DAVID MANCUSO
Director of the Research and Data Analysis Division, Washington State Department of Social and Health Services
Analyses with Integrated Health and Human Services Data

- [https://www.dshs.wa.gov/ffa/rdasm/research-reports/](https://www.dshs.wa.gov/ffa/rdasm/research-reports/)
- **Policy analysis**
  - Rapid-cycle, descriptive, exploratory
- **Program evaluation**
  - Randomized trial simulation using admin data
- **Predictive modeling and clinical decision support**
  - Identifying high-risk clients for targeted interventions
- **Geospatial analysis**
- **Outcome and performance measurement**
  - Monitoring quality, utilization, and outcome measures
  - Supporting value-based purchasing
Shared Clients among Washington’s Health and Human Service Agencies

STATE FISCAL YEAR 2018 * GRAND TOTAL (All Three Agencies) = 2,905,167
Total Washington State Population = 7,427,570 * Percent of Total State Population Served by HCA, DSHS, or DCYF = 39%

Health Care Authority
Medical Assistance and Community Behavioral Health
77%
TOTAL = 2,228,398

Of HCA Medicaid/BH clients . . .
- 40% use HCA services only
- 58% 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
65%
TOTAL = 1,889,111

Of DSHS clients . . .
- 30% use DSHS services only
- 68% also use HCA services
- 14% also use DCYF services
- 12% use HCA, DSHS + DCYF services

Department of Children, Youth and Families
Child Welfare, Working Connections Child Care, and Juvenile Rehabilitation
13%
TOTAL = 373,758

Of DCYF clients . . .
- 21% use DCYF services only
- 70% also use HCA services
- 68% also use DSHS services
- 59% use HCA, DSHS, + DCYF services

NOTES:
1. Health Care Authority (HCA) includes Medicaid and related Medical Assistance, community and hospital outpatient Mental Health Services, and Substance Use Disorder Services.
2. Department of Social and Health Services (DSHS) includes ALFBA, DHA, DOA, DVF, and ESA Services. Count excludes DSHS clients whose only service was Medical Eligibility processing through the Act’s 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).
Adverse Childhood Experiences Increase Risk of Adolescent Substance Abuse

AGE 12 TO 17 ENROLLED IN MEDICAID IN SFY 2008

ODDS RATIO

Substance Abuse Risk Factors

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Odds Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Abuse/Neglect</td>
<td>4.2</td>
</tr>
<tr>
<td>Substance Abuse: Parent</td>
<td>2.5</td>
</tr>
<tr>
<td>Arrest/Conviction: Parent</td>
<td>2.0</td>
</tr>
<tr>
<td>Mental Health Problem: Parent</td>
<td>1.8</td>
</tr>
<tr>
<td>Domestic Violence: Parent</td>
<td>1.7</td>
</tr>
<tr>
<td>Death of a Parent</td>
<td>1.6</td>
</tr>
<tr>
<td>Homelessness: Child</td>
<td>1.6</td>
</tr>
</tbody>
</table>
Youth with Behavioral Health Needs Have Low Graduation Rates

9th Graders Receiving Public Assistance During Academic Year 2005-2006

Graduated from high school?

- No Known Behavioral Health Need
  - Yes, Graduated: 56% (On time), 7% (Late)
  - 63% Total

- Mental Health Only
  - Yes, Graduated: 36% (On time), 10% (Late)
  - 46% Total

- Substance Abuse Only
  - Yes, Graduated: 19% (On time), 6% (Late)
  - 25% Total

- Both Mental Health and Substance Abuse
  - Yes, Graduated: 12% (On time), 5% (Late)
  - 17% Total

Behavioral health categories are mutually exclusive and represent services, medications, or diagnoses related to mental health and/or substance abuse or substance-related arrests. Behavioral health needs measured for children who began 9th grade during 2005-2006.

SOURCE: Behavioral Health Needs and School Success, DSHS Research and Data Analysis Division, July 2013.
Adults with Behavioral Health Needs Have Adverse Outcomes

**Homeless**
Medicaid Adults Age 18-64 * SFY 2019

- All Medicaid: 5.7%
- Serious Mental Illness: 9.7%
- Co-Occurring MI/SUD: 18.9%

**Arrested**
Medicaid Adults Age 18-64 * SFY 2019

- All Medicaid: 7.4%
- Serious Mental Illness: 11.7%
- Co-Occurring MI/SUD: 26.3%

**Employed**
Medicaid Adults Age 18-64 * SFY 2019

- All Medicaid: 49.9%
- Serious Mental Illness: 43.5%
- Co-Occurring MI/SUD: 39.4%

Some Implications for Economic Mobility

- Experience of child abuse and neglect is a profoundly impactful driver of the onset of behavioral health needs in adolescence and adulthood.
- Adolescents supported by Health and Human Services programs who develop behavioral health needs are at much greater risk of adverse educational outcomes.
- Adults enrolled in Medicaid with behavioral health risk factors are less likely to be employed and more likely to be homeless.

[Links to resources provided]

https://www.dshs.wa.gov/ffs/rob/research-reports/