



STATELINE

How Heroin is Hitting the Foster Care System

October 09, 2015

By Sophie Quinton



Tamica Jeffers was charged with two counts of child endangerment after Ohio police say she overdosed on heroin while her children were nearby. State officials say the opiate epidemic is a reason more children are landing in foster care.

Timothy Dick's office receives all kinds of reports of child abuse and neglect. Perhaps a child has a broken bone, or is underfed, or has been left home alone for too long.

But when caseworkers drive to the child's home to investigate, they often discover the same root cause. "What we're finding more and more is that the parents are addicted to opiates. And more often than not, it's heroin," said Dick, assistant director of child protective services in Clermont County, Ohio.

In Ohio and other states ravaged by the latest drug epidemic, officials say substance abuse by parents is a major reason for the growing number of children in foster care. In Clermont County, east of Cincinnati, more than half the children placed in foster care this year have parents who are addicted to opiates, Dick said.

The number of children living in foster care started rising in 2013 after years of decline. Last year, about 415,000 children were living in foster care, according to federal statistics released last week. Fifteen percent of them hadn't yet passed their second birthday.

It's not clear how many child-welfare cases nationwide involve parents abusing drugs or alcohol, said Nancy Young, director of the federally funded National Center on Substance Abuse and Child Welfare.

But she suspects that most cases do: "That's what all the caseworkers and judges are saying."

Added Pressure on State Systems

Numbers emerging from the states show how rising heroin use is putting pressure on child-welfare systems.

In Ohio, 23 percent of child-welfare cases investigated in 2013 involved heroin or cocaine, up from 19 percent in 2010, state records show. Seventy percent of children less than a year old who were placed in foster care that year had parents who were using those drugs, according to the Public Children Services Association of Ohio (PCSAO), a coalition of county child-welfare agencies.

In neighboring Indiana, Republican Gov. Mike Pence linked the spike in children moving through the child-welfare system—18,925 as of July—to drug abuse, especially of heroin, and hired 113 new caseworkers this year to help handle the load.

And in Vermont, substance abuse was cited in more than a third of phone calls to the state's child-protection hotline. Last year, 1,326 Vermont children were in state custody, up 33 percent in one year.

"Young children are coming into state custody in unprecedented numbers. This is primarily being driven by parental heroin use," writes Cindy Walcott, Vermont's deputy commissioner for family services.

Social workers point out that drug abuse does not always result in child neglect. But parents might be so consumed by addiction that all they think about is getting high.

Officials in the three states say child-welfare cases that involve drug addiction are particularly challenging because parents have limited time to prove that they're able to safely care for their children and get them back.

But kicking a drug habit—particularly when the drug is heroin—can be a lifelong battle.

Federal law requires that a child be reunited with his family or put up for adoption after spending 15 consecutive months in foster care (or any 15 over a 22-month period). "As soon as the child-protection agency files the case with the court, the clock starts ticking," said Angela Sausser, executive director of PCSAO.

Many parents can't recover in time. Relapse is common with opioids and heroin, Sausser said. And that's assuming parents can start drug treatment. Waiting lists are often long in Ohio and Vermont, particularly for intensive services like clinics where parents can detox with the help of medication.

When a parent has to wait three to six months simply to enter a treatment program, that's critical lost time, Sausser said.

Pursuing Better Approaches

Several states are tackling the problem by expanding addiction services.

Ohio, for example, has launched a pilot program aimed at helping pregnant women who use opiates deliver healthy babies. It's also working to license more drug addiction treatment providers, the state Department of Mental Health and Addiction Services said.

The Ohio agency's services are administered locally. Since the state expanded Medicaid under the Affordable Care Act, local boards have been able to take money that used to go to assisting uninsured residents and shift it toward nonmedical services, such as drug-free residential housing for recovering addicts.

Young, of the national substance abuse center, backs the expansion of the kind of hands-on, and often small-scale, programs that have been adopted in some states. In Illinois, three counties are served by a "recovery coach" program paid for by a federal funds and administered by a nonprofit. Parents get help navigating addiction treatment and additional support, such as parenting classes and help finding jobs and housing.

Specialized court dockets, such as family drug courts, can also help. Ohio's Supreme Court has certified such dockets in 20 courts. Participating families go to court every week or two, along with their caseworkers from child protective services and their drug treatment provider, so the court can check up on them. The extra accountability pushes parents into treatment faster, and helps them complete treatment and reunite with their children, Dick said.

Vermont is expanding a program that wraps more support around parents. The state Department of Children and Families divides the state into 12 districts. In six of them, when caseworkers go out to a home to investigate a possible case of child abuse, a social worker from the Lund Family Center, a nonprofit based in Burlington, goes with them.

"Our staff goes out on that first call and screens the family for substance abuse right then," said Kim Coe, director of residential and community treatment at Lund. Lund staffers help get parents spots in treatment programs and try to ensure that they actually start treatment, whether that means offering encouragement or finding transportation to their first appointment.

Although a Lund screener only monitors the parent until he or she enters treatment, that's enough to improve outcomes for families, Coe said. If the Vermont Legislature approves the necessary funds, she said, the program will expand to serve the whole state.

Over the years, community organizations, states and the federal government have tested new approaches.

Those that serve families best, Young said, help parents get into treatment and stay sober. Often, such approaches bring together everyone involved, from child-welfare caseworkers to the judge overseeing the case. "We now know what works," she said.

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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.

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.

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."

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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Iowa's social workers see growing foster care caseloads

[Michaela Ramm](#), The Gazette

A three-year-old boy opens the back door to follow Krista Kronstein as she goes to bring in the family dog at the home of Kronstein and Emily Steeples, who were caring for four foster children in Cedar Rapids on Thursday, Oct. 12, 2017. (Liz Martin/The Gazette)

Chapter 1:

Trying their best

As a social worker and a foster parent, Emily Steeples sees foster care's shortcomings up close.

Steeples is a foster and adoptive family connections specialist for Four Oaks in Cedar Rapids, which provides support for families across most of the state. She and her spouse, Krista Kronstein, 36, also have been foster parents since 2015.

"I think (Iowa Department of Human Services workers) definitely are trying their best," Steeples said. "I don't think there's anybody out there, and I haven't had contact with anybody, who's not really trying to do what's best for kids."

But what Steeples and others interviewed for this series have said DHS child welfare system lacks a number of key things — enough foster parents to care for displaced children; enough social workers to support birth and

foster parents; and enough resources to bring foster care up to top capacity for those it surrounds.

Recent events have brought more scrutiny to DHS, as well as more public awareness to the strains it faces managing the child welfare system. In two separate cases, two teenage girls in central Iowa — Natalie Finn and Sabrina Ray, both 16 years old — died after being adopted by their foster parents.

52 percent
of abuse allegations were accepted for investigation by DHS in 2016

After these very public cases, Janee Harvey, DHS child welfare and community services bureau chief, said DHS conducted a systematic review of policies, procedures and practices from the very first call to department's child abuse hotline and all the way through the assessment of the alleged abuse.

DHS found that intake staff were seeking more information to open a case than what policy actually required, Harvey said.

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To address this, DHS conducted more training for intake staff — those who take calls of reported abuse — on burden of proof.

Harvey said DHS also changed its policy for supervisors at intake. Instead of reviewing all cases accepted into the child welfare system, these supervisors now are required to review all rejected cases “to make sure the policy, procedure and the employee manual is really being followed.” These internal changes, as well as the increase in reports following the deaths of the two Iowa teenagers, has resulted in more cases for DHS.

In 2016, DHS received more than 50,000 reports of alleged abuse on its abuse hotline, and social workers accepted about 52 percent of those cases. This year, the current rate of accepting cases is almost 65 percent, Harvey said.

65 percent

of abuse allegations have been accepted for investigation in 2017

“When you’re looking at resources, I’m not going to lie, we’ve been extremely busy,” said Karen Johnson, DHS child abuse protective assessment worker. “Our caseloads right now are probably double what they were a year ago.”

Krista Kronstein comforts one of the foster children currently being cared for by Kronstein and her spouse, Emily Steeples, at their home in Cedar Rapids on Thursday, Oct. 12, 2017. (Liz Martin/The Gazette)

Chapter 2:

'You just get comfortable with being uncomfortable'

There are two classes of social workers that handle DHS child abuse cases. All abuse allegations are investigated by social worker 3s, who then make a determinations on the case, such as if a child should be removed from the home.

According to a legislative presentation from DHS in March 2017, there were 182 social worker 3s employed throughout the state.

Social workers 2s, on the other hand, oversee ongoing cases within DHS, including those children in foster care. There are 336 such workers in Iowa.

The average caseload for these social workers is based on state standards, noted Wendy Rickman, DHS division administrator for adult, children and family services. However, she added both social worker 3s and 2s are probably handling double the caseload recommended by the Child Welfare League of America.

A national organization made up of public and private agencies, the League, recommends 12 to 15 children per worker.

There are 182

DHS social worker 3s throughout Iowa

For DHS social workers, such as Steve Henderson, there are no typical days on the job. Most days, “you just get comfortable with being uncomfortable.”

“There’s times where workers are actually scared to go to homes,” said Henderson, an ongoing caseworker. “I know I have a certain home that I’m nervous every month I go out there, and I text my supervisor when I get there and when I leave there because I’ve had threats made, and I still have the requirement to see the family. Knowing what’s going on with someone, maybe not necessarily in that home, but in that person’s life, can make it scary.”

According to data from March of this year, DHS worked with 4,247 families with an ongoing case per month. In addition, the department worked with 1,818 Iowa youth per month, along with more than 2,200 foster families.

A basket full of children's shoes sits near the door of Krista Kronstein and Emily Steeples' home in Cedar Rapids on Thursday, Oct. 12, 2017. Steeples and Kronstein were caring for four foster children in October, and two of the children have since returned to their biological parent. (Liz Martin/The Gazette)

Chapter 3:

Turnover

Four Oaks’s Steeples said burnout in foster families can be caused by a variety of things. Perhaps they’ve had a series of placements with children with a lot of health or behavioral challenges. Maybe there was a disagreement with, or no support from, their social worker.

Case worker Henderson said DHS social workers also juggle frequent turnover among their ranks. While a revolving door of staff increases the workload for other social workers, it also can be a strain on the families they service, such as the Coopers.

- Natalie and Tony Cook, fostered twin boys until the couple adopted them at the beginning of this year.

While their sons were in foster care, Natalie said the family went through three different DHS workers due to turnover, as well as a different Family Safety, Risk and Permanency Service worker — who would oversee birth parent visits — each week.

“So much turnover, so many people, that there wasn’t a constant person that they’d go with” on visits, Natalie said.

There are 336
DHS social worker 2s throughout the state

The Cooks’ third and final DHS case manager, Laura Palumbo, was a social worker who had been working in foster care 20 or so years.

“I know we probably wouldn’t have the boys right now if it weren’t for her,” Natalie said. “She was the No. 1 person in the system who gave me hope that there are people in the system who really care about these kids — it’s not just another caseload to them.”

Emily Steeples looks on as Krista Kronstein lifts one of their foster children out of his sister's bunk bed as they get ready for stories at their Cedar Rapids home on Thursday, Oct. 12, 2017. Steeples and Kronstein were caring for four foster children in October, and two of the children have since returned to their biological parent. (Liz Martin/The Gazette)

Chapter 4:

Making it work

Even with hurdles faced by social workers and foster families, some in Iowa — such as Four Oaks’s Steeples — still take on both roles.

Steeple had worked in child welfare in Ohio for several years, and she and her spouse Kronstein said many of their friends were foster parents or had adopted children through the system.

So when they moved back to Iowa in 2014, it was a quick decision to get the licensing themselves.

“We were able to see both the need, but also how good foster parents can be for children that are placed in their care,” Kronstein said.

The couple recently had been caring for four children, two sibling sets aged five and under.

“I have to admit because getting one preschooler to get their shoes on in the morning can sometimes be challenging,” Kronstein said. “Getting three preschoolers and a kindergartner to get their shoes on in the morning — and a dog that wants to be in the mix — it just sometimes gets a little chaotic, but still a lot of fun.”

“We make it work,” Steeples added.

As a piece of DHS’s goal to reunify children with parents, foster families are encouraged to communicate with birth families, forming relationships with them to better facilitate the transition for children and to keep birth families in the children’s’ lives.

While it doesn’t always work, Kronstein and Steeples say they have seen the positive results of this when these relationships are mutual. Of the four children the couple were taking care of, they had formed a good relationship with the birthparents of one set of siblings.

That relationship has continued, they said, after the siblings — a four-year-old girl and her three-year-old brother — returned to their birthparents at the end of October. The children, as well as Kronstein and Steeples’s current foster kids, still attend the same preschool and dance classes.

After most placements, Steeples said they typically don’t remain in contact with the birth family or the children they cared for.

“Building that bond and building that relationship has definitely paid off,” Kronstein said.

Since the two foster children left for home, Steeples said they have been finding little reminders of them around the house. A toy left behind, or an article of clothing. The house itself has been quieter with two fewer children.

"Of course, it's hard because you grieve," Steeples said. "You're grieving because you had a routine, and every spot along the way in your day, you're reminded of your empty nest essentially."

But at the same time Kronstein and Steeples can't help but cheer on those children and their families.

"It's still worth it to get attached to them because when you build that attachment with the child, that only helps them to strengthen the other attachments in their life," Steeples said. "If you can get a strong bond with a child in your home, they're going to have a stronger bond with their parent and that's going to help that relationship flourish."

After Nicolas, an infant Breanne French had fostered for eight months, left her care in August 2015 and went back to his birth mother, she, too, felt loss. But said French did her best to root for Nicolas's birth mother.

She was in recovery from drug addiction, and while DHS still was involved with Nicolas, the pair seemed to be doing well.

In October, Nicolas' birth mother invited Breanne to his first birthday party. In photos Breanne keeps in a scrapbook, he looks happy. But months later, after his birth mother stopped all contact with Breanne, she started to worry again about Nicolas.

More about Nicolas and his story in next week's Gazette.

Gazette reporter Molly Duffy contributed to this report.

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High caseloads hinder face-to-face visits with foster kids

by [Benjamin Hardy](#)

Arkansas Nonprofit News Network

December 06, 2017

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DCFS DIRECTOR: Mischa Martin (file photo).

BRIAN CHILSON

Despite recent improvements in Arkansas's overloaded foster care system, the state Department of Human Services' Division of Children and Family Services is struggling to reduce the average caseload of its field staff, DCFS monthly data indicates.

One consequence of high caseloads is that some foster children have little direct contact with the child welfare agency ultimately responsible for their care. In the 2017 fiscal year, 28 percent of foster children did not receive a face-to-face monthly visit from their family service caseworker.

Also, 13 percent of foster children received no monthly face-to-face contact from any DCFS staff, regardless of their position or the purpose of the visit. That's an increase since 2014, when the figure was 4 percent. Over that same period, the number of children in the foster system swelled from about 4,100 to about 5,100.

On Wednesday, the face-to-face visit metrics became the focus of questions from state lawmakers after DCFS Director Mischa Martin presented the agency's 2017 annual report to the legislature's Joint Committee on Aging, Children and Youth.

"If someone is missed in one month, are they put in the front of the line for the next month — so that maybe in a two-month period, everyone gets visited?" Rep. Carlton Wing (R-North Little Rock) asked Martin.

"I wish I could say, 'Absolutely, yes,' but [when] we started pulling data back in the spring ... we saw kids on the list who hadn't been looked at in 60 or 90 days," she replied. The DCFS now requires local offices to prioritize those cases, Martin said: "If you didn't see them this month, you have to make it a priority to see them [next month]."

Martin took over the DCFS last year, at a time when the state foster care population was reaching record levels. Since then, she has attempted to implement a number of reforms aimed at improving placement options and retaining staff.

Sen. Stephanie Flowers (D-Pine Bluff), who co-chairs the Children and Youth committee, asked whether the DCFS was running afoul of state law by failing to visit each foster child every month. "This policy, the face-to-face visits monthly — is that in our code?" she asked.

Martin said it was not a statutory requirement, but that federal funds were tied to compliance. "And it is also good practice to see that child, to establish that relationship, to know what's going on" Research shows that children who are visited monthly by caseworkers return to their biological family or get adopted more quickly, Martin said.

Over the past five years, the number of Arkansas children in foster care has increased by over 38 percent, placing greater strain on the system and its staff. There is disagreement about the cause: A report last year by an independent consultant hired by the DCFS pointed to "questionable removals" of children from their families by overzealous caseworkers and the court system, but the DCFS disputed many of its findings.

Even before the uptick in recent years, some young clients rarely saw their caseworkers.

Shannon Boney, 23, who was a foster child from age 4 to 19, told the Arkansas Nonprofit News Network that it was "very common" to not receive a visit from her caseworker for over a month. "Or, we'd see a secondary caseworker who doesn't know anything about us," she said.

Boney, who now lives in Sherwood, said she was placed in foster homes and residential facilities from Monticello to Springdale. She recalled some caseworkers who were apathetic — even hostile — and others who went above and beyond.

“Sometimes they don’t even come out to foster homes. I had some pretty bad foster homes, and I’d call and call. They’d only come out when the parents actually call and set it up — when they’re waiting for [the DCFS] to come and take the child out of the home,” Boney said.

But, she added, “Three particular caseworkers I had were very good.” She remembers each one of those three workers by name. “They made sure I had what I needed. They made sure they kept in contact with my foster mom, with me, with the school You know, they just made sure I was A-OK, and I wasn’t going through anything I didn’t need to be going through.”

Even as a child, Boney noticed how overworked her caseworkers were, in part because she sometimes experienced the consequences. “I would get passed off to another caseworker because my old caseworker had such a big caseload,” she said.

A year ago, in December, the average family service caseload was 30; under Martin, the DCFS set a goal of reducing it to 20. (The national standard is 15.) The DCFS made progress on caseload reduction throughout most of 2017, and by the time the division released a progress report in September, the average had dipped down to 22.5.

However, Martin told the committee Wednesday that the caseload average has rebounded the past three months, to 26.

“When school started back, we started breaking records with the number of calls that we’re getting at the [child maltreatment] hotline, which upticked our caseload,” she said.

After the meeting, Martin explained that teachers and other school staff are “mandated reporters,” meaning they are required to call the hotline if they suspect an instance of neglect or abuse. Such reporting includes categories such as “environmental neglect,” meaning an unsafe or unhealthy living situation, or “educational neglect” if a parent fails to send a child to school or to provide home schooling.

“I can’t prove it, but there was new legislation related to posting the child abuse hotline number in the schools ... which could have also increased the number of reports that we’re getting,” she added.

During the meeting, Rep. Danny Watson (R-Hope) asked whether the DCFS was “adequately staffed.”

In 2017, the legislature, at the urging of Governor Hutchinson, gave the agency a funding increase. The extra money allowed the DCFS to hire additional caseworkers and implement a new state employee pay plan, effective July 1, which boosted the starting salary for family service workers from \$30,713 to \$36,155 and the starting salary for their supervisors from \$37,332 to \$45,010.

The higher pay scale was intended to address the DCFS’ dismal employee retention numbers. According to the agency’s progress report published in September, “most Division service areas in the state faced a 32 percent turnover rate among Family Service Workers” as of late 2016.

Martin said the DCFS was also improving its worker training and implementing a new “graduated”

caseload system to avoid new hires being overwhelmed by an enormous number of cases or grueling tasks such as being on-call after hours.

"We're really trying to walk workers through the training in an appropriate timeframe, as well as not overload them with cases," she said.

But, Martin also noted, "I think realistically you always have to remember that this work is very hard, and that it is difficult to go into homes, to remove children, to work with families, repeatedly, even when you're trying your best. It's a tough job for our caseworkers, and so we'll probably always have higher [turnover] than some other professions."

Other numbers in the DCFS annual report illustrate clear progress on stated reform goals. The percentage of children placed with relatives — rather than with a family in the broader foster care system — increased to almost 30 percent, up from half that number two years ago. The ratio of foster home beds to foster children has increased from a year ago, from 0.7 to 0.8. And the number of overdue child maltreatment investigations has plummeted, from 1,627 last December to just 67 this month.

This reporting is courtesy of the Arkansas Nonprofit News Network, an independent, nonpartisan news project dedicated to producing journalism that matters to Arkansans. Find out more at arknews.org.

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Thank you for keeping the public updated about the Foster Care Kids. You have done very good reporting on this over the years. It seems to be a never ending sad story.

REPORT



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We have the system the Gov and Legislature pay for. The First Lady has a genuine understanding of the issues, and needs to weigh in.

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High Turnover, Caseloads in Louisiana Foster Care Program

A new audit finds Louisiana's social services agency has been so short-staffed amid repeated budget cuts that it didn't ensure the safety of its foster children.

Aug. 14, 2017, at 6:00 p.m.

**AP**

By MELINDA DESLATTE, Associated Press

BATON ROUGE, La. (AP) — [Louisiana \(/news/best-states/louisiana\)](#)'s social services agency was so understaffed amid repeated budget cuts that it short-changed its foster children, skipping some background checks on foster parents and placing children with people accused of abuse, according to an audit released Monday.

Legislative Auditor Daryl Purpera's office reviewed the Department of Children and Family Services' handling of the foster care program during former Gov. Bobby Jindal's administration, saying that high caseloads, hefty employee turnover and ineffective computer systems damaged the agency's oversight of children placed in its care.

"These challenges may impact (the agency's) ability to ensure the safety and well-being of children in foster care in Louisiana," the report says.

Auditors reviewed the program from Jan. 1, 2012, through Jan. 1, 2016, finding that although the number of children in foster care increased by nearly 4 percent over the period, field staff for the program dropped by more than 3 percent.

By 2016, caseworkers carried an average of 16 cases, higher than the 10-case maximum established in agency policy, the audit says. More than 4,400 children were in the foster care program on Jan. 1 of that year.

Auditors found that 29 percent of those who took in children because they were family members or someone known by the foster child didn't receive background checks. A handful of providers were allowed to care for children though they had prior "valid cases of abuse and neglect," the audit says. Also, the department didn't make sure foster children were getting the medical and behavioral health treatments they needed.

The Department of Children and Family Services — which oversees child welfare, food stamps, the welfare program and child support enforcement — had a more than \$1.2 billion budget with 5,200 jobs when Jindal took office. By the end of his tenure, spending was down to nearly half, and the department had fewer than 3,500 employees.

Marketa Garner Walters took over as agency secretary in January 2016, appointed by Gov. John Bel Edwards. She wasn't surprised by the audit, which came after an Edwards transition committee determined the department couldn't properly manage its child welfare mission.

"We knew that coming in we had inherited a mess," she said.

Since then, the department's budget has edged up. Walters said she's reorganized, shuffled foster care caseworkers to address shortage areas and bolstered employee coaching. She enacted a policy that no child will be placed with someone with a prior case of abuse or neglect.

"We have cleaned up so much. We are not where we want to be by any stretch of the imagination, but in 18 months we're in a world of difference," Walters said.

Walters said the department also has changed its approach to foster parenting, beefing up education and seeking to build more community support from church organizations, nonprofits and businesses.

"The kids we get are hard, and they come with lots of trauma. So, we're giving the parents trauma training," Walters said. "We're being more candid and upfront."

Still, the agency has trouble, according to the audit, retaining enough foster care providers — paying foster parents less than the estimated cost to care for children. The average payment rate of \$15.20 per day hasn't been increased since 2007, and no rate hike is on the horizon amid continued state budget gaps.

Follow Melinda Deslatte on Twitter at <http://twitter.com/melindadeslatte>

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Indiana foster care system is in crisis

THE FOSTER CARE SYSTEM IN INDIANA IS IN CRISIS.

Jessie Higgins (/staff/10051944/jessie-higgins), Courier & Press

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The foster care system in Indiana is in crisis.

There are not enough foster families to care for the growing number of children in state custody.

It's to the point the Indiana Department of Child Services is placing children in homes in different counties -- sometimes hours away from their hometown. Siblings are scattered. Some children are left with their parents, long after they lose custody.

"I've had (a DCS worker) tell me, 'If you can't find a place, this kid is going to be staying the night in the office,'" said Nicole Schultz, the director of admissions for The Villages Foster Care of Southern Indiana (<https://www.villages.org/>). "That's how severe the situation is now."

In Vanderburgh County in May, there were 857 children in DCS custody. There were 150

foster homes.

"We are in a crisis as a state right now," Schultz said. "We need foster families, and as soon as possible."

Evansville couples respond to the
[\(https://www.courierpress.com/story/news/2017/10/21/evansville-couples-respond-foster-care-crisis-evansville-couples-respond-desperate-need-foster-paren/776308001/\)](https://www.courierpress.com/story/news/2017/10/21/evansville-couples-respond-foster-care-crisis-evansville-couples-respond-desperate-need-foster-paren/776308001/)

The Villages is a private foster care company that used to take kids that standard foster homes would not – kids with behavior problems, teenager or large groups of siblings.

"That has totally changed now," Schultz said. "Now, we take anyone. We have to. I got 50 referrals so far in June. Of those, I was able to place three."

The cause of the sudden crisis is no mystery, state officials say.

It's the opioid epidemic.

"For some places, it is prescription pills, some places it is heroin," said James Wide, a spokesman for DCS <http://www.in.gov/dcs/2982.htm>. "The common thread is, these drugs comatose the users so they're not thinking about their children."

The foster home shortage became critical about three years ago as opioid abuse in Indiana reached epidemic levels.

The number of children with addicted parents entering foster care skyrocketed. At the same time, kids were remaining in care longer.

It can take parents with opiate addictions a long time to regain custody. They have to get clean first. Recovery takes time – and is often peppered with relapses, Wide said.

Judges hesitate to grant parents' custody until they show uninterrupted periods of sobriety, Wide said.

The result is an overcrowded foster care system that can further traumatize children.

"It's already traumatic for the kids if we're involved," Wide said. "We don't want to make it worse."

The state would prefer that children be placed close to home. That way they remain in their schools and around other community supports.

It's not always possible, Wide said.

"Right now, say, we'll get a kid from Evansville, and the next closest place is in rural Pike County," Wide said.



Ashley McReynolds and her husband Kyler McReynolds take care of their new foster baby at their home in Newburgh, Ind., on Friday, June 16, 2017. The couple received a call asking if they would be willing to care for the baby on June 1, the day before their ten year wedding anniversary, while they were on vacation in New York City.

(Photo: SAM OWENS / EVANSVILLE COURIER & PRESS, Sam Owens)

Because there are so few places, many kids are placed temporarily in a foster home, only to be quickly moved a few months — or even days — later.

"A family may have an opening for just a few days," Schultz said. "So we put them there, then figure out what to do next."

The frequent movement between homes can be traumatic for children.

"Kids need stability," said Ashley McReynolds, a local foster parent.

McReynolds experienced this firsthand when she became a foster parent. Her foster daughter, Lily, moved between families several times before arriving at the McReynolds home.

It took a toll on the child, then 7.

Lily hid in closets whenever a DCS caseworker came to their house, afraid she would be taken away. And when the family moved a year ago, Lily was sure she would be left behind.

It was a difficult time for the new family.

"She's been through more than she should have," McReynolds said. She squeezed her hands together in her lap, and took a deep breath. "But, she's ours now. She's OK now."

McReynolds and her husband adopted Lily about a year ago.

It was the best — and easiest — decision they've ever made, she said.

"She is the coolest kid," McReynolds said, beaming. "She has a bucket list of things she wants to do that she made all herself. She really is a hoot."

McReynolds and her husband recently signed up to foster another child, and were quickly given a newborn.

"I got a phone call on Thursday, while we were on vacation in New York City," McReynolds said. "And they said, 'Do you want a newborn?'"

She laughed. Sitting in her Newburgh living room one day last week, she was surrounded by baby clothes, toys and bottles.

"We picked him up on Saturday from the NICU," she said.



Lily McReynolds (left), 9, kisses the new foster baby living in her home as her adopted mother holds him in Newburgh, Ind., on Friday, June 16, 2017. Lily has been living with the McReynolds for over three years.

(Photo: SAM OWENS / EVANSVILLE COURIER & PRESS, Sam Owens)



The newborn, who McReynolds lovingly refers to as Baby-T, has an uncertain future. His biological mother and father are both working to regain custody, visiting the child multiple times a week.

McReynolds would love to adopt the boy. But she also hopes his mother is able to get him back.

"To be a foster parent, you have to have a willingness to be flexible," McReynolds said. "You never know what is going to happen. It takes a lot of openness. You have to love them, and at the same time take care of yourself."

Fostering is one of the best thing she has ever done, she said.

Right now, the state needs more people like the McReynolds to foster children.

"We're burning the candle at both ends," Schultz said. "We have to deal with this crisis right now."

She paused a moment.

"We all see that things are still getting worse," Schultz said. "We need to be talking about these issues as a society. Because putting kids in foster care is just a Band-Aid. As a community, we need to work on the bigger issues that are causing this problem."

SHARE THIS STORY

Ashley McReynolds rubs her adopted daughter Lily McReynold's back as her husband Kyler McReynolds holds their new foster baby at their home in Newburgh, Ind., on Friday, June 16, 2017. The couple received a call asking if they would be willing to care for the baby on June 1, the day before their ten year wedding anniversary, while they were on vacation in New York City.

(Photo: SAM OWENS / EVANSVILLE COURIER & PRESS, Sam Owens)



Lily McReynolds (left), 9, holds the new foster baby living at her home in Newburgh, Ind., on Friday, June 16, 2017. The two-week-old boy joined the family at the beginning of June.

(Photo: SAM OWENS / EVANSVILLE COURIER & PRESS, Sam Owens)