Examining the Role of Methamphetamine in Permanence: Issues that Impact Reunification, Guardianship, and Adoption

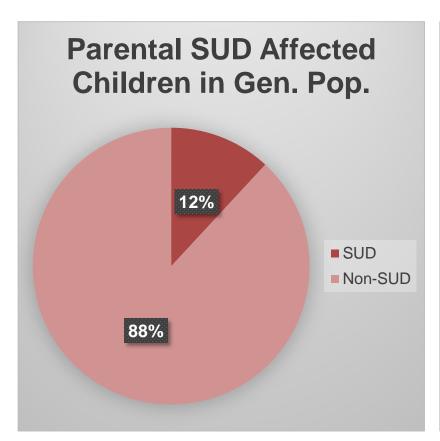
Margaret H. Lloyd, PhD Assistant Professor UConn School of Social Work

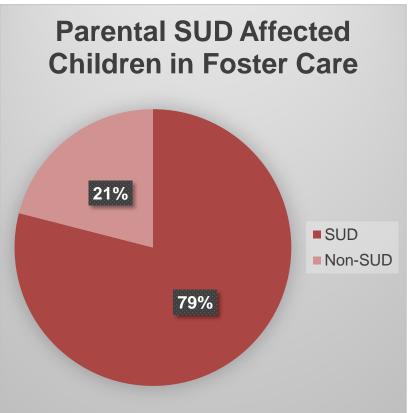


Today's Learning Outcomes

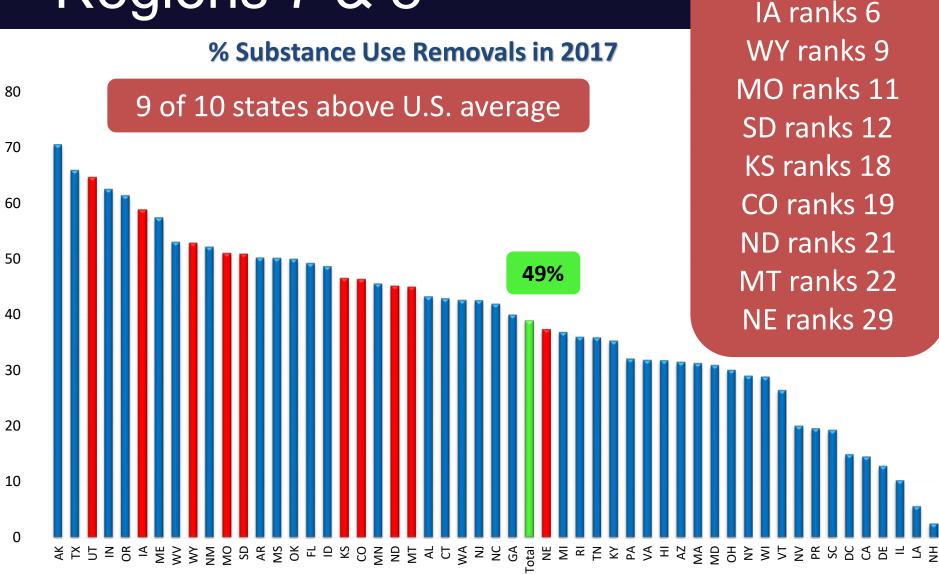
- National, regional, and state prevalence on drug removals
- Child, parent, and family risk factors associated with methamphetamine involvement & foster care
- Effect of methamphetamine on reunification & role of substance use treatment
- Effect of methamphetamine on guardianship & adoption
- Regional permanency outcomes by substance type
- Mechanisms for increasing guardianship & adoption

Parental Substance Use Disorders in Child Welfare



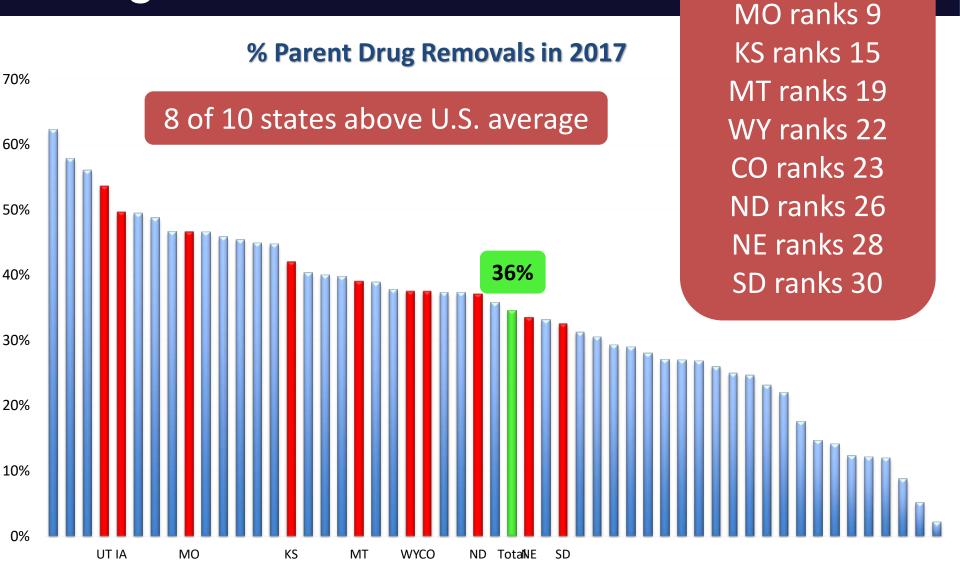


Substance Removals in Regions 7 & 8



UT ranks 3

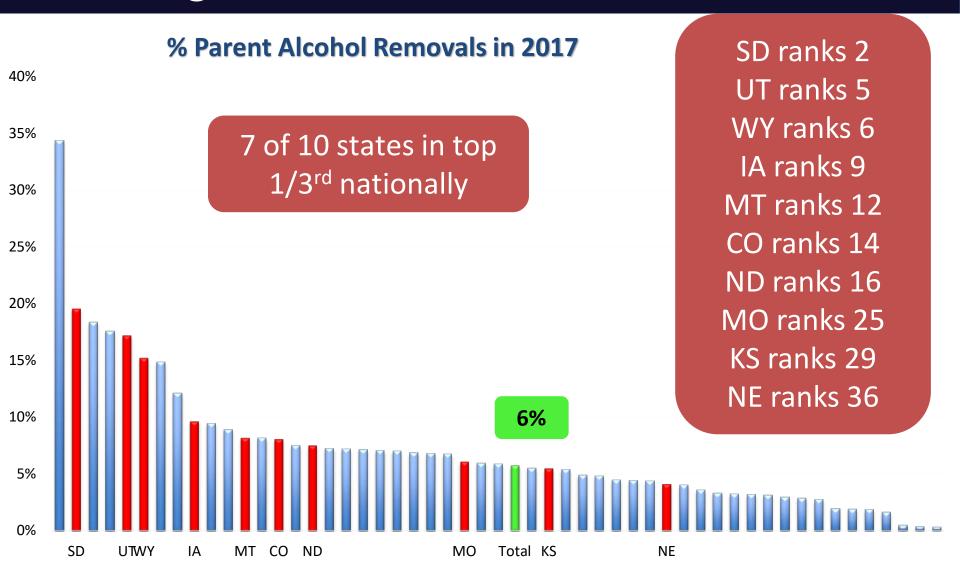
Parent Drug Removals in Regions 7 & 8



UT ranks 4

IA ranks 5

Parent Alcohol Removals in Regions 7 & 8

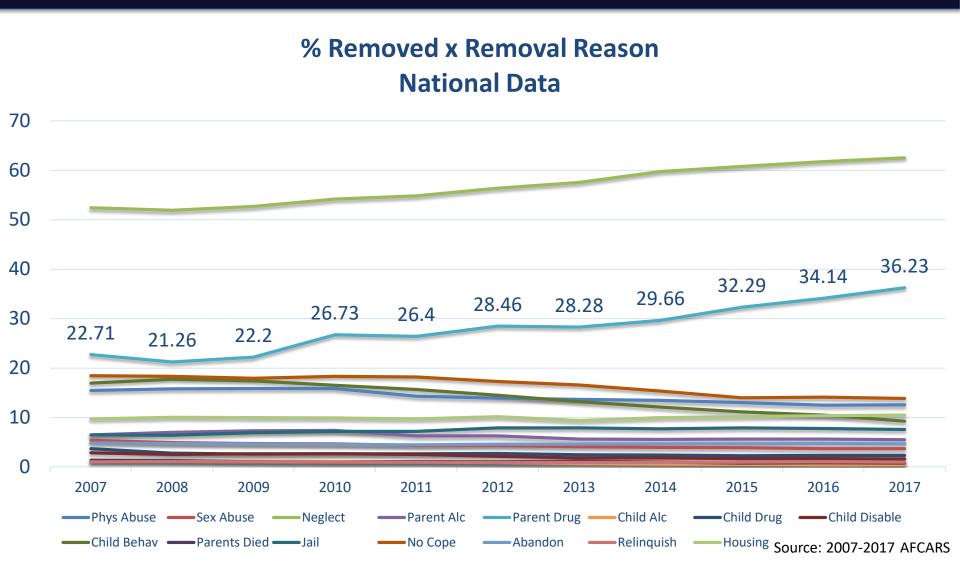


Rates of Babies Removed Due to Drugs Even Higher

% of Infants in Foster Care due to Drug Removals

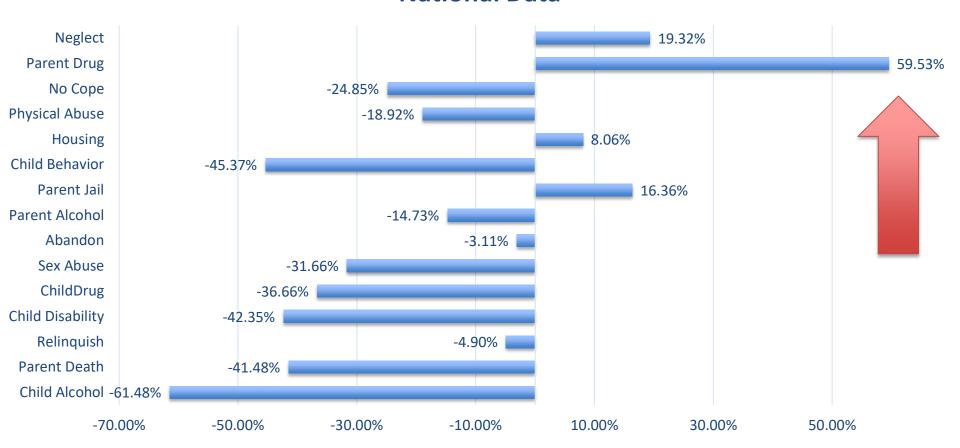


Nationally, Drug Removals Rising the Fastest



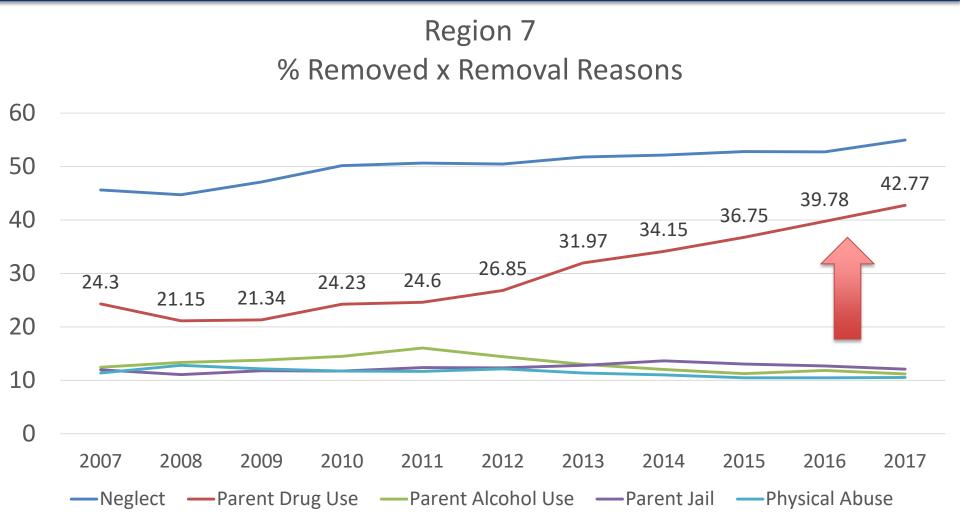
Nationally, Largest Increase in Drug Removals

2007-2017 Change in % Removed x Removal Reason National Data



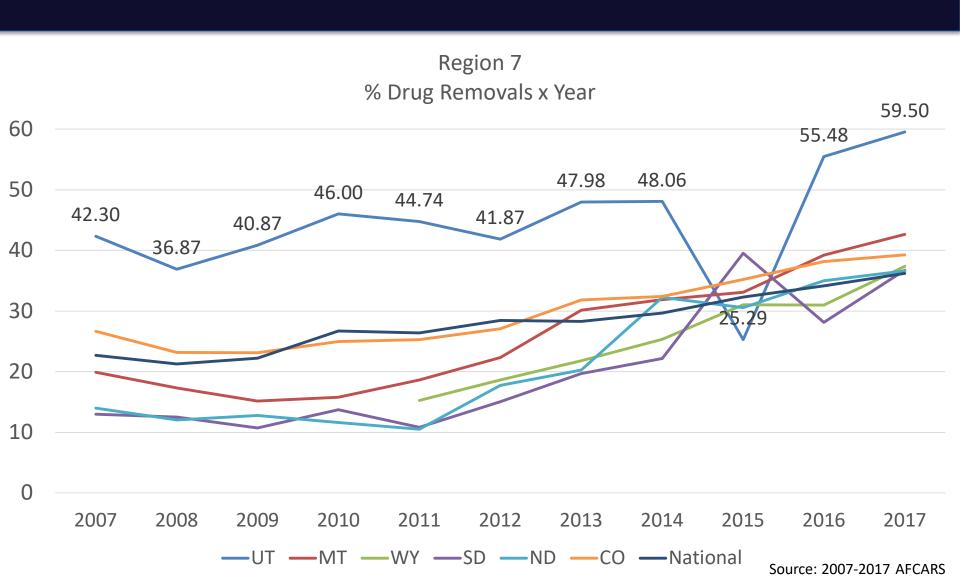
Source: 2007-2017 AFCARS

Region 7: Parent Drug Removals Rising the Fastest

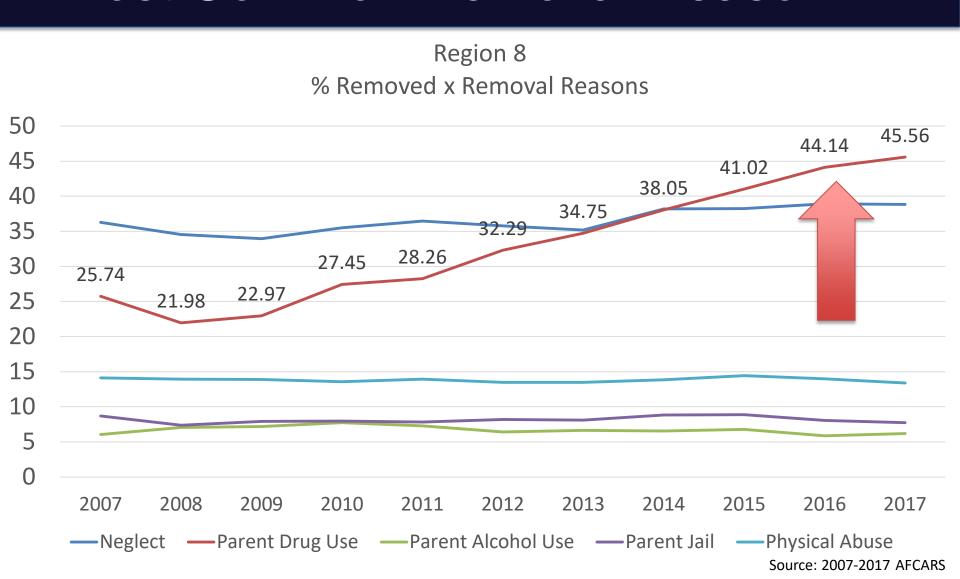


Source: 2007-2017 AFCARS

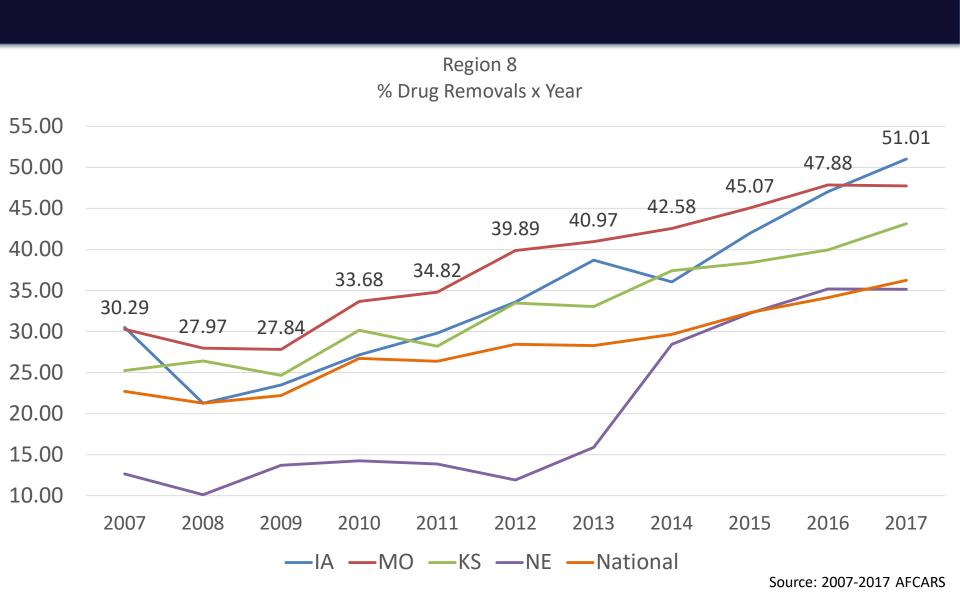
Region 7: State Differences



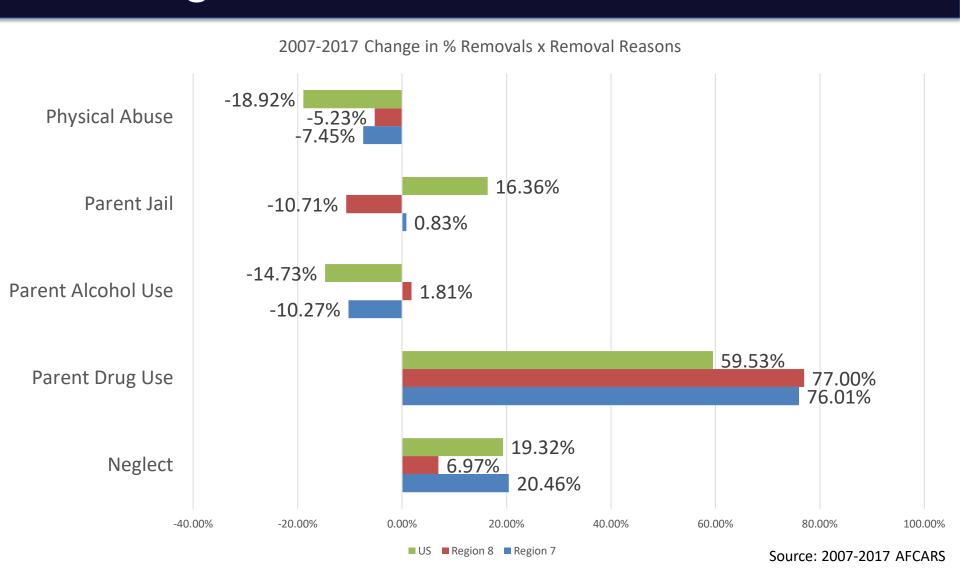
Region 8: Drug Removals Now Most Common Removal Reason



Region 8: State Differences



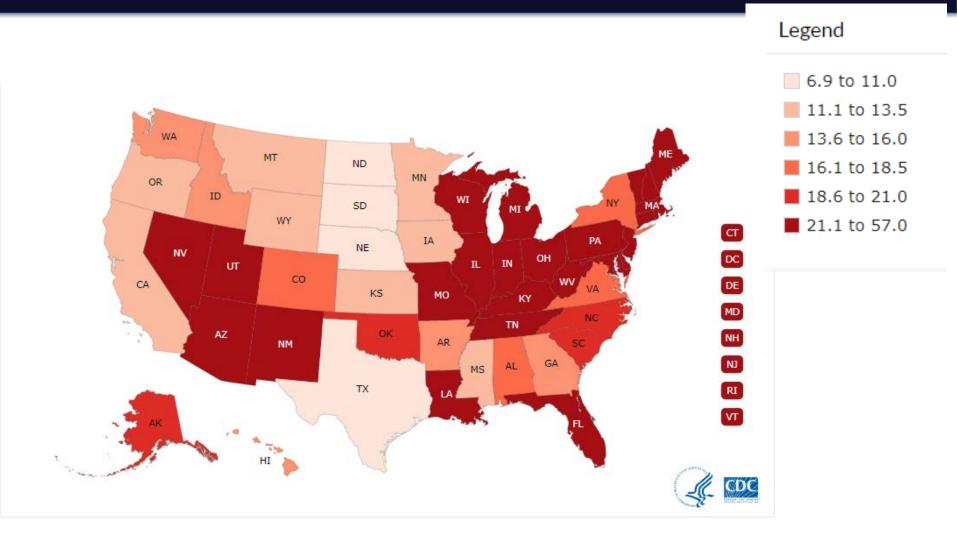
Parent Drug Removals Increasing in Regions 7 & 8 More than U.S.



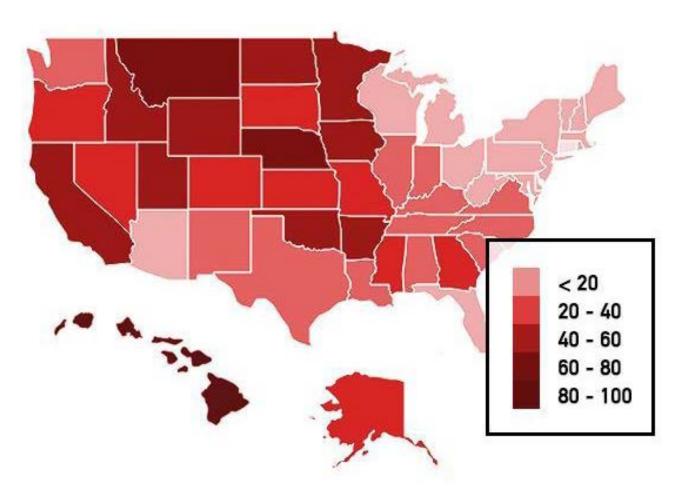
WHY THE INCREASE IN DRUG REMOVALS?

Regional Variability According to Substance Type

State Variability in Opioids Overdoses in 2017



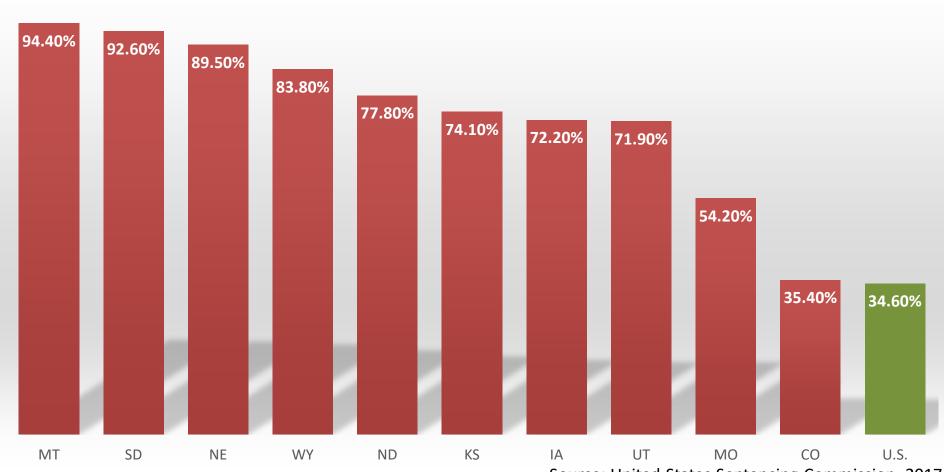
State Variability in Federal Meth-Related Convictions in 2015



Source: U.S. Sentencing Commission, 2015

High Rates of Drug Offenses Due to Meth in Regions 7 & 8

% of Drug Offenses due to Methamphetamines



Source: United States Sentencing Commission, 2017

Methamphetamine Use is Most Common in Western States

- ~60% of meth-related hospitalizations occurred in the West region (Winkelman et al., 2018)
- Meth-related hospitalizations more likely:
 - Male
 - Ages 18-40
 - Native American
 - Hispanic
 - Lowest income bracket
 - Medicaid

HOW DO METH-INVOLVED FAMILIES END UP IN FOSTER CARE?

Parent, Child, & Family Risk-Factors

Gender Differences in Meth Use Experiences

Trauma History

More likely to have childhood trauma & household dysfunction (Messina et al, 2007)

42% have childhood and adolescent sexual abuse (Messina et al., 2007)

Co-Occurring Problems

More likely to be unemployed (Shannon et al, 2011) and have less education (Messina et al, 2008)

More current
psychiatric problems
(Simpson et al, 2016) and
suicide attempts
(Messina et al, 2008)

Treatment Outcomes

Higher levels of co-morbid problems (Cohen et al, 2007)

Childhood abuse more predictive of poor treatment outcomes

(Hyman et al., 2006)

Less likely to maintain abstinence post-Tx (Hillhouse et al., 2007)

Direct Effects of Meth on Parenting

Fighting & violent behavior (Brown & Hohman, 2006)

Failure to purchase food (Haight et al, 2007)

Unstable Housing (Haight et al, 2005)

Exposing children to manufacturing (Hohman et al., 2004)

Anger & Irritability (Brown & Hohman, 2006)

Apathy & Depression (Murray, 1998)

Neglect & Hiding use from Children (Brown & Hohman, 2006)

Effects of Parental Meth Use on Children

Behavior problems & personal maladjustment (Asanbe et al, 2008a)

Fear, nightmares, and hopelessness (Haight et al, 2005)

Neglect, physical and sexual abuse (Haight et al, 2007)

Depression & Aggression (Asanbe et al, 2008b)

Isolation, Intense worry,
Self-mutilization (Haight et al.,
2005)

Conduct & peer problems (Dyba et al, 2018)

Internalizing & Externalizing behaviors (Haight et al, 2010)

Characteristics of Meth-Involved Families & Foster Care Risks

Characteristics of Meth-Involved Families

- Generational substance use
- Unemployed parent
- Parent less educated
- Parent mental health problems
- Housing instability
- Interpersonal violence
- Child behavior problems
- Child neglect
- Child abuse (physical or sexual)

Risks for Foster Care Placement

- Parental drug use
- Unemployed parent
- Parent less educated
- Parent mental health problems
- Housing instability
- Interpersonal violence
- Child behavior problems
- Child neglect
- Child abuse (physical or sexual)

Meth Use More Common in Child Welfare than Gen. Pop.

Substance Removals in KS 2007-20	12

	N	%
Total Sample	16,220	100
Alcohol only	631	3.9
Drug only	2,982	18.4
Meth only	489	3.0
Polysubstance with Meth	780	4.8
Polysubstance without Meth	363	2.2
No Substance Removal	10,975	67.7

Any Meth Use N = 1,269 7.8% of Sample

Source: Akin, Brook, & Lloyd, 2017

Methamphetamine use is 776% more common in child welfare-involved population vs. general population

National Prevalence of Meth in Foster Care Unknown

Methamphetamine removal is NOT a Federal child welfare data point

Region 7 & 8 States Ranked Nationally

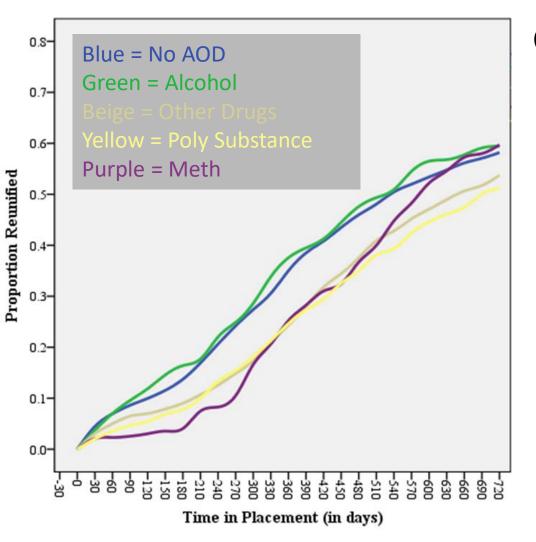
,	
State	Gen. Pop. Meth Use Prevalence
North Dakota	3
Missouri	7
South Dakota	9
Colorado	10
Utah	13
Kansas	14
Wyoming	16
Montana	22
lowa	30
Nebraska	33

HOW DOES METH-INVOLVEMENT AFFECT REUNIFICATION?

Effect on Child Welfare Trajectory

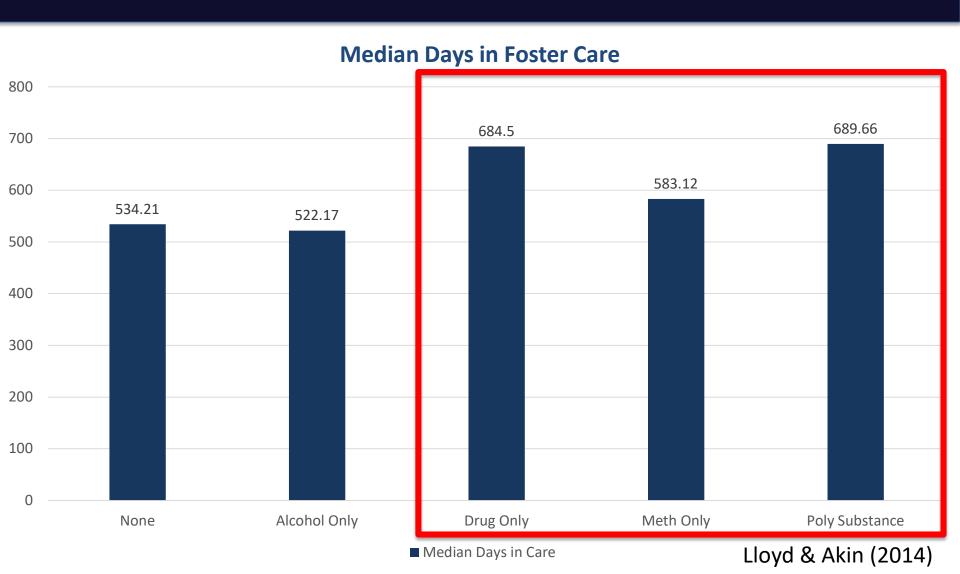


- In 2013, no prior studies specifically examining the effect of parental meth use on reunification
- Entry cohort of children in foster care between 2007-2012 (n = 16,220) in Midwestern state
 - 489 (3%) removed due to meth only
 - 2,982 (18%) removed due to other drugs only
 - 631 (4%) removed due to alcohol only
 - 1,143 (7%) removed due to poly substance use



Compared to no AOD:

- Alcohol <1% less likely to reunify
- Other drug 12.8% less likely to reunify
- Poly substance 12.9%
 less likely to reunify
- Meth 21.5% less likely to reunify



Author(s)	N	Sample	Findings
Grant et al (2011)	458 mothers	Mothers with SUD (pregnant or post-partum) in Washington State Parent-Child Assistance Program	 MA Control Var. Parental MA during pregnancy was not associated with "disrupted parenting" Neutral impact.
Grella et al (2009)	1,115 mothers 2,299 kids	Participants in the California Tx Outcome Project	 MA Control Var. Meth users were no different from alcohol users on rates of reunification Neutral impact.
Green, Rockhill & Furrer (2007)	1,911 mothers	Women with children in foster care in Oregon	 MA Control Var. Meth not significantly associated with increased length of stay or decreased reunification. Tx completion was the strongest predictor of reunification (9x) Neutral impact.

What Works?

Placement Reunification Re-Entry Investigation Substantiation Post-Timely Timely SUD • SUD Treatment treatment access to appropriate completion screening assessment recovery treatment support

What Works?

Investigation

SUD screening

Substantiation

Timely SUD assessment

Placement

 Timely access to appropriate treatment Reunification

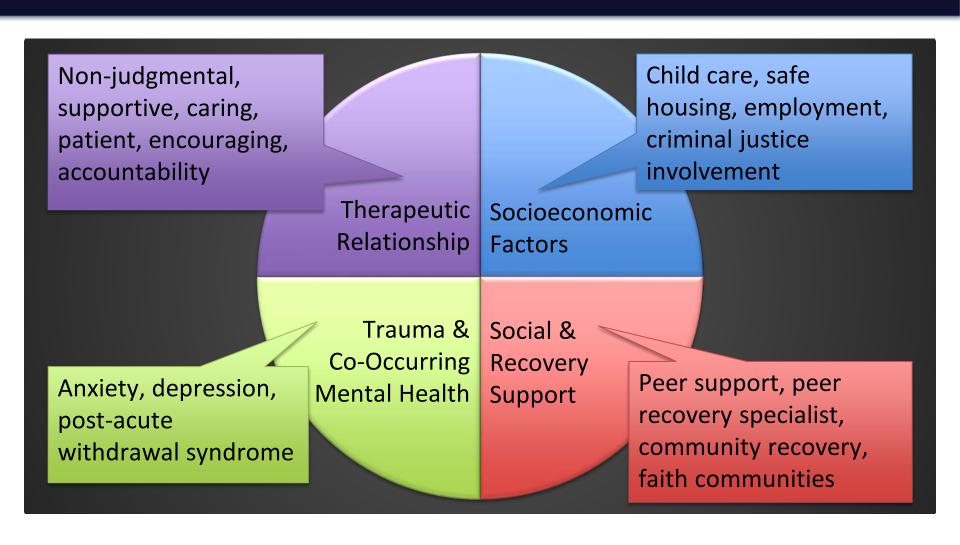
•Treatment completion

Re-Entry

Posttreatment recovery support

Treatment completion rates often very low: ~25%

Barriers to Treatment Completion



Family Treatment Drug Courts

- FTDC aim to increase reunification and treatment completion
- Started in 1994 after the peak of the crack/cocaine epidemic
- Currently, ~500 FTDC across the U.S.
- Research and evaluation is a key component of drug court best practices
- ~40 research publications



Meth & Reunification in FTDC

Author(s)	N	Sample	Findings
Boles & Young (2010)	FDC 2873 parents & 4567 kids vs. 311 parents & 173 kids	Sacramento	 MA Control Var. Tx completion for meth higher than crack/cocaine and Rx; higher for male meth users than female Parents with meth or marijuana as DOC had highest reunification rates at all time-points Positive impact.
Carey et al (2010)	FDC 329 vs. 340	Jackson County, OR	MA Control Var. - Meth involvement not associated with graduation Neutral impact.
Carey et al (2010)	FDC 39 vs. 49	Marion County, OR	MA Control Var.More graduates were meth users (92% vs. 75%) but not SSNeutral impact.
Boles et al (2007)	573 parents and 861 children	Sacramento	 MA Control Var. No significant differences between meth and other drugs on reunification Tx completion rates were similar too Neutral impact.

FTDC Meta-Analysis

- Meta-analysis findings (Zhang, Huang, Wu, Li, & Liu, 2019):
 - 17 studies sufficiently rigorous for inclusion
 - Pooled sample across studies is FTDC = 3402; Comparison = 3683
 - FDTC participants <u>75% more</u>
 <u>likely to reunify</u> without
 corresponding risk of re-entry or
 maltreatment re-report
 - Publications since 2011 showed more impact than earlier publications

FDTC Study Locations Included in Meta- Analysis

State	N Studies			
Arizona	1			
California	2			
Maryland	2			
North Carolina	2			
London	1			
Washington	4			
Oregon	2			
Not Specified	3			

Best Practices for SUD in CWS

- Addictions education for child welfare, courts, foster parents
- Prompt assessment
- Quick entry into treatment at appropriate level of care
- Collaborate with treatment providers
- Expect relapse in first 1-3 months of treatment
- Truly random drug testing (2x per week, observed)
- No need for testing by child welfare if parent admits relapse or if parent gets tested at treatment

- Do not use visitation with child as leverage
- Positive reinforcement works better than negative sanction
- Attachment-focused parent/child evidence-based interventions
- Early intervention services for children
- Peer recovery specialists
- Wraparound case management
- Frequent supportive contact with parent

GUARDIANSHIP, ADOPTION & METHAMPHETAMINE

When reunification is not possible

Meth & Permanency

- Building on 2014 study
- Entry cohort of children in foster care between 2007-2012 (n = 16,220) in Midwestern state
 - 631 (4%) removed due to alcohol only
 - 2,982 (18%) removed due to other drugs only
 - 363 (2%) removed due to polysubstance without meth
 - 489 (3%) removed due to *meth only*
 - 780 (5%) removed due to polysubstance with meth

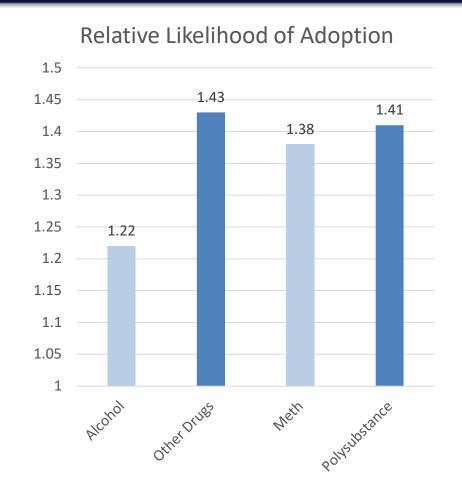
Meth is Highest % Still in Care

	Still in Care		Reunification		Guardianship		Adoption			
	N	%	N	%	N	%	N	%		
	6081	37.49%	7310	45.07%	952	5.87%	1877	11.57%		
Alcohol only (n = 631)	218	34.55%	307	48.65%	46	7.29%	60	9.51%		
Drug only (n = 2982)	1029	34.51%	1248	41.85%	177	5.94%	528	17.71%		
Meth only (n = 489)	239	48.88%	171	34.97%	25	5.11%	54	11.04%		
Polysubstance with meth	040	40.000/	004	44.450/	0.0	4.000/	444	4.4.000/		
(n = 780) Polysubstance	312	40.00%	321	41.15%	36	4.62%	111	14.23%		
without meth (n = 363)	59	16.25%	142	39.12%	111	30.58%	51	14.05%		
No AOD (n = 10975)	4248	38.71%	5121	46.66%	533	4.86%	1073	9.78%		
Akin, Brook, & Lloyd, 2015										

Likelihood of Adoption

Compared to no AOD:

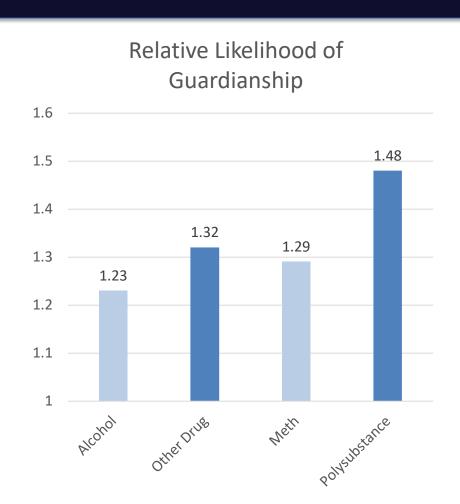
- Alcohol 22% more likely (not SS)
- Drug 43% more likely
- Meth 38% more likely (not SS)
- Polysubstance 41% more likely



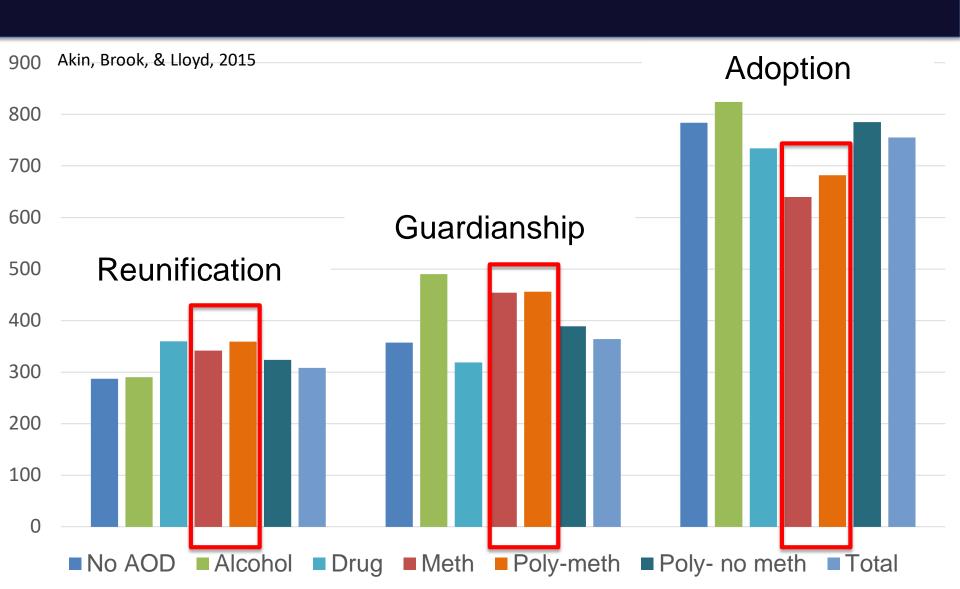
Likelihood of Guardianship

Compared to no AOD:

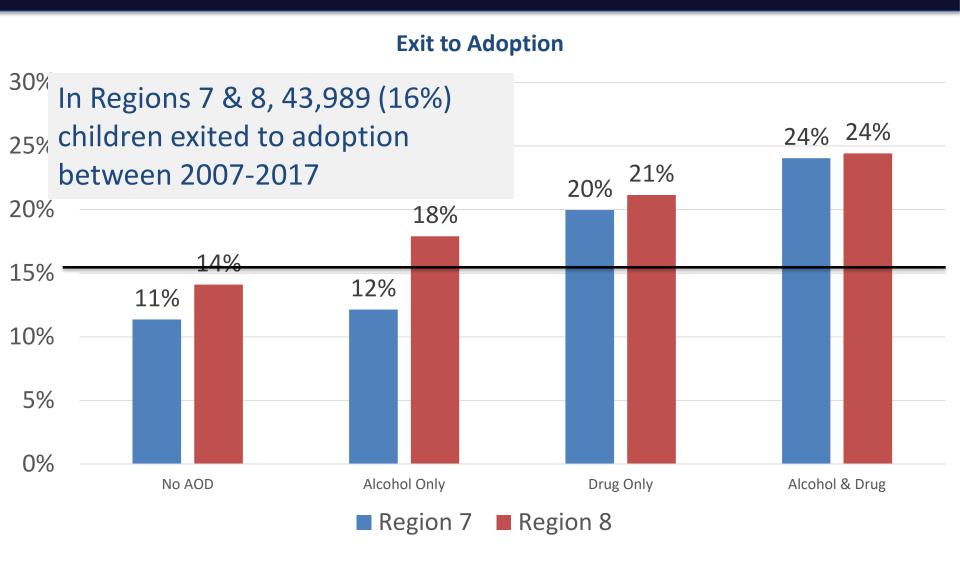
- Alcohol 23% more likely (not SS)
- Drug 32% more likely
- Meth 29% more likely (not SS)
- Polysubstance 48% more likely



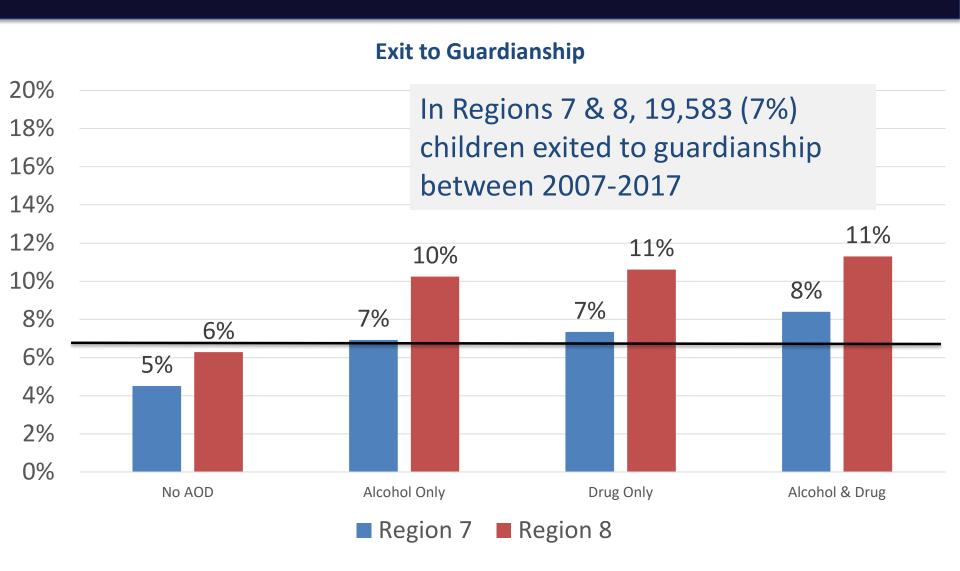
Median Time to Exit x Exit Type



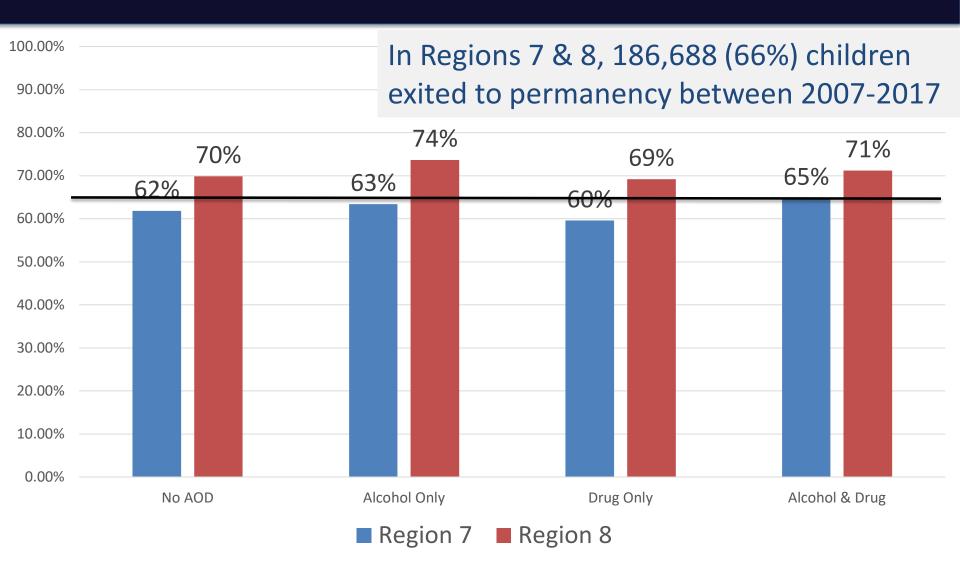
Regions 7 & 8: Adoption for AOD Removals



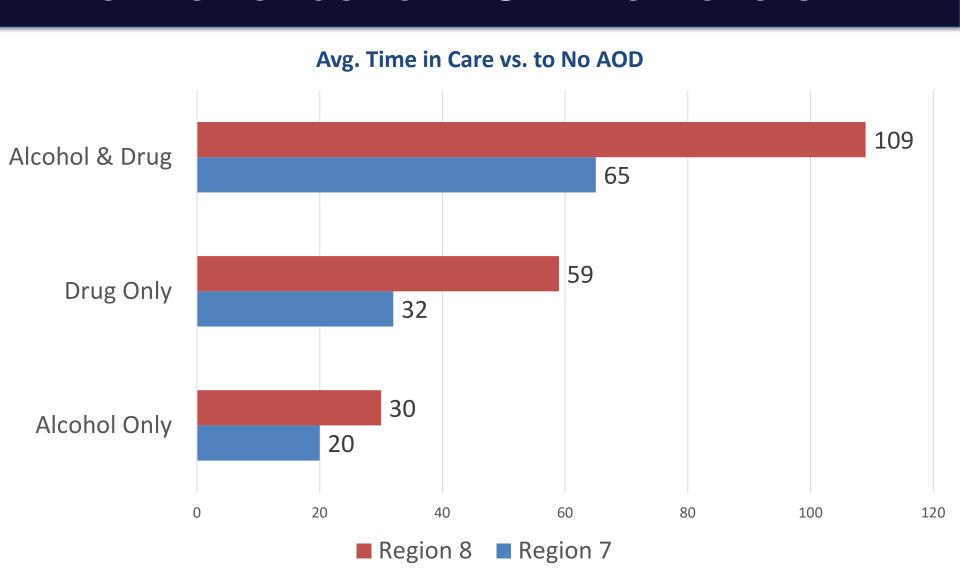
Regions 7 & 8: Guardianship for AOD Removals



Regions 7 & 8: Permanence for AOD Removals



Regions 7 & 8: Time to Permanence for AOD Removals



Factors Impacting Adoption in Region 7

Analyzed 112,574 children in Region 7 where 14% exited to adoption.

Adoption less likely if:

- Children over age 3 (60% to 96% less likely)
- American Indian children (68% less likely)
- Black children (18% less likely)
- Multi-race children (23% less likely)
- N diagnosed disabilities (9% less likely)

Any type of disability (physical or behavioral)

Adoption more likely if:

- Substance removal (12% to 80% more likely)
- Receipt of benefits (19% more likely)
- Prior foster care (16% more likely)

Factors Impacting Adoption in Region 8

Analyzed 159,076 children in Region 8 where 17% exited to adoption.

Adoption less likely if:

- Children over age 3 (60% to 94% less likely)
- American Indian children (42% less likely)
- Black children (18% less likely)
- Multi-race children (6% less likely)

Adoption more likely if:

- Substance removal (21% to 23% more likely)
- Receipt of more benefits (12% more likely)
- Prior foster care (10% more likely)

Factors Impacting Guardianship in Region 7

Analyzed 112,574 children in Region 7 where 6% exited to guardianship.

Guardianship less likely if:

- Children under age 3 (37% less likely)
- Children over age 12 (63% less likely)
- Black children (26% less likely)
- Multi-race children (16% less likely)
- Receipt of benefits (5% less likely)
- Prior foster care (9% less likely)

Receipt of benefits is a proxy for low-income status

Guardianship more likely if:

- Substance removal (54% to 78% more likely)
- American Indian children (8% more likely)
- Diagnosed disability (12% more likely)

Factors Impacting Guardianship in Region 8

Analyzed 159,076 children in Region 8 where 8% exited to guardianship.

Guardianship less likely if:

- Child under age 3 (35% less likely)
- Child over age 12 (18% less likely)
- Black children (27% less likely)
- Multi-race children (31% less likely)
- Receipt of benefits (50% less likely)

Guardianship more likely if:

- Substance removal (46% to 70% more likely)
- American Indian children (61% more likely)
- Diagnosed disability (54% more likely)

Increasing Adoption



- Prenatal substance exposure is a primary factor in drug-related foster care involvement
- Interventions to educate potential adoptive parents on addiction, recovery, and parenting strategies for children with PSE increases potential adoptive parents' willingness to adopt (Edelstein et al., 2016)

Increasing Adoption

- Disabilities may be more common among children with drug removals
- Child disability may also interfere with adoption
- Adoption disruption among children with disabilities up to 20% (Lightburn & Pine, 1996)
- To avoid disruption, families adopting children with special needs require financial support, community services (most often medical or educational), information about their child's history, and collaboration with helping professionals (Lightburn & Pine, 1996)

Increasing Guardianship



- Family and social networks
 often at similar SES levels
- May result in a lack of family members with sufficient economic supports to serve as legal guardians
- Work with potential guardians to secure community, state & federal economic supports

Increasing Guardianship

- Social networks influence drug use (Bierut et al., 2008)
- May result in a lack of available family guardians who are not drug users as well
- Expanding search for legal guardians beyond intimate family members



You Can Make a Difference

I'm grateful of the people I have in my life now. I'm grateful to [my treatment provider in the family drug court], because she's real patient and *she's probably one of the only people that never gave up on me...*. You know, I never made a class. I never made a UA and you know, I watched them kick people out for not engaging and she never kicked me out. You know, and I only ever met the woman one time. But there was something that she was like, I made the courts, but I wouldn't make the classes. I wouldn't do what I needed to do. But I'm really grateful to her because she, *in a lot of ways she probably saved my life before I would have saved my own*.

- Mom in recovery from meth on her way to reunification

Thank you!

Email me anytime!

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