

On behalf of Blank Children's Hospital, please find the attached items for the DEC workgroup discussion:

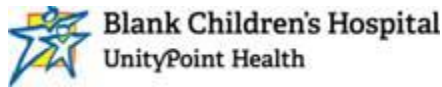
1. Background letter highlighting Blank Children's Hospital's concerns about DEC cases being handled through the Family Assessment pathway
2. Bibliography of a sampling of the medical and psychological research which identifies the strong link between parental substance abuse and child health and safety.
3. Specific data questions that should be reviewed by the DEC workgroup, or if this data is unavailable the DEC workgroup should recommend future tracking of this data by DHS, Community Cares providers and others, to better understand the impact of Differential Response on Drug Endangered Children.

I would like to request the opportunity be made available for public comment at the end of the agenda on September 22, so Blank Children's Hospital may respond to the DEC workgroup member discussion. We appreciate your time and consideration of our request!

Chaney

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Drug Endangered Children (DEC) Interim Workgroup
c/o Governor's Office of Drug Control Policy
Pape State Office Building, 5th Floor SW
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Dear DEC Workgroup Members:

On behalf of Blank Children's Hospital, we would like to thank you for agreeing to serve on this important workgroup created by SF 2258 to better understand the impact of the Differential Response system in Iowa on the lives of children exposed to their parent or caregiver's illicit drug use and addiction. Blank Children's Hospital has concerns about the Child Abuse Intake assignment to the Family Assessment pathway for allegations of child abuse involving parental substance abuse. Please note it is not our intention to question the Differential Response as a whole, merely how the drug related cases of alleged child abuse are currently assigned.

In the majority of cases involving Drug Endangered Children, the cases are assigned as Denial of Critical Care (DCC) - Lack of Supervision. In many DCC cases involving lack of supervision, assignment to the Family Assessment pathway are very appropriate (i.e. the toddler that escapes the house unknowingly while the parent believes the child is napping). However, we believe cases involving parental/caregiver substance use pose a significant threat to child safety and should be assigned to the Child Abuse Assessment pathway in order to give the DHS worker more complete information in order to make their determination of safety.

The link between parental substance abuse and child maltreatment is well-documented and undeniable. Children whose parents abuse drugs are three time more likely to be abused and four times more likely to be neglected than children from a home without drug addiction. There are decades of medical and psychological research which indicate children who grow up in homes with drug addiction are more likely to experience issues concerning safety, health, mental health, development and future success (See attached bibliography for a sampling of the relevant research). We also know that parents facing substance abuse issues love their children just as much as parents without an addiction, but often times the addiction clouds the decisions a parent makes for the well-being of their child.

Blank Children's Hospital providers see the impact that parental substance abuse can have on children and families. Common issues impacting the safety and health of the child include:

- Medical and dental needs not being met
- Immunizations not up to date
- Poor medication compliance for acute and chronic illnesses
- Developmental delays
- Accidental injuries such drowning and drug overdose
- Behavioral health concerns such as attachment disorders and conduct disorders
- Learning disabilities.

Additionally, children living in a home in which substance abuse occurs are exposed to an environment that is often chaotic, and may include several unsupervised visitors in and out of the home. Children are more likely to be exposed to physical aggression between adults (assaults or domestic violence) or towards the child, and the potential exposure to sexual abuse due to the decreased inhibitions and hyper-sexualized behavior that occurs with some forms of illicit drug use. That is why it is important to have a safety net in place to ensure the needs of Drug Endangered Children are being appropriately assessed using a multidisciplinary team approach (DHS, law enforcement, medical and mental health professionals).

Currently under the Family Assessment pathway, DHS workers make their determination of safety with limited information based upon the parent's self-report, and without the consultation of a medical or psychological expert, or coordination of information with law enforcement. The exceptions to the Family Assessment pathway assignment in DEC cases only occur if 1) the child is under 6 years old and the allegation involves methamphetamine, or 2) if the allegation involves illegal drugs being sold from the home.

For example, if a concerned citizen called Iowa's Child Abuse Hotline regarding a child living in a home with a single parent whom they suspected was using heroin or cocaine and feared the child's needs were not being met, DHS would assign the case to the Family Assessment pathway. Under the Family Assessment pathway DHS is:

- Unable to contact law enforcement to see if the parent or household is being investigated for illegal drug activity;
- Unable to require the parent or child be tested for illegal drugs;
- Unable to require the child be seen by a health care provider for a medical evaluation; and
- Unable to consult with a Multi-Disciplinary Team (MDT) about the child, parent or case dynamics.

DHS identifies a high rate of pathway reassignment in DEC cases suggesting there is a safety net in place. However, our concern centers around the delay in collaborative information sharing, assessment and needed interventions for the child when the research clearly demonstrates that child health and safety is often a concern in parental substance abuse cases. Blank Children's Hospital believes the cases should be assigned to the Child Abuse Assessment pathway from the beginning of the intake process to allow for timely, collaborative information sharing and assessment, and a comprehensive evaluation of the child's health and safety.

Please feel free to contact either of us if we may provide you with any additional information as the workgroup formulates its recommendations for the Iowa General Assembly. Thank you for your time and consideration of our concerns.

Sincerely,

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DEC Bibliography

Key topic areas: child abuse and neglect, parental substance abuse and child development, health and safety.

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Data Questions for DEC Workgroup

1. Allegations of which drug(s) are involved at intake?
2. Confirmation of which drug(s) are involved (by parent caregiver admission, court filings/conviction)
3. How many DEC cases are assigned to Family Assessment (FA) pathway? Child Abuse Assessment (CAA) pathway?
4. Pathway reassignment
 - Rate of current reassignment dependent upon the child's age
 - Rate of current reassignment dependent upon type of drug(s)
 - (Future) Rate of reassignment dependent upon UNCOPE screening results
5. # of repeat intakes assigned to FA pathway within 12 months from the original date of FA intake
6. # of CAA intakes with a prior FA intake within the last 12 months.
7. # of substantiated CAA with a prior FA intake within the last 12 months
8. Community Cares data
 - # of parents/caregivers who accepted referrals for substance abuse assessment or treatment services.
 - # of parents/caregivers who contacted substance abuse assessment or treatment services.
 - # of parents/caregivers who successfully completed substance abuse assessment or treatment services. (or # of parents/caregivers who completed a substance abuse assessment. 1 treatment session. 5 treatment sessions)
9. Child Health
 - # of DEC children to receive a physical exam under the FA pathway (Community Cares would need to track)
 - # of DEC children to receive a developmental assessment under the FA pathway (Community Cares)
 - # of DEC children to receive a drug screening under the FA pathway (Community Cares)
 - # of DEC children to receive a physical exam under a CAA pathway (DHS)
 - # of DEC children to receive a developmental assessment under a CAA pathway (DHS)
 - # of DEC children to receive a drug screening under a CAA pathway (DHS)
10. # of people on the Child Abuse Registry due to substantiated substance abuse related DCC allegations alone.
11. # of people on the Child Abuse Registry due to substance abuse related Denial of Critical Care and another founded case of child abuse (i.e. DCC and Sexual Abuse)
12. # of people on the Child Abuse Registry due to substantiated substance abuse related DCC allegations alone who completed substance abuse treatment.