

Methamphetamine: The Child Welfare Impact



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Meth addiction is spreading among
American families, leaving
thousands of children vulnerable
and child welfare systems
stretched



Risks to Children Based on Type of Parental Involvement Include:

- Parent uses or abuses meth
- Parent is dependent on meth
- Mother uses meth while pregnant
- Parent “cooks” small quantities of meth
- Parent involved in trafficking
- Parent involved in super lab



Parent Uses and Abuses Meth

Risks of safety and well being of children:

- Parental behavior under the influence: poor judgment, confusion, irritability, paranoia, violence
- Possibility of sexual abuse
- Inadequate supervision
- Chaotic home life, unmet basic needs
- Exposure to second-hand smoke
- Accidental ingestion of drug
- Possibility of abuse and neglect
- HIV exposure from needle use by parent

Parent “Cooks” Small Quantities Meth

All the risks to parents who use or are dependent on meth, with added risks of manufacturing the drug:

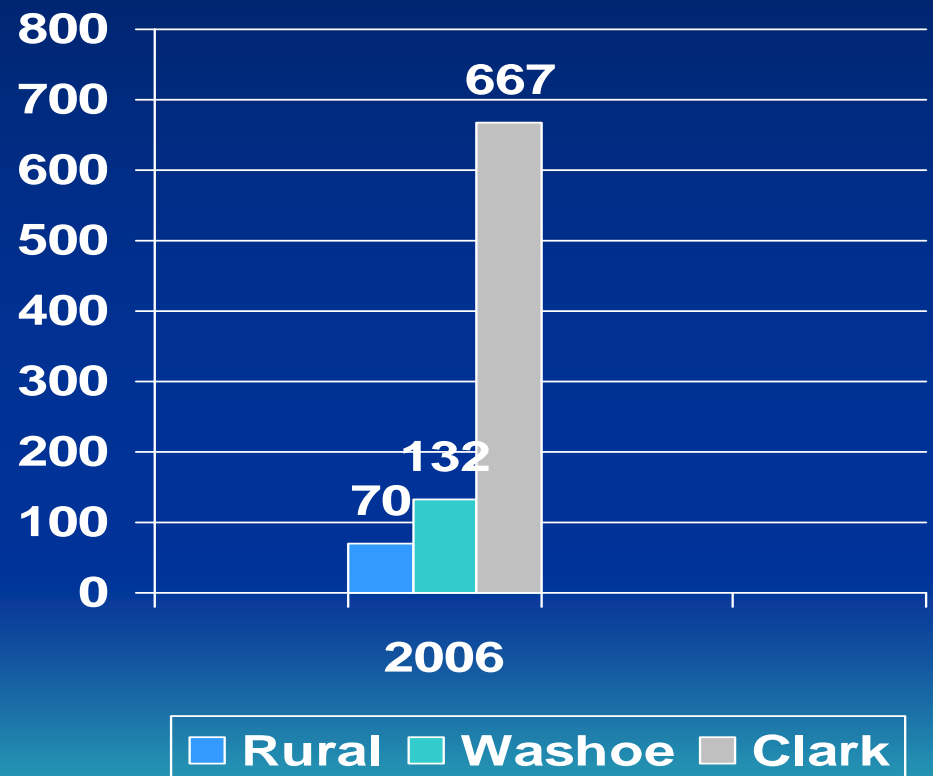
- Chemical exposure
- Toxic fumes
- Risk of fire and explosion



In Nevada

Number of children removed in 2006 due to parental substance abuse

- Division of Child and Family Services - Rural Nevada - **70**
- Washoe County Department of Social Services - **132**
- Clark County Department of Family Services - **667**



In Nevada

Rural Region

- March 2006 UNITY data shows that **25%** of children entering foster care is due to parental substance abuse
- From October 2006 – December 2006, **55** children entered care; of these cases **31** were due to drug abuse (**56%**)



In Nevada

Clark County Department of Family Services

- Currently in Clark County 85% of mothers treated at the Bridge treatment center have meth as the primary drug of choice



In Nevada

Washoe County Department of Social Services

- 60% to 70% of child abuse/neglect cases involve parental substance abuse
- In FY 2005-2006 55% of protective custody hearings involved substance abuse
- The number of relatives applying for foster care licenses more than tripled between July 2004 and June 2006



Models of Improved Services

Many communities across the country have implemented program models to address the meth epidemic

- Paired counselors with child welfare workers
- Counselor out-stationed at child welfare office
- Created multidisciplinary teams for joint case planning
- Persons in recovery act as advocates for parents
- Training and curricula development



Worker Safety and Meth

When engaging clients involved in the manufacturing of methamphetamine there are risks child welfare staff must be aware of in order to ensure their own safety as well as the safety of their clients



Risks to Child Welfare Staff

- Exposure to Toxic Chemicals
- Toxic Fumes
- Risk of fire and explosion
- Weapons
- Behaviors can be unpredictable due to
 - Cognitive Impairment
 - Psychosis



Child Welfare Needs in Response to the Meth Epidemic

- Develop policies and procedures designed to insure staff and client safety
- Enhance/expand training to inform staff of risks involved with the manufacturing of methamphetamines
- Enhancement of training to assist staff in understanding the disease process and dynamics



ASPHA Regulations

Nevada Revised Statute

Federal Register Mandate Section 1356.21

- The State must file a petition to terminate paternal rights when a child has been the responsibility of the State for 15 of the most recent 22 months. The petition must be filed by the end of the child's fifteenth month in foster care.

Nevada Statute NRS432B.590

- If a child has been placed outside of his home and has raised outside of his home pursuant to the placement for 14 months of any 20 consecutive months, the best interests of the child must be presumed to be served by the termination of parental rights.



Dissonance between ASPHA Regulations and Treatment Protocol

- Meth abuse treatment is a long term process
- Treatment regimes often anticipate relapses which impact child safety causing multiple placement in foster care
- ASPHA directs that a permanent plan be in place within 12 months after child is removed from home – protocols recommend 18-24 months treatment



Next Steps

- Increase access to mental and substance abuse services
- Collaboration between child welfare staff law enforce and treatment professionals
- Establish and fund family drug courts
- UNITY data does not specifically track meth use, therefore, implement changes to the system



**Statewide Child Abuse and Neglect
Hotline 1 (800) 922-5757**

Division of Child and Family Services

Rural Region

(775) 687-4943

Clark County

(702) 399-0081

Washoe County (During Normal Business Hours)

(775) 785-8600

Washoe County (After Hours)

(775) 784-8090



For More Information Contact

Division of Child and Family Services

4126 Technology Way 3rd Floor
Carson City, Nevada 89706
(775) 684-4400

<http://www.dcfs.state.nv.us>

Washoe County Department of Social Services

350 South Center Street
Reno, Nevada 89520
(775) 785- 8600

<http://www.co.washoe.nv.us/socsrv/>

Clark County Department of Family Services

Claude I. Howard Children's Center

701K North Pecos
Las Vegas, Nevada 89101
(702) 455-5483

http://www.co.clark.nv.us/family_services/home.htm

