



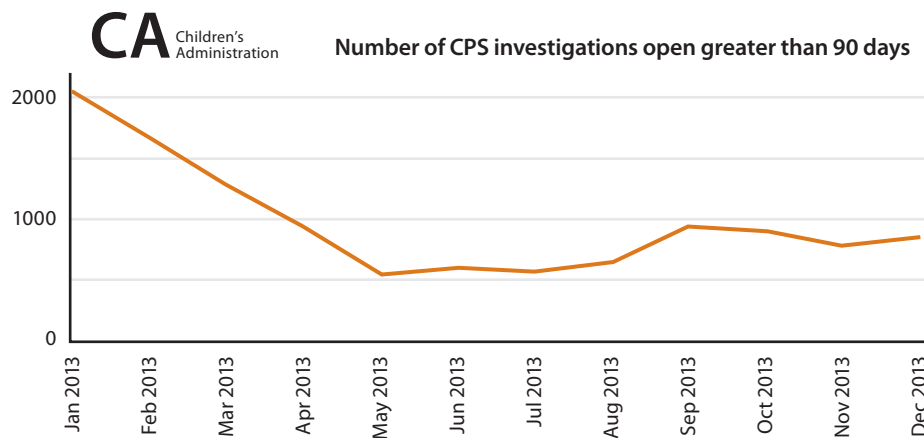
STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
P.O. Box 45010, Olympia, Washington 98504-5010

January 31, 2014

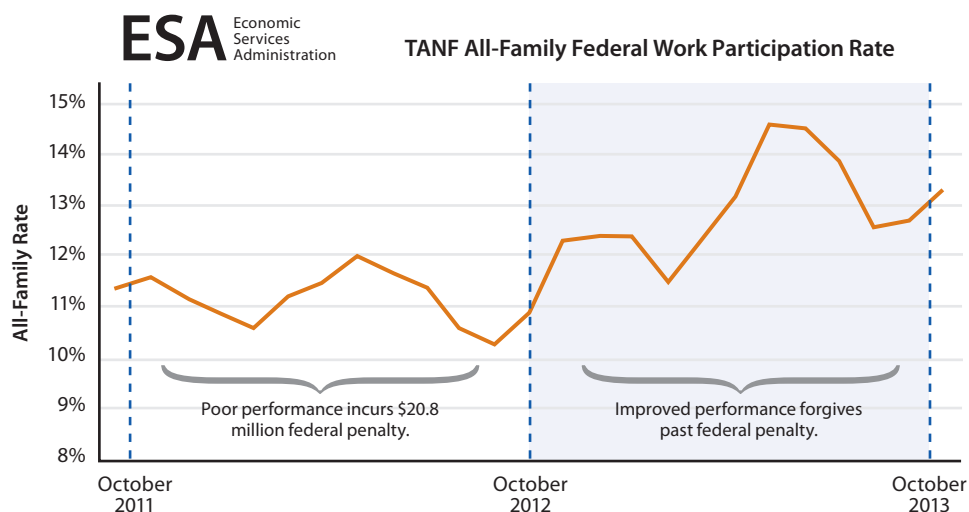
Dear Colleagues and Fellow Washingtonians:

At the direction of Governor Jay Inslee, the Department of Social and Health Services (DSHS) has been on a mission to implement Lean management. The attached Strategic Plan and Lean Report 2014 show the results of that effort at DSHS one year into Governor Inslee's Administration.

Before a summary of where we are, I'd like to highlight two big successes already achieved by the DSHS team. Already, our focus on Lean management has saved dollars, and I believe, even lives. In January 2013, we identified it as a priority to reduce Child Protective Services (CPS) investigations open more than 90 days. We engaged in a number of strategies from barnstorming Children's Administration offices with a renewed focus on mission, to four CPS streamlining events across the State. Today, one year later, we have a 57 percent reduction in investigations open more than 90 days. This directly benefitted those children in our state who are subject to abuse.



In the area of welfare, or Temporary Assistance for Needy Families (TANF), we saved millions while providing better work transition services. In January 2013, just 11.8 percent of our TANF families were engaged in work or work transition activities. This poor performance was not just letting families down, it was so poor it meant we risked incurring tens of millions in federal penalties. DSHS already had a \$20.8 million penalty for poor performance from the year pre-dating the Inslee Administration. Here again, through renewed focus on mission and more results-oriented approaches, we not only increased our year-to-year performance by 17 percent for our clients, we avoided another federal penalty. In fact, by meeting the all-family work participation mark for the first year of the Inslee Administration, the pre-existing \$20.8 million penalty was automatically forgiven. Nice successes for a team just getting started.



No resting on laurels, back to the mission. A Lean transformation starts with a clear vision of mission. DSHS is the State's largest agency with 2.2 million diverse clients including seniors, children, juvenile offenders, people with developmental disabilities, people with mental illness, people with chemical dependencies, and the poor. Our mission is to help these people transform the quality of their lives.

Lean also requires clear understanding of where you are and where you are going. Where we are as a state is a combination of the efforts of the Governor, the Legislature, the Department and the commitment of our society as a whole. Where we are going, for DSHS, is to be the national leader in every sphere of client service. Judged against this goal below is one picture of where we stand grouped by the people we serve.

The summary evaluations are denoted by color as follows: green equates to strong performance and service in the area, yellow to areas of concern or unmet need, or both, and red to serious concern or serious unmet need, or both. Where there is a positive movement it is denoted by an upward arrow and where we have achieved national leadership it is indicated by our coveted gold star. The big picture for our state is as follows:

**Aging and Long-Term Support:** GREEN

**YARDSTICK**

Be the national leader in: Providing a safe home, community and nursing facility array of long-term supports.

		Measuring up Washington		
		2012	2013	
Provide a safe,		RED	↑	Adult protective services laws are strong but referrals, caseloads, backlogs and information technology needs are at critical levels.
home and community, and		★	★	Washington is a national leader in home care. However, we are not yet prepared for the "age wave".
nursing facility		GREEN	GREEN	
array of long-term supports		GREEN	GREEN	

**Behavioral Health:** YELLOW

**YARDSTICK**

Be the national leader in: Providing successful mental health services in state psychiatric hospitals and community settings and successful chemical dependency inpatient and outpatient treatment, recovery and prevention services.

		Measuring up Washington		
		2012	2013	
Provide successful mental health services in state psychiatric hospitals		RED	YELLOW	Capital needs are critical. Forensic system is at a critical level. Operating budgets are not stable. However, strong new senior hospital leadership and increased financial support create a positive trend.
and community settings and		RED	YELLOW	There are insufficient evaluation and treatment beds, and crisis diversion facilities.
successful chemical dependency inpatient		↑	↑	
and outpatient treatment, recovery and prevention services.		YELLOW	YELLOW	

**Developmental Disabilities:**



**YARDSTICK**

Be the national leader in: Providing a safe, high-quality, home, community and facility-based array of residential services and employment supports.

**Measuring up Washington**

	2012	2013	
Provide a safe,			Adult protective services laws are strong and can protect citizens with developmental disabilities but referrals, caseloads, backlogs and information technology infrastructure are at critical levels.
high quality,			While the overwhelming majority of programs exist at a high quality level a best-in-class quality assurance system is not in place.
home,			
community			While strong capabilities exist thousands lack services.
and facility-based array of residential services and			
employment supports			Employment programs are nationally recognized but thousands lack services.

**Economic Services (Poverty Reduction):**



**YARDSTICK**

Be the national leader in: Providing flawless food assistance, child support collection, child care, transition to work services and disability support.

**Measuring up Washington**

	2012	2013	
Provide flawless food assistance,			
child support collection,			
child care,			Contact center (telephone) support is now consistently available and eligibility (but not yet authorization) has been streamlined.
transition to work services, and			Contact center (telephone) support is largely unavailable. Client engagement is not as high as it should be. Job search and educational paths require improvement.
disability support.			Disability determination services are nationally recognized. State disability benefits are yellow due to low benefit levels.





**Children's Services:**



**YARDSTICK**

Be the national leader in: Keeping children safe, strengthening families and supporting foster children in their communities.

**Measuring up Washington**

	2012	2013	
Keeping children safe,	<b>RED</b>	 <b>YELLOW</b>	Timely case close-outs have improved dramatically.
strengthening families, and	<b>YELLOW</b>	 <b>YELLOW</b>	Family Assessment Response helps parents keep their children safely at home and is now in place as a pilot. Funding for a successful statewide roll-out can move us to a position of national leadership.
supporting foster children in their communities.	 <b>RED</b> <b>YELLOW</b>	 <b>RED</b> <b>YELLOW</b>	Availability of foster care in rural communities and tribal nations is in red status. Support for foster children elsewhere is in yellow status.





**Juvenile Rehabilitation:**



**YARDSTICK**

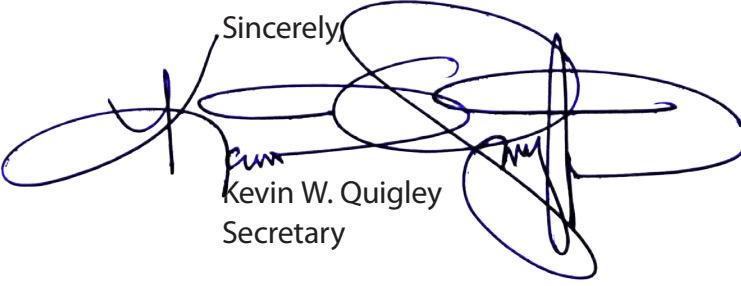
Be the national leader in: Providing community and institutional services to juvenile offenders that are evidence-based and are focused on work and education.

**Measuring up Washington**

	2012	2013	
Provide community,	<b>RED</b>	<b>RED</b>	Less than half of youth offenders receive parole supervision services.
and institutional,	<b>GREEN</b>	<b>GREEN</b>	
services to juvenile offenders that are evidence-based and are	 <b>GREEN</b>	 <b>GREEN</b>	Washington is a leader in the use of evidence-based practices to serve juvenile offenders.
focused on work and	<b>RED</b>	 <b>RED</b>	Washington's model is only beginning an intense focus on work.
education.	<b>RED</b>	 <b>RED</b>	Washington's model is only beginning an intense focus on education.

These simple assessments roll up almost one hundred specific Lean action plans and indicators across DSHS. At the highest level, these elements are summarized and discussed in the attached DSHS [Strategic Plan and Lean Report 2014](#). That report can be found at <http://www.dshs.wa.gov/pdf/ppa/2013-15jan14/DSHSstratplan.pdf>. Importantly, each of the items discussed in the report are further detailed in a regularly updated strategic plan for each respective DSHS administration serving that group of clients. These strategic plans can be found at [www.dshs.wa.gov/ppa/strategic.shtml](http://www.dshs.wa.gov/ppa/strategic.shtml).

Last, but most importantly, I would like to thank all my teammates at DSHS who have started the wave of empowerment that drives a Lean organization. I am certain that I speak for Governor Jay Inslee when I say we are proud of your efforts, grateful for the progress we have already made and excited about the future.

Sincerely,  
  
Kevin W. Quigley  
Secretary  
*DSHS: Transforming Lives*

# Strategic Plan and Lean Report 2014



## **VISION**

People are healthy,  
People are safe,  
People are supported,  
Taxpayer resources are guarded

## **MISSION**

To transform lives

## **VALUES**

Honesty and Integrity  
Pursuit of Excellence  
Open Communication  
Diversity and Inclusion  
Commitment to Service

## Department Overview

This Strategic Plan and Lean Report 2014 reflects Governor Jay Inslee's commitment to implement Lean management across Washington State government. The Department of Social and Health Services (DSHS) is Washington State's largest state agency. In any given month DSHS provides some type of shelter, care, protection, or support to 2.2 million of our state's 6.8 million people.

DSHS is divided into six direct service administrations and two support administrations. Across DSHS we have a single mission – to transform lives.

### Overview of Administrations

**Aging and Long-Term Support Administration (AL TSA)** helps people with support needs to live in their own homes or other community settings of their choice. AL TSA monitors and ensures the quality of our community-based and certified residential services. AL TSA provides long-term support and services to more than 60,000 seniors and individuals with disabilities. AL TSA has licensure, certification and survey responsibility for 3,700 residential settings, and investigates more than 16,000 allegations of abuse and neglect annually. AL TSA supports 13 local Area Agencies on Aging. Total biennial budget: \$3.91 billion. Total employees: 1,461.

**Behavioral Health and Service Integration Administration (BHSIA)** provides prevention, intervention, inpatient treatment, outpatient treatment, and recovery support to people with addiction and mental health needs. BHSIA's Division of Behavioral Health and Recovery (DBHR) provides financial support and direction to 11 Regional Support Networks, providing mental health services to 200,000 consumers bi-annually. Each biennium, BHSIA supports 95,000 admissions into substance abuse treatment and 50,000 participants in substance abuse prevention activities. BHSIA operates three psychiatric hospitals with the capacity to concurrently serve over 1,100 patients. BHSIA also designs and implements innovative integrated care systems to improve client health outcomes and contain costs. Total biennial budget: \$2.2 billion. Total employees: 2,753.

**Children's Administration (CA)** works to keep children safe from abuse and neglect and to support birth, foster, kinship and adoptive families. CA provides protective services for children and licenses foster homes. CA helps families find resources to keep kids safe and coordinates health services for foster and adoptive children. CA investigates 30,000 abuse and neglect cases in a typical year, supports approximately 9,000 children in foster or relative care, and works closely with youth transitioning out of foster care. Total biennial budget: \$1.12 billion. Total employees: 2,764.

**Developmental Disabilities Administration (DDA)** provides residential services, day services and employment support services for clients with development disabilities. DDA residential services support clients who live in their own homes, in community settings, or in habilitation centers. DDA determines whether a person meets the state definition of developmental disabilities, performs service assessments, authorizes in-home or residential supports, develops resources, and monitors providers. DDA supports 25,000 clients with some paid services, operating 27 local offices, four state operated residential habilitation centers and four state-operated supported living alternative programs. Total biennial budget: \$2.11 billion. Total employees: 3,273.



## Department Overview

**Economic Services Administration (ESA)** provides poverty reduction services to nearly 1.5 million people. With 70 offices statewide, ESA helps low-income people meet their basic needs and achieve economic independence through cash grants, food and medical assistance, employment-focused services, subsidized child care, refugee assistance, disability determinations and child support collection. ESA administers Temporary Assistance for Needy Families (TANF), and Basic Food; collects and distributes child support; determines eligibility for Working Connections Child Care, medical assistance, and Social Security disability benefits; and pursues collection of debts owed to DSHS. Total biennial budget: \$2.08 billion. Total employees: 4,442.

**Juvenile Justice and Rehabilitation Administration (JJ&RA)** provides rehabilitation services to high-risk juvenile offenders, vocational rehabilitation to individuals with disabilities, and a safe environment for treatment of high-risk civilly committed adults. Partnering with families and communities, JJ&RA served 23,000 clients in state fiscal year 2013: 1,600 youth in 12 residential facilities and six leased facilities, 21,000 Vocational Rehabilitation clients in 37 leased facilities, and 300 civilly-committed residents in three facilities. Total biennial budget: \$399 million. Total employees: 1,540.

**Financial Services Administration (FSA)** provides the financial leadership to manage DSHS' \$11.9 billion biennial budget. FSA also provides risk management and internal audit services, centralized business support services, capital facilities and contracting support services and a limited number of direct client services, like background checks. FSA also includes the Consolidated Field Services (CFS) program which provides business support to institutions and offices in the field and consolidated maintenance operation services primarily to institutions. The staff for CFS report directly to headquarters. The budgeted dollars which support CFS staff reside within the individual administrations. Total biennial budget: \$38 million. Total employees: 775.

**Services and Enterprise Support Administration (SESA)** provides the administrative leadership to manage DSHS' 17,000 team members, communications, legislative and constituent relations, and performance and accountability functions. SESA also includes Research and Data Analysis and the Office of Diversity and Inclusion. The Office of Indian Policy and the Office of Fraud and Accountability are within the SESA umbrella, although both directly report to the Secretary. SESA also provides agency-wide information technology services through the Information System Services Division (ISSD). The budgeted dollars which support ISSD largely reside within the individual administrations. Total biennial budget: \$59 million. Total employees: 522.



### Mission

As a Department we are tied together by a single mission: to transform lives. Each administration within DSHS has a refined focus on this mission. Individually we have the following missions:

**DSHS – Aging and Long-term Support Administration** – to transform lives by promoting choice, independence and safety through innovative services.

**DSHS – Behavioral Health and Service Integration Administration** – to transform lives by supporting sustainable recovery, independence and wellness.

**DSHS – Children’s Administration** – to transform lives by protecting children and promoting healthier families through strong practice and strong partnerships with the community and tribes.

**DSHS – Developmental Disabilities Administration** – to transform lives by creating partnerships that empower people.

**DSHS – Economic Services Administration** – to transform lives by empowering individuals and families to thrive.

**DSHS – Juvenile Justice and Rehabilitation Administration** – to transform lives by creating pathways for self-sufficiency through meaningful partnerships, employment, new opportunities and effective rehabilitation.

**DSHS – Financial Services Administration** – to transform lives by promoting sound management of Department resources.

**DSHS – Services and Enterprise Support Administration** – to transform lives by helping those who serve succeed.

### Values

DSHS is also tied together by the following set of values:

- **Honesty and Integrity** – because leadership and service require a clear moral compass.
- **Pursuit of Excellence** – because it is not enough to get the job done, we must always challenge ourselves to do it better.
- **Open Communication** – because excellence requires teamwork and a strong team is seen, heard and feels free to contribute.
- **Diversity and Inclusion** – because only by including all perspectives are we at our best and only through cultural competency can we optimally serve our clients.
- **Commitment to Service** – because our challenges will always exceed our financial resources, our commitment to service must see us through.

### Vision

People are healthy,

People are safe,

People are supported,

Taxpayer resources are guarded

For DSHS, implementing Governor Jay Inslee's commitment to Lean management involves an ongoing number of steps. **The first step is the identification of mission;** gaining a deep understanding of "why" we do the work we do. As outlined above, we at DSHS are on mission to assist the people who seek our help in transforming their lives. One thing is true about every DSHS client, in some way they need help in their lives. Diverse thought leaders from across each DSHS administration have engaged their respective teams to further elaborate how they can transform lives within their administration. Empowerment of the team to have a strong voice in advancing the mission is the essence of Lean management.

**Step two is developing a clear understanding of the values we apply in achieving our mission.** This is the "how" of our Lean approach. How will we achieve our "why", our mission of transforming lives. For each DSHS administration this involves an elaboration of our values, how do we live them better day by day in the way we work. Each DSHS administration identifies unique values and *DSHS as a whole is tied together by the five values identified above: honesty & integrity, pursuit of excellence, open communication, diversity & inclusion and a commitment to service.*

**Step three is to look at what we are doing.** This asks: what are the specific goals and objectives of each DSHS administration. For each DSHS administration this means working with their teams to create detailed strategic plans. Within each strategic plan are multiple metrics and action plans. Making these goals truly matter to each team member is a critical element. This also requires a willingness to modify these goals when they are not advancing the larger mission. For each identified goal, in a fully realized Lean world, each team member is encouraged to suggest ways to improve our processes to better and more efficiently serve our clients. This transition requires sustained effort and does not happen overnight. Our path to this end has been to train more than 50 Lean practitioners, and to educate more than 1,000 members of our team on the basics of Lean. For each DSHS administration it means engaging in large scale exercises like value-stream mapping and root cause analysis to look at the fundamentals of what we are doing to find more efficient and successful ways of doing our work. Often it is a multi-day effort to deconstruct each step in a process so that the opportunity for finding improvements in the process can be clearly seen. After that the new course that is plotted often requires change to training, information technology infrastructure, policies, manuals, and so forth. Most importantly, it always requires follow-up and course correction. In time, every DSHS strategic objective, approximately 100 in total, will undergo not just one, but multiple Lean restructurings driven by a team where the front-line service providers have a strong voice.

Lean is also being developed at a more granular level where team members are encouraged to identify and eliminate waste through tools like five-s organization, A-3 problem solving, visual management, "gemba" walks and other traditional Lean management tools. The idea here is for the team to take the steps they can to change things within their direct control, in addition to our large scale program-wide efforts.

Our Lean process is endless because everything we do can be re-examined in still greater detail to find even more improvement. In the end Lean is a culture, a culture where team members are seen and heard and empowered to improve service delivery; *empowered to better transform lives.* This never-ending nature of Lean management is what causes many to label it a "Lean Journey."

Alas, Lean is not a soft-centered, mushy process. Lean is soft on people, in that the team must feel valued, respected and heard. It cannot be overstated that without empowerment of the team there can be no real Lean revolution. However, Lean is all about results, accountability and progress – measurable progress. This [Strategic Plan and Lean Report 2014](#) looks across DSHS at our goals and our progress in meeting those goals. For virtually every goal listed in these pages there is a DSHS administration Strategic Plan that elaborates specific quantified success measures and an action plan for progress. This [Strategic Plan and Lean Report 2014](#) is intended to be read in conjunction with the 2014 Strategic Plans of each DSHS administration which drill down on the high level assessments contained in this report. Those strategic plans can be found at <https://www.dshs.wa.gov/strategic-planning/current-dshs-strategic-plans>. Behind each DSHS administration strategic plan are literally dozens of Lean initiatives that dive deeply into the nuts and bolts of positive change. Below is the big picture for our 17,000 DSHS team members serving 2.2 million clients.

The summary evaluations are denoted primarily by color as follows: green equates to strong performance and service in the area, yellow to areas of concern or unmet need, or both, and red to serious concern or serious unmet need, or both. Where there is a positive movement it is denoted by an upward arrow and where we have achieved national leadership it is indicated by our coveted gold star.






A note of caution: It is not really possible to separate our performance at DSHS from the challenges of funding. The Governor and the State Legislature work with limited resources, and so do we. As a result, we have red status in a number of areas where the performance of DSHS team members is exemplary, but the unmet need is so great that only a red status evaluation is appropriate. Importantly, in virtually every area summarized below, we have set progress measures for ourselves to make better use of the resources we do have. Funding challenges never diminish our commitment to service.

Finally, we at DSHS are the first to recognize that this summary is an art, not a science. It is further true that the only thing that all will agree on is that these evaluations are wrong in some respects. All will not judge the need or the progress the same. Alas, this summary is provided so that the perfect is not made the enemy of the good and so that we, at DSHS, do not shy away from a broad and accessible performance report for fear that all will not agree. The summary should be seen as a general assessment that provides directional indicators and highlights areas of achievement, progress and need.











**Aging and Long-Term Support**

	2012	2013	
Long-term care for children	GREEN	GREEN	
Timely licensing of Adult Family Homes, Assisted Living and Nursing Facilities	GREEN	GREEN	
Timely response to all abuse and neglect allegations	RED	↑ RED	Lean exercises are underway. A new electronic case management system is under construction. Staff funding lags.
Abuse and neglect timely case close-outs	RED	↑ RED	Lean exercises are underway. A new electronic case management system is under construction. Staff funding lags.
Providing home and community-based services	★ GREEN	★ GREEN	Washington is a national leader in providing community and in-home supports.
Voluntary relocation of clients from nursing homes to home and community-based services	GREEN	GREEN	
Providing family caregiver support	YELLOW	YELLOW	
Providing timely eligibility approval	YELLOW	YELLOW	









## Behavioral Health and Service Integration

	2012	2013	
Timely outpatient mental health services	YELLOW	YELLOW	Significant improvement requires performance based contracts contracting with Regional Support Networks.
Availability of adult outpatient mental health services	YELLOW	YELLOW	
Availability of child outpatient mental health	RED	 YELLOW	
Use of evidence-based chemical dependency prevention programs	YELLOW	YELLOW	
Outpatient adult chemical dependency retention	GREEN	GREEN	Maintaining high treatment rates with limited funding.
Outpatient child chemical dependency retention	GREEN	GREEN	Maintaining high treatment rates with limited funding.
Decreased state psychiatric hospital assault rates	RED	 RED	
Decreased state psychiatric hospital seclusion and restraint rates	YELLOW	YELLOW	
Increased state psychiatric hospital treatment hours	YELLOW	YELLOW	
Improved outcomes for individuals with high medical risk factors			Nation leading pilot program. Performance data not yet available.
Improved care coordination and health service integration			Nation leading pilot program. Performance data not yet available.
Timely competency evaluations	RED	 YELLOW	Work plan rates are being accomplished. Staffing levels require improvement.
Increase employment for chemical dependency clients	GREEN	GREEN	Strong increase in employment post-treatment.

## Economic Services (Poverty Reduction)

























	2012	2013	
Increased access to food assistance	GREEN	GREEN	
Processing time for disability determinations	 GREEN	 GREEN	National leader.
Child support collections	GREEN	GREEN	
Leaving Temporary Assistance for Needy Families (TANF) for self-sufficiency	YELLOW	 YELLOW	System re-design underway.
Remaining off TANF for more than 12 months	YELLOW	 YELLOW	System re-design underway.
TANF participants meeting the federal work participation rate	RED	 YELLOW	Federal penalties incurred for poor performance in 2012. System re-design underway.
Basic food assistance payment accuracy	GREEN	GREEN	National leadership within reach. Currently top 10 performing states.
Timeliness of processing applications	YELLOW	 YELLOW	Staffing level problematic. Progress is being made however through an innovative System Delivery Redesign.
Contact center support			Staffing resources may be insufficient to achieve acceptable service for TANF and SNAP. Helpful technology solutions being added. Child care contact center now green.
Affordable Care Act technology support, eligibility determinaton	 GREEN	 GREEN	National leader in Health Benefit Exchange roll-out.

## Children's Administration










	2012	2013	
Prompt face-to-face contact with alleged victims of child abuse	 GREEN	 GREEN	The most serious cases receive face-to-face visits within 24 hours in more than 97% of cases.
Children in-care receiving regular health and safety visits	GREEN	GREEN	
Decreasing the rate of repeat abuse	GREEN	GREEN	
Children not subject to new founded allegations of abuse	GREEN	GREEN	
Foster care stability	YELLOW	YELLOW	
Racially disproportionate impacts	RED	RED	Disproportionate minority contact persists with critical levels for native americans.
Child Protective Service (CPS) investigator caseloads	RED	 YELLOW	
Timely completion of CPS investigations	RED	 YELLOW	Number of cases open greater than 90 days has been reduced by 50%.
Rural and tribal foster care availability	RED	RED	
Length of stay in out-of-home care	 YELLOW	 YELLOW	
Memorandum of Understanding with tribal governments	RED	 RED	
Family Assessment Response; alternate CPS pathway	RED	 YELLOW	Potential for national leadership if pilot program is expanded statewide.

















Developmental Disabilities

	2012	2013	
Assessments are completed timely	 YELLOW	 GREEN	Identify individual health and welfare needs in a timely manner in order to support individuals to have healthy and active lives.
Child placement and intensive services occur timely	 YELLOW	 YELLOW	Identify individual health and welfare needs of children in a timely manner in order to support children to have healthy and active lives.
Alternatives to psychiatric hospitals are utilized effectively	 YELLOW	 YELLOW	Improve safety and successful long-term placement of individuals who are at risk of institutionalization in state hospitals.
Treatment and support for community protection clients	 YELLOW	 YELLOW	Ensure that individuals enrolled in the Community Protection Program are supported to achieve their required treatment goals.
Crisis supports	 YELLOW	 YELLOW	Develop a statewide Crisis Support system, including the supports and availability of the Residential Habilitation Centers that will provide needed interventions for individuals and families.
Communication with clients' families and providers	 YELLOW	 YELLOW	Equip clients, families and providers with information to support health and safety of individuals.
Access to home and community services	 GREEN	 GREEN	Increase access to home and community-based services.
Plan goals are identified and implemented	 RED	 RED	Increase the effectiveness of community residential programs to support individuals to have quality lives.
Options for movement to community	 GREEN	 GREEN	Increase opportunities for individuals who are institutionalized to have the option to move to the community and be supported as needed.
Increase client employment	 YELLOW	 YELLOW	Increase the number of clients employed.
Increase basic-plus community supports program	 YELLOW	 YELLOW	Provide individuals with in-home supports to enable them to remain in their communities.
Increase individual and family supports	 YELLOW	 YELLOW	

## Juvenile Rehabilitation

	2012	2013	
Juvenile rehabilitation youth health	<b>YELLOW</b>	 <b>YELLOW</b>	
Juvenile rehabilitation youth benefits on system exit	<b>YELLOW</b>	 <b>YELLOW</b>	
Juvenile rehabilitation youth chemical dependency support	<b>YELLOW</b>	<b>YELLOW</b>	
Juvenile rehabilitation youth recidivism	Data under review	Data under review	
Juvenile rehabilitation parole services	<b>YELLOW</b>	<b>YELLOW</b>	
Juvenile rehabilitation community transition	 <b>YELLOW</b>	 <b>YELLOW</b>	
Juvenile rehabilitation mentors	<b>YELLOW</b>	<b>YELLOW</b>	
Juvenile rehabilitation vocational training	<b>YELLOW</b>	 <b>YELLOW</b>	
Juvenile rehabilitation academic development	<b>YELLOW</b>	<b>YELLOW</b>	
Special Commitment Center treatment participation	<b>YELLOW</b>	 <b>YELLOW</b>	
Juvenile rehabilitation use of evidence based practices	 <b>GREEN</b>	 <b>GREEN</b>	
Culturally competent services	<b>GREEN</b>	<b>GREEN</b>	
Worker safety	<b>YELLOW</b>	<b>GREEN</b>	
Racial disproportionality	<b>YELLOW</b>	 <b>YELLOW</b>	

## Vocational Rehabilitation

	2012	2013	
Vocational rehabilitation student preparedness plans	 <b>YELLOW</b>	 <b>YELLOW</b>	
Vocational rehabilitation successful case closures	 <b>GREEN</b>	 <b>GREEN</b>	
Vocational rehabilitation customer satisfaction	 <b>GREEN</b>	 <b>GREEN</b>	
Vocational rehabilitation rehabilitation rate	 <b>GREEN</b>	 <b>GREEN</b>	
Vocational rehabilitation WorkSource job placements	 <b>YELLOW</b>	 <b>YELLOW</b>	
Vocational rehabilitation success rate	 <b>GREEN</b>	 <b>GREEN</b>	
Vocational rehabilitation wage progression	 <b>GREEN</b>	 <b>GREEN</b>	

# Washington State Department of Social and Health Services

