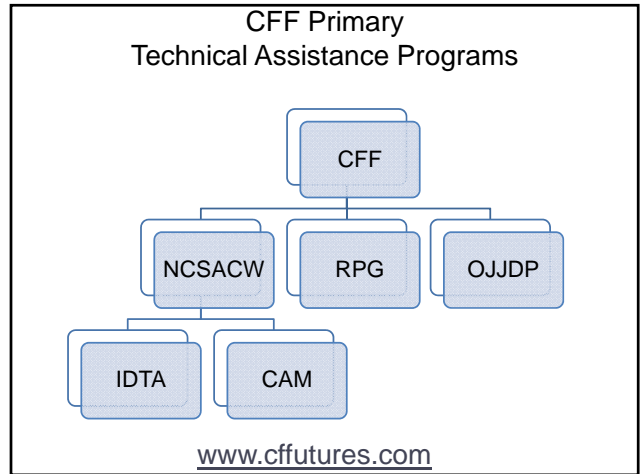


**Raising The Bar on Collaboration:  
Meeting The Needs of Drug Endangered Children  
And Their Families Too!**

7<sup>th</sup> Annual Kansas Alliance for  
Drug Endangered Children Conference  
August 10, 2011

Linda Carpenter, M.Ed.  
In-Depth Technical Assistance Program Director  
National Center on Substance Abuse and Child Welfare  
Children and Family Futures




**NCSACW**  
National Center on  
Substance Abuse and Child Welfare

A Program of the  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment

and the  
Administration on Children, Youth and Families  
Children's Bureau  
Office on Child Abuse and Neglect







### What does collaboration mean to you?


- To work jointly with others on a common enterprise—especially an intellectual endeavor;
- To cooperate with an agency or instrumentality with which one is not immediately connected--for a purpose or out of necessity;
- To cooperate, or pretend to cooperate with the enemy.

Definition taken from Webster's New World Dictionary

### Kansas Alliance for Drug Endangered Children

- Vision: Rescue, defend, shelter and support Kansas children from drug endangered environments..
- Mission: A statewide, multidisciplinary collaboration empowering communities in **preventing, protecting and serving** children in drug endangered environments by providing resources, education, leadership and support.



### What is a Drug Endangered Child?

- One found in an environment where illegal drugs are manufactured, sold, distributed, used or where there is significant evidence of illegal drugs.
- An additional population to be considered to be drug endangered is infants who are prenatally exposed to substances.


Kansas Alliance for Drug Endangered Children's definition



### The Challenge...





Regional Center on Substance Abuse and Child Welfare  
Bringing Services Together for Family Recovery, Safety, and Stability



## An Overview of the Challenge



- Prevalence numbers will show that many more children are affected than the attention we give to this issue.
- The cost over time to treat these children is far greater than the cost of prevention and early identification.
- Efforts are fragmented and focused more on projects & programs than systems change.

## The Challenge

Of children living with a parent with a substance use disorder, almost 7.3 million (10.3%) lived with a parent who was dependent on or abused alcohol, and about 2.1 million (3.0%) lived with a parent who was dependent on or abused illicit drugs.<sup>[1]</sup>

[1] <http://oas.samhsa.gov/2k9/SAParents/SAParents.cfm>





## The Challenge

Of the 695,712 children under the age of 18 in Kansas, **11% = 76,528**. In FY10 more than **11,400 (.0163%)** children under 18 lived in homes with caregivers admitted to state-funded treatment.

*This is a 30% increase since FY01.*

Kansas Social and Rehabilitation Services, Disability and Behavioral Health Services Division.



## The Challenge

- Prenatal screening studies document **11-15%** of newborns prenatally exposed to alcohol, tobacco, or illegal drugs.
- In Kansas approximately **4,599** infants fall into this category every year.

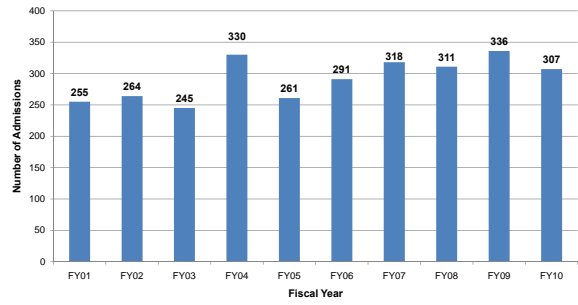
Kansas Alliance for Drug Endangered Children Data Report: Measuring the Number of Kansas Children Impacted by Caregiver Substance Abuse.

**Use During Pregnancy**  
 SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2007-2008 Annual Average  
 Total U.S. Births 2007: 4,317,000  
 Total Kansas Births 2008: 41,833

Substance Used (Past Month)	1st Trimester		2nd Trimester		3rd Trimester	
	National Prevalence	Kansas Estimate	National Prevalence	Kansas Estimate	National Prevalence	Kansas Estimate
Any Illicit Drug	7.2%	3,012	5.0%	2,092	2.8%	1,171
Alcohol Use	20.7%	8,659	7.8%	3,263	3.5%	1,464
Binge Alcohol Use	10.3%	4,308	1.9%	795	1.3%	544
Cigarettes	23.7%	9,914	12.9%	5,396	13.7%	5,731

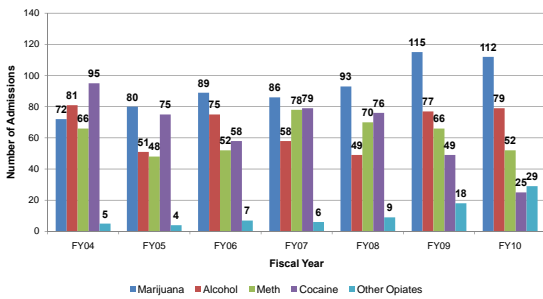
SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2007-2008. Accessed 07/22/11 from <http://oas.samhsa.gov/NSDUH/2K8NSDUH/tabs/Sect7pe/tabs71to78.pdf>.  
 National Vital Statistics Reports, Vol 59, Number 1, December 8, 2010. Accessed 07/22/11 from [http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59\\_01.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_01.pdf). Estimates based on 2008 data.

**Number of Pregnant Women Admitted to State-Funded Substance Abuse Treatment**



Kansas Alliance for Drug Endangered Children Data Report: Measuring the Number of Kansas Children Impacted by Caregiver Substance Abuse.


**Primary Cause of Admission for Pregnant Women Admitted to State-Funded Treatment**



Kansas Alliance for Drug Endangered Children Data Report: Measuring the Number of Kansas Children Impacted by Caregiver Substance Abuse.

**Impact on Children...**






## Impact on Drug Endangered Child



Children living in drug environments are at risk for devastating effects including severe neglect, physical, emotional and sexual abuse and developmental delays. \*

\* Kansas Alliance for Drug Endangered Children's definition





## Impact on Children

The combination of prenatal exposure and postnatal factors has been shown to have a **significant impact on a child's development** through a complex interchange of biological, psychological, sociological and environmental factors including:


## Impact on Children


- Parental substance use disorders that cause parent or caregiver to focus on primarily or exclusively the acquisition of drugs/alcohol and to neglect the physical, emotional/social, medical and developmental needs of the child(ren).
- Co-occurring mental health problems, maternal depression, caregiver stress
- Separation and other traumatic events
- Domestic/partner violence
- History of multiple, disruptive relationships
- Poverty

## Impact on Children


- Quality of home environment
- Parenting style and parent's own history of not being adequately parented
- Lack of or poor care giving or parental judgment
- Lack of familial or community supports
- Mother's cognitive functioning/level of education






## Impact on Children

- Effects of prenatal exposure and postnatal environment may include:
  - Physical Health Consequences, including low-birth weight, prematurity, physical defects, malnourishment, lack of immunizations, medical and dental care, obesity
  - Hypersensitivity to touch, sounds, light
  - Difficult to soothe
  - Language Delays / Disorders
  - Behavioral/Emotional Dysregulation/Poor Social Skills, Violent Behavior
  - Cognition/Disabilities/Delayed School Readiness






## Impact on Children

- 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
- Poor school performance/attendance problems
- Isolation
- Lack of boundaries, attachment to strangers

## Impact on Children

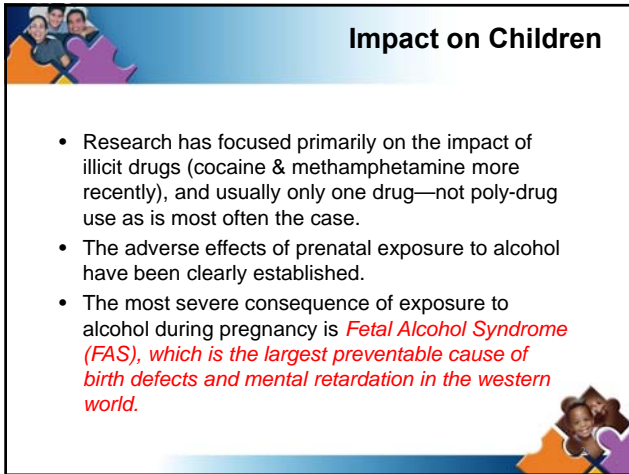
- Repeated exposure to traumatic events
- Respiratory problems (meth exposure)
- Elevated risk for kidney problems and leukemia (meth exposure)
- Children of parents with substance use disorders are at an increased risk for developing their own substance use and mental health problems.

## Impact on Children: Parental Methamphetamine Use

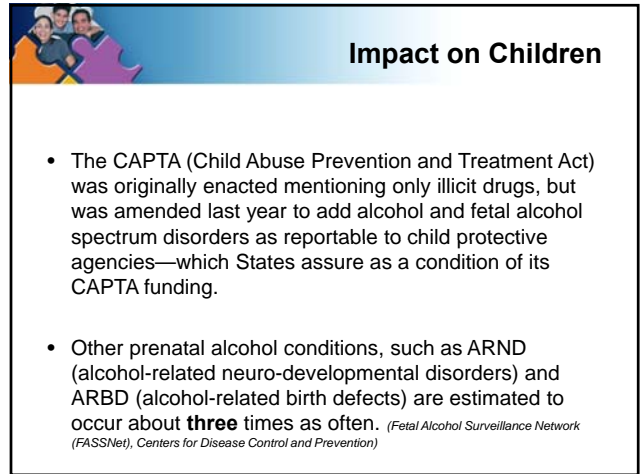
**Risks to children include:**

- Exposure to explosive, flammable, toxic ingredients stored in kitchen cabinets, bathrooms and bedrooms
- Access to meth and paraphernalia (including needles)
- Presence of loaded weapons in the home and booby traps (due to paranoia of meth users)
- Physical and sexual abuse
- Exposure to high risk populations (sexual abusers, violent drug users)
- Neglect including poor nutrition and poor living conditions
- Presence of pornography



## Impact on Children

- Research has focused primarily on the impact of illicit drugs (cocaine & methamphetamine more recently), and usually only one drug—not poly-drug use as is most often the case.
- The adverse effects of prenatal exposure to alcohol have been clearly established.
- 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.*



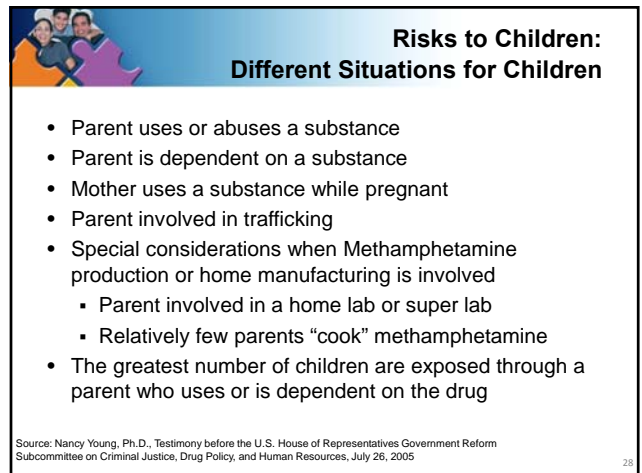
## Impact on Children

- The CAPTA (Child Abuse Prevention and Treatment Act) was originally enacted mentioning only illicit drugs, but was amended last year to add alcohol and fetal alcohol spectrum disorders as reportable to child protective agencies—which States assure as a condition of its CAPTA funding.
- Other prenatal alcohol conditions, such as ARND (alcohol-related neuro-developmental disorders) and ARBD (alcohol-related birth defects) are estimated to occur about **three** times as often. (Fetal Alcohol Surveillance Network (FASSNet), Centers for Disease Control and Prevention)



## The link to Child Welfare...


National Center on Substance Abuse and Child Welfare  
Bringing Systems Together for Family Recovery, Safety, and Stability



## Risks to Children: Different Situations for Children



- Parent uses or abuses a substance
- Parent is dependent on a substance
- Mother uses a substance while pregnant
- Parent involved in trafficking
- Special considerations when Methamphetamine production or home manufacturing is involved
  - Parent involved in a home lab or super lab
  - Relatively few parents “cook” methamphetamine
- The greatest number of children are exposed through a parent who uses or is dependent on the drug

Source: Nancy Young, Ph.D., Testimony before the U.S. House of Representatives Government Reform Subcommittee on Criminal Justice, Drug Policy, and Human Resources, July 26, 2005




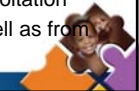
### Risks to Children

Substance use disorders can significantly interfere with a parent's ability to parent effectively while they are actively using; impacting their judgment, inhibitions, protective capacity and overall mental functioning, as well as their ability to nurture and foster the healthy development of their children.



### Risks to Children


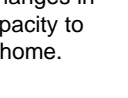
- Risks to children can range from:
  - Severe, inconsistent and inappropriate discipline
  - Neglect of basic needs: food, shelter, clothing, medical care, education, supervision
  - Disruption of parent/child relationship, child's sense of trust, belonging
  - Situations that jeopardize the child's 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



### Risks to Children: Parents who use meth may exhibit


- Extreme mood fluctuations
- Violent behavior
- Depression
- Poor impulse control
- Lack of attention to hygiene
- Acute psychotic episodes
- Poly-drug abuse
- As meth use continues, the parent is often unable to meet the basic needs of the child. Due to changes in brain chemistry, the parent may lose the capacity to provide appropriate care for children in the home.

\* Kansas Alliance for Drug Endangered Children's definition

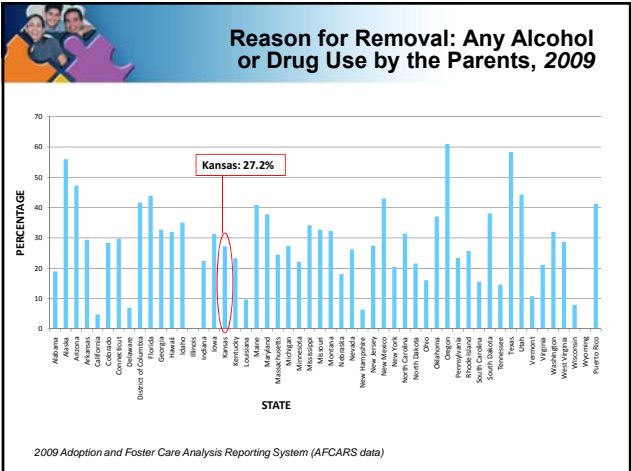
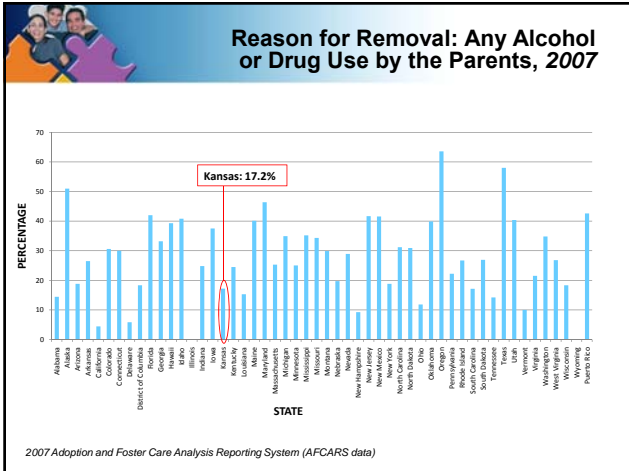
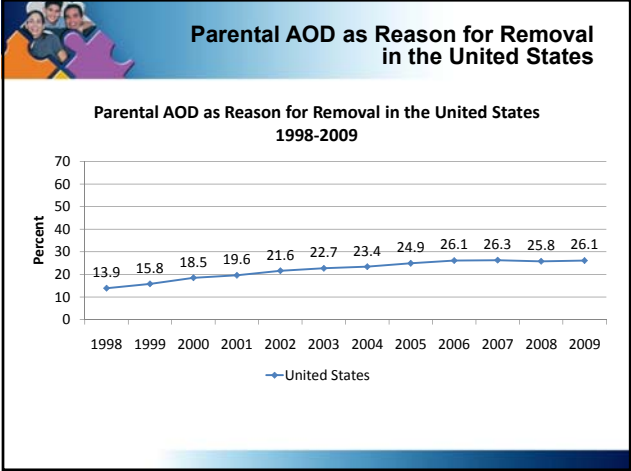
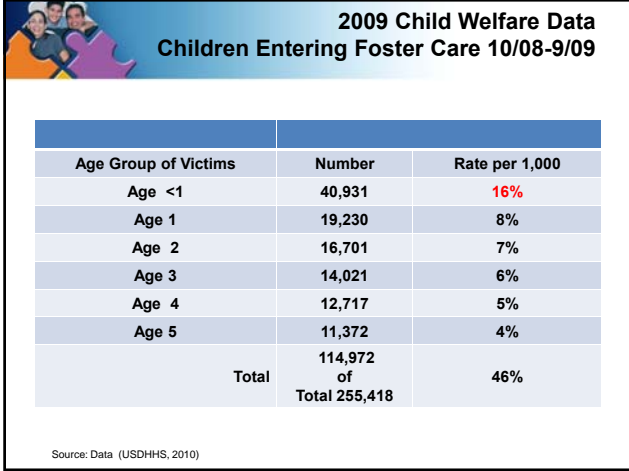


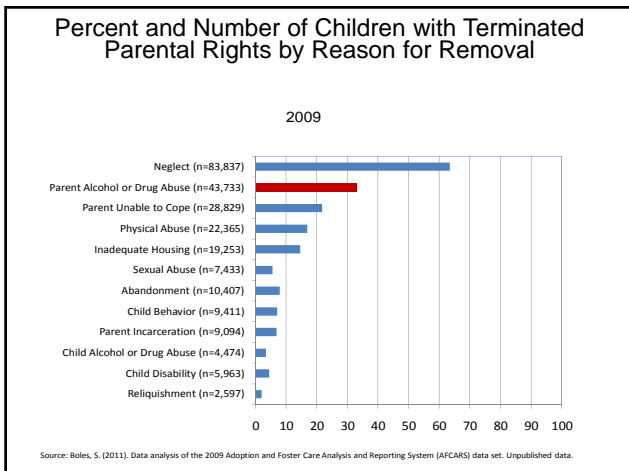
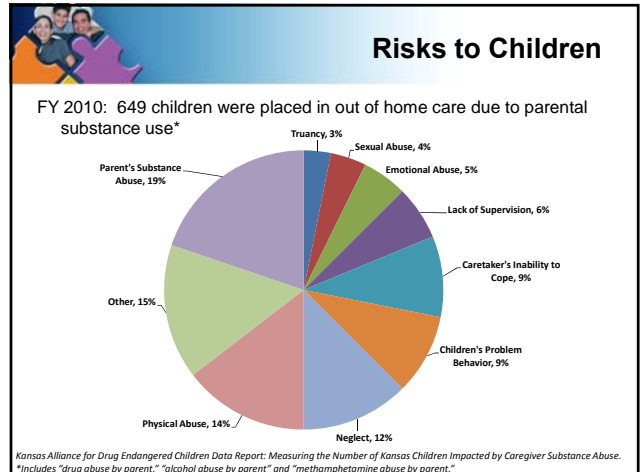
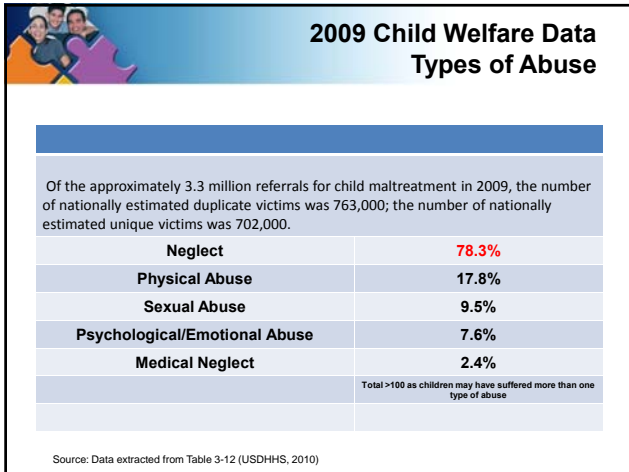
### Child Welfare and Substance Abuse

*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.*










### Substance Abuse and Child Neglect

- *Chronic child neglect generally refers to the ongoing, serious pattern of deprivation of a child's basic physical, developmental, and/or emotional needs by a parent or caregiver.*
- The markers of chronic neglect include:
  - Poverty
  - Parental/Caretaker substance abuse
  - Parental/Caretaker mental health disorders


(Kaplan, Schene, DePanfilis and Gilmore, 2009).



## Who Are the Children in Out of Home Care?

1. Infants are a disproportionately large percentage of first-time admissions to out-of-home care. In fact, almost 1 in 4 children admitted to care for the first time is under the age of 1 year.
2. Children who enter care as infants will, on average, spend more of their childhood in care than older children entering care. Infants are not only the largest group of children admitted into out-of-home care, they also are the group who spends the greatest amount of time in care once admitted.
3. Infants spend more of their time in foster homes and less time in group homes than older children. Infants are also adopted at higher rates than older children, with 50 percent of children who enter care at less than 3 months of age leaving care with a new set of parents.

Who Are the Infants in Out-of-Home Care? An Epidemiological and Developmental Snapshot, By Wulczyn, Ernst, and Fisher, © 2011 Chapin Hall at the University of Chicago




## Who Are the Children in Out of Home Care?

4) Infants who enter out of home care were more likely to:

- Be victims of physical neglect, including unsanitary conditions and prenatal drug exposure,
- Be covered by Medicaid or a state insurance program (proxy for poverty),
- Have families with a prior involvement with the child welfare system,
- Have a primary or secondary caregiver, or both with active alcohol and/or drug abuse,
- Have families of infants with a prior or active incident of domestic violence,
- Have a primary caregiver with a recent arrest,
- Have a family experiencing high stress, particularly financial stress with difficulty paying for basic necessities,
- Have a primary caregiver with a serious mental health or emotional problems,
- Have a caregiver with intellectual or cognitive impairments,
- Have a primary or secondary caregiver, or both with their own history of abuse or neglect and exposure to trauma,
- Have caregivers with poor parenting skills and a lack of family/community supports.

Who Are the Infants in Out-of-Home Care? An Epidemiological and Developmental Snapshot, By Wulczyn, Ernst, and Fisher, © 2011 Chapin Hall at the University of Chicago




## Who Are the Children in Out of Home Care?

5) Infants in care are:

- Particularly vulnerable to delays in emotional, social, and cognitive development,
- At increased high risk for the negative outcomes later in childhood/adolescence, including school failure, drug and alcohol abuse, mental health problems and criminality,
- Likely to experience a kind of "toxic stress" resulting from a lack of sensitive and nurturing care from a primary caregiver—further compromising most areas of development, including emotions, behavior, cognitive functioning, and even health,
- Further stressed by abuse and trauma prior to entering care—which is then made worse by caregiver transitions.

Who Are the Infants in Out-of-Home Care? An Epidemiological and Developmental Snapshot, By Wulczyn, Ernst, and Fisher, © 2011 Chapin Hall at the University of Chicago



## Who Are the Children in Out of Home Care?

5) Prenatal stressors (substance exposure, poor nutrition, lack of prenatal care, trauma, maternal depression) compound the effects of postnatal adversity.



*In short, many infants who end up in out-of-home care enter the world already affected by toxic stress and continue to be exposed throughout infancy to environments and events that render healthy development quite challenging.*

Who Are the Infants in Out-of-Home Care? An Epidemiological and Developmental Snapshot, By Wulczyn, Ernst, and Fisher, © 2011 Chapin Hall at the University of Chicago



### The Trigger and the Follow-up

- The first response: an investigation, followed by an arrest
  - That should be the trigger for a systemic response, rather than a simple referral
- Then—a good handoff, followed by lasting efforts to track and reduce potential harm to children
  - Law enforcement and the judicial system as the front door and the monitors of accountability





### Arrests involving Drugs and Alcohol

- Total arrests: (2009) 13.7 million
- Arrests involving drugs or alcohol
  - Arrests for drug abuse violations, 2007: 1,645,5000 adults; 195,700 juvenile
  - 55-82% of prisoners tested positive for drug use in 10 ADAM sites (2009)
  - An estimated 37% of state prisoners serving time for a violent offense in 2004 said they were under the influence of alcohol at the time of the offense [382,368]
  - In 2002, local jail inmates reported alcohol use at the time of the offense in 33% of all offenses
  - An estimated 16% of convicted jail inmates committed their offense to get money for drugs



### Of 13.7 million total arrests,

• Drug abuse violations	1,663,582
• Driving under the influence	1,440,409
• Liquor laws	570,333
• Drunkenness	594,300





### Arrests with drugs or alcohol that involve children

- 1.5 million children have a parent who is currently in state or federal prison
- The majority of incarcerated parents used drugs one month before their offense and were in prison for violent offenses or drug trafficking
- Nearly half of all state and federal prisoners, or 700,000 inmates, have at least one minor child
- Between 1991 and 1999, the number of children with an incarcerated parent increased by 50 percent; this number has likely increased





### From this data, a conclusion:

- One out of six arrests involves a child directly or indirectly affected by drug or alcohol use
- Two million-plus opportunities to recognize and respond to harm done to children



### What happens after the arrest?


- Does it trigger a full-scale effort to prevent further harm and to intervene when children need developmental services?
- Or do we just make a referral?
- Who follows up on the referral?
- Who keeps track of children exposed to drug and alcohol abuse and the trauma that goes with it? Is there a community-wide, strategic response—or just a referral?



### A referral isn't a response

- Agencies don't always respond
  - Eligibility, waiting lists, cultural barriers, referral somewhere else
- Parents don't always go where referred
- Children often can't get to a screening or assessment

**Therefore, *follow-up to referrals is as important as the referral itself***



### What works?

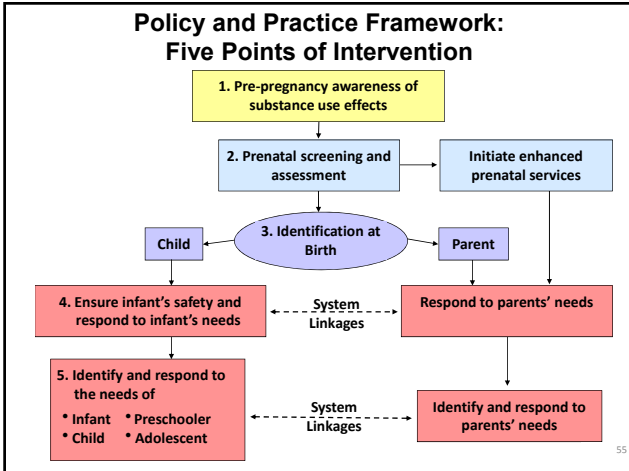
*One of the best ways to address the long term well-being of drug endangered children is to address the substance abuse and mental health problems of parents and caretakers. The availability of effective substance abuse treatment programs, coupled with treatment for co-occurring mental health disorders and long-term supports for ongoing recovery, is an important part of a community's overall DEC strategy.*

FEDERAL INTERAGENCY TASK FORCE ON DRUG ENDANGERED CHILDREN FEDERAL PARTNERSHIPS SUBCOMMITTEE May 2011 , Promising Practices Toolkit

### What Works?

*Criminal and/or family drug courts and other alternative sentencing strategies can complement standard voluntary treatment opportunities in order to maximize participation and encourage recovery for parents. A DEC strategy should include comprehensive treatment services with a strong family/parenting component in addition to services that address substance use disorders and co-occurring mental health problems, including the consequences of trauma.*

FEDERAL INTERAGENCY TASK FORCE ON DRUG ENDANGERED CHILDREN FEDERAL PARTNERSHIPS SUBCOMMITTEE May 2011 , Promising Practices Toolkit



### The five essentials

- Treatment for substance abuse
- Treatment of maternal depression
- A response to domestic violence
- Services to promote child development for high-risk and prenatally exposed children
- Support for parents who were themselves abused as children

***How can all the systems working together ensure that these services are provided and monitored for effectiveness?***





### To Collaborate...

- To work jointly with others or together on a common enterprise—especially an intellectual endeavor;
- To cooperate with an agency or instrumentality with which one is not immediately connected--for a purpose or out of necessity;
- To cooperate as a traitor or pretend to cooperate.

### Five National Reports Issued on Alcohol and Other Drug Problems in Child Welfare

1. **Responding to Alcohol and Other Drug Problems in Child Welfare: Weaving Together Practice and policy.** Washington, DC: Child Welfare League of America. 1998. [CWLA]
2. **Foster Care: Agencies Face Challenges Securing Stable Homes for Children of Substance Abusers.** Washington, DC: U.S. General Accounting Office. September 1998. [GAO]
3. **No Safe Haven: Children of Substance-Abusing Parents.** New York: The National Center on Addiction and Substance Abuse at Columbia University. January 1999. [CASA]
4. **Healing the Whole Family: A Look at Family Care Programs.** Washington, DC: Children's Defense Fund. 1998. [CDF]
5. **Blending Perspectives and Building Common Ground: A Report to Congress on Substance Abuse and Child Protection.** Washington, DC: Department of Health and Human Services. 1999. [DHHS]

Reports and summary available at: <http://www.ncsacw.samhsa.gov/improving/national-reports.aspx>

### Summary of the Five National Reports

**Identified barriers**

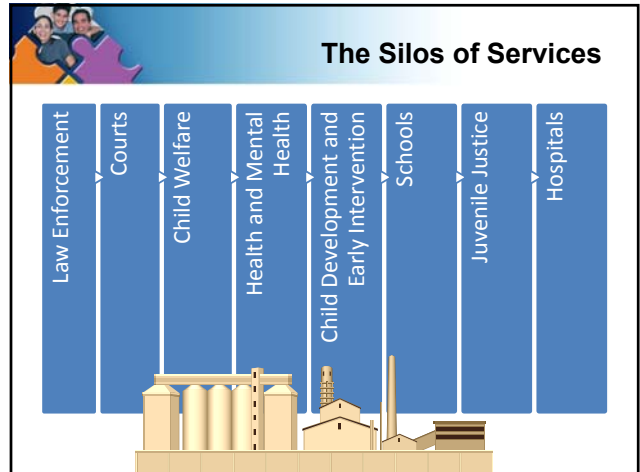
1. Differences in values and perceptions of primary client
2. Timing differences in service systems
3. Knowledge gaps
4. Lack of tools for effective engagement in services
5. Intervention and prevention needs of children
6. Lack of effective communication
7. Data and information gaps
8. Categorical and rigid funding streams as well as treatment gaps



## Summary of the Five National Reports

**Suggested strategies**

1. Develop principles for working together
2. Create on-going dialogues and efficient communication
3. Develop cross-training opportunities
4. Improve screening, assessment and monitoring practice and protocols
5. Develop funding strategies to improve timely treatment access
6. Expand prevention services to children
7. Develop improved cross-system data collection

## The Ticking Clocks

Temporary Assistance for Needy Families (TANF)


- 24 months work participation
- 60 month lifetime

Adoption and Safe Families Act (ASFA)

- 12 months permanency plan
- 15 of 22 months in out-of-home care must petition for Termination of Parental Rights (TPR)

Recovery

- One day at a time for the rest of your life



## The Ticking Clocks

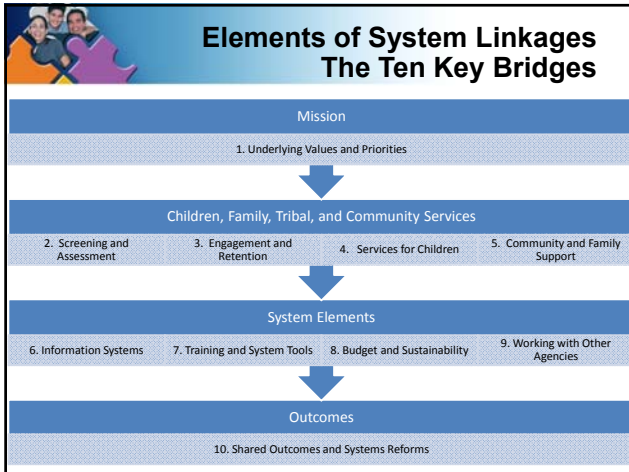
Child Development

- Clock doesn't stop
- Moves at the fastest rate from prenatal to age 5

Law Enforcement/Prosecution

- Emergency medical care for children
- Evidence collection
- Interviews
- Strategizing for prosecution



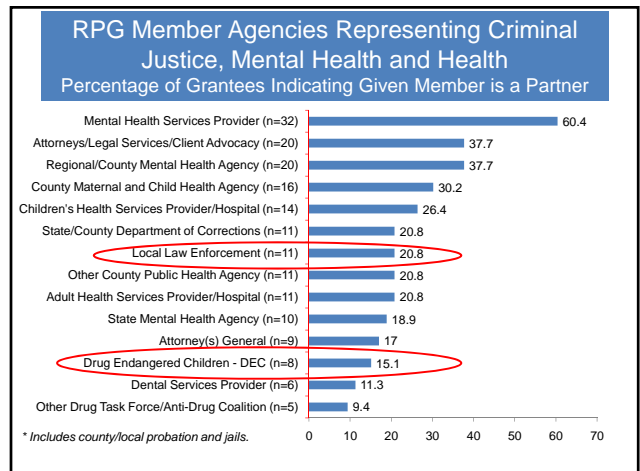
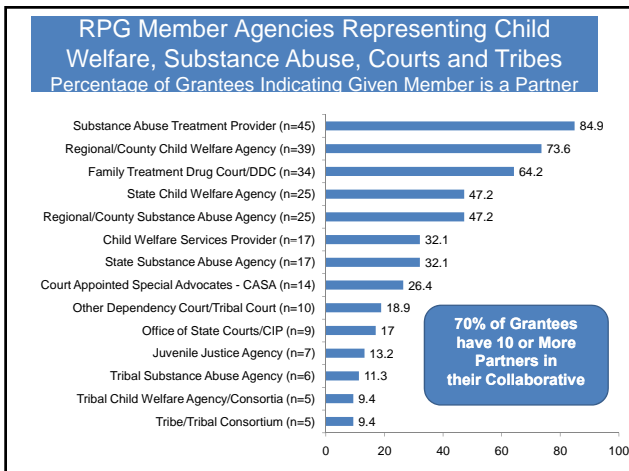



### Collaborative Relationships – Key Themes/Lessons

**Fundamentals of successful collaboration and active engagement of partners include:**

- Alignment of project and partner goals
- Communication of concrete benefits to prospective partners
- Ability to integrate the collaborative work into existing efforts or infrastructures
- Clarification, understanding and agreement on roles, responsibilities and processes
- Ongoing communication (all levels), reporting and monitoring

*Establishing relationships is an event, maintaining relationships is a process*






### Collaborative Values and Principles – Challenges

- More than one-third of grantees (38 percent) also experienced challenges in the area of *collaborative values and principles*, such as:
  - Involvement of substance abuse agency, child welfare agency, courts or community providers on a case-by-case basis and only when a referral is necessary.
  - Lack of understanding of how the RPG program and partnership fit into the bigger systems picture.
  - Lack of cooperation and involvement of major partners and lack of clear roles and responsibilities among partners.
  - Limited or ineffective communication between RPG staff and dependency and drug court judges and differing beliefs—such as whether reunification is in the child’s best interest.






### Collaborative Relationships – Key Themes/Lessons

- Collaboration takes time and is developmental and interactive in nature
- Collaboration needs to occur at multiple levels
  - Front-line and larger systems levels
  - State and local levels
- Importance of oversight and feedback structures (e.g., advisory boards, steering committees)
  - Provide leadership, direction, problem-solving
  - Continually review project goals and progress
  - Address emerging or specific issues—discuss values/beliefs




### Fragmentation is too often the Norm


- Systems with different definitions of the client
- Systems with different eligibility criteria
- Systems with different training and professional perspectives
- Systems with “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”

### The Tests of Effective Collaboration:


- A presumption of harm to children if drugs or alcohol are involved in an arrest involving children
- A need for initial screening for risk and harm
- A good handoff to a genuine system of care
- Follow-up with continued, developmentally appropriate screening and assessment for harmful effects
- A continuing role for law enforcement and the judicial system in ensuring that an effective, accountable system of care exists
- Shared outcomes among all the agencies serving parents and children—with annual review of progress






### The Threshold Issues

- Is substance abuse more than “just one more thing”—does it have a major impact on outcomes for families involved in the child welfare system?
- How can the substance abuse and child welfare systems partner to achieve better outcomes for families?
- What is the role of timely access to effective treatment to resolve the substance abuse disorders affecting children and families involved in the child welfare system?
- What responsibility do treatment agencies have to address child welfare outcomes?






### Personal accountability & Community accountability

- How do we hold parents accountable for raising children responsibly?
- How do we hold systems and the whole community responsible for helping parents and children who deserve help?
  - Is there a community scorecard that annually measures what’s getting better—and what isn’t?
  - What do we care enough to count?
  - Which children do we track over time?
- The standard: reasonable efforts by agencies to respond to parents’ needs; reasonable efforts by parents to remain compliant and complete treatment—ensuring the efforts are reasonable!



### Screens, ladders, and safety nets: a checklist

- Do we work across agencies to screen children for risk and harm?
- Do we provide parents and children with ladders to upgrade their parenting and their learning abilities?
- Do we have a safety net for parents and children who need extra attention?







### Judicial Leadership can:

- Ensure that questions about child and family status are asked at intake
- Ensure that court information systems track clients who are parents and the status of their children
- Ensure an annual accountability review of the comparative outcomes of agencies funded to serve children and families
- Ensure adequate resources from a full array of state and local agencies to achieve intended results
- Ensure that reasonable efforts are required of both parents and the agencies that serve them
- Ensure effective links between criminal courts and dependency/ family courts




*Does the court do all of these?*




### First response needs lasting backup

- The initial response can be excellent, but the key to reducing harm to children is backup, follow-up, and checkup
  - How does the rest of the community back up law enforcement when officers find children at risk?
  - How well do we follow up once a referral is made?
  - How are we doing in providing services to those children and families involved in an arrest or investigation? How do we get our “annual checkup?”




### Promising Programs and Practices...







### Promising Programs and Practices


States assurances of CAPTA compliance:

- Children < 3 with substantiated maltreatment referred for early screening and intervention
- Infants born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder referred to child protective services
- The development of a safe care plan for such infants
- Collecting data and reporting on referrals, screening and assessments and linkage to appropriate care when needed for both populations.

### Riverside County, California Family Preservation Court

- An intensified, minimum of one year, court-supervised substance abuse recovery program.
- Designed to enhance the sobriety efforts of parents. prior to filing a dependency petition.
- To enable their children to be safely maintained with their parents.






**Riverside County, California  
Family Preservation Court**

FPCs Provide Both New Opportunities and Relationships:


- No Child Welfare case management
- Reduced Caseloads for Child Welfare & Attorneys
- No case before the Court
- Keep Families Together (Medi-cal-Medicaid Funding, Housing Resources, Children Maintained in School)
- In-Home Visitation
- Home visits by Sheriff's Department for Drug Endangered Children



**Riverside County, California  
Family Preservation Court**



Sheriff's Department Drug Endangered Children (DEC) Team is responsible for or reports on:

- House Checks
- Failure to appear
- Non-compliant behavior
- DEC Officer reports back to the program
- Steering Committee member




**Building Upon Existing Efforts  
in Kansas**

- Kansas Alliance for DEC Resource
- Ashby House for pregnant and parenting women
- Health In Pregnancy Program
- Social and Rehabilitation Services (SRS)—voluntary services for pregnant women
- 4Ps+--Prenatal Screening
- Teams for Infants Endangered by Substance Abuse (TIES)


**Building Upon Existing Efforts  
in Kansas**

- Kansas Early Childhood Comprehensive Systems Plan
- Project LAUNCH
- Strengthening Families Program (5-Year ACF grant—statewide implementation)
- Period of Purple Crying: Shaken Baby Syndrome
- Developmental Screening Training: Project LAUNCH in partnership with AAPs



### Building Upon Existing Efforts in Kansas


- Kansas Strengthening Families Plan: Statewide primary prevention plan, closely tied to ECE system,
- Protective Factor Survey: Developed by KU team and used across the state as a common measure.
- Statewide Needs Assessment related to Substance Abuse



### Rethink Definition: A Drug Endangered Child is...


A person under the age of 18 who:

- Lives in or is exposed to an environment where drugs, including *the misuse of pharmaceuticals or alcohol*, are illegally possessed, *misused*, trafficked, diverted, or manufactured, and as a result of that environment, the child experiences or is at risk of experiencing physical, sexual or emotional abuse; and/or



### Rethink Definition: A Drug Endangered Child is...


- The child experiences or is at risk of experiencing medical, educational, emotional, or physical harm or neglect, including harm resulting or possibly resulting from the inhalation, ingestion, or absorption of illegal drugs, pharmaceuticals or *illegal alcohol use*; and/or
- The child is forced to participate in illegal or sexual activity in exchange for drugs or *alcohol* in exchange for money likely to be used to purchase drugs or *alcohol*."




### Our Nation's Challenge

*When a child is abused or neglected, there is an enormous cost – to the child, their family and to the community. We pay the direct costs in the additional expense of Child Protection, Public Safety, Courts, Medical Care, Mental Health Care, Foster Care, Adoptions and Increased Crime. Yet the greatest cost can't easily be measured, for abuse and neglect steals a child's sense of trust and their hope for the future.*

Alaska Children's Trust






## Online Training Resources

All trainings are 1) Available at no cost, 2) Issued a Certificate of Completion and 3) Eligible for CEUs!

- Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers
- Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals
- Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals


Website: [www.ncsacw.samhsa.org](http://www.ncsacw.samhsa.org)



## National Center on Substance Abuse and Child Welfare

### How do I access technical assistance?

- Visit the NCSACW website for resources and products at <http://ncsacw.samhsa.gov>
- Email us at [ncsacw@cffutures.org](mailto:ncsacw@cffutures.org)
- Call us: 1-866-493-2758




## Contact Information

**Linda Carpenter**  
Program Director  
National Center on Substance Abuse and Child Welfare  
In-Depth Technical Assistance Project  
Phone: 1-866-493-2758  
Email: [lcarpenter@cffutures.org](mailto:lcarpenter@cffutures.org)  
Website: [www.ncsacw.samhsa.org](http://www.ncsacw.samhsa.org)



## Register Now

**Putting the Pieces Together for Children and Families**  
The National Conference on Substance Abuse, Child Welfare and the Courts  
Wednesday, September 14 - Friday, September 16, 2011



Presented by Children and Family Futures | Featuring the National Alliance for Drug Endangered Children 8<sup>th</sup> Annual Gathering  
Gaylord National Resort and Convention Center on the Potomac—National Harbor, MD

<http://www.cffutures.org/conference2011>