Substance Abuse and Mental Health Services Administration
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CHANGING THE PRESENT, CHANGING THE FUTURE: PPW 3.0

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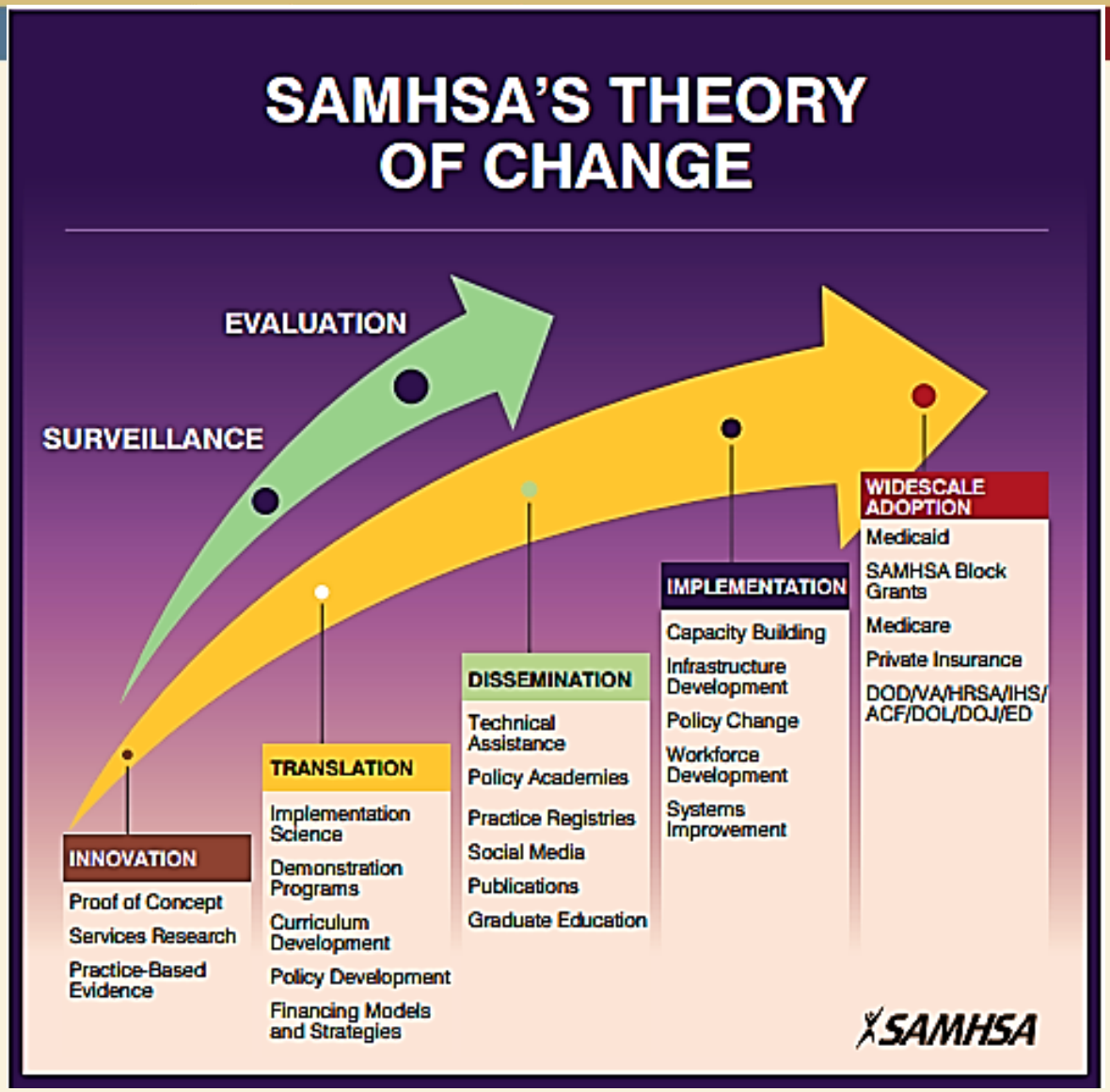
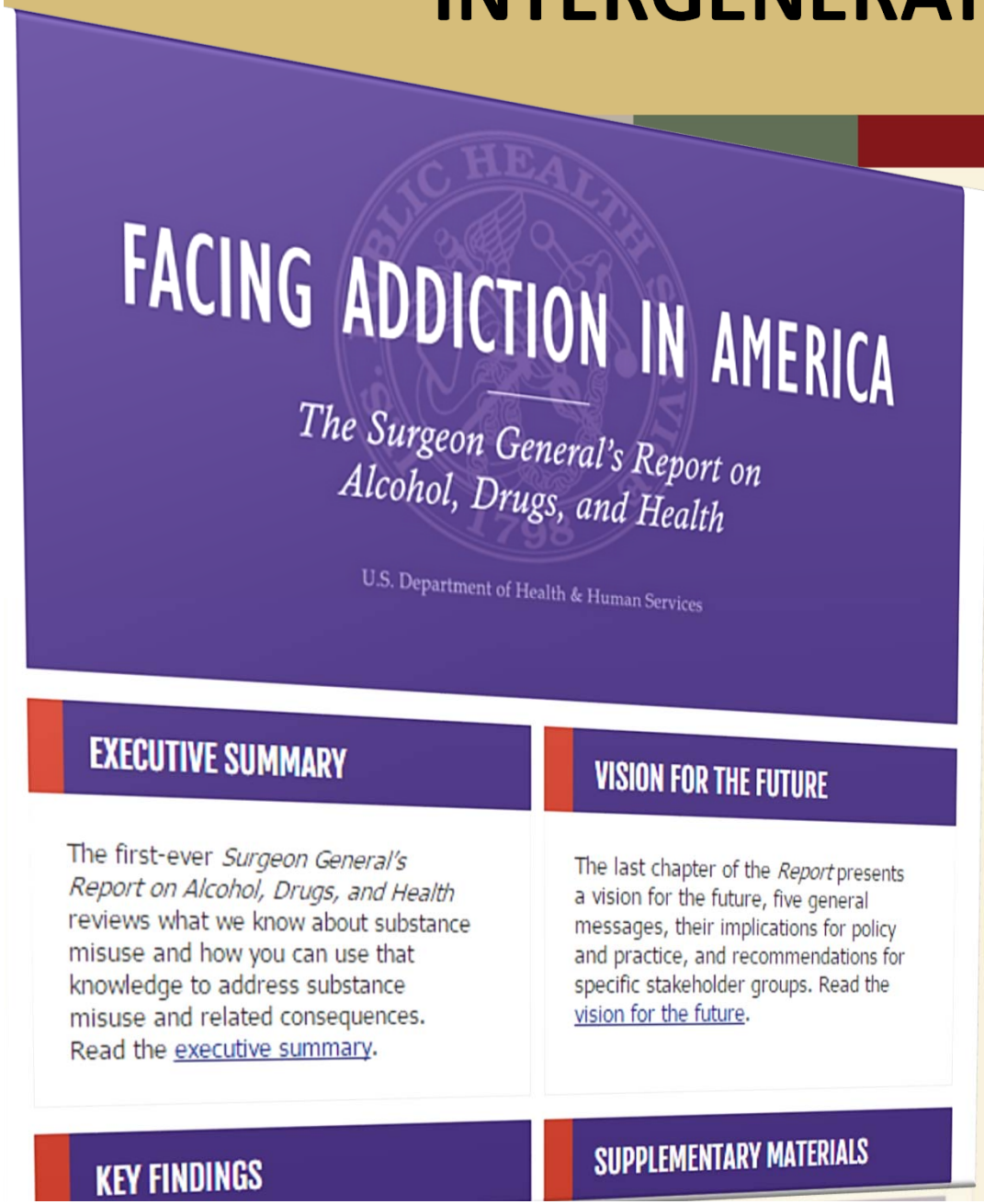
DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

INNOVATION DRIVES IMPROVEMENT



INTERGENERATIONAL SUD



- In 2015, an estimated 214,000 women consumed alcohol while pregnant, and an estimated 109,000 pregnant women used illicit drugs.

http://addiction.surgeongeneral.gov/
http://www.samhsa.gov/data/node/20

SAMHSA'S PPW PROGRAM: DIRECT SERVICES *PLUS* PUBLIC HEALTH

- PPW 1.0:
  - Statutory Authority
  - Pioneering Programs
    - PPW + RCW
- PPW 2.0:
  - Expand scope and services
  - Collaborative, coordinated health care & social services

DEVELOPMENT OF THE FAMILY-CENTERED TREATMENT MODEL

Table 1. Family-Based Services Continuum for Women with Substance Use Disorders

Family involvement → Family-based treatment

Level	1	2	3	4	5
What	**Women's Treatment With Family Involvement**	**Women's Treatment With Children Present**	**Women's and Children's Services**	**Family Services**	**Family-Centered Treatment**
Who	Services are provided to women including pregnant women and women with or without children. Individual is the focus of intervention. Services are offered in context of family relationships. Women may have limited family education, counseling, or visitation.	Women are at center of treatment but have children with them. Program provides for child care and basic needs but no service plan for children. Children's presence is primarily to support women's participation in treatment.	Women bring children to treatment. Women and each child have case plans and receive services. Parenting support and parenting skills provided. Some children and other family members may be excluded.	Programs provide women's and children's services with some other family members' services to support women's recovery. Women and children have case plans, but fathers and other family members do not.	Women, children, fathers, and other family members all participate and all have case plans. Family unit is supported in communication and decision-making.
Outcomes	▪ Improves outcomes for women compared with programs without family context. ▪ Allows women whose children have been removed to meet court requirements. ▪ Improves birth outcomes over programs without family context.	▪ Allows for visitation. ▪ Allows for parent/child attachments to continue. ▪ Provides for safety of children. ▪ Having children helps motivate mothers toward recovery. ▪ Increased reunification.	▪ Improved treatment retention/outcomes for women. ▪ Early screening/intervention for developmental delays. ▪ Increased reunification. ▪ Improved child outcomes. ▪ Improved parenting & family functioning.	▪ Improved treatment retention/outcomes for women. ▪ Further improved child outcomes. ▪ Limited improved outcomes for other family members. ▪ Further improvements in parenting & family functioning.	▪ Family transformation (improved parenting and increased family functioning). ▪ Improved treatment retention/outcomes for women. ▪ Improved outcomes for all family members. ▪ Increased percentage of families remaining intact. ▪ Further improved child outcomes.
As more members of the family are present and able to access services, the potential for improved short- and long-term outcomes for all members involved increases.					
Fathers	Men's treatment with some family groups and family issues addressed in treatment.	Fathers and their children with them but no therapeutic services or case plans for children.	Fathers and their children receiving services.	Fathers and their children with some other family member services to support the fathers' recovery.	Whole family services with male who abuses substances as center of family.

http://www.samhsa.gov/sites/default/files/family_treatment_paper508v.pdf

MONITORING EFFECTIVE TREATMENT: PPW DISCRETIONARY GRANTS 2015 (1)

Outcomes	Intake	6 Month Follow-up	Rate of Change
Abstinence	45.2%	87.6%	+94.0%
Employment/ Education	7.2%	31.4%	+337.0%
Stable Housing	17.8%	27.7%	+55.7%
IDU*	13.4%	3.7%	-72.2%

SAMHSA 2016
*Injected illegal drugs

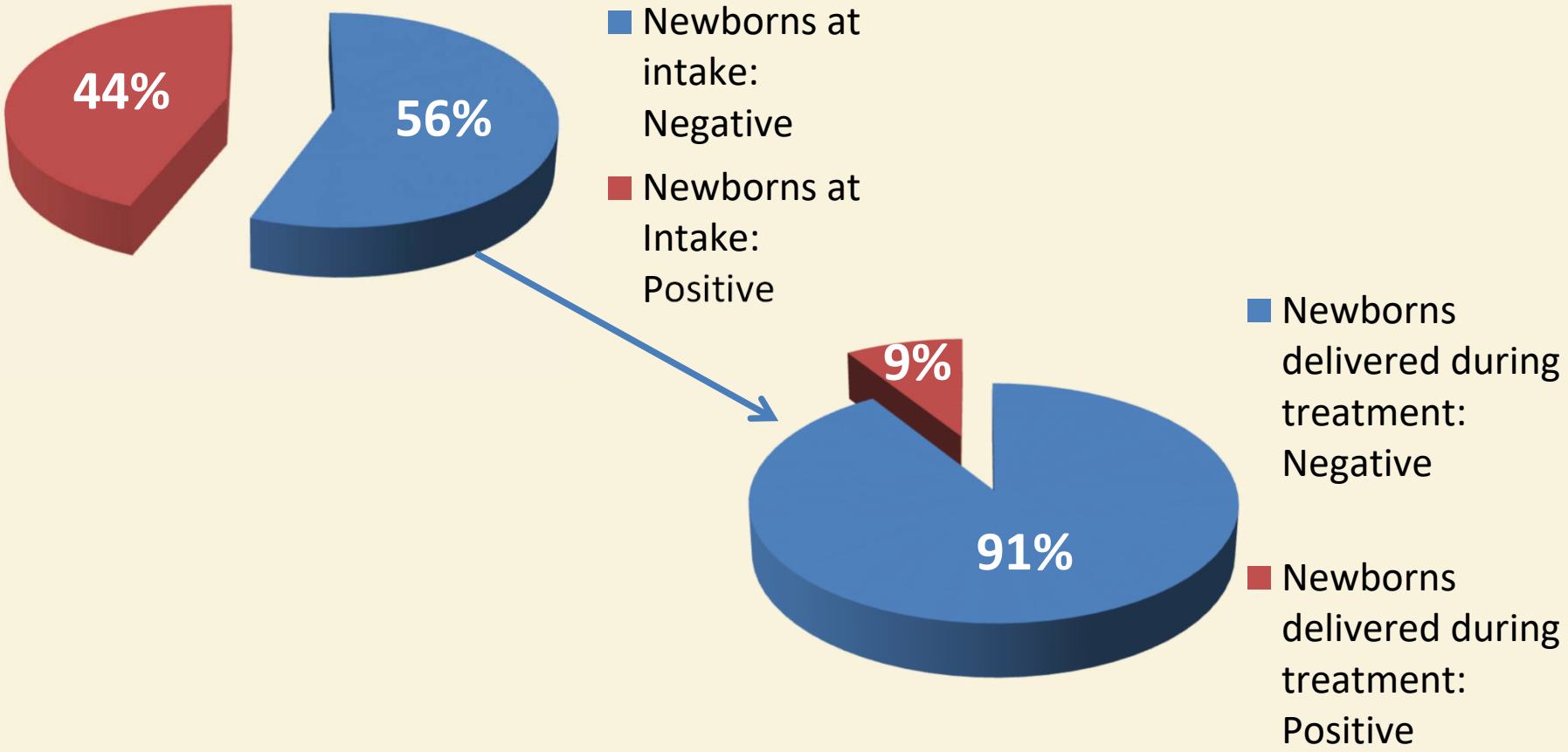
PPW 2.0 IMPROVED MENTAL HEALTH

	PPW Grants Since 2003		
Mothers…	Intake	6-month	Change
Depression	58.0%	36.0%	-38.0%
Anxiety	59.6%	43.5%	-27.0%
Hallucinations	5.3%	2.7%	-49.7%
Difficulty understanding, concentrating, or remembering	42.5%	28.2%	-33.8%
Difficulty controlling violent behavior	12.7%	7.0%	-44.6%
Attempted Suicide	1.9%	0.6%	-68.8%

SAMHSA SAIS GPRA Data 2014

PPW 2.0 RESULTED IN HEALTHIER NEWBORNS

Fewer Newborns Testing Positive in Drug Screens



PPW Preliminary Cross-site Data Analysis 2014

SAMHSA'S PPW 3.0 ACTION PLAN

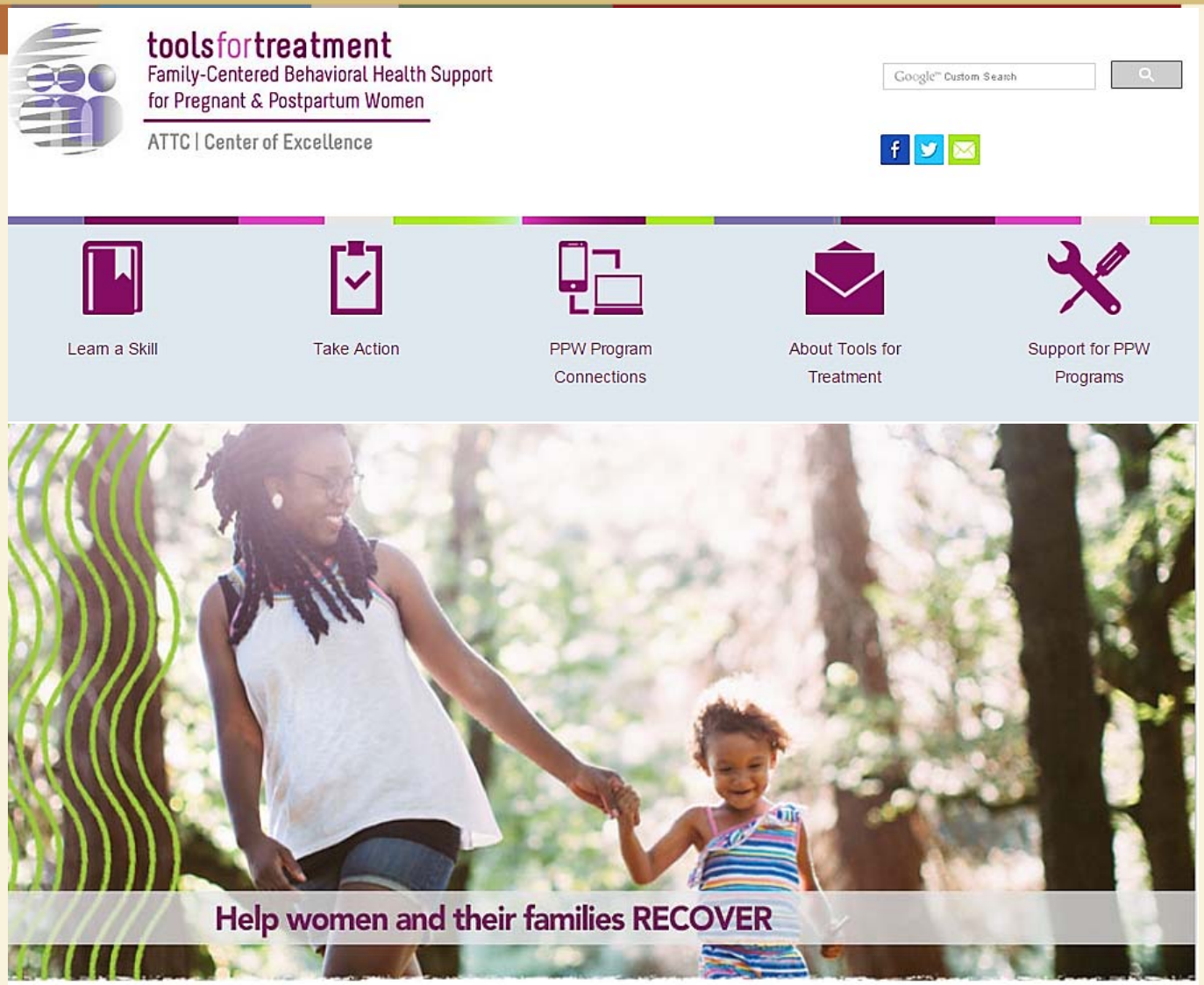
- ➔ ACCESS
- ➔ FLEXIBILITY
- ➔ QUALITY

ACCESS & FLEXIBILITY: BLOCK GRANTS PRIORITIZE PPW

➔SAMHSA Block Grants (2011–2016):

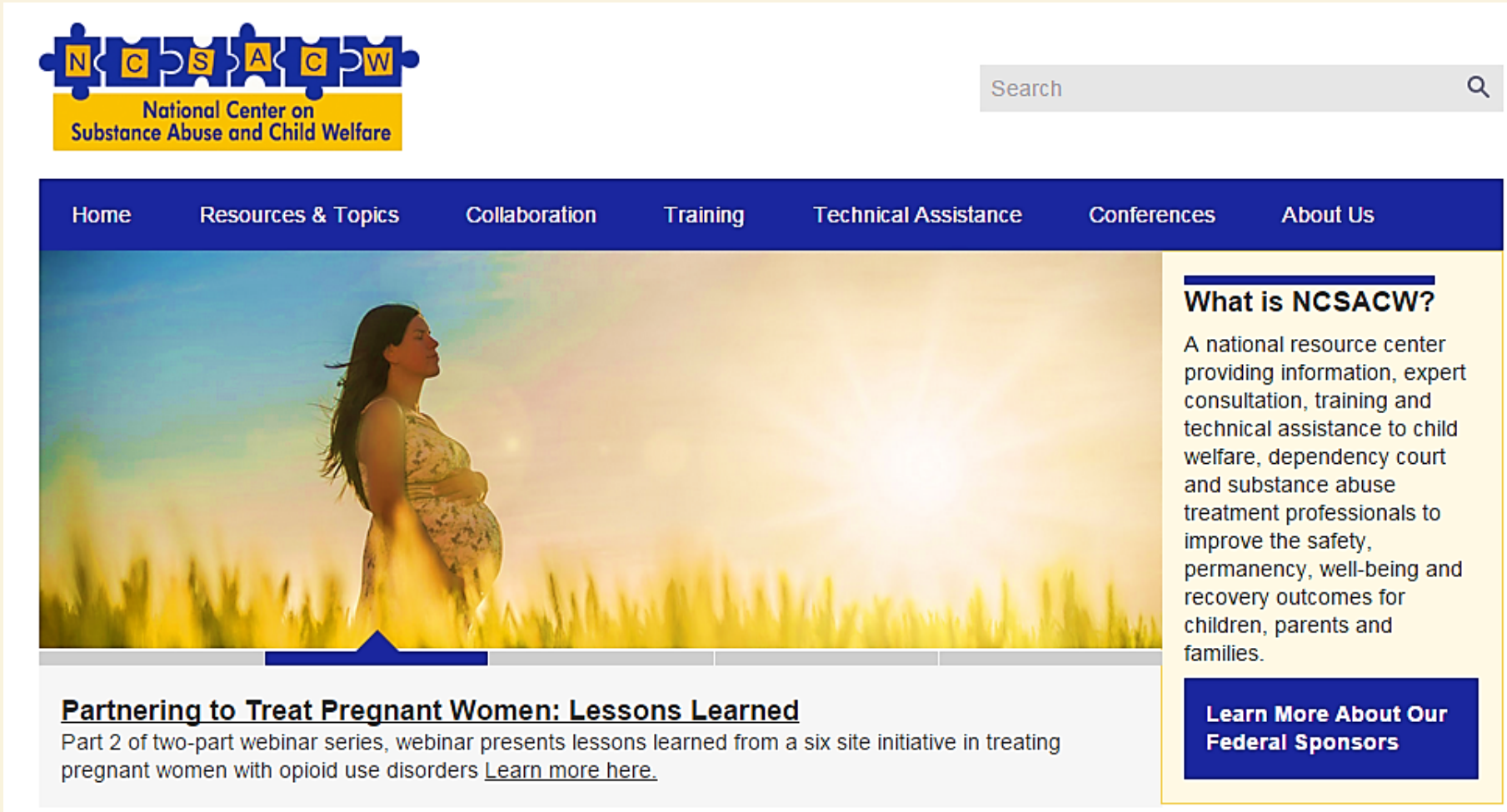
- Served >21,000 pregnant women per year
- Revised grant reporting to strengthen capacity to deliver care
- Request to states to identify geographic areas that do not adequately meet the treatment needs of pregnant women with opioid use disorders

IMPROVING QUALITY:
ATTC PPW CENTER 0F EXCELLENCE



http://attcppwtools.org/

IMPROVING QUALITY: NATIONAL CENTER ON SUBSTANCE ABUSE AND CHILD WELFARE



https://ncsacw.samhsa.gov/default.aspx

PPW 3.0:
CHANGING THE PRESENT AND THE FUTURE

THANK YOU,

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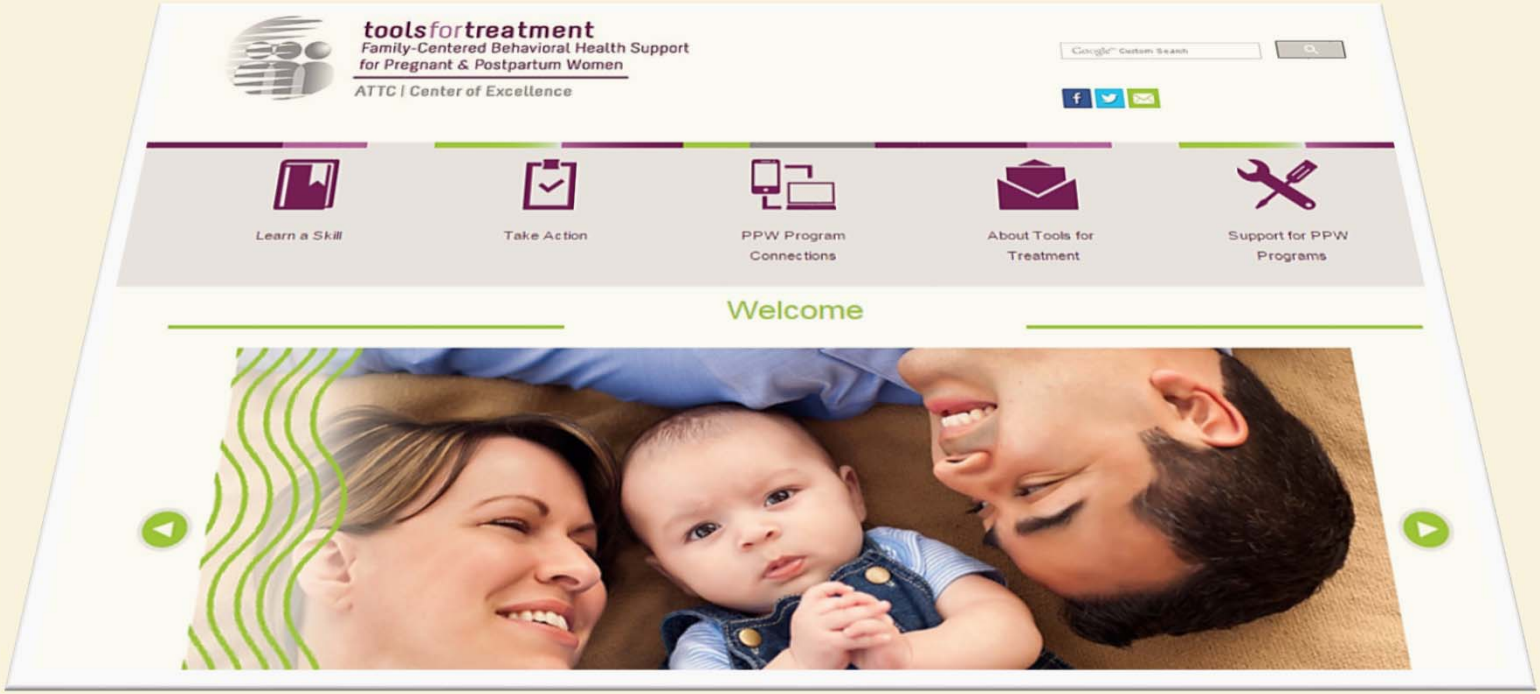

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