Extracting and Analyzing Administrative Child Welfare Case File Data:

An Exploration of Children with Prenatal Substance Exposure

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Project Overview

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Prenatal Alcohol and Other Drug Exposures in Child Welfare

- A variety of studies have indicated that children receiving child welfare services are more likely to have prenatal exposures to substances; parental substance abuse is a common reason that children are receiving child welfare services.
- The Children's Bureau and the Centers for Disease Control and Prevention (CDC) came together to explore information about knowledge, policies, and practices regarding children with prenatal substance exposures who are receiving child welfare services. Thanks to Dr. Jacquelyn Bertrand of the CDC for her collaboration.
- However, no existing data sources systematically report on this information.
- To explore this topic, we first conducted a pilot study at one local child welfare agency examining 75 case files, and we are now in the process of scaling up to 30 local child welfare agencies in 6 states across the county, examining case files at 8 of those agencies.

Background

- There are an estimated 400,000 infants affected by prenatal substance exposure born in the US each year.
- Prenatal exposures to alcohol, illicit drug, misused prescription drugs and other noxious substances are known to result in adverse child outcomes including reduced IQ, learning problems, attention deficits, behavioral issues, and poor adaptive functioning.

Using Child Welfare Case File Data in Research and Evaluation

Kathleen Wang, ICF

Exploring Case Records as Viable Data Source

- First, interviews with 37 child welfare agency staff confirmed that information on prenatal substance exposure was not being systematically recorded in case files.
- Child welfare agency staff reported that, if recorded at all, information on prenatal substance exposure would be located in openended notes within case records.
- Next, data staff interviews were used to learn about the structure of the case records and where this information was likely to be found.

Accessing Child Welfare Case Records

- Leveraged our existing partnership with a local child welfare agency to request access to case records.
- Completed confidentiality agreements, data sharing agreements, individual staff security agreements, and to submitted to both organization's IRBs.
- Nine project staff participated in a full-day training on the local agency's data system including issues of access, organization, and security.
- Four months after beginning this process, we were granted limited, read-only access to a subset of 75 case records previously identified by agency staff.

Extracting Case Record Data

- Two primary objectives of case file review extraction, to identify:
 - 1. Any consistent data locations where staff routinely documented PSE information.
 - 2. Potential data elements that could accommodate routine reporting of PSE history.
- Based on interviews with agency data staff and our training on the local agency's data system, we created an Excel database (or case abstraction rubric) to record relevant information.

Extracting Case Record Data

Referral Screens Module Information

Overall File Information, Referral								
		5. Any PSE in						
1. Reviewer		Referral?						
		6. Any family						
2. Date of Review		history of PSE in						
(MM/DDAYYYY)		referral?						
3. Any Maternal		7. Any Official						
Substance Use in		medical diagnosis						
Referral?		in referral?						
4. Any Maternal		8. Any Treatment						
Substance Use		or Services for Kids						
during Pregnancy		in Referral?						

Background Information on Referral										
11. Referral number	12. Date of Referral (MM/DD/YYYY)	13. Type of Referral								
14. # of biological children in referral	15. Previous CFSA Involvement (family)?	16. Date of earliest involvement (family). (MM/DD/YYYY)?	17. Referral ID of earliest Involvement (family)							

Child-Specific Background Information												
	21. Date of Birth (MM/DD/YYYYY)	22. Age at referral	23. Race	24. Ethnicity	25. Gender	Allegation (list)		26b. Second S Allegati	ion (list)	26c. Third Substantiated	27. Inves Deci:	
						CATEGORY	TYPE	CATEGORY	TYPE	CATEGORY	Туре	
a. Child #1:												
ь. Child #2:												

Reviewer Comments:

251	01.0.1				35. Primary context of use/abuse disclosure					36. Substance use/abuse treatment- related context					
Maternal Substance Use/ Abuse	31. Relevant information documented (YIN)?	32. Timing of Usel Abuse	33. Substance Use During Pregnancy?	34. List all substances mentioned	Positive drug test/positive toxicology	Self-report	Collateral Report	Evidence	No context provided	No treatment discussed	Previous treatment	Recommende d for future treatment	Currently in treatment	Treatment referenced, timing unclear	37. Additional description of o information.
a. Hotline: Hotline															
Narrative OR CPS															
Outcome Narrative															
b. Hotline: RED Team Assessment															
c. Investigation: Contacts OR Report: Contacts															

Analyzing Case Record Data

- Our analysis was primarily quantitative, examining trends across 75 case records.
- Information about PSE was located in a variety of different screens within the case files which supported what was reported in staff interviews.
- Information on prenatal substance exposure was primarily reported in narrative fields which are not conducive for use in assessing prevalence since they are not searchable.

KEY FINDING

59% of case records included a report of prenatal substance exposure; however, this information was not systematically recorded in any standardized location, format, or depth.

Benefits and Challenges of Case Record Review

Case Record Review BENEFITS

- New and mostly untapped data source.
 - Understand the full context of a family's involvement with the child welfare agency.
- Rich data source.
 - As close to comprehensive as we could hope to find.

Case Record Review CHALLENGES

- Time consuming to gain access.
 - Required interviews and training to contextualize how data are stored and what data fields mean.
- Time consuming to extract data.
 - Approximately six hours to review and record information per case record.

Scaling up Case Record Reviews for Deeper Exploration

Erin Ingoldsby, James Bell Associates

Questions Pursued by Current Study

- What are the current policies and practices in place in CW agencies and related organizations for the identification of children with prenatal substance exposure (PSE) and/or diagnosed with a resulting condition (such as Fetal Alcohol Syndrome [FAS] or FASD)?
 - Do/how do CW agency staff identify children with PSE?
 - What factors are associated with
 - identification of a child with PSE?
 - how the CW agency responds to service needs?
 - Are the data useful to explore trends related to PSE? FASDs? Service referrals?
 - What can we learn about CW practices regarding referrals for assessment and services?

Planned Methods to Scale Reviews

- Project will generate new relationships with state and local agencies to obtain a diverse body of data
 - Will result in better understanding of how various state and local policies impact documentation of and service referrals for children with prenatal exposures
 - Challenge: Obtaining permissions to access records will likely take more time
- Project will review 55 case records in each of 8 agencies for a total of 440 cases
 - This will generate a robust data-set to thoroughly address research questions
 - Challenge: Managing and analyzing these data will be resource-intensive
- Project will utilize a more flexible data entry form in Access
 - This form can be tailored to individual agencies while still seamlessly consolidating data from all agencies into one master database
 - Challenge: Building this adaptive data entry form has been a complex process

Effective Application in Answering Questions about Practices and Policies

Studies applying case record data have shown:

- ▶ the impact of concurrent planning practices on child welfare outcomes of reunification and adoption in six counties (D'Andrade & Chambers, 2012)
- the impact of the Early Head Start (EHS) program on documented abuse and neglect among children in the child welfare system from seven of the original seventeen programs in a national EHS randomized control trial (Green, Ayoub, Bartlett, Von Ende, et al., 2015)
- differences in child welfare case practice after installing a new system of reviewing cases of disrupted reunification (Hess, Folaron, & Jefferson, 1992)

Other studies are examining:

▶ the impact of home visiting programs on child welfare on improving birth and maternal health outcomes using records from 20 states and over 40 agencies (Lee, Warren, & Gill, 2015)

Thank you!

Further questions can be directed to:

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