

## **APPENDIX H**

### **Monitoring Report #10—March 2011**

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**Third Addendum: Children's Administration FY2010 Annual Performance  
and Informational Race Report (New data- October 2011)**

Children's Administration  
FY2010  
Braam Settlement Agreement  
Annual Performance and Informational  
Race Report

*3rd Addendum*

September 27, 2011

### 3rd Addendum: DSHS Children's Administration, FY2010 Braam Settlement Agreement Annual Performance & Informational Race Report

#### Table of Contents & Overview of Performance

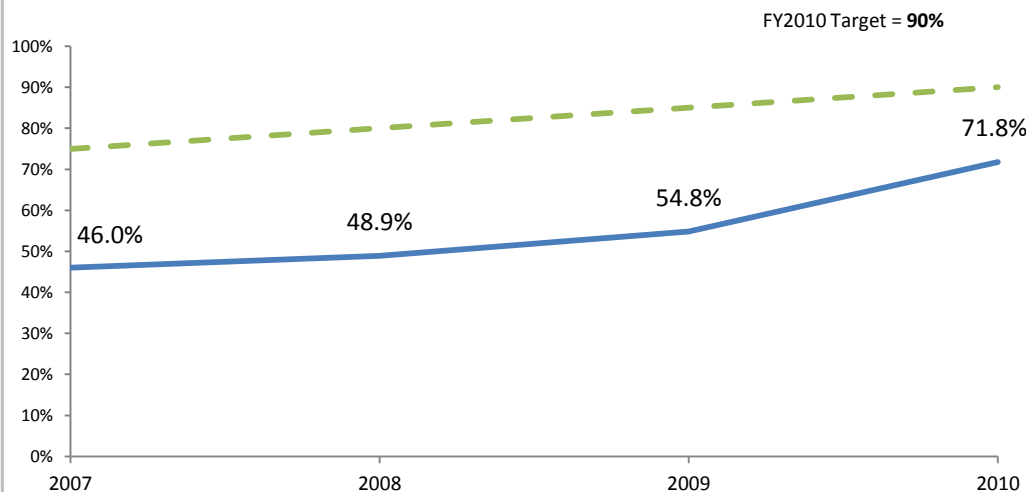
Tuesday, September 27, 2011

Outcome	Braam Settlement Agreement Reference	Measure Description	Benchmark	Actual	Racial Disparity Index Included	Page Number
<b>Annual Screening of Mental Health &amp; Substance Abuse Needs</b>	Mental Health, Goal 3, Outcome 2	Percentage of children in out-of-home care screened for mental health and substance abuse needs every 12 months. <i>Included in this report is FY07-FY09 performance on newly defined measure.</i>	90%	71.8% (FY10) 54.8% (FY09)	Yes	2

## Annual Screening for Mental Health and Substance Abuse Needs

**Children in out-of-home care will be screened for mental health and substance abuse needs every 12 months. (Mental Health, Goal 3, Outcome 2)**

Statewide Performance



### SUMMARY

- Performance data for FY2007 - FY2009 were rerun to correct discrepancies and change the measure based on a request from the Braam Oversight Panel (see Data Notes for additional information).
- FY2010 performance for children in out-of-home care being screened for mental health and substance abuse needs in the previous 12 months was about 72% and shows improvement since FY09.
- Good health and emotional well-being increase the likelihood of developmental, social, and educational achievement.
- The Medicaid Purchasing Administration (MPA) and CA share responsibility for ensuring children in foster care receive annual Early Periodic Screening Diagnostic and Treatment (EPSDT) exams and information about the exam is documented in FamLink. The DSHS Fostering Well-Being Program (FWB) is making great strides that should prove beneficial in improving performance on this outcome.
- CA social workers now receive an annual automated FamLink reminder to schedule EPSDT exams for children on their caseload.

### ACTION PLAN

- Continue to validate and refine the new FamLink Management Report.
- Continue to communicate practice expectations and FamLink documentation instructions.
- Continue to implement the FWB Program, including providing caregiver's brochures about EPSDT exams, developing annual notification letter for caregivers to schedule the EPSDT exam, and communication with healthcare providers regarding information and billing instructions for EPSDT exams.

**DATA SOURCE:** FamLink, RSN, and Medicaid Billing; calculated by Lee Doran, Children's Administration

**MEASURE DEFINITION:** The percentage of youth in care for at least one year with a qualifying screening or service during the past 12 months.

**DATA NOTES:** 1 FY2007, FY2008, and FY2009 data were rerun and replaced all previous performance data submitted to the Braam Oversight Panel. Discrepancies in the measures were discovered during FY2010 by CA and were being corrected and when in November 2010 the Braam Oversight Panel requested the original measure be changed to also include children exiting from care during the fiscal year. 2 Population includes children placed under CA Placement and Care Authority that met the following criteria: (a) were in out-of-home care on the last day of the fiscal year and were in care for at least 365 days, and (b) exited from out of home care during the fiscal year and were in out of home care for at least 365. (See complete Data Notes on page 38)

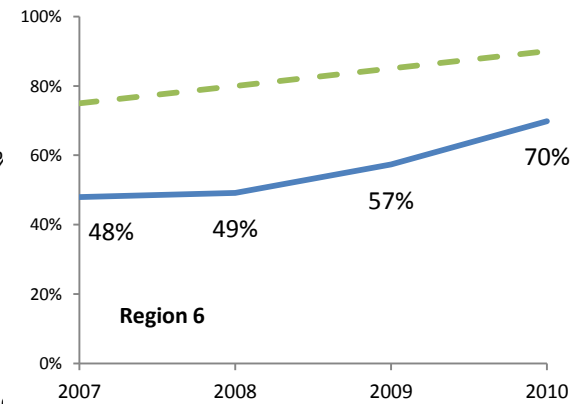
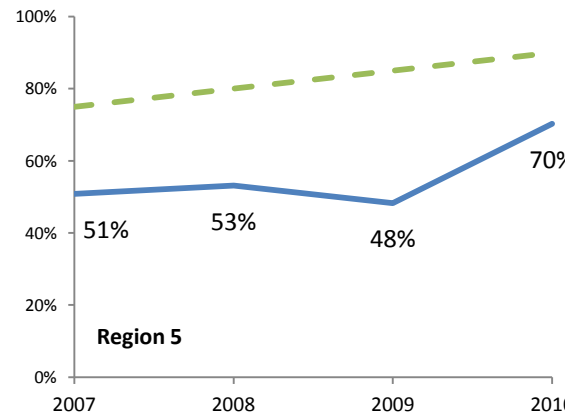
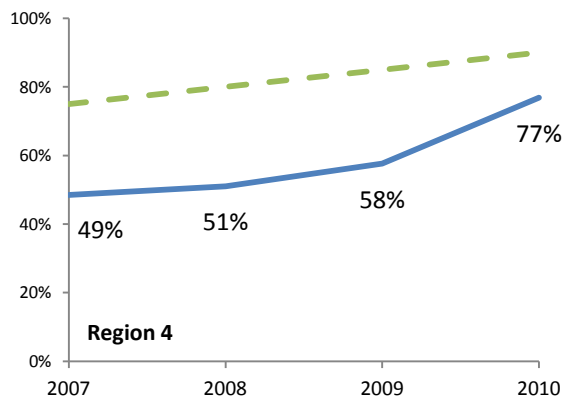
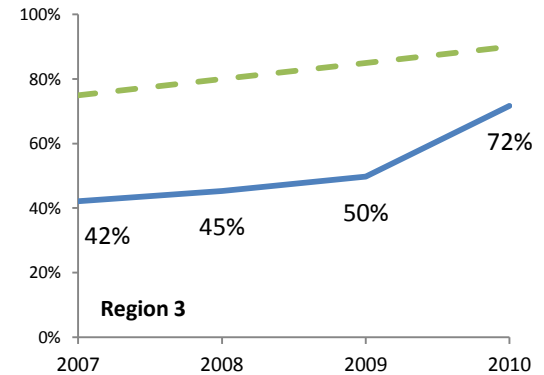
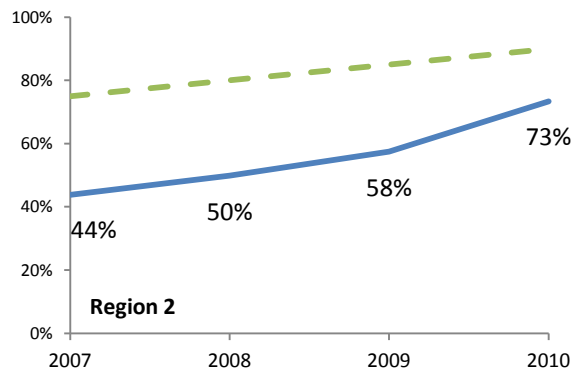
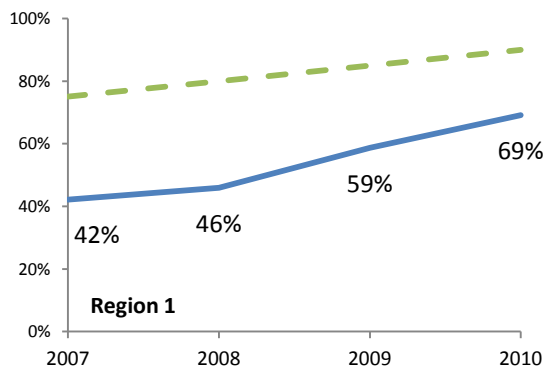
PERFORMANCE MEASURE

[TO DATA CHART](#)

## Annual Screening for Mental Health and Substance Abuse Needs

Children in out-of-home care will be screened for mental health and substance abuse needs every 12 months. (Mental Health, Goal 3, Outcome 2)

### Regional Trends



## Children's Administration

### Annual Screening for Mental Health and Substance Abuse Needs

Children in out-of-home care will be screened for mental health and substance abuse needs every 12 months. (Mental Health, Goal 3, Outcome 2)

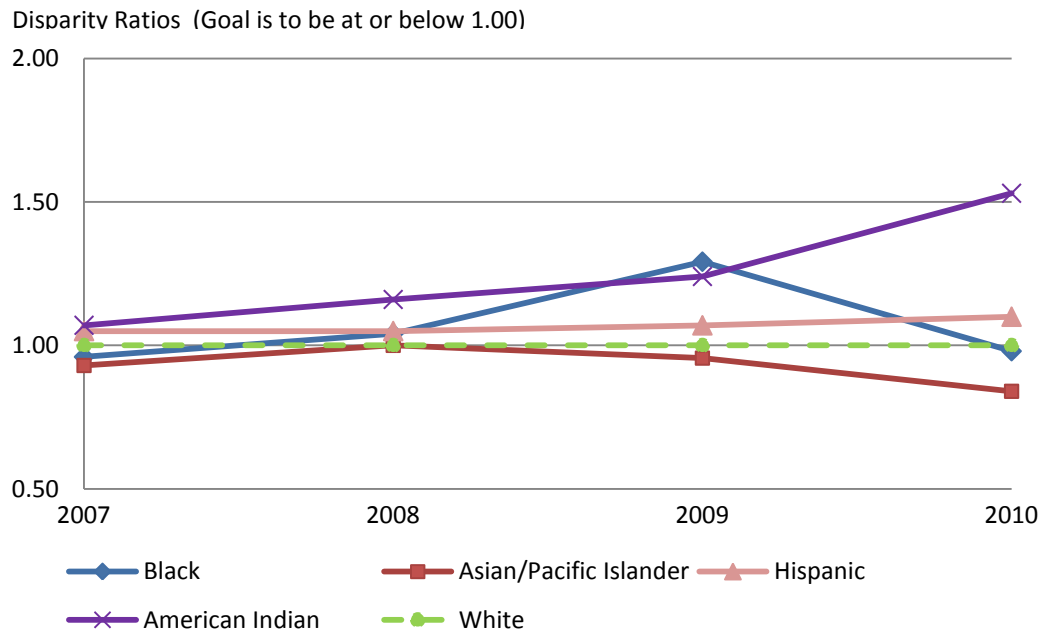
<b>Measure definition</b>	The percentage of youth in care for at least one year with a qualifying screening or service during the past 12 months.
<b>Data source</b>	FamLink, Regional Support Network (Mental Health Service) data, and Medicaid Billing data
<b>Data supplier</b>	Lee Doran, Lead Analyst, Children's Administration Technology Services (CATS)
<b>Next update</b>	To Be Determined
<b>Period</b>	State Fiscal Year
<b>Data notes</b>	<p><b>1</b> FY2007, FY2008, and FY2009 data were rerun and replaced all previous performance data submitted to the Braam Oversight Panel. Discrepancies in the measures were discovered during FY2010 by CA and were being corrected and when in November 2010 the Braam Oversight Panel requested the original measure be changed to also include children exiting from care during the fiscal year.</p> <p><b>2</b> Population includes children placed under CA Placement and Care Authority that met the following criteria: (a) were in out-of-home care on the last day of the fiscal year and were in care for at least 365 days, and (b) exited from out of home care during the fiscal year and were in out of home care for at least 365.</p> <p><b>3</b> Performance evaluates whether the child received a qualifying screening within 12 months of the last day of the fiscal year for criteria (a) and within 12 months of their exit from care for children that meet criteria (b) in data note #3.</p> <p><b>4</b> The following data sources are used to identify qualifying screenings: FamLink data, Regional Support Network (RSN) data, and Medicaid billing and encounter records.</p> <p><b>5</b> Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points lower than the statewide benchmark.</p>

#### DATA

DATE	Statewide Performance	TARGET	Total Children	Region 1	R1 Counts	Region 2	R2 Counts	Region 3	R3 Counts	Region 4	R4 Counts	Region 5	R5 Counts	Region 6	R6 Counts
2007	46.0%	75%	8378	42%	1336	44%	941	42%	1595	49%	1611	51%	1348	48%	1547
2008	48.9%	80%	8696	46%	1454	50%	962	45%	1702	51%	1636	53%	1351	49%	1591
2009	54.8%	85%	5932	59%	1030	58%	691	50%	1172	58%	1092	48%	926	57%	1021
2010	71.8%	90%	7467	69%	1249	73%	723	72%	1501	77%	1348	70%	1326	70%	1320

## Racial Disparity Index: Annual Screening for Mental Health and Substance Abuse Needs

Disparity ratio of minority to White children for the percentage of children in out-of-home care screened for mental health and substance abuse needs every 12 months. (Mental Health, Goal 3, Outcome 2)



### SUMMARY

- The percentage of American Indian and Hispanic children in out of home care receiving timely Annual Screening for Mental Health and Substance Abuse screens increased from 2009 to 2010. However the percentage increase in screenings was greater for White children than for either American Indian or Hispanic children. Consequently, racial disparity exists for American Indian and Hispanic children when compared to White children.
- This outcome shows no racial disparity for Black and Asian and Pacific Islander children in FY2010.
- The Washington State Racial Disproportionality Advisory Committee (WSRDAC) developed a multi-year remediation plan to implement policies and practices that will reduce racial disproportionality and improve disparate outcomes for children of color in the child welfare system without compromising child safety.
- The Children's Administration (CA) aggressively engages in culturally competent and nationally recognized racial equity training as a vital step in efforts to eliminate racial disproportionality in the child welfare system. During CY2010, approximately 220 CA staff and 50 community partners attended racial equity training.
- A growing amount of data is aggregated by race/ethnicity and impacts to children of color is part of the discussion and analysis that informs program and practice improvement work.

### ACTION PLAN

- Regional Disproportionality Committees that include representatives from CA, juvenile court, Tribes, community partners, and persons of color are focusing on issues and strategies to reduce racial disproportionality and disparity in the child welfare system.
- In partnership with WSRDAC, CA will be developing additional areas of focus for the 2011 remediation plan.

**DATA SOURCE:** FamLink; supplied by Lee Doran, Lead Analyst, Children's Administration Technology Services (CATS) and calculated by Jessica Pierce, QA Specialist, Children's Administration

**MEASURE DEFINITION:** The proportion of the non-White child population who do receive an annual screening for mental health and substance abuse needs compared to the White population (see Data Notes for *Annual Screening for Mental Health & Substance Abuse Needs* Outcome Measure for additional detail).

**DATA NOTES:** 1 The disparity index is calculated by dividing the proportion of children in the non-White racial/ ethnic group by the proportion of White children experiencing the undesirable outcome. 2 The disparity index is a measure widely used in child welfare to calculate the degree to which outcomes vary across different racial/ ethnic groups. 3 The disparity index is not an indicator of performance on the outcome itself. (See complete Data Notes on next page)

## Children's Administration

### Racial Disparity Index: Annual Screening for Mental Health and Substance Abuse Needs

Disparity ratio of minority to White children for the percentage of children in out-of-home care screened for mental health and substance abuse needs every 12 months. (Mental Health, Goal 3, Outcome 2)

<b>Measure definition</b>	The proportion of the non-White child population who do receive an annual screening for mental health and substance abuse needs compared to the White population (see Data Notes for <i>Annual Screening for Mental Health &amp; Substance Abuse Needs</i> Outcome Measure for additional detail).
<b>Data source</b>	FamLink, Regional Support Network (Mental Health Service) data, and Medicaid Billing data
<b>Data supplier</b>	Lee Doran, Lead Analyst, Children's Administration Technology Services (CATS) and Jessica Pierce, QA Program Specialist, Children's Administration
<b>Next update</b>	To be determined
<b>Period</b>	State Fiscal Year
<b>Data notes</b>	<p>1 The disparity index is calculated by dividing the proportion of children in the non-White racial/ ethnic group by the proportion of White children experiencing the undesirable outcome.</p> <p>2 The disparity index is a measure widely used in child welfare to calculate the degree to which outcomes vary across different racial/ ethnic groups.</p> <p>3 The disparity index is not an indicator of performance on the outcome itself. For example, in some areas, performance for children of all racial/ ethnic groups could be high, but the disparity index could reveal marked differences among the groups. Conversely, overall performance could be low while the disparity index may show little variation among the racial/ethnic groups.</p> <p>4 Each child is assigned only one race using methodology for defining race agreed to by the Washington State Racial Disproportionality Advisory Committee (WSRDAC) and employed by the Washington State Institute for Public Policy (WSIPP) and DSHS in conducting data analysis for WSRDAC. The methodology for assigning children to one race category includes:</p> <ul style="list-style-type: none"> <li>- American Indian. If any of the six racial codes indicated American Indian background, the child was coded Indian in our analysis.</li> <li>- Black. If a child had no Indian heritage, but any of the codes indicated Black or African American, the child is coded as Black.</li> <li>- Asian/Pacific Islander. If a child was coded as Asian or one of the Pacific Islander codes, with no Black or American Indian heritage, the child's race was coded as Asian/Pacific Islander.</li> <li>- Hispanic. Any child with Hispanic heritage, but not in the first three categories, was coded as Hispanic.</li> <li>- White. Any child with no indication of Indian, Black, Asian, or Hispanic race/ethnicity was coded as White.</li> </ul> <p>5 Data include race classifications of "other" and "unknown." Based on recommendations from the Braam Oversight Panel these children are excluded as a separate group in the charts presented in this report. For this outcome the count of children in this category are as follows: FY2007 (58 children), FY2008 (54 children), FY2009 (24 children) and FY2010 (27 children).</p>

#### DATA

DATE	Black	Total Count	Asian/Pacific Islander	Total Count	Hispanic	Total Count	American Indian	Total Count	White	Total Count
2007	0.96	48.7% (696 of 1428)	0.93	60.8% (79 of 157)	1.05	44% (422 of 538)	1.07	42.7% (508 of 682)	1.00	46.4% (2129 of 4585)
2008	1.04	49% (696 of 1430)	1.00	51% (99 of 195)	1.05	48% (507 of 1048)	1.16	43% (565 of 1317)	1.00	51% (2356 of 4653)
2009	1.29	55% (525 of 953)	0.96	59% (82 of 140)	1.07	54% (389 of 719)	1.24	47% (447 of 960)	1.00	57% (1788 of 3136)
2010	0.98	75% (927 of 1240)	0.84	78% (140 of 179)	1.10	72% (660 of 921)	1.53	60% (757 of 1253)	1.00	74% (2853 of 3847)