Connecting the Dots: How to Use Substance Abuse, Child Welfare, and Court Data Systems to Create Cross Systems Linkages

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Session Objective

• To illustrate the use of existing databases to create data linkages in order to better measure outcomes for families being served in the child welfare and substance abuse treatment systems
A Program of the
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment and the
Administration on Children, Youth and Families
Children’s Bureau
Office on Child Abuse and Neglect
Key Sources of State and Federal Substance Abuse, Child Welfare and Court Data
Treatment Episode Data Set (TEDS)

- Nationwide records for almost 2 million substance abuse treatment admissions annually
- Admission-based system, do not represent individuals
- Received from facilities that receive State alcohol and/or drug agency funds
- Data files maintained by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA)
Variables include:

- Primary substance
- Age
- Gender
- Referral source
- Treatment modality
- Prior treatment episodes
- Pregnant at admission
- Days waiting to enter treatment
Treatment Episode Data Set (TEDS)

Strengths:

- Focuses primarily on admission and discharge information in terms of numbers and flow trends
- Primary goal is to monitor the characteristics of a treatment episode

Challenges:

- Does not focus on characteristics related to actual treatment delivered
- Does not include prevention or early intervention programs
Treatment Episode Data Set (TEDS)

- Generate your State profile online:
  - Admissions by primary substance, according to gender, age, race and ethnicity
  - [http://wwwdasis.samhsa.gov/webt/NewMapv1.htm](http://wwwdasis.samhsa.gov/webt/NewMapv1.htm) (click on your state)

- For other TEDS reports, go to [http://www.oas.samhsa.gov/dasis.htm#teds2](http://www.oas.samhsa.gov/dasis.htm#teds2)

- Or conduct your own online analysis: [http://webapp.icpsr.umich.edu/cocoon/SAMHSA-SERIES/00056.xml](http://webapp.icpsr.umich.edu/cocoon/SAMHSA-SERIES/00056.xml)
National Outcomes Measures (NOMs)

- Partnership among the Substance Abuse and Mental Health Services Agency (SAMHSA), the States, and SAMHSA grantees
- Tracks and measures real-life outcomes for people in recovery from mental health and substance abuse disorders
- Intent to standardize operational definitions and outcome measures for substance abuse
- Link records to support pre- and post-service comparisons
10 Domains of the National Outcomes Measures (NOMs)

- Reduced morbidity (including abstinence)
- Employment/education
- Crime and criminal justice
- Stability in housing
- Social connectedness
- Access/capacity
- Retention
- Perception of care
- Cost effectiveness
- Use of evidence-based practices
National Outcomes Measures (NOMs)

For more detailed information on:

- Domains and outcomes
- Treatment and Prevention Measures for Substance Abuse and Mental Health
- Generate your State profile online:
Adoption and Foster Care Analysis Reporting System (AFCARS)

- Case level information on all children in foster care and on children who are adopted under the auspices of the State's public child welfare agency
- Maintained by the Administration for Children and Families (ACF)
- States are required to submit AFCARS data semi-annually to ACF
- Data files are housed at the National Data Archived on Child Abuse and Neglect (NDACAN)
Adoption and Foster Care Analysis Reporting System (AFCARS)

- AFCARS data is one of the reports that is produced from States’ SACWIS system sent to ACF
- Key data source for the Federal Child and Family Service Reviews (CFSR)
- No online analyses but yearly reports are published by ACF
- To order data files:
  http://www.ndacan.cornell.edu/NDACAN/Datasets_List.html
Adoption and Foster Care Analysis Reporting System (AFCARS)

45 Adoption Variables:
- Adopted child's gender
- Race
- Birth date
- Ethnicity
- Prior relationship with the adoptive parents

- Date the adoption was finalized
- Dates parental rights were terminated
- Characteristics of birth and adoptive parents
- Whether the child was placed from within the US or from another county
Adoption and Foster Care Analysis Reporting System (AFCARS)

89 Foster Care Variables:
- Child gender
- Birth date
- Race
- Ethnicity
- Number of previous stays in foster care
- Service goals
- Availability for adoption
- Dates of removal and discharge
- Funding sources
- Biological and foster parents
Adoption and Foster Care Analysis Reporting System (AFCARS)

Strengths:

• Allows for collection of aggregate data regarding child welfare systems and related services across the country
• Provides a snapshot of the field that allows for comparative analysis
• Allows for some analysis of outcomes within the child welfare system
• Multiple years of data are available
• Mandatory reporting means high compliance among states
Adoption and Foster Care Analysis Reporting System (AFCARS)

Challenges:

- Use of data prior to 1998 is discouraged
- Tribal agencies who place children for adoption voluntarily report data to AFCARS
- Some inconsistency in the definition of data elements, such as placement and date-of-discharge definitions
National Child Abuse and Neglect Data System (NCANDS)

- Voluntary national child abuse and neglect data collection and analysis system
- Detailed information about all maltreatment investigations conducted by CPS
- Maintained by ACYF
- Data files are housed at the NDACAN
- Key data source for Child Maltreatment
National Child Abuse and Neglect Data System (NCANEDS)

State-level variables:

• The total number of abuse reports in the State
• Agency performance (e.g. average response time for abuse reports)
• Workforce data (e.g. number of workers designated for intake and assessment)

Source of funding for services
National Child Abuse and Neglect Data System (NCANDS)

Child level variables:

- Number of abuse reports made regarding an individual child
- Disposition of reports
- Type of abuse
- Characteristics of the child and parent/caregiver, including information about mental health status, disabilities, medical conditions, and substance abuse
- Number of children and families receiving services
- Type of services provided (e.g. day care, respite, transportation, counseling, medical care)
National Child Abuse and Neglect Data System (NCANDS)

Strengths:

• A systematic means of analyzing abuse and neglect data
• NDACAN conducts secondary analysis of research data relevant to the study of child abuse and neglect, thereby providing a relatively inexpensive and scientifically productive means for researchers to explore important issues in the child maltreatment field
• Various Federal review processes have resulted in enhancements and improvements to the data submission system
Challenges:

• As states are not required to submit data to NCANDS, some states do not participate.

• When conducting analyses with NCANDS data, it is important to keep in mind that state-to-state variation in child maltreatment laws and information systems may affect the interpretation of the data.
National Child Abuse and Neglect Data System (NCANDS)

- No online analyses but yearly reports are published by ACF

- Data files can be ordered through NDACAN:
  - [http://www.ndacan.cornell.edu/NDACAN/Datasets_List.html](http://www.ndacan.cornell.edu/NDACAN/Datasets_List.html)
State Automated Child Welfare System (SACWIS)

- Comprehensive automated case management system that helps social workers manage investigations, foster care, and adoption services.
- Must support reporting of data to AFCARS and NCANDS.
- Includes case-related information, such as report findings, reason for removal and placement into foster care, service goals, funding source, number of placements, and availability for adoption.
State Automated Child Welfare System (SACWIS)

Strengths

- Provides a wealth of information about the child and family and progress through the child welfare system
- Provides for collecting, collating, and analyzing data regarding agency performance, local office performance, and individual worker performance
- Ideally, allows any person within the agency (with access rights) to access all pertinent case information
State Automated Child Welfare System (SACWIS)

Challenges

- State systems in various stages of development and utilization
- States have latitude to establish own format and functionality
- Federal outcome measures may or may not be included or delineated at the individual case level
Court Data

- There is no Federal dataset that exists on court information.
- The majority of information on court dispositions resides in child welfare databases.
- Limitation: inability to assess the impact of court processes on child welfare outcomes such as continuances, sanctions and incentives, timely submission of child welfare case plans to the court.
Tribal Child Welfare Data

- Data from American Indian/Alaskan Native child welfare services are not part of any national reporting system, such as NCANDS.
- Only native children in state reporting system are included in NCANDS.
- Tribes have not been afforded the same federal resources made available to states to develop the infrastructure necessary to collect and report child abuse and neglect data.
Tribal Child Welfare Data

- Tribal reports submitted to Bureau of Indian Affairs is specific to identifying the problems of a community.
- Data is focused on number of families served as the primary outcomes of tribal child welfare programs, and reflects the identified met needs of those families as they are counted in a cohort.
- Data that is gathered is aggregate and categorized by the number of services that are available.
Tribal Data-IHS Resource and Patient Management System (RPMS)

- Indian Health Service (IHS) enterprise health information system
- Consists of more than 60 software applications
- Used at approximately 400 IHS tribal and urban locations
- Used to evaluate clinical quality as well as population, public health, and performance indicators to Congress
Tribal Data-IHS Resource and Patient Management System (RPMS)

- Clinical services provided through IHS include: Primary health care, Integrated Behavioral Health (mental health, social work, and alcohol and substance abuse), Dental, HIV Center of Excellence, Injury Prevention, and Optometry
- Providers at each site enter data specific to the service provided at each point of contact
- Reports on data entered can be generated locally, programmatically, regionally, and nationally
Tribal Data-IHS Resource and Patient Management System (RPMS)

Challenges:

- Development of a data export program can accommodate multiple data sources requires frequent modification and consistent resources.
- IHS can strongly encourage participation in RPMS, but any form and software may be used by Self-Governance tribes to collect and report data to IHS.
- Lack of coordination of reporting systems (Tribal CPS, IHS, BIA & tribal court).
- The systems in place do not allow for reporting of mothers and infants who test positive for substances at delivery.
An Example of Linking Substance Abuse Treatment, Child Welfare, and Courts Data
Background of the Sacramento Dependency Drug Court (DDC)

- The effort to create the Sacramento DDC began in 1995 with the implementation of the County’s Alcohol and Other Drug Treatment Initiative

- 1999-DDC planning efforts began

- 2001-DDC began operations

- Partnership between Alcohol and Drug Services Division (ADS), Child Protective Services (CPS), courts and parents’ attorneys
Background and Context for the Sacramento DDC Evaluation

- Minimize data collection burden
- Use existing administrative data sets whenever possible
- No common identifier across systems
- Utilizes a historical comparison group of equivalent parents
Data Sources

Measured outcomes are arrived at through the culmination of data from:

- Preliminary Assessments (annually)
- California Outcomes Measurement System (CalOMS; the CA version of NOMS) (annually)
- Child Welfare Services/Case Management System (CWS/CMS; CA Child Welfare data collection using various county-level information systems) (annually)
- STARS Intake and Twice Monthly reports (bi-monthly)
Method of Data Linkage

• At the Detention Hearing, an Early Intervention Specialists (EIS) worker asks the parent if they will participate in a voluntary substance abuse assessment

• Upon receiving consent, the EIS worker enters a “special project” code in the CWS/CMS system to identify DDC clients

• Child welfare uses the special project code to download placement data on DDC children
Method of Data Linkage

• All CWS/CMS clients have a 19 digit identifier from which a shorter 10 digit identifier is automatically generated through an extract run for DDC clients

• This extract run creates a text file that is sent to ADS

• All clients who enter treatment services also receive a unique 10 digit CalOMS identifier
Method of Data Linkage

• The 10 digit parent CWS/CMS identifier is matched to the CalOMS unique participant identifier for parents that have appeared for STARS and DDC Services.

• The STARS database contains the matched identifiers containing the children’s CWS/CMS identifier and parent’s CalOMS identifier.
Method of Data Extraction

• Treatment data is extracted for a cohort of parents. CFF Evaluator sends a “cohort” list to ADS, plus alternate IDs for aliases. ADS imports data into an Excel database and sends data to the evaluator.

• CWS/CMS uses the special project code to identify and extract data on children whose parents entered DDC/STARS.

• The evaluator links and analyzes the treatment and CWS/CMS data using the common identifiers created by CWS/CMS and ADS.
Advantages of Method

• Ability to match large numbers of parents and children
• Largely uses existing data sources
• The process of data matching and linkage is automated and sustainable
Disadvantages of Method

• Entails some time commitment for start-up, particularly adding the special project code
• Does not include parents who receive private substance abuse treatment
• Inability to determine with whom the child reunified
Parents and Children in the Evaluation

The diagram shows the comparison of parents and children in different years (CO YR1 to CO YR7) and months (36 Mos, 36 Mos, 36 Mos, 36 Mos, 12 Mos) across different categories (111, 36 Mos, 36 Mos, 36 Mos, 36 Mos, 12 Mos).

Key:
- **Parents** (light green bars)
- **Children** (dark blue bars)

Years and Months Breakdown:
- **Comparison**
  - Year 1: 111
  - Year 2: 324
  - Year 3: 432
- **CO YR1**
  - Year 1: 173
  - Year 2: 249
  - Year 3: 428
- **CO YR2**
  - Year 1: 274
  - Year 2: 485
  - Year 3: 448
- **CO YR3**
  - Year 1: 741
  - Year 2: 731
- **CO YR4**
  - Year 1: 442
  - Year 2: 400
- **CO YR5**
  - Year 1: 605
- **CO YR6**
  - Year 1: 305
- **CO YR7**
  - Year 1: 489

Each category is represented by bars, with the height indicating the number of instances or occurrences for parents and children.
DDC Graduation Criteria

For 180 consecutive days, parent must:

• Produce negative drug tests
• Attend all required group and individual treatment sessions
• Attend all scheduled STARS meetings
• Attend at least 3 support / 12-step meetings weekly
• Attend all required DDC appearances
• Complete all requirements of the court
Parental DDC Graduation Status

Source: STARS

DDC n=3442
36 Month Child Placement Outcomes

**p<.01; ***p<.001

Source: CWS/CMS
36 Month Child Reunification Rates by Parental Graduation Status

Comparison: 26.0
Neither Landmark: 23.7
90 Day Certificate: 52.6
Graduated: 72.4

36 months=2086

Source: STARS; CWS/CMS
Regional Partnership Grants Program
Overview of the Regional Partnership Grants Program

- Authorized by the Child and Family Services Improvement Act of 2006
- 53 regional partnership grants awarded in September, 2007
- Improve the safety, permanency, and well-being of children affected by methamphetamine and other substance abuse
- The grants address a variety of common systemic and practice challenges that are barriers to optimal family outcomes
NCSACW IDTA Sites
12 States plus 3 in Round 5
2 Tribal Communities; 1 Round 5
1 County

Children’s Bureau Regional Partnership Grants and NCSACW In-Depth Technical Assistance Sites

Regional Partnership Grants
- Array of Services - 11
- Child Focused – 8
- Drug Courts – 9
- System-Wide Collaboration – 9
- Treatment Focused – 9
- Tribal - 6

NCSACW IDTA Sites
- 12 States plus 3 in Round 5
- 2 Tribal Communities; 1 Round 5
- 1 County

Created 3/25/08
Five Broad Program Areas

- Systems Collaboration and Improvements
- Substance Abuse Treatment Linkages and Services
- Services for Children and Youth
- Support Services for Parents and Families
- Expanded Capacity to Provide Treatment and Services to Families

In an effort to provide truly comprehensive services, grantees did not limit their initiatives to only 1 of the 5 program areas

- 74% of grantees’ approaches include activities in all 5 program areas
- 25% of grantee programs span 4 of the 5 areas
RPG Performance Indicators
Through legislation, *Congress* required DHHS to develop:

- A set of performance indicators through broad consultation with the field and grantees
- An annual report on the “services provided and activities conducted... performance indicators established...and the progress that has been made addressing the needs of families...”

—*PL 109-89, section 4, (8), (9)*
Child/Youth Indicators
(Percentage grantees selecting indicator)

C1. Children remain at home (n=45) 84.9%
C2. Occurrence of maltreatment (n=52) 98.1%
C3. Length of stay in foster care (n=38) 71.7%
C4. Re-entries to foster care (n=40) 75.5%
C5. Timeliness of reunification (n=40) 75.5%
C6. Timeliness of permanency (n=30) 56.6%
C7. Prevention of substance-exposed newborns (n=20) 37.8%
C8. Children connected to support services (n=45) 84.9%
C9. Improved child well-being (n=36) 67.9%
Adult Indicators
(Percentage grantees selecting indicator)

A1. Access to treatment (n=48) 90.6%
A2. Treatment retention (n=51) 96.2%
A3. Substance use (n=48) 90.6%
A4. Connected to support services (n=47) 88.7%
A5. Employment (n=43) 81.1%
A6. Criminal behavior (n=37) 69.8%
A7. Mental health (n=34) 64.2%
Family/Relationship Indicators
(Percentage grantees selecting indicator)

- **F1. Parenting (n=47)**: 88.7%
- **F2. Family functioning/relationships (n=43)**: 81.1%
- **F3. Risk/protective factors (n=44)**: 77.4%
- **F4. Coordinated case management (n=44)**: 77.4%
- **F5. Substance abuse education/training for foster parents (n=11)**: 20.8%
Regional Partnership/Service Capacity Indicators

- R1. Collaborative capacity
  - 100% of grantees will report on this indicator

- R2. Capacity to serve families
  - 81% of grantees will report on this indicator
RPG Data Collection and Reporting System
RPG Data System

- Initial Data Upload - December, 2008
- Second Data Upload - June, 2009
Formative Data System Decisions

- Aggregate vs. case level data reporting
- Common vs. individual grantee data plans
- Single vs. multiple grantee data plans
- Flat file vs. relational database
- Uniform standard format for data submission
- Data validation strategy
- Data locking strategy
- Tools for local data collection and preparation
- Technical assistance strategy
Aggregate vs. Case Level Data Reporting

- Primary data collection is through upload of case records
- Aggregate reporting is supported where case level reporting is not logical or practical
- Grantees upload the latest record on every case at every 6-months reporting period
- Closed cases are included in every submission, along with active cases
Common vs. Individual Grantee Data Plans

- 23 performance indicators were identified as relevant to the RPG project
- It was determined that every grantee should not (or could not) report on every indicator, meaning there could not be a common data reporting plan
- We developed the ability for separately approved data plans per individual grantee
Single vs. Multiple Grantee Data Plans

- Every RPG grantee has a treatment data plan
- The data system provides for multiple data plans per grantee (if needed)
- Grantees set up additional data plans in a number of cases:
  - Control data plans
  - Comparison data plans
  - Multiple plans to cover widely varied service settings
RPG data is relational. Cases may contain a varied number of adults and children. Adults may have varying numbers of substance abuse reports. Children may have varying numbers of maltreatment reports.
Uniform Standard Format for Data Submission

- It was determined that a standardized, uniform format for data submission was essential
- Early discussion focused on various candidate formats
- The relational/nested nature of our data narrowed the format choices
- The Extensible Markup Language (XML) was adopted as our standard format
Data Validation Strategy

- Grantees validate their data locally before submission using an XML Schema file generated automatically by the system.
- When data is submitted, the XML Schema validation is repeated at the server level.
- We are currently implementing a third validation at the server level. This validation is based on data cleaning issues encountered to date and will provide further quality checks.
Data Locking Strategy

- Submitted data can be locked or unlocked by an authorized person
- Data can be locked or unlocked by a specific data plan
- Data can be simultaneously locked or unlocked for all plans in a given reporting period
Tools for Local Data Collection and Preparation

- The XML Schema file which the system generates can be used to create and automatically set up a Microsoft Access database for local data collection.
- A free software tool (XML Notepad) can be used to deal with any errors flagged in the local data validation.
Technical Assistance Strategy

- Written user helps are available online or for download
- Multimedia (see operations happening as you hear them explained) helps are available online
- An online support forum is available
- A support request link is available in the online system
- Users are offered online demo/discussion sessions and Webinars
- Telephone technical assistance is available
Live Demonstration of the RPG Data Collection and Reporting System
Contact Information

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