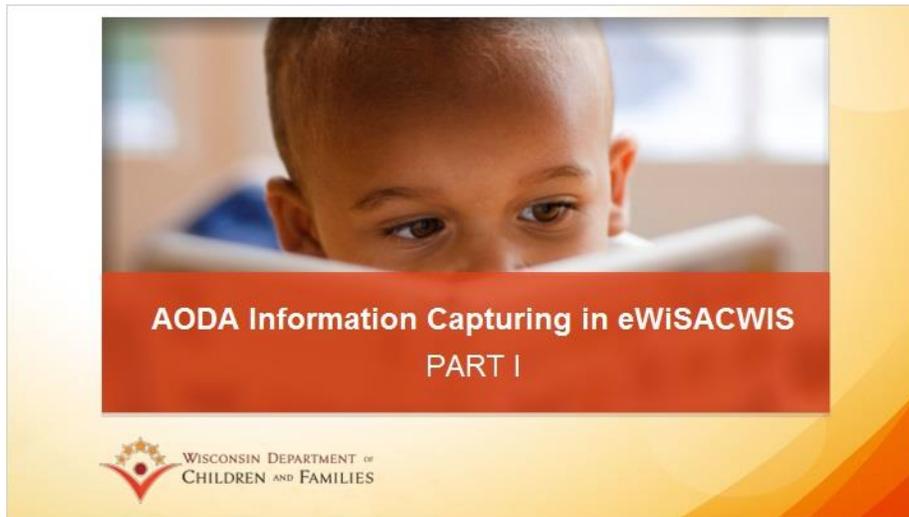


AODA Information Capturing in eWiSACWIS: Part 1



Thank you for joining us for this webinar: AODA information capturing in eWiSACWIS Part 1.

What will be covered in this webinar?

- Wisconsin Model for Practice
- Alcohol and other drug abuse (AODA) and Child Welfare in Wisconsin
- Informational Memo
- Next Steps



WISCONSIN DEPARTMENT OF
CHILDREN AND FAMILIES

In this webinar, we will be discussing the Wisconsin Model for Practice, alcohol and other drug abuse in Wisconsin and how that relates to child welfare, the informational memo, and the next steps of this project.



As you know, the purpose of the child welfare system is to keep children safe and to support families to provide safe, permanent, and nurturing homes for their children.

There are multiple values and principles named in the child welfare model for practice. These values and principles are interconnected and work together as an ever moving, ever evolving framework.

The current model designates trust, respect, engagement, accountability, trauma informed practices, culturally responsible, workforce support, and family-centered as the values and principles of the child welfare system.

Each principle and value is intertwined and work together to promote a proficient child welfare system.

The Model for Practice continually aligns what we do with how and why we do our work, and provides a vision for quality services.

The principles in the Model for Practice help guide all staff involved in the Child Welfare System and provide the guidance and supports that are needed to work with families, other agencies and state staff in an effective and trauma informed manner to ensure child safety.

Wisconsin Department of Children and Families Opioid Steering Committee

Governor's Executive Order #214

- ✓ Issued September 22, 2016
- ✓ Established Governor's Task Force on Opioid Abuse
- ✓ DCF Opioid Steering Committee



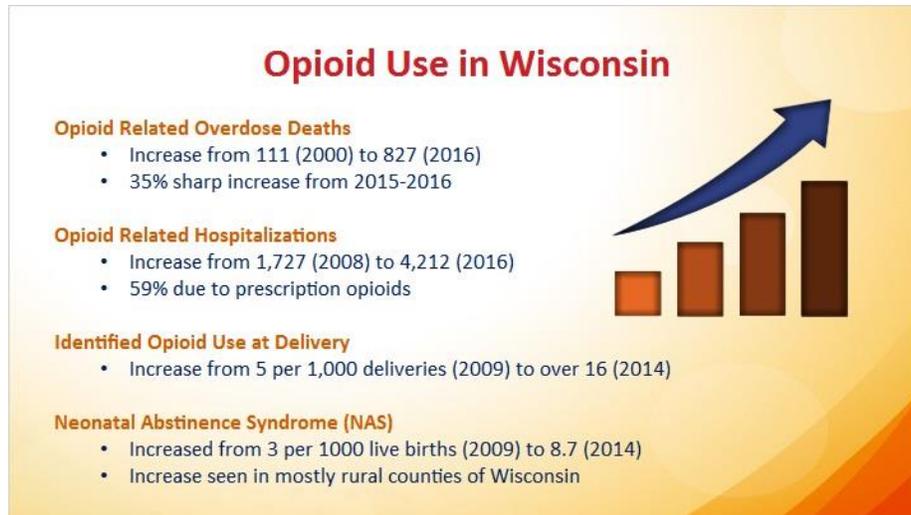
Data-driven decisions require accurate reflections of factors affecting child welfare involvement. Given the current strain on local child welfare agencies, most notably seen in our state's recent rise of children entering and remaining in out-of-home care, the impact of caregiver substance use on the child welfare system and the children and families served by our system are of increasing interest.

This interest is demonstrated in the September 2016 Governor's Executive Order #214 which mandated the formation of a Governor's Task Force on Opioid Abuse and the formation of Steering Committees at several state agencies.

Since that time the Governor's Task Force efforts have spurred the enactment of several key state legislative initiatives to address substance use concerns, and the Department of Children and Families Steering Committee has developed several formal recommendations.

One of these recommendations, which will be developed and advanced in collaboration with local child welfare agency representatives identified by the Wisconsin County Human Services Association, is to streamline and improve documentation related to how caregiver substance use affects child welfare intervention.

Pending these future documentation enhancements, the following information provides direction and guidance for documentation using existing eWISACWIS capabilities to best capture AODA-related factors and characteristics more consistently within and across local child welfare agencies.



Let's talk about what's happening in Wisconsin....

Over the last fifteen years in Wisconsin, the rate of drug overdose deaths involving opioids has increased over six-fold, from 111 deaths in 2000 to 827 deaths in 2016 . A particularly sharp increase of 35% in opioid-related deaths occurred from 2015 to 2016.

Another harmful consequence, opioid-related hospitalizations, has also increased significantly, from 1,727 in 2008 to 4,212 in 2016, more than doubling over this 8 year period. The majority, 59%, of opioid-related hospitalizations are due to prescription opioids.

Another critical consequence of opioid use, which impacts the child welfare system, is opioid use by a woman during pregnancy, which creates adverse health outcomes for both the mother and baby. The rate of opioid use at the time of delivery in Wisconsin increased over 3-fold from approximately 5 per 1,000 deliveries in 2009 to over 16 in 2014.

Neonatal Abstinence Syndrome, also referred to as NAS, is a condition in which an infant is born suffering from withdrawal from a substance taken by the mother during pregnancy. As the rate of maternal use during pregnancy has increased, the rate of NAS births in Wisconsin has increased from 3 per 1,000 live births in 2009 to 8.7 in 2014, accounting for 508 babies born with NAS in 2014.

Meth Use in Wisconsin

- Increased 250-300%
- Particular problem in mostly rural counties



The use of meth is also increasing in Wisconsin, particularly in certain parts of the state. Based on analysis of meth-related arrests, cases, charges, and seizure statistics provided by local law enforcement, state government agencies, and open source reporting indicates that meth availability in Wisconsin likely increased between 250 and 300 percent from 2011 to 2015.

According to the Wisconsin Department of Health and Human Services, meth is generally presenting in more rural locations.

AODA and Child Welfare

- Drug use has a significant impact on the child welfare system
- Added complexity to cases involving AODA
- Safety of children
- Current eWiSACWIS data tracking does not provide a clear picture of the impact

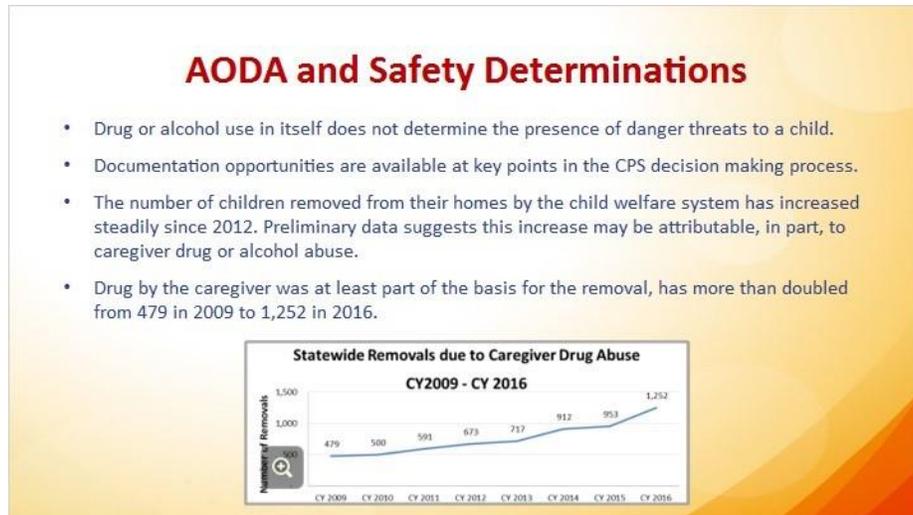


What does all of that have to do with us in child welfare?

As you all know, child welfare agencies are seeing a significant increase of AODA issues among families you are working with. This has added additional complex factors to case

assessment, safety decision making, and service planning, due to the dynamics of AODA issues.

Currently, our state data capturing system does not consistently provide a clear or specific picture of how much AODA abuse is impacting caseload, safety, and out-of-home care in particular counties or the state as a whole.



A safety determination involves a number of factors. Parent or caregiver drug abuse on its own does not automatically result in a determination that a child is unsafe, but it may play a part in that determination.

While there are Present Danger Threats and Impending Danger Threats that are used for when AODA issues are impacting a child's safety, these danger threats can also be applied to other factors, thus making data capturing specific to AODA difficult.

However there are some Documentation opportunities at key points of the CPS decision making process where eWiSACWIS could help us tell a more detailed story related to AODA.

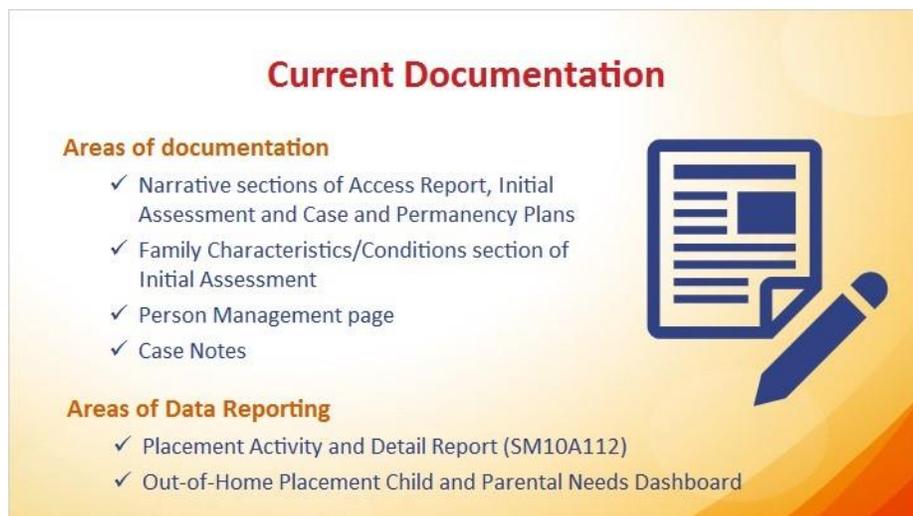
Two such areas are: using the allegation descriptors at the point of Access or Initial Assessment, and when documenting the reason for removal

The number of children removed from their homes by the child welfare system has increased steadily every year since 2012: from 6,225 children in 2012 to 7,826 children as of October 2017. The number of children in out-of-home care in Wisconsin is at its highest point in the past 10 years. The growth in out-of-home care placements has been almost entirely in non-Milwaukee, Balance of State counties.

Preliminary data suggests that a significant portion of this increase is attributable to removals where caregiver drug or alcohol abuse played a part in the basis for the removal. Drug or alcohol abuse can impair parents' ability to provide a safe and stable home for their children.

Based on data from the Wisconsin child welfare information system, eWiSACWIS, over the past 7 years the number of children removed from their home for safety reasons by the child welfare system and placed in an out-of-home care setting where drug abuse by the child's parent or caregiver was at least part of the basis for the removal, has more than doubled from 479 in 2009 to 1,252 in 2016.

Furthermore, it is likely that this data under-represents the number of child removals where caregiver drug abuse was involved as this information may not have been entered into the eWiSACWIS system for all applicable cases consistently.



Current Documentation

Areas of documentation

- ✓ Narrative sections of Access Report, Initial Assessment and Case and Permanency Plans
- ✓ Family Characteristics/Conditions section of Initial Assessment
- ✓ Person Management page
- ✓ Case Notes

Areas of Data Reporting

- ✓ Placement Activity and Detail Report (SM10A112)
- ✓ Out-of-Home Placement Child and Parental Needs Dashboard

There are currently multiple places in eWiSACWIS where AODA concerns can be documented, many of which are not forced in the system. Some of these areas are:

- Narrative sections of the Access Report, Initial Assessment and Case and Permanency plans,
- Family Characteristics and Conditions section of the Initial Assessment,
- Person Management page,
- and case notes.

Documentation of AODA information in these sections mostly occur in narrative, making it difficult to use the data to determine prevalence or impact of caregiver alcohol or drug abuse on the child welfare system.

Some information that is currently captured and depicted in data reports are the CANS and Removal Reasons. These data points are included in the Placement Activity and Detail Report and the Out-of-Home Placement Child and Parental Needs Dashboard.

Informational Memo
Substance Use-related Documentation in eWISACWIS

Two Main Points of Child Welfare Intervention:

- ✓ Maltreatment Allegations
- ✓ Removal from Home

PURPOSE

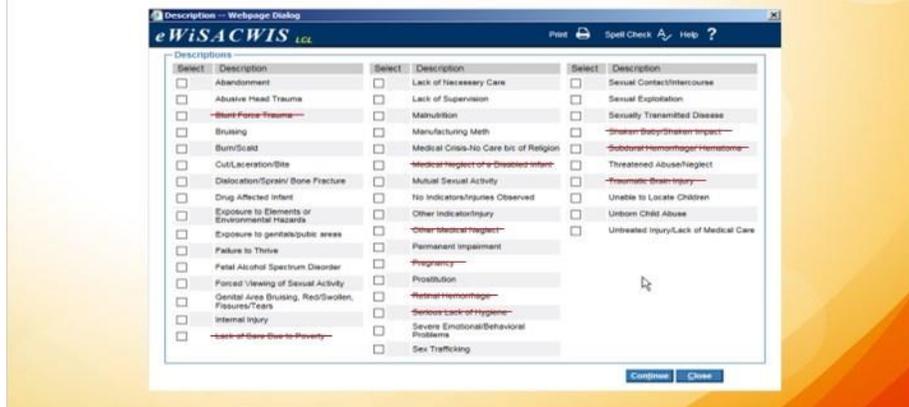
The purpose of this memo is to provide guidance on selecting "maltreatment descriptions" and selecting "removal from home reasons" related to a caregiver's use or misuse of alcohol and other drugs (AODA). This memo also provides information regarding upcoming efforts related to improving the reliability and adequacy of how and when substance use is affecting child welfare intervention and service delivery.

There are some additional documentation opportunities at key points of the CPS decision making process where eWiSACWIS could help us tell a more detailed story related to caregiver alcohol and drug abuse. Two such areas are:

Using the maltreatment descriptions at the point of Access or Initial Assessment
When documenting the reason for removal

The Informational memo, Substance Use-related Documentation in eWISACWIS, released February 15, 2018, provides guidance on selecting "maltreatment descriptions" and selecting "removal from home reasons" related to a caregiver's use or misuse of alcohol and other drugs. This memo also provides information regarding upcoming efforts related to improving the reliability and adequacy of how and when substance use is affecting child welfare intervention and service delivery.

Maltreatment Allegation Descriptions



Maltreatment allegation descriptions are chosen at the point of Access when entering allegations and also at the point of Initial Assessment if new allegations are added. Maltreatment descriptions provide further information about allegations and can help tell a story of underlying challenges for families. As such, maltreatment descriptions have been updated to streamline and consolidate data reporting.

Maltreatment Allegation Descriptions that have been deleted from eWISACWIS include blunt force trauma, lack of care due to poverty, medical neglect of a disabled infant other medical neglect, pregnancy, retinal hemorrhage, serious lack of hygiene, shaken baby or shaken impact, subdermal hemorrhage or hematoma, and traumatic brain injury.

Maltreatment Allegation Descriptions

Additional Maltreatment Descriptions added:

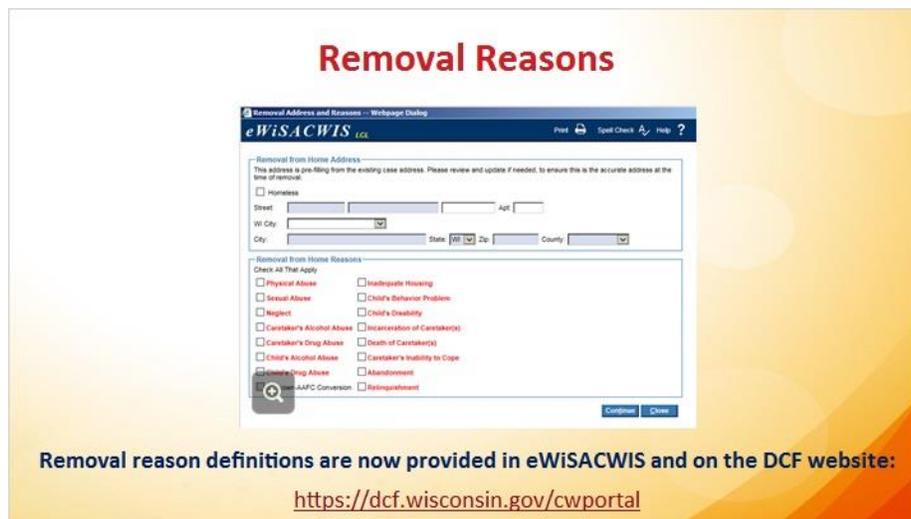
- ✓ Caregiver Alcohol Abuse
- ✓ Caregiver Drug Abuse
- ✓ Lack of Medical Care

Definitions for Maltreatment Descriptions have been added to eWISACWIS and DCF website:

<https://dcf.wisconsin.gov/cwportal>

Many of the descriptions that have been deleted were consolidated under one description, for example Abusive Head trauma, to improve consistency and reliability of currently available documentation. In addition to deleting some descriptions, new descriptions have been added. These added descriptions include caregiver alcohol abuse and caregiver drug abuse. Lack of medical care was also added to encompass multiple aspects of medical neglect as a whole.

Definitions for all child maltreatment descriptions are now provided in eWiSACWIS and can be obtained using the Resource Flare on the Descriptions page or on the DCF Worker Portal to assist in the selection of the descriptions.



The removal reasons provided at the point of documenting a removal in eWiSACWIS are specific to the federal Adoption and Foster Care Analysis and Reporting System, also known as AFCARS, required data elements and cannot be modified. In order to assist agencies with the selection of these reasons, definitions are now provided in eWiSACWIS under the resources flare on the Removal Address and Reasons page or on the DCF Worker Portal.

DCF strongly encourages child welfare staff to select the main maltreatment allegation, i.e. Neglect, Physical Abuse, Sexual Abuse, as and if applicable select underlying factor(s) that may have contributed to the child's removal, for example Caretaker's Alcohol Abuse, Caretaker's Drug Abuse, Inadequate Housing, etc.

Next Steps

- Over the next year, other adaptations will be made as a multiple step process.
- Updates to existing reports (PAAD, Access and IA reports)
- Continue gathering AODA data



Over the next year, other adaptations will be made as a multiple step process. We will be making adaptations to existing eWiSACWIS reports to depict the AODA information captured in eWiSACWIS. The updated reports include:

The Placement Activity and Detail Report, the Access Report and the Initial Assessment Report.

We will also continue to gather and analyze AODA data captured in eWiSACWIS.



As always, thank you for the work you do everyday for the children and families of Wisconsin.