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## Stateline

# As Drug Crises Surge, Babies Enter Foster Care at Higher Rate

STATELINE ARTICLE April 9, 2019 By: [Teresa Wiltz](#) Topics: [Health](#) & [Safety Net](#) Read time: 5 min



An Albuquerque police officer holds his newly adopted daughter, whose birth mother used heroin while she was pregnant. Babies and toddlers are entering the foster care system at a higher rate, possibly because of the opioid crisis.

Russell Contreras/The Associated Press

Babies and toddlers are entering the foster care system at a higher rate, a trend that some child welfare experts fear is correlated to the opioid and methamphetamine epidemics wreaking havoc across the country. And that is further straining the nation's already overburdened child welfare system.

From 2009 to 2017, the rate of very young children entering foster care grew incrementally, exceeding the rates of older children, which remained steady, according to [data compiled by Child Trends](#), a Maryland-based research organization that focuses on child welfare issues. In

fiscal year 2017, children age 3 and under entered foster care at a rate of 6.6 in 1,000, more than twice the 2.8 rate of children ages 4 to 17.

“Babies are driving that increase,” said Sarah Catherine Williams, one of the authors of the Child Trends study.

The trend has a big impact on states, whose budgets often already are overstretched responding to the drug crisis and other needs.

West Virginia has the highest rates of very young children entering foster care, at 20.8 in 1,000 – and it also has the highest overdose death rates in the country.

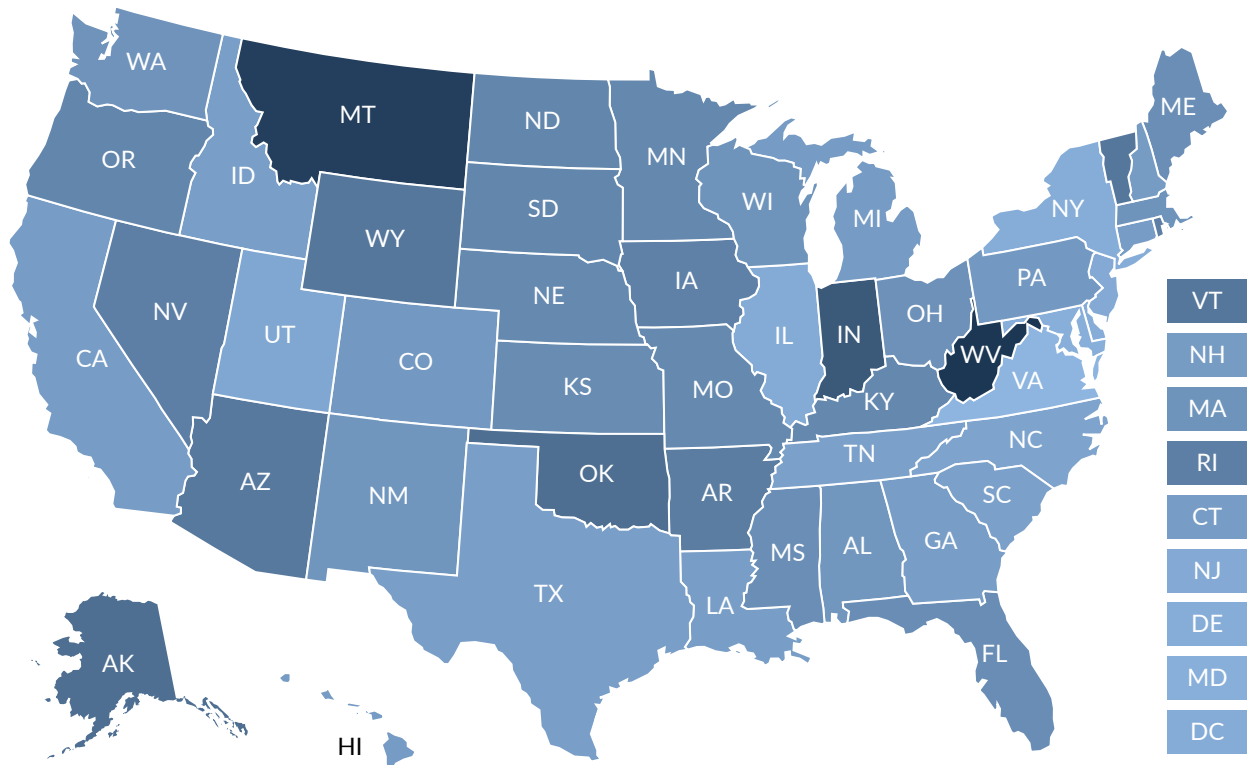
West Virginia is followed in the foster care rates by Montana (19.6), Indiana (15.7), Alaska (12.6) and Oklahoma (12.6).

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# Infants and Toddlers in Foster Care

Foster care entry rate per 1,000 children under age 3 in FY 2017



**6.6** U.S. foster care entry rate per 1,000 in FY 2017



[Show Data Table](#)

In fiscal year 2017, infants and toddlers under the age of 3 entered foster care at a rate of 6.6 per 1,000, more than twice the 2.8 rate of children ages 4 to 17.

Source: Child Trends, using data from the U.S. Census Bureau and the Adoption and Foster Care Analysis and Reporting System at the U.S. Children's Bureau.

Opioid deaths jumped 77% in Alaska between 2010 and 2017. Montana and Indiana, on the other hand, have grappled with an [explosion in methamphetamine use](#).

In recent years, there's been a decrease in the overall number of Oklahoma children entering foster care, according to Sherry Skinner, program administrator for Oklahoma's KIDS, Technology and Governance Unit.

But at the same time, there's been an increase in children under 3 entering the system, Skinner said. In 2018, two-thirds of children removed from their homes were under 5, she said.

The increase in very young children entering the system is a result of the state's meth crisis, Skinner said.

To be sure, while there's a strong correlation between the drug epidemic and the increase in children entering foster care, there's no data yet showing that it's the direct cause of the uptick, child welfare experts say.

For example, Ohio, [which ranks second in overdose death rates](#) at 46.3 in 100,000, has a relatively low rate of babies and toddlers entering foster care.

But nationally, neglect and parental drug abuse are the most commonly reported reasons for removing children of all ages from their homes, according to Child Trends.

And more state child welfare agencies are saying they're seeing an increase in children affected by the drug crisis, said Tracey Feild of the Annie E. Casey Foundation, a Baltimore-based child welfare research and advocacy group.

Officials in West Virginia's Department of Health and Human Resources declined requests for a telephone interview. Officials in Alaska, Arkansas, Indiana and Montana did not respond to interview requests.

On the other end of the scale, Puerto Rico (0.9), Virginia (2.2), Maryland (3.0), Delaware (3.3), and New York (3.3) had the lowest rates of young children entering foster care.

The different rates among states of children entering foster care in part are caused in part by highly variable state policies and procedures for removing children from their homes, said Jill Berrick, a professor at the School of Social Welfare at the University of California at Berkeley.

That's because the federal government gives states tremendous latitude to customize their child welfare systems, Berrick said. This means that states differ considerably on who they require to report suspected child abuse or neglect and on in-utero drug use policies.

For example, [according to the Guttmacher Institute](#), a Washington, D.C.-based reproductive rights advocacy group, fewer than half of all states consider substance abuse while pregnant to be child abuse under child welfare statutes.

Some states may be better at identifying babies at risk, Feild said, and in other instances, high-profile news stories about abused children has raised awareness, so more people may be calling local child agencies with concerns about potential maltreatment.

States also vary drastically when it comes to determining whether to take children from their parents. A [2017 Cornell University study](#) found that states with more punitive criminal justice systems and restrictive public welfare benefits tend to remove children from their homes far more frequently than those with "generous and inclusive welfare systems."

Often placing infants with foster families can be hard, because many foster parents work outside the home, which means they need to use day care, said Irene Clements, executive director of the National Foster Parent Association, a Texas-based nonprofit. That can result in a shortage of foster families willing to take on an infant.

## By the Numbers

Nationally, the number of children entering [foster care increased every year from 2013 to 2016](#), according to the U.S. Department of Health and Human Services. At the same time, at least half of states saw a decrease in the number of available foster homes, according to a 2017 investigative project by the [Chronicle of Social Change](#).

The numbers are troubling, because those early years are a pivotal time in child development, child welfare experts say. Abuse and neglect during this time has lasting effects into adulthood, even changing brain functioning. And children who enter foster care once are much more likely to be involved in foster care later in life, Williams said. Child welfare experts agree that children fare best in a family setting.

The number of babies entering the child welfare system likely will continue to rise until states are able to contain the opioid and methamphetamine crisis, child welfare experts say.

The federal 2018 Family First Act, which mandated a massive overhaul of the foster care system, further complicates matters, child welfare workers say. That's because the law, the most extensive reboot of the child welfare system in nearly 40 years, prioritizes [keeping](#)

families together and puts more money into at-home parenting classes, mental health counseling and substance abuse treatment.

But not all states are prepared to provide the level of care needed to keep families together, child welfare experts say. (Family First dictates that states get these programs up and running by October.)

For example, in Nevada, when an older child is identified as being at risk for abuse or neglect, her parents are connected to services such as substance abuse treatment that might help keep the family together, said Denise Tanata, executive director of the Children's Advocacy Alliance, a community-based advocacy group based out of Las Vegas.

But in the state, children under 5 are considered a special, high-risk category requiring additional and immediate safety protections, so families with very young children wouldn't qualify for those programs, Tanata said.

That means very young children end up in foster care to better protect them, Tanata said. Biological parents, meanwhile, could wait 12 to 18 months in Nevada to get into a substance abuse treatment program, she said.

Meanwhile, "you've put a child in a [foster] home where they've established a bond. Then you're looking at the best interests of a child," Tanata said. "They've been in this [foster] home, does it make sense to return them to their [biological parents] down the road?"

Babies who have been exposed to drugs pose even more challenges for foster families. Often they have a host of medical problems, including neurological issues and skin sensitivity, making it all but impossible to cuddle them, Clements said. And it's tough to find a day care center that's able to meet their considerable needs, she said.

"When you have a baby that doesn't feed well, cries a lot, maybe is experiencing apnea episodes, just all of it, becomes a full-time job," Clements said.

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# Soul crushing. PTSD symptoms showing up in more than half of Children's Services workers

[Terry DeMio](#), Cincinnati Enquirer Published 10:05 p.m. ET March 6, 2019

She woke up at 5:30 a.m. and checked her email for emergencies. By 8, she was at work preparing a plan for a child and, at 10:30, she met with her manager and a client who yelled at her, accusing her of lying.

Before noon, she already felt belittled and demeaned.

After that, it was off to a home visit until 1:30 p.m., then another, with a teenager and foster parent until 3:30 p.m. She arrived, late, at 4:45 p.m., to the next visit. This family was upset with her, too.

She worked until 7:30. She got home just in time to put her kids to bed. And check email and get a few things done and go to bed. And regardless of how tired she felt, she did not sleep well that night.

At 5:30 the next morning, Warren County Child Protective caseworker Becky Campana woke to another day full of appointments, trauma, hope, defeat and exhaustion.

A recent study shows that 53 percent of Ohio's children's services caseworkers have symptoms of post-traumatic stress disorder. That compares with national incidences that range from 35 percent to 75 percent of child-welfare staff.

Campana is not among them. But the burden she carries is indicative of the job that is taking considerable toll on those who work to keep children safe.

Campana runs a blurry race every day (sometimes until after 11 at night) tied to children who can't stay at their own homes because their parents hurt or neglect them.

Still, some days are worse than others.

The teen was a handful. She'd had to move him from place to place for years because of his behavior. Forget a permanent home. And in this snowstorm on this night, here she was, driving him to some new place again. Trying to keep the wheels on the road.

"He said, 'Mom,' " she recalled. "He called me mom. And he said, 'Could you just take me to your house?' Like, 'why do I have to go to another place?' "

Her heart did not stop of course, but it felt like it.

"You understand that you're the only constant person for the last three years in that child's life, and they really do look at you as a mom figure. You see trauma happening to kids. You feel that," said Campana. "You take that home, as much as you don't want to."

It is thoughts like these and days like most, for child-welfare workers, that make the recent findings about



PTSD symptoms among them both frustrating and heart wrenching.

“We were shocked,” said Angela Sausser, executive director of the Public Children Services Association of Ohio.



**Becky Campana, 32, child protective caseworker, talks about her experiences on the job and the way it has affected her life at the Warren County Children Services office in Lebanon, Ohio. (Photo: Sam Greene, The Enquirer)**

### **So what's to be done?**

A national research study is underway to help with the recruitment and retention of child-welfare staff nationwide. That's where the PTSD finding came from. The project is headed by the Quality Improvement Center for Workforce Development, which is partnering with the U.S. Health and Human Services' Children's Bureau in a five-year, federally funded project.

Participating states are Ohio, Michigan, Virginia, Oklahoma, Louisiana, Nebraska and Washington. Milwaukee and the Eastern Band of Cherokee Indians are jurisdictions that are also taking part. In Ohio, eight counties are taking part: Hamilton, Champaign, Crawford, Knox, Montgomery, Summit, Trumbull and Wayne.

Ohio is planning an intervention strategy to prevent and lessen the effects of burnout, secondary trauma and disengagement among caseworkers, said Angela Terez, a spokeswoman for Ohio Job and Family Services.

"This is a critical time in the study. Our results could have implications for all 88 Ohio counties," Terez said, "as well as for the nation."

Once the intervention is done, she said, its impact on the caseworkers and outcomes among children will be assessed.

Kody Krebs, a Hamilton County Children's Services manager, encourages his staff to talk to each other and to him about their stresses.



**Kody Krebs works as a Family Services case manager. He stands for a portrait inside the Hamilton County Job & Family Services building in Downtown Cincinnati Friday, January 18, 2019. Krebs spoke about the longterm affects of being a children services worker. "The workers are dealing with crisis and trauma every day and the first response is to help the family or deal with that situation," he explains. "And when you are constantly dealing with and resolving other people's problems because that's the job, you forget to take care of yourself. That builds up and you tuck it away." (Photo: The Enquirer/Meg Vogel)**

He is not surprised about the PTSD findings. Children's services workers are focused on their clients and can forget to take care of themselves, Krebs said. "We tuck it away and continue to do the job."

### **Working through the trauma**

Hamilton County children's services worker Morgan Springsteen was assigned to a little girl whose mother was struggling, with some success, with addiction last year. One day in April, Springsteen got a call. The child and her caregiver had found the girl's mother dead from an overdose.

"I was one of the first calls they made," Springsteen said. "It was very unexpected. It was a mom who had been doing well."

She hurried to the scene, worried about how the child was coping. "She was sitting in the car. She opened the car door immediately and gave me a hug. She was very upset."

Springsteen stayed with the girl for hours, shielded her from some police questions and whisked her off to a nearby restaurant for a break from it all.



**Morgan Springsteen works as a Children's Services worker. She stands for a portrait inside the Hamilton County Job & Family Services building in Downtown Cincinnati Friday, January 18, 2019. Springsteen spoke about two of her cases where parents have overdosed and died last year. "It is really hard to know what we all do and see on a daily basis, until you are in our shoes," she said. "A lot of people outside of this building don't really understand what we go through and the trauma we are exposed to on a daily basis." (Photo: The Enquirer/Meg Vogel)**

"I kept thinking," Springsteen said, " 'How is this kid going to go to sleep tonight, and how are we going to go forward?' "

She said she tries to keep healthy boundaries with her families, works on "self-care" and, when she gets back to her office after a troubling case, finds a colleague and talks it out.

That's common with child-protective workers, said Susan Walther, director of Warren County Children Services. "Our caseworkers are close-knit and many are friends outside of work."

They also get training in secondary trauma – that indirect exposure they have to their work kids' difficult lives – to help them understand how their job can affect their lives and to give them skills to cope. And supervisors meet routinely with the caseworkers, watching out for their well-being.

The work is not without its rewards. Caseworkers describe getting "excited" about watching a child and parent interact well. About seeing a parent who's progressing in addiction treatment. There's the joy of seeing a foster family hug their new child. Or a child smile at you.

"I love my job," said Michaela Parker, a child-protective services caseworker in Warren County.



**Michaela Parker, 24, Child Protective Caseworker, describes how her work affects her personal life at the Warren County Children Services office in Lebanon, Ohio, on Monday, Feb. 4, 2019. (Photo: Sam Greene, The Enquirer)**

"The kids are amazing. They're resilient," she said.

Even so, she said, "It gets to you, because it's a 5-year-old, a 6-year-old child telling you that they got whooped with a belt or they were getting smacked with a paddle."

"I always try to imagine and understand their pain," she said. "This isn't always a good thing. Trying to personally imagine and understand the pain and emotion of a rape a child suffered at age 12 is torture."

Parker is assigned to an Ohio intervention program that gives kids whose parents have addiction specialized services and helps their parents with treatment. The idea is to keep families together, but sometimes a child must be removed.

That happened in February. A parent tested positive for drugs, and Parker had to break the news and take the child from their home.

The parents were in tears and angry. Another caseworker called police for help, and Parker had to get the child ready to go with his family watching. She knew that one parent had suicidal ideation, and that weighed on her.

"I was upset," she said. "I wished I did not have to remove the child."

Hours later she was relieved to drop off the child with a foster caregiver who was thrilled to welcome a child.

But Parker slept fitfully that night, dreaming that the parent died by suicide while she was at their home.

Parker never had to worry about being harmed, or hungry, or having any need unmet as a child. Now she's working in the same county where she grew up.

"I have witnessed overdoses, been exposed to illegal substances, lost several clients to overdose deaths and witnessed children sob because they just want to go back to their parents," she said.

She is only 24.

Her colleague Campana, at 32, is, pretty much a senior caseworker, a highly experienced social worker with six years behind her.

She said she's glad to handle cases with teenagers now rather than small children who might remind her of her own kids.

But her case kids are, in a way, her kids, too. Kids like the teenager in the snowstorm.

Eventually the boy aged out of the system at 18. He was, as Campana called it, "emancipated."

She has no idea where he is now.

**By Terry DeMio, [tdemio@enquirer.com](mailto:tdemio@enquirer.com)**

<https://www.cincinnati.com/story/news/2019/03/06/ptsd-symptoms-showing-up-more-than-half-childrens-services-workers/2647035002/?fbclid=IwAR2WfcbVCo0RQGFfQeFCSAFde500OnX51CMcv4iu0vsfvzEhkFbtM5-hx8>

## Virginia should do more to help foster kids find homes with family, advocates say

- By Dave Ress, Staff writer. Apr 2, 2019



Virginia is full of grandparents and other relatives eager to take care of children otherwise headed for foster care, but the state lags the rest of the nation when it comes to making this common-sense idea happen, new data show. The problem, advocates for children say, is money. When a relative wants to take in a child, they don't receive the payments that foster care parents or group homes do.

"If you're going to be a foster parent for my kid, you'd get \$700 a month; if my brother does, he gets nothing," said state Sen. Monty Mason, D-Williamsburg. "Real world case: I had a couple come in, he works at the ABC (Alcoholic Beverage Control department) warehouse ... his sister's not not doing well, and they've got two hours to decide what to do about her kids. If they don't help, the boy goes to Virginia Beach, the girl to Roanoke," Mason said. "So of course they take the kids. Now they've got five and debt's piling up and they're struggling."

Only 7 percent of Virginia children in foster care have a place with a relative, the Annie E. Casey Foundation's latest analysis of federal Adoption and Foster Care Analysis and Reporting System data show. That percentage hasn't changed in 10 years, and is a fraction of the national average of 32 percent. Mason says the figures miss an important trend — the overall number of children in foster care in Virginia is down, in part because of a stepped-up effort to find alternatives. Often, that's an informal agreement for a relative to care for a child.

“But there’s no help for them ... and you know, you bring a 13-year-old boy into your home, your grocery bill is going to soar,” Mason said. That kind of informal diversion doesn’t count as kinship care, but even when a child formally enters the foster care system and is placed with relatives, there’s no stipend, Mason said.

Tackling that needs to be a top priority, said Allison Gilbreath, a policy analyst with Voices for Virginia’s Children, a non-profit advocacy group. “All the data show children do much better with kinship placement,” she said. “They usually know the child better. They’re more likely to stick with them, too.” Children in kinship care are more likely to be adopted, or to end up back with their birth parents, which is supposed to be the system’s top goal, Gilbreath said.

Last year, the General Assembly authorized the state to tap into a federal program that pays some kinship guardians. But only about 100 kids are eligible for this, Gilbreath said. The reason is that to get the assistance, the child must have lived with the relative for six months, and the relative must have completed state training to become a certified foster parent. In addition, the federal program says it won’t pay unless the child is never going to return to his or her birth parents — a decision children can make only after they’ve turned 14.

Gilbreath said she hopes Virginia will expand access by creating a separate funding stream for kinship care, as other states have. Virginia foster care kids are far less likely than young people elsewhere in the nation to find a permanent placement — only 24 percent of Virginia children do, compared to 43 percent for the nation as a whole, according to the data compiled by the Casey Foundation.

Since many kids in foster care got there because of trauma at home, they often need help that other children don’t — and making sure they have access to those services ought to be another state priority, Gilbreath said.

“You may have taken in a child and suddenly you have to figure out, ‘How do I sign them up for school? Where’s the other help they need?’ ” Gilbreath said.

She’s hoping the new federal Family First Prevention Services Act will bring money and evidence-based services to help kids. Mason, meanwhile, sponsored the legislation this year that aims at getting Virginia on a fast track to tap those federal resources.