CROSS-SYSTEM CLIENTS

Shared Between Mental Health, Developmental Disabilities, Aging and Adult Services, and Alcohol and Substance Abuse

As proposed in the
DSHS Implementation Strategy
To Discourage the Inappropriate Placement of Persons at State Mental Hospitals
and Encourage Their Care in Community Settings

In Response to:
Chapter 230, Section 2, Laws of 1992

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Executive Summary

In 1993, in response to growing concerns about the use of the state psychiatric hospitals for persons who do not need long term psychiatric hospital care, the Legislature directed the Secretary of DSHS to "develop a system of more integrated service delivery, including incentives to discourage the inappropriate placement of persons with developmental disabilities, head injury, and substance abuse, at state mental Hospitals and encourage their care in community settings." (Chapter 230, Section 2, Laws of 1992).

This report analyzes service patterns of persons who used services from at least two of the following four DSHS administrative units during a single fiscal year (FY90): the Division on Developmental Disabilities (DDD), the Mental Health Division (MHD), the Division of Alcohol and Substance Abuse (DASA), and the Aging and Adult Services Administration (AASA). Client counts and service costs were drawn from the Needs Assessment Unduplicated Client Data Base for FY90, maintained by the DSHS Office of Research and Data Analysis.

Information about cross-system clients is a critical element to support integrated service delivery in communities. Key findings are presented below, as answers to questions.

Did the four administrative units share clients?

There was a sizable population of shared clients. 11,084 clients were served by at least two of the four divisions concerned, which is 7.3% of the 151,000 persons served overall by the four divisions. Between 14 and 20 percent of the clients within each division except DASA were shared; DASA shared clients at about half that rate. This probably reflects lesser eligibility for AASA personal care and residential services on the part of DASA clients.

Most of those shared clients were served by the largest division, the Mental Health Division, as one partner (8,826 or 80%). Four clients received services from all four divisions.

MHD-AASA
4,752 persons used both mental health and aging/adult services.
The average cost-per-year of serving those clients was $15,848.
Most (4,207) of these people used only MHD and AASA. 387 persons added DDD services, and 154 added DASA services.

MHD-DASA
3,185 persons used both mental health and chemical dependency services.
The average cost-per-year of serving those clients was $8,170.
Most (3,013) of these people used only MHD and DASA. 154 also used AASA services, and 14 also used DDD services.

MHD-DDD
1,452 persons used both mental health and developmental disabilities services.
The average cost-per-year of serving those clients was $17,649.
Most (1,047) of these people used only MHD and DDD. 387 persons also used AASA, and 14 also used DASA services.

Did clients in state psychiatric hospitals (Eastern and Western) also use any services from the other three divisions other than nursing homes?

About one-fifth of the clients who spent some time in a State Psychiatric Hospital during FY90, also received some services from one of the other three divisions. These 1,088 clients do not include those whose only "outside" service was a nursing home placement.

- Almost two thirds of these clients were men. 87% were between the ages of 20 and 69. 86% were non-Hispanic Whites.
- Over half were classified as Aged, Blind or Disabled under federal SSI rules, and almost one quarter received GA-U grants at some point during FY90.
- 40% were given Comprehensive Adult Assessments by AASA staff, which means they were being considered for placement in congregate housing.
- Over one fifth used Alcohol or Drug Detoxification services; a smaller number used DASA treatment services.
- Over one tenth of these clients received Developmental Disabilities Case Management, which means they have developmental disabilities.

How many of the state psychiatric hospital clients also used nursing homes?

157 clients spent time in both a state-paid Psychiatric Hospital and Nursing Home.

- Half of these were women. They were evenly spread across all age groups from 30 years of age upwards. Almost 90% were non-Hispanic and White.
- Almost 90% were classified as Aged, Blind or Disabled under federal SSI rules.
- Almost all (148) used Medical Assistance coverage for Prescription Drugs.
- 40% had an Involuntary Psychiatric Hospitalization in the community, as well as hospitalization in State Psychiatric Hospitals.
- Counting all DSHS services, these clients had high average costs ($43,300). Much of these costs were incurred in the State Psychiatric Hospitals, but these clients had high non-psychiatric hospitalization costs as well. Most are on Medical Assistance, and their medical costs contribute to the high average.

How many clients who lived in DDD Residential Habilitation Centers (RHC's) also used the state psychiatric hospitals?

Only six persons used both services.

Did clients use community mental health services and community services from the other divisions during the same month?

About 7.5% of all Mental Health clients (4,476) used both sets of community services in the same month at least once during the year. They either are receiving or need to receive community-based service integration.

- These clients were 60% of the 7,424 clients who used community-based services from both the MHD and at least one of the other three divisions during the year as a whole.
- These "same-month" clients were evenly split between women and men. 89% were non-Hispanic Whites; over half were under age 40.
- Almost two-thirds were classified as Aged, Blind or Disabled under federal SSI rules, and for some part of the year almost 20% received GA-U. Over two-thirds used medical assistance services.
- About one-third received an AASA Comprehensive Adult Assessment, meaning they were being considered for some sort of congregate residential setting.
- 28% used DASA outpatient treatment; 18% used detoxification.

Did clients use acute and emergency MHD services during the same month they used non-emergency services from the other divisions?

About 7% (1,877) of all clients who had involuntary psychiatric admissions to community hospitals (ITAs) or went through an intake process at a Community Mental health Center also used DDD, DASA or AASA community services in the same month. These clients also either receive or need community-based service integration.

- These 1,877 clients were 55% of the 3,386 clients who use MHD community-based acute and emergent services as well as community services from DDD, DASA or AASA at some time during the year.
- 55% of these same-month clients were women; 89% were non-Hispanic Whites. Over half were under 40 years of age.
- About 60% were classified as Aged, Blind or Disabled under federal SSI rules, and for some part of the year almost 21% received GA-U. Three-quarters used medical assistance services.
- About one-fifth (22%) received an AASA Comprehensive Adult Assessment, meaning they were being considered for a congregate residential setting. One-fifth had a state-paid nursing home stay.
- About one-third used DASA substance abuse outpatient treatment; about one-fifth (22%) used detoxification.

Introduction 1

For the past several years, there have been growing concerns about the use of the state psychiatric hospitals for persons who do not need long term psychiatric hospital care. As a result of these concerns, the Legislature directed the Secretary of DSHS to:

> "develop a system of more integrated service delivery, including incentives to discourage the inappropriate placement of persons with developmental disabilities, head injury, and substance abuse, at state mental Hospitals and encourage their care in community settings." (Chapter 230, Section 2, Laws of 1992)

The availability of information about cross-system clients is a critical element to support an integrated service delivery approach. The Needs Assessment DataBase is a useful tool to provide management information about shared program use across the Division on Developmental Disabilities, the Mental Health Division, the division of Alcohol and Substance Abuse, and the Aging and Adult Services Administration.

This management report is a preliminary analysis of shared program use across the four areas. It examines the service use of clients who use services from more than one of those areas during a single fiscal year. It analyzes the following questions:

- To what extent do the four program areas share clients, and in what pattern? What is the distribution of costs among divisions for shared clients? (Chapters 2 and 3).
- To what extent are the State Psychiatric Hospitals serving clients also served by other divisions? (Chapter 4, Questions 1 and 2).
- To what extent are clients from DDD, DASA or AASA using the community services of the MHD? Particularly, how many used these service combinations in the same month, implying a need for community-based service coordination? (Chapter 4, Question 3)
- To what extent do the clients of the other program area use the acute/emergent programs of the Mental Health division? (Chapter 4, Question 4).

Clients, Services and Administrative Units

Several administrative units within DSHS serve persons with long-standing disabilities which affect their daily lives. This report focuses upon clients served by the following four units: the Mental Health Division (MHD), the Division of Alcohol and Substance Abuse (DASA), the Division of Developmental Disabilities (DDD), and the Aging and Adult Services Administration (AASA). In this report, when the term "division" is used, it means these four administrative units; the services provided by the Aging and Adult Services Administration are grouped under the term "division."

The services these four divisions provide are conceptually distinct, though not always easy to distinguish in practice. AASA provides case management and living assistance services for low-income, disabled or frail elderly persons who need them to maintain living in less restrictive settings. It also manages a variety of community-based residential placements from adult family homes to nursing homes, for persons who can no longer maintain life in their own homes or apartments. (AASA contracts with the Area Agencies on Aging to provide a variety of supportive services such as congregate meals, senior centers and some case management to persons living at home. Those services, however, are not included in this report, since they are not recorded on automated databases).

AASA clients include persons with developmental disabilities, substance abuse and/or mental illness, if those persons are living in community housing and need assistance in carrying out daily life functions. However, AASA does not provide treatment, rehabilitation or support services specifically geared to those conditions.

The Mental Health Division (MHD) provides three sorts of services to persons with severe, chronic, persistent mental illness. First is psychiatric hospitalization, either through involuntary commitments to community-based hospitals or at state institutions. Second is community-based outpatient treatment and case management, through the local Community Mental Health Centers (CMHCs). Third is community-based housing and residential rehabilitation treatment. All MHD services are provided based upon sliding fee scales.

The Division of Developmental Disabilities (DDD) serves persons with developmental disabilities, beginning before adulthood and lasting throughout life. First, they provide a variety of residential placements, from state institutions through supported living in community apartments. Second, they provide case management and support services to clients living in community housing or with their families. Third, they provide employment services to community-based clients.

The Division of Alcohol and Substance Abuse (DASA) provides four types of services to persons with severe chemical dependence: detoxification, assessment, residential treatment and outpatient treatment. Some employment services are provided under contract during that residential treatment. For very poor clients who are assessed to be unemployable due to their addiction, DASA pays for all care; other clients pay part of their treatment cost based upon a sliding fee scale.

Why Are Clients Shared?

There are three basic situations which cause clients to receive services from two divisions:

(1) The client has multiple problems. For example, a person may be developmentally disabled and mentally ill, or chemically dependent persons and partially paralyzed, or mentally ill and alcoholic. These clients may be more difficult (and more costly) to serve than the "typical" client for each division.

(2) The client has a single disability (either developmental disability or mental illness) and they receive disability-specific support services (such as supportive employment from DDD or group treatment from MHD) within one division. However, they live in congregate housing or a nursing home managed by AASA, or receive Personal Care or Chore Services administered by AASA.

(3) The client is a person who "falls through the cracks" of current service structures, and goes through less-than-ideal placements or services provided by more than one division. These, of course, are the "shared clients" with which the Legislature was most concerned.

How are Shared Services Coordinated?

Clients designated as "shared" clients did not necessarily receive services from two divisions in the same months. Some shared clients did receive services from two divisions jointly; others were seen first by one division, and then by another.

There were many different ways in which cross-division services were coordinated. DDD, MHD and AASA all have case managers, who work with the client and the client's family to determine what sorts of services are needed both within their division and across the agency. Sometimes case managers within one division authorized services administered by another division. For example, DDD case managers worked with the clients to decide which sort of AASA housing the client needs, and then the DDD case manager authorized that housing. For MHD clients in FY90, those services were planned and authorized by AASA staff.

Assessing need for service is also an area of potential complication. In practice, MHD, DDD and DASA each have their own assessment processes, which focus upon a client's eligibility or need for services provided within their division. Hence a client who is chemically dependent and mentally ill and lives in congregate care may have been "assessed" by three divisions (AASA, DASA and MHD) and "case managed" by two (AASA and MHD) within a single year.

However, it is also possible that a client may use services from more than two divisions without any DSHS employee knowing that "sharing" has occurred and without DSHS coordination of that process. The count of "shared" clients in this report is determined by the service use of clients within a single fiscal year, not upon case management. If a DDD client living with a family member receives substance abuse treatment, the DDD case manager does not necessarily know about it.

Data Source: the Needs Assessment Client Data Base

This report is based upon the Needs Assessment (NADB) Unduplicated Client Database for State Fiscal Year 1990. The Needs Assessment Data Bases are constructed and maintained by the DSHS Office of Research and Data Analysis (ORDA). The Client Database contained service and cost information on 856,242 clients who used at least one service from DSHS during FY90, and whose use was recorded on automated databases.

The FY90 Needs Assessment Client Database accounted for about 90% of the clients served statewide. However, the FY90 Client Database did not include two important sets of services for the Aging and Adult Services Administration: those services provided under contracts to the Area Agencies on Aging (case management for persons living in their own homes, congregate meals, senior centers and others) and Contract Chore Services. **This means that this report may underestimate shared clients and associated costs, if clients from MHD, DDD or DASA are using either of those two services.**

Table 1 below shows what services from the four divisions covered are included in the FY90 Client Database. For more information about what services each program represents, see the Glossary (Appendix B). For programs and dollars not included, see Appendix A.

Table 1. Eligibility and Services in NADB Unduplicated Client Database for FY90 Four Divisions: AASA, DASA, DDD, MHD

Division	Eligibility for Division 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). NOT included in FY90 NADB: - Area Agencies on Aging programs - Chore Contract Services	AASA 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
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 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.	DDD 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
Mental Health Division (MHD)	MHD administers treatment programs for adults and children who are severely, acutely and/or chronically mentally ill. Clients pay a portion of the cost of their treatment on a sliding scale.	MHD Case Management 5 CMHC Services: - Intake - Outpatient Treatment - Medication Management - Adult Day Treatment - Child Day Treatment 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

The Cross-Division Pairs 2

During FY90, the Needs Assessment Client Database showed that 151,064 persons used services from at least one of the four divisions discussed in this report. Of those clients, **11,084** (7.3 percent) used services from two, three or all four divisions. These 11,084 are the "cross-division" clients, or "shared clients."

This section examines how many clients were jointly served by **each pair** of the four divisions during FY90. In other words, it answers the question: how many clients in each of the four divisions were shared with each other 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(s). DDD is the smallest of these four division, about one third the number of clients as the MHD, which is the largest. Thus it would be impossible for MHD to share more than 33% of its clients with DDD.

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

Most of the shared clients did not use all their FY90 services at one time. They often used them in sequence, first one service and then another. Clients who used services from two divisions during the same month might be particularly likely to benefit from community-based service integration.

Such integration might have happened at the community scale with these clients -- or it might not have happened. This report cannot answer the question "are these shared services locally coordinated?" Some of the sharing of clients probably results from deliberate service coordination among local DSHS staff. In other cases, the division staff may not have planned to share these clients, and may not be aware that some of "their" clients are also "someone else's" clients.

How Many Clients Are Shared Among These Divisions?

Table 2 below shows how many clients were shared between each pair of divisions during FY90. The top number shows how many clients were shared between the division at the top (the column divisions) and the one to the right (the row division). For example, there were 3,185 clients served both in the Mental Health Division (MHD) and the Division of Alcohol and Substance Abuse (DASA). Those 3,185 clients represented 8% of DASA's 37,858 clients. However, the same clients represented 5% of MHD's 57,987 clients.

Were all the cells in Table 2 added without client unduplication, the sum would be greater than the total number of shared clients across all four divisions, because some shared clients use three, or four divisions, and those people were counted in each relevant pair in Table 2.

Findings

- DDD shared 14% of its clients (2,438 people) with AASA. Probably, many of these were persons living in AASA community residential facilities or receiving Personal Care or Chore Services through AASA.

- DASA and DDD each shared eight to ten percent of their clients with the Mental Health Division -- 3,185 DASA/MHD clients and 1,452 DDD/MHD clients. Many of these may be "dual diagnosed" clients. There were also 47 clients receiving services from DASA and DDD; again a dual diagnosis, though a small one.

- AASA shared 4,752 clients with MHD, 2,438 with DDD and 350 with DASA. Most of these are probably persons with single disabilities living in congregate housing or receiving personal care from AASA, or persons with violent senile dementia housed in the state hospitals. However, some may be clients with dual diagnoses -- for example, a schizophrenic person who is partially paralyzed and living in group care.

- From the point of view of the MHD, the 4,752 clients they share with AASA were expensive -- they cost the MHD almost twice as much on the average as did the rest of the MHD clients. From AASA's point of view, those clients were not expensive; they cost AASA a bit more than half (56%) of their average clients cost.

- The clients which the MHD shared with DDD are "expensive" for MHD: they cost 136% of the MHD division average cost-per-client. This seems reasonable, since clients who are "dual diagnosed" are probably more difficult to serve than the average mentally ill person.

- DASA's major "partner" among the four divisions is the Mental Health Division, with 3,185 clients. These clients cost DASA 120% of the average DASA client cost ($1,219 compared to $1,006). On the other hand, they are not particularly expensive for MHD, which spent $2,735 serving them, as compared to $4,533 spent serving the "average" MHD client.

- DASA shared few (350) clients with AASA, and only 47 with DDD.

Table 2 Matrix of Division-by-Division Shared Clients During FY90 Four Divisions: AASA, DASA, DDD and MHD

	AASA Clients	DASA Clients	DDD Clients	MHD Clients
AASA Clients		350 1% $363,149 1% $1,038 1.02	2,438 14% $ 8,847,680 5% $3,629 0.34	4,752 8% $39,305,250 15% $8,271 1.82
DASA Clients	350 1% $659,495 0% $1,884 0.25		47 0% $ 152,009 0% $3,234 0.30	3,185 5% $8,711,322 3% $2,735 0.60
DDD Clients	2,438 5% $13,060,194 4% $4,201 0.71	47 0% $40,828 0% $869 0.86		1,452 3% $8,933,501 3% $6,153 1.36
MHD Clients	4,752 10% $19,964,469 5% $4,201 0.56	3,185 8% $3,883,046 10% $1,219 1.20	1,452 8% $10,863,434 6% $7,482 0.69	

\# **Number of Shared Clients:** between side (row) and top (column) divisions.

% **Shared Client Percent:** Shared Clients as percent of total clients served by top (column) division.

$ **Total Shared Client Dollars:** dollars spent by top (column) division on the shared clients.

% **Shared Dollar Percent:** shared client dollars as a percent of the total dollars spent by the top (column) division.

$ **Average Cost per Shared Client:** for the top (column) division.

#.# **Average Cost Index:** Ratio of Average Cost per Shared Clients over the Average Cost for all Clients in the top (column) division.

Total Clients	AASA	DASA	DDD	MHD
Total Clients	49,044	37,858	17,827	57,987
Total Dollars	$370,625,506	$38,456,790	$192,453,148	$262,835,484
Average Annual Cost per Clients	$7,557	$1,016	$10,796	$4,533

Who are the Shared Clients?

Table 3 below shows the demographic profile of the shared clients in each pair of divisions. There are two numbers in the table; the first represents the number of shared clients of a particular ethnicity or gender, and the second is the cost per client (across the four divisions) which results from serving that client.

Findings

Most important, there are not many consistent patterns of ethnic or gender differences. Ethnic and gender subgroups of shared clients are costly in one pair of divisions and less costly in others. Two exceptions stand out:

- Hispanics, in every division pair, are the lowest-cost shared clients. This is consistent with Hispanic use of single divisions; they are low-cost there as well. This raises the question, are Hispanic clients with multiple problems being served as well as other clients with multiple problems?

- Men are more frequent users than women of DASA services in every division pair. This seems sensible. The chemical dependency rate among men in the general population is approximately twice that of women.

Table 3 **Demographic Characteristics of Shared Clients During FY90 Four Divisions: AASA, DASA, DDD, MHD**

	AASA/DASA	DASA/MHD	AASA/DDD	DDD/MHD	DASA/DDD	AASA/MHD
White non-Hispanic Clients	280 $15,932	2,717 $8,117	2,254 $11,919	1,323 $17,853	40 $10,907	4,333 $15,674
Asian non-Hispanic Clients	3 $13,843	27 $12,058	25 $10,088	15 $16,072	data suppressed*	86 $14,317
Black non-Hispanic Clients	35 $14,760	187 $9,414	75 $ 11,089	57 $19,511	6 $6,687	178 $18,658
American Indian, non-Hispanic Clients	23 $14,229	192 $7,520	47 $15,034	20 $13,291	0 -	77 $24,607
Hispanic Clients, all races	9 $10,303	59 $6,996	28 $9,707	28 $10,056	0 -	58 $14,595
Clients of "Other Race/Ethnicity"	0 -	3 $8,302	9 $11,028	9 $11,747	0 -	20 $5,006
Female Clients	134 $16,277	1,453 $8,404	1,141 $11,803	674 $16,650	15 $20,918	2,799 $14,833
Male Clients	216 $15,083	1,732 $7,974	1,297 $1,997	778 $18,514	32 $7,575	1,953 $17,303
TOTAL SHARED CLIENTS	350 $15,540	3,185 $8,170	2,438 $11,906	1,452 $17,649	47 $11,834	4,752 $15,848

* Data suppressed due to confidentiality (2 or fewer cases)

What Are the Most Common Patterns of Cross-Division Service?

Table 4 below shows the most common patterns of cross-division service among these four divisions. In this table, 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 column labeled "NUMBER OF CLIENTS" represents the unduplicated count of clients who used at least one service from each of the indicated divisions at some time during FY90.

The two cost columns to the right of the table represent the costs spent upon these clients by these four divisions; the amounts which other divisions spent on these particular clients is not presented here. High average costs suggest that some of the clients in this division grouping are in institutions, nursing homes, or mental hospitals.

Findings

- Every possible combination of divisions was represented in this table, though not at the same frequency.
- The MHD is the most frequent cross-division partner. This is consistent with MHD having the largest number of clients. Of the 11,084 people shared across the four divisions, 8,826 received at least one service from the MHD. (This number is the sum of the 7 combinations in which MHD is a partner).
- The most common combination was the AASA/MHD pair: that is not surprising since these are the two largest divisions in terms of total clients. The least frequent combination (not surprisingly) are represented by the 4 clients who used services from all four divisions.
- The most expensive clients included were the 14 people who used services from DASA, DDD and MHD -- the average per client cost was $18,325.
- A larger group with high costs were the 1,047 clients who used services from DDD and the MHD -- their average per client cost was $14,870.
- Finally, the most frequent combination -- AASA and MHD, with 4,207 clients -- had relatively high average costs of $12,725 per client.

Table 4 Patterns of Cross-Divisional Use During FY90
Four Divisions: AASA, DASA, DDD, MHD

AASA	DASA	DDD	MHD	NUMBER OF SHARED CLIENTS	TOTAL FOUR-DIVISION COST PER CLIENT	PERCENT OF TOTAL COSTS FROM EACH DIVISION
AASA			MHD	4,207	$12,725	AASA=34% MHD=66%
	DASA		MHD	3,013	$ 3,669	DASA=34% MHD=66%
AASA		DDD		2,042	$ 9,260	AASA=60% DDD=40%
		DDD	MHD	1,047	$ 14,870	DDD=61% MHD=39%
AASA		DDD	MHD	387	$ 14,439	AASA=30% DDD=24% MHD=47%
AASA	DASA			187	$3,400	AASA=66% DASA=34%
AASA	DASA		MHD	154	$10,144	AASA=14% DASA=9% MHD=76%
	DASA	DDD		24	$2,645	DASA=39% DDD=61%
	DASA	DDD	MHD	14	$18,325	DASA=3% DDD=39% MHD=58%
AASA	DASA	DDD		5	$4,757	AASA=38% DASA=22% DDD=40%
AASA	DASA	DDD	MHD	4	$13,440	AASA=3% DASA=4% DDD=8% MHD=85%
				11,084		

Patterns of Cross-Program Use 3

What are The Most Frequent Service Combinations?

At a finer level of detail, each division has several different "programs" or "services" which represent different types or methods of delivering assistance to clients. Patterns in which shared clients utilized these more specific types of assistance can also be analyzed.

Table 1 in Appendix A contains a list and description of the 73 different services contained in the Needs Assessment DataBase and used in this analysis.

Table 5 below shows unique service combinations for shared clients, and their associated service costs, in order by the number of people served in each combination. Service combinations with fewer than 24 shared clients were not included.

Findings:

- Only one third (3,608) of the 11,084 clients shared across these four divisions are served in combinations of services which include 24 or more clients. The remaining two thirds are jointly served by smaller and less common combinations of services.

- Very few of the shared clients served in the state psychiatric hospitals are included in this table. Only two combinations which include the state psychiatric hospitals (in the table, these are called "MHD:State Institute"): they are the AASA Nursing Home/MHD State Institution combination, which has 32 clients, and the AASA Assessments and MHD State Institution combination, which has 25 clients. All other shared clients served by the state psychiatric hospitals were in smaller combinations of services with even fewer clients.

- The most frequent cross-division combination of services was received by the 259 clients who used both DASA and MHD Outpatient services during FY90. This was also a relatively inexpensive combination, costing an average of $991.

- The next most frequent program pair was AASA COPES and MHD Case Management. It was relatively more expensive ($7,131). Most of that cost -- 85% -- was paid by COPES.

TABLE 5: Most Frequent Service Combinations Used by Shared Clients in FY90

Program Names	Total Clients	Total Costs	Ave Costs per Client	Percent of Total Costs Provided by Each Program
DASA:Outpatient Trtmt MHD:Outpatient Trtmt	259	$345,670	$1,335	DASA:Outpatient Trtmt=47%, MHD:Outpatient Trtmt=53%
AASA:COPES MHD:Case_Management	194	$1,383,343	$7,131	AASA:COPES=85%, MHD:Case Management=15%
AASA:Chore Services DDD:Assessment-Case Mgt	178	$964,916	$5,421	AASA:Chore Services=100%, DDD:Assess, Case Mgt=0%
DASA:Outpatient Trtmt MHD:Outpatient Trtmt MHD:CMHC Intake Eval	151	$198,490	$1,315	DASA:Patient Trtmt=45%, MHD:Outpatient Trtmt=46%, MHD:CMHC Intake Eval=9%
AASA:Persnl Care Serv AASA:Adult Family Hms DDD:Assess, Case Mgt DDD:Cnty Emply Prgm	123	$858,664	$6,981	AASA:Persnl Care Serv=22%, AASA:Adult Family Hms=16%, DDD:Assess, Case Mgt=0%, DDD:Cnty Emply Prgm=62%
AASA:Nursing Homes DDD:Assess, Case Mgt	122	$2,502,279	$20,510	AASA:Nursing Homes=100%, DDD:Assess, Case Mgt=0%
DASA:Detoxification DASA:Outpatient Trtmt MHD:Outpatient Trtmt	98	$178,895	$1,825	DASA:Detoxification=28%, DASA:Outpatient Trtmt=36%, MHD:Outpatient Trtmt=36%
AASA:Case Management AASA:Assessments MHD:Group Housing	91	$299,733	$3,294	AASA:Case Management=8%, AASA:Assessments=1%, MHD:Group Housing=91%
AASA:Persnl Care Serv DDD:Assess, Case Mgt	90	$262,346	$2,915	AASA:Persnl Care Serv=100%, DDD:Assess, Case Mgt=0%
DASA:Outpatient Trtmt MHD:Case Management MHD:Outpatient Trtmt	89	$191,158	$2,148	DASA:Outpatient Trtmt=27%, MHD:Case Management=13%, MHD:Outpatient Trtmt=60%
AASA:Assessments AASA:Nursing Homes AASA:Persnl Care Serv	86	$469,308	$5,457	AASA:Assessments=0%, AASA:Nursing Homes=61%, AASA:Persnl Care Serv=39%
AASA:Chore Services DDD:Assess, Case Mgt DDD:Cnty Emply Prgm	80	$784,156	$9,802	AASA:Chore Services=59%, DDD:Assess, Case Mgt=0%, DDD:Cnty Emply Prgm=41%
AASA:Nursing Homes MHD:Case Management	78	$1,284,489	$16,468	AASA:Nursing Homes=96%, MHD:Case Management=4%
AASA:Nursing Homes MHD:Case Management MHD:Outpatient Trtmt	77	$1,390,104	$18,053	AASA:Nursing Homes=93%, MHD:Case Management=3%, MHD:Outpatient Trtmt=5%
DASA:Detoxification MHD:Outpatient Trtmt MHD:CMHC Intake Eval	76	$69,924	$920	DASA:Detoxification=35%, MHD:Outpatient Trtmt=54%, MHD:CMHC Intake Eval=12%
DASA:Detoxification DASA:Outpatient Trtmt MHD:Outpatient Trtmt MHD:CMHC Intake Eval	75	$189,827	$2,531	DASA:Detoxification=25%, DASA:Outpatient Trtmt=39%, MHD:Outpatient Trtmt=32%, MHD:CMHC Intake Eval=4%

Program Names	Total Clients	Total Costs	Ave Costs per Client	Percent of Total Costs Provided by Each Program
AASA:Chore Services AASA:Persnl Care Serv DDD:Assess, Case Mgt	73	$522,703	$7,160	AASA:Chore Services=23%, AASA:Persnl Care Serv=77%, DDD:Assess, Case Mgt=0%
DASA:Detoxification MHD:Outpatient Trtmt	70	$68,003	$971	DASA:Detoxification=34%, MHD:Outpatient Trtmt=66%
AASA:Persnl Care Serv AASA:Congregate Care DDD:Assess, Case Mgt	63	$214,089	$3,398	AASA:Persnl Care Serv=26%, AASA:Congregate Care=74%, DDD:Assess, Case Mgt=0%
AASA:Adult Prot. Serv MHD:Case Management	60	$45,550	$759	AASA:Adult Prot. Serv=24%, MHD:Case Management=76%
DASA:Outpatient Trtmt MHD:Case Management	57	$71,957	$1,262	DASA:Outpatient Trtmt=31%, MHD:Case Management=69%
AASA:Persnl Care Serv AASA:Congregate Care DDD:Assess, Case Mgt DDD:Cnty Emply Prgm	56	$371,602	$6,636	AASA:Persnl Care Serv=9%, AASA:Congregate Care=34%, DDD:Assess, Case Mgt=0%, DDD:Cnty Emply Prgm=57%
AASA:Assessments MHD:Group Housing	50	$113,875	$2,277	AASA:Assessments=1%, MHD:Group Housing=99%
AASA:Nursing Homes MHD:Case Management MHD:Outpatient Trtmt MHD:Medication Mgmt	49	$944,241	$19,270	AASA:Nursing Homes=87%, MHD:Case Management=4%, MHD:Outpatient Trtmt=8%, MHD:Medication Mgmt=1%
DASA:Outpatient Trtmt MHD:CMHC Intake Eval	48	$37,955	$791	DASA:Outpatient Trtmt=83%, MHD:CMHC Intake Eval=17%
AASA:Congregate Care DDD:Assess, Case Mgt	47	$109,313	$2,326	AASA:Congregate Care=100%, DDD:Assess, Case Mgt=0%
AASA:COPES MHD:Case Management MHD:Outpatient Trtmt	45	$354,255	$7,872	AASA:COPES=79%, MHD:Case Management=19%, MHD:Outpatient Trtmt=2%
DASA:Outpatient Trtmt MHD:Case Management MHD:Outpatient Trtmt MHD:CMHC Intake Eval	44	$96,227	$2,187	DASA:Outpatient Trtmt=33%, MHD:Case Management=18%, MHD:Outpatient Trtmt=42%, MHD:CMHC Intake Eval=6%
AASA:Case Management AASA:Assessments MHD:Case Management MHD:Adult Day Trtmt MHD:Medication Mgmt MHD:Group Housing	44	$399,844	$9,087	AASA:Case Management=3%, AASA:Assessments=0%, MHD:Case Management=15%, MHD:Adult Day Trtmt=39%, MHD:Medication Mgmt=5%, MHD:Group Housing=38%
AASA:COPES MHD:Case Management MHD:CMHC Intake Eval	40	$183,463	$4,587	AASA:COPES=83%, MHD:Case Management=14%, MHD:CMHC Intake Eval=3%
AASA:Assessments AASA:Persnl Care Serv MHD:Case Management	40	$159,675	$3,992	AASA:Assessments=1%, AASA:Persnl Care Serv=51%, MHD:Case Management=48%
AASA:Nursing Homes MHD:Outpatient Trtmt	39	$560,585	$14,374	AASA:Nursing Homes=97%, MHD:Outpatient Trtmt=3%
AASA:Nursing Homes DDD:Assess, Case Mgt DDD:Habilitation Srv	39	$875,400	$22,446	AASA:Nursing Homes=90%, DDD:Assess, Case Mgt=0%, DDD:Habilitation Srv=10%

Program Names	Total Clients	Total Costs	Ave Costs per Client	Percent of Total Costs Provided by Each Program
DDD:Assess, Case Mgt MHD:Case Management MHD:Outpatient Trtmt	38	$77,599	$2,042	DDD:Assess, Case Mgt=0%, MHD:Case Management=45%, MHD:Outpatient Trtmt=55%
AASA:Persnl Care Serv AASA:Adult Family Hms DDD:Assess, Case Mgt DDD:Suppl Comm Suprt	38	$281,627	$7,411	AASA:Persnl Care Serv=25%, AASA:Adult Family Hms=16%, DDD:Assess, Case Mgt=0%, DDD:Suppl Comm Suprt=59%
AASA:Nursing Homes MHD:Case Management MHD:Adult Day Trtmt	38	$906,896	$23,866	AASA:Nursing Homes=75%, MHD:Case Management=5%, MHD:Adult Day Trtmt=20%
AASA:Case Management AASA:Assessments MHD:Case Management MHD:Adult Day Trtmt MHD:Outpatient Trtmt MHD:Medication Mgmt MHD:Group Housing	37	$415,654	$11,234	AASA:Case Management=2%, AASA:Assessments=0%, MHD:Case Management=20%, MHD:Adult Day Trtmt=25%, MHD:Outpatient Trtmt=17%, MHD:Medication Mgmt=3%, MHD:Group Housing=33%
AASA:COPES DDD:Assess, Case Mgt	36	$257,240	$7,146	AASA:COPES=100%, DDD:Assess, Case Mgt=0%
DDD:Assess, Case Mgt MHD:Case Management MHD:Outpatient Trtmt MHD:CMHC Intake Eval	33	$53,110	$1,609	DDD:Assess, Case Mgt=0%, MHD:Case Management=38%, MHD:Outpatient Trtmt=54%, MHD:CMHC Intake Eval=8%
DASA:Outpatient Trtmt MHD:Outpatient Trtmt MHD:Medication Mgmt	32	$78,963	$2,468	DASA:Outpatient Trtmt=26%, MHD:Outpatient Trtmt=66%, MHD:Medication Mgmt=8%
AASA:Nursing Homes MHD:State Institute	32	$1,498,501	$46,828	AASA:Nursing Homes=17%, MHD:State Institute=83%
DASA:Detoxification MHD:Invln Commitment	31	$87,124	$2,810	DASA:Detoxification=23%, MHD:Invln Commitment=77%
DASA:ADATSA Assessmnt DASA:ADATSA Stipend DASA:Detoxification DASA:Outpatient Trtmt DASA:Residential TX. MHD:Outpatient Trtmt	31	$140,111	$4,520	DASA:ADATSA Assessmnt=7%, DASA:ADATSA Stipend=16%, DASA:Detoxification=12%, DASA:Outpatient Trtmt=20%, DASA:Residential TX.=37%, MHD:Outpatient Trtmt=8%
AASA:Nursing Homes MHD:Case Management MHD:Adult Day Trtmt MHD:Outpatient Trtmt	31	$698,570	$22,535	AASA:Nursing Homes=79%, MHD:Case Management=3%, MHD:Adult Day Trtmt=14%, MHD:Outpatient Trtmt=4%
AASA:Nursing Homes DDD:Suppl Comm Suprt	31	$705,308	$22,752	AASA:Nursing Homes=99%, DDD:Suppl Comm Suprt=1%
DDD:Assess, Case Mgt MHD:Outpatient Trtmt MHD:CMHC Intake Eval	30	$19,959	$665	DDD:Assess, Case Mgt=0%, MHD:Outpatient Trtmt=84%, MHD:CMHC Intake Eval=16%

Program Names	Total Clients	Total Costs	Ave Costs per Client	Percent of Total Costs Provided by Each Program
AASA:Nursing Homes MHD:Case Management MHD:Outpatient Trtmt MHD:CMHC Intake Eval MHD:Medication Mgmt	29	$521,999	$18,000	AASA:Nursing Homes=93%, MHD:Case Management=2%, MHD:Outpatient Trtmt=3%, MHD:CMHC Intake Eval=1%, MHD:Medication Mgmt=1%
AASA:Nursing Homes MHD:Case Management MHD:CMHC Intake Eval	28	$375,286	$13,403	AASA:Nursing Homes=97%, MHD:Case Management=2%, MHD:CMHC Intake Eval=1%
AASA:Nursing Homes MHD:Case Management MHD:Outpatient Trtmt MHD:CMHC Intake Eval	28	$357,557	$12,770	AASA:Nursing Homes=93%, MHD:Case Management=3%, MHD:Outpatient Trtmt=2%, MHD:CMHC Intake Eval=1%
AASA:Case Management AASA:Assessments MHD:Adult Day Trtmt MHD:Outpatient Trtmt MHD:Medication Mgmt MHD:Group Housing	28	$286,463	$10,231	AASA:Case Management=2%, AASA:Assessments=0%, MHD:Adult Day Trtmt=33%, MHD:Outpatient Trtmt=28%, MHD:Medication Mgmt=3%, MHD:Group Housing=34%
DASA:Outpatient Trtmt MHD:Outpatient Trtmt MHD:CMHC Intake Eval MHD:Medication Mgmt	27	$51,119	$1,893	DASA:Outpatient Trtmt=43%, MHD:Outpatient Trtmt=46%, MHD:CMHC Intake Eval=7%, MHD:Medication Mgmt=5%
AASA:Adult Prot. Serv DDD:Assess, Case Mgt	26	$4,689	$180	AASA:Adult Prot. Serv=100%, DDD:Assess, Case Mgt=0%
AASA:Nursing Homes MHD:CMHC Intake Eval	26	$385,970	$14,845	AASA:Nursing Homes=99%, MHD:CMHC Intake Eval=1%
AASA:Chore Services AASA:Persnl Care Serv DDD:Assess, Case Mgt DDD:Cnty Emply Prgm	26	$239,940	$9,228	AASA:Chore Services=15%, AASA:Persnl Care Serv=44%, DDD:Assess, Case Mgt=0%, DDD:Cnty Emply Prgm=41%
DASA:Detoxification DASA:Outpatient Trtmt MHD:Case Management MHD:Outpatient Trtmt	25	$52,258	$2,090	DASA:Detoxification=18%, DASA:Outpatient Trtmt=27%, MHD:Case Management=26%, MHD:Outpatient Trtmt=30%
DASA:Detoxification DASA:Outpatient Trtmt MHD:Case Management MHD:Outpatient Trtmt MHD:CMHC Intake Eval	25	$77,908	$3,116	DASA:Detoxification=16%, DASA:Outpatient Trtmt=25%, MHD:Case Management=28%, MHD:Outpatient Trtmt=26%, MHD:CMHC Intake Eval=5%
AASA:Persnl Care Serv DDD:Assess, Case Mgt DDD:Cnty Emply Prgm	25	$107,148	$4,286	AASA:Persnl Care Serv=37%, DDD:Assess, Case Mgt=0%, DDD:Cnty Emply Prgm=63%
AASA:Assessments MHD:Outpatient Trtmt	25	$9,407	$376	AASA:Assessments=7%, MHD:Outpatient Trtmt=93%
AASA:Assessments MHD:State Institute	25	$901,707	$36,068	AASA:Assessments=0%, MHD:State Institute=100%
DDD:Assess, Case Mgt MHD:Outpatient Trtmt	24	$31,241	$1,302	DDD:Assess, Case Mgt=0%, MHD:Outpatient Trtmt=100%

Program Names	Total Clients	Total Costs	Ave Costs per Client	Percent of Total Costs Provided by Each Program
AASA:Persnl Care Serv AASA:Adult Family Hms DDD:Assess, Case Mgt DDD:Cnty Emply Prgm DDD:Suppl Comm Suprt	24	$357,335	$14,889	AASA:Persnl Care Serv=17%, AASA:Adult Family Hms=6%, DDD:Assess, Case Mgt=0%, DDD:Cnty Emply Prgm=36%, DDD:Suppl Comm Suprt=41%
AASA:Chore Services DDD:Assess, Case Mgt DDD:Suppl Comm Suprt	24	$233,116	$9,713	AASA:Chore Services=59%, DDD:Assess, Case Mgt=0%, DDD:Suppl Comm Suprt=41%
AASA:Assessments MHD:Case Management MHD:Adult Day Trtmt MHD:Outpatient Trtmt MHD:Medication Mgmt MHD:Group Housing	24	$296,399	$12,350	AASA:Assessments=0%, MHD:Case Management=8%, MHD:Adult Day Trtmt=58%, MHD:Outpatient Trtmt=4%, MHD:Medication Mgmt=4%, MHD:Group Housing=26%
All Clients in Table	**3,608**	**$26,012,246**	**$7,210**	

The Mental Health Examples 4

At a finer level of detail, several specific combinations of services among shared clients were examined. Mental Health Division staff provided guidance in initially identifying service combinations relevant to current management issues involving clients shared between Mental Health and other divisions.

The combinations identified for further analysis were, in brief:

- **1** • Clients who used State Psychiatric Hospitals and services from any of the other three divisions during the year, not including those whose only such service was a nursing home placement.

- **2** • Clients who used State Psychiatric Hospitals and nursing home service in the same year.

- **3** • Clients receiving community services from Mental Health and from at least one of the other three division during the same month.

- **4** • Clients who used Mental Health acute and emergent services (ITA or Intake/Assessment) and also received community services from at least one of the other three divisions during the same month.

One other group was initially identified, clients using both State Psychiatric Hospitals and Developmental Disabilities Residential Habilitation Centers. However, there were too few such clients found (six) to allow for a meaningful analysis.

The specific groups identified are **not** mutually exclusive. There probably are, for example, several individuals who are members of both the first and third groups defined above.

This is by no means an exhaustive list of the specific combinations of client service utilization which could be relevant to mental health policy and management issues, or to the other DSHS program areas.

• 1 • Clients who used State Psychiatric Hospitals AND services from any of the other three divisions during the year, not including those whose only service was nursing home use.

Population: This subpopulation consist of persons whose institutional care is, at least in part, provided by the State Psychiatric Hospitals, but who are also provided services by the other divisions covered in this report. Persons using only Nursing Homes in addition to Psychiatric Hospitals are excluded from this analysis but are the focus of the following one. State Psychiatric Hospital clients who used both Nursing Homes and other services from the three involved divisions are included in both of these analyses.

The number of persons meeting these criteria in SFY 1990 was 1,088.

Clients in this population, of course, often received other services from MHD. Some individuals may therefore be included in several of these specific combination analyses.

Gender: This subpopulation of shared clients was 36.3% female, slightly more than the 34.6% female proportion in State Psychiatric Hospital services. This is. however, far less than the 46% average proportion of female clients for the total clients of the three other divisions (excluding nursing homes).

Race/Ethnicity: Most minorities are more under-represented in this shared client subpopulation than they are in either the State Psychiatric Hospitals client population or the pooled population of clients served by the other three divisions. The exception is among Indians who are in the shared client subpopulation in proportions intermediate between those occurring in the State Psychiatric Hospitals and the rate among the other three divisions, which is more than twice as high.

	Asian	Black Non-Hispanic	Hispanic All races	American Indian	White Non-Hispanic
Shared Clients	1.0%	6.3%	1.7%	2.9%	86.1%
Other Divisions	1.7%	6.9%	3.9%	4.5%	83.2%
State Psych Hospital	1.9%	6.8%	2.6%	2.2%	86.5%

Percentages do not include persons recorded as Unknown or Other race/ethnicity.

Age: The age distribution in the shared client subpopulation is very similar to that of State Psychiatric Hospital clients in general. The pooled population served by the three other divisions is not greatly different, except that it includes significantly more persons under 20 and over 69. For State Psychiatric Hospital clients and the shared client subpopulation about 87% of the clients are between the ages of 20 and 69, while across the three divisions, the comparable percentage is only 67%.

Other Services Used

- At least half of the shared clients received health services under the Medical Assistance program.
- Over half were classified as Aged,Blind or Disabled under federal SSI rules for some part of the year.

- Nearly half received mental health case management at some time during the year (47%). Many of these used other mental health services in community programs.
- Comprehensive Adult Assessments were done for 39% by AASA.
- Over a third (38%) had an Involuntary Psychiatric Hospitalization during the year.
- Almost 23% received GA-U grants, and 28% received Foodstamps.
- Over 22% received Alcohol or Substance Abuse Detoxification at some time during the year, with lower but significant participation in other DASA programs.
- Developmental Disabilities provided Case Management/Assessment to 135 of these persons (12.4%).
- Between 63 and 70 of these persons received Case Management from the Division of Vocational Rehabilitation.
- State-paid nursing home care was received by 47 individuals (4.3%)
- Other service used included:

Service	Persons	Percent
ADATSA Assessment	111	10.0%
ADATSA Stipend	86	7.9%
Adult Protective Service	99	9.1%
AASA Congregate Care	71	6.5%
AASA Personal Care	67	6.2%
DDD Supplemental Support	52	4.8%
DDD Non-facility Resid'l	33	3.0%
AFDC/FIP	35	3.2%
DVR Med/Psych Treatment	28	2.6%

Costs: Looking across all DSHS services in the 1990 Needs Assessment Database, this subpopulation had costs slightly lower than the average State Psychiatric Hospital client, $ 26,800 compared to $ 28,600. This is still a relatively high cost among the broad range of DSHS clients; the average across all persons served across the other three divisions was less than $ 7,000. Of course, many of these persons received no residential care.

The majority of these costs were incurred in providing State Psychiatric Hospital services, with an average of $ 17,700 per client over the year. Other Mental Health services account for more than $ 3,000 of the remaining average. The next largest category of expenditures identified is Medical Assistance, which covered about $ 2,500 of the average. DASA costs constituted about $ 400 of the group average, with Income Assistance benefits a slightly larger proportion. (The cost of state SSI payments is not included in the SFY 1990 database.)

Proximity: About 53% of the clients using both State Psychiatric Hospitals and services of the other three divisions did so in the same month at any time during the year. This indicates that many clients are not entering from or exiting to services of the other divisions. However, they may be entering from or exiting to community mental health services.

• 2 • Clients who used state psychiatric hospitals and nursing homes during the same year

This subpopulation was identified for study because of concern about the appropriateness of mental health admissions for persons eligible for other residential placements.

Population: This subpopulation included any person identified in SFY 1990 as both:

- in residence at one of the state psychiatric hospital programs, which are Eastern and Western State Hospitals, PALS, PORTAL, and Child Study and Treatment Center; and
- receiving state-paid nursing home care (does not include federal Medicare or private pay nursing home stays).

One hundred fifty seven persons were identified by these criteria.

These clients, of course, often received other services from AASA, from MHD, and from the other divisions. Some of these individuals may therefore be included in one of the other examples.

Gender: The population of nursing home clients is predominantly female (69%) while the mental health hospital population is predominantly male (34% female). Clients using both service are almost evenly divided by gender.

	Number	Percent Female
Shared Clients	157	49%
General Population	4,866,000	50%
Poverty Population	518,000	57%
DSHS Total Clients	856,000	57%

Race/Ethnicity: 88.5% of these shared clients were non-Hispanic Whites. The ethnic mix of shared clients is intermediate between those of nursing homes and the mental hospitals. The under-representation of non-Hispanic Blacks and Indians in Nursing Homes does not keep these groups from being included in the shared client population in proportions much closer to their representation in both the State Psychiatric Hospital client population and the poverty population.

	Asian	Black Non-Hispanic	Hispanic All races	American Indian	White Non-Hispanic
Shared Clients	1.9%	5.7%	1.9%	1.9%	88.5%
Nursing Homes	1.2%	1.7%	0.6%	1.0%	95.4%
State Psych Hospital	1.9%	6.8%	2.6%	2.2%	86.5%

Percentages do not include persons recorded as Unknown or Other race/ethnicity.

Age: The age distribution of this shared client subpopulation is quite different from that of either State Psychiatric Hospitals or Nursing Homes taken separately. Nursing Home clients are predominantly elderly, with over 87% older than 64. Mental Health hospital clients are concentrated in the 20-49 age group (over 72%). In contrast, the shared clients are evenly spread across all age groups from 30 years on up.

	Under 20	20-29	30-49	50-64	65+
Shared Clients	0.0%	3.8%	23.0%	24.8%	48.4%
Nursing Home	0.1%	0.6%	4.1%	7.4%	87.8%
State Psych Hospital	5.5%	24.5%	47.7%	10.7%	11.7%

Other Services

- Virtually all of these clients (all but nine) used Medical Assistance coverage for prescription drugs during the year.
- Most of these clients (88.5%) were classified as Aged,Blind or Disabled under the SSI program at some point during the year.
- Over half (51%) had their Medicare Part B premium paid by the state at some time during the year.
- Many (40%) had an Involuntary Psychiatric Hospitalization in a community hospital during the year.
- Only 38.5% received mental health case management during the year.
- Only a few (five) received Alcohol and Substance Abuse Detoxification, which was the most frequent Alcohol and Substance Abuse service.
- Other than Adult Assessment, fewer than a dozen of these clients were recorded as receiving any AASA community services, and only nine received AASA Case Management.
- Only one of these clients received any Developmental Disabilities services.

Costs: Looking across all DSHS services in the 1990 Needs Assessment Database, this subpopulation had high costs, over $ 43,300. The average Nursing Home client who was not also a State Psychiatric Hospital resident was a much lower $13,600. Even the average cost of other State Psychiatric Hospital residents was a much lower $27,800.

The majority of these costs were incurred in providing State Psychiatric Hospital services, with an average of almost $ 30,000 per client over the year. Nursing Home costs averaged only about $7,500 per year.

The total cost includes services beyond those for State Psychiatric Hospital and Nursing Home care, with medical care as a major concentration of these additional costs. Inpatient medical hospitalization is the next most expensive cost item, with an average of over $ 2,600 per client. Other medical and mental health services account for much of the remaining costs.

Sequence: As far as can be determined from a single year slice of data, there is no strong pattern of clients starting in State Psychiatric Hospitals and moving to Nursing Homes, nor vice versa. Those first counted in State Psychiatric Hospitals had significantly higher Inpatient Hospitalization costs than those first counted in Nursing Homes ($ 3260 v $ 1600).

Proximity of Use: A majority of these clients (124 of 157) were recorded at least once as served in both State Psychiatric Hospitals and Nursing Homes in the same month.

• 3 • Clients receiving community services from Mental Health and at least one of the other three division during the same month.

Population: This subpopulation was selected as an analysis of the extent to which there are opportunities to improve coordination and/or reduce duplication of services.

The subpopulation was defined as those clients who, during at least one month of the year, received both:

- A Mental Health service, not counting stays at State Psychiatric Hospitals, and
- Any service from the other three divisions, not counting the following exceptions: Adult Protective Service, AASA Case Management, DDD Case Management, or ADATSA Assessment.

Most persons receiving Case Management are included in this subpopulation however, because they also received some other service which resulted in their inclusion. The only DASA, AASA, and DDD clients excluded from this criterion are those receiving only case management and Adult Protective Service.

Of the 7,424 clients who had services from both of the groups defined above, 4,476 (60.2%) received services from both groups in at least one month of the year.

Gender Females were 51.9% of this subpopulation.

Age Almost 60% of these clients were adults aged 20 through 50.

Age Group	Percent of Same Month Shared Clients
0-9	0.5%
10-19	7.8%
20-29	20.5
30-39	24.0
40-49	13.8
50-59	8.2
60-69	10.0
70-79	8.5
80-89	5.6
90+	1.1

Race/Ethnicity

Almost 90% of these clients were non-Hispanic Whites.

Asian	Black Non-Hispanic	Hispanic All Races	American Indian	White Non-Hispanic
1.4%	4.6%	1.4%	3.3%	89.1%

Other Services

- Over two-thirds of these clients received Medical Assistance, with Prescription Drug coverage used by the highest portion of the subpopulation.
- Almost two-thirds received Mental Health Outpatient Treatment at some time during the year, with lesser but substantial participation in many other community mental health services, including about 28% receiving Medication Management.
- About 62% were classified as Aged Blind or Disabled under federal SSI rules during at least part of the year.
- Foodstamps were received by about 29%.
- One-third received an AASA Comprehensive Adult Assessment.
- DASA Outpatient Treatment was used by 28%, and Detoxification by 18.3%.
- GA-U grant was received at some point in the year by 18.5%.
- Nursing home stays, AASA Case Management, DD Case Management, AASA Personal Care and AFDC/FIP were each received by between 9% and 15% of the subpopulation.

In comparison to clients who received both types of service, but not in the same month, the "same month" shared clients more often received a wider variety of Mental Health Services, including both community and institutional services, and more often received AASA services. Proportionately fewer of the "same month" shared clients received DDD services.

Costs

Across all services in the 1990 Needs Assessment Database, this subpopulation averaged $14,400 per person in DSHS services. Mental Health services account for about $ 6,500 of this total, about half of which represents the State Psychiatric Hospital costs of the one-sixth of these clients with a State Psychiatric Hospital stay.

Medical Assistance services account for at least another $ 2,700 of the average total cost. Again, almost half the cost is in intensive residential services. In this case, it is the Inpatient Hospital costs of the one-sixth with inpatient stays which provides half of the average. Similarly in AASA, because one out of seven of these clients had a nursing home stay, the overall average includes $ 1,600 per person in nursing home costs.

Income assistance benefits for this population average about $ 500 per year, not counting SSI.

In comparison to clients who received both types of service, but not in the same month, the "same month" shared clients incurred about 15% higher overall service costs. The difference would have been greater except for the fact that "not-same-month" clients who received some relatively expensive services tended to do so longer (or at higher cost) than did the "same month" clients (Nursing Homes, Mental Health Group Housing, GA-U and Foodstamps).

In one particular service, Mental Health Adult Day Treatment, the "not-same-month" shared clients incurred 50% higher average cost than the "same month" clients who received the same service.

In general, the data suggest that the "same month" shared clients used more different services than the "not-same-month" shared clients, but in smaller amounts of each service. Financially, the larger number of services more than offsets the smaller average amounts of individual services in the comparison of these two subpopulations.

These differences could be a reflection of the complexity of client problems, system differences, or a combination or interaction of both.

Duration of Overlap

The clients in this subpopulation averaged 2.8 months of SFY 1990 in which they received services from both of the groups defined for this analysis. Females averaged about half a month of overlap more than males. By age, pre-teens and elderly 60-79 had the highest average number of overlapping months.

• 4 • Clients who used Mental Health acute and emergent services (ITA or Intake/Assessment) and also received community services from at least one of the other three divisions during the same month.

Population

This subpopulation was selected to examine the extent to which clients who are using the acute and emergent mental health services are, at about the same time, also receiving non-emergent services from other divisions.

The subpopulation was defined as those clients who, during at least one month of the year, received both:

- An Involuntary Psychiatric Hospitalization or a Mental Health Intake/Assessment, and
- Any service from the other three divisions, not counting the following exceptions: Adult Protective Service, AASA Case Management, DDD Case Management, or ADATSA Assessment.

The first criterion is not a perfect match for the question of acute and emergent service, because some clients receive Intake/Assessment for non-emergent reasons.

Under the second criterion, most persons receiving Case Management are included in this subpopulation, because they also received some other service which resulted in their inclusion. The only DASA, AASA, and DDD clients excluded from this criterion are those receiving only case management and Adult Protective Service.

Of 3,386 clients who had services from both of the groups defined above, 1,877 (55.4%) received services from both groups in at least one month of the year.

Gender Over half (54.6%) of these same-month clients were female.

Age Over 60% of these same-month shared clients were adults between 20 and 50. Clients who shared these services during the year, but not during the same month, were on the average older than this same-month group.

Age Group	Percent of Same Month Shared Clients
0-9	0.9%
10-19	7.2%
20-29	24.2
30-39	24.5
40-49	12.5
50-59	7.0
60-69	9.7
70-79	7.9
80-89	5.3
90+	0.7

Race/Ethnicity

88% of the same-month shared clients were non-Hispanic Whites.

Asian	Black Non-Hispanic	Hispanic All Race	American Indian	White Non-Hispanic
1.3%	5.3%	1.7%	3.0%	88.6%

Other Services

- Mental Health Intake/Assessment was received by over 85% of these clients and over 24% had Involuntary Psychiatric hospitalization, indicating that about 10% received both during the year.
- Three-quarters of these clients received Medical Assistance services, with Prescription Drug coverage used by the highest portion of the subpopulation.
- Almost two-thirds received Mental Health Outpatient Treatment at some time during the year, with lesser but substantial participation in many other community mental health services, including about 28% receiving medication management.
- About 60% were classified as Aged Blind or Disabled under federal SSI rules during at least part of the year.
- Foodstamps were received by about 37%.
- Fewer than one quarter (22.4%) received an AASA Comprehensive Adult Assessment, 18.8% had a state-paid Nursing Home stay, and 13.7% received AASA Case Management.
- DASA Outpatient Treatment was received by over 31.5%, Detox by 22.5%, and ADATSA Assessment by 10.3%
- GA-U grants were received sometime during the year by 20.6%, and AFDC/FIP by 11.9%

Comparing the group receiving both groups of services as defined above in the same month with clients who were served from both groups of service, but not in the same month, there are some noticeable differences. The "same month" shared clients comparatively more often received SSI, Foodstamps, Nursing Home stays, and Medicare Part B coverage. They comparatively less often received GAU, AFDC, ADATSA Assessment, Detox and Mental Health Group Care. Undoubtedly some of this difference is due to the older age distribution of the "same month" shared clients. However, the difference in the frequency of some services, such as Nursing Homes, is greater than the difference in age distributions.

Costs

Across all services in the 1990 Needs Assessment Database, this subpopulation of "same month" shared clients averaged $ 16,200 per person in DSHS services. Of this total, Mental Health services account for about $ 5,900, over half (62%) of which represents the State Psychiatric Hospital costs of the one-sixth (17.9%) of these clients with a hospital stay.

Medical Assistance services account for at least another $ 3,400 of the average total cost. Again, over half (52%) the cost is in intensive residential services. In this case, it is the Inpatient Hospital costs of the one-fifth (22.7%) with inpatient stays which provides over half of the average. Similarly in AASA, because one out of six (18.8%) of these clients had a nursing home stay, the overall average includes $ 2,160 per person in nursing home costs.

Income Assistance benefits for this population average about $ 560 per year, not counting SSI. DASA service costs are at least $ 450 per client, principally in Outpatient Treatment and Detox.

In comparison to clients who received both types of service, but not in the same month, the "same month" shared clients incurred over 40% higher overall service costs. The difference would have been greater except for the fact that "not-same-month" clients who received some relatively expensive services tended to do so longer (or at higher cost) than did the "same month" clients. Most Mental Health and Income Assistance services fit this pattern.

In one particular service, Mental Health Adult Day Treatment, the "not-same-month" shared clients incurred 40% higher average cost than the "same month" clients who received the same service, probably due to using the service for a longer time during the year.

In general, the data suggest that this group of "same month" shared clients used fewer different services in Mental Health and Income Assistance than the "not-same-month" shared clients, and in smaller amounts of each service. However, the"same month" shared clients used Nursing Homes in higher proportions, and at higher average cost, probably indicating longer stays. This more than offsets the lower Mental Health and Income Assistance costs.

In DASA services, the "same month" clients used Outpatient Treatment, Detox and Assessment comparatively more often. However, the cost data indicate the "same month" shared clients who used Detox and Outpatient treatment incurred higher costs per user, indicating more sustained or repeated use of the service. Conversely, the not-same-month shared clients had relatively higher ADATSA Assessment costs, indicating the possibility of a higher frequency of such assessments among that comparison subpopulation.

These differences could be a reflection of the nature and complexity of client problems, system differences, or a combination or interaction of both.

Duration of Overlap

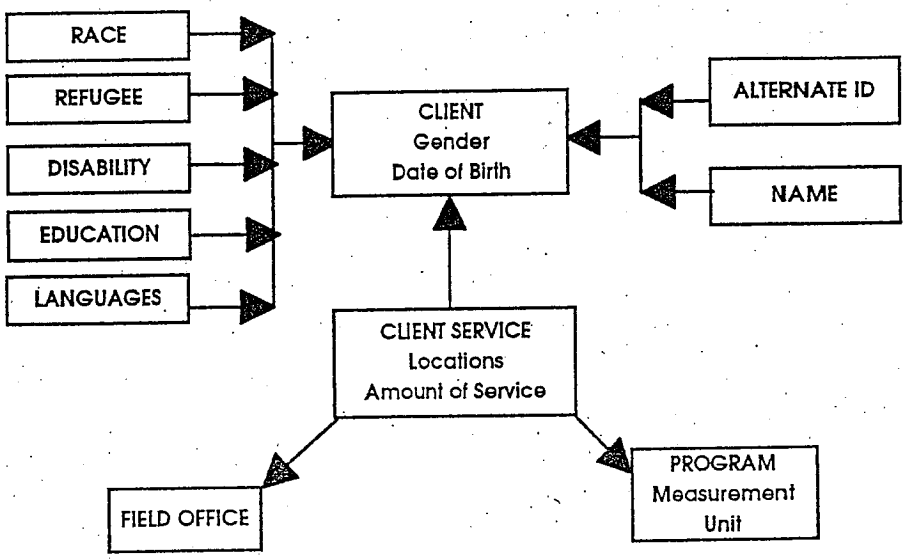
The clients in this subpopulation averaged 1.16 months of SFY 1990 in which they received services from both of the groups defined for this analysis. This is to be expected given the brief and infrequent nature of ITA and Mental Health Intake/Assessment. No significant variation in duration of overlap by gender occurs. By age, there is a slight tendency for the frequency of overlap over time, with a decline after age 75.

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.

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.

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.[1]

• **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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[1] 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.

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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