

Montana's dubious distinction: Child removal capital of America



RICHARD WEXLER Jan 2, 2018

Congratulations to the Missoulian and its partners at the University of Montana School of Journalism for out-reporting almost every major news organization in America in the series “Addicted and expecting.”

In one of the stories, Dr. Kenneth Cairns laments the failure of so many of his fellow physicians to provide the right kind of help to mothers suffering from addiction. The doctors can't get past their own feelings of contempt for the mothers.

They are not alone. Contempt for parents who use drugs, or parents who simply are poor and whose poverty is confused with “neglect,” runs so deep that Montana now has a dubious distinction: It is the child removal capital of America. Montana is tearing apart families more often than any other state — a rate nearly triple the national average.

Montana loves to take a swing at “bad mothers.” But an earlier “drug plague” — crack cocaine — should have taught us that the blow almost always lands on the children.

University of Florida researchers studied two groups of children born with cocaine in their systems; one group was placed in foster care, another left with birth mothers able to care for them. After six months, the babies were tested using all the usual measures of infant development. Typically, the children left with their birth mothers did better. For the foster children, the separation from their mothers was more toxic than the cocaine.

Similarly, Kalispell Regional Medical Center is proving that keeping families together leads to better outcomes for the children.

That doesn't mean we can simply leave children with hopelessly addicted parents. But it does mean that, in most cases, drug treatment for the mother is a better option than foster care for the child.

The typical cases that dominate the caseloads of child welfare workers are nothing like the horror stories. So it's no wonder two massive studies involving more than 15,000 typical cases found that children left in their own homes fared better even than comparably maltreated children placed in foster care.

That harm occurs even when the foster home is a good one. The majority are. But the rate of abuse in foster care is far higher than generally realized and far higher than in

the general population. Multiple studies have found abuse in one-quarter to one-third of foster homes. The rate of abuse in group homes and institutions is even worse.

And the more that workers are overwhelmed with children who don't need to be in foster care, the less time they have to find children in real danger.

None of this means no child ever should be taken from her or his parents. But foster care is an extremely toxic intervention that should be used sparingly and in small doses. Instead, Montana is prescribing mega-doses of foster care at the highest rate in America.

Other states are doing better. Arkansas blamed its own surge in foster care on opioids — until consultants hired by the state itself said the problem was needless removal of children. Connecticut is emphasizing in-home drug treatment. And counties in opioid-plagued Ohio are taking another look at cases that don't involve drug abuse and finding safe alternatives to foster care.

Those infants in that Florida study are trying to tell us something. We owe it to them to listen. Or, as Dr. Cairns put it, "if you're interested in healthier babies, it's just a no-brainer."