



# Developmental Disabilities Administration

November 2015

### DDA MISSION

Transforming lives by providing support and fostering partnerships that empower people to live the lives they want

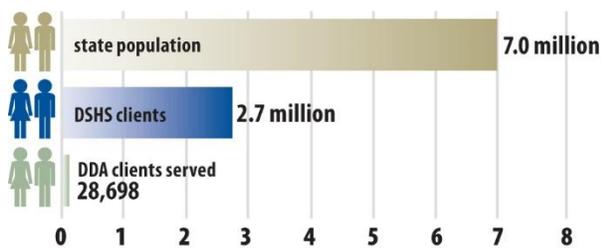
### DDA VISION

Support individuals, Continually improving supports, Individualizing supports, Building support plans based on the needs, and Engaging individuals, families

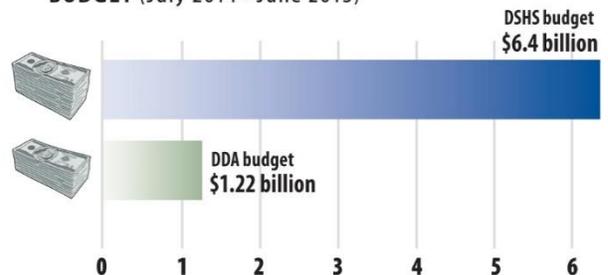
### DDA VALUES

Respect	Honesty and Integrity
Person-Centered	Pursuit of Excellence
Planning	Open Communication
Partnerships	Diversity and Inclusion
Community Participation	Commitment to Service

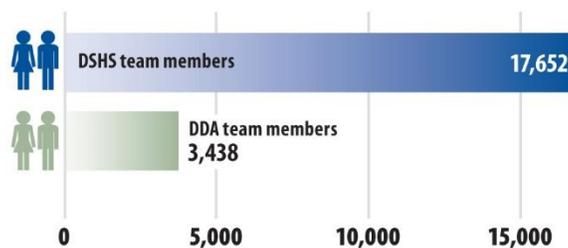
**CLIENTS SERVED** (between July 2013 - June 2015)



**BUDGET** (July 2014 - June 2015)



**NUMBER OF TEAM MEMBERS** (as of June 30, 2015)



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**STATE OF WASHINGTON**  
**DEPARTMENT OF SOCIAL AND HEALTH SERVICES**  
**1115 Washington Street SE, Olympia, Washington 98504-5010**



November 2015

Dear Teammate,

It has been a great privilege to get to know you and your clients over the past 3 years. I have enjoyed visiting with you and our clients at our state-owned residential habilitation centers, our State Operated Living Alternatives and in our many offices.

We have a rewarding, exciting and sometimes challenging mission to transform lives by empowering clients to live the lives they want. Where our clients are in our direct care we are entrusted to provide them the active treatment they need to thrive and transition – not simply to do for them. Where we are the bridge to qualifying a client or their family for services we are called to provide prompt service that always see the clients and their best interests. Where we are tasked with ensuring that our teammates and partners are performing well we are challenged to bring integrity and support, and guidance and encouragement. No DSHS administration can claim greater rewards than we can garner from the eyes of our clients and their families.

We are poised perfectly to expand and improve our services. Thankfully, we're blessed with funding to expand community services and funded and tasked with an absolute obligation to improve our state-owned residential habilitation centers. At the same time our clients' needs demand that we become leaders in creating solutions for individuals who have challenging behaviors or mental health needs.

With the above in mind, my priority requests for you under this strategic plan are as follows:

- Timely and successfully add a total of 5,450 clients to the Basic Plus, Core Waiver and Individual & Family Services programs;
- Move the timeliness for initial service assessments from the low-80% level to over 90%;
- Exceed 85% of individuals in supported living (including SOLA) demonstrating meaningful advancement toward their habilitation goals;
- Reduce to zero the number of serious deficiencies found at state residential facilities (both Intermediate Care Facilities and Nursing Facilities);
- Ensure every state-operated residential facility can demonstrate active treatment or habilitation plan advancement.

Our DSHS organizational mantra is to be connected to the *why*, the *how* and the *what* of our work. *Why* is our vision and mission – to transform lives. *How* we work is by applying our values – and being willing at every level to be held accountable to our values. *What* we will achieve is outlined in this strategic plan. Keeping all these elements in focus is *what* makes us an exceptional organization.

As always, I am confident in your dedication, integrity and commitment and extremely proud to call myself your teammate. Thank you for your commitment to transforming lives.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kevin W. Quigley".

Kevin W. Quigley  
Secretary

*DSHS: Transforming Lives*



**STATE OF WASHINGTON**  
**DEPARTMENT OF SOCIAL AND HEALTH SERVICES**  
Developmental Disabilities Administration  
PO Box 45310, Olympia, WA 98504-5310



November 2015

Dear Colleagues and Interested Citizens

The Developmental Disabilities Administration (DDA) is pleased to share with you our Strategic Plan for 2015-17. The plan will provide you with information about the objectives we must accomplish over the next two years, as well as the criteria we are going to use to measure success. It will give you information on the services we provide and on the outcomes that are important to assist in transforming lives by providing support and fostering partnerships that empower people to live the lives they want.

Each biennium offers new challenges and opportunities for this administration to provide supports and services that are innovative and creative and meet individual and family needs. Our goal is to find innovative and creative ways to provide quality services and supports that meet the needs of individuals and families today, as well as planning for the future.

I personally am committed to a partnership with stakeholders and staff in continuing to support and improve the health, safety and quality of life for those individuals who rely on DDA for support.

We, as an administration, are also committed to continually improving the work we do and the services and supports we provide. The Strategic Plan gives you the opportunity to review how we are measuring up to our goals.

I trust that the Strategic Plan will be used to further our shared goals and continue an open, candid dialogue focusing on continuous quality improvement.

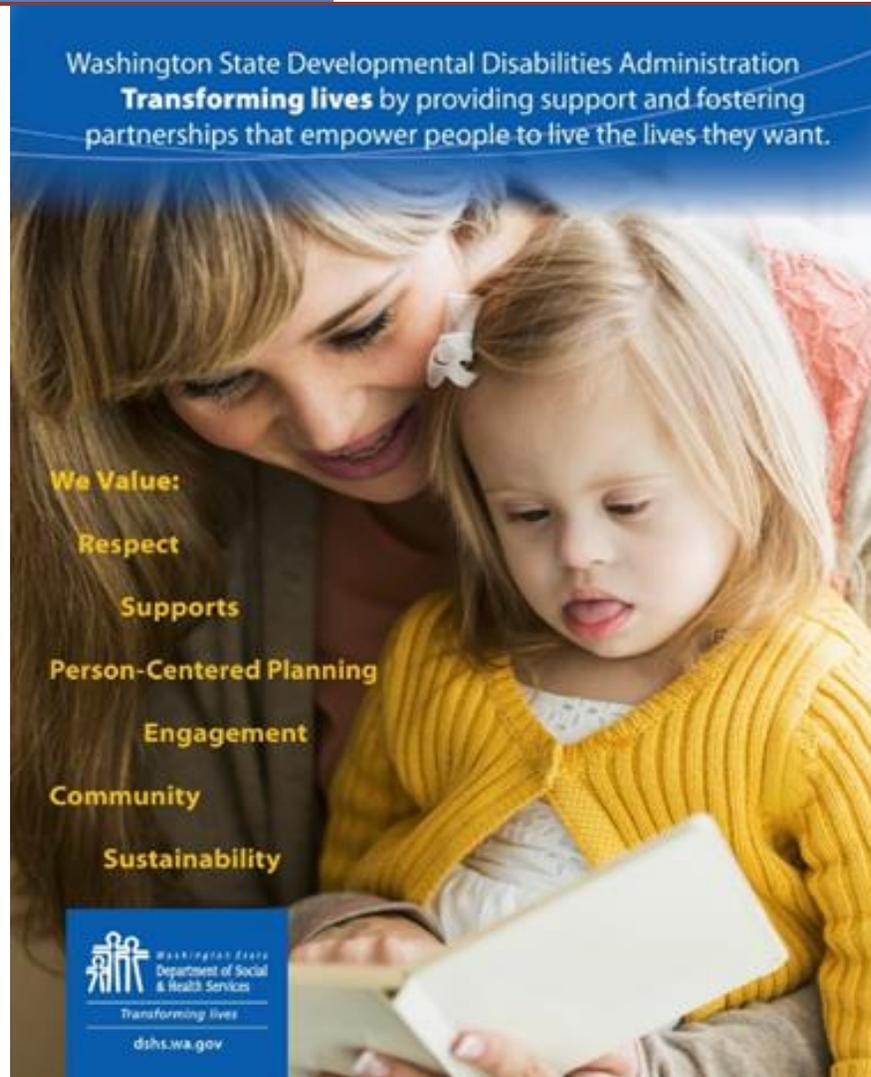
Very truly yours,

A handwritten signature in blue ink that reads "Evelyn Perez".

Evelyn Perez, Assistant Secretary  
*Developmental Disabilities Administration*

DEVELOPMENTAL DISABILITIES ADMINISTRATION

Introduction



People with developmental disabilities and their families are valued citizens. Programs administered by the Developmental Disabilities Administration (DDA) are designed to assist individuals with developmental disabilities and their families to obtain services and supports based on individual Assessments, needs, and preferences.

**DDA strives to develop and implement public policies that promote:**

- Individual worth, self-respect, dignity, power, and choice
- Healthy, safe, and fulfilling lives
- Supports that meet the individual’s needs during the person’s life span

**DDA offers the following supports and services:**

- **Case Management** promotes collaboration during assessments, service determination, and individual support planning. Case Resource Managers coordinate, authorize, monitor, and evaluate the effectiveness of services available to address an individual’s identified health and welfare needs.
- **Individual and Family Services Waiver Program** provides supports to help the DDA-eligible family member remain living in the family home.
- **Employment and Community Access Services** offer persons with intellectual and developmental disabilities the ability to more fully integrate and participate in society. These services provide access to employment and other community activities, a job opportunity and increased independence from social service systems.
- **Community Residential Services** provide a variety of residential options for individuals with intellectual and developmental disabilities who need support services to be able to live in and fully participate in the community. Supports range from a few hours a week to 24 hours a day. DDA provides residential supports to individuals in community settings such as: their own homes, homes with supported living services both contracted and state run, adult family homes, companion homes, and State Operated Living Alternatives.
- **Residential Habilitation Centers (RHCs)** are large state-operated residential settings that provide 24-hour support and habilitation training. An RHC may be certified as an Intermediate Care Facility for Individuals with Intellectual Disabilities and/or licensed as a Nursing Facility. There are four RHCs in Washington State.
- **Community First Choice (CFC)** is a Medicaid-covered program that provides in-home supports for assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). ADL tasks include supports for eating, bathing, dressing, toileting, and transferring. IADL tasks include supports for housekeeping, laundry, meal preparation, medication management, essential shopping, and transportation. CFC provides services that increase independence or substitute for human assistance with ADLs and IADLs, including skills acquisition and assistive technology and offers back-up systems to ensure continuity of services and support including Personal Emergency Response Systems and relief care.

**Every year in DDA**

*Every year, more than 3,400 Developmental Disabilities Administration employees, help transform lives by providing families and individuals across Washington State with the resources and help they need to build satisfying lives.*

- More than **28,500** individuals receive services from DDA
- More than **2,200** individuals and their families receive services from the Individual and Family Services Program
- More than **7,000** individuals are provided employment and day supports from DDA
- DDA provides to almost **6,000** individuals residential supports for who live in community settings
- Approximately **800** individuals also receive services at the Residential Habilitation Centers
- More than **12,500** individuals receive personal care services

## Goals

Stated as a mission, the goal of the Developmental Disabilities Administration (DDA) is to **transform lives by providing support and fostering partnerships that empower people to live the lives they want**. Fully realized, this creates our vision: Individuals with developmental disabilities will live in, contribute to, and participate in their communities; will realize their greatest potential; and will be healthy and safe. To track our progress toward this mission and this vision, we set performance goals in specific areas.

### Washington’s Commitment

We start with a customer focus in measuring progress toward fulfilling our mission and reaching our vision. We ask, stated in its simplest terms, what our customers need from us to fulfill the vision. For DDA to best advance our mission, Washington State needs to be the national leader in: Providing a safe, high-quality array of home, community, and facility-based residential services and employment supports. We track our progress annually through a scorecard:

#### WASHINGTON’S COMMITMENT SCORECARD

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

	2012	2013	2014	
Provide safe, high-quality supports for individuals.	 YELLOW	 YELLOW	 YELLOW	While the overwhelming majority of programs exist at a high-quality level, a best-in-class quality assurance system is not in place; however, it is being created.
Provide an array of supports for individuals living in their own homes.	 GREEN	 GREEN	 GREEN	The exceptional DSHS Home and Community programs benefit clients with a person-focused program.
Provide community-based services for individuals.	 RED	 RED	 YELLOW	While strong capabilities exist, thousands lack services. Community First Choice Options funding commitment will expand services.
Provide facility-based residential services for individuals.	 RED	 RED	 RED	Nursing facilities are successfully providing “specialized services”; however, active treatment and other services need to increase.
Provide employment supports for individuals.	 GREEN  YELLOW	 GREEN  YELLOW	 GREEN  YELLOW	Supported employment programs were ranked by United Cerebral Palsy as the best in the nation; however, thousands lack services.

Achieving the goal of national leadership in these service areas is a product of the contributions of many players, including the Governor, the Legislature, state agencies, counties, cities, non-profit organizations, and others, including the citizens themselves. The Washington’s Commitment section looks at the world through the client’s eyes and asks how successful we are as a state at transforming the lives of these clients.

The reasons are critically important, of course, but for the client the first concern is always whether the needed service is available and effective. It is too frequently the case that the DDA team is doing

exceptional work, but excessive caseloads, not enough funding, or other program gaps create severe unmet needs and drive poor grades for Washington’s Commitment. DDA is committed to always working to improve our performance and to meet clients’ needs.

The Washington’s Commitment scorecard and the DDA Performance scorecard (on page 8) are denoted by color as follows:

- Green equates to strong performance and service or dramatic improvement in the area
- Yellow to areas of concern or unmet need, or both.
- 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 a coveted gold star.



## DDA Performance Scorecard

In the DDA Performance scorecard we measure ourselves against our yardstick of being the national leader in our sphere of service by setting goals and grading our performance for specific elements of the work we do that advances our mission in that area.

DDA’s current scorecard for looks like this:

### Developmental Disabilities

Provide a high quality, home,

	2012	2013	2014
Provide timely assessments	GREEN	GREEN	GREEN
Increase client community engagement and habilitation			New in 15-17 plan
Increase access to home and community-based services			New in 15-17 plan

Each target item on this DDA Performance scorecard forms part of our Strategic Plan, in addition seven new Strategic Objectives and Success Measures have been added to this year’s strategic plan.

Measures that are new to this plan are denoted as “New in the 15-17 plan”. The detailed discussion of all measures—including a statement of their importance; a quantified success measure; a timeline; and an action plan—form our Strategic Plan.

Community,

	2012	2013	2014
Increase access to home and community-based services	YELLOW	YELLOW	↑ YELLOW
Communication with clients, families and providers	↑ YELLOW	↑ YELLOW	GREEN
Support work force diversity and inclusion			New in 15-17 plan
Increase community supports	YELLOW	↑ YELLOW	↑ YELLOW

While the summary scorecard provides an overly simplified color-coded evaluation for most of these measures, you will find very detailed performance data included. Performance data is updated quarterly and can be found at:

and facility-based array of residential services and employment supports.

	2012	2013	2014
Improve safety of individuals experiencing mental health crisis			New in 15-17 plan
Reduce length of stay duration at RHCs			New in 15-17 plan
Timely processing of specialized service requests			New in 15-17 plan
Improve quality of services at RHCs			New in 15-17 plan
Increase client employment	YELLOW	YELLOW	YELLOW

<https://www.dshs.wa.gov/data/metrics/DDA.pdf>

It is not really possible to fully separate our performance at DDA from the challenges of funding. The Governor and the state Legislature work with limited resources, and so do we. Importantly, in virtually every area summarized on the DDA Performance scorecard we have quantified progress measures to make better use of the resources we have and provide a better measure of our progress as an administration.

Washington’s Commitment and DDA Performance scorecards are updated annually in

the annual [Report on the State of Human Services in Washington](#).

<https://www.dshs.wa.gov/sites/default/files/SESA/office%20of%20the%20secretary/State%20of%20Human%20Services%20Report%202015.pdf>

## Governor Jay Inslee’s Results Washington Goals

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

Results Washington’s goal area number four is Healthy and Safe Communities. DDA has responsibility for two of the leading indicators under the goal topic *Supported People: Stability and Self-sufficiency*:

***Increase the percentage of DDA clients served in home and community-based settings from 96.4 percent as of January 2015 to 96.8 percent in July 2017.***

***The percentage of working-age adults with developmental disabilities in employment and day programs who are employed will increase from 65.2 percent in December 2014 to 66 percent in July 2017.***

### Department of Social and Health Services (DSHS) Goals

DSHS has five broad goals: Health, Safety, Protection, Quality of Life, and Public Trust.

DDA has the following strategic objectives in support of the DSHS goals as listed below:

#### Health:

- Individual’s health and welfare needs will be identified in a timely manner to support individuals to have a healthy and active lives.
- The specialized services recommended by the Pre-Admission Screening and Resident Review process will be initiated in a timely manner.

#### Safety:

- The safety and successful long-term placements of individuals in the community who are at risks of institutionalizing in state hospitals will increase.

#### Protection:

- Continue enhancing a statewide crisis/respite system by increasing the respite options in the community.
- Efforts will increase to ensure clients residing in the Residential Habilitation Centers (RHCs) and Nursing Facilities are being supported to attain the highest possible quality of life.

#### Quality of Life:

- Supports to enhance the effectiveness and meaningfulness of client’s activities, routines, and choices to become more actively engaged in learning developing skills that lead to greater independence will increase.

#### DSHS 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 attain the highest possible quality of life.
- **Public Trust** – Strong management practices will ensure quality and efficiency.

- Individuals' access to home and community-based services will increase.
- Opportunities for individuals who live in large residential facilities to have the option to move into the community and be supported as needed will increase.
- The number of employed working-age adults will increase.
- The access to home and community-based services will increase.

**Public Trust:**

- Efforts for effective promotion and communication of diversity and inclusion for Developmental Disabilities Administration's staff will increase.

**Secretary's Special Focus Areas**

DSHS Secretary Kevin W. Quigley has highlighted the following five focus areas for DDA during this strategic plan period:

- Increase the on-time completion of initial assessments from 82.7 percent in January 2015 to 90 percent in July 2017. This is a success target for success measure 1.1.2 found on page 8 of this plan.
- Ensure that 85 percent of individuals plans sampled in supported living will show documented, measurable activity toward one or more individual Instruction and Support Plan habilitation goals(s) in July 2017. This is a success target for success measure 1.2.2 found on page 9 of this plan.
- One-hundred percent of plans sampled by the Quality Management Team in the RHCs must demonstrate:
  - Meaningful active treatment is occurring in July 2017 for individuals in an ICF/IID;
  - An ongoing program of activities designed to meet the interests and the physical, mental, and psychosocial well-being of each resident in a state operated nursing facility.  
This is a success target for success measure 1.2.3 found on page 9 of this plan.
- Increase access to home and community-based services for individual with disabilities by:
  - Increase enrollment in the Basic Plus waiver from 7,735 individuals in January 2015 to 8,735 individuals in July 2017. This is a success target for success measure 2.1.1 on page 11 of this plan.
  - Increase enrollment in the Core waiver from 4,494 individuals in January 2015 to 4,626 in July 2017. This is a success target for success measure 2.1.2 on page 11 of this plan.
  - Increase enrollment in the IFS waiver from 0 individuals in January 2015 to 6,500 in July 2017. This is a success target for success measure 2.1.3 on page 11 of this plan.
- Compliance with the Centers for Medicare and Medicaid Services regulations and reduction of the Conditions of Participation deficiencies from three at Lakeland, Fircrest, and Rainier PAT A as of June 2015 to zero at all Residential Habilitation Centers in July 2017. This is a success target for success measure 4.4.1 found on page 19 of this plan.
- Compliance with the Centers for Medicare and Medicaid Services regulations by maintaining nursing facility federal remedies at zero in January 2015 to zero in July 2017. This is a success measure 4.4.2 found on page 19 of this plan.

# Strategic Plan

Below are the details of our plan to meet our strategic objectives. Each strategic objective includes statement of its importance, quantified success measure, a timeline, and most importantly, an action plan. DDA strategic objectives are monitored, updated and reported quarterly online at <http://www.dshs.wa.gov/ppa/strategic.shtml>.

## 1. Provide safe, high-quality supports for individuals

**Strategic Objective 1.1:** Identify individual health and welfare needs in a timely manner in order to support individuals to have healthy and active lives.

	2012	2013	2014
1.1 Provide timely assessments	GREEN	GREEN	GREEN

**Importance:** The percentage of assessments completed on time improves the delivery of services to clients.

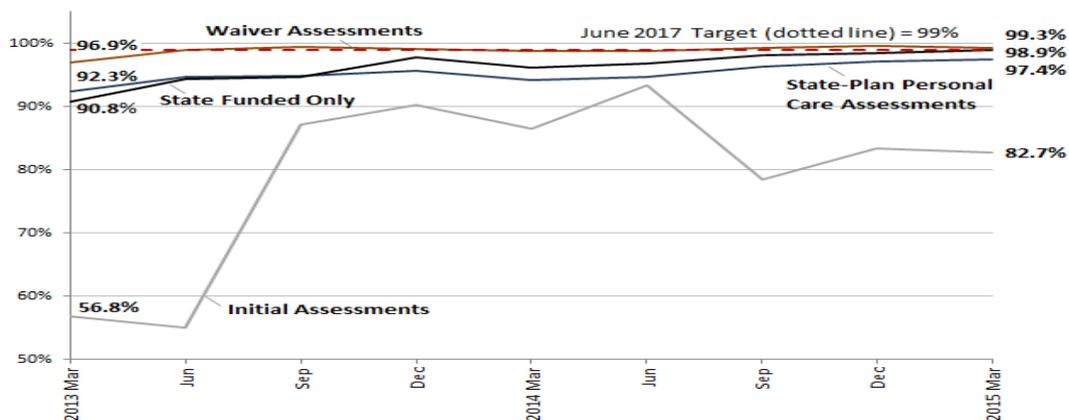
**Success Measure 1.1.1:** On-time completion of annual reassessments will increase from an average 98.4 percent in January 2015 to 99 percent in July 2017.

**Success Measure 1.1.2:** On-time completion of initial assessments will increase from 82.7 percent in January 2015 to 90 percent in July 2017.

### Action Plan:

- Provide monthly assessment timeliness reports to regional management.
- Provide Case Resource Managers (CRM) training & on-going support to better equip CRMs with knowledge and skills.
- Monitor CRM caseload size to ensure they are at or below caseload standard.
- Engage Human Resources to conduct continuous targeted CRM recruitment.

**Chart 1.1 Percent of annual on-time assessments for people receiving Waiver, State-Plan Personal Care and State-Only funded services**



See analysis and plan at: [DDA Action Plan 1.1 – Identify individual health and welfare needs](#)

**Strategic Objective 1.2:** Increase the effectiveness and meaningfulness of client’s activities, routines, and choices to support individuals to become more actively engaged in learning and developing skills that lead to greater independence.

	2012	2013	2014
1.2 Increase client community engagement and habilitation			New in 15-17 plan

**Importance:** One important indicator of quality of life is the opportunity to be engaged in stimulating activities. High levels of engagement indicate an environment that is providing opportunities for stimulation, learning, and new experiences.

**Success Measure 1.2.1:** Samples of individual plans in supported living will show an average of at least 50 community-based activities per quarter (four per week) in July 2017. Baseline will be established by December 31, 2015.

**Success Measure 1.2.2:** Eighty-five percent of individual plans sampled in supported living will show documented, measurable activity toward one or more Individual Instruction and Support Plan habilitation goal(s) in July 2017. Baseline will be established by December 31, 2015.

**Success Measure 1.2.3:** One-hundred percent of plans sampled by the Quality Management Team in the RHCs must demonstrate:

- a- Meaningful active treatment is occurring in July 2017 for individuals in an ICF/IID;
- b- An ongoing program of activities designed to meet the interests and the physical, mental, and psychosocial well-being of each resident in a state operated nursing facility.



The baseline will be established by December 31, 2015.

**Action Plan:**

- Dedicate resources to increase habilitation support.
- Develop measureable habilitation goals and standardized training curriculum to increase quality of individual’s plan.
- Develop standardized Quality Assurance (QA) monitoring tool and clarify roles and responsibilities of QA staff.
- Clarify roles and responsibilities of residential staff in each Residential Habilitation Center (RHC).
- Develop standardized method for reporting Quality Monitoring Tools outcomes in monthly reports.
- Develop consistent expectations for RHC QA Committee to increase accountability.

See analysis and plan at: *DDA Action Plan 1.2–Increase Client Engagement*

**Strategic Objective 1.3:** Effective promotion and communication of diversity, equity and inclusion to Developmental Disabilities Administration’s staff.

	2012	2013	2014
1.3 Support work force diversity and inclusion			New in 15-17 plan

**Importance:** DDA is committed to diversity with a goal to create an environment of mutual respect and equal opportunity to all persons we serve without regard to race, color, sex, religion, creed, age, marital status, national origin, sexual orientation, veterans status or the presence of any physical, sensory or mental disability. DDA leadership will show commitment and the importance of diversity and inclusion through supporting efforts, clear messaging and training. Diversity and inclusion are core values of the administration. We recognize that only by including all perspectives are we at our best and only through cultural sensitivity can we optimally serve our clients.

**Success Measure 1.3.1:** Develop and implement five strategies for coordinating and structuring DDA diversity and inclusion efforts through the DDA Diversity and Inclusion Leadership Team by June 30, 2016.

Analysis and action plan is pending for *DDA Action Plan 1.3 – Effective communication of diversity and inclusion*



**DDA Commitment 2: Home - Provide an array of supports for individuals living in their own homes.**

**Strategic Objective 2.1:** Increase access to home and community-based services.

	2012	2013	2014
2.1 Increase community supports	YELLOW	YELLOW ↑	YELLOW ↑

**Importance:** Individuals with disabilities should have access to services and resources that meet their needs and promote activities, routines and relationships common to most citizens. This includes being able to live in integrated settings, in communities rather than in facility-based residential services.

**Success Measure 2.1.1:** Increase enrollment in the Basic Plus waiver from 7,735 individuals in January 2015 to 8,735 individuals in July 2017.

**Success Measure 2.1.2:** Increase enrollment in the Core waiver from 4,494 individuals in January 2015 to 4,626 in July 2017.

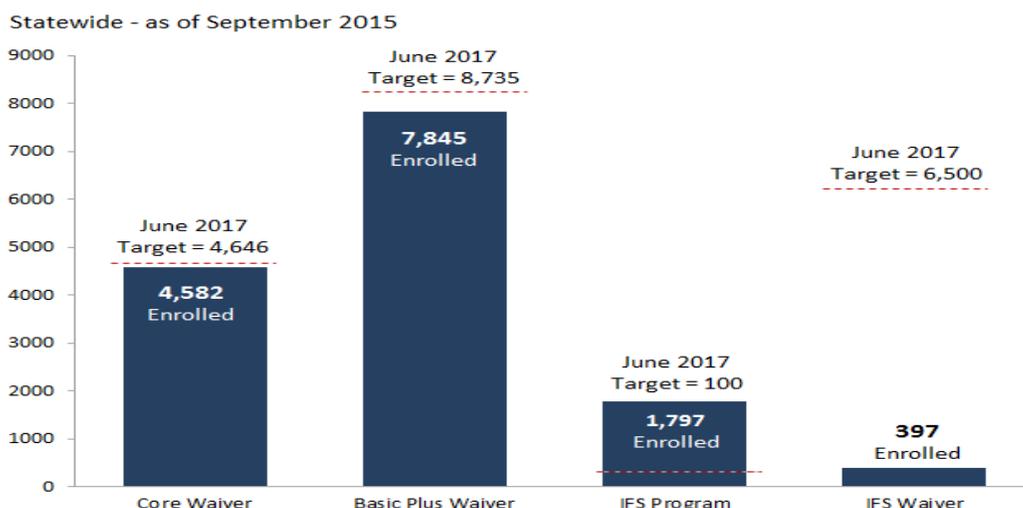
**Success Measure 2.1.3:** Increase enrollment in the IFS waiver from 0 individuals in January 2015 to 6,500 in July 2017.

**Success Measure 2.1.4:** Decrease enrollment in the Individual and Family Services (IFS) program from 2,081 individuals in January 2015 to 100 in July 2017.

**Action Plan:**

- Partner with Stakeholders to expand outreach
- Expand IFS program and Basic Plus Waiver enrollments
- Add additional training for providers
- Work with Health Care Authority to develop larger provider network

**Chart 2.1 Increase access to home and community-based services**



See analysis and plan at: *DDA Action Plan 2.1 – Increase access to home and community-based services*

**Strategic Objective 2.2:** Increase opportunities for individuals who live in large residential facilities to have the option to move into the community and be supported as needed.

	2012	2013	2014
2.2 Increase access to home and community-based services			New in 15-17 plan

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

**Success Measure 2.2.1:** Annual number of clients' transition from facilities (Residential Habilitation Centers, State Hospitals, Community Nursing Facilities, Community Intermediate Care Facility for Individuals with Intellectual Disabilities and Children's Long-Term Inpatient Program) will increase from 26 individuals in January 2015 to 40

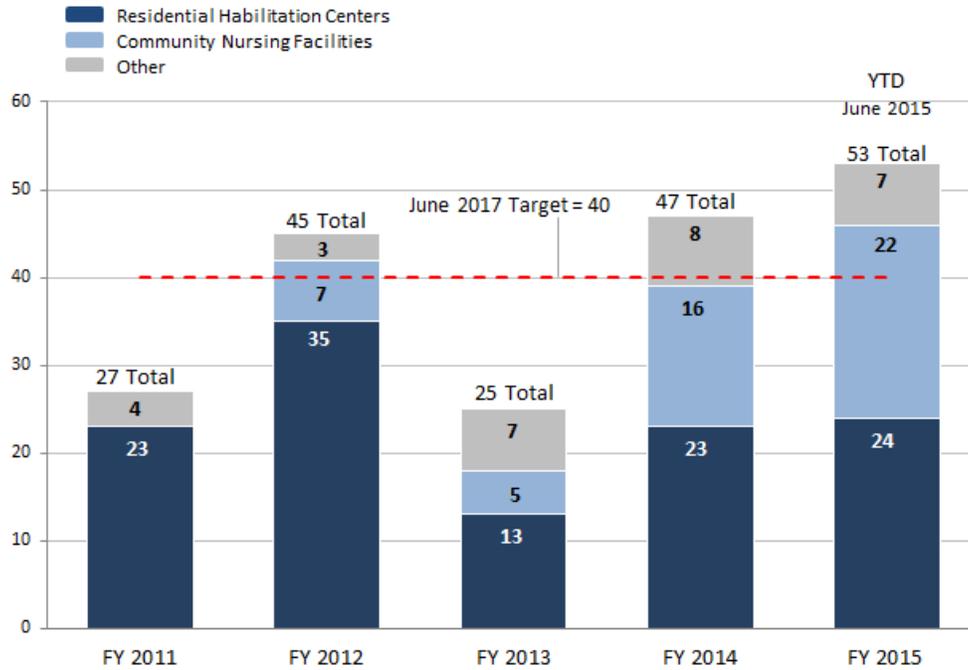


individuals per fiscal year in July 2017 via Roads to Community Living (RCL) grant.

**Action Plan:**

- Host events to educate those living in institutions and their family members and encourage exploration of options.
- Develop training curriculum to train staff to utilize more person-centered approaches.
- Use the RCL grant to enhance services and supports during the first year of community living.
- Identify, contract and train housing experts.
- Provide the Forecast Council monthly data on increase in demand for waiver slots after an individual's RCL year ends.

**Chart 2.2 Number of clients moved into the community via Roads to Community Living grant**



See analysis and plan at: DDA Action Plan 2.2 – *Increase access to home and community-based services*

Other = Children’s Long-Term Inpatient Program, state hospitals and community Intermediate Care Facility for Individuals with Intellectual Disabilities. Chart updated through June 30, 2015.



**DDA Commitment 3: Community - Provide community-based services for individuals**  
**Strategic Objective 3.1:** Increase access to home and community-based services.

	2012	2013	2014
<b>3.1</b> Increase access to home and community-based services 	YELLOW	YELLOW	 YELLOW

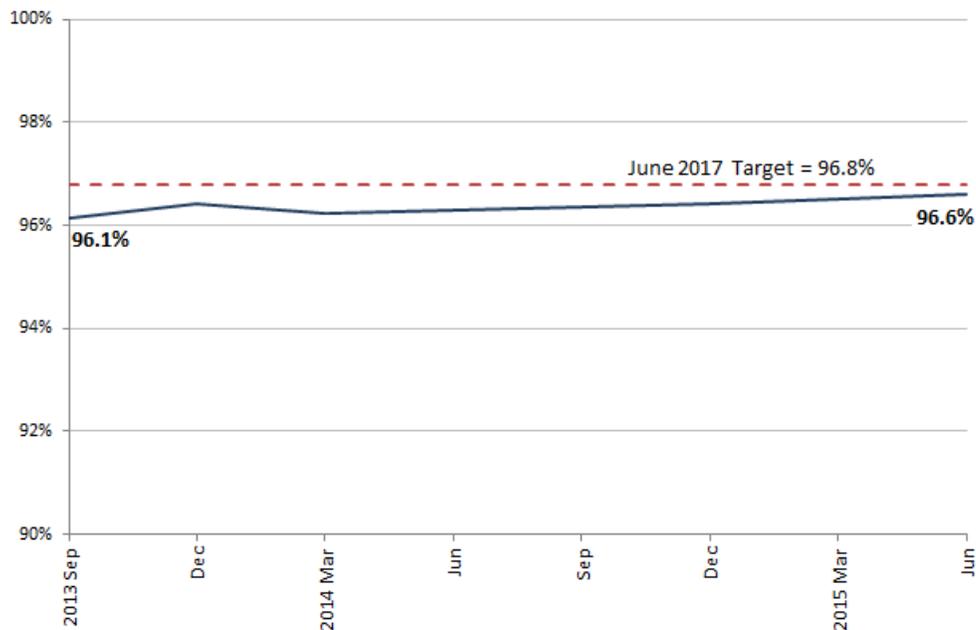
**Importance:** Individuals with disabilities should have access to services and resources that meet needs and promote activities, routines and relationships common to most citizens. This includes being able to live in integrated settings, in communities rather than in facility-based residential services.

**Success Measure 3.1.1:** Increase the percentage of DDA clients with developmental disabilities served in home and community-based settings from 96.4 percent in January 2015 to 96.8 percent in July 2017.

**Action Plan:**

- Weekly Core Waiver and Basic Plus requests are reviewed and monitored on a monthly basis.
- Transition 34 individuals from residential facilities into the community.
- Case Managers support the expansion of the IFS Programs.

**Chart 3.1 Percent of individuals with a developmental disability accessing home and community-based services\***



See analysis and plan at: [DDA Action Plan 3.1 – Increase access to home and community-based services](#)

\*The above percent of individuals with a developmental disability accessing home and community-based services does not include birth to three clients accessing child development services.

**Strategic Objective 3.2:** Effective communication with stakeholders.

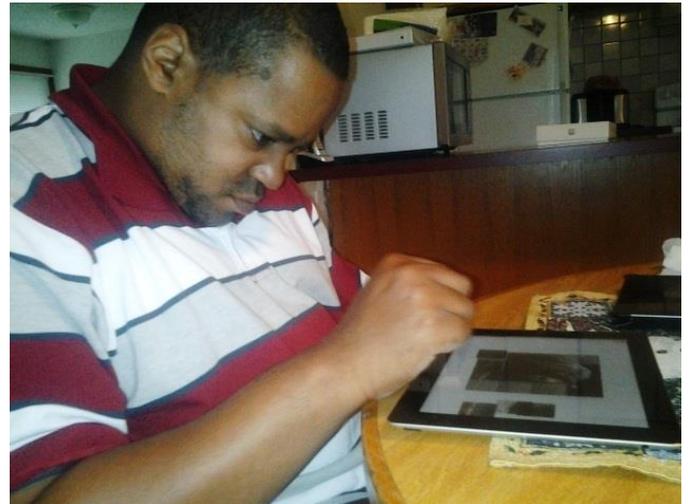
	2012	2013	2014
3.2 Communication with clients, families and providers	 YELLOW	 YELLOW	 GREEN

**Importance:** Open dialog with individuals and families help us understand what services and supports are needed.

**Success Measure 3.2.1:** Continue to meet with stakeholders to improve the quality of home and community-based services.

**Action Plan:**

- The Assistant Secretary meets monthly with the Developmental Disabilities Advocacy Coalition to share information and receive recommendations.
- The DDA Quality Assurance Office Chief and other staff meet quarterly with the Home and Community Based Services Quality Assurance Committee convened by the Washington State Developmental Disabilities Council to review the quality of waiver services and make recommendations to the department.
- The DDA Quality Assurance Office Chief serves on the Washington State Developmental Disabilities Council as the representative for the administration and provides information and input on work being done by the Council.
- The Office Chief for Compliance and Monitoring meets quarterly with stakeholders who plan the development of Information and Educational Materials to be placed on the Developmental Disabilities Council's [Informing Families.com](http://InformingFamilies.com) website.



**Success Measure 3.2.2 and action plan:** We update one-hundred percent of DSHS Policy 7.01 American Indian Policy plans annually.

**DDA Commitment 4: Improve safety of individuals experiencing mental health crisis.**

**Strategic Objective 4.1:** Improve safety and successful long-term placement in the community for individuals who are at risk of placements in state psychiatric hospitals.

	2012	2013	2014
4.1 Improve safety of individuals experiencing mental health crisis			New in 15-17 plan

**Importance:** Individuals should be able to live safely in environments common to other citizens, with reasonable supports offered to protect their safety while promoting community inclusion.

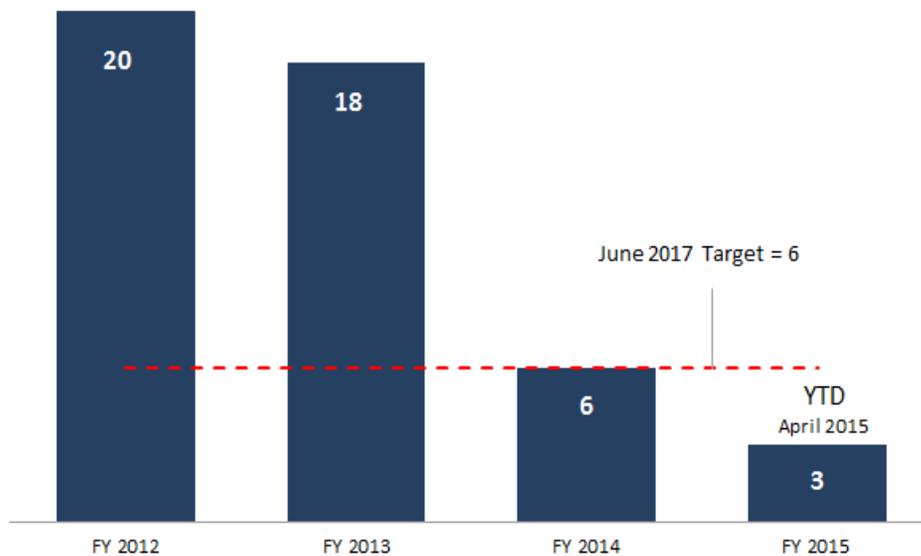
**Success Measure 4.1.1:** The occurrence of DDA civil readmissions will be at six or less per fiscal year in July 2017.

**Action Plan:**

Conduct outreach and provide trainings and education to mental health and developmental disability service providers.



**Chart 4.1 Number of DDA civil readmissions**



See analysis and plan at: *DDA Action Plan 4.1 – Improve safety and long-term placement of individuals*

**Strategic Objective 4.2:** Reduce the impact on resources of emergent short-term stay admissions in the Residential Habilitation Centers to focus on individuals with high needs.

	2012	2013	2014
4.2 Reduce length of stay duration at RHCs			New in 15-17 plan

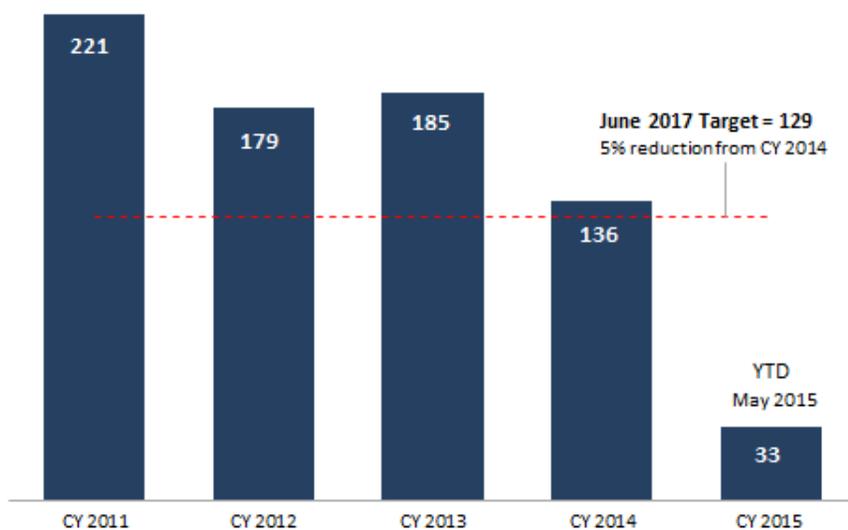
**Importance:** Emergent short-term stays are taxing on RHC staff, funding, and bed space. Improved communication between the families, regional offices, and the RHCs will aid in reducing the length of short-term stays in the RHCs.

**Success Measure 4.2.1:** Reduce average emergent short-term stay duration by five percent for individuals with medical evaluation treatment or behavioral challenges or family emergencies from 136 average length of stay days in 2015 to 129 average days in July 2017.

**Action Plan:**

- Determine information needed to make an initial request to improve communication and consistency.
- Determine information needed to complete an admission to improve communication and consistency.
- Review RHC, STS and SOP roles to improve communication and understand roles and responsibilities.
- Enhance short term stay report to improve communication.

**Chart 4.2 Average length of stay (in days) at Residential Habilitation Centers**



See analysis and plan at: DDA Action Plan 4.2 – *Reduce impact of short-term stays*

**Strategic Objective 4.3:** Assure that specialized services recommended by the Pre-Admission Screening and Resident Review (PASRR) process are initiated in a timely manner.

	2012	2013	2014
4.3 Timely processing of specialized service requests			New in 15-17 plan

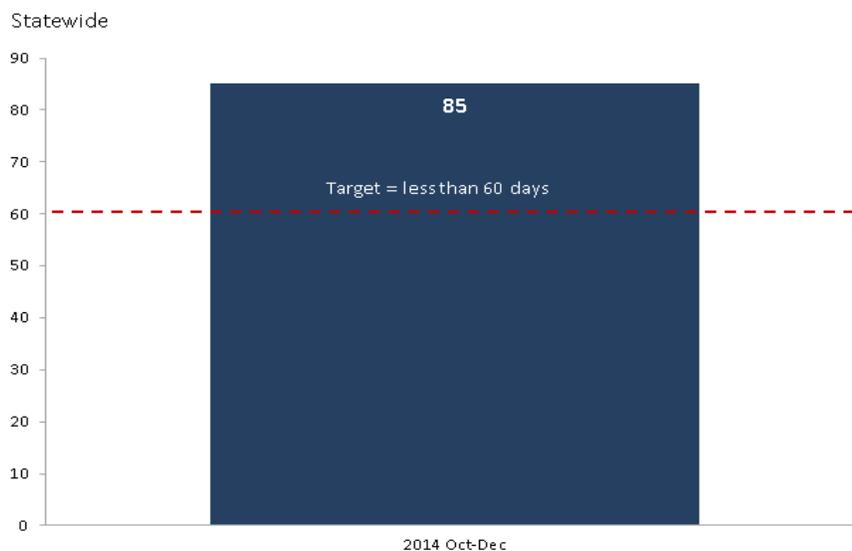
**Importance:** Specialized services are intended to help individuals with intellectual disabilities or related conditions maintain or increase functional skills and connections to their communities while receiving nursing facility services. We know that long delays could be counterproductive to these goals.

**Success Measure 4.3.1:** Ensure specialized services recommended by the PASRR process are initiated from an average of 85 days in October through December 2014 to within an average of 60 days from the time of recommendation in July 2017.

**Action Plan:**

- Convert to automated data management system to improve ability to monitor processes, timeliness and service delivery.
- Create PASRR unit to improve ability to monitor for quality, timeliness and accessible data.
- Partner with state agencies to improve compliance with code of federal regulations.
- Improve tools and staff training to improve ability to monitor for quality, timeliness and accessible data.
- Deploy two quality improvement tools to improve ability to monitor trends and areas requiring quality improvement.

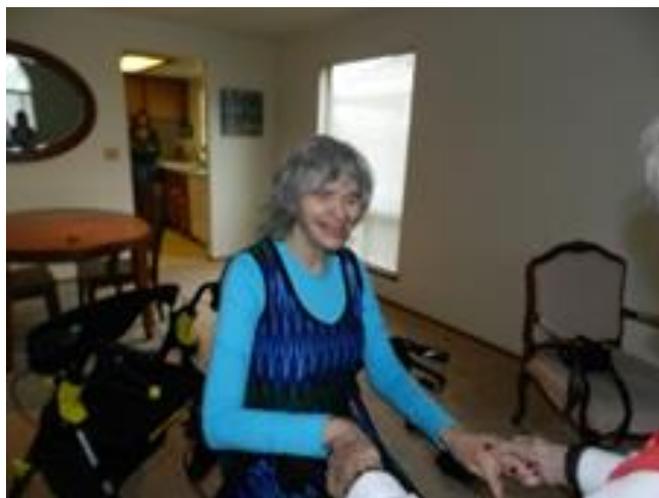
**Chart 4.3 the average days it takes to authorize PASRR related specialized services**



See analysis and plan at: DDA Action Plan 4.3 – *Timely processing of specialized service requests*

**Strategic Objective 4.4:** To ensure clients residing in the Intermediate Care Facilities (ICFs) and Nursing Facilities (NFs) in Residential Habilitation Centers (RHCs) are being supported to attain the highest possible quality of life.

	2012	2013	2014
4.4 Improve quality of services at RHCs			New in 15-17 plan



**Importance:** Individuals living in RHCs deserve quality services that promote resident choice, independence and freedom from restriction. To achieve this, RHC staff must understand the Code of Federal Regulations and how to implement them.

**Success Measure 4.4.1:** Compliance with the Centers for Medicare and Medicaid Services regulations and reduction of the Conditions of Participation deficiencies from three at Lakeland, Fircrest, and Rainier PAT A as of June

2015 to zero at all Residential Habilitation Centers in July 2017.

**Success Measure 4.4.2:** Compliance with the Centers for Medicare and Medicaid Services regulations by maintaining nursing facility federal remedies at zero in January 2015 to zero in July 2017.

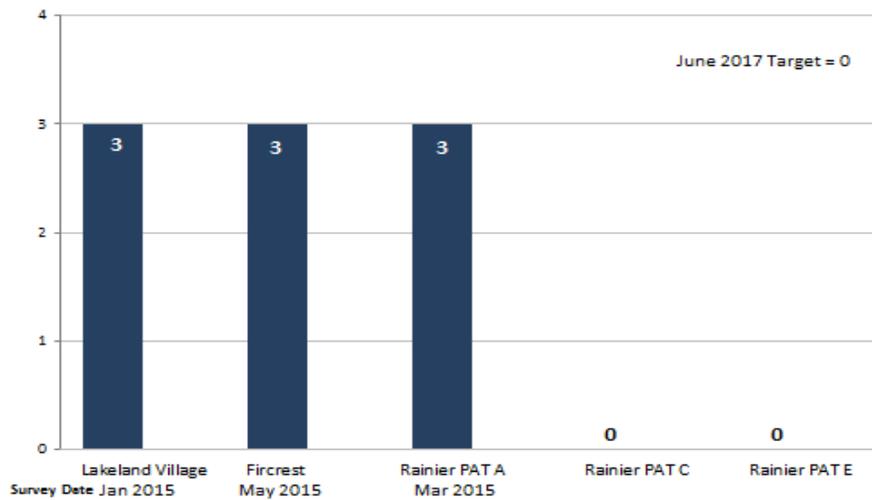
**Success Measure 4.4.3:** Restructure, train, and implement all Residential Habilitation Center standard operating procedures to ensure staff are grounded and understand the Code of Federal Regulations in July 2017.

**Action Plan:**

- Procurement of survey readiness tools, defined RHC performance metrics, and quality assurance monitoring tools to meet compliance through corrective action.
- Development of standard operating procedures of Active Treatment; Client Protections; Client Rights; and Client Behavior and Facility Practices to consistently apply policies and procedures at each RHC.
- Identify and procure client support training to improve client support.
- Develop, create, and implement quality and performance management systems to actively monitor compliance with codes of federal regulations.
- Apply process improvement tools and methodologies to existing systems as a means to exceed standards of compliance and create sustainable effective systems.

**Chart 4.4 Residential Habilitation Center Survey results**

Number of Condition of Participation deficiencies - January-June 2015



See analysis and plan at: DDA Action Plan 4.4 – *Improve quality of services at RHCs*

\*A condition of participation (major legal requirements) is invoked on facility-based residential services when the services do not meet the requirements of a federally funded Intermediate Care Facility/Individuals with Intellectual Disabilities. If conditions of participation are not met within the timeline allowed by the federal government, federal funding will be withdrawn.

**Nursing Facility survey results cannot be determined until surveys are conducted**

	<b>Fircrest</b>	<b>Lakeland Village</b>	<b>Yakima Valley</b>
Decertification termination			
Denial of payment for new admissions			
State monitoring			
Civil fines			
Immediate jeopardy 23-day termination			

**DDA Commitment 5: Employment - Provide employment supports for individuals.**

**Strategic Objective 5.1:** Increase the number of working-age adults employed.

	2012	2013	2014
5.1 Increase client employment	YELLOW	YELLOW	YELLOW

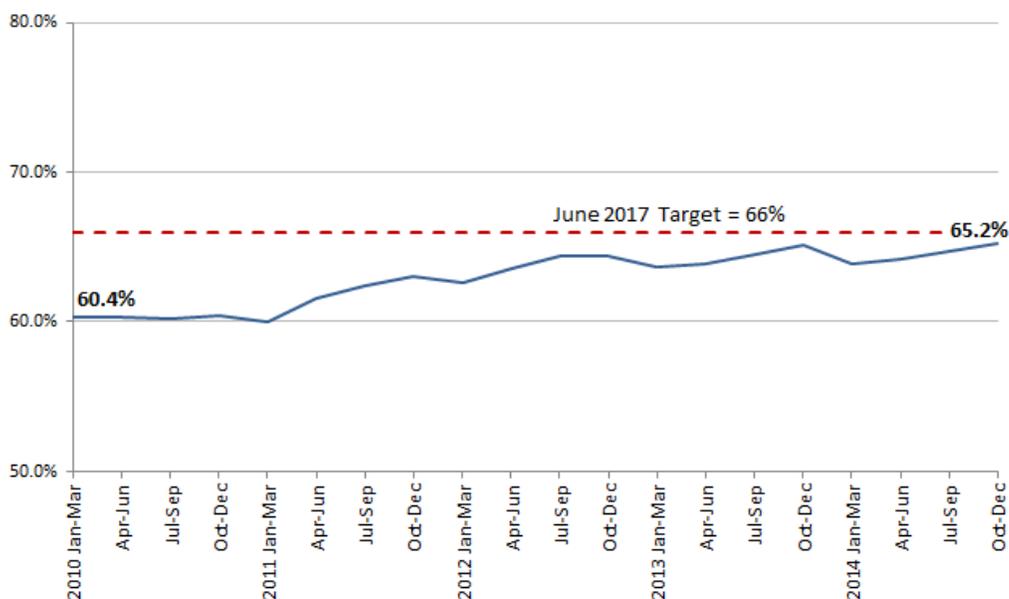
**Importance:** Earning a wage is one of the most self-affirming and cost-beneficial achievements for a person with a developmental disability. DDA remains committed to providing employment support to all working age adult clients. Continued investment in increasing access to employment allows individuals to more fully participate as contributing members of society.

**Success Measure 5.1.1:** The percentage of working-age adults with developmental disabilities in employment and day programs who are employed will increase from 65.2 percent in December 2014 to 66 percent by July 2017.

**Action Plan:**

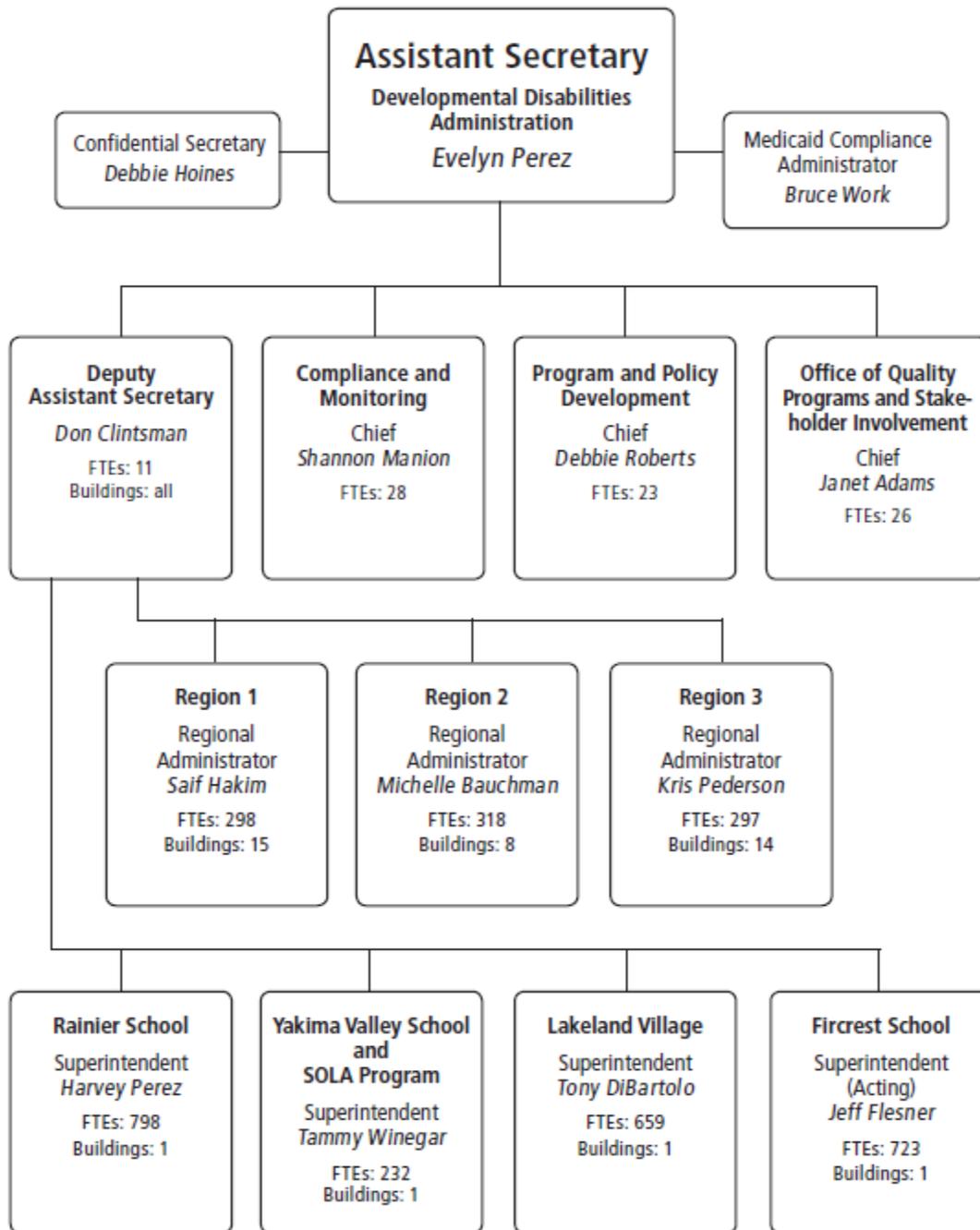
- Conduct trainings and hold conferences to increase staff expertise.
- Conduct quality assurance reviews of county processes and meet with stakeholders to improve communication and compliance.
- Collaborate with stakeholders to improve communication and student engagement.
- Use best practices to develop standards for rates, services, outcomes and communication.

**Chart 5.1 Percent of working-age adults with developmental disabilities in day programs who are employed**



See analysis and plan at: [DDA Action Plan 5.1 – Increase number of working-age adults employed](#)

# Developmental Disabilities Administration



## DDA VALUES

- Respect gained through positive recognition of the importance of all individuals
- Person-centered planning to support each person to reach his or her full potential
- Partnerships between DDA and clients, families and providers in order to develop and sustain supports and services that are needed and desired
- Community participation by empowering individuals with developmental disabilities to be part of the workforce and contributing members of society.