

Substance Use Disorder (SUD) in Child Welfare: Recommendations for Improved Data Collection, Reporting, and Application Toward Improved Services for Children and Families

Currently, SUD is a complicating factor for children and families in the California child welfare system. Involvement is pervasive yet underreported, and not well understood. The Data Linkages and Information Sharing (DLIS) Committee presents this document to the California Child Welfare Council (“Council”) with a request to support recommendations below which affirm the importance of enhanced collection, reporting, and application of substance use data toward California child welfare system improvement. Council endorsement of these action steps we feel will assist public child welfare staff and its partners in better serving children and families in our state.

Background

Research suggests that substance use problems affect from one-half to more than two-thirds of child-welfare involved families¹. However, California routinely reports estimates² that are recognized as undercounts which are well below trends observed in states nationwide. Practitioners understand that these low estimates do not stem from a lesser prevalence among families in our state, but rather from difficulty in collecting, and accurately tracking substance use-related information (as well as data on domestic violence and mental health issues which are known co-occurring factors³) from the statewide administrative data system. Many substance use data fields within the Child Welfare Services/Case Management System (CWS/CMS) are not mandatory, and thus are not often used. Without reliable data, child welfare staff can neither accurately identify clients troubled by substance use nor implement strategies that will positively impact these target populations.

Results from a Data Workgroup on SUD in Child Welfare

In January 2021, the Department of Health Care Services (DHCS) funded Health Management Associates to work with 13 California counties on a project for families impacted by opioid and stimulant use. The project was federally-funded through State Opioid Response (SOR) grants and focused on Medically Assisted Treatment (MAT) within child welfare and the dependency courts. Participating counties were unable to provide basic data on the prevalence of substance use among families involved with their child welfare systems. To address this problem, a data workgroup was formed that included staff from counties, the California Department of Social Services, UC Berkeley (CCWIP), Evident Change, and other stakeholders. The workgroup met monthly beginning in August of 2021, and explored substance use information available in current data systems (CWS/CMS, Structured Decision Making, Child and Adolescent Needs and Strengths (CANS) assessment, etc.). The workgroup found promising areas of substance use data collection which included: CDSS plans to add a mandatory field capturing substance use prevalence data in CWS/CMS; Safety and Risk Assessment data in the SDM tool; and initial exploration of substance use data found within the CANS assessment. The workgroup, and members of the DLIS committee discussed data field prioritization, examined reporting methodologies, explored possible strategies, and developed the following recommendations.

¹ Barth, R.P. (2009). Preventing child abuse and neglect with parent training: Evidence and opportunities. *Future of Children*, 19(2), 95-118; Traube, D. (2012). The missing link to child safety, permanency and well-being: Addressing substance misuse in child welfare. *Social Work Research*, 36(2), 83-87; Walsh, C., MacMillan, HL, & Jameson, E. (2003). The relationship between paternal substance use and child maltreatment. *Child Abuse & Neglect*, 27(12), 1409-1425.

² National Center on Substance Abuse and Child Welfare. (2022). *Child Welfare and Alcohol and Drug Use Statistics*. <https://ncsacw.acf.hhs.gov/research/child-welfare-and-treatment-statistics.aspx>

³ Roscoe, J. N., Lery, B., & Chambers, J. E. (2018). Understanding child protection decisions involving parents with mental illness and substance abuse. *Child abuse & neglect*, 81, 235-248.

Recommendations for Action

In light of the longstanding need for better data on this topic, the DLIS requests that the Council support the following goals for improved data collection, reporting, and application of substance use information for the California Child Welfare system:

1. Determine baseline and monitor ongoing prevalence of substance use as a complicating factor for clients at different points along the child welfare continuum (e.g., investigations, substantiations, case openings, entries).
2. Incorporate substance use as a complicating factor as a variable to examine different likelihoods of experiencing key child welfare outcomes (e.g., recurrence of maltreatment, placement stability, timely permanency, reentry).
3. Track the process of substance use service provision (e.g., identification of need, referral to service, participation/dosage, barriers to successful service, etc.), client success from those services, and their impact on different child welfare outcomes; further, ensure that publicly-available reports of this information are accessible by communities of interest (e.g., public child welfare staff, providers, clinicians, advocates, families and youth).

To achieve these goals, the Council further supports strategies which could include the following:

Short Term (within one year)

- Support current California Department of Social Services efforts which include System Change Request (SCR) 8643, along with necessary training, technical assistance, and quality assurance, which will create a mandatory grid in CWS/CMS to ensure workers record data for clients on drug use, alcohol use, mental health issues, and domestic violence.

Medium Term (within one to three years)

- Develop county prevalence reports of substance use as a complicating factor using information linked between Structured Decision Making (SDM) tools (e.g., safety and risk assessment data), and CWS/CMS.
- If possible, create data exchanges to permit capture of SDM information within the Child Welfare Services-California Automated Response and Engagement System (CWS-CARES). These data would enable more accurate federal reporting of SUD, elucidate the impact of substance use on child welfare outcomes, and inform treatment strategies for families.
- Examine Federally required data obtained from CWS/CMS regarding infants referred to Child Welfare who are affected by substance abuse, prenatal exposure, withdrawal symptoms, Fetal Alcohol Spectrum Disorder (FASD), whether a plan of safe care was developed, and whether the referral for services for infants, parents or caretakers was completed. Data could inform improved practices for infants and families.

Long Term (within three to four years)

- Ensure that the new CWS-CARES system has mandatory fields capturing substance use data.
- Establish coalition between CDSS, DHCS and other stakeholders to integrate substance use data between Child Welfare and Behavioral Health services that identifies key indicators, and tracks substance use treatment referrals, participation, and treatment outcomes. Child and Adolescent Needs and Strengths (CANS) assessment data collected by Child Welfare and Behavioral Health systems is a promising source for such data integration.