

**SUBSTANCE ABUSE AND CHILD WELFARE**

**child**advocates


YOUR VOICE. THEIR FUTURE.

- This presentation is not legal advice
- The goal of the presentation is to provide a quick overview of substance abuse and child welfare
- No disclosures or conflicts to disclose

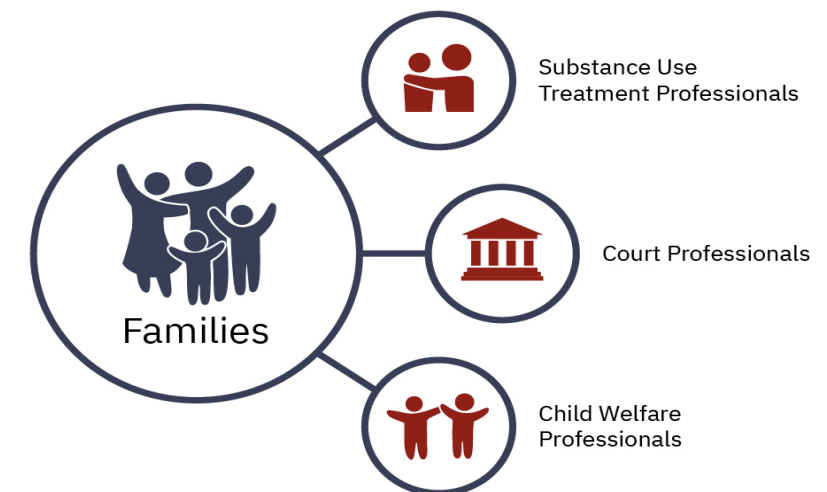


- Child welfare workers report that most children in child welfare, and the overwhelming majority of children placed in out-of-home care, have a parent with a substance use disorder.
- Parental alcohol or other substance abuse as a contributing factor for reason for removal increased from 18% to over 35% in the last 16 years.

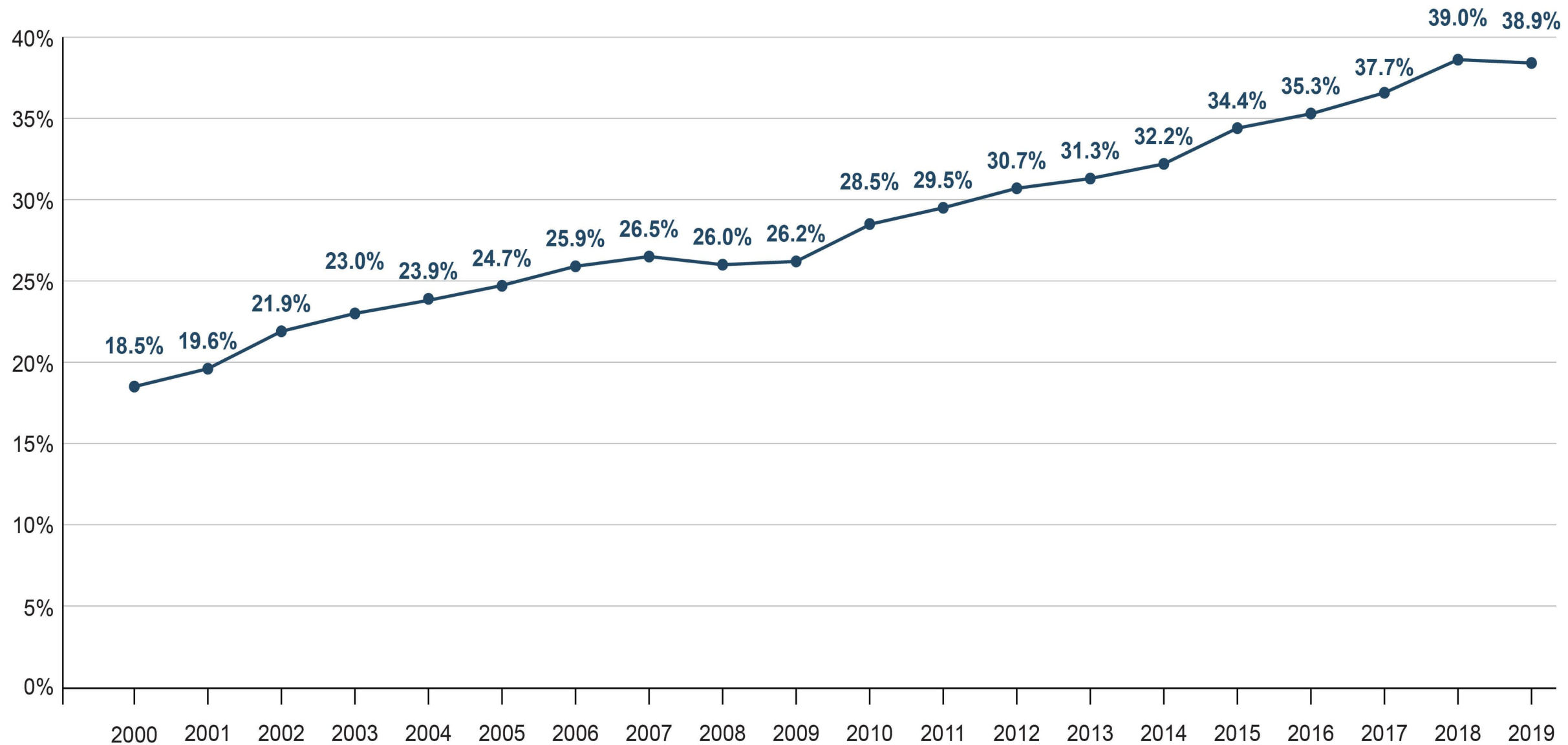
- An initiative of DHHS funded by SAMHSA, the Federal Children’s Bureau and others.
- The goals are largely to advance practices and collaborations among those working with families affected by substance use and co-occurring mental health disorders.
- [www.NCSACW.acf.hss.gov](http://www.NCSACW.acf.hss.gov)
- The following Statistics are from NCSAC



**National Center on Substance Abuse and Child Welfare**  
Supporting systems in making practice and policy changes to improve outcomes for children and families affected by substance use disorders.

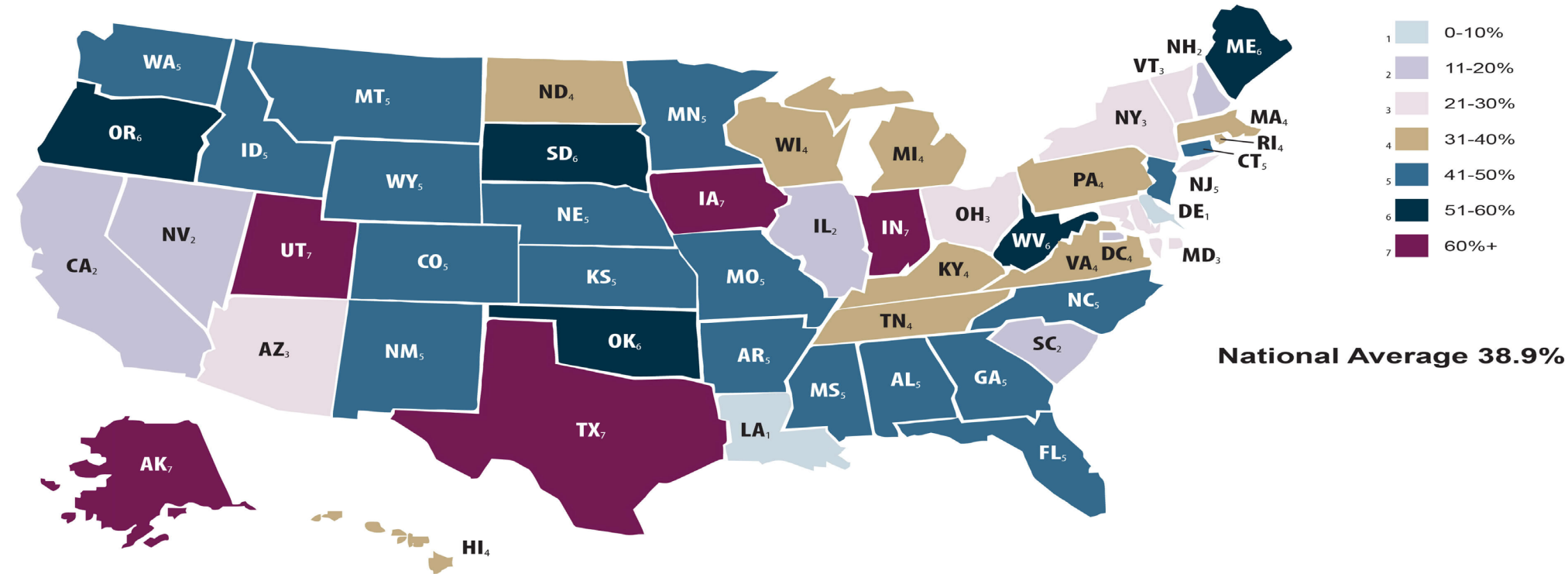


## Prevalence of Parental Alcohol or Drug Abuse as an Identified Condition of Removal in the United States, 2019



These data indicate that the prevalence of parental alcohol or other drug (AOD) abuse as an identified condition of removal of children and placement in out-of-home care

## Parental Alcohol or Other Drug Abuse as an Identified Condition or Removal by State, 2019



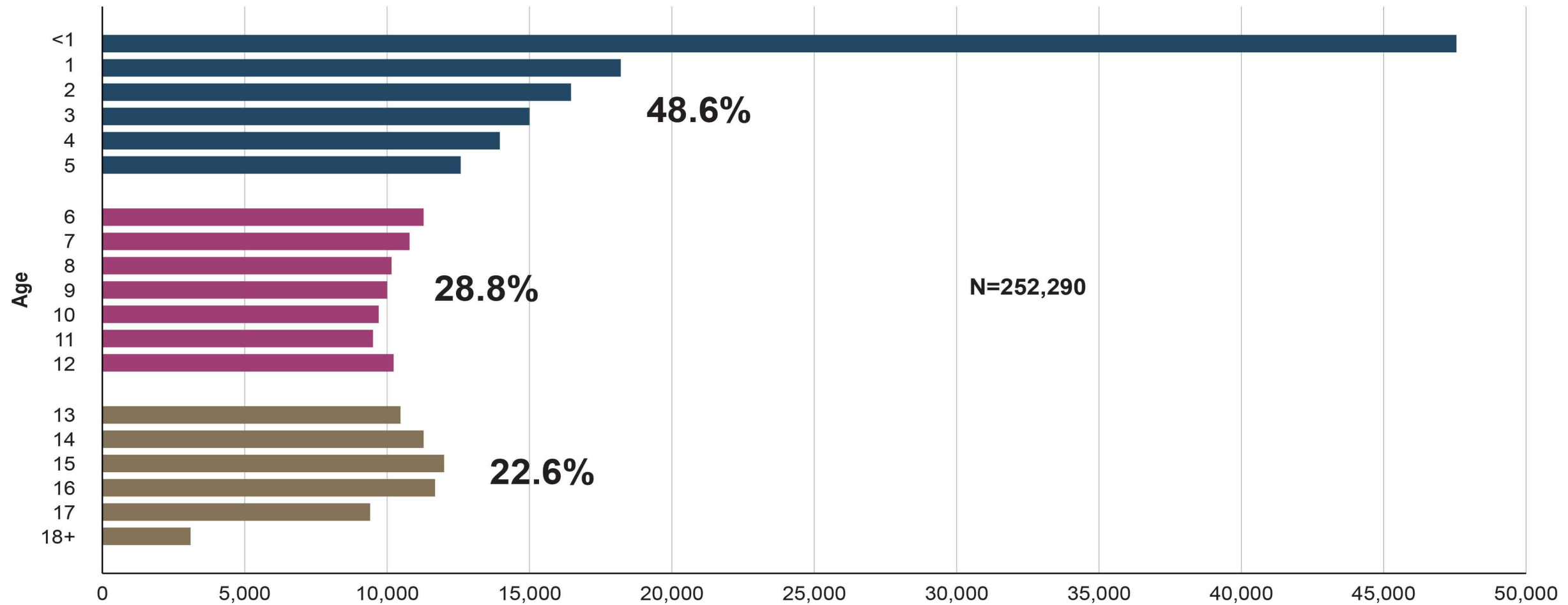
When calculating the national average, 38.9% of children removed from their homes and placed in out-of-home care had parental alcohol or other drug (AOD) abuse as an identified condition for removal. The map presents state averages which range from 3.6% to 69.0%.

States often anecdotally report that the percentage of child welfare removals involving parental AOD abuse is much higher in their state than indicated in the data. Possible explanations for these discrepancies may include 1) lack of child welfare protocols for screening and assessment regarding identification of substance use disorders; 2) inconsistent protocols regarding data entry for child welfare; 3) discrepancies in how AOD abuse is captured in the state child welfare's data systems; and 4) differences in the point at which the AOD abuse is identified and entered in the data system. Often, at the local level, multiple removal reasons are reported and sometimes only the primary reason for removal is reported by the federal system(s).

Note: Estimates based on all children in out-of-home care at some point during Fiscal Year

Source: AFCARS Data, 2019 v1

## Number of Children who Entered Out-of-Home Care, by Age at Removal in the United States, 2019



Data regarding age of removal was organized to create three age groups: children birth – age 5, children age 6 –12, and children age 13 – 18+. When looking at these three groups, children birth - age 5 make up nearly half (48.6%, N=122,585) of the children removed from their homes and placed in out-of-home care during Fiscal Year 2019. Children age 6 – 12 make up 28.8% (N=72,781) and children age 13 – 18+ make up 22.6% (N=56,924) of the children removed from their homes and placed in out-of-home care during the same time period.



## **\*Adoption Assistance and Child Welfare Act of 1980**

\*This was the foundation of the modern child welfare system in the US.

- provided funding through title IV-E of the Social Security Act
- Required states to develop plans for the delivery of child welfare services
- Required states to create foster care maintenance payments
- Created the first significant role for courts by requiring courts to review the cases on a regular basis



- **CAPTA: Child Abuse Prevention and Treatment Act**
- Requires States to have child abuse and neglect reporting laws
  - Requires the investigation of reports of abuse and neglect
  - Provides a GAL/best interest representative in every child welfare case
  - Makes child welfare records confidential
  - Mandates a state registry or index like our Child Abuse Index
  - Includes a specific amendment for Substance Use Disorder Prevention that promotes Opioid Recovery and Treatment for Patients and Communities
    - Includes the requirement for States to Develop a Plan of Safe Care

## Significant Amendments to CAPTA in 2016 and 2018

Requires states to develop **plans of safe care** for infants born and identified as being affected by substance use or withdrawal symptoms or a fetal alcohol spectrum disorder

**A POSC** is a plan designed to ensure the safety and well-being of an infant with prenatal substance exposure following his or her release from the care of a healthcare provider by addressing the health and substance use treatment needs of the infant and affected family or caregiver. States have flexibility as to the implementation consideration of their POSCs

If a baby or mother has a positive toxicology screen or the baby shows signs of w/draw, notification to CPS is required by CAPTA, laws and/or policies in 14 States (including Indiana) make clear that a notification is not considered a report of child abuse or neglect unless there is evidence of maltreatment or risk of harm to the infant.

- DCS will complete a plan of safe care (POSC) or review and update an existing POSC for each infant under the age 1 who is identified as being born affected by or exposed in utero to substance use (either legal or illegal substances), experiencing symptoms of withdrawal, diagnosed with neonatal abstinence syndrome, and/ or diagnosed with fetal alcohol spectrum disorder. The plan will address the mental and physical health and substance use treatment needs of the infant, parent(s), household members, and the infant's caregiver(s)
- Full context at <https://www.childwelfare.gov/pubPDFs/safecare.pdf>

- **Family First Prevention and Treatment Act (2018)**

Goal: to provide federal reimbursement and resources to allow families to stay together

- **Supports preventions services.** The law gives states and tribes the ability to target their existing federal resources into an array of prevention and early intervention services to keep children safe, strengthen families and reduce the need for foster care whenever it is safe
- **Provides support for kinship (relative) caregivers.** Provides federal funds for evidence-based Kinship Navigator programs that link relative caregivers to a broad range of services and supports to help children remain safely with them
- **Establishes requirements for placement in residential treatment programs and improves quality and oversight of services.**

- The Adoption and Safe Families Act (1997)
  - Seeks to prevent children from lingering in foster care.
  - Clarifies the requirement for “reasonable efforts” towards reunification which much be made before changing a plan to adoption
    - And outlined exceptions to the requirement for reasonable efforts
  - Encouraged concurrent planning
  - Encourages states to enact strict timelines for child welfare cases

- In Indiana these are the relevant timelines in child welfare cases....

**Investigation** timelines –if report alleges neglect (5 days), abuse (under 24 hours), imminent danger (immediately)

**Removal** - if a child is removed from parents, a hearing must be conducted within 48 hours

**Adjudication** – 60 days or 120 if all parties agree

**Disposition** – 30 days after adjudication

**Permanency** – every 12 months or earlier

**Termination of Parental Rights** – mandatory filing if removed for 15 of the last 22 months. The trial must conclude 180 days after filing.

The timelines are written with the child's welfare and need for permanency in mind.

Who is DCS? The Department of Child Services – a State Agency created in 2005 by Governor Mitch Daniels (was previously under FSSA as the Office of Family and Children)

DCS is a state agency with offices in each county.

## 3 Big Parts of DCS

- Hotline (1-800-800-5556)
- CPS/investigating/assessment
- Case management



- 1-800-800-5556
- Centralized hotline was created in 2010
- Indiana is a mandatory reporting state. The reporting statute IC § 31-33-5-1 an individual who has reason to believe that a child is a victim of child abuse or neglect shall make a report
- Reports to the hotline are either screened in or screened out
- Reports are sent to the appropriate county for investigation. Investigation must be complete within 40 days.
- At the end of an investigation DCS substantiates or unsubstantiates
- If the investigation is substantiated....
  - perpetrator is added to the child abuse index.
  - DCS MAY not file a case at all
  - DCS MAY file an Informal Adjustment
  - DCS MAY file a CHINS case – child in need of services

- IC 31-34-8-1 – a less invasive case. Essentially, an act of abuse or neglect has occurred, but DCS feels coercive intervention is not necessary.
- Children can safely remain in home
- Family and DCS enter into a contract
- Court approves
- DCS agrees to offer services and family agrees to participate.
- DCS monitors
- Designed to last for six months

- What does CHINS stand for?

## CHILD IN NEED OF SERVICES



- **A Few Relevant CHINS (child in need of services) Statutes**

Parental substance abuse alone does not cause a child to be a CHINS. One of the following statutes must be applicable to the child...

- **IC 31-34-1-1** – Neglect – “the inability, refusal, or neglect of a parent, guardian or custodian to supply the child with the necessary food, clothing, shelter, medical care, education, or supervision.
- **IC 31-34-1-10** The child is born with fetal alcohol syndrome, neonatal abstinence syndrome or with any amount of controlled substance, a legend drug or a metabolite of a controlled substance or legend drug in the child’s body, including the child’s blood, urine, umbilical cord tissue, meconium.

- \***IC § 31-34-1-11** - The child has an injury, abnormal physical or psychological development, symptoms of neonatal intoxication or withdrawal or experiences risks or injuries from the mother's use of alcohol, controlled substance or legend drug during pregnancy
- The term "**legend drug**" is defined at IC 31-9-2-76 as having the meaning set forth in IC 16-18-2-199. The term "**controlled substance**" is defined at IC 31-9-2-24 as having the meaning set forth in IC 35-48-1. Generally, it is considered that the term "controlled substance" includes illegal street drugs,
- And for all of the statutes "**COERCIVE INTERVENTION**" of the court is required to keep the child safe.
- What does Coercive Intervention mean?
- Example: Coercive Intervention not needed? Vs. needed?

- IC § 31-34-1-12 and 13 are the exceptions statutes
- a child is not a CHINS if the mother had a valid prescription for the controlled substance or legend drug that was detected in the child's body at birth, or the mother had a valid prescription for the controlled substance or legend drug that she consumed during pregnancy which caused damage or endangerment to the child's development. The mother must show that she made a good faith attempt to use the drug according to prescription instructions.



- IC § 31-33-11-1 DCS could also direct the hospital to hold the child as a victim of child abuse or neglect during the investigation (prior to obtaining court order)
- IC § 31-33-5-2.5 is the specific statute which applies to reporting by hospital staff
- IC 31-26-3.5-1.5 "Child welfare substance abuse treatment services" includes the following:
  - (1) Addiction counseling.
  - (2) Inpatient detoxification.
  - (3) Medication assisted treatment, including a federal Food and Drug Administration approved long acting, non addictive medication for the treatment of opioid or alcohol dependence.



- For a CHINS case, DCS must prove that the child needs ***care, treatment, or rehabilitation*** that the child is not receiving and is unlikely to be given or accepted without the ***coercive intervention*** of the court.
  
- Care, Treatment and Rehabilitation look like:
  - Placement of the child
  - Therapeutic services for parents
  - Help locating safe housing
  - Help with budgets
  - Help finding employment
  - Parenting classes
  - Drug screens
  - \* substance abuse evaluations
  - \*inpatient treatment
  - \*family therapy
  - \*individual therapy
  - \*referrals to inpatient treatment
  - \*mental health assessments
  - \*supervised parenting time

Example of CHINS findings upheld by the court of appeals...

**Baker v. County Office of Family & Children**, 810 N.E.2d 1035, 1037 (Ind. 2004) (Mother used cocaine as late as days before prematurely delivering a baby, and the baby was hospitalized, placed in an emergency shelter, and eventually in foster care); **In Re I.A.**, 903 N.E.2d 146, 148 (Ind. Ct. App. 2009) (Mother used cocaine during entire nine months of pregnancy; infant was born with numerous medical problems about which Mother failed to educate herself); **In Re E.E.**, 853 N.E.2d 1037, 1039 (Ind. Ct. App. 2006) one or more of Mother's children were born with fetal alcohol syndrome or a trace amount of controlled substance; Mother also used while children were in her care and custody which the court found to be inappropriate/neglectful supervision;

### **In Re J.L., 919 N.E. 2d 561 (Ind. Ct. App. 2009)**

The Court of Appeals affirmed the CHINS finding. Maternal grandmother and mother smoked marijuana two or three times a week, in the family home, after the child was asleep. Mother admitted to using heroin three months prior to the DCS interview. Mother admitted to using marijuana for many years and had used both marijuana and heroin after the CHINS petition was filed. Mother was under the influence while in the residence with the 13 month old child.

### **IN Re the TPR of A.B. (2012 not published) – another affirmed finding**

Child tested positive for drugs at birth. Mom tested positive too and mother and father admitted to using drugs together while mother was pregnant. Parents took baby home from hospital. In June 2010 (when baby was 1 month old), parents engaged in DV between parents while mother was holding baby. Father was heavily intoxicated and mom was heavily medicated. Home deplorable.

In May 2011 a Termination of Parental Rights petition was filed. The Court of Appeals found DCS had met its burden and proved that the conditions resulting in removal would not be remedied. Parents had chronic substance abuse behaviors, lots of opportunity for substance abuse treatment and never completed it. Doing better at time of trial, but history shows he won't complete the current program.

## **KTK v. Ind DCS, 989 N.E. 2d 1225 (Ind. 2013)**

### **\*Affirmed**

An Indiana Supreme Court case. Trial court terminated mom's rights to 3 kids. The CHINS was filed when mom was using illegal substances and passed out in her car with her infant son. In January 2010 mom was incarcerated in theft charges and not released until July. She was arrested 2 weeks later for public intoxication and incarcerated until Nov 2010. Mother continued to use drugs and did not participate in services.

Supreme Court found that DCS did meet its burden. The court issued several findings including findings citing the long history of substance abuse, criminal involvement, and lack of efforts towards sobriety.

- Affirmed Case
- A.D.S. v. Indiana Dept. of Child Services, 987 N.E.2d 1150 (Ind. Ct. App. 2013)
- The Court noted the following detailed findings regarding Mother's long struggle with substance abuse and her failure to complete rehabilitation services: (1) she had a long history of cocaine abuse, starting at age eighteen or twenty; (2) she had undergone inpatient treatments twice but relapsed both times; (3) her past cocaine usage and instability resulted in her rights being terminated to two other children and her voluntary relinquishment of her rights to a third child; (4) she testified to last using cocaine five months before the termination trial; (5) she self-referred to a drug treatment program, but due to "inconsistent urine screens and court ordered swabs, concerns of a substituted urine sample, and the lax procedures" at the program, she was referred to an additional substance abuse assessment at a different agency which she failed to complete. The court terminated mother's rights to her two children.

- **In Matter of K.S., 78 N.E. 3d 740 (Ind. Ct. App 2017)**

Court of Appeals reversed the CHINS finding. The CHINS was filed for newborn baby and the petition alleged that mother used marijuana and lacked stable housing. Mother admitted to using marijuana 2 months before the child's birth, but DCS did not present evidence about how mothers use seriously impaired or endangered the child. DCS did not present evidence that the baby tested positive for any substances. DCS presented no evidence of lack of stable housing.

The Court found that DCS failed to show that the child was endangered or that the coercive intervention of the court was necessary.



### **Matter of N.C., 72 NE 3d 519 (Ind. Ct.App. 2017)**

Court of Appeals reversed the CHINS finding. The CHINS case was filed for the child and his half siblings because their mother was using methamphetamine. Father filed a petition to modify custody and the divorce court granted the petition before the CHINS fact finding trial. No proof that coercive intervention was needed because father remedied the situation by gaining custody of the children.

## About National Center on Substance Abuse and Child Welfare

- Mission -To improve family recovery, safety and stability by advancing practices and collaboration among agencies, organizations and courts working with families affected by substance use and co-occurring mental health disorders and child abuse or neglect.
- <https://ncsacw.samhsa.gov/>
- [https://www.cffutures.org/files/nccan2019/web/usud/CWS\\_Practices\\_Tip\\_Guide%231\\_bg\\_cv.pdf](https://www.cffutures.org/files/nccan2019/web/usud/CWS_Practices_Tip_Guide%231_bg_cv.pdf) – practice tips for Child Welfare Professionals
- <https://ncsacw.samhsa.gov/training/toolkit/default.aspx> - a training toolkit for child welfare professionals

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