The intense public attention focused on the problem of alcohol- and drug-exposed children is often too narrow. More than the infants and their mothers are involved. This problem is also having a severe impact on the public health, child welfare, and juvenile justice systems. Any effective policy response must consider and meet the needs of these systems as well.

The juvenile court judge occupies a unique position. Like all other judges, the juvenile court judge must apply the law to resolve a dispute. For juvenile court judges handling abuse and neglect cases, however, the law requires a new type of role. The judge must monitor whether child welfare agencies have provided services to individual children and families sufficient to comply with federal and state requirements that reasonable efforts be made to keep the family together. This means that the juvenile court judge must know what services are available in the community to support the family and how well child welfare agencies are performing in individual cases and generally.

In performing these duties, the juvenile court judge often confronts at least three problems: (1) the court caseload is so high that efficient and effective judicial decision making is extremely difficult; (2) the lack of legal representation for the child and severely overloaded child welfare caseworkers further hinder proper preparation and handling of these cases; and (3) although mandated by law, the resources to assist families are often simply not available in a given community. This third problem often requires juvenile court judges to be active in their communities in encouraging development and coordination of resources.

These problems are not unique to abuse and neglect cases involving alcohol- and drug-exposed children. Indeed, the increased pressure on juvenile courts results from twin scourges: poverty and drug abuse.

During 1990, 20,000 children entered the Los Angeles County juvenile justice system as a result of allegations of abuse and neglect. The majority of these cases involved poor families. Nearly one in four children...
in Los Angeles County now lives in poverty. Over the last two decades, poverty in this community has doubled from 12% to 24%. Poverty introduces a whole set of stresses for a family, which, for some, leads to abuse or neglect of their children.

This increase in poverty also significantly contributes to the problem of alcohol and drug abuse within the family. Cases involving alcohol- and drug-dependent families have also been on the rise. In 80% of the petitions filed in Los Angeles County last year, parental drug or alcohol abuse represented a critical element in the case. Moreover, the number of cases involving infants exhibiting drug or alcohol withdrawal symptoms at birth continues to rise at an alarming rate. In 1988, 2000 drug-exposed infant cases entered the Los Angeles juvenile court system. In 1990 that number rose to 4000 cases.

Future trends are even more disturbing. The Children’s Defense Fund reports that families in the 1990s will be increasingly affected by poverty and homelessness, and that 80% of poor and homeless families will be abusing drugs and alcohol.

The Problem

It is in the face of these twin scourges of family poverty and parental drug and alcohol abuse that judges, social workers, and counselors must try to protect children, rehabilitate parents, and reunite families. New resources have not kept pace with increased needs, and the widening gap is having an extremely harmful impact on both the system and the families. Consider the following:

- Each juvenile court judge in Los Angeles is asked to make difficult decisions affecting the lives of 350 children a week. With the number of cases on each day’s court calendar, a judge now is able to devote an average of 10 minutes to each child’s case. With court caseloads expected to double over the next 5 years, by 1995 judges will be allowed only 5 minutes to determine a child’s fate.

- Social workers in Los Angeles are expected to closely supervise 100 children. Yet, the Child Welfare League of America and other accrediting bodies dictate that caseloads not exceed 35 children.

- Parents and children are required to participate in various court-ordered programs—alcohol and drug treatment and testing, group counseling, parent skills training—as prerequisites to family reunification. Yet, because of reduced funding for traditional, public-sector substance abuse programs; limited expansion of private, outpatient, and residential programs; and a lack of comprehensive family-oriented drug rehabilitation programs, the children and parents seen in the juvenile court all too often confront long waiting lists or even complete absence of services when seeking help.

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What Juvenile Courts Can Do

Full solutions to these problems will require legislative action to review the needs of courts and child welfare agencies and to appropriate sufficient funds. But there are also some interim steps that juvenile courts
can take. The Los Angeles County Juvenile Court has undertaken five initiatives which we believe will also help ameliorate these problems: (1) supplemental training for judges; (2) provision of counsel for children; (3) development of decision-making protocols; (4) adoption of court orders that make more clear the expectations of both child welfare caseworkers and families; and (5) establishment of a countywide task force to expand resources available for families. Similar steps may be appropriate for many of the juvenile courts across the country.

Judicial Training

In 1990, 50 of the 60 Los Angeles County Juvenile Court judges participated in a day-long Juvenile Court Institute designed to improve their handling of cases involving drug- and alcohol-abusing families. The Institute was funded by a grant from the American Bar Association Center on Children and the Law and was co-sponsored by the Juvenile Court and the ABA. ABA Center staff and local judges planned the program, developed the materials, and coordinated the day’s events.

The Institute focused on the following:

- The role of juvenile court judges in drug and alcohol abuse prevention, intervention, and treatment;
- Judicial perceptions and attitudes regarding drug- and alcohol-abusing families;
- Medical, psychological, and social effects of alcohol and drug abuse upon pregnant women, newborns, parenting ability, child welfare, and family interaction;
- Factors in assessing the risks to children of drug- or alcohol-abusing families; and
- Elements of effective treatment strategies for dealing with the causes and effects of family drug and alcohol abuse.

Substantive material at the Institute was provided by pediatricians, psychologists, drug treatment counselors, social workers, and judges. It was presented through a lecture, audiovisual, and interactive discussion format.

Following the Institute, the judges could better identify symptoms of alcohol and drug abuse in cases presented to them and understand the effects of substance abuse upon parenting skills, child welfare, and family relationships. The judges also had a better understanding of the family treatment needs in these cases. As a result, judges now make more specific factual findings and more detailed court orders. As they do so, their efforts are met head on with the child welfare system’s inability to provide even the most basic drug or alcohol abuse treatment programs and services.

Representation of Children

It is axiomatic that judges have full information about a child in order to make an informed decision. This often requires representation for the child. Until 1990 there were no Juvenile Court rules regarding representation in Los Angeles County. The County Counsel’s Office routinely represented both the Department of Children’s Services and the child in 85% of the cases, despite the risk of conflict of interest in dual representation.

Independent attorneys for children can perform a critical role in urging that essential services be provided to meet a child’s special needs, especially in drug abuse cases, where the infant’s custodial, medical, and developmental needs often are great. In recognition of that role, the Juvenile Court adopted a statement of policies and a set of procedures for appointment of counsel for children. As a result of these rules, independent counsel for children is now provided in 95% of dependency cases.

Representation of children is provided by Dependency Court Legal Services (DCLS) attorneys and by court-appointed, private practitioner DCLS attorneys who contract directly with Los Angeles County to provide legal services. Private attorneys, on the other hand, are paid by the court on a case-by-case basis. Attorneys in each group are required to participate in a training program to equip them to represent children.

Decision-making Protocols

In recognition of the substance abuse problem and the increasing time pressures on judges, the Juvenile Court issued decision-making protocols to assist judges in making risk assessments and in formulating treatment plans and orders in alcohol- and drug-abuse-related cases.

Under the protocols, at the initial court hearing the Department of Children’s Services is required to provide an
evaluation of the full range of services available to the drug- or alcohol-using family, the feasibility of permitting children to remain in the family home if services are provided, and the ability of extended family members to care for a child in the event that out-of-home care is required. The protocols recommend that judicial officers make their own risk assessment in determining whether to remove a child, and outline risk factors for their consideration.

The disposition hearing, which occurs later, is especially critical in alcohol- and drug-related cases. That hearing provides the court an opportunity to involve families in counseling, treatment, and testing programs which may be central to the goal of child protection, parental rehabilitation, and family reunification. Under the protocols, Department of Children’s Services workers are required to detail the family’s drug or alcohol abuse problem and to identify the parent’s need for participation in various drug programs. The studies also are required to describe any special rehabilitation and treatment needs of the child, particularly in infant drug exposure and withdrawal cases; to identify the need for parent-child counseling; and to indicate the need for a parenting skills evaluation component.

**Court Findings, Orders, and Progress Hearings**

All too often in the past, neither the case plan nor the court’s orders were effectively communicated to parents, social workers, or counsel. As a result, given the workload of both the court and the child welfare agencies, aspects of the case plan, particularly in the areas of drug and alcohol abuse, frequently were not implemented, and compliance with court orders was found wanting.

A multiple-page order form was developed to implement the protocols. The form findings and orders are designed to articulate clearly both the case plan and the action expected of parents, workers, and counsel. The additional requirement of nonappearance progress reports to the court is intended to motivate adherence to the court’s orders and to measure the extent of compliance.

The protocols contemplate that child welfare workers will perform an active role in implementing and monitoring the court-ordered case plans. The form findings and minute orders reflect a further recognition that, in certain cases, workers will be required to take affirmative action to assist families in arranging for alcohol- and drug-related services.

When drug- or alcohol-abuse-related findings and orders are made, cases are continued 60 days for a progress report on the court’s nonappearance calendar. The 60-day progress reports submitted by Children’s Services workers must describe the parent’s and child’s participation and progress in court-ordered programs. If a parent is not enrolled in previously-ordered programs, workers are required to describe the Department of Children’s Services’ efforts to facilitate parental enrollment.

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Based upon the information furnished in the report, the court determines whether the Department of Children’s Services made or failed to make the required reasonable efforts to provide substance-abuse-related reunification services to a family.

Not surprisingly, Children’s Services workers regard the court’s new requirement as a further imposition upon them. Workers feel that judges are endeavoring to dictate specific casework activity in a way that invades their professional prerogative. Moreover, they feel that the court has imposed additional responsibilities upon them without regard for their own time constraints or the limited resources which exist.

**Drug Treatment Resource Development**

Even when drug or alcohol abuse resources are available, most agencies provide only single-service programs. Currently, to the extent they exist, treatment, parenting education, mental health counseling, and vocational training programs are each offered at separate locations. Thus, families may be required to travel significant distances from agency to agency in order to access needed services. Further, because drug- and alcohol-dependent parents often lack the financial or emotional resources to negotiate access to these various programs, many troubled fa-
families go unserved and unsupported. A tragic consequence of this fragmented service delivery system is that, in too many cases, children are removed unnecessarily from their parents’ homes.

In order to address this problem, which has reached crisis levels, a Drug and Alcohol Task Force was formed in Los Angeles County in early 1990. The Task Force is comprised of public-agency and private-sector representatives from child welfare, health services, mental health, law enforcement, education, and community groups. The Task Force meets monthly to examine further the problem of perinatal addiction within the county and to develop a plan for improving services to this special-needs population on a countywide basis.

After extensive hearings and study, the Task Force has recommended that a study investigate the feasibility of establishing, within several regions of the county, model, community-based centers that would offer an array of comprehensive and integrated services needed for effective rehabilitation of families with drug and alcohol problems. Services provided at each location would include residential and outpatient treatment, alcohol and drug testing services, parenting education, mental health services, and a wide array of other health and education services for parents and children. The results of this study will be presented to the Drug and Alcohol Abuse Task Force, which will review and present the recommendations to the county for incorporation into a countywide plan.

**Conclusion**

Through increased awareness of familial drug and alcohol abuse, juvenile court judges in Los Angeles County are making more informed decisions and more specific findings and orders in these cases. However more appropriate the court’s orders may be, their force and effectiveness is limited in the absence of adequate resources. Certainly the juvenile court can be an instrument of change in families by monitoring compliance with the reasonable efforts requirements and by giving diligent attention to the resources of the community and the operation of the child welfare system. Meaningful results will occur, however, only if adequate public, private, and community-based, alcohol- and drug-related rehabilitative resources are created for alcohol and drug abuse.

As the Los Angeles County experience has demonstrated, the public and private child and family service agencies must come together to develop an awareness that familial drug and alcohol abuse is an interagency problem and requires a coordinated response. But a proposal for comprehensive, community-based programs requires a financial commitment that exceeds the current funding capacities of the public and private agencies. It is apparent that new funding sources—federal, state, and private—must be sought to provide resources for families with drug and alcohol problems.