PARENTAL SUBSTANCE USE AND CHILD WELFARE

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NATIONAL CONFERENCE OF STATE LEGISLATURES
AGENDA

- About NCSL
- Overview of Substance Abuse Policy
- Impact of Parental Substance Use on Child Welfare
- Federal Legislation
- State Statutes
- State Legislation and Programs
Bipartisan, membership organization
- Each of the 50 states and all territories
  - 7,383 state legislators
  - 30,000+ state legislative staff

Research, education, technical assistance

Mission:
- Improve the quality & effectiveness of state legislatures
- Promote policy innovation and communication among state legislatures
- Ensure states have a strong, cohesive voice in the federal system
WHAT DOES NCSL DO?

- Research
- Website: www.ncsl.org
- Congressional Meetings
- Invitational Meetings
- Information Requests
- State Legislatures Magazine
- Trainings and Testimony
- Legislative Summit
- Social Media
These families cross many different jurisdictions and issue areas

Communication and collaboration is critical
WHAT ARE STATES DOING ABOUT IT?

- Process so far has been to hop from one to the other
A.K.A. the original drug treatment program

Naloxone
  - Access and education

Good Samaritan Laws
  - Providing immunity to those who call for help

Diversion
  - Treatment access through “the system;” a non-traditional criminal justice path to address substance abuse needs

Deflection
  - No entry into the criminal justice system at all. E.g., pre-arrest programs or law enforcement assisted diversion
Medication Assisted Treatment (MAT)
- Methadone, Suboxone

Prescription Drug Monitoring Programs (PDMPs)
- Linking prescription data to patients
- Potential to be used to link data with other agencies (e.g., child welfare)

Prenatal Substance Exposure and Neonatal Abstinence Syndrome
- Ensuring healthcare professionals know the signs
- Education to health professionals and patients on safe sleep and drug treatment programs
- Can trigger a child abuse and neglect report to child protective services

Treatment Access
- All these systems are feeding the treatment programs and there is a treatment shortage
Increasing foster care caseloads

- The number of children under the age of 1 entering foster care is increasing
- Reason for removal associated with parental substance use
- Correlation between opioids and foster care

Source: AFCARS
THE NUMBER OF CHILDREN UNDER THE AGE OF 1 ENTERING FOSTER CARE IS INCREASING, THE HIGHEST PERCENTAGE, BY AGE GROUP, OF CHILDREN ENTERING FOSTER CARE

# of Children Under Age 1 Entering Foster Care during FY
Represents 19% of all Entries

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th># of Children</th>
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</thead>
<tbody>
<tr>
<td>2013</td>
<td>43,085</td>
</tr>
<tr>
<td>2014</td>
<td>45,535</td>
</tr>
<tr>
<td>2015</td>
<td>47,219</td>
</tr>
<tr>
<td>2016</td>
<td>49,234</td>
</tr>
<tr>
<td>2017</td>
<td>50,076</td>
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</tbody>
</table>

Source: AFCARS
THE NUMBER OF CHILDREN EXPERIENCING NEONATAL ABSTINENCE SYNDROME (NAS) IS ON THE RISE

Incidence of NAS per 1000 Hospital Births

FROM 1999-2014, THE INCIDENCE OF PARENTAL ALCOHOL OR OTHER DRUG USE AS A REASON FOR REMOVAL MORE THAN DOUBLED

Massachusetts: 28% jump in the number of children removed from their homes in the last three years

Indiana: 40% jump in “children in need of services” from 2013-2015, while half of new cases cited substance abuse as a factor for removal
IN 2015, FOR THE FIRST TIME, AFCARS PROVIDED SPECIFIC DATA SHOWING REMOVALS DUE TO PARENTAL DRUG AND OTHER CO-OCCURRING REASONS FOR REMOVAL SUCH AS NEGLECT, CARETAKER INABILITY TO COPE, ALCOHOL ABUSE OF A PARENT AND PARENT DEATH

Reason for Removal Related to Parental Substance Use in FY 2017

<table>
<thead>
<tr>
<th>Reason for Removal Related to Parental Substance Use</th>
<th># of Children</th>
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<tbody>
<tr>
<td>Neglect</td>
<td>166,991</td>
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<tr>
<td>Drug Abuse Parent</td>
<td>96,720</td>
</tr>
<tr>
<td>Caretaker Inability to Cope</td>
<td>37,057</td>
</tr>
<tr>
<td>Alcohol Abuse Parent</td>
<td>14,684</td>
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<tr>
<td>Parent Death</td>
<td>2,096</td>
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</tbody>
</table>

Source: AFCARS
Note: All results are statistically significant, $p < 0.01$. Sample sizes range from 12,687 to 12,693 for overdose death rates and from 8,167 to 8,171 for hospitalizations, depending on the specific model. “Substantiated reports” include substantiated investigations and alternative response. More detailed results are shown in Appendix Tables A2 and A3.

Source: https://aspe.hhs.gov/child-welfare-and-substance-use
FEDERAL LEGISLATION

- Child Abuse Prevention and Treatment Act (CAPTA)
- Comprehensive Addiction and Recovery Act (CARA)
- SUPPORT for Patients and Communities Act; 2018 Opioid Package
The Child Abuse Prevention and Treatment Act (CAPTA)

- Requires states to have policies and procedures for hospitals to notify Child Protective Services (CPS) of all children born who are affected by illegal substance use or withdrawal symptoms resulting from prenatal drug exposure or indications of Fetal Alcohol Syndrome Disorder (FASD)

- Requires CPS agencies to develop a plan of safe care for every such infant referred to their agency and address the health and substance use disorder treatment needs of the infant
The Child Abuse Prevention and Treatment Act (CAPTA), as amended by the Comprehensive Addiction and Recovery Act in 2016 (CARA)

- Removed the word illegal so CAPTA applies to all substance abuse
- Requires the plan of safe care to also address the treatment needs of affected family or caregivers
- Requires states to report in the National Child Abuse and Neglect Data System (NCANDS)
- Requires states to develop a monitoring system to determine whether and how the local entities are providing referrals to and delivery of appropriate services for the infant and affected family or caregiver
- Requires all children who are younger than three years who are substantiated victims of child maltreatment are referred to early intervention agencies that provide developmental disabilities services
At least 11 provisions addressing families.

- $60 mil. set aside in CAPTA to support states in coordinating and implementing plans of safe care.
- Family-focused treatment
  - Requires HHS guidance to states identifying opportunities to support family-focused residential treatment
  - $15 million to HHS to replicate “recovery coach” program
  - FY2019: states are eligible for federal matching funds when an at-risk child is placed in family-focused treatment or foster care
  - FY2020: State eligible for funding to provide “evidence-based substance abuse prevention and treatment services to families with children at risk of entering foster care.” Includes $20 mil. in awards to states to develop, enhance, or evaluate family-focused treatment programs.
DEFINING CHILD ABUSE AND NEGLECT

- 24 states and D.C. include prenatal substance exposure in the definition of child abuse and/or neglect.
31 states and D.C. have specific procedures for reporting prenatal substance exposure.
At least 8 states have statutes that define, coordinate, fund, or implement plans of safe care.
19 and D.C. states include long-term alcohol or drug-induced incapacity of the parent as a ground for determining unfitness for purposes of termination of parental rights.
STATE AND LOCAL PROGRAMS

- Court-Based Programs
  - Family Drug Treatment Courts
  - Zero to Three Safe Baby Court Teams
- Treatment Programs for Mothers and Babies
  - Child and Recovering Mothers (CHARM) Collaborative
  - Lily’s Place, West Virginia
- Family Based Approaches
  - Connecticut Family Stability Pay for Success Project
  - Ohio Sobriety, Treatment and Reducing Trauma (START)

- Regional Partnership Grants
  - One of the Regional Partnership Grant Recipients
  - Cross-system Collaboration
- State legislatures have created special committees or task forces
- Lots of local programs, few, if any, statewide/to scale programs
SAFE BABY COURT TEAMS

- Bring stakeholders (e.g., child welfare agencies, substance abuse treatment providers, mental health treatment providers, other community supports) together with child, birth parents, foster parents etc. to help move towards reunification.
- Viewed with a trauma-informed/ACEs lens
- Sometimes called early childhood or infant-toddler courts because of focus on child development.
- Less than 0.5% repeat maltreatment rate
Components of Regional Partnership Grants:

- Interagency collaboration
- Integration of programs, services, and activities
- Increase the well-being, improve the permanency, and enhance the safety of children who are in, or at risk of, out-of-home placements as a result of a parent or caregiver’s substance abuse.
- Use of evidence-based practices
- Address children’s behavioral, emotional, and social functioning, including the impact of trauma and its effect on the overall functioning of children and youth.
- Implement varied interventions, such as family drug courts, comprehensive substance abuse treatment, or in-home parenting and child safety support for families.
Family Treatment Matters (FTM)

- In 2012, 56% of the 1,828 children placed in out-of-home care in Montana were removed because of parental substance abuse.

$500,000 to the Center for Children and Families

- Implement of outpatient family treatment program (Family Treatment Matters) to families with children ages 0-12 who are in or at risk of out-of-home placement due to parental substance use.
- Co-Sponsor training series on cross-agency policies, communication/data barriers and multi-system practices for alcohol and other drug program, child protective services and other community partners.
- Participating families will receive a combination of substance abuse treatment, parenting/family strengthening services, life skills development for adults, and child development services.
- A caseworker will provide assistance with ancillary services as needed.
- The grantee has adapted its services specifically to address the needs of Native American populations.
QUESTIONS?

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