State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-AC Foster Child Health Care
Program Level - 010 Children's Administration

Budget Period: 2007-09 Version: A1 010 - 2007-09 Agency Request Budget

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) requests $4,164,000 and 12.0 FTEs for the 2007-09 Biennium beginning in July 2007 to enable the Children's Administration (CA) to better meet the requirement of providing adequate health and mental health care services to children in foster care.

Fiscal Detail:

Operating Expenditures

	FY 1	FY 2	Total
Overall Funding			
001-1 General Fund - Basic Account-State	1,508,000	1,384,000	2,892,000
001-A General Fund - Basic Account-DSHS Fam Support/Chi	506,000	469,000	975,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	154,000	143,000	297,000
Total Cost	**2,168,000**	**1,996,000**	**4,164,000**

Staffing

	FY 1	FY 2	Annual Avg
Agency FTEs	**12.0**	**12.0**	**12.0**

Package Description:

Under this proposal, $4,164,000 and 12.0 FTEs is requested for the 2007-09 Biennium to enhance current services to improve our ability to identify children in foster care to appropriate services. This will be accomplished by expanding the Child Health and Education Tracking (CHET) system, providing enhanced physical health care, and increased access to mental health services.

DSHS is required by statute to provide adequate health care and mental health services to children in foster care. This proposal enables the CA to better meet this requirement by hiring additional CHET screeners and contracting for additional Health Program Assistants (HPAs) and licensed mental health professionals. These people will assist the CA in meeting the higher needs of foster children and complying with legislative mandates.

Children in foster care experience a very high rate of chronic physical, mental, developmental, and behavioral conditions that impair functioning and fundamentally threaten proper growth and development. The department is continuing in our effort to improve the accessibility and quality of health and mental health care for children in foster care.

This proposal is broken down into three distinct areas of services for children in foster care. All three areas are interdependent upon each other. Without the changes outlined in each section, Washington's children in foster care will not receive an adequate level of health and mental health care to meet their higher needs.

Expansion of CHET:

	FY 2008	FY 2009	Total Biennium
FTEs:	12.0	12.0	12.0
Funds:	$1,068,000	$1,008,000	$2,076,000

All children in foster care are required to receive initial health screenings and comprehensive screenings of their medical, mental, dental health, developmental and educational status. Results of these screenings must be included in the court-approved social services plan and are linked to the provision of individualized comprehensive care and services.

RCW 74.13.285 requires all children entering the foster care system to be evaluated for identification of long-term needs

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within thirty days of placement. The CHET system is responsible for:
- identifying children who require further assessment, evaluation or services in the following domains: physical health, development, connections, education or emotional/behavioral health;
- providing the screening to social workers, foster parents, relative caregivers or other providers so that it can be used for placement decisions, case planning and service delivery;
- establishing a baseline for monitoring a child's well-being.

CA is requesting funding for two additional CHET screeners per region, for a total of 12 social worker 3 FTEs at a biennial cost of $2,076,000. These additional staff will improve the ability of the department to meet the needs of children in foster care by improving our ability to:
- Screen all eligible children within 30 days of placement,
- Identify and quickly address the needs of children,
- Inform caregivers about these needs.

Current statewide data shows that 78% of required screenings are completed in an average of 57 days. CA is out of compliance with the timeframe established by the Legislature for completing the screening. The CHET process requires specialized training in screening tools; therefore, the screening cannot be delegated to staff unfamiliar with these tools.

Enhanced Physical Health Care:

	FY 2008	FY 2009	Total Biennium
Contract Funds:	$420,000	$372,000	$792,000

CA is also requesting funding to contract with the Local Health Jurisdictions (LHJs) for six additional Health Program Assistants at a cost of $792,000 for the biennium. The American Academy of Pediatrics (AAP) recommends that the gathering of health information should begin as soon as possible after placement. The AAP also recommends that as much of the past medical history as possible should be gathered prior to the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) examination so that it can be reviewed by the health care professional.

The current duties of the Health Program Assistants will be expanded to include the gathering of health and mental health history information for the CHET Screeners. This allows for more complete information to be given to the health care professional performing the EPSDT which is to be completed within the first 30 days of placement. This expansion of the HPA duties will increase the health information available earlier in the child's placement and assist CHET screeners in identifying needed services.

CA assembles Comprehensive Health Reports (formerly Passports) for children with complex health needs who receive ongoing foster care. The HPAs will continue to request and compile health and mental health information for the Foster Care Public Health Nurses (FCPHNs). FCPHNs use the health and mental health information to complete Comprehensive Health Reports. The additional Health Program Assistants will free up FCPHN time so that they can complete more Comprehensive Health Reports. The Health Program Assistants providing assistance to the CHET Screeners and the FCPHNs allows for a better and integrated utilization of professional staff time.

Increasing the number of CHET screenings completed within 30 days and increasing the number of Comprehensive Health Reports completed by FCPHNs addresses expectations set forth in Substitute House Bill 2985 (Foster Care Health Unit) for CA to provide a child's health and mental health information in a timely manner to foster parents and providers.

Increased Access to Mental Health Services:

	FY 2008	FY 2009	Total Biennium
Contract Funds:	$680,000	$616,000	$1,296,000

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CA is requesting funding to contract with eight licensed mental health professionals who will be liaisons with the mental health system. These liaisons will work with the mental health system community resources, social workers, clients and foster parents to connect children in foster care with appropriate assessments and mental health services.

It is often difficult to access mental health services for foster children. CHET Screeners, FCPHNs and social workers need to have an identified person to assist them in connecting children to needed services identified in the CHET screening, the Comprehensive Health Reports or the Shared Planning Meeting. Mental Health Liaisons will work with the department, the Regional Support Networks and other community mental health systems around eligibility and access to services.

Engrossed Substitute Senate Bill 5763 (ESSB 5763) (Omnibus Bill for Treatment of Mental Health and Substance Abuse Disorders) requires all social workers to screen children and adults for mental health and substance abuse issues. This proposal provides CA with the necessary resources to respond to ESSB 5763 by implementing the new Global Appraisal of Individual Needs-Short Screener (GAIN-SS) screening tool and also providing specialists who can assist clients to access needed mental health assessments and services. The GAIN-SS is an evidence-based tool for the assessment of mental health, alcohol and substance abuse. This new tool is being implemented department-wide.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This request meets the requirements of SHB 2985 (Foster Care Health Unit) for CA and Health and Rehabilitative Services Administration (HRSA) to create a better coordinated health and mental health care system as well as access to services and health information for children in foster care. This proposal also allows CA to more effectively address requirements of ESSB 5763 (Omnibus Bill for Treatment of Mental Health and Substance Abuse Disorders) to follow-up on mental health and substance abuse screenings and to more efficiently connect clients to services.

Hiring additional HPAs to assist the CHET Screeners and FCPHNs is consistent with the CA Strategic Plan. The HPAs will assist to improve the physical and mental health information provided to foster parents about children in their care.

This proposal also addresses the Government, Management. Accountability and Performance Reporting (GMAP) requirement to allocate resources according to the most important priorities. DSHS continues to work to improve access, connection and timely referrals to appropriate health and mental health services for children in foster care. GMAP also requires decisions to be based on accurate, up-to-date data. The data shows that children whose health and mental health needs are identified early and whose health and mental health information is readily available; receive more appropriate services and placements.

Hiring Mental Health liaisons is in compliance with the strategies in the CA Strategic Plan. Mental Health Liaisons will assist in connecting children to appropriate services based on the child's needs.

Performance Measure Detail

Agency Level

Activity: A012 Child Welfare Services (CWS)	Incremental Changes FY 1	FY 2
Output Measures		
1111 Number of CPS, CWS and FRS referrals received.	0.00	0.00
1112 Number of child abuse/neglect referrals accepted for investigation.	0.00	0.00

Reason for change:

Children in foster care need access and connection to appropriate health and mental health services. Children in foster care experience a very high rate of chronic physical, mental, developmental, and behavioral conditions that impair functioning

and fundamentally threaten proper growth and development. The department and the Legislature (SHB 2985 and ESSB 5763) have been intensely focused on the need for improvements in these areas.

The increased number Health Program Assistant FTEs will assist CA to more adequately address the health and mental health needs of children in foster care. The HPAs will also allow the department to meet the requirements in SHB 2985 to provide health and mental health information in a timely manner to foster parents and providers.

This proposal provides CA with the necessary resources to respond to the results of implementing ESSB 5763 by not just implementing the new GAIN-SS screening tool but having a mechanism for a more effective and efficient follow-up when mental health issues and service needs are identified.

Impact on clients and services:

The contracted Mental Health Liaison positions will function similarly to the Chemical Dependency Professionals positions and the Educational Coordinator positions recently funded in Children's Administration. There will be an increase in efficiency, cross coordination, and follow through for children and families to receive appropriate mental health services.

Stakeholders include:
Mental Health Division
Regional Support Networks
Juvenile Rehabilitation Administration
Local Health Jurisdictions

Impact on other state programs:

None

Relationship to capital budget:

Not applicable

Required changes to existing RCW, WAC, contract, or plan:

This request will amend the current contracts that CA has with the Local Health Jurisdictions and create a new contract for the Mental Health Liaisons.

Alternatives explored by agency:

Mental Health Liaisons:
CA explored hiring a ½ time FTE child psychiatrist per region to coordinate mental health care statewide for foster children. However, there are not enough child psychiatrists in the state of Washington to serve the general population and CA would have little chance of finding anyone to hire.

Health Program Assistants:
Previous requests for additional funding to increase the number of Foster Care Public Health Nurses have not been funded. CA is requesting new funding for additional Health Program Assistants. Health Program Assistants are the most cost effective alternative to contracting for additional Public Health Nurses in the regions.

CHET Screeners:
To date, CA has been unable to meet the legislative requirement to complete screenings within 30 days of children entering foster care. As of April 2005, 40% of required screenings were completed in an average of 49.57 days. Region 3 temporarily assigned two Social Worker 3 staff to their CHET program and the improvement was statistically significant.

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After this temporary reassignment 80% of required screenings were completed in an average of 32.55 days (data as of April 2006). However, this caused a temporary increase in caseload ratios as cases needed to be shifted to other social workers during the temporary reassignment period. To comply with the CHET requirement as well as other CA requirements without increasing caseload ratios, CA must have additional resources.

Budget impacts in future biennia:

Costs will be bow waved into future biennial budgets.

Distinction between one-time and ongoing costs:

This proposal creates an ongoing cost to the administration in additional contracted costs and 12.0 new FTEs.

One-time funding will be needed for start-up equipment for the additional staff.

Effects of non-funding:

Without funding for this proposal, CA will not be able to improve the health and mental health care available to children in foster care. This proposal also brings CA in line with legislative and GMAP expectations and supports the CA strategic plan.

Expenditure Calculations and Assumptions:

See attached CA PL-AC Foster Child Health Care.xls

The federal Deficit Reduction Act, passed in February 2006, created new limitations for Targeted Case Management (TCM) which were effective January 1, 2006. Federal rules have not been published so the precise effect of the new law is not clear. This proposal assumes that CA will be able to claim TCM funds in the 2007-09 Biennium, but if that is not the case CA will require GF-State where TCM is assumed.

Object Detail		FY 1	FY 2	Total
Overall Funding				
A	Salaries And Wages	600,000	600,000	1,200,000
B	Employee Benefits	168,000	180,000	348,000
E	Goods And Services	144,000	144,000	288,000
G	Travel	48,000	48,000	96,000
J	Capital Outlays	96,000	24,000	120,000
N	Grants, Benefits & Client Services	1,100,000	988,000	2,088,000
T	Intra-Agency Reimbursements	12,000	12,000	24,000
	Total Objects	**2,168,000**	**1,996,000**	**4,164,000**

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DSHS Source Code Detail

Overall Funding	FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State			
Sources Title			
0011 General Fund State	1,508,000	1,384,000	2,892,000
Total for Fund 001-1	**1,508,000**	**1,384,000**	**2,892,000**
Fund 001-A, General Fund - Basic Account-DSHS Fam Support/Chi			
Sources Title			
658A Title IV-E Foster Care (FMAP)	506,000	469,000	975,000
Total for Fund 001-A	**506,000**	**469,000**	**975,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa			
Sources Title			
19TA Title XIX Assistance (FMAP)	154,000	143,000	297,000
Total for Fund 001-C	**154,000**	**143,000**	**297,000**
Total Overall Funding	**2,168,000**	**1,996,000**	**4,164,000**

2007-09 Biennium
PL-AC Foster Child Health Care

	FY 08		FY 09		Total	
	FTEs	$$ (,000)	*FTEs*	$$ (,000)	*FTEs*	$$ (,000)
CHET Screeners	*12.0*	1,068	*12.0*	1,008	*12.0*	2,076
Health Program Assistants		420		372		792
Mental Health Liaisons		680		616		1,296
TOTAL	***12.0***	**2,168**	***12.0***	**1,996**	***12.0***	**4,164**

2007-09 Biennium
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Expansion of the Children's Health and Safety Tracking (CHET)

Assumes 2 additional Social Worker 3 FTE for each region to complete CHET screens within 30 days for children expected to remain in care for 30 days or more.

	FY 08	FY 09	Total	
Social Worker (SW) 3	***12.0***	***12.0***	***12.0***	***Assumes step K***
Salaries	600,000	600,000	1,200,000	
Benefits	168,000	180,000	348,000	
Goods and Svcs	144,000	144,000	288,000	
Travel	48,000	48,000	96,000	
Equipment	96,000	24,000	120,000	
Transfers	12,000	12,000	24,000	
Total	**1,068,000**	**1,008,000**	**2,076,000**	

DSHS Staffing Model - Calculation Results Report

Social Worker 3

	1st Year	2nd Year
FTEs	1.0	1.0

Objects Summary

A	Salaries	50,000	50,000
B	Benefits	14,000	15,000
E	Goods & Se	12,000	12,000
J	Equipment	8,000	2,000
G	Travel	4,000	4,000
T	ISSD:TZ	1,000	1,000
	Total Obje	89,000	84,000

Funds Summary

Fund	DSHS Source	% of Total		
001-1	0011	70.00%	63,000	59,000
0	0	0.00%	0	0
001-C	19TA	7.00%	6,000	6,000
0	Title IV-E	23.00%	20,000	19,000
0	0	0.00%	0	0
0	0	0.00%	0	0
		Total Fund	89,000	84,000

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Assumptions:

* Contract for 6 Health Program Assistants, 1 per region
* Salary/Benefit cost of 1 HPA = $42,000/year
* Included in the requested amount are startup costs, goods/services and travel

	2007-09 BIENNIUM		
	FY 2008	**FY 2009**	**Bien Total**
Contractor	*6.0*	*6.0*	*6.0*
Object N	420,000	372,000	792,000
Total	**$ 420,000**	**$ 372,000**	**$ 792,000**
GF-S	294,000	260,400	554,400
Title IV-E	96,600	85,560	182,160
Title XIX	29,400	26,040	55,440
Total	**$ 420,000**	**$ 372,000**	**$ 792,000**

2007-09 Biennium
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Assumptions:

* Contract for 8 Mental Health Liaisons needed:
  * Region 1 = 2
  * Region 2 = 1
  * Region 3 = 1
  * Region 4 = 1
  * Region 5 = 1
  * Region 6 = 2
* Salary/Benefit cost of 1 licensed, clinical Mental Health Liaison per RSN = $55,000/year
* Included in the requested amount are startup costs, goods/services and travel
* Each contracted MHL's workstation will be located in a CA office

	2007-09 BIENNIUM		
	FY 2008	**FY 2009**	**Bien Total**
Contractors	*8.0*	*8.0*	***8.0***
Object N	680,000	616,000	1,296,000
Total	**$ 680,000**	**$ 616,000**	**$ 1,296,000**
GF-S	476,000	431,200	907,200
Title IV-E	156,400	141,680	298,080
Title XIX	47,600	43,120	90,720
Total	**$ 680,000**	**$ 616,000**	**$ 1,296,000**