

EXHIBIT D



Division of Children and Family Services

P.O. Box 1437, Slot S560 · Little Rock, AR 72203-1437
501-682-8772 · Fax: 501-682-6968 · TDD: 501-682-1442



September 26, 2014

The Honorable David Meeks, 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 Meeks 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 2014 (July 2013 to June 2014). 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 11-page summary that discusses the characteristics of the Garrett's Law referrals that were received for SFY 2014, 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,

Cecile Blucker ^{by B.D.}

Cecile Blucker
Director

CB: pk

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 2014

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

Produced by:
Hornby Zeller Associates, Inc.

September 2014

INTRODUCTION

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 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.

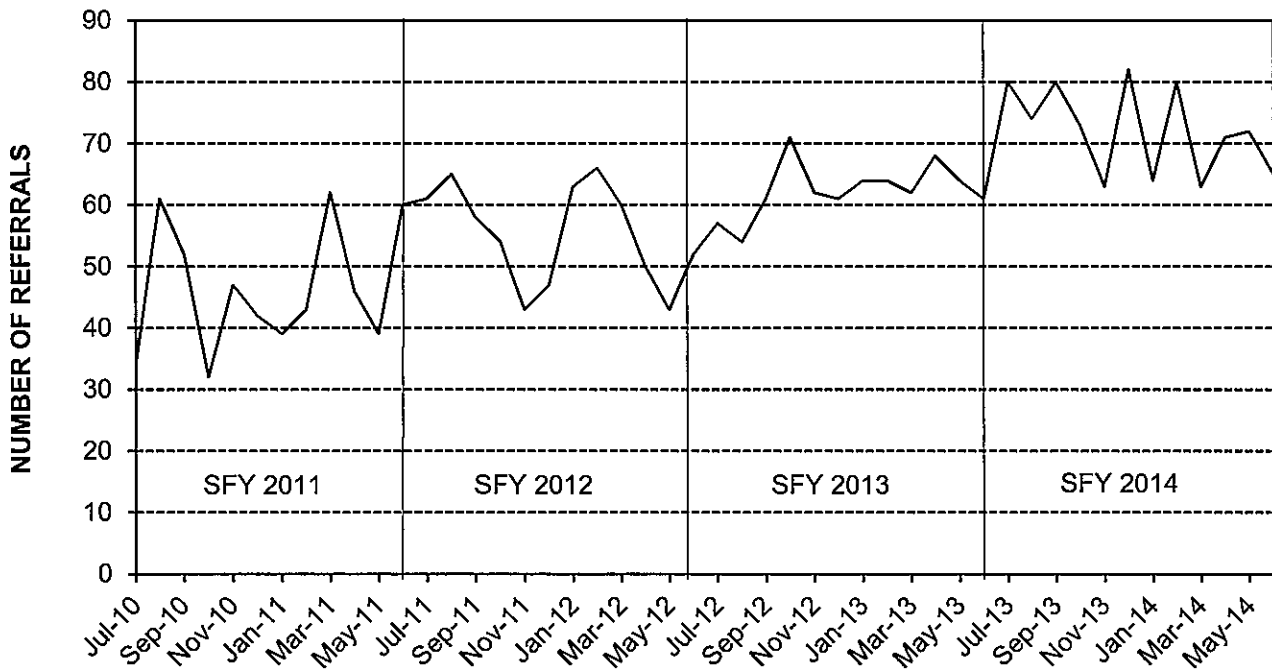
This report presents information on Garrett's Law referrals received during State Fiscal Year (SFY) 2014. As in previous years' reports, the data for 2014 are shown in the context of comparable data from the preceding three fiscal years. Additionally, this report tracks whether the mothers cited in true referrals received specialized treatment through one of the state's licensed substance abuse treatment facilities. These facilities, which offer both 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. Eight-hundred and sixty-seven (867) GL referrals were received during SFY 2014. This represents a 16 percent increase over the 749 referrals received during SFY 2013, a 31 percent increase over the 662 referrals received during SFY 2012, and a 56 percent increase over the 557 referrals received during SFY 2011.

Figure 1 shows the number of GL referrals received each month during the four-year period from SFY 2011 through 2014. While the number of GL referrals received monthly fluctuates from month to month, overall there has been an upward trend. The average number of GL referrals received during SFY 2014 was 72 per month, compared to 46 for SFY 2011.

**Figure 1:
Garrett's Law Referrals by Month,
State Fiscal Years 2011 - 2014**



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 between the ages of 20 and 30 years old at the time of the child's birth (see Table 1). The median age of all GL mothers was 25 years old for SFY 2014. Approximately 37 percent of the mothers cited in GL referrals were between the ages of 20 and 24, similar to previous years.

**Table 1:
Ages of Mothers in Garrett's Law Referrals,
State Fiscal Years 2011-2014**

Mother's Age	Percentage (%) Distributions for:			
	SFY 2011	SFY 2012	SFY 2013	SFY 2014
Younger than 20 years	7.4	9.7	7.5	6.5
20 to 24 years	39.5	36.9	37.5	36.9
25 to 29 years	30.3	27.8	32.4	30.9
30 to 34 years	14.7	16.2	14.4	19.4
35 to 39 years	5.4	6.5	5.6	5.2
40 years or older	1.8	2.3	1.3	1.0
Unknown	0.9	0.8	1.2	0.1
Total	100.0	100.0	100.0	100.0
Number of Referrals	557	662	749	867

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. It was cited in two-thirds (66 percent) of the GL referrals for SFY 2014, nearly tripling the second most commonly cited drug, amphetamines and methamphetamines (23 percent).

**Table 2:
Types of Drugs Involved in Garrett's Law Referrals,
State Fiscal Years 2011-2014**

Type of Drug	Percentage (%) of Referrals in which Drug was Cited:			
	SFY 2011	SFY 2012	SFY 2013	SFY 2014
Marijuana	63.7	64.4	64.4	66.2
Amphetamines	20.1	18.7	24.8	22.7
Opiates	20.3	21.1	19.9	20.8
Benzodiazepines	10.4	10.3	10.8	8.4
Cocaine	10.8	11.3	6.9	5.5
Barbiturates	3.1	2.6	2.0	1.7
Prescriptions	0.2	0.0	1.6	2.0
Hallucinogens	2.3	0.5	1.1	0.3
Number of Drugs Cited ¹	732	853	985	1,107
Number of Referrals	557	662	749	867

Opiates (e.g., heroin, morphine, codeine, and oxycodone) were the third most commonly cited drug in GL referrals (21 percent) during the year, followed by benzodiazepines (e.g., prescription drugs such as Xanax and Valium) at eight percent and cocaine (including "crack") at six percent. The frequency at which cocaine is cited has declined in recent years.

Table 3 shows the gestational ages of newborns in GL referrals over the past four years. Less than a quarter (24 percent) of the newborns were reportedly born prematurely, a decrease from the percentage reported during previous years.

**Table 3:
Gestational Ages of Newborns in Garrett's Law Referrals,
State Fiscal Years 2011-2014**

Gestational Age	Percentage (%) Distributions for:			
	SFY 2011	SFY 2012	SFY 2013	SFY 2014
Full-Term (37 weeks or more)	69.5	66.5	66.8	69.4
Premature (Less than 37 weeks)	27.3	28.2	27.1	23.6
Unknown	3.2	5.3	6.1	7.0
Total	100.0	100.0	100.0	100.0
Number of Referrals	557	662	749	867

¹ Multiple drugs can be mentioned in a given referral.

The health problems reported for newborns in GL referrals are shown in Table 4.

**Table 4:
Health Problems Reported for Newborns in Garrett's Law Referrals,
State Fiscal Years 2011-2014**

Health Problem Reported	Percentage (%) Distributions for:			
	SFY 2011	SFY 2012	SFY 2013	SFY 2014
No Health Problems	58.0	58.9	59.5	61.8
Intensive Care Required	3.4	2.6	4.3	8.3
Respiratory Distress	8.4	7.7	8.4	6.9
Drug-Related Symptoms	3.1	3.5	6.0	5.5
Child Died	0.2	0.3	0.1	0.6
All Other ²	25.1	23.3	17.4	13.3
Unknown	1.8	3.8	4.3	3.6
Total	100.0	100.0	100.0	100.0
Number of Referrals	557	662	749	867

Almost 62 percent of the newborns did not have reported health problems. The documentation indicated that eight percent of the newborns required intensive care, which is nearly double from the previous year. Seven percent suffered from respiratory distress or other respiratory problems, six percent exhibited drug-related symptoms (e.g., withdrawal), and less than one percent passed away.

Among the mothers cited in GL reports, those who abused benzodiazepines were the most likely to give birth to children with a documented health problem (55 percent) while those who used marijuana were the least likely (33 percent). Among the other commonly cited drugs in GL reports, 49 percent of mothers who used opiates gave birth to children with health problems, followed by those who used cocaine or amphetamines (46 percent each) and barbiturates (40 percent).

² "All Other" includes a wide range of observed health issues that could not be categorized elsewhere, including conditions such as low birth weight, 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

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,³ 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 state fiscal years.

**Table 5:
Substantiation Rates for GL Referrals by Area,
State Fiscal Years 2011-2014**

Area	Percentage (%) of GL Referrals that were Substantiated:			
	SFY 2011	SFY 2012	SFY 2013	SFY 2014
1	85.5	79.4	90.2	90.1
2	82.5	89.0	92.5	93.2
3	89.5	87.2	94.7	95.4
4	94.3	91.1	85.2	91.3
5	92.3	94.0	88.2	91.5
6	94.8	93.0	95.4	97.0
7	84.0	96.7	95.1	92.7
8	91.9	91.3	90.8	87.4
9	81.5	86.6	93.2	94.9
10	87.9	83.3	87.2	94.3
State	88.8	89.4	91.6	93.1

As shown in Table 5, there has been a continuing trend to substantiate GL referrals over the last few years. For SFY 2014, 93 percent of the GL referrals received statewide were substantiated, with the substantiation rate among the individual Service Areas ranging from 87 percent (Area 8) to 97 percent (Area 6).

³ 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.⁴

**Table 6:
Protective Services Case Opening for Substantiated
GL Referrals by Area, State Fiscal Years 2011-2014**

Area	Percentage (%) of Substantiated GL Referrals for which a Case was Opened			
	SFY 2011	SFY 2012	SFY 2013	SFY 2014
1	62.3	82.0	83.6	90.2
2	80.8	95.4	96.5	95.8
3	48.5	69.1	95.6	96.4
4	97.0	100.0	95.7	97.6
5	94.4	96.8	95.1	96.0
6	89.1	92.5	97.1	98.7
7	100.0	96.6	94.9	92.1
8	96.5	95.9	97.8	90.4
9	95.5	100.0	96.4	91.9
10	100.0	100.0	91.2	98.0
State	83.1	92.0	95.0	95.0

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 95 percent for SFY 2014, identical to the rate observed during the previous 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 2014, ranging from 90 percent (Areas 1 and 8) to 99 percent (Area 6).

⁴ 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 Removals in Substantiated GL Referrals by Area,
State Fiscal Years 2011-2014**

Area	Percentage (%) of Substantiated GL Referrals in which a Child was Removed			
	SFY 2011	SFY 2012	SFY 2013	SFY 2014
1	17.0	26.0	20.0	22.0
2	30.8	29.2	26.7	17.7
3	14.7	16.2	24.4	10.8
4	30.3	31.4	30.4	28.6
5	22.2	19.0	19.5	24.0
6	21.7	17.9	28.8	14.5
7	52.4	34.5	46.2	39.5
8	19.3	12.3	16.9	21.7
9	29.5	24.1	36.4	36.5
10	31.0	24.0	11.8	18.0
State	24.1	21.9	25.4	21.2

The statewide rate at which the newborns were removed from their mothers was 21 percent for SFY 2014, with significant variation in removal rates across the DCFS Service Areas. Area 3, at 11 percent, was the least likely to remove children from their homes in response to a true GL report while the highest proportion of children who were removed from their homes as a result of a true GL report was evidenced in Area 7 (40 percent).

Area 7 has consistently removed a higher share of children in response to a true GL report than has any other Area for each of the past four years. Much of the Area’s higher rate can be localized to Jefferson County, where 50 percent of the true GL reports received during SFY 2014 led to the child’s removal.

An analysis of the true GL reports received during SFY 2013⁵ revealed that 55 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, seven percent were removed within 12 months and four percent were cited as victim children in a subsequent true maltreatment report over the same period.

⁵ Reviewers analyzed GL data for SFY 2013 for these measures since not enough time has passed to track forward all the victim children cited in GL reports for SFY 2014 a full 12 months.

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.⁶

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 2011. Almost 30 percent of the mothers cited in the SFY 2011 GL referrals received services, compared to just 13 percent for SFY 2014. 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 2014 where sufficient time has not yet elapsed even to measure participation in treatment within six months.⁷ Over the last four years, just over 20 percent of all mothers in true GL referrals have received substance abuse treatment thus far.

Table 8
Proportion of Mothers Cited in GL Referrals
who Receive Treatment

SFY	Percentage (%) of Mothers who Received Treatment:	
	Within Six Months	Overall
2011	16.7	29.8
2012	13.9	22.7
2013	13.6	20.4
2014	11.4	12.7
Total	13.6	20.4

⁶ 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.

⁷ Treatment data was not available past August 31, 2014 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.

In addition to displaying the overall percentage of mothers cited in true GL referrals who subsequently received specialized substance abuse treatment, Table 8 reports the proportion of mothers who received such treatment within six months of the referral. Among those who received specialized substance abuse treatment, the proportion of mothers who received treatment within six months of their true GL referral has gradually increased over the past four years, from 56 percent for SFY 2011 to 67 percent for SFY 2013.⁸ These numbers suggest that mothers who receive treatment are electing to participate in such programs sooner than was the case previously.

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 (37 percent) was the most common service received by these mothers, followed closely by residential treatment (36 percent). Detoxification programs were also frequently used.

Table 9
Types of Treatment Services Received by
Mothers in True GL Referrals, SFY 2011-2014

Type of Service	Percentage (%) Receiving Service
Outpatient Treatment	36.7
Residential Treatment	35.6
Detoxification	19.5
Prison-Based Treatment	5.3
Partial Day Treatment	2.9
Total	100.0

⁸ Thus far for SFY 2014, 90 percent of the mothers who received treatment had received services within the first six months of the GL referral, although this percentage will almost certainly decline as more time passes.

SUMMARY

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 2014, 867 GL referrals were accepted for investigation, 56 percent higher than the number received during SFY 2011.
- Across all four years, marijuana was the most commonly mentioned illegal substance in GL referrals. For SFY 2014, 66 percent cited marijuana usage, either separately or in combination with other drugs, followed by amphetamines (23 percent) and then opiates (21 percent). Benzodiazepines were cited in eight percent of referrals, while cocaine was cited in six percent. The frequency of alleged cocaine use has declined considerably since SFY 2011.
- During SFY 2014, 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 95 percent for SFY 2014.
- Approximately 21 percent of SFY 2014's substantiated GL referrals led to the removal of the newborn. Among DCFS' ten Service Areas, Area 3 exhibited the lowest removal rate (11 percent) while Area 7 exhibited the highest (40 percent). Area 7's high rate was largely due to Jefferson County, where 50 percent of the true GL reports led to the newborn's removal.
- Of the children removed, 55 percent returned home within 12 months. Among those not removed initially, seven percent were removed within 12 months and four percent were cited as victim children in a subsequent true maltreatment report over the same period.
- Benzodiazepines were the drug most highly correlated with a documented health problem in the newborn (55 percent) while marijuana was the least highly correlated (33 percent).
- Approximately one out of every five (20 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 closely by residential treatment.