5 Ways

Social Service Administrators
Can Use Public Health Data and Resources to Address Substance Use Disorders

Social service agency administrators are responsible for identifying an array of resources to serve youth and families. Also, these administrators are responsible for evaluating program effectiveness and ensuring equity. Their work is critical for youth and families involved in the juvenile and family justice system, as these families frequently have a complex set of needs. Currently, many communities are facing the adverse effects of the opioid crisis, including an increased number of newborns exposed to substances at birth. Social service administrators likely collect and use local substance use, treatment, and overdose data to understand the needs of their communities. However, it is important to also understand how local data compares to national public health data to make essential funding and development decisions. Below are five ways social service administrators can use a combination of data and other resources to improve policy and practice related to the ill effects of substance use disorders (SUDs). The list below is not exhaustive; instead, it serves as a starting point for social service administrators to better use the data and resources available.

01 Understanding the scope of the problem

As rates of SUDs increase throughout the nation, more children in the child welfare and juvenile justice system are exposed to drug use or engage in drug use themselves. For example, in 2018:

- 27,709 infants were referred to child protection service agencies with prenatal substance exposure.[1]
- 360,895 children in the child welfare system had a caregiver with a drug abuse report.[2]
- 101,000 cases disposed of by juvenile courts involved drug law violations.[3]

To understand the scope of substance misuse locally and on a national level access the following public health data:

- Review Adoption Foster Care and Adoption Reporting System[4] to understand the rates and main reasons children come into the child welfare system.
- Use the National Survey on Drug Use and Health[5] to learn about the prevalence of SUDs on a national level.
- Access the Centers for Disease Control and Prevention: Youth Risk Behavior Surveillance System[6] to learn about the prevalence of self-reported substance use for youth in grades 9-12. Identified substance use by youth in the child welfare system may lead to crossover into the juvenile justice system. In addition, it is also important to use local data to identify pathways that lead to crossover from the child welfare system to the juvenile justice system.

02 Ensuring services are equitable

Social service administrators are responsible for evaluating service delivery in the child welfare system, which includes determining if services are equitable. Services must be accessible regardless of race and ethnicity. These services should also be culturally responsive and inclusive. Administrators can use locally collected data to first identify inequities and second to improve equity for youth and families. Begin by:

1. Collecting and reviewing data by demographics for congregate care, out- of- home placements, foster care, kinship care, arrests, diversions, petitions/ referrals to juvenile court, detention, etc.
2. Meet with staff and other stakeholders to discuss the aggregated data on a quarterly basis.
3. Discuss and change current practices that may be leading to inequities (if any). For example, review procedures related to placing youth in kinship care and determine if changes reduce the disproportionality of children placed in foster care.
4. Set benchmarks to reduce identified inequities by the next quarter. For example, set a benchmark to reduce congregate care placements by five percent.

03 Delivering ongoing training to reduce stigma related to substance use by caregiver

Coordinate education awareness campaigns for the public and training events for court stakeholders to reduce many of the stigmas that can prevent access to evidence-based substance use treatment. Myths about substance use and service delivery often interfere with receiving evidence-based treatment, visitation with children, finding available kinship care, and timely reunification. Administrators should ensure that fact-based

information is disseminated on an ongoing basis. Social service administrators should use publicly available resources to provide current and reliable information to help improve outcomes for caregivers and children in the child welfare system.

- Address stigma by implementing Effective Strategies for Courtroom Advocacy on Drug Use and Parenting.[7]
- Use SAMHSA's Medication-Assisted Treatment[8] resources to dispel misinformation related to medication-assisted treatment (MAT).
- Use Legal Action Center MAT Advocacy Toolkit[9] to address legal issues associated with denying access to MAT.
- Share the NCJFCJ's Resolution Regarding Access to Medication-Assisted Treatment for Teens and Adults[10] to gain buy-in from judicial stakeholders.

04 Encouraging accurate data collection

Encourage cross-system collaboration to consistently collect, share, and report data. Consider using resources to help jump start this collaboration and begin collecting and sharing data in a similar way:

- Center for Juvenile Justice Reform – Crossover Youth Practice Model[11]
- RFK National Resource Center for Juvenile Justice – Dual Status Youth Reform[12]
- Child Welfare Information Gateway – Youth Involved With Juvenile Justice and Child Welfare[13]

In addition, encourage accurate data collection and timely submission to national data systems:

- Submit data to the National Child Abuse and Neglect Data System[14] and the Adoption Foster Care and Adoption Reporting System,[15] which will ensure that funding agencies have an accurate picture of the larger national needs.
- Encourage participation in the Overdose Detection Mapping Application Program[16] to ensure timelier overdose data.

05 ▶ Developing local resources

Consider working in collaboration with juvenile and family justice system stakeholders, including judges, prosecuting attorneys, public defenders, and probation departments to understand how youth and families with SUDs come into contact and move through the justice system. For example:

- Implement standards found in the Family First Prevention Services Act of 2018[17] that outline financial support for children who are placed with their parents in a substance use treatment placement.
- Use the Family-Based Residential Treatment Directory of Residential Substance Use Disorder: Treatment Programs for Parents with Children[18] to identify programs that can treat parents and children.
- Refer to the National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use[19] to ensure that treatment service providers are following national guidelines.
- Sustain community resources and interventions by using a planning guide published by the Centers for Disease Control and Prevention – A Sustainability Planning Guide for Health Communities.[20]

Endnotes

1   U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2020). Child Maltreatment, 2018.

2   *Supra* note 1.

3   Sickmund, M., Sladky, A., and Kang, W. (2020). "Easy Access to Juvenile Court Statistics: 1985-2018" Online. Available: https://www.ojjdp.gov/ojstatbb/ezajcs/.

4   Children's Bureau: An Office of the Administration for Children and Families. Adoption and Foster Care Analysis and Reporting System (AFCARS) – https://www.acf.hhs.gov/cb/research-data-technology/reporting-systems/afcars.

5   National Survey on Drug Use and Health – http://pdas.samhsa.gov/

6   Centers for Disease Control and Prevention: Youth Risk Behavior Surveillance System (YRBSS) – https://www.cdc.gov/healthyyouth/data/yrbs/index.htm.

7   Abrahams, R & Rosenbloom, N. (2019) Effective Strategies for Courtroom Advocacy on Drug Use and Parenting. Retrieved from the American Bar Association at: https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/january---december-2019/effective-strategies-for-courtroom-advocacy-on-drug-use-and-pare/.

8   Substance Abuse and Mental Health Services Administration. Medication-Assisted Treatment – https://www.samhsa.gov/medication-assisted-treatment.

9   Legal Action Center. MAT Advocacy Toolkit – https://lac.org/mat-advocacy/.

10 NCJFCJ's Resolution Regarding Access to Medication-Assisted Treatment for adolescents and Adults – https://www.ncjfcj.org/about/resolutions-and-policy-statements.

11 Georgetown University. Center for Juvenile Justice Reform – https://cjjr.georgetown.edu/our-work/crossover-youth-practice-model/.

12 Robert F. Kennedy Children's Action Corp. National Resource Center for Juvenile Justice –

https://rfknrcjj.org/our-work/dual-status-youth-reform/.

13 U.S. Department of Health & Human Services. Child Information Gateway – https://www.childwelfare.gov/topics/systemwide/youth/collaboration/dualsystem/.

14 Children's Bureau: An Office of the Administration for Children and Families. National Child Abuse and Neglect (NCANDS) Data System – https://www.acf.hhs.gov/cb/research-data-technology/reporting-systems/ncands.

15 Supra note 4.

16 The Overdoes Detection Mapping Application Program (ODMAP) is a free online platform to support reporting of suspected fatal and nonfatal overdoses. Launched in 2017 by the Washington/Baltimore High Intensity Drug Trafficking Area – http://www.odmap.org/. Overdose detection Mapping Application Program – http://www.odmap.org/

17 FamilyFirstAct.org. About the Law – https://familyfirstact.org/about-law.

18 FamilyFirstAct.org. Family-Based Residential Treatment Directory of Residential Substance Use Disorder Treatment Programs for Parents with Children – https://familyfirstact.org/resources/family-based-residential-treatment-directory-residential-substance-use-disorder-treatment.

19 American Society of Addiction Medicine. National Practice Guideline. This Practice Guideline was developed for the treatment of opioid use disorder and the prevention of opioid overdose-related deaths – https://www.asam.org/Quality-Science/quality/2020-national-practice-guideline.

20 Centers for Disease Control and Prevention. Accessed from the National Center for Healthy Safe Children – https://healthysafechildren.org/resource/sustainability-planning-guide-health-communities.

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