Emerging Recommendations: Data Workgroup for Tracking Substance Use Disorders (SUD) in Child Welfare Services

Child Welfare Council
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Howard Himes, MSW
Director (retired)
Napa County Health and Human Services

Daniel Webster, PhD
California Child Welfare Indicators Project
University of California, Berkeley

Charles Robbins, MBA
Health Management Associates-Consultant

Outline

❑ County Touchpoints Project

❑ Current status of SUD tracking... (Not optimal!)

❑ The need for substance use disorder (SUD) information in CWS

❑ Potential data sources for improved tracking of SUD

❑ Example substance use data from participating counties

❑ Emerging Recommendations

County Touchpoints: Effective Child Welfare and Justice Systems for Families Impacted by Opioid and Stimulant Use.

Project funded through Federal SOAR funds passed through to DHCS MAT expansion projects and awarded to Health Management Associates and California Health Policy Strategies

Bringing together public and private agency representatives from: Child Welfare, Juvenile Courts, Behavioral Health, Probation and SUDS Community Treatment Agencies.
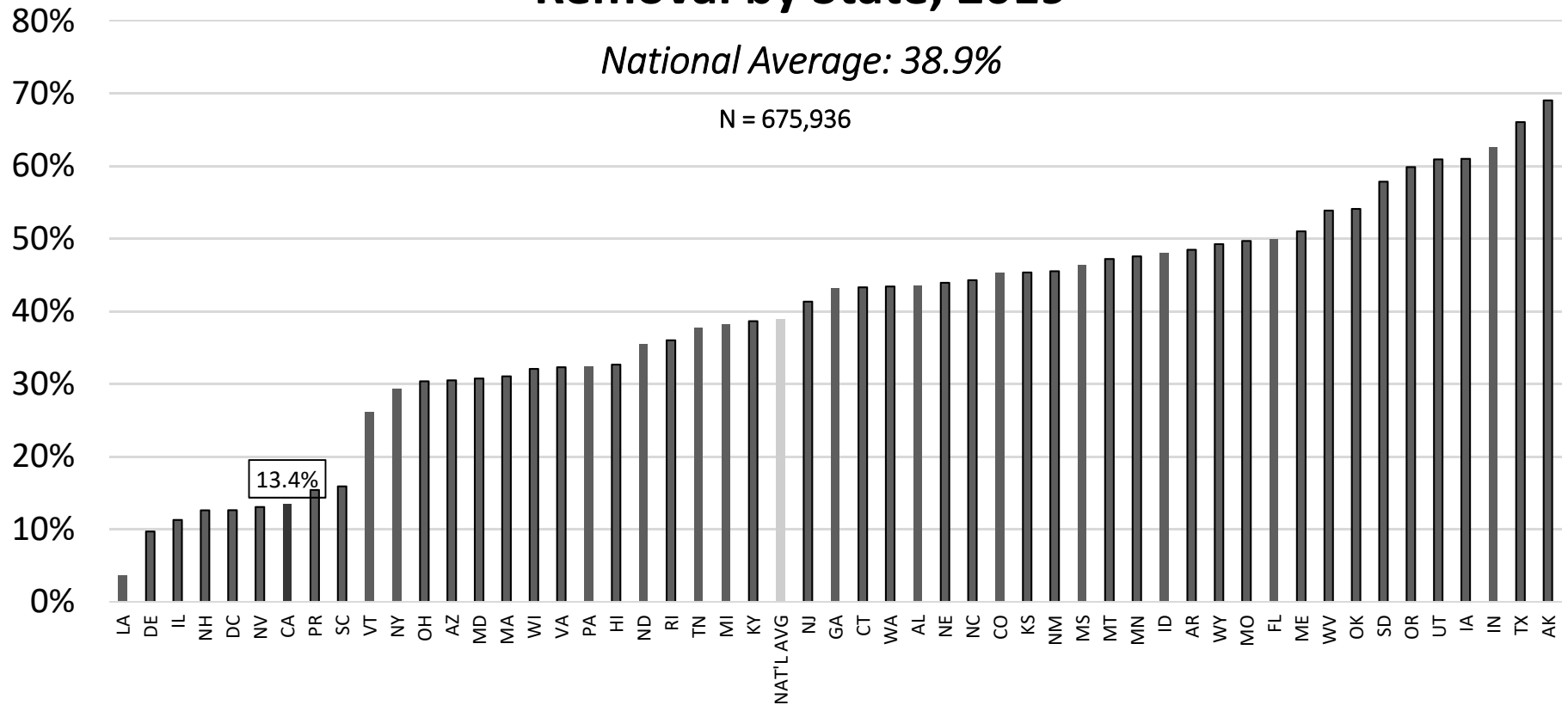
Thirteen Participating Counties: **Los Angeles, Orange, Santa Barbara, Kings, Stanislaus, Monterey, Santa Cruz, Santa Clara, Sonoma, Mendocino, Lake, Butte and Shasta.**

County driven projects including: **Plans of Safe Care; Adolescent SUDS System of Care; Family Residential SUDS Treatment; Enhancing and Increasing MAT Awareness in staff working in the CW/Juvenile Probation; etc.**

Data Sub-committee (Representatives from multiple counties)

Current tracking of SUD....

Parental Alcohol or Drug Abuse as an Identified Condition of Removal by State, 2019

National Average: 38.9%

N = 675,936

13.4%

*Note: Estimates based on **all children in out of home care at some point** during Fiscal Year*

Source: AFCARS Data, 2019 v1

Need for better SUD tracking

❑ FFPSA Candidacy

❑ Plans of Safe Care

❑ County CQI Efforts

❑ Elements to Consider for CARES Data System

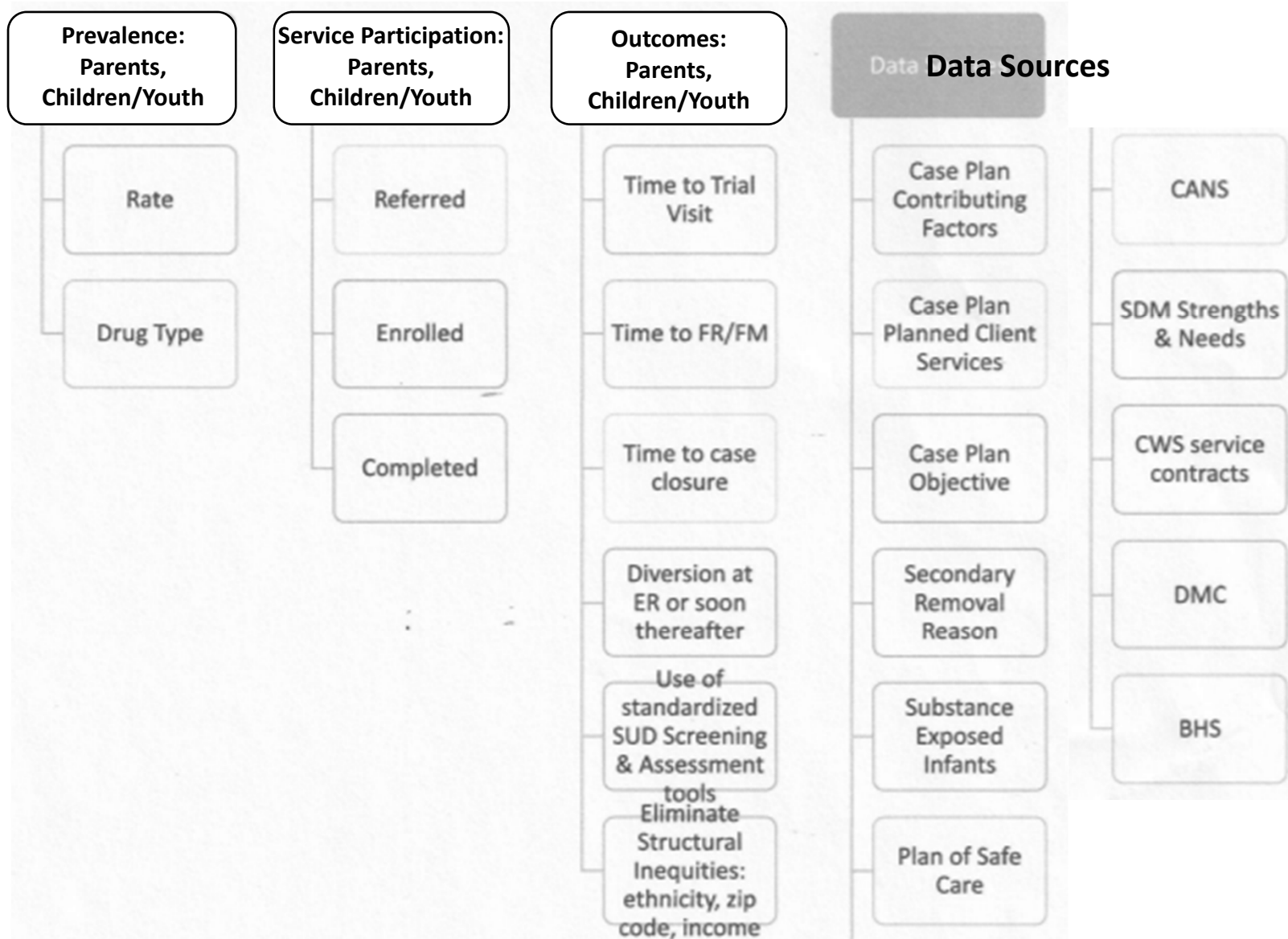# Workgroup Goals

❑ Map out resources

- Existing data collection systems
- Examples of county reporting

❑ Agree on tracking priorities

- Populations affected
- CWS outcomes
- Treatment provision and impact

❑ Develop recommendations

- Data entry (Mandatory field designations)
- Data field development
- Outcomes tracking and reporting

Prevalence: Parents, Children/Youth	Service Participation: Parents, Children/Youth	Outcomes: Parents, Children/Youth		Data Sources
Rate	Referred	Time to Trial Visit	Case Plan Contributing Factors	CANS
Drug Type	Enrolled	Time to FR/FM	Case Plan Planned Client Services	SDM Strengths & Needs
	Completed	Time to case closure	Case Plan Objective	CWS service contracts
		Diversion at ER or soon thereafter	Secondary Removal Reason	DMC
		Use of standardized SUD Screening & Assessment tools	Substance Exposed Infants	BHS
		Eliminate Structural Inequities: ethnicity, zip code, income	Plan of Safe Care	

Workgroup Counties
CWS/CMS-SDM Linkage

California Child Welfare Indicators Project
University of California at Berkeley
All Children with Investigated Referrals
SDM Data reported at referral child level
Substantiated, Inconclusive, and Unfounded Only
Data Workgroup Counties (n=10)

Referrals Received in 2020

Status	Caretaker Drug Use Status							
	No SDM Risk data		No Interfering Drug Use		Interfering Drug Use		Total	
	N	%	N	%	N	%	N	%
Children with Investigated Referrals	13,345	10.2	83,199	63.3	34,853	26.5	131,397	100.0
Referral Outcome								
Substantiated	1,607	5.3	13,101	43.1	15,672	51.6	30,380	23.1
Inconclusive	5,649	8.8	43,772	68.5	14,449	22.6	63,870	48.6
Unfounded	6,089	16.4	26,326	70.9	4,732	12.7	37,147	28.3
CWS Case Opened								
Yes	1,190	5.0	9,160	38.9	13,223	56.1	23,573	17.9
No	12,155	11.3	74,039	68.7	21,630	20.1	107,824	82.1
Placed in Out-of-home Care								
Yes	862	7.5	3,702	32.3	6,899	60.2	11,463	8.7
No	12,483	10.4	79,497	66.3	27,954	23.3	119,934	91.3

Emerging Recommendations

Shorter Term

➢ Current substance use attributes within CWS/CMS are now non-mandatory fields—should be made mandatory (e.g., substance abuse type, referral client drug indicator, case service planned, etc.).

➢ Use available data fields within CWS/CMS and SDM to identify substance use affected children (e.g., SDM risk for investigated population, CWS/CMS case contributing factor for open cases, SDM/CMS combination for entries, etc.)—for immediate county CQI purposes.

➢ Integration of substance use information into analysis of child welfare system outcomes (e.g., recurrence of maltreatment, timely permanency, reentry, etc.).

Medium Term

➢ Creation of potential substance use fields in CARES (should be made mandatory).

➢ Transition of substance use tracking to data pulled exclusively from CWS/CMS/CARES to unify source for federal reporting, and county/state CQI.

Longer Term

➢ Integration of substance use data between Behavioral Health and Child Welfare. Potential linkage between UC Berkeley Indicators project and its counterpart on Behavioral Health data at UCLA on substance use data.

➢ Development of metrics/reporting to track substance use treatment outcomes (e.g., treatment identified, recommended, received [dosage], change in substance use, etc.).

Next Steps

❑ Workgroup meetings in late April '22, May '22.

❑ Further discussion with counties, CDSS, and other stakeholders for recommendation development.

❑ Aim for prospective action item proposal regarding SUD data workgroup recommendations for Child Welfare Council at June 2022 meeting.