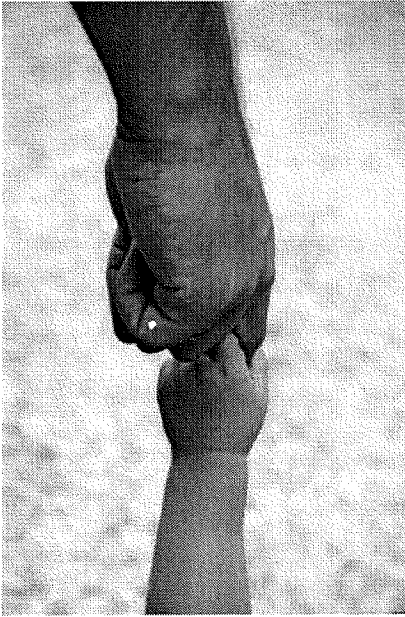


## Intensive Treatment and Recovery Services (ITRS)



### *What is it?*

Intensive Treatment and Recovery Services (ITRS) for addicted families is an initiative funded by the 2007 Legislature. The initiative is a collaborative effort between AMH and Children, Adults and Families (CAF). Funds were provided to increase the following services:

- Residential treatment for parents and dependent children who go to treatment with an addicted parent;
- Intensive outpatient treatment;
- Regular outpatient treatment;
- Case management; and
- Clean and sober housing options for addicted families.

**“Thank you for my Dad coming home. I love him and missed him when he was drinking. Thank You.”**

**Child of ITRS Parent**

### *Outcomes and Impact:*

- Over 836 children have been reunited with their parents and are no longer in family foster care. Their parents have accessed addiction treatment and recovery services with ITRS providers (as reported by CAF).
- \$1,974.33 per month is the average cost of caring for a child in family foster care in Oregon during 2007-2009. This amount includes food, clothing, shelter, and caseworker time involved in the case management (as reported by CAF).
- **\$1,713,718.40 a month is the cost-offset in family foster care for these children. This means that providing addiction treatment and recovery supports for this population group paid for itself within a period of six months!**
  - 4,440 parents have accessed addiction treatment and recovery services.
  - 1,734 parents are currently engaged in treatment and recovery services.

## Why treatment and recovery services:

Treatment and recovery support services help individuals in a parenting role to recognize and learn:

- How to manage their own recovery along with the challenges of parenting; and
- Skills to be better parents and to develop healthy relationships with their children.

When people are able to access addiction treatment when they need it and are retained in services for a sufficient length of time (minimum of 90 days) successful recovery outcomes are more likely to be achieved. AMH developed performance standards consistent with these aims as part of the contractual agreement with each contractor. These standards offer contractors, providers, AMH and CAF effective ways to plan for, institute, and measure improvements in parent/child reunification, retention in treatment and meeting utilization requirements as defined in each contract.

### Oregon Successes

"Jane", a mother with six kids in foster care, had an extensive legal history and many years of cocaine and marijuana dependence. She entered ITRS treatment in Marion County in September of 2008 and began learning skills to manage her condition and the stressors of daily living. After locating safe and stable housing for herself and her children they were reunited before Christmas. She continues in her treatment and is parenting her children. Jane has over five months of recovery, and is involved in church and community support systems. Her treatment provider says she is an inspiration to the group as she battles serious health conditions as well.

### TREATMENT & RECOVERY HOUSING & HEALTHY FAMILIES



For more information on about ITRS contact Therese Hutchinson, ITRS Coordinator at 503 945-5765 or [therese.hutchinson@state.or.us](mailto:therese.hutchinson@state.or.us).

To learn more about substance use disorders and recovery visit the Department of Human Services, Addictions and Mental Health website: <http://egov.oregon.gov/DHS/addiction/recovery.shtml>

## Intensive Treatment and Recovery Services

### History and Background

Addiction is a chronic, relapsing condition requiring life long management. As with other chronic diseases such as diabetes, hypertension and asthma the journey to stabilization and management includes treatment for acute symptoms, on-going self and peer care during periods of stability and extra support during times of exacerbation.

Treatment for parents of children removed from the home due to parental substance use disorders plays a critical role in when the child can safely return to their home. However, since 2000 the unmet treatment needs for this population increased from 30 to 50 percent.

As a response to this need the 2007 legislature appropriated resources to support Children, Adults and Families (CAF) and the Addiction and Mental Health Division in the journey to create a system of collaboration with an emphasis on hope and rebuilding.

The Intensive Treatment and Recovery Services initiative has and continues to change our current system for child welfare parents and is helping to create a recovery oriented system of care.

A recovery oriented system of care is based on:

- Healing and rebuilding
- Holistic approach
- Evidence based practice such as the Safer Model (Screening and Assessment for Family Engagement in Recovery) and Motivational Interviewing
- Recovery support services (peer delivered services, recovery mentors, recovery coaches, housing, jobs and transportation supports)
- Client centered wraparound services ( collaboration with early childhood partners, community housing advocates)

AMH issued a request for plan amendment to each county and participating tribes emphasizing a recovery oriented system of care for the following services:

- Intensive Outpatient treatment (IOP): A formula, created jointly by CAF and AMH was developed for allocation of funds specific to intensive outpatient treatment for all non Oregon Health Plan parents assessed by substance use disorder treatment providers as needing treatment services.
- \$7.9 million is allocated for OP services to serve 2251 CAF parents statewide.
- Residential treatment: AMH convened residential treatment providers and developed a resource allocation strategy. An additional 34 adult placements and 24 dependent placements were shared among twelve residential providers.
- Contracts were developed, signed and funds were disbursed.

The specifics of the program have been jointly created and implemented by CAF and AMH. These include a standardized substance use disorders referral form used by all CAF field staff. The form emphasizes client strengths, problem indicators and potential barriers to treatment. AMH and CAF staff visited all 36 Oregon counties meeting with County Mental Health Program representatives, treatment providers, early childhood partners and child welfare and self-sufficiency representatives to assist in the implementation of these new and innovative services. Staff continues to provide technical assistance as requested by partners.

### Data and Reports

- [2009-2011 ITRS Outpatient Utilization \(May 19, 2010\)](#)
- [2009-2011 ITRS Performance Incentive \(2010\) by CMHP](#)
- [2009-2011 ITRS Performance Incentive \(2010\) By CMHP and Provider](#)
- [County ITRS Client Utilization using Dedicated CPMS Provider Number \(March 31, 2009\) and Utilization Numbers from Counties \(February 27, 2009\)](#)
- [County ITRS Client Utilization using Dedicated CPMS Provider Number \(October 30, 2008\)](#)
- [Drug Abuse Impact on Foster Care in Oregon Federal Fiscal Year 2000-2006](#)
- [Drug Addiction Impact on Foster Care in Oregon Federal Fiscal Year 2000-2007](#)
- [Intensive Treatment and Recovery Services \(ITRS\) Family and Child Outcomes \(Feb. 2010\)](#)
- [Foster Care Length of Stay for Children Whose Parents Receive\(d\) ITRS Services \(Feb. 2009\)](#)

### Stories of Recovery

- [Paul Felix Story](#)

**Correspondence**

- [Performance Incentive Memo to Counties](#)

**Resources**

- [Case Management Questions and Answers](#)
- [Frequently Asked Questions Related to CPMS Procedures for Dual ITRS and DUII Clients](#)
- [ITRS Expansion Flyer](#)
- [ITRS Facts and Figures](#)
- [ITRS Fact Sheet](#)
- [Medication-Assisted Treatment and Recovery \(U MATR\)](#)
- [NIATx: Changing systems, changing lives](#) (AMH article)
- [Performance Incentive Timeline \(July 1, 2009-June 30, 2011\)](#)

**For additional information, contact:**

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## **Intensive Treatment and Recovery Services (ITRS) Family and Child Outcomes**

Treatment for parents of children removed or at risk of removal from their home due to parental substance misuse and abuse plays a critical role in when the child can safely return to their home. However, since 2000 the unmet treatment needs for this population increased from 30 to 50 percent. As a response to this need the 2007 Legislature appropriated resources to support the Addictions and Mental Health Division (AMH) and Children, Adults and Families (CAF) efforts to create a Recovery-Oriented System of Care for parents at risk or involved in the child welfare system. In addition, the initiative promotes state-level and local collaboration between addiction services and child welfare with an emphasis on hope and rebuilding. This collaboration is the Intensive Treatment and Recovery Services (ITRS) initiative.

A formula created jointly by CAF and AMH allocates \$7.9 million for Intensive Treatment and Recovery Services outpatient treatment and recovery services for 2,634 individuals in a parenting role who are not eligible for the Oregon Health throughout the state. The program also allocates funds for an additional 34 adult and 20 dependent placements between twelve residential treatment providers. In addition to traditional treatment services, ITRS includes housing, transportation supports and client centered wrap-around services such as collaboration with early childhood partners, community housing advocates and others who play an important role in the lives of the parent and their child.

### **Key Findings**

- Drug and alcohol treatment for the parents of foster children plays a critical role in determining when a child can safely return home.
- Over 40 percent of children whose parents are or were involved in treatment have achieved physical reunification.
- For children who have reunified, children of ITRS-served parents have a shorter length of stay in foster care compared to the prior biennium's group of foster children whose parents received AMH treatment services.

### **Summary**

Addiction treatment for the parents of foster children plays a critical role in determining when a child can safely return home. One of the primary recipients of

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the Intensive Treatment and Recovery Services Initiative (ITRS) are parents with drug or alcohol substance use whose children were in or entered foster care and the parent had no financial resource available for treatment. The purpose of this report is to examine the length of time a child is in foster care when the parent has participated in the ITRS treatment program. The ITRS funding for drug and alcohol treatment started in July 1, 2007. The following data represent the time period from July 1, 2007 through January 22, 2009, the most current child welfare data available.

This research employs a matching system between two Department of Human Service entities to determine if treatment provided via the ITRS initiative was for a foster care involved family. A list of 3,581 adult clients who were recipients of ITRS treatment services were matched to Child Welfare records to identify those families who were also involved with the child welfare system. A total of 82.9 percent of ITRS recipients had children in the child welfare system. A total of 2,538 children associated with these cases had a foster care experience (Table 1). Some of these children were excluded from the analysis to best match the ITRS dates of implementation (resulting in 2,160 children).

**Table 1.**  
**Match Rate and Number of Children**

Number of ITRS Adult Clients in List	3,581
Number of ITRS Adult Clients in List Matched to a Child Welfare Case	2,967
Match Rate	82.9%

Number of Unduplicated Children	2,538
Number of Children After Additional Exclusions*	2,160

*\*Excluding children who physically entered care prior to ITRS program start (7/1/07) or with current length of stay <=7 days.*

The comparison population represents those families served by AMH with drug and alcohol treatment during the 2005/2007 biennium. A list of 72,598 clients who were recipients of AMH treatment services were matched to Child Welfare records to identify those families who were also involved with the child welfare system. A total of 29.8 percent of AMH adult recipients had children in the child welfare system. A total of 8,657 children associated with these cases had a foster care experience (Table 2) that occurred during the same 2005/2007 biennium.

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**Table 2.**

**Match Rate and Number of Children of 05/07 AMH Clients**

Number of AMH Records	72,598
Number of AMH Records Matched to a Child Welfare Case/Person	29,423
Number of AMH Records Matched to a Child Welfare Case/Person, Adult	21,642
Match Rate	29.8%

Number of Unduplicated Children	8,657
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*\*Including children who entered care prior to 7/1/07 and were in care at any time during the 05/07 biennium. Excluding children with a length of stay <=7 days.*

The areas of interest are those that are still in foster care and those who have achieved physical reunification. Table 3 displays the child’s current foster care status of ITRS-served parents. Over 54 percent of the children represented are still in out of home foster care as of January 22, 2010. A total of 868 children (40.2 percent) have been reunified with his or her parent. A total of 112 additional children (5.2 percent) who were in foster care exited to other permanency options, including adoption, guardianship, and emancipation. It should be noted that in families with multiple children it is possible for one child to achieve a different permanency option than a sibling.

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**Table 3.**

**Foster Care Status of Children of ITRS Served Parents as of 1/22/2010**

Foster Care Status	Number	Percent
Still in care	1,180	54.6%
Physical Reunification	868	40.2%
Exit to adoption	46	2.1%
Exit to guardianship	39	1.8%
Exit to emancipation	5	0.2%
Other Exit Type	22	1.0%
Grand Total	2,160	100.0%

Because of the number of children remaining in out of home care the analysis of length of stay were divided into two groups – the group of children remaining in out of home foster care and the group of children who have reunified.

### **Children Who Returned Home**

There are 868 children whose parents were served by ITRS that have already physically returned home (legal custody may not have been returned). Table 4 displays the amount of time these children were in foster care compared to the children of those parents served by AMH during the 2005/2007 biennium.

For this group of children, the data indicate that a higher percentage of children served via the ITRS program went home earlier than the comparison cohort from the 2005/2007 biennium, through one year (Table 4, Chart 1)

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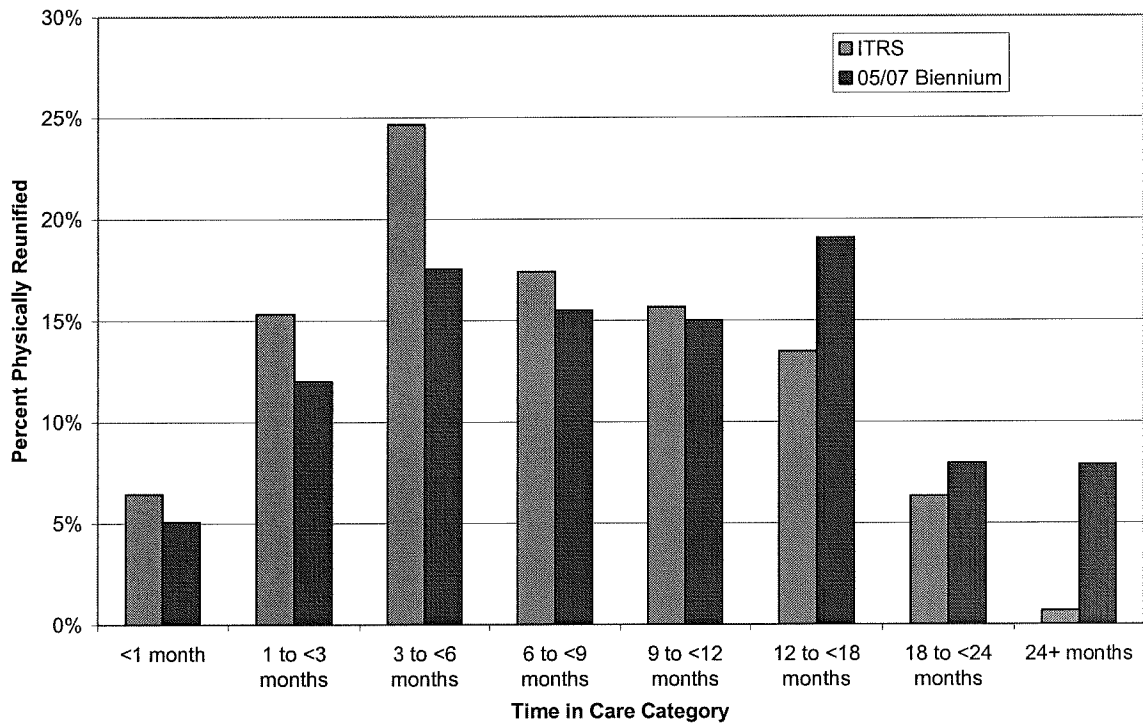
**Table 4.**

**Time to Reunification for Children of ITRS Served-Parents Compared to Reunification for AMH Clients in the 05/07 Biennium**

Months In Care	Foster Children of ITRS Served Parents - Time in Care			05/07 Biennium Comparison Population - Foster Children of AMH Served Parents		
	Number	Percent	Cumulative	Number	Percent	Cumulative
<1 month	56	6.5%	6.5%	237	5.1%	5.1%
1 to <3 months	133	15.3%	21.8%	562	12.0%	17.1%
3 to <6 months	214	24.7%	46.4%	820	17.5%	34.6%
6 to <9 months	151	17.4%	63.8%	725	15.5%	50.1%
9 to <12 months	136	15.7%	79.5%	702	15.0%	65.1%
12 to <18 months	117	13.5%	93.0%	891	19.0%	84.2%
18 to <24 months	55	6.3%	99.3%	372	8.0%	92.1%
24+ months	6	0.7%	100.0%	369	7.9%	100.0%
Total	868	100.0%		4,678	100.0%	

**Chart 1.**

**Time to Reunification - ITRS vs. 05/07 Served Children**



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Table 5 shows the median length of stay for ITRS reunified children of 6.8 months compared to 8.9 months for children served in the 05/07 biennium.

**Table 5.**  
**Summary Statistics of Time to Reunification**

<b>Description</b>	<b>Foster Children of ITRS Served Parents</b>	<b>05/07 Biennium Comparison Population</b>	<b>Months Difference</b>
Median Time in Care	6.8	8.9	2.1
Mean Time in Care	7.7	11.1	3.4
Standard Deviation of Time in Care	5.5	10.4	4.9

**Children Still In Substitute Care**

A total of 1,180 children whose parents are served by ITRS remain in subcare. Table 6 displays the amount of time these children have been in foster care as of January 22, 2010.

Children in ITRS have a median length of stay (as of 1/22/2010) of 10.9 months. Of these children still in substitute care, 638 children (54.1 percent) had parents who have not completed treatment.

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**Table 6.**

**Children in Out of Home Foster Care as of January 22, 2010, With  
ITRS Served-Parents**

<b>Foster Children of ITRS Served Parents on 1/22/2010</b>			
<b>Months In Care</b>	<b>Number</b>	<b>Percent</b>	<b>Cumulative</b>
<1 month	26	2.2%	2.2%
1 to <3 months	70	5.9%	8.1%
3 to <6 months	162	13.7%	21.9%
6 to <9 months	197	16.7%	38.6%
9 to <12 months	225	19.1%	57.6%
12 to <18 months	245	20.8%	78.4%
18 to <24 months	145	12.3%	90.7%
24+ months	110	9.3%	100.0%
<b>Total</b>	<b>1,180</b>	<b>100.0%</b>	

**Table 7.**

**Summary Statistics of Time In Care  
for Children Still in Care**

<b>Description</b>	<b>Foster Children of ITRS Served Parents</b>
Median	10.9
Mean	12.2
Standard Deviation	7.3

Almost 55 percent of children whose parents have or are receiving treatment funded by ITRS still remain in care. Further, a total of 58 percent of all children

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benefiting from their parent's engagement in treatment have parents who have not yet completed treatment. It should also be noted that ITRS provides services and supports for parents who still have legal custody of their children in an effort to prevent out-of-home placement. This report focuses only on those parents who have or had children in the foster care system. The preventive benefits associated with the ITRS initiative as they relate to keeping families together and avoidance of foster care is important to note and worthy of further analysis.

In addition, there are many salient issues that impact a child's duration in foster care that go beyond a parent's receipt of drug and alcohol treatment, including safety factors and court-determinations.