

## Community collaboration for a multifaceted approach

★ BY JANET ROWLAND

County Commissioner, Mesa County, Colorado



Meth is an insidious drug affecting children and youth across the nation. Many local and state governments are taking steps to put an end to meth and mitigate the impacts it has on children and families. While many of these steps are noble, a strategically planned, multi-disciplinary, community

involved response is essential to address and ultimately gain control over meth-related problems.

In Mesa County, Colorado, the Board of County Commissioners commissioned a Task Force in early 2005 for the sole purpose of addressing the meth epidemic in Mesa County. The Task Force includes professional stakeholders in each discipline and motivated members of the community.

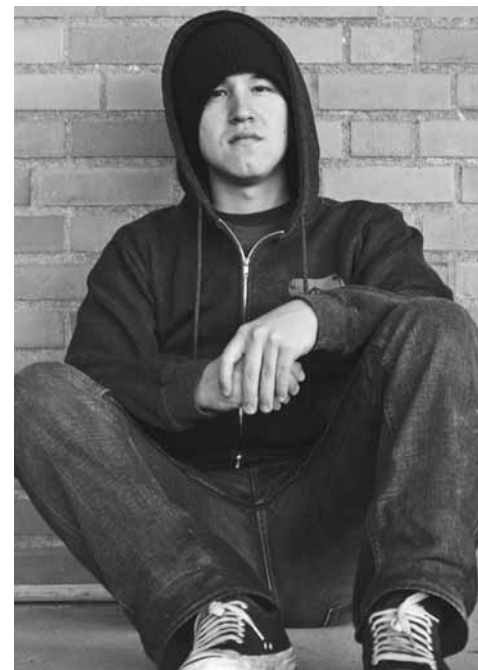
### Coalition building

The key to a successful community response is forming positive working relationships with those who have a stake in the issue. It is critical for local leaders to form alliances with stake holders and those who have the ability to influence the community and political will. Coalition building doesn't stop once the initial group is developed. This is not a one time effort but rather an ongoing process.

### Assessment

As the coalition is developing, the first and most important step is to identify the extent of the meth problem specific to your community. Each situation must be evaluated fully to really understand the threat. The assessment will guide the strategic plan and engage grass roots efforts in the community. Ignore those who would distract the process and push to do something, or anything, quickly—just for the sake of doing something. It is critical to do the right thing.

In Mesa County, as they were building their coalition, there was a strong desire to address the meth lab issues. Plans were quickly forming to make it difficult to purchase pseudoephedrine. However, once the research was complete we learned that meth labs were only responsible for a small amount of the meth in our community. In fact we learned that over 80 percent of the meth in Mesa County came from Mexico. So,



### Inside...



**NACHSA  
Fall Conference**



**Meth, its impact  
on communities**



**Washington  
Watch**

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★ **BY ROBERT B. SUVER**

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## NACHSA to co-sponsor fall conference

Learn from your peers in a relaxed, beautiful venue!

### Register for the NWA/NACHSA conference in St. Petersburg, Florida, December 2-5.

This is an exciting new venture for NACHSA. We have partnered with the National Workforce Association (NWA) to combine the conference strengths of both organizations. Representing directors and staff of workforce investment areas and related entities, NWA has a proven history of conducting conferences which attract prominent members of Congress and other nationally-recognized speakers. Over the years, NACHSA has specialized in best practices workshops on a wide variety of human services issues. Combining these strengths will provide you with an invaluable opportunity to network and learn about national and local developments.

Key members of Congress will address conference attendees, as well as speakers to translate the November election's impact on the systems you administer.

The NACHSA conference committee is developing an excellent array of workshops, including: child welfare innovations, implementing federal changes to TANF and APS, coordinating workforce and human services programs, and more.

Go to NACHSA's website at [www.nachsa.org](http://www.nachsa.org) and click on the conference section to receive the latest information. *When you register, please identify yourself as a NACHSA participant.*

As an additional enticement to attend the conference, human services directors who register for the conference who have never been NACHSA members will receive a complimentary membership in the organization for the remainder of 2006. Through that offer, I hope that you will learn more about us as the only national organization developing policy and advocating solely for county delivery systems.

*See you in Florida!*



The Renaissance Vinoy Hotel, St. Petersburg, Florida site of the NWA/NACHSA Fall Conference.

# Improving outcomes for meth offenders—collaboration!

★ BY PAUL FLEISSNER

Olmsted County, Minnesota

Olmsted County, Minnesota managers with vision Andy Erickson, Tom Rime, Jim Behrends and Brenda Otto were not willing to accept the notion that “nothing works for meth users.” Tom passionately researched models across the country and Brenda’s knowledge of best practices in chemical health came together to form a powerful idea for serving meth addicted offenders. Tom works in corrections and Brenda works in social services.

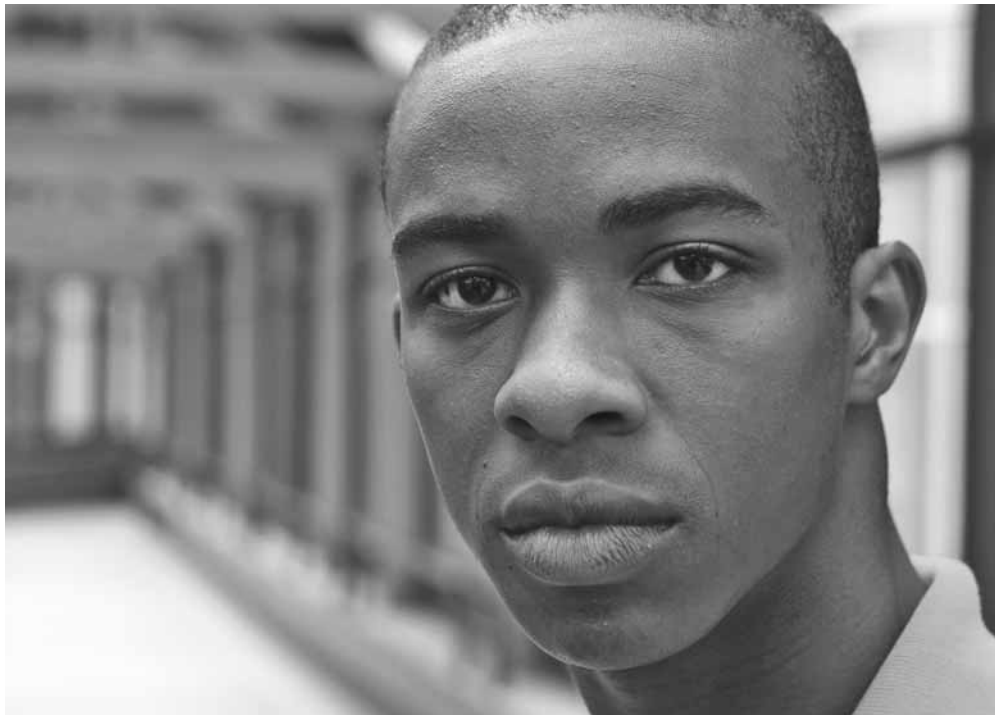
In 2003 we passed the threshold where meth became the second most common reason for drug test failures in our corrections department behind only marijuana. Meth surpassed cocaine for the first time. We knew we needed to take action. We decided to develop an alternative treatment program for meth offenders.

The program has two modules. *Crossroads* includes an extended evaluation and pre-treatment program in the jail. *Crossroads* introduces cognitive-behavioral concepts only after an offender is detoxified and emotionally stable. It includes 14 hours of programming over several weeks in preparation for treatment.

*Odyssey* is the treatment portion and includes a long-term intensive (three times per week) outpatient treatment located in our Work Release Center. It includes 96 hours of programming with decreasing frequency/intensity over time. Specialized probation supervision and frequent, random drug testing are important components.

Early results are encouraging. We do not claim this is the answer; but, we have had several offenders remain clean after treatment ended. This is not an inexpensive model. The combined cost of *Crossroads* and *Odyssey* is approximately \$6,500 per participant. One year of prison costs roughly \$22,000. A first offense sentence for manufacturing meth, with no criminal history, is 60 months, at a cost of about \$110,000, not including treatment or medical and dental costs. We believe *Crossroads* and *Odyssey* are a good public investment.

Prosecutors, public defenders, health providers, law enforcement and judges see the value of taking on this issue and that has also helped make this program successful.



*The combined cost of Crossroads and Odyssey is approximately \$6,500 per participant. A first offense sentence for manufacturing meth, with no criminal history, is 60 months, at a cost of about \$110,000... We believe Crossroads and Odyssey are a good public investment.*

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# Drug endangered children



★ **BY COMMANDER LORI MORIARTY**  
North Metro Task Force, Thornton, CO  
National Alliance for DEC, Committee Member

Parents and caregivers who use illicit drugs such as methamphetamine, cocaine, and heroin create dangerous and abusive environments for their children. Children whose caregivers are substance abusers are frequently neglected.

They often do not have enough food, are not adequately groomed, do not have appropriate sleeping conditions, and usually have not had adequate medical or dental care.

Children raised by substance-abusing caregivers are often exposed to pornographic material, often emotionally abused

and have a heightened risk for sexual abuse.

Specific hazards to children living in these labs are numerous. The children are exposed to dangerous chemicals and are at risk of inhaling toxic fumes. Clothing and skin contact of improperly stored chemicals, chemical waste dumped in play areas, and potential explosions and fires are also possible. They are frequently exposed to a hazardous environment which often includes accessible drugs, exposure to drug users, cooks and dealers, hypodermic needles, accessible glass smoking pipes, razor blades and other drug paraphernalia. Additionally, weapons left accessible and booby traps placed to “protect” the clandestine laboratory and its contents from intruders are often present.

In July 2003, professionals from multi-disciplines across the nation came together and developed an effective campaign to provide training to communities that wish to address this problem. The National Alliance for Drug Endangered Children (DEC) focuses on the formation of community-based partnerships that take advantage of existing agency personnel, resources, and responsibilities.

DEC was formed because a multi-faceted strategy that includes prevention, law enforcement, courts, probation, social services, treatment, mental health, medical, child welfare, education, public health, non-profit organizations and the community is required to fight this crisis. Throughout the entire process until the child is in a permanent, safe and positive functioning environment, the needs of these children are the focus.

The psychologist and others who have treated these children send a clear message. Children are resilient. If given the opportunity and a caring environment, they will thrive. At the very core of every drug endangered children program is the fervent shared belief that by intervening in these children’s lives we will break the cycle of drug abuse.

For more information about the National Alliance for Drug Endangered Children go to [www.nationaldec.org](http://www.nationaldec.org).

## The problems are complex and require:

- Balancing the interests of the child, family, community, and agencies working together as integrated systems to achieve common and disparate objectives.
- Creating integrated planning and response capacities in local communities.
- Equipping systems with the evidence-based orientation, knowledge and skills to provide effective responses.
- Balancing the short and long-term fiscal challenges to ensure sustainable solutions.



*Children are resilient.*

*If given the opportunity and a caring environment, they will thrive.*



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# Why these children need our help

★ BY DIANNE EDWARDS

Director of the Sonoma County Human Services Department, California

In scanning the list of children in emergency shelter and foster care that I receive each day, I note that the Froess Emergency Foster Home is now the temporary home of a baby girl born on December 30. Joan and Phil Froess are caring for their 87th foster child. They have been foster parents over 25 years and have an 18-year-old adopted son who came to their home as a foster child.



Why are couples like the Froesses' willing to open their homes and hearts to these fragile infants? It is certainly not for monetary gain. The state has not increased rates for children in foster care since July 2001.

The infant currently in the Froesses' care was born premature after in utero exposure to methamphetamines and alcohol. Joan picked her up from the hospital when she was 10 days old. She has to be very vigilant in caring for this fragile infant. To feed her, Joan uses a bottle which has a straw-like mechanism. Until she found this special bottle, Joan had to squeeze the formula from the bottle by hand because the baby was too weak to get the milk from a regular bottle.

Babies exposed to drugs prenatally experience withdrawal. I asked Joan what it's like to care for an infant during withdrawal. In addition to the care and attention any infant requires, she explains that there is no set pattern, and it's mostly trial and error to discover what works best. Most must be swaddled tightly because they can't control their arms, which agitates them. Babies exposed to methamphetamines also sleep a lot and don't eat much preventing them from achieving normal developmental milestones.

There are 47 children in the Valley of the Moon Children's Home today, an increase from our recent daily average of 32. In addition, there are 28 very young children, half under the age of one, in emergency foster homes. They



are all in protective custody because they need responsible caring adults to provide them with safe and permanent homes.

At the

children's home many have been there before, returning from placements where foster parents were unable to handle their physical, emotional or behavioral problems. Some were "reunited" with parents whose problems have resurfaced, resulting in the need for Child Protective Services intervention. Most of the infants and toddlers

are taken into custody because of neglect associated with drug addiction.

Counties are ultimately responsible for children like the baby in Joan Froess' care. Fortunately the Sonoma County Board of Supervisors has been willing to allocate more than \$2.6 million in additional funds to support programs to protect vulnerable children.

Last year, California counties spent more than \$100 million above their required financial contribution for these services.



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# Washington Watch .....



★ **BY TOM JOSEPH**  
NACHSA Consultant Waterman & Associates

Congress treaded lightly this spring. It has been relatively quiet for social services, especially given the intense activity earlier when numerous cuts were made to foster care, child support, and Medicaid in the Deficit Reduction Act.

Facing re-election, moderate Republicans are finding opportunities to distance themselves from the White House in order to demonstrate that they are not afraid to question administration proposals.

That core group has often provided the administration with the margin of victory on the House floor. That dynamic is relatively new to this administration and the Republicans on the Hill who, until recently, were very disciplined and unified.

Democrats, on the other hand, have been happy to sit back and look for every legislative roadblock possible. Interactions with the Republicans are very combative and strident.

As of this writing, there is no consensus on adopting a number of the cuts proposed by the President for FY 2007. It is very likely that the House and Senate will fail to adopt a budget. Proposals to cut SSBG and the CSBG will be less likely to succeed, since there will not be a budget resolution directing Congress to assume those cuts when crafting the actual spending measures.

Congressional hearings have been scarce so far. The Senate Finance Committee held a hearing in April on the impact of meth abuse on the child welfare system and hearings have been held on reauthorizing the Older American's Act.

While it's quiet on Capitol Hill, much of the human services activity this summer may take place in federal agencies. HHS has been asked to draft regulations to implement changes in the Deficit Reduction Act. By June 30, HHS must issue TANF regulations defining types of work activities which 'count' towards participation rates. The regs will also mandate a process for us to verify participation.

HHS will also give guidance on the changes to Medicaid, including new paperwork to verify citizenship and directives on the use of Medicaid for targeted case management.

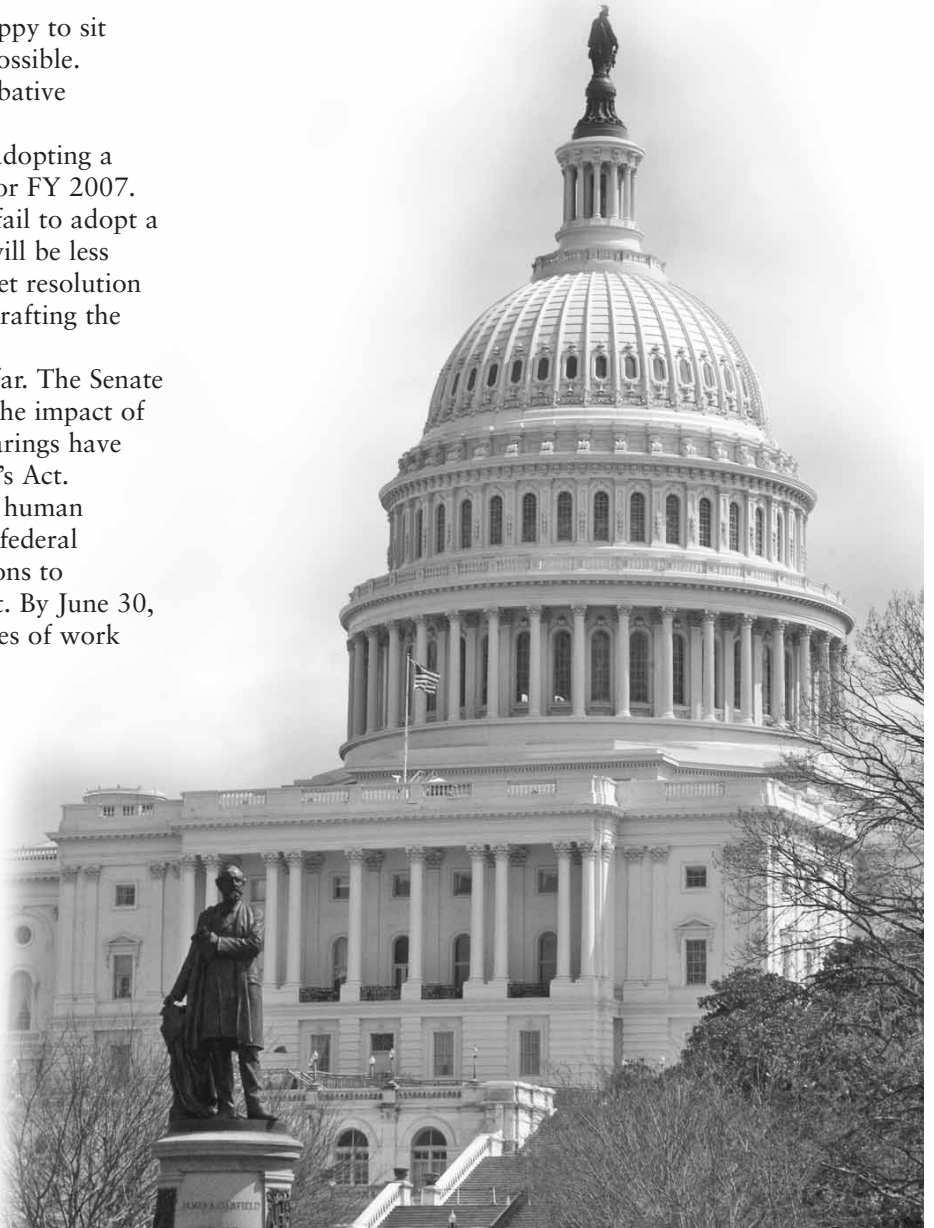
Congress will recess for a week in July, all of August, and will return home to campaign in early October. The compressed work schedule and political divisiveness common in election years, will likely result in only 'must-pass' legislation as the elections near. They must decide whether to reauthorize a number of programs or continue for another year: Safe and Stable

Families Act, Workforce Investment Act, Older Americans Act, and the Ryan White CARE Act. The proposed Elder Justice Act was re-introduced last fall, so efforts will be made to move that bill through the process.

Over the coming months, I will keep NACHSA members updated on federal developments via e-mail and on the NACHSA website at [www.nachsa.org](http://www.nachsa.org). If you do not receive them, please consider becoming a member!

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# NACo unveils two meth surveys



★ BY MARILINA SANZ  
NACo Staff Liaison

NACo President, Bill Hansell, held a press conference to unveil the two latest surveys in its Meth Epidemic in America Series: “The Effect of Meth Abuse on Hospital Emergency Rooms” and “The Challenges of Treating Meth Abuse.”

The emergency room survey showed that there are more meth-related emergency room visits than any other illicit drug. Forty-seven percent of the hospitals responded that meth is the top illicit drug. Marijuana is the next highest, with 16 percent of the cases.

Seventy percent of the hospitals reported increased meth-related cases in the last five years, and 68 percent reported continuing increases in the last three years. Small counties are affected. Ninety percent of the hospitals in counties under 10,000 reported increases in meth-related cases in the last year.

Hospitals reported that 83 percent of these patients are uninsured. Fifty-six percent reported that hospital costs had increased as a result of meth. The largest increased costs were in Arkansas (78%), Indiana and Idaho (71%), and Michigan and Washington (67%).

Sixty-nine percent of the behavioral health officials who responded said that the need for meth treatment is growing. The states that reported the highest increase in need were Texas with 90%, Maryland and North Carolina 86%, Ohio 85%, and Michigan and Utah 80%.

Many of the directors reported that meth treatment is very different from other drug treatment and requires different protocols. Fifty-four percent reported a different success rate, and 44 percent said that treatment for meth addiction takes longer than for other drug addictions.

Finally, 57 percent of the directors said that lack of funding was the reason why they didn't have enough capacity. Additionally, 33 percent reported that they don't have enough trained staff.

200 hospitals responded to the emergency room survey. Behavioral health officials in 35 states responded to the treatment survey.

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# NACHSA/NACBHD to sponsor workshop at NACo's Annual Conference

★ BY MARILINA SANZ  
NACo Staff Liaison

NACHSA and the National Association of County Behavioral Health and Developmental Disability Directors (NACBHD) are cosponsoring a workshop on “Treating Methamphetamine Addiction and Reunifying Families—Finding the Balance” at NACo's Annual Conference in Cook County (Chicago), Illinois August 4–8. This workshop will focus on how county child welfare and substance abuse departments can collaborate to meet the challenges of working with families and children in the child welfare system impacted by methamphetamine use and production.

Another workshop on child welfare will be “Grandfamilies—Counties and CASA Helping Grandparents and Other Relatives Raising Children.” This workshop will examine the challenges these families face, and initiatives that states, counties and CASA volunteers can implement to assist them.

Additionally, NACo will offer a three-hour symposium on Immigration in America.

This interactive symposium will be conducted in three parts: 1) an overall explanation and discussion of immigration reform; 2) a debate between national organizations on both sides; 3) a panel of county officials will discuss NACo's perspective on immigration reform and examples of actions counties have taken.

For more information on the NACo Annual Conference and a registration form, please go to the conference site on our website [www.naco.org](http://www.naco.org).



Work sessions of the NACHSA board at the Legislative Conference in Washington DC, March 2006.



Reception hosted by former consultant Pat Craig and her husband, Art Craig, at their waterside home in Maryland.



See  
page  
2 for info on the  
NWA/NACHSA conference  
December 2-5  
in St. Petersburg,  
Florida

NACo's Annual  
Conference...  
Aug. 4-8  
[www.naco.org](http://www.naco.org)

# NACo Behavioral Health Affiliate develops meth policy

★ BY MELISSA STAATS, President and CEO  
National Association of County Behavioral Health and Developmental Disability Directors

## Introduction

Methamphetamine is currently the fastest growing drug threat and the most prevalent synthetic drug manufactured in the United States. Meth production and trafficking was originally concentrated in the West and Southwest (California, Arizona, Utah, Texas), but meth availability soon reached to the Pacific Northwest, and moved eastward, toward the Midwest, and portions of the Southeast, then the Mid-Atlantic states and New England. First seen primarily in rural communities, the manufacturing of meth now touches all communities, as meth can be made almost anywhere. In addition, the introduction of crystal meth produced in Mexico, also known as “ice”, which is purer and more addictive than that manufactured in labs in the states, has increased availability and accessibility of the drug.

This highly addictive central nervous system stimulant devastates not just the lives of its users and manufacturers, but their families and often communities as well. In particular, children of those individuals manufacturing and/or using meth are dramatically impacted by their parents’ activities. Children present at or residing in clandestine meth labs face acute health and safety risks, primarily due to the hazardous fumes and vapors, along with removal from their homes and placement in the child welfare system. Meth users themselves suffer dramatic health problems; the effect of meth on an individual’s teeth and appearance has been visually documented by many sources.

A 2005 NACo survey indicated that 60% of county law enforcement officials rated meth as the largest drug problem in their county, 40% of county child welfare officials reported an increase in out-of-home placements due to meth in the past year, and 58% of counties identified meth as the top drug threat.

The costs associated with shutting down meth labs in a community can be overwhelming in terms of law enforcement, clean-up, removal and placement of children, prosecution and incarceration. Unfortunately, the focus on these costs often leads to less emphasis on treatment needs, especially since there seem to be many misconceptions about the effectiveness of treatment for meth users. On the treatment side, programs for meth addicts operating in the western part of the country have demonstrated that they are successful and cost less than incarceration and less than keeping a child in state foster care, so that families can be reunited at cost savings to taxpayers.



## NACBHD Meth Principles

The NACBHD Substance Abuse Committee has recommended the following principles to address the multiple issues surrounding the manufacture and use of meth:

1. Drug treatment programs and prevention strategies are the only real answer to effectively address the meth epidemic.
2. A coordinated, multi-disciplinary approach must be undertaken to effectively address the wide array of issues.
3. Meth users can and have been successful in treatment.
4. The federal government needs to provide substantial support, such as policies and funding, to assist local communities and states in fighting meth.
5. The consequences for meth usage are immediate and possibly lifelong. Additional resources for education, prevention, and treatment services must be allocated to specifically address meth use.
6. Counties cannot afford to be unprepared for meth manufacture and/or use in their local communities. Visible or not, the threat is there, and pro-active planning should occur across systems.

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## Community Collaboration for a multifaceted approach?

*Continued from cover*

the bigger focus was to make it as difficult as possible to sell or buy meth. The focus then turned to enforcement efforts and lobbying for better border control. Local resources were prioritized for additional law enforcement officers, including a special crimes unit to focus on meth. This had a much greater impact on the availability of meth in Mesa County than limiting access to pseudoephedrine, and it happened because we took the time to assess the situation.

### Strategic Plan—Development

Because the causes of meth are multifaceted, the response must also be multifaceted. In Mesa County, a logic model was developed that directly related to the results of their research, based on both the supply and demand sides of the issue. The issue was further broken down into key components of manufacturing, distribution, prevention, treatment and addressing the needs of drug-endangered children.

### Creating a structure

Even while the research is conducted and the strategic plan is developed, it is important to begin designing a structure through which to implement the strategic plan. Recommended components to this structure include: the Task Force, the Executive Committee, and the Working Groups.

#### Task Force

The full task force should consist of all local stakeholders including members of the general public who are not necessarily involved in any particular stakeholder agency or group. This is the group that will build political will and community involvement.

#### Executive Committee

The foundation of all efforts is the Executive (or Steering) Committee. This should consist of 10 to 12 key community leaders who have the contacts and skills necessary to build

coalitions, give guidance to the research as well as guide and monitor plans to implement the strategic plan and address the issue.

#### Work Groups

Work groups are based around each key component of the strategic plan and where the work actually happens. Each work group is chaired by one of the members of the Executive Committee. Work groups take portions of the strategic plan and develop a work plan to implement the goals and objectives of the strategic plan.

Additional information regarding Mesa County's strategic plan including a copy of Mesa County's White Paper is available on line at [www.methfree.mesacounty.us](http://www.methfree.mesacounty.us).

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MANUS O'DONNELL

## Editors' Notes

★ BY MANUS O'DONNELL

Well, NACHSA is finally getting its wish for independence. We sought more control over our conferences, the workshops and the speakers. Our destiny is now at hand.

NACO gave a \$10,000 show of support for NACHSA to become independent and/or jointly develop a conference for human service professionals.

The NACHSA board of directors accepted the challenge and joined with the National Workforce Association (NWA).

Come join us in sunny, beautiful St. Petersburg, Florida for the first joint conference of NWA/NACHSA. St. Petersburg is a wonderful location. Tom Papin and Manus O'Donnell happen to work in neighboring Hillsborough County and give highest marks to St. Pete's beaches, hotels, fishing, and golf (not to mention motorcycle rides along the beaches!).

Enjoy a tiki bar with a band playing, a glass of wine and a sunset. California's not the only continental state with westerly sunsets! It's a great place to work during the day and enjoy the nights.

*Manus O'Donnell*

PS: Congratulations to John Cullen on his promotion to County Administrator (Contra Costa, California).



A publication of the National Association of County Human Services Administrators, an affiliate organization of the National Association of Counties.

## Our Mission

To promote and strengthen networks of county and community human services that protect children, families and elderly, and that support self-sufficiency of disadvantaged populations. And, to participate in formulating and advocating the human services policies of the National Association of Counties.



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