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Hearing on "The Social and Economic Effects of the Methamphetamine Epidemic on
America's Child Welfare System"
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Good morning Mr. Chairman, Senator Baucus, and members of the Committee. It is my great pleasure to be here today.

By now, nearly everyone in America has at least heard of methamphetamine and over time, many communities have come to the sobering realization that meth affects everybody – and in a big way. From farmers to law enforcement officials, landlords to social services professionals, victims of meth related crimes, and families across the entire socio-economic spectrum, no other illicit drug in recent history has garnered such attention and unfortunately, many have discovered the nearly limitless capacity of meth's authentic reputation for rampant personal destruction.

In Montana, we were once able to point to the large urban areas of the country as having the most drug associated ills from which we were proudly immune, but we are no longer able to make such claims. I grew up in Montana - as did my parents and grandparents. Things have changed.

Meth affects nearly all aspects of the citizens and systems in our society but nowhere are the immediate and residual effects of meth more brutally visible than through the eyes of a child protective services social worker.

Social workers entering the child welfare field today can fully expect to be exposed to toxic chemicals, are expected to know how to physically handle a contaminated child, are expected to know how <u>not</u> to disturb a crime scene, must have a heightened awareness of their own physical safety, and through it all are expected to withstand rigorous cross examination from defense council in court proceedings. The social worker can also fully expect to be confronted by an adult whose behaviors may range from maniacal to near comatose, and verbal and physical threats of assault against caseworkers are common.

With regard to older youth; in the past, when we received reports of incorrigible adolescents or teen-agers contributing to what can lead to reciprocated violence between the parent and youth, we might suggest family counseling combined with a mental heath assessment. Today, it is increasingly common for both the parent and the youth to be experimenting with or addicted to meth.

In questioning parents, some will immediately confess their drug use along with a desire to get clean; others will deny use even when confronted with drug test results, and still others will flatly tell us or a police officer, "just take the kids".

Child welfare workers get into this business to help families, but meth is a multiplier that exponentially increases all things bad that may have otherwise been preventable or manageable in families showing more traditional signs of risk. Case workers are accustomed to fast paced, near chaotic work environments where the rewards are few and the personal demands great, but meth poses unprecedented challenges to child welfare agencies given the risk factors involved. Over 65% of all foster care placements in Montana are directly attributable to drug use and of those, meth is a primary factor 57% of the time. Sadly, 80% of all foster care cases involving meth in Billings will result in termination of parental rights. Hundreds more children that are not directly involved in the child welfare system are living with grandparents or other relatives due to the meth related incarceration or absenteeism of their parents, and meth use among residents of the seven Indian tribes in Montana far exceeds epidemic proportion.

There is some hope - the first being through education and awareness. Montana has been blessed with responsible local media outlets that consistently and accurately report on all aspects of the meth issue, and we enjoy a great deal of partnering and collaboration of many diverse organizations from all levels of the public and private sectors to get the word out about meth.

Also, there are a handful of Family Drug Treatment Courts in Montana, the first in Billings which started taking clients in June of 2001. The significance of the Drug Court model is very simple but also very powerful. It invokes the historically recognized and revered institutional authority of the district court to both punish and praise – and custom tailors it to one individual at a time. For most of the parents we see, it is the first time they have ever had a conversation or any type of positive relationship with a judge.

Most of our clients are in need of a total person transformation due to multi-generational dysfunction. Drug Court participants are subject to a high level of personal accountability while treated with respect and dignity in a holistic and practical approach designed to reintegrate them back into society and in my opinion, is one of the most honorable applications of the court system. For those that complete the year long commitment, it is often the most life-changing year of their lives marked with graduation celebrations that are so packed with emotion, they're enough to keep child welfare workers motivated for months when going back to the grind.

In closing, let me say that any successful approach to combating meth must involve authentic, cooperative working relationships between community players, and a holistic approach with individual clients.

Thank you very much for this opportunity to address the committee.

This concludes my testimony and I welcome your questions.