

Introduction

Louisiana and other states have implemented criminal-justice oriented policies to substance abuse, which leads to lower rates of reunification and lengthier time in foster care [1]. Children removed due to parental substance use disorder (SUD) are at a greater risk for experiencing difficulties. In addition, research has observed an increase in illicit substance use in the U.S. since the emergence of COVID-19, with a sharper increase in Louisiana. However, little research has explored the consequences of these compounding effects on foster care permanency outcomes.

This project analyzed parental substance use trends and their effects on family outcomes to gain insight into barriers on the length and rate of parent-child reunification for families fighting substance use disorders in the Greater New Orleans Area. This project also investigated COVID-19's impact on the pre-existing opioid epidemic in the community by analyzing SUDs foster care entries.

Hypothesis

We predicted that children with parents struggling with substance use disorders would spend more time in foster care and would have lower parental reunification rates. We also hypothesized an increase in infant foster care entry with parents with SUDs during the COVID-19 pandemic.

Methods

Families working with child protective services and the Louisiana State University (LSU) Infant Team between 1999- 2023 were examined. A cox regression, t-test, and chi-square test were conducted to estimate the relationship between substance abuse prevalence and involvement in the child welfare system. In addition, A chi-square test was conducted on 164 families between 2017-2023 to evaluate COVID-19's impact on SUDs foster care entry rates in the Greater New Orleans area.

Infant's Time in Foster Care

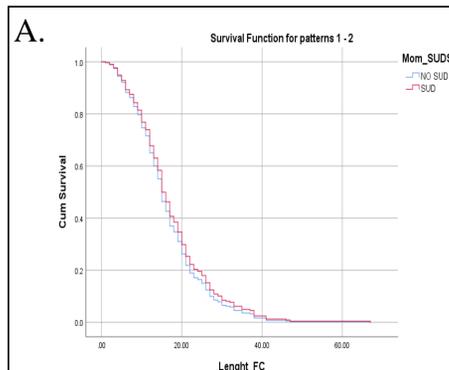


Figure A: Cox Regression to evaluate 270 families and determine the difference in infant time in foster care with parents with and without substance use disorders.

B

Omnibus Tests of Model Coefficients		
Change From Previous Step		
Chi-square	Degree of difference	Significance
6.941	7	.435

Figure B shows analysis used to evaluate the significance of the regression.

Parental Reunification

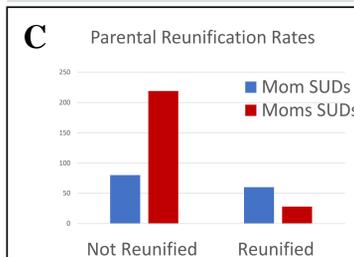


Figure C: graphical representation of a chi-Square test conducted on 387 families, comparing parental reunification for mother with substance use disorders and mothers without. The Pearson Chi-Square Asymptotic Significance is 0.0.

D

	Mom's Substance Use	N	Mean Time Length (months)	P values
Parental Case Length	No SUDs	134	15.0597	0.29
	SUDs	228	13.7412	
Infant's length in Foster Care	No SUDs	122	16.5164	0.872
	SUDs	173	17.1329	

Figure D: T-Test to evaluate difference in parental case length and infants time spent in foster care. 362 families used to evaluate parental case length and 295 families for Infant length in Foster Care analysis.

COVID 19 on Foster Care Entry

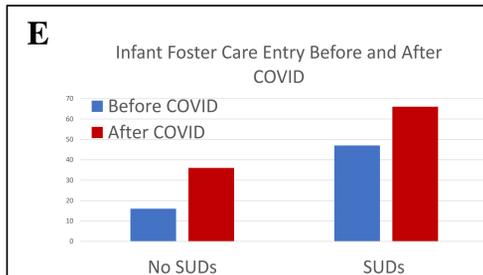


Figure E: Chi-Square Test on 164 families to evaluate the significance of COVID 19 on infant foster care entry due to parental substance use. Analysis compared foster care entry before COVID 19 (2017-2019) and after COVID 19 (2019-2023) for mothers with substance use disorders and mother without SUDs. **Figure F** shows analysis used to evaluate the significance. Pearson Chi-Square Asymptotic Significance is 0.213.

F

	Value	Degree of Difference	Asymptotic Significance (2-sided)
Pearson Chi-Square	1.552 ^a	1	.213
Continuity Correction ^b	1.150	1	.284
Likelihood Ratio	1.577	1	.209

Results

- There was **no significant** difference in the length of foster care case for infants whose mothers had SUDs as compared to infants whose mothers did not present with a SUD.
- There was **no significant** difference in parental case length between mothers with SUDs and mothers without SUDs.
- Mothers with substance use disorders had a **significantly** lower rate of reunification
- There was **no significant** difference in infant foster care entry before and during the COVID-19 pandemic.

Conclusion

- The results from this study suggest that parental SUDs may present with new and challenging demands for families involved with DCFS. The decrease rates of reunification for these children may lead to higher instability and behavioral problems. While the LSU Infant Team works with a subset of families in NOLA, families impacted by SUDs may present with several challenges that require more systemic assistance.
- Evaluating familial and community support is crucial in developing appropriate programs to help families impacted by SUDs. Further analyses should incorporate greater DCFS's database for a more coherent representation of the Greater New Orleans Area.

References

1. Sanmartin MX, Ali MM, Lynch S, Aktas A. Association Between State-Level Criminal Justice-Focused Prenatal Substance Use Policies in the US and Substance Use-Related Foster Care Admissions and Family Reunification. *JAMA Pediatr.* 2020 Aug 1;174(8):782-788. doi: 10.1001/jamapediatrics.2020.1027. Erratum in: *JAMA Pediatr.* 2020 Oct 1;174(10):1009. PMID: 32421179; PMCID: PMC7235916.
2. Stephen W. Patrick, Richard G. Frank, Elizabeth McNeer, Bradley D. Stein; Improving the Child Welfare System to Respond to the Needs of Substance-Exposed Infants. *Hosp Pediatr* August 2019; 9 (8): 651–654. <https://doi.org/10.1542/hpeds.2019-0106>
3. Catherine A. LaBrenz, Erin Findley, Genevieve Graaf, Philip Baiden, Jangmin Kim, Mi Jin Choi, Sreyashi Chakravarty, Racial/ethnic disproportionality in reunification across U.S. child welfare systems, *Child Abuse & Neglect*, Volume 114, 2021, 104894, ISSN 0145-2134, <https://doi.org/10.1016/j.chiabu.2020.104894>
4. Gardner EA, McGrath SA, Dowling D, Bai D. The Opioid Crisis: Prevalence and Markets of Opioids. *Forensic Sci Rev.* 2022 Jan;34(1):43-70. PMID: 35105535.
5. Haley DF, Saitz R. The Opioid Epidemic During the COVID-19 Pandemic. *JAMA.* 2020;324(16):1615–1617. doi:10.1001/jama.2020.18543