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## Opioid crisis strains Indiana foster care system

December 12, 2017

By **MATT SEDENSKY and MEGHAN HOYER**

*Associated Press*

INDIANAPOLIS — The case arrives with all the routine of a traffic citation: A baby boy, just 4 days old and exposed to heroin in his mother's womb, is shuddering through withdrawal in intensive care, his fate now here in a shabby courthouse that hosts a parade of human misery.

The parents nod off as Judge Marilyn Moores explains the legal process, and tests arrive back showing both continue to use heroin. The judge briefly chastises, a grandmother sobs, and by the time the hearing is over, yet another child is left in the arms of strangers because of his parents' addiction.

There is little surprise in any of this, for it's become a persistent presence at Indianapolis' juvenile court. A Monday with a heroin-dependent newborn spills into a Tuesday in which a trembling mother admits breaking her 70-day clean streak with a four-day bender. A Wednesday with two children found in a car beside a mother passed out on pills fades into a Thursday with a teen who found both his mother and grandmother overdosed on heroin.

Across the U.S., soaring use of opioids has forced tens of thousands of children from their homes, creating a generation of kids abandoned by addicted parents, orphaned because of fatal overdoses or torn from fractured families by authorities fearful of leaving them in drug-addled chaos.

"This isn't a trickle. This isn't a wave. It's a tsunami," Moores said of a child welfare system grappling with an unprecedented crush of parental drug cases.

From her first full year on the bench in 2006 through last year, the number of filings for children in need of services more than tripled to 4,649 in Marion County, driven largely by cases involving opioids — a glimpse of a problem that has swept across communities of all sizes.

Behind each of those cases is a child subjected to the realities of life amid addiction — of barren fridges, unwelcome visitors and parents who couldn't be roused awake. Moores is still haunted by the story of a 2-year-old found alone at home with his father's corpse, a needle still poking from his arm. A neighbor was drawn in by the boy's relentless wails.

By Friday, the largest pile of cases on Moores' desk has reached a towering two feet, and she has plodded on in bureaucratic fights to get more judges, more court reporters and more mediators to deal with work in which the despair dwarfs the fleeting moments of hope.

"It seems like there's a whole generation of people disappearing," Moores said.

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In Miami, a 10-year-old boy died after stray powder from the painkiller fentanyl found its way to his skin. In Philadelphia, a library once known for its after-school programs is now such a magnet for heroin users that the staff practices overdose drills. From New York to Kentucky, schools stock the overdose antidote naloxone in the nurse's office.

As opioids have thrived, children have suffered. And families are being torn apart, again and again.

New foster care cases involving parents who are using drugs have hit the highest point in more than three decades of record-keeping, accounting for 92,000 children entering the system in 2016, according to just-released data by the U.S. Department of Health and Human Services.

The crisis is so severe — with a 32 percent spike in drug-related cases from 2012 to 2016 — it reversed a trend that had the foster care system shrinking in size over the preceding decade. All told, about 274,000 children entered foster care in the U.S. last year. A total of 437,000 children were in the system as of Sept. 30, 2016.

Though substance abuse has long been an issue for child welfare officials, this is the most prolific wave of children affected by addiction since crack cocaine use surged in the 1980s, and experts said opioid-use is driving the increase.

Among the states with the biggest one-year increases in their foster care population were Georgia, West Virginia and Indiana.

"It's been an overburdening of our system," said Cindy Booth, executive director of Child Advocates of Marion County, which represents kids at the center of drug cases.

The Associated Press delved further into the troubling numbers, examining county-level foster care statistics obtained from the National Data Archive on Child Abuse and Neglect through the end of 2015. The analysis showed counties with higher levels of opioid prescribing and opioid deaths also had higher shares of foster cases linked to drugs. Last year's county-level statistics are not yet available.

The data show that foster children of drug users are on average about three years younger than others in the system. Indeed, a wave of babies born to opioid-using mothers has led hospitals to add detox programs for pregnant women and save umbilical cords in case they need to pinpoint what drug an infant was exposed to. Volunteers are enlisted to cuddle heroin-dependent babies — often born premature and underweight with a distinctive high-pitched cry and tremors in their arms and legs.

In Indiana, drug-related foster cases shot up more than sixfold between 2000 and 2015. Vanderburgh County, with a population of 179,000, had more children of drug users enter foster care than major cities including Seattle, Miami and Las Vegas. And here in Marion County, cases involving drugs went from about 20 percent of foster children in 2010 to 50 percent five years later.

Stephanie Shene, who started in 2003 as a case manager at the state Department of Child Services, recalled how use of heroin and other opioids went from a virtual non-issue to a constant part of her day. She and her colleagues became increasingly vigilant looking for shaking, fidgety parents or needle marks on their arms, behind ears and between fingers.

Her agency has added more than 1,200 workers in four years and its budget has increased from \$793 million to more than \$1 billion. Keeping up with the caseload remains a challenge, though, and turnover among case managers is high. Especially maddening is the huge number of parents who can't stay clean long enough to get their kids back or keep them.

Shene remembers one of her first cases, a mother whose four children were taken because of her morphine and heroin addiction. Just 10 months after getting clean and regaining custody, the woman not only had returned to drugs but had given birth to a heroin-dependent baby.

"Stuff like that is hard to look at," she said.

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By the time Rachael Stark arrives at her office at 8:45 a.m., she has already been working for hours. At 2:30 a.m., it was a call seeking an emergency placement for a child. Around 4 a.m., a series of texts alerted her that an alarm went off at a foster home and

police showed up. Since 8 a.m., she's been furiously tapping away at her phone, juggling 15 foster cases. Now she's splashed with coffee and running late for a 9 o'clock appointment when a state DCS worker calls looking for a foster family for three siblings.

"I've got no one," she reports somberly.

For the past 13 years, Stark has managed cases for The Villages, the largest private foster care and adoption agency in Indiana, which contracts with the state to find children homes. All but a few of her cases involve drugs and of those that do, about half are opioid-related.

The Villages is receiving 30 to 40 percent more referrals than it had been accustomed to, creating a "crisis state," as the agency's president, Sharon Pierce, puts it. Foster parent training sessions, once held monthly, are now weekly; advertising to attract new families has been ramped up. It takes at least three months to recruit, screen and train foster parents, but as soon as they get their state license, the need for help is so great they often receive an immediate call.

"Five or 10 minutes later, that family will have two or three children placed in their home," Pierce said.

The Villages used to see about 60 percent of children return to their birth families. Today it's around half that. So the agency turns to successful foster parents to adopt. The problem is that limits the family's ability to take on another foster child, creating the need for even more foster homes.

"So then we jump back on the treadmill," Pierce said.

The agency has added a few employees, but it's largely up to case managers like Stark to cope with the surging workload. She crisscrosses farm-lined stretches of Grant County, about 90 miles northeast of Indianapolis, driving beside fields of corn and soybeans in the rush to make her next appointment. The county's drug-involved foster caseload grew from nine in 2000 to 48 in 2015.

Stark makes her first stop at the foster home of a 5-year-old girl who answers "hot fudge sundae ice cream" when asked what happens when she meets her therapist; the child's mother is in jail. The second home is a whirl of sailing plastic cups, bouncing rubber balls and kids jumping on furniture, with six children, two of them foster placements, in perpetual motion. The foster mother, Megan Carender, hopes to adopt the children but is prepared if their stay is temporary: "No matter what, this was a place that they were loved and that they were taken care of."

It goes like this all day for Stark, a series of visits and a blur of calls and texts interrupted by sighs and talk of "imperfect solutions." "We just can't keep up," she said.

Her third stop of the day is emblematic of the cases inundating the system. Two sisters, 9 and 10, landed in foster care because their mother got hooked on painkillers. There was no family to turn to, with their grandmother also addicted. The girls now live on a farm where sheep, cattle and hogs are raised, and they sit in the bed of a pickup, fussing over a carton of fluffy day-old chicks their foster father, Justin Lovell, picked up for them. When he notes, matter-of-factly, it won't be long before the chicks reach a size fit only for "a freezer or a frying pan," the girls' jaws drop in comical unison.

"You're not going to fry them!" one cries.

Their birth mother has already had her parental rights rescinded, and the Lovells hope to adopt. One of the girls had been in four foster homes before arriving here, the other in three. Three siblings were placed elsewhere.

Lovell's wife, Kristen, laments the turmoil the sisters have been through — "so many stops and starts and bumps along the way" — and that "their whole world's changing, and it's changed so many times already." Her husband simply cannot fathom how someone could put drugs before family.

"They had their choice," he said, "and they didn't choose their children."

There is no simple assessment of the impact of all of this on kids. At one extreme, there are infants born healthy who wind up in safe and loving foster homes until their birth parents get clean. At the other are children whose parents' addictions have led to their own, who find themselves hopping from foster family to foster family, or living in a group home or a strange town.

Fear and anxiety can amass, academic performance can plunge, feelings of abandonment can run rampant, and the ability to trust can be strained. Said Maria Cancian, a University of Wisconsin-Madison professor whose research focuses on foster care and the effects on children: "When people ask me, 'Is foster care good or bad?' the first thing I say is, 'Compared to what?'"

Shawnee Wilson has found herself on both sides of the system.

Wilson's parents used, and she was 13 when child welfare officials removed her from her home. Now, at 26, she's trying to beat heroin, having already lost custody of two children and given another up at birth.

Her fourth child, a boy named Kingston, was born just over a year ago, and it took a month for doctors to wean him off the heroin Wilson exposed him to. He is in foster care now in Indianapolis, and Wilson is fighting to get him back.

Despite some relapses, she's been clean several months and is convinced she'll be able to keep it up. The clock is ticking. Federal law dictates the loss of parental rights for those whose children have been in foster care for 15 out of the previous 22 months.

Wilson knows how those who don't struggle with addiction view her, and said it's hard to explain what compels people to keep using even when it can cost them their children. When she's been high, she said, "I can't see the consequences, because all I want is to feel that drug. I want that numbness."

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Back at juvenile court, the waiting room is brimming with people who may wait hours for their cases to be called. Babies screech. Toddlers whine. Adults emerge from courtrooms wet-eyed.

Moore, the plainspoken 62-year-old who leads this division, sees a familiar expression on the faces that pass through — not just parents, but case managers and attorneys and a parade of others who've seen their work overtaken by pills and powders. She saw the same blank eyes during a National Guard deployment to Afghanistan, as soldiers returned to base.

"They're war-weary," she said.

She counts herself among the battle-scarred, having presided over a court that took 1,270 children from their parents last year, more than triple a decade earlier. Cases roll in to courtrooms that once were classrooms, converted to accommodate snowballing need.

It is 11 p.m. on Friday now and Moore is home on her farm, clad in pajamas and awake in bed. Her phone goes off, a new crisis arrived. DCS has a boy who previously was removed from the home of his opioid-addicted mother, now needing to be taken out of the house of relatives. There are no foster families available, and the county's emergency shelters are full.

It won't be long before the details of the case recede from a memory crowded by a thousand others. Tonight, though, it weighs on her as she tries to drift to sleep.

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