

DSHS Outcome Measures for Results Washington



November 2018

Department of Social and Health Services



DSHS Outcome Measures for Results Washington

Goal 4: Healthy and Safe Communities

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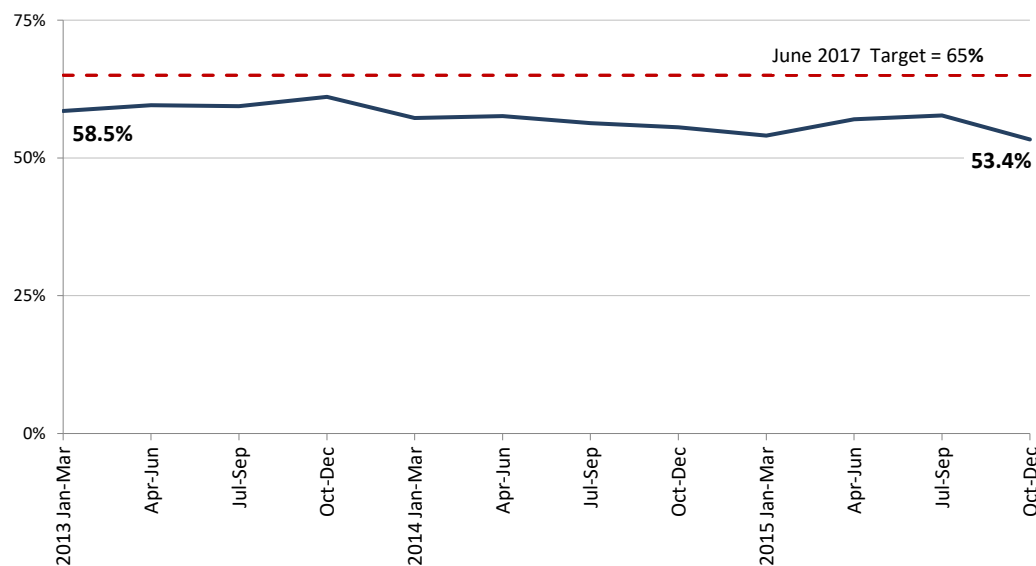
Behavioral Health Administration



Improve access to behavioral health care

Percent of mental health consumers receiving a service within 7 days after discharge from inpatient settings

Statewide Average



DATA SOURCE: Mental Health Consumer Information System (CIS), via the System for Communicating Outcomes, Performance & Evaluation (SCOPE-WA), provided by Looking Glass Analytics; data supplied by Ted Lamb.

MEASURE DEFINITION: The percentage of Medicaid mental health consumers receiving the first non-crisis routine outpatient service within 7 days of discharge from inpatient mental health services.

DATA NOTES: 1 The original statewide target for this metric became effective starting July 1, 2013. *Click below for additional data notes.*

TO DATA: <https://www.dshs.wa.gov/data/metrics/AB1.1.xlsx>

SUMMARY

- The rate of timely transitions decreased to 53% in SFQ 2016/2. Although the average time between inpatient discharge and outpatient services significantly decreased between SFQ 2013/3 and SFQ 2016/2 (from 59 days to 20 days), the percentage of those receiving no service significantly increased (from 12.5% to 22.8%).

- The formal A3 process conducted in September 2014 revealed factors impacting performance: A communication gap between the hospital and outpatient treatment provider; a lack of outpatient engagement, at both the service delivery level and at the client level; the client doesn't receive immediate help when in outpatient treatment; or insufficient training on how to engage clients during the intake process.

ACTION PLAN

- The formal A3 process outlined the following countermeasures:
 - Improve communication between community hospitals and RSNs on notifications of hospital admissions, and planned/unplanned discharges.
 - Provide training to providers on intake, Rehabilitation Case Management and Crisis Stabilization.
- Continue tracking this measure until the new Behavioral Health Services Caseload measure is completed.

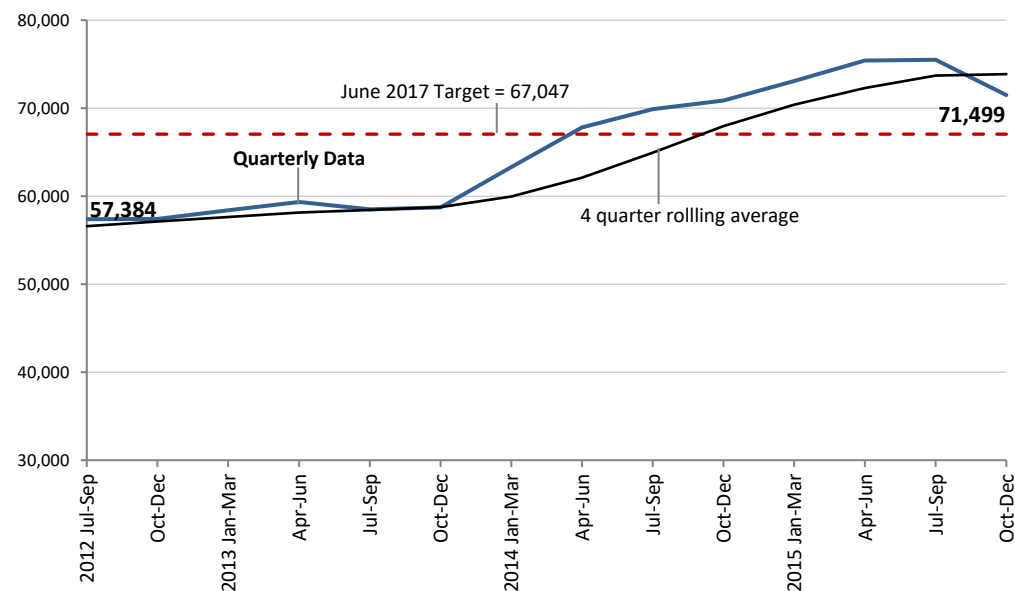
Behavioral Health Administration



Improve access to behavioral health care

Number of adults (18 and older) receiving outpatient mental health services

Adults Receiving Outpatient Mental Health Treatment from RSNs



DATA SOURCE: Mental Health Consumer Information System (CIS), via the System for Communicating Outcomes, Performance & Evaluation (SCOPE-WA), provided by Looking Glass Analytics; supplied by Ted Lamb.

MEASURE DEFINITION: Number of Medicaid and Non-Medicaid adults (ages 18 and older) receiving outpatient services.

DATA NOTES: No new data via the System for Communicating Outcomes, Performance & Evaluation (SCOPE) are available from DBHR data sources after Oct-Dec 2015. SCOPE data will be made available after the new Behavioral Health Data System becomes fully functional. *Click below for additional data notes.*

TO DATA: <https://www.dshs.wa.gov/data/metrics/ABX.2.xlsx>

SUMMARY

• The counts of persons ages 18 and older served in outpatient community mental health (MH) services have increased over time. It is thought that the increase in outpatient clients is attributed in part to the influx of newly eligible Medicaid clients. In State Fiscal Quarter 2016/2 (as compared to SFQ 2016/1):

- 71,499 adults* were served in outpatient MH services, above the target of 67,047, and a 5% decrease from SFQ 2016/1.

ACTION PLAN

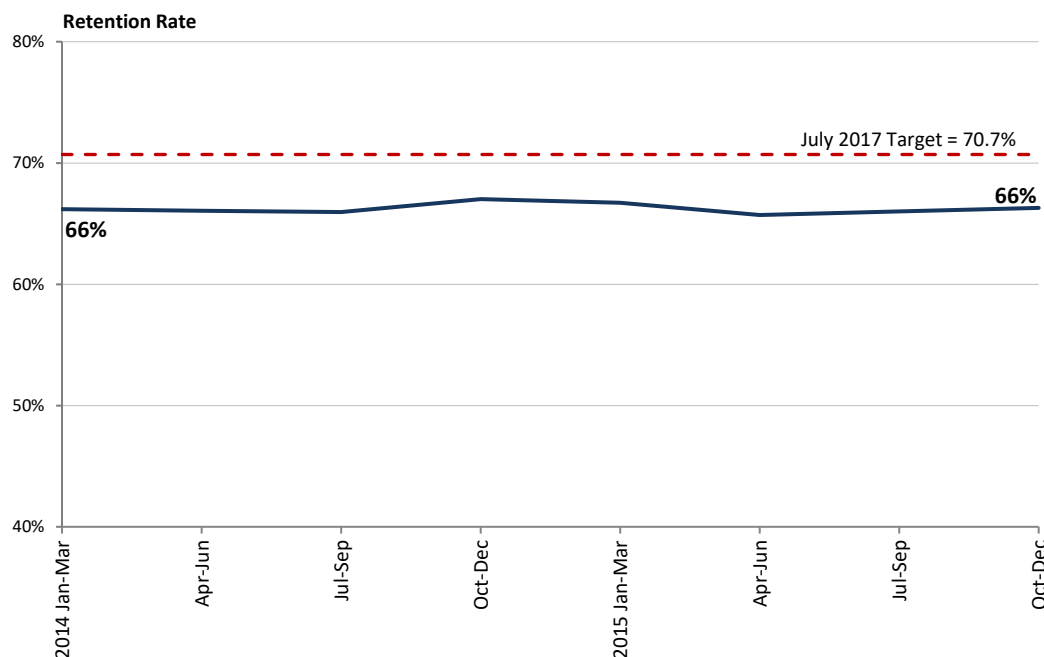
- Collaborate with other DSHS administrations, the Health Care Authority and the Washington Health Benefits Exchange on a comprehensive information campaign to enroll persons previously Medicaid-ineligible, to increase access to MH services.
- Implement recommendations of two workgroups convened to discuss issues and develop solutions related to increasing enrollment and improving the process of engaging people into services after intake.
- Use the monthly RSN meetings to problem solve with the RSNs to increase enrollment.
- Replace the current measure with a metric on the penetration of services within the enrollee population.

Behavioral Health Administration



Improve patient engagement and retention in treatment services

Outpatient Substance Use Disorder treatment retention for adults



DATA SOURCE: Treatment Assessment and Report Generation Tool (TARGET). Data are through December 2015; supplied by Ted Lamb.

MEASURE DEFINITION: The increase in the statewide percentage of adult outpatient Substance Use Disorder (SUD) treatment (contract) retention. Treatment retention (per Performance-Based Contract definition) equals 1 visit every 30 days for 90 days, or a length of stay of less than 90 days, with treatment completion.

DATA NOTES: *Click below for data notes.*

TO DATA: <https://www.dshs.wa.gov/data/metrics/ABX1.1.xlsx>

SUMMARY

- The adult outpatient treatment retention rate has been relatively stable for the past 8 reporting periods. The rate for SFQ 2016/2 is below the June 2015 target of 70.7%.
- Factors influencing the retention rate include a positive and consistent therapeutic relationship between the treatment professional and patient; motivational interviewing; Recovery Support Services; flexibility in treatment schedules; and patient appointment reminders.
- Barriers for treatment retention include low patient internal motivation; limited funding to support outreach, engagement and retention strategies; varied transportation options and availability; challenges with engaging young adult patients; and difficulties in navigating the treatment service system.

ACTION PLAN

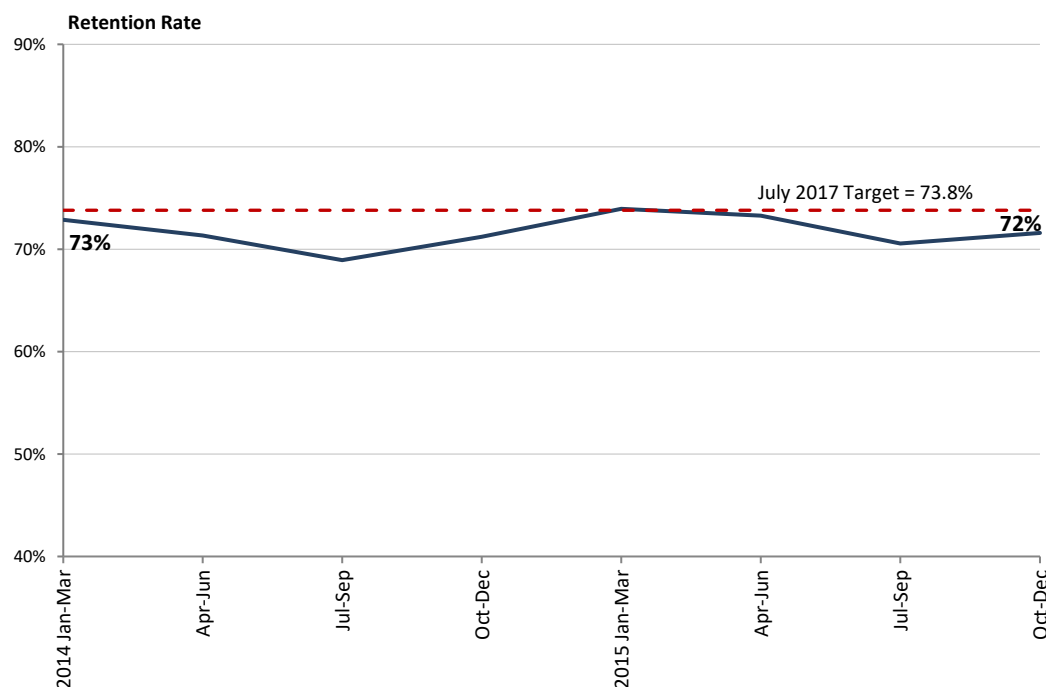
- Sustain the University of Washington’s Alcohol and Drug Abuse Institute (ADAI) Retention Toolkit on engagement and retention strategies that was developed and disseminated to treatment providers and other stakeholders in January 2015, to provide a technical resource to counties.
- Outpatient treatment retention continues to be a key measure that will be internally reviewed in the future.
- Develop new metrics that address adult client initiation and engagement in outpatient Substance Use Disorder treatment.

Behavioral Health Administration



Improve patient engagement and retention in treatment services

Outpatient Substance Use Disorder treatment retention for youth



DATA SOURCE: Treatment Assessment and Report Generation Tool (TARGET). Data are through September 2015; supplied by Ted Lamb.

MEASURE DEFINITION: The increase in the statewide percentage of youth outpatient Substance Use Disorder (SUD) treatment (contract) retention. Treatment retention (per Performance-Based Contract definition) equals 1 visit every 30 days for 90 days, or a length of stay of less than 90 days, with treatment completion.

DATA NOTES: Click below for data notes.

TO DATA: <https://www.dshs.wa.gov/data/metrics/ABX1.2.xlsx>

SUMMARY

- The youth outpatient retention rate has moderated slightly downward over the 8-quarter reporting period. The rate for SFQ 2016/2 is below the target of 73.8%.

- Factors influencing the retention rate include a positive and consistent therapeutic relationship between the treatment professional and patient; motivational interviewing; Recovery Support Services; flexibility in treatment schedules; and patient appointment reminders.

- Barriers for treatment retention include low patient internal motivation; limited funding to support outreach, engagement and retention strategies; varied transportation options and availability; challenges with engaging young adult patients; and difficulties in navigating the treatment service system.

ACTION PLAN

- Sustain the University of Washington’s Alcohol and Drug Abuse Institute (ADAI) Retention Toolkit on engagement and retention strategies that was developed and disseminated to treatment providers and other stakeholders in January 2015, to provide a technical resource to counties.

- Outpatient treatment retention continues to be a key measure that will be internally reviewed in the future.

- Develop new metrics that address youth client initiation and engagement in outpatient Substance Use Disorder treatment.

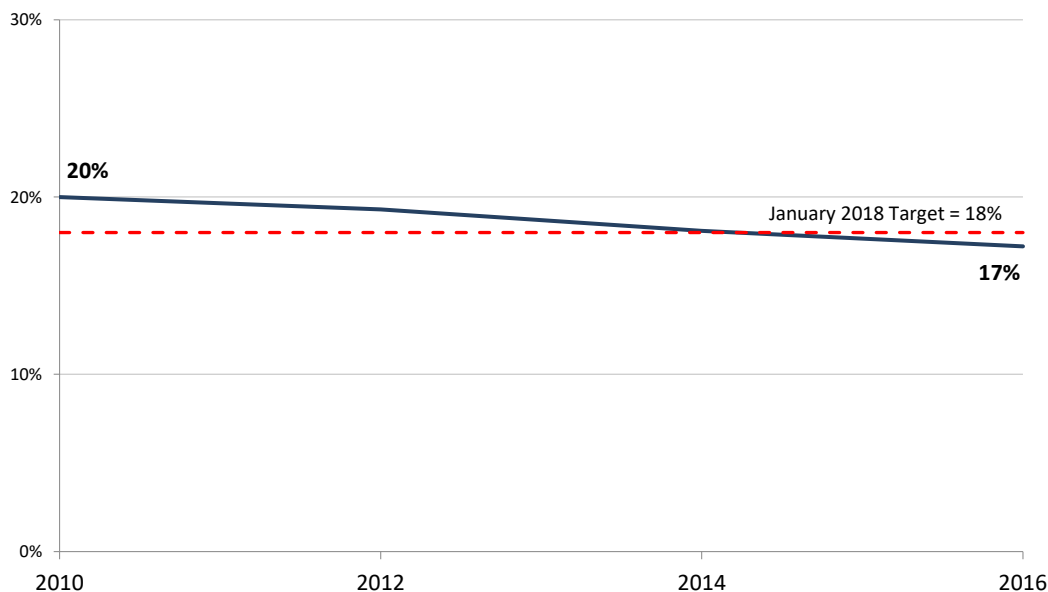
Behavioral Health Administration



Healthy Youth

Percent of 10th graders who report using marijuana in past 30 days

Statewide Average



DATA SOURCE: Healthy Youth Survey, March 2017. Looking Glass Analytics, 2014 Report of Results (pg. 3), published in March 2015.

MEASURE DEFINITION: The percent of 10th graders who report using marijuana in the last 30 days.

DATA NOTES: **1** Student responses to questions about substance use in the past 30 days are indicators of their current substance use. **2** Results are based on responses from students attending public schools. **3** Rates are likely higher among youth who have dropped out of school. **4** In 2012 and 2014 the question was worded "During the past 30 days, on how many days did you use marijuana or hashish (weed, grass, hash, pot)?" **5** Results are measured by a survey conducted in October, every other year.

TO DATA: <https://www.dshs.wa.gov/data/metrics/AR1.1.xlsx>

SUMMARY

- Reported use of marijuana among 10th Graders had decreased since its high in 1998. Marijuana use rates have been stable between 2002 and 2016.
- A 5% net reduction was realized from 2014 to 2016. However, this change was not statistically significant.
- Additional questions were added to the Healthy Youth Survey to determine the source and the method of consumption of marijuana by youth.

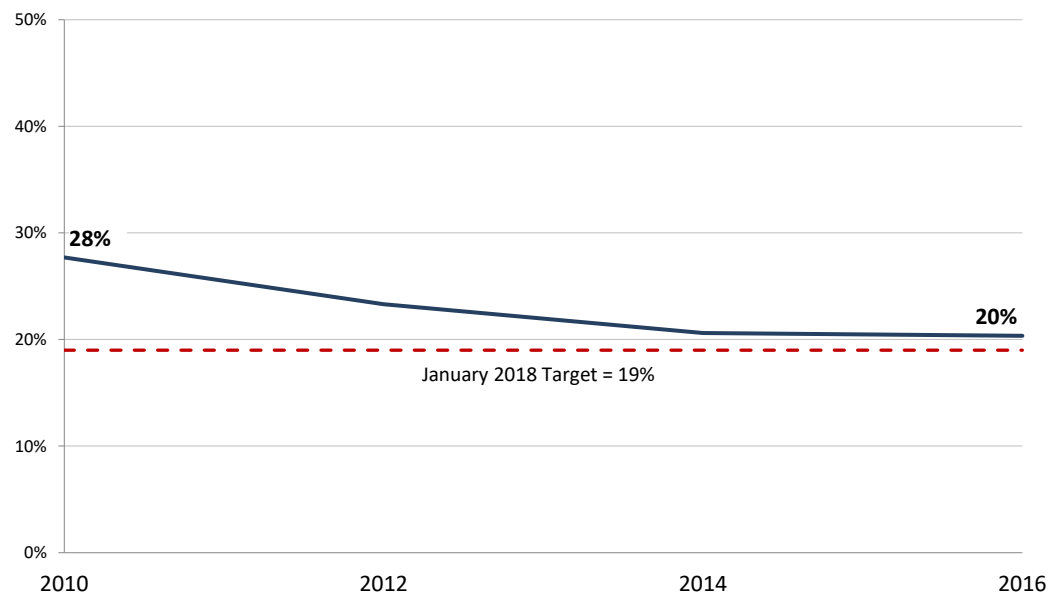
ACTION PLAN

- Sustain Tribal prevention programs and the Community Prevention and Wellness Initiative, including the Prevention/Intervention Program.
- Provide public education and awareness efforts for middle school aged youth and their parents.
- Develop key prevention messages with partners for statewide distribution.
- Develop a toolkit to prevent underage use of marijuana.
- Support community-based organizations, regional and statewide partners in distributing messaging.
- Develop a prevention marketing campaign with state partners.
- Implement and evaluate a prevention marketing campaign.
- Determine strategies for creating policies that prohibit the sale of marijuana products that appeal to youth.

Healthy Youth

Percent of 10th graders who report drinking alcohol in last 30 days

Statewide Average



DATA SOURCE: Looking Glass Analytics, Healthy Youth Survey (HYS) 2014 Report of Results (pg. 3), Published in March 2015.

MEASURE DEFINITION: The percent of 10th graders who report drinking alcohol in the last 30 days.

DATA NOTES: **1** Student responses to questions about substance use in the past 30 days are indicators of their current substance use. **2** Results are based on responses from students attending public schools. **3** Rates are likely higher among youth who have dropped out of school. **4** The question on alcohol changed over time. In 1990, 1992, 1995, and 1998 the question was worded as “used alcohol,” in 1999 worded as “have at least one drink,” and in 2000, 2002 and 2004 worded as “drink a glass, bottle, or can.” In 2012 and 2014 the question was worded “During the past 30 days, on how many days did you: Drink a glass, can or bottle of alcohol (beer, wine, wine coolers, hard liquor)?” *Click below for additional data notes.*

TO DATA: <https://www.dshs.wa.gov/data/metrics/AR1.2.xlsx>

SUMMARY

- Alcohol use by 10th graders has shown a progressive decline over time, decreasing to 20% in 2016.
- The latest survey results show that although Washington continues to be under the national average of 24.8%, the reported rate continues above the current target of 19% (by 2018).
- A 1% net reduction was realized from 2014 to 2016. However, this change was not statistically significant.

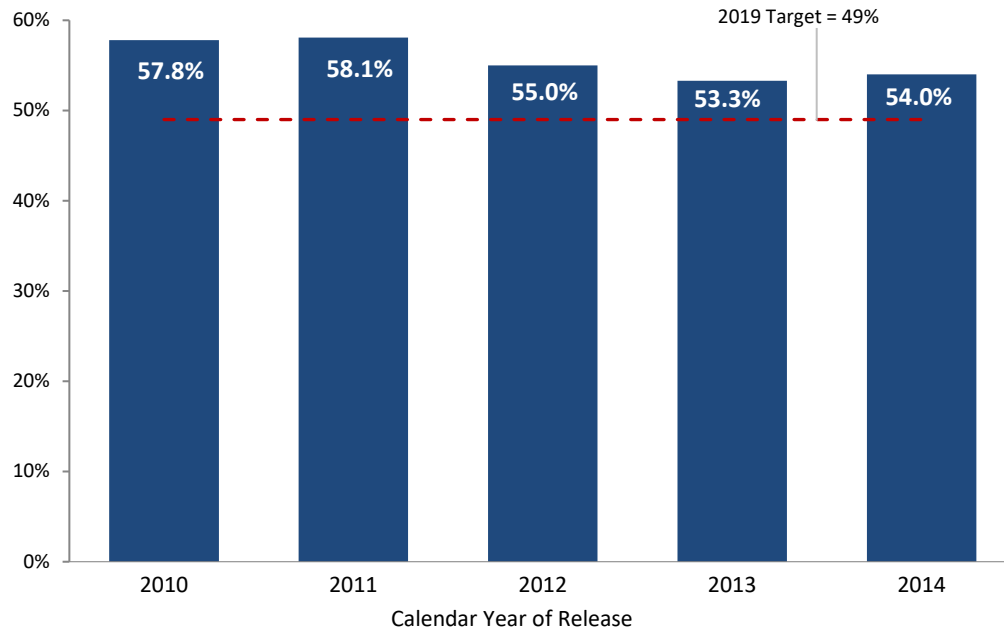
ACTION PLAN

- Sustain Tribal prevention programs and the Community Prevention and Wellness Initiative, including the Prevention/Intervention Program.
- Provide public education and awareness efforts for middle school aged youth and their parents.
- Develop key prevention messages with partners for statewide distribution.
- Support community-based organizations, regional and statewide partners in distributing messaging.
- Develop a prevention marketing campaign with state partners.
- Implement and evaluate a prevention marketing campaign.

Rehabilitation Administration

Minimize risk to community

Percent of youth released from juvenile rehabilitation who are found guilty of an offense committed within 18 months of release



SUMMARY

- Updated discussion and action plans for this measure are located in the RA Strategic Plan.

DATA SOURCE: Automated Client Tracking System (ACT) and the Administrative Office of the Courts - Washington State Center for Court Research; supplied by Sarah Veele.

MEASURE DEFINITION: Percent of Juvenile Rehabilitation youth who are adjudicated or found guilty for a juvenile or adult offense that was committed within 18 months of release.

DATA NOTES: **1** Recidivism is defined as an adjudication as a juvenile or adult for at least one offense occurring in the 18 months following residential release. **2** Columns are labelled with calendar year of release. **3** Data are available 32 months after the end of calendar year of release (an 18 month period following release, 12 months for case completion or adjudication, and 2 months for reporting).

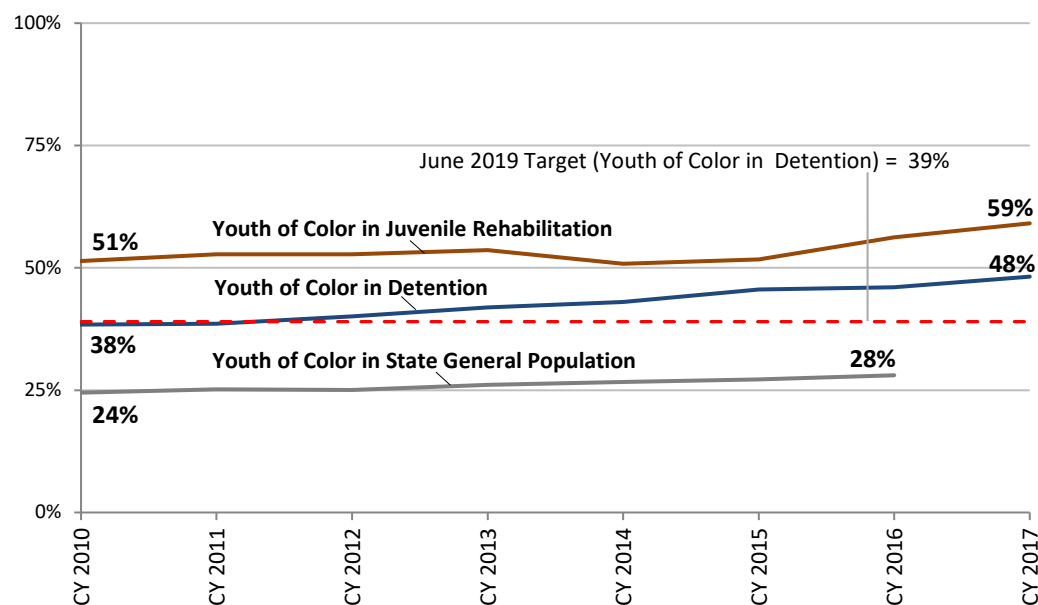
TO DATA: <https://www.dshs.wa.gov/data/metrics/JX.18.xlsx>

Rehabilitation Administration

Racial disproportionality

Percent of African-American, Hispanic/Latino, and Native American youth in detention

Percent of African-American, Hispanic/Latino and Native American youth in WA population, detention and JR residents



SUMMARY

- Youth of color are overrepresented at every point in the juvenile justice system, including detention (county and state). These disparities often result in extreme negative consequences, which is the opposite of what we want for our youth, families, schools, businesses and citizenry.
- The total number of youth in the juvenile justice system has declined over time; however, the percentage of youth of color in detention is increasing. Nationwide Disproportionate Minority Contact (DMC) or Racial and Ethnic Disparities (RED) trends show overrepresentation of minority youth increasing at each point along the juvenile justice continuum. In Washington State, youth of color ages 10 – 17 represent 38% of the general population, 51% of the youth in county detention and 62% of the youth involved in Juvenile Rehabilitation. The greatest disparities exist for Black, Native American and Hispanic/Latino youth.
- Updated discussion and action plans for this measure are located in the RA Strategic Plan.

DATA SOURCE: DSHS/Office of Juvenile Justice; supplied by Dylan Miksicek and Vazaskia Crockrell.

MEASURE DEFINITION: Percent of African-American, Hispanic/Latino, and Native American youth in WA population, detention admissions and Juvenile Rehabilitation (JR) residents.

DATA NOTES: 1 Youth are ages 10-17. 2 Youth of color includes African-American, Hispanic/Latino, and Native American youth. 3 For percent of youth of color in WA population, see http://www.ojjdp.gov/ojstatbb/ezapop/asp/profile_selection.asp

TO DATA: <https://www.dshs.wa.gov/data/metrics/JX.10.xlsx>

Department of Children, Youth, and Families

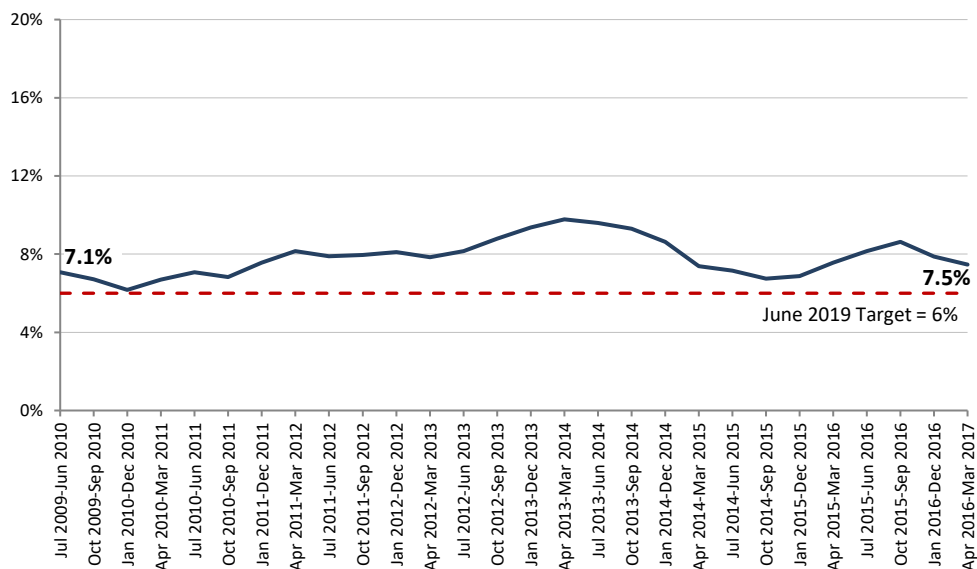


DCYF clients receive protective services

Percent of children with a founded allegation of abuse or neglect who have a new founded allegation within 12 months, excluding reports in the first 14 days

Statewide - 12 month rolling average

SUMMARY



DATA SOURCE: FamLink; supplied by Cindy Ellingson, Department of Children, Youth, and Families.

MEASURE DEFINITION: Percent of children with a founded allegation of abuse or neglect who have a new founded allegation within 12 months, excluding reports in the first 14 days.

DATA NOTES: 1 Repeat maltreatment is measured by a second “founded” allegation within 12 months, excluding reports in the first 14 days. Founded means that the child has, more likely than not, been abused or neglected by a parent or caregiver. Most reports received in the first 14 days are duplicate reports of the same incident made by different reporters. The 12 month period reported is the period of the first founded allegation. Each data point shows the recurrence for the most recently available 12 month period. The measure is calculated 18 months after the end of the reporting period. *Click below for additional data notes.*

TO DATA: <https://www.dshs.wa.gov/data/metrics/CX.6.xlsx>

Department of Children, Youth, and Families

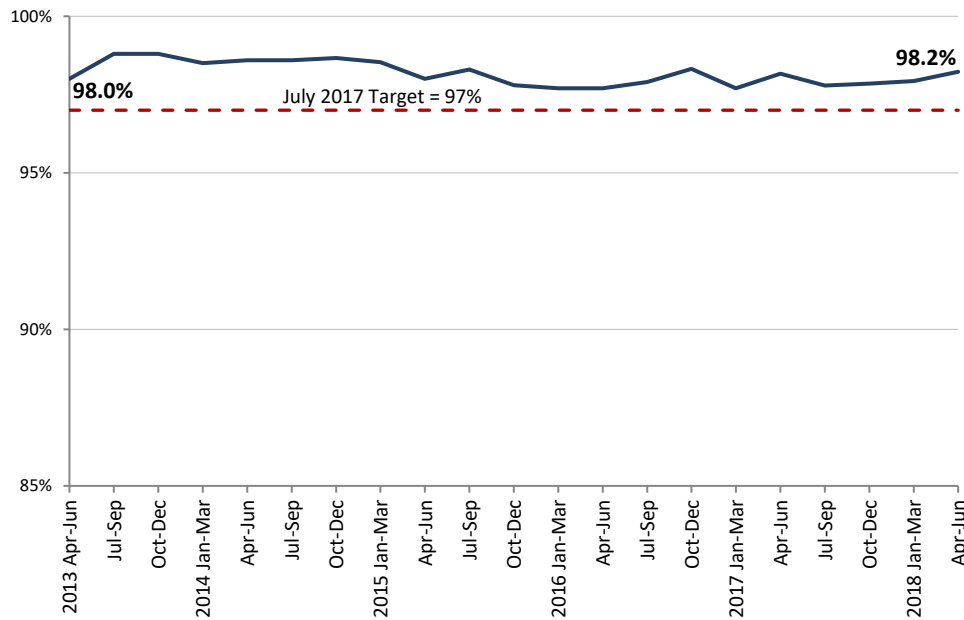


DCYF clients receive protective services

Percent of alleged child victims in Child Protective Service non-emergent intakes who were seen by a social worker within 72 hours of the intake

Statewide Average

SUMMARY



DATA SOURCE: InfoFamLink Initial Face to Face (IFF) Report; supplied by Cindy Ellingson, Department of Children, Youth, and Families.

MEASURE DEFINITION: Rate of child victims in non-emergent referrals (response within 72 hours) seen or attempted within policy requirements.

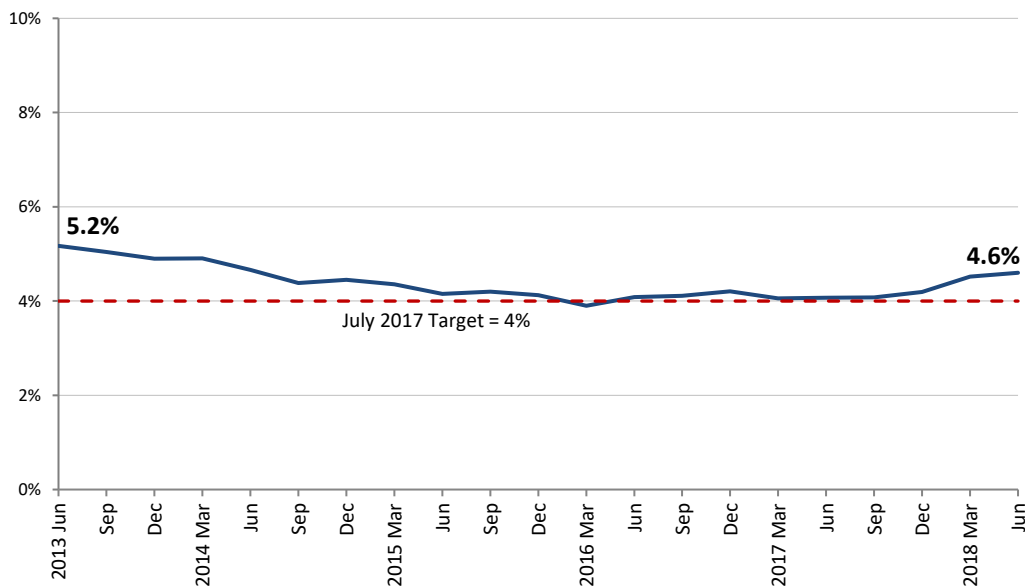
DATA NOTES: 1 Victims in CPS referrals with a documented face-to-face visit or attempt within policy expectations. Excludes DLR-CPS.

TO DATA: <https://www.dshs.wa.gov/data/metrics/C1.4.xlsx>

Improve stability of living situation

Percent of DCYF children in out-of-home placement longer than 5 years

Statewide



SUMMARY

- During 2011, in partnership with Casey Family Programs, Children’s Administration provided Permanency Roundtable Values and Skills training to CA staff and held Permanency Roundtable consultations with the focus of achieving permanency for the children in care the longest. Since this time there has been a 39 percent decline in the children in care longer than 5 years (September 2010 to June 2018).
- December 1, 2010 to the end of January 2013 a policy change regarding Voluntary Placement Agreements (VPAs) was made to limit the use of agreements to specific circumstances that are time-limited and approved as part of a short-term placement plan. The reduced use of VPAs may have impacted length of stay (LOS) because CA was utilizing the court process for placement cases in which a VPA would have been used in the past. This policy has been overturned and is expected to reduce the length of stay for children returning home.

DATA SOURCE: FamLink Data Warehouse, Children’s Administration Technology Services (CATS); supplied by Cindy Ellingson, Department of Children, Youth, and Families.

MEASURE DEFINITION: Length of Stay for children in out-of-home care on the last day of the period. Limited to cases with full DCFS case management responsibility, and children < 18 years old.

DATA NOTES: 1 Counts are for the last month of the quarter.

TO DATA: <https://www.dshs.wa.gov/data/metrics/CX.4.xlsx>

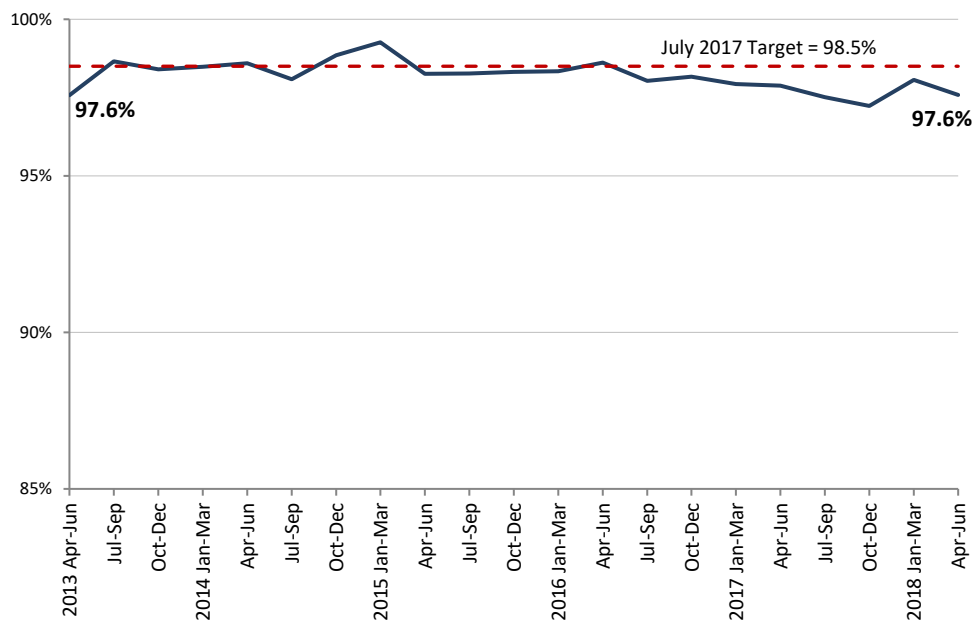
Department of Children, Youth, and Families



DCYF clients receive protective services

Percent of alleged child victims in emergent Child Protective Service intakes who were seen by a social worker within 24 hours of the intake

Statewide Average



SUMMARY

- Statewide in the quarter April to June 2018, 97.6% of children in intakes requiring an emergency response (4,801 out of 4,920 children) were seen or attempts made within 24 hours.
- The initial response time may be longer than 24 hours when:
 - Based on new information gathered throughout the intake process, the screening decision is changed from 72 hour response or an alternate intervention to 24 hour emergency response to ensure child safety.
 - Supervisory approved extensions are not yet documented. (Approved extensions include when law enforcement takes the lead on investigations, delaying a DSHS response, and when a neutral setting is required for safe access to a child.)

DATA SOURCE: InfoFamLink; supplied by Cindy Ellingson, Department of Children, Youth, and Families.

MEASURE DEFINITION: Rate of child victims in emergent referrals (response within 24 hours) seen or attempted within policy requirements.

DATA NOTES: 1 Alleged victims in CPS referrals with a documented face-to-face visit or attempt within policy expectations. Excludes DLR-CPS intakes and alleged victims with exclusions or extensions.

TO DATA: <https://www.dshs.wa.gov/data/metrics/C1.3.xlsx>

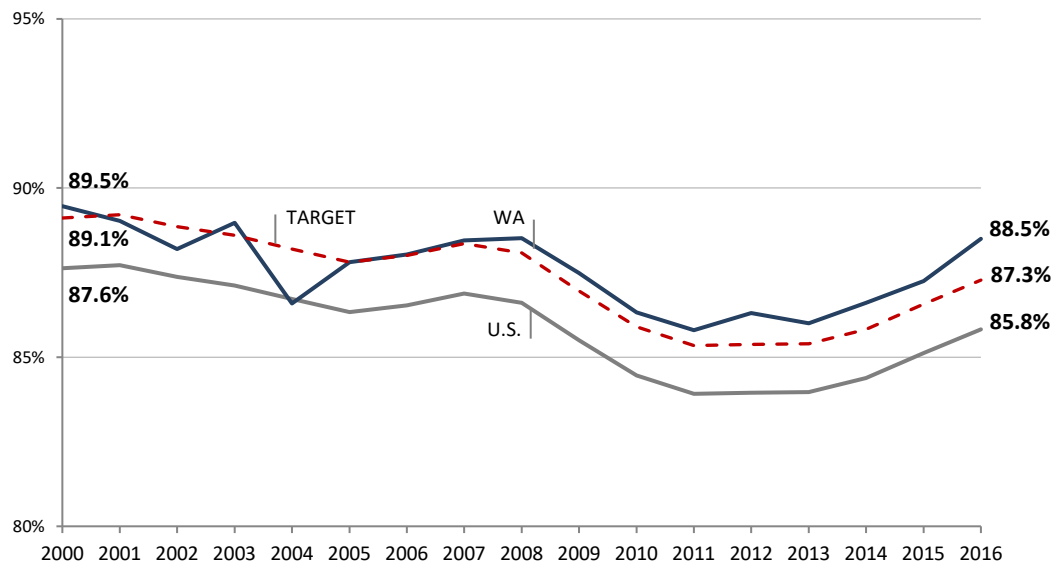
Stability & Self-Sufficiency Outcome Measure



Decrease poverty

Percent of residents above Federal Poverty Level - Comparison of Washington State and U.S.

All ages



SUMMARY

- This chart compares the rate of Washington residents with incomes above 100% of the Federal Poverty Level (FPL) to the national rates between 2000 and 2014.
- Low-income families and individuals are at an increased risk of negative social and health outcomes.
- The Washington state rate has been reliably over the national rate - averaging 1.7% higher than the national level. The only year in which the Washington rate dipped slightly below the national level was 2004.
- A report comparing indicators of economic well-being in Washington to eight similar states is available at <http://www.dshs.wa.gov/pdf/ms/rda/research/11/156.pdf>.

DATA SOURCE: United States Census Bureau American Community Survey; supplied by Irina Sharkova, 360.902.0743, Research and Data Analysis Division.

MEASURE DEFINITION: The rate of Washington residents with incomes above 100% of the Federal Poverty Level (FPL) compared to the rate of residents above the poverty level in the U.S. as a whole.

DATA NOTES: *Click below for specific data notes.*

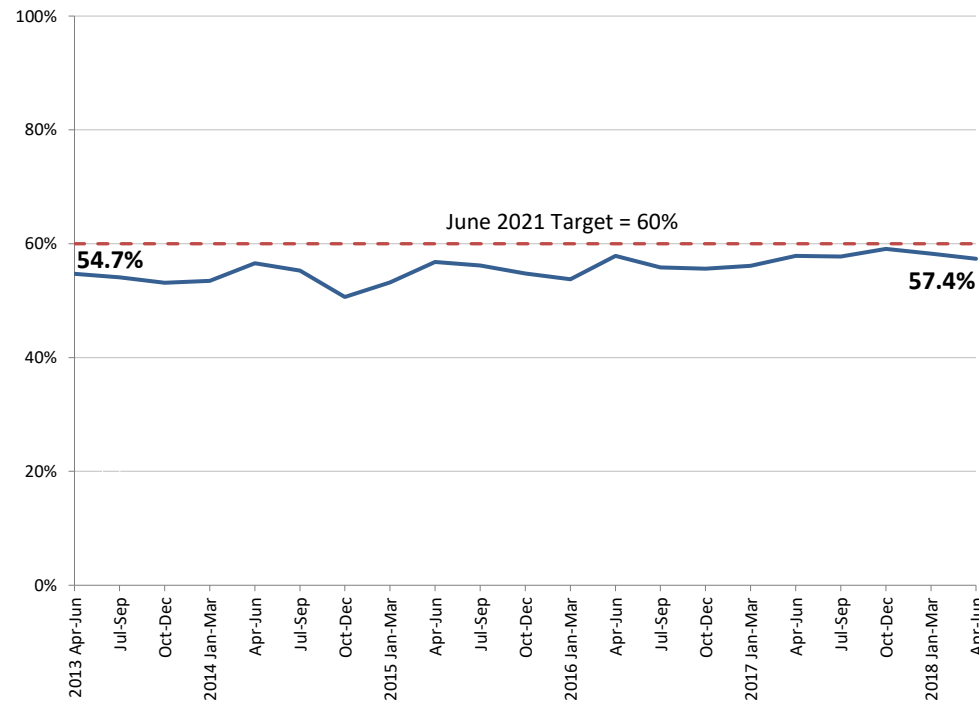
TO DATA <http://www.dshs.wa.gov/data/metrics/3.1.xlsx>

Economic Services Administration



Provide A Pathway Out of Poverty and Become Healthier

Percent of families who leave public assistance (TANF) due to increased income or at their request



SUMMARY

- This measure reflects a portion of the WorkFirst caseload that is comprised of families who are able and capable of achieving self-sufficiency.
- The historical trend shows an average of 50% to 60% of monthly closures are due to self-sufficiency reasons as opposed to procedural reasons.
- The chart shows an increase in the ratio of self-sufficiency exits to other exits. This shift is likely due to policy changes implemented including a 15% grant reduction and TANF time limit terminations in February 2011, and Means Testing and Time Limits for Child Only TANF cases in November 2011.

ACTION PLAN

- Updated Action Plans for this measure are located in the DSHS Strategic Plan and the Economic Services Administration Operational Plan.

DATA SOURCE: Management Accountability and Performance Statistics (EMAPS), Office of Assistant Secretary, Economic Services Administration (ESA), supplied by Ryan McLean.

MEASURE DEFINITION: **Denominator:** Total number of WorkFirst case closures in the month and neither the AU nor any client on the AU received TANF/SFA in any one of the subsequent three months. Excludes child-only cases. **Numerator:** The number of cases closed due to self sufficiency (increased income or at family request). This includes the total number of WorkFirst case closures in denominator with the following reason codes: (a) child support more than the grant (324); (b) excess net income (331); (c) exceeds earned income limit (334); (d) change in child support payment (507); or (e) AU requests closure (557). Excludes child-only cases.

DATA NOTES:

TO DATA: <http://www.dshs.wa.gov/data/metrics/E2.1.xlsx>

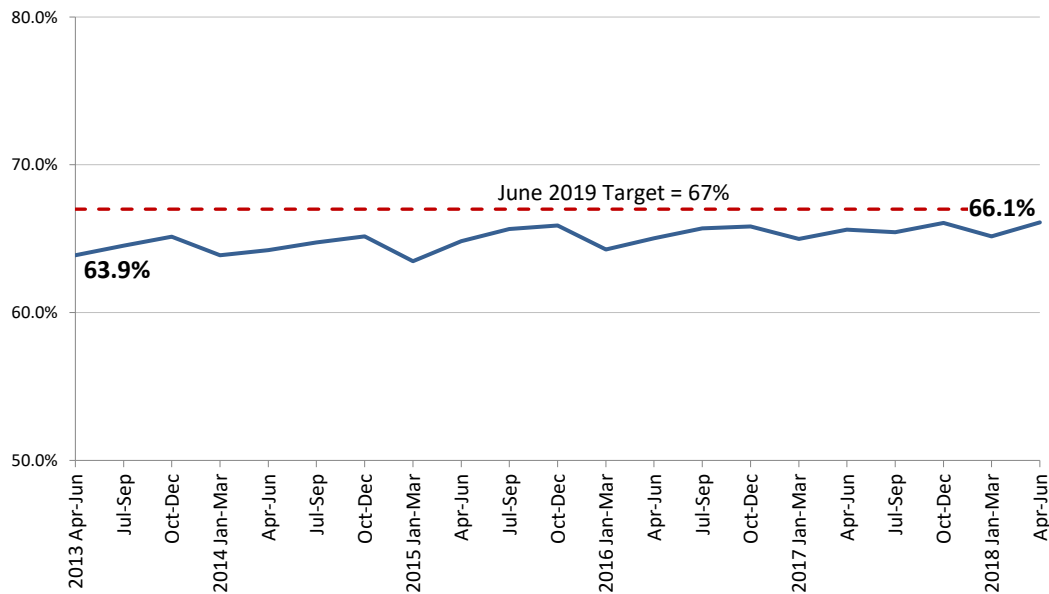
Developmental Disabilities Administration



Provide A Pathway Out of Poverty and Become Healthier

Percent of working-age adults with developmental disabilities receiving supported employment services who are earning a wage

Statewide



SUMMARY

- This measures the percentage of the number of DD clients aged 21 through 61 who are employed as a result of receiving supported employment services.
- Earning a wage is one of the most self-affirming and cost-beneficial achievements for a person with a developmental disability.
- Employment support continues to be a service emphasis and sustaining performance above 50% is important.
- Updated discussion and action plans for this measure are located in the DSHS Strategic Plan and the Developmental Disabilities Operational Plan.

DATA SOURCE: Quarterly client extracts from DSHS, Developmental Disabilities Administration DD CARE, DD Client Database; Employment Security Department Unemployment Insurance wage file; supplied by David Mancuso.

MEASURE DEFINITION: Rates of employment for DD enrolled clients aged 21 through 61 who are currently receiving supported employment services. Percent Employed: the proportion of clients employed during the quarter in which they received services.

DATA NOTES: 1 Employment Security Department earnings data exclude self employment, federal employment, and unreported earnings. 2 Wage rates for different follow-up groups are presented in current dollars (Consumer Price Index adjusted) so they can be compared. 3 New data are available six months after quarter ends.

TO DATA: <https://www.dshs.wa.gov/data/metrics/AD2.1.xlsx>

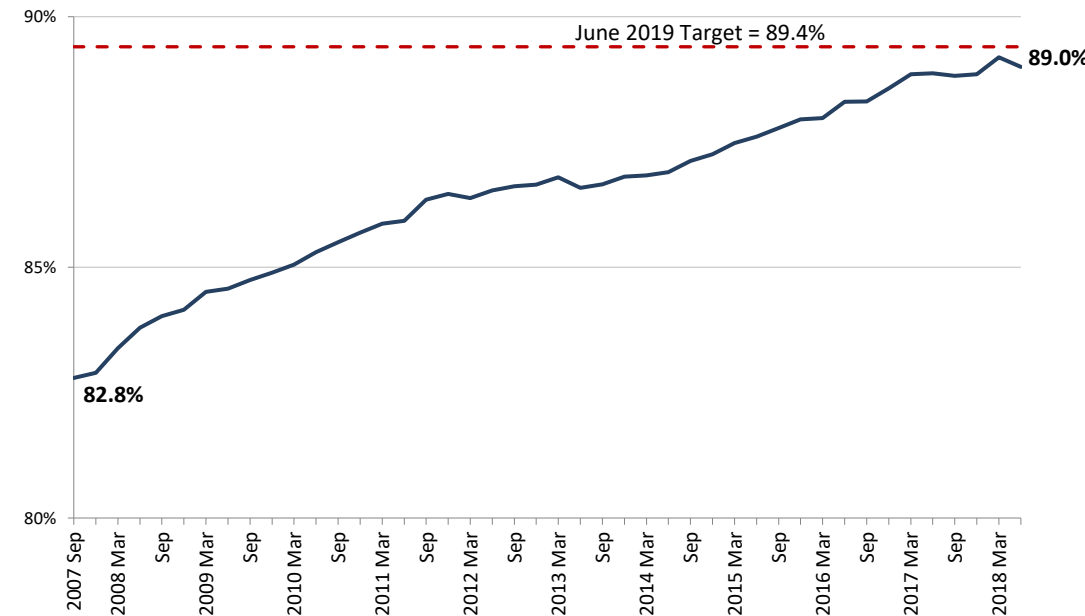
Quality of Life Outcome Measure



Increase access to home and community-based services

Percent of supported seniors and individuals with a disability served in home and community-based settings

Statewide



SUMMARY

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

- Developing community-based supports and providing options to consumers has been an emphasis and is reflected in the sustained percentage.

ACTION PLAN

- Continue emphasis on voluntary relocation from nursing homes and Residential Habilitation Centers using enhanced federal funds under the Money Follows the Person/Roads to Community Living program.

- Funding requests will be made for better access to home and community-based options.

- Continue development of services for specialized populations and cost-effective enhancement of community options.

DATA SOURCE: AL TSA and DDA EMIS Report; supplied by Duy Huynh, Van Huynh and Rina Wikandari, Management Services Division.

MEASURE DEFINITION: 1 At this time, this measure includes only DSHS clients who receive services from the Aging and Long-Term Supports Administration (AL TSA) or the Developmental Disabilities Administration (DDA) or both. It does not include DSHS clients with disabilities not receiving services from those administrations, such as clients who reside in state psychiatric hospitals or other individuals solely receiving behavioral health services (unless they also receive AL TSA or DDA services). *Numerator:* All AL TSA clients living in the community and all DDA clients receiving paid services who are not residents of the state Residential Habilitation Centers. *Denominator:* All AL TSA and DDA clients receiving paid services.

2 Performance Metrics chart shows the last month of each quarter.

DATA NOTES: See measures AAH.1 and AD1.2. *Click below for additional data notes.*

TO DATA <https://www.dshs.wa.gov/data/metrics/3.2.xlsx>

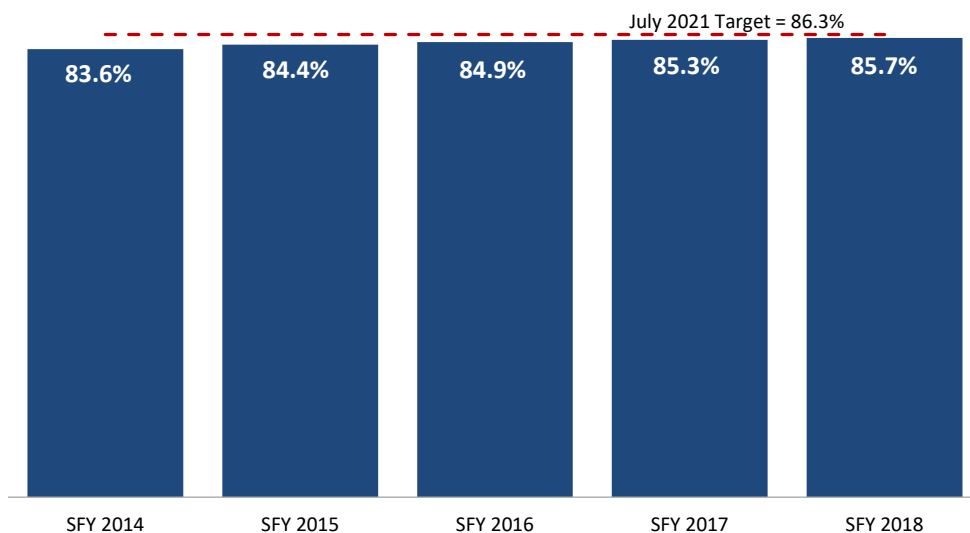
Aging and Long-Term Support Administration



Prepare For Aging Washingtonians

Percent of long-term services and support clients served in home and community-based settings

Statewide



SUMMARY

- This measure supports AL TSA Strategic Objective 1.3: serve individuals in their homes or in community-based services.
- Background: In 2017, Washington State's long-term services and supports were ranked first in the nation by the AARP Long-Term Care Scorecard.
- Importance: Developing home and community-based services has meant Washingtonians have a choice regarding where they receive care, and has produced a more cost effective method of delivering services.
- Success Measure 1.3: Increase the percentage of clients served in home and community-based settings from 85.6% in July 2017 to 86% by July 2019 and 86.3% by July of 2021.
- Action Plan: The updated action plan for this measure is located in the DSHS Strategic Plan and the AL TSA Operational Plan.

DATA SOURCE: EMIS reports using SSPS and ProviderOne; supplied by Rina Wikandari, Management Services Division.

MEASURE DEFINITION: Statewide percentage of AL TSA long-term care clients living in home and community settings, as defined by the average monthly caseload of clients living in home and community settings divided by the sum of the same and the average monthly caseload of clients living in nursing facilities.

DATA NOTES: 1 Nursing Home clients are counted using full-time bed occupation method: count of bed days divided by the number of days in a month instead of the old method of adjusting head count. 2 The count of clients living in nursing facilities includes State-only clients and clients in State Veteran's Homes. *Click below for additional data notes.*

TO DATA: <https://www.dshs.wa.gov/data/metrics/AAH.1.xlsx>

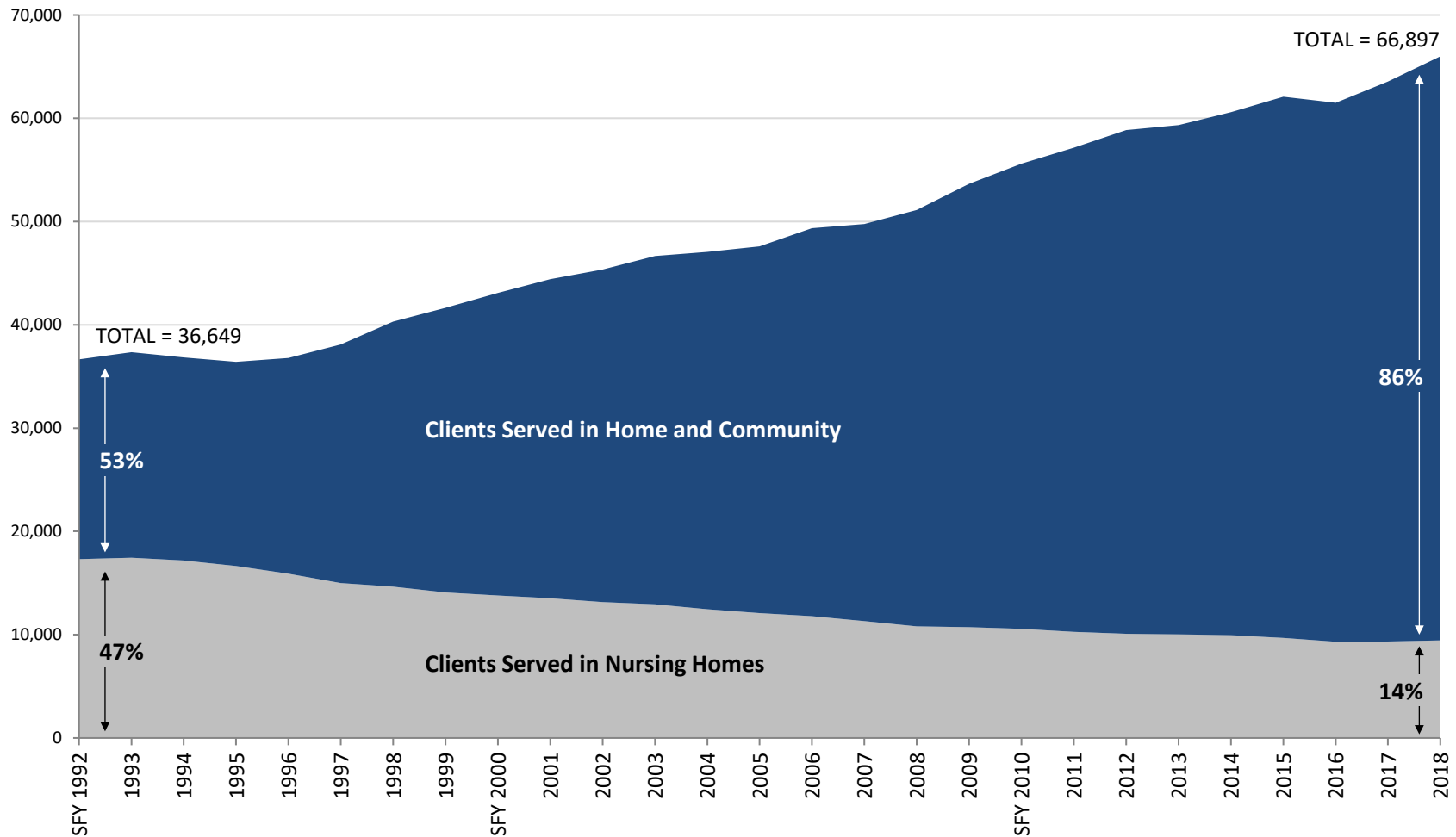
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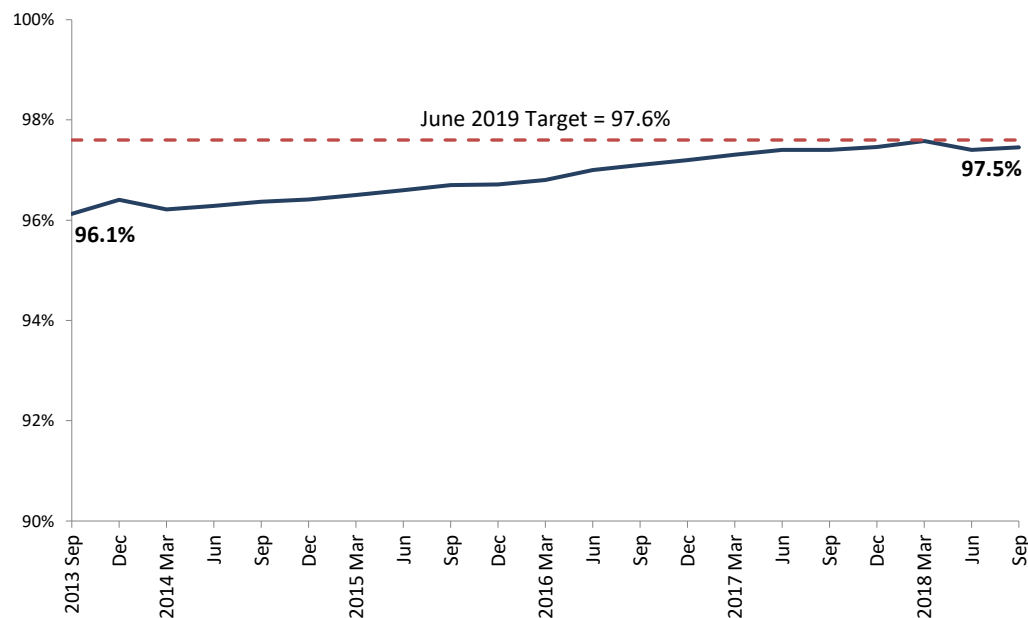
Developmental Disabilities Administration



Serve People in Their Home Community

Percent of clients with developmental disabilities served in home and community-based settings

Statewide



SUMMARY

- This measure reflects the response to consumer preferences for home and community-based care. It is also an indicator of efficiency, since community care is the least expensive.
- Developing community-based supports and providing options to consumers has been an emphasis and is reflected in the sustained percentage.

ACTION PLAN

- Updated discussion and action plans for this measure are located in the DSHS Strategic Plan and the Developmental Disabilities Operational Plan.

DATA SOURCE: CARE data from the Assessment Activity Report; supplied by Phillip Gonzales, DDA.

MEASURE DEFINITION: *Numerator:* Developmental Disabilities Administration (DDA) Community Clients count.

Denominator: Total DDA caseload count.

DATA NOTES: **1** Community Clients count includes DDA clients living in community settings and approved to receive Home and Community Based Services (HCBS) Waivers and clients approved to receive Non-Waiver DDA paid services. Total Caseload count is the community client caseload plus the RHC client caseload (no short-term) for each report period.

2 Performance Metrics chart shows the last month of each quarter.

TO DATA: <https://www.dshs.wa.gov/data/metrics/AD1.2.xlsx>

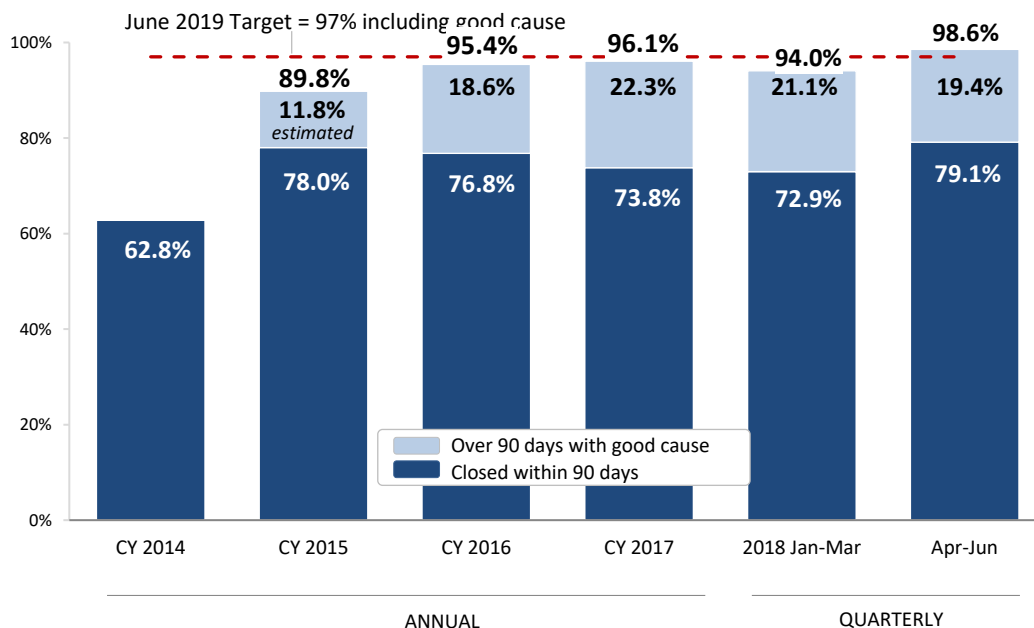
Aging and Long-Term Support Administration



DSHS Goal 3: Protection - Each Individual who is vulnerable will be protected

Vulnerable adult abuse and neglect investigations completed within 90 days

Statewide - Percent completed within 90 Days or late with good cause



SUMMARY

- This measure supports AL TSA Strategic Objective 2.1: Abuse and neglect – complete investigations timely and thoroughly.
- Importance: Protection of adults who are vulnerable requires adequate staffing to conduct thorough screening and consistent investigations, and provide protective services and referrals. When this does not occur, these adults are put at greater risk of harm and experience untimely access to critical resources such as guardianship.
- Background: Sometimes the welfare of the victim is best served by keeping the investigation open for a longer period of time, but most investigations should be completed within 90 days. "Good cause" reasons for investigations to be open longer than 90 days include requests from law enforcement, pending guardianships or protective services, or unusual difficulty accessing evidence or witnesses.
- Success Measure 2.1: Increase the percentage of adult abuse and neglect investigations completed within 90 days (or remaining open for "good cause") from 95.4 percent in calendar year 2016 to 97 percent by June 2019.

• Action Plan: The updated action plan for this measure is located in the AL TSA Strategic Plan.

DATA SOURCE: Tracking Incidents of Vulnerable Adults (TIVA), 1051 and 1061 reports; supplied by Tracey Hoy, MSD. (Data prior to mid-May 2014 is from APSAS for APS and from Loida Baniqued, Residential Care Services, for RCPP.)

MEASURE DEFINITION: The percent of all investigations that are open 90 days or less divided by all investigations open on that snapshot date. This includes history and current data for investigations in APS and those formerly conducted by Residential Care Services (RCPP). "Good cause" excludes investigations remaining open longer than 90 days due to no reason entered, "no good cause," "vacant FTE slots," and "extended review process."

DATA NOTES: 1 Count is a snapshot taken on the 15th or closest business day each month. TIVA is a live system, and data run on different snapshot days will differ. *Click below for additional data notes.*

TO DATA <https://www.dshs.wa.gov/data/metrics/AAC.2.xlsx>

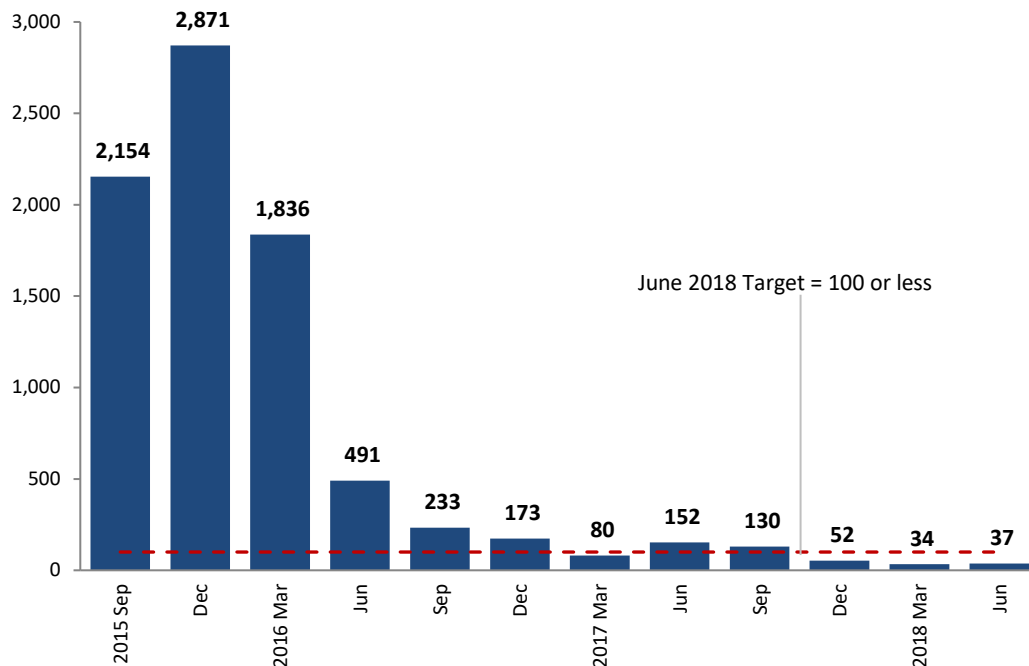
Aging and Long-Term Support Administration



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

Timely initiation of facility complaint investigations

Number of complaint investigations overdue to begin (backlog)



DATA SOURCE: TIVA 2101 report and additional information; supplied by Jered Gunn, RCS.

MEASURE DEFINITION: Number of complaints assigned for investigation that have not begun and are overdue to begin.

DATA NOTES: 1 Sep 2015 figure adjusted through a one-time manual desk review; prior to adjustment the figure was 2,683. Each quarter reflects snapshot data for the last month of the quarter, except December 2015 reflects data from 11/23/2015. 3 Snapshot data can differ depending on the run date and time of the report, because the TIVA system is live and is continually assigning new investigations and noting whether items are becoming overdue. Due to this, history is not refreshed. *Click below for additional data notes.*

TO DATA: <https://www.dshs.wa.gov/data/metrics/AAR.7.xlsx>

SUMMARY

- This measure supports **AL TSA Strategic Objective 2.3: Facility health and safety - investigate complaints in a timely manner.**
- **Importance:** Protect residents from abuse, neglect and exploitation; ensure services provided meet the health and safety needs of residents; evaluate whether provider practice meets regulatory requirements; and to make quality referrals to entities that help protect victims.
- **Success Measure 2.3:** Reduce the long-term care facility complaint investigation backlog of non-immediate jeopardy complaints from 152 in June 2017 to consistently 100 or fewer by June 2019.
- Prior to 2016, it was difficult to meet response times especially for medium and low priority complaints, due to the high volume of complaint investigation cases coupled with limited investigative staff.
- The backlog has nearly been eliminated due to hiring of additional investigators (supported by the Governor and Legislature), regions sharing staff with each other, and Lean and other process improvements.
- **Action Plan:** The updated action plan for this measure is located in a link in the **AL TSA Strategic Plan for Strategic Objective 2.3.**