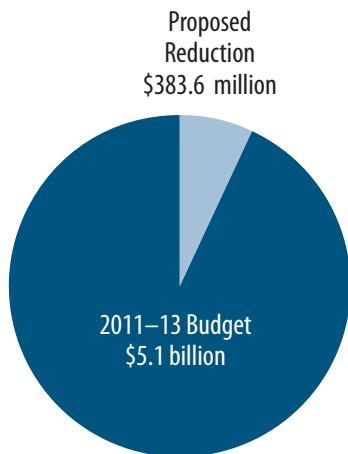


Social and Human Services



Children's Administration

Maximize federal funding - \$14.4 million

Recovers all available federal funds for costs related to adoption and foster care. The state provides these services to more than 24,000 children monthly.

Reduce use and rates of contracted services - \$12.6 million

Cuts the number of placements in group homes and reduces fees paid to child placement agencies.

Increase client-to-social worker ratio - \$8.6 million

Changes the average ratio of social worker to children from 1:17 to 1:20. Affects only those social workers, associated supervisors and support staff employed in child welfare. Does not reduce the number or ratio of social workers in Child Protective Services.

Eliminate child welfare programs - \$6.9 million

Terminates specialized child welfare programs such as receiving care centers, foster care assessment, continuum of care, sex abuse recognition training, children's advocacy centers, adoption support recruitment and street youth. Eliminates state funding for educational coordinators. Approximately 5,700 children receive these services annually.

Reduce selected services - \$4.6 million

Reduces the Pediatric Interim Care Center, foster parent child care and support services, receiving care services, evaluation and treatment, sexually aggressive youth services, family preservation training and the Responsible Living Skills program for adolescents.

Eliminate family reconciliation services - \$4.5 million

Stops intake and referral services aimed at keeping families intact and promoting positive behaviors for about 525 families who seek assistance each year.

Reduce foster care length-of-stay - \$885,000

Shortens the length of stay for 200 hard-to-place foster children through the use of permanency roundtable teams, which coordinate social workers, community professionals and family members to find permanent placements.

Reduce state funds for domestic violence programs by 10 percent - \$870,000

Cuts funds for domestic violence shelters that serve about 16,700 individuals annually.

Chemical Dependency

Eliminate Disability Lifeline and ADATSA treatment - \$15.6 million

Terminates the Disability Lifeline and ADATSA (Alcohol and Drug Abuse Treatment and Services Act) medical programs, affecting 15,000 low-income clients who receive chemical dependency services such as assessment, opiate substitution treatment, detoxification and crisis response.

Social and Human Services

Disability Lifeline provides medical coverage for low-income adults who are unable to work due to a temporary disability. ADATSA provides shelter and/or medical benefits, treatment and occasional cash support.

Reduce chemical dependency services - \$5.9 million

Reduces outpatient and detoxification chemical dependency services for 5,000 low-income clients without young children. Services include assessment, opiate substitution treatment, detoxification and crisis response.

Eliminate long-term residential and recovery house services - \$2.7 million

Ends funding for long-term residential services in excess of 90 days. Ends funding for five recovery houses, which serve 299 clients per year after they have finished residential treatment program.

Close Pioneer Center East - \$2.1 million

Halts funding for this Spokane chemical dependency treatment facility that annually serves 283 acute-care clients, some of whom are ordered by the court to receive intensive inpatient treatment. Other facilities in the state will be able to provide this coverage, including Pioneer Center North in Sedro-Woolley.

Convert funding to county block grant - \$2.1 million

Distributes chemical dependency state funds directly to counties to maximize efficiency. Counties will have flexibility in providing services with available funds. The department will continue to contract directly with tribal providers of chemical dependency services.

Developmental Disabilities and Long-Term Care

Reduce community residential provider rates - \$11.6 million

Cuts rates by approximately 6.5 percent for developmental disability community residential providers, who serve 3,800 clients each month. Support ranges from a few hours per month to around-the-clock, one-on-one assistance each day.

Eliminate state-only employment and day services - \$9.2 million

Terminates supported employment services, such as job coaching, for 488 clients with developmental disabilities who have not been placed in a Medicaid waiver program. This reduction will affect the ability of these individuals to obtain job training and placement services.

Reduce home care agency reimbursement rates - \$8.8 million *

Cuts reimbursement rates for home care agency providers from \$19.72 to \$18.72 per hour. Home care agencies assist more than 12,000 clients per month with activities such as bathing, dressing, eating, meal preparation and housework in the client's home.

* Indicates cut the Governor proposes to prevent with new revenue.

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Suspend Individual and Family Service program - \$8.4 million *

Suspends services to nearly 1,000 families for respite care, therapies and other activities which help them keep loved ones with developmental disabilities in their homes.

Reduce eligibility for services - \$8.3 million *

Requires clients with developmental disabilities and long-term care clients receiving personal care services to meet the same level-of-care standard as nursing facility clients. This eligibility change will result in 1,300 of the least acute long-term care and developmental disability clients losing personal care services. In addition, eligibility for developmental disability institution and Medicaid waiver services is restricted, which will cause approximately 330 clients to lose services.

Reform developmental disability waivers - \$6.3 million **

Merges the Basic and Basic Plus federal Medicaid waivers into a single waiver with an average lower cost based on a flexible model instead of the current service allocation model. About 7,000 clients will be authorized to spend a pre-determined amount on services at an aggregate level rather than by the specific service. Clients can select their own mix of services within the determined amount.

Close one residential habilitation center - \$6.1 million

Closes the Rainier School residential habilitation center through the use of federal grants and one-time funding to transition approximately 350 clients to community-based settings or other residential habilitation centers. Because the average monthly cost in an institution is more than \$15,000 per client, significant future biennia savings are expected.

Eliminate Adult Day Health program - \$4.1 million *

Eliminates services to nearly 1,000 individuals with developmental disabilities or in long-term care who now receive assistance through adult day health centers with medication management, cognitive and physical therapies, and group interactions.

Reduce instructional and support hours by 2 percent - \$2.3 million

Cuts community residential services to 3,800 individuals in supported living placements. Services are built around the person's needs and may include assistance with maintaining the home, paying bills, preparing meals and personal tasks.

Eliminate rate add-on for assisted living - \$1.9 million

Stops the rate add-on given to assisted living providers to take more Medicaid clients. Assisted living facilities serve more than 4,500 individuals per month.

Reduce Senior Citizens Services Act funding by 20 percent - \$1.6 million *

Cuts funding to the Area Agencies on Aging, which provide case management services and other services, such as Meals on Wheels, to elderly individuals to help them remain in their homes.

* Indicates cut the Governor proposes to prevent with new revenue.

** Restores \$4 million

Social and Human Services

Investments

Include funding for Initiative 1163 - \$15.2 million

Meets requirements of Initiative 1163 for increased mandatory training, additional background checks and certification for long-term care workers beginning Jan. 7, 2012. The initiative also requires performance audits and more fraud investigators.

Increase community resources - \$4.3 million

Captures savings from the elimination of the Housing and Essential Needs program and redirects them for housing support and services for 258 long-term care and developmental disability clients who would lose their current residential placement as a result of proposed personal care and developmental disability program eligibility changes.

Enhance Family Caregiver Support program - \$1.8 million

Adds specialized caregiver support for people with Alzheimer's disease. This program is available to unpaid caregivers of adults who need care. Providing these caregivers with information and connecting them to other resources may help 2,200 clients remain in their homes and delay entry into more costly long-term care services.

Increase crisis stabilization - \$1.5 million

Provides additional community capacity to address the needs of clients with developmental disabilities who are in crisis or in need of respite. This investment in new community facilities will strengthen the home and community-based system and allow more individuals to be better served.

Provide critical community placements - \$1.3 million

Funds 35 out-of-home community residential placements for individuals with developmental disabilities. These individuals are in crisis and have been identified as aging out of the Children's Administration or being released from a state institution.

Support transitioning high school clients - \$376,000

Funds a supported employment program for an estimated 161 young adults with developmental disabilities on a Medicaid waiver turning 21 and graduating from high school this year.

Economic Services

Reduce state funding for subsidized child care by 12 percent - \$50.0 million

Limits the number of low-income children whose families can receive subsidized child care by 4,000. Currently 33,000 low-income families receive subsidized child care while parents work.

Earn federal TANF contingency funds - \$38.4 million

Assumes continued receipt of federal contingency funds for three more quarters.

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Reduce TANF time limit to 48 months - \$17.5 million

Limits maximum time a family can receive a TANF grant from 60 to 48 months, which eliminates eligibility for nearly 2,000 families.

Eliminate State Food Assistance program - \$13.9 million

Halts food assistance to an estimated 11,400 individuals each month who are not eligible for federal food assistance or who have not provided documentation of citizenship.

Eliminate Disability Lifeline medical program costs - \$8.7 million

Eliminates the need to cover costs for incapacity examinations associated with the Disability Lifeline medical program due to termination of the program.

Reduce TANF grant amounts by 2 percent - \$7.2 million

Shrinks the average monthly grant for a family of three to \$468. This grant was cut by 15 percent during the past year.

Eliminate State Family Assistance program - \$6.0 million

Stops cash assistance to 1,200 families who do not meet federal TANF eligibility criteria. The average monthly payment is \$240.

Reduce refugee and limited English proficiency services by 15 percent - \$1.7 million

Reduces services that assist about 735 legal immigrants in achieving English proficiency.

Reduce naturalization services by 47 percent - \$1.1 million

Decreases naturalization services to legal immigrants attempting to become U.S. citizens. The program serves about 4,400 individuals annually.

Restrict replacement of electronic benefits transfer cards - \$752,000

Limits the replacement of lost EBTs in Community Service Offices, except in case of emergency, effective July 1, 2012. Cards are used for cash and food for low-income clients.

Mental Health

Delay implementation of Involuntary Treatment Act changes - \$22.6 million

Changes implementation date of House Bill 3076 from Jan. 1, 2012, to July 1, 2015. This postpones the expected increase in community-based and institutional mental health services.

Implement utilization management in Medicaid - \$9.8 million

Institutes process to reduce excessive use of mental health services by targeting services to those with the most acute needs.

Close state hospital wards for dementia and traumatic brain injury clients - \$7.6 million

Shuts down two wards at Western State Hospital and places 52 patients in long-term care community settings.

Social and Human Services

Reduce non-Medicaid funding for regional support networks - \$4.6 million

Cuts funding for mental health services provided to 8,000 non-Medicaid clients per month by regional support networks. Regional support networks deliver mental health services in their area.

Capture savings in Involuntary Treatment Act and offender reentry program - \$3.2 million

Lowers funding to match expected spending for drugs, equipment and professional fees for individuals involuntarily committed to a community mental health hospital. Also lowers funding for mental health services to dangerously mentally ill offenders released from correctional institutions.

Use federal block grant for waived mental health services - \$2.0 million

Replaces state funds with federal funds for such services as supported employment, club house for adult services and respite care.

Consolidate regional support networks - \$1.7 million

Reduces number of regional support networks from 13 to no more than six by Jan. 1, 2013.

Reduce Spokane acute care diversion proviso by 50 percent - \$797,000

Cuts funding for services that divert mental health patients from the state hospital system. This funding is now provided only to the Spokane regional support network.

Investments

Increase community mental health resources and close two civil wards - \$4.1 million

Closes two civil wards at Western State Hospital and places 60 patients in community settings. Savings from the elimination of the Housing and Essential Needs program will be used to develop housing support and community mental health treatment for discharged patients.

Add resources for forensic evaluations - \$493,000

Hires two psychologists and two psychiatrists to conduct forensic evaluations in jails to help divert individuals from more expensive placement at Western State Hospital.

Administration

Eliminate non-core mental health programs - \$1.4 million

Terminates the TeamChild, Juvenile Detention Alternatives Initiative and Washington Mentoring programs.

Reduce administration - \$841,000

Achieves savings in executive management, operations support, information systems services and finance divisions.

Reduce community initiative funding - \$450,000

Cuts funding for the Family Policy Council, a public/private partnership that supports at-risk youth and families through 42 networks across the state. The council will operate to the extent that philanthropic contributions permit.