



Substance Use Disorder Treatment Penetration among Child Welfare-Involved Caregivers

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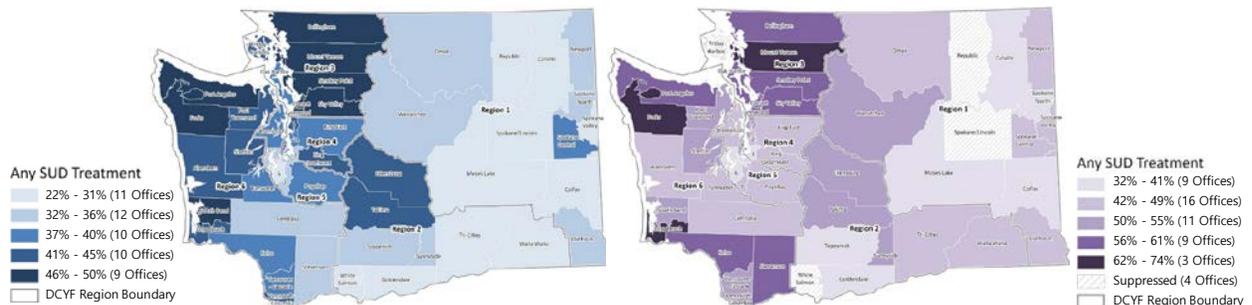
Report to the Department of Children Youth and Families, Office of Innovation Alignment and Accountability

THE FAMILIES FIRST PREVENTION SERVICES ACT (FFPSA) allows states to use federal Title IV-E funds to deliver prevention services to families with children at risk of entering foster care. The goals of these prevention services are for children to remain safely at home and prevent child removal. Substance use disorder (SUD) treatment for caregivers of children at risk of foster care placement is one type of prevention service allowable under FFPSA. This report outlines the extent of SUD treatment need and assesses treatment penetration rates for child welfare-involved caregivers across Washington State using administrative data.

Key Findings

- 1. Many caregivers involved in the child welfare system have indications of substance use disorder (SUD).** About one-quarter (27 percent) of all child welfare-involved caregivers had SUD in the year prior to their child welfare involvement, while 58 percent of caregivers with a child in out-of-home placement had SUD in the year prior to the child's removal.
- 2. The SUD treatment penetration rate among child welfare-involved caregivers was under 50 percent.** Among all child welfare-involved caregivers with SUD, 39 percent received any SUD treatment in the 12 months following the CPS intake or child removal. Among caregivers with children in out-of-home placement who had SUD, 49 percent received any SUD treatment in the 12 months following the date of the child's removal.
- 3. Rates of SUD treatment penetration varied considerably across the state.** Low rates of treatment penetration were found across eastern Washington, in southern central Washington, and in the south Puget Sound Region.

Proportion with Any Substance Use Disorder Treatment by DCYF Office
Caregivers with... child welfare involvement and SUD ... children in out-of-home placement and SUD



Full-size maps can be found on pages 8 and 9.

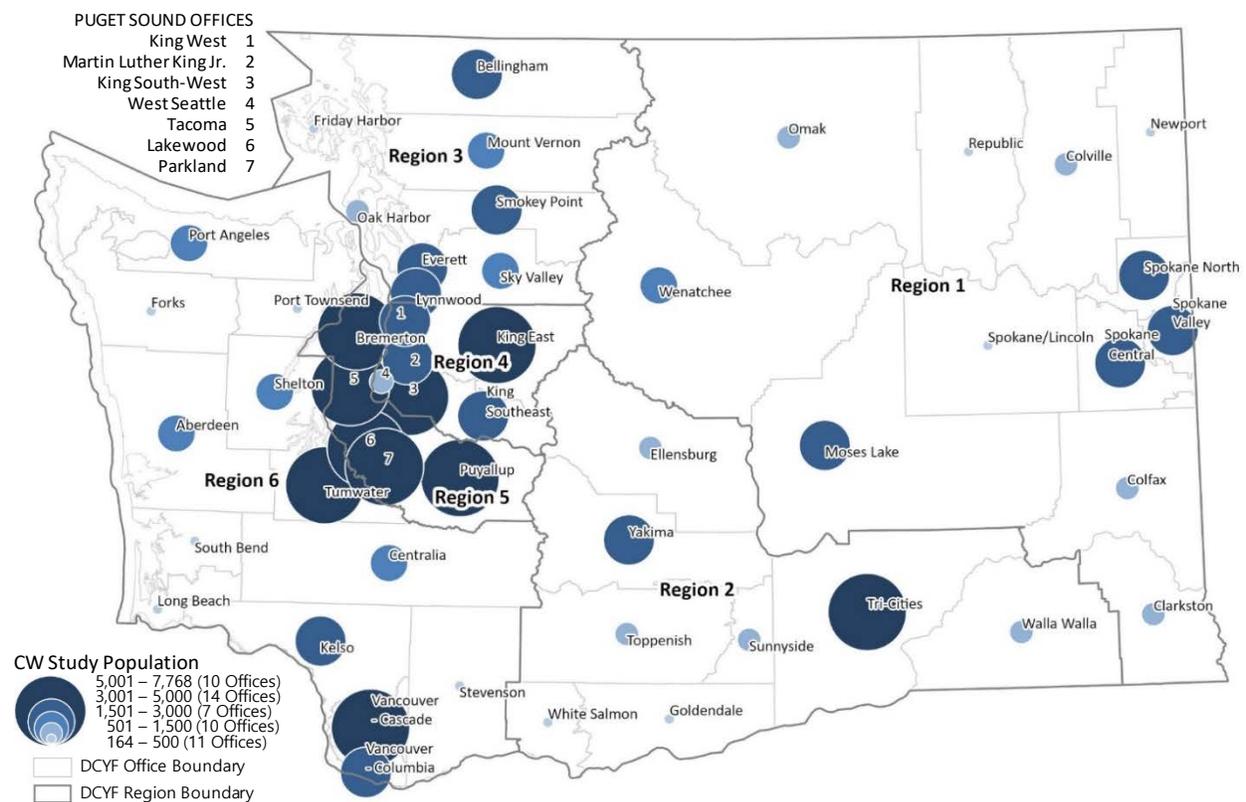
Defining the Study Population

For this report, two groups of child welfare-involved caregivers were identified using the Department of Children Youth and Families' (DCYF) FamLink data system from SFY 2015 through SFY 2018. The two groups of caregivers reflect differing levels of contact with DCYF.

Child Welfare-Involved Caregivers (N = 148,264) included individuals on accepted Child Protective Services (CPS) intakes who were identified as the primary or secondary caregiver on the case during the Structured Decision Making (SDM) Risk Assessment¹ and primary and secondary caregivers who had a child in out-of-home placement during the study period. This group of caregivers will be referred to as *CW-involved caregivers* throughout the report. Figure 1 displays the count of CW-involved caregivers across the state.² CW-involved caregivers were identified in every office, with larger numbers in the Puget Sound, Tri-Cities, and greater Vancouver region.

FIGURE 1.

Count of CW-Involved Caregivers in Washington State
SFY 2015-2018

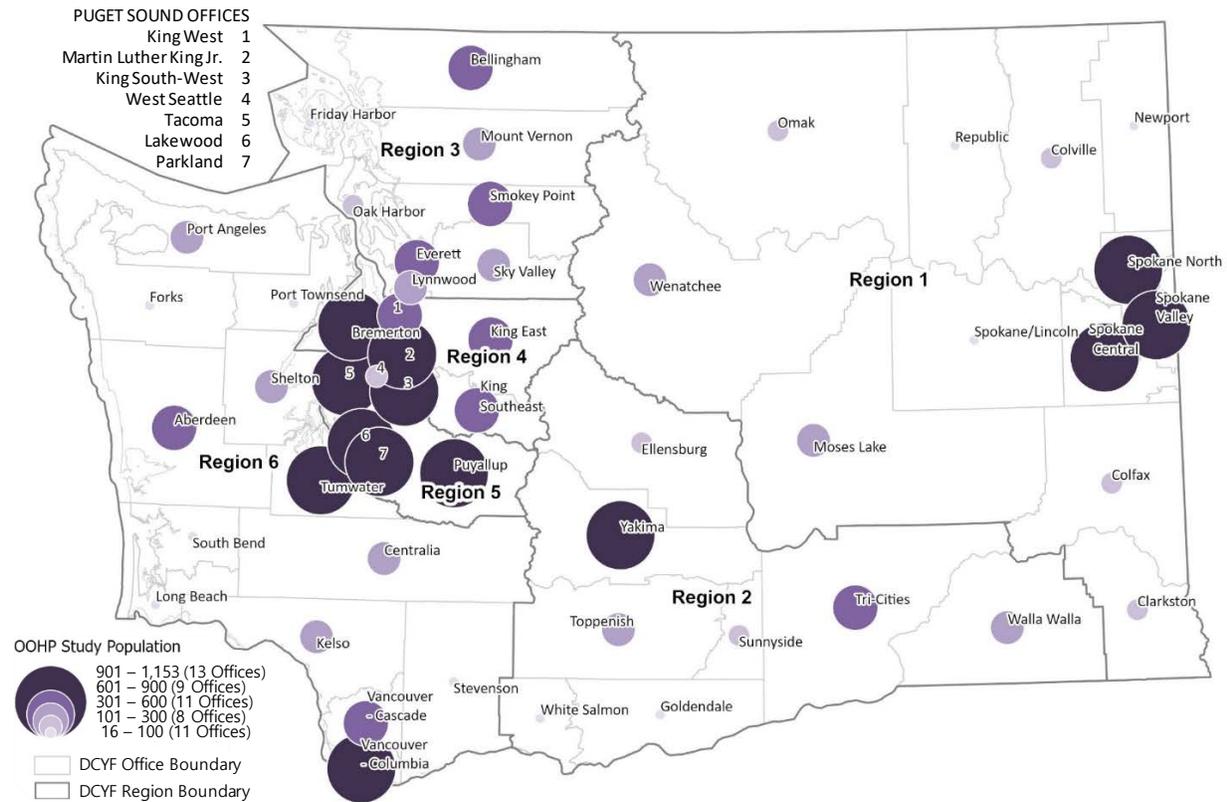


¹ The SDM Risk Assessment is a household-based assessment focused on the characteristics of the caregivers and children living in that household. Caseworkers complete SDM risk assessments on all screened in CPS intakes.

² A total of 1,709 CW-involved caregivers (1.2% of the cohort) were not associated with geographic information in the Integrated Client Database. These caregivers were included in statewide calculations but were not included in office-level analyses.

Caregivers with Children in Out-of-home Placement (OOHP) (N = 27,431) included primary and secondary caregivers of children in out-of-home placement. This group of caregivers will be referred to as *OOHP caregivers* throughout the report. OOHP caregivers are a subgroup of CW-involved caregivers. OOHP caregivers were identified across the state with larger numbers in the south Puget Sound region, and the greater Yakima, Spokane, and Vancouver regions.

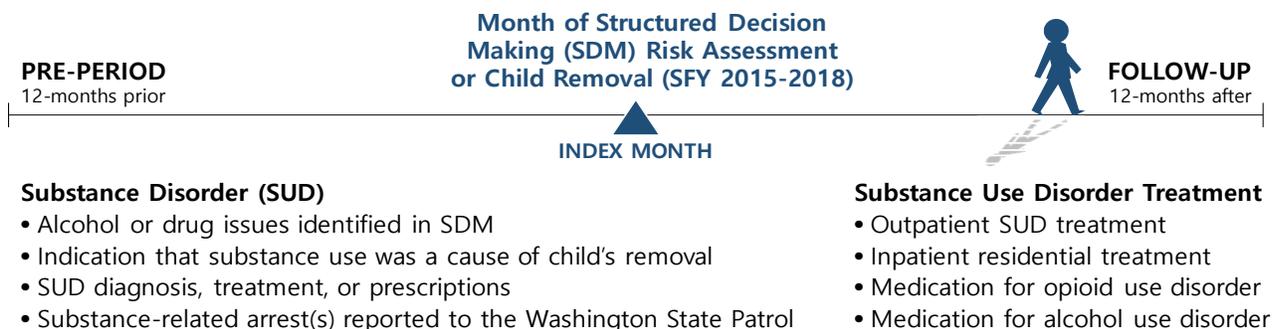
FIGURE 2.
Count of OOHP Caregivers in Washington State
 SFY 2015-2018



Substance Use Disorder Prevalence

SUD was identified from a number of sources. The SDM risk assessment, recorded in FamLink, includes questions on whether the primary and secondary caregiver struggled with drug or alcohol use during the 12 months prior to the CPS intake. FamLink also contains information on whether substance use was a reason for child removal. The DSHS Integrated Client Database (ICDB) contains data on SUD diagnoses, prescriptions, and treatment for those with publicly funded health coverage, and on SUD-related arrests reported to the Washington State Patrol.

FIGURE 3.
Study Timeline



Caregivers were identified as having SUD if the SDM listed a substance use issue or substance use was a reason for child removal; or the caregiver had an SUD diagnosis, prescription, treatment, or arrest in the 12 months prior to either the intake date (CW-involved caregivers) or removal date (OOHP caregivers) (See Figure 3). Twenty-seven percent of CW-involved caregivers had evidence of SUD, while 58 percent of OOHP caregivers had evidence of SUD.

FIGURE 4.
Prevalence of SUD among Child Welfare-Involved Caregivers
SFY 2015-2018



Substance Use Diagnosis Types

Among CW-involved caregivers with SUD, 78 percent had issues related to drug use and 39 percent had issues related to alcohol use. For OOHP caregivers, these figures were 88 percent and 35 percent, respectively. The most common drug use diagnoses among CW-involved caregivers with SUD were for opioids (21 percent) followed by stimulants (18 percent) and cannabis (17 percent).³ The most common substance use disorder diagnoses among OOHP caregivers were for stimulants (25 percent) followed by opioids (23 percent) and cannabis (16 percent). Twenty-one percent of CW-involved caregivers with SUD had more than one type of substance diagnosed compared to 27 percent of OOHP caregivers with SUD.⁴

³ This section refers to most the common types of SUD diagnoses and does not correspond to the most common drugs used.

⁴ Six total substance types were included: alcohol, opioids, cocaine, stimulants, sedatives, and cannabis. See Technical Notes for details.

Table 1 compares the offices with the *highest proportions* of CW-involved caregivers with SUD to the offices with the *highest numbers* of CW-involved caregivers with SUD. For example, while the Aberdeen office had the highest proportion of CW-involved caregivers with SUD (39 percent), the number of caregivers with SUD in the Aberdeen office (967) did not rank in the top 10. Only the Spokane Central office appears on both lists, with the 8th highest proportion of CW-involved caregivers with SUD (37 percent) and the 5th highest number of CW-involved caregivers with SUD (1,483).

TABLE 1.

Offices with the *Highest Proportions* Compared to the *Highest Numbers* of CW-Involved Caregivers with SUD

SFY 2015-2018

Highest Proportions of SUD			Highest Numbers with SUD				
	Number with SUD	% with SUD		Number with SUD	% with SUD		
1	Aberdeen	967	39%	1	Tri-Cities	1,619	26%
2	White Salmon	84	39%	2	Tacoma	1,603	30%
3	Forks	91	39%	3	Spokane North	1,563	34%
4	Goldendale	113	38%	4	Spokane Valley	1,549	34%
5	Clarkston	335	38%	5	Spokane Central	1,483	37%
6	Long Beach	120	37%	6	Bellingham	1,457	32%
7	Port Angeles	580	37%	7	Everett	1,411	30%
8	Spokane Central	1,483	37%	8	Tumwater	1,411	25%
9	Walla Walla	538	36%	9	Yakima	1,409	31%
10	Toppenish	517	36%	10	Puyallup	1,331	23%

OOHP Caregivers

Overall, 58 percent of OOHP caregivers had an indication of SUD. However, the prevalence differed across the state from a low of 45 percent in the Lakewood office to a high of 77 percent in the Spokane/Lincoln office. Figure 7 displays the percent of OOHP caregivers with an indication of SUD by DCYF office. Offices with higher proportions of OOHP caregivers with SUD were located in the Spokane region, southeast Washington, and parts of northwest Washington.

While these parts of the state have high need for SUD treatment for OOHP caregivers, it is important to note that in all geographic areas at least 45 percent of OOHP caregivers had an indication of SUD. Further, in all but six offices over half of OOHP caregivers had SUD.

FIGURE 7.

Proportion of OOHP Caregivers with SUD by DCYF Office
SFY 2015-2018

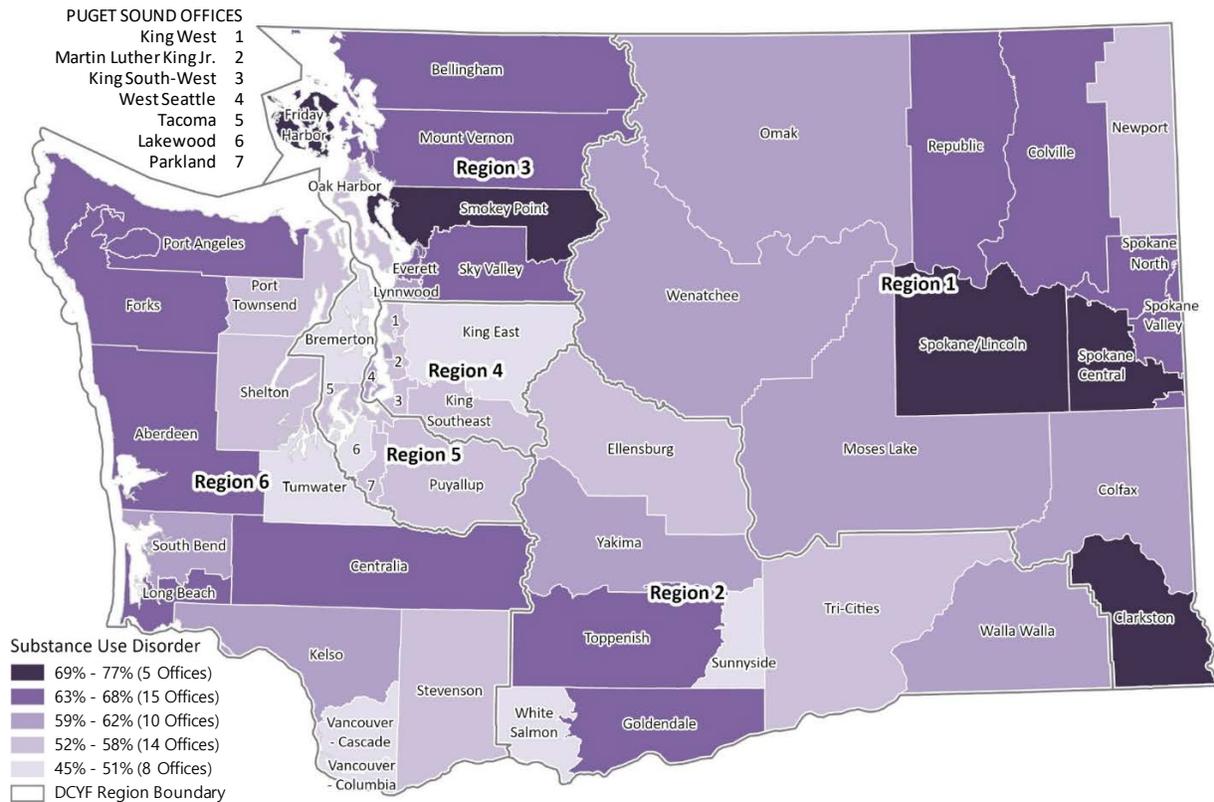


Table 2 compares the offices with the *highest proportions* of OOHP caregivers with SUD to the offices with the *highest numbers* of OOHP caregivers with SUD during SFY 2015-2018. For example, while the Spokane/Lincoln office had the highest proportion of OOHP caregivers with SUD (77 percent), the number of OOHP caregivers with SUD in the Spokane/Lincoln office (24) did not rank in the top 10. As with CW-involved caregivers, Spokane Central was on both lists, ranking 2nd for proportion of OOHP caregivers with SUD (71 percent) and 1st for highest numbers of OOHP caregivers with SUD (691). Additionally, the Bellingham office was 7th for highest proportion (68 percent) and 7th for highest number of OOHP caregivers with SUD (579).

TABLE 2.

Offices with the *Highest Proportions* Compared to the *Highest Numbers* of OOHP Caregivers with SUD

SFY 2015-2018

Highest Proportions of SUD			Highest Numbers with SUD				
	Number with SUD	% with SUD		Number with SUD	% with SUD		
1	Spokane/Lincoln	24	77%	1	Spokane Central	691	71%
2	Spokane Central	691	71%	2	Tacoma	655	57%
3	Clarkston	111	71%	3	Yakima	613	60%
4	Smokey Point	506	70%	4	Spokane North	607	67%
5	Friday Harbor	11	69%	5	Spokane Valley	606	67%
6	Port Angeles	258	68%	6	Everett	586	65%
7	Bellingham	579	68%	7	Bellingham	579	68%
8	Republic	25	68%	8	Parkland	576	57%
9	Colville	159	67%	9	Puyallup	570	54%
10	Mount Vernon	349	67%	10	Bremerton	560	51%

Statewide Rates of SUD Treatment Penetration

SUD treatment was defined as receiving any of the following services in the 12 months after the CPS intake or child removal: outpatient SUD treatment, inpatient residential treatment, medication for opioid use disorder, or medication for alcohol use disorder (see Figure 3). Only caregivers with at least one month of Medicaid in the 12 months after CPS intake or child removal are included in the calculation because the measure of treatment is limited to Medicaid-funded services.⁵ A majority of child welfare-involved caregivers had at least one month of Medicaid: 82 percent of CW-involved caregivers and 87 percent of OOHP-caregivers met this restriction.

CW-involved Caregivers

Overall, 39 percent of CW-involved caregivers received any SUD treatment in the 12-month follow-up period. SUD penetration varied considerably across the state from 22 percent in the Colfax office to 50 percent in the Bellingham office.

Figure 8 displays the percent of CW-involved caregivers with SUD who accessed SUD treatment during the 12-month follow-up period by DCYF office. The areas with the highest SUD treatment penetration include most of Region 3 (northwest Washington), the upper portion of the Olympic Peninsula, as well as the South Bend office. Among the nine offices with the highest rates of SUD treatment penetration, 46 percent to 50 percent of CW-involved caregivers accessed SUD treatment. SUD treatment penetration was low in much of Region 1, with the exception of Central Spokane, and in the southern part of Region 2 (White Salmon, Goldendale, Tri-Cities, and Walla Walla). The Lakewood office in Region 5 also had notably low SUD treatment penetration (30 percent). Seven offices had the lowest rates of SUD penetration ranging between 22 percent and 31 percent.

⁵ The SUD treatment penetration rate calculation used in this report is not comparable to the standard calculation using a 24-month lookback window and higher threshold for months of Medicaid coverage.

FIGURE 8.

SUD Treatment Penetration among CW-involved Caregivers with SUD by DCYF Office
SFY 2015-2018

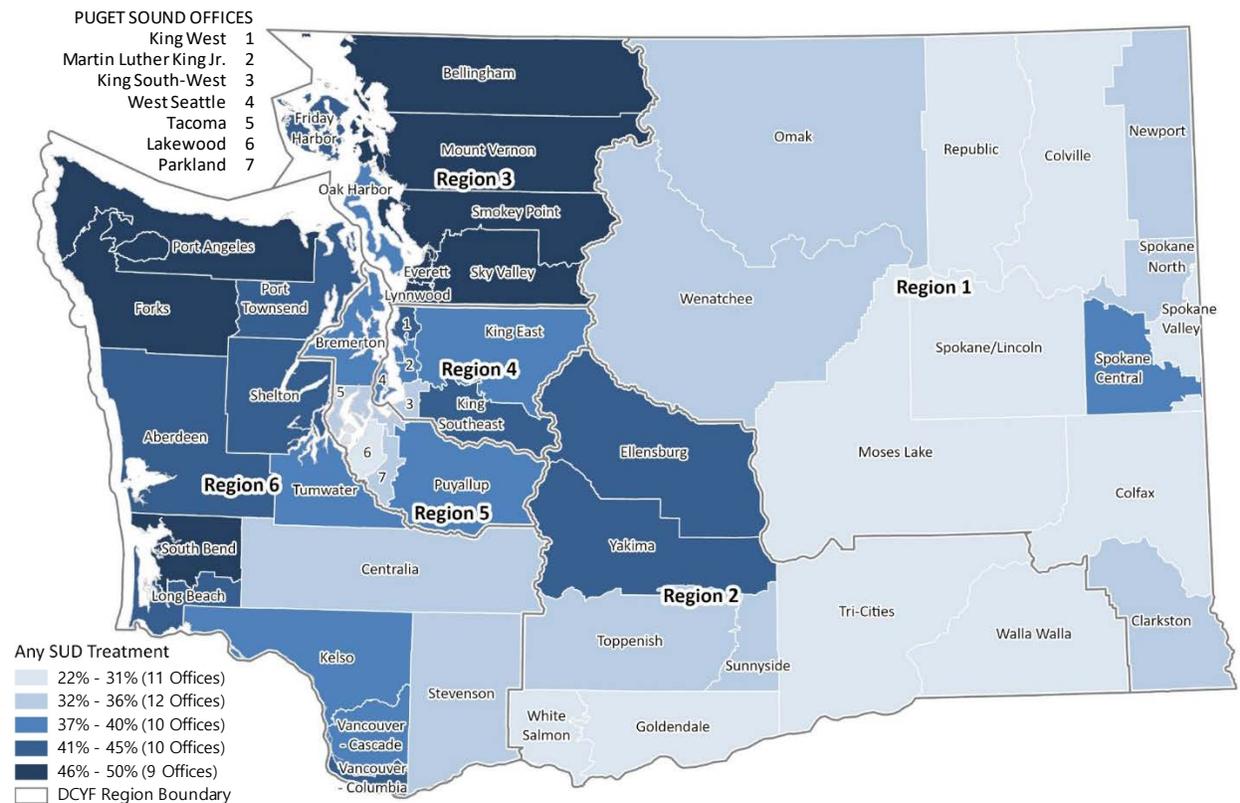


Table 3 compares the offices with the *lowest rates* of SUD treatment penetration among CW-involved caregivers to the offices with the *highest numbers* of CW-involved caregivers with unmet need for SUD treatment, SFY 2015-2018. Unmet treatment need is defined as caregivers with an indication of SUD who did not receive any SUD treatment in the 12 subsequent months.⁶ Spokane Valley appears on both lists, ranking 9th lowest for SUD treatment penetration among CW-involved caregivers (31 percent) and 2nd for the number of CW-involved caregivers with unmet SUD treatment needs (921). Lakewood also appears on both lists, ranking 6th for lowest penetration of SUD treatment (30 percent) and 10th for highest number of caregivers with unmet SUD treatment need (668).

⁶ Total with SUD – Number who received treatment = Number with unmet SUD treatment need.

TABLE 3.

Offices with Lowest Rates of SUD Treatment Penetration and Highest Numbers with Unmet SUD Treatment Need among CW-Involved Caregivers

SFY 2015-2018

Lowest SUD Treatment Penetration			Highest Numbers with Unmet Need				
	Number with Unmet Need	Penetration Rate		Number with Unmet Need	Penetration Rate		
1	Colfax	112	22%	1	Spokane North	943	32%
2	White Salmon	46	26%	2	Spokane Valley	921	31%
3	Spokane/Lincoln	31	26%	3	Tacoma	887	34%
4	Moses Lake	495	28%	4	Tri-Cities	886	31%
5	Goldendale	65	29%	5	Spokane Central	811	37%
6	Lakewood	668	30%	6	Tumwater	714	38%
7	Republic	32	30%	7	King South-West	708	34%
8	Colville	225	31%	8	Parkland	704	34%
9	Spokane Valley	921	31%	9	Yakima	691	42%
10	Walla Walla	302	31%	10	Lakewood	668	30%

OOHP Caregivers

Overall, 49 percent of OOHP caregivers with SUD received any SUD treatment in the 12 months following the child's removal. Penetration rates varied considerably across the state from 32 percent in the Colfax office to 73 percent in the Long Beach office.

Figure 9 displays, by DCYF office, the percent of OOHP caregivers with SUD who accessed SUD treatment during the 12 months following the child removal. The offices with the highest SUD treatment penetration include Long Beach, Forks, and Mount Vernon. Among the three offices with the highest rates of SUD treatment penetration, 64 to 75 percent of OOHP caregivers accessed SUD treatment. SUD treatment penetration was low across the state with rates under 42 percent in most of Region 1 (Colville, Spokane North, Colfax, Moses Lake), southern central Washington in Region 2 (Toppenish and Goldendale), and the south Puget Sound in Regions 4 and 5 (Tacoma, King South-West, Lakewood). Note that areas with small populations were suppressed.

FIGURE 9.

SUD Treatment Penetration among OOHP Caregivers with SUD by DCYF Office
SFY 2015-2018

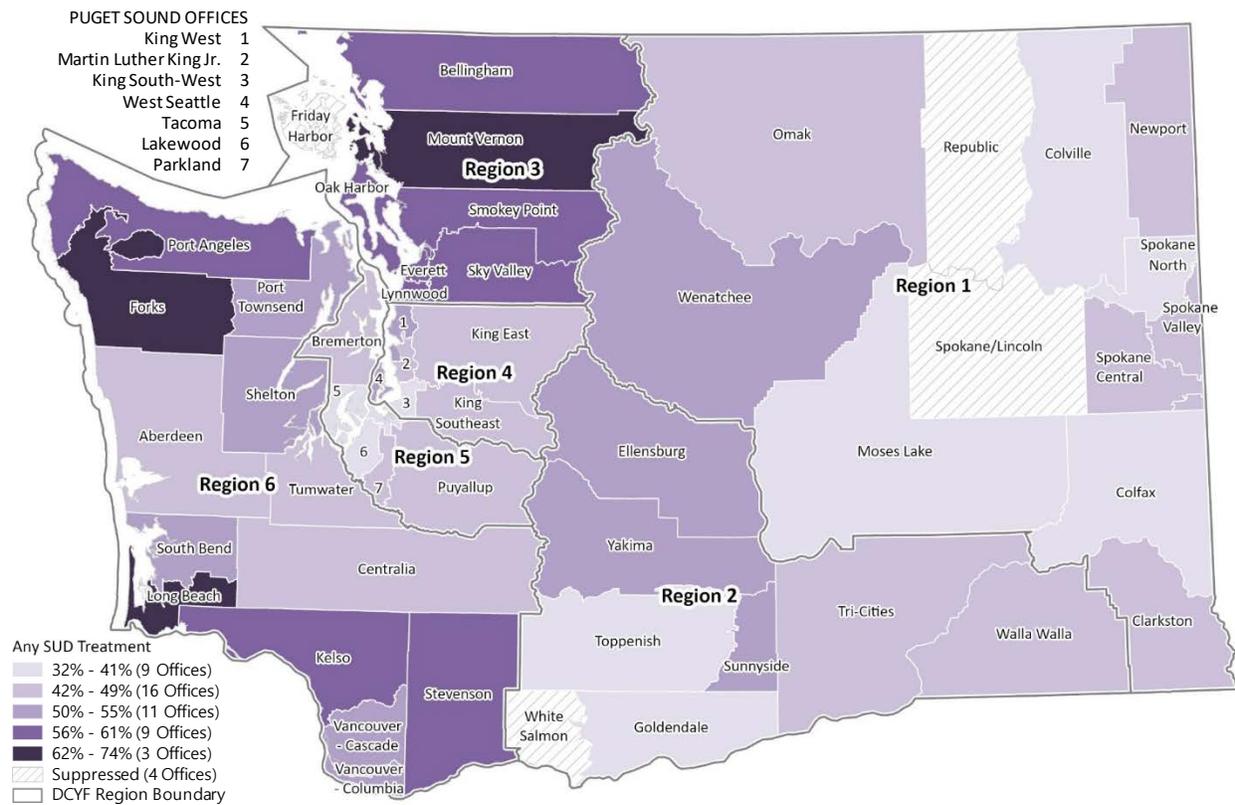


Table 4 compares the offices with the *lowest rates* of SUD treatment penetration among OOHP caregivers to the offices with the *highest numbers* of OOHP caregivers with unmet need for SUD treatment, SFY 2015-2018. Tacoma appears on both lists, ranking 6th lowest for SUD treatment penetration among OOHP caregivers (41 percent) and 1st for the number of OOHP caregivers with unmet SUD treatment needs (335). Spokane North also appears on both lists, ranking 7th for lowest SUD treatment penetration among OOHP caregivers (41 percent) and 3rd for number of OOHP caregivers with unmet SUD treatment needs (325). Lakewood, King South-West, and Parkland also all appear on both lists, indicating low rates of SUD treatment penetration and high numbers of caregivers with unmet needs in the south Puget Sound region.

TABLE 4.

Offices with Lowest Rates of SUD Treatment Penetration and Greatest Numbers of OOHP Caregivers with Unmet SUD Treatment Need
SFY 2015-2018

Lowest SUD Treatment Penetration			Highest Numbers with Unmet SUD Treatment Need				
	Number with Unmet Need	Penetration Rate		Number with Unmet Need	Penetration Rate		
1	Colfax	39	32%	1	Tacoma	335	41%
2	Goldendale	24	35%	2	Spokane Central	333	47%
3	Lakewood	247	36%	3	Spokane North	325	41%
4	Toppenish	103	37%	4	Spokane Valley	313	43%
5	Moses Lake	191	39%	5	Parkland	283	42%
6	Tacoma	335	41%	6	Puyallup	268	45%
7	Spokane North	325	41%	7	Bremerton	254	49%
8	King South-West	245	41%	8	Lakewood	247	36%
9	Colville	82	41%	9	King South-West	245	41%
10	Parkland	283	42%	10	Yakima	244	54%

Statewide Rates of MOUD Treatment Penetration

Across the state, about 21 percent of all CW-involved caregivers with SUD were identified as having an opioid use disorder (OUD) and about 23 percent of all OOHP caregivers with SUD were identified as having OUD. Since there are three FDA-approved medications for OUD (MOUD), this sub-group analysis looks at the extent to which child welfare-involved caregivers with OUD diagnoses were accessing these medications.

CW-Involved Caregivers

Among CW-involved caregivers with OUD, 44 percent received MOUD treatment. MOUD treatment penetration for CW-involved caregivers varied from a high of 57 percent in Lynnwood to a low of 28 percent in Wenatchee (see Figure 10). MOUD treatment penetration rates of offices that had 10 or fewer caregivers who received MOUD or that had 10 or fewer CW-involved caregivers who had an indication of OUD were suppressed on the map. MOUD treatment penetration rates were highest in the northern Puget Sound region (Lynnwood, Everett, King East, Mount Vernon, King West) and Shelton. The six offices with the lowest rates (32 percent or lower) were in central Washington (Wenatchee, Omak, Moses Lake), southwest Washington (Centralia, Vancouver-Cascade), and northwest Washington (Oak Harbor).

FIGURE 10.

MOUD Penetration among CW-Involved Caregivers with OUD by DCYF Office
SFY 2015-2018

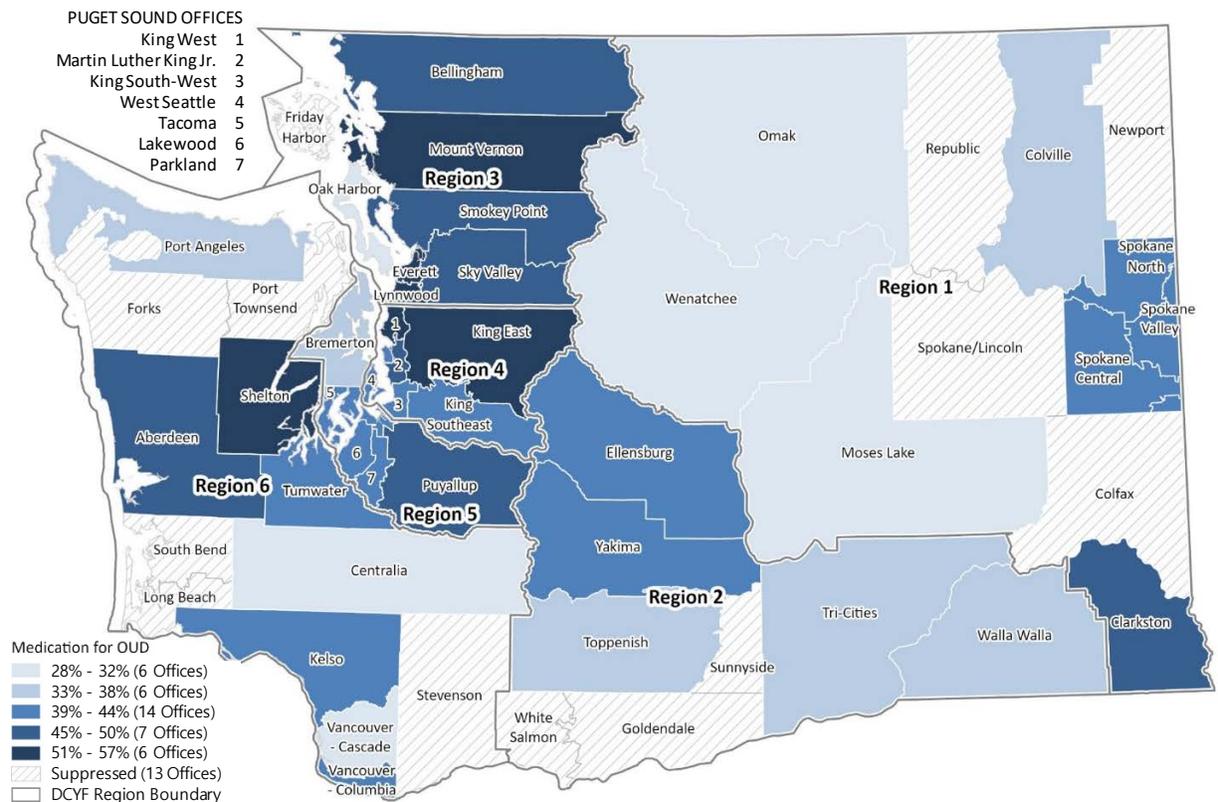


Table 5 compares the offices with the *lowest rates* of MOUD treatment penetration among CW-involved caregivers to the offices with the *highest numbers* of CW-involved caregivers with unmet MOUD treatment need, SFY 2015-2018. The Tri-Cities are on both lists, appearing 10th for lowest MOUD treatment penetration (36 percent) and 6th for highest number with unmet MOUD treatment need (173).

TABLE 5.

Offices with Lowest Rates of MOUD Treatment Penetration and Greatest Numbers of CW-Involved Caregivers with Unmet MOUD Treatment Need
SFY 2015-2018

Lowest Rates of MOUD Penetration			Highest Numbers with Unmet Need				
	Number with Unmet Need	MOUD Rate		Number with Unmet Need	MOUD Rate		
1	Wenatchee	73	28%	1	Spokane Valley	189	41%
2	Oak Harbor	31	28%	2	Tacoma	185	42%
3	Vancouver - Cascade	112	29%	3	Smokey Point	184	48%
4	Omak	32	32%	4	Everett	178	54%
5	Centralia	93	32%	5	Spokane Central	176	44%
6	Moses Lake	88	32%	6	Tri-Cities	173	36%
7	Toppenish	29	34%	6	Bellingham	173	50%
8	Walla Walla	59	34%	8	Spokane North	171	44%
9	Port Angeles	98	35%	9	King South-East	169	43%
10	Tri-Cities	173	36%	10	Puyallup	166	47%

OOHP Caregivers

Overall, 43 percent of OOHP caregivers with OUD received MOUD treatment. MOUD treatment penetration varied throughout the state from a low of 24 percent in Wenatchee to a high of 56 percent in Lynnwood. A total of 19 offices were suppressed on the map because they had too few OOHP caregivers with OUD for penetration rates to be valid. High rates of MOUD treatment penetration were found in the northern Puget Sound region (Lynnwood, Sky Valley, King West, Mount Vernon, King East, Everett). The three offices with the lowest rates (30 percent or lower) were Wenatchee, Port Angeles, and Lakewood.

FIGURE 11.

MOUD Penetration among OOHP Caregivers with OUD by DCYF Office

SFY 2015-2018

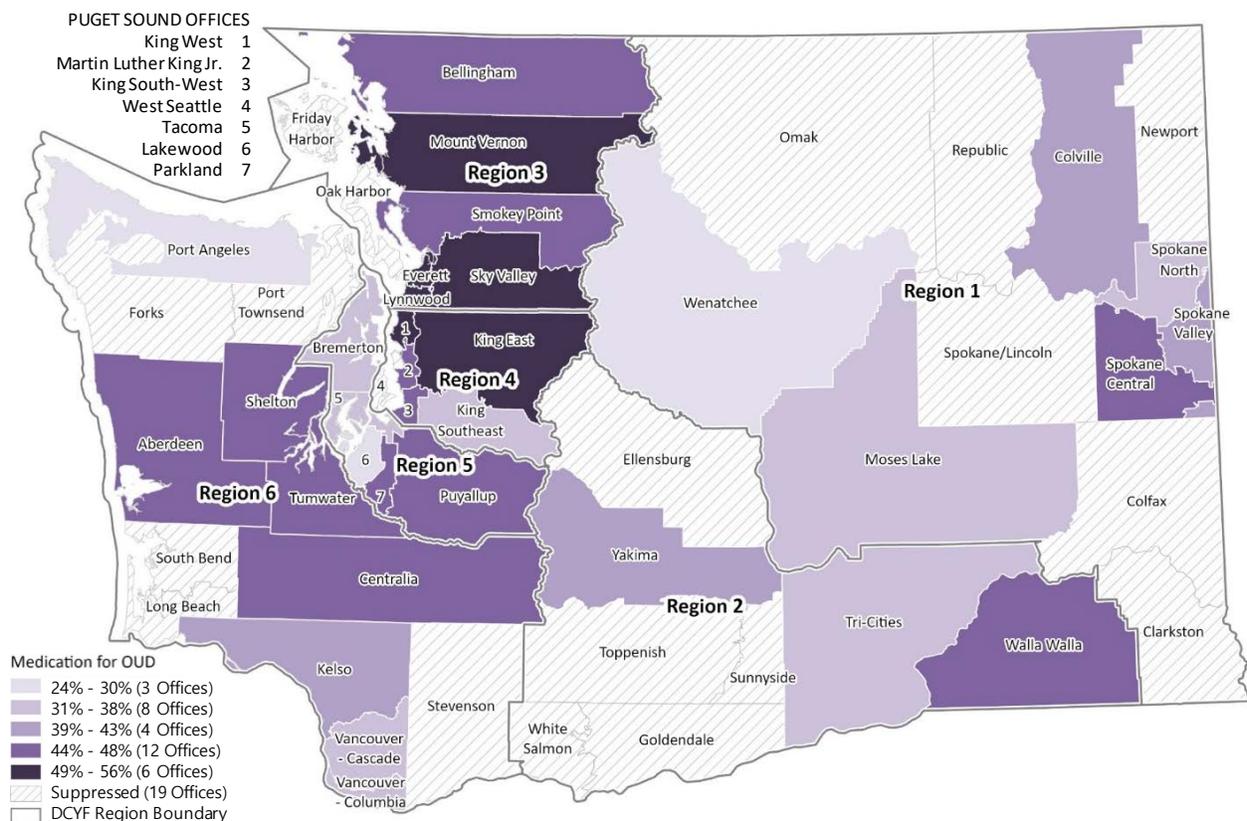


Table 6 compares the offices with the *lowest rates* of MOUD treatment penetration among OOHP caregivers to the offices with the *highest numbers* of OOHP caregivers with unmet MOUD treatment need, SFY 2015-2018. Spokane North appears on both lists, ranking 6th for lowest MOUD rate (34 percent) and 7th for number of OOHP caregivers with unmet MOUD need (80). King South-East also appears on both lists at 9th for lowest MOUD rate (37 percent) and 5th for number of OOHP caregivers with unmet MOUD treatment need (86).

TABLE 6.

Offices with Lowest Rates of MOUD Treatment Penetration and Greatest Numbers of OOHP Caregivers with Unmet MOUD Treatment Need
SFY 2015-2018

Lowest Rates of MOUD Penetration		Number with unmet OUD need	Rate of MOUD	Highest Numbers with Unmet OUD Need		Number with unmet OUD need	Rate of MOUD
1	Wenatchee	38	24%	1	Everett	97	50%
2	Port Angeles	51	26%	2	Tacoma	90	38%
3	Lakewood	56	30%	3	Smokey Point	89	47%
4	Vancouver - Cascade	40	32%	4	Spokane Central	87	47%
5	Tri-Cities	45	34%	5	King South-East	86	37%
6	Spokane North	80	34%	6	Puyallup	84	45%
7	Moses Lake	47	35%	7	Spokane North	80	34%
8	Vancouver - Columbia	45	37%	7	Spokane Valley	80	42%
9	King South-East	86	37%	9	Bellingham	79	48%
10	Bremerton	68	38%	10	Parkland	70	45%

Discussion

Many child welfare-involved caregivers throughout Washington State could benefit from access to treatment for SUD. About one-quarter of CW-involved caregivers had an indication of SUD, and only 39 percent of those with SUD received any SUD treatment within 12 months of CPS intake. Nearly sixty percent of OOHP caregivers had an indication of SUD, while 49 percent of those with SUD treatment need received any SUD treatment within 12 months of the child's removal. Areas with the highest rates of SUD included the Spokane area, Olympic Peninsula, southern central Washington, and southeast Washington.

Access to treatment differed across the state. Areas with the lowest rates of SUD treatment penetration were located in eastern Washington, along the Oregon border in central Washington, and in the south Puget Sound region. At the same time, areas with the highest numbers of caregivers with identified SUD who did not receive SUD treatment—those with unmet SUD treatment needs—were located in the greater Spokane region, the South Puget Sound, and Yakima region. In contrast, MOUD treatment penetration for child welfare involved caregivers appears to be high in the northern Puget Sound region while much of the rest of the state could benefit from greater MOUD treatment access.

Limitations

This analysis relies on administrative data for the identification of SUD. FamLink SUD information is based on caseworker judgement during the SDM process and could be subject to individual biases. Medicaid-based indications of SUD (treatment, prescriptions, and diagnoses) are based both on clinician judgements and on clients accessing medical care. Individuals of certain backgrounds (e.g. racial/ethnic minorities, women, immigrants) may be over or under-diagnosed or treated, or seek medical care at differing rates. Arrest-based SUD indicators may be biased due to uneven surveillance across communities, leading to under identification in primarily white communities, and over identification in communities of color. Future studies could examine such disparities and how they may impact the geographic differences observed in this report.

This analysis also uses a broad definition of SUD treatment penetration, which identifies whether an individual received any service which qualifies as treatment (information on inpatient and outpatient residential treatment are available in a supplement). Therefore, an individual with even one treatment

service is included as receiving treatment. While measures of treatment engagement and completion were explored, their definitions were difficult to apply to this analysis. Future research could investigate the best ways to measure not only any treatment, but effective treatment. Given this limitation, SUD treatment penetration figures reported here should be considered a ceiling, with treatment initiation and engagement levels likely much lower.

Finally, data across multiple years (SFY 2015 to SFY 2018) were combined, due to lags in data maturity, the need for 12 full months of follow up to examine SUD treatment penetration, and the need for a large sample of child welfare involved caregivers to assess penetration at small geographies. While levels of penetration have likely increased since the earliest period,⁷ it is also likely that the differentials across communities have remained consistent.

Conclusions

As DCYF implements its FFPSA prevention plan, approaches for engaging child welfare-involved caregivers who have not had a child removed but could benefit from voluntary SUD treatment will need to be built out across the state. DCYF and the Health Care Authority (HCA), the state's Medicaid agency, will need to coordinate on referrals between child welfare and the SUD treatment system and on building treatment capacity for child welfare involved caregivers in targeted regions across the state. DCYF and HCA should also consider what supplementary services (e.g. onsite childcare, parenting skills supports) could be paired with SUD treatment to increase the likelihood that child welfare-involved caregivers are successful in reaching their recovery and parenting goals. The majority of child welfare involved caregivers are shared clients between DCYF and HCA. A coordinated approach to serving caregivers with SUD will benefit both the caregivers and their children, through reducing entries into care and shortening time in care for children in out-of-home placement.

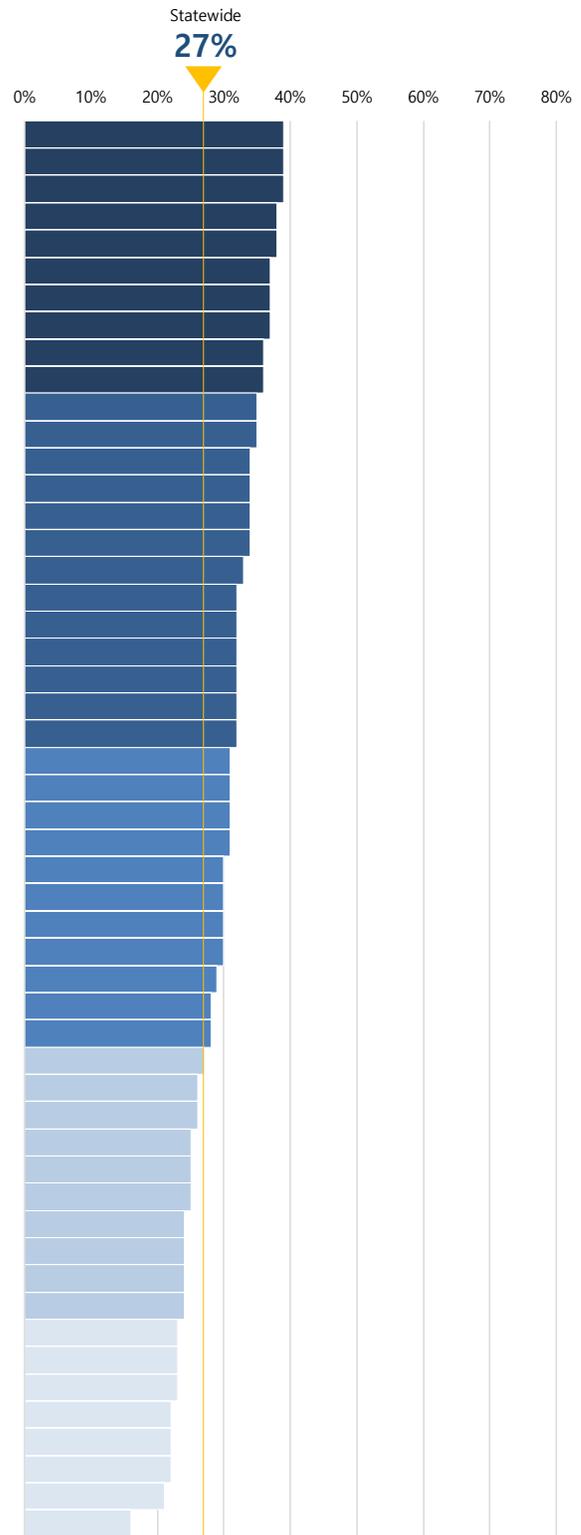
⁷ See Bittinger, K; Greener, E; Lucenko, B; and Felver, B (2020). *Washington State Behavioral Health Treatment and Recovery Support Services Utilization*. Washington State Department of Social and Health Services, Research and Analysis Division, Report 9.119.

APPENDIX

APPENDIX TABLE A

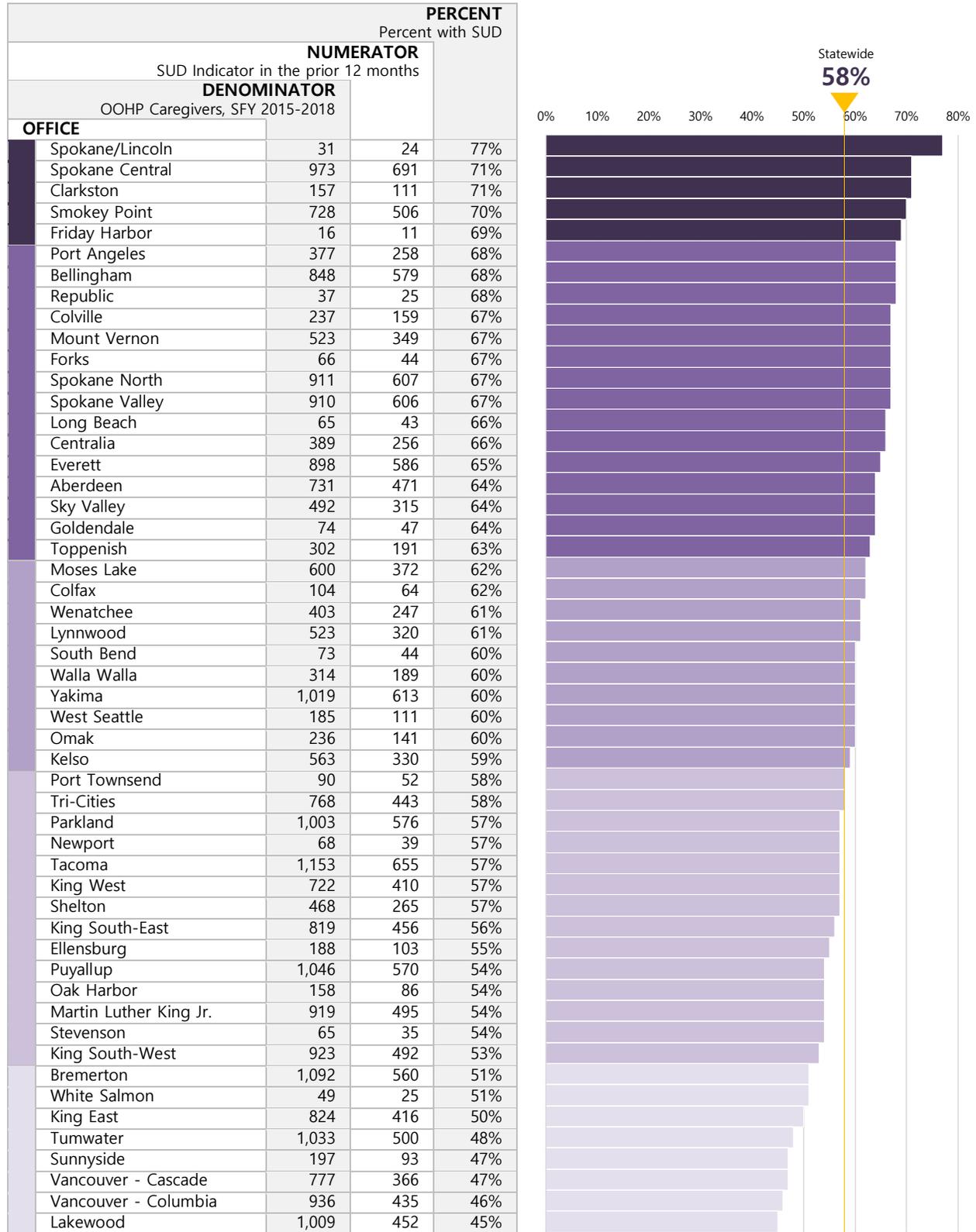
Proportion with Substance Use Disorder by DCYF Office
CW-Involved Caregivers, SFY 2015-2018

				PERCENT
				Percent with SUD
		NUMERATOR		
		SUD Indicator in the prior 12 months		
		DENOMINATOR		
		CW-Involved Caregivers, SFY 2015-2018		
OFFICE				
Aberdeen	2,472	967	39%	
White Salmon	215	84	39%	
Forks	233	91	39%	
Goldendale	296	113	38%	
Clarkston	878	335	38%	
Long Beach	322	120	37%	
Port Angeles	1,571	580	37%	
Spokane Central	4,019	1,483	37%	
Walla Walla	1,476	538	36%	
Toppenish	1,441	517	36%	
Omak	898	312	35%	
South Bend	269	93	35%	
Stevenson	285	98	34%	
Spokane North	4,578	1,563	34%	
Spokane Valley	4,590	1,549	34%	
Colfax	584	196	34%	
Shelton	1,652	539	33%	
Port Townsend	459	149	32%	
Colville	1,190	384	32%	
Smokey Point	4,134	1,328	32%	
Bellingham	4,539	1,457	32%	
Ellensburg	819	262	32%	
Kelso	3,540	1,126	32%	
Spokane/Lincoln	178	56	31%	
Republic	164	51	31%	
Yakima	4,561	1,409	31%	
Centralia	2,202	673	31%	
Everett	4,643	1,411	30%	
Mount Vernon	2,818	848	30%	
Tacoma	5,346	1,603	30%	
Wenatchee	2,263	677	30%	
Newport	384	110	29%	
Moses Lake	3,019	852	28%	
Friday Harbor	196	54	28%	
Sky Valley	2,977	795	27%	
Tri-Cities	6,255	1,619	26%	
Parkland	5,086	1,311	26%	
King South-East	4,542	1,149	25%	
Bremerton	5,172	1,301	25%	
Tumwater	5,701	1,411	25%	
King West	3,694	901	24%	
West Seattle	1,237	301	24%	
Lynnwood	3,828	924	24%	
Martin Luther King Jr.	4,925	1,180	24%	
King South-West	5,569	1,301	23%	
Vancouver - Columbia	4,859	1,111	23%	
Puyallup	5,849	1,331	23%	
Sunnyside	1,029	227	22%	
Lakewood	5,506	1,205	22%	
Oak Harbor	1,301	284	22%	
Vancouver - Cascade	5,023	1,064	21%	
King East	7,768	1,236	16%	



APPENDIX TABLE B.

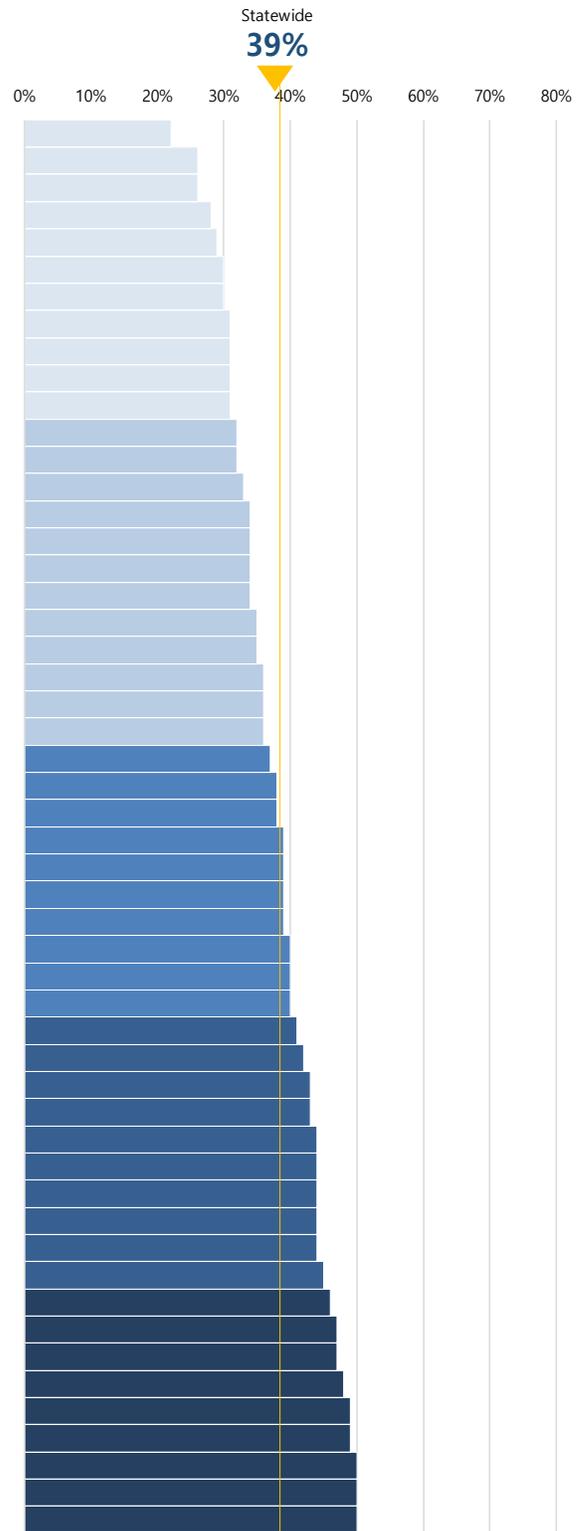
Proportion with Substance Use Disorder by DCYF Office
OOHP Caregivers, SFY 2015-2018



APPENDIX TABLE C.

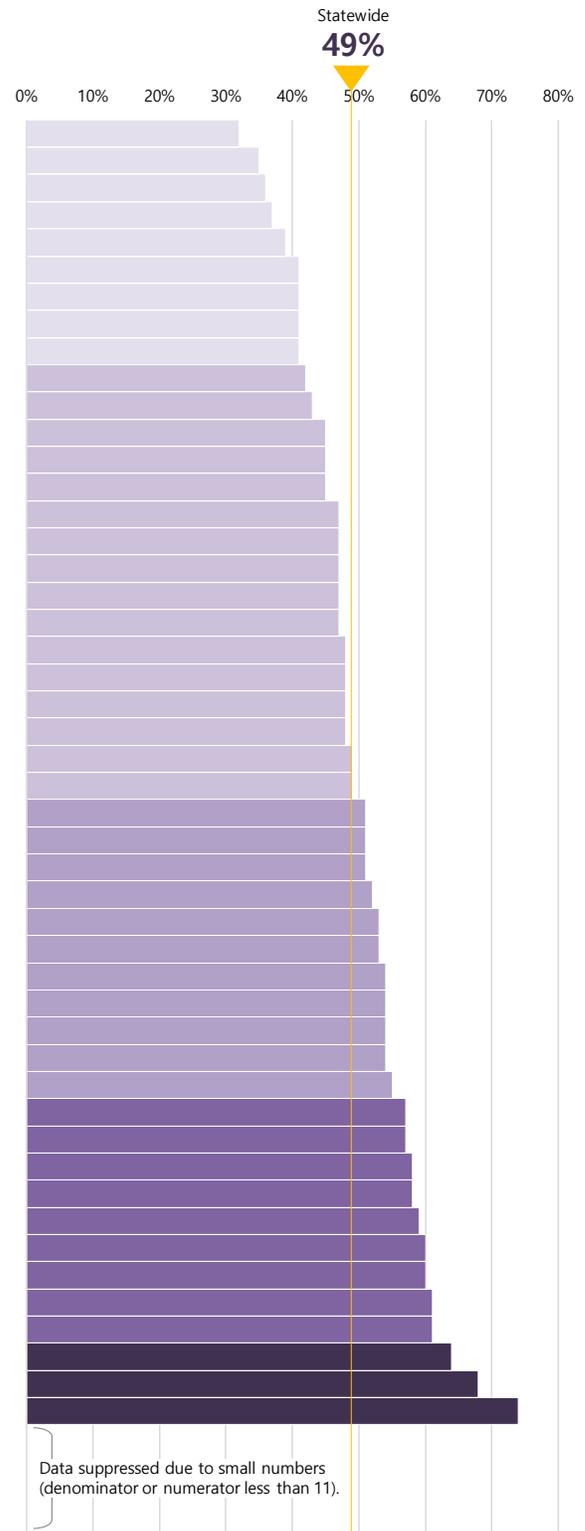
Proportion with Any Substance Use Disorder Treatment by DCYF Office
 CW-Involved Caregivers with SUD, SFY 2015-2018

OFFICE	NUMERATOR		PERCENT
	Received SUD Treatment within 12 months		Treatment Penetration
	DENOMINATOR		
	SUD and Medicaid Eligible, SFY 2015-18		
Colfax	144	32	22%
White Salmon	62	16	26%
Spokane/Lincoln	42	11	26%
Moses Lake	688	193	28%
Goldendale	92	27	29%
Lakewood	958	290	30%
Republic	46	14	30%
Colville	324	99	31%
Spokane Valley	1,330	409	31%
Walla Walla	440	138	31%
Tri-Cities	1,292	406	31%
Spokane North	1,379	436	32%
Toppenish	443	143	32%
Clarkston	263	87	33%
Tacoma	1,343	456	34%
Parkland	1,066	362	34%
King South-West	1,075	367	34%
Stevenson	76	26	34%
Centralia	587	205	35%
Omak	268	95	35%
Sunnyside	169	60	36%
Newport	87	31	36%
Wenatchee	527	191	36%
Spokane Central	1,288	477	37%
Vancouver - Cascade	812	307	38%
Tumwater	1,153	439	38%
Kelso	972	379	39%
Puyallup	1,035	405	39%
Bremerton	1,097	432	39%
King East	899	355	39%
Martin Luther King Jr.	984	391	40%
West Seattle	241	96	40%
Oak Harbor	226	91	40%
Aberdeen	814	337	41%
Yakima	1,186	495	42%
King South-East	944	404	43%
Ellensburg	217	93	43%
Vancouver - Columbia	857	373	44%
Friday Harbor	39	17	44%
Shelton	467	204	44%
Port Townsend	123	54	44%
Long Beach	95	42	44%
King West	729	330	45%
Lynnwood	694	319	46%
Sky Valley	587	273	47%
South Bend	79	37	47%
Smokey Point	1,071	509	48%
Forks	82	40	49%
Everett	1,152	564	49%
Mount Vernon	719	357	50%
Port Angeles	518	259	50%
Bellingham	1,217	611	50%



Proportion with Any Substance Use Disorder Treatment by DCYF Office
OOHP Caregivers with SUD, SFY 2015-2018

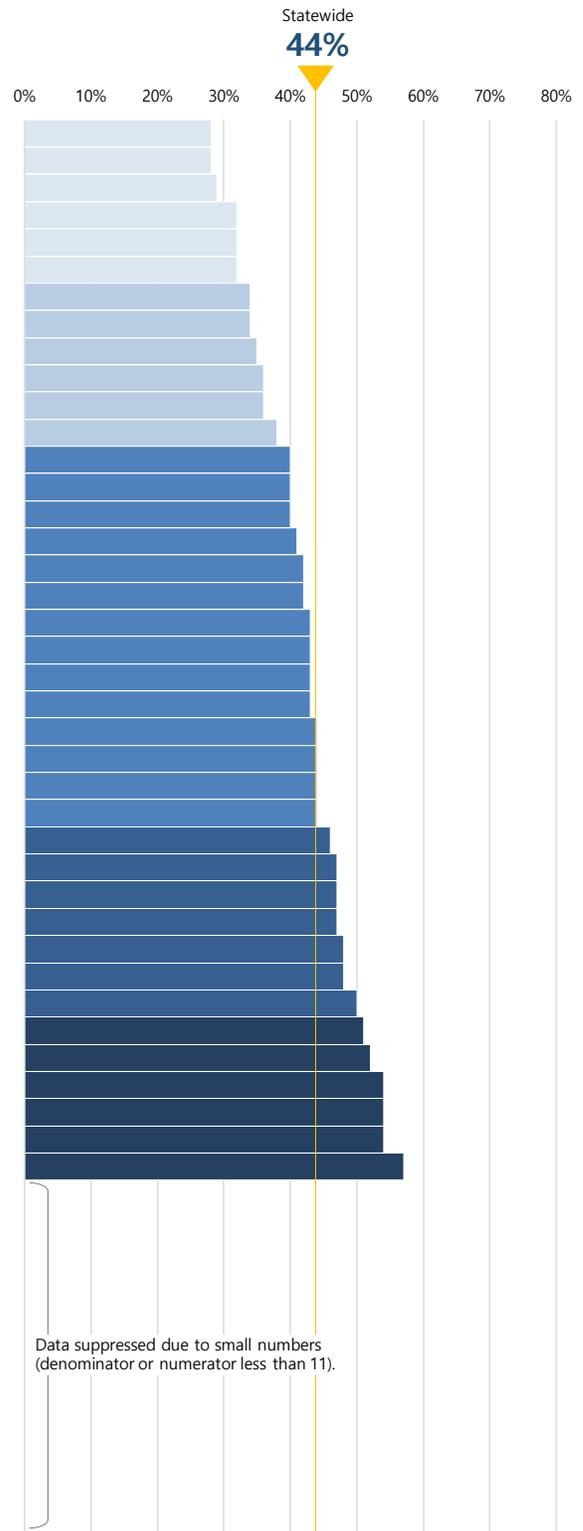
OFFICE	NUMERATOR		PERCENT
	Received SUD Treatment within 12 months		Treatment Penetration
	DENOMINATOR		
	SUD and Medicaid Eligible, SFY 2015-18		
Colfax	57	18	32%
Goldendale	37	13	35%
Lakewood	384	137	36%
Toppenish	163	60	37%
Moses Lake	315	124	39%
Tacoma	571	236	41%
Spokane North	554	229	41%
King South-West	418	173	41%
Colville	140	58	41%
Parkland	492	209	42%
Spokane Valley	546	233	43%
Puyallup	485	217	45%
Walla Walla	169	76	45%
Newport	33	15	45%
King South-East	406	190	47%
Martin Luther King Jr.	429	201	47%
Spokane Central	627	294	47%
Tumwater	428	201	47%
Tri-Cities	384	182	47%
Clarkston	88	42	48%
King East	351	168	48%
Aberdeen	413	198	48%
Omak	123	59	48%
Bremerton	495	241	49%
Centralia	231	114	49%
Vancouver – Cascade	299	151	51%
Shelton	236	121	51%
Sunnyside	70	36	51%
Vancouver – Columbia	360	186	52%
Wenatchee	209	111	53%
Ellensburg	92	49	53%
King West	365	196	54%
West Seattle	93	50	54%
Yakima	530	286	54%
South Bend	37	20	54%
Port Townsend	47	26	55%
Kelso	297	168	57%
Stevenson	30	17	57%
Oak Harbor	74	43	58%
Smokey Point	438	255	58%
Sky Valley	260	154	59%
Port Angeles	234	140	60%
Lynnwood	261	157	60%
Bellingham	518	316	61%
Everett	517	317	61%
Mount Vernon	310	199	64%
Forks	40	27	68%
Long Beach	38	28	74%
Republic	23	-	-
Spokane/Lincoln	21	-	-
Friday Harbor	11	-	-
White Salmon	20	-	-



APPENDIX TABLE E.

Proportion Receiving Medication for Opioid Use Disorder by DCYF Office
 CW-Involved Caregivers with OUD, SFY 2015-2018

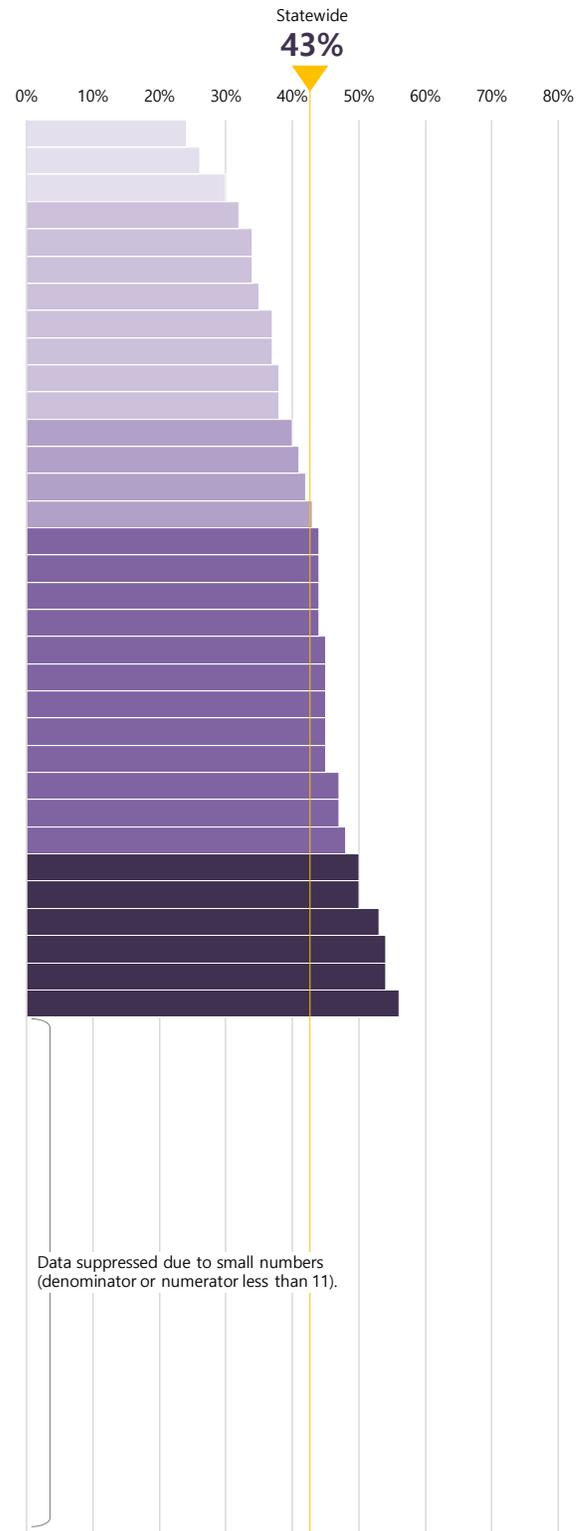
OFFICE	NUMERATOR		PERCENT
	Received MOUD Treatment within 12 months		Medication for Opioid Use Disorder (MOUD) Penetration
	DENOMINATOR		
	OUD and Medicaid Eligible, SFY 2015-2018		
Wenatchee	101	28	28%
Oak Harbor	43	12	28%
Vancouver - Cascade	158	46	29%
Omak	47	15	32%
Centralia	137	44	32%
Moses Lake	130	42	32%
Toppenish	44	15	34%
Walla Walla	90	31	34%
Port Angeles	151	53	35%
Tri-Cities	269	96	36%
Bremerton	236	86	36%
Colville	77	29	38%
Vancouver - Columbia	149	59	40%
Lakewood	188	75	40%
Tumwater	275	111	40%
Spokane Valley	321	132	41%
Ellensburg	36	15	42%
Tacoma	320	135	42%
King South-East	294	125	43%
Kelso	206	88	43%
Parkland	259	112	43%
King South-West	283	123	43%
Spokane North	303	132	44%
West Seattle	57	25	44%
Spokane Central	314	138	44%
Yakima	194	86	44%
Clarkston	48	22	46%
Sky Valley	189	89	47%
Puyallup	314	148	47%
Martin Luther King Jr.	259	123	47%
Aberdeen	204	98	48%
Smokey Point	356	172	48%
Bellingham	345	172	50%
King West	257	131	51%
Mount Vernon	225	118	52%
King East	267	144	54%
Shelton	100	54	54%
Everett	389	211	54%
Lynnwood	221	126	57%
White Salmon	-	-	-
Spokane/Lincoln	-	-	-
Republic	-	-	-
Goldendale	-	-	-
Friday Harbor	11	-	-
Stevenson	13	-	-
South Bend	16	-	-
Newport	17	-	-
Long Beach	17	-	-
Colfax	18	-	-
Port Townsend	19	-	-
Sunnyside	20	-	-
Forks	23	-	-



APPENDIX TABLE F.

Proportion Receiving Medication for Opioid Use Disorder by DCYF Office
OOHP Caregivers with OUD, SFY 2015-2018

OFFICE	NUMERATOR		PERCENT
	Received MOUD Treatment within 12 months		Medication for Opioid Use Disorder (MOUD) Penetration
	DENOMINATOR		
	OUD and Medicaid Eligible, SFY 2015-2018		
Wenatchee	50	12	24%
Port Angeles	69	18	26%
Lakewood	80	24	30%
Vancouver - Cascade	59	19	32%
Tri-Cities	68	23	34%
Spokane North	122	42	34%
Moses Lake	72	25	35%
Vancouver - Columbia	71	26	37%
King South-East	137	51	37%
Bremerton	109	41	38%
Tacoma	145	55	38%
Yakima	90	36	40%
Kelso	83	34	41%
Spokane Valley	139	59	42%
Colville	30	13	43%
King South-West	116	51	44%
Walla Walla	25	11	44%
Shelton	45	20	44%
Aberdeen	108	48	44%
Tumwater	96	43	45%
Parkland	127	57	45%
Martin Luther King Jr.	111	50	45%
Puyallup	153	69	45%
Centralia	53	24	45%
Spokane Central	165	78	47%
Smokey Point	169	80	47%
Bellingham	151	72	48%
Everett	194	97	50%
King East	113	57	50%
Mount Vernon	96	51	53%
King West	143	77	54%
Sky Valley	89	48	54%
Lynnwood	94	53	56%
White Salmon	-	-	-
Republic	-	-	-
Friday Harbor	-	-	-
Spokane/Lincoln	-	-	-
Newport	-	-	-
Sunnyside	-	-	-
Goldendale	-	-	-
South Bend	-	-	-
Colfax	-	-	-
Stevenson	-	-	-
Port Townsend	-	-	-
Long Beach	11	-	-
Forks	11	-	-
Oak Harbor	13	-	-
Toppenish	14	-	-
Ellensburg	17	-	-
Clarkston	18	-	-
Omak	21	-	-
West Seattle	23	-	-



STUDY DESIGN AND OVERVIEW

The goal of this study was to assess the prevalence of substance use disorder (SUD) among child welfare-involved caregivers in Washington State and to examine the level of SUD treatment penetration for this population across the state.

Two groups of child welfare-involved caregivers were identified using DCYF’s FamLink data system for State Fiscal Year (SFY) 2015 to SFY 2018. The two groups of caregivers reflect differing levels of contact with DCYF.

- Child Welfare (CW)-Involved Caregivers (N=148,264): Individuals on accepted Child Protective Services (CPS) intakes who were identified as the primary or secondary caregiver on the case during the Structured Decision Making (SDM) Risk Assessment and primary or secondary caregivers of children in out-of-home placement. If a caregiver had more than one SDM in the study period, only the first was used.
- Caregivers with Children in Out-of-home Placement (OOHP Caregivers) (N=27,431): Primary and secondary caregivers of children in episode of out-of-home placement. OOHP caregivers are a smaller subset of CW-involved caregivers.

DATA SOURCES AND MEASURES

Substance use disorder was identified using the following sources:

- FamLink indication from the Structured Decision Making (SDM) Risk Assessment that the caregiver had alcohol- or drug-related issues during the year prior to the CPS intake.
- FamLink indication that caregiver alcohol- or drug-related issues were a primary reason for child removal (for caregivers with children in OOHP).
- ICDB data on SUD diagnoses, SUD treatment, and SUD prescriptions in the 12 months prior to the CPS intake or removal among caregivers receiving publicly funded health care.
- ICDB data on substance-related arrests reported to the Washington State Patrol in the 12 months prior to the CPS intake or removal.

Drug or alcohol use was identified using FamLink SDM Risk Assessment fields and International Classification of Disease (ICD) ICD-9 and ICD-10 diagnosis codes from fee-for-service paid claims and managed care encounters accepted into ProviderOne, assessments processed through the Comprehensive Assessment Reporting Evaluation (CARE) tool, and data sourced from the Behavioral Health Services System.

- Drug use – SDM risk assessment identified the caregiver as having a drug use issue in the prior 12 months or the caregiver had a diagnosis of cocaine, stimulant, sedative, cannabis, opioid use (as described below) in the prior 12 months.
- Alcohol use - SDM risk assessment identified the caregiver as having an alcohol use issue in the prior 12 months or the caregiver had a diagnosis of alcohol use (as described below) in the prior 12 months.

Substance use diagnosis types were identified using ICD-9 and ICD-10 diagnosis codes from fee-for-service paid claims and managed care encounters accepted into ProviderOne, assessments processed through the Comprehensive Assessment Reporting Evaluation (CARE) tool, and data sourced from the Behavioral Health Services System from the 12 months prior to intake or child removal. Some caregivers with identified SUD may not have a specific drug or alcohol diagnosis if the only source of their identified substance use was FamLink or arrest data. Substance use diagnosis types are summarized below:

- Cocaine use – Diagnoses for cocaine use, abuse, dependence, or poisoning.
- Stimulant use – Diagnoses for amphetamine or other central nervous stimulant use, abuse, dependence, or poisoning.
- Sedative use – Diagnoses for sedative, hypnotic, or anxiolytic abuse, dependence, or poisoning.
- Cannabis use – Diagnoses for cannabis abuse or dependence, or poisoning by cannabis derivatives.
- Opioid use – Diagnoses for opioid abuse, opioid dependence, opioid use with intoxication, withdrawal, or opioid-induced psychiatric disorder, or poisoning with opium, heroin, opioids, methadone, or other or synthetic narcotics.
- Alcohol use – Diagnoses for alcohol poisoning or toxicity, alcoholism-related conditions (e.g. alcoholic cirrhosis of the liver), alcohol dependence, alcohol abuse, or alcohol withdrawal.

Substance use disorder prevalence is defined as the percent of either CW-involved or OOHP caregivers who had any indication of SUD (as defined above).

- Numerator: Caregivers with SUD.
- Denominator: Total caregivers.

Substance use disorder treatment was identified in the 12 months after CPS intake or child removal and was reported only for caregivers who had at least one month of Medicaid during the 12-month period. Substance use disorder treatment was defined as receiving any of the following through the state-funded behavioral health system:

- Outpatient SUD treatment.
- Inpatient residential SUD treatment.
- Medication for opioid use disorder (buprenorphine, naltrexone, methadone).
- Medication for alcohol use disorder (acamprosate, disulfiram, naltrexone).

Substance use disorder treatment penetration is calculated as the percent of caregivers with an identified SUD (as defined above) with at least one month on Medicaid in 12 months following CPS intake or child removal who received substance use disorder treatment (also defined above) in the 12 months following CPS intake or child removal.

- Numerator – Caregivers who received SUD treatment in the following 12 months.
- Denominator – Caregivers with identified SUD and at least 1 month of Medicaid coverage in the following 12 months.

Medications for opioid use disorder include any of the following over the 12 months following CPS intake or child removal.

- Filled prescriptions for any buprenorphine or naltrexone formularies approved for OUD.
- Receipt of methadone treatment for opioid use disorder paid through the Health Care Authority, either on a fee-for-service basis or through a managed care organization, including fully integrated managed care plans.

Medications for opioid use disorder penetration is calculated as the percent of caregivers with an identified opioid use disorder (as defined above) with at least one month on Medicaid in 12 months following CPS intake or child removal who received medication for opioid use disorder treatment (also defined above) in the 12 months following CPS intake or child removal.

- Numerator – Caregivers who received MOUD treatment in the following 12 months.
- Denominator – Caregivers with identified OUD and at least 1 month of Medicaid coverage in the following 12 months.

DCYF office was based on the best residential address for each caregiver from the administrative data contained in the Integrated Client Database as of the month of the CPS intake or child removal. Addresses were geocoded and, using the boundaries of DCYF office service areas, each caregiver was assigned to the DCYF office service area in which they lived. This DCYF office may differ from the DCYF office that received the CPS intake or managed the child removal.

Map classification: Maps of the study population (Figures 1 and 2) use manual population classification based on the count distribution of CW-involved caregivers and OOHP caregivers. All other maps (Figures 6 through 11) used the Jenks Optimization Method which minimizes variance within classes and maximizes variance between classes also known as "Natural Breaks" or "Goodness of Variance Fit."