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

Recap and Recommendations

Child Welfare Council
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Recap

❑ County Touchpoints Project

❑ Current status of substance use disorder (SUD) tracking...

❑ The need for better substance use data in CWS

❑ Potential sources for improved tracking

❑ Example data

➢ *Workgroup Recommendations*

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

Project funded through Federal SOR 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 status of SUD tracking....

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

National Average: 38.9%

N = 675,936
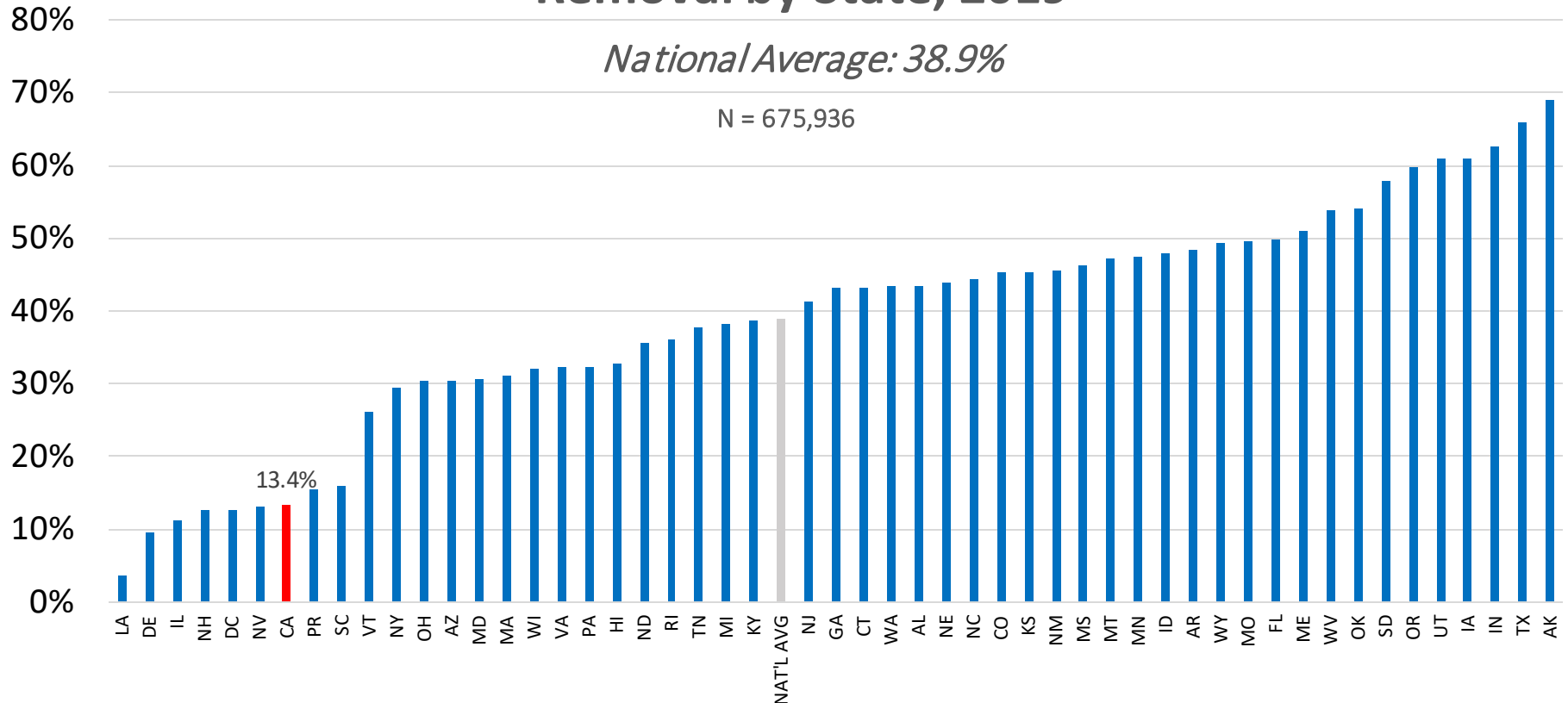
Note: Estimates based on **all children in out of home care at some point** during Fiscal Year

Source: AFCARS Data, 2019 v1

Need for better SUD data….

- ❑ Federal Reporting

- ❑ 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
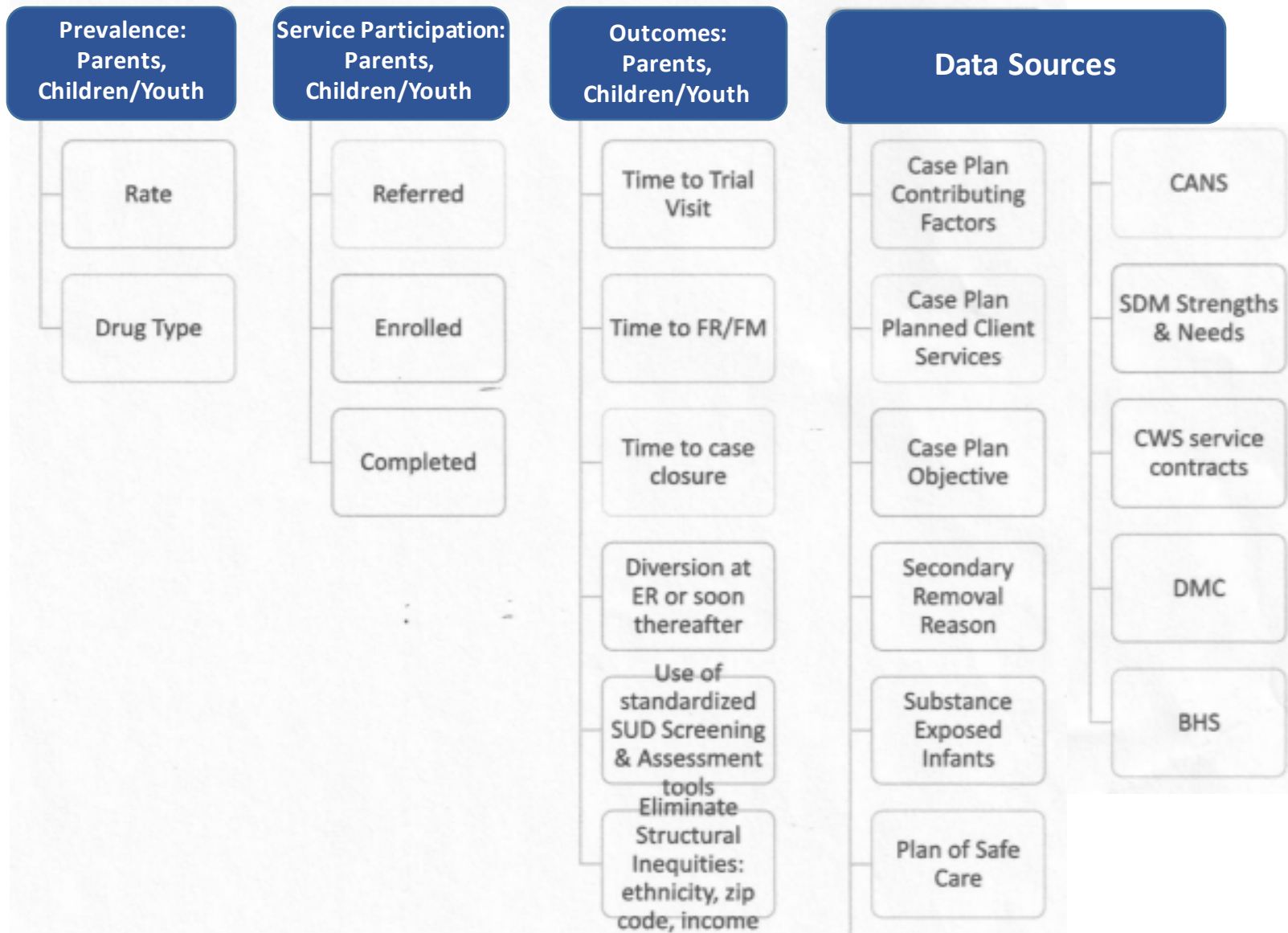 - ▪ Examples of county reporting

- ❑ **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

Potential sources....

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	

Potential sources…. (continued)
CDSS SYSTEM CHANGE REQUEST (SCR) 8643

California Department of Social Services System Change Request 8643

- "Substance Use/ Mental Health / Domestic Violence Issues Affecting this Client" – name may change
- Mandatory grid to collect drug use, alcohol use, mental health issues, and domestic violence.
- Similar to the "Drug/Mental Health Issues Affecting this Client" grid that is available on the Referral > Client Notebook > ID page for the Perpetrator:

Example data....

Workgroup Counties
CWS/CMS-SDM Linkage

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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	11,360	8.6	84,764	64.4	35,521	27.0	131,645	100.0
Referral Outcome								
Substantiated	1,136	3.7	13,335	43.9	15,916	52.4	30,387	23.1
Inconclusive	4,680	7.3	44,532	69.6	14,769	23.1	63,981	48.6
Unfounded	5,544	14.9	26,897	72.2	4,836	13.0	37,277	28.3
CWS Case Opened								
Yes	1,048	4.4	9,216	39.1	13,305	56.5	23,569	17.9
No	10,312	9.5	75,548	69.9	22,216	20.6	108,076	82.1
Placed in Out-of-home Care								
Yes	809	7.1	3,732	32.5	6,930	60.4	11,471	8.7
No	10,551	8.8	81,032	67.4	28,591	23.8	120,174	91.3

Example data…. (continued)

Prevalence of Caregiver Substance Use (CANS) Among Families with Children in State Custody

Table 1. Caregiver Items, All Ages: Developmental, Medical/Physical, Mental Health, Substance Use

item	N	N Caregiver Rated	N Rated 1, 2 or 3	Proportion Rated 1, 2 or 3	N Rating = 1	Proportion Rating = 1	N Rating = 2	Proportion Rating = 2	N Rating = 2	Proportion Rating = 3
Developmental	56230	53567	2512	0.05	1615	0.03	718	0.01	179	0.00
Medical/ Physical	56230	53567	7855	0.15	5607	0.10	1907	0.04	341	0.01
Mental Health	56230	53567	19132	0.36	9249	0.17	8920	0.17	963	0.02
Substance Use	56230	53567	**19495**	**0.36**	7344	0.14	10195	0.19	1956	0.04

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Recommendations

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, etc.), and client success from those services, and their impact on different child welfare outcomes.

Recommendations *continued...*

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 which will create a new mandatory grid in CWS/CMS to collect data 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; and ensure publicly-available versions are accessible by all communities of interest (e.g., public child welfare staff, providers, clinicians, advocates, families and youths).

- 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 intervention strategies for 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.

Questions?

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CCWIP is a collaboration of the California Department of Social Services, California Child Welfare Indicators Project (CCWIP), and the School of Social Welfare, University of California at Berkeley, and is supported by the Conrad N. Hilton Foundation, Tipping Point Community, and Casey Family Programs.