

Texas CHIP Coalition Minutes
Friday, March 12, 2010 - 11:00-1:00 p.m.
May Owens Conference Room, 10th Floor
Texas Medical Association

Attendees: Jacki Brinker, *Rep Elliot Naishtat*; Judy Brow; Robin Butler, *Children's Hospital Association*; Janelle Carson, *Ability Home Care*; Sheree Coleamn, *HHSC – CHIP Operations*; Kevin Denmark, *Maximus*; Anne Dunkelberg, *Center for Public Policy Priorities*; Sister J.T. Dwyer, *Seton Family of Hospitals*; Kathy Eckstein, *Children's Hospital Association of Texas*; Eileen Garcia-Matthews, *Texans Care for Children*; Pamela Goble, *Ability Home Care*; Priscilla Gonzales, *Star Plus THSteps*; Laura Guerra-Cardus, *Children's Defense Fund*; Lynne Hudson, *C-NAP*; Maria Huemmer, *Texas Catholic Conference*; Helen Kent-Davis, *Texas Medical Association*; Michelle Kimbrough, *Travis County Family Drug Court*; Margaret Koppelman, *DFPS – Prevention Division*; Morgana Lamson, *HHSC – OEHD*; Sonia Lara, *TACHC*; Rose Marie Linan, *Catholic Charities*; Chuck Roper, *TCHHS*; Melissa Shannon, *CPPP*; RexAnn Shotwell, *Insure-a-Kid*; Sharon Skaggs, *Methodist Health Care Ministries*; Nancy Walker, *Rep Elliot Naishtat*; Stacy Warren, *Texas Medical Association*; Felicia Wright, *The Office of Senator Van de Putte*.

On the phone: Julia Easley, *Children's Medical Center of Dallas*; Ivy Goldstein, *Medimune Advocacy*; Maria Huemmer, *Texas Catholic Conference*; June Miller, *Prevention of Disabilities*.

Ms. Dunkelberg called the meeting to order at 11:15.

Ms. Garcia-Matthews began the meeting by introducing Dr. Charles Roper

The Parenting In Recovery Program

Dr. Roper started his presentation with a brief introduction on Austin's Parenting in Recovery (PIR) initiative, which is a voluntary program that launched in February 2008. The project is funded by a \$2.5 million federal grant that will run over five-years. PIR offers up to two years of help for mothers who have given birth to a drug-positive infant, have tested positive for narcotics while pregnant, or are believed to have used drugs while young children were in the home.

To ensure a quality service is provided, the grant limits the number of clients enrolled at any particular time because considerably more resources are required to treat families comprehensively. PIR has attempted to establish a program that provides real wrap around services, all mothers in PIR program are also in the drug treatment program. Currently PIR serves 20 families a year, mostly mothers and children receiving welfare. Participants spend an average of 90 days in a nonprofit drug and alcohol rehab center. Enrollees receive medical treatment for chemical dependency, mental health care, parenting classes and routine visits to family drug court with a Travis County district judge.

Dr. Roper stressed that some of the people identified as a potential enrollee are not as enthusiastic about being selected, and they turn it down. Over the course of the program's 2 years history PIR has admitted 36-38 families with more unsuccessful discharges than successful outcomes. The undesirable outcome is largely in part to some of the early trials of selecting

candidates who are likely to complete. He explained that not all addicts are motivated or prepared to undertake this type of life change yet. PIR has thought carefully about the clients served and the difficulty enrolling in such a program, and have restructured their selection and enrollment process so that potential clients are very clear about the services offered and how long support will be offered.

The program provides 90 days of residential treatment, with an additional 6 weeks of outpatient treatment. After they leave Austin Recovery, the women and their children move into an apartment building run by Foundation Communities, a nonprofit that provides housing for low-income people. The women continue to receive job training, parent coaching, access to support groups and other services through Parenting in Recovery, Child Protective Services and Foundation Communities.

Coalition members were particularly interested the project's sustainability after the federal grants have lapsed. Dr. Roper informed the group that PIR had recently had a meeting with the Casey Foundation to discuss ways of identifying the most useful aspects services and carrying on with a re-vamped program that incorporates the most successful elements of the program.

Other members raised concerns about the availability of housing for individuals that have completed the residential treatment. Dr. Roper acknowledged the difficulties in assisting in this area because many of the candidates who are most in need have a criminal record, which prohibits their ability to receive assistance from some partner organizations. He noted that in some instances they must rely on family support, but they are currently looking at ways to develop additional links with other CBOs to acquire use of additional units to alleviate this burden.

The Travis County Family Drug Treatment Court

The presentation began with an overview about the family drug treatment program and typical participants. Individuals are referred to this civil court program by CPS after a petition is filed with the courts to intervene in families where a parent has a substance abuse problem. About one-third of the clients enrolled in the program have had their parental rights terminated for a child not included in the current lawsuit. More than 60 percent of clients have given birth to an infant that tested positive for drugs at the time of birth. Nearly 70 percent of clients have acknowledged drug abuse for more than five years, and 84 percent have a history of homelessness.

While there are several family drug courts in operation in Texas, this program develops strong relationships with judges and CPS provides stronger case management and follow-up for clients. This allows for greater support and accountability for clients and has been shown to produce better outcomes for families.

The goal of the Family Drug Treatment court is to ensure parents (men and women) with a history of drug addiction are able to break the cycle, become clean and reunite with their children and other family members. The program staff provides intense supervision to families affected by parental substance abuse. The children of clients also receive additional services, including

early childhood intervention assessments, individual and family therapy, and medical and dental care. A unique feature of the program is the special collaboration of the court, child welfare agencies, community-based organizations and treatment providers interact to ensure the client is well supported.

The project receives \$2.5 million in federal grants over five years. The goal and purpose of the program is to promote safe, secure and permanent homes rather than the standard foster care system. The development needs of children are assessed through regular evaluation and appropriate interventions as necessary. In some cases the court ordered services allow for parents to take young children into treatment with them.

The treatment program is intended to last between 12-18 months, consisting of four separate phases: Phase 1: *Treatment*, Phase 2: *Family Focus*, Phase 3: *Becoming Independent*, Phase 4: *Happy, Joyous and Free*. As clients progress through their treatment the level of intervention tapers off at key milestones. Upon the completion of the program, clients then partake in a graduation ceremony to celebrate their achievements. The judges within the program build a rapport with the clients and their acknowledgment of the progress made has a meaningful impact on patients.

Program participants are provided regular incentives and rewards for good behavior and improvement. Those that pass drug-tests (which occur 1-2 times a week) receive permission to leave hearings early. Individuals that demonstrate positive outcomes have fewer court appearances overtime and increased visitation rights which benefits the children as well. As participants move through the program with success, they receive a certificate for each phase achieved. In many cases, participants have rarely received praise for their efforts and this has proved to be a powerful tool to keep individuals on track.

Individuals that have not shown progress or have violated their agreement face court initiated consequences, which may include additional frequent court appearances and drug testing. Individuals are sometimes required to write apologies to family members and children, community service and attend additional NA/AA/CA meetings. The program has a relapse phase built-in to the program, and on occasion judges have required clients to serve jail time for serious offenses.

The results of the model program had positive findings for children outside of the treatment group. Patients required intense parental supervision because of their history with substance abuse. The court has revolutionized how strong candidates for the program receive coordinated care through county facilities, child welfare and other treatment providers.

It is difficult to assess the effectiveness of the program. The Travis County Family Drug Court has had more discharges than graduates to date, but given the vulnerable population served this outcome is not atypical. To date there have been five successful graduates, with an additional five clients set to complete the program in the next few months. There have also been five infants of mothers who have not completed the program, but no longer enrolled, that tested negative for all substances at birth. The results of a 2007 study highlight additional promising

outcomes with the children of clients spent less time in foster care and had higher rates of family reunification as compared to traditional interventions.

Maternal Substance Use & Abuse

Ms. Brow informed the group that the research presented was authorized by Senate bill 2080, which called for a task force to support the implementation of Project CHOICES, an evidence based program aimed at reducing maternal alcohol consumption among women served in the existing service delivery systems. The taskforce conducted a comprehensive review of the federal and state guidelines in place aimed at reducing maternal substance abuse and their impact on families and children.

Across the nation, 15 states consider substance abuse during pregnancy to be child abuse under child welfare statutes. Further, 14 states require health care professionals to report suspected prenatal drug abuse, with an additional four states requiring tests for prenatal drug exposure if substance abuse is suspected. Federal guidelines in place are not being followed by states. Washington State has got around this – gaps in funding requirements for certain women’s programs for substance abuse, but states aren’t holding up their end.

The review found that 15-20 percent of all newborns in Texas have been exposed to tobacco, alcohol or illicit drugs. However, the vast majority of these substance-exposed infants go home without ever being tested. Ms. Brow discussed that many hospitals are reluctant to test or refer families to CPS because health care professionals fear that expecting mothers with a history of substance abuse may avoid prenatal care. Additionally, the possibility of jail sentences produce poor health outcomes for mothers and their infants. Women with felonies are sometimes restricted from receiving treatment, which makes physicians less likely to report.

Ms. Brow explained that most pregnant mothers are reluctant to ask for help because they fear losing their children and other repercussions. Because women reported to abuse drugs or alcohol or whose children are in care are ineligible for TANF. Also women who have a drug felony conviction cannot access housing support or food stamps. As a result, opportunities for intervention are lost between social service organizations, and this does not support the goals for family unification.

Nationally and in Texas there are not currently enough funds to meet the needs of these women. Ms. Brow highlighted that a number of state agencies and service organizations need to improve outcomes by better coordinating and sequencing medical and social services (including transportation and childcare).

Research suggests that treatment can prevent trauma which helps to reduce costs, improve rates of family reunification, but it is critical that services are comprehensive. Intervention and treatment options must strive to achieve higher retention rates and better outcomes. The Family Drug Treatment Courts and partner programs achieve positive outcomes when clients reach completion. Ms. Brow stressed that early intervention is vital to making gains, and that careful

consideration must be paid to establishing wrap-around services through a variety of state agencies and CBOs that are sequenced to maximize success.

With no other business the meeting adjourned at 1:17 pm.