Children’s Services in Washington State

Blue Ribbon Commission on Children and Families

SeaTac, WA

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DSHS Research and Data Analysis Division

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Overview

What services are children in Washington State receiving?
- Medicaid coverage and services
- Social Services
  - Economic services (TANF, Basic Food)
  - Child welfare services (CPS, case management, foster care)
  - Behavioral health (mental health, substance use)
  - Juvenile rehabilitation
  - Developmental disability services
  - Child care (Working Connections Child Care)

What experiences and risk factors are associated with needing services?
- Adverse Childhood Experiences
- Behavioral health, including intensive service needs

How are risk factors and service needs associated with outcomes?
- ED utilization
- Juvenile justice involvement
- Homelessness
- Educational outcomes
Integrated Client Databases

Included in service data presented

- DSHS Services
- DEL/DSHS
  - Working Connections Child Care
- HCA
  - Medical coverage
  - Diagnoses
  - Services and procedures
- Other External Data Sources

Not included in service data presented

- Behavioral health and other services administered through county juvenile courts
- School-based prevention and intervention services
- Community-based youth prevention services
- Most early learning services (except for Working Connections Child Care)
  - ECEAP
  - Head Start
  - Home visiting
Washington State Social and Health Services Integrated Client Databases
Established and Maintained by the DSHS Research and Data Analysis Division
Services Received: Children Age 0-17
Social and Health Service Use Rates for Children Age 0-17

As a proportion of Washington State’s age 0-17 population

SFY 2014 • TOTAL POPULATION = 1,591,184

Any DSHS or HCA Services
TOTAL = 1,010,253
63%

HCA Medical Coverage
n = 853,490
54%

DSHS SERVICES
Economic Services
n = 720,142
45%

Behavioral Health Treatment Need
n = 143,276
9%

ESA TANF Services
n = 123,168
8%

Any Children’s Administration
n = 111,006
7%

ESA/DEL Working Connections Child Care
n = 82,392
5%

Developmental Disability Services
n = 23,222
1%

CA Foster Care Services
n = 11,682
<1%

Juvenile Rehabilitation Services
n = 2,231
<1%


NOTE: Behavioral Health Treatment Need is a two-year measure (based on SFYs 2013, 2014) and is broadly defined to include any mental health service need and/or substance use disorder.
DSHS child welfare and poverty service populations have significant overlap

53% of the state’s 1,591,184 children received at least one of these five program services: n = 839,087
- Medicaid
- TANF
- Basic Food
- Children’s Administration
- Foster Care

Of the 839,087 children receiving these services:
- 46% received 2 services
- 15% received 3 services
- 3% received 4 services
- 1% received All 5 services

50% were enrolled in Medicaid n = 799,856

34% received Basic Food n = 533,836

47% were not served by Medicaid, TANF, Basic Food, Children’s Administration or Foster Care programs n = 752,097

8% received TANF n = 119,624
1% were in Foster Care n = 15,325
6% were served by DSHS Children’s Administration n = 96,810

NOTE: Analysis for this slide—prepared for an earlier analysis—restrict the medical population to those on Medicaid only. Thus, percentages differ slightly from the broader definition used for the previous slide.
Service Needs and Risk Factors
Behavioral Health Treatment Needs Vary by Service Use
OF CHILDREN/YOUTH AGES 0-17 WHO WERE MEDICALLY ELIGIBLE IN SFY 2014

All with HCA medical coverage
TOTAL = 853,490

84%  
80%  
63%  
44%  
15%

n = 715,881  
n = 96,369  
n = 57,531  
n = 5,001  
n = 246

No known Behavioral Health treatment need

14%  
18%  
31%  
45%  
47%

n = 121,506  
n = 21,317  
n = 28,529  
n = 5,055  
n = 789

Mental Health treatment need only

1%  
1%  
2%  
5%  
6%

n = 1,268  
n = 1,697  
n = 1,881  
n = 507  
n = 702

Substance Use Disorder treatment need only

16%  
20%  
37%  
56%  
85%

n = 12,675  
n = 9,328  
n = 1,268  
n = 3,848  
n = 1,697

Co-occurring Mental Health + Substance Use Disorder treatment need

1%  
1%  
1%  
1%  
1%

n = 6,775  
n = 9,328  
n = 1,268  
n = 3,848  
n = 1,697

SOURCE: DSHS Client Outcomes Database, DSHS Research and Data Analysis Division, May 2016.
Adverse Childhood Experiences
Can be Measured with Administrative Data

Adverse Childhood Experiences (ACEs) ¹
– Studies conducted by Kaiser Permanente and the Centers for Disease Control
– Generally using adult retrospective reporting via surveys

ACEs are related to adult health outcomes
– Chronic physical health problems such as heart disease, cancer, obesity
– Behavioral health problems such as mental illness and substance abuse
– Early death

ACEs measures derived from administrative data
– Domestic violence arrests for either parent
– Mental illness of birth parent
– Substance abuse of birth parent
– Criminal justice involvement of birth parent
– Child abuse/neglect as measured by family involvement in child welfare system
– Homelessness spell for family during child’s lifetime
– Death of parent

Youth Behavioral Health Treatment Needs Increase with Number of Adverse Childhood Experiences

FOR YOUTH AGE 12-17 ENROLLED IN MEDICAID IN SFY 2008
TOTAL = 125,123

Alcohol/Drug Treatment Need

- None: 2%
- 1: 4%
- 2: 5%
- 3: 7%
- 4: 9%
- 5+: 11%

Mental Health Treatment Need

- None: 11%
- 1: 23%
- 2: 28%
- 3: 31%
- 4: 36%
- 5+: 44%

SOURCE: Washington State Department of Social and Health Services, Research and Data Analysis Division, Integrated Client Database, June 2012.
Specific Experiences are Associated with Substance Abuse Among Youth

AGE 12 TO 17 ENROLLED IN MEDICAID IN SFY 2008

Substance Abuse Risk Factors

<table>
<thead>
<tr>
<th>Experience</th>
<th>Odds Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Abuse/Neglect</td>
<td>4.2</td>
</tr>
<tr>
<td>Substance Abuse: Parent</td>
<td>2.5</td>
</tr>
<tr>
<td>Arrest/Conviction: Parent</td>
<td>2.0</td>
</tr>
<tr>
<td>Mental Health Problem: Parent</td>
<td>1.8</td>
</tr>
<tr>
<td>Domestic Violence: Parent</td>
<td>1.7</td>
</tr>
<tr>
<td>Death of a Parent</td>
<td>1.6</td>
</tr>
<tr>
<td>Homelessness: Child</td>
<td>1.6</td>
</tr>
</tbody>
</table>

Adverse Childhood Experiences Associated with Behavioral Health Problems in Adolescents

Lucenko, et al. November 2012

https://www.dshs.wa.gov/sesa/research-and-data-analysis
Specific Experiences are Associated with Mental Health Problems Among Youth

AGE 12 TO 17 ENROLLED IN MEDICAID IN SFY 2008

Mental Health Risk Factors

<table>
<thead>
<tr>
<th>Experience</th>
<th>Odds Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Abuse/Neglect</td>
<td>3.4</td>
</tr>
<tr>
<td>Mental Health Problem: Parent</td>
<td>2.5</td>
</tr>
<tr>
<td>Substance Abuse: Parent</td>
<td>1.8</td>
</tr>
<tr>
<td>Death of a Parent</td>
<td>1.6</td>
</tr>
<tr>
<td>Domestic Violence: Parent</td>
<td>1.5</td>
</tr>
<tr>
<td>Arrest/Conviction: Parent</td>
<td>1.5</td>
</tr>
<tr>
<td>Homelessness: Child</td>
<td>1.1</td>
</tr>
</tbody>
</table>

Adverse Childhood Experiences Associated with Behavioral Health Problems in Adolescents

Lucenok, et al.
November 2012

https://www.dshs.wa.gov/sesa/research-and-data-analysis
Children and Youth with Behavioral Health Needs Are More Likely to Have Histories of Abuse and Neglect

Proportion of children with past reported abuse/neglect varies by behavioral health category

<table>
<thead>
<tr>
<th>Category</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Occurring Disorders n = 7,357</td>
<td>67%</td>
</tr>
<tr>
<td>Mental Health Only n = 57,576</td>
<td>53%</td>
</tr>
<tr>
<td>Substance Abuse Only n = 4,080</td>
<td>48%</td>
</tr>
<tr>
<td>No Behavioral Health Disorder n = 108,931</td>
<td>25%</td>
</tr>
</tbody>
</table>

Children’s Behavioral Health
Needs and Services for Children and Youth with Medicaid Coverage in Washington State
Lucenko, et al.
December 2013
https://www.dshs.wa.gov/sesa/research-and-data-analysis
Service Needs, Risk Factors and Outcomes
Children with Mental Health Service Needs have Higher Rates of Emergency Room Use, Criminal Justice System Involvement, and Increased Risk of Homelessness

<table>
<thead>
<tr>
<th>Emergency Department Visits</th>
<th>Criminal Justice Involvement</th>
<th>At Risk of Homelessness</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental health service need?</strong></td>
<td><strong>Mental health service need?</strong></td>
<td><strong>Mental health service need?</strong></td>
</tr>
<tr>
<td>Rate per 1,000 coverage months for all ages of children and youth (5-20)</td>
<td>Percent for youth ages 12-20</td>
<td>Percent for children and youth ages 5-20</td>
</tr>
<tr>
<td><strong>YES</strong> 49 Children WITH mental health service need</td>
<td><strong>YES</strong> 12% Children WITH mental health service need</td>
<td><strong>YES</strong> 9% Children WITH mental health service need</td>
</tr>
<tr>
<td><strong>NO</strong> 23 Children with NO mental health service need</td>
<td><strong>NO</strong> 5% Children with NO mental health service need</td>
<td><strong>NO</strong> 5% Children with NO mental health service need</td>
</tr>
</tbody>
</table>

Defined as the number of emergency department visits in SFY per 1,000 member months. Member months are the months all children had coverage under Medicaid or other forms of medical assistance such as SCHIP.

Number and proportion of youth with mental health (MH) treatment need who have any criminal justice involvement, including both arrests (felonies and gross misdemeanors) and convictions.

Number and proportion of children and youth with mental health (MH) treatment need who have any homelessness or housing instability in SFY recorded in ACEs.

**SOURCE:** Children’s Behavioral Health in Washington State, Measures of Statewide Performance, DSHS Research and Data Analysis Division, November 2014.
TR Lawsuit: Children with Intensive Needs are Served Across Systems

### Functional Proxy Indicators, SFY 2015, Age 0-20

<table>
<thead>
<tr>
<th>MENTAL HEALTH INPATIENT STAYS</th>
<th>WISE PROXY NUMBER</th>
<th>PERCENT OF TOTAL*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DBHR-MH Child Long Term Inpatient (CLIP)</strong></td>
<td>56</td>
<td>0.2%</td>
</tr>
<tr>
<td><strong>DBHR-MH State Mental Hospitals</strong></td>
<td>202</td>
<td>0.8%</td>
</tr>
<tr>
<td><strong>DBHR-MH Community Inpatient</strong></td>
<td>1,757</td>
<td>7.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHILDREN’S ADMINISTRATION ENCOUNTERS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Rehabilitation Services</td>
<td>972</td>
</tr>
<tr>
<td>Other intensive services</td>
<td>257</td>
</tr>
<tr>
<td>In CA placement in SFY with &gt;3 lifetime CA out-of-home placements</td>
<td>2,910</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER RISK INDICATORS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>JR services</td>
<td>972</td>
</tr>
<tr>
<td>Convicted, deferred or diverted</td>
<td>5,534</td>
</tr>
<tr>
<td>RSN (now BHO) crisis encounter</td>
<td>6,323</td>
</tr>
<tr>
<td>Homelessness</td>
<td>2,204</td>
</tr>
<tr>
<td>4+ psychotropic medications prescribed for at least 60 days</td>
<td>2,973</td>
</tr>
<tr>
<td>2+ medical inpatient admissions with mental health diagnosis</td>
<td>707</td>
</tr>
<tr>
<td>2+ emergency room visits with mental health diagnosis</td>
<td>2,296</td>
</tr>
<tr>
<td>DBHR-MH utilization in top 10%</td>
<td>5,114</td>
</tr>
<tr>
<td>Drug overdose diagnosis</td>
<td>1,380</td>
</tr>
<tr>
<td>Other poisoning diagnosis</td>
<td>1,823</td>
</tr>
<tr>
<td>Eating disorder diagnosis</td>
<td>899</td>
</tr>
<tr>
<td>Suicide/self-injury diagnosis</td>
<td>774</td>
</tr>
<tr>
<td>Possible suicide/self-injury diagnosis</td>
<td>281</td>
</tr>
<tr>
<td>Substance Use Disorder (SUD) treatment need</td>
<td>6,800</td>
</tr>
</tbody>
</table>

**ANY FUNCTIONAL PROXY, MEDICAID POP AGE 0-20, WITH MH NEED FLAG** | 25,090 | 100% |

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An anomaly occurred in CLIP data in SFY 2015, yielding an undercount of youth in CLIP in the proxy.

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### Cross-System Service Utilization

Any Functional Proxy, Medicaid Pop Age 0-20

<table>
<thead>
<tr>
<th>TOTAL</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>69%</td>
<td>Division of Behavioral Health &amp; Recovery Mental Health</td>
</tr>
<tr>
<td>41%</td>
<td>Any Children’s Administration Service</td>
</tr>
<tr>
<td>28%</td>
<td>Any Criminal Justice</td>
</tr>
<tr>
<td>18%</td>
<td>Division of Behavioral Health &amp; Recovery Substance Use</td>
</tr>
<tr>
<td>15%</td>
<td>Children’s Administration Foster Care Placement</td>
</tr>
<tr>
<td>4%</td>
<td>Developmental Disability Administration Service</td>
</tr>
<tr>
<td>4%</td>
<td>JR Services</td>
</tr>
</tbody>
</table>
Experiences and Risk Factors that Lead to need for DSHS Services also Adversely Impact School Outcomes

On-time and extended (late) graduation for students who received at least one month of DSHS services while in the 9th grade

<table>
<thead>
<tr>
<th>Service Category</th>
<th>On-time Graduation</th>
<th>Late Graduation</th>
</tr>
</thead>
<tbody>
<tr>
<td>All DSHS</td>
<td>48%</td>
<td>7%</td>
</tr>
<tr>
<td>HCA Medical Coverage Only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Support Enforcement Only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Food</td>
<td>41%</td>
<td>8%</td>
</tr>
<tr>
<td>Temporary Assistance for Needy Families</td>
<td>31%</td>
<td>7%</td>
</tr>
<tr>
<td>Developmental Disability Administration</td>
<td>20%</td>
<td>30%</td>
</tr>
<tr>
<td>Children's Administration</td>
<td>27%</td>
<td>8%</td>
</tr>
<tr>
<td>Behavioral Health - Mental Health</td>
<td>23%</td>
<td>8%</td>
</tr>
<tr>
<td>Behavioral Health - Substance Use Disorder</td>
<td>11%</td>
<td>5%</td>
</tr>
<tr>
<td>Juvenile Rehabilitation</td>
<td>9%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Service categories represent at least one month of service type during 9th grade year in AY 2005-2006

SOURCE: Behavioral Health Needs and School Success, DSHS Research and Data Analysis Division, July 2013.
Children with Behavioral Health Needs have Low Graduation Rates, Particularly those with Substance Use

9th Graders during Academic Year 2005-2006

**Graduated from high school?**

<table>
<thead>
<tr>
<th>Behavioral Health Categories</th>
<th>Graduated</th>
<th>On time</th>
<th>Late</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Known Behavioral Health Need</td>
<td>Yes. Graduated</td>
<td>56%</td>
<td>7%</td>
</tr>
<tr>
<td>Mental Health Only</td>
<td>Yes. Graduated</td>
<td>36%</td>
<td>10%</td>
</tr>
<tr>
<td>Substance Abuse Only</td>
<td>Yes. Graduated</td>
<td>19%</td>
<td>6%</td>
</tr>
<tr>
<td>Both Mental Health and Substance Abuse</td>
<td>Yes.</td>
<td>12%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Behavioral health categories are mutually exclusive and represent services, medications, or diagnoses related to mental health and/or substance abuse or substance-related arrests. Behavioral health needs measured for children who began 9th grade during AY 2005-2006.

SOURCE: Behavioral Health Needs and School Success, DSHS Research and Data Analysis Division, July 2013.
Additional Information

Potential focus for future sessions

– Child and maternal health

– Parental services utilization, risk factors and outcomes

– Demographics of service recipients
  – Race
  – Ethnicity
  – Gender
  – Age

– Geography of service delivery
  – County
  – Urban/Rural
  – Regional
Questions?

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DSHS SESA, Research and Data Analysis Division
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## Shared Services Across Programs

AMONG 853,490 CHILDREN/YOUTH AGES 0-17 WHO WERE MEDICALLY ELIGIBLE IN SFY 2014
TOTAL STATE POPULATION AGES 0-17 = 1,591,184

<table>
<thead>
<tr>
<th>Economic Services Administration</th>
<th>ESA TANF</th>
<th>ESA Working Connection Childcare</th>
<th>Children’s Administration Any Service</th>
<th>CA Foster Care Services</th>
<th>Juvenile Rehabilitation Services</th>
<th>Developmental Disability Services</th>
<th>HCA Medical Coverage</th>
<th>Behavioral Health Treatment Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic Services Administration</td>
<td>720,142</td>
<td>123,168</td>
<td>82,392</td>
<td>10,599</td>
<td>1,481</td>
<td>10,470</td>
<td>588,554</td>
<td>111,080</td>
</tr>
<tr>
<td>ESA TANF</td>
<td>123,168</td>
<td>123,168</td>
<td>25,283</td>
<td>27,203</td>
<td>4,737</td>
<td>296</td>
<td>1,765</td>
<td>120,651</td>
</tr>
<tr>
<td>ESA Working Connection Childcare</td>
<td>82,392</td>
<td>25,283</td>
<td>82,392</td>
<td>11,730</td>
<td>690</td>
<td>---</td>
<td>1,463</td>
<td>79,133</td>
</tr>
<tr>
<td>Children’s Administration Any Service</td>
<td>82,170</td>
<td>27,203</td>
<td>11,730</td>
<td>111,006</td>
<td>11,682</td>
<td>827</td>
<td>3,661</td>
<td>91,789</td>
</tr>
<tr>
<td>CA Foster Care Services</td>
<td>10,599</td>
<td>4,737</td>
<td>690</td>
<td>11,682</td>
<td>114</td>
<td>969</td>
<td>11,265</td>
<td>6,311</td>
</tr>
<tr>
<td>Juvenile Rehabilitation Services</td>
<td>1,481</td>
<td>296</td>
<td>827</td>
<td>114</td>
<td>2,231</td>
<td>9</td>
<td>1,681</td>
<td>1,652</td>
</tr>
<tr>
<td>Developmental Disability Services</td>
<td>10,470</td>
<td>1,765</td>
<td>1,463</td>
<td>3,661</td>
<td>9</td>
<td>23,222</td>
<td>14,755</td>
<td>4,894</td>
</tr>
<tr>
<td>HCA Medical Coverage</td>
<td>588,554</td>
<td>120,651</td>
<td>79,133</td>
<td>91,789</td>
<td>11,265</td>
<td>1,681</td>
<td>14,755</td>
<td>853,490</td>
</tr>
<tr>
<td>Behavioral Health Treatment Need</td>
<td>111,080</td>
<td>24,316</td>
<td>11,644</td>
<td>35,196</td>
<td>6,311</td>
<td>1,652</td>
<td>4,894</td>
<td>137,609</td>
</tr>
</tbody>
</table>