

Getting Health Care to Abused Kids From Meth Households Prevents Crime



Law enforcement leaders call on Congress to expand and improve the State Children's Health Insurance Program

A Research Brief by FIGHT CRIME: INVEST IN KIDS

FIGHT CRIME: INVEST IN KIDS is an anti-crime organization of more than 3,000 police chiefs, sheriffs, prosecutors, state attorneys general, other law enforcement leaders and violence survivors nationwide, including 77 in Iowa. Our members believe that the best way to prevent crime is to give kids the right start in life.

Summary

Children's serious emotional and behavioral problems need to be diagnosed and treated at as early an age as possible to avoid problems in school that could lead to school failure, truancy, and dropping out – a key pathway to kids moving toward criminal behavior. Without health coverage—and coverage that covers mental health diagnoses—these kids cannot get back on the right track.

In Iowa, these problems have become more severe as a consequence of methamphetamine use, resulting in too many Iowa children being neglected and abused. Without additional help from the federal- and state-funded State Children's Health Insurance Program (SCHIP) some of these children will grow up to become career criminals instead of productive adults. SCHIP and Medicaid are combined in Iowa's hawk-i program, so SCHIP currently pays for treating the physical injuries of many abused children from meth homes or other unsafe environments. But too many of Iowa's eligible kids who need health care are still not receiving coverage, and SCHIP's mental health coverage is less than its physical health coverage. When kids' physical and mental health problems are neglected, many will persevere, but some will turn from sad, hurt children into angry, dangerous criminals.

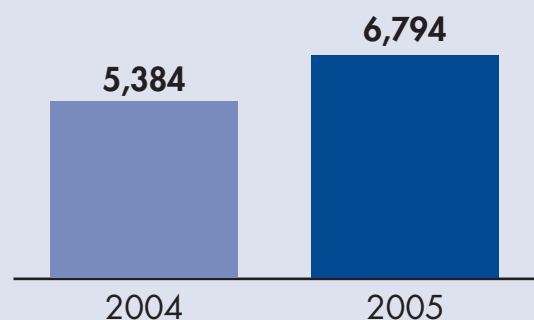
Law enforcement leaders in Iowa do not need the Virginia Tech tragedy to remind them that the best time to stop a violent crime is before anyone is hurt. Research shows that effective mental health interventions can successfully turn troubled kids away from crime and save money. Without health coverage, these children are unlikely to get treatment.

That is why Iowa's law enforcement leaders are calling on Congress to support expanded and improved SCHIP coverage as a wise investment in Iowa's public safety.

Children in Iowa need help coping with abuse and neglect

Methamphetamine has taken a heavy toll on the people of Iowa, especially its children. Important progress is being made: local production is coming under control according to the Drug Enforcement Administration (D.E.A.)¹ with meth lab incidents down by 78 percent,² and more young people are turning away from drugs, with only 2 percent of Iowa's youth reporting they have ever used methamphetamine.³ However, the D.E.A. reports that "trafficking organizations import large quantities of methamphetamine into Iowa,"⁴ including the more addictive crystal meth version. As crystal meth, or "ice," replaces powdered meth, the purity of the drugs being seized have gone up from 23 percent in 2003 to

The Number of Iowa Children Living in Foster Care Increased 26% Between 2004 and 2005



Administration for Children & Families, 2007

54 percent in 2005 and 39 percent in 2006.⁵

Many who have experimented with the drug are now heavily addicted. The percent of adults seeking substance abuse treatment who cite meth as their primary drug of abuse had risen by more than 50 percent from 2000 to 2005, before coming down slightly in 2006.⁶

The impact of meth on the state's children is severe. The number of children in foster care in Iowa jumped 26 percent from just 2004 to 2005.⁷ In Southwest Iowa, repeated surveys show that nearly half of the children coming into foster care were exposed to meth-related abuse.⁸ Children placed in foster care do not need SCHIP because they qualify for Medicaid during their stay in foster care. But many children whose lives have been torn apart by abuse or neglect are not in foster care and need services paid for by SCHIP.

SCHIP

SCHIP provides health coverage to over six million low-income children nationally and 36,000 children in Iowa whose families have incomes just above the eligibility threshold for Medicaid enrollment. But federal funding for SCHIP is limited. Nine million children nationwide and at least 45,000 children in Iowa have no health coverage.⁹ Due to funding shortfalls and increasing costs, many currently enrolled kids may lose their coverage without increased federal funding for this program. And without new legislation to ensure that states cover mental health needs as adequately as they cover physical health needs, even many children who currently receive SCHIP for mental health problems will not get enough help, or the right help they need.

Screening to help identify who needs SCHIP mental health services

Not all children who have suffered terribly from abuse or neglect are in need of mental health services – children can be incredibly resilient. On the other hand, children from caring families with few if any problems can suffer from mental health problems that will need care the same as if they had juvenile diabetes. The only way to determine which children need mental health care is to screen

children who show signs of problems and all abused or neglected children because those children have been exposed to conditions that often produce problems.

Studies show seven percent or more of preschool and early school-age children have levels of disruptive, aggressive behaviors severe enough to qualify for a mental health diagnosis.¹⁰ This is not about a child grabbing a toy from another child. These are children who are throwing chairs and injuring others in kindergarten. Data show that approximately 60 percent of these children will later manifest high levels of antisocial and delinquent behavior.¹¹ SCHIP coverage can help ensure that behavioral and emotional problems and mental illnesses are identified and treated while children and teens are young, preventing more serious problems and the risk of ongoing involvement in the juvenile and adult criminal justice systems.

What works

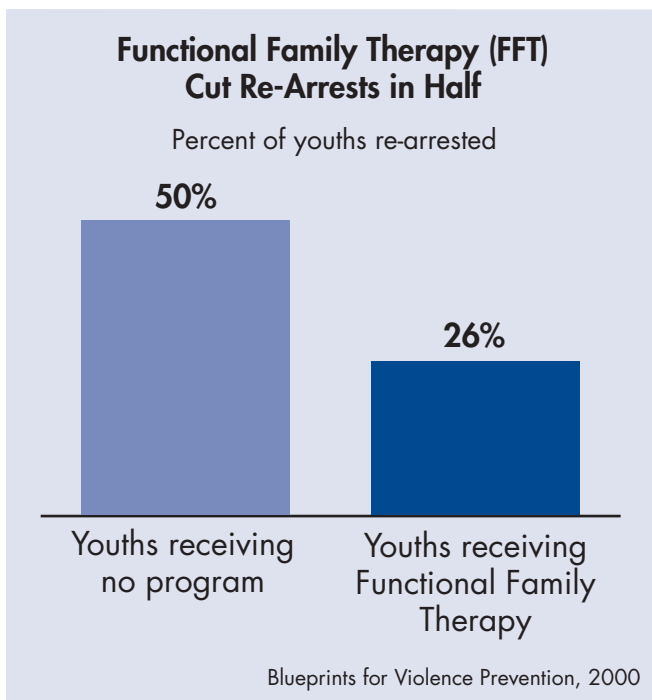
Research shows that the most effective programs dealing with aggression in children and youth are intensive family therapies that work with both the children and their parents/guardians, even if the child's guardians are now their grandparents, adoptive parents, or foster parents:

The Incredible Years

The Incredible Years program was originally designed by Carolyn Webster-Stratton for children aged 2 to 8 with high levels of aggressive behavior. It trains parents and children in problem-solving skills and non-aggressive social skills. Research shows that this program has "been able to stop the cycle of aggression for approximately two-thirds" of the families receiving help.¹²

Functional Family Therapy (FFT)

Functional Family Therapy (FFT) is for moderate- to high-risk teens with delinquency, aggression and/or substance abuse problems. It is delivered over a period of eight to 30 hours by trained mental health providers, who range in background from para-professionals to mental health



professionals with advanced degrees. It trains the parents to keep better track of their child's behavior, to set clear limits, and to reinforce positive behaviors.¹³

FFT cut re-arrests by participants in half, compared to a control group in one randomized study (50 percent for control group youths vs. 26 percent for FFT participants), and reduced out-of-home placements by three quarters in another study (72 percent vs. 18 percent).¹⁴

Multisystemic Therapy (MST)

Similar to FFT, Multisystemic Therapy (MST) serves moderate- to high-risk teens, though MST can also serve teens who are more seriously troubled or violent than those served by FFT. MST typically involves 60 hours of professional interventions over four months. The staff members are on call, if need be, around the clock.¹⁵ One MST study followed juvenile

offenders and a randomized control group until they were, on average, 29 years old. Individuals who had *not* received MST were 62 percent more likely to have been arrested for any offense (81 percent vs. 50 percent), and more than twice as likely to have been arrested for a violent offense (30 percent vs. 14 percent).¹⁶

Multidimensional Treatment Foster Care (MTFC)

While the last two intensive family therapies mentioned above were for troubled youths or juvenile offenders who can remain at home, another intensive family therapy that involves foster care is proven to reduce future crime for very troubled youths where home placement is not a viable option. This is not typical foster care. These youths are placed with specially trained foster parents who establish strict rules and expectations. Meanwhile, a professional works with the teen to train them in the social skills they will need to avoid fights or situations that can lead to involvement in crime. While the child is living in this very controlled environment for six months to a year, his or her parents are being trained to take over and establish and enforce the same rules and expectations when their child returns home.¹⁷

Research shows that the MTFC approach successfully cuts the average number of re-arrests for seriously troubled juveniles in half (2.6 arrests per teen vs. 5.4 arrests), and

Mental Health Interventions that Reduce Crime and Save Money

Proven intervention	Program costs	Savings to taxpayers and victims	Net savings to taxpayers and victims (subtracting cost of program)
Multisystemic Therapy (MST)	\$4,264	\$22,477	\$18,213
Functional Family Therapy (FFT)	\$2,325	\$34,146	\$31,821
Multidimensional Treatment Foster Care (MTFC) (v. regular group care)	\$6,945	\$84,743	\$77,798

Washington State Institute for Public Policy, 2006

six times as many of the boys in MTFC as boys in a group home successfully avoided any new arrest (41 percent vs. 7 percent).¹⁸

The intensive family therapies for troubled teens reduce repeat crimes so much that they produce average net savings (after subtracting the cost of the therapy) of \$18,000 to over \$75,000 for each juvenile served.¹⁹ Iowa is paying dearly because of crime. There are nearly 9,000 adults incarcerated in the Iowa Department of Corrections, 22 percent over capacity. SCHIP could help reduce future crimes—and the costs of crime—substantially by supporting effective treatment. Expanding SCHIP, ensuring it properly covers mental

health services, and drawing on it more often to support interventions such as the above will help Iowa cut costs by cutting crime.²⁰

Conclusion

FIGHT CRIME: INVEST IN KIDS urges the Iowa members of Congress to support SCHIP expansion to cover more children and to support improvements in SCHIP that will bring mental health coverage in line with physical health coverage.²¹ With methamphetamine still a threat, Iowa must do all it can to ensure that its abused and neglected children with physical and mental health problems grow up to be productive, law-abiding adults. SCHIP should play a central role in making sure that happens.

Endnotes

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- 2 Kendell, G.W., (January 19, 2007). *Methamphetamine Abuse in Iowa*, Iowa Office of Drug Control Policy. Retrieved from the internet on June 5, 2007 at http://www.state.ia.us/government/odcp/docs/2007_Meth_Report_2-1-07.pdf
- 3 Research Institute for Studies in Education (RISE), Iowa State University. (December 12, 2006). *Iowa Youth Survey Report*. Prepared for the Iowa Department of Health. Retrieved from the internet on June 6, 2007 at p://www.iowayouthsurvey.org/images/2005%20_State/IYS_State_Report_2005.pdf
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- 7 Administration for Children and Families, United States Department of Health and Human Services, (2007). *Foster care FY2005 entries, exits, and numbers of children in care on the last day of each federal fiscal year*. Retrieved from the internet on May 17, 2007 at http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#afcars
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- 10 Webster-Stratton, C., Mihalic, S., Fagan, A., Arnold, D., Taylor, T., & Tingley, C. (2001). *The Incredible Years: Parent Teacher and Child Training Series*. In D. S. Elliott (Series Ed.). *Blueprints for violence prevention: Book eleven*. Boulder, CO: Center for the Study and Prevention of Violence.
- 11 Campbell, S. B., Shaw, D. S., & Gilliom, M. (2000). Early externalizing behavior problems: Toddlers and preschoolers at risk for later maladjustment.

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- 13 Alexander, J., Pugh, C., Parsons, B. & Sexton, T. (2000). "Functional family therapy." In D.S. Elliot (Series Ed.). *Blueprints for Violence Prevention: Book Three*. Boulder, CO: Center for the Study and Prevention of Violence. The website for Functional Family Therapy is: <http://www.fftinc.com/>
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- 20 The Incredible Years will soon be available in five sites throughout Iowa, with funding initially to come from the Mental Health Block Grant, according to a conversation on June 5th, 2007, with Brenda Hollingsworth of the Iowa Consortium for Mental Health. The Director of the Consortium is Dr. Michael Flaum. Functional Family Therapy is offered in Waterloo and Cedar Rapids Iowa by Four Oaks, Inc. As far as is known, neither Multisystemic Therapy nor Multidimensional Treatment Foster Care are currently available in Iowa. For more information on these programs, see: <http://www.mifc.com/>; <http://www.msts-services.com/>; <http://www.fftinc.com/>; and <http://www.incredibleyears.com/>
- 21 A proposed expansion of coverage over 5 years would total \$50 billion in new federal funding for five years. SCHIP expansion could also help increase access to home visiting programs like the Nurse Family Partnership – a program that cuts kids' later arrests by 60 percent. The improvement of mental health coverage would deal with the current SCHIP problem that a number of states limit the amount or duration of mental health services coverage such that some effective delinquency intervention treatments cannot be covered.