

Spirit Lake Tribal Social Services

7184 Hwy 57, PO Box 39 Fort Totten, ND 58335

<http://www.spiritlakenation.com/programs/spirit-lake-social-services/> T: (701)766-4404

Dear Foster Parents,

As we know February is the short month of the new year. In Please keep in mind that Spirit Lake Tribal Social Services requires 12hrs of training. Once completion of Fire Safety please be sure to submit copy of certificate.

Happy National Heart Health Month

February is National Heart Health Month in the US. We at Spirit Lake Tribal Social Services encourage all adults to take their health seriously by visiting their doctor to have their risk for heart disease assessed.

While you wait for your appointment, visit the American Heart Association Website to explore the latest information on heart health, warning signs of heart attack or stroke, and tips for healthy living. And women, don't miss the humorous "Just A Little Heart Attack" video on the Go Red for Women page.

It's never too early to teach kids heart healthy habits. Your pediatrician can offer ideas for helping your whole family stay healthy.

WHAT LITTLE THINGS HAVE BEEN MAKING YOUR HEART HAPPY?

"Let us put our minds together to see what we can build for our children"



Upcoming Events

February 11

Share & Support: 12-2p: SLTSS

February 15

Human Trafficking: 5:30-7:30p: Devils Lake County Basement: Child care provided

February 18

1st Aid & CPR Training: 9-4p: SLT EMT Building

February 27

All Certificates are DUE for Fire Safety Training Online



Fostering Communications

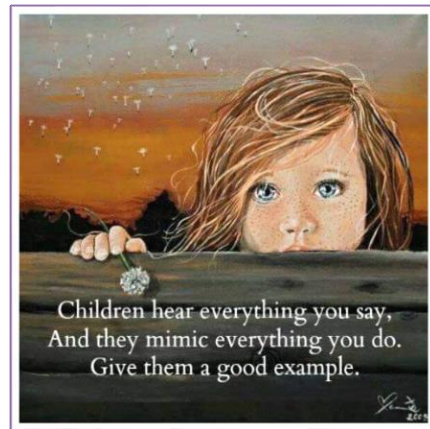
More Important News

Fire Safety

Fire Safety Training is now available online on the CFSTC website. Both the two-hour initial training along with the one-hour refresher are provided. We encourage you to take a look at the Fire Safety as well as peek at the training calendar for other training opportunities.

<http://und.edu/centers/children-and-family-services-training-center/online-training/fire-safety-training.cfm>

Remember You Are Making A Difference



In the Community

2nd Annual New Beginnings, No Boundaries, All Denominations: January, 29, 2017 @ 8 AM: Four Winds Gymnasium

Foster Parent Training
Location: Hampton Inn
Grand Forks, ND:
2/6/17: 6-8pm.

Snowshoeing: Sully's Hill
Location: Sully's Hill, Date:
2/11 & 25/17: 12-4p.

Adult Support Group:
Location: Dakota Baptist
Church: Date: every
Tuesday, Time: 7-8:30p.

Dakota Culture Night:
Location: CCCC: Library.
Every Wednesday: 5-7p.

NEWS FROM OUR



DECEMBER 01, 2016

DRUG ADDICTION CREATES FOSTER CARE CRISIS THROUGHOUT COUNTRY

BY LLOYD NELSON, DIGITAL MEDIA MANAGER

Drug addiction, especially to opioids, is behind a substantial increase in children entering the foster care system across the U.S. This dramatic surge is causing a crisis that's forcing many states to change laws, as well as partner with local agencies, in order to care for children in need.

Drug Addiction and Foster Care: A Problem Across the Country

The opiate addiction epidemic currently spreading across this country is one of the worst drug crises in history, killing nearly 27,000 people a year, according to Frontline. It affects people of all races, ages and income brackets, and it's leaving many states across the nation scrambling to help the unthought-of victims: children.

“In Ohio, where more than 9,900 children are in foster care and nearly half of those taken into custody last year had a parent using drugs, case workers are having a hard time placing children with relatives,” **according to PBS**. “By the time the children get to foster care...many of the adults in their extended family are addicted to opiates, too.”

Ohio isn't the only state dealing with this issue. In Georgia, substance abuse is involved 40 percent of the time when children are removed from their homes. In California, specifically San Diego and Orange County, agencies have called for more people to become foster parents to help meet the growing need.

The issue is even direr in Massachusetts. [According to the Boston Globe](#), “the number of petitions filed by DCF to have children removed from their homes jumped by 38 percent, from 2,459 to 3,383, between 2011 and 2015.”

This has caused the state to hold large-scale recruitment events to bring more foster parents into the mix. But even the 11 percent increase in foster homes statewide isn’t enough to meet the influx of children entering the system. That’s why Massachusetts has also granted increased waivers allowing more than four foster children in a single home.

[According to the Globe](#), Massachusetts’ Department of Children and Families granted 172 “overcapacity waivers” — generally to allow more than four foster children in a single home — between October 2014 and October 2015, up from 118 over the previous 12-month period.”

These waivers allow parents to take in 6 foster children and have 8 children total in their home. Some critics have argued that these waivers put children in potentially dangerous situations, pointing to the tragic death of a 2-year-old and the grievous injuring of a 22-month-old child after a waiver was inappropriately granted to a foster parent.

New Jersey is not immune to opiate problems. According to an NJ.com story, if you took every person addicted to heroin in NJ and put them in one place, it would be the state’s fourth largest city with a population of 128,000.

Many children throughout the state are entering foster care because their parents have either been jailed for drugs or are in drug treatment programs.

“We’re up to 750 children in Ocean County living in foster care,” Vicki Weiss, executive director of the nonprofit Court Appointed Special Advocates (CASA) for Children of Ocean County, told 101.5.com in March. “Over the last five years, that number has nearly doubled.”

Drug use is also one of the main reasons children are placed into foster homes in Monmouth County, Cindi Van Brunt, executive director of CASA for Children of Monmouth County, told 101.5.

The issue of opioid addiction, in NJ and across the country, is complicated and there are no fixes coming overnight. The key, many experts argue, is licensing more drug addiction treatment providers while educating the public about the dangers of opioid prescription medications. However, for kids currently coming into care due to this crisis, they need safe homes to take them in. They need foster parents.



PRENATAL EXPOSURE TO DRUGS: CARING FOR INNOCENT VICTIMS

BY CRAIG DUDEK, DIGITAL MEDIA COORDINATOR

In their most recent study, the Substance Abuse and Mental Health Services Administration found that 5.4 percent of pregnant women aged 15 to 44 across the country were current illicit drug users, marking an increase from their last study. This statistic only just begins to paint the picture of the epidemic that is running rampant in the country and leaving no group more vulnerable than the unborn, who are subjected to prenatal exposure to drugs. The uptick in substance abuse has resulted in more children being placed in foster care, some of whom entered the system at the time of their birth.



The nation's drug epidemic has been steadily increasing since the start of the new millennium. The Center for Disease Control and Prevention (CDC) found that heroin use increased across the country among almost every demographic since 2004, particularly among women whose usage has doubled. While an increase in any demographic is concerning, an increase among women is cause for alarm when considering the innocent victims of prenatal exposure to drugs.

If the mother partakes in a drug, it can transfer from her blood stream to the placenta and be passed on to the future child. Drugs can also impact the fetus by altering the mother's central nervous system and changing the fetal environment.

Prenatal exposure to drugs, like cocaine and heroin, have been linked to reducing the amount of oxygen that is sent to the fetus, which can result in low birth weight, growth restriction and a smaller circumference of the head. Infants who have been subjected to prenatal exposure to drugs are 3 to 6 times more likely to have a low birth weight. According to the Organization of Teratology Information Specialists, low birth weight infants are 20 times more likely to die within a month than infants with normal birth weights.

Opiates, like heroin, have the ability to pass the placental barrier, which can lead to the fetus developing an addiction while in utero and suffering withdrawal symptoms. If the mother uses a needle, she runs the risk of not only passing her addiction onto the child but also HIV.

Even if the infants do not outwardly display signs of prenatal exposure to drugs, it does not mean they are in the clear. They could be suffering from subtler effects that will not become evident until years later, such as poor motor skills, speech delays and poor social skills.

A new home as a foster child can be hard enough, but it can be even harder for those who were prenatally exposed to drugs and may have developmental issues. They may have trouble bonding with – or separating from – a caretaker and may have issues coping with changes.

Foster and Adoptive Family Services (FAFS) offers licensed resource parents in NJ a free course on prenatal exposure to cocaine and/or heroin to help them understand what the child went through and how to help the child at home.

With infants who were prenatally exposed to drugs, early intervention is key to ensuring the children receive the special attention they need to have healthy and productive lives. Through FAFS' home correspondence course, "The Innocent Victims: Understanding Prenatal Exposure to Cocaine and/or Heroin", foster parents will learn about the physical and psychological impact these drugs have on the infant. The course covers how to comfort an infant through the side effects as well as how to help the child with any potential developmental issues that may occur later in life.

NEWS FROM OUR



A Parent's Guide to the NICU - Substance Exposure and Babies

During pregnancy, nearly every substance taken by a woman passes from her blood stream through the placenta to her fetus. Substances that cause drug dependence and addiction in the mother also cause the fetus to become addicted.

When a mother uses illicit substances or legal drugs such as alcohol and cigarettes, she places her unborn baby at risk for many problems. Many substances affect fetal growth and development, as well as the long-term health of the baby. A mother using drugs may be less likely to seek prenatal care, which can increase the risks for her and her baby. In addition, women who use drugs are more likely to use more than one drug, which can complicate the treatment.

Neonatal Abstinence Syndrome

What is neonatal abstinence syndrome?

Neonatal abstinence syndrome (NAS) is a term for a group of problems a baby experiences when withdrawing from exposure to narcotics.

What causes neonatal abstinence syndrome?

Almost every drug passes from the mother's blood stream through the placenta to the fetus. Illicit substances that cause drug dependence and addiction in the mother also cause the fetus to become addicted. At birth, the baby's dependence on the substance continues. However, since the drug is no longer available, the baby's central nervous system becomes overstimulated causing the symptoms of withdrawal.

Some drugs are more likely to cause NAS than others, but nearly all have some effect on the baby. Opiates, such as heroin and methadone, cause withdrawal in over half of babies exposed prenatally. Cocaine may cause some withdrawal, but the main symptoms in the baby are due to the toxic effects of the drug itself. Other drugs such as amphetamines, barbiturates, and narcotics can also cause

withdrawal. Alcohol use causes withdrawal in the baby, as well as a group of problems including birth defects called fetal alcohol syndrome.

Why is neonatal abstinence syndrome a concern?

In addition to the specific difficulties of withdrawal after birth, problems in the baby may include, but are not limited to, the following:

- poor intrauterine growth
- premature birth
- seizures
- birth defects

Specific drugs often times cause specific problems in the baby and may include the following:

- Heroin and other opiates, including methadone, can cause significant withdrawal in the baby, with some symptoms lasting as long as four to six months. Seizures may also occur and are more likely in babies born to methadone users.
- Prenatal use of amphetamines is associated with low birthweight and premature birth, and may cause bleeding in the baby's brain.
- A mother's prenatal cocaine use may be related to an increased risk of sudden infant death syndrome (SIDS).
- Marijuana use is linked to lower birthweight and size of the baby.
- Alcohol use in pregnancy also has significant effects on the fetus and the baby. Growth during pregnancy and after birth is slowed. Specific deformities of the head and face, heart defects, and mental retardation are seen with fetal alcohol syndrome. Withdrawal symptoms from alcohol may last up to 18 months.
- Cigarette smoking has long been known for its effects on the fetus. Generally, smokers have smaller babies than non-smokers. Babies of smokers may also be at increased risk for premature birth and stillbirth.

What are the symptoms of neonatal abstinence syndrome?

Symptoms of NAS may vary depending on the type of substance used, the last time it was used, and whether the baby is full-term or premature. Symptoms of withdrawal may begin as early as 24 to 48 hours after birth, or as late as five to ten days. Alcohol withdrawal may begin within a few hours after birth.

The following are the most common symptoms of neonatal abstinence syndrome. However, each baby may experience symptoms differently. Symptoms of withdrawal in full-term babies may include:

- tremors (trembling)
- irritability (excessive crying)
- sleep problems
- high-pitched crying
- tight muscle tone
- hyperactive reflexes
- seizures
- yawning, stuffy nose, and sneezing
- poor feeding and suck
- vomiting
- diarrhea
- dehydration
- sweating
- fever or unstable temperature

Premature babies may not have the classic signs of withdrawal listed above, but more often experience the following symptoms:

- tremors (trembling)
- high-pitched crying
- rapid breathing
- poor feeding

The symptoms of NAS may resemble other conditions or medical problems. Always consult your baby's physician for a diagnosis.

How is neonatal abstinence syndrome diagnosed?

An accurate report of the mother's drug usage is important, including the time of the last drug taken. A neonatal abstinence scoring system is used to help diagnose and grade the severity of the withdrawal. Using the scoring system, points are assigned for certain signs and symptoms and the severity of each. This scoring may also help in planning treatment.

Treatment for neonatal abstinence syndrome:

Specific treatment for NAS will be determined by your baby's physician based on:

- your baby's gestational age, overall health, and medical history
- extent of the disease
- your baby's tolerance for specific medications, procedures, or therapies
- expectations for the course of the disease

Babies suffering from withdrawal are irritable and often have a difficult time being comforted. Swaddling, or snugly wrapping the baby in a blanket, may help comfort the baby. Babies also may need extra calories because of their increased activity and may need a higher calorie formula. Intravenous (IV) fluids are sometimes needed if the baby becomes dehydrated or has severe vomiting or diarrhea.

Some babies may need medications to treat severe withdrawal symptoms, especially for seizures. Specific drugs approved by the U.S. Food and Drug Administration (FDA) for treating withdrawal include the following:

- methadone for heroin and other opiate withdrawal
- benzodiazepines (for alcohol withdrawal)

Other drugs are also being used to help relieve the discomfort and problems of withdrawal. The treatment drug is usually in the same class as the substance the baby is withdrawing from. Once the signs of withdrawal are controlled, the dosage is gradually decreased to help wean the baby off the drug. Consult your baby's physician to learn which treatments might be effective for your baby.

Prevention of neonatal abstinence syndrome:

Neonatal abstinence syndrome is a totally preventable problem. However, it requires that a mother stop using drugs before pregnancy, or as soon as she learns she is pregnant.

NEWS FROM OUR



Mystery Muffins

1 ½ cups all-purpose flour
2 teaspoons baking powder
½ teaspoon baking soda
¼ teaspoon salt
¼ cup white sugar
2 large eggs
1 cup 1% or fat free skim milk
½ teaspoon vanilla
2 tablespoons oil
2 tablespoons unsweetened applesauce
12 pieces of your favorite fruit, such as 12 medium strawberries, 12 1-inch banana chunks, 12 pitted cherries, or 12 peach slices (frozen or canned fruit can also be used)
2-3 tablespoons white sugar

1. Preheat oven to 350 degrees.
2. Coat a muffin pan with cooking spray or line with paper muffin liners.
3. Mix flour, baking powder, baking soda, salt and ¼ cup sugar in a large bowl.
4. Combine eggs, milk, vanilla, oil and applesauce in a separate bowl. Mix well.
5. Add egg mixture to the flour mixture. Stir just until blended.
6. Fill muffin cups ½ full with batter. Roll each piece of fruit in a small amount of sugar. Use your finger to punch fruit down into the batter in each cup.
7. Bake for 20 minutes or until lightly browned. Let cool 5 minutes. Remove muffins from pan and cool completely.

Nutrition Note: This recipe makes 12 muffins. Each serving has 130 calories, 3.5 grams of fat, 3 grams of protein, 21 grams of carbohydrates, and 200 milligrams of sodium.

