

*Travis County Parenting in Recovery/ Family Drug Treatment Court (PIR/FDTC) Pilot Program
Health and Human Services and Veterans Service
Report and Recommendation*

Fund: General Fund

	Pilot Funding (One-time)	PBO Recommendation (One-time)		
	FY 2016 Cost	FY 2017 Cost	FY 2018 Cost	FY 2019 Cost
FTEs	1.0	0		
Personnel	\$61,663	\$62,663		
Operating	\$432,585	\$519,597		
Subtotal	\$494,248	\$582,260	TBD	TBD
Capital	\$0	\$0		
Total Request	\$494,248	\$582,260	TBD	TBD

History/Background

The Travis County Parenting in Recovery/ Family Drug Treatment Court (PIR/FDTC) was included as an FY 2016 accelerated pilot program and funded on a one-time basis to allow PBO to determine if this program should be continued by the County on an ongoing basis based on the results of the program and Commissioners Court’s desire to continue funding the program. Notably, the department used internal one-time savings in the FY 2015 budget to fund PIR/FDTC as a pilot for FY 2016.

Travis County first received the Parenting in Recovery grant from the U. S. Department of Health and Human Services in 2007, and combined the program with grant funds from the Office of the Governor to create a Family Drug Treatment Court. The specialty court has continued since that time using a combination of grant funds, General Fund, County and community in-kind contributions, existing HHSVS staff and financial resources, and community agency dedicated funds and staff.

The department describes the Parenting in Recovery/Family Drug Treatment Court as a civil court that brings together a coalition of community service providers who cooperatively provide a comprehensive continuum of services to women, children and families who have been identified by Child Protective Services as exhibiting symptoms of substance use disorders that impact the safety, care and well-being of their young children. PIR/FDTC serves approximately 55 participants and their families in a fiscal year.

Plans for a specialty drug treatment court specifically for Travis County families in the child welfare system began in 2006. Community collaborators observed that a large number of child abuse and neglect lawsuits in the County involved the substance abuse disorders of one or both parents. Together, the group applied for several different grants, using various program models for solutions that would be effective in Travis County. When both the Office of the Governor’s Drug Court grant and the federal Parenting in Recovery grant were awarded, the community plan was restructured to combine the grants into one program. This allowed staff to leverage all available funding sources rather than run two similar siloed programs.

The drug court model for families was attractive because of research indicating that children of parents involved with a Family Drug Court program were more likely to be reunified with their parents, and parents had higher rates of treatment completion than their non-Family Drug Court participant counterparts. From its outset, the program included a combination of accountability through the court

system and services including substance abuse treatment, housing and wrap-around supports. As of January 7th, 2016, the program has assisted 196 parents and 300 children with promoting safe, healthy, and sober lifestyles.

Since its inception in 2007, this program has been partially grant funded by the following sources.

- The Family Drug Treatment Court grant from the Office of the Governor (OOG), managed by the Civil Courts. This grant award, which has been received since October 2007, primarily funds the Drug Court Coordinator position, drug and alcohol testing, and some recovery supports for PIR/FDTC participants.
- The Parenting in Recovery grant from the Administration for Children and Families, managed by HHSVS. The grant was originally awarded in September 2007, and continued until September 2015. The eight-year tenure was made up of an initial grant, a two year extension grant, and a no-cost extension to expend grant fund balance. This grant primarily funded substance abuse treatment and recovery supports; the extension grant provided funding for an Austin Travis County Integral Care (ATCIC) contract for a child and family therapist, and an attorney ad litem to represent the legal interest of the children.
- The Children’s Continuum grant from the Office of Juvenile Justice Delinquency Prevention, also in HHSVS, was a three-year grant, awarded from October 2011 to September 2014 with a one-year no-cost extension through September 2015. This grant funded specialized supports for children, parent training and these positions: a child and family therapist, a Social Services Assistant at HHSVS, and a portion of a CASA Supervisor contracted with CASA of Travis County.

The table below shows the one-time General Fund investments made by the County since FY 2008, along with the state and federal grants funded from FY 2008 to FY 2016.

Fiscal Year	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016
One-time General Fund	N/A	\$85,031	\$87,565	\$87,565	\$87,565	\$368,829	\$269,071	\$286,960	\$582,260
PIR Grant	\$500,000	\$500,000	\$500,000	\$500,000	\$500,000	\$500,000	\$481,000	No-cost extension	Grant complete
OOG Grant	\$100,000	\$98,500	\$108,350	\$119,185	\$119,185	\$137,388	\$137,388	\$142,657	\$154,069
Children’s Continuum Grant	N/A	N/A	N/A	N/A	\$183,333	\$183,333	\$183,333	No-cost extension	Grant complete

The grant amounts represented above funded staff and services in various County departments and community nonprofit organizations. These amounts do not include the ongoing or internally funded costs within some County departments.

From FY 2009 through FY 2012, a PIR Project Director position was funded through the General Fund as grant match for the federal grant. In FY 2013, the PIR Project Director position was again funded on a one-time basis, along with \$285,000 for substance abuse treatment, for a total of \$368,829. In FY 2014, the position was made ongoing. Funds for therapy, treatment, and support contracts were approved on a one-time basis in FY 2014 and FY 2015. The FY 2016 cost includes substance abuse treatment, recovery supports, therapy contracts, and a Case Worker position that was previously funded by a grant.

At the end of the grants supporting Parenting in Recovery/Family Drug Treatment Court, HHSVS and other partner departments held a work session with the Commissioners Court in November 2013 to explain the upcoming funding shortfall and needs for the Drug Court. The collaborating departments all submitted budget requests in the FY 2015 budget process. The FY 2015 Adopted Budget included an ongoing Attorney Ad Litem position in the Office of Child Representation that was formerly funded by the grant, along with an ongoing additional Associate Judge position in the Civil Courts dedicated to the CPS docket. This judge presides over Family Drug Treatment Court cases.

HHSVS staff has stated that the grant funding of the program provided an opportunity for an eight-year pilot of a problem-solving court which focused on Travis County families involved in the child welfare system due to substance use disorders. Grant funds and existing community resources helped to implement the programmatic strategies, the 10 key components of a successful family drug court. This strategy provided the community time to evaluate both the impact and value of the program as well as the required infrastructure, supports and services required for optimal outcomes while avoiding the use of local funds until necessary. The PIR program was deemed to be appropriate to be included for an additional year of funding as a FY 2016 pilot given the tenure of the program and the ending of long-term grant funding.

The department has demonstrated their commitment to include PBO throughout the pilot period. HHSVS staff met with PBO several times in early FY 2016 to explain the premise of the PIR program. The PBO analyst attended a Family Drug Treatment Court docket at the Heman Marion Sweatt Courthouse, and met with program staff and the Associate Judge for the program. The performance measures related to the program have been tracked closely since the grant was first awarded. Staff worked to update and verify the measures to provide a full picture of the program results.

Program Elements

The Parenting in Recovery/Family Drug Treatment Court program consists of case management, legal representation, family support services, investigation, child advocacy, sober housing, housing assistance, substance abuse treatment including detox, inpatient, women and children residential and Intensive Out Patient (IOP), child and family therapy, parent training, mental health services, domestic violence assistance/advocacy, peer recovery coaching, and medical, dental, and optometry care. Of those, the portions not funded on an ongoing basis include: substance abuse treatment (90 days of care), recovery supports such as basic needs assistance, partial funding of child and family therapy, and some case management.

The cost for funding this program on an ongoing basis consists of \$582,260 for the following program components:

- \$280,000 for substance abuse treatment to provide 20 participants with up to 90 days of inpatient treatment for women and their children.
- \$80,625 for recovery supports such as basic needs support, after-care, parent training, medical and dental care, and specialized children's services.
- \$155,600 for a contract with ATCIC for two Child and Family Therapists to provide assessments, therapeutic services and connection to community resources. ATCIC would first bill Medicaid, and would only seek reimbursement from the County in the amount of salary and benefits that cannot be covered through billable Medicaid hours.
- \$66,035 for a Case Worker position (includes personnel and operating).

The most expensive part of the program is the residential treatment services provided to participants. Services are provided by a sole vendor, Council on Recovery. This is the only vendor in the Central Texas area with a residential women and children's program, known as Family House. Residential treatment is considered a key aspect of the program, since it allows mothers to remain with their child(ren) during the duration of their treatment stay. The treatment period is monitored and families receive intensive recovery supports, life skills, parent training, mental health services, day care and case management while in care.

Performance Measurement

National data shows that children of parents with substance abuse disorders are nearly three times more likely to be abused and more than four times more likely to be neglected than children of parents who do not abuse substances. Drug courts are based on the philosophy that a combination of judicial monitoring and supervised treatment can be more effective in reducing drug usage and crime than treatment or judicial sanctions operating separately. Family Drug Courts were created to address the poor outcomes derived from traditional family reunification programs for substance-abusing parents.

PIR/FDTC Mission

The mission of PIR/FDTC is to provide a spectrum of court and community-based supports for parents involved in the child welfare system that promotes recovery from alcohol and drug addiction and encourages healthy lifestyle choices.

PIR/FDTC Vision

The vision of PIR/FDTC is for parent participants to become sober, responsible caregivers so they can ensure the safety and well-being of their children.

PIR/FDTC Goal

The goal of the PIR/FDTC is to maintain children in the care of their parents while they begin the journey of recovery from addiction and develop the skills and ability to safely parent their children. This focus of support and accountability for the parents and their children is to promote the goal of stopping the cycle of abuse/ neglect and addiction for the next generation.

Objectives and Outcomes

Program staff has created the following objectives for the PIR/FDTC program: parent participants become sober, responsible caregivers so they can ensure the safety and well-being of their children.

These objectives correspond with the following outcomes:

- Early entry into substance abuse treatment and extend stays in treatment
- Increased, effective collaboration between child welfare, the courts and the substance abuse professionals
- Increased number of parents retaining custody of their children while maintaining their recovery
- Increased independent functioning by the parents who successfully complete drug court.

Alignment with the County

The County provides supports and services to the community to ensure safety, security and well-being of its citizens. The work of the PIR/FDTC is reflective of both the County mission and HHSVS departmental mission, since it provides a service to the community that focuses on vulnerable populations, promotes healthy living, social/economic well-being and promotes a shared understanding among key community stakeholders. The program addresses issues of safety in a multi-generational way

by addressing the immediate needs of individuals with a substance use disorder; intervening with the children of those parents to promote healthy development; and repairing and strengthening the family unit so they can become more self-sufficient and contributing community members.

In this way, the PIR/FDTC decreases utilization of drugs and the associated crime; promotes treatment, safety and well-being through helping parents with substance abuse addiction become healthier adults and better parents to their children.

Census and Demographics

According to data from the Department of Family and Protective Services (DFPS), the population of children in Travis County was 266,648 (for 2013, the most complete year of data). The total number of reported initial intakes related to possible abuse was 10,902. In that year, 7,283 investigations were opened, 2,645 children were determined to be confirmed victims of abuse, and 513 were removed from their homes based on child welfare findings.

The average number of participants served by PIR/FDTC between State Fiscal Year 2010 and 2014 is 54. During that period, the number of participants including new admissions and current enrollments ranged from 47 to 59.

The average daily census for calendar years 2013 and 2014 was 31, and ranged from 27 to 34 participants. For children served, the average daily census for calendar years 2013 and 2014 was 58, and ranged from 44 to 63.

Number served by the program from February 18, 2008 –January 7, 2016		
Parents	Children	Families
196	300	171

The following chart depicts the demographics of Family Drug Treatment Court participants from program inception to-date.

FDTC Participant Demographics				
Number of Parents	196			
Race	Hispanic: 33%	Caucasian: 39%	African American: 16%	Other: 12%
Average Age	28	Range: 18-44		
Gender	Women: 86%		Men: 14%	
High School Diploma or GED	60%			
Mental Health Diagnosis: Not Substance Use Related	97% - only six out of 196 participants with no other DSM diagnosis (excluding substance use disorders)			
Criminal History	None: 10%	Drugs: 64%	Violence: 41%	Other: 72%
Trauma History: Victim of Abuse	74%			
Drug of Choice (all have 1, 2, or Poly)	Poly: 29%	Cocaine: 25%	Meth: 25%	THC: 16%
	Opiates: 10%	Alcohol: 8%	Benzos: 4%	PCP: 3%
Prior CPS Involvement	As Adult: 63%		As Child: 23%	
Prior Termination of Parental Rights	15%			

PIR Performance

Some of the information gathered and presented for PIR/FDTC has been limited by the level of data collected by the state for the child welfare cases. In addition, because of the nature of the court system and program offerings, we have not found a statistically sound “control group” against which to compare the outcomes of PIR participants for all measures.

Outcome: Successful Discharge

Successful discharge is defined as completion of all four phases of the Family Drug Treatment Court program which takes approximately 12 to 14 months. The program targets a successful completion percentage rate between 45% and 50%. According to studies by the Congressional Research Service and Government Accountability Organization, national completion rates, the number of participants successfully completing the program compared to those admitted, ranged from 27% to 66%.

From February 18, 2008 - January 7, 2016, 46% of all participants have completed the program successfully. When neutral discharges are excluded, the percentage increases to 51%. Neutral discharges occur when the Child Protective Services lawsuit ends before the participant is discharged from drug court as the result of a mediated agreement, case dismissal, or similar outcome. Because the drug court program only has jurisdiction over families with a case in the system, if a lawsuit ends, the participation in drug court ends also.

PIR Program Completion Rates				
	PIR/FDTC Participants Discharged ¹		Discharged PIR/FDTC Participants excluding Neutral Discharges	
	# of Participants	% of Participants	# of Participants	% of Participants
<i>All</i> ²	166	100%	149	100%
<i>Discharged Successful</i>	76	46%	76	51%
<i>Discharged Unsuccessful</i>	73	44%	73	49%
<i>Discharged Neutral</i> ³	17	10%	N/A	N/A

When observed on a year-by-year basis (excluding the first two program years because the number served and the program design in year one and two of the grant is not reflective of how the program was managed in the subsequent years), the overall successful completion rate is 48% for six years. This completion rate has fallen within national averages for four out of six years.

¹ The total number, 166, represents only participants who have graduated or been discharged and therefore excludes 30 current enrollees who have not yet completed the program.

² This includes all participants enrolled from inception of the program to 3/31/15. These totals do not include participants who moved out of county or who were discharged in 30 days or less (15 participants over 8 years fall into these categories- 7 moved out of county and 8 were discharged in 30 days or less)

³ Neutral discharges occur when the child protective services lawsuit ends before the participant is discharged from drug court — this could occur as the result of a mediated agreement, dismissal, or similar outcome

PIR Program Completion Rates, 2010-2015												
Discharged Participants ⁴	Program Discharges Year 3 PY 2010		Program Discharges Year 4 PY 2011		Program Discharges Year 5 PY 2012		Program Discharges Year 6 PY 2013		Program Discharges Year 7 PY 2014		Program Discharges Year 8 PY 2015 (YTD)	
	#	%	#	%	#	%	#	%	#	%	#	%
All Discharged Participants	31	100%	19	100%	26	100%	22	100%	20	100%	24	100%
Discharged Successful	10	32%	9	47%	14	54%	17	77%	7	35%	11	46%
Discharged Unsuccessful	16	52%	8	42%	10	38%	4	18%	11	55%	11	46%
Discharged Neutral	5	16%	2	11%	2	8%	1	5%	2	10%	2	8%

Staff attributes years with success rates below target to various program conditions. Specifically, year seven of the program overlapped a period of high turnover among judiciary and child welfare staff. These changes had a serious effect on the participants and service team who had to adjust to new case management styles and goals. The gains that had been made from prior continuity were lost, and the PIR admissions process suffered. The Council on Recovery treatment facility relocated from North Austin to Buda that year, which created significant logistical challenges. In addition, improvements to the initial screening and evaluation criteria of the program have since changed the type of participants considered truly eligible for the program.

Outcome: Early entry into substance abuse treatment and extended stays in treatment

Because the waiting period before entry is often cited as a barrier for those seeking treatment, the target maximum number of days between acceptance into PIR/FDTC and starting substance abuse treatment is 10 days. While a nationwide standard does not exist, program staff consider this target to be an aggressive goal. In the final quarter of 2015, 6,223 people in Texas were on a waitlist for substance abuse treatment. The target length of stay in treatment is up to 90 days. This length is considered a best practice.

From February 18, 2008 – September 30, 2015, participants were able to access substance abuse treatment within six days of being accepted into PIR/FDTC. During the same time period, participants spent an average of 82 days in substance abuse treatment, and 96% of participants successfully completed substance abuse treatment, which is one phase of the program.

⁴ The discharged participants listed here exclude years 1 and 2. These totals do not include participants who moved out of county or who were discharged in 30 days or less (15 participants over 8 years fall into these categories- 7 moved out of county and 8 were discharged in 30 days or less)

Substance Abuse Treatment (through September 30, 2015)		
Total number of participants	183 ⁵	
Number / percentage of participants who successfully completed substance abuse treatment	175	96%
Average number of days between acceptance into PIR/FDTC and starting substance abuse treatment	6	
Average number of days spent by participants in substance abuse treatment	82	

Outcome: Increased number of parents retaining custody while maintaining their recovery

According to the Department of Family Protective Services, family reunification is the primary permanency goal for every child in state care (foster care, kinship care, etc.) except when a court decides that is not an option. The goal of the Parenting in Recovery/Family Drug Treatment Court is to maintain children in the care of their parents while they begin the journey of recovery from addiction, but also, following national and state guidelines, to find permanency for children and decrease the number of children who are placed in foster care due to parental substance dependence. Travis County Parenting in Recovery/Family Drug Treatment Court tracks and reports the number of children that remain in the care of their parents and/or with family members. The outcome measures for permanency can be compared to a “control” group, by measuring the outcomes CPS lawsuits stemming from parental substance abuse and comparing the permanency rates for PIR/FDTC participants and parents who were offered the PIR/FDTC program but chose not to join.

Permanency Outcomes for all Children (February 18, 2008 – January 7, 2016)						
	PIR/FDTC discharges		PIR/FDTC Graduates/ Successful discharges		Control Group and PIR/FDTC Referrals who elected not to join ⁶	
	#	%	#	%	#	%
All Children with Final Orders	227 ⁷	100%	116 ⁸	100%	236	100%
Permanency with parent	129	57%	110	95%	94	40%
Permanency with relatives or other parent (not FDTC or control participant) without termination of parental rights	50	22%	4	3%	40	17%
Adoption by relatives with termination of parental rights	29	13%	0	0%	60	25%
Unrelated/ Non-kin adoption with termination of parental rights	19	8%	2	2%	42	18%

⁵ The number of participants listed here includes participants through the end of FY 2015, not year-to-date. This report does not include individuals who had been accepted into the program fewer than 90 days before the end of the fiscal year because there would not be sufficient time for them to complete a treatment period.

⁶ This group includes a control group of similar parents who have CPS lawsuits due to parental substance abuse (164 total) and those parents who were offered the PIR/FDTC program but chose not to join (72 total).

⁷ These are children whose parents have been discharged from the PIR/FDTC either successfully, unsuccessfully, or neutrally. All lawsuits have had final orders entered. The number is less than 300 because it does not include children who are served by the program but not on the original petition and children who are currently being served with no final orders or permanency resolution to the child welfare lawsuit.

⁸ 10 of these children had one parent successfully complete the program but the other parent did not. They are still counted in these totals.

From February 18, 2008 – January 7th, 2016, 129, or 57% of children in the program remained with their PIR/FDTC enrolled parent, compared with 40% of those who did not participate in the program. The population “All Children with Final Orders” is defined as all closed cases during that time period for children involved with a CPS lawsuit due to substance abuse. This number represents only the children that are listed on the court petitions and with a final order. For some families, all of the children receive the services offered to the family but not all of the children are part of the child welfare case. In addition, some children currently served by the program are listed on the petitions but have not yet had a final outcome. On average, it takes 12 to 14 months to reach permanency. When the field is narrowed to only successful graduates, 95% of children in the program remained with their parent.

Outcome: Increased independent functioning by the parents who successfully complete drug court.

One program goal, met through treatment, services, and recovery supports, is to help participants become more self-sufficient and contributing community members. This is measured by tracking those who have housing and a means of legal support at the time of discharge from the drug court. In addition, families are tracked to measure rates of recidivism – noted through new child welfare lawsuits and drug positive births.

One indicator of ongoing stability is the health of children born to active and graduated participants. There have been no drug positive births by successful program graduates, from program inception in February 2008 to date. This measure is considered by program advocates to highlight the success of the program, and an indicator that these families have seen gains in stability and reduction of substance abuse use.

Births by PIR/FDTC Participants (February 18, 2008 – January 7, 2016)		
	PIR/FDTC Graduates - Successful Discharges (n = 67 women)	PIR/ FDTC Unsuccessful and Neutral Discharges (n = 75 women)
Number of Drug Positive Births During PIR/FDTC Participation	0	0
Number of Drug Negative ⁹ Births During Open Lawsuit	5	6
Number of Drug Positive Births After Lawsuit Closed ¹⁰	0	11 ¹¹
Number of Drug Negative Births After Lawsuit Closed ¹²	6	6 ¹³

The marked difference between the two groups is that the successful PIR graduates who had new child welfare lawsuits brought against them did not have drug positive births, while among those who did not complete successfully, there were 11 drug positive births out of 22, or 50%.

The outcomes of families successfully completing the program between February 18, 2008 and September 30, 2015, were compared to families discharged from the program unsuccessfully or families whose program participation is considered neutral because the Child Protective Services lawsuit ended before the participant was discharged from drug court.

⁹ Negative birth is defined as no confirmed usage of drugs or alcohol either by self-report or positive test during the third trimester of pregnancy

¹⁰ Statistic may not capture all data – only information reported to CPS or the PIR/FDTC management team or as confirmed through new child welfare lawsuits in Travis County could be captured here.

¹¹ Two former participants delivered two Drug Positive babies after the initial lawsuit had closed.

¹² Statistic may not capture all data – only information reported to CPS or the PIR/FDTC management team or as confirmed through new child welfare lawsuits in Travis County could be captured here.

¹³ One former participant delivered two drug negative babies after the initial lawsuit had closed.

In addition, from program inception in February 2008 to date, 85% of program participants have successfully found safe and stable housing.

One of the key components of the program is the collaborative effort of County departments and agencies external to the County. Staff believes that this streamlined approach has made the program efficient, effective, and sustainable. Rather than growing programmatically, staff chose to use existing County contracts where appropriate to execute services required by program grants. In addition, both grants were managed by one administrator and management staff is co-located. Staff states that the ongoing goal of the program has not been to increase the volume of staff or programming, but to make better use of existing infrastructure. The program makes use of internally funded staff and resources among several departments and collaborating organizations. These collaborators and stakeholders are listed below, along with a description of the role played in PIR/FDTC.

County Offices and Departments:

- District Attorney's Office – The office internally funded a dedicated Assistant District Attorney to represent CPS in the PIR/FDTC proceedings and to attend all related meetings and committees to provide expertise and support the operations of the PIR/FDTC.
- District Court – The Family Drug Treatment Court is a dedicated docket in the Civil Courts. The court received an Associate Judge position in FY 2015 and allocates a portion of that position's time to preside over the PIR/FDTC docket. Court staff also manages the docket and attends all related meetings and committees to provide expertise and support the operations of the PIR/FDTC.
- Office of Child Representation (OCR) – The department received an attorney ad litem in FY 2015 and has allocated a portion of that position's time to represent the legal interests of the children and attend all related meetings and committees to provide expertise and support the operations of PIR/FDTC.
- Health and Human Services and Veterans Service – The department has and will continue to provide administrative and clinical support to the PIR/FDTC; directly support the two managers for the program; provide office space; manage the collaborative efforts of the partners; oversee the quarterly to annual evaluation of the program; and provide funding for recovery supports and redirection of a staff position to support the PIR/FDTC as a case manager.

External Partners:

These agencies would serve these families and children whether or not PIR was in existence. Community partners have purposely decided to serve them in this innovative fashion.

- Child Protective Services – The Department of Family and Protective Services provides a dedicated CPS Unit of six employees, comprised of three Investigators, two Family Based Support Services positions, and one Conservatorship worker for the PIR/FDTC and to attend all related meetings and committees to provide expertise and support the operations of the PIR/FDTC.
- CASA – Court Appointed Special Advocates of Travis County provides a dedicated CASA supervisor and volunteers assigned to children of the PIR/FDTC and to attend all related meetings and committees to support the operations of the PIR/FDTC. CASA continues to internally fund their supervisor position post grant funding.
- Foundation Communities – The organization dedicates a portion of a staff member's time to the PIR/FDTC to assist with housing location and placement and to attend all related meetings and committees to support the operations of the PIR/FDTC.
- Council on Recovery (formerly known as Austin Recovery) – The vendor provides a 90 day substance abuse treatment program designed for adults with a specialized women/children program known

as Family House; case manager support; parent education; and to attend all related meetings and committees to support the operations of the PIR/FDTC. They are committing \$260,000 in funding for substance abuse treatment.

- ATCIC – The organization provides technical expertise, system navigation and prioritization for participants. They committed to a cost-sharing contract for two staff therapist positions in which Medicaid reimbursement is sought for billable hours rendered by the therapists, and the County is billed only for the balance.
- Private Attorneys – Community attorneys volunteer their time to attend all related meetings and committees to support the operations of the PIR/FDTC. These attorneys have agreed to commit their additional time on an ongoing basis.
- SafePlace – The organization maintains the collaboration with Council on Recovery and provides targeted services to the participants of PIR/FDTC and other residents of the facility. Staff members attend related meetings and committees to support the operations of the PIR/FDTC and provide subject matter expertise.
- Communities for Recovery – The organization prioritizes PIR/FDTC for services and access to their grant funded services and supports which include peer recovery coaching and facilitated recovery groups. Staff members attend meetings and committees to support the operations of the PIR/FDTC.
- Manos de Cristo – The entity has committed to serve and prioritize PIR/FDTC participants and attend meetings and participate in committees as requested.

Other Travis County Specialty Courts

Travis County adheres to the special court model, as multiple specialty courts for substance abusers exist in various County offices and departments, including the DWI Court, Drug Court, and Juvenile Drug Court. In all of these programs, individuals receive multi-disciplinary drug treatment, case management and intervention services. Below is a comparison of some of the basic inputs and workload measures for the other substance abuse specialty courts in Travis County. The Drug Court is based in Pretrial Services, the DWI Court is a state grant-funded program housed in the Community Supervision and Corrections Department, and the Juvenile Drug Court is housed in the Juvenile Probation Department. Each program has different mechanisms, but each is based on the foundations of case management and intervention. Parenting in Recovery/Family Drug Treatment Court is based on judicial oversight, early access to treatment, recovery supports, and accountability.

County Jurisdiction

The County would interact with the cases currently served by PIR even if the program in its current structure ceased to exist. The District Attorney's Office tries child welfare cases on behalf of the state. The Office of Child Representation provides representation for indigent children in these cases. An Associate Judge in the Civil Courts hears the cases as part of the Child Protective Services docket.

The County is mandated to file civil suits affecting the parent-child relationship on behalf of the Texas Department of Family and Protective Services. The Civil Unit of the Family Justice Division in the District Attorney's Office represents the Department of Family and Protective Services (DFPS) in civil actions involving children who are either removed from their homes as a result of abuse or neglect or for whom a lawsuit is filed for court order services.

The Office of Child Representation was established in 2009 as public defender offices representing indigent children in Child Protective Services (CPS) cases brought by the State of Texas. This office seeks to increase safety, stability and permanency for clients through legal and case management services and will continue to provide legal services for CPS cases.

Civil Court judges preside over CPS cases, which have increased over the past decade, likely due to population growth in the County. The Associate Judge and staff that hear CPS and family cases would continue to do so, with or without the PIR program.

The number of Family Drug Courts has steadily increased in the state of Texas during the last several years and some jurisdictions have come to Austin to observe the PIR /FDTC prior to implementing their own version of a Family Drug Court program. There are more than ten other Family Drug Courts in Texas. The outcomes of these specialty courts are not published or available for comparison during this analysis period. Other large counties with family drug courts include Bexar, Dallas, El Paso, Harris, and Tarrant counties. Small counties with family drug courts include Grayson, Gregg, Jefferson, Lubbock, Rusk, Smith, and Webb counties.

The department has stated that, because of the nature of the program, it would be detrimental to end the services provided by PIR /FDTC abruptly if the pilot was not deemed appropriate to merit ongoing funding. If the program was to be discontinued after an additional year of funding, it would be necessary to implement a specific discontinuation plan to properly close out the many services provided and contracts associated with the program. The process of ending services for clients in the program would require a transition plan along with potential one-time expenses contingent on when shutdown notice was received.

PBO Recommendation

The PIR/FDTC program creates efficiencies and collaborative processes for the County offices and departments mandated to serve these individuals. The program is meeting its targets for successful program graduation. PIR exceeds targets for entry into substance abuse treatment and length of treatment stay, with 96% of participants successfully completing the substance abuse treatment portion of the program. Parents participating in the program are more likely to retain custody of their children while maintaining their recovery than those who do not participate. Fifty-seven percent of children in the program remained with their PIR/FDTC enrolled parent, compared with 40% of those who did not participate in the program. Successful program participants have reduced levels of recidivism and are highly likely to find stable and affordable housing. There have been no drug positive births (out of 11 reported births) by successful program graduates, from program inception in February 2008 to date.

The program provides a unified, collaborative wraparound system with no gaps for a difficult and high-needs clientele that will continue interact with the criminal justice and human service areas of the County if no intervention is offered to them. Without a drug court program, these families will not be served, and may never enter treatment, leading to greater negative outcomes for them and for their children. Possible outcomes could include continued birth of drug-positive children, further removal of children, and additional interaction with the criminal justice system. Additionally, since 23% of the Family Drug Treatment Court participants have had prior CPS involvement as a child, staff is hopeful that interventions provided to the children in this program will have the long-term effect of reducing their future interactions with the child welfare system as adults.

Program and performance evaluation for the PIR program using the pilot model faces a few challenges. The program is costly, and serves a limited number of individuals based on capacity and available resources. Because of much of the underlying child welfare data is housed outside of the County, there is not currently an evaluation of group participants compared with a group that did not use the services. PBO recommends an additional year of one-time funding for the program. An additional year of pilot

status would fund substance abuse treatment at Council on Recovery, recovery supports, contracted Child and Family Therapists, and a Special Project Worker Case Worker position, to keep the program running at current levels without a break in service.

This recommendation to not fund the program on an ongoing basis is not a reflection of the current work of the program or staff efforts to capture and analyze the available data. Through the past eight years of the program, the collaborating Travis County departments, local nonprofits and state agency have established an order and plan for the elements that make program participants successful as they transition from addiction to recovery. The families who have been served by PIR have a healthy set of outcomes, and staff believes the program is performing as well as or better than similarly situated programs across the nation. Family Drug Courts were created to address the poor outcomes derived from traditional family reunification programs for substance-abusing parents. PBO believes that there is opportunity to present a data comparison to expound the effectiveness this method of service delivery against others at this price point.

PBO hopes that HHSVS can use this additional year to work with partner agencies to more clearly demonstrate that delivering services using a wraparound model delivers more successful outcomes for this population than traditional, stand-alone programming. This demonstration work will include working with service providers to add recovery supports to the current treatment protocols. The planned collaboration will increase the continuum of services provided to individuals in this population, in an effort to examine the efficacy of an intervention as compared to a group that receives no intervention or receives intervention at a different level. It is hoped that that this data comparison will mimic the successful data comparison work found in other issue areas such as workforce development. During this time, PBO will continue to work with the department and will also work to find comparison data from other specialty courts statewide and nationwide.