

Chapter 4 • Goals, Objectives, and Strategies

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	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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)

	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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)

	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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)

	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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
<p>1. Connect people to benefits and services that reduce poverty and help them become more self-sufficient</p>	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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)
<p>2. Enhance economic security of children through child support services</p>	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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)
<p>3. Provide responsive, accurate, and timely services to families and individuals who apply for benefits or services</p>	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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)
<p>4. Maximize resources and capacity to assist individuals with disabilities in achieving gainful employment</p>	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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)
<p>5. Assist persons with hearing loss in achieving functionally equivalent access to telecommunications</p>	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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
<p>1. Improve information technology capacity to support management needs</p>	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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)
<p>2. Improve resource planning and oversight for program integrity</p>	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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)

	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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)

	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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)