

**Appendix 1**  
**Suggested Reading for**  
**Chapter 1: Introduction**

## FORGING NEW PARTNERSHIPS WITH WOMEN: EXECUTIVE SUMMARY\*

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In 1998, the Substance Abuse and Mental Health Services Administration (SAMHSA) funded fourteen sites nationally for a two-year period to study and improve services for women with co-occurring mental health and substance use problems and histories of physical or sexual abuse. A key assumption that formed the backdrop for this national collaborative study is that women with these co-occurring problems, many of whom have children, are receiving fragmented and inadequate care in the specialty alcohol, drug, and mental health (ADM) treatment systems, even though they are among its heaviest users of services. Thus, the charge to the fourteen study sites was to work at the local level to develop an integrated and trauma-informed service system that might more effectively meet the needs of this group of women. In addition, sites were charged with the task of addressing the special service needs of women who are mothers of young children.

The Women and Mental Health Study Site of Dane County, one of the fourteen sites that were a part of this national collaborative study, undertook the charge with a special focus on economically disadvantaged women in Dane County, Wisconsin, specifically women who are dependent on publicly funded alcohol, drug, and mental health (ADM) services for their care. Employing a collaborative team of consumers, consumer advocates, Dane County system administrators and providers, and clinical and research faculty from Social Work, Nursing, Pharmacy, and Medicine at the University of Wisconsin-Madison, we designed an "action research" project that guided our system change efforts. In this report, we summarize findings from an important part of our research activities, namely interviews with 204 women who received two or more episodes of care in the ADM services system in Dane County in 1998. These interviews, which represent the first phase of our needs assessment, were designed to address three broad questions.

First, we wanted to determine *the scope of the problem*. That is, how many women receiving services in the public ADM system have histories of physical or sexual abuse and co-occurring mental health and substance use problems? Second, we wished to determine how these women, whom we subsequently refer to as women who meet target group criteria, *view the quality of their care* in comparison to other women receiving services in similar settings. In short, what evidence is there that women who meet target group criteria are falling through the cracks of our existing

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\* Joy Perkins Newmann, Anne Ziege, and Jolanda Sallmann (August 1, 2001). *Forging New Partnerships for Women: Improving Services and Increasing Community Resources for Women with Histories of Trauma and Co-Occurring Mental Health and Substance Use Problems*. The Women and Mental Health Study Site of Dane County (WMHSS), School of Social Work, University of Wisconsin-Madison.

service delivery system versus getting high quality care? Finally, given our commitment to learning from women who are consumers of publicly funded services in Dane County, and to developing an integrated services model that is tied to women's perceptions of what they need to improve the quality of their lives, we wished to determine *what women who meet target group criteria define as their own recovery goals and needs*. That is, what do women view as important areas of their lives they want to change, how do they conceptualize their own recovery, and what services or resources do they feel they need to help them on the path to recovery? In the discussion that follows, we summarize findings related to these questions and discuss their implications for ongoing system change and service development efforts.

## **The Scope of the Problem**

Our findings show that the number of women who meet target group criteria is substantial. Forty-seven percent of the women interviewed were positive for a co-occurring mental health and substance related problem and a history of abuse. This included 61.9% of respondents who had had services from both a mental health and substance abuse service provider in 1998, 56.6% of respondents who had had services from a substance abuse service provider only, and 11.1% of respondents who had had services from a mental health service provider only. If we project these numbers to each of the three populations of women from which our samples were drawn, we conclude that almost a third of the women (30.3%) seen in the ADM system in 1998, or 648 women, would meet these criteria. Although the majority of women with co-occurring mental health and substance use problems and histories of abuse are seen in some segment of the substance use services system, significant numbers have treatment episodes in both systems.

Given the larger absolute number of women with two or more treatment episodes in the mental health services system in 1998 (1546) compared to the substance abuse services system (865), we estimate that approximately 337 women, or 1 out of every 5 women seen by a mental health service provider, would meet target group criteria. Another 465, or 1 out of every 2 women seen by a substance use service provider, would also meet target group criteria. These treatment episodes occurred in virtually every agency the county funds to provide services to women experiencing poverty in Dane County.

## **Assessing Quality of Care**

To assess women's perceptions of the quality of their care, we employed measures developed by the Consumer Outcomes Workgroup of Wisconsin, which were designed to assess three dimensions of quality care: (1) women's access to integrated, trauma-informed services; (2) women's perceptions of the quality of, and satisfaction with, those services, and (3) women's perceptions of the impact of services on important life outcomes. We also employed a number of other measures of women's functioning across an array of life domains. Since many of these measures are new and have no benchmarks, we compared women who meet target group criteria with other women who do not meet these criteria but who received services during the

same period.

Findings show that significant numbers of women are very positive about the care they have received in the public ADM system in Dane County. This is particularly true with respect to women's perceptions of the caregiving climate and their relationship with their primary caregiver(s). For example, the vast majority of women interviewed--from 88% to 94% of the women, depending on the questions asked--perceived their caregivers as respectful and sensitive people who "are genuinely interested in me" and "care about my feelings." Moreover, close to 90% of the women feel that the place where they received care is "clean, inviting, and comfortable," as well as a place where they feel safe.

A majority of the women, in the aggregate, also view their services as well-coordinated, their caregivers as competent, and the caregiving relationship as "consumer oriented" in that women were actively involved in the development of their service plans, were given thorough assessments of their strengths as well as their problem areas, and received "recovery oriented" care that was focused on outcomes that mattered to them. Indeed, our summary measure of satisfaction with services shows that significant numbers of women--from three quarters to 87%, depending on the questions asked--are quite satisfied with the care they have received from providers and agencies that comprise the public ADM system in Dane County.

Moreover, contrary to the notion that women who meet target group criteria are more likely than other women to be receiving poor quality care, we find that the former group is significantly more positive than other women about their care along each of these dimensions. In fact, in all comparisons of the two groups along dimensions that the Wisconsin Governor's Blue Ribbon Commission on Mental Health (1997) has defined as benchmarks for high quality consumer-oriented care, women who meet target group criteria do not fare significantly worse than other women receiving services in the public ADM system. Thus, these findings afford some good news about the quality of care women are receiving in the public ADM system in Dane County.

However, other findings suggest that the news is not all good. A key and troubling finding is that women who meet target group criteria are significantly worse off than other women on virtually every outcome measure that Wisconsin has identified as critical for systems of care. They suffer from lower self-esteem, rate themselves significantly lower in daily functioning across a range of behaviors, are less satisfied with the quality of their daily lives, are more symptomatic across an array of measures, are more likely to be struggling with a substance use problem and its sequelae, and view their emotional problems as having a significantly greater adverse affect on their capacity to function in their daily lives, work, and social relationships compared to other women.

Moreover, although many women who meet target group criteria feel their services have helped them cope more effectively with their daily lives, particularly

with the traumas in their lives and with their substance use problems, significant numbers do not feel their services have had much impact on other important aspects of their well-being and daily functioning. Notably, 40% of the women do not feel their symptoms have decreased as a result of services they have received, 37% are not doing any better in social situations, 36% are not doing better in their jobs or studies, and 28% do not feel their services have helped them feel more hopeful about the future. In short, even though many women who meet target group criteria like the services they have received in the publicly funded ADM services system, and are heavy users of services, those same services do not appear to be fueling a sense of hope for many woman, or helping them improve areas of life functioning that are important to them.

Although the cross-sectional nature of our data precludes estimating change in important life arenas over time, or linking such changes to the quality of care women have received in the public funded ADM system, three findings support the conclusion that many women, including disproportionate numbers of women who meet target group criteria, are indeed "falling through the cracks."

- 1) Women who meet target group criteria are not getting access to services needed to address their co-occurring problems.
- 2) Services that women are receiving do not consistently measure up to the standards for recovery-oriented care outlined in the Governor's Blue Ribbon Commission on Mental Health.
- 3) Women's own recovery goals call for a reconceptualization of public ADM services, as well as services that go beyond ADM treatment.

We discuss each of these findings and their implications for improving services below.

### **Insufficient Access to Integrated, Trauma-informed Services**

A major impetus behind the national collaborative study is the belief that women with histories of abuse and co-occurring mental health and substance use problems are not getting the kind of integrated and trauma-informed services needed to help move them toward recovery. Four critical services identified as part of the SAMHSA initiative are: (1) trauma-specific services; (2) mental health services; (3) substance abuse services, and (4) services related to the special needs of women who are mothers. Our findings show that many women are not getting access to these services despite considerable need. Moreover, integration of such services is lacking for some women.

(1) Among women who have experienced physical or sexual abuse (100% of the women who meet target group criteria and 83.3% of other women):

- 75% and 59.6%, respectively reported that it is moderately, considerably, or extremely important to "get help with these experiences now"

- Of these women, 39% of the former and 55% of the latter have not had any treatment for these experiences in the prior six months and are not currently in treatment
- 25% of women who meet target group criteria and 58% of other women have never had treatment that addressed the abuse experiences in their lives.

(2) Among women who report a current mental health problem, which includes 96% of women who meet target group criteria and 60% of other women:

- 31.5% of the former and 29.2% of the latter are not currently receiving mental health services
- Among those not receiving treatment, 79% of the former and 53% of the latter report that it is moderately, considerably, or extremely important to "get help with [their] mental health problems now"

(3) Among women who report a current substance use problem, which includes 43% of women who meet target group criteria and 4% of other women:

- 51% of the former and 50% of the latter are not currently receiving substance use services
- Among those not receiving treatment, 53% of the former and none of the latter report that it is moderately, considerably, or extremely important to "get help with [their substance use problems now]"

(4) Among women who have had children, which includes 60% of women who meet target group criteria and 72% of other women:

- 38% of the former group and 47% of the latter have dependent children
- Among women who have dependent children, 36% of women who meet target group criteria and 32% of other women do not have those dependent children living with them
- Sixty-nine percent of the mothers who meet target group criteria have lost a child against their will compared to 40.3% of mothers who do not meet such criteria--an event ranked highest of all aversive events in terms of its continuing impact on women's lives
- Although the majority of women feel good about their parenting, a quarter to a third, depending on the question, neither feel good nor are confident about their parenting abilities
- Women who meet target group criteria are less confident about their parenting abilities than are other women
- 37% of women who meet target group criteria who have dependent children and 35% of other women who have dependent children feel they get little or no support from their mental health or substance use service providers with regard to their parenting roles and responsibilities

In sum, many women are not currently receiving services for major traumas in their lives, for their mental health and/or substance use problems, or for their problems related to children and parenting. Importantly, these are women who were very heavy users of services in the public ADM system in 1998, yet many continue to have major life problems with which they need help.

To better understand why many women with high need are not currently receiving care, we asked women a number of questions about their awareness of ADM services in the community, their perceived accessibility and convenience, as well as the sensitivity of providers to women's cultural and ethnic backgrounds. We also asked about specific barriers that may have deterred women from using services in the prior six months. Most women are aware of services and find them offered in a timely, convenient, and culturally competent manner. Moreover, women who meet target group criteria are somewhat more likely than other women to see services as accessible. Paradoxically, with few exceptions, women who meet target group criteria are also more likely than other women to report a number of barriers to receiving needed care:

- 46% (39% of other women) reported that they did not have the money to pay for needed services
- 31% (23% of other women) did not have adequate transportation to get to needed services.
- 30% (14% of other women) were deterred from seeking help because of a dislike of being labeled as "mentally ill"
- 19% (9% of other women) were deterred from seeking help because of a dislike of being labeled as an "alcoholic" or "drug abuser"
- 40% (35% of other women) agreed with the statement "I prefer to handle my problems on my own, rather than seek the help of professionals."

Women's reticence about seeking care is surprising, given that the majority of women who meet target group criteria view themselves as having major problems with which they need help. One explanation for this finding is that some women anticipate or fear adverse consequences from seeking help. For example, almost a quarter of the mothers who meet target group criteria and 11% of other mothers reported that they were reluctant to seek services because of a fear that their children will be taken away. In response to an open-ended query, other fears about unwanted treatment emerged including a fear of being sent back to prison, being hospitalized, or being forced to take medications, as well as the anticipation that desired services would simply not be available.

These findings suggest that significant numbers of women are "falling through the cracks," in the sense of not getting access to needed services. Support for this conclusion was further affirmed by women's response to the question: "If you were able to change one thing about the mental health and substance abuse services in

Dane County, what is the first thing you would do?" The most frequent response, endorsed by 50% of women who meet target group criteria and 42.6% of other women, was to recommend an increase in the availability and accessibility of affordable services. A second, and related theme is the need to reduce barriers that preclude a woman's ability to get the services she feels she needs. In some instances, these are limitations of insurance coverage; in others, ADM system-level or agency level policies that are often experienced as punitive and unreasonable. All, however, speak to women's economic adversity and the challenges of navigating a complex service delivery system with few material resources.

### **Inconsistent Provision of Recovery-Oriented Care**

Although many woman are satisfied with the care they have received in the publicly funded ADM system, and 10% state that they would not change anything with the existing mental health and substance abuse services in Dane County, a significant minority do not share these feelings. For example, almost a quarter of women, if given the choice, would choose to go elsewhere for their services, rather than continue with their current provider. Moreover, depending on the area of inquiry, we concluded that the quality of women's care is falling short of standards set by the Governor's Blue Ribbon Commission on Mental Health, as well as the Substance Abuse and Mental Health Services Administration. It is also falling short of many women's expectations. In response to the query: "If you were able to change one thing about the mental health or substance abuse services in Dane County, what is the first thing you would do?" almost a third of women proposed changes in the ADM system that were directed at "improving the quality of care." In the discussion that follows, we identify four themes that emerge from these findings.

#### **(1) Women want to have a greater voice in and control over services they receive, including medications.**

The issue of having more voice in and control over one's services emerged repeatedly over the course of interviews with women. Thirty-six percent of women who meet target group criteria reported being "denied services I feel I need," and almost as many (33%) received services that they did not want. A critical area where women feel their voice is not heard and their choice compromised is in the area of medications. Three quarters of the women who meet target group criteria (74.1%) and over half of other women (56.1%) report they are currently taking a prescription medication for a mental health problem; 16.7% of the former and 1.9% of the latter also report taking medications for a substance use problem. When we asked women whether they had any choice in "picking medications that are right for me," 46% stated that they did not. Other queries about medication management suggest that significant numbers of women are not happy about this aspect of their treatment. Fully 30% of the women disagreed with the statement: "The medications I received were right for me." Further, almost 20% of the women felt their complaints about medication side effects were not taken seriously, and similar numbers reported that they had not been told what side effects to watch out for. Thus, one of the major areas of needed improvement in services is a system that is more responsive to



women's perspectives on the use of medications.

**(2) Women want to be treated like "a whole person."**

A second theme in women's suggestions to improve the quality of care in the ADM system coalesced around the notion of "wanting to be treated like a whole person." Often the experience of having a provider focus simply on medications, or the control of one's drinking, or even one's life traumas, in isolation from other aspects of a woman's life, undermines a sense of being treated like a whole person:

*"Not assume everyone needs to take medication, or not assume every is depressed...tons of people who go into (agency), some are depressed but you can't just look at a person and say they need meds...like when you're sexually abused as a child, I might be depressed, but that is not the only thing, like sit down and talk to me, get to know me, before you say you're depressed and I'm going to give you some meds."*

**(3) Women want to be treated with greater respect.**

Many women wanted to be able to tell their stories about their "journey in search of good services;" others have discontinued the journey because of experiences in the ADM system that were perceived as disrespectful, if not personally violating. In response to the question: If you were able to change one thing about the mental health or substance abuse services in Dane County, what is the first thing you would do?" one of the themes in women's responses was to improve the *humaneness of care*:

*"Treat people like human beings, and not just assume everybody is the same, and be more open minded to other options...don't deny counseling or outpatient care constantly."*

*"I would make the paramount priority respect for the patient. By respect, I mean to see the person."*

**(4) Many women want a different kind of care.**

Finally, a fourth theme in women's suggestions about how they would change the existing ADM system is more radical, suggesting a need for a very different kind of care. For some women, a desire for more holistic care, as well as alternative healing modalities, is emphasized; for others, more consumer involvement in, and control over services, and for a handful, closing down existing services or sending all the providers back to school:

*"To encourage other choices for therapy, such as more holistic, naturalistic, hypnotism. That are non-traditional...I'd like to know where some of them are."*

*"Send all the doctors and therapist back to school to get more training on their people skills. And I would find people who love*

*their jobs--who are there because they love it. If they really wanted to be there we would be more comfortable and I would be feeling better about myself. After my experience with <agency>, I am afraid to seek help again."*

## **Forging New Partnerships with Women**

One of the strengths of Dane County's ADM services, particularly in the public arena, has been the effort of agencies to be increasingly responsive to the needs of cultural minorities, including people of color, as well as immigrant populations who are often not English speaking. We laud this effort and believe it should be strengthened in light of our findings regarding the diversity among women who enter the ADM system. However, we believe it must be also be expanded to include a greater sensitivity to gender, and to issues that are central concerns in the lives of women that cut across racial and ethnic boundaries.

For example, our findings show that women who receive services in the publicly funded ADM system are an extremely diverse group of women. They are diverse in their racial and ethnic make up--much more diverse than women in Dane County more generally--due largely to the overrepresentation of women of color, especially African American women and women who identify themselves as from "mixed ethnic and racial backgrounds." They are also diverse in age, in sexual orientation, in parental and marital status, and in their work circumstances. An appreciation of this diversity must be central in efforts to improve services for this population of women.

At the same time, women who receive services in the publicly funded ADM system share certain experiences that speak to their common oppression as women:

**1) They are predominantly economically disadvantaged women who struggle to make ends meet on a daily basis.** Close to 80% of the women interviewed reported having had serious money problems, including not enough money for a place to live or food at some point in their lives. Moreover, the issue of economic adversity looms large in these women's lives--both as a barrier to getting services they need and as a major aspect of their lives that they would like to change. Women are struggling with finding and keeping adequate housing, with transportation, with trying to find a job that is right for them, with trying to find childcare, with trying to lead 'normal' and productive lives. These are common struggles that are enormous in their scope and impact on women's lives and services must be guided by a fuller appreciation of the role that economic adversity plays in women's lives.

**2) Violence begins early for this group of women and, for many, continues into adulthood.** As our findings show, the vast majority of women--over 90% of the women we interviewed--report significant physical or sexual abuse in their lives and many continue to live in circumstances that feel unsafe to them. Moreover, over half of the women have had children removed from their care against their will, 69% have

been sent to jail or prison at some time in their lives, and a third have been "strip searched, forcibly restrained, or held against [their] will by a provider of mental health or substance abuse services" at some point in their lives. In short, women who enter the ADM system have been exposed to an epidemic of interpersonal violence that takes different forms across the life course, and that, for many women, is replicated in their experiences with the courts, the child welfare system, the jail and prison system, the welfare system, and within the ADM system itself. Improving services to women who enter the ADM system requires a greater sensitivity to the role of violence in the development and course of women's mental health and substance abuse problems, as well as a greater sensitivity to the ways in which women's experiences with violence may create a reluctance to seek care or to trust care providers.

**3) Women who receive publicly funded ADM services are more socially isolated and enjoy fewer family and social resources compared to other women in Dane County.** In the aggregate, women who received services in the ADM system are more likely to have never married; if they have married, few are presently in that status compared to other women in Dane County; moreover, they are more likely than other women in Dane County to either live alone or live with people who are not kin or family. Thus, women in the publicly funded ADM system are not only exposed to greater life adversity than most women in Dane County, they also enjoy fewer of the informal social supports and material resources that help to buffer one from the vagaries of such adversities.

In a sense then, the starting point of our efforts to improve services for women should be a recognition of the multiple hardships that women face and the limited resources they have at hand to cope with those hardships. In the language of SAMHSA and the national collaborative study, services for women must be "trauma informed," which means "trauma must be discussed, assessed, and addressed in all of the mental health and substance abuse services provided." We concur in this recommendation, although we believe that the concept of trauma must be expanded beyond histories of physical and/or sexual abuse to include other events, conditions, and experiences that are equally troubling to women.

## **Listening to Women's Voices**

Insight into what is most troubling to women is brought into bold relief in women's responses to the question: "In looking ahead to the next six months, what do you see as the areas of your life that you would most like to change?" A dominant theme in women's responses to this question is a desire to change their economic circumstances. Fully, 61% of the women in the aggregate identified changes in some aspect of their material circumstances as centrally important in fulfilling the most commonly mentioned recovery goal: leading a 'normal' and productive life. Moreover, close to 30% of the women in the aggregate mentioned additional material resources as the kind of help and support they need to make such changes. The latter included opportunities for more education, better jobs, better pay, better health insurance, a

Medicaid card, a windfall through winning the lottery--in short, a ticket out of poverty and into a world where one can purchase or secure the necessities of life.

Finally, when we ask women: "If you could wave a magic wand and get the kind of help and support you need to make those changes, what would that help be?", less than a third of women who meet target group criteria (30.2%), and less than a quarter of other women (22.2%) identify formal or professional services as an important source of help. In the aggregate, and in order of importance, the sources of help or support that women say they want and/or need are: (1) material resources (27.5%); formal services (26%); (3) informal supports and services (17.6%); (4) personal change (16.7%), and (5) a group of comments that were classified as "divine intervention (11.8%)." Thus, although many women view formal services as needed to help them address important aspects of their lives that they are most eager to change, other sources of help, including self-help, informal supports and services, and material resources, are also important.

## Improving the Lives of Women

Given these findings, an important question is: What can be done to improve the lives of women who meet target group criteria, as well as other women who enter the publicly funded ADM system? We offer a number of recommendations, which are highlighted below.

### **Increase Women's Access to Integrated, Trauma-informed Care**

Recommendation 1: Given that women who meet target group criteria show greater disability and greater need for care across a range of measures than do other women in the ADM system, and given that their needs closely approximate the needs that define the primary target group for the MH/AODA demonstrations, it is important that efforts be made ***to increase their access to integrated, trauma-informed care.***

Our recommendations for increasing women's access to integrated and trauma-informed care include several steps that build on our findings, as well as the recommendations of the Substance Abuse and Mental Health Services Administration:

- Consistent screening for co-occurring mental health and substance use problems, and histories of trauma at all portals of entry into the ADM system
- Referral of women who meet target group criteria to qualified ADM providers who can provide, or assemble and coordinate, needed services to address women's own recovery goals, including trauma-specific services as needed
- Adequate outreach and follow-along care for women who may relapse, or who may go to jail, to insure continuity of care
- Community education to:
  - Inform the public of the scope of the problems facing women in the ADM system

- Inform the public of where to go to find services that are designed to address the special needs of women with these co-occurring problems
- Reduce the stigma associated with seeking help for these problems
- Build capacity of existing ADM system to better serve women with these co-occurring problems:
  - Identify a network of care coordinators drawn from different agencies that comprise the ADM system in Dane County
  - Provide ongoing training of care coordinators in skills needed to provide services to women with co-occurring ADM disorders and histories of trauma
- Increase the integration of services across systems of care, agencies, and programs that are a part of the publicly funded ADM system:
  - Improve interagency networking through:
    - Cross-training activities among trauma, mental health, and substance abuse service providers
    - An integrated services problem-solving model developed at the system level to address problems as they arise in the work of care coordinators
  - Foster better structural integration of services at the county administrative level among the service systems that have significant contact with women who meet target group criteria and their children. These include mental health services, alcohol and other drug abuse services, trauma services, child welfare services, W2 services, the Dane County Jail, and the family court.

### **Provide Consistent Gender-Sensitive, Recovery-Oriented Care**

**Recommendation 2: Efforts must be made to *close the gap between existing care in the publicly funded ADM system and the vision for recovery-oriented care outlined in the report of the Governor's Blue Ribbon Commission on Mental Health.***

We offer three broad recommendations for improving the quality of women's care in the public ADM system, including care for women who do not meet target group criteria, as well as women who do:

- Expand the concept of "culturally competent care" to include a better understanding of, and greater sensitivity to, women's diversity, as well as women's common experiences with multiple forms of oppression.
- Embrace the principles of a recovery-oriented system of service delivery, including:
  - A commitment to the notion that recovery is possible for every woman served

- A commitment to the principle that consumers are welcomed as partners in their care, which means:
  - Women are treated with respect
  - Women assume a significant degree of control in the development of their treatment plans, and in determining the goals toward which they choose to work
  - Women are provided with sufficient information about treatment alternatives for their problems, which include and embrace a range of "non-traditional" services and supports
  - Women have more control over choosing services that are right for them
- Broaden the concept of ADM services to include a focus on outcomes that matter to women, in addition to their mental health and substance use problems:
  - Offer system wide screening for histories of trauma, including histories of severe and aversive life events and conditions, that may be contributing to women's mental health and substance use problems
  - Address immediate safety issues as a routine matter, including:
    - Safe housing and freedom from immediate threats of bodily danger from oneself as well as others
    - Other safety issues for children who may be in women's care
  - Address the economic adversity in women's lives, and women's related desire to lead 'normal' and productive lives, through providing services that:
    - Assist women with gaining access to benefits, such as Medicaid, economic assistance, housing, childcare, and transportation needs
    - Assist women with gaining access to education, job training, and other job preparation skills
    - Provide women with support around current employment
    - Make services available in evenings or weekends so working women can take advantage of them
  - Address women's social isolation and desire for improvements in the quality of intimate relationships, particularly with children, partners, family, and friends:
    - Assist women with opportunities to join with other women in problem solving groups
    - Assist women with parenting issues, including dealing with the loss and recovery of children

- Offer greater access to "talk therapies" for women and their family members
- Address women's desire for services related to their physical health problems and disabilities, and an improvement in the quality of women's daily lives:
  - Offer or help women secure access to diet and exercise classes
  - Offer or help women secure access to needed medical and dental care
  - Offer or help women secure access to services that are accessible to women with disabilities
- Address women's desire for trauma-specific treatment as needed

### **Build Infrastructure to Support and Reward Women-Sensitive Care**

Recommendation 3: Strategies for bringing about the above services and system changes will require an *additional investment of resources and time on the part of frontline workers, consumers, and systems administrators in the ADM system, as well as better preparation of the next generation of workers for these new tasks.* We offer several recommendations to insure that these things happen.

- Empower staff: a key recovery principle:
  - Identify staff who are already doing exemplary work with women who have co-occurring ADM disorders and histories of trauma
  - Involve them as key caregivers for this population of women
  - Provide them with support and consultation, as well as opportunities to meet in cross-training exercises
  - Reward them for their good work in this area
- Develop consumer watchdog and advocacy groups to oversee the progress of the Dane County ADM system in addressing the recommendations of our study site:
  - Support for the development of an active and independent consumer advocacy voice in the publicly funded ADM system
  - Support for the development and provision of courses for consumers related to self-advocacy as well as advocacy on behalf of others
- Provide ongoing, independent evaluation of the quality of care provided in the publicly funded ADM system in Dane County:
  - Implementation of an ongoing, independent evaluation of services and their impacts on consumer outcomes over time
  - Development and implementation of quality improvements based on the findings from such outcome studies

- Improve the quality of training that ADM professionals receive at the UW-Madison and elsewhere:
  - Development of interdisciplinary training programs that addresses the intersection of women's trauma, mental health, and substance use problems, and the array of social and material deficits that are linked with such problems
  - Better preparation of professionals so that they are equipped to deal with the challenges and opportunities that will confront them when building programs to address the needs of special populations with multiple intersecting needs

### **Build Community Resources and Supports for Women**

Recommendation 4: Given that many women associate their recovery with reducing their dependence on the ADM system for their care, ***building community supports and services that foster independence within a supportive community environment is essential.***

- Develop and implement a training curriculum for consumers regarding the effects of trauma on one's life, symptom management, how to access basic needs resources, and how to advocate for oneself and for others
- Develop and provide cross training between mental health, substance abuse, and trauma service providers, as well as basic needs service providers, including the W-2 program
- Enhance consumer involvement and empowerment activities through the development of a plan for a warm line and consumer participation in ongoing capacity building efforts
- Promote the development of a Women's Healing Center where women could:
  - Gather to connect with other women who have had similar experiences, to participate in healing and health and wellness activities
  - Obtain information about other resources in the community
  - Spend some time in a quiet, safe environment
  - Continue learning about trauma, its impact on women, its meaning in different cultures, and alternative approaches to healing
  - Secure short-term respite in situations where one's currently living situation or environment feels unsafe
- Promote the development of services targeted at improving women's material resources

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We offer the above recommendations in the spirit of forging new partnerships with women, particularly women who enter the publicly funded ADM system in Dane County, Wisconsin. Many of these women have been our teachers, advisors, and



collaborators over the past several years. It was, in fact, a consumer of such services who came up with the name, New Partnerships for Women, as an outgrowth of the collaborative work we have done together, and continue to do, to study and improve services for women with co-occurring ADM disorders and histories of trauma. We are encouraged by the new partnerships among women we have seen forming over these several years--partnerships among different service providers across systems of care, as well as partnerships between service providers and consumers. We are hopeful that the work of this project, and the many new partnerships that have developed, will ultimately contribute to women's collective goal of leading normal and productive lives that are free of substances and disabling symptoms and filled with peace and serenity for growing numbers of women.