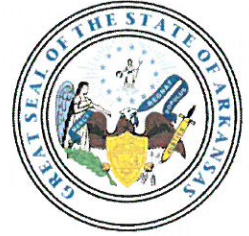


**Division of Children and Family Services**

P.O. Box 1437, Slot S560 · Little Rock, AR 72203-1437
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October 26, 2015

The Honorable George B. McGill, Chair
House Committee on Aging, Children,
and Youth, Legislative and Military Affairs
Arkansas Legislative Council
315 State Capitol Building
Little Rock, Arkansas 72201

The Honorable Stephanie Flowers, Chair
Senate Committee on Children
and Youth
Arkansas Legislative Council
315 State Capitol Building
Little Rock, Arkansas 72201

Dear Representative McGill and Senator Flowers:

Act 1176 of 2005 mandates an annual report that outlines all of the Garrett's Law referrals that were accepted for investigation during SFY 2015 (July 2014 to June 2015). All findings and statistics prescribed by law are included in this listing of referrals.

As a compliment to this report, the Division is submitting an 13-page summary that discusses the characteristics of the Garrett's Law referrals that were received for SFY 2015, and compares them to those of the Garrett's Law referrals that had been reported during previous years.

Forty copies of this summary, along with an electronic version, are enclosed for your convenience.

Should you have questions regarding the enclosed materials, please feel free to contact me.

Sincerely,

A handwritten signature in blue ink that reads "Cecile Blucker".

Cecile Blucker
Director

CB: fs

cc: John Selig, Director, Department of Human Services

Attachments (40)

**Arkansas
Department
of Human
Services**



*Division of
Children and
Family
Services*

Summary of Garrett's Law Referrals for SFY 2015

Produced for:
*Arkansas Department of Human Services
Division of Children and Family Services*

Produced by:
Hornby Zeller Associates, Inc.

September 2015

The 2005 Regular Session of the 85th General Assembly of the Arkansas Legislature expanded the legal definition of child neglect in the State of Arkansas. Under the provisions of Act 1176, the term neglect was expanded to include “the causing of a newborn child to be born with:

- 1) an illegal substance present in the newborn’s bodily fluids or bodily substances as a result of the pregnant mother knowingly using an illegal substance before the birth of the newborn, or
- 2) a health problem as a result of the pregnant mother’s use before birth of an illegal substance.”

Garrett’s Law, which was named after a newborn child who was born under such circumstances, was modified by Act 284 of the 2007 Legislative Session. The “health problem” criterion was eliminated but was replaced by the criterion of “the presence of an illegal substance in the mother’s bodily fluids or bodily substances.” As a result of this change (which went into effect on July 1, 2007), the presence of an illegal substance, which includes the abuse of prescription drugs, in either the newborn or the mother is now sufficient cause to substantiate an allegation of neglect under Garrett’s Law. Act 284 also stipulated that the mother cited in a Garrett’s Law referral would not be listed in the state’s Child Maltreatment Registry, even if the referral was substantiated. This change was made in response to concerns that being listed in the Maltreatment Registry might have negative consequences for the employment prospects of mothers involved in true referrals.

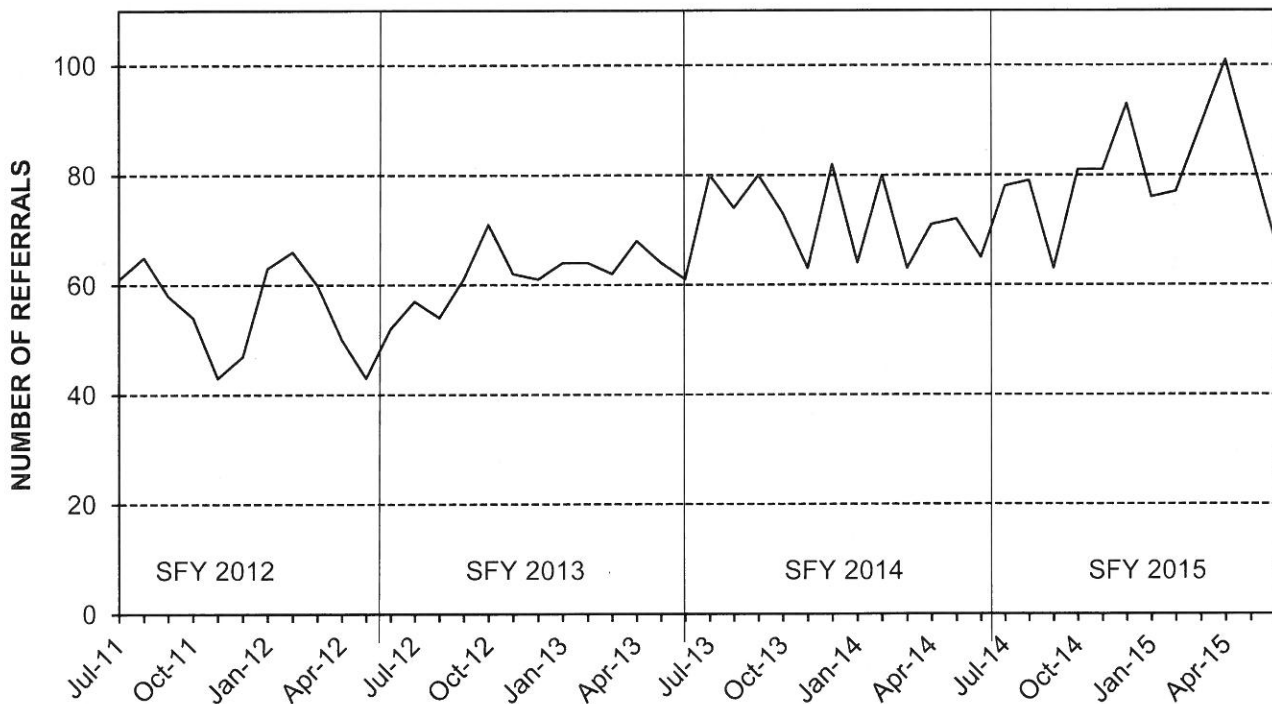
This report presents information on Garrett’s Law referrals received during State Fiscal Year (SFY) 2015. As in previous years’ reports, many of the data for 2015 are shown in the context of comparable data from the preceding three fiscal years. Additionally, this report tracks whether the mothers cited in true referrals received specialized treatment through one of the state’s licensed substance abuse treatment facilities. These facilities, which offer outpatient and inpatient programs, are available for the mothers cited in these referrals.

GARRETT'S LAW REFERRALS RECEIVED

The number of Garrett's Law (GL) referrals accepted for investigation has consistently increased in recent years. Nine-hundred and seventy (970) GL referrals were received during SFY 2015. This represents a 12 percent increase over the 867 GL referrals received during SFY 2014, a 30 percent increase over the 749 referrals received during SFY 2013, and a 47 percent increase over the 662 referrals received during SFY 2012.

Figure 1 shows the number of GL referrals received each month during the four-year period from SFY 2012 through 2015. While the number of GL referrals received fluctuates from month to month, the overall number has trended upward. The average number of GL referrals received during SFY 2015 was 81 per month, compared to 55 for SFY 2012.

Figure 1:
Garrett's Law Referrals by Month,
State Fiscal Years 2012 - 2015



CHARACTERISTICS OF GARRETT’S LAW REFERRALS

Act 1176 requires that an annual report be delivered to the Legislature that includes the following characteristics of GL referrals:

- 1) the ages of mothers involved in the referrals,
- 2) the types of illegal substances to which the newborns were exposed,
- 3) the estimated gestational ages of the newborns, and
- 4) any health problems observed in the newborns.

Although there are some year-to-year fluctuations in the age distribution of mothers involved in GL referrals, mothers are generally younger than 30 years old at the time of the child’s birth (see Table 1). The median age of all GL mothers was 26 years old for SFY 2015. Approximately 36 percent of the mothers cited in GL referrals were between the ages of 20 and 24, similar to previous years.

**Table 1:
Age Distribution (%) of Mothers in Garrett’s Law Referrals,
State Fiscal Years 2012-2015**

Mother’s Age	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Younger than 20 years	9.7	7.5	6.5	7.1
20 to 24 years	36.9	37.5	36.9	35.6
25 to 29 years	27.8	32.4	30.9	31.3
30 to 34 years	16.2	14.4	19.4	18.5
35 to 39 years	6.5	5.6	5.2	6.2
40 years or older	2.3	1.3	1.0	1.3
Unknown	0.8	1.2	0.1	0.0
Total	100.0	100.0	100.0	100.0
Number of Referrals	662	749	867	970

Table 2 shows the types of drugs involved in GL referrals during the past four fiscal years. By far, marijuana (including THC and cannabis) represents the most commonly mentioned drug across all four years. Marijuana was cited in nearly two-thirds (65 percent) of the GL referrals for SFY 2015. The second most commonly cited drug was amphetamines and methamphetamines (24 percent).

**Table 2:
Percentage (%) of Garrett's Law Referrals in which Drug was Cited,
State Fiscal Years 2012-2015**

Type of Drug	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Marijuana	64.4	64.4	66.2	65.1
Amphetamines	18.7	24.8	22.7	24.1
Opiates	21.1	19.9	20.8	19.5
Benzodiazepines	10.3	10.8	8.4	11.5
Cocaine	11.3	6.9	5.5	6.2
Prescriptions	0.0	1.6	2.0	1.0
Barbiturates	2.6	2.0	1.7	0.9
Hallucinogens	0.5	1.1	0.3	0.7
Number of Drugs Cited¹	853	985	1,107	1,252
Number of Referrals	662	749	867	970

Opiates (e.g., heroin, morphine, codeine, and oxycodone) were the third most commonly cited drug (20 percent) during the year, followed by benzodiazepines (e.g., prescription drugs such as Xanax and Valium) at 12 percent and cocaine at six percent. Non-categorized prescription drugs (e.g., tricyclics),² barbiturates, and hallucinogens are rarely reported in these referrals.

Table 3 shows the gestational ages of newborns in GL referrals over the past four years. Over 27 percent of the newborns were born prematurely, up slightly from the previous year but in line with the percentages reported for SFYs 2012 and 2013.

**Table 3:
Gestational Age Distribution (%) of Newborns in Garrett's Law Referrals,
State Fiscal Years 2012-2015**

Gestational Age	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Full-Term³	66.5	66.8	69.4	68.6
Premature⁴	28.2	27.1	23.6	27.3
Unknown	5.3	6.1	7.0	4.1
Total	100.0	100.0	100.0	100.0
Number of Referrals	662	749	867	970

¹ Multiple drugs can be mentioned in a given referral.

² The drug type of "prescriptions" includes those drugs that are not categorized elsewhere.

³ Defined as a gestational age of 37 weeks or more.

⁴ Defined as a gestational age of less than 37 weeks.

The health problems reported for newborns in GL referrals for SFY 2015 are shown in Table 4.⁵

**Table 4:
Percentage (%) of Garrett’s Law Referrals in which Health Problem was Cited,
State Fiscal Years 2012-2015**

Health Problem Reported	SFY 2015
No Health Problems	60.3
Intensive Care Required	20.5
Respiratory Distress	13.2
Drug-Related Withdrawal Symptoms	8.5
Child Died	1.0
All Other Problems ⁶	16.8
Number of Health Problems Cited⁷	
	1,252
Number of Referrals	
	970

Sixty percent of the newborns did not have any reported health problems. The documentation indicated that 20 percent of the newborns required treatment in a neonatal intensive care. Approximately 13 percent suffered from respiratory distress or other respiratory problems, nine percent exhibited drug-related withdrawal symptoms, and one percent passed away.

Among the mothers cited in GL reports, those who allegedly abused amphetamines, opiates and tranquilizers were the most likely to give birth to children with a documented health problem (48 percent each) while those who allegedly used marijuana were the least likely (37 percent).

⁵ For SFY 2015 DCFS improved the process by which it documents the health problems of newborn children involved in GL referrals, so the percentages for this year cannot be compared to the health problems reported for previous years.

⁶ "All Other Problems" includes a wide range of observed health issues that could not be categorized elsewhere, including conditions such as low blood sugar, low heart rate, heart murmur, congenital heart defect, anemia, physical deformity, feeding problems, hypoglycemia, syphilis, and a need for IV fluids and/or antibiotics

⁷ Multiple health problems can be reported for a given referral.

DCFS RESPONSES TO GARRETT'S LAW REFERRALS

This section presents information on key results stemming from DCFS responses to GL referrals, including:

- 1) the percentage of referrals that are substantiated after an investigation,
- 2) the percentage of true referrals that result in the opening of a child protective services case,⁸ and
- 3) the percentage of true referrals that result in the removal of the newborn from the mother's custody.

Results are presented for the ten DCFS Service Areas for each of the past four fiscal years.

**Table 5:
Substantiation Rate (%) of Garrett's Law Referrals by Area,
State Fiscal Years 2012-2015**

Area	SFY 2012	SFY 2013	SFY 2014	SFY 2015
1	79.4	90.2	90.1	88.6
2	89.0	92.5	93.2	92.9
3	87.2	94.7	95.4	96.4
4	91.1	85.2	91.3	95.0
5	94.0	88.2	91.5	94.5
6	93.0	95.4	97.0	95.8
7	96.7	95.1	92.7	95.3
8	91.3	90.8	87.4	85.8
9	86.6	93.2	94.9	96.4
10	83.3	87.2	94.3	94.3
State	89.4	91.6	93.1	92.9

As shown in Table 5, 93 percent of the GL referrals received statewide were substantiated during SFY 2015, with the substantiation rate among the individual Service Areas ranging from 86 percent (Area 8) to 96 percent (Areas 3 and 9).

⁸ Child protective services cases include both in-home cases in which children remain in the home and out-of-home placements in which children are placed with relatives or in foster care.

Table 6 shows the percentage of substantiated GL referrals that resulted in the opening of a child protective services case.⁹

**Table 6:
Case Opening Rate (%) for True Garrett’s Law Referrals by Area,
State Fiscal Years 2012-2015**

Area	SFY 2012	SFY 2013	SFY 2014	SFY 2015
1	82.0	83.6	90.2	96.8
2	95.4	96.5	95.8	94.9
3	69.1	95.6	96.4	100.0
4	100.0	95.7	97.6	96.5
5	96.8	95.1	96.0	97.7
6	92.5	97.1	98.7	99.4
7	96.6	94.9	92.1	97.6
8	95.9	97.8	90.4	96.1
9	100.0	96.4	91.9	97.5
10	100.0	91.2	98.0	96.0
State	92.0	95.0	95.0	97.3

Statewide, the rate at which DCFS caseworkers opened a child protective services case in response to a true finding of a GL referral stood at 97 percent for SFY 2015, higher than the rates observed for each of the past three year.

Whether or not caseworkers respond to a substantiated GL referral by opening a child protective services case was largely consistent among most DCFS Service Areas during SFY 2015, ranging from 95 percent (Area 2) to 100 percent (Area 3).

⁹ In addition to child protective services cases that opened as a result of the GL referral, the percentages also include cases that opened prior to the referral *and* were still open at the time of the referral. Considered together, these provide a more accurate representation of the percentage of substantiated GL referrals that were handled within the context of an active child protective services case.

Table 7 shows the percentage of substantiated GL referrals which resulted in the removal of the newborn from the mother's custody.

**Table 7:
Child Removal Rate (%) for True Garrett's Law Referrals by Area,
State Fiscal Years 2012-2015**

Area	SFY 2012	SFY 2013	SFY 2014	SFY 2015
1	26.0	20.0	22.0	22.6
2	29.2	26.7	17.7	13.6
3	16.2	24.4	10.8	11.1
4	31.4	30.4	28.6	21.1
5	19.0	19.5	24.0	14.0
6	17.9	28.8	14.5	16.5
7	34.5	46.2	39.5	31.7
8	12.3	16.9	21.7	22.8
9	24.1	36.4	36.5	38.3
10	24.0	11.8	18.0	10.0
State	21.9	25.4	21.2	19.5

The statewide rate at which the newborns were removed from their mothers was just under 20 percent for SFY 2015, with considerable variation among the DCFS Service Areas. Areas 3 and 10 were the least likely to remove children from their homes in response to a true finding, doing so in 11 percent or fewer of their GL reports. The highest proportion of children who were removed from their homes as a result of a true GL report was evidenced in Areas 7 (32 percent) and 9 (38 percent).

Areas 7 and 9 have consistently removed a higher proportion of children in response to a true GL report than has any other Area for each of the past three years. Much of the higher rate can be localized to Jefferson County for Area 7 and Poinsett, Jackson, Crittenden, and Cross counties for Area 9. In fact, these five counties removed a higher share of children in immediate response to a true GL report (at least 40 percent in each county) than did any other county that had at least ten true GL reports¹⁰ for SFY 2015.

An analysis of the true GL reports received during SFY 2014¹¹ revealed that 52 percent of the victim children who had been removed from the home returned home within 12 months. Among the victim children involved in true GL reports who were not removed from the home immediately in response to the report, six percent were removed within 12 months and five percent were cited as victim children in a subsequent true

¹⁰ The reason why counties with less than ten true GL reports were excluded for comparison is because the percentage of removals for those counties tends to be misleading due to their small referral population.

¹¹ Reviewers analyzed GL data for SFY 2014 for these measures since not enough time has passed to track forward all the victim children cited in GL reports received during SFY 2015 for 12 months.

maltreatment report over the same period. These percentages were similar to those reported for the previous year.

SUBSTANCE ABUSE TREATMENT

Mothers involved in GL referrals may subsequently be referred to specialized substance abuse treatment programs at one of the various sites scattered throughout the state. These treatment resources consist of both outpatient and inpatient programs. As Arkansas’s authorized licensing agent for substance abuse treatment providers, the Office of Alcohol and Drug Abuse Prevention (OADAP) within the Division of Behavioral Health Services maintains a comprehensive listing of licensed treatment facilities throughout the state.

As part of the conditions of licensure, these treatment facilities supply OADAP with monthly listings of the treatment services they have provided and the clients they have served. These listings include identifying information of the individuals who received those services, which permits matching of the mothers identified in GL referrals to the information housed at OADAP to see if any of these mothers received treatment through a licensed program.¹²

Table 8 reports the percentage of mothers cited in true GL referrals who received substance abuse treatment from an OADAP-licensed program over the past four years. The percentage of mothers who received such treatment has decreased since SFY 2012. Over 20 percent of the mothers cited in the SFY 2012 GL referrals received services, compared to just nine percent for SFY 2015. However, sufficient time has not passed to fully identify all of those who may eventually receive treatment, especially for those whose investigations occurred during SFY 2015 where sufficient time has not yet elapsed even to measure participation in treatment within three months.¹³ Over the last four years, nearly one out of every six mothers in true GL referrals has received substance abuse treatment thus far.

**Table 8:
Percentage (%) of Mothers Cited in Garrett’s Law
Referrals who Received Treatment**

SFY	Within Six Months	Overall
2012	14.0	21.3
2013	13.6	21.4
2014	13.4	16.5
2015	8.4	8.6
Total	12.1	16.2

¹² Only substance abuse treatment received by the mothers *after* the referral came in were considered. Any participation in treatment received *prior* to the GL referral *did not count* as treatment in response to the referral.

¹³ Treatment data was not available past August 31, 2015 for this report. As has been the case in previous reporting years, many more of the mothers cited in GL referrals are projected to enter a treatment program after this date.

The type(s) of treatment received by the mothers with true GL referrals is also recorded by OADAP. The five basic types are detoxification, outpatient treatment, partial day treatment, prison-based treatment, and residential treatment. As shown in Table 9, outpatient treatment (46 percent) was the most common service received by these mothers, followed by residential treatment (35 percent). Detoxification programs were received less frequently, and partial day or prison-based treatment were rarely utilized.

**Table 9:
Treatment Services Received by Mothers in True
Garrett's Law Referrals, State Fiscal Years 2012-2015**

Service Type	Percentage (%)
Outpatient Treatment	46.0
Residential Treatment	34.8
Detoxification	15.1
Partial Day Treatment	2.1
Prison-Based Treatment	2.1
Total	
	100.0

This report reviewed select characteristics of Garrett's Law referrals and DCFS' responses to those referrals over the past four fiscal years. The highlights of this review are presented below.

- Over the past four years, the number of GL referrals accepted for investigation has increased. During SFY 2015, 970 GL referrals were accepted for investigation, 47 percent higher than the number received during SFY 2012.
- Across all four years, marijuana was the most commonly mentioned illegal substance in GL referrals. For SFY 2015, 65 percent cited marijuana usage, either separately or in combination with other drugs, followed by amphetamines and methamphetamines (24 percent) and then opiates (20 percent). Benzodiazepines were cited in 12 percent of referrals, while cocaine was cited in six percent.
- During SFY 2015, 93 percent of the GL referrals received statewide were substantiated.
- The rate at which DCFS caseworkers opened a child protective services case in response to a substantiated GL report stood at 97 percent for SFY 2015, higher than the rates observed for each of the previous three years.
- Approximately 20 percent of SFY 2015's substantiated GL referrals led to the removal of the newborn from the mother's custody. Among DCFS' ten Service Areas, Areas 3 and 10 exhibited the lowest removal rates; Areas 7 and 9 exhibited the highest. Much of the higher rates can be localized to Jefferson County (Area 7) and Poinsett, Jackson, Crittenden, and Cross counties (Area 9).
- Of the children removed, 52 percent returned home within 12 months. Among those not removed initially, six percent were removed within 12 months and five percent were cited as victim children in a subsequent true maltreatment report over the same period.
- Almost one out of every six (16 percent) mothers who were cited in a true GL referral over the past four years ultimately received specialized substance abuse treatment through one of the state's licensed programs. The most common type of service received by these mothers was outpatient treatment, followed by residential treatment.