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

Child Welfare Council
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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


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

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
Data Sources

Prevalence: Parents, Children/Youth

Service Participation: Parents, Children/Youth

Outcomes: Parents, Children/Youth
## 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)

<table>
<thead>
<tr>
<th>Status</th>
<th>No SDM Risk data</th>
<th>No Interfering Drug Use</th>
<th>Interfering Drug Use</th>
<th>Total</th>
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<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
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<tr>
<td>Children with Investigated Referrals</td>
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<td>10.2</td>
<td>83,199</td>
<td>63.3</td>
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<tr>
<td>Referral Outcome</td>
<td>No SDM Risk data</td>
<td>No Interfering Drug Use</td>
<td>Interfering Drug Use</td>
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<td>--------------------------------</td>
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<tr>
<td>Substantiated</td>
<td>1,607</td>
<td>5.3</td>
<td>13,101</td>
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<td>Inconclusive</td>
<td>5,649</td>
<td>8.8</td>
<td>43,772</td>
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<td>Unfounded</td>
<td>6,089</td>
<td>16.4</td>
<td>26,326</td>
<td>70.9</td>
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<td>CWS Case Opened</td>
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<td>Interfering Drug Use</td>
<td>Total</td>
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<td>1,190</td>
<td>5.0</td>
<td>9,160</td>
<td>38.9</td>
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<td>12,155</td>
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<td>74,039</td>
<td>68.7</td>
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<td>Placed in Out-of-home Care</td>
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<td>No Interfering Drug Use</td>
<td>Interfering Drug Use</td>
<td>Total</td>
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<td>Yes</td>
<td>862</td>
<td>7.5</td>
<td>3,702</td>
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<td>12,483</td>
<td>10.4</td>
<td>79,497</td>
<td>66.3</td>
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</table>
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 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.