

Child Welfare and Health Service Trends in Washington State

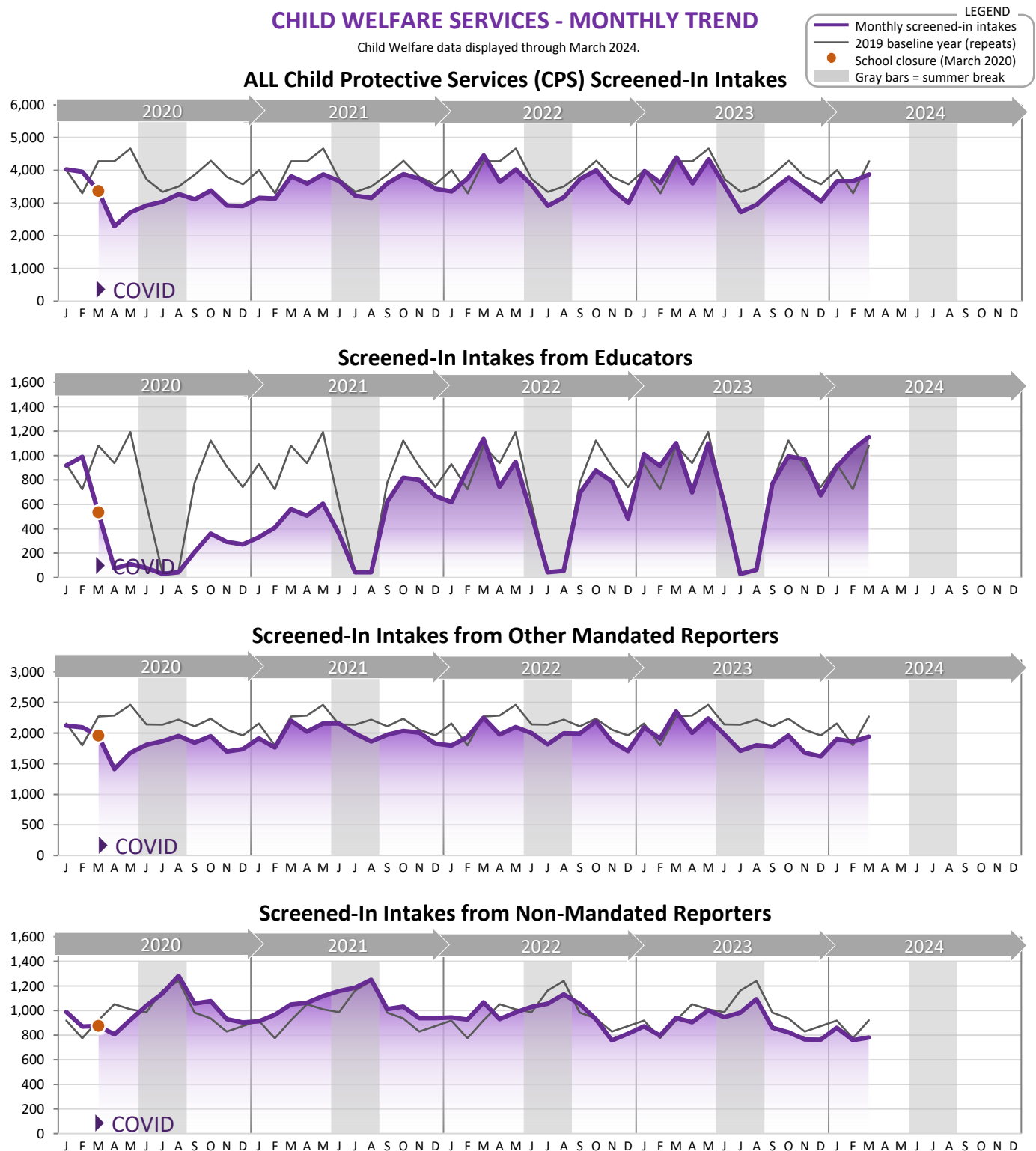
Monitoring Child Protective Services Intakes and Medical Visits During the COVID-19 Pandemic

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

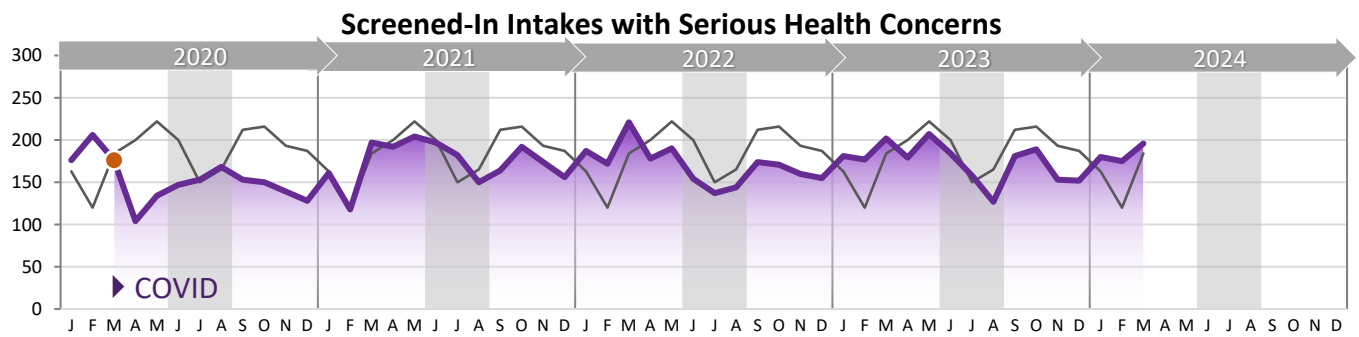
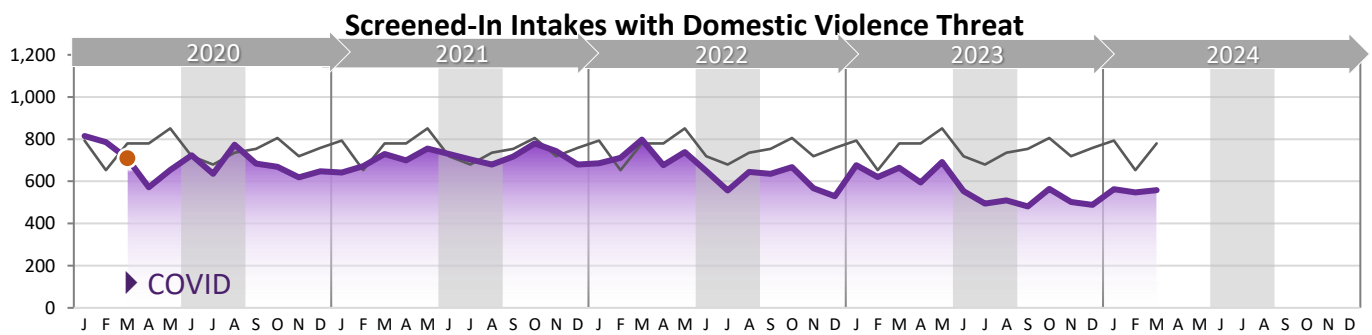
CHILD WELFARE SERVICES - MONTHLY TREND

Child Welfare data displayed through March 2024.



SOURCES: DSHS Integrated Client Databases (RDA), ProviderOne Operational Data (HCA), and FamLink Data Warehouse (DCYF).

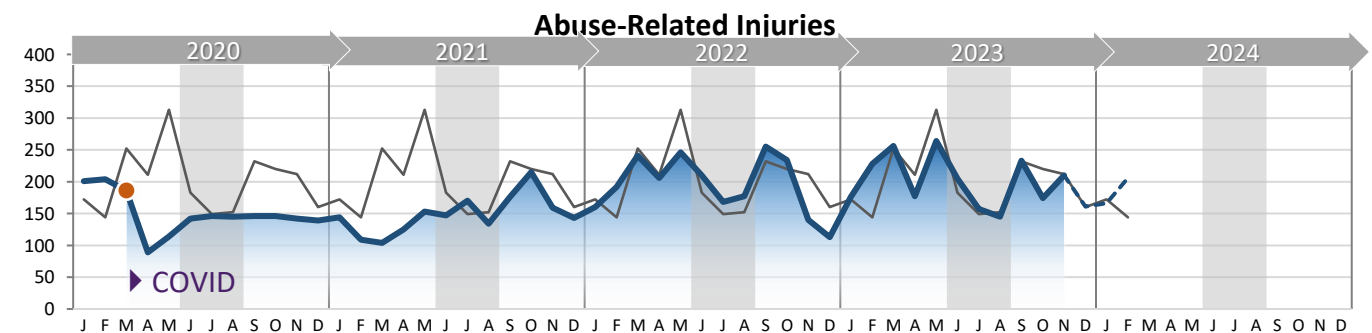
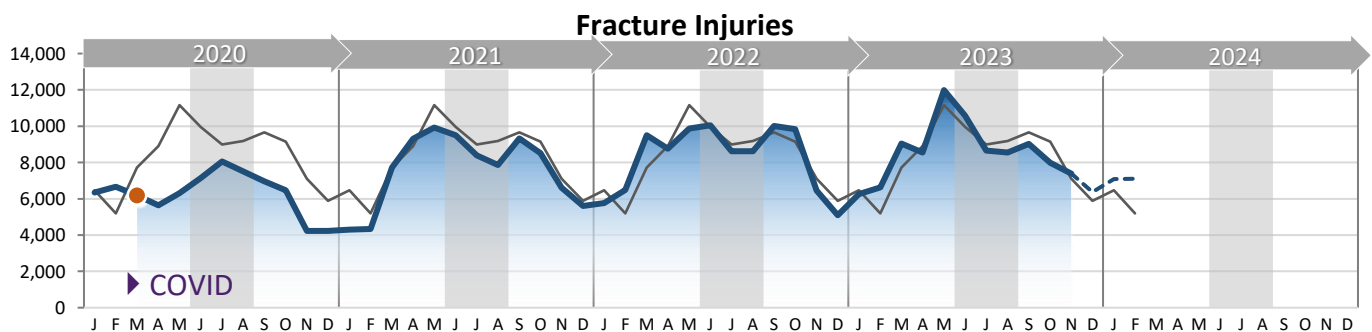
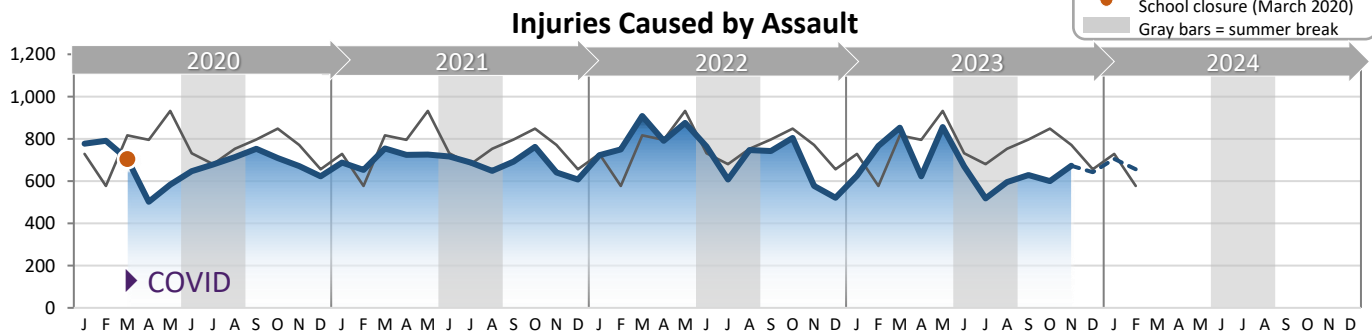
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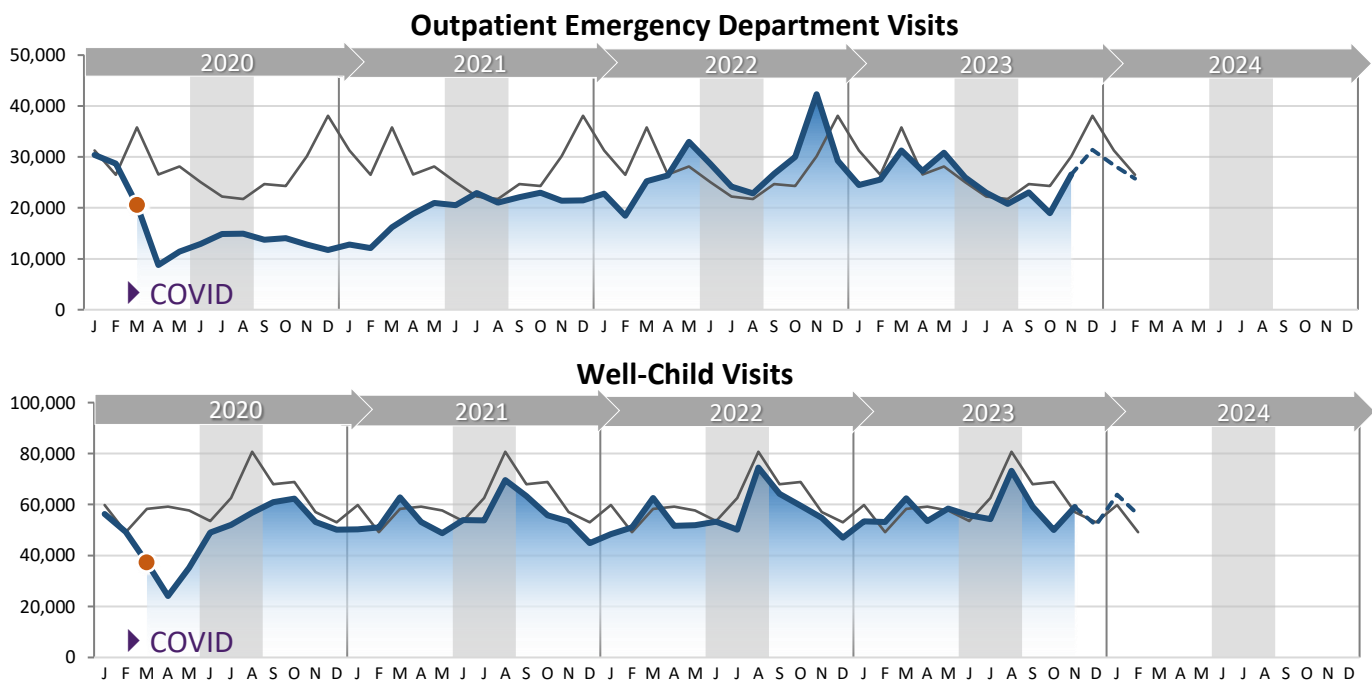


CHILD HEALTH SERVICES - MONTHLY TREND

Health Services data displayed through February 2024.

- LEGEND**
- Monthly claims (solid blue line)
 - Projection (dashed blue line)
 - 2019 baseline year (repeats) (solid black line)
 - School closure (March 2020) (orange dot)
 - Gray bars = summer break





TECHNICAL NOTES

Child Welfare Services

Extracted April 18, 2024

DATA SOURCE: Washington State Department of Children, Youth, and Families (DCYF) FamLink Data Warehouse.

POPULATION: Statewide reports of child abuse and neglect made to DCYF child welfare intake employees.

MEASUREMENT PERIOD: Intake data is complete with a one-week reporting lag to account for data processing. Monthly intake counts are measured from January 1, 2019 through the most recent complete month.

MEASURES:

- **All CPS Screened-in Intakes:** Includes intakes meeting the sufficiency screening criteria for CPS Investigation, Family Assessment Response (FAR),⁽¹⁾ or Risk Only.⁽²⁾ Washington State sufficiency screening criteria specifies that the alleged victim is under 18 years of age; the allegation, if true, minimally meets the Washington Administrative Code definition for child abuse or neglect (CA/N) or it is alleged a child's circumstances place them at risk of serious harm; the alleged subject has the role of parent, person acting in loco parentis or unknown, or is providing care in a facility subject to licensing by DCYF or in other state-regulated care.⁽³⁾ Intakes with unborn alleged victims or the same allegation(s) that are documented in another intake are not screened-in.
- **CPS Screened-in Intakes from Educators:** The person who made the referral to DCYF is an educator. Educators are mandatory reporters, meaning they are legally required to report incidents of CA/N.
- **CPS Screened-in Intakes from Other Mandated Reporters:** The person who made the referral to DCYF is not an educator and is another type of mandatory reporter, including Social Service Professional; Mental Health Professional; Law Enforcement Officer; Medical Professional; Corrections, DSHS, or DCYF employee; Child Care Provider; or Foster Care Provider.
- **CPS Screened-in Intakes from Non-Mandated Reporters:** The person who made the referral to DCYF is a Parent/Guardian, Other Relative, Friend/Neighbor, Anonymous, Self, or other type of profession that is not legally mandated to report incidents of CA/N.

- **CPS Screened-in Intakes with Domestic Violence Threat:** If the intake reporter provides a positive response to the universal screening question, “Has any adult used or threatened to use physical force against an adult in the home?”
- **CPS Screened-in Intakes with Serious Health Concerns:** Indication that a child’s current physical or mental condition indicates a need for immediate medical care, the child appears seriously ill or injured, there is serious concern that medical care may be required, or a child had a near or actual fatality.

NOTES:

- 1 Family Assessment Response (FAR) is Washington State’s differential response to screened-in for CPS intakes that do not require an investigation.
- 2 Risk-only intakes indicate that a child is alleged to be at imminent risk of harm, but there is no allegation that meets the criteria for child abuse or neglect as defined in the Washington Administrative Code.
- 3 <https://www.dcyf.wa.gov/practices-and-procedures/2200-intake-process-and-response>

Health Services

Extracted April 17, 2024

DATA SOURCE: ProviderOne Operational Data Store (P1 ODS).

POPULATION: All Medicaid fee-for-service paid claims and managed care encounters for youth under age 18.

MEASUREMENT PERIOD: Claims with qualifying diagnoses are measured from January 1, 2019 through the most recent extract date. Medicaid claims data has an approximately 3 month lag for emergency department and outpatient claims and a four to six-month lag for inpatient claims. The majority of claims are billed within one to two months, but providers have up to one year to submit their claims. Therefore, the most recent months are adjusted based on observed historical lag during calendar year 2019 to estimate the number of claims (dotted line). Additionally, the most recent month is omitted because those projections are unstable.

MEASURES:

- **Injuries Caused by Assault:** A claim qualifies as an injury caused by assault if it includes a diagnosis code indicating the external cause of the injury was due to an assault of some kind. Only initial visits for assault injuries (not subsequent or sequela visits) are included. The list of diagnosis codes are derived from code sets published by the Centers for Disease Control (CDC).
- **Fracture Injuries:** A claim qualifies as a fracture injury if it includes a diagnosis code indicating a bone fracture, without reference to a specific cause or intent. Only initial visits for fracture injuries (not subsequent or sequela visits) are included. The list of diagnosis codes are derived from code sets published by the CDC.
- **Abuse-Related Injuries:** A claim qualifies as an abuse-related injury if it includes a diagnosis code indicating the cause of the injury was abuse or assault AND a diagnosis code indicating there was an injury, retinal hemorrhage, or anoxic brain injury. Only initial visits (not subsequent or sequela visits) are included. The list of diagnosis codes for abuse-related injuries was based on the Children’s Hospital Association definition of physical abuse hospitalization, though RDA applied the definition to all claims, not just hospitalization claims.
- **Outpatient Emergency Department Visits:** A claim is identified as an outpatient emergency department visit if it was an institutional (hospital) claim, the claim type was outpatient, and the revenue code or procedure code indicated the visit was to an emergency department.
- **Well-Child Visit:** A claim is identified as a well-child visit if the claim type indicated an office visit (including visits conducted through telemedicine) AND contained either a diagnosis or procedure code identifying it as a well-child exam. The well-child visit specification is adapted from the Child Core Set of Children’s Health Care Quality Measures.