

# Building Better Outcomes: Strengthening Systems for Women and Infants

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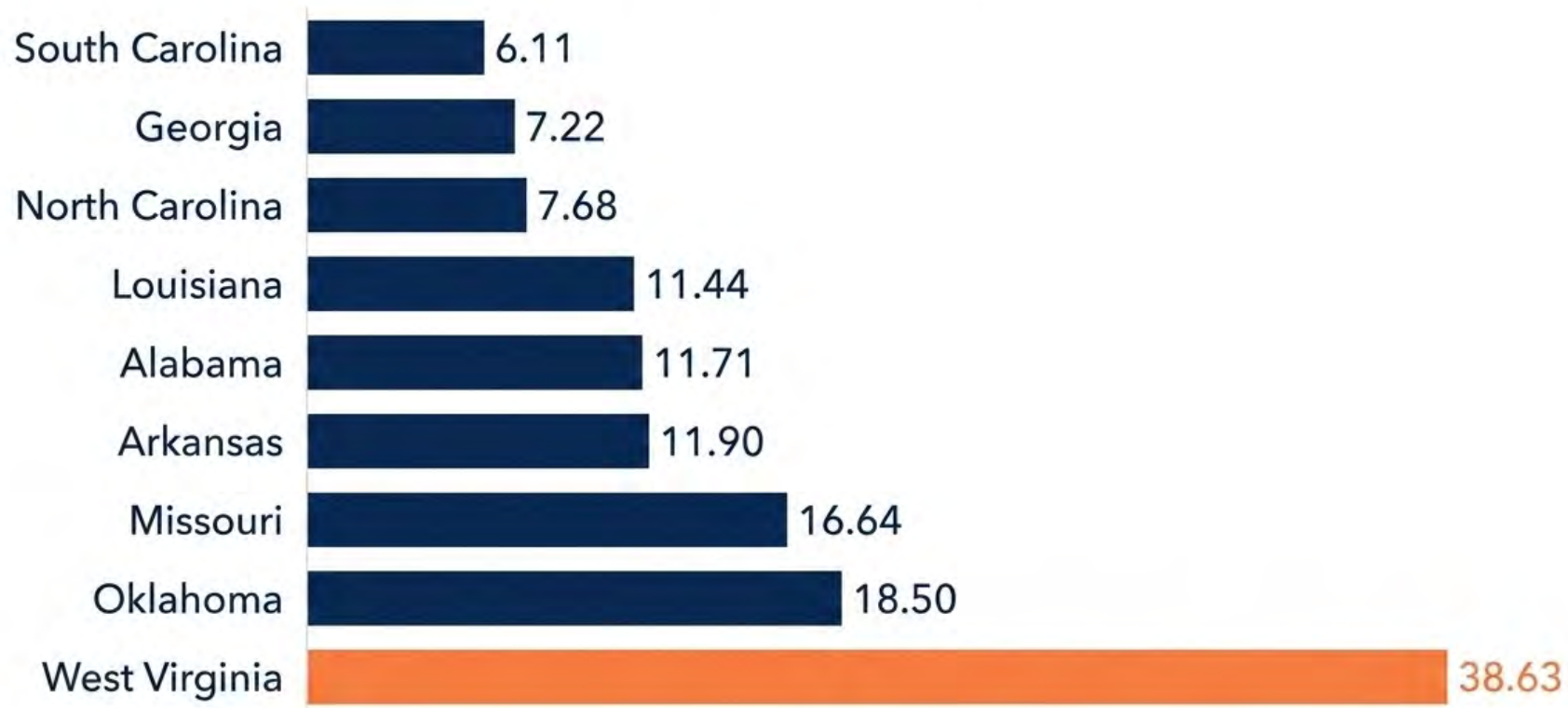


## The Downstream Effect

**20%** of all annual foster placements are infants.

Infants are the fastest-growing age group in foster care nationwide, with most placements directly associated with parental substance use.

## Infant Foster Placements per 1,000 Births



Source: Analysis using AFCARS and birth certificate data, 2022

# Three Waves of the Opioid Crisis



Source: CDC WONDER, National Vital Statistics System.

# Defining Neonatal Opioid Withdrawal Syndrome (NOWS)

A temporary, treatable postnatal withdrawal syndrome experienced by some opioid-exposed infants.



**1 infant** is born experiencing opioid withdrawal every **15 minutes** nationwide.

# The Root Causes: Economics and Access in Rural Communities

## Economic Distress



A localized increase in the 10-year **unemployment rate from 6.5% to 8.2%** is directly associated with higher rates of NAS in rural communities.

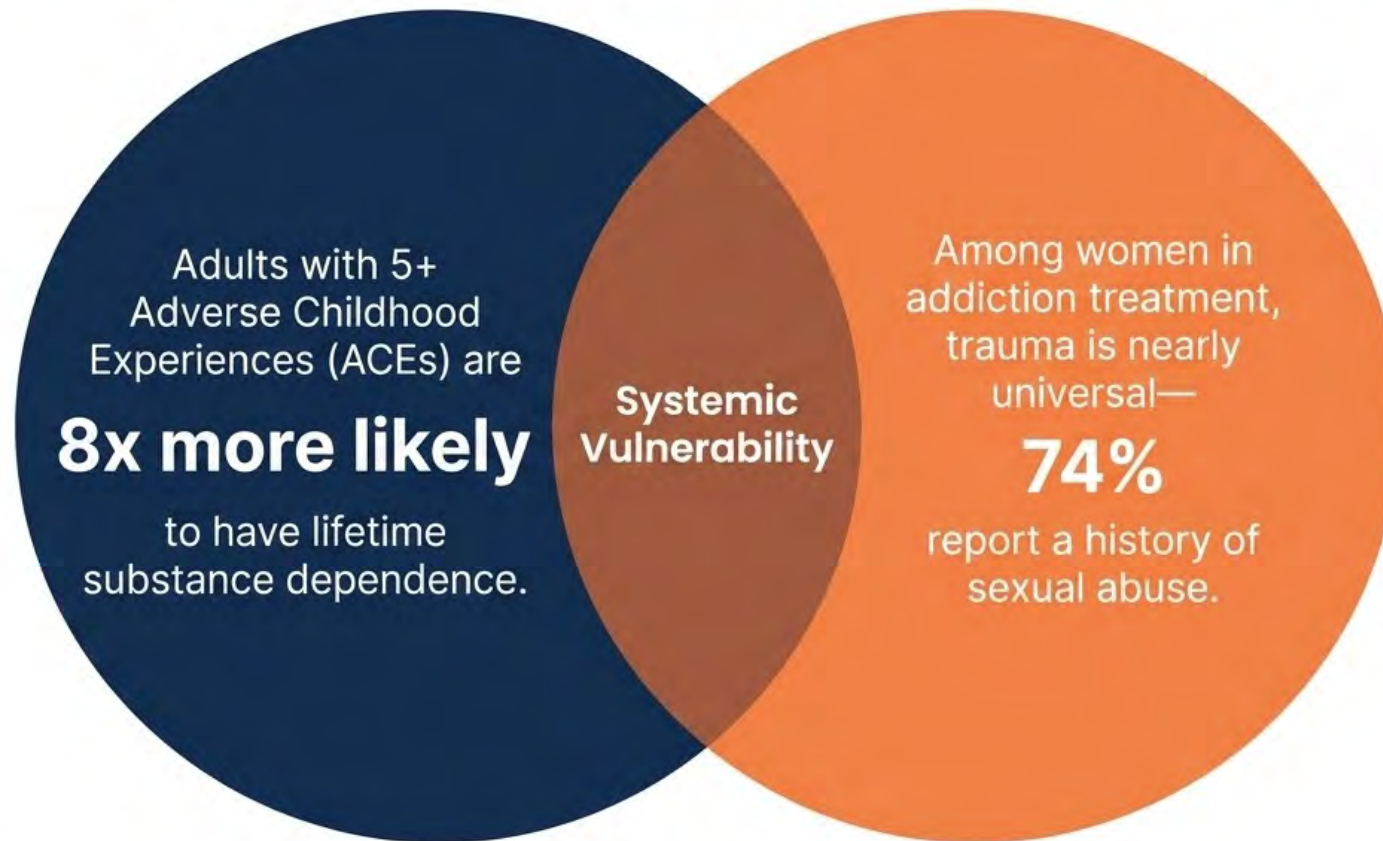
## Healthcare Deserts



Counties with a shortage of mental health providers see significantly higher rates of NAS.

**Rising NAS Rates**

# The Intersecting Crisis of Trauma and ACEs



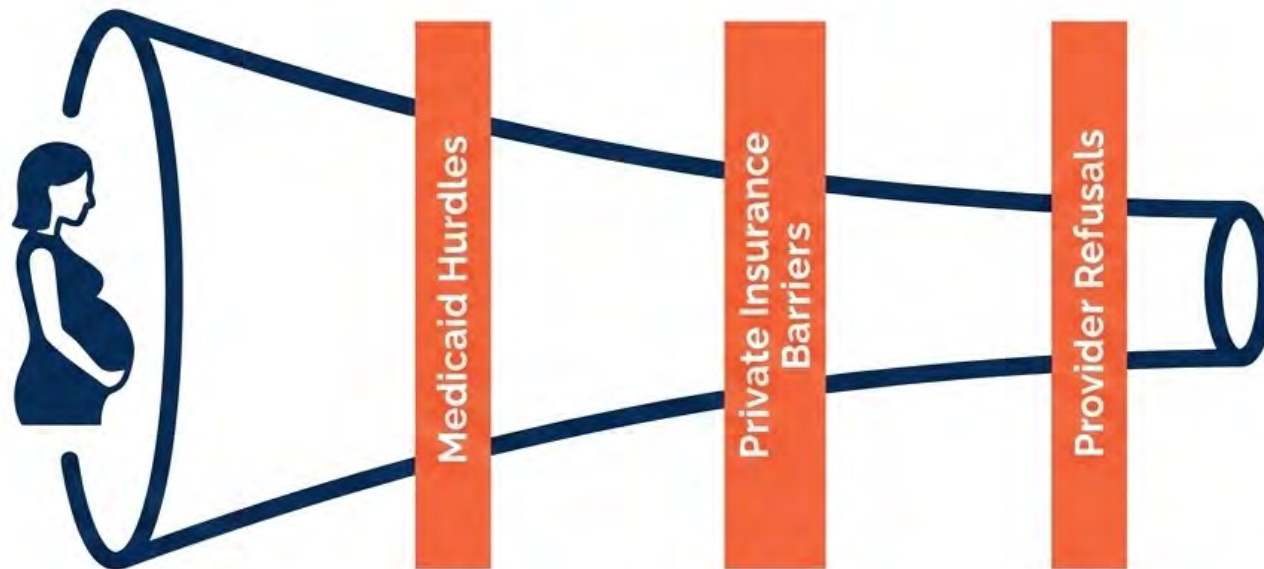
Sources: Dube et al., *Pediatrics* 2003; Covington, *Journal of Psychoactive Drugs* 2008.

# The Medical Solution: Treat Early and Effectively



**Policy Imperative:** Requires robust postpartum Medicaid continuity to ensure sustained recovery.

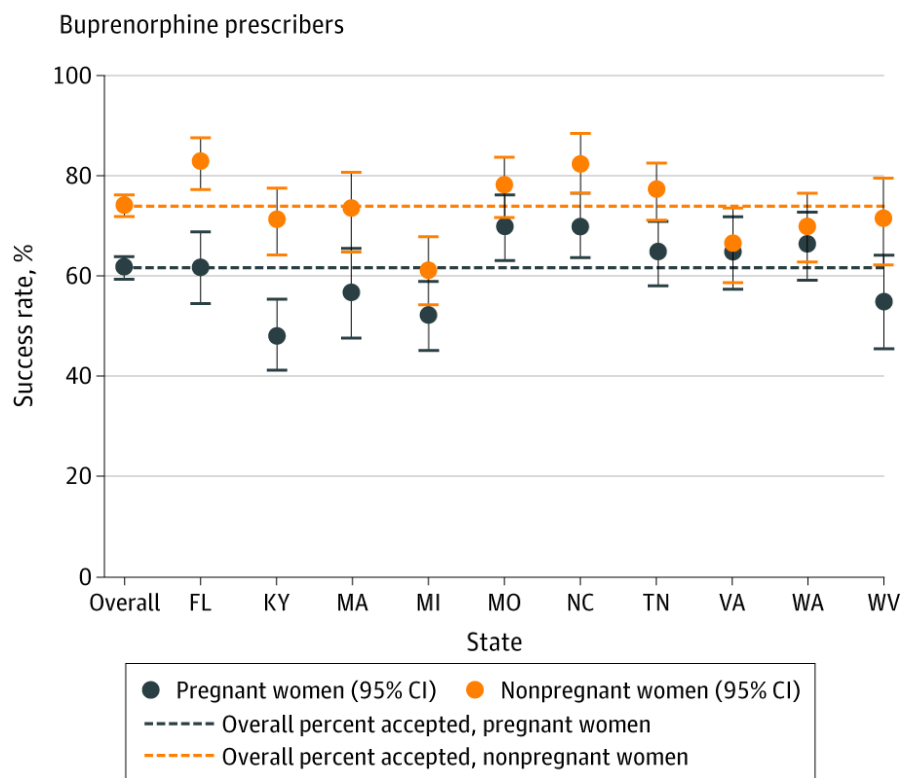
# The Systemic Roadblock: The "Secret Shopper" Audit



**Finding:** Pregnant, insured women face severe, systemic difficulty obtaining appointments for buprenorphine, with providers frequently refusing care.

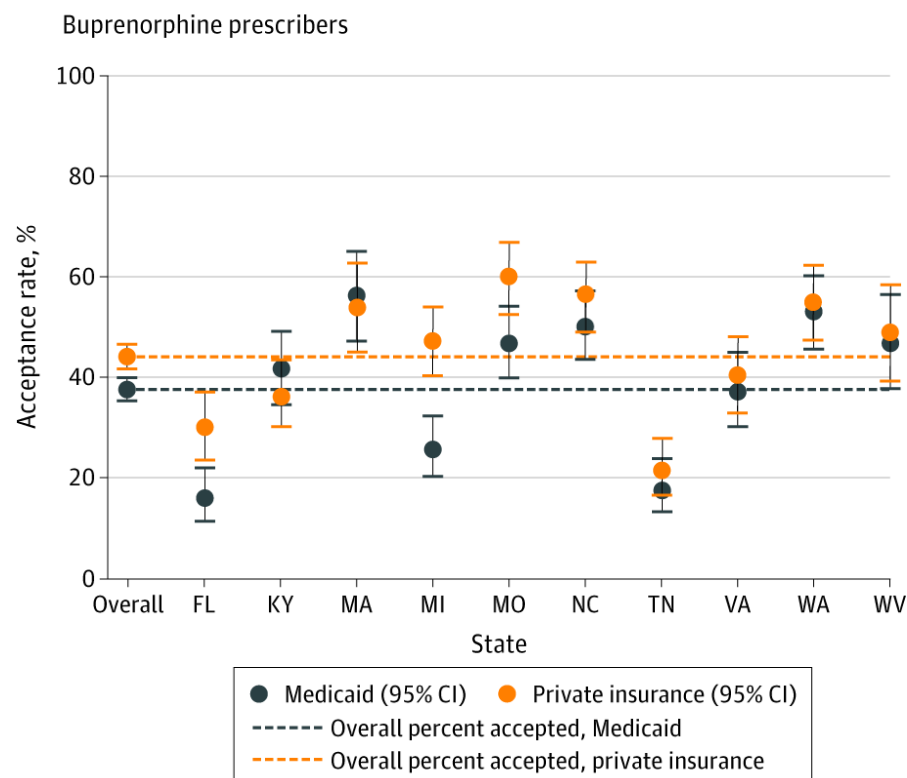
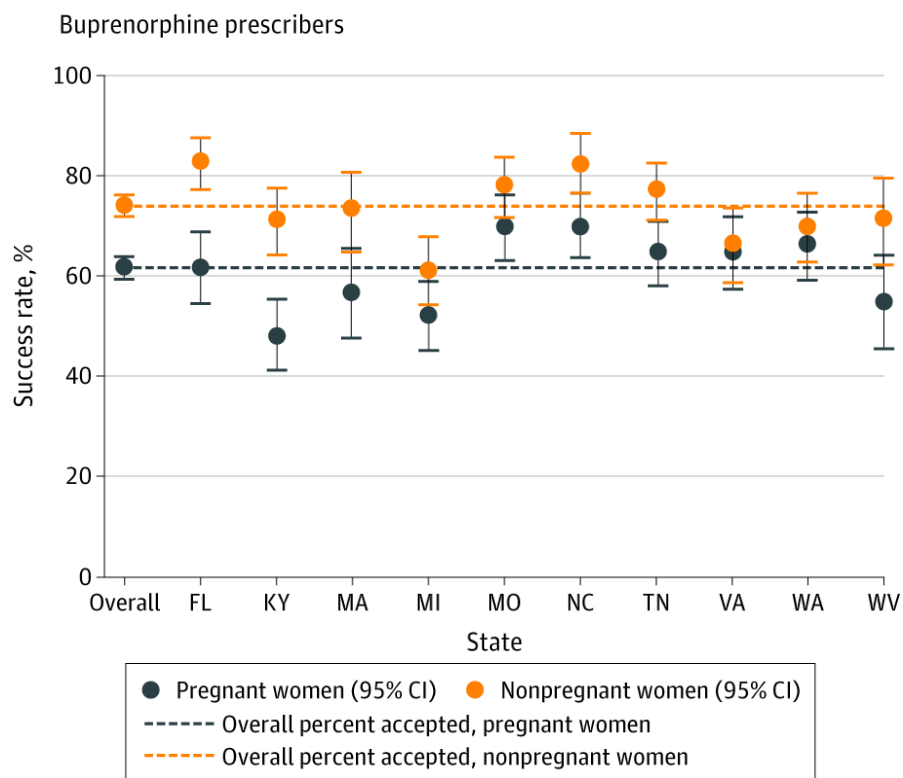
Sources: Patrick et al., JAMA Network Open 2020; Phillippi et al., Women's Health Issues 2021.

## Pregnant & insured women had a *harder time* accessing opioid treatment



Patrick SW, Richards MR, Dupont WD, McNeer E, Buntin MB, Martin PR, Davis MM, Davis CS, Hartmann KE, Leech AA, Lovell KS, Stein BD, Cooper WO. Association of Pregnancy and Insurance Status With Treatment Access for Opioid Use Disorder. *JAMA Open*. 2020 Aug 3;3(8):e2013456.

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# Inequities in the Child Welfare Response

## Misaligned Focus & Clinical Reality

Child welfare is aligned around safety, but often conflates substance exposure with child maltreatment.

Prescribed addiction treatment or temporary newborn withdrawal should NOT be conflated with maternal incapacity.

## Racial Disparity

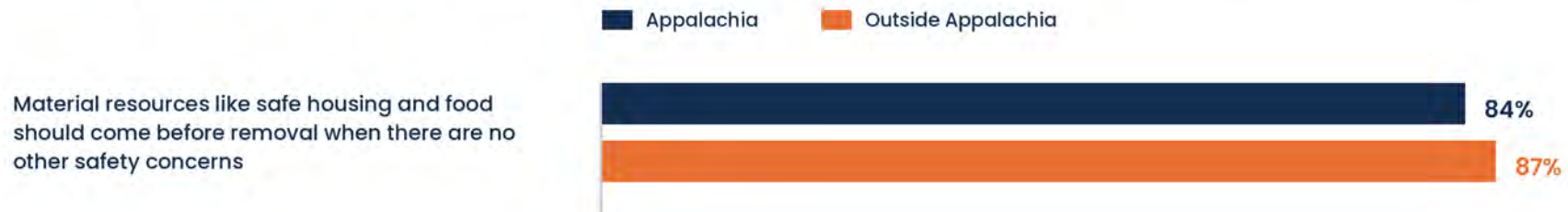
Black women are

**10x more likely**

to be referred to child welfare than white women with similar substance use profiles.

# Parents Are Already Aligned

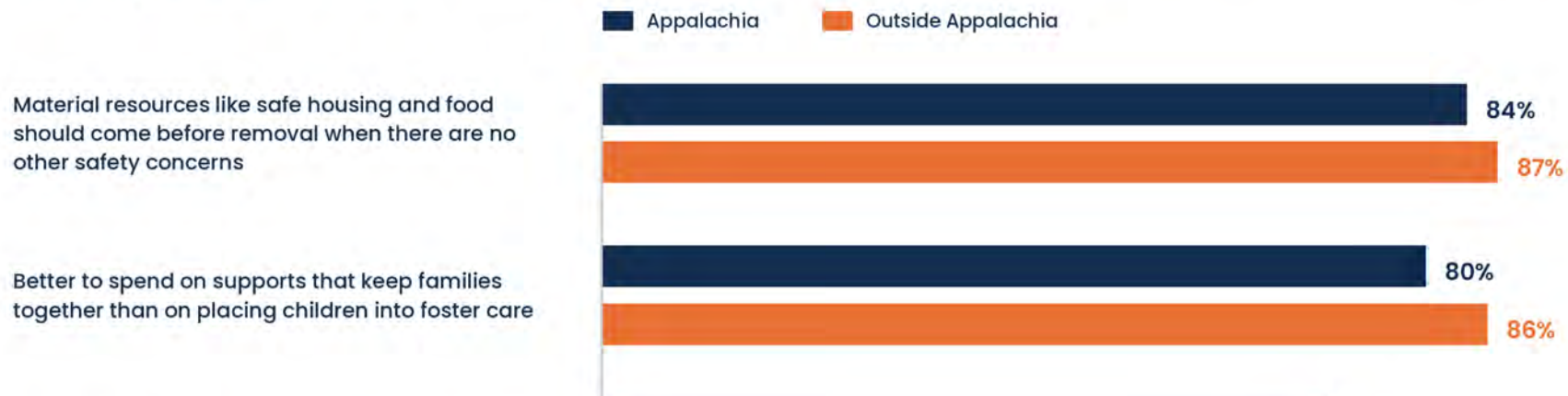
Across Appalachia and the rest of the country, large majorities of parents agree that support and resources should come before removing a child from the home.



Source: 2026 National and Appalachia Child Health Poll, Emory University Rollins School of Public Health; fielded by Ipsos KnowledgePanel.  
Weighted percentages combining “definitely agree” and “somewhat agree.” Unweighted base: n=522 Appalachia, n=574 outside Appalachia.

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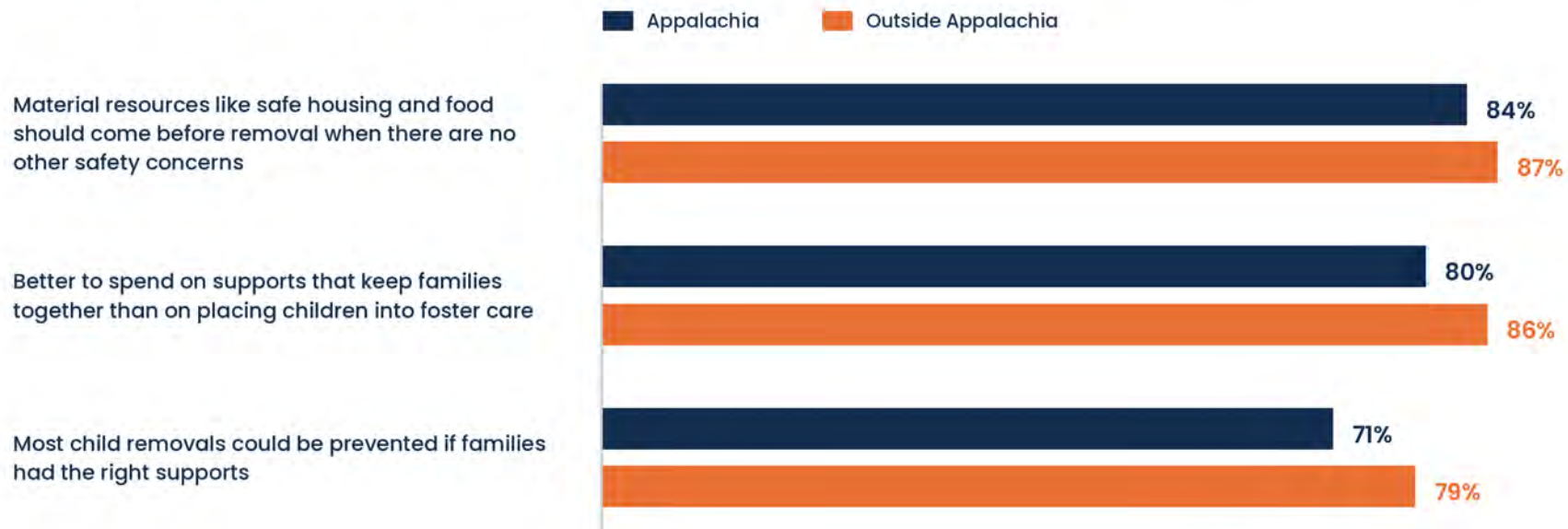
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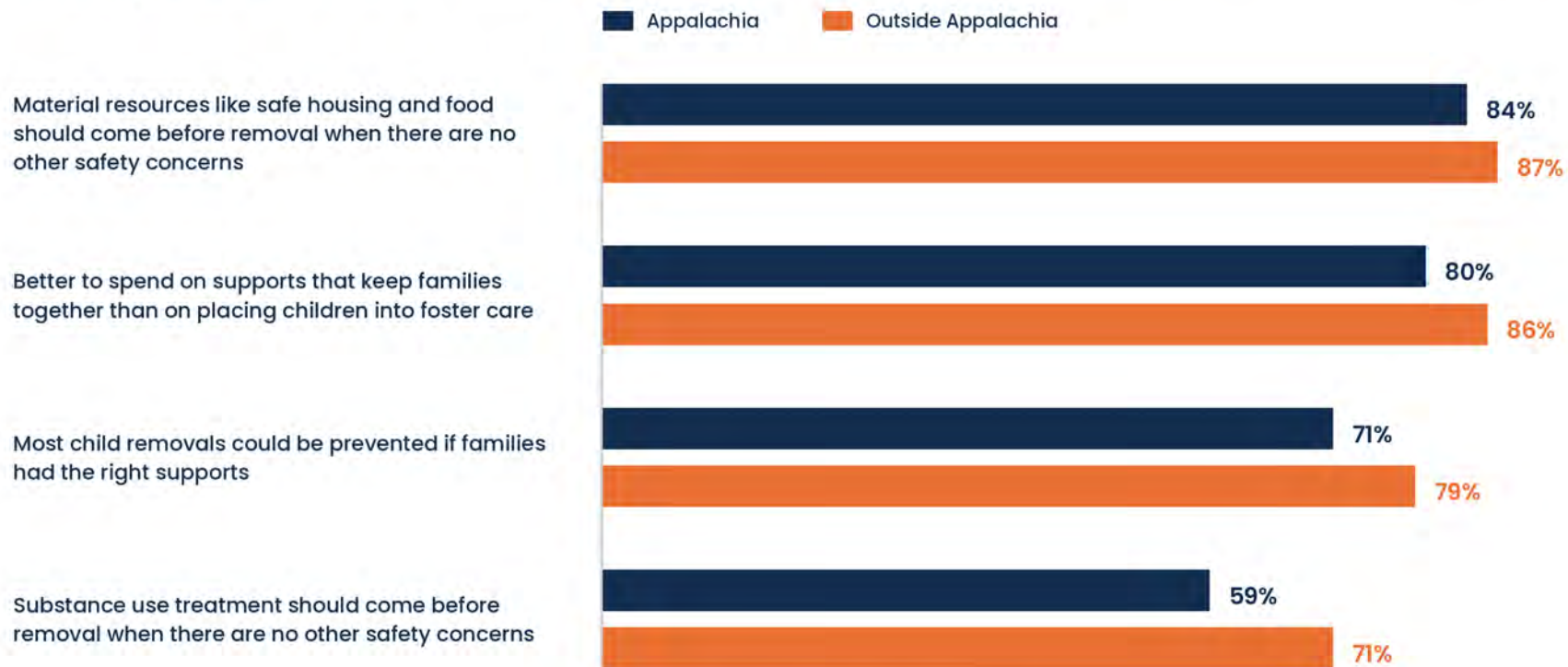
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# The Silo Penalty: Unaligned State Incentives

## Health Care & Medicaid Investment

*Programmatic investment*

**The Input:** State Medicaid finances prenatal medications for opioid use disorder (MOUD), such as buprenorphine.

**The Outcome:** Improved birthweights, reduced risk of maternal overdose, and stable maternal recovery.

**The Fiscal Goal:** Safely prevent child welfare intervention and foster care entry.

THE SILO WALL: ZERO INFORMATION SHARING

## Child Welfare & Foster System Default

*Administrative default*

**The Input:** Child welfare receives a hospital notification at birth but has no visibility into the mother's active, compliant health care treatment.

**The Action:** Standard, expected neonatal withdrawal is conflated with active illicit drug use or parental incapacity.

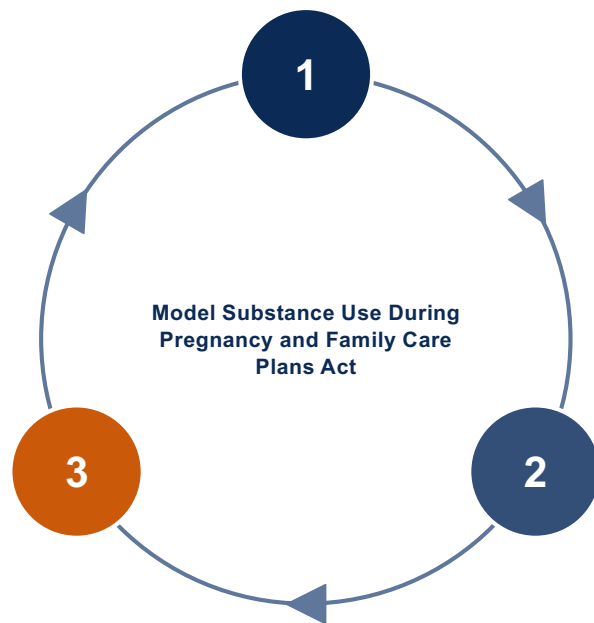
**The Result:** Automatic, high-cost out-of-home foster care placement.

**The Fiscal Paradox:** The state pays a massive premium to finance expensive, traumatic out-of-home foster placements while failing to coordinate the very Medicaid-funded health care investments designed to keep families safely together.

# PLANS OF SAFE CARE



# The Integrated Model: The LAPPA Framework



## 1 Medicaid & Insurance Financing (Section IX)

Creates ongoing billing and permanent support mechanisms to reimburse providers for screening, assessment, and the creation and oversight of voluntary Family Care Plans. **The Policy Lever:** Uses Medicaid dollars to fund clinical coordination before birth, establishing a documented medical record of active recovery.

## 2 Multi-Agency Coordinating Councils (Sections X & XI)

Mandates State and Local Perinatal Coordinating Councils chaired by the state health commissioner. **The Policy Lever:** Puts public health, Title V maternal and child health, child welfare, and the state substance use authority at one table with shared accountability to allocate resources where needed.

## 3 Statewide Data Systems & Reporting (Sections VI & XII)

Aggregates confidential, de-identified notifications from a statewide portal into zip-code-level county reports. **The Policy Lever:** Mandates an annual report to the legislature tracking services accepted, Family Care Plan utilization, and concurrent child abuse or neglect reports by race to measure actual system performance.

**The Solution:** By enacting the LAPPA model law, state legislatures can structurally treat compliant, legal addiction recovery as a verified child welfare intervention, aligning agency dollars to protect child safety without unnecessarily dismantling families.

# The Legislative Checklist for State Leaders

- ✓ Ensure pregnant women can access treatment immediately without systemic friction.
- ✓ Guarantee that medical treatment continues seamlessly through the postpartum period (Medicaid continuity).
- ✓ Mandate that child welfare protocols distinguish prescribed medical treatment from illicit substance use.
- ✓ Provide families with in-home supportive services without the threat of automatic child removal.
- ✓ Financially and structurally support kin caregivers when out-of-home placement is absolutely necessary.

# Three Takeaways for Better Outcomes

1

**Treatment works:** Addiction is a treatable medical condition, and early intervention leads to healthy women and infants.

2

**Silos cause harm:** Punitive systemic barriers block care; we must legally differentiate medical treatment from child maltreatment.

3

**Systems must integrate:** Achieving better outcomes requires cross-agency, person-centered legislative reform that supports families rather than automatically separating them.



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