

County Data Highlight Links between Neonatal Opioid Withdrawal Syndrome and Placement of Infants in Foster Care



https://www.rand.org/pubs/external_publications/EP68745.html



THE ISSUE

Is there a relationship between the increasing number of infants diagnosed with neonatal opioid withdrawal syndrome (NOWS) and the increasing number of children less than one year old entering foster care? Understanding potential relationships could help local child welfare systems better support opioid-dependent mothers and their infants. This study used a decade of data from U.S. counties to examine how rates of NOWS and county-level characteristics were associated with entry in the child welfare system.



STUDY FOCUS

The study drew on data from 580 counties between 2009 and 2017 in eight states: Florida, Kentucky, Massachusetts, Michigan, North Carolina, New York, Tennessee, and Washington. The research team estimated the risk of foster care entry depending on county rates of maternal opioid use; maternal race; and community-level factors including availability of health care, maternal education, rurality, community and social or financial support, and economic stability.



KEY FINDINGS

- Between 2009 and 2017, the rate at which infants entered foster care grew from 9.4 to 13.0 per 1,000 infants. The rate of NOWS diagnoses per 1,000 births increased over 400% from 3.2 to 14.6. Rates of NOWS and foster care entry varied across counties.
- An increase of one NOWS diagnosis per ten births in a county was associated with a 41% higher rate of infant entry to foster care, and foster care entry rates were 19% higher in rural counties after accounting for other factors.
- Higher employment in a county was strongly associated with lower rates of foster care entry.



IMPLICATIONS FOR POLICY

Increasing NOWS rates are strongly associated with increased rates of infant involvement in the child welfare system, but higher rates of employment in a county influences the relationship and is associated with lower rates of child welfare system involvement. This association illustrates the complexity of the interaction between substance use disorder and the social determinants of health. The Family First Prevention Services Act allows states to use federal foster care funds to directly reduce risk of entry into the welfare system—for example, by treating opioid disorder in pregnant women. However, restrictions currently limit use of the funds. More flexibility could give states leeway to tailor policies that focus on prevention, treatment, and community strengths and needs. Currently, Congress is working to reauthorize the Child Abuse Prevention and Treatment Act, which includes specific provisions to improve public health responses to substance-exposed infants, including providing wrap-around services to families.

Loch, S. F., Stein, B. D., Ghertner, R., McNeer, E., Dupont, W. D., Smart, R., & Patrick, S. W. (2021). Neonatal Opioid Withdrawal Syndrome Is Associated with Infant Foster Care Entry at The County Level. *Health Affairs*, 10.1377/hlthaff.2021.00460. doi:10.1377/hlthaff.2021.00460

