

Outcomes

The Outcome Evaluation examines client progress on several key variables identified by the goals and objectives of the Project. The primary indicator of family stability is discontinued drug usage. Other indicators are retained custody status and completion of the program.

Custody Status

Custody status is one of the key outcomes emphasized by the SHIELDS Family Intervention Project. Generally, about 20% of alcohol or drug abusing mothers have and retain custody of their children in other SHIELDS programs (1). Approximately 42% of all FIP focus children are placed with the mother. An additional 7% of the mothers have regained custody of the focus child after 6 months from initial contact with the FIP.

This is based on other SHIELDS for Families evaluation data. Approximately 19% of mothers have custody of their children.

Placement in Treatment

Another important outcome emphasized by the SHIELDS Family Intervention Program was placement in treatment. The nature of addiction indicates that the most serious threat to the dissolution of the family is the continued usage of drugs and alcohol. A high priority, therefore, was placed on getting clients into appropriate treatment. The project was successful in placing approximately 33% of the clients in treatment (in SHIELDS or other community programs) following contact with the Family Intervention Program. This may be a modest estimate because it excludes families which could not be contacted upon exit from the program.

Sobriety

Naturally, an outcome closely related to placement in treatment is sobriety. Over three quarters (77%) of drug tests for Family Intervention clients in treatment during this report period tested negative for drug and alcohol usage while in contact with the program.

Child Development

Approximately half of all clients children are five years of age or younger and are serviced directly by the Family Intervention Program. All of these children have been given a developmental assessment (Denver II) to identify the need for specialized referrals. All of the children tested in this report period were within the normal range of scores for their age group.

Discharge Status

Fourteen participants are currently enrolled in the project. None are readmits and all 14 are new this reporting period. Below summarizes client status for all Family Intervention Program clients.

- Currently enrolled - 14 (families)
- Completed - 17 (families)
- Transferred - 7 (families)
- Discharged (non-compliance) - 47 (families)
- Total - 85 (families)

The large number of discharges are reflective of a large number of "no shows" after intake.

NPHHI

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Preface

The National Public Health and Hospital Institute ("NPHHI") is a non-profit research and education organization associated with the National Association of Public Hospitals and located in Washington, DC. NPHHI's research and educational focus is on those issues facing major urban public and non-profit hospitals and the populations they serve.

Vulnerable Women and Visionary Programs: Safety Net Programs for Drug-Involved Women and their Children is an NPHHI study of programs targeting drug-involved pregnant and parenting women and their children. The programs selected for this study ("Program" or, collectively, the "Programs") vary considerably in the range of offerings, their approach to drug treatment, how they coordinate services, their size, staffing, levels of funding and the scope of ancillary services they offer. What they share, however, is an association with an urban public hospital with a predominately poor and disproportionately minority clientele. As a result, these Programs are faced with clients who often have significant social needs in addition to drug treatment needs, both of which must be addressed for an effective intervention. The Programs are similar in that most offer, either directly or through referrals, prenatal, postnatal and aftercare; most have at least formal interagency or community advisory boards and endorse the goal of supporting drug-involved women and parents.

This study began as a study of programs developed in response to the cocaine epidemic of the mid-to-late 1980s and concern over the impact of cocaine and crack exposure of newborns. During the course of the study, however, it became clear that although cocaine use remained the primary drug of choice among the women being served by these Programs, it was by no means the only drug used. In fact, poly-drug use was common as was a high incidence of alcohol and tobacco use. As a result of these findings, we describe the Programs in terms of the clients being drug-involved, rather than exclusively cocaine-involved.

The core of this study was site visits to 17 Programs in 15 cities associated with 16 public hospitals. During these two-day site visits, NPHHI staff met with Program directors and staff, hospital personnel, community spokespeople and, occasionally, with Program clients to gather information about the Programs and the communities. The second important contribution to this report was a two-day working meeting of Program participants held in Washington, DC, on November 21-22, 1993, to develop the components of a model program, to develop policy recommendations and to address issues related to program sustainability. This report contains case studies of the participating Programs, an analysis of some of the components and challenges faced, a model program, and a series of recommendations for policymakers.