

September 2010

Braam Oversight Panel Meeting

Children's
Administration
and Medicaid
Purchasing
Administration

September 28 – 29, 2010



Washington State
Department of Social
& Health Services

CA Children's Administration





Updates from Children's Administration

Denise Revels Robinson, MSW

Assistant Secretary

DSHS - Children's Administration (CA)



Monthly Informational Reports

Presentations by Regional Administrators

- CHET Screen Completions by Marty Butkovich and Ken Nichols
- Shared Planning Meetings to Address CHET Screen Results by Randy Hart and Ken Nichols
- Referral to Early Support for Infants and Toddlers (ESIT) Program by Joel Odimba and Myra Casey
- Monthly Visits by Randy Hart and Ken Nichols
- Youth Transition (Exit) Staffings by Marty Butkovich and Nancy Sutton
- Youth on Runaway Status by Marty Butkovich

Quarterly Informational Reports

Presentations by Regional Administrators

- Health and Education Plans Updated in ISSP by Joel Odimba
- DLR CPS Investigations Completed within 90 Days by Jeanne McShane
- Adequate Foster Parent Support by Jeanne McShane
- Adequate Safeguards for Sexually Aggressive Youth (SAY) and Physically Assaultive/Aggressive Youth (PAAAY) by Marty Butkovich and Ken Nichols
- Sibling Visits and Contacts by Elizabeth Jones



Social Worker Visits Within First 7 Days of Placement

Becky Smith

*Acting Director, Field Operations Division
DSHS - Children's Administration (CA)*



Update on Sibling Separation and Racial Disparities

Elizabeth Jones

*Statewide Quality Assurance & Improvement
Manager*

DSHS - Children's Administration (CA)





Juvenile Detention Action Step Update

Doug Allison

*Statewide Intensive Resource Program Manager,
Program and Practice Improvement, CA*

Steve Hassett

*Senior Counsel, Assistant Attorney General, Social and
Health Services Division, AGO*



Action Step

Information on children in Juvenile Detention Facilities

“The Department will maintain information on children in foster care who spend time in juvenile detention facilities and will annually compile information on the number of these children, their lengths of stay in detention facilities, and the reason for the hold. The CA will use this information to design and implement practice and system improvements in DCFS and to advocate for system improvements.”



Update on Progress

- First workgroup meeting held on August 18th, 2010
 - ✓ Workgroup reviewed study results power point and data
 - ✓ Made recommendations for further data collection and analysis
- Regions asked to identify collaborative efforts with local detentions
- Additional workgroup members identified to include representatives from Behavioral Rehabilitative Services (BRS) and the Division of Licensed Resources (DLR)



Areas For Further Investigation

- Obtain Administrative Office of the Courts (AOC) data on all youth in detention. Use as a control and compare to CA detention youth population
- Obtain more detailed information from AOC on
 - ✓ Detention reason for non-offender and offenders such as returned for court
 - ✓ Length of stay - King County and AOC are much higher than Pierce county (need to understand why) and remove LOS less than # of hours



Areas For Further Investigation *(continued)*

- Obtain additional data regarding the CA population
 - ✓ Placement at time of detention stay
 - ✓ Legal status of youth
 - ✓ Disproportionality data; reason for detention and length of stay by Race

CA Collaboration with Local Detentions

- Every CA region has a working agreement/protocol with one or more county detentions
- Agreements address at a minimum implementation of RCW 13.40.050: Juveniles may only be released to a responsible adult or the Department
- The largest counties with the highest number of detention stays (King and Pierce County), have agreements which involve cross system collaboration and system integration





Next Steps

- Obtain more detail on current data
- Hold next workgroup meeting on 10-27-10
- Determine potential significance for CA policy and practice
- Obtain technical assistance and consultation
- Identify next steps and recommendations for CA/DSHS consideration



Fostering Well-Being Program 2nd Quarter Highlights

Christina Garcia

*Supervisor, Fostering Well-Being Care
Coordinator Unit (FWB CCU), Medicaid
Purchasing Administration (MPA)*



Highlights of 2nd Quarter 2010

- Between January 1 and June 30, 2010, 2,971 children were newly-placed into foster care and determined eligible for Medicaid
- Child Profile immunization reports, which included immunization provider information, were sent to caregivers
- Child Profile reports were uploaded into the Children's Administration FamLink information system
- A new process intended to increase the amount of medical records requested and received was implemented by the Foster Care Medical Team



Highlights of 2nd Quarter 2010

Between February 1 and June 30, 2010, Fostering Well Being (FWB) Care Coordination Unit (CCU):

- Received 213 referrals from Regional Medical Consultants, Child Health and Education Tracking (CHET) Screeners, and Social Workers
- Developed 182 Care Coordination Summaries
- Contacted 748 social workers, caregivers and providers to discuss care coordination needs for these children

Highlights of 2nd Quarter 2010

- Effective July 1, 2010, FWB CCU eliminated referral criteria when care coordination was requested for children in foster care
- Revised Fact Sheets and Referral Form to reflect the above program changes
- Revised Care Coordination Summaries provided to social workers/caregivers based on feedback from Children's Administration





Current Activities

- Working with ProviderOne to send automated Early Periodic Screening Diagnosis and Treatment (EPSDT) exam reminder letters to caregivers
- Healthcare reports are being developed using Medicaid billing information with the goal of being able to begin mailing them to caregivers within 3 days of a child entering foster care



Focus on Strategies for Improving EPSDT Rates

- EPSDT brochures are being mailed to caregivers of newly placed children
- Actively market pediatric and primary care providers who currently provide EPSDT services to children in out-of-home placement to assure they are maximizing reimbursement for their services