<table>
<thead>
<tr>
<th>Name of Lead Agency</th>
<th><strong>Houston Council on Alcoholism and Drug Abuse</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td><strong>Houston, TX</strong></td>
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<tr>
<td>Title of Project</td>
<td><strong>Safe4Kids</strong></td>
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<tr>
<td>Program Option</td>
<td>RPG 5-Year Grant; $500,000 annually</td>
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| Geographic Area and Congressional District Served | **Harris County**  
                          **Congressional District 7** |

**Brief Program Description**

Safe4Kids provided services to address the safety, permanency and well-being of children ages 0-4 involved with Child Protective Services (CPS) in Harris County, TX, and the neighboring regional counties of Liberty, Chambers and Montgomery. The Safe4Kids program worked with clients participating in Family-Based Safety Services (FBSS) through the Texas Department of Family and Protective Services (TDFPS) to reduce risk factors with the ultimate goal of parents maintaining custody of the children. Families involved with FBSS exhibited risk factors related to the safety of the children but the risks were not so severe as to warrant the immediate removal of the children from the home although some children were temporarily placed outside of the home, often in kinship care.

**Target Population**

**The Safe4Kids program targeted:**
- Mothers participating in FBSS through the Texas DFPS and CPS, when child safety was deemed at risk due to maternal substance abuse and/or prenatal substance exposure
- Children between zero and four years old

**Participants Served**

- Children: 610
- Adults: 295
- Families: 292

**Major Goals**

**Major program goals included:**
- Creating a coordinated, timely and effective system to serve parents and guardians involved with the child welfare system that have a substance abuse problem and their children
- Helping parents or caregivers become sober or are in recovery from alcohol and drugs
- Teaching parent and families the skills and knowledge required to better provide for their children
- Improving the biopsychosocial well-being of children of people with substance abuse problems and/or children who were prenatally exposed to substances
- Improving the likelihood that children involved with the child welfare system will be able to safely and permanently stay with their families

### Key Major Program Services

<table>
<thead>
<tr>
<th>Case Management and In-Home Services</th>
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</thead>
<tbody>
<tr>
<td>- Intensive Case Management</td>
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<tr>
<td>- Wraparound/Intensive In-Home Services</td>
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</table>

**Parenting/Family Strengthening**

- Manualized/Evidence-Based Parenting Program – Nurturing Parenting

### Mental Health and Trauma Services for Adults

<table>
<thead>
<tr>
<th>Mental Health and Trauma Services for Adults</th>
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</thead>
<tbody>
<tr>
<td>- Mental Health Services</td>
</tr>
<tr>
<td>- Trauma-Informed Services</td>
</tr>
<tr>
<td>- Trauma-Specific Services – Seeking Safety</td>
</tr>
</tbody>
</table>

### Specialized Outreach, Engagement and Retention

- Cognitive Behavioral Strategies – Motivational Interviewing
- Co-located Staff

### Screening and Assessment – Child Welfare and Other Children’s Issues

- Specialized Child Screening and Assessment – Developmental, Behavioral/Socio-Emotional

### Screening and Assessment – Substance Use and Other Adult Issues

- Specialized Adult Screening – Trauma Domestic Violence, Mental Health/Co-occurring Disorders, Parenting, Family Functioning

### Children’s Services

- Mental Health Counseling – Parent Child Interactive Therapy (PCIT)

### Partner Agencies and Organizations

<table>
<thead>
<tr>
<th>Child Welfare</th>
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</thead>
<tbody>
<tr>
<td>- Texas Department of Family and Protective Services – Child Protection Services Division</td>
</tr>
</tbody>
</table>

### Evaluation

- DePelchin Children’s Center

### Substance Abuse

- The Council on Alcohol and Drugs Houston
| Evaluation Design and Comparison Group Type | Quasi-experimental  
|                                           | Same-time, Matched Population-Level |
| Performance Indicators                    | **Permanency**  
|                                           | Reunification: A total of 210 children were placed in voluntary kinship placements at the start of Safe4Kids services. Of these, 118 children (56.2 percent) were returned home by the end of program services, 18 (8.6 percent) were transferred to State custody and 74 (35.2 percent) remained in voluntary kinship care.  
|                                           | **Child Well-Being**  
|                                           | Child Development: Using the Ages and Stages Questionnaire (ASQ), the site measured change from baseline to follow-up for 80 children. Cumulative results showed statistically significant improvements for four of the five sub-scales (skills) within the ASQ: 1) Communication; 2) Gross Motor; 3) Problem Solving; and, 4) Personal Social.  
|                                           | **Recovery**  
|                                           | Time to Treatment: A total of 92 mothers had sufficient data for both RPG program enrollment dates and treatment admission dates. The average number of days between Safe4Kids admission and start of treatment services was 29.81 days (SD=53.35). While this does seem to be a significant amount of time until start of services, many clients were resistant to residential treatment services. Clinicians worked with these clients first by providing in-home services. If the client was unsuccessful (e.g., relapse) the client would then be enrolled in residential treatment.  
|                                           | Retention in Substance Abuse Treatment: A total of 51 out of the 60 clients (85.0 percent) referred for residential substance abuse treatment remained in treatment throughout completion. The average length of stay for residential treatment for those completing the program was 77.41 days (SD=62.15).  
| Sustainability Status                     | The following key program components were supported beyond grant funding:  
|                                           | • A continued process for communicating and exchanging information with referral sources (the partners discovered that case staffing which included the client and a representative from each of the partner agencies greatly improved communication, care coordination and client participation)  
|                                           | • Referrals for client services in regards to treatment, counseling, parenting and substance abuse education |