



## New Beginnings for Mothers and Babies

Program connects with hard-to-reach population

Pregnant women who are struggling with substance abuse are in a quandary. They may want very badly to get help for their addiction so their babies are born healthy, but are afraid that if they tell anyone of their situation that their infants will be taken away from them at birth. It's a fear that has kept many addicted women from seeking any prenatal care, and has resulted in babies born with terrible health problems—and who test positive for drugs in their system, triggering an automatic referral by medical personnel to Child Protective Services.

At a differential response conference in 2005, San Francisco Child Welfare Worker Barbara Feuer suggested a new approach. “The idea was that we would work with the doctors, nurses and social workers in clinics, hospitals and community-based agencies to identify pregnant, substance-abusing women who needed help,” said John Tsutakawa, Section Manager for Family and Children’s Services. “We wanted to engage these women as quickly as possible, not just to give them referrals but immediately send someone out to meet with them. Previously we might not have seen them at all until the day that an investigative social worker was sent to the hospital because of the positive tox results of the baby.”

Protective Services Supervisor Ronda Johnson decided to act on Feuer’s suggestion. There was no funding available initially, so she consulted her peers in the field to figure out the best way to leverage the expertise and resources of the available agencies. From that was born New Beginnings, a collaborative based out of nonprofit Homeless Prenatal Program that has expanded to include nearly a dozen local agencies and nonprofits, all working to make a difference in the lives of pregnant, substance-abusing women.

“We initially started working with staff at San Francisco General Hospital and LuzVilla from St. Luke’s Hospital, because we get the majority of our referrals from there,” said Johnson. “Their staff were frustrated, because they were seeing the medical problems, and we were frustrated by seeing children come into the foster care system. We realized we couldn’t work in isolation. The problem of drug addiction in our society is so huge, and affects so many systems, that it would have to be a cross agency approach.” Johnson laid out a plan in which medical providers would refer pregnant, substance-abusing women to New Beginnings. Rather than just being given a phone number, these women would be connected directly with a community health worker from Homeless Prenatal Program, who would make an immediate visit. “We wanted to engage with these women and meet them where they are,” said Johnson. “We have

to look at their most immediate needs. Maybe it’s food, maybe they’re homeless, maybe they’re experiencing domestic violence or mental health issues. We want to connect them with treatment services when they’re ready for them. It’s got to be about building relationships first, and then working on an intensive basis to get them connected to services.”

As the program grew, the San Francisco Department of Public Health began providing funds, thanks to the involvement and support of Jim Stillwell, the Designated County Alcohol and Drug Administrator for Community Behavioral Health Services. Jelani House, Epiphany Center, and Iris Center also joined the effort as partners. Representatives of the partner agencies, most of them social workers, supervisors and nurse managers, meet monthly to discuss strategies and evaluate progress.



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Gloria Young, MSW

“We can’t just sit around and wait for pregnant women to show up,” said Johnson. “We talk about ways to increase street outreach, passing out flyers and brochures, working with county health clinics in the Tenderloin, Bayview and Mission districts. When women are tired and ready for help, we want them to know about these programs.”

Gloria Young, MSW, a Medical Social Worker at San Francisco General Hospital, has been an enthusiastic participant in New Beginnings since Ronda Johnson first proposed the idea. She works with women who are receiving obstetrics and gynecology services at the hospital, and over the years has seen far too many newborn infants test positive for drugs upon their birth.

“I started talking to our staff at the hospital about it,” Young said. “I saw how these doctors and nurses were fighting so hard to keep these babies alive. I thought it was a shame we weren’t doing more. I wanted to see those babies come back in two years, healthy, with their moms having had two years of being sober.”

New Beginnings is changing the way the hospital responds to pregnant, drug-using women. “Now if we see a baby born with a positive tox, or a pregnant woman who is using substances, we have different resources in place,” said Young. “I have all these services in place that I can connect the mother to. I’m not just giving her a phone number. I call New Beginnings and say I have a mom here who needs help, and they come over. The staff meets the mothers where they are and helps walk them through the barriers that might otherwise overwhelm them.”

At a recent coordination meeting, a dozen advocates gathered around a small conference table at Jelani House. Nancy Frappier, the new Training and Wellness Center Coordinator at Homeless Prenatal Program, introduced herself and urged everyone to work on strengthening the referral process. “We want to see babies born drug-free, and healthy moms getting treatment and becoming stable,” she said. “Our case manager Michel’La Pride is working on more outreach, and she’s also going out with a community health worker to do outreach into Tenderloin housing projects and Medi-Cal offices. We know they’re not getting prenatal care because of their fear and distrust. They don’t know where to go or what will happen to their babies. We’re spreading the word that we’re here to help them, not get them into trouble.”

After the meeting, Frappier discussed the challenges New Beginnings faces. “It’s hard to connect with these women when they’re still using,” she said. “They may be afraid to go to doctors and hospitals because they don’t want anyone to know about it. We initially thought a lot of our referrals would come from prenatal clinics, but these women aren’t going there. We’re changing directions now and intensifying our outreach, putting our flyers up at clinics and on telephone poles, handing them out face to face.”



**Being pregnant is an incredible opportunity for women to make changes in their lives.**

Nancy Frappier, right, with Michel’La Pride

Women who connect with New Beginnings receive an initial visit from Pride, who conducts an intake session and finds out what they’re ready to do. “Maybe they’re ready for treatment,” said Frappier. “Maybe they want prenatal care. We’ll help them make appointments and even go with them if they want support. We connect them with a case manager at Homeless Prenatal Program. And if they’re ready to go into a treatment program, we do everything we can to get them into one as soon as possible.”

Case managers may find that the pregnant client is coping with an overwhelming array of problems. Some have been evicted, some are domestic violence victims. Others have been raped or otherwise assaulted. Some stopped using drugs when they learned they were pregnant, but are in danger of relapsing due to their situations. “The first thing they may need is just some food,” said Frappier. “We can make them a bowl of soup and let them sit down and just catch their breath. They don’t have to go through a million hoops with us.”

Frappier emphasized that the women her agency sees want what’s best for the babies, even if they’re not sure how to go about finding it. “As our director says, being pregnant is an incredible opportunity for women to make changes in their lives,” she said. “No one wants an unhealthy baby or to hurt their baby. If you can provide enough support and build enough trust to where you can really work with someone, you have a chance that during their pregnancy they can really move forward. That’s our goal and vision, to keep families together and keep women in recovery.”