WASHINGTON STATE Department of Social and Health Services

2007 Client Participation



April 2009 | Report 11.136



RDA Research & Data Analysis Division

DSHS

WASHINGTON STATE Department of Social and Health Services

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Information About this Publication

Title: 2007 Client Participation and Program Descriptions

Abstract: Annually, the Department of Social and Health Services provides services for 2.1 million people—one-third of the state's population. Descriptions of the services provided and profiles of the clients who receive these services in State Fiscal Year 2007 are provided here.

Keywords: Social and Health Services, Social Service Clients, Social Service Delivery Costs, State Social Service Programs, Welfare, Washington State Social and Health Services, Public Welfare Costs, Welfare Delivery, Welfare Client Profiles, Medical Assistance, Economic Assistance, Temporary Assistance for Needy Families, Developmental Disabilities, Aging Service Delivery, Children's Social Services, Child Welfare, Alcohol and Substance Abuse Programs, Mental Health Services, Juvenile Rehabilitation, Juvenile Parole Programs Vocational Rehabilitation Programs.

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Cover Design by: DSHS Research and Data Analysis Division

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DSHS... improving the quality of life for individuals and families in need in Washington State



RDA . . . Bringing data and analysis to the decision-making agenda: • Better work processes • Better decisions • Better outcomes

DSHS | Social and Health Service Clients

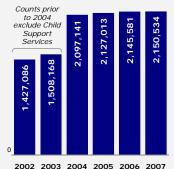


Number 11.136.000 A look at client participation using DSHS' Client Services Database

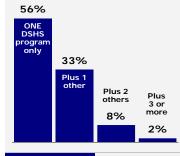
> Clients Served by DSHS as a Percent of the State Population 2,150,534 of 6,480,000 TOTAL, SFY 07



DSHS Client Trend



Many Clients are Shared Percent using more than one DSHS program in SFY 2007. . .



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2007 Client Participation

The Department of Social and Health Services is Washington's umbrella agency for people who turn for help in times of need. Annually more than 2.1 million people—one-third of the state's residents—receive services through DSHS. 2,150,534 clients received services through DSHS during state fiscal year 2007.

Food and Shelter for Vulnerable Adults (ADSA|AAS)

Through the DSHS Aging and Disability Services Administration, the elderly and disabled people over age 17 receive a menu of services that helps them remain in their own homes and community when possible. Clients are assisted with self-care, nutritional meals and medication management. Vulnerable adults seek services through field offices across the state and at local community service agencies. Homes—adult family homes, boarding homes and nursing homes-are licensed, inspected and monitored for safety and resident well-being. 67,294 clients

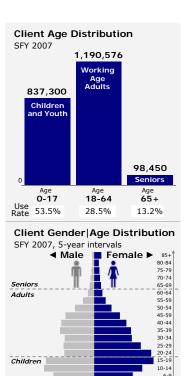
Solutions for Children and Families (CA)

Families learn to develop strong and healthy ties with support from DSHS and its community-based and private organization partnerships. Workers investigate allegations of child abuse and neglect and work to preserve families, but if necessary for the safety of children, work with family members, the court system, law enforcement and other community members to choose temporary, out-of-home placements. These partnerships assist foster families, provide adoption services and provide family-focused services so parents and caregivers can overcome substance abuse and improve parenting skills. The Children's Administration licenses and inspects foster homes. 202,774 clients

Help for Substance Abuse and Problem Gambling (HRSA|DASA) Adults and youth have access to prevention services and treatment services for alcohol and other drug use, and problem gambling through the Division of Alcohol and Substance Abuse. State-funded treatment and aftercare services are available for those who qualify. The division contracts with counties, tribes and service agencies to serve youth and adults who are unable to fully pay treatment costs. 70,847 clients

Number of Clients Receiving Major DSHS Services	Economic Services (ESA) 1,573,399
	Medical Assistance (HRSAJMA) 1,279,073
SFY 2007	202,774 Children's Administration (CA)
Total Clients = 2,150,534	125,108 Mental Health Division (HRSA MHD)
DSHS Client Services Database (CSDB)	70,847 Alcohol and Substance Abuse (HRSAJDASA)
NOTE: Since many clients receive more than one service, the sum of the categories shown at right will exceed the total number of clients served by the program.	67,294 Aging and Adult Services (ADSA AAS)
	39,423 Developmental Disabilities (ADSA DDD)
	28,028 Vocational Rehabilitation (DVR)
	3,526 Juvenile Rehabilitation (JRA)

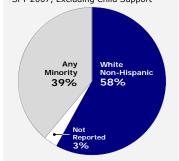
NOTE: CSDB identifies service use information and expenditures specific to each DSHS client. Costs that cannot be assigned to individual clients are not included—such as facilities, licensing, admin, outreach, prevention, fraud investigation, community block grants, and cost recoveries.



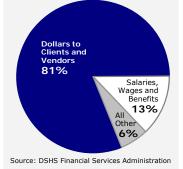
Client Race/Ethnicity SFY 2007, Excluding Child Support

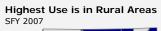
175.000

175,000



Most DSHS Spending Goes to Clients and Vendors SFY 2007







Care for People with Developmental Disabilities (ADSA|DDD) People with disabilities resulting from mental retardation, epilepsy, cerebral palsy, autism or similar neurological conditions that originated before adulthood can receive support services and work and social opportunities through the Division of Developmental Disabilities. Children under age 6 may receive services if they have Down Syndrome or other types of developmental delays. **39,423 clients**

A Means to Economic Independence (ESA)

Through the Economic Services Administration, low-income families and individuals receive services and aid that help them meet their basic needs and achieve economic independence. This help includes cash, food and medical assistance, work-focused services, child care, and social services. ESA also ensures parents provide financial and medical support to their children through child support enforcement. **1,573,399 clients**

Rehabilitation for Juveniles (JRA)

Some adjudicated youth are sentenced to time in a Juvenile Rehabilitation Administration facility. The majority receive intervention and treatment for two or more disorders: mental health, chemical dependency, cognitive impairment, sexual offending/ misconduct and medical fragility. Virtually all JRA youth spend a period of time on parole when released from residential care. Parole ranges from 20 weeks (low through medium risk youth), to 6 months (highest risk youth), and 24 to 36 months (some sex offenders). About 600 youth and families receive parole services on any given day. Specialized treatment services are also provided as necessary. **3,526 clients**

Access to Medical Care (HRSA|MA)

Low-income clients can receive essential medical care through three major programs—Medicaid, Apple Health for Kids, and Medical Care Services. These programs are administered by the Health and Recovery Services Administration. Medicaid and Apple Health for Kids account for about 97 percent of HRSA's medical expenses. **1,279,073** clients

Treatment for Mental Illness (HRSA|MHD)

Adults and children with significant mental illnesses can receive care and treatment through the Mental Health Division. Community based services are primarily delivered through contracts with Regional Support Networks. The networks coordinate mental health services offered within their service area and contract with community mental health agencies for local services. In addition, some services are contracted directly between the state and local providers. The state also directly operates three psychiatric hospitals, two for adults and one for children. **125,108 clients**

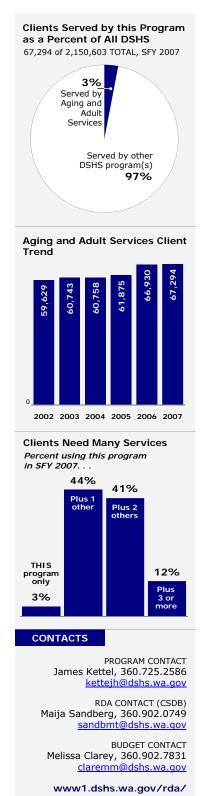
Jobs for Rehabilitated Clients (DVR)

Vocational assistance and job support are available for people who want to work, but have difficulty with employment due to a physical, sensory, cognitive, or mental disability. Clients are engaged in identifying vocational strengths and understanding the steps that lead to employment. **28,028 clients**

DSHS | Aging and Adult Service Clients (ADSA)

Number 11.136.050 A look at client participation using DSHS' Client Services Database





2007 Client Participation

AGING AND ADULT SERVICES (AAS). Home and Community Services (HCS) and Residential Care Services (RCS) fall within the Aging and Disability Services Administration (ADSA) and serve frail elderly persons, as well as functionally disabled people over 17 years of age. The divisions provide assistance with activities of daily living such as housework, shopping, money management, and life functions such as self-care, eating, and medication management. Components of the long-term care system include community services provided through HCS and RCS field service offices, community services provided through Area Agencies on Aging, and nursing home quality assurance, regulation, and funding. In State Fiscal Year (SFY) 2007, **67,294 clients** received the services described below from Aging and Adult Services. The average cost per client was **\$17,790**.

ADULT FAMILY HOMES

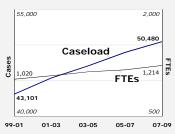
Adult Family Homes (AFH) are small group care residential settings licensed to care for up to 6 adults who cannot live alone but do not need 24-hour skilled nursing supervision. AFH residents are not related to the provider, and AFHs encourage maximum resident independence and involvement. They provide a range of daily activities tailored to resident preferences: room, board, laundry, supervision, assistance with activities of daily living, and personal care. Some provide nursing, other special care, or transportation. 5,696 clients, average client cost = \$10,897

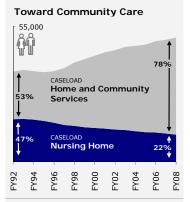
ADULT RESIDENTIAL CARE

Licensed boarding facilities for disabled adults offer 24-hour supervision in a Boarding Home in a community setting. The home provides housing, meal services and assumes general responsibility for the safety and wellbeing of the residents and helps with: planning medical care, managing medications, and handling of financial matters when necessary. Services also include assistance with activities of daily living. Residents may need/receive limited supervision. Boarding Homes allow residents to live an independent lifestyle in a community and can vary in size and ownership from a family operated 7-bed facility to a 150-bed facility operated by a national corporation. Some specialize in serving people with mental health problems, developmental disabilities, or dementia. Enhanced Adult Residential Care provides help with medication administration and personal care. No more than two people share a room and intermittent nursing care must be provided. *2,597 clients, average client cost* = \$9,284



Comparing FTEs and Caseload 1999-01 to 2007-09 Biennium



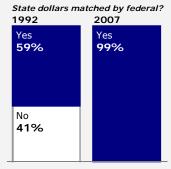


Comparing Costs

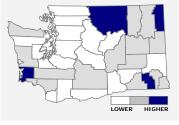
SFY 2008 Per client per month



Maximizing Federal Dollars



County Use Rate Served as a Percent of Total Adult Population, SFY 2007



ASSISTED LIVING

Includes services provided in licensed boarding facilities for adults requiring assistance with self-care tasks but who otherwise can remain in a community residential setting. Assisted Living facilities are boarding homes emphasizing privacy, independence, and personal choice—generally private apartments with a private living unit, private bathroom and intermittent nursing services plus assistance with medication administration and personal care. Services are available 24 hours a day and include limited nursing care, assistance with activities of daily living, limited supervision, and housekeeping. Clients pay a participation fee (non-exempt income above Medically Needy Income Level) and Aging and Adult Services pays the remainder through a COPES or Medically Needy Residential Waiver. *6,368 clients, average client cost* = \$9,594

COMPREHENSIVE ASSESSMENTS

Initial and periodic assessments of need are conducted by case managers. Individual clients are interviewed, usually in their home, for initial, annual, significant change, and brief assessments. Respite needs are also assessed. *47,941 clients, average client cost* = \$1,307

IN-HOME SERVICES

Includes Chore and Personal Care services delivered in the client's home, and some ancillary services, provided off site, essential to seniors safely living in their own homes. Chore is state-funded and provides in-home personal care services to non-Medicaid eligible, low-income, disabled, or very frail adults who still live in their own home. Includes all contracted agency and individual provider services as well as travel costs. Personal Care employs individuals and contracted agencies to assist low-income disabled or frail adults with the activities of daily living, such as bathing, dressing, grooming, meal preparation, and household chores, allowing clients to safely remain in their own home. Includes Title XIX funded Personal Care services and transportation for Medicaid-eligible clients and Medically Needy In-Home funded Personal Care reimbursements for: Adult Day Care, Client Training, Community Transition (services and/or items), Environmental Modification (necessary physical adaptations to client's home), Home Health Aides, Personal Emergency Response System equipment installation and monitoring, Home-Delivered Meals, Special Medical Equipment, Skilled Nursing and Transportation. 33,049 clients, average client cost = \$12,561

MANAGED CARE

Includes services to seniors who have chosen to receive Medicare benefits through a managed care plan (Program of All-Inclusive Care for the Elderly, Medicare Medicaid Integration Program, or Washington Medicaid Integration Partnership. Offers acute medical and long-term care services through a single care provider in selected urban counties. 560 clients, average client cost = \$15,378

NURSING FACILITIES

A nursing facility or nursing home, provides 24-hour supervised nursing care, personal care, therapy, nutrition management, organized activities, social services, room, board, and laundry. Residents have the right to exercise reasonable control over life decisions in safe, clean, comfortable, homelike environments. They have a right to choice, participation, privacy, and the opportunity to engage in religious political, civic, recreational, and other social activities that foster self-worth and enhance quality of life. Residential facility staff assist disabled persons with medication, eating, dressing, walking, or other personal needs. Payment may be made through the client's resources, Medicaid or Medicare, or the Veterans Administration. 20,482 clients, average client cost = \$26,390

ADDITIONAL SERVICES

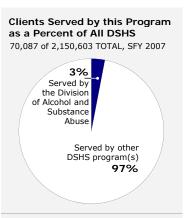
Includes expenditures for Nursing Home Discharge Allowance, Private Duty Nursing (24-hour intensive nursing services, generally for younger traumatically brain injured clients), Nurse Delegation, and Adult Day Health Services. 5,538 clients, average client cost = \$4,151

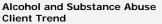
Not in this report: Adult Protective Services, Respite Services, some AAA services, COPES nurse oversight, COPES participation reimbursements, nursing facility placements, and nursing home nurses aid training, continuing education for individual providers, audit settlements and recoupments, and OASI refund.

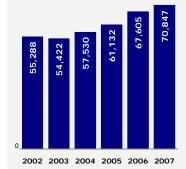
DSHS | Alcohol and Substance Abuse Clients (HRSA)

Number 11.136.070 A look at client participation using DSHS' Client Services Database

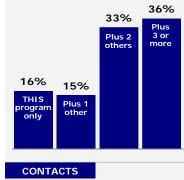








Clients Need Many Services Percent using this program in SFY 2007...



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2007 Client Participation

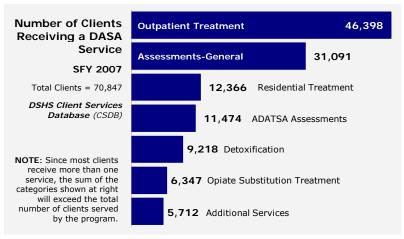
THE DIVISION OF ALCOHOL AND SUBSTANCE ABUSE (DASA) falls within the Health and Recovery Services Administration (HRSA) and provides alcohol- and drug-related prevention, intervention, treatment, and aftercare services. DASA contracts with counties, tribes, and service agencies to provide treatment services to youth and adult patients who cannot pay for the full cost. DASA pays counties and tribes to provide assessments and outpatient treatment, and counties or hospitals to provide detoxification services. Dollars provided to individual counties for treatment are based on an allocation which takes into account the demographics associated with substance abuse. Counties either provide these services directly or under contract with private agencies. DASA also contracts directly with service agencies to provide residential treatment services. In State Fiscal Year (SFY) 2007, 70,847 clients received the services described below from the Division of Alcohol and Substance Abuse. This excludes clients receiving prevention services. The average cost per client was \$1,313.

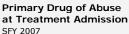
ADATSA ASSESSMENTS

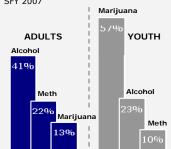
The Alcohol and Drug Addiction Treatment and Support Act (ADATSA) establishes a discrete mode of treatment for indigent, unemployable alcoholics and drug addicts as a constructive alternative to maintaining these persons on the public assistance rolls. Clients determined both financially indigent and clinically eligible may receive ADATSA Assessment services from contracted assessment entities. An assessment includes a diagnostic evaluation of alcohol or other drug addiction; a determination of employability; and, if the applicant elects treatment, a determination of the proper access point to the continuum and course of treatment for that client. *11,474 clients, average client cost = \$181*

ASSESSMENTS – GENERAL

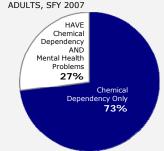
Counties either provide the service directly or contract with private agencies to provide a variety of diagnostic services in a non-residential setting. Tribes provide the services at tribal facilities. General assessment patients include Medical Assistance-eligible and low-income adults and adolescents. General Assessment services also include assessment activities provided through Group Care Enhancement contracts with JRA and Mental Health Group Homes. Specialized assessment services are also provided to targeted client groups including DCFS-referred adults, pregnant and parenting women, youth, Native Americans, and TANF participants. *31,091 clients, average client cost* = \$193



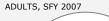


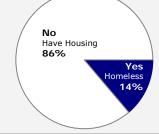


CoOccuring Disorders



Homeless When Admitted to Treatment?

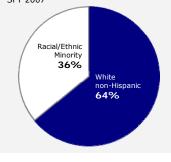




How Alcohol Related Motor Vehicle Fatalities Compare SFY 2006



Race Ethnicity Among Adults Entering Treatment SFY 2007



DETOXIFICATION

Detoxification is a short-term residential service for persons withdrawing from the effects of excessive or prolonged alcohol or drug consumption. Services continue only until the client recovers from the transitory effects of acute intoxication. Detoxification always includes supervision, and may also include counseling and/or medical care. Most counties provide detoxification in specialized freestanding facilities. In other counties, community hospitals provide detoxification. *9,218 clients, average client cost* = \$673

OPIATE SUBSTITUTION TREATMENT

Contracted Opiate Substitution Treatment agencies provide outpatient services for both Medicaid eligible and non-Medicaid eligible clients addicted to heroin or other opiates. Opiate Substitution Treatment includes counseling and daily, or near daily, administration of methadone or other approved substitute drugs. *6,347 clients, average client cost* = \$1,148

OUTPATIENT TREATMENT

Counties either provide the service directly or contract with private agencies to provide a variety of treatment services in a non-residential setting according to a prescribed treatment plan. Tribes provide the services at tribal facilities. Outpatient Treatment patients include ADATSA, Medical Assistance eligible, and low-income adults and adolescents. Outpatient treatment for ADATSA clients includes vocational counseling and other efforts to help clients regain employment. Outpatient Treatment services also include treatment activities provided through Group Care Enhancement contracts with JRA and Mental Health Group Homes. Specialized treatment is also provided to targeted client groups including DCFS-referred adults, pregnant and parenting women, youth, Native Americans, and TANF participants. 46,398 clients, average client cost = \$553

RESIDENTIAL TREATMENT

DASA contracts directly with private agencies to provide Intensive Inpatient Treatment, Long-term Residential Treatment, and Recovery House Care. Specialized Residential Care is provided for populations with co-occurring disorders (mental health issues in combination with substance use disorders). Residential Treatment also includes Involuntary Chemical Dependency Treatment provided at the Pioneer North and Pioneer East facilities. Residential facilities provide treatment to both ADATSA and regular DASA clients, pregnant and parenting women, and youth. *12,366 clients, average client cost* = \$3,489

ADDITIONAL SERVICES

Some services, small and unlike others, are included in this category. Client counts and expenditures for the following services appear in the program total only: Transitional Housing, Youth Substance Abuse Outpatient Treatment, Therapeutic Childcare, Criminal Justice Treatment Account Case Management Title XIX, Criminal Justice Training Assessment county services, Case Management, and TB testing. *5,712 clients, average client cost* = \$462

Not in this report: Most DASA Child Care, Interagency Prevention Services, Community Outreach and Prevention Services, Support Services, and some special projects. Urinalysis-DASA pays for screening of a limited number of Medical Assistance-eligible clients that are not included for this year because of source system issues.

DSHS | Children's Administration Clients

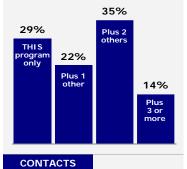




Clients Served by this Program as a Percent of All DSHS Clients 202,774 of 2,150,603 TOTAL, SFY 2007 **9**% Served by Children's Administration Served by other DSHS program(s) 91% **Children's Administration Client Trend** 202,774 97.000

2002 2003 2004 2005 2006 2007

Clients Need Many Services Percent using this program in SFY 2007. . .



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2007 Client Participation

THE CHILDREN'S ADMINISTRATION supports families and seeks to ensure the safety and protection of children. Children's Administration (CA) both provides direct services and works in partnership with community-based public and private organizations. In State Fiscal Year (SFY) 2007, 202,774 clients received the services described below from Children's Administration. The average cost per client was \$1,833.

ADOPTION AND ADOPTION SUPPORT

Children's Administration provides both Adoption Services and Adoption Support. Adoption Services provides avenues to permanently place children in DSHS custody with families. Services include permanency planning, adoption preparation, placement supervision, and some limited post-adoption services. Adoption Support encourages adoption of children from DSHS foster care who, because of special needs, would not otherwise be placed for adoption. This service eliminates barriers to the adoption of these children by providing financial assistance, medical and counseling services, and assistance with legal fees for adoption finalization. 37,606 clients, average client cost = \$2,249

BEHAVIORAL REHABILITATION SERVICES

CA contracts with community agencies for behavior rehabilitation services for children and youth with serious emotional, behavioral or medical difficulties who cannot be adequately served in family foster homes. BRS provides a high level of care and treatment for children and youth with the most severe and intensive needs. BRS is time limited with a focus on a return to a less restrictive environment. Services are offered in an array of settings including the child's home, a treatment foster home or a group residential setting. 1,410 clients, average client cost = \$34,384

CHILD AND FAMILY WELFARE SERVICES CASE MANAGEMENT

Child and Family Welfare Services (CFWS) provides both permanency planning and intensive treatment services to children and families when an order has been issued by the Court. Services are provided to address chronic or serious problems which interfere with a parent's ability to protect or parent children, such as on-going abuse and neglect or intensive needs. Most children served in this program are dependents of the state, in out-of-home care, or legally free for adoption. 42,473 clients, average client cost = \$1,709

umber of Clients Receiving a CA Service	Child Protective Services Case Mgmt 117,751
	42,473 Child and Family Welfare Services
	37,606 Adoption and Adoption Support
SFY 2007	28,178 Family Reconciliation Services
Total Clients = 202,774 DSHS Client Services Database (CSDB)	17,406 Foster Care Support Services
	12,693 Family Focused Services
IOTE: Since most clients receive more than one service, the sum of the vategories shown at right will exceed the total number of clients served by the program.	11,347 Foster Care Placement Services
	8,754 Child Care Services
	6,914 Family Voluntary Services Case Management
	1,410 Behavioral Rehabilitation Services
	881 Additional Services
	800 Other Intensive Services

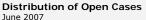
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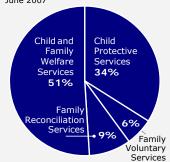
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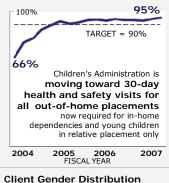
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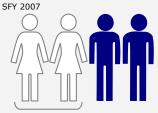
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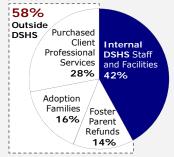
Out-of-Home Care Visits CHILDREN VISITED EVERY 90-DAYS



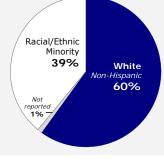


50% were female

Most Dollars Go to Services Provided by Non-Employees SFY 2007



Race Ethnicity SFY 2007 • All Children Receiving Children's Administration Services



CHILD CARE SERVICES

Child care payments support children and families engaged in CA programs and services. Payments are available when child care promotes the safety, permanency and wellbeing of the child and is a part of the case plan, including children living in foster care, living with relatives, or with biological parents. *8*, 754 clients, average client cost = \$2,560

CHILD PROTECTIVE SERVICES (CPS)

CPS referrals are investigated when an allegation meets the legal definition of child abuse or neglect and a meeting with the child and parent is necessary. CPS completes a risk assessment, collateral contacts with key witnesses or information sources, offers services to families to reduce risk, and intervenes as necessary to protect children from abuse or neglect. CPS cases receive 24-hour intake, assessment, emergency intervention services, referral to community services, and/or legal intervention. *117,751 clients, average client cost* = \$228

FAMILY-FOCUSED SERVICES

CA provides individualized services to help families who are at risk of child placement or are in need of reunification. May include traditional child welfare services and/or basic needs (clothing, shelter, employment, transportation). Also includes in-home family preservation services and intensive family preservation services that are provided by contract agencies. *12,693 clients, average client cost* = \$949

FAMILY RECONCILIATION SERVICES (FRS)

FRS services are voluntary and devoted to maintaining family units and preventing out-of-home adolescent placement (13-17 year olds). FRS is available 7 days a week, 24 hours a day. Families requesting FRS are offered crisis stabilization services by CA staff and families who need further intervention are referred to contracted crisis family intervention services. 28, 178 clients, average client cost = \$286

FAMILY VOLUNTARY SERVICES (FVS) CASE MANAGEMENT

FVS provides early engagement and services to families without court ordered intervention. The program works with families, involving them throughout assessment, service planning and short term service delivery to reduce risk to children. Short-term voluntary placement is provided when needed to reduce risk. Families engaged in FVS may come to CA through a child abuse or neglect allegation or by a call from the family requesting service assistance. *6,914 clients, average client cost* = \$313

FOSTER CARE PLACEMENT SERVICES

Foster Care Placement Services provide 24-hour care for children of all ages who need short term or temporary placement due to abuse, neglect, and/or family conflict. When children are placed in out-of-home care, CA's goal is to return them to their homes safely or to find another permanent home as quickly as possible. Foster care services are also available with licensed foster parents through contracted community child placing agencies. *11,347 clients, average client cost* = \$4,944

FOSTER CARE SUPPORT SERVICES

Foster Care Support Services are provided to support children receiving Foster Care Placement Services. Children receive clothing and personal incidentals, psychological evaluation and treatment, personal care services, transportation, and payments made to foster parents for respite and for additional supervision for special activities. *17,406 clients, average client cost* = \$1,652

OTHER INTENSIVE SERVICES

These are alternatives to regular contracted Behavioral Rehabilitation Services and include Children's Hospitalization Alternative Program, Crisis Care Services, and other treatments, after care services, or exceptional cost placements. *800 clients, average client cost* = *\$9,736*

ADDITIONAL SERVICES

Smaller or unique services, such as personal care/nurse oversight, child care registration, and infant bonuses to providers. *881 clients, average client cost* = \$2,158

Not in this report: Referrals Not Accepted (did not pass sufficiency screening), Accepted Referrals where no caseworker was assigned, Child Care Training, Regional and Secure Crisis Residential Centers, Miscellaneous Adoption Services, Payments to assure bed availability (CRC slot payments), Public Health Nurses, Street Youth and Victim's Assistance, Domestic Violence, State Domestic Violence Hotline, Sexual Assault Victim Services, Employment Child Care (now reported in ESA), and DLR Child Protective Services Case Management.

DSHS | Developmental Disabilities Clients (ADSA)

Number 11.136.040 A look at client participation using DSHS' Client Services Database



Clients Served by this Program as a Percent of All DSHS 39,423 of 2,150,603 TOTAL, SFY 2007 2% Served by the Division of Developmental Disabilities Served by other DSHS program(s) 98% **Developmental Disabilities Client** Trend 39,423 35,974 5,530 35,223 2002 2003 2004 2005 2006 2007 **Clients Need Many Services** Percent using this program in SFY 2007. 32% 31% Plus 2 others Plus 1 othe 20% 17% THIS ogra only Plus 3 or

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www1.dshs.wa.gov/rda/

2007 Client Participation

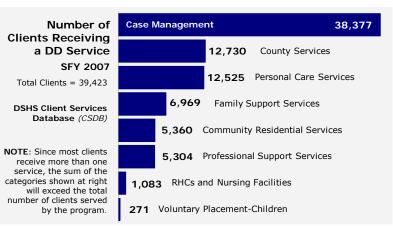
THE DIVISION OF DEVELOPMENTAL DISABILITIES (DDD), within the Aging and Disability Services Administration (ADSA), provides support services and opportunities for persons with developmental disabilities resulting from mental retardation, epilepsy, cerebral palsy, autism, or similar neurological conditions that originated before adulthood. Clients' disabilities are lifelong and constitute a substantial handicap to everyday functioning. Children under age 6 may receive services if they have Down Syndrome or have developmental delays of 25 percent or more below children of the same age.¹ In State Fiscal Year (SFY) 2007, **39,423 clients** received the services described below from the Division of Developmental Disabilities. The average cost per client was **\$17,729**.

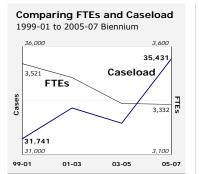
CASE MANAGEMENT

Case managers perform intake, eligibility determinations, and reviews, and provide information and referral services to applicants and eligible clients. They also help eligible clients and families assess needs; develop individual service plans; authorize services; and link clients with medical, social, educational, or other services, as well as support and assistance in life crises. Case management service is not provided to clients in state institutions. Habilitation Plan Administrators at institutions monitor these clients. Counts are reported in this category only for clients who are eligible for ongoing Case Management services. *38,377 clients, average client cost* = \$960

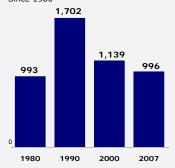
COMMUNITY RESIDENTIAL SERVICES

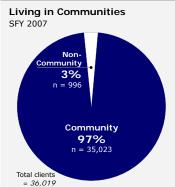
DDD clients who require assistance with daily living may receive facility based or non-facility based Community Residential Services. Clients receiving facility-based services live in contracted Intermediate Care Facilities for the Mentally Retarded, Adult Residential Centers, Group Homes, or Adult Family Homes where staff provide support and training. Clients receiving non-facility based services live in their own homes; contracted agencies provide the necessary support in homes owned or rented by the client. Non-facility based services include Alternative Living, Medical/Dental services (for clients who are not Medicaideligible), Supportive Living, State Operated Living Alternatives, Tenant Support, and Other Residential Support. Other Residential Support may include summer recreational activities, specialized aids or equipment purchases, reimbursement for activity fees, client transportation, interpreters, and other community supports such as client allowances or temporary additional staff when needed. 5,360 clients, average client cost = \$50,120

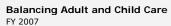


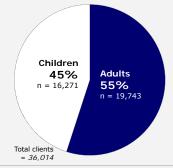


Trends in Institutional Care Since 1980









County Use Rate Clients Over Population, SFY 2007



COUNTY SERVICES

DDD contracts with county governments to provide services to both adults and children. Adult-oriented services include: Individual Supported Employment which helps clients find and keep jobs in the community; Group Supported Employment which enables clients to work in groups or enclaves at local businesses; Prevocational Employment/ Specialized Industries which provides employment in training centers; Community Access, Person-to-Person, Individual and Family Assistance, and Adult Day Health services which emphasize personal relationships within the individual's local community. Child Development services are also funded through county contracts and include specialized therapeutic or educational services for infants and toddlers and families to maximize the child's development and to enhance parental support of the child.² 12,730 clients, average client cost = \$4,022

FAMILY SUPPORT SERVICES

These services enable families to keep children with developmental disabilities at home. Family Support Services include Respite Care, Attendant Care, and Transportation for attendants or family members. Some clients receiving Family Support Services also receive Nursing Care, Physical Therapy, Occupational Therapy, Instructional Therapy, Behavioral Therapy, Communication Therapy, Counseling, Specialized Equipment, Environmental Adaptations, and in-home Personal Care. *6,969 clients, average client cost = \$3,017*

PERSONAL CARE SERVICES

DDD provides Personal Care Services to Medicaid-eligible children and adults. The major difference between child and adult Personal Care is in interpretation of need level for specific Personal Care tasks. This service enables eligible individuals to remain in their community residences through semi-skilled maintenance or supportive services. Services are provided in the person's own home, a licensed Adult Family Home, or an Adult Residential Center. *12,525 clients, average client cost* = \$12,874

PROFESSIONAL SUPPORT SERVICES

The following Professional Support Services for adult clients are supported by Community Residential Services: Medical and Dental services (when Medicaid-eligible), Psychological Services, Professional Evaluations, Counseling, Nursing Care, Specialized Equipment, Environmental Adaptations, Behavioral Therapy, Communication Therapy, Physical Therapy, Occupational Therapy, Instructional Therapy, Other Therapies approved by exception, and Professional Support Services (for clients living with their families).³ *5,304 clients, average client cost* = *\$222*

RHCS AND NURSING FACILITIES

Five state Residential Habilitation Centers provide residential and habilitation services to persons with developmental disabilities either under Intermediate Care Facilities for the Mentally Retarded (ICF/MR) or Nursing Facility (NF) regulations: Rainier School and the Frances Haddon Morgan Center have only ICF/MR beds; Fircrest and Lakeland Village have both ICF/MR and NF beds; all beds at Yakima Valley are NF. Respite care services, not identified as such in the data, are included making CSDB counts higher than DDD reports. *1,083 clients, average client cost* = \$136,862

VOLUNTARY PLACEMENT-CHILDREN

A family may ask for out-of-home placement for their child under 18 due solely to the child's disability. Under certain circumstances, the child may be placed in licensed out-of-home care. 271 clients, average client cost = \$39,074

¹CSDB obtains service and expenditure information for some clients who do not appear in DDD information systems due to the inclusion of additional source information systems (for example, the Medicaid Management Information System). DDD also typically reports point in time counts rather than annual counts. For these reasons, CSDB client counts and dollar sums may differ from those reported by DDD.

²For county services, expenditures for county administration are not included.

³CSDB counts for Medical/Dental services include only clients whose treatment was paid for by DDD. Clients whose treatment was paid for by Medical Assistance are included in MA counts.

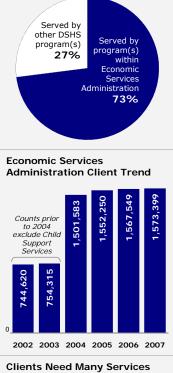
Not in this report: Training, Payments for DDD Group Home vacancies, Respite Care for RHC and SOLA residents, and Authorization for Employment and Day Services (only the provided services are reported).

DSHS | Economic Service Clients

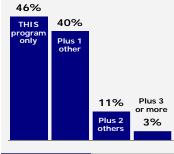


Number 11.136.060 A look at client participation using DSHS' Client Services Database

Clients Served by this Program as a Percent of All DSHS Clients 1,573,399 of 2,150,603 TOTAL SFY 2007



Percent using this program in SFY 2007. . .



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2007 Client Participation

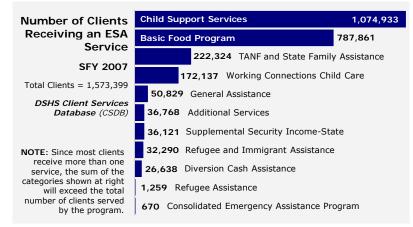
THE ECONOMIC SERVICES ADMINISTRATION (ESA) provides cash assistance, work-focused services, food benefits, and social services to help individuals and families meet their basic needs and achieve economic independence. ESA also ensures parents provide financial and medical support to their children. The administration oversees over a dozen major federal and state programs aimed at reducing poverty, and promoting parental responsibility and self-sufficiency, including cash grants, employment and training, food assistance, housing assistance, child support enforcement, repatriation assistance, domestic violence referrals, and telephone subsidies. ESA determines Medicaid eligibility and authorizes subsidy payments for the Working Connections Child Care program administered by the Department of Early Learning. In State Fiscal Year (SFY) 2007, **1,573,399 clients** received the services described below from the Economic Services Administration. The average cost per client was **\$922**.

BASIC FOOD PROGRAM

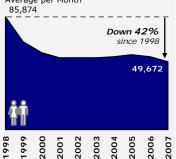
Basic Food provides benefits to individuals and families with incomes below 130 percent of federal poverty and whose resources are below established limits. Effective October 2008, eligibility for Food Assistance increased to include individuals and families with income up to 200 percent of FPL. The program is comprised of the federal Food Stamp Program and the state Food Assistance Program for legal immigrants ineligible for the federal FSP. Benefits can only be used to purchase food items at participating stores. Federal food benefits are reimbursed directly to vendors and do not appear as DSHS expenditures. 787,861 *clients*, *average client cost* = \$773

CHILD SUPPORT SERVICES

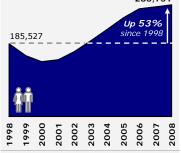
The Division of Child Support (DCS) provides services to establish paternity and locate non-custodial parents as well as to establish, enforce and modify child support and medical support orders. DCS services are initiated when a parent submits an application, another state or nation requests DCS' help, a court order requires payment through DCS or a parent enrolls in either the TANF program or certain Medicaid programs. In SFY 2007 DCS collected \$682.5 million. Collecting child support and ensuring private medical insurance directly benefits children and avoids more than \$100 million per year in public assistance costs. Recent inclusion of child support clients in CSDB Annual Reports causes the total number of clients receiving DSHS services, especially Economic Services, to appear higher after SFY 2003.¹ 1,074,933 clients, average client cost = \$140



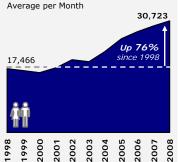
TANF Caseload Average per Month

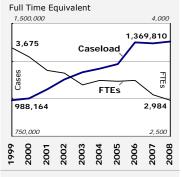






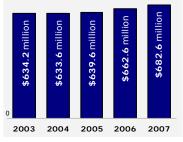
GA-UX Caseload





Caseload Versus Staff Levels

Child Support Collections State Fiscal Year



CONSOLIDATED EMERGENCY ASSISTANCE PROGRAM

Short-term cash assistance program for specific emergency needs (food, shelter, clothing, minor medical, utilities, household maintenance, job-related transportation, clothing, transportation for a child, not in foster care), to a caregiver's home. *670 clients, average client cost* = \$150

DIVERSION CASH ASSISTANCE

Short-term cash assistance program for low-income families with temporary emergent needs who are unlikely to need TANF assistance if those needs are met (shelter, transportation, child care, food, medical care, job-related needs). 26,638 clients, average client cost = \$447

GENERAL ASSISTANCE

State funded program providing monthly cash grants to clients who are poor, without dependent children and unable to work (have a physical, emotional, mental disorder). 50,829 clients, average client cost = \$2,122

REFUGEE ASSISTANCE

Federally funded program providing monthly payments to refugees who meet state income and grant standards, but do not qualify for TANF or SSI. Assistance is available to refugees for their first eight months in the United States. *1,259 clients, average client cost* = \$1,226

REFUGEE AND IMMIGRANT SERVICES

Coordinates a variety of contracted services such as English to Speakers of Other Languages training, health screening, self-sufficiency assessments, citizenship training, employment services, mental health and other social services. *32,290 clients, average client cost* = \$395

SUPPLEMENTAL SECURITY INCOME-STATE

Federal benefit for individuals and couples 65 or older or who are blind or disabled as determined by the Social Security Administration. SSI State Supplement Program is a required state funded payment supplementing federal SSI payments. *36,121 clients, average client cost* = \$530

TANF AND STATE FAMILY ASSISTANCE

A federally funded program providing monthly cash grants to needy families, children under age 18 (under age 19 if attending high school or working towards a GED full-time), parents or caretaker relatives of these children, unmarried teen parents under 18, and pregnant women. Eligibility requires adult family members or assistance units to participate in the WorkFirst employment and training program. State Family Assistance is a state funded cash program for certain persons meeting state residency requirements who are not eligible for TANF assistance. 222,324 clients, average client cost = \$1,215

WORKING CONNECTIONS CHILD CARE

ESA determines eligibility and authorizes subsidy payments for the Working Connections Child Care (WCCC) program administered by the Department of Early Learning (DEL). WCCC provides child care assistance to: eligible TANF families who require child care to participate in approved WorkFirst activities, job search, employment, or training; and non-TANF families who require child care to maintain employment or to attend approved training. DEL provides child care through the Seasonal Child Care Program for families who are seasonally employed in agriculturally related work. Clients receiving child care must pass an economic means test.² 172,137 clients, average client cost = \$1,509

ADDITIONAL SERVICES

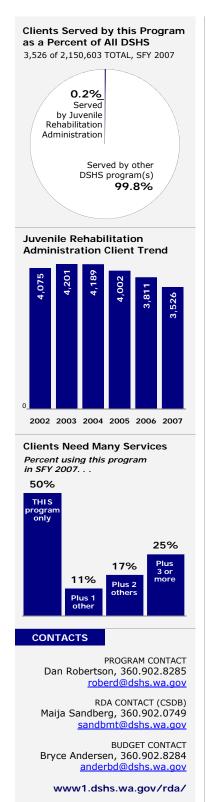
Services that are small or unlike others are in this category and include: SSI Facilitation for GA recipients, TANF recipients, and ADATSA shelter residents; Protective Payee Fees; Incapacity Determination; foster care contracts for children who have been identified as Unaccompanied Minors by the Office of Refugee Resettlement; and contracted recruiting, training, and/or licensing of foster families, placement, and casework services. *36*, *768 clients, average client cost* = \$217

¹Clients who were part of a child support case were reported for the first time in the CSDB Annual Reports in State Fiscal Year 2004, although these clients were present in the DSHS caseload in prior years, as reflected in the second chart (page 1). Each parent is counted as a client in the CSDB. DCS counts the parents with their children as one case. ²Clients receiving subsidized child care through the Homeless Child Care program are not included in this report. A small number of families receiving child care through the Refugee Child Care program are included in counts. **Not in this report**: Non-Assistance Support Collection, Public Assistance Recoveries (which offset ESA expenditures), Washington Telephone Assistance Program, and WorkFirst.

DSHS | Juvenile Rehabilitation Clients



Number 11.136.020 A look at client participation using DSHS' Client Services Database



2007 Client Participation

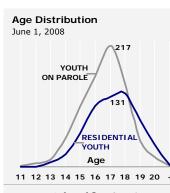
THE JUVENILE REHABILITATION ADMINISTRATION (JRA) serves youth who have been adjudicated in Juvenile Court and sentenced for a minimum and maximum term. JRA's Integrated Treatment Model applies cognitive/behavioral treatment interventions to teach youth the skills needed to manage their behavior and meet their needs in ways that are not harmful to self or others. Within the context of the Integrated Treatment Model, JRA delivers services proven to reduce juvenile crime. These include Aggression Replacement Training, Family Integrative Transition, and Functional Family Therapy. Dialectical Behavioral Therapy is an innovative approach to treating young offenders used by JRA that focuses on teaching youth cognitive/behavioral skills to manage and control their behavior. Specialized Mental Health, Substance Abuse, and Sex Offender treatment services are provided to all JRA youth as necessary in Institutional, Youth Camp, Community, and Parole programs.

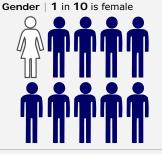
Juvenile justice system youth who present the greatest management and treatment intervention challenges are concentrated in the JRA continuum of care. The majority of youth in JRA receive intervention and treatment services in two or more of the following disorder areas: Mental Health, Chemical Dependency, Cognitive Impairment, Sexual Offending and Misconduct, Medical Fragility. In State Fiscal Year (SFY) 2007, **3,526 clients** received the services described below from the Juvenile Rehabilitation Administration. The average cost per client was **\$21,053**.

MINIMUM SECURITY COMMUNITY PLACEMENT

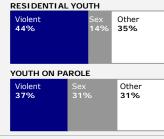
Youngsters in institutions may earn a minimum-security classification by demonstrating increasing responsibility and finish their sentences in a Community Residential Facility. These small group homes provide an array of learning and growth opportunities for youth prior to release to parole including college placement, vocational training, work experience, and community service. JRA has 69 funded CRF beds in state operated facilities. JRA has also implemented a community-based residential program in the Spokane area referred to as the Residential Treatment and Care Program (RTCP). This program replicates the Office of Juvenile Justice and Delinquency Prevention blueprint Multidimensional Treatment Foster Care program. Presently, up to 6 low-risk youths are served in specially trained and supported care homes as an alternative to institutional placement. Additionally, JRA contracts with Benton/Franklin Counties for 3 Short Term Transition beds. *328 clients, average client cost* = \$20,210



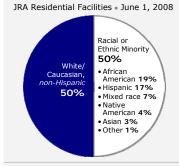




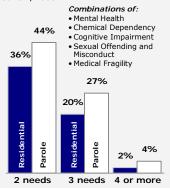
Types of Crimes June 1, 2008



Disproportionate Minority Contact



Treatment Needs are Multiple June 1, 2008



INSTITUTIONS, YOUTH CAMPS, AND BASIC TRAINING

JRA has three institutions with maximum and medium security housing (Green Hill School, Maple Lane School and Echo Glen Children's Center), one medium security forestry camp (Naselle Youth Camp), and a medium security military style basic-training camp (Camp Outlook). These facilities provide treatment, education, and/or work experience in a secure setting. A fundamental goal of secure care is to prepare youth to manage their behavior in progressively, less restrictive settings. Approximately 700 youth are in secure care on any given day. *1,763 clients, average client cost* = \$32,985

FUNCTIONAL FAMILY PAROLE

Virtually all JRA youth spend a period of time on Parole when released from residential care. Parole ranges from 20 weeks for low through medium risk youth, 6 months for highest risk youth and Basic Training Camp graduated, and 24 to 36 months for certain sex offenders. Parole counselors are trained in a service delivery model referred to as *Functional Family Parole*. Counselors focus on motivating and engaging families in the rehabilitation process and teaching families to recognize and support positive changes made by youth. Parole counselors also assist youth and families in accessing needed services. Approximately 600 youth and families receive Parole services on any given day. *1,514 clients, average client cost* = \$3,160

DISPOSITIONAL ALTERNATIVES

Dispositional Alternatives include five services: 1) Chemical Dependency Disposition Alternative, designed for substance-abusing juvenile offenders, allows for community supervision and treatment as an alternative to institutional confinement; 2) Disposition Alternative Community Commitment, which places limits on the amount of time that a juvenile can spend in secure county detention and sets out other placement alternatives, such as home detention, electronic home monitoring, county group care, and day or evening reporting; 3) Mental Health Disposition Alternative, designed for offenders with a diagnosis consistent with the American Psychiatry Association diagnostic and statistical manual of mental disorders, allows for community supervision and treatment as an alternative to institutional confinement; 4) Special Sex Offender Disposition Alternative, designed for first-time juvenile sex offenders, allows for community supervision and treatment as an alternative to institutional confinement; and 5) Suspended Disposition Alternative, designed for offenders subject to a standard range disposition involving confinement by the department, allows for community supervision and treatment as an alternative to institutional confinement. 1,288 clients, average client cost = \$3,622

Special Note on Disproportionate Minority Contact:

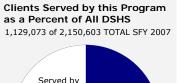
Disproportionate Minority Contact in correctional facilities is a reality in both juvenile and adult systems nationally. Half of the young Washingtonians in JRA residential care are youth of color (see chart left). Statewide, youth who are ethnic or racial minorities account for about 28 percent of the state's juvenile population. In other words, youth of color are confined in JRA at nearly double their proportion in the community. African American youth are most affected by Disproportionate Minority Contact and committed to JRA at close to five times their proportion of Washington's juvenile population.

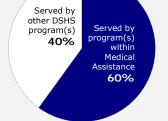
Not in this report: CSDB reports data for JRA youth in residential placements, or who have been in residential placement and moved out on parole. Learning and Life Skills Services and Consolidated Juvenile Services block grants which JRA excluded.

DSHS | Medical Assistance Clients (HRSA)



Number 11.136.080 A look at client participation using DSHS' Client Services Database



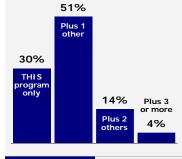


HRSA Medical Assistance Client Trend



2002 2003 2004 2005 2006 2007

Clients Need Many Services Percent using this program in SFY 2007...



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2007 Client Participation

MEDICAL ASSISTANCE (MA) falls within the Health and Recovery Services Administration and assures necessary medical care is available to income assistance and other eligible low-income persons. In State Fiscal Year (SFY) 2007, **1,279,073 clients** received the services described below from Medical Assistance. The average cost per client was **\$2,413**.

Medical Programs: HRSA administers three major health programs— Medicaid, Children's Medical Program, and Medical Care Services. Medicaid accounts for about 92 percent of HRSA medical program expenditures and 94 percent of enrollees. Medicaid coverage is available to those with "categorical" requirements based on income, age and/or health status.

Categorically Needy (CN) Medicaid: This is a mandatory coverage provided to individuals who meet specific income criteria set by federal and state rules. The CN program provides coverage to low-income families with dependent children, seniors, persons with disabilities, and pregnant women with incomes up to 185 percent of the Federal Poverty Level (FPL).

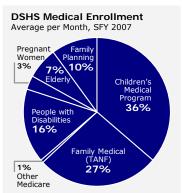
Medically Needy (MN) Medicaid: MN clients are mostly elderly and disabled and meet set income guidelines. In cases where income exceeds limits, they can share their health care cost by spending enough on services to bring their income within the guidelines ("spend-down").

Family Planning: DSHS has a Medicaid waiver to provide family planning services to females and males with incomes up to 200 percent of FPL.

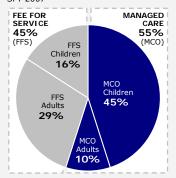
Children's Medical Program: Historically, DSHS provided coverage to low and moderate income children through the Medicaid, State Children's Health Insurance Program and Children's Health Program for children ineligible for federal programs due to citizenship status. 2007 Legislation combined these funding sources and consolidated the program. Medicaid coverage is offered to all children and provides coverage to children in families with incomes up to 250 percent FPL. In 2009, coverage will be available to children in families up to 300 percent FPL. Non-subsidized coverage will be offered to children in families above 300 percent FPL.

Medical Care Services (MCS): This program is totally state funded and covers incapacitated individuals not eligible for Medicaid. Most are classified as General Assistance-Unemployable. GAU clients are physically and/or mentally incapacitated and unemployable for more than 90 days. ADATSA clients are also eligible due to incapacity from drug or alcohol abuse. Coverage compares to Medicaid, with some limitations.

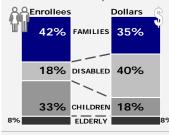




Service Delivery System SFY 2007



People versus Dollars Medical Assistance Only SFY 2007



Trends in Health Care Costs Per Capita Growth from Prior SFY 13.9% Employer Premiums 10.9% 8.0% 6.1% U.S. 5.9% 3.6% 2.7% Washington State 0.6%

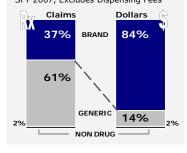
-3.5% Implementation of Certified Public Expenditure on July 1, 2005.

006

007 2008 2009

2003 2004 2005

Drug Claims versus Dollars SFY 2007, Excludes Dispensing Fees



Refugee Assistance: While federal Medicaid funds are generally only available to U.S. citizens, certified refugees are exempted and covered. The federal government also pays for services provided to refugees in their first eight months in the U.S.

Service Delivery System: MA clients receive health-care services either through enrollment in the Healthy Options (HO) managed care program, managed care pilot projects for adults, or on a fee-for-service basis. 55 percent of DSHS medical program clients receive medical care through HO. Medicaid families, children and pregnant women, and SCHIP children are required to enroll in HO in counties with two or more plans. Coverage is available in 38 of the state's 39 counties and enrollment is voluntary in 9 counties. HRSA has several small managed care projects that serve elderly and disabled adults and primary care case management available through a number of Tribes. Fee-for-service care is delivered by licensed or certified health care providers under contract with DSHS, and covers services to elderly and disabled Supplemental Security Income (SSI) clients, clients exempted from Healthy Options or in state-administered programs, and wrap-around Medicaid services not covered by managed care plans.

DENTAL SERVICES

Dental Services include diagnostic, preventive, or corrective services provided by or under the supervision of an individual licensed to practice dentistry or dental surgery. *407,282 clients, average client cost* = \$277

HOSPITAL INPATIENT CARE

These services include care and treatment to clients admitted to stay at a facility under the direction of a physician or dentist. A licensed or formally approved hospital furnishes the services, which include emergency room services to clients admitted through the emergency room to an inpatient stay. Hospital Inpatient Care includes room and board and other ancillary services such as drugs, laboratory, and radiology. *57,193 clients, average client cost* = \$10,151

HOSPITAL OUTPATIENT CARE

A licensed or approved hospital provides Hospital Outpatient Care to clients treated, but not admitted to stay, at the facility. 260,347 clients, average client cost = \$929

MANAGED HEALTH CARE PAYMENTS

Managed Health Care Payments are fixed monthly premiums paid on a per client basis to managed health care providers. In return for the payment, a managed health care provider makes a range of services available to the client. The one-time payment is independent of the client's use of those services and replaces the traditional fee-for-service arrangement. Health maintenance organizations (HMOs), which provide services through staff physicians, or health insuring organizations, which contract with primary care physicians to provide services, administer managed health care plans. *764,871 clients, average client cost* = \$1,371

OTHER MEDICAL SERVICES

Other Medical Services include laboratory tests, radiology, durable medical equipment, home health care, vision care, chiropractic care, Indian Health, rural health facilities, and a variety of other services that represent a small proportion of MAA expenditures. *758,507 clients, average client cost* = \$628

PHYSICIAN SERVICES

A provider of Physician Services is, or is under the personal supervision of, an individual licensed to practice medicine or osteopathy. Providers furnish Physician Services in the physician's office, the client's home, a hospital, a nursing facility, or a clinic. Physician Services include primary care case management. 430,234 clients, average client cost = \$541

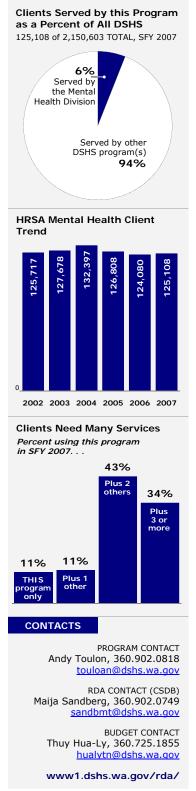
PRESCRIPTION DRUGS

These include simple or compound substances or mixtures prescribed by a physician or other licensed practitioner and dispensed by licensed pharmacists or other authorized practitioners, with no adjustment for drug rebate. *418,155 clients, average client cost* = \$940

Not in this report: Audit Settlements, Family Planning, HIV Insurance, Kidney Disease Programs, Medicare Premium Payments, Transportation, Disproportionate Share, Drug Rebates. DSHS | Mental Health Clients (HRSA)



Number 11.136.030 A look at client participation using DSHS' Client Services Database



2007 Client Participation

MENTAL HEALTH DIVISION (MHD) is part of the Health and Recovery Services Administration (HRSA) and administers psychiatric treatment services for adults and children who are living with significant mental illnesses. MHD administers services through three channels 1) Directly operated state mental hospitals, which deliver services to clients on civil or forensic commitment orders. 2) Contracts with Regional Support Networks, administrative entities which contract with licensed community mental health providers to supply mental health services. RSNs coordinate crisis response, community support, residential and resource management services. MHD funds services to Medicaid eligible consumers within an RSN through capitated Prepaid Inpatient Health Plans and limited services are available to non-Medicaid-eligible consumers within general state fund resources. 3) In areas where there is no RSN, MHD directly issues and manages fee for service contracts with local providers. In State Fiscal Year (SFY) 2007, 125,108 clients received the services described below from the Mental Health Division. The average cost per client was **\$4,800**.

COMMUNITY INPATIENT EVALUATION AND TREATMENT

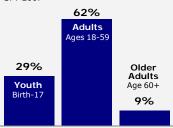
Acute psychiatric care on a voluntary and involuntary basis is provided in a variety of community settings including general hospitals, psychiatric specialty hospitals, and freestanding evaluation and treatment residential treatment facilities (E&Ts). In order to provide involuntary services, these hospitals and facilities must be certified and able to meet the treatment needs and rights of those who have been determined to meet state standards for involuntary mental health commitment. These certified settings provide services during emergency situations for the initial 72hour detention and for an additional 14 days of commitment if necessary. 7,689 clients, average client cost = \$12,100

STATE HOSPITALS (STATE INSTITUTIONS)

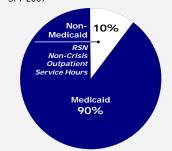
For adults requiring longer periods of treatment than community hospitals and E&Ts are able to provide, long term treatment services are provided by the two adult psychiatric hospitals operated by the state, Eastern and Western State Hospitals. The Program of Adaptive Living Skills (PALS) is a residential program on the grounds of WSH and is intended as a transitional program where former patients are taught community living skills. 2,889 clients, average client cost = \$73,000



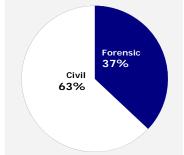
Age of Clients Receiving Outpatient Services



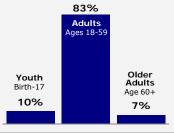
Most Non-Crisis Outpatient Services go to Medicaid Clients



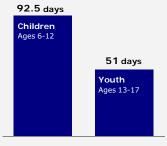
State Hospital Resident Status



Age of Clients Receiving Community Inpatient Services SFY 2007



Wait Times for Children and Youth Needing CLIP Services SFY 2007 • AVERAGE DAYS



CHILDREN'S LONG-TERM INPATIENT PROGRAM

For children and youth, initial acute inpatient services are provided either in community psychiatric hospitals or in special units set aside for children and youths. Children's Long-Term Inpatient facilities, (CLIP), provide inpatient care for those children and youth who need extended inpatient services. Standing agreements between CLIP and the RSN detail the responsibility for the resource management of these beds. *101 clients, average client cost* = \$65,500

CHILD STUDY AND TREATMENT CENTER

The CLIP facilities (above) include the Child Study Treatment Center which is a 47 bed state run facility on the grounds of Western State Hospital. MHD also holds contracts for the operation of three community run CLIP programs. These three facilities provide for an additional 44 children statewide. *92 clients, average client cost = \$112,800*

COMMUNITY SERVICES

Community Support Services are designed to support the person's recovery goals as documented in their individual treatment plan. Crisis services include a 24-hour per day crisis line, in-person evaluations to anyone in the community, and stabilization services offered to maintain individuals in their current living situation. Crises are to be resolved in the least restrictive manner and should include family members and significant others as appropriate.

Outpatient rehabilitation services are provided to support people in their own homes and promote access to safe and affordable housing and community integration. These services include:

- Individual counseling and psychotherapy
- Medication management
- Crisis and stabilization
- High Intensity Treatment and Program of Assertive Community Treatment Teams
- Peer Support
- Day treatment (day support)
- Services to individuals transitioning from jails or correctional facilities
- Respite for caregivers, clubhouses, and supported employment as funding allows

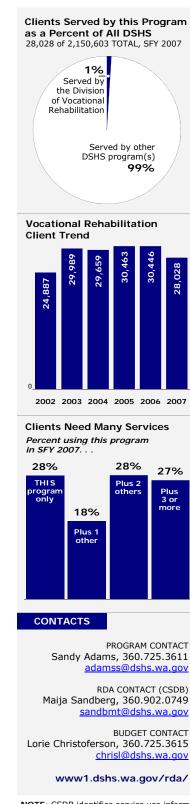
Medically necessary services are provided as needed to Medicaid recipients and limited services may be available to some low income individuals who do not qualify for Medicaid. Includes Medicaid Personal Care, Community Options Program Entry Services (COPES), Washington Medicaid Integration Partnership pilots (in selected counties), and Medicare crossover. *123,565 clients, average client cost* = \$2,300

 $\operatorname{\textbf{NOTE}}$: In some cases, client counts and costs may vary from other MHD reports due to variations in underlying data.

DSHS | Vocational Rehabilitation Clients



Number 11.136.100 A look at client participation using DSHS' Client Services Database



2007 Client Participation

THE DIVISION OF VOCATIONAL REHABILITATION (DVR) serves individuals who want to work but have difficulty with employment due to a physical, sensory, cognitive, or mental disability. DVR provides vocational assistance and support to eligible individuals to get and keep employment. Eligibility is based on the presence of one or more disabilities that represent a substantial barrier to employment for which the individual requires VR services to enter employment or keep a job. DVR employees provide services that help individuals quickly engage in identifying their vocational strengths and understand the steps that lead to employment.

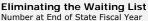
Vocational Rehabilitation Counselors throughout the state provide one-onone counseling to assist each person to decide on a job goal and develop an individualized plan for employment. As part of the planning process, DVR helps the individual identify resources for obtaining the services needed to reach his or her job goal.

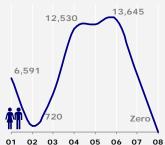
DVR explores funding available from a variety of public programs before committing DVR funds. If not available from other sources, DVR purchases vocational rehabilitation services that directly contribute to achieving the employment goal.

DVR is administered under the Rehabilitation Act, which appears as Title IV of the Workforce Investment Act (WIA). As a mandatory partner in WIA, DVR is heavily involved with its workforce partners at the state and local level in delivering services to eligible clients. DVR staff assigned to WorkSource Centers share expertise with partner programs and assist DVR clients to access the services, resources, and job opportunities available at no cost to them. In addition, DVR works collaboratively with other state, local and private organizations that deliver services to individuals with disabilities. These partnerships leverage resources more efficiently and improve coordination of services for individuals eligible for multiple programs.

In State Fiscal Year (SFY) 2007, **28,028 clients** received the services described below from the Division of Vocational Rehabilitation. The average cost per client was **\$1,250**. It is of note that DVR has the highest federal match of any program within DSHS. Every state dollar leverages four federal. Thus, every state dollar cut results in a five dollar reduction for DVR programs and services.



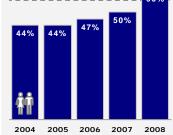




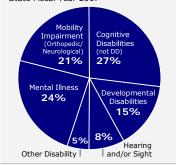
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Rehabilitation Rate State Fiscal Year

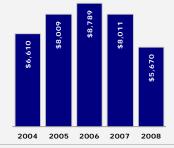
Federal Standard = 55.8% 60%



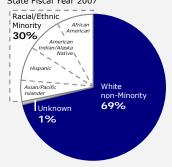
Type of Primary Disability State Fiscal Year 2007



Average Cost of Cases Closed Rehabilitated State Fiscal Year



Race Ethnicity State Fiscal Year 2007



VOCATIONAL REHABILITATION COUNSELING AND CASE MANAGEMENT

Vocational rehabilitation services help participants assess job skills and find suitable employment. Vocational rehabilitation counselors provide case management, counseling and guidance to assist eligible individuals with significant disabilities prepare for and achieve employment. To maintain employment, clients require ongoing followup and post-employment services. Other agencies provide long-term follow-up and employment services for individuals with the most significant disabilities who require supported employment. 27,905 clients, average client cost = \$781

VOCATIONAL ASSESSMENTS (JOB SKILLS)

Agencies contracted by DVR identify clients' interests, readiness for employment, and work skills. 5,158 clients, average client cost = \$297

MEDICAL AND PSYCHOLOGICAL SERVICES

Agencies contracted by DVR provide medical or psychological evaluations needed to identify work potential and/or enhance job accessibility. Medical and psychological services include the purchase of therapeutic treatment, counseling, or prescription drugs. 751 clients, average client cost = \$1,270

TRAINING, EDUCATION AND SUPPLIES

DVR supports post-secondary training and education programs. DVR also assists clients with books and supplies, equipment, assistive technology services and devices, and lab fees. 1,615 clients, average *client cost* = \$1,966

PLACEMENT SUPPORT

DVR provides or funds services associated with job placement. Placement Support includes assistance with resumes, job applications, interviewing skills; on-the-job training assistance; job search and job placement assistance. 1,552 clients, average client cost = \$3,917

SUPPORT SERVICES

DVR funds services associated with the completion of a rehabilitation plan and with finding and keeping employment. Support Services include payments for transportation, child care or interpreter services. 2,851 clients, average client cost = \$522

Much of the data for these program descriptions came from DSHS' Integrated Client Database (ICDB). The ICDB is a longitudinal client database containing 10 or more years of detailed service risks, history, costs, and outcomes. ICDB is used to support cost-benefit and cost offset analyses, program evaluations, operational program decisions, geographical analyses and in-depth research.

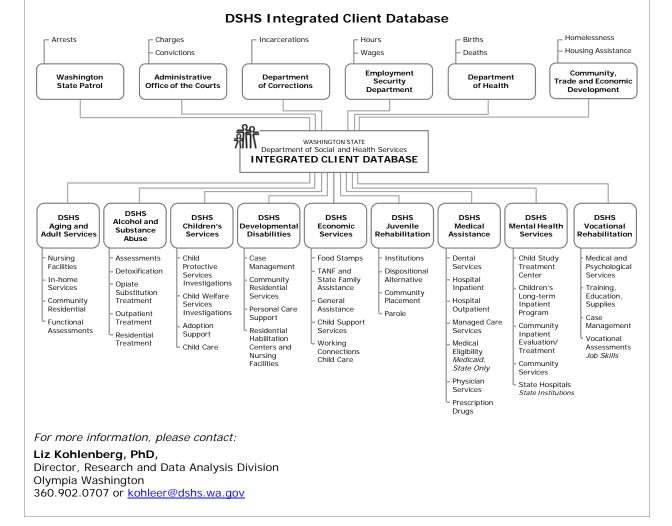
DSHS serves over 2.1 million clients a year. *The ICDB is the only place where all the client information comes together.* From this central DSHS client database, we get a current and historical look into the life experiences of residents who encounter the state's social service system.

The ICDB draws information from over 30 data systems across and outside of DSHS. It is created by extracting and matching client records for DSHS clients from administrative data collected by DSHS and other state agencies in their ongoing work with Washington residents.

The ICDB includes the following for each client, by date: identifiers, service history and service cost across DSHS, demography, geography of residence and service, risk indicators, outcomes, birth and death records, medical diagnoses, medical costs, prescription drug use, alcohol and drug problems, mental illness indicators, homelessness, functional disability status, chronic health conditions, criminal justice encounters, incarcerations, employment status, and wages. ICDB information is monitored for consistency and accuracy.

Strict client confidentiality. Strict confidentiality standards are in place to ensure protection of personal client information. Strict adherence to human subjects review applies to all research conducted from this central client database. Data management is HIPAA compliant.

Population estimates and geography. Population estimates are available at many different levels of geography, including state, county, cities, legislative districts, school districts, and census tracts. Our integrated database includes boundary files for each of these geographic areas and assigns geographic parameters to each client's service, cost, and outcome data. As a result, we are able to use this information to generate use rates by age, race, gender, and poverty levels for multiple geographic areas, enhancing our ability to make regional and local comparisons for policy purposes.



2007 Client Participation Program Descriptions



Annually, the Department of Social and Health Services provides services for 2.1 million people—one-third of the state's population. Descriptions of the services provided and profiles of the clients who receive these services are provided here.



RDA Research & Data Analysis Division