



Developmental Disabilities Administration

October 2016

DSHS MISSION

To transform lives

DSHS VISION

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

DSHS VALUES

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

DDA MISSION

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

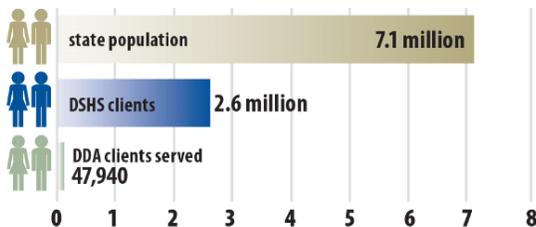
DDA VISION

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

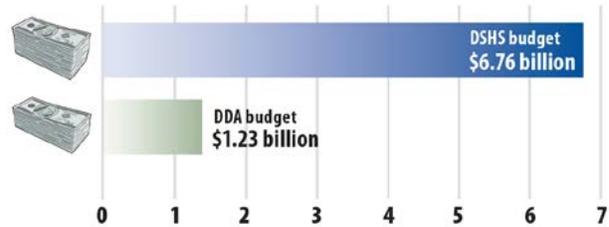
DDA VALUES

Respect
Person-Centered Planning
Partnerships
Community Participation

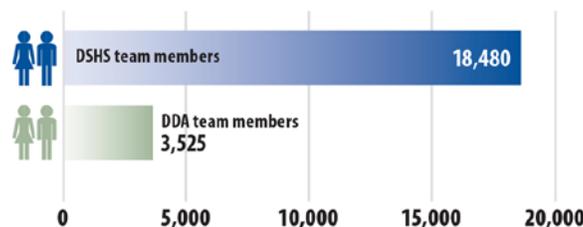
CLIENTS SERVED (between July 2014 - June 2015)



BUDGET (July 2015 - June 2016)



NUMBER OF TEAM MEMBERS (as of June 30, 2016)



Due to a data lag, the number of clients served graphic is for FY15, whereas the budget and number of team members graphics represent FY16. Also, the number of team members is an approximate count and includes part-time staff.

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



SECRETARY LETTER
October 2016

Dear Teammates:

The Developmental Disabilities Administration staff has a rewarding, exciting and challenging mission to transform lives by empowering clients to live the lives they want.

No matter where they are served – in a state-owned residential habilitation center or a community-based situation, our clients receive outstanding support. Our focus is always on what they need to thrive and transition – not simply to do for them.

We now are poised to improve our services even more at a time when some of our clients' behavioral needs demand creative actions that ensure they are as independent as possible. Working with them and their families is incredibly rewarding, which is why many of our residential staff have remained on the job for 25-plus years.

With our clients' needs always at the forefront, we place a strong emphasis on independence and safety as we prioritize meaningful advancement toward habilitation goals as we fulfill the Department's mission of transforming lives.

Sincerely,

Patricia K. Lashway
Acting Secretary

DSHS: Transforming Lives





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



ASSISTANT SECRETARY LETTER
October 2016

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 collaborate with our partners 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.

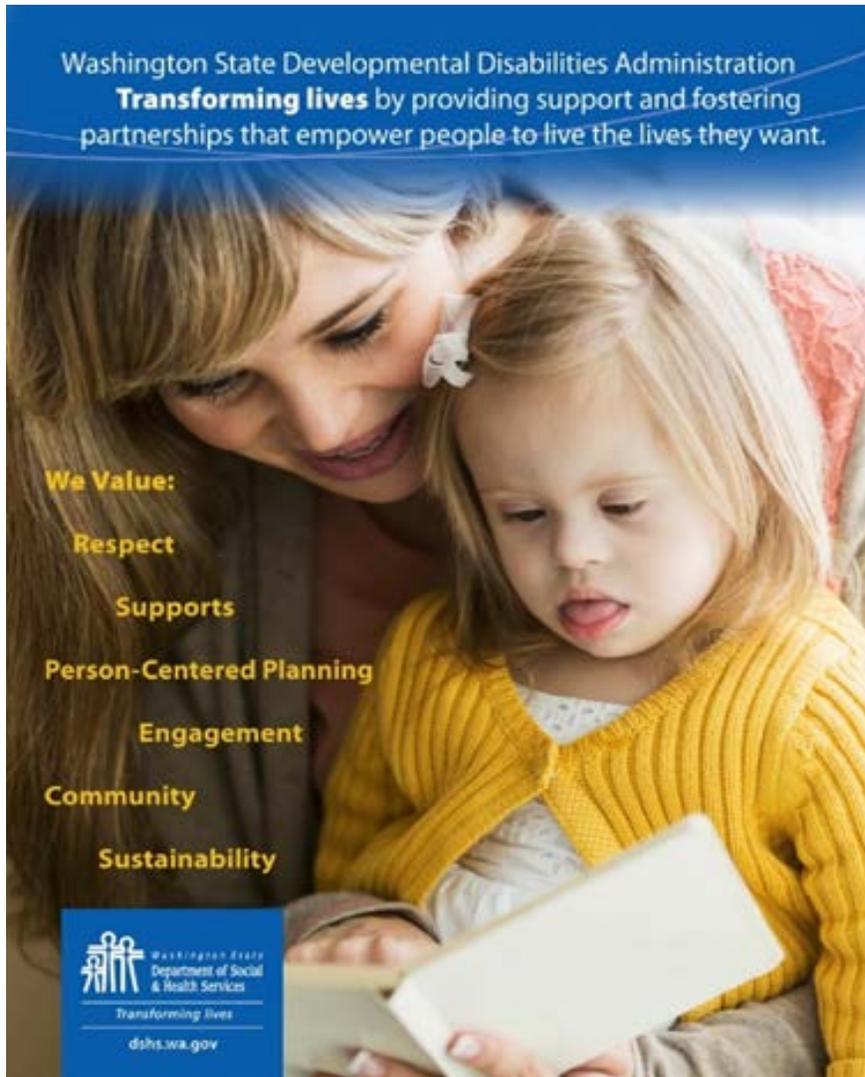
I trust that the Strategic Plan will be used to further our shared goals and continue an open, candid dialogue focusing on continuous quality improvement.

Sincerely,

Evelyn Perez, Assistant Secretary
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** 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 **30,500** individuals receive services from DDA
- More than **2,400** individuals and their families receive services from the Individual and Family Services Program
- More than **14,240** individuals are provided employment and day supports from DDA
- DDA provides **more than 6,000** individuals residential supports for who live in community settings
- Approximately **720** individuals also receive services at the Residential Habilitation Centers
- More than **12,500** individuals receive CFC



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	2015
YELLOW	YELLOW	YELLOW	YELLOW

Developmental Disabilities Administration YARDSTICK

The Yardstick (also referred to as the Scorecard) depicts the commitment and success of our state as a whole to transforming lives. DSHS considers other factors (e.g., caseloads, budget deficits, others’ performance, etc.) when assigning the color codes.

Measuring up Washington

	2012	2013	2014	2015	
Provide safe, high-quality supports for individuals	YELLOW	YELLOW	YELLOW	YELLOW	A quality system is in place and efforts continue to strengthen it.
Provide an array of supports for individuals living in their own homes	GREEN	GREEN	GREEN	GREEN	The exceptional DSHS Home and Community programs benefit clients with a person-focused program. A new program is targeted to better transition clients out of state residential facilities.
Provide community-based services for individuals	RED	RED	YELLOW	YELLOW	An additional 5,000 clients are poised to receive services.
Provide quality services in facilities	RED	RED	RED	YELLOW	Nursing facilities are now successfully providing “specialized services”. New quality assurance systems, staffing and training are rapidly increasing the quality of state residential facilities.
Provide employment supports for individuals	GREEN YELLOW	GREEN YELLOW	GREEN YELLOW	GREEN YELLOW	Supported employment programs were ranked by United Cerebral Palsy League 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. This “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 life of the client without immediate regard to the reason.

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 DSHS staff are 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. DSHS staff are committed to always working to improve our performance and to meet clients' needs.

The Washington's Commitment scorecard and the Performance scorecard in this plan 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.
- Some measures are new in the 2015-2017 strategic plan. For these measures, preliminary color codes have been established in muted colors, however, they are necessarily subject to change as more data becomes available.



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 is shown below.

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.

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 in the [DDA Strategic Plan Metrics](#) and can be found online. 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.



Developmental Disabilities Administration

Provide safe, high quality supports for individuals

↓ Strategic Objective Number

		2012	2013	2014	2015
1.1	Provide timely assessments	GREEN	GREEN	GREEN	YELLOW
1.2	Increase client community engagement and habilitation				New in 15-17 plan YELLOW
1.3	Support work force diversity and inclusion				New in 15-17 plan YELLOW

Provide an array of supports for individuals living in their own homes

		2012	2013	2014	2015
2.1	Increase community supports	YELLOW ↑	YELLOW ↑	YELLOW ↑	YELLOW ↑
2.2	Increase access to home and community-based services from Residential Habilitation Centers				New in 15-17 plan YELLOW

Provide community-based services for individuals

		2012	2013	2014	2015
3.1	Increase access to home and community-based services 	YELLOW	YELLOW	YELLOW ↑	YELLOW ↑
3.2	Communication with clients, families and providers	YELLOW ↑	YELLOW ↑	GREEN	GREEN

Provide quality services in facilities

		2012	2013	2014	2015
4.1	Improve safety of individuals experiencing mental health crisis				New in 15-17 plan YELLOW
4.2	Reduce length of stay duration at RHCs				New in 15-17 plan YELLOW
4.3	Timely processing of specialized service requests				New in 15-17 plan YELLOW ↑
4.4	Improve quality of services at RHCs				New in 15-17 plan RED ↑

Provide employment support for individuals

		2012	2013	2014	2015
5.1	Increase client employment 	YELLOW	YELLOW	YELLOW	YELLOW



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 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 risk of institutionalization 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.

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.



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.
- 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 needs 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.

Acting Secretary’s Special Focus Areas

DSHS Acting Secretary Pat Lashway 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 in 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 in this plan.
- All plans sampled by the Quality Management Team in the RHCs must demonstrate:
 - Meaningful active treatment is occurring by 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 in 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 found in 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 found in 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 found in 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 in 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 target for success measure 4.4.2 found in this 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>.

Strategic Objectives, Importance, Success Measures and Action Plans

1. Provide safe, high-quality supports for individuals

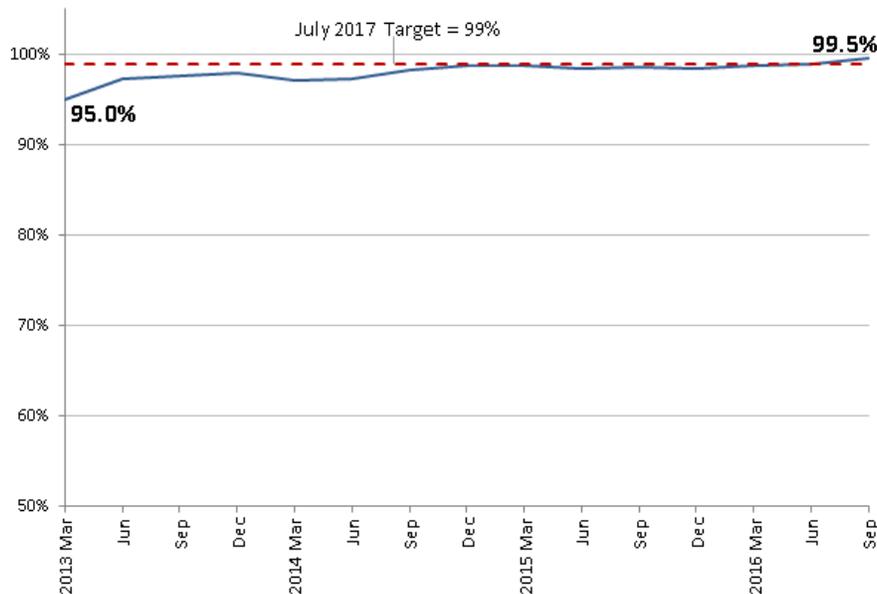
Strategic Objective 1.1: Identify individual health and welfare needs in a timely manner in order to support individuals to have healthy and active lives.

	2012	2013	2014	2015
1.1 Provide timely assessments	GREEN	GREEN	GREEN	YELLOW

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.

Chart 1.1.1 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 1.1.1 – Timely Assessments](#)

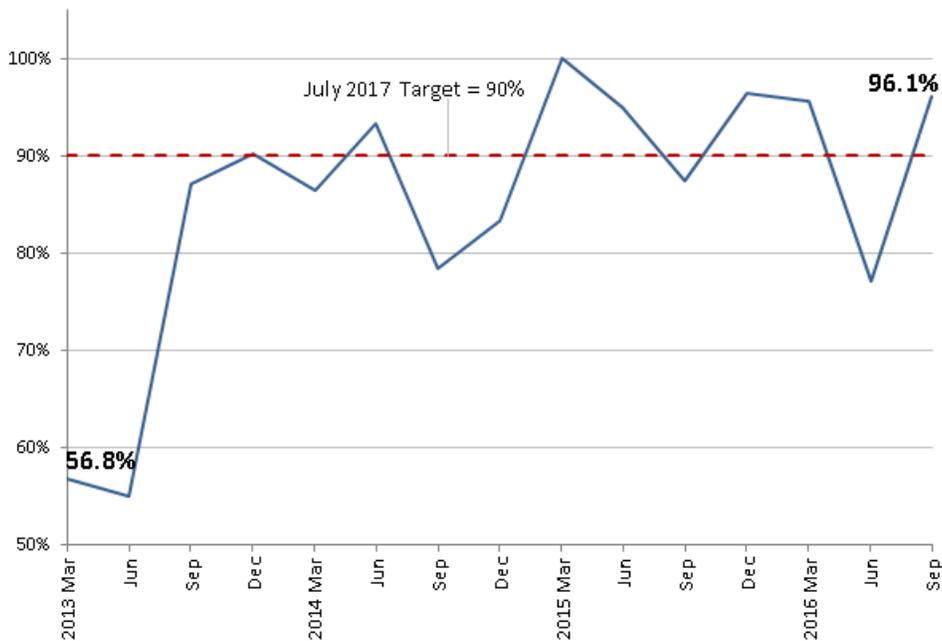


Success Measure 1.1.2: On-time completion of initial assessments will increase from 82.7 percent in January 2015 to 90 percent in July 2017.

Action Plan:

- Provide monthly assessment timeliness reports to regional management.
- Provide Case Resource Managers (CRM) training and 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 1.1.2 Percent of initial on-time assessments for people receiving Waiver, State-Plan Personal Care and State-Only funded services



See analysis and plan at: [DDA Action Plan 1.1.2 – Timely Assessments](#)

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	2015
1.2 Increase client community engagement and habilitation				New in 15-17 plan YELLOW

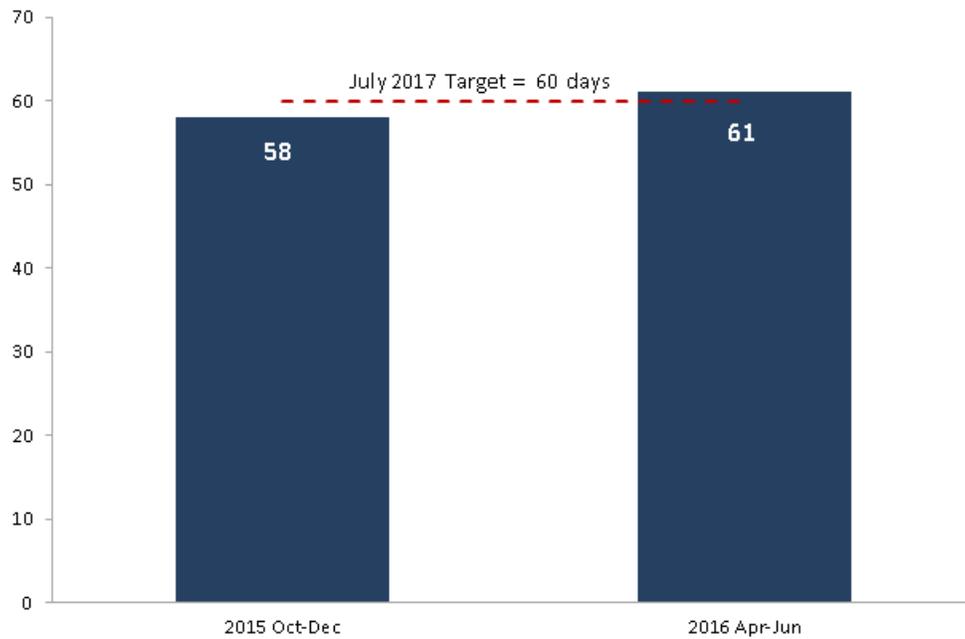


Importance: One important indicator of quality of life is the opportunity to be engaged in stimulating activities. High levels of engagement indicate an environment that is providing opportunities for stimulation, learning and new experiences.

Success Measure 1.2.1: Individual plans in supported living will show an increase in the average number of days of community-based activities per quarter (58 per quarter or 4.5 per week) in December 2015 to 60 days of community-based activities per quarter (5 per week) in July 2017.

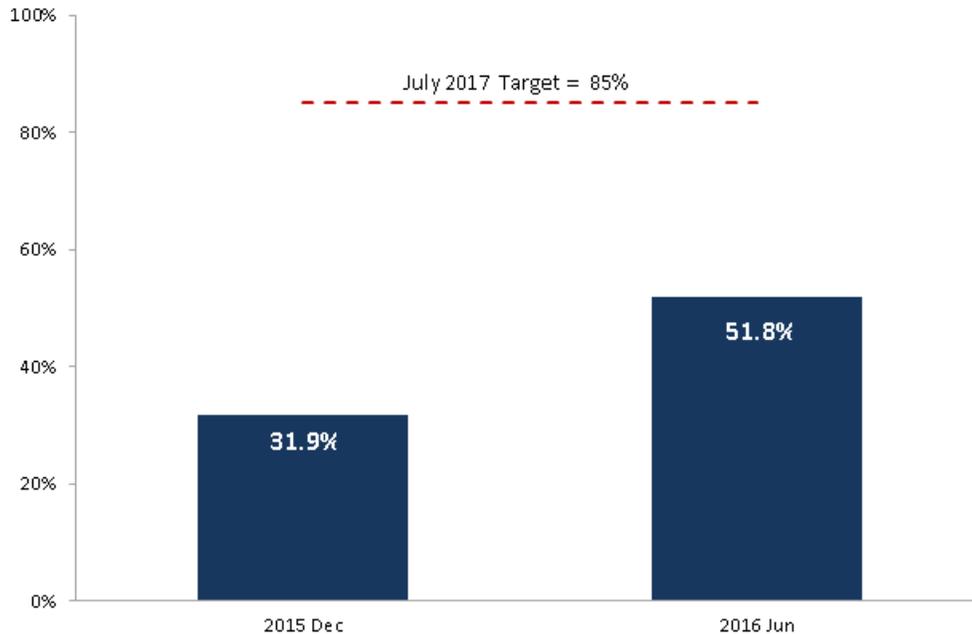


Chart 1.2.1 Average number of days per quarter in which individuals in supported living accessed community-based activities



Success Measure 1.2.2: Individual plans sampled in supported living showing documented measurable activity toward one or more Individual Instruction and Support Plan Habilitation goal(s) will increase from 31.9 percent in December 2015 to 85 percent in July 2017.

Chart 1.2.2 Percent of individual plans in Supported Living showing progress towards habilitative goals



Success Measure 1.2.3: The percent of individual plans in the RHCs that show meaningful active treatment will increase from 70 percent in December 2015 to 100 percent in July 2015. These plans must demonstrate:

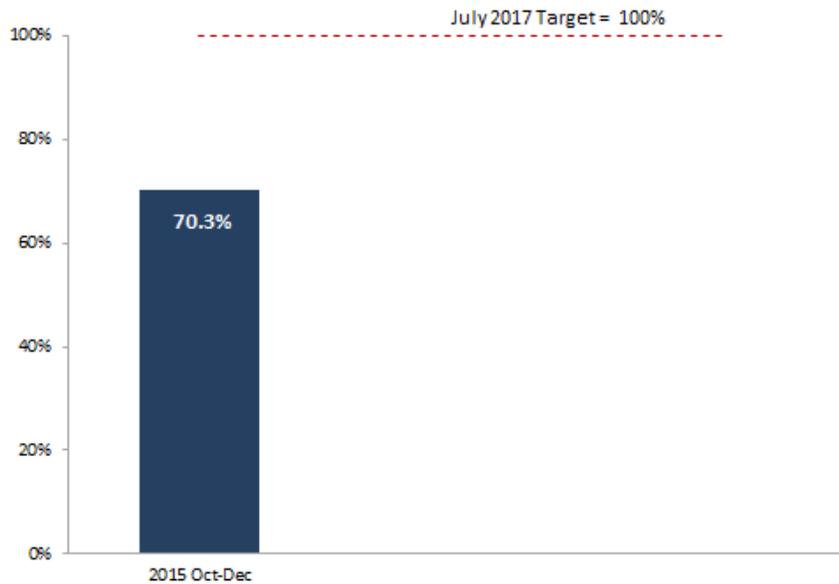
- Meaningful active treatment is occurring in July 2017 for individuals in an ICF/IID;
- An ongoing program of activities designed to meet the interests and the physical, mental and psychosocial well-being of each resident in a state operated nursing facility.

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.



Chart 1.2.3 Percent of individual plans in Residential Habilitation Centers that met quality standards for meaningful active treatment activities



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	2015
1.3 Support work force diversity and inclusion				New in 15-17 plan YELLOW

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: Develop and implement five strategies for coordinating and structuring DDA diversity and inclusion efforts through the DDA Diversity and Inclusion Leadership Team.



See analysis and plan at: [DDA Action Plan 1.3 – Effective Communication of diversity and Inclusion](#)



2. 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	2015
2.1 Increase community supports	↑ YELLOW	↑ 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.

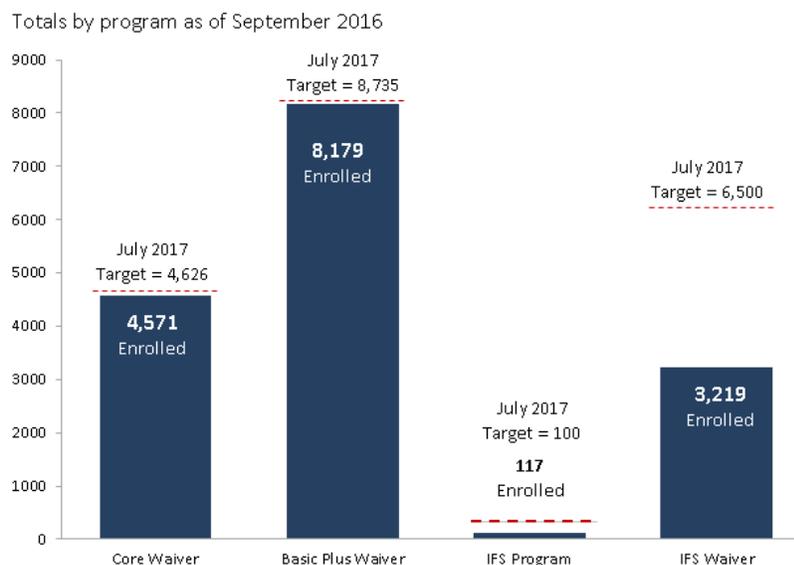
Success Measure 2.1.3: Increase enrollment in the IFS waiver from 0 individuals in January 2015 to 6,500 in July 2017.

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:

- Collaborate with partners 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 Enrollment in Core waiver, Basic Plus waiver, the IFS program, and the IFS waiver program



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	2015
2.2	Increase access to home and community-based services from Residential Habilitation Centers				New in 15-17 plan YELLOW

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 setting.

Success Measure 2.2: 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 or other funding sources.

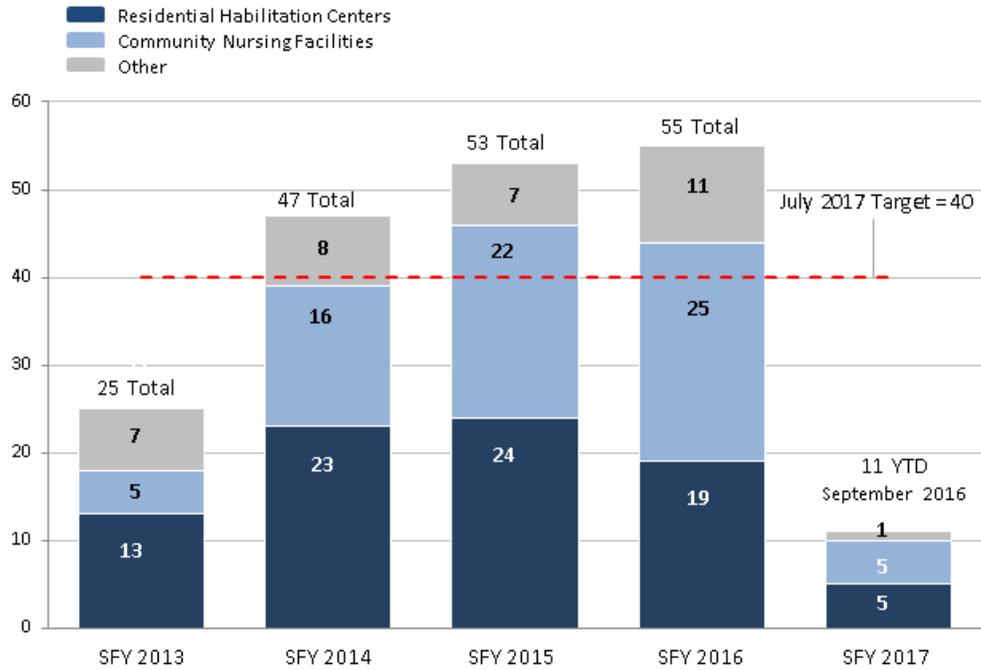


Action Plan:

- 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



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

See analysis and plan at: [DDA Action Plan 2.2 – Increase access to home and community-based services](#)



3. Community - Provide community-based services for individuals

Strategic Objective 3.1: Increase access to home and community-based services.

		2012	2013	2014	2015
3.1	Increase access to home and community-based services	YELLOW	YELLOW	YELLOW 	YELLOW 

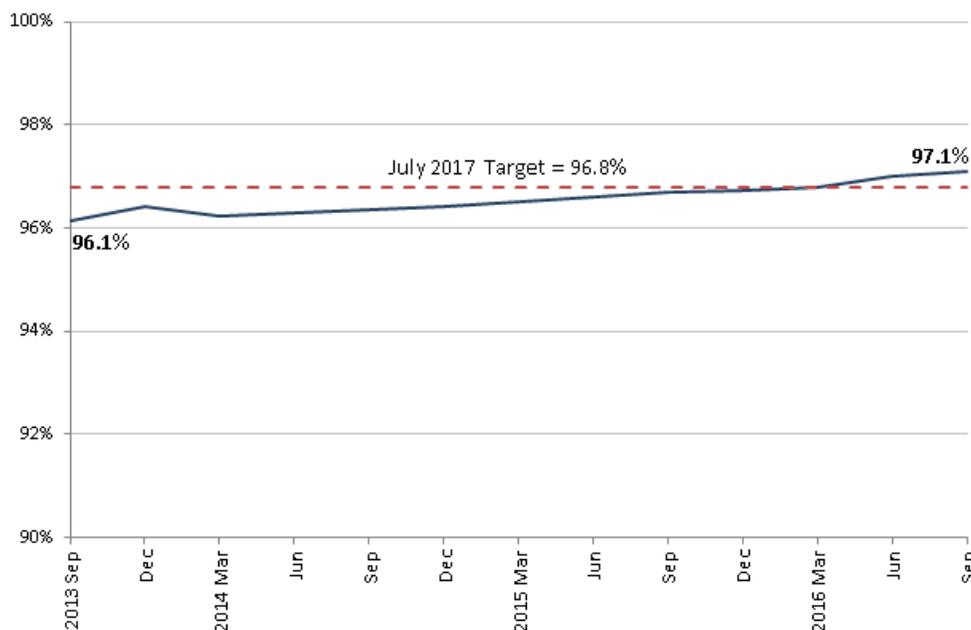
Importance: Individuals with disabilities should have access to services and resources that meet needs and promote activities, routines and relationships common to most citizens. This includes being able to live in integrated settings, in communities rather than in facility-based residential services.

Success Measure 3.1: 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*



*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.

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



Strategic Objective 3.2: Effective communication with stakeholders.

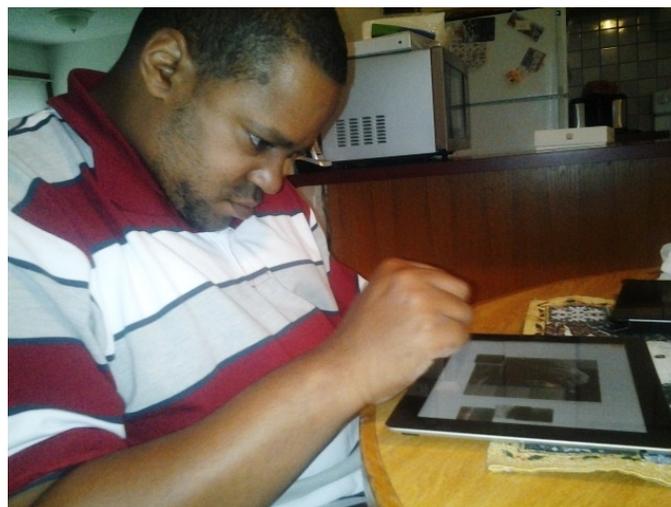
	2012	2013	2014	2015
3.2 Communication with clients, families and providers	↑ YELLOW	↑ YELLOW	GREEN	GREEN

Importance: Open dialogue with individuals and families helps 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 partners 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: Continue Government to Government work with federally recognized tribes.

Action Plan:

- 7.01 Planning meetings take place at the regional level and are reviewed and updated regularly, and submitted to headquarters annually.
- DDA creates more outreach efforts to enhance tribal awareness of DDA services, programs and resources.
- DDA’s Academy provides, in collaboration with the Office of Indian Policy, government to government training to social workers being trained to enter the workforce.



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 placement in state psychiatric hospitals.

	2012	2013	2014	2015
4.1 Improve safety of individuals experiencing mental health crisis				New in 15-17 plan YELLOW

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: 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	2015
4.2 Reduce length of stay duration at RHCs				New in 15-17 plan YELLOW

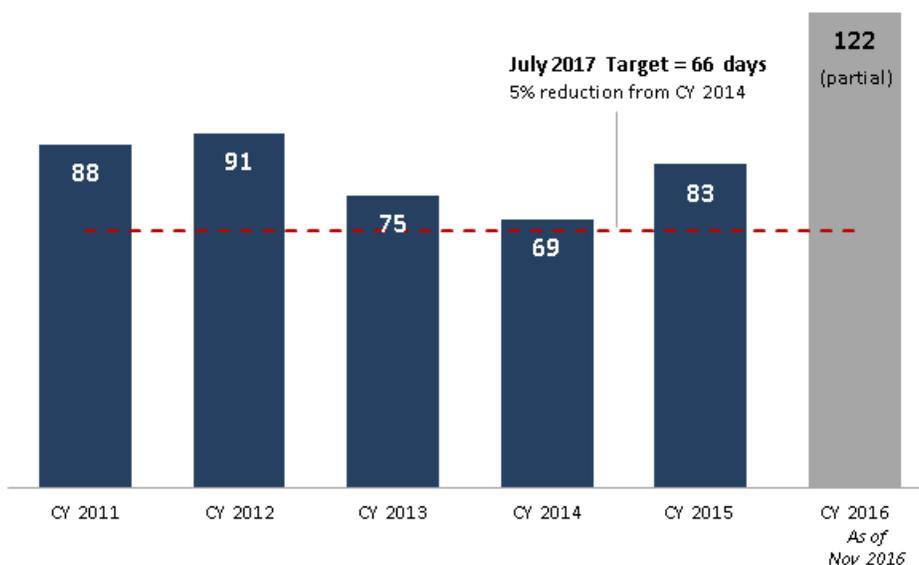
Importance: Emergent short-term stays are taxing on RHC staff, funding and bed space. Improved communication between the families, regional offices and the RHCs will aid in reducing the length of short-term stays in the RHCs.

Success Measure 4.2 Reduce average emergent short-term stay duration by five percent for individuals with medical evaluation treatment or behavioral challenges or family emergencies from 69 average length of stay days in 2014 to 66 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 emergent 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	2015
4.3	Timely processing of specialized service requests				New in 15-17 plan YELLOW

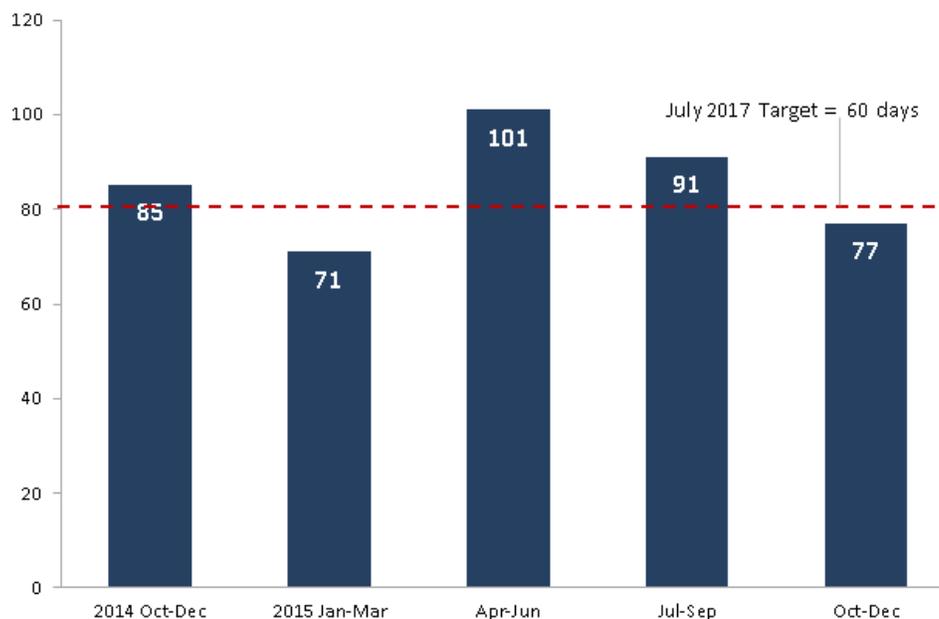
Importance: Specialized services are intended to help individuals with intellectual disabilities or related conditions maintain or increase functional skills and connections to their communities while receiving nursing facility services. We know that long delays could be counterproductive to these goals.

Success Measure 4.3 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.

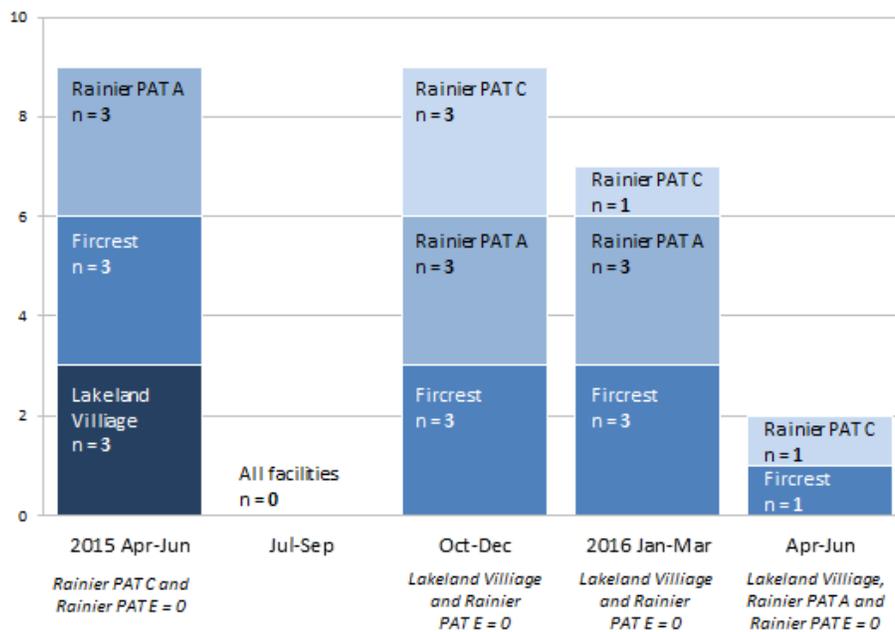
		2012	2013	2014	2015
4.4	Improve quality of services at RHCs				New in 15-17 plan RED ↑



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.

Chart 4.4.1 Residential Habilitation Center Survey results



*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. Conditions of Participation (COP) are standards that an organization must meet in order to participate in the Medicare or Medicaid program.



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.

RHC-Nursing Facilities are inspected at least once a year. Based on the results of that inspection, the federal Centers for Medicare and Medicaid Services (CMS) may impose a “consequence” or enforcement remedy if it believes that the identified problems are serious and residents of the nursing facility have been harmed. The absence of a federal enforcement means that the facility fixed identified problems and has been determined to meet federal standards.

The RHC-Nursing Facilities (Fircrest, Lakeland Village, and Yakima Valley) passed their most recent surveys and had no federal enforcement remedies.

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 for Success Measures 4.4.1 through 4.4.3:

- 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.

See analysis and plan at: [DDA Action Plan 4.4 – Improve quality of services at RHCs](#)



5. Employment - Provide employment supports for individuals.

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

		2012	2013	2014	2015
5.1	Increase client employment				
		YELLOW	YELLOW	YELLOW	YELLOW

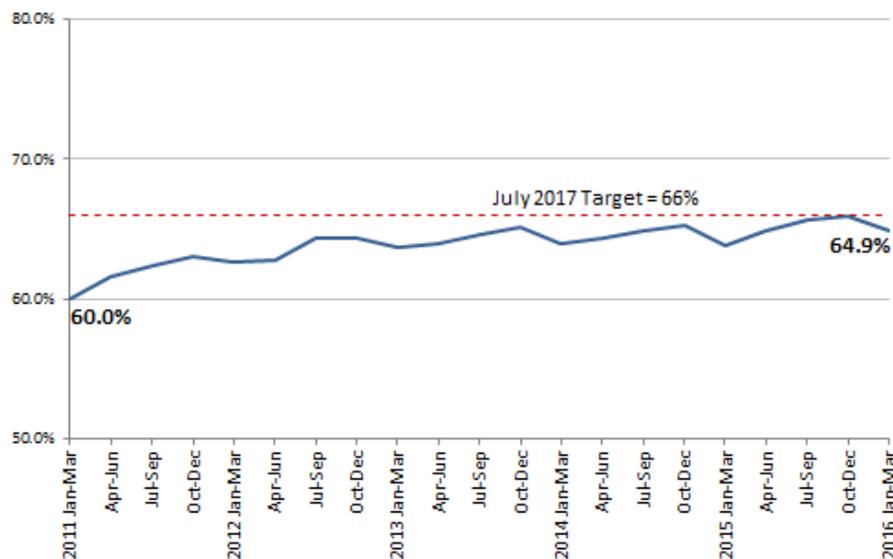
Importance: Earning a wage is one of the most self-affirming and cost-beneficial achievements for a person with a developmental disability. DDA remains committed to providing employment support to all working age adult clients. Continued investment in increasing access to employment allows individuals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

Success Measure 5.1: 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 partners to improve communication and compliance.
- Collaborate with partners 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

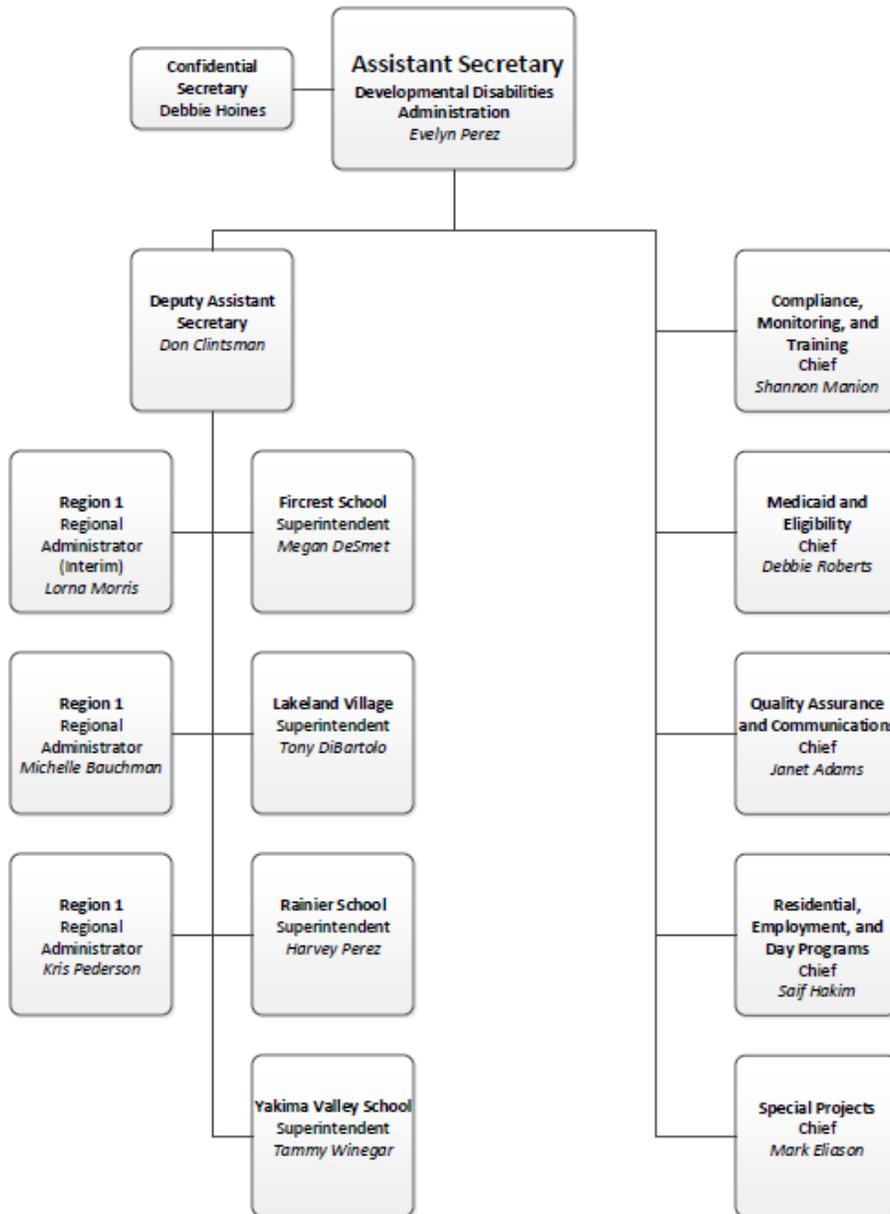


See analysis and plan at: [DDA Action Plan 5.1 – Increase number of working-age adults employed](#)



Organizational Chart

Department of Social and Health Services Developmental Disabilities Administration



August 1, 2016

