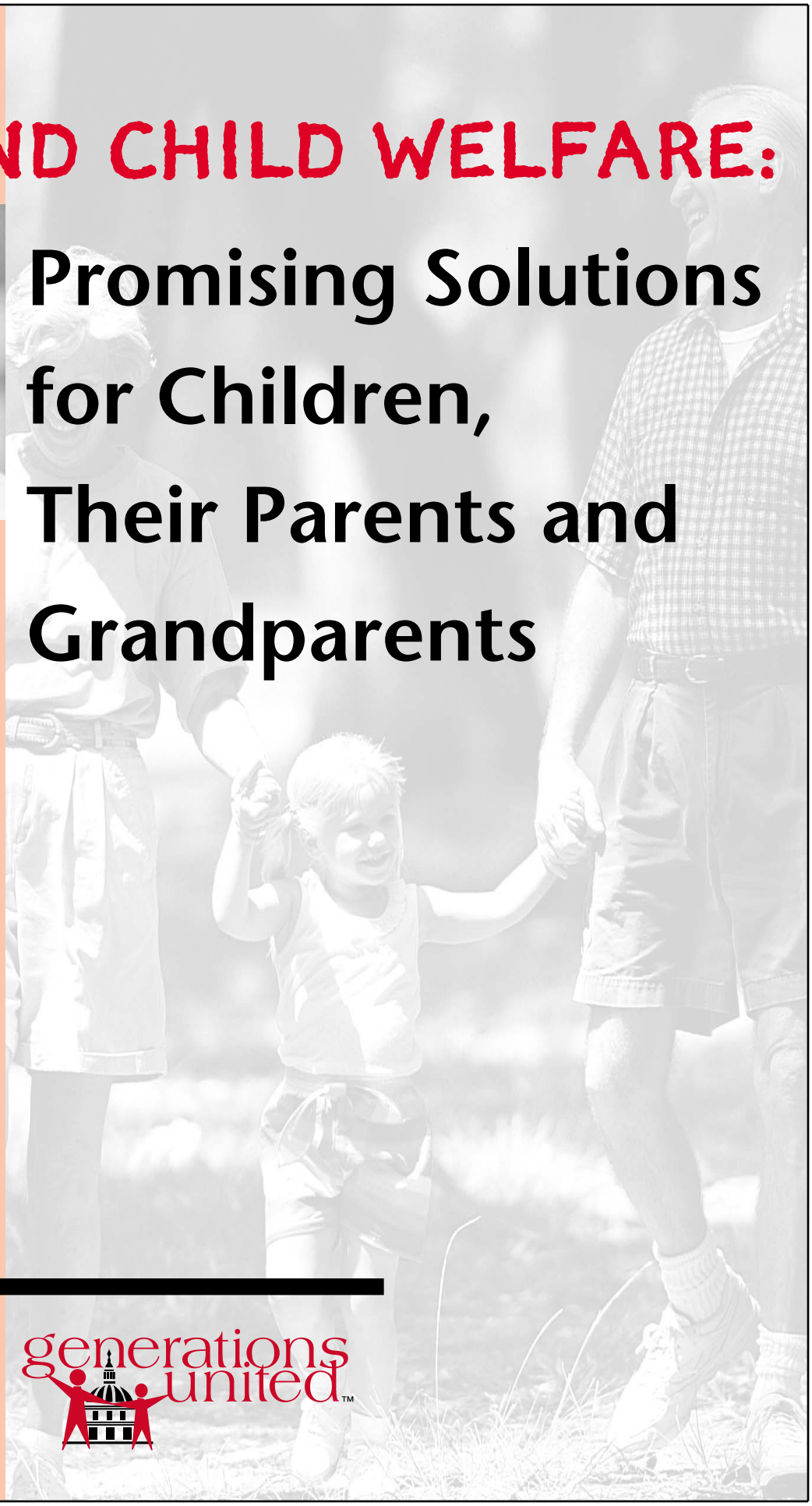
METH AND CHILD WELFARE:

Promising Solutions for Children, Their Parents and Grandparents



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EXECUTIVE SUMMARY

Across the nation, methamphetamine (or "meth") is a destructive force that is having tragic consequences for an increasing number of children, the child welfare systems that protect them, and America's families. This report examines the deleterious impact of meth on children, families, communities and the child welfare system. It identifies some promising strategies to prevent meth use, keep children safe, and help parents with addictions complete treatment. However, to truly combat meth abuse and the many other serious problems confronting families today, national changes are desperately needed to bring about more flexibility in child welfare policy, funding, and practice while ensuring a reliable funding stream. The report provides a comprehensive set of recommendations that, taken together, will significantly improve the child welfare system's ability to combat the impact of meth and many of the other serious issues facing children and families.

These reforms include:

- creating a reliable, flexible child welfare financing structure to support a wide range of activities, including prevention, treatment, comprehensive services for tribal communities, and cross-system collaborations;
- expanding permanency options for children in foster care to include subsidized guardianship when adoption or reunification is not possible;
- establishing and expanding targeted services and supports for grandfamilies and adoptive families;
- ensuring safety, support and training for frontline child welfare professionals;
- supporting new research, building data capacity, and promoting innovation;
- strengthening dependency courts and broadening the use of family drug court models

For children, exposure to meth and to the "meth lifestyle" can be devastating. In addition to the risks of pre-natal exposure, children may be harmed by the toxins in meth smoke or, if they live or play in a meth lab, the multiple dangers of meth manufacturing. Equally as frightening as the threats to their physical health and well-being, parental meth use often forces children to grow up in chaotic, unstructured, and unsafe homes without appropriate care and supervision. Some children are removed from these unsafe environments and placed in foster care.

Unfortunately, growing numbers of adults with children are experimenting with meth, a dangerous and harmful drug. Parents can quickly descend into the darkness of an addiction that takes over their lives and the lives of those who love them. Treatment works. But as many parents discover, recovery not only takes tremendous personal commitment but also depends upon an extensive network of family, community, and national policy supports. Unfortunately, these supports are often unavailable, and parents suffering from meth or other treatable drug addictions often end up losing their children to state protective custody.

Already overwhelmed by the shortage of services and treatment options to help children living with substance abusing parents, child welfare agencies and courts in certain geographic areas, particularly rural areas, are stretched to the maximum to respond to the rapid growth of meth use in families. Personal safety for child welfare workers is also a serious concern. Workers are increasingly called into homes with combative parents, toxic

> Guess you've heard this story before: grandparents raising kids because their kid is on meth. Our daughter is almost 24, the mother of two beautiful boys – two perfect little boys who shine like stars in our daily lives… I'll always love my daughter, but I don't love the woman who decided that meth was more important than her children.*
>
> – GRANDPARENT CARE-GIVER AND MOTHER OF A METH ADDICT

environments characteristic of home labs, and chronic neglect for the children's needs. Keeping families together whenever possible is a particular challenge. Too often, foster care becomes the only option for keeping children safe. Because the majority of federal dollars for child welfare protection can only be used to place and maintain children in foster care, child welfare workers are not able to provide supports that would help parents get back on track and keep their children with them.

My mom and dad have been on meth ever since I was born and I'm 12 years old now. I know life is complicated, but everyone needs to be educated now before they end up like my mom and dad.

— Teenager living in foster care with her grandparents

Sharing in the struggles of parents and child welfare agencies are thousands of grandparents and other relatives who are caring for children in foster care. Grandfamilies that step in to care for children affected by meth must put their own lives and needs on hold as they learn to navigate the complicated maze of child welfare agencies and court systems and tend to the physical and emotional needs of these children. Grandfamilies can keep children safe and help reduce the trauma associated with living in chaotic environments associated with meth use, but they also need the resources, legal authority, and emotional help needed to adequately care for these children.

Meth challenges faced by the child welfare system

Child welfare agencies and others charged with keeping children safe and keeping families together when possible face a variety of unique problems as they respond to the increase in meth use. While substance abuse has long been one of the primary reasons for child welfare involvement, meth dependence now joins alcohol abuse and a long list of other drugs as the latest threat to the safety and stability of families and children.

These complex challenges underscore the urgent need for child welfare agencies, together with other vital community partners, to join forces to turn the tide on the meth crisis. The nature of meth, like many other problems families face, requires a careful balance between the need to protect children from harm and the wisdom that children belong, whenever possible, with their own families. This delicate equilibrium between maintaining child safety and preserving families must also be reaffirmed and reinforced by other community partners – including law enforcement agencies, the courts, and substance abuse treatment programs – that play a critical role in controlling meth use.

Confronting meth: some promising approaches used by the child welfare community

There is no question that meth is having a devastating affect on children, families, and communities. Yet out of this crisis, a number of models and best practices are emerging from states that have been struggling with meth for over a decade. Funded primarily by the private sector, demonstration grants, and limited state and local funds, new knowledge is being developed about how to keep children safe, promote family reunification, and find children permanent homes when children can not live with their parents. These strategies include:

- Prevention of meth use through comprehensive public awareness and education campaigns;
- Permanent families for children who can not live with their parents, including adoption and subsidized guardianship
- Collaborative partnerships in states and local communities, including collaborations with law enforcement and substance abuse treatment agencies;
- Specialized supports for grandfamilies who step in to care for children living with meth affected parents;

- Treatment options for families, including residential treatment options in which parents and children can be together;
- Strong dependency court systems, including expanded use of family drug courts;
- Targeted efforts for special populations impacted by meth, particularly Native American communities

A Commitment to Change: Policy Recommendations

The devastating impact meth is having on the child welfare system is, in many ways, similar to crises of the past, such as the crack cocaine crisis of the 1980's. Indeed, long-time child welfare professionals understand that periodically, crises will arise that threaten the safety and stability of our children, families and communities. These crises remind us just how vulnerable our children, families and communities are when the system lacks the flexibility to respond to the challenges at hand.

The following six recommendations for federal support would go a long way to help child welfare agencies weather this and future storms, and to capitalize on the inherent resiliency of the families and communities with whom they work.

> We do not need to reinvent the wheel in providing for the needs of pregnant women and their children who are affected by methamphetamine use
>
> – Dr. Rizwan Shah, Medical Director of the Child Abuse Program at Blank Children's Hospital in Des Moines, Iowa

1. Reform federal child welfare funding structure to enable child welfare agencies to support the full continuum of child welfare activities

Title IV-E is the principle source of federal funding for child welfare agencies charged with keeping children safe and helping families stay together. Yet Title IV-E is governed by a set of antiquated rules that limit its use for most activities other than supporting children in out of home placements after a crisis has occurred. Flexible and reliable funding is critical to ensure safety and stability for all children.

The need for reliable and more flexible resources is particularly important to those communities whose children are overrepresented in foster care, particularly African American and Native American children. Any effort to create a more balanced funding formula should recognize reducing the inequities for these children as a major goal. Although meth use is not as prominent an issue for African American families as it is for American Indian and Native Hawaiian Pacific Islanders, resources should be available to support African American families whose use of other drugs or alcohol jeopardizes the safety of their children.

2. Help children find permanent homes by providing adoption assistance for all children and federal support for subsidized guardianship

The Adoption and Safe Families Act (ASFA) reinforced the importance of finding children permanent homes when a court has determined that return home to live with their own parents is not possible. Yet barriers still remain

that prevent some children from exiting foster care to permanent homes through adoption and guardianship. These barriers could be removed through the following recommendations:

- Adoption assistance should be provided for all families adopting children from foster care, not just those who are Title IV-E eligible.
- Federal guardianship assistance should be an option for all states and tribes, as recommended by the Pew Commission on Children in Foster Care.

3. Provide Targeted Assistance for Grandfamilies

Grandparents and other relatives who care for children impacted by meth are a salvation for families and the communities in which they live. Yet many grandfamilies are struggling to meet the basic needs of the children in their care. Concrete ways that grandfamilies can be supported include providing federal assistance for all children adopted from foster care and those that want subsidized guardianship, education for grandfamilies on the impact of meth, training for caseworkers on the needs of grandfamilies, changing licensing rules so that more grandfamilies can become foster families, and more flexible resources to expand community based supports for grandfamilies.

4. Ensure Safety and Stability for those on the Frontlines through Incentives and Strengthening the Workforce Provisions of Child and Family Services Reviews

Meth manufacturing and meth associated violence and crime create a new set of challenges to keep those on the front lines safe and equipped with the tools they need to respond effectively. Frontline workers will not be of any help to the children and families they serve if they do not have the support, training and recognition needed to meet the demands of the job.

The federal government can help promote workforce stability and safety by providing an incentive for those states that develop strategic plans for building an effective workforce and commit to strategies to reduce turnover. It can also help by building in a review of workforce factors as part of the Child and Family Services Reviews. Currently, the CFSRs only include training as one of their seven systemic review factors. Expanding this review to a more comprehensive set of strategies would significantly strengthen federal oversight of this issue.

5. Support Collaborative Research, Evaluation, and Data Improvements to Fully Understand the Impact of Meth on Families and Support Innovation through Child Welfare Waivers

Much of the knowledge shared in this report about the most effective methods for treating substance abuse and keeping families together comes from research and evaluation supported by the federal government and foundations. To ensure that children and families impacted by meth benefit from the evidence about what works, the following steps can be taken:

- Extend waiver authority to support continued innovation

- Continue to support collaborative research, evaluation, data improvements, and sharing of best practices.
- Invest in building data capacity, particularly across systems.

6. Strengthening Dependency Courts to Enhance Child Welfare Collaborations, Promote Family Drug Courts, and Give Youth and Families a Voice in Court

In order for dependency courts to be more effective at helping child welfare agencies meet timelines for substance abusing families, particularly those that are involved with meth, the following can be a part of these on-going efforts:

- Support for the family drug court model
- Reinforcing the importance of and support for grandfamilies in court
- Giving youth and families a voice in court

Conclusion

In exploring the impact of meth on children, parents, and grandfamilies, it is important to remember that meth will not be the first or the last child welfare crisis. Indeed, 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 act on these suggested reforms.

When it comes to building the public and political will for the systemic reforms needed to combat meth and any other potential threats to family well-being, the best weapon may be the nation's inherent capacity for making changes when the need is urgent and the cause is true and just. "We need to believe that change is possible," explains an adoptive father of eight-year-old twins whose birth mother recently entered treatment for meth dependence after twelve years of substance abuse. "If we lose hope, we might as well pack it in."

* The quotes by children, parents, and grandfamilies used throughout this report have been taken from the "letters & stories" section of KCI: The Anti-Meth Site (formerly the Koch Crime Institute) which encourages meth users, recovering meth addicts, and family members impacted by meth use to share their stories and experiences; http://www.kci.org.

ACKNOWLEDGMENTS

With so much sensational media coverage of the impact of methamphetamines on children, families, and communities, it was critical for us to find the most highly respected professionals, service providers, and researchers to provide guidance and information for this report. We thank them for their time, their wisdom, and their commitment to children and families.

In particular, we would like to thank Nancy K. Young, Ph.D., Director, Children and Family Futures, Inc. and the National Center on Substance Abuse and Child Welfare. Thanks also to Naomi Weinstein, MPH, Director, Children of Alcoholics Foundation; Malika Saada Saar, Executive Director, The Rebecca Project; the National Association of Counties; and The ABA Center on Children and the Law.

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Most importantly, we would like to thank the individuals and families who have shared their stories in order to make change possible for others.

About Generations United

Generations United (GU) is the national membership organization focused solely on improving the lives of children, youth, and older people through intergenerational strategies, programs, and public policies. GU represents more than 100 national, state, and local organizations and individuals working on behalf of more than 70 million Americans. Since 1986, GU has served as a resource for educating policymakers and the public about the economic, social, and personal imperatives of intergenerational cooperation. GU acts as a catalyst for stimulating collaboration between aging, children, and youth organizations, providing a forum to explore areas of common ground while celebrating the richness of each generation.

Since 1997, one of GU's main initiatives has been its work to support relative caregivers and the children they raise. GU's National Center on Grandparents and Other Relatives Raising Children seeks to improve the quality of life of these caregivers and the children they are raising by addressing the unique needs of each generation. It provides a wide variety of resources, technical assistance, and training to service providers and professionals across the country and educates policymakers on the importance of adopting intergenerational public policies and programs.

For more information about the work of Generations United, please contact:

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About this Project

GU's "Uniting Generations to Support Children in Foster Care" project, funded by The Pew Charitable Trusts (the Trusts), is raising awareness about the need for federal guardianship assistance to support older Americans raising children in foster care and for improved court oversight of foster care. In December 2005, the Trusts awarded GU a second grant as part of its national foster care initiative to help move children in foster care more quickly and appropriately to safe, permanent families, and to prevent the unnecessary placement of children in foster care. In May 2004, the Pew Commission on Children in Foster Care (Pew Commission) recommended changes to address the reasons why children languish in foster care: (1) federal financing incentives favor foster care over other services and options, and (2) state and local courts frequently lack the tools and information needed to oversee foster care cases.

As part of its foster care initiative, the Trusts is partnering with GU and other organizations to raise awareness of the Pew Commission's recommendations and to encourage support for them. For further information about these recommendations and a complete copy of the Pew Commission's report entitled *Fostering the Future: Safety, Permanence, and Well-Being for Children in Foster Care*, visit *www.pewfostercare.org*.

About The Pew Charitable Trusts

The Pew Charitable Trusts serves the public interest by providing information, policy solutions, and support for civic life. Based in Philadelphia with an office in Washington, D.C., the Trusts will invest $204 million in fiscal year 2006 to provide organizations and citizens with fact-based research and practical solutions for challenging issues.

More information about The Pew Charitable Trusts is available at *www.pewtrusts.org*.

The opinions expressed in this report are those of the authors and do not necessarily reflect the views of The Pew Charitable Trusts.

I just thank God our daughter has the most caring grandparents ever. They've been there for my daughter since day one. My wife and I have missed so much of my daughter's first year growing up.[4]

– Father battling a meth addiction

Dear Colleagues:

Each day brings a new story of the devastating impact that the use of methamphetamines (or "meth")is having on families and in communities across the country. It is a story that has been told all too often in newspapers in cities, counties and states across our nation.

This report tells a different story, one that has not yet been heard: that of the heroic efforts of grandfamilies, families where grandparents and other relatives step in to care for children when their parents cannot. Because of meth and other substance abuse problems, grandparents and other relatives are joining the frontlines of those working to minimize the impact that drugs can have on children. They are becoming foster parents, caregivers, and nurturers for the children who need them most. In the United States, 533,744 children are in foster care. Almost one-fourth of these children – 125,688 – live with relatives.[1] When children in institutional or group settings are excluded, 33.8% of children in the child welfare system are living with relatives.[2]

Grandfamilies play a central role, not only in raising children in foster care, but in reducing the initial trauma they experience when removed from their parents. A loving and familiar environment ensures children's continuity with their communities and their cultures. Living with grandfamilies is instrumental in keeping siblings together and minimizing the number of times a child must move from home to home while in foster care.

Grandfamilies also provide a vital safety net that prevents children from entering the child welfare system in the first place. More than 2.5 million children are currently living without their parents in households headed by grandparents and other relatives.[3] "The children I know who are thriving the most are the ones who have non-meth using family members who have given them an alternative model for what life can be and what life should be," says Holly Hopper, Project Director of the Kentucky Drug Endangered Children (DEC) Team, "family and extended family are the most powerful influences for a child."

While as a nation we confront a new addiction that threatens our children's safety, we need to keep in mind that there have been other issues in the past. Whether crack cocaine, heroin, or alcohol causes parents to relinquish their children, we need a foster care system that is reliable, flexible, and fast in finding safe, permanent homes. We need to provide supports like subsidized guardianship and other services that help extended families do what they can do best – raise children in stable loving homes. Simple changes could, among other things, ensure permanency for thousands more children in foster care and provide grandfamilies the services, emotional support, and financial resources needed to help these children thrive.

Donna M. Butts
Executive Director
Generations United

INTRODUCTION

My mom and dad have been on meth ever since I was born and I'm 12 years old now. I know life is complicated, but everyone needs to be educated now before they end up like my mom and dad.[4]

— TEENAGER LIVING IN FOSTER CARE WITH HER GRANDPARENTS

Across the nation, methamphetamine (or "meth") is a destructive force that is having tragic consequences for an increasing number of children, the child welfare system that protects them, and America's families. This report examines the deleterious impact of meth on children, families, communities and the child welfare system. It identifies some promising strategies to prevent meth use, keep children safe, and help parents with addictions complete treatment. However, to truly combat meth abuse and the many other serious problems confronting families today, national changes are desperately needed to bring about more flexibility in child welfare policy, funding, and practice. The report provides a comprehensive set of recommendations that, taken together, will significantly improve the child welfare system's ability to combat the impact of meth and many of the other serious issues facing children and families.

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– GRANDPARENT CARE-GIVER AND MOTHER OF A METH ADDICT

Unfortunately, growing numbers of adults with children are experimenting with meth, a dangerous and harmful drug. Parents can quickly descend into the darkness of an addiction that takes over their lives and the lives of those who love them. Treatment works. But as many parents discover, recovery not only takes tremendous personal commitment but also depends upon an extensive network of family, community, and national policy supports. Unfortunately, these supports are often unavailable, and parents suffering from meth or other treatable drug addictions often end up losing their children to state protective custody.

Already overwhelmed by the shortage of services and treatment options to help children living with substance abusing parents, child welfare agencies and courts in certain geographic areas, particularly rural areas, are stretched to respond to the rapid growth of meth use in families. Personal safety for child welfare workers is also a serious concern. Workers are increasingly called into homes with combative parents, toxic environments characteristic of home labs, and chronic neglect for the children's needs. Keeping families together whenever possible is a particular challenge. Too often, foster care becomes the only option for keeping children safe. Because the majority of federal dollars for child welfare protection can only be used to place and maintain children in foster care, child welfare workers are not able to provide supports that would help parents get back on track and keep their children with them.

Sharing in the struggles of parents and child welfare agencies are thousands of grandparents and other relatives who are caring for children, otherwise known as grandfamilies. Grandfamilies that step in to care for children affected by meth must put their own lives and needs on hold as they learn to navigate the complicated maze of child welfare agencies and court systems and tend to the physical and emotional needs of these children. Grandfamilies can keep children safe and help reduce the trauma associated with living in chaotic environments associated with meth use, but they also need the resources, legal authority, and emotional help to adequately care for these children.

He wants to spend time with his mom and he wishes it could be better. I really, really want to help him understand that it's ok to love his mother, but he doesn't have to live with her.[5]

– Wyoming Grandmother Caring for a Grandson in Foster Care

THE RISE AND SPREAD OF METH

Methamphetamine (or "meth") is a powerful drug that gives users an intense rush that comes when dopamine is released into the part of the brain that controls the feeling of pleasure. Meth is highly addictive, not only because it provides a powerful high, but because its effects can last up to 12 hours. People who use meth often abuse other substances as well, including alcohol, cigarettes, and other drugs.[6]

Unlike marijuana and cocaine, meth is a synthetic drug that can be made from ingredients commonly found in household products such as cough medicine, asthma medication, cleaning solvents, and antifreeze. Using "recipes" available on the internet, meth "cooks" can manufacture the drug in their own homes, cars, or even suitcases at little cost.[7] While these highly-publicized "mom and pop" meth labs have been less common since states began controlling certain consumer products that contain the ingredients used to make meth (precursor products), "Super Labs" in Mexico and California are still producing vast quantities of the drug more efficiently and cheaply than ever. [8]

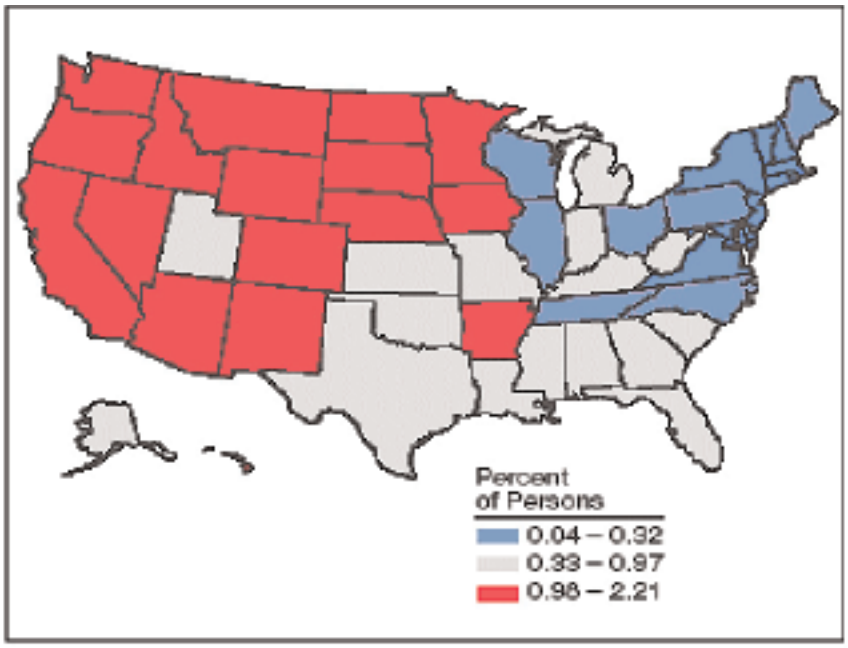
In addition to its initial rush, meth is initially considered by many users to be "performance-enhancing" drug because it increases energy and alertness and decreases appetite, leading women in particular to use meth to control weight. Its other side effects may include convulsions, dangerously high body temperature, stroke, stomach cramps, cardiac arrhythmia, and shaking. Long-term meth use can lead to addiction, depression, intense paranoia, anxiety, chronic fatigue, and psychotic behavior, such as hallucinations and out-of-control rages. Chronic users "sometimes develop sores on their bodies from scratching at "crack bugs" – the common delusion that bugs are crawling under the skin." [9]

More than 12 million Americans age 12 and over have tried meth at least once in their lifetimes.[10] The annual number of new meth users has increased by 72% over the last decade and currently exceeds the number of new crack users. [11] In addition, the number of meth users who meet the criteria for substance abuse doubled between 2002 and 2004 – from 27% to 59%. Of those who reported drug use in the past month, 583,000 used meth. It should be noted that despite the serious and significant increase in meth use and abuse, alcohol, marijuana, and cocaine abuse are still the most prevalent forms of substance abuse by a significant margin.[12]

Despite its growing national prevalence, meth is still most pervasive in the Midwest and the West. Although commonly associated with rural areas,[13] meth use has also spread to large urban areas in recent years, including Honolulu, Sacramento, San Diego, and Phoenix.[14] Meth has also hit certain racial and ethnic communities particularly hard. It is estimated that American Indian/Alaska Natives and Native Hawaiian/Pacific Islanders use meth at two to three times the rate of Caucasians, although whites still represent the greatest number of users. African-Americans use meth at the lowest rate.[15]

> To tell you the truth, if I didn't get help when I did, I would be dead. I've been sober one and a half years, and I've never felt better. I love myself again, and the happiness that I see in my son's eyes is the most amazing feeling I could ever have. That feeling has taken meth's place.
>
> – Mother in recovery from meth addiction

Methamphetamine Use in Past Year among Persons Aged 12 or Older, by State: 2002, 2003, and 2004



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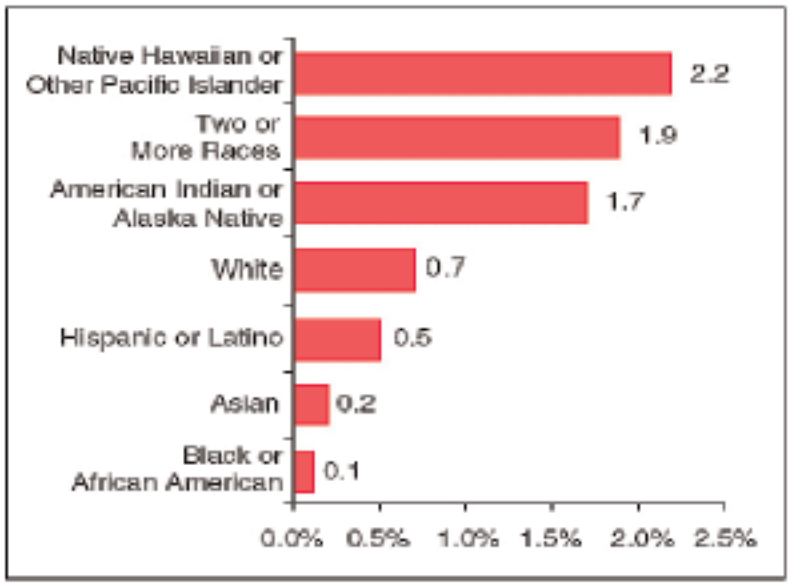
Methamphetamine Use in Past Year among Persons Aged 12 or Older, by Race/Ethnicity: 2002, 2003, 2004



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THE IMPACT OF METH

Meth threatens the safety and well-being of children and families

Meth harms children and families in a number of ways, and as families under its influence disintegrate, the resources of the child welfare system are placed under tremendous strain. While each individual child is impacted differently, children of parents who use meth and other drugs may experience multiple risks to their safety and well-being, including chaotic home lives, inconsistent parenting, increased risk of foster care placements, and temporarily losing their parents to incarceration.[16]

Pre-natal exposure. Initial studies indicate pre-natal exposure to meth may lead to birth defects, fetal death, growth retardation, premature birth, and a range of other developmental disorders.[17] With appropriate care, however, initial studies have shown that many children who have been exposed to meth in utero can go on to meet normal physical and developmental milestones.[18] However, the long-term impact of meth on children's health is still unknown.

Increased risk of abuse and neglect. Parents who use meth may exhibit poor judgment, confusion, irritability, paranoia, and increased violence. Neglect is also common when dependent parents fail to provide adequate supervision, food, water or regular medical care. The link between meth and high risk sexual behaviors may also put children at higher risk for sexual abuse by adults using meth.[19] Youth are also vulnerable to meth use, putting their own health and well being in jeopardy.

Environmental hazards and physical dangers. Children who live in homes with meth users are routinely exposed to toxic chemicals through secondhand smoke. Some young children also run the risk of accidentally ingesting meth that is left around the house. Children whose parents inject meth may also be at greater risk for HIV-exposure from infected needles.[20] Because meth and the products used to create meth also create a general environmental hazard through contamination of living areas, water supplies and meth sites, children and others may also experience longer-term risks from contamination.[21]

Between 2000 and October 15, 2005, meth lab seizures by local or federal law enforcement affected approximately 15,192 children,[22] including at least 3,800 children exposed to toxic chemicals, 96 lab-related injuries, and 8 deaths.[23] Children who live in meth labs are routinely exposed to toxic chemicals, contaminated foods, fumes released during the "cooking" process, and the danger of fire or explosion as a result of the manufacturing process.

Parents who sell or distribute meth also expose their children to an increased risk of violence and abuse because of weapons in the home, dangerous customers and associates, connections with drug traffickers, and the potential for confrontation with law enforcement. By 2004, 40% of law enforcement agencies reported meth as their number one drug problem, more than for any other abused substance.[24] In addition, one-third of all law enforcement agencies identified meth as the drug that most contributes to both property and violent crimes in their jurisdictions.[25]

> By 2004, 40% of law enforcement agencies reported meth as their number one drug problem, more than for any other abused substance.
>
> – National Drug Intelligence Center, 2005

Witnessing what no child should see. Children living in homes with meth users may witness domestic violence against one or both of their parents. One study found that over 85% of women and 69% of men in treatment for meth dependence reported experiencing violence. 80% of women reported violence from their partners. [26]

Many Foster Care Rolls Are Increasing Because of Meth

While there is no national data currently available on the number of child welfare cases specifically related to meth or other substance abuse problems, some state and county agencies have reported increases in the overall number of children in care due to parental meth use. States and counties where meth is most prevalent report that the percentage of children who have entered foster care due to meth use has increased significantly. It is important to note that the number of children in foster care has actually decreased nationally, from 552,000 in 2000 to 518,000 in 2004.[27] This does not, however, diminish the impact of the increases of children in care due to meth use, particularly in rural areas.

Consider these sobering statistics about the impact of meth on child the welfare system:

- In a recent survey of 13 states in which child welfare services are performed at a county level, 40% of child welfare officials reported an increase in out-of-home placements in the last year due to meth.[28]
- In those counties that reported difficulty with meth, 48% of officials say that there are more families that cannot be reunified; 56% say reunification efforts take longer than before; and 27% say that when family reunification is attempted, it is less likely to last.[29]
- Over the past five years, 71% of California counties and 70% of Colorado counties surveyed reported an increase in out-of-home placements due to meth.[30]
- More than 69% of Minnesota counties and 54% of responding North Dakota counties reported an increase in out-of-home placements in the last year due to meth.[31]
- In Montana, more than 65% of all foster care placements are directly attributable to drug use; meth is a primary factor 57% of the time.[32]
- A study by the Iowa Department of Human Services reported an increase in child abuse cases involving meth use despite efforts to crack down on meth manufacturing. In 2005, meth was a factor in 49% of the child welfare cases in Iowa's southwest region. Of the 1,469 child abuse cases from 2003, 720 involved parental meth use. In 2005, 781 of 1,605 cases were due to parental meth use.[33]
- In Idaho, the number of children in state care has increase more than 40% — from 2,260 children in care in 2002 to 3,197 children last year. In some areas, up to 80% of foster placements involved meth or other substance abuse.[34]
- In Missouri, of the more than 11,000 children placed in foster care in 2004, 29% were removed from their homes because of meth and other drug use.[35]
- A 2004 report on Oregon's child protection system found that parental drug abuse accounted for 71.2 % of the reasons why children entered foster care.[36] Of 1,450 children that are in foster care each day in Multnomah County, half come from the homes of meth-dependent parents.[37]
- In Marshall County, Alabama, 60% of the child welfare cases involve parents or guardians who abuse meth. The county has the most children in state care per capita. There are 176 children in foster care in the county in 2006 compared with 34 in 1997. In Jackson County, Alabama, the number of meth-related cases reached

130 in March 2006, up from 88 children at the same time last year. In Calhoun County, Alabama, the number of meth-related cases more than tripled, from June 2004 to June 2005, from 21 to 71 children.[38]

- In Tennessee, state officials recently began tracking the number of children in care due to parental meth use, rising from 400 children in 2003 to 700 in 2004.[39]

Child welfare agencies have worked with substance abusing parents for decades and workers and judges understand what the infiltration of meth into many of their communities will mean. Children whose parents use drugs or alcohol are three times more likely be abused and four times more likely to be neglected than those parents who do not use drugs and alcohol.[40] Substance abuse is a factor in nearly 2/3 of substantiated cases of abuse and neglect and in 2/3 of those cases in which children are placed in foster care.[41]

In most cases of violence or abuse, a child may be removed from one parent. With meth, children often go into foster care because they lose both of their parents to the drug.

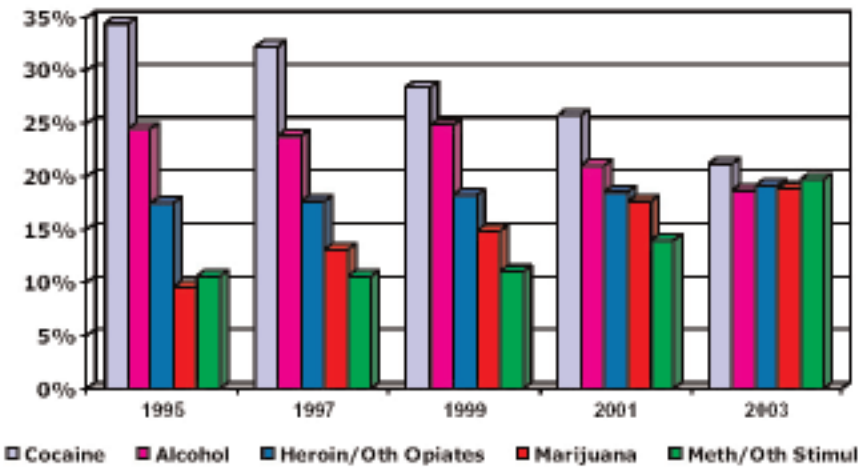
– Dennis Sutton, CEO of the Children's Home Society of West Virginia

Meth Use Among Women and Youth

Women are disproportionately represented among overall meth users, in comparison to other illicit drugs. Of the total number of individuals admitted for meth treatment, 47% are women, higher than female admissions for any other drug besides tranquilizers.[42] Compared with men, women meth users are more likely to use meth for more days in a 30-day period, smoke rather than inhale or snort the drug, and have worse medical, psychiatric, and employment profiles. They are also more likely to be single parents who live alone with their children.[43]

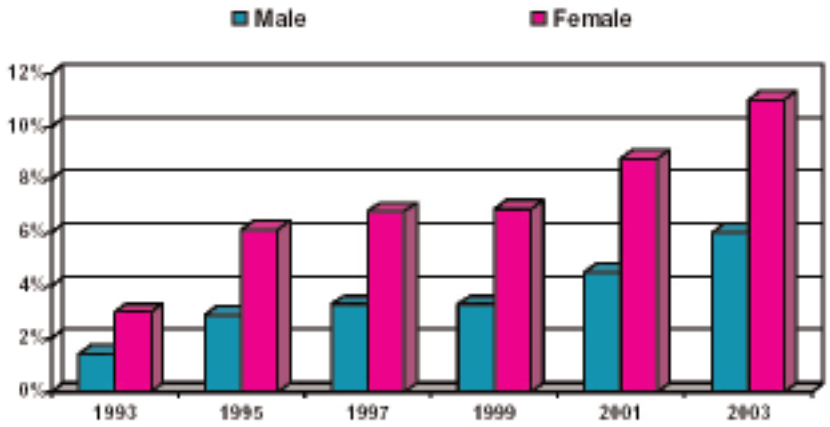
Meth abuse has increased significantly among pregnant women. Between 1995 and 2003, there has been an 86% increase in the number of pregnant women seeking treatment for methamphetamine disorders.[44] Meth use is also increasingly common among adolescent girls who see it as a dieting drug. Young girls represent 70% of treatment admissions for meth among 12 to 14 year olds. Girls represent 56% of the treatment admissions for 15-17 year olds.[45]

Percent Admissions by Primary Substance for Pregnant Females, 1995-2003



Office of Applied Studies. (2005). Treatment Episode Data Set (TEDS): 1993-2003. National Admissions to Substance Abuse Treatment Services, DASIS Series: S-29, DHHS Publication No. (SMA) 05-4118. Rockville, MD: Substance Abuse and Mental Health Services Administration. Online analysis conducted September 2005; http://wwwdasis.samhsa.gov/teds03/teds_2003_rpt.pdf

Percent Methamphetamine/other stimulants as primary substance at admission, 1993-2003 by gender



Office of Applied Studies. (2005). Treatment Episode Data Set (TEDS): 1993-2003. National Admissions to Substance Abuse Treatment Services, DASIS Series: S-29, DHHS Publication No. (SMA) 05-4118. Rockville, MD: Substance Abuse and Mental Health Services Administration. Online analysis conducted April 16, 2006; http://wwwdasis.samhsa.gov/teds03/teds_2003_rpt.pdf

Lose the Labels: Meth Stigma Re-Victimizes Children

Meth also has a less direct but no less painful impact on the children: stigma from their communities. "I can't tell you how important it is that we don't label children who have been exposed to meth," says Mike McGuire, an Iowa drug court probation officer who works closely with families impacted by meth. "It's like taking away their future."

In a recent statement, medical professionals once again warned the media and the public against using derogatory shorthand like "meth kids" or "meth babies" to describe the experiences of children who have been impacted by meth, alcohol, and other drugs.

In particular, they point out that "experience with similar labels applied to children exposed parentally to cocaine demonstrates that such labels harm children, lowering expectations for their academic and life achievements . . . and leading to policies that ignore factors, including poverty, that play a much more significant role in their lives."[46]

Meth challenges faced by the child welfare system

Child welfare agencies and others charged with keeping children safe and keeping families together when possible face a variety of unique problems as they respond to the increase in meth use. While substance abuse has long been one of the primary reasons for child welfare involvement, meth dependence now joins alcohol abuse and a long list of other drugs as the latest threat to the safety and stability of families and children. The challenges of combating meth are compounded by the problems child welfare agencies and the courts have always faced as they work with parents who may be using multiple substances while also dealing with other issues, such as mental health problems, domestic violence, insufficient housing, and poverty.

Child welfare agencies are faced with a number of challenges in responding to children and families in crises:

- Finding reliable and flexible funding to meet the unique needs of children affected by meth, including helping them stay with their parents whenever possible;
- Supporting grandfamilies who care for children – whether impacted by meth or other serious problems;
- Collaborating with law enforcement, courts, substance abuse treatment agencies, and others to combat substance abuse problems, including meth use;
- Keeping child welfare workers and other first responders safe when approaching combative or violent situations. In particular, case workers report added dangers when entering homes affected by meth use;
- Providing meth-abusing parents, as well as those impacted by alcohol and other drugs, with meaningful opportunities for recovery;
- Targeting resources toward those communities, such as American Indian/Alaska Native communities, that are disproportionately affected by meth. Reports from many reservations throughout the United States have shown how these communities are struggling to meet the service demands caused by meth;
- Supporting research and evaluation to learn what works to prevent drug abuse, including meth use, to treat meth (and other drug) users, and how to support their children.

These complex challenges underscore the urgent need for child welfare agencies, together with other vital community partners, to join forces to turn the tide on the meth crisis. The nature of meth, like many other problems families face, requires a careful balance between the need to protect children from harm and the wisdom that children belong, whenever possible, with their own families. This delicate equilibrium between maintaining child safety and preserving families must also be reaffirmed and reinforced by other community partners – including law enforcement agencies, the courts, and substance abuse treatment programs – that play a critical role in controlling meth use.

Much of the response to the meth crisis to date has been geared toward enforcement approaches that attempt to curb the sale of products used to produce meth and to impose stiffer laws to protect drug endangered children. One approach has been to ban the sales of many of the over-the counter medications that are used to manufacture meth, in some cases cutting down on the number of "mom and pop" meth labs that have been so prevalent in the past several years. The National Center for Child Abuse and Neglect Clearinghouse reports that states are expanding both criminal and civil statutes to impose stricter laws regarding the manufacture of drugs in a child's presence, selling or giving drugs to children, exposing children to illegal drug-related activity, and use of a controlled substance by caregivers that impair their ability to care for a child.[47]

These enforcement approaches alone, however, do not provide communities with the full range of strategies they need to combat meth. As the best practices section indicates below, some progress has been made, but much more remains to be done. Policy changes that support flexible and reliable funding for a variety of prevention and permanence options, collaboration across systems, assistance for grandfamilies, worker safety, research and evaluation and stronger family drug courts will go a long way to turn the meth crisis around and prepare a system better able to respond to the unknown challenges ahead.

According to the most recent data, methampheta-mine costs Americans an estimated $ 5.4 billion a year in health care costs, productivity losses and expenses.

– Office of National Drug Control Policy

We do not need to reinvent the wheel in providing for the needs of pregnant women and their children who are affected by methamphetamine use.

– Dr. Rizwan Shah, Medical Director of the Child Abuse Program at Blank Children's Hospital in Des Moines, Iowa

CONFRONTING METH:

SOME PROMISING APPROACHES USED BY THE CHILD WELFARE COMMUNITY

There is no question that meth is having a devastating affect on children, families, and communities. Yet out of this crisis, a number of models and best practices are emerging from states that have been struggling with meth for over a decade. Funded primarily by the private sector, demonstration grants, and limited state and local funds, new knowledge is being developed about how to keep children safe, promote reunification with the parents, and find children permanent homes when children cannot live with their parents. Taken together, the following seven strategies give hope that the children, families, and grandfamilies impacted by meth can find the safety, permanency, and well-being they need to succeed. The final section of this report highlights recommendations that are critical to ensuring that these comprehensive responses can be put in place in all communities for all families.

1. PERMANENT FAMILIES FOR CHILDREN

Supporting Expanded Permanency Options for Children in Foster Care

The human stories portrayed in this report provide hope that with adequate supports, good treatment services, and strong collaboration between multiple systems, parents can successfully kick meth habits and keep their families together. Sadly, even the best possible interventions do not work for everyone. When children cannot be reunified with their parents, it is the responsibility of child welfare agencies and the courts to ensure they find a permanent place to live through adoption or guardianship.

Adoption Progress

As a nation, we have made great strides in promoting permanence for children who need new and permanent homes. Since 1995, the number of adoptions has doubled, from 25,693 in 1995 to 50,362 in 2003.[48] Successful adoptions of children from foster care have been possible through the collective efforts of a wide range of public and private organizations. Adopt US Kids is one example of a national effort to provide Internet access to those interested in adopting to the profiles of children who are legally free for adoption (see *www.adoptuskids.org*). In addition, relatives account for nearly one-fourth of the adoptions that are taking place, challenging the commonly-held myth that relatives do not want to adopt the children in their care.

Despite this great progress, there is still more work to be done to ensure that all children who are adopted get the support they need. In particular, fewer and fewer families are eligible for the Title IV-E (of the Social Security Act) federal adoption assistance programs based on its tie to antiquated financial eligibility requirements. Expanding adoption assistance to all families and grandfamilies — not just those who are Title IV-E eligible — is an idea whose time has come.

The child welfare system must also do better for the 119,000 children who are still awaiting adoption[49]. Many of these children are older and disproportionately children of color. In recognition of this, the federal government is encouraging states to focus on adoption of older youth through adoption bonuses. More must be done to ensure that these waiting children find permanent homes.

Permanency through Subsidized Guardianship

Subsidized guardianship is now widely recognized as a permanency option that works when a court has determined that children cannot be reunified with their parents or adopted. Guardianship transfers important legal rights to the caregiver with whom the child resides, including the right to make critical health and educational decisions. Unlike adoption, however, parental rights are not terminated under a guardianship arrangement, and parents still have certain rights and responsibilities that vary from state to state. These might include the right to visitation and consent to adoption, as well as the responsibility to pay child support. Currently, 35 states and the District of Columbia have subsidized guardianship programs that vary considerably by funding source, the amount of subsidy provided, and eligibility requirements.[50]

Subsidized guardianship programs provide an ongoing subsidy that allows children to leave the foster care system to live with a permanent family that has agreed to provide a safe and loving home for them. In most cases, the child's guardian is a relative or close family friend who already has a bond with the child. Subsidized guardianship is a particularly important permanency option for many older youth who do not want to be adopted, grandfamilies who do not want to disrupt family relationships by terminating parental rights, and Native American and other populations for whom termination of parental rights does not always fit well with cultural norms. Currently, an estimated 20,000 children in the foster care system could leave the system if a permanency option like federally supported guardianship was made available.[51] 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.

> Statistics tell me that I shouldn't be where I am today, but guardianship has allowed me to beat the odds.
>
> – Robert Johnson, young man from Illinois

Subsidized Guardianship - A Route to Permanence in Arizona

Leona and Ronald are the grandparents and full time caregivers of grandchild Cassandra, age 5 and Alexander, age 17. Alexander and Cassandra lived with their mother and Cassandra's father when they were younger. Cassandra's father worked 12 hour days for an ambulance company starting as early as 4:00 a.m.. This left their mother as their full time caregiver. Several years ago, Leona became concerned when their mother came to a birthday party looking skeletal and unkempt. Later that month it became apparent that the mom was abusing methamphetamines. She was arrested for dealing drugs, but the children remained in the home and eventually the drug charges were dropped.

Cassandra and Alexander's mother soon had a third child, Jonathon, who was tested for drugs when he was two days old and showed high levels of meth. Following repeated concerns about the mother's ability to care for the children and a domestic dispute between she and Cassandra's father, Child Protective Services removed all three children and placed them in three different foster homes. After several months, Cassandra went to live with her Aunt; Jonathon, who had special medical needs, remained in a specialized foster home; and Alexander went to live with Leona and Ronald, who went through formal licensing to become foster parents. "When the grandchildren came to live with me, Alexander had missed 62 days of school and was failing 5 classes. He had been staying home from school to care for his brother and sister because he never knew when his mother would leave them alone," Leona said.

Recently Leona and Ronald gained legal guardianship of both Alexander and Cassandra. They are in good health. Alexander has perfect attendance and is passing all his classes. "After speaking with Alex, we decided not to pursue adoption" explains Leona. "He didn't want to be adopted and have his parents' rights terminated, but he knows he will always have a permanent place to call home with us." Leona hopes that some day, Cassandra's father may be able be a full time caregiver for her, if his work schedule and life circumstances change. "He has a positive relationship with Cassandra and we don't want to close the door on it." She explains. "Subsidized guardianship was the best solution for Cassandra and Alexander," said Leona. "In the case of young Jonathon, his mother voluntarily signed away her rights and his father is deceased. It was determined that adoption is in his best interest." His aunt plans to pursue adopting him, allowing him to stay in regular contact with his siblings.

2. TREATMENT

Promoting and Enhancing Treatment Options for Families in the Child Welfare System

Annie's Story: Treatment Works to Keep Families Together in Oregon

Annie Zander had been using for more than 12 years when her son, Jory, tested positive at birth for meth and marijuana. The 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 five 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 drug possession. She went to jail, and Jory went to foster care. Sentenced to 18 months in jail, she was told that 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 was provided with shelter, parenting supports, and case management to help her form a more healthy relationship with Jory.

Annie has led a clean and sober life for five years. She now works with a parenting program in Portland where she mentors other women who are trying to keep their children and recently received a full scholarship to get her bachelor's degree in social work.

But she is concerned about the fate of women like her who are trying to keep their families together. She is particularly worried that the budget cuts in the Oregon Health Plan will make an even greater number of Oregonians ineligible for state sponsored treatment. "These women need residential treatment, they need clean and sober housing, and they need treatment where they can have their children with them." says Annie. "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."

Comprehensive and readily accessible treatment programs are the best hope communities have for breaking the cycle of alcohol and drug dependence and helping families stay together. Over and over again, successful reunification stories depend on the ability to access treatment and to work with treatment providers to support parents, especially women, through the long recovery process. Yet too often, child welfare officials report waiting lists for substance abuse treatment programs, particularly in rural areas where there may be no programs designed to address the comprehensive needs of families with children. When treatment is available, it is often too short-term to be effective, setting parents into a cycle of relapse that hinders reunification efforts and exacerbates the burden on grandfamilies who are supporting both children and their parents.

The lack of adequate substance abuse treatment services is especially frustrating given the unique issues associated with meth dependence. Although studies show that comprehensive treatment for meth dependence is as effective as it is for other drugs, a wide range of options are particularly important for mothers involved in the child welfare system. Overall, meth users are more likely to be women, more likely to use other substances in addition to meth, and have a greater likelihood of having experienced physical or sexual abuse. Women who use meth also tend to begin using substances and seek treatment at a younger age, often while they are caring for young children themselves. In addition, many systems are now seeing multiple generations of meth use, a disturbing trend that

requires interventions within the entire family network. "Now, it is increasingly common for both the parent and the youth to be experimenting with or addicted to meth," says Kevin Frank, Regional Administrator for the Montana Department of Public Health and Human Services.

One particularly promising treatment model is comprehensive family treatment, which provides treatment for 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 were returned to their mothers from foster care. In addition to the benefits they provide to women and children, comprehensive family treatment programs are also a cost-saving alternative to foster care. In New York State, for example, effective family treatment costs $25,000 per family compared to 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.[52]

In the family treatment program, I knew that my wife and children were safe and healing. That really eased my mind. I could focus on my treatment. But I could also heal with my family.

– Darren Noble, Ohio father in recovery from meth addiction

California Family Substance Abuse Treatment Model Reaches out to Parents and Grandfamilies in the Child Welfare System

Substance abuse treatment programs understand now more than ever that in order to treat an individual, you have to treat the family. Grounded in this philosophy, SHIELDS for Families is a comprehensive substance abuse treatment program serving the Compton and Watts communities of South Central Los Angeles. With 260 employees and an annual budget of $15 million dollars, SHIELDS provides programs in multiple sites that include substance abuse programs, mental health programs, family and adoption support, family preservation services, a community assessment center, a vocational services center, 16 vans for transportation, and a food bank.

"Grandparents and other relative caregivers are integrated into every aspect of the services we provide," says Dr. Kathryn Icenhower, the program's executive director. "From serving grandparent caregivers who are struggling with addiction themselves to teaching relatives how to support a child's reunification with the parent, paying attention to the family is at the heart of everything we do."

With one of it most comprehensive services, SHIELDS operates 126-units of low-income housing at three apartment complexes. The Exodus Program is located at Keith Village and provides comprehensive substance abuse treatment to approximately 45 families. Each year, the program serves approximately 60 women and 250 children who stay in the community facility for periods that vary from a year to 18 months. On-site programs include a treatment program, a child development center, a program for youth, a playground, and a community room. Of those parents who enter the program, 83% have an open case with child protective services, although 43% have custody of at least some of their children.

In addition to providing supportive services to other family members and significant others, the Exodus Program helps parents learn better parenting skills, achieve economic and social self-sufficiency and find housing to help keep their families together with the support of extended family members and the broader community. Upon program completion, an average 80% of those women who complete the program remain drug free at 6 and 12 months post-treatment. The completion rate has remained between 65 and 75 percent for the past 12 years.

3. COLLABORATION

Building Inter-agency Collaborations to Meet the Needs of Children

Working with Law Enforcement Personnel

Effective partnerships and coalition-building have been an essential part of state and community responses to the meth crisis. Diverse organizations have come together in unprecedented ways to address the issue. California Meth Action, the Oregon Governor's Meth Task Force, Meth Free Tennessee, the Montana Meth Project, the Kansas Meth Prevention Project, and the San Diego Meth Strike Force are just a few of the examples of groups coming together to prevent meth use, educate the public about its risks, curb meth manufacturing, and track meth activities. In addition, Meth Watch is a national program designed to give communities the tools and establish the partnerships they need to keep meth out of their communities.

Because children are impacted by meth in many different ways, partnerships are critical to ensure each of these individual needs are effectively addressed by diverse agencies involved in combating meth – from child welfare to law enforcement. One particularly effective model that is gaining influence across the country is Drug Endangered Children (or "DEC") partnerships. DEC partnerships are designed to coordinate the activities and responsibilities of all the agencies that may be involved as first-responders at a drug scene or meth-related crisis intervention. This includes 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 already established DEC teams, a National DEC Training Program was formally implemented in 2004 to meet the needs of the growing number of community-based partnerships. Since it was established, the 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 was also recently founded to provide technical assistance and support for the state networks of professionals involved in substance abuse issues.[53] As part of the reauthorization of the PATRIOT Act, Congress recently authorized $20 million in grants to the states to expand and establish new programs to provide comprehensive and coordinated services to drug endangered children living in homes where meth and other controlled substances are made and used.[54]

In addition to coordinating the efforts and protocols of first responders, DEC teams in many regions are partnering with other local organizations to better address the needs of children and families after a crisis occurs. These include child and family service providers, community and faith-based organizations, schools, community health clinics, cooperative extension programs, mental health providers, and "anyone else in the community who may have direct contact with children and families who may be impacted by meth and other drug abuse," says Holly Hopper, Director of the Kentucky Drug Endangered Children.

In Kentucky, the DEC Team has also reached out to state and local organizations that address the needs of grandfamilies. In particular, Kentucky DEC is working with the Kentucky Department of Aging to educate grandparents and other caregivers about meth and its potential long-term impact on the children they are raising, as well as the hazards of meth-related elder abuse. As part of this effort, grandparent support groups are providing

information about raising children who have witnessed parental drug use, crime, and violent activity. "All grandparents raising grandchildren have issues in common," says Hopper, "but having a group just for meth-related concerns really provides a safe place for grandfamilies to share their experiences without shame or judgment."

Promoting Child Welfare and Substance Abuse Collaborations

For the first time in 1997, the Adoption and Safe Families Act (ASFA) called for stricter timelines to reunify children in state custody with their parents[55]. These timeframes were designed to ensure that children do not linger unnecessarily in foster care before being reunified with their families or finding adoptive or other permanent homes. Although created to keep children safe and secure, these timelines create special challenges when parents are dealing with addiction, recovery, and relapse that occur over a longer timeframe. This tension is exacerbated when parental substance abuse problems are not identified early enough, when there are long waiting lists for appropriate treatment, when there is no treatment available, and where there is little communication or collaboration between substance abuse and child welfare agencies.

In recognition of these challenges, there is a growing body of knowledge about how child welfare and substance abuse agencies and the courts can work more closely together to achieve successful treatment and child welfare outcomes. The National Center for Substance Abuse and Child Welfare (NCSACW), established through a grant from the Substance Abuse and Mental Health Services Administration, was created specifically to help foster greater collaboration between these agencies. NCSACW's technical assistance resources and on-line trainings provide agencies with the basic frameworks for successful collaborations, including: a framework for shared values and principles; inter-agency protocols for working together; substance abuse expertise for child welfare agencies and/or family courts; information on developing strong and early assessment processes; the importance of providing early priority substance abuse treatment for child welfare clients; strategies for integrating information systems, and the provision of intensive cross-training for child welfare, substance abuse staff, and the courts.

For child welfare agencies and courts inundated with meth-related cases, the framework and materials detailed above lay a critical foundation for collaborative efforts. Agencies that have already engaged in these partnerships are better positioned to advocate together for responses and funding needed to fight meth addiction. Based on their common experiences, these agencies can also help communicate the need for longer treatment stays and more comprehensive family treatment options for child- welfare involved clients.

Illinois Uses Flexible Federal Funds for Recovery Coaches

Since 2000, the Illinois Department of Children and Family Services (DCFS) has been operating 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 already existing partnership with the state's Department of Alcohol and Substance Abuse (DASA) 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 (JCAP), which provides on-site substance abuse assessment services at the juvenile court.

As a cornerstone of the project, the program employs "Recovery Coaches" who assist the parent in obtaining treatment services and negotiating 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 the recovery coach program model are more likely to return to their parents – and return more quickly — than 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. The program, which saved $5.6 million in federal foster care costs, is now being extended to two other areas in Illinois, including rural areas that are experiencing challenges with meth.[56]

Despite considerable progress, collaboration between child welfare agencies, law enforcement, courts, and substance abuse treatment programs is still relatively rare in many communities, even those in which meth is a prevalent issue. Although initial partnerships show promise, states and counties must be on the constant lookout for new resources and strategies for bringing diverse agencies and community partners together before a crisis occurs.

4. PREVENTION

Not Even Once: Using Public Awareness to Prevent Meth Use

Prevention of meth use through comprehensive public awareness and education campaigns are an integral part of any community's efforts to curb its harmful affects. As demonstrated by successful anti-smoking, teen pregnancy prevention, and seat belt campaigns, public education efforts must be targeted, consistent, and multi-faceted to be successful. In recent years, several effective public education campaigns about the risk of meth use have been developed in those states that have been most heavily impacted by the drug. These campaigns are built on the premise that, in a media-saturated world, one message and one vehicle to deliver that message is not enough to be effective – especially when it comes to preventing such addictive behavior as meth use. The most effective campaigns recommend that communities use a combination of effective prevention strategies that include:

- Television advertisement campaigns designed to educate society about the harmful effects of meth dependence;

- Print and other news media articles about meth;
- Public awareness efforts in the schools and public speaking by former meth addicts, including youth, and young people whose parents are meth users;
- Community and state wide conferences; and
- Internet resources, including those specifically designed to target young people.

Targeted prevention efforts help ensure that every level of the community is educated about the potential devastation of meth, signs that someone may be using meth, and how to identify meth labs. For parents and grandfamilies, media campaigns and other information also help families struggling with meth addiction to find the local resources and treatment options that are available in the local communities. Says one grandmother raising a grandson in foster care, "until someone told me about drugs, I didn't even know what to look for. I feel like I was the most naïve person in the world. If I'd known, maybe I could have helped before all this happened."

Child welfare agencies overwhelmed by meth's impact on their child protection and foster care systems can be leading partners in these prevention efforts. Child welfare involvement will help ensure that messages convey the harmful effects of meth use on children and are appropriately targeted to youth who might be future meth users. Child welfare stakeholders can also help to identify former meth addicts who can share their stories and discourage young people from using in the first place.

The Montana Meth Project

When software billionaire Timothy Siebel learned about the devastating effects of meth on Montana's communities, he put his money to work. Through the Montana Meth Project, Siebel is supporting advertising and community action programs to reduce meth use in the state. In 2005, the project began targeting 12-17 year olds with graphic and disturbing TV commercials, radio ads, billboards, and posters to warn against meth use. A March 2006 survey of over 1,460 respondents found shifts in attitudes about the perceived "benefits" and risks of meth by as much as 30 percent in the eight months since the initial baseline survey was conducted. The survey also found a significant increase in communication between parents and teens about the consequences of meth. In particular, the project's commercials prompted more discussions between parents and young people for half of the parents surveyed.[57] To view the commercials and learn more about the campaign and why it is working, log on to *www.montanameth.com*.

5. GRANDFAMILIES

Specialized Supports for Grandfamilies

Grandparents and other relatives have become lifelines for millions of children who cannot live with their own parents due to meth and other kinds of substance abuse and family issues. Although the majority of grandfamilies begin caring for children without the involvement of the child welfare system, an increasing number of grandparents and other relatives are caring for children in foster care. Despite the powerful role that grandfamilies play in supporting children who have experienced the effects of parental substance abuse, many relatives caring for children in foster care do not get the range of supports they need to adequately care for the children they are raising.

Children living with grandfamilies in foster care tend to receive less agency oversight and support, fewer services, and less financial support than children living with non-related foster families.[58] They also tend to stay in care longer, sometimes leaving families in limbo and children uncertain about their future.[59] Even with increased efforts in some states, some grandparents and other relatives are never given the opportunity to play a role in the lives of related children in foster care because child welfare workers fail to identify the relatives as potential caregivers when a child first comes into the foster care system. This is especially true in the case of paternal family members.

Children living with relatives often return to live with their parents when it is safe to do so. But for many children, returning to live with parents who cannot keep them safe is not an option. For these children, adoption or subsidized guardianship would ensure their long term safety and stability. Unfortunately, many children do not have access to these important forms of legal permanency. For more on adoption and subsidized guardianship, see page 29.

As the foster care 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, for example, 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. In particular, the curriculum helps grandfamilies learn strategies for accessing child welfare services, ways to deal with changing family relationships, managing children who have been impacted by meth and other drugs, fostering positive connections between children and their parents, and special next-generation drug prevention for children of substance abusers (for more information, see *www.coaf.org*)

"This handbook is particularly useful for grandfamilies raising children in foster care," explains Naomi Weinstein, Executive Director of the Children of Alcoholics Foundation. "With so much misinformation out there it's easy for a grandparent to write off a child's behavior as the direct result of a substance abuse problem. Not all behavior is meth-related, and grandfamilies need to understand that in order to respond appropriately to children's needs."

Iowa Peer Trainings for Foster and Adoptive Parents Help Grandfamilies

For the past 16 years, Mike McGuire of Mason City, Iowa has been watching the devastating impact of meth on communities across his state. As a former police officer and the current coordinator of the Cerro Gordo County Community Drug Court, Mike and his wife have been licensed treatment foster parents for the past 16 years and are the adoptive parents of twin girls. Based on his extensive experience with children and families impacted 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 training as well as classes on promoting positive relationships with birth families 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, but one subject that tends to be ignored is the impact of meth on the entire family system," says McGuire. "Wherever meth is present, we've just seen an explosion of relatives raising children."

In cooperation with national organizations like the Children of Alcoholics Foundation, and local organizations and individuals, some child welfare agencies are starting to place greater importance on the role of extended families in overcoming the destructive forces of meth and other family crises – although there is still much progress to be made.

Additional strategies some child welfare agencies are using to support grandfamilies include:

- **Caseworker training** – to address the unique needs and questions that may arise when children are being raised by grandparents and other relatives, child welfare caseworkers need ongoing training to learn about new strategies for supporting grandfamilies, and the availability of other community programs that serve them. Caseworkers also need to hear from caregivers themselves about the challenges they face.

- **More comprehensive and earlier identification of relatives** – whether children are able to remain with their parents or must be placed in foster care, caseworkers are learning new ways to conduct more diligent searches for potential caregiving relatives on both the maternal and paternal side of the family as soon as an agency becomes involved in the case.

- **Targeted resources for children in grandfamilies** – grandparents and other relatives often need support to meet the basic needs of children in their care. In addition to financial resources, grandfamilies may need health care, respite care to give them a break from their caretaking responsibilities, help in navigating the special education system, strategies on how to handle parental visits, and assistance in finding housing that is large enough to accommodate the children they are raising.

- **Education about child welfare options** – every state has a different set of policies governing the legal and financial support for which grandfamilies are eligible once they become involved with the child welfare system. Child welfare workers and their community partners need to work together to help caregivers understand the full range of options available to them so they can make fully-informed decisions that are in the best interests of these children.

- **Support groups** — to help grandfamilies deal with the difficult emotional issues associated with caring for an extended family member's child, many child welfare agencies work with community partners to sponsor support groups. Support groups help grandfamilies understand addiction and recovery so they can become full partners in the permanency process.

Arizona Organization Provides Extra Layers of Support for Grandfamilies

Janet Parker was looking forward to retiring with her husband when she started noticing that things weren't quite right with her niece. She looked tired and would disappear for long periods of time. But 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 explained, "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 that Brian's mother wouldn't come and take the baby. But they were afraid. "I think I feel what a lot of relatives do," said Janet, "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, Janet decided to go to court and get full custody of Brian, but not before she got help from the Kinship Adoption Resource and Education (KARE) Family Center, a private support organization for grandfamilies in Tucson, Arizona, where she 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 that 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 that at least 60% of the calls I get are meth-related," says Janet, "it's a huge problem."

The supports available through the KARE Program have only underscored the need for a greater partnership between community-based organizations and the child welfare system. "About 20% of our grandfamilies are involved in the child welfare system," says Janet, "but they just don't get the same supports that other foster families do. Sometimes we feel like CPS (child protective services) needs to catch up with the rest of us."

6. COURTS

Strengthening Dependency Courts and Expanding the Use of Family Drug Courts

The nation's dependency courts have the profound responsibility of ensuring that children are safe and families can access to the child welfare services they need. No child enters or leaves foster care without the approval of the court. No reunification, adoption, or guardianship decision is made without the court's approval.[60]

Despite their vital role in ensuring safety and permanency for children, dependency courts across the country are overwhelmed by high caseloads, inflexible resources, and poor information systems that make it difficult for them to track cases through the system. Judges, attorneys, and volunteers are often responsible for cases involving difficult family dynamics, children who need a range of special services and supports, and systems with competing interests and demands.

In order to be most effective with substance-abusing clients, dependency courts must also reinforce multiple goals, including enforcing case plans that put children first, supporting families in the treatment process, and considering the needs and opinions of grandparents and other relative caregivers. Given the prevalence of cases before dependency courts where substance abuse is the major factor, judicial personnel need the most up-to-date training and resources available to give substance abusing families the best chance of getting back on track.

Treatment works, but only if those who need it get the support and motivation needed to enter the doors in the first place. For dependency courts that may mean working in concert with a new breed of treatment model called drug courts. Family drug courts have been widely lauded as a key ingredient to motivating families to enter and stay in treatment. Drug courts are special courts that are allowed to handle cases involving 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 the parent to confront meth use and other substance abuse-related issues.

Studies show that drug courts are extremely effective in supporting children and families in the drug treatment process. The American University's Drug Court Clearinghouse reports that more than 400,000 offenders have participated in drug court programs since they were created in 1989.[61] A 1997 GAO report estimated that 71% of all offenders participating in drug treatment courts have either successfully completed their drug court program or remain actively involved in the program. In addition, a 2001 Columbia University Study found that drug courts continue to provide "the most comprehensive and effective control of the drug using offenders criminality and drug usage while under the court's supervision."

In addition to putting court and relevant agency personnel on the same page, drug courts are increasingly giving families and extended families a role in court proceedings through Family Group Conferencing. In Tarrant County, Texas, dependency court decisions related to substance abuse are increasingly guided by a state-wide

family conferencing initiative that is already in place in more than 37 counties. By bringing together all the family members and other important individuals in the substance-abusing parent's life, families are often able to come to an agreement about what is best for a child with the support and guidance of child welfare agencies and the courts. In many cases, that means placing children in foster care under the supervision of caring relatives.

In the first two years of the Texas initiative, a study found that most of the family group's placement recommendations were to place the child with a relative; and the child welfare agency accepted those recommendations 95% of the time. As a result of the program, grandfamilies expressed a higher rate of satisfaction with their role in the court process in terms of "feeling empowered, understanding expectations, and identifying key issues in the family plan." [62]

Lessons from the Sacramento Family Drug Court

One of the oldest and most effective drug treatment programs in the nation 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 through a five-point reform strategy: comprehensive cross-system training between court, substance abuse, and child welfare personnel; a "systems of care" approach to the coordination of substance abuse treatment; the use of early intervention specialists; the dependency drug court; and the recovery management specialists provided through the Specialized Treatment and Recovery Services (STARS).

This comprehensive model is particularly needed in Sacramento County, where there were approximately 7,000 substantiated cases of child abuse and neglect in 2004 alone. In an estimated 70 to 90% of these child welfare cases, families were affected by substance abuse. Fifty percent of these substance abuse cases were specifically meth-related. [63]

At the very first detention hearing to determine a child's placement in the child welfare system, parents are referred to the STARS program – which is located 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 who participate in the program are assigned role models, individual certified addiction specialists who are also in recovery.

The Sacramento Family Drug Court produces strong results for parents who complete the program by making good on the promise of treatment on demand, working with the court to mandate and monitor ongoing drug tests, and making sure that all parties are involved and informed at every stage of treatment. As a result, 40 – 45% of program participants are reunified with their children. And as the program grows, program directors are looking into new strategies for improvement, including better ways to pull relative caregivers, foster parents, and other service providers for children into the treatment process. "We're not there yet," says Jeffrey Pogue, Director of the STARS Program at the Sacramento County Family Drug Court , "but the next step is to bring grandfamilies and other extended family members in to make the treatment process even more comprehensive."

7. TARGETED COMMUNITY SUPPORTS IN INDIAN COUNTRY

Working to Combat Meth in Indian Country

While meth problems are proliferating across the country, children, families, and tribes in the Native American community have been hit particularly hard by this crisis. Nationally, American Indian/Alaska Natives (AI/AN) use meth at two to three times the rate of Caucasians with the highest rate of use among young people age 15 to 44. Beginning in 2000, the Indian Health Services (HIS) observed significant increases in the number of meth-related problems — from 3,000 cases in 2000 to 7,004 cases in 2005. Meth use has also gone up with AI/AN women who are pregnant — from 6% in 1993 to 20% of 2003.[64]

The devastating impact of meth on the Native American community is compounded by the fact that AI/AN children are already disproportionately represented in the child welfare system. In fact, AI/AN children are placed in foster care at two to three times of other children nationally. In some states, AI/AN children represent as much as 50 to 60% of the children in state care.[65]

Although almost 70% of AI/AN foster care placements are with grandparents and other extended family members, these caregivers rarely have access to the services and supports they need to raise children, especially those who have been impacted by meth, alcohol, and other drug abuse. "The meth epidemic is increasing the risk to children and families in almost every realm – substance abuse, child welfare, domestic violence, mental health," explains Terry Cross, Executive Director of the National Indian Child Welfare Association. "The situation really points to the need for a more comprehensive "systems of care" approach where all the different service providers work together in a way that put the children – not the [meth] issue – at the center."

The meth crisis in Indian Country is compounded by a chronic lack of federal support and funding for Indian child welfare services. Currently, only those tribes that have agreements with their states have access to IV-E funding, the main source of federal foster care funding. Although some tribes are eligible for federal IV-B funding to support prevention, foster care, and post-permanency services, this money falls significantly short of the funding levels needed to serve the needs of AI/AN children and families. As a result, tribes are forced to cobble together three or four different limited funding sources to support their efforts to combat the impact of meth and other problems that affect family well-being.

Montana's Confederated Salish and Kootenai Tribes Intervene Early to Support Children Impacted by Meth

Despite the risks Native American communities face, many tribes are mobilizing to provide vital services and support for children and their caregivers who are impacted by meth and other substance abuse issues. The Tribal Social Services Division of the Confederated Salish and Kootenai Tribes of the Flathead Nation in Montana, for example, has a number of programs that are effectively reaching out to children, parents, and extended family members who have been impacted by meth.

To ensure that infants and young children and their relative caregivers get the full range of early intervention services, the tribes have developed a comprehensive Developmental Assessment Clinic for children who have tested positive for meth and other drugs at birth. Seventy to 80% of these children are placed in foster care with relatives and then referred to the clinic where they receive physical therapy, speech and language, and medical and dental screenings. Although many of these families would also benefit from in-home support services, funding for these services is not 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." In addition to a chronic lack of funding to support children and families in communities, Templer adds that more must be done to protect the child welfare and community services workers who risk their own personal safety when intervening in meth-affected families. "In the past month, I have had my life threatened twice," said Templer, "we need to make sure children and families are protected at the same time we take care of our workers."

To address all of these issues, Templer says that direct and flexible federal funding to the tribes is the only way to guarantee that social service providers can get families what they need and help give the next generation of children support and activities to find an alternative to meth.

A COMMITMENT TO CHANGE:

Policy Recommendations

The devastating impact meth is having on the child welfare system is, in many ways, similar to crises of the past, such as the crack cocaine crisis of the 1980's. Indeed, long-time child welfare professionals understand that periodically, crises will arise that threaten the safety and stability of our children, families, and communities. These crises remind us just how vulnerable our children, families, and communities are when the system lacks the flexibility to respond to the challenges at hand.

Although there may be a temptation to set aside resources to combat these crises each time one arises, broader reforms would create a more flexible and reliable child welfare system better able to respond to whatever challenge is at hand. Flexible and reliable funding would allow case workers and judges to put resources toward activities that could help families battle the addiction and provide other potential avenues for responding more appropriately to the needs of a given child and situation.

The following six recommendations for federal support would go a long way toward helping child welfare agencies weather this and future storms, and to capitalize on the inherent resiliency of the families and communities with whom they work.

1. Reform the federal child welfare funding structure to enable child welfare agencies to support the full continuum of child welfare activities

Title IV-E of the Social Security Act is the principle source of federal funding for child welfare agencies charged with keeping children safe and helping families stay together. Yet Title IV-E is governed by a set of antiquated rules that limit its use for most activities other than supporting children in out of home placements after a crisis has occurred. Tribal governments are not even eligible to receive Title IV-E funding to support services for the children under their jurisdiction. Flexible and reliable funding is critical to ensure safety and stability for all children.

Key elements of child welfare financing reform must preserve the basic safety net of federal assistance offered through Title IV-E foster care and adoption and make more children eligible. The Pew Commission on Children in Foster Care offers one set of recommendations (*www.pewfostercare.org*) in which the federal government would pay for foster care for all children regardless of family income and include children who are members of Indian tribes under tribal jurisdiction and U.S. territories. The recommendations also would allow states to combine Title IV-B, Title IV-E administration, and Title IV-E training into a flexible and reliable source of funding to enable them to put comprehensive solutions into place while maintaining the partnership between the federal and state governments to provide reliable resources.

The need for reliable and more flexible resources is particularly important to those communities whose children are overrepresented in foster care, particularly African American and Native American children. Any effort to create a more balanced funding formula should recognize reducing the inequities for these children as a major goal. Although meth use is not as prominent an issue for African American families as it is for American Indians,

Alaska Natives, and Native Hawaiian Pacific Islanders, resources should be available to support African American families whose use of other drugs or alcohol jeopardizes the safety of their children.

2. Help children find permanent homes by providing adoption assistance for all children and federal support for subsidized guardianship

The Adoption and Safe Families Act (ASFA) reinforced the importance of finding children permanent homes when a court has determined that returning to live with parents is not possible. Yet barriers still remain that prevent some children from exiting foster care to permanent homes through adoption and guardianship. These barriers could be removed through the following recommendations:

- **Adoption assistance should be provided for all families adopting children from foster care, not just those who are Title IV-E eligible.**
  When children cannot be reunified with their parents, they can find permanent and loving homes through adoption. Historically the federal government has supported adoptive families with adoption assistance for those families that meet the old "welfare" or Aid to Families with Dependent Children (AFDC) eligibility requirements. Adoption assistance has been a critical source of support for children who are adopted from foster care, many of whom have special needs related to the trauma they experienced before entering care. Yet more and more families are ineligible for adoption assistance given the antiquated eligibility formula. This assistance is key to the long term development and success of these children.

- **Federal guardianship assistance should be an option for all states and tribes.**
  ASFA recognized guardianship as an important permanency option when courts determine that children cannot be reunified with their parents or be adopted. Yet federal Title IV-E funding for guardianship is only available to a limited number of states who have entered into federal waiver agreements. As of March 31, 2006, waiver authority has expired and states without this authority – or states whose demonstrations have ended – must continue to rely on other sources of funding that are temporary or insufficient to meet the need.

  The federal government, states, national foster and adoptive organizations, and local communities have recognized the power of subsidized guardianships as a way to find permanent homes for children in foster care, particularly those living with relatives. Extending guardianship assistance to children in a manner similar to adoption assistance will help many of the 20,000 foster children living with relatives find a permanent home, while ensuring that new children entering the system will not linger unnecessarily in care. Guardianships will also help Native American and African American children who often live in foster care with relatives. These groups are disproportionately overrepresented in the total foster care population. Providing federal guardianship support was a recommendation of the non-partisan Pew Commission on Children in Foster Care, which highlighted in their landmark report *Fostering the Future* that federal guardianship assistance be provided "to all children who leave foster care to live with a permanent legal guardian."[66]

3. Provide Targeted Assistance for Grandfamilies

Grandparents and other relatives who care for children impacted by meth are a salvation for families and the communities in which they live. Yet many grandfamilies are struggling to meet the basic needs of the children in their care. Information about legal options, the developmental needs of the children, and support for their involvement in the recovery process is critical. This support will help ensure that they have the best information, tools, and strategies needed to be part of the solution for children and communities impacted by meth.

Concrete ways that grandfamilies can be supported by federal, state, and local child welfare agencies, as well as community organizations, include:

- **Providing federal assistance** for all children who are adopted from foster care, as well as subsidized guardianship, for relatives who want to provide a permanent home for children.
- **Educating grandfamilies** on the impact of meth and other substances on the development of children, ways to help children meet developmental milestones, and strategies to deal with intergenerational substance abuse.
- **Training caseworkers** on: the unique dynamics and needs of grandfamilies and how that differs from unrelated foster care, locating grandfamilies, assessing safety with grandfamilies, and cultural dynamics of extended family relationships.
- **Changing the federal rules for licensing foster families** to allow grandfamilies more flexibility to meet safety standards.
- **Contracting with community based organizations** that can provide a comprehensive set of services and supports for grandfamilies, including therapeutic day care, respite care, and support groups.
- **Providing legal advice** for grandfamilies on custody, guardianship, educational advocacy, and other legal issues and options.

4. Ensure Safety and Stability for those on the Frontlines by establishing Incentives and Strengthening the Workforce Provisions of Child and Family Services Reviews

Meth manufacturing and meth associated violence and crime create a new set of challenges to keep those on the front lines safe and equipped with the tools they need to respond effectively. Frontline workers will not be of any help to the children and families they serve if they do not have the support, training, and recognition needed to meet the demands of the job.

Child protection workers and law enforcement personnel in particular must have the most up-to-date information about how to keep themselves safe in the presence of meth toxins, protocols for decontaminating labs and homes, and procedures for obtaining medical evaluations for children exposed to meth. Violence and crime among some meth users is also a continuing threat to workers. Cell phones, team approaches, supportive supervision, and teaming with law enforcement can help workers who feel threatened and isolated stay safe.

Workers who feel safe are more likely to stay on the job, but safety is only one part of the equation. Efforts to support workers who do this demanding work can include providing better compensation, making a better match

between those who are recruited and the competencies needed to do the job, creating career ladders, recognizing a job well done through permanence based incentives and other rewards, giving supportive supervision, and strong professional development. Workers who receive solid training on substance abuse and meth and the impact on child development, the role of grandfamilies, and cross systems approaches, for instance, will feel more equipped to make a difference in the outcomes for these families.

The federal government can help promote workforce stability and safety by providing an incentive for those states that develop strategic plans for building an effective workforce and commit to strategies to reduce turnover. It can also help by building in a review of workforce factors as part of the Child and Family Services Reviews (CFSR). Currently, the CFSRs only include training as one of their seven systemic review factors. Expanding this review to a more comprehensive set of strategies would significantly strengthen federal oversight of this issue.

5. Support Collaborative Research, Evaluation, and Data Improvements to Fully Understand the Impact of Meth on Families and Support Innovation through Child Welfare Waivers

Much of the knowledge shared in this report about the most effective methods for treating substance abuse and keeping families together comes from research and evaluation supported by the federal government and foundations. To ensure that children and families impacted by meth benefit from the evidence about what works, such partnerships must continue and accelerate in the coming years. Issues that require further research to improve child outcomes include: the impact of substance abuse on child development; the experience of children living with grandfamilies, and multi-systemic treatment approaches that work for substance abusers, particularly those with co-occurring problems.

- **Extend waiver authority to support continued innovation** – child welfare waivers enable states to waive certain rules about how federal foster care dollars are used to try innovative approaches. Waivers must be cost neutral to the federal government, and must be evaluated to understand the impact of the waiver intervention. Waivers supported in the past have provided valuable insight into the positive impact of subsidized guardianship on permanency rates, substance abuse and child welfare interventions that work, and post permanency supports to keep adoptive families together. Unfortunately, after 10 years, waiver authority expired in the Budget Deficit Reduction Act of 2006. By renewing waiver authority this year, we can continue learning what innovations work to achieve safety, permanency, and well-being outcomes for children in the child welfare system.

- **Continue to support collaborative research, evaluation, data improvements, and sharing of best practices** – in recent years, the field has experienced a growing commitment to sharing and applying evidence based practices to improve outcomes for children and families. As the meth crisis has demonstrated, it is not enough to share these practices within our own fields. Intensive cross systems research will be critical to address this and other issues in the future. In order for research to be as rigorous as possible, improving the capacity for collecting and analyzing longitudinal data in child welfare, and sharing these data with other systems, must also be a high priority.

The federal government can help stimulate these collaborations by funding cross systems research, investing in better data that can be shared across systems, hosting forums for cross systems learning, and disseminating findings in a timely and accessible way. Conferences, internet-based forums, and publications can all be used to inform continued innovation and reform. Most importantly, these findings should be used to inform new policy directions.

6. Strengthening Dependency Courts to Enhance Child Welfare Collaborations, Promote Family Drug Courts, and Give Youth and Families a Voice in Court

Significant strides have been made in the past two years to leverage stronger and more effective court involvement in child welfare decision making. Prompted in great part by the Pew Commission's recommendations for strengthening dependency courts, the Budget Deficit Reduction Act of 2006 provided $100 million over five years for court improvements in tracking and analyzing caseloads, training court personnel, and collaborating between state courts and state child welfare agencies and tribal governments. These additional resources will allow courts and child welfare agencies to build on action plans that have been developed in every state, high level commissions, and other statewide efforts to strengthen dependency courts.

In order for dependency courts to be more effective at helping child welfare agencies meet timelines for substance abusing families, particularly those that are involved with meth, the following can be a part of these on-going efforts:

- **Support for the family drug court model** – dependency courts that support the drug court model can significantly improve the way they work with families where substance abuse is the primary issue. Court officials can also advocate for assessment as early in the process as possible, request that the court have substance abuse expertise readily available to them, and advocate with child welfare officials for mentors, recovery coaches, and other personnel who can conduct outreach and support for recovering parents.

- **Understanding and supporting the unique needs of grandfamilies** – judges and other court personnel can use training and education efforts, in part, to better understand the experiences and challenges of grandfamilies and their role in meeting the developmental needs of children and supporting families through recovery. Judges can first and foremost request information about whether children in foster care have relatives who can be involved in their lives. They can also ensure that grandfamilies receive help to address children's needs. Finally, they can help grandfamilies become voices for children in court.

- **Giving youth and families a voice in court** – youth and families who appear in court often feel powerless to impact the decisions that are made on their behalf. Judges can ensure that when developmentally appropriate, young people appear and are active voices in court hearings. They can also encourage families to speak up in court.

CONCLUSION

In exploring the impact of meth on children, parents, and grandfamilies, it is important to remember that meth will not be the first or the last child welfare crisis. Indeed, 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 act on these suggested reforms.

When it comes to building the public and political will for the systemic reforms needed to combat meth and any other potential threats to family well-being, the best weapon may be the nation's inherent capacity for making changes when the need is urgent and the cause is true and just. "We need to believe that change is possible," explains an adoptive father of eight-year-old twins whose birth mother recently entered treatment for meth dependence after twelve years of substance abuse. "If we lose hope, we might as well pack it in."

ENDNOTES

1 Generations United, *All Children Deserve a Permanent Home: Subsidized Guardianships as a Common Sense Solution for Children in Long-Term Relative Foster Care*, (Washington, DC: March 2006).

2 *Ibid.*

3 United States Census, 1990.

4 The quotes by children, parents, and grandfamilies used throughout this report have been taken from the "letters & stories" section of KCI: The Anti-Meth Site (formerly the Koch Crime Institute) which encourages meth users, recovering meth addicts, and family members impacted by meth use to share their stories and experiences; http://www.kci.org.

5 Jenni Dillon, Meth Epidemic Forcing Grandparents to Raise Grandchildren, Casper Star-Tribune, March 29, 2006 quoting Connie Doll, grandparent caregiver.

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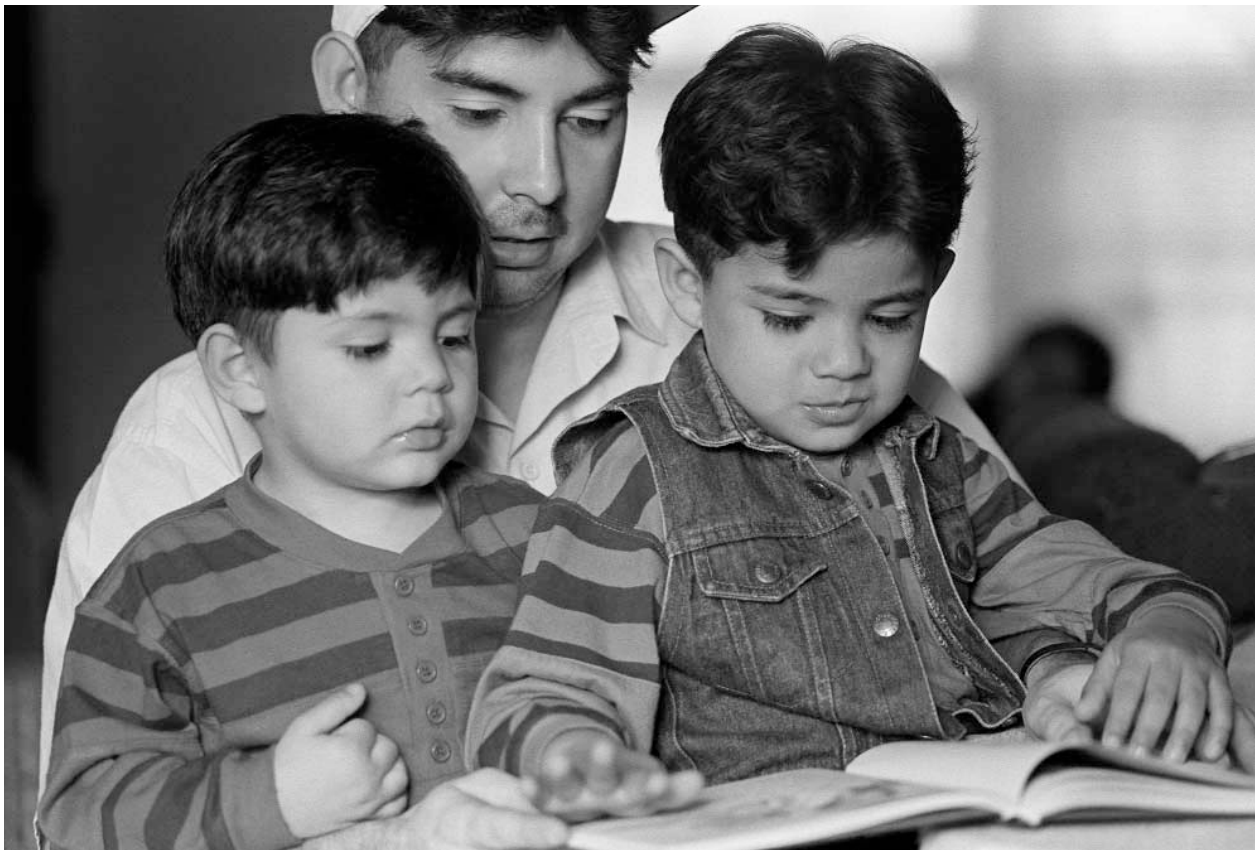

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