



Are recent increases in child welfare cases and the opioid epidemic related?

More than a decade of sustained declines in national child protective services caseloads, which include maltreatment reports, substantiated reports, and foster care placements, started reversing course in 2012. Meanwhile, the opioid epidemic has continued to intensify, and substance use is impairing a growing number of parents and placing their children at risk of poor parental care. It is well-established that parental substance misuse challenges children, families, and the child welfare systems charged with ensuring child safety, achieving permanency, and strengthening families to successfully care for their children. But what is not known is whether drug misuse, especially opioids and polysubstance abuse, is associated with the increase in child welfare cases. U.S. Department of Health and Human Services (HHS) researchers conducted a mixed methods study to explore the relationship between the two trends. This brief summarizes their results.¹

Child welfare caseloads began rising in 2012 as the opioid epidemic worsened

As shown in Figure 1, national foster care caseloads grew between 2012 and 2016, with 36 states experiencing increases, following several years of declines. Certain areas of the country are more affected than others, as shown in Figure 2. Six states were hit hardest, with their foster care populations rising by

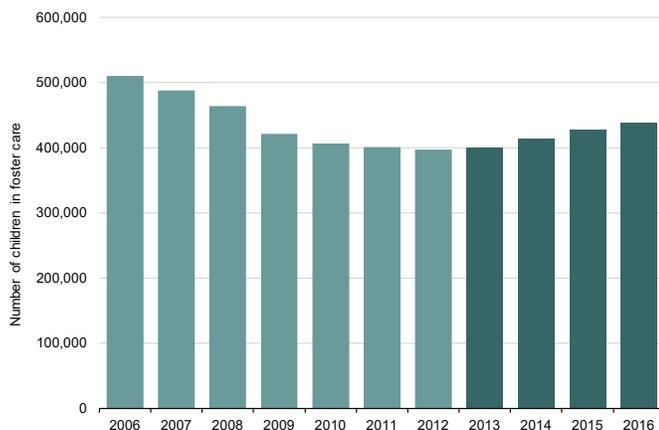


Figure 1. The number of children in foster care declined between 2006 and 2012, but started rising after 2012 and has risen every year since.

Source: U.S. Department of Health and Human Services, Administration for Children & Families (DHHS, ACF), Trends in Foster Care and Adoption, Adoption and Foster Care Analysis and Reporting System (AFCARS).

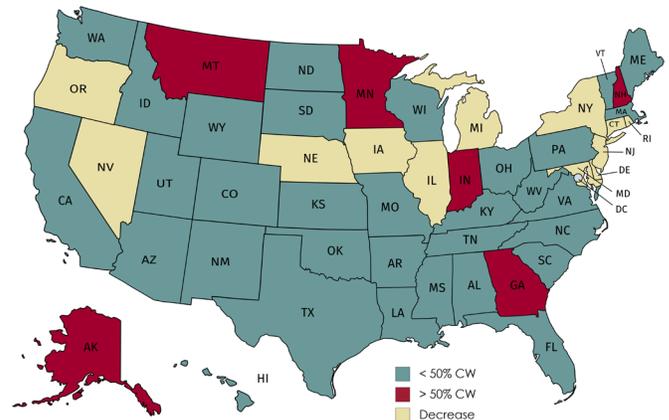


Figure 2. Child Welfare (CW) foster care increases between 2012 and 2016 varied widely across the country, with six states seeing increases over 50%: Alaska, Georgia, Indiana, Minnesota, Montana, and New Hampshire; 32 states seeing increases under 50%; and 12 states seeing declines.

Source: DHHS, ACF, Trends in Foster Care and Adoption, AFCARS State Data Tables 2007 through 2016.

more than 50 percent over this period: Alaska, Georgia, Indiana, Minnesota, Montana, and New Hampshire. Twelve states saw declines in caseloads, and the rest experienced increases of less than 50 percent. Meanwhile, the U.S. Centers for Disease Control and Prevention declared an opioid epidemic in 2011 and the crisis continues to worsen. In 2016, opioid overdose killed 91 Americans every day—almost double the deaths in 2015—and opioid overdose has become the leading cause of accidental death for adults under age 50 in the United States.² Deaths from fentanyl, a synthetic opioid that is similar to morphine but 50 to 100 times more powerful, rose 540 percent in three years. In addition to increased overdose deaths, the number of babies born suffering from opiate withdrawal due to maternal opioid use during pregnancy also continues to climb.

A 10 percent increase in the overdose death rate due to any substance corresponds to a 4.4 percent increase in rate of children placed in foster care

The HHS study found that between 2011 and 2016, national rates of drug overdose deaths and drug-related hospitalizations were correlated with child welfare caseloads, with variation

in the strength of the relationship by geographic area. The association remained even after controlling for county-level socioeconomic and demographic characteristics and other potential confounders such as poverty.³ Counties with higher overdose death and hospitalization rates due to any substances (not just opioids) have higher caseload rates.⁴ Areas that saw especially high overdose deaths and foster care entries were: Appalachia, New England, central Midwest, and parts of the West Coast. Researchers found that, on average, a 10 percent increase in a county's overdose death rate corresponded to a more than a 2 percent increase in both child maltreatment reports and substantiated reports, and a 4.4 percent increase in foster care placements (see Figure 3). The study also found that while opioid misuse is a factor in the increasing foster care caseload, communities are struggling with use of other substances as well. In some areas, for example, caseworkers stated that methamphetamines are the primary substances used by parents with whom they interact.

Opioid-related child welfare cases pose unique challenges and are often more complex

HHS spoke to caseworkers to better understand how the child welfare system is addressing the opioid epidemic. They found that, while parental drug misuse is not a new concern for the child welfare systems, the opioid crisis presents unique challenges not seen in previous drug epidemics.⁵ For one, children involved in opioid-related child welfare cases are less likely to be placed with relatives or friends because opioid addiction often affects multiple generations in one family. The decline in family placements has contributed to shortages of foster homes in many areas, especially as the epidemic has affected a broader range of the population than previous drug epidemics. Caseworkers also report that familial substance use increases the complexity of a child welfare case.⁶ Opioid-related cases may be particularly complex for several reasons: opioid overdose is more common and more likely to be deadly than overdose from other drugs; shortages of quality treatment for opioid use disorder, particularly family-friendly treatment, make it harder for parents to recover and safely care for their children; key stakeholders in child welfare often misunderstand how medication-assisted treatment can be effective in stabilizing parents with opioid use disorder; and opioid relapses often lead to death because abstinence reduces drug tolerance.⁷

Child welfare agencies are struggling to meet families' needs in response to the crisis

The study found that child welfare agencies and their community partners are struggling to meet families' needs in response to the opioid epidemic. Haphazard substance use assessment practices, shortages of family-friendly treatment options, and lack of support for evidence-based medication-assisted treatment create challenges for serving opioid-addicted parents and further complicate child welfare efforts. The study also

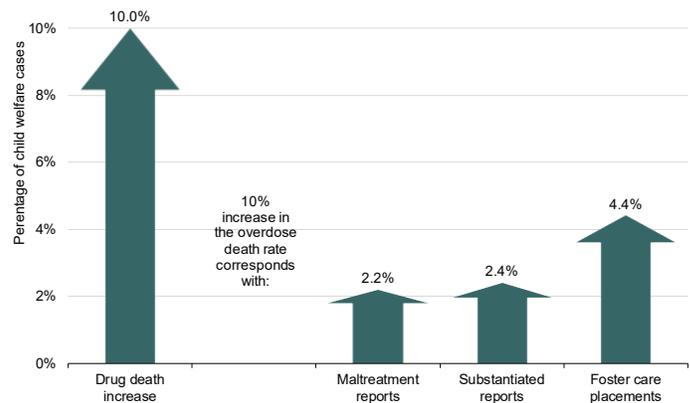


Figure 3. A 10% increase in the overdose death rate corresponds with child welfare case increases between 2.2% and 4.4%.

Source: ASPE modeling, Ghertner and colleagues, 2018. Note: All results are statistically significant. Caseload measures comprised maltreatment reports, substantiated reports, and foster care placements. Each estimate is from a separate model, with sample sizes ranging from 12,687 to 12,693.

found that caseworkers, courts, and other providers often misunderstand how treatment works and lack guidelines on how to incorporate treatment into child welfare practice. Further, child welfare agencies and other services often do not coordinate well across systems. Limited public funding for treatment as well as shortages of foster homes and trained staff undermine the effectiveness of agencies' response to families.⁸ Another challenge facing child welfare systems is that, while the proportion of children entering foster care increased by 8 percent from 2011 to 2015, federal funding during the same period declined by 2 percent.⁹ Moreover, calls to scale back Medicaid coverage or make substance use treatment coverage optional for health insurers have raised concerns that future policy initiatives may further limit the availability of treatment.

Conclusion

The HHS study briefly described here has received considerable attention from policymakers as they grapple with the dual crises of the opioid epidemic and increasing child protective services involvement. A bright spot in addressing the problem is that communities are doing innovative things to mitigate the impact of the opioid crisis on child safety and family stability, such as implementing family treatment drug courts, supporting family-centered treatment options, and developing close partnerships between treatment providers and child welfare caseworkers.¹⁰ Another bright spot is the recent passage of the Family First Prevention Services Act, which now allows federal child welfare funds to be used for parents' substance use treatment in families at risk of a child's removal from the home. The Family First Prevention Services Act will be described in a future *Fast Focus*.

For a list of the sources used for this brief and further reading, visit https://www.irp.wisc.edu/resource_type/fast-focus/. Edited by Deborah Johnson.

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