Pre-Conference Survey Results
2018 Child Welfare Judges Pre-Conference Survey

Q: Which of the following substance(s) do you see most frequently in cases involving substance use?

- **Always**
- **Often**
- **Sometimes**
- **Rarely**
- **Never**

<table>
<thead>
<tr>
<th>Substance</th>
<th>Always</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana</td>
<td>70%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methamphetamines</td>
<td>60%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td>50%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crack Cocaine</td>
<td>40%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td>30%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methadone</td>
<td>20%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other opioid</td>
<td>10%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other substance*</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2018 Child Welfare Judges Pre-Conference Survey

Q: In what percentage of your cases are drugs the primary reason for CPS involvement (i.e. when the parent(s) cannot care for the child(ren) due to their drug use)?

<table>
<thead>
<tr>
<th>Percentage Range</th>
<th>0%</th>
<th>5%</th>
<th>10%</th>
<th>15%</th>
<th>20%</th>
<th>25%</th>
<th>30%</th>
<th>35%</th>
<th>40%</th>
<th>45%</th>
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</thead>
<tbody>
<tr>
<td>31-40%</td>
<td>5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>41-50%</td>
<td>10%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51-60%</td>
<td>15%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>61-70%</td>
<td>20%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>71-80%</td>
<td>25%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>81-90%</td>
<td>30%</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>91-100%</td>
<td>35%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Substance Use in Texas

Overview of Substance Use Disorder

• Substance Use
• Misuse
• Risky Use
• Disorder (Mild, Moderate, Severe)
• Recovery
U.S. Mortality Rate

- Drug overdoses
- Auto fatalities
- Homicides

Sources: CDC, NHTSA, FBI

Drugs Involved in U.S. Overdose Deaths, 1999 to 2017

Source: https://www.cdc.gov/nchs/products/databriefs/db294.htm
OPPIOID ABUSERS ARE MORE LIKELY TO LIVE IN THE RURAL SOUTH.

22 out of the top 25 cities for opioid abuse rates are primarily rural and located in Southern states. Opioid abuse rates range from 11.6% of individuals in Wilmington, NC to 7.9% of individuals in Fort Smith, AR. Those who received an opioid prescription in Alabama, Florida, North Carolina, Oklahoma, North Carolina, Tennessee, and Texas have multiple cities that are in the top 25 for opioid abuse rates. The three non-Southern cities in the top 25 are: Terre Haute, IN; Elizabethtown, NY; and Jackson, MI.

BASED ON ABUSE RATE
TOP 25 CITIES

1. Wilmington, NC 11.6%
2. Amarillo, TX 11.6%
3. Pensacola, FL 11.5%
4. St. Louis, MO 11.5%
5. Hickory, NC 9.9%
6. Pembroke, FL 9.9%
7. Opelika, AL 9.1%
8. Montgomery, AL 8.6%
9. Johnson City, TN 8.6%
10. Tuscaloosa, AL 8.6%
11. Tuscaloosa, AL 8.6%
12. Jacksonville, FL 8.2%
13. Amarillo, TX 8.2%
14. Pensacola, FL 8.1%
15. Terre Haute, IN 8.1%
16. Columbus, OH 8.0%
17. Columbus, OH 8.0%
18. Jacksonville, FL 7.9%
19. Evansville, IN 7.8%
20. Clarksville, TN 7.7%
21. Elizabethtown, KY 7.7%
22. Jackson, TN 7.7%
23. Baton Rouge, LA 7.5%
24. Jackson, MS 7.5%
25. Pensacola, FL 7.5%

Prescription painkiller overdose deaths are a growing problem among women.

![Graph showing prescription painkiller overdose deaths among women](chart.png)

**Source:** National Vital Statistics System, 1999-2010 (deaths include suicides)
Substance Use Among Women

- More Complex
- Correlated to Co-Morbid Conditions (Mental Health)
- Lower Socio-Economic Status
- Intimate Partner Violence
- History of Trauma

Trauma-Informed Care

- Non-judgmental
- Confidential
- Access
- Safe
Trauma & Substance Use

• Pregnancy
• Mothering
• Substance use
• Stigma

Reduce Access to Healthcare for Women

Percent of Patients who Relapse

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type I Diabetes</td>
<td>30 to 50%</td>
</tr>
<tr>
<td>Drug Addiction</td>
<td>40 to 60%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>50 to 70%</td>
</tr>
<tr>
<td>Asthma</td>
<td>50 to 70%</td>
</tr>
</tbody>
</table>
Mothers in Treatment

• Most women:
  • Feel a strong connection with their children;
  • Want to be good mothers; and
  • Want to regain custody of their children.

Priority Populations

• Individuals are admitted to treatment in the following order:
  1. Pregnant, Injecting Individuals
  2. Pregnant Individual
  3. Injecting Individual
  4. Individual referred by the Department of Family and Protective Services
Levels of Care

• Screening: OSAR
• Intervention: PPI/PADRE
• Youth Residential and Outpatient
• Adult Residential Detoxification
• Adult Intensive/Support Residential
• Adult Outpatient
• Medication Assisted Treatment

Methadone: The Basics

Dose Response

0 hours  24 hours

high comfort withdrawal

Methadone
Heroin
What is NAS?

Neonatal abstinence syndrome (NAS) is when newborns show certain physical signs of substance or medication withdrawals.

<table>
<thead>
<tr>
<th>Neurological</th>
<th>Gastrointestinal</th>
<th>Autonomic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irritability</td>
<td>Vomiting</td>
<td>Diaphoresis (profuse sweating)</td>
</tr>
<tr>
<td>Increased wakefulness</td>
<td>Diarrhea</td>
<td>Nasal stuffiness</td>
</tr>
<tr>
<td>High-pitched cry</td>
<td>Dehydration</td>
<td>Fever</td>
</tr>
<tr>
<td>Tremor</td>
<td>Poor weight gain</td>
<td>Mottling</td>
</tr>
<tr>
<td>Increased muscle tone</td>
<td>Poor feeding</td>
<td>Temperature instability</td>
</tr>
<tr>
<td>Hyperactive deep tendon reflexes</td>
<td>Uncoordinated and constant sucking</td>
<td>Piloerection (goose bumps)</td>
</tr>
<tr>
<td>Frequent yawning</td>
<td></td>
<td>Mild elevations in respiratory rate and blood pressure</td>
</tr>
<tr>
<td>Sneezing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seizures</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Thank you

Karen Palombo, LCSW, LCDC
Texas Health and Human Services
Medical and Social Services, Substance Use Disorder Intervention & Treatment – Team Lead
512-838-4381
Karen.Palombo@hhsc.state.tx.us
## Substance Abuse and Child Protective Services

### Substance Use CPS Cases by Stage of Service Investigations

<table>
<thead>
<tr>
<th>Year</th>
<th>Code</th>
<th>Investigative Service Cases</th>
<th>Child Protective Service Cases</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>001</td>
<td>6,684</td>
<td>1,503</td>
<td>22.5%</td>
</tr>
<tr>
<td>2018</td>
<td>002</td>
<td>5,633</td>
<td>1,284</td>
<td>22.8%</td>
</tr>
<tr>
<td>2018</td>
<td>003</td>
<td>8</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>2018</td>
<td>003E</td>
<td>24,753</td>
<td>4,045</td>
<td>16.3%</td>
</tr>
<tr>
<td>2018</td>
<td>003W</td>
<td>23,093</td>
<td>4,217</td>
<td>18.3%</td>
</tr>
<tr>
<td>2018</td>
<td>004</td>
<td>8,316</td>
<td>1,810</td>
<td>21.8%</td>
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<tr>
<td>2018</td>
<td>005</td>
<td>5,442</td>
<td>936</td>
<td>17.2%</td>
</tr>
<tr>
<td>2018</td>
<td>006A</td>
<td>22,370</td>
<td>2,713</td>
<td>12.1%</td>
</tr>
<tr>
<td>2018</td>
<td>006B</td>
<td>11,331</td>
<td>1,697</td>
<td>15.0%</td>
</tr>
<tr>
<td>2018</td>
<td>007</td>
<td>23,177</td>
<td>3,631</td>
<td>15.7%</td>
</tr>
<tr>
<td>2018</td>
<td>008</td>
<td>21,236</td>
<td>3,845</td>
<td>18.1%</td>
</tr>
<tr>
<td>2018</td>
<td>009</td>
<td>4,669</td>
<td>673</td>
<td>14.4%</td>
</tr>
<tr>
<td>2018</td>
<td>010</td>
<td>4,723</td>
<td>553</td>
<td>11.7%</td>
</tr>
<tr>
<td>2018</td>
<td>011</td>
<td>14,916</td>
<td>2,760</td>
<td>18.5%</td>
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<tr>
<td>2018</td>
<td>Other</td>
<td>24</td>
<td>7</td>
<td>29.2%</td>
</tr>
<tr>
<td><strong>2018 State Total</strong></td>
<td><strong>176,375</strong></td>
<td><strong>29,674</strong></td>
<td><strong>16.8%</strong></td>
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</tr>
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</table>
# Substance Use CPS Cases by Stage of Service

## Family Based Safety Services

<table>
<thead>
<tr>
<th>Year</th>
<th>Stage</th>
<th>Subtotal</th>
<th>CPS Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>001</td>
<td>765</td>
<td>466</td>
<td>60.9%</td>
</tr>
<tr>
<td>2018</td>
<td>002</td>
<td>779</td>
<td>472</td>
<td>60.6%</td>
</tr>
<tr>
<td>2018</td>
<td>003E</td>
<td>2,068</td>
<td>1,145</td>
<td>55.4%</td>
</tr>
<tr>
<td>2018</td>
<td>003W</td>
<td>2,355</td>
<td>1,444</td>
<td>61.3%</td>
</tr>
<tr>
<td>2018</td>
<td>004</td>
<td>612</td>
<td>434</td>
<td>70.9%</td>
</tr>
<tr>
<td>2018</td>
<td>005</td>
<td>253</td>
<td>175</td>
<td>69.2%</td>
</tr>
<tr>
<td>2018</td>
<td>006A</td>
<td>1,492</td>
<td>930</td>
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</tr>
<tr>
<td>2018</td>
<td>006B</td>
<td>1,233</td>
<td>744</td>
<td>60.3%</td>
</tr>
<tr>
<td>2018</td>
<td>007</td>
<td>1,237</td>
<td>804</td>
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<td>008</td>
<td>2,641</td>
<td>1,675</td>
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<td>009</td>
<td>353</td>
<td>205</td>
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</tr>
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<td>2018</td>
<td>010</td>
<td>336</td>
<td>215</td>
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<tr>
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<td>2,127</td>
<td>1,217</td>
<td>57.2%</td>
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<tr>
<td>2018</td>
<td>State Total</td>
<td>16,251</td>
<td>9,926</td>
<td>61.1%</td>
</tr>
</tbody>
</table>

## Conservatorship

<table>
<thead>
<tr>
<th>Year</th>
<th>Stage</th>
<th>Subtotal</th>
<th>CPS Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>001</td>
<td>876</td>
<td>647</td>
<td>73.9%</td>
</tr>
<tr>
<td>2018</td>
<td>002</td>
<td>834</td>
<td>636</td>
<td>76.3%</td>
</tr>
<tr>
<td>2018</td>
<td>003</td>
<td>20</td>
<td>10</td>
<td>50.0%</td>
</tr>
<tr>
<td>2018</td>
<td>003E</td>
<td>2,375</td>
<td>1,670</td>
<td>70.3%</td>
</tr>
<tr>
<td>2018</td>
<td>003W</td>
<td>1,260</td>
<td>838</td>
<td>66.5%</td>
</tr>
<tr>
<td>2018</td>
<td>004</td>
<td>1,251</td>
<td>849</td>
<td>67.9%</td>
</tr>
<tr>
<td>2018</td>
<td>005</td>
<td>726</td>
<td>561</td>
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</tr>
<tr>
<td>2018</td>
<td>006A</td>
<td>1,331</td>
<td>851</td>
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<td>006B</td>
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<td>2,213</td>
<td>1,434</td>
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<td>009</td>
<td>593</td>
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<td>203</td>
<td>138</td>
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<td>2018</td>
<td>011</td>
<td>1,357</td>
<td>829</td>
<td>61.1%</td>
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<tr>
<td>2018</td>
<td>Other</td>
<td>141</td>
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<td>2018</td>
<td>State Total</td>
<td>17,074</td>
<td>11,473</td>
<td>67.2%</td>
</tr>
</tbody>
</table>
Determining Family Readiness for Reunification

• Environmental readiness
  • Clean
  • Decontaminated
  • Child proofed

Determining Family Readiness for Reunification

• Emotional Readiness
  • Can they describe their support network
  • Can they articulate how things will be different
  • Have they created a relapse prevention plan
Relapse

- Relapse is simply the return to use after a period of discontinued use
- In substance use, relapse rates are similar to other chronic diseases

Relapse Prevention Planning

- Plans created by the parent in collaboration with family and supports.
  - Meant to establish a clear plan with designated roles for the different support systems intended to aid the family
  - Should be parent driven plans
  - Should be individualized
  - Should be realistic
Drug Testing and Visitation

• Visitation should not be contingent on a negative drug test or series of negative drug tests
  • Drug tests confirm that a drug was used
  • Drug tests results do not reflect the current state of the parent at the time of the visit
  • Assessment of the parent’s ability to be safely and appropriately interact with the child should be made in real time by the person supervising the visit.

Thank you

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Drug Testing Issues

Purpose

- Investigation purposes
  - Services or close the case
- Alleviate the need for removal
  - FBSS
  - Court Ordered Services (COS)
- Continuing danger to the physical health or safety of the child
- Endangerment to the child’s physical or emotional well-being
- Family Plan of Service
  - Comply with a court order
- Progress
  - Levels
Types of Drug Tests

• Hair Strand
  • Back 90 days
  • Every 3 to 4 months, historical use
  • Head vs. body

Types, cont.

• Urinalysis (UA)
  • Back 3 days to a week, marijuana a little longer
  • Every 4 to 6 weeks

• Oral Swab
  • Back 24-36 hours
  • Used in outlying counties
  • Sent by worker to lab via Fed Ex while parent watches them seal it
  • Reliability
Types, cont.

• Instant
  • Method
  • Back 24-36 hours
  • Not admissible
  • Investigative tool

• Nail Clippings
  • Expensive
  • Rare because special approval needed

To Screen or Not to Screen

• What reasons might a parent not want a drug screen?
Admissibility

• Ideally you would have 2 to 3 witnesses to get the hair strand results admitted:
  • A chain of custody witness;
  • An expert to establish the theory’s validity (reliability) and proper technique to implement the theory (test protocol); and
  • An expert to testify to the test results (usually the technician who tested the sample).

Admissibility, cont.

• However, if you have the Supervisor/Director of the lab, you will only need two witnesses.

• Supervisor/Director can testify from business records (litigation packet) as to conduct and results of the test and that the test performed was standard and accepted for that substance.

• Testimony from the person who administered the test is not enough to prove up the drug test result without the expert.
Admissibility, cont.

• Drug test results are not necessarily reversible if there is other evidence of the parents’ drug use, such as their admissions. K.C.P., 142. S.W.3d 574 (Tex. App. - Texarkana 2004).

• K.C.P. also discusses that laying this foundation is pertinent in termination because of the higher burden of clear and convincing evidence. It appears that it might not be the same in Adversary hearings because of the low burden of proof.


Opposing Expert to CPS

• Why would you want one?
  • Reliability
    • Exposure: use vs. contact
    • Inconsistencies with different types of tests
    • Contamination
  • Time frame covered by test
    • Hair growth rates
  • Hair pigmentation and type
  • Levels: What do they mean and what do they tell us?
Objections

• Chain of custody (authentication)
• Hearsay
• Lack of Proper Foundation
• Possible Prejudice Outweighs Probative Value

I’ll show you mine if you show me yours

• Do you agree to let in the positive drug screens for the negative ones without objection?

• The “lone positive in a sea of negatives” argument.
Thank you

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