

# Establishing and Using Bidirectional Data Sharing

**May 24, 2021**

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Laura Armistead, Mathematica

# Webinar Logistics

- Phone lines are muted upon entry.
- For technical issues, select “Host” in the drop-down menu of the Q&A window.
- To submit audience questions, select “All Panelists” in the drop-down menu of the Q&A window.

Q&A

All (0)

Ask: All Panelists

Select a panelist in the Ask menu first and then type your question here. There's a 256-character limit.

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# Agenda

Topic	Speaker(s)
Welcome and Objectives	Joe Zickafoose, Mathematica
Overview of the Foster Care Learning Collaborative: Improving Timely Health Care for Children and Youth in Foster Care	Deirdra Stockmann, CMS
Oregon Spotlight: Establishing and Using Bidirectional Data Sharing	Rebecca Jones Gaston, Oregon Department of Human Services Lori Coyner, Oregon Health Authority
Washington Spotlight: Establishing and Using Bidirectional Data Sharing	Barbara Putnam, Washington Department of Children, Youth & Families Kathleen Donlin, Washington State Health Care Authority Barbara Lucenko, Washington Department of Social and Health Services, Research and Data Analysis Division
Questions and Discussion	Joe Zickafoose, Mathematica
Announcements and Next Steps	Laura Armistead, Mathematica

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# Overview of the Foster Care Learning Collaborative: Improving Timely Health Care for Children and Youth in Foster Care

Deirdra Stockmann, CMS

# Foster Care Learning Collaborative

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- **The Centers for Medicare & Medicaid Services (CMS), in collaboration with the Children’s Bureau within the Administration for Children and Families (ACF), launched the Foster Care Learning Collaborative in April 2021.**
- **State Medicaid and child welfare agencies and their partners will have an opportunity to:**
  - Expand their understanding of data-driven interventions to improve timely access to care
  - Learn about the science of quality improvement

# Foster Care Learning Collaborative

- **Webinar series**

- Webinar 1: The Role for Medicaid in Improving Outcomes for Children and Youth in Foster Care (held on May 10, 2021)
- Information Session: Improving Timely Health Care for Children and Youth in Foster Care: Affinity Group Q&A (held on May 14, 2021)
  - Recording, transcript and slides are available on Medicaid.gov:  
<https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/foster-care-learning-collaborative/index.html>
- Webinar 2: Establishing and Using Bidirectional Data Sharing

- **Improving Timely Health Care for Children and Youth in Foster Care Affinity Group**

- Action-oriented affinity group that will support state Medicaid and child welfare agencies and their partners to improve health outcomes for the foster care population
- Opportunity for states to expand their knowledge of policies, programs, and practices to improve timely health care for children and youth in foster care
- Begin in June 2021 (more information available at <https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/foster-care-learning-collaborative/index.html>)



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# Oregon Spotlight: Bi-Directional Data Sharing and Cross-Agency Collaboration

Rebecca Jones Gaston, Child Welfare Director, Oregon Department of Human Services  
Lori Coyner, Medicaid Director, Oregon Health Authority



# State Context

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- **Sixteen Managed Care Entities called Coordinated Care Organizations (CCOs)**
  - Responsible for Physical, Oral, and Behavioral Health Services
  - CCOs serve approximately 90% of Oregon Health Plan members
- **Children/youth in custody of Child Welfare (CW) are identified as a Priority Population**
- **CCOs Provide Intensive Care Coordination (ICC) to priority populations. ICC includes:**
  - Assistance accessing services;
  - Navigation of services;
  - Follow-up to ensure treatment recommendations are fulfilled.
- **Community partners provide support with eligibility and enrollment**

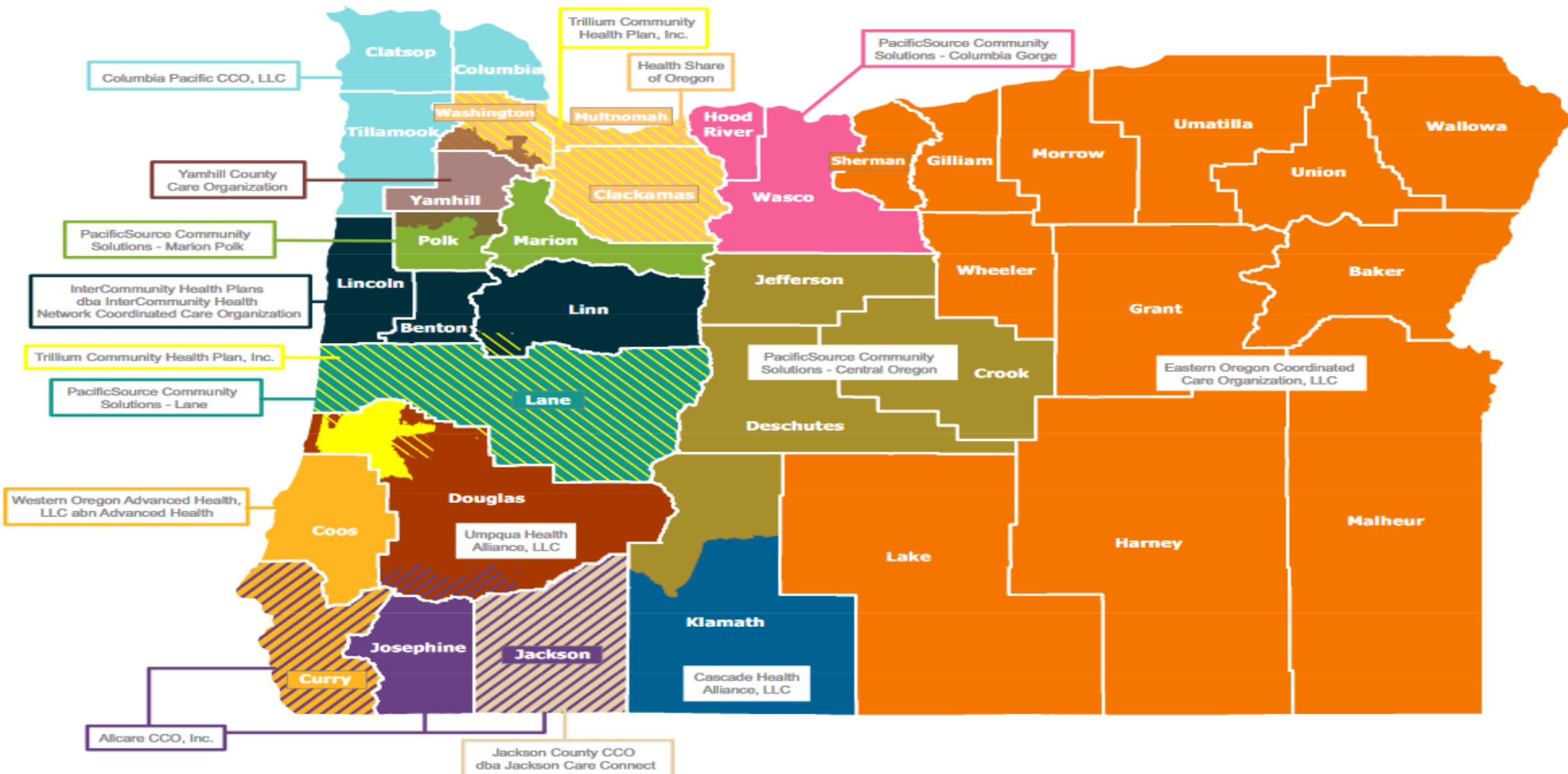


## State Context – By the numbers

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- **Oregon Population: 4.2 million**
- **Medicaid Members: 1.2 million**
  - Children/youth: 452,309
  - Over 90% enrolled in a CCO
- **Children/youth in Foster Care: 5,800**
- **CW In-home services: 1,000**

# Coordinated Care Organization 2.0 Service Areas



# Catalyst for Data Sharing

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- **2012 - Initial contract for CCOs, through 1115 waiver authority, included Incentive Metrics for children/youth entering foster care and inclusion in Quality Pool**
  - Incentive Metric includes physical, oral, and behavioral health screenings within 60 days of entering foster care
- **2018 – Switched from manual CCO enrollment by Child Welfare to Systematic enrollment**
  - Improved time to enrollment
  - Decreased delay in services
  - Reduced errors in manual processes
  - Provided clarity in enrollment status

## Description of State's Approach to Data Sharing

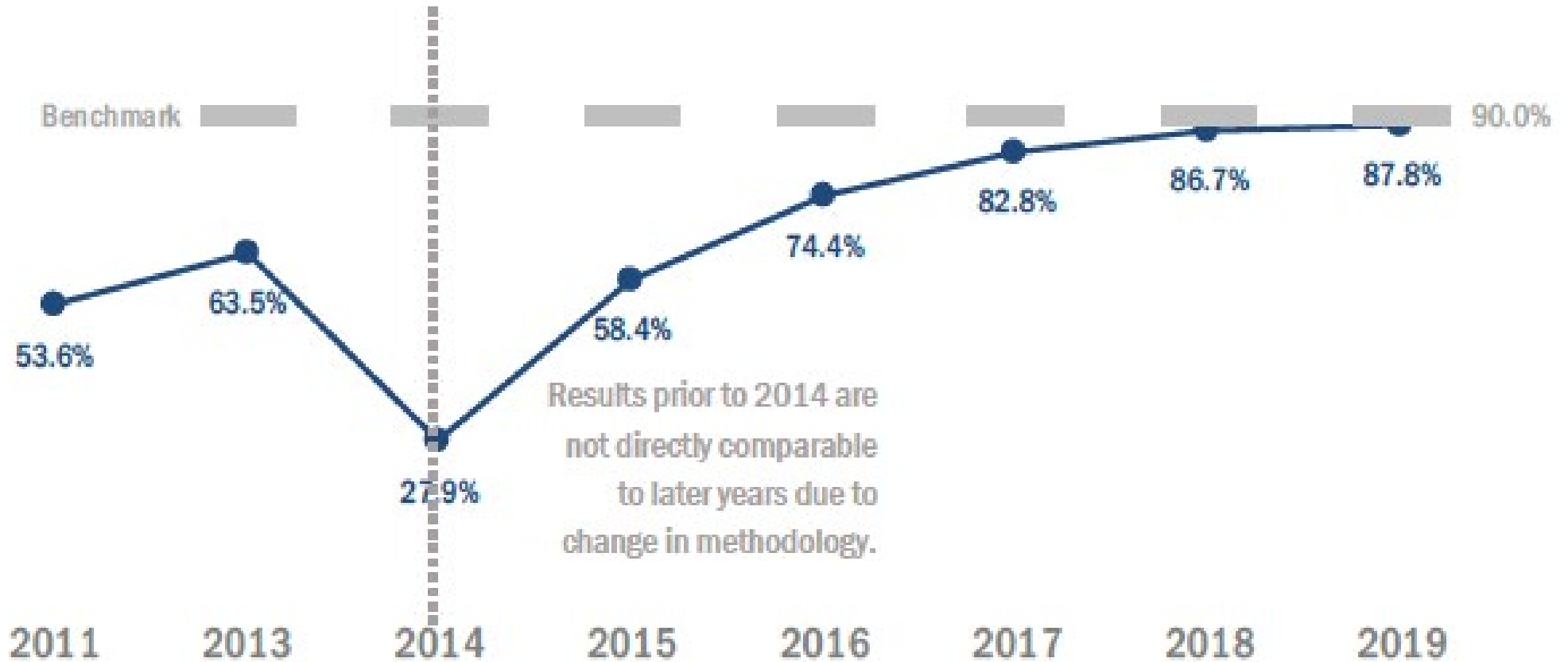
- **Child/youth information entered in OR-Kids, OR-KIDS sends information OHA's Medicaid Management Information System (MMIS)**
- **MMIS systematically generates a file to each CCO that contains a unique identifier for CW-involved children/youth**
  - Files systematically identify new or restored Medicaid eligibility, change to demographic and placement information, and when eligibility is terminated
- **CCOs are responsible for service delivery and care coordination for physical, oral, and behavioral health care upon enrollment**
  - ICC supports access to all covered services based on child/youth needs
- **Annual assessment of incentive measures using data from OR-KIDS and MMIS**

# Promising Practices

- **Enrollment file (834) sent daily to CCOs**
  - CW and other populations identified
  - Begins metric timeline
- **Regional success in coordinating care includes:**
  - Specialized clinics with physical, oral, and behavioral health professionals with training on the needs of children/youth in foster care
  - CCO funding for Medical Liaison housed in Child Welfare office (currently in 3 counties)
  - Required assignment of Intensive Care Coordination or Wraparound service needs for all youth in foster care
- **Incentive metric for assessments for children/youth entering foster care**
  - 87% of children/youth received required assessments in 2019
  - Increase from 56% in 2015
- **Tracking use of psychotropic medication**

# Assessments for Children in DHS Custody

## Statewide



# Keys Contributing to Success

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- **Timeliness and accuracy of source system data entry**
- **CCO Incentive Metrics**
- **OHA- HSD/ODHS- Child Welfare shared portfolio**
- **Development of specified positions at state level to track and address case-specific needs**
- **Consistent communication and collaboration between state and local agencies**

# Lessons Learned

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- **Systematic enrollment requires**
  - Accurate information to be entered into the source system
  - Timely entry of information into source system
    - Enrollment delays and errors can result in delays in access to care
- **Meeting the assessment metrics for timeframe does not always lead to timely access to care**
- **Complexity related to regional CCO autonomy can present as a barrier in a statewide system**
- **Importance of cross-agency alignment on project implementation and communication**



## **Existing Activities/Plans to Build or Expand Upon Efforts**

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- **Continued work on cross-agency and system projects to improve service capacity and availability**
- **Assessing current funding and regulatory authorities to ensure maximum impact**
- **Collaborating on preventative services related to family preservation and the Family First Act**

## Contact Information

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A group of six diverse school children, three girls and three boys, standing in a line outdoors. They are all smiling and wearing backpacks. The children are dressed in casual school attire. The background shows a brick building and a paved walkway.

# Establishing and Using Bidirectional Data Sharing

MAY 24, 2021

Washington State Health Care Authority, Department of Children, Youth, and Families,  
and Department of Social and Health Services





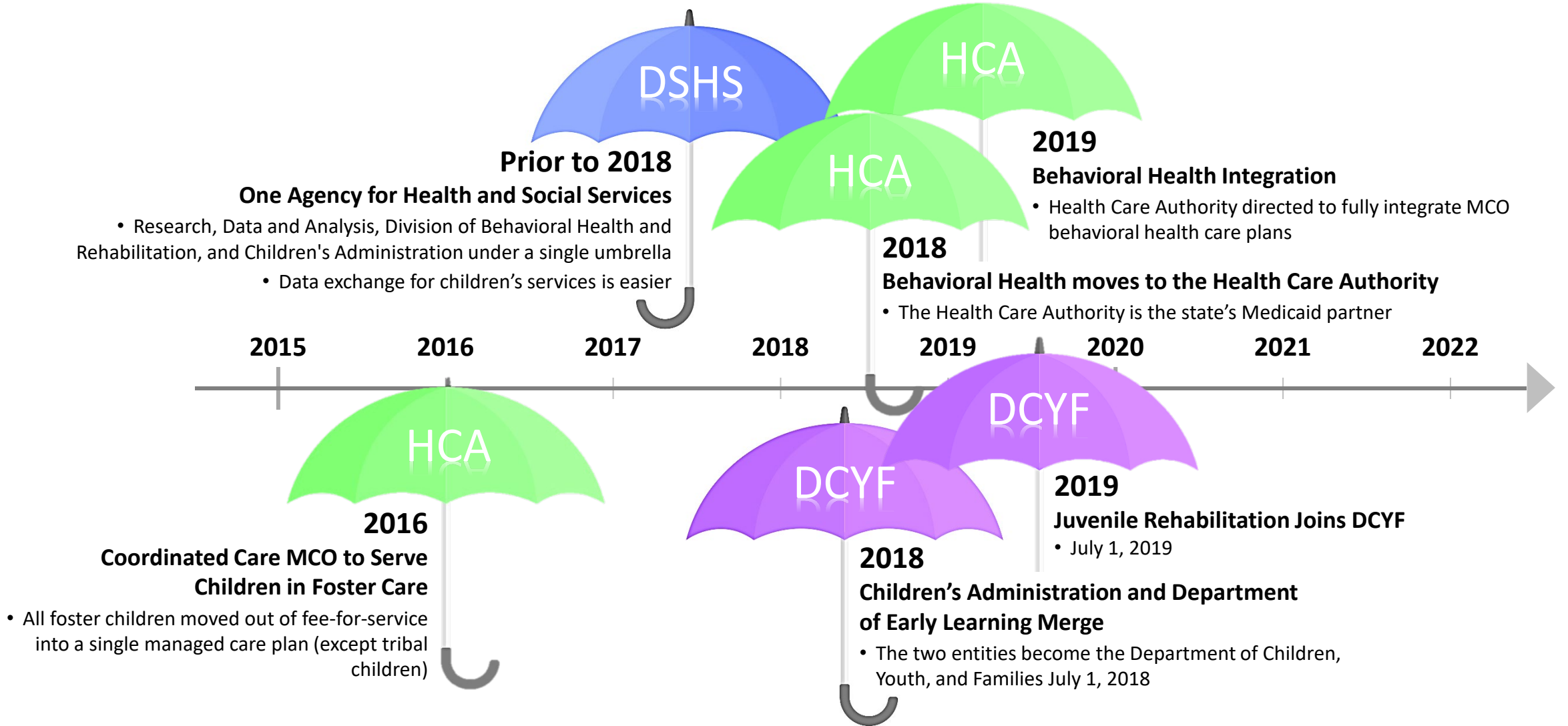
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PART 1

## Washington State Context for Data Sharing

- Timeline
- Health and Child Welfare Service Systems

# Washington State Child Welfare System Changes



# Shared Clients among Washington's Health and Human Service Agencies

STATE FISCAL YEAR 2019 • GRAND TOTAL (All Three Agencies) = 2,919,982

Total Washington State Population = 7,546,410 (OFM) • Percent of Total State Population Served by HCA, DSHS, or DCYF = 39%

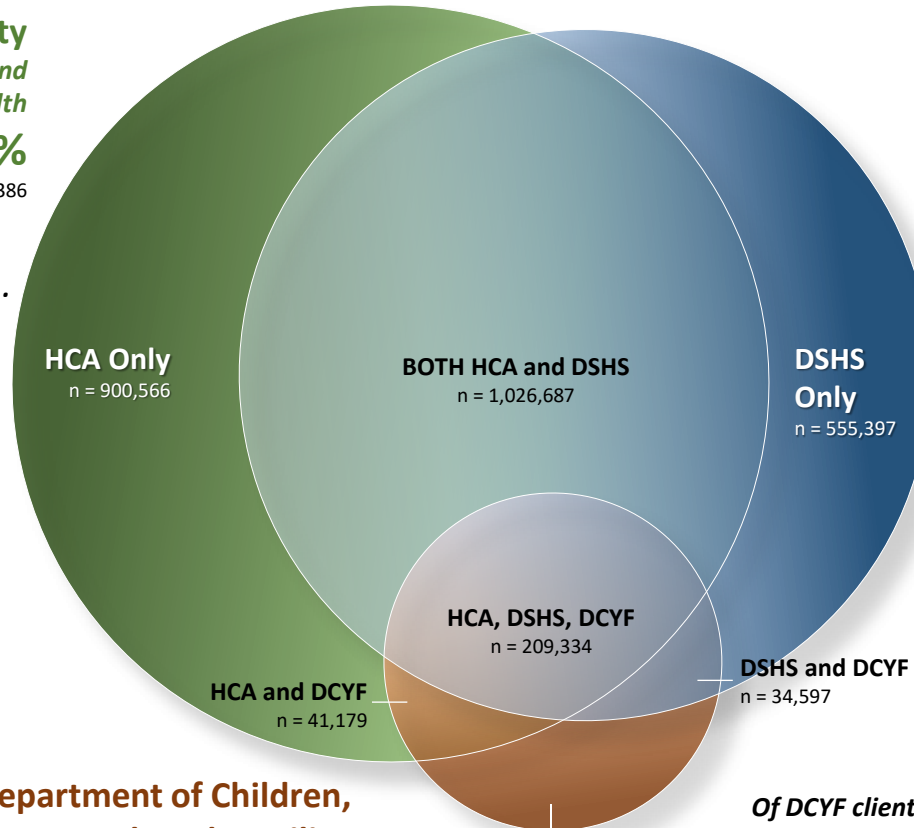
**Health Care Authority**  
*Medical Assistance and  
 Community Behavioral Health*

**75%**

TOTAL = 2,178,386

*Of HCA Medicaid/BH clients . . .*

- **41%** use HCA services only
- **57%** also use DSHS services
- **12%** also use DCYF services
- **10%** use HCA + DSHS + DCYF services



**Department of Social and Health Services**

*Long-Term Services and Supports,  
 Developmental Disability Services,  
 Economic Services, Vocational  
 Rehabilitation, Behavioral Health  
 Institutions and Forensic Mental Health*

**63%**

TOTAL = 1,826,015

*Of DSHS clients . . .*

- **30%** use DSHS services only
- **68%** also use HCA services
- **13%** also use DCYF services
- **11%** use HCA + DSHS + DCYF services

**Department of Children,  
 Youth and Families**  
*Child Welfare, Working Connections Child  
 Care, and Juvenile Rehabilitation*

**15%**

TOTAL = 437,332

*Of DCYF clients . . .*

- **35%** use DCYF services only
- **57%** also use HCA services
- **56%** also use DSHS services
- **48%** use HCA + DSHS + DCYF services

**NOTES**

- 1. Health Care Authority (HCA)** includes Medicaid and related Medical Assistance, community inpatient and outpatient Mental Health Services, and Substance Use Disorder Services.
- 2. Department of Social and Health Services (DSHS)** includes AL TSA, BHA, DDA, DVR, and ESA services. *Count excludes DSHS clients whose only service was Medical Eligibility processing through the ACES data system.*
- 3. Department of Children, Youth and Families (DCYF)** includes programs transferred from DSHS only (Child Welfare, Working Connections Child Care, and Juvenile Rehabilitation).

# State Delivery System – Child Welfare

## Washington State Department of Children, Youth & Families Child Welfare System:

- One State Agency with 6 regionally administered regions. There are 6 regional administrators, one in each region with 50 field offices across the state.
- Regional Administrators report to Field Operations in Headquarters. Headquarters hold major Divisions such as Child Welfare Programs, Contracts, and Licensing.
- Division of Child Welfare Programs is responsible for the overarching program, policy, legislative, and statewide contracting for services for children and youth in foster care.
- At any point in time DCYF has approximately 8,000 children/youth who are dependent and in care in an array of foster homes, in-home dependencies, and extended foster care options.
- Medicaid eligibility is established through HCA's Foster Care Meds Team, which in part is a data share mechanism developed between DCYF and HCA to identify newly placed children and youth in care.

# Washington State Medicaid Agency - Integrated Managed Care

## Health Care Authority (HCA) and Managed Care Organizations (MCO's):

- Medicaid covered services (medically necessary) provided by MCO's (Washington State has five available MCO's)
- HCA has a specialized unit which processes Medicaid eligibility for Integrated Foster Care Program (IFC)
- Managed Care Organization: Coordinated Care of Washington, the single foster care plan
  - IFC: Coordinated Care of WA Apple Health Core Connections Program (AHCC)
  - IFC Covers all Children in Foster Care, Extended Foster Care, Alumni to Foster Care and Adoption Support
  - Alumni to Foster Care and Adoption Support clients may opt out of AHCC to Fee for Service
  - American Indian or Alaskan Natives have the option of Fee for Service coverage or opt into Coordinated Care of Washington Apple Health Core Connections Program





PART 2

## Data Sharing Efforts in Washington State

- How the State's Medicaid and Child Welfare agencies are effectively engaging and sharing data
- The Integrated Client Databases

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# Washington State Social and Health Services Integrated Client Databases

Established and Maintained by the DSHS Research and Data Analysis Division

## SOURCE DATA

### Department of Social and Health Services

#### Aging and Long-Term Support

- Nursing Facilities
- In-home Services
- Community Residential
- Functional Assessments

#### Behavioral Health

- Child Study Treatment Center
- State Hospitals

#### Developmental Disabilities

- Case Management
- Community Residential Services
- Personal Care Support
- Residential Habilitation Centers and Nursing Facilities

#### Economic Services

- Food Stamps
- TANF and State Family Assistance
- General Assistance
- Child Support Services
- Working Connections Child Care

#### Vocational Rehabilitation

- Medical and Psychological Services
- Training, Education, Supplies
- Case Management
- Vocational Assessments *Job Skills*

### Washington State Health Care Authority

#### Behavioral Health

- Assessments
- Detoxification
- Outpatient Treatment
- Residential Treatment
- Opiate Substitution Treatment
- Children's Long-term Inpatient Program
- Community Inpatient Evaluation/Treatment
- Community Services

#### Hospital Inpatient/Outpatient

#### Managed Care

#### Prescription Drugs

### Department of Children, Youth and Families

#### Child Welfare Services

- Child Protective Services
- Child Welfare Services
- Family Reconciliation Services
- Adoption
- Adoption Support
- Child Care
- Out of Home Placement
- Voluntary Services

#### Early Learning Services

#### Juvenile Rehabilitation

(Set to transfer from DSHS July 1, 2019)

- Institutions
- Dispositional Alternative
- Community Placement
- Parole

### Other State and Federal Entities

#### Administrative Office of the Courts

- Charges
- Convictions

#### Department of Corrections

- Incarcerations
- Community Supervision

#### Department of Health

- Births
- Deaths

#### Employment Security Department

- Hours
- Wages

#### Department of Commerce

*Public Housing Authority*

- Housing Assistance
- Emergency Shelter
- Transitional Housing
- Homeless Prevention and Rapid Re-housing
- Permanent Supportive Housing

#### Washington State Patrol

- Arrests

**Data is de-identified, linked, and secured by RDA in an integrated client data repository.**

The data is used for public reporting, program evaluation, dashboards, predictive modeling, and decision support. Limited datasets can be created for authorized user groups.

# Keys Contributing to Data Sharing Success

## PARTNERSHIPS

- Although agencies have shifted, shared clients and collaborative reporting needs remain
- Communication!
- Support for questions that need to be answered

## CAPACITY

- Build capacity gradually over time
- Projects designed to address data owner needs
- Data structures designed to support analytics

## DEVELOP EXPERTISE

- Subject matter expertise developed across systems and agencies
- Technical and research staff



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### PART 3

## Promising Practices

- Children's Behavioral Health Dashboard
- Family Risk Factors and Health Outcomes
- Child Welfare and Health Service Trends During Covid Pandemic

# Behavioral Health Treatment Needs of Medicaid Enrolled Children

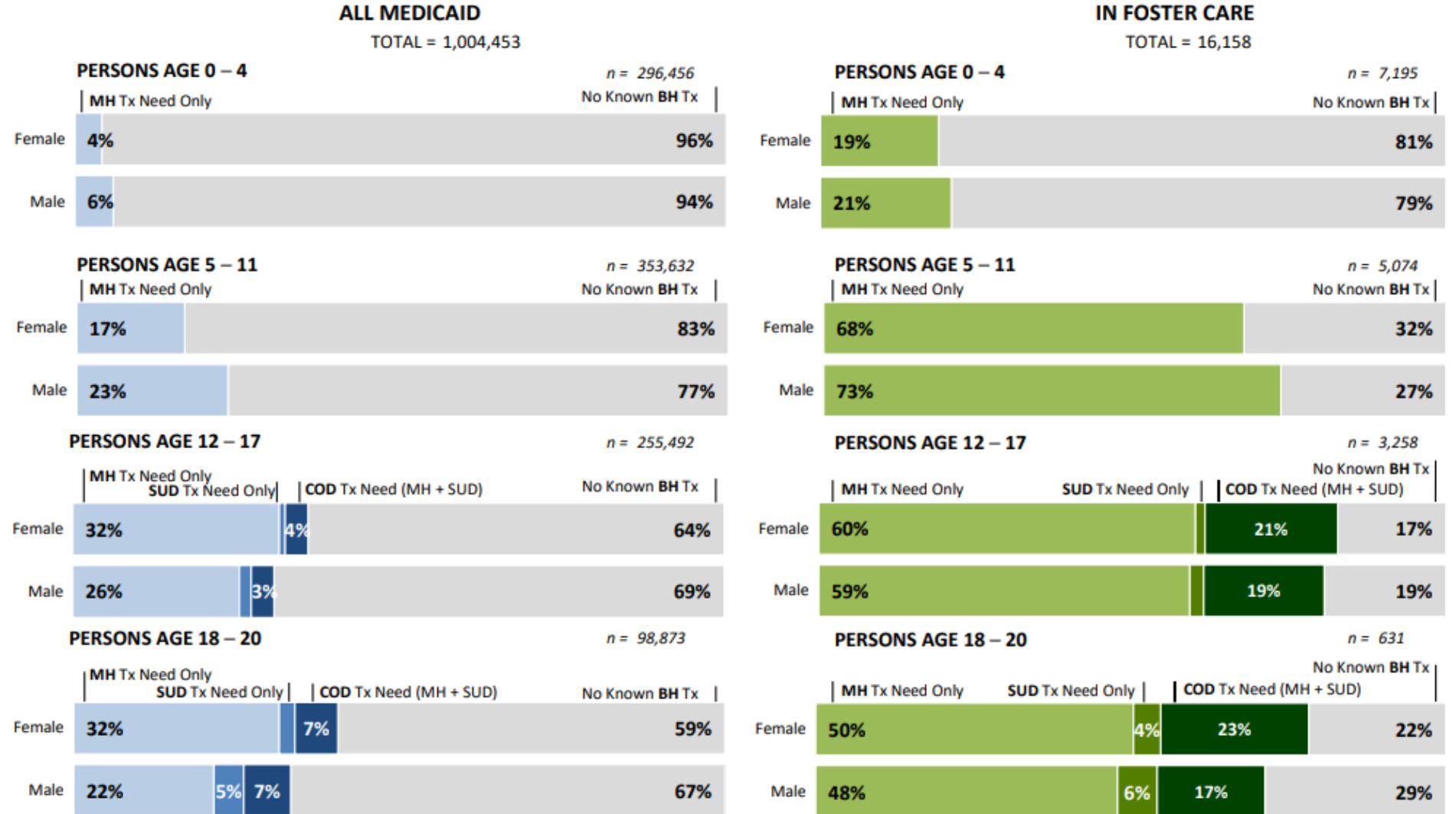
SFY 2018 Cohort, by Gender and Age Group • Behavioral Health Treatment Needs by Gender Measured in Current and Previous SFY



[DASHBOARD\\_ChildrensBehHealth.pdf \(wa.gov\)](#)

## SOURCE AND POPULATION

DSHS Integrated Client Databases. All children and youth with Medicaid coverage (includes SCHIP) and a subset of children and youth ever in foster care in SFY 2018. NOTES: MH Treatment need only is children with MH Treatment need but not with SUD Treatment need, and SUD Treatment need only is children with SUD Treatment need but not with MH Treatment need.





## B. Indications of Mental Health Treatment Need, SFY 2018

SFY 2018 • Age 0-20

	ALL MEDICAID AGE 0-20								IN FOSTER CARE AGE 0-20							
	All		MH Tx Need		SUD Tx Need		Co-occurring Tx Need		All		MH Tx Need		SUD Tx Need		Co-occurring Tx Need	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<b>SFY 2018 Total</b>	<b>1,004,478</b>	<b>100%</b>	<b>201,365</b>	<b>100%</b>	<b>22,658</b>	<b>100%</b>	<b>15,812</b>	<b>100%</b>	<b>16,159</b>	<b>100%</b>	<b>8,065</b>	<b>100%</b>	<b>884</b>	<b>100%</b>	<b>791</b>	<b>100%</b>
<b>Included in MH Tx Need Concept</b>																
<b>Mental Health Diagnoses</b>	<b>156,581</b>	<b>16%</b>	<b>156,581</b>	<b>78%</b>	<b>12,818</b>	<b>57%</b>	<b>12,818</b>	<b>81%</b>	<b>7,059</b>	<b>44%</b>	<b>7,059</b>	<b>88%</b>	<b>710</b>	<b>80%</b>	<b>710</b>	<b>90%</b>
Psychotic disorder	3,133	<1%	3,133	2%	1,253	6%	1,253	8%	228	1%	228	3%	88	10%	88	11%
Mania or bipolar disorder	3,597	<1%	3,597	2%	1,208	5%	1,208	8%	169	1%	169	2%	76	9%	76	10%
Depression	47,540	5%	47,540	24%	7,527	33%	7,527	48%	1,704	11%	1,704	21%	446	50%	446	56%
Anxiety	66,277	7%	66,277	33%	7,350	32%	7,350	46%	3,659	23%	3,659	45%	470	53%	470	59%
ADHD	43,694	4%	43,694	22%	2,538	11%	2,538	16%	1,835	11%	1,835	23%	202	23%	202	26%
Disruptive/impulse/conduct disorder	19,423	2%	19,423	10%	1,422	6%	1,422	9%	1,333	8%	1,333	17%	153	17%	153	19%
Adjustment disorder	24,445	2%	24,445	12%	1,330	6%	1,330	8%	2,621	16%	2,621	32%	140	16%	140	18%
<b>Mental Health Prescriptions Filled</b>	<b>75,121</b>	<b>7%</b>	<b>75,121</b>	<b>37%</b>	<b>7,619</b>	<b>34%</b>	<b>7,619</b>	<b>48%</b>	<b>2,497</b>	<b>15%</b>	<b>2,497</b>	<b>31%</b>	<b>434</b>	<b>49%</b>	<b>434</b>	<b>55%</b>
Antipsychotic medications	9,872	1%	9,872	5%	2,177	10%	2,177	14%	573	4%	573	7%	152	17%	152	19%
Antimania medications	714	<1%	714	<1%	226	1%	226	1%	47	<1%	47	<1%	16	2%	16	2%
Antidepressants	34,973	3%	34,973	17%	5,255	23%	5,255	33%	1,225	8%	1,225	15%	318	36%	318	40%
Antianxiety medications	18,742	2%	18,742	9%	3,094	14%	3,094	20%	638	4%	638	8%	185	21%	185	23%
ADHD medications	36,354	4%	36,354	18%	1,778	8%	1,778	11%	1,392	9%	1,392	17%	127	14%	127	16%
<b>Mental Health Services</b>	<b>122,886</b>	<b>12%</b>	<b>122,886</b>	<b>61%</b>	<b>10,287</b>	<b>45%</b>	<b>10,287</b>	<b>65%</b>	<b>6,604</b>	<b>41%</b>	<b>6,604</b>	<b>82%</b>	<b>654</b>	<b>74%</b>	<b>654</b>	<b>83%</b>
MH Outpatient Services	122,654	12%	122,654	61%	10,231	45%	10,231	65%	6,460	40%	6,460	80%	625	71%	625	79%
MH Inpatient Services	2,752	<1%	2,752	1%	1,212	5%	1,212	8%	260	2%	260	3%	104	12%	104	13%
DCYF Behavioral Rehabilitation Services	954	<1%	954	<1%	225	1%	225	1%	911	6%	911	11%	218	25%	218	28%

# Treatment Penetration for Children with MH Tx Need

MEASURE 1

**INDICATOR**

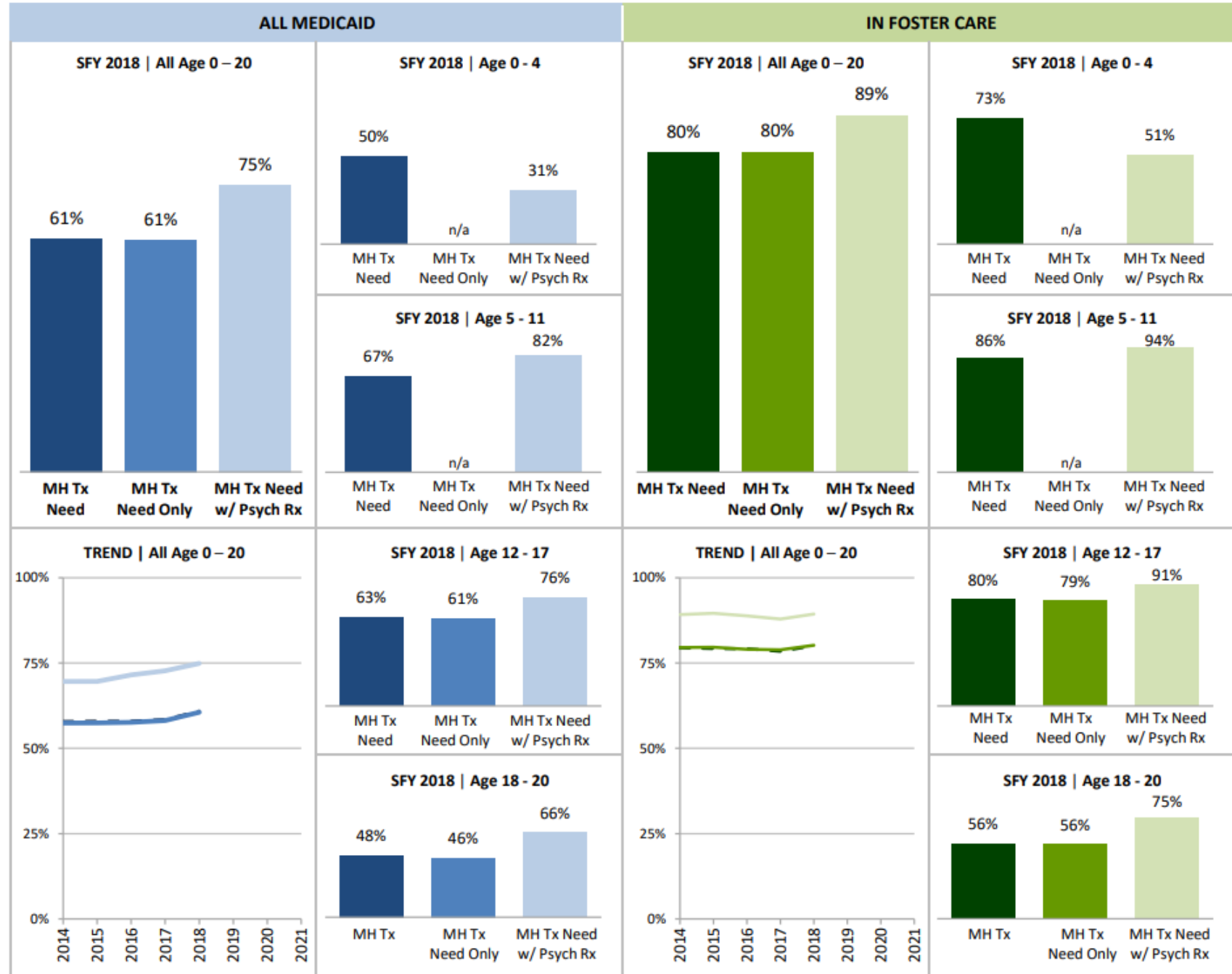
Proportion of children with mental health treatment needs who receive mental health treatment services.

**ALL MEDICAID:**

- MH Tx Need
- MH Tx Need Only
- MH Tx Need w/ Psych Rx

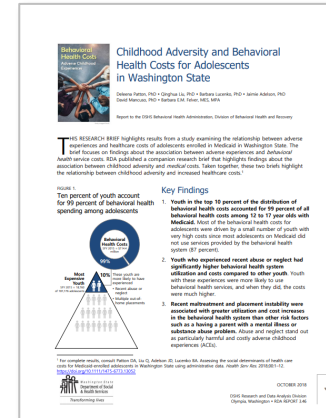
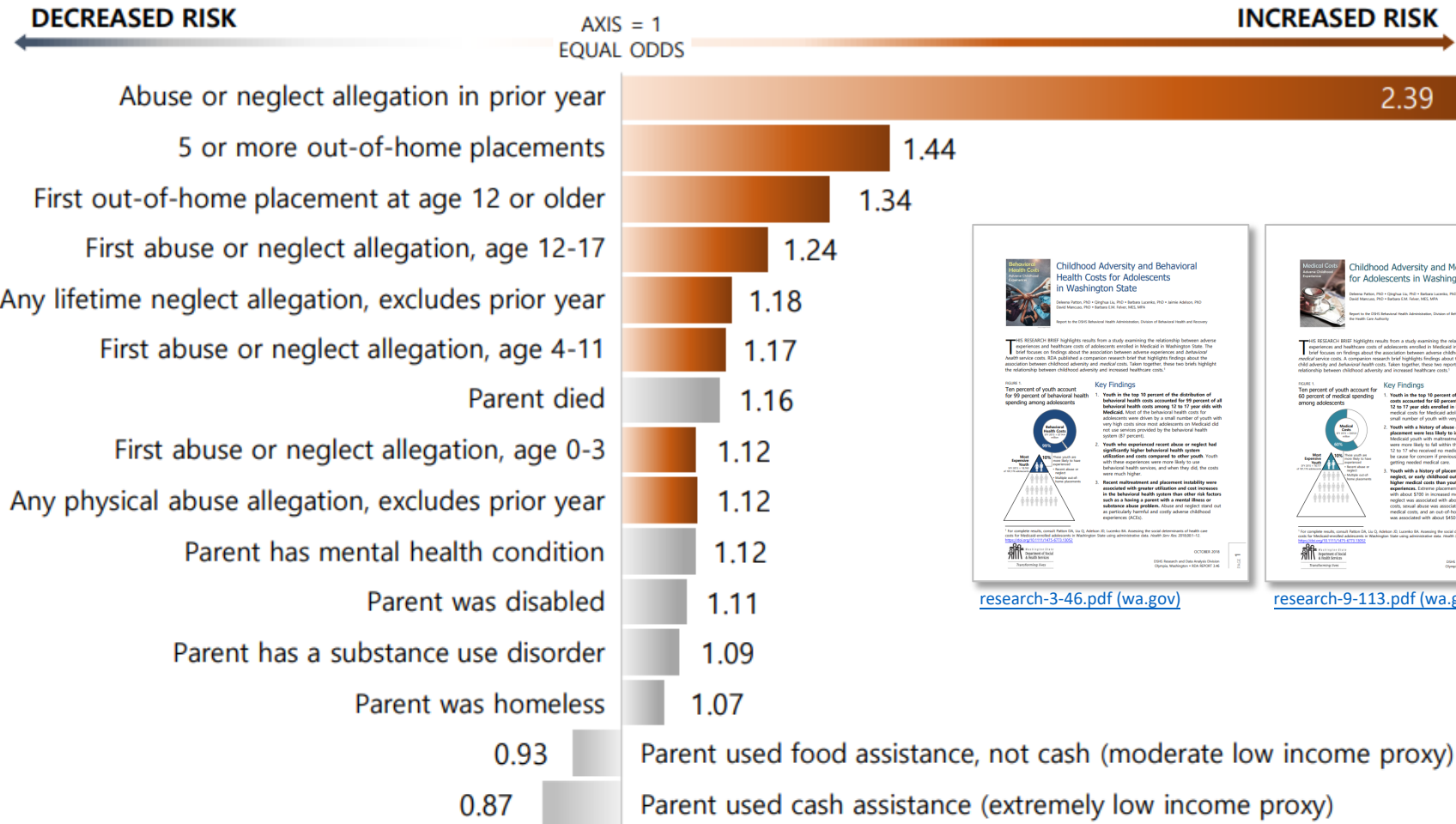
**IN FOSTER CARE:**

- MH Tx Need
- MH Tx Need Only
- MH Tx Need w/ Psych Rx

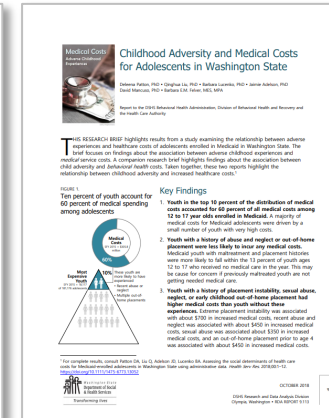


# Behavioral Health Utilization Findings (12 months)

## Odds of Utilizing Any Behavioral Health Services



[research-3-46.pdf \(wa.gov\)](#)

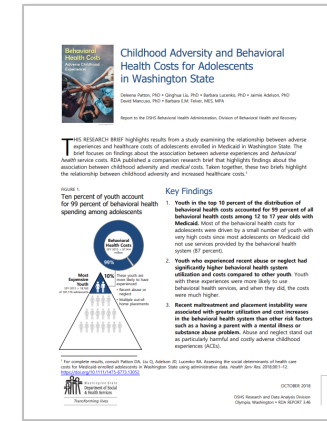
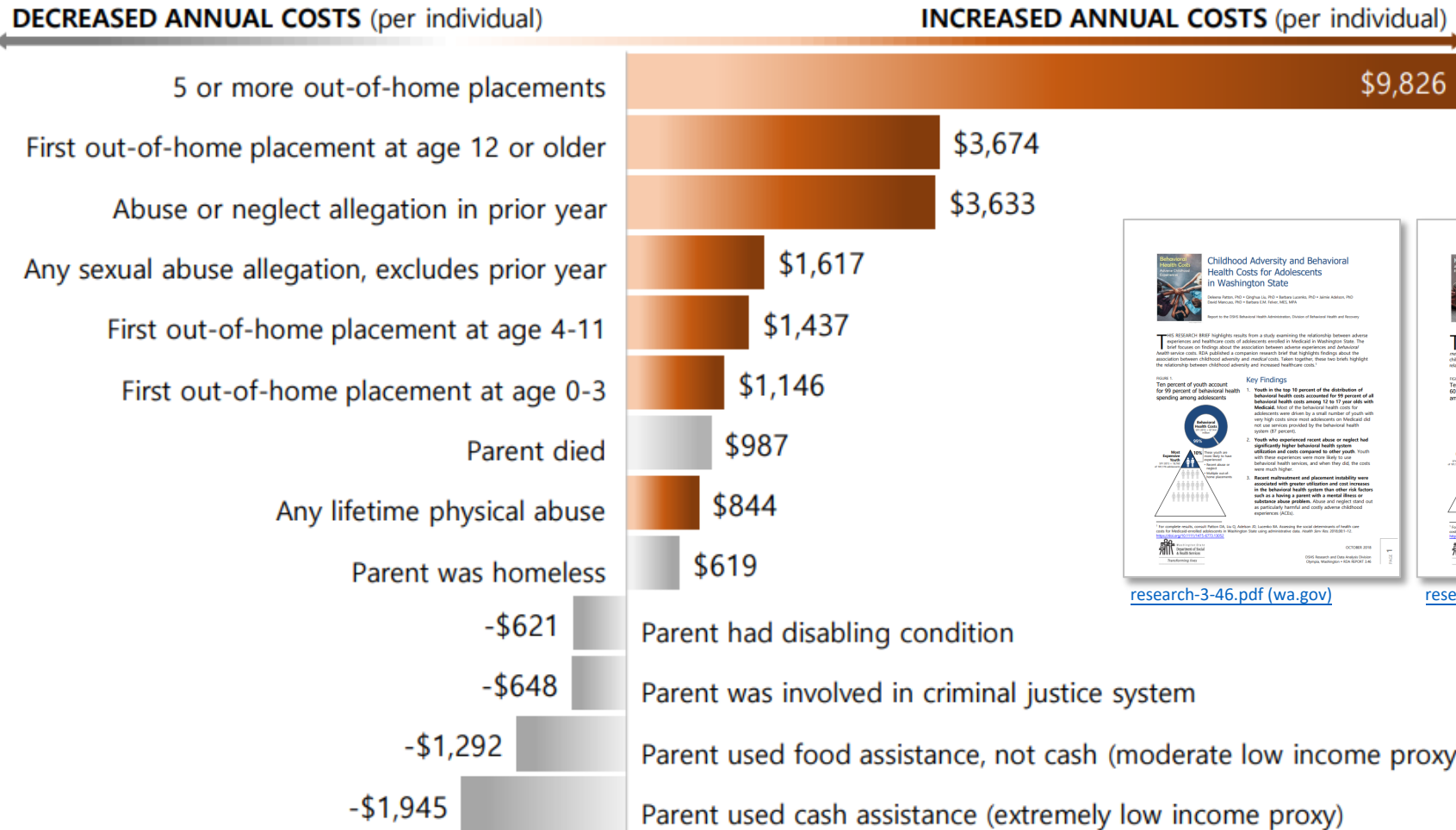


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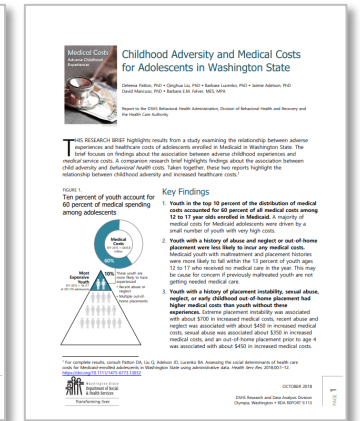


# Behavioral Health Cost Findings (12 months)

## Increases in Annual Behavioral Health Costs Per Individual Adolescent



[research-3-46.pdf \(wa.gov\)](https://www.wa.gov/research-3-46.pdf)



[research-9-113.pdf \(wa.gov\)](https://www.wa.gov/research-9-113.pdf)

# Child Welfare and Health Service Trends in Washington State

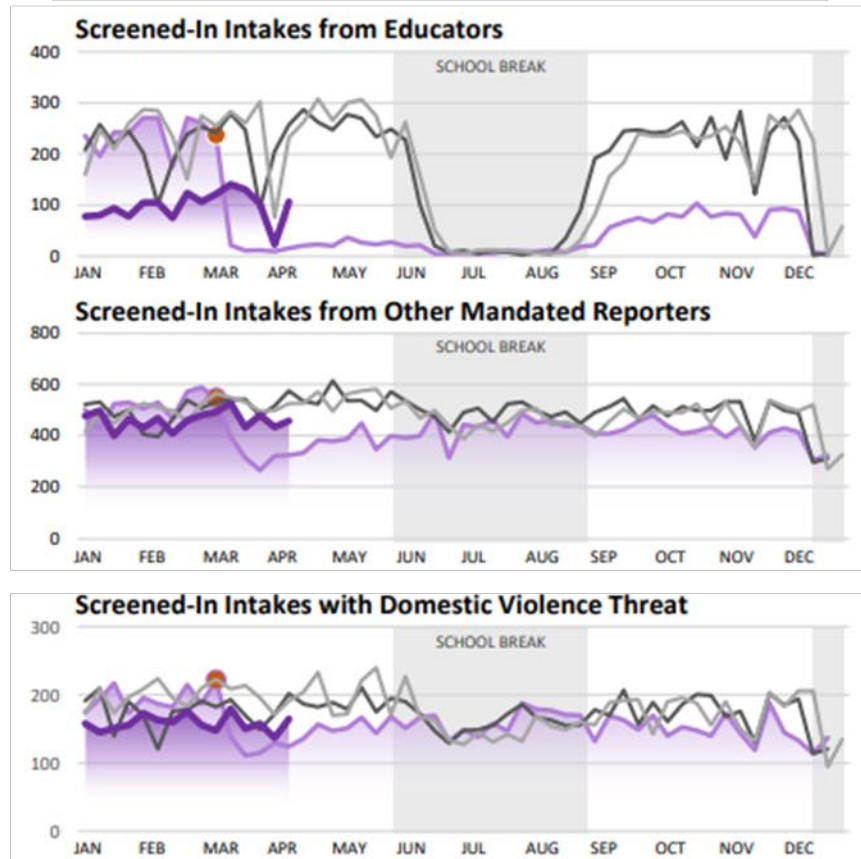
## Monitoring Child Protective Services Intakes and Medical Visits During the COVID-19 Pandemic

Health service trends reflect children enrolled in Medicaid, SCHIP, and related programs

Produced in collaboration with the Washington State Department of Children, Youth, and Families

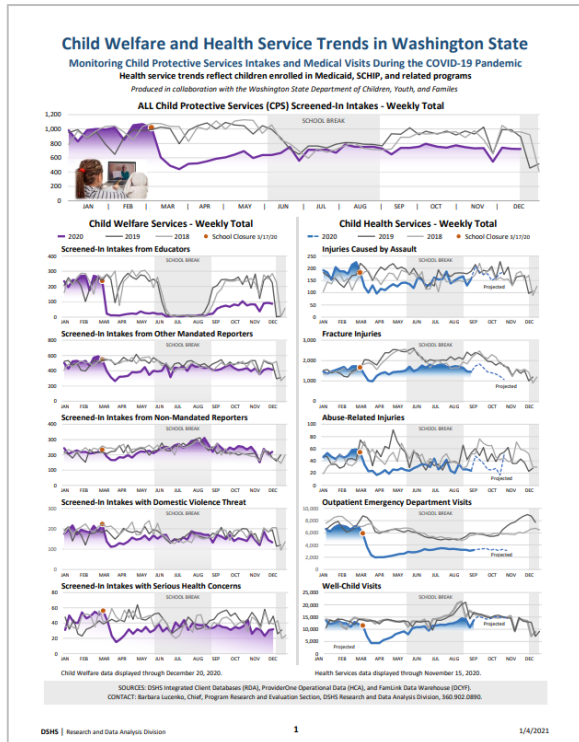
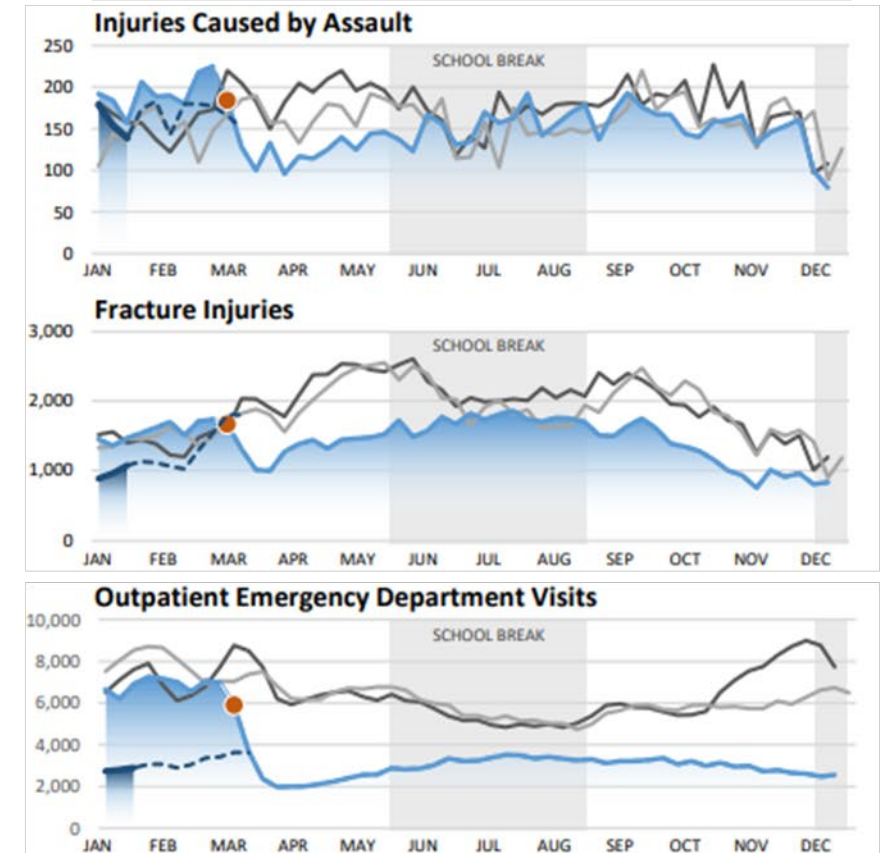
### Child Welfare Services, Weekly Trend

2021 2020 2019 2018 School Closure



### Child Health Services, Weekly Trend

2021 2020 2019 2018 School Closure  
2021 projected



[DCYF covid.pdf \(wa.gov\)](https://dcyf.wa.gov)



Getty Images/Stock

#### PART 4

## Existing Efforts/Plans to Build on or Expand the Collaboration Going Forward

- Foster Care Rate Setting Study

# Informing the Placement Continuum

Classifying Children in Out-of-Home Placement Using Integrated Administrative Data

## GOAL

- Determine whether objective data from the DSHS Integrated Client Database (ICDB) can classify children in out-of-home care according to their characteristics, needs, and experiences.

## CONTEXT

- The Department of Children, Youth, Families (DCYF) is undergoing a process to expand its out-of-home placement continuum and adjust its foster care payment rate methodology.
- DCYF wanted objective data about the out-of-home population to inform this process.

## APPROACH

- Build measures of child characteristics and service needs using administrative data, including measures derived from medical claims.
- Use latent class analysis to identify subgroups of children within the broader out-of-home placement population.

## CONTACTS

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**Kari Samuel** • [kari.samuel@hca.wa.gov](mailto:kari.samuel@hca.wa.gov)

Washington State Health Care Authority

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# Questions and Discussion

Joe Zickafoose, Mathematica



# How to Submit a Question

- Use the Q&A function to submit questions or comments.
  - To submit a question or comment, click the Q&A window and select “All Panelists” in the “Ask” field.
  - Type your question in the text box and click “Send”.
  - Only the presentation team will be able to see your comments.

Q&A

All (0)

Ask: All Panelists

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# Announcements and Next Steps

Laura Armistead, Mathematica



# Announcements and Next Steps

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- **Webinar recording and slides will be posted on Medicaid.gov at <https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/foster-care-learning-collaborative/index.html>**

## Announcements and Next Steps (continued)

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- **Foster Care Affinity Group Fact Sheet** available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/improvement-initiatives/foster-care-ag-factsheet.pdf>
- **Foster Care Affinity Group EOI forms are due May 28, 2021 8:00 p.m. ET.**
- **EOI forms are available at** <https://www.medicaid.gov/medicaid/quality-of-care/downloads/improvement-initiatives/foster-care-ag-interest-form.pdf>

## Thank you for participating!

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