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ABSTRACT

This report presents patterns and trends in the annual caseload of the Washington State Division of Developmental Disabilities for both Residential Habilitation Centers (RHC) and community programs from the period 1989 through 1994. Following an executive summary, individual chapters present extensive detail on: (1) the project's background and method; (2) case load characteristics (size, admissions, service interruptions); (3) demographics (age, gender, race, and ethnicity); (4) eligibility conditions (disability type, retardation level); and (5) summary and conclusions. Major findings are reported for caseload characteristics, demographics, and eligibility conditions. Examples of findings include: a 33 percent increase in the statewide caseload over the 5 years; more persons were newly eligible and entered the caseload each year; fewer persons (6.6 percent) showed a break in service; 1.6 percent of persons in the community caseload transferred from community to RHC services; 98 percent of persons living in RHCs were adults; there were 4 males to every 3 females in the community caseload; the percentage of non-Caucasians increased; 81 percent had eligibility based on mental retardation; of persons newly eligible for services, 67 percent were mentally retarded; and the average person on the caseload has a higher IQ level than 5 years ago. Extensive appendices present detailed analysis of findings. (DB)

REPORT

PATTERNS AND TRENDS IN THE CASELOAD OF THE DIVISION OF DEVELOPMENTAL DISABILITIES

A 5-Year Analysis
(July 1989-August 1994)

Washington State
Department of
Social and Health Services
Planning, Research &
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(July 1989-August 1994)

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EXECUTIVE SUMMARY

BACKGROUND

The Division of Developmental Disabilities (DDD) of the Washington State Department of Social and Health Services (DSHS) sponsored a study of persons eligible for services through the Division. This report presents patterns and trends in the annual caseload for both Residential Habilitation Centers (RHC) and community programs, as well as trends in the types of persons who became newly eligible for services during State Fiscal Years (SFY) 1990 through 1994 (i.e., July 1, 1989 to June 30, 1994).

MAJOR FINDINGS

CASELOAD CHARACTERISTICS

Caseload Size

- There has been a 33% increase in total persons on the statewide caseload in the last five years (from 14,879 in 1990 to 19,744 in 1994) -- an average increase of 7% per year.

- Community caseload increased by 40% (from 13,119 in 1990 to 18,330 in 1994) -- an average annual increase of 8%, four times the general population growth rate.

- RHC population reduced by 20% (from 1,760 in 1990 to 1,413 in 1994) -- an average annual decline of 5%.

- Most persons on the DDD caseload are living in the community. Currently there are 13 persons living in the community for every one in an RHC; almost twice as many as five years ago.

Persons Newly Eligible for Service

- More persons enter the statewide caseload each year -- 1,802 in 1990 vs. 2,367 in 1994.

- A total of 10,719 persons entered since 1990.

- 40% of the total 1994 caseload received eligibility during the last five years.

- Consistent with the Division policy, no persons new to the DDD system have entered an RHC since 1987.

- 9,631 persons newly eligible for services since 1990 (89.9%) came from a home setting (i.e., their own, parent's or relative's home). 727 persons (6.8%) came from community residential settings, and others (3.3%) came from mental health and correctional facilities, or other settings.

Discontinuations (Break in Service)

- The number of persons in the community caseload showing a break in service for more than 30 days has decreased from 1,316 (10.0%) in 1990 to 1,204 (6.6%) in 1994.

- Discontinuations from service are uncommon in RHCs.

Mortality

- A small proportion of persons in the community caseload die each year (9.2 per 1000 vs. 7.5 per 1000 for the general population).

- In RHCs the death rate averaged 11.5 per 1000 over the last five years.

Transfers

- 1.6% of persons in the community caseload (300 in 1994) transfer between regions and 0.03% (6 persons in 1994) transfer from community to RHC each year (occurring only by exception request).

- In the last five years, 143 persons transferred between RHCs (mostly in 1991 and 1994), and 353 from RHC to community programs (about 4.5% of persons living in RHCs per year) due to downsizing and Interlake School closure.

DEMOGRAPHICS

Age

- The age groups 3-5, 6-17, and 45-54 are growing fastest in the statewide caseload, increasing 48% or more over those in the same age ranges five years ago. The 18-21 and 22-34 years old age groups are increasing at a slower rate (16-17% over 1990).

- 98% of persons living in RHCs were adults in 1994, and no persons under age 9 live in an RHC. The percentages of persons ages 6-17 and 18-21 in RHCs are declining rapidly (66% fewer persons in these age ranges than five years ago).

- Of those newly eligible for services in 1994, most (76%) were under age 18, and 52% of all persons newly eligible for services were 0 to 2 years old, due primarily to early intervention programs.

Gender

- There are 4 males to every 3 females (a ratio of 1.3:1) in the community caseload.
- RHCs have a slightly higher male to female ratio (1.5:1); whereas, the gender mix in the general population is 0.9:1.
- The gender mix among persons newly eligible for services is slightly higher than among the current caseload, averaging 1.4 males per female.

Race and Ethnicity

- The percentage of non-Caucasians is increasing, currently over 13% of the total statewide caseload, matching the general population.
- African Americans, Asians/Pacific Islanders, and Native Americans have increased in the statewide caseload by 66% or more since 1990 due to outreach efforts.
- African Americans are the largest minority group in the statewide caseload, currently comprising 4-5%, Asians/Pacific Islanders and Native Americans each comprise 2-3%.
- 3% of the statewide caseload are of Hispanic descent.
- The RHCs have smaller percentages of non-Caucasians (7%) and Hispanics (1%) than among persons on the caseload living in the community (15% and 4%, respectively).

ELIGIBILITY CONDITIONS

Caseload

Eligibility Conditions for Persons Age 6 and Older

- Persons age 6 and older (82% of the caseload in 1994) can be admitted under any of the following eligibility conditions: mental retardation, autism, cerebral palsy, epilepsy, another neurological condition, other conditions, or policy exception. (Categories are not mutually exclusive.)

- 81% of persons on the statewide caseload, age 6 and older, had eligibility for mental retardation in 1994; declining from 89% in 1990 -- about 2% per year.

- In 1994, 3% of persons on the statewide caseload (age 6 and older) had eligibility for autism (similar to 1990); 14% had cerebral palsy (down from 16% in 1990); and 15% had epilepsy (down from 18%) listed as an eligibility condition.

- 0.8% of persons on the statewide caseload (age 6 and older) had eligibility for another neurological condition in 1994 (increasing from 0.4% in 1990); 5.2% (increasing from 1.4%) had eligibility for other conditions requiring treatment similar to mental retardation; and 0.3% were policy exceptions (similar to 1990).

- An increasing number of persons on the statewide caseload (age 6 and older) had indeterminate eligibility status (no appropriate eligibility condition) -- 1,181 persons in 1994 (7%), up from 4% in 1990. Many of these were persons over age 6 with developmental delays.

Eligibility Conditions for Persons Under Age 6

- Persons under age 6 (18% of the statewide caseload in 1994) are admitted under the eligibility conditions of developmental delays or Down Syndrome.

- 95% of persons on the statewide caseload (under age 6) had eligibility for developmental delays in 1994 (down from 98% in 1990); the remaining 5% had eligibility for Down Syndrome (up from 2% in 1990).

Eligibility Conditions by Residential Setting (Persons Over Age 6)

- Persons living in RHCs are more likely to have eligibility for mental retardation (99% in 1994, compared to 79% of the community caseload); autism (9% vs. 3%); cerebral palsy (25% vs. 13%); and epilepsy (49% vs. 11%).

- Almost all policy exceptions and persons with eligibility for other conditions similar to mental retardation, and all persons with eligibility for another neurological condition, lived in the community during the five-year period.

Persons Newly Eligible for Services

Eligibility Conditions for Persons Newly Eligible for Services (Age 6 and Older)

- Among persons newly eligible for services, age 6 and older (40% of all persons new to the caseload in 1994), 67% received eligibility for mental retardation; 23% for other conditions; 7% for cerebral palsy; and 6% for epilepsy.

- Few persons were admitted under other eligibility conditions in 1994: 2% for autism; 2% for another neurological condition; less than 1% had an indeterminate status; and few were policy exceptions.

Eligibility Conditions for Persons Newly Eligible for Services (Under Age 6)

- Among persons under age 6 who were newly eligible for services in 1994 (60% of all persons new to the caseload), 4% had eligibility for Down Syndrome and others had eligibility for developmental delays.

Retardation Levels (Persons Over Age 6)

- The average person on the DDD caseload today has a higher IQ level than five years ago -- 35% of persons on the statewide caseload with mental retardation had mild retardation (4,599 persons in 1994, up from 31% in 1990); while persons with profound retardation are declining (1,688 persons, or 13%, down from 16%).

- Persons living in RHCs with eligibility for mental retardation tend to have lower IQ levels than those living in the community during 1994 -- 66% had profound mental retardation versus 7% in the community.

- Among persons newly eligible with mental retardation in 1994, a higher percentage had mild retardation (58%) than in the current caseload (35%).

CHAPTER 1

INTRODUCTION

BACKGROUND

The Division of Developmental Disabilities (DDD)

The Division of Developmental Disabilities (DDD) of the Washington State Department of Social and Health Services (DSHS) provides support services and opportunities for the personal growth and development of persons with developmental disabilities. According to the Revised Code of Washington (RCW 71A.10.020), state residents with a disability attributable to mental retardation, cerebral palsy, epilepsy, autism, or another neurological or other condition closely related to mental retardation or requiring treatment similar to that required for individuals with mental retardation, are eligible for services provided that the disability originated before age 18, is expected to continue indefinitely, and constitutes a substantial handicap. Additionally, children under age 6 may receive services if they have Down Syndrome or have developmental delays of 25% or more below children of the same age.

The Long Range Strategic Plan for Developmental Disabilities Services (Changes and Challenges in the 1990s, 1993) describes the values and vision of the division as follows.

Values

In addition to following the principles of the Department of Social and Health Services (DSHS) mission, the division also guides its programs and services through service values included in two documents -- Residential Service Guidelines and County Guidelines.

These guidelines address major areas of focus to support individuals with developmental disabilities. They are not listed in any order of priority. A balance

among these values is sought for individuals served. For example, both the individual's personal freedom and choice as well as his or her health and safety are often a consideration when planning and delivering services.

The guidelines include:

- **Health and safety**: Feeling safe and secure and being healthy.
- **Personal power and choice**: Making choices and directing our own lives.
- **Status and contribution**: Feeling good about ourselves and having others recognize us for what we contribute to others and our community.
- **Integration**: Being part of our community through active involvement. This means doing things we enjoy as well as new and interesting things.
- **Relationships**: Having people in our lives whom we love and care about and who love and care about us.
- **Competence**: Learning to do things on our own or be supported to do things for ourselves.

Vision

The vision of the Division of Developmental Disabilities embraces the belief that human service systems should be responsive, innovative, flexible and personalized. The division is part of a system that will support, promote and reinforce this vision at all levels of their organization. Their vision is intended to reflect their mission and their values.

The division envisions:

- Assisting communities to build capacity for individuals and families to live in their own homes and neighborhoods.
- Providing individuals with developmental disabilities and their families opportunities to make choices and have control over their lives. To this end, services must be flexible to respond to individual needs.
- Assuring individuals are supported in healthy, safe, caring and appropriate ways regardless of where they live.

- Setting priorities for services and supports based on evaluations of individuals' functional abilities and economic status.

- Encouraging and assisting traditional service programs to develop and deliver "state of the art" services to individuals living in the community.

- Using public dollars in creative, prudent, responsive and flexible ways for the most long-term benefit.

- Planning, developing and managing the system in collaboration and partnership with local communities, private and public agencies, and eligible individuals, their families and advocates.

- Emphasizing high quality management, culturally relevant services, and positive outcomes for individuals who need support; meeting federal and state requirements and involving eligible individuals, their families and advocates in determining and monitoring quality.

Programs and Services Provided by DDD

Services and supports provided by DDD include the following:

1. **Case management**: Once eligibility is determined, a case manager is assigned to each person. He/she assesses the needs of the individual and family, then links these needs to available services. Additional specific responsibilities of case managers include:

   a) Developing individual service plans
   b) Authorizing payment for publicly funded services
   c) Arranging delivery of needed public benefits and services
   d) Monitoring and coordinating service delivery
   e) Providing support for the individual and family
   f) Providing information and making referrals
   g) Assisting community agencies
   h) Providing crisis intervention

   Once the individual and/or his or her family's needs have been assessed and a plan has been developed, the case manager's continued involvement with the person varies considerably. When needed services or supports are not available, the eligible individual may be placed on a waiting list. For individuals who are not currently in need of services, the case manager may

not be in contact with the person on an annual basis, yet the person may remain on the DDD caseload. Conversely, some eligible people are in urgent need of services or may be in crisis, requiring daily contact with the case manager.

2. **Contracted Services**: DDD provides funds to county governments who select and contract with service providers. These services assist individuals with employment related support and assistance, and with learning personal and vocational skills that will help them adjust and integrate into the community at large and gain more independent functioning. Services include:

   a) **Child Development Services**: Designed to maximize a child's developmental potential, these services include therapy, education, family counseling, and parent training. Children and their families receive these services from birth until age three, when they become eligible for services provided through public schools.

   b) **Employment Services**: For many adults, the Division of Vocational Rehabilitation (DVR) funds the initial job development and job training costs for 6 to 9 months; DDD then provides on-going support to help the person maintain his/her job. DVR and the counties, who administer DDD employment programs, enter into interagency agreements to work out the funding coordination. Three types of employment programs are contracted.

      i) ***Individual Employment*** programs assist persons with developmental disabilities with finding and keeping jobs in community settings. The programs match participant interests and skills to available community jobs, provide extensive on-the-job training, train supervisors and co-workers to work with a person with developmental disabilities, and provide ongoing support.

      ii) ***Group Supported Employment*** programs enable individuals to work in community settings in supervised groups of no more than eight workers with developmental disabilities. Supervisors are available full-time to provide training and support.

      iii) ***Specialized Industries*** programs provide employment training in a sheltered workshop setting. Individuals typically participate in such programs five days per week, four to six hours per day.

c) **Community Access Services**: Community Access programs cover a diverse range of social, communication, leisure and employment activities, and assist persons with developmental disabilities with gaining access to community activities in which people without disabilities also participate. These services include activities, special assistance, advocacy and education individualized to promote growth and personal relationships.

3. **Family Support Services**: Families of individuals with developmental disabilities can be provided with support so that the person with disabilities can live at home. Family support is provided in the home of the individual's natural (immediate or extended) or legal (adoptive) family. Support services include:

   a) **Respite Care**: In or out-of-home respite care provides the family with short-term assistance in the care of their son or daughter.

   b) **Attendant Care**: In-home attendant care or personal care services help families provide ongoing care for persons who have major physical or behavioral needs.

   c) **Therapeutic and Other Support Services**: These services include specialized aids (mobility, communication, and other aids), professional services (physical therapy, occupational therapy, behavioral therapy, communication therapy, counseling, nursing services, and other therapies by exception), and provision of expense for transportation.

4. **Other Community Services**: When individuals with developmental disabilities live apart from their families, they are eligible for several services to assist their daily living. These services include the following.

   a) **Attendant Care**: In home care can be provided on either a temporary or an ongoing basis. DDD can provide temporary additional staffing to enable a person to remain in their home and avoid out of home placement during a period of illness or other crisis.

   b) **Transportation**: These services provide assistance to persons with developmental disabilities with transportation to their appointments and work related or day programs.

   c) **Supplemental Community Support**: Individuals living apart from their families can receive several types of professional services,

including professional evaluations required by courts, and psychological and other therapeutic services. In addition, they may receive other community services, such as interpreters and translators, summer recreational activities, equipment purchases, and reimbursement for activity fees.

5. **Medicaid Personal Care for Children**: This federally funded program provides help with activities of daily living to children with disabilities who need assistance to remain living with their natural family. DDD determines eligibility and handles the accounting for children on the DDD caseload receiving support through this program.

6. **Community Residential Services**: DDD contracts directly with numerous organizations and individuals to provide persons in community living situations with varying levels of assistance in daily living, including:

   a) **Services in People's Homes**: Alternative living, tenant support, and intensive tenant support are services designed for people who require assistance to live in their community. State employees provide service in some intensive tenant support programs (i.e., State Operated Living Alternatives, commonly called SOLAs), while other programs are contracted with several community agencies. These programs provide support and assistance to persons living in their own home or apartment. Participants frequently share living expenses with one or two roommates. In contrast to other community residential programs, the individuals served do own, lease or rent the physical space in which they live. The service provider does not function as the landlord in these situations; services are brought into the person's home.

   Staff are available in person or by phone, and provide direct training and assistance to the participant on a flexible schedule according to individual needs, ranging from 24 hours per day for some persons to several hours per month for others. Supports are typically provided to assist with household and money management, personal health, use of community resources, and development of community and social integration experiences.

   b) **Group Homes**: These facilities range in size from 3 to 35 persons, with about 70% housing no more than eight people. Group homes provide on-site supervision during all hours persons are in the house.

c) **Intermediate Care Facilities for the Mentally Retarded (ICF/MR)**: Commonly called IMRs, these small group living situations (4-63 persons) provide training, therapy, and habilitation in compliance with federal ICF/MR regulations. These programs typically include more intensive nursing, therapy services, psychological and social services, and recreation. Several of these facilities are licensed as nursing homes or boarding homes.

7. **Residential Habilitation Centers** (RHC): Operated by the Division, the RHCs provide a protected living environment and a comprehensive array of services within a single setting. Services are based on individual habilitation plans, and typically include basic care, habilitation, training, adult education, therapies and health; 24-hour nursing, medical and dental care; and life enrichment activities including organized recreation and leisure. Currently, there are five state operated residential facilities; all serve persons with a range of disabilities.

a) **Fircrest School**: Providing service for over 35 years, Fircrest, in North Seattle, received nursing home certification to serve individuals with developmental disabilities in 1973 and began operating as an ICF/MR in 1977. Persons are divided into three organizational units, called Program Area Teams (PAT), with two functioning under ICF/MR regulations (284 beds) and the third under nursing home standards (108 beds). The interdisciplinary team develops and integrates individual treatment plans into normal daily living, and ensures the delivery of active treatment. Maxin School serves persons under age 21, while an Adult Training Program provides training and habilitation services for persons 21 years and older.

b) **Lakeland Village**: Once known as the State Custodial School, Lakeland Village was opened in 1915 at Medical Lake as the first developmental disabilities institution in the state. A total of 243 persons are served under ICF/MR regulations, while the rest (60) are served under nursing facility standards. In addition to residential services, Lakeland provides respite care for persons on the DDD caseload living in the community, and professional assessment and treatment services throughout Region 1.

c) **Frances Haddon Morgan Center**: Originally opened in 1972 to serve children with autism, Frances Haddon Morgan Center in Bremerton currently provides residential support for children, adolescents, and adults. Individualized services and supports are provided for people

with autism and related developmental disabilities. The Center receives state-wide referrals, and provides health, professional, educational, and employment support. This center also provides respite care and evaluations for persons on the DDD caseload living in the community.

d) **Rainier School**: Located in Buckley, Rainier was opened in 1939 as the second developmental disabilities facility in the state. Its population increased from 172 in 1940 to a peak of 1,839 in 1960, declining to 802 in 1980, and about 470 in 1994. It became an ICF/MR in 1978/79. Programs at Rainier are organized into units, also called PATs, with habilitation, training, and other services provided by interdisciplinary teams specializing in individualized care for persons with similar needs.

e) **Yakima Valley School**: Yakima Valley School was established in 1958 in Selah (near Yakima), and for many years it was the only program for children with developmental disabilities serving Central Washington. It originally served persons of all ages who were multiply handicapped and severely or profoundly retarded. Currently, most of the persons being served at Yakima Valley School are non-ambulatory, and it is certified as a nursing facility.

A sixth residential habilitation center, **Interlake School**, opened in 1968 at Medical Lake, was closed on June 30, 1994.

Services Provided by Other DSHS Divisions

Persons on the DDD caseload may receive a number of services from other DSHS divisions. Some of these are:

1. **Medicaid Personal Care for Adults**: This federally funded program, as described above for children, provides help with activities of daily living to disabled adults who need assistance to remain in their own homes, Adult Family Homes (AFH), or Congregate Care Facilities (CCF). DDD determines eligibility for Medicaid Personal Care for adults and the Aging and Adult Services Administration (AASA) handles the accounting for adult Medicaid recipients.

2. **Chore Services**: Offered through AASA and Home and Community Services (HCS), this state funded program provides in-home personal care services to non-Medicaid eligible persons with disabilities who still live in their own homes.

3. **Community Options Program Entry System (COPES)**: Also a service of AASA and Home and Community Services, this program assists individuals to delay or avoid nursing home placement by providing for the coordinated delivery of support services necessary for persons with disabilities to remain in less-restrictive settings and avoid more costly out-of-home placements. Services provided include case management, in-home personal care, congregate care, respite care, and adult family home care.

4. **Adult Family Home (AFH)**: AASA and Home and Community Services operate several of these homes as small group care settings for as many as six adults per home. Persons residing in these homes can not live alone, but do not need skilled nursing care. Services provided include room and board, laundry, and support in community and family activities.

5. **Children's Foster Home (CFH)**: Foster care services are provided through the Division of Child and Family Services (DCFS), and offer short-term or temporary housing and supervision for children who can not live with their parents.

6. **Congregate Care Facility (CCF)**: These licensed boarding facilities for adults with disabilities are offered through AASA and Home and Community Services. Staff provide 24-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.

7. **Nursing Home Services**: In these residential facilities, operated by AASA and Home and Community Services, staff perform an array of services for persons with disabilities who require daily nursing care, as well as assistance with medication, eating, dressing, walking, or other personal needs.

PURPOSE AND SCOPE OF THE PROJECT

In an effort to understand the characteristics of the persons served and to better coordinate services provided by the division, both in RHCs and in the community, DDD sponsored a series of research studies on the background and changes in characteristics of persons on the caseload and services provided by the division, and estimates of the numbers of persons needing service based on several eligibility criteria. An additional component of the project is to combine information about persons on the caseload, services, and financing for services, from DDD and other DSHS information sources into a composite database from which similar studies and

analyses can be conducted in the future, as well as to provide user access for RHCs and community programs.

This report is one of a series of regular and ad hoc reports scheduled to be produced as a result of this effort. It presents patterns and trends in the number and types of persons on the caseload, their demographic characteristics, and the developmental disabilities under which persons are receiving eligibility for service. A second report, scheduled for June, 1995, will present patterns and trends in services provided to persons on the DDD caseload through the Division as well as several other divisions, expenditures, and staffing for the previous five state fiscal years.

METHOD

Analysis

Information was cross tabulated and analyzed to determine changes in caseload characteristics over time, spanning State Fiscal Years 1990 through 1994 (July 1989 through June 1994). Additional data for the months of July and August 1994 were added when necessary to illustrate the effect of the closure of Interlake School on the DDD system. The data were analyzed at two major levels of aggregation:

1. **Caseload Analysis**: The statewide DDD caseload is presented for each of the previous five state fiscal years, along with a comparison of persons living in the community versus persons living in an RHC. (Detailed discussions of trends for individual regions and RHCs are presented in the appendices.)

2. **Analysis of Eligibility Cohorts**: The numbers and types of persons entering the DDD system as newly eligible for services each year are presented for the respective five fiscal years. (Entrances by region are presented in the appendices.)

To obtain the average daily caseload, person counts were computed for the actual percentage of time an individual was in the system during a given year. In tables and illustrations, the average daily caseload (rounded to the nearest whole number) has been used, unless otherwise specified. Percentage change over the five-year span for caseload analyses was computed using the rounded numbers that appear in the tables rather than the unrounded average daily caseload. Analyses by cohort include counts of all newly eligible persons who entered during a specific fiscal year.

Data Sources and Limitations

Data from the DDD Management Information System, specifically the Client Master, Eligibility, and Resident and Day Program files from the DDD Common Client Data Base (CCDB) were used in these analyses to collate information on caseload size, admissions, discharges, demographics, disabilities, and types of services persons received. The State Data Center of the Office of Financial Management (OFM) provided general population estimates, and the Department of Health (DOH) provided general population death counts. DDD also provided information on transfers from Interlake School to the other residential habilitation centers.

The CCDB allows field personnel to enter and access information about individuals. For this report, data from the following three CCDB files were processed:

1. **Client Master File**: This file provided a person's status on the caseload (e.g., active, dead, discharged) and demographic information (e.g., gender, race/ethnicity, birth date).

2. **Eligibility Master File**: In addition to providing an individual's disability information, this file was also used to determine if an individual had a break in service or was transferred. Occasionally the data indicated in one record that an individual had been discharged and in another that the individual had been transferred. In this case, the individual was treated as a transfer and not a discharge.

3. **Resident and Day Program File**: This file identified a person's place of residence (e.g., RHC, community residential, home setting, etc.) and current region or RHC of administrative responsibility. Person counts were obtained through placement and departure dates located in each individual's file.

As might be expected, the completeness and timeliness of the CCDB data vary from community to community, thereby causing some problems in regional comparisons and completeness of the data. Data used in the report represent only individuals whose records were entered in the data base as of September 13, 1994. Problems also exist with the data base in terms of incomplete records and inconsistencies in the data record for some persons. Appendix A includes information on how the data were manipulated to resolve some of the inconsistencies and incompleteness in the data base. The effects of these manipulations are small, but may contribute to discrepancies between this report and other DDD reports.

ORGANIZATION OF THE REPORT

The findings of the study are presented in three main chapters.

- **Chapter 2** presents information on the numbers of persons in the DDD system, including changes in the caseload due to persons newly eligible for services, service interruptions, and mortality.

- **Chapter 3** documents the changes in demographic characteristics of persons on the caseload; specifically, age, gender, and race/ethnicity.

- **Chapter 4** discusses the disabilities under which persons are receiving eligibility for services. Levels of mental retardation among persons on the DDD caseload are also discussed.

The last chapter, **Chapter 5,** summarizes key findings and discusses implications for program management in the DDD system.

CHAPTER 2

CASELOAD CHARACTERISTICS

CASELOAD SIZE

Statewide Total Caseload

The total statewide caseload has been steadily increasing over the past five years, with more persons entering the system each year. [All of the growth occurred among the community caseload (see next section).] Table 2-1 shows the annual caseload size and the percentage increase from the previous year. During SFY 1990, the total caseload included 14,879 persons, increasing to 19,744 persons in SFY 1994. This represents an average rate of increase of 7% per year, or 33% more persons than five years ago. As of August 31, 1994, there were 20,635 persons in the system as a whole.

Table 2-1: Statewide DDD Caseload

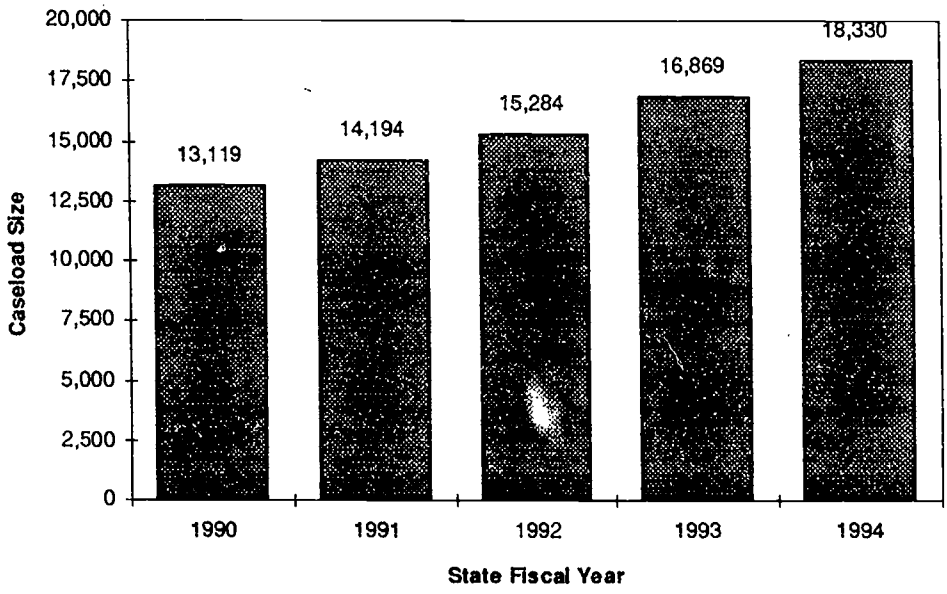
	Fiscal Year					5 Year %
Caseload	1990	1991	1992	1993	1994	Change
Average Caseload	14,879	15,810	16,819	18,347	19,744	
% Increase		6.3	6.4	9.1	7.6	32.7

Community Caseload Population

The community caseload is defined as all persons living in community residential programs or their own or relative's home, excluding persons residing in RHCs and a small number of persons residing in mental health or correctional facilities, or other non-categorized residential settings. Persons living in the community constitute the majority (currently 93%) of persons in the DDD system. This caseload has been steadily increasing since SFY 1990 at a rate of 8-10 percent per year (see Figure 2-1),

with more persons living in the community every year. Whereas there were 13,119 persons on the DDD caseload living in the community during SFY 1990, there were 18,330 persons on the DDD caseload living in the community during SFY 1994. The current community caseload stands at 19,262 as of August 31, 1994. (Analyses of community caseloads for each region are presented in Appendix B, including a comparison of caseload growth by region to Washington State general population growth.) Overall, the DDD community caseload growth is four times that of the general population (40% vs. 10%).

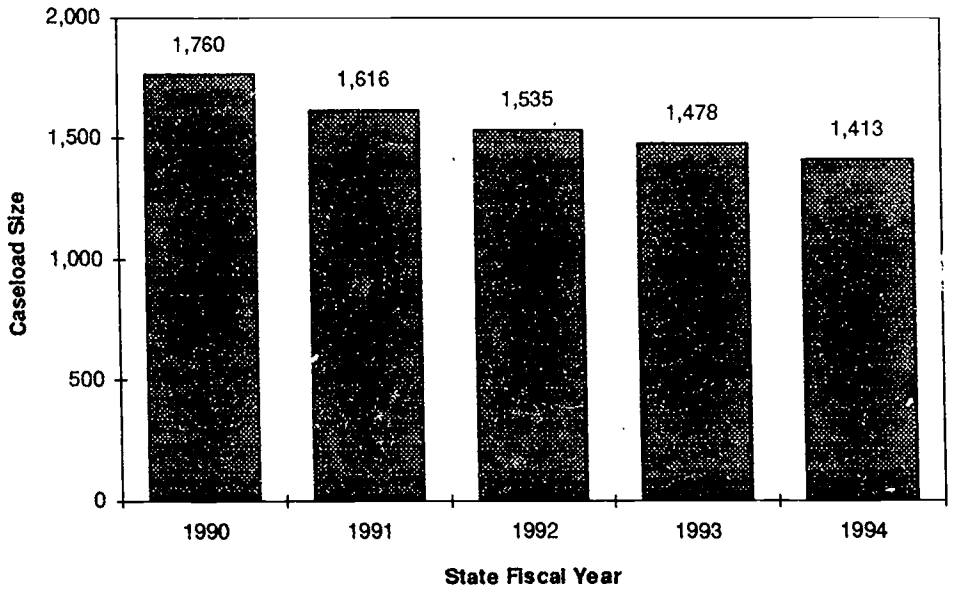
Figure 2-1: Community Caseload



RHC Caseload Population

While the number of persons eligible for community based programs is increasing, the number of persons being served in residential habilitation centers is declining (see Figure 2-2). The number of persons residing in RHCs, aggregated over the six residential habilitation centers, has shown a steady decline from 1,760 in SFY 1990 to 1,413 in SFY 1994, representing an average decline of 5% per year. By August 31, 1994, there was a further decline to 1,342 persons. (Analyses of the number of persons living in each RHC are presented in Appendix C, along with the effect of the closure of Interlake School on the number of persons being served at the other RHCs.)

Figure 2-2: RHC Population



Community Placement

More persons on the DDD caseload are residing in the community today than five years ago. The number of persons living in the community has increased by 40% between SFY 1990 and SFY 1994, while the number of persons living in RHCs decreased by 20% (see Figures 2-1 and 2-2). These two trends indicate that increasingly more persons are living in the community than in the RHCs.

Table 2-2: Community to RHC Populations Over Time

Population	Fiscal Year 1990	1991	1992	1993	1994
Community	13,119	14,194	15,284	16,869	18,330
RHC	1,760	1,616	1,535	1,478	1,413
Ratio	7.5	8.8	10.0	11.4	13.0

The ratio of persons living in the community compared to RHCs has increased significantly in the last five years (see Table 2-2). During SFY 1990, 7 persons were living in the community for every person living in an RHC. Today (SFY 1994), 13 persons are living in the community for every person living in an RHC. This trend reflects the Division's emphasis on community placement; downsizing of the RHCs; the start of new programs, such as the Birth-to-Three program, which serves

individuals living in the community; and increased dollars available for community programs.

ADMISSIONS

Eligibility Requirements

The eligibility requirements for the State's developmental disabilities services are specified in RCW 71A.10.020. For a person to be eligible, their disability must:

1. Be attributable to a qualifying condition (e.g., mental retardation, cerebral palsy, epilepsy, autism, or another neurological or other condition closely related to mental retardation or requiring treatment similar to that required for individuals with mental retardation).
2. Originate before age 18.
3. Be expected to continue indefinitely.
4. Constitute a substantial handicap.

By department regulations and operating policies as specified in WAC 275-27-020, the disability must be so severe that the person, without help, would be substantially handicapped in ordinary functioning for her or his age. A person with mental retardation is eligible, as measured by an intelligence score of 69 (two standard deviations below the mean) or lower on a Wechsler (or equivalent) intelligence test. A person with cerebral palsy, epilepsy, autism, another neurological or other condition is eligible if, without help, he/she would be substantially handicapped in ordinary independent functioning for his/her age, as assessed by criteria specific to each condition. In addition, persons receiving eligibility for another neurological condition must have an an IQ test score of 78 (1.5 standard deviations below the mean) or lower, and persons receiving eligibility for other conditions similar to mental reatardation must have a score of 69 or lower in all four areas of the Inventory for Client and Agency Planning (ICAP) and current or previous eligibility for participation in special education.

Persons under the age of 6 can receive services for Down Syndrome or for developmental delays. For eligibility under developmental delays, a delay of 25% or more below children of the same age in one or more developmental areas is required for persons under twenty-four months of age; a delay in two or more developmental areas for persons twenty-four to forty-eight months of age; and a delay in at least three or more developmental areas for persons forty-nine to seventy-two months of age.

Number of Persons Newly Eligible for Services

Table 2-3 illustrates the changes in number of persons newly eligible for DDD services and the percentage changes over the number of persons entering in the previous year. It also shows the cumulative number of persons entering the DDD system since SFY 1990 and the percentage increase over SFY 1990 levels.

A total of 10,719 persons have become eligible for services since SFY 1990, and 40% of the current caseload entered the system within the past five years. (This includes a correction for the 25% of these new persons who left the DDD system by June 31, 1994. Many of these individuals were under age six when they entered, and their disability and age may have prevented further eligibility for DDD services once they reached the age of 72 months.)

The number of newly eligible persons per year has been on an increasing trend over the past five years (over 31% more persons entered the system in SFY 1994 than in SFY 1990), although the rate of growth is slowing. Fiscal years 1991 and 1992 showed the largest increase over the previous year -- 13% and 9%, respectively.

Table 2-3: Number of Newly Eligible Persons

	Fiscal Year of Eligibility				
Newly Eligible Persons	1990	1991	1992	1993	1994
Number	1,802	2,036	2,223	2,291	2,367
Percent Change		13.0	9.2	3.1	3.3
Cumulative Number	1,802	3,838	6,061	8,352	10,719
% Change over 1990		13.0	23.4	27.1	31.4

Number of Persons Newly Eligible by Residential Setting

None of the individuals who newly entered the DDD system during the five-year span were admitted to an RHC. This is consistent with the Division's policy of community placement. Since all new admissions to the dvision are still living in community settings, the number of admissions in Table 2-3 above represents the number of persons newly eligible for services who entered the community caseload. (Analyses of the number of persons entering the caseload for each region, including individuals' county of residence at the time of eligibility, are presented in Appendix D.)

Residence Type at Eligibility

Data in Table 2-4, on the residence of individuals at the time they were determined eligible for service, show that most individuals came from a home setting, such as their own home or their parents' or relatives' home. This percentage of persons has increased from 88% of persons newly eligible for services during SFY 1990 to 92% in SFY 1994.

The percentage of persons new to the DDD system coming from community residential settings (such as nursing facilities, intermediate care facilities, adult family homes, child care agencies, congregate care facilities, boarding homes, or child foster homes) is getting smaller, from 8% in SFY 1990 to 5% in SFY 1994.

The small percentage of persons new to the DDD system coming from mental health facilities is becoming even smaller in recent years, from 1.5% in SFY 1990 to less than 0.6% in SFY 1994. The numbers of persons from correctional facilities or other settings are small and variable from year to year. (Appendix D includes breakdowns by region for residences at the time of eligibility for persons new to the DDD caseload in the past five years.)

Table 2-4: Residence Type at Eligibility

	Fiscal Year of Eligibility									
	1990		1991		1992		1993		1994	
Residence	N	%	N	%	N	%	N	%	N	%
Home	1,591	88.3	1,782	87.5	1,999	89.9	2,088	91.1	2,171	91.7
Community Residential	148	8.2	170	8.3	157	7.1	121	5.3	131	5.5
Mental Health	27	1.5	28	1.4	20	0.9	21	0.9	15	0.6
Correctional	4	0.2	7	0.3	11	0.5	5	0.2	5	0.2
Other	32	1.8	49	2.4	36	1.6	56	2.4	45	1.9
Total	1,802		2,036		2,223		2,291		2,367	

SERVICE INTERRUPTIONS

Besides adding individuals into the caseload, other sources of changes to the current caseload are discontinuations, deaths, and transfers within the system.

Discontinuations

Table 2-5 includes counts of persons whose records show a break in service for 30 days or more. Some of these persons may not have actually left the system, but may

have been discharged from one facility or program while being transferred elsewhere, resulting in some recorded break in service for more than 30 days. Most persons who transfer do not show a break in service of more than one day. Discontinuations may also include persons who left the state, declined further services, or children in the system with developmental delays who were participating in early childhood programs and are no longer eligible for traditional DDD services after age 6.

Table 2-5: Discontinuations

Location		Fiscal Year 1990	1991	1992	1993	1994
Community Total	Number	1,316	1,141	1,122	947	1,204
	Caseload	13,119	14,194	15,284	16,869	18,330
	% of caseload	10.03	8.04	7.34	5.61	6.57
RHC	Number	15	13	4	0	0
	# of Residents	1,760	1,616	1,535	1,478	1,413
	% of Residents	0.85	0.80	0.26	0.00	0.00
Grand Total	Number	1,331	1,154	1,126	947	1,204
	Caseload	14,879	15,810	16,819	18,347	19,743
	% of caseload	8.95	7.30	6.69	5.16	6.10

Approximately 5-10% of persons living in the community discontinue services each year, with a smaller percentage in recent years than earlier in the five-year span. Few discharges from DDD services occur each year from RHCs, and none have occurred since SFY 1992. (Appendix E includes detail on discharge rates by region and RHC.)

Mortality

Table 2-6: Trends in Mortality

Location		Fiscal Year 1990	1991	1992	1993	1994	Average Rate
Community Total	Number	130	141	144	162	142	
	Caseload	13,119	14,194	15,284	16,869	18,330	
	Deaths per 1000	9.91	9.93	9.42	9.60	7.75	9.24
RHC	N	19	16	14	15	26	
	# of Residents	1,760	1,616	1,535	1,478	1,413	
	Deaths per 1000	10.80	9.90	9.12	10.15	18.40	11.54
Grand Total	N	149	157	158	177	168	
	Caseload	14,879	15,810	16,819	18,347	19,743	
	Deaths per 1000	10.01	9.93	9.39	9.65	8.51	9.45

Table 2-6 presents mortality rates for persons on the DDD caseload. On average, just under 1% of persons on the DDD caseload die each year (i.e., a death rate of 9.5 per thousand). This is slightly higher than the death rate for Washington State of 7.5 per thousand. In general, the death rate among persons residing in RHCs did not differ significantly from that among persons living in the community; however, the RHC death rate was particularly high in SFY 1994, thus elevating the overall average for the five-year period.

Transfers

Table 2-7 looks at transfers within the DDD system. (More detailed tables on transfers by region and by RHC are included in Appendix E). Region to region transfers occur when the region of administrative responsibility for an individual changes, usually because a person moves from one region to another. This is the most common type of transfer, involving 1.6% of the community caseload per year, on average.

Table 2-7: Transfers Within the System

Transfer Type		Fiscal Year 1990	1991	1992	1993	1994
Region to Region	Number	215	218	234	255	300
	Caseload	13,119	14,194	15,284	16,869	18,330
	% of Caseload	1.64	1.54	1.53	1.51	1.64
Community to RHC	Number	2	3	5	10	6
	Caseload	13,119	14,194	15,284	16,869	18,330
	% of Caseload	0.02	0.02	0.03	0.06	0.03
RHC to Community	Number	74	88	66	25	100
	# of Residents	1,760	1,616	1,535	1,478	1,413
	% of Residents	4.20	5.45	4.30	1.69	7.08
RHC to RHC	Number	1	31	1	10	100
	# of Residents	1,760	1,616	1,535	1,478	1,413
	% of Residents	0.06	1.92	0.07	0.68	7.08

Very few individuals have been moving from the community to an RHC (26 since SFY 1990), with slightly more in recent years than in SFY 1990 and 1991. Many more individuals are moving from living in the RHCs to living in the community (353 persons have moved from RHC to community living in the last five years), with the number varying from year to year, depending on the pace of major downsizing efforts. A move toward downsizing occurred in SFY 1990 when more dollars became available for community programs, and another effort at downsizing occurred

in SFY 1994 with the closing of Interlake School. Movements between RHCs also increased during these peak years. In SFY 1994, for instance, to make room for persons from Interlake School due to its closure, transfers from RHC to RHC and transfers from RHC to community both increased.

CHAPTER 3

DEMOGRAPHICS

AGE

Age was divided into nine categories that have program implications. Two programs, Birth-to-Three and Child Find, provide opportunities for persons who would otherwise not have sought social services to receive them. These programs target young persons less than 3 years of age and direct them toward services available. After age 3, children receive most early childhood services through public schools; however, these children continue to receive services through DDD that are not provided by public schools. The 0-2 (birth to 36 months) and 3-5 (36 to 72 months) age groups span the ages served by these programs. The 6-17 age group is meaningful because this range includes persons of school-age.

Young adults are divided into two age groups, 18-21 and 22-34, because the 18-21 age group may have special significance since these are the transition years between childhood and adulthood. Middle-age adults are classified into three 10 year intervals (35-44, 45-54, and 55-64). These age groups may be significant because this is the time when the parents, who were previously caring for a person with a developmental disability, may die or become too elderly to continue caring for their child. The ninth category is older adults of retirement age, 65 and older.

Age of Caseload Statewide

Along with the addition of individuals to the caseload, the number of persons in each successive age group increases as individuals from an overrepresented age group grow older and move into the next age group. Children, ages 3-5, are the fastest increasing age group in the DDD system (see Figure 3-1), with 57% more preschoolers than five years ago. The rate of increase for this age group has been particularly strong since SFY 1992. Persons of school-age (6-17) are the next fastest increasing age group of children (48% more in SFY 1994 than in SFY 1990). The number of children, ages 0-2, also began a sharper increase in SFY 1992, with 33%

more infants and toddlers in the caseload than in SFY 1990. Considering that the statewide caseload growth over the five-year span was 33%, only increases in the number of persons ages 3-5 and 6-17 are higher than average.

Figure 3-1: Percent Change in Child Caseload Over SFY 1990

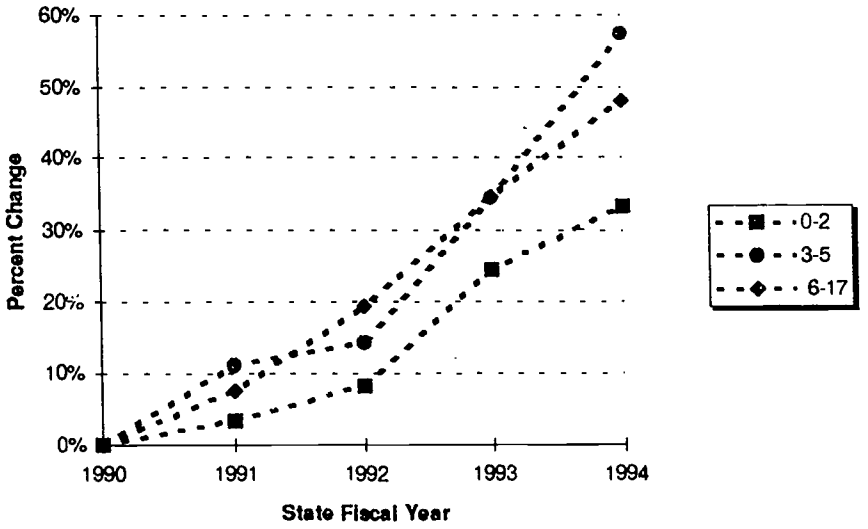
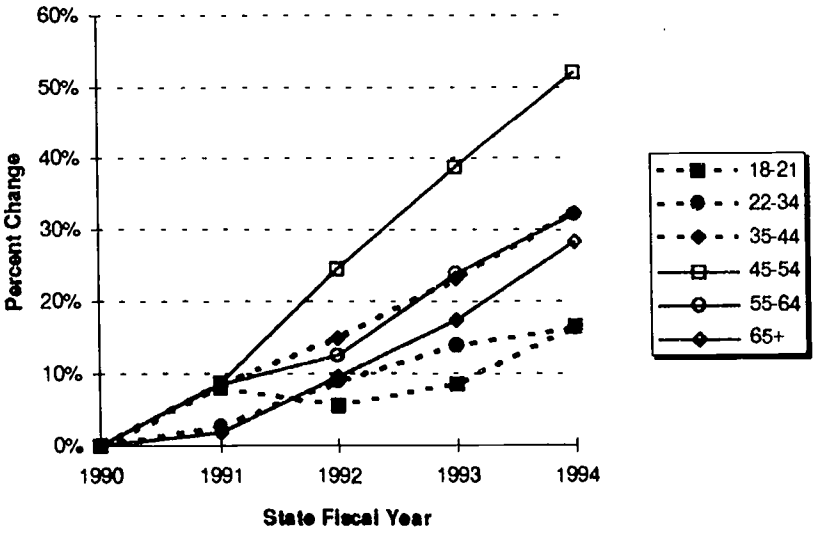


Figure 3-2: Percent Change in Adult Caseload Over SFY 1990



The number of adults in the caseload is also increasing, but at a slower rate than among children for most age groups (see Figure 3-2). The 45-54 age group increased rapidly, by 52% over SFY 1990. This is the only adult age group that is growing faster than the average caseload growth rate. A portion of the caseload growth for this age group may be due to the post World War II baby boom. The 35-44 and 55-64 age groups increased moderately (32%), as did the number of persons ages 65 or older (28%). Young adults are the slowest growing age group in the DDD caseload. Individuals, ages 18-21 and 22-34, have each increased by 16-17% over the SFY 1990 level.

Table 3-1 presents the number of individuals by age group and their percentage of the total caseload. Percentages across age ranges are not comparable because the age groups are not equal intervals; however, the percentage of persons within a particular age range is meaningful due to possible service implications for persons of that age.

Table 3-1: Age of Persons on the Caseload

	Fiscal Year										
	1990		1991		1992		1993		1994		5 year %
Age Group	N	%	N	%	N	%	N	%	N	%	change
0-2	991	6.7	1,025	6.5	1,073	6.4	1,233	6.7	1,320	6.7	33.2
3-5	1,391	9.3	1,544	9.8	1,587	9.4	1,868	10.2	2,187	11.1	57.2
6-17	2,458	16.5	2,644	16.7	2,929	17.4	3,307	18.0	3,638	18.4	48.0
18-21	1,154	7.8	1,246	7.9	1,218	7.2	1,252	6.8	1,344	6.8	16.5
22-34	4,426	29.7	4,541	28.7	4,816	28.6	5,039	27.5	5,148	26.1	16.3
35-44	2,292	15.4	2,485	15.7	2,633	15.7	2,821	15.4	3,031	15.4	32.2
45-54	1,145	7.7	1,246	7.9	1,424	8.5	1,588	8.7	1,739	8.8	51.9
55-64	579	3.9	628	4.0	651	3.9	717	3.9	765	3.9	32.1
65+	434	2.9	442	2.8	476	2.8	510	2.8	557	2.8	28.3
Unknown age	2	0.0	3	0.0	6	0.0	6	0.0	7	0.0	250.0
Total	14,879		15,810		16,819		18,347		19,744		32.7

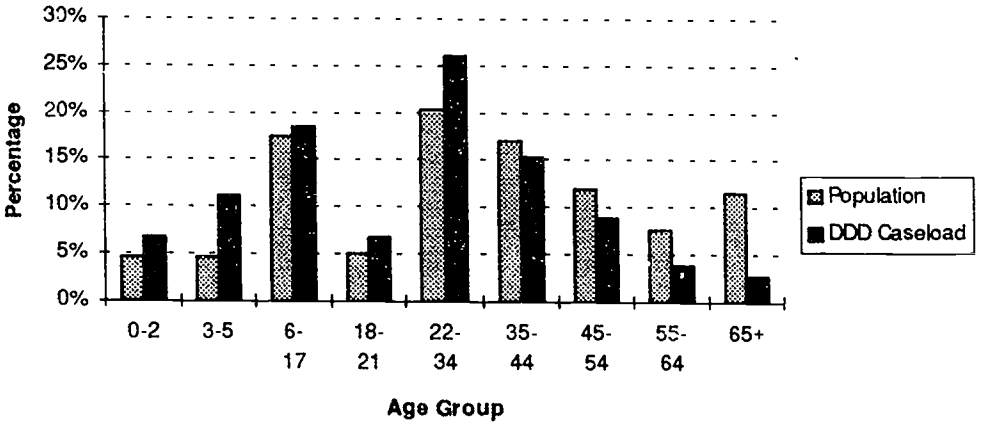
Infants and preschoolers (ages 0-2 and 3-5) constitute 16-18% of the caseload, even though these age intervals cover only six years. School-age children constitute an additional 16-18% of the caseload. The percentage of the caseload that are children has been increasing from 32% to 38%, and conversely, the percentage of the caseload that are adults has been declining.

Young adults (18-34) constitute 33-37% of the caseload, with 7-8% of persons on the caseload being in the transition years from ages 18-21. Middle-aged adults (35-64) are another 27-28% of the caseload, with twice as many persons in the age range of

45-54 as are ages 55-64, and four times as many persons in the age range of 35-44 as are ages 55-64. Less than 3% of the caseload are senior citizens (ages 65 and older).

As indicated in Figure 3-3, the DDD caseload is overrepresented for the age ranges under 35 years and underrepresented for the older age ranges. The under-representation in the older age ranges may be due in part to decreased life expectancy for persons with developmental disabilities, and the overrepresentation in the younger age ranges may be due in part to early intervention programs, and the over-representation in the 18-34 age ranges may be due to DDD taking on responsibility for persons with developmental disabilities after high school graduation. There was very little change in the distribution of ages relative to the general population between 1990 and 1994.

Figure 3-3: Comparison of Ages in the DDD Caseload to the WA State Population in 1994



Age of Caseload by Residential Setting

Table 3-2: Residence by Legal Age

Residence		Fiscal Year 1990 N	%	1991 N	%	1992 N	%	1993 N	%	1994 N	%
Community	Child	4,763	36.3	5,153	36.3	5,543	36.3	6,372	37.8	7,116	38.8
	Adult	8,348	63.7	9,031	63.7	9,730	63.7	10,485	62.2	11,200	61.1
	Total Comm.	13,111		14,184		15,273		16,857		18,317	
RHC	Child	76	4.3	60	3.7	46	3.0	37	2.5	29	2.1
	Adult	1,682	95.6	1,556	96.3	1,488	97.0	1,441	97.6	1,383	97.9
	Total RHC	1,759		1,615		1,534		1,477		1,412	

Table 3-3: Residence by Age Group

Age	Residence		Fiscal Year 1990	1991	1992	1993	1994	5 Year % Change
0-2 years	Community	N	991	1,025	1,073	1,233	1,320	
		% of age group	100.0	100.0	100.0	100.0	100.0	33.2
	RHC	N	0	0	0	0	0	
		% of age group	0.0	0.0	0.0	0.0	0.0	0.0
	Total		991	1,025	1,073	1,233	1,320	
3-5 years	Community	N	1,390	1,543	1,587	1,868	2,187	
		% of age group	99.9	99.9	100.0	100.0	100.0	57.3
	RHC	N	1	1	0	0	0	
		% of age group	0.1	0.1	0.1	0.1	0.1	-100.0
	Total		1,391	1,544	1,587	1,868	2,187	
6-17 years	Community	N	2,382	2,585	2,883	3,271	3,609	
		% of age group	96.9	97.8	98.4	98.9	99.2	51.5
	RHC	N	75	59	46	37	29	
		% of age group	3.1	2.2	1.6	1.1	0.8	-61.3
	Total		2,458	2,644	2,929	3,307	3,638	
Child Total	Community	N	4,763	5,153	5,543	6,372	7,116	
		% of age group	98.4	98.9	99.2	99.4	99.6	49.4
	RHC	N	76	60	46	37	29	
		% of age group	1.6	1.1	0.8	0.6	0.4	-61.8
	Total		4,840	5,213	5,589	6,408	7,145	
18-21 years	Community	N	1,042	1,158	1,162	1,211	1,308	
		% of age group	90.3	93.0	95.4	96.7	97.4	25.5
	RHC	N	112	88	56	42	35	
		% of age group	9.7	7.0	4.6	3.3	2.6	-68.8
	Total		1,154	1,246	1,218	1,252	1,344	
22-34 years	Community	N	3,689	3,907	4,235	4,516	4,683	
		% of age group	83.3	86.0	87.9	89.6	91.0	26.9
	RHC	N	737	634	581	523	465	
		% of age group	16.7	14.0	12.1	10.4	9.0	-36.9
	Total		4,426	4,541	4,816	5,039	5,148	
35-44 years	Community	N	1,800	1,996	2,163	2,361	2,584	
		% of age group	78.5	80.3	82.1	83.7	85.3	43.6
	RHC	N	492	489	471	460	447	
		% of age group	21.5	19.7	17.9	16.3	14.7	-9.2
	Total		2,292	2,485	2,633	2,821	3,031	
45-54 years	Community	N	915	1,016	1,164	1,310	1,450	
		% of age group	79.9	81.6	81.7	82.5	83.4	58.5
	RHC	N	230	229	260	277	289	
		% of age group	20.1	18.4	18.3	17.5	16.6	25.7
	Total		1,145	1,246	1,424	1,588	1,739	
55-64 years	Community	N	493	535	559	609	647	
		% of age group	85.1	85.3	85.9	85.0	84.6	31.2
	RHC	N	86	92	92	108	118	
		% of age group	14.9	14.7	14.1	15.0	15.4	37.2
	Total		579	628	651	717	765	
65+ years	Community	N	409	419	447	479	527	
		% of age group	94.2	94.8	93.8	93.9	94.7	28.9
	RHC	N	25	23	29	31	30	
		% of age group	5.8	5.2	6.2	6.1	5.3	20.0
	Total		434	442	476	510	557	
Adult Total	Community	N	8,348	9,031	9,730	10,485	11,200	
		% of age group	83.2	85.3	86.7	87.9	89.0	34.2
	RHC	N	1,682	1,556	1,488	1,441	1,383	
		% of age group	16.8	14.7	13.3	12.1	11.0	-17.8
	Total		10,030	10,587	11,218	11,926	12,584	
Grand Total	Community	N	13,111	14,184	15,273	16,857	18,317	
		% of age group	88.2	89.8	90.9	91.9	92.8	39.7
	RHC	N	1,759	1,615	1,534	1,477	1,412	
		% of age group	11.8	10.2	9.1	8.1	7.2	-19.7
	Total		14,870	15,799	16,807	18,334	19,729	

Children are becoming a larger percentage of the caseload of persons living in the community each year, although there are still more adults (over age 18) in the community caseload than children as of SFY 1994 (see Table 3-2). (Comparisons of the age of persons in each region's caseload are presented in Appendix F.)

The RHCs have a very different pattern than the community in terms of age (see Table 3-2). In SFY 1994, 98% of persons living in RHCs were adults, and with no persons new to the DDD system entering RHCs, the child population is declining as persons age. Today (SFY 1994) only 2% of persons living in RHCs are under 18 years of age, and none are younger than age 9. (Comparisons of the age of persons at each RHC are presented in Appendix F.)

In general, the older a person is, the more likely he or she is to be living in an RHC (see Tables 3-3). This trend reverses for older adults after age 45, when individuals become more and more likely to live in the community. However, the majority of the caseload (83% or more) at every age range live in the community, with the likelihood of living in the community increasing over the five-year span for every age group up to 55 years of age.

The numbers of 6-17 and 18-21 year olds living in RHCs declined by 61% and 69%, respectively since SFY 1990, and the number of 22-34 year olds declined by 37%. The larger decline in the lower age groups is mainly a function of few individuals entering RHCs and persons currently residing in RHCs aging and entering the next age bracket.

Age of Persons Newly Eligible for Services

Figure 3-4 indicates that the number of 3-5 year olds entering the DDD system increased sharply after SFY 1992, and the number of 6-17 year olds increased after SFY 1991. The growth in the number of 0-2 year olds entering the system has been slowing and leveling off.

Among adults, the number of individuals over age 45 entering the DDD system increased until SFY 1993 (see Figure 3-5). For individuals ages 18-44, the number of persons newly eligible for services varied from year to year.

Few consistent trends were noted within age groups. The age distribution of persons entering the DDD system has remained fairly stable, varying only slightly from year to year (see Table 3-4). A few more persons new to the caseload in recent years are older than age 65 (10-12 vs. 7 and 9 in earlier years), and a smaller percentage of

persons new to the caseload are ages 18-21 than among those entering the DDD system earlier in the five-year span (8-9% vs. 11-12%).

Figure 3-4: Percentage Change Over SFY 1990 in Children Newly Eligible for Services

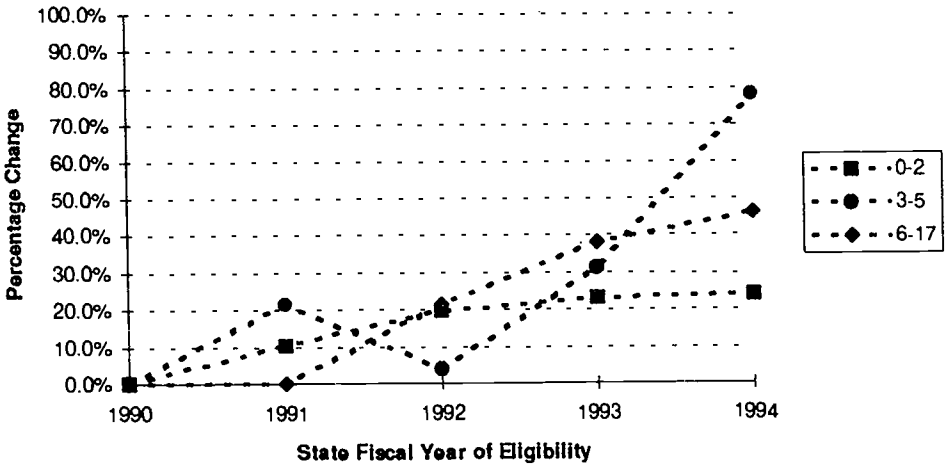
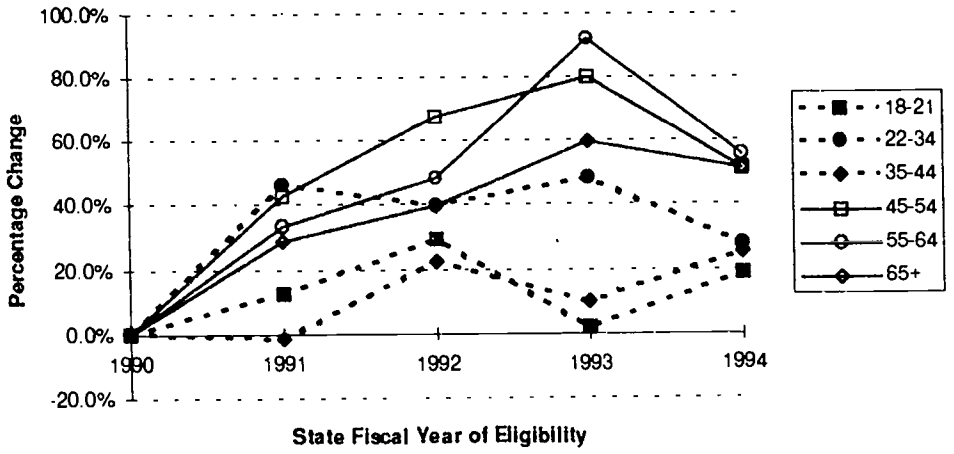


Figure 3-5: Percentage Change Over SFY 1990 in Adult Newly Eligible for Services Over SFY 1990



Most (76%) of the individuals who received eligibility for services in SFY 1994 were children (see Table 3-4), and more than half of the persons entering the system are

children under 36 months of age. Many of these children may have been directed toward the Division through early intervention programs, such as Birth-to-Three and Child Find. Ages 18-21 are another common time to approach the DDD system. Although only a four year age span, persons of these ages account for 8-12% of all persons receiving eligibility for services. Several transition programs are currently in operation to assist young adults with developmental disabilities with the transition from high school to the adult world. (Comparisons of the ages of persons new to the DDD system in each region's caseload are presented in Appendix F.)

Table 3-4: Age of Persons Newly Eligible for Services

	Fiscal Year of Eligibility										
	1990		1991		1992		1993		1994		5 year %
Age Group	N	%	N	%	N	%	N	%	N	%	change
0-2	971	53.9	1,072	52.7	1,170	52.6	1,210	52.8	1,221	51.6	25.8
3-5	102	5.7	124	6.1	102	4.6	130	5.7	191	8.1	87.3
6-17	255	14.2	255	12.5	309	13.9	361	15.8	391	16.5	53.3
18-21	203	11.3	228	11.2	267	12.0	193	8.4	226	9.5	11.3
22-34	147	8.2	215	10.6	201	9.0	218	9.5	174	7.4	18.4
35-44	73	4.1	72	3.5	89	4.0	78	3.4	90	3.8	23.3
45-54	28	1.6	40	2.0	50	2.2	56	2.4	40	1.7	42.9
55-64	15	0.8	20	1.0	23	1.0	33	1.4	21	0.9	40.0
65+	7	0.4	9	0.4	10	0.4	12	0.5	11	0.5	57.1
Unknown age	1	0.1	1	0.0	2	0.1	0	0.0	2	0.1	100.0
Total	1,802		2,036		2,223		2,291		2,367		31.4

GENDER

Statewide Gender Mix

The distribution of the caseload by gender and the gender ratio are presented in Table 3-5 for each year in the five-year span. The current statewide caseload (SFY 1994) is 57% male and 43% female. The gender mix for the entire DDD system has remained steady over the past five years at a ratio of 1.3:1.0; that is, roughly 4 males for every 3 females. This ratio is higher than the gender ratio for the Washington State general population (0.9:1.0).

The higher number of males in the system is a reflection of the higher incidence of developmental disabilities in the male population. For example, DSM-IV lists a male to female ratio for mental retardation of 1.5:1.0, which is roughly 3 males for every two females. There are more females in the Washington DDD system than the national average for persons with mental retardation; however, this difference is expected. Many persons with mild developmental disabilities are capable of

functioning without assistance and thus do not approach the Division for services, and male to female ratios are more equal among persons with lower IQ levels.

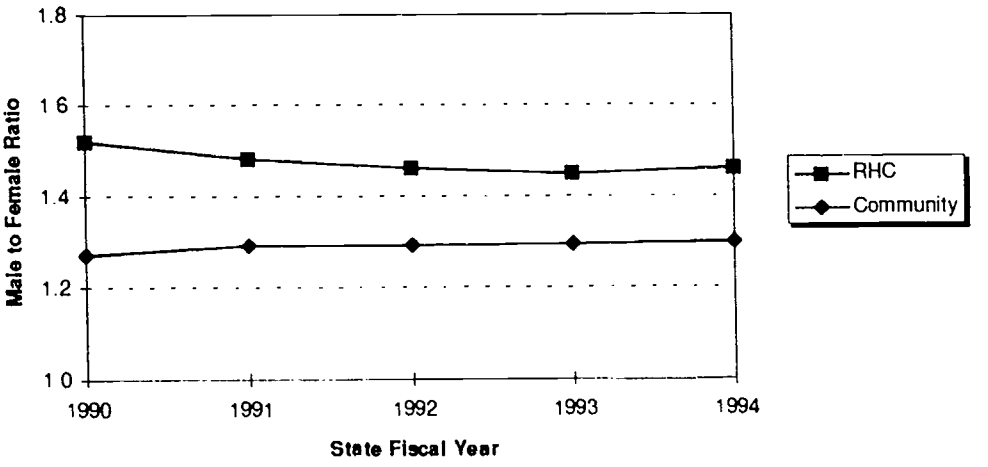
Table 3-5: Caseload by Gender

	Fiscal Year									
	1990		1991		1992		1993		1994	
Gender	N	%	N	%	N	%	N	%	N	%
Male	8,403	56.5	8,965	56.7	9,523	56.6	10,391	56.6	11,193	56.7
Female	6,474	43.5	6,841	43.3	7,292	43.4	7,953	43.4	8,548	43.3
Ratio	1.30		1.31		1.31		1.31		1.31	

Gender Mix by Residential Setting

Figure 3-6 compares the male to female ratio for persons living in RHCs to that of persons on the community caseload. (The gender mix for each region and for each RHC are presented in Appendix G.) There is a higher male to female ratio among persons living in RHCs than among persons on the DDD caseload living in the community (1.5:1.0 versus 1.3:1.0, respectively), indicating that males were more likely to have received an RHC placement. One reason for an RHC placement is severe behavior problems which make a person too difficult for his/her family to handle. These behavior problems tend to be more common among males.

Figure 3-6: Male to Female Ratio by Residential Setting



The RHCs are also beginning to show a slight decrease in their male to female ratio, although the gender ratio among persons on the DDD caseload living in the community has remained fairly stable over the five-year span. Since there have been no persons newly eligible for services placed in an RHC and few transfers from community living to RHCs, the decrease in the gender ratio implies that more males are choosing to move out of RHCs to community placement. This is consistent with the stronger decline among persons residing in RHCs for the milder forms of mental retardation (see Chapter 4), a level at which an RHC placement would more likely have occurred for behavior problems rather than for a fragile medical condition. Another explanation is gender differences in mortality. More males died (59) than females (31) in RHCs over the five-year span; however, the gender ratio for persons who left the RHCs for reasons other than death is still higher than that for the RHC population (1.7:1.0 vs. 1.5:1.0).

Gender Mix for Persons Newly Eligible for Services

Table 3-6 displays the number of persons newly eligible for services by gender, the percentage change over the previous year, and the gender ratio by year of eligibility. (The gender mix for persons newly eligible for services within each region is presented in Appendix G.) The gender ratio for persons newly eligible for services remained relatively constant over the past five years at 1.4:1.0, or 7 males to 5 females, though being slightly higher in SFY 1990. This ratio is slightly higher than the gender ratio among persons already in the caseload (1.3:1.0, see Table 3-5). Thus, a greater percentage of individuals receiving eligibility for services are males, compared to the years prior to the five-year span. If this trend continues, the gender disparity of the caseload will increase.

Table 3-6: Number of Persons Newly Eligible for Services by Gender

Gender		Fiscal Year of Eligibility 1990	1991	1992	1993	1994
Male	Number	1,086	1,177	1,286	1,323	1,390
	% Change		8.4	9.3	2.9	5.1
Female	Number	715	858	936	968	976
	% Change		20.0	9.1	3.4	0.8
Male:Female ratio		1.52	1.37	1.37	1.37	1.42

One explanation for this trend is the increase in IQ scores for persons newly eligible for services (see Chapter 4), a level at which incidence is higher for males than for females. Another possible explanation is the increase in individuals seeking services

for developmental delays (see Chapter 4). More than half of the persons newly eligible for services received eligibility for developmental delays. In many cases these delays may be related to attention deficit disorder (ADD) or attention deficit-hyperactivity disorder (ADHD), which also have a higher incidence among males.

RACE AND ETHNICITY

Race of Caseload Statewide

Caucasians constituted 89% of the total caseload during SFY 1990 (see Table 3-7), and that percentage fell slightly to 85% by SFY 1994. Conversely, the percentage of individuals identified as non-Caucasian increased from 9% in SFY 1990 to 13% in SFY 1994. Individuals of unknown race constituted an additional 2%.

As shown in Table 3-7, the number of persons of all racial groups have increased over the past five years. Caucasians increased by only 27%, but African Americans increased by 71%, Asian/Pacific Islanders by 77%, Native Americans by 66%, persons of other races by 148%, and persons of unknown race by 20%.

The percentages for all minority groups also increased, while the percentage of Caucasians in the caseload declined. African Americans increased to 4.5% of the caseload by SFY 1994, while Asian/Pacific Islanders and Native Americans increased to 2.7% and 2.4%, respectively. These increases are reflective of increased diversity in the general population (see Figures 3-7a and 3-7b) and increased outreach by the division to a broader range of persons.

Table 3-7: Statewide Caseload by Race

	Fiscal Year										
	1990		1991		1992		1993		1994		5 year %
Race	N	%	N	%	N	%	N	%	N	%	change
Caucasian	13,197	88.7	13,965	88.3	14,770	87.8	15,855	86.4	16,815	85.2	27.4
African American	523	3.5	600	3.8	652	3.9	772	4.2	892	4.5	70.6
Asian/Pac. Islander	297	2.0	331	2.1	375	2.2	452	2.5	527	2.7	77.4
Native American	292	2.0	321	2.0	372	2.2	446	2.4	484	2.4	65.8
Other race	268	1.8	294	1.9	358	2.1	482	2.6	664	3.4	147.8
Unknown race	298	2.0	294	1.9	290	1.7	338	1.8	358	1.8	20.1
Total	14,879		15,810		16,819		18,347		19,744		32.7

The other race category currently (SFY 1994) constitutes 3.4% of the caseload, up from 1.8% in SFY 1990, and currently 1.8% of the caseload are classified with an unknown race. The reasons for the frequent use of these classifications and the

increases are not clear. One possible explanation is that the distinction between the other race and the unknown race category is not clear to those entering data, so for persons newly eligible for services and during reclassification for persons already on the caseload, some people may have received the other race rather than the unknown race classification until the finer detail required by the new classification scheme could be obtained. Alternatively, these categories may have been used to classify persons of multiple race, since there is no other place in the classification scheme for these persons.

Figure 3-7a: Comparison of Races in the DDD Caseload to the General Population in 1990

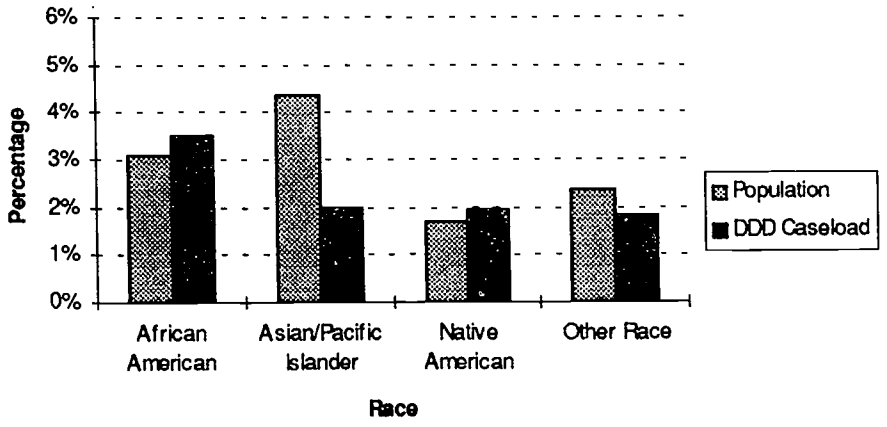
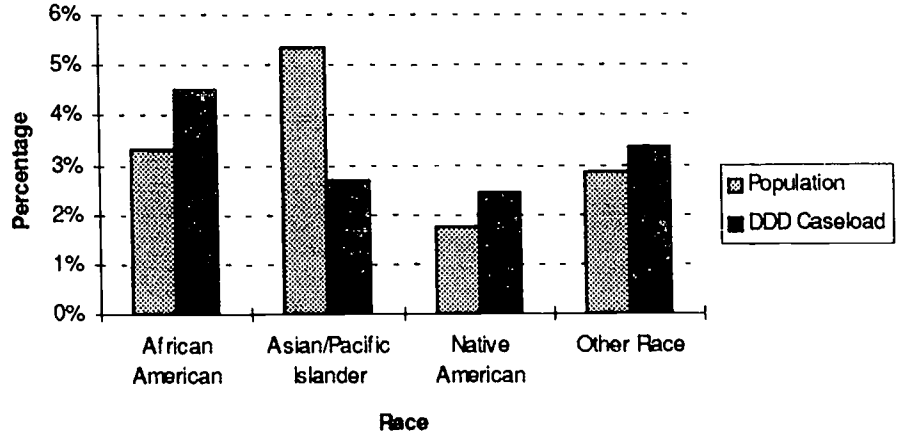


Figure 3-7b: Comparison of Races in the DDD Caseload to the General Population in 1994



Figures 3-7a and 3-7b compare the racial mix of persons in the DDD system during SFY 1990 and during SFY 1994 to the racial mix for the Washington State population for these years. Census data do not include an unknown race classification, so these persons from the DDD caseload were excluded from the above comparisons.

For individuals in the system during SFY 1990, the DDD caseload had a smaller percentage of Asian/Pacific Islanders than the general population and a smaller percentage of persons classified as other race. By SFY 1994, there were larger percentages of African Americans and Native Americans in the caseload than the general population, due to outreach efforts; however, the percentage of Asian Americans in the DDD caseload was still half that of the general population, and the DDD system was using the other race classification more often (rather than less often, as in SFY 1990) than it was being used in the general population.

Race of Caseload by Residential Setting

For all classifications, the racial composition of the RHCs has remained more stable than among the community caseload (see Table 3-8) since there are few persons moving to RHCs and race is not a strong factor in an individual's choice to move out of an RHC to community living. Therefore, only a few trends were evident among persons living in RHCs. (The racial mix of individuals for each region and for each RHC is presented in Appendix H.)

Table 3-8: Race by Residential Setting

		Fiscal Year										
		1990		1991		1992		1993		1994		5 year %
Setting	Race	N	%	N	%	N	%	N	%	N	%	change
Community	Caucasian	11,562	88.1	12,461	87.8	13,343	87.3	14,481	85.8	15,495	84.5	34.0
	African American	479	3.6	561	4.0	614	4.0	737	4.4	861	4.7	79.8
	Asian/Pac. Islander	285	2.2	321	2.3	365	2.4	442	2.6	519	2.8	82.1
	Native American	276	2.1	308	2.2	359	2.3	433	2.6	472	2.6	71.0
	Other	233	1.8	261	1.8	326	2.1	451	2.7	637	3.5	173.4
	Unknown	281	2.1	278	2.0	274	1.8	322	1.9	343	1.9	22.1
RHC	Caucasian	1,635	92.9	1,503	93.0	1,426	92.9	1,374	93.0	1,319	93.3	-19.3
	African American	45	2.6	39	2.4	38	2.5	35	2.3	31	2.2	-31.1
	Asian/Pac. Islander	12	0.7	10	0.6	10	0.7	10	0.7	8	0.6	-33.3
	Native American	16	0.9	13	0.8	13	0.8	13	0.9	11	0.8	-31.3
	Other	35	2.0	33	2.1	32	2.1	31	2.1	27	1.9	-22.9
	Unknown	16	0.9	16	1.0	16	1.0	16	1.1	16	1.1	0.0

There is a larger percentage of non-Caucasians living in the community (15.5% in SFY 1994) than in the RHCs (6.7%), with the exception of the other race category which was used to describe a larger percentage of persons residing in RHCs until SFY 1992 (see Table 3-8). Thereafter, the other race category accounted for a larger percentage among persons on the community caseload than among persons being served in RHCs.

Among persons on the DDD caseload living in the community, increases in the percentage of non-Caucasians occurred for all classifications, with the exception of the unknown race category which varied from year to year. The percentage of African Americans increased among persons on the community caseload, from 3.6% to 4.7%, while it decreased very slightly among persons living in RHCs, from 2.6% to 2.2%. Asian/Pacific Islanders and Native Americans each accounted for less than one percent of the RHC population, but nearly 3% of the DDD community population in SFY 1994 (up from approximately 2% in SFY 1990).

Though being similar to RHCs in percentage during SFY 1990, a larger percentage of persons on the DDD caseload living in the community were classified as other race in SFY 1994 (increasing from 1.8% to 3.5%). The percentage of persons on the community caseload with an unknown race designation varied, while it slightly increased for the RHCs. This was the only non-Caucasian classification to increase in percentage for the RHCs, due to the decline in number for other classifications while the number with this classification remained the same.

Hispanic Ethnicity

The number of persons of Hispanic ethnicity in the caseload increased 63% over SFY 1990 (see Table 3-9), but the percentage of Hispanics in the caseload (3.3% in SFY 1994) is still smaller than that for the Washington State population (5.3% in SFY 1994). Although the percentages are still not similar, the rate of increase in Hispanics for the DDD caseload was faster than that for the general population (32%). If this trend continues, the percentages will soon be similar.

Table 3-9: Hispanic Ethnicity by Residential Setting

	Fiscal Year										
	1990		1991		1992		1993		1994		5 Year %
Setting	N	%	N	%	N	%	N	%	N	%	Change
Community	370	2.8	404	2.8	445	2.9	530	3.1	634	3.5	71.4
RHC	28	1.6	26	1.6	19	1.2	17	1.2	14	1.0	-50.0
Statewide	398	2.7	430	2.7	464	2.8	547	3.0	648	3.3	62.8

There is a smaller percentage of persons of Hispanic ethnicity living in the RHCs (1.0% in SFY 1994) than in the community (3.5%), and the percentages are declining in the RHCs (from 1.6% in SFY 1990) as a larger percentage of Hispanics than non-Hispanics have chosen to transfer to community living. While the number of Hispanics living in RHCs is declining, the number of Hispanics on the community caseload has increased by more than 71%.

Race of Persons Newly Eligible for Services

Table 3-10 presents the racial composition of persons newly eligible for services. (The racial composition of persons newly eligible for services in each region is presented in Appendix H.) The percentage of persons on the DDD caseload who are non-Caucasians increased in recent years (as indicated by the decrease in the percentage of Caucasians as compared with earlier in the five-year span). This trend is true for all classifications except Native American and unknown race, which increased to a peak in SFY 1992, then declined.

Table 3-10: Race of Persons Newly Eligible for Services

	Fiscal Year of Eligibility										
	1990		1991		1992		1993		1994		5 year %
Race	N	%	N	%	N	%	N	%	N	%	change
Caucasian	1,437	79.7	1,642	80.6	1,674	75.3	1,669	72.9	1,736	73.3	20.8
African American	129	7.2	145	7.1	144	6.5	183	8.0	168	7.1	30.2
Asian/Pac. Islander	71	3.9	63	3.1	97	4.4	101	4.4	108	4.6	52.1
Native American	54	3.0	60	2.9	100	4.5	67	2.9	79	3.3	46.3
Other	40	2.2	64	3.1	101	4.5	185	8.1	194	8.2	385.0
Unknown	71	3.9	62	3.0	107	4.8	86	3.8	82	3.5	15.5
Total	1,802		2,036		2,223		2,291		2,367		31.4

A significantly larger percentage of the caseload is classified as non-Caucasian than in the current caseload (27% vs. 13%) due to increased emphasis by the Division on reaching a broader range of persons. If this trend continues, the DDD caseload will soon become even more diverse in racial composition than the general population, or the increases may level off as persons of all races become equally aware of the availability of DDD services.

More persons of all racial groups are entering the caseload today than in previous years. Newly eligible African Americans increased from 129 new persons in SFY 1990 to 183 in SFY 1993 and down to 168 in SFY 1994. Over 52% more persons newly eligible for services were listed as Asian/Pacific Islander in SFY 1994 (108 persons) as compared with SFY 1990 (71 persons), with the largest increase

occurring between SFY 1991 and SFY 1992. This is the fastest growing racial group among persons newly eligible for services, followed by Native Americans (a 46% increase). Additionally, there was a much larger than expected number of Native Americans entering in SFY 1992, based on the trend set by the other years in the span (100 persons vs. 54-79 in other years).

The number of persons newly eligible for services and classified as other race showed explosive growth, with almost five times as many persons receiving this classification as just five years ago (40 persons in SFY 1990 vs. 194 persons in SFY 1994). The number of persons newly eligible for services with a classification of unknown race varied from year to year, averaging 3.8%, or 82 persons per year.

Hispanic Ethnicity Among Persons Newly Eligible for Services

The percentage of persons newly eligible for services who are of Hispanic descent increased each year during the five-year span, with 132% more persons of Hispanic ethnicity entering in SFY 1994 than entered in SFY 1990 (see Table 3-11). The percentage of Hispanics among those newly eligible for services was more than twice that in the caseload during SFY 1994 (3.3%, see Table 3-9) and slightly higher than the percentage in the general population (5.3%). If this trend continues, the percentage of Hispanics in the caseload will eventually match that of the general population.

Table 3-11: Hispanic Ethnicity Among Persons Newly Eligible for Services

	Fiscal Year of Eligibility					5 year %
	1990	1991	1992	1993	1994	change
Hispanics	68	81	125	140	158	132.4
Total Newly Eligible	1,802	2,036	2,223	2,291	2,367	31.4
% Hispanics	3.8	4.0	5.6	6.1	6.7	

CHAPTER 4

ELIGIBILITY CONDITIONS

DISABILITY TYPE

Definitions

To receive services through the Division of Developmental Disabilities, an individual must be diagnosed with a qualifying condition that originated before age 18, is expected to continue indefinitely, and results in a substantial handicap. Eligible conditions for the state's developmental disabilities program, as specified in the Washington Administrative Code (WAC) include:

1. **Mental Retardation**: IQ of more than two standard deviations below the mean using the Stanford-Binet, Wechsler, or Leiter International Performance Scale, that is not expected to improve with treatment, instruction, or skill acquisition, and is not attributable to mental illness or other psychiatric conditions.

2. **Cerebral Palsy**: Central nervous system damage which causes lack of muscle control and requires an individual to need direct physical assistance with basic care.

3. **Epilepsy**: A chronic condition resulting from abnormal electro-chemical brain discharges, which causes partially controlled or uncontrolled seizures and a substantial handicap requiring assistance with monitoring medication, and requiring supervision to prevent serious brain damage/trauma or life threatening medication toxicity (if over age 18).

4. **Autism**: Central nervous system dysfunction which results in difficulties with social interaction and communication and marked restriction of activities of daily living.

5. **Another Neurological Condition**: Central nervous system impairment closely related to mental retardation, or requiring treatment similar to that required for individuals with mental retardation. Examples are brain damage caused by spina bifida, or traumatic brain injury before age 18. An individual must require assistance with basic care due to the condition, and have an intelligence quotient score of at least 1.5 standard deviations below the mean on a qualifying IQ test.

6. **Other Conditions**: Individuals can receive services for conditions closely associated with mental retardation, or requiring treatment similar to that required for individuals with mental retardation, if the condition is not due to psychiatric impairment, serious emotional/behavioral disturbance, or orthopedic impairment. An individual must score below 70 on all four areas of the Inventory for Client and Agency Planning (ICAP) and have demonstrated current or previous eligibility for participation in special education. If an individual receives eligibility under the ICAP, he/she must be reassessed at least every 24 months to determine if he/she is still eligible for services.

Children under age 6 at risk for developmental disability can receive services if they have Down Syndrome, a genetic disorder most commonly associated with an extra chromosome on the twenty-first pair, or developmental delays of 25% or more below the average child of the same age. For eligibility under developmental delays, delays in one or more areas are required for children under 24 months of age, two areas for children 25 to 48 months of age, and three or more areas for children 49 to 72 months of age. Qualifying developmental areas include fine or gross motor skills; self-help skills; expressive and receptive communication skills, including American Sign Language skills; social skills; and cognitive, academic, or problem solving skills. Reviews of eligibility for developmental delays can occur at any time, but should occur at least at 36 months and at 72 months of age.

Individuals can also enter the DDD system with approval under a policy exception, although such approvals are rare. Generally, only children participating in the federally funded medically intensive home care program receive exceptions to policy if they do not meet any of the DDD eligibility criteria.

Data Adjustments

In addition to the eligibility conditions discussed above, other conditions tracked in the CCDB include sensory limitations of blindness and deafness, and dual diagnosis. Blindness and deafness are artifacts of previous eligibility requirements, so these categories are no longer consistently applied with individuals new to the DDD

caseload; therefore, information on these conditions were not included in this report. A category for dual diagnosis was included in the CCDB because these individuals are a challenge for service provision, and administrative responsibility overlaps with the Division of Mental Health. However, because this is not an eligibility condition, in practice the data base did not turn out to be very accurate in tracking the number of individuals with a dual diagnosis; therefore, the data available for this condition were also not analyzed in this report.

Other problems exist with the tracking of an individual's eligibility condition, so actual person counts may not be completely accurate; however, they provide an approximation to the true number of persons receiving eligibility under a specific condition. The numbers may be a slight overestimate because of inconsistent data tracking procedures in the field. Some individuals have multiple eligibility conditions indicated since some field offices include all conditions that apply to a particular person, while other offices only enter the primary condition. This produces an overestimate of persons meeting eligibility with epilepsy or cerebral palsy since many will have these conditions but few meet the functioning criteria for eligibility under these conditions. The recording of multiple conditions also contributes to the percentages and numbers in tables totaling to more than 100% of the caseload.

RHCs are also more accurate at record keeping in the CCDB because they are required to meet operating standards and are subject to periodic inspections; whereas, the community offices are not held to such monitoring. Persons living in RHCs also receive more testing and, therefore, are likely to have more conditions identified. Another reason for the greater accuracy of RHC data is that RHCs generate and record their own data, while data for persons on the community caseload comes from other sources, such as schools.

Another problem with the data base is changing eligibility conditions. Individuals under age 6 can receive services for developmental delays or Down Syndrome, but at age 6 they must be reassessed and meet the traditional RCW criteria to receive continued services. This means that diagnoses are sometimes overwritten, leaving no historical record of a person's eligibility conditions. Therefore, counts in the database for conditions other than developmental delays are likely to be overestimates in earlier years and counts for developmental delays are likely to be underestimates.

Policies for the use of the developmental delays classification have also changed over the five-year span. Three years ago and earlier, developmental delays were only used as an eligibility condition if the individual did not meet any of the formal eligibility conditions. Today, developmental delays or Down Syndrome are supposed to be the only conditions applied to persons under the age of 6 so as to avoid early labeling.

However, according to the data base, this new procedure is not always being followed, since 14% of persons under age 6 had an eligibility condition other than developmental delays or Down Syndrome in SFY 1994. Other eligibility conditions can be applied at age 4 if the individual no longer meets the criteria for developmental delays; however, since re-evaluations often do not occur at the appropriate time as specified by the WAC, it is difficult to determine who is properly meeting eligibility under developmental delays.

Given the problems discussed above, the following manipulations were made to the data to make the analysis more meaningful. If an individual was under the age of 6, it was assumed that regardless of the eligibility condition indicated in the CCDB, the condition should be developmental delays or Down Syndrome, based on the new operating procedure. Therefore, all persons under age 6 in a given year who did not have Down Syndrome indicated in their CCDB eligibility record were assigned an eligibility condition of developmental delays, regardless of what condition was listed in the CCDB; the assumption being that the proper condition should be, or had been, developmental delays at that point in the time span. For persons over age 6, the eligibility condition listed in their CCDB record was used, and it was assumed that the eligibility condition was less likely to change over the five-year span. Individuals were counted as policy exceptions if this was the only eligibility classification in their CCDB record.

Eligibility Conditions for the Statewide Caseload

Tables 4-1a and 4-1b list the numbers and percentages of persons on the DDD caseload who have each of the eligibility conditions as specified in the RCW, or are policy exceptions. Table 4-1a lists eligibility conditions for persons on the DDD caseload who were age 6 or older during the given year, and Table 4-1b lists eligibility conditions for persons on the DDD caseload who were younger than age 6 during the given year.

The majority of individuals age 6 and older in the caseload have mental retardation as their eligibility condition (81% in SFY 1994); however, this percentage declined from 89% in SFY 1990 -- about 2% each year. That is, the percentage of the caseload with eligibility conditions other than mental retardation increased each year, since caseload growth for mental retardation was lower than the overall caseload growth for persons six years of age or older (18% vs. 30%). Approximately 3-4% of the caseload are listed as having autism, and the number of individuals on the caseload with this condition increased at the same pace as the caseload growth for persons age 6 and older.

The number of individuals listed with cerebral palsy or epilepsy is most likely higher than the true number of individuals meeting eligibility under these conditions. The eligibility criteria are restrictive, and only 23% of persons with these eligibility conditions had one of these conditions listed and no others. Approximately 14% of the caseload had cerebral palsy listed and approximately 15% had epilepsy listed as their eligibility condition in SFY 1994. The numbers of persons with these conditions are not increasing at the same pace as the overall caseload (increasing 17% over the five-year span for cerebral palsy and 7% for epilepsy, as compared to 30% for persons on the DDD caseload (6 years of age and older), indicating that either individuals new to the DDD system are seeking services for conditions other than these, or field offices are becoming less likely to indicate these additional diagnoses in an individual's record.

Table 4-1a: Eligibility Conditions for Persons Age 6 and Older

	Fiscal Year										
	1990		1991		1992		1993		1994		5 year %
Condition	N	%	N	%	N	%	N	%	N	%	change
Mental Retardation	11,074	88.6	11,486	86.7	12,000	84.7	12,582	82.5	13,073	80.5	18.1
Autism	438	3.5	462	3.5	502	3.5	527	3.5	555	3.4	26.7
Cerebral Palsy	1,970	15.8	2,051	15.5	2,127	15.0	2,213	14.5	2,304	14.2	17.0
Epilepsy	2,231	17.9	2,279	17.2	2,303	16.3	2,344	15.4	2,386	14.7	7.0
Another Neurological	50	0.4	73	0.6	100	0.7	118	0.8	130	0.8	160.0
Other Conditions	169	1.4	326	2.5	519	3.7	710	4.7	848	5.2	401.8
Policy Exception	41	0.3	59	0.4	58	0.4	53	0.4	52	0.3	26.8
Indeterminate Status	531	4.2	617	4.7	749	5.3	960	6.3	1,181	7.3	122.4
Total Ages 6+	12,497		13,241		14,159		15,246		16,237		29.9

Note: Columns do not sum to total because individuals can have more than one condition listed.

Note: Indeterminate Status includes persons with no eligibility condition indicated and persons over age 6 with developmental delays or Down Syndrome listed.

Another neurological and other conditions are the only eligibility conditions for which the percentages are increasing (among persons age 6 and older). Although individuals with another neurological condition increased 160% in the past five years, they are still only a very small percentage (less than 1%) of the caseload. The percentage of the total caseload meeting eligibility requirements under other conditions is also rising dramatically, from 1% in SFY 1990 to 5% in SFY 1994.

There was a large increase in the number of persons having policy exceptions in SFY 1991 (from 41 in SFY 1990 to 59 in SFY 1991), declining in SFY 1993 (from 58 in SFY 1992 to 53 in SFY 1993), due to an artifact of the data base. Eligibility requirements changed in SFY 1991, and there was no place in the data base to track the persons who became newly eligible for services under the revised law. When the structure of the data base changed to provide categories for these new conditions,

individuals entering were given the correct categorization for eligibility diagnoses, but many of the individuals already in the caseload with this erroneous classification never had their value for this variable erased in the data base. True policy exceptions are very rare, although this categorization is sometimes used to classify children participating in the Medically Intensive Home Care Program, a federally funded program which DDD administers. If an individual is eligible under this program and not under the division's requirements, he/she will receive an exception to policy as long as he/she is enrolled in this program. Some of the 52 individuals listed in SFY 1994 may be individuals who were participating in this program.

Many persons on the DDD caseload have an indeterminate status -- no appropriate eligibility condition listed -- (7.3%, or 1,181 persons in SFY 1994), and the number of individuals with no appropriate eligibility condition is increasing, with over 122% more persons in SFY 1994 than during SFY 1990. Many of these individuals are persons over age 6 with developmental delays. Case managers report difficulties in finding time to do eligibility reassessments and in obtaining the necessary documents from school districts and families. The division must continue providing services until the new eligibility determination is conducted. Others in this category may never have had their record removed from the data base as being inactive. This category also includes individuals with no eligibility condition listed in the data base.

Table 4-1b: Eligibility Conditions for Children Under Age 6

	Fiscal Year										
	1990		1991		1992		1993		1994		5 year %
Condition	N	%	N	%	N	%	N	%	N	%	change
Developmental Delay	2,330	97.8	2,489	96.9	2,534	95.3	2,936	94.7	3,321	94.7	42.5
Down Syndrome	55	2.3	84	3.3	132	5.0	172	5.5	194	5.5	252.7
Total Ages <6	2,382		2,569		2,660		3,101		3,507		47.2

Note: Columns do not sum to total because individuals can have more than one condition listed.

Table 4-1b compares the numbers and percentages of the total caseload under age 6 by eligibility condition. Eligibility conditions for persons of these ages include developmental delays or Down Syndrome. Most persons under age 6 received eligibility for developmental delays (95% in SFY 1994). Down Syndrome was less often the eligibility condition for young persons on the DDD caseload (less than 6% of persons under 6 years of age). This condition, however, occurred more and more frequently in the DDD caseload each year, with over 3.5 times as many persons on the DDD caseload having this condition in SFY 1994 than in SFY 1990. This increase may have been mildly inflated, however, due to the data manipulations performed. Some persons with eligibility for Down Syndrome may have reached age

6 by the end of the five-year span and were reassessed, receiving eligibility for traditional RCW criteria. These individuals would have been given an eligibility condition of developmental delays, rather than Down Syndrome, when their eligibility condition was recoded for the earlier years, under the data manipulations discussed earlier. However, an increasing trend, in excess of the caseload growth rate for persons under age 6, is still evident among the later years in the time span.

Eligibility Conditions by Residential Setting

The relative percentages of individuals with each of the eligibility conditions have remained fairly stable over the five-year span, and when changes did occur, they were more dramatic in the community caseload (see Table 4-2). Among persons living in RHCs, declines in the number of persons meeting eligibility under the traditional conditions closely matched the overall decline in the RHC population, indicating that a person's eligibility condition has little influence on his/her decision to try community living.

Table 4-2: Comparison of Community and RHC Caseloads with RCW Eligible Conditions

		Fiscal Year										
		1990		1991		1992		1993		1994		5 year %
	Condition	N	%	N	%	N	%	N	%	N	%	change
Community	Mental Retardation	9,324	86.7	9,878	85.0	10,472	82.9	11,111	80.7	11,667	78.7	25.1
	Autism	279	2.6	316	2.7	365	2.9	393	2.9	424	2.9	52.0
	Cerebral Palsy	1,515	14.1	1,630	14.0	1,728	13.7	1,833	13.3	1,945	13.1	28.4
	Epilepsy	1,389	12.9	1,492	12.8	1,549	12.3	1,614	11.7	1,694	11.4	22.0
	Another Neurological	50	0.5	73	0.6	100	0.8	118	0.9	130	0.9	160.0
	Other Conditions	168	1.6	325	2.8	518	4.1	708	5.1	846	5.7	403.6
	Policy Exception	40	0.4	58	0.5	57	0.5	53	0.4	52	0.4	30.0
	Indeterminate Status	531	4.9	617	5.3	749	5.9	960	7.0	1,181	8.0	122.4
	Total Ages 6+	10,758		11,625		12,625		13,769		14,824		37.8
RHC	Mental Retardation	1,751	99.5	1,608	99.5	1,528	99.5	1,471	99.6	1,407	99.5	-19.7
	Autism	159	9.0	145	9.0	137	8.9	134	9.1	132	9.3	-17.0
	Cerebral Palsy	454	25.8	421	26.1	399	26.0	380	25.7	359	25.4	-20.9
	Epilepsy	843	47.9	787	48.7	754	49.1	730	49.4	693	49.0	-17.8
	Another Neurological	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0.0
	Other Conditions	1	0.1	1	0.1	1	0.1	2	0.1	2	0.1	100.0
	Policy Exception	1	0.1	1	0.1	1	0.1	0	0.0	0	0.0	-100.0
	Indeterminate Status	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0.0
	Total Ages 6+	1,760		1,616		1,535		1,478		1,413		-19.7

Note: Columns do not sum to total because individuals can have more than one condition listed.

Note: Developmental delays and Down's Syndrome are not listed because these are eligibility conditions only for persons under age 6, and no persons that young are living in an RHC.

Note: Indeterminate Status includes persons with no eligibility condition indicated and persons over age 6 with developmental delays or Down Syndrome listed.

A comparison of eligibility conditions among RHC versus community caseloads (Table 4-2) shows that almost all persons living in RHCs have mental retardation, compared to 79% of persons on the community caseload in SFY 1994, and a smaller percentage of persons on the community caseload had mental retardation each year (dropping from 87% to 79% by SFY 1994). The percentage of the RHC population with mental retardation remained fairly stable since almost all persons living in RHCs have this condition and few persons are being admitted. On the other hand, a greater percentage of the community population each year had eligibility for conditions other than mental retardation.

Autism, cerebral palsy and epilepsy are also more common among persons residing in RHCs. Only 3% of persons on the community caseload have autism indicated as their eligibility condition, compared to 9% of persons living in RHCs. Among persons on the community caseload, the percentage with autism increased at a slightly faster pace than the community caseload growth rate (increasing 52% vs. 38%).

Over 25% of persons living in RHCs during SFY 1994 had cerebral palsy (vs. 13% in the community), and 49% had epilepsy (vs. 11% in the community). More testing occurs and the data base is updated more regularly at RHCs, so it is likely that the true differences in percentages are narrower than reflected by the information in the data base.

Persons with eligibility for another neurological condition all lived in the community during the five-year span, and accounted for a larger percentage of the community caseload each year (rising from 0.5% to 0.9% by SFY 1994), although they still account for only a small percentage of persons on the DDD caseload. Individuals with eligibility under other conditions are also living mainly in the community, also accounting for a larger percentage of the community population each year (rising from 1.6% to 5.7% by SFY 1994). Almost all of the individuals with policy exceptions live in the community as well. Only one person in the system under a policy exception was living in an RHC, and only until SFY 1992. Individuals with policy exceptions account for 0.4% to 0.5% of the community population.

Eligibility Conditions for Persons Newly Eligible for Services

One explanation for the changes in the number and types of eligibility conditions persons have in the caseload as a whole is the types of conditions persons new to the DDD system are receiving eligibility for; however, this source of variation is not the only reason for changes. Individual records may have been updated and changed to reflect new or different disabilities. This is particularly true for persons under age 6 who must meet eligibility under a different set of conditions once they reach their

sixth birthday. These individuals are then given a new eligibility diagnosis if one applies. The following analyses refer only to persons receiving eligibility for services for the first time.

Tables 4-3a and 4-3b list the numbers and percentages of persons entering the DDD system with each eligibility condition. In SFY 1994, 67% of persons, age 6 and older at the time they entered the DDD system, received eligibility for services with mental retardation (see Table 4-3a). This percentage is considerably smaller than among the current caseload (81% in SFY 1994). Today, individuals are more likely to be seeking DDD services for conditions other than mental retardation.

Table 4-3a: Eligibility Conditions for Persons Newly Eligible for Services (Age 6 and Older)

	Fiscal Year of Eligibility									
	1990		1991		1992		1993		1994	
Condition	N	%	N	%	N	%	N	%	N	%
Mental Retardation	523	71.7	583	69.4	683	71.8	633	66.6	643	67.3
Autism	14	1.9	13	1.5	23	2.4	23	2.4	20	2.1
Cerebral Palsy	73	10.0	74	8.8	64	6.7	76	8.0	64	6.7
Epilepsy	64	8.8	56	6.7	58	6.1	49	5.2	61	6.4
Another Neurological	9	1.2	25	3.0	24	2.5	9	0.9	17	1.8
Other Conditions	118	16.2	190	22.6	195	20.5	231	24.3	216	22.6
Policy Exception	34	4.7	2	0.2	3	0.3	1	0.1	2	0.2
Indeterminate Status	18	2.5	17	2.0	12	1.3	10	1.1	8	0.8
Total Ages 6+	729		840		951		951		955	

Note: Columns do not sum to total because individuals can have more than one condition listed.

Note: Indeterminate Status includes persons with no eligibility condition indicated and persons over age 6 with developmental delays or Down Syndrome listed.

Autism and another neurological condition are relatively rare as eligibility conditions among persons new to the DDD system. Only 2% of persons newly eligible for services in SFY 1994 had these conditions listed as their eligibility condition (vs. 3% for autism and 1% for another neurological in the current caseload for SFY 1994). A larger percentage, but still relatively few individuals among persons newly eligible for services have cerebral palsy (7% in SFY 1994) or epilepsy (6% in SFY 1994) listed. These percentages are smaller than those for persons already in the caseload (14% and 15% of the current caseload have cerebral palsy or epilepsy listed, respectively).

Policy exceptions are extremely rare among persons newly eligible for services. Generally, only a couple of individuals are admitted as policy exceptions each year. However, there were considerably more policy exceptions among the persons new to

the DDD system in SFY 1990 than in recent years (34 persons vs. 1-3 in SFY 1991 through SFY 1994), resulting from data base problems, as discussed above. The number and percentage of persons with indeterminate status declined as well (18 persons entering in SFY 1990, declining to 8 persons entering in SFY 1994), with the percentage of persons new to the DDD system and having no appropriate eligibility condition (0.8% in SFY 1994) being smaller than the percentage for persons already in the caseload (7.3% in SFY 1994).

With respect to eligibility conditions for young persons on the DDD caseload, Table 4-3b shows that developmental delays are the most common eligibility condition for persons under age 6 (96% in SFY 1994), similar to the current caseload (95%). The largest number of individuals received eligibility for this condition. More than half of individuals entering the DDD system are under age 6 (see Chapter 3) and thus were given developmental delays or Down Syndrome as eligibility conditions. An average of 4% of young persons entering the system received eligibility under Down Syndrome. This percentage is also similar to the current caseload (5%).

Table 4-3b: Eligibility Conditions for Person Newly Eligible for Services (Under Age 6)

	Fiscal Year of Eligibility									
	1990		1991		1992		1993		1994	
Condition	N	%	N	%	N	%	N	%	N	%
Developmental Delay	1,053	98.1	1,135	94.9	1,217	95.7	1,275	95.1	1,356	96.0
Down Syndrome	21	2.0	62	5.2	57	4.5	65	4.9	58	4.1
Total Ages <6	1,073		1,196		1,272		1,340		1,412	

Note: Columns do not sum to total because individuals can have more than one condition listed.

Tables 4-4a and 4-4b look at each of the conditions for eligibility listed in the RCW and how they are changing among persons new to the DDD system each year. The number of persons receiving eligibility for mental retardation has been increasing, though more slowly than the caseload growth rate, with a larger than expected number entering in SFY 1992 (a 17% increase over SFY 1991, see Table 4-4a). Persons new to the DDD caseload with eligibility for autism also increased, with a particularly large jump between SFY 1991 and SFY 1992 (from 13 persons to 23 persons). The higher number has been maintained in recent years. Persons new to the DDD caseload with cerebral palsy or with epilepsy vary from year to year with no clear trend.

There were relatively few persons receiving eligibility for another neurological condition, and the number varied considerably from year to year. For example, there

were almost three times as many persons receiving eligibility with these conditions in SFY 1991 (25 persons) as compared to SFY 1990 (9 persons). The number of persons who received eligibility with other conditions greatly increased (from 118 persons in SFY 1990 to 231 persons in SFY 1993) until SFY 1994, when the number of persons entering lowered (to 216 persons) due to a change in eligibility requirements for this condition from functional deficits in two areas to four areas.

Table 4-4a: Changes in the Number of Person Newly Eligible for Services (Age 6 and Older) by Eligibility Condition

Condition		Fiscal Year of Eligibility 1990	1991	1992	1993	1994	5 Year Change
Mental Retardation	Number	523	583	683	633	643	3,065
	% Change		11.5	17.2	-7.3	1.6	22.9
Autism	Number	14	13	23	23	20	93
	% Change		-7.1	76.9	0.0	-13.0	42.9
Cerebral Palsy	Number	73	74	64	76	64	351
	% Change		1.4	-13.5	18.8	-15.8	-12.3
Epilepsy	Number	64	56	58	49	61	288
	% Change		-12.5	3.6	-15.5	24.5	-4.7
Another Neurological	Number	9	25	24	9	17	84
	% Change		177.8	-4.0	-62.5	88.9	88.9
Other Conditions	Number	118	190	195	231	216	950
	% Change		61.0	2.6	18.5	-6.5	83.1
Policy Exception	Number	34	2	3	1	2	42
	% Change		-94.1	50.0	-66.7	100.0	-94.1
Indeterminate Status	Number	18	17	12	10	8	65
	% Change		-5.6	-29.4	-16.7	-20.0	-55.6
Total Ages 6+	Number	729	840	951	951	955	4,426
	% Change		15.2	13.2	0.0	0.4	31.0

Note: Columns do not sum to total because individuals can have more than one condition listed.

Note: Indeterminate Status includes persons with no eligibility condition indicated and persons over age 6 with developmental delays or Down Syndrome listed.

There were a large number of policy exceptions granted in SFY 1990 (34 persons), which dropped back to only a few per year in the following years because the use of the policy exceptions category changed, as discussed earlier. The percentage changes vary greatly from year to year for this category since the number of persons entering per year is very small. The number of persons new to the DDD system with an indeterminate status declined each year, with less than half as many persons entering the DDD system in SFY 1994 with no appropriate eligibility condition as entered in SFY 1990.

With respect to changes in the eligibility conditions for young persons, Table 4-4b shows that the number of persons admitted because of developmental delays has been increasing at a rate of 5% to 8% per year, for a total increase of 29% more persons entering in SFY 1994 than in SFY 1990. The number of persons receiving eligibility for Down Syndrome has remained fairly stable in recent years at a rate of approximately 60 persons per year, although being much lower in SFY 1990 (21 persons).

Table 4-4b: Changes in the Number of Persons Newly Eligible for Services (Under Age 6) by Eligibility Condition

Condition		Fiscal Year of Eligibility					5 Year Change
		1990	1991	1992	1993	1994	
Developmental Delay	Number	1,053	1,135	1,217	1,275	1,356	6,036
	% Change		7.8	7.2	4.8	6.4	28.8
Down Syndrome	Number	21	62	57	65	58	263
	% Change		195.2	-8.1	14.0	-10.8	176.2
Total Ages <6	Number	1,073	1,196	1,272	1,340	1,412	6,293
	% Change		11.5	6.4	5.3	5.4	31.6

Note: Columns do not sum to total because individuals can have more than one condition listed.

RETARDATION LEVEL

Definitions

DSM-IV uses the following classifications for level of severity of mental retardation and provides the following descriptions of attained functioning for the average person of that IQ level. It should be kept in mind, however, that individuals with similar IQs vary widely in attained functioning level. Additionally, the type of functional deficits will vary from person to person since some cases of mental retardation are due to clinical conditions, while others are due to natural processes related to the lower end of the bell shaped curve for population intellectual levels.

1. **Mild**: IQ = 50-55 to 70. This group constitutes the largest segment (about 85%) of the individuals with mental retardation. They develop social and communication skills as preschoolers, have minimal sensorimotor impairments, and appear similar to children with average IQ levels until later in childhood. They can acquire academic skills at the sixth grade level by their late teens and usually can achieve social and vocational skills, although they may need guidance and assistance under unusual conditions.

2. **Moderate**: IQ = 35-40 to 50-55. These individuals constitute 10% of the persons with mental retardation. They can talk, or can learn communication skills as preschoolers; although, difficulty recognizing social conventions can interfere with peer relationships during adolescence. Vocational and educational training can be of assistance for enhancing cognitive skills; however, they rarely progress beyond a second grade level. Vocationally, they can perform unskilled or semi-skilled work under close supervision. They are capable of caring for themselves with moderate supervision and can learn to travel on their own to familiar places.

3. **Severe**: IQ = 20-25 to 35-40. Individuals with severe mental retardation account for 3-4% of the total population of persons with mental retardation. They acquire little or no communicative speech during the preschool years; although, they may learn to talk during the school-age years and can be trained in basic hygiene skills. Educationally, they can learn to recognize a few key terms, such as "stop", "men", or "women". As adults, they may be able to do simple tasks with close supervision.

4. **Profound**: IQ = below 20 or 25. These individuals account for 1-2% of the total mental retardation population, and they generally have an identifiable neurological condition that accounts for the mental retardation. Sensorimotor function is limited and will be evident in the early years; although, motor development, self-care, and communication skills may be improved with appropriate training. Constant aid and supervision and a highly structured environment can encourage optimal development, and some can perform simple tasks under close supervision in a sheltered workshop.

Retardation Levels Among the DDD Caseload

The average person on the DDD caseload today has a higher IQ level than the caseload five years ago. Individuals with mild mental retardation are the fastest growing segment of the caseload of persons with eligibility for mental retardation, increasing more than 32% over the past five years (see Table 4-5). Individuals with an unknown level of mental retardation also increased faster than the caseload growth rate for persons with eligibility for mental retardation (31% vs. 18%), and individuals with a moderate level of retardation increased at approximately the same pace as the caseload growth rate for persons with eligibility for mental retardation(19%). The number of individuals in the caseload with eligibility for severe mental retardation increased by 7%, while those with eligibility for profound mental retardation decreased by 4%.

These changes may be due to the addition of individuals with milder forms of mental retardation into the caseload through early intervention programs (e.g., Birth-to-Three and Child Find) whom otherwise may not have sought services, along with the increase in the IQ scores of persons over age 6 who initially received eligibility under this condition (see below). The actual decline in the number of persons on the caseload with profound mental retardation is difficult to explain, given that the caseload increased. Either the number of persons in the general population with this level of retardation also declined, so deaths and discharges among these individuals outpaced new enrollments, or these individuals are seeking services elsewhere.

Table 4-5: Levels of Mental Retardation in the DDD Caseload

	Fiscal Year										
	1990		1991		1992		1993		1994		5 year %
Retardation Level	N	%	N	%	N	%	N	%	N	%	change
Mild	3,477	31.4	3,702	32.2	3,971	33.1	4,304	34.2	4,599	35.2	32.3
Moderate	3,370	30.4	3,493	30.4	3,663	30.5	3,856	30.6	4,014	30.7	19.1
Severe	1,922	17.4	1,965	17.1	1,996	16.6	2,022	16.1	2,052	15.7	6.8
Profound	1,756	15.9	1,737	15.1	1,735	14.5	1,713	13.6	1,688	12.9	-3.9
Unknown	547	4.9	587	5.1	634	5.3	687	5.5	719	5.5	31.4
Total MR	11,074		11,486		12,000		12,582		13,073		18.1

Persons with mild retardation accounted for more than 35% of the caseload of persons with mental retardation in SFY 1994 (see Table 4-5), and 31% of the caseload of persons with mental retardation had a moderate level of retardation. Fewer persons had eligibility for lower levels of mental retardation: 16% had severe retardation, and 13% had profound retardation. About 5% of the DDD population of persons with eligibility for mental retardation had an unknown level of retardation.

In comparison to the percentages reported in DSM-IV, DDD serves a smaller percentage of persons with mild mental retardation and higher percentages with lower IQ levels. This difference is expected, since the DSM-IV percentages are population estimates rather than percentages of persons requiring services. Many individuals with mild mental retardation are capable of functioning on their own without assistance, and thus have not approached the Division for services.

Retardation Levels by Residential Setting

Fewer persons with eligibility for mental retardation of all levels are living in the RHCs each year (see Table 4-6) due to decreased population in the RHCs. Only a small percentage of persons with eligibility for mild mental retardation live in an RHC (1.4% in SFY 1994), and this small percentage dropped from 2.7% in SFY

1990. Slightly more of the caseload with eligibility for moderate mental retardation is being served in the RHCs, and this percentage also dropped, from 5.5% to 3.1% over the five-year span.

A larger percentage of the caseload with eligibility for severe mental retardation are living in RHCs (13% in SFY 1994), but conversely, more than 87% of the caseload with severe mental retardation are living in the community. More than half of the persons on the caseload with profound mental retardation (55% in SFY 1994) are living in RHCs, which conversely indicates that almost half of the persons with profound mental retardation are living in the community. Most of the persons on the caseload with an unknown level of mental retardation live in the community, with only 5% (34 persons in SFY 1994) of these individuals living in the RHCs, and both the number and percentage declined each year (from 39 persons, or 7%, in SFY 1990).

Table 4-6: Residence by Level of Retardation

Retardation Level		Fiscal Year 1990	1991	1992	1993	1994
Mild	Total	3,477	3,702	3,971	4,304	4,599
	# in RHC	94	76	65	62	62
	% in RHC	2.7	2.0	1.6	1.4	1.4
Moderate	Total	3,370	3,493	3,663	3,856	4,014
	# in RHC	185	153	140	133	126
	% in RHC	5.5	4.4	3.8	3.4	3.1
Severe	Total	1,922	1,965	1,996	2,022	2,052
	# in RHC	335	311	293	279	262
	% in RHC	17.4	15.8	14.7	13.8	12.8
Profound	Total	1,756	1,737	1,735	1,713	1,688
	# in RHC	1,097	1,032	994	963	922
	% in RHC	62.5	59.4	57.3	56.2	54.6
Unknown	Total	547	587	634	687	719
	# in RHC	39	36	36	34	34
	% in RHC	7.2	6.2	5.7	5.0	4.7

Comparing individuals with each level of mental retardation in the RHC population and in the community caseload, Table 4-7 shows that the average IQ level of persons on the DDD caseload living in the community is rising, while it is declining in the RHCs. The number of individuals with eligibility for mild mental changed faster retardation in both populations than the rate of change for all individuals with eligibility for mental retardation in the respective population (a 34% increase vs. 25% for the community caseload, and a 34% decline vs. 20% for persons living in RHCs).

In SFY 1994, 39% of the community caseload had eligibility for mild mental retardation, as compared to 4% of the RHC population.

The number of persons on the community caseload with eligibility for moderate mental retardation increased at a similar rate to the number of persons on the community caseload with all levels of mental retardation, although the number of persons residing in RHCs with moderate levels of mental retardation decreased at a faster rate than the overall number of persons at the RHCs with eligibility for mental retardation. In SFY 1994, 9% of the RHC population had eligibility for moderate mental retardation as compared to 33% of the community population. Percentages in both populations declined over the five-year span, although the actual number of persons on the community caseload with this level of mental retardation continued to rise (by 22% over SFY 1990) as the community caseload grew.

Table 4-7: Comparison of Retardation Levels in the Community and RHCs.

		Fiscal Year										
		1990		1991		1992		1993		1994		5 year %
	Retardation Level	N	%	N	%	N	%	N	%	N	%	change
Community	Mild	3,383	36.3	3,626	36.7	3,906	37.3	4,242	38.2	4,537	38.9	34.1
	Moderate	3,185	34.2	3,340	33.8	3,522	33.6	3,723	33.5	3,888	33.3	22.1
	Severe	1,587	17.0	1,654	16.7	1,703	16.3	1,743	15.7	1,790	15.3	12.8
	Profound	659	7.1	706	7.1	741	7.1	750	6.8	766	6.6	16.2
	Unknown	508	5.4	550	5.6	598	5.7	652	5.9	685	5.9	34.8
	Total Comm MR	9,324		9,878		10,472		11,111		11,667		25.1
RHC	Mild	94	5.4	76	4.7	65	4.3	62	4.2	62	4.4	-34.0
	Moderate	185	10.6	153	9.5	140	9.2	133	9.0	126	9.0	-31.9
	Severe	335	19.1	311	19.3	293	19.2	279	19.0	262	18.6	-21.8
	Profound	1,097	62.6	1,032	64.2	994	65.1	963	65.5	922	65.5	-16.0
	Unknown	39	2.2	36	2.2	36	2.4	34	2.3	34	2.4	-12.8
	Total RHC MR	1,751		1,608		1,528		1,471		1,407		-19.7

The number of persons on the community caseload with eligibility for severe mental retardation increased at the slowest rate among all levels of mental retardation -- almost half the pace of the overall increase for all persons on the community caseload with eligibility for mental retardation (13% vs. 25%), and the change in number of persons at the RHCs with this level of mental retardation declined at a similar pace to the total decline among persons living in RHCs with eligibility for mental retardation (22% vs. 20%). With respect to severe mental retardation, both the RHC and community percentages are similar, with the RHC percentage being slightly higher (slightly less than 19% vs. slightly over 15% in the community during SFY 1994), and both percentages declined (from just over 19% for RHCs during SFY 1990, and

from 17% for the community during SFY 1990) as individuals on the caseload with eligibility for other levels of mental retardation increased at a faster rate in the community, and decreased at a slower rate in the RHCs.

The percentage of persons on the caseload with eligibility for a profound level of mental retardation declined among the community caseload in SFY 1993 and SFY 1994 as the number of persons with eligibility for other levels of mental retardation increased at a faster rate. Additionally, the number of persons with eligibility for profound mental retardation changed at a slower rate in both populations than the rate of change for all persons in the respective population with eligibility for mental retardation. A larger percentage of persons living in RHCs have profound mental retardation than among those living in the community, and this percentage is rising as more individuals with higher IQ levels chose to try community placements. More than 65% of persons living in RHCs had eligibility for profound mental retardation in SFY 1994 (up from 63% in SFY 1990); whereas, only 7% of the community caseload had eligibility for this level of mental retardation.

The number of persons on the community caseload having eligibility with an unknown level of mental retardation increased at a faster rate than the rate of increase among the total community caseload with eligibility for mental retardation, while the number of persons at RHCs having eligibility with an unknown level of retardation declined at a slower rate than the decline of persons at RHCs with eligibility for mental retardation. Only 2.4% of the RHC population and 5.9% of the community caseload have eligibility with an unknown level of mental retardation. The percentage among persons residing in RHCs remained fairly constant across the five-year span, but increased slightly among the community caseload (from 5.4% in SFY 1990).

Retardation Levels for Persons Newly Eligible for Services

Table 4-8: Level of Retardation Among Persons Newly Eligible for Services

	Fiscal Year of Eligibility									
	1990		1991		1992		1993		1994	
Retardation Level	N	%	N	%	N	%	N	%	N	%
Mild	282	53.9	327	56.1	366	53.6	363	57.3	371	57.7
Moderate	156	29.8	148	25.4	201	29.4	181	28.6	170	26.4
Severe	37	7.1	57	9.8	41	6.0	35	5.5	40	6.2
Profound	15	2.9	11	1.9	13	1.9	8	1.3	14	2.2
Unknown	33	6.3	40	6.9	62	9.1	46	7.3	48	7.5
Total MR	523		583		683		633		643	

Persons new to the DDD caseload tend to have considerably higher IQ levels than those persons currently in the caseload (see Table 4-8). If this trend continues, the overall caseload will begin to show a sharp increase in IQ level. In SFY 1994, 58% of individuals who received eligibility with mental retardation had mild retardation, as compared with 35% of those with eligibility for mental retardation who were already in the caseload.

More than half of the persons newly eligible for DDD services with mental retardation have mild retardation (see Table 4-8), and this percentage was higher in recent years than earlier in the five-year span (58% in SFY 1994 vs. 54% in SFY 1990). Individuals who were assessed as moderately retarded are the next highest number of persons newly eligible for services with mental retardation, consisting of 26% of all persons who received eligibility for mental retardation in SFY 1994. Individuals assessed as severely retarded accounted for 6% of persons receiving eligibility for mental retardation in SFY 1994, constituting a smaller percentage in recent years than earlier in the five-year span (7-10% in SFY 1990 and SFY 1991). Persons newly eligible for services with profound mental retardation are a small percentage of persons receiving eligibility for services with mental retardation (2% in SFY 1994); a considerably smaller percentage than in the current caseload (13% in SFY 1994). An average of 7% of persons receiving eligibility for mental retardation each year are classified with an unknown level of retardation, and this is also a slightly higher percentage than in the current caseload (5%).

Table 4-9: Changes in the Number of Persons Newly Eligible for Services With Mental Retardation by Retardation Level

Retardation Level		Fiscal Year of Eligibility					5 Year Change
		1990	1991	1992	1993	1994	
Mild	Number	282	327	366	363	371	1,709
	% Change		16.0	11.9	-0.8	2.2	31.6
Moderate	Number	156	148	201	181	170	856
	% Change		-5.1	35.8	-10.0	-6.1	9.0
Severe	Number	37	57	41	35	40	210
	% Change		54.1	-28.1	-14.6	14.3	8.1
Profound	Number	15	11	13	8	14	61
	% Change		-26.7	18.2	-38.5	75.0	-6.7
Unknown	Number	33	40	62	46	48	229
	% Change		21.2	55.0	-25.8	4.3	45.5
Total MR	Number	523	583	683	633	643	3,065
	% Change		11.5	17.2	-7.3	1.6	22.9

The number of persons newly eligible for services with mental retardation varies considerably from year to year and by level of mental retardation (see Table 4-9), although the number of persons newly eligible for services with mild mental retardation generally increased. 32% more persons with mild retardation entered the DDD system in SFY 1994 than the number who entered in SFY 1990. There were more than the usual number of persons with eligibility for a moderate level of mental retardation entering in SFY 1992 (a 36% increase over SFY 1991), persons with severe mental retardation entering in SFY 1991 (a 54% increase over SFY 1990), and persons with an unknown level of mental retardation entering in SFY 1991 (a 55% increase over SFY 1991), in comparison with the number of persons entering in other years and the trends over the five-year span for these categories. The number of persons entering each year with eligibility for profound mental retardation was small and varied unpredictably.

CHAPTER 5

SUMMARY AND CONCLUSIONS

The following discussion presents the key findings of this study and possible implications for the Division of Developmental Disabilities. These implications are based on a limited data span with incomplete data in some cases, so further analyses need to be conducted before firm conclusions can be drawn. The discussion is meant to raise some issues and suggest directions for further investigation. Projections may not forecast actual events, but the data, trends, and suggestions are meant to assist in policy direction when used in conjunction with other information.

SOURCES OF CASELOAD GROWTH

In addition to a general increase in the population size of Washington State, there are three major reasons for the caseload growth being experienced by the Division of Developmental Disabilities: (1) more extensive case finding; (2) persons with short-term eligibility remaining in the caseload beyond their term of eligibility; and (3) a broadened definition of eligible persons to include individuals with developmental delays and other conditions similar to, or requiring treatment similar to, mental retardation. The potential effect of each source of caseload growth cannot be separated at this time, but the following discussion points out some potential implications of caseload growth as a whole. In addition to the following discussion, an upcoming report by Kohlenberg and Mack (1995) will provide estimates of the impact of the broadened definition on the pool of potential caseload members.

The Department of Social and Health Services has been placing a larger emphasis on early intervention programs in recent years. An advantage to these programs is that they help identify young persons in need of services before their problems become more severe. Such programs also advertise services available to the public, and thus bring in persons who would otherwise not have sought services. There is a much larger pool of potentially eligible persons in the general population than those who are aware of the Division and its services. Given that a certain percentage of persons

aware of services and eligible for them will actually request services, when a much larger number of persons become aware of services, the same percentage produces a much larger number of persons actually requesting services.

The caseload growth may eventually begin to slow once the majority of individuals eligible for services are aware of the Division's services; however, these programs will need to be in existence for several years before this threshold is reached. Additionally, many of the persons who became aware of services through these programs may not have sought services at this time because their child was young and reasonably easy to handle; however, when their child becomes older and more difficult to handle, they will be aware of the availability of services and may seek them at a later date. The teenage years and the ages of 18-21 are common times to enter the DDD system, and a wave of individuals of these ages might start approaching the Division at some future point in time.

Another source of growth to the caseload is the number of persons over age 6 with no appropriate eligibility condition listed. There were over 1,180 of these persons in the caseload during SFY 1994. Some of these individuals had no eligibility condition listed in their record at all, while others (1,061) were older than age 6 and still had developmental delays listed as their eligibility condition. The increase in the number of these individuals in the caseload is due to the difficulties case managers encounter in finding time to review eligibility, obtaining the required evaluations and documentation from school systems, and terminating persons from services when the family was not the initiator of the termination request. These persons remain eligible for services until DDD can review their eligibility. Some of these individuals may be found eligible under traditional DDD criteria once their reassessments are completed, while others may be found ineligible.

Although these children are low consumers of DDD services (with most who did receive services getting respite care since the majority of their services are provided through the public school system rather than DDD after age 3), if an effort is not made to remove them from the caseload, DDD may be legally obligated to serve these children once they graduate or leave the public school system. Some of these persons may become high consumers of DDD services in later years, given that their families currently require respite care -- a service that is very limited and has long waiting lists so it is only available to those with the most need.

The major source of caseload growth in the last five years is the larger array of conditions under which persons receive eligibility for services based on recent changes in the law. These conditions include developmental delays and other conditions similar to mental retardation. Thus, not only has the caseload increased, but the pool of potentially eligible caseload members has also greatly increased (see

Kohlenberg & Mack, 1995). Persons under age 6 are the fastest growing group in the caseload, with more than half of individuals entering the DDD system being younger than 36 months of age. More than 90% of these children have eligibility for developmental delays. That is, developmental delays among children are now the most common condition for which persons are seeking DDD services. Part of this increase in the number of persons classified as developmentally delayed is a change in the way eligibility conditions are assigned. DDD has stopped using other eligibility conditions (with the exception of Down Syndrome) for children under 4 years of age since it is difficult to correctly assess a young child for other eligibility conditions.

"Other conditions" are another eligibility category for which there has been a strong increase. This category includes persons who received eligibility for a functional deficit, as assessed by the ICAP. Many of the individuals who entered the caseload with developmental delays seem to have received eligibility under other conditions once they became older and were no longer eligible for services under developmental delays. Since the increases due to persons entering the DDD system can only account for a small amount of the increase in the number of persons with eligibility for other conditions, much of the increase must be due to changes in eligibility conditions.

The criteria for eligibility under other conditions became more restrictive in recent years, but this change only slightly reduced the number of persons who entered the caseload in SFY 1994 with eligibility under these conditions. Further, the change did not reduce the number of persons with eligibility for services under these conditions in the overall caseload. The rate of caseload growth for these conditions did reduce slightly from the previous year, although it was still strong (a 19% increase between SFY 1993 and 1994 vs. a 37% increase between SFY 1992 and 1993).

IMPLICATIONS OF CASELOAD GROWTH

The caseload of persons eligible for services through the Division of Developmental Disabilities has grown at a rapid pace over the past five years. A 7% growth rate is analogous to compounding interest in banking, with the percentage rate being based on a larger capital each year. At this rate, using a straight line projection, the caseload will double every 10 years. By the year 2010, there may be as many as 57,000 persons eligible for services (up from 15,000 in SFY 1990). While it is likely that the caseload will not grow in a simple straight line manner, the implication is that the number of persons on the DDD caseload may grow significantly.

The caseload growth produces longer waiting lists of persons competing for a limited amount of services available due to budgetary constraints. Limited resources often lead to increased competition, which will make equitable access to services a larger issue in the coming years.

These estimates do not take into account the much larger pool of persons approaching the Division for eligibility determinations. Only a portion of those who request eligibility will actually receive it under WAC criteria. This large influx of persons requesting eligibility determinations further increases the workload of case managers, who will, therefore, have less time to devote to those persons who are already on their caseload. Field service workers are already reporting that they do not have time to do the required periodic reassessments of persons currently eligible for services. Case managers provide a wide array of meaningful services to individuals on the caseload and their families, and half of persons on the caseload receive no services through DDD other than case management. If case managers continue to be overloaded, they will need to further cut back on the basic services they provide.

CHANGING NATURE OF THE CASELOAD

Changes to the DDD system and among persons who are entering the caseload today, as compared to those who entered in previous years, are producing a different pattern of persons on the caseload. These changes may have important implications for the types of services DDD provides and the types of services individuals want and need.

In terms of age, the two groups that are increasing the most rapidly have the strongest implications for services. Young persons, ages 3-5, are the fastest increasing age group in the caseload, resulting from the influx of individuals presented to the Division through the Birth-to-Three program who are now growing older. Given the large caseload growth for children, need and demand for family support services can be expected to increase in the coming years. At age 3, these individuals can receive the majority of their services through the public school system, but once they graduate or leave school, they will again be seeking a broader array of services from DDD. This is a time when service provision becomes more expensive due to increased need for residential and vocational services. A larger number of persons may be seeking these services beginning in SFY 2005 or sooner.

Persons over the age of 45 are also increasing, due in part to increased life expectancy for persons with developmental disabilities, resulting from medical advances. Thus, a larger number of persons in the caseload will be needing geriatric services in the coming years. Individuals, ages 45-54, are the fastest increasing age group among adults. Thus, a much larger number of persons of retirement age (65+)

can be expected to be in the caseload by SFY 2005 or sooner. Therefore, in addition to geriatric services, increased need for community access programs and other day programs appropriate for persons of retirement age can be expected in the coming years.

The Division has also experienced a decline in the percentage of persons on the caseload who are profoundly retarded and an increase in the percentage of persons on the caseload with milder forms of retardation. The reasons for this change are unclear, and can only be guessed at because data to explain this trend are not readily available. Regardless of the reasons for the change, the increased cognitive capacity of individuals on the caseload will need to be considered in service provision. Persons receiving services will desire higher levels of cognitive stimulation and will have greater decision making capability for determining their own needs and care.

The Division's emphasis on outreach to all persons appears to have been effective, according to the data. The percentage of the caseload who are minorities is now more closely reflective of the general population than it was just five years ago. Some groups are still underrepresented (Asian/Pacific Islanders and Hispanics), due either to decreased effectiveness of outreach programs for these populations in the early years of their existence or to different cultural values in terms of seeking services. However, these groups are growing rapidly and DDD will soon match the general population in terms of diversity. Service implications resulting from the more diverse caseload are an increasing need for DDD service providers to receive more extensive diversity training, and services needing to be designed that take into account the broader spectrum of needs and cultural values of individuals on the caseload and their families.

Another change to the DDD system is the downsizing of RHCs and the closing of Interlake School. The downsizing of the RHCs is producing a very different population at these centers. As individuals with lesser needs for care are leaving the RHCs for community living at a faster rate, the remaining individuals in RHCs tend to be ones with severe medical or behavioral problems. This changes the nature of services that can be provided to persons living in RHCs and requires retraining of staff who used to work with persons having less severe disabilities or having different types of disabilities. This was one of the difficulties experienced by Lakeland Village after taking a number of individuals from Interlake who were profoundly retarded and who had severe medical problems. Staff at Lakeland Village are beginning to adjust to their new job requirements, although at times they reported the transition had been problematic and stressful (due to limited hands-on experience) in spite of staff training and double-filled slots during the transition.

DATA BASE PROBLEMS

One result of the analyses in this report was the opportunity to explore problems with the Common Client Data Base (CCDB) in terms of its potential for producing regular reports on the caseload and services of the division. This is one of the goals of the project of which this report is a part. The CCDB was not originally designed for this purpose, and there are some problems with it in practice. There are too many comments with regard to these issues to include in this discussion, so the following discussion will focus on ways the data base can be redesigned to better address issues that may be of interest in future explorations.

The change in the classification of race and ethnicity to census codes made it easier to do a comparison between the DDD population and the general population, but the transition in coding schemes has not yet been fully and accurately implemented. This resulted in missing data and other data problems, thus making trends for these variables less precise than they could have been. Persons of other race are increasing at a rapid pace, and it is difficult to determine how this category is being used in practice. There are also a large number of individuals listed as having an unknown race. An active effort at cleaning up these classifications in the data base would be helpful for providing a more accurate assessment of the success of outreach programs to a broader range of persons.

One of the limiting factors of this investigation was problems with data being overwritten in the database without archiving a historical record. This was particularly a problem when analyzing and interpreting patterns and trends related to eligibility conditions. Historical trends can be presented more accurately and issues of eligibility explored in more depth if a historical record of a person's eligibility condition is kept, as is done with a person's history of services.

Another problem with the classification of eligibility conditions is inconsistency in how these variables are used. Some field service workers use these variables to describe all conditions an individual has, regardless of whether a person meets formal eligibility for these conditions, while others report only the official eligibility condition. Persons in the field have reported that this is particularly a problem for the eligibility conditions of epilepsy and cerebral palsy which have restrictive functioning criteria for eligibility, of which most persons with these conditions do not meet. More detailed and in depth analyses could be conducted if two sets of separate variables are included in the data base. The first set would include only conditions under which a person meets formal eligibility criteria, with primary and secondary diagnoses indicated. Another set of variables would include all diagnoses that the Division is interested in tracking.

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APPENDICES

APPENDIX A

DATA MANIPULATIONS

There were a small number of manipulations to data in the DDD Common Client Database that were used to address incomplete or inconsistent information. These manipulations may contribute to slight discrepancies between findings in this report and other DDD reports.

ELIGIBILITY DATE

The date of original eligibility is recorded in the Client Master file. There are a number of cases, however, in which spans with earlier dates are recorded in the Eligibility Master file. In these cases, the earlier date was used as the eligibility date. This date was used to calculate the eligibility cohort of the individual.

DISCHARGES AND TRANSFERS

Discharges and transfers are recorded in the Eligibility Master file. A discharge is only supposed to be entered when a person leaves the DDD system, usually when the individual moves out of state, declines further services, or is no longer eligible for DDD services. There were a number of cases when spans of eligibility were found after a discharge had been recorded. In the cases where another eligibility span began on the same day as the discharge, the following changes were made: If the latter span was in a different region or RHC, the discharge was changed to a transfer to that region or RHC. If the latter span was in the same region or RHC as the discharge span, the discharge was ignored.

APPENDIX B

COMMUNITY CASELOAD BY REGION

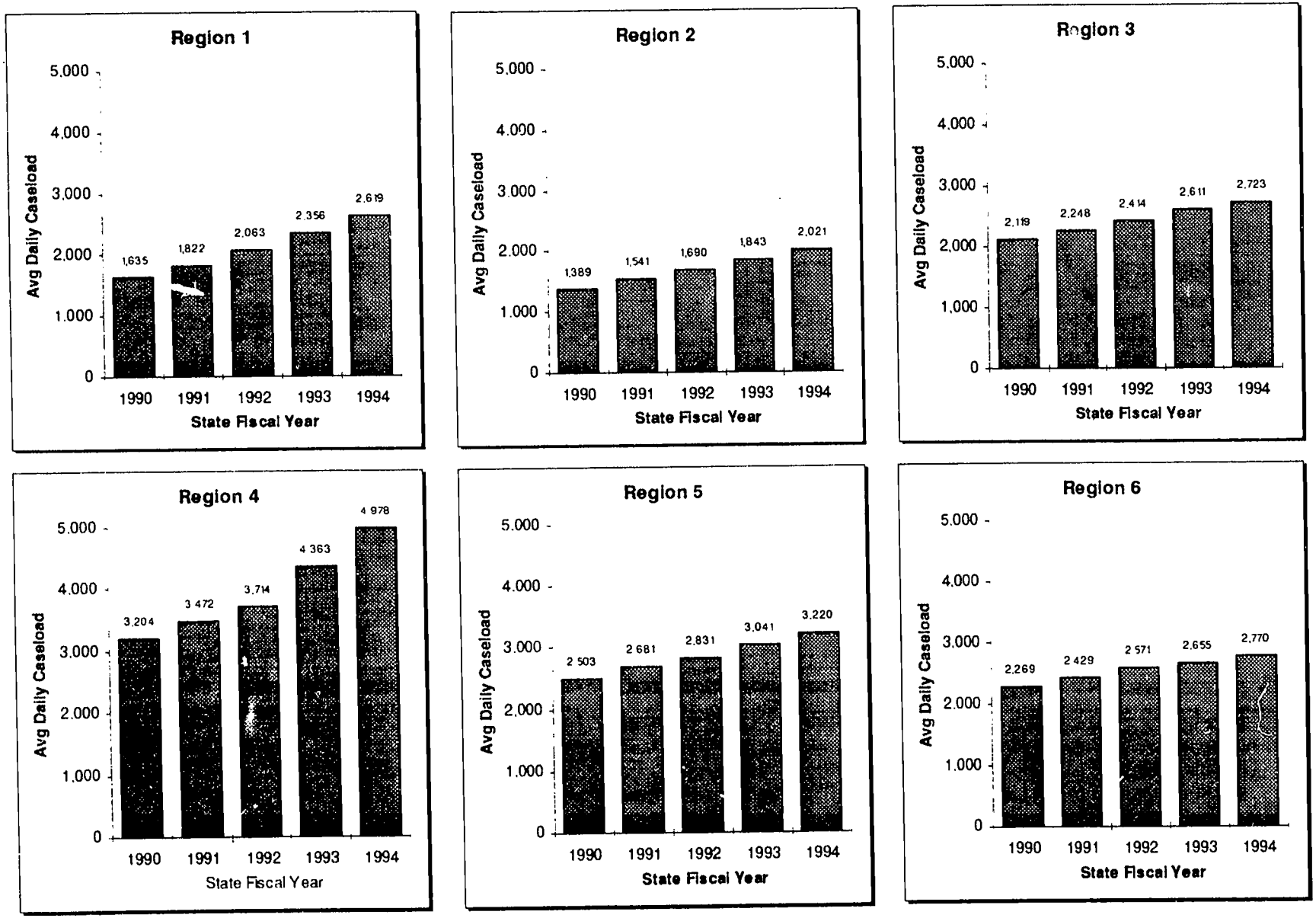
COMMUNITY CASELOAD BY REGION

Regional caseload counts include all persons on the caseload who are residents of a particular region or have been assigned to the administrative responsibility of that region, and who are living in the community (as opposed to residing in an RHC). Regional caseload counts do not include those persons living in an RHC that happens to be located within the geographical bounds of a particular region.

Due in part to differences in total population, the regions vary in their caseload. Region 4 serves the largest number of persons, followed by Regions 5, 6, 3, 1. Region 2 has the smallest caseload. The number of persons on the caseload has increased in every region over the past five years (see Figure B-1).

As shown in Figure B-1, the regions varied in the rate of caseload growth over the past five years. Region 6 experienced the smallest increase, but the total growth for the period was still over 22%. Its fastest growth occurred during SFY 1991 and 1992 with rates of 6-7% per year. Thereafter, the caseload continued to grow at a slower rate. Regions 3 and 5 grew steadily at 4-8% per year over the past five years. Regions 1, 2, and 4 showed the most rapid growth rate, with Region 1 growing at a rate of 11-14% per year for a total increase of over 60% in the past five years. Region 2 has been growing at a rate of 9-11% per year, and Region 4 showed a particularly rapid increase during SFY 1993 and SFY 1994 when the regional caseload grew at a rate of 17% and 14% per year, respectively.

Figure B-1: Community Caseload by Region



COMPARISON OF CASELOAD GROWTH TO WASHINGTON STATE POPULATION GROWTH

Table B-1 compares the population growth of Washington State to the DDD community caseload growth between SFY 1990 and SFY 1994 by DSHS region. Caseload growth among regions is inversely proportional to population growth. That is, in terms of percentage increase, regions having the largest population growth showed the smallest caseload growth, and regions having the smallest population growth showed the largest caseload growth.

Table B-1: 5 Year Increase in DDD and Washington State Population Growth

Region	General Population		DDD Caseload Growth	
	% inc.	ranking	% inc.	ranking
Region 1	9.1	B	60.2	F
Region 2	9.5	C	45.5	D
Region 3	12.0	E	28.5	B
Region 4	6.1	A	55.4	E
Region 5	11.1	D	28.6	C
Region 6	13.1	F	22.1	A
Statewide	9.6		39.7	

APPENDIX C

RHC POPULATION BY CENTER

POPULATION SIZE BY RHC

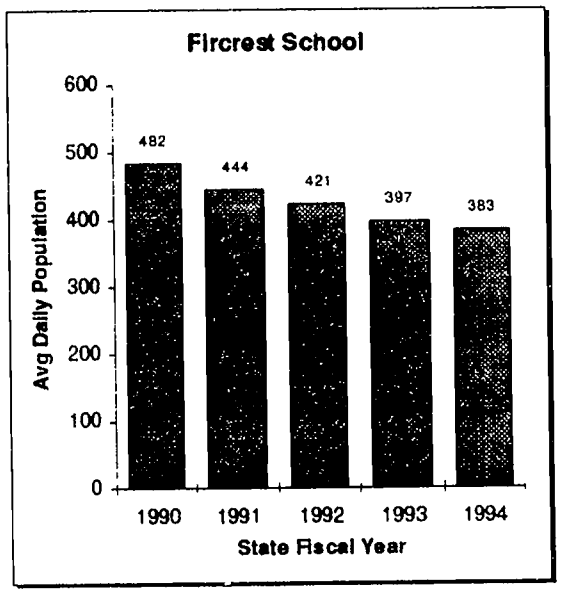
Except for Frances Haddon Morgan Center, all of the RHCs have substantially smaller person counts today than they had five years ago. Figure C-1 shows the average daily population of each RHC by state fiscal year. Since SFY 1990, population size at Fircrest and Yakima Valley School declined by 26% and 24%, respectively, and Interlake School is now closed. The population at Lakeland Village varied slightly between SFY 1990 and SFY 1993, dropping 7% during SFY 1994 while vacancies were being created for individuals transferring from Interlake due to the closure (see also Figure C-2). Rainier School's population declined by 15% between SFY 1990 and SFY 1993, and leveled off at approximately 470 persons. Frances Haddon Morgan Center has had a steady population of 54 persons since 1990.

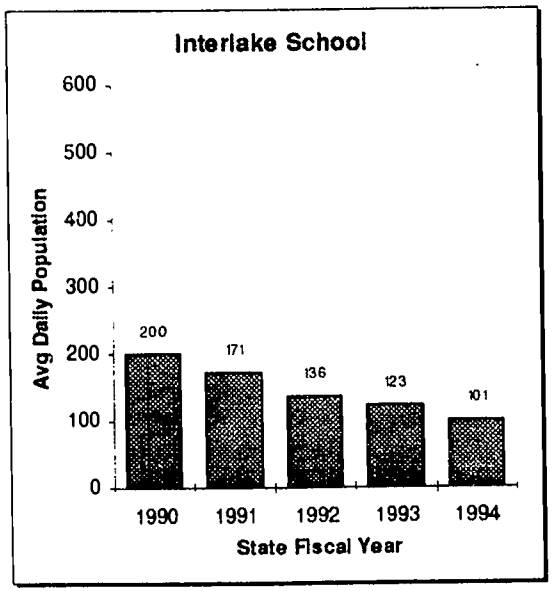
THE CLOSURE OF INTERLAKE SCHOOL AND ITS EFFECT ON OTHER RHCs

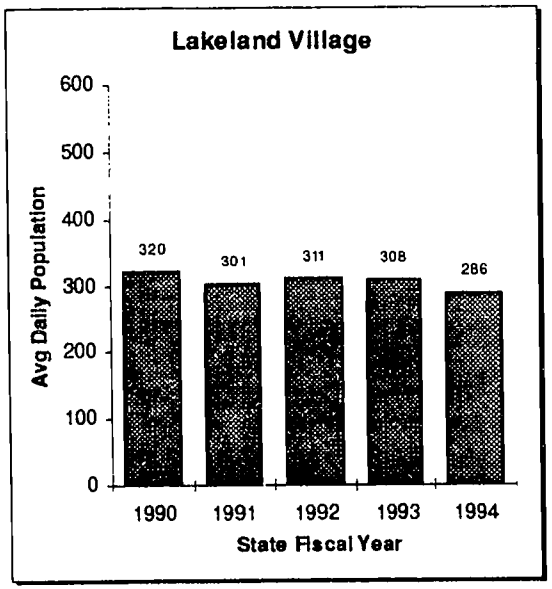
As of July 1994, 94 of the persons residing at Interlake transferred to other RHCs and 23 went to community placements. All persons left Interlake School by the end of June 1994. Table C-1 summarizes the transfer of persons from Interlake School to other RHCs. Of the 94 persons transferred to other RHCs, 59 went to Lakeland, 18 to Fircrest, 11 to Yakima Valley, and 6 to Rainier. There were no persons transferred to Frances Haddon Morgan Center.

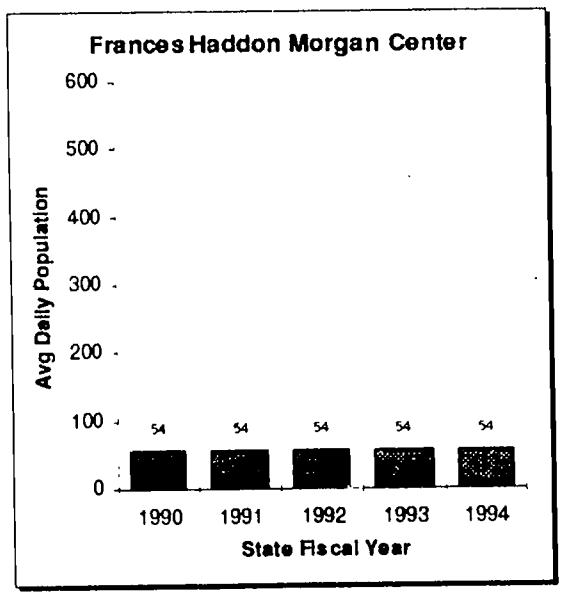
To better illustrate the effect of the closure of Interlake School on the other RHC populations, Figure C-2 shows person counts by center for each month during calendar year 1994.

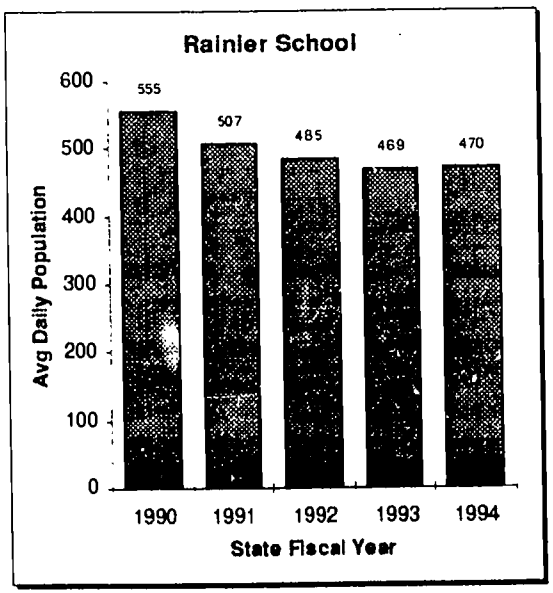
Figure C-1: RHC Population by State Fiscal Year











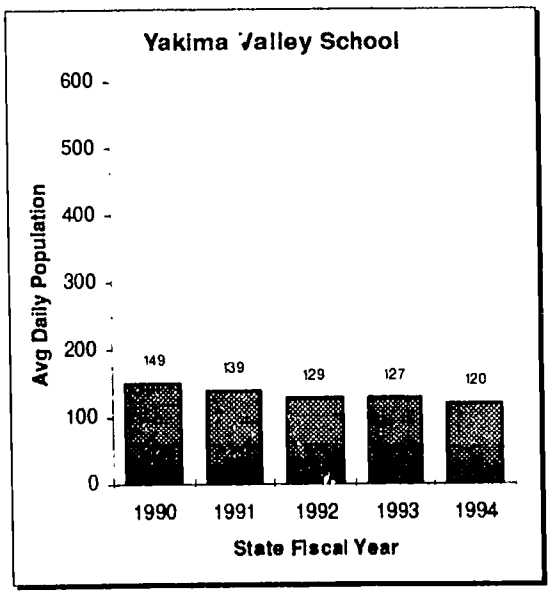
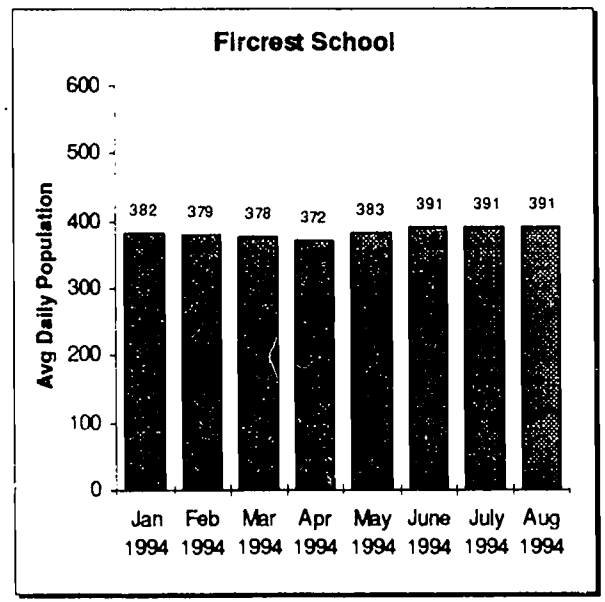


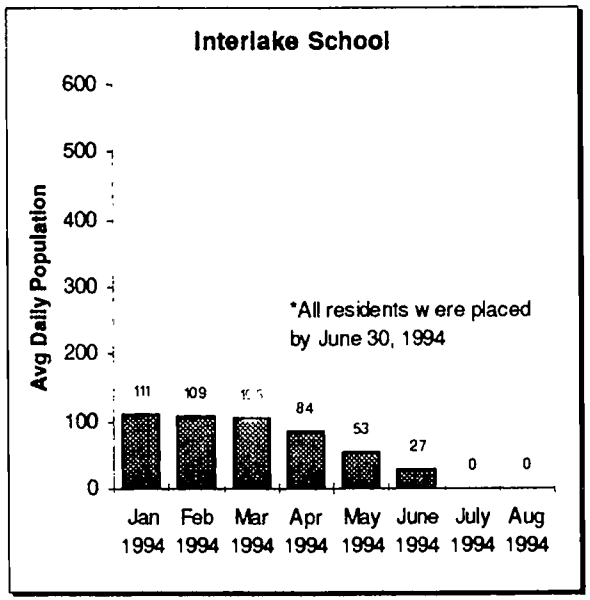
Table C-1: Transfers from Interlake to other RHCs (July 1, 1993 – June 31, 1994)

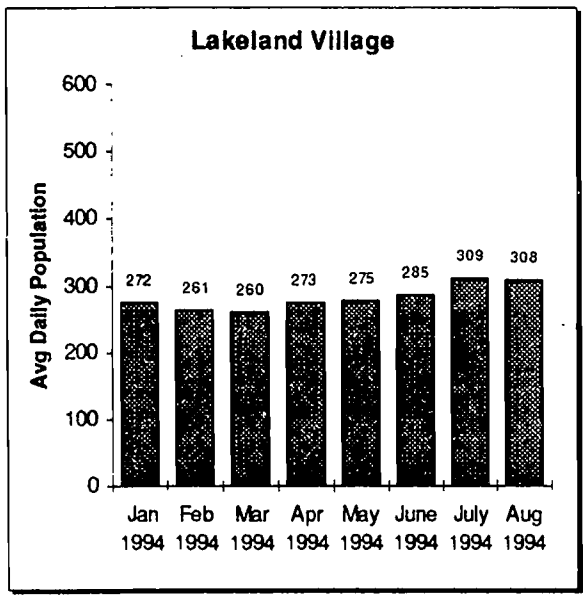
RHC	Number of Transfers
Fircrest	18
Lakeland	59
FH Morgan	0
Rainier	6
Yakima Valley	11
Total	94

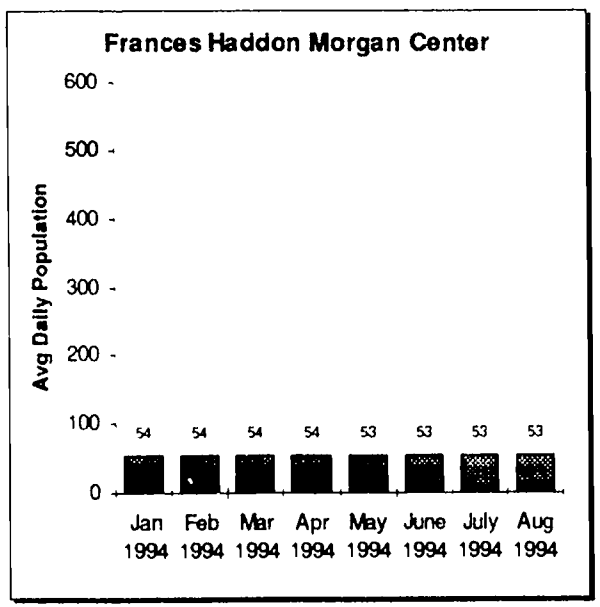
Since January 1994, 111 persons were moved from Interlake without producing extreme increases in the number of persons at any of the other facilities. The other facilities, through attrition or moving some individuals into other sites and services, were able to accommodate persons transferred from Interlake. Rainier School experienced no significant change in population in 1994; whereas, Fircrest increased by 2%, Yakima Valley by 3%, and Lakeland Village (which received the largest number of persons) by 13% since January 1994. The current number of persons residing at Lakeland is still 4% lower than it was five years ago, in spite of accepting the bulk of the transfers from Interlake School.

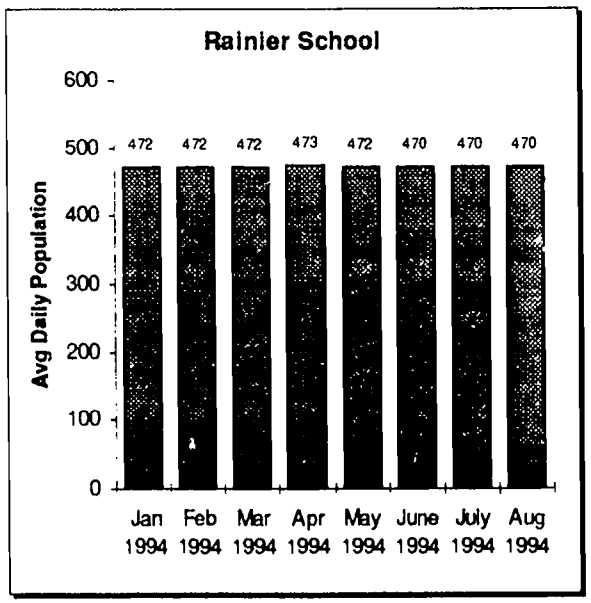
Figure C-2: RHC Population Counts by Month (1994)

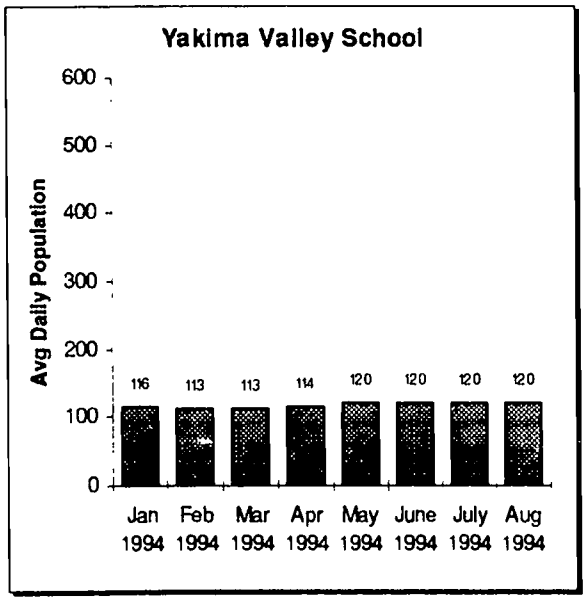












APPENDIX D

REGION, COUNTY AND TYPE OF RESIDENCE AT ELIGIBILITY FOR PERSONS NEWLY ENTERING THE DDD SYSTEM

PERSONS NEWLY ELIGIBLE FOR SERVICES BY REGION

Table D-1 shows regional trends in admissions for the last five years and the percentage change for each year over the previous year. In most years since SFY 1990, each region experienced an increase in the number of persons newly eligible for services. However, half of the regions had slight declines in the number of admissions to their caseloads in SFY 1994 as compared with the previous year. Region 2 was the only area with a substantial increase in the number of admissions during SFY 1994.

Table D-1: Number of Persons Newly Eligible for Services by Region

Region		Fiscal Year of Eligibility					Cumulative
		1990	1991	1992	1993	1994	
Region 1	Number	237	267	324	341	325	1,494
	% change		12.7	21.4	5.3	-4.7	37.1
Region 2	Number	217	251	215	237	306	1,226
	% change		15.7	-14.3	10.2	29.1	41.0
Region 3	Number	251	288	353	329	320	1,541
	% change		14.7	22.6	-6.8	-2.7	27.5
Region 4	Number	502	590	711	695	701	3,199
	% change		17.5	20.5	-2.3	0.9	39.6
Region 5	Number	307	322	322	338	368	1,657
	% change		4.9	0.0	5.0	8.9	19.9
Region 6	Number	288	318	298	351	347	1,602
	% change		10.4	-6.3	17.8	-1.1	20.5
Statewide	Number	1,802	2,036	2,223	2,291	2,367	10,719
	% change		13.0	9.2	3.1	3.3	31.4

No region showed a consistent annual increase in the number of persons newly eligible for services; however, since SFY 1992, Regions 2 and 5 added persons to their caseloads at an increasing rate, and the rate of growth slowed in Region 1 after SFY 1992. With the exception of Region 5, each region had one year when the number of admissions increased by 17% or more over the previous year. When decreases occurred, they were almost always smaller than 7%; whereas, increases were sometimes in excess of 20%.

COUNTY OF RESIDENCE AT ELIGIBILITY

Data on the county of residence for individuals at the time of their eligibility determination are presented in Table D-2 for persons who received eligibility for DDD services during SFY 1990 to SFY 1994. Regions usually have responsibility for persons whose county of residence is in that region, but occasionally a region will take on administrative responsibility for a person residing in a county that geographically falls within another region.

The number of admissions from a county depends partly on the population of the county relative to others. Additionally, because of the small number of persons who enter from a single county in a year, the numbers of admissions by county vary considerably from year to year with no clear trends in most counties during the last five years.

In Region 1, most of the persons newly eligible for services came from Spokane County, with the number increasing every year. About 25 persons per year came from Chelan County, and Okanogan County provided 20 or more persons per year in recent years. The number of persons per year who came from other counties in this region was small and variable.

Region 2 received the bulk of their persons new to the caseload from Benton and Yakima and some from Franklin and Walla Walla Counties. Other counties provided less than 20 persons per year. The number of admissions per year increased in SFY 1991 for Yakima County and again in SFY 1994, and Franklin County provided higher numbers of persons to this region's caseload in the last two years than in previous years. No other counties in Region 2 showed any clear pattern.

Most of the persons newly eligible for services in Region 3 came from Snohomish County. Island, Skagit, and Whatcom Counties each provided between 18-49 persons per year, but few came from San Juan County. Snohomish County provided slightly fewer persons to this region's caseload each year since SFY 1992, after an

Table D-2: Persons Newly Eligible for Services by County

Region	County	Fiscal Year of Eligibility 1990	1991	1992	1993	1994
Region 1	Adams	3	6	6	2	3
	Chelan	25	24	26	26	26
	Douglas	10	7	4	11	12
	Ferry	3	4	2	6	2
	Grant	10	12	33	16	10
	Lincoln	4	1	6	7	6
	Okanogan	14	12	20	25	23
	Pend Oreille	1	5	9	4	2
	Spokane	153	177	194	213	214
	Stevens	10	11	17	16	15
	Whitman	4	5	7	14	12
	Other	0	3	0	1	0
	Total	237	267	324	341	325
Region 2	Asotin	18	10	11	15	17
	Benton	65	76	56	65	88
	Columbia	1	3	2	4	3
	Franklin	26	25	28	38	51
	Garfield	0	1	1	1	2
	Kittitas	7	8	8	3	7
	Walla Walla	36	40	25	29	35
	Yakima	64	87	84	82	103
	Other	0	1	0	0	0
	Total	217	251	215	237	306
Region 3	Island	24	36	47	43	49
	San Juan	1	4	2	1	2
	Skagit	18	32	36	27	35
	Snohomish	167	189	225	224	194
	Whatcom	38	22	42	34	40
	Other	3	3	1	0	0
	Total	251	288	353	329	320
Region 4	King	501	590	710	695	700
	Other	1	0	1	0	1
	Total	502	590	711	695	701
Region 5	Kitsap	66	65	54	72	77
	Pierce	241	257	268	266	291
	Total	307	322	322	338	368
Region 6	Clallam	36	29	22	38	35
	Clark	100	149	126	126	137
	Cowlitz	33	25	39	30	48
	Grays Harbor	12	18	11	14	21
	Jefferson	11	8	18	7	7
	Klickitat	13	18	12	19	8
	Lewis	20	15	16	34	28
	Mason	4	5	5	2	6
	Pacific	1	3	2	7	6
	Skamania	9	7	6	5	6
	Thurston	47	41	40	67	44
	Wahkiakum	2	0	0	1	1
	Other	0	0	1	1	0
	Total	288	318	298	351	347
Statewide Total		1,802	2,036	2,223	2,291	2,367

increase between SFY 1990 and SFY 1992. Island County experienced an increase in admissions during SFY 1991 and SFY 1992, leveling off in recent years. No other counties in this region showed any clear pattern. Region 3 takes administrative responsibility for more people from counties outside their geographical region than any of the other regions (7 persons in the past five years, as compared to 4 or less in other regions).

Region 4's administrative responsibility includes only King County and few individuals from other regions. Therefore, the trends in persons newly eligible for services in King County are essentially the same as those discussed for Region 4 in Appendix B.

Most of the persons newly eligible for services in Region 5 were residents of Pierce County, although approximately 20% were residents of Kitsap County. The number of admissions from Pierce and Kitsap Counties increased in recent years, except for a slight decline during SFY 1992 in Kitsap County. According to the data base, Region 5 was the only region during the past five years that did not take any individuals into their caseload from counties geographically located in other regions.

Most of the persons newly eligible for services in Region 6 came from Clark County, with some from Thurston, Clallam, Cowlitz and Lewis Counties. Other counties provided less than 20 persons per year. There was a strong increase in admissions in Clark County during SFY 1991 (49% more than in SFY 1990), although the number dropped back down by 15% in SFY 1992. No other county in this region showed any clear pattern.

RESIDENCE TYPE AT ELIGIBILITY BY REGION

Table D-3 presents the residence type of individuals at the time of their eligibility determination by region. The percentages of persons who were living in home and community settings at the time of eligibility determination showed few clear and consistent patterns within the regions. Regions 4, 5, and 6 experienced an increase in recent years, as compared to earlier in the five-year span, in the percentage of persons receiving eligibility while living in home settings, but Regions 1, 2, and 3 showed varied trends from year to year. Region 1 has the smallest percentage of persons living in home settings at the time of eligibility determination, as compared to other regions.

Regions 1 and 5 generally had the largest numbers of persons living in mental health facilities at the time of their eligibility determination; however, these are also the regions where Washington State's two large mental health centers are located.

Table D-3: Residence Type at Eligibility by Region

Region	Setting	Fiscal Year of Eligibility									
		1990		1991		1992		1993		1994	
		N	%	N	%	N	%	N	%	N	%
Region 1	Home	197	83.1	218	81.6	278	85.8	286	83.9	283	87.1
	Comm. Res.	33	13.9	32	12.0	29	9.0	34	10.0	28	8.6
	Mental Health	5	2.1	4	1.5	8	2.5	6	1.8	7	2.2
	Correctional	0	0.0	1	0.4	0	0.0	0	0.0	0	0.0
	Other	2	0.8	12	4.5	9	2.8	15	4.4	7	2.2
Region 2	Home	198	91.2	225	89.6	198	92.1	212	89.5	291	95.1
	Comm. Res.	14	6.5	16	6.4	9	4.2	19	8.0	10	3.3
	Mental Health	1	0.5	1	0.4	3	1.4	0	0.0	0	0.0
	Correctional	3	1.4	1	0.4	0	0.0	0	0.0	0	0.0
	Other	1	0.5	8	3.2	5	2.3	6	2.5	5	1.6
Region 3	Home	238	94.8	260	90.3	323	91.5	299	90.9	292	91.3
	Comm. Res.	8	3.2	20	6.9	27	7.6	23	7.0	18	5.6
	Mental Health	3	1.2	7	2.4	0	0.0	2	0.6	4	1.3
	Correctional	0	0.0	0	0.0	1	0.3	1	0.3	0	0.0
	Other	2	0.8	1	0.3	2	0.6	4	1.2	6	1.9
Region 4	Home	435	86.7	510	86.4	642	90.3	654	94.1	646	92.2
	Comm. Res.	49	9.8	51	8.6	48	6.8	12	1.7	41	5.8
	Mental Health	8	1.6	11	1.9	0	0.0	4	0.6	1	0.1
	Correctional	0	0.0	0	0.0	7	1.0	1	0.1	2	0.3
	Other	10	2.0	18	3.1	14	2.0	24	3.5	11	1.6
Region 5	Home	269	87.6	286	88.8	287	89.1	308	91.1	345	93.8
	Comm. Res.	24	7.8	23	7.1	26	8.1	24	7.1	18	4.9
	Mental Health	7	2.3	3	0.9	6	1.9	2	0.6	2	0.5
	Correctional	1	0.3	4	1.2	1	0.3	2	0.6	0	0.0
	Other	6	2.0	6	1.9	2	0.6	2	0.6	3	0.8
Region 6	Home	254	88.2	283	89.0	271	90.9	329	93.7	314	90.5
	Comm. Res.	20	6.9	28	8.8	18	6.0	9	2.6	16	4.6
	Mental Health	3	1.0	2	0.6	3	1.0	7	2.0	1	0.3
	Correctional	0	0.0	1	0.3	2	0.7	1	0.3	3	0.9
	Other	11	3.8	4	1.3	4	1.3	5	1.4	13	3.7
Statewide	Home	1,591	88.3	1,782	87.5	1,999	89.9	2,088	91.1	2,171	91.7
	Comm. Res.	148	8.2	170	8.3	157	7.1	121	5.3	131	5.5
	Mental Health	27	1.5	28	1.4	20	0.9	21	0.9	15	0.6
	Correctional	4	0.2	7	0.3	11	0.5	5	0.2	5	0.2
	Other	32	1.8	49	2.4	36	1.6	56	2.4	45	1.9

Region 3 also received several individuals from mental health facilities in SFY 1991, and Region 4 received several in SFY 1990 and SFY 1991. Individuals rarely enter the DDD system from correctional facilities. Region 4 received the most persons from correctional facilities over the five-year span (10, with most entering in SFY 1992), followed by Region 5 (8 persons) and Region 6 (7 persons). Other regions received four or fewer persons over the five-year span. In most years, Regions 1 and 4 had a higher percentage of persons newly eligible for services who were residing in

other non-categorized residence settings at the time of eligibility determination, although the number of persons receiving eligibility while living in other residence settings is generally small and variable.

APPENDIX E

SERVICE INTERRUPTIONS BY REGION AND RHC

DISCONTINUATIONS

Table E-1: Discontinuations by Region

Region		Fiscal Year				
		1990	1991	1992	1993	1994
Region 1	Number	108	145	56	85	114
	Caseload	1,635	1,822	2,063	2,356	2,619
	% of caseload	6.6	8.0	2.7	3.6	4.4
Region 2	Number	112	101	127	132	119
	Caseload	1,389	1,541	1,690	1,843	2,021
	% of caseload	8.1	6.6	7.5	7.2	5.9
Region 3	Number	168	139	180	163	281
	Caseload	2,119	2,248	2,414	2,611	2,723
	% of caseload	7.9	6.2	7.5	6.2	10.3
Region 4	Number	352	372	349	119	228
	Caseload	3,204	3,472	3,714	4,363	4,978
	% of caseload	11.0	10.7	9.4	2.7	4.6
Region 5	Number	374	188	163	155	222
	Caseload	2,503	2,681	2,831	3,041	3,220
	% of caseload	14.9	7.0	5.8	5.1	6.9
Region 6	Number	202	196	247	293	240
	Caseload	2,269	2,429	2,571	2,655	2,770
	% of caseload	8.9	8.1	9.6	11.0	8.7
Community Total	Number	1,316	1,141	1,122	947	1,204
	Caseload	13,119	14,194	15,284	16,869	18,330
	% of caseload	10.0	8.0	7.3	5.6	6.6

Among the community caseload, rates of discontinuations by region vary from year to year, with few clear patterns among regions (see Table E-1). Regions 1, 4, and 5 had smaller percentages of their caseloads leaving the system in recent years as compared with the beginning of the five-year span. Discontinuation rates in other regions showed no consistent trends.

Few discontinuations occur from RHCs (see Table E-2), with most occurring at Fircrest (10 in SFY 1990) and Interlake (9 in SFY 1991). Discontinuations rarely occurred during the five-year span at other facilities or for other years.

Table E-2: Discontinuations by RHC

RHC		Fiscal Year 1990	1991	1992	1993	1994
Fircrest	Number	10	0	1	0	0
	Caseload	482	444	421	397	383
	% of caseload	2.1	0.0	0.2	0.0	0.0
Interlake	Number	3	9	0	0	0
	Caseload	200	171	136	123	101
	% of caseload	1.5	5.3	0.0	0.0	0.0
Lakeland	Number	0	0	2	0	0
	Caseload	320	301	311	308	286
	% of caseload	0.0	0.0	0.6	0.0	0.0
FHMC	Number	0	0	0	0	0
	Caseload	54	54	54	54	54
	% of caseload	0.0	0.0	0.0	0.0	0.0
Rainier	Number	2	2	1	0	0
	Caseload	555	507	485	469	470
	% of caseload	0.4	0.4	0.2	0.0	0.0
Yakima	Number	0	2	0	0	0
	Caseload	149	139	129	127	120
	% of caseload	0.0	1.4	0.0	0.0	0.0
RHC Total	Number	15	13	4	0	0
	Caseload	1,760	1,616	1,535	1,478	1,413
	% of caseload	0.9	0.8	0.3	0.0	0.0

Mortality

The numbers of deaths among persons on the DDD caseload by region of responsibility are presented in Table E-3, along with the corresponding mortality rate each year per thousand persons. There were no clear trends in the number of deaths occurring within regions, except for a very slight decline in the mortality rates among

persons on the caseload in Regions 3 and 4 for recent years, as compared to earlier in the five-year span.

On average, Region 4's caseload tends to have the lowest mortality rate, and Region 1 has the highest. Region 1's caseload had a slightly higher than average mortality rate in SFY 1990 and SFY 1993, which elevated the average rate. Region 2's caseload also has a slightly higher mortality rate than other regions. Given the variability in rates from year to year, these differences are not significant. For practical purposes, all regions' caseloads have similar mortality rates.

Table E-3: Trends in Mortality by Region

Region		Fiscal Year 1990	1991	1992	1993	1994	Average Deaths per 1000 DDD Population	General Population
Region 1	Number	27	21	22	35	26		
	Caseload	1,635	1,822	2,063	2,356	2,619		
	Deaths per 1000	16.51	11.53	10.66	14.86	9.93	12.70	8.41
Region 2	Number	17	19	20	25	17		
	Caseload	1,389	1,541	1,690	1,843	2,021		
	Deaths per 1000	12.24	12.33	11.83	13.56	8.41	11.68	8.10
Region 3	Number	24	23	19	21	23		
	Caseload	2,119	2,248	2,414	2,611	2,723		
	Deaths per 1000	11.33	10.23	7.87	8.04	8.45	9.18	6.77
Region 4	Number	25	24	32	20	21		
	Caseload	3,204	3,472	3,714	4,363	4,978		
	Deaths per 1000	7.80	6.91	8.62	4.58	4.22	6.43	7.06
Region 5	Number	24	30	22	34	33		
	Caseload	2,503	2,681	2,831	3,041	3,220		
	Deaths per 1000	9.59	11.19	7.77	11.18	10.25	10.00	7.13
Region 6	Number	13	24	29	27	22		
	Caseload	2,269	2,429	2,571	2,655	2,770		
	Deaths per 1000	5.73	9.88	11.28	10.17	7.94	9.00	8.52
Community Total	Number	130	141	144	162	142		
	Caseload	13,119	14,194	15,284	16,869	18,330		
	Deaths per 1000	9.91	9.93	9.42	9.60	7.75	9.32	7.55

Regional differences in mortality rates for the general population provide little explanation for the differences in DDD community caseload mortality rates. Regions 1 and 2 do have higher rates for the general population, but Region 6 has the highest mortality rate, yet it has one of the lower rates for the community caseload. Region 4 has a slightly lower mortality rate than other regions for the general population, as in the DDD community caseload. Although, Region 3 has the lowest mortality rate for

the general population; whereas, this region has an average mortality rate for the DDD caseload.

The corresponding data for RHCs are presented in Table E-4. There were also no clear trends in the mortality rates for RHCs, and because of the small number of persons per RHC, mortality rates were highly variable from year to year. Lakeland and Yakima both had more than double their usual rate of deaths occurring in SFY 1994. Interlake had the highest mortality rate of all RHCs, but this facility also served mostly individuals with severe disabilities. This center was a specialized facility for people who were severely and multiply-handicapped and non-ambulatory. Many of the persons at this center needed intensive medical services. No deaths occurred at FHMC over the five-year span, but this facility has a small population and all are young (see Appendix F).

Table E-4: Trends in Mortality by RHC

RHC		Fiscal Year 1990	1991	1992	1993	1994	Average Rate
Fircrest	Number	7	6	5	7	6	
	Caseload	482	444	421	397	383	
	Deaths per 1000	14.51	13.51	11.88	17.63	15.65	14.64
Interlake	Number	3	4	4	1	4	
	Caseload	200	171	136	123	101	
	Deaths per 1000	15.03	23.39	29.37	8.12	39.68	23.12
Lakeland	Number	3	2	4	3	8	
	Caseload	320	301	311	308	286	
	Deaths per 1000	4.00	6.64	12.87	9.74	27.96	12.24
FHMC	Number	0	0	0	0	0	
	Caseload	54	54	54	54	54	
	Deaths per 1000	0.00	0.00	0.00	0.00	0.00	0.00
Rainier	Number	6	4	1	3	3	
	Caseload	555	507	485	469	470	
	Deaths per 1000	10.82	7.89	2.06	6.40	6.39	6.71
Yakima	Number	0	0	0	1	5	
	Caseload	149	139	129	127	120	
	Deaths per 1000	0.00	0.00	0.00	7.90	41.81	9.94
RHC Total	Number	19	16	14	15	26	
	Caseload	1,759	1,616	1,535	1,478	1,413	
	Deaths per 1000	10.80	9.90	9.12	10.15	18.40	11.67

Transfers

Transfers to and from RHCs and regions are presented in Table E-5, including the specific change in administrative responsibility.

For RHC to RHC transfers, individuals usually transfer to another facility in the same or adjoining geographic region, except for transfers to Fircrest and Rainier from Lakeland, Interlake, and Yakima in SFY 1994. These transfers involved moves from the eastern portion of the state to the western portion of the state.

Many more transfers occur from RHCs to community programs. A person who was transferred to a community placement most likely stayed in the region where their former RHC was geographically located, although many relocated to other regions. When the majority of transfers from an RHC went to another geographic region, they usually went to an adjoining region -- 6 persons out of 9 transferred from Fircrest in SFY 1993 went north to Region 3, and 17 persons out of 23 transferred from Rainier in SFY 1992 went north to Region 4.

When persons on the community caseload transferred into an RHC, they usually entered the RHC in the geographic region of their old region of responsibility. Frances Haddon Morgan Center took some individuals from Regions 3 and 4 to the north and Region 6 to the south, but all were from the western portion of the state.

Region to region transfers are the most common form of transfer, and when such transfers occur they are more commonly from a neighboring region on the same side of the state (see numbers on either side of the shaded diagonals in the Region to Region transfers section of Table E-5), although frequently individuals do transfer across the state or to non-adjacent regions on the same side of the state.

Table E-5: Transfers in Administrative Responsibility

RHC to RHC Transfers:

	1990						1991						1992						1993						1994					
From / To	F	I	L	M	R	Y	F	I	L	M	R	Y	F	I	L	M	R	Y	F	I	L	M	R	Y	F	I	L	M	R	Y
Fircrest (F)										1																				
Interlake (I)									30												10				19		59		6	11
Lakeland (L)						1								1											1				2	
FHMC (M)																														
Rainier (R)																														
Yakima (Y)																									1				1	

RHC to Community Transfers:

	1990						1991						1992						1993						1994					
From / To	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6
Fircrest (F)				11	1	3			3	17	3	1		2	5	13		1		2	6	1					4	8	1	2
Interlake (I)					1		9		1			1	1		1		1		1						18	1			2	2
Lakeland (L)	21		1		3		8	2	1			1	10						4						42	2			1	
FHMC (M)					2					1						1	1			1		1		1	1				1	
Rainier (R)			2	1	19	6		1	4	6	13	3			1	17	4	1				1	3	1					5	
Yakima (Y)		1			1	1		9		1	1	2		5		1		1	1	2					2	7				1

Region to RHC Transfers:

	1990						1991						1992						1993						1994					
From / To	F	I	L	M	R	Y	F	I	L	M	R	Y	F	I	L	M	R	Y	F	I	L	M	R	Y	F	I	L	M	R	Y
Region 1									1						1						1						1			
Region 2																		1						1						1
Region 3																						1								
Region 4				1									1			1						3			2				1	
Region 5											2												4						1	
Region 6				1												1														

Region to Region Transfers:

	1990						1991						1992						1993						1994					
From / To	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6
Region 1		2	2	5	3	6		14	3	4	4	1		6	6	2	1	3		4	6	3	4	3		6	4	8	5	4
Region 2	10		4	7	1	5	5		6	3	1	3	11		1	6	3	2	7		5	2	7	10	17		3	8	3	4
Region 3	1	2		15	3	7	3	4		14	5	5	12	8		18	4	13	5	3		20	8	6	11	4		16	8	8
Region 4	2	4	26		23	15	1	4	24		33	15	8	11	20		16	8	11	6	31		35	11	7	11	41		34	14
Region 5	1	3	2	20		14	4	2	3	12		18	5	2	8	21		14	1	3	3	14		5	8	7	4	18		14
Region 6	1	6	4	9	12		9	4	3	4	7		3	1	7	4	10		1	5	1	7	18		1	3	5	8	16	

APPENDIX F

AGE OF CASELOAD BY REGION AND RHC

AGE OF COMMUNITY CASELOAD BY REGION

Table F-1a compares age ranges across regions for children and Table F-1b compares age ranges across regions for adults. Because the age intervals are not equal, regional comparisons of age groups are only meaningful if the same age group is compared across regions. Different age groups within a region or across regions are not comparable. Because the age distributions of persons on the caseload within regions are so similar, the following description focuses on differences in the trends across regions for a particular age range, since these differences show greater variability.

In general, all regions are similar in terms of the percentage of their caseload within a given age range, although there are a few differences. Among persons who were children (see Table F-1a), Regions 1 and 2 experienced the largest growth in the number of 0-2 year olds on their caseload (increasing 55% and 58%, respectively), while the caseloads in Regions 5 and 6 did not grow as rapidly for this age range (increasing 12% in Region 5, mainly during SFY 1994, and remaining fairly stable in Region 6). Region 4 has the highest percentage of persons on their caseload in the 0-2 range (10%), and Regions 5 and 6 declined in terms of the percentage of persons in this age range as their caseloads increased (from 7% in SFY 1990 to 6% in SFY 1993 for Region 5, and from 6% in SFY 1990 to 5% in SFY 1993 for Region 6). Both regions experienced a mild increase in this percentage in SFY 1994.

The number of persons in the 3-5 age range increased most rapidly over the five-year span in the caseloads of Regions 1 (70%) and 4 (207%). Region 4 had the lowest percentage of persons in the 3-5 age range in SFY 1990, but had the largest percentage in recent years (increasing from 8% to 16%), while Region 6 experienced a decline (from 12% to 9%).

Caseload growth among 6-17 year olds was large in Regions 1 (140%), 2 (72%), and 4 (64%,) versus 19-43% in other regions. Regions 1 and 4 had lower, but increasing,

percentages of 6-17 year olds on their caseload (from 13% in SFY 1990 to 19% in SFY 1994 for Region 1, and from 15% to 16% for Region 4), and Regions 2 and 3 also increased (from 19% in SFY 1990 to 23% in SFY 1994 for Region 2, and from 18% to 20% for Region 3).

Table F-1a: Age by Region for Persons Under Age 18

		Fiscal Year										
		1990		1991		1992		1993		1994		5 year %
Region/Age Group		N	%	N	%	N	%	N	%	N	%	change
Region 1	0-2	112	6.8	108	5.9	132	6.4	156	6.6	174	6.7	55.4
	3-5	177	10.9	210	11.5	236	11.4	259	11.0	300	11.4	69.5
	6-17	206	12.6	243	13.4	303	14.7	411	17.4	494	18.9	139.8
	Children	495	30.3	562	30.8	671	32.5	825	35.0	968	37.0	95.6
	Total	1,635		1,822		2,069		2,356		2,619		60.2
Region 2	0-2	90	6.5	108	7.0	103	6.1	121	6.6	142	7.0	57.8
	3-5	154	11.1	169	11.0	175	10.3	199	10.8	214	10.6	39.0
	6-17	267	19.2	312	20.3	364	21.5	395	21.4	458	22.7	71.5
	Children	510	36.7	590	38.3	641	37.9	715	38.8	814	40.3	59.6
	Total	1,389		1,541		1,690		1,843		2,021		45.5
Region 3	0-2	156	7.4	151	6.7	170	7.0	204	7.8	205	7.5	31.4
	3-5	263	12.4	269	12.0	256	10.6	290	11.1	310	11.4	17.9
	6-17	388	18.3	436	19.4	482	19.9	523	20.0	553	20.3	42.5
	Children	807	38.1	857	38.1	908	37.6	1,017	39.0	1,067	39.2	32.2
	Total	2,119		2,248		2,414		2,611		2,723		28.5
Region 4	0-2	324	10.1	345	9.9	361	9.7	449	10.3	471	9.5	45.4
	3-5	254	7.9	300	8.6	303	8.2	499	11.4	779	15.6	206.7
	6-17	475	14.8	530	15.3	565	15.2	685	15.7	779	15.6	64.0
	Children	1,053	32.9	1,175	33.8	1,229	33.1	1,633	37.4	2,028	40.7	92.6
	Total	3,204		3,472		3,714		4,363		4,978		55.4
Region 5	0-2	172	6.9	177	6.6	170	6.0	175	5.8	192	6.0	11.6
	3-5	260	10.4	285	10.6	316	11.2	349	11.5	344	10.7	32.3
	6-17	539	21.5	536	20.0	599	21.1	658	21.7	719	22.3	33.4
	Children	971	38.8	999	37.2	1,084	38.3	1,183	38.9	1,255	39.0	29.3
	Total	2,503		2,681		2,831		3,041		3,220		28.7
Region 6	0-2	138	6.1	135	5.6	138	5.4	128	4.8	136	4.9	-1.5
	3-5	281	12.4	309	12.7	301	11.7	271	10.2	241	8.7	-14.2
	6-17	509	22.4	527	21.7	571	22.2	599	22.5	606	21.9	19.1
	Children	928	40.9	972	40.0	1,010	39.3	998	37.6	984	35.5	6.0
	Total	2,269		2,429		2,571		2,655		2,770		22.1
Community Child Total		4,763	36.3	5,153	36.3	5,542	36.3	6,371	37.8	7,116	38.8	49.4
Community Total		13,119		14,194		15,284		16,869		18,330		39.7

All regions have similar percentages of 18-21 year olds in their caseload (see Table F-1b) and are increasing at similar rates, although Region 1 experienced a larger increase than other regions (55% vs. 20-31%). Regions 2 and 4 experienced a

decline in the percentage of persons, ages 18-21, on their caseload over the five-year span (from 8% in SFY 1990 to 7% in SFY 1994 for Region 2, and from 8% to 6% for Region 4), although the number of persons of these ages continues to increase as their caseloads increase.

The regions are also similar in percentages of persons, ages 22-34, on their caseload and in caseload growth rates for this age group (a low of 16% increase in Region 3, and a high of 38% in Region 1). Region 4 was slightly higher in terms of their percentage of 22-34 years olds earlier in the five-year span (34% vs. 24-29% in other regions), and Regions 1, 3, and 4 experienced a decline in their percentage of persons of these ages (from 29%, 27%, and 34% in SFY 1990 to 25%, 24%, and 27% in SFY 1994, respectively), while Region 6 experienced an increase (from 24% in SFY 1990 to 26% in SFY 1994).

Among middle-aged persons, ages 35-44, Regions 2, 3 and 5 were similar in caseload growth rates (46%, 39%, and 40%, respectively), while Regions 1 and 4 increased at a slightly faster rate (67% and 54%, respectively), and Region 6 increased at a slower rate (20%). Regions were similar in terms of percentages of persons, ages 35-44, on their caseload in all years (12-15% of persons on their caseloads), although Region 5 experienced a slight increase (from 13% in SFY 1990 to 14% in SFY 1994).

The number of 45-54 year olds increased strongly in every region's caseload, with Region 5's caseload growth rate for persons of these ages being slightly lower than for other regions (37% vs. 53% to 74% in other regions). Region 6 has a slightly larger percentage of persons on their caseload in the 45-54 age range than other regions (10% vs. 7-8% in SFY 1994), and this percentage has been increasing (from 7% in SFY 1990).

There were larger differences across regions in caseload growth rates among 55-64 year olds than for other age groups, ranging from a low of just over 9% increase in Region 3 to a high of 56% increase in Region 6. Regions were similar in terms of their percentage of persons on their caseload in the 55-64 age range (3-4% in SFY 1994), and Regions 1, 2 and 3 experienced mild decreases in the percentage of persons in this age group (from 5% in SFY 1990 to 4% in SFY 1994), while Region 6 experienced an increase (from 3% in SFY 1990 to 4% in SFY 1994).

Increases in the numbers of persons on the caseload, age 65 and older, were greatest in Region 4 (80%), strong in Region 6 (62%), and moderate in Region 2 (40%). Caseload growth rates for persons of retirement age were slower in the other regions (12-20%). Region 1 has a higher percentage of persons age 65 and older than other

Table F-1b: Age by Region for Persons Age 18 and Over

Region/Age Group		Fiscal Year 1990 N	%	1991 N	%	1992 N	%	1993 N	%	1994 N	%	5 year % change
Region 1	18-21	110	6.7	122	6.7	141	6.8	152	6.4	170	6.5	54.5
	22-34	478	29.2	530	29.1	581	28.1	627	26.6	657	25.1	37.5
	35-44	215	13.1	250	13.7	279	13.5	318	13.5	360	13.8	67.4
	45-54	130	8.0	143	7.9	159	7.7	192	8.1	208	7.9	60.0
	55-64	80	4.9	87	4.8	95	4.6	112	4.7	114	4.3	42.5
	65+	124	7.6	127	6.9	135	6.5	127	5.4	139	5.3	12.1
	Adults	1,137	69.5	1,258	69.1	1,390	67.4	1,527	64.8	1,648	62.9	44.9
	Total	1,635		1,822		2,063		2,356		2,619		60.2
Region 2	18-21	115	8.3	118	7.6	117	6.9	127	6.9	138	6.8	20.0
	22-34	344	24.7	372	24.2	435	25.7	461	25.0	464	23.0	34.9
	35-44	193	13.9	217	14.1	226	13.4	249	13.5	281	13.9	45.6
	45-54	102	7.4	111	7.2	134	7.9	146	7.9	165	8.1	61.8
	55-64	71	5.1	80	5.2	77	4.5	79	4.3	83	4.1	16.9
	65+	53	3.8	54	3.5	60	3.5	66	3.6	74	3.7	39.6
	Adults	878	63.2	951	61.7	1,048	62.0	1,127	61.2	1,205	59.6	37.2
	Total	1,389		1,541		1,690		1,843		2,021		45.5
Region 3	18-21	157	7.4	187	8.3	202	8.4	204	7.8	205	7.5	30.6
	22-34	562	26.5	570	25.3	616	25.5	654	25.0	654	24.0	16.4
	35-44	264	12.4	292	13.0	334	13.8	348	13.3	367	13.5	39.0
	45-54	137	6.5	152	6.7	155	6.4	178	6.8	209	7.7	52.6
	55-64	99	4.7	104	4.6	108	4.5	107	4.1	108	4.0	9.1
	65+	92	4.3	86	3.8	90	3.7	103	3.9	110	4.1	19.6
	Adults	1,311	61.9	1,390	61.8	1,505	62.3	1,593	61.0	1,654	60.7	26.2
	Total	2,119		2,248		2,414		2,611		2,723		28.5
Region 4	18-21	258	8.0	280	8.1	283	7.6	292	6.7	315	6.3	22.1
	22-34	1,081	33.8	1,117	32.2	1,191	32.1	1,284	29.4	1,341	26.9	24.1
	35-44	463	14.5	514	14.8	555	14.9	637	14.6	715	14.4	54.4
	45-54	206	6.4	228	6.6	281	7.6	321	7.4	359	7.2	74.3
	55-64	96	3.0	104	3.0	114	3.1	122	2.8	137	2.7	42.7
	65+	45	1.4	53	1.5	61	1.6	72	1.6	81	1.6	80.0
	Adults	2,150	67.1	2,296	66.1	2,484	66.9	2,728	62.5	2,948	59.2	37.1
	Total	3,204		3,472		3,714		4,363		4,978		55.4
Region 5	18-21	213	8.5	237	8.8	214	7.6	238	7.8	253	7.9	18.8
	22-34	682	27.2	740	27.6	781	27.6	813	26.7	852	26.4	24.9
	35-44	317	12.7	353	13.1	375	13.2	402	13.2	443	13.7	39.8
	45-54	169	6.7	191	7.1	214	7.5	226	7.4	231	7.2	36.7
	55-64	82	3.3	89	3.3	90	3.2	98	3.2	102	3.2	24.4
	65+	69	2.8	71	2.6	70	2.5	77	2.5	81	2.5	17.4
	Adults	1,532	61.2	1,681	62.7	1,744	61.6	1,855	61.0	1,961	60.9	28.0
	Total	2,503		2,681		2,831		3,041		3,220		28.7
Region 6	18-21	189	8.3	215	8.8	206	8.0	198	7.4	227	8.2	20.1
	22-34	542	23.9	578	23.8	632	24.6	677	25.5	715	25.8	31.9
	35-44	348	15.3	369	15.2	393	15.3	408	15.4	418	15.1	20.1
	45-54	170	7.5	192	7.9	221	8.6	247	9.3	279	10.1	64.1
	55-64	66	2.9	72	3.0	76	3.0	91	3.4	103	3.7	56.1
	65+	26	1.2	30	1.2	31	1.2	35	1.3	42	1.5	61.5
	Adults	1,340	59.1	1,456	59.9	1,560	60.7	1,655	62.3	1,784	64.4	33.1
	Total	2,269		2,429		2,571		2,655		2,770		22.1
Community Adult Total		8,348	63.6	9,031	63.6	9,730	63.7	10,485	62.2	11,200	61.1	34.2
Community Total		13,119		14,194		15,284		16,869		18,330		39.7

regions (over 5% vs. 4% or less), and the caseloads in Regions 4 and 6 are lower in terms of the percentage of persons in this age range, although the percentages increased slightly (from slightly over 1% in SFY 1990 to slightly under 2% in SFY 1994, respectively), while Region 1 experienced a decrease in this percentage (from 8% in SFY 1990 to 5% in SFY 1994).

AGE OF POPULATION BY RHC

For persons residing in RHCs, comparisons between age groups are also not meaningful for the same reasons noted previously. However, comparisons of the typical age of persons within each RHC and comparisons between RHCs for the same age group are possible (with the exception of FHMC, because they serve a large percentage of children; whereas, the other RHCs serve mostly adults).

RHCs differ in their typical population age. The following discussion focuses on the typical age of persons at each RHC to illustrate this variability. No person living in an RHC in the past five years was in the 0-2 age group, and only one person at Yakima Valley School was 3-5 years of age during SFY 1990 and SFY 1991. Therefore, the following discussion and analyses refer to persons living in RHCs who were age 6 and older. In general among persons living in RHCs, the numbers of persons in the younger age groups are declining, while the numbers of persons in the older age groups are increasing (see Tables F-2a and F-2b), which is expected since few individuals are entering RHCs and the present individuals are aging.

Table F-2a: Age by RHC for Persons Under Age 18

RHC/Age Group		Fiscal Year 1990 N	1990 %	1991 N	1991 %	1992 N	1992 %	1993 N	1993 %	1994 N	1994 %	5 year % change
Fircrest	6-17	15	3.1	10	2.2	8	1.9	4	1.0	4	1.0	-73.3
	Total	482		444		421		397		383		-20.5
Interlake	6-17	29	14.4	21	12.3	14	10.3	11	8.9	8	7.8	-72.4
	Total	200		171		136		123		101		-49.5
Lakeland	6-17	0	0.0	0	0.1	1	0.3	1	0.3	1	0.4	-----
	Total	320		301		311		308		286		-10.6
FHMC	6-17	19	34.4	17	30.7	14	25.9	12	21.7	9	16.7	-52.6
	Total	54		54		54		54		54		0.0
Rainier	6-17	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0.0
	Total	555		507		485		469		470		-15.3
Yakima	6-17	13	8.7	11	7.9	9	7.0	9	7.1	7	5.9	-46.2
	Total	149		139		129		127		120		-19.5
Child RHC Total		75	4.3	59	3.6	46	3.0	37	2.5	29	2.0	-61.3
RHC Total		1,760		1,616		1,535		1,478		1,413		-19.7

Few persons being served at Fircrest are children (less than 3% in SFY 1990, dropping to 1% in SFY 1994, see Table F-2a), with the number of children declining at the fastest rate of all RHCs (73% fewer children in SFY 1994 than in SFY 1990). Persons at Fircrest are mostly (65% in SFY 1994) younger adults, ages 22-34 and 35-44 (see Table F-2b). The greatest increases over the past five years in number of persons were in the 45-54 (from 61 to 81 persons) and 55-64 (from 20 to 31 persons) age ranges. Fircrest experienced the strongest increase (55%) of all centers for persons ages 55-64 (among centers with more than a few persons in this age group). Fircrest also has a few persons (2.5%, or 10 persons in SFY 1994) age 65 and older.

Interlake had the second highest percentage of children. 14% of persons at Interlake were children in SFY 1990, decreasing to 8% by SFY 1994. Persons being served at Interlake were mostly young adults during the five-year span, ages 22-34 (50% in SFY 1994, down from 56% in SFY 1990), with some middle-aged adults, ages 35-44 years (25% of persons in SFY 1994, up from 14% in SFY 1990), and 45-54 years (5-7%). Interlake was the only center to experience a decline in the number of persons ages 45-54 (among centers with more than a couple persons of these ages); however, this was mainly due to the large downsizing in preparation for the closure of this center outpacing aging. Few persons at Interlake were age 65 or older, and only one remained at the facility for an entire year.

Lakeland rarely serves children (1 since SFY 1992), and, like Fircrest, most persons living at this center are younger adults ages 22-44 (63% in SFY 1994). The number of persons ages 35-44 increased (from 32% in SFY 1990 to 38% by SFY 1992), as did the number of 45-54 year olds (from 16% in SFY 1990 to 20% in SFY 1994). Lakeland has some 55-64 year olds (11.5% in SFY 1994), and a few persons age 65 or older (5%, or 14 persons, in SFY 1994).

Frances Haddon Morgan Center differs from the other RHCs in that they serve only children and young adults. The number of persons who were young adults declined at all other RHCs, while the young adult population (ages 22-34) increased at FHMC (from 13 to 31 persons, or a 139% increase) as the children at the facility grew older and other children were not being placed into RHCs. The number and percentage of persons ages 6-17 and 18-21, therefore, declined. Children under age 18 declined from 19 persons (34%) in SFY 1990 to 9 persons (17%) in SFY 1994, and young adults ages 18-21 declined from 23 persons (42%) in SFY 1990 to 14 persons (26%) in SFY 1994.

Table F-2b: Age by RHC for Persons Age 18 and Over

Region	Age Group	Fiscal Year 1990 N	1990 %	1991 N	1991 %	1992 N	1992 %	1993 N	1993 %	1994 N	1994 %	5 year % change
Fircrest	18-21	34	7.1	22	5.0	11	2.5	8	2.0	7	1.9	-79.4
	22-34	197	40.8	167	37.5	150	35.7	128	32.3	117	30.4	-40.6
	35-44	147	30.4	149	33.6	149	35.3	141	35.5	134	34.9	-8.8
	45-54	61	12.7	64	14.3	68	16.0	78	19.7	81	21.2	32.8
	55-64	20	4.2	25	5.5	26	6.2	28	7.0	31	8.0	55.0
	65+	8	1.7	8	1.8	10	2.4	10	2.5	10	2.5	25.0
	Adults	467	96.9	434	97.8	413	98.0	393	99.0	379	99.0	-18.8
	Total	482		444		421		397		383		-20.5
Interlake	18-21	20	10.0	17	9.9	13	9.6	9	7.3	8	8.3	-60.0
	22-34	112	56.1	96	56.1	79	57.9	66	53.5	50	49.6	-55.4
	35-44	28	13.8	28	16.2	19	14.0	26	21.3	25	25.0	-10.7
	45-54	10	5.0	9	5.3	10	7.4	7	5.7	6	6.3	-40.0
	55-64	1	0.5	0	0.1	1	0.7	3	2.4	2	2.0	100.0
	65+	0	0.0	0	0.0	0	0.3	1	0.8	0	0.3	----
	Adults	171	85.4	150	87.6	122	89.9	112	91.1	93	91.6	-45.6
	Total	200		171		136		123		101		-49.5
Lakeland	18-21	2	0.6	3	0.8	2	0.6	0	0.0	0	0.1	-100.0
	22-34	123	38.3	101	33.4	95	30.4	88	28.4	73	25.6	-40.7
	35-44	101	31.5	105	34.8	119	38.4	120	39.0	108	37.8	6.9
	45-54	51	15.8	50	16.7	51	16.5	53	17.1	56	19.7	9.8
	55-64	32	10.1	32	10.6	28	9.1	33	10.6	33	11.5	3.1
	65+	12	3.7	11	3.7	14	4.5	14	4.5	14	4.8	16.7
	Adults	320	100.1	301	99.9	310	99.5	307	99.6	285	99.5	-10.9
	Total	320		301		311		308		286		-10.6
FHMC	18-21	23	41.9	22	40.7	16	29.4	15	27.4	14	26.5	-39.1
	22-34	13	23.3	15	27.8	24	44.3	28	51.3	31	56.9	138.5
	35-44	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0.0
	45-54	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0.0
	55-64	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0.0
	65+	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0.0
	Adults	35	65.2	37	68.5	40	73.7	43	78.7	45	83.3	28.6
	Total	54		54		54		54		54		0.0
Rainier	18-21	10	1.8	5	1.0	3	0.6	1	0.2	0	0.0	-100.0
	22-34	185	33.3	156	30.8	136	28.0	117	25.0	105	22.3	-43.2
	35-44	215	38.9	201	39.6	174	35.8	162	34.4	164	34.8	-23.7
	45-54	106	19.2	106	20.8	131	26.9	140	29.8	144	30.7	35.9
	55-64	33	5.9	36	7.0	36	7.5	43	9.2	51	10.9	54.6
	65+	5	0.9	4	0.8	5	1.0	6	1.3	6	1.3	20.0
	Adults	554	100.0	507	100.0	484	100.0	469	100.0	470	100.0	-1.1
	Total	554		507		484		469		470		-15.3
Yakima	18-21	23	15.4	19	13.7	11	8.5	9	7.1	5	4.2	-78.3
	22-34	108	72.6	100	71.9	98	75.7	97	76.1	89	74.5	-17.6
	35-44	2	1.0	7	5.0	10	7.8	11	8.7	16	13.3	700.0
	45-54	2	1.3	1	0.7	1	0.8	0	0.0	1	0.8	-50.0
	55-64	0	0.0	0	0.0	0	0.0	1	0.8	1	0.8	----
	65+	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0.0
	Adults	135	90.3	127	91.3	120	92.8	118	92.6	112	93.7	-17.0
	Total	149		139		129		127		120		-19.5
Adult RHC Total		1,682	95.6	1,556	96.3	1,488	97.0	1,441	97.5	1,383	97.9	-14.6
RHC Total		1,760		1,616		1,535		1,478		1,413		-19.7

Rainier School serves only adults, with a few persons (10, or less than 2% in SFY 1990) between ages 18-21 until SFY 1993. The 22-34 age group (22% in SFY 1994) and the 35-44 age group (35% in SFY 1994) declined (43% and 24% lower than SFY 1990, respectively), while the number of persons ages 45-54 (31% in SFY 1994) and 55-64 (11% in SFY 1994) increased (36% and 55% higher than SFY 1990, respectively). This center has a small number of persons age 65 and older (6 persons in SFY 1994, or 1%).

Yakima Valley School is also one of the centers with a larger percentage of children. The percentage of persons that were 6-17 years old declined mildly (from 13 persons, or 9%, in SFY 1990 to 7 persons, or 6%, in SFY 1994), and the number of persons in the 18-21 years age group declined more sharply (from 23 persons, or 15%, in SFY 1990 to 5 persons, or 4%, in SFY 1994). Most of the persons being served at Yakima Valley School (75% in SFY 1994) were ages 22-34. Few persons were over age 34, but there were more 35-44 year olds as the population aged, increasing from 2 persons (1%) in SFY 1990 to 16 persons (13%) in SFY 1994. This was, by far, the largest increase for this age group among all facilities.

AGES OF PERSONS NEWLY ELIGIBLE FOR SERVICES BY REGION

There was some variability between regions in the ages of persons newly eligible for services in the past five years, but few trends were evident (see Tables F-3a and F-3b). Regions 1, 2 and 6 have a larger percentage of persons who were adults at the time of their first contact with the system (27% or more vs. 21% or less in other regions), and Region 5 has the largest percentage of persons who made their first contact with the system as children (82%).

Regions 4 and 5 experienced decreases in the percentage of persons new to their caseload who were in the 0-2 age range (from 64% in SFY 1990 to 59% in SFY 1994 for Region 4, and from 59% to 51% for Region 5), due to the number of persons of these ages increasing at a slower rate than for persons of older ages, while Region 3 experienced an increase in the number of 0-2 year olds new to their caseload in SFY 1993 and SFY 1994 (63% in SFY 1993 and 62% in SFY 1994 vs. under 53% in earlier years).

Regions 1, 2, 4, and 5 all experienced substantial increases (as compared with SFY 1993) in the number of persons, ages 3-5, who were newly eligible for services in SFY 1994 (up 19, 17, 19, and 13 persons over SFY 1993, respectively) with all four regions more than doubling the number of persons of these ages entering in SFY 1994 as compared with SFY 1990. Regions 1 and 4 generally had a lower percentage of persons new to their caseloads in this age range for most years (3-4%, except for

SFY 1994), and the percentage of persons of these ages was generally higher (5% or more of persons new to a region's caseload) and more variable in other regions.

Table F-3a: Age of Persons Newly Eligible for Services by Region (Under Age 18)

		Fiscal Year of Eligibility										
		1990		1991		1992		1993		1994		5 Year %
Region	Age Group	N	%	N	%	N	%	N	%	N	%	Change
Region 1	0-2	107	45.1	107	40.1	124	38.3	169	49.6	128	39.4	19.6
	3-5	8	3.4	9	3.4	13	4.0	13	3.8	32	9.8	300.0
	6-17	32	13.5	40	15.0	59	18.2	67	19.6	69	21.2	115.6
	Children	147	62.0	156	58.4	196	60.5	249	73.0	229	70.5	55.8
	Total	237		267		324		341		325		37.1
Region 2	0-2	95	43.8	110	43.8	96	44.7	112	47.3	139	45.4	46.3
	3-5	9	4.1	15	6.0	16	7.4	15	6.3	32	10.5	255.6
	6-17	40	18.4	35	13.9	32	14.9	48	20.3	53	17.3	32.5
	Children	144	66.4	160	63.7	144	67.0	175	73.8	224	73.2	55.6
	Total	217		251		215		237		306		41.0
Region 3	0-2	127	50.6	152	52.8	184	52.1	207	62.9	198	61.9	55.9
	3-5	21	8.4	15	5.2	21	5.9	15	4.6	18	5.6	-14.3
	6-17	43	17.1	34	11.8	49	13.9	38	11.6	37	11.6	-14.0
	Children	191	76.1	201	69.8	254	72.0	260	79.0	253	79.1	32.5
	Total	251		288		353		329		320		27.5
Region 4	0-2	320	63.7	363	61.5	424	59.6	405	58.3	411	58.6	28.4
	3-5	19	3.8	26	4.4	24	3.4	28	4.0	47	6.7	147.4
	6-17	75	14.9	67	11.4	78	11.0	87	12.5	97	13.8	29.3
	Children	414	82.5	456	77.3	526	74.0	520	74.8	555	79.2	34.1
	Total	502		590		711		695		701		39.6
Region 5	0-2	181	59.0	185	57.5	176	54.7	179	53.0	186	50.5	2.8
	3-5	20	6.5	30	9.3	18	5.6	28	8.3	41	11.1	105.0
	6-17	36	11.7	42	13.0	49	15.2	60	17.8	74	20.1	105.6
	Children	237	77.2	257	79.8	243	75.5	267	79.0	301	81.8	27.0
	Total	307		322		322		338		368		19.9
Region 6	0-2	141	49.0	155	48.7	166	55.7	138	39.3	159	45.8	12.8
	3-5	25	8.7	29	9.1	10	3.4	31	8.8	21	6.1	-16.0
	6-17	29	10.1	37	11.6	42	14.1	61	17.4	61	17.6	110.3
	Children	195	67.7	221	69.5	218	73.2	230	65.5	241	69.5	23.6
	Total	288		318		298		351		347		20.5
New Eligible Child Total		1,328	73.7	1,451	71.3	1,581	71.1	1,701	74.2	1,803	76.2	35.8
New Eligible Total		1,802		2,036		2,223		2,291		2,367		31.4

Among 6-17 year olds, Regions 1, 5, and 6 experienced strong increases over the five-year span in the number of persons of these ages who were newly eligible for services, all more than doubling the number that entered in SFY 1994 as compared with the number that entered in SFY 1990. All other regions were variable from year to year in terms of numbers and percentages.

Table F-3b: Age of Persons Newly Eligible for Services by Region (Age 18 and Older)

Region/Age Group		Fiscal Year of Eligibility 1990 N	1990 %	1991 N	1991 %	1992 N	1992 %	1993 N	1993 %	1994 N	1994 %	5 Year % Change
Region 1	18-21	34	14.3	40	15.0	37	11.4	26	7.6	32	9.8	-5.9
	22-34	27	11.4	45	16.9	42	13.0	35	10.3	26	8.0	-3.7
	35-44	15	6.3	15	5.6	20	6.2	13	3.8	22	6.8	46.7
	45-54	6	2.5	6	2.2	16	4.9	7	2.1	4	1.2	-33.3
	55-64	4	1.7	2	0.7	9	2.8	5	1.5	4	1.2	0.0
	65+	4	1.7	3	1.1	3	0.9	6	1.8	7	2.2	75.0
	Adults	90	38.0	111	41.6	127	39.2	92	27.0	95	29.2	5.6
	Total	237		267		324		341		325		37.1
Region 2	18-21	29	13.4	27	10.8	27	12.6	14	5.9	27	8.8	-6.9
	22-34	25	11.5	38	15.1	25	11.6	27	11.4	33	10.8	32.0
	35-44	10	4.6	12	4.8	12	5.6	10	4.2	10	3.3	0.0
	45-54	6	2.8	8	3.2	3	1.4	5	2.1	10	3.3	66.7
	55-64	3	1.4	3	1.2	3	1.4	4	1.7	2	0.7	-33.3
	65+	0	0.0	3	1.2	1	0.5	2	0.8	0	0.0	-----
	Adults	73	33.6	91	36.3	71	33.0	62	26.2	82	26.8	12.3
	Total	217		251		215		237		306		41.0
Region 3	18-21	22	8.8	36	12.5	49	13.9	21	6.4	29	9.1	31.8
	22-34	21	8.4	24	8.3	32	9.1	28	8.5	21	6.6	0.0
	35-44	12	4.8	16	5.6	7	2.0	8	2.4	9	2.8	-25.0
	45-54	4	1.6	4	1.4	5	1.4	8	2.4	6	1.9	50.0
	55-64	1	0.4	6	2.1	2	0.6	4	1.2	2	0.6	100.0
	65+	0	0.0	0	0.0	4	1.1	0	0.0	0	0.0	-----
	Adults	60	23.9	86	29.9	99	28.0	69	21.0	67	20.9	11.7
	Total	251		288		353		329		320		27.5
Region 4	18-21	45	9.0	56	9.5	85	12.0	51	7.3	64	9.1	42.2
	22-34	20	4.0	45	7.6	49	6.9	66	9.5	39	5.6	95.0
	35-44	11	2.2	13	2.2	26	3.7	26	3.7	26	3.7	136.4
	45-54	8	1.6	11	1.9	16	2.3	18	2.6	9	1.3	12.5
	55-64	4	0.8	8	1.4	6	0.8	11	1.6	5	0.7	25.0
	65+	0	0.0	1	0.2	2	0.3	3	0.4	2	0.3	-----
	Adults	88	17.5	134	22.7	184	25.9	175	25.2	145	20.7	64.8
	Total	502		590		711		695		701		39.6
Region 5	18-21	34	11.1	28	8.7	33	10.2	33	9.8	30	8.2	-11.8
	22-34	20	6.5	23	7.1	30	9.3	22	6.5	19	5.2	-5.0
	35-44	10	3.3	6	1.9	7	2.2	6	1.8	9	2.4	-10.0
	45-54	2	0.7	6	1.9	8	2.5	5	1.5	5	1.4	150.0
	55-64	1	0.3	0	0.0	1	0.3	5	1.5	4	1.1	300.0
	65+	3	1.0	2	0.6	0	0.0	0	0.0	0	0.0	-100.0
	Adults	70	22.8	65	20.2	79	24.5	71	21.0	67	18.2	-4.3
	Total	307		322		322		338		368		19.9
Region 6	18-21	39	13.5	41	12.9	36	12.1	48	13.7	44	12.7	12.8
	22-34	34	11.8	40	12.6	23	7.7	40	11.4	36	10.4	5.9
	35-44	15	5.2	10	3.1	17	5.7	15	4.3	14	4.0	-6.7
	45-54	2	0.7	5	1.6	2	0.7	13	3.7	6	1.7	200.0
	55-64	2	0.7	1	0.3	2	0.7	4	1.1	4	1.2	100.0
	65+	0	0.0	0	0.0	0	0.0	1	0.3	2	0.6	-----
	Adults	92	31.9	97	30.5	80	26.8	121	34.5	106	30.5	15.2
	Total	288		318		298		351		347		20.5
New Eligible Adult Total		473	26.2	584	28.7	640	28.8	590	25.8	562	23.7	18.8
New Eligible Total		1,802		2,036		2,223		2,291		2,367		31.4

Regions 1 and 2 had a smaller percentage of 18-21 year olds among persons new to their caseload in recent years as compared to earlier in the five-year span (8-10% vs. 14-15% for Region 1, and 6-9% vs. 11-13% for Region 2, see Table F-3b). The numbers and percentages of persons of these ages were variable from year to year in other regions, and no trends were apparent. In recent years, Region 6 had the largest percentage of persons entering their caseload in this age range (13% in SFY 1994 vs. 8-10% in other regions).

There were no clear trends within regions for the number of persons entering the caseload who were 22-34 years old, since the numbers were highly variable within regions from year to year. Regions 1, 2, and 6 tend to have a higher percentage of 22-34 year olds among their persons newly eligible for services (generally 10-17%) than Regions 3, 4, and 5 (generally 5-9%).

Very few individuals enter the system for the first time after age 35 (7-8%), and the number of individuals entering within a region in a specific year is so small and variable that trends are difficult to detect over a span as short as five years. A few trends noted were that Region 3 received fewer persons, ages 35-44, to their caseload in recent years than they did earlier in the five-year span (2-3% vs. 5-6% in SFY 1990 and SFY 1991) and Region 4 experienced a slight increase during SFY 1992 in the number and percentage of persons entering their caseload who were ages 35-44 (from 13 persons, or 2.2%, in SFY 1991 to 26 persons, or 3.7%, in SFY 1992). This higher number of persons, ages 35-44, entering the caseload of Region 4 has been maintained in recent years.

The number and percentage of persons entering the system who were 45-54 years old also increased for Region 4 (from 8, or 1.6%, in SFY 1990, to 18 persons, or 2.6%, in SFY 1993), with the exception of SFY 1994 when half as many 45-54 year olds entered as in SFY 1993. Region 1 tends to receive a slightly higher percentage of persons in the 35-44 age range (7% in SFY 1994 vs. 4% or less in other regions) and in the 65 and older age range (2% in SFY 1994 vs. less than 1% in other regions).

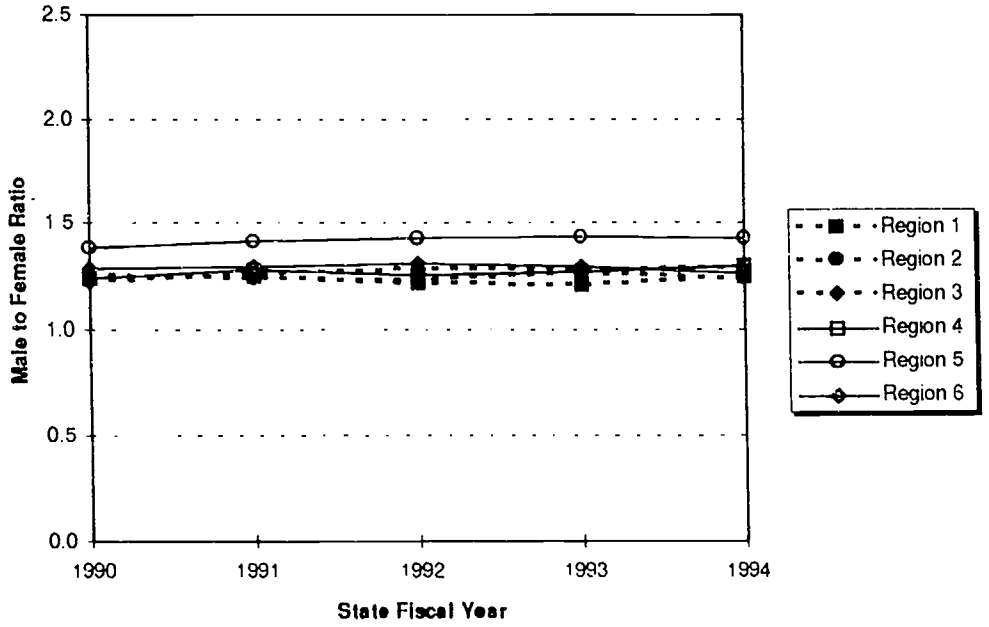
APPENDIX G

GENDER MIX OF CASELOAD BY REGION AND RHC

GENDER MIX BY REGION

Figure G-1 compares the gender ratios during the past five years for each of the six DSHS regions. Region 5 consistently had a significantly higher male to female ratio (1.4:1.0) within their caseload. The other regions had similar male to female ratios, averaging 1.3:1.0. The male to female ratios within regional caseloads varied slightly from year to year, but showed no significant change over the five-year span.

Figure G-1: Male to Female Ratios for Community Caseload by Region

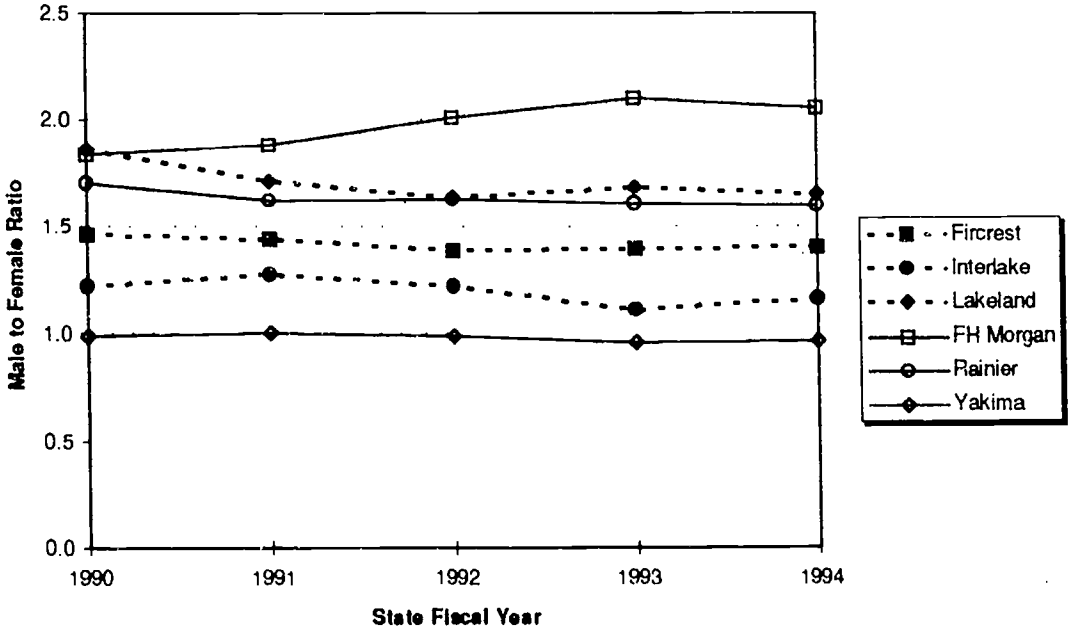


Region 5 does have slightly more males than females in their general population (1.0:1.0 versus 0.9:1.0 for other regions); however, this difference is not large enough to completely account for the difference found for the Region 5 DDD caseload. Another possible explanation is the location of Rainier School and FHMC in the geographical bounds of Region 5. (Both of these centers have higher than average male to female ratios, see below). Over the years, individuals may have moved from these centers to the community and stayed in the same region where their RHC was located (the most likely new residence for individuals moving from an RHC to community living, see Appendix E). A third possible explanation is the slightly higher percentage of autism cases in Region 5 (see Appendix I) as compared to other regions (autism is known to have a gender ratio in excess of 4:1). However, all of these explanations account for only a small influence, leaving much of the variability in the gender ratio unexplained.

GENDER MIX BY RHC

There is considerable variability among the RHCs in terms of male to female ratio, due in part to the types of persons each center serves (see Figure G-2). Frances Haddon Morgan Center has the highest male to female ratio (2 males to every female); however, they also specialize in treating autism, which is four times more common among males.

Figure G-2: Male to Female Ratio by RHC



Interlake School had a low gender ratio prior to its closure, and Yakima Valley School has a nearly equal gender mix. Interlake and Yakima provide services primarily to persons with severe and profound mental retardation (see Appendix J), levels at which the gender ratios are more equal; whereas, the other RHCs tend to provide services to more individuals with severe behavioral problems, which are more common among males.

GENDER MIX FOR PERSONS NEWLY ELIGIBLE FOR SERVICES

The male to female ratios for persons newly eligible for services vary considerably from year to year within regions (see Table G-1). On average, Regions 3 and 6 tend to receive more males who are newly eligible for services (1.5 per female); while Region 1 tends to receive fewer males (an average of 1.3 males per female). The higher gender ratio for the Region 5 caseload must have been due to a larger proportion of males entering prior to SFY 1990, because the gender ratio among persons newly eligible for services in Region 5 did not differ significantly from the statewide average over the most recent five-year span.

Table G-1: Male to Female Ratios for Persons Newly Eligible for Services by Region

	Fiscal Year of Eligibility					
Region	1990	1991	1992	1993	1994	Average
Region 1	1.2	1.2	1.0	1.4	1.5	1.3
Region 2	1.6	1.2	1.4	1.4	1.2	1.4
Region 3	1.6	1.6	1.5	1.3	1.7	1.5
Region 4	1.6	1.3	1.4	1.4	1.3	1.4
Region 5	1.4	1.4	1.4	1.4	1.5	1.4
Region 6	1.7	1.5	1.7	1.4	1.5	1.5
Statewide	1.5	1.4	1.4	1.4	1.4	1.4

APPENDIX H

RACIAL/ETHNIC MIX OF CASELOAD BY REGION AND RHC

RACE OF CASELOAD BY REGION

Regions vary in terms of the percentage of non-Caucasians on their caseload, although all have experienced increases over the five-year span (see Table H-1). Regions 1, 2, and 4 had the largest rate of growth in the number of non-Caucasians on their caseload (123% or more increase vs. 64% or less in other regions). These are the regions with the largest caseload growth (see Appendix B); although, in all regions the growth rate among non-Caucasians is at least twice that of the overall regional caseload growth.

Table H-1: Percentages of Non-Caucasians by Region

	Fiscal Year										
	1990		1991		1992		1993		1994		5 year %
Region	N	%	N	%	N	%	N	%	N	%	change
Region 1	132	8.1	156	8.6	194	9.4	247	10.5	295	11.2	123.5
Region 2	138	10.0	160	10.4	203	12.0	251	13.6	315	15.6	128.3
Region 3	126	5.9	132	5.9	149	6.2	178	6.8	207	7.6	64.3
Region 4	428	13.3	502	14.4	561	15.1	746	17.1	954	19.2	122.9
Region 5	318	12.7	342	12.8	388	13.7	454	14.9	516	16.0	62.3
Region 6	130	5.7	159	6.5	169	6.6	187	7.1	203	7.3	56.2
Total	13,119		14,194		15,284		16,869		18,330		39.7

Region 4 has the highest percentage of non-Caucasians on their caseload, with 19% in SFY 1994 (up from 13% in SFY 1990), followed by Region 5 with 16% (up from 13% in SFY 1990). Regions 1 and 2 had similar percentages of non-Caucasians on their caseloads during SFY 1990 (with 8% and 10% respectively), but the growth rate in Region 2 (16% in SFY 1994) was faster than in Region 1 (11% in SFY 1994).

Regions 3 and 6 also have similar percentages of non-Caucasians on their caseloads, both increasing from slightly less than 6% in SFY 1990 to slightly over 7% in SFY 1994.

Figure H-1 compares the racial composition of the caseload by region for non-Caucasians. In most regions, the racial composition of the caseload remained fairly stable over the five-year span, although increasing slightly for most categories.

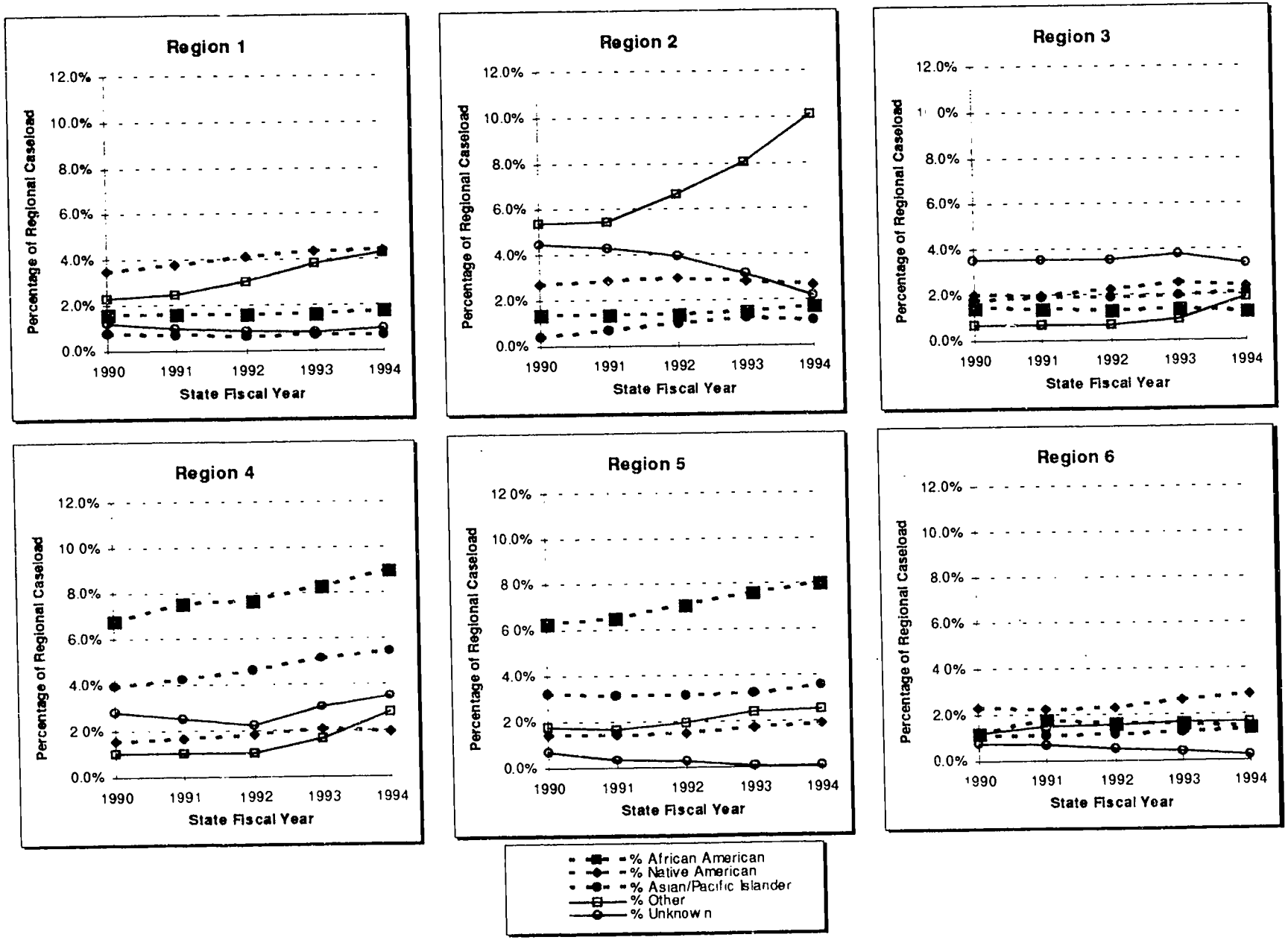
African Americans are the largest racial group in the caseloads of Regions 4 and 5, increasing from 7% to 9% in Region 4, and from 6% to 8% in Region 5. African Americans constitute less than 2% of the caseload in other regions, where their percentages have remained fairly stable.

Native Americans are the largest racial group in the caseloads of other regions. Region 1 has the largest percentage (4%), followed by Region 2 (3%) with nearly the same percentage for Regions 3 and 6 in recent years (up from 2%), and Regions 4 and 5 are lower (2%). The percentages have been increasing mildly in all regions, except for Region 2's caseload of Native Americans which remained fairly stable. Region 1's caseload of Native Americans increased the most, but the percentage is only 1% higher than it was in SFY 1990.

The percentages of persons identified as Asian/Pacific Islanders are increasing in the caseloads of Regions 2 and 4, while other regions are remaining stable. The percentage increased from just under 1% of the caseload in SFY 1990 to just over 1% in SFY 1994 for Region 2, and from 4% in SFY 1990 to nearly 6% in SFY 1994 for Region 4. Region 5 has the second highest percentage of Asian/Pacific Islanders in their caseload (3%), followed by Region 3 (2%), with 1% or less in other regions.

In most regions' caseloads, there are more individuals with an other race classification than an unknown race classification, except for Regions 3 and 4. Persons of other races have been increasing in the caseload of Region 1 (from 2% in SFY 1990 to over 4% in SFY 1994), and particularly strongly in the caseload of Region 2 since SFY 1991 (from less than 6% to over 10%). Region 2 had a corresponding decline in the unknown classification (from over 4% to 2%), using both of these categories more often than all other non-Caucasian classifications, except for American Indian in SFY 1994. Region 2 had more than three times the number of persons classified as other race on their caseload than the number of any other non-Caucasian classification in SFY 1994. Region 3 also uses the unknown category more often than other classifications, while Regions 1, 5, and 6 have few persons of unknown race on their caseloads.

Figure H-1: Percentage of Non-Caucasians in Each Region



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Regional differences in racial composition for the general population can account for some of the variability among regional caseloads in their racial composition (see Table H-2). The percentages of African Americans and Native Americans in the caseload of every region tend to be higher than that of the general population, while the percentages of Asian/Pacific Islanders tend to be lower than in the general population. The percentages for the other race classification were lower than the general population in SFY 1990 and higher in SFY 1994 for Regions 1, 3, and 4, but were still lower than the general population for Region 2 in SFY 1994. The percentages in Regions 5 and 6 were higher than the general population in both SFY 1990 and SFY 1994.

Table H-2: Comparison of DDD Regional Non-Caucasian Caseload to the General Population

Region	Race	1990		1994	
		DDD	Gen Pop	DDD	Gen Pop
Region 1	African American	1.6%	1.0%	1.8%	1.1%
	Native American	3.5%	2.2%	4.4%	2.3%
	Asian/Pacific Islander	0.7%	1.6%	0.7%	2.0%
	Other Race	2.3%	3.1%	4.3%	4.0%
Region 2	African American	1.4%	1.2%	1.7%	1.3%
	Native American	2.7%	2.4%	2.7%	2.5%
	Asian/Pacific Islander	0.4%	1.4%	1.1%	2.0%
	Other Race	5.4%	12.5%	10.1%	16.4%
Region 3	African American	1.4%	1.0%	1.3%	1.1%
	Native American	2.0%	1.7%	2.4%	1.7%
	Asian/Pacific Islander	1.8%	3.0%	2.1%	3.8%
	Other Race	0.7%	1.1%	1.9%	1.3%
Region 4	African American	6.8%	5.1%	9.0%	5.4%
	Native American	1.6%	1.1%	2.0%	1.2%
	Asian/Pacific Islander	3.9%	7.9%	5.4%	9.5%
	Other Race	1.0%	1.1%	2.8%	1.1%
Region 5	African American	6.3%	6.1%	8.0%	6.5%
	Native American	1.5%	1.5%	1.9%	1.5%
	Asian/Pacific Islander	3.2%	4.8%	3.6%	6.1%
	Other Race	1.8%	1.3%	2.5%	1.2%
Region 6	African American	1.2%	0.9%	1.4%	1.2%
	Native American	2.3%	2.0%	2.9%	2.1%
	Asian/Pacific Islander	1.1%	2.1%	1.4%	2.8%
	Other Race	1.2%	0.9%	1.7%	0.9%
Statewide	African American	3.5%	3.1%	4.5%	3.3%
	Native American	2.0%	1.7%	2.5%	1.7%
	Asian/Pacific Islander	2.0%	4.3%	2.7%	5.3%
	Other Race	1.8%	2.4%	3.4%	2.9%

HISPANIC ETHNICITY AMONG COMMUNITY CASELOADS BY REGION

Among persons on the DDD caseload living in the community (see Table H-3), the Hispanic population grew rapidly in Regions 1, 2, and 4 (93% or higher increase), matched the overall caseload growth in Region 3 (43%), and declined in Regions 5 and 6 (by 63% and 4%, respectively). In Region 6, even though the number of Hispanics on the caseload barely changed, the percentage of Hispanics dropped as the total caseload continued to increase in size. In Region 5, however, the number of Hispanics on the caseload actually dropped. Region 2 has the largest percentage of persons of Hispanic descent on their caseload (15% in SFY 1994), while Regions 5 and 6 have 1% or less, and all other regions have 2% to 4%.

Table H-3: Percentage of Hispanics Among Community Caseloads

	Fiscal Year										
	1990		1991		1992		1993		1994		5 year %
Region	N	%	N	%	N	%	N	%	N	%	change
Region 1	48	2.9	58	3.2	61	3.0	74	3.1	97	3.7	102.1
Region 2	159	11.5	188	12.2	222	13.1	258	14.0	307	15.2	93.1
Region 3	40	1.9	37	1.7	41	1.7	52	2.0	57	2.1	42.5
Region 4	68	2.1	76	2.2	78	2.1	109	2.5	136	2.7	100.0
Region 5	27	1.1	17	0.6	16	0.6	10	0.3	10	0.3	-63.0
Region 6	28	1.2	28	1.2	27	1.1	27	1.0	27	1.0	-3.6
Total	13,119		14,194		15,284		16,869		18,330		39.7

Table H-4: Comparison of the DDD Caseload and the General Population for Hispanic Ethnicity by Region

	1990		1994	
Region	DDD	Gen Pop	DDD	Gen Pop
Region 1	2.9%	5.1%	3.7%	6.6%
Region 2	11.5%	16.3%	15.2%	21.2%
Region 3	1.9%	2.8%	2.1%	3.3%
Region 4	2.1%	2.9%	2.7%	3.2%
Region 5	1.1%	3.4%	0.3%	3.8%
Region 6	1.2%	2.5%	1.0%	3.0%
Statewide	2.7%	4.4%	3.3%	5.3%

Regional differences in the general population for persons of Hispanic descent can explain some of the regional differences for the DDD caseload (see Table H-4). Percentages tend to be higher in regions with higher percentages of Hispanics in their general population, and percentages for the DDD caseload increased in most regions, as in the general population. However, Regions 5 and 6 experienced declines in the percentage of Hispanics on their caseload, yet the percentage of Hispanics in the general population for these regions continued to increase.

RACE OF PERSONS BY RHC

The percentages of non-Caucasians within each RHC remained fairly stable across the five-year span, but across RHCs there was considerable variation (see Table H-5). Lakeland and Rainier varied between 3-4% in terms of their percentage of non-Caucasians, Fircrest between 6-7%, Interlake between 9-10%, Yakima between 11-12%, and Frances Morgan Center between 13-15% over the past five years. Despite downsizing of the RHCs, Lakeland's non-Caucasian caseload increased until SFY 1992. Since few new admissions have occurred at the RHCs, Lakeland must have transferred in several non-Caucasians from other centers, primarily from Interlake (see Appendix E).

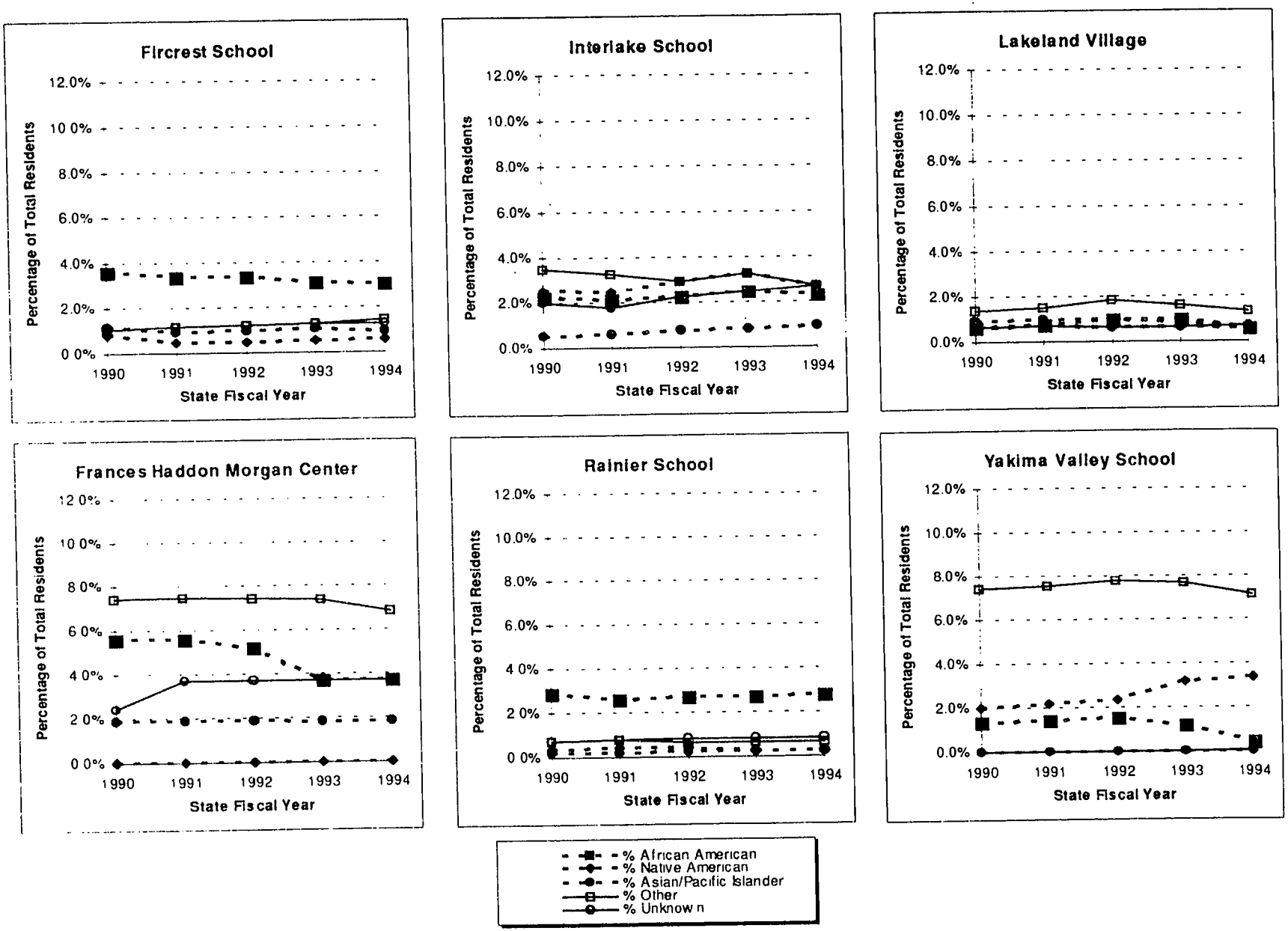
Table H-5: Percentage of Non-Caucasians by RHC

	Fiscal Year										
	1990		1991		1992		1993		1994		5 year %
RHC	N	%	N	%	N	%	N	%	N	%	change
Fircrest	32	6.7	26	5.9	25	6.0	23	5.9	23	6.0	-28.1
Interlake	18	8.8	14	8.5	12	8.9	12	9.8	9	8.6	-50.0
Lakeland	11	3.6	12	3.9	14	4.4	13	4.1	9	3.0	-18.2
FHMC	8	15.0	8	15.0	8	14.6	7	13.0	7	12.5	-12.5
Rainier	23	4.1	20	4.0	19	3.9	18	3.8	18	3.8	-21.7
Yakima	16	10.8	16	11.2	15	11.7	15	12.0	13	10.9	-18.8
Total	1,760		1,616		1,535		1,478		1,413		-19.7

Trends in the number of minorities at each RHC are difficult to compare by racial group because there are so few persons in each category. The percentage of persons in a racial group also cannot be compared across centers because there are too few persons in some categories, and such comparisons would be misleading. However, the overall racial composition for each RHC can be compared (see Figure H-2).

At Fircrest, the largest non-Caucasian racial group is African American (3% in SFY 1994, declining from 4% in SFY 1990), the smallest is Native American (less than

Figure H-2: Percentage of Non-Caucasians in Each RHC



1%), and the other categories each constitute 1%. Interlake's largest non-Caucasian minority population was Native American, with almost as many African Americans (about 2-3%), and there were a few Asian/Pacific Islanders as well (about 1%). About 3% of persons were classified as other race and 2% were classified as unknown race. At Lakeland, the other race category is the largest non-Caucasian classification (though less than 2%), with approximately equal numbers of African Americans, Asian/Pacific Islanders, Native Americans, and persons of unknown race (about 1% each).

FHMC has a few African Americans and persons classified as other race, one Asian/Pacific Islander and one person with an unknown race classification, and no Native Americans. The percentages at this center appear large in comparison to other centers because of its small size. Rainier School has several African Americans (just under 3%), but only a few Native Americans and Asian/Pacific Islanders. Few persons are classified as unknown or other race (about 1% for each classification type). Yakima Valley School has some African Americans and Native Americans (2% of each race in SFY 1990), with more Native Americans (almost 4%), almost no African Americans, and no Asian Americans in recent years. However, this center uses the other race category most often to classify individuals (almost 7% of persons).

HISPANIC ETHNICITY BY RHC

Few persons residing in RHCs are Hispanic (see Table H-6). Yakima Valley School had the largest percentage in SFY 1994 (6%), followed by Frances Morgan Center (4%), Interlake (2%), and Lakeland (1%). Fircrest and Rainier had none. Interlake experienced a decline in the number and percentage of Hispanics over the five-year span, due primarily to several persons of Hispanic descent moving out of this facility during SFY 1992.

Table H-6: Percentage of Hispanics Among RHCs

	Fiscal Year										
	1990		1991		1992		1993		1994		6 year %
RHC	N	%	N	%	N	%	N	%	N	%	change
Fircrest	2	0.4	1	0.2	1	0.2	0	0.0	0	0.0	-100.0
Interlake	10	5.0	10	5.9	4	2.9	4	3.3	2	2.0	-80.0
Lakeland	4	1.3	3	1.0	3	1.0	3	1.0	3	1.1	-25.0
FHMC	2	3.7	2	3.7	2	3.7	2	3.7	2	3.7	0.0
Rainier	1	0.2	1	0.2	1	0.2	0	0.0	0	0.0	-100.0
Yakima	9	6.1	9	6.5	8	6.2	8	6.3	7	5.9	-22.2
Total	1,760		1,616		1,535		1,478		1,413		-19.7

RACE OF PERSONS NEWLY ELIGIBLE FOR SERVICES BY REGION

Racial trends within regions for persons newly eligible for services are difficult to detect because few non-Caucasians enter the system within a particular region in a single year, and the number is highly variable from year to year (see Table H-7). Additionally, percentages are not comparable to the current caseload because the small numbers inflate the percentage; although, the ordering of the different categories can be compared to the regional distribution for the current caseload when there are clear distinctions in the ordering.

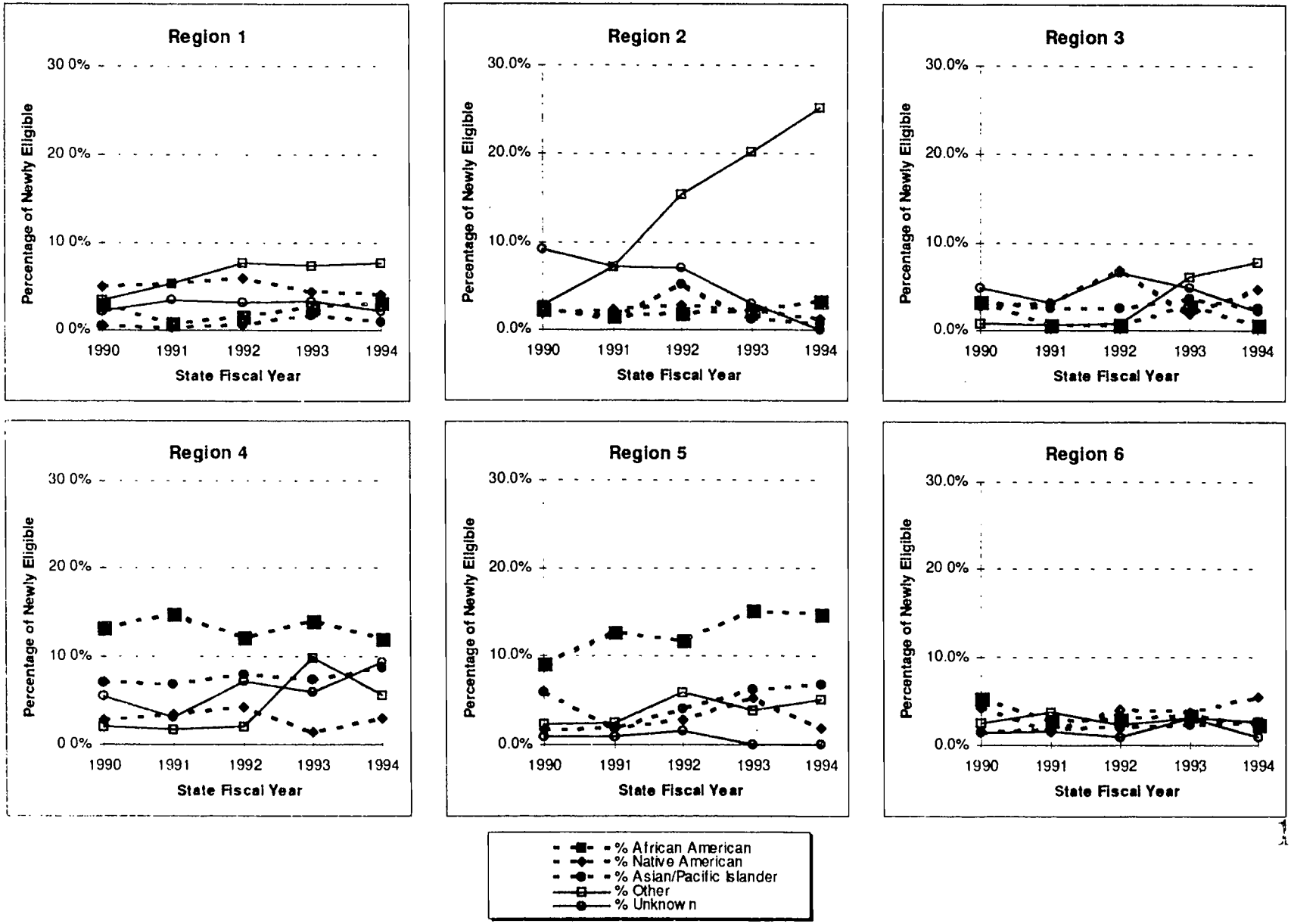
Table H-7: Percentage of Non-Caucasian Persons Newly Eligible for Services by Region

	Fiscal Year of Eligibility										
	1990		1991		1992		1993		1994		5 year %
Region	N	%	N	%	N	%	N	%	N	%	change
Region 1	33	13.9	40	15.0	61	18.8	66	19.4	58	17.8	75.8
Region 2	40	18.4	49	19.5	69	32.1	68	28.7	93	30.4	132.5
Region 3	37	14.7	29	10.1	61	17.3	63	19.1	57	17.8	54.1
Region 4	152	30.3	175	29.7	237	33.3	267	38.4	270	38.5	77.6
Region 5	61	19.9	64	19.9	84	26.1	103	30.5	105	28.5	72.1
Region 6	42	14.6	37	11.6	37	12.4	55	15.7	48	13.8	14.3
Total	365		394		549		622		631		72.9

All regions began receiving a larger number of non-Caucasians among those newly eligible for services in SFY 1992, except for Region 6 which received a larger number beginning in SFY 1993. Region 2 had the largest increase in non-Caucasians among individuals newly eligible for services, a 133% increase over the five-year span, while other regions increased 54-78% (except for Region 6 which had no clear trend).

The largest non-Caucasian racial group among persons newly eligible for services in Region 1 is Native American, constituting 5% of the persons newly eligible for services in this region (see Figure H-3). Region 1 has very few African Americans and Asian/Pacific Islanders entering each year. These percentages are also small for Region 1's current caseload. Persons of other race increased among those newly eligible for services in this region (from 4% in SFY 1990, stabilizing at 7-8% by SFY 1992), and the number of persons of unknown race remained stable at 3-4%.

Figure H-3: Race of Non-Caucasian Persons Newly Eligible for Services by Region



The percentage of minorities among persons newly eligible for services in Region 2 is, on average, similar for all racial groups, with the exception of an unusually high number of Asian/Pacific Islanders entering in SFY 1992 (11 vs. 2-5 persons in other years). The other and unknown race classifications showed the most marked change for all classifications and for all regions. Region 2 received only 6 persons newly eligible for services in SFY 1990 with an other race classification, but received 77 of these persons in SFY 1994, while the number of persons received with an unknown race classification declined from 21 in SFY 1990 to none in SFY 1994. These trends account for the corresponding rapid change in the current caseload for this region.

Region 3 began using the other race category more commonly to describe persons newly eligible for services in SFY 1993 and 1994, increasing from 2-3 such persons per year to 20 and 25 in SFY 1993 and 1994, respectively. The number of Native Americans newly eligible for services in this region was higher than usual in SFY 1992 and SFY 1994 (24 and 15, respectively, vs. 6-9 in other years), and there were several more African Americans entering the caseload than usual in SFY 1990 and 1993 (jumping from 2 per year to 8 and 9, respectively).

Region 4 has the largest percentage of non-Caucasians among persons newly eligible for services, with Asian/Pacific Islanders increasing mildly during the five-year span. A substantial percentage of persons newly eligible for services in Region 4 during the five-year span were African Americans (12-15%) and Asian/Pacific Islanders (7-9%). This is similar to the ordering for the current caseload. The other race category showed a peak in SFY 1993, increasing from 10 to 68 persons between SFY 1992 and SFY 1993, and declining partially to 39 persons in SFY 1994. The number of persons of unknown race who were newly eligible for services is also variable in this region (from a low of 3% in SFY 1991 to a high of 9% in SFY 1994), although generally increasing over the entire five-year span.

Region 5 also has a substantial and increasing percentage of African Americans among those newly eligible for services (from 9% in SFY 1990 to 15% in SFY 1994). The percentage of Asian/Pacific Islanders dropped to 2% in SFY 1991 (from 7% in SFY 1990), increasing back to the original level by SFY 1994, and the percentage of Native Americans increased until SFY 1993 (from 1% to 5%), then declined in SFY 1994 (to 2%). Generally, the ordering of these groups is similar to the current caseload for Region 5. The percentage of persons newly eligible for services and classified as other race varied from year to year (from a low of 2% in SFY 1990 to a high of 6% in SFY 1992); however, the general trend has been an increase over the five-year span. There were few persons of unknown race (1%) among those newly eligible for services in this region, declining to none after SFY 1992.

Region 6 has the smallest percentage of non-Caucasians among persons newly eligible for services in this region. The biggest groups of non-Caucasians among persons new to the caseload in this region are African American (2-5%) and Native American (4-5%). Asian/Pacific Islanders are a slightly smaller percentage (2%), but they are slowly increasing. Similar percentages of persons newly eligible for services in this region have an other or unknown race designation (2-4%), although the number of persons who were classified as unknown race is generally fewer than the number for other classifications.

HISPANIC ETHNICITY AMONG PERSONS NEWLY ELIGIBLE FOR SERVICES BY REGION

Table H-8 compares the regions in terms of number and percentage of persons per year who are newly eligible for services and of Hispanic descent. Region 1 experienced a strong increase in the number of Hispanics who were newly eligible for services (225%), and Regions 2, 3, and 4 also received many more Hispanics in SFY 1994 than in SFY 1990 (increases of 159%, 150%, and 107%, respectively).

Table H-8: Percentage of Hispanics Among Persons Newly Eligible for Services

	Fiscal Year of Eligibility										
	1990		1991		1992		1993		1994		5 year %
Region	N	%	N	%	N	%	N	%	N	%	change
Region 1	8	3.4	15	5.6	21	6.5	21	6.2	26	8.0	225.0
Region 2	29	13.4	43	17.1	59	27.4	56	23.6	75	24.5	158.6
Region 3	6	2.4	2	0.7	13	3.7	16	4.9	15	4.7	150.0
Region 4	15	3.0	14	2.4	21	3.0	39	5.6	31	4.4	106.7
Region 5	4	1.3	3	0.9	6	1.9	1	0.3	4	1.1	0.0
Region 6	6	2.1	4	1.3	5	1.7	7	2.0	7	2.0	16.7
Total	1,802		2,036		2,223		2,291		2,367		31.4

Region 2 admits significantly more persons of Hispanic descent than other regions; about 25% of persons newly eligible for services in Region 2 in the past three years were Hispanics. The number of persons who were Hispanic and newly eligible for services is variable from year to year in other regions; although, Regions 3 and 4 received more in recent years than five years ago (4-6% vs. 3% or under earlier in the five-year span).

APPENDIX I

ELIGIBILITY CONDITIONS BY REGION

ELIGIBILITY CONDITIONS

Table I-1a and I-1b compare regions by number and percentage of persons on the caseload with each type of eligibility condition. Table I-1a compares regions in terms of eligibility conditions applicable to persons age 6 and older, and Table I-1b compares regions in terms of eligibility conditions applicable to persons younger than age 6.

Mental Retardation

All regions experienced declines in the percentage of persons on their caseload with eligibility for mental retardation (see Table I-1a), although the numbers still increased as their caseloads increased. The five-year increase in number of persons with eligibility for mental retardation was greatest in Region 1 (37%) and smallest in Region 3 (16%). Region 6 has the highest percentage of persons with eligibility for this condition (85% in SFY 1994), but the highest region in SFY 1990 was Region 1 (95%). Regions 2, 3, and 4 had the lowest percentages of persons with eligibility for mental retardation in SFY 1994 (77%, 75%, and 75%, respectively), as they did in SFY 1990.

Autism

All regions experienced increases in the number of persons on their caseload who had eligibility for autism, with Region 2 having twice as many of these individuals on their caseload as just five years ago (11 in SFY 1990 vs. 22 in SFY 1994). Region 5's percentage of persons on the caseload with eligibility for autism (5% in SFY 1994) is higher than that of any other region, and Region 2 has the smallest percentage (1% in SFY 1994, or less than half the percentage for all other regions, with the exception of Region 1). Besides the increase to Region 5's caseload in persons newly eligible for services with autism (see Appendix K), another influence

Table I-1a: Eligibility Conditions for Persons Age 6 and Older by Region

Mental Retardation

Region	Fiscal Year 1990 N	1990 %	1991 N	1991 %	1992 N	1992 %	1993 N	1993 %	1994 N	1994 %	5 Year % Change
Region 1	1,274	94.6	1,383	92.0	1,504	88.7	1,632	84.1	1,746	81.4	37.1
Region 2	992	86.7	1,046	82.7	1,136	80.5	1,196	78.5	1,279	76.8	28.9
Region 3	1,435	84.4	1,486	81.3	1,571	79.0	1,631	77.1	1,664	75.4	16.0
Region 4	2,183	83.1	2,304	81.2	2,443	80.1	2,643	77.4	2,789	74.8	27.8
Region 5	1,797	86.8	1,929	86.9	1,993	85.0	2,081	82.7	2,151	80.1	19.7
Region 6	1,642	88.8	1,730	87.1	1,824	85.6	1,927	85.4	2,037	85.1	24.1
Statewide	9,324	86.7	9,878	85.0	10,472	82.9	11,111	80.7	11,667	78.7	25.1

Autism

Region	Fiscal Year 1990 N	1990 %	1991 N	1991 %	1992 N	1992 %	1993 N	1993 %	1994 N	1994 %	5 Year % Change
Region 1	21	1.6	23	1.6	32	1.9	34	1.8	38	1.8	81.0
Region 2	11	1.0	12	1.0	15	1.0	17	1.1	22	1.3	100.0
Region 3	41	2.4	44	2.4	51	2.6	55	2.6	57	2.6	39.0
Region 4	64	2.4	72	2.5	85	2.8	91	2.7	99	2.7	54.7
Region 5	85	4.1	96	4.3	109	4.6	119	4.7	126	4.7	48.2
Region 6	57	3.1	68	3.4	73	3.4	77	3.4	81	3.4	42.1
Statewide	279	2.6	316	2.7	365	2.9	393	2.9	424	2.9	52.0

Cerebral Palsy

Region	Fiscal Year 1990 N	1990 %	1991 N	1991 %	1992 N	1992 %	1993 N	1993 %	1994 N	1994 %	5 Year % Change
Region 1	162	12.0	173	11.5	184	10.9	214	11.0	235	10.9	45.1
Region 2	127	11.1	140	11.0	160	11.3	169	11.1	178	10.7	40.2
Region 3	209	12.3	230	12.6	248	12.5	257	12.1	263	11.9	25.8
Region 4	512	19.5	532	18.8	546	17.9	583	17.1	633	17.0	23.6
Region 5	258	12.4	283	12.8	307	13.1	324	12.9	343	12.8	33.0
Region 6	248	13.4	272	13.7	283	13.3	286	12.7	293	12.2	18.2
Statewide	1,515	14.1	1,630	14.0	1,728	13.7	1,833	13.3	1,945	13.1	28.4

Epilepsy

Region	Fiscal Year 1990 N	1990 %	1991 N	1991 %	1992 N	1992 %	1993 N	1993 %	1994 N	1994 %	5 Year % Change
Region 1	190	14.1	209	13.9	221	13.0	237	12.2	259	12.1	36.3
Region 2	122	10.7	133	10.5	147	10.4	152	10.0	163	9.8	33.6
Region 3	254	14.9	268	14.7	271	13.6	280	13.2	288	13.0	13.4
Region 4	299	11.4	313	11.0	325	10.7	353	10.3	381	10.2	27.4
Region 5	199	9.6	231	10.4	244	10.4	256	10.2	263	9.8	32.2
Region 6	326	17.6	338	17.0	340	16.0	336	14.9	340	14.2	4.3
Statewide	1,389	12.9	1,492	12.8	1,549	12.3	1,614	11.7	1,694	11.4	22.0

Table I-1a: (continued)

Another Neurological

Region	Fiscal Year 1990 N	1990 %	1991 N	1991 %	1992 N	1992 %	1993 N	1993 %	1994 N	1994 %	5 Year % Change
Region 1	1	0.1	7	0.4	11	0.6	13	0.7	14	0.7	1,300.0
Region 2	0	0.0	1	0.1	6	0.4	10	0.6	9	0.6	-----
Region 3	12	0.7	15	0.8	20	1.0	21	1.0	17	0.8	41.7
Region 4	6	0.2	7	0.2	11	0.4	22	0.6	35	0.9	483.3
Region 5	6	0.3	9	0.4	9	0.4	9	0.3	9	0.3	50.0
Region 6	25	1.4	36	1.8	43	2.0	44	1.9	45	1.9	80.0
Statewide	50	0.5	73	0.6	100	0.8	118	0.9	130	0.9	160.0

Other Conditions

Region	Fiscal Year 1990 N	1990 %	1991 N	1991 %	1992 N	1992 %	1993 N	1993 %	1994 N	1994 %	5 Year % Change
Region 1	14	1.1	38	2.5	72	4.2	111	5.7	126	5.9	800.0
Region 2	27	2.3	62	4.9	85	6.0	94	6.2	95	5.7	251.9
Region 3	60	3.5	92	5.0	129	6.5	168	7.9	185	8.4	208.3
Region 4	9	0.3	25	0.9	69	2.3	147	4.3	234	6.3	2,500.0
Region 5	17	0.8	32	1.5	62	2.6	84	3.3	100	3.7	488.2
Region 6	42	2.3	75	3.8	101	4.7	103	4.6	106	4.4	152.4
Statewide	168	1.6	325	2.8	518	4.1	708	5.1	846	5.7	403.6

Policy Exception

Region	Fiscal Year 1990 N	1990 %	1991 N	1991 %	1992 N	1992 %	1993 N	1993 %	1994 N	1994 %	5 Year % Change
Region 1	4	0.3	3	0.2	4	0.2	4	0.2	5	0.2	25.0
Region 2	5	0.4	6	0.5	8	0.6	11	0.7	12	0.7	140.0
Region 3	11	0.7	10	0.6	12	0.6	11	0.5	10	0.5	-9.1
Region 4	4	0.2	19	0.7	18	0.6	20	0.6	20	0.5	400.0
Region 5	13	0.6	18	0.8	14	0.6	7	0.3	5	0.2	-61.5
Region 6	3	0.2	1	0.1	1	0.1	0	0.0	0	0.0	-100.0
Statewide	40	0.4	58	0.5	57	0.5	53	0.4	52	0.4	30.0

Indeterminate Status

Region	Fiscal Year 1990 N	1990 %	1991 N	1991 %	1992 N	1992 %	1993 N	1993 %	1994 N	1994 %	5 Year % Change
Region 1	21	1.6	40	2.7	70	4.1	122	6.3	172	8.0	719.1
Region 2	78	6.8	97	7.7	120	8.5	150	9.8	186	11.2	138.5
Region 3	92	5.4	123	6.7	146	7.3	169	8.0	209	9.5	127.2
Region 4	160	6.1	196	6.9	220	7.2	270	7.9	305	8.2	90.6
Region 5	101	4.9	82	3.7	105	4.5	149	5.9	199	7.4	97.0
Region 6	78	4.2	79	4.0	90	4.2	101	4.5	109	4.6	39.7
Statewide	531	4.9	617	5.3	749	5.9	960	7.0	1,181	8.0	122.4

Note: Indeterminate Status includes persons with no eligibility condition indicated and persons over age 6 with developmental delays or Down Syndrome listed.

on caseload growth for persons with autism is the cumulative effect of RHC to community placements. Both Rainier and FHMC have a higher percentage of autism cases than other RHCs (see Appendix J), and both of these centers fall within the geographical bounds of Region 5, the most likely region of administrative responsibility for RHC to community transfers from these centers (see Appendix E).

Cerebral Palsy

All regions experienced increases in the number of persons with cerebral palsy listed as an eligibility condition, with Region 1 experiencing the greatest rate of change over the five-year span (45%) and Region 6 experiencing the smallest rate of change (18%). The percentage of persons with cerebral palsy listed as an eligibility condition declined in Region 4 (from 20% in SFY 1990 to 17% in SFY 1994) as their caseload grew at a faster rate than among the subset of persons with this eligibility condition. The percentages remained fairly stable in other regions, varying slightly from year to year, but generally keeping pace with the caseload growth rate for these regions. Region 4 has the highest percentage of persons on their caseload with eligibility for cerebral palsy, as compared to other regions (17% vs. 11-13% in other regions during SFY 1994).

Epilepsy

The increase over the five-year span in number of persons with epilepsy as an eligibility condition was largest in Region 1 (a 36% increase), and very small in Region 6 (4%) in comparison with the statewide caseload increase for persons with eligibility for epilepsy. The percentages of each region's caseload having eligibility for epilepsy declined, except in Region 5 which varied from year to year. Region 6 has the highest percentage of persons on their caseload with eligibility for epilepsy (14% in SFY 1994), while Regions 2, 4, and 5 have the smallest percentages (10%).

Another Neurological Condition

Very few individuals have another neurological condition indicated as their eligibility condition; however, the number of persons with eligibility for these conditions increased significantly over the five-year span, with the exception of Regions 3 and 5 where the numbers and percentages remained nearly constant. Region 1 experienced the greatest percentage increase in the number of persons with eligibility for these conditions (from 1 person in SFY 1990 to 14 persons in SFY 1994, a 14-fold increase), as did Region 2 (from 0 persons to 9 persons), and Region 4 (from 6 persons to 35 persons). Region 6 has the largest percentage of persons with eligibility under another neurological condition (2% in SFY 1994), while other regions have less than 1% of their caseload listed under this eligibility category.

Other Conditions

All regions showed strong increases in the number and percentage of persons with eligibility for other conditions, except for slight declines in the percentage of the caseload with eligibility for these conditions in Regions 2 and 6 during SFY 1994 as compared with SFY 1993 (the number of persons still increased in SFY 1994, though very mildly). Region 4 experienced the fastest growth rate (2500%). In SFY 1990, Region 4 had the smallest percentage (0.3%, or 9 persons), but in SFY 1994 over 6% of Region 4's caseload (234 persons) had other conditions listed as their eligibility condition. Region 1 also experienced a strong increase over the five-year span in the number of persons with eligibility for other conditions (from 14 to 126 persons, or an 800% increase), as did Region 5 (from 17 to 100 persons, a 488% increase). In comparison with the other regions, Region 3 has the highest percentage of persons on their caseload listed with eligibility for other conditions (8%), while Region 5 has the lowest percentage (4%).

Policy Exceptions

Policy exceptions are few (less than 1% of each region's caseload), and the number of persons listed as policy exceptions declined in Regions 5 and 6, remained fairly constant in Region 3, and increased strongly in Regions 2 and 4 over the five-year span. (Most of the increase in Region 4 occurred between SFY 1990 and SFY 1991). Region 2 has the largest percentage of persons on their caseload listed as policy exceptions (0.7% in SFY 1994) and Region 6 had no persons on their caseload listed as policy exceptions in recent years.

Indeterminate Status

The number of persons with an indeterminate status (see definition of this term in Chapter 4) also increased in most regions (with the exception of a decline between SFY 1990 and SFY 1991 in Region 5 for the number and percentage, and in Region 6 for the percentage). Region 1 experienced the strongest increase in the number of persons on the caseload with an indeterminate status (from 21 persons in SFY 1990 to 172 persons in SFY 1994, a 719% increase). Currently (SFY 1994), Region 2 has the highest percentage of persons on their caseload with an indeterminate status (11%) and Region 6 has the lowest percentage (5%), with 7-10% in other regions.

Developmental Delays

Almost all regions experienced increases in the number of children with eligibility for developmental delays (see Table I-1b), with Region 4 increasing at the fastest pace (a

119% increase over the five-year span). Region 1 also increased at a faster pace than the statewide caseload growth rate for children with developmental delays (57% vs. 43%), but Regions 3 and 5 increased at a slower pace (14% each), and Region 6 experienced a decline in the number of persons under age 6 with this eligibility condition (declining by 13%). Most of the persons on the caseload, under age 6, have developmental delays listed as their eligibility condition (90% or more in all regions), and all regions experienced a decline in the percentage of their caseload of young persons with this eligibility condition as the number of persons with eligibility for Down Syndrome increased. Regions 1, 3, and 5 have the smallest percentages of young persons on their caseloads with eligibility for developmental delays (90-91% in SFY 1994) and Regions 2, 4, and 6 have larger percentages (96-99%).

Table I-1b: Eligibility Conditions for Persons Under Age 6 by Region

Developmental Delays

	Fiscal Year										
	1990		1991		1992		1993		1994		5 Year %
Region	N	%	N	%	N	%	N	%	N	%	Change
Region 1	276	95.3	296	93.0	334	90.8	376	90.6	432	91.1	56.5
Region 2	241	98.7	275	99.2	271	97.5	308	96.3	341	95.9	41.5
Region 3	409	97.7	405	96.5	401	94.1	458	92.7	467	90.7	14.2
Region 4	564	97.5	628	97.3	648	97.6	934	98.5	1,234	98.7	118.8
Region 5	422	97.6	446	96.6	453	93.2	478	91.2	483	90.1	14.5
Region 6	418	99.8	439	98.9	427	97.3	383	95.9	364	96.6	-12.9
Statewide	2,330	97.8	2,489	96.9	2,534	95.3	2,936	94.7	3,321	94.7	42.5

Down Syndrome

	Fiscal Year										
	1990		1991		1992		1993		1994		5 Year %
Region	N	%	N	%	N	%	N	%	N	%	Change
Region 1	15	5.3	24	7.5	36	9.7	41	9.9	45	9.4	200.0
Region 2	3	1.2	3	1.1	7	2.4	12	3.7	16	4.4	433.3
Region 3	10	2.4	16	3.8	27	6.2	36	7.4	48	9.2	380.0
Region 4	15	2.6	18	2.7	16	2.4	16	1.7	17	1.4	13.3
Region 5	10	2.4	17	3.7	35	7.2	49	9.3	55	10.3	450.0
Region 6	1	0.2	6	1.4	13	2.9	18	4.5	15	3.9	1,400.0
Statewide	55	2.3	84	3.3	132	5.0	172	5.5	194	5.5	252.7

Down Syndrome

The number of young persons with eligibility for Down Syndrome increased, although some of the increase may have been due to the data manipulations performed, as discussed in Chapter 4. All regions more than doubled their number of persons with eligibility for Down Syndrome, with the exception of Region 4 in which

the number of persons remained fairly stable. Region 6 experienced the strongest increase (from a low of 1 person in SFY 1990 to a high of 18 in SFY 1993, dropping to 15 in SFY 1994, a 1400% total increase). Regions 1, 3, and 5 have the largest percentages of persons under age 6 on their caseload with eligibility for Down Syndrome (9-10% of their caseload of persons, ages 0-5), compared to 4% in Regions 2 and 6, and 1% in Region 4.

RETARDATION LEVELS

Among persons with eligibility for mental retardation, the regions have relatively similar percentages of their caseloads with each level of retardation (see Table I-2). Increases occurred in the number of persons on the caseload for all levels of mental retardation by the end of the five-year span, although rates of increase varied from region to region. Increases were smallest in Region 5 for the number of persons on the caseload with eligibility for mild retardation (21% vs. 27-49% in other regions), in Region 3 for persons with eligibility for moderate retardation (12% vs. 21-27%), in Regions 3 and 6 for persons with eligibility for severe retardation (7-8% vs. 12-19%), in Region 2 for persons with eligibility for profound retardation (8% vs. 9-44%), and in Region 3 for persons with eligibility for an unknown level of retardation (2% vs. 19-144%). Region 1 experienced a larger increase than other regions in the number of persons with eligibility for profound mental retardation (44% vs. 8-16%), and the number of persons with eligibility for mental retardation but having unknown levels of retardation more than doubled over the five-year span for Regions 1 and 6.

Region 1 has the highest percentage of persons with mild retardation among their caseload of persons with eligibility for mental retardation (42% in SFY 1994), and Region 6 has the lowest percentage (35% in SFY 1994), with Region 5 being the only region that did not experience an increasing trend in terms of this percentage.

The percentage of persons with eligibility for mental retardation who have a moderate level of retardation declined each year in Region 1 (from 34% in SFY 1990 to 31% in SFY 1994), and varied slightly from year to year in other regions. Region 6 has the highest percentage of persons with moderate levels of mental retardation (38% of their caseload of persons with eligibility for mental retardation in SFY 1994); whereas, other regions have 31-33%.

Most regions showed a decreasing trend in terms of the percentage of their caseload of persons with eligibility for mental retardation having a severe level of retardation; however, Region 5 varied slightly between SFY 1990 and SFY 1992 before declining. Regions 5 and 6 have the highest percentage of persons with severe retardation among their caseload of persons with eligibility for mental retardation (each with 17% in SFY 1994), and Region 4 has the lowest percentage (13%).

Table I-2: Retardation Levels Among Community Caseloads by Region

Region/ Retardation Level		Fiscal Year 1990 N	1990 %	1991 N	1991 %	1992 N	1992 %	1993 N	1993 %	1994 N	1994 %	5 year % change
Region 1	Mild	496	38.9	550	39.8	613	40.8	678	41.5	737	42.2	48.6
	Moderate	434	34.1	459	33.2	491	32.6	523	32.0	544	31.2	25.3
	Severe	224	17.6	233	16.8	236	15.7	243	14.9	258	14.8	15.2
	Profound	86	6.8	91	6.6	101	6.7	108	6.6	124	7.1	44.2
	Unknown	34	2.7	50	3.6	64	4.3	80	4.9	83	4.8	144.1
	Total	1,274		1,383		1,504		1,632		1,746		37.0
Region 2	Mild	362	36.5	383	36.6	426	37.5	458	38.3	497	38.9	37.3
	Moderate	334	33.7	345	33.0	374	32.9	394	32.9	425	33.2	27.2
	Severe	171	17.2	180	17.2	185	16.3	185	15.5	191	14.9	11.7
	Profound	84	8.5	89	8.5	90	7.9	89	7.4	90	7.0	7.1
	Unknown	43	4.3	48	4.6	62	5.5	71	5.9	76	5.9	76.7
	Total	992		1,046		1,136		1,196		1,279		28.9
Region 3	Mild	519	36.2	557	37.5	600	38.2	638	39.1	657	39.5	26.6
	Moderate	469	32.7	477	32.1	496	31.6	514	31.5	525	31.6	11.9
	Severe	244	17.0	249	16.8	261	16.6	263	16.1	262	15.7	7.4
	Profound	97	6.8	96	6.5	104	6.6	104	6.4	112	6.7	15.5
	Unknown	107	7.5	106	7.1	110	7.0	112	6.9	109	6.6	1.9
	Total	1,434		1,486		1,571		1,631		1,664		16.0
Region 4	Mild	798	36.6	845	36.7	915	37.5	1,024	38.7	1,097	39.3	37.5
	Moderate	734	33.6	779	33.8	823	33.7	876	33.1	921	33.0	25.5
	Severe	309	14.2	326	14.1	334	13.7	349	13.2	368	13.2	19.1
	Profound	115	5.3	124	5.4	130	5.3	139	5.3	133	4.8	15.7
	Unknown	226	10.4	231	10.0	241	9.9	255	9.6	269	9.6	19.0
	Total	2,183		2,304		2,443		2,643		2,789		27.8
Region 5	Mild	687	38.2	723	37.5	739	37.1	784	37.7	828	38.5	20.5
	Moderate	579	32.2	621	32.2	646	32.4	680	32.7	703	32.7	21.4
	Severe	318	17.7	339	17.6	354	17.8	359	17.3	363	16.9	14.2
	Profound	136	7.6	158	8.2	160	8.0	157	7.5	153	7.1	12.5
	Unknown	77	4.3	88	4.6	94	4.7	101	4.9	104	4.8	35.1
	Total	1,797		1,929		1,993		2,081		2,151		19.7
Region 6	Mild	521	31.7	568	32.8	614	33.7	660	34.3	722	35.4	38.6
	Moderate	636	38.7	660	38.2	694	38.0	735	38.1	769	37.8	20.9
	Severe	322	19.6	327	18.9	333	18.3	345	17.9	348	17.1	8.1
	Profound	141	8.6	148	8.6	157	8.6	153	7.9	154	7.6	9.2
	Unknown	22	1.3	27	1.6	27	1.5	34	1.8	45	2.2	104.5
	Total	1,642		1,730		1,824		1,927		2,037		24.1
Statewide	Mild	3,383	36.3	3,626	36.7	3,906	37.3	4,242	38.2	4,537	38.9	34.1
	Moderate	3,185	34.2	3,340	33.8	3,522	33.6	3,723	33.5	3,888	33.3	22.1
	Severe	1,587	17.0	1,654	16.7	1,703	16.3	1,743	15.7	1,790	15.3	12.8
	Profound	659	7.1	706	7.1	741	7.1	750	6.8	766	6.6	16.2
	Unknown	508	5.4	550	5.6	598	5.7	652	5.9	685	5.9	34.8
	Total	9,324		9,876		10,472		11,111		11,667		25.1

Regions differ very little in their percentage of persons with eligibility for mental retardation who have a profound level of retardation, with Region 4 having a smaller percentage than other regions (5% in SFY 1994 vs. 7-8% in other regions). With the exception of Region 1, which had a slightly higher percentage of persons with eligibility for mental retardation having this level of retardation in SFY 1994 than in SFY 1990 (7.1% vs. 6.8%), there was a general decreasing trend in terms of this percentage for all regions over the five-year span; although the percentage varied within regions over the five-year span. The number of persons in each region's caseload with eligibility for profound mental retardation continued to rise, however, as their total caseloads increased.

The percentage of persons on the caseload with eligibility for mental retardation, but having an unknown level of retardation, is highest in the caseload of Region 4 (10% in SFY 1994), lowest in Region 6 (2% in SFY 1994), and similar in all other regions (5-8%). Regions 1, 2, 5, and 6 experienced an increase over the five-year span in terms of their numbers of persons with eligibility for an unknown level of mental retardation (increases of 144%, 77%, 35%, and 105%, respectively). The number of persons on the caseload with eligibility for an unknown level of retardation varied from year to year in Region 3, but continued to increase in Region 4, though not at the same pace as persons with eligibility for other levels of mental retardation (a 19% increase vs. an average increase of 28% for all levels).

APPENDIX J

ELIGIBILITY CONDITIONS BY RHC

ELIGIBILITY CONDITIONS

Table J-1 compares the RHCs by number and percentage of persons having each of the eligibility conditions. Developmental delays and Down Syndrome were not included in these comparisons since they apply only to persons under six years of age, and only one person at Yakima Valley School was in this age range during the early years of the five-year span. Comparisons were also not made for another neurological, other conditions, or policy exceptions because few persons living in RHCs have these eligibility conditions. No person living in an RHC had eligibility for another neurological condition, and only one person at FHMC (who was admitted in SFY 1993) and one at Yakima (who left in SFY 1994) had eligibility for other conditions. Additionally, policy exceptions are extremely rare in RHCs. In the past five years, only one person at Fircrest had a policy exception, and this person left in SFY 1993. All persons being served in RHCs had at least one appropriate eligibility condition in their record, so a category for indeterminate status was also not included in the comparisons.

Mental Retardation

Almost all persons living in RHCs (99-100%) have mental retardation listed as an eligibility condition (all persons at Interlake and at Yakima Valley after SFY 1992 had this condition listed), with the exception being FHMC (see Table J-1). At this center, up to 5% of persons did not have mental retardation listed as their eligibility condition, and the number of persons with eligibility for mental retardation remained stable (dropping by one person in SFY 1994) since this center has not been downsizing (see Appendix C).

Table J-1: Eligibility Conditions by RHC

Mental Retardation

	Fiscal Year										
	1990		1991		1992		1993		1994		5 Year %
Center	N	%	N	%	N	%	N	%	N	%	Change
Fircrest	480	99.6	442	99.5	419	99.5	396	99.6	383	99.8	-20.2
Interlake	200	100.0	171	100.0	136	100.0	123	100.0	101	100.0	-49.5
Lakeland	318	99.4	299	99.3	309	99.4	306	99.4	284	99.3	-10.7
FHMC	52	96.3	52	96.3	52	96.3	52	95.9	51	94.5	-1.9
Rainier	554	99.8	506	99.8	484	99.8	468	99.8	469	99.8	-15.3
Yakima Valley	147	98.7	138	99.3	129	100.0	127	100.0	120	100.0	-18.4
Total	1,751	99.5	1,608	99.5	1,528	99.5	1,471	99.6	1,407	99.5	-19.7

Autism

	Fiscal Year										
	1990		1991		1992		1993		1994		5 Year %
Center	N	%	N	%	N	%	N	%	N	%	Change
Fircrest	10	2.0	8	1.9	6	1.4	6	1.5	6	1.6	-40.0
Interlake	4	2.0	4	2.3	3	2.2	3	2.4	3	2.5	-25.0
Lakeland	7	2.2	7	2.3	7	2.3	7	2.3	6	2.0	-14.3
FHMC	30	55.7	30	55.3	30	55.8	29	52.9	27	49.9	-10.0
Rainier	104	18.8	92	18.2	87	18.0	86	18.3	86	18.4	-17.3
Yakima Valley	4	2.7	4	2.9	3	2.5	3	2.6	4	3.6	0.0
Total	159	9.0	145	9.0	137	8.9	134	9.1	132	9.3	-17.0

Cerebral Palsy

	Fiscal Year										
	1990		1991		1992		1993		1994		5 Year %
Center	N	%	N	%	N	%	N	%	N	%	Change
Fircrest	174	36.2	161	36.3	155	36.8	144	36.3	141	36.9	-19.0
Interlake	147	73.4	127	74.5	103	75.8	96	77.6	78	77.3	-46.9
Lakeland	10	3.2	15	4.8	29	9.2	32	10.3	35	12.2	250.0
FHMC	4	7.4	4	7.4	4	7.4	5	8.3	5	9.2	25.0
Rainier	8	1.4	8	1.6	8	1.5	7	1.4	8	1.6	0.0
Yakima Valley	111	74.7	106	76.3	100	78.0	97	76.8	92	77.3	-17.1
Total	454	25.8	421	26.1	399	26.0	380	25.7	359	25.4	-20.9

Epilepsy

	Fiscal Year										
	1990		1991		1992		1993		1994		5 Year %
Center	N	%	N	%	N	%	N	%	N	%	Change
Fircrest	256	53.0	239	53.8	230	54.7	220	55.3	213	55.6	-16.8
Interlake	127	63.5	113	66.0	99	72.8	91	73.8	73	72.7	-42.5
Lakeland	127	39.7	122	40.6	127	41.0	129	41.9	120	42.0	-5.5
FHMC	2	3.0	1	1.9	1	1.9	2	4.1	3	5.5	50.0
Rainier	227	40.9	213	42.0	207	42.7	201	42.9	201	42.8	-11.5
Yakima Valley	104	70.1	99	70.9	90	69.7	87	68.6	82	68.6	-21.2
Total	843	47.9	787	48.7	754	49.1	730	49.4	693	49.0	-17.8

Autism

FHMC has the highest percentage of persons with eligibility for autism (50% in SFY 1994), since it specializes in services to this population. More persons with other diagnoses have been entering this center since SFY 1993, since the number of persons with eligibility for autism declined in SFY 1993 and SFY 1994, while the total number of persons has not changed in the last five years (see Appendix C). Rainier also has a higher percentage of persons with eligibility for autism (18% in SFY 1994), as compared with other centers (4% or less).

Cerebral Palsy

Lakeland was the only center to experience a significant increase in the number of persons with cerebral palsy listed as an eligibility condition, more than tripling the number of persons with this condition over the five-year span (from 10 persons, or 3%, in SFY 1990 to 35 persons, or 12%, in SFY 1994). However, this facility took the largest number of persons from Interlake (see Appendix C), which had a high percentage of persons with cerebral palsy listed as an eligibility condition (77% in SFY 1994). FHMC also added one person with this condition in SFY 1993. All other centers experienced a decline in the number of persons with cerebral palsy listed as an eligibility condition as their populations downsized. The RHCs vary considerably in the percentage of their population who have eligibility for cerebral palsy indicated in their CCDB record. More than 77% of the persons at Interlake and Yakima during SFY 1994 had cerebral palsy listed as an eligibility condition; whereas, less than 2% of those at Rainier had this condition listed.

Epilepsy

With the exception of FHMC and Yakima Valley, RHCs experienced slight increases in the percentage of persons with epilepsy listed as an eligibility condition. In general, this seems to indicate that as downsizing occurred, persons with epilepsy were slightly less likely to choose community placements. The number of persons with epilepsy listed as an eligibility condition declined at most facilities every year as their populations downsized, although the numbers varied from year to year at Lakeland and FHMC, and the number remained stable between SFY 1993 and 1994 at Rainier. Large percentages of persons living in RHCs have epilepsy listed as an eligibility condition (42% or more), with the exception of FHMC, which has a smaller percentage than among the community caseload (6% vs. 11%, see Chapter 4). Yakima Valley and Interlake had the largest percentages of persons in SFY 1994 with this condition listed in their CCDB record (68% and 73%, respectively).

RETARDATION LEVELS

As downsizing is occurring, more persons with lower IQ levels seem to remain at the RHCs, as indicated by the larger declines over the five-year span for persons with eligibility for mild and moderate levels of mental retardation, and smaller declines for persons with eligibility for severe and profound levels of mental retardation at most centers (see Table J-2). FHMC is an exception to this trend, where the numbers of persons with eligibility for each level of mental retardation remained fairly stable since this facility is not downsizing (see Appendix C). All centers experienced declines in the number of persons with eligibility for each level of mental retardation, although there were a few exceptions: Lakeland experienced a mild increase in the number of persons with eligibility for profound mental retardation (from a low of 158 in SFY 1990 to a high of 175 in SFY 1993; these persons were most likely transfers from Interlake), and FHMC had a couple more persons with eligibility for moderate and severe levels of mental retardation than they did earlier in the five-year span.

There are few individuals living in RHCs with eligibility for mild levels of mental retardation, and their percentages are declining at every center. Rainier has the largest percentage of persons with eligibility for this level of mental retardation (9% of persons with eligibility for mental retardation in SFY 1994), followed by FHMC (5%), and 3% or less at other centers.

There are also relatively small numbers of individuals living in RHCs with eligibility for moderate levels of mental retardation. FHMC and Rainier have the largest percentages of persons with eligibility for mental retardation having this level of retardation listed in their CCDB record (20% and 13% respectively), while 11% of Lakeland's and 5% of Fircrest's and Yakima Valley's population of persons with eligibility for mental retardation have a moderate level of retardation listed.

Yakima has the highest percentage of persons with eligibility for mental retardation at the severe level (33% in SFY 1994); whereas, Lakeland and FHMC have 26-27%, Rainier has 19%, and Fircrest and Interlake have a larger percentage of persons with eligibility for mental retardation having lower IQ levels.

Persons with profound levels of mental retardation constitute the largest percentage of persons living in RHCs with eligibility for mental retardation (58-100%), and in the last three years of its operation, Interlake served only persons with profound mental retardation. Fircrest also has a fairly high percentage of persons with eligibility for profound mental retardation (81% of persons with eligibility for mental retardation at this center), as does Yakima (61%), Lakeland and Rainier (each with 58%). FHMC is the exception to this pattern, having only one person with eligibility for this level of mental retardation.

Table J-2: Retardation Levels by RHC

RHC / Retardation Level		Fiscal Year 1990 N	1990 %	1991 N	1991 %	1992 N	1992 %	1993 N	1993 %	1994 N	1994 %	5 year % change
Fircrest	Mild	18	3.8	13	3.0	9	2.1	8	2.0	8	2.1	-55.6
	Moderate	32	6.6	24	5.4	20	4.8	19	4.8	18	4.8	-43.8
	Severe	67	13.9	61	13.9	57	13.6	50	12.7	46	12.1	-31.3
	Profound	364	75.7	344	77.7	333	79.4	318	80.5	310	81.1	-14.8
	Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0.0
	Total	480		442		419		396		383		-20.2
Interlake	Mild	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0.0
	Moderate	2	1.0	1	0.8	0	0.0	0	0.0	0	0.0	-100.0
	Severe	3	1.6	2	1.1	0	0.0	0	0.0	0	0.0	-100.0
	Profound	194	97.4	168	98.1	136	100.0	123	100.0	101	100.0	-47.9
	Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0.0
	Total	200		171		136		123		101		-49.5
Lakeland	Mild	16	5.0	11	3.6	10	3.2	10	3.4	10	3.3	-37.5
	Moderate	45	14.0	38	12.6	37	12.1	36	11.8	31	10.8	-31.1
	Severe	97	30.4	89	29.7	87	28.1	83	27.2	76	26.9	-21.7
	Profound	158	49.7	160	53.4	173	55.9	175	57.0	166	58.3	5.1
	Unknown	3	0.9	2	0.7	2	0.6	2	0.7	2	0.7	-33.3
	Total	318		299		309		306		284		-10.7
FHMC	Mild	3	5.8	3	5.8	3	5.8	3	5.8	3	5.3	0.0
	Moderate	8	16.0	9	16.8	9	17.4	10	19.0	10	19.6	25.0
	Severe	12	23.7	13	25.1	13	25.1	14	26.7	13	26.0	8.3
	Profound	2	3.3	1	1.9	1	1.9	1	1.9	1	2.2	-50.0
	Unknown	27	51.3	26	50.3	26	49.8	24	46.6	24	47.0	-11.1
	Total	52		52		52		52		51		-1.9
Rainier	Mild	56	10.1	47	9.4	42	8.7	41	8.8	42	9.1	-25.0
	Moderate	88	16.0	74	14.6	68	14.0	62	13.2	61	13.1	-30.7
	Severe	105	18.9	97	19.2	92	19.1	88	18.8	87	18.6	-17.1
	Profound	298	53.8	281	55.5	275	56.8	271	57.9	272	58.0	-8.7
	Unknown	7	1.3	7	1.4	7	1.3	6	1.3	6	1.3	-14.3
	Total	554		506		484		468		469		-15.3
Yakima	Mild	1	0.7	1	0.7	1	0.5	0	0.0	0	0.0	-100.0
	Moderate	10	7.1	7	5.4	6	4.7	6	4.7	6	4.8	-40.0
	Severe	51	34.7	50	35.9	44	34.0	44	34.5	39	32.8	-23.5
	Profound	81	55.4	79	57.0	76	59.2	75	59.2	73	60.8	-9.9
	Unknown	3	2.0	1	1.0	2	1.6	2	1.6	2	1.7	-33.3
	Total	147		138		120		127		120		-18.4
RHC Total	Mild	94	5.4	76	4.7	62	4.1	62	4.2	62	4.4	-34.0
	Moderate	185	10.6	153	9.5	140	9.2	133	9.0	126	9.0	-31.9
	Severe	335	19.1	311	19.4	293	19.2	279	19.0	262	18.6	-21.8
	Profound	1,097	62.6	1,032	64.3	994	65.1	963	65.5	922	65.5	-16.0
	Unknown	39	2.2	36	2.2	36	2.4	34	2.3	34	2.4	-12.8
	Total	1,751		1,606		1,528		1,471		1,407		-19.6

At FHMC, almost as many persons with eligibility for mental retardation have an unknown level of retardation (47% in SFY 1994) as have identifiable levels of retardation, while all other facilities have very few persons with eligibility for an unknown level of mental retardation (less than 2%). One explanation for this difference is that FHMC has a large percentage of persons with eligibility for autism (see above), a population in which intelligence levels are difficult to assess due to communication difficulties associated with the disorder. Another possible explanation is that autism is the primary condition for many of these persons rather than mental retardation, so a specific level of retardation may never have been entered into the data base.

APPENDIX K

ELIGIBILITY CONDITIONS AMONG PERSONS NEWLY ELIGIBLE FOR SERVICES

ELIGIBILITY CONDITIONS

Tables K-1a and K-1b compare regions by number and percentage of persons entering the DDD system each year with each type of eligibility condition. Table K-1a compares the population of persons newly eligible for services on those eligibility conditions applicable to persons age 6 and older, and Table K-1b compares the population of persons newly eligible for services on those eligibility conditions applicable to persons under age 6. Percentage change over the five-year span is not included in the tables for this section because the number of persons entering the DDD system within a region with a specific condition is small and varies so much from year to year that comparisons between regions would have little meaning.

Mental Retardation

The number of persons receiving eligibility for mental retardation varies from year to year in most regions (see Table K-1a). Region 2 experienced an increase in the percentage of persons receiving eligibility for services with mental retardation (from 57% in SFY 1990 to 73% in SFY 1994), while Region 5 experienced a decline in this percentage each year (from 79% in SFY 1990 to 69% in SFY 1994); although, the absolute number of these persons continued to increase in Region 5, due to the overall caseload growth. Region 4 had a smaller percentage of persons receiving eligibility for services with mental retardation in recent years than earlier in the five-year span (53% in SFY 1994 vs. 68-79% in SFY 1990 to SFY 1992). In recent years, Region 4 had the smallest percentage of persons over age 6 receiving eligibility for this condition, as compared to other regions (53% vs. 68-77%).

Table K-1a: Eligibility Conditions for Persons Newly Eligible for Services by Region (Age 6 and Older)

Mental Retardation

	Fiscal Year of Eligibility									
	1990		1991		1992		1993		1994	
Region	N	%	N	%	N	%	N	%	N	%
Region 1	91	74.6	122	80.8	140	74.9	110	69.2	127	77.0
Region 2	64	56.6	77	61.1	72	69.9	79	71.8	98	72.6
Region 3	68	66.0	76	62.8	90	60.8	68	63.6	71	68.3
Region 4	129	79.1	137	68.2	186	70.7	148	56.5	128	52.7
Region 5	84	79.2	83	77.6	93	72.7	92	70.2	97	68.8
Region 6	87	71.3	88	65.7	102	83.6	136	74.7	122	73.1
Statewide	523	71.7	583	69.4	683	71.8	633	66.6	643	67.3

Autism

	Fiscal Year of Eligibility									
	1990		1991		1992		1993		1994	
Region	N	%	N	%	N	%	N	%	N	%
Region 1	1	0.8	3	2.0	6	3.2	0	0.0	3	1.8
Region 2	1	0.9	0	0.0	1	1.0	3	2.7	1	0.7
Region 3	2	1.9	2	1.7	5	3.4	1	0.9	3	2.9
Region 4	3	1.8	4	2.0	3	1.1	10	3.8	2	0.8
Region 5	1	0.9	2	1.9	4	3.1	6	4.6	7	5.0
Region 6	6	4.9	2	1.5	4	3.3	3	1.6	4	2.4
Statewide	14	1.9	13	1.5	23	2.4	23	2.4	20	2.1

Cerebral Palsy

	Fiscal Year of Eligibility									
	1990		1991		1992		1993		1994	
Region	N	%	N	%	N	%	N	%	N	%
Region 1	10	8.2	5	3.3	16	8.6	11	6.9	6	3.6
Region 2	8	7.1	13	10.3	8	7.8	4	3.6	5	3.7
Region 3	12	11.7	6	5.0	7	4.7	4	3.7	8	7.7
Region 4	26	16.0	21	10.4	19	7.2	30	11.5	24	9.9
Region 5	8	7.5	15	14.0	10	7.8	14	10.7	13	9.2
Region 6	9	7.4	14	10.4	4	3.3	13	7.1	8	4.8
Statewide	73	10.0	74	8.8	64	6.7	76	8.0	64	6.7

Epilepsy

	Fiscal Year of Eligibility									
	1990		1991		1992		1993		1994	
Region	N	%	N	%	N	%	N	%	N	%
Region 1	15	12.3	11	7.3	13	7.0	2	1.3	14	8.5
Region 2	4	3.5	7	5.6	7	6.8	5	4.5	5	3.7
Region 3	9	8.7	10	8.3	7	4.7	13	12.1	8	7.7
Region 4	15	9.2	10	5.0	18	6.8	19	7.3	27	11.1
Region 5	11	10.4	9	8.4	7	5.5	6	4.6	1	0.7
Region 6	10	8.2	9	6.7	6	4.9	4	2.2	6	3.6
Statewide	64	8.8	56	6.7	58	6.1	49	5.2	61	6.4

Table K-1a: (continued)

Another Neurological

Region	Fiscal Year of Eligibility 1990 N	%	1991 N	%	1992 N	%	1993 N	%	1994 N	%
Region 1	3	2.5	3	2.0	4	2.1	2	1.3	2	1.2
Region 2	0	0.0	5	4.0	5	4.9	0	0.0	1	0.7
Region 3	0	0.0	8	6.6	4	2.7	1	0.9	3	2.9
Region 4	0	0.0	2	1.0	6	2.3	5	1.9	7	2.9
Region 5	1	0.9	2	1.9	0	0.0	1	0.8	0	0.0
Region 6	5	4.1	5	3.7	5	4.1	0	0.0	4	2.4
Statewide	9	1.2	25	3.0	24	2.5	9	0.9	17	1.8

Other Conditions

Region	Fiscal Year of Eligibility 1990 N	%	1991 N	%	1992 N	%	1993 N	%	1994 N	%
Region 1	18	14.8	30	19.9	33	17.6	41	25.8	22	13.3
Region 2	39	34.5	35	27.8	20	19.4	19	17.3	26	19.3
Region 3	26	25.2	33	27.3	46	31.1	33	30.8	21	20.2
Region 4	2	1.2	35	17.4	56	21.3	80	30.5	90	37.0
Region 5	6	5.7	21	19.6	27	21.1	23	17.6	26	18.4
Region 6	27	22.1	36	26.9	13	10.7	35	19.2	31	18.6
Statewide	118	16.2	190	22.6	195	20.5	231	24.3	216	22.6

Policy Exception

Region	Fiscal Year of Eligibility 1990 N	%	1991 N	%	1992 N	%	1993 N	%	1994 N	%
Region 1	0	0.0	0	0.0	1	0.5	0	0.0	1	0.6
Region 2	2	1.8	0	0.0	1	1.0	0	0.0	1	0.7
Region 3	2	1.9	0	0.0	1	0.7	0	0.0	0	0.0
Region 4	14	8.6	2	1.0	0	0.0	1	0.4	0	0.0
Region 5	14	13.2	0	0.0	0	0.0	0	0.0	0	0.0
Region 6	2	1.6	0	0.0	0	0.0	0	0.0	0	0.0
Statewide	34	4.7	2	0.2	3	0.3	1	0.1	2	0.2

Indeterminate Status

Region	Fiscal Year of Eligibility 1990 N	%	1991 N	%	1992 N	%	1993 N	%	1994 N	%
Region 1	7	5.7	0	0.0	1	0.5	1	0.6	1	0.6
Region 2	5	4.4	6	4.8	2	1.9	3	2.7	2	1.5
Region 3	4	3.9	1	0.8	2	1.4	1	0.9	2	1.9
Region 4	2	1.2	10	5.0	6	2.3	1	0.4	0	0.0
Region 5	0	0.0	0	0.0	1	0.8	0	0.0	3	2.1
Region 6	0	0.0	0	0.0	0	0.0	4	2.2	0	0.0
Statewide	18	2.5	17	2.0	12	1.3	10	1.1	8	0.8

Note: Indeterminate Status includes persons with no eligibility condition indicated and persons over age 6 with developmental delays or Down Syndrome listed.

Autism

Very few individuals receive eligibility for services with autism, although a few trends were evident. Region 5 admitted a larger number of persons with eligibility for autism each year (from 1 person, or less than 1% of persons new to the DDD system in Region 5 during SFY 1990, to 7 persons, or 5% of persons new to the DDD system in Region 5 during SFY 1994). Region 6 received a larger number of persons with eligibility for autism than usual in SFY 1990 (6 persons, or 5%), as did Regions 1 and 3 in SFY 1992 (6 persons, or 3%, and 5 persons, or 3%, respectively) and Region 4 in SFY 1993 (10 persons, or 4%). In general, 2% or fewer of a region's population of persons newly eligible for services receive eligibility for this condition each year.

The increase for Region 5 is small in terms of absolute numbers; however, a couple factors help explain the pattern. First, individuals and families may be moving into Region 5 to seek services from professionals in this area who have more experience with autism. Region 5 is the geographical location of FHMC, which specializes in serving individuals with autism; therefore, schools and other services are likely to have more experience dealing with persons who have autism. Another possible influence on this region's caseload is the influx of military families seeking stations at the two large military bases located in this region for the purpose of obtaining proximity to Madigan Hospital -- the only military hospital in the Northwest. Autism is a particularly stressful condition on families, and perhaps these families are more likely to seek out these stations than families with a child having another form of developmental disability so that they can be prepared in case of crisis.

Cerebral Palsy

The number of persons new to the DDD system with eligibility for cerebral palsy also varies considerably from year to year within regions; although, Region 2 had a smaller number of persons newly eligible for services with this condition in recent years as compared to earlier in the five-year span (4-5 persons in SFY 1993 and SFY 1994 vs. 8-13 persons in earlier years). In recent years, Regions 4 and 5 had the highest percentages of persons entering the caseload with cerebral palsy as their eligibility condition (10% and 9% in SFY 1994, respectively), while other regions varied between 4-8%.

Epilepsy

Few trends were evident within regions for persons new to the DDD system with eligibility for epilepsy. Regions 5 and 6 admitted fewer persons with epilepsy as an

eligibility condition in almost every year (dropping from 11 persons in SFY 1990 to 1 person in SFY 1994 for Region 5, and dropping from 10 persons in SFY 1990 to 4 persons in SFY 1993 for Region 6), but the number increased for Region 6 during SFY 1994 (to 6 persons newly eligible for services). Comparing across regions, the number of persons newly eligible for services with this condition varies so much from year to year that there are no clear differences in terms of their percentages -- ranging from less than 1% of persons newly eligible for services in Region 5 during SFY 1994 to over 12% of persons newly eligible for services in Region 1 during SFY 1990. These numbers are likely overestimates of the actual numbers of persons receiving eligibility for this condition, because epilepsy/seizure is sometimes listed if the individual has the condition, but it usually is not the condition that determines eligibility.

Another Neurological Condition

Few persons enter the DDD system with eligibility for another neurological condition, and the numbers are getting fewer in recent years for all regions, except for Region 4. Because the numbers are so variable from year to year, no particular region clearly received a larger percentage of these individuals than any other, but Region 5 received the smallest number of these persons (only 4 persons newly eligible for services in the past five years).

Other Conditions

Region 4 seems to be the source of the dramatic increase in the caseload for the number of persons with eligibility for other conditions -- increasing from 2 persons entering in SFY 1990 to 90 persons in SFY 1994. Regions 3 and 5 also experienced an increase between SFY 1990 and SFY 1992 in the percentage of persons entering their caseload with eligibility for other conditions (from 25% to 31% for Region 3, and from 6% to 21% for Region 5). Region 2 experienced a decline in this percentage between SFY 1990 and SFY 1993 (from 35% to 17%), and Region 6 had a smaller number of these persons entering than usual in SFY 1992 (13 persons newly eligible for services, as compared to 27 or more persons in other years). Comparing across regions, Region 4 had the smallest percentage of persons entering their caseload with eligibility for other conditions in SFY 1990 (1%) and SFY 1991 (17%), but in SFY 1994 their percentage was higher than all other regions (37% vs. 18-20%), and Region 1 had a smaller percentage than other regions during SFY 1994 (13%).

Policy Exceptions

Only a small number of individuals enter the DDD system under policy exceptions each year, and most of these individuals entered the system during SFY 1990 in Regions 4 and 5 -- constituting 9%, and 13%, respectively, of the persons newly eligible for services in those regions in that year, versus 2% or less in other regions. Since SFY 1991, only a few policy exceptions per year have been granted, a total of 8 between SFY 1991 and SFY 1994; none of whom entered the administrative responsibility of Region 5 or Region 6. True policy exceptions are extremely rare; however, some field services offices use this category to describe persons newly eligible for services who do not clearly fit into one of the other eligibility categories. Some regions also use this classification for children who are participating in the federally funded medically intensive home care program if they are not eligible under DDD criteria.

Indeterminate Status

Several of the persons who entered the DDD system since SFY 1990 had no eligibility condition listed, or had Down Syndrome or developmental delays listed when older than age 6 -- 5% or more of the persons newly eligible for services in Region 1 during SFY 1990 and in Regions 2 and 4 during SFY 1991 had no appropriate eligibility condition. Regions 2 and 4 had fewer persons with no appropriate eligibility condition among those newly eligible for services in recent years than earlier in the five-year span (2-3 persons in SFY 1992 through SFY 1994 vs. 5-6 persons in SFY 1990 and SFY 1991 for Region 2, and 0-1 persons in SFY 1993 and SFY 1994 vs. 6-10 persons in SFY 1991 and SFY 1992 for Region 4).

Developmental Delays

Developmental delays are the most common eligibility condition for persons under the age of 6 (see Table K-1b). 91% or more of young persons newly eligible for services in every region received eligibility for developmental delays. The percentage of young persons new to the DDD caseload with eligibility for these conditions varies slightly within regions from year to year, with Regions 1, 2, 3, and 4 receiving more of these persons in terms of absolute number in recent years than earlier in the five-year span. During most years, Region 4 had a larger percentage of young persons receiving eligibility for developmental delays (99.8% in SFY 1994 vs. 91-97% in other regions). Other regions vary from year to year in terms of this percentage, with a low of less than 91% in Region 5 during SFY 1992 and SFY 1993, and a high of 100% in Regions 2 and 6 during SFY 1990.

Table K-1b: Eligibility Conditions for Persons Newly Eligible for Services by Region (Under Age 6)

Developmental Delays

	Fiscal Year of Eligibility									
	1990		1991		1992		1993		1994	
Region	N	%	N	%	N	%	N	%	N	%
Region 1	106	92.2	106	91.4	128	93.4	166	91.2	150	93.8
Region 2	104	100.0	121	96.8	108	96.4	121	95.3	163	95.3
Region 3	144	97.3	160	95.8	187	91.2	212	95.5	197	91.2
Region 4	335	98.8	376	96.7	447	99.8	427	98.6	457	99.8
Region 5	198	98.5	197	91.6	176	90.7	188	90.8	214	94.3
Region 6	166	100.0	175	95.1	171	97.2	161	95.3	175	97.2
Statewide	1,053	98.1	1,135	94.9	1,217	95.7	1,275	95.1	1,356	96.0

Down Syndrome

	Fiscal Year of Eligibility									
	1990		1991		1992		1993		1994	
Region	N	%	N	%	N	%	N	%	N	%
Region 1	9	7.8	10	8.6	10	7.3	16	8.8	11	6.9
Region 2	0	0.0	4	3.2	4	3.6	6	4.7	8	4.7
Region 3	4	2.7	8	4.8	18	8.8	10	4.5	19	8.8
Region 4	4	1.2	13	3.3	2	0.4	6	1.4	2	0.4
Region 5	3	1.5	18	8.4	18	9.3	19	9.2	13	5.7
Region 6	1	0.6	9	4.9	5	2.8	8	4.7	5	2.8
Statewide	21	2.0	62	5.2	57	4.5	65	4.9	58	4.1

Down Syndrome

Persons under the age of 6 can also receive eligibility for Down Syndrome, although far fewer young persons receive eligibility for services with this condition than with developmental delays. Region 2 experienced an increase in the number of these individuals entering their caseload each year-- from none in SFY 1990 to 8 young persons newly eligible for services (5%) in SFY 1994; and Regions 1 and 3 had larger numbers of young persons entering their caseloads with eligibility for Down Syndrome in recent years than earlier in the five-year span (11-16 persons newly eligible for services in SFY 1993 and in SFY 1994 vs. 9-10 persons per year in earlier years for Region 1, and 10-19 persons per year in SFY 1992 though SFY 1994 vs. 4-8 persons per year in earlier years for Region 3). Regions 5 and 6 had smaller numbers of young persons entering with eligibility for Down Syndrome than usual during SFY 1990 (3 persons vs. 13-19 persons newly eligible for services per year in Region 5, and 1 person vs. 5-9 persons per year in other years for Region 6), and Region 4 had a higher number than usual entering in SFY 1991 (13 young persons newly eligible for services vs. 2-6 persons in other years). Regions vary from year to year in terms of their percentage of young persons newly eligible for services with

Down Syndrome -- from a low of no persons newly eligible for services in Region 2 during SFY 1990, to a high of 19 persons, or 9% of young persons newly eligible for services in Region 5 during SFY 1993.

RETARDATION LEVELS

Most of the persons newly eligible for services with mental retardation have mild retardation. This is true for all regions (see Table K-2). Regions vary from year to year in terms of their percentage of persons receiving eligibility with mild mental retardation (from 41% of persons newly eligible for services with mental retardation entering Region 5's caseload in SFY 1990 to 66% of persons newly eligible for services with mental retardation entering Region 3's caseload in SFY 1991). These percentages are considerably higher than those in the current caseload; that is, all regions experienced increases in the IQ level of their population of persons newly eligible for services with mental retardation.

Regions also vary in the percentage of persons newly eligible for services with mental retardation who have a moderate level of retardation, with Region 5 being more variable from year to year than other regions (from a low of 23% of persons newly eligible for services with mental retardation in SFY 1991 to a high of 39% in SFY 1990, while the percentages varied by only 5-11% over the five-year span in other regions). Region 2 experienced an increase in the number of persons newly eligible for services with a moderate level of mental retardation in SFY 1992, and this higher number has been maintained in recent years. Percentages of persons newly eligible for services with mental retardation and having a moderate level of retardation varied from a low of 20% of persons receiving eligibility for mental retardation in Region 2 during SFY 1991 to a high of 39% in Region 5 during SFY 1990.

Few individuals per year enter a region's caseload with lower IQ levels, and the small numbers show few meaningful trends, except for Region 2, which had a smaller percentage of persons newly eligible for services in recent years with a severe level of mental retardation than earlier in the five-year span (5-7% of persons newly eligible for services with mental retardation per year during SFY 1992 though SFY 1994 vs. 11-13% in SFY 1990 and in SFY 1991).

The number of persons new to the DDD caseload with an unknown level of mental retardation also varies considerably from year to year with no consistent trend; although, Regions 3 and 5 received a smaller number of these persons in recent years (SFY 1993 and 1994) than earlier in the five-year span (1-2 persons new to the DDD caseload vs. 4-10 persons per year in earlier years for Region 3, and 5 persons vs. 6-7

Table K-2: Retardation Levels of Persons Newly Eligible for Services by Region

Region/ Retardation Level		Fiscal Year of Eligibility 1990 N	1990 %	1991 N	1991 %	1992 N	1992 %	1993 N	1993 %	1994 N	1994 %
Region 1	Mild	55	60.4	72	59.0	76	54.3	69	62.7	82	64.6
	Moderate	21	23.1	30	24.6	36	25.7	25	22.7	25	19.7
	Severe	4	4.4	9	7.4	5	3.6	8	7.3	4	3.1
	Profound	1	1.1	4	3.3	2	1.4	2	1.8	5	3.9
	Unknown	10	11.0	7	5.7	21	15.0	6	5.5	11	8.7
	Total	91		122		140		110		127	
Region 2	Mild	40	62.5	46	59.7	37	51.4	41	51.9	60	61.2
	Moderate	15	23.4	15	19.5	22	30.6	22	27.8	23	23.5
	Severe	7	10.9	10	13.0	4	5.6	4	5.1	7	7.1
	Profound	2	3.1	1	1.3	1	1.4	0	0.0	3	3.1
	Unknown	0	0.0	5	6.5	8	11.1	12	15.2	5	5.1
	Total	64		77		72		79		98	
Region 3	Mild	41	60.3	50	65.8	48	53.3	41	60.3	43	60.6
	Moderate	16	23.5	18	23.7	27	30.0	23	33.8	20	28.2
	Severe	5	7.4	2	2.6	4	4.4	1	1.5	5	7.0
	Profound	1	1.5	2	2.6	1	1.1	2	2.9	1	1.4
	Unknown	5	7.4	4	5.3	10	11.1	1	1.5	2	2.8
	Total	68		76		90		68		71	
Region 4	Mild	66	51.2	62	45.3	108	58.1	82	55.4	75	58.6
	Moderate	45	34.9	43	31.4	48	25.8	40	27.0	31	24.2
	Severe	7	5.4	14	10.2	12	6.5	10	6.8	9	7.0
	Profound	5	3.9	2	1.5	5	2.7	2	1.4	1	0.8
	Unknown	6	4.7	16	11.7	13	7.0	14	9.5	12	9.4
	Total	129		137		186		148		128	
Region 5	Mild	34	40.5	44	53.0	44	47.3	59	64.1	52	53.6
	Moderate	33	39.3	19	22.9	33	35.5	22	23.9	32	33.0
	Severe	7	8.3	12	14.5	8	8.6	5	5.4	7	7.2
	Profound	3	3.6	1	1.2	2	2.2	1	1.1	1	1.0
	Unknown	7	8.3	7	8.4	6	6.5	5	5.4	5	5.2
	Total	84		83		93		92		97	
Region 6	Mild	46	52.9	53	60.2	53	52.0	71	52.2	59	48.4
	Moderate	26	29.9	23	26.1	35	34.3	49	36.0	39	32.0
	Severe	7	8.0	10	11.4	8	7.8	7	5.1	8	6.6
	Profound	3	3.4	1	1.1	2	2.0	1	0.7	3	2.5
	Unknown	5	5.7	1	1.1	4	3.9	8	5.9	13	10.7
	Total	87		88		102		136		122	
Statewide	Mild	282	53.9	327	56.1	366	53.6	363	57.3	371	57.7
	Moderate	156	29.8	148	25.4	201	29.4	181	28.6	170	26.4
	Severe	37	7.1	57	9.8	41	6.0	35	5.5	40	6.2
	Profound	15	2.9	11	1.9	13	1.9	8	1.3	14	2.2
	Unknown	33	6.3	40	6.9	62	9.1	46	7.3	48	7.5
	Total	523		583		683		633		643	

persons per year in earlier years for Region 5). The numbers and percentages of persons new to the DDD caseload with eligibility for mental retardation and having an unknown level of retardation ranged from a low of no persons newly eligible for services with mental retardation in Region 2 during SFY 1990 to a high of 21 persons (or 15%) newly eligible for services with mental retardation in Region 1 during SFY 1992.