

Methamphetamine and Child Welfare Services

A Four-County Case Review Study



**Social Welfare Evaluation,
Research & Training Center**

California State University, Fresno



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Introduction

During August 2007, four County members of the Central California Area Social Services Consortium— Fresno, Kings, Madera and Tulare - contacted the Department of Social Work Education and its Social Welfare Evaluation, Research and Training (SWERT) at California State University, Fresno (CSUF) to assist in examining the influence of methamphetamine in their child welfare services (CWS) caseloads. The impetus for the request was the lack of county-level data on the prevalence of methamphetamine and the over-reliance on anecdotal information for decisions related to policy, practice and services to families affected by methamphetamine use and abuse. Members of the Consortium supported this initiative.

Over the course of several meetings between counties and the SWERT, it was agreed that counties would utilize MSW students from CSUF to review CWS cases for the prevalence of methamphetamine as part of the students' field education and placement, in consultation with the SWERT. The MSW students were Summer Verhines, Allyson Cookson, Luis Hernandez, Juli Johnson, Laura Knoblock and Maria Mendez. Dr. Salvador Montana and Dr. Virginia Rondero Hernandez from SWERT

served as consultants for the project.

County personnel who oversaw the review at their respective agencies were: Howard Himes, Fresno County; Tina Garcia, Kings County; Kelly Woodard, Madera County; and Judith Rutan, Tulare County.

Description of the Problem

Historically, more men than women have reported using drugs, including methamphetamine; however, national data on treatment admissions reflect that more women are using drugs and the proportion of women seeking treatment is increasing (Amatetti & Young, 2006; Brady & Ashley, 2005). Substance abuse by women has a particularly far-reaching impact on families and communities due to their roles as primary caregivers for children; national studies indicate that 50% of child welfare cases involve parental substance abuse (Choi & Title, 2002).

At least 1.4 million persons ages 12 and older reported using methamphetamine during 2004-2005 (Substance Abuse and Mental Health Services Administration, 2006a). During 2000-02, 47% of women admitted to treatment for methamphetamine abuse were involved with child welfare agencies (Grella, Hser & Huang, 2006). Specific data about the number of child

welfare cases involving methamphetamine use in Central California counties is extremely limited and largely anecdotal. However, estimates from the California Department of Alcohol and Drug Programs indicate that at least 4,309 persons in treatment primarily for methamphetamine abuse had children living with someone else due to a child protection court order or due to termination of parental rights (Rondero Hernandez & Noriega, 2008).

Methamphetamine abuse takes on special significance in CWS because of its numerous implications for policy, practice and services. Families with parents who abuse substances are often affected by other complex and difficult problems such as unemployment, poverty, poor housing or homelessness, domestic violence, involvement with the criminal justice system and mental health problems (Connell-Carrick, 2007; Green, Rockhill, & Furrer, 2006).

Issues related to timely access to and availability of treatment, sustainable recovery, and relapse make it extremely challenging for child welfare agencies to assist families in achieving the economic, emotional, and social stability needed to support family reunification.

Methodology

During the spring of 2008, students conducted a retrospective point-in-time review of CWS cases opened in calendar year 2006. Case selection criteria included the presence of a juvenile court disposition report of findings and removal of children from their primary caregiver(s) for a minimum of 72 hours. Business Objects software was used to select cases that met these criteria; disposition reports in the selected cases were examined for a juvenile court finding of methamphetamine use.

The instrument used for collecting these data (Attachment A) was developed by counties and the SWERT and consisted of 23 items relating to such indicators as: methamphetamine use, age, ethnicity, previous child welfare history, criminal justice history and educational experience.

Sample sizes among the four counties varied due to differences in caseloads, county resources, and availability of county staff and students. In Tulare ($n=92$) and Kings ($n=47$) counties, all cases opened in 2006 that met the above criteria were reviewed. In Madera County a random sample of 78 of a possible 109 cases were reviewed. Because of the larger volume of cases in Fresno County, cases were selected from 6 of the 12 calendar months. Selected

cases were then randomly sampled; 79 of a possible 119 were reviewed. For all counties, cases designated as sensitive were not reviewed, but that number was generally less than three for each county. Data were collected primarily from the electronic Child Welfare Services/Case Management Services system.

Limitations

Several limitations are noted regarding this project. Because of the point-in-time retrospective review and differing sampling strategies, it is not known how representative the samples are in comparison to the whole population of CWS cases in these counties. Only electronic cases, versus hard case files, were reviewed, which limited the amount of data available.

Although several meetings were held with SWERT, students and county staff regarding the interpretation of variables and use of the data collection instrument, time and resources did not allow for any test of inter-rater reliability. Also the reliability and validity of the instrument is unknown.

Lastly, missing data or unknown answers for several variables, such as special needs (e.g. CalWORKS recipient, mental health history, homelessness), educational, employment, and criminal justice status, limited the depth of interpretation of data.

Findings

County-specific findings are presented in Attachments I through IV. Some general aggregate observations and similarities are presented here for all four counties, but no county to county comparisons are drawn.

- In approximately 60%, or 177 (N=296) cases sampled in all counties, methamphetamine was found to be a contributing factor.
- The percentages of reviewed cases where methamphetamine was a contributing factor ranged from 51% in Tulare County to 67% in Fresno County.
- In all counties, reviewed cases frequently reflected the presence of polysubstance abuse, including alcohol, marijuana and cocaine.
- Across all counties, 64% to 94% of the primary caregivers in methamphetamine related cases were mothers.
- Juvenile courts substantiated allegations of neglect in 96% to 100% of all methamphetamine related cases.
- In 96% to 100% of methamphetamine related cases,

the source of referral was a mandated reporter; the two most frequent sources were law enforcement and medical/health providers.

- In all counties, 80% to 89% of cases where methamphetamine was a contributing factor involved removal of a child or children age 5 or less.
- In all counties, information regarding special needs, such as homelessness, CalWORKS recipient, mental health history, was not readily available. In most of the counties, information regarding employment, criminal justice and educational status was not readily available.

Conclusion

This project lends support to informal reports of experiences and observations by many CWS workers in the field: methamphetamine is a significant factor in many cases requiring CWS intervention and services. Although, although limited in scope, the project begins to document these long-held observations and descriptive characteristics of affected families, and reflects the need for further discussions on CWS and community

responses to this issue. The project is a good first step, but more study is needed, for example, on the relationship between methamphetamine use and other social indicators such education, employment, criminal justice involvement, mental health history, and domestic violence. More comprehensive understanding of the impact of methamphetamine use on these factors is critical to the achievement of child safety, permanence and well-being.

Attachments

- I Findings for Fresno County
- II Findings for Kings County
- III Findings for Madera County
- IV Findings for Tulare County
- V Methamphetamine Case Review Project survey instrument.

References

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- Rondero Hernandez, V., & Noriega, L. (2008).
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Attachment I

Fresno County Findings

1. Of 78 cases surveyed, 67% or 53 cases identified methamphetamine as a contributing factor for CWS intervention.
 - Polysubstance abuse was documented in 53% of the cases. Of those, 34% included marijuana, 25% included alcohol, and other substances were found at lower rates.
 - In 64%, the mother was the primary caregiver, followed by both parents at 33%.
 - Hispanics/Latinos comprised 50% of the primary ethnicities, Native Americans 15%, Whites 14%, African Americans 12%, Pacific Islanders 2%, and 7% were identified as other categories.
 - The Juvenile Court found allegations of neglect to be true in 98% of the cases. Other forms of abuse, such as physical abuse, were rarely found to be true.
 - Mandated reporters initiated referrals in 96% of the cases; law enforcement comprised 59% of the total, followed by medical/health professionals at 31%.
 - Family Reunification services were ordered in 83% of the cases, Family Maintenance services in 6%, and no services in 13% (Percentages for FM and no services include duplicative counts, i.e. the Court ordered both FR and FM for a family).
 - Mental health services were ordered by the court in 89% of these cases, and 87% of these cases had substance abuse services ordered. Substance abuse and mental health services were both ordered in 87% of these cases. Parenting education was court ordered in 81% of these cases.
2. Where methamphetamine was a contributing factor, case records reflected the following:
 - The average number of previous referrals on the primary caregiver was 5.6, with a range of 0 to 18. Of all cases reviewed, 12% had no previous referrals, 40% had 1 to 4 previous referrals, and 16% had 10 or more previous referrals.
 - Primary caregivers had previously experienced removal of at least one child due to substance abuse in 40% of the cases.
 - Children age five or less were removed in 89% of these cases and children age six or older were removed in 44%.
 - Data regarding the primary caregiver's involvement with criminal justice was not found in 8 of the 53 cases surveyed. In the 45 cases where data was found, 47% had no criminal justice involvement and 53% had some kind of criminal justice involvement, such as on probation, awaiting trial/charges, and incarceration.
3. Attempts were also made to capture data on variables for primary caregivers' educational experience, employment status, and special needs, such as homelessness, CalWORKS recipient, mental health history; however, this information was not readily available.

Attachment II

Kings County Findings

1. Of 47 cases surveyed, 62% or 29 cases identified methamphetamine as a contributing factor for CWS intervention.
2. Where methamphetamine was a contributing factor, case records reflected the following:
 - Polysubstance abuse was documented in 35% of the cases. Of those, 31% included marijuana, and substances such as alcohol and cocaine were found at lower rates.
 - In 72%, the mother was the primary caregiver, followed by both parents at 24%.
 - Whites and Hispanics/Latinos each comprised 43% of the primary ethnicities, Native Americans 7%, African Americans 4%, Asian Americans/Pacific Islanders 4%.
 - The Juvenile Court found allegations of neglect to be true in 100% of the cases. An allegation of abuse was substantiated in only one of the cases.
 - Mandated reporters initiated referrals in 93% of the cases; law enforcement comprised 42% of the total, followed by medical/health professionals at 31%.
 - Family Reunification services were ordered in 64% of the cases, Family Maintenance services in 21%, and no services in 21% (Percentages for FM and no services include duplicative counts, i.e. the Court ordered both FR and FM for a family).
3. Attempts were also made to capture data on variables for primary caregivers' involvement with criminal justice, educational experience, employment status, and special needs, such as homelessness, CalWORKS recipient, mental health history; however, this information was not readily available.
 - Mental health services were ordered by the court in 65% of these cases, and 89% of these cases had substance abuse services ordered. Substance abuse and mental health services were both ordered in 62% of these cases. Parenting education was court ordered in 27% of these cases.
 - The average number of previous referrals on the primary caregiver was 6.7, with a range of 0 to 24. Of all cases reviewed, 42% had 1 to 3 previous referrals, and 21% had 10 or more previous referrals.
 - Primary caregivers had previously experienced removal of at least one child due to substance abuse in 21% of the cases.
 - Children age five or less were removed in 83% of these cases and children age six or older were removed in 34%.

Attachment III

Madera County Findings

1. Of 79 cases surveyed, 61% or 48 cases identified methamphetamine as a contributing factor for CWS intervention.
2. Where methamphetamine was a contributing factor, case records reflected the following:
 - Polysubstance abuse was documented in 46% of the cases. Of those, 31% included marijuana; other substances such as opiates and barbiturates were found at lower rates.
 - In 77%, the mother was the primary caregiver, followed by both parents at 17%.
 - Hispanics/Latinos comprised 60% of the primary ethnicities, Whites 35%, and Native Americans 4%.
 - The Juvenile Court found allegations of neglect to be true in 98% of the cases. Other forms of abuse, such as physical abuse, were rarely found to be true.
 - Mandated reporters initiated 90% of the referrals; health/medical professionals comprised 42%, law enforcement 26%, and medical social workers 12%.
 - Family Reunification services were ordered in 75% of the cases, Family Maintenance services in 10%, and no services in 15% (Percentages for FM and no services include duplicative counts, i.e. the Court ordered both FR and FM for a family).
 - Mental health services were ordered by the court in 44% of these cases, and 83% of these cases had substance abuse services ordered. Substance abuse and mental health services were both ordered in 42% of these cases.
3. Attempts were also made to capture data on variables for primary caregivers' educational experience, employment status, and special needs, such as homelessness, CalWORKS recipient, mental health history; however, this information was not readily available
 - Parenting education was court ordered in 60% of these cases.
 - The average number of previous referrals on the primary caregiver was 8.7, with a range of 0 to 33. Of all cases reviewed, 15% had no previous referrals, 11% had 3 previous referrals, and 37% had 10 or more previous referrals.
 - Primary caregivers had previously experienced removal of at least one child due to substance abuse in 18% of the cases.
 - Children age five or less were removed in 80% of these cases and children age six or older were removed in 54%.
 - Data regarding the primary caregiver's involvement with criminal justice was not found in 11 of the 48 cases surveyed. In the 37 cases where data was found, 41% had no criminal justice involvement and 59% had some kind of criminal justice involvement, such as on probation, awaiting trial/charges, and incarceration.

Attachment IV

Tulare County Findings

1. Of 92 cases surveyed, 51% or 47 cases identified methamphetamine as a contributing factor for CWS intervention.
2. Where methamphetamine was a contributing factor, case records reflected the following:
 - Polysubstance abuse was documented in 26% of the cases. Of those, 11% included alcohol, some included marijuana and cocaine, and other substances were found at lower rates.
 - In 94%, the mother was the primary caregiver, followed by both parents at 6%.
 - Hispanics/Latinos comprised 52% of the primary ethnicities and Whites 48%.
 - The Juvenile Court found allegations of neglect to be true in 96% of the cases. Other forms of abuse, such as physical abuse, were rarely found to be true.
 - Mandated reporters initiated referrals in 100% of the cases; law enforcement comprised 45% of the total, medical/health professionals 51%.
 - Family Reunification services were ordered in 62% of the cases, Family Maintenance services in 19%, and no services in 36% (Percentages for FM and no services include duplicative counts, i.e. the Court ordered both FR and FM for a family).
 - Mental health services were ordered by the court in 43% of these cases, and 68% of these cases had substance abuse services ordered. Substance abuse and mental health services were both ordered in 43% of these cases.
3. Attempts were also made to capture data on variables for primary caregivers' involvement with criminal justice, educational experience, employment status, and special needs, such as homelessness, CalWORKS recipient, mental health history; however, this information was not readily available.
 - Parenting education was court ordered in 47% of these cases.
 - The average number of previous referrals on the primary caregiver was 4.2, with a range of 0 to 24. Of all cases reviewed, 62% had 0 to 3 previous referrals, 22% had 4 to 7 referrals, and 16% had 8 or more.
 - Primary caregivers had previously experienced removal of at least one child due to substance abuse in 40% of the cases.
 - Children age five or less were removed in 87% of these cases and children age six or older were removed in 36%.

Attachment VMethamphetamine Case Review Project

County: _____

Recorder: _____

Allegations

1. How many previous referrals have been received on the primary caregiver? ____
2. Source of referral?
 A. ___Mandated Reporter (specify) _____
 B. ___Self/Parent
 C. ___Family member
 D. ___Other interested party
3. Who was the primary caregiver at time of referral?
 ___Father ___Mother ___Both parents ___Other (specify) _____

4. Ethnicity of primary caregiver? ___White ___African American ___American Indian/Alaska ___Asian ___Hispanic/Latino ___Pacific Islander ___Other	5. Ethnicity of secondary caregiver? ___White ___African American ___American Indian/Alaska ___Asian ___Hispanic/Latino ___Pacific Islander ___Other
6. Age of primary caregiver? ___17 or younger ___18-25 ___26-35 ___36-55 ___56+	7. Age of secondary caregiver? ___17 or younger ___18-25 ___26-35 ___36-55 ___56+
8. Employment Status of primary caregiver? ___Employed full-time ___Employed part-time ___Unemployed seeking work ___Unemployed not seeking ___Not in labor force (SSI, disabled, etc) ___Unknown	9. Employment Status of secondary caregiver? ___Employed full-time ___Employed part-time ___Unemployed seeking work ___Unemployed not seeking ___Not in labor force (SSI, disabled, etc) ___Unknown
10. Primary language of primary caregiver? ___English ___Spanish ___Hmong ___Laotian ___Other	11. Primary language of secondary caregiver? ___English ___Spanish ___Hmong ___Laotian ___Other
12. Legal Status of primary caregiver? ___No criminal justice ___Under parole by CDC ___Probation ___Other division under PC 1000 ___Incarcerated ___Awaiting trial/charges	13. Legal Status of secondary caregiver? ___No criminal justice ___Under parole by CDC ___Probation ___Other division under PC 1000 ___Incarcerated ___Awaiting trial/charges
14. Special needs of primary caregiver? ___Homeless ___CalWORKs recipient ___Medi-Cal beneficiary	15. Special needs of secondary caregiver? ___Homeless ___CalWORKs recipient ___Medi-Cal beneficiary

16. Level of education for primary caregiver? <input type="checkbox"/> Less than 12 years <input type="checkbox"/> 12 years (diploma or GED) <input type="checkbox"/> 2 year college degree <input type="checkbox"/> 4 year college degree or higher <input type="checkbox"/> Unknown	17. Level of education for secondary caregiver? <input type="checkbox"/> Less than 12 years <input type="checkbox"/> 12 years (diploma or GED) <input type="checkbox"/> 2 year college degree <input type="checkbox"/> 4 year college degree or higher <input type="checkbox"/> Unknown
<input type="checkbox"/> Diagnosed mental health history <input type="checkbox"/> Veteran <input type="checkbox"/> Pregnant <input type="checkbox"/> Disabled <input type="checkbox"/> Domestic violence	<input type="checkbox"/> Diagnosed mental health history <input type="checkbox"/> Veteran <input type="checkbox"/> Pregnant <input type="checkbox"/> Disabled <input type="checkbox"/> Domestic violence

18. Type of founded allegations substantiated by the court?

Neglect Abuse Other

19. Was methamphetamine cited as a contributing factor in the case?

Yes No

20. Was another drug(s) cited as a contributing factor(s) in the case?

Alcohol Marijuana Cocaine Other

21. How many children live in the home of the referral?

of children under 5 # of children 6-17 years old

22. Have other children been removed for substance abuse by the primary caregiver?

Yes No Unknown

Jurisdictional/ Dispositional

23. What types of services were offered to parent(s)?

Family Reunification (FR)
 Court Ordered Family Maintenance
 No services offered

24. What services were court ordered?

Mental health Substance abuse Anger management
 Parenting Victims group Batterers treatment Bonding studies
 Other: explain. _____