Outcomes for At-Risk Children and Families

Challenges and Opportunities

Blue Ribbon Commission on Children and Families

SeaTac, WA

JULY 12, 2016

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DSHS Research and Data Analysis Division
Our Topics Today

Adverse childhood experiences (ACEs)

Behavioral health needs and educational outcomes

Predicting engagement in education and employment

Homelessness

Criminal justice involvement

Overlapping service needs
Adverse Childhood Experiences (ACEs)
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

Adverse Childhood Experiences Increase Risk of Adolescent Substance Abuse

AGE 12 TO 17 ENROLLED IN MEDICAID IN SFY 2008

Substance Abuse Risk Factors

<table>
<thead>
<tr>
<th>Risk Factor</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/resa/research-and-data-analysis
Adverse Childhood Experiences Increase Risk of Adolescent Mental Health Problems

AGE 12 TO 17 ENROLLED IN MEDICAID IN SFY 2008

**Mental Health Risk Factors**

- **Child Abuse/Neglect**: 3.4
- **Mental Health Problem: Parent**: 2.5
- **Substance Abuse: Parent**: 1.8
- **Death of a Parent**: 1.6
- **Domestic Violence: Parent**: 1.5
- **Arrest/Conviction: Parent**: 1.5
- **Homelessness: Child**: 1.1

**Source:** Lucenko, et al. November 2012

[Research and Data Analysis](https://www.dshs.wa.gov/sesa/research-and-data-analysis)
Parental Risk Factors Are Common Among Children of All Ages

AMONG STATE MEDICAID YOUTH POPULATION* AGES 0-17, SFY 2015
MEASURED OVER 5 YEARS (SFY 2010 to SFY 2014), FOR EITHER PARENT

### Age 0 to 3 (TOTAL = 205,204)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent mental health treatment need</td>
<td>77,340</td>
<td>38%</td>
</tr>
<tr>
<td>Parent criminal justice involvement</td>
<td>65,070</td>
<td>32%</td>
</tr>
<tr>
<td>Parent chronic illness risk score above one</td>
<td>58,251</td>
<td>28%</td>
</tr>
<tr>
<td>Parent homelessness or housing instability</td>
<td>57,511</td>
<td>28%</td>
</tr>
<tr>
<td>Parent substance use treatment need</td>
<td>48,384</td>
<td>24%</td>
</tr>
<tr>
<td>Parent domestic violence</td>
<td>28,913</td>
<td>14%</td>
</tr>
<tr>
<td>Parent death</td>
<td>551</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

### Age 4 to 11 (TOTAL = 310,606)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent mental health treatment need</td>
<td>123,254</td>
<td>40%</td>
</tr>
<tr>
<td>Parent criminal justice involvement</td>
<td>104,210</td>
<td>34%</td>
</tr>
<tr>
<td>Parent chronic illness risk score above one</td>
<td>78,836</td>
<td>25%</td>
</tr>
<tr>
<td>Parent homelessness or housing instability</td>
<td>79,688</td>
<td>26%</td>
</tr>
<tr>
<td>Parent substance use treatment need</td>
<td>79,206</td>
<td>26%</td>
</tr>
<tr>
<td>Parent domestic violence</td>
<td>54,787</td>
<td>18%</td>
</tr>
<tr>
<td>Parent death</td>
<td>3,928</td>
<td>1%</td>
</tr>
</tbody>
</table>

### Age 12 to 17 (TOTAL = 181,303)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent mental health treatment need</td>
<td>71,816</td>
<td>40%</td>
</tr>
<tr>
<td>Parent criminal justice involvement</td>
<td>57,182</td>
<td>32%</td>
</tr>
<tr>
<td>Parent chronic illness risk score above one</td>
<td>41,978</td>
<td>23%</td>
</tr>
<tr>
<td>Parent homelessness or housing instability</td>
<td>41,903</td>
<td>23%</td>
</tr>
<tr>
<td>Parent substance use treatment need</td>
<td>45,594</td>
<td>25%</td>
</tr>
<tr>
<td>Parent domestic violence</td>
<td>27,144</td>
<td>15%</td>
</tr>
<tr>
<td>Parent death</td>
<td>5,656</td>
<td>3%</td>
</tr>
</tbody>
</table>

NOTE: *Measures available only for children whose biological parents have also received DSHS or HCA services.
The parent-child match rate for this population was 82%
Behavioral Health Problems Are Key Drivers of Child Welfare Involvement Among TANF Parents

PERCENT OF SFY 2007 TANF ADULTS RECEIVING CHILDREN’S ADMINISTRATION SERVICES IN STATE FISCAL YEAR

### Children’s Administration Service Utilization

<table>
<thead>
<tr>
<th>Children’s Administration Service Utilization</th>
<th>Neither MH nor SUD Treatment Need</th>
<th>MH Treatment Need Only</th>
<th>SUD Treatment Need Only</th>
<th>Both MH and SUD Treatment Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received Children’s Admin services in SFY 2005</td>
<td>8%</td>
<td>14%</td>
<td>20%</td>
<td>27%</td>
</tr>
<tr>
<td>. . . in SFY 2006</td>
<td>8%</td>
<td>15%</td>
<td>23%</td>
<td>29%</td>
</tr>
<tr>
<td>. . . in SFY 2007</td>
<td>10%</td>
<td>16%</td>
<td>27%</td>
<td>34%</td>
</tr>
<tr>
<td>. . . in SFY 2008</td>
<td>10%</td>
<td>16%</td>
<td>26%</td>
<td>34%</td>
</tr>
</tbody>
</table>
Behavioral Health Problems Are Key Drivers of Arrests Of TANF Parents

PERCENT OF SFY 2007 TANF ADULTS WITH ARREST RECORDED IN WASHINGTON STATE PATROL DATABASE BY STATE FISCAL YEAR

<table>
<thead>
<tr>
<th>Identified in Washington State Patrol arrest database</th>
<th>Neither MH nor SUD Treatment Need</th>
<th>MH Treatment Need Only</th>
<th>SUD Treatment Need Only</th>
<th>Both MH and SUD Treatment Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrested in SFY 2005</td>
<td>4%</td>
<td>4%</td>
<td>32%</td>
<td>24%</td>
</tr>
<tr>
<td>. . . in SFY 2006</td>
<td>5%</td>
<td>5%</td>
<td>35%</td>
<td>26%</td>
</tr>
<tr>
<td>. . . in SFY 2007</td>
<td>6%</td>
<td>6%</td>
<td>39%</td>
<td>28%</td>
</tr>
<tr>
<td>. . . in SFY 2008</td>
<td>6%</td>
<td>6%</td>
<td>36%</td>
<td>27%</td>
</tr>
<tr>
<td>. . . in SFY 2009</td>
<td>6%</td>
<td>6%</td>
<td>30%</td>
<td>24%</td>
</tr>
</tbody>
</table>
Behavioral Health Needs and Educational Outcomes
Youth with Behavioral Health Needs Have Low Graduation Rates

9th Graders during Academic Year 2005-2006

Graduated from high school?

<table>
<thead>
<tr>
<th>Behavioral Health Category</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.
Behavioral Health Needs Vary Across Service Delivery Systems

CHILDREN/YOUTH AGES 0-17 WHO WERE MEDICALLY ELIGIBLE IN SFY 2015 • TOTAL = 871,378

SOURCE: DSHS Client Outcomes Database, DSHS Research and Data Analysis Division, June 2016.
Educational Outcomes Vary Across Service Delivery Systems

On-time and extended (late) graduation for students who received at least one month of DSHS services or HCA medical coverage 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><strong>ALL DSHS</strong></td>
<td>48%</td>
<td>7%</td>
</tr>
<tr>
<td>HCA Medical Coverage Only</td>
<td>63%</td>
<td>7%</td>
</tr>
<tr>
<td>Child Support Enforcement Only</td>
<td>65%</td>
<td>5%</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.*
Factors Predicting Disengagement from Education and Employment

Social and Health Service Factors  (measured at ages 11 to 15)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Risk Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance use issue</td>
<td>1.55</td>
</tr>
<tr>
<td>Disability</td>
<td>1.49</td>
</tr>
<tr>
<td>Mental health treatment need</td>
<td>1.46</td>
</tr>
<tr>
<td>Received Basic Food</td>
<td>1.37</td>
</tr>
<tr>
<td>Received TANF</td>
<td>1.31</td>
</tr>
<tr>
<td>Homelessness or housing instability</td>
<td>1.18</td>
</tr>
<tr>
<td>Out-of-home placement</td>
<td>1.15</td>
</tr>
</tbody>
</table>

School Factors  (measured at age 15)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Risk Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change of schools</td>
<td>1.86</td>
</tr>
<tr>
<td>Bilingual education</td>
<td>1.58</td>
</tr>
<tr>
<td>15 or more absences (relative to 2 or fewer)</td>
<td>1.41</td>
</tr>
<tr>
<td>Special education</td>
<td>1.35</td>
</tr>
<tr>
<td>3 to 15 absences (relative to 2 or fewer)</td>
<td>1.13</td>
</tr>
<tr>
<td>3.2 GPA or higher</td>
<td>0.49</td>
</tr>
</tbody>
</table>

All predictors are significant at the .001 level.

Homelessness and Criminal Justice Involvement
## Odds of Experiencing Homelessness After Aging Out of Foster Care

### Study Timeline
- **Experience in the school system**
  - Prior 3 academic years
- **Child welfare history**
  - Since first entering the child welfare system
- **Baseline risk measures**
  - Prior 24 months
  - Indication of mental health treatment need, prior 24 months
  - Any homelessness in school data, prior 3 years
  - Injury, prior 24 months
  - 2-3 school moves, prior 3 years (relative to <2)
- **INDEX MONTH**
  - Last month of foster care placement
- **Q. Homeless in following 12 months?**
  - Starting the month after the index month

### Odds Ratio

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Odds Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth is a parent</td>
<td>0.67</td>
</tr>
<tr>
<td>Homeless or receiving housing assistance, prior 12 months</td>
<td>0.62</td>
</tr>
<tr>
<td>Youth is African American</td>
<td>1.31</td>
</tr>
<tr>
<td>4+ congregate care placements (relative to &lt;4)</td>
<td>1.34</td>
</tr>
<tr>
<td>4+ school moves in prior 3 years (relative to &lt;2)</td>
<td>1.35</td>
</tr>
<tr>
<td>4+ convictions, prior 24 months</td>
<td>1.40</td>
</tr>
<tr>
<td>Juvenile Rehabilitation service, prior 24 months</td>
<td>1.43</td>
</tr>
<tr>
<td>2+ foster care placements</td>
<td>1.46</td>
</tr>
<tr>
<td>Indication of mental health treatment need, prior 24 months</td>
<td>1.49</td>
</tr>
<tr>
<td>Any homelessness in school data, prior 3 years</td>
<td>1.58</td>
</tr>
<tr>
<td>Injury, prior 24 months</td>
<td>1.76</td>
</tr>
<tr>
<td>2-3 school moves, prior 3 years (relative to &lt;2)</td>
<td>1.81</td>
</tr>
<tr>
<td>History of behavior issues in child welfare records</td>
<td>1.82</td>
</tr>
<tr>
<td>GPA, high (relative to low)</td>
<td>1.91</td>
</tr>
<tr>
<td>Relative foster care placement (1+)</td>
<td>2.12</td>
</tr>
</tbody>
</table>

### Increased Risk

- Relative foster care placement (1+)
- GPA, high (relative to low)

### Decreased Risk

- Youth is a parent
- Homeless or receiving housing assistance, prior 12 months
- Youth is African American
- 4+ congregate care placements (relative to <4)
- 4+ school moves in prior 3 years (relative to <2)
- 4+ convictions, prior 24 months
- Juvenile Rehabilitation service, prior 24 months
- 2+ foster care placements
- Indication of mental health treatment need, prior 24 months
- Any homelessness in school data, prior 3 years
- Injury, prior 24 months
- 2-3 school moves, prior 3 years (relative to <2)
- History of behavior issues in child welfare records

### Risk Factors
- ▲

### Protective Factors
- ▼
Criminal Justice Involvement of Youth Aging Out of Foster Care

Youth with behavioral health issues (mental health or substance use) more likely to be arrested or jailed

1,365 youth aged out of Foster Care from July 2010 through September 2013:

- 82% had Mental Illness or Substance Use Disorder. \( n = 1,119 \)

One year later

- 20% were arrested or had gone to jail. \( n = 275 \)
- 92% of those who were arrested or had gone to jail had Mental Illness or Substance Use Disorders. \( n = 252 \)
- Half of those who were arrested or had gone to jail had co-occurring Mental Illness and Substance Use Disorders. \( n = 138 \)

DATA SOURCE: Jail Booking and Reporting System (JBRS) and the DSHS Integrated Client Database (ICDB).
NOTE: While the majority of youth referenced were 18 when aging-out of foster care, a small number of youth age 17, 19, 20 and 21 are included in this study population due to emancipation or Extended Foster Care.
Children/Youth 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

<table>
<thead>
<tr>
<th>Mental health service need?</th>
<th>Rate per 1,000 coverage months for all ages of children and youth (5-20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>Children/Youth WITH mental health service need</td>
</tr>
<tr>
<td>49</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>Children/Youth with NO mental health service need</td>
</tr>
<tr>
<td>23</td>
<td></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.

**Criminal Justice Involvement**
SFY 2013

<table>
<thead>
<tr>
<th>Mental health service need?</th>
<th>Percent for youth ages 12-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>Children/Youth WITH mental health service need</td>
</tr>
<tr>
<td>12%</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>Children/Youth with NO mental health service need</td>
</tr>
<tr>
<td>5%</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Mental health service need?</th>
<th>Percent for children and youth ages 5-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>Children/Youth WITH mental health service need</td>
</tr>
<tr>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>Children/Youth with NO mental health service need</td>
</tr>
<tr>
<td>5%</td>
<td></td>
</tr>
</tbody>
</table>

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.
Overlapping Service Needs
Children’s Administration and Poverty Program Populations, SFY 2015

Children Age 0 – 17

54% of the state’s 1,602,745 children received at least one of these five program services:
- Medicaid
- TANF
- Basic Food
- Children’s Administration
- Foster Care

Of the 867,699 children receiving these services:
- 41% received 1 service
- 43% received 2 services
- 13% received 3 services
- 2% received 4 services
- 1% received All 5 services

51% were enrolled in Medicaid
- n = 817,197

31% received Basic Food
- n = 501,334

46% were not served by Medicaid, TANF, Basic Food or Children’s Administration programs
- n = 735,046

6% received TANF
- n = 100,301

1% were in Foster Care
- n = 15,048

7% were served by DSHS Children’s Administration
- n = 109,968

51% were enrolled in Medicaid
- n = 817,197

31% received Basic Food
- n = 501,334

NOTE: Analysis for this slide restricts the HCA medical assistance population to those on Medicaid only.

Working Connections Child Care (SFY 2015)
- n = 82,500
  - 15% were CA-involved
  - 2% in Foster Care
  - 27% on TANF
  - 89% received Basic Food
  - 97% enrolled in Medicaid

ECEAP (2015-16 AY)
- n = 11,690 funded slots
  - 11% were CPS-involved
  - 3% in Foster Care
  - 9% on TANF
  - Almost all are income-eligible for Medicaid and Basic Food
Children’s Administration and Poverty Program Populations, SFY 2015

All Washington State Adults
TOTAL = 4,431,001 • SFY 2015 • AGE 18-64

71% were not served by Medicaid, TANF, Basic Food, or Children’s Administration or Foster Care programs
n = 3,125,638

29% of the state’s 4,431,001 adults received at least one of these five program services:
n = 1,305,363
• Medicaid
• TANF
• Basic Food
• Children’s Administration
• Foster Care

Of the 1,305,363 adults receiving these services:
• 52% received 1 service
• 42% received 2 services
• 6% received 3 services
• 1% received 4 services
• <.01% received All 5

1% received TANF
n = 56,127

3% involved with Children’s Administration
n = 114,373

18% received Basic Food
n = 807,492

24% were enrolled in Medicaid
n = 1,054,577

NOTE: Analysis for this slide restricts the HCA medical assistance population to those on Medicaid only.

*<.01% were in Foster Care (18 or over, and still working toward high school degree)
n = 350

*
4 in 5 children (age 0 to 17) receiving CA services also rely on other services

- 84% of the state’s 109,676 children and youth age 0 to 17 who received Children’s Administration services also received at least one of these program services:
  - Medicaid
  - Behavioral Health Services
  - Basic Food
  - TANF services

Of the 109,676 children receiving Children’s Administration services:
- 16% received CA services only
- 16% received 2 services
- 35% received 3 services
- 26% received 4 services
- 7% received 5+ services

- 16% were served only by Children’s Admin
  - n = 17,564

- 57% received Basic Food
  - n = 62,513

- 82% were enrolled in Medicaid
  - n = 89,502

- 30% needed Behavioral Health services AND were Medicaid-enrolled
  - n = 33,113

- 22% received TANF
  - n = 24,290
SFY 2015 Service Use by Children and Youth with Developmental Disabilities

2 in 3 children (age 0 to 20) receiving DD services also rely on other services

66% of the state’s 25,829 children and youth age 0 to 20 who received developmental disability services also received at least one of these five program services: n = 17,157

- Medicaid
- Behavioral Health Services
- Basic Food
- Children's Administration
- TANF services

Of the 25,829 children receiving developmental disability services:

- 34% received DD services only
- 18% received 2 services
- 26% received 3 services
- 17% received 4 services
- 6% received 5+ services

34% received Developmental Disability services only n = 8,672

15% were served by Children’s Administration n = 3,913

7% received TANF n = 1,763

22% needed Behavioral Health services AND were Medicaid-enrolled n = 5,765

34% received Basic Food n = 8,881

65% were enrolled in Medicaid n = 16,813
SFY 2015 Service Use by Children and Youth in Juvenile Rehabilitation

4 of 5 children (age 11 to 21) receiving juvenile rehab services also rely on other services

- 82% of the state’s 2,465 children and youth age 11 to 21 who received juvenile rehab services also received at least one of these five program services: Medicaid, Behavioral Health Services, Basic Food, Children’s Administration, TANF services

- Of the 2,465 children receiving juvenile rehab services:
  - 18% received JR services only
  - 11% received 2 services
  - 18% received 3 services
  - 32% received 4 services
  - 21% received 5+ services

- 62% needed Behavioral Health services AND were Medicaid-enrolled

- 72% were enrolled in Medicaid

- 35% were served by Children’s Administration

- 11% received TANF

- 50% received Basic Food

- 18% received Juvenile Rehab services only

n = 2,018
n = 867
n = 1,222
n = 1,780
n = 1,528
n = 268
Findings and Implications
Summary of Findings and Implications

Areas of opportunity for prevention, promotion and intervention

– Targeting services for higher-risk children and families
– Promoting maternal and child health
– Reducing rates of unintended pregnancy
– Promoting child development and school readiness
– Promoting educational attainment
– Promoting successful transition to adulthood
– Improving employment outcomes and economic self-sufficiency
– Reducing poverty
– Preventing child abuse/neglect
– Preventing and treating mental illness and substance use disorders
– Preventing family violence
– Reducing criminal justice involvement and recidivism
– Preventing homelessness
Opportunities for Prevention, Promotion and Intervention

Prior to birth
- Promoting maternal and infant health
- Targeting services for higher-risk families
- Preventing child abuse/neglect
- Preventing family violence

Ages 0 to 5
- Promoting child physical and behavioral health
- Promoting child development and school readiness

Ages 6 to 11
- Promoting educational attainment

Ages 12 to 17
- Reducing rates of unintended pregnancy
- Promoting successful transition to adulthood

Ages 18 to 21
- Promoting employment outcomes and economic self-sufficiency

Multiple service delivery systems impact these areas of opportunity before birth, throughout childhood, and into adulthood.

Intervention opportunities and impacts continue through age 21 and beyond.
Summary of Findings and Implications

Children and families at greatest risk are often served across multiple systems

– Prevention, early intervention and health promotion activities are performed by DOH, HCA, DSHS (DBHR), DEL and OSPI

– Services to address the behavioral health needs of children and families are provided by HCA, DSHS (DBHR, ESA, CA, and RA), DEL, county human services agencies, and state/local criminal justice agencies

– Intensive and acute services are provided by a variety of programs for specific high-need target populations

Service needs and risk factors for children and families often can be identified through data available from multiple service delivery systems, including:

– Behavioral health data
– Physical health data
– Child welfare and TANF program assessment and service data
– School data
– Criminal justice data
– Employment data
– Data on housing service use and homelessness
Summary of Findings and Implications

Many services critical to mitigating the impact of adverse childhood experiences and other child and family risk factors currently are (or could be) funded through the Medicaid benefit. Examples include:

– Mental illness and substance use disorder treatment
– Wraparound with Intensive Services (WISe) for high-risk children and youth with behavioral health needs
– Components of home visiting programs (case management, preventive services, therapy, extended services to pregnant women, etc.)
– Family planning services
– Supportive housing services
– Supportive employment services

An assessment of the effectiveness of potential interventions would help inform potential service investment strategies

Given the range of needs experienced by vulnerable children and families from before birth and into adulthood, coordination of information and interventions across delivery systems will continue to be critical
Questions?

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