

Travis County Parenting in Recovery/ Family
Drug Treatment Court

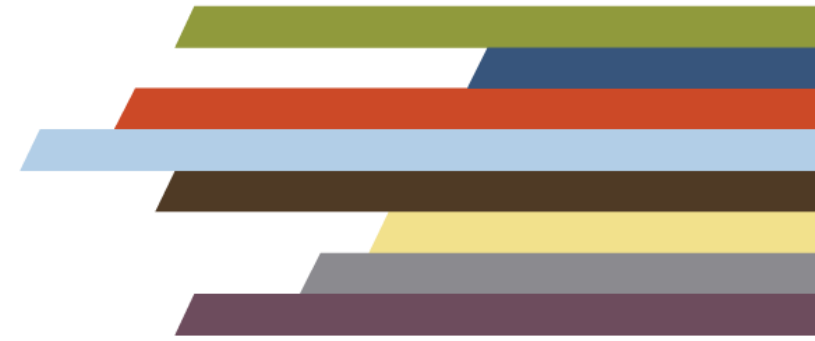
*"We grow in different directions yet our roots
in recovery remain as one."*



Stimulant Use: Responses by the Parenting in Recovery/ Family Drug Treatment Court program

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Travis County Health and Human Services



Parenting in Recovery (PIR) Program

- First docket in March 2008
- Current funding
 - Local
 - SAMHSA grant to expand treatment capacity
- Strategic and sustainability planning

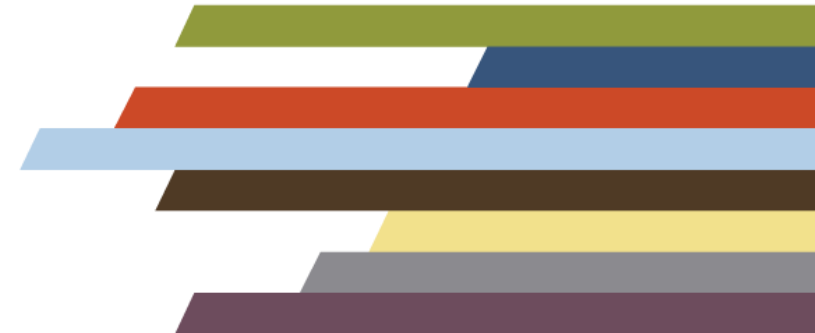


Mission

To provide a spectrum of court and community-based supports for parents involved in the child welfare system that promote recovery from alcohol and drug addiction and encourages healthy lifestyle choices.

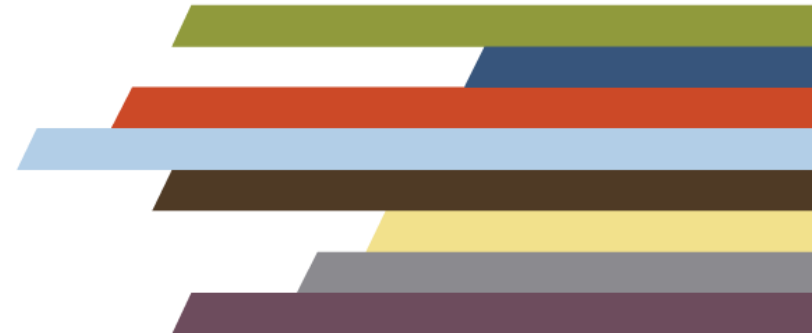
Vision:

For parent participants to become sober, responsible caregivers so they can ensure the safety and well-being of their children.



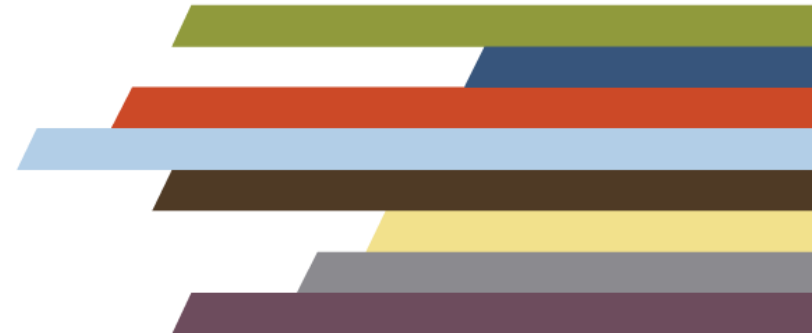
What is a PIR?

- Family Drug Courts seek to
 - provide safe environments for children
 - intensive judicial monitoring
 - interventions to treat parents' SUD & co-occurring risk factors
- Civil court under the Travis County District Courts with administrative and day-to-day management from Travis County Health and Human Services.
- PIR serves families with a Child Protective Services lawsuit, in which SUD is a primary factor



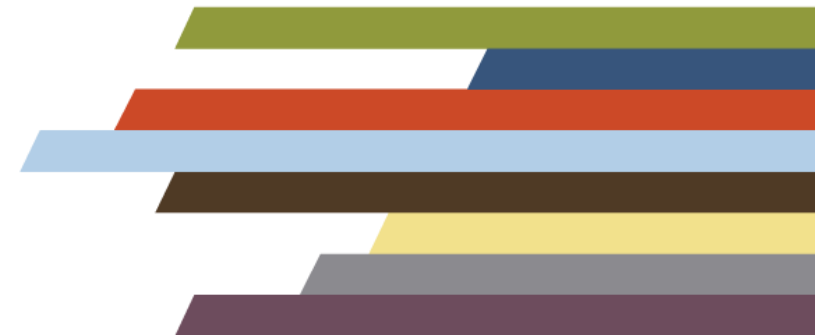
More about PIR

- PIR collaborates with multiple County departments, the district court, a state agency, and various community agencies
- PIR serves participants for an average of 14 months
- The two major components of the program are:
 - Treatment and recovery **supports** for the family
 - **Accountability** through the Court system



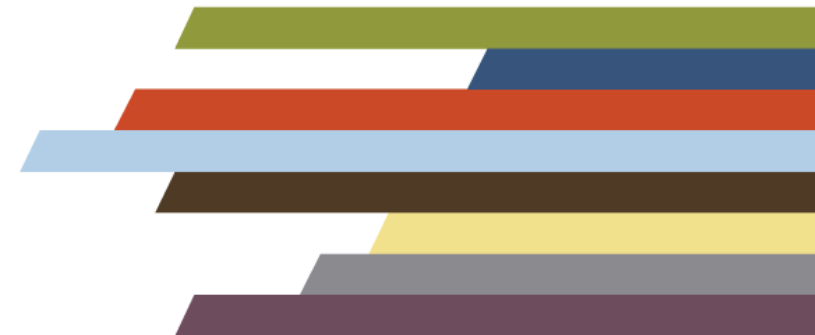
PIR Referral and Intake Procedures

- Cases are identified by Child Protective Investigations as meeting basic initial criteria (substance use, at least one child under 5, professional reporter) – often referrals are for an infant’s prenatal exposure to a substance
- Intakes are assigned to special investigations unit
- Family Team Meetings held to discuss the PIR program
 - Peer Recovery Coach begins work with parent
- Parent observes a PIR docket and is advised by a PIR parent’s attorney prior to signing the contract to participate



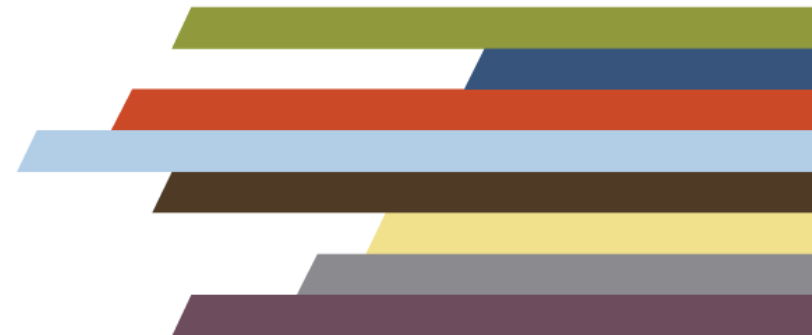
PIR Services and Supports

- Substance use disorder treatment
 - 90 days residential
- Peer recovery coaching
- MAT (Medications for Addiction Treatment)
- Child and family therapist – assessment and services for children
- Wraparound support services
- Trauma Specific Therapy
- Collaborative Case Management
- Housing – recovery/sober housing for 3 months
- Mental health services
- Domestic violence advocacy services
- Education/employment
- Parent training



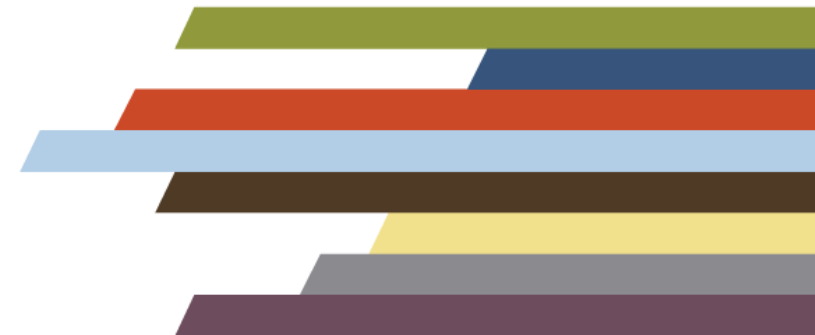
PIR Accountability

- Routine hearings – initially weekly interaction with the Judge
- Pre-hearing and case management staffings
- Four structured phases
- Incentives and sanctions
- Graduation/termination criteria
- Recovery-related activities and meeting requirements
- Prescription drug policy
- Random drug testing through call-in color system



Substance Use Disorder Treatment

- Mothers and child(ren) – 90 days of residential
- Ongoing Communication with the team and the Court
- Agreement with CPS that supervision of Mother and child will occur at all times off-site until supervision lifted by CPS
- Austin Recovery's willingness to call CPS if Mother attempts to leave facility ASA



Mothers & Children in Treatment Together

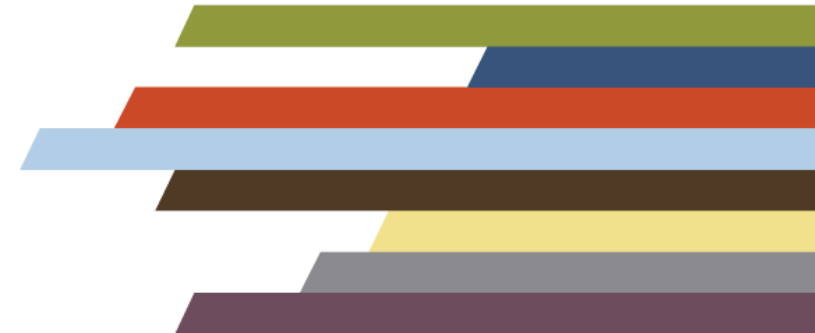
- Mothers stayed in treatment longer (*Clark, 2001*).
- Clinical outcomes improved (*Conners et al., 2006*).
- Parenting skills improved (*Clark, 2001*).
- Children experienced developmental and behavioral benefits (*Clark, 2001*).

Demographics of Program Participants*

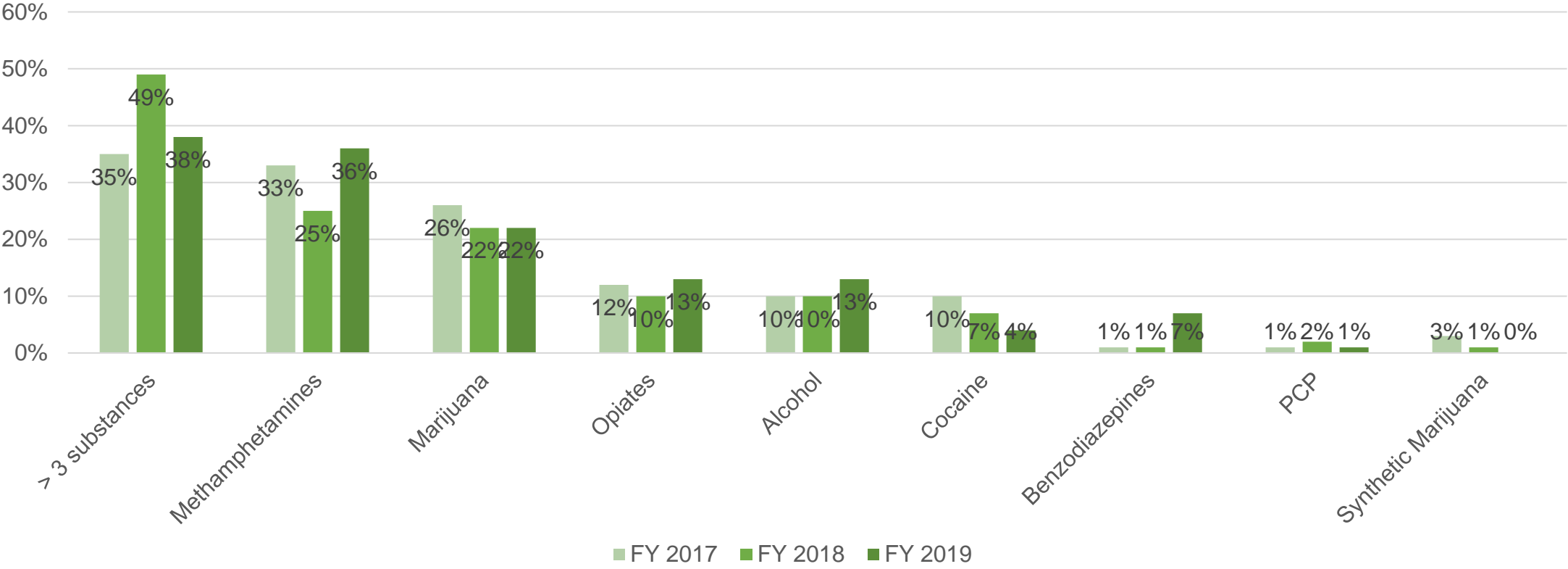
- Race – 89% Caucasian, 10% African American, 1% Other
- Ethnicity – 39% Hispanic, 61% Non-Hispanic
- Gender – 89% Women, 11% Men
- Average Age – 30
- Mental Health – 92% with DSM-V diagnosis that is not SUD
- Education – 65% with GED or High School Diploma
- Criminal History – 89% (69% with charges that are substance related)
- Trauma History – 89%
- Prior Child Protective Services Involvement – 69% as adult, 31% as child
- History of Homelessness – 65%
- Number Served FY 19 – 72 parents, 92 children, 65 families



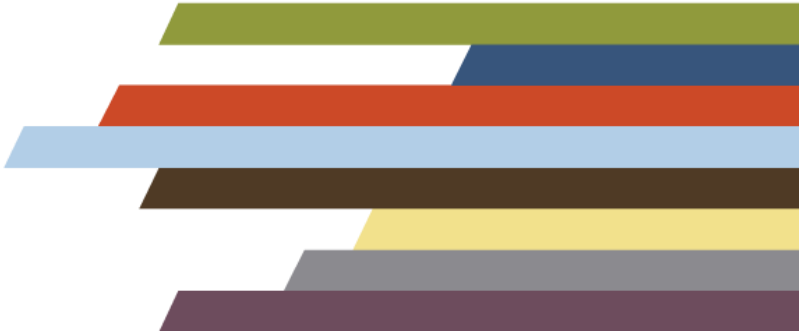
*Data from FY 2019



PIR program participants – Drugs of Choice*



*Data from fiscal years 2017-2019



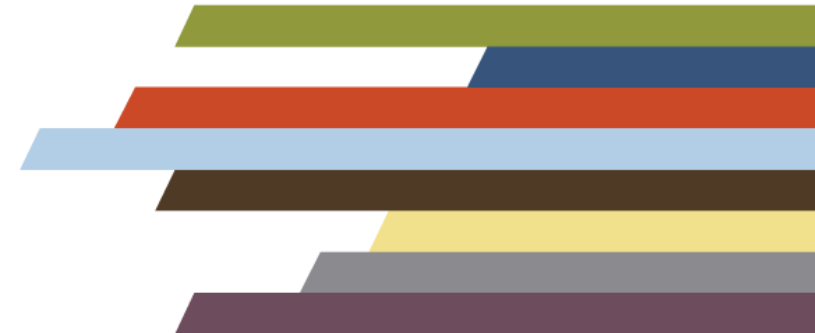
PIR Community Contribution*

- Cross-training and collaboration among child welfare, the substance use treatment/recovery community, and the courts.
- Expedited and increased length and completion of SUD treatment
 - 12 days average time to treatment admission
 - 84 days average length of treatment stay
 - 82% successful completion of initial treatment episode
- Early identification and service provision to young children (0-5)– 97% exhibited improvement on ASQ, ASQ-SE, and CANS**
- Increase in the number of children who reside in the care of a parent or relative at dismissal of CPS lawsuit – 93% for FY 2019
- Investing in families now can reduce recidivism in child welfare and criminal justice which improves the overall health of our community



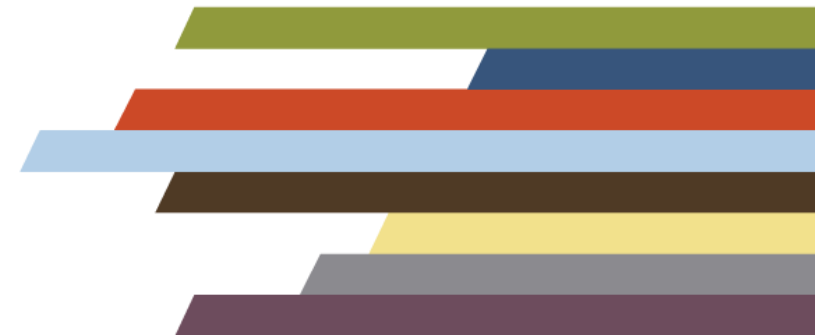
*Data from FY 2019

**Ages & Stages Questionnaire, Ages & Stages Questionnaire – Social, Emotional, Child & Adolescent Needs & Strengths



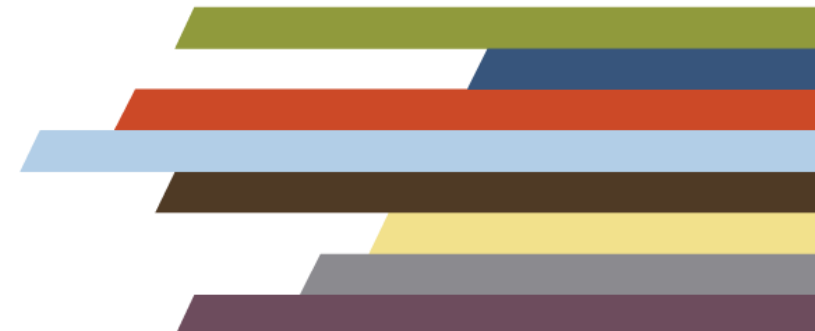
Participant Testimonials

- *“The PIR program taught me how to be a mom. I joined the program right after my baby was born. I was able to become a new mom with a sober life, so my kids never saw me messed up. I am able to be a sober, present parent for my kids. My kids were never tormented by my addiction.”*
- *“The PIR program molds us into contributing members of society. It lets us be in the world without our addiction. That lifestyle is behind us now. I’m a functional member of society and I hold a job.”*
- *“Life after PIR is great. I feel like I’m actually living now. Before I wished I didn’t wake up every day. Now I wake up and feel thankful.”*



Lessons Learned

- **Complex issues requiring unique service planning with multiple services**
- Use of many different substances & substitution of one substance for another
- Stimulant use often accompanies the use of a depressant
- Stimulant prescription drugs (Adderall, Ritalin) prescribed by a physician may cause problems for PIR participants
- Often early recovery associated with weight gain; Diet pills may lead to resumed use
- Stimulant substance use trends in Texas have shifted from cocaine to methamphetamines



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