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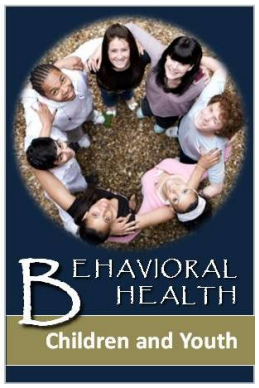


Children's Behavioral Health

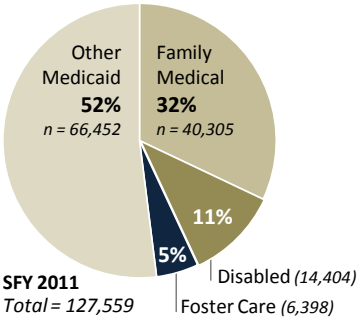
Needs and Services for Children and Youth with Medicaid Coverage in Washington State

Barbara A. Lucenko, PhD • Lijian He, PhD • David Mancuso, PhD
Alice Huber, PhD • Barbara E.M. Felver, MES, MPA

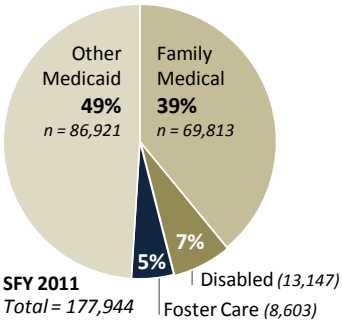
In collaboration with the Washington State Department of Social and Health Services, Behavioral Health and Service Integration Administration, Division of Behavioral Health and Recovery, Kevin Campbell, Acting Chief, Decision Support and Evaluation

WASHINGTON STATE is currently redesigning the children's behavioral health service delivery system to better address the diverse needs of children and youth with mental health and substance abuse needs. This report informs the redesign process by describing behavioral health needs and other characteristics of children and youth with Medicaid coverage served across multiple systems. Behavioral health characteristics are presented for 571,930 children and youth age 5-20 who had Medicaid coverage during State Fiscal Year (SFY) 2011. Demographics, medical eligibility, diagnoses, medications, services, and abuse and neglect information are also presented for children with behavioral health needs.

Children with behavioral health needs
By medical coverage type



Children with history of reported maltreatment
By medical coverage type



Key Findings

- More than 1 in 5 (22 percent) of all children and youth on Medicaid (127,559 out of 571,930) in Washington State have behavioral health needs identified from administrative data.
- Most youth in foster care or with disability-related medical coverage have behavioral health needs. However, the majority of children and youth with behavioral health needs are in the Family Medical or other (non-disabled) Medicaid coverage groups.
- Depression, anxiety and ADHD/conduct disorders are the most prevalent behavioral health conditions for children and youth on Medicaid, with gender differences emerging during adolescence.
- One-third of children and youth on Medicaid have a history of reported maltreatment. Most with reported abuse or neglect have family medical or other (non-disabled) Medicaid coverage.
- Children and youth with behavioral health needs, especially co-occurring disorders, have high rates of past abuse and neglect compared to those without behavioral health needs.
- One-third of children and youth with any behavioral health need were seen at least once in an emergency department during SFY 2011, compared to only 18 percent of those with no indication of behavioral health conditions.

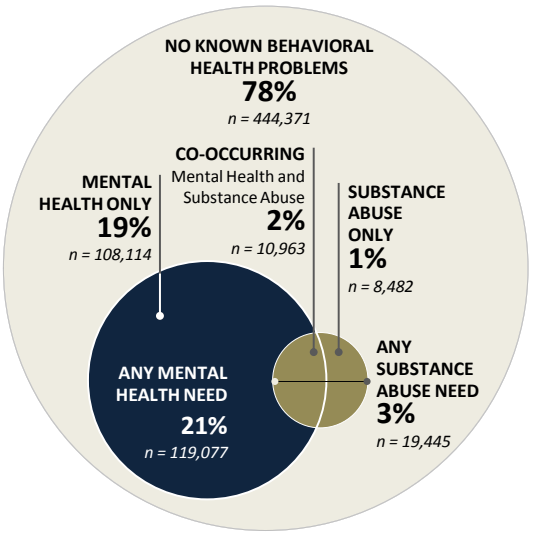
More than 1 in 5 of all children and youth on Medicaid have behavioral health needs identified from administrative data

Four mutually exclusive behavioral health categories were constructed from diagnostic and service records. Of all the children and youth on Medicaid during SFY 2011, more than 1 in 5 (22 percent) (127,559 out of 571,930) have behavioral health needs identified in service records.

- **Mental health only** *(19 percent)***.** In the current or past SFY, 19 percent of children and youth on Medicaid had mental health medications and/or services recorded in administrative data AND no indication of a substance abuse need.
- **Substance abuse only** *(1 percent)***.** In the current or past SFY, one percent had any substance-related diagnosis, service, or arrest recorded in administrative data AND no indication of mental health need.
- **Co-occurring disorder** *(2 percent)***.** Two percent of children and youth on Medicaid had both a mental health and substance abuse need identified during the same 2-year period.
- **No known behavioral health need** *(78 percent)***.** No behavioral health needs were identified for 78 percent of children and youth on Medicaid, meaning criteria for the above three categories have not been met.

More than 1 in 5 children and youth on Medicaid have behavioral health needs

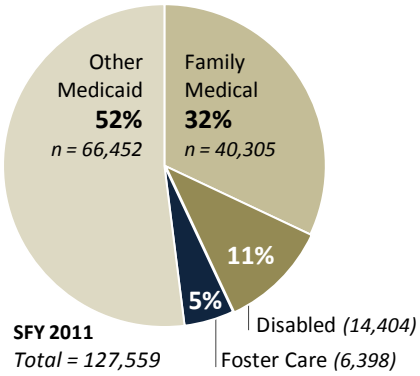
Total Age 5-20 = 571,930 • SFY 2011



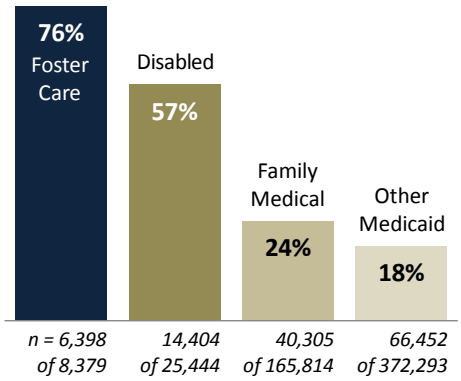
The majority of children and youth with behavioral health needs have Family Medical or other (non-disabled) Medicaid coverage

Although a large proportion of those in foster care (76 percent) and with medical coverage related to documented disabilities (57 percent) have behavioral health needs, the raw number of those in the other two Medicaid categories with behavioral health needs is striking. For example 34,351 of children and youth in the mental illness only category had family medical coverage, and 56,918 had other Medicaid (non-disabled) coverage. The majority of children and youth with any behavioral health needs have Family Medical or other (non-disabled) Medicaid coverage.

Behavioral health need by medical coverage type



Proportion of Medicaid populations with behavioral health needs



Depression, anxiety and ADHD are the most prevalent behavioral health conditions for children and youth on Medicaid, with gender differences emerging during adolescence

Diagnostic categories and psychotropic medications recorded for children and youth with mental health needs are presented in the following table. Service records indicate that—of the total population of children and youth on Medicaid—15 percent had at least one behavioral health diagnosis and 12 percent had been prescribed at least one psychotropic medication during a two-year timeframe. About 24 percent of boys and 21 percent of girls ages 5-17 have a behavioral health need identified from administrative data, with boys more likely to have a substance abuse need (4.0 percent versus 2.8 percent) or mental illness only (19.8 percent versus 18.0 percent).

Gender differences in behavioral health needs are more prominent for adolescents. The proportion of girls with mental illness increases to 23 percent, while the proportion of boys age 12-17 with mental illness only remains at 19.7 percent. Substance abuse increases to 8.6 percent for boys and remains at 5.5 percent for girls during adolescence.

TABLE 1.

Behavioral health status for children and youth enrolled in Medicaid

By gender, age, and medical coverage, SFY 2011

YOUTH AGE 5-20	NO Behavioral Health Need		Substance Abuse Only*		Mental Health Only		Co-Occurring Disorders*	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
Gender								
Female	228,330	51%	2,779	33%	51,832	48%	5,151	47%
Male	216,041	49%	5,703	67%	56,282	52%	5,812	53%
TOTAL	**444,371**	**100%**	**8,482**	**100%**	**108,114**	**100%**	**10,963**	**100%**
Age								
5-11 years	245,102	55%	–	–	49,344	46%	–	–
12-17 years	157,629	35%	5,176	61%	45,269	42%	6,953	63%
18-20 years	41,640	9%	3,306	39%	13,501	12%	4,010	37%
TOTAL	**444,371**	**100%**	**8,482**	**100%**	**108,114**	**100%**	**10,963**	**100%**
Medicaid Coverage								
Foster Care	1,981	<1%	99	1%	5,525	5%	774	7%
Disabled	11,040	2%	871	10%	11,320	10%	2,213	20%
Family Medical	125,509	28%	2,640	31%	34,351	32%	3,314	30%
Other Medicaid	305,841	69%	4,872	57%	56,918	53%	4,662	43%
TOTAL	**444,371**	**100%**	**8,482**	**100%**	**108,114**	**100%**	**10,963**	**100%**

SOURCE: RDA Integrated Client Database. [1]

The most common mental health diagnostic categories were anxiety related (7.4 percent) and depressive disorders (6.1 percent), followed by ADHD/Conduct (4.1 percent). For specific diagnoses, boys of all ages are more likely to have ADHD or conduct disorders compared to girls (5.7 percent versus 2.6 percent). Gender differences in diagnoses are consistent with the medications prescribed by gender (see table 2). Overall, ADHD medications are the most common (5.9 percent), followed by antidepressants (4.7 percent) and anti-anxiety medications (2.1 percent).

Among younger children, boys and girls were equally likely to have most mental health diagnoses recorded. The distribution changed drastically for adolescents, with increasing prevalence of depressive and anxiety disorders for girls. Older adolescents, age 18-20, are more likely to be prescribed psychotropic medications (18 percent of boys and 21 percent of girls) than younger adolescents, age 12-17 (14 percent of boys and 13 percent of girls).

TABLE 2.

Mental health characteristics of all children and youth on Medicaid by gender and age

Diagnosis and prescription medications as a proportion of total Medicaid population, SFY 2011

YOUTH AGE 5-11 YEARS	MALE *n = 150,633*		FEMALE *n = 143,813*	
	NUMBER	PERCENT	NUMBER	PERCENT
Mental Illness Diagnosis Category	**20,821**	**13.8%**	**14,287**	**9.9%**
Psychotic	453	0.3%	269	0.2%
Mania and Bipolar	2,447	1.6%	1,244	0.9%
Depression	3,926	2.6%	2,795	1.9%
Anxiety	9,527	6.3%	7,806	5.4%
ADHD/Conduct	9,170	6.1%	3,868	2.7%
Adjustment	4,387	2.9%	3,529	2.5%
Psychotropic Prescriptions	**16,351**	**10.9%**	**7,713**	**5.4%**
Antipsychotic	2,131	1.4%	738	0.5%
Antimania	90	0.1%	32	0.0%
Antidepressants	3,005	2.0%	1,691	1.2%
Antianxiety	2,303	1.5%	1,966	1.4%
ADHD	13,270	8.8%	5,014	3.5%

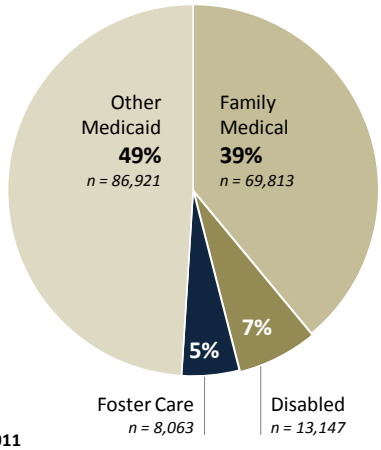
YOUTH AGE 12-17 YEARS	MALE *n = 108,835*		FEMALE *n = 106,192*	
	NUMBER	PERCENT	NUMBER	PERCENT
Mental Illness Diagnosis Category	**18,071**	**16.6%**	**21,202**	**20.0%**
Psychotic	1,091	1.0%	969	0.9%
Mania and Bipolar	3,327	3.1%	3,430	3.2%
Depression	8,000	7.4%	12,090	11.4%
Anxiety	7,839	7.2%	10,873	10.2%
ADHD/Conduct	6,132	5.6%	3,122	2.9%
Adjustment	2,905	2.7%	3,898	3.7%
Psychotropic Prescriptions	**15,642**	**14.4%**	**13,647**	**12.9%**
Antipsychotic	3,012	2.8%	1,899	1.8%
Antimania	250	0.2%	196	0.2%
Antidepressants	6,082	5.6%	8,402	7.9%
Antianxiety	3,040	2.8%	3,942	3.7%
ADHD	9,774	9.0%	3,982	3.7%

YOUTH AGE 18-20 YEARS	MALE *n = 24,370*		FEMALE *n = 38,087*	
	NUMBER	PERCENT	NUMBER	PERCENT
Mental Illness Diagnosis Category	**4,308**	**17.7%**	**8,391**	**22.0%**
Psychotic	749	3.1%	544	1.4%
Mania and Bipolar	1,166	4.8%	1,835	4.8%
Depression	2,322	9.5%	5,617	14.7%
Anxiety	2,038	8.4%	4,499	11.8%
ADHD/Conduct	744	3.1%	446	1.2%
Adjustment	328	1.3%	739	1.9%
Psychotropic Prescriptions	**4,253**	**17.5%**	**7,918**	**20.8%**
Antipsychotic	1,332	5.5%	1,366	3.6%
Antimania	158	0.6%	230	0.6%
Antidepressants	2,401	9.9%	5,576	14.6%
Antianxiety	1,535	6.3%	3,104	8.1%
ADHD	1,228	5.0%	878	2.3%

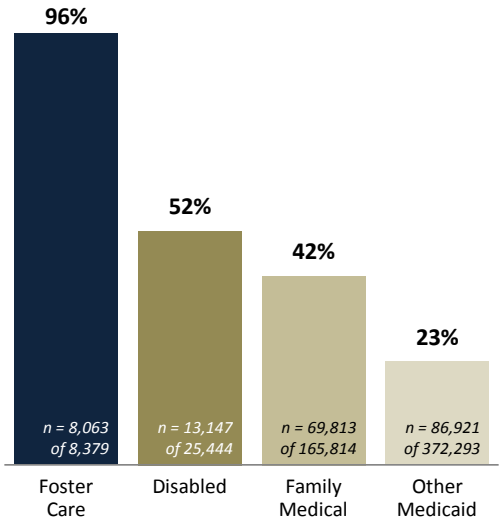
One-third of all children and youth on Medicaid have some history of reported child abuse and/or neglect

A history of abuse, neglect, and other traumatic experiences puts children at increased risk of behavioral health problems.[2,3] Close to one-third (177,944 or 31 percent) of all children and youth with Medicaid coverage had at least one episode of abuse or neglect reported to Child Protective Services between 1995 and 2011. The majority of these children and youth with histories of reported maltreatment are found in the other Medicaid (49 percent) and family medical (39 percent) coverage groups. Although very large proportions of the Foster Care (96 percent) and Disabled (52 percent) populations of children and youth have abuse and neglect histories, the population sizes are much smaller.

Children with history of reported maltreatment by medical coverage type



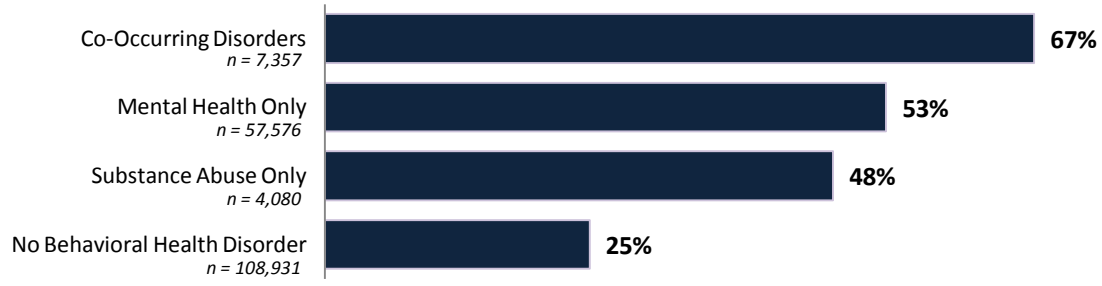
Proportion of Medicaid populations with history of maltreatment



Among children and youth with Medicaid coverage, one-fourth of those with no identified behavioral health needs had some history of reported abuse and/or neglect recorded in state administrative data, compared to 48 percent of those with substance abuse only, 53 percent of those with mental health only, and 67 percent or over two-thirds of those with COD.

Rates of abuse and neglect are much higher for children and youth with behavioral health needs, especially co-occurring disorders

Proportion of children with any past reported abuse by behavioral health category



Children and youth with behavioral health needs, especially co-occurring disorders, have high rates of reported past abuse and neglect compared to those without behavioral health needs. Children and youth with no behavioral health needs identified were the least likely to have a history of reported abuse or neglect. A consistent pattern between behavioral health needs and trauma history exists across the different types of reported maltreatment: neglect, physical abuse, and sexual abuse.

TABLE 3.

Lifetime abuse or neglect for children and youth enrolled in Medicaid

Lifetime Child Protective Services reported incidents and investigations, SFY 1995-2011

	TOTAL	NO Behavioral Health Disorder		Substance Abuse Only*		Mental Health Only		Co-Occurring Disorders*	
	NUMBER	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
ALL YOUTH	**571,930**	**444,371**	**78%**	**8,482**	**1%**	**108,114**	**19%**	**10,963**	**2%**
Abuse and Neglect									
Neglect	154,653	94,111	21%	3,464	41%	50,637	47%	6,441	59%
Physical Abuse	73,399	38,745	9%	1,944	23%	28,432	26%	4,278	39%
Sexual abuse	34,055	16,686	4%	955	11%	13,763	13%	2,651	24%
Any Abuse or Neglect	**177,944**	**108,931**	**25%**	**4,080**	**48%**	**57,576**	**53%**	**7,357**	**67%**

**Substance abuse only and COD definitions were restricted to youth ages 12 and older. SOURCE: RDA Integrated Client Database.* [1]

The prevalence of reported lifetime abuse and neglect was similar overall for boys and girls with the exception of sexual abuse. Girls were much more likely to have a history of reported sexual abuse (8.4 percent) than boys (3.5 percent).

TABLE 4.

Lifetime abuse or neglect by gender

Lifetime Child Protective Services reported incidents and investigations, SFY 1995-2011

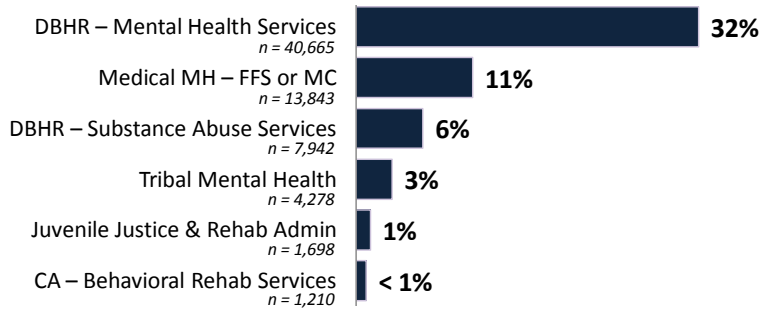
YOUTH AGE 5-20 WITH MEDICAID IN SFY 2011	MALE *n = 283,838*		FEMALE *n = 288,092*	
	NUMBER	PERCENT	NUMBER	PERCENT
Neglect	76,851	27.1%	77,802	27.0%
Physical abuse	37,938	13.4%	35,461	12.3%
Sexual abuse	9,955	3.5%	24,100	8.4%
Any abuse or neglect	**87,117**	**30.7%**	**90,827**	**31.5%**

Services for children and youth with behavioral health needs are provided in a variety of healthcare settings

Behavioral health services provided by DSHS and Health Care Authority programs for children and youth with identified behavioral health needs are presented below. Children and youth with Medicaid coverage and behavioral health needs primarily receive services through the DSHS Division of Behavioral Health and Recovery, either through regionally contracted mental health providers or county contracted substance abuse services, although 11 percent received mental health services from a behavioral health provider in the context of either a fee-for-service (FFS) or managed care (MC) health plan. Other behavioral health services are provided through tribal mental health, the DSHS Juvenile Justice and Rehabilitation Administration, and Children's Administration (CA) Behavioral Rehabilitation Services.

Behavioral health services received for children and youth with identified needs

Services received at least once in year among children with behavioral health needs, SFY 2011 • TOTAL = 127,559



Large proportions of children with behavioral health needs who are on Medicaid also received services from Children's Administrations (CA; 28 percent), economic services such as Temporary Assistance for Needy Families (TANF; 25 percent) and Basic Food (68 percent). Smaller proportions receive services through the Developmental Disabilities Administration (DDA; 3 percent), Juvenile Justice and Rehabilitation (JJ&RA; 1 percent). **One-third of children and youth with any behavioral health need were seen at least once in an emergency department during SFY 2011**, compared to only 18 percent of those with no indications of behavioral health conditions**.**

TABLE 5.

Services received for children and youth with and without behavioral health needs

Services by behavioral health status, SFY 2011

	Any Behavioral Health Disorder		Substance Abuse Only		Mental Health Only*		Co-Occurring Disorders*	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
ALL YOUTH WITH BEHAVIORAL HEALTH NEEDS	**127,559**	**22%**	**8,482**	**1%**	**108,114**	**19%**	**10,963**	**2%**
DSHS Services								
Developmental Disabilities Administration Service (DDA)	4,415	3%	14	<1%	4,302	4%	99	1%
Temporary Assistance for Needy Families (TANF)	31,968	25%	2,051	24%	26,951	25%	2,966	27%
Basic Food	87,207	68%	6,107	72%	72,909	67%	8,191	75%
Any Children's Administration *Includes foster care, CPS, CWS*	36,220	28%	1,752	21%	30,123	28%	4,345	40%
DBHR, Substance Abuse	7,942	6%	3,261	38%	12	<1%	4,669	43%
Juvenile Justice Rehabilitation	1,698	1%	461	5%	436	<1%	801	7%
DBHR, *Mental Health Children's Long-term Inpatient* (CLIP)	94	<1%	–	–	46	<1%	48	<1%
DBHR, *Mental Health State Hospitals*	221	<1%	–	–	121	<1%	100	1%
DBHR, *Mental Health Community Psychiatric Inpatient*	1,323	1%	–	–	741	1%	582	5%
DBHR, *Mental Health Outpatient*	40,524	32%	–	–	35,619	33%	4,905	45%
RSN Crisis	5,029	4%	–	–	3,535	3%	1,494	14%
Any DBHR, *Mental Health*	40,665	32%	–	–	35,688	33%	4,977	45%
Medical Mental Health *Fee-for-Service*	4,290	2%	–	–	3,551	3%	739	7%
Medical Mental Health *Managed Care*	10,053	8%	–	–	9,453	9%	600	5%
Medical Mental Health, *Either Fee-for-Service or Managed Care*	13,843	11%	–	–	12,569	12%	1,274	12%
Tribal Mental Health	4,278	3%	–	–	3,791	4%	487	4%
Outpatient Emergency Department	41,386	32%	2,662	31%	32,875	30%	5,845	53%

**/– Children and youth receiving mental health services are included in either the Mental Health Only or Co-Occurring categories by definition.*

Conclusions

This report provides information to support a better understanding the population of children and youth in Washington State with Medicaid coverage who have behavioral health needs in order to design the most effective service delivery system possible. We have provided a current and comprehensive description of children and youth that is intended to inform service planning.

Behavioral health conditions are debilitating and costly.

A significant proportion (22%) of children and youth with Medicaid coverage in Washington State have identified behavioral health needs. Behavioral health conditions can be debilitating at the individual level and costly to society, with mental health and substance abuse issues related to almost one-fourth of all adult community hospital stays in the United States.[4] However, early treatment and prevention can yield significant cost benefits across service and education systems.[5] This report presents information essential for service planning and design specific to the behavioral health needs of children and youth.

Many youth with Medicaid coverage have behavioral health needs.

The disproportionate number of children and youth with identified behavioral health needs in foster care and with disability-related coverage, together with the sheer numbers of those with family medical and other Medicaid who have behavioral health needs, are each important factors for service planning. Gender and age variations in diagnostic prevalence and medication prescriptions are noteworthy for transition age youth, with adolescent girls more likely to have depression and anxiety and boys more likely to have ADHD and conduct disorders as they get older.

Children with behavioral health needs have complex social and family risk factors.

Our prior work has indicated that children with behavioral health needs often have a complex combination of family and social risk factors, including past abuse and neglect, parental criminal justice involvement, parental domestic violence and homelessness.[3] Analyses presented in this report show that history of abuse and neglect is common across all medical coverage groups, not just foster care. In fact, the majority of the more than 177,000 children and youth with maltreatment histories are in the other (non-disabled) Medicaid population. This has implications for planning services and including widely disseminated trauma-informed treatment components for children and youth outside of the foster care system.

Child maltreatment history is associated with higher behavioral health costs.

Children with abuse and neglect histories were much more likely to have behavioral health needs identified in administrative data than those without. A recent study using a combination of national survey and claims information concluded that children enrolled in Medicaid who had been connected with investigated or substantiated cases of child maltreatment have *"…substantially higher health care utilization and cost than nonmaltreated children."*[6] The higher costs were associated with provision of services such as psychiatric care, hospitalizations, and prescription drugs. Future work that focuses on the impact of Adverse Childhood Experiences and child maltreatment on service use in Washington State is a natural next step in this work.

Healthcare reform, legislative changes, federally funded efforts, and civil legal action are guiding major program changes.

Healthcare reform, legislative changes, federally funded efforts, and civil legal action in Washington State related to children with intensive service needs have led to major changes in service delivery emphases on evidence-based practices, screening and assessment, and intensive community-based services for children with mental health needs and additional risk factors for poor outcomes. The System of Care (SOC) Expansion Implementation Cooperative Agreement was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) in Washington State to address the behavioral health needs of children with serious emotional disturbances.

The SOC funds support the development and expansion of integrated systems of care so that they, "…become the primary way in which children's mental health services are delivered throughout the nation (SAMHSA, 2012)."[7] Recent direction from the U.S. Department of Health and Human Services highlighted the potential health and other impacts of trauma and how those could be addressed through specific mechanisms of intervention and targeted use of resources (DHHS, July 2013).[8] Another recent communication directed states to take a focused approach on the well-being of children across policies, programs and practices (ACF, 2012).[9]

There are several possible new sources of information.

The behavioral health indicators used for these analyses rely on available administrative data and do not include services that children receive in schools and other settings. Advances in population screening and assessment may also improve the identification of this population of children and youth with behavioral health needs in the future. Additionally, many youth may be identified through the juvenile justice system and receive services outside of the programs described here. Future work encompassing the mental health and substance abuse services provided in schools and juvenile justice settings will be important next steps in fully describing the behavioral health service delivery system in Washington State.

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POPULATION

All data and measures were compiled using the Integrated Client Database, housed and maintained within RDA.[1] The population was children and youth who were age 5-20 as of the first month of medical coverage in State Fiscal Year (SFY) 2011.

- Medical eligibility was determined by at least one month of medical eligibility in SFY 2011.
- Medical coverage categories were created using mutually exclusive categories based on the following hierarchy: foster care, disabled, family medical, and other Medicaid.

BEHAVIORAL HEALTH CATEGORIES

Behavioral health categories are based on diagnosis and service records available in state administrative data. Rates may differ from other published prevalence rates based on survey data, due to differences in methodology.

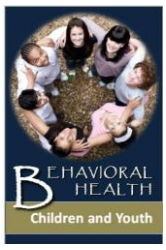
- **Mental health need only.** In the current or past SFY, any mental health diagnosis, prescription or service recorded in administrative data AND no indication of substance abuse need. The following diagnostic categories are included: Psychotic, Bipolar, Depressive, Anxiety, Adjustment, and ADHD/Conduct/Impulse. The following medication classes are included: Antipsychotic, Antimania, Antidepressant, Antianxiety, and ADHD. Mental health services include medical mental health services, DBHR contracted community inpatient or outpatient, state hospital or children's long-term inpatient (CLIP), and mental health services provided by Children's Administration.
- **Substance abuse need.** In the current or past SFY, any substance-related diagnosis, service, or arrest recorded in administrative data AND no indication of mental health need.
- **Co-occurring disorder.** Presence of both a mental health and substance abuse need at any point during the same 2-year period.
- **No behavioral health.** Criteria for the above three categories have not been met.

Behavioral health status was also analyzed by the following categories of medical coverage:

- **Foster care.** Includes 8,379 (1 percent of all Medicaid) youth in foster care placement during SFY 2011.
- **Disability-related.** Includes 25,444 children and youth, or 5 percent of all Medicaid**.**
- **Family medical coverage.** Includes 165,814 children and youth, or 29 percent of all Medicaid.
- **Other Medicaid.** Includes medical coverage for children in households above the TANF income thresholds. This category accounts for the majority, 372,293 or 65 percent, of all children and youth on Medicaid.

CHILD ABUSE AND NEGLECT

Child abuse and neglect measures are from reported incidents and investigated allegations of child maltreatment by the Children's Administration. Abuse or neglect recorded at intake during any prior time period is reflected in this measure. Reporting procedures changed slightly with transition from CAMIS (SFY 1995 – January 2008) to FAMLINK (February 2009 through June 2011).



RDA CONTACT

Barbara Lucenko, PhD • 360.902.0890 • barbara.lucenko@dshs.wa.gov

Copies of this paper may be obtained at www.dshs.wa.gov/rda/ or by calling DSHS' Research and Data Analysis Division at 360.902.0701.
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