



# Children's Services in Washington State

**Blue Ribbon Commission  
on Children and Families**

**SeaTac, WA**

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# Overview

## **Q. *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)

## **Q. *What experiences and risk factors are associated with needing services?***

- Adverse Childhood Experiences
- Behavioral health, including intensive service needs

## **Q. *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

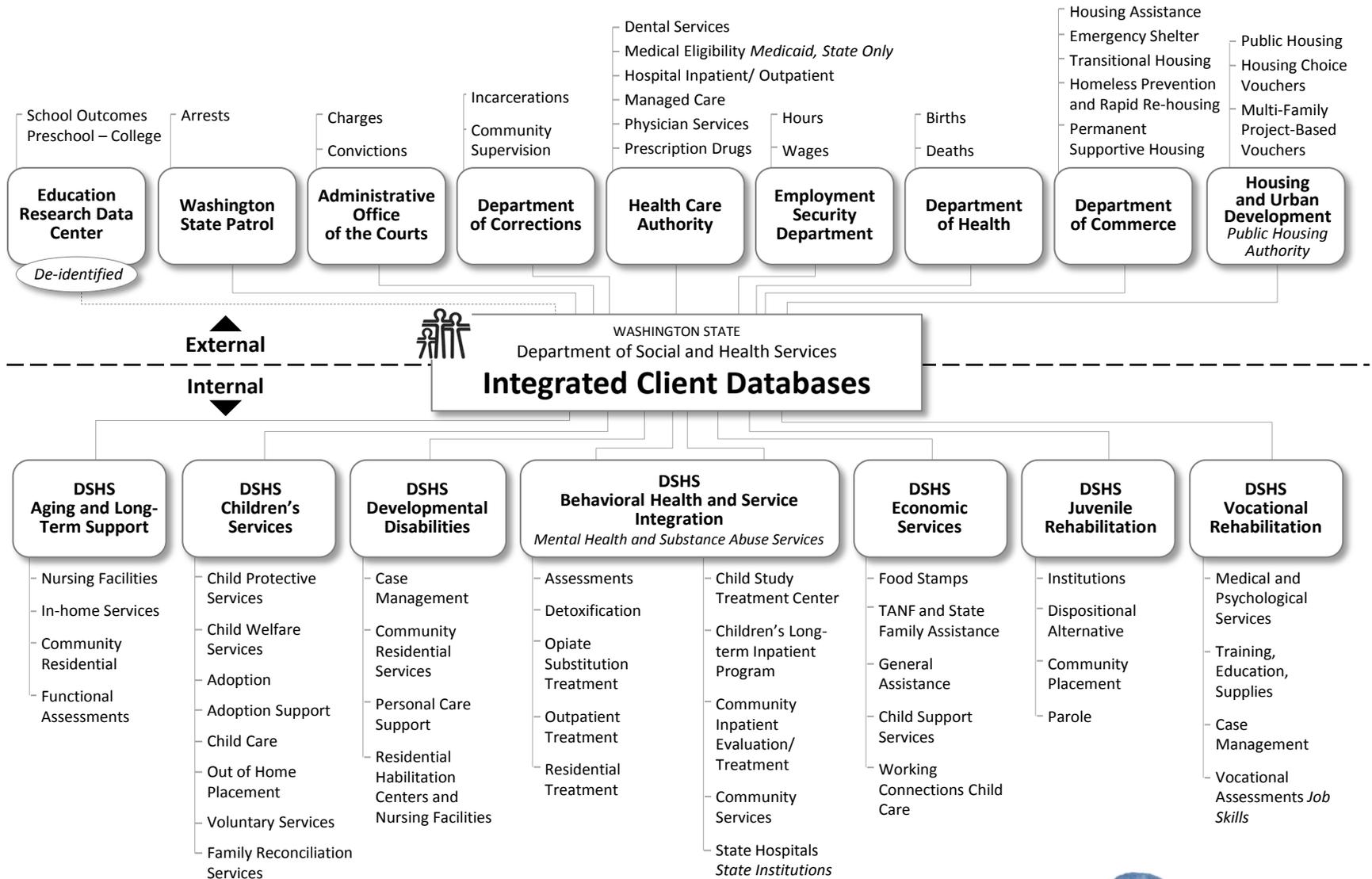
## Not included in service data presented

- 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





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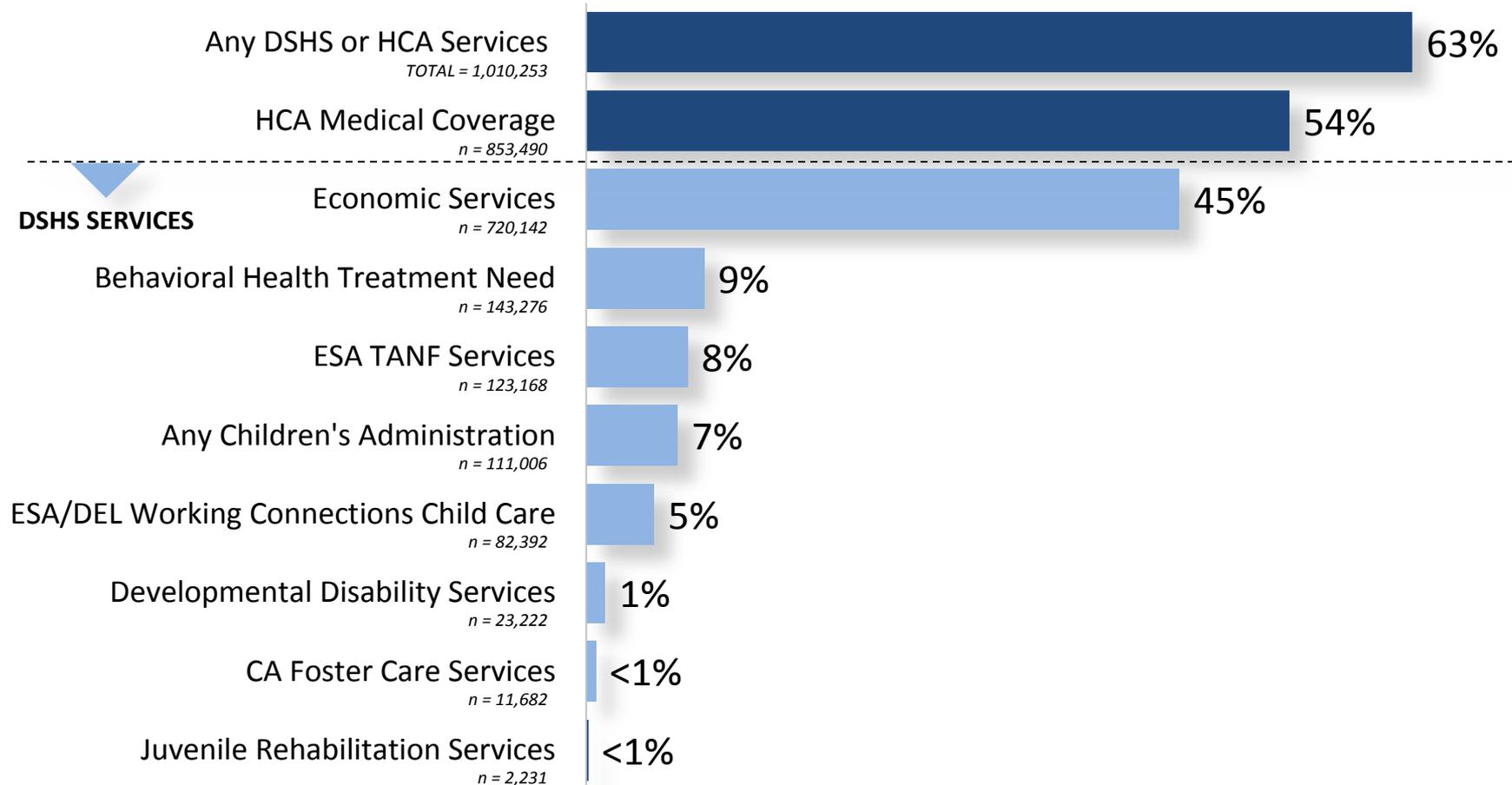
## Services Received: Children Age 0-17



# 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



SOURCE: DSHS client counts, use rates, and direct service expenditures are compiled from multiple DSHS data systems. Population estimates are from the Washington State Office of Financial Management, Washington State Population Estimates for Public Health, February 2015.

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.



# Child Welfare and Poverty Program Populations

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%**

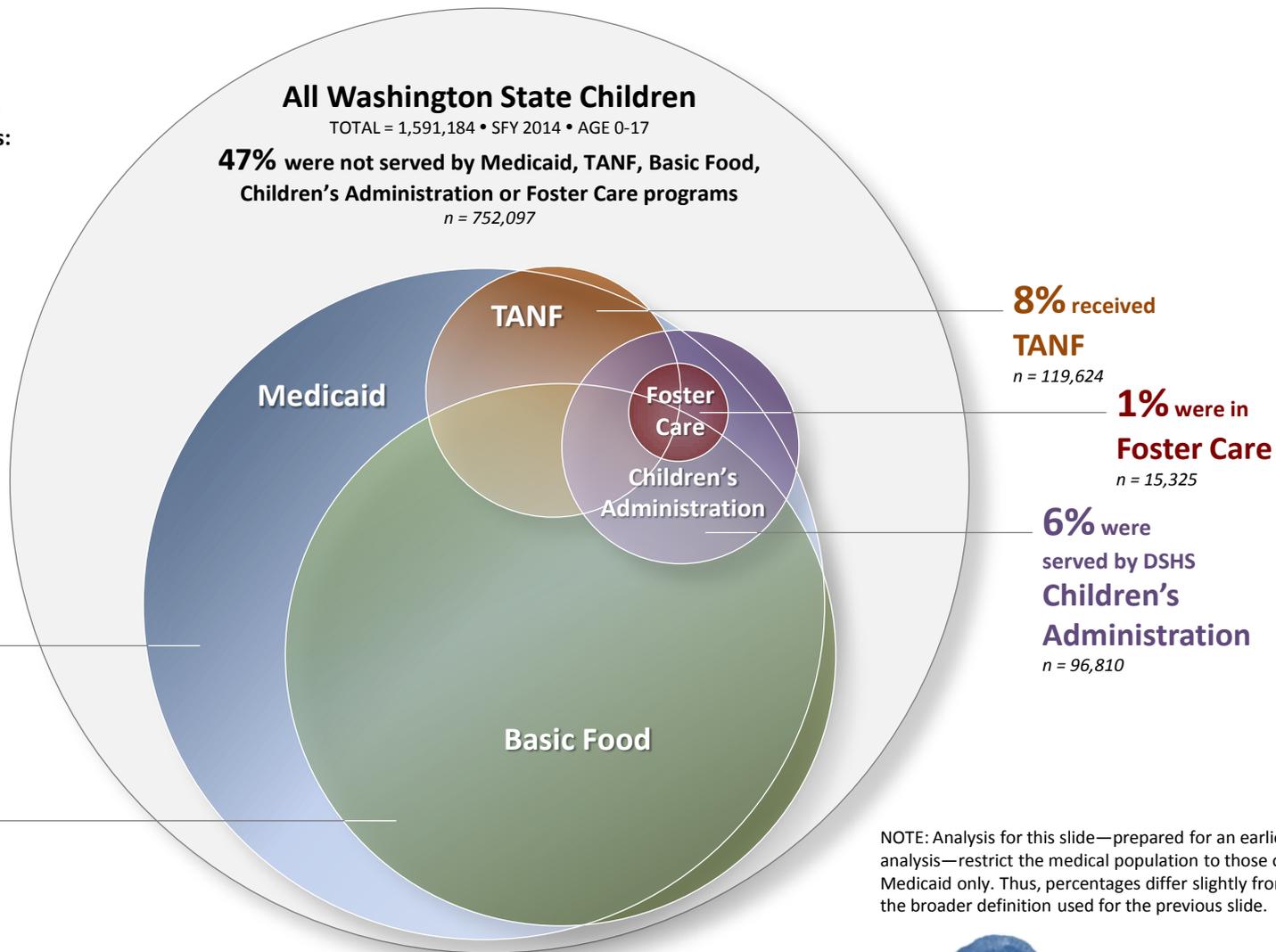
were enrolled in **Medicaid**

*n* = 799,856

**34%**

received **Basic Food**

*n* = 533,836



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.





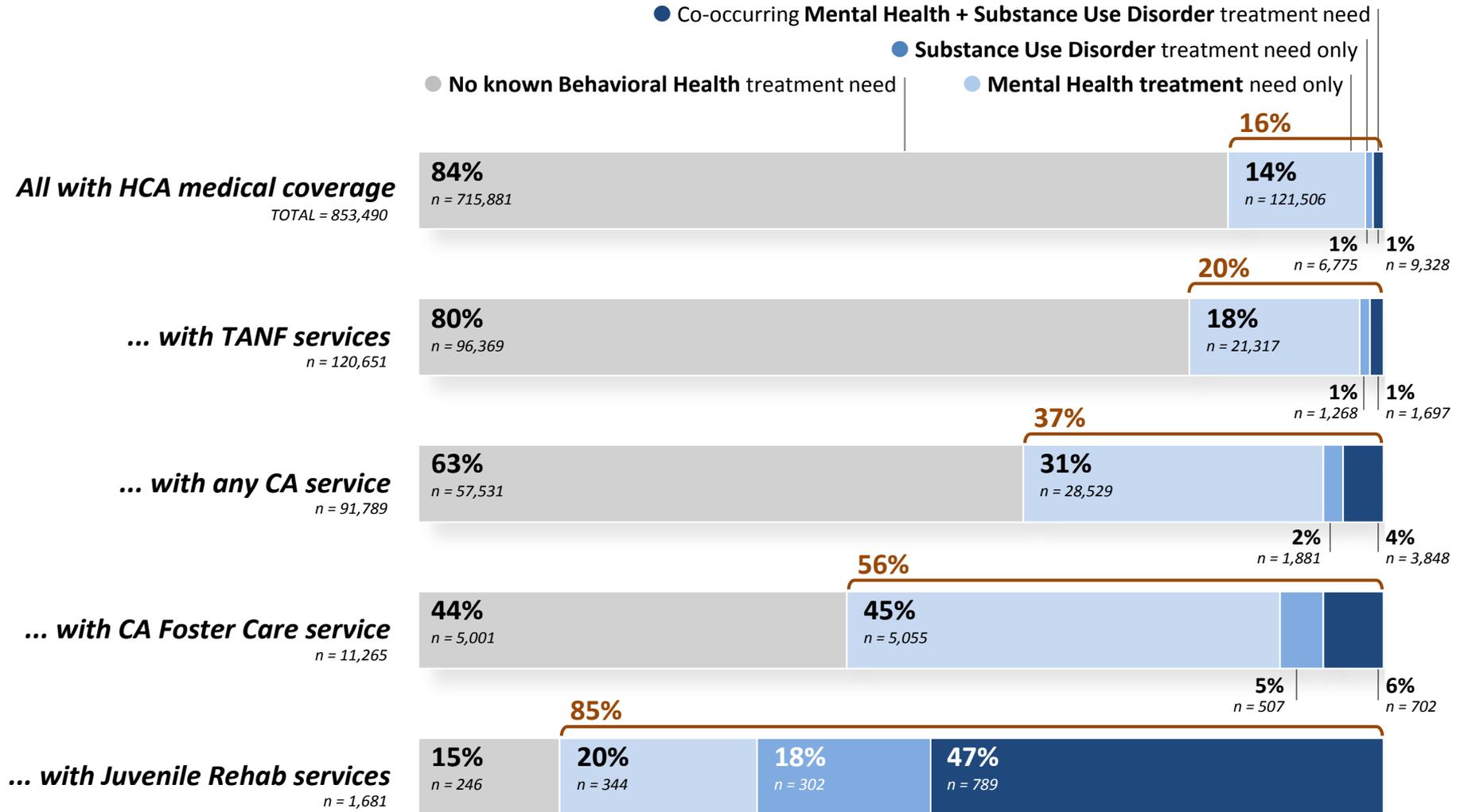
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## Service Needs and Risk Factors



# Behavioral Health Treatment Needs Vary by Service Use

OF CHILDREN/YOUTH AGES 0-17 WHO WERE MEDICALLY ELIGIBLE IN SFY 2014



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) <sup>1</sup>

- 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

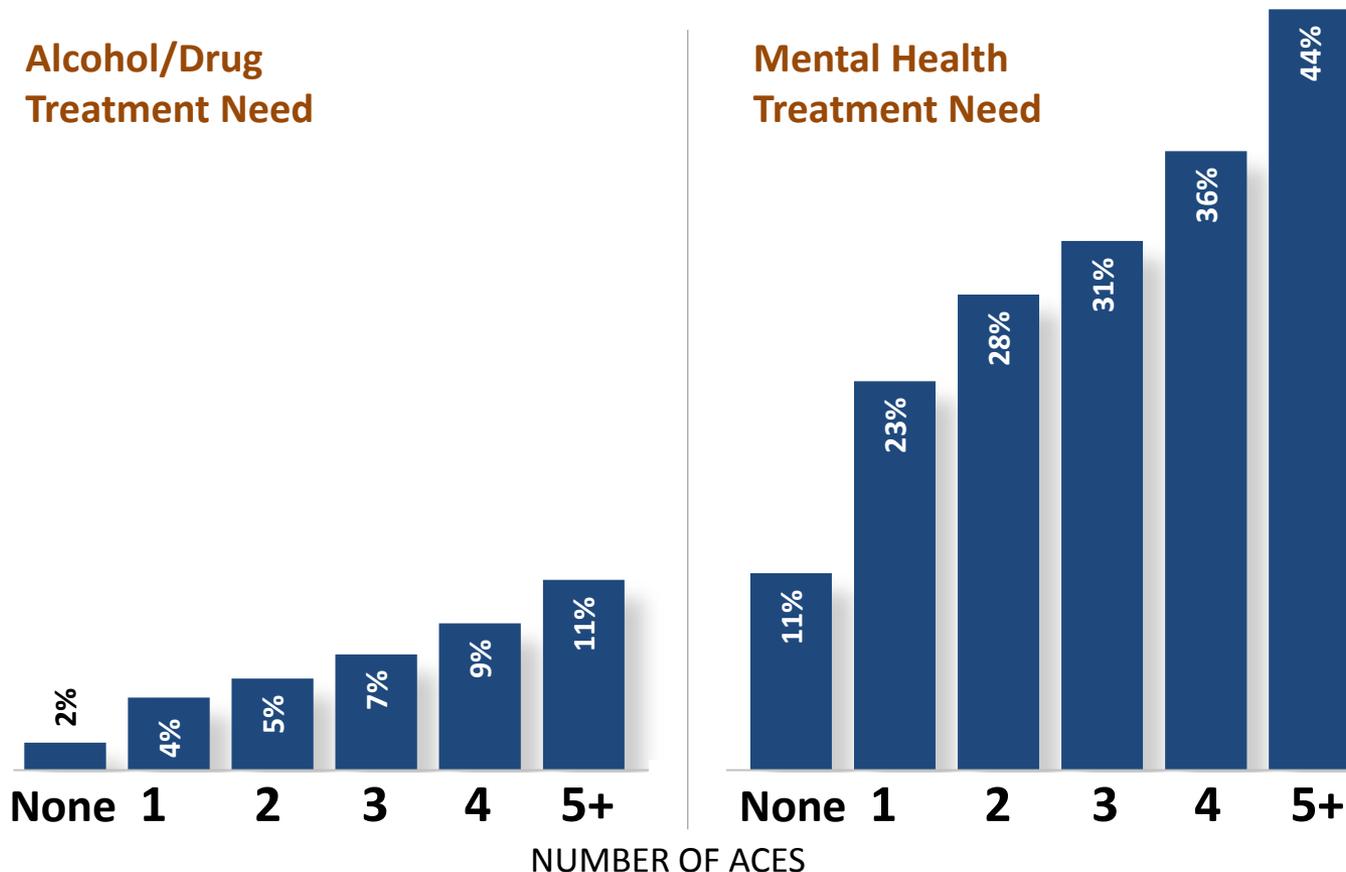
<sup>1</sup> Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., & Edwards, V. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, 14, 245-258.



# 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



SOURCE: Washington State Department of Social and Health Services, Research and Data Analysis Division, Integrated Client Database, June 2012.



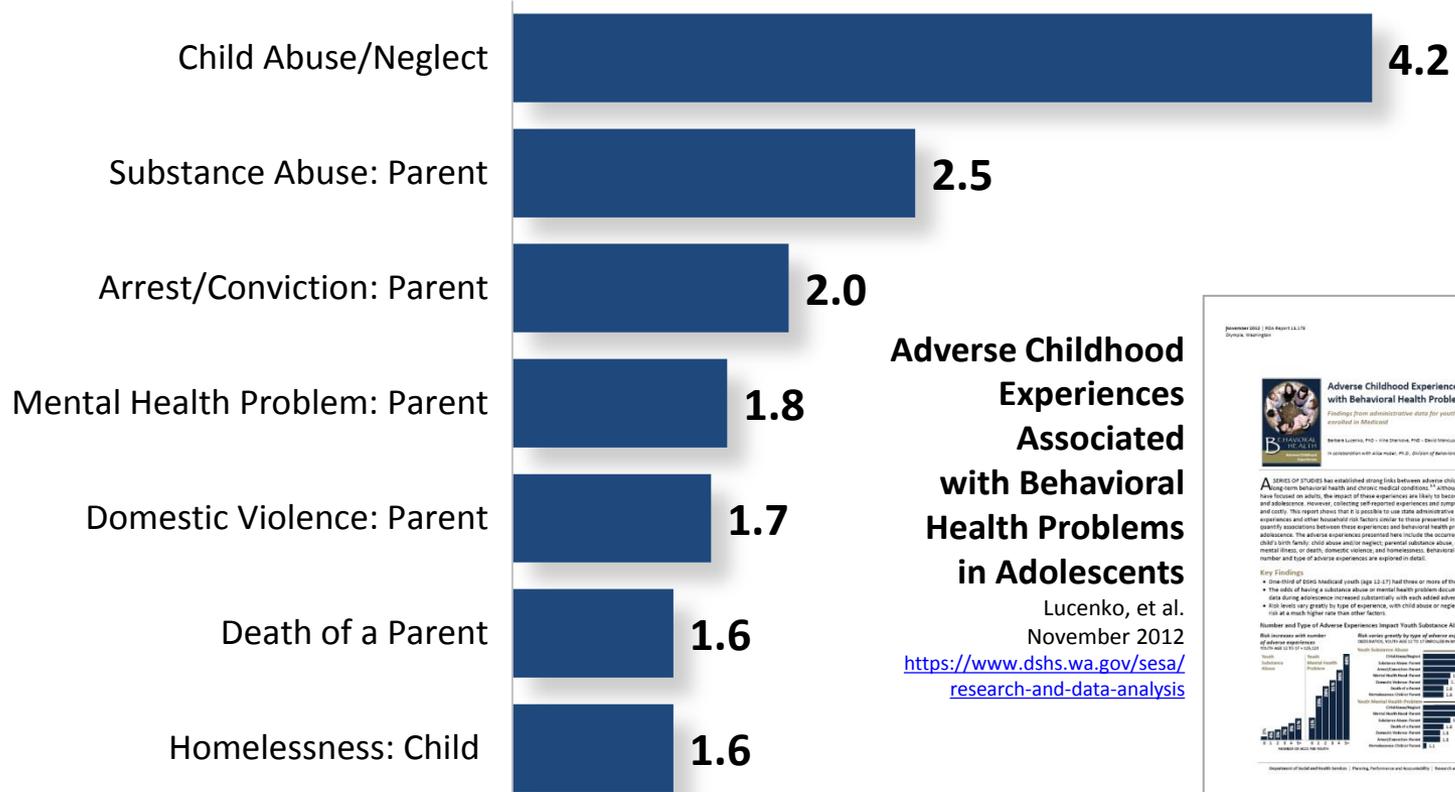
# Specific Experiences are Associated with Substance Abuse Among Youth

AGE 12 TO 17 ENROLLED IN MEDICAID IN SFY 2008

## Substance Abuse Risk Factors

ODDS RATIO

INCREASED RISK



### 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>



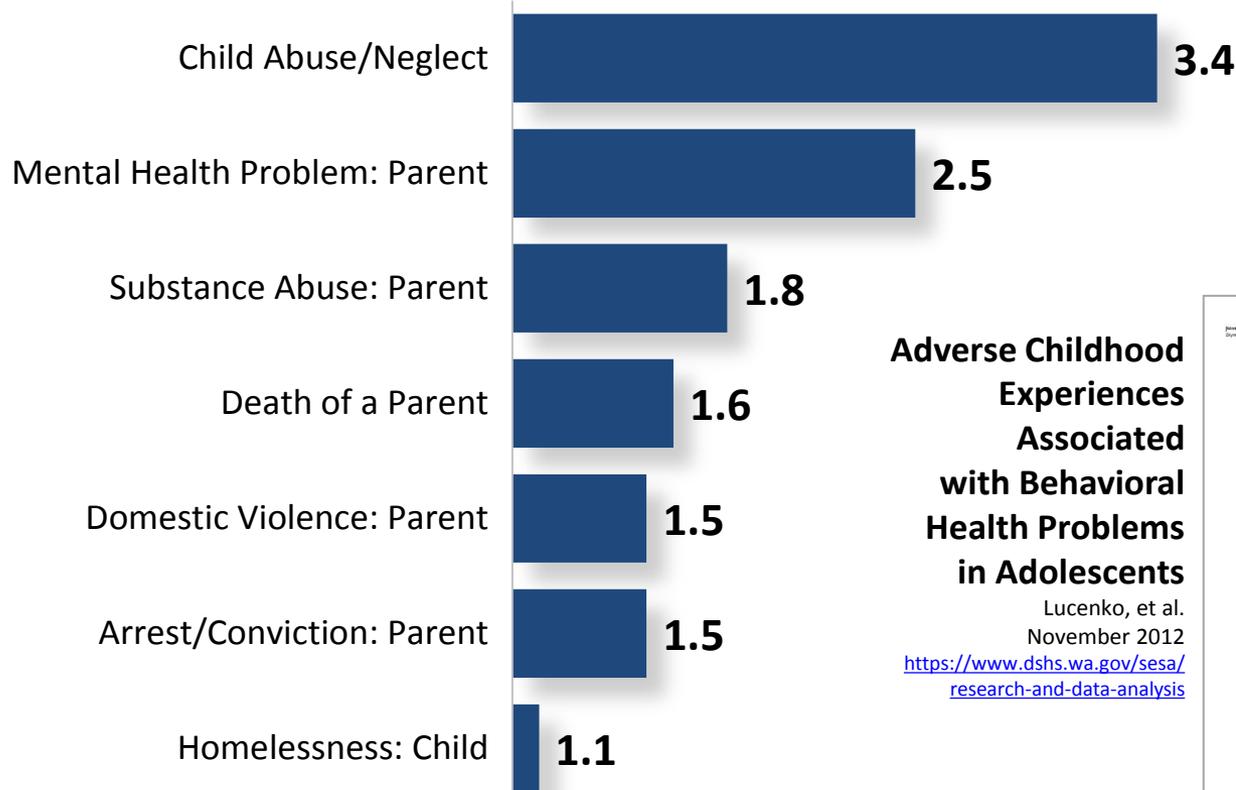
# Specific Experiences are Associated with Mental Health Problems Among Youth

AGE 12 TO 17 ENROLLED IN MEDICAID IN SFY 2008

## Mental Health Risk Factors

ODDS RATIO

INCREASED RISK



### Adverse Childhood Experiences Associated with Behavioral Health Problems in Adolescents

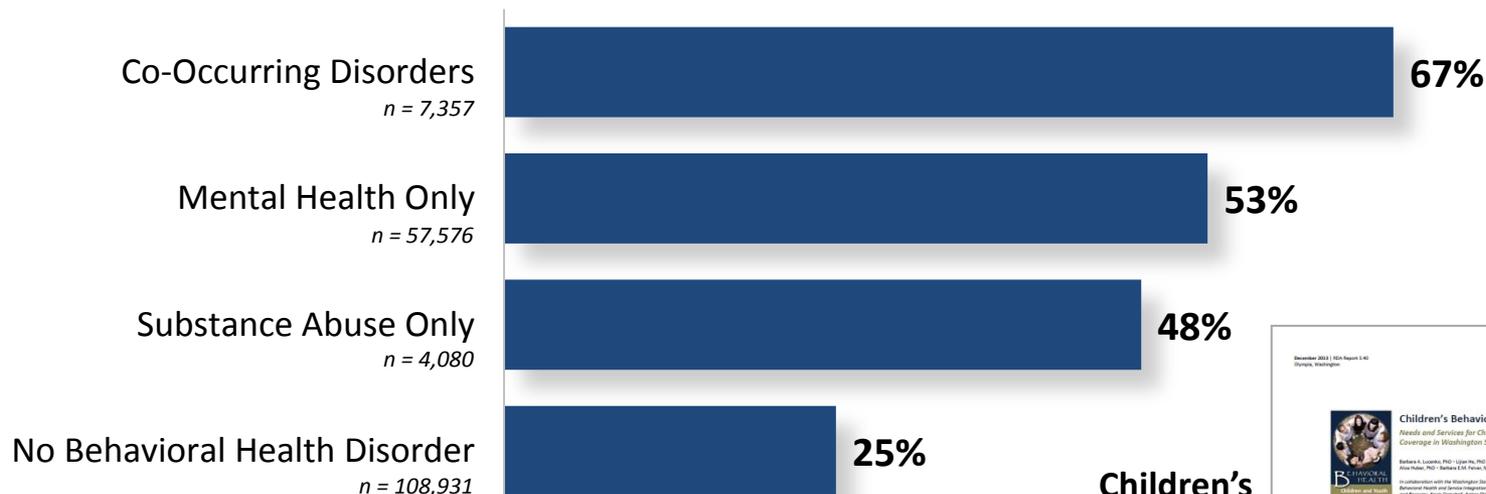
Lucenko, et al.  
November 2012

<https://www.dshs.wa.gov/sesa/research-and-data-analysis>



# 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



**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>





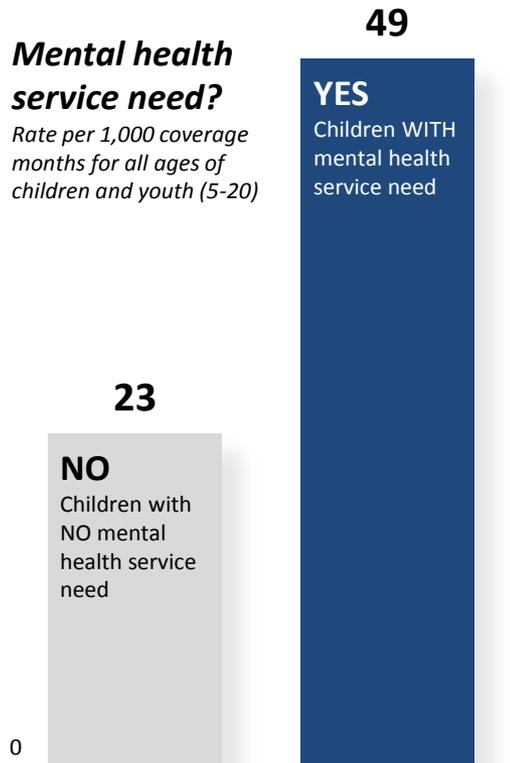
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## Service Needs, Risk Factors and Outcomes



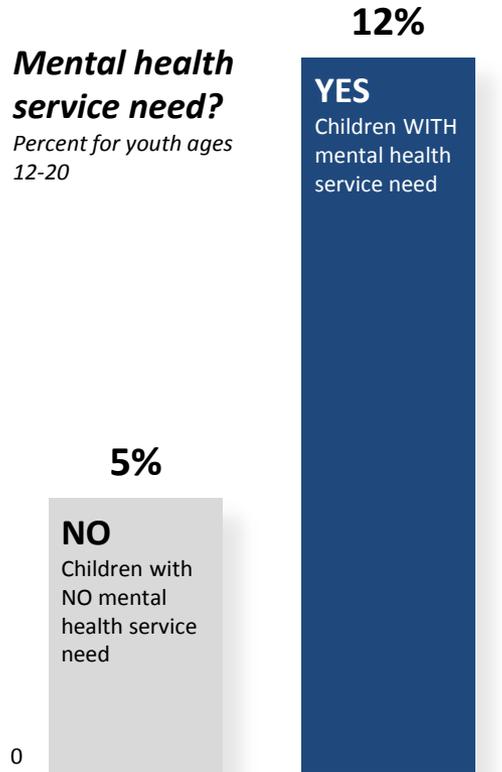
# Children with Mental Health Service Needs have Higher Rates of Emergency Room Use, Criminal Justice System Involvement, and Increased Risk of Homelessness

## Emergency Department Visits SFY 2013



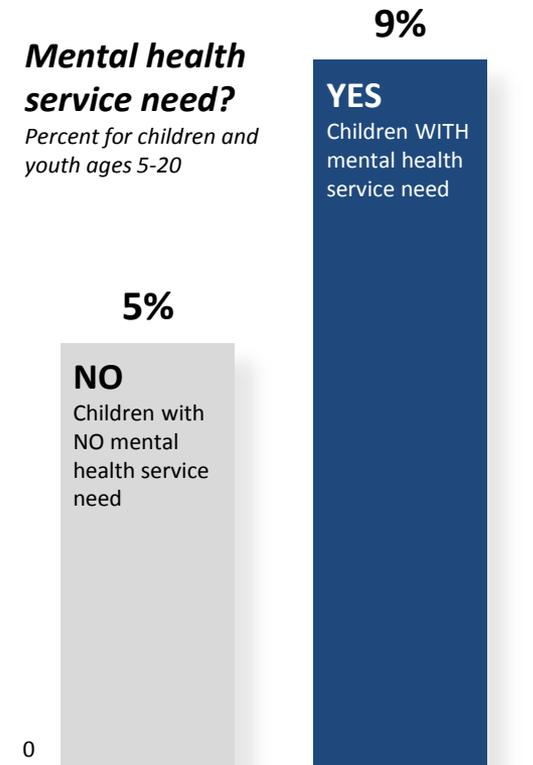
Defined as the number of emergency department visits in SFY per 1,000 member months. Member months are the months all children had coverage under Medicaid or other forms of medical assistance such as SCHIP.

## Criminal Justice Involvement SFY 2013



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.

## At Risk of Homelessness SFY 2013



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

	WISE PROXY	
	NUMBER	PERCENT OF TOTAL*
<b>MENTAL HEALTH INPATIENT STAYS</b>		
DBHR-MH Child Long Term Inpatient (CLIP) <sup>1</sup>	56	0.2%
DBHR-MH State Mental Hospitals	202	0.8%
DBHR-MH Community Inpatient	1,757	7.0%
<b>CHILDREN'S ADMINISTRATION ENCOUNTERS</b>		
Behavioral Rehabilitation Services	972	3.9%
Other intensive services	257	1.0%
In CA placement in SFY with >3 lifetime CA out-of-home placements	2,910	11.6%
<b>OTHER RISK INDICATORS</b>		
JR services	972	3.9%
Convicted, deferred or diverted	5,534	22.1%
RSN (now BHO) crisis encounter	6,323	25.2%
Homelessness	2,204	8.8%
4+ psychotropic medications prescribed for at least 60 days	2,973	11.8%
2+ medical inpatient admissions with mental health diagnosis	707	2.8%
2+ emergency room visits with mental health diagnosis	2,296	9.2%
DBHR-MH utilization in top 10%	5,114	20.4%
Drug overdose diagnosis	1,380	5.5%
Other poisoning diagnosis	1,823	7.3%
Eating disorder diagnosis	899	3.6%
Suicide/self-injury diagnosis	774	3.1%
Possible suicide/self-injury diagnosis	281	1.1%
Substance Use Disorder (SUD) treatment need	6,800	27.1%
<b>ANY FUNCTIONAL PROXY, MEDICAID POP AGE 0-20, WITH MH NEED FLAG</b>	<b>25,090</b>	<b>100%</b>

<sup>1</sup>An anomaly occurred in CLIP data in SFY 2015, yielding an undercount of youth in CLIP in the proxy.

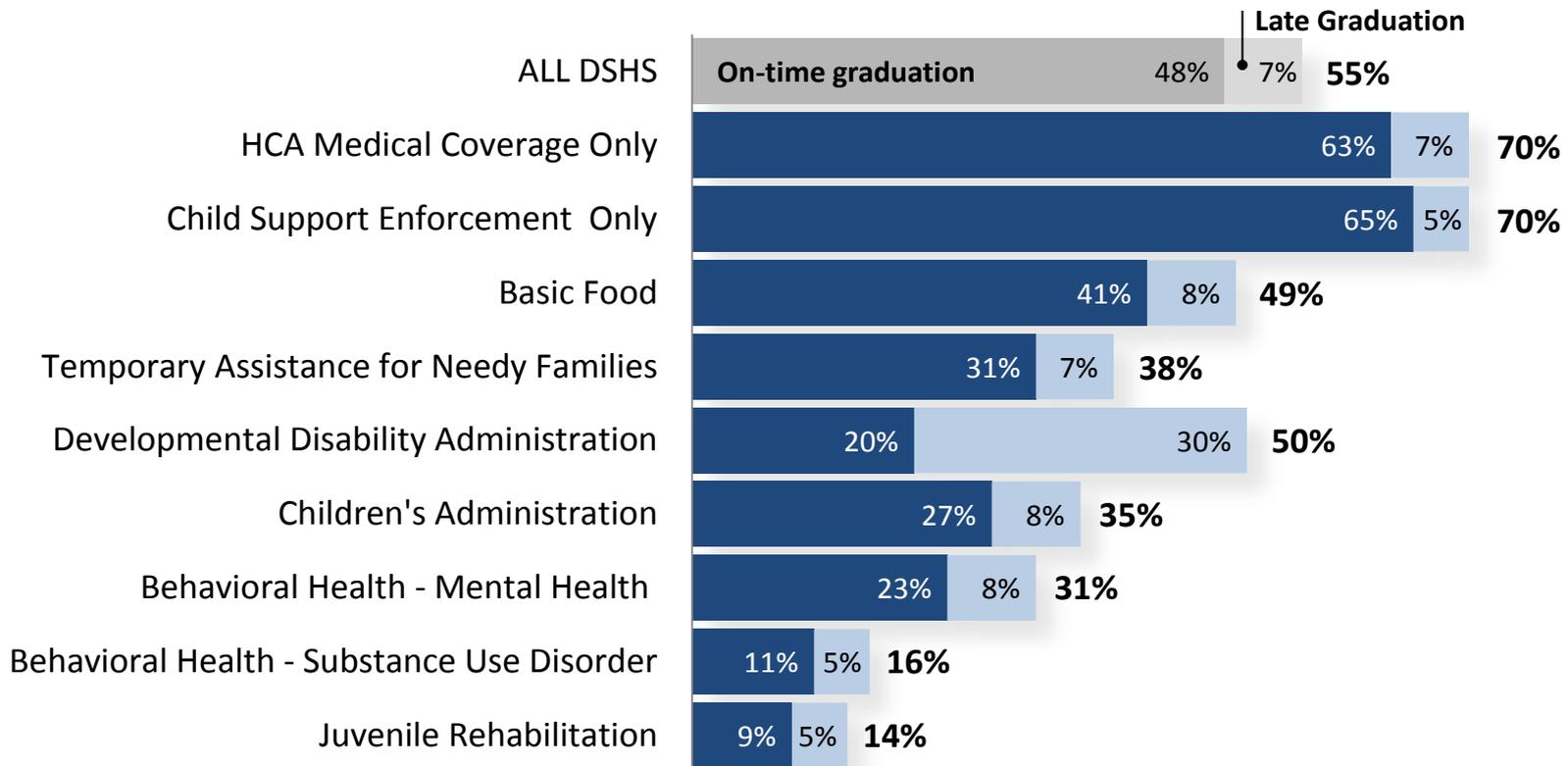
## Cross-System Service Utilization

Any Functional Proxy, Medicaid Pop Age 0-20  
TOTAL = 25,090



# 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**



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

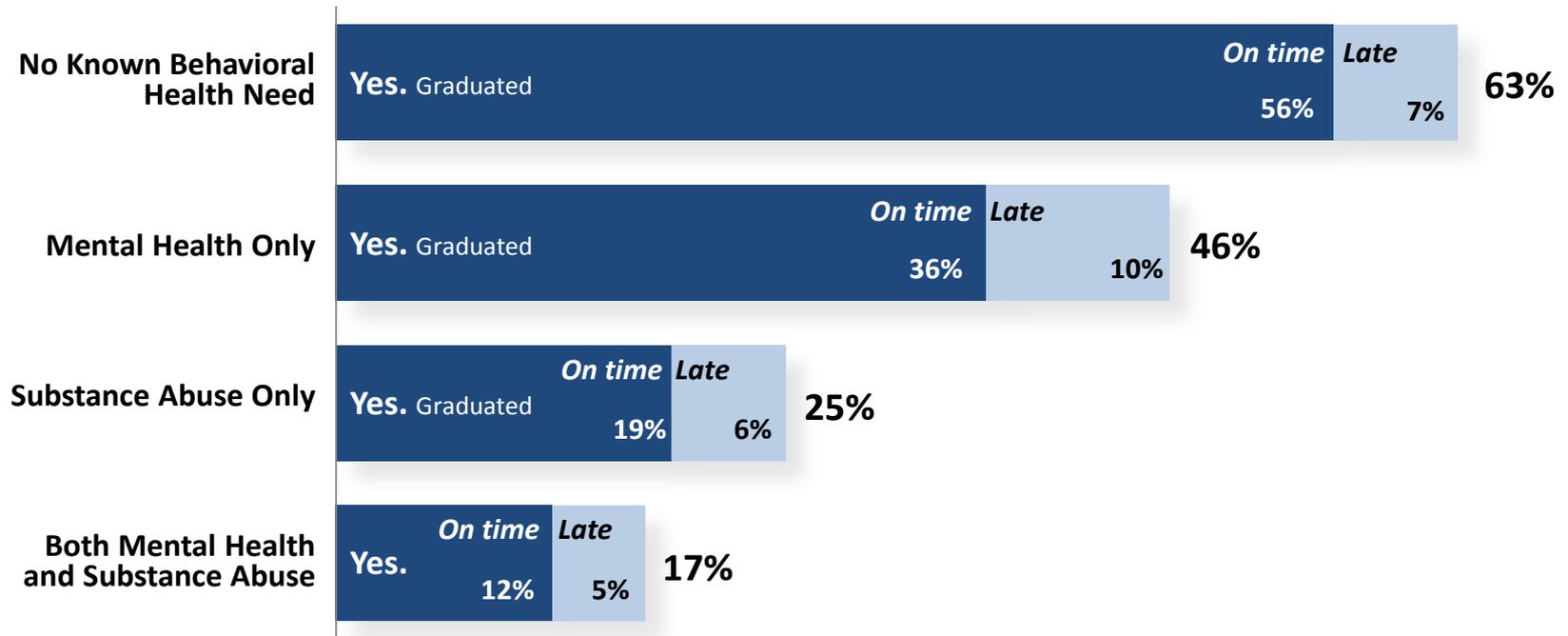
SOURCE: Behavioral Health Needs and School Success, DSHS Research and Data Analysis Division, July 2013.



# Children with Behavioral Health Needs have Low Graduation Rates, Particularly those with Substance Use

9<sup>th</sup> Graders during Academic Year 2005-2006

## Graduated from high school?



*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 9<sup>th</sup> 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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# 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

	Economic Services Administration	ESA TANF	ESA Working Connection Childcare	Children's Administration <i>Any Service</i>	CA Foster Care Services	Juvenile Rehabilitation Services	Developmental Disability Services	HCA Medical Coverage	Behavioral Health Treatment Need
Economic Services Administration	<b>720,142</b>	123,168	82,392	82,170	10,599	1,481	10,470	588,554	111,080
ESA TANF	123,168	<b>123,168</b>	25,283	27,203	4,737	296	1,765	120,651	24,316
ESA Working Connection Childcare	82,392	25,283	<b>82,392</b>	11,730	690	---	1,463	79,133	11,644
Children's Administration <i>Any Service</i>	82,170	27,203	11,730	<b>111,006</b>	11,682	827	3,661	91,789	35,196
CA Foster Care Services	10,599	4,737	690	11,682	<b>11,682</b>	114	969	11,265	6,311
Juvenile Rehabilitation Services	1,481	296	---	827	114	<b>2,231</b>	9	1,681	1,652
Developmental Disability Services	10,470	1,765	1,463	3,661	969	9	<b>23,222</b>	14,755	4,894
HCA Medical Coverage	588,554	120,651	79,133	91,789	11,265	1,681	14,755	<b>853,490</b>	137,609
Behavioral Health Treatment Need	111,080	24,316	11,644	35,196	6,311	1,652	4,894	137,609	<b>143,276</b>

