prevention funds

• Tenant rights and responsibilities—education and coaching

• Assistance in locating safe, affordable housing

• Home-based case management, services, and supports
Housing Related Services – Access

- Access to immediate housing and/or emergency shelter
- Access to mainstream and specialized subsidy programs and housing counseling
- Housing development
- Providing affordable housing, permanent supportive housing, and master lease programs
- Income and employment services
Collaborations

*Effective collaboration can support women and girls in addressing their own multiple and complex needs, as well as those of their families.*

- Understanding each other
- Developing trust and relationships
- Communication
- Daily practices
- Tools and resources
- Involving family
What are Housing Options?
In general, housing is made affordable in two ways:

1. Existing market housing is made affordable through a subsidy
2. New affordable housing is developed

Funding sources are often more flexible than they look, are vulnerable to input, and can be combined in ways to create a robust inventory of affordable housing.

Increasing affordability requires persistent advocacy.
Community-Based Housing

- Developing a continuum of housing options for individuals and families with SUDs is an important part of a recovery-oriented system of care.

- The continuum must include choices of safe, affordable housing.

- Differentiating factors include integration, rights of tenancy, and control of the housing unit.
Types of Community-Based Housing

- Mainstream market rate housing
- Mainstream housing with subsidies
- Affordable housing projects
- Scattered-site supportive housing
- Supportive housing projects
- Resident-governed recovery housing
- Other recovery housing
- Other housing types
Recovery Housing
Recovery housing: a spectrum of living environments that are free from alcohol and illicit drug use with a focus on peer support and connection to other recovery services and supports (NARR, 2015).

- Mutuality (everyone gives/receives)
- Decision making
- Alcohol/drug free (safe)
- Encourages responsible, healthy living
NARR Service Levels and Staffing

Service Level I:
- **Housing**: Safe, stable housing that is recovery supportive
- **Social Model**: Sociocultural elements & structure that promote ubiquitous support, accountability & connectedness
- **Peer Recovery Support**: Formal one-on-one (e.g., coaching) and formal groups (e.g., support groups)
- **Life Skills**: e.g., job readiness, budgeting
- **Trend**: IOP/PHP + RR
- **Clinical**

Service Level II:
- **Peer elected officers**
- **Senior resident / Peer House Manager**

Service Level III:
- **Staff supervision**: e.g., ongoing skills development and support

Service Level IV:

(NARR, 2015).
Building Community


References, p. 2


Additional Resources


- SAMHSA Homeless Programs and Resources, www.samhsa.gov/homelessness-programs-resources

- Corporation for Supportive Housing, www.csh.org

- National Alliance to End Homelessness, www.naeh.org

- National Low Income Housing Coalition, www.nlihc.org

- HUD, Continuum of Care Program Toolkit, www.hudexchange.info/programs/coc/toolkit/

- National Alliance of Recovery Residences, www.narronline.org
Contact Information

- Deborah (Deb) Werner, MA, PMP
  HHRN Technical Assistance Lead
  Senior Program Director
  Advocates for Human Potential, Inc.
  dwerner@ahpnet.com
Q & A

RAISE YOUR HAND OR PUT YOUR QUESTION IN THE Q & A BOX
LOOKING TOWARD THE FUTURE

INTRODUCTION BY WRAYANNE GLAZE PARKER, GEORGIA
DAWN TYUS
DIRECTOR, SOUTHEAST ATTC
AWARDS

PRESENTED BY STARLEEN SCOTT ROBBINS, NORTH CAROLINA
WSN LEADERSHIP ACHIEVEMENT AWARD

Recognizes someone who exhibits commitment and dedication to women’s substance use disorder treatment and recovery services.
THE WINNER IS:

Quinetta Womack
Louisiana
WOMEN’S SERVICE CHAMPION AWARD

Recognizes an individual who demonstrated exemplary commitment and dedication to enhance the quality of care for women-specific services and their children

SAMHSA
Substance Abuse and Mental Health Services Administration
NASADAD National Association of State Alcohol and Drug Abuse Directors
THE WINNER IS:

Deb Werner
THE WINNER IS:

Heather D’Onofrio
Women’s Coordinators Liaison
NASADAD

For her years of hard work and service, her positive attitude, and her support for all of the Women’s Coordinators, the Women’s Coordinators present Heather D’Onofrio with the Women’s Service Champion Award. We appreciate everything that you do for us.