

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

*2nd Addendum*

May 31, 2011

## 2nd Addendum: DSHS Children's Administration, FY2010 Braam Settlement Agreement Annual Performance & Informational Race Report

### Table of Contents & Overview of Performance

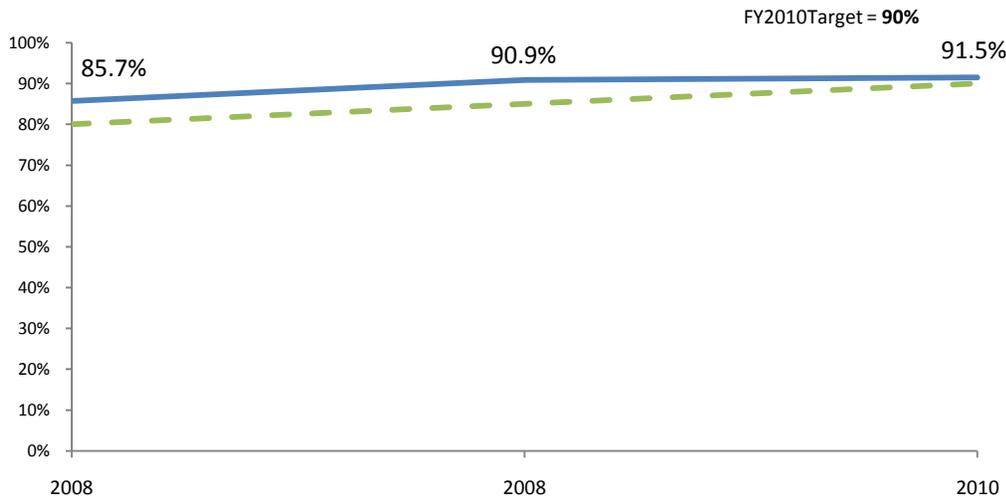
Tuesday, May 31, 2011

Outcome	Braam Settlement Agreement Reference	Measure Description	Benchmark	Actual	Racial Disparity Index Included	Page Number
<b>Mental Health Assessment within 30 Days</b>	Mental Health, Goal 3, Outcome 1	Percentage of children in out-of-home care who receive a comprehensive mental health assessment within 30 days of a request for an assessment.	90%	91.5% (FY10) 90.9% (FY09)	Yes	<a href="#">2</a>
<b>Mental Health Treatment</b>	Mental Health, Goal 3, Outcome 3	Percentage of children who receive services from a qualified mental health and/or substance abuse provider within 30 days of the completion of an assessment.	95%	97.2% (FY10) 92.3% (FY09)	Yes	<a href="#">7</a>
<b>Inappropriate Stays in Adult Institutions</b>	Unsafe / Inappropriate Placements, Goal 1, Outcome 1	Number of children placed in institutions not designed for placement of foster children, such as adult mental hospitals or detoxification facilities, where children and adults are commingled.	0 placements	0 placements (FY10) 0 placements (FY09)	Not Required	<a href="#">12</a>

## Mental Health Assessment within 30 Days

**Children in out-of-home care will receive a comprehensive mental health assessment within 30 days of a request for an assessment. (Mental Health, Goal 3, Outcome 1)**

Statewide Performance



**SUMMARY**

- Performance in FY2010 for children in out-of-home care receiving a comprehensive mental health assessment within 30 days of the request was 91.5%.
- Performance has continued to show steady improvement since FY2008 (85.7%). CA has met the benchmark each year.
- Children in out-of-home care experience greater life challenges than their peers and a timely comprehensive mental health assessment helps ensure concerns are quickly identified and addressed.

**DATA SOURCE:** Regional Support Network (Mental Health Service) data and Non-crisis Data Collected by DBHR; calculated by Lee Doran, Children's Administration

**MEASURE DEFINITION:** The percentage of children in out-of-home care who receive a comprehensive mental health assessment within 30 days of a request for an assessment.

**DATA NOTES:** **1** Population includes children placed under CA Placement and Care Authority that met the following criteria: (a) were in out-of-home care anytime during the fiscal year, and (b) had a request(s) for service between their intake date and request for service. **2** Compliance with this measure is calculated by any intake date that is within 30 days of any service request date. **3** Service request data does not specify the type of service that was requested, Division of Behavioral Health and Recovery/Health and Recovery Services Administration (DBHR/HRSA) reports that these dates all represent requests for assessment/re-assessment (intakes). (See complete Data Notes on page 4)

PERFORMANCE MEASURE

[TO DATA CHART](#)

### Mental Health Assessment within 30 Days

Children in out-of-home care will receive a comprehensive mental health assessment within 30 days of a request for an assessment. (Mental Health, Goal 3, Outcome 1)

Regional Trends



## Children's Administration

### Mental Health Assessment within 30 Days

Children in out-of-home care will receive a comprehensive mental health assessment within 30 days of a request for an assessment. (Mental Health, Goal 3, Outcome 1)

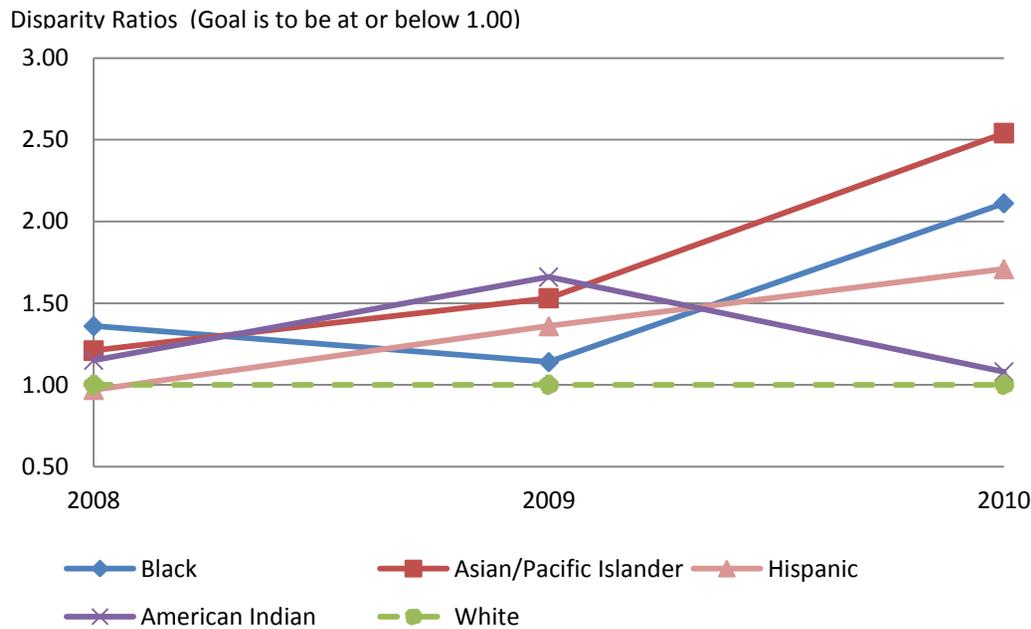
<b>Measure definition</b>	The percentage of children in out-of-home care who receive a comprehensive mental health assessment within 30 days of a request for an assessment.
<b>Data source</b>	Regional Support Network (Mental Health Service) data and Non-crisis Data Collected by DBHR
<b>Data supplier</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>1 Population includes children placed under CA Placement and Care Authority that met the following criteria: (a) were in out-of-home care anytime during the fiscal year, and (b) had a request(s) for service between their intake date and request for service.</p> <p>2 Compliance with this measure is calculated by any intake date that is within 30 days of any service request date.</p> <p>3 Service request data does not specify the type of service that was requested, Division of Behavioral Health and Recovery/Health and Recovery Services Administration (DBHR/HRSA) reports that these dates all represent requests for assessment/re-assessment (intakes).</p> <p>4 Children and youth can have multiple request dates and intake dates.</p> <p>5 Regional designation only represents the placement region, not the region in which the child was residing in at the time of the service request.</p> <p>6 Data source is based on Regional Support Network (RSN) encounter records and matched with children in placement during the fiscal year based on date of service request and date of RSN intake.</p> <p>7 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		Region 2		Region 3		Region 4		Region 5		Region 6	
			Compliant	Non-Compliant	Total	Percent	Total										
2008	85.7%	80%	1052	175	1227	87.6%	117	82.0%	159	79.2%	167	84.5%	168	86.9%	323	89.9%	293
2009	90.9%	85%	909	91	1000	85.6%	119	86.8%	157	93.0%	226	92.4%	156	92.0%	171	93.0%	171
2010	91.5%	90%	917	85	1002	92.6%	95	86.1%	137	89.1%	110	89.6%	183	94.7%	262	93.5%	215

## Racial Disparity Index: Mental Health Assessment within 30 Days

Disparity ratio of minority to White children for the percentage of children in out-of-home care that receive a comprehensive mental health assessment within 30 days of a request for an assessment. (Mental Health, Goal 3, Outcome 1)



### SUMMARY

- A larger proportion of Black, American Indian, Asian/Pacific Islander and Hispanic children in out of home care do not receive a comprehensive mental health assessment within 30 days in comparison to white children.
- The racial disparity index shows an increased trend of disparity for Black, Asian/Pacific Islander and Hispanic children. There is a decrease trend for American Indian 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 and ultimately eliminate 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:** Regional Support Network (Mental Health Service) data and FamLink; supplied by Lee Doran, Lead Analyst, Children's Administration Technology Services (CATS) and calculated by Jessica Pierce, Statewide QA Specialist, Children's Administration

**MEASURE DEFINITION:** The proportion of the non-White child population who do receive a comprehensive mental health assessment within 30 days compared to the White population.

**DATA NOTES:** 1 The disparity index is calculated by dividing the proportion of children in the non-White racial/ ethnic group experiencing a particular undesirable outcome 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. (See complete Data Notes on next page)

## Children's Administration

### Racial Disparity Index: Mental Health Assessment within 30 Days

Disparity ratio of minority to White children for the percentage of children in out-of-home care that receive a comprehensive mental health assessment within 30 days of a request for an assessment. (Mental Health, Goal 3, Outcome 1)

<b>Measure definition</b>	The proportion of the non-White child population who do receive a comprehensive mental health assessment within 30 days compared to the White population.
<b>Data source</b>	Regional Support Network (Mental Health Service) data and FamLink
<b>Data supplier</b>	Lee Doran, Lead Analyst, Children's Administration Technology Services (CATS) and calculated by Jessica Pierce, Statewide QA Specialist, Children's Administration
<b>Next update</b>	To be determined
<b>Period</b>	State Fiscal Year
<b>Data notes</b>	<p><b>1</b> The disparity index is calculated by dividing the proportion of children in the non-White racial/ ethnic group experiencing a particular undesirable outcome by the proportion of White children experiencing the undesirable outcome.</p> <p><b>2</b> 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><b>3</b> 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><b>4</b> 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>- <i>American Indian. If any of the six racial codes indicated American Indian background, the child was coded Indian in our analysis.</i></li> <li>- <i>Black. If a child had no Indian heritage, but any of the codes indicated Black or African American, the child is coded as Black.</i></li> <li>- <i>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.</i></li> <li>- <i>Hispanic. Any child with Hispanic heritage, but not in the first three categories, was coded as Hispanic.</i></li> <li>- <i>White. Any child with no indication of Indian, Black, Asian, or Hispanic race/ethnicity was coded as White.</i></li> </ul> <p><b>5</b> 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: FY2010 (10 children).</p>

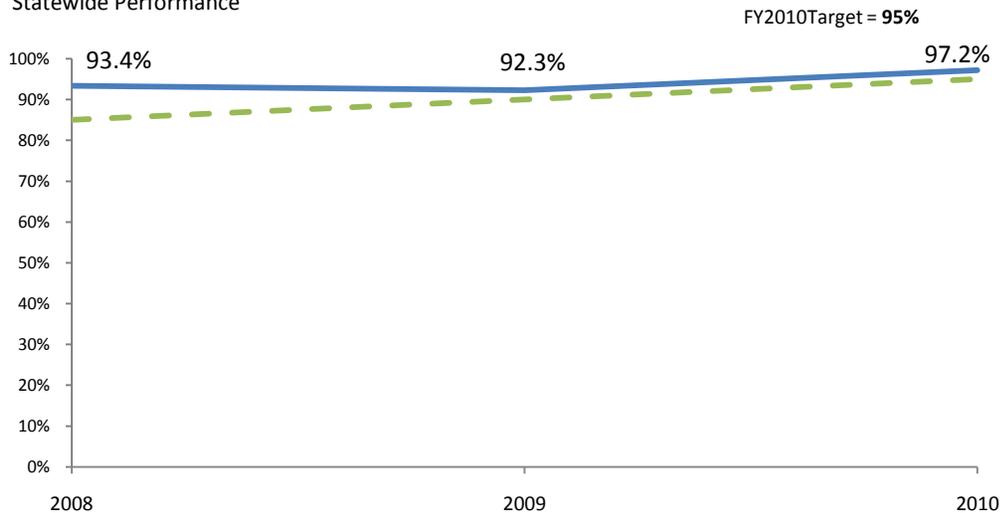
#### DATA

DATE	Black	Total Count	Asian/Pacific Islander	Total Count	Hispanic	Total Count	American Indian	Total Count	White	Total Count
2008	1.36	81.3% 384	1.21	83.3% 84	0.97	86.6% 441	1.15	84.1% 460	1.00	86.2% 1750
2009	1.14	91.0% 268	1.53	88.0% 50	1.36	89.4% 235	1.66	87.0% 299	1.00	92.0% 1096
2010	2.11	86.7% 203	2.54	84.0% 25	1.71	89.2% 111	1.08	93.2% 132	1.00	93.7% 521

## Mental Health Treatment within 30 Days

**Eligible children will receive services from a qualified mental health and/or substance abuse provider within 30 days of the completion of an assessment. (Mental Health, Goal 3, Outcome 3)**

Statewide Performance



**SUMMARY**

- Performance in FY2010 for children in out-of-home care receiving services from a qualified mental health and/or substance abuse provider within 30 days of the completed assessment was 97.2%.
- Performance has continued to show steady improvement since FY2008 (93.4%). CA has met the benchmark each year.

**DATA SOURCE:** Regional Support Network (Mental Health Service) data and Non-crisis Data Collected by DBHR; calculated by Lee Doran, Children's Administration

**MEASURE DEFINITION:** The percentage of eligible children who receive services from a qualified mental health and/or substance abuse provider within 30 days of the completion of an assessment.

**DATA NOTES:** **1** Population includes children placed under CA Placement and Care Authority during the fiscal year. **2** Evaluation of service timeliness is based on the difference in days from the date of intake and the date of the first non-crisis service provided. **3** Data source is based on Regional Support Network (RSN) encounter records and matched with children in placement during the fiscal year based on date of service and date of RSN intake. **4** 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.

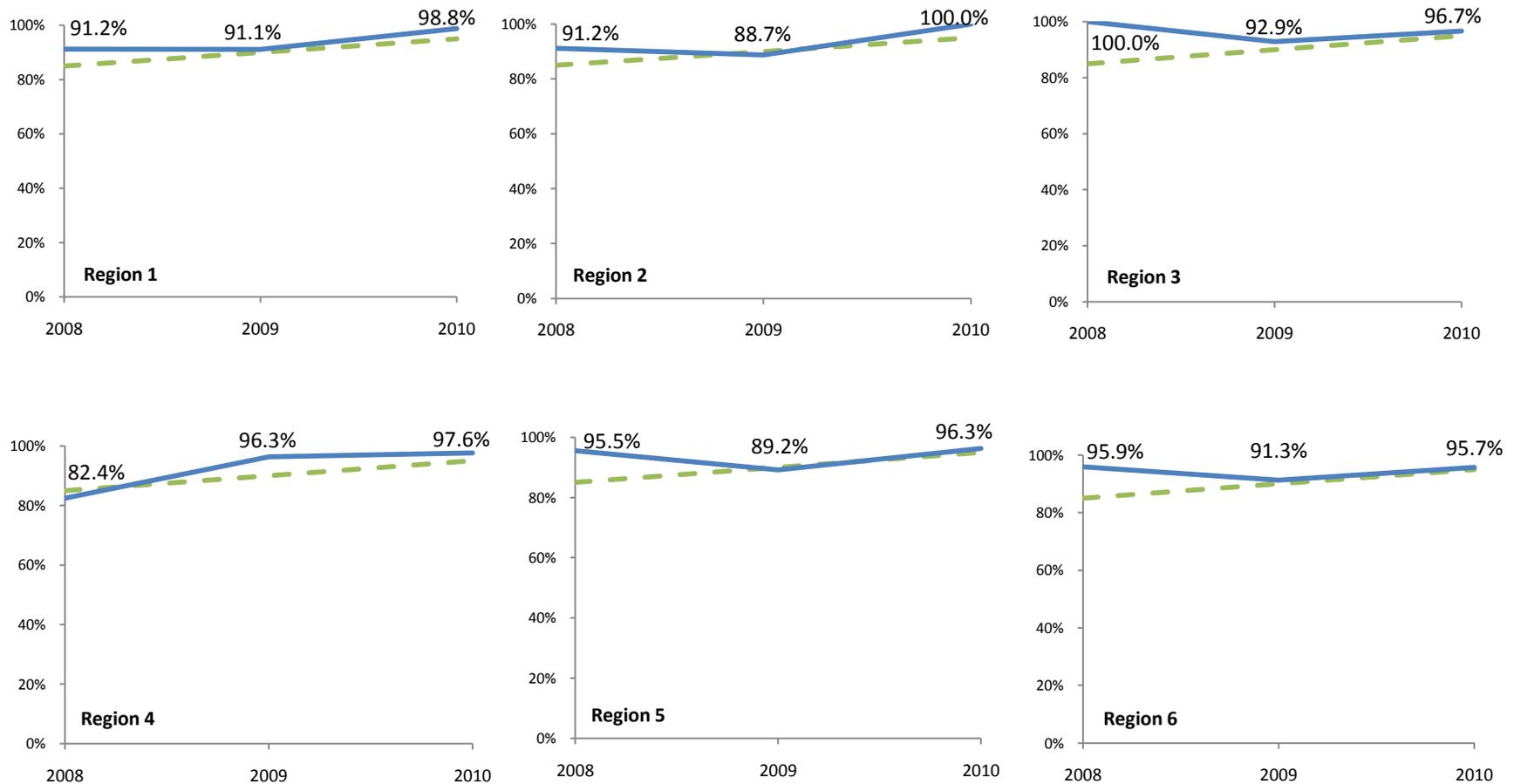
PERFORMANCE MEASURE

[TO DATA CHART](#)

### Mental Health Treatment within 30 Days

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Regional Trends



## Children's Administration

### Mental Health Treatment within 30 Days

Eligible children will receive services from a qualified mental health and/or substance abuse provider within 30 days of the completion of an assessment. (Mental Health, Goal 3, Outcome 3)

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<b>Data supplier</b>	Lee Doran, Lead Analyst, Children's Administration Technology Services (CATS)
<b>Next update</b>	To be determined
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#### DATA

DATE	Statewide Performance	TARGET	Total Children			Region 1		Region 2		Region 3		Region 4		Region 5		Region 6	
			Compliant	Non-Compliant	Total	Percent	Total										
2008	93.4%	85%	736	52	788	91.2%	68	91.2%	102	100.0%	32	82.4%	18	95.5%	70	95.9%	488
2009	92.3%	90%	895	75	970	91.1%	104	88.7%	121	92.9%	174	96.3%	242	89.2%	157	91.3%	172
2010	97.2%	95%	847	24	871	98.8%	81	100.0%	122	96.7%	92	97.6%	170	96.3%	219	95.7%	187

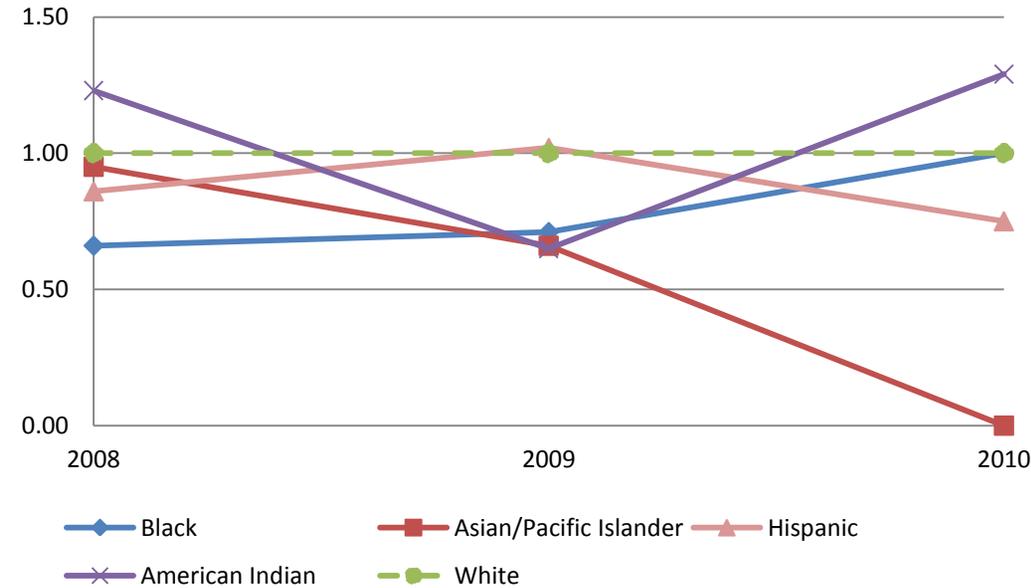
INFORMATIONAL

[TO DATA CHART](#)

## Racial Disparity Index: Mental Health Treatment within 30 Days

Disparity ratio of minority to White children for the percentage of eligible children who receive services from a qualified mental health and/or substance abuse provider within 30 days of the completion of an assessment. (Mental Health, Goal 3, Outcome 3)

Disparity Ratios (Goal is to be at or below 1.00)



### SUMMARY

- A larger proportion of American Indian children in out of home care do not receive services from a qualified mental health and/or substance abuse provider within 30 days of the completion of an assessment in comparison to white children.
- The racial disparity index shows an increased trend of disparity for American Indian. There is a decrease trend for Hispanic and Asian/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 and ultimately eliminate 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

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- In partnership with WSRDAC, CA will be developing additional areas of focus for the 2011 remediation plan.

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**DATA NOTES:** 1 The disparity index is calculated by dividing the proportion of children in the non-White racial/ ethnic group experiencing a particular undesirable outcome 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. (See complete Data Notes on next page 16)

## Children's Administration

### Racial Disparity Index: Mental Health Treatment within 30 Days

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<b>Next update</b>	To be determined
<b>Period</b>	State Fiscal Year
<b>Data notes</b>	<p><b>1</b> The disparity index is calculated by dividing the proportion of children in the non-White racial/ ethnic group experiencing a particular undesirable outcome by the proportion of White children experiencing the undesirable outcome.</p> <p><b>2</b> 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><b>3</b> 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><b>4</b> 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>- <i>American Indian. If any of the six racial codes indicated American Indian background, the child was coded Indian in our analysis.</i></li> <li>- <i>Black. If a child had no Indian heritage, but any of the codes indicated Black or African American, the child is coded as Black.</i></li> <li>- <i>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.</i></li> <li>- <i>Hispanic. Any child with Hispanic heritage, but not in the first three categories, was coded as Hispanic.</i></li> <li>- <i>White. Any child with no indication of Indian, Black, Asian, or Hispanic race/ethnicity was coded as White.</i></li> </ul> <p><b>5</b> 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: FY2010 (10 children).</p>

#### DATA

DATE	Black	Total Count	Asian/Pacific Islander	Total Count	Hispanic	Total Count	American Indian	Total Count	White	Total Count					
2008	0.66	95.7%	47	0.95	93.8%	16	0.86	94.4%	89	1.23	92.0%	100	1.00	93.5%	524
2009	0.71	94.0%	504	0.66	94.4%	71	1.02	91.3%	333	0.65	94.5%	400	1.00	91.5%	1400
2010	1.00	97.2%	176	0.00	100.0%	22	0.75	97.9%	95	1.29	96.4%	112	1.00	97.2%	457

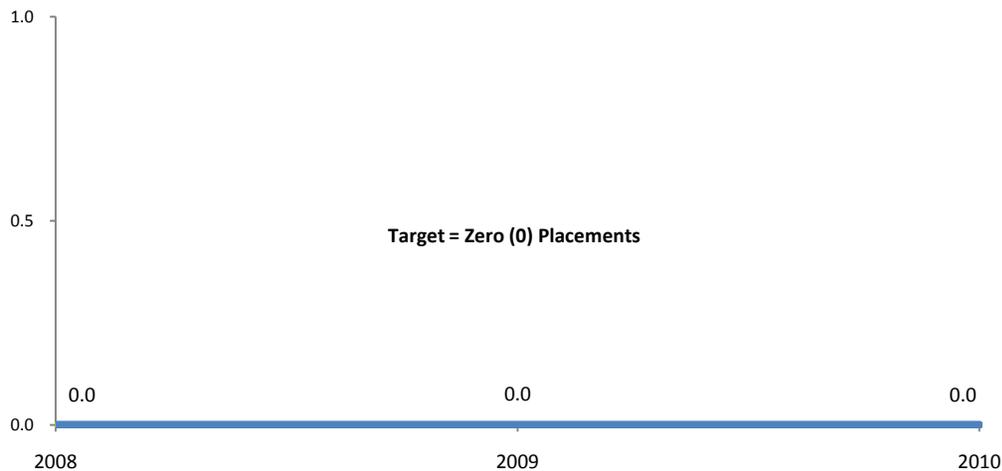
PERFORMANCE MEASURE

[TO DATA CHART](#)

### Inappropriate Stays in Adult Institutions

**Children will not be placed in institutions not designed for placement of foster children, such as adult mental hospitals or detoxification facilities, where children and adults are commingled. (Unsafe/Inappropriate Placements, Goal 1, Outcome 1)**

Statewide Performance



#### SUMMARY

- Children's Administration (CA) has met the benchmark since beginning to report on this outcome in 2008.

- There were no placements of DCFS children/youth placed in adult treatment settings in FY2010. Placements into programs serving youth were:

- 133 children/youth admitted to community hospitals
- 51 children/youth admitted to licensed evaluation and treatment facilities
- 32 children/youth served at Child Study and Treatment Center

**DATA SOURCE:** Mental Health Psychiatric Hospital, Evaluation & Treatment Admissions and FamLink; supplied by Mark Nelson, Health and Recovery Services Administration, Division of Behavioral Health and Recovery (HRSA/DBHR)

**MEASURE DEFINITION:** Number of children placed in institutions not designed for placement of foster children, such as adult mental hospitals or detoxification facilities, where children and adults are commingled.

**DATA NOTES:** **1** Population includes children placed under CA Placement and Care Authority during the fiscal year. **2** Data source is comprised of a manual review of all Mental Health Psychiatric Hospital admissions and Evaluation and Treatment Center admissions which are cross matched with CA FamLink identifier. **3** Because the benchmark is zero, there is no specific rule for regional variation, as long as the statewide benchmark is reached.

## Children's Administration

### Inappropriate Stays in Adult Institutions

Children will not be placed in institutions not designed for placement of foster children, such as adult mental hospitals or detoxification facilities, where children and adults are commingled. (Unsafe/Inappropriate Placements, Goal 1, Outcome 1)

<b>Measure definition</b>	Number of children placed in institutions not designed for placement of foster children, such as adult mental hospitals or detoxification facilities, where children and adults are commingled.
<b>Data source</b>	Mental Health Psychiatric Hospital, Evaluation & Treatment Admissions and FamLink
<b>Data supplier</b>	Mark Nelson, Children's Mental Health Program Administrator, Division of Behavioral Health and Recovery
<b>Next update</b>	To be determined
<b>Period</b>	State Fiscal Year
<b>Data notes</b>	<p>1 Population includes children placed under CA Placement and Care Authority during the fiscal year.</p> <p>2 Data source is comprised of a manual review of all Mental Health Psychiatric Hospital admissions and Evaluation and Treatment Center admissions which are cross matched with CA FamLink identifier.</p> <p>3 Because the benchmark is zero, there is no specific rule for regional variation, as long as the statewide benchmark is reached.</p>

#### DATA

DATE	Statewide Performance	TARGET
2008	0	0
2009	0	0
2010	0	0