A Strategic Plan for 2009-2013

JULY 2008

Robin Arnold-Williams, Secretary

Washington State
Department of Social
& Health Services

Department of Social and Health Services

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- Public Affairs
  - Communications
  - Diversity Affairs
  - Government and Community Relations
  - Indian Policy and Support Services
- Special Commitment Center
- Vocational Rehabilitation

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A Message from the Leadership Team

Welcome to Washington's Department of Social and Health Services and our strategic plan for fiscal years 2009 through 2013. It's again time to review our performance and plan how to take it to the next level. In the last couple of years, we've seen a lot of progress in meeting the goals we set for ourselves.

- The number of families on public assistance is at its lowest point in over 30 years—from nearly 96,000 in 1997 to less than 51,000 today.
- Children are safer because we respond more quickly to child abuse and neglect reports—data shows a related 39 percent decline in repeat abuse within the first six months of the initial report.
- 44,000 more children have access to medical care through state-financed health programs than did two years ago—we expect to serve 68,000 children by June 2009.
- Investing in chemical dependency treatment cut waiting times and opened treatment options for an additional 4,000 people—saving taxpayers $295 a month in medical costs for each disabled client on Medicaid receiving treatment.
- Recent non-violence initiatives lowered claims for client assaults on employees in the state hospitals—by 40 percent in Western State Hospital and 50 percent in the Child Study and Treatment Center, with Eastern State Hospital remaining low.
- Because we focus on providing services that keep long-term care clients in their homes rather than in more costly institutional care, we can serve more people for less money—from 1984 to 2005, we served 14 percent more people while spending 15 percent less on their care.
- Youth assaults on employees in juvenile rehabilitation institutions are down 63 percent since 2003 when we began a new cognitive-behavioral based Integrated Treatment Model.
- Individuals needing vocational rehabilitation services for successful employment no longer get put on a waiting list—at its peak in late 2006, the waiting list held almost 14,000 people—today there is no waiting list.

These are examples of the many successes we've had, but we know there is more to do. The worsening economy may impact our funding, but we have set our sights high. We will continue to look for smarter, more efficient ways to deliver services and manage our workload. We must attract and retain a high-performing and diverse workforce, and as leaders show them how by working together we can achieve results and produce the best outcomes for the people we serve.

We hold ourselves accountable for clear, measurable results—from the most senior managers to the newest front-line employees. We define our success in terms of strong families, self-sufficient individuals, and safe and healthy children. These things are hard to measure.

The technology systems we are implementing over the next few years will give us new opportunities to test our assumptions about improving performance. We will have more payment, fiscal, and service delivery data to help make better decisions. With real-time data, we can know if our strategies are making a difference—and change them if they're not.

But it's not enough to have data and performance measures. The measures must be meaningful. We must be able to show Washington's citizens, our clients and ourselves how we are making life better for those in need. Good communication contributes to a fuller public understanding of the challenges and changes necessary to sustain and improve the social service system and the safety net for families and individuals.

This plan documents the efforts of almost 19,000 employees to improve the quality of life for individuals and families in need.

A Strategic Plan for 2009-2013

This strategic plan communicates how we will advance our mission and goals in a changing environment and meet our future challenges, so that we can better serve the most vulnerable populations in Washington State. This document guides the business policies and improvement strategies for our organization, employees, and partners.

Washington State Department of Social & Health Services

Robin Arnold-Williams
Secretary

JULY 2008

Table of Contents

Executive Summary v

Chapter 1 **Our Guiding Directions** 1
Mission 1
Vision 1
Guiding Principles 1
Statutory Authority 1
Priorities of Government 2

Chapter 2 **The People We Serve** 3
Introduction 3
Description of Services 6

Chapter 3 **Appraisal of External Environment** 11
Potential Changes in Economy That Can Affect Client Needs 11
Trends in Demographic and Customer Characteristics 12
Activity Links to Major Partners 13
Stakeholder Input 14
Future Challenges and Opportunities 15

Chapter 4 **Goals, Objectives, and Strategies** 17
A. Improve Health Care Quality and Access 17
B. Improve Treatment for Mental Illness and Chemical Dependency 17
C. Improve Children's Safety and Well-being 18
D. Improve Long Term Care 19
E. Increase Employment and Self-sufficiency 21
F. Use Effective Treatment to Enhance Outcomes 22
G. Foster Public Safety Through Rehabilitation Services 22
H. Reinforce Strong Management to Increase Public Trust 23
I. Strengthen Data-Driven Decision-Making 24
J. Value and Develop Employees 25
K. Improve Internal and External Partnerships 25

Chapter 5 **Performance Assessments** 27
Government Management Accountability and Performance 27
Audits and Reviews 28
Closing Performance Gaps 30

Chapter 6 **Internal Capacity Assessment** 33
Workforce and Organizational Capacity 33
Technology Capacity 35
Financial Capacity 36
Service Delivery Capacity 38
Facility and Infrastructure Capacity 40

Appendices
Appendix 1: Statutory Authorities 43
Appendix 2: Workforce Development Plan 53
Appendix 3: Information Technology Plan 61
Appendix 4: Institutional Facility Plan 73

Executive Summary

The Department of Social and Health Services (DSHS) is the largest agency in state government. It uses more than 30 percent of the state's revenue to provide a variety of social services for Washington's residents in need.

Each day, almost 19,000 employees help individuals and families become more self-sufficient, meet basic needs for food, shelter, and medical care, and resolve serious family issues like child abuse, domestic violence, substance abuse, and mental illness. The role of leadership is to support employees, and align resources with changing social and economic conditions.

Every two years, DSHS evaluates its priorities and reassesses how it can best meet its goals and objectives. The foundation for this action agenda is the state's Priorities of Government. Our goals support four results areas.

Priorities of Government	**DSHS Goals**
Health Care	A. Improve health care quality and access
	B. Improve treatment for mental illness and chemical dependency
Vulnerable Children and Adults	C. Improve children's safety and well-being
	D. Improve long term care
	E. Increase employment and self-sufficiency
Safety	F. Use effective treatment to enhance outcomes
	G. Foster safety through rehabilitative services
Government Efficiency	H. Reinforce strong management to increase public trust
	I. Strengthen data-driven decision making
	J. Value and develop employees
	K. Improve internal and external partnerships

While being responsive to federal and state legal requirements, the strategic plan focuses on practice and service delivery strategies critical to meeting the core mission. The Government Management Accountability and Performance (GMAP) process is the vehicle through which we demonstrate we are focused on improving outcomes for individuals, families, and communities.

DSHS promotes respect for all individuals—ethnic diversity, sexual orientation and identity, and people with disabilities—through cultural awareness, teamwork, and creative and enlightened leadership. To reach our goals, DSHS relies heavily on partners, in the community, other state agencies, and tribal governments, and within its own organizational structure. No single program or agency alone—no matter how large—can effectively impact the challenging social issues that touch our clients and our communities. By working together, we can and must make a difference, because the work we do matters to real people with critical needs.

Chapter 1 • Our Guiding Directions

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GUIDING PRINCIPLES

These principles guide and direct how we **operate and conduct our business**.

- Customer focus
- Service coordination
- Responsiveness to diversity
- Strategic thinking
- Collaborative leadership
- Community partnerships
- Accountable performance
- Organizational development
- Employee participation
- Result oriented data-based decisions
- Continuous improvement

MISSION

The mission of the Department of Social and Health Services (DSHS) is to improve the quality of life for individuals and families in need. We will help people achieve safe, self-sufficient, healthy, and secure lives.

VISION

Our vision is **a healthy, safe, and productive Washington**.

The people we serve are members of families, students in schools, and residents in communities. In most cases, they are more strongly connected to those institutions than they are to DSHS programs.

Therefore, to achieve our mission and vision, we are committed to providing our clients with **coordinated services through partnerships** with communities, tribes, counties, service providers, schools, the criminal justice system, and other agencies in the private and public sectors.

STATUTORY AUTHORITY

RCW (Revised Code of Washington) 43.20A.010 defines the purpose of DSHS.

> "The department of social and health services is designed to integrate and coordinate all those activities involving provision of care for individuals who, as a result of their economic, social or health condition, require financial assistance, institutional care, rehabilitation or other social and health services".
>
> "The department will concern itself with changing social needs, and will expedite the development and implementation of programs designed to achieve its goals".

Many federal and state laws authorize DSHS programs and services. See **Appendix 1** for detailed information on each program's statutory authority.

PRIORITIES OF GOVERNMENT (POG)

The Governor's biennial budget process includes a **results-based prioritization** of all state activities.

This prioritization process, the Priorities of Government (POG), helps ensure that the budget focuses on investments most likely to achieve the results citizens want.

DSHS actively takes part in the work of three result areas and has been reporting its performance measures at the Governor's Government Management Accountability and Performance (GMAP) forums since June 2005.

- Improve the **Health of Washington Residents** – by providing medical assistance, mental health care, and chemical dependency treatment to those needing help
- Improve the **Security of Washington's Vulnerable Children and Adults** – by providing services to keep them safe, healthy, and productive
- Improve the **Safety of People and Property** – by effectively managing and treating juvenile offenders and sex offenders

In addition, DSHS also contributes to the success of the following three POG result areas:

- Improve **Student Achievement** in Elementary, Middle and High Schools – by providing children and youth under our care with safe learning environments
- Improve the **Economic Vitality** of Businesses and Individuals – by assisting people in achieving independence and self-sufficiency
- Improve the **Ability of State Government to Achieve Results** Efficiently and Effectively – by continuous improvements in managing human resources, information technology, purchasing activities, and various risks and liabilities

Photo courtesy of the US Census Bureau (with permission)

In 2005, the Legislature and the Governor enacted legislation that requires all agencies to establish a **quality management**, **accountability** and **performance** system.

The new statute (RCW 43.17.390) outlines the following **elements** of a performance system.

- **Strategic** business **planning** that includes engaging stakeholders and customers
- Clear and relevant **performance measures**
- Collecting and **analyzing** performance **data**
- Using data to evaluate and **improve** program **performance**
- Establishing performance **goals for employees**
- Using **performance measures** to report progress
- Regular **problem-solving sessions** to address gaps in performance
- **Allocating resources** based on strategies to improve processes

Washington State Management Framework

Chapter 2 • The People We Serve

INTRODUCTION

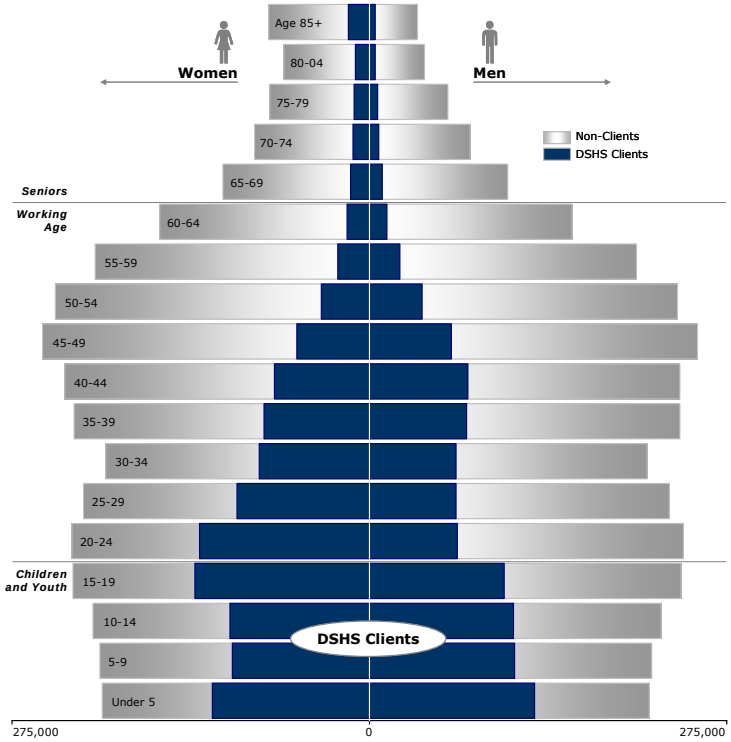
DSHS is Washington's **umbrella agency** for people who seek help in times of need.

Each year, more than **2.1 million children, families, vulnerable adults and seniors** come to DSHS for protection, food assistance, financial aid, medical care, and other services.

DSHS **manages institutions**, such as residential centers, state psychiatric hospitals, and correctional facilities for juvenile and sex offenders.

DSHS **protects vulnerable people** by licensing and monitoring care providers, and conducting inspections and investigations.

DSHS Clients in the State Population



SOURCE: DSHS, Research and Data Analysis, *Client Services Database*, analytical extract of 4/18/2008 (SFY 2006). Washington State, Office of Financial Management Forecasting Division, September 2007, *Intercensal and Postcensal Estimates of County Population by Age and Sex, 1990-2007 (CY 2007).*

Serving Washington's Residents—State Fiscal Year 2006

DSHS Services by Major Program	Clients		Expenditures	
	Number	Use Rate	Total Spent ($)	Per Client ($)
Aging and Adult Services	66,930	1.0%	1,130,455,774	11,414
Alcohol and Substance Abuse	67,605	1.1%	92,668,067	1,371
Children's Services	197,536	3.1%	339,858,948	1,589
Developmental Disabilities	37,609	0.6%	661,721,054	17,595
Economic Services (includes child support)	1,567,549	24.6%	1,411,367,164	900
Juvenile Rehabilitation	3,811	0.1%	72,660,858	19,066
Medical Assistance	1,282,197	20.1%	3,115,643,691	2,430
Mental Health Services	124,080	1.9%	513,431,039	4,138
Vocational Rehabilitation	30,446	0.5%	48,518,325	1,594
DSHS Agency Total	**2,145,581**	**33.7%**	**7,386,324,920**	**3,443**
Total Population	*6,375,321*			

Use Rate: The percent of total population receiving services (clients over total population). Cost per client includes only service costs that can be associated with clients.

Sources: DSHS, Research and Data Analysis, Client Services Database: analytical extract of 1/7/2008 (SFY 2006). Washington State Population Estimates for Public Health 2006, December 2007: Washington State Department of Health, Vista Partnership, Krupski Consulting.

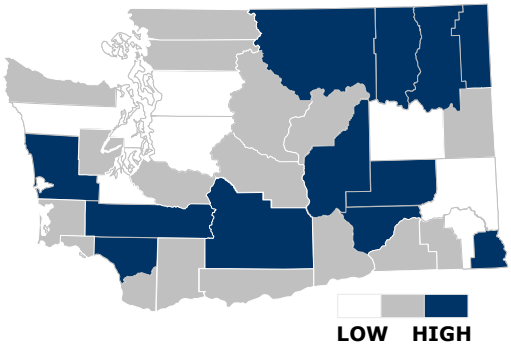
DSHS Clients Served—Overview

Washington is one of just a few states that has a cross-utilization database that links expenditures directly to client information. However, not all DSHS client expenditures are identified in the client services database—only expenditures that can be associated with individual clients are included.

DSHS spent **$7.4 billion** in fiscal year 2006 to provide direct services to **2,145,581 clients**. Total DSHS spending in fiscal year 2006 was $8.2 billion.

Client use by County

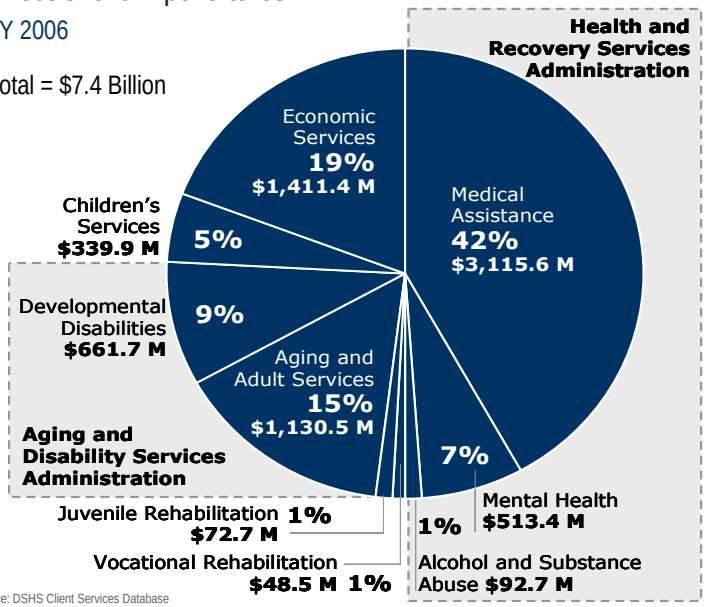
FY 2006



Direct Client Expenditures

FY 2006

Total = $7.4 Billion

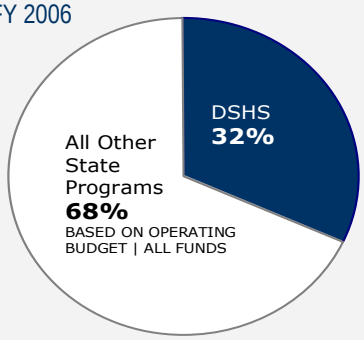


Source: DSHS Client Services Database

Department of Social and Health Services Dollars

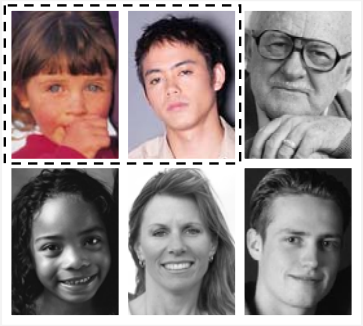
As a percent of the State Operating Budget

FY 2006



Serving One-Third of All State Residents[1]

FY 2006



Serving Half of the State's Children Under Age 18

FY 2006

[1] DSHS provides a variety of services that touch Washington's residents. Please see the list on Page 3.

Photo courtesy of Microsoft (free domain)

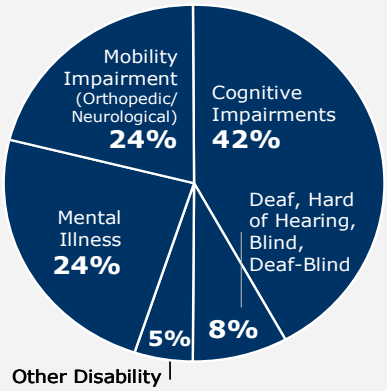
Quick Facts

Three advisory boards of experts from across the state give DSHS advice and recommendations about diversity issues facing clients and constituents:

- The Disability Advisory Committee
- Gay, Lesbian, Bi-Sexual, Transgender Advisory Committee
- Minority Advisory Committee

DSHS Disabled Clients

Type of Disability



Source: DSHS Client Services Database

Web-based cultural competence training is available at no cost to mental health service providers and state employees to help them interact effectively with people of different cultures.

The online training is available at http://www.spokane.wsu.edu/researchoutreach/WIMIRT/cc/logon.aspx

Serving a Diverse Population

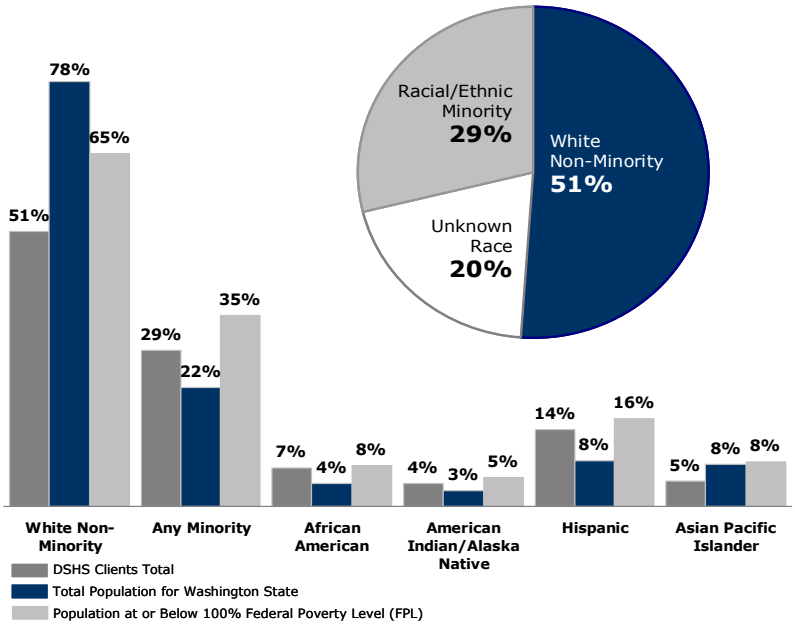
DSHS is committed to an **environment of mutual respect, tolerance, and equal opportunity to all persons served**, without regard to race, color, sex, religion, creed, age, marital status, national origin, sexual orientation, or the presence of any physical, sensory, or mental disability.

The racial-ethnic balance of DSHS clients is close to the racial-ethnic mix of Washington's low-income population. Asians are slightly under-represented and African-Americans are slightly over-represented.

The Diversity Affairs Office, located in the Office of the Secretary, assists DSHS administrations with diversity workforce planning, client services, community programs, and public contracting opportunities for minority and women owned businesses.

DSHS Clients Served—Race and Poverty Level

FY 2006



SOURCE: Washington State Department of Health, Vista Partnership, Krupski Consulting; 2006 Washington State Population Estimates for Public Health, December 2007. Source: U.S. Census 2000, PUMS 5% Sample.

NOTE: Many DSHS clients are covered up to 250% of the Federal Poverty Level (FPL).

For more detail, please see http://www.dshs.wa.gov/excel/ms/rda/2006/race/wa.xls

DECRIPTION OF SERVICES

Improve the Health of Washington's Residents

Medical assistance programs reimburse community health-care providers and hospitals for the treatment of qualified low-income families, seniors, pregnant women, and children, as well as special populations. These include refugees, the homeless, and persons with disabilities. DSHS also determines disability status for the Social Security Administration.

Healthy Options is a managed care form of Medicaid covering families that qualify for Temporary Assistance for Needy Families (TANF) including a high number of infants, children, and pregnant women. The State Children's Health Insurance Program and Basic Health Plus also provide health care coverage for children in families of the working poor.

Washington state hospitals receive **Medicaid funding** to help offset the cost of the uncompensated care provided to low-income individuals. Medicaid also funds programs to support outreach and linkage activities at public schools, health departments, and Indian Tribes. Other Medicaid access programs include transportation and interpreter services.

Alcohol and substance abuse treatment and prevention supports healthy lifestyles by preventing the misuse of alcohol, tobacco, and other drugs, and by supporting recovery from chemical dependency. These services reduce the use of emergency rooms, medical care, medical and psychiatric hospitalization, nursing home care, and overall medical costs.

Mental health services are provided in community settings and in state owned and operated psychiatric hospitals to individuals with acute and chronic mental illness and children with serious emotional disturbances. DSHS contracts with Regional Support Networks to manage treatment, crisis response, management of involuntary treatment programs, and residential services to persons meeting statutorily defined categories.

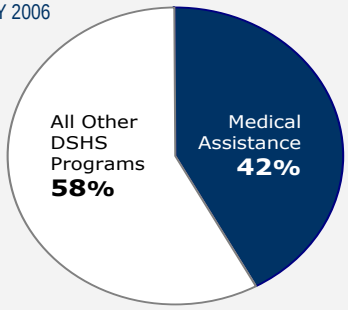
The five-year **Mental Health Transformation** project is moving DSHS toward recovery-oriented, consumer and family-driven mental health priorities.

Quick Facts

- DSHS purchases medical services for over one million children, adults, and elders mainly through Washington's Medicaid program.
- About two-thirds of the total caseload are children.

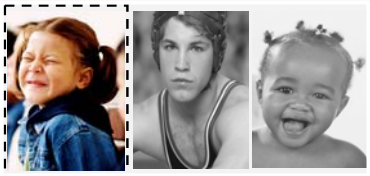
Medical Assistance Direct Client Expenditures

FY 2006



The Medicaid Program is…

Providing health care for one in three children in the state



Paying for nearly half of the births in the state

Photos courtesy of Microsoft (free domain)

- 33,775 adults and 5,765 adolescents ages 12 to 17 receive chemical dependency treatment with DSHS support.
- An estimated 80 percent of people served by public mental health systems are unemployed.

Photo courtesy of Microsoft (free domain)

Quick Facts

- Child Protective Services and its partners investigated more than 36,200 reports of abuse or neglect involving more than 42,300 children statewide in fiscal year 2007.
- The number of children placed in out-of-home care increased from about 8,600 in 2003 to about 10,400 in 2007.
- 1,283 children were adopted from the foster care system in fiscal year 2007.
- New federal data show continuing declines in child sexual and physical abuse in 2006, but no decline in child neglect.
- More than 23 percent of all infants and toddlers who exit the DSHS early intervention program no longer need special education.

Children in State Care by Placement Type

FY 2007

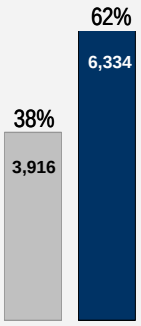


Photo courtesy of Microsoft (free domain)

Source: DSHS Children's Administration.

Improve Safety and Well-Being of Children

DSHS provides services to vulnerable children, youth, and their families to strengthen families in crisis and promote children's safety, permanency, and well-being. Many services are provided by community agencies.

Child Protective Services provides 24-hour, 7-days a week intake, screening, and investigative services for reports of suspected child abuse and neglect. Courts, law enforcement, tribes, and communities are critical members of the child protective system.

Child and Family Welfare Services provides permanency planning and intensive treatment services to children and families when court intervention and longer-term services are needed. Most children served in this program are dependents of the state, in out-of-home care, or legally free for adoption.

Family Voluntary Services are provided to families who request assistance. Services are designed to help prevent chronic or serious problems which interfere with the ability of families to protect or parent their children.

Adoption Services recruits and screens families interested in adopting children with special needs and who are in the care and custody of DSHS. **Adoption Support** helps families offset the additional expenses involved in caring for these children.

Foster Care Licensing licenses, supports, and monitors family foster homes, residential group care facilities, crisis residential services, adoption agencies, and child placing agencies.

The Infant Toddler Early Intervention Program coordinates services to enhance the development of children ages birth to three with special needs and the capacity of families to meet the special needs of their children with developmental delays or disabilities.

Health insurance, subsidized child care, and **mental health** services are available for children in low-income families.

Evidence based treatment and intervention services are provided to juvenile offenders to reduce re-offending and address treatment needs for mental health, substance abuse, sexual offending, and cognitive impairments.

Improve Health and Safety of Vulnerable People

DSHS brings together the major long-term care and support service programs for seniors and adults with long-term disabilities, chronic illness and related functional disabilities, and for children and adults with developmental delays or disabilities.

Long-Term Care services help formal and informal caregivers to meet the needs of vulnerable adults. Services include supervision, assistance with daily activities, personal care, nursing, or other supports. These services are available in the individual's own home or community residential settings, such as adult family and boarding homes, or institutional settings, like nursing homes or residential habilitation centers for individuals with developmental disabilities.

Other **community residential options** include supported living for persons with developmental disabilities.

Residential Care Services licenses and certifies adult family homes, boarding homes, and nursing homes, and investigates complaints in these homes.

The **Information and Assistance Program**, through contracts with Area Agencies on Aging, provides information to individuals and families who need to learn about long-term care options and resources. **Case management** services ensure client care is appropriate, of good quality, and cost-effective.

Adult Protective Services investigates complaints of abuse or neglect of vulnerable adults in their own homes, or in residential settings when the alleged perpetrators are not employees.

Employment and Day Program services, through contracts and partnerships with county governments, provide ongoing support for persons with developmental disabilities to find and maintain paid jobs.

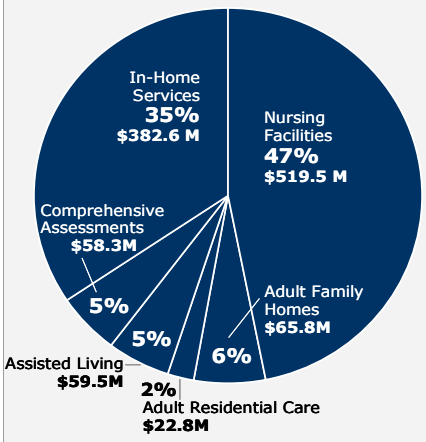
Photo courtesy of Senior Living (U.S. Census Bureau)

Quick Facts

- Family and other unpaid caregivers provide nearly 80 percent of all long-term care.
- Nursing homes cost 39 percent of the long-term care budget, but serve only 22 percent of the clients; 57 percent are served in their homes.
- Residential habilitation centers use 21 percent of the budget for developmental disabilities, but serve only 6 percent of the clients.
- National statistics indicate only one in five allegations of abuse of vulnerable adults is ever reported.

Long-term Care Client Expenditures

FY 2006



Source: DSHS Client Services Database

Quick Facts

On a typical day, with DSHS help…

- More than 400,000 people are able to afford nutritious food.
- More than 195,000 adults and children are getting cash assistance to help them meet their basic needs.
- 40,000 families get help to pay for the child care they need to go to work.
- About 7,400 parents are learning how to find jobs and getting help paying for the clothes, child care, and transportation they need to become full-time workers.
- Approximately 50 families are able to meet a short-term emergency need for food, shelter, utilities, medical care, or job-related transportation.
- Almost 7,000 parents are working to resolve serious family issues like domestic violence and substance abuse.
- More than 100 parents start a job to support their families and get off welfare.
- More than 322,000 families receive financial and medical support services from child support.

In addition…

- 60 percent of individuals who receive vocational rehabilitation services achieve employment.
- DSHS distributes specialized telecommunication equipment free of charge to deaf, hard of hearing, deafblind, and speech disabled individuals with incomes less than 200 percent federal poverty level, and on a sliding scale for others.

Improve Self-Sufficiency to Reduce Poverty

With the advent of welfare reform and its self-sufficiency focus, there has been growing recognition of the multiple, **complex barriers to employment** facing many low-income families.

Continual **coordination between programs** that provide basic income and other vital economic supports with programs that provide more specialized services and supports is the key to helping families become more self-sufficient.

There are a number of **assistance programs** available for low-income individuals, families, pregnant women, and persons with disabilities to meet day-to-day needs.

DSHS helps people meet their **basic needs** and achieve **economic independence** through cash grants, food and medical assistance, employment-focused services, subsidized child care, child support, and vocational rehabilitation services.

Major programs include **WorkFirst** (Washington's Temporary Assistance for Needy Families Program), **Basic Food** (formerly the Food Stamp Program), **General Assistance** for the Unemployable, **Refugee Assistance**, and **Working Connections Child Care**.

Child support services ensure non-custodial parents live up to the responsibility of supporting their children through financial and medical support. For many single-parent families, child support payments constitute an essential portion of their income and enhance their economic security.

Vocational rehabilitation services are provided to eligible people with disabilities to achieve employment consistent with their strengths, abilities, capabilities, concerns, priorities, resources, interests, and informed choices.

Services for the deaf, hard of hearing, and deaf-blind communities are provided to promote equal access opportunities. They include telecommunication relay service, specialized telecommunication equipment, DSHS reasonable accommodations such as sign language interpreters and assisted listening systems, and human services through four Regional Service Centers.

Foster Public Safety Through Rehabilitation Services

DSHS provides rehabilitation services for juvenile offenders and adult sex offenders in **secure environments** as a protection for staff, residents, and the public.

Services for committed youth are provided within the context of an **Integrated Treatment Model**. Youth in residential care learn cognitive behavioral skills to manage their own behavior and reduce their risk to re-offend. As youth return home, the focus shifts to improving the functioning of the family.

Evidence-based interventions are the foundation for **Secure Residential Care, Community Based Residential Care**, and **Functional Family Parole Aftercare** programs for youth and their families.

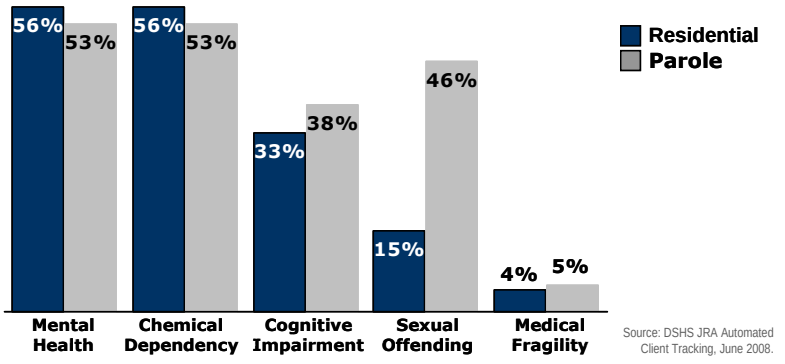
Civilly committed adults and those who were found not competent to stand trial or not guilty by reason of insanity access **mental health services** at state psychiatric hospitals. Services include evaluations, treatment, and restoration of competency to stand trial.

The **sex offender treatment program** is for civilly committed sex offenders who have completed prison terms. It offers offenders the opportunity to change and manage their behaviors so they can return to their families and communities and not re-offend.

In collaboration with the Department of Corrections and other stakeholders, DSHS is **improving assessment procedures** to better determine sex offender level of risk.

Service Needs of Youth in Rehabilitation

Sexual offending youth are on parole a minimum of 24 months, others a maximum of 6 months



Source: DSHS JRA Automated Client Tracking, June 2008.

Photo courtesy of Microsoft (free domain).

Quick Facts

Juveniles in need of services…

- About 1,000 youth are committed annually for juvenile rehabilitation services by county juvenile courts.
- More than 90 percent of youth in juvenile rehabilitative residential care are male.
- The most frequent types of offenses are burglary, assault, and robbery.
- Youth receiving rehabilitation services are typically the most serious offenders and most disordered youth in the state.
- Youth of color are confined at almost double their proportion in the community.

Rehabilitating adult offenders…

- About 70 percent of the 1,200 individuals at the state psychiatric hospitals are under civil commitment orders; 30 percent are receiving court ordered competency or forensic services.
- The Special Commitment Center (SCC) serves 280 adult sexual offenders; this is expected to grow by 20 to 24 residents each year.
- There have been no sexual re-offenses committed by SCC residents in less restrictive alternative placements.

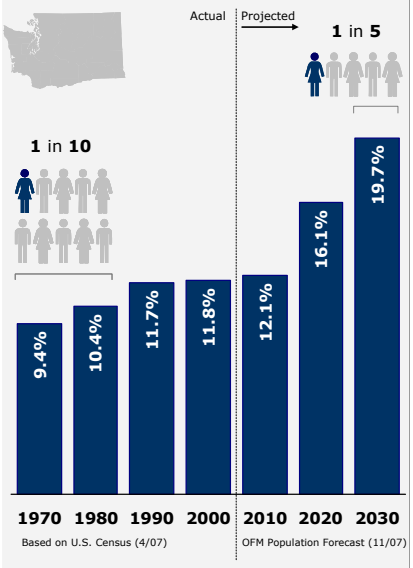
Chapter 3 • Appraisal of External Environment

Quick Facts

Impacts of economic downturn on DSHS spending…

- Although policy changes have a dominant affect on the General Assistance caseload, a higher unemployment rate seems to correlate with higher caseload growth rates over time.
- Eligibility for long-term care services is tied to Medicaid eligibility. The elderly make up the majority of the long-term care caseload. They are sensitive to changes in asset income, and the loss of a home might push them into Medicaid-funded long-term care.

The percentage of adults age 65 and over is expected to reach 1 in 5 by 2030



Source: Office of Financial Management

POTENTIAL CHANGES IN ECONOMY THAT CAN AFFECT CLIENTS' NEEDS

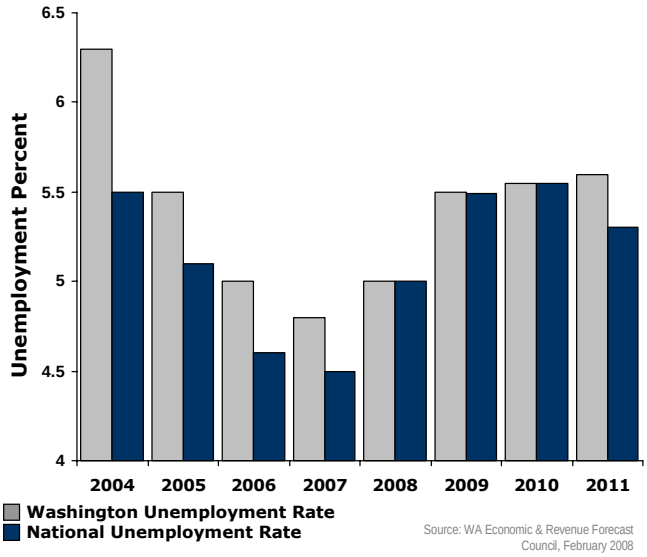
At the national level, recent economic news indicates an **economic slowdown** centered on the housing and financial markets and spreading to manufacturing, construction, and retail trade.

Employment growth has slowed since the summer of 2007, but there was still modest job growth in construction, manufacturing (driven by aerospace hiring), and retail trade.

It is possible that weakness in the national economy will cause significant future slowing in Washington's economy. In some sense, all state entitlement programs could see **higher caseloads and service use** because of a worsening economy.

Research at the national level suggests that a rise in the unemployment rate leads to a **rise in the uninsured**[2]. This rise in unemployment and the loss of jobs would expand the number of Washington residents eligible for Medicaid. Medicaid individuals are the low-income elderly, permanently disabled, children and families.

State and National Unemployment Trend



Source: WA Economic & Revenue Forecast Council, February 2008

[2] Kaiser Family Foundation, January 2002, "Rising Unemployment and the Uninsured." The analysis shows that every percentage point rise in the unemployment rate leads to an increase of about 1.2 million in the number of people uninsured.

TRENDS IN DEMOGRAPHICS AND CUSTOMER CHARACTERISTICS

The populations served by DSHS are growing and their needs are becoming more complex. Funding for government services may not keep up with demand.

Seniors, adults and children with disabilities, chronic illness and functional disabilities rely on long-term care and support services.

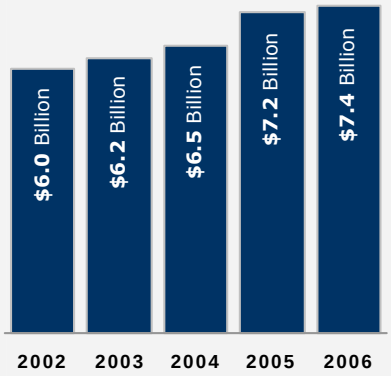
- Advances in medical technology result in **people with significant disabilities** living longer.
- The Office of Financial Management projects 32 percent growth in the **aging population** and 7.7 percent in the **developmentally disabled population** between 2008 and 2015.
- In three years, the first of 78 million baby boomers—people born between 1946 and 1964—will begin their retirement years. Kicking off a decades-long **expansion in the number of elderly people** living in America, this threatens to overwhelm the long-term care infrastructure and financing.

Children and families rely heavily on cash, food, medical, and other supports from DSHS.

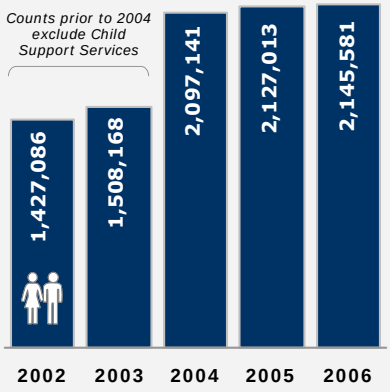
- According to the US Census Bureau, in 2006, 13 percent of Washington families with children under the age of 18 had **incomes below the federal poverty level**. In single-parent families with a female head-of-household, the percentage rises to 33 percent and to 40 percent for single-parent families with children under five years old.
- **Homeless individuals** make up almost 24 percent of the General Assistance caseload, up from 15 percent since 2001.
- Increasing numbers of new **refugee and immigrant populations** are arriving from East Africa, Eastern Europe, and Russia. Many have low levels of education and limited English proficiency which present significant barriers to self-sufficiency.
- Social and economic factors such as an unstable economy, unemployment, and substance abuse contribute to **parental stressors** and may impact parents' ability to safely care for their children.

Expenditure Trend

Total direct client expenditures for social and health services

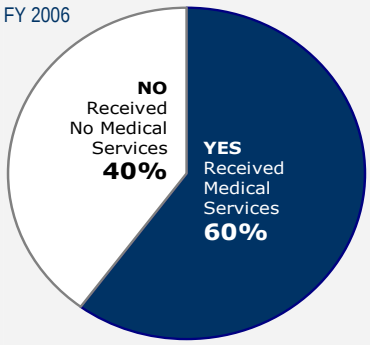


Social and Health Services Total Client Trend



Percent of DSHS Clients Who Received Medical Services with and without other services

FY 2006



Source: DSHS Client Services Database

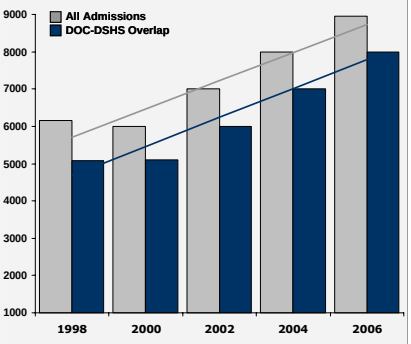
Quick Facts

A look at families who have an incarcerated parent…

- Nationally, one in 32 adults in the U.S. is under correctional supervision.
- An estimated 1.5 million children have an incarcerated parent.
- Children with incarcerated parents have higher risks of depression, drug use, delinquency, and future incarceration.
- As many as one in three families with open child welfare cases have a parent who has been arrested.
- Disproportionate rates of minorities are incarcerated.
- One quarter of the mothers who are incarcerated are prescribed medication to address mental illness.
- Over half of the mothers who are incarcerated have a history of physical or sexual abuse.
- Incarcerated parents report low levels of education and job skills.

In Washington, the families of incarcerated parents often have DSHS histories, and use services while the parents are confined and when returning to their communities and families. An estimated 30,000 children in this state have parents in prison.

Overlap Between Corrections Admissions and DSHS Clients



Source: Cuddeback et al, 2008

ACTIVITY LINKS TO MAJOR PARTNERS

DSHS **shares information** and **invites critical thinking** on major social issues affecting society today. DSHS program representatives work together with others who have common concerns to evaluate issues and develop strategies that **address persistent social challenges**.

DSHS is partnering to work on issues ranging from improving the child welfare and juvenile justice systems to increasing housing options to prevent homelessness. This may include adjusting policies, programs, and practices, and providing more effective services.

Attention to the problems faced by the children and **families of incarcerated parents** has grown as a major social issue over the last few years, nationally and in Washington. These families may have problems with substance abuse and mental illness, a family history of child abuse and neglect, live with economic hardship and homelessness, and lack education and job skills—all areas where DSHS can help. DSHS is working with **cross-systems partnerships** to address the needs of this population. The departments of Corrections, Economic Security, Veterans Affairs, and Community, Trade and Economic Development are major partners. The Mental Health Transformation initiative and the Family Policy Council are conducting projects that address the needs of this population.

In the area of **health care**, DSHS is working on collaborative activities designed to increase the quality of care, improve Washington's health outcomes, and achieve some level of cost containment in order to continue serving an increasing number of clients.

DSHS works with 29 federally recognized **Tribes**, the Indian Policy Advisory Committee, and tribal organizations to help reduce health and welfare disparities among the Indian population and **ensure members have access** to food, financial assistance, and other social services to which they are entitled.

In partnership with the state Board of Health and others, DSHS continues to help guide the state towards a public health approach to mental illness that promotes **mental health**, intervenes early, and addresses the devastating impacts of mental illness.

DSHS is changing its approach and partnership with employers to increase opportunities and successful employment for **individuals with disabilities**.

STAKEHOLDER INPUT

DSHS uses a variety of **workgroups, advisory boards, councils and committees** to hear from groups and individuals that are or might be affected by its actions and success. From young adults out of the child welfare system to special interest and consumer groups, DSHS programs solicit input about what it takes to be a high-performing organization that provides excellent services.

With funding and direction from the legislature, DSHS began a major planning process with input from local and national experts, consumers, family members, and tribal governments for **a comprehensive transformation of the public mental health system**. The focus of this initiative is to expand community housing options, ensure adults and children receive appropriate care, review the state's involuntary commitment law, integrate best practices into existing benefit packages, and improve employment options.

DSHS held 101 town hall meetings and analyzed 39 county plans in an unprecedented review of stakeholder input to benefit **individuals with chemical addictions** and their families, and those in high-risk environments. The Citizens Advisory Council on Alcoholism and Drug Addiction formed a joint committee to recommend strategies based on this input.

In response to an invitation to participate in strategic planning for **aging and adult services**, almost 50 stakeholder groups made more than 500 comments for DSHS to consider.

Six statewide meetings attracted over 100 individuals to provide input to the goals and priorities for **vocational rehabilitation services**.

DSHS **surveyed 1,222 clients** who received services in fiscal year 2007. They were asked about satisfaction and recommendations for change. Most clients **expressed satisfaction** with DSHS services and interactions with employees. Clients who complained often reported experiencing difficult access, service cuts, problems with staff, no available providers, or unmet needs. The client survey is posted on the Internet at http://www.dshs.wa.gov/rda/.

Client Survey Quick Facts

2007 Client Survey

The 81 percent completion rate is extraordinarily high. DSHS clients are often transient and difficult to locate. Of the clients who could be contacted, 92 percent completed the survey.

Most DSHS clients are satisfied with both services and staff…

- 90 percent of clients say programs are helpful and DSHS does good work – *improved since 2001*.
- More than 85 percent of clients are satisfied with staff listening and explaining – *improved since both 2001 and 2005*.
- Satisfaction with staff courtesy, respect, and understanding – *improved since 2001*. Only 6 percent gave negative answers to any of the staff-related questions.

Some situations and encounters cause individuals to be less satisfied…

- A new question about phone contact showed that one out of five clients find it difficult to reach a live person when they need to – one out of three in programs providing income assistance and child support.
- New diversity questions found many more clients concerned with discourteous or unfair treatment based on client circumstance (like poverty, addiction, or being a single parent) than were concerned with treatment based on race, gender, or age.
- Only 71 percent of clients say they know what program services are available – *down from 2001 and 2005*.
- Nearly one-third made suggestions for improving processes and access to services.

Quick Facts

- **Medicaid** is a state-federal program that provides primarily medical assistance and long-term care to low-income populations, while **Medicare** is a federal medical assistance program open to most U.S. residents when they are 65.
- Washington's Medicaid program spent **more than $6 billion** during fiscal year 2007.
- Medicaid is **administered primarily** by the Department of Social and Health Services.

Medicaid Audit

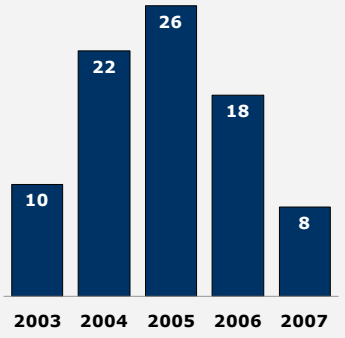
State Auditor's Office

*Due to the **size and complexity** of the Medicaid program, coupled with **frequent changes in federal law**, it is not surprising that audits have identified issues with Medicaid.*

*In fiscal year 2006, there were 18 **identified issues** significant enough to report as audit findings; in 2007, **less than half** that number.*

*The most significant factors contributing to the reduction in findings are a **better understanding** by all parties of roles and responsibilities and **ongoing dialogue** with federal partners.*

Medicaid Findings by Fiscal Year



Source: Office of the State Auditor

FUTURE CHALLENGES AND OPPORTUNITIES

The DSHS Executive Leadership Team completed a SWOT[3] analysis of the agency's strengths, opportunities, weaknesses and threats for strategy development.

The most important **strengths and opportunities**:

- More children with **access to medical care** through state-financed health programs
- National leader in the **employment rate** for persons with developmental disabilities, and **long-term care** one of the best programs in the nation
- **Staff and client safety** is important to the Governor and to the agency
- Clients and families want **long-term care** needs met in less costly home and community settings
- **New resources** in the last biennium, including staff for planning, performance, and accountability
- **New information technology systems and advances** to inform decision-making

The most important **weaknesses and threats**:

- **High caseload to staffing ratios** that increase liability and impact timely investigations, quality case management and services
- Difficulty with retaining employees and insufficient focus on **succession planning and staff recruitment**
- Increasing **internal audit findings**, complaints, and continued **litigation exposure** that show risk to client and staff safety, threaten programs and finances, and damage public perception
- Changing **federal and state rules**, directives, and court requirements that impact service delivery, budget, and operations
- **Overrepresentation of minority children** and youth in the child welfare and juvenile justice systems
- Increasing **economic uncertainty** and growing demand for **long-term care** as baby boomers age

In addition, continuing themes in client surveys about **customer service and process improvement** remind DSHS of the importance of these issues and the need to fine-tune efforts. The surveys also reveal that DSHS leadership faces the **challenge of balancing** the goal of streamlined, standardized service with some clients' needs for intensive, individualized service.

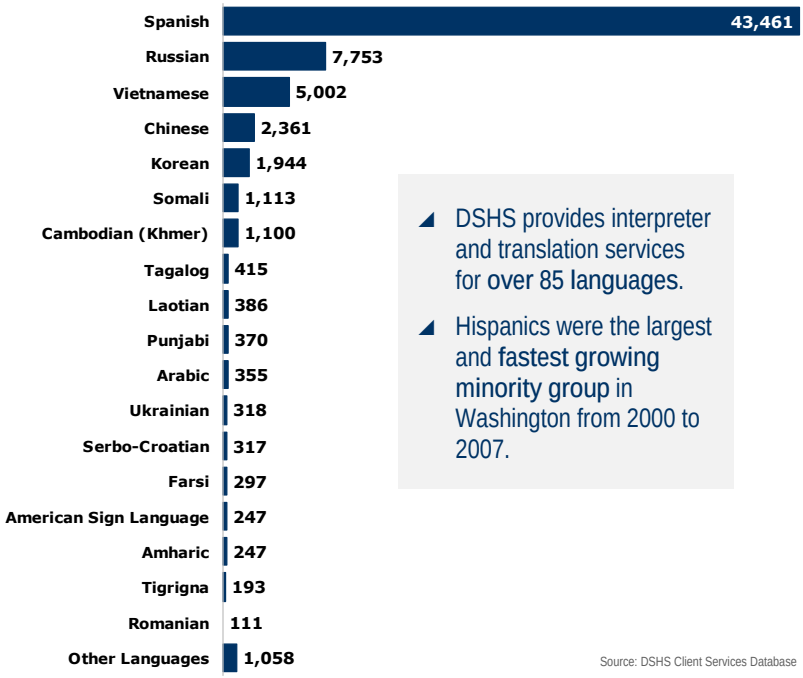
[3] SWOT = Strengths, Weaknesses, Opportunities, and Threats

Addressing Special Needs

Racial disproportionality **crosses all public services**, including drug treatment, corrections, traffic fatalities, and juvenile justice. The state legislature directed DSHS to explore the existence of, extent and causes of **racial disproportionality in the child welfare system**. A statewide advisory committee found that overrepresentation of minority children is **prevalent across the state**, especially for Native American and African American children. The next phase is to **develop a remediation** plan that includes recommendations for administrative and legislative actions to improve long-term outcomes for children of color.

DSHS is part of a larger effort to **reduce the homeless population** in Washington by 50 percent by July 2015. DSHS is working with housing partners and state agencies on projects to identify mutual clients who have the most immediate need for housing—families, youth, the elderly, people affected by mental illness or substance abuse or who have developmental disabilities. Planning continues with local housing and service providers to develop short and long term housing options and services to prevent homelessness.

Languages Spoken by Clients Needing Interpreters



Source: DSHS Client Services Database

- DSHS provides interpreter and translation services for over 85 languages.
- Hispanics were the largest and fastest growing minority group in Washington from 2000 to 2007.

Quick Facts

- Minority children are more likely to be referred to child protective services:
  - Indian children are almost three times more likely.
  - African American children almost twice as likely.
  - Hispanic children nearly one and a half times more likely.

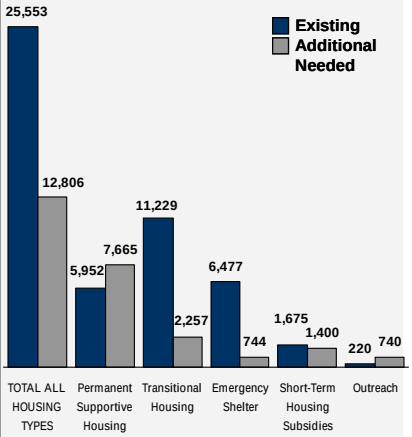
Minority children…

- Enter the foster care system more frequently
- Stay in care longer
- Generally have poorer outcomes

…than white children.

Homeless Housing Inventory

Bed Equivalencies



Source: Washington State's 2007 Homeless Plan

- 22,045 people were reported homeless statewide during a count the week of January 2007, an increase of 2 percent over the 2006 count.
- About 72 percent of those counted were living in emergency shelters or transitional housing.
- The rest—6,094 people—were unsheltered and living in places not meant for human habitation.

GOAL: A. Improve Health Care Quality and Access

OBJECTIVES	STRATEGIES	PERFORMANCE MEASURES
1. Improve access to integrated health care services that are comprehensive, evidence-based, and cost effective	• Strengthen chronic care management and medical homes for all DSHS clients enrolled in medical programs (HRSA, ADSA) • Increase two-year-old child immunization rates and well-child visits for Medicaid consumers (HRSA) • Provide culturally sensitive patient "health navigator" services to Medicaid-qualifying racial and ethnic populations with chronic diseases (HRSA) • Create a foster care nurse help line to assist foster parents in navigating the health care system (HRSA, CA) • Develop resources for programs that target high risk and high cost problems, such as falls prevention, health promotion, and chronic care management models (ADSA)	• Increase in the number of clients receiving chronic care management and medical home services (HRSA, ADSA) • Increase in the percent of children two years of age in Washington's Healthy Options plan who receive all required vaccinations (HRSA) • Increase in the percent of Medicaid children with the recommended number of well-child visits (HRSA) • 1,000 Medicaid clients enrolled in "navigator" programs by June 2009 (HRSA)
2. Provide access to affordable, effective medical coverage for all Washington's children by 2010	• Expand medical coverage and reduce barriers for enrollment of children in state-subsidized medical programs (HRSA, ESA) • Increase fee-for-services physician access for DSHS medical program enrollees (HRSA) • Pilot legislative report recommendations to reduce unnecessary emergency department use in areas where primary care access would avoid it (HRSA) • Increase the number of children in foster care who have access to specialty care and comprehensive medical homes (HRSA, CA) • Develop a sustainable statewide children's medical outreach campaign, including a website with online application, outreach contractors, and application agents (HRSA)	• Increase enrollment to an additional 38,500 children in state-subsidized medical programs by July 2009 (HRSA) • Increase in the number of physicians participating in fee-for-service medical programs (HRSA) • Decrease in the number of avoidable visits to emergency departments in targeted areas (HRSA) • Increase in the number of children with medical homes by 5% in the next two years (HRSA) • Success of outreach efforts tracked through pay for performance (HRSA)

GOAL: B. Improve Treatment for Mental Illness and Chemical Dependency

OBJECTIVES	STRATEGIES	PERFORMANCE MEASURES
1. Increase the effectiveness of and access to mental health services for individuals, children, and families	• Improve system of delivering mental health services to children and their families through the use of evidence-based programs and practices (CA, HRSA, JRA) • Evaluate feasibility of increasing access to mental health services with tribal governments (HRSA) • Increase inpatient treatment capacity for youth with acute mental health issues (JRA)	• Increase in the number of programs delivering evidence-based practices for mental health services (CA, HRSA, JRA) • Implementation of acute care, extended care, and mainstream mental health treatment units at Echo Glen Children's Center and Maple Lane School (JRA)

	• Partner with state and community agencies to develop permanent supportive housing units for consumers of mental health services (HRSA) • Develop behavioral health services including mental health and substance abuse services that are specific to the needs of older adults, and people with physical or development disabilities (HRSA, ADSA)	• Decrease in the number of adults waiting in jail more than seven days for inpatient competency evaluations (HRSA) • Increase in the percent of adult mental health outpatient consumers who are employed and living independently (HRSA) • Increase in the percent of waiver clients assessed with behavior health needs who receive behavioral health services (ADSA)
2. Increase the number of persons in need of chemical dependency treatment who receive it	• Locate chemical dependency professionals in local child welfare and community services offices (HRSA, CA, ESA) • Continue to promote chemical dependency treatment eligibility, and provide referral training in local home and community services and area agency on aging offices (HRSA, ADSA)	• Maintain the percent of adults and youth completing residential and outpatient treatment (HRSA) • Increase in the percent of adults and youth in targeted treatment expansion (HRSA) • Increase in the number of individuals who access treatment within 30 days of assessment (HRSA) • Increase in the number of aged, blind, disabled, low-income, and youth patients who receive chemical dependency treatment (HRSA)
3. Develop a strong prevention network	• Facilitate and provide staff support to the Washington State Coalition to Reduce Underage Drinking (HRSA) • Partner with agencies and organizations to ensure substance abuse and problem gambling prevention are seen as part of the comprehensive health education and promotion plans for the state and communities (HRSA) • Contract with county and tribal governments to provide evidence-based prevention activities to combat underage drinking and meet community needs (HRSA)	• Decrease in the percent of youth in grades 8, 10 and 12 engaged in underage drinking and marijuana use (HRSA) • Increase in the percent of DASA prevention programs that are best practices as defined by the Western Center for the Application of Prevention Technologies (HRSA)

GOAL: C. Improve Children's Safety and Well-Being

OBJECTIVES	STRATEGIES	PERFORMANCE MEASURES
1. Protect children from abuse and neglect, reduce chronic maltreatment and recurrence of maltreatment	• Continue timely investigations of reports of child maltreatment (CA) • Proceed with implementation of the clinical model for child welfare practice throughout the state, including Solution Based Casework (CA) • Improve accuracy and consistency for findings of child abuse and neglect (CA) • Continue to apply the four strategies of the Family to Family initiative CA)	• Maintain target of 90 percent of children in (1) emergent referrals seen within 24 hours, (2) non-emergent referrals within 72 hours (CA) • Decrease in the percent of children who experience recurrence of victimization within 6 months (CA) • Implementation of practice model completed (CA)
2. Help families and communities improve the well-being of children in their own homes and in out-of-home care	• Expand the use of services that have been demonstrated to lead to better outcomes, and culturally appropriate services in contracted community services (CA) • Continue implementation of strategies to address issues of disproportionality among minority children served by Children's Administration (CA) • Increase the number of children in foster care who have access to specialty care and comprehensive medical homes (HRSA, CA)	• Increase in the percent of children and families involved in case planning (CA) • Increase in the percent of youth participating in institution-based educational or vocational training programs (JRA) • Increase in the percent of youth graduating from high school or completing GED (JRA, CA)

	• Continue providing access to enhanced resources and supports for post-secondary education and successful transition to independent living for foster youth (CA) • Proceed with implementation of the clinical model for child welfare practice throughout the state, including Solution Based Casework (CA) • Expand vocational programming for youth in JRA institutions (JRA) • Promote and support education and high school completion as a basic value (CA, JRA)	• Increase the number of youth in grades 6-12 attending college preparation seminars through Foster Care to College (CA)
3. Provide stable, nurturing, and permanent homes as quickly as possible for children who are placed into out-of-home care	• Increase use of Family Team Decision-Making (FTDM) meetings within 72 hours of placement, at reunification, during placement moves and for disruption prevention (CA) • Implement targeted strategies for foster home recruitment and retention, including the "Foster Parenting You Can Too" campaign (CA) • Improve child-specific adoption recruitment for older children, sibling groups, and children with special needs (CA)	• Implementation of FTDM meetings expanded to all offices by September 2008 (CA) • Increase of 5% in the number of new foster home licenses (CA) • Increase in the annual percent of foster homes receiving health and safety checks (CA) • Decrease in the length of time to achieve permanency goal (of reunification or of adoption) (CA)
4. Support prevention and early intervention	• Build support for expanded capacity in Infant/Toddler Early Intervention programs (ADSA) • Build support for expanded birth-to-three developmental services to all counties (ADSA) • Partner with the mental health transformation project to build prevention and family preservation services for families whose children have disabilities (ADSA, HRSA) • Continue applying proven early intervention strategies (CA)	• Increase to 30% the percent of children who leave ITEIP at age three who no longer need special education services (ADSA) • Increase to 2.5% the percent of children identified for early intervention (ADSA) • Decrease in the percent of children who experience recurrence of victimization within 6 months (CA)
5. Increase safety of residents and staff in JRA residential facilities	• Sustain a culture of non-violence in JRA institutional programs (JRA) • Evaluate the recommendations in the 10-Year Capitol Master Plan for investing in capital construction, single-bunking bed plan, and the staffing ratio (JRA) • Expand evidence-based Residential Treatment and Care Program for lowest risk youth (JRA)	• Increase in positive changes in youth protective and risk factors (JRA) • Decrease in the number of assaults at Green Hill and Maple Lane (youth on youth, or youth on staff) (JRA)

GOAL: D. Improve Long-Term Care

OBJECTIVES	STRATEGIES	PERFORMANCE MEASURES
1. Offer a variety of home and community options to improve the balance between home and community and institutional care	• Expand the number of slots for Enhanced Community Services providing mental health services in adult family and boarding homes (ADSA) • Adjust payment systems where necessary to provide incentives to meet client needs in home and community settings (ADSA) • Update staffing model for long-term care to reflect new requirements, growing caseloads, and increasing complexity of some cases (ADSA) • Develop new service models to encourage home and community services and coordination with other supports (ADSA)	• Decrease in the nursing home caseload from 11,219 to 10,000 by 2013 (ADSA) • Decrease in the percent of Allen-Marr class members re-admitted to a state hospital (ADSA) • Increase in the percent of long-term care clients served in home care and residential settings, and reduction in the average cost per case (ADSA)

	• Implement person-centered planning and self-activation models (ADSA) • Support development of an effective and diverse workforce to provide home and community based services (ADSA)	• Increase in the percent of developmentally delayed clients served in home and community settings, and reduction in the average cost per case (ADSA)
2. Enhance independence and self-reliance	• Improve information and assistance capacity by working towards expansion of aging and disability resource centers statewide (ADSA) • Provide employment supports for students with developmental disabilities leaving high school (ADSA, DVR) • Develop a plan to expand the New Freedom consumer directed services waiver statewide (ADSA) • Partner with HRSA to address access to services for special populations, such as individuals with challenging behaviors or a traumatic brain injury (ADSA, HRSA) • Improve supports for family or friends who provide care (ADSA) • Support prevention and early intervention programs (ADSA)	• Increase in the number of students with disabilities employed one year after transition from school (ADSA, DVR) • Increase in the percent of DD waiver clients participating in employment programs (ADSA) • Increase in the percent of waiver clients assessed with behavioral health needs who are receiving behavioral health services (ADSA) • Decrease in the average cost per case of home and community clients (ADSA)
3. Maximize quality of life and care of clients	• Develop behavioral health services that meet the specific needs of elderly, physically disabled, and developmentally disabled individuals (ADSA) • Support existing programs and develop new evidence-based programs for health promotion, disease prevention, and chronic care management (ADSA) • Implement quality assurance and technical assistance in boarding homes and supported living and adult family homes (ADSA) • Improve staff expertise to deal with clients with chronic, severe, and complex problems using models that are evidence-based (ADSA) • Participate in the Alzheimer's Demonstration Project and support transition to a statewide program (ADSA)	• Increase in the percent of waiver clients assessed with behavioral health needs who are receiving behavior health services (ADSA) • Increase in the percent of inspections done timely (ADSA) • Count of the number of home and community clients with Traumatic Brain Injury, Alzheimer's, other special needs (ADSA)
4. Improve public and individual safety and protection measures	• Maintain timely access to programs, responsiveness to changing needs, and manage risk through appropriate staffing (ADSA) • Improve staff expertise in dealing with complicated financial abuse allegations and self-neglect cases (ADSA) • Coordinate with tribal law enforcement agencies regarding adult protective and domestic violence codes (ADSA)	• Decrease in the ratio of social workers/case managers to cases to 1:50 (ADSA) • Increase in the percent of APS complaints and residential complaints responded to timely (ADSA) • Increase to 100% the percent quarterly case reviews completed on time in community protection program (ADSA/DDD)

GOAL: E. Increase Employment and Self-Sufficiency

OBJECTIVES	STRATEGIES	PERFORMANCE MEASURES
1. Connect people to benefits and services that reduce poverty and help them become more self-sufficient	• Create and refine Workfirst services that meet families' needs and quickly assist their transition to employment (ESA) • Develop strategies that increase access to and participation in the Basic Food programs (ESA) • Outstation staff to support service delivery and increase access to cash, food, medical and other services for eligible families and individuals (ESA) • Increase access to services and benefits for adults without children eligible for General Assistance clients (ESA) • Simplify and enhance the ability to provide services remotely and with greater mobility (ESA) • Continue providing access to enhanced resources and supports for education and successful transition to independent living for foster youth (CA)	• Increase to 60% the percent of individuals and families who leave assistance programs due to self-sufficiency (ESA) • Increase in the percent of individuals and families at or below 125% of the federal poverty level participating in the Basic Food Program (ESA) • Increase in the percent of children in families at or below 200% federal poverty level who are receiving medical coverage (ESA) • Increase in the percent of adults who do not seek TANF within 12 months of receiving cash assistance (ESA) • Increase in the percent of youth graduating from high school or completing GED (CA)
2. Enhance economic security of children through child support services	• Provide the legislature with timely recommendations to update the child support schedule via the WSCSS workgroup (ESA) • Implement pass-through and assignment provisions of the Deficit Reduction Act to ensure more of the child support collected is distributed to families (ESA)	• Increase to $694.9 million in SFY 2009 the total IV-D collections (ESA) • Increase to $629.8 million in SFY 2009 the total IV-D distributions (ESA)
3. Provide responsive, accurate, and timely services to families and individuals who apply for benefits or services	• Use quality assurance reviews of child care, Basic Food, TANF, and Medicaid/SCHIP cases to identify trends and promising practices and develop systems, processes, and funding solutions for identified problems (ESA) • Review key service delivery processes and identify and implement process improvements (ESA)	• Increase in the percent of Basic Food benefits issued accurately (ESA) • Increase in the percent of Basic Food, child care, TANF, FA, and Medicaid clients with benefits issued timely (ESA)
4. Maximize resources and capacity to assist individuals with disabilities in achieving gainful employment	• Create a marketing plan and develop opportunities with employers to help individuals gain work experience and entry to employment in jobs that pay well and include benefits (DVR) • Develop electronic tools to help staff, partners, and clients access information about available services and benefits (DVR) • Develop a community rehabilitation program business model that better meets the needs of DVR customers and enhances effectiveness (DVR) • Provide employment supports to all students with developmental disabilities leaving high school (ADSA/DVR)	• Increase in the number of DVR customers achieving employment outcomes (DVR) • Increase in the average hourly wage of all DVR customers to 52% of the state average hourly wage (DVR) • Maintain target of 5,700 new individualized plans for employment completed each month (DVR) • Increase in the number of students with disabilities employed one year after transition from school (ADSA, DVR)
5. Assist persons with hearing loss in achieving functionally equivalent access to telecommunications	• Research and develop new deafblind telecommunication device (ODHH) • Expand Deafblind Relay Service or "Communication Facilitator" (ODHH) • Pilot video remote interpreting (VRI) project (ODHH) • Expand videoconferencing sites (ODHH)	• Distribution of deafblind telecommunication device (ODHH) • "Communication Facilitator" services provided in Vancouver and Yakima (ODHH) • Procurement of VRI provider (ODHH) • Videoconferencing sited at disability Resource Center (ODHH)

GOAL: F. Use Effective Treatment to Enhance Outcomes

OBJECTIVES	STRATEGIES	PERFORMANCE MEASURES
1. Identify for implementation the most effective and appropriate evidence-based or promising practices for unique populations and cultures	• Implement a comprehensive package of mental health initiatives that migrate evidence-based practices from the university setting to communities (HRSA) • Work with local authorities to provide substance abuse treatment in lieu of incarceration under drug sentencing reform (HRSA, JRA) • Support judicially supervised treatment models such as Drug Courts to promote public safety and reduce re-arrests among nonviolent, chemically dependent offenders (HRSA) • Develop gender-specific treatment for female juvenile offenders (JRA) • Continue evidence-based early intervention strategies (CA)	• Increase in the number of individuals that accessed treatment in lieu of incarceration (HRSA) • Decrease in the number of re-arrests among nonviolent offenders who participated in judicially supervised treatment models (HRSA) • Decrease in the percent of youth convicted of new offenses within 18 months of release (JRA)
2. Emphasize the practice of early screening, assessment, and referral to services	• Collaborate with programs serving children, youth and adults to screen for co-occurring mental and substance abuse disorders and link with integrated treatment (HRSA, ADSA, CA, JRA) • Increase timely linkages, enrollment, and outreach to pregnant women (HRSA)	• Increase in the number of consumers receiving an integrated mental health and substance abuse screen (HRSA) • Increase in the access to first trimester prenatal care for Medicaid clients (HRSA)
3. Improve sex offender treatment to provide effective options for residents	• Evaluate and improve organizational structure, staffing levels, and resources necessary to better support the sex offender treatment program (SCC) • Develop additional community residential living options beyond the Secure Community Treatment Facility programs (SCC)	• Increase in the number of residents in treatment (SCC) • Increase in percent of timely annual forensic evaluations of civilly committed sex offenders (SCC) • Additional community residential living facilities established (SCC)

GOAL: G. Foster Public Safety Through Rehabilitation Services

OBJECTIVES	STRATEGIES	PERFORMANCE MEASURES
1. Improve treatment and management of juvenile offenders to reduce recidivism	• Provide evidence-based family focused aftercare and transition services for committed youth (JRA) • Expand Family Integrative Transition and Functional Family Therapy programs for sex offender parolees and families (JRA) • Partner with state and community agencies to develop transitional housing for homeless offenders that supports treatment, education, and emancipation goals (JRA)	• Decrease in the percent of youth convicted of new offenses within 18 months of release (JRA) • Decrease in the percent of youth sex offenders sexually re-offending within 18 months of release (JRA) • Decrease in the percent of juvenile sex offenders who are homeless (JRA)
2. Increase confinement capacity and improve risk assessment for sex offenders	• Create additional living quarters to safely house current and future civilly committed sexually violent predators in total confinement. (SCC) • Collaborate with Department of Corrections and other stakeholders to review and improve assessment procedures to accurately determine sex offender level of risk (SCC)	• Increase in the number of permanent resident bed space from 299 to 405 by the end of FY2012 (SCC) • Identification of the most effective risk assessment instrument based on a study of 1,000 sex offender records by March 2011 (SCC)

GOAL: H. Reinforce Strong Management to Increase Public Trust

OBJECTIVES	STRATEGIES	PERFORMANCE MEASURES
1. Improve information technology capacity to support management needs	• Maintain and update existing or implement new core applications, systems, and infrastructure to meet changing needs and take advantage of changes in technology (DSHS) • Enhance management of information technology using Enterprise Architecture principles, IT Portfolio Management, and sound project management practices to guide decision-making and support IT governance (DSHS) • Use technology to support administrative and field operations and streamline processes to create capacity, like remote access for staff, statistical modeling, online services clients (ESA, ADSA, CA, HRSA, JRA, DVR) • Fully implement key information technology initiatives as planned to improve support for business needs: FamLink, ProviderOne, ACES Future Vision, and Provider Payroll (DSHS) • Ensure automated eligibility is supported in the future—complete Phase I ACES Future Vision and plan for ACES re-procurement (ESA) • Develop a linked information technology system and other data system improvement for managing abuse, neglect, financial exploitation complaints in long-term care and development disabilities programs (ADSA)	• Increase in the timely application rate of security patch of all IT systems (DSHS) • Increase in the availability rate of all mission critical systems (DSHS) • Increase in the number and outcome of decisions made using Enterprise Architecture framework to support management of the IT portfolio (DSHS) • Successful implementation of key information technology initiatives (DSHS)
2. Improve resource planning and oversight for program integrity	• Improve enterprise financial management through elimination of silo support systems with greater use of state enterprise systems, completion of ProviderOne, and continued improvement of resource allocation and expenditure monitoring (DSHS) • Improve capital planning process to effectively respond to the changing needs and requirements of programs at state-owned facilities and institutions (DSHS) • Strengthen the culture of payment integrity through the systematic adoption of best practices and systems improvement for service authorizations, improved payment processes, payment review, and overpayment recovery (all programs) • Develop and implement strategies to meet federal TANF participation requirements while minimally impacting field services (ESA) • Improve fiscal oversight of the RSN system including ensuring resources are adequate and used in accordance with legislative priorities (HRSA) • Identify rate or expenditures models that consistently and accurately reflect the cost of services in Residential Habilitation Centers (ADSA) • Continue cost containment initiatives like preferred prescription drug list; evidence-based benefit design activities with Health Care Authority and Labor & Industries; durable medical equipment and drug pricing (HRSA) • Improve data collection and analysis, and improve alignment of performance measures in reporting systems, performance reviews, and audits (DSHS)	• Increase in the number of enterprise issues identified and resolved and the timeliness of resolution (DSHS) • Increase in percent of major capital projects contained in the DSHS Ten Year Capital Plan that have direct ties to the programs' strategic plans (DSHS) • Improvement in federal participation rate (ESA) • Decrease in the number of dollars of questioned costs needing to be repaid to the federal government (ESA) • No less that 80% of proviso funding available to RSNs will be expended on jail services each quarter (HRSA) • Maintain Residential Habilitation Center census within budgeted level (ADSA) • Increase in the number of completed program evaluations using Client Services Database client outcome and risk data (DSHS) • Growth rates in per capita costs for children, families, disabled and aged populations tracked (HRSA) • Growth rates in pharmacy costs and pharmacy utilization tracked (HRSA) • Implementation of the Business Intelligence System and number of uses (DSHS)

	• Design and implement a Business Intelligence System measuring client health, safety, criminal justice and employment outcomes, and use the data to evaluate the effectiveness of DSHS services (DSHS) • Report client services and costs quarterly rather than annually, and use the data in program forecasts and budget measures (DSHS)	• Web posting of quarterly client services data and number of times the page is accessed (DSHS)
3. Strengthen the implementation of best practices and recommendations for risk management and mitigation	• Evaluate or establish and align strategic objectives to minimize risk exposure and damages (DSHS) • Develop and implement a design for effective and efficient use of resources (DSHS) • Develop and implement a web-based tracking system to monitor public disclosure requests (DSHS) • Meet timelines to complete background checks for providers and employees (DSHS) • Expand capacity and infrastructure for emergency planning; provide staff and stakeholders adequate resources to respond to emergency events (DSHS)	• Completion of on-site validations/audit of a minimum of 50% of locations completing the Enterprise Risk Assessment and Self-Evaluation instrument in FY2009 (DSHS) • Decrease in the number audit findings and repeat findings (DSHS) • Implementation of a web-based tracking system to monitor public disclosure requests (DSHS) • Increase in the number of timely background checks for providers and employees (DSHS) • Compliance with directives on emergency management and increase in the percentage of staff trained (DSHS)

GOAL: I. Strengthen Data-Driven Decision Making

OBJECTIVES	STRATEGIES	PERFORMANCE MEASURES
1. Use quality assurance system to promote satisfactory outcomes for individuals, children and families	• Support consistency and statewide best practices through ongoing implementation of the statewide child welfare practice model (CA) • Use Integrated Treatment Model consultant position in institutions and regions to coach, model, and direct ongoing adherence and quality control (JRA) • Ensure medical treatment and services purchased by the state are safe and proven to work through participation in the State Health Technology Assessment Program (HRSA) • Secure resources to implement a quality assurance unit in Residential Care Services and staff to monitor adult protective services cases statewide (ADSA)	• Evaluation of practice at the office level by review of a random sample of cases (CA) • 10% increase in residential staff adherence to the Integrated Treatment Model (JRA) • Implementation of utilization review and authorization requirements for high cost or unsafe health care services (HRSA) • Increase in the quality and consistency in residential care and adult protective services (ADSA)
2. Expand and leverage information technologies to improve decision-making	• Use the enhanced decision support capabilities of the new ProviderOne to improve the quality of client services, customer service, and payment/cost avoidance (HRSA) • Improve systems to analyze, manage risk, maximize revenue, and strengthen accountability based on the coordinated use of data (HRSA) • Explore the use of integrated electronic health records and other technologies to improve the usability of data and reduce the burden of collection and analysis (HRSA) • Implement predictive modeling to determine the most effective treatment for the 5% of clients who account for close to 50% of the health care costs (HRSA) • Automate case management records in Automated Client Tracking (ACT) and FamLink to guide resource deployment and program development (JRA, CA)	• Implementation of ProviderOne Phase I in December 2008 and Phase 2 in 2010 (HRSA) • Increase the percent of contract risk assessments and monitoring plans completed to 90% (HRSA) • Transition of all three state hospitals to electronic medical record system (HRSA) • Increase the number of ACT and FamLink data modules developed and completed (JRA, CA)

GOAL: J. Value and Develop Employees

OBJECTIVES	STRATEGIES	PERFORMANCE MEASURES
1. Hire, motivate, and retain a positive, respectful, productive, richly diverse and culturally competent workforce	• Map the e-recruiting process and identify places to lessen the impact and time needed for hiring new employees (DSHS) • Focus on applicant flow and quality, credential verification, and work ethic (DSHS) • Implement program-specific succession plans (DSHS) • Create innovative ways to encourage learning and development such as coaching, mentoring, or rotation job assignment (DSHS) • Implement program-specific action plans created in response to issues that surfaced in the employee survey (DSHS)	• Decrease in the time to fill permanent funded vacant positions (DSHS) • Decrease in turnover rates in major job categories (DSHS) • Increase in the percent of employees who completed mandatory training (DSHS) • Increase in the employee survey ratings on related questions (DSHS)
2. Appropriately deploy the workforce in alignment with DSHS goals and values and reinforce good performance	• Train managers and supervisors to provide appropriate performance expectations and evaluations for each employee emphasizing daily two-way communication (DSHS) • Use the recruiters to work closely with the DSHS program staff to build a candidate resource pool for hard to fill positions and to meet affirmative action goals (DSHS) • Recruit and retain a diverse and culturally competent workforce that closely matches the diversity of DSHS clients and includes people from all protected groups (DSHS, all programs) • Identify grievance filing patterns to address workplace and workforce concerns (DSHS)	• Increase in the percent of employees with current performance expectations (DSHS) • Increase in the percent of employees with diverse backgrounds (DSHS) • Increase in the employee survey ratings on related questions (DSHS) • Decrease in the number of disciplinary actions (DSHS) • Decrease in the number of job-related injuries (DSHS)

GOAL: K. Improve Internal and External Partnerships

OBJECTIVES	STRATEGIES	PERFORMANCE MEASURES
1. Improve service outcomes by working within DSHS and with community partners to expand integrated service programs	• Work with provider organizations, consumers, communities, courts, and others on the Mental Health Transformation Work Group to support improvement activities in the mental health infrastructure and service delivery (HRSA, JRA, CA, ADSA) • Improve partnerships with housing agencies to provide safe, affordable housing – particularly for aging parents, mentally ill individuals who receive services at home, and homeless persons (ADSA, HRSA) • Enhance and build partnerships that advance opportunities for individuals with disabilities to progress toward employment, including supported employment. (DVR, HRSA, ADSA) • Encourage DSHS administrations to work with the Washington State Mentoring Partnership to obtain funding support for mentoring programs (DSHS) • Collaborate with Department of Corrections and others to improve service availability and coordination for ex-offenders transitioning from prison, jail, or detention back to the community to enhance public health and safety (DSHS)	• Increase in the number of policy changes consistent with the Mental Health Transformation goals and objectives (HRSA) • Increase in the percent of LTC and disabled clients served in home/community settings (ADSA) • Increase in the number of supported employment placements (DVR) • Increase in the number of DSHS children and youth participating in mentoring programs (DSHS) • Decrease in the rate of recidivism and of DSHS system involvement in the areas in which offender reentry services are improved or supplemented by increased coordination (DSHS) • Number of policies addressing children and families of incarcerated parents implemented (DSHS) • Demonstrate active efforts to include child's tribe in case planning to achieve case review objective (CA)

	• Work within DSHS and with other agencies to assess and improve service availability and coordination for children and families of the incarcerated (DSHS) • Work in partnership with local and tribal jails, prisons, psychiatric hospitals, and Regional Support Networks to speed medical eligibility determinations for people being released from confinement (ESA, HRSA) • Continue work with DSHS and external partners such as OSPI and Partners for Our Children to improve child well-being (CA)	
2. Improve the efficiency and effectiveness of services by strengthening partnerships within DSHS, with state agencies, legislators and legislative staff	• Promote a better understanding of DSHS functions, programs, and responsibilities by presenting "Navigating DSHS" internally, to other state agencies, and to community and service organizations (DSHS) • Improve legislator and staff support for DSHS policy and legislative changes by responding accurately and timely to inquiries, providing appropriate testimony and technical support, and participating in off-session meetings to address mutual issues, strategies, and concerns (DSHS, all programs) • Improve ongoing communication with cities and county governments by maintaining a positive working relationship with the Association of Washington Cities and the Washington State Association of Counties (DSHS) • Strengthen relationships with key news media reporters and opinion writers (DSHS) • Better support assistant secretaries by deploying administration communications directors from Secretary's communications division (DSHS) • Explore and expand use of news-media and social-networking communications systems on the Internet (DSHS)	• Increase in the number of "Navigating DSHS" presentations (DSHS) • Increase in the number of DSHS "request legislation" passed into law (DSHS) • Decrease in complaints from legislators and staff (DSHS) • Increase in the timely awareness and input into legislation and local government issues potentially impacting DSHS (DSHS) • Increase in number and frequency of balanced, results-oriented stories and editorial support in print and broadcast media (DSHS) • Decrease in crisis reaction on negative issues and increase in news coverage driven by message-based media campaigns (DSHS) • Increase in the numbers of "hits" or "visits" to online postings (DSHS)
3. Address racial disproportionality and the disparate impact in client services	• Pilot a service delivery project using health navigators to facilitate a positive interaction between ethnic minority clients and the health system and increase the effectiveness of the health system with ethnic minority clients (HRSA) • Expand Family Integrative Transition (FIT) program to Eastern Washington to provide minority youth with equitable treatment services (JRA) • Engage targeted communities in prevention of Disproportionate Minority Contact of youth with the juvenile justice system (JRA) • Implement strategies to reduce racial disproportionality in the child welfare system (CA)	• Decrease in the disparity in health outcomes in one or more specific populations (HRSA) • Increase in the percent of Hispanic, African American, Native American, Asian, and "Other" youth and families engaged in FIT (JRA) • Decrease in the percent of minority youth in the juvenile justice and child welfare system (JRA, CA)
4. Strengthen partnerships with tribes to improve service delivery capacities	• Develop and implement WACs for the Tribal TANF program, improve data access to Tribal TANF and child support programs, and collaborate with tribes to support eligibility determinations for Basic Food and Medical (ESA) • Expand Tribal participation in Community Juvenile Accountability Act (CJAA) contracts (JRA) • Coordinate with tribal governments regarding Adult Protective Services (APS) and domestic violence codes (ADSA) • Use the Indian Child Welfare case review to identify areas of improvement needed in services for Indian children and families (CA)	• Tribal eligibility program implemented on time and within budget (ESA) • Increase in the number of CJAA contracts with Washington Tribes (JRA) • Increase in the percent of APS abuse and neglect complaints responded to timely (ADSA) • Demonstrate active efforts to include child's tribe in case planning to achieve case review objective (CA) • Decrease in the number of Native American children in care longer than two years who are not in permanent homes (CA)

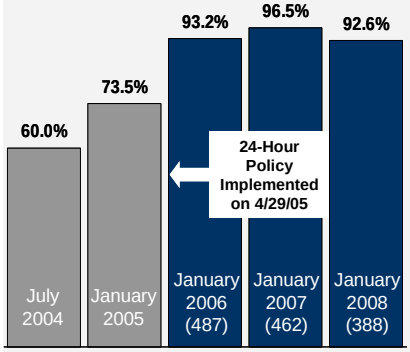
Chapter 5 • Performance Assessments

Quick Facts

- The Priorities of Government is about **budgeting** (see Page 2); GMAP is about **managing**.
- POG helps make decisions about **where to invest money** to get results that matter most to citizens.
- GMAP provides feedback on **how well the money is being used** to achieve those results.
- State law requires agencies to apply for independent, **external assessments** of their management systems every three years.
- An agency external assessment is a rigorous, objective, external view of an agency's approach to and implementation of **performance management**.

One GMAP forum emphasizes child safety... early signs indicate that the rates of repeat child abuse and neglect are decreasing in large part to faster response times.

Percent of Children Seen or Attempted Within 24 Hours of Report of Abuse



Referral Month (Children Needing Visits)

Source: DSHS, March 2008

GOVERNMENT MANAGEMENT ACCOUNTABILITY AND PERFORMANCE

DSHS is responding to a **government management** accountability and performance approach that holds state agencies accountable to be more effective and efficient in achieving results and ensuring public tax dollars are spent wisely.

For several years, DSHS and the Governor's office have been **using GMAP** (Government Management Accountability and Performance) sessions to review performance, analyze data from multiple perspectives, make decisions and take action.

DSHS participates in executive level GMAP forums about **Vulnerable Children and Adults**, **Health Care**, **Workfirst**, and **Public Safety**. Recent sessions have looked at performance in areas like:

- **Responding quickly to reports** of child abuse and neglect and the frequency of social worker **visits to children in placement**
- Increasing the number of **children with medical coverage** through state financed health programs
- Reducing **unnecessary use of emergency departments** by individuals who could be better served by primary health care providers
- Tracking the percent of people needing long-term care who are served in less costly **home and community settings**
- Reducing the **rates of chronic disease** in Washington and increasing **access for children** to long-term inpatient mental health care
- Reducing juvenile and adult **sex offender recidivism** and improving assessment procedures to accurately determine level of risk
- Tracking the numbers of people needing and receiving **basic food assistance**
- Increasing **employee and client safety** in the state psychiatric hospitals

Within DSHS, some **Assistant Secretaries hold GMAP forums** with their leadership teams. A number of divisions, offices, and regions also conduct internal GMAP forums.

AUDITS AND REVIEWS

DSHS conducts a limited number of general **internal audits** every year, reviewing about 10 percent of DSHS operations. While the number of audits remains relatively constant, the **number of findings** is increasing.

To fill the gap between the limited number of audits and the **ongoing need for risk assessment**, DSHS uses an Enterprise Risk Assessment and Self-Evaluation (ERASE) tool. The old RASE tool—used at all levels of DSHS—is evolving into an **accountability tool** that provides executive managers greater assurance the agency is meeting business objectives and complying with regulatory requirements and best practices.

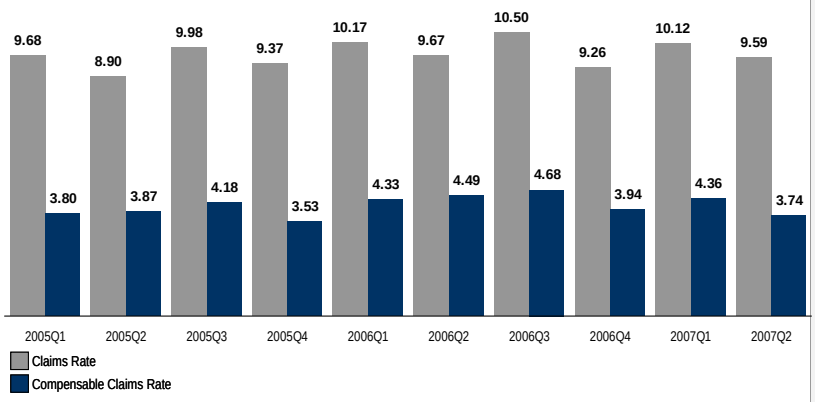
DSHS is improving its tracking of incidents to analyze trends and identify risk exposure areas. Most **employment related lawsuits** are for race, sex, and disability discrimination, and retaliation.

Most **service-related claims** are for negligent investigation, supervision, and licensing. DSHS is conducting an in-depth review of cases to determine if there are common practices, policies, and procedures that caused the alleged negligence, incident, or claim.

DSHS is focusing on assessing, training, and consultation to reduce the two highest categories of **employee injury claims**, ergonomics and assaults by clients.

Employee Safety – Annual Claims Rate

Number of accepted claims for every 200,000 hours of payroll – equivalent to yearly payroll hours for about 100 FTEs



Source: Labor & Industries, Research and Data Services (as of 12/31/07)

Quick Facts

- The two highest categories of worker compensation claims are ergonomics and client assaults.
- Health care and residential facilities account for 95 percent of client assaults on employees.

Number of DSHS General Internal Control Audits

	ADSA	ESA	CA	JRA	HRSA	MS / EXEC	DSHS TOTAL
2003	0	6	0	2	0	1	**9**
2004	2	1	0	0	1	0	**4**
2005	2	3	0	4	0	1	**11**
2006	2	2	2	4	0	1	**11**
2007	0	2	1	1	2	0	**6**

Source: DSHS Operations Review and Consultation (as of 6/5/07)

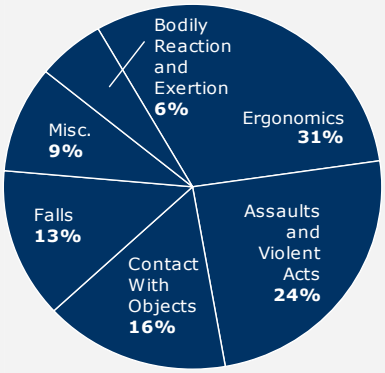
Number of DSHS Audit Findings

	ADSA	ESA	CA	JRA	HRSA	MS / EXEC	DSHS TOTAL
2003	0	15	0	10	0	2	27
2004	6	1	0	0	2	0	9
2005	12	15	0	19	3	1	50
2006	2	14	9	22	0	1	54
2007	0	2	13	3	46	0	64

Source: DSHS Operations Review and Consultation (as of 6/5/07)

Accepted Claims by Occupational Injury and Illness Classification System Event

October 2002 – June 2007



Source: Labor & Industries, Research and Data Services (as of 12/31/07)

Quick Facts

The State Auditor's Office conducts different kinds of audits of state agencies

- Financial audits determine if financial statements are accurate, complete, and reliable.
- Compliance audits determine if agencies are complying with applicable laws and regulations.
- Accountability audits determine if public funds are accounted for and controls are in place to protect public resources from misappropriation and misuse.
- "Single audits" are used to report to federal grantors DSHS compliance with contracts or grant agreements and if internal controls are adequate.
- Performance audits assess agency programs, functions, and activities to help public officials improve the efficiency, effectiveness, and accountability of operations.

Different Perspectives

Who needs to know and what they care about…

- Stakeholders care about how the system or condition is improving—Public Value and Benefit.
- Customers care about service quality like timeliness, accuracy, helpfulness—Customer Service.
- Authorizers care about return-on-investment, effectiveness, if goals are being reached—Financial Management.
- Managers care about if the work is done efficiently and effectively—Internal Process Management.
- Workers care about knowledge sharing, career development, and benefits—Organizational Learning and Growth.

Reviewing Performance

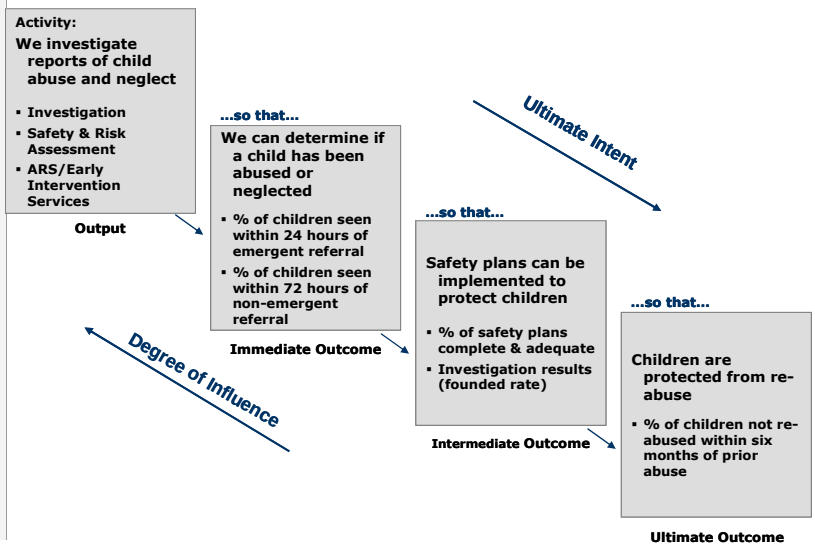
Voters gave the State Auditors Office authority to conduct state and local government performance audits in 2005. These **performance audits** are independent of GMAP, the POG process, and other performance assessments. The State Auditor's Office and DSHS are holding discussions about which program areas would have the most interest in receiving performance audits.

The Office of Financial Management (OFM) assesses **activity-related performance measures** and data currently reported to OFM to verify that the measures are reliable and effective. This review has assisted DSHS in improving the quality of the measures used by OFM, the legislature, and the Priorities of Government teams during the budget development process. As a result of these reviews, several program areas are considering changes to their budget-related activity inventories.

Logic models or value chains provide the context for performance measures. They map the connections between activities and high level outcomes. The closer to the **ultimate outcome** the less a single factor or agency may be able to influence it. Though outcomes are more important than outputs, managers need more detailed information to effectively manage and evaluate the success of a strategy. Many programs in DSHS have developed logic models to use as management tools.

Child Safety Logic Model

Child Protection Example



CLOSING PERFORMANCE GAPS

DSHS invests heavily in improving the **quality and usefulness of performance management** information. Activities like GMAP and the Washington State Quality Award process help the agency become more effective, transparent, and accountable.

A newly assembled **planning and performance team** provides guidance and mentoring throughout DSHS. With this team, DSHS is able to review the agency's performance management systems and track performance measures. The team provides resources to **align performance measures** within the various reporting mechanisms (GMAP, Performance Management Tracking System) as well as activity inventories, performance reviews, and audits.

The **Washington State Quality Award** (WSQA) is an external assessment based on the Baldrige Criteria for Performance Excellence. DSHS managers are learning the criteria, becoming certified examiners, and applying for the award through a comprehensive assessment process. All aspects of the quality award, from completing the application to receiving the feedback report from WSQA reviewers, provide helpful insights about areas for improvement.

The **Agency Self-Assessment** tool was adapted this year to incorporate the Washington State Management Framework. The DSHS executive leadership team used the results to compare with the **client and employee surveys**, looking for **common themes**.

	DSHS Self Assessment 2007 and 2006	DSHS Employee Survey 2007/2006	DSHS 2007 Client Survey
DO WELL	*Areas scoring the most 2.6 or higher ratings:*	*Percent responding "always" or "usually":*	*Percent answering "yes" or "strong yes":*
	Articulate clear goals and values	Know what is expected of me (84/84%)	Helpful programs and good work (90%)
	Understand customer expectations	Supervisor treats me with dignity (81/81%)	Staff courtesy, respect, listening (89%)
	Create a Strategic Plan Overall	Know how work contributes to goals (80/78%)	Staff understanding client needs (87%)
	Areas identified at Strengths:	*Comment Themes—Satisfied:*	*Comment Themes—Good Work*
	Internal GMAP	Job Characteristics (59%)	DSHS helped (494)
	Legal and Ethical Behavior	Co-Workers (24%)	Other staff comments (167)
DO NOT SO WELL	*Areas scoring the most 2.5 or below ratings:*	*Percent responding "never" or "seldom":*	*Percent answering "yes" or "strong yes":*
	Process Improvement	Use customer feedback to improve process (29%)	Help make service plans and goals (61%)
	Output Measures	Encouraged to find new/better ways (26%)	Program staff work together (66%)
	Cost-Efficiency Measures	Receive recognition for job well done (26%)	Easy to get a live person when calling (67%)
	Focus on Priorities	Agency uses my time/talents well (24%)	Staff return phone calls in 24 hours (70%)
	Areas identified as Needing Improvement:	*Comment Themes—Needs Work:*	*Comment Themes—Needs Work:*
	Focus on Priorities	General/Other (30%)	Process (319)
	Allocate Resources Overall	Management (28%)	Access (135)
	Hire Well	Resources (28%)	Information (102)

Baldrige Criteria for Performance Excellence

- **Leadership** examines how senior leaders guide and sustain the organization.
- **Strategic Planning** examines how the organization develops strategic objectives and action plans, deploys the plan, and measures progress.
- **Customer and Market Focus** examines how the organization determines the requirements, needs, expectations, and preferences of customers.
- **Measurement, Analysis, and Knowledge Management** examines how the organization selects, gathers, analyzes, manages, and improves its data, information, and knowledge assets.
- **Workforce Focus** examines how the organization engages, manages, and develops the workforce to use its full potential in alignment with the mission, strategy, and action plans.
- **Process Management** examines how the organization determines its core competencies and work systems, and how it designs, manages, and improves its key processes.
- **Results** examines the organization's performance in all key areas.

- Three DSHS programs have submitted **WSQA applications** and received feedback reports
  - Division of Child Support
  - Region 4 Customer Service Center, Community Services Division
  - Green Hill School, Juvenile Rehabilitation Administration

Source: National Resource Center for Child Welfare Data and Technology

Quick Facts

Hurricane Katrina raised attention to the potential devastation of natural disasters and the challenges in responding to and recovering from this type of event.

- Over 1,500 dead and 252,577 people in shelters the first week.
- Telecommunications completely disabled and 515,841 people without power more than a week.
- 40 percent of the 5,000 foster children displaced.

Disasters happen here…

As the first week of December 2007 began, three separate storm systems swept into the coast.

Hurricane-force winds and torrential rain wrecked havoc and devastating damage throughout the western region. Rain-swollen rivers quickly caused homes, farms, and businesses to be filled with muddy water. Roads were flooded and a 20-mile stretch of the major north/south I-5 highway was closed. Many communities were isolated and without power. Hit hardest were Lewis and Grays Harbor counties. Others with substantial damage include Kitsap, Mason, Pacific, and Thurston counties.

Photo courtesy of Dave Baylor (used with permission)

Social and Community Responsibilities

Washington state is vulnerable to a variety of natural and human-made disasters, such as earthquake, volcanic eruption, flooding, storm damage, and fires. DSHS and its programs have current **emergency management plans** that address vital services and worksite preparation, response, and recovery from emergency incidents.

Disaster events can be devastating and may require DSHS to participate with other agencies within a **standard incident response system**. For this reason, disaster plans are developed and employees trained in compliance with the federal Homeland Security National Incident Management System (NIMS) using the Incident Command System model. DSHS **successfully implemented** its emergency plan during the winter storms that struck western Washington in early December 2007. DSHS is using its lessons learned and participating on a task force with key state agencies to prepare for future events.

DSHS is committed to improving the quality of life and **promoting healthy environments** for the communities in which we work and live. Reducing the environmental impact of such a large agency can produce significant results. DSHS establishes objectives, strategies, and measures to address and meet long-range **sustainability goals**. Among its successes, the agency engages in sustainable design in construction projects, significantly reduced the number of pre-1996 vehicles in its fleet, and increased the use of environmentally friendly products.

DSHS forges **direct communication paths** with partners and expects employees to be **open**, **accessible**, and **accountable** to the public for performance, results, and management of resources.

State agencies must provide clear and **easy-to-understand written communications** to achieve better services and results for customers. Clear written communications improves customers' ability to understand how to access services and comply with requirements. DSHS policy requires employees to continually improve the clarity of written communications by **using Plain Talk** principles and other best practices.

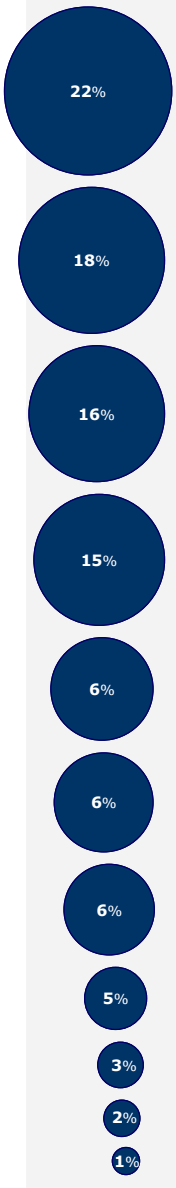
Chapter 6 • Internal Capacity Assessment

Workforce Diversity Profile

	Agency	State
Female	65.5%	51.7%
Disabled	5.6%	4.5%
Vietnam Vet	5.4%	6.1%
Disabled Vet	0.9%	2.1%
People of color	17.9%	13.5%
Persons over 40	77.0%	75.4%

Staff Distribution

DSHS
TOTAL FTEs = 18,960
2007-09 Budget Level



Economic Services Administration
4,244 FTEs

ADSA | Developmental Disabilities
3,367 FTEs

HRSA | Mental Health Division
3,110 FTEs

Children's Administration
2,840 FTEs

ADSA | Aging and Adult Services
1,221 FTEs

HRSA | Medical Assistance
1,197 FTEs

Juvenile Rehabilitation Administration
1,151 FTEs

Central Administration
905 FTEs

Special Commitment Cntr
485 FTEs

Vocational Rehabilitation
344 FTEs

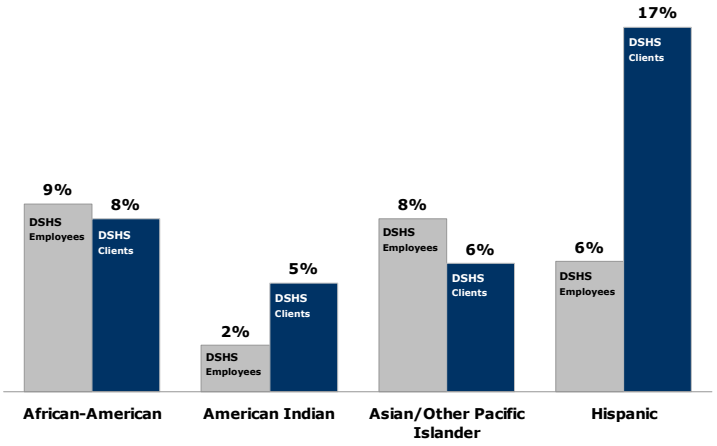
HRSA | Alcohol and Substance Abuse
95 FTEs

WORKFORCE AND ORGANIZATIONAL CAPACITY

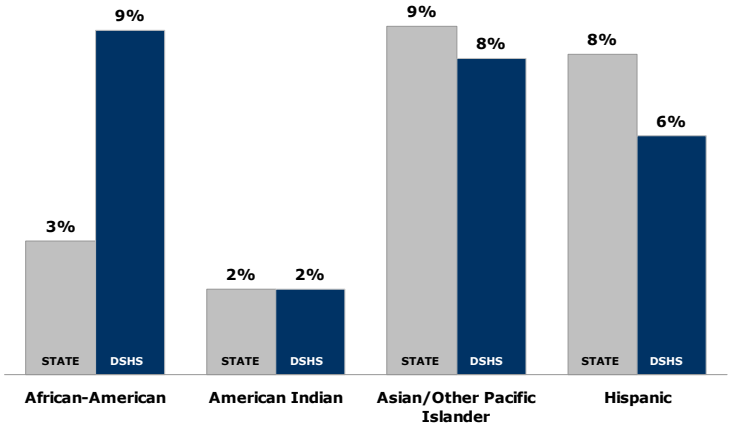
Workforce Diversity

DSHS is committed to having a workforce that responds to the state's unique and **increasingly diverse population**, because the work it does matters to regular people with critical needs. DSHS continues to use its research and data analysis to identify any disparities in employment and client services.

DSHS Employees Compared to DSHS Clients



Washington's Employed Persons Compared to DSHS Employees



Source: DSHS Client Services Database

Source: Washington State Legislative Evaluation and Accountability Program Committee, March 2008

Workforce Planning and Development

The **right people with the right competencies** must be in place to effectively achieve strategic goals and objectives and improve outcomes over the long term.

Each program within DSHS has **unique business needs**. Much of the workforce planning is carried out at the program level where the effects will have the most impact on the front line.

Across DSHS, improvement is needed in areas with **high caseload staffing ratios** that limit the ability to minimize risk, conduct timely investigations, and provide services at the earliest opportunity. Workload studies are often used to develop staffing models which continuously reassess workload and staff deployment. A recent workload study was conducted for the DSHS child welfare system.

Many programs identify as **workforce barriers** the small pool of available employee candidates (nurses, social workers, physicians, vocational rehabilitation counselors) and challenges in competing successfully with other employers for quality employees.

The escalating numbers of employees entering retirement years makes **succession planning and staff recruitment** a high priority.

Changes in **human resource systems** and support over the past few years create both challenges and opportunities. The new Human Resources Management System (HRMS) alters processes for hiring, promoting, and filling vacancies quickly. The collective bargaining agreement creates new parameters to work within.

Within DSHS and community agencies, the growing and widespread adoption of evidence-based programs and practices creates the need for costly training to **improve the skill set** of the workforce.

Civil service reform and changes in federal law increase demand for **staff training** in high risk areas such as fair compensation and the Fair Labor Standard Act, the grievance process, Just Cause, and the Family Medical Leave Act. In addition, the rapid pace of technology change also requires considerable staff training time.

Employee Survey Quick Facts

13,715 employees completed the 2007 employee survey. They addressed communication, supervisor/manager support, fairness and diversity, job satisfaction, and business practices.

Marked increases from 2006 scores were reported in the areas of general satisfaction, supervisor recognition and support, and communication.

The 2007 survey showed a general upward trend in most areas, although sources of dissatisfaction remain.

Many employees suggested improvements in work processes, personnel practices and policies, and resource availability. Some employees expressed concerns about fairness and diversity.

- Learning and growth: 9 percent more employees said they have learning and growth opportunities.
- Time and talents: 9 percent more employees said their time and talents are used well.
- Comments on morale and satisfaction: 36 percent increase in positive comments; 17 percent decrease in negative comments.
- General job satisfaction: In answer to a new question, 66 percent of employees said they are generally satisfied with their jobs.

DSHS programs prepared action plans in response to issues that surfaced in the employee survey, and are updating them regularly.

The employee survey results and action plans are posted on the DSHS Internet at http://www.dshs.wa.gov/rda/.

Photo courtesy of Microsoft (free domain)

Quick Facts

- Twenty-two mission critical systems support the vital services in DSHS programs.
- DSHS is implementing seven major technology systems costing an estimated $195 million in the next three years.
  - ProviderOne (Phase I)
  - FamLink
  - Provider Payroll (RFP)
  - DDD CMIS (Phase V)
  - SSPS Union Benefits
  - Online Services Application
  - Fraud & Abuse Detection System
- Some 700 technology employees serve the needs of more than 18,000 DSHS employees and multiple business partners.
- About 2 percent of the DSHS budget is spent on information technology.
- DSHS receives and blocks about 22 million spam emails each month, more than 80 percent of all email coming into DSHS.
- DSHS actively supports technology initiatives that improve its stewardship of natural resources and reduce its carbon footprint.
- DSHS is committed to user centered design principles to make the right information easily accessible on the DSHS Internet.

TECHNOLOGY CAPACITY

In the past few years, DSHS experienced **fundamental shifts** in how services are accessed and delivered.

- Employees and their workstations are becoming more mobile and less tied to worksites
- Call centers and interactive voice response systems are more commonplace
- Technology is providing more opportunities to reduce the use of paper files and move to digital storage
- The volume of virulent cyber attacks is increasing, creating heightened vigilance in information technology security

DSHS is adapting to the **rapid rate of emerging technology** to better meet business requirements and serve customers.

The state is making investments to **improve the technology infrastructure** so data can be shared more easily between systems and agencies.

Many DSHS programs are evaluating and implementing technology solutions to **improve service delivery and case management**, relying heavily on the Internet.

The state legislature and Information Services Board expect state agencies to **use common information technology** services and solutions and to leverage the state's buying power to save money.

Automation of business processes and creating **enterprise level technology solutions** are critical in DSHS, especially when there are limited resources available.

Existing **mission-critical infrastructure** must be maintained and, in some cases, upgraded or DSHS faces the risk of significant service disruptions or inability to meet the needs of its customers.

DSHS monitors the scope, schedule, budget, and documentation management for high-visibility technology projects to **identify and mitigate problems**.

FINANCIAL CAPACITY

It is not yet clear what effect the current economic climate will hold for state revenue collections. Speculation about a national recession is filling the airwaves.

There is general consensus that the economy is trending downward. Current estimates show a **possible $2.5 billion spending deficit** in the state general fund for the 2009-2011 biennium. The February 2008 revenue forecast compared to September 2007 reflects this trend.

State Revenue Forecasts Compared

Estimated in Millions	2007-Sep Forecast	2008-Feb Forecast	% Change	Change
Retail Sales	$15,833.0	$15,654.9	(1.12%)	($178.1)
Business & Occupation	5.564.4	5,543.7	(0.37%)	($20.7)
Property Tax	3,015.3	2,994.6	(0.69%)	($20.7)
Real Estate Excise	1,738.8	1,382.6	(20.49%)	($356.2)
Use	1,108.2	1,074.7	(3.02%)	($33.5)
All Other	2,360.2	2,368.6	1.12%	$26.4
Total Taxes	**$29,619.9**	**$29,037.1**	**(1.97%)**	**($582.8)**

Source: Washington Economic and Revenue Forecast, February 2008
Table 3.11, February 2008 General Fund—State Forecast, 2007-09 & 2009-11 Biennia, Cash Basis
http://www.erfc.wa.gov/pubs/feb08pub.pdf

General Fund-State Revenue Compared to Expenditures

Estimated in Millions	2007-09 State	2009-11 State
Beginning Balance	**$781.0**	**$405.8**
Total Revenue	**$29,462.7**	**$31,577.7**
Total Funds Available	**$30,243.7**	**$31,983.5**
Estimated Expenditures		
Total Expenditures	**$29, 837.9**	**$34,446.8**
Ending Balance	**$405.8**	***($2,463.3)***

SOURCE: Six Year GF-S Outlook (April 2008 Update), Committee on Ways and Means, Washington State Senate
http://www.leg.wa.gov/documents/Senate/SCS/WM/SwmWebsite/Balance%20Sheets/6YearGF-SOutlookApril11Update.pdf

Some people think the February forecast is still too optimistic and the **revenue picture** could look worse in the coming years. Others believe it will look better in the next forecast.

We will know more about the status of state and DSHS finances as the biennium progresses.

How DSHS Spends Its Money

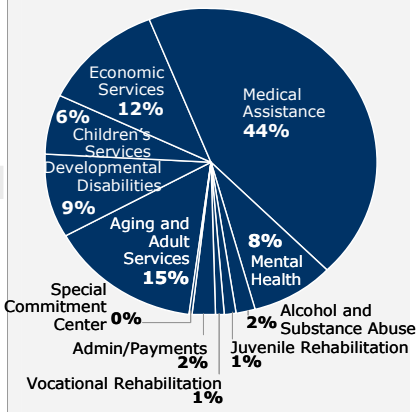
General Fund State

Sub Object	Expenditures
NB-Direct Payments to Providers	$ **3,427,511,699**
AA-State Classified	$ 365,743,507
NA-Direct Grants to Clients	$ **267,903,844**
BD-Health, Life & Disability Insurance	$ 107,364,019
ER-Other Purchased Services	$ 64,511,503
ED-Rentals and Leases	$ 36,413,694
BB-Retirement and Pensions	$ 25,745,352
BC-Medical Aid & Industrial Insurance	$ 21,062,661
EM-Attorney General Services	$ 20,587,604
EA-Supplies and Materials	$ 18,817,454
EP-Insurance	$ 16,708,615
AU-Overtime and Call-Back	$ 16,129,380
All Others	$ 131,413,888
Total	**$ 4,519,913,220**

Source: DSHS Budget Office

Total Funds Distribution

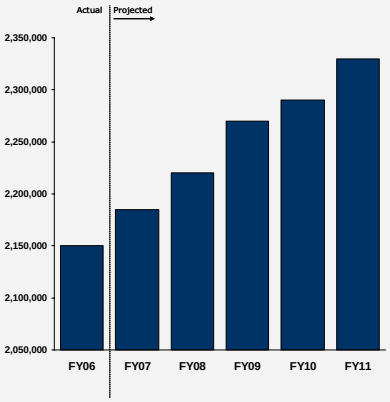
2008 Supplemental



Source: DSHS Budget Office

Cost Per Client = $4,300 / Year

Client Numbers Trend



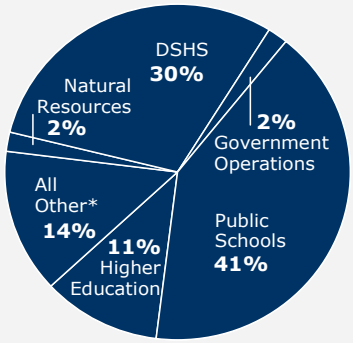
Source: DSHS Budget Office

Quick Facts

- Over 80 percent of the DSHS budget is spent on vendor and client payments.
- Medical expenses consume 44 percent of the DSHS budget.
- DSHS' historical share of the state general fund budget is about 30 percent.
- A five percent efficiency savings in leases is equivalent to 23.4 employees.
- Reducing printing and production by 30 percent is equivalent to 21 employees.

State Funds Comparison

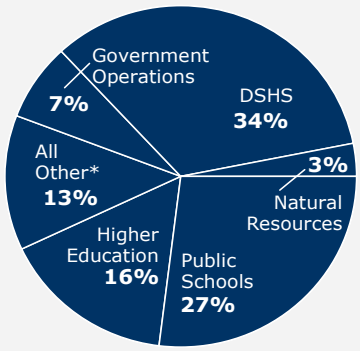
2008 Supplemental



*All Other includes Legislative, Judicial, Other Human Services, Transportation, Contributions to Retirement Systems, Other Education, and other appropriations.

Total Funds Comparison

2008 Supplemental



*All Other includes Legislative, Judicial, Other Human Services, Transportation, Contributions to Retirement Systems, Other Education, and other appropriations.

Budget Planning

DSHS **competes for state budget dollars** with large programs that have rapidly rising populations and caseloads. These include public schools, higher education, and corrections.

There are many **pressures driving the DSHS budget**. The number of clients is expected to continue its steady increase, along with the cost of serving them.

A slow-down in the state's economy creates an increase in the demand for **medical care** and other social services. Increases in the cost of **food and fuel** are affecting spending beyond budgeted levels. **Federal changes** and requirements also drive up costs.

2007-09 Biennium Federal Requirements	State Dollars
2006 Interstate Compact for the Placement of children (ICPC)	$2,682,000
Centers for Medicare and Medicaid Services (CMS) changes	$11,364,000
2005 Deficit Reduction Act (DRA)	$20,212,000
Department of Justice (DOJ) investigations	$346,000
TOTAL	**$34,604,000**

Source: 2007-09 biennium DSHS budget report, data as of May 2007.

DSHS continues to **look for savings** in areas that have the least impact on services to clients, examining costs such as printing and production, fuel and utilities, leases, raw foods and dietary products, and prescription drugs.

Hiring case-carrying staff, health and safety related expenditures, direct client services and entitlement grants, and spending that produces revenue or avoids costs are **given priority** for continued expenditure.

DSHS is **building its budget** for the 2009-2011 biennium using carefully chosen criteria.

- Aligns with the Governor's priorities
- Reflects that programs are operating at peak efficiency
- Illustrates that this budget is the most effective one to accomplish DSHS goals
- Addresses critical situations like lawsuits and new federal requirements
- Enhances cross-program work and collaborations that are effective and efficient

SERVICE DELIVERY CAPACITY

Research proves that **investing in chemical dependency treatment** not only creates healthier families and safer communities, it saves tax payers thousands of dollars in medical costs. Washington began a major expansion of chemical dependency treatment in 2005 by redirecting funding for Medicaid-eligible adults and youth. Thousands of people once forced onto waiting lists can now access treatment.

Significant brain research, legislation, policy interpretation and funding patterns have dramatically impacted the **public mental health** system. Additional people will be eligible to receive Medicaid-paid mental health services in 2009 because of legislative action to increase the income eligibility ceiling.

There is growing support in the state to provide services in **home and community settings**, rather than relying on institutional care. This is true for persons needing mental health or chemical dependency treatment, long-term care or disability services, as well as those served in the child welfare, correctional, and juvenile justice systems.

In some cases institutional care remains the most appropriate setting for clients with complex needs or for individual and public safety. More often though, children, adults, elders, their family members and caretakers prefer to remain independent and have the options to **direct their own care**. While generally less costly, this presents the challenges of ensuring quality care and a range of services available statewide that reflect different needs and cultural preferences.

Ensuring adequate offender housing options for juveniles and adults is critical for providing **effective rehabilitative services**. Overcrowding and mixing incompatible populations compromise the safety of residents and staff. The juvenile residential population is decreasing, but closing a facility would present challenges. The adult residential population at the Special Commitment Center is growing, and housing residents in appropriate units is increasingly difficult.

Between now and 2012, DSHS must substantially improve the delivery of **children's mental health services**, emphasizing prevention, early identification, and intervention. This requires coordination between categorical funding and programs.

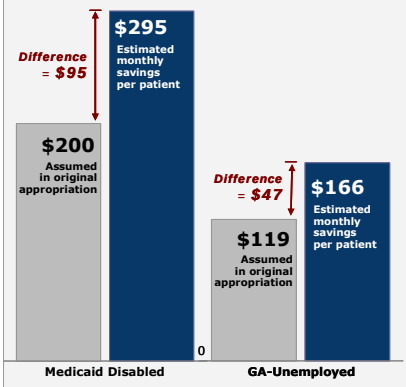
Quick Facts

- DSHS has funding for only 16 beds for elementary school age children who need long-term inpatient psychiatric care, which means children wait for treatment.

Chemical dependency treatment means savings for state taxpayers...

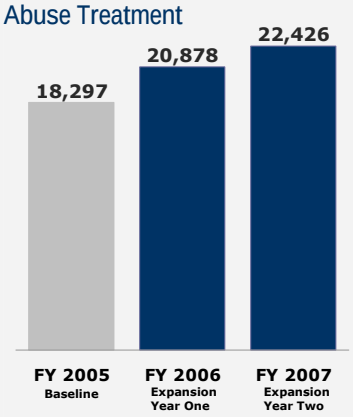
The state saves $295 each month in medical costs for every Medicaid disabled client who receives substance abuse treatment.

Another $166 each month is saved for every GA-U client who receives substance abuse treatment.



Source: DSHS Research and Data Analysis, April 2008

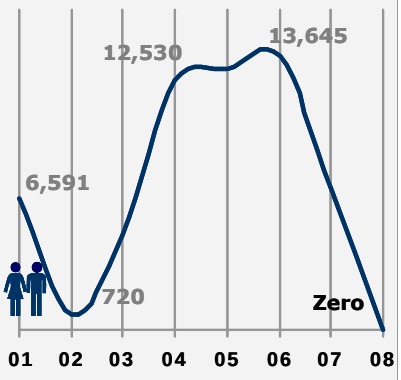
Clients Enrolled in Substance Abuse Treatment



Source: DSHS Research and Data Analysis, April 2008

Photo courtesy of the U.S. Census Bureau.

DSHS Ended the Waiting List for Vocational Rehabilitation Services



Quick Facts

DSHS works with 29 Federally Recognized Tribes of Washington State (Tribes) and the six Recognized American Indian Organizations (RAIOs) through the Indian Policy Advisory Committee (IPAC).

DSHS is committed to a government-to-government relationship with Tribes. Funding and policy development are accomplished through formal consultation. Recent jointly developed policies include:

- Tribal TANF negotiations
- Contract Consolidation
- Estate Recovery WAC changes
- Foster Home Licensing
- Medicaid Title XIX Billing Instructions
- Communication Protocols
- Consultation Protocols

The capacity to deliver **vocational rehabilitation** services has increased dramatically since the end of the waiting list. By changing the service delivery process and strengthening partnerships with community agencies, DSHS can reach out to underserved populations and serve more people with disabilities.

DSHS is launching innovative **patient navigator programs** for Medicaid clients. The navigators are **members of minority communities** and cultures who are knowledgeable about the health care system as well as the minority culture itself. They help patients **negotiate through the unfamiliar health care system**, coordinating services, assisting patient-to-provider communications, and resolving access issues that might otherwise delay care.

Service Delivery with Tribal Governments and Recognized American Indian Organizations

The partnership among DSHS and **tribal governments and recognized organizations** has significant impact on Tribal/State relationships, policy changes, tribal community resources, and services for clients.

DSHS representatives hold ongoing meetings with the Tribes and Recognized American Indian Organizations (RAIOs). The most significant of these **government-to-government dialogs** occurs quarterly with each DSHS Assistant Secretary presenting twice each year to the Indian Policy Advisory Committee (IPAC).

Federal appropriations for Tribes are under-funded and the trend is for more of the **funding to be passed through** the states. This is addressed through tri-level meetings with tribal, state, and federal government representatives.

Working together through IPAC, there have been **some funding increases** for service-related resources. These include services for drug, alcohol and substance abuse and Indian Child Welfare.

Resources for tribal communities can be enhanced by improving **access to state services**. Language in some legislation presents barriers for the state to directly contract with Tribes. Meaningful dialog has begun in two of these areas, Regional Support Networks and Area Agencies on Aging.

FACILITY AND INFRASTRUCTURE CAPACITY

DSHS operates 22 state-owned **institutions and community facilities** for evaluating and treating mental health patients, housing individuals with disabilities, and rehabilitating juvenile offenders and adult sex offenders. These facilities are essential in the service continuum for clients needing institutional settings, and for keeping communities safe and secure. The next few years bring a variety of challenges.

The characteristics and special needs of DSHS clients shape **space requirements**. Most institutionalized clients have complex needs or exhibit behaviors that are difficult to manage—severe mental and physical disabilities, aggressive and impulsive behaviors—and require safety and security measures.

The characteristics and needs of these clients are **changing over time**. Fluctuating **population trends** require adequate institutional capacity without over-building the system.

Many of the residential buildings, support facilities, and infrastructure systems require attention because they have **exceeded their useful lives**. Half of the 500 buildings are more than **30 years old**. Many are in desperate need of major repairs or replacement.

Changes in the delivery of mental health services and in legislation and court rulings define the population to be served in the **psychiatric hospitals**.

The facilities operated for individuals with **developmental disabilities** require preservation of living units, program support facilities, and campus infrastructure systems.

Population fluctuations and the increasing number of youth with mental illness and other special needs define the type of capital improvements needed for **juvenile rehabilitation** institutions.

The growing adult residential population is putting pressure on the **Special Commitment Center**. Temporary units are being constructed to address the immediate need for appropriate housing.

Photo: DSHS Special Commitment Center Total Confinement Facility

Quick Facts

DSHS operates state-owned facilities and institutions on 22 campuses…

- More than 500 buildings.
- Almost 5.5 million square feet of space.
- $62,269,000 capital budget in the 2007-2009 bieniuum.

DSHS Facilities and Institutions

- Mental Health
  - Child Study and Treatment Center
  - Eastern State Hospital
  - Western State Hospital
- Developmental Disabilities
  - Frances Haddon Morgan Center
  - Fircrest School
  - Lakeland Village
  - Rainier School
  - Yakima Valley School
- Juvenile Rehabilitation
  - Echo Glen Children's Center
  - Green Hill School
  - Maple Lane School
  - Naselle Youth Camp
  - Six community facilities
- Special Commitment Center
  - Total Confinement Facility on McNeil Island
  - Pierce County Secure Community Transition Facility
  - King County Secure Community Transition Facility

APPENDICES

APPENDIX 1 – STATUTORY AUTHORITIES

APPENDIX 2 – WORKFORCE DEVELOPMENT PLAN

APPENDIX 3 – INFORMATION TECHNOLOGY PLAN

APPENDIX 4 – INSTITUTIONAL FACILITY PLAN

Appendix 1 ● Statutory Authorities

Aging and Disability Services Administration

- The Federal Older American's Act authorizes a network of local Area Agencies on Aging (with citizen advisory councils), as well as home/community services.
- Title XIX of the Social Security Act authorizes nursing facility services and the COPES, Medically Needy, and DD waivers, which authorize home and community-based services as an option to nursing facility or institutional services.
- Titles XVIII & XIX of the Social Security Act authorize Nursing Facility Survey to ensure consumer protection and quality of care.
- 42 CFR 483.400 authorizes services in ICF/MR facilities.
- Americans with Disabilities Act of 1990 (ADA) ensures equal access for individuals with disabilities.
- Public Law 105-17; The Individuals with Disabilities Education ACT (IDEA), Part C governs Infant, Toddler Early Intervention Services.
- 34 CFR 303 regulates the Early Intervention Program for Infants and Toddlers with Disabilities.
- RCW 74.04.025 authorizes services for Limited English Proficient applicants and recipients of services.
- RCW 74.39.050 authorizes self-directed care.
- RCW 18.51 authorizes the nursing facility license functions.
- RCW 18.20 authorizes the boarding home license functions.
- RCW 74.46 authorizes the nursing facility payment system.
- RCW 74.42 authorizes nursing facility case management associated with voluntary relocation of residents who wish to be served in community settings.
- RCW 74.39 authorizes in-hospital LTC assessment.
- RCW 74.39A authorizes COPES Medicaid Waiver, assisted living, personal care, chore services, Adult Residential Care and LTC quality improvement.
- RCW 70.128 authorizes the Adult Family Home program.
- RCW 74.39A authorizes in-home case management by Area Agencies on Aging.
- RCW 70.195 establishes the State Interagency Coordinating Council for Infants and Toddlers with Disabilities and their families. It also establishes County Interagency Coordinating Councils and requires state and local interagency agreements to define early intervention roles and responsibilities.
- RCW 74.14A establishes policy for children with emotional disturbances and mental illness, potentially dependent children, and families in conflict.
- RCW 74.38 (The State Senior Citizens' Services Act) authorizes home and community-based services.
- RCW 74.34 governs protection of vulnerable adults from abuse and neglect.
- RCW 74.41 authorizes Respite Services and the Family Caregiver Support Program.
- RCW 18.18A authorizes delegation of selected nursing functions.
- Title 71A provides for services to persons with developmental disabilities, including coordinated state and local programs.
- Washington State Constitution – Article XIII, Section 1 authorizes institutions for the benefit of persons with developmental disabilities.

Children's Administration

- RCW 13.32 – Family Reconciliation Services authorizes voluntary services and assistance for parents and children who are in conflict.
- RCW 13.34 – Juvenile Dependency and Termination of a Parent and Child Relationship mandates the coordination of services to parents and children in child dependency cases.
- RCW 26.33 – Adoption Services authorizes adoption to provide stable homes for children.
- RCW 26.44 – Child Protective Services authorizes protection of children from abuse and neglect while preserving family integrity to the maximum extent possible.
- RCW 26.50.150 – Domestic Violence Perpetrator Programs authorizes certification of programs providing treatment of perpetrators of domestic violence.
- RCW 70.123 – Shelters for Victims of Domestic Violence authorizes minimum standards and contracts for the provision of safe emergency shelter and/or safe homes for victims of domestic violence and their children.
- RCW 74.13 – Child Welfare Services authorizes a comprehensive and coordinated program of public child welfare services for children who require guidance, care control, protection, treatment or rehabilitation to safeguard, protect and contribute to the welfare of children.
- RCW 74.13.100-159 – Adoption Support authorizes a program to encourage the adoption of hard-to-place children.
- RCW 74.14A – Children and Family Services mandates that state efforts shall address the needs of children and their families, including services for emotionally disturbed and mentally ill children, potentially dependent children and families in conflict.
- RCW 74.14B – Children's Services authorizes children's service worker and foster parent training, services for child victims of sexual assault, use of multi-disciplinary teams and therapeutic child day care and treatment services.
- RCW 74.14C – Preservation Services authorizes the provision of family preservation services and intensive family preservation services to prevent child dependency, the unnecessary placement of children in out-of-home care and to facilitate the reunification of children with their families.
- RCW 74.15 – Foster Care Licensing directs the department to safeguard the health, safety and well-being of children and developmentally disabled persons receiving care away from their own home, strengthen and encourage family unity and sustain parental rights and responsibilities by providing foster care; authorizes the department to license homes, facilities and agencies and to assure that adequate standards are maintained.

Economic Services Administration

Aid to Needy Families & Individuals

- Title IV-A authorizes the Temporary Assistance for Needy Families (TANF) program and gives states wide flexibility to design TANF in ways that promote work, responsibility and self-sufficiency.
- Title XII establishes the eligibility criteria and benefit levels for the federal Food Stamp Program as created by the Food Stamp Reauthorization Act of 2002.
- Title XIII imposes eligibility restrictions upon qualified and non-qualified aliens to TANF, SSI, and Food Stamp benefits imposed under the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, P.L. 104-193.
- Title XI authorizes the federal Department of Health and Human Services to provide temporary assistance to U.S. citizens who have been returned from foreign countries. The law specifies the conditions under which the funds can be used.
- Title XVI establishes federal funding for the Supplemental Security Income Program to provide financial assistance to aged, blind, and disabled persons with limited income and resources.
- PL 96-212, Refugee Act of 1980, amends the Immigration and Nationality Act to provide for the admission and resettlement of refugees. The law and its amendments also authorize federal assistance to states for the resettlement of refugees.

- P.L. 104-193, Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, gives states choices in how to structure their welfare programs. Federal funding is provided in the form of the Temporary Assistance to Needy Families (TAN F) block grant, and is fixed at the same level for five years. PRWORA provides new federal child care funds, reauthorizes the Child Care and Development Block Grant (CCDBG), and requires these combined funds to be administered as a unified program under the Child Care and Development Fund (CCDF).
- P.L. 105-33, Balanced Budget Act (BBA) of 1997, makes changes and implements numerous technical corrections to the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, P.L. 104-193.
- PL 107-171, Food Stamp Reauthorization Act of 2002, reauthorizes the federal Food Stamp Program to provide for improved levels of nutrition among low-income households by supplementing households' food purchasing power.
- 7 CFR, Chapter II, Food Stamp and Food Distribution Program that implement the provisions of the Food Stamp Act of 1977, P.L 88-525.
- 45 CFR, Part 260, Temporary Assistance for Needy Families Program (TANF), implements the cash assistance, work participation, and data reporting requirements of the federal Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, P.L. 104-193.
- 47 USC Sec. 254, Universal Service Telecommunications Act of 1996, gives states the option to provide telephone assistance to low-income individuals and families, and provides guidelines on subsidy amounts and payments to telephone companies.
- RCW 74.04 establishes DSHS as the single state agency to establish and administer public assistance programs in accordance with federal law.
- RCW 74.08 authorizes DSHS to provide financial assistance and services in accordance with federal rules on behalf of persons who are aged, blind or disabled.
- RCW 74.08A.040 directs DSHS to provide tribes with ongoing, meaningful opportunities to participate in the development, oversight, and operation of the WorkFirst program.
- RCW 74.12 authorizes DSHS to administer WorkFirst, the state's Temporary Assistance for Needy Families (TANF) cash assistance and welfare-to-work program.
- RCW 74.13 authorizes DSHS to provide child care subsidies to TANF and other low-income working families, and provide services and build partnerships aimed at building a system of quality, affordable child care.
- RCW 74.25A, Employment Partnership Program Act, establishes a voluntary program using public wage subsidies and employer matching salaries to create new jobs with livable wages and promotional opportunities for the chronically unemployed and underemployed persons.
- RCW 80.36.470 establishes a telephone and community voice mail assistance program for adults receiving ongoing financial, food or medical assistance from DSHS.
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- Title XVI establishes federal funding for the Supplemental Security Income Program to provide financial assistance to aged, blind, and disabled persons with limited income and resources.
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Child Support

- Title IV-D of the Social Security Act, Child Support Enforcement, 45 CFR 300-310, provides federal funds to states for the purpose of establishing and enforcing child support and medical insurance obligations owed by non-custodial parents for their children and to the custodian of the children with whom the children are living. State IV-D programs also locate non-custodial parents and their assets, establish paternity and orders of support, ensure private medical insurance is provided wherever possible and collect and distribute support on such cases, including those where families receive TANF.
- PL 109-171, the Deficit Reduction Act of 2005, required various changes in child support programs, which were adopted by Washington State as SSB 5244 (Chapter 143, Laws of 2007): including the $25 annual fee for nonassistance cases (effective 10/1/07); change in health insurance requirements and enforcement (effective 7/22/07); change in the nature of the public assistance assignment (effective 10/1/08); child support pass-through for TANF families (effective 10/1/08); change in distribution of IRS intercept payments (effective 10/1/08).
- 28 USC 1738B requires courts of all U.S. territories, states and tribes to accord full faith and credit to a child support order issued by another state or tribe that properly exercised jurisdiction over the parties and the subject matter.
- 42 USC 654 (33) authorizes states to enter into cooperative agreements with Indian tribes or tribal organizations.
- RCW 26.09 establishes a requirement for parents to support their children.
- RCW 26.18 authorizes DSHS to enforce child support obligations and supplements RCW 74.20A.
- RCW 26.19 establishes a child support schedule to insure that child support orders are adequate to meet a child's basic needs and to provide additional child support commensurate with the parents' income, resources, and standard of living; further, it provides for a quadrennial review of the schedule in accordance with federal requirements.

- RCW 26.21A, the Uniform Interstate Family Support Act, governs child support actions and case processing in cases involving parents who reside in different states.
- RCW 26.23 creates the Washington State Support Registry, authorizes DSHS to create a centralized registry for the recording and distribution of child support, and authorizes DSHS to enforce child support obligations.
- RCW 26.25 encourages DSHS and Indian Tribes to enter into cooperative child support agreements to provide culturally relevant child support services.
- RCW 26.26 the Uniform Parentage Act, governs every determination of parentage in Washington
- RCW 74.20 authorizes DSHS to enforce child support obligations.
- RCW 74.20A provides DSHS with administrative authority to establish and enforce child support obligations.

Health and Recovery Services Administration

- Title II, XIX and XXI of the Social Security Act [Title 42, U.S. Code (USC)]
- Titles 20 and 42 Code of Federal Regulations (CFR)
- Article III - Creation of Executive Departments.
- Article XIII - Provisions regarding protection of vulnerable populations.
- Article XX - Provisions regarding public health, medicine and drugs.
- RCW 74.04 - Medical Assistance Program's miscellaneous authority.
- RCW 74.09 - Enabling statute for the Medical Assistance Program.
- RCW 74.09A - Coordination of benefits provisions of Medical Assistance.
- RCW 43.17.120 and 43.17.130 - MAA's designation as the Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) disability determination agency for the state.
- Title 388, Washington Administrative Code (WAC)

Division of Alcohol and Substance Abuse (DASA)

- RCW 70.96A.050 sets forth 17 requirements for the Department related to the provision of substance abuse prevention, intervention, treatment, and support services. These include:

  Develop and foster plans and programs for the prevention and treatment of alcoholism and other drug addiction, and treatment of alcoholics and addicts and their families;

  Coordinate the efforts of all public and private agencies, organizations, and individuals interested in substance abuse prevention and treatment;

  Cooperate with public and private agencies in implementing treatment programs for individuals in the correctional system;

  Work with education agencies, police departments, and the criminal justice system in development of prevention and treatment programs, and preparing curricula materials for use in schools;

  Prepare and disseminate educational material regarding the impacts and consequences of alcohol and other drug misuse;

  Develop and implement educational programs as part of substance abuse treatment that include information about the impacts and consequences of alcohol and other drug misuse, principles of recovery, and HIV and AIDS;

  Organize training programs for chemical dependency treatment professionals;

  Sponsor and encourage substance abuse-related research, and serve as an information clearinghouse;

  Specify uniform methods for keeping statistical information related to treatment;

  Advise the Governor regarding a comprehensive treatment plan for those affected by alcohol and drug abuse, for inclusion in the state’s comprehensive health plan;

  Review all state health, welfare, and treatment plans submitted for federal funding, and advice the Governor on provisions to be included related to alcohol and other drug addiction;

  Assist in developing treatment and education programs for state and local government employees, and business;

  Use the support and assistance of community members to encourage alcoholics and drug addicts to undergo treatment;

Assist in establishing programs designed to deal with the problem of people operating motor vehicles while intoxicated;

Encourage hospitals and health facilities to admit alcoholics and other drug addicts without discrimination, and provide them with adequate and appropriate treatment;

Encourage all health and disability insurance programs to include alcoholism and other drug addiction as a covered illness; and

Organize a statewide program to help those in the criminal justice system better understand chemical dependency and the effectiveness of treatment.

- RCW 70.96A.090 requires the department to adopt rules establishing standards for approved treatment programs, to periodically inspect the programs, and to maintain and periodically publish a current list of approved programs.
- RCW 70.96A.350 establishes the Criminal Justice Treatment Account (CJTA). CJTA is administered by DASA, with funds distributed to provide judicially supervised substance abuse treatment for offender in lieu of incarceration. Additional funds are transferred to the Violence Reduction and Drug Enforcement (VRDE) Account each biennium to be used to provide substance abuse treatment for offenders under confinement in Department of Corrections' facilities.
- RCW 74.50 [Alcoholism and Drug Addiction Treatment and Support Act (ADATSA)] — Establishes a system of assessment, treatment, and shelter for incapacitated alcoholics and drug addicts with a goal of employment and self-sufficiency.
- RCW 10.05, the Deferred Prosecution statute, requires assessments, treatment, and reports to be made by DASA-certified chemical dependency treatment providers.
- RCW 46.61.5056 requires individuals convicted of a Driving Under the Influence (DUI) offense to complete a diagnostic assessment and any program of recommended treatment, ranging from alcohol/drug information school to intensive residential treatment. DASA sets the standards for and is responsible for approving these programs.
- RCW 49.60 prohibits discrimination because of race, creed, color, national origin, gender, marital status, age, or the presence of any sensory, mental, or physical handicap. It ensures access to culturally diverse, sensitive, and aware services, and reasonable accommodations for persons with disabilities.
- RCW 18.205 defines the state certification requirements for chemical dependency professionals (CDPs). The certification program is under the authority of the Secretary of the Department of Health. Those providing counseling services in DASA-certified programs are required to be CDPs or CDP trainees.
- RCW 70.96B provides for the establishment of two integrated crisis response and involuntary treatment programs for individuals who are gravely disabled or imminent dangers to self or others as a result of chemical dependency.
- RCW 43.20A.890 establishes a program for the prevention and treatment of problem and pathological gambling, to be administered by DASA.
- Code of Federal Regulations 42 Part 8, Certification of Opioid Treatment Programs, Subpart A, Accreditation, Section 8.4, Accreditation body responsibilities -- DASA is a federal Substance Abuse and Mental Health Services Administration-approved body that accredits agencies providing opiate substitution treatment.
- Code of Federal Regulations 42 Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records -- DASA, all chemical dependency prevention and treatment programs, and all those who provide services to individuals affected by alcohol or others drugs are under strict restrictions not to disclose information with respect to patients without written consent, subject to certain exceptions.
- Code of Federal Regulations 42 Part 8, Certification of Opioid Treatment Programs, Subpart A, Accreditation, Section 8.4, Accreditation body responsibilities - DASA is now a federal Substance Abuse and Mental Health Services Administration-approved body that accredits agencies providing opiate substitution treatment.
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- RCW 70.96A.350 establishes the Criminal Justice Treatment Account (CJTA), administered by DASA, with funds distributed to provide judicially supervised substance abuse treatment for offender in lieu of incarceration.
- RCW 70.96B: Treatment for alcoholism, intoxication and drug addiction pilot programs.
- RCW 74.50, Alcoholism and Drug Addiction Treatment and Support Act (ADATSA), establishes a system of assessment, treatment, and shelter for incapacitated alcoholics and drug addicts with a goal of employment and self-sufficiency.
- RCW 10.05, the Deferred Prosecution statute, requires assessments, treatment, and reports to be made by DASA-certified chemical dependency treatment providers.
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Mental Health Division

- RCW 10.77 provides for the commitment of persons found incompetent to stand trial or acquitted of a crime by reason of insanity, when found to be a substantial danger to other persons or that there is a likelihood of committing acts jeopardizing public safety or security unless under control by the courts, other persons, or institutions. Also provides an indigent person's right to be examined by court appointed experts.
- RCW 71.05 provides for persons suffering from mental disorders to be involuntarily committed for treatment and sets forth that procedures and services be integrated with Chapter 71.24 RCW.
- RCW 71.24 authorizes community mental health programs through county-based regional support networks that operate systems of care.
- RCW 71.32 authorizes mental health advance directives.
- RCW 71.34 authorizes mental health services for minors, protects minors against needless hospitalization, enables treatment decisions to be made with sound professional judgment, and ensures minors' parents/guardians are given an opportunity to participate in treatment decisions.
- RCW 72.23 authorizes Eastern and Western psychiatric state hospitals for the admission of voluntary patients.
- RCW 74.09 authorizes medical services, including behavioral health care, for recipients of federal Medicaid as well as general assistance and alcohol and drug addiction services.
- RCW 38.52 authorizes the administration of state and federal programs for emergency management and disaster relief, including coordinated efforts by state and federal agencies.

Juvenile Rehabilitation Administration

- Article XIII of the State of Washington Constitution provides the basic legal authority for the JRA. RCW Title 13, Juvenile Courts and Juvenile Offenders, and RCW Title 72, State Institutions, provide the primary statutory authority for facilities and programs.

- RCW 13.06 consolidated Juvenile Services Programs and local court services to pre-commitment juveniles and authority for alternative sentences for juveniles who are eligible for JRA commitment.
- RCW 13.24, the Interstate Compact on Juveniles, establishes a process to ensure the provision of probation and parole supervision when adjudicated juveniles move between states.
- RCW 13.40, the Juvenile Justice Act of 1977 establishes a system of accountability and rehabilitative treatment for juvenile offenders.
- RCW 13.80.010 through 13.80.050, Learning and Life Skills Centers, establish alternative high school programs, operated by school district staff, for JRA juveniles in community programs needing additional structure and individualized instruction.
- RCW 28A.190, Residential Education Programs, establishes the authority and guidelines for school/educational programs within JRA.
- RCW 72.05, Residential Programs, establishes the authority for the operation, supervision, management, and control of JRA residential programs.
- RCW 72.16 authorizes the operation of the Green Hill School.
- RCW 72.19 authorizes the operation of the Echo Glen Children's Center.
- RCW 72.20 authorizes the operation of the Maple Lane School.
- Several federal courts have found that juveniles have a constitutional right to treatment rather than punishment alone - Morgan v. Sproat, 432 F. Supp. 1130 (Miss. 1977); Training School v. Affleck, 344 F. Supp. 1354 (D.R.I. 1972).

Deputy Secretary's Office

Office of the Deaf and Hard of Hearing

- Americans with Disabilities Act of 1990 mandates reasonable accommodations for people with disabilities to ensure access to and full participation in services offered by government and businesses and to provide equal employment opportunities, as well the provision of telecommunications relay services.
- RCW 43.20(A).720 authorizes the Office of the Deaf and Hard of Hearing to administer and fund for the provision of telecommunication relay services and distribution of specialized telecommunication equipment. It also allows for the provision of reasonable accommodations on behalf of DSHS.
- RCW 43.19.190 authorizes DSHS to purchase sign language interpreter services on behalf of people with hearing loss who are applicants and recipients of public assistance.
- RCW 49.60 mandates the provision of reasonable accommodations for people with disabilities in places of employment, government and businesses.
- RCW 2.42.170 authorizes the Office of Deaf and Hard of Hearing to work with the Administrator of the Courts (AOC) to establish courtroom interpreting standards and rates.

Special Commitment Center

- RCW 71.09, Community Protection Act, authorizes Special Commitment Center to provide care, control and treatment to committed sexually violent predators that have completed a prison term.

Division of Vocational Rehabilitation

- United States Code at 29 USC 701 et al. Seq., Public Law 102-569, provides that the Washington Division of Vocational Rehabilitation is the Designated State Unit (DSU) to receive federal funds under the Rehabilitation Act of 1973, as amended. The Rehabilitation Act appears as Title IV of the Workforce Investment Act of 1998. The law and its amendments specify the way in which funds will be used for the vocational rehabilitation of eligible individuals with disabilities. The code of federal regulations (CFR) outlining program authority and requirements is in Title 34 CFR, Part 361.
- RCW 74.29 establishes the purpose of the Division of Vocational Rehabilitation, which is to (1) rehabilitate individuals with disabilities who have a barrier to employment so that they may prepare for and engage in gainful occupation; (2) provide persons with physical, mental, or sensory disabilities with a program of services which will result in greater opportunities for them

to enter more fully into life in the community; (3) promote activities which will assist individuals with disabilities to become self-sufficient and self-supporting; and (4) encourage and develop community rehabilitation programs, job support services, and other resources needed by individuals with disabilities.

Management Operations

Federal Laws

- National Fire Codes.
- Occupational Safety and Health Act (OSHA).
- National Institute of Occupational Safety and Health (NIOSH).
- Titles VI and VII of the Civil Rights Act of 1964 as amended in 1972.
- The Civil Rights Act of 1991.
- Sections 503 and 504 of the Rehabilitation Act of 1973 as amended.
- The Americans with Disabilities Act of 1990.
- The 1974 Vietnam Era Veterans Readjustment Assistance Act.
- The Age Discrimination in Employment Act of 1967.
- The Age Discrimination Act of 1975.
- The Food Stamp Act of 1977.
- Federal Executive Order 11246, as amended by Executive Order 11375.
- Code of Federal Regulations, Title 45 Part 46, mandates federal humans subject protection regulations.

State Laws

- RCW 4.92 - Authorizes Tort Claims.
- RCW 10.93.020(2) – Defines a limited authority for DSHS to perform the law enforcement functions.
- RCW 10.97.030(5) and (6) - Defines a "criminal justice agency" and "the administration of criminal justice" for purposes of obtaining criminal history record information. DFI is certified as a criminal justice agency by the Washington State Patrol in accordance with this definition.
- RCW 13.04.116 - Prohibits holding juveniles in jail.
- RCW 13.40.220 - Authorizes recovery for Juvenile Rehabilitation.
- RCW 36.70A.01O - governs housing for populations with special needs and siting essential public facilities.
- RCW 41.06 - Establishes State Civil Service Law.
- RCW 41.56 - Establishes rules and regulations regarding public employee collective bargaining and labor relations.
- RCW 41.80 – Authorizes State collective bargaining.
- RCW 43.105 – Provides for coordinated planning and management of state information services.
- RCW 43.19 - Authorizes Risk Management.
- RCW 43.20A - Creates DSHS and outlines the laws governing the establishment and operations of DSHS.
- RCW43.20A.360 - Authorizes committees and councils.
- RCW 43.20B - Authorizes financial recovery.
- RCW 43.121 - Establishes in the executive office of the Governor a Washington Council for Prevention of Child Abuse and Neglect (WCPCAN).
- RCW 43.121.100 - Establishes the Children's Trust Fund as a separate treasury to receive public and private donations. Disbursements of funds from this account are authorized by WCPCAN.

- RCW 43.121.140 - Directs WCPCAN to 'conduct a proactive public information and communication outreach campaign regarding the dangers of shaking infants and young children, the causes and prevention of shaken baby syndrome.
- RCW 43.88 - Establishes a state budgeting, accounting and reporting system for all activities of state government.
- RCW 49.60 - Establishes Anti-Discrimination Laws.
- RCW 51 - Establishes Industrial Insurance Laws.
- RCW 74.04.011 - Establishes the DSHS Secretary's authority related to personnel matters.
- RCW 74.04.015 - Authorizes the administration of, and the disbursement of all funds, goods, commodities and services of DSHS.
- RCW 72 and RCW 79.01 et seq. - Authorizes the management of institutional lands.
- RCW 70.02 requires the approval of a standing Investigation and Review Board in selected state agencies for disclosure of a health care provider’s patient records for research.
- RCW 42.48 authorizes selected state agencies to disclose identifiable records for research without consent is conditioned on the agency having a standing Investigation and Review Board to review and approve research.
- Washington Industrial Safety & Health Act (WISHA).
- WAC 18-208 & 12 - Authorizes employee benefits.
- WAC 263-12, WAC 296-24, WAC 296-62 - Occupational Safety and Industrial Insurance Appeals.
- WAC 356 - Merit System Rules.

Appendix 2 ● Workforce Development Plan

EXECUTIVE SUMMARY

The Department of Social and Health Services (DSHS) Workforce Development Plan provides a broad spectrum of expert human resource consultative services enabling DSHS to manage its most precious asset – its employees. By adopting the goals on the following pages, the DSHS Workforce Development Plan is aligned with and supports DSHS' mission. This plan affirms the agency's commitment to eliminate barriers and improve employment and growth opportunities for all, including individuals with disabilities, diverse backgrounds, and in protected groups.

The vision of Human Resources Division (HRD) within DSHS is dedicated to providing human resource services essential to the success of the DSHS. HRD partners with our customers to hire, motivate, develop and retain a positive, respectful, productive and richly diverse workforce, ultimately resulting in the citizens of Washington State receiving efficient, cost effective government services.

GUIDING DIRECTION

DSHS MISSION

To improve the quality of life for individuals and families in need. We will help people achieve safe, self sufficient, healthy and secure lives.

HRD MISSION

Human Resources Division - An Outstanding Team - Delivering Exceptional and Valued Human Resource Services.

GUIDING PRINCIPLES

- Model excellence, honesty, integrity and high standards in the quality of service we provide.
- Provide personalized, trustworthy and courteous assistance with patience and compassion.
- Respect and celebrate the diverse world in which we live and work and actively promote diversity in our workforce.
- Take responsibility as a division and as individuals for the work we do and for the image we present as representatives of the Human Resources Division.
- Work as one team to develop partnerships by continuous open and respectful communication with our co-workers and customers.
- Create a safe, healthy and secure work environment.
- Promote personal and professional growth as well as job satisfaction for all staff. Foster an environment in which employees' creativity, productivity and risk taking are recognized, valued and encouraged.
- Inspire and encourage a high level of employee morale through support, recognition, effective communication and meaningful feedback.
- Never forget to see the human side of our work, maintain our sense of humor and value each other.

STATUTORY AUTHORITY

Revised Code of Washington (RCW) 41.80.

ENVIRONMENTAL CONSIDERATIONS

TRENDS IN CUSTOMER NEEDS

- With the changes incurred by civil service reform, there is an increase in the need for HR consultation and services.
- As a result of civil service reform along with federal law, there is an increased demand for training in various areas such as the Grievance process, Family Medical Leave Act (FMLA), Just Cause, recruitment and hiring, compensation, and Fair Labor Standard Act (FLSA).
- One of the changes brought about by civil service reform is how hiring is done. There is a great demand for partnering/assistance with the recruitment process.
- In Fiscal Year 2006, DSHS paid out $1,373,145 in defense costs for employment claims. This is a decrease in cost of $157,066 from Fiscal Year 2005. This emphasizes the need to ensure that DSHS is providing quality training aimed at reducing such risks.

EXTERNAL PARTNERSHIPS

DSHS continues to work closely with the Department of Personnel (DOP), Office of Financial Management/Labor Relations Office (OFM/LRO), the Public Employment Relations Commission (PERC) and the Attorney General's Office (AGO). With the implementation of civil service reform, the state has become "one employer." What one agency does has the potential of affecting all agencies. This has increased the need for DSHS to work more closely than ever with its external partners. As examples, rather than work with the unions independently as in the past, the need to coordinate with OFM/LRO is critical to ensuring the smooth administration of the Master Agreements.

STAKEHOLDER INPUT

DSHS collects and responds to stakeholder input through a variety of means, to include the Human Resource Advisory Committee, Recruitment Committee, WMS Banding Committee, Executive Classification and Compensation Committee, Executive Leadership Team, and the Chief Executive Officers/Core Team. These groups include representation in all areas of DSHS, providing input from and dialog with our stakeholders.

FUTURE CHALLENGES/OPPORTUNITIES

The 2005-07 master collective bargaining agreements, which cover 89% of DSHS employees, restored significant management control and flexibility and have the potential for substantial cost savings as well. The new Civil Service Rules also gave agency management more flexibility than in the past. This has heightened the need for consistency in the actions taken, as these agreements cover 33 other state agencies.

As a result, demand on human resource services has increased and staffing and other resources have decreased. The current ratio of HR staff to employees is 1:892, with some areas being significantly higher. According to DOP, the ideal ratio is 1:100.

In addition to providing customers with training and consultation on the changes brought about by the PSRA, we will now also be in contract negotiations every two years and have implemented the Human Resource Management System (HRMS) and on-going changes within DSHS. Also, the way recruitment is done has changed, requiring significantly more time and resources to accomplish.

In a proactive response to the increasing needs of the Department, in August of 2005, HRD, with input from the administrations, developed strategic initiatives, based upon DOP's goals contained in their "HR Report Card" to the Governor. From these initiatives, service delivery standards were developed in support of DSHS. These were shared with and agreed upon by the Administrations.

GOALS, OBJECTIVES, STRATEGIES, ACTIVITIES, AND MEASURES

In support of DSHS, Human Resources staff will proactively advise and assist customers, providing value added human resource delivery services to DSHS, within the timeframes outlined in the delivery service standards.

Based on the DOP's logic model contained in their "HR Report Card" to the Governor, DSHS has adopted the following human resources goals in support of the agency:

Goal: Plan and Align the Workforce

Objective: Managers understand workforce management accountabilities. Jobs and competencies are defined and aligned with business priorities. Overall foundation is in place to build & sustain a high performing workforce.

Strategies:

- Increase percentage of supervisors with current performance expectations for workforce management.
- Increase percentage of employees with current position/competency descriptions.

Activities:

- The Secretary's Workforce memo will continue to be incorporated in any supervisory or management training that is developed and/or presented.
- The DSHS Banding Committee will continue its review of all existing WMS positions to confirm each position's qualification for WMS and the appropriateness of the position's band. HRD anticipates submitting an interim progress report to the Secretary by May 31, 2008.
- HRD has conducted PDF Train-the-Trainer workshops that will be delivered statewide.
  - PDF training will be offered to all DSHS managers and supervisors across the state.
  - The training will be facilitated by teams of HRD staff from Operations, Reasonable Accommodations, and Classification and Compensation.
  - Training will be on-going.
- DSHS will continue to offer PDP training for managers and supervisors which will include:
  - The importance of identifying performance expectations for new and current employees.
  - The purpose of expectations and how to write and communicate them.
- Participate in planning sessions with managers/supervisors.
- Provide HR tools to managers.

- Coordinate with Unions as appropriate.
- Support efforts to mitigate risks.
- Supervisor is expected to set expectations within first 30 days of appointment.

Performance Measures:

- Percent of employees with current position descriptions, to include skills and abilities.
- Percent of supervisors with current performance expectations for workforce management.

Goal: Hire the Workforce

Objective: Best candidates are hired and reviewed during appointment period. The right people are in the right job at the right time.

Strategies:

- Reduce time-to-fill vacancies.
- Increase candidate quality.
- Decrease separation during review period.
- Serve as process facilitators to ensure the best possible candidate is offered the position as a result of a legally defensible recruitment and selection process.

Activities:

- DSHS will continue to focus on recruiting efforts using careers.wa.gov to increase our effectiveness in hiring and retaining employees. The Employee History Form (EHF) will continue to be used to assist employees and outside job seekers.
- HRD will continue to chair the Recruitment Committee meetings which include a representative from each DSHS administration and/or division. This committee will continue meeting twice monthly.
- HRD will continue to sponsor recruiter conference calls.
- HRD staff will continue to provide job seeker labs to assist DSHS employees to create and submit their profiles to requisitions; provide one-on-one assistance; and create new and temporary passwords allowing employees to access careers.wa.gov.
- HRD will continue to post or edit job announcements to the DSHS employment web page.
- Administrations will require their Recruiter Coordinators to close out certified lists within 7 working days of acceptance of job offer.
- DSHS administrations are aware of the large number of employees eligible to retire in the next two years. Through succession planning, administrations will coordinate with HRD Recruiters to begin building a candidate resource pool; particularly for the hard-to-recruit classifications.
- The agency-wide 2009-2013 Strategic Plan will access the strengths, weaknesses, opportunities for improvement, and challenges related to developing a diverse workforce.
- DSHS administrations developed recruitment plans identifying specific recruitment challenges. The HRD Recruiters will work closely with the administrations, colleges, and affiliations to target potential hard-to-recruit-for candidates.

- HRD will work with managers/supervisors in ensuring that performance is appraised during the review period.
- HRD will work with managers/supervisors to ensure that Position Description Forms (PDFs) are up-to date.

Performance Measures:

- Time to fill permanent funded vacant positions.
- Percent satisfaction from candidate quality.
- New hire-to-promotional ratio.
- Percent turnover during review period.

Goal: Deploy the Workforce

Objective: Staff know job expectations, how they're doing, and are supported. Workplace is safe, gives capacity to perform, and fosters productive relations. Employee time and talent is used effectively. Employees are motivated.

Strategies:

- Increase percentage of employees with current performance expectations.
- Reduce non-disciplinary grievances/appeals filed.
- Continue the recognition of safety performance as part of the annual agency employee recognition and awards activities.
- Continue to provide L&I information to management and employees regarding safety and worker's compensation.
- Continue to facilitate specialty support services for establishing and maintaining cooperative and effective relationships, to include all aspects of contract and civil service rule administration. Some of these areas include, but are not limited to the application of the FMLA, facilitating the bid system, conducting employment investigations, consultation on reasonable accommodations, layoff, and consulting on allocation actions.
- Partner with managers and supervisors to provide professional learning, organizational consulting and employee development opportunities.

Activities:

- DSHS will continue to offer PDP training for managers and supervisors which will include:
  - The importance of identifying performance expectations for new and current employees.
  - The purpose of expectations and how to write and communicate them.
  - Setting and adjusting timeframes to meet leave, turnover, and internal staff movement.
- HRD will continue to meet regularly with the OFM LR Liaison and the AG Liaison to strategize and work together to resolve grievances at the lowest level and efficiently as possible. HRD will also continue to meet regularly with WFSE representatives regarding upcoming events and issues in order to avoid disputes and resolve differences in administration of contract language at the lowest possible level.
- Administrations are expected to provide performance expectations to employees upon hire.
- Ensure that the Drug and Alcohol Free workplace training is reviewed and updated.
- Ensure proper position allocation.

- Facilitate the grievance process up to arbitration.
- Facilitate the layoff and recall process
- Conduct thorough and timely employment investigations.
- Facilitate the reasonable accommodation process in a timely fashion.

Performance Measures:

- Percent of employees with current performance expectations.
- Employee survey ratings on "productive workplace" questions (DOP survey).
- Number and type of non-disciplinary grievances.

Goal: Develop Workforce

Objective: A learning environment is created. Employees are engaged in professional development and seek to learn. Employees have competencies needed for present job and future advancement.

Strategies:

- Employees will be provided resources necessary to be successful.
- Provide cross-training opportunities.
- Employees will be considered for promotional opportunities.

Activities:

- DSHS PDP training for managers and supervisors will include a discussion on the importance of identifying individual development plans with employees to support the employee's career growth, including:
  - The importance of identifying performance expectations for new and current employees.
  - The purpose of expectations and how to write and communicate them.
  - Setting and adjusting timeframes to meet leave, turnover, and internal staff movement.
- HRD will continue to provide mandatory and other trainings, through OOED, both classroom and on-line.
- HRD will continue to administer the Mentoring Program.
- HRD will continue to consult with managers and supervisors on performance management and the Performance Development Plan (PDP).
- HRD will continue to consult with managers/supervisors and develop training as needed.

Performance Measures:

- Percent of employees with current individual development plans.
- Employee survey ratings on "learning/development" questions (DOP survey).

Goal: Reinforce Performance

Objective: Employees know how their performance contributes to the goals of the organization. Strong performance is rewarded; poor performance is eliminated. Successful performance is differentiated and strengthened. Employees are held accountable.

Strategies:

- Increase percentage of employees with current performance evaluations.
- Analyze reasons why disciplinary actions and disciplinary grievances/appeals are taken and/or filed.
- Encourage recognition at all levels throughout DSHS.
- Support managers and supervisors by providing consultation and services to assist them in working with staff and providing the tools needed to succeed and excel at their jobs.

Activities:

- HRD will encourage recognition at all levels throughout DSHS, not relying solely on the formal annual recognition events.
- Ask supervisors to spend time with their staff seeing what they do, what they need to do it better, and where they struggle with priorities.
- Encourage managers to hold regular unit meetings and one-on-one meetings with staff to facilitate ongoing communication and feedback.
- Continue to train and educate staff on:
  - Just Cause discipline
  - Performance issues
  - Attendance issues
  - Arbitration decisions
- Work in cooperation with the State Productively Board to administer the Teamwork Incentive Program (TIP) for DSHS.
- Consult with managers and supervisors on drug/alcohol concerns.
- Administer the Employee Suggestion Program.

Performance Measures:

- Percent of current performance evaluations.
- Number/type of disciplinary issues and actions, disciplinary grievance dispositions.

Appendix 3 ● Information Technology Plan

Executive Summary

The DSHS Information Technology (IT) Strategic Plan provides vision and direction for information technology in DSHS. The plan focuses on implementing and sustaining business/technology solutions and services that support DSHS strategic goals and the Priorities of Government (POG).

Our vision is a collaborative IT environment that:

- Delivers secure anytime/anywhere access to information and systems necessary to support customers; and
- Facilitates the development of quality data to support decision making.

DSHS is planning and implementing several strategic initiatives in support of the IT vision and strategic goals.

- **Enterprise Architecture (EA):** The EA program provides a framework for decision-making and a common language that can be used across DSHS. The framework includes policies, principles, models, and standards within the areas of data, business and technology. The framework facilitates decision making for issues that impact most, or all, of the agency. Portfolio Management has been organizationally aligned with EA to better support making the agency's IT Portfolio a decision-making tool. By working with the program areas to develop agency-level tools, data-driven decision making is enhanced.
- **Sustainability:** DSHS actively supports technology initiatives that improve our stewardship of natural resources and reduce the carbon footprint of the agency.
- **Integration and Common Services:** The agency will continue to be a leader in systems and service integration efforts. As an active participant in the State Integration initiative, the agency is laying the groundwork to move towards a Service Oriented Architecture (SOA) with the implementation and increased utilization of the Enterprise Service Bus. The agency will continue to pursue opportunities where common processes can be automated through a common tool, leveraging individual investments.
- **DSHS Internet:** DSHS is committed to using User Centered Design principles to make the right information easily accessible on the DSHS Internet site.
- **Efficient and Secure IT Infrastructure:** Maintaining a secure, robust and modern technology infrastructure remains a priority for the department. Technologies that provide secure access to employees using a variety of access methods and access media will be evaluated and implemented as appropriate.
- **E-Discovery:** DSHS is committed to the implementation of an electronic discovery solution to better support the public disclosure and e-discovery process.
- **Successfully Implement IT Systems Projects:** DSHS has multiple large-scale enterprise IT system projects planned. These projects will allow DSHS to meet federal and state requirements, improve service delivery and data access with modern technology solution.

- **Effective Project Management:** Building on work done in prior fiscal years, the use of effective project management practices will be promoted at various levels of the department. Policies, standards and practices that support project management, portfolio management, IT acquisition and investments and related areas will be developed and maintained.
- **Software Utilization:** Maintain installation of supported versions of software products and assist staff in effectively utilizing software upgrades.

Overall, the DSHS IT Strategic Plan provides a high-level road map for implementing enterprise wide IT initiatives that are aligned with the department's vision, mission and overall strategic plan. In this way, DSHS IT supports the department as it helps people achieve safe, self-sufficient, healthy and secure lives.

Our Guiding Direction

MISSION

The mission of DSHS Information Technology (IT) is to provide guidance and support for implementing and sustaining business/technology solutions and services used to support the DSHS mission.

VISION

Our vision is a collaborative IT environment that:

- Delivers secure anytime/anywhere access to information and systems necessary to support customers; and
- Facilitates the development of quality data to support decision making.

GUIDING PRINCIPLES

- Data, business processes and technology should be common when there is a clear business case.
- Data, business processes and technology should be designed around natural "information system" boundaries with tight coupling within "systems" and loose coupling between "systems."
- Where allowed by law, regulation, or policy, authorized users should have access to data for purposes of treatment, payment or operations.
- Data, business processes and technology should support linkages with external partners.
- Data, business processes and technology should have an identified business owner at the lowest level possible.
- DSHS systems and data should be accessible to those with disabilities.

Priorities of Government (POG)

This plan supports the Priority of Government goal to improve the ability of state government to achieve results efficiently and effectively. The plan links to four DSHS goals that directly support this POG goal. These goals are:

- Reinforce strong management to increase public trust
- Strengthen data-driven decision making
- Improve Internal and External Partnerships
- Value and develop employees.

Washington State Strategic IT Plan

The Information Services Board (ISB) has identified six IT goals for the State that also guides this plan:

- Invest in Common Systems
- Promote Data Sharing
- Promote Common IT Practices
- Provide an Integrated End User Experience
- Improve Project Management Practices
- Leverage the State's Buying Power

Statutory Authority

- Revised Code of Washington (RCW) 43.105
- Information Service Board – Information Technology Portfolio Planning Policy

Appraisal of the External Environment

In recent years, the State Legislature and the Information Services Board (ISB) have increased expectations for state agencies to utilize common IT services or solutions and to leverage the State's buying power in order to deliver services with the least duplication and redundancy.

During the 2005-07 biennium, the State implemented SmartBuy as a means to achieve savings on a variety of items, including desktop and laptop computers. The 2008-09 biennial budget provided two new processes, the IT Funding Pool and the DIS Service Consultation (903) process, which aid state agencies in identifying where common solutions may exist.

It is expected that, in upcoming biennia, the Legislature and the ISB will take additional, stronger action and may provide mandates on use of central services or technologies.

The State is also making investments that will improve the state's technology infrastructure to better support a Service Oriented Architecture and data sharing between state agencies. DSHS must make investments in the DSHS technology infrastructure to reduce redundant data capture/storage and allow for reuse of solutions that support common processes within DSHS and in support of the state initiatives.

Technology continues to change at a rapid rate and business needs are adapting to meet available technology as well as changing business requirements.

Recruitment and retention of trained staff, especially for project management and emerging technology areas, continues to be a challenge across DSHS.

Recent downturns in the national and State economies mean that DSHS will need to be exceptionally prudent in defining, prioritizing and delivering technology services to meet ever evolving needs.

Trends in Customer Characteristics

We live in an electronic age. There is an increasing expectation to support service delivery through the use of technology.

Citizens want quality services delivered in an economical, timely and convenient way.

'Storefront' service delivery may no longer be the preferred way to access or deliver services. E-commerce solutions are the norm in the private sector and demand is growing for these solutions within the public sector.

Individuals and organizations with data or information needs want their requests to be met quickly and comprehensively. Where multiple systems or data sources necessarily exist, there is an expectation that service delivery or data access be provided in a one-stop and integrated fashion.

Activities Link to Major Partners

DSHS continues to work closely with the Department of Information Services (DIS) and other state agencies in the area of IT policy and planning. Examples of this collaboration include participation in the statewide Enterprise Architecture Committee, the Customer Advisory Board (CAB), the Enterprise Active Directory Workgroup and the Washington Computer Incident Response Center (WACIRC).

Additionally, DIS is a major partner with DSHS in the delivery of key technology infrastructure services. DSHS continues to build upon and improve this partnership with the development and implementation of complementary delivery of IT services using a combination of DIS and internal services.

Interaction with the Information Services Board (ISB) and the Office of Financial Management (OFM) occurs around highly visible IT projects with potential statewide impacts requiring approval and/or special funding by the state legislature.

Stakeholder Input

DSHS program areas involve stakeholders in the process of creating their strategic plans. These plans are reviewed for IT activities and help create the basis for the DSHS IT strategic plan.

In addition, representatives from the DSHS IT community participate in a workgroup that creates the first draft of the strategic plan. The DSHS IT Directors are then engaged to finalize the plan.

Future Challenges and Opportunities

Technology continues to change rapidly. DSHS IT staff support technologies dating from the 1970s through today. It is becoming increasingly difficult to attract and retain staff with skills at either end of this spectrum – those who support often mission critical legacy systems and those skilled in cutting edge technologies.

IT staff with highly marketable skills often locate higher paying jobs elsewhere. Anticipating skill areas and training needs in ever evolving technologies also presents

challenges. Staff with skills suited to older technologies are quickly reaching retirement age.

In addition to difficulties recruiting and retaining skilled technical staff, there are challenges with recruiting, retaining and compensating well-qualified technology managers.

Implementing technology solutions to support increasing volumes of public disclosure and e-discovery requests will help manage risk and minimize staff impacts.

Technology is ingrained in every day life for most DSHS staff and for many business partners and customers. Technology has improved our ability to manage staff and services. It has enhanced service delivery and information sharing and improved partnerships. Mission-critical systems and infrastructure operate with minimal downtime and are highly reliable. Our infrastructure is secure and data and systems are well protected.

However, technology also brings challenges. As traffic on the wide-area network increases, investments are required to increase bandwidth to improve or maintain performance. The prevalence of laptop and other portable devices to support an increasingly mobile workforce make data security more challenging. Proactive management is required to maintain a secure infrastructure in spite of frequent, sophisticated cyber attacks.

Multiple mission-critical systems are aging and require significant investment to extend or replace.

The Department has an active Enterprise Architecture program that supports the identification of common or enterprise solutions and services. When these opportunities are found, it has proven difficult to acquire initial funding to implement the solutions.

Goals, Objectives, Strategies, Activities, and Performance Measures

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Priority of Government Goal: IMPROVE THE ABILITY OF STATE GOVERNMENT TO ACHIEVE RESULTS EFFICIENTLY AND EFFECTIVELY

State IT Goals
State IT Goal 1 - Invest in Common Systems
State IT Goal 2 - Promote Data Sharing
State IT Goal 3 - Promote Common IT Practices
State IT Goal 4 - Provide an Integrated End User Experience
State IT Goal 5 - Improve Project Management Practices
State IT Goal 6 - Leverage the State's Buying Power

DSHS IT Goal A: Reinforce strong management to increase public trust
Supports State IT Goal 1 – Invest in Common Systems, Goal 3 – Promote Common IT Practices and Goal 5 – Improve Project Management Practices

Objective 1: Improve processes and practice for information technology governance and decision making

Strategies:

- Support analysis of business processes prior to development of applications.
- Use Enterprise Architecture principles to support decision-making
- Use IT Portfolio Management to guide decisions on IT investments.
- Actively identify and make decisions on common solutions and services.
- Fully implement the enterprise system governance model and monitor its use.

Activities:

- Improve DSHS IT Portfolio processes, practice and technology within DSHS to better support decision making.
- Participate in development of DIS's Portfolio Management software implementation and enhancement to support the State's portfolio management program.
- Improve utilization of the Enterprise Architecture framework to scope IT projects and initiatives.
- Implement the enterprise system governance model for all enterprise systems.

Measures

- Targeted enterprise system Customer Review Boards (CRBs) produce outcomes as planned.
- Utilization of the Enterprise System Governance Board and usage outcomes.
- Increase in the components of the Enterprise Architecture Framework developed.
- Number and outcome of decisions made using the Enterprise Architecture framework to support management of the agency IT portfolio.
- The number of enterprise issues identified and resolved and the timeliness of resolution.

Objective 2: Increase use of enterprise systems, solutions and services

Strategies:

- Actively pursue the use of enterprise services and solutions within DSHS.
- Minimize use of silo implementations of enterprise solutions or services.
- Partner with DIS and other state agencies to utilize common statewide solutions and services where possible.

Activities:

- As business cases for common solutions are identified, plan and implement the solution.

Measures:

- Reduction in numbers of shadow systems by system/solution type.
- Number of use of Enterprise Service Bus.
- Number of common solution or common solution opportunities identified as compared to the number implemented.
- Impacts of consolidated solutions tracked and monitored.

Objective 3: Manage IT projects using sound project management practices.

Strategies:

- Establish and adhere to expectations for project management practice based on project risk levels and types.
- Promote the awareness of IT project oversight and project management practices.
- Utilize inputs from project managers to identify best practices, tools and templates.

Activities:

- Utilize and refine the DSHS Project Quality Framework to improve sponsorship, quality assurance and Independent Verification & Validation practices.
- Routinely review Post Implementation Reviews (PIRs) and implement practice and process improvements.
- Deploy continuously improving project management best practices, based on the ISB Project Management Guidelines, to project managers.
- Identify training and develop mentoring and support programs to improve IT project management practice.
- Establish the mechanism to promote project oversight components and the advantages/benefits of the program.

Measures:

- Impacts of improved practice elements resulting from PIR analysis.
- Percentage of DSHS project managers receiving training (formal and informal) each year.
- Outcomes of projects using quality assurance and/or independent verification and validation as compared to other projects.

Objective 4: Provide well-managed and secure information technology solutions in DSHS.

Strategies:

- Maintain and update existing or implement new core applications, systems and infrastructure to meet evolving needs and take advantage of changes in technology.
- Monitor, plan and upgrade the capacity, security and availability of the Wide Area Network and other core infrastructure in order to meet evolving business needs and technologies.
- Support non-traditional and flexible business or service delivery models with secure technology solutions. Examples include siting staff in community locations, service delivery by non-DSHS staff and supporting a mobile workforce.
- Assess opportunities for enterprise solutions when common business needs are identified.
- Utilize enterprise systems governance model to support stewardship of shared systems.
- Utilize policies, standards and established procedures to improve IT projects and other IT activities as needed.
- Develop a robust enterprise technology architecture program.
- Develop infrastructure elements to support a Service Oriented Architecture.

- Continuously improve business continuity and disaster recovery capabilities and capacity in support of vital DSHS services.
- Continuously improve the overall security infrastructure which includes technology, policies, standards and practice.
- Continue to improve staff skills relative to IT and data security.

Activities:

- Fully implement ProviderOne.
- Fully implement FamLink.
- Procure and implement the Provider Payroll solution.
- Manage the decommission of the SSPS application.
- Select, plan and implement a solution to maintain, extend and/or replace ACES and related systems.
- Continuously improve the performance of the Wide Area Network and other core infrastructure solutions through the use of monitoring and proactive maintenance and upgrades.
- Leverage opportunities presented by the convergence of wireless, voice and data technologies.
- Maintain and continuously improve disaster recovery plans to support end-to-end recovery of vital services.
- Maintain and enhance the program, practice and solutions used to secure and protect applications, systems, infrastructure and data.
- Utilize mature practice for lifecycle management of hardware and commonly used software and operating systems.
- Pursue an agency training strategy to support implementation of new enterprise solutions or technologies.
- Implement and enhance utilization the Enterprise Service Bus.
- Define and implement an overall Service Oriented Architecture for DSHS.

Measures:

- Actual results for critical projects in the areas of scope, schedule, budget and outcomes as compared to planned.
- Availability and performance maintained at or above expected levels for critical applications, systems and infrastructure.
- Number of comprehensive disaster recovery plans for systems/infrastructure supporting vital services which are maintained and tested each year.
- Number of attendees for IT training sessions (selected critical topics).
- Patch updates completed within timeframes required by policy.
- Reduction in the number of computers or other devices impacted by viruses.
- Reduction in the number of critical incidents involving unprotected confidential data.
- Increase in the Percentage of hardware and commonly used software solutions replaced or upgraded prior to end of mainstream service.
- Reduced number of newly developed interfaces.
- Cost avoidance or savings from use of wireless, voice or similar technologies.

Objective 5: Support sustainability initiatives.

Strategies:

- Implement technologies that support sustainability.

Activities:

- Implement energy savings initiatives for IT equipment.
- Implement Web based meeting and other technology solutions to reduce travel needs.

Measures:

- Energy or cost savings achieved as a result of initiatives.

DSHS IT Goal B: Strengthen data-driven decision making
Supports State IT Goal 2 – Promote data sharing

Objective 1: Expand capability to capture and analyze meaningful data to manage budget, caseloads and programs.

Strategies:

- Standardize data where possible.
- Utilize common services and common data.
- Improve access to management information.
- Enhance data analysis capabilities.

Activities:

- Develop data models and data standards for shared client and provider data.
- Evaluate an enterprise business intelligence strategy that addresses use of disparate, aggregate data.
- Create strategies for improved data access (e.g. data warehouse. Service Oriented Architecture, Enterprise Service Bus, etc).
- Implement a data management strategy within DSHS.

Measures:

- Number of existing DSHS processes that implement sharing of client and provider data by December 2009.
- Number of installed interfaces that deliver new data access methods.
- Increased use of disparate and aggregate data from common sources.

DSHS IT Goal C: Improve internal and external partnerships
Supports IT Goal 4 – Provide Integrated End User Experience and IT Goal 6 – Leverage State's Buying Power

Objective 1: Improve partnerships with citizens, stakeholders, customers and business partners.

Strategies:

- Support principles of open government through the use of technology.
- Utilize user-centered design principles to guide internet and intranet site design and content.
- Promote client self-service and other e-commerce solutions that support access to programs and services.
- Accommodate public access to public information.

Activities:

- Implement e-mail vault and search technologies.
- Develop user-centered design program for DSHS Internet.
- Develop user-centered design program for DSHS intranet.
- Create strategies for improved data access.
- Evaluate an agency strategy for legally sufficient electronic signature/transaction solution.
- Implement consumer self-service solutions where feasible.
- Pursue e-commerce opportunities and partnerships.

Measures:

- Implementation of technology initiatives as planned.
- Proportion of DSHS internet and intranet using user centered design concepts.
- Number of self-service or e-commerce solutions implemented.

Objective 2: Improve partnerships with other state agencies and business partners

Strategies:

- Enable cross-agency data and service integration.
- Improve access to management information between state agencies.
- Create strategies for improved data access through the use of SOA technologies.
- Partner with DIS and other state agencies to utilize common solutions and services where possible.

Activities:

- Support the State and Federal strategies on electronic medical records.
- Increase utilization of the DSHS Enterprise Service Bus to support external data exchanges and transactions.
- Utilize statewide services and solutions when possible.

Measures:

- Number of data share agreements supported by data exchanges vs. system access.
- Reduction in the number of newly developed interfaces with external partners.
- Number of 903 consultations completed and resulting in use of enterprise services/solutions.

DSHS IT Goal D: Value and develop employees

Objective: Develop and retain high quality IT leaders.

Strategies:

- Document IT Succession plans within all program areas.
- Promote IT management training opportunities for all levels of IT staff.
- Develop IT skills.
- Enhance recruiting resources.
- Recognize and reward technical leadership.

Activities:

- Determine desired knowledge, skills, abilities and competency areas.

- Establish IT leadership skill set inventory & assess gaps.
- Assess training opportunities relevant to IT leadership skills.
- Explore alternative options for training.
- Provide formal and informal opportunities to learn specific skills.
- Identify alternative recruitment resources.
- Assess options and viability of IT leadership recognition.

Measures:

- IT leadership skill set inventory established and routinely updated.
- IT training assessment completed and gaps identified.
- Number of IT staff completing specific skill training each year.
- Alternative training options identified and utilized.
- IT leadership recognition mechanism established and functioning.
- Alternative recruitment resources identified and utilized.

Performance Assessment

GOVERNMENT MANAGEMENT ACCOUNTABILITY AND PERFORMANCE

DSHS Enterprise IT currently reports on performance measures for:

E-Mail and SPAM Protection

E-mail servers are monitored regularly for the volume of e-mails and spam that comes into the Department. Increases in spam have led to adding more spam filters and investigating alternative tools for blocking spam.

Social Security Numbers Blocked

The department monitors e-mails containing Social Security Numbers (SSNs) that are sent outside of the agency's Secure E-Mail System. These e-mails are intercepted and returned to the sender. Managers can access information on these attempts to counsel staff and take steps to ensure proper procedures are followed.

Secure E-Mail System

The department monitors the volume of encrypted e-mails that are sent through the agency's Secure E-Mail System each month. Volume indicates usage and whether more communication or training is needed for staff to use this system.

Project Management

The department tracks the management of Level 2 & 3 projects (and other projects of enterprise interest) in the areas of scope, schedule, budget, funding, and project management documentation. Such tracking allows the department to identify, discuss and mitigate project stresses.

Software Implementation

The department tracks the implementation of commonly used software upgrades. The department is currently tracking progress of the move from Internet Explorer 6.0 to Internet Explorer 7.0 and from Office 2003 to Office 2007.

Additional measures will be identified based on the FY09 Tactical Plan.

Appendix 4● Institutional Facility Plan

A STRATEGIC OVERVIEW

Our Mission

The mission of the Lands and Buildings Division of the Department of Social and Health Services is to meet the unique needs of the DSHS clients and staff by ensuring safe and secure facilities in which to live, receive treatment and services, and work.

Our Challenge

The institutions operated by the department include five residential habilitation care facilities for the developmentally disabled, four secure juvenile rehabilitation campuses, six community treatment centers for juvenile rehabilitation, three psychiatric hospitals, and three secure facilities for the residential treatment of sexually violent predators. All of these facilities present special challenges as we work to maintain and preserve our facility assets.

Our institutions are not just facilities for training, rehabilitation, and treatment; they are home to thousands of people who cannot live independently in the population-at-large. Often due to mental health problems, many of these people are abusive, angry, and aggressive. Their destructive behaviors cause great wear-and-tear on the facilities they occupy. Youth and adults with anger and mental health issues often act-out their frustrations by damaging their surroundings, causing inordinate wear-and-tear on the facilities they occupy.

DSHS trains, rehabilitates, and provides treatment for our residents. That care is most successful in facilities with a normalized, residential atmosphere. But most of our facilities require some level of security and containment.

Our challenge is to provide facilities that are "soft" enough to enhance program goals and yet "hard" enough to withstand the impacts of resident behavior and maintain security – and to maintain these facilities with limited resources. Because of the challenging environment, our institutions' maintenance and preservation requirements exceed those of a typical nursing facility, hospital, or dormitory building.

Half of the DSHS buildings are more than 30 years old and many of these buildings are in desperate need of major repairs or replacement. Two funding sources are available for facility preservation – capital budget appropriations and the maintenance portion of each institution's operating budget.

Our Objective

Our objective is to work closely with the institutions and divisions to meet program needs while also reducing, and eventually eliminating, the premature failure of our building systems, structures, and campus utility systems due to lack of adequate preventative maintenance. By doing so, we can realize more value from every maintenance dollar.

Key Success Factors

Factors that will be critical to our success in fulfilling our mission include:

- Increased capital project funding as represented in the DSHS Ten Year Capital Plan.
- Support from DSHS and OFM executive management for the Facilities Preservation Backlog Reduction Plan.
- Cooperation from each DSHS facility and institution to increase their attention and commitment to preventative maintenance.
- Methods and processes to continuously focus preservation project funding on the highest facility preservation needs.
- Methods, processes, and staff to increase our capacity to manage omnibus capital preservation projects valued to $30 million in the 2009-2011 biennium.
- Methods and processes to effectively manage and track numerous factors impacting capital project management – State Environmental Protection Act (SEPA), Department of Archeology and Historic Preservation (DAHP) reviews, GMAP measures, contracting out notifications, etc.
- Qualified Capital Coordinators representing each of the four programs with institutional facilities empowered to act as liaisons between the Office of Capital Programs and the divisions.
- Improved efficiencies and adequate staffing in the GA/DSHS Team Program to effectively manage all capital funded projects.

CUSTOMER-FOCUSED INSTITUTIONAL FACILITY PLANNING

Aging and Disability Services Administration - Division of Developmental Disabilities

Program Discussion

The Division of Developmental Disabilities (DDD) provides a broad range of services and support to about 21,000 eligible clients. Of these enrolled clients, about 94 percent are served in the community; nearly 1,000 clients reside in one of five Residential Habilitation Centers (RHCs) operated by DSHS:

- Fircrest School in Shoreline
- Frances Haddon Morgan Center in Bremerton
- Lakeland Village in Medical Lake
- Rainier School in Buckley
- Yakima Valley School in Selah

The RHCs are 24-hour facilities certified as either Intermediate Care Facilities for the Mentally Retarded (ICF/MR) offering habilitation services, intensive nursing, therapy services, and work-related assistance, or Nursing Facilities (NF) providing an extensive array of services for persons requiring daily nursing care. These facilities are inspected by state and federal survey teams who certify institutional compliance with strict federal standards so that federal reimbursement can be obtained.

The strategic plan for the Aging and Disability Services Administration focuses on five goals, each of which may have impacts on institutional services:

- Continuing to improve the balance between home and community options and institutional use
- Continuing efforts to enhance quality of services
- Maintaining timely access to programs and responsiveness to changing needs, and managing risk through appropriate staffing
- Providing holistic care and serving individuals with complex needs
- Helping individuals and families to access caregiving information and plan for their own future needs

Though most developmentally disabled clients receive services in community settings, the RHCs remain an important resource in DDD's residential options.

Future Challenges

The RHCs are expected to maintain their current capacity. The capital plan for DDD facilities emphasizes preservation and repair of aging buildings and campus infrastructure - particularly health, safety, and code upgrades.

Residential living units throughout the system require renovation and remodeling to comply with current codes for health and safety; improve accessibility; upgrade worn-out interior finishes; and meet evolving program requirements. Buildings supporting the campus programs also require attention to stay current with today's code and program requirements.

Infrastructure and utility systems on many campuses have aged far beyond their useful lives and major repairs, replacement, or completely new service delivery mechanisms are required.

The Legislature gave direction to DSHS in the 2008 Supplemental Capital Budget to continue work on the master plan of excess property at the Fircrest Campus. If fully implemented, the modified Hybrid Option may recommend a new nursing facility at Fircrest School to replace the existing Y-Buildings and free-up additional acreage for other uses benefiting the broader DDD community. This opportunity requires further study.

Juvenile Rehabilitation Administration

Program Discussion

The mission of the Juvenile Rehabilitation Administration (JRA) is to protect the public; hold juvenile offenders accountable for their crimes; and reduce criminal behavior through a continuum of preventive, rehabilitative, and transition programs in residential and community settings.

About 1,000 youth are committed annually to JRA by county Juvenile Courts. Approximately 700 youth are in secure JRA facilities on any given day. These youth are typically serious or violent offenders or have extensive offense histories and have exhausted local sanctions and interventions. Youth come to JRA with complex disorders that are the root of their criminal behavior and require aggressive treatment interventions.

JRA provides a continuum of care for these youth that encompasses locked maximum security facilities, staff secure minimum security facilities, and aftercare parole. The four secure facilities include:

- Echo Glen Children's Center near Snoqualmie
- Green Hill School in Chehalis
- Maple Lane School near Ground Mound
- Naselle Youth Camp in Naselle

DSHS owns and operates six community residential and treatment facilities. These programs are charged with main-streaming youths at the end of their commitments. Some have developed specific treatment efforts such as certified drug and alcohol programs.

- Canyon View Community Facility in East Wenatchee
- Oakridge Community Facility in Lakewood
- Parke Creek Community Facility near Kittitas
- Ridgeview Community Facility in Yakima
- Twin Rivers Community Facility in Richland
- Woodinville Community Facility in Woodinville

Other residential community-based programs, including the Basic Training Camp, Camp Outlook in Connell, are delivered by private group care contractors in leased facilities.

JRA's Strategic Plan includes several action areas with impacts to institutional facilities:

- Providing equal service to all youth in JRA care
- Further reducing incidents of violence in JRA residential facilities
- Strengthening and expanding education and vocational programs throughout the JRA continuum of care
- Improving treatment and management of sex offenders

Future Challenges

JRA is challenged to address program and facility issues proactively to avoid potential program and legal problems. The institutional programs are critical to its continuum of care model since the largest proportion of the JRA population continues to reside in secure facilities. Since sentencing reform, these residents present new challenges to maintaining safety for residents, staff, and the public.

The older, more violent offenders are commonly processed through the adult system and the minor offenders are retained in the local jurisdictions. The offenders that are committed to JRA now have more serious behavioral issues. Approximately 53 percent of the residents have mental health problems; many also have co-occurring diagnosis for chemical dependency (66 percent), cognitive impairment (37 percent), and/or sexual offending or misconduct (21 percent).

Effectively managing this changing population requires a continuing commitment to maintaining and upgrading existing facilities, as well as effectively planning for specialized treatment needs and long-term growth.

One of JRA's strategic plan goals is to fully implement the 2004 JRA Ten-Year Capital Master Plan:

> Construct a continuum of residential care that serves the security, treatment, educational, transition, and developmental needs of youth committed to JRA care, by priority:
>
> 1. Maple Lane School: New Residential Mental Health and Acute Care Unit
> 2. Echo glen Children's Center: New Residential Mental Health and Acute Care Unit
> 3. Naselle Youth Camp: Three 24-Bed Housing Units Renovation
> 4. Maple Lane School: Health Center Remodel at Essential Services Building
> 5. Naselle Youth Camp: New Maintenance Building
> 6. Echo Glen Children's Center: Cottage Renovations, Phase 3
> 7. Camp Outlook: Permanent Buildings
> 8. Maple Lane School: New Entry, Security and Visitation Center
> 9. Maple Lane School: Recreation Building Renovation
> 10. Green Hill School: Recreation Building Renovation
> 11. Echo Glen Children's Center: Academic School Renovation

Health and Recovery Services Administration - Mental Health Division

Program Discussion

The Mental Health Division (MHD) administers a public mental health system that promotes consumer recovery and public safety, with the mission to ensure that people of all ages experiencing mental illness can better manage their illness; achieve their personal goals; and live, work, and participate in their community. The three state psychiatric hospitals comprise an important element in the range of services delivered by the state's mental health system.

The three state-operated psychiatric hospitals operate as clinical centers for the most complex public mental health consumers as mandated by the Mental Health Reform Act of 1989 (SB 5400). They are:

- Child Study and Treatment Center
- Eastern State Hospital
- Western State Hospital

Seventy percent of the state hospital patients are admitted pursuant to a civil court order (RCW 71.05). Civil commitment orders are issued by a local superior court from a petition by County Designated Mental Health Professionals. Thirty percent of the hospital population is committed under criminal process (RCW 10.77).

MHD's Strategic Plan includes several priorities which may have with impacts on institutional facilities:

- Improve access to and quality of mental health services
- Improve supports for recovery and resiliency of mental health consumers
- Increase consumer and community safety through effective treatment
- Strengthen capacity to support the overall health of individuals with mental illness
- Make sound and effective community investments

Future Challenges

MHD is committed to creating a seamless system of care that is timely, effective, and efficient. It is a system that treats each person holistically and embraces each person's ability to recover and gain the skills, insight, and personal and interpersonal reserves needed to be resilient as circumstances and symptoms change.

For children and youth, acute inpatient services are provided either in community psychiatric hospitals or in facilities specifically suited for children and youths. These Children's Long-Term Inpatient (CLIP) facilities provide inpatient care for those children and youth who need extended inpatient services. The CLIP facilities include the Child Study and treatment Center in Lakewood, a 47-bed state operated facility, and three other vendor contracted facilities.

Adult acute services begin in community psychiatric hospital or in free-standing evaluation and treatment centers (E&Ts). For individuals requiring longer periods of treatment than community hospitals and E&Ts are able to provide, long term treatment services are provided by the two adult psychiatric hospitals operated by the state. Eastern State Hospital and Western State Hospital provide care for approximately 1,200 individuals each day.

Capital investments are required at the three hospitals to preserve existing assets and accommodate policy initiatives. The following capital projects will be included in the DSHS Ten Year Capital Plan:

1. Child Study and Treatment Center: Resident Activity and Family Therapy Space
2. Eastern State Hospital: Boiler Building Replacement
3. Eastern State Hospital: Central Maintenance Building
4. Eastern State Hospital: Activity Therapy Building HVAC and Electrical Systems Replacement
5. Eastern State Hospital: Campus-wide Emergency Power
6. Eastern State Hospital: Support Services Building Renovation
7. Eastern State Hospital: Eastlake APU Visitor Entry
8. Eastern State Hospital: New Recovery Center
9. Western State Hospital: New Dietary Services and Commissary Building
10. Western State Hospital: Auditorium Renovation for Day Treatment
11. Western State Hospital: Quadrangle Fencing
12. Western State Hospital: East Campus Day Treatment Facility
13. Western State Hospital: East Campus Corridor Safety Upgrade and Classroom Development
14. Western State Hospital: Central Campus Day Treatment Facility
15. Western State Hospital: East Campus Upgrade
16. Western State Hospital: Building 9 Remodel for Patient Services

Special Commitment Center

Program Discussion

The Special Commitment Center (SCC) provides a specialized mental health treatment program for sex offenders who have been civilly committed under Chapter 71.09 RCW. The mission of the SCC is to provide comprehensive, individual treatment to each

resident referred by the courts in a constitutionally sound environment that protects the safety and welfare of the public, staff, and residents.

The SCC occupies a 299-bed total confinement facility on McNeil Island. The SCC also occupies two Secure Community Transition Facilities (SCTFs) – a 24-bed facility located on McNeil Island and a 6-bed facility in Seattle. The SCTFs provide a less restrictive alternative residential living arrangement for SCC residents on court-ordered conditional release from total confinement.

Future Challenges

The SCC faces many challenges. The Total Confinement Facility (TCF) is pressing the limits of its resident housing capacity. Current projections indicate that the TCF may be full within the 2009 calendar year. Compounding the housing capacity problem, beds that are currently vacant are not necessarily located within the residential units appropriate to the residents' behavioral management requirements. The need for additional housing capacity is urgent and is being addressed on a temporary basis with funds appropriated in the 2008 Supplemental Capital Budget.

Eventually, it appears that more capacity will be needed at the TCF to support the program's mission of control, care, and treatment of sex offenders. But the nature of that additional capacity needs to be more specifically determined. The SCC population is becoming more complex, with aging residents and new admissions of very young adults and medically fragile individuals.

The TCF was not envisioned or designed as a long-term health care or nursing facility, though many residents will eventually need this level of care. These considerations guide our current practices and our plans for the design of future additional housing capacity.

The SCC Has established the following facility preservation and housing capacity goals for 2009-2013:

1. Construct temporary resident housing capacity
2. Design and build permanent resident housing capacity
3. Preservation of current facilities
    a. Resident Dining Facility Remodel or Replacement
    b. Warehouse Expansion or Replacement
    c. Security System Upgrades
    d. Communication and Information Technology Network services Upgrades
    e. Powerhouse Upgrades or Replacement
    f. Parking Lots and Roadways Improvements
4. Centralize McNeil Island infrastructure needs and optimize resource utilization

A Strategic Plan for 2009-2013

This document is also available electronically at:
www.dshs.wa.gov/strategic

Persons with disabilities may request a hard copy by contacting DSHS at: 360-902-7800 or TTY: 800-422-7930.

Questions about the strategic planning process may be directed to DSHS Constituent Services at: 800-737-0617

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