

Fighting Meth, Healing Families

Seven promising solutions

By Mary Bissell and Jennifer Miller

Nationwide, methamphetamine, or “meth,” is devastating children, families, and the child welfare agencies that serve them. Adding to the crisis is the widespread misconception that meth addiction is untreatable. This myth not only hurts children and families, but makes it even more difficult for child welfare agencies to secure the government resources and community supports necessary to address it.

In collaboration with law enforcement, business, and the media, however, child welfare agencies are learning more than ever about new partnerships, tools, and programs that are working to protect families against meth.

1 Media Campaigns

In recent years, several states have developed effective public education campaigns to warn against the risks of meth use. These campaigns are built on the premise that, in a media-saturated world, one message is not enough when it comes to preventing substance abuse.

When software billionaire Timothy Siebel learned about the devastating effects of meth on Montana’s communities, he put his money to work to create a comprehensive advertising and community action project to reduce meth use in the state. In 2005, the Montana Meth Project began targeting 12- to 17-year-olds, with graphic, disturbing TV commercials, radio ads, billboards, and posters to warn against meth use.

The campaign worked. A March 2006 survey of more than 1,460 respondents found shifts in attitudes about the perceived “benefits” and risks of meth by as much as 30% over a period of only eight months, including a significant increase in communication between parents and teens.

2 Expanding Permanency Options

With adequate supports, good substance abuse treatment services, and strong collaboration between multiple systems, parents can successfully kick meth habits and keep their families together.

But even the best possible interventions do not work for everyone. To help those children who cannot return home to live safely with their parents, child welfare agencies

and the courts are redoubling efforts to ensure permanency through adoption and guardianship. In particular, subsidized guardianship is an increasingly valuable permanency tool when adoption or reunification with parents is not viable. This option is especially popular for children who are being cared for by grandparents and other relatives.

Subsidized guardianship programs, now available in at least 37 states and the District of Columbia, provide ongoing financial support to allow children to leave the foster care system to live with a permanent family that has agreed to provide them a safe, loving home. Subsidized guardianship is a particularly important permanency option for many older youth who do not want to be adopted. Subsidized guardianship is also a useful option for grandfamilies—grandparents and other relative caregivers—who do not want to disrupt family relationships by terminating parental rights, and for Native American and other populations for whom termination of parental rights is contrary to cultural norms.

An estimated 20,000 children in the foster care could leave the system if a permanency option like federally supported guardianship were available. If subsidized guardianship were widely available in all states, many of these children would be able to exit foster care to the permanent care of loving relatives and other foster families.

3 Interagency Collaborations

Because meth affects children in many different ways, partnerships are critical to ensure that all involved agencies—from child welfare to law enforcement—are addressing individual needs effectively.

One particularly effective model gaining influence nationwide is Drug Endangered Children (DEC) partnerships. DEC partnerships are designed to coordinate the activities and responsibilities of all agencies that may be involved as first responders at a drug scene or in a meth-related crisis intervention, including law enforcement personnel, child protection workers, emergency room personnel, prosecutors, and fire and hazmat crews.

To support the more than 25 states and regions that have established DEC teams, a National DEC Training Program has educated more than 5,500 professionals from multiple disciplines in 20 different states. Building on the success of these collaborations, the National Alliance for Drug Endangered Children has also been established to provide technical assistance and support for the state networks of professionals involved in substance abuse issues.

As part of the reauthorization of the Patriot Act, Congress recently authorized \$20 million dollars in grants to the states to expand and establish new programs to provide comprehensive, coordinated services to drug-endangered children living in homes where meth and other controlled substances are made and used.

In addition to law enforcement partnerships, more child welfare agencies are also turning to broader collaboration with the substance abuse treatment community and drug courts. The National Center for Substance Abuse and Child Welfare (NCSACW), funded by the U.S. Substance Abuse and Mental Health Services Administration, was created specifically to help foster greater collaboration among these agencies.

NCSACW's technical assistance resources and online trainings provide agencies the basic structure for successful collaborations, including a framework for shared values and principles, interagency protocols for working together, substance abuse expertise for child welfare agencies and family courts, information on developing strong and early assessment processes, and other resources.

Sidebar 1 about here

4 New Supports for Grandfamilies

Grandfamilies have become lifelines for millions of children who cannot live with their parents due to meth and other substance abuse. As the child welfare system's reliance on grandfamilies continues to grow, a number of new programs and resources have become available to address the unique issues they face.

To help grandfamilies break the cycle of substance abuse in their lives, the Children of Alcoholics Foundation has created a comprehensive guide and series of fact sheets, *Ties That Bind*, to help support relative caregivers dealing with parental substance abuse issues. The curriculum helps grandfamilies learn strategies for accessing child welfare services, ways to deal with changing family relationships, and managing children who have been affected by meth and other drugs.

Other programs are exploring new ways to help grandfamilies and other foster parents better address the developmental needs of children who have been affected by meth—especially young children who can benefit most from special early intervention programs.

The Therapeutic Preschool Model, developed by a coalition of national child development professionals for the Green County Behavioral Health Services in Muskogee, Oklahoma, provides one-on-one support for young children who have been

exposed to parental meth use. In addition to a range of developmental services, teachers also work directly with grandparent caregivers and foster parents who are caring for children who have been removed from their homes.

The needs of grandfamilies are also being incorporated into foster and adoptive trainings. As a former police officer and the current coordinator of the Cerro Gordo County Community Drug Court, Mike McGuire of Mason City, Iowa, has been watching the devastating effects of meth on communities across his state. Based on his extensive experience with children and families affected by meth, Mike now offers a series of peer trainings for foster and adoptive parents and grandfamilies who are raising children in the child welfare system. The trainings include general drug awareness, as well as classes on promoting positive relationships with birthfamilies and system professionals to increase positive outcomes for children.

“Relative caregivers caring for children in foster care have many of the same issues as other foster and adoptive parents,” McGuire says, “but one subject that tends to be ignored is the impact of meth on the entire family system. Wherever meth is present, we’ve just seen an explosion of relatives raising children.”

Sidebar 2 about here

5 Enhancing Treatment Options

Comprehensive, readily accessible treatment programs are communities’ best hope have for breaking the cycle of alcohol and drug dependence and helping families stay together. One of the most promising treatment models is comprehensive family treatment, which provides services for both parents and their children.

A 2003 evaluation of 24 residential family-based treatment programs showed successful outcomes for mothers and their children, including 60% of mothers who remained clean and sober six months after discharge. The study also showed that 44% of children returned to their mothers from foster care.

In addition to the benefits to women and children, comprehensive family treatment programs also are a cost-saving alternative to foster care. In New York State, for example, effective family treatment costs \$25,000 per family, compared with the \$30,000 average cost to support one child in the foster care system and the \$30,000 cost of incarcerating a mother in a state or federal prison.

Most important, comprehensive substance abuse treatment increases parents' willingness to begin treatment in the first place. "In the family treatment program, I knew my wife and children were safe and healing," says Darren Noble, an Ohio father in recovery from a meth addiction. "That really eased my mind so I could focus on my treatment."

Sidebar 3 about here

6 Family Drug Courts

The nation's dependency courts are also responsible for ensuring children are safe and families can access the child welfare services they need. As many of these courts are finding, treatment works, but only if those who need it have the right support and motivation to try it in the first place.

Family drug courts have been widely lauded as a key ingredient to motivating families to enter and stay in treatment. These special courts handle substance-abusing offenders through comprehensive supervision, frequent drug testing, and immediate sanction and incentives to participate in substance abuse treatment. Drug courts bring all the players—judges, lawyers, substance abuse treatment professionals, and child protection agencies—into the process, forcing parents to confront meth use and other substance abuse-related issues.

One of the oldest and most effective drug treatment programs is the Sacramento County Family Drug Court in California. Over the past decade, the program has instituted a number of innovations that have substantially improved outcomes for thousands of children and families involved in the child welfare system.

At the very first detention hearing to determine a child's placement in the child welfare system, parents are referred to the STARS program (Specialized Treatment and Recovery Services), directly across the street from the courthouse, where they receive a comprehensive evaluation for appropriate services and a treatment plan. In addition to intensive counseling and other comprehensive treatment components, parents in the program are assigned role models, individual certified addiction specialists who are also in recovery.

The American University's Drug Court Clearinghouse reports that more than 400,000 offenders have participated in drug court programs like the one in Sacramento since they were created in 1989. A 1997 Government Accountability Office report estimated 71% of offenders participating in drug treatment courts had either successfully completed or

remained actively involved in their programs. A 2001 Columbia University study found that drug courts continue to provide “the most comprehensive and effective control of the drug-using offender’s criminality and drug usage while under the court’s supervision.”

7 Targeted Community Supports in Indian Country

Children, families, and tribes in the Native American community have been hit particularly hard by the meth crisis. Nationally, American Indians and Alaska Natives use meth at two to three times the rate of whites, with the highest rate of use among people ages 15–44.

The devastating effects of meth on the American Indian community is compounded by the fact that native children are already disproportionately represented in the child welfare system. In fact, Indian children are placed in foster care at two to three times of other children nationally. In some states, Native American children represent as much as 50%–60% of the children in state care.

To ensure infants and young children and their relative caregivers receive the full range of early intervention services, the Tribal Social Services Division of the Confederated Salish and Kootenai Tribes of the Flathead Nation in Montana has developed a comprehensive Developmental Assessment Clinic for children who have tested positive for meth and other drugs at birth. Of these children, 70%–80% are placed in foster care with relatives and then referred to the clinic, where they receive physical therapy, speech and language, medical, and dental screenings.

Although many of these families would also benefit from in-home support services, funding isn’t available. “We need to learn how to remove, not just individual children, but whole families from the drug environment,” explains Arlene Templer, the tribes’ Social Services Division Manager. “We have the expertise to give children, parents, and relative caregivers the services they need, but we don’t have the money.”

New Hope, New Directions

Meth is not the first nor the last child welfare crisis. Policy changes at the federal, state, and local levels must be flexible and broad enough to address a range of current and unforeseen issues. At the same time, meth’s particular brand of devastation, especially on certain states and communities, is a potent reminder of the urgent need to continue testing, modifying, and replicating effective practices and new solutions to this entrenched problem.

In addition to promising strategies, the best weapon may be our nation's inherent capacity to support change when it's most needed. "We need to believe that change is possible," explains an adoptive father of 8-year-old twins whose birthmother recently entered substance abuse treatment. "If we lose hope, we might all as well pack it in."

Mary Bissell and Jennifer Miller are partners in ChildFocus, a child welfare policy consulting, research, and strategic planning firm. Learn more at www.childfocuspartners.com. This article is excerpted and adapted from Generations United's Meth and Child Welfare: Promising Solutions for Children, Their Parents, and Grandparents. The full report, funded by the Pew Charitable Trusts, is available online at www.gu.org.

Sidebar 1

Recovery Coaches

Since 2000, the Illinois Department of Children and Family Services (DCFS) has operated a successful federal waiver demonstration project to provide enhanced alcohol and other drug abuse services to child welfare-involved families. The demonstration allows DCFS to waive current restrictions to use federal foster care funds more flexibly to address the needs of this population.

The waiver builds on an existing partnership with the state's Department of Alcohol and Substance Abuse that has resulted in expedited assessment and priority treatment admission for child welfare families. The courts also played a key role in this collaboration through the Juvenile Court Assessment Project, which provides onsite substance abuse assessment services at the juvenile court.

A cornerstone of the project is "recovery coaches," who help parents obtain treatment services and negotiate departmental and judicial requirements associated with recovery and permanency planning. Coaches work in collaboration with the child welfare worker, treatment providers, and extended family members to bridge service gaps. Specialized outreach and intensive case management are provided at all stages of the treatment, reunification, and recovery processes.

Based on a comprehensive evaluation, the first five years of the demonstration project have shown that children whose parents participate in this model are more likely to return home—and return home more quickly—than are children whose parents did not have access to these services. In addition, families in the program were less likely to have subsequent child abuse and neglect reports or to have additional children born exposed to drugs.

Sidebar 2

Extra Support for Grandfamilies

Janet Parker was looking forward to retiring with her husband when she started noticing things weren't quite right with her niece. She looked tired and would disappear for long periods of time. When her niece became pregnant, the family became even more concerned. When the baby, Brian, was born, his mother disappeared for two weeks and eventually ended up in jail for possession of meth.

Janet and her husband decided they had no choice but to take the baby in. "I had this little guy just laying in my lap, and it turned my world upside down," she explains. "I was footloose and fancy-free, and then all of a sudden I had this new baby."

After her niece disappeared, Janet and her husband talked about getting child protective services involved so Brian's mother wouldn't come and take the baby. But they were afraid. "I think I feel what a lot of relatives do," Janet says. "My primary concern was that if I got the child welfare system involved, they might take him away from us, and we didn't want to risk it."

Instead, they decided to go to court and get full custody of Brian, but not before they got help from the Kinship Adoption Resource and Education (KARE) Family Center, a private support organization for grandfamilies in Tucson, Arizona, where Janet had worked as a volunteer. Through the KARE Center, Janet was able to access a range of services, from support groups and one-on-one counseling to a guardianship clinic that helped her navigate the court process.

"This was an emotional experience for me," she remembers. "Knowing there were others who had been through what I had been through really helped." In response to Janet's and other caregivers' experiences, the KARE Center is now offering a series of lectures on "Meth in Tucson" which introduces families to local law enforcement officials, clinicians, and other service providers with expertise in combating meth. "When I volunteer to answer questions from other relative caregivers, I'd say at least 60% of the calls I get are meth-related," Janet says. "It's a huge problem."

Sidebar 3

Annie's Story: Treatment Keeps Families Together

Annie Zander had been using for more than 12 years when her son, Jory, tested positive at birth for meth and marijuana. The Oregon Department of Human Services took custody of Jory and placed him in foster care while Annie attended substance abuse treatment and parenting classes.

She got him back when he was about 5 months old, continued out-patient treatment, and graduated from treatment four months later.

But Annie hadn't kicked her addiction. "I hadn't been clean any of that time," she says. I was just going through the motions and acting like I was clean."

Annie was soon arrested for possession. She went to jail, and Jory went to foster care. Sentenced to 18 months, Annie was told she didn't have to serve her sentence if she completed two months of in-patient and one year of out-patient treatment. When she had been clean for six months, she was accepted into a transitional housing program for women and children. She received shelter, parenting supports, and case management to help her form a more healthy relationship with Jory.

Annie has been clean and sober for five years. She now works with a parenting program in Portland, where she mentors other women who are trying to keep their children, but she's particularly worried about the scarcity of similar programs for others. "We've done a good job at taking Sudafed off the shelves, but we need to do better at dealing with the sheer numbers of people who need treatment."

Sidebar 4

Congress Approves Grants for Meth Abuse

Legislation enacted last fall will provide \$40 million in grant funding for regional partnerships that address permanency outcomes for children affected by meth.

The Child and Family Services Improvement Act, S. 3525, which reauthorizes the Promoting Safe and Stable Families Program, establishes a series of grants to regional partnerships designed to address the safety, permanence, and well-being of children who are in, or at risk of placement in, out-of-home care as a result of meth or other substance abuse.

Competitive grants of \$500,000 to \$1 million will be available to address methamphetamine or other substance abuse as it affects the child welfare system. Grants will be from at least two to five fiscal years.

Applicants will have to demonstrate that meth or some other substance abuse has had a substantial effect on the number of out-of-home placements for children or the number of children who are at risk of placement, how they expect the funds to help address this impact, and how the integration of services and interagency collaboration will help achieve these goals.

Regional partnerships that address methamphetamines, have limited resources to address the needs of children affected, and lack the capacity for or access to comprehensive family treatment services will receive priority consideration.

Grant recipients will be able to use the funds for a variety of activities, including family-based, comprehensive, long-term drug treatment; early intervention and prevention; child and family counseling; mental health services; parenting-skills training; and replication of successful models for proven family-based, comprehensive, long-term substance abuse treatment.

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