

## **MINUTES**

Braam Oversight Panel  
Marriott, Salon I  
SeaTac, WA  
December 7, 2009

**Panel Members:** John Landsverk (Chair), Jan McCarthy, Dorothy Roberts, Jess McDonald

**Panel staff:** Carrie Whitaker

**Plaintiffs' Attorneys:** Casey Trupin, Tim Farris, Bill Grimm, Erin Shea McCann

**Attorney General's Office:** Carrie Hoon

**DSHS Staff:** Denise Revels Robinson, Scott Steuby, Deborah Purce, Tammy Cordova, Debbie Willis, Robin McIlvaine, Lee Doran, Brenda Villarreal, Dawn Tatman, Diane Inman, Michael Tyres, Nancy Sutton, Randy Hart, Joel Odimba, Myra Casey, Ken Nichols (by phone), Marty Butkovitch (by phone)

**Others:** Beth Canfield, Jennifer Strus, Ron Murphy, Susan Brook, Paul Cavanaugh

Note: The minutes are a general summary of discussion and do not attempt to document every comment. The minutes are supplemented by the attached power point presentations made during the meeting.

### **Introduction**

John Landsverk called the meeting to order at 1:10pm. He noted that the Panel was pleased to be joined for the first time by new Children's Administration Assistant Secretary Denise Revels Robinson. He also welcomed the Regional Administrators (R.A.s) back to the meeting, including the two R.A.s from eastern Washington who had joined by phone.

### **Comments, Assistant Secretary Denise Revels Robinson**

Denise Revels Robinson noted that she is seven weeks into her new position, and was pleased to be participating in her first Braam meeting. She said that she comes to Washington state with many years of experience working in child welfare, and a commitment and a passion to serve children and families involved with the child welfare system.

Denise noted that she takes the Braam settlement agreement very seriously, and she stated that she had experience with class action litigation in Wisconsin. She indicated that her goal will be to communicate openly with the Panel and plaintiffs on Braam issues, and to be responsive to questions and requests for information.

Denise made a commitment to have the R.A.s participate in all Braam meetings (either in person or by phone), and she indicated that she agreed with the Panel that they have a lot to contribute to this process.

Denise said that her goal in her new role is to lead Children's Administration in safely reducing the number of children in out-of-home care by maintaining children safely at home whenever possible and focusing on permanency and length of stay. For children in placement, CA will strive to improve services. Throughout, her focus will be on good practice and what is best for children involved in child welfare.

Denise noted that she had spoken with Panel members Jan McCarthy and Jess McDonald by phone about initial health screenings a few weeks earlier. She noted that CA's capacity building

efforts in this area would be addressed in more detail the next day, but that she is committed to initial health screenings for children entering care, and sees this as a safety issue.

Denise noted that the Department is working hard to meet its responsibilities under HB 2106, which requires the implementation of performance-based contracting. CA will be working closely with private providers and other partners throughout this process.

### *Questions*

Jess McDonald stated that he had known Denise for years and had worked with her in several different contexts. He stated that Denise is one of the most capable child welfare administrators he has known, and that he is very pleased that she has come to Washington.

John Landsverk asked Denise to say more about her experience with class action litigation in Wisconsin. Denise explained that the state of Wisconsin and Milwaukee County were sued in 1993 by Children's Rights as a result of concerns about permanency and safety for children in out-of-home care. In 1995-1996, a settlement agreement was reached, which included a state takeover of Milwaukee County's child welfare agency. Denise went to Milwaukee in 1997, and worked to redesign child welfare services and contracts in the county. She noted that plaintiffs sought to expand the lawsuit, and a settlement was reached in 2002. She indicated that the agreement did include an exit clause, and that Milwaukee has now been released from the agreement in twelve areas. Additional areas, such as placement stability, remain. She noted that Milwaukee's response to the lawsuit was characterized by open discussion about progress, regular reporting to community partners, and a constant focus on what is good for children.

Bill Grimm asked Denise for her initial thoughts on the greatest challenges facing CA. Denise replied that she is beginning from a position of strength and will be working to build on what is working well- such as CA's committed workforce. She noted that having six regions across the state is a challenge, and that she will be working to ensure that the regions operate as one administration that is part of one Department. Denise said that she sees an opportunity through performance-based contracting to work more openly with community partners on the services CA purchases and the outcomes it is seeking for children. Denise identified the need for improved support for relatives and efforts to reduce racial disproportionality as additional challenges.

### **Plaintiffs' comments**

Casey Trupin also welcomed Denise, and indicated that he had met with Denise a few weeks earlier. He noted that plaintiffs have been encouraged to hear Denise's comments about transparency, less defensiveness, an open approach to deficits, and the need to make progress toward Braam goals. Casey noted that plaintiffs have seen some areas of progress, but he expressed concern that some indications of progress have been lost in the transition to FamLink. He stated that clear, reliable data will be essential to CA's ability to demonstrate continued progress.

Casey expressed concern about the state budget shortfall. He noted that the proposed cuts to educational advocates are of concern, and he indicated that he has heard of staffing cuts that may impact workload.

Casey noted that plaintiffs are keeping an eye on a class action lawsuit related to mental health services recently filed by Disability Rights Washington. He noted that some of the children who are the subjects of this lawsuit are also members of the Braam class.

Casey stated that Braam will not conclude based solely on the timeline of July 2011 set forth in the original agreement, it will conclude when the outcomes and commitments have been met. He indicated that although Braam will not be finished in July 2011, plaintiffs have seen significant progress and have confidence that CA will meet the Braam expectations and the process will not drag on indefinitely. He noted that the new Assistant Secretary will play a key role in that process.

### **FamLink/ Data/ Draft FY09 performance report**

John Landsverk noted that CA had submitted a draft FY09 performance report, and that the final version is due on January 1. He indicated that the actual data are still in draft form, so the Panel would not be discussing the data itself or patterns. However, he noted that the Panel had asked CA to discuss two issues related to the draft performance report:

- Confidence- CA had previously noted that for several outcomes, it does not have a high degree of confidence in the accuracy of the FY09 FamLink data. The Panel asked for an update as to whether CA's confidence in the data had changed over the past few months.
- Change- John stated that the Panel was interested in comments from CA regarding interpretation of changes in the data from FY08 (which used CAMIS data) to FY09 (which uses FamLink data)-- when marked changes are observed, either positive or negative, how will we know that the change is a result of real change in performance, as opposed to a change in a data system?

*See power point presentation:*

[http://www.braampanel.org/MinutesDec09\\_CAupdate.ppt](http://www.braampanel.org/MinutesDec09_CAupdate.ppt)

Dawn Tatman provided an update on FamLink implementation. She reiterated that Braam outcome reporting is not dependent on the completion of the data warehouse. The data warehouse is a tool to facilitate reporting, but reporting is possible without it. Dawn noted that FamLink will never be "done," there will always be changes as a result of changes in policy, statute, federal and Braam requirements, etc. However, FamLink is now to the point where it was possible to disable CAMIS, because all data have been migrated to the new system.

Dawn's presentation explained the new features that will be launched in FamLink Release 2 in February 2010.

John Landsverk asked whether integrating the standalone CHET database into FamLink would be part of release 2. Dawn said that it would not be. Integrating the CHET database into FamLink is the eventual goal, but this has not yet been scheduled. Top priorities after release two include the completion of the ISSP court form and the development of data elements required for the National Youth in Transition Database.

Dawn acknowledged the Panel's concerns about FY09 data. She indicated that between February 2009, when FamLink was launched, and June 2009, the end of the fiscal year, CA's priority was to troubleshoot the most essential functions and to convert all CAMIS data. During this period, the completeness and accuracy of FamLink data are questionable. Dawn indicated that CA's lack of confidence for those first few months of FamLink data has not changed. She

noted that as CA continues to do more analysis on data from this period, the results have changed very little and they believe that in several areas data remain problematic for FY09. However, CA's confidence in data going forward has improved greatly.

Dorothy asked for clarification about current efforts to improve FamLink utilization, and whether these will improve confidence for that FY09 period. Dawn replied that they will not, and reiterated that FY10 data will be much more accurate. Bill Grimm asked whether there have been any efforts to correct data for the February- June 2009 period. Dawn indicated that in some cases, corrections may be made. However, for the most part, the priority has been on fixing problems going forward.

Bill asked for greater specificity as to what measures will be problematic for the FY09 period. As an example, Dawn referred to the power point slide on the caseload ratio measure. It was noted that these data are problematic for FY09. Dorothy asked whether there is an alternative source of data. Carrie Hoon indicated that some handcounts have been conducted, but not for the FY09 period. Dawn again stated that the focus has been on improving accuracy going forward.

John Landsverk noted that for measures like these, the parties & the Panel face a question of how to handle data that may be less accurate. The group discussed this issue, and noted that these data might be provided with an "asterisk"—i.e. some sort of explanation of why the data may be problematic or less accurate. There was some discussion of whether it would be useful to require alternative data sources, with different Panel members expressing different opinions on this idea. Plaintiffs indicated that while they would like to see complete data, they would rather see 7 months of reliable data for FY09 than 12 months of data that include 5 months of FamLink data in which the Department has limited confidence.

It was agreed that Children's Administration would update its recent data matrix, which showed the Department's level of confidence in data for each Braam outcome and provided proposals for alternatives to full year administrative data for FY09 where applicable. Denise indicated that CA could provide this update by December 15. It was agreed that CA, Panel representatives, and plaintiffs would then hold a phone conference to discuss these issues soon after the update is submitted and decide exactly what should be included in the January 1 final report.

Michael Tyres, interim director of field operations, spoke about the Department's current efforts to improve FamLink utilization going forward. He noted that these efforts fall into the categories of leadership, training, support, and accountability.

Michael noted that in October, there had been extensive communication to the field about the importance of FamLink as both a mechanism for documenting work and as a system to support good practice. He noted that this messaging had been echoed in a variety of staff meetings. Michael also noted continued training efforts to ensure that data are inputted correctly in FamLink. With respect to accountability, he described the re-writing of job descriptions at all levels to clearly articulate expectations related to use of FamLink.

Michael used monthly visits as an example of how follow up and supervision are critical to ensuring accurate and thorough documentation. Michael stated that CA now requires supervisors to do monthly supervision for each child's case, using FamLink. He noted that it is important that the supervisor is able to see that key casework functions, such as seeing

children, have been documented. He reported that the process includes monthly meetings at the end of each month, during which caseworkers indicate specific dates during the next month when they will visit children on their caseload. Supervisors also review case notes for the previous month, and required timelines for data entry have been shortened. Supervisors review and verify data, and compile manual data counts to compare with FamLink.

Denise noted that FamLink is also able to generate management reports, which are being used to review performance on monthly visits. Dawn Tatman clarified that although some of the efforts related to improving FamLink utilization did not begin until September or October, CA is going back as far as July 2009 to ensure data for FY10 are correct.

Jess McDonald indicated that he felt this was a very positive process, and he noted that supervisors are critically important managers. He asked about buy-in in the field.

Michael indicated that he had heard a range of responses to the new supervision requirements. Some workers and supervisors have expressed appreciation about the clear expectations, while a smaller number of staff has shown frustration about the process. Overall, however, he believes that staff has gotten the message that the Department is very serious about the importance of the monthly visit requirement.

Myra Casey, Regional Administrator in Region 6, indicated that workers feel that monthly visits are important and they care very much about seeing children. Jess asked whether supervisors view FamLink as a useful tool for supervision. Myra indicated that some do, but that it is cumbersome to scroll through the FamLink screens to review notes on monthly visits for each case. Joel Odimba, Regional Administrator in Region 4, stated that the workers and supervisors appreciate the consistency and clarity of the new process. However, there has also been frustration about what is perceived as another time consuming requirement. Randy Hart, Regional Administrator in Region 3, indicated that it has been difficult for the field to adapt to the new system, particularly when they recorded activities in FamLink, only to find later that their work had not been captured because they had entered the information incorrectly. Supervision is an opportunity to correct this and reduce this type of frustration.

Jess McDonald noted that supervision is often somewhat "drive by," meaning that even formal supervision sometimes does not get to the most critical issues. Jess asked whether the R.A.s had seen improvement in supervision and/or improvement in time management in response to the supervision. Randy Hart said that he had, but he noted that the clinical portion of supervision can get lost because of time it takes to move through the FamLink screens to review the entry of case notes and data.

Ken Nichols, R.A. from Region 2, stated that staff is eager for the data to be right, and that workers and supervisors have really bought into this process of cleaning up the data. Marty Butkovich, R.A. from Region 1, said that the reports being generated on monthly visits are useful in helping social workers to prioritize. Nancy Sutton, R.A from Region 5, state that the support and tutoring from "early adopters" has been invaluable in the offices she manages.

John Landsversk commented that he sees a lot of progress since the Panel's September meeting, particularly in terms of greater attention to data accuracy and the formalized role of supervisors in that process.

Michael Tyres noted that the modification of job descriptions was only a first step toward improving accountability related to FamLink use. He noted that FamLink utilization will be part of staff performance development plans and annual evaluations.

### **Child Health and Education Tracking (CHET)**

See power point: [http://www.braampanel.org/MinutesDec09\\_CAUupdate.ppt](http://www.braampanel.org/MinutesDec09_CAUupdate.ppt)

Tammy Cordova, Director of Policy and Planning, presented an update on the CHET screening process. Tammy presented data showing improvement on timely CHET completions, and improvement in each of the CHET domains. Data compared the five months of FY09 for which the CHET database was in use (February- June 2009) with the first quarter of FY10 (July- September 2009), and showed improvement from 62% to 73% for total CHET completion rates. She pointed out that the CHET domains that are within the screeners control (developmental, connections, emotional/ behavioral) are currently being completed at a rate of 94-95%, while timely completion of the physical health and education domains have risen to 79% and 89% respectively.

John Landsverk noted that a obtaining school records in a timely way for 89% of cases was an impressive accomplishment. Tammy agreed, and noted that in many cases, screeners are actually going to schools to obtain educational records, rather than waiting to receive them.

Casey Trupin said that he was impressed by significant improvement in physical health screenings in a short time- performance rose from 72% in the last five months of FY09 to 79% in the first quarter of FY10. He asked whether this is attributable to improvements in documenting screens, or whether more children are receiving EPSDTs. Tammy replied that there have been efforts in all areas, and that screeners have been proactively working with foster parents and providers to schedule medical screenings.

Jess McDonald noted that in past discussions about capacity, CA had often indicated that medical resources in rural areas were limited. He noted that the data show that 89% of children in Region 1, which tends to be more rural, have received timely medical screens, compared with only 80% in Region 4, which is primarily urban. He asked for an explanation of this. Joel Odimba, Region 4, commented that Region 4 is working to improve in this area and is borrowing strategies from Region 1 such as transporting children to medical appointments and not waiting for an appointment with the child's primary care provider if another appointment can be scheduled more quickly.

All of the Panel members agreed that there has been significant progress with respect to CHET and commended CA on these accomplishments.

### **Sibling separation- survey findings**

Carrie Hoon, Assistant Attorney General, presented information from two recent surveys that sought to better understand why siblings are not always placed together: a survey conducted during the summer of 2009 by a law clerk in the Attorney General's Office of social workers assigned to a random sample of siblings who are placed apart, and the foster parent survey, which now includes questions about foster parents' perceptions of why siblings are not always placed together.

*See power point presentation:*

[http://www.braampanel.org/MinutesDec09\\_AGOsiblings.ppt](http://www.braampanel.org/MinutesDec09_AGOsiblings.ppt)

Carrie Hoon pointed out that the social worker survey and the foster parent survey include slightly different populations. The social worker survey included siblings who are in out-of-home care but are in separate placements, while the foster parent survey may also include children who are not in out-of-home care.

Carrie pointed out that a very common reason that siblings are separated is because they are half siblings and are placed with relatives who may be unrelated to their sibling (for example, children who have the same mother but a different father may be placed with paternal relatives who are not related to the other sibling). She noted that this highlights that there are competing interests that CA must evaluate when determining where to place children— placement with a relative v. placement with siblings. In addition, CA must ensure that children are placed with a caregiver who is prepared to meet any special needs the child may have. She noted that while the goal of the survey was to identify how CA could ensure that more siblings are placed together, the survey findings also highlight that there are situations in which there are good reasons for not placing siblings together. She noted that this might indicate that it will be difficult to attain the Braam benchmarks for sibling placement.

Casey Trupin noted that plaintiffs have been concerned about the trend showing that more and more siblings are being placed apart. He asked Carrie Hoon whether the survey suggested that the move toward relative preference is also a move toward sibling separation. Carrie indicated that there may be a relationship here. She said that it would be interesting to see whether there are states that have increased the proportion of children placed with relatives while minimizing the impact on sibling separation. Casey replied that this is a critical area. He noted that an early compliance plan had indicated that Partners for Our Children (POC) would be examining this issue, but that CA subsequently indicated that this was not a priority for POC. Denise replied that she had recently met with POC to discuss priorities for the upcoming year, and she believed that they had agreed to work on several issues related to relative placement. She said that she would follow up with POC to find out whether this could include some of the issues discussed today related to sibling groups and relative placements. She also noted that there has been internal discussion about encouraging relatives to become licensed, which may increase the chances they will be able to serve siblings of a child in their care to whom they are not directly related.

Jess McDonald asked whether CA has a clearly stated policy as to whether placement with siblings or placement with relatives is given greater priority. Tammy Cordova replied that the Department has felt that this needs to be left open depending on the specific circumstances of the child and family, but that workers do struggle with this lack of clarity.

### **Sibling separation- compliance plan**

Tammy Cordova noted that CA's compliance plan related to sibling separation includes strategies to recruit and retain foster parents able to serve sibling groups. She noted that incentives for contractors who recruit homes able to serve sibling groups will be considered as part of the Department's transition to performance-based contracting. In addition, she noted that the current budget climate is slowing consideration of an incentive for foster parents who serve sibling groups. She said that CA will begin discussions with foster parents of how such an

incentive might be structured, so that they will be ready to implement this when the budget permits.

Denise indicated that she has met with Partners for Our Children regarding priorities. One priority is stronger support for relatives and achieving permanence more quickly for children placed with relatives. She indicated that this priority might be tweaked to address the issues of placing siblings together.

Jan McCarthy noted that plaintiffs had raised several concerns related to CA's compliance plan for sibling separation, and she asked plaintiffs whether the discussion had helped to resolve these concerns. Casey Trupin indicated that plaintiffs would discuss this and get back to the Panel.

### **Public Comment**

Beth Canfield, co-president of the Foster Parent Association of Washington State, shared several comments.

Beth noted that she had not heard about the ideas related to incentives for foster parents for sibling groups, and she encouraged CA to talk to foster parents about this.

Beth expressed concern about budget cuts for children in dependency guardianships and long term foster care agreements. She indicated that she had heard of cuts to services that CA has committed to provide to children who are already in these agreements, and asked for clarification. Carrie Hoon replied that the Department is moving away from licensed guardianships and will focus on relative guardianships, but that this should not affect existing arrangements. Similarly, because guardianship is intended to be a permanent plan outside of the child welfare system, there may be fewer services offered to guardians in the future. Again, this should not affect existing agreements.

Beth also noted that she has heard of problematic decisions by social workers who are trying to meet Braam benchmarks. For example, she heard of several siblings who were in separate foster-adoptive placements and were moved out-of-state to be in the same home in order to meet Braam sibling placement requirements. The children were moved from families they knew well and who had expected to adopt them (separately) to a family they did not know where they were placed together. She noted that this is not good for children, and also a problem for foster parent recruitment and retention.

Denise indicated that such a decision would not be consistent with good practice or policy. However, she noted that it is difficult to respond without knowing about the specific children involved. . She said she'd be happy to follow up if there is a specific case in question.

The meeting was adjourned for the day at 5pm.

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SeaTac, WA  
December 8, 2009

**Panel Members:** John Landsverk (Chair), Jan McCarthy, Dorothy Roberts, Jess McDonald

**Panel staff:** Carrie Whitaker

**Plaintiffs' Attorneys:** Casey Trupin, Bill Grimm, Erin Shea McCann

**Attorney General's Office:** Carrie Hoon

**DSHS Staff:** Denise Revels Robinson, Scott Steuby, Deborah Purce, Tammy Cordova, Debbie Willis, Robin McIlvaine, Lee Doran, Dawn Tatman, Michael Tyres, Joel Odimba, Nancy Anderson, Trang Kuss

**Others:** Jennifer Strus, Laurie Lippold, Susan Brook

Note: The minutes are a general summary of discussion and do not attempt to document every comment. The minutes are supplemented by the attached power point presentations made during the meeting.

### **Introduction**

John Landsverk called the meeting to order at 9:05 a.m.

### **Initial Health Screening**

John Landsverk noted that the Panel has long considered initial health screenings for children entering foster care to be critically important, but there has been debate with the Department about whether this issue is within the scope of the settlement agreement.

Denise Revels Robinson provided an update on DSHS activities in this area, noting that she had recently had a phone meeting with Jess McDonald, Jan McCarthy, Secretary Susan Drefyus, and representatives from the Health and Recovery Services Administration (HRSA) on this subject. Denise stated that she sees initial health screens as a safety issue, both for the children being placed in foster care and those already living in the homes in which these children are placed. An initial look at a child's health status, including immunizations and communicable diseases, is extremely important. She stated that the Department's efforts in this area would involve both Children's Administration and the Health and Recovery Services Administration (HRSA), and would be part of a broader initiative to improve health services for children in foster care.

Denise noted that while some children are receiving a 72hour initial health screen, there are some barriers that must be addressed before this will be the norm. One issue is a capacity issue in rural areas of the state. Denise noted that she understands that it is not necessary for the screen to be conducted by a physician, but in some areas, there is a shortage of all types of health care providers. In addition, she noted that some providers and staff do not understand the rationale for a 72-hour initial health screen. Sometimes the screen is confused with the more comprehensive EPSDT, which must be done within 30 days of a child's entry into care. Moreover, some providers do not understand the needs of children entering foster care and why an initial health screen is important. Denise indicated that communication and outreach to providers, foster parents, and staff will be needed.

Denise noted that there are partnerships and outreach efforts related to health care for children in foster care in the individual regions, but that there is a need for a statewide message and communication plan regarding the health and developmental needs of children entering out-of-home care.

Denise committed to updating the Panel at future meetings about the Department's efforts and capacity building on this issue. She noted that connecting this issue to the efforts to ensure a medical home for children in foster care is also important. Denise noted that ideally children will stay with same provider if they already have a medical home when they enter care.

Tammy Cordova noted that the Passport program has in the past developed comprehensive health reports for approximately 3,000 children per year with complex medical needs. However, since this did not cover all children in foster care, CA has more recently been thinking about how to use resources to meet needs of broader group of children. As of January 2010, the Department will transition the lead responsibility for foster children's health care to HRSA. In lieu of the Passport program for a subset of children in care, HRSA will pull health history information for all children entering foster care. Tammy noted that approximately 88% of children entering care have some history with Medicaid. HRSA and CA have developed a report on children's medical history, which HRSA will be able to generate for all children entering foster care and share with social workers and caregivers (including those without Medicaid history, because HRSA staff will be able to access other databases such as the immunization registry). In addition, HRSA and CA will work together on care coordination for the 1,500 most medically complex children in foster care.

Dr. Nancy Anderson of HRSA noted that HRSA is very pleased to be taking the lead on health care for children in foster care. She noted that HRSA will work to address the fragmentation of medical care that is associated with foster care stays by providing information to those who are responsible for children's medical care, ensuring access to health care, and coordinating care for the most medically complex children.

Dr. Anderson discussed a number of initiatives underway to provide more extensive information on children's medical history to social workers and foster parents, and to upload this information into FamLink. She noted that HRSA staff will be available to review Medicaid claims information as well as other databases in order to compile information on children's medical history. Dr. Anderson said that the pediatricians working in the regions will expand their outreach and educational efforts. She noted that clinical nurse advisors will collaborate with children's physicians and caregivers and provide care coordination for children with complex medical needs. A tickler system for foster parents for EPSDTs is also being developed.

John Landsverk observed that there has been significant progress in the Department on CHET screens, and that this work will connect well with efforts related to initial health screenings and ongoing health reviews. He noted that initial health screenings, 30-day EPSDTs and annual EPSDTs are interrelated, and he stated that HRSA's new efforts have great potential to accelerate progress in these areas. John commented that it is excellent to see HRSA's involvement, since they (and not Children's Administration) are the experts in health care issues.

Nancy noted that HRSA needs to continue to work with providers to ensure that they are billing using the EPSDT code, which pays an enhanced rate to providers and ensures that these exams are documented correctly.

Jan McCarthy asked whether there is a payment code for initial health screens, and Nancy replied that there is. Tammy Cordova added that there is also a form that the provider is to fill out for the initial health screening. Jan said that having clarity about what's expected in the exam and a mechanism to pay for it is a step in the right direction.

Dorothy Roberts said that she was unclear how the 72-hour health screen is actually being put in place. Nancy replied that this is still in development. Denise agreed, and promised to discuss progress with the Panel at the next Braam meeting. She noted that in the past, CA had not made a commitment to implement initial health screens, but that she was making that commitment now. However, she noted that there is still a lot to be done and the details are yet to be determined. She reiterated the importance of working with providers and the field to underscore the importance of the initial screen. She noted that the basic infrastructure has been developed, but that protocols and details need to be worked out.

John Landsverk asked about the issuance of a Medicaid card when children enter care. Nancy Anderson and Tammy Cordova explained that for the last 3-4 years, several CA staff members have been stationed in HRSA in order to issue Medicaid cards immediately upon children's entry to care. This will continue, but these staff will be transitioned to HRSA.

John noted that Nancy had stated that children's medical history would be uploaded to FamLink, and he asked whether FamLink had the capacity to store this information. Dawn Tatman confirmed that it does, and noted that additional enhancements will be made in FamLink release 2.

John reported that the Panel had received a letter from Steve Hassett with questions about a compliance plan for the outcome related to annual mental health screening (measured by annual EPSDTs). He summarized the letter, which had indicated that it was not possible for the Department to determine whether the strategies in the previously-approved compliance plan had been effective because of the significant data lag in this area. Steve's letter asked for the Panel's guidance on how to proceed with a new compliance plan in this area. John noted that data for this outcome lag more than for other outcomes due to the data match between CA and HRSA, and the Panel has just received data for FY08 (which ended in June 2008) the previous week. John noted that performance on the annual EPSDT screen is at about 55%, and would need to improve dramatically to reach the benchmark. John stated that the Panel had been frustrated by Steve's letter, which seemed to propose a "wait and see" approach such that CA would not develop new strategies for improvement until another year of data becomes available. He said the Panel was considering requirements for monthly reporting for this outcome because the data lag has been so significant. He noted that areas subject to monthly reporting, including monthly visits, CHET and caseload size, have seen great attention over the past year. More broadly, John noted that the Panel would become more impatient and more aggressive at this point in the settlement agreement, with less than 2 years remaining on the original 7 year duration of the agreement.

Nancy Anderson stated that one of HRSA's performance indicators would be to make sure that there are standard methodologies for EPSDT between CA and HRSA.

John Landsverk stated that the Panel has always taken seriously the fact that the original Braam lawsuit was brought against DSHS, not just Children's Administration. He noted that it was very positive to see HRSA at the table for this discussion. Denise agreed, and noted that Secretary Dreyfus has been reinforcing the notion that all of the DSHS agencies are part of a single Department with a unified mission and set of values, and therefore must work together.

Jess returned to the issue of the initial health screen, and asked Denise whether the Department would be defining how a child will actually get to screening. Denise replied that the framework has been set up on the business side, and the next step will be to create buy-in and procedures on the 'human' side, through communication with social workers, foster parents and providers. She said the Department will be working to define the why, how and when these screens will get done.

Jess asked for clarification from Dr. Anderson about the comment that 88% of children entering foster care have previous Medicaid eligibility. He asked whether she had information on utilization rates, and Nancy said that she did not have that information off the top of her head. Jess noted that their experience in Illinois was that children entering foster care had previously received medical care at emergency rooms, but showed low levels of utilization at outpatient facilities. He suggested that it would be helpful to explore that previous history, and Nancy said that HRSA would pull previous medical records for each child upon entry to placement.

John Landsverk noted that the Panel has found the Department to be out of compliance with the initial health screen requirement, but had never received a compliance plan. He asked whether the Department would be moving forward with submitting a compliance plan to the Panel. Carrie Hoon replied that the legal position of Children's Administration remains that initial health screens are not within the purview of the Braam agreement. However, she noted that CA is willing to report back to the Panel on progress.

Jan McCarthy said that she felt this has been a useful discussion, and she'd like to see more information as details develop. She said that, whether it's called a compliance plan or just a plan, she would like to see a written plan that summarizes the process for obtaining an initial health screen for all children who enter care and that clarifies responsibilities (e.g., roles of the social workers, caregivers, providers).

Denise confirmed that she understood the request, and agreed that the Department needs to develop procedures, roles, responsibilities and timeframes. She said she would be happy to share that with the Panel as these decisions are made. She said she would report to John on the upcoming December 17 phone call as to when she would be able to provide additional information.

Jess observed that there had been great progress on this topic since the phone call he had been involved in with Denise and Secretary Dreyfus a few weeks earlier.

John Landsverk suggested that a way of sidestepping the issue of whether the initial health screen is within the purview of the Panel might be to call the next update an "informational report" or an "informational plan." He noted that the Panel would keep this item on Braam meeting agenda for the foreseeable future. Denise agreed that this would be worthwhile, and gave her commitment to continue to update the Panel on this.

Casey Trupin commented that plaintiffs also felt that the discussion had demonstrated great progress in the area of initial health screens, but he said plaintiffs would not support making reporting on this subject informational as opposed to required. John clarified that his suggestion to call the next update an informational plan did not mean that he or the Panel intended to take the initial health screening outcome off the table or remove it from the Panel's compliance monitoring.

Nancy Anderson confirmed that she planned to attend future Braam meetings to represent HRSA.

### **Juvenile detention**

*See power point presentation: [http://www.braampanel.org/MinutesDec09\\_CAupdate.ppt](http://www.braampanel.org/MinutesDec09_CAupdate.ppt)*

Lee Doran provided an update on CA's efforts to obtain data on dependent children with stays in juvenile detention. He noted that data agreements had been reached with the Administrative Office of the Courts (AOC, which maintains data for 38 of the state's 40 counties), King County Courts, and Mason County in September 2009. He had provided the entities with information on children in foster care during calendar year 2008, and had requested information on detention for these children. As of December 8, he had received the requested information from AOC and King County, and would need to follow up with Mason County for additional detail.

Lee indicated that the information from the Courts will include the reasons children were held in detention and their lengths of stay. Lee will analyze these data, and CA will convene a workgroup to discuss the data and the findings. CA indicated that it would present this analysis at the Panel's March 2010 meeting. Carrie Whitaker noted that an update on the related action step would be due on February 1 for review by the Panel for the next monitoring report.

Dorothy Roberts asked whether it will be possible to consolidate the county-level data into regions, and Lee said that it would. Jan McCarthy asked whether the data would show where the child went when released from detention. Lee said that he was unsure and would look for this.

Casey Trupin asked how detailed the data on reasons for detention will be. He expressed concern that some jurisdictions are holding youth for criminal, rather than civil, contempt. He also noted that youth are sometimes held in secure crisis residential centers (CRCs) without being charged with a crime. Lee indicated that the data from King County seem to include more detail on reasons for detention, but that the AOC data may be limited.

In response to a question from Jan McCarthy, Carrie Hoon clarified that "contempt related to dependency" can result from any violation of the dependency order, but is usually related to running away. Casey Trupin noted that this is an area of significant concern and there has been a lot of legal wrangling on this issue.

Lee confirmed that it will be possible to break these data down by race.

### **Disproportionality**

*See power point presentation: [http://www.braampanel.org/MinutesDec09\\_Dispro.ppt](http://www.braampanel.org/MinutesDec09_Dispro.ppt)*

Judy Hall, DSHS Planning and Performance Team, presented updated information on racial disproportionality. The presentation summarizes a report that is due to the Legislature on January 1, 2010.

Dorothy Roberts noted that at the September Braam Panel meeting, the Panel had asked for feedback from the parties and the Racial Disproportionality Advisory Committee (RDAC) on key issues related to use of race/ ethnicity data in Braam, including what level of disparity among racial/ ethnic groups on Braam outcomes might trigger the Panel to take action, and what type of action the Panel might take. Dorothy noted that the Panel had hoped that the RDAC would provide feedback on those questions. Deborah replied that the RDAC's research subcommittee had an initial discussion about this but had not reach any conclusions, and she asked whether Dorothy would be able to participate in a meeting with this group by phone. Dorothy said that she would.

Judy's presentation examined rate of occurrence and disproportionality indices at several decision points in the child welfare system: referrals, accepted referrals, initial high risk, placement, placement lasting over 60 days, and placement lasting over 2 years.

Jess observed that there had been a steep increase in the disproportionality index for all placements and placement lasting more than 60 days for African American children between 2007 and 2008, and he asked whether there were any thoughts as to why this had occurred. Deborah Purce replied that these are new data that have not been analyzed in that way. John Landsverk noted that the fluctuations for African American children for the last few years were much more significant than for other groups.

Jess McDonald asked whether anyone has looked at reasons for referral and reasons for case opening as part of the disproportionality committee's work. He said that there are two basic possible causes of disproportionality: bias in decision making involving different racial/ ethnic groups, or different conditions for different racial/ ethnic groups. Deborah replied that there are several elements of the disproportionality remediation plan that might address these types of issues, including training efforts and a national assessment tool being completed by social workers, supervisors, and managers regarding disproportionality issues.

Jess asked whether children of color are more likely to be placed in kinship care, and CA confirmed that this is the case. He noted that since length of stay tends to be longer for children in foster care, this could be contributing to high degrees of disproportionality for children of color in care for two or more years. Judy and Deborah agreed that this issue should be explored.

John Landsverk noted that the analysis was helpful, and that the examination of children in care for more than 60 days or 2 years overlapped considerably with Braam issues. He noted that it would still be necessary to discuss how to link Braam outcomes with the efforts of the RDAC, and he suggested that perhaps a similar type of analysis to that presented at the meeting could be applied to some key Braam outcomes.

Jess McDonald asked whether the RDAC has looked at disproportionality based on type of placement, noting that in Illinois, white children were more likely to be in residential treatment, while African American youth were more likely to be transferred to the detention system. Deborah said that the RDAC does intend to look at that type of issue.

Deborah confirmed that Braam data for 2009 will include breakouts by race/ ethnicity. Lee Doran stated that he would calculate disparity ratios for the Braam indicators.

### **Health and education plan in the ISSP**

Carrie Whitaker noted that there are outstanding issues related to the compliance plan for the outcomes related to the health and education plan in the ISSP. She noted that both the plaintiffs and the Panel had been confused by the Department's strategies related to FamLink in the compliance plan. Given that FamLink is not the data source for these outcomes, and given that it will not be possible to launch the ISSP from FamLink for some time, it was unclear how FamLink was expected to improve performance in this area. In addition, some timeframes in the compliance plan were unclear.

Dawn Tatman clarified that the only piece of the ISSP that will not be functional in FamLink once release 2 is launched (February 2010) will be the Court documents, and this piece is expected to be in place by June 2010. Carrie Hoon clarified that FamLink is a strategy for improvement for this outcome because FamLink includes significant health and education information from which social workers can obtain information needed to develop the ISSP.

Erin Shea stated that this clarified the plaintiffs' confusion related to the compliance plan, and the Panel agreed.

### **Outstanding issues**

John Landsverk summarized a discussion he had with Tammy Cordova the previous day. Tammy had indicated that CHET screeners are so intent on ensuring that all children receive EPSDT exams within 30 days of entry into care that they have sought EPSDTs even for medically fragile children under the care of a physician for whom these exams may be contraindicated as a result of their other medical conditions. John wondered whether there should be an exception for this type of situation. Dorothy Roberts replied that this is probably a small number of children, and that the benchmarks do not require 100% compliance so that there is some leeway for this type of situation. Tammy clarified that she had not been requesting any exception or change to the benchmark; she had simply raised this as an example of how diligent and committed the CHET screeners have been at obtaining health screens.

John Landsverk again welcomed Denise Revels Robinson, and thanked her for her many useful reports during the meeting.

The meeting was adjourned at 11:55am.