

More Families Reunited Using Holistic Approach to Treatment and Support of Methamphetamine Addicted Parents



Purpose

This report summarizes an evaluation of a drug treatment program in Pierce County, Washington, that was developed to support the Pierce County Family Drug Court. It focuses on the treatment of parents, who are dependent on methamphetamine and/or other drugs, with the aim of bringing them into recovery and helping them regain their capacity to provide safe and nurturing environments for their dependent children.

The intended outcomes of the program are parental recovery from substance dependency and the reunification of the family, or permanent placement of the dependent children when the parent fails to achieve recovery or decides not to seek permanent custody. The Pierce County Alliance (PCA), a local treatment provider, formed a regional partnership with the Washington State Department of Children and Family Services (DCFS) and other community providers in order to enhance support services for the families involved and improve results.

Based on an analysis of data collected since 2002 and the assessment of program changes initiated in 2007, the evaluation found that **the program is very effective in both rendering successful treatment outcomes and in preparing parents for successful reunification with their children.** In measuring the effectiveness of program improvements, the evaluation showed mixed results, that is, little difference from the comparison group overall, but significant increases in successful treatment and reunification over pre-2002 cohorts.

Program Results

Success in the program can be seen at various stages. Among the most important milestones are these:

- Continuity in treatment (6 & 12 mo.)
- Sobriety (numbers of positive UAs after starting treatment)
- Treatment completion & graduation from Drug Court
- Positive, permanent child placement
- Reunification with parent
- Adoption with voluntary release of parental rights

The program has been successful in all of these measures.

In addition to learning from the quantitative analysis presented, we also gained insights and suggestions from interviews with system partners. The quotes that appear throughout this document are results from this qualitative assessment.

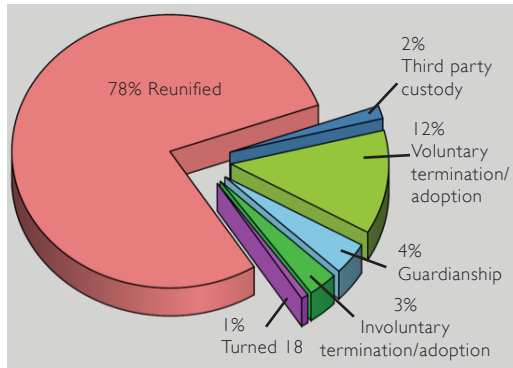
Table 1: Child Outcomes

Outcome	Comparison Group	Experimental Group	Both Groups
Reunified	82.6%	81.1%	82.2%
Adopted	12.1%	11.1%	11.8%
In custody of relative	5.3%	6.7%	5.7%
Turned 18	–	1.1%	0.3%

“The key to success is bringing all the groups that are involved together early on, to get everybody [interacting] in a positive way.”

–Judge

Table 2: Child Outcomes in Experimental Group



“It takes a certain amount of courage to move a case forward. But... there are safeguards. The beauty of Drug Court is, there are so many safeguards, because there are so many people involved in your case, from guardian ad litem to case manager to treatment provider to defense attorney.”

–Attorney

Program Overview

The methamphetamine epidemic that has swept the nation over the last two decades has put huge demands on the criminal justice system, public welfare resources, law enforcement, treatment, and environmental and public health services. The availability of the drug, its attractiveness to many users, and the fact that it is highly addictive, combine to present ever-greater demands on the available treatment services. In 2007, the number of treatment admissions for methamphetamine as the primary drug of abuse more than doubled nationally, rising to 7.5% of treatment admissions compared to 3.3% ten years prior.

Notwithstanding the increased numbers of users, the nature of the drug itself presents additional challenges to treatment providers because the mood altering and psychotic impacts tend to be more acute than with other popular drugs such as cocaine or heroin. Methamphetamine represses one’s appetite, causing most users to ignore their basic nutritional needs, resulting in problems with physical health in addition to the mental health issues that impact at least 50% of those admitted for substance abuse treatment.

When caregivers of young children become dependent on methamphetamine, the children often come into harm’s way due to domestic violence, child abuse and neglect. The impacts of this on the family have created even greater demands on community and governmental supports systems, particularly those charged with assuming the custody of drug-endangered children on behalf of the state. These cases eventually come before county family courts, charged with either restoring or denying parental custody rights and determining the ultimate disposition of the dependent child. This takes the form of reunification of the family or an alternative permanent placement (e.g., adoption by a relative; placement in foster care).

Since its inception in 1972, the Pierce County Alliance (PCA), a private, non-profit treatment service provider, has specialized in drug and alcohol treatment for offender populations. In recent years, the agency helped pioneer the implementation of drug treatment courts in Washington State. In 2001, PCA worked with the Washington State Department of Children and Family Services (DCFS), the Pierce County Superior Court, the State Attorney General, and other principals, to form a Family Treatment Court. That same year PCA helped initiate the Washington Methamphetamine Initiative. One of the component program efforts focused on treatment specifically designed to address the impact of methamphetamine on families. PCA developed the Methamphetamine Family Services (MFS) program to provide treatment and other parental support services to parents whose child custody rights were at risk, due at least in part, to their drug use.

Under a Regional Partnership Grant from the U.S. Department of Health & Human Services, the partners expanded program collaboration and enhanced service delivery with innovative, evidence-based approaches. They implemented other system changes to improve parenting skills and to extend crucial supportive services throughout the treatment and post-treatment processes. This entailed an intensive case management approach, which addressed all of the family needs through an extended continuum of care and involved family allies and the local community in post-treatment support.

The ultimate aim of the program is to return healthy families to healthy communities and improve the likelihood that families continue new and supportive habits. The goal is for parents to remain free of drug use and for children have the opportunity to grow and develop in a healthy environment.

Program Services

The program is based on a standard intensive outpatient model of chemical dependency treatment, which takes a client through three phases of group and individual therapy sessions that are progressively less intense. It takes at least 12 months, depending on the individual patient's progress. Throughout the treatment regimen, patients are monitored for sobriety and abstinence through random urinalysis and breath analyses.

Methamphetamine-dependent persons tend to progress rapidly in their disease of addiction, which presents a more challenging population for the treatment provider. PCA estimates this population requires two- to two-and-a-half times the amount of treatment time and effort than those dependent on cocaine, alcohol or other drugs. Additionally, most of these patients require a diverse set of services to address nutritional and medical needs, mental health problems, and often other disabilities that complicate the treatment process and denigrate their ability to maintain a functional and safe household for their children.

In addition to addressing the collateral issues of the parents, the enhanced program also focuses on efforts to support the long-term viability of the family by providing parenting skills training, addressing the children's nutritional and health needs, and providing counseling for those that had suffered abuse of any kind. It also incorporates the means for re-integrating the family into the community where they can benefit from a broader support system.

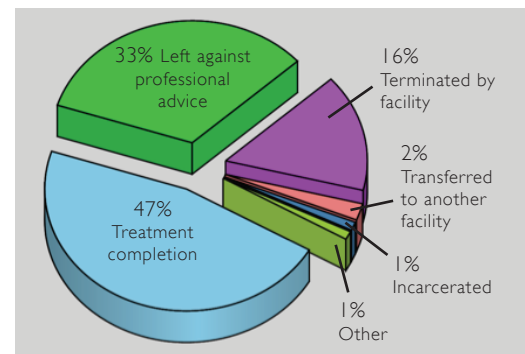
Table 3: Adult Success Rates by Group

Group	Percentage
Comparison	59.6%
Experimental	46.7%
Both Groups	57.7%

"[Over the last three years] the acceptance of these programs has grown among the public, law enforcement, prosecutors and elected officials."

-Judge

Table 4: Adult Treatment Outcomes



"[Our process now provides a] faster outcome. We may make every effort and it is [still] not a successful reunification. [But it means that] every service was provided up front and we reach a faster permanent placement for the child, even if the parent can't prevail. It used to take forever. [Now] there is no game playing, waiting a year or longer."

-DCFS staff member

Conclusions

1) Is Meth Family Services an effective treatment program?

Yes. Compared to other, similar programs, MFS is as effective. We reached this conclusion by comparing the completion rate, which was about 50%, to other meth treatment facilities for which data were available.

Yes. The reunification rate for children is 80.0%, with another 10.8% of children being adopted after their parents voluntarily relinquish their parental rights. This places the overall success rate over 90%.

“Drug Court kind of creates its own momentum for good results because you get various participants buying into a program that is headed toward a goal, and that goal is to reunify the kids with the parents.”

-Attorney

2) Is it successful at preparing parents for reunification with their children?

Yes. A client who successfully completes the MFS program is more likely to be reunified with at least one child than a client who does not complete the program. This conclusion is based on differences in child reunification rates between individuals who successfully completed treatment and those who failed treatment.

3) Has MFS improved its effectiveness since initiating program changes under this grant?

Some evidence for yes and no. The data reveal that MFS has maintained, but not improved, its success rate since the changes. This conclusion is based on the overall success rates between the comparison group and the experimental group. The data show that when implemented at its best (i.e., with the best case management and improved collaboration among system partners), the program success rate is much higher.

Recommendations

- Continue collaboration process and seek wider and deeper commitments from system partners and funders.
- Add partners who are effective in after-care service delivery and who monitor needs, services and outcomes.
- Add services that can help parents cope with the variety of challenges they face to remain sober and to improve their parenting skills.
- Provide high quality, ongoing case management services to all clients, throughout and following treatment and program participation. Use Drug Court graduates as mentors.
- Provide consistent funding for the courts, program and services (e.g., treatment, visitation, housing, after-care).
- Create a larger facility in order to bring the people who work on these cases together, to make the process more efficient.
- Continue collaborative efforts to assess results using the online database developed in this project.
- Continuously evaluate what is working and what is not working. Set goals and review them at least once a quarter.
- Keep funders informed of the program's progress and effectiveness, identifying for them and for new partners, the resources, processes and procedures that are essential for success.
- Maintain strong leadership from judges and program administrators.

“The governments want to see the data that show you are successful. So being able to measure that and to get it to them with confidence is important. Without that, I don't think we would get any money. ... Look at the outcomes you come up with—less crime, less domestic violence, less incarceration. We are getting kids back to their families, and that is a big [savings] to the State.”

-Judge

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