

Ohio's Opiate Epidemic and Child Protection

Like many states across the country, Ohio is working hard to address the opiate epidemic. The need is great, as Ohio is ranked 2nd in the nation for the number of overdoses related to heroin. In response, the Ohio General Assembly has adopted more than a dozen bills focusing primarily on improved prescribing practices and increased access and availability of treatment for addicted individuals. Other significant investments and policy changes that have been created to help Ohio address the epidemic include: Medicaid expansion which means more low-income individuals now have access to treatment services; the MOMS Project (Maternal Opiate Medical Support) which provides prenatal care and treatment coordination for pregnant addicted women and their newborns through four pilot programs;¹ and Family Dependency Treatment Courts (FDTCs) that create a specialized court docket that involves the family, service providers, and supports that can assist parents in actively engaging and remaining in treatment. The challenge remains that treatment providers are not accessible in all parts of the State; the MOMS project is a pilot in four counties, and there are only 17 FDTCs in Ohio.

While all of these efforts are commendable, there is another aspect of this epidemic which needs urgent attention--the impact of parental addiction on children and the child protection system. Ohio's child protection agencies have seen a 9% increase—over 1100 -- in the number of children in care between December 2011 and December 2015,² driven by parental addiction.

Impact on Ohio's Child Protection System

Here are some key data points that illustrate the impact on child protection:

Among the 100,000 cases entering Ohio's child protection system annually, families dealing with opiate and/or cocaine abuse consume the most resources.³

- Ohio spends an estimated \$45/million per year for placement costs of children in custody due to parental use of heroin or opiates.

70% of infants in child protection custody are in care due to their parent's opiate addiction.⁴

- Children raised in substance-abuse environments are vulnerable to the toxic stress which results in problems – some lasting a lifetime—that include depression, anxiety, PTSD, and behavioral and learning difficulties, as well as significant attachment problems.^{5 6 7}

Parental addiction can impact permanency for children.

- Parents who cannot recover from their addiction within 12 of 22 consecutive months may permanently lose custody of their child.⁸
- Reasonable effort for reunification does not need to be considered if the parent has placed the child at substantial risk of harm two or more times due to drug or alcohol abuse and has rejected treatment two or more times.
- One county PCSA has reported that in 2015, for the first time, adoptions outpaced reunifications, directly attributed to parental addiction.

Addiction-related cases are straining the Child Protection workforce.

- Reunification is more difficult in that recovery timelines exceed court timelines, making performance benchmarks harder to reach and resulting in lower caseworker morale.
- Caseworkers in rural areas are even more challenged by scarce treatment options.
- Caseworkers experience significant secondary trauma when exposed to certain drug cases.

Policy Recommendations:

- Create a new State GRF allocation for PCSA opiate related cases to help improve services and support in the areas that this epidemic has significantly impacted: investigations, in-home services, foster care, kinship, reunification, after care support, and adoption.
- Support the proposed federal Family First Act that would allow states and counties to access federal Title IV-E dollars to be used on prevention investments and encourages the placement of children in foster care in the most family-like settings appropriate to their special needs.
- Invest in more Family Dependency Treatment Courts, Peer Support, Primary Parent Partnerships and other promising practices to increase successful, timely reunification of children with parents addicted to opiates and other drugs.
- Require treatment providers to prioritize opiate addicted parents who lost custody of their child to a PCSA so that permanency can be obtainable.
- Provide support and resources for foster home recruitment, to ensure available homes for children who need placements due to parental addiction.

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¹ For more information on the MOMS project, visit <http://mha.ohio.gov/Default.aspx?tabid=671>

² ODJFS, special data run received January 2016. Business Intelligence Channel, as of 1/4/2016. Additional calculations by PCSAO.

³ Ward, R. (2014, July). Heroin, Cocaine and Child Protection.

⁴ Ibid.

⁵ Substance Abuse and Mental Health Services Administration. *Supporting Infants, Toddlers, and Families Impacted by Caregiver Mental Health Problems, Substance Abuse, and Trauma: A Community Action Guide*. Available at <http://store.samhsa.gov/shin/conent/SMA12-4726/SMA12-4726.pdf>

⁶ Bugental, G.B., Martorell, G.A., Barazza, V. (2003) The hormonal costs of subtle infant maltreatment. *Hormones and Behavior*, 43 (1) 237-255. Available at <https://labs.psych.ucsb.edu/Bugental/daphne/hormones&behavior.2003.pdf>

⁷ Carlson, B.E., (2006) Best Practices in the Treatment of Substance Abusing Women in the Child Welfare System. *Journal of Social Work Practice in the Addictions*, 6(3) 97-115. Available at: https://www.researchgate.net/publication/232882374_Best_Practices_in_the_Treatment_of_Substance-Abusing_Women_in_the_Child_Welfare_System

⁸ Posze, M.A., Hubener, R. A., Willauer, T.M. (2013, April). Rebuilding a Family Bond. *Addiction Professional*, 1-4. Available at <http://www.addictionpro.com/article/rebuilding-family-bond>