Don’t Forget the Children
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President, Children And Family Futures
Montana State Drug Court Conference
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The Core Message
1. Addicts procreate
2. It’s* a family disease

Therefore: children are often in the caseload—whether you ask “the question” or not.
“Do you have kids? Do you have custody?”

* Substance use disorders, trauma, co-occurring disorders

A few preliminary questions
For non-family drug courts only:
• Do you ask if the client has children?
• Do you screen children for services needs?
• Do you refer and follow up to outside agencies with children’s services?
• Are child-serving agencies on your collaborative team?
• Do you keep track of CAPTA referrals and do you know if your state is in compliance with CAPTA reporting of children?

Children Living with One or More Substance-Abusing Parent

Numbers indicate millions
The Reality: Use During Pregnancy

**SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2008-2009 Annual Average**

**Total U.S. Births 2009: 4,131,000**

<table>
<thead>
<tr>
<th>Substance Used (Past Month)</th>
<th>1st Trimester</th>
<th>2nd Trimester</th>
<th>3rd Trimester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Illicit Drug</td>
<td>8.5%</td>
<td>3.2%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Alcohol Use</td>
<td>20.4%</td>
<td>6.5%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Binge Alcohol Use</td>
<td>11.9%</td>
<td>0.9%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>22.4%</td>
<td>12.6%</td>
<td>11.6%</td>
</tr>
</tbody>
</table>

**587,131,000 babies were born with prenatal substance exposure**

**1,200 children were the victims of substantiated abuse/neglect associated with substance abuse; 3 of these children died**

**205 child maltreatment victims were removed from their homes associated with parental substance abuse**

**75 parents with a substance use disorder had their parental rights terminated**

What is the Impact of Parental Substance Use Disorders on the Child?

- Parental substance use disorders are a factor in the majority of child welfare cases, and research linking the two issues is compelling
- Substance use and child maltreatment are often multi-generational problems that can only be addressed through a coordinated approach across multiple systems to address needs of both parents and children
- If you’re trying to re-unify parents and children—or make a decision about permanency—you’re in the substance abuse business
Child Welfare and Parental Substance Abuse

Most cases of child maltreatment by substance-abusing parents now involve children under age three. Infants in particular are the fastest growing population in foster care—and the most vulnerable.

Almost half of children birth to six in the child welfare system have behavioral and developmental difficulties and most have been exposed to traumatic events.

2009 Child Welfare Data

2009 Child Welfare Data Types of Abuse

Of the approximately 3.3 million referrals for child maltreatment in 2009, the number of nationally estimated duplicate victims was 763,000; the number of nationally estimated unique victims was 702,000.

<table>
<thead>
<tr>
<th>Neglect</th>
<th>78.3%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Abuse</td>
<td>17.8%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>9.5%</td>
</tr>
<tr>
<td>Psychological/Emotional Abuse</td>
<td>7.6%</td>
</tr>
<tr>
<td>Medical Neglect</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

Source: Data extracted from Table 3-12 (USDHHS, 2010)

2009 Child Welfare Data Children Entering Foster Care 10/08-9/09

<table>
<thead>
<tr>
<th>Age Group of Victims</th>
<th>Number</th>
<th>Rate per 1,000</th>
<th>Rate per 1,000 in 2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age &lt;1</td>
<td>40,931</td>
<td>16%</td>
<td>14%</td>
</tr>
<tr>
<td>Age 1</td>
<td>19,230</td>
<td>8%</td>
<td>6%</td>
</tr>
<tr>
<td>Age 2</td>
<td>16,701</td>
<td>7%</td>
<td>6%</td>
</tr>
<tr>
<td>Age 3</td>
<td>14,021</td>
<td>6%</td>
<td>5%</td>
</tr>
<tr>
<td>Age 4</td>
<td>12,717</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Age 5</td>
<td>11,372</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Total</td>
<td>114,972 of Total 255,418</td>
<td>46%</td>
<td>40%</td>
</tr>
</tbody>
</table>

Source: Data (USDHHS, 2010)

Montana Caseloads

<table>
<thead>
<tr>
<th>2010 Substantiated cases [unique victims]</th>
<th>1,383</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victims under 1</td>
<td>166</td>
</tr>
<tr>
<td>Victims 0-3</td>
<td>380</td>
</tr>
<tr>
<td>Victims with behavioral problems, learning disabilities, retardation, or other disabilities</td>
<td>363</td>
</tr>
<tr>
<td>Victims with reported caretaker drug or alcohol abuse</td>
<td>281 (20.3%)</td>
</tr>
<tr>
<td>Foster care entries 2010</td>
<td>958</td>
</tr>
<tr>
<td>Foster care caseload 2010</td>
<td>1,723</td>
</tr>
<tr>
<td>Births/estimates of prenatally exposed (11-15%)</td>
<td>12,257 (1,348-1,839)</td>
</tr>
</tbody>
</table>

Source: Data (USDHHS, 2010)
Impact on the Child

The impact on the child can range from:

- Severe, inconsistent and inappropriate discipline
- Neglect of basic needs: food, shelter, clothing, medical care, education, supervision
- Disruption of parent/child relationship, child’s sense of trust, belonging
- Situations that jeopardize the child’s safety and health (e.g. meth labs, parents who are dealing, teaching child to use)
- Physical, emotional, sexual abuse and exploitation
- Trauma as a result of all of the above as well as from removal

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Prenatal Exposure

- Prenatal screening studies document 11-15% of newborns prenatally exposed to alcohol, tobacco, or illegal drugs.
- The most severe consequence of exposure to alcohol during pregnancy is Fetal Alcohol Syndrome (FAS), which is the largest preventable cause of birth defects and mental retardation in the western world.

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Impact on the Child

- Prenatal exposure
- Trauma
- Separation and Attachment

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Impact on the Child

- Executive functioning problems, inability to self-regulate and to generalize across situations
- Gross and fine motor delays
- Attention problems
- Below average intellectual abilities
- Memory difficulties
- Attachment disorders

Children of parents with substance use disorders are at an increased risk for developing their own substance use and mental health problems.
Childhood Trauma

Trauma disrupts all aspects of normal development, especially during infancy and early childhood, including:

- Brain development
- Cognitive growth and learning
- Emotional self-regulation
- Attachment to caregivers and social-emotional development
- Trauma predisposes children to subsequent psychiatric difficulties

Lieberman et al., 2003

What Happens to Children Whose Own Needs are Not Addressed?

- They are children who arrive at kindergarten not ready for school
- They are in special education caseloads
- They are disproportionately in foster care and are less likely to return home
- They are in juvenile justice caseloads
- They are in residential treatment programs

What is the Relationship Between Children’s Issues and Parent’s Recovery?

Focusing Only on Parent’s Recovery

Threaten parent’s ability to achieve and sustain recovery, and establish a healthy relationship with their children

Thus risking:

- Recurrence of maltreatment
- Re-entry into out of home care
- Relapse and sustained sobriety
- Additional substance-exposed infants
Challenges for Parents

- The parent or caregiver’s lack understanding of and ability to cope with the child’s medical, developmental, behavioral and emotional needs
- The child’s physical, developmental needs were not assessed, or the child did not receive appropriate interventions/treatment services for the identified needs
- The parent and child did not receive services that addressed trauma (for both of them) and relationship issues
- They no longer have access to supportive services following reunification

Why Treatment Should Be About Families

- Family treatment works—its outcomes are better than treatment for adults only
- The best prevention for children is effective treatment for their parents
- Visitation and custody are powerful rewards for compliance
- Family stress and trauma can greatly contribute to relapse; family stability can greatly contribute to recovery

Making the Case for Family-Centered Services

How Family-Based Are You?

Family-Based Services Continuum for Parents with Substance Use Disorders
How Family-Based Are You?

Who Receives Services?

- Individual is the focus
- Parent is the focus but have children with them
- Parent and child receive services and each have case plans
- Services offered to include other family members
- Entire family unit receive services

Who Receives Services?

Outcomes

- Improved outcomes compared to programs without family context
- Offers visitation, increases parent motivation
- Improved parent, child, & family outcomes; early intervention; increased reunification

Outcomes

The Core Message

- Substance abuse is a family disease, with costly intergenerational effects—so you can't ignore the kids
- Collaborative Courts don't have to serve children alone…but should be connected to those who are serving children.

Collaborative Courts: Ready ... OR NOT?
Different Models of Collaborative Courts

- Adult drug courts
- Family drug courts
- Mental health courts
- Veterans courts
- Community courts
- DWI courts
- Juvenile courts
- Tribal courts
- Re-entry courts

The Silos of Services

- Law enforcement
- Courts
- Child welfare
- Health & mental health
- Child development and early intervention
- Schools
- Juvenile justice
- Hospitals

Fragmentation is Too Often the Norm

Systems with:
- Different definitions of the client
- Different eligibility criteria
- Different training and professional perspectives
- “Stay-inside-the-box” rules

Systems based on “the myth of self-sufficiency”:
- We can do it alone
- We don’t need help
- We can’t get any help

Family Drug Courts are About Families

Why?
- Substance use disorders are family disorders, transmitted intergenerationally
But What About Other Collaborative Courts?

- Nearly all courts serve parents—but not all courts recognize clients as parents or treat their children
- Adult drug courts have 60-75% parents with at least 1 child
- Veterans courts, mental health courts, and others serve parents in significant numbers
- Child support courts serve parents by definition

So All Courts are Family Courts

- When clients include parents and children
- The challenge is not to divert resources from treating parents to help their children
- It is to mobilize and link to new resources from other agencies that already serve children: maternal and child health, mental health, child development, youth services, special education, delinquency prevention, and others – That’s what collaborative means

Wait—that’s not our job!

- You’re absolutely right—it’s the job of all the other agencies that are supposed to be serving these kids
- But if they’re not on your team—they can’t score many runs for you...
- You need their resources—they need your support for the parents of the kids in their caseloads
- If courts and court-led teams ignore children in their caseload—you’ll end up getting many of them in the justice system sooner or later

A Real Life Example

- Judge is preparing to terminate parental rights on a mother for not completing treatment on the Child Welfare Services case plan
- Judge learns that same day that the mother was graduating from adult drug court
- Mother was trying to stay out of jail yet non-compliant with CWS
Collaborative Courts and Responsibility

- Collaborative courts hold parents responsible for their recovery and their parenting
- But to function effectively, courts must also hold the system accountable for responding to the needs of children

Checkpoints:
- An annual review of outcomes and dropouts?
- Resources allocated for serious evaluation of agency performance?
- Resources shifted from least to most effective programs?
- In-depth assessment of children's needs?
- Missing partners brought to the table?
- Results measured against entire community's needs—or just the project?

The Four Challenges to Collaborative Courts

- Inclusion: What services and needs do we address?
- Exclusion: How do we relate to larger systems? Who gets in the door?
- Confusion: About mission and scale
- Infusion: If this works in one court, how can these effective practices be infused throughout all courts?

Options for the Future of Collaborative Courts

- Continue funding separate, categorical courts
- Create stronger linkages across different courts for referrals, joint services, and shared clients
- Merge courts into each other but leave them separate from the "Business as Usual" (BAU) court system
Options for the Future of Collaborative Courts

- Infuse collaborative court ideas into the BAU system and seek institutional change
  “Making this a way of doing business across the justice system, and maybe even fading drug courts out of existence as their tenets become embedded in practice.”
  — Adele Harrell, The Urban Institute

What Can All Adult Drug Courts Do?

#1
Understand that the court’s decisions have an impact on the child as well as the parent, even if you never see the child in your court

Ask Important Questions

#2
Ensure that questions about child and family status are asked at intake
Family Relationships:
Key Questions to Ask

• Do you have children?
• Do you have any information about non-residential parent? (identity, location)
• How involved are you (and the other parent) in the child’s life? How frequent are visits? What is the quality of the relationship?

Services:
Key Questions to Ask

• Has your child received appropriate screenings, assessments, intervention and treatment services?
• Do you understand the results of such assessments?
• Are you getting the help you need to effectively parent your child?

Court Involvement:
Key Questions to Ask

• Are you involved in any other Court system? Can this Court obtain information about your other case(es)?
• Are there other Court orders that may impact/impede your progress in this program?

Advocate Family-Centered Approach

#3

• Family-based treatment services
• Parenting classes are evidence-based for parents with substance abuse and co-occurring mental health issues
• Ensure parent has opportunity to express concerns about parenting a child with delays or problems—without repercussion
Monitor Implementation

#4

- Ensure that court information systems track clients who are parents and progress of children
- Ensure annual accountability review of outcomes of agencies funded to serve children and families

Raising the Bar

- If treatment has a family dimension—and it clearly does—then collaborative courts must raise the bar on their capacity to serve families

Reasons for Optimism: A Foundation Has Been Built

- Cross-systems collaboration has been strengthened
- Outcomes and cost savings achieved
- Tools are available to assess progress and help children and families
- Evidence-based programs are increasingly used in many of the 325 Family Drug Courts

Today programs are working to improve the lives of children and families

- 168,000 children with special needs, including effects of prenatal substance exposure, will attend high-quality early childhood education programs
- 3,000 parents will enter substance abuse treatment
- 478 children will exit foster care to safe and stable permanent placements
- 340 children will be reunified
- 33 parents will graduate from FDC
Questions & Discussion

Today’s Presentation

Available for download:
www.cffutures.org

Child-Centered Court: Resources

Child-Centered Practices for Helping Babies from the Bench: Using the Science of Early Childhood Development in Court -DVD

To request a copy of this DVD, visit:
www.zerotothree.org

Available at:
www.Amazon.com

To download a copy:
http://www.americanbar.org/groups/child_law/pages/healthybeginnings.html

A Judges Guide - addresses the wide array of health needs of very young children in the child welfare system

Healthy Beginnings, Healthy Futures

Questions Every Judge and Lawyer Should Ask About Infants and Toddlers in the Child Welfare System

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