

Foster care need rises

Meth use cited in increase

08/01/05

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Messenger-Inquirer

Hunter Elitzer's body is 5 years old. But his mind is trapped. He will always be an infant.

He was beaten, kicked into a wall, by his meth-addicted father when he was 3 months old.

Hunter is blind now. He'll never talk or walk.

But today, he's smiling.

Today, Hunter tips his head back to soak up the morning sun and listens with a baby grin to the crooning sound of Carol Elitzer's voice, touching his adoptive mother's face with pudgy fingers.

Carol Elitzer holds Hunter, a foster son she adopted who was beaten by his meth-addicted father when he was 3 months old. Photo By [Adrienne Steinfeldt](#), M-I



"He's a good boy," Carol Elitzer says. "A happy baby."

That's what he'll be forever.

"This is the result of meth," she said. "This is what happens. This little boy has a life sentence."

Hunter is the fourth child Carol Elitzer and her husband, Sheldon, have adopted, but over the past 30 years, they have cared for more than 1,000 children as foster parents.

More and more, the children brought to stay at the Elitzers' -- where they learn to tell the truth and how to swim -- come from homes where drugs, especially methamphetamine, are as part of their daily lives as the air they breathe.

The impact, Carol Elitzer says, is deep.

Those children who have escaped physical abuse -- and they are few -- have almost always been neglected.

Children from homes with methamphetamine "learn to take care of themselves," she said. "You might have a 5-year-old who knows how to fry an egg. Their parents are too busy doing drugs to feed them right, clean them right.

"They believe drugs are a normal part of life," she said. "It's strange for them we don't get up in the morning and do drugs at the table and do them all day long."

The number of Kentucky's children who need foster homes is slowly but steadily rising. Experts point to methamphetamine as a cause.

Studies show that children of meth users are more likely to be violently or sexually abused. Chronic neglect is widespread.

"The children coming into their home are going to be different than children they've dealt with in the past," said Mary Ellen Nold with the Cabinet for Health and Family Services. The special needs of these children are only now being fully realized.

Physically, the children may show up sick, coughing, underweight. Some have sores or burns from exposure to meth. There's a lot of lice. Their livers and lungs may be damaged from breathing toxins.

Emotionally, even the healthy children from meth homes are "drained," says Cherie Stiles, with the Green River Region Department for Community Based Services.

"You can see it in their eyes," she said. "They just look haunted."

In one day last week, she placed 10 children in foster homes. In nearly every child's home, there were drugs.

"We're seeing more of it every day," Stiles said. "Nearly every child coming into care is affected by some form of substance abuse, methamphetamine especially."

For children taken from homes where methamphetamine is being made, going to a foster home is extra scary. They can't take their clothes, can't take their teddy bear, can't take their blanky.

"All of their belongings are toxic," Nold said.

The first thing Carol Elitzer does when she gets a new child is show him where he'll be sleeping, to ease his mind.

She doesn't try to hug.

"Any kid that comes in here is scared," Elitzer said. "They don't trust anybody. They're distant."

The first night is always hard, she said.

"You let them cry," she said. "They may cry all night. Let them cry."

After a while in her home, Elitzer says, children start laughing more. They learn to play. They learn to be children.

That is Elitzer's reward.

"I love it," she said. "This is a hard job, but I love it."

There are never enough foster parents, though social workers say they're doing their best with what they have, providing new training for foster parents taking care of the children of methamphetamine users and manufacturers while they're in jail or getting cleaned up -- or giving up.

"We are seeing an increase in the number of children in foster care," Nold said. "With more meth, you need more homes."

A particular need is homes for teenagers, because many families can't handle the demand of parenting them. Also in high demand are homes where siblings can stay.

Becoming a foster parent requires 30 hours of initial training, a family history, home inspections, references and background checks.

"It's a constant, constant battle," to find a safe place for children to stay, Stiles said.

Many people inquire about becoming foster parents, but few follow through.

In one month last year, the Green River Region DCBS received 48 requests for information on being a foster parent.

Only seven eventually did.

Some are disqualified through background checks or interviews. Others just drop out.

Being a foster parent means middle-of-the-night phone calls and a lot of heartbreak.

Almost always, there's a good-bye coming.

Every effort is made to rehabilitate parents so they can be reunited with their children. Children on average stay about two years in foster care. Many, though, are in and out of care in days, weeks or months.

Sometimes, Elitzer said she's happy to see her kids go back to their parents.

Sometimes, she sits down and cries. She knows the child will be back in the system in a few months.

After 30 years, though, she's learned she can only do so much -- she can't save every child.

But that doesn't stop her from trying.

"If you've got a place in your heart for kids," she asks, "how could you not?"

To Help:

To become a foster parent, call 1-800-232-5437, 1-866-332-0014 or your county's Department for Community Based Services office.

Other needs include blankets, toys, clothes and books. Check the local DCBS office for specific needs.