

Chapter 2 • The People We Serve

INTRODUCTION

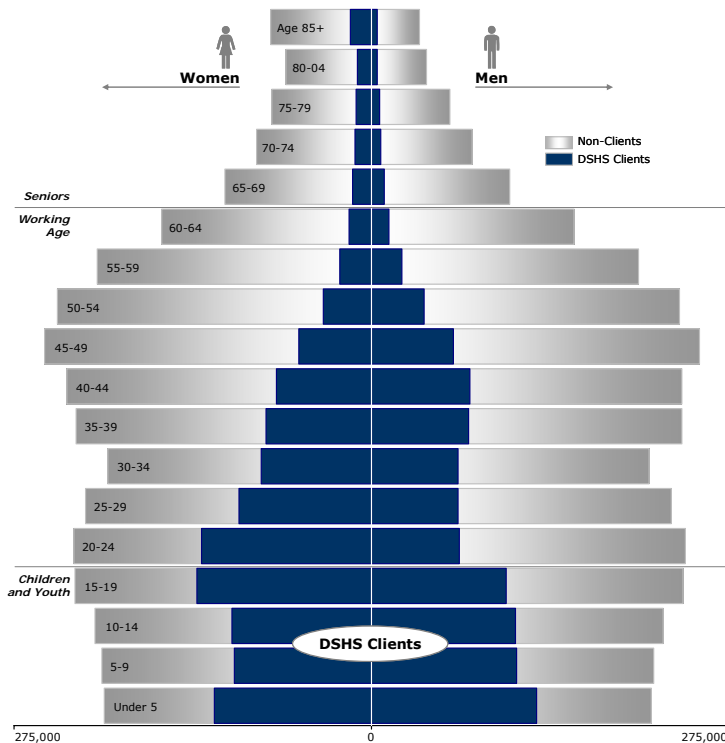
DSHS is Washington’s **umbrella agency** for people who seek help in times of need.

Each year, more than **2.1 million children, families, vulnerable adults and seniors** come to DSHS for protection, food assistance, financial aid, medical care, and other services.

DSHS **manages institutions**, such as residential centers, state psychiatric hospitals, and correctional facilities for juvenile and sex offenders.

DSHS **protects vulnerable people** by licensing and monitoring care providers, and conducting inspections and investigations.

DSHS Clients in the State Population



SOURCE: DSHS, Research and Data Analysis, *Client Services Database*, analytical extract of 4/18/2008 (SFY 2006). Washington State, Office of Financial Management Forecasting Division, September 2007, *Intercensal and Postcensal Estimates of County Population by Age and Sex, 1990-2007 (CY 2007)*.

Serving Washington’s Residents—State Fiscal Year 2006

DSHS Services by Major Program	Clients		Expenditures	
	Number	Use Rate	Total Spent (\$)	Per Client (\$)
Aging and Adult Services	66,930	1.0%	1,130,455,774	11,414
Alcohol and Substance Abuse	67,605	1.1%	92,668,067	1,371
Children’s Services	197,536	3.1%	339,858,948	1,589
Developmental Disabilities	37,609	0.6%	661,721,054	17,595
Economic Services (includes child support)	1,567,549	24.6%	1,411,367,164	900
Juvenile Rehabilitation	3,811	0.1%	72,660,858	19,066
Medical Assistance	1,282,197	20.1%	3,115,643,691	2,430
Mental Health Services	124,080	1.9%	513,431,039	4,138
Vocational Rehabilitation	30,446	0.5%	48,518,325	1,594
DSHS Agency Total	2,145,581	33.7%	7,386,324,920	3,443
<i>Total Population</i>	<i>6,375,321</i>			

Use Rate: The percent of total population receiving services (clients over total population). Cost per client includes only service costs that can be associated with clients.
 Sources: DSHS, Research and Data Analysis, *Client Services Database*: analytical extract of 1/7/2008 (SFY 2006). Washington State Population Estimates for Public Health 2006, December 2007; Washington State Department of Health, Vista Partnership, Krupski Consulting.

The People We Serve – Overview

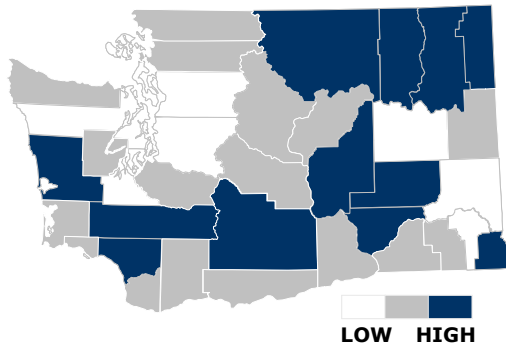
DSHS Clients Served—Overview

Washington is one of just a few states that has a cross-utilization database that links expenditures directly to client information. However, not all DSHS client expenditures are identified in the client services database—only expenditures that can be associated with individual clients are included.

DSHS spent **\$7.4 billion** in fiscal year 2006 to provide direct services to **2,145,581 clients**. Total DSHS spending in fiscal year 2006 was \$8.2 billion.

Client use by County

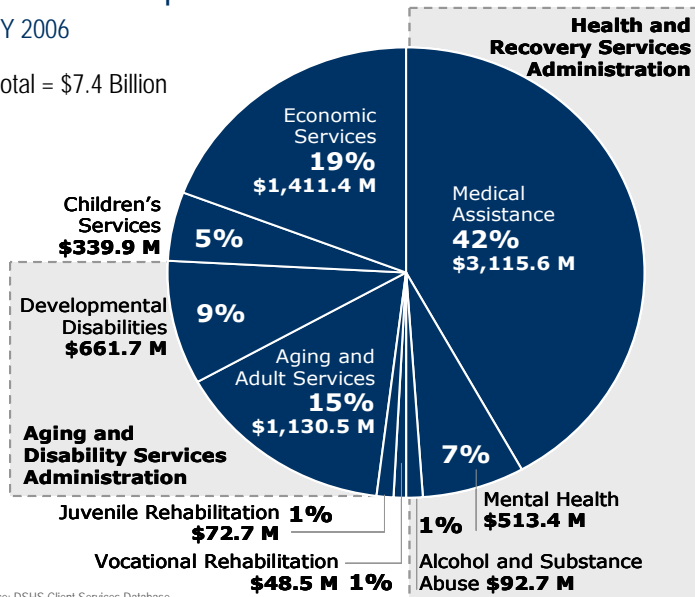
FY 2006



Direct Client Expenditures

FY 2006

Total = \$7.4 Billion

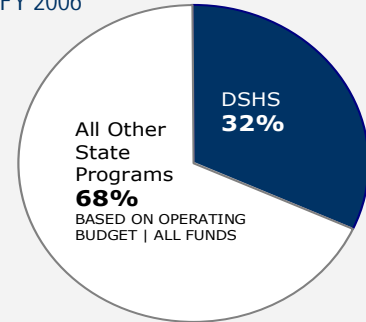


Source: DSHS Client Services Database

Department of Social and Health Services Dollars

As a percent of the State Operating Budget

FY 2006



Serving One-Third of All State Residents¹

FY 2006



Serving Half of the State's Children Under Age 18

FY 2006



¹ DSHS provides a variety of services that touch Washington's residents. Please see the list on Page 3.

The People We Serve – Diversity



Photo courtesy of Microsoft (free domain)

Serving a Diverse Population

DSHS is committed to an **environment of mutual respect, tolerance, and equal opportunity to all persons served**, without regard to race, color, sex, religion, creed, age, marital status, national origin, sexual orientation, or the presence of any physical, sensory, or mental disability.

The racial-ethnic balance of DSHS clients is close to the racial-ethnic mix of Washington’s low-income population. Asians are slightly under-represented and African-Americans are slightly over-represented.

The Diversity Affairs Office, located in the Office of the Secretary, assists DSHS administrations with diversity workforce planning, client services, community programs, and public contracting opportunities for minority and women owned businesses.

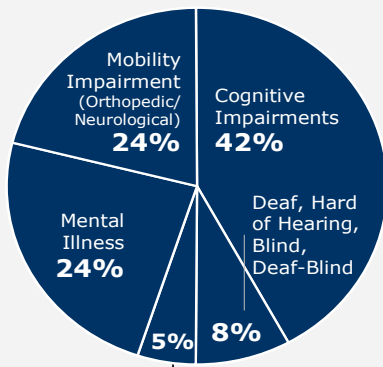
Quick Facts

Three advisory boards of experts from across the state give DSHS advice and recommendations about diversity issues facing clients and constituents:

- ▲ The Disability Advisory Committee
- ▲ Gay, Lesbian, Bi-Sexual, Transgender Advisory Committee
- ▲ Minority Advisory Committee

DSHS Disabled Clients

Type of Disability



Other Disability

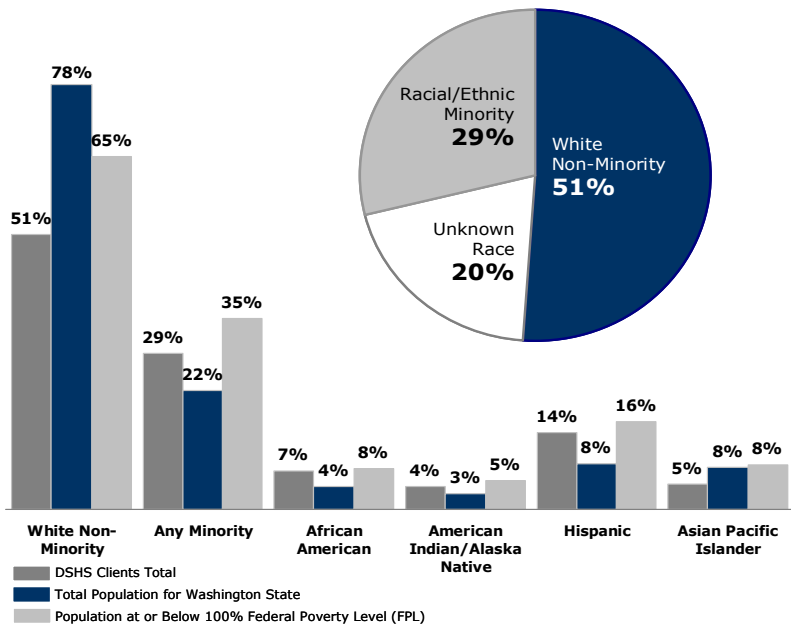
Source: DSHS Client Services Database

Web-based cultural competence training is available at no cost to mental health service providers and state employees to help them interact effectively with people of different cultures.

The online training is available at <http://www.spokane.wsu.edu/researchoutreach/WIMIRT/cc/logon.aspx>

DSHS Clients Served—Race and Poverty Level

FY 2006



SOURCE: Washington State Department of Health, Vista Partnership, Krupski Consulting; 2006 Washington State Population Estimates for Public Health, December 2007. Source: U.S. Census 2000, PUMS 5% Sample.

NOTE: Many DSHS clients are covered up to 250% of the Federal Poverty Level (FPL).

For more detail, please see <http://www.dshs.wa.gov/excel/ms/rda/2006/race/wa.xls>

DESCRIPTION OF SERVICES

Improve the Health of Washington's Residents

Medical assistance programs reimburse community health-care providers and hospitals for the treatment of qualified low-income families, seniors, pregnant women, and children, as well as special populations. These include refugees, the homeless, and persons with disabilities. DSHS also determines disability status for the Social Security Administration.

Healthy Options is a managed care form of Medicaid covering families that qualify for Temporary Assistance for Needy Families (TANF) including a high number of infants, children, and pregnant women. The State Children's Health Insurance Program and Basic Health Plus also provide health care coverage for children in families of the working poor.

Washington state hospitals receive **Medicaid funding** to help offset the cost of the uncompensated care provided to low-income individuals. Medicaid also funds programs to support outreach and linkage activities at public schools, health departments, and Indian Tribes. Other Medicaid access programs include transportation and interpreter services.

Alcohol and substance abuse treatment and prevention supports healthy lifestyles by preventing the misuse of alcohol, tobacco, and other drugs, and by supporting recovery from chemical dependency. These services reduce the use of emergency rooms, medical care, medical and psychiatric hospitalization, nursing home care, and overall medical costs.

Mental health services are provided in community settings and in state owned and operated psychiatric hospitals to individuals with acute and chronic mental illness and children with serious emotional disturbances. DSHS contracts with Regional Support Networks to manage treatment, crisis response, management of involuntary treatment programs, and residential services to persons meeting statutorily defined categories.

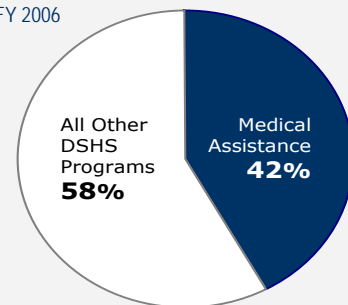
The five-year **Mental Health Transformation** project is moving DSHS toward recovery-oriented, consumer and family-driven mental health priorities.

Quick Facts

- ▲ DSHS purchases **medical services for over one million children, adults, and elders** mainly through Washington's Medicaid program.
- ▲ About **two-thirds** of the total caseload are **children**.

Medical Assistance Direct Client Expenditures

FY 2006



The Medicaid Program is...

Providing **health care for one in three children** in the state



Paying for nearly **half of the births** in the state



Photos courtesy of Microsoft (free domain)

- ▲ 33,775 adults and 5,765 adolescents ages 12 to 17 receive **chemical dependency treatment** with DSHS support.
- ▲ An estimated 80 percent of people served by **public mental health** systems are unemployed.

The People We Serve – Description of Services



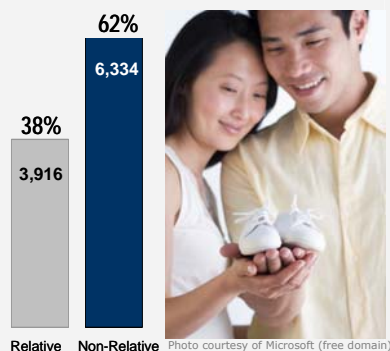
Photo courtesy of Microsoft (free domain)

Quick Facts

- ▲ Child Protective Services and its partners investigated more than **36,200 reports of abuse or neglect** involving more than **42,300 children** statewide in fiscal year 2007.
- ▲ The number of **children placed in out-of-home care** increased from about 8,600 in 2003 to about 10,400 in 2007.
- ▲ **1,283 children** were adopted from the foster care system in fiscal year 2007.
- ▲ New federal data show continuing declines in **child sexual and physical abuse** in 2006, but no decline in **child neglect**.
- ▲ More than **23 percent of all infants and toddlers** who exit the DSHS early intervention program **no longer need special education**.

Children in State Care by Placement Type

FY 2007



Source: DSHS Children's Administration.

Improve Safety and Well-Being of Children

DSHS provides services to vulnerable children, youth, and their families to strengthen families in crisis and promote children's safety, permanency, and well-being. Many services are provided by community agencies.

Child Protective Services provides 24-hour, 7-days a week intake, screening, and investigative services for reports of suspected child abuse and neglect. Courts, law enforcement, tribes, and communities are critical members of the child protective system.

Child and Family Welfare Services provides permanency planning and intensive treatment services to children and families when court intervention and longer-term services are needed. Most children served in this program are dependents of the state, in out-of-home care, or legally free for adoption.

Family Voluntary Services are provided to families who request assistance. Services are designed to help prevent chronic or serious problems which interfere with the ability of families to protect or parent their children.

Adoption Services recruits and screens families interested in adopting children with special needs and who are in the care and custody of DSHS. **Adoption Support** helps families offset the additional expenses involved in caring for these children.

Foster Care Licensing licenses, supports, and monitors family foster homes, residential group care facilities, crisis residential services, adoption agencies, and child placing agencies.

The Infant Toddler Early Intervention Program coordinates services to enhance the development of children ages birth to three with special needs and the capacity of families to meet the special needs of their children with developmental delays or disabilities.

Health insurance, subsidized child care, and mental health services are available for children in low-income families.

Evidence based treatment and intervention services are provided to juvenile offenders to reduce re-offending and address treatment needs for mental health, substance abuse, sexual offending, and cognitive impairments.

The People We Serve – Description of Services

Improve Health and Safety of Vulnerable People

DSHS brings together the major long-term care and support service programs for seniors and adults with long-term disabilities, chronic illness and related functional disabilities, and for children and adults with developmental delays or disabilities.

Long-Term Care services help formal and informal caregivers to meet the needs of vulnerable adults. Services include supervision, assistance with daily activities, personal care, nursing, or other supports. These services are available in the individual's own home or community residential settings, such as adult family and boarding homes, or institutional settings, like nursing homes or residential habilitation centers for individuals with developmental disabilities.

Other **community residential options** include supported living for persons with developmental disabilities.

Residential Care Services licenses and certifies adult family homes, boarding homes, and nursing homes, and investigates complaints in these homes.

The **Information and Assistance Program**, through contracts with Area Agencies on Aging, provides information to individuals and families who need to learn about long-term care options and resources. **Case management** services ensure client care is appropriate, of good quality, and cost-effective.

Adult Protective Services investigates complaints of abuse or neglect of vulnerable adults in their own homes, or in residential settings when the alleged perpetrators are not employees.

Employment and Day Program services, through contracts and partnerships with county governments, provide ongoing support for persons with developmental disabilities to find and maintain paid jobs.



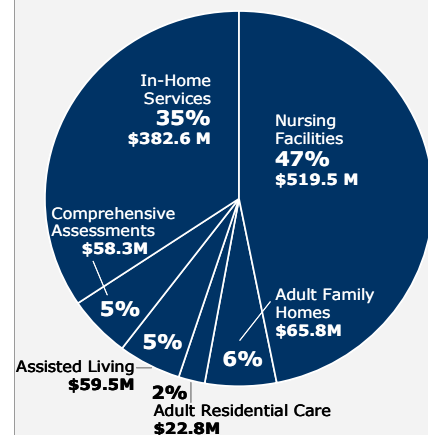
Photo courtesy of Senior Living (U.S. Census Bureau)

Quick Facts

- ▲ Family and other **unpaid caregivers** provide nearly **80 percent** of all long-term care.
- ▲ **Nursing homes** cost **39 percent** of the long-term care budget, but serve only **22 percent** of the clients; **57 percent** are served in their homes.
- ▲ **Residential habilitation centers** use **21 percent** of the budget for developmental disabilities, but serve only **6 percent** of the clients.
- ▲ National statistics indicate only one in five allegations of **abuse of vulnerable adults** is ever reported.

Long-term Care Client Expenditures

FY 2006



Source: DSHS Client Services Database

The People We Serve – Description of Services

Quick Facts

On a typical day, with DSHS help...

- ▲ More than 400,000 people are able to afford nutritious food.
- ▲ More than 195,000 adults and children are getting cash assistance to help them meet their basic needs.
- ▲ 40,000 families get help to pay for the child care they need to go to work.
- ▲ About 7,400 parents are learning how to find jobs and getting help paying for the clothes, child care, and transportation they need to become full-time workers.
- ▲ Approximately 50 families are able to meet a short-term emergency need for food, shelter, utilities, medical care, or job-related transportation.
- ▲ Almost 7,000 parents are working to resolve serious family issues like domestic violence and substance abuse.
- ▲ More than 100 parents start a job to support their families and get off welfare.
- ▲ More than 322,000 families receive financial and medical support services from child support.

In addition...

- ▲ 60 percent of individuals who receive vocational rehabilitation services achieve employment.
- ▲ DSHS distributes specialized telecommunication equipment free of charge to deaf, hard of hearing, deafblind, and speech disabled individuals with incomes less than 200 percent federal poverty level, and on a sliding scale for others.

Improve Self-Sufficiency to Reduce Poverty

With the advent of welfare reform and its self-sufficiency focus, there has been growing recognition of the multiple, **complex barriers to employment** facing many low-income families.

Continual **coordination between programs** that provide basic income and other vital economic supports with programs that provide more specialized services and supports is the key to helping families become more self-sufficient.

There are a number of **assistance programs** available for low-income individuals, families, pregnant women, and persons with disabilities to meet day-to-day needs.

DSHS helps people meet their **basic needs** and achieve **economic independence** through cash grants, food and medical assistance, employment-focused services, subsidized child care, child support, and vocational rehabilitation services.

Major programs include **WorkFirst** (Washington's Temporary Assistance for Needy Families Program), **Basic Food** (formerly the Food Stamp Program), **General Assistance** for the Unemployable, **Refugee Assistance**, and **Working Connections Child Care**.

Child support services ensure non-custodial parents live up to the responsibility of supporting their children through financial and medical support. For many single-parent families, child support payments constitute an essential portion of their income and enhance their economic security.

Vocational rehabilitation services are provided to eligible people with disabilities to achieve employment consistent with their strengths, abilities, capabilities, concerns, priorities, resources, interests, and informed choices.

Services for the deaf, hard of hearing, and deaf-blind communities are provided to promote equal access opportunities. They include telecommunication relay service, specialized telecommunication equipment, DSHS reasonable accommodations such as sign language interpreters and assisted listening systems, and human services through four Regional Service Centers.

The People We Serve – Description of Services

Foster Public Safety Through Rehabilitation Services

DSHS provides rehabilitation services for juvenile offenders and adult sex offenders in **secure environments** as a protection for staff, residents, and the public.

Services for committed youth are provided within the context of an **Integrated Treatment Model**. Youth in residential care learn cognitive behavioral skills to manage their own behavior and reduce their risk to re-offend. As youth return home, the focus shifts to improving the functioning of the family.

Evidence-based interventions are the foundation for **Secure Residential Care, Community Based Residential Care, and Functional Family Parole Aftercare** programs for youth and their families.

Civily committed adults and those who were found not competent to stand trial or not guilty by reason of insanity access **mental health services** at state psychiatric hospitals. Services include evaluations, treatment, and restoration of competency to stand trial.

The **sex offender treatment program** is for civily committed sex offenders who have completed prison terms. It offers offenders the opportunity to change and manage their behaviors so they can return to their families and communities and not re-offend.

In collaboration with the Department of Corrections and other stakeholders, DSHS is **improving assessment procedures** to better determine sex offender level of risk.

Service Needs of Youth in Rehabilitation

Sexual offending youth are on parole a minimum of 24 months, others a maximum of 6 months

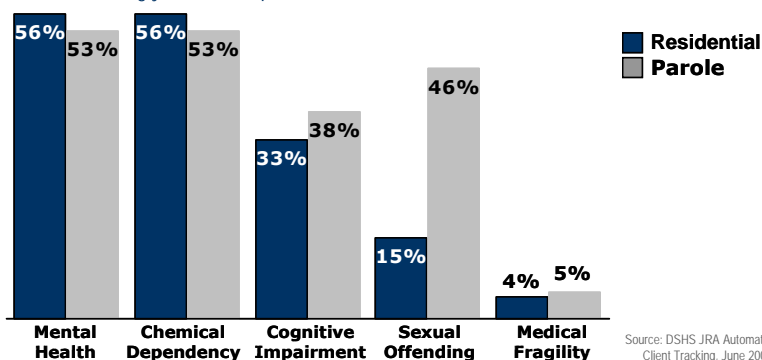


Photo courtesy of Microsoft (free domain).

Quick Facts

Juveniles in need of services...

- ▲ About 1,000 youth are committed annually for juvenile rehabilitation services by county juvenile courts.
- ▲ More than 90 percent of youth in juvenile rehabilitative residential care are male.
- ▲ The most frequent types of offenses are burglary, assault, and robbery.
- ▲ Youth receiving rehabilitation services are typically the most serious offenders and most disordered youth in the state.
- ▲ Youth of color are confined at almost double their proportion in the community.

Rehabilitating adult offenders...

- ▲ About 70 percent of the 1,200 individuals at the state psychiatric hospitals are under civil commitment orders; 30 percent are receiving court ordered competency or forensic services.
- ▲ The Special Commitment Center (SCC) serves 280 adult sexual offenders; this is expected to grow by 20 to 24 residents each year.
- ▲ There have been no sexual re-offenses committed by SCC residents in less restrictive alternative placements.