

REQUEST FOR BOARD ACTION

HENDERSON COUNTY BOARD OF COMMISSIONERS

MEETING DATE: March 2, 2006

SUBJECT: Challenges to Department of Social Services Achieving Positive Outcomes for Children in County's Care

ATTACHMENTS:

- I. Meth and Children in Care**
- II. Backlog and Children in Care**
- III. Capacity and Children in Care**
- IV. Meth Labs Seized in North Carolina Counties, 2004**

SUMMARY OF REQUEST:

Methamphetamine is a growing problem in Henderson County. Law enforcement investigated one hundred twenty (120) cases of meth abuse and children were found in more than one-third of the homes investigated.

An alarming number of children are entering the county's care and many of these children come from homes not safe due to parent methamphetamine abuse. Meth is a major reason the juvenile court system is backlogged. Children are not being served timely. Successful abuse treatment for parents is low (6%) and parents are often involved with the criminal court system.

The Department is requesting the opportunity to present information to the County Manager and Board of Commission on how methamphetamine and court backlog is affecting some of Henderson County's children.

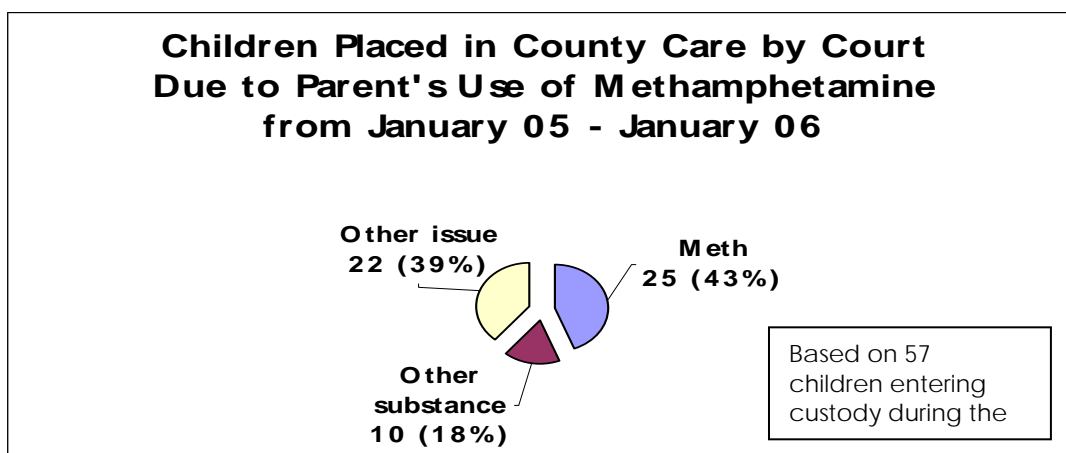
COUNTY MANAGER'S RECOMMENDATION/BOARD ACTION REQUIRED:

No action requested at this time.

Methamphetamine and Children in County's Care

- Impacting most of Western NC, including Henderson County (see Attachment IV - Meth Labs Seized in North Carolina Counties, 2004)

- 43% of children entering county care January 2005 – January 2006 due to parent's use of meth

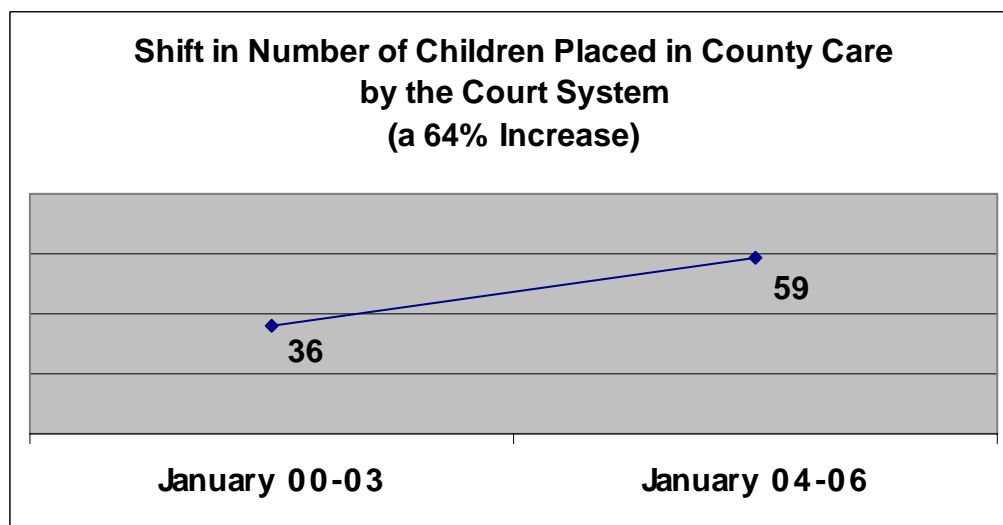
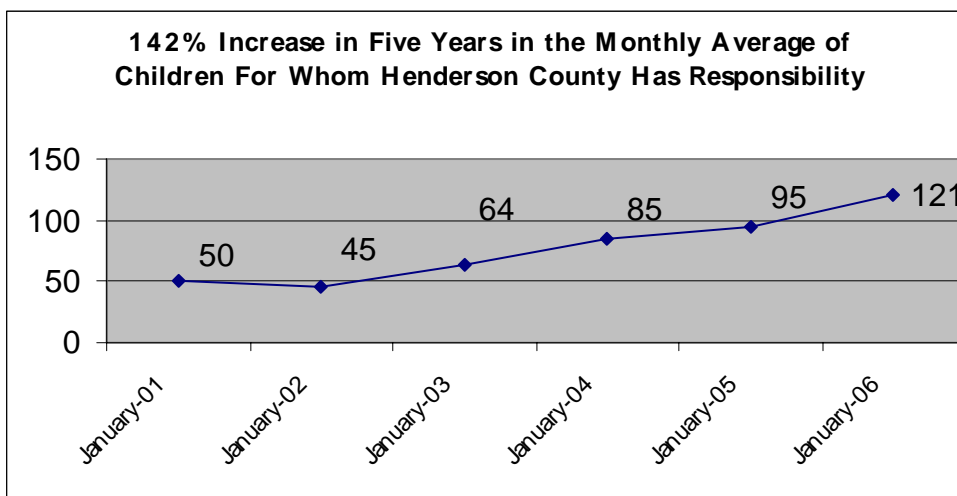


- Very challenging to work with parents...children are staying in the court system/county care longer.
 - 6% treatment success rate
 - Parents involved with criminal court
 - Major effect on county achievement of outcome(s) to reunify child with parents

Outcome of reunifying child and parents with twelve months		
<i>Desired outcome</i>	<i>State Actual</i>	<i>Henderson County Actual</i>
76%	61%	50%

Backlog and Children in County's Care

- Backlog is defined as “number of children for which county has placement authority who have been in county care for more than one year”
- Backlog is high
- Front-end: 27% increase in the number of children entering county care from January 2005 – January 2006



- Back-end: Adoptions slow
 - If unable to reunify family, adoption is the alternative

Outcome of Child Being Adopted within Twenty-Four (24) Months		
<i>Desired outcome</i>	<i>State Actual</i>	<i>Henderson County Actual</i>
32%	38%	22%

Capacity and Children in County's Care

- Capacity is defined as “the resources needed to achieve positive outcomes for children and the aged/disabled and their families”

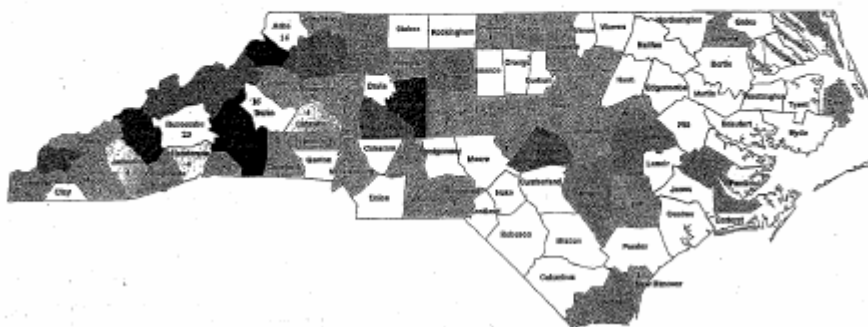
- Not achieving timely outcomes
 - 12 month reunification, or
 - 24 month adoption

- Fiscal
 - Deficits in budget line items, such as
 - funding for foster parents
 - client travel
 - clothing
 - legal services

- Diminishing and Contradictory Federal Support
 - Eliminating reimbursement to counties for relative and family placements (unless relative becomes licensed by State); but,
 - Still requiring placement with relatives whenever possible

Percentage of Children Placed with Relatives/Family in Henderson County		
<i>00/01</i>	<i>02/03</i>	<i>04/05</i>
18%	30%	41%

- No reimbursement retroactive to October 2005

METH LABS SEIZED IN NORTH CAROLINA COUNTIES, 2004**Total: 322***(As of December 31, 2004)***Meth and Meth Labs in North Carolina**

Meth lab seizures in North Carolina increased twenty-fold in the last four years (NCDOJ, 2004). In 2001, 34 meth labs were found; in 2002 there were 98; in 2003 there were 177; in 2004 there were 322 (Shaw, 2004). North Carolina is doing what it can to combat this trend because it can get much worse; some states seize more than 2,000 meth labs a year.

Rural communities are particularly at risk. Teens aged 12 to 14 who live in smaller towns are 104% more likely to use meth than those who live in larger cities (DEA, 2005). Meth “cooks” often site their labs in rural areas to hide the odors produced during manufacture (KCI, 2005).

The trend is for labs to spread from rural to suburban to urban areas. Relatively few labs have been found in larger cities such as Charlotte and Raleigh, but they are becoming more common in small towns in western and eastern North Carolina (Shaw, 2004).