REPORT

SHARED CLIENTS: INTERCONNECTIONS AMONG DSHS SERVICES

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Department of
Social and Health Services
Planning, Research &
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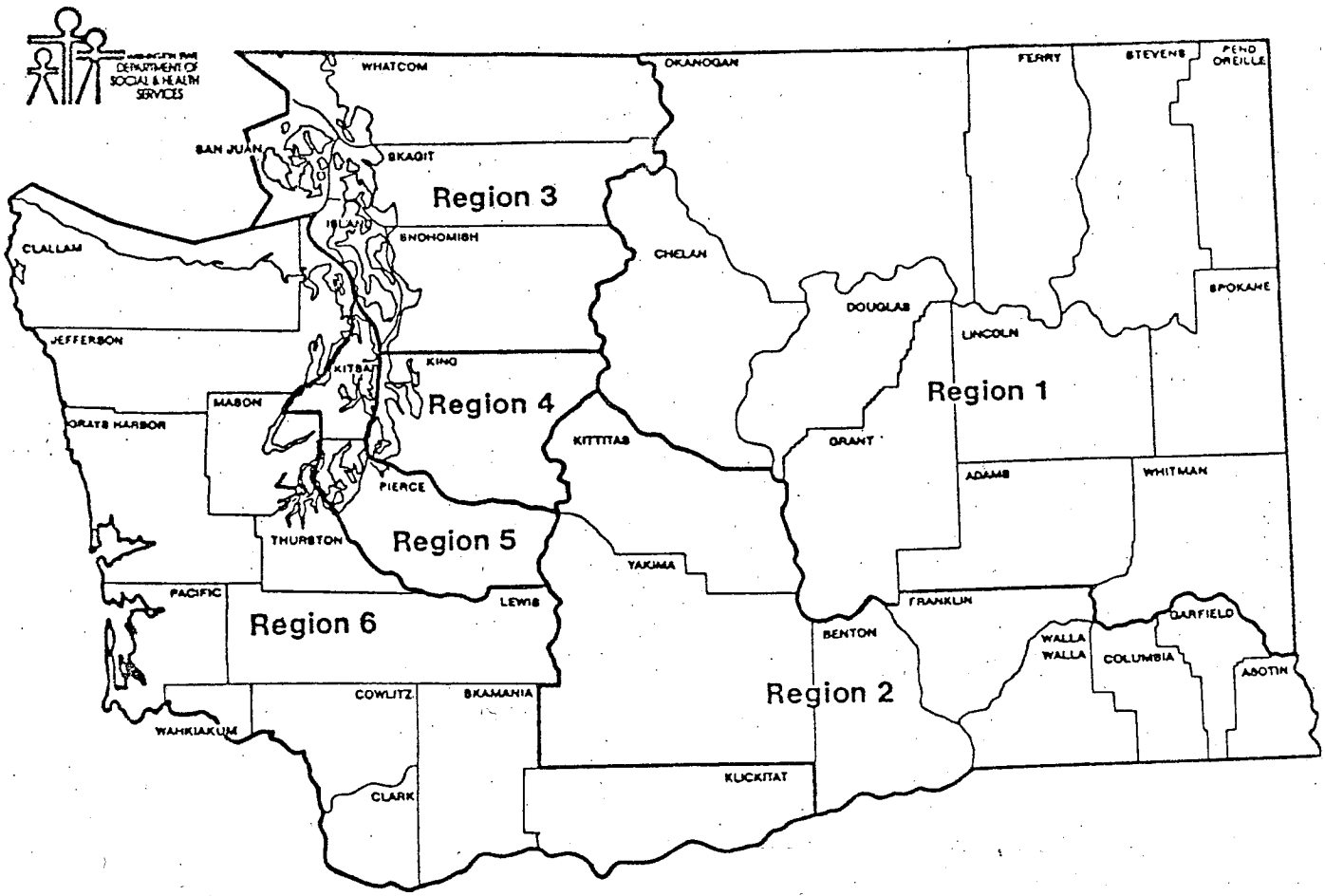
Office of Research &
Data Analysis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SHARED CLIENTS:

INTERCONNECTIONS AMONG DSHS SERVICES

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Executive Summary

This report describes the clients who used the Department of Social and Health Services (DSHS) within a single year. It concentrates on persons using multiple services and divisions. The report may assist policy-makers in exploring the efficiency, effectiveness and equity of DSHS services. It may also be useful in exploring alternative ways to organize services.

Unless otherwise noted, client counts and service costs in this report were drawn from the Needs Assessment Data Project (NADP) Unduplicated Client Database, maintained by the DSHS Office of Research and Data Analysis. This database included about 90% of the clients DSHS served during FY90. The 2.3 billion state and federal dollars identified as the direct cost of providing services to clients in the NADP database accounted for 78% of the FY90 DSHS expenditures. During FY90:

- About one out of five persons living in Washington used at least one DSHS service.
- The support provided to DSHS clients was substantial -- an average per-client direct annual service cost of $2,714 in state and federal dollars.
- Use of multiple DSHS services was the norm, not the exception, for DSHS clients. Two thirds of the clients used more than one service; the average client used 3.4.
- The annual average per-client service cost varied directly with the number of programs used. For one-program clients, it was $1,376; for nine-program clients, it was $11,955.
- Use of multiple divisions was also common. About half of the total clients (406,272) used more than one DSHS division. About 11% (87,734) used three or more divisions.
- Multiple-division clients were more expensive to serve than single-division clients. For all multiple division clients, the average annual direct service cost was $4,076. For those using three or more divisions, the cost jumped to $8,063.
- Four out of five DSHS clients received welfare, food assistance and/or medical assistance. The vast majority of multi-division clients received some of their services from Income and/or Medical Assistance.
- Eight out of ten DSHS divisions shared 52 to 80 percent of their clients with other divisions.

Extensive client use of multiple services supports the emphasis of DSHS divisions in providing case managers who match assessed client needs with improved service delivery and coordination. Not only should coordination between programs within a single division be emphasized, but the substantial costs associated with serving clients who use multiple divisions suggest that coordination across divisions could result in increased effectiveness and efficiency and maximize the leverage of available funds.

Introduction 1

Clients, Programs and Divisions

The Department of Social and Health Services (DSHS) is an umbrella human service agency. It offers various services and grants to individuals and families who are eligible based upon having one or more of the following difficulties:

- Poverty
- Unemployment
- Recent refugee status
- Long-lasting physical or mental disability, severe enough to affect the basic activities of daily life and/or create employment difficulties
- Severe chemical dependency and/or substance abuse
- Family stress which include abuse or neglect of children and/or dependent adults
- Juvenile criminal adjudication

While DSHS is a single agency, it has multiple organizational units. Programs define a single service or several closely related services (e.g., outpatient treatment) to one set of clients (e.g., children). Seventy-three different programs, ranging from Aid to Families with Dependent Children through Nursing Homes, are analyzed in this report.

DSHS programs are administered through a second level of organization, all called "divisions" in this report. A division administers multiple interrelated programs which are aimed at clients grouped according to specific problems, characteristics or needs. For example, the Division of Alcohol and Substance Abuse administers a number of programs (Assessment, Detoxification, Outpatient, Residential, Methadone Maintenance) to persons who are chemically dependent and have low to moderate incomes.

In this report, the Aging and Adult Services Administration is treated as a division, even though it is (and was during FY90) organizationally defined as an "administration". This treatment reflects the fact that AASA's internal divisions support clients who are physically disabled, aging or frail with a set of interrelated community services (such as Chore Services, Personal Care, COPES) and residential alternatives (such as nursing homes, adult family homes and congregate care facilities), all coordinated through AASA Field Services.

In the first section of this report, DSHS clients are described in terms of age, race/ethnicity, gender and residential location. In successive chapters, the report describes the practical interconnections among DSHS divisions and programs, as demonstrated through the use patterns of clients. The sixth and final chapter briefly discusses some of the policy implications for DSHS of the shared client findings.

This report describes an empirical reality: how seemingly separate DSHS divisions and programs were interconnected during FY90 through the use patterns of their clients. These interconnections did not necessarily result from DSHS planning; DSHS staff may or may not have been aware of the multiple program use of clients. This empirical examination may be useful to policy makers working with two interrelated issues:

- Improving the delivery of human services is an important policy and planning issue for DSHS. Do the patterns of multiple service use by clients suggest alternative ways to administer agency services?

- Large amounts of money are often spent (in total) on clients using several programs. Is that money being well spent? Are the clients getting the best bundle of services for the dollars? Could the same bundle of services be delivered more efficiently, effectively or equitably?

Divisions, Clients and Programs Included in the NADP Database

This report is based upon the Needs Assessment Data Project (NADP) Unduplicated Client Database for State Fiscal Year 1990. The NADP databases are constructed and maintained by the DSHS Office of Research and Data Analysis (ORDA). Appendix A contains important information on the NADP Client Database and its limitations. For more information from the NADP databases, read the FY90 NADP Reports, or contact ORDA.

The ten divisions covered, the types of client each division served, and the programs which are included in the NADP Client Database are described in Table 1 below. The NADP database included 73 different programs, excluding programs which are not described on client automated databases available within the agency. Child support collected and distributed by the DSHS Office of Support Enforcement was not included as a program in the NADP Client Database, and hence is not part of this report. Other missing services are described in Appendix A.

The programs covered accounted together for about 90% of the estimated DSHS clients statewide. The dollars spent serving those clients directly (excluding administration and service delivery costs as well as service costs for clients who were not in the NADP databases) accounted for about 78% of DSHS expenditures.

For more information about what services each program represents, see the Glossary (Appendix B). For information as to which programs and what dollars were not included, see Appendix A.

Table 1: Divisions, Client Services, and Programs in the NADP Database

Division	Description of Services	Programs
Aging and Adult Services Administration (AASA)	AASA serves disabled persons over 18 and frail, elderly persons who need either instrumental assistance with some of the activities of daily living (such as housework, shopping, and money management) or ongoing assistance with many daily life functions (such as self-care, eating, medication management).	Assessment and Case Management Adult Protective Services 3 Community-based Assistance Programs: - Some Chore Services - Personal Care Services - COPES 3 Residential Programs: - Adult Family Homes - Congregate Care Facilities - Nursing Homes Not included in FY90 NADP: Area Agencies on Aging programs Chore Contract Services
Division of Alcohol and Substance Abuse (DASA)	DASA provides assessment and treatment services to persons who are chemically dependent on alcohol, other drugs or both. Clients pay a portion of the cost of their treatment on a sliding scale, and the ADATSA programs (which include job training and job search assistance) are only available to indigent clients who are unemployable because of their addiction.	ADATSA Assessments ADATSA Living Stipend Detoxification Methadone Treatment Outpatient Treatment Residential Treatment
Division of Children and Family Services (DCFS)	DCFS serves children and adolescents who are being abused or neglected by their families, or who are enmeshed in family conflict to the point where it threatens the family unit.	Adoption & Adoption Support Child Protective Service In-home Programs: - Family Reconciliation Service - Home Based Services Out-of-home Placements: - Interim Care Services - Foster Care - Treatment Foster Care - Group Care - Special Group Care Specific Childcare Subsidies: - Therapy Child Care - Work Child Care
Division of Developmental Disabilities (DDD)	DDD serves persons who are developmentally disabled as a result of physical conditions which originated before adulthood, are expected to be lifelong, and constitute a substantial handicap to everyday functioning.	Assessment & Case Management 4 Community-based Support Services - Employment - Family Support - Habilitation Services - Supplemental Community Service 3 Residential Programs - Community Residential Facilities - Non-Facility Residential - Residential Habilitation Centers

Division of Income Assistance (DIA) and Economic and Medical Field Services (EMFS)	DIA and EMFS together provide welfare grants to very low-income persons, particularly those who are disabled and unemployable, have children under age 18 and are unemployed, or are pregnant. They also provide food assistance to all persons in poverty. Throughout this report, these two entities are referred to as "income Assistance" or "DIA."	AFDC-E & FIP-equivalent AFDC-R & FIP-equivalent Aged-Blind-Disabled Food Assistance General Assistance Unemployable Pregnancy Grants
Division of Juvenile Rehabilitation (DJR)	DJR serves children and adolescents who have been tried and convicted of crimes. While DJR administers community non-residential programs, they are not reported here. Instead, this report concentrates upon residential programs, or upon persons coming out of residential programs onto parole.	Community Beds Parole State Institutions Mental Health Chemical Dependency Treatment while in DJR facilities
Medical Assistance Administration (MMA or DMA)	The Division of Medical Assistance (now called the Medical Management Administration) provides medical services to persons who are poor and are refugees, disabled, pregnant or raising children under 18.	Dental Services HMOs Hospital Inpatient Hospital Outpatient Medicare Part B Other Medical Physician Services Prescription Drugs
Division of Vocational Rehabilitation (DVR)	DVR administers a set of programs which encompass the vocational rehabilitation of persons with disabling conditions which affect their work opportunities.	Case Management for Supported & Non-Supported Employment Education & Training Medical/Psychological Treatment Personal Support Placement Support Vocational Diagnosis
Mental Health Division (MHD)	MHD administers treatment programs for adults and children who are severely and/or chronically mentally ill. Program groupings include outpatient and community support programs, day treatment programs, group housing programs, and inpatient services at both state mental hospitals and community psychiatric hospital beds.	Case Management 3 CMHC Services: - Intake - Outpatient Treatment - Medication Management 2 Day Treatment Programs: - Adult - Child 3 Community Residential Programs: - Community Residential Transitional - Community Residential Treatment - Group Housing Psychiatric Inpatient Programs: - Child Study & Treatment Center - Involuntary Hospitalizations in the Community - State Psychiatric Hospitals - PALS - PORTAL

Who Are DSHS Clients? 2

Who Used DSHS Services?

The Needs Assessment Client Database records 856,242 persons who used at least one DSHS service during FY90 -- 17.6% of the Washington state population. The estimated total number of DSHS clients, including clients not recorded in the automated individual-level databases used to construct the NADP database, is estimated to be approximately one million during FY90 -- 20.5% of the state's population.

In other words, about one out of every five Washington state residents used at least one DSHS service during FY90.

DSHS spent approximately 2.3 billion state and federal dollars to provide direct services to the clients recorded in the NADP database. These dollars do not include service delivery or administrative costs, nor do they include dollars spent on the clients and programs not recorded in the automated databases. The 2.3 billion is approximately 78% of DSHS expenditures during FY90.

The dollars spent on DSHS clients are not small. The average annual per-client cost from the NADP database was $2,714.

Table 2 below shows the demographic characteristics and geographic distribution of DSHS clients. As comparisons, some population information from the 1990 Census is included on the table: the demographic characteristics and geographic distribution of Washington State's 1990 population and the number of persons who lived at or below 100% of the Federal Poverty Level during all of April 1989 and April 1990 is included.

Since many DSHS programs are geared to low-income persons (generally under 200% of the Federal Poverty Level), the population at or below 100% of the Federal Poverty Level seems a more appropriate comparison group for the agency's client base than the general population. The population under 200% of the Federal Poverty Level would be even more appropriate, but it is not available by race/ethnicity, age or gender from the Summary Tape Files released by the U.S. Census.

Across the dimensions of ethnicity, gender and region, DSHS clients resembled the poverty population more than the state's population as a whole. The age structure of DSHS clients, however, differs from both the poverty and the general populations.

- Two racial/ethnic groups (Asians and Hispanics) were somewhat "under-represented" in the DSHS client population, compared to their representation in the poverty population. Asians were 4% of the clients and 6% of the poverty population. Hispanics were 8% of the clients and 11% of the poverty population.

- One racial/ethnic group (Non-Hispanic Whites) was slightly "over-represented" as DSHS clients, compared to their representation in the poverty population. (Whites were 77% of the clients and 73% of the poverty population).

- Two racial/ethnic groups (Blacks and American indians) were represented similarly among DSHS clients and in the poverty population.

- Although a number of DSHS programs target low-income women preferentially over low-income men, the proportion of men and women among DSHS clients was the same as the proportions of either in the state's population or the poverty population.

- The age distribution of clients did not resemble the age distribution of either the state's population or the poverty population. Adults between 18 and 64 were "under-represented" in the clients by comparison with either the general population or the poverty population.

- Geographically, DSHS serves clients in every region of the state. The proportion of clients served in each region closely parallels the proportion of the poverty population in each region. Region 1 seems slightly underserved in relation to poverty population (17% of the DSHS clients are from Region 1, which contains 19% of the poverty population). (See regional map on inside cover.)

Table 2: Demographic Characteristics and Home Region of DSHS Clients, Washington State's Population, and Persons in Poverty

	DSHS Clients		State Population		Poverty Population	
	Number	Percent	Number	Percent	Number	Percent
Total	856,242		4,866,692		517,933	
White (Non-Hispanic)	626,305	77%	4,221,622	87%	378,731	73%
Black (Non-Hispanic)	59,375	7%	146,000	3%	29,895	6%
American Indian (Non-Hispanic)	29,901	4%	76,397	2%	21,870	4%
Asian (Non-Hispanic)	35,883	4%	203,668	4%	31,933	6%
Hispanic (All Races)	64,071	8%	214,570	4%	55,503	11%
Unknown Race	40,707					
Male	370,155	43%	2,413,747	50%	224,804	43%
Female	483,473	57%	2,452,945	50%	293,129	57%
Unknown Gender	2,614					
Age 0-17	350,414	42%	1,261,387	26%	179,272	35%
Age 18-64	367,613	45%	3,030,017	62%	289,152	56%
Age > 64	106,866	13%	575,288	12%	49,509	9%
Unknown Age	31,349					
Region 1	141,254	17%	635,327	13%	96,516	19%
Region 2	117,904	14%	437,897	9%	74,755	14%
Region 3	105,422	12%	743,207	15%	59,211	11%
Region 4	196,400	23%	1,507,319	31%	117,589	23%
Region 5	138,814	16%	775,934	16%	81,187	16%
Region 6	156,283	18%	767,008	16%	88,675	17%
Unknown Region	166					

Where Do DSHS Clients Live?

There were substantial numbers of DSHS clients in all the counties of Washington state, because the problems which lead to use of DSHS services occur in all communities. The accompanying map (Figure 1) shows, for each county, the number of DSHS clients as a percentage of the number of persons who lived at or below 200% of the Federal Poverty Level (the "low-income population") for the entire year between April 1989 and April 1990.

At the county scale, variations in use of services appear. The urban counties, the I-5 corridor, and counties bordering the Columbia River fell within the "average" use of services as related to the low-income population -- 60% to 74%.

However, in the other rural and small town counties, use in relation to the low-income population varied markedly. Either use was quite high relative to low-income persons (Pend Oreille, Asotin, Grays Harbor) or quite low (Ferry, Stevens, Lincoln, Whitman, Garfield, Wahkiakum, Grant, Douglas, Kittitas, Jefferson, Whatcom, Island and San Juan).

This variation in the use of DSHS services at the county scale is an important finding, and deserves further investigation. It could reflect differences in service accessibility. It also could reflect some imperfections in the relationship between using services and the measure of poverty chosen.

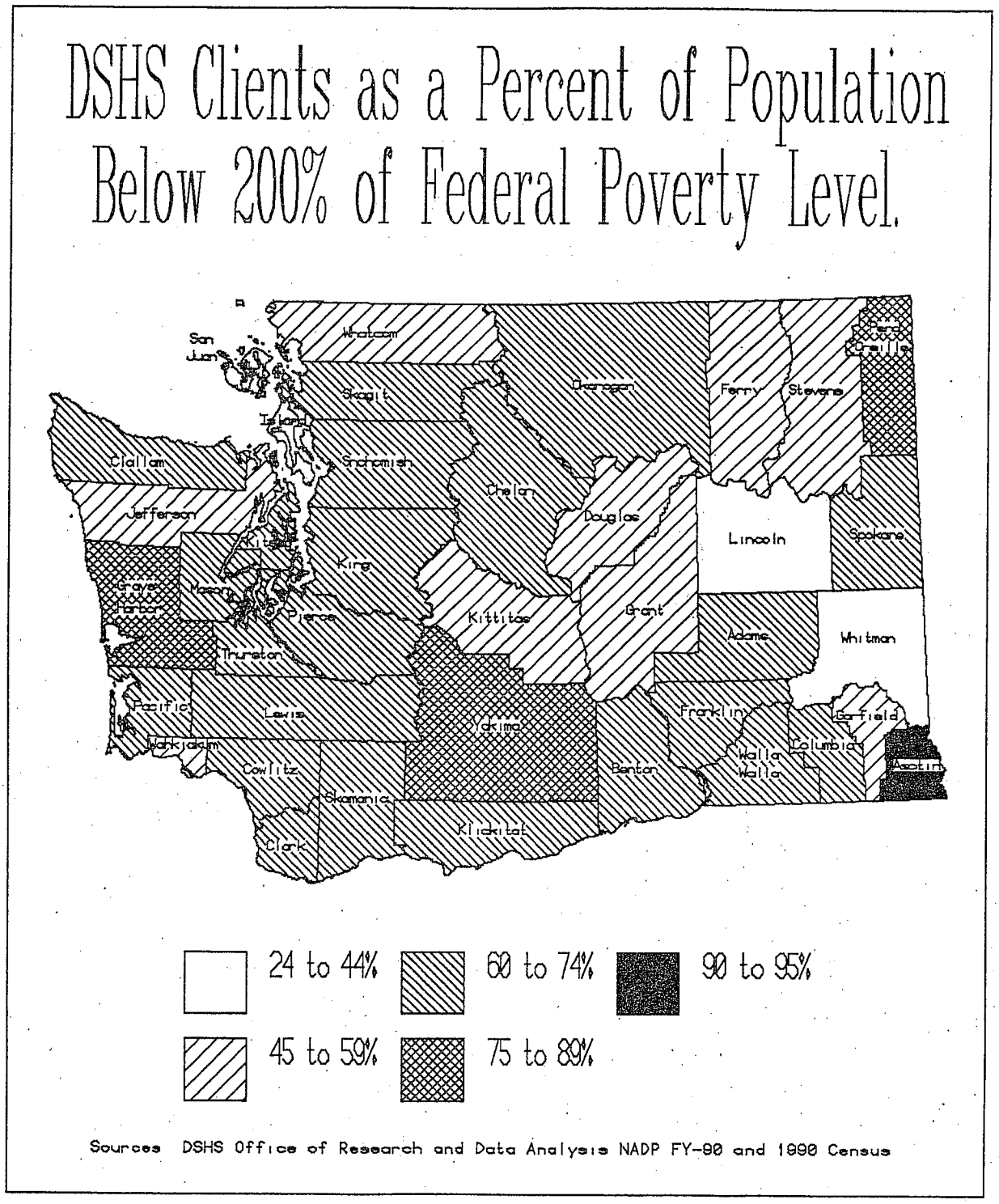
The Census data on persons at or below the 200% FPL is a reasonably good comparison group for DSHS clients, since some large DSHS programs have income eligibility requirements which are above 100% of the FPL. However, it has two problems as a base:

- It includes significant numbers of persons in stable low-income situations who are frequently not eligible for DSHS services. These groups include stable low-wage earners, graduate students, and low-rank military personnel housed off-base. Hence persons who are probably not eligible for DSHS services are included in the comparison population. If some counties had larger proportions of such ineligible low-income persons than other counties, the use percentage would seem low.

- On the other hand, a significant group of possible clients are excluded from the low-income measure: persons who are poor for only part of the year. These persons are eligible for DSHS services while they are poor. Hence, using as a comparison the number of persons who are poor for the entire year understates the population in poverty. This is particularly significant for counties with relatively large migrant worker populations, who would find their use percentages seemingly higher than expected.

Despite these data problems, the relationship between county geography and use of services merits exploration by DSHS. The NADP Division Reports examined use of services at the county scale program by program, in relation to populations of "possible clients" -- persons likely to be eligible, given the particular program involved. Those reports also show county variation in service usage. This suggests that county variation in service usage is real, may reflect differences in accessibility or availability of services, and deserves further investigation.

Figure 1:


DSHS Clients as a Percent of Population Below 200% of Federal Poverty Level.
San Juan
Whatcom
Skagit
Island
Snohomish
Okanogan
Ferry
Stevens
Pend Oreille
Clallam
Jefferson
Chelan
Douglas
Lincoln
Spokane
King
Kitsap
Mason
Grays Harbor
Pierce
Kittitas
Grant
Adams
Whitman
Thurston
Pacific
Lewis
Yakima
Franklin
Garfield
Columbia
Walla Walla
Asotin
Wahkiakum
Cowlitz
Benton
Skamania
Klickitat
Clark
24 to 44%
45 to 59%
60 to 74%
75 to 89%
90 to 95%
Sources DSHS Office of Research and Data Analysis NADP FY-90 and 1990 Census

Who Used Multiple DSHS Divisions?

The Needs Assessment Client Database revealed that **406,272** separate persons used programs from two or more DSHS divisions between June 1989 and July 1990. These are "cross-division" clients, or "shared clients."

Clients may not have used all of the programs involved at one time. The programs were simply all used within a single fiscal year. Clients could have used first one program in one division and then another program in another division during that year.

These multiple use patterns do not necessarily result from DSHS planning. The divisions involved may never have planned to share these clients. Division staff may not even know that the client used services from other divisions.

Table 3 below shows how those shared clients were distributed across social groups: race/ethnicity, age, and gender; and across the six DSHS regions. For comparison purposes, the total numbers of clients and percentages are included. These percentages are slightly different from those given in Table 2, because in Table 3, persons whose ethnicity, gender or age were unknown were included in the percentages. (See regional map on inside cover.)

Table 3: Demographic Description and Home Region of Cross-Division Clients

	Total Clients		Shared Clients	
	Number	Percent	Number	Percent
Total	856,242		406,272	
White (Non-Hispanic)	626,305	73%	304,225	75%
Black (Non-Hispanic)	59,375	7%	33,593	8%
American Indian (Non-Hispanic)	29,901	3%	16,973	4%
Asian (Non-Hispanic)	35,883	4%	23,448	6%
Hispanic (All Races)	64,071	7%	26,851	7%
Unknown Race	40,707	5%	1,211	0
Male	370,155	43%	165,264	41%
Female	483,473	56%	241,008	59%
Unknown Gender	2,614	0	0	0
Age 0-17	350,414	41%	191,677	47%
Age 18-64	367,613	43%	189,126	46%
Age > 64	106,866	12%	25,930	6%
Unknown Age	31,349	4%	6,000	1%
Region 1	141,254	17%	68,912	17%
Region 2	117,904	14%	54,254	13%
Region 3	105,422	12%	46,140	12%
Region 4	196,400	23%	90,572	22%
Region 5	138,814	16%	70,467	17%
Region 6	156,283	18%	75,880	19%
Unknown Region	166	0	48	0

How Many Services Did Clients Use? 3

How Many Programs Did Clients Use?

A program as defined in this report is a single service or a set of closely related services, as listed in Table 1 and defined in more detail in the Glossary (Appendix B). Examples of program usage include: (1) receiving food stamps, (2) living in a non-treatment foster home, or (3) receiving chemical dependency outpatient services.

A little more than one-third of all the clients in the NADP Client Database used only one program during FY90. The programs which occurred most frequently as the only program a client used are listed in Table 4 below:

Table 4: Which Programs Were Most Often Used Singly During FY90

Programs Most Often Used Singly	Number of Clients Using Only This Program in FY90	Average Annual Dollars Spent on Those Clients
Food Stamps or Food Cash	99,487	$ 225
Child Protective Services	44,755	$ 278
Aged-Blind-Disabled	37,648	$ 1
Nursing Homes	17,830	$ 12,455
Substance Abuse Outpatient Treatment	11,118	$ 711

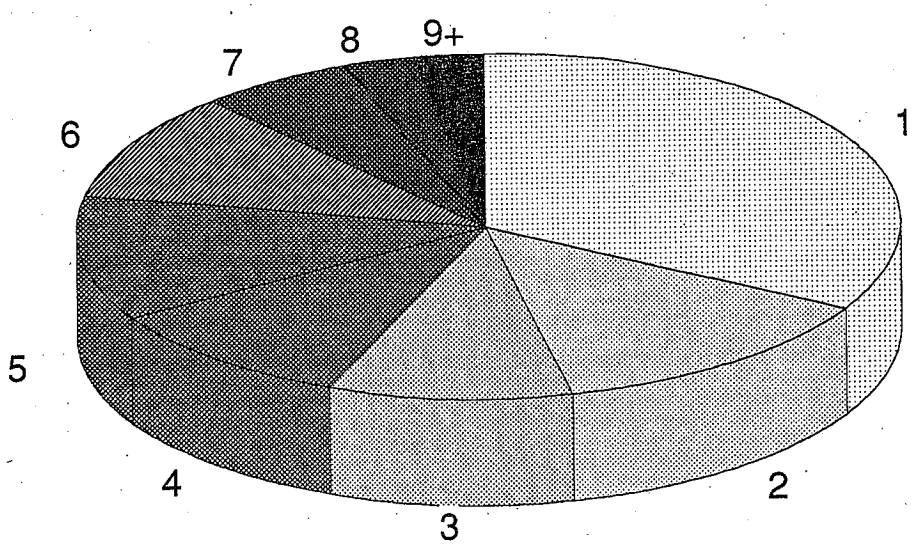
As Table 5 below shows, almost two thirds of the clients in the NADP Client Database -- 568,847 persons -- used two or more programs during FY90. The average number of programs used by a DSHS client during FY90 was 3.4.

Of course, as clients use more programs, the average annual cost per client rises also.

Table 5: Number of Programs Used and Average Per-Client Cost During FY90

Number of Programs	Number of Clients	Percent of Clients	Total Dollars	Percent of Total Dollars	Average Dollars
1	287,395	34%	$395,423,489	17%	$1,376
2	114,314	13%	$189,239,433	8%	$1,655
3	81,262	9%	$174,136,772	7%	$2,143
4	89,502	10%	$224,807,915	10%	$2,512
5	98,959	12%	$301,801,390	13%	$3,050
6	85,824	10%	$323,283,944	14%	$3,767
7	52,933	6%	$275,713,914	12%	$5,209
8	23,796	3%	$173,053,151	7%	$7,272
9 or more	22,257	3%	$226,089,816	11%	$11,955
Total	856,242	100%	$2,323,549,824	100%	$2,714

Figure 2: Number of Programs Used by All DSHS Clients



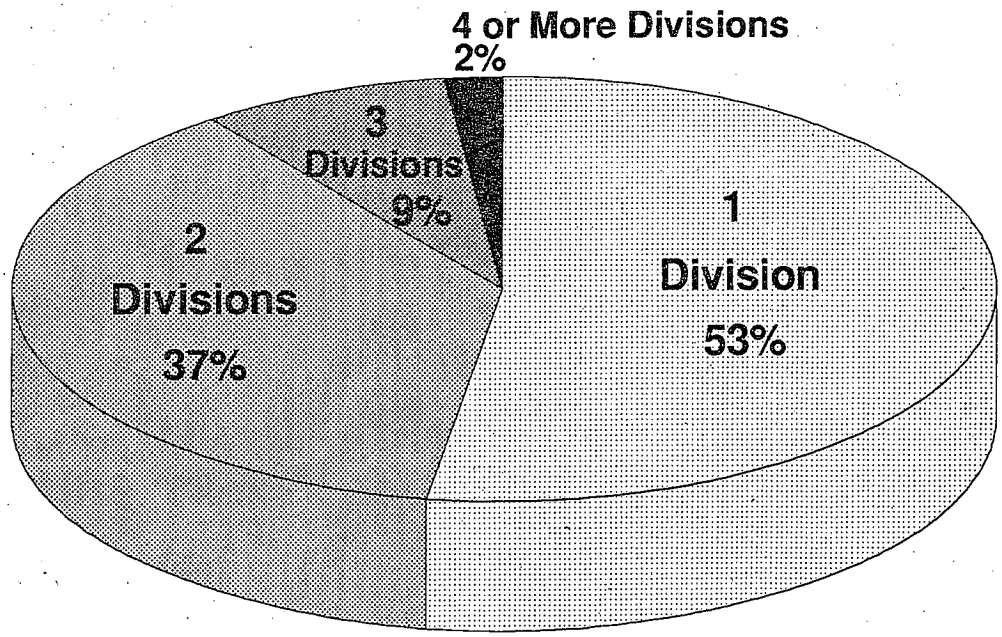
How Many Divisions Did Clients Use?

As Table 6 below shows, almost half the clients in the NADP Client Database -- 406,272 persons -- used services from two or more DSHS divisions during FY90. Most of those (37 percent of all clients) were served in two divisions. Nine percent of all clients were served in three divisions, and 2 percent -- 14,424 clients -- were served in four or more divisions.

Table 6: Number of Divisions and Average Per-Client Cost During FY90

Clients Using DSHS Divisions	Number	Percent	Average Cost Per Client
Total Unduplicated Clients	856,242	100%	$2,714
Clients Using 1 Division	449,970	53%	$1,484
Clients Using More than 1 Division	406,272	47%	$4,076
Clients Using 2 Divisions	318,538	37%	$2,978
Clients Using 3 Divisions	73,310	9%	$7,289
Clients Using 4-7 Divisions	14,424	2%	$11,995

Figure 3: Number of Divisions Used by All DSHS Clients



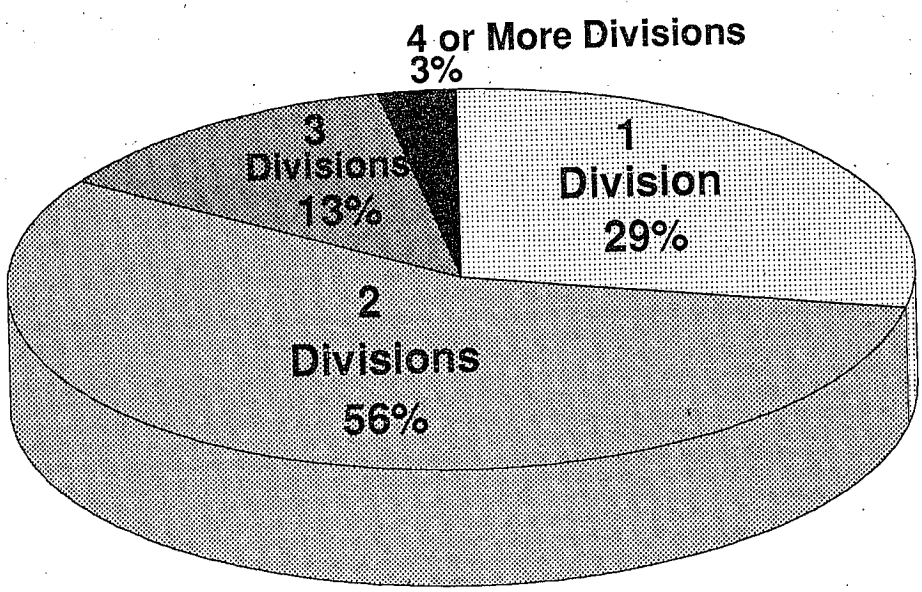
An alternate analysis of DSHS clients' use of multiple divisions focuses only on those clients who used more than one DSHS program during FY90, since by definition if a client uses only one program it is only possible to use one division. Such a shift does not alter the number of clients using multiple divisions, but it does alter the percentages. Table 7 and Figure 4 below illustrate this approach.

About 71% of DSHS multi-program clients were also multi-division clients, using services from two or more DSHS divisions during FY90. Most of those persons (56 percent of the multi-program clients) were served in two divisions. Thirteen percent of all multi-program clients were served in three divisions, and three percent were served in four or more divisions.

Table 7: Number of Divisions Used by Multi-Program Clients During FY90

Clients Using DSHS Divisions	Number	Percent	Average Cost Per Client
Total Clients Using More than One Program	568,847	100%	$3,390
Multi-Program Clients Using 1 Division	162,286	29%	$1,677
Clients Using More than 1 Division	406,272	71%	$4,076
Clients Using 2 Divisions	318,538	56%	$2,978
Clients Using 3 Divisions	73,310	13	$7,289
Clients Using 4-7 Divisions	14,424	3%	$11,995

Figure 4: Number of Divisions Used by Multi-Program Clients



Do DSHS Divisions Serve Various Client Groups Differently?

Table 8 and Figures 5 and 6 below show the variation in the use of multiple divisions according to age, gender and race/ethnicity. These data show:

- Persons over 64 were **much** more likely than persons under 64 to use only one division (76%) than were younger clients (45% for children and 49% for working-age adults).

- Asian, American Indian and Black clients were more likely to use two or three divisions than were White non-Hispanic clients, but they were less likely to use four or more divisions.

- Hispanics were much less likely to be served by multiple divisions than any other ethnic group. This is a problematic finding, particularly since the NADP reports show that Hispanics also consistently used individual services at a lower rate than most other ethnic groups.

- Women were slightly more likely than men to receive services from two divisions; not surprising since several divisions had some programs focused upon poor persons and single parents, and since women are much more likely than men to be in either group.

- Client's home region had little impact upon use of multiple divisions. The only differences were slight: clients in Region 3 were slightly less likely to use services from two divisions (34%) and those in Region 5 were slightly more likely to do so (40%) than the clients in state as a whole (37%). (See regional map on inside cover.)

Table 8: Cross-Division Service Use Frequencies by Social Group and Home Region

	Number of Divisions in Which Service was Received								Total
	1 Division		2 Divisions		3 Divisions		4 or More		
White Non-Hispanic	322,080	51%	236,026	38%	55,870	9%	12,329	2%	626,305
Black Non-Hispanic	25,782	43%	27,092	46%	5,643	10%	858	1%	59,375
AmerIndian/AK Native	12,928	43%	13,386	45%	3,045	10%	543	2%	29,901
Asian/Pacific Is.	12,435	35%	18,526	52%	4,590	13%	332	1%	35,883
Hispanic (All Races)	37,220	58%	22,667	35%	3,862	6%	322	1%	64,071
Other/Unknown Race	39,496	97%	866	2%	304	1%	41	0%	40,707
Age 0 to 17	158,737	45%	161,059	46%	27,356	8%	3,262	1%	350,414
Age 18 to 64	178,487	49%	140,223	38%	38,789	11%	10,115	3%	367,613
Age > 64	80,936	76%	17,377	16%	7,474	7%	1,079	1%	106,866
Unknown Age	25,349	81%	5,434	17%	551	2%	15	0%	31,349
Male	204,891	55%	124,867	34%	33,263	9%	7,134	2%	370,155
Female	242,465	50%	193,671	40%	40,047	8%	7,290	2%	483,473
Unknown Gender	2,614	100%	0	0%	0	0%	0	0%	2,614
Region 1	72,342	51%	55,035	39%	11,371	8%	2,505	2%	141,254
Region 2	63,650	54%	43,879	37%	8,773	7%	1,602	1%	117,904
Region 3	59,282	56%	35,419	34%	8,734	8%	1,986	2%	105,422
Region 4	105,828	54%	68,756	35%	18,585	9%	3,231	2%	196,400
Region 5	68,347	49%	55,126	40%	12,722	9%	2,619	2%	138,814
Region 6	80,403	51%	60,299	39%	13,107	8%	2,474	2%	156,283
Region Unknown	118	71%	23	14%	18	11%	7	4%	166
All DSHS Clients	449,970	53%	318,538	37%	73,310	9%	14,424	2%	856,242

Figure 5: Number of Divisions Used by Age, Race and Gender Subgroups

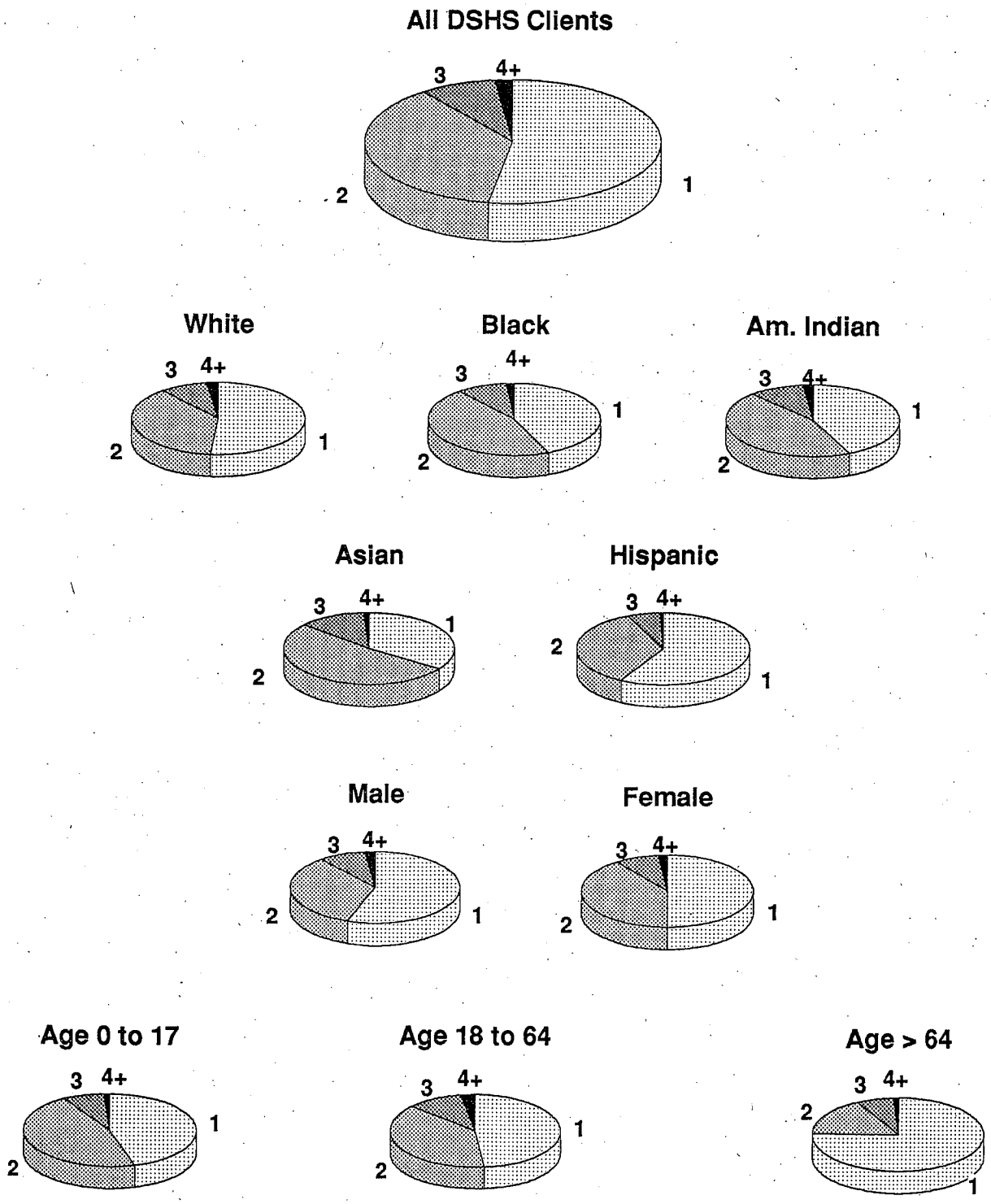
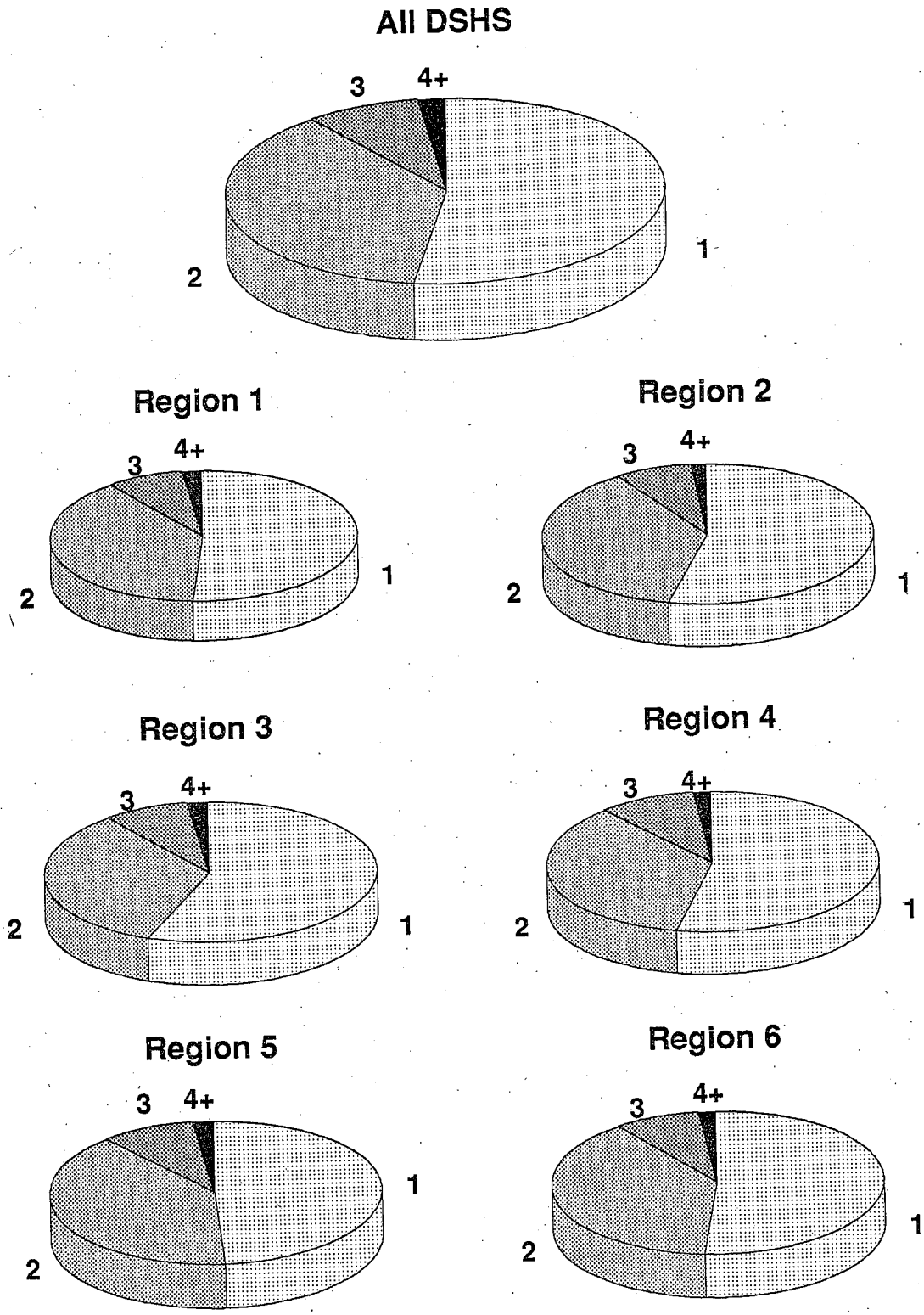


Figure 6: Number of Divisions Used in Each DSHS Region



Patterns of Cross-Division Service 4

How Frequently Does Each Division Share Clients?

Figure 7: Percent of Cross-Division Clients, by Division

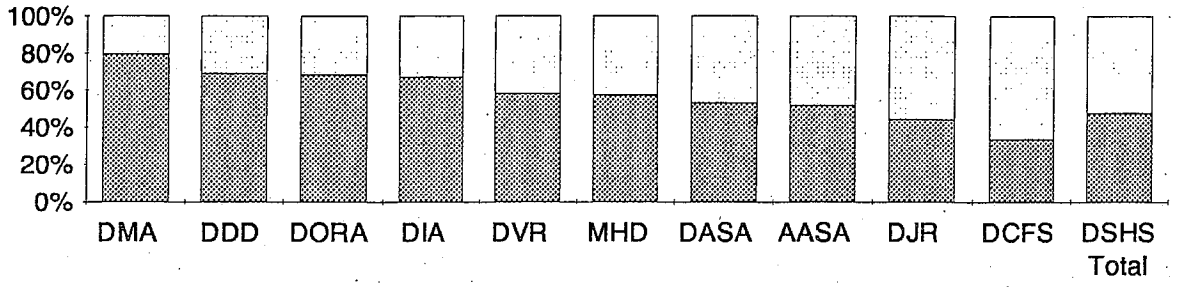


Figure 7 and Table 9 suggests that DSHS divisions are complexly interconnected. Table 9 below shows the important interconnections among DSHS divisions which result from their overlapping client base:

- In four divisions (Medical Assistance, Developmental Disabilities, Refugee Assistance, and Income Assistance), over two-thirds of the persons served received at least one service from some other division during FY90.

- In four other divisions (Vocational Rehabilitation, Mental Health, Alcohol and Substance Abuse, and Aging and Adult Services), between 50 and 60% of the persons served received at least one service from another DSHS division during FY90.

- The least interconnected divisions appear to be those serving young people. Table 8 indicates that Juvenile Rehabilitation shared 44% of its clients with other divisions, and Children and Family Services shared 33% to 39% of its clients. However, this table may understate the actual interconnections involving those divisions, because of two artifacts of the NADP Client Database:

    - The Juvenile Rehabilitation information in the NADP Client Database includes only those 2,227 young people in state-funded residential treatment programs or on parole from those programs. It does not include the approximately 30,000 clients who were served in community non-residential and diversion programs, who were not recorded on DSHS automated databases. Those are the DJR clients most likely to be served by other divisions.

    - More than two-thirds of the clients referred to Child Protective Services could not be unduplicated using an automated process. The NADP Client Unduplication Process requires two pieces of identification information to match two client records and merge those two records into one person receiving two services. Many CPS referrals had only one item of identification, and hence could not be matched with other service records.

Despite the fact that the Division of Children and Family Services (DCFS) and the Division of Juvenile Rehabilitation have low rates of client overlap, DSHS clients under 18 are, as a group, slightly **more** likely than clients over 18 to be served in more than one division (see Table 6). This apparent anomaly reflects the fact that children are served in other divisions than DCFS and DJR, and a number of those divisions are heavily interconnected (Income and Medical Assistance, for example).

Finally, the percent of clients shared by two divisions may not be the only way to judge whether or not the amount of overlap is sizeable. For example, even though DCFS has the smallest percentage of shared clients, still 36,268 (Table 8) of its children are also served by other divisions.

All of the cross-divisional services discussed in this report understate the complexity of the interconnections between DSHS clients and divisions, because they do not indicate when two members of the same family or household are receiving services from two divisions. Hence, if a child was in a DCFS Foster Home, and that child's parent in drug abuse treatment from the Division of Alcohol and Substance Abuse, no interconnection would be recorded.

Table 9: Percent and Number of Cross-Division Clients, By Division

DSHS Divisions	Total	DSHS Clients Served In: One Division Only #	%	Two or More Divisions #	%
Medical Assistance	470,606	96,325	20%	374,281	80%
Developmental Disabilities	17,832	5,533	31%	12,299	69%
Refugee Assistance	9,522	3,013	32%	6,509	68%
Income Assistance	589,690	195,495	33%	394,195	67%
Vocational Rehabilitation	23,003	9,684	42%	13,319	58%
Mental Health	58,273	24,879	43%	33,394	57%
Alcohol & Substance Abuse	37,865	17,771	47%	20,094	53%
Aging & Adult Services	48,995[1]	23,642	48%	25,353	52%
Juvenile Rehabilitation	2,227[2]	1,247	56%	980	44%
Children & Family Services	108,649	72,381	67%	36,268	33%
ALL CLIENTS	856,242	449,970	53%	406,272	47%

[1] Several programs are missing from the AASA totals, and if they were included, the AASA total clients served would be larger. They are: Contract Chore Services and Area Agencies on Aging services.

[2] These clients include only those persons who were in incarcerated in State Juvenile Institutions or Community Housing or were formally on Parole during FY90. Juveniles serving sentences in the community, from Consolidated Juvenile Services, are not recorded on automated DSHS databases.

The Frequency of Cross-Division Pairs

This section shows exactly how many clients were jointly served by each pair of divisions during FY90. In other words, it answers the question: how many clients in each DSHS divisions were shared with each other DSHS division?

The frequency of cross-division pairs summarizes division interconnections caused by sharing clients. It is a function of two characteristics:

- The size of the division.
- The extent to which clients using that division also use other divisions.

It is important to note that even small **proportions of sharing** between divisions can lead to rather large numbers of cross-division clients.

Four points are clear from the tables and bar graphs which follow:

- Income Assistance and Medical Assistance were deeply interconnected, sharing 365,809 clients, who represent between 60% and 80% of their clients.
- Those two divisions were also the dominant partners for all other divisions. Usually, Income Assistance was the first partner (between 25% and 61% of the clients of other eight divisions were shared with DIA), and Medical Assistance was the second partner (between 19% and 59% of the clients in the other eight divisions were shared with Medical Assistance).
- The next most common partner was the Mental Health Division. For six divisions, it was the (distant) third partner, sharing between 2% and 11% of those six division's clients. However small the percentage of shared clients, the actual **number** of clients MHD shared with those six divisions -- between 1,400 to almost 5,000 -- was substantial.
- The Division of Children and Family Services has relatively strong ties in a cluster with Juvenile Rehabilitation (16% of DJR clients are also DCFS clients). The DJR/DCFS connection might have been stronger if it had been possible to include Consolidated Juvenile Services clients in the NADP database, and to thoroughly unduplicate Child Protective Service clients.

Table 10 shows how many clients were shared between each pair of divisions during FY90. The top number in each cell shows how many clients served by the division at the top of the table also received at least one service from the division to the right. The percentages are column percents; they show the number of shared clients as a percentage of the total clients served by the division at the top of the column.

For example, there were 22,990 clients who were served both in Income Assistance (DIA) and Aging and Adult Services (AASA). Those 22,990 clients represented 4% of DIA's 589,690 clients. However, those 22,990 clients also represented 47% of AASA's 48,995 clients.

Were all the cells in Table 10 added without client unduplication, the sum would be greater than the total number of shared clients, because some shared clients use three, four and five divisions, and those people were counted in each relevant pair in Table 10.

Table 10: Matrix of Division-by-Division Shared Clients

AASA Clients	DASA Clients	DCFS Clients	DIA Clients	DMA Clients	DJR Clients	DVR Clients	DDD Clients	DORA Clients	MHD Clients	
	350 1%	51 0%	22,990 4%	16,764 4%	0 0%	771 3%	2,461 14%	17 0%	4,758 8%	AASA
350 1%		1,161 1%	17,991 3%	14,802 3%	216 10%	2,041 9%	47 0%	10 0%	3,185 5%	DASA
51 0%	1,161 1%		30,682 5%	27,796 6%	361 16%	96 0%	1,319 7%	13 0%	4,673 8%	DCFS
22,990 47%	17,991 48%	30,682 28%		365,809 78%	554 25%	12,273 53%	10,907 61%	5,376 56%	29,455 51%	DIA
16,764 34%	14,802 39%	27,796 26%	365,809 62%		431 19%	9,791 43%	8,066 45%	5,598 59%	25,376 44%	DMA
0 0%	216 1%	361 0%	554 0%	431 0%		4 0%	11 0%	0 0%	148 0%	DJR
771 2%	2,041 5%	96 0%	12,273 2%	9,791 2%	4 0%		1,219 7%	28 0%	2,599 4%	DVR
2,461 5%	47 0%	1,319 1%	10,907 2%	8,066 2%	11 0%	1,219 5%		3 0%	1,452 2%	DDD
17 0%	10 0%	13 0%	5,376 1%	5,598 1%	0 0%	28 0%	3 0%		150 0%	DORA
4,758 10%	3,185 8%	4,673 4%	29,455 5%	25,376 5%	148 7%	2,599 11%	1,452 8%	150 2%		MHD
43,995	37,865	108,949	589,690	470,606	2,227	23,003	17,832	9,522	58,273	TOTAL

The upper number in each cell is the number of clients served by both divisions.
The lower number in each cell is the column percent: the percent of the total clients of the division at the top who also used programs from the division at the right.
The total at the bottom includes both shared and unshared clients; it is the total unduplicated clients in each division.

The Shared Client Bar Graphs

The bar graphs on the following pages illustrate the percentages of shared clients from Table 10. Each set of graphs represents one division. Call that Division A.

Within a set, each bar represents 100 percent of the clients of Division A. Each bar is divided into two parts. The dark parts illustrate the percent of Division A's clients who were shared with another division; the one named underneath the bar. The unshaded parts of the bar represent clients who were not shared between the two divisions.

At the end of each line is a single bar labeled "Total Shared." The bar again represents 100% of Division A's clients. The dark part of that bar represents the total proportion of Division A's clients shared with all other divisions. The unshaded part of the bar represents the proportion of Division A's clients served only within Division A.

Beginning with the first set, the Division in this case is the Aging and Adult Services Administration (AASA). The far right graph shows that about half of the clients from this division were shared with some other divisions. Most of the shared clients were found in Division of Income Assistance (DIA) (which shares about half of AASA's clients) and Division of Medical Assistance (DMA) (about a third shared). Smaller proportions were also shared with the Mental Health Division (about 10%) and the Division of Developmental Disabilities (about 5%).

The actual numbers of clients served, as well as the exact percentages, can be found in Table 10. AASA and DIA shared 22,990 clients: 47% of AASA's 48,995 clients. AASA and DMA shared 16,764 clients: 34% of AASA's clients. AASA and MHD shared 4,758 clients: 10% of AASA's clients. AASA and DDD shared 2,461 clients: 5% of AASA's clients.

The bars give a quick visual picture of sharing across divisions. However, they can be misleading; because they are percentages, they are biased by size differentials between the divisions. The small dark area at the bottom of the DDD bar representing clients shared with AASA looks insignificant, but it represents **2,461** people who use both these divisions: 14% of DDD's 17,832 clients, and 5% of AASA's 48,995 clients.

Figure 8: Bar Graphs of Division-by-Division Shared Clients

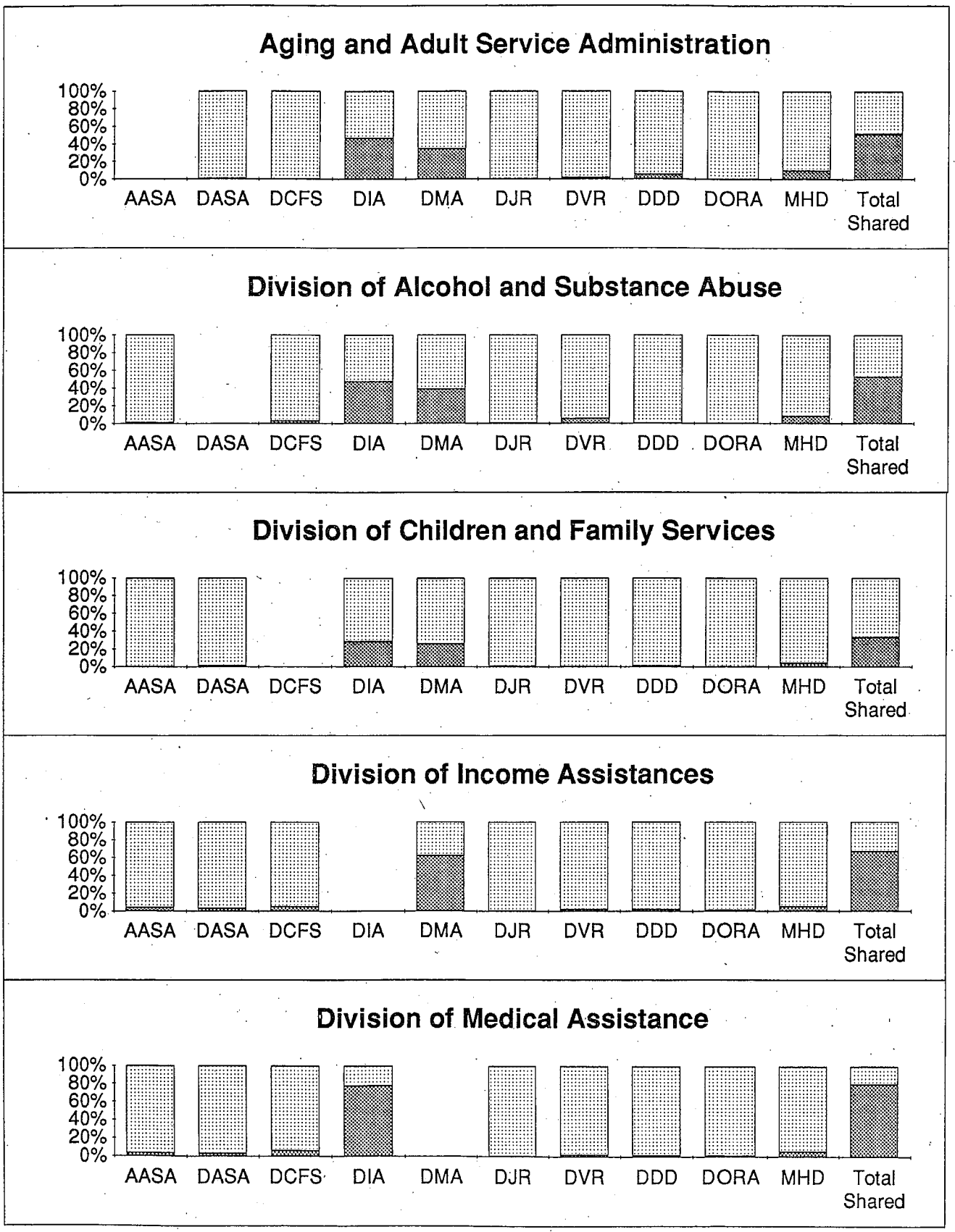
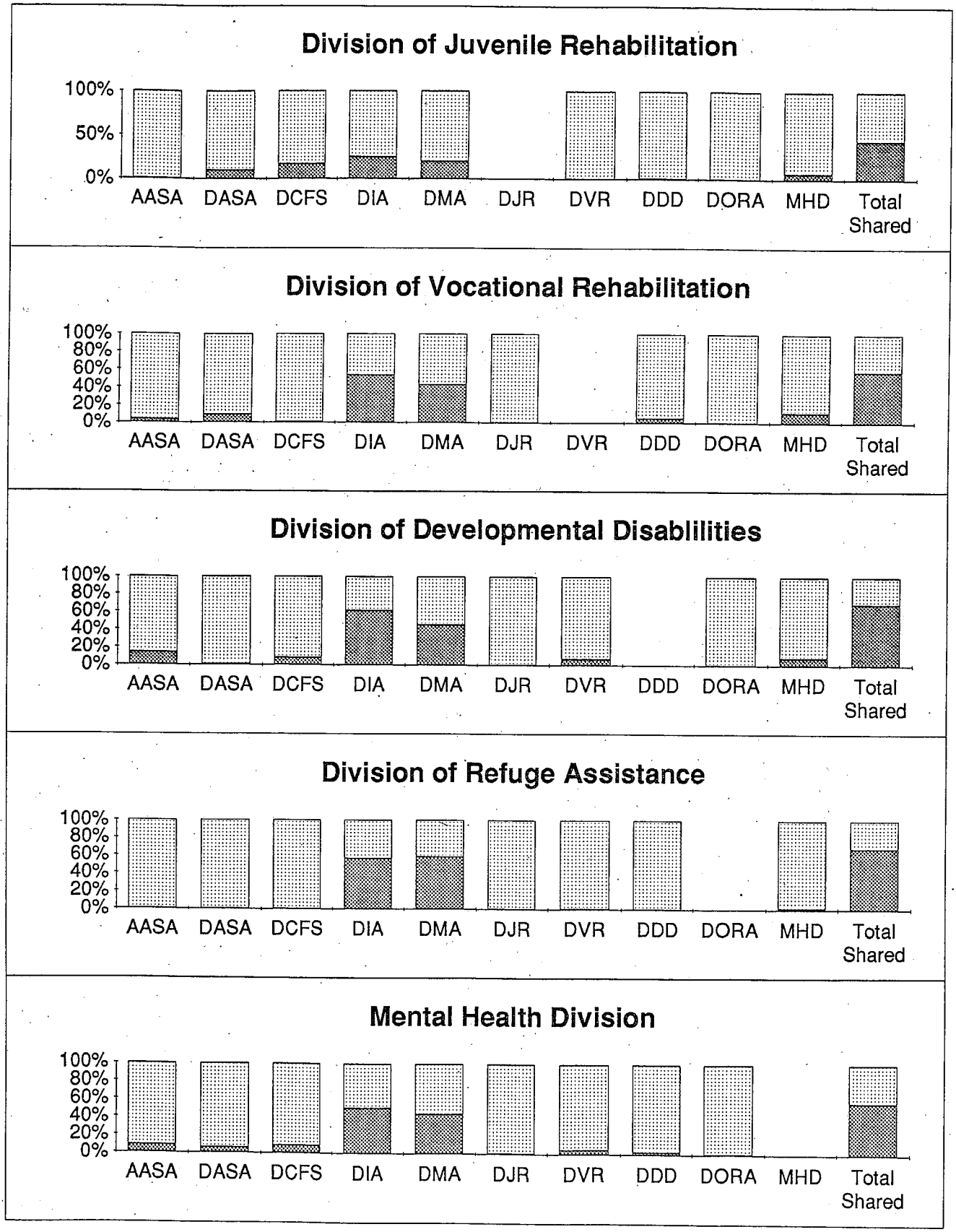


Figure 8 (continued):



What Are Common Patterns of Cross-Division Service?

Tables 11, 12 and 13 list all of the cross-division combinations which were used by 20 or more clients during FY90.

Table 11 lists cross-division combinations which included both Income and Medical Assistance. Table 12 lists cross-division combinations which included either Income or Medical Assistance, but not both. Table 13 lists those combinations which did not involve either of these poverty-based programs.

- Programs administered through the Division of Income Assistance (DIA) and the Division of Medical Assistance (DMA) ran like a spine through the division combinations. Seventy four of the 92 combinations listed included either DIA, DMA, or both. These clients were poor enough to qualify for welfare and/or medical benefits, and they had other problems as well.

- Of the 16 multi-division combinations where clients did not receive poverty-based services through either DIA or DMA, eight involved the Mental Health Division (MHD), making it the most frequent cross-division partner after DIA or DMA. The Division of Alcohol and Substance Abuse was next, participating in six combinations.

- Complex patterns of shared use are revealed in these tables which suggest the need for further analysis at the program level. For example, 438 persons used programs from Income Assistance, Medical Assistance, Developmental Disabilities and Mental Health. On average, those clients cost $19,170 for the year. What particular combinations of programs did these clients use, and is there a better way to coordinate the care they received from these four divisions?

Tables 11, 12 and 13 below show the most frequent patterns of cross-division use by clients, and the average dollars per client spent directly on the clients who used those patterns of service. Each table is ordered by the number of clients who used each division combination during FY90. Combinations of services which involve fewer than 20 clients are excluded from the tables.

In all three tables, each row indicates a particular combination of divisions. The divisions that make up that combination are listed in the row, and shaded for easy reference. The second to last column on the right of each table (labeled "NUMBER OF CLIENTS") represents the unduplicated count of clients who used at least one service from each of the indicated divisions during FY90. This set of tables does not distinguish between sequential, simultaneous or overlapping uses.

The far right column (labeled "DSHS COST PER CLIENT") on all three tables represents the average cost per client spent by all the divisions combined. These costs only include the service dollars represented in the NADP database, and hence do not include administrative costs, payment for reserved spaces ("slots"), and services which were not recorded on the individual databases. In this column, per client average costs of more than $9,999 were shaded.

Table 11 focuses on the income assistance/medical assistance connection (DIA/DMA). Use of these two divisions indicates that the clients are poor, and either chronically disabled, refugees, pregnant, unemployed two-parent families raising children under age 18, or a single parent. Without more information, it is impossible to say exactly how poor these clients are, since the exact nature of the income and resource eligibility requirements varies from program to program, but they are all presumably under 200% of the Federal Poverty Level.

Table 12 shows the clients who use EITHER income assistance (DIA) OR medical assistance (DMA) in combination with at least one other division. The eligible population is similar to the persons in Table 9. Persons who received only DIA grants during FY90 may have gotten medical coupons from DMA and not used them. Some clients using only medical assistance are less poor than those receiving grants as well; others have turned down grants.

Table 13 reports on those cross-divisional clients who used NEITHER income nor medical assistance. These clients are not poor enough to qualify for income or medical assistance, but they do use programs administered by two or more other divisions.

Table 11: Patterns of Cross-Division Use Including BOTH DIA and DMA

AAS	DASA	DCFS	DIA	DMA	DJR	DVR	DDD	DORA	MHD	NUMBER OF CLIENTS	DSHS COST PER CLIENT
			DIA	DMA						283,116	$2,707
		DCFS	DIA	DMA						20,391	$3,330
			DIA	DMA					MHD	14,039	$7,373
AAS			DIA	DMA						10,152	$11,532
	DASA		DIA	DMA						9,680	$4,663
			DIA	DMA		DVR				5,484	$4,830
			DIA	DMA			DDD			4,452	$24,694
			DIA	DMA				DORA		4,308	$3,283
AAS			DIA	DMA					MHD	2,651	$18,540
		DCFS	DIA	DMA					MHD	2,130	$7,928
	DASA		DIA	DMA					MHD	1,626	$8,036
			DIA	DMA		DVR			MHD	1,414	$8,278
	DASA		DIA	DMA		DVR				1,159	$6,472
AAS			DIA	DMA			DDD			1,075	$13,585
		DCFS	DIA	DMA			DDD			529	$11,337
			DIA	DMA			DDD		MHD	438	$19,170
	DASA	DCFS	DIA	DMA						392	$7,156
			DIA	DMA		DVR	DDD			369	$12,866
	DASA		DIA	DMA		DVR			MHD	296	$8,933
AAS			DIA	DMA			DDD		MHD	224	$18,823
AAS			DIA	DMA		DVR				224	$15,128
			DIA	DMA	DJR					181	$14,656
	DASA	DCFS	DIA	DMA					MHD	160	$12,129
AAS			DIA	DMA		DVR	DDD			157	$11,832
AAS	DASA		DIA	DMA						148	$14,823
AAS			DIA	DMA		DVR			MHD	136	$18,818
AAS	DASA		DIA	DMA					MHD	127	$21,010
			DIA	DMA				DORA	MHD	126	$6,012
			DIA	DMA		DVR	DDD		MHD	101	$17,515
		DCFS	DIA	DMA			DDD		MHD	60	$20,032
		DCFS	DIA	DMA	DJR					54	$16,134
AAS			DIA	DMA		DVR	DDD		MHD	49	$14,986
	DASA		DIA	DMA	DJR					26	$14,910
		DCFS	DIA	DMA		DVR				21	$5,601

Table 12: Patterns of Cross-Divisional Use Including EITHER DIA or DMA

AAS	DASA	DCFS	DIA	DMA	DJR	DVR	DDD	DORA	MHD	NUMBER OF CLIENTS	DSHS COST PER CLIENT
		DCFS	DIA							6,388	$1,438
AAS			DIA							6,237	$2,903
			DIA						MHD	3,763	$5,506
	DASA		DIA							3,553	$1,320
		DCFS		DMA						2,486	$7,146
			DIA				DDD			2,194	$22,552
			DIA			DVR				2,005	$1,733
AAS				DMA						1,630	$12,803
				DMA				DORA		1,107	$2,273
AAS			DIA						MHD	969	$9,496
			DIA					DORA		883	$1,015
		DCFS		DMA					MHD	881	$14,741
	DASA			DMA						778	$2,492
AAS			DIA				DDD			523	$7,517
				DMA					MHD	501	$9,030
		DCFS		DMA			DDD			295	$17,141
		DCFS	DIA						MHD	237	$4,983
			DIA				DDD		MHD	231	$14,922
	DASA		DIA			DVR				224	$2,979
	DASA		DIA						MHD	202	$3,374
			DIA			DVR	DDD			189	$9,715
				DMA		DVR				176	$2,947
			DIA		DJR					174	$15,138
				DMA			DDD			154	$21,757
			DIA			DVR			MHD	143	$7,572
AAS			DIA				DDD		MHD	84	$12,405
	DASA	DCFS		DMA						74	$9,275
	DASA			DMA		DVR				72	$4,096
	DASA			DMA					MHD	71	$20,853
		DCFS	DIA					DORA		66	$3,918
	DASA	DCFS		DMA					MHD	61	$17,475
	DASA			DMA					MHD	60	$4,999
		DCFS		DMA	DJR					55	$21,741
	DASA	DCFS	DIA							52	$2,655
AAS			DIA			DVR				50	$5,954
AAS			DIA			DVR	DDD			47	$9,111
		DCFS		DMA			DDD		MHD	44	$16,877
		DCFS	DIA		DJR					31	$13,119
			DIA			DVR	DDD		MHD	29	$12,714
				DMA	DJR					28	$17,459
	DASA		DIA			DVR			MHD	25	$6,002
ASA				DMA			DDD		MHD	21	$13,255

Table 13. Patterns of Cross-Divisional Use Including NEITHER DIA Nor DMA

AAS	DASA	DCFS	DIA	DMA	DJR	DVR	DDD	DORA	MHD	NUMBER OF CLIENTS	DSHS COST PER CLIENT
		DCFS							MHD	921	$6,063
	DASA								MHD	440	$2,687
AASA									MHD	345	$8,478
	DASA	DCFS								280	$2,370
						DVR			MHD	278	$3,895
		DCFS					DDD			271	$4,145
						DVR	DDD			213	$4,610
AAS							DDD			209	$6,031
	DASA					DVR				187	$1,949
		DCFS			DJR					135	$15,755
							DDD		MHD	101	$18,105
	DASA				DJR					84	$14,556
	DASA	DCFS							MHD	45	$7,005
					DJR				MHD	41	$15,630
AAS						DVR				32	$4,382
	DASA				DJR				MHD	23	$20,193

Patterns of Cross-Program Use 5

What are The Most Frequent Program Combinations?

Table 14 below lists the "Top 25" program combinations. These combinations illustrate several points:

- The most common program combination was two Income Assistance Programs: Regular AFDC or its FIP-equivalent, combined with Food Assistance.
- The next most frequent combinations each add some medical services to a Welfare/Food Assistance pairing.
- Only one program combination in the first twenty-five escapes the Medical/Grant/Food Assistance triad. In it, clients used two programs from the Community Mental Health Centers: Case Management and Outpatient CMHC services, which include Medication Management. These people did not receive any means-tested assistance.
- Several of the groupings are people who are "Medical Only" -- people who are not on public assistance, but are poor enough to qualify for medical care.

Table 14: Most Frequent Combinations of DSHS Programs

Program Combinations Used by DSHS Clients	# Clients
Regular AFDC and FIP, Food Assistance	37,648
Regular AFDC and FIP, Food Assistance, Hospital Outpatient, Physician, Prescription, Other Medical	18,253
Regular AFDC and FIP, Food Assistance, Hospital Outpatient, Physician, Prescription, Dental, Other Medical	12,689
Regular AFDC and FIP, Food Assistance, Hospital Outpatient, Physician, Prescription	12,611
Regular AFDC and FIP, Food Assistance, Physician, Prescription	12,293
Regular AFDC & FIP, Food Assistance, Physician, Prescription, Other Medical	11,599
Employable AFDC & FIP, Food Assistance	11,349
Regular AFDC & FIP, Food Assistance, Physician, Prescription, Dental, Other Medical	8,591
Regular AFDC & FIP,Food Assistance, Physician, Prescription, Dental	7,533
Regular AFDC & FIP, Food Assistance, Hospital Outpatient, Physician, Prescription, Dental	7,100
Hospital Outpatient, Physician, Dental, Prescription	5,337
Physician, Prescription, Other Medical, Medicare Part B	4,885
Regular AFDC & FIP, Food Assistance, Hospital Inpatient, Hospital Outpatient, Physician, Prescription, Other Medical	4,866
Regular AFDC & FIP, Food Assistance, HMO Fees	4,762
Physician, Prescription, Other Medical	4,661
CMHC Case Management, CMHC Intake & Outpatient & Medication Management	4,601
Regular AFDC & FIP, Food Assistance, Dental	4,520
Hospital Outpatient, Physician	4,354
Employable AFDC & FIP, Food Assistance, Hospital Outpatient, Physician, Prescription, Other Medical	4,044
Regular AFDC & FIP, Food Assistance	4,043
Physician, Prescription, Medicare Part B	3,974
Hospital Inpatient, Hospital Outpatient, Physician, Prescription, Other Medical	3,882
Hospital Outpatient, Physician, Prescription, Other Medical, Medicare Part B	3,807
Hospital Outpatient, Physician, Prescription	3,562
Regular AFDC & FIP, Food Assistance, Other Medical	3,518
Regular AFDC & FIP, Food Assistance, Hospital Outpatient, Physician	3,477

Discussion 6

An umbrella human service agency such as the Department of Social and Health Services is designed to administer a broad range of services to persons needing social, health or economic assistance. In FY90, DSHS delivered services to an estimated one million persons, one out of every five Washington state residents. This figure is based on the 856,242 clients described in this report, an unduplicated count of individuals with records in DSHS automated information systems, and on an estimate of the number of additional clients not recorded in those systems.

Nearly half of the DSHS clients examined in this report received services during one year from more than one division. The two divisions most often involved in an inter-divisional sharing of clients, either with one another or with other divisions, were Income Assistance and Medical Assistance. Four out of five DSHS clients received welfare and/or medical assistance.

Even clients served by a single division may have received assistance through multiple programs. Two out of every three clients used more than one program, with an average number of programs per-client being 3.4.

The cost of providing services varied in direct proportion to the number of programs used. The annual average cost per client was $1,376 for those using a single program and $11,955 for those using nine or more, a nine fold increase. For clients using multiple services, dollars are spent in program-by-program increments, but those increments sum to much larger amounts. For DSHS policy makers, the question arises: is there some way to use the total dollars more effectively and efficiently in serving those clients?

The significance of using automated systems to create an unduplicated count of the persons receiving services from DSHS cannot be over emphasized. Although this report does not address the degree to which services may be duplicative or unnecessary, it does suggest that multiple program use is the norm rather than the exception.

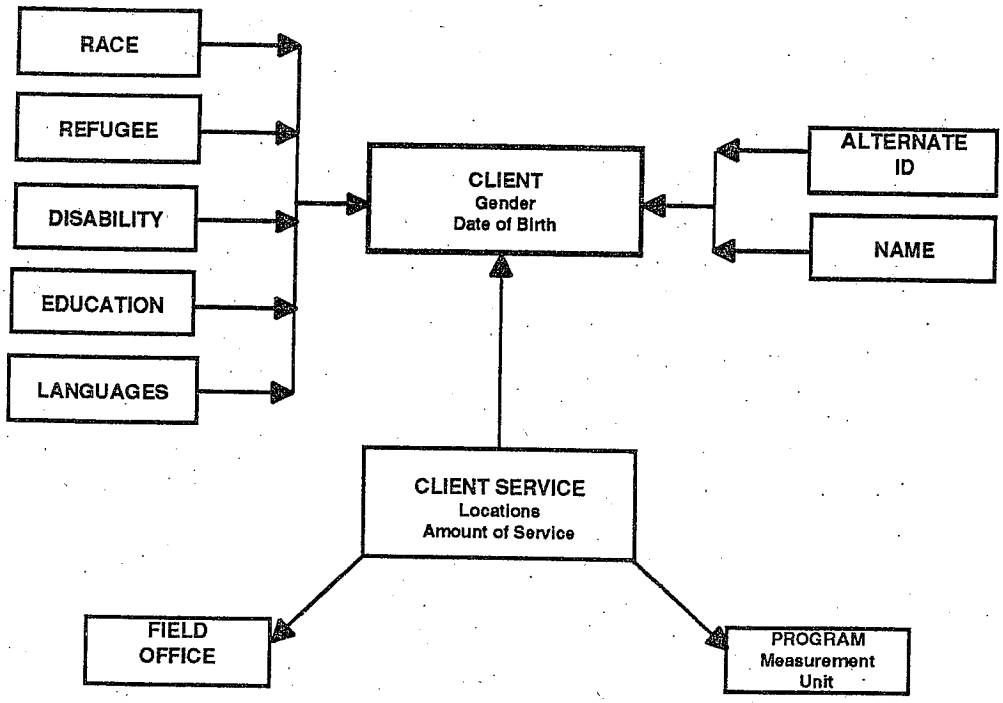
Given the empirical reality of multiple program and division usage, the recent efforts of various DSHS divisions to provide case managers who focus on better assessment of client need as well as improving service delivery and coordination is clearly justified. Not only should coordination between programs administered by a single division be emphasized, but coordination between divisions must be treated as well. Such coordination will improve the coherence of the service delivery system and reduce confusion and paperwork for the individual client. The ultimate savings may prove to be both financial and human.

Appendices

Appendix A: The NADP Unduplicated Client Database

The NADP Unduplicated Client Database

The FY90 NADP Client Database was based on a relational design. It contained unduplication, demographic, geographic and service usage data for each unduplicated client who used one or more of the programs covered during FY90. Information from 14 DSHS data sources was integrated to create this database. When multiple sources recorded the same service, the duplicate service was input into the NADP database from only one source.



Unduplicating Clients in the NADP Database

In order to accurately count clients and measure their service usage, clients using more than one program were unduplicated as follows:

If the Social Security Number and Date of Birth match
then consolidate the clients;
Otherwise:
If the Social Security Number, Last Name and First Initial match
then consolidate the clients;
Otherwise:
If the First Name, Last Name and Date of Birth match
then consolidate the clients.

Cost of Service in the NADP Client Database

When it was available, NADP reported the actual dollar cost of a client's service. If only the amount of service the client used was available (as in number of days in residential treatment or number of hours of counseling) NADP reported the service amount multiplied by an average unit cost. Sometimes only an average monthly or per episode cost was available, so that cost was multiplied by the number of months or service episodes received by the client.

For some programs, neither amount of service nor service expenditures were available. In these, each client was assigned either a statewide average FY90 service cost-per-client or a provider average FY90 service cost-per-client. The cost-per-client criteria varied by program, depending upon how closely the budget codes and workload standards already in use fitted NADP program definitions. The programs using these per client cost estimates were:

Aging & Adult Services (AASA): Adult Protective Services, Case Management, Assessments

Child & Family Services (DCFS): Adoption, Child Protective Services

Refugee Assistance (DORA): Employment Services, English as a Second Language

For a few programs, it was not feasible to include any dollars, either because NADP staff could not determine whether the clients used services during FY90 or what amount from the budget was spent on that program during FY90. These programs are: Aged-Blind-Disabled (grant dollars excluded), DDD Case Management, DJR Treatment Program, and DORA Self-sufficiency Planning.

The NADP Client Database included only those services and expenditures which could be attributed to individual clients. Headquarters costs, prevention and community education costs, and some service contracts were not included. In addition, some programs and dollars which could be attributed to individual clients were not included in this year's reports. **Therefore, the total NADP service cost for each division or administration was less than the Divisions's total FY90 expenditure. For DSHS as a whole, the total NADP service cost was about 78% of the total FY90 DSHS expenditures.**

Service Use among Groups of Clients

This report explores the service use of clients grouped by race/ethnicity. The NADP racial/ethnic codes for clients were built from information already included in the DSHS data sources; therefore, the ethnic and racial data used in this report can be no better than the most accurate existing DSHS information for that client. For details on the creation of a single racial/ethnic identifier for each client, see the NADP divisional reports.

The following racial/ethnic groups were used here and in all other NADP reports: persons of all races who are of Hispanic origin, and persons who are not Hispanic and are either Asian, American Indian, Black, or White. These racial/ethnic categories in these tables are drawn from different DSHS data sources. For most of these sources, clients who identified themselves as "Alaskan Natives" were coded as "American Indian" and those who identified themselves as being from a Pacific island were coded as "Asian." Clients who identified themselves as Hispanic were generally coded as being "Hispanic." However, in most DSHS data sources (and therefore in the NADP database) a client cannot be **both** Hispanic **and** White, Black, Asian, or American Indian.

In the database maintained by the Department of Juvenile Rehabilitation, Alaskan Native and Pacific Islanders were sometimes coded as "Other Race". The Division of Refugee Assistance PEP Database does not record client race (though refugee clients may be identified by race in other department data sources). However, client ethnicity and country of origin are stored in the PEP Database, and DORA staff associated a race with each ethnic group and each country of origin. Using this association, NADP staff then assigned the client's race based on the ethnic group. If the ethnic group was missing, the assignment was based on the country of origin. For details, see the NADP DORA Report.

A client's race/ethnicity and gender were not always coded in the same way in different data sources. When a discrepancy occurred among sources within a division during unduplication, the coding from the most reliable source was assigned to the client and that source was used throughout the division reports.

In the agency-wide unduplication process, the source priority process was repeated and each client was assigned a single ethnic code for the agency as a whole. As a result, a client could be coded as one race within a division and a different race at the agency-wide level because information from a more reliable source was available agency-wide. For this reason, the total dollars spent on the members of a given ethnic group may vary slightly between the division and department-wide reports.

The report also presents data by client age. Client age groups for January 1, 1990 were calculated from the birth date of each client. "Youth" consisted of clients from birth through seventeen, "Working Age" comprises ages 18 through 64, and the last age category included all persons 65 and over.

Programs Not Included in the NADP Client Database

The following programs were not recorded in the FY90 NADP Client Database and were therefore not counted in the total dollars for each division for this report. Clients using these programs would only be counted if they also used some other DSHS service during FY90.

- Clients receiving DIA Consolidated Emergency Assistance Program (CEAP)
- Job Search and Work Training costs for Clients on Public Assistance
- DIA Funeral Interment Assistance
- DIA Telephone Assistance (Lifeline)
- Persons eligible for Medical Assistance who did not use their coupons during FY90
- AAA Services (such as congregate or home-delivered meals and AAA case management)
- AASA Contract Chore Services
- DJR Consolidated Juvenile Services Clients
- MHD Clients in Private Long-term Inpatient Facilities for Children
- Persons committed to MHD Community Evaluation and Treatment Facilities
- Office of Support Enforcement Assistance Avoidance Clients
- Office of Support Enforcement Public Assistance Recovery Clients

Service Dollars not Included in the NADP Client Database

In addition to service dollars not recorded from the programs above, there were service dollars expended by divisions which were not included in this report. These included the following:

- Dollars lost due to incomplete reporting on automated databases
- An estimated 5% increase in DIA payments, because of one-time payments, corrections and delayed entry in the automated data systems
- Information and Referral Services for the general public
- Public Education and Prevention programs
- DDD Case Management (Clients are counted but no dollars allocated)
- DORA Self-sufficiency Assessment and Planning (Clients counted, no dollars allocated)
- Social Security Income payments (Clients counted, no dollars allocated)
- State Supplemental Payments to SSI recipients (Clients counted, no dollars allocated)
- Telecommunication Device for the Deaf distribution
- Translators and American Sign Language Interpreters
- Most transportation services for clients, including travel to medical appointments

Appendix B: Program Glossary

Aging and Adult Services (AASA)

AASA Total: Included residential assistance, as well as all the following programs. Clients were unduplicated and dollars spent were totalled.

• **Adult Family Homes:** In these small group care settings, persons in their own homes provided room, board, laundry services and personal care for as many as six adults who were not related to the provider, could not live alone, and did not need skilled nursing care.

• **Adult Protective Services:** APS staff investigated reports of neglect, abuse, exploitation or abandonment of dependent adults. Services provided to clients who need help included, but were not limited to: counseling, assessment, arranging for alternative living situations, assistance in accessing community resources, and arranging for and providing appropriate services.

• **Assessment - Comprehensive Adult Services:** This in-person, standardized, comprehensive assessment of need and level of care was provided for disabled adults requesting nursing home care, COPES, case management, or any other AASA service.

• **Community Options Program Entry System (COPES):** Program assisted clients to delay or avoid nursing home placement, by providing for the coordinated delivery of support services necessary to allow disabled or frail persons to remain in less-restrictive settings. Services provided included case management, in-home personal care, congregate care, respite care, and adult family home care.

• **Case Management by AASA Staff:** AAS social workers assisted certain disabled adults to assess their needs, develop a service plan, and obtain and effectively use necessary support services while still maintaining the highest level of health and independence capable by the person. The case managers maintained ongoing contact with the client until the condition and situation were stabilized.

• **Chore Services (State Paid):** These state funded programs provided in-home personal care services to non-Medicaid eligible, low-income, disabled or very frail adults who still live in their own homes. This grouping included all individual provider services as well as chore provider meal reimbursements and travel costs. Contract chore services (SSPS code 4220) were not included.

• **Congregate Care Facilities:** In these licensed boarding facilities for disabled adults, staff offered twenty-four hour supervision of and help with the following: activities of daily living, planning medical care, taking medications, and the handling of financial matters when necessary.

• **Nursing Homes:** In these residential facilities, staff performed an array of services for disabled persons who required daily nursing care, as well as assistance with medication, eating, dressing, walking, or other personal needs.

• **Personal Care Services:** These federal and state funded programs provided help with the activities of daily living to Medicaid eligible, poor, disabled or frail elderly adults who needed this assistance to remain in their own homes, Adult Family Homes (AFH), or Congregate Care Facilities (CCF). Included were: Title XIX-funded Personal Care (SSPS 4501 through 4507 and 4520) and transportation (SSPS 4533); and state-funded Personal Care provided for clients in AFH's (SSPS 4717).

Division of Alcohol and Substance Abuse (DASA)

DASA Total: Included all the following programs. Clients were unduplicated and dollars spent were totalled.

- **ADATSA Assessments:** Chemically dependent persons who were indigent according to DSHS criteria were evaluated to determine clinical eligibility for state or federally funded treatment or (if they qualify) state funded shelter. Assessment staff assisted clients to develop a treatment plan, monitored client progress, and placed clients in appropriate treatment settings.

- **ADATSA Outpatient (OP) Living Stipend:** Some clients who were indigent and in the process of carrying out a treatment plan from an Assessment Center were eligible for an ADATSA outpatient living stipend to cover food and housing costs while in outpatient treatment.

- **Detoxification:** Detoxification is a short-term residential service for persons withdrawing from the effects of excessive or prolonged alcohol or drug consumption. Services continued only until the person recovered from the transitory effects of acute intoxication. Detoxification always included supervision, and may have included counseling and/or medical care. Some counties provided detoxification in specialized freestanding facilities; in other counties, detoxification was provided in community hospitals.

- **Methadone Treatment for Opiate Addicts:** Methadone treatment is an outpatient service for some persons addicted to heroin or other opiates. The four contracted methadone treatment agencies provided counseling and daily or near daily administration of methadone or another approved substitute drug.

- **Outpatient Treatment:** Outpatient treatment consisted of a variety of diagnostic and treatment services provided in a non-residential setting. Both standard and intensive outpatient treatment were included. For indigent clients, the programs generally included vocational counseling to help clients regain employment.

- **Residential Treatment:** Clients in these programs were receiving treatment in an inpatient setting. Several types of inpatient settings were included in this category: Intensive Inpatient Treatment, Long-Term Residential Drug Treatment, Recovery House care, Differential/Dual Diagnosed Treatment at Cedar Hills for substance abusers who are mentally ill, and secure involuntary treatment at Pioneer North.

Division of Child and Family Services (DCFS)

DCFS Total: Included seasonal daycare, as well as all the following programs. Clients were unduplicated and dollars spent were totalled.

• **Adoption**: Adoption services provided opportunities for children in DSHS's custody to be placed in permanent families. Services included permanency planning, adoption preparation, placement supervision, and some limited post-adoption services.

• **Adoption Support:** This program encouraged adoption of hard-to-place children from DSHS foster care; children who, because of age, race, physical condition, or emotional health, would not otherwise be placed for adoption. The program eliminated barriers to the adoption of such children by providing financial assistance, medical, counseling and rehabilitative services and assistance with legal fees for adoption finalization.

• **Child Protective Services**: These services included 24-hour intake, assessment, emergency intervention, and emergency medical services for referrals. If children were found to be at risk of abuse, the services could have included direct treatment, coordination and development of community services, legal intervention and case monitoring. Family services were intended to reduce the risk to the children. (The client counts represent children assessed rather than children seen.)

• **Family Reconciliation Services**: These services were offered to help families and their runaway or conflict-ridden adolescent members. There were three phases: (I) 24-hour Intake and Assessment; (II) Longer-term crisis counseling provided by county contract counselors; and (III) an Intensive (e.g., Homebuilders) program, which worked intensively with families to avoid imminent out-of-home placements.

• **Foster Care**: Foster care served children who needed short term or temporary protection because they were homeless, dependent, abused, neglected and/or could not live with their parents because of conditions which threatened their normal development. Additionally, foster care served runaways, developmentally disabled children, mental health and juvenile rehabilitation referrals, and medically fragile children including drug-affected newborns. Also included in this category were any of the following services received by children while in foster care: clothing and personal incidentals, psychological evaluation and treatment, personal care services, and transportation.

• **Home Based Services:** These were individualized services purchased to help families who were at risk of child placement or in need of reunification. Services may have included traditional child welfare services, such as parent aides or counseling, as well as supports around basic needs such as clothing, shelter, employment and transportation. Services provided were not available without cost in the community.

• **Interim Care Services**: ICS consisted of three service categories: Family Receiving Homes, Crisis Residential Centers (CRCs), and Juvenile Detention Placements. All three were emergency placement resources for children, pending family reunification or out-of-home placement to longer-term family foster care or group care. There were also three types of CRCs included: Regional, Group and Family beds. If clothing or personal incidentals were purchased for children while they were in CRCs, the dollars spent were included in the NADP costs for this program.

• **Special Models of Group Care:** This category encompassed several different specialized treatment programs for children with particular difficulties. Included were: special model residential treatment and aftercare; special treatment facilities for children who are both developmentally disabled and mentally ill; special care for medically fragile children; and out-of-state group care.

• **Treatment Foster Care and Group Care:** Group care and treatment foster care placements served children with emotional and/or behavioral difficulties which exceeded the service or supervision capacity of regular foster care families. Lengths of stay in these settings ranged from 90 days to 18 months; staffing ratios ranged from 1:8 to 1:2. Several models were included here: Treatment Foster Care; and Group Care (Levels 2, 3 and Residential Treatment). If Early Enhanced Discharge and After Care (EEDAC) services were provided for these clients, those costs were included. Also included were additional client services recorded for these clients, such as: additional supervision, clothing, personal incidentals, and transportation.

• **Therapy Day Care:** This category comprised child care which was provided for three groups of children with special emotional needs. The first group was children who were at risk of child abuse and neglect (Therapeutic Child Development). The second was children whose families needed respite, treatment or parent education (CPS/CWS Child Care). The third was children whose parents were undergoing substance abuse treatment funded by the Division of Alcohol and Substance Abuse (DASA Child Care).

• **Work and Training Day Care**: This category of child care was subsidized because the custodial parent(s) were working full time or were in secondary education, and the family was earning less than 52% of the State Median Income adjusted for family size.

Division of Developmental Disabilities (DDD)

DDD Total: Included personal care for children and medically intensive clients, as well as all the following programs. Clients were unduplicated and dollars spent were totalled.

• **Assessments and Case Management:** Case managers assisted eligible DDD clients and their families in the following: assessing needs, planning and authorizing state funded services, applying for other services, and handling crises. Some clients may have seen their case manager often during FY90; others (such as families whose children are in the public schools) may not have seen their case manager at all during FY90. Both types of clients were included in this report because the DDD data systems did not distinguish between "having" and "using" a case manager.

• **Community Residential Facilities:** This group included clients living in smaller, community-based group care facilities: group homes and Intermediate Care Facilities for the Mentally Retarded (ICF-MR).

• **Employment Programs:** This group included three employment programs contracted through counties: (1) Individual Supported Employment, which assisted clients to find and keep jobs in the community; (2) Group Supported Employment, which enabled clients to work in groups or enclaves at local businesses; and (3) Specialized Industries, which were work training centers.

• **Family Support:** This group included the following family support services used by client families during the year, as well as miscellaneous family-based services: respite care, attendant care, professional services used by the family, and transportation for attendants or family members. These services enabled families to keep their developmentally disabled children in their own homes.

• **Habilitation Services:** These community services, contracted through counties, included (1) community integration day programs for adults whose physical disabilities or age make work-oriented programs inappropriate; and (2) senior day treatment programs.

• **Non-Facility Residential:** This group included all programs except SOLAs which support clients living in their own houses or apartments, either alone or with roommates (Tenant Support, Supportive Living). Staff helped these clients with household and money management, health care, personal care, use of community resources, and social integration.

• **Residential Habilitation Centers (RHCs):** This category includes clients originating from each county who during FY90 were living in the five large state residential and habilitation institutions which house developmentally disabled persons: Fircrest, Frances Haddon Morgan Center, Interlake School, Lakeland Village, Rainier School, and Yakima Valley. It also included those clients who moved into State Operated Living Alternatives (SOLAs) during FY90, because the FY90 DDD database had not yet been changed to reflect this new residential option.

• **Supplemental Community Support:** This group included any professional services used by the client, client transportation, and other client-oriented services.

Division of Income Assistance (DIA)

DIA Total: Included all the following programs. Clients were unduplicated and dollars spent were totalled.

- **Employable AFDC and FIP Grants:** Clients in this group came from poor two-parent families with children under 18 or between 18 and 19 and finishing high school, in which both parents were unemployed but where at least one parent earned $50 in each of six quarters during a 13 consecutive quarter period which ended within FY89 or FY90. They almost all received cash grants for food, clothing and shelter. Some clients received additional money for telephone, laundry, meals on wheels, restaurant meals, food for guide dogs and home winterization.

- **Regular AFDC and FIP Grants:** Clients in this group came from poor families with children under 18 or between 18 and 19 and finishing high school. They were either single-parent families, two-parent families where one parent is unemployable due to disability, or no-parent families in which the children are living with non-parent relatives. They almost all received cash grants for food, clothing and shelter under the AFDC-R program or its FIP equivalent. Clients who used child care grants under the FIP, JOBS, OPP, ESP, or CWEP programs were also included here, even if they were no longer receiving a cash grant. Some clients received additional money for telephone, laundry, meals on wheels, restaurant meals, food for guide dogs and home winterization.

- **Aged, Blind and Disabled:** All clients in this group qualified for medical assistance under the Aged, Blind and Disabled Program. Most of these clients received FY90 federal Supplemental Security Income (SSI) and/or State Supplemental Payments (SSI-SSP) but the actual SSI-SSP dollar amounts were not recorded in the NADP database. Medical expenditures were reported only in the DMA report. Hence, the only dollars reported for these clients were state dollars spent to help with some clients with telephone, laundry, meals on wheels, restaurant meals, food for guide dogs, and clothing/personal incidentals (CPI) for persons in nursing homes.

- **Food Assistance:** Clients in this group were poor households who met federal eligibility standards and received food assistance (either food stamps or FIP food cash). Most clients who receive cash income assistance grants qualified for food assistance, and were included here, but this program also included persons who did not qualify for any other income assistance program.

- **General Assistance-Unemployable (GA-U):** Clients in this group were very poor and unemployable due to physical, mental or emotional incapacity. Either the incapacity was not sufficiently continuous or long lasting for SSI, or the client's case was awaiting SSI determination. These clients received cash grants for food, clothing and shelter, and were eligible for medical assistance.

- **Pregnancy Grants:** Clients in this group were poor pregnant women. They received cash grants for food, clothing and shelter, authorized either under the General Assistance-Pregnant Program or under the Family Independence Program.

Division of Juvenile Rehabilitation (DJR)

DJR Total: Included Assessment and Testing and time in County Detention Centers, as well as all the following programs. Clients were unduplicated and dollars spent were totalled.

- **Community Beds:** During FY90, there were three types of programs in which DJR clients lived in small group facilities while they worked and/or attended schools or Learning Centers in the community. DJR operated seven group homes, and contracted with private agency group homes (called Community Residential Placements or CRPs) and Community Alternative Programs (CAPs). The DJR group homes, CRPs and CAPs were all included in the Community Beds program.

- **Parole in Community:** Parole officers supervised juvenile offenders who were released into the community. They provided structure, supervision, family and client support, and access to needed community services.

- **State Institutions**: All DJR state institutions provided treatment, education and/or work experience in a secure facility. The three state institutions (Green Hill, Maple Lane, Echo Glen) and two forestry camps (Naselle and Mission Creek) were included.

- **Treatment Programs:** During FY90, one group home and two cottages in the state institutions offered specialized substance abuse treatment. Two other cottages offered specialized treatment for mentally ill youth. Clients using both these forms of specialized treatment were included in this program grouping.

Division of Medical Assistance (DMA)

DMA Total: Included hospice care, as well as all the following programs. Clients were unduplicated and dollars spent were totalled.

- **Dental Services**: These included diagnostic, preventive or corrective services provided by or under the supervision of an individual licensed to practice dentistry or dental surgery.

- **Health Maintenance Organization (HMO) Fees:** Some clients were covered through managed health care such as Group Health, Kaiser, Pierce County Medical Bureau and Kitsap Physician Services (KPS). For these clients, a fixed monthly fee was paid, rather than service-specific reimbursements. The monthly fee covered most physician and hospital services.

- **Hospital Inpatient Care**: These services were furnished by a licensed or formally approved hospital for the care and treatment of clients admitted to stay at the facility under the direction of a physician or dentist. Included were room and board and other ancillary services such as drugs, laboratory and radiology.

- **Hospital Outpatient Care**: These included preventive, diagnostic, therapeutic, rehabilitative or palliative services furnished by a licensed or approved hospital to clients who visited but were not admitted to stay at the facility.

- **Medicare Part B Premiums**: The state paid the fixed fee premium to the federal government to insure the client under Medicare Part B. Part B covers physician fees. In general, this service supported the elderly poor.

- **Other Medical**: This residual category included durable medical equipment; home health care; hospice care; some medically necessary transportation; optometrists, opticians and eyeglasses; chiropractic care; care at Indian Health Clinics; oxygen; hearing aids; care at Rural Health clinics; and a variety of smaller programs. In FY90, these services included less than 10% of all DMA Expenditures.[3]

- **Physician Services:** These were services provided by or under the personal supervision of an individual licensed to practice medicine or osteopathy. These services could have been furnished in the physician's office, the client's home, a hospital or elsewhere.

- **Prescription Drugs**: These included simple or compound substances or mixtures prescribed by a physician or other licensed practitioner and dispensed by licensed pharmacists or other authorized practitioners.

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[3] Washington State Department of Social and Health Services 1991. *Briefing Book January 1991*, page 247.

Division of Refugee Assistance (DORA)

DORA Total: Included all the following programs. Clients were unduplicated and dollars spent were totalled.

- **Employment Services:** These services were provided through county contractors to refugee clients who were potentially employable. The services provided included: family economic independence counseling, employment-oriented language training, job-finding skills, job development and placement, post-employment follow-up to insure a client stays on the job, and follow-up with employers to improve communication between the employer and the refugee employee.

- **English Language (ESL) Training:** This program taught "basic survival English skills" to adult clients to help them overcome communication problems and to help them contact service providers, especially medical providers.

- **Refugee Income Assistance:** If a refugee does not qualify for any state and federal income assistance programs, but met state income and grant standards, for the first year of United States residence they received a Refugee Cash Assistance grant.

- **Self-sufficiency Planning and Assessment:** DORA case managers assessed client employability, and helped clients access medical, social, educational and other services that are necessary for economic independence. If a client was employable, the case manager helped the client set up a personal employment plan (PEP) and referred the client to employment services, training, ESL and any other necessary services.

Division of Vocational Rehabilitation (DVR)

DVR Total: Included all other DVR services provided for clients, as well as all the following programs. Clients were unduplicated and dollars spent were totalled.

- **Case Management, Supported Employment Clients:** Case managers worked with a team to assist clients who required on-going follow-up and post-employment services to maintain employment. DVR Case managers helped these clients assess their employment possibilities, access community resources and find suitable employment after rehabilitation. Team members outside DVR provided long-term follow-up and post-employment services.

- **Case Management, Non-Supported Employment Clients:** These case managers helped clients who would be employable without on-going follow-up after rehabilitation to assess employment needs, access community resources and find suitable employment.

- **Education, Training and Supplies:** These were the direct costs of vocational training. They included tuition, school books and equipment, interpreter or reader services, and lab fees.

- **Medical and Psychological Treatment:** This group of services included any restorative medical or psychological treatment which was needed to increase work potential and/or job accessibility. Examples include surgery, prostheses, hospital and convalescent care and the purchase of necessary medical equipment.

- **Personal Support Services:** These services helped the client to complete a rehabilitation plan and find employment. Examples included: help with transportation costs; day care; independent living services; purchase of tools, equipment, or interview clothing; the alteration, repair or purchase of a vehicle so that a client could get to work.

- **Placement Support Services:** This group of services included the purchase of clothing, tools or equipment necessary for job placement, assistance with business licenses and fees, and job placement fees.

- **Vocational Diagnosis and Adjustment:** This service group included the identification of a client's interests, readiness for employment, work skills and job opportunities.

Mental Health Division (MHD)

MHD Total: Included all the following programs. Clients were unduplicated and dollars spent were totalled.

- **Adult Day Treatment:** Day treatment programs provided a range and mix of planned and structured programs in a supervised all-day setting. In addition to counseling, Day Treatment staff emphasized community living skills (such as pre-vocational training and appropriate use of community services) and self-care skills (such as health, nutrition, and money management).

- **Case Management:** Case managers assisted all enrolled MHD clients and some registered MHD clients with the following needs: assessment of needs and development of a service plan, client housing, income, employment, monitoring and intervention, and crisis intervention.

- **Child Day Treatment:** Similar to Adult Day Treatment Programs, with an emphasis on preparing children for school rather than employment.

- **Child Study and Treatment Center:** Included only the state-run long-term residential treatment center for psychiatrically disturbed children.

- **Community Residential Transitional Programs:** Included adult clients living in "transitional" CCFs and AFHs (where some treatment is provided as part of easing a client back into the community).

- **Community Residential Treatment Facilities:** Included adult clients living in community-based residential treatment facilities. In RTFs, active intensive treatment by facility staff is part of the program.

- **Group Housing:** Included all MHD clients living in group housing where treatment is not provided as part of the housing situation. It included mentally ill hard-to-place clients living in Congregate Care Facilities (CCF) or Adult Family Homes (AFH); MHD clients living in specialized Mental Health CCF; and mental health clients living in regular CCFs and AFHs.

- **Involuntary Commitments to Community Hospitals:** Included clients who were involuntarily committed to psychiatric wards in community hospitals. This grouping did not include persons treated in Evaluation and Treatment Centers.

- **CMHC Intakes, Outpatient Treatment and Medication Management:** Included clients who received intake or evaluation, individual, family and group outpatient counseling in Community Mental Health Centers. Included medication management, monitoring and prescription appointments for those MHD clients for whom a licensed practitioner has developed a medication treatment plan. CMHC Clients who participated in special-purpose Community Mental Health Center programs other than day treatment programs were also included.

- **State Institutions:** Included Eastern State Hospital, Western State Hospital, the Program for Adaptive Living Skills (PALS) and/or PORTAL. Both voluntary and involuntary clients were included.

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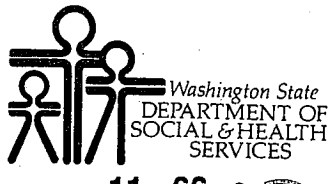

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