

Drug Endangered Children

A collaborative response between
child welfare and law enforcement

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House Bill 2251

- O.S. 10A 1-1-105: Amended by HB 2251 and effective November 1, 2012. Definition:
- A child who is at risk of suffering physical, psychological, or sexual harm as a result of the use, possession, distribution, manufacture, or cultivation of controlled substances by a person responsible for the health, safety, or welfare of a child (PRFC)

House Bill 2251

- O.S. 10A 1-2-102: Amended by HB 2251
- Whenever the Department determines there is a child that meets the definition of a drug endangered child, or a child has been diagnosed with fetal alcohol syndrome, the Department shall:
 - Conduct an Investigation of the allegations
 - Not limit the evaluation of the circumstances to an assessment

Policy

- OAC 340:75-3-110
- Circumstances wherein the substance abuse of the PRFC interferes with that person's ability to parent and provide a safe and nurturing environment for the child
- Includes newborns who test positive for a controlled dangerous substance with the exception of those administered by a physician

Policy

- OAC 340:75-3-450
- DHS conduct an overall safety evaluation as substance abuse alone does not directly determine child abuse or neglect; however, it is a factor considered when safety determinations and intervention strategies are considered

Substance-Affected Newborn

- An infant who was born experiencing withdrawal symptoms as a result of the prenatal drug exposure or fetal alcohol spectrum disorder as determined by the direct health care provider

Substance-Exposed Newborn

- An infant who tests positive for alcohol or a controlled dangerous substance with the exception of substances administered under the care of a physician.

Infant alleged to be born substance exposed or affected

- Meconium must be obtained if collected
- Evaluate impact of substance abuse on PRFC's ability to provide care for the infant; and
- PRFC's drug of choice and how it affects the PRFC's overall functioning, cognitive ability, and safety decisions
- Methamphetamines or other stimulants

Identification/Referral Source

- Private Citizens
- Hospitals
- Courts
- Law Enforcement
- Joint Response

Statistics in Oklahoma

- For FY 2013 (July 1-June 30) DHS substantiated allegations of Threat of Harm involving 3,316 children, totaling 19.03% of total substantiations
 - **Duplicated Count**
- We do not have a specific allegation for Substance Abuse and therefore, the number of cases involving Substance Abuse along with other co-occurring issues is much higher

Statistics in Oklahoma

- In State FY 13
 - 407 investigations completed where CW indicated substance abuse was a contributing factor
 - Of that 407, approximately 73 resulted in removal, or roughly 18%

Statistics in Oklahoma

- In SFY 13, there were 320 infants that tested positive for substances, with the following breakdowns:
 - Marijuana – 107
 - Methamphetamines – 77
 - Other/Alcohol – 67
 - Prescription Medications – 49
 - Cocaine – 17
 - Hallucinogens – 2
 - Heroin - 1

Multidisciplinary Approach

- Child Welfare is required to conduct a joint investigation with law enforcement when the alleged perpetrator meets the legal definition of a PRFC and there is reason to believe a crime has been committed
- Under the new DEC laws, when we believe a crime has been committed related to the use, production, manufacturing, or selling of illegal drugs child welfare should notify law enforcement and conduct a joint investigation

Barriers

- Ultimately we have the same goals, but we have different agendas
- Trust, Communication, Cooperation, and Collaboration
- Training

Where Do We Go From Here?

- Greater Collaboration and Communication
- Increase in Training
- Consistency Across the State
- Automated System Between the Two
- Legislation