

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

DDA GovDelivery Communication Request

The Developmental Disabilities Administration (DDA) is using a communications tool through GovDelivery. This tool allows DDA to send email messages to both DDA employees and public subscribers. After messages are sent, reports are generated that will provide information on how many people opened the message and if they clicked on links in the message. This allows DDA to determine if messaging is successful or needs to be changed. Let the <u>DDA Communications Unit</u> know if you have questions about what type of messaging is appropriate for GovDelivery.

Instructions:

- An Office Chief or regional / RHC designee must approve GovDelivery Communication Requests prior to submission. Routine messages such as meeting or training notices do not require this level of approval.
- Standard / routine messages (routine or informational messages) submit request at least one week in advance.
- **Urgent messages** (information is necessary to be communicated to employees or subscribers within a few days) submit request at least 48 hours in advance.
- Emergent messages (information that must be conveyed to DDA employees or subscribers right away) submit request at least one hour in advance (when possible).
- Complete the Communication Request on the Communications SharePoint site. Upload the GovDelivery form and any other documents needed for the message. The SharePoint site link is https://teamshare.dshs.wa.gov/sites/dda/Comm/Lists/CommunicationUnitProjects/NewForm.aspx?Source=https%3A%2F%2F teamshare%2Edshs%2Ewa%2Egov%2Fsites%2Fdda%2FComm%2FLists%2FCommunicationUnitProjects%2FAllItems%2Ea

Communication Details

Message Tips:

- Short and succinct
- Clear and concise; include deadlines or relevant dates
- Plain talk no fancy words or jargon, limit acronyms
- "5 W's" Who, what, where, when, why

- Person first language: use "you"
- Include a clear, direct subject line
- Include relevant websites

1. Who is the audience?		
••	All Subscribers (both DDA employees and public subscribers)	
	Public Prescribers: Choose provider type(s) if message will be to targeted audience (otherwise leave blank):	
	Adult Family Homes Hospitals Alternative Living Individual Providers	
	Alternative Living Individual Providers Alternative Care Out of Home Services	
	Child Group Care Nursing Facilities	
	Companion Homes Compa	
	Intensive Habilitation Services for Children	
	Community Protection Residential Providers	
	Companion Homes State Operated Living Alternatives	
	County contracted providers	
	Group Homes Waiver providers	
	Group Training Homes	
	DDA Employees: Choose if the message will be targeted (otherwise leave blank):	
	Headquarters	
	State Operated Community Residential	
	Residential Habilitation Centers	
٠	□ All Region 1 Field Offices or only:	
	🗌 Adams 🔄 Columbia 🔄 Garfield 📄 Lincoln 🔄 Stevens	
	🗌 Asotin 🔄 Douglas 🔤 Grant 🔄 Okanogan 🔄 Walla Walla	
	Benton Ferry Kittitas Pend Oreille Whitman	
	🗌 Chelan 🔲 Franklin 📄 Klickitat 📄 Spokane 📄 Yakima	
٠	All Region 2 Field Offices or only:	
	Island San Juan Snohomish	
	🗌 King 🔲 Skagit 🔄 Whatcom	
٠	All Region 3 Field Offices or only:	
	☐ Clallam ☐ Cowlitz ☐ Jefferson ☐ Lewis ☐ Pacific ☐ Skamania ☐ Wahkiakum	
	🗌 Clark 🔹 🗌 Grays Harbor 🔲 Kitsap 📄 Mason 📄 Pierce 🔲 Thurston	

2. Which subscriber list(s) should the message be sent	to? Check all that apply.		
Emergency Alerts	Projects		
 Employees All Employees Trainings and Events for Staff Employee Safety Employment and Contracting Opportunities DDA Employment Opportunities Contracting Opportunities with DDA Information 	 Advanced Home Care Aide Specialist Consumer Directed Employer Electronic Visit Verification Adult Family Home Meaningful Activities Project Provider Information Background Checks Billing / Payment Information Care Provider Bulletins Dear Provider Letters 		
 Eligibility Home and Community Based Services Legislation News and Announcements Rules and Policies Publications, Brochures Residential Habilitation Center News and Information Resources 	 Provider Resources Surveys Survey Opportunities and Results Trainings and Events Trainings and Events 		
3. What is the message?			
MESSAGE TITLE			
MESSAGE NARRATIVE (INCLUDE SHORT MESSAGE BELOW OR ATTACH WORD DOCUMENT WITH FORM)			
 Include attachment; if checked, provide document with Communication Request: Include specific contact information; if checked, provide information: 			
3. When?			
What date should the message be sent? DATE If the message is ready sooner would you like to: Is there a specific deadline related to this message? If yes, please explain: Is this a re-occurring message (i.e., a monthly training announcement)? Yes No			
Message Approved By:			
NAME AND TILE OF OFFICE CHIEF OR REGIONAL / RHC DESIGNEE WHO APPROVED THE MESSAGE			
Note: Informational or re-occurring messages may not need approval for each message. Contact the Communications Unit st if you have questions. Other Analytics			
			Would you like to receive the analytic results for the message? Yes No
If yes, provide the names of individuals who should receive this information:			