

POISON, PROBLEM AND PERSPECTIVE

REVISITED

Executive Summary

Author Charles Swindoll once wrote, “We are all faced with a series of great opportunities brilliantly disguised as impossible situations.” This quote may aptly describe the situation facing Arkansas’s child welfare system and its struggle with substance abuse. Although faced with several challenges already, from staffing to funding, this report by Arkansas Advocates for Children and Families highlights the fact that a great opportunity exists to help lessen the effect on the most vulnerable players in this battle – children. By working to reduce the impact that substance abuse has on families in these situations, we are presented with a great opportunity to make a difference in the lives of these children.

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REVISITED is a follow-up to the report released in January 2007, *Poison, Problem and Perspective: The Impact of Methamphetamine on the Arkansas Child Welfare System*. That report suggested the state was dealing with more widespread issues than just methamphetamine abuse, but lacked the data available to accurately assess the situation. There are signs that improvements are being made at several levels and people are hearing about these issues. However, it's going to take a concerted effort by those involved, from the service providers and agency directors to the policy makers that control funding. This is the opportunity we have been waiting for in the form of addressing substance abuse within the system by bringing all parties together to aid in screening, assessing and engaging the whole family in the recovery process.

This effort will not be undertaken lightly. We are aware that difficulties wait at every step of the process, from recording accurate data about substance abuse, to finding ways of working together, and finding the funds to do it all. If one thinks about it, they might call it an impossible situation. We see it as a great opportunity.

This report in no way signals the end of our efforts. We will continue bringing these issues to the attention of those in the Division of Children and Family Services as well as the Arkansas Legislature. Ultimately, it will take the people of Arkansas coming together and seizing on this opportunity to truly make a difference.

Introduction

In January 2007, Arkansas Advocates for Children and Families (AACF) released *Poison Problem and Perspective: The Impact of Methamphetamine on the Arkansas Child Welfare System*. It was AACF's first assessment of substance abuse in families suspected of child maltreatment in Arkansas. This is a follow-up to that report and will provide updates on data presented in the original report and new information now available as a result of new policies implemented by the Arkansas Department of Human Services Division of Children and Family Services (DCFS). It will also provide new information and summarize promising new developments in capturing substance abuse trends and its relationship to child welfare. This report will conclude with specific recommendations for continued improvements in the identification, engagement and treatment for families when substance abuse contributes to their involvement in child maltreatment.

Data in the original report included the type of illicit drug used by mothers of newborns that were identified under the recently established Garrett's Law, the frequency of children being placed in foster care due to drug abuse, and the number of admissions to public funded drug treatment programs by "drug of choice". These data elements were used to illustrate the potential impact that substance abuse, particularly methamphetamine abuse, was having on Arkansas's child welfare system. The initial report also highlighted efforts of DCFS to verify the impact of substance abuse. In addition, the report made specific recommendations to improve documentation of substance abuse and to provide appropriate treatment to these parents and children.

It is important to acknowledge the valuable feedback that has been provided by all those working to improve Arkansas's child welfare system that either read the first report or participated in conference presentations and public forums to discuss the original findings during this past year. It is very evident that substance abuse has a significant impact on Arkansas's child welfare system and that more must be done. This new report attempts to incorporate the comments, clarifying questions and new perspectives this feedback provided. The hope is that our efforts will continue those discussions and result in children being reunited with their families by taking concrete actions that document the impact of substance abuse, improve assessments, and expand access to high quality treatment for the families torn apart by substance abuse in Arkansas.

The Poison

Methamphetamine continues to be the most talked about drug in Arkansas's child welfare system. Its toxic byproducts and crippling effects on those who abuse it, along with its spread to many rural areas of the state, present major challenges to family service workers, courts and treatment providers. The introduction of methamphetamine into the lives of families has reawakened public concern for children impacted by caregiver substance abuse. The inquiries conducted by this project confirm meth's place among a variety of drugs that jeopardize child safety.

There is general agreement that Arkansas methamphetamine produced in local labs has been largely replaced by products imported from other states, or from outside the country.¹ Most of the data available on substance abuse indicates that methamphetamine abuse is less prevalent than abuse of several other more longstanding drugs, and there is some evidence that

methamphetamine use may be on the decline,² but it remains “the poison” and the abhorrent reminder of the devastating impact substance abuse can have on children and families. Whatever the full picture may be, the poison that now plagues the child welfare system includes methamphetamine and a wide assortment of other drugs that continue to threaten children and destroy families.

Research and practical experience repeatedly indicate that parental substance abuse and child maltreatment are highly correlated and that many, if not most, children under the jurisdiction of child welfare agencies and the courts come from families with substance use disorders.³ Although substance abuse or dependence alone is not the sole determinant of risk to children, there should be an assumption that those disorders are likely to exist within these families. There is a critical need for child welfare policies that require initial and ongoing screening and assessment to “rule out” possible substance use disorders.⁴

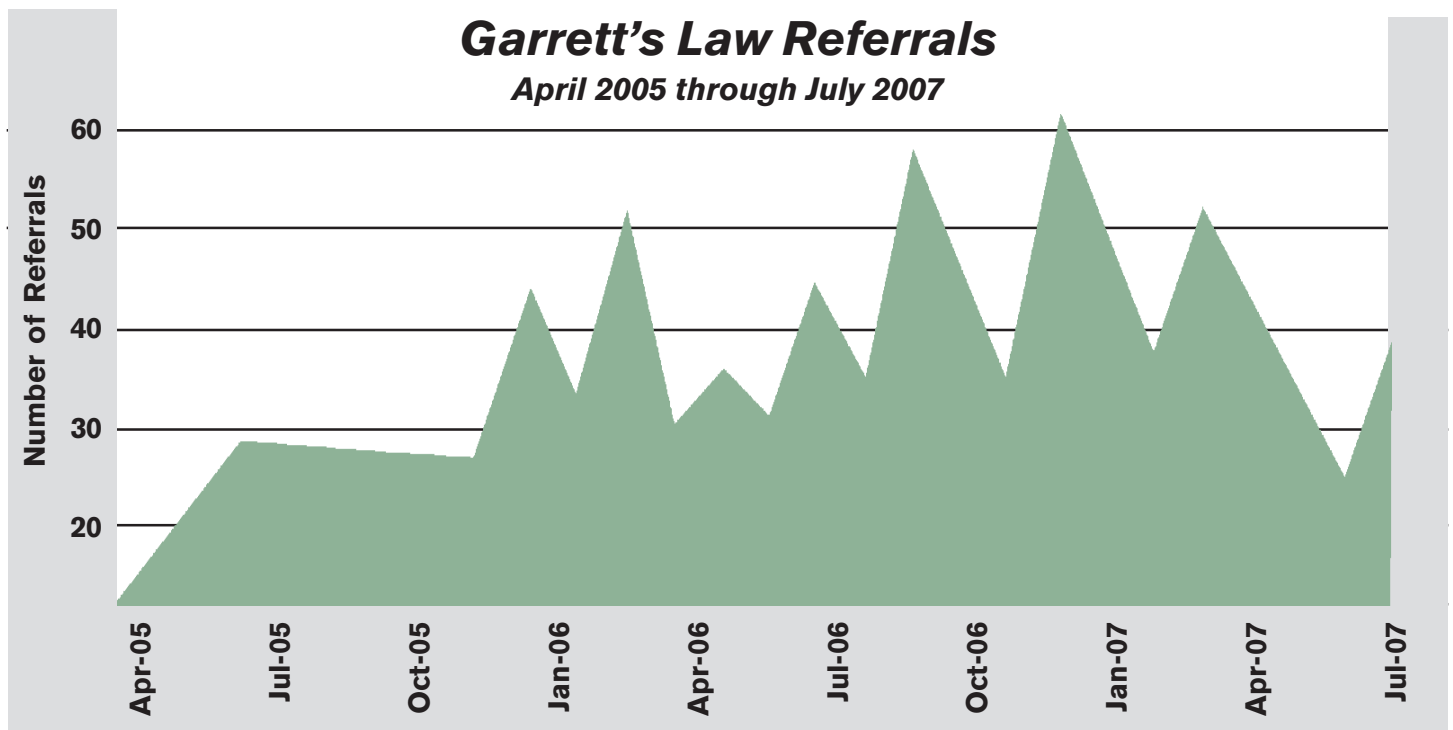
The Problem

Arkansas continues to struggle to both quantify how substance abuse contributes to problems of child maltreatment and to provide the wide array of services needed to assess, engage, and effectively treat those caregivers that combat alcoholism or drug addiction. While evidence-based treatment does work to reduce or eliminate ongoing substance abuse,

recovery not only takes tremendous personal commitment but also depends on an extensive network of family and community recovery supports.

Much of the original report focused on trying to quantify the extent of substance abuse by caregivers and children entering the Arkansas child welfare system. That initial report is available to provide a broader picture of the frequency of drugs used by the population of new mothers and the adults entering treatment and will not be reexamined in this update. However there are new data available to update those same indicators and illustrate the most recent trends in substance abuse in Arkansas.

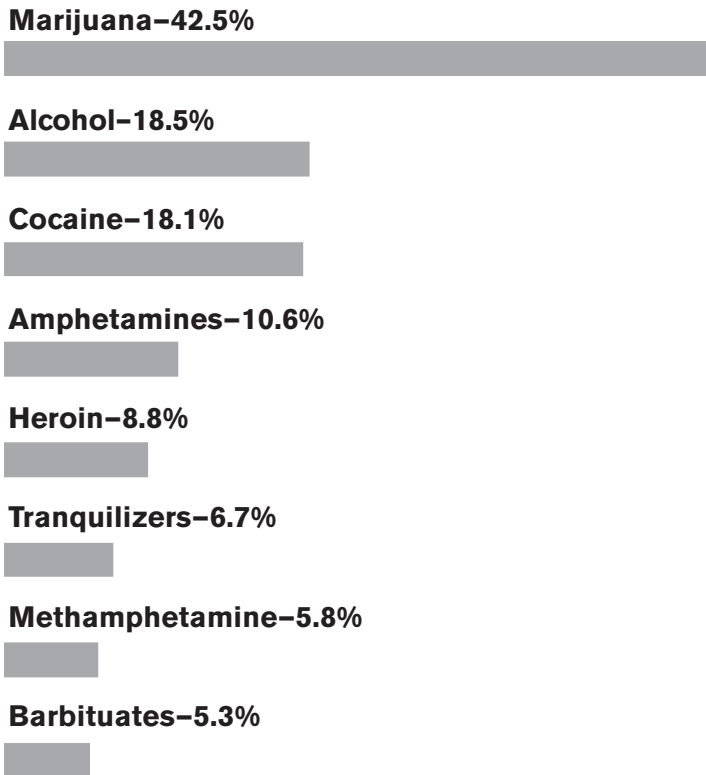
DCFS, with the support of Hornby Zeller Associates, Inc. has conducted a more in depth analysis of Garrett’s Law data that continue to produce additional information even as this report goes to print. The following is information from its most recent report *Garrett’s Law Referrals Summary for Evaluation Period of June 2006 - July 2007*. Garrett’s Law refers to legislation enacted in 2005 that requires drug testing of new mothers who are suspected of substance abuse and documentation of those mothers or newborns testing positive for illicit drugs. During this thirteen month period DCFS accepted 609 Garrett’s Law referrals. This contained 165 referrals more than the previous evaluation period (April’05 – May’06), a pattern of increasing referrals that can be seen in the graph below.



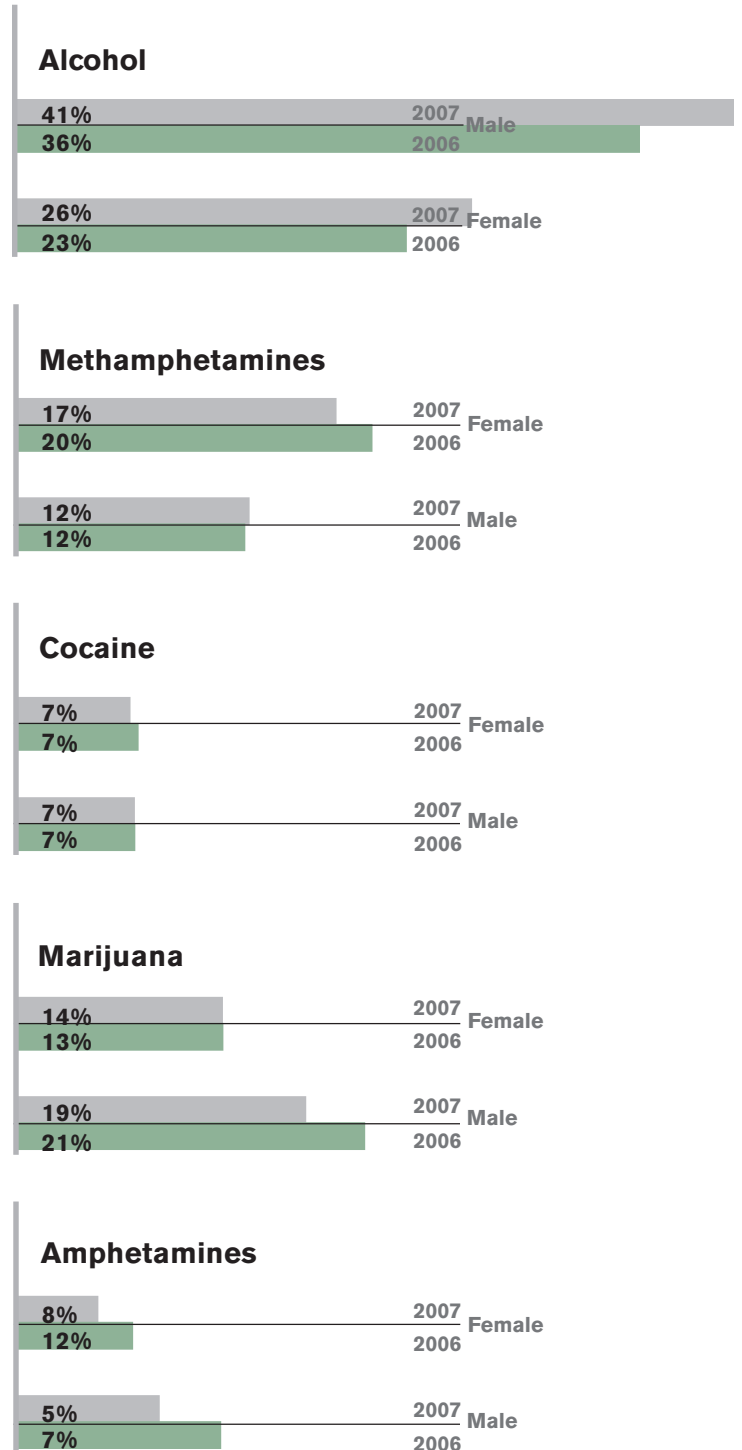
The frequency of specific drugs used by women identified by Garrett's law during June 2006 through July 2007 was similar to previous reports. The most prevalent types of drugs statewide were marijuana (42.5 percent), cocaine (18.1 percent), and with amphetamines and methamphetamine combined accounting for 16.4 percent.

This graph shows an increase in the admission rates for alcohol by males, with thirty-six percent of males admitted in 2006 indicating that alcohol was their drug of choice,

Types of drugs used by women identified by Garrett's law



2006 and 2007 Drug Use Rates for the Five Most Frequently Mentioned Drugs Upon Admission



Two years of data are also now available on the drug of choice selected by those entering publicly-funded drug treatment programs. Amphetamine and methamphetamine were reported separately starting in 2005. The following chart captures the drug use rates of males and females on the five most frequently mentioned drugs during SFY 2006 and SFY 2007.

growing to forty-one percent in 2007. There was also an increase for females admitted for alcohol abuse, a decrease in use rates of marijuana for males, no change in cocaine use, a decrease in the use of methamphetamine for females, and a decrease in amphetamine use by males and females between 2006 and 2007.

Prior to October 2006 DCFS data collection used to capture the extent of drug use by families entering the child welfare system only included whether drug or alcohol abuse by parent or the child was a reason for removal of the child from their home. Since October 2006 family service workers can now choose from a much more extensive list of possible drugs abused by caregivers when substance abuse is one of the factors contributing to their children being placed in foster care. This very promising new data collection policy has generated six months of new data following implementation.

During this six-month period there were 2,146 new placements of children in foster care. Twenty four percent (509 children) of these placements involved households with at least one person involved in substance abuse. Since this is a new policy, the implications of this new data should be examined over an extended period of time before drawing too many conclusions. For example, it is unclear what protocol is used for determining when a specific drug is included, what evidence is needed to confirm current or past use, and whether this new policy has been fully utilized by all workers. Also, given that the national studies showing substance abuse as highly correlated with child maltreatment, the likelihood that less than one-quarter of all removals in Arkansas involved some form of substance abuse seems unlikely.

It should be noted that while there were 509 removals for substance abuse, there were a total of 975 different drugs involved in these removals, indicating multiple drug use by family members. The percent of time a drug is mentioned is based on how often that drug was mentioned by those caregivers in the 509 cases where children were removed from their homes.

Although marijuana⁵ was the most frequently mentioned drug (mentioned in 278 of the cases – 55 percent of the total (509) cases), this new data suggests that methamphetamine is a major contributing factor to children being placed outside of their home (mentioned in 270 cases - 53 percent of total cases). The fifty-three percent frequency of methamphetamine use by caregivers compares closely with a yearly

Most Frequently Mentioned Drugs in DCFS Removals October 2006 through March 2007

Marijuana - 278 mentions



Methamphetamine - 270 mentions

Cocaine - 122 mentions

Alcohol - 94 mentions

Amphetamines - 82 mentions

study conducted in seventeen counties in Iowa that indicate methamphetamine involvement in approximately half of the child welfare cases over the past several years.⁶

In 2006 the University of Arkansas Criminal Justice Institute and the Arkansas Alliance for Drug Endangered Children (DEC) conducted a pilot study at two sites located in Benton and Independence counties of Arkansas.⁷ A preliminary analysis of 116 cases reviewed in that study revealed that sixty-six of those cases (57%) involved substance abuse. Using the DEC Alliance definition of drug endangered children, an in depth case review identified fifty-one of those cases (77%) that involved “illicit methamphetamine activities” conducted by caregivers. The study also revealed that these DEC cases required 30% to 50% more resources than the non-DEC cases. These pilot studies reveal promising new ways to gain information that DEC hopes to conduct in other judicial districts across the state in future years.

Perspective

During this past year there has been a significant increase in the state's efforts to identify, intervene, and treat substance abusing family members entering the child welfare system. The aforementioned efforts to not only collect new data but to more routinely analyze existing data on substance abuse and the child welfare are promising developments. Although mostly unsuccessful, there were also significant efforts made during 2007 to increase access to drug treatment for women with children.

- Legislative efforts to expand access to treatment for women with children. Senate Bill 446 recommended an additional \$5 million each year for the much needed specialized women's substance abuse treatment services, but failed to gain an appropriation.
- During the 2007 session, the state awarded an additional \$3 million per year to expand treatment funds through drug courts, for a total of \$6 million. These funds are being administered through the Administrative Office of the Courts and the Department of Community Correction.
- In the spring of 2007, a collaborative effort by DHS and private providers submitted an application to the Substance Abuse and Mental Health Administration's Targeted Capacity Expansion program to expand family treatment in Craighead County. This unsuccessful effort was intended to provide intensive outpatient and wrap-around services for addicted mothers and their children.
- A joint grant application effort by state officials for funding from the U.S. Department of Health and Human Services (HHS) to "expand, enhance and sustain Arkansas's system of care for children exposed to parent/caregiver substance abuse in order to increase family well-being and improve permanency outcomes for affected children." The proposed Hope Project, which was not funded, sought to increase family treatment capacity in three targeted areas to serve 570 families with open child protective cases associated with parental substance abuse, particularly methamphetamine abuse.
- The DHS Arkansas Drug Abuse Prevention and Treatment Division and its partners are seeking support from the Robert Wood Johnson Foundation through its Advancing Recovery initiative to fund "evidence based practices" that include a continuum of care model and wrap around services in four programs located in communities with a significant minority population. This would have significant implications for improving treatment outcomes in Arkansas.

■ Between July 2006 and June 2007 the Division of Children and Family Services (DCFS) spent an additional \$123,491 for substance abuse treatment to assist family members involved in child maltreatment. These funds were utilized by 15 service providers including those providing specialized women services serving mothers and their children. These were additional funds available to DCFS through Title IV-B and state general revenues.

Although the legislative efforts to expand specialized women's services failed and the HHS proposal was unsuccessful, both of these efforts show a promising commitment to evidence based treatment, interagency collaboration, and expansion of needed services to families. DCFS investment in substance abuse treatment and the state efforts to join the Robert Wood Johnson initiative is recognition of the role substance abuse treatment plays in addressing child maltreatment.

Promising developments and keys to future success

Beginning in 2005 the Department of Human Services contracted with the National Center on Substance Abuse and Child Welfare to develop a plan for how the state could improve its handling of substance abuse by those entering the state's child welfare system. Modeled after successful efforts in other states, there were a series of work groups established to address aspects of the cross-system effort that would be needed to effectively identify, assess, intervene, and successfully treat family members with substance abuse problems. Initially this collaborative effort struggled to get by-in from the critical stakeholders located in local communities, so the DHS Divisions of Behavioral Health (DBH), Children and Family Services (DCFS), Youth Service (DYS), County Operations (DCO), and the Department of Workforce Services (DWS), and the Administrative Office of the Courts (AOC) reached out to those individuals critical to successful community partnerships.

Despite being sidetracked by multiple legislative sessions, changes in administration, changes in agency administrators, and the multitude of daily demands on state agencies, the core team drafted several versions of a working document for implementing changes. The final draft of The State of Arkansas Protocol for Screening, Assessment, Engagement, and Recovery provides recommended principles, standards, and behaviors to guide daily practices of management and line staff that work with substance-affected families that are in-

volved with the child welfare system and under juvenile court jurisdiction.⁸ These protocols will help guide local DCFS workers, treatment programs and courts on how to institute interagency collaboration so that substance abusing caregivers entering the child welfare system will be accurately identified, thoroughly assessed, receive appropriate services, and be properly monitored by all the agencies involved. DCFS is currently seeking approval for a position to promote and coordinate the implementation of this protocol in local communities across the state. Once the protocol receives final approval from the aforementioned agencies and the DCFS position is filled, this promising cross-system approach can be instituted in Arkansas. This approach has been particularly successful in Minnesota and there are promising developments also underway in Florida.

In addition to this specific approach, studies on substance abuse and child welfare suggest that state efforts to better identify, engage and treat families involved in maltreatment will require a variety of policy reforms.⁹

- Creating a reliable, flexible child welfare financing structure to support a wide range of activities, including prevention, treatment, comprehensive services, continuing care and cross-systems collaborations.

The underlying causes of substance abuse that lead to child maltreatment and the solutions to this critical problem require a holistic perspective. Too often funding streams are segmented in such a way that a family must be processed through multiple agencies and the problems that confront these families cannot be attended to until after maltreatment occurs.

The complexity of economic, health, social, and educational needs of families are not easily addressed by the narrow funding streams and restrictive policies guiding the provision of services available to them before and after a crisis erupts.

- Supporting new research, building data capacity, and promoting innovation.

Although Arkansas has improved its potential for collecting useful data on the impact of substance abuse on child welfare, it still has a long way to go. As suggested in this report, the state should consider a policy that requires family service workers to “rule out” substance abuse as a contributing factor in all child maltreatment cases. That would require better assessment protocols and multiple methods for obtaining quantitative and qualitative data.

There is little data available regarding the number of children impacted by the numerous difficult circumstances that befall adults. Parents entering drug treatment, those hospitalized, confined to jails, laid-off of work, or filing for bankruptcy have children affected by these events that no one can tabulate.

- Strengthening dependency courts and broadening the use of family drug court models.

Substance abuse by caregivers is a family problem that can lead to child maltreatment. No system has a better chance of successfully raising our children than a family system of care that is supported by a community and a system of services that provide strength and resources to families when they are in need. Court involvement must focus more on the family unit as the venue for ultimately addressing the problems that bring children and parents before them. Perhaps the best illustration of this lack of family focus is that the Office of Alcohol and Drug Abuse Prevention in Arkansas currently funds only 32 family treatment slots where women can receive substance abuse treatment with their children. This is in spite of convincing evidence that maintaining this parent and child relationship is a compelling reason for successful treatment outcomes for these mothers.

As a final note, a closer look at the impact of substance abuse and family treatment on the Arkansas child welfare system provides some sense that a key factor has been identified that could make a real difference in the lives of these vulnerable children and their families. One of the more frustrating things facing those directly working on the problem of child neglect and abuse is a perception that there are very few promising solutions, or successful methods for reuniting many of these families. None of us need any more incentive or frightening stories to understand that someone must step in and help when a child is a victim of abuse or neglect. At the same time we are hard pressed to identify how the problem can be prevented or how these families can be better served so that such neglect does not occur in the future. Given the likelihood that substance abuse is a significant contributing factor in incidents of child neglect and abuse, a concerted effort to address this aspect of parental dysfunction could go a very long way in reducing such neglect and restoring families. The opportunity exists to make an impact on this problem, and now is the time to seize on it.

Footnotes

¹ Julius Beretta and Antonio Loya, Coordinator of the National Methamphetamine and Chemicals Initiative (NMCI). *Methamphetamine Update: Status and Factors Affecting the United States*. October 31, 2007.

² Barry Sample, PhD, Director of Science and Technology, Employer Solutions business unit of Quest Diagnostics. Department of Health and Human Services, and Department of Workforce Services. *Is America's Meth Scourge Really Coming to an End?* 2006. <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1868368>.

³ The State of Arkansas Protocol for Screening, Assessment, Engagement and Recovery, A Collaborative Project of the State of Arkansas Administrative Office of the Courts, Department of Health and Human Services, and Department of Workforce Services. June 2007.

⁴ Screening and Assessment for Family Engagement, Retention, and Recovery. National Center on Substance Abuse and Child Welfare, U.S. Department of Health and Human Services, Publication Number (SMA) 07-4261, 2007

⁵ Marijuana includes Tetrahydrocannabinol (THC) and Cannaboids

⁶ C. Gutchewsky, "Methamphetamine and Child Welfare – A Progress Report, August 2006." Iowa Department of Human Services in Council Bluffs, IA.

⁷ Arkansas Alliance for Drug Endangered Children, 1st Annual Statewide Conference :The 2007 Executive Leadership Summit: A Call for Actions Talking Points, page 3. October 2007.

⁸ The State of Arkansas Protocol for Screening, Assessment, Engagement and Recovery: A Collaborative Project of the State of Arkansas. Submitted by the Administrative Office of the Courts, Department of Health and Human Services, and Department of Workforce Services. June 2007.

⁹ Meth and Child Welfare: Promising Solutions for Children, Their parents and Grandparents. Generations United. 2006.

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