

**Services and
Enterprise Support
Administration**

Patricia Lashway, *Assistant Secretary*

2013-2015

Strategic Plan

June 2014



DSHS VISION

People are healthy,
safe, and supported

DSHS VALUES

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

SESA MISSION

We transform lives by
helping those who
serve succeed

SESA VALUES

Trust

- We can be relied on to speak truthfully, to honor our commitments, and to treat people fairly.
- We earn and keep the trust of our clients, employees business partners, tribes, stake holders, and communities.

Accountability

- We take personal accountability for our actions and results.
- We focus on finding solutions and achieving results.
- We actively engage in discussions and commit to decisions once made.
- We involve others in decisions and plans that affect them.
- We keep promises and commitments.
- We personally commit to the success and well-being of teammates.

Introduction

The Department of Social and Health Services (DSHS), Services and Enterprise Support Administration (SESA) provides support services and infrastructure for Administrations within DSHS. Together the Administration builds a foundation for the Department to provide direct services to clients and communities, helping DSHS save money and allowing employees to be more productive. SESA provides support to nearly 17,000 staff and approximately 23,000 contractors each year.

SESA's major services include:

- **The Office of Fraud and Accountability (OFA)** serves to protect the integrity of all DSHS programs and ensure the right benefits are provided to the right people.
- **The Human Resources Division (HRD)** has five primary service areas: Position Management, Operations, Organizational Leadership and Training, Investigations, and Labor Relations.
- **The Office of Indian Policy (OIP)** promotes government to government relations between the Department of Social and Health Services and tribes, and collaboration with the Recognized American Indian Organizations to assure quality and comprehensive program service delivery to eligible American Indians and Alaska natives in Washington State. OIP assists DSHS Administrations and contractors in the development of culturally responsive programs and services, particularly in the areas of Tribal Centric Behavioral Health, Children's Administration training and Indian Child Welfare Manual revisions, elder care services, Temporary Assistance for Needy Families (TANF) negotiations, child support enforcement, juvenile justice agreements, and innovation in intergovernmental contracting with the contract consolidation project.
- **The Information System Services Division (ISSD)** is the Department's primary service provider for agency-wide information technology services such as network infrastructure, shared messaging, telephone and voice services; data security; Internet/Intranet services; enterprise architecture and agency IT policy.
- **Office of Policy and External Relations (OPER)** is responsible for government relations, administrative rules and hearings, privacy and public records and the State Hospital Safety Review Panel.
- **The Communications Office** includes media relations, internal and external communications, visual communications, constituent services, mentoring, and the Victim/Witness Notification Program.

DSHS Goals

Goal 1

HEALTH – Each individual and each community will be healthy.

Goal 2

SAFETY – Each individual and each community will be safe.

Goal 3

PROTECTION – Each individual who is vulnerable will be protected.

Goal 4

QUALITY OF LIFE – Each individual in need will be supported to attain the highest possible quality of life.

Goal 5

PUBLIC TRUST – Strong management practices will ensure quality and efficiency.



- **Research and Data Analysis (RDA)** provides policy-relevant analyses of government-funded social and health services in Washington State thanks to its national leadership in integrating social service data across programs and through time. RDA also coordinates and reports performance metrics for DSHS.
- **The Office of Diversity and Inclusion (ODI)** provides services and support of Department goals related to equity, diversity, inclusion, and cultural competence. ODI administers the DSHS Affirmative Action Plan and supplier diversity plans.
- **Planning and Continuous Improvement Office** supports the Department in improving accountability through building agency capacity in the areas of Lean / continuous improvement, organizational development through Excellence workshops and project management skill training.

Goals

Governor Jay Inslee's Results Washington Goals

SESA is a partner in Governor Jay Inslee's **Results Washington**, a focused effort to create effective, efficient, and accountable government.

Results Washington Goal Area number 5 is Effective, Efficient and Accountable Government. Under this area, SESA supports accomplishment of multiple success metrics.

Under the *Customer Satisfaction and Confidence* success indicator, SESA supports six metrics:

- Increase/maintain customer service satisfaction with accuracy, timeliness, respectfulness.
- Increase the percentage of state employees who are satisfied with their job.
- Increase the percentage of state employees who respond positively to engagement questions.
- Increase the percentage of state employees who said their leaders create a culture of respect, feedback and recognition.
- Increase the percentage of state employees who believe we are increasing customer value.
- Increase the number of agencies that practice continuity of operations plans at least annually.

Under the *Resource Stewardship* success indicator 2.1, SESA supports four metrics:

- Increase the number of improvement ideas that are implemented.
- Increase the percentage of state employees, supervisors, managers, executives completing Lean training.
- Increase the number of state employees trained to be facilitators of Lean improvement projects.
- Increase the number of Lean projects.

Under the *Transparent & Accountable* success indicators, SESA supports two metrics:

- Increase the amount of data available in a downloadable and searchable format.
- Increase access to information on major projects.



Department of Social and Health Services Goals

As a member of the DSHS team, SESA also has lead responsibility for performance metrics that fit within DSHS' departmental goals. DSHS has the following five broad goals:

- **Health** – Each individual and each community will be healthy.
- **Safety** – Each individual and each community will be safe.
- **Protection** – Each individual who is vulnerable will be protected.
- **Quality of Life** – Each individual in need will be supported to obtain the highest possible quality of life.
- **Public Trust** – Strong management practices will be used to ensure quality and efficiency.

SESA has the following success metrics in support of the following DSHS Goals:

Quality of Life:

- Assist DSHS Administrations and contractors in the development of culturally responsive programs and services.

Public Trust:

- The percentage of DSHS employees leaving DSHS (turnover) will decrease.
- The percentage of DSHS contracts to qualified Minority and Women-Owned Businesses will increase.
- The percentage of new hirings of racial, ethnic and culturally diverse staff, as well as veterans and persons with disabilities, will increase.
- The DSHS workforce will become more racially, ethnically, and culturally diverse and will have increased representation of veterans and persons with disabilities.
- The amount of overpayments that are identified based on Fraud and Accountability investigations will increase.
- The DSHS Wide Area Network (WAN) will keep pace with growing DSHS demand.

Strategic Plan

Below are the details of our Strategic Plan to meet our Strategic Objectives. Each Strategic Objective is discussed under its larger DSHS goal area. Each Strategic Objective includes a statement of importance, a quantified success measure (where possible), a timeline and, most importantly, an Action Plan. SESA Strategic Objectives are monitored and reported quarterly at:

<http://www.dshs.wa.gov/ppa/strategic.shtml>. Each SESA Action Plan is also updated quarterly.



Strategic Objectives, Importance, Success Measures, and Action Plans

DSHS Goal 1: Health – Each individual and each community will be healthy.

Strategic Objective 1.1: Increase access to coordinated delivery of medical, behavioral health and long-term services through access to integrated data. (Research and Data Analysis)

Importance: Washington state’s implementation of HealthPath Washington depends on the operation of the PRISM application developed and maintained in SESA's Research and Data Analysis (RDA) Division for: (a) the identification of high-risk clients who are eligible for health home services, and (b) support of care planning through the provision of timely, integrated information about a patient’s medical, behavioral health, and long-term care service needs. RDA staff integrate Medicare claims data to support care coordination for persons dually-eligible for Medicare and Medicaid.

Success Measure: Provide health home lead entity and care coordination organization staff with access to the PRISM Clinical Decision Support application by November 2013, and provide ongoing support of the application thereafter.

Action Plan:

- Provide Phase 1 authorized health home lead entity staff with access to the new integrated Medicare-Medicaid version of the PRISM application by 7/31/2013 – done.
- Provide Phase 2 authorized health home lead entity staff with access to the new integrated Medicare-Medicaid version of the PRISM application by 10/31/2013 – done.
- Incorporate critical new features into the PRISM application including prospective hospital inpatient risk models and medication adherence dashboards by 10/31/2013 - done.

These activities have been completed within this timeline. New activities and application development for PRISM are described in Strategic Objectives 3.3 and 4.1 below.

DSHS Goal 2: Safety - Each individual and each community will be safe.

Strategic Objective 2.1: Expand community protection through review of conditions of release as recommended to courts. (Office of Policy and External Relations)

Importance: Safe and appropriate planning for the release of patients from the state psychiatric hospitals impacts both the individual’s safety and the safety of the community when the patient has a history of dangerous behavior in the community. Recent legislation required additional types of cases be reviewed prior to release.

Success Measure: The Public Safety Review Panel (PSRP) with staff from the state psychiatric hospitals will establish a baseline and targets for timeliness of PSRP reviews for additional types of cases by July 2014.

Action Plan:

- The PSRP established procedures for responding to additional cases before July, 2013.
- The PSRP Executive Director continues to work with staff from each of the state psychiatric hospitals to facilitate each referral to the PSRP for review.



- The PSRP Executive Director will work with the PSRP and state psychiatric hospital staff to establish a baseline and targets for timeliness of the new PSRP reviews by August 2014.
 - Once the baseline is in place the PSRP Executive Director will work with the PSRP and state psychiatric hospital staff to monitor timeliness of these new PSRP reviews.
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DSHS Goal 3: Protection - Each individual who is vulnerable will be protected.

Strategic Objective 3.1: Use available data to detect circumstances that may indicate exposure of vulnerable persons to sex offenders. (Office of Fraud and Accountability)

Importance: It is important that vulnerable clients of DSHS are not exposed to sex offenders.

Success Measure: Reduce to zero the number of times there is an address linking vulnerable clients and registered sex offenders by 2015.

Action Plan:

- Under the direction of the Office of Fraud and Accountability (OFA) a quarterly automated address verification process was developed, matching WSP Washington State Sex Offender Registry offender addresses with SSPS and FamLink payment data to identify provider addresses linked to registered sex offenders.
 - DSHS began work to develop the matching process on 01/10/12 and to date there have been eight data matches, with the most recent being 1st Quarter 2014 (January-March).
 - After investigating the potential 1st Quarter 2014 matches, only two provider addresses remain possible matches. The Children's Administration is still actively investigating these two matches; initial analysis points to the offenders being related and residing with an active DSHS provider.
 - Several improvements to offender match process are in development to enhance match results including, but not limited to the incorporate of additional DSHS data systems (i.e. CARE database, etc.).
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Strategic Objective 3.2: Participate in update of tribal state agreements related to effective Child Protective Services systems for tribal children. (Office of Indian Policy)

Importance: Protection of all children is of paramount importance. Updating and developing Intergovernmental agreements with the tribes allows tribal and state staff to know what the expectations are for serving a tribal child anywhere in the state.

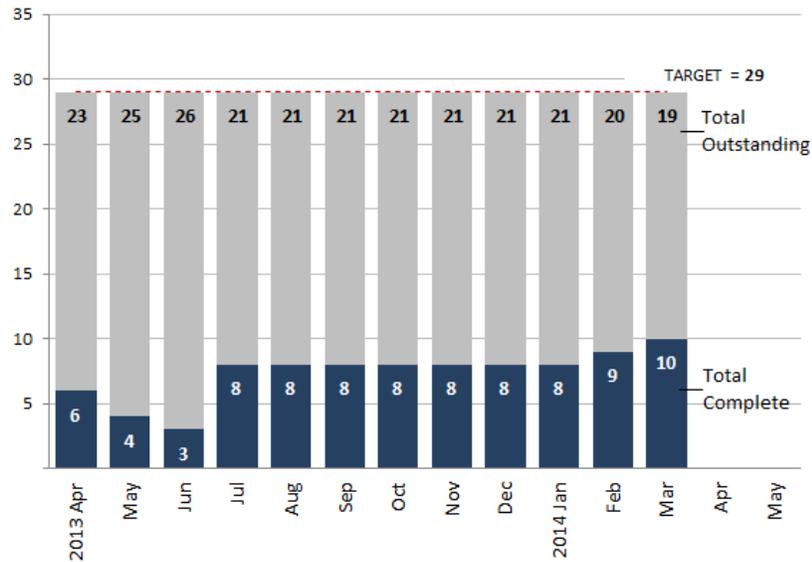
Success Measure: All 29 tribal state agreements with tribes involving Children's Administration will be updated by 2015.

Action Plan: Provide technical assistance to Children's Administration regarding coordination with the tribes to update area agreements.

- As of June 2014 there are 11 signed agreements with 5 in various stages of approval for signature.



CHART 3.2 Tribal-State agreements involving Children's Administration



Strategic Objective 3.3: Improve the safety and permanency of individuals who are at-risk or are in state care, treatment, or out-of-home placement by providing access to Medicaid billing information. (Research and Data Analysis)

Importance: Historically, Children’s Administration (CA) staff accessed medical billing information through the CAMIS and FamLink data systems. Once the ProviderOne Medicaid billing system came online CA lost access to this information. Loss of access to this information is potentially a safety issue for children in out-of-home care if CA staff cannot readily obtain medical information and social workers cannot develop a case plan that adequately addresses the child’s well-being (health, mental health, developmental health). Since approximately 85% of children who enter foster care are already enrolled in a Medicaid plan, access to the information is important for CPS intakes and investigations. In addition, adoption workers use the medical billing data in their efforts to provide comprehensive information about a child to adoptive parents to help them anticipate health and mental health concerns that may develop. The PRISM application provides a picture about a child that reveals: multiple emergency room visits and possible patterns of abuse; or the absence of medical information, which may indicate medical neglect.

Success Measure: Provide 600 CA staff with access to the PRISM application by June 30, 2014.

Action Plan:

- Facilitate joint DSHS and HCA PRISM Steering Committee review and approval of Children’s Administration request for staff access to PRISM by March 31, 2014.
- Extend PRISM access to at least 600 authorized CA field staff by June 30, 2014.



Strategic Objective 3.4: Increase Tribal Foster Homes. (Office of Indian Policy)

Importance: To assist the Department in meeting the Indian Child Welfare placement requirement for an Indian child, it is necessary to increase the number of tribal foster homes.

Success Measure: Provision of 12 targeted technical assistance visits to Tribal foster home recruiters.

Action Plan:

- Technical assistance was provided to the Department’s contractor for foster home recruitment, regarding outreach to tribes and tribal communities.
- Information was provided regarding provisions in state statute that allow tribal governments to license their own foster homes (RCW 74.15.190) to interested tribal governments.
- Updates were provided to the Indian Policy Advisory Committee (IPAC), Children’s Administration, and Juvenile Justice and Rehabilitation Administration subcommittee.
- Complete a tribe negotiation with Children’s Administration for a licensing agreement.

DSHS Goal 4: Quality of Life - Each individual in need will be supported to attain the highest possible quality of life.

Strategic Objective 4.1: Connect people with benefits and services that reduce poverty and move them along a pathway toward self-sufficiency through a new TANF PRISM web application. (Research and Data Analysis)

Importance: The Legislature funded the development of a new TANF PRISM web application to provide integrated health and social service data to assist case managers in quickly identifying TANF participants who have behavioral health problems or other barriers that interfere with their ability to transition to stable employment. Through TANF PRISM, case managers can access integrated information on diagnoses, medications, treatments, services, and employment history to better inform case management and engage clients in appropriate activities.

Success Measure: Develop and pilot the TANF PRISM application by July 2014.

Action Plan:

- Develop prototype TANF PRISM case management decision support application by June 2014.
- Begin piloting prototype TANF PRISM case management decision support application by July 2014.

Strategic Objective 4.2: Create economic equity for the community through the promotion of opportunities with minority and women-owned businesses and veteran-owned businesses. (Office of Diversity and Inclusion)

Importance: The inclusion of minority, women and veteran-owned small businesses in DSHS contracting and procurement encourages competition and efficiency, fuels innovation, ensures increased culturally



responsive services, and creates jobs and business development in and for the communities we serve.

Success Measure: A database of DSHS contracts with minority, women and veteran-owned businesses will be established and tracked in partnership with the Office of Financial Management (OFM). Once a baseline is established, goals will be set for each Administration to increase the number of certified women, veteran and minority-owned firms that DSHS contracts with by July 2015.

Action Plan:

- Work closely with leadership at the State Office of Minority and Women’s Business Enterprises (OMWBE), Department of Veteran Affairs (DVA) and OFM to develop strategies for better reporting and monitoring of data.
 - The Office of Minority and Women-Owned Business Enterprises will provide education and training to the DSHS staff to meet our goal 2015.
- Educate DSHS purchasing and payment staff on ensuring vendor status is currently identified.
 - The Supplier Diversity and Inclusion Plan, to be completed 2015. Department of Enterprise Services will develop the model plan for contracting and best practice.
- When the new OFM OMWBE vendor data system is complete, we will reconcile it with historical data and convert the new system.
 - DES developed supplier diversity & inclusion reports that can be by program, OMWBE has cleaned up their database and removed many businesses that are no longer certified.
- Identify best practices in contracting and outreach to strengthen success and address growth opportunities.
 - Ensure agency financial managers, contracting staff and purchasing staff are educated on opportunities to increase supplier diversity.

DSHS Goal 5: Public Trust - Strong management practices will be used to ensure quality and efficiency.

Strategic Objective 5.1: Build work environments that provide equity for all employees and the most competent, effective and culturally responsive services in the state. (Office of Diversity and Inclusion, Planning & Continuous Improvement)

Importance: The significant impact DSHS has as the employer of one-third of all state workers makes our responsibility to lead the state in building full participation, diverse and inclusive work environments paramount. Work environments that cultivate full participation and equity for all employees are essential, and we must allow all employees and perspectives to have a voice and create work environments that embody the agency values wholly. For example, without diversity and inclusion, we will not be able to deliver effective, culturally responsive and responsible services to the communities and families we serve. We also will be hindered in recruiting, developing and retaining the strong diverse workforce needed to make those contributions.

Success Measures: Improve awareness and integration of cultural competence policy, principles and



behaviors with every administration reaching 100 percent of their goals in their cultural competency plans (including implementation of trainings and tools), and develop a cultural competence assessment and/or other feedback tools to be in place within DSHS with tracking and monitoring of data by July 2015.

Integrate best practices of cultural humility into the Excellence workshops, referenced under Strategic Objective 5.4.

Action Plan:

- Develop and implement strategic policy and practices for recruitment, retention, development, and promotion of diverse talent.
 - The Human Resources Division Talent Outreach Services Unit has developed a plan for increased recruitment of diverse talent.
 - The Office of Diversity and Inclusion collaborates with leadership within SESA to develop, host, and facilitate annual Diversity Leadership Forums. The first such forum was held in September 2013 and the next is planned for the fall of 2014.
 - The Office of Diversity and Inclusion is partnering closely with HRD to approach recruitment from multiple fronts including but not limited to:
 - HRD and ODI presence at diversity recruitment events
 - Broad and focused social media recruitment strategies with HRD performing outreach via Linked in and ODI providing outreach via Facebook, Twitter, and Yammer.
 - The Office of Diversity and Inclusion provides additional focused support for high profile and hard-to-fill positions through posting on demographic and profession-specific social media sites.
- Develop, administer, implement, promote, and revise as necessary the DSHS cultural competence policy, including key principles and competencies.
 - DSHS continually reviews practices in culturally competent services, improves those services, and identifies training needed to implement the improvements.
 - Each Administration works to advance Cultural Competency Information Training toward culturally responsive service delivery.
 - Each administration continues to revise and develop new strategies for their respective administration-specific action plans.
 - Every administration is on track to meet their percentage of cultural competency training goals by July 2014.
 - Will collaborate with the Research and Data Analysis division to revise and/or develop a new Cultural Competency Assessment tool for enterprise-wide deployment by July 2015.
 - Will collaborate with RDA to revise diversity questions in the employee survey for 2015 deployment.
 - Will work with the DSHS Cultural Competency Committee and leadership to update the Cultural Competence Policy by July 2015.



- Engage our workforce in creative, innovative and, where available, evidence-based ways to understand, appreciate and express what cultural competence, diversity and inclusion looks and feels like.
 - The Diversity Policy Manager is researching and collaborating with the co-founder of the Cultural Humility concept to embed the tenants of Cultural Humility into the DSHS enterprise. The Cultural Humility approach aligns closely with models previously adopted by DSHS such as: Authentic Leadership, Motivational Interviewing and Strength-Based Management.
 - The Diversity Policy Manager is working with the DSHS Gay, Lesbian, Bisexual, and Transgender Equity Workgroup to develop best practice training for serving LGBT clients and employees across the enterprise built around the tenants of cultural humility.
 - At the request of the Senior Director of Human Resources, the Diversity Policy Manager is working with specific leadership throughout DSHS to address policies, best practices, and employer/employee relations related to transgender employees including those who transition during their employment with DSHS.
- Reach out within our workforce and through annual diversity and inclusion, and cultural competency awareness campaigns and initiatives to educate and grow DSHS staff.
 - The Office of Diversity and Inclusion is researching and collaborating with the co-founder of the Cultural Humility concept to embed the tenants of Cultural Humility into the DSHS enterprise. The Cultural Humility approach aligns closely with models previously adopted by DSHS such as: Authentic Leadership, Motivational Interviewing and Strength-Based Management. In addition, the tenants of cultural humility lend themselves to the Department’s focus on engagement.
 - The Office of Diversity and Inclusion in collaboration with SESA leadership and the DSHS Cultural Competency Committee will launch another awareness campaign in the fall of 2014 continuing to build on the Key Principles of Cultural Competence.
 - The Office of Diversity and Inclusion in partnership with Human Resources Division will launch an enterprise-wide invitation for all existing DSHS employees to be counted. This effort will accomplish the following:
 - Explain to employees why affirmative action data matters
 - Explain what happens if employees report nothing (default to White, non-veteran, non-disabled)
 - Invite employees to be counted
 - Update demographic information in HRMS

Strategic Objective 5.2: Cultivate a high performance workforce that mirrors the communities served.
(Office of Diversity and Inclusion, Human Resources Division)

Importance: Organizational strength, capacity and innovation to meet the needs of our state and all of the communities and families we serve requires full participation and engagement by every employee, with voices representing the full and diverse perspectives of the communities, families and individuals



we serve.

Success Measure: Our DSHS workforce will more closely reflect the diversity of the Washington state population by July 2015 through increased recruitment of diverse candidates in areas with limited diversity in the current workforce.

Action Plan:

- Collaborate to develop and implement strategic policy and practices targeting recruitment of diverse talent at all levels and in every Administration.
- Create leadership development and mentoring opportunities for diverse talent.
- Regularly monitor success in Affirmative Action plans produced by each Administration.
 - Administrations submitted semi-annual Affirmative Action reports to the DSHS Affirmative Action Officer in May 2014.
 - The DSHS Affirmative Action Officer will submit a semi-annual report to the Office of Financial Management by July 2014.

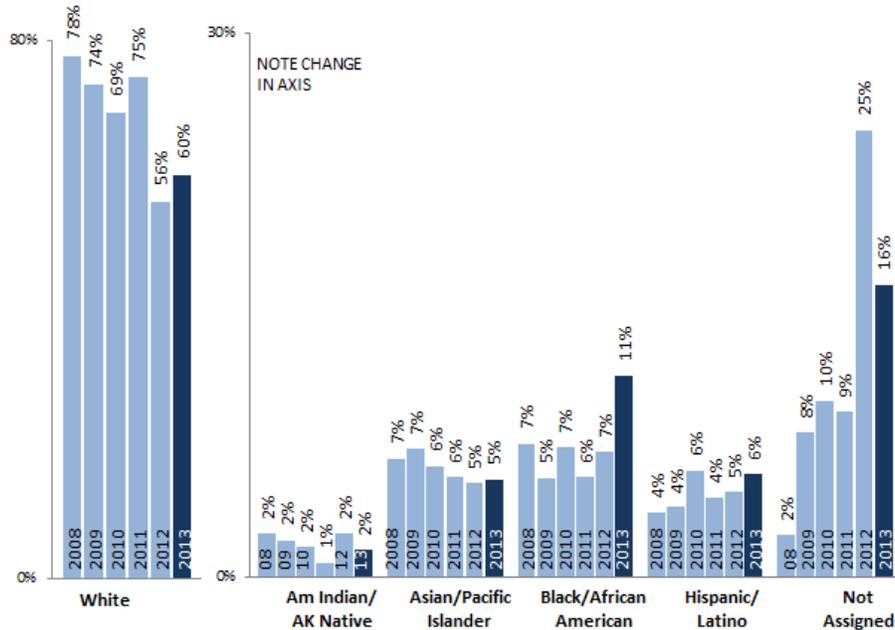
| 2014 | | |
|--------------------------------|-------|----|
| American Indian/Alaskan Native | 297 | 2% |
| Asian/Pacific Islander | 1,407 | 9% |
| Black/African American | 1,475 | 9% |
| Hispanic | 1,048 | 7% |
| Not Assigned | 958 | 6% |

- Data trends show that the percentage of Asian/Pacific Islander employees and Hispanic employees has increased since 2013. The percentage of American Indian/Alaskan Native employees has remained the same. The percentage of African American (*New data for chart shown above. Data source: RDA diversity data, employment trends, March 2014 AA Permanent*) employees has decreased. The percentage of White employees has increased as well. The percentage of employees without a race or ethnicity designation has decreased markedly.
 - The 2013 Affirmative Action plan focused on increasing the number and percentage of Asian/Pacific Islander employees as the primary race/ethnicity priority population for outreach efforts. That population in our workforce increased from 5% in 2013 to 9% in 2014.
 - Employees of Native American and Hispanic heritage were prioritized for outreach in specific job categories. Our Native American workforce remained at 2% while our Hispanic workforce increased from 6% to 7%.
 - There was a decline in our employees with disabilities from 549 in 2013 to 504 in 2014.



- Reports run from Neogov show that the racial and ethnic diversity of candidate pools has increased markedly since 2013.

CHART 5.2 Percent of DSHS staff hired who are ethnically diverse



Strategic Objective 5.3: Establish and maintain metrics that allow the public and the agency to assess progress in key areas of performance. (Research and Data Analysis)

Importance: Establishing clear goals and performance measures is vital for good management and continuous quality improvement. Public availability of key performance metrics ensures departmental accountability and transparency in meeting our goals.

Success Measure: All strategic metrics with multi-state comparisons will be available on the DSHS website by August 2014.

Action Plan:

- Standardize measure format to maximize efficiency and Internet compatibility.
- Create a method to link from Internet measures to automated One Department Data Repository (1DDR) data tables and notes. RDA has developed an improvement plan (A3) to move this activity forward – done.
- Identify, develop and post the measures that best support Results Washington and DSHS goals - done.
- Identify strategic metrics with multi-state comparisons and publish to DSHS website by August 2014.



Strategic Objective 5.4: Make DSHS an “Employer of Choice” to attract, recruit, hire, develop, and retain an informed, inspired, diverse and engaged workforce. (Human Resources Division, Planning & Continuous Improvement Office)

Importance: The Department is moving to a supportive workplace culture where employees are empowered to plan and manage their own careers, and supervisors and managers play an active role in helping people define and achieve their professional goals. For example, Talent Management aligns all aspects of human resources and management to recruit and attract highly skilled workers, develop and integrate new workers, and develop and retain current workers. Excellence workshops are designed to challenge leaders on how to lead from their authentic best, how to engage and motivate staff, how to give and receive feedback, and provide the context and expectations to develop personal development plans.

Success Measures:

- The percentage of supervisors receiving supervisory and leadership training will increase annually, with a 15% increase by July 2015.
- The number of diverse candidates on the certified list will increase by July 2015.
- The percentage of staff with completed performance evaluations will increase from 86% to 90% by July 2015.
- Excellence workshops are planned to launch by September 2014, and be completed by December 2015.
- Participant feedback from Excellence workshops are rated 4.0 or higher, on overall feedback (scale 1-5).
- Staff feedback from pre-workshop survey and 90-day survey result reflect improvement by 25%.

Action Plan:

- Effectively manage performance through meaningful measures and ongoing review.
- Continue to implement Talent Management and associated tools and resources.
- During the continued implementation of PERFORM, the automated Performance Development and Evaluation System, there will be enhancements and improvements in processes and functionality to achieve higher completion rates, and greater user satisfaction.
- Talent Management will provide managers and supervisors the tools and resources to retain high-performing staff and, at the same time, promptly and effectively address unsatisfactory job performance and inappropriate conduct.
- Complete curriculum development by July 2014.
- Launch 3-hour Lean Leaders Training class by August 2014.
- Assess effectiveness of the Excellence workshops, summarized and distribute findings by March 2015.



- Establish local peer to peer supports for management staff by January 2016.

Strategic Objective 5.5: Ensure that public benefits are used by the right people, at the right time, for the intended purpose. (Office of Fraud and Accountability)

Importance: Assuring public dollars are spent on the truly needy helps ensure public willingness to support those who are most in need. Prosecuting fraud offenders not only holds them accountable, but also deters others from fraudulent misuse of the system.

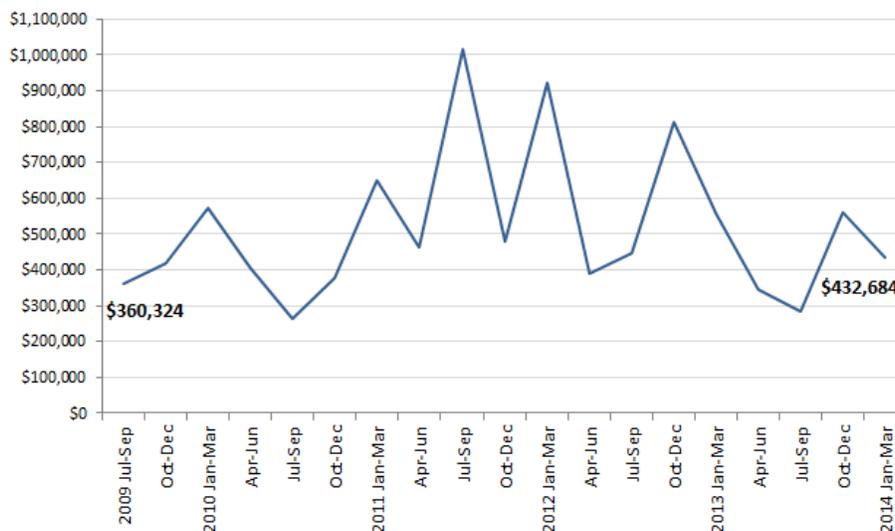
Success Measure:

- Increase identification of overpayments through investigations.
- The number of criminal prosecution referrals will increase from 76 to 250 by July 2015.

Action Plan:

- OFA is procuring a new Fraud Case Management System (FCMS) that will lead to investigative efficiencies, including overpayment identification and processing.
- Increase resources for investigations.
- Streamline investigative process to increase productivity through:
 - Intentional Overpayment Investigations in July 2014.
 - Fraud Referral Early Detection Process (round 2) in September 2014.
- Utilize data to help prioritize investigations.

CHART 5.5 Amount of overpayments issued each quarter



Strategic Objective 5.6: Through department-wide processes and policy, ensure that strong procedures are in place for the protection of DSHS clients' information and records. (Office of Policy and External Relations)

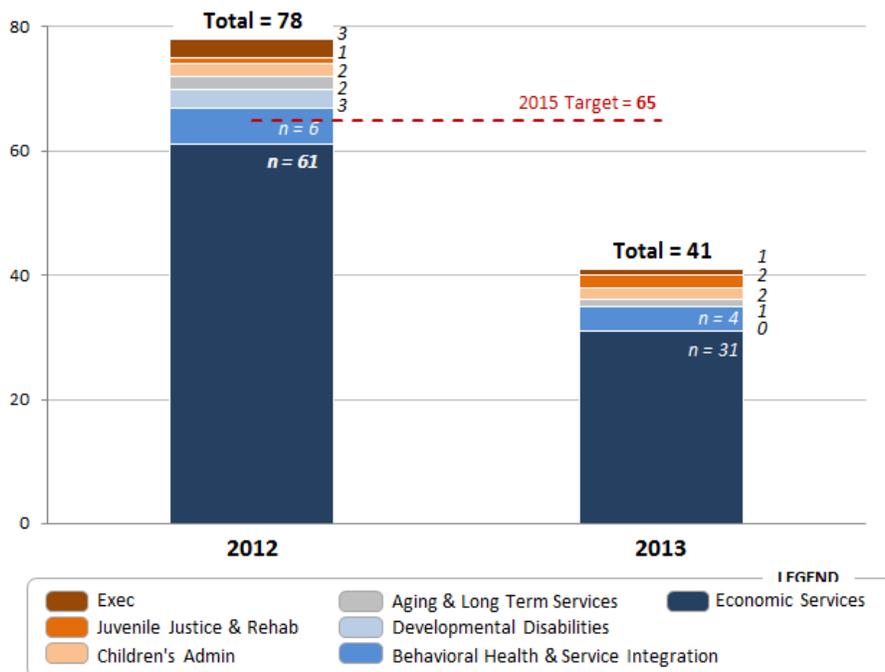
Importance: DSHS holds large volumes of confidential client data, which must be protected from unauthorized release and breaches in confidentiality laws and rules. Any unauthorized release can place the welfare of clients in jeopardy.

Success Measure: DSHS will show a decrease in annual confidentiality breaches from 78 to 65 by 2015.

Action Plan:

- In 2013, the DSHS Privacy Officer made necessary changes to Department policy, procedures and contracts in place as required by Health Information Portability and Accountability Act (HIPAA) and other rules.
- Steps toward compliance are underway in the Department including: conducting risk analyses on DSHS information assets, revising contracts to require confidential data protections by contractors and subcontractors, and policy changes and training for DSHS staff.
- DSHS's target for unauthorized releases and confidentiality breaches will be to maintain with fewer than 50 in 2015.

CHART 5.6 The total number of data breaches decreased from 78 in 2012 to 41 in 2013



Strategic Objective 5.7: Develop strategic initiatives that result in legislative action that support client needs and program efficiencies. (Office of Policy and External Relations)

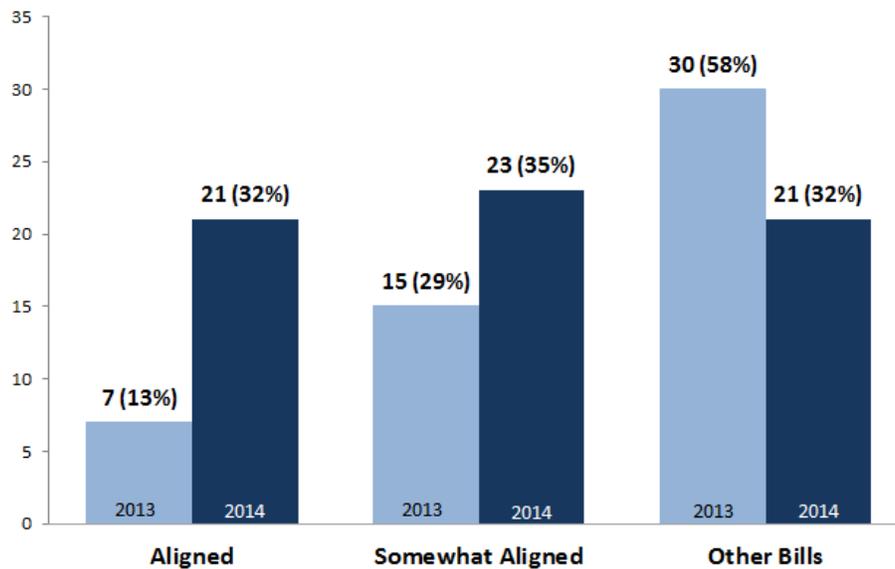
Importance: New legislation and legislative activities should advance the Department’s priorities.

Success Measure: The proportion of DSHS bills passed that support DSHS strategic priorities will be increased.

Action Plan:

- Achieve passage of DSHS request legislation.
- Work with legislators to ensure that legislation impacting DSHS programs aligns with the strategic priorities of the Department.

CHART 5.7 Proportion of DSHS bills passed in the legislature that align with DSHS strategic priorities



* **Other bills** is defined as bills which passed the legislature which are not connected to strategic priorities identified by DSHS.

Strategic Objective 5.8: Support Department efforts to reduce risk through implementation and maturation of information security and disaster recovery policy, processes and practice. (Information Systems Service Division)

Importance: DSHS holds critical and sensitive data. ISSD-managed information technology resources that support mission-critical business functions must provide confidentiality, integrity and availability to meet agency needs, protect clients and support business partners. Disaster Recovery programs help ensure that critical applications, systems infrastructure, and data managed by ISSD remain available to the Department’s programs even when disasters or unplanned service disruptions occur.



Success Measure: Percentage of ISSD staff successfully completing IT Security training will increase to 100 percent (within 30 days of employment) by December 2014, and be maintained at 100 percent annually thereafter.

Status as of July 17, 2014: 12.5% of ISSD employees have taken security awareness training since 1/1/14.

Action Plan:

- Continuously strengthen SESA'S IT security program with improvements in policy, processes and practice.

Status as of July 17, 2014: We have developed a policy framework based on industry best practices and are addressing specific policy gaps. We are developing and implementing processes and practices to incorporate information security into major work efforts.

- Continuously improve the security of ISSD-managed applications and infrastructure. Develop action plans to address vulnerabilities for the environment and monitor to completion.

Status as of July 17, 2014: All known vulnerabilities in infrastructure have either been remediated or have action plans, which are monitored. We are piloting the tool to identify vulnerabilities in applications.

- Design and implement enhanced SESA code review protocols and capacity.

Status as of July 17, 2014: We are piloting a tool that has greatly increased our capacity to identify vulnerabilities in code. As part of that process we are developing review protocols.

- Fully leverage and incorporate enterprise IT security services.

Status as of July 17, 2014: We are working with Consolidated Technology Services (CTS) to roll out the Enterprise Forward Proxy. We are leveraging additional services from the CTS Security Operations Center.

- Increase ISSD staff awareness of IT security responsibilities to protect client and business resources.

Status as of July 17, 2014: We have provided an initial role-based training to the ISSD Project Management Office on its security roles and responsibilities.

- Continuously improve SESA business continuity and disaster recovery capabilities, capacity, communication, and processes in support of vital DSHS services.

Status as of July 17, 2014: A third system was identified as mission critical during this year. This is the system that is completing disaster recovery testing.

- Annually renew and test disaster recovery plans for critical applications managed by ISSD.

Status as of July 17, 2014: Two of three systems have been through disaster recovery exercises and have updated plans. The third system is scheduled to be completed within two weeks (by the end of July 2014).



Strategic Objective 5.9: Continuously improve SESA work processes through the use of process improvement initiatives such as Lean. (All SESA Divisions & Offices)

Importance: Key services require continual improvement to maximize value. Promoting a Lean culture helps identify opportunities that create efficiencies and quality service delivery.

Success Measures:

- The percentage of ISSD staff with Lean principles and tools training will increase to 30 percent by July 2015. (Note: also a Results Washington goal)
- Usage trends for ISSD's online customer support tool will include the percentage of ISSD service tickets created and reviewed online by customers and will be compared with the percentage of ISSD service tickets created by ISSD staff.

Action Plan:

- Hire a Lean Coordinator for the Division. (Completed October, 1, 2013)
- Aggressively pursue Lean opportunities for ISSD-managed processes (both internal to Division and those used across DSHS).
- Identify methods to improve staff awareness of Lean concepts, including both formal and informal training and/or exposure to Lean activities.
- Implement an online customer support tool. Develop communication and monitoring plan. Actively seek customer input on the tool and make adjustments as needed.
- Actively monitor progress of projects and key initiatives using best practice project management criteria. Promote effective sponsorship to address scope, schedule and budget variance.

See analysis and plan at: [SESA Action Plan 5.9 – Managers Lean Activities](#)

Strategic Objective 5.10: Pursue excellence in the technology services we offer. (Information Systems Service Division)

Importance: Information technology services provide a critical foundation for the business processes used by staff in their day to day operations. The Department's IT services such as networks, voice communications, hardware platforms, software applications, and centralized imaging service must be cost-effectively developed and maintained at a high level of excellence to support increased utilization as well as advances in technology that help us improve customer service.

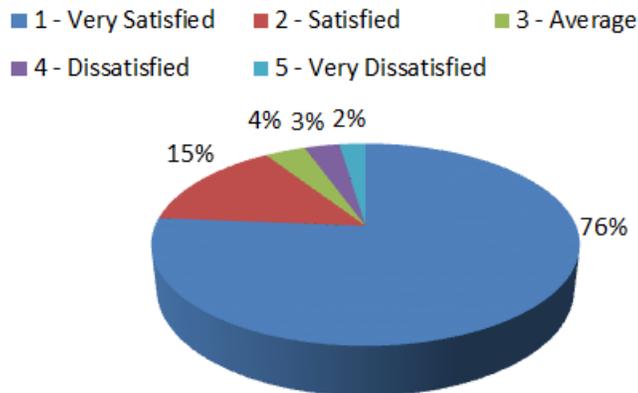


Success Measures:

- The percentage of respondents to ISSD’s online customer support survey indicating they are satisfied or very satisfied with services will sustain a monthly average of 85% or better.

Status: Survey responses from July 2013 through May 2014 indicate an overall satisfaction average of 91%, which tallied as 15% satisfied and 76% very satisfied with services. (See chart below.)

Overall Satisfaction



- Monthly data circuit cost relative to growth in Wide Area Network (WAN) capacity. (Also included in the Department’s Core Metrics under Services and Enterprise Support Administration as OIX.1, now posted on the Intranet at <http://ppa.dshs.wa.lcl/CoreMetrics/Pages/ExcelNEW.aspx>)

Status as of the end of June 2014: DSHS has upgraded 79% of its network circuits with high capacity circuits, achieving an 11% increase in WAN capacity since May 2013 at a current cost to capacity ratio of \$2.43. This is well under the target of \$3.20 per available gigabyte/per day for the DSHS remote data network.

Action Plan:

- Use ISSD Service Desk reporting as feedback to identify opportunities to improve service delivery such as service backlogs, high levels of equipment/software failures and incidents, change management, and improved customer communications.

Status: The ISSD Service Desk reports out on all ISSD services to identify areas for continual service improvement in accordance with ITIL IT Best Practice. These reports include:

- Incident Management
- Problem Management
- Request Fulfillment
- Change and Release Management

These monthly reports are posted on the Division’s Intranet page to help staff identify areas in



need of improvement, and opportunities for equipment upgrades, staff training, and improved customer communications.

- Continue to monitor WAN Core Metrics to improve planning for future network upgrades.

Status as of July 17, 2014: We are currently monitoring metrics to assess next candidates for WAN circuit upgrades. Will confirm priorities with DSHS IT Directors Group in October/November 2014 and implement identified upgrades by the end of June 2016.

- Tie ISSD-managed information technology projects and initiatives to the Department's strategic plan.

Strategic Objective 5.11: Establish and provide easy access for the public and staff to information about DSHS. (Communications Office)

Importance: The DSHS website is a strong coordinated communications and outreach vehicle. Staff, clients, stakeholders, legislators and the media all visit the website to use and learn about DSHS programs and services. It is an important tool to demonstrate DSHS achievements and increase positive awareness and public support for DSHS' mission.

Success Measures:

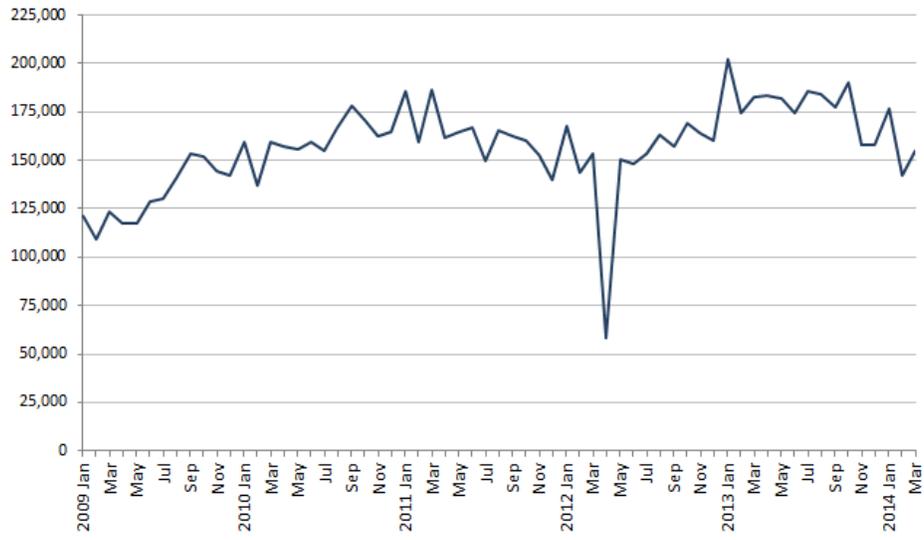
- Increase the number of hits on the DSHS website from 2.5 million in 2012 to 3.5 million by July 2015.
- Increase ratings on client and staff surveys regarding perceptions of DSHS and DSHS services by 2015. (Note: also a **Results Washington** goal.)

Action Plan:

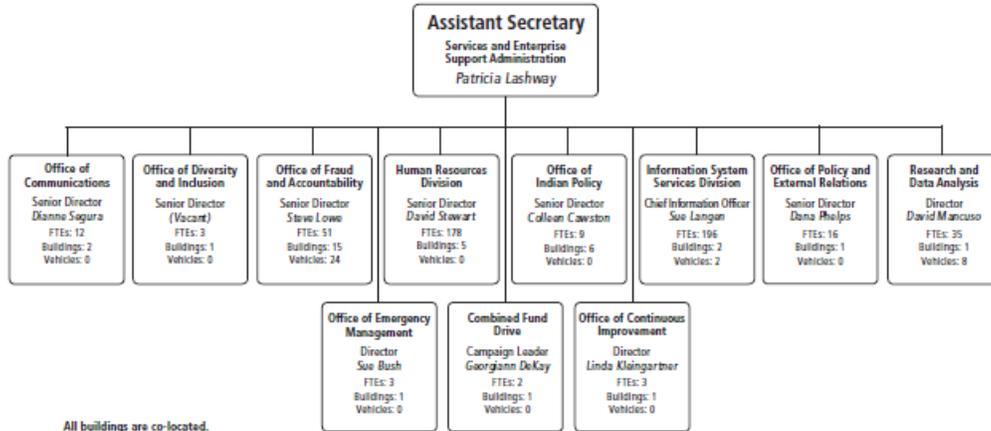
- Complete the rebuild of the DSHS website by December 2014.
- Market website changes to staff and the public in 2015.



CHART 5.11 Number of visits to DSHS internet home page



Department of Social and Health Services Services and Enterprise Support Administration



July 8, 2014

