

BILLINGS AREA FAMILY RESOURCE GUIDE

2023 Edition



Published by the
Billings Area Family Violence Task Force
www.bafvtf.org

This handbook is available on-line at the Task Force website:
www.bafvtf.org

If you want a printed copy of the handbook or your organization wants them to distribute to clients or others, please contact the Task Force through the website.

Thank you to those who contributed to the revisions of this 5th edition of the Family Violence Handbook

Lisa Cetrone Wells, Youth Services Center (Retired)

Officer Katie Nash, Billings Police Department
Penny Ronning, Human Trafficking Task Force
Stephanie Baucus, Human Trafficking Task Force
Chelsea Winterholler, Ending Exploitation-Montana
Nancy Farrar, Family Support Network
Domestic & Sexual Violence Services
Laura McKee, Dept. of Corrections

This resource guide contains general information and may not reflect current legal developments. It is not intended to be a comprehensive summary of recent developments in the law, treat exhaustively the subjects covered, provide legal advice or render a legal opinion. Since the law is constantly changing and since the law will vary based on different facts and circumstances, statements in this resource guide regarding the status of a given law or legal issue may not be current or applicable to your particular situation. You should not take any action based on the information in this guide. The information you obtain is not, nor is it intended to be, legal advice. You should consult an attorney for advice regarding your individual situation.

DEDICATION

The Billings Area Family Resource Handbook is dedicated to the living memory of Katherine, Jennifer, and Isabel McGuire, M.D.

This digital image of an original painting of Dr. McGuire and her daughters is used with the permission of Dr. Brian McGuire.



BILLINGS AREA FAMILY VIOLENCE TASK FORCE

The Billings Area Family Violence Task Force began in 1990 as a result of the McGuire Memorial Conference on Family Violence held earlier that year to commemorate a local tragedy. On December 2, 1989, Dr. Isabel McGuire and her young daughters, Katherine and Jennifer, were killed by Isabel's second husband, Chris Dennis. Two days later, Dennis also killed himself.

Friends and professional associates decided that an educational conference would bring about public awareness of the seriousness of violence in intimate relationships and family homes and the tragic results that may occur if the violence persists. At the end of the conference, it was decided to establish a task force to continue the work the conference started.

The Billings Area Family Violence Task Force was incorporated in 1990 and later became a non-profit 501 (c)(3) tax-exempt organization. The major tasks of the Task Force are providing education through a Speakers' Bureau and planning the annual McGuire Memorial Conference on Family Violence. Educational resources are also provided in printed forms through this Resource Handbook and a smaller Pocket Guide.

MISSION

The Billings Area Family Violence Task Force is a group of concerned citizens and professional people committed to the coordination of community resources and education of service providers and the general public for the purpose of reducing family violence in Billings and the neighboring communities.

Introduction – Information as a place to begin

The mission of the Billings Area Family Violence Task Force is to reduce family violence in all of its forms. Providing information and knowledge about available resources is the first step in that mission. This Billings Area Family Handbook and Resource Guide is offered with first steps in mind, providing information important for healthy and happy children and families.

We recognize that some important topics and resources may have been omitted. Should you observe any part of this handbook that is out of date or information or topics that are lacking or in need of revision, please complete the form at the back of the handbook and send it to the address provided. Through this kind of assistance, the on-line version may be revised as needed and the information can be used in revisions for the next printed edition of the handbook.

Through generous donations from community agencies identified on the back cover, this handbook and resource guide is provided by the Task Force to any one for whom the information is relevant or in the lives of people they care for or serve. For more information, to contact the Task Force to obtain copies of the handbook, or to review the on-line version of the handbook visit the website: BAFVTF.ORG

How to Use this Family Handbook and Resource Guide

The Handbook Section, Part I, provides narrative information on a variety of topics, explaining important aspects of each topic. The Table of Contents beginning on the next page provides a list of the topics for which information is provided.

The Resource Section, Part II, provides contact and summary information on resources, organizations, programs, and services available in Billings and the region, including some resources in East and North-Eastern Montana. The Table of Contents includes an Alphabetical list of resources as well as resources listed by category.

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PART 1
REFERENCE
MATERIAL



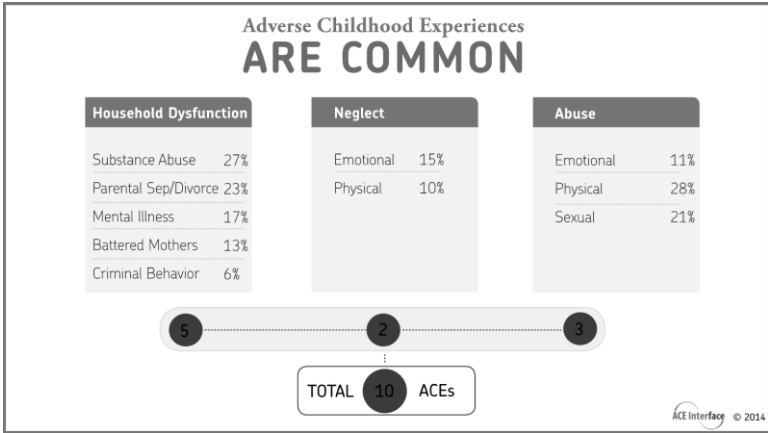
UNDERSTANDING ADVERSE CHILDHOOD EXPERIENCES *BUILDING SELF-HEALING COMMUNITIES*

The ACE Study considers the effects of childhood adversity on population health and wellbeing. A partnership between Kaiser Permanente in San Diego and the Centers for Disease Control and Prevention in Atlanta, The ACE Study takes a broad public health perspective of the effects of multiple forms of childhood adversity on population health. The ACE Study is the largest of its kind, with over 17,000 participants.

The ACE Study confirms, with scientific evidence that adversity during development increases the risk of physical, mental and behavioral problems later in life. The ACE Study and other research using the Study's framework have taught us that ACEs are the leading cause of health and social problems in our nation – *the* most powerful determinant of the public's health.

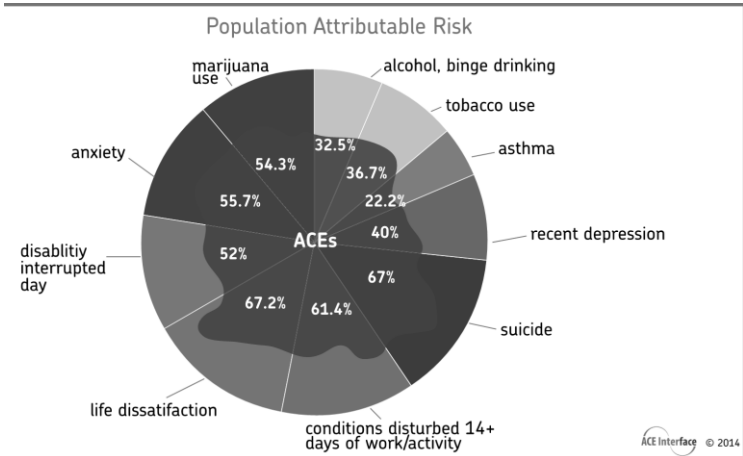
Brain Development is Experience-Dependent and Sequential
Experiences that cause stress chemicals to be continuously produced have a big impact on the development of brain cells and the connections between cells. When stress hormones, like cortisol, are at high levels in the body for long periods of time they can be toxic to the development of brain cells. Under these circumstances, brains prepare and adapt to respond to the experiences of an unpredictable and even dangerous world. The people whose brains adapt to a dangerous or stressful world are more likely to survive when life is tough; those whose brains adapt to a safe world are likely to be prepared to meet society's expectations in tranquil times.

Toxic stress can affect brain interaction with body systems and lead to disease, disability, and social/relational problems throughout the life course. *But childhood times are also windows of opportunity for building resilience – after all, the developing brain is sensitive to all kinds of experience.* ACEs are common across all socio-economic and culture/ethnicity lines. They are interrelated; accumulation of multiple ACE categories has a powerful impact on public health. ACEs are held in the body, leading to mental, physical, and behavioral health problems throughout the life course.



Examples of ACE-Attributable Problems

- | | |
|---|--|
| <ul style="list-style-type: none"> Alcoholism & Alcohol Abuse Chronic Obstructive Lung Disease Coronary Heart Disease Depression Drug Abuse and Illicit Drug Use Fetal Death Intimate Partner Violence | <ul style="list-style-type: none"> Liver Disease Mental Health Problems Obesity Smoking Sexual Behavior Problems Violence Work Place Problems Unintended Pregnancy |
|---|--|



PROTECTIVE SYSTEMS PROMOTE RESILIENCE

People most affected by ACEs are leading formation of *Self-Healing Communities* that have a rhythm of engagement that includes:

1. Safe and regularly scheduled ways of coming together for belonging and cooperative action,
2. Networked social and inter-organizational processes characterized by learning, reciprocity, social bridging, and efficacy,
3. Shared times and venues for critical reflection and decision making about hope-filled action,

Continuous expansion of opportunities for informal and formal leadership.

Building Self-Healing Communities is about investing in the people who have the most at stake—especially people affected by ACEs-- so they can be expert leaders of their own community's change. We live at a time of great hope and promise – the greatest public health discovery of our time is about us. The ACE Study provides a discovery – a common framework and language – that we can use to profoundly improve the health and well-being of our society now and for future generations to come.

WHAT IS TRAUMA?

An event is traumatic when a person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the integrity of self or others. One may respond with intense fear, helplessness, or horror. Children may express disorganized or agitated behavior.

Trauma may have many sources, including neglect, physical abuse, psychological abuse, sexual abuse, witnessing of domestic abuse, community violence, school violence, traumatic loss, medical trauma, natural disasters, war, terrorism, refugee trauma, and others. Trauma may be tied to two specific trauma-related diagnoses, Acute Stress Disorder (ASD) and Posttraumatic Stress Disorder (PTSD), but the definition of trauma is also free standing.

Both ASD and PTSD share specific symptoms involving exposure to a traumatic event which may cause significant distress or impairment in social, occupational, or other areas of functioning. ASD occurs within weeks of the traumatic event and lasts no longer than 4 weeks. PTSD has lasting duration. Onset may be immediate or delayed for 6 months or more after the traumatic event.

TRAUMA-INFORMED CARE

The following information is adapted from “Responding to Childhood Trauma: The Promise and Practice of Trauma Informed Care” by Gordon R. Hodas, MD, Statewide Child Psychiatric Consultant, Pennsylvania Office of Mental Health and Substance Abuse Services, February 2006.

At the basic level, trauma informed care involves the provision of services and interventions that do no harm – e.g., that do not inflict further trauma on the individual or reactivate past traumatic experiences. Beyond this, trauma informed care helps the individual to heal. The concept is not limited to mental health, and, in fact, applies to multiple systems and settings. Thus, for children, trauma informed care applies to a range of settings, whether psychiatric inpatient or residential treatment, secure detention, shelter or group homes or residentially based schools. Trauma informed care is relevant to ambulatory care and community programs. Since children with serious emotional disturbance and significant trauma histories typically are involved in multiple systems, trauma informed care also entails cross-system coordination that incorporates consideration of trauma into comprehensive service planning.

CHILD DEVELOPMENT AND RESPONSES TO TRAUMA

[Taken from National Institute of Mental Health
Fact Sheet (2001,2005)]

Children experience rapid changes in development, making childhood a time of both great opportunity and extreme vulnerability. Multiple factors influence the short- and long-term impact of trauma on a child. Given the complexity of interacting factors and the uniqueness of every child, it is not possible to precisely delineate the relative contributions of each factor or to predict the eventual outcomes for a child with certainty. Nevertheless, it is important to understand some of the variables that influence the child’s response to traumatic exposure.

Three sets of factors are considered:

- 1) Characteristics related to the individual child,
- 2) Characteristics related to the trauma exposure, and
- 3) Post-trauma factors.

Characteristics of the Individual Child:

The age of the child is an important variable. It is now recognized that early trauma has the greatest potential impact, by altering fundamental neurochemical processes, which in turn can affect the growth, structure, and functioning of a child's brain.

Trauma during adulthood tends to be more circumscribed (although still significant) and is activated by exposure to cues associated with the traumatic event; early childhood trauma tends to have more global and pervasive consequences for the child, affecting the basic template for development.

Children ages 5 years and younger tend to show the greatest reactivity, in general, to the impact of the traumatic event on the mother or another primary caregiver, rather than to the trauma per se. In the aftermath of a traumatic event, children in this youngest age group show combinations of the following responses to trauma, which combine both internalizing symptoms and externalizing behaviors:

- Fear of being separated from the mother or primary caretaker, and excessive clinging.
- Crying, whimpering, screaming, trembling and frightened facial expressions.
- Immobility or aimless motion.
- Regressive behaviors, such as thumb sucking, bedwetting, and fear of darkness.

Children ages 6 to 11 years may show combinations of responses:

- *Internalizing symptoms*: Extreme withdrawal; emotional numbing or "flatness"; irrational fears; somatic complaints; depression; anxiety; guilt; inability to pay attention; other regressive behaviors, including sleep problems and nightmares.
- *Externalizing behaviors*: Irritability; outbursts of anger and fighting; school refusal.

Adolescents ages 12-17 years, in general, may exhibit responses similar to those of adults, which include:

- *Internalizing symptoms*: Emotional numbing; avoidance of stimuli; flashbacks and nightmares; confusion; depression; withdrawal and isolation; somatic complaints; sleep disturbances, academic or vocational decline; suicidal thoughts; guilt; revenge fantasies.
- *Externalizing behaviors*: Interpersonal conflicts; aggressive responses; school refusal or avoidance; substance abuse; antisocial behavior.

Characteristics of the Trauma Exposure

- Proximity to the Trauma
- Specific Type of Trauma
- Gender
- Relationship to the Perpetrator
- Severity, Duration, and Frequency of Trauma
- Chronicity of Trauma

Post-Trauma Factors

- Early Intervention
- Social Support and Social Responses
- Response to Interventions and Degree of Symptom Resolution

Protective factors that protect against child maltreatment

- A supportive family environment;
- Nurturing caregiver skills;
- Stable family relationships;
- Consistent household rules and monitoring of the child;
- Adequate housing;
- Parental employment;
- Access to healthcare and social services;
- Caring adults outside the family who serve as role models or mentors;
- Communities that support caregivers and help prevent abuse.

CHILDREN WHO ARE BEING ABUSED

If you are a child who is being abused, whether it is by a parent, stepparent, brother or sister, or any other adult, you should **TELL SOMEONE**. Try talking to your parents, a school counselor, teacher or principal, someone at your church or a friend's parent. You could also call the **Department of Public Health and Human Services - – Division of Child and Family Services**. The department has caseworkers that can help you and your parents. You can call day or night anytime by calling toll-free (866) 820-5437.

Just because you are a child does not mean that you cannot be abused. Don't be afraid to tell or to ask for help - that may be the only way that the abuse will stop, and the abuser will get the help that they need.

CHILD ABUSE

According to data compiled by the Center for Children and Families of Billings, in the US, reports received of child maltreatment involving 3.7 million children resulted in approximately 702,000 individual cases of child abuse or neglect being confirmed; boys and girls were abused on an almost equal basis. Roughly 80% of all child abuse is perpetrated by parents. 1,770 children were killed by their abusers. More than 79% of the children killed were under age 4. In Montana, the child welfare system encounters approximately 1,753 documented victims of abuse and neglect annually. The average annual cost per foster care case is over \$10,000.

Montana has specific laws for addressing abuse or neglect of children. Criminal penalties for cases involving child victims are much harsher than for adult victims. For example, sexual assault committed on an adult is a misdemeanor; sexual assault on a child is a felony.

If you suspect child abuse or neglect, you may always report your suspicions to the police or sheriff's office or Centralized Intake of Child and Family Services Division of DPHHS. The Child Abuse Hotline is toll-free 1-866-820-5437 or for hearing impaired/TTY 1-866-341-8811.

You do not need to be certain that abuse is happening; a reasonable suspicion should cause you to call and report. Once the Department of Public Health and Human Services (DPHHS) or law enforcement receives a credible report, an investigation will be conducted. DPHHS will investigate either informally or formally, and may remove the child or children from the setting in which the abuse or neglect is alleged to have occurred.

KEEPING KIDS SAFE FROM ABUSE

Set and respect boundaries. Allow children to say no to tickling or other physical contact (even hugs and kisses from grandma). Children should have privacy in the bathroom while changing, or other personal activities.

Avoid one-adult/one-child situations. Child abuse is less likely to occur in group settings. Child abusers work to gain a family's trust to be alone with a child and are often someone the family knows.

Monitor Internet and technology use. Child abusers may use the Internet or other technology to gain a child's trust and then to lure them to meet in person.

Use the proper names of body parts. Children are able to better understand their bodies when they know the proper names for their genitals. It sends a message to children that parents are willing to talk about sex or other subjects they may hesitate to bring up.

MANDATORY REPORTERS OF CHILD ABUSE

The following MUST report suspicions of child abuse:

- A physician, resident, intern, or member of hospital staff
- A nurse, osteopath, chiropractor, podiatrist, medical examiner, coroner, dentist, optometrist, or any other health or mental health professional
- A Christian Science Practitioner or religious healer
- School teacher, school official, or employee who works during regular school hours
- A social worker, operator or employees of a registered/licensed daycare or substitute care center, staff of a resource and referral grant program, child and adult food care program or operator or employee of a child care facility
- A foster care, residential or institutional worker
- A peace officer or other law enforcement official
- A Clergy
- A Guardian ad Litem or court appointed special advocate

COURT APPOINTED SPECIAL ADVOCATES

CASA (Court Appointed Special Advocates) of Yellowstone County works with abused and neglected children who are under the care and supervision of DPHHS Child and Family Services Division. Trained CASA volunteers serve as the child's advocate and voice to the court as the child's case moves through the courts and child protection system.

CASA Advocates serve as the "eyes and ears" of the court. They meet the child and interview foster parents, teachers, counselors, doctors, and anyone else that has been involved in the child's life. The CASA Advocate provides a report and recommendation directly to the District Court Judge presiding over the case. CASA Advocates are appointed to 1-2 cases at a time dedicating 5-15 hours per case every month. The CASA Advocate may be the one constant in a child's life through their journey in the child welfare system, and as such volunteers are asked to commit to a case through its entirety which can last up to 2 years.

To become a CASA Advocate, CASA of Yellowstone County begins with the application process, which includes an orientation session, a written application, interviews, 30 hours of training and state and national background checks. Once these requirements are completed, the volunteer will be sworn in by a District Court Judge at which time the CASA Advocate becomes eligible for appointment to a case.

To learn more about the program, orientation sessions are held twice per month or stop by the CASA office and learn more about the role of an Advocate. The schedule of orientation sessions can be found on the website www.yellowstonecasa.org, please RSVP to Maggie or call for more information at 406-259-1233. Like CASA on Facebook to learn about upcoming CASA events and trainings.

CHILDREN OF INCARCERATED PARENTS

The information contained in this section was taken from research from several sources including the Child Welfare League of America, California Research Bureau of the California State Library, American Bar Association, The Women's Prison and Home Association, Inc., Center for Children of Incarcerated Parents, Family & Corrections Network, and the Columbia University School of Social Work. Because the research reflects findings across studies and because of space limitations in this handbook, specific items are not attributed to any specific source.

Children of incarcerated parents are the unidentified victims of their parent's actions. Children experience emotional turmoil as a result of the often-permanent loss of their parent. Children may feel fear, anxiety, sadness, depression, loneliness, guilt, anger, or other emotions. They may also experience enduring traumatic stress which puts them at increased risk for academic failure, truancy, dropping out of school, gang involvement, early pregnancy, drug abuse, and delinquency. These problems are often compounded by problems of poverty, violence, parental substance abuse, abuse and neglect, and multiple caregivers. The impact of parental incarceration on a child's development, from infancy on, is reflected in impaired parent-child bonding, developmental regression, acute traumatic stress, survivor's guilt, reactive behaviors, and rejection of limits on behavior. The accumulation of risk factors can be devastating. Children of offenders are 5 times more likely than their peers to end up in prison, often before adulthood.

Ten million children in the U.S. have experienced parental incarceration. Approximately 75% of female prisoners and 67% percent of male prisoners are parents. Recent numbers from the Montana Department of Corrections reflect that over 2,000 men from Yellowstone County are in prison, many of them fathers of children who live in Yellowstone County. The women's prison, located in Billings, houses over 250 women inmates who have an estimated 400 children. One in five children are less than 5 years old when their parent goes to prison.

The most devastating aspect of parental incarceration is the lack of contact children have with their parents. Many never visit their parent in prison. Children need consistent caring adults who understand that children love their parents even when they have committed a crime; people who do not condemn the parent; people who understand the emotions felt by children; a chance to express feelings and learn to cope; a community that provides meaning for the child beyond their own crisis; people who can help them maintain contact with the parent or explain why not.

When fathers go to prison, the majority of children remain with their mothers. When mothers go to prison, 60% of the children live with a grandparent. The caregiver of the children often needs assistance, including support and understanding from family, friends, and the community; information about children of incarcerated parents and services available; guidance on what is best for the children and how to answer their questions; respite care; and finances. About 20% of the children entering the child welfare system and many remaining in foster care long-term have incarcerated parents. About 25% of children outside of the system live with non-relatives, often under questionable circumstances as questions are seldom asked of prisoners about children and their needs. Mothers often lie about their children to avoid agency involvement. These children often come to the attention of authorities when they enter school under the informal care of friends or relatives who lack legal authority. While children of incarcerated parents are at risk for negative behaviors, their lack of visibility to Juvenile Justice and Child Welfare agencies prevents positive interventions, leading to neglect of their needs. The interconnecting patterns of childhood trauma, emotional response, reactive behavior, and potential criminal activity can lead to intergenerational incarceration absent positive intervention.

BULLYING

Information in this section was excerpted from the website: www.nobullying.com. Additional info. www.stopbullying.gov.

By definition, bullying is continued aggressive behavior by one or more individuals that make others feel uncomfortable or threatened. Those targeted often have a difficult time getting the behavior to stop, even when they seek assistance. 77% of kids have been the victims of school bullying. This includes physical, mental and verbal abuse. 85% of kids have been cyber-bullied. 1 in 4 kids is bullied in some way every day with 160,000 missing school every day. Risk factors include being different from their peers, appearing weak or defenseless, suffering from depression, anxiety or low self-esteem, and not getting along well with others.

Bullying takes many forms:

- **Cyber-Bullying** is defined as negative behavior online that targets individuals as a method of harassment. It can take place on any website where individuals interact with each other, such as gaming sites, social media and chat rooms. It can be posting mean words, embarrassing pictures, fake pictures or harmful videos. Once it is online, it can quickly be everywhere and very difficult to remove.
- **Physical Bullying** is causing bodily harm to someone. It includes hitting, tripping, throwing objects, pushing, and spitting, causing actual harm to the victim or being physically intimidating. They may cause physical damage or exert power or threaten violence.
- **Mental, Emotional, or Verbal Bullying** is when others repeatedly torment someone. This includes telling lies about another person, name-calling, teasing, and insulting the person who is being bullied or the victim's loved ones, telling a person that they are worthless or stupid, threatening to harm, or making fun of someone. Verbal or emotional bullying can carry long-term effects.
- **Relationship Bullying** is when someone wants to control friendships, family, or romantic relationships. Bullies may use the silent treatment as a way to get what they want, refusing to talk to the other person until they comply. The bully is looking to damage the reputation of someone else, often, because of something minor.
- **Workplace Bullying** may involve a boss keeping an employee from advancing in a career or giving an employee unpleasant work. Bullies may be a group of employees trying to damage a supervisor. Bullying may involve retaliation if an employee reports inappropriate

behavior by another. Some employers use bullying tactics to cause someone to quit rather than firing them. This behavior should be reported to human resources or the owner of the company.

- **Financial Bullying** usually occurs in long-term romantic relationships or in families where one individual gains control over the money and then dictates what the other person can spend or uses access to money to make the other party “behave.” These situations may be difficult in that some people are poor money managers and may need someone else to manage things.

HOW TO HANDLE A BULLY

Some of the best ways for children to handle a bully is to ignore the behavior and not let the bully’s words affect you. Don’t cry or become visibly upset as the bully’s goal is often to get a reaction. Respond calmly and firmly or turn it into a joke. Then, remove yourself from the situation. When an adult is bullied, they should reach out to a boss, partner or trusted friend. Always report bullying to the proper authorities. A witness should approach the victim and help them leave the situation and encourage them to get help.

SCHOOL PREVENTION

Many schools are creating prevention plans and strategies to handle bullying. Parents should understand school policy and the steps to reporting problem behavior. The key to stopping bullying is to educate students and teach them how to avoid bullying behavior. School assemblies and classes are used to teach students how to identify bullying, its consequences and what to do if they witness it.

Signs of a bully include

- Frequent fights, physical or verbal.
- Unexplained money or belongings.
- No sense of responsibility for actions.
- Hanging out with other known bullies.
- Aggressive behavior.
- Blaming others for problems.
- Frequent visits to the principal’s office or being sent home.

Common triggers of bullying include:

- Feeling as if the victim deserves the treatment.
- The popularity of the victim and the bully.
- Cultural differences.
- Social issues, like poverty, jealousy or lack of social skills.
- Family issues, cold home environment, low parent involvement.

- A desire for power.
- A personal history of being bullied. It is what they have learned.

Misconceptions of Bullying

- A normal rite of passage for children. Everyone goes through it.
- It's just a part of growing up.
- Parents would know if their child was a bully.
- Bullies aren't popular and are looking for ways to fit in.

BULLIES NEED HELP TOO

Many bullies suffer with emotional difficulties or school. Some seek attention from adults. Witnesses who reach out can get a bully help through counseling, tutoring, or other services. Bullying may have a negative impact on school attendance and performance, a child's sleep and health, and cause victims to act out, retaliate, isolate, harm themselves or think of suicide. Doing nothing is not an option.

WHAT CAN PARENTS DO?

The best thing is to pay attention. Parents know when something is off with their child. Ask them how their day was and if everything is okay. When kids know their parents are interested in them, they are more likely to tell someone if something is wrong. If your child comes to you and tells you that they are being bullied or that someone said something abusive, provide a written complaint to school administration or the school board if necessary. Parents should also make sure not to create a bully. Do not compare your children with others. Do not badger them about things. Never tell them they are worthless. If correction is needed, use constructive criticism and do it with a calm, caring voice. What a child sees and hears at home is what they do. Be that positive example.

CHILDREN ABUSIVE TO PARENTS

Excerpted from *Could My Child Be Abusive?*

www.Domesticshelters.org

It can be hard to acknowledge that a sweet child can become verbally, emotionally, or even physically abusive, or aggressive adolescent, making a parent tearful. This is not a normal part of adolescence. Why is your child acting that way? In some cases, this can be learned behavior from growing up with childhood domestic violence, lack of boundaries, poor coping skills, substance abuse by a parent or child, or an underlying psychological condition such as ADHS, Oppositional Defiant Disorder, or Conduct Disorder.

Parents, you can take steps to banish bullying from your home.

- **Common triggers of bullying include:** low self-esteem and not getting along well with others.
- **Watch for early signs.** Some experts point to temper tantrums, threats and manipulations as tactics that children use to bully their parents. The more they gain ground with these tactics, the harder it can be for the parent to take back control.
- **Be mindful of mimicking.** Children are easily influenced by what they see. Do they see abuse at home, or a friend's house? Are they being bullied at school and bringing those behaviors home? If a parent is not aware of abusive behavior the child could be modeling, probing questions should be asked.
- **Stay calm and in control.** It can be challenging, but when a child is observed to be getting increasingly upset, the adult should take a deep breath and maintain their composure and tone as relaxed as possible to ensure the situation does not escalate. If the parent is losing control, they should call a time-out to give themselves and the child time to calm down and then return for a rational conversation. This also helps set a good example for positive interactions and productive conversation.
- **Recognize solitary outbursts vs patterns.** A teen who doesn't get his or her own way might scream and yell that they hate you. They might call you names or get in your face. Teens are notorious for arguing with parents. It is a natural part of human development that youth face off against parents and challenge authority. But a pattern of bullying or physical assaults must be acknowledged and dealt with. Individual or family counseling may help.
- **Seek out resources.** For a child who is bullying or abusive, therapy can be a good start. Adults may also find some benefits in classes or parenting books to learn positive ways to communicate.

EARLY CHILDHOOD INTERVENTION

The first three years are critical for you and your child's development. Medical and educational studies have shown a family-centered program can make a huge difference in children who have developmental delays. This process is known as early intervention. Early intervention builds upon and provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.

Developmental screening is one step in determining if your child and family might benefit from early intervention supports and services. Screening determines whether an infant or toddler is suspected of having a disability. Early intervention services and supports are provided under public supervision and in your family's most natural environment to help you and your family support and promote your child's development within your family activities and community life. Families with children who meet the eligibility criteria established by Montana are entitled to a range of services defined under federal law.

The Montana Milestones Part C Early Intervention Program provides identified services and supports at no charge to families. This program is mandated by Federal and State law and is funded through state and federal sources. An evaluation is conducted if evidence of a disability is noted to determine if your child is eligible for supports and services available through this program.

Assessments are performed following eligibility to identify your child's unique strengths and needs along with the services appropriate to meet those needs. A family-directed assessment is conducted to identify the resources, priorities, concerns plus the supports necessary to enhance your family's capacity to meet and enhance the developmental needs of your child. Screening, evaluation, and assessments require parental notice and consent.

Consistent with Federal regulations for Part C, §303.26, and §303.126, early intervention services must be provided in settings that are natural or typical for same-aged infant or toddler without a disability to the maximum extent appropriate; and may be provided in other settings only when the services cannot be achieved satisfactorily in a natural environment. The IFSP team decides where each early intervention service will be provided *based on the measurable results or measurable outcomes* expected to be achieved by the child [§303.344(d)(1)(ii)(B)].

Screenings, evaluations, and assessments are provided free of charge. For a referral, please talk to your physician. As a parent of a child with a disability, know that you have certain rights which are guaranteed.

BEST BEGINNINGS CHILD CARE SCHOLARSHIP PROGRAM

The Early Childhood Services Bureau (Montana DPHHS) offers Best Beginnings child care scholarships to qualified low-income families whose child receives care from a licensed child care center, registered group or family child care home or legally certified child care provider. Each family participates in the cost of that care by making a copayment based on a sliding fee scale. Scholarships are available to working families whose income is at or below 150% of the Federal Poverty Guidelines and families who get cash assistance through the Temporary Assistance for Needy Families (TANF) program. Child care scholarships are available for working caretaker relative with children receiving TANF child-only grants. The program helps to pay for care when parents are not available to care for their children:

- during working hours;
- during school or training hours, if meeting work requirements,
- if they are a teen parent attending high school; or
- if they are a parent receiving TANF who is participating in family investment agreement activities.

To apply, go to:

<http://dphhs.mt.gov/hcsd/ChildCare/BestBeginningsScholarships.aspx>

Eligibility Criteria:

Families who are working and earning less than 150% of the Federal Poverty Level are eligible. Family income is evaluated for eligibility, and a co-payment is determined based on the Child Care Sliding Fee Scale. Co-payments begin at ten dollars (\$10) and increase depending on family size and income. Child care assistance is authorized for the parent(s) to attend work/school/training. Income eligibility is determined by adding all income sources together.

Parents must be participating in eligible activities:

- Two-parent families shall work at least 120 hours per month.
- Single-parent families shall work at least 60 hours per month.
- Single parent or two-parent families in which all of the parents attend school/training full time, have no work requirement.

- Single parent or two-parent families in which one or more of the parents attend school/training part time shall meet a work requirement that takes into account the education/training.
- Teen parents must be attending high school or a high school equivalency program.

Tribal Families are dually eligible for child care assistance under the Tribal CCDF Block Grant and Montana Child Care Scholarship programs. Families, who are not eligible for Tribal Block Grant Child Care, or if their Tribal Block Grant Child Care funding has been used, must demonstrate their Tribal Block Grant will not serve them before a Best Beginnings Child Care Scholarship will be approved.

TEEN DATING VIOLENCE

Teen dating violence is defined as a cycle of power and control in a dating relationship. One partner abuses power in the relationship to control the other's actions, who they hang out with, what they wear, who they text or call, who they are friends with on social media, etc. Teens in Montana report being hit or slapped by a dating partner and being forced to perform sexual acts. In addition to health and safety consequences, violence makes it harder for teens to learn and engage in social activities. Students as young as 7th grade report having experienced psychological and physical dating violence.

Warning Signs of Teen Dating Violence Include:

- Intense jealousy or possessiveness
- Constant calling or texting
- Threats or putdowns
- Theft or harm of pets or property
- Pressure to engage in any activity
- Physical violence
- Attempts to isolate the other partner from friends and family

Open up a dialogue by asking the following questions:

- Do you feel like you get to be yourself in your relationships?
- Do you treat others well and that you are treated well?
- Do you feel like you can say no to any kind of activity without pressure? (*Do you feel it is okay to say no to going to the movies? to having sex?*)
- Are you having fun? (*Relationships should be more fun than drama. Look for similar qualities in dating partners as friends.*)

To Learn More Please Visit:

- www.powerupspeakout.org (Montana-based violence prevention education program)
- www.mcadsv.com (Montana Coalition Against Domestic and Sexual Violence)
- www.loveisrespect.org (National Teen Dating Violence Resource)
- www.that'snotcool.com (National Teen Dating Violence Resource)

MENTAL HEALTH CONDITIONS

(Adapted from the National Alliance on Mental Illness)

A mental illness is a condition that impacts a person's thinking, feeling or mood, and may affect and their ability to relate to others and function on a daily basis. Each person will have different experiences, even people with the same diagnosis. Recovery, including meaningful roles in social life, school, and work, is possible, especially when treatment starts early and the individual plays a strong role in their recovery process. Research suggests multiple, interlinking causes. Genetics, environment and lifestyle combine to influence whether someone develops a mental health condition. A stressful job or home life makes some people more susceptible, as do traumatic life events like being the victim of a crime. Biochemical processes and circuits, as well as basic brain structure, may play a role. Mental health disorders include ADHD, Anxiety Disorders, Autism, Bipolar Disorder, Borderline Personality Disorder, Depression, Dissociative Disorders, Eating Disorders, Obsessive-Compulsive Disorder, Posttraumatic Stress Disorder, Schizoaffective Disorder, and Schizophrenia. Each disorder type has its own treatment options.

20% of youth ages 13-18 live with a mental health condition. The most common are mood disorders, behavior or conduct disorders, and anxiety disorders. 50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24. Approximately 50% of students age 14 and older with a mental illness drop out of high school. 75% of youth in the juvenile justice system have a mental illness. Normal personality and behavior changes of adolescence may mimic or mask symptoms of a mental health condition.

Early engagement and support are crucial to improving outcomes and increasing the promise of recovery. 1 in 5 adults experiences a mental health condition every year. 1 in 20 lives with a serious mental illness. In addition to the person directly experiencing a mental illness, family, friends and communities are also affected.

Where To Get Help

- Reach out for help to learn about mental health.
- Reach out to health insurance, primary care doctor or state/country mental health authority for more resources.
- Contact the NAMI HelpLine or another crisis line to find services.
- If you or someone you know needs help now, call the National Suicide Prevention Lifeline at 1-800-273-8255 or call 911.

KNOW THE WARNING SIGNS

Each illness has its set of symptoms. Common signs of mental illness in adults and adolescents can include the following:

- Difficulty perceiving reality (delusions or hallucinations)
- Multiple physical ailments without obvious causes
- Inability to perceive changes in one's own feelings, behavior, personality
- Avoiding friends and social activities
- Excessive worrying or fear
- Feeling excessively sad or low
- Problems concentrating and learning
- Difficulties relating to other people
- Abuse of substances like alcohol/drugs
- Prolonged or strong feelings of anger
- Inability to carry out daily activities
- Inability to handle problems and stress
- Intense concern with appearance
- Changes in sex drive
- Confused thinking
- Thinking about suicide
- Extreme mood changes
- Changes in eating habits
- Changes in sleep habits
- Feeling tired, low energy
- Intense fear of weight gain

Mental health conditions can also begin to develop in young children. Their most obvious symptoms are behavioral. Symptoms may include:

- Changes in school performance
- Frequent disobedience or aggression
- Excessive worry or anxiety
- Hyperactive behavior
- Frequent nightmares
- Frequent temper tantrums

RECEIVING TREATMENT

After getting an accurate diagnosis, a health care provider can develop a treatment plan. Treatments vary by diagnosis and by a person. Treatment options can include medication, counseling (therapy), lifestyle changes, social support, and education.

WHAT TO DO IN AN EMERGENCY

In the case of immediate danger, call 911. Notify the operator that it is a psychiatric emergency and ask for an officer trained to help people with a mental health condition.

If you are in crisis or just need to talk about suicidal thoughts, call 1-800-273-TALK (8255), the National Suicide Prevention Lifeline. It is a 24-hour, toll-free, confidential suicide prevention hotline.

NAMI HELPLINE 1-800-950-NAMI (6264) or info@nami.org M-F, 8 am–4 pm. For more information: www.nami.org

SUICIDE AND SUICIDE PREVENTION

See Pages 55-57 for 24-hour Crisis and Support Lines

Suicide is the second leading cause of death in youth ages 10-24. 90% of those who died by suicide had a mental illness. The National Strategy for Suicide Prevention (NSSP) recommends the public health approach to preventing suicide where patterns of risk and behavior in groups of people rather than individuals are identified.

The public health approach to suicide prevention has 5 basic steps:

- Clearly define the problem by collecting data and information.
- Identify risk and protective factors. Risk factors are associated with (or lead to) suicides and suicide attempts. Protective factors reduce the likelihood of suicide.
- Develop and test interventions. Most interventions seek to reduce risk factors and/or enhance protective factors. Such preventive measures should be scientifically tested to determine their effectiveness before being disseminated and implemented.
- Implement interventions.
- Suicide prevention programs should always be evaluated to verify that they are working and to understand how to make them more effective in the particular situation in which they are being used. If interventions are having an effect, additional data collection will help determine the response to those interventions. It may be that an intervention successful at reducing suicide by one method is contributing to an increase in the number of suicides by another. A program can be re-defined to address the new situation.

RISK AND PROTECTIVE FACTORS FOR SUICIDE

Risk factors may be thought of as leading to or being associated with a greater potential for suicidal behavior. Protective factors reduce the likelihood of suicide. They enhance resilience and may serve to counterbalance risk factors. Risk and protective factors may be bio-psychosocial, environmental or socio-cultural in nature.

Understanding the interactive relationship between risk and protective factors in suicidal behavior and how this interaction can be modified are challenges to suicide prevention. Certain interventions can clearly reduce the impact of some risk factors. Risk factors that cannot be changed (such as a previous suicide attempt) can alert others to the heightened risk of suicide during periods of the recurrence of a mental or substance abuse disorder or follow a significant stressful life event. Protective factors include an individual's attitudinal and behavioral characteristics, as well as attributes of the environment and culture.

RISK FACTORS FOR SUICIDE

Bio-psychosocial Risk Factors

- Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders and certain personality disorders
- Alcohol and other substance use disorders
- Hopelessness
- Impulsive and/or aggressive tendencies
- History of trauma or abuse
- Some major physical illnesses
- Previous suicide attempt
- Family history of suicide

Environmental Risk Factors

- Job or financial loss
- Relational or social loss
- Easy access to lethal means
- Local clusters of suicide that have a contagious influence

Social-cultural Risk Factors

- Lack of social support and sense of isolation
- Stigma associated with help-seeking behavior
- Barriers to accessing health care, especially mental health and substance abuse treatment
- Certain cultural and religious beliefs (for instance, the belief that suicide is a noble resolution of a personal dilemma)
- Exposure to, including through the media, and influence of others who have died by suicide

PROTECTIVE FACTORS FOR SUICIDE

- Effective clinical care for mental, physical and substance use disorders
- Easy access to clinical interventions and support for help seeking
- Restricted access to highly lethal means of suicide

- Strong connections to family and community support
- Support through ongoing medical and mental health care relationships
- Skills in problem solving, and nonviolent conflict resolution
- Cultural and religious beliefs that support self-preservation

Positive resistance to suicide is not permanent, so programs that support and maintain protection against suicide should be ongoing. One problem in studying nonlethal suicidal behaviors is a lack of consensus about what constitutes suicidal behavior. It is not yet possible to say with certainty that risk and protective factors for suicide and non-lethal forms of self-injury are the same.

For more information on suicide, suicide prevention, or specifically the public health approach to suicide prevention, see the [Introduction to the National Strategy for Suicide Prevention](http://www.sprc.org/library/nssp.pdf) at www.sprc.org or contact them at www.sprc.org.

HELPFUL WAYS FOR SCHOOL PROFESSIONALS AND FAMILIES TO ADDRESS MENTAL HEALTH CONCERNS

(Excerpted from a paper prepared by mental health coalition partners including AACAP, ASCA, CABF, CHADD, FFCMH, MHA, and NAMI)

Teachers and school professionals are in a key position to notice learning, functioning and behavioral problems for children.

Information to communicate to parents:

- Observations about the student's academic and/or functional performance, or behavior in the classroom or school;
- Modifications to address academic or functional performance;
- Options for referring students for an educational and/or health care evaluation, according to school policy;
- If things do not improve, schools should follow local procedures to ensure that the student is provided with specialized educational services, consistent with section 504 of the rehabilitation act and the Individuals with Disabilities Education Act (IDEA); and
- Provide parents with resources to help them better understand IDEA and 504 accommodations.

Good communication between home and school can be the first defense in identifying when referrals, interventions, and/or services are warranted. Parents appreciate learning about concerns related to their child's behavior, significant developmental delays, and academic performance. When there are major concerns, parents also want to know how best to address these challenges - including

information about how to obtain a comprehensive health care evaluation and perhaps a mental health evaluation. Early identification of mental health concerns is essential to improving academic and functional performance, and in avoiding tragedies.

Though the following signs may be the result of another health condition or other life circumstances, they can assist parents in determining if their child may need further help from a mental health professional:

- Persistent sadness and/or irritability or somatic complaints
- Decline in school performance or poor grades despite strong efforts
- Repeated disrupted sleep patterns
- Inability to focus or concentrate
- Persistent and disruptive hyperactivity or difficulty with peers
- School refusal or loss of interest in usual activities
- Constant Continuous or frequent aggression, “acting out” or oppositional behavior

Children struggling with undiagnosed and untreated mental illnesses must be identified and provided with an evaluation and effective services. Effective collaboration between schools, the mental health treatment system, primary care, child welfare, and juvenile justice can improve the overall health and well-being of children. School professionals should communicate mental health concerns to parents, with empathy and compassion and assist in removing parental feelings of blame or guilt about a child’s mental health, recognizing the denial and anger and stigma associated with mental illness. School professionals should provide information and resources to parents, take a problem-solving approach, recognizing the value of parents and schools working together as a team.

SPECIAL EDUCATION

The Education for All Handicapped Children Act (EHA) was originally authorized in 1975 and guaranteed the right of ALL children to receive a “free appropriate public education” (FAPE). Every five years or so the federal government reauthorizes the law, making updates, revisions, and additions. In 2004, the reauthorized law was called the Individuals with Disabilities Education Improvement Act of 2004 (IDEIA 2004).

The law states that no matter how complex the disability may be, every child is entitled to an education at no cost to the family.

Children with disabilities also have the right to quality, individually designed, special education that will lead to appropriate outcomes for them (such as college, jobs, and community relationships) when they reach adulthood.

Special education services are available for preschool children beginning at age 3 through age 5 years and school children aged 5 through age 18 years. Services may be provided beyond age 18 up through age 21 in Montana. If a district serves nondisabled students between 18 and 21 years old, then the district must also consider the needs of disabled students in the same age group.

Children who qualify for special education and related services receive what they need to succeed in school. Each child has a program made just for him or her. Some children study academic subjects in special education. Other children learn skills like how to take care of themselves and live more independently. Still others may need technology or simple accommodations, like shortened assignments or oral testing.

The law says that school staff must include parents in every step of the special education process, including referral, assessment, program planning, placement, transition planning, and monitoring of the Individualized Education Program (IEP). As a parent, you have a responsibility to attend meetings, to take an active part in planning your child's program, and to participate in your child's education.

If you feel that your child or another student needs services, you should contact the school principal and share your concerns. The Billings School District Administration Department is at Lincoln Center, 415 N 30th St. Their phone number is (406) 281-5000

PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010 – OTHERWISE KNOWN AS OBAMACARE

As of 2014, Federal law requires everyone to purchase health insurance or pay a penalty fee. You can keep your existing insurance if it's an individual plan you bought yourself, an employer plan (including COBRA), a retiree plan, Medicare, Medicaid, CHIP, TRICARE and other veterans health care programs, and Peace Corps Volunteer plans. If you have any questions, ask your health coverage provider.

If your plan was in existence before March 23, 2010, it doesn't have to provide some of the benefits of newer policies. Many plans were cancelled by insurance companies if they did not comply with the

new standards. The new law improved benefits in many plans in the following ways:

Children can be on a parent's health insurance plan up to age 26. There is no co-pay for wellness or pregnancy exams. Insurance companies can no longer drop clients from their plan if they become sick.

There is no limit on coverage a client may receive over their lifetime. If a client changes insurance, they cannot be denied because of pre-existing conditions. Insurance companies must submit justification to the states for all rate increases. Clients may have received a rebate from their insurance company if the insurance company spends less than 80% of premium payments on medical services.

IF YOU DON'T HAVE HEALTH INSURANCE

You are required to have insurance for at least nine months out of every twelve. Without it, you'll pay as much as 1% of your income on your tax return. You may shop for the insurance that meets your needs on the health care exchanges from November 15 - February 15. Exchanges allow you to compare health plans before you buy one and help you find out if you qualify for subsidies or free healthcare through Medicaid.

IF YOU CANNOT AFFORD HEALTH INSURANCE

Those who do not qualify for Medicaid may be eligible for a subsidy if income is under 400% of the poverty level and based upon family size. Tax credits are available each month, instead of waiting for an annual tax rebate. Some also qualify for reduced copayments and deductibles or an exemption from the tax in hardship situations.

IF YOU ARE ON MEDICARE

See Medicare Preventive Services for a list of wellness and preventive care available to no cost to you. If you have Medicare Part D, help is available to pay for your prescription drugs if you fell into the "donut hole." By 2020, the donut hole will be eliminated.

IF YOU ARE A SMALL BUSINESS OWNER

Employers with 25 employees or less, employers can get a tax credit of 50% of costs of health insurance purchased on the SHOP marketplace. Non-profits receive a 35% credit. Employers with less than 50 employees do not have to pay a fine if workers get tax credits through an exchange. Those with 50 or more employees must provide health insurance or pay a tax of \$2,000 per employee

(for all but the first 30 employees). Those with less than 100 employees can shop the exchanges. Financial assistance may be available if health insurance is as a benefit to retirees ages 55-64.

Helpful links:

healthplansamerica.org/Obamacare

Find & Compare Healthcare. Get Covered in 3 Steps or Less
[Medicare Supplement Plans www.medicaresupplemental.com](http://www.medicaresupplemental.com)

Compare Multiple Top Medicare Plans 64.5 & Older - 2015 Policies.
[HIPAA Security Checklist](#)

Download Free HIPAA Security Guide 10-Point HIPAA Checklist By ESET®
eset.com/HIPAA-Security-Checklist

Medicare Plan F Options
[Medicare Supp Plan F www.medicaresolutions.com](http://www.medicaresolutions.com)
www.gohealthinsurance.com

Source: Healthcare.gov, [The Healthcare Law and You](#), Article updated January 19, 2015.

THE OFFENSE OF PARTNER OR FAMILY MEMBER ASSAULT

No one has the right to injure or threaten someone else. A specific Montana law states that it is illegal for a person to injure or threaten a spouse, intimate partner, parent, sibling, child, or other similar relationship, regardless of whether that relationship is current or in the past. This law is called Partner or Family Member Assault. It is often abbreviated to PFMA or referred to as family violence, domestic violence or domestic assault. The offense of PFMA is taken very seriously in Montana, and State outlines laws that Police officers, judges, and attorneys involved in PFMA cases are bound to follow. The Criminal Justice System in Montana continues to strive for better training so those involved in upholding the law follow nationally-accepted best practice standards, especially with regard to the treatment of victims. Victims should realize that family violence is against the law, and they have many options to seek help, whether they intend to end the abusive relationship or not. (Resources available in the community are listed in this guide beginning on page 93.) In addition to seeking community-based resources accessing the Criminal Justice System through the police and the courts, is one way to hold the abuser/offender accountable and potentially end the violence.

The statistics show that family violence crosses all social, economic, and racial levels; a woman in the United States is beaten every 15 seconds; is forcibly raped every 6 minutes; and is murdered by a husband, ex-husband, boyfriend, or ex-boyfriend every 8 hours. Family violence is a generation-to-generation problem. Children from violent homes are more likely to become perpetrators or victims of abuse as adults, and are at increased risk of things like substance abuse, depression, and other mental and physical health problems. **The time to stop the cycle is now.**

Montana law states that a person has committed the crime of Partner or Family Member Assault if they have purposely or knowingly caused bodily injury or a reasonable apprehension of bodily injury in a partner or family member or negligently caused bodily injury to a partner or family member with a weapon. A "family member" means fathers, mothers, children, brothers, sisters, and other past or present family members of a household including relationships created by adoption and remarriage, stepchildren, stepparents, in-laws, and adoptive children and parents, regardless of age and whether the parties reside in the same household. A "partner" includes spouses, former spouses, persons who have a child in common, and persons who have been or are currently in a dating or intimate relationship. The law applies to heterosexual and homosexual relationships, alike.

The first conviction under this law is punishable by a \$100 to \$1,000 fine and/or one day up to one year in the county jail. The second conviction is punishable by a \$300 to \$1,000 fine and/or three days up to one year in the county jail. A third conviction is a felony, punishable by \$500 up to \$50,000 fine and/or 30 days to five years in prison and requires a convicted person to complete and pay for an assessment focused on violence, controlling behavior, dangerousness, and chemical dependency and follow all recommendations made by the assessment. The convicted person must also pay for and participate in at least 40 hours of counseling. The offender may be ordered to pay restitution for medical expenses, wage loss, counseling, or property damage to the victim. (see Crime Victim Compensation pages 42-43)

A police officer may arrest an offender for PFMA any place, including the offender's home, at any time of the day or night. Arrest is the preferred law enforcement response in cases involving injury, use or threatened use of a weapon, violations of a protective order, or other imminent danger. If the investigating police officer

believes that the parties were involved in mutual aggression (meaning both equally responsible for initiating and continuing the fight), the officer must determine who the **predominant aggressor** is based on upon history of violence, relative severity of injuries, actions taken in self-defense, relative sizes/strengths of the parties, fear or lack of fear, and witness statements. The predominant aggressor is not necessarily the primary, or first, aggressor. Though arrest is the preferred response, an arrest may not immediately occur for a variety of reasons. Whenever a police officer makes an arrest, the officer must tell the victim about options for safe shelter and other services available in the community.

ORDER OF PROTECTION FOR VICTIMS

The purpose of an Order of Protection is to promote the safety and protection of all victims of partner and family member assault, victims of sexual assault, and victims of stalking. The victim must petition the courts for a temporary order of protection, which is available through City/Municipal, Justice, and District Courts.

An Order of Protection:

prohibits the offender from threatening to hurt an adult victim or children

- directs the offender to leave the home and prohibits the offender from contacting the victim directly or indirectly (through a 3rd party) by any means
- prevents the offender from transferring any property except in the usual course of business
- prohibits the offender from being within 1500 feet or other appropriate distance from a victim, any named family member, and workplace or other specified sites
- gives victims possession of necessary personal property
- prohibits the offender from possessing or using the firearm if one was used in the assault.

A court may issue a standing No Contact Order and direct law enforcement to serve the order on any offender arrested for or convicted of a Partner or Family Member Assault, Strangulation of a Partner or Family Member, or Aggravated Assault and Assault with a Weapon if those crimes were committed against a partner or family member. The No Contact Order is different and separate from any order of protection, and both orders may exist at the same time. While a victim/petitioner can ask for an order of protection to be dismissed, only a judge can dismiss or amend a No Contact Order. No Contact Orders are otherwise similar to Orders of

Protection, in that the court can order specific provisions deemed necessary to enhance the safety of any protected person. The No Contact Order can prohibit the offender from contacting the protected person directly or indirectly, by any means. The court may also impose a 1,500-foot restriction on the offender to stay away from the protected person.

The notice of no contact order must be given orally and in writing by a peace officer at the time the offender is charged with the assault and is effective for 72 hours or until modified by the court. The Court may amend the order during the offender's first appearance and order its continuance. If a person violates the order, a fine of up to \$500 and/or imprisonment for a term up to 6 months may be imposed. Each contact or attempted contact is a separate offense, and consent of the protected person is not a defense.

HOW TO GET AN ORDER OF PROTECTION

You may apply for a Temporary Order of Protection if: you are in reasonable apprehension of bodily injury by your partner or family member and/or you are the victim of assault, intimidation, criminal or negligent endangerment, unlawful restraint, kidnapping, or arson committed by your partner or a family member. A "family member" means: fathers, mothers, children, brothers, sisters, and other past or present family members of a household. This includes relationships created by adoption and remarriage, stepchildren, stepparents, in-laws, and adoptive children and parents. These relationships continue regardless of the ages of the parties and whether the parties reside in the same household.

The Temporary Order of Protection will be issued for up to 20 days; after that time, a hearing will be held to determine whether the Order should be kept in effect. The abuser will get notice of the hearing, and the victim must appear at the hearing to request an extension or the Order will be discontinued. The offender has the option to appear and contest the Order, but he or she is not required to attend. If the offender had notice of the hearing date and chose not to attend, the court will rule on the extension of the Order without the offender present. The Order is then referred to as a Permanent Order of Protection, regardless of the actual length of the extension. No Contact Orders as well as Temporary and Permanent Orders of Protection in Montana are not reciprocal, meaning they only go one-way. The victim/petitioner **cannot** be charged with a criminal offense for having contact with the offender/respondent. And a respondent can be arrested and charged with a violation of an

Order, even if the petitioner initiated or agreed to contact with the respondent.

Violation of an Order of Protection is a criminal offense. Call the police or sheriff at 9-1-1- to enforce the Order.

Victims may go to District, Justice, Municipal or City court to obtain a Temporary Order of Protection against a family or household member. All courts will have the necessary forms to fill out. Any victim service provider or the self-help law center can help victims fill the forms out correctly.

TYPES OF FAMILY VIOLENCE OR DOMESTIC ABUSE

If someone is experiencing any one or a combination of the following types of abuse, they are a victim of family violence. A common misconception among victims is that unless they are hit, they are not being abused. **This is not the case.** Abuse and family violence can take many subtle forms that damage as severely as the physical violence aspect of abuse. Several classic types of violence or abuse often occur in families:

1. **Physical:** Aggressive behavior done to the body. This includes pinching, pushing, spitting, shoving, hair pulling, strangulation, and can range from beating with fists or open hand to shooting or stabbing.
2. **Sexual:** Physical attacks on sexual organs, forced or coerced sexual activity often accompanied by violence or the threat of violence; includes criticizing sexual performance, labeling or name calling related to sexual activity.
3. **Psychological:** Coercion and dominance through threats of violence, suicide, or break-up; includes violation of Temporary Order of Protection activities, social relationships, money, and expressions of feelings; includes attacks on physical appearance, attitudes, self-esteem, and also frightening behavior.
4. **Destruction of Property or Pets:** Dominance through the destruction of household or cherished possessions or even pets used to hurt or scare the victim.

DOMESTIC ABUSE OF MEN

Men are also victims of domestic abuse. Breaking the silence or disclosing the abuse can be particularly difficult. Overcoming the shame and guilt that result from being abused is also difficult. As a victim of domestic abuse, a man faces societal pressures and views that a female victim is not likely to encounter. Men are usually seen

as being tough, in charge, the breadwinner. The traditional male role discourages you from taking adequate steps to help the injury of your mental and physical health from domestic abuse. As a victim of domestic abuse, a man is entitled to the same protection by law enforcement and are entitled to the same services offered by the community as are female domestic abuse victims.

CHARACTERISTICS OF DOMESTIC ABUSERS

Not every home, marriage, or relationship includes abuse or battering. Most do not. Most men remain nonviolent toward their intimate female partners over the course of their lifetime. In the small percentage of people who batter, men are most often the wrongdoers in domestic abuse. However, women tend to be the abuser in about 10% of domestic abuse situations. Relative size and strength between the two people involved are a relevant factor. Battering is no longer culturally accepted in our country. Battering, even the threat of abuse, is against the law. An offender can be arrested and placed in jail. **Domestic abuse is a crime!**

Men who abuse their partners do so as a learned behavior that develops from childhood. Not all batterers are alike. Habitual batterers may verbally abuse their spouses, humiliating, shaming, and cursing them. Emotional and physical abuse are significantly related to one another. Often, an abusive male feels powerful and whole only when he is engaged in violence. Men may assault their partners emotionally by dominating or isolating them, controlling their use of time and space, and monitoring their expenditures.

An abusive man may seem to "have it all together" on the outside and not appear to be a person who would abuse a spouse. Abusive men often abuse women they say they love. They often fear abandonment and this imagined abandonment may trigger abuse.

There are ways for most batterers to change and cease their violence. If you think you may be a batterer, you can get help. You can learn to understand the origin of abuse and learn not to abuse.

If you are a victim of family violence, some options for help include:

1. Go to the Gateway House Shelter. Gateway is open to women and their children who have been physically, sexually, and/or psychologically abused and is available 24 hours a day. You may stay up to 12 weeks. Call 245-4472, Text Line: 406-702-0229.

2. Go to a friend or relative's house. Do whatever you can to put distance between yourself and your abuser.
3. Get a Temporary Order of Protection. You can obtain a Temporary Order of Protection that commands the abuser to stay away from you, but you must be willing to enforce it by calling the police if something happens. See page 28-30 for more information.

Call the Police

1. Call your local Police or Sheriff * Dial 9-1-1. Whether you want help in leaving the relationship or not, you may call law enforcement during or immediately after the incident. If calling right away may put your safety at greater risk, you may report an incident of family violence at any time. Keep in mind, though, that as more time passes, law enforcement may be less able to build a case and hold the offender accountable. The police must give you information on what your rights and options are.
2. You may go to the police station to report the incident. In either case, be sure to have pictures of your injuries taken and save any evidence of the incident, such as torn or bloodied clothing.
3. If you do not feel satisfied with the response from law enforcement, call the administrator of that agency or the city or county attorney's office.

If you think you may be a victim of a federal crime call one of the following numbers:

FBI Victim Specialist

For Montana's FBI Office information contact the Salt Lake City Office (801)579-1400

US Attorney's Office, Victim Witness Coordinator
(888)326-2894(toll free) or (406) 727-4720 (fax)

WHAT HAPPENS AFTER AN ARREST?

Once police have been called and an arrest is made, the police will want to take your statement and those of any witnesses, photograph any injuries and collect any evidence. The person arrested is now referred to as the "defendant" and will be taken to the County Detention Center and confined in jail. The defendant will usually appear in court the next business day.

At court, the defendant will be given a copy of the complaint filed by the city or county attorney's office. If the charge is a first or second offense, it is a misdemeanor; the defendant will enter a plea of guilty or not guilty at that time. If the plea is not guilty, a trial date will be set for 2 – 4 months in the future. A plea of not guilty is common. In that case, the court will set a trial date for 2-4 months in the future. That does not mean the case WILL go to trial; the attorneys involved have many options to resolve the case without a trial, and they will want input from the victim regarding proposed resolutions and plea agreements. The defendant may be released on bond with an order not to contact you. If the plea is guilty, the judge may sentence the defendant at that time. If the charge is a third offense, it is a felony, and the defendant will be transferred to the district court to enter a plea within several days.

Regardless of the defendant plea, the city or county attorney's office will notify you and answer questions you may have. You may also contact the prosecutor's office on your own to ask questions. (Refer to local listings for contact information.) It is likely that you will be asked to come to the prosecutor's office at some point so the prosecuting attorney can talk to you about the case. You may be subpoenaed as a witness for the trial. This means the court has ordered you to appear on a date and time set, and that you can be held in contempt of court and go to jail if you do not appear. If you have any safety concerns about being involved in the case or being subpoenaed, it is important that you communicate those concerns to the prosecutor's office. The best resolutions in these cases take victim safety into consideration, but the prosecutor's office may be unaware potential problems or negative outcomes unless you relay your concerns. It is very important that you cooperate to the best of your ability with law enforcement and with the city or county attorney's office in the prosecution of domestic abuse cases. If you feel unable to cooperate fully due to safety or other concerns, it is important that you communicate this with those involved. The Criminal Justice System can often provide safety planning or referrals to other resources that can increase your safety while still holding the offender accountable.

The State also has an interest in the prosecution of these cases, to ensure that it does not happen again. The prosecuting attorney is required to consult with the victim regarding the dismissal of the case, the release of a defendant during the proceedings or plea negotiations or pretrial case diversion. The prosecuting attorney has the final say regarding the dismissal or prosecution of a case.

Victims are entitled to information regarding arrest and release, the crime that has been charged, the presentence report process, and the sentencing hearing. A victim has the right to present a statement at the sentencing hearing. Finally, a victim has the right to information from the Department of Corrections concerning incarceration of a convicted felon.

VICTIM/WITNESS PROGRAMS

Montana law states that victims and witnesses have specific rights and responsibilities. Victim/Witness programs are designed to make certain those rights are enforced and that appropriate information and assistance is provided to victims and witnesses.

The City of Billings has a Victim/Witness Program that serves the Billings Municipal Court and works with the Billings City Attorney's Office. The Victim/Witness Assistants work with misdemeanor criminal cases in the Billings Municipal Court.

The Yellowstone County Attorney's Office, as well as other counties, have Victim/Witness Assistance Programs. The Victim/Witness Assistants work with criminal cases in Justice and District Court, whether the case is a misdemeanor or felony.

The Federal Victim/Witness Program work with the U.S. Attorneys. The Victim/Witness Assistants work with federal criminal cases being heard by the U.S. District Courts.

Victim/Witness Programs and the services they provide vary from county to county. Many primarily provide assistance to the attorneys prosecuting the cases. They also provide a variety of other services and information to victims and witnesses. These services may include, but not limited to:

- helping victims obtain Orders of Protection
- accompanying victims to court for hearings or trials
- explaining the court system and criminal justice processes
- accessing counseling services
- assisting with employers or creditors
- assisting the courts with arraignments
- issuing subpoenas;
- arranging travel accommodations
- arranging victim interviews
- follow-up photographs
- issuing notices of case status and ongoing procedures of criminal

Services may extend from the reporting through disposition of the case and beyond if the defendant is sentenced to prison. Assistance is also provided in the form of a liaison between the victims/witnesses and the judicial system, including the courts, law enforcement, attorneys, judges, defense attorneys, Crime Victims Compensation, Probation/Parole, MT State Prison, Women's Prison, and so on.

MONTANA DEPARTMENT OF CORRECTIONS (MTDOC) VICTIM SERVICES:

The goal of Montana Department of Corrections (MTDOC) Victim Services is to help survivors and their families understand the processes that occur in corrections to help reduce re-victimization during this portion of the criminal justice system. The DOC provides information and notification about offender custody status and location. The DOC can also offer referrals to public and private help agencies. Restorative programs in the DOC promote healing and offer victims a voice in the criminal justice process. DOC victim programs office hours are available during regular business hours except holidays.

Explore our Victim Services pages at <https://cor.mt.gov/Victims>. Here, you will find information about services, victim services personnel and links to other victim service agencies and referral services around the state and nation.

Maintaining safe communities is a primary goal of the Montana Department of Corrections. Victim programs office hours are 8 a.m. to 5 p.m. Monday through Friday except state and federal holidays. If you are a victim of domestic or sexual violence who is experiencing a crisis and would like to speak immediately to a community-based advocate, you may call the National Domestic Violence Hotline at 1-800-799-7233 or the National Sexual Assault Hotline at 1-800-656-4673. Please note that community-based advocates do not have access to information regarding incarcerated offenders. An advocate can assist you with general safety planning and provide referral to other community-based resources.

Victim Services:

- Call – Toll Free (888) 223-6332 or (406) 444-0447
- Email – CORVictimLiaison@mt.gov
- Mail – P.O. Box 201301, Helena, MT 59620-1320
- Fax – (406) 444-4920

VINE (Victim Information & Notification Every Day)

VINE is a free, confidential, automated telephone, text messaging, and email system that provides custody status information about adult felony offenders under Montana Department of Corrections (DOC) supervision, in prison or in community-based facilities and programs. Anyone may call VINE at (800) 456-3076, 24 hours a day, 7 days a week, to hear the current location of an inmate. The same information is available on the Internet at www.vinelink.com, or by downloading the free application for your mobile device. Anyone may also register with VINE by telephone or online for immediate notification of an offender's release, transfer, or escape. To use VINE, you will need the offender's DOC number or name (correct spelling required). Prison numbers are available on the CON offender locator website at: <http://app.mt.gov/conweb/>. If you do not know how to spell the offender's name, CON allows partial searches. Just enter a few letters of the first and last name. To register for phone notifications, call VINE at (800) 456-3076 and follow the automated instructions, or press 0 (zero) for a live operator. If you prefer the Internet, go to www.vinelink.com, click on the Montana map, and follow the instructions to register for phone, email, text messaging, mobile app or TTY (for the hearing impaired).

BILLINGS MUNICIPAL TREATMENT COURTS

Billings Adult Municipal Treatment Courts (BAMTC) -

Misdemeanor offenses

Contact Treatment Court Clerk: 406-657-3039 Fax: 406-237-6290

Address: 2722 3rd Ave North, Suite 205, Billings, MT 59101

The BAMTC is a voluntary program comprised of a drug court, DUI court, and a mental health court (enhanced treatment court). All three courts are a three-phase intervention program for adults who have pled guilty and have drug or alcohol related problems. These programs are comprised of team members from Billings Municipal Court, Billings Police Department, misdemeanor probation, prosecuting and defense attorneys, a treatment coordinator, and a case manager. Working together, they are able to provide a variety of programs and consistent supervision aimed toward supporting each participant in maintaining a drug and alcohol-free life. BAMTC requires court appearances, random drug and alcohol testing, a treatment program, a completed volunteer project, self-help meetings, and any other requirements deemed necessary by the team.

13TH JUDICIAL DISTRICT TREATMENT COURTS

Treatment Courts serve offenders aged eighteen or older who reside in Billings or Yellowstone County and who have been charged with a felony offense that is related to their addiction to mood-altering substances. In order to access these services, clients may talk with their attorney to see if this option is right for them.

13th Judicial District Drug Treatment Court - Felony Offenses

District Court Judge Donald Harris

Coordinator: Juanita Harmon Roach 406-839-3511

Yellowstone County STEER/Impaired Driving Court

Felony Offenses

District Court Judge Mary Jane Knisely

Chris Simpson - STEER Coordinator

Phone: 406-702-4765

Yellowstone County Veterans Treatment Court (CAMO)

Felony Offenses

District Court Judge Mary Jane Knisely

Grace Kollman – CAMO Coordinator

P: 406-690-5749

E: grace.kollman@mt.gov

19 North 25th Street, Suite C

Billings, MT 59101

Fax 406-867-2507

Yellowstone County Family Recovery Court (YFCR)

Families involved with Child and Family Services

District Court Judge Gregory Todd

Coordinator: William Blakeley

Phone: 406-869-8077

Yellowstone County Family Recovery Court utilizes a community treatment team to provide a comprehensive, structured and centralized system of multi-disciplinary community providers to meet the needs of minor children and their parents in Child and Family Service cases where chemical dependency issues have required protective service's involvement. Parents/children involved in the program receive treatment services, but also a holistic and comprehensive battery of ancillary services designed to meet each family's individual needs. YFCR provides some financial assistance to participants, but primarily coordinates already existing community services to provide a single treatment plan and advocacy within sometimes conflicting systems of care.

FAMILY VIOLENCE AND CRIME PREVENTION

If individuals want to feel safe in their daily lives, each is responsible for developing and maintaining safe homes, neighborhoods and communities. Acknowledging that is the first step in keeping our families, friends, neighbors, and ourselves safe and free from victimization. Being observant in our surroundings and paying attention when situations may call for some kind of intervention is important. Reporting unsafe or potentially criminal behavior to appropriate authorities is essential to safe communities.

Family violence often involves especially heinous criminal activity. Many consider it a private matter and do not want to get involved. Nearly every day, articles appear in local newspapers about people being charged with offenses related to assaults on spouses, girlfriends, and small children. Most cases of domestic abuse are patterned crimes that have repeatedly occurred over time. It is unlikely that no one outside of the household is aware of the violence in the home. Still the incidents are not reported. Often domestic violence cases only come to the attention of authorities when someone is seriously injured or killed. When that happens, it is likely that others in the lives of the victims and offenders have not intervened when they could have, thereby preventing the ongoing violence.

NEIGHBORHOOD WATCH AS A PREVENTIVE TOOL

The Billings Police Department has an active Neighborhood Watch Program, which is operated by the Crime Prevention Center. Many neighborhoods within the City of Billings have organized a Neighborhood Watch. This national program involves active participants in the community watching out for each other to help deter crime in their neighborhoods. Any community resident, young, old, renter or homeowner can be part of the program. It just takes a few concerned residents or community organization to start a Neighborhood Watch. It is simply a group of concerned citizens that have organized, become acquainted, and decided to better their neighborhood. When members suspect criminal activities, they are encouraged to contact law enforcement and not to intervene personally.

For more information call the Billings Police Department's Crime Prevention Center at 247-8590.

THE OFFENSE OF STALKING

Stalking is a crime in all 50 states, though the specific laws vary. Generally, stalking is defined as a course of repeated conduct, directed at a specific victim, that would cause a reasonable person fear or emotional distress. The offender can do this in person, such as following the victim or appearing at the victim's home or workplace; or by repeated contact, such as letters, texts messages, phone calls, or other electronic communication. Some of the offender's conduct may be criminal offenses by themselves, for example damaging the victim's property or making threats. Importantly, though, the offender's specific actions need not be criminal to result in a stalking offense.

Data obtained in 2015 by The Stalking Resource Center (www.victimsofcrime.org) stated 15% of women and 6% of men have experienced stalking to a degree that caused them substantial fear, even fear of death. Most offenders are known to their victims. The data also stated, "76% of intimate partner femicide victims have been stalked by their intimate partner," with 54% of those victims having reported the stalking to law enforcement before their deaths. Stalking may cause a generalized fear that the behavior will never stop. It can lead to anxiety and depression and loss of work productivity or days at work. A National Violence Against Women Survey (U.S. Department of Justice, July 2000) found that women (81%) who were stalked by a current or former husband or cohabitating partner were also physically assaulted by that person, and of those women, 31% were also sexually assaulted.

Under Montana law, the offender commits the crime of stalking by purposely or knowingly engaging in repeated behavior that would cause a reasonable person substantial emotional distress or fear of serious bodily injury or death.

A stalking victim may apply for a temporary protection order. The first conviction for stalking is a misdemeanor, with penalties of up to a \$1,000 fine and/or up to 1 year in jail. A person convicted of a second or subsequent offense of stalking -- or convicted of a first offense of stalking a victim who was under the protection of a restraining order directed against the offender -- can face up to 5 years in prison and/or fined up to \$10,000. The convicted person may be sentenced to pay all medical, counseling, and other costs incurred by or on behalf of the victim as a result of the offense.

THE OFFENSE OF STRANGULATION

This type of assault is often referred to as “being choked.” However, “Strangulation” is external pressure exerted on the neck, cutting off air and blood flow. “Choking” is an internal blockage of the trachea or windpipe from caused by an object. Manual strangulation, squeezing the neck with the hands, forearms are most common. Strangulation can result in the inability to breath, a lack of blood flow to the brain, and death. Victims of strangulation often express fear that they were going to die due to the inability to breath or that they were losing consciousness. The effects of strangulation may last for several days after the assault. Victims have died up to 36 hours after the assault due to swelling. Some victims have died weeks later because the lack of oxygen caused brain damage. **Always seek medical attention if you have been strangled, and monitor yourself for the possible effects.** Some of these effects include:

- ringing in the ears
- nausea or vomiting
- difficulty swallowing
- sore throat
- change in voice or difficulty speaking
- petechial hemorrhaging (broken blood vessels in the eye)
- long-term nerve damage
- Internal swelling of the throat which may continue for some time
- dizziness

“Montana took an important step during the 2017 legislative session by making strangulation a separate felony crime: Strangulation of a Partner or Family Member. Prior to the passage of that law, strangulation assaults could be charged as felonies under the Aggravated Assault statute. It was necessary, though, for the victims to clearly state that they were in fear of serious bodily injury or death. Due to the minimization and/or normalization that often accompanies domestic assaults, however, many victims could not articulate that fear. In those cases the strangulation assaults were charged only as misdemeanor assaults. The current Strangulation statute allows law enforcement and prosecutors to charge strangulation offenses as the very serious assaults they truly are.

A person convicted of a first offense of Strangulation can be fined up at \$50,000 and/or a prison sentence of up to 5 years. A person convicted of a second or subsequent offense of Strangulation can face a fine of up to \$50,000 and a prison sentence of between 2-20 years.”

THE HARMS OF PORNOGRAPHY

In 2019 The Montana House of Representatives declared Pornography a Public Health Crisis.

How Pornography Harms the Brain:

- Pornography impacts brain development, rewiring neuropathways in the same effect as hardcore drugs, resulting in a biological compulsion to continue to view porn.
- Pornography is an escalating behavior. As consumers become more accustomed to it, their tolerance increases and they need to seek out more shocking material in order to continue to be aroused.
- Grey matter in the brain decreases as pornography consumption increases, resulting in a decreased ability to control impulses, feel compassion, and self-motivate.
- Studies have found that frequency of porn use correlates with depression, anxiety, stress and social problems.
- Rampant consumption of internet pornography has resulted in a sharp rise in male erectile dysfunction under 40 in the past 10 years.

How Pornography Harms Relationships

- The more individuals consume porn, the more they tend to withdraw emotionally from real relationships, resulting in loneliness.
- Pornography warps expectations and leads to decreased sexual satisfaction in couple relationships.
- Adult exposure to pornography is associated with increased infidelity and is a major contributing factor to separation and divorce.
- Early exposure to pornography leads to low self-esteem and body image disorders, an increase in problematic sexual activity at younger ages, and greater likelihood of risky sexual behavior.

How Pornography Harms Society

- Pornography encourages objectification and normalizes violence and abuse of women and children. Consumers develop sexual tastes and preferences from porn and it shapes thoughts and acts.
- Consumers of pornography are more likely to hold attitudes favorable to sexual aggression and engage in sexual violence.
- Pornography fuels the demand for sex trafficking, prostitution, and child sexual abuse images (child pornography).

Resources:

Individuals can overcome compulsive habits, relationships can recover, and society can take steps to halt exploitation.

- JoinFortify.com
- PathBackRecovery.com
- LifeStarNetwork.com
- FightTheNewDrug.org
- CovenantEyes.com
- EndExploitationMontana.org

Compilations of Peer-Reviewed Research

<https://truthaboutporn.org/>

<https://enough.org/research-pornography>

<https://pornharmsresearch.com/>

<https://www.culturereframed.org/journal-articles/>

MONTANA CRIME VICTIMS COMPENSATION PROGRAM

The Crime Victim Compensation Program can help victims pay certain expenses directly related to a personal injury crime.

Who can apply for benefits?

- The “primary” victim: the person who directly suffered physical or emotional harm.
- The “primary” victim’s parent or guardian if the victim is under 18.
- The “secondary” victim of sexual abuse.

The compensation program cannot pay benefits until all available collateral sources have been expended. If you have health insurance, life insurance, Medicaid, Indian Health Services or other collateral sources, all medical charges must be submitted to them for payment before the compensation program can pay the balance.

Primary victim benefits:

Medical payments may be made for reasonable physician and hospital services, medicine, ambulance, mental health counseling, or other approved treatment.

Wage loss payments are made for lost wages if the victim was employed at the time the crime occurred and lost over one work week or more. Wage loss is paid from the date the loss began. Benefits continue until the victim returns to work or is released by a physician. Amounts paid for wage loss are made bi-weekly. Death benefits to the surviving spouse or dependent may apply for deceased victim’s death benefits, medical costs, and funeral expenses. Wage loss benefits may be available. Reasonable burial expenses, including a marker for the grave, are allowed up to \$3,500.

Secondary victim benefits:

Mental health counseling benefits can be available for certain family members: Counseling benefits can be awarded to the parent, spouse, child, brother or sister of a victim who is killed as a direct result of the crime.

Mental health counseling benefits can be awarded to the parent(s) or sibling(s) of a minor who is a victim of a sexual crime. A step-parent may receive counseling if the victim resided in the same house as the step-parent.

To file a claim:

Claim forms may be obtained from law enforcement, prosecuting attorneys, hospitals or victim witness/advocate programs. Benefits cannot be considered until a claim is filed. If you have any questions or would like to request a claim form, please contact:

Crime Victim Compensation Program
Office of Victim Services
Department of Justice
2225 11th Avenue
P.O. Box 201410,
Helena, MT 59620-1410
Phone: 1-800-498-6455 or (406) 444-3653
Email: dojovs@mt.gov
Web: www.doj.mt.gov

Eligibility requirements:

- The crime must be reported to law enforcement within 72 hours or show good cause why it wasn't reported.
- The claimant/victim must fully cooperate with law enforcement and prosecutors. Benefits may be awarded whether or not the offender was apprehended or prosecuted.
- The claimant/victim must file a claim with Crime Victim Compensation within one year of the crime or show good cause why it wasn't filed.
- Benefits may be awarded to non-residents injured in Montana, or to Montana residents injured in a state that does not have a Crime Victim Compensation program that compensates non-residents.
- Benefits may be reduced or denied to the extent the victim contributed to his or her own injuries or death.

For a complete list of allowable benefits and a list of expenses not allowable, please visit the Crime Victims Compensation Program website at <https://app.doj.mt.gov/victims/victimcompensation.asp>

GUIDELINES FOR WHEN YOU ARE SUBPOENAED AS A WITNESS FOR TRIAL

1. The prosecutor handling the case will likely want to meet with you some time before the trial. Be sure to call the phone number provided on your subpoena to let the prosecutor's office know you have received the subpoena, and to set up a time for that meeting, often referred to as 'trial preparation'. The prosecutor will review what is likely to happen during trial, and he or she can answer any questions you may have.
2. The way you dress and present yourself is a direct reflection on you. It is to your advantage to dress neatly and to conduct yourself in a courteous manner. Be comfortable. If you feel uncomfortable in a suit or dress, don't wear one.
3. Before you testify, try to picture the scene, objects there, distances and just what happened so you can recall more accurately when you are asked. If your answer is an estimate, be sure to say so.
4. Try to look straight at the person asking you the question when you answer. However, it is helpful to direct your answer to the jury occasionally.
5. Pause briefly before answering any question from either attorney. This allows time for the other attorney to make any objections and for the judge to rule on the objection before you answer.
6. Listen carefully to the questions asked of you, and be sure you understand the question before you answer. If not, it is fine to ask the attorney to repeat or rephrase the question. There is no need to rush your answer. Take the time you need in order to give a thoughtful, considered answer. If you do not know the answer, say so. Do not volunteer information not asked of you. 'I don't know' and 'I can't remember' are good answers.
7. Avoid saying, "that's all that was said," or "nothing else happened." Instead, say, "I can't think of anything else right now," or "that's all I remember." It may be that after more thought or another question you will remember something else.
8. To refresh your memory, write down a diary of the details of your victimization. As time goes by the details will dim, and the written account will bring back details easily blocked out by your memory. Keep in mind that you will not be able to bring any documents with you on the stand while you testify.
9. Be prepared to wait when appearing for any hearing or trial. You may want to bring a book or handwork to pass the time.
10. The most important thing to remember is to **Always Tell the Truth!**

ESTABLISHING SELF-SUFFICIENCY

In addition to acquiring the ability to support yourself and your family, self-sufficient people have confidence about the future, believe they can be effective in their lives, and have established their own safety net of resources and relationships to rely on when times get tough. You can make it on your own. Use the resources of your community. When you are seeking assistance or service of any kind, if you do not succeed, at first, do not give up. Keep calling until you find the resources that suit your needs. Ask for help and find the help you need.

If you are planning to leave your established home to live on your own, there are important items to take with you for assistance in getting support services. If you are leaving to avoid an abusive relationship, give the items to a neighbor, relative, friend, or put them in the coat you will wear when you leave.

Items you will need:

- Birth certificate for yourself and your children
- Social Security card
- Immunization records
- Driver's license
- Credit or cash cards
- Medications and prescriptions
- Cash, jewelry or other valuable items
- Vehicle title, registration, proof of insurance
- Your last bank account statement or open an account at a different bank and have the statement sent to a different address
- Put a change of clothing for yourself and your children in a laundry basket. A laundry basket may go unnoticed verses a suitcase.
- If you call for assistance and your phone has automatic redial, call another number so your abuser will not know that you called for help or assistance.

HUMAN TRAFFICKING

Human trafficking is modern day slavery, and it happens right here in Billings, MT – not just internationally. Current data reflects that approximately *40 million people across the globe are living as slaves* – more than any other time in human history. Some experts have ranked *Montana as high as 4th per capita* among U.S. states in terms of our human trafficking problem, due to our vast interstates, our proximity to the Bakken, and our illicit spas that purport to offer massages, among other factors. Data for Montana specifically is limited, however, due to a historical lack of funding.

Approximately 80% of human trafficking is sex trafficking with the other 20% representing forced labor. Human trafficking generates nearly \$150 Billion per year for traffickers. The average age of a first-time trafficking victim in the U.S. is between 12 and 14 years-old. Some estimates reflect that up to 50% of victims at any given time are minors and every 30 seconds someone becomes a trafficking victim.

Trafficking is a *federal crime* (prosecuted under 18 U.S.C. § 1581, the Sex Trafficking statute, or 18 U.S.C. § 2421, the Mann Act) and a *state crime* (prosecuted in Montana under promotion of prostitution or pimping, sexual servitude, and involuntary servitude statutes). Generally speaking, if the victim is a minor, anyone promoting the victim for prostitution or introducing the victim into labor can be convicted of trafficking, but if the victim *is an adult, our laws require proof that the trafficker used force, fraud, or coercion* to promote the victim for commercial sex or labor. In Montana, depending on the crime, those convicted can face up to 50 years in prison and fines of up to \$100,000.

Some *recent legislative improvements* have strengthened Montana's criminal trafficking laws. Two bills passed during the 2019 session (HB 749 and SB 147), which, among other things: (1) provide *first-time funding for MT DOJ to hire full time employees* to fight human trafficking (up 2 from 0 employees before); (2) allow officials to enter the illicit spas to confirm those working there have appropriate licenses; (3) *criminalize paying for "happy endings" or "hand jobs" as prostitution*, not just intercourse; (4) include human trafficking crimes to the list of Crimes of Violence; (5) provide that consent is not a defense if the offender knew or should have known that the victim was a trafficking victim; (6) add aggravating penalties for pimps, that were previously only for buyers; and (7) add aggravating penalties if the victim was a trafficking victim and the offender knew or should have known that.

Labor trafficking can occur in private residences, agriculture, sales crews, restaurants, and many other work environments. *Sex trafficking occurs* online, on the street, in places of business – most commonly in hotels and motels. Many victims of sex trafficking become romantically involved with someone who then forces or manipulates them into prostitution (a "Romeo Pimp"). Some are lured by false promises of a job, such as modeling or dancing and some are forced to sell sex by their parents or other family members. Others are forced into the life out of desperation or a

need for a place to stay the night. Victims of sex trafficking may be involved for a few days, a few weeks, or remain in the situation for years.

Victims stay in their situations for many reasons. They feel trapped and fear leaving due to the psychological trauma, shame, emotional attachment to the pimp, addiction, or physical threats of harm to themselves or their families. Some factors *that increase a person's vulnerability to being trafficked*, include, but are not limited to, having been sexually or physically abused, suffering from drug or alcohol addiction, being a runaway or homeless youth, being an undocumented immigrant, suffering from mental health issues, or being LGBTQ. All demographic boundaries are crossed by human trafficking (age, race, religion, gender, etc.). As explained by the *Tumbleweed Runaway Program*, services to survivors must be tailored to meet individual needs, and due to the diversity of experiences among survivors, trauma-informed responses that are culturally specific are necessary.

ELDER ABUSE AND ABUSE OF PERSONS WITH DEVELOPMENTAL DISABILITIES ELDER ABUSE

Adult Protective Services can help:

People who are age 60 or older; **or** if the person has a disability, age 18 and older; **and** who are being abused, neglected or exploited. Anyone meeting these criteria can request help. You don't have to be frail or have failing health to talk with an APS Specialist. If the concern is not life threatening, **call 1-800-277-9300** to find your area APS office or the Ombudsmen if the person lives in a nursing and/or assisted living facility. (*Note: These offices are only available during normal business hours, Monday through Friday, 8 am to 5 pm, except on holidays. For all emergencies, call 911.*)

Adult Protective Services (APS) considers abuse, neglect or exploitation as follows:

- **Neglect** is the most common form of abuse. APS receives more calls about self-neglect than any other type of abuse. Neglect is failing to act to remove someone or yourself from harm's way of any kind of threat to health or safety.
- **Exploitation** is the misuse of funds or property by another person. Examples include stealing a person's identity to get credit, stealing property to use or sell, or using a person's private history or medical condition for personal gain.

- **Abuse** is a threat to a person's health or safety caused by another person and in most cases most people are abused in more than one way.
- **Physical abuse** is pain or injury to a person.
- **Emotional abuse** includes yelling at or threatening a person. An abuser can also harass or intimidate a person into doing something they have the right not to do, or prevent them from doing something they have the right to do.
- **Sexual abuse** is unwanted sexual comments or actions. It can also be making sexual comments or actions to a person when they are not able to understand what is happening.

Warning signs include:

Neglect

- Lack of basic hygiene, food, medical aids (glasses, walker, teeth, hearing aid, medications), clean appropriate clothing
- Person with dementia left unsupervised
- Bed bound person left without care
- Home cluttered, filthy, in disrepair, or having fire & safety hazards
- Home without adequate facilities (stove, refrigerator, heat, cooling, working plumbing, and electricity)
- Untreated pressure "bed" sores

Financial Abuse

- Lack of amenities victim could afford
- Elder "voluntarily" giving inappropriate financial reimbursement for needed care and companionship
- Caregiver has control of elder's money but is failing to provide for elder's needs
- Caretaker "living off" elder
- Elder has signed property transfers (Power of Attorney, new will, etc.) when unable to comprehend the transaction

Psychological Abuse

- Caregiver isolates elder (doesn't let anyone into the home or speak to the elder)
- Caregiver is verbally aggressive or demeaning, controlling, overly concerned about spending money, or uncaring

Physical Abuse

- Inadequately explained fractures, bruises, welts, cuts, sores or burns
- APS can work with your community partners who may help those being abused with short-term assistance such as:
- a place to live, or stay, or home repairs
- food, transportation or help with utilities

- managing money or legal help
- medical care, home healthcare or mental health services
(*note, services and assistance vary for each community*)

The person being abused has the right to accept or decline services. Any or all services and help may be refused. If you are being abused, it's your right to decide what is right for you. If the court has determined someone else is making decisions for you, that person can accept or refuse services for you. The Adult Protective Services (APS) program is based on this value. No decision is made without your involvement and consent. Every effort is made to keep you in your home.

If someone is being harmed right now, call 911.

If the concern is not life threatening, **contact APS online or call 1-800-277-9300** to find your area APS office or the Ombudsmen if the person lives in a nursing and/or assisted living facility. (*Note: Offices are available M-F, 8-5 p, closed holidays.*)

As a reporter, once you are sure the vulnerable adult is safe, you should be prepared to answer the following questions to the best of your ability:

- the name, address, telephone number, sex, age and general condition of the person being abused
- the name, sex, age, relationship to victim of the person who you suspect is abusing them
- the situations that lead you to believe the person is being harmed – be as detailed as possible
- the best time to contact the person
- if the person knows the abuse is being reported and whether the person could make the report themselves *Note: the person being abused has the right to refuse any or all help offered unless a court has given authority to someone else*
- if there is any danger to the worker going out to investigate
- your name, telephone number and profession - you can ask that this be kept private
- the names and phone numbers of others with information about the situation
- are you willing to be contacted again
- any other information that will help APS resolve the concern

Confidentiality All reports and records of the Adult Protective Services Program are strictly confidential, except as provided by law or a court order.

Helping the Vulnerable Adult - vulnerable adults should be made aware of the following:

- Assault is a crime
- Abuse will likely increase if no one seeks help
- A safety plan is needed to get away from the abuser
- The abuser is responsible for the violence, not the victim
- The abuser may be imprisoned if the violence increases or continues
- Vulnerable adults have the right to an Order of Protection against their abusers in criminal or family court
- **Suspicious Banking Activities** - The following should be watched for as signs of financial exploitation
- Unusual volume of banking activity
- Banking activity inconsistent with usual habits
- Suspicious signatures on checks or other financial documents
- Sudden increases in debt of which the vulnerable adult appears unaware.
- Funds withdrawn by a care giver or person with no apparent benefit to the vulnerable adult
- Bank statements and cancelled checks no longer sent to the vulnerable adult's home

Steps To Prevent & Intervene

- Speak privately with the person if you notice suspicious transactions
- If necessary, ask the person to speak with the police
- Save any photographic evidence for law enforcement
- Notify security and/or law enforcement immediately if the vulnerable adult appears to be in danger

If the person appears to be confused, increasingly frail, or neglected, notify Protective Services for Adults, Office for the Aging, or other abuse prevention programs

Additional information and the Online Reporting Form can be found at <https://dphhs.mt.gov/sltc/aps> “from Montana Department of Health and Human Services website.”

MILITARY SERVICE MEMBERS AND THEIR FAMILIES

Military families are under more unique stressors than most families living in American communities. The closest parallel may be with police officers, where divorce and family conflict are common. Addressing concerns for military families is made more complex by the reality that the impact of modern U.S. military service on service members and their families is different than in the past. Current strategies used in war zones in the Middle East, including road-side bombs, improvised explosive devices, and suicide bombers are different than previously experienced by service members. Smaller active military forces result in increased use of Reserve and National Guard units and repeated deployments to war zones. Also, because of the improved medical care available to injured service members, many who previously would have died from the injuries they suffered, are now surviving and living with significant disabilities. A higher number of service members are being diagnosed with Post Traumatic Stress Disorder and Traumatic Brain Injury than ever before, making a return to civilian life and employment much more difficult for many service members.

More women than ever have been serving in the military and war zones; many are wives and mothers. This reality is a challenge for agencies developing resources for veterans. Special programming is needed to address the unique needs of female veterans. Montana has the highest number per capita of women veterans.

Changes in communication also are having an impact on service members and their families. News stories and images taken in war zones provide instantaneous information to people back home. While this may cause alarming images for families of service members, good news also travels quickly. Cell phones and various on-line interactive communications are allowing for improved communication between service members and their families. While these methods of communication cannot replace personal contact between active duty service members and their families, it is helpful for families and aids in the service members' transition back home.

PROVIDING SERVICES TO MILITARY SERVICE MEMBERS AND THEIR FAMILIES

An important resource for individuals or organizations trying to develop or provide services to military service members or their families is the Real Warriors website: www.realwarriors.net. Click on the "Health Professionals" tab for information, guidelines, tools, and other resources.

FAMILY HOMELESSNESS

According to local professionals, one in 50 or 200,000 children are homeless in the United States every year. Most often the homeless family includes a single mother in her late 20s and 2 children most likely under the age of six. Nearly half of homeless mothers have been victims of sexual abuse at a young age. Two-thirds of homeless mothers report severe physical abuse. In 2009, one-third of the homeless population was chronic substance abusers. Substance abuse is higher for homeless mothers than for women in poor families. Family homelessness in this country costs billions of dollars in systems and services.

Billings School District 2 had 376 homeless children in school in February 2011. Most of these children were in third grade or lower. Billings has approximately 2,400 homeless residents each year. Each homeless person costs an estimated \$15,534 each year. That cost is as high as \$115,690 for the chronically homeless person. The estimated annual cost to serve the homeless in Billings in programs for the homeless is \$54 million or approximately \$532 for each taxpayer.

FAMILY HOMELESSNESS KEEPS CHILDREN FROM:

- Stability – Children from families with housing problems are twice more likely to enter foster care. Childhood separation, particularly foster care is a major predictor of homelessness into adulthood.
- Security – Homeless children are three times more likely to live in situations where adults “hit or throw things.”
- Education – Studies have shown that three moves of residence which result in three different schools by third grade will cause 30% of the nation’s poorest children to reduce their odds of graduating from high school by 20%.
- Health – Children facing housing insecurity are two to four times more likely to be food insecure and consequently have malnourishment, obesity, mental health issues, dental problems, asthma, ear and respiratory infections, and stomach problems; and ultimately yield greater long term economic costs to society.
- Happiness – One in six homeless children have emotional disturbances. This is twice the rate of middle-class children.

STRENGTHENING CHILDREN, FAMILIES, AND COMMUNITIES

- Reduce - For families, supportive and subsidized housing are cheaper than emergency housing and are strong predictors of families’ long-term exit of homelessness. Placing homeless

families in subsidized housing can reduce homeless family rates in shelters up to 50%.

- Redirect – Providing rental assistance and supportive services to a family facing homelessness for one year, costs \$13,193. Placing that family's children in foster care costs \$56,892 per year.
- Reap the Benefits – Studies have shown that communities who provide adequate housing supports for the homeless drastically reduce foster care, hospitalization, and emergency room costs.
- Reinvest – By working to solve the homelessness factor in the poverty cycle, supportive housing and services help families get on track and reduce the future populations exposed to child poverty and \$500 billion in lost productivity, poor health, and increased crime that child poverty causes each year.

There may be a misunderstanding about expectations or miscommunication. These can be easily handled, and the relationship may continue to blossom as you move forward. If you still are not “feeling it” after that, let the therapist know that they are not a good fit for you, your family, or your child. Then, make another call.

• **Do not give up!** Finding the “right” therapist can take some time. There are people out there who will be a good fit. Be true to yourself and advocate for what you need. You drive your treatment plan and communicating openly with your therapist will allow the best treatment of you and your children. Attending your sessions regularly is an important piece of treatment. If you are going to miss a scheduled appointment, be sure to give the therapist at least 24 hours' notice or call as soon as you know that you are going to miss. This will help the therapist to fill that hour with another client who may need to get in as well as keep your relationship with the therapist open and honest.

FINDING AN APPROPRIATE ATTORNEY

A number of attorneys in your local town or Billings practice in the area of family law. Look in the phone book for their names, or speak with friends or family members who have hired an attorney in the past. Call the attorney's office to find out information on rates charged, or make an appointment for an initial consultation. If you are not comfortable with the attorney after the first meeting, find another one that you are comfortable with. Many attorneys do not charge for the initial consultation and often have convenient hours for you to come in. You need to let the attorney know if criminal charges are pending or that there has been violence in your family relationship.

CHOOSING A QUALIFIED THERAPIST

- **Do your research.** See if the therapist has a website or information available that tells you who he/she is, what their training is, where they studied, and what type of clients they work with. Ask friends, pediatricians, general physicians, and colleagues for ideas of who you could go to. Determine if you want a male or female therapist. Many people who have been abused or are struggling with post-traumatic stress experiences may be more comfortable with a specific gender. It is okay to express this and advocate for the gender of therapist you want.
- **Make the call.** Most therapists have voice mail or an answering service to take messages when they are not available. Once they return your call, share a bit about what you are looking for and in need of, and ask questions. Be sure to ask how the therapist gets paid. This is important to figure out before you get in the door. Is the therapist a cash only therapist? Or, does the therapist take private insurance, Medicaid, Medicare? Be sure to choose a therapist who can accept your insurance. You may be eligible for an Employee Assistance Program through your work which may allow for some free sessions. If so, find a therapist who is an approved provider. If you are pleased with the response to your initial phone call, make an appointment. If not, call another therapist.
- **Attend the appointment.** Most people get a sense of whether or not they fit with the therapist in the first couple sessions. If you find a great fit in the first couple sessions, great! Keep moving forward with that therapist working with them in an open, honest, team-oriented manner. If you find yourself not “feeling it” in the first couple sessions, talk to the therapist about this.