DSHS Outcome Measures for Results Washington

Goal 4: Healthy and Safe Communities

Healthy People - Healthy Youth and Adults

1.2.A.a Percent of mental health consumers receiving a service within 7 days after discharge from inpatient settings (AB1.1)

1.2.A.b Number of adults (18 and older) receiving outpatient mental health services (ABX.2)

1.2.A.c Percentages of outpatient chemical dependency treatment retention in adults (ABX1.1)

1.2.Y-g Percentages of outpatient chemical dependency treatment retention in youth (ABX1.2)

1.2.Y.e Percent of 10th graders who report smoking marijuana in past 30 days (AR1.1)

1.2.Y.f Percent of 10th graders who report drinking alcohol in last 30 days (AR1.2)

Safe People - Public

2.3.b Percent of youth released from juvenile rehabilitation who do not return in 12 months (J1.1)

2.3.c Percent of adults and youth of color in detention (under development)

Supported People

Protection and Prevention

2.1 Rate of children with founded allegations of abuse and/or neglect

2.1.a Percent of children with a founded allegation who have a new founded allegation within 6 months (C1.6)

2.1.b Percent of children in out-of-home placement for 5 years or more (CX.4)

2.1.c Percent of child victims in emergent Child Protective Service intakes who were seen by a social worker within 24 hours of the intake (C1.3)

Stability and Self Sufficiency

3.1 Percent of adults and children above Federal Poverty Level - Comparison Washington State and U.S.

3.1.a Percent and number of families who leave public assistance (TANF) due to increased income/earnings or at their request (E2.1)

3.1.b Percent of working-age adults with developmental disabilities in employment and day programs who are employed (AD2.1)

Quality of Life

3.2 Percent of supported seniors and individuals with a disability served in home and community-based settings

3.2.a Percent of long-term service and support clients served in home and community-based settings (AAH.1)

3.2.b Percent of clients with developmental disabilities served in home and community-based settings (AD1.2)

3.2.c Number of vulnerable adult abuse and neglect investigations open longer than 90 days (In Development) (AAC.1)

Behavioral Health and Service Integration Administration

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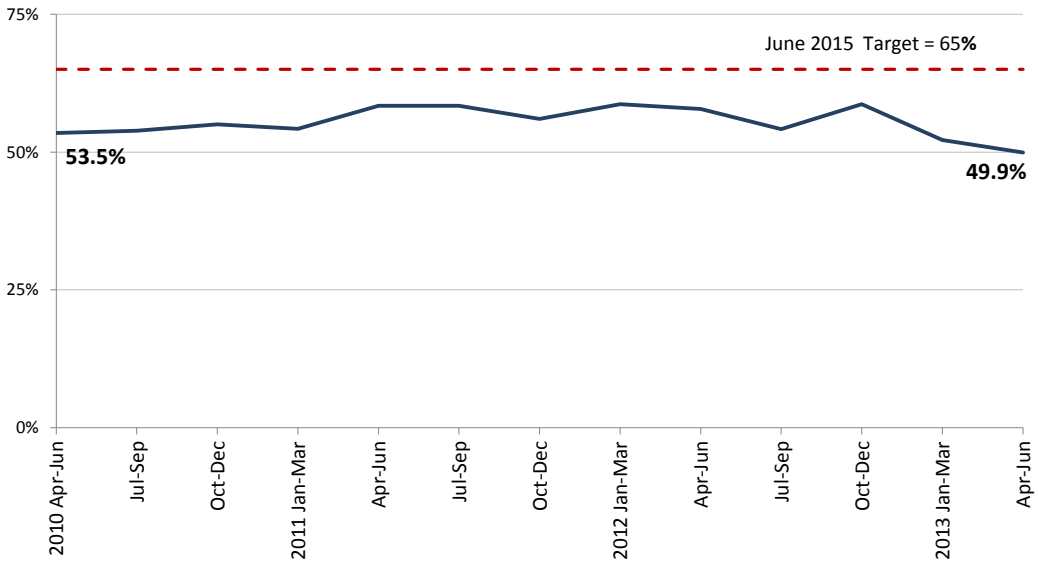
Improve access to behavioral health care

Percent of mental health consumers receiving a service within 7 days after discharge from inpatient settings

Statewide Average



DATA SOURCE: Mental Health Consumer Information System (CIS), via the System for Communicating Outcomes, Performance & Evaluation (SCOPE-WA), provided by Looking Glass Analytics; data supplied by Ted Lamb.
MEASURE DEFINITION: The percentage of Medicaid mental health consumers receiving the first non-crisis routine outpatient service within 7 days of discharge from inpatient mental health services.
DATA NOTES: 1 The new statewide target for this metric will be effective starting July 1, 2013. *Click below for additional data notes.*

TO DATA: http://www.dshs.wa.gov/metrics/data/AB1.1.xlsx

SUMMARY

• The rate of timely transitions had been generally stable over the two-year period leading to the most recent three reporting quarters, with the rate having declined to 50% in SFQ 2013/4. Although the average time between inpatient discharge and outpatient services significantly decreased between SFQ 2010/4 and SFQ 2013/4 (from 73 days to 16 days), the percentage of those receiving no service increased (from 16.0% to 23.8%).

• To help move performance toward the current target, Regional Support Networks (RSNs) have been taking these actions:
- Improving communication with community hospitals regarding planned and unplanned discharges.
- Working with provider agencies to increase opportunities for client engagement, with attention to clients who have a history of missing appointments.
- Developing further information tracking systems to better connect and serve individuals upon discharge from community inpatient settings.
- Working to increase coordination between RSNs when individuals move to a new RSN area.
- Reviewing and modifying contracts with providers to better define and track their adherence to meeting the measure.
- Using payment structures to incentivize meeting the measure.
- Using peer support outreach and engagement.

ACTION PLAN

• Collect data and identify potential participants in anticipation of a future Lean process.

• When a RSN is not meeting its performance target specified in contract, use corrective action plans to increase RSN accountability (Note: Each RSN has a different target based on its baseline performance – the 65% target* is a statewide average.).

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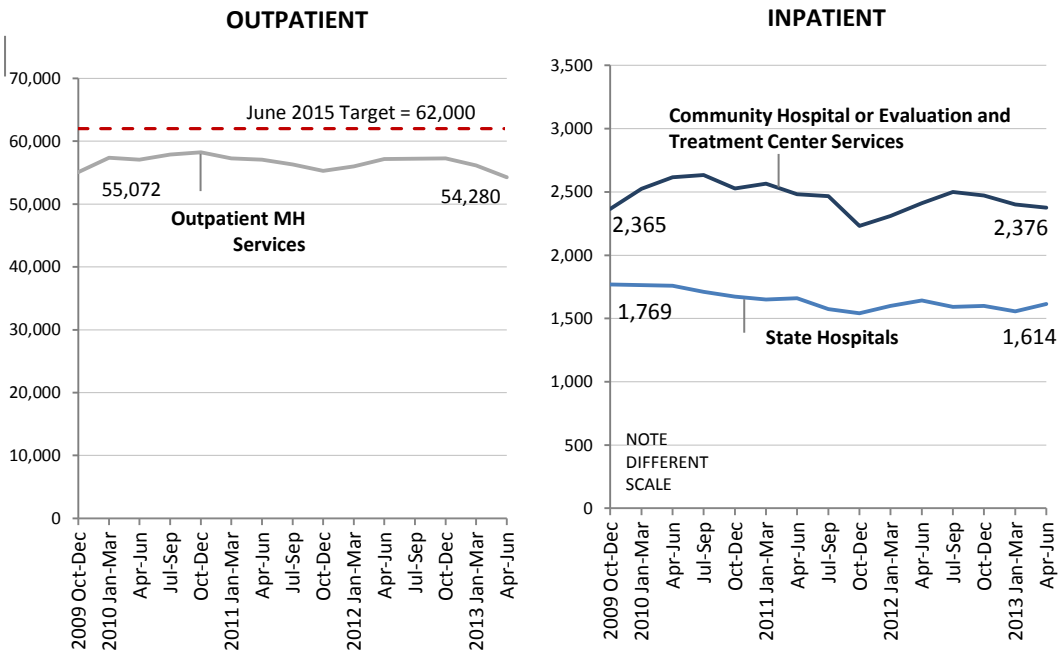
Improve access to behavioral health care

Number of adults (18 and older) receiving outpatient and inpatient mental health services

Adults Receiving Mental Health Treatment from RSNs



DATA SOURCE: Mental Health Consumer Information System (CIS), via the System for Communicating Outcomes, Performance & Evaluation (SCOPE-WA), provided by Looking Glass Analytics; supplied by Ted Lamb.
MEASURE DEFINITION: Number of Medicaid and Non-Medicaid adults (ages 18 and older) receiving (1) outpatient services and (2) inpatient (i.e., Community Hospital Psychiatric Unit services or Evaluation and Treatment [E&T] Center) services from RSNs; and (3) forensic and non-forensic inpatient services from the state psychiatric hospitals (including ESH and WSH).
DATA NOTES: Quarterly data is an average of the monthly data for the three months in that quarter. *Click below for additional data notes.*

TO DATA: http://www.dshs.wa.gov/metrics/data/ABX.2.xlsx

SUMMARY

- **While the numbers have declined among persons ages 18-59 served in outpatient or inpatient mental health (MH) services, the numbers served in outpatient, and inpatient Community Hospital or Evaluation and Treatment Center (E&T) services among persons ages 60 and older have increased. In State Fiscal Quarter 2013/4:**
- **54,280 adults were served in outpatient MH services, which is under the target of 62,000, and 1.4% down from SFQ 2010/2.**
- **2,376 adults were served in Community Hospital psychiatric unit services or E&T inpatient MH services, a slight increase.**
- **1,614 adults were served in state psychiatric hospital inpatient MH services, a moderate (8.8%) reduction from SFQ 2010/2.**

ACTION PLAN

- **Collaborate with other DSHS administrations, the Health Care Authority and the Washington Health Benefits Exchange on a comprehensive information campaign to enroll persons previously Medicaid-ineligible, to increase access to MH services.**
- **Provide additional funding appropriated in the 2013-15 operating budget to RSNs to serve adults newly eligible for Medicaid, including the expansion of community-based crisis intervention and diversion services.**
- **Require RSNs to submit quarterly reports detailing their actions to encourage enrollment of the new Medicaid expansion population. BHSIA will use RSN monthly meetings to problem solve with RSNs and develop strategies to increase enrollment. RSNs who do not demonstrate increased enrollment will be required to submit Corrective Action Plans.**

Behavioral Health and Service Integration Administration

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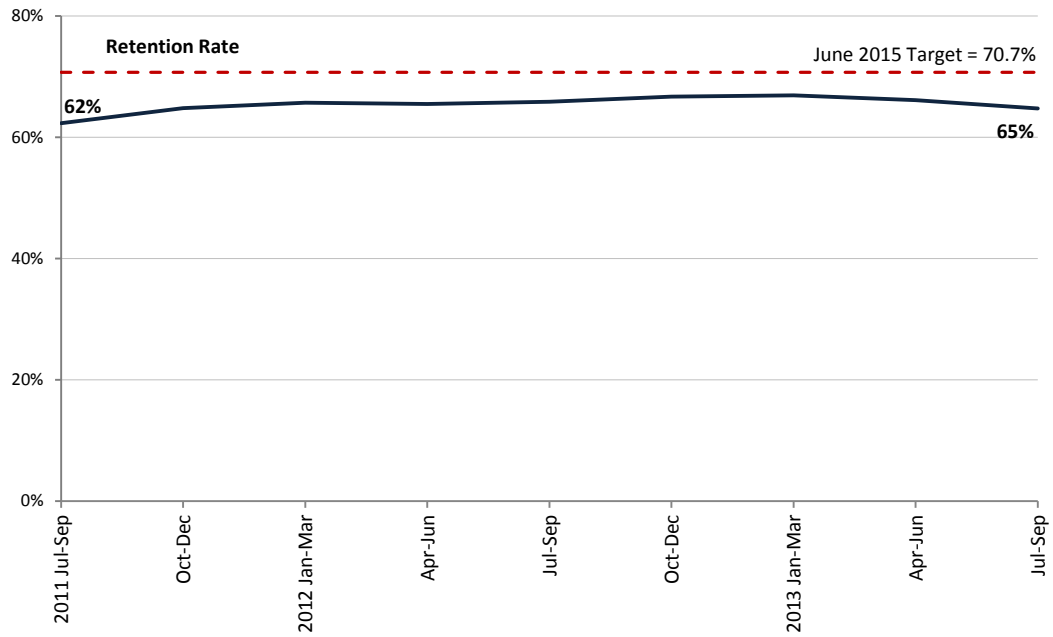
Improve patient engagement and retention in treatment services

Percentages of outpatient chemical dependency treatment retention for adults



DATA SOURCE: Treatment Assessment and Report Generation Tool (TARGET). Data are through September 2013; supplied by Ted Lamb.
MEASURE DEFINITION: The increase in the statewide percentages of (1) adult outpatient chemical dependency treatment (contract) retention and (2) youth outpatient chemical dependency treatment (contract) retention. Treatment retention (per Performance-Based Contract definition) equals 1 visit every 30 days for 90 days, or a length of stay of less than 90 days, with treatment completion.
**DATA NOTES: 1 ****New targets were effective starting October 1, 2013. **Click below for additional data notes.*

TO DATA: http://www.dshs.wa.gov/metrics/data/ABX.1.xlsx

SUMMARY

- **Research indicates that for most patients a longer length of treatment, particularly at least 90 days, is associated with positive outcomes such as reductions in substance use and criminal justice involvement, increases in employment and earnings, and stability in housing.***
- **The 9-quarter trend shows that the outpatient retention rates among adults have slightly increased. The rates are below the current June 2015 target of 70.7%.****
- **Factors influencing the retention rate include (but are not limited to): a positive and consistent therapeutic relationship between the treatment professional and patient; motivational interviewing; Recovery Support Services; flexibility in treatment schedules; and patient appointment reminders.**
- **Barriers for treatment retention include low patient internal motivation; limited funding to support outreach, engagement and retention strategies; varied transportation options and availability; challenges with engaging young adult patients; and difficulties in navigating the treatment service system.**

ACTION PLAN

- **Amend the county chemical dependency contracts to reflect the expected targets, and monitor county progress in achieving these increases. Counties will self-identify strategies for improvement, based on the needs of contracted treatment providers.**
- **Offer technical assistance upon request and work closely with providers who are not showing progress in meeting their targets.**

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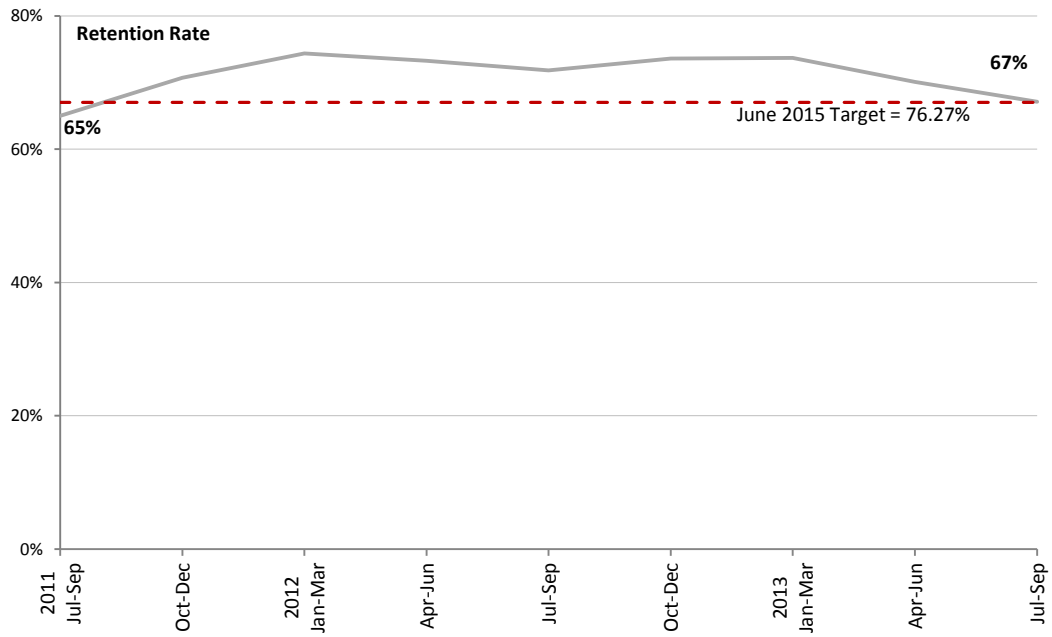
Improve patient engagement and retention in treatment services

Percentages of outpatient chemical dependency treatment retention for youth



DATA SOURCE: Treatment Assessment and Report Generation Tool (TARGET). Data are through September 2013; supplied by Ted Lamb.

MEASURE DEFINITION: The increase in the statewide percentages of (1) adult outpatient chemical dependency treatment (contract) retention and (2) youth outpatient chemical dependency treatment (contract) retention. Treatment retention (per Performance-Based Contract definition) equals 1 visit every 30 days for 90 days, or a length of stay of less than 90 days, with treatment completion.

DATA NOTES: 1 **New targets for youth OP treatment (contract) retention were effective starting October 1, 2013.

**Click below for additional data notes.*

TO DATA: http://www.dshs.wa.gov/metrics/data/ABX.1.xlsx

SUMMARY

- **Research indicates that for most patients a longer length of treatment, particularly at least 90 days, is associated with positive outcomes such as reductions in substance use and criminal justice involvement, increases in employment and earnings, and stability in housing.***
- **The 9-quarter trend shows that the outpatient retention rates among youth have slightly increased. The rates are consistently below the June 2015 target of 76.27%.****
- **Factors influencing the retention rate include (but are not limited to): a positive and consistent therapeutic relationship between the treatment professional and patient; motivational interviewing; Recovery Support Services; flexibility in treatment schedules; and patient appointment reminders.**
- **Barriers for treatment retention include low patient internal motivation; limited funding to support outreach, engagement and retention strategies; varied transportation options and availability; challenges with engaging young adult patients; and difficulties in navigating the treatment service system.**

ACTION PLAN

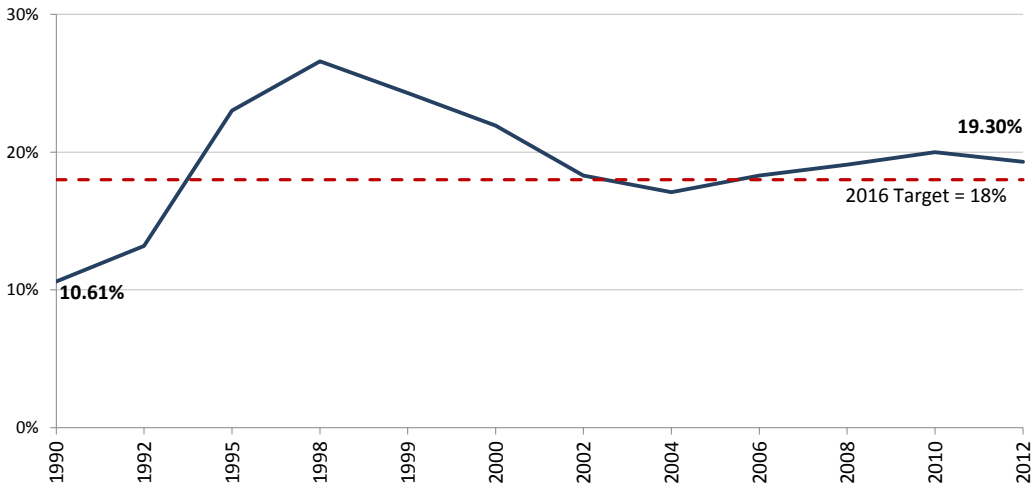
- **Amend the county chemical dependency contracts to reflect the expected targets, and monitor county progress in achieving these increases. Counties will self-identify strategies for improvement, based on the needs of contracted treatment providers.**
- **Offer technical assistance upon request and work closely with providers who are not showing progress in meeting their targets.**

Behavioral Health and Service Integration Administration

Healthy Youth

Percent of 10th graders who report smoking marijuana in past 30 days

Statewide Average



SUMMARY

- **Reported use of marijuana had decreased since its high in 1998.**
- **Starting in 2006, however, reported use in 10th graders began climbing slightly.**
- **These increases coincided with a decrease in the perception of harm of marijuana and an increase in the social acceptance of marijuana use and the reported availability of marijuana.**
- **Additional questions have been added to the Healthy Youth Survey to determine the source and the method of consumption of marijuana by youth.**
- **A 3.5% reduction was realized from 2010 to 2012.**

ACTION PLAN

- **The Behavioral Health and Service Integration Administration (BHSIA) is prioritizing implementation of Evidence Based Practices with marijuana outcomes by funded community coalitions.**
- **BHSIA participates in an interagency workgroup with other state agencies to provide a consistent public education message.**

DATA SOURCE: Washington State Department of Health, Healthy Youth Survey 2012 Analytic Report (pg. 83), Published in January 2014.
MEASURE DEFINITION: The percent of 10th graders who report smoking marijuana in the last 30 days.
DATA NOTES: **1** Student responses to questions about substance use in the past 30 days are indicators of their current substance use. **2** Results are based on responses from students attending public schools. **3** Rates are likely higher among youth who have dropped out of school. **4** In 2012 the question was worded "During the past 30 days, on how many days did you use marijuana or hashish (grass, hash, pot)?" **5** Results are measured by a survey conducted in October, every other year.

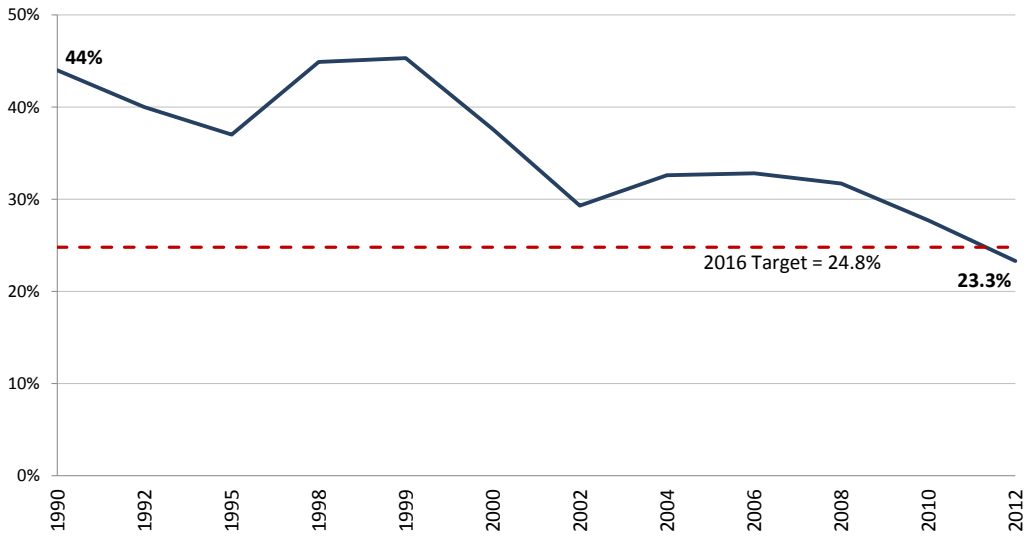
TO DATA: http://emis.dshs.wa.gov/Report/View?definition=AR1.1*197901-999906*12382&format=excel

Behavioral Health and Service Integration Administration

Healthy Youth

Percent of 10th graders who report drinking alcohol in last 30 days

Statewide Average



DATA SOURCE: Washington State Department of Health, Healthy Youth Survey 2012 Analytic Report (pg. 60), Published in January 2014.
MEASURE DEFINITION: The percent of 10th graders who report drinking alcohol in the last 30 days.
DATA NOTES: **1** Student responses to questions about substance use in the past 30 days are indicators of their current substance use. **2** Results are based on responses from students attending public schools. **3** Rates are likely higher among youth who have dropped out of school. **4** The question on alcohol changed over time. In 1990, 1992, 1995, and 1998 the question was worded as "used alcohol," in 1999 worded as "have at least one drink," and in 2000, 2002 and 2004 worded as "drink a glass, bottle, or can." In 2012 the question was worded "During the past 30 days, on how many days did you: Drink a glass, can or bottle of alcohol (beer, wine, wine coolers, hard liquor)?" **5** Results are measured by a survey conducted in October, every other year.
TO DATA: http://emis.dshs.wa.gov/Report/View?definition=AR1.2*197901-999906*12383&format=excel

SUMMARY

- **Alcohol use by 10th graders has shown a progressive decline since 1990, decreasing 47% from 1990 to 2012.**
- **The latest survey results show that Washington is below the national average of 24.8%.**
- **A 15.8% reduction was realized from 2010 to 2012.**

ACTION PLAN

- **Since 1998, the Washington State Department of Social and Health Services, Behavioral Health and Service Integration Administration (BHSIA), has received support from the federal Enforcing Underage Drinking Laws (EUDL) funding for community and statewide programs. As part of that effort, the Washington State Coalition to Reduce Underage Drinking support youth influencers (such as parents, caregivers, coaches, religious leaders, educators, other youth) by:**
  - ***Expanding and enhancing efforts and the website to promote discussions about alcohol. (Start Talking Now).***
  - ***Assisting communities in continuing to reduce underage drinking locally. (Let's Draw the Line).***
  - ***Developing and distributing toolkits for the implementation of social host ordinances in WA communities to increase criminal and civil sanctions on adults who serve alcohol to minors in private settings.***

Juvenile Justice and Rehabilitation Administration

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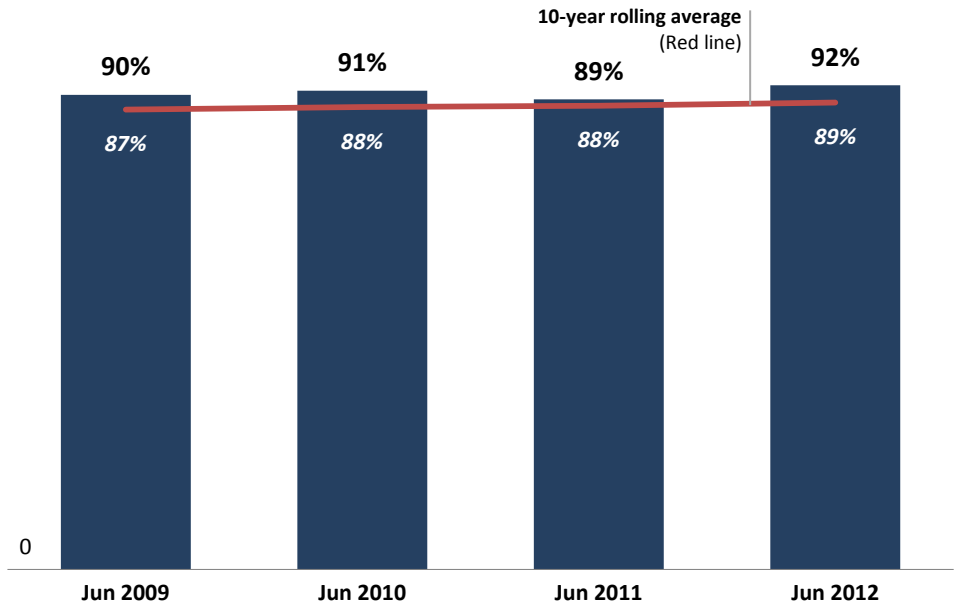
Minimize risk to community

Percent of youth released from juvenile rehabilitation who do not return in 12 months

Percent without readmit



DATA SOURCE: ACT; supplied by Rebecca Kelly.
MEASURE DEFINITION: Percent of youth released from JRA by fiscal year who do not experience readmission within 12 months of their release.
DATA NOTES: 1 Ten year average is a rolling average of the current year plus the previous 9 years.

SUMMARY

- **This measure is one indicator of whether youth leaving JRA programs are successful in re-entering the community and remaining crime free.**

- **The readmission rate continues to be under 10%. This data does not include information on whether a youth entered adult corrections or received community sanctions for a crime.**
A more complete measure of whether a youth is remaining crime free is an 18 month measure of felony recidivism.

ACTION PLAN

- **Continue to improve the use and practice of evidence based programs and reentry programs to serve youth and their families.**

- **Continue work with RDA to implement an approach to regularly analyze youthful recidivism which will include data on youth prosecuted as adults or who receive community sanctions.**

TO DATA: http://www.dshs.wa.gov/metrics/data/J1.1.xlsx

Protection and Prevention Outcome Measure

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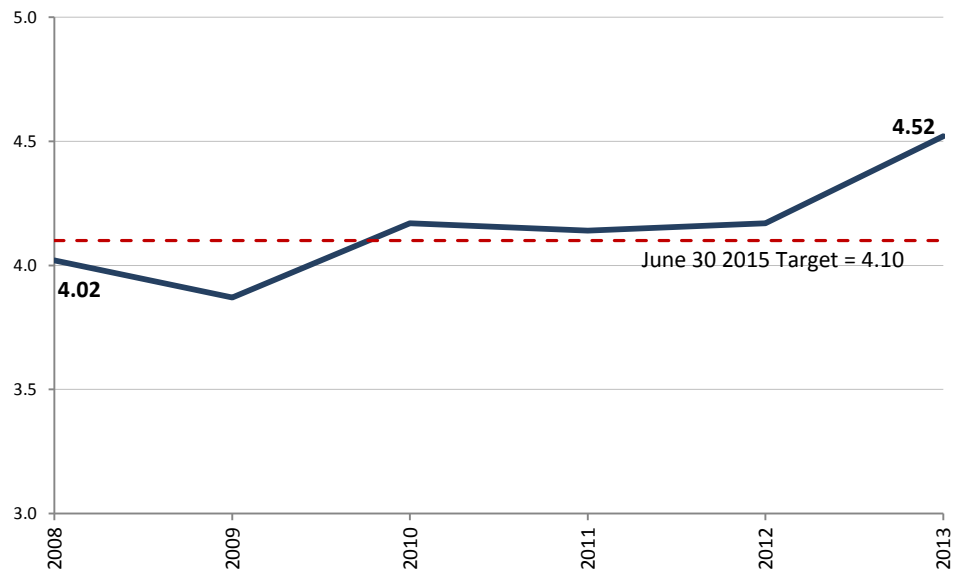
Children will be safe from harm

Rate of children with founded allegations of abuse and/or neglect

Rate per thousand by Federal Fiscal Year



SUMMARY

- **The protection of vulnerable children is one of state government's most important responsibilities.**

ACTION PLAN

- **The Children's Administration is enhancing practice and business processes to increase child safety from the point of first contact through the life of the case. The development and implementation of a new child safety framework including tools for safety asssessment and planning, in consultation with the National Resource Center for Child Protection, is helping social workers better identify and manage threats to child safety.**

DATA SOURCE: InfoFamLink; supplied by Cindy Ellingson, Children's Administration.
MEASURE DEFINITION: The data is the total number of alleged victims that a CPS investigation was completed with a founded finding for abuse or neglect that meets the legal standards established in WAC (388-15-009) and statute (RCW 26.44). Rate per thousand.
DATA NOTES: **1** Numerator: unduplicated victims with a founded CAN during the federal fiscal year. Denominator: general child population is the total number of children under age 18 as reported from the Census Bureau. **2** Victim data are from NCANDS. **3** Population data for 2008 to 2011 are from NCANDS. 2012 and 2013 population data are from "Postcensal Estimates of April 1 Population by Age and Sex: 2010-Present" from Washington State OFM Forecasting Division.

TO DATA http://www.dshs.wa.gov/metrics/data/2.1.xlsx

Children's Administration

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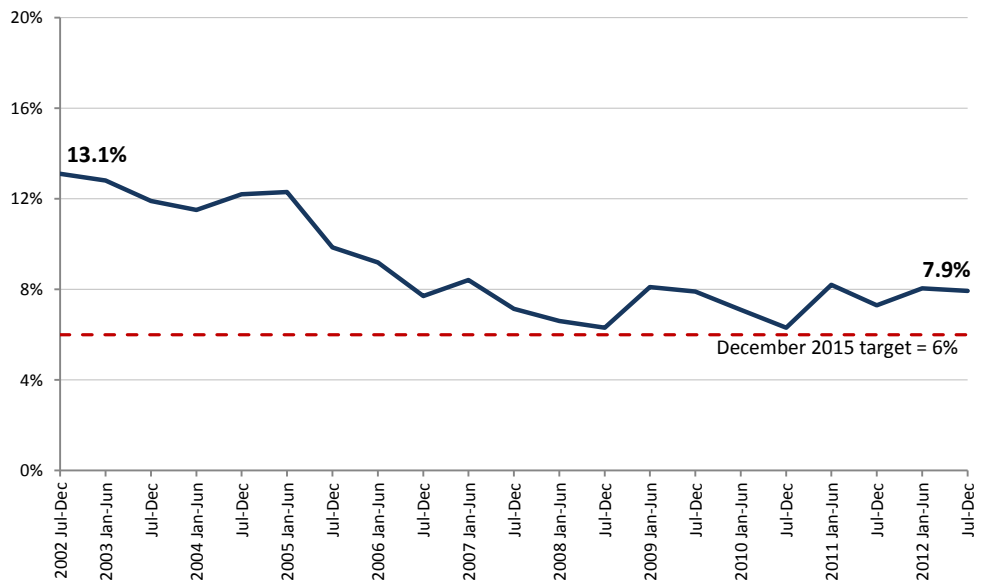
DSHS clients receive protective services

Percent of children with a founded allegation of abuse or neglect who have a new founded allegation within 6 months

Statewide Average



DATA SOURCE: FamLink; supplied by Cindy Ellingson, Children's Administration.
MEASURE DEFINITION: The percentage of children with a founded CPS referral within a 6-month period (excluding DLR/licensing referrals), who have another founded CPS referral within 6 months of the initial referral. (Dates shown indicate date of initial referral.)
DATA NOTES: **1** Legislative changes may have impacted the rates of "founded" abuse. More intakes have been found "unsubstantiated" since October 2008 when Washington eliminated the "inconclusive" finding. In addition, a new "Risk Only" intake type was created, which does not require findings because there are no identified victims. The agency continues to work with staff to narrow the use of "Risk Only" and that may result in additional fluctuations in this data.
Click below for additional data notes.

TO DATA: http://www.dshs.wa.gov/metrics/data/C1.6.xlsx

SUMMARY

- **The Jul-Dec 2012 (entry cohort) repeat maltreatment rate is 7.9%, slightly higher than the December 2015 target of 6%.**
- **This represents a decline of 40% since quicker response time standards and other practice changes were implemented beginning in 2005.**
- **The small number of children re-victimized each quarter subjects the regional data to considerable variation from cohort to cohort.**
- **We continue to monitor this data as a key indicator of child safety as the core mission of the Children's Administration.**

ACTION PLAN

- **The Children's Administration is enhancing practice and business processes to help increase child safety, using consultation with the National Resource Center for Child Protective Services to help strengthen assessment of child safety and safety plan development and monitoring, and to stay current with best practice to keep children safe.**

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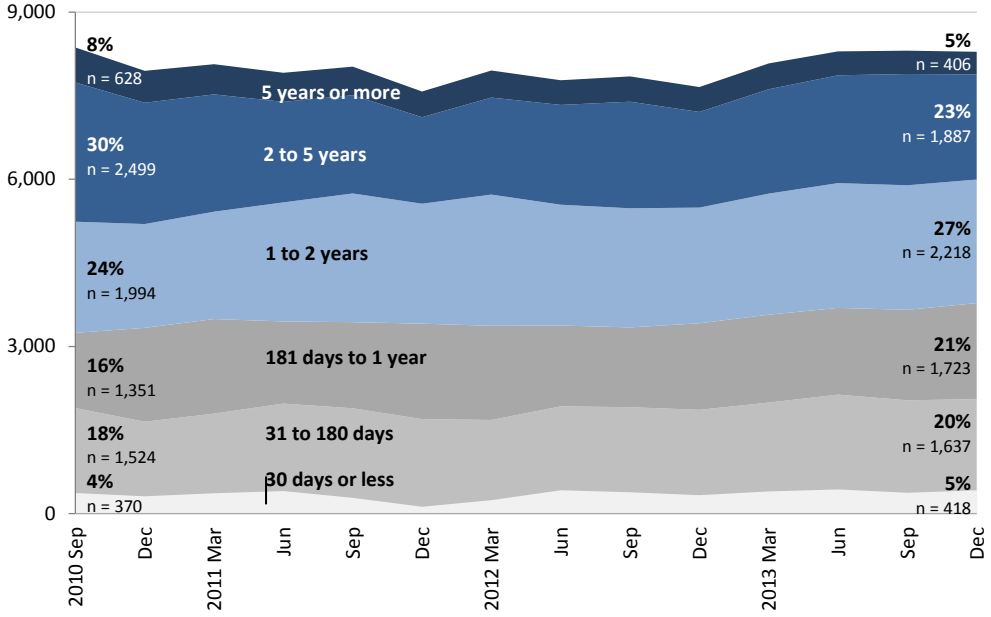
Improve stability of living situation

Number of DSHS Children by length of stay in out-of-home placement

Statewide



DATA SOURCE: FamLink; supplied by Cindy Ellingson, Children's Administration.
MEASURE DEFINITION: Length of Stay for children in out-of-home care on the last day of the period. Limited to cases with full DCFS case management responsibility, and children < 18 years old.
DATA NOTES: 1 Counts are for the last month of the quarter.

TO DATA: http://www.dshs.wa.gov/metrics/data/CX.4.xlsx

SUMMARY

- **During 2011, in partnership with Casey Family Programs, Children's Administration provided Permanency Roundtable Values and Skills training to CA staff and held Permanency Roundtable consultations. With the focus of achieving permanency for the children in care the longest. Since this time there has been a 35 percent decline in the children in care longer than 5 years (Sep 2010 to Dec 2013).**
- **December 1, 2010 to the end of January 2013 a policy change regarding Voluntary Placement Agreements (VPA's) was made to limit the use of agreements to specific circumstances that are time-limited and approved as part of a short-term placement plan. The reduced use of VPAs may have impacted LOS because CA was utilizing the court process for placement cases in which a VPA would have been used in the past. This policy has been overturned and is expected to reduce the length of stay for children returning home.**

ACTION PLAN

- **Children's Administration continues to work with the Administrator of the Courts (AOC) and the Office of the Attorney General (AG) to analyze the process that develops and finalizes permanent plans for dependent children.**
- **Permanency Roundtables were conducted for 174 children in 2012 and we expect to have 120 consultations in 2013 expanding the criteria to include more variety of children in the population. CA is collecting and analyzing the outcomes for the children that have received consultations to better understand the effects of the Permanency Roundtables.**
- **Division of Licensed Resources and Division of Children & Family Services will work on the Unified Home Study project to provide a single approval for foster care and adoption home study applicants to improve outcomes for children in out-of-home care by ensuring that all caregivers meet safety standards and reduce placement disruptions when children become legally free (all caregivers will meet adoption criteria after they complete the home study).**

Children's Administration

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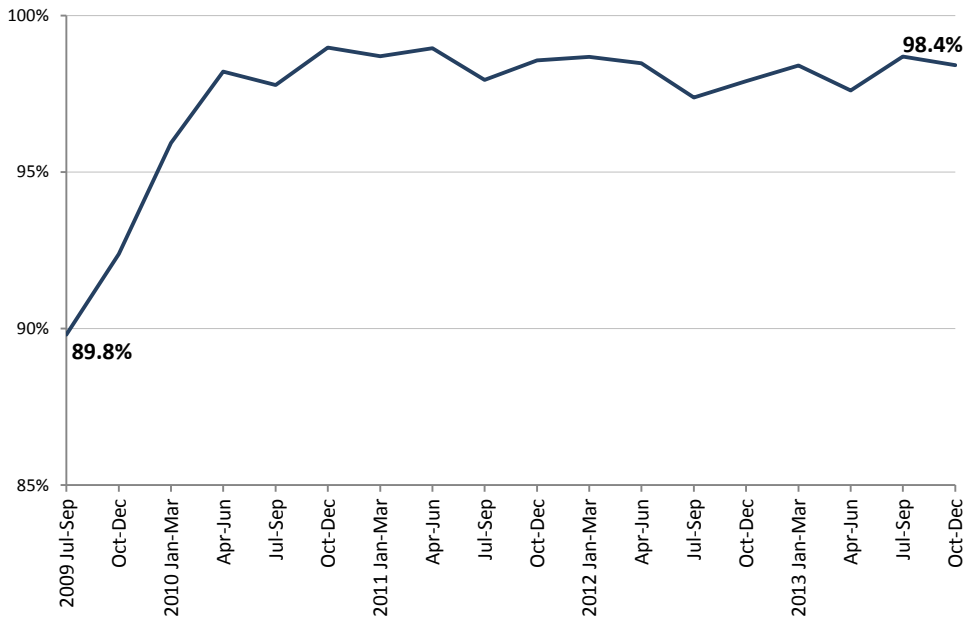
DSHS clients receive protective services

Percent of child victims in emergent Child Protective Service intakes who were seen by a social worker within 24 hours of the intake

Statewide Average



DATA SOURCE: InfoFamLink; supplied by Cindy Ellingson, Children's Administration.
MEASURE DEFINITION: Rate of child victims in emergent referrals (response within 24 hours) seen or attempted within policy requirements.
DATA NOTES: 1 Alleged victims in CPS referrals with a documented face-to-face visit or attempt within policy expectations. Excludes DLR-CPS intakes and alleged victims with exclusions or extensions.

SUMMARY

- **The protection of vulnerable children is one of state government's most important responsibilities.**

- **Statewide in the quarter October to December 2013, 98.4% of children in intakes requiring an emergency response (2,169 out of 2,204 children) were seen or attempts made within 24 hours.**

- **Supervisors review all intakes before they are assigned to social workers.**

- **The initial response time may be longer than 24 hours when:**
  - *Based on new information gathered throughout the intake process, the screening decision is changed from 72 hour response or an alternate intervention to 24 hour emergency response to ensure child safety.*
  - *Supervisory approved extensions are not yet documented. (Approved extensions include when law enforcement takes the lead on investigations, delaying a DSHS response, and when a neutral setting is required for safe access to a child.)*

ACTION PLAN

- **The Children's Administration is enhancing practice and business processes to increase child safety from the point of first contact through the life of the case. The development and implementation of a new child safety framework including tools for safety asssessment and planning, in consultation with the National Resource Center for Child Protection, is helping social workers better identify and manage threats to child safety.**

TO DATA: http://www.dshs.wa.gov/metrics/data/C1.3.xlsx

Stability & Self-Sufficiency Outcome Measure

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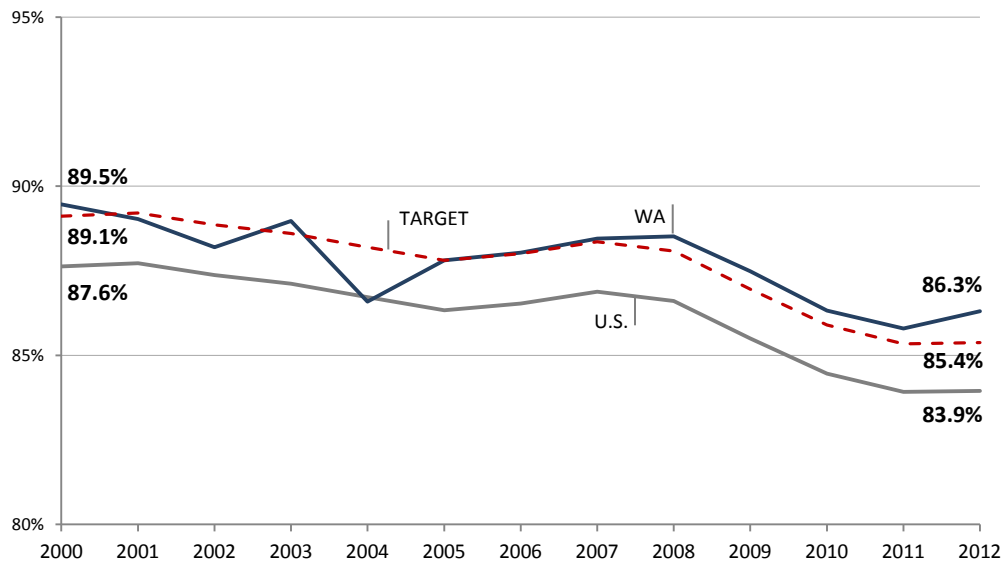
Decrease poverty

Percent of residents above Federal Poverty Level - Comparison of Washington State and U.S.

All ages



DATA SOURCE: United States Census Bureau American Community Survey; supplied by Irina Sharkova, 360.902.0743, Research and Data Analysis Division.
MEASURE DEFINITION: The rate of Washington residents with incomes above 100% of the Federal Poverty Level (FPL) compared to the rate of residents above the poverty level in the U.S. as a whole.
DATA NOTES: See link below

SUMMARY

- **This chart compares the rate of Washington residents with incomes above 100% of the Federal Poverty Level (FPL) to the national rates between 2000 and 2012.**
- **Low-income families and individuals are at an increased risk of negative social and health outcomes.**
- **The Washington state rate has been reliably over the national rate - averaging 1.7% higher than the national level. The only year in which the Washington rate dipped slightly below the national level was 2004.**
- **A report comparing indicators of economic well-being in Washington to eight similar states Is available at http://www.dshs.wa.gov/pdf/ms/rda/research/11/156.pdf.**

TO DATA http://www.dshs.wa.gov/metrics/data/3.1.xlsx

Economic Services Administration

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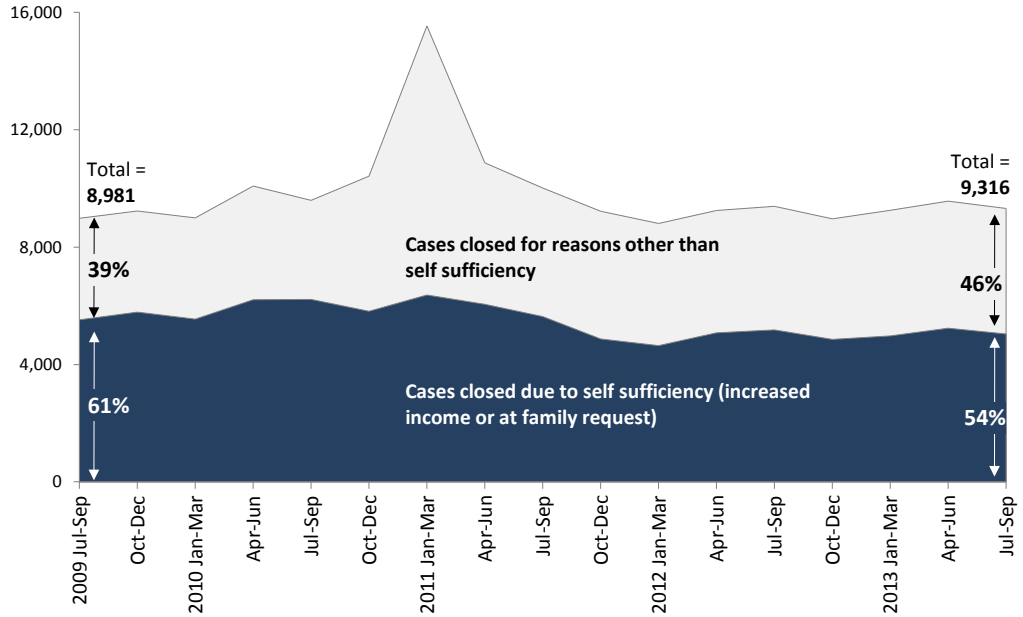
Increase client self-sufficiency

Percent and number of families who leave public assistance (TANF) due to increased income or at their request

Statewide Average



DATA SOURCE: Data Analysis and Research Unit, Office of Assistant Secretary, Economic Services Administration (ESA); supplied by Can Du, Office of Assistant Secretary.

MEASURE DEFINITION: Denominator: Total number of WorkFirst case closures in the month and neither the AU nor any client on the AU received TANF/SFA in any one of the subsequent three months. Excludes child-only cases. **Numerator:** The number of cases closed due to self sufficiency (increased income or at family request). This includes the total number of WorkFirst case closures in denominator with the following reason codes: (a) child support more than the grant (324); (b) excess net income (331); (c) exceeds earned income limit (334); (d) change in child support payment (507); or (e) AU requests closure (557). Excludes child-only cases.

DATA NOTES:

TO DATA: http://www.dshs.wa.gov/metrics/data/E2.1.xlsx

SUMMARY

- **This measure reflects a portion of the WorkFirst caseload that is comprised of families who are able and capable of achieving self-sufficiency.**
- **The historical trend shows an average of 50% to 60% of monthly closures are due to self-sufficiency reasons as opposed to procedural reasons.**
- **The chart shows a decrease in the ratio of self-sufficiency exits to other exits. This shift is likely due to policy changes implemented including a 15% grant reduction and TANF time limit terminations in February 2011, and Means Testing and Time Limits for Child Only TANF cases in November 2011.**
- **The absence of available jobs and the need to compete with non-TANF job seekers has a negative impact on the number of families who exit due to employment.**

ACTION PLAN

- **Improve parent engagement in strength-based, family-focused activities that move them along their pathway to self-sufficiency.**
- **Increase countable hours for parents participating but not meeting the rate.**
- **Move more parents to work through engagement in work preparation activities such as Job Search, Commerce work programs and Education and Training programs and expanded use of Work Experience (WEX) community service.**

Developmental Disabilities Administration

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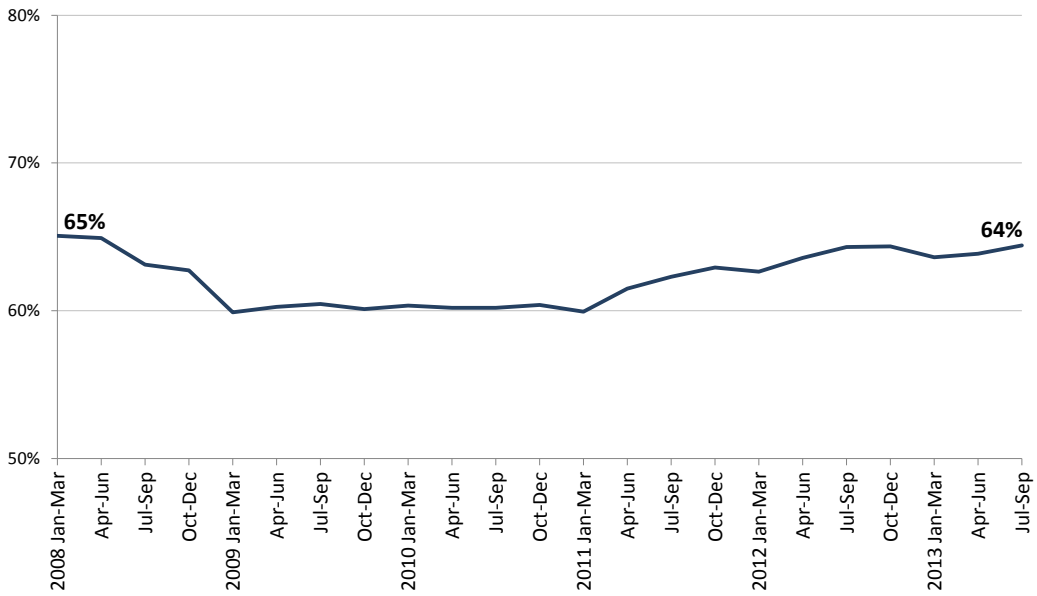
Increase access to home and community-based services

Percent of working-age adults with developmental disabilities in day programs who are employed

Statewide Average



DATA SOURCE: Quarterly client extracts from DSHS, Developmental Disabilities Administration DD CARE, DD Client Database; Employment Security Department Unemployment Insurance wage file; supplied by David Mancuso.
MEASURE DEFINITION: Rates of employment for DD clients aged 21 through 61 who are currently receiving employment day program services. Percent Employed: The proportion of clients employed during the calendar quarter in which they received services
DATA NOTES: **1** Employment Security Department earnings data exclude self employment, federal employment, and unreported earnings. **2** Wage rates for different follow-up groups are presented in current dollars (Consumer Price Index adjusted) so they can be compared. **3** New data are available six months after quarter ends.

TO DATA: http://www.dshs.wa.gov/metrics/data/AD2.1.xlsx

SUMMARY

- **This measures the percentage of the number of DD clients aged 21 through 61 who are employed as a result of receiving DD employment day services.**
- **Earning a wage is one of the most self-affirming and cost-beneficial achievements for a person with a developmental disability.**
- **Employment support continues to be a service emphasis and sustaining performance above 50% is important.**

ACTION PLAN

- **Initiate 12 trainings to improve expertise of contracted employment agencies, field services, counties and providers.**
- **Provide counties the client target number for a 2% employment increase.**
- **In the current fiscal environment the plan is to sustain as much employment support capacity as possible.**
- **Continue partnerships with DVR, OSPI, counties and community-based planners in support of school-to-work programs to ensure that high school transition students either have a job when leaving school or a robust employment portfolio so that they are able to secure jobs within six months of leaving school.**

Quality of Life Outcome Measure

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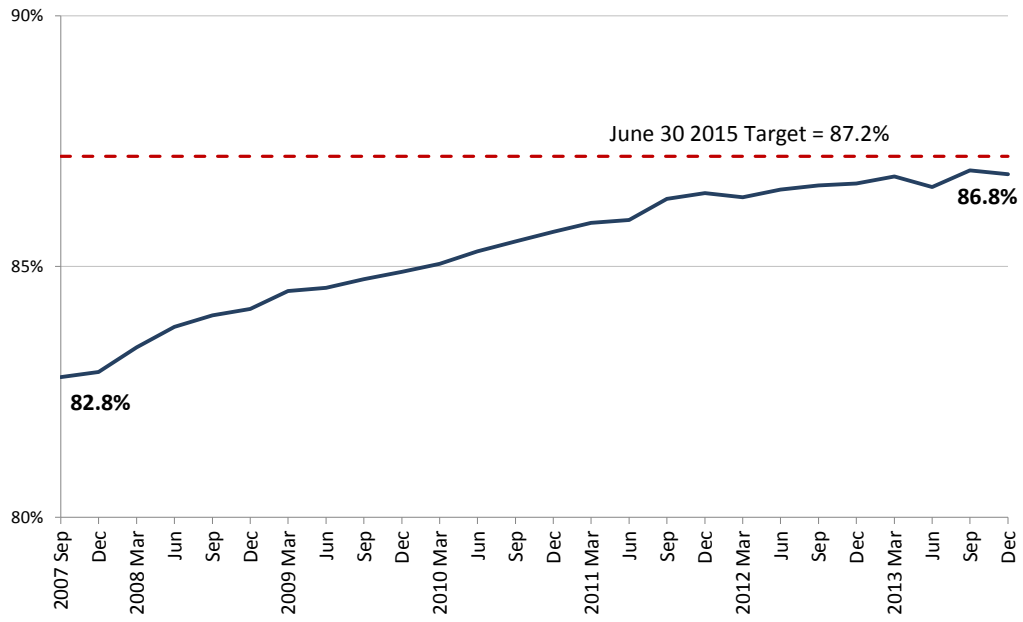
Increase access to home and community-based services

Percent of supported seniors and individuals with a disability served in home and community-based settings

Statewide



DATA SOURCE: ALTSA and DDA EMIS Report; supplied by Michael Blonden, Management Services Division.
MEASURE DEFINITION: 1 At this time this measure includes only DSHS clients who receive services from the Aging and Long-Term Supports Administration (ALTSA) or the Developmental Disabilities Administration (DDA) or both. It does not include DSHS clients with disabilities not receiving services from those administrations, such as clients who reside in state psychiatric hospitals or other individuals solely receiving behavioral health services (unless they also receive ALTSA or DDA services). *Numerator:* All ALTSA clients living in the community and all DDA clients receiving paid services who are not residents of the state Residential Habilitation Centers. *Denominator:* All ALTSA and DDA clients receiving paid services. **2** Core Metrics chart shows the last month of each quarter.
DATA NOTES: See measures AAH.1 and AD1.2. *Click below for additional data notes.*

TO DATA http://www.dshs.wa.gov/metrics/data/3.2.xlsx

SUMMARY

- **This measure reflects the response to consumer preferences for home and community-based care. It is also an indicator of efficiency, since community care is the least expensive.**
- **Developing community-based supports and providing options to consumers has been an emphasis and is reflected in the sustained percentage.**

ACTION PLAN

- **Continue emphasis on voluntary relocation from nursing homes and Residential Habilitation Centers using enhanced federal funds under the Money Follows the Person/Roads to Community Living program.**
- **Funding requests will be made for better access to home and community-based options.**
- **Continue development of services for specialized populations and cost-effective enhancement of community options.**

Aging and Long-Term Support Administration

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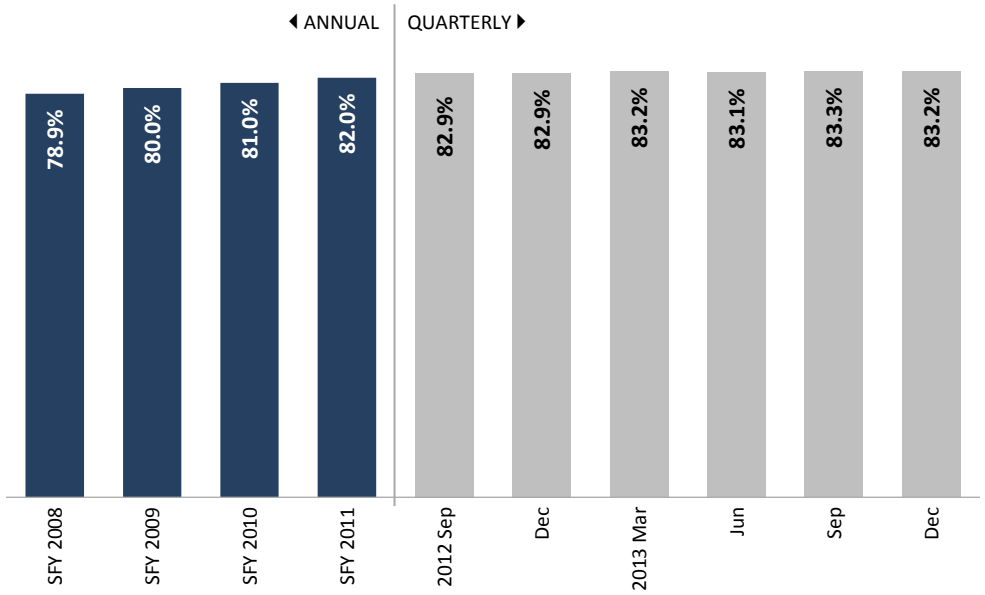
Increase access to home and community-based services

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

Statewide



DATA SOURCE: SSPS and ProviderOne/BarCode; supplied by Rina Wikandari, Management Services Division.
MEASURE DEFINITION: Statewide percentage of long-term care clients remaining in home and community settings.
DATA NOTES: 1 The client count for the long-term care (LTC) community caseload is LTC clients living in the community. The client count for LTC Nursing Facility includes DSHS clients as well as Medicaid clients at the Spokane Veterans Home. The count for the LTC total caseload is the LTC community clients plus the LTC Nursing Facility clients. The percentage is = Community caseload/total caseload. Fiscal year counts are the count of the last month of the fiscal year. Core Metrics chart shows the caseload count of the last month of each quarter of the current fiscal year. *Click below for more data notes.*

TO DATA: http://emis.dshs.wa.gov/Report/View?definition=AAH.1*200606-999906*10769&format=excel

SUMMARY

- **The use of home and community long-term care:**
  - *Reflects consumer preferences to age at home or in community settings.*
  - *Allows us to serve three people for the cost of one nursing home client.*
  - *Allows individuals to direct their own care and services.*

- **Washington State is a leader in maintaining long-term care clients in the home and community. We top the nation in measures that look at the proportion of expenses spent on home and community care.**

- **Updated action plans for this measure are located in the ALTSA Strategic Plan.**

Developmental Disabilities Administration

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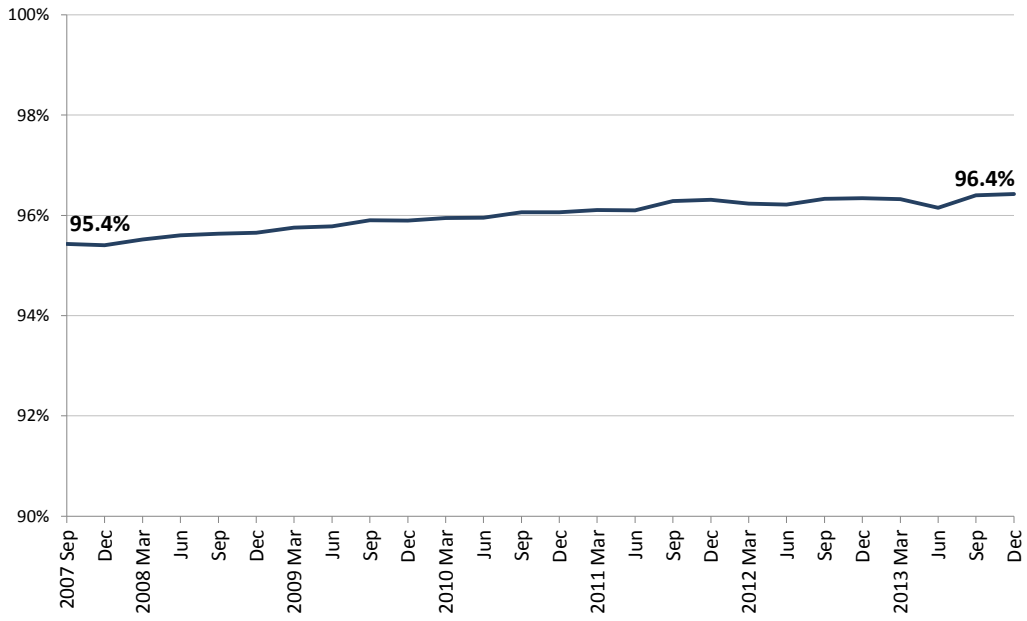
Increase access to home and community-based services

Percent of clients with developmental disabilities served in home and community-based settings

Statewide



SUMMARY

- **This measure reflects the response to consumer preferences for home and community-based care. It is also an indicator of efficiency, since community care is the least expensive.**

- **Developing community-based supports and providing options to consumers has been an emphasis and is reflected in the sustained percentage.**

ACTION PLAN

- **Continue emphasis on using Roads to Community Living & Home and Community Based Services waiver resources to support voluntary relocation and diversion from Residential Habilitation Centers and nursing facilities.**

- **Funding requests will be made for better access to community-based options and cost-effective enhancement of those options will continue.**

DATA SOURCE: DD EMIS Report data used to calculate the percentage for AD1.2-D; supplied by Michael Blonden, Management Services Division.
MEASURE DEFINITION: ***Numerator:*** All Developmental Disabilities Administration (DDA) clients receiving paid services who are not residents of the state-run Residential Habilitation Centers (RHCs). ***Denominator:*** All DDA clients receiving paid services.
DATA NOTES: **1** Community Clients count includes DDA clients living in community settings and receiving DDA paid services. This count does not include DDA eligible clients who receive only case management services. Total Caseload count is the community client caseload plus the RHC client caseload (excluding respite) for each report period. **2** Core Metrics chart shows the last month of each quarter.

TO DATA: http://emis.dshs.wa.gov/Report/View?definition=AD1.2*200407-999906*10528&format=excel

Aging and Long-Term Support Administration

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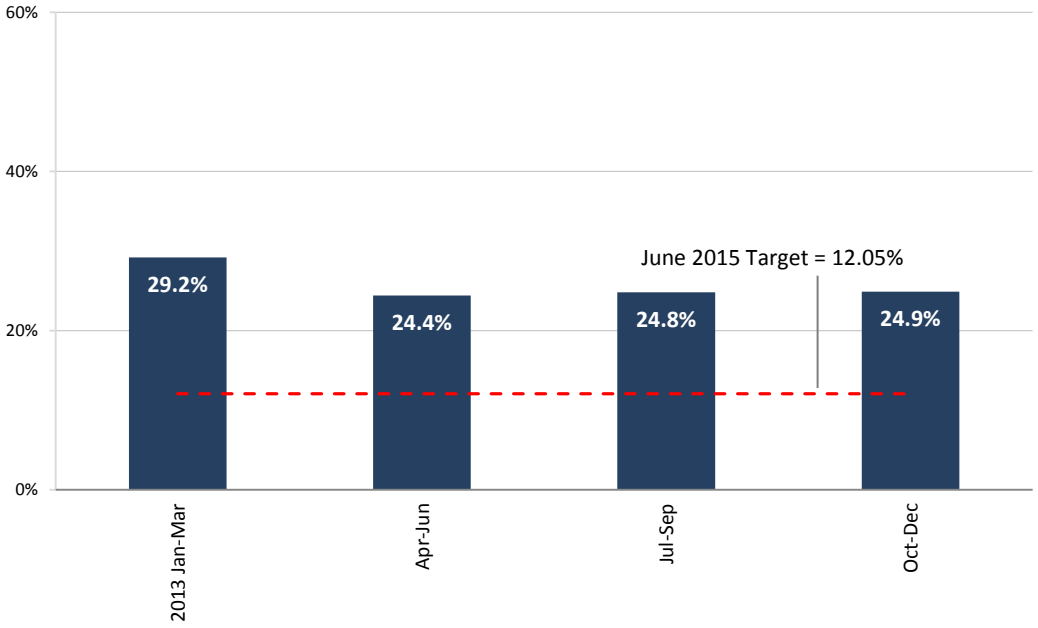
Promote safety of vulnerable adults

Vulnerable adult abuse and neglect investigations open longer than 90 days

Statewide - Percent Open Over 90 Days



DATA SOURCE: Adult Protective Services (APS) data is from APS automated system; supplied by Sergio Palma. Resident and Client Protection Program (RCPP) data is from RCS records; supplied by Bob McClintock.
MEASURE DEFINITION: The percent of APS and RCPP investigations that are open longer than 90 days out of all open investigations. APS investigates abuse/neglect of individuals in their own home. RCPP investigates abuse/neglect by a named alleged perpetrator against individuals who live in facilities.
DATA NOTES: **1** Count is a snapshot taken on a specific day each month of investigations open longer than 90 days. **2** Quarterly data is an average of the monthly data for the three months in that quarter. **3** Data for RCPP investigations is only available for CY2013 forward. *Click below for additional data notes.*

TO DATA http://emis.dshs.wa.gov/Report/View?definition=AAC.1*197901-999906*11924&format=excel

SUMMARY

- **This measures the combined percentage of Adult Protective Services (APS) and Resident and Client Protection Program (RCPP) investigations that are open longer than 90 days, a timeliness measure.**

- **While in some cases the welfare of the alleged victim is best served by keeping the case open for a longer period of time, most investigations should be able to be completed and closed within 90 days.**

- **The number of cases open longer than 90 days is a result of a staffing model that has not kept pace with the significant increases in reports or with the complexity of investigations, particularly financial exploitation cases which take the longest to resolve and are the fastest growing type of APS case.**

- **Updated action plans for this measure are located in the ALTSA Strategic Plan.**