

# STRATEGIES FOR HOSPITAL AND COMMUNITY COLLABORATION TO PREVENT ACES: LESSONS LEARNED FROM HOUSTON

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# Texas Children's Hospital Section of Public Health and Child Abuse Pediatrics

The Section of Public Health and Child Abuse Pediatrics strives to prevent and mitigate childhood adversities; foster resilience in children, families, and the community; and provides care for the most vulnerable children in Texas.

## Strengthening children, families, and communities

- Early brain development programs
- Parenting programs
- Community resiliency
- Integration of behavioral health and pediatrics
- Strengthening pediatric practices
- Child fatality & domestic violence review teams
- Suicide prevention

## Early identification and connection to services

- Child maltreatment
- Intimate partner violence
- Food insecurity
- Postpartum depression
- Perinatal opioid use
- Parental incarceration
- Child trafficking
- Social drivers of health

## Providing care to our most vulnerable children

- Child Protection Health Clinic
- Child protection inpatient and outpatient consultation service
- Foster Care Clinic
- Child advocacy centers
- Home visitation programs
- Forensic nurse program

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# POSTPARTUM DEPRESSION

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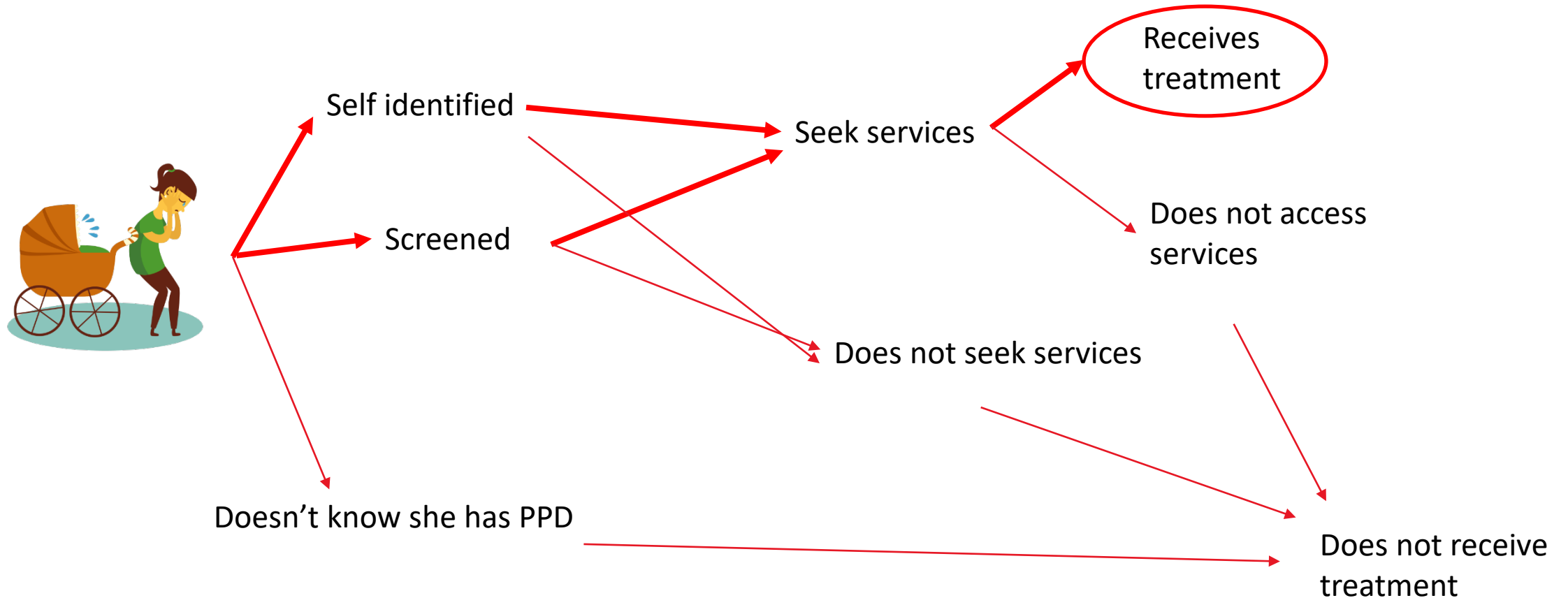
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# POSTPARTUM DEPRESSION

- Depression that occurs in the one year following the birth of a child
- Postpartum depression is treatable, but many mothers do not receive treatment
- Postpartum depression negatively impacts a mother's ability to bond with her baby

# CURRENT PATHWAYS FOR WOMEN EXPERIENCING PPD

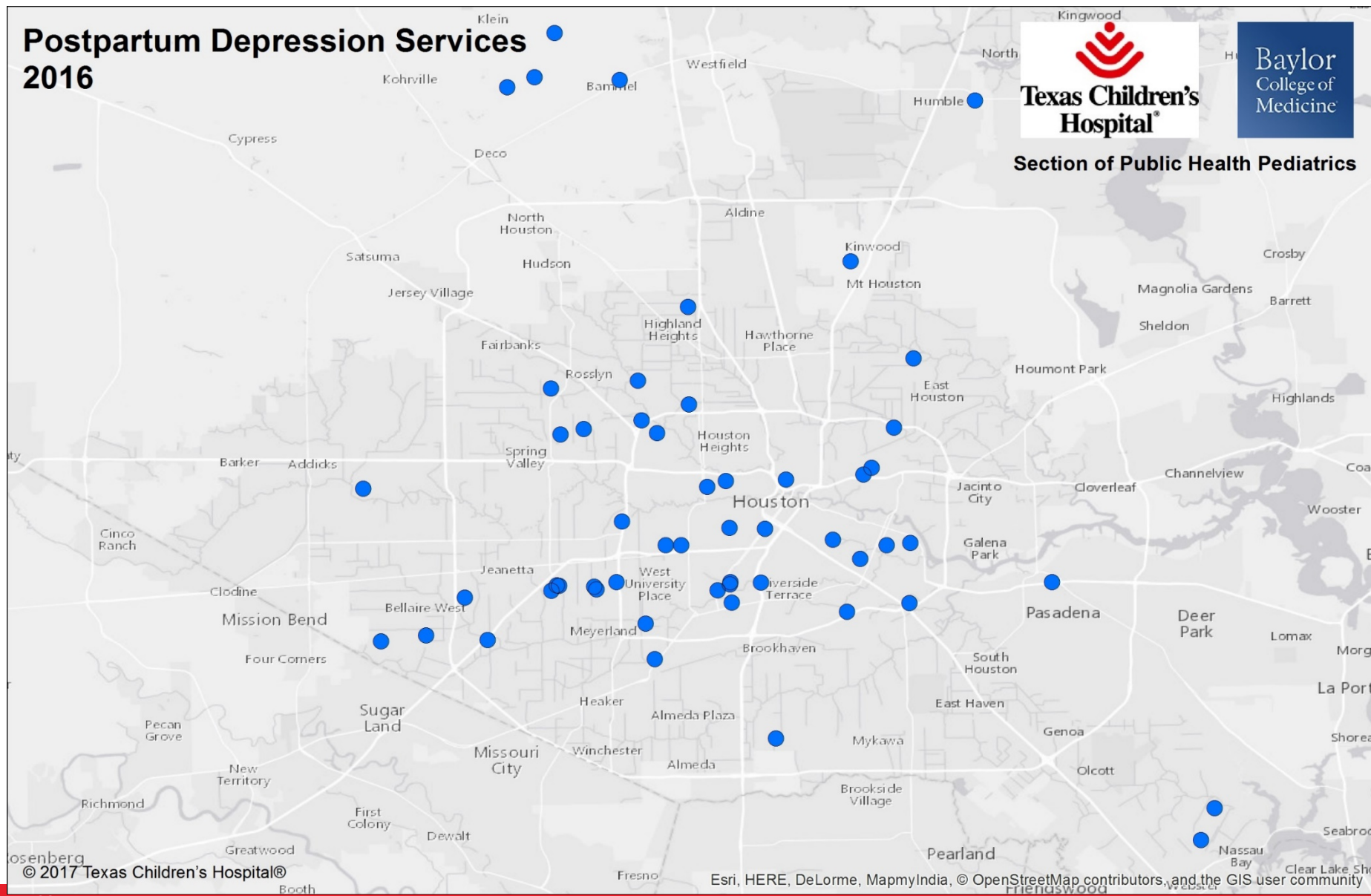


*How do we get more women on the pathway to treatment?*

# POSTPARTUM DEPRESSION

- Understand the breadth of services available
- Screening and referral of women with PPD
- Studying the effectiveness of additional treatment options

# Postpartum Depression Services 2016



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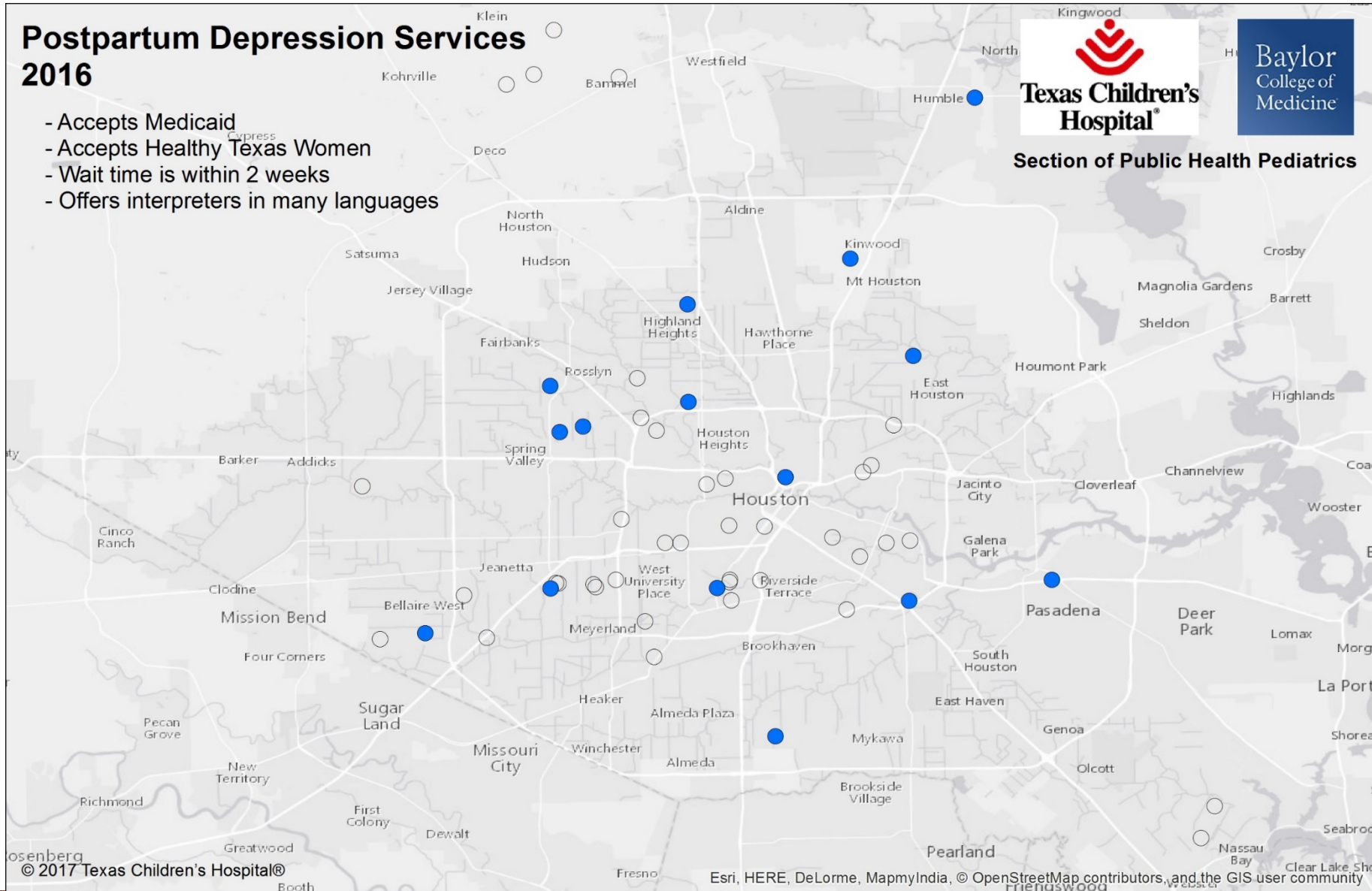


# Postpartum Depression Services 2016

- Accepts Medicaid
- Accepts Healthy Texas Women
- Wait time is within 2 weeks
- Offers interpreters in many languages



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# SCREENING AND REFERRAL QI PROJECT AT TCH

	Practices trained	EDPS screens	Positive screens	Referrals made	Completed appointments*
<b>Total</b>	54	95,746	6,117 (6.4%)	3,703 (60.5%)	2,104 (56.8%)

\*Completed appointments is defined as patients completing an appointment with a mental health provider within 60 days of referral.

## What we learned:

Moms referred by pediatricians to psychiatrists located in a different location had a 21% completion rate compared to integrated care (pediatric and psychiatry in the same office) with an 83% completion rate

Black, Hispanic and those on Medicaid during pregnancy are significantly less likely to attend at least one visit with a psychiatrist as compare to white, non-Hispanic women, and those using commercial insurance

Other treatment options for PPD need to be considered for minority and low-income women

# PPD MODEL OF CARE PILOT STUDY

- Compare the effectiveness of an alternate treatment option for women with mild to moderate PPD to a referral to a psychiatrist (current standard of care)
- Alternate treatment option is a home visitation program called “PST4PPD” (problem solving tools for PPD)
- Hypothesis: home visiting is as effective as a referral to a psychiatrist for mothers with symptoms of mild to moderate PPD.
- Eligibility
  - Women with newborns  $\leq 4$  months
  - Receive an Edinburg Prenatal Depression Scale (EPDS) score between 10 and 20
  - Live within designated zip codes in Houston and surrounding counties

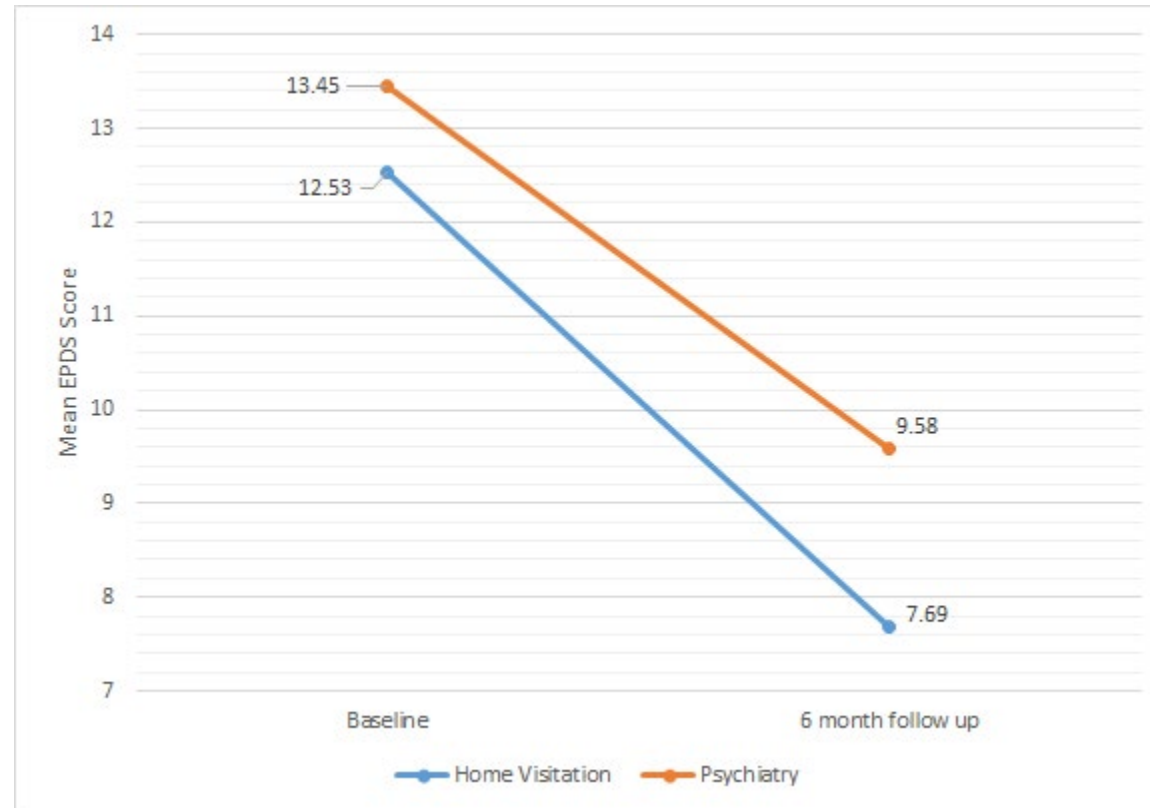


PST4PPD  
*Helping Mothers*

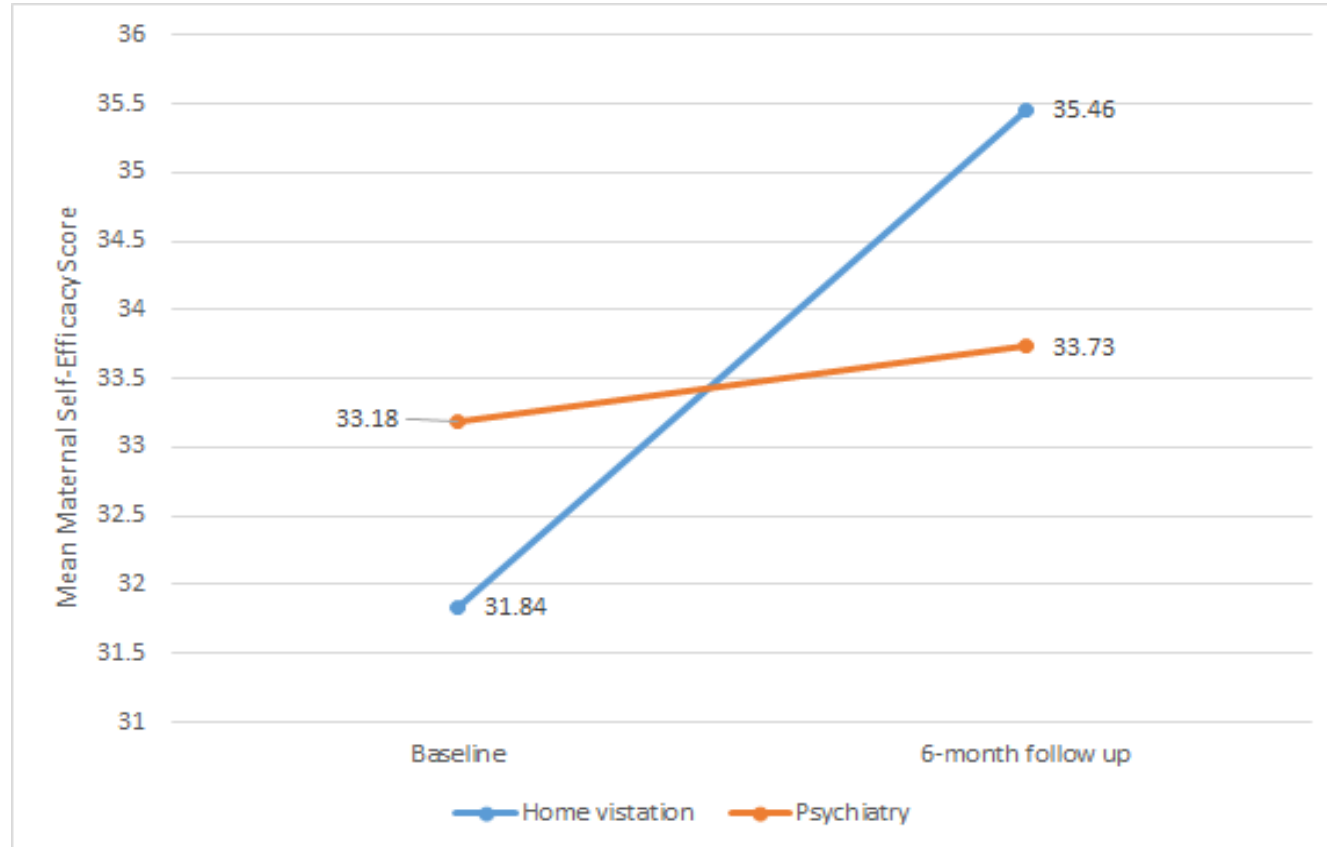
# STUDY PARTICIPANTS AND ANALYSIS

- Total participants recruited then randomized: 156
  - Home visitation: 91
  - Psychiatry: 65
- ANCOVA at a 90% confidence interval

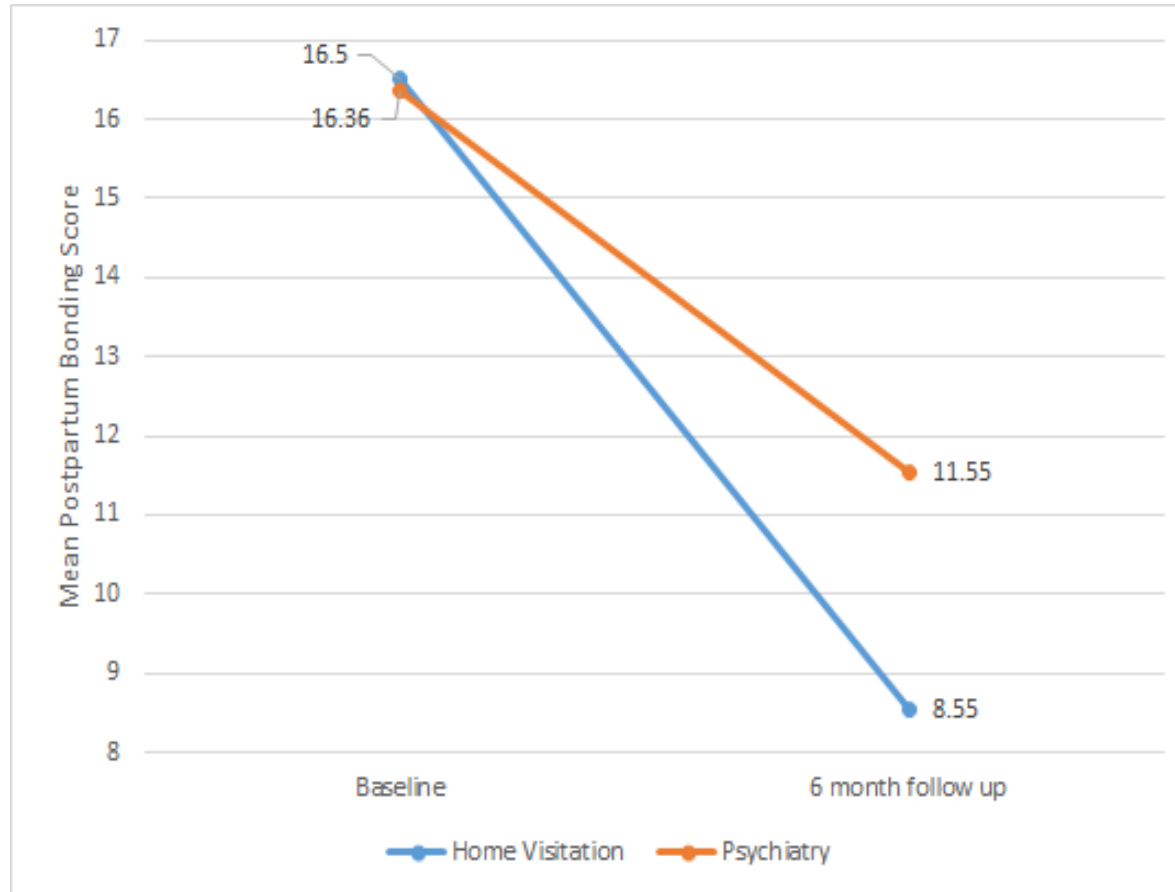
# RESULTS-EPDS\*



# RESULTS- SELF EFFICACY\*



# RESULTS- BONDING



# CONCLUSION

- Home visitation group's depressive symptoms improved as much as those in the psychiatry group
- Home visitation group had better scores on maternal self efficacy scales than those in the psychiatry group
- Next steps
  - More research is needed to validate findings
  - Added modules to address anxiety



# INTIMATE PARTNER VIOLENCE

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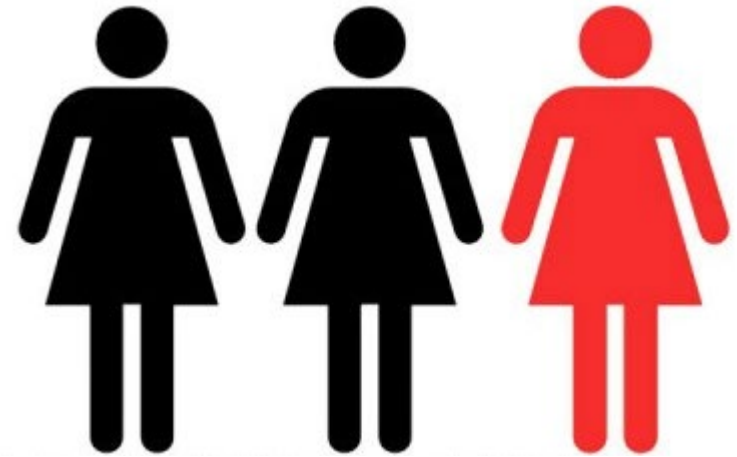


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# INTIMATE PARTNER VIOLENCE (IPV)

- A pattern of coercive behavior that is used to control the partner
- Physical, verbal, emotional, financial and sexual abuse
- Nearly **1** in **3** women and **1** in **7** men experience intimate partner violence in their life time
- Children living in homes with IPV are ~4 times more likely to experience child maltreatment than children not living in a home with IPV



# ASSESSMENT ON IPV AND THE ROLE OF HEALTHCARE

- Literature review
  - 26 interviews with agencies that screen and provide services to survivors of IPV
  - 3 focus groups with 17 survivors of IPV
- 
- Development of 15 recommendations
  - IPV screening pilots

# FINDINGS

- Survivors of IPV access healthcare at higher rates than the general public
- AAP, ACOG, USPSTF and Joint Commission recommend that healthcare organizations screen for IPV
- There are several validated survey instruments
- Locally there is inconsistency in screening for IPV and screening rates remain low

The screenshot displays the U.S. Preventive Services Task Force (USPSTF) website. The main heading is "Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening", with a release date of October 2018. A "Recommendation Summary" table is shown with two rows. The first row, for "Women of reproductive age", has a green background and a grade of "B". The second row, for "Older or vulnerable adults", has a white background and a grade of "I". To the right of the table is a "Supporting Documents" section with links to the "Final Research Plan", "Final Evidence Review", and "Evidence Summary". Below the table is a "Read Full Recommendation Statement" button and a "View archived versions of this recommendation" link. At the bottom, there are two sections: "Related Information for Consumers" and "Related Information for Health Professionals".

Population	Recommendation	Grade (What's This?)
Women of reproductive age	The USPSTF recommends that clinicians screen for intimate partner violence (IPV) in women of reproductive age and provide or refer women who screen positive to ongoing support services.  See the <a href="#">Clinical Considerations</a> section for more information on effective ongoing support services for IPV and for information on IPV in men.	B
Older or vulnerable adults	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for abuse and neglect in all older or vulnerable adults.  See the <a href="#">Clinical Considerations</a> section for suggestions for practice regarding the I statement.	I

# FOCUS GROUPS

Demographics, n = 17	
Ages	22 – 70
Children	94% had children
Race	36% white 29% Black 29% Hispanic 6% American Indian
Education	23% did not complete high school 53% graduated high school 23% graduated college
Housing	41% lived in a shelter

# THEMES FROM FOCUS GROUPS

- IPV goes beyond physical abuse and its effects are long-lasting.
- Families play a pivotal role in staying in or leaving a violent relationship.
- IPV coping and processing is not uniform, and survivors' responses are dynamic over time.
- Screening in health care settings must be improved to effectively identify and refer IPV survivors.
- IPV awareness and interventions should be expanded and redesigned: help-seeking at the community level

# SCREENING IN THE HEALTHCARE SETTING MUST BE IMPROVED TO EFFECTIVELY IDENTIFY AND REFER PATIENTS

**Screen alone.** Many of the participants said their abuser was with them when they were screened for IPV so they were unable to answer truthfully.

*“It is hard to fill out forms when they are right next to you, watching you... Number one you have to admit to yourself that there’s a problem at home and you don’t want to do that. Number two, they’re right there next to you. So you just kind of have to hope for the best.”*

# SCREENING IN THE HEALTHCARE SETTING

**Tell patients what you will do if they respond, “yes” before you screen.** Some of the participants expressed fear on not knowing what would happen if they responded truthfully to the screen.

*“The screening was routine. They would ask, “Do you feel safe?” If I say we’re not okay, what happens next? I couldn’t see past the next question. I never felt okay saying yes. I didn’t know what would happen.”*



# SCREENING IN THE HEALTHCARE SETTING

**Providers should improve rapport.** Many of the participants reported that they would be more likely to disclose if the providers had better rapport such as listening, making eye contact, and caring for the patient.

*“They (the providers) hardly even look up at you.”*

*“They don’t care. They need to be retrained to ask the right questions.”*

# SCREENING IN THE HEALTHCARE SETTING

**More specific questions.** Many of the participants were not aware they were in abusive relationships so they recommended asking specific and direct questions that included questions on non-physical abuse.

*“He would push me and would shove me, but I didn’t realize it was abusive until after he threw an axe at my head.”*

# SCREENING IN THE HEALTHCARE SETTING

**Referral / follow-up.** The referrals and follow-up from a positive disclosure must be tailored to the individual patient's circumstance to decrease the risk of violence for the patient.

*“He finds out and all hell breaks loose.”*

*“A provider or nurse must be mindful of children. Children will go back and tell.”*

# SCREENING IN THE HEALTHCARE SETTING

## Pregnancy and screening for IPV at OB/GYNs

*“He beat me up when I was pregnant. I had 2 pregnancies with him and no one asked me. We look normal so no one asked me.”*

*“When you’re pregnant, the abuse gets worse.”*

# KEY TAKEAWAY

*Screening for IPV is not enough... we must focus on how we are screening for IPV*

# IPV SCREENING PILOTS

- Centers for Children and Women
- Texas Children's Pavilion for Women
- Children's Assessment Center

# HOW TO SCREEN FOR IPV

- Patient needs to be alone
- Ask direct questions
- Be compassionate and non-judgmental
- Tell the patient what you will do if they disclose abuse before the screening
- Be prepared for a positive disclosure
- Ask multiple times

# CENTERS FOR CHILDREN AND WOMEN

- Maternal Mental Health and Safety Assessment
- IPV screening has been added to their protocol for PPD screening
  - OBs— screen 3 times
  - Pediatricians— screen 2 times
- Isolate the patient, ask direct questions, tell patients what will happen if they say “yes” before screening
- Add screening to EMR—sensitive notes
- Patient referred to behavioral health if they screen positive



# MATERNAL MENTAL HEALTH AND SAFETY ASSESSMENT

We care about the health and safety of our patients so we ask all of our patients about violence in the home. If your responses indicate that you might be unsafe or there might be violence in your home, we will talk to you privately about your responses. We will also ask you if you want additional help or information. Your responses are private and they will not be shared with your partner or others.

	Never	Rarely	Sometimes	Fairly Often	Frequently
How often does your partner physically hurt you?	[ ]	[ ]	[ ]	[ ]	[ ]
How often does your partner insult or talk down to you?	[ ]	[ ]	[ ]	[ ]	[ ]
How often does your partner threaten you with physical harm?	[ ]	[ ]	[ ]	[ ]	[ ]
How often does your partner scream or curse at you?	[ ]	[ ]	[ ]	[ ]	[ ]
How often do you make decisions on how family money is spent?	[ ]	[ ]	[ ]	[ ]	[ ]

# PAVILION FOR WOMEN

- Labor and delivery hospital with ~6,000 deliveries each year
- At baseline
  - 88% of patients screened
  - 0.43% screened positive

# PAVILION FOR WOMEN

- Changed the security protocol
- Updated intake forms
- Drafted scripts for nurses and security officers
- Offered 8 trainings
- Posted signage
- Consulted with social work

# PAVILION FOR WOMEN

## Baseline

88% of patients screened  
0.43% disclosed abuse



## Current

88% of patients screened  
2.5% disclosed abuse

Changed the security protocol  
Updated intake forms  
Drafted scripts for nurses and security officers  
Offered 8 trainings  
Posted signage  
Consulted with social work

# CHILDREN'S ASSESSMENT CENTER

- Provides comprehensive, compassionate, and coordinated care for sexually abused children
  - Legal services
  - Victim services
  - Therapy and psychological services
  - Medical clinic



# IPV SCREENING

- Mother and child go to medical clinic waiting room after the forensic interview
- Child has a medical exam by him/herself
  - While mother is in the waiting room by herself, the CAC nurse will give mom a paper IPV screener
- CAC nurse scores the IPV screener
  - Negative, no further action
  - Positive, gives mother a resource sheet (only for 1 month pilot)

# PILOT RESULTS

- Screened 90 mothers
  - 9.6% screened positive (10+)
  - 7.4% screened at-risk (8-9)

## Harris County Resource Sheet

Avenue 360.....	713-426-0027
Baker Ripley.....	713-667-9400
Catholic Charities.....	713-526-4611
Children’s Assessment Center.....	713-986-3300
Collaborative for Children.....	713-600-1234
Community Family Centers.....	713-923-2316
Council on Recovery.....	713-942-4100
DePelchin Children’s Center.....	713-802-7645
Family Houston.....	713-861-4021
Houston Food Bank.....	713-223-3700
Lone Star Legal Aid.....	713-652-0077
Northwest Assistance Ministries.....	281-885-4555
Harris County WIC Program.....	713-407-5800
Houston Area Women’s Center.....	713-528-2121
Legacy Community Health.....	832-548-5100
Memorial Assistance Ministries.....	703-468-4516
Northwest Assistance Ministries.....	281-885-4555
Salvation Army.....	713-224-2875
United Way of Greater Houston.....	2-1-1
SER—Jobs for Progress.....	713-773-6000
Wesley Community Center.....	713-223-8131

# PARENTAL INCARCERATION

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# PARENTAL INCARCERATION

- How do we best support children with incarcerated parents in Harris County?

# PROJECT COMPONENTS

- Literature review
- Interviews
  - Key informant interviews
  - Inmate interviews
  - Caregiver interviews and focus group
- Data analysis
  - Added 9 questions to the jail intake form
- Recommendations and report

# PARENTAL INCARCERATION

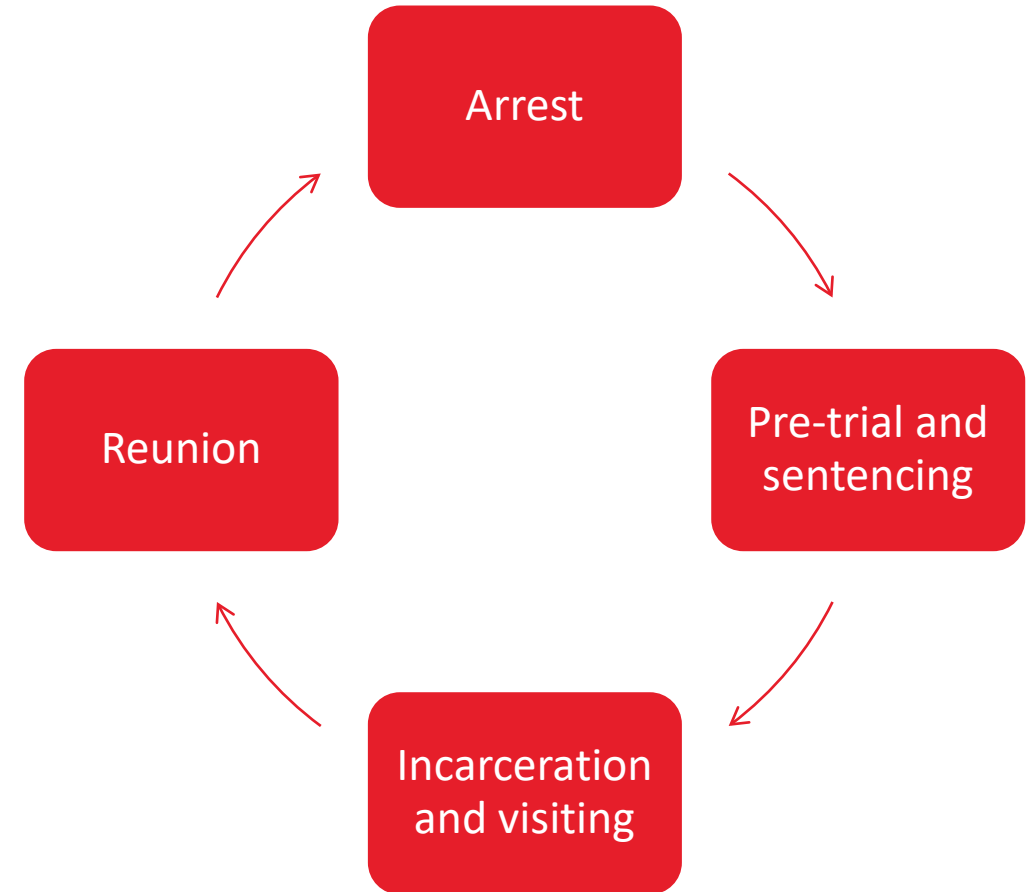
- United States has the highest incarceration rate in the world with 2.3 million Americans behind bars
- 54% of inmates are parents with children under the age of 18
- 5.1 million children have a parent in jail or prison during their lifetime

# JAILS VERSUS PRISONS

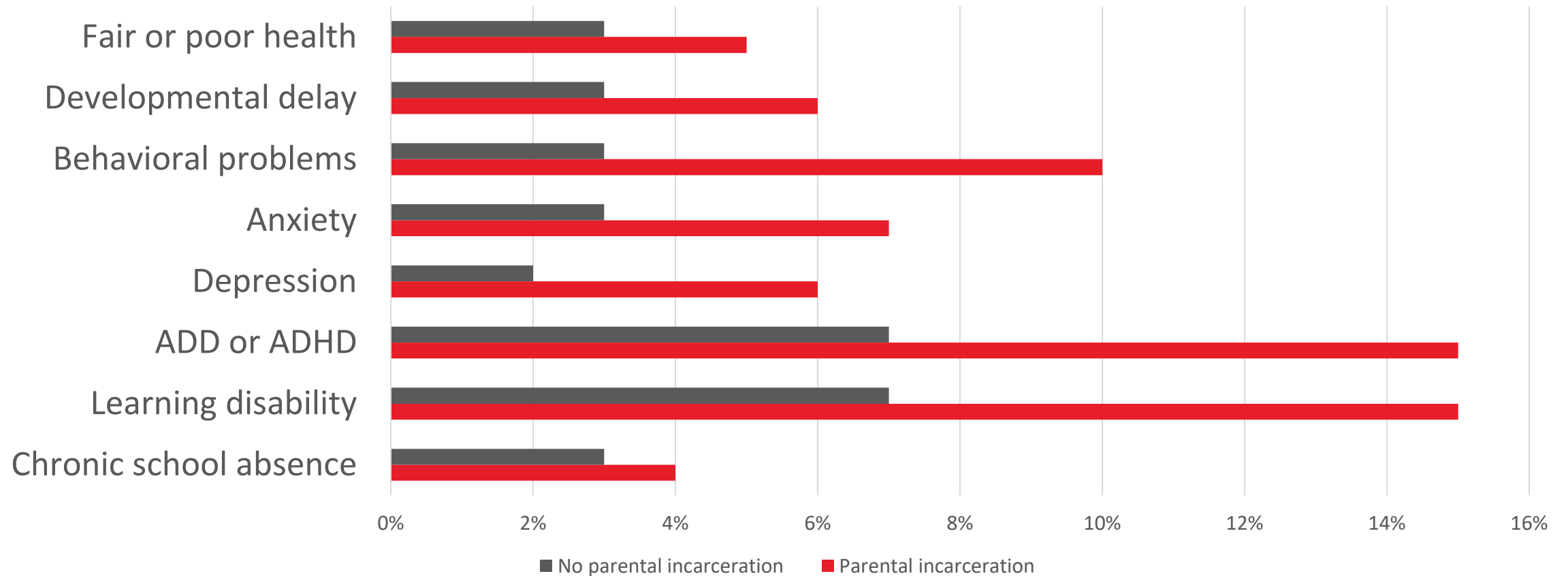
- Prisons: convicted, sentence is usually 1+ year, run by state or federal government
- Jails: waiting trial or serving short sentence, locally run
- Harris County Jail
  - ~9,500 beds
  - ~70% of inmates are waiting trial

# PROCESS OF PARENTAL INCARCERATION TO A CHILD

- Witnessing arrest and/or criminal activity
- Incarceration period
  - Separation from caregiver
  - Changes in housing and school
  - Loss of household income and increased expenses
  - Visitation and communication
  - Stigma, shame, and isolation
  - Fear for the safety of their parent and siblings
  - Confusion and fear for the future of their parent
- Reunion with the incarcerated parent



# IMPACT OF INCARCERATION ON CHILDREN



# INTERVIEWS

*“When people ask about my father, I know that if I tell them he is in prison for drugs, they will either drop me in the conversation and talk about the weather or give me this big lecture about how I don’t have to turn out like him. I hate it both ways, so I lie and say he died.”*

*- P., Age 13*

# INTERVIEWS

- 34 interviews with key stakeholders
- 26 interviews with inmates
- 7 interviews and 1 focus group with caregivers





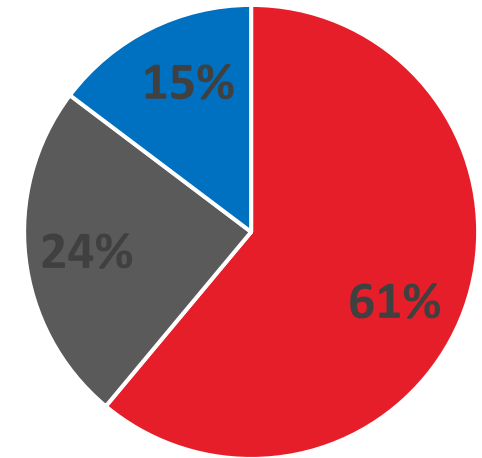
# INTERVIEW THEMES

- Basic needs
- Emotional support
- Knowledge and communication
- Jail and prison practices that are more sensitive to children
- Pervasive cycle of incarceration

# BASIC NEEDS

*“They (the incarcerated parent) are eating three meals a day, while the kids are missing meals.”*

*“When I got to jail, I remember the kids saying, ‘All I want for Christmas is clothes.’ I thought they must be really hurting because most kids want toys.”*



- Provided most or all of the financial support
- Provided some of the financial support
- Did not provide financial support

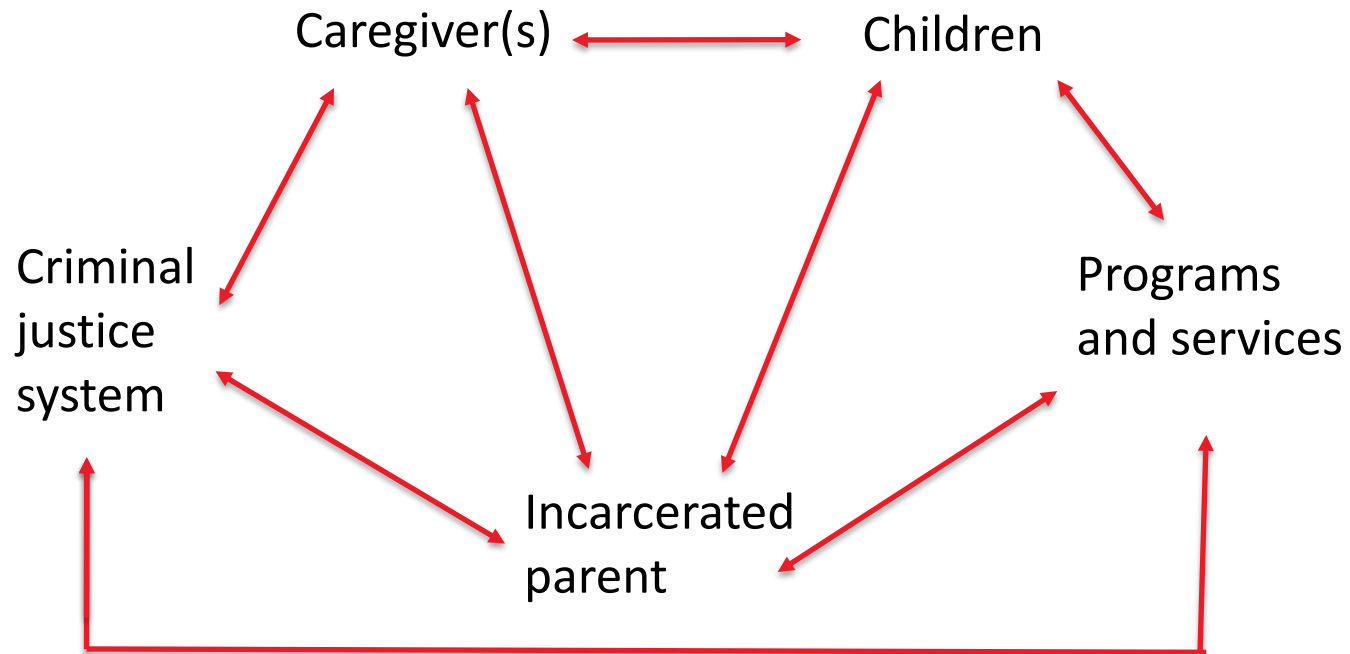
# EMOTIONAL SUPPORT

- Behavioral health
- Mentoring
- Safe places



*“The children are very sad and depressed...they don’t understand why.”*

# KNOWLEDGE AND COMMUNICATION



*“Being in jail is like we’re frozen. Everything else is going on out there and we don’t know about it and can’t take care of our kids.”*

# JAIL AND PRISON PRACTICES– MORE CHILD FRIENDLY

- Inmates and caregivers discussed not having the children visit their parent due to bad experiences



*“The guards are rude and it makes you not want to go...it makes you feel incarcerated so we stopped visiting.”*

*“I talk to him once every 1-2 weeks by phone call. I don’t call more often because of the cost. If they can’t accept the call, then I just call three times in a row and hang up. We sometimes use code. That means ‘I love you and I miss you.’”*

# PERVASIVE CYCLE OF PARENTAL INCARCERATION

- Addiction, unmet mental health needs, poverty, dysfunctional and complex families, intimate partner violence, homelessness
- Lack of options after first offense

*“You just get broke and exhausted.” “People with no money get it worst.”*

*“Make sure people with children and addiction have somewhere to go when they walk out the door.”*

# HARRIS COUNTY JAIL INTAKE DATA

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# DATA COLLECTION AT THE JAIL

- Added questions to the classification process
- Data collection: Fall 2018
- 1,404 total respondents (est. ~10%)
- 699 (49.8%) reporting being a caregiver or parent of at least one child under 18 years of age



# KEY FINDINGS

- 50% of inmates in the Harris County Jail have at least one child under the age of 18
- 7% of children in Harris County have a parent that spends time in Harris County Jail each year– 92,000 children
- 61% provided **all or most** of the money to support the child(ren)
- 62% of incarcerated parents lived with their child prior to the arrest
- 92% of incarcerated parents had been to prison or jail before

# RECOMMENDATIONS

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# RECOMMENDATIONS

- Address basic needs of families
- Offer programs for children, caregivers, and incarcerated parents
- Expand current programs and integrate programming into larger systems
- Address barriers to parental consent

# RECOMMENDATIONS

- Explore opportunities to screen and identify children with incarcerated parents and connect them with appropriate services
- Provide more information to children, caregivers and incarcerated parents
- Reduce barriers for children to stay in contact and connected with their parent during incarceration
- Train deputies on the impact of parental incarceration

# RECOMMENDATIONS

- Adopt new policies and practices for arrests that consider children
- Address systemic issues that prevent families from accessing services
- Evaluation

# NEXT STEPS-- IMPLEMENTATION

- National Institute of Corrections Training and Technical Assistance Grant– Family Connections
  - Making the jail more child friendly
    - Visitation process
    - Harris County Jail website
    - Resource Fair– August 10, 2019
    - Training for deputies– October 31, 2019
    - Visitor Lobby
    - Breast feeding







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SOCIETY

## Harris Co. inmates feel the love with special family visitation program

By Mayra Moreno  
Wednesday, December 25, 2019



LOCAL NEWS

## Jailed military veterans surprised with visit from their children

The Harris Co. sheriff teamed with Navidad en el Barrio to create a special Christmas party so kids could spend time with their incarcerated fathers.



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## Harris County Jail Suspends Inmate Visitation To Prevent Coronavirus Outbreak.

Harris County was placed under a public health disaster declaration due to the coronavirus (COVID-19) pandemic. To prevent the potential spread, the visitation to Harris County Jail will be suspended until further notice. The measures are being put into effect to protect our staff and inmates.

The suspension will be effective, Saturday, March 14, 2020.

Attorney-client interviews and other essential visits will not be affected. In order to assure family and friends are being able to communicate with their love ones, a free calling program will be implemented for our facilities.

- Securus will offer each inmate five free calls per week until visitation resumes.
- The phone platform would re-set each week.
- The calls will be the same standard length that inmates have now.
- To set up an account with Securus you need to know the inmate's SPN number, you can also visit [https://www.harriscountyso.org/JailInfo/inmate\\_info\\_inmate\\_phonecalls.aspx](https://www.harriscountyso.org/JailInfo/inmate_info_inmate_phonecalls.aspx) or call Securus at 1-800-844-6591.

Inmates housed at the Joint Processing Center (JPC) will have the option do to video visitations – this service is only available for inmates housed at the JPC.

The public can do it from home using a home computer and a webcam, from Monday thru Friday from 4 p.m. until 9 p.m. and Saturdays and Sundays from 8 a.m. until 9 p.m. To obtain more information about our off-site video visitation please click [here](#).

The Harris County jail system has experienced epidemics in the past and that experience has prepared the jail. We are screening all new inmates in the booking process at the JPC, which counts with a full clinic. The jail has COVID-19 test kits to screen inmates in-house. We have also set aside four quarantine tanks.

We apologize for the inconvenience this may cause, but the health of our staff, inmates and community is our priority.

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# QUESTIONS?

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