



Frequently Asked Questions

	FAQs
Q 1	<i>What funding did you receive to begin this project? What funding have you utilized to sustain this project?</i>
Response 1	<p>Dr. Icenhower:</p> <p>Our Exodus Program was originally funded through the Substance Abuse and Mental Health Administration (SAMHSA), Center for Substance Abuse Treatment's (CSAT), perinatal initiatives for Pregnant and Postpartum Women (PPW) in 1994. The initial PPW grants were funded at a much higher range than the current PPW funding, averaging approximately \$1 million per year for a five year period. SHIELDS was also able to receive a supplemental grant from SAMSHA during this same time period to enhance our Early Intervention services for our youngest children, ages 0-5. Because our initial grant was funded under an umbrella application submitted by the State of California, part of the commitment was to ensure the programs continued when the CSAT grant ended. The nine grantees from California that were funded under this initiative joined together to form the California Perinatal Treatment Network and went to the State Legislature to ask that California maintained their commitment. We were successful in that effort and now have a specific line item in the State budget that ensures ongoing funding for all of the programs that remain in operation. In addition, we supplement this funding through the use of Medicaid to bill for our mental health services and a grant from HRSA (see Question 3) to enhance our services for pregnant women and women with children ages 0-2.</p>
Q2	<i>What are the four phases of service that are offered by SHIELDS?</i>
Response 2	<p>Dr. Icenhower:</p> <p>SHIELDS Family Centered Treatment participants are enrolled in treatment for an average of 18 months, although anywhere from 12 to 24 months is considered typical. During treatment, the client progresses through four phases. The client's duration in each phase is dependent upon her individual and family needs.</p> <ul style="list-style-type: none">• Phase I (30- to 60-day probationary period): Clients get acclimated to treatment and come to understand the expectations of the program. They are expected to attend treatment activities regularly and begin to adapt to drug-free activities. During this phase, all medical, psychological, and vocational assessments are conducted to help develop the most appropriate plan for services. These assessments



include the Trauma Severity Index (TSI), the Parenting Severity Index (PSI) for parents of children ages 0 to 5, the Stress Index for Parents of Adolescents (SIPA) for parents of children ages 6 to 18, the Beck Depression Index (BDI), the Teaching Adult Basic Education test (TABE), full medical screening and a TB test, a neuro-behavioral-cognitive assessment called Cognistat, and a comprehensive psychosocial assessment tool developed in-house at SHIELDS.

- **Phase II** (approximately 6 to 12 months): Clients have adapted to the treatment environment and begin to integrate the treatment philosophy of an overall drug-free lifestyle. Clients begin to identify personal and family issues and work toward positive solutions. Clients are given more homework and writing assignments (for example, an autobiography; a good-bye letter to drugs, gangs, prostitution, etc.; or a weekly "feelings paper"). Support networks are developed to assist the client in sustaining long-term recovery. Parenting, health, and other educational classes are completed and preparation is made to enroll in a work-experience and/or job-training program.
- **Phase III** (a 3- to 4-month transition from treatment to aftercare): Clients have integrated their treatment issues and implemented an action plan for resolutions. Clients begin to prepare for termination and solidify their support networks. By the end of this phase, clients must have acquired high school diplomas and completed discharge plans. All clients who are able are expected to be enrolled in continuing education. Clients must also be in vocational training or work-experience programs and/or employed by the time of graduation.

All members of the Treatment Team must agree that the client is ready before she can move from one phase of treatment to the next. A treatment summary package is completed for every client at the end of each phase as a tool for assessing her readiness for the next phase. Staff members from each program component (treatment case manager, counselor, and therapist; child development worker; Heros/Sheros counselor; clinical supervisor; and Exodus program manager), fill out a section of the treatment summary package, indicating the dates and outcomes of the client's random urine tests, which classes and/or groups the client attended, and her progress on treatment benchmarks, ultimately approving or disapproving phase movement. This document is created collectively and discussed among the Treatment Team before the client is approved. Similarly, when a client has completed Phase III and becomes a candidate for Exodus graduation, each member of the client's Treatment Team must document the client's progress



and indicate approval for graduation on the Graduate Candidate Sign-Off Sheet. The sign-off sheet documents:

- the progress the client has made in each program area;
- her urine-tested sobriety;
- her status of reunification with her children;
- her skill level as a parent and the quality of her interaction with her children;
- that she has achieved a high school diploma or GED;
- her employment or her level of job readiness;
- that all her basic needs and those of her family members have been met (housing, food, income/benefits, health care);
- that she has a valid California driver's license;
- that she has no outstanding warrants for her arrest;
- that she demonstrates the ability to maintain a clean and functioning household;
- that she demonstrates money-management skills (including having checking and savings accounts);
- that she has developed a discharge plan, including a plan for securing permanent housing; and
- that all program-component staff attest to her readiness to graduate.

The Graduate Candidate Sign-Off Sheet ensures that clients leave the Exodus program not only having maintained sobriety but also having "cleaned up" the past—emotionally, legally, and otherwise—and gained the necessary skills, support, and achievements to be success-bound as women, mothers, workers, and citizens. The Graduate Candidate Sign-Off Sheet is passed to the staff of the aftercare component following graduation, so that clients can continue to be known and tracked even when they are no longer technically clients.

Phase IV Lifetime Aftercare

Lifetime aftercare services are provided to all SHIELDS Graduates and include support groups, one-on-one support services, ongoing access to other Exodus support services such as vocational and legal, and participation in the alumni association events and activities. Aftercare assists in the reduction of relapse by providing a mechanism for the client to receive follow-up care from the program, in addition to assisting in accessing community services as needed. Clients begin participating in aftercare activities when they are in Phase III of treatment to become acclimated to this new phase of their sobriety.



	<p>At Exodus, families are able to remain in their housing for a transitional period of up to one year after they complete treatment, allowing for adequate time to develop the supportive systems necessary for ongoing recovery and family maintenance. In the final year, when clients are living in Exodus housing after having graduated from the program, involvement in aftercare groups is required. Once clients no longer live at Exodus, they are free to participate in aftercare activities as often and for as long as serves them.</p>
Q3	<p><i>Is there a specific reason you have been successful at achieving a total rate of substance-exposed births at less than 4%?</i></p>
Response 3	<p>Dr. Icenhower:</p> <p>Since implementation, the Exodus program has seen tremendous successes in treating substance abuse disorders, increasing family reunification rates, and improving critical indicators of health for both women and children. Throughout the history of the program, completion rates have never been less than 70%, and in the past seven years, an average of 81% of our families have successfully completed all phases of our treatment services. The rates of family reunification, defined as when children in temporary out-of-home care return to their families of origin, have averaged 85% since implementation. Furthermore, over the past five years, our model of services has facilitated improvements in maternal and child health indicators. The total rate of substance-exposed births has been less than 4%; less than 5% of newborns were born at a low birth weight, and none at a very low birth weight. 100% of our children ages 0-5 now have established, permanent medical homes, and 90% of all children have scored in the normal range on relevant developmental assessments.</p> <p>Our positive maternal and child health indicators have been facilitated by the integration of our services and programs at SHIELDS. Since 1997, SHIELDS has been funded by the Health Resources Services Administration (HRSA) to provide a Healthy Start program to reduce infant morbidity and mortality. SHIELDS' Health Start Program focuses specifically on substance abusing pregnant and postpartum women with children ages 0-2. All the women in our treatment programs who are in one of these categories is assigned a Healthy Start case manager who focuses specifically on maternal and child health issues. This included ensuring that pregnant women has insurance and a medical home with a provider who understands substance abuse; gets into prenatal care in the first trimester and goes to every appointment; ensures all well-baby and well-child appointments are maintained; all immunizations are received; as well as educates the mother on the risks of substance abuse. The</p>



	<p>case manager accompanies the woman to her appointments and is available at all times to assist with any crisis that may occur. At SHIELDS, we feel that it is this is additional support, wrap around services and the specific focus on these indicators that have allowed us to significantly reduce the number of infants born with prenatal exposure to substances.</p>
Q4	<p><i>Have you ever had any resistance with either getting funding or another aspect of assistance because your program includes older children?</i></p>
Response 4	<p>Dr. Icenhower:</p> <p>The simple answer to this question is “no” we have never had any resistance with getting funding or assistance because we have older children. In fact, I would say quite the opposite, our juvenile dependency court judges and our children services workers are our highest source of referrals because there are no other programs available that can keep the whole family together. Because of this, we are the only agency that has an office at the juvenile dependency court so that we can be available when the case is being heard in court to get a family in treatment instead of removing the children from the home. The more complex answer to this question is that there isn't really any money to get! In previous years, there were federal and local funds available that targeted high risk children that could be used to target the population we serve. Those grants have become harder and harder to find and to receive. We now use Medicaid funding to pay for the majority of our services. It is not easy money to use and requires significant administrative oversight, however it is consistent. In addition, we seek out private foundation funds to assist with paying for services....such as art, dance and music.....that are not reimbursable through Medicaid.</p>
Q 5	<p><i>For your college-bound kids, do you have a dedicated person to help them with college applications and other college preparatory activities, e.g. ACT/SAT testing and/or practice testing?</i></p>
Response 5	<p>Dr. Icenhower:</p> <p>All of our staff who work in one of our College Bridge Academy Charter High Schools are trained to work with our youth on their college applications and college preparatory activities. We also work closely with our education partner to ensure that youth are prepared for their testing and are able to be competitive when they submit their college applications. In addition, we take our youth on college tours and have college representatives visit the school so youth can ask questions first hand. The past two years, we have taken our youth on the Historic Black College Tour with very successful outcomes! The first year one of our students was accepted to Fisk with a full scholarship. This</p>



	<p>past year, three of our students were accepted on the spot to Alabama with full scholarships! We are now working on implementing a formal curriculum and longer term support program to prepare our youth for the transition to college and provide them with support to complete their degree.</p>
Q6	<p><i>What is your staff turnover or retention rate?</i></p>
Response 6	<p>Dr. Icenhower:</p> <p>The service-delivery experience at SHIELDS has demonstrated that providing successful comprehensive, family-centered services requires a certain kind of organization: one that operates and feels like "family", where conditions are created that make staff want to stay for a long time. Therefore, SHIELDS has created organizational conditions that lend themselves to high staff satisfaction and retention rates in the 90% range. A majority of SHIELDS staff members have been with the organization for more than 10 years, resulting in a more experienced, contented staff with the power to build ongoing, stable, empowering relationships with clients. SHIELDS tries to offer its staff the same kind of support and promotion it offers clients, making the atmosphere of empowerment and respect organizationally pervasive. Some of the policies and activities that we have put in place to maintain staff satisfaction include the following:</p> <ul style="list-style-type: none">• Regularly administer both client- and employee-satisfaction surveys and puts the feedback to use.• Provide high compensation (in salaries and benefits) as compared to the industry standard.• Offer 17 paid holidays a year (in addition to a paid birthday and anniversary for each employee), a week-long sabbatical between Christmas and New Year's, and generous vacation accrual. Plus an Employee Picnic Day!• Conduct monthly staff mini-retreats on subjects such as cultural diversity, team building, and health and safety, not only offering additional training for the staff but also promoting openness and relationship building.• Promote personal and professional growth and development and encourage staff to further their education. The organization's educational-leave policy allows staff to use three hours of paid time per week toward schooling.• Provide a partnership with all the local MSW programs that offers staff the chance to get their degrees and do their internships while still receiving full salary.



	<ul style="list-style-type: none">• Offer classes during the work day to assist staff with passing their licensing and/or certification exams.• Provide free CEUs to allow staff to continue to meet their educational requirements for their license. Staff receive additional, ongoing training both through SHIELDS and from outside sources.• Promote from within: SHIELDS has made it an organizational priority to promote staff from within the organization. It is not unusual for a staff member to have been with the organization for many years, starting at an entry-level position and working their way up to a supervisory position. In addition, approximately 20 percent of the staff were once clients.
Overview of Webinette	
	<p>Too often, parents seeking substance abuse treatment are forced to make a 'Sophie's choice' between two life-changing options: enter treatment and risk removal of their children from their home, or avoid treatment and continue to suffer, in isolation, the deleterious effects of addiction. Either option puts the children of substance-abusing parents at great risk. Children of people who abuse substances are likely to have a range of developmental, behavioral, and emotional difficulties (Substance Abuse and Mental Health Services Administration (SAMHSA), 2007). These children incur exceptional risk due to genetic, prenatal, and environmental influences include physical illness and injury, emotional disturbances, educational deficits, and behavior problems (Johnson and Leff, 1999; Metsch et al., 1995). These problems are often compounded when children are removed from their parents' homes and placed in foster care, which is known to produce poor social outcomes, such as high delinquency rates, high teen birth rates, and lower earnings (University of Pennsylvania Collaborative on Community Integration).</p> <p>Integrating children into parental substance use treatment changes the treatment dynamic and offers an integrated way of addressing the needs of families with multiple problems (SAMHSA, 2007). Family-centered treatment offers a solution to tackling the challenges of addressing substance use disorders among pregnant and parenting women, as well as to ameliorating the effects such disorders have on children. Family-centered treatment results in improved treatment outcomes for individual women as well as improved outcomes for children and other family members, including decreased incidence of developmental delays, improved school success and school readiness, reductions in costs for substance-exposed births, and</p>



treatment outcomes in both substance abuse and mental health settings (SAMHSA, 2007).

With these issues in mind, SHIELDS for Families (SHIELDS)' approach to family-centered treatment is distinguished by a simultaneous focus on supportive residential housing that allows the entire family to live together, as well as comprehensive, multidisciplinary youth services. SHIELDS' programs are built on the premise that substance use disorders are family diseases, and that the delivery of comprehensive services can transform families into healthy, functioning entities able to break the intergenerational cycle of substance use and related consequences. Implemented in 1994, SHIELDS' Exodus program utilizes a unique model in which comprehensive family-centered treatment, follow-up and related social services are provided to women and their families on-site at a SHIELDS-owned housing complex. While undergoing treatment for substance use disorders, women are able to reside on the property in either individual apartments or in lodgings that accommodate the entire family. In addition to evidence-based substance use disorder treatment, the Exodus program offers counseling, child development, vocational, mental health, medical care, family support and family reunification services. Since implementation, the Exodus program has seen tremendous successes in treating substance abuse disorders, increasing family reunification rates, and improving critical indicators of health for both women and children. Throughout the history of the program, completion rates have never been less than 70%, and in the past seven years, an average of 81% of our families have successfully completed all phases of our treatment services. The rates of family reunification, defined as when children in temporary out-of-home care return to their families of origin, have averaged 85% since implementation.

Recording to webinette:

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