



Infant Toddler Court

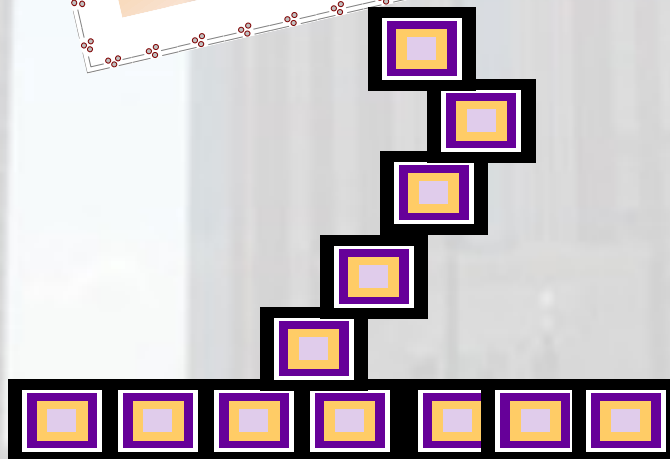
HARRIS COUNTY
INFANT TODDLER COURT &
FAMILY INTERVENTION
COURT



Family Intervention Court

HARRIS COUNTY
INFANT TODDLER COURT &
FAMILY INTERVENTION COURT
ANNUAL REPORT FY 2011

**SERVING FAMILIES
PROTECTING ABUSED CHILDREN
SUPPORTING HEALING AND RECOVERY**





HARRIS COUNTY
INFANT TODDLER COURT &
FAMILY INTERVENTION
COURT



MISSION STATEMENT

The mission of the Infant Toddler Court & Family Intervention Court is to protect abused and neglected children in Harris County through a judicial process involving treatment, recovery, and reunification of families, where possible.



**Honorable Judge Bonnie Crane Hellums
Presiding Judge**



HARRIS COUNTY INFANT TODDLER COURT & FAMILY INTERVENTION COURT



A LETTER FROM JUDGE HELLUMS

Having been elected to the 247th District Court in 1994 I have now had almost 17 years of experience in watching the devastation that alcohol and drug abuse visits on our families and children in Harris County. 75% of all divorces have some elements of the maladies incorporated and these elements are involved in almost all CPS cases. Over the years my concerns for the small children who are punished by the poor choices of their parents has greatly increased. These diseases are passed through the generation so intervention now has become increasingly more critical.



In 2004, with the assistance of a fabulous team, we started the Family Intervention Court (FIC) which is the only family drug court in Harris County. We have had wonderful results with our CPS based cases and the Domestic Relations Office (DRO) cases of nonpayment of child support. We have many clean and sober graduates/parents who are raising their children and many who now pay child support and have been reunited with their kids. Increasingly however I realized that damage was happening early on to our youngest children in that they were not being given the opportunity to bond with their parents. In an attempt to stem this negative off shoot of removing children we have now incorporated the ideas contained in an initiative in Ft. Bend County called Zero to Three. We have dove tailed these ideas in our new Infants and Toddler Court (ITC). We are doing parent coaching, early evaluation of children and helping with early bonding with children and parents.

The new FIC/ITC is a more holistic approach and promises a more complete recovery and successful long term healthy results for all our participants and our smallest clients – the children. Keeping them safe is our biggest priority.



A LETTER FROM ASSOCIATE JUDGE WALKER

Prior to becoming a judge in 2007, I was a family law attorney who dedicated the majority of my practice to representing families involved with Child Protective Services. I represented parents and children and I was able to see the devastating effects of drugs and alcohol from the adult's perspective as well as the child. What I learned during my practice is that most children are not in foster care because of abuse, but rather they are in care due to neglect because their parents have some form of an addiction. Therefore, when Judge Hellums began FIC (Family Intervention Court) in 2004 I was happy to become an original team member representing the interests of the mother or child.

Now that I am the Associate Judge in the 247th, I feel that I have come full circle. It is an honor to be able to continue to work with families who are sincerely trying to get their lives back on track and who are working to become clean and sober parents. FIC has many success stories and we have a wonderful team involving various stakeholders including therapists, attorneys, child advocates, CPS, in-patient and out-patient programs, parent coaches and a host of volunteers from the community. The best gift that a child can receive is a healthy, clean and sober parent who is able and willing to provide a safe, loving and stable environment. It is our goal and mission to provide our parents with the tools and knowledge to give their children the gift that keeps on giving.



HARRIS COUNTY INFANT TODDLER COURT & FAMILY INTERVENTION COURT



Hello, I am Regina Jones, Coordinator for the Family Intervention Court and Adult Treatment Services. I am a Licensed Chemical Dependency Counselor with a special passion for working with people in recovery from the disease of addiction. In the 15 years I have been working in the field of Chemical Dependency, I have seen families broken from prolonged use and abuse of drugs and alcohol. The children impacted by drug abuse often suffer the most. This is why it is so important for parents who want to get sober to be willing to learn and participate in the whole recovery process. Drugs are a vicious cycle, but with the proper resources and professional intervention, we can offer hope to both the children and the parents that they can have and lead productive and sober lives. The FIC-ITC is a valuable resource for parents willing to do the work needed for recovery, and together, work to provide a safe, healthy and loving family environment for their children.

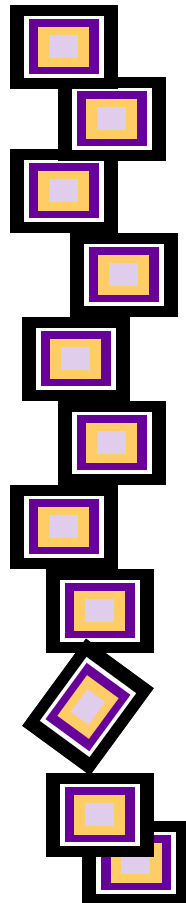
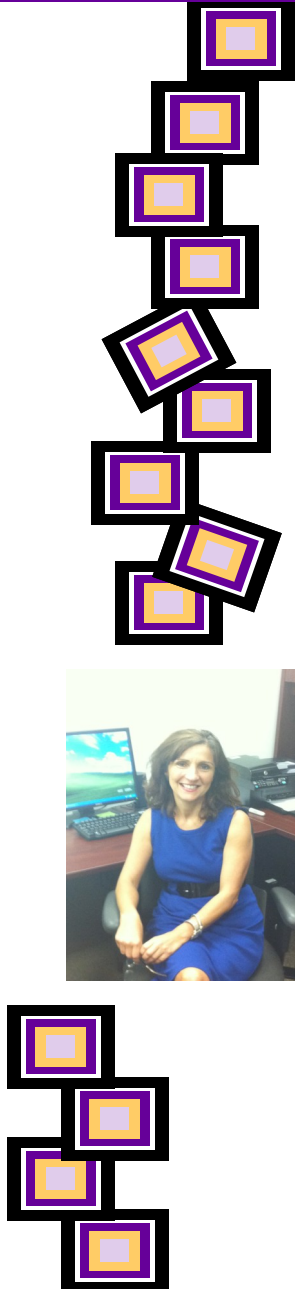


Dr. Connie Almeida, Clinical Liaison and Coordinator of Infant Toddler Court outreach, has provided and /or managed clinical services to children and adults with mental illness, developmental disabilities and substance abuse issues. Dr. Almeida has also been involved in a variety of research projects and evaluation studies. She has provided training and consultation on various topics including assessment and treatment of children and families with mental illness, developmental disabilities, learning disabilities, development of criminal justice/ mental health initiatives and model courts for abused infants and toddlers. Dr Almeida has provided clinical and programmatic consultation to the FIC and ITC and currently serves at the Director for Behavioral Health Service for Fort Bend County.

Dr. Almeida is a licensed psychologist in the state of Texas as well as a Licensed Specialist in School Psychology. She received her Ph.D. in Psychology from the University of Maryland in 1985 followed by a post-doctoral specialization in developmental disabilities at the University of Massachusetts.



“Parent-child contact is a significant factors in determining permanency and assisting families with reunification. Visitation should provide an opportunity for parents to learn about their child’s needs and ways to meet those needs. Too often this has been an underutilized opportunity for teaching parents. The Infant Toddler Court recognizes the value of parent-child contact and works collaboratively with CPS, providers, CASA, attorneys, foster families, relatives, and families to maximize the amount of visitation, when in the best interest of the child.” Dr. Almeida, “Visitation”



THE STORY OF THE INFANT TODDLER COURT INITIATIVE

ITC Clinical Liaison Dr. Connie Almeida tells the story of the Infant Toddler Court.



It all began in 2005, when Judge Ronald Pope, 328th District Court Judge, invited me to a meeting in his courtroom to hear about a new ZERO TO THREE project for babies. Less than 2 months later, I was working with Judge Pope as the Community Coordinator for the ZERO TO THREE Fort Bend Court Team. To my surprise what began as part time commitment has evolved into a regional initiative for infants and toddlers in the child welfare system. Training, coordination, monitoring, and implementation of evidence based practices for infant and toddlers have been the core components of this initiative. The Judicial Leadership of Judge Pope and Judge Hellums has been essential to bringing partners to the table and realigning both court and service provider systems to better address the needs of these young children.

Being involved in the Infant Toddler Court Initiative has provided me the opportunity to re-examine the importance of attachment for young children and how this is adversely impacted by family violence, parental substance abuse, mental illness, poverty and a host of other factors. These vulnerabilities often impact a parent's ability to provide a safe, stable, nurturing and developmentally appropriate "haven" for a young child - a secure base for the child. The cornerstone of the ITC initiative is relationships. It is the relationship among the Judge, attorneys, advocates, providers and families that make a "team" and it is the relationship among a parent/ caregiver and a young child that supports the emotional and cognitive development of a child.

My professional career started out focusing on developmental issues and working with babies. I received a PhD from the University of Maryland in Applied Developmental Psychology and a post doctoral specialization in Developmental Disabilities from the University of Massachusetts. I then

had the opportunity to develop and evaluate programs for adolescents with serious emotional problems. I quickly realized that often children are placed in residential settings not because of clinical needs but because a bed is simply available. Restrictiveness and intensity of programming were not always correlated to clinical need. Since then, I have been committed to developing systems of care for children that focus on individual needs, are flexible, culturally responsive, clinically appropriate and when possible keep children and families together. I have had the opportunity to provide and manage clinical services to both adults and children with developmental disabilities, learning disabilities and mental illness. After nearly 25 years of working with very complex needs and systems, the ITC has provided me the opportunity to once again work with the youngest and most vulnerable victims of abuse and neglect.

It has been a pleasure working with Judge Pope and Judge Hellums. Through their leadership they have brought together a group of key stakeholders to develop the regional Infant Toddler Court Initiative.

This initiative is based on the premise that (1) early and appropriate interventions can heal the trauma experienced by young children and support healthy parent-child bonding when possible; (2) stability in placement supports a child's well-being; (3) early assessment and interventions matter; and (4) families experience a constellation of vulnerabilities that require integrated services. The systems and processes we work with are complex and at times competing but our goals are simple: (1) keep infants and toddlers safe; (2) heal trauma; (3) build and support appropriate care giving relationships; and (4) divert children from further involvement in the child welfare or criminal justice systems.



MHMRA
OF HARRIS COUNTY

MHMRA EXECUTIVE DIRECTOR DR. STEVEN SCHNEE ASKS:
“WHAT’S THIS INFANT TODDLER COURT (ITC) ABOUT?”



Why are we in Harris County piloting the ITC within the 247th District Court under the direction of The Honorable Bonnie Hellums? Sponsored by County Judge Ed Emmett, the ITC migrates to and adapts for Harris County the successful strategies, procedures, and policies from the Fort Bend County Pilot of the Zero to Three intervention successes under Judge Ronald Pope, 328th District Court. But why?

It’s about the “mix” and impact of substance/alcohol use or abuse on women, on their developing babies while en utero, on those babies separated at birth or later on from their natural mother/parents due to abuse/neglect, on society in accepting custody and, for some, committing to raise the removed children through foster or adoptive families. It’s about risk to all aspects and all involved. And, based on many indicators, what we’ve been doing has not been adequately “working”.

First, there is compelling evidence that the use or abuse of street drugs and/or alcohol by a woman while she is pregnant can/will result in genetic modifications that may result in long term, if not life-long, significant changes in the developing child. Physical, behavioral, intellectual, and social capabilities may be modified and negatively impacted, depending on when and how much use/abuse occurs by the pregnant woman.

Second, if the mother tests positive at birth for the presence of alcohol and/or street substances, DFPS steps in and removes the child — Initiating a process of foster placement while evaluating the mother/father/family to protect the health and safety of the infant. The process historically is designed to protect the infant – it is slow and thoughtful. However, as it is structured, it may result

in unintended, significant negative consequences. The maternal instincts of the mother may not be engaged because of the separation and infrequent visitations with her baby. The mother may turn to increased use of street substances/alcohol to “numb” her maternal pain/sadness over losing her child and, perhaps, her concerns over her self worth as a person and parent. The infant may go to one or more foster families. The foster families, while truly caring, may not have the time and commitment to provide the “hands on” time, holding, interacting with the infant to achieve true and meaningful human attachment. If there are multiple foster placements, there is a high probability of the child evidencing an attachment disorder, depression, school difficulties, “acting out behaviors” – in short, place the developing child at significant risk of having emotional problems and moving along a path that may lead from the cradle to juvenile justice to adult criminal behavior.

Mother may return to her use/abuse of the substance that led to the child’s removal. A number of women in this situation have multiple births, often out of wedlock.

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The ITC/FIC under the hands on supervision of Judge Hellums provides an opportunity to reverse this truly high risk dilemma to benefit the mother who is “using”, the infant/child who may suffer significant impairment, and society as a whole, which may experience substantial on-going “costs.”

- Through appropriate, tailored clinical assessments, interventions, and education, the mother may be assisted to incorporate a constructive, alcohol/substance free approach to herself, her child, her life.
- Through appropriate, tailored clinical assessments, the infant may be diagnosed earlier and access appropriate interventions to ameliorate, if not eliminate, the likelihood of long term developmental delays and/or emotional/behavioral disturbance.
- Through monitored, court-ordered supervision and training, mother and child may have more frequent and healthier visitations while mother is in the process of turning her life around.
- The end product for many will be natural family reunification in a healthy, constructive environment absent alcohol/street drug use while avoiding future abuse/neglect of the child.

It’s about one child/one mother (and, often, one father) at a time. It gives us the hope of transforming a paradigm in this state/community. While founded on the best of intentions, what we’re doing and how we’re doing it is simply not working for way too many.

Why is MHMRA involved in this ITC effort? First, and foremost, as the Mental Health Authority for Harris County designated by The Department of State Health Services and functioning under The Harris County Commissioners Court “umbrella”, we are concerned about the mental health or mental “well being” of the people who reside in Harris County. That includes all mental health conditions and the factors which either strengthen or erode the mental health of our local residents. We know from ample health care research that early identification and clinical intervention is the most cost effective way of preventing more serious, costly conditions surfacing and impacting our already overloaded system of care. Achieving positive clinical outcomes has to be continuously in our consciousness. Siloed, separated approaches to complex

issues such as those addressed by the ITC simply don’t and won’t work. No one agency or organization has or will have the resources to successfully address the many factors which may result in a baby, mother, and father having a healthy, constructive approach to life and the issues they face over their lifetimes. One child, one mother, one father, one family at a time. It will take a truly integrated, collaborative effort between an array of public and private entities – each bringing their respective expertise, commitment, and resources to the “ITC” table. We at MHMRA are a part of the team.

We also have under our organization one of the largest Early Childhood Intervention (ECI) programs in the County and State, covering many of the inner city zip codes. ECI provides an array of services and supports for eligible children from birth through three years of age. ECI is a state/national Medicaid waiver program which has repeatedly demonstrated in the literature the positive, cost effective impact of these early interventions on reducing/eliminating the long term consequences of developmental delays for many babies who receive services and their families. We anticipate that as a part of our ITC effort we will be able to figure out how ECI can play a role in assisting with the DFPS ITC infants which may then be deployed through the other ECI components in the County (and then, perhaps, across the state). ECI brings a committed staff with infant/baby expertise, along with resources for services (third party reimbursements, state general revenues, and fees for service income), to potentially address a portion of the infant’s developmental/mental health needs.

We believe that ITC/FTC offers the real opportunity to pull together and focus the team of courts, agencies, organizations, and professionals/volunteers to more effectively and efficiently impact a small but growing population of babies and their parents who are at high risk of dysfunctional lives with a potentially cost prohibitive impact on society.

So how many are at risk, as of August 2011, DFPS has approximately 1,400 babies under the age of two in their custody – the number has been increasing at an alarming rate each year. ITC/FIC won’t “cure” all those involved. It is, however, the best promise of achieving positive outcomes for many, interrupting the cradle to prison pipeline. It is the embodiment of the positive impact of therapeutic justice.



Infant Toddler Court

HARRIS COUNTY INFANT TODDLER COURT & FAMILY INTERVENTION COURT



Family Intervention Court

Did you know....?

Foster care does not always provide the best solution for an abused child. Too often, though, it is the only solution. Removing a child from an abusive home, only to place it in a volatile situation where its basic human development needs for a loving parent are not met, opens the door for increased likelihood of involvement with the juvenile justice and public health system down the road. The FIC-ITC seeks to provide a better solution. When adversities overtake a Family, sometimes these become overwhelming and without the proper resources, the family cannot cope and child abuse and neglect often results.

‘Removing children from their homes is not only devastating to children and parents, but also expensive for the taxpayer.’ ~ *The Children’s Commission of the Texas Supreme Court*”

...More Fast Facts...

Infants and Toddlers represent the largest cohort of children in care: 16% are infants, and 34% are aged birth to three.

Infants and Toddlers are more likely to be abused and neglected and remain in placement longer: 33% return to placement, and 77% of child fatalities occur under age 4.

Nationwide, some 460,000 babies have prenatal exposure to drugs. Substance abuse is a factor in removal for the majority of cases.

21% of all children in foster care in the U.S. were admitted prior to their first birthday.

Once removed from their homes, infants stay in foster care longer and are more likely than older children to be abused and neglected.



Early Assessment/Intervention is Essential



When drugs take over a life, they destroy everything around it. Getting a parent to see how much harm the drugs have caused in their lives and to their children is a key motivating factor for the parent to enter recovery.

When a parent is able and willing to face the adversities in their lives, and with the help of a dedicated team, to seek out the treatment, services, and other resources that are available to them, they can regain stability and the family will have a better chance of being able to be preserved.

Did you know....?

- More than 16,000 (25%) children between birth and age three were confirmed victims of child maltreatment in fiscal year 2010
- The most common victims of child maltreatment were between one and three years of age
- As of August, 2010, **27,304** children were in substitute care; 38.6% of those children were birth to five and 22.7% (**6,198**) were under the age of 2
- The average number of placements for all children who reached permanency was 3.4
- In **Harris County**, which includes the city of Houston, there are approximately 1,400 infants and toddlers in CPS conservatorship (ages 0-2); and approximately 2,500 (50%) children between birth and 5 years of age ~Sarah Bogard

Unfortunately the scourge of drugs is such that relapse is often inevitable. The FIC-ITC monitors each client for relapse and reserves various sanctions , including jail time, to allow the parent to re-focus on their objectives.

The FIC-ITC encourages this motivation by providing increased opportunities for supervised visitation, allowing the parent and child to re-bond and develop healthy attachments.

We know that early trauma, removal from the home, multiple foster care placements, transitions , are all disruptive to bonding and attachment. We know that consistent nurturing caregiver is essential to an infant's development of secure attachment. This becomes the safe haven from which children explore their world, grow and learn both cognitively and emotionally. When that secure base does not exist for a variety of reasons such as a parent's struggle with substance abuse, mental illness, family violence, poverty, children are at risk.

The ITC focuses on repairing these relationships and or developing alternative relationships that ultimately provide a secure base for these young and most vulnerable of our victims and on minimizing disruptions in a child's life.

Attachment is the essential building blocks for my social emotional development. My early relationships are the basis for all of my future relationships. When these are disrupted it affects my life.

HEY!! LISTEN UP!



Since the ITC was officially begun in May 2011, over 10 new clients have been admitted with Children aged 0-3.



The Family Court Judge is never presented with two good options, unfortunately. Once the abuse has taken place, a good deal of damage has already been done. The Judge and the Court Team must therefore combine love, pragmatism, and patience to guide each case to its best possible outcome.

The FIC-ITC uses a coordinated care team approach, so that there is a safety net for both parent and child at each step in the road to recovery. New adversities and stressors may arise, and the FIC-ITC Court team is ready to not only help the family through crisis, but also to prepare it for resiliency and self-sustainment once the Court supervised treatment program is over.

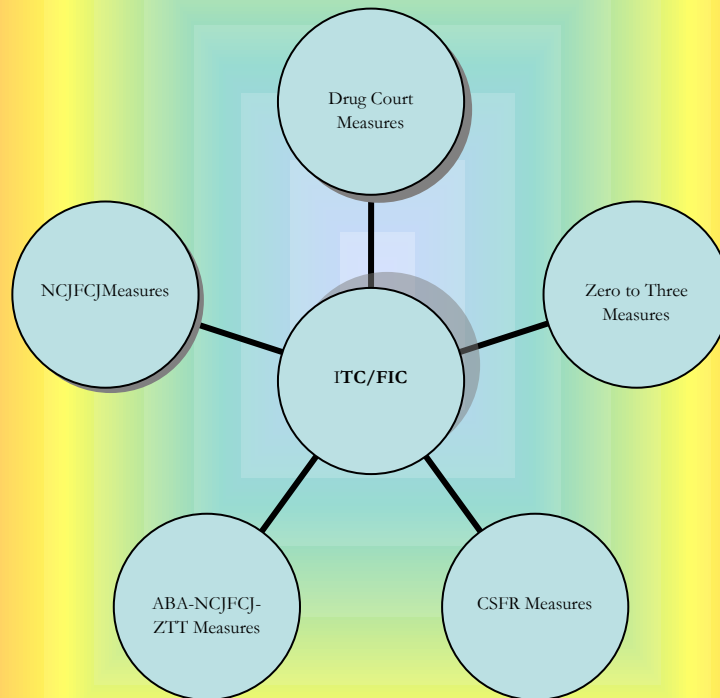
**DID
YOU
KNOW...?**

Measures of the impact of maltreatment on young children include: increased rates of aggression; insecure relationships with primary caregivers; decreased language and IQ scores; anxieties, fears, and sleep problems; and increased likelihood of juvenile delinquency and adult criminality.

Court Team Practices for Improving Child Outcomes: The Infant Toddler Court blends various best practice recommendations for the unique population it serves in the context of dependency court.

Due Process & Public Safety
 Non-Adversarial Approach
 Early Identification & Enrollment
 Provide Access to a Continuum of Services
 Frequent Monitoring with Drug Tests
 Use of a Coordinated Strategy/Case Plan
 Ongoing Judicial Interaction & Participation
 Monitoring to Evaluate Goals & Effectiveness
 Continuing Interdisciplinary Education
 Community Partnerships

Judicial Leadership
 Community Coordinator & Court Team
 Concurrent Planning
 Frontloading of Services
 Child-Focused Services
 Part C Screening for Children
 Frequent Parent-Child Visitation
 Parent Child Relationship Assessment
 Visit Coaching
 Data Collection & Evaluation



Phased Approach
 Reunification is a Goal
 Use of Incentives/Sanctions
 Weekly Staffings
 Substance Abuse a Significant Factor
 Required Participation in Support Groups
 Dependency Court Setting
 Use of Peer Support
 Adult Services: Substance Abuse, Mental Health

Safety: Abuse & Neglect While Under Court Supervision
 Permanency: Percent Who Reach Legal Permanency & Postpermanency Support
 Well-Being
 Due Process: Transparent & Fair Process
 Timeliness: Time From Filing Original Petition to Permanency
 Best Interest of the Child



Approximately 25 new clients are admitted into the FIC/ITC each year.

We are planning to expand enrollment to 35 in the upcoming year.

Hi, my name is Andrea and I am 31 years old. I have been using drugs for 14 of those years and have 2yr. and 4 months clean. I first want to say that I am very grateful for the 247th Drug Court, Judge Hellums, and the entire FIC team. They have given me custody of my son and structure, discipline, understanding, and financial help, where I had none. They continue to help me and I have been graduated since September 2010. I want to say a special thanks to my lawyer at the time, Monica, she helped me move mountains! Their support, honesty, and truly wanting to help, has not only allowed me to become a better person in life, but mother, sister, friend, co-worker, but most important self worth as a woman. I am so grateful, I offer any time I can to show others how I was able to get my life back and they can too. Thank you for allowing me to share just a fraction of my gratitude that I feel for the FIC (Family Intervention Court)..

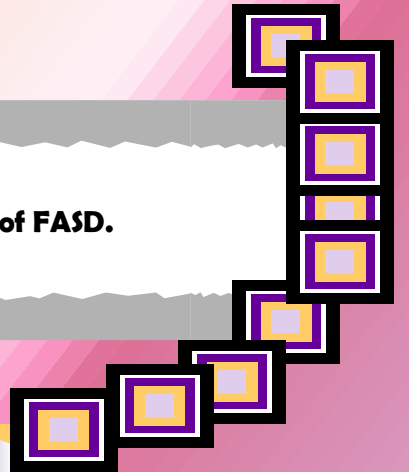


The ITC-FIC supports prevention, screening and treatment of FASD.



FASD is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. Each year in the U.S., as many as 40,000 babies are born with an FASD. The cost to the nation for FAS alone is about \$6 billion a year.

~FASD Center at SAHMSA



Life After STAR...

one graduate's story

S.T.A.R. program not only changed my life in many ways but I truly believe saved my life.

My name is Dylan and I am an alcoholic and cocaine addict. S.T.A.R and Alcoholics Anonymous helped me come to realization that I am an alcoholic and addict. S.T.A.R let me know I was not in control of my life let alone be able to take care of my son.

I was caught up in my addiction and was completely oblivious to what I was doing to my family, friends, and health. I crashed 3 cars in a 2 week period that I luckily walked away from. These crashes happened almost one month before I tested positive for cocaine at family court.

I though I had everything figured out. S.T.A.R. and Judge Hellums let me know how wrong I was. I will be the first to admit that I went kicking and fighting but everyone was patient and holding there ground.

I quit everything April 29, 2010. I started my recovery in out patient and A.A. I didn't fight the system and instead embraced it. There were very crucial people to my recovery and Ms. Lydia at (outpatient name) was one of the most important. Ms. Lydia was very honest and strong human being. She went through lifetime's worth of tragedy, addiction, and pain. She showed you can arise out of your situation and be a better and stronger person than you ever were.

She also was never ashamed of what she did because that was a different person. She couldn't take anything back and she was the person she was because

I was ashamed of losing my son, and having no control over it. Ms. Lydia showed me to hold my head up high and show the world that nothing will stop me from getting my son and family back. I was the only one who got me here and now I am the only one that can get me out.

Judge Bonnie Hellums and all the S.T.A.R. court not only gave me the support I needed but showed me the amount of work and time it takes to get your life back. They never told me it was going to be easy and never cut me any slack. I can definitely say that without STAR court and the resources they gave me. I would not be 1 year 4 months sober. I would not own my own business. I would not have my house. I would not have my son. I would not have my family and I would not have my life. S.T.A.R. court truly saved my life and there is nothing in this world that I can repay the debt I owe them. Life is priceless and I am grateful everyday for it.



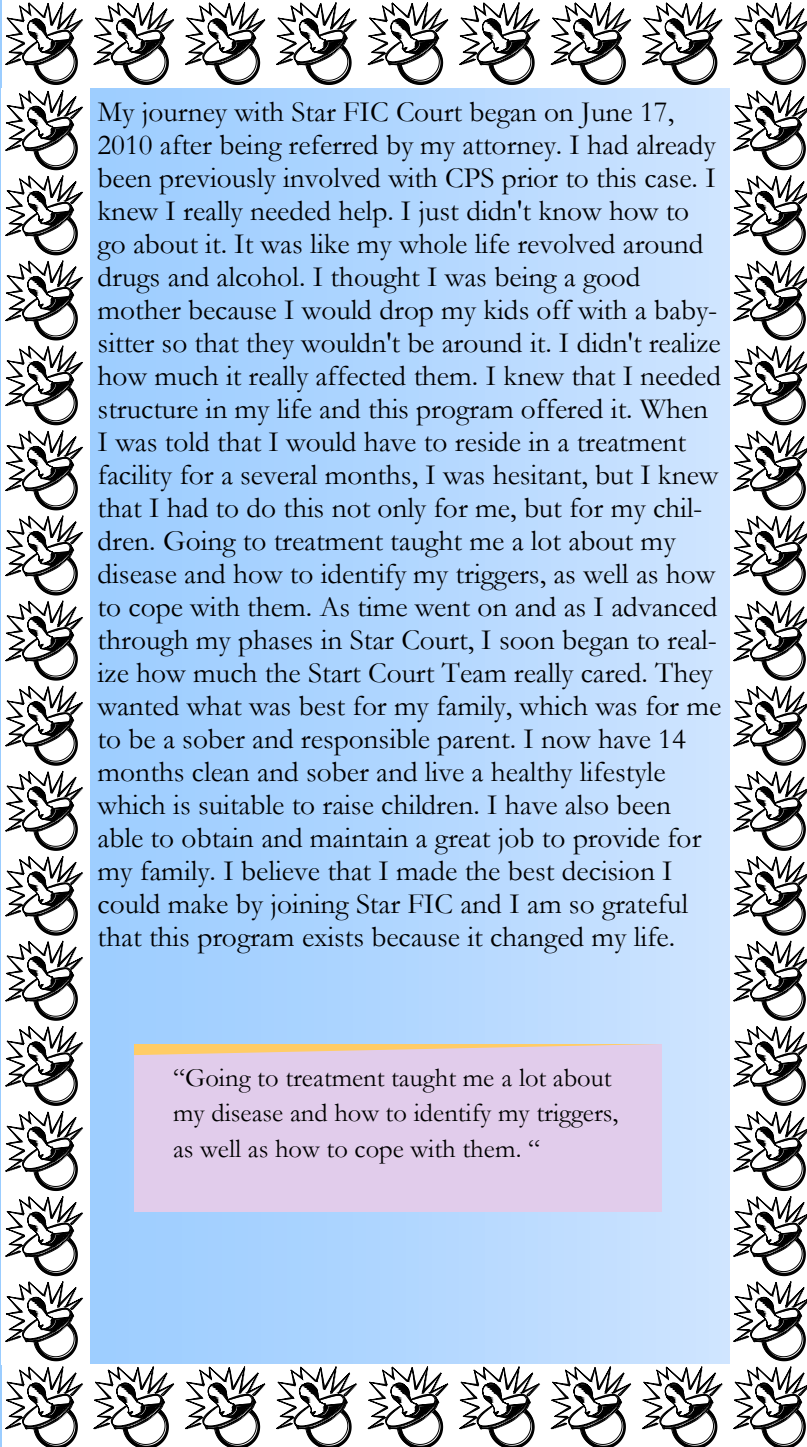


Infant Toddler Court

HARRIS COUNTY INFANT TODDLER COURT & FAMILY INTERVENTION COURT



Family Intervention Court



My journey with Star FIC Court began on June 17, 2010 after being referred by my attorney. I had already been previously involved with CPS prior to this case. I knew I really needed help. I just didn't know how to go about it. It was like my whole life revolved around drugs and alcohol. I thought I was being a good mother because I would drop my kids off with a baby-sitter so that they wouldn't be around it. I didn't realize how much it really affected them. I knew that I needed structure in my life and this program offered it. When I was told that I would have to reside in a treatment facility for a several months, I was hesitant, but I knew that I had to do this not only for me, but for my children. Going to treatment taught me a lot about my disease and how to identify my triggers, as well as how to cope with them. As time went on and as I advanced through my phases in Star Court, I soon began to realize how much the Start Court Team really cared. They wanted what was best for my family, which was for me to be a sober and responsible parent. I now have 14 months clean and sober and live a healthy lifestyle which is suitable to raise children. I have also been able to obtain and maintain a great job to provide for my family. I believe that I made the best decision I could make by joining Star FIC and I am so grateful that this program exists because it changed my life.

“Going to treatment taught me a lot about my disease and how to identify my triggers, as well as how to cope with them.”

Two stories of Recovery....

Drug court turned out to be the most beneficial program I've ever been a part of. It gave me not only my life but myself back. I can't say it was what I wanted in the beginning but I went in with the intent to learn and an open mind because I knew it was the only chance I had at getting sober and gaining custody of my child back. I was blessed to have been placed in a facility where I was not only educated about my addiction but I was given the time I needed to regain the self discipline and appreciation for a structured lifestyle. Without the tools, and the amazing support community resources, a system I encountered in drug court, I don't think I would still be sober today. The people that volunteered their time and hearts to each of our lives were absolutely amazing, and for that I am truly grateful. I have a whole new outlook on what I want for me and my family, and I only have the drug court staff to thank. I wouldn't change my experience for the world. Thank you so much.



GRADUATION DAY!!!



FINALLY, ALL THE HARD WORK HAS PAID OFF. GRADUATION CEREMONIES ALLOW THE COURT TO RECOGNIZE THE ACHIEVEMENT OF THE PARENTS AND FAMILIES, AND TO CELEBRATE THE START OF THEIR NEW JOURNEY FORWARD IN RECOVERY AND FAITH.



Graduation day at FIC-ITC is truly a miraculous day. Families are reunited. Parents reflect back on the road they have traveled and how far they have come in the healing and recovery process. There is barely a dry eye in the courtroom as parents come forth to be admonished by the Judge one last time.



These parents have regained their self-respect and dignity, have committed to a long-term process of healing and recovery, and are given a new chance at a meaningful, productive, and happy life. Often there is no one prouder of the parents in the room than their children, who know that their caregivers are now getting better and that they will be able to have what every child needs....a loving, caring family.

At FIC-ITC, our mission is healing...one life, one child, one family at a time.

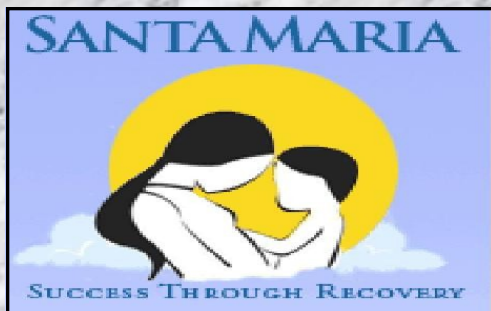
Visit Coaching & Parent - Child Assessments

In addition to providing individual assessments for all parents and their children, through the ITC, 4Cs is now conducting a separate parent and child bonding and attachment assessment and follow up work with the parents involving a visiting coach. The goal of these two new program components is to help teach and internalize the developmental needs of each child, to enhance bonding and to minimize the possibility of additional abuse and neglect of the child. To date 4Cs has conducted 12 parent-child bonding assessments which included 3 fathers.



Child Advocates is a private nonprofit organization in Houston that mobilizes court appointed advocate volunteers to break the cycle of child abuse. The volunteers are assigned to the cases of child victims of life-threatening abuse or neglect and as a result have been placed in protective custody. These volunteers work closely with the caseworker, attorneys and the parents, and make sure the children receive necessary medical care. They also look out for the children's educational interests and make recommendations during the Drug Court Staffing each week and also at statutory hearings. The volunteer is appointed as the Guardian Ad Litem for the child(ren) and they make an extraordinary impact in the lives of abused children. The volunteers dry tears and give hugs and also throw birthday parties too. Most importantly, they serve as a "constant" person for that child to count on during a very tumultuous time. Essentially, our volunteers do whatever it takes to ensure that the needs of the child are being met while that child is in care.





Santa Maria, a chemical dependency treatment program for women and women with children, provides a continuum of care based on individualized need that includes residential and outpatient substance abuse treatment, integrated mental health services, and supportive services to include transitional housing, case management, counseling, parenting classes, life skills training, educational and vocational services, peer recovery coaching, childcare and transportation assistance.

The mission of The Council is to keep our community healthy, productive and safe by providing services and information to all who may be adversely affected by alcohol and drugs. The vision of The Council is a metropolitan Houston in which substance abuse is no longer a major community problem; all people who experience alcohol, drug or related



Adult Mental Health Services by Pattye Spezia



Working with clients as they progress from fear, hurt, confusion, shame and inadequacy to confidence, healing, learning from life experiences and choosing healthy, growth-encouraging behaviors is the challenge, privilege and reward of being a therapist with the FIC/ITC.

For clients in recovery, and for therapy in general, the goal of the therapeutic process is healing and growth. To achieve these goals, the therapeutic process encourages grieving : clients most often have experienced that there was no one emotionally available to hear their experience of physical, emotional, spiritual and neglectful abuse they endured. Grieving this absence, or loss, is a very important part of healing. Grieving often results in letting go of current relationships when loved ones are not ready to embark upon the spiritual voyage that the client is undertaking. Finally, therapy also includes identifying developmental goals that were interrupted and not able to mature, and to grieve this loss as well, so that growth may be part of the healing process. Individuals often attend a first session with trepidation, as they try to figure out what is expected of them or how to receive a good report for the judge. As I educate them on the therapeutic process they become more relaxed and begin to reveal the truth regarding their life. Often these individuals have never had anyone interested in how they experienced life, situations they have endured, and the feelings, thoughts, reactions and values they formed regarding themselves, others and life. Many of these individuals have had traumatic, abusive and/or critical incident/s that they have never processed; they soon learn that “feelings buried alive stay alive.” As these situations/experiences are explored they heal and begin to see their God given talents, abilities and gifts. As healing is accomplished clients take responsibility to choose healthy and appropriate behaviors to accomplish goals, set boundaries with others and speak their truth.

— Pattye Spezia M.A., LMFT



Superior HealthPlan Network (Superior) is the managed care company selected by the Texas Health and Human Services Commission to manage the STAR Health program. Superior works very closely with the Texas Department of Family and Protective Services (DFPS) to make sure foster children throughout the state get the services they need.

STAR Health offers: an Integrated Medical Home where each foster care child has access to primary care physicians, behavioral health clinicians, specialists, dentists, vision services and more; Care Coordination Services to help children, families, and caregivers understand their benefits, get help with appointments, assist with transportation and identify local community resources; and Training programs (onsite and online) that offer clinical expertise and program information to families, caregivers, clinicians, caseworkers, child advocates and members of the judiciary.

STAR Health Benefits and Services include: Preventive Health with regular checkups and immunizations, office visits, visits to the dentist and visits for eye checkups; Behavioral Health Care including

emotional, behavioral or developmental health care services; Hospital coverage including inpatient services such as hospitalizations and surgeries; Prescriptions and medical supplies which includes medications prescribed by a physician and medical supplies such as glucose strips and bandages; Telemedicine including consultations and assessments done by a provider using teleconference capability; and Health Passport our online access to health information for children in Foster Care.

TRAINING AND OUTREACH: KITS II

The second annual Keeping Infants and Toddlers Safe (KITS) regional conference was held in June 2011. Over 230 professionals were in attendance, representing a cross-section of agencies and professions including Child Welfare, Early Childhood Intervention, Mental Health, Education and the Judiciary. A special pre-conference focus on child abuse and domestic violence was also held this year.

Distinguished lecturers and panelists from around the country shared the latest research in early childhood, child abuse, and the Courts over a two day period. The Council on Alcohol & Drugs Houston's stately facilities and auditorium hall provided a symposium-like ambience.



Special mention to the Texas Center for the Judiciary for Children's Justice Act funding, and to the Office of the Governor, Criminal Justice Division, for VAWA-Recovery Act funding, which helped make these conferences possible.





HARRIS COUNTY
INFANT TODDLER COURT &
FAMILY INTERVENTION
COURT



- ### Steering Committee
- Honorable Bonnie Crane Hellums.....Family District Court Judge, 247th District
 Regina Jones.....FIC Coordinator
 Dr. M. Connie Almeida, Ph.D.....Infant Toddler Initiatives Coordinator
 Dr. Steven Schnee, Ph.D.....Director, Harris County MHMRA
 Scott Dixon.....Director, DFPS Region VI
 Kim Pore'Director, Children's Crisis Care Center
 Clay Bowman.....Administrator, District Courts
 Dr. Bill Schnapp, Ph.D.....County Judge's Office/Mental Health
 Amanda Jones, JD.....County Judge's Office, Legislative Affairs
 Eric Cadow, MBA.....County Budget Office/Grants

The FIC-ITC Steering Committee is comprised of a group of volunteer stakeholders who serve the FIC-ITC as an Advisory Board. The Steering Committee is comprised of 6 sub-committees, which provide technical advice to the Court.

- ### Sub-Committees
- Clinical Sub-Committee.....Dr. M. Connie Almeida, Ph.D, Chair
 Training Sub-Committee.....Dr. M. Connie Almeida, Ph.D, Chair
 Legal Sub-Committee.....Amanda Jones, Chair
 Data & MIS Sub-Committee.....Chris Wells, Asst. Admin., District Courts, Chair
 Evaluation Sub-Committee.....Dr. Tuan Nguyen, Ph.D, MHMRA, Chair
 Budget & Finance Sub-Committee.....Eric Cadow, Chair



Infant Toddler Court

HARRIS COUNTY INFANT TODDLER COURT & FAMILY INTERVENTION COURT

A Perspective From the Steering Committee...



Family Intervention Court

Child abuse and neglect is an urgent matter that confronts our communities head-on. DFPS' Databook 2010 indicates a confirmed incidence of 8.91 victims of child abuse per 1,000 of child population statewide, or 66,897 cases of confirmed child abuse. With 6,535 cases, Harris County alone represented 10% of all child abuse cases in Texas. Worse, comparison markers point to under-counting of child abuse cases in Harris County by as much as 15%.

Infants and toddlers who cannot defend themselves and are among our most vulnerable citizens, and their caregivers, who are supposed to protect them and provide for their welfare, present a significant challenge to the child welfare system. More and more of the cases reported each year involve infants and toddlers. The risks for this age group are staggering. At a crucial stage in human development, separation from a caregiver in of itself is a traumatic experience to an infant, (emotionally, physically, and cognitively). However, the affects of abuse are also traumatic and often result in adverse long-term consequences for the infant as well as for society.

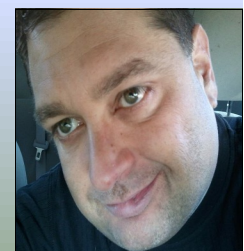
Dependency Courts are charged with seeking the best course of action for children. The FIC/ITC was created to develop a new way of approaching child abuse—a way for the Courts to take a leadership role in finding out where the child welfare and legal systems may be failing our children, and to find ways of improving these systems to allow for the best possible outcomes for children. The approach FIC/ITC takes to understanding the complex issues involving child abuse underscores the holistic and inclusive approach it takes to therapeutic jurisprudence.

To be sure, there are dilemmas: “Abuse,” on the one hand, demands accountability, punishment, justice—this is the approach to abuse from a legal perspective. From a public health perspective, abuse is a scourge that needs to be prevented, and when prevention fails, treated. These are just two distinctions in a myriad range of possibilities. Child abuse cases also involve a number of correlates, such as domestic violence, substance abuse, mental health issues, poverty, disproportionate minority involvement, and others. Addressing these correlates requires a multi-specialized and holistic approach that no one entity or agency, arguably, can address satisfactorily on its own. Too often, care providers and child welfare systems work within a system

marked by categorical definitions and cookie-cutter treatment plans. What can be done to improve outcomes for abused children, their families, and our communities? The FIC/ITC seeks to bring together key stakeholders in the field of child welfare, medicine, mental health, substance abuse, public health and the courts. These stakeholders all share the common interest of improving outcomes for abused children. When a CPS worker looks at child abuse through the eyes of a mental health worker, her categorical definitions of child abuse take on a different perspective. When a parent realizes that his or her case will be handled fairly, with the best interest of the child in mind, they will be more inclined to participate in the adjudication and treatment plans for their cases. The hope is that a synergy will develop from the collaboration of the parties involved.

Each of the FIC/ITC's sub-committees examine areas of complexity within their respective fields of expertise. As can be imagined, translating an abstract idea of collaboration into a viable and smoothly functioning operation is much more complicated in practice. Roadblocks such as privacy laws are of considerable concern, particularly since child abuse cases not only involve protected health records, but also, protected juvenile records, protected mental health records, protected court records, attorney-client privilege and doctor-patient confidentiality, among others.

In sum, systemic realignment presents opportunities for coordinated care and informed jurisprudence. Business models which work well in isolation but less effectively in a coordinated system can be identified, and hopefully improved. Emerging technologies can be adopted as a way to explore building the bridges of collaboration without duplicating efforts, and in modeling workflows to scale without having to re-invent the proverbial wheel. Informed intervention can help us allocate our scarce resources more effectively and efficiently, without using a “one size fits all” approach. The problem of child abuse and neglect raises one of the most basic of questions: how can we keep our most vulnerable citizens safe and see that their basic needs are met? The ITC-FIC aims to address this question. But remember—the victims of child abuse need our help now. ~Eric Cadow





HARRIS COUNTY INFANT TODDLER COURT & FAMILY INTERVENTION COURT



Infant Toddler Court

Sources and Uses of Funds
(9/1/10—8/31/11)

Sources of Funds		Uses of Funds		
Office of Juvenile Justice & Delinquency Prevention <i>Family Drug Court Grant '10-'13</i>	\$106,944	Personnel & Consultants	\$79,300	40.82%
Supreme Court of Texas <i>Court Improvement Program '10</i>	\$4,546	Client Services	\$65,110	33.52%
Texas Center for the Judiciary <i>Children's Justice Act '10</i>	\$1,667	<i>Adult Therapy</i>	\$40,610	
Texas Center for the Judiciary <i>Children's Justice Act '11</i>	\$36,667	<i>Drug Testing</i>	\$7,000	
Office of the Governor, Criminal Justice Division <i>VAWA-Recovery Act '09</i>	\$20,000	<i>Visit Coaching</i>	\$15,000	
Office of the Governor, Criminal Justice Division <i>State Drug Court Grant '11</i>	\$87,706	<i>Parent Child Visitations</i>	\$2,500	
Domestic Relations Office - <i>VAWA-Recovery Act '09</i>	\$1,500	Training	\$34,511	17.77%
Total	\$259,030	Equipment & Infrastructure	\$11,498	5.92%
TOTAL SOURCES	\$259,030	Travel - Conferences	\$2,597	1.34%
		Supplies & Operations	\$1,230	0.63%
		Total	\$194,245	100.00%
		Carryforward to FY12	\$64,785	
		TOTAL USES	\$259,030	

Notes:

1. The above statement is not audited.
2. Awards are pro-rated to the portion of time where they overlap with the FIC/ITC fiscal year. For example, the Children's Justice Act '10 award was for \$20,000, for the grant year 10/1/09 - 9/30/10, intersecting the FIC/ITC FY by one month, or ((1/12)*\$20,000) = \$1,667.
3. Above statement does not include agency general funds, in-kind donations, or grants to non-Harris County Departments.
4. The OJJDP grant and the CIP grant have accrued match obligations totaling \$37,180, which will be met with in-kind contributions and County indirect costs.

Financial Narrative: The sources & uses of funds table above is a snapshot of project activity from the perspective of incremental funding received by Harris County to implement the ITC/FIC project, and can be utilized to measure the relative success of the program in effectively managing funds; but neither represents a statement of need nor a consistent basis for performance

(Narrative, ctd.)

measurement analysis.

For example, when determining unit costs, the blend of expenditures is likely to vary significantly as treatment modules are finalized and as caseloads grow. Service treatment plans are on the one hand driven by client need, and on the other, even though ITC/FIC purchases units of service at fixed prices, the input variables are determined not only by caseload, but in large measure also on specific client needs: 33.52% of program expenses in FY'11 were related to client services. Further, as caseloads grow, personnel needs will also be affected. Client to Caseworker ratios may span as high as 25 and as low as 15, depending on the relative complexity of each case.

For FY'11, ITC/FIC served 20 new enrollee parents and 41 new enrollee children, for a total of 60 new enrollees, with 14 prior year enrollees. We anticipate increasing our new enrollment capacity to 35 parents (or approximately 105 parents & children) during FY '12, and to 40+ in FY '13.

With regard to specific areas of expenditure, personnel and client services represented a combined 74.34% of total expenditures in FY' 11. Equipment and infrastructure expenses (5.92% overall) were investments in emerging new technologies and leveraging IT resources to existing scale in order to improve and accelerate communications and information flow, and to develop MIS measures (as part of a program evaluation) that will facilitate the recording and analysis of case data and financials. Although the cost of the KITS conference represented 17.77% of expenditures, part of this program may become self-sustaining in FY 12 and represent a smaller portion of the ITC/FIC budget.

Finally, the uses of funds described from the vantage point of dedicated grants only partly depicts the costs and activities for all program participants and activities. A project budget measuring cross-sectional business and economic costs will be a useful tool to allocate resources where they are most needed and best used. A methodology for compiling such a document is being developed, and we hope to have a project budget included in our FY '12 Annual Report.

A special thanks to all of our stakeholders, consultants, volunteers, and contributors.....

Dr. Connie Almeida

ESCAPE Family Resource Center

Fort Bend County Infant Toddler Initiative

Harris County Attorney's Office

Harris County Child Advocates

Harris County Children's Assessment Center

Harris County Commissioners Lee, Mormon, Radack & Eversole

Harris County District Courts Administration

Harris County Domestic Relations Office

Harris County Domestic Violence Coordinating Council

Harris County Hospital District

Harris County Judge Emmett

Harris County Legislative Affairs Office

Harris County Management Services Department

Harris County Mental Health & Mental Retardation Authority

Harris County Protective Services for Children and Adults

Harris County Public Health & Environmental Services Department

Judge Jan Krocker

Judge Ronald Pope

Judge Michael Schneider

Judge Meca Walker

Kenneth Thompson

Office of Juvenile Justice and Delinquency Prevention

Office of the Governor, Criminal Justice Division

Pattye Spezia, MA

Sarah Bogard, MA

Santa Maria Hostel

STAR Health/Superior HealthPlan Network

Texas Association for Infant Mental Health

Texas Center for the Judiciary

Texas Department of Family and Planning Services Region VI

The Council on Alcohol & Drugs Houston

The DePelchin Center

The Supreme Court of Texas

....and many others.

To Contact Us:

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Intervention Court*



247th District Court (Family)

201 Caroline, 15th Floor

Houston, TX 77002

713-368-6570





HARRIS COUNTY
INFANT TODDLER COURT &
FAMILY INTERVENTION
COURT



THANK YOU ITC-FIC!

Over 1,500 abused infants and toddlers are in State custody in Harris County alone.

With your continued support, participation, volunteering, leadership and dedication, we will be able to expand our outreach to the many, many abused children in Harris County who need our help now.

Thank you for your support...

