Aging and Long-Term Support Administration

Department of Social and Health Services

2024-2025 Strategic Plan Metrics

November 2025

Aging and Long-Term Support Administration

Success Measures Associated with Charts

		Strategic Plan Success Measure #
Serve People in their Community of Choice		
AAH.1	Percent of long-term services and support clients served in home and community-based settings	1.1
AAH.1	Percent of long-term services and support clients served in home and community-based settings - Historical progress	
AAH.23	Percent of clients transitioned from acute care hospitals in less than 30 days from the date of referral to HCS	1.3
AAH.2	Number of people assisted to transition to home and community-based settings from nursing homes	1.6
AAR.1	Timely licensing re-inspections of adult family homes, assisted living, and nursing homes	2.1
AAR.2	Timely quality assurance for Intermediate Care Facilities and Supported Living	2.2
AAR.6	Nursing Home statements of deficiencies sent timely	2.3
Modernize Behavioral Health		
AAH.20	Number of clients diverting from psychiatric hospital-to-community settings	1.7
Build Economic Justice		
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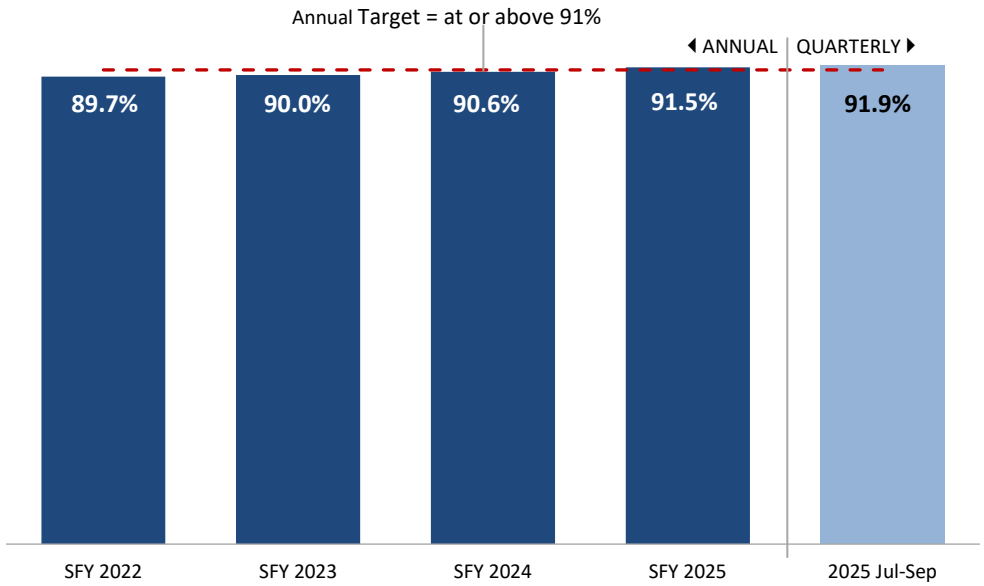
Aging and Long-Term Support Administration

Serve People In Their Community of Choice

Percent of long-term services and support clients served in home and community-based settings

Statewide



DATA SOURCE: EMIS reports using ProviderOne; supplied by Carla McKnight, Budget Forecast Chief, MSD.
MEASURE DEFINITION: Statewide percentage of ALTSA long-term care clients living in home and community settings, as defined by the average monthly caseload of clients living in home and community settings divided by the sum of the same and the average monthly caseload of clients living in nursing facilities.
DATA NOTES: **1** Nursing Home clients are counted using full-time bed occupation method: count of bed days divided by the number of days in a month instead of the old method of adjusting head count. **2** From July 2021 forward the count of clients living in nursing facilities includes both State-only clients and clients in State Veteran's Homes. *Click below for additional data notes.*

TO DATA: https://www.dshs.wa.gov/data/metrics/AAH.1.xlsx

SUMMARY

• This measure supports ALTSA Strategic Goal 1: Champion services and supports that increase Access, Choice and Integration.

• Action Plan: Serve individuals in their homes or in community-based settings of their choice while also leveraging advanced digital solutions.

• Success Measure 1.1: Maintain the percentage of LTSS clients served in home- and community- based settings at or above 91% annually.

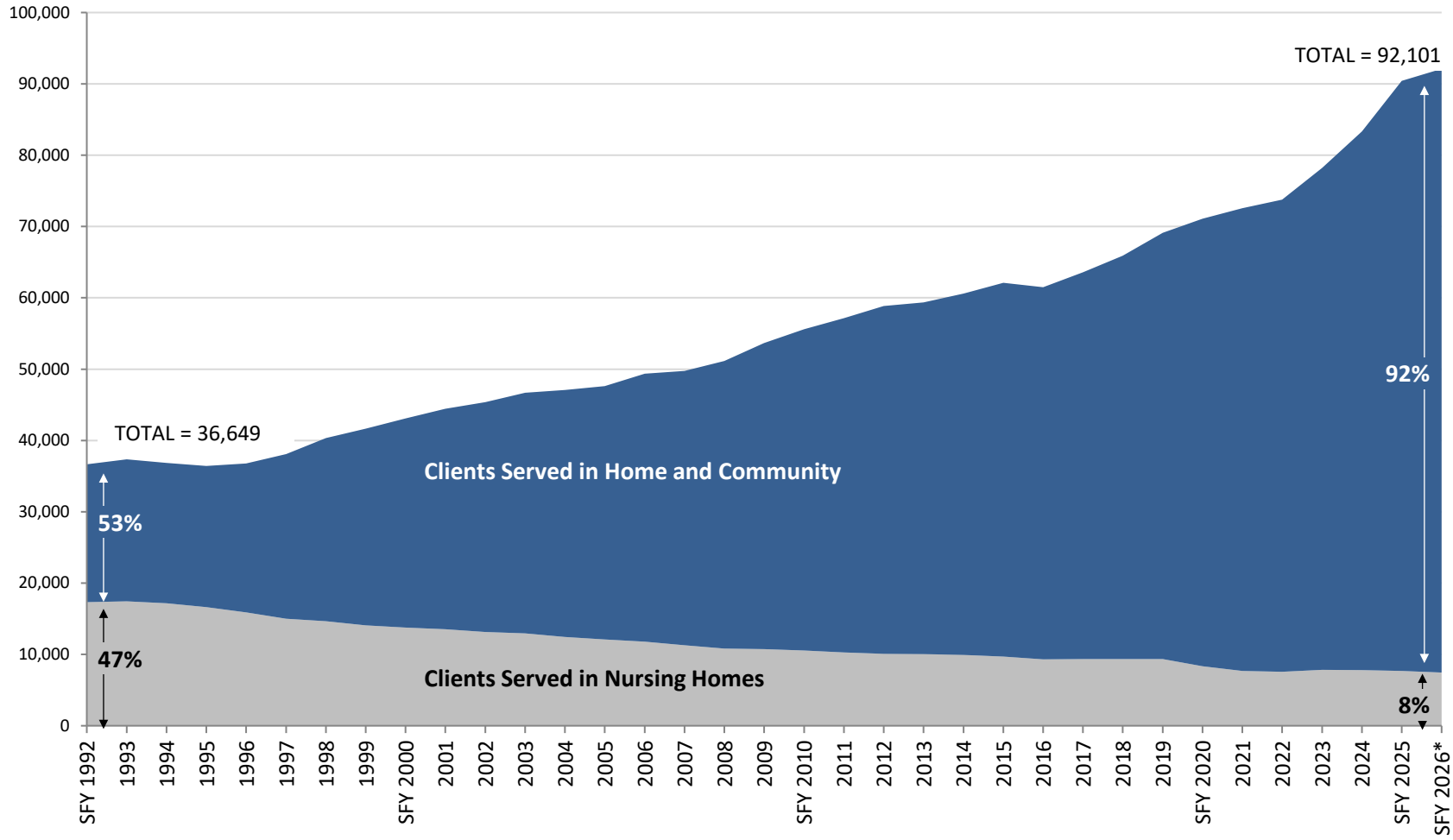
• Background: In 2023, Washington State's long-term services and supports were ranked second in the nation by the AARP Long-Term Care Scorecard.

• Importance: A hallmark of the state's long-term services and supports (LTSS) system is that most individuals can choose to live and receive services in their own home or in a community setting. Washington has prioritized expanding home and community-based services and ensuring individuals have timely access. This has created a cost-effective way to deliver services and has improved the lives of clients who feel they have control over their lives and living situations.

Aging and Long-Term Support Administration

Serve People In Their Community of Choice

Percent of long-term services and support clients served in home and community-based settings



*As of September 2025

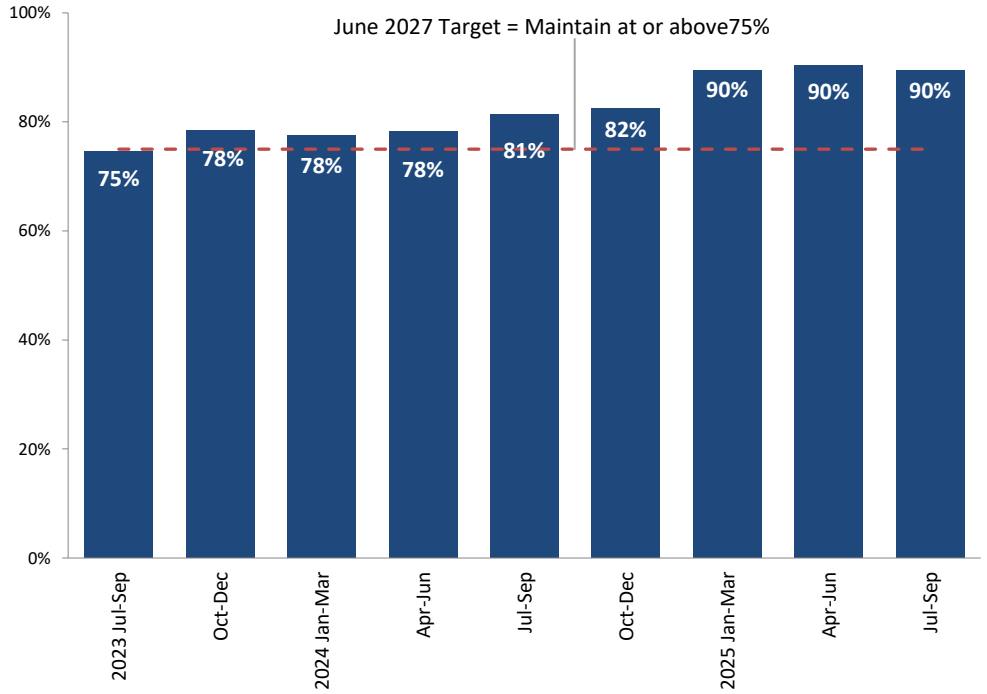
TO DATA: https://www.dshs.wa.gov/data/metrics/AAH.1.xlsx

Aging and Long-Term Support Administration

Serve People In Their Community of Choice

Percent of clients transitioned from acute care hospitals in less than 30 days from the date of referral to HCS

Quarterly percentages



DATA SOURCE: Quarterly Counts and Percentage of Clients who Transitioned From Acute Care Hospital in less than 30 Days From Date of Referral PowerBI Report; supplied by Erika Gustafson.
MEASURE DEFINITION: Percent of individuals that have transitioned in less than 30 days from date of referral to HCS.
DATA NOTES: **1** Data is reported within the Quarterly 2.2.2 Acute Care Hospital data tab. Numerator: Total number of clients who transitioned in less than 30 days. Denominator: Total number of transitions.

SUMMARY

• This measure supports ALTSA Strategic Goal 1: Champion services and supports that increase Access, Choice and Integration.

• Action Plan: Serve individuals in their homes or in community-based settings of their choice while also leveraging advanced digital solutions.

• Success Measure 1.3: Achieve a quarterly percentage of clients transitioned from acute care hospitals in less than 30 days from the date of referral to HCS consistently at 75% through June 2027.

• Background: About 75 percent of hospital patients who are referred to ALTSA's HCS are new to our system and need functional and financial eligibility determinations. This measure was added to the Strategic Plan in 2021 to consistently achieve the quarterly average percent of clients transitioned into community settings.

• Importance: Ensuring timely transitions of hospitalized individuals to these services is essential in reducing the number of days patients spend in acute care settings when they no longer meet medical necessity. This effort requires strong collaboration and cross systems partnerships to include providers, staff, hospitals, managed care organizations, the Health Care Authority and communities, to provide appropriate services and community options that honor patient choice and reduce medical costs while increasing individual wellbeing, and quality of life.

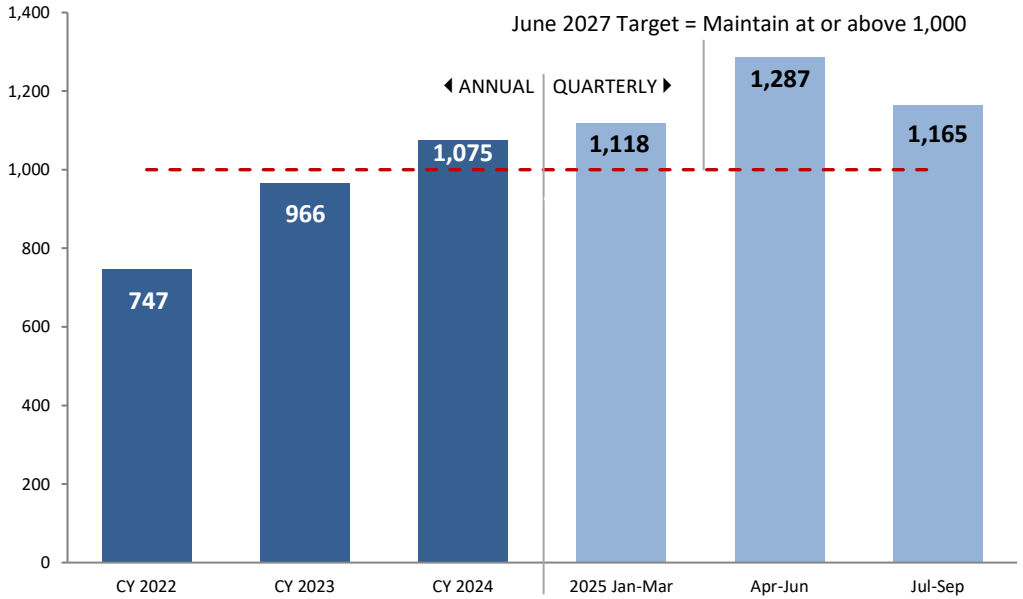
TO DATA: https://www.dshs.wa.gov/data/metrics/AAH.23.xlsx

Aging and Long-Term Support Administration

Serve People In Their Community of Choice

Number of people assisted to transition to home and community-based settings from nursing homes

Statewide - Average per quarter



SUMMARY

- **This measure supports ALTSA Strategic Goal 1: Champion services and supports that increase Access, Choice and Integration.**
- **Action Plan: Serve individuals in their homes or in community-based settings of their choice while also leveraging advanced digital solutions.**
- **Success Measure 1.6: Maintain the quarterly average of nursing facility-to-community settings transitions at 1,000 through June 2027.**
- **Background: Federal match is maximized by utilizing the federal Money Follows the Person/Roads to Community Living (RCL) program to help people who choose to relocate to a community setting. RCL participants report greater satisfaction with life after transition. Lack of affordable housing and complex medical or behavioral health needs can be barriers to relocation.**
- **Importance: The majority of individuals who require support choose to receive help in their home or a community-based setting.**

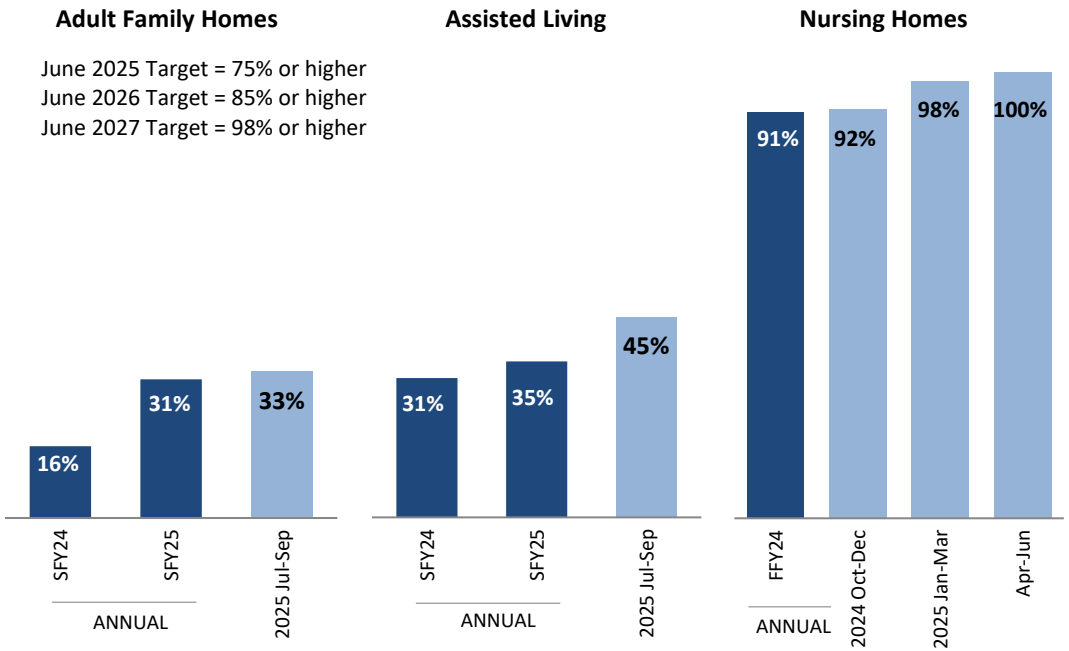
DATA SOURCE: RCL SharePoint site; supplied by Julie Cope, RCL/NFCM Unit Manager, ALTSA HCS.
MEASURE DEFINITION: The count of clients who are actively assisted to relocate by DSHS staff from Nursing Facilities to home and community-based services. Programs are Nursing Facility Case Management & Relocation (NFCM) and Roads to Community Living (RCL, also called Money Follows the Person).
DATA NOTES: **1** SharePoint data entry is performed manually and is subject to periodic revising. **2** Prior to Jan 2014 WA Roads was tracked as a separate program. Effective Jan 2014 WA Roads are included in the NFCM. **3** Annual data is an average of the quarterly data for the four quarters in that calendar year.

TO DATA: https://www.dshs.wa.gov/data/metrics/AAH.2.xlsx

Aging and Long-Term Support Administration

Serve People In Their Community of Choice

Timely licensing re-inspections of adult family homes, assisted living, and nursing homes



DATA SOURCE: Adult Family Homes and Assisted Living Facilities: Facility Management System, SSRS Report FAC1050; Nursing Homes, CASPER Report 0316D Standard Survey Interval; supplied by Shelly O'Hare, Support Operations Program Manager, ALTSA RCS.
MEASURE DEFINITION: Statewide percentage of timely licensing re-inspections in adult family homes, assisted living, and nursing homes.
DATA NOTES: 1 Annual percentage calculations for Adult Family Homes and Assisted Living: Numerator: sum of the quarterly numbers of timely re-inspections. Denominator: sum of the total number of quarterly re-inspections conducted in that year. Annual percentage for Nursing Homes is the average of the quarterly percents of timely re-inspections. *Click on link below for additional data notes.*

TO DATA: https://www.dshs.wa.gov/data/metrics/AAR.1.xlsx

SUMMARY

• This measure supports ALTSA Strategic Goal 2: Honor Independence, Rights, Health & Safety for vulnerable adults living in home- and community-based settings.

• Action Plan: Support safety and improve regulatory compliance in facilities and agencies providing residential care and supports through the use of technology for timely inspections and investigations of complaints.

• Success Measure 2.1: Maintain timely re-inspections for nursing homes, assisted living facilities and adult family homes to 75% by June 2025, 85% or more by June 2026 and 98% by June 2027.

• Importance: Licensing re-inspections are a valuable tool to ensure the quality of care. They are unannounced, and occur periodically within statutory and federal requirements; once every 15 months for nursing homes and once every 18 months for adult family homes and assisted living facilities.

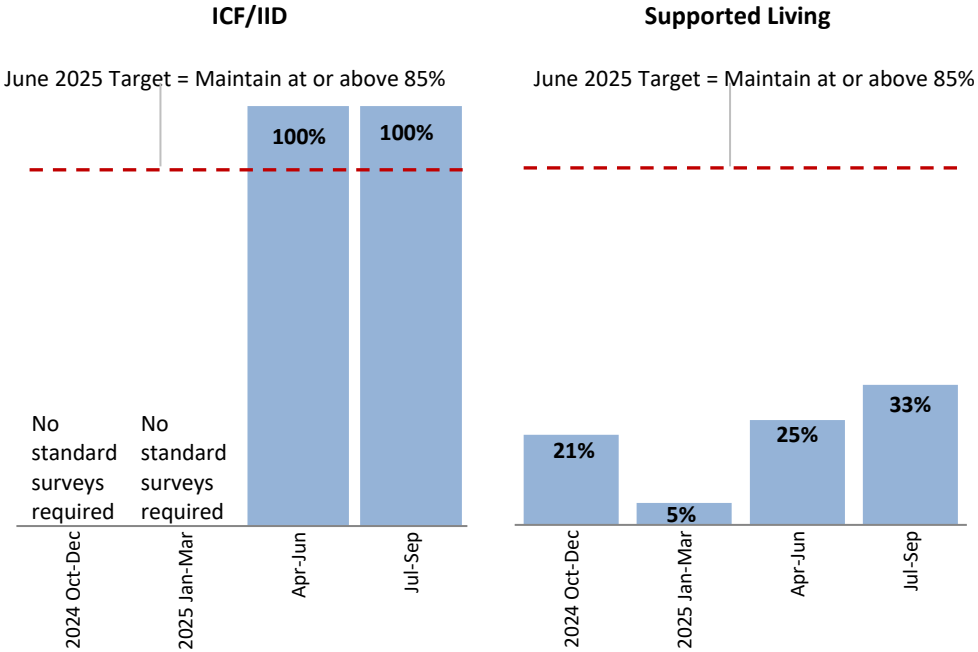
• On February 29, 2020, Governor Inslee issued Proclamation 20-05, declaring a state of emergency for Washington State due to the COVID-19 outbreak. Due to Governor Executive Orders and Proclamations and state and federal directives related to COVID-19 regulatory functions, Residential Care Services (RCS) reprioritized work and suspended annual recertification surveys and inspections. The focus of RCS work since March 2020 is responding to complaint investigations and focused infection control inspections. Data reporting resumed September 2022.

Aging and Long-Term Support Administration

Serve People In Their Community of Choice

Timely quality assurance for Intermediate Care Facilities and Supported Living

Timely recertification of ICF/IID and Supported Living Facilities



DATA SOURCE: RCS records; supplied by Melissa Davis, AA3, ALTSA RCS.
MEASURE DEFINITION: Percent of ICF/IID (Intermediate Care Facilities for Individuals with Intellectual Disabilities) and Supported Living that are re-certified within timeframes under state and federal regulations. ICF/IID: federal regulation requires certification at least every fifteen months with a statewide average of twelve months. Certified Supported Living: state law requires providers to be certified every 24 months.
DATA NOTES: **1** There are 4 ICF/IID facilities. **2** No recertification required to be conducted on ICFs during April-June and Oct-Dec 2024. **3** Annual data is an average of the quarterly data in that FFY. *Click on link below for additional data notes.*

TO DATA: https://www.dshs.wa.gov/data/metrics/AAR.2.xlsx

SUMMARY

• This measure supports ALTSA Strategic Goal 2: Honor Independence, Rights, Health & Safety for vulnerable adults living in home- and community-based settings.

• Action Plan: Support safety and improve regulatory compliance in facilities and agencies providing residential care and supports through the use of technology for timely inspections and investigations of complaints.

• Success measure 2.2: Maintain timely quality assurance activities at 85 percent for services provided to people with developmental and intellectual disabilities through June 2025.

• Importance: This measure ensures quality assurance activities are completed timely to help promote quality of care and protect vulnerable adults from abuse and neglect.

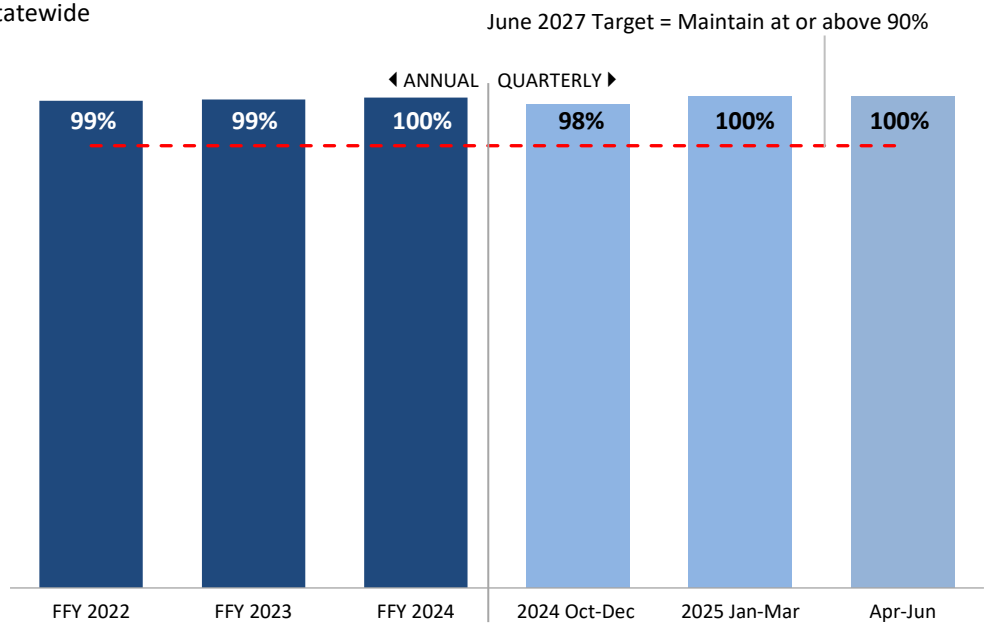
• Background: Certification for Supported Living requires on-site visits and inspections of providers, not each client's individual home.

Aging and Long-Term Support Administration

Serve People In Their Community of Choice

Nursing Home statements of deficiencies sent timely

Statewide



SUMMARY

• This measure supports ALTSA Strategic Goal 2: Honor Independence, Rights, Health & Safety for vulnerable adults living in home- and community-based settings.

• Action Plan: Support safety and improve regulatory compliance in facilities and agencies providing residential care and supports through the use of technology for timely inspections and investigations of complaints.

• Importance: Timely completion of quality assurance activities helps protect the health and safety of clients, secures and maintains federal funding, and provides oversight of local operations.

• Success Measure 2.3: Maintain the percentage of Nursing Home Statements of Deficiency sent to the facility within the federal regulatory standard at 90 percent through June 2027.

DATA SOURCE: Residential Care Services, ASPEN data; supplied by Shelly O'Hare, Support Operations Program Manager, ALTSA RCS .
MEASURE DEFINITION: Total for each quarter, the percent of audited Nursing Home Statement of Deficiencies (SODs) that are sent to the facility within the federal regulatory standard of 10 working days after the end of the on-site visit for complaint investigations or surveys.
DATA NOTES:

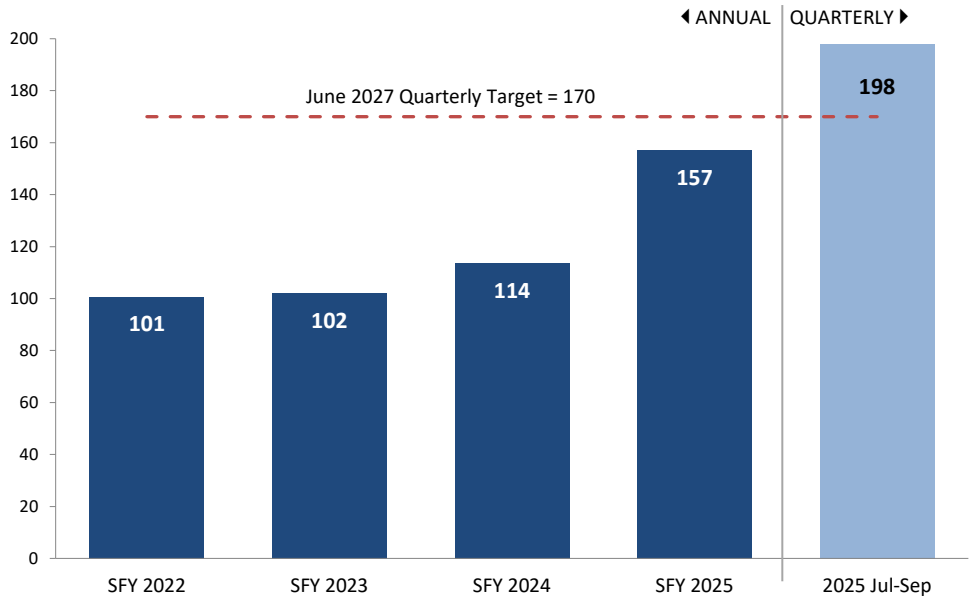
TO DATA: https://www.dshs.wa.gov/data/metrics/AAR.6.xlsx

Aging and Long-Term Support Administration

Modernize Behavioral Health

Number of clients diverting from psychiatric hospital-to-community settings

Statewide - Average quarterly number



*Annual data is an average of the quarterly data for the four quarters in that fiscal year.

DATA SOURCE: ADSA State Hospital Report, Resource Developers, Transition Coordinators; supplied by Lateisha De Lay, State Hospital Discharge and Diversion Administrator, HCS, ALTSA.
MEASURE DEFINITION: The number of clients diverted from psychiatric hospital-to-community settings.
DATA NOTES: 1 The count of clients diverted includes: an individual with a 90 or 180 day commitment order for further involuntary treatment who is transitioning from a local community psychiatric facility with Long Term Service Supports provided by Home and Community Services; or an individual who is detained through the Involuntary Treatment Act who is stabilized and transitioned into a HCS setting with services and supports prior to the need to petition for a 90 or 180 day commitment order. 2 Automated report for state hospital transition. *Click below for additional data notes.*

TO DATA: https://www.dshs.wa.gov/data/metrics/AAH.20.xlsx

SUMMARY

• This measure supports ALTSA Strategic Goal 1: Champion services and supports that increase Access, Choice and Integration.

• Action Plan: Serve individuals in their homes or in community-based settings of their choice while also leveraging advanced digital solutions.

• Success Measure 1.7: Achieve a quarterly average of 170 clients diverting from psychiatric hospital to community setting through June 2027.

• Background: Washington has an identified gap in community options for individuals with behavioral challenges and personal care needs, particularly those diverting from the state psychiatric hospitals. In response, both state law enacted in 2016 and the Governor's-directed Mental Health Transformation empower ALTSA and other pertinent state agencies to work collaboratively with shared responsibility.

• Importance: Washington has identified a gap in community options for individuals with behavioral challenges and personal care needs, particularly for individuals ready to discharge or divert from the state psychiatric hospitals.

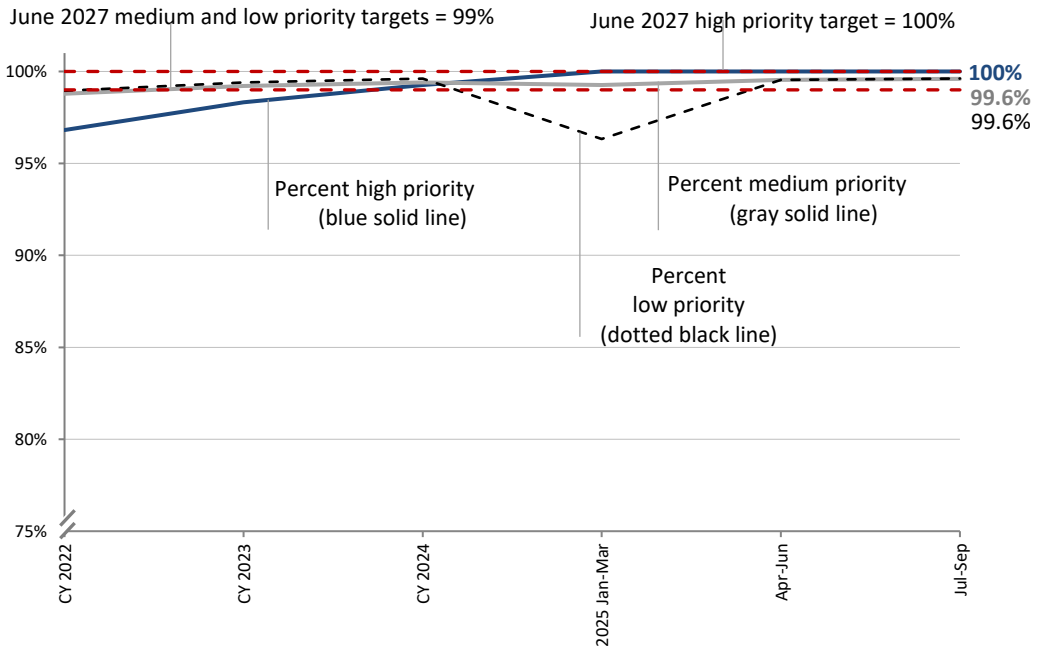
• Western State Hospital is no longer admitting civil patients and Eastern State Hospital will no longer be admitting this population by 2023. Given this, ALTSA anticipates that civil transitions from state hospitals will decrease over time as more individuals will be diverted from state hospitals into community-based resources and settings.

Aging and Long-Term Support Administration

Build Economic Justice

Timely initial response to abuse and neglect investigations based on APS intake priority

Percent timely APS initial contact based on intake priority - Statewide



DATA SOURCE: Pre-May 2014: APSAS. May 2014 to April 2019, TIVA 1056 report; May 2019 to current PowerBI report; supplied by APS Data Unit.
MEASURE DEFINITION: Percentage of timely initial contact for investigations based on APS intake priority.
DATA NOTES: **1** Calendar Month reflects date of initial intake. **2** Measure of timeliness:
* Percentage of high priority intakes with 24 hour response time met.
* Percentage of medium priority intakes with the 5 working day response time met.
* Percentage of low priority intakes with the 10 working day response time met.
3 Annual data is an average of the quarterly numbers in that calendar year. **4** Quarterly data is an average of the monthly data for the three months in that quarter. *Click below for additional data notes.*

TO DATA: https://www.dshs.wa.gov/data/metrics/AAP.1.xlsx

SUMMARY

• This measure supports ALTSA Strategic Goal 2: Honor Independence, Rights, Health & Safety for vulnerable adults living in home- and community-based settings.

• Action Plan: Protect vulnerable adults by responding to reports of abuse, neglect, self-neglect, abandonment, and exploitation: and conduct quality and timely investigations.

• Action Plan: Implement enhanced supports model in Adult Protective Services for individuals experiencing self-neglect using technology for real-time data collection and analysis.

• Success Measure 2.4: Increase timely initial response to investigations based on priority to 100 percent for high-priority investigations and maintain at 99 percent for medium- and low-priority investigations by June 2027.

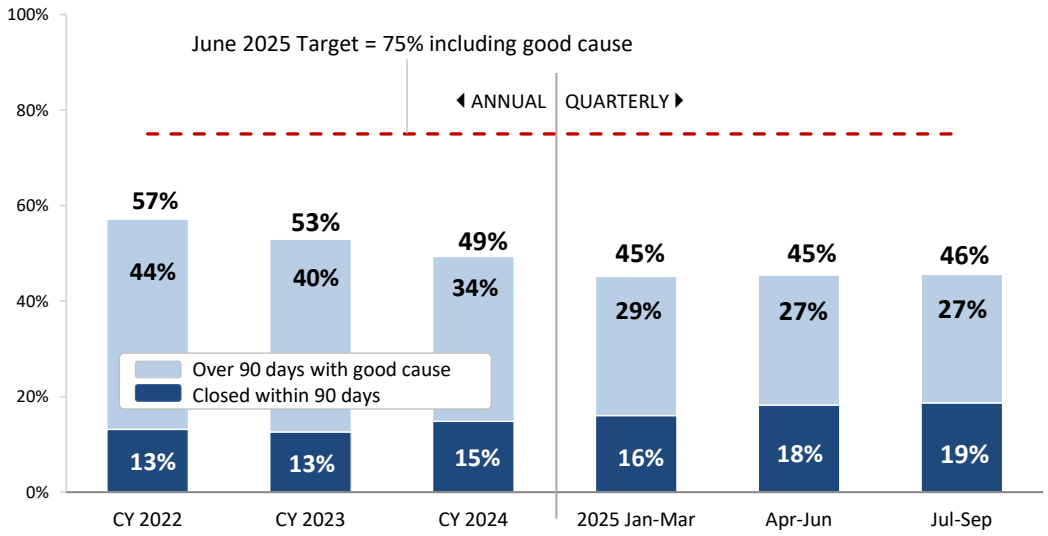
• Importance: Timely response is essential if services are needed to protect the vulnerable adult, to preserve evidence when necesssary, and protect vulnerable adults from perpetrators.

Aging and Long-Term Support Administration

Serve People In Their Home Community

Vulnerable adult abuse and neglect investigations completed within 90 days

Statewide - Percent completed within 90 Days or late with good cause



DATA SOURCE: APS Investigations 90 Day Performance Measure report strategic objective tab; supplied by APS Data Unit.
MEASURE DEFINITION: Percent of all investigations that are closed within 90 days or open over 90 days with good cause divided by all investigations closed or investigations open over 90 days during the reporting month. This includes history and current data for investigations in APS. "Good cause" excludes investigations remaining open longer than 90 days due to no reason entered, "no good cause," "vacant FTE slots," and "extended review process."
DATA NOTES: **1** Data is calculated at the end of each reporting month. **2** A data entry error was identified and corrected for historical data Q2 2019 – Q3 2022.

TO DATA https://www.dshs.wa.gov/data/metrics/AAC.2.xlsx

SUMMARY

• This measure supports ALTSA Strategic Goal 2: Honor Independence, Rights, Health & Safety for vulnerable adults living in home- and community-based settings.

• Action Plan: Protect vulnerable adults by responding to reports of abuse, neglect, self-neglect, abandonment, and exploitation: and conduct quality and timely investigations.

• Action Plan: Implement alternative model for individuals experiencing self neglect.

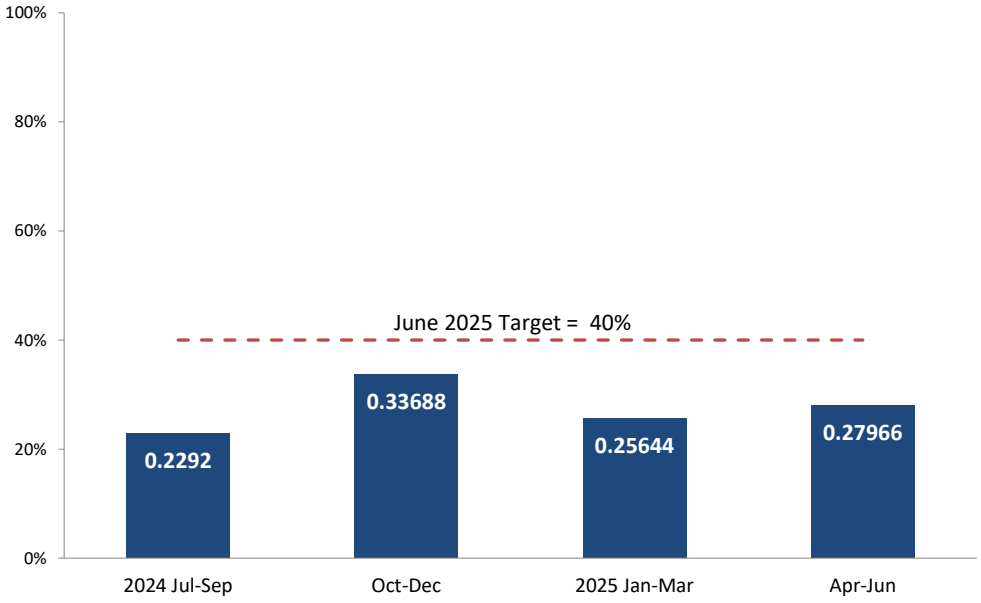
• Background: Sometimes the welfare of the victim is best served by keeping the investigation open for a longer period of time, but most investigations should be completed within 90 days. "Good cause" reasons for investigations to be open longer than 90 days include requests from law enforcement, pending guardianships or protective services, or unusual difficulty accessing evidence or witnesses.

• Success Measure 2.5: Increase the percentage of investigations of adult abuse and neglect completed within 90 days, or remaining open for "good cause," at 75% through June 2025 while ALTSA continues to build staff capacity and reach 80% by June 2026.

Aging and Long-Term Support Administration

Technology Innovation

Percent of client renewals completed by robotic process automation



SUMMARY

• This measure supports ALTSA Strategic Goal #4 Improve Quality, Accountability and Responsiveness.

• Action Plan: Implement processes and procedures that support successful employee adoption of modern, user-friendly technologies and tools to streamline and improve accuracy of work.

• Importance: Using robotic process automation streamlines business processes, allowing staff to focus on high-priority client needs rather than administrative tasks. Process automation also reduces the risk of human error and ensures that critical tasks are completed on time. For clients, it means faster and easier renewals and more consistent service, improving their experience and outcomes.

• Success Measure 4.2: Increase percentage of renewals completed by robotic process automation from 30% to 40% by July 2025.

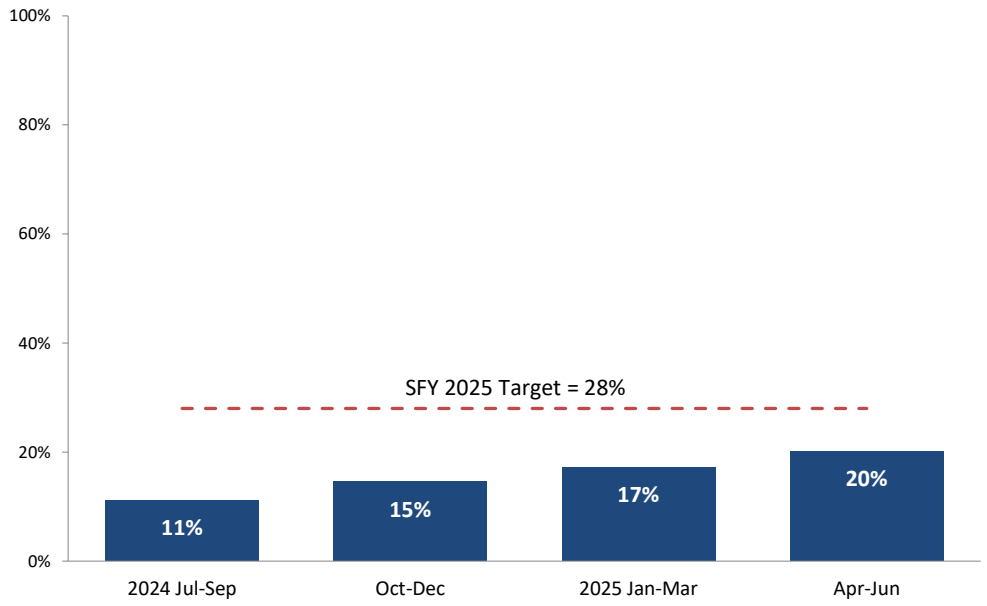
DATA SOURCE: Home and Community Services, data provided by vendor (Roboyo); supplied by Crystal Ough.
MEASURE DEFINITION: Percentage of cases referred to robotic process automation ("ex parte") for renewal that have renewal completed by robotic process automation.
DATA NOTES: **1** Percentage is based on "ex parte" cases, i.e. cases submitted to the robotic automation process for automatic renewal.

TO DATA: https://www.dshs.wa.gov/data/metrics/AAH.30.xlsx

Aging and Long-Term Support Administration

Technology Innovation

Percent of providers, clients, and authorized representatives utilizing voice or electronic signatures for CARE Web assessments



SUMMARY

• This measure supports ALTSA Strategic Goal #4 Improve Quality, Accountability and Responsiveness.

• Action Plan: Implement processes and procedures that support successful adoption of modern, user-friendly technologies and tools to streamline and improve accuracy of work.

• Importance: The use of voice and electronic signatures for client assessments enhances efficiency and accessibility. It allows providers, clients, and authorized representatives to complete paperwork remotely, reducing both the need for in-person visits and delays in service delivery. Voice and electronic signatures also streamline the documentation process, ensure compliance with legal and regulatory requirements, and offer providers, clients, and their representatives greater convenience and flexibility. Additionally, it ensures the integrity and authenticity of records, enhancing trust between clients and the agency.

• Success Measure 4.3: Increase percentage of providers, clients, and authorized representatives utilizing voice or electronic signatures for CARE Web assessments by 4 percentage points annually.

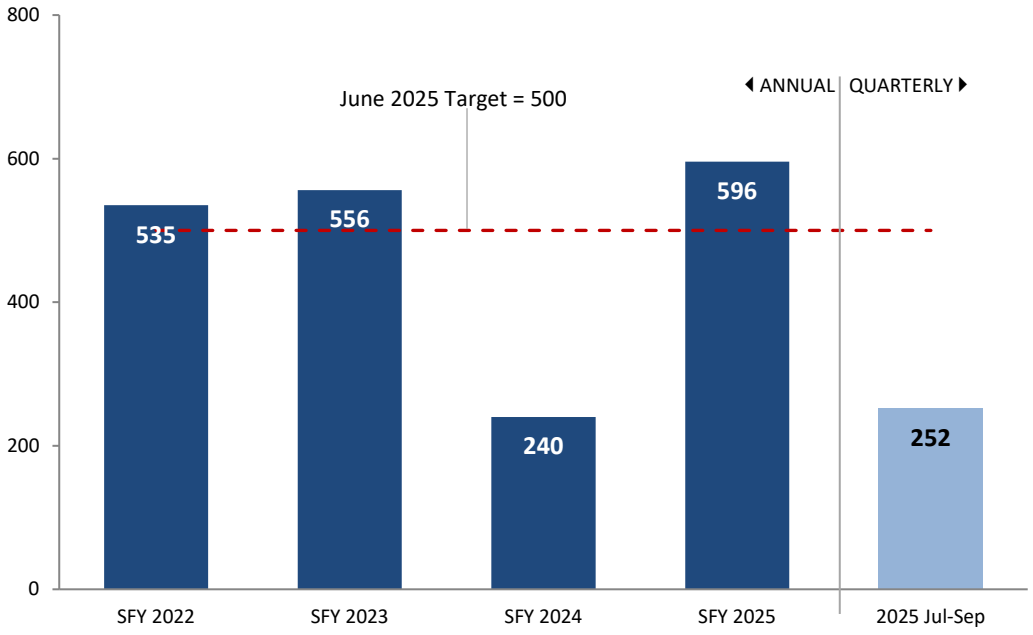
DATA SOURCE: Home and Community Services, CARE Web data, supplied by Anna Mitchell.
MEASURE DEFINITION: Numerator: number of CARE Web assessments completed by voice and electronic signatures. Denominator: total number of CARE Web assessments completed.
DATA NOTES:

TO DATA: https://www.dshs.wa.gov/data/metrics/AAH.31.xlsx

ALTSA | Office of the Deaf and Hard of Hearing

Advance Person-Centered Services

Number of Deaf, DeafBlind, Deaf and Disabled, Hard of Hearing, Late Deafened, and Speech Disabled clients served



DATA SOURCE: ODHH; supplied by Morgan Jericho, Management Analyst, ALTSA ODHH.
MEASURE DEFINITION: The total number of Deaf, DeafBlind, Deaf and Disabled, Hard of Hearing, Late Deafened and Speech Disabled persons or family members who received services through ODHH Case Management for each Fiscal Year.
DATA NOTES: **1** The fiscal year count of clients served is the cumulative total of clients served in that year. Quarterly counts shown are cumulative through that quarter in the current fiscal year. **2** To be included a client must receive at least one case management service of a minimum of 15 minutes. **3** Services can include walk-in service, telephone calls, or information and referral, but they must meet the case management criteria stated in the contract. **4** For contractors to be reimbursed they must provide ODHH with a DSHS Privacy Practices and Client Information form, a Service Delivery Plan form, as well as a monthly case management report.

TO DATA: https://www.dshs.wa.gov/data/metrics/DH2.1.xlsx

SUMMARY

• This measure supports ALTSA Strategic Goal 1: Champion services and supports that increase Access, Choice and Integration.

• Action Plan: Assist individuals through technology supports, including remote services, enabling and assistive devices, self-service options, and increased case management to access the services they need to support their personal goals and expand community engagement.

• Success Measure 1.8: Maintain the number Deaf, DeafBlind, Deaf and Disabled, Hard of Hearing, Late Deafened, and Speech Disabled clients served at 500 through 2025.

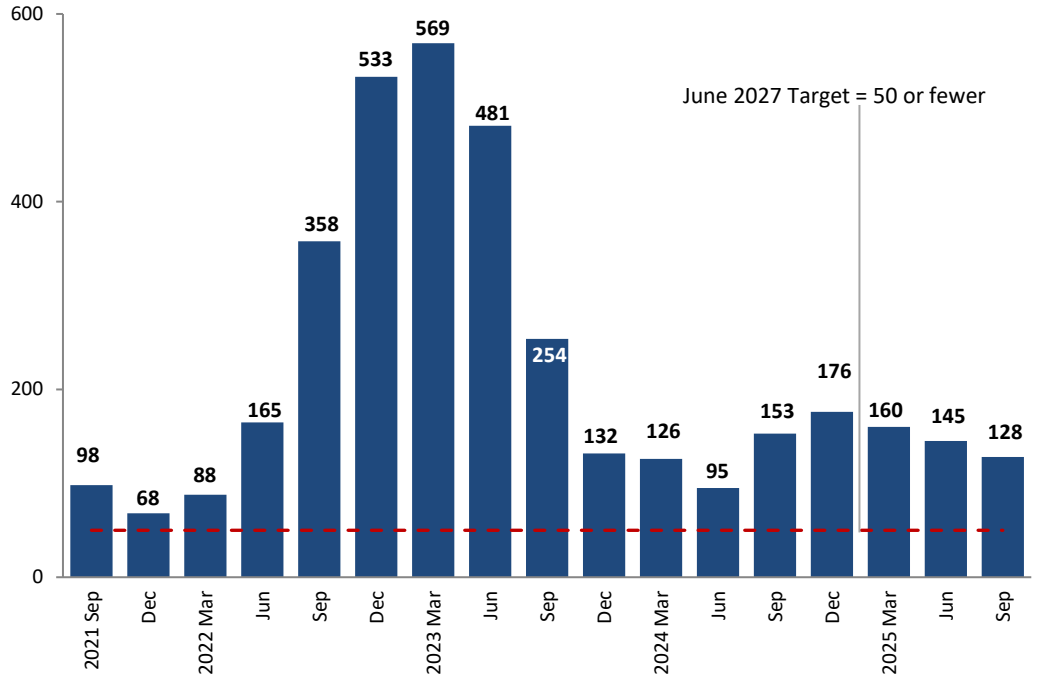
• Importance: Individuals who are Deaf, DeafBlind, Deaf and Disabled, Hard of Hearing, Late Deafened and Speech Disabled, especially adults who are older, the underemployed and those with multiple disabilities, face barriers to various service delivery systems. These barriers affect access to communication, education, health care, employment, legal, housing, transportation, insurance, public assistance and other benefits. Case managers are available to assist these individuals in obtaining needed services by coordinating services, translating documents, advocating on their behalf and/or teaching new abilities and skills.

Aging and Long-Term Support Administration

Advance Person-Centered Services

Timely initiation of facility complaint investigations

Number of complaint investigations overdue to begin (backlog)



DATA SOURCE: TIVA 2101 report and additional information; supplied by Jered Gunn, Business Intelligence Analyst, ALTSA RCS.

MEASURE DEFINITION: Number of complaints assigned for investigation that have not begun and are overdue to begin.

DATA NOTES: **1** Sep 2015 figure adjusted through a one-time manual desk review; prior to adjustment the figure was 2,683. Each quarter reflects snapshot data for the last month of the quarter, except December 2015 reflects data from 11/23/2015. **3** Snapshot data can differ depending on the run date and time of the report, because the TIVA system is live and is continually assigning new investigations and noting whether items are becoming overdue. Due to this, history is not refreshed. *Click below for additional data notes.*

TO DATA: https://www.dshs.wa.gov/data/metrics/AAR.7.xlsx

SUMMARY

• This measure supports ALTSA Strategic Goal 4: Improve Quality, Accountability and Responsiveness.

• Action Plan: Support client / resident safety by prioritizing return to standard operational activities impacted by public-health emergency, using technology-enhanced solutions.

• Success Measure 4.6: Reduce the long-term care facility complaint investigation backlog of non-immediate jeopardy complaints to 50 or fewer by June 2027.

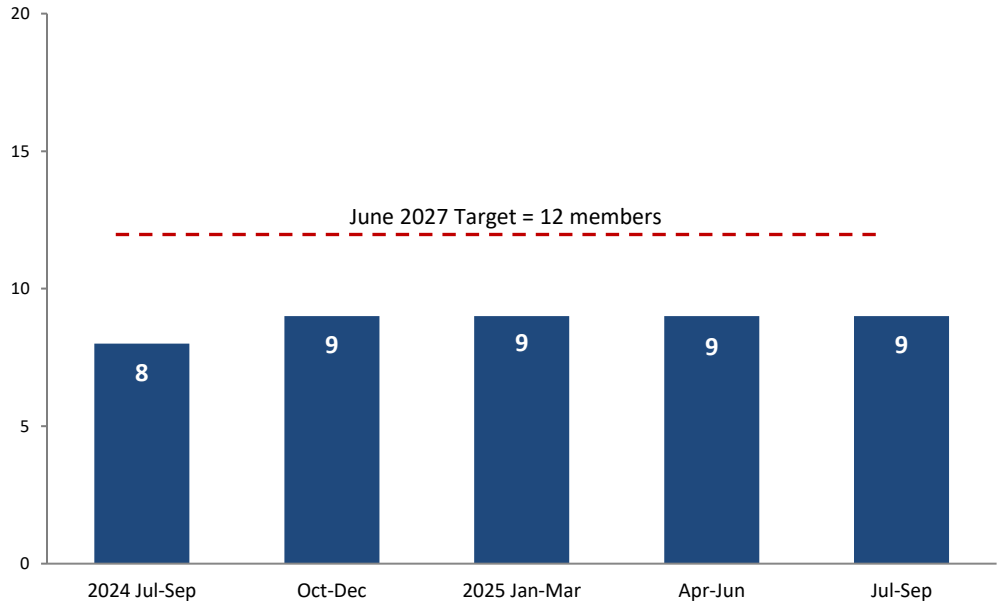
• Importance: Protect residents from abuse, neglect and exploitation; ensure services provided meet the health and safety needs of residents; evaluate whether provider practice meets regulatory requirements; and to make quality referrals to entities that help protect victims.

• On February 29, 2020, Governor Inslee issued Proclamation 20-05, declaring a state of emergency for Washington State due to the COVID-19 outbreak. As a result of the Governor's Executive Orders and the CMS directive to reprioritize work, RCS responded only to IJ complaints which created a backlog.

Aging and Long-Term Support Administration

Equity, Access, Inclusion and Belonging

Number of persons with lived experience participating in Service Experience Team



DATA SOURCE: Home and Community Services; supplied by Nicole Dronen, ALTSA Strategic Engagement Manager.
MEASURE DEFINITION: Count of participants who have lived experience participating in Service Experience Team.
DATA NOTES: **1** Simple count of participants.

SUMMARY

• This measure supports ALTSA Strategic Goal #3 Optimize Partnerships & Lived Experience.

• Action Plan: Meaningfully engage community partners and interested parties to better understand the impacts of changes in policies, processes, and practices.

• Importance: Service Experience Team (SET) members are the voice for all people receiving long-term support services across the state. Empowering clients through SET representation is essential for ensuring that their voices are heard, and their perspectives are considered. By actively participating in policymaking, SET members can advocate for the needs of clients, ensuring that decisions are made in a way that promotes their well-being and dignity. This proactive approach fosters a sense of ownership and accountability, strengthening the relationship between the organization and the individuals it serves.

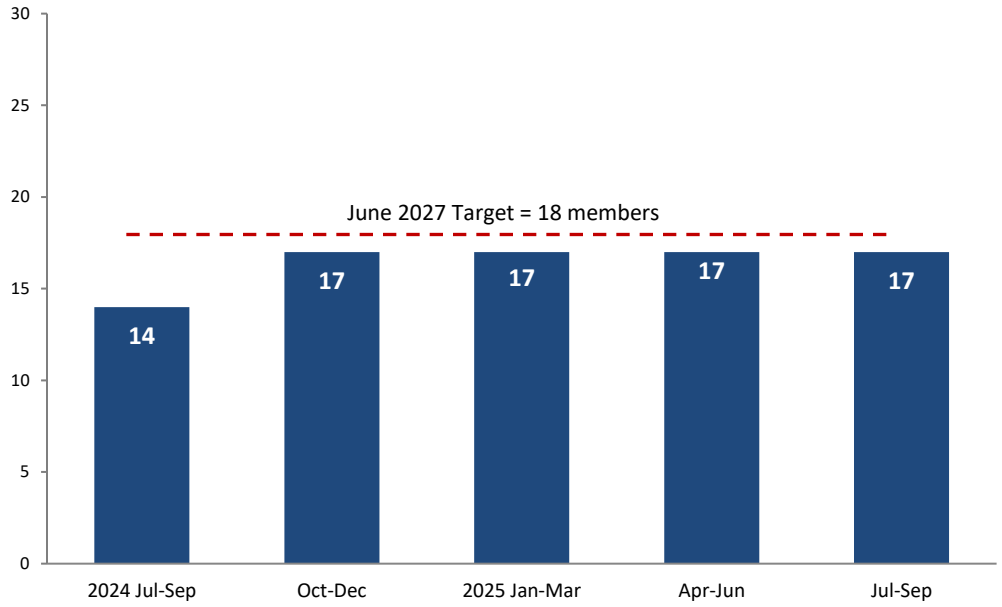
• Success Measure 3.2: Increase number of persons with lived experience and new voices participating in Service Experience Team and using virtual engagement tools to broaden participation and input from 8 to 12 by June 2027.

TO DATA: https://www.dshs.wa.gov/data/metrics/AAH.33.xlsx

Aging and Long-Term Support Administration

Equity, Access, Inclusion and Belonging

Number of persons with direct care experience participating in Direct Care Worker Collaborative



DATA SOURCE: Home and Community Services; supplied by Nicole Dronen. ALTSA Strategic Engagement Manager.
MEASURE DEFINITION: Count of participants who have direct care experience participating in Direct Care Worker Collaborative.
DATA NOTES: **1** Simple count of participants.

SUMMARY

• This measure supports ALTSA Strategic Goal #3 Optimize Partnerships & Lived Experience.

• Action Plan: Meaningfully engage community partners and interested parties to better understand the impacts of changes in policies, processes, and practices.

• Importance: Having individuals with direct care experience participating in the Direct Care Worker Collaborative is vital for ALTSA because they bring firsthand knowledge of the challenges, needs, and realities of providing care. Their insights ensure that decisions and policies are grounded in practical experience, making recommendations more relevant and actionable. These professionals can advocate for realistic solutions, improved working conditions, and better client outcomes based on what truly works in the field. Their involvement fosters a deeper understanding of client care, enhancing ALTSA's ability to deliver effective, person-centered services.

• Success Measure 3.4: Increase number of persons with direct care experience participating in Direct Care Worker Collaborative from 14 to 18 by June 2027.

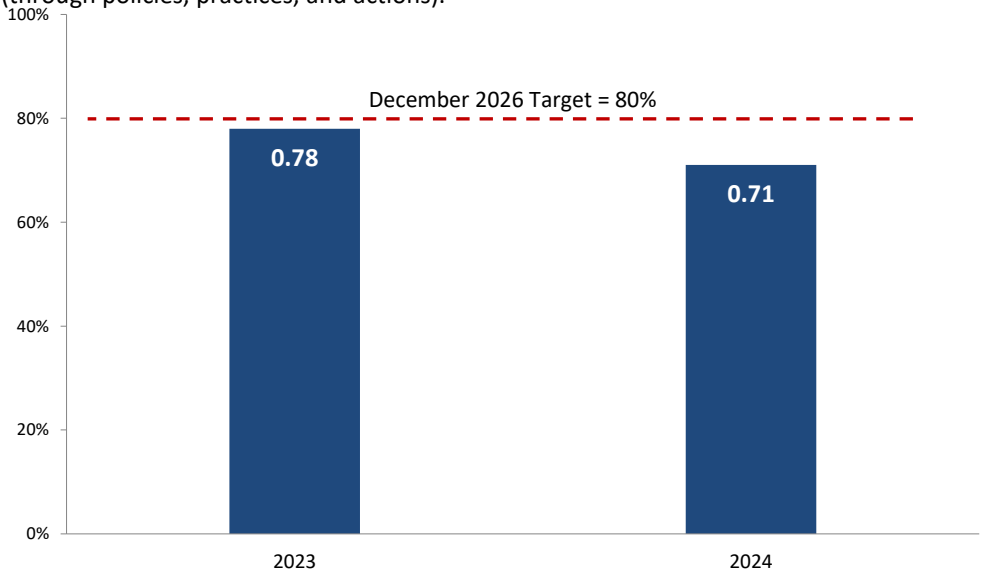
TO DATA: https://www.dshs.wa.gov/data/metrics/AAH.34.xlsx

Aging and Long-Term Support Administration

Equity, Access, Inclusion and Belonging

Commitment to Pro-Equity and Anti-Racism policies, practices and actions

Percent positive staff responses to DSHS Employee Survey question "My agency demonstrates a commitment to pro-equity and anti-racism (through policies, practices, and actions)."



SUMMARY

- **This measure supports ALTSA Strategic Goal 6: Empower Staff Belonging, Engagement, Innovation and Wellbeing.**
- **Action Plan: Support DSHS' Employer of Choice program by improving recruitment, onboarding, retention and succesion planning through advanced digital tools.**
- **Success Measur 6.2: Increase the number of positive ALTSA responses to the DSHS survey question, "My agency demonstrates a commitment to pro-equity and anti-racism (through policies, practices, and actions)" from 78% to 80% by December 2026.**
- **Importance: ALTSA recognizes the science behind and importance of employees satisfaction, employee retention, innovation, organization effectiveness, and positive outcomes for the people we serve.**

DATA SOURCE: DSHS Employee Survey reported by RDA (Agency and Administration comparison reports or Tab 1A on ALTSA statistical report); provided by Amy Besel, Organizational Development Administrator.
MEASURE DEFINITION: Percent positive staff responses to DSHS Employee Survey question "My agency demonstrates a commitment to pro-equity and anti-racism (through policies, practices, and actions."
DATA NOTES: 1 Numerator: Number answering “Strongly Agree” or “Agree” in response to question. Denominator: Total number of employees who answered the question.

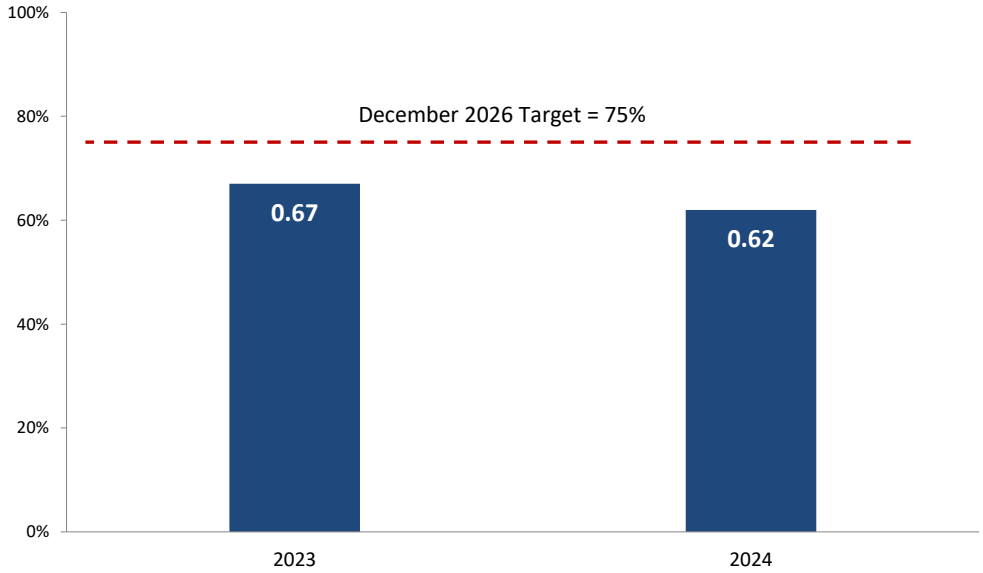
TO DATA: https://www.dshs.wa.gov/data/metrics/AAH.35.xlsx

Aging and Long-Term Support Administration

Equity, Access, Inclusion and Belonging

ALTSA Employee Belonging

Percent positive staff responses to DSHS Employee Survey question "I feel as if I belong at my agency."



SUMMARY

• This measure supports ALTSA Strategic Goal 6: Empower Staff Belonging, Engagement, Innovation and Wellbeing.

• Action Plan: Support DSHS' Employer of Choice program by improving recruitment, onboarding, retention and succesion planning through advanced digital tools.

• Success Measure 6.3: Increase the number of positive ALTSA responses to the DSHS survey question,"I feel as if I belong at my agency" from 67% to 75% by December 2026, facilitated by regular virtual town halls and feedback systems.

• Importance: ALTSA recognizes the science behind and importance of employees satisfaction, employee retention, innovation, organization effectiveness, and positive outcomes for the people we serve.

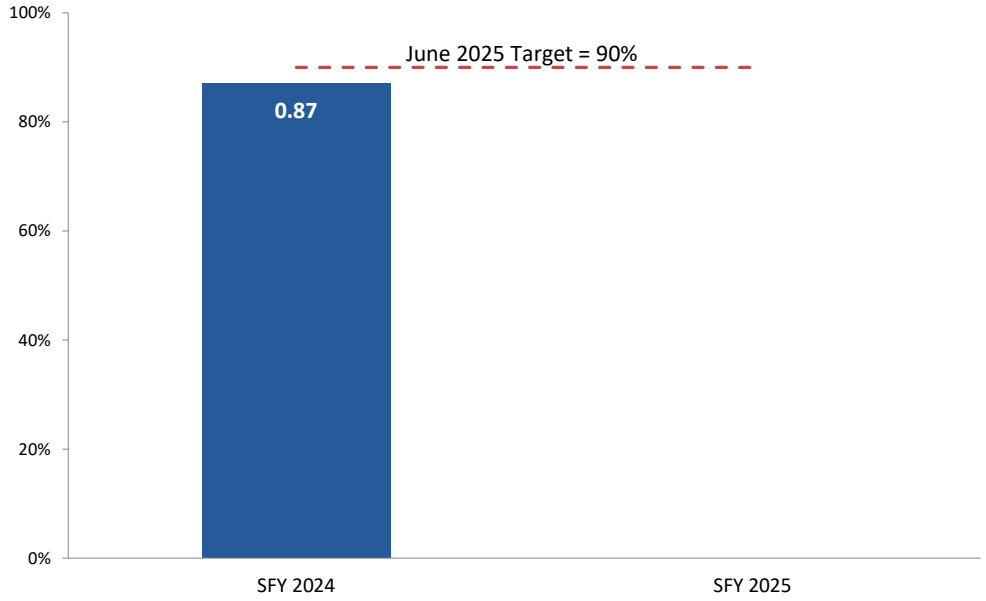
DATA SOURCE: DSHS Employee Survey reported by RDA (Agency and Administration comparison reports or Tab 1A on ALTSA statistical report); provided by Amy Besel, Organizational Development Administrator.
MEASURE DEFINITION: Percent positive staff responses to DSHS Employee Survey question "I feel as if I belong at my agency."
DATA NOTES: 1 Numerator: Number answering "Strongly Agree" or "Agree" in response to question. Denominator: Total number of employees who answered the question.

TO DATA: https://www.dshs.wa.gov/data/metrics/AAH.36.xlsx

Aging and Long-Term Support Administration

Employer of Choice

ALTSA Staff Retention



SUMMARY

• This measure supports ALTSA Strategic Goal #6 Empower Staff Belonging, Engagement, Innovation and Wellbeing.

• Action Plan: Support DSHS' Employer of Choice program by improving recruitment, onboarding, retention and succession planning through advanced digital tools.

• Importance: ALTSA recognizes the science behind and importance of employees satisfaction, employee retention, innovation, organization effectiveness, and positive outcomes for the people we serve.

• Success Measure 6.1: Increase Aging and Long-Term Support administration-wide staff retention rate from 87% to 90% by June 2025, using automated onboarding systems and AI-driven talent management solutions.

DATA SOURCE: HRD Monthly Vacancy Report; supplied by Mike Anbesse, Deputy Assistant Secretary / Irene Garrett, Sr. Human Resources Consultant.
MEASURE DEFINITION: Percent of staff who stay with ALTSA.
DATA NOTES:

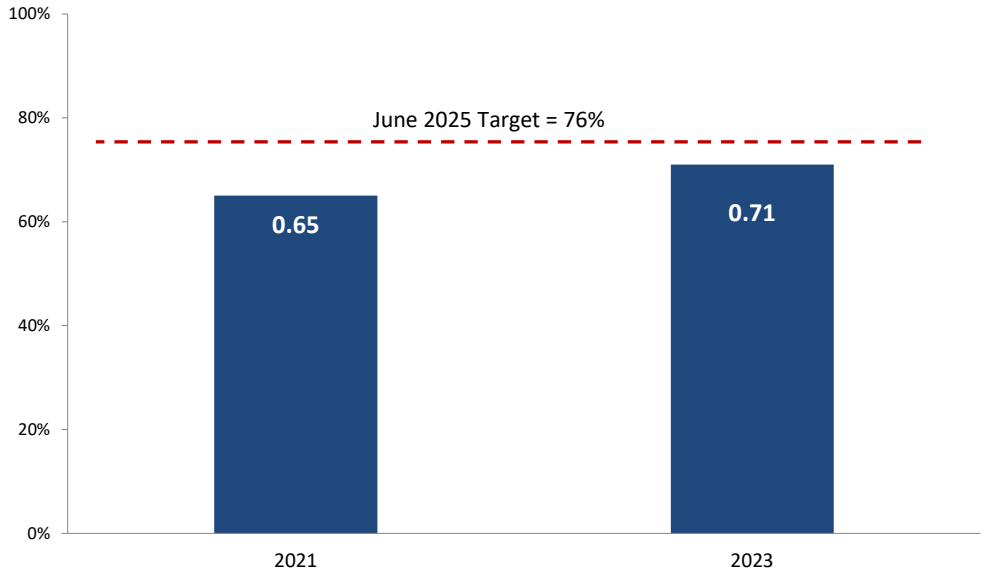
TO DATA: https://www.dshs.wa.gov/data/metrics/AAH.37.xlsx

Aging and Long-Term Support Administration

Employer of Choice

ALTSA Employee Well-being

Percent positive responses to DSHS Employee Survey question
"My agency supports employee well-being."



SUMMARY

This measure supports ALTSA Strategic Goal 6: Empower Staff Belonging, Engagement, Innovation and Wellbeing.

Action Plan: Implement role-specific and topic-specific training as needed, utilizing Equity, Diversity, Access, and Inclusion principles through scalable digital training platforms.

Success Measure 6.4: Increase the number of positive ALTSA responses to the DSHS survey question, "My agency supports employee well-being" from 71% to 76% by June 2025.

This objective was added to our Strategic Plan in 2017 to call focus to our organizational development.

Importance: ALTSA recognizes the science behind and importance of employees satisfaction, employee retention, innovation, organization effectiveness, and positive outcomes for the people we serve.

DATA SOURCE: DSHS Employee Survey reported by RDA (Agency and Administration comparison reports or ALTSA Statistical Report); provided by Amy Besel, Organizational Development Administrator.
MEASURE DEFINITION: Percent positive staff responses to DSHS Employee Survey question "My agency supports employee well-being."
DATA NOTES: **1** Numerator: Number answering “Strongly Agree” or “Agree” in response to question. Denominator: Total number of employees who answered the question. **2** State Human Resources released a new standard response scale in 2023. The scale changed from frequency (“1 – Never or Almost Never” to “5 – Always or Almost Always”) to agreement (“1 – Strongly Disagree” to “5 – Strongly Agree”). Interpret comparisons between 2021 baselines and 2025 targets with caution as differences between years are at least partially due to differences in the response scales.

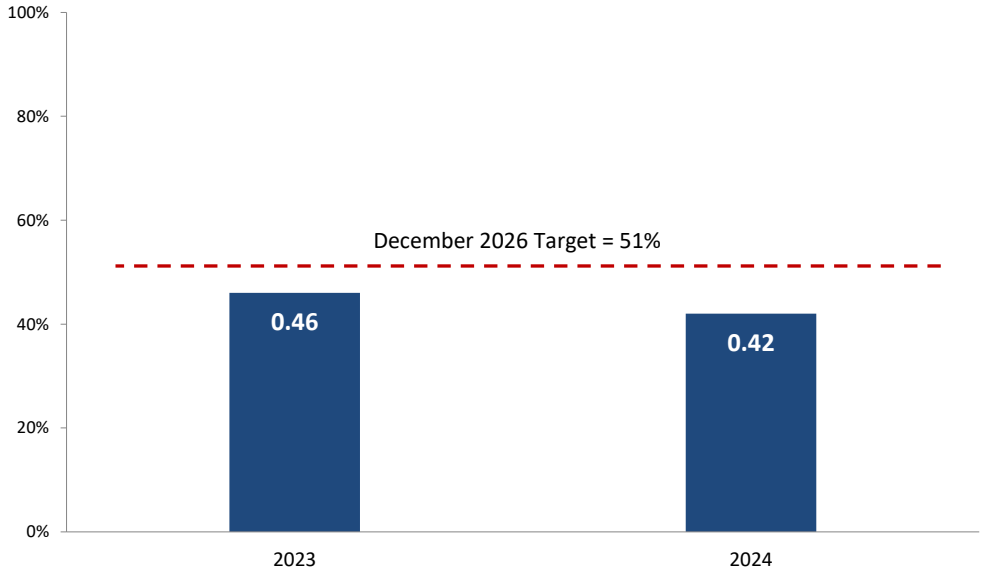
TO DATA: https://www.dshs.wa.gov/data/metrics/AAH.25.xlsx

Aging and Long-Term Support Administration

Operational Excellence

Organizational Change

Percent positive staff responses to DSHS Employee Survey question "I feel supported during organizational change at this agency."



SUMMARY

- **This measure supports ALTSA Strategic Goal 6: Empower Staff Belonging, Engagement, Innovation and Wellbeing.**
- **Action Plan: Support DSHS' Employer of Choice program by improving recruitment, onboarding, retention and succesion planning through advanced digital tools.**
- **Success Measure 6.5: Increase the number of positive ALTSA responses to the DSHS survey question, "I feel supported during organizational change at this agency" from 46% to 51% by June 2027.**
- **Importance: ALTSA recognizes the science behind and importance of employees satisfaction, employee retention, innovation, organization effectiveness, and positive outcomes for the people we serve.**

DATA SOURCE: DSHS Employee Survey reported by RDA (Agency and Administration comparison reports or Tab 1A on ALTSA statistical report); provided by Amy Besel, Organizational Development Administrator.
MEASURE DEFINITION: Percent positive staff responses to DSHS Employee Survey question "I feel supported during organizational change at this agency."
DATA NOTES: 1 Numerator: Number answering "Strongly Agree" or "Agree" in response to question. Denominator: Total number of employees who answered the question.

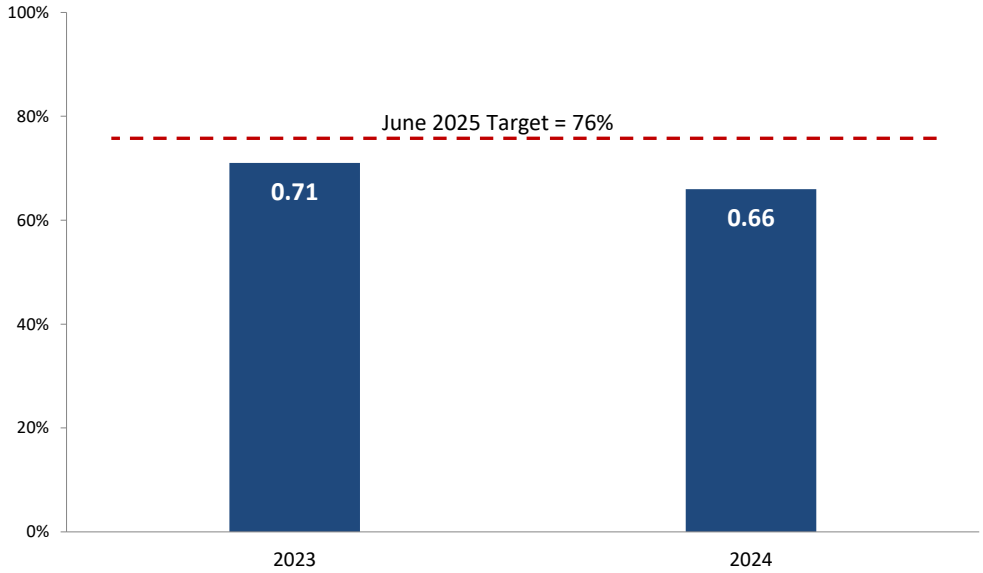
TO DATA: https://www.dshs.wa.gov/data/metrics/AAH.38.xlsx

Aging and Long-Term Support Administration

Operational Excellence

ALTSA Employee Opportunities for Learning and Development

Percent positive staff responses to DSHS Employee Survey question
"My agency provides me with the opportunity for learning and development."



DATA SOURCE: DSHS Employee Survey reported by RDA (Agency and Administration comparison reports or ALTSA Statistical Report); provided by Amy Besel, Organizational Development Administrator.
MEASURE DEFINITION: Percent positive staff responses to DSHS Employee Survey question "My agency provides me with the opportunity for learning and development."
DATA NOTES: 1 Numerator: Number answering “Strongly Agree” or “Agree” in response to question. Denominator: Total number of employees who answered the question.

TO DATA: https://www.dshs.wa.gov/data/metrics/AAH.28.xlsx

SUMMARY

This measure supports ALTSA Strategic Goal 6: Empower Staff Belonging, Engagement, Innovation and Wellbeing.

Action Plan: Engage staff in the design and delivery of programs, offerings and supports to influence programs at the agency level: increase cross functional input from internal customers using collaborative technology platforms.

Success Measure 6.6: Increase the number of positive ALTSA responses to the DSHS Employee Survey question, "My agency provides me with the opportunity for learning and development" from 71% to 76% by June 2025.

This objective was added to our Strategic Plan in 2017 to call focus to our organizational development.

Importance: ALTSA recognizes the science behind and importance of employees satisfaction, employee retention, innovation, organization effectiveness, and positive outcomes for the people we serve.