

**REPORT TO THE TWENTY-THIRD HAWAII STATE
LEGISLATURE 2005**

**IN ACCORDANCE WITH THE PROVISIONS OF ACT 40,
SLH 2004**

**DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION
NOVEMBER 2004**

REPORT ON THE DRUG ENDANGERED CHILD PROTECTION PROGRAM TASK FORCE IN ACCORDANCE WITH ACT 40, RELATING TO THE ILLEGAL USE OF CONTROLLED SUBSTANCES, SLH 2004

Act 40, Part V, tasked the Department of Human Services (DHS) to be the lead agency for a multi-agency task force composed of the DHS, the Departments of Health, Attorney General, and Education, the Judiciary, the county police departments, county prosecutors, and community agencies, to develop a first response program by law enforcement and child welfare workers to protect children who are discovered in a drug house or clandestine methamphetamine laboratory. The Department has been tasked with coordinating the efforts of the multi-agency task force to develop the drug endangered child protection program.

The Department is considering the most effective way to address this problem. We have held preliminary internal meetings to discuss the membership of the task force, the impact of Hawaii's Child and Family Services Review, Program Improvement Plan (PIP) and other legislation, efforts that are currently underway that deal with the problem of drug endangered children and how the funds allocated for this effort can be most effectively utilized. For example, PIP initiatives include increasing substance abuse services for CWS/TANF families who are to be referred to BESSD for substance abuse services, increasing Ohana Conferences and the involvement of families in case planning, and increasing visits for children in foster care to visit with their parents and siblings. We are also considering jurisdictional issues across agencies and counties that will need to be addressed, since the proposed membership includes State and County agencies and would have to provide a means to ensure statewide participation, much like the Child Death Review process.

In the meantime, law enforcement and the Department of Human Services' child welfare staff already have a cooperative response system to protect children who are discovered in a drug house or clandestine methamphetamine laboratory. The Department has a child abuse reporting hotline that is in operation 24 hours a day, seven days a week, to receive reports of suspected child abuse and neglect. The child welfare social worker coordinates with law enforcement to respond to reports of a child discovered in a drug house or methamphetamine laboratory to ensure the safety and well-being of the children. Also, one of the top four priorities in the Department's PIP to improve safety outcomes for children in our child welfare system is our commitment to doing timely investigation of all reports of child abuse or neglect which will clearly improve the safety of drug endangered children.

The Department is also pursuing other ways to address the issue of the drug endangered child. For example, we have hired a grant writer to assist in obtaining additional resources related to substance abuse. We have ongoing collaborative efforts with the Department of Health's Alcohol and Drug Abuse Division and Child and Adolescent Mental Health Division on several grant proposals to the Substance Abuse and Mental Health Services Administration (SAMHSA). One of the grants was to provide vouchers to substance abusing clients for substance abuse and supportive services. We are now in the process of applying for the SAMHSA Adolescent Substance Abuse Treatment Coordination Grant to provide integrated comprehensive substance

abuse treatment for mental health, child welfare, juvenile justice, etc. All children in our child welfare system, including those endangered by drugs, will benefit from these measures.

Additionally, we are enhancing Healthy Start Services in a new collaboration between the Department of Human Services and the Department of Health to better serve low, moderate, and high-risk families with infants. We are adding to the basic model by requiring a lower home visitor to family ratio rather than leaving it to the discretion of the provider. The enhanced services will also require that the child development specialist have an RPN license and that the person in this position, or in the clinical specialist position, will have some knowledge or experience in working with substance abusing families.

We are continuing to explore and improve the coordination of services for drug endangered children.