

Model Family Preservation Act

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Model Family Preservation Act

Policy Statement

Pregnant addicted girls and women and parents with dependent children face many obstacles when seeking treatment for addiction. Although outpatient services are generally available, there is a severe shortage of alcohol and other drug addiction residential treatment programs designed to serve the inpatient treatment needs of this population.

Across the country there are a range of outpatient and inpatient drug and alcohol addiction treatment programs. Although the numbers of programs and geographic accessibility of programs vary widely in the states, some of these programs are available to accommodate the treatment needs of adolescents, adults and pregnant addicted women and girls. However, few inpatient programs are physically constructed or programmatically structured to handle the needs of mothers with newborns and parents with dependent children.

In recognition of the changing roles in society, services developed to address this gap in the continuum of care will want to consider the needs of pregnant girls and women and the needs of men as well as women who have dependent children.

Although gender roles are changing, girls and women still handle the bulk of the responsibility for the care of infants and young children. For this reason, the shortage of facilities also able to accommodate dependent children primarily affects girls and women when there is need for inpatient treatment.

Stigma and negative stereotyping surrounding addiction is intense for both men and women. This leads to delays in seeking help and reinforces the denial of even the existence of the problem. However, stigma for girls and women is generally more intense and is in part, responsible for delaying identification and referral until later in the progression of the disease.

Compounding the problem of stigma, a woman in need of inpatient care is often faced with a decision to give up her children to gain access to treatment. The children often represent her last vestige of self-respect and self-esteem. In addition, once a woman has identified her addiction and sought addiction treatment, she is likely to have trouble maintaining or regaining custody of the children after treatment is concluded. Fearful of losing custody of her children, going to treatment becomes a choice few women are prepared to make.

This primary barrier to care can be averted by the development of residential rehabilitation centers prepared to address the inpatient treatment needs of girls, women and men with dependent children. In addition to addressing the addiction, these programs need to be structured to teach parenting, nutrition, and other life skills as well as to provide preparation and linkage to educational and vocational programs.

The best way to help the drug-exposed child is to help the parent recover from addiction. Treatment must be comprehensive and provided in an environment where the multivariate needs of parents and children can be addressed. A key element of the comprehensive service model is a continuum of family-oriented services directed at numerous risk factors and available at a single site.¹

Since children of alcoholics and addicts are at high risk of developing addictions themselves, another necessary component of care is age appropriate prevention and education for them. In addition, intervention and counseling for the children is often needed to resolve the problems of living with an untreated alcohol and/or drug addicted parent.

The cost benefits to society are obvious even if measured only in the prevention of fetal alcohol and drug effect and syndrome.² For drug-exposed infants, hospital costs alone are 4 times higher than they are for non-exposed infants.³ Heavy alcohol use during pregnancy is a leading cause of birth defects associated with mental retardation. Fetal alcohol syndrome is the leading known environmental cause of mental retardation in the western world.⁴

In addition to reducing health care costs to society, effective treatment with this population also lessens the social and economic costs of decreased productivity, accidents and crime.

These programs do far more than prevent fetal impairment. They hold out hope of healing the fractured families of addiction and of breaking the multi-generational cycle of alcohol and other drug abuse.

ENDNOTES

1. Kandall S., et. al., TREATMENT IMPROVEMENT PROTOCOL (TIP): DRUG-EXPOSED INFANTS, THE RECOMMENDATIONS OF A CONSENSUS PANEL (Center for Substance Abuse Treatment, U.S. Department of Health and Human Services, 1992).
2. Langenbucher, J.W., McCrady B.S., Brick, J. Esterly, R., *Addictions Treatment with Pregnant Women, Chapter 7*, in SOCIOECONOMIC EVALUATIONS OF ADDICTIONS TREATMENT (Center of Alcohol Studies, Rutgers University, 1993).
3. U.S. General Accounting Office, DRUG EXPOSED INFANTS: A GENERATION AT RISK (B-238209, June 1990).
4. National Institute on Alcohol Abuse and Alcoholism, 8th SPECIAL REPORT TO THE UNITED STATES CONGRESS ON ALCOHOL AND HEALTH (U.S. Department of Health and Human Services, Washington, DC, 1993).

Highlights of the Model Family Preservation Act

- Encourages the establishment of residential addiction treatment programs for pregnant addicted girls and women and parents with dependent children.
- Establishes program elements that are family-centered in focus.
- Establishes program elements that are addiction oriented.
- Provides for an array of support services attuned to the needs of addicted people with dependent children.
- Provides for educational and vocational counseling and services geared to re-entry and restoring self-sufficiency.
- Requires data collection and annual reporting to the governor and legislature.
- Establishes a training program for related health and human services to enhance identification and referral for help.

Model Family Preservation Act

Section 1. Title.

The provisions of this [Act] shall be known and may be cited as the “Model Family Preservation Act.”

Section 2. Legislative Findings.

- (a) An epidemic of alcohol and other drug abuse among women of childbearing years is destroying the lives of countless women, young children, and babies.
- (b) In addition to the obligation of society to protect young lives, fiscal responsibility alone requires that the skyrocketing costs to society of lifetime care for children and families affected by alcohol and other drugs be addressed. To avoid or reduce these costs, alcohol and other drug treatment programs for all women of childbearing years and parents in need of such programs must be provided.
- (c) There is a serious shortage of such alcohol and other drug treatment resources for women of childbearing years.
- (d) Women with small children and pregnant women are further inhibited from seeking treatment by being forced to give up their children to enter inpatient treatment care and by the threat that they will lose long-term custody of their children if they seek treatment.
- (e) Children raised in families with an addicted parent are at a high risk to develop the disease of addiction as they grow older.
- (f) Impaired parenting by addicted parents may place the children at risk of developing social, emotional, and scholastic problems.
- (g) Treatment of parents which includes the counseling of dependent children allows the parent(s) to maintain custody or contact and increases the likelihood of a successful recovery and the interruption of the cycle of addiction.

- (h) Whenever consistent with and appropriate to the recovery of the parent and child in treatment, the non-custodial parent shall be included in parenting skills training, treatment, family counseling and other relevant activities.

COMMENT

The chapter entitled Addictions Treatment with Pregnant Women, from the Rutgers University study SOCIOECONOMIC EVALUATIONS OF ADDICTIONS TREATMENT, provides a sense of the substantial costs to society of fetal alcohol and other drug effect and syndrome. The ongoing costs of not addressing this problem are higher than providing addiction treatment.

Section 3. Residential Alcohol and Other Drug Treatment Programs for Women in Childbearing Years, Pregnant Women, and Parents and Their Dependent Children.

- (a) The [single state authority on alcohol and other drugs] shall [provide][have the power to provide] directly or through grants to residential alcohol and other drug treatment and related services for women in childbearing years, pregnant women, parents and their dependent children and parents who do not have custody of their children where there is a reasonable likelihood that the children will be returned to them if the parent participates satisfactorily in the treatment program. Grant moneys shall be used for treatment and related services provided to residents of this state by alcohol and other drug treatment programs licensed by the [single state authority on alcohol and other drugs] which provide the following services:
 - (1) Residential treatment services for women and their children, subject to reasonable limitations on the number and ages of the children, provided in a therapeutic community setting and including, but not limited to:

(A) On-site family centered addiction and alcohol and other drug abuse education, counseling and treatment;

(B) On-site individual, group and family counseling including both parents where appropriate;

(C) On-site alcohol and other drug prevention and education activities for children approved by the [single state authority on alcohol and other drugs];

(D) On-site intervention and counseling that is attuned to the developmental and special needs children of alcoholics and other addicts;

(E) Involvement with Alcoholics Anonymous, Narcotics Anonymous, support groups for children of alcoholics and other addicts, and other family support groups; and

(F) Activities which enhance self-esteem and self-sufficiency for parent and child;

(2) On-site parenting skills counseling and training designed specifically for parents in recovery from alcohol and other drug abuse;

(3) Access to school for children and parents where appropriate, including, but not limited to, securing documents necessary for registration;

(4) Job counseling and referral to existing job training programs;

(5) On-site therapeutic day care for children when the parent is attending counseling, school or a job training program and when the parent is at a job or looking for a job and at other times as appropriate;

(6) Referral and linkage to other needed services including but not limited to health care and special therapy for children;

(7) On-site structured reentry counseling and activities;

(8) Referral to continuing care and treatment upon discharge from the residential program; and

(9) Referral to transitional housing appropriate for the family and its ongoing recovery.

(b) The [single state authority on alcohol and other drugs] shall require programs receiving funds under this section to collect and provide to the department information concerning the number of parents and children denied treatment or placed on waiting lists

and may require such data and other information as the agency deems useful. Confidentiality of records regarding identifiable individuals enrolled in treatment programs funded under this section shall be maintained.

(c) The [single state authority on alcohol and other drugs] shall annually convene a meeting of all recipients of funds for programs funded under this section and other interested parties so that the agency may receive input regarding ways to improve and expand treatment services and prevention activities for women in childbearing years, pregnant women, parents and young children.

(d) The [single state authority on alcohol and other drugs] shall report annually to the governor and the general assembly as to its activities and expenditures under this section, the activities of recipients of funds under this section, the number of women and children denied treatment or placed on waiting lists, the recommendations in summary form made at the annual meeting provided for in subsection (c) and the recommendations of the department.

(e) As used in this section, the term "therapeutic community setting" means an alcohol and other drug-free, residential, non-hospital treatment program using therapeutic community principles as the underlying philosophy.

COMMENT

The goal of this legislation is to foster the growth of these needed residential treatment services. For those unlikely to recover through outpatient and Alcoholics and Narcotics Anonymous alone, inpatient programs that can accommodate pregnancy and the care of infants and children on site needs to be made available.

Services delineated in subsection (a) are designed to provide comprehensive prevention, education, treatment and counseling and to provide for vocational and educational goals as well. Services called for are specifically tailored to the needs of addicted people and their children and are family-oriented in nature. Any cost of service will be offset by savings in reduced need for treatment of fetal alcohol and other drug effect and syndrome and in financial reductions in other areas.

It is crucial that skillful provision of addiction treatment take precedence over other programming until the foundations of recovery are established. Parenting, educational, vocational and other services must be anchored in a solid addiction treatment and recovery program.

Failure to accomplish this primary goal will result in relapse, more suffering and trauma to already distressed families and children and additional wasted resources.

The data gathering discussed in subsection (b) will assist the state in its planning and needs assessment process.

Sharing information with the governor and general assembly through the mechanism provided in subsection (d) will alert policymakers to progress and problems on a routine, annual basis.

Given the high and typically irretrievable costs of fetal alcohol and drug effect and syndrome and the potential for prevention of addiction in the at risk children, highlighting this issue through the annual reporting process is sensible public policy.

Section 4. Staff Training and Referral Mechanisms.

The [single state authority on alcohol and other drugs] shall have the power, and its duty shall be:

- (a) To establish on a demonstration basis, programs to train the staff of child protective services agencies, counseling programs and shelters for victims of domestic violence, recipients of funds under the High Risk Maternity Program or the Federal Maternal and Child Health Block Grant and community or state health care centers in order to identify pregnant women and parents in those programs who are in need of alcohol and other drug treatment. This pro-

posed cross training program will lead to earlier identification and referral of addicted pregnant women and parents and should avert family suffering and disruption while reducing health care costs; and

- (b) To establish referral networks and mechanisms between these agencies and appropriate alcohol and other drug treatment programs.

Section 5. Liberal Construction.

The provisions of this [Act] shall be liberally construed to effectuate the purposes, objectives and policies set forth in Section 2.

Section 6. Severability.

If any provision of this [Act] or application thereof to any person or circumstance is held invalid, the invalidity does not affect other provisions or application of the [Act] which can be given effect without the invalid provision or application, and to this end the provisions of this [Act] are severable.

Section 7. Effective Date.

This [Act] shall be effective on [reference to normal state method of determination of the effective date][reference to specific date].

Appendix C

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