



## The Drug Abuse Alternatives Center

### Perinatal Day Treatment Program Expansion & Improvement Project 2008

**Profile of a Perinatal Client:** The average Perinatal mother is 22 years old and has completed their education to the 11<sup>th</sup> grade. They have 2.7 children and they had their first child at 20 years old. Their first drug use was at 11 years old and their first drug was alcohol, then marijuana. 85% have parents, grandparents, and/or family members who are addicts. 50% have been physically abused and 60% have been sexually abused. 63% are dual-diagnosis (ADD, Bipolar, depression etc.). 81% report that Methamphetamine is their primary drug of choice. 35% are involved with CPS.

**Need for the Program Expansion:** Referrals of pregnant and parenting women to the program have increased over the past two years since the inception of the Perinatal Action Team and the hiring of the County Perinatal Outreach Counselor who works directly with Hospitals, Clinics and Doctor's offices. The Perinatal Program's current maximum capacity of 33 women (and their children ages 0 to 6 years), has been reached forcing DAAC to place our Perinatal clients into Outpatient treatment for a waiting period of up to 3 weeks until slots are open in the Perinatal Program. The Outpatient Program is a less than optimal level of treatment since it is much less intensive and does not offer transportation and childcare. Over the last 6 months, 3-12 women have been waiting to enter the Perinatal Program at any given time. We expect this trend to continue based on the large number of referrals of pregnant women to the Program, particularly from local hospitals.



**Need for Program Improvement:** While the Perinatal Program is one of DAAC's most successful programs in terms of outcomes, the lack of both space and funding has kept us from improving in the following areas:

- **Childcare** ~ currently the childcare spaces for both infants and toddlers are right next to each other, and are not large enough to provide the quality of care the children deserve. Additionally, there is currently no usable outside play space.
- **Family Therapy/Mental Health Counseling** ~ The most frequent cause of relapse among our Perinatal clients is unhealthy relationships with family members (husbands, boyfriends, parents, siblings etc.). Since the Perinatal Program is a Day Treatment Program, our clients must return home daily, making it imperative that they develop good boundaries and strong relapse prevention skills. Another major issue for our clients is the growing incidence of co-occurring disorders,(a secondary mental health problem in addition to their primary alcohol or other drug problem).
- **Alcohol and Other Drug Treatment** ~ The lack of adequate funding has kept the client to counselor at 15-1, a very high ratio which needs to be reduced. Additionally, lack of funding has kept us from introducing the most up-to-date cutting edge treatment including trauma-informed therapy that takes into account the past physical/sexual abuse most female addicts have experienced.



### **DAAC's VISION FOR THE FUTURE OF THE PERINATAL PROGRAM**

#### **Expansion**

To meet the increased demand, we propose to expand capacity by 50% (from a maximum of 33 enrolled clients to 50 enrolled clients) by moving from the current location in DAAC's Outpatient facility to a new location within a 5 mile radius. The new facility would need to be approximately 3000-3500 square feet in size and the new facility would have the following:

- Two large group rooms
- Two separate indoor child-care rooms
- One outdoor area for all mothers/children
- Five individual counseling offices
- One administrative office
- One waiting room/entrance space
- One Kitchen – large enough to serve the women and children
- Furniture and equipment for the above space including: computers, educational videos, toys, play structure, etc
- One additional 15 passenger van



### Project Improvement

To improve the quality of the Program we would do the following:

- Hire a Full-time licensed therapist available to all clients & their family members
- Hire an additional full-time child-care staff/driver to provide transportation which would lower the child/provider ratio
- Hire one additional full-time certified Alcohol and Other Drug counselor to lower the client to counselor ratio and give more individualized treatment
- Train counseling staff in the most up-to-date, cutting edge treatment modalities
- Purchase additional videos/curricula focused on trauma-informed therapy

### Potential Challenges

- Find an appropriate facility to house the program and then get a use-permit (through the Santa Rosa Planning Department) which is required for State Certification.
- Raise the one-time funds to complete the expansion
- Develop an ongoing increased funding stream to treat the increased number of clients and to pay for the family therapist and other program improvements

### Timeline

- Complete the move to a new facility by June 30, 2008
- Purchase or lease an additional van within one month of the move
- Hire the Family Therapist at the time of the move
- Hire the staff described above to treat the additional clients and improve the program
- Staff to be added as client census grows

