

Update on Children's Administration Activities

Braam Panel Meeting
September 14th to 15th 2009

Children's Administration Update

- DSHS Secretary's commitment to Braam
 - Drive the Department to achieve outcomes
 - Outcomes are what is best for children
 - SACWIS to support best practices
- Assistant Secretary Update
- Economy – Budget Cuts

Children's Administration Update

- While the transition to the new SACWIS has been challenging, people have kept doing their jobs.
 - We have continued the focus on visits
 - The permanency initiative is ongoing
 - Supervisors and administrators are keeping track of some data including rough case counts (no weighting) and monthly visits

Children's Administration Update

- Many of the problems with FamLink had to do with conversion
 - Approximately 20 years of data had to be converted
 - Data was not clean to begin with (one of the reasons we needed to change systems)
 - There were issues with duplicate cases coming over because different case numbers were assigned in CAMIS depending on location

Children's Administration Update

- Placements had to be re-entered
- Conversion issues kept some case notes from appearing correctly
- Payments were set up differently and required entry of data by hand as well as matching with converted data
- CA is developing plans to monitor what data is being entered and to ensure the data is accurate. These plans will be presented to CA management team for approval to provide the quality assurance needed to ensure data is accurate and complete.

72 Health Screens

- Since the last Panel meeting, CA has discussed how to improve health care for children entering out-of-home care with the Secretary and with the Health and Rehabilitative Services Administration (HRSA).
- There are two questions for DSHS:
 - How do we ensure children are getting the treatment they need as they enter care?
 - What is the legal response to the Braam Panel requirement for 72 hour health screens?

72 Hour Health Screens

- CA has consulted with our local medical consultants, HRSA and has reviewed other states' programs for addressing the health needs of children entering and continuing in out-of-home care.
- We do not agree that CA has ignored this issue. Rather, we have taken the stance that the requirement of the Panel is outside of the discretion of the Panel.

72 Hour Health Screens

- CA will continue to examine how we improve health services to children in our custody.
- If there is a change in our approach to the Panel and/or to this issue, we will inform the Panel.

Update from HRSA and Activities in DSHS Mental Health Services

- Division news
 - David Dickinson is not able to attend this meeting, but hopes to be able to attend the next meeting in December
 - HRSA is in the midst of a systems integration effort. Mental health services are now delivered through the Division of Behavioral Health and Recovery.
- Ongoing Implementation of legislation (2SHB1088 and 1373)
 - Fee for service network and provider expansion under 2SHB /1373
 - Wraparound pilots
 - CLIP admissions of foster children: current admissions and new practices regarding census for foster children to expedite discharge planning
 - RSN / CA Allied Service Plans updates and regional collaboration

HRSA and Activities in DSHS Mental Health Services continued...

- The revenue shortfalls resulted in a downward adjustment in the RSN rate. There was a complex process to determine the percentage cut for each RSN. The overall adjustment was approximately 3%, with some RSNs taking no cut at all.
- Federal Block Grant funding is being allocated at a higher percentage to RSNs than in previous years.
- The changes in funding ***do not impact access standards*** under the RSN contract which is governed by the State Plan and the Waiver. The RSNs continue to be required to provide services to foster children under State Law and Washington Administrative Code.

HRSA and Activities in DSHS Mental Health Services continued...

- HRSA continues to track data on Notices of Action and Determination for foster children for whom mental health services were requested, but not authorized. From January through July 2009 there have been an average of 5.4 denials per month, with the most frequently stated reason being the lack of a qualifying mental health diagnosis.
- State funded evidence-based practice pilots, while funded at a reduced level, received funding to sustain recent service levels. Several pilots are using this opportunity to leverage other funding sources and partnerships (e.g., Children's Administration, local tax money, RSN Federal Block Grant and SAMHSA System of Care Grant opportunities).

FamLink and Braam Data

- The first priority for CA was to get payment and support to caregivers and service providers. This was the primary focus for the first four to five months.
 - FamLink includes a new payment process that provides for more fiscal accountability
 - Complete provider records needed to be built in the system
 - Social workers needed to be trained in how to authorize payments
 - Information missing from FamLink that was required to make payments had to be input
 - Continued adjustments to FamLink were required to address legacy payment system issues/constraints

FamLink and Braam Data

Data in FamLink suffered from

- Conversion problems
- Duplicate cases
- Lack of data (new fields in FamLink that were not in CAMIS)
- An additional problem was that the budget crisis initiated a hiring freeze and then RIFs. FamLink lost approximately 15 staff.

FamLink: Improvements

- As social workers learn FamLink, there is more data that is being input and input correctly.
- We have solved most of the major financial problems, freeing social workers to focus on other areas of FamLink.
- We have released reports on monthly visits and initial face-to-face contacts in CPS. These reports have shown where data is missing or not input correctly. Regions are responding to these issues.

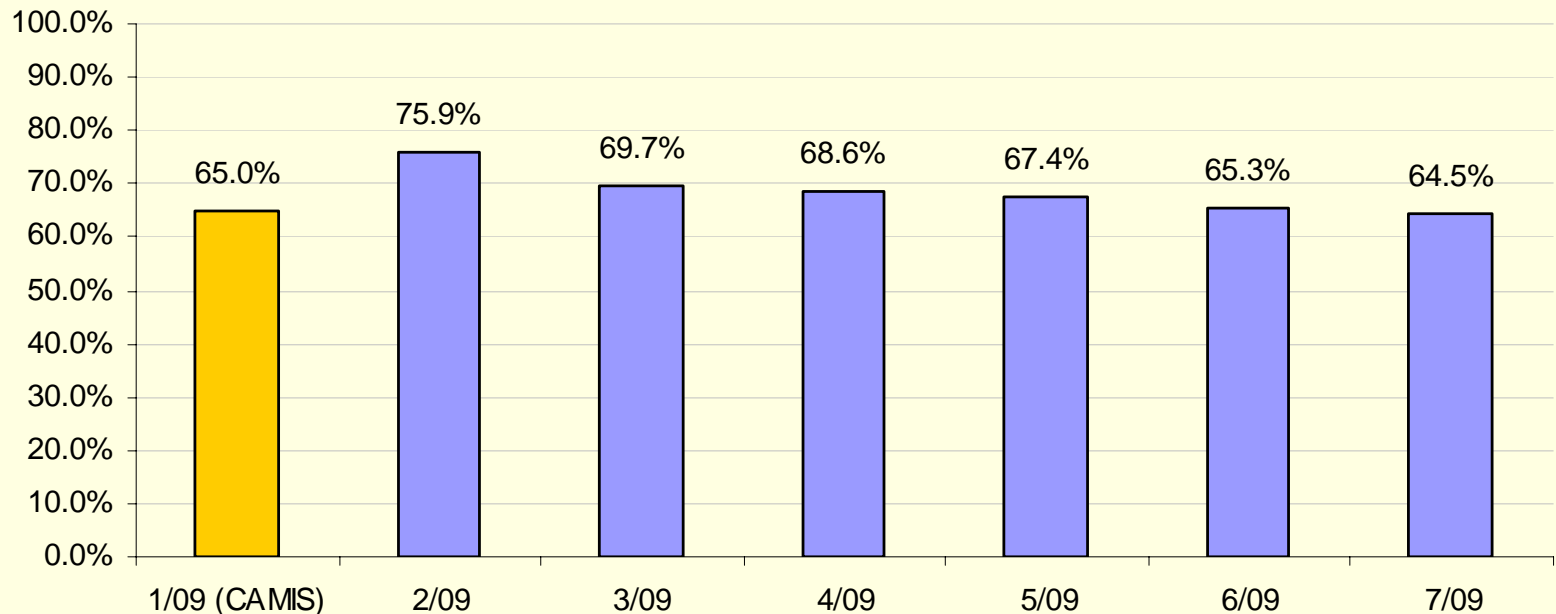
FamLink: Improvements

- We have identified what elements that are needed for Braam reporting are missing from FamLink. The education page is being redesigned for Release 2. We are not able to report on IL learning plans at this point, but are looking at other data sources.
- Otherwise, there is the capability to report from FamLink or other sources what is needed for Braam monitoring reports.
- The next area of focus for CA is the building of social workers' skills and experience in using FamLink to document their work, assessments and plans.
- CA is developing plans to monitor what data is being entered and to ensure the data is accurate. These plans will be presented to CA management team for approval to provide the quality assurance needed to ensure data is accurate and complete.

FamLink Status Update

- Release 2 of FamLink will begin in October 2009 and extend through the Spring of 2010. This will include the 4000 hours of change requests.
- ***We are able to provide reports now from FamLink data.*** The production of these reports is more time-consuming without the tools available in the data warehouse however achievable.
- The data warehouse, which will provide the ability to report more efficiently, will be released in the Spring of 2010 once FamLink is complete.

Social Workers With 18 or Fewer Assigned Cases

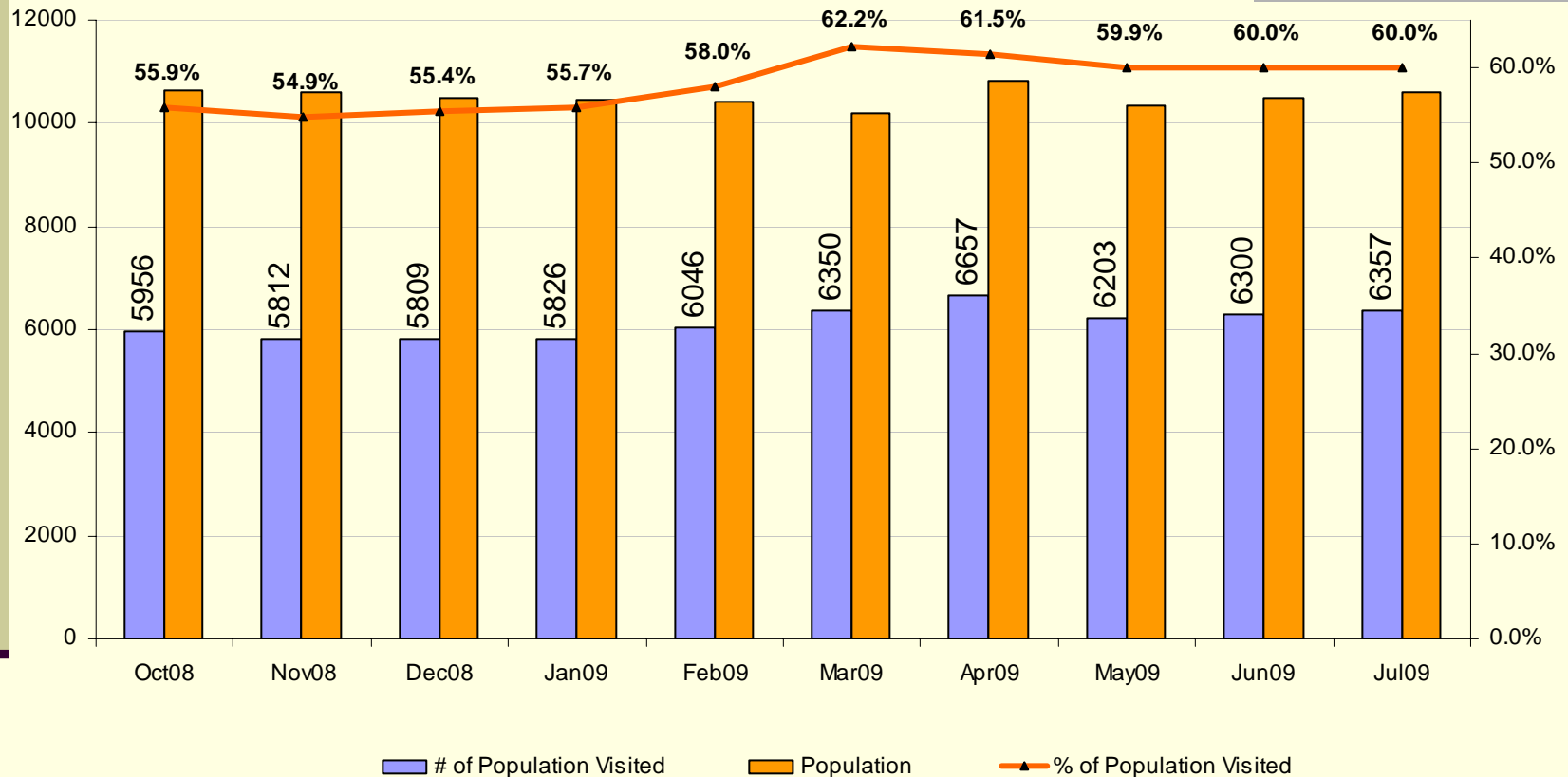


- Count of Social Workers with assignments to children in out-of-home care
- Count of all assigned cases for these workers using case weighting formula
- Trend reflects changes in FamLink assignments since go-live in February

Reporting Issues

- CAMIS essentially had one assigned worker to each active case
- FamLink can have multiple assignments per case that vary by Type, Category, Role and Responsibility
- Case merge and case assignment 'clean-up' will improve the quality of case ratio data

Health and Safety Visits

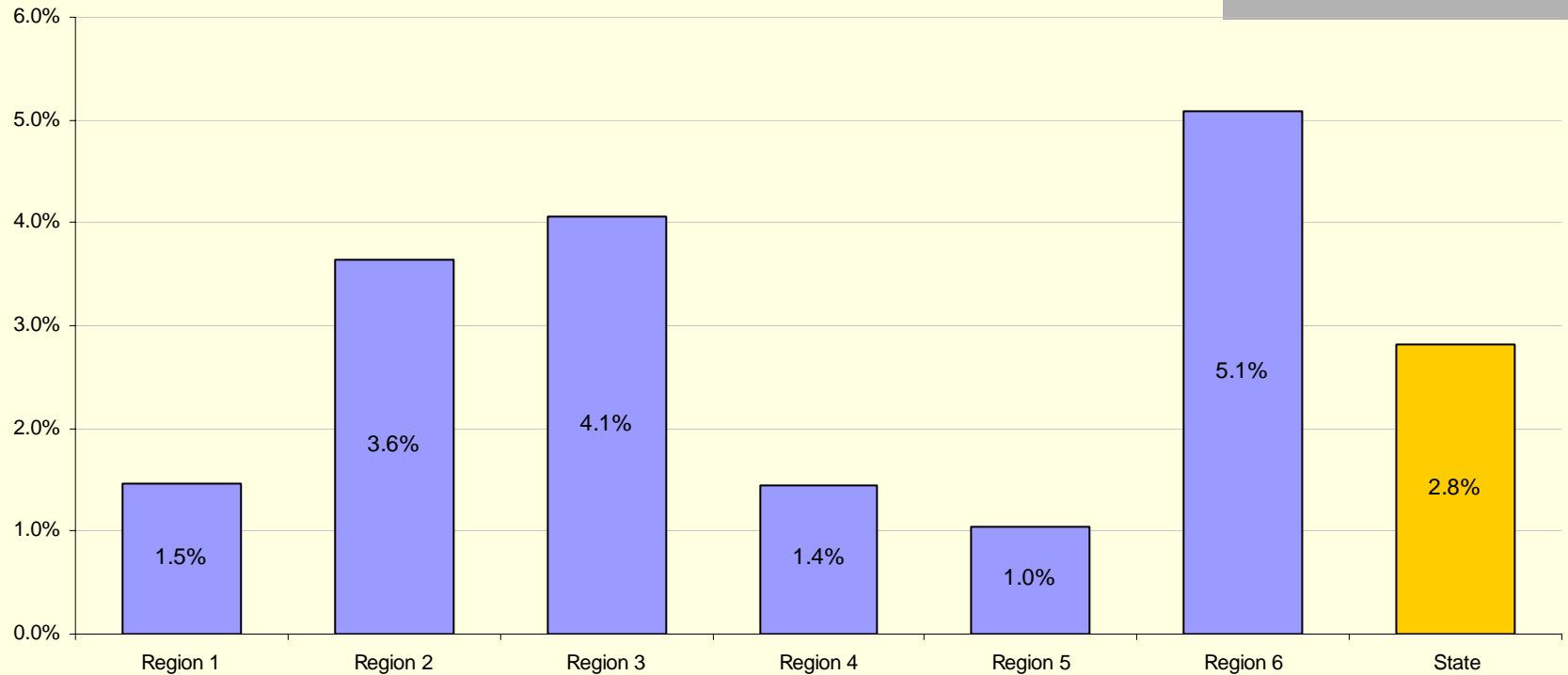


- Count of all children in out-of-home care population
- Count of Health and Safety visits by Social Workers for this population

Reporting Issues

- Good data require administrative records that identify the full population needing visits and all visits being conducted
- Current data count some children who should not be included (e.g. guardianships and adoptions) and miss some others who should be included (i.e. children in a trial return home)
- The total number of visits documented each month is about 1,200 more than those matched to the current out-of-home care population
- Legal and placement 'clean-up' will improve the quality of Health and Safety visit data

Sibling Contacts and Visits



- All children in out-of-home care population who have siblings at home or in placement
- All siblings with 1 or more recorded contact or visit with at least one other sibling during July 2009

Reporting Issues

- Sibling visits and contacts are new to FamLink
- A complete view of all contact and visits between siblings requires documentation by the assigned Social Worker based on their own activities as well as information from youth, foster parents, facility staff and contracted providers

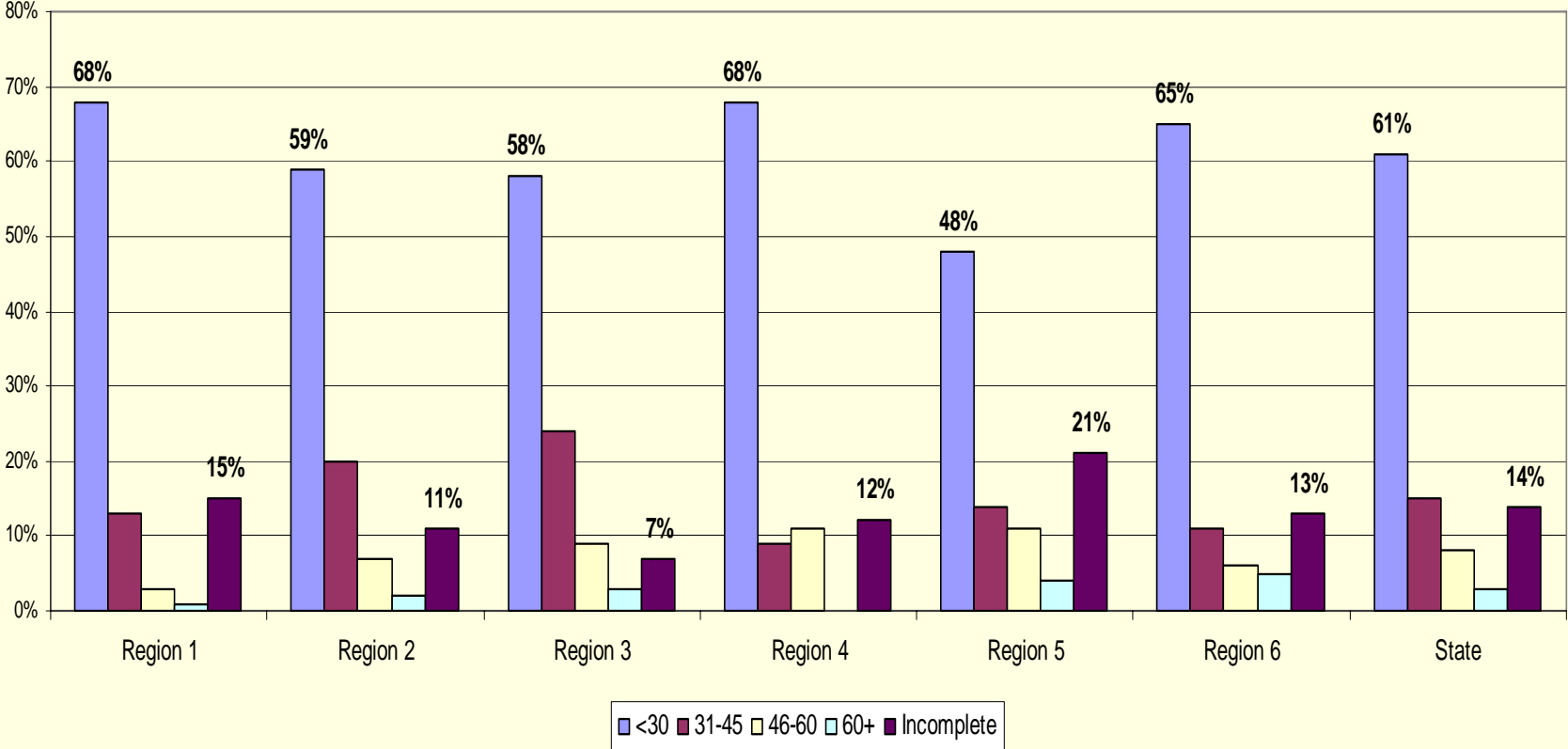
Child Health and Education Track (CHET) Update

- The CHET database was deployed on May 19, 2009.
 - The database included all placements starting January 26, 2009.
 - Screeners are:
 - implementing the new requirements for completion of all domains.
 - continuing to complete the screens by domain.
 - getting more familiar with two new systems, FamLink and the CHET database and entering all essential information.

CHET Continued

- In this early phase of implementation, we anticipated that there would be some challenges.
- Headquarters and CATS staff are committed to addressing any issues that arise.
- Preliminary reports are in hard copy are available in your hand out packets.
- Data clean-up is currently underway with the field verifying the data results.

Completion of CHET



Discussion of CA Regional Administrators Attendance

- CA proposed that all Regional Administrators attend Panel meetings twice yearly, primarily to discuss outcomes. At every meeting, the Director of Field Operations and a Regional Administrator representative would attend.
- The plaintiff attorneys had no objection to this proposal.
- The Panel did not come to agreement on the attendance of all CA Regional Administrators.