

The Art of Presenting Data

b. felver

Two dimensional media

Cave drawings
Early humans



Ancient star map (Spain)
14,000 BC



Clay and stone tablets
3000 BC



Paper invented in China (Ts'ai-lun)
105 AD



Ptolemy's map of the world (Greek, Roman)
150



Metal, movable type from Korea (Yi-Ham)
1241



Italic
Italic type first used
1501



First weekly newspaper (Antwerp)
1605



Braille printing (Louis Braille)
1829



4-color rotary press
1892



Phototypesetting made practical (Rene Alphonse Higonnet and Louis Harius Hoyraud)
1947



Desktop computers for personal use
1974



Explosion of personal computers, then laptops
1980s, 1990s



TWEET!

Multidimensional media

Telephone lines over Manhattan
1890



Commercial film for photography (George Eastman)
1885



Type composing machine invented in Germany (Ottmar Mergenthaler)
1841



Cylinder press (Richard Hoe)
1846



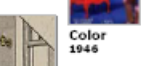
First radio transmission (Guglielmo Marconi)
1895



Television components (Lue De Forest)
Early 1900s



B&W
1930s



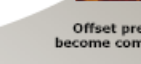
Color
1946



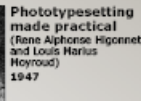
First satellite communications
1958



First commercial computer (UNIVAC)
1951



Offset presses become common
1971



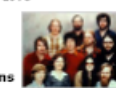
Phototypesetting made practical (Rene Alphonse Higonnet and Louis Harius Hoyraud)
1947



Motion pictures
Late 1800s



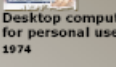
First portable cell phone
1973



Microsoft (Bill Gates, Paul Allen)
1977



Single Chip Digital Signal Processor Introduced (Bell Labs)
1979



Phototypesetting made practical (Rene Alphonse Higonnet and Louis Harius Hoyraud)
1947

TWEET!



Handheld computers and MP3 players
1999



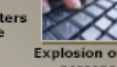
YouTube arrives (Chad Hurley, Steve Chen and Javed Karim)
2005



Apple (Steve Jobs, Steve Wozniak)
1975-84



Single Chip Digital Signal Processor Introduced (Bell Labs)
1979



TWEET!

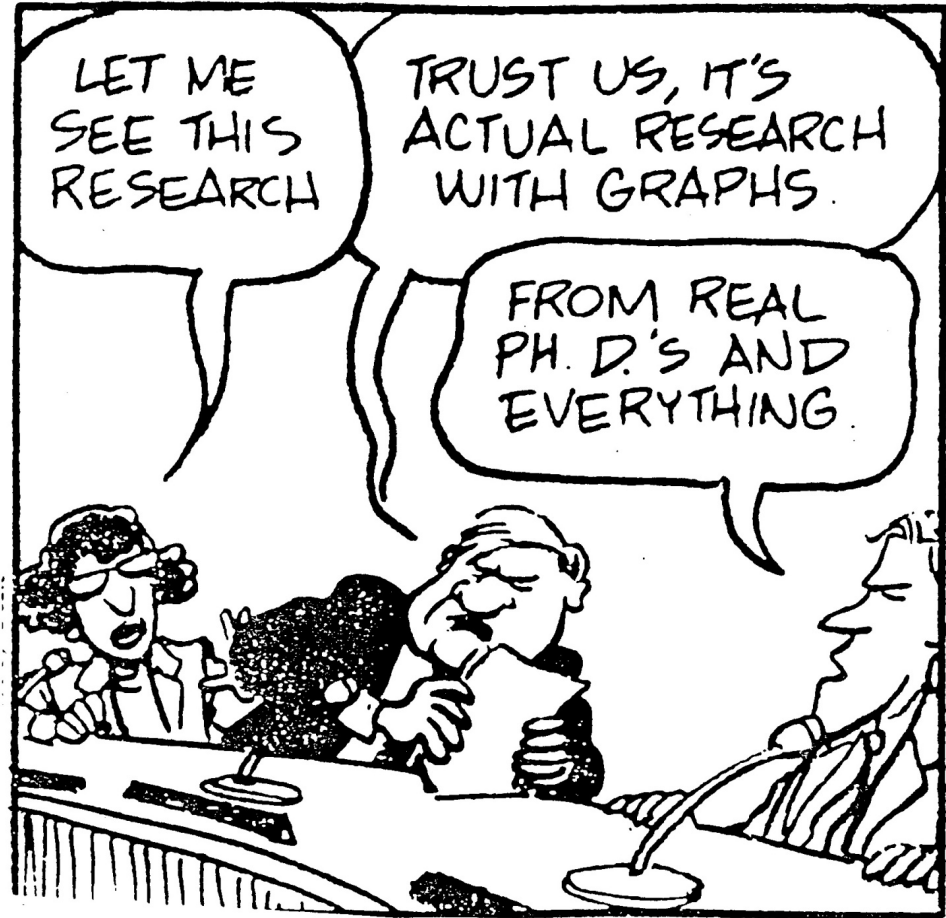
OVER 5,000 YEARS

LESS THAN 200 YEARS

What is our goal?

Crisp, Clear Content

- Discard non-essentials, focus the message
- Clean-up the visuals, expedite delivery



Communication strategies come from different planets



Dummy it Down
MERCURY

Lie • Distort • Create a Fiction
MARS

Artsy Cutesy
SATURN

Stir up Fear • Elicit Emotion
JUPITER



2 of 5 state residents

TOTAL CLIENTS (2014) = 2.7 million



3 of 5 children

(nearly 1 million)

1 in 3 adults

(over 1.6 million)

1 in 7 seniors

(over 134,000)



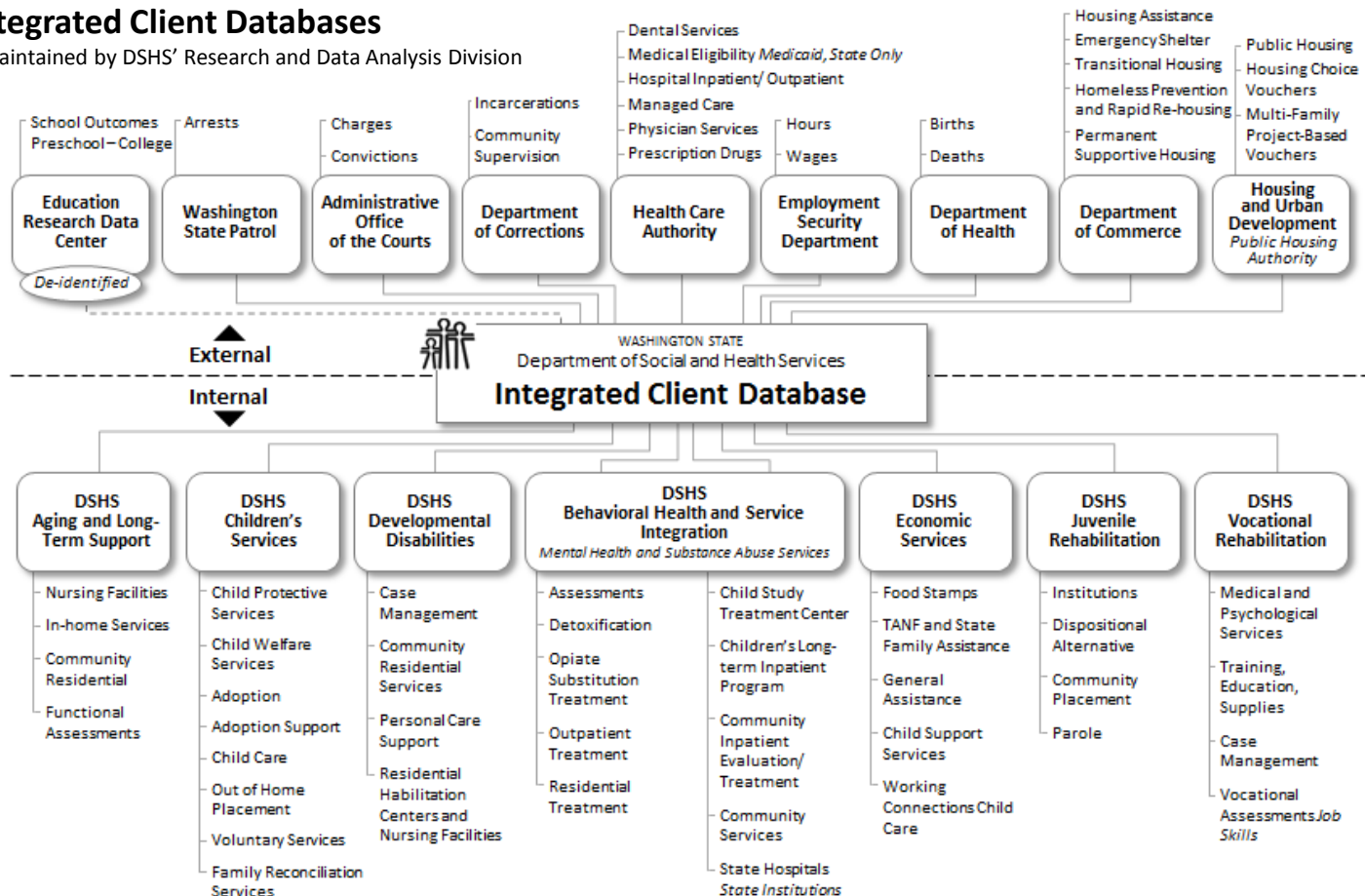
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Washington State Social and Health Services

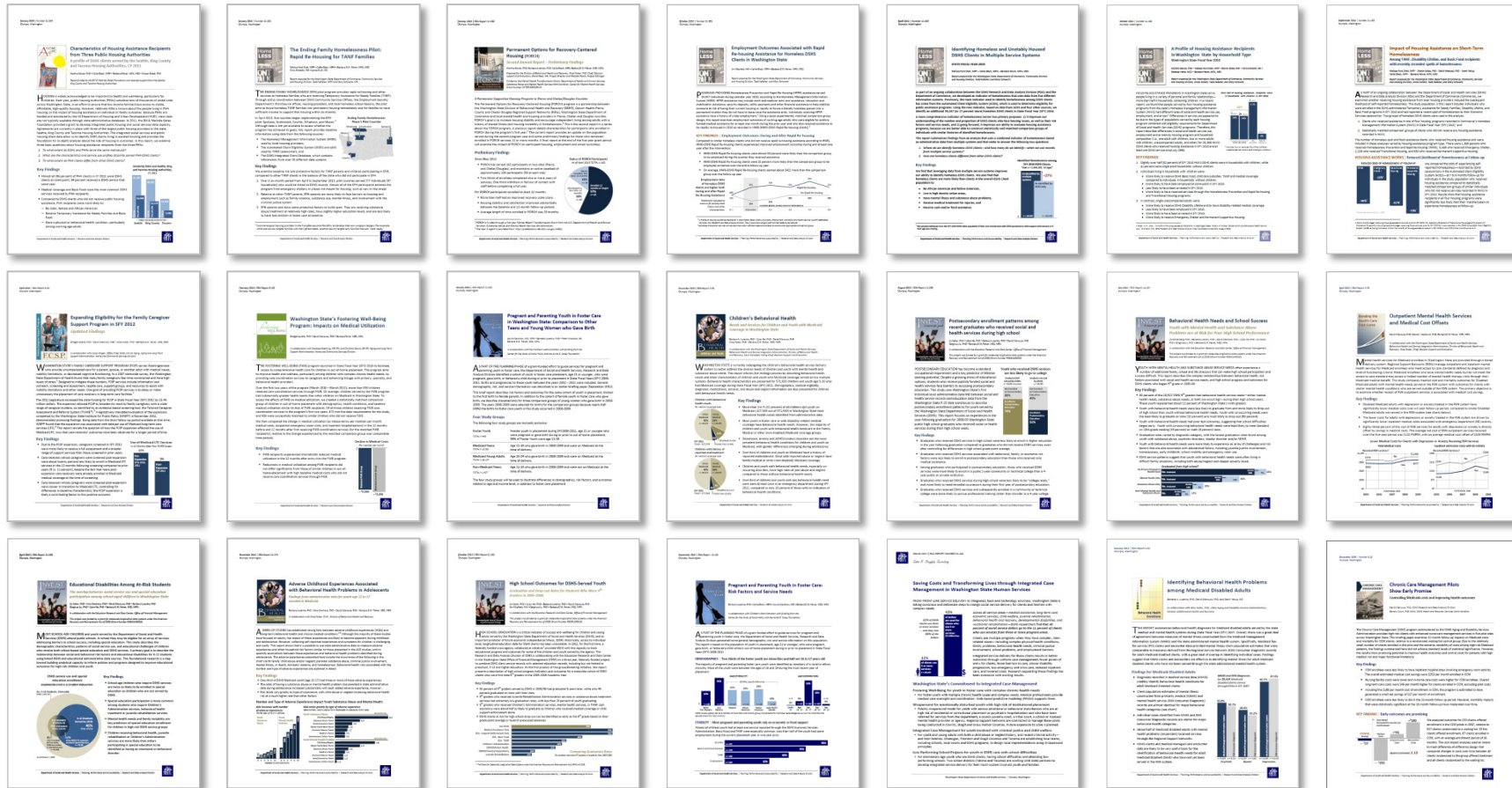
Integrated Client Databases

Established and Maintained by DSHS' Research and Data Analysis Division

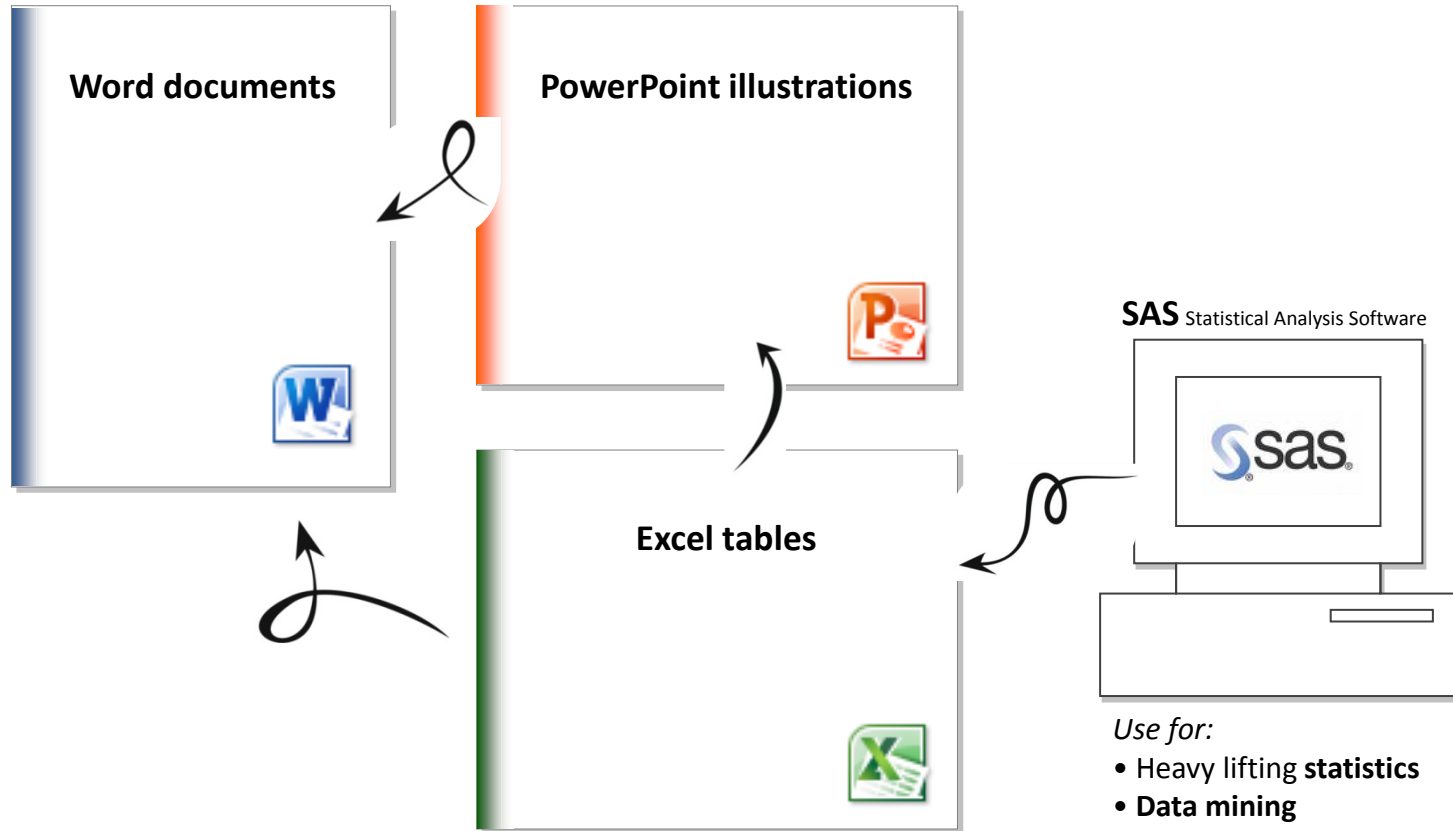


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Platforms . . .



Linking charts in Word . . .

- Charts are inserted into table cells for stability
- Refer to your class handout (page 9) for step-by-step instructions
- Other methods are unstable, eat memory and take time to update


Most frequently asked question

Inserting charts into Word

1. Insert a TABLE . . .

- On the pull-down menu, select TABLE | Insert | "Table"

Word document

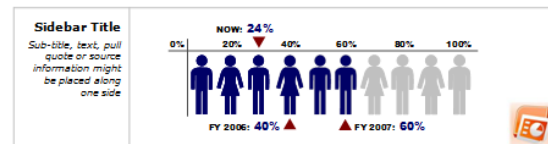


A one-by-one table Accommodates a full-width chart	
A two-column table Accommodates a chart adjacent to text or two side-by-side charts	

- Remove all borders for a simple, clean appearance: FORMAT | Borders and Shading | "None"

2. Into the TABLE, insert an "OBJECT"

- Your cursor will be inside the table cell intended to hold the chart: INSERT | Object | Create from File | "Browse" (to your chart location) | "Insert"
- **IMPORTANT:** Click the "Link to file" box here if you want a "live link" to your source file – the chart will automatically update with the F9 key or when you reopen your document



3. Note: The option to crop your chart once it is in Word has been eliminated

- Your chart will need to be proportionally sized to fit before you bring it into Word . . .
- Pre-adjust the dimensions under DESIGN Page Setup

4. Write associated text above, below, or to the side of the chart

- Follow all of your usual steps in Word and you're done!



Getty
Images,
iStock

WASHINGTON STATE
Office of the Governor
Jay Inslee, Governor



DEPARTMENT OF
Social and Health Services
Pat Lashway, Acting Secretary

**Services and Enterprise Support
Administration**
Dana Phelps, Acting Assistant Secretary

**Research and Data Analysis
Division**
David Mancuso, PhD, Director



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Research and Data Analysis Division

- Medical Economics
- Health Policy
- Behavioral Health
 - Mental Illness*
 - Alcohol/Drug*
- Housing and Homelessness
- Welfare Policy
- Child Welfare
- Student Outcomes
- Criminal Justice
- Developmental Disabilities
- Aging and Long-Term Care
- Geographic Analysis
- Survey Research
- IT Data Infrastructure
- Complex Longitudinal Databases
- In-Depth Statistical Analysis
- Human Subjects Research Board



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The Line Chart

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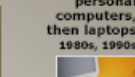
4-color rotary press
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Phototypesetting made practical (Rene Alphonse Higonnet and Louis Harius Heywood)
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Desktop computers for personal use
1974



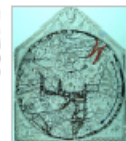
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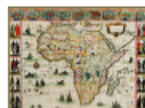
Diamond Sutra (China, possibly India)
868



Hereford Mappa Mundi (England)
1300



African novo map (Dutch)
1600s



Eastern Seaboard
1616



Printing Press (Johannes Gutenberg)
1456



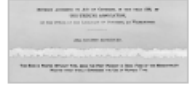
First paper mill (Rittenhouse Mill, American colonies)
1691



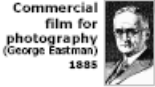
Cylinder press (Richard Hoe)
1846



Type composing machine invented in Germany (Ottmar Mergenthaler)
1841



First comic book (Image: 1906 Chicago Tribune comic strip)
1904



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Apple (Steve Jobs, Steve Wozniak)
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1951



Thomas Edison
1847-1931



First radio transmission (Guglielmo Marconi)
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Explosion of personal computers, then laptops
1980s, 1990s

OVER 5,000 YEARS

LESS THAN 200 YEARS

1DDR

**One Department
Data Repository
(including EMIS)**

STEP 1. Get credible data

1DDR is one of many data sources we have at our fingertips in RDA

		AX	AY	AZ	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM	
ADMINISTRATION (ESA) EMIS REPORT							ECONOMIC SERVICES ADMINISTRATION (ESA) EMIS REPORT											
ADMINISTRATION (ESA) - 1/Services							ECONOMIC SERVICES ADMINISTRATION (ESA) - 1/Services											
BASIC FOOD PROGRAM (SNAP/FAP)							BASIC FOOD PROGRAM (SNAP/FAP)				REFUGEE AND IMMIGRANT ASSISTANCE - TOTALS							
Total Participating Households [27][28][8]							Grant Expenditures				Total Expenditures [34]				Refugee Cash Assistance Expenditures			
Total Number Households	% of Households				Total Number Persons [32]	Monthly Total [33][8]	Average Per		Actual		Federal Grant [35]		Actual [36]		Federal Grant [35]			
	Public Assistance [29]	SSI [30]	Non-Assistance [31]	Household			Person	Monthly	B-T-D Total	Monthly	B-T-D Total	Monthly	B-T-D Total	Monthly	B-T-D Total			
																E070	E071	E072
96.6%	593,739	11.2%	14.0%	74.8%	1,120,304	\$142,233.912	\$239.56	\$126.96	\$633,217	\$10,504,364	\$268,504	\$4,114,293	\$368,670	\$4,006,980	\$125,000	\$2,050,001		
96.6%	596,837	11.0%	14.0%	75.0%	1,124,964	\$142,690.302	\$239.08	\$126.84	\$742,190	\$11,246,554	\$268,504	\$4,382,797	\$501,533	\$4,508,513	\$125,000	\$2,175,001		
96.6%	596,262	11.0%	14.0%	74.9%	1,122,071	\$141,904.984	\$237.99	\$126.47	\$548,768	\$11,795,322	\$268,504	\$4,651,301	\$234,424	\$4,742,937	\$125,000	\$2,300,001		
96.6%	596,406	10.9%	14.1%	75.0%	1,121,094	\$141,819.515	\$237.79	\$126.50	\$1,310,206	\$13,105,528	\$316,269	\$4,967,570	\$383,252	\$5,126,189	\$168,433	\$2,468,434		
96.6%	596,207	11.0%	14.2%	74.9%	1,120,561	\$141,365.503	\$237.11	\$126.16	\$1,041,815	\$14,147,343	\$316,269	\$5,283,839	\$379,209	\$5,505,398	\$168,433	\$2,636,867		
96.6%	595,246	11.3%	14.2%	74.4%	1,118,566	\$141,688.489	\$238.03	\$126.67	\$1,085,864	\$15,233,207	\$316,269	\$5,600,108	\$400,590	\$5,905,988	\$168,433	\$2,805,300		
96.6%	598,752	11.4%	14.2%	74.4%	1,125,276	\$141,322.047	\$236.03	\$125.59	\$849,519	\$16,082,726	\$316,269	\$5,916,377	\$376,807	\$6,282,795	\$168,433	\$2,973,733		
96.6%	599,597	11.5%	14.2%	74.3%	1,125,403	\$142,500.075	\$237.66	\$126.62	\$1,385,143	\$17,467,869	\$316,269	\$6,232,646	\$387,965	\$6,670,760	\$168,433	\$3,142,166		
96.6%	599,180	11.2%	14.3%	74.6%	1,122,626	\$141,879.434	\$236.79	\$126.38	\$1,176,885	\$18,644,754	\$316,269	\$6,548,915	\$393,340	\$7,064,100	\$168,433	\$3,310,599		
96.6%	598,886	11.1%	14.3%	74.6%	1,121,510	\$141,407.138	\$236.12	\$126.09	\$736,380	\$19,381,134	\$316,269	\$6,865,184	\$237,695	\$7,301,795	\$168,433	\$3,479,032		
96.6%	599,175	10.9%	14.4%	74.7%	1,120,689	\$141,370.333	\$235.94	\$126.15	\$1,355,558	\$20,736,692	\$316,269	\$7,181,453	\$509,262	\$7,811,057	\$168,433	\$3,647,465		
96.6%	599,637	10.8%	14.4%	74.7%	1,119,723	\$140,852.355	\$234.90	\$125.79	\$-879,809	\$20,456,883	\$316,269	\$7,497,722	\$302,723	\$8,113,780	\$168,433	\$3,815,898		
96.6%	597,933	10.6%	14.5%	74.9%	1,116,461	\$140,370.973	\$234.76	\$125.73	\$740,442	\$20,442	\$316,269	\$316,269	\$430,083	\$430,083	\$168,433	\$168,433		
96.6%	600,282	10.7%	14.5%	74.8%	1,120,243	\$141,045.886	\$234.97	\$125.91	\$1,086,807	\$1,827,249	\$316,269	\$632,538	\$509,796	\$939,879	\$168,433	\$336,866		
96.6%	600,935	10.6%	14.6%	74.8%	1,120,945	\$140,568.028	\$233.92	\$125.40	\$1,044,853	\$2,872,102	\$316,269	\$948,807	\$238,660	\$1,178,539	\$168,433	\$505,299		
96.6%	598,982	10.7%	14.6%	74.7%	1,115,949	\$141,380.523	\$236.03	\$126.69	\$1,423,078	\$4,301,180	\$543,145	\$1,491,952	\$468,200	\$1,646,739	\$264,854	\$770,153		
96.6%	593,847	10.3%	14.8%	74.9%	1,099,975	\$130,453.329	\$219.67	\$118.60	\$594,762	\$4,895,941	\$543,145	\$2,035,097	\$323,408	\$1,970,147	\$264,854	\$1,035,007		
96.6%	591,418	10.5%	14.9%	74.6%	1,094,101	\$130,425.721	\$220.53	\$119.21	\$728,817	\$5,624,758	\$543,146	\$2,578,243	\$280,709	\$2,250,856	\$264,855	\$1,299,862		
96.6%	593,702	10.1%	15.0%	75.0%	1,096,289	\$130,033.605	\$219.02	\$118.61	\$146,466	\$5,771,224	\$543,147	\$3,121,390	\$238,419	\$2,489,275	\$264,856	\$1,564,718		
96.6%	594,214	10.1%	14.9%	75.0%	1,094,963	\$131,350.485	\$221.05	\$119.96	\$948,550	\$6,719,774	\$543,148	\$3,664,538	\$254,874	\$2,744,149	\$264,857	\$1,829,575		
96.6%	592,768	9.8%	15.0%	75.2%	1,089,428	\$130,995.727	\$220.99	\$120.24	\$1,415,012	\$8,134,786	\$543,149	\$4,207,687	\$318,315	\$3,062,463	\$264,858	\$2,094,433		
96.6%	590,782	9.6%	15.0%	75.4%	1,082,845	\$130,480.256	\$220.86	\$120.50	\$782,189	\$8,916,975	\$543,150	\$4,750,837	\$275,833	\$3,338,296	\$264,859	\$2,359,292		

Contact Dr. Raiha's staff for more detail about 1DDR

Nancy Raiha • Monica Stanley • Debbie Macy • Chris Albright



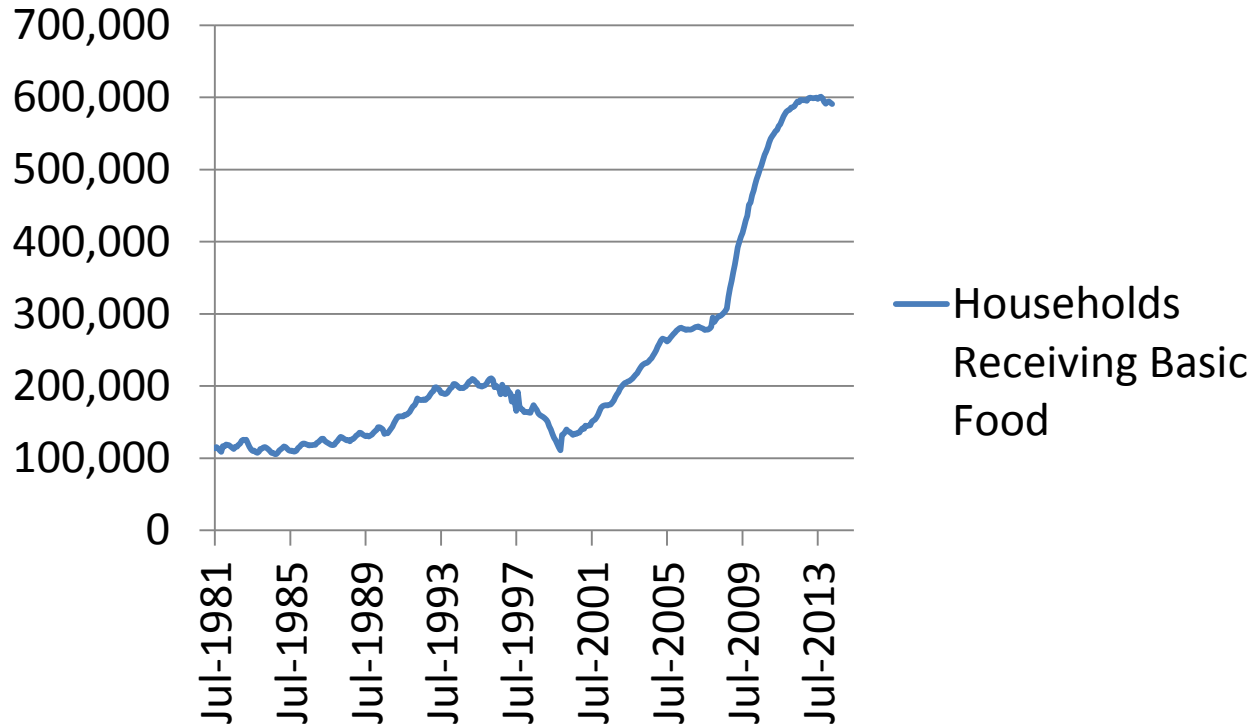
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STEP 2. Using Excel or PowerPoint spreadsheet, select line chart

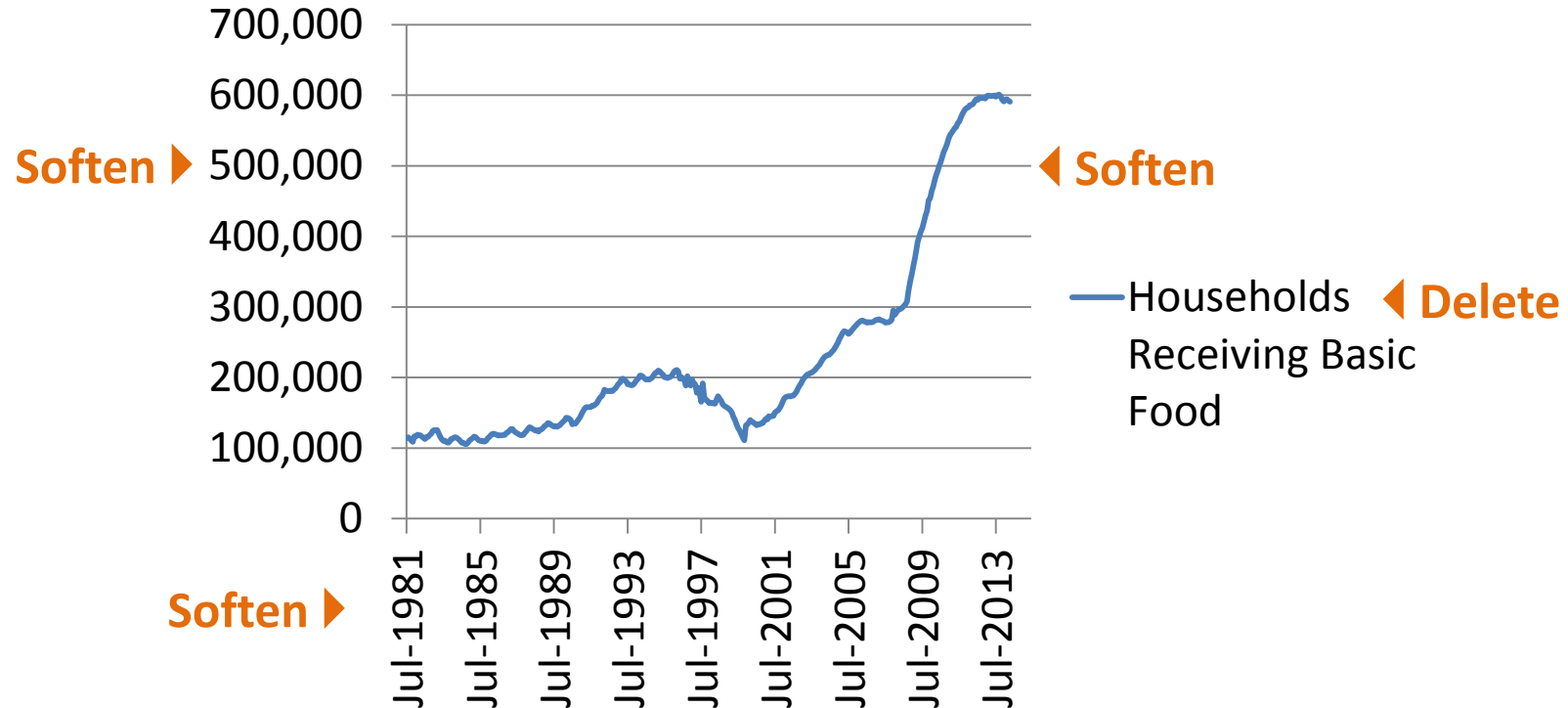
DEFAULT
VIEW

Households Receiving Basic Food



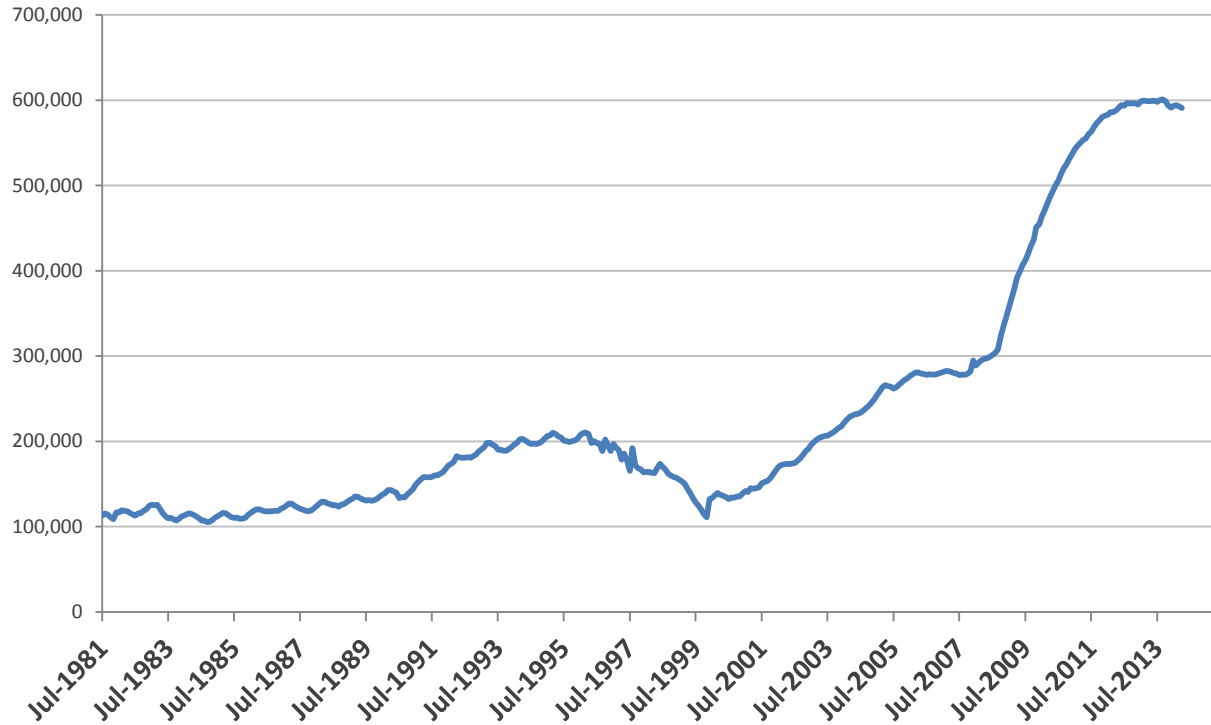
STEP 3. Subordinate references and delete non-essentials

Households Receiving Basic Food

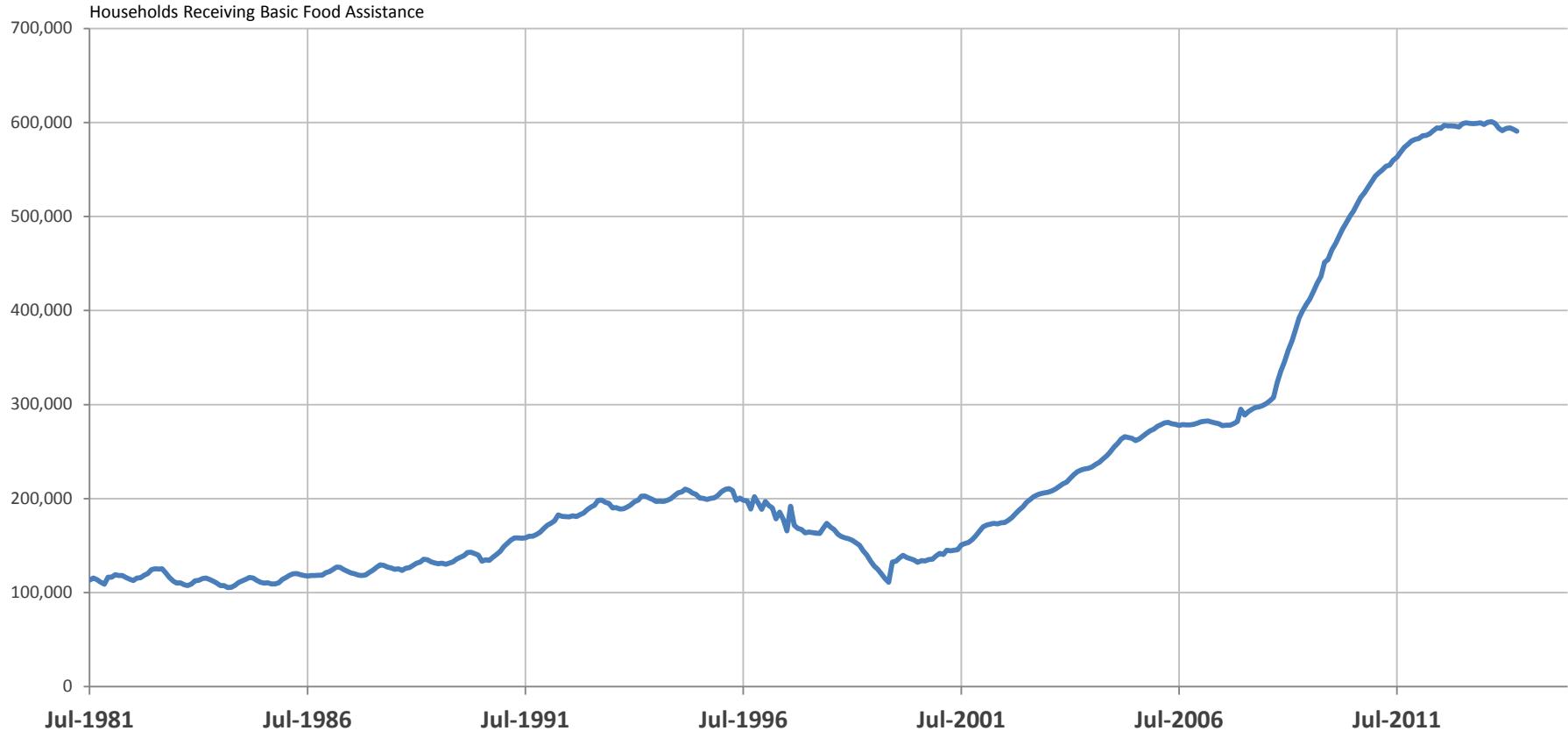


STEP 3. Change title to message and size chart to fit page/document

Households Receiving Basic Food ◀ Rewrite



The number of households in Washington State receiving Basic Food has increased 400 percent since 1999 and doubled since 2007



The number of households in Washington State receiving Basic Food has increased 400 percent since 1999 and doubled since 2007

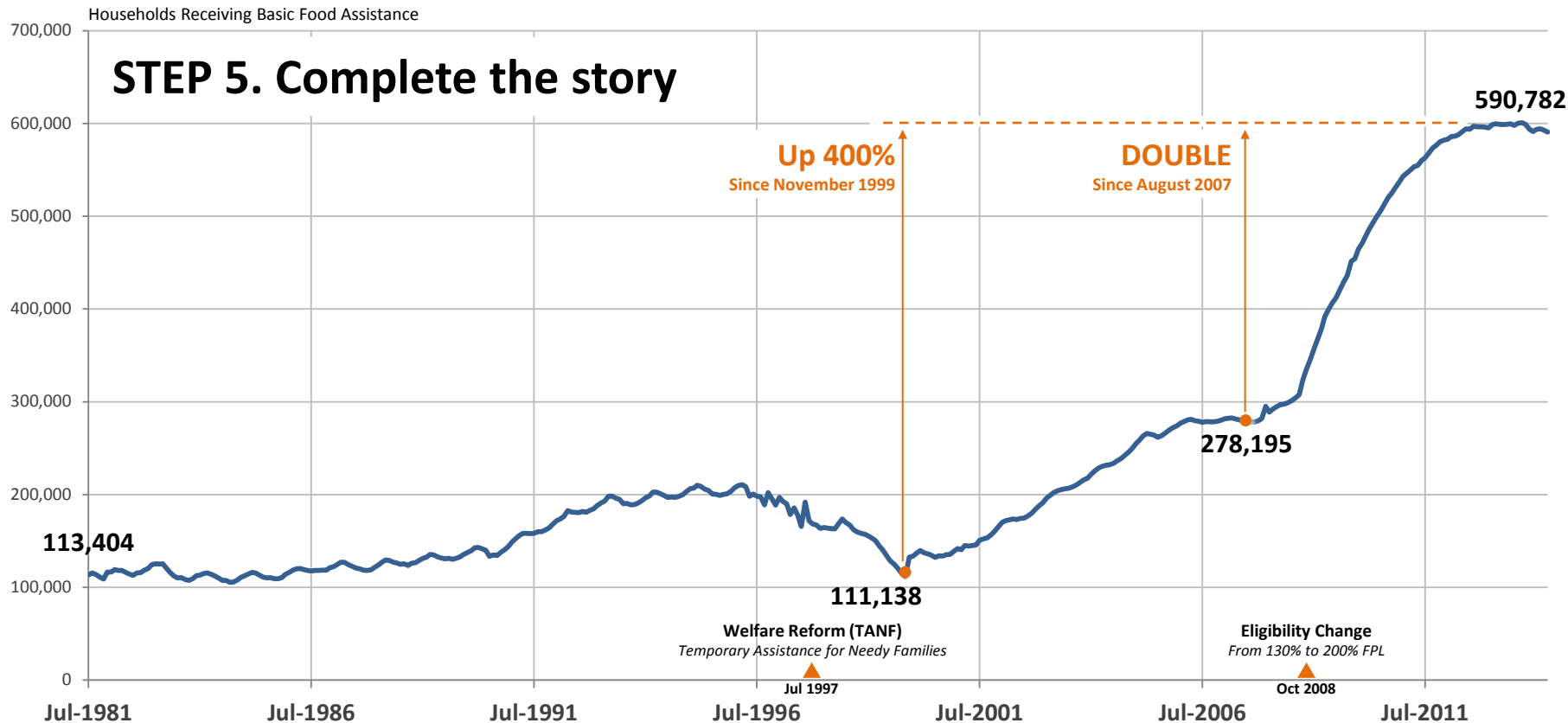


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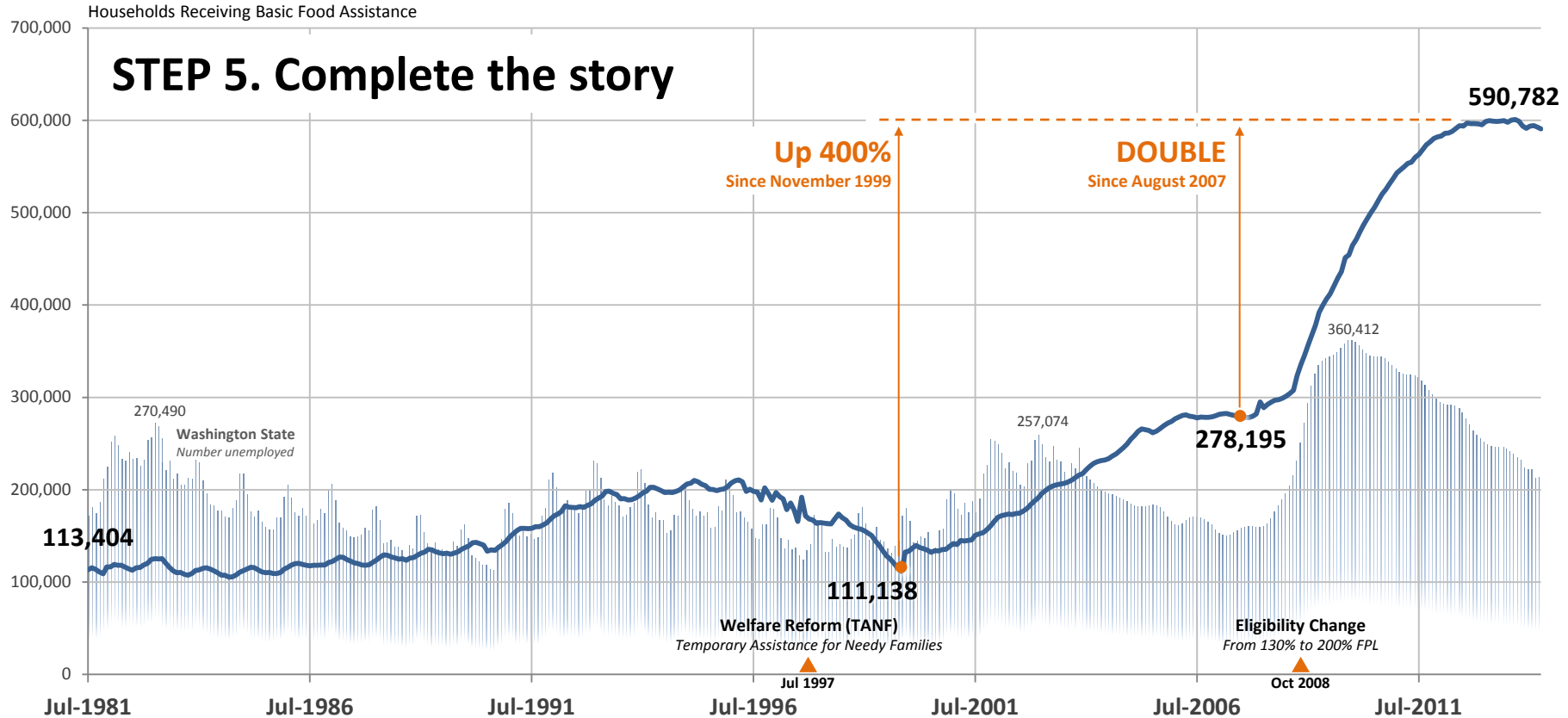
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SOURCES: Basic Food trend from the Washington State Department of Social and Health Services, Research and Data Analysis Division.

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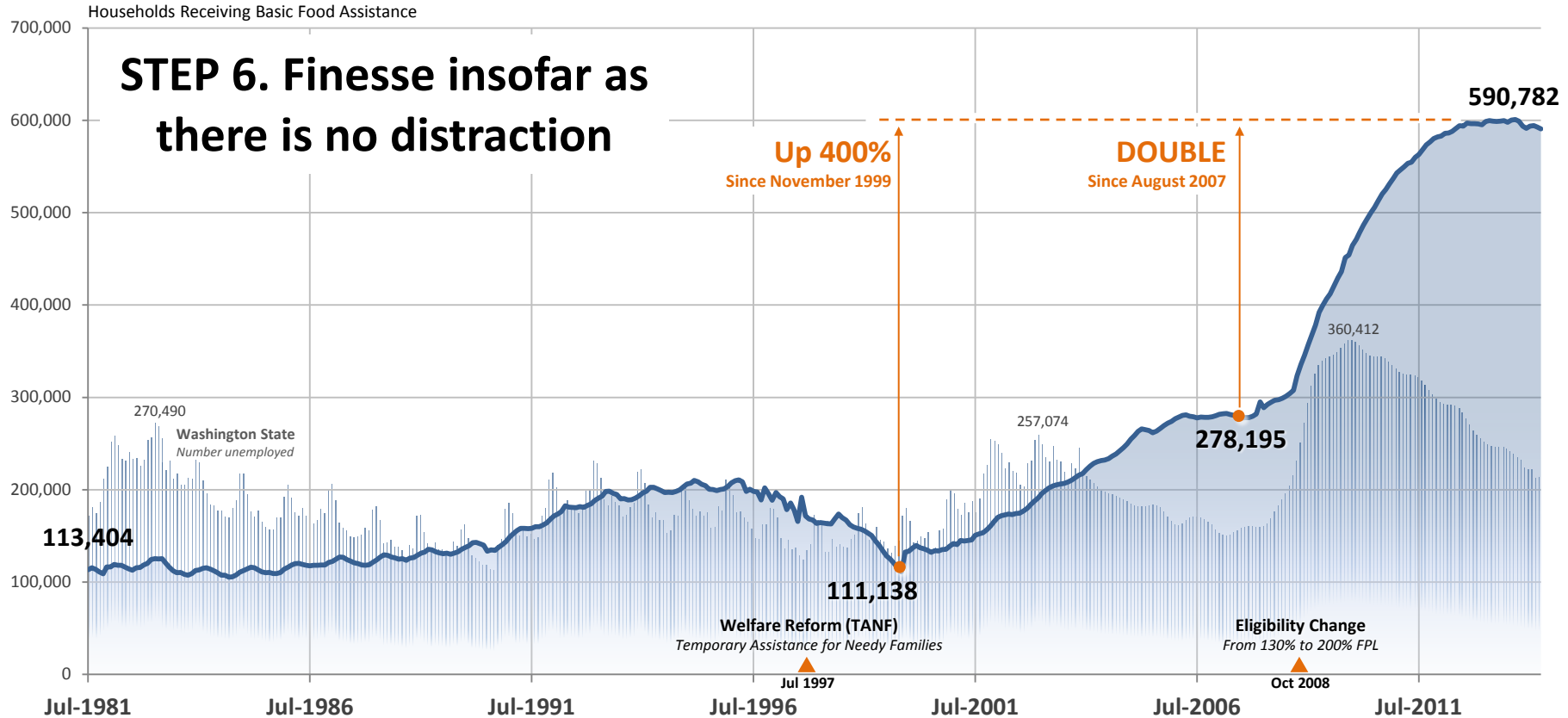


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SOURCES: Basic Food trend from the Washington State Department of Social and Health Services, Research and Data Analysis Division, Unemployment from the U.S. Bureau of Labor Statistics, June 20, 2014

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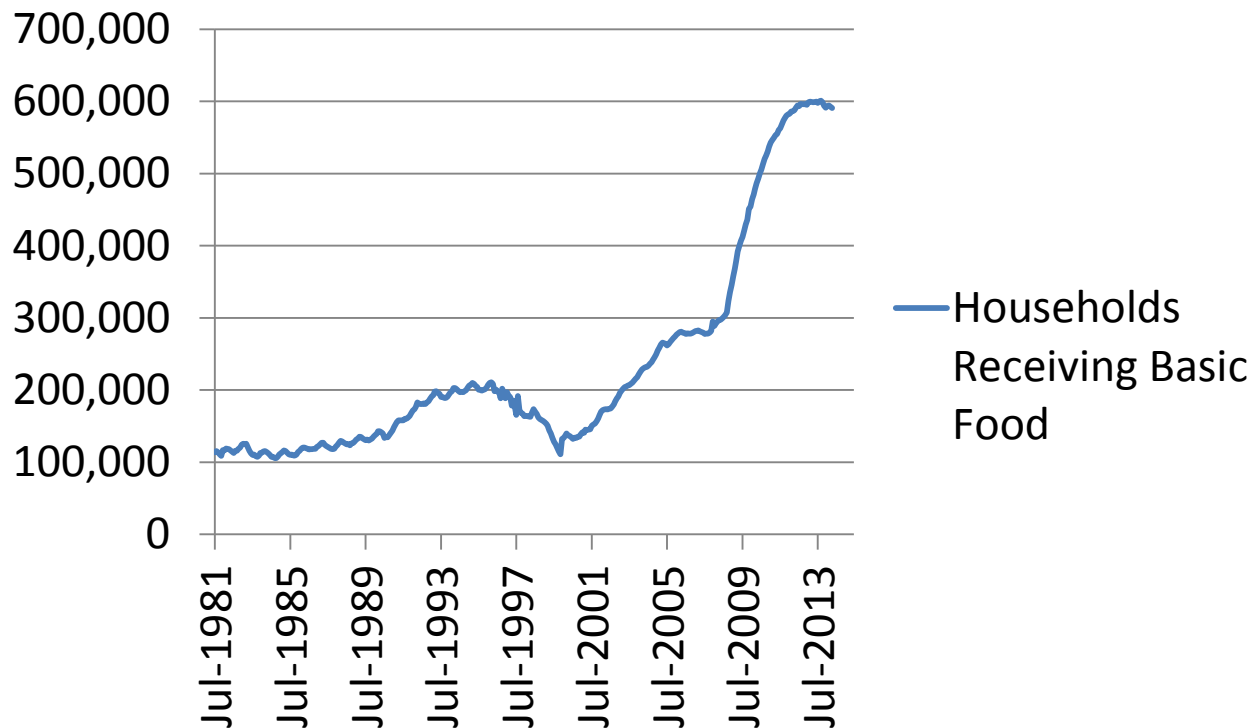
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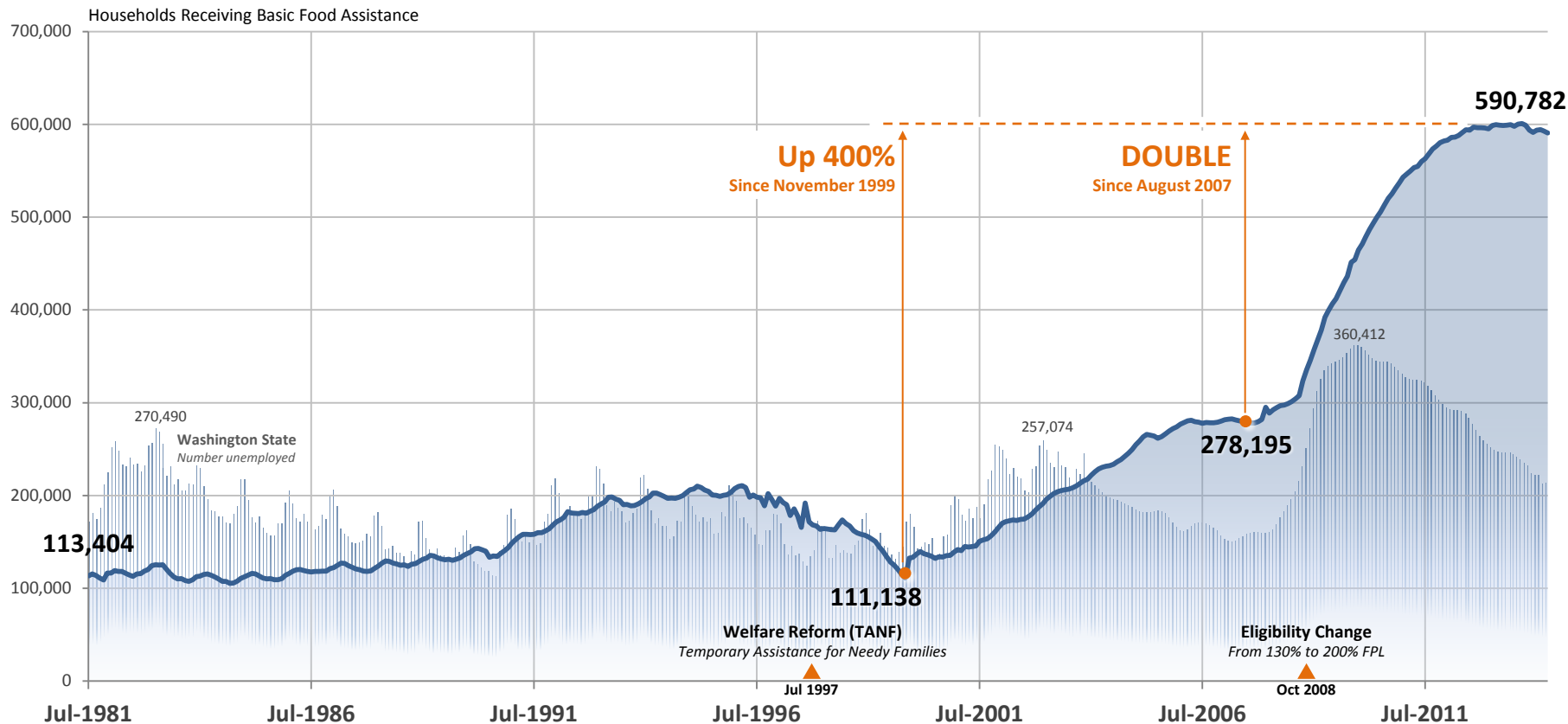
SOURCES: Basic Food trend from the Washington State Department of Social and Health Services, Research and Data Analysis Division, Unemployment from the U.S. Bureau of Labor Statistics, June 20, 2014

BEFORE

Households Receiving Basic Food



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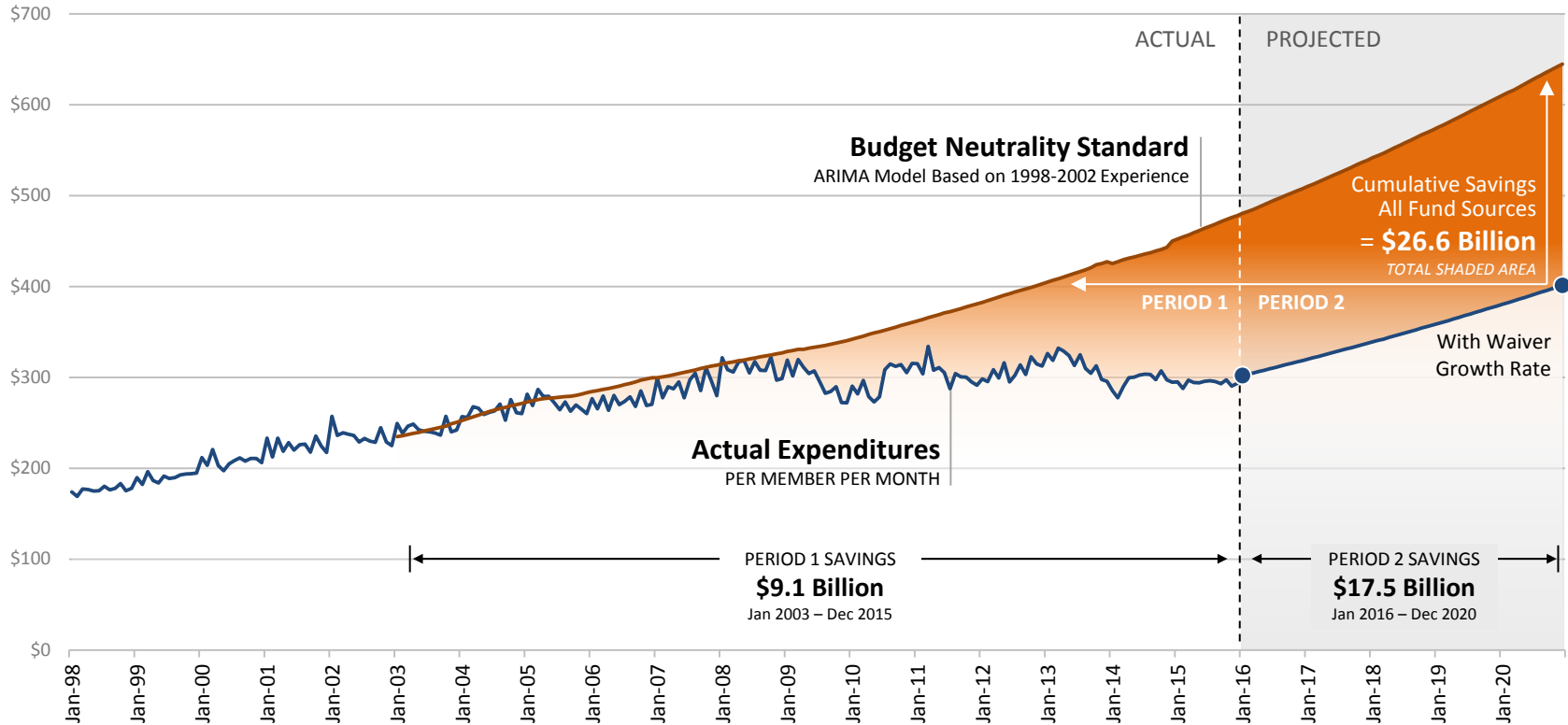
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SOURCES: Basic Food trend from the Washington State Department of Social and Health Services, Research and Data Analysis Division, Unemployment from the U.S. Bureau of Labor Statistics, June 20, 2014

Total Medicaid Medical Expenditures

All fund sources, excluding ACA Expansion Adults • Per member per month



Transforming lives

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SOURCE: DSHS Research and Data Analysis Division, March 2015. Prepared as background information for conversations with Center for Medicaid and Medicare Services (Washington DC) related to Global 1115 Waiver, Spring 2015, in conjunction with the Washington State Health Care Authority.

The Pie Chart

b. felver

Two dimensional media

Cave drawings
Early humans



Ancient star map (Spain)
14,000 BC



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105 AD



Ptolemy's map of the world (Greek, Roman)
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Explosion of personal computers, then laptops
1980s, 1990s



The iPod
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Motion pictures
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YouTube arrives (Chad Hurley, Steve Chen and Javed Karim)
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Microsoft (Bill Gates, Paul Allen)
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Single Chip Digital Signal Processor Introduced (Bell Labs)
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Apple (Steve Jobs, Steve Wozniak)
1975-84



Handheld computers and MP3 players
1999



The iPod
2005



Handheld computers and MP3 players
1999



The iPod
2005

LESS THAN 200 YEARS

STEP 1. Get credible data

Make phone call . . .



This data is from the
Financial Services
Administration

	A	B	C	D	E	F	G	H	I	J	K	L
1	Program	FTE	FTE %	GFS \$	GFS %	Other \$	Other %	Stimulus \$	Stimulus %	Total DSHS	Total %	
2	010	2,818.8	15.4%	\$621,949,000	7.1%	\$492,488,000	4.6%	\$29,142,000	1.7%	\$1,143,579,000	5.4%	
3					54.4%		43.1%		2.5%			100.0%
4	020	987.4	5.4%	\$201,198,000	2.3%	\$14,272,000	0.1%	\$1,001,000	0.1%	\$216,471,000	1.0%	
5					92.9%		6.6%		0.5%			100.0%
6	030	2,881.2	15.7%	\$806,672,000	9.2%	\$660,899,000	6.2%	\$106,107,000	6.0%	\$1,573,678,000	7.4%	
7					51.3%		42.0%		6.7%			100.0%
8	040	3,452.5	18.8%	\$775,340,000	8.9%	\$934,729,000	8.7%	\$212,035,000	12.0%	\$1,922,104,000	9.0%	
9					40.3%		48.6%		11.0%			100.0%
10	050	1,302.4	7.1%	\$1,255,372,000	14.3%	\$1,625,218,000	15.1%	\$350,220,000	19.8%	\$3,230,810,000	15.2%	
11					38.9%		50.3%		10.8%			100.0%
12	060	4,191.1	22.9%	\$1,145,701,000	13.1%	\$1,203,542,000	11.2%	\$76,442,000	4.3%	\$2,425,685,000	11.4%	
13					47.2%		49.6%		3.2%			100.0%
14	070	86.3	0.5%	\$164,375,000	1.9%	\$159,946,000	1.5%	\$10,005,000	0.6%	\$334,326,000	1.6%	
15					49.2%		47.8%		3.0%			100.0%
16	080	1,167.2	6.4%	\$3,487,176,000	39.8%	\$5,432,317,000	50.6%	\$971,139,000	55.0%	\$9,890,632,000	46.5%	
17					35.3%		54.9%		9.8%			100.0%
18	100	322.6	1.8%	\$20,404,000	0.2%	\$104,819,000	1.0%	\$9,118,000	0.5%	\$134,341,000	0.6%	
19					15.2%		78.0%		6.8%			
20	110	565.6	3.1%	\$62,986,000	0.7%	\$52,262,000	0.5%	\$0	0.0%	\$115,248,000	0.5%	
21	135	425.4	2.3%	\$95,749,000	1.1%	\$0	0.0%	\$0	0.0%	\$95,749,000	0.5%	
22	145		0.0%	\$123,446,000	1.4%	\$56,572,000	0.5%	\$0	0.0%	\$180,018,000	0.8%	
23	150	141.0	0.8%	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%	
24	Grand Total	18,341.2		\$8,760,368,000		\$10,737,064,000		\$1,765,209,000		\$21,262,641,000		
25												
26	DSHS	\$ 21.3	*	35.1%	41.2%		50.5%		8.3%			100.0%
27	Rest of the State	\$ 39.3	*	64.9%								
28	State	\$ 60.6	*									
29												
30				* Dollars in Billions								



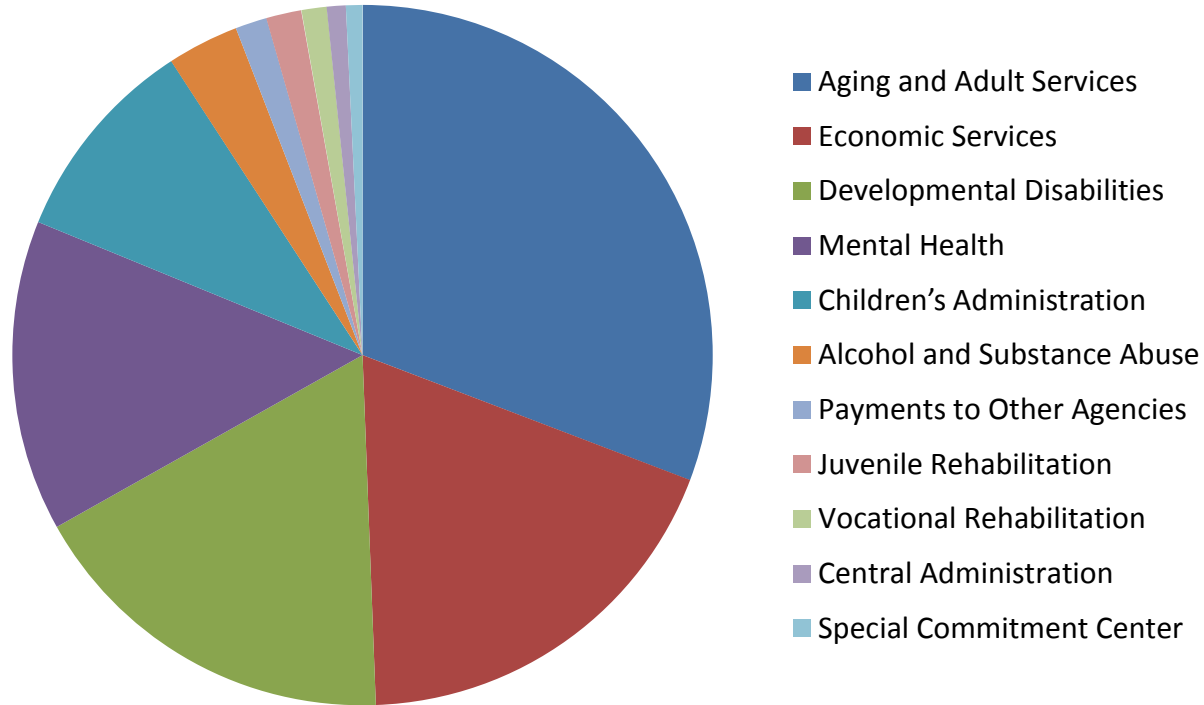
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STEP 2. Use Excel or PowerPoint spreadsheet, selecting pie chart

DEFAULT
VIEW

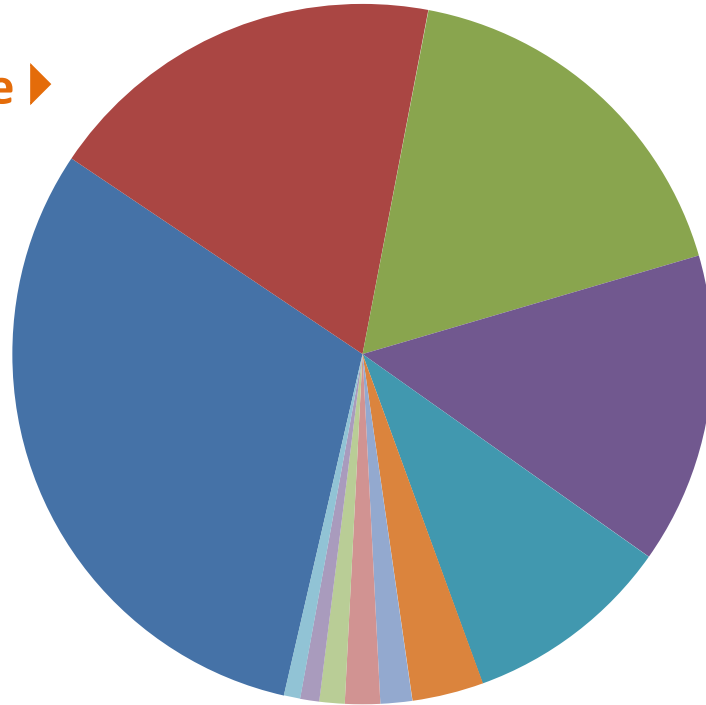
20011-13 Biennium



STEP 3. Subordinate references and delete non-essentials

20011-13 Biennium ◀ Delete

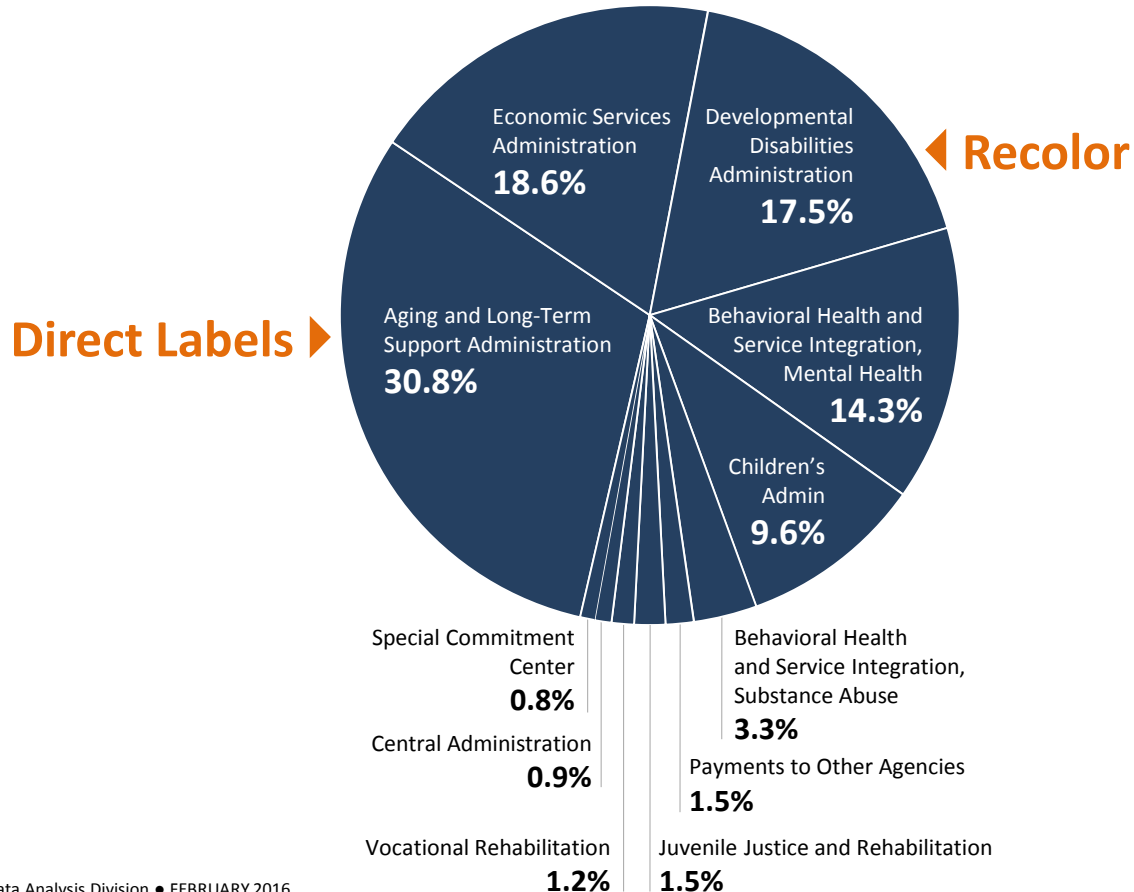
Rotate ▶



- ◀ Delete Aging and Adult Services
- Economic Services
- Developmental Disabilities
- Mental Health
- Children's Administration
- Alcohol and Substance Abuse
- Payments to Other Agencies
- Juvenile Rehabilitation
- Vocational Rehabilitation
- Central Administration
- Special Commitment Center



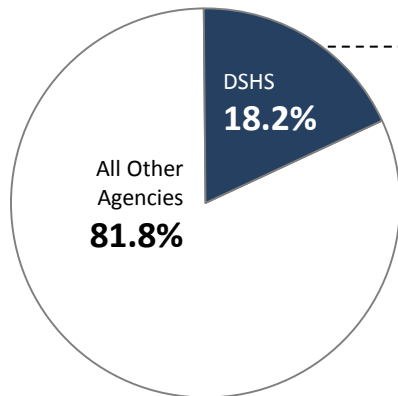
STEP 3. Change pie color and size to fit page/document



STEP 4. Complete the story

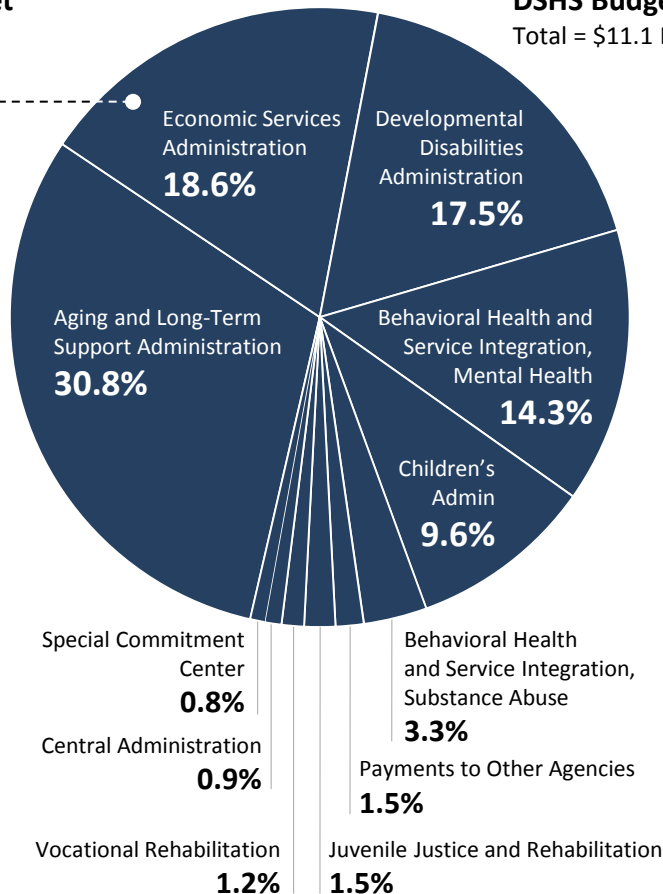
Washington State Operating Budget

Total = \$61.0 Billion



DSHS Budget

Total = \$11.1 Billion



DOLLARS IN MILLIONS

DSHS TOTAL	\$11,071.2
General Fund State	5,480.8
Other	5,590.4
	49.5%
	50.5%
Children's Administration	\$1,065.4
General Fund State	572.0
Other	493.4
	53.7%
	46.3%
Juvenile Justice and Rehabilitation	\$179.7
General Fund State	171.0
Other	8.7
	95.2%
	4.8%
DBHR: Mental Health	\$1,587.0
General Fund State	880.8
Other	706.2
	55.5%
	44.5%
Developmental Disabilities	\$1,932.4
General Fund State	992.6
Other	939.8
	51.4%
	48.6%
Aging and Long-Term Support	\$3,410.7
General Fund State	1,600.8
Other	1,809.9
	46.9%
	53.1%
Economic Services Administration	\$2,059.0
General Fund State	854.0
Other	1,205.0
	41.5%
	58.5%
DBHR: Substance Abuse	\$365.1
General Fund State	145.0
Other	220.1
	39.7%
	60.3%
Vocational Rehabilitation	\$129.1
General Fund State	21.3
Other	107.8
	16.5%
	83.5%
Central Administration	\$97.0
General Fund State	50.5
Other	46.5
	52.1%
	47.9%
Special Commitment Center	\$84.3
General Fund State	84.3
	100.0%
Payments to Other Agencies	\$161.5
General Fund State	108.4
Other	53.1
	67.1%
	32.9%

Report date: May 14, 2013



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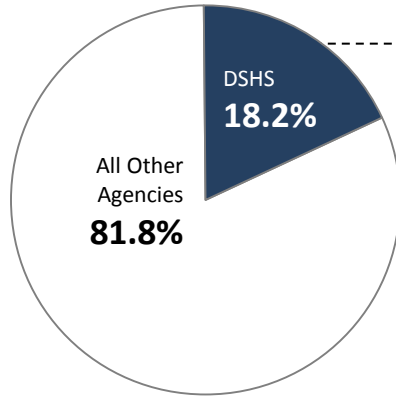
2011-13 Biennial Budget

ALL FUNDS, Including Enacted 2012 Early Action SHB 2058 and 2012 Enacted Supplemental

DOLLARS IN MILLIONS

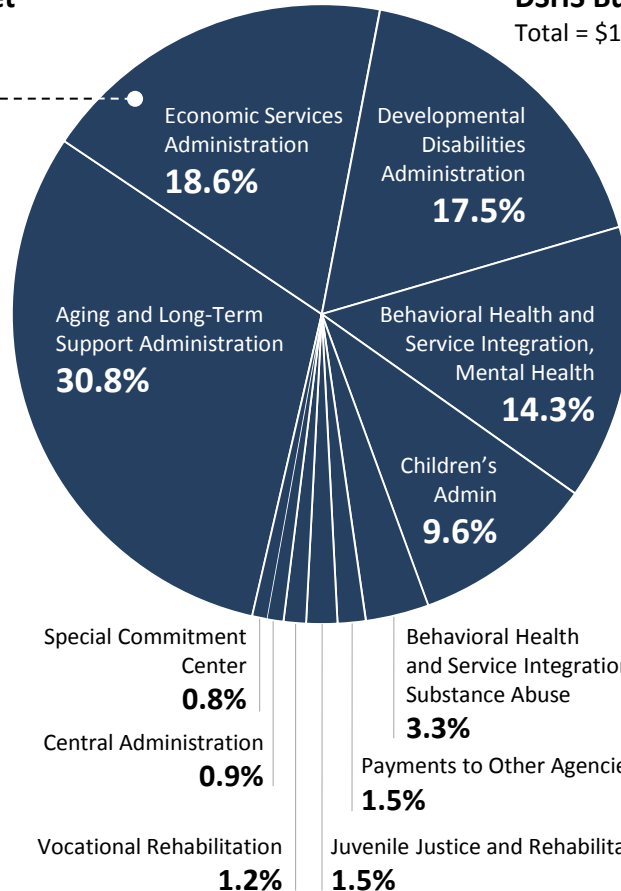
Washington State Operating Budget

Total = \$61.0 Billion



DSHS Budget

Total = \$11.1 Billion



STEP 5. Fill in the missing pieces

SOURCE: DSHS Financial Services Administration (charts by RDA).

DSHS TOTAL	\$11,071.2
General Fund State	5,480.8
Other	5,590.4
Children's Administration	\$1,065.4
General Fund State	572.0
Other	493.4
Juvenile Justice and Rehabilitation	\$179.7
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General Fund State	1,600.8
Other	1,809.9
Economic Services Administration	\$2,059.0
General Fund State	854.0
Other	1,205.0
DBHR: Substance Abuse	\$365.1
General Fund State	145.0
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Vocational Rehabilitation	\$129.1
General Fund State	21.3
Other	107.8
Central Administration	\$97.0
General Fund State	50.5
Other	46.5
Special Commitment Center	\$84.3
General Fund State	84.3
Payments to Other Agencies	\$161.5
General Fund State	108.4
Other	53.1

Report date: May 14, 2013



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STEP 4. Give it utility

2-page
handout ▶



Washington State
Department of Social
& Health Services

DSHS Dollars and Client Counts

MAY 2013

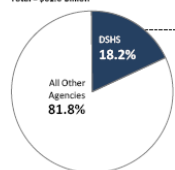
DSHS | We transform lives

2011-13 Biennial Budget

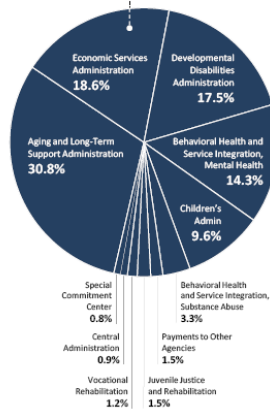
ALL FUNDS, including Enacted 2012 Early Action SHB 2058 and 2012 Enacted Supplemental

Washington State Operating Budget

Total = \$61.0 Billion



DSHS
Total = \$11.1 Billion



DOLLARS IN MILLIONS		
DSHS TOTAL	\$11,071.2	
General Fund State	5,480.8	49.5%
Other	5,590.4	50.5%
Children's Administration	\$1,065.4	
General Fund State	572.0	53.7%
Other	493.4	46.3%
Juvenile Justice and Rehabilitation	\$179.7	
General Fund State	171.0	95.2%
Other	8.7	4.8%
Behavioral Health and Service Integration Mental Health	\$1,587.0	
General Fund State	880.8	55.5%
Other	706.2	44.5%
Developmental Disabilities	\$1,932.4	
General Fund State	992.6	51.4%
Other	939.8	48.6%
Aging and Long-Term Support Administration	\$3,410.7	
General Fund State	1,600.8	46.9%
Other	1,809.9	53.1%
Economic Services Administration	\$2,059.0	
General Fund State	854.0	41.5%
Other	1,205.0	58.5%
Behavioral Health and Service Integration, Alcohol and Substance Abuse	\$365.1	
General Fund State	145.0	39.7%
Other	220.1	60.3%
Vocational Rehabilitation	\$129.1	
General Fund State	21.3	16.5%
Other	107.8	83.5%
Central Administration	\$97.0	
General Fund State	50.5	52.1%
Other	46.5	47.9%
Special Commitment Center	\$84.3	
General Fund State	84.3	100.0%
Payments to Other Agencies	\$161.5	
General Fund State	108.4	67.1%
Other	53.1	32.9%

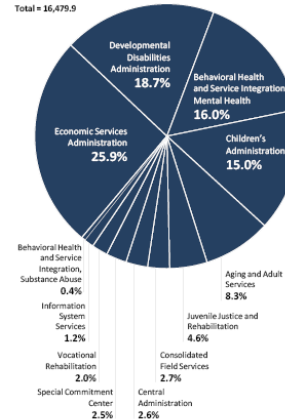
Report date: May 14, 2013

KEVIN QUINLEY, SECRETARY

OLYMPIA, WASHINGTON

2011-13 Staff Resources

DSHS FTEs
Total = 16,479.9



BUDGETED FTEs

DSHS TOTAL	16,479.9
Children's Administration	2,475.0
Juvenile Justice and Rehabilitation	755.9
Behavioral Health and Service Integration, Mental Health	2,643.3
Developmental Disabilities Administration	3,081.3
Aging and Long-Term Support Administration	1,363.4
Economic Services Administration	4,275.6
Behavioral Health and Service Integration, Alcohol and Substance Abuse	73.3
Vocational Rehabilitation	322.1
Central Administration	436.2
Special Commitment Center	413.7
Information System Services	196.6
Consolidated Field Services	441.7

Report date: May 14, 2013

DSHS Client Counts

Total Clients (SFY 2012) = 2.4 million

Economic Services Administration	1,746,616
280,661*	Children's Administration
121,603	Behavioral Health and Service Integration, Mental Health
71,873	Behavioral Health and Service Integration, Alcohol and Substance Abuse
70,528	Aging and Long-Term Support Administration
42,396	Developmental Disabilities Administration
22,973	Vocational Rehabilitation
3,444	Juvenile Justice and Rehabilitation

NOTE: Since most clients receive more than one service, the sum of the categories shown above will exceed the total number of clients served by DSHS.
SOURCES: DSHS Financial Services Administration Budget Division, Washington State Legislative Evaluation and Accountability Program Committee, and DSHS Research and Data Analysis. Note that Children's Administration client counts are for SFY 2009, most recent year available as of May 2013.

2 • MAY 2013

DSHS DOLLARS AND CLIENT COUNTS

◀ Add FTE count

◀ Add client counts



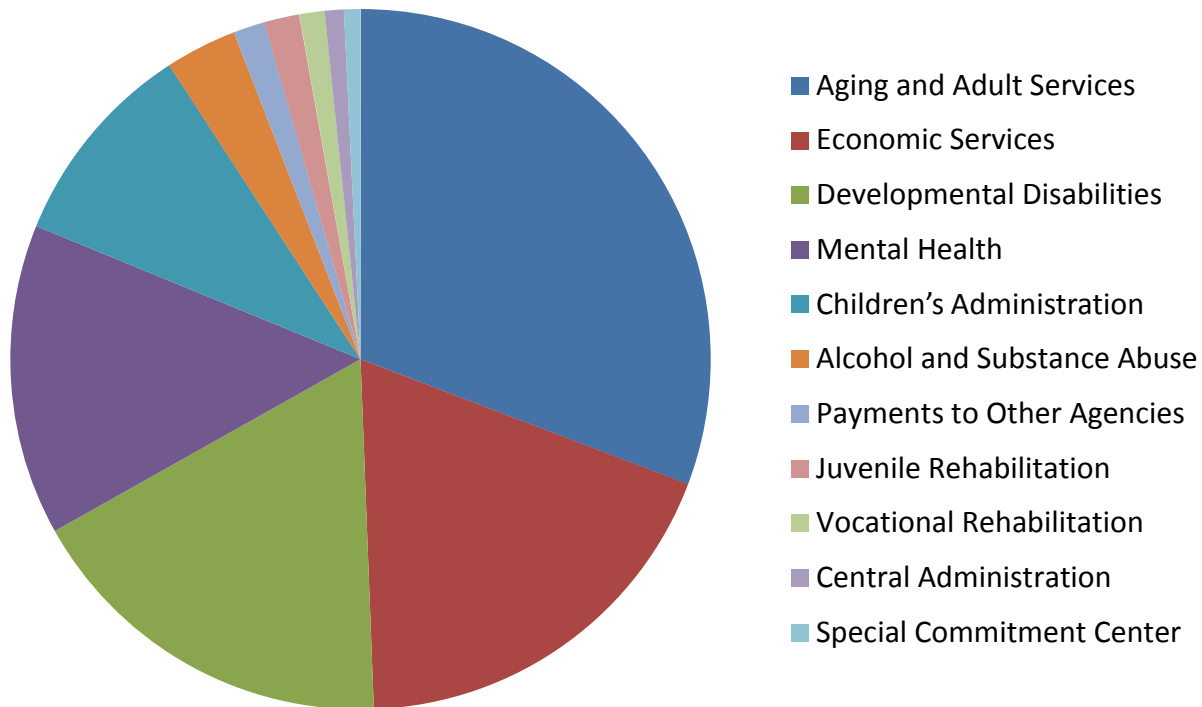
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DSHS | Research and Data Analysis Division • FEBRUARY 2016

SOURCE: DSHS Financial Services Administration Budget Division, Washington State Legislative Evaluation and Accountability Program Committee, and DSHS Research and Data Analysis. Note that Children's Administration client counts are for SFY 2009, most recent year available as of May 2013.

BEFORE

20011-13 Biennium



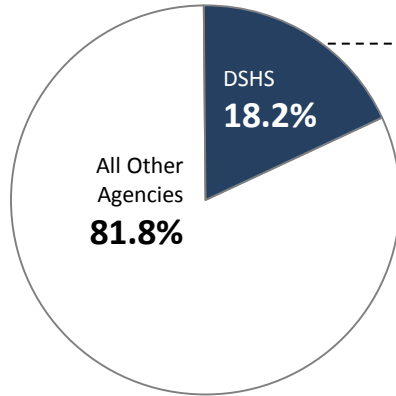
2011-13 Biennial Budget

ALL FUNDS, Including Enacted 2012 Early Action SHB 2058 and 2012 Enacted Supplemental

DOLLARS IN MILLIONS

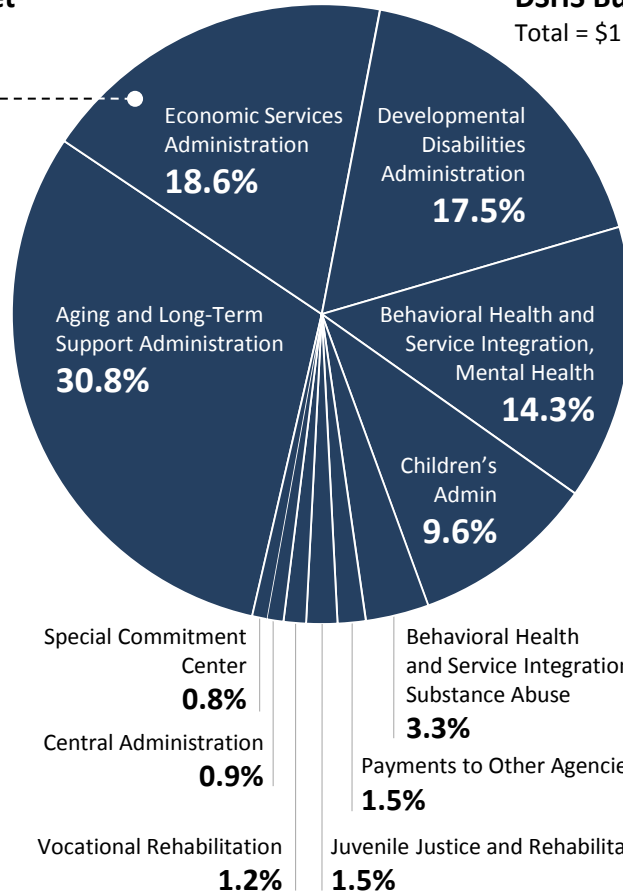
Washington State Operating Budget

Total = \$61.0 Billion



DSHS Budget

Total = \$11.1 Billion



DSHS TOTAL		\$11,071.2
General Fund State	5,480.8	49.5%
Other	5,590.4	50.5%
Children's Administration		\$1,065.4
General Fund State	572.0	53.7%
Other	493.4	46.3%
Juvenile Justice and Rehabilitation		\$179.7
General Fund State	171.0	95.2%
Other	8.7	4.8%
DBHR: Mental Health		\$1,587.0
General Fund State	880.8	55.5%
Other	706.2	44.5%
Developmental Disabilities		\$1,932.4
General Fund State	992.6	51.4%
Other	939.8	48.6%
Aging and Long-Term Support		\$3,410.7
General Fund State	1,600.8	46.9%
Other	1,809.9	53.1%
Economic Services Administration		\$2,059.0
General Fund State	854.0	41.5%
Other	1,205.0	58.5%
DBHR: Substance Abuse		\$365.1
General Fund State	145.0	39.7%
Other	220.1	60.3%
Vocational Rehabilitation		\$129.1
General Fund State	21.3	16.5%
Other	107.8	83.5%
Central Administration		\$97.0
General Fund State	50.5	52.1%
Other	46.5	47.9%
Special Commitment Center		\$84.3
General Fund State	84.3	100.0%
Payments to Other Agencies		\$161.5
General Fund State	108.4	67.1%
Other	53.1	32.9%

SOURCE: DSHS Financial Services Administration (charts by RDA).



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Report date: May 14, 2013



Washington State
Department of Social
& Health Services

DSHS Dollars and Client Counts

MAY 2013

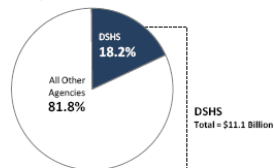
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2011-13 Biennial Budget

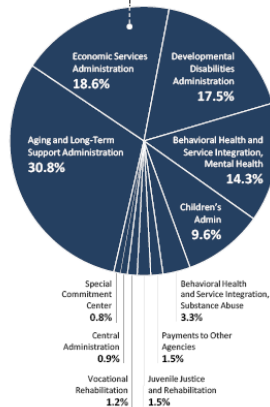
ALL FUNDS, including Enacted 2012 Early Action SHB 2058 and 2012 Enacted Supplemental

Washington State Operating Budget

Total = \$61.0 Billion



DSHS
Total = \$11.1 Billion



DOLLARS IN MILLIONS

DSHS TOTAL \$11,071.2

General Fund State 5,480.8 49.5%

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General Fund State 572.0 53.7%

Other 493.4 46.3%

Juvenile Justice and Rehabilitation \$179.7

General Fund State 171.0 95.2%

Other 8.7 4.8%

Behavioral Health and Service Integration Mental Health \$1,587.0

General Fund State 860.8 55.5%

Other 706.2 44.5%

Developmental Disabilities \$1,932.4

General Fund State 992.6 51.4%

Other 939.8 48.6%

Aging and Long-Term Support Administration \$3,410.7

General Fund State 1,600.8 46.9%

Other 1,809.9 53.1%

Economic Services Administration \$2,059.0

General Fund State 854.0 41.5%

Other 1,205.0 58.5%

Behavioral Health and Service Integration, Alcohol and Substance Abuse \$365.1

General Fund State 145.0 39.7%

Other 220.1 60.3%

Vocational Rehabilitation \$129.1

General Fund State 21.3 16.5%

Other 107.8 83.5%

Central Administration \$97.0

General Fund State 50.5 52.1%

Other 46.5 47.9%

Special Commitment Center \$84.3

General Fund State 84.3 100.0%

Payments to Other Agencies \$161.5

General Fund State 108.4 67.1%

Other 53.1 32.9%

Report date: May 14, 2013

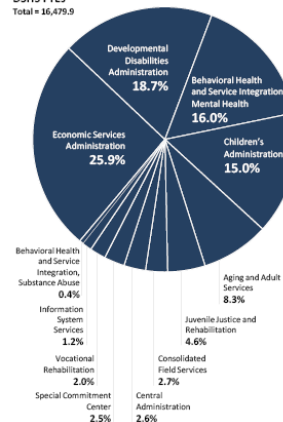
KEVIN QUIGLEY, SECRETARY

OLYMPIA, WASHINGTON

2011-13 Staff Resources

DSHS FTEs

Total = 16,479.9



BUDGETED FTEs

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Juvenile Justice and Rehabilitation 755.9

Behavioral Health and Service Integration, Mental Health 2,643.3

Developmental Disabilities Administration 3,081.3

Aging and Long-Term Support Administration 1,363.4

Economic Services Administration 4,275.6

Behavioral Health and Service Integration, Alcohol and Substance Abuse 73.3

Vocational Rehabilitation 322.1

Central Administration 436.2

Special Commitment Center 413.7

Information System Services 198.6

Consolidated Field Services 441.7

Report date: May 14, 2013

DSHS Client Counts

Total Clients (SFY 2012) = 2.4 million



NOTE: Since most clients receive more than one service, the sum of the categories shown above will exceed the total number of clients served by DSHS.
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2 • MAY 2013

DSHS DOLLARS AND CLIENT COUNTS

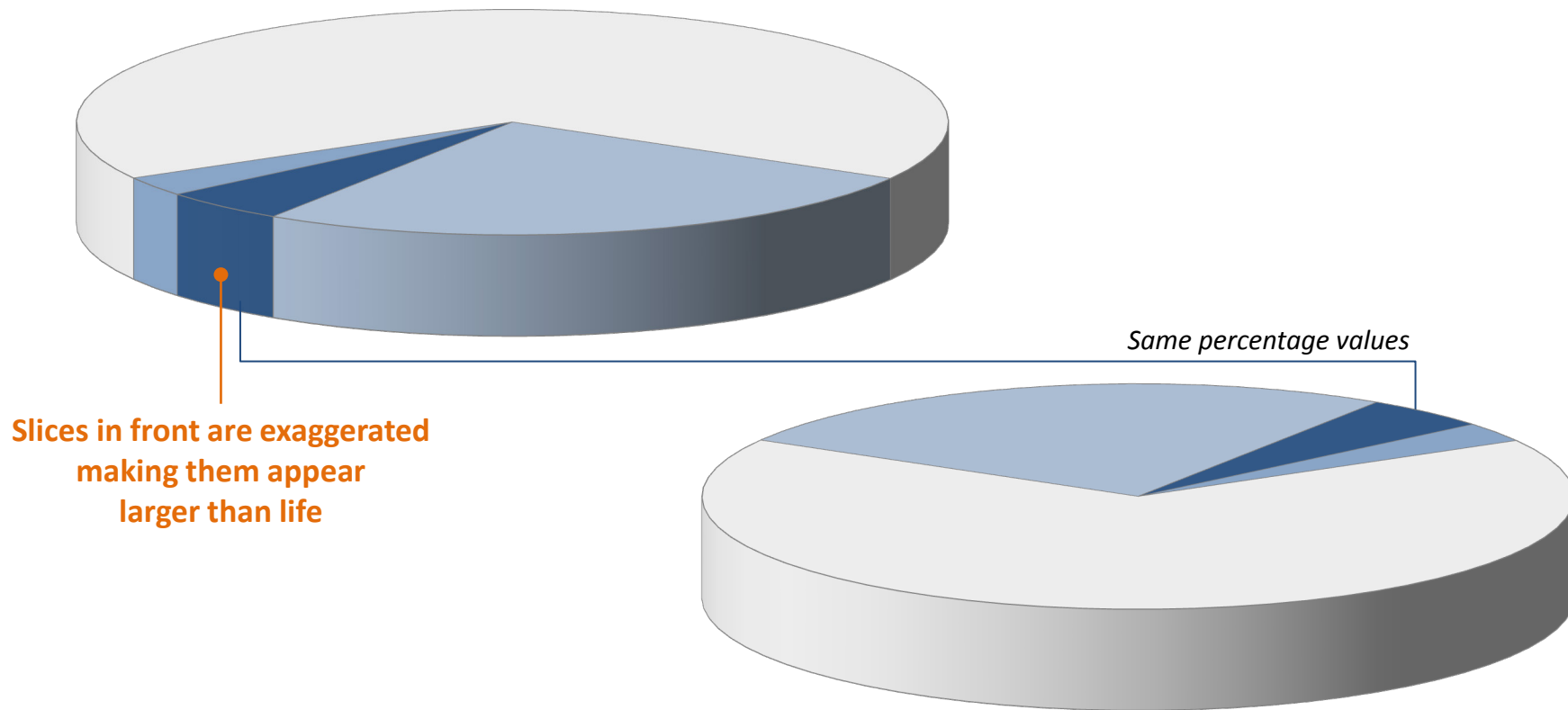


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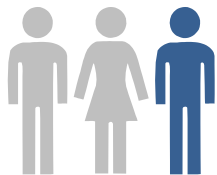
DSHS | Research and Data Analysis Division • FEBRUARY 2016

SOURCES: DSHS Financial Services Administration Budget Division, Washington State Legislative Evaluation and Accountability Program Committee, and DSHS Research and Data Analysis. Note that Children's Administration client counts are for SFY 2009, most recent year available as of May 2013.

A word of caution: 3D charts distort proportionality

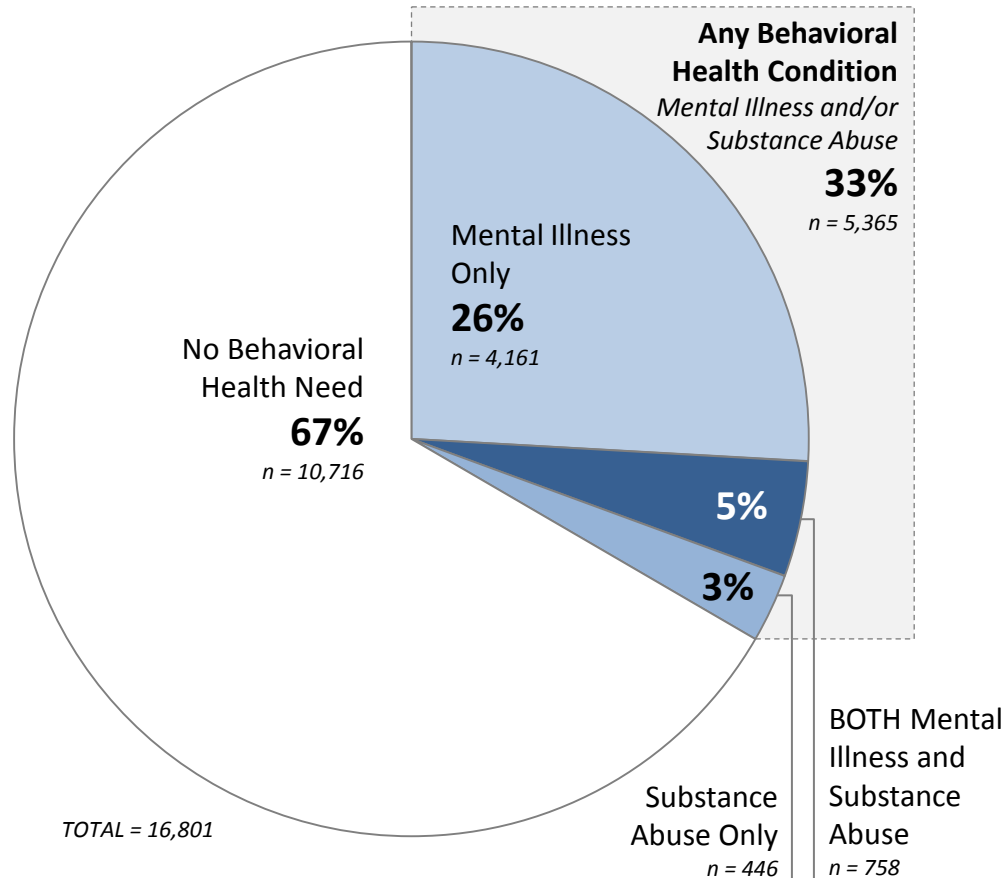


Prevalence of Behavioral Health Conditions, TANF Students Ages 12-18



1 in 3 TANF/WorkFirst youth (33 percent) have an identified behavioral health condition

AGES 12-18 • ACADEMIC YEAR 2011/12



SOURCE: DSHS Research and Data Analysis Division, *Education Measures for Children on TANF: The Role of Housing and Behavioral Health Risk Factors*, Ford Shah, Liu, Felver, Lucenko, June 2014



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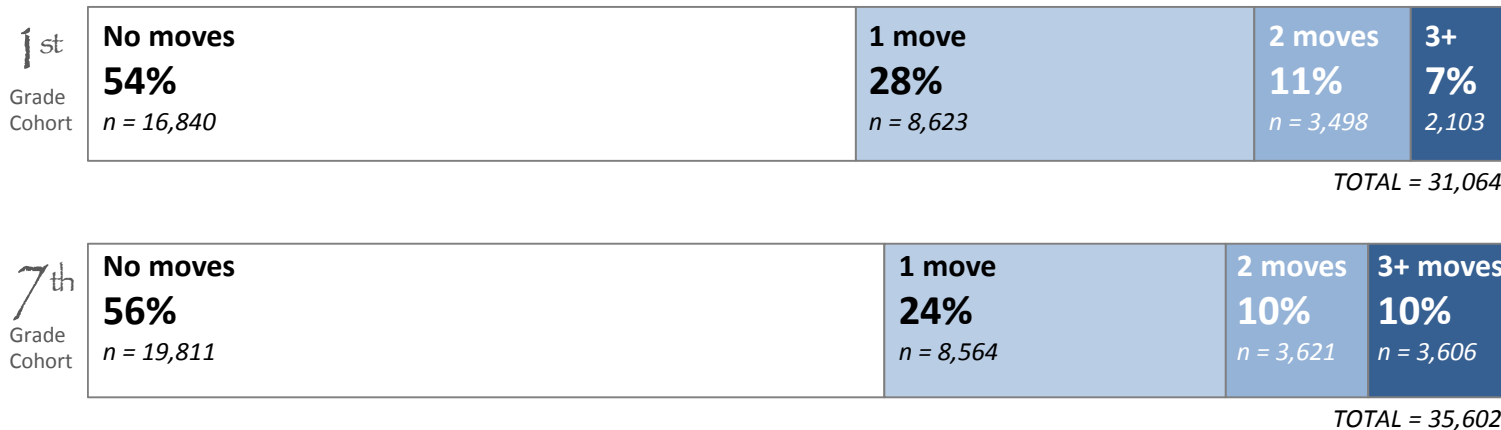
DSHS | Research and Data Analysis Division • FEBRUARY 2016

A reminder that other chart styles can replace pies . . .

Bar charts totaling 100%

Number of School Moves in 3 Years, AY 2005/06 – 2007/08

By student cohorts, AY 2005/06



A reminder that other chart styles can replace pies . . .

Shapes

100 people will enter a community clinic

ALL will get a pre-screen



24 will get a full screen

11 of these will get a
brief intervention

3 of these
will be referred to
brief therapy or CD treatment

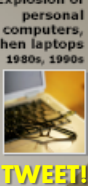
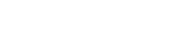
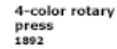
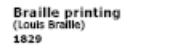
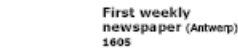
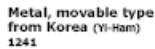
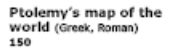
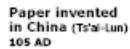
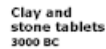


The Bar Chart

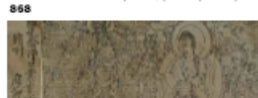
b. felver

Two dimensional media

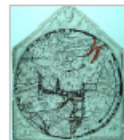
Cave drawings
Early humans



Diamond Sutra (China, possibly India)
868



Hereford Mappa Mundi (England)
1300



African novo map (Dutch)
1600s



Eastern Seaboard
1616



Printing Press (Johannes Gutenberg)
1456



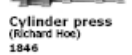
First paper mill (Rittenhouse Mill, American colonies)
1691



Italic
Italic type first used
1501



Type composing machine invented in Germany (Ottmar Mergenthaler)
1841



Cylinder press (Richard Hoe)
1846



First radio transmission (Guglielmo Marconi)
1895



Phototypesetting made practical (Rene Alphonse Higonnet and Louis Harius Heywood)
1947

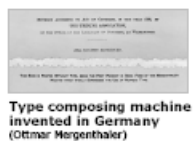
Braille printing (Louis Braille)
1829

4-color rotary press
1892

Multidimensional media



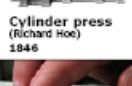
Commercial film for photography (George Eastman)
1885



First comic book (Image: 1906 Chicago Tribune comic strip)
1904



First radio transmission (Guglielmo Marconi)
1895



Phototypesetting made practical (Rene Alphonse Higonnet and Louis Harius Heywood)
1947



First portable cell phone
1973

Braille printing (Louis Braille)
1829

4-color rotary press
1892



Telephone lines over Manhattan
1890



Television components (Lee De Forest)
Early 1900s



First comic book (Image: 1906 Chicago Tribune comic strip)
1904



First radio transmission (Guglielmo Marconi)
1895



Phototypesetting made practical (Rene Alphonse Higonnet and Louis Harius Heywood)
1947

Braille printing (Louis Braille)
1829

4-color rotary press
1892



Television components (Lee De Forest)
Early 1900s



First comic book (Image: 1906 Chicago Tribune comic strip)
1904



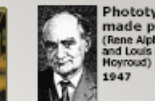
First radio transmission (Guglielmo Marconi)
1895



Phototypesetting made practical (Rene Alphonse Higonnet and Louis Harius Heywood)
1947



First portable cell phone
1973



YouTube arrives (Chad Hurley, Steve Chen and Javed Karim)
2005

Braille printing (Louis Braille)
1829

4-color rotary press
1892



Motion pictures
Late 1800s



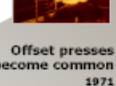
Television components (Lee De Forest)
Early 1900s



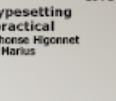
First comic book (Image: 1906 Chicago Tribune comic strip)
1904



First radio transmission (Guglielmo Marconi)
1895



Phototypesetting made practical (Rene Alphonse Higonnet and Louis Harius Heywood)
1947



First portable cell phone
1973

Braille printing (Louis Braille)
1829

4-color rotary press
1892



First portable cell phone
1973



YouTube arrives (Chad Hurley, Steve Chen and Javed Karim)
2005



The iPod
2005



Handheld computers and MP3 players
1999



Motion pictures
Late 1800s



Television components (Lee De Forest)
Early 1900s



First comic book (Image: 1906 Chicago Tribune comic strip)
1904



Handheld computers and MP3 players
1999



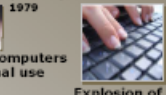
Motion pictures
Late 1800s



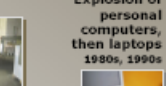
Television components (Lee De Forest)
Early 1900s



First comic book (Image: 1906 Chicago Tribune comic strip)
1904



First radio transmission (Guglielmo Marconi)
1895



Phototypesetting made practical (Rene Alphonse Higonnet and Louis Harius Heywood)
1947



First portable cell phone
1973



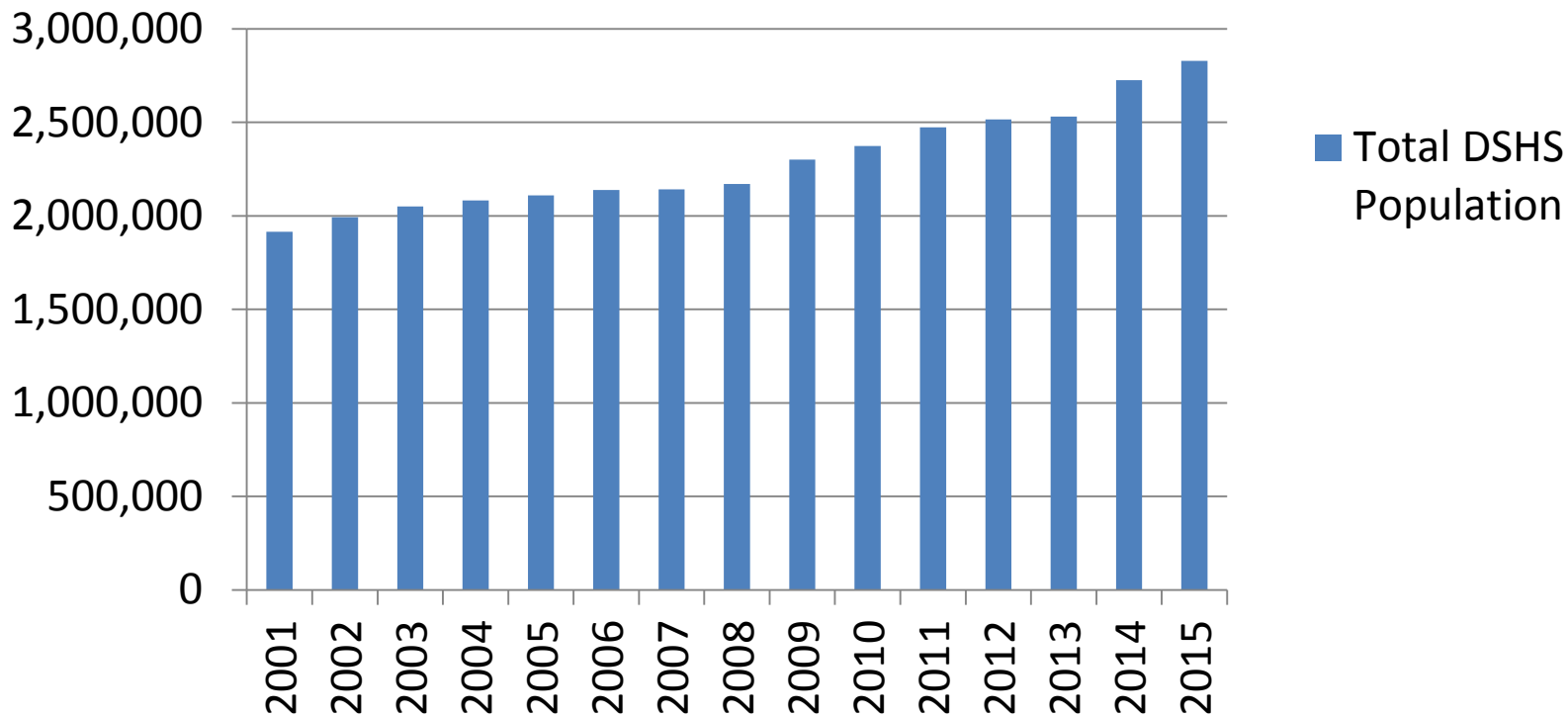
YouTube arrives (Chad Hurley, Steve Chen and Javed Karim)
2005

OVER 5,000 YEARS

LESS THAN 200 YEARS

**DEFAULT
VIEW**

Total DSHS Population



SOURCE: DSHS Research and Data Analysis Division, Client Services Database, September 3, 2014.

NOTE: This data set excludes clients where race is unknown. Thus, the total number of clients is understated.

Clients receiving Child Support Collection Services only are also excluded.

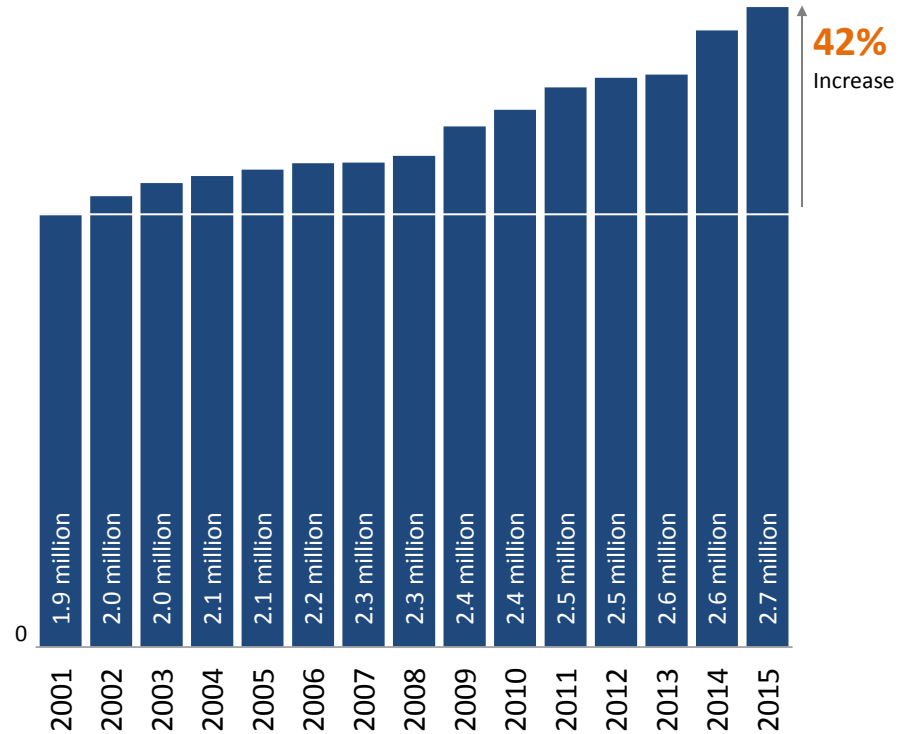
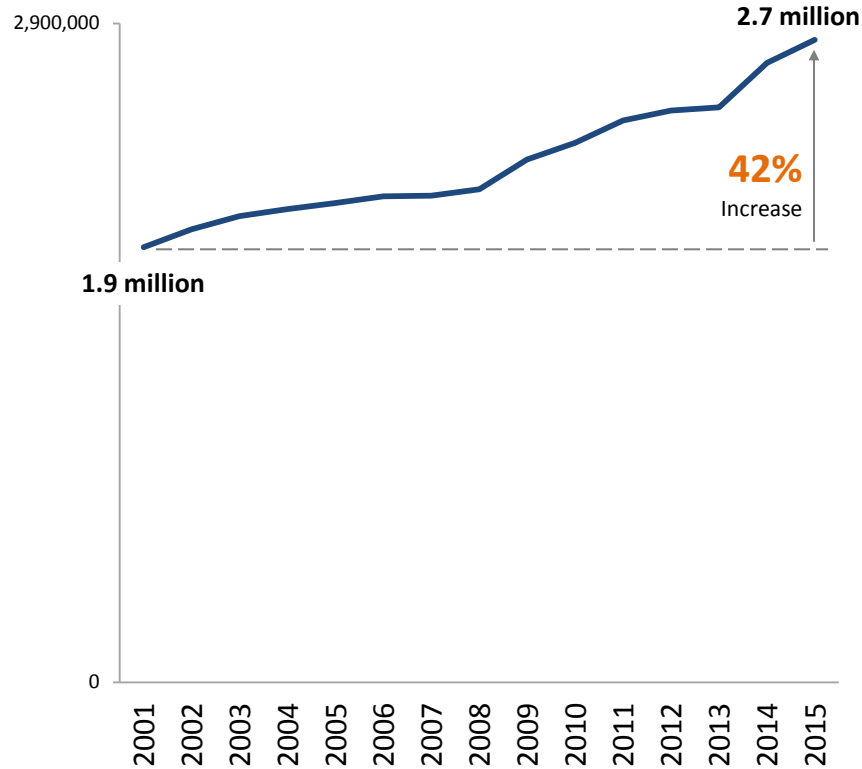


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The DSHS Population has Increased 65% Since 2000

Overall totals will work as a line chart or as a bar chart



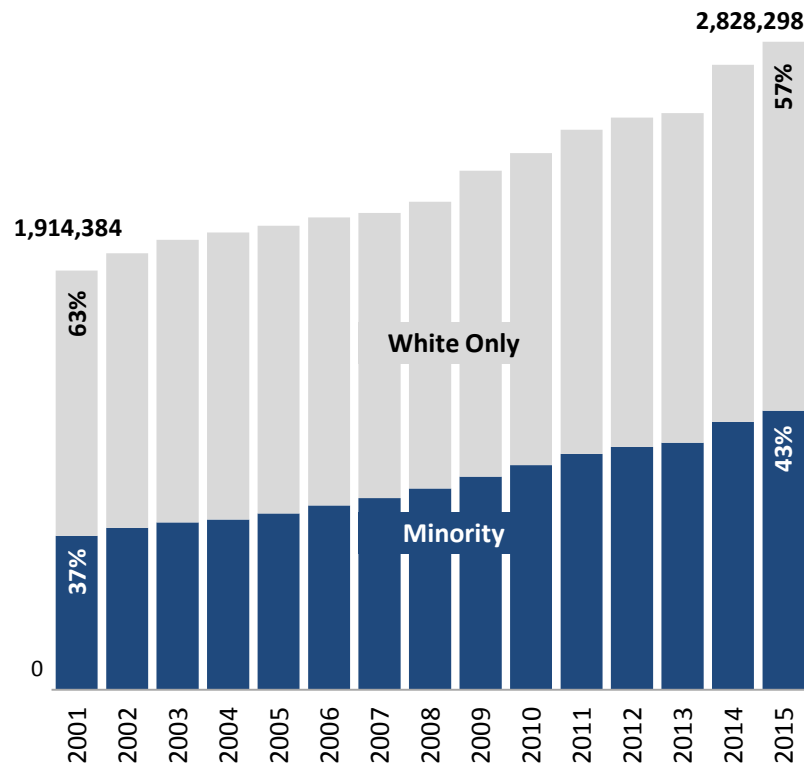
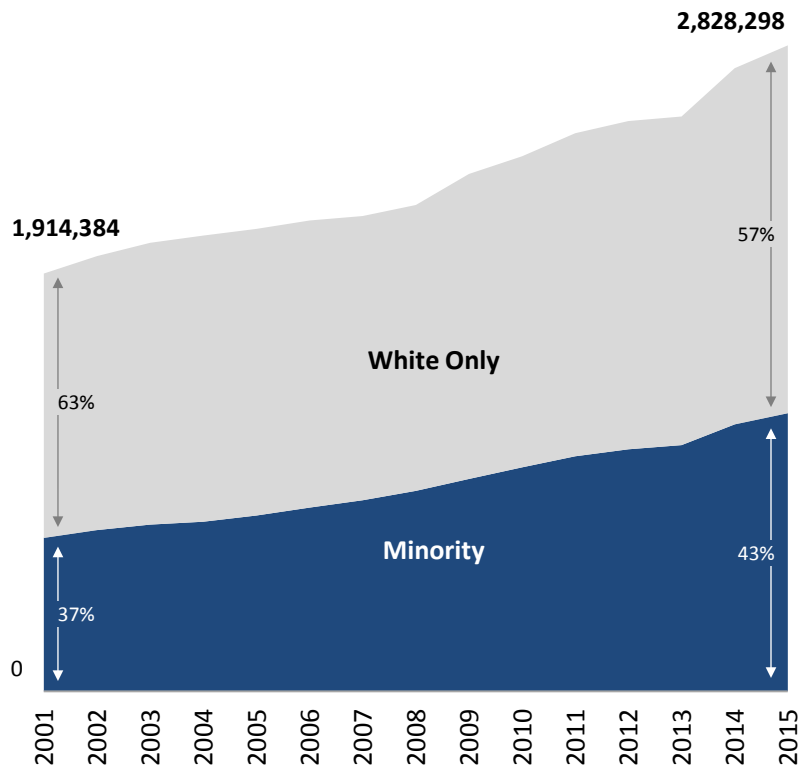
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SOURCE: DSHS Research and Data Analysis Division, Client Services Database, September 2015.

DSHS Client Population

Components will work as an area chart or as a bar chart



SOURCE: DSHS Research and Data Analysis Division, Client Services Database, September 3, 2014.

NOTE: This data set excludes clients where race is unknown. Thus, the total number of clients is understated. Clients receiving Child Support Collection Services only are also excluded.



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RDA's Iconic Chart

Increase in the DSHS population

SFY 2000 to SFY 2015



SOURCE: DSHS Research and Data Analysis Division, Client Services Database, September 2015.

SFY 2001 SFY 2015

SOURCE: DSHS Research and Data Analysis Division, *Effect of TANF Concurrent Benefits on the Reunification of Children Following Placement in Out-of-Home Care*, Marshall, Beall, Mancuso, Yette, Felver, November 2013

February 2014 | RDA Report 9-105
Olympia, Washington



Washington State's Fostering Well-Being Program: Impacts on Medical Utilization

Bridget Lavelle, PhD • David Mancuso, PhD • Barbara Felver, MES, NPA

In collaboration with Candace Daehling, MEd RN, and Christine Garcia, BA RN, Aging and Long-Term Support Administration, Home and Community Services Division.

THE FOSTERING WELL-BEING (FWB) program launched in State Fiscal Year (SFY) 2010 to facilitate access to comprehensive health care for children in out-of-home placement. The program aims to improve health and wellness, particularly among children with complex chronic health needs, by providing care coordination services to caregivers and enhancing linkage with primary, specialty, and behavioral health providers.

Over the first two years of the program (March 2010 – March 2012), more than 550 children received care coordination services through FWB. On average, children served by the FWB program had substantially greater health needs than other children on Medicaid in Washington State. To assess the effects of FWB on medical utilization, we created a statistically matched comparison group of children in out-of-home placement with demographics, health conditions, and baseline medical utilization similar to that of FWB recipients. Of all those children receiving FWB care coordination services in the program's first two years, 473 met the data requirements for the study, and 436 were successfully matched to similar children who did not receive FWB.

We then compared the change in medical utilization (as measured by per member per month medical costs, outpatient/emergency room visits, and inpatient hospitalizations) in the 12 months before and 12 months after first receiving FWB coordination services (for the matched FWB recipients), relative to the change experienced by the matched comparison group over comparable time periods.

Key Findings

- FWB recipients experienced dramatically reduced medical utilization in the 12 months after entry into the FWB program.
- Reductions in medical utilization among FWB recipients did not differ significantly from those of similar children in out-of-home placement with high baseline medical costs who did not receive care coordination services through FWB.



Department of Social and Health Services | Research and Data Analysis Division



November 2013 | RDA Report 11-106
Olympia, Washington

Effect of TANF Concurrent Benefits on the Reunification of Children following Placement in Out-of-Home Care

David B. Marshall, PhD • Kathryn Beall • David Mancuso, PhD • Rebecca Yette, MCS • Barbara Felver, MES, NPA

In collaboration with Darl Stag and Tammy Berry of the DSHS Economic Services Administration, and Tammy Cardozo, David Dar Villier Fox and Lea Doran of the DSHS Children's Administration.

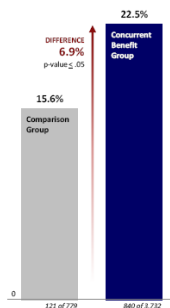
THE TANF CONCURRENT BENEFITS PROGRAM allows for the continuation of a TANF cash grant to a family from whom a child has been removed by Children's Administration (the "removal family") and placed with a licensed or unlicensed caregiver (the "receiving family"). The Children's Administration (CA) must expect that absence to be temporary (180 days or less) and that the child will be reunified with the family of removal (per WAC 388-454-0015). Extensions beyond 180 days are possible if the CA social worker reports that the family is making progress, reunification is still the goal, and ESA's Community Services Division headquarters staff approves it.

An earlier descriptive analysis by RDA of removals of at least 90 days in SFY 2009 showed that 38 percent of children from families receiving concurrent benefits reunified, compared to 36 percent of children from families not receiving concurrent benefits. However, the initial descriptive analysis was not designed to estimate the effect of the concurrent benefits program on reunification rates. The primary objective of this study is to examine whether receipt of concurrent TANF benefits reduces the time to reunification, based on a matched comparison group evaluation approach.

Receipt of concurrent TANF benefits is associated with more rapid reunification for children placed in out of home care

This study compares placement outcomes for children in out-of-home care whose removal family retained the child's portion of the family TANF benefit while the child was in care (the "concurrent benefits group"), to children whose removal family did not retain this benefit (the "comparison group"). Analyses are conducted for a set of families matched on baseline case characteristics, to control for other potential factors that could account for differences in reunification rates.

Children Reunified in 12 months



¹ More precisely, concurrent benefits are defined here as the child's portion of the TANF benefit received by the assistance unit (AU). If the removed child is not the only child making the AU eligible for TANF, or the entire TANF benefit received by the assistance unit if all children are removed from the TANF household.

Department of Social and Health Services | Research and Data Analysis Division

SOURCE: DSHS Research and Data Analysis Division, *Washington State's Fostering Well-Being Program: Impacts on Medical Utilization*, Lavelle, Mancuso, Felver, February 2014



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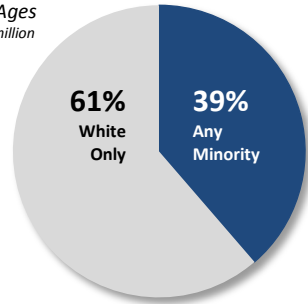
DSHS | Research and Data Analysis Division • FEBRUARY 2016

DSHS Client Demographic Distribution

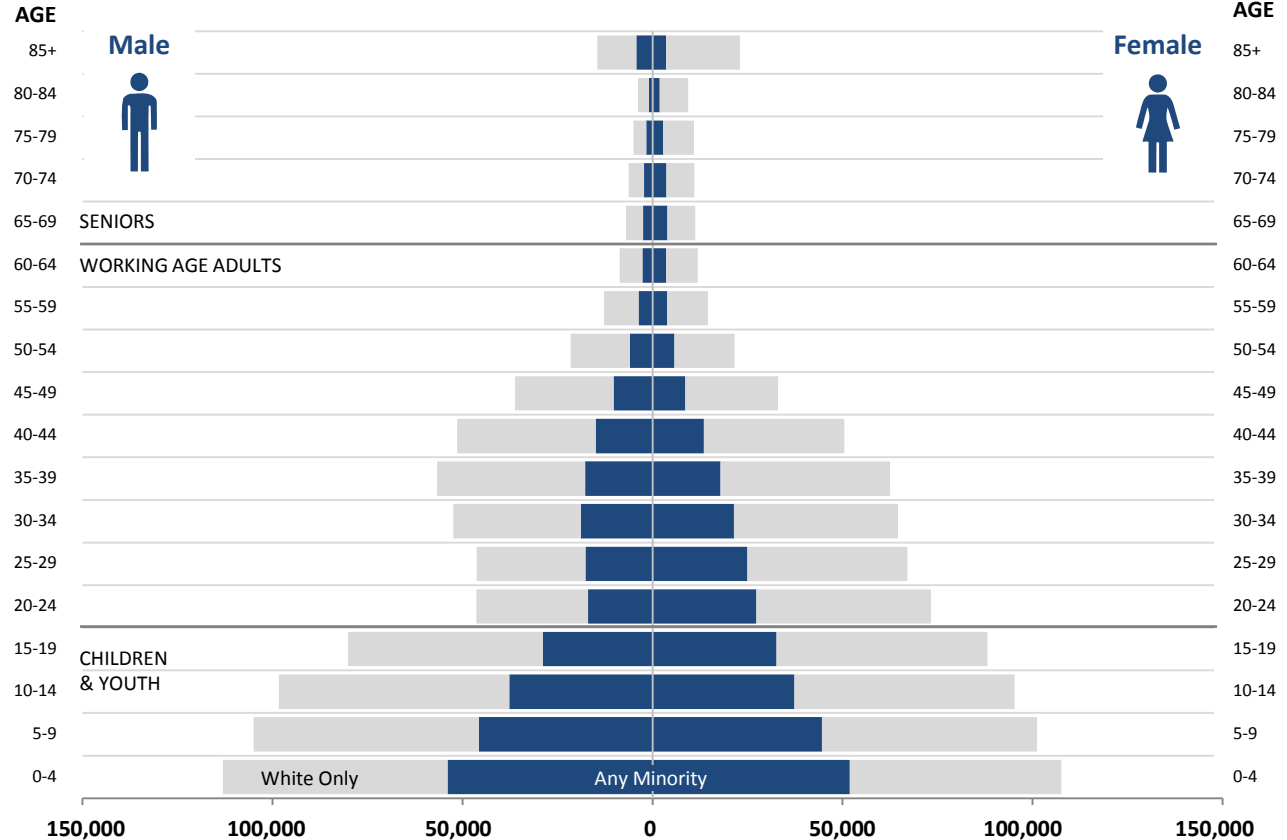
SFY 2001

All DSHS Clients

All Ages
1.9 million



SOURCE: DSHS Research and Data Analysis Division, Client Services Database, September 17, 2015. Race/ethnicity based on clients where race is known. Counts include ESA Division of Child Support clients.



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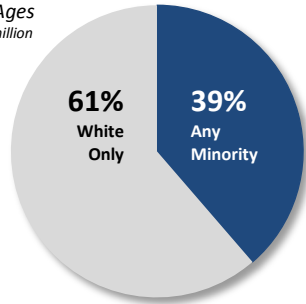
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DSHS Client Demographic Distribution

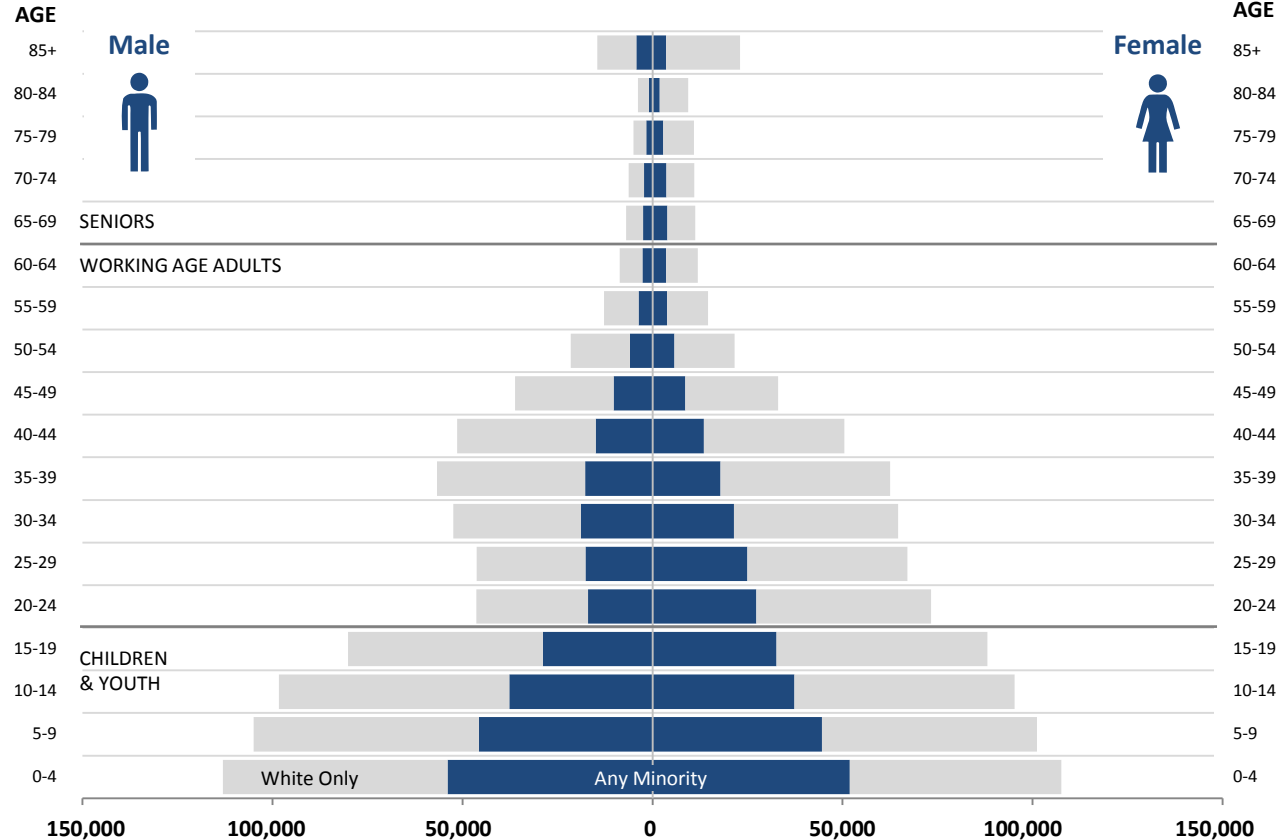
SFY 2001

All DSHS Clients

All Ages
1.9 million



SOURCE: DSHS Research and Data Analysis Division, Client Services Database, September 17, 2015. Race/ethnicity based on clients where race is known. Counts include ESA Division of Child Support clients.



Transforming lives

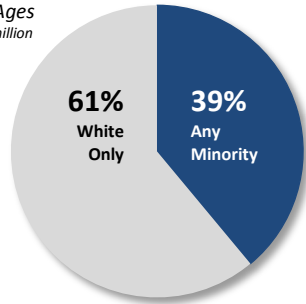
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DSHS Client Demographic Distribution

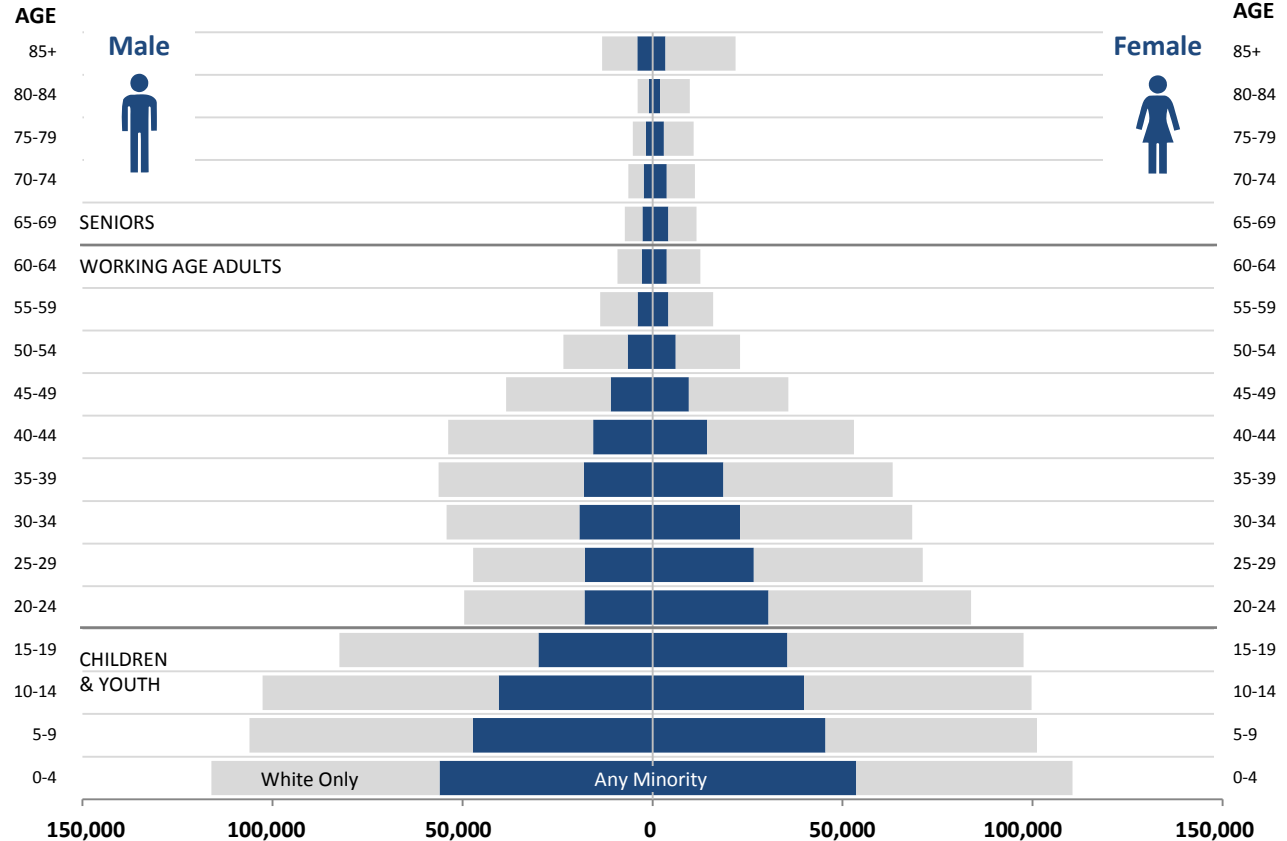
SFY 2002

All DSHS Clients

All Ages
2.0 million



SOURCE: DSHS Research and Data Analysis Division, Client Services Database, September 17, 2015. Race/ethnicity based on clients where race is known. Counts include ESA Division of Child Support clients.



Transforming lives

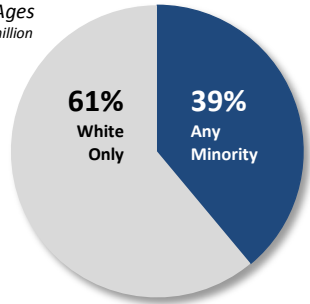
DSHS | Research and Data Analysis Division • FEBRUARY 2016

DSHS Client Demographic Distribution

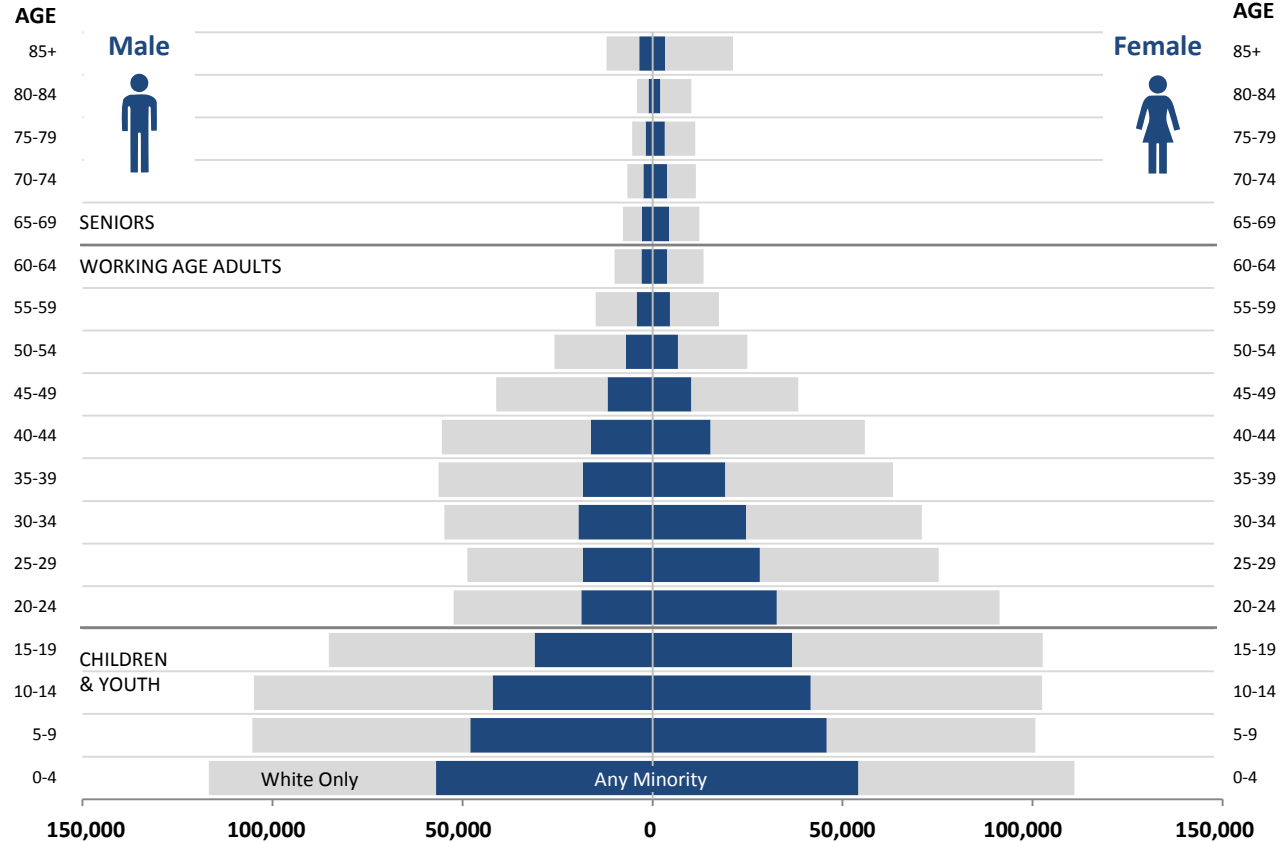
SFY 2003

All DSHS Clients

All Ages
2.1 million



SOURCE: DSHS Research and Data Analysis Division, Client Services Database, September 17, 2015. Race/ethnicity based on clients where race is known. Counts include ESA Division of Child Support clients.



Transforming lives

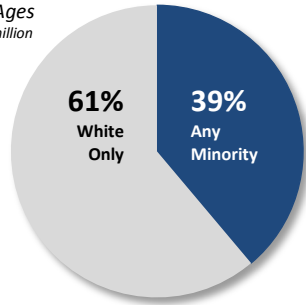
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DSHS Client Demographic Distribution

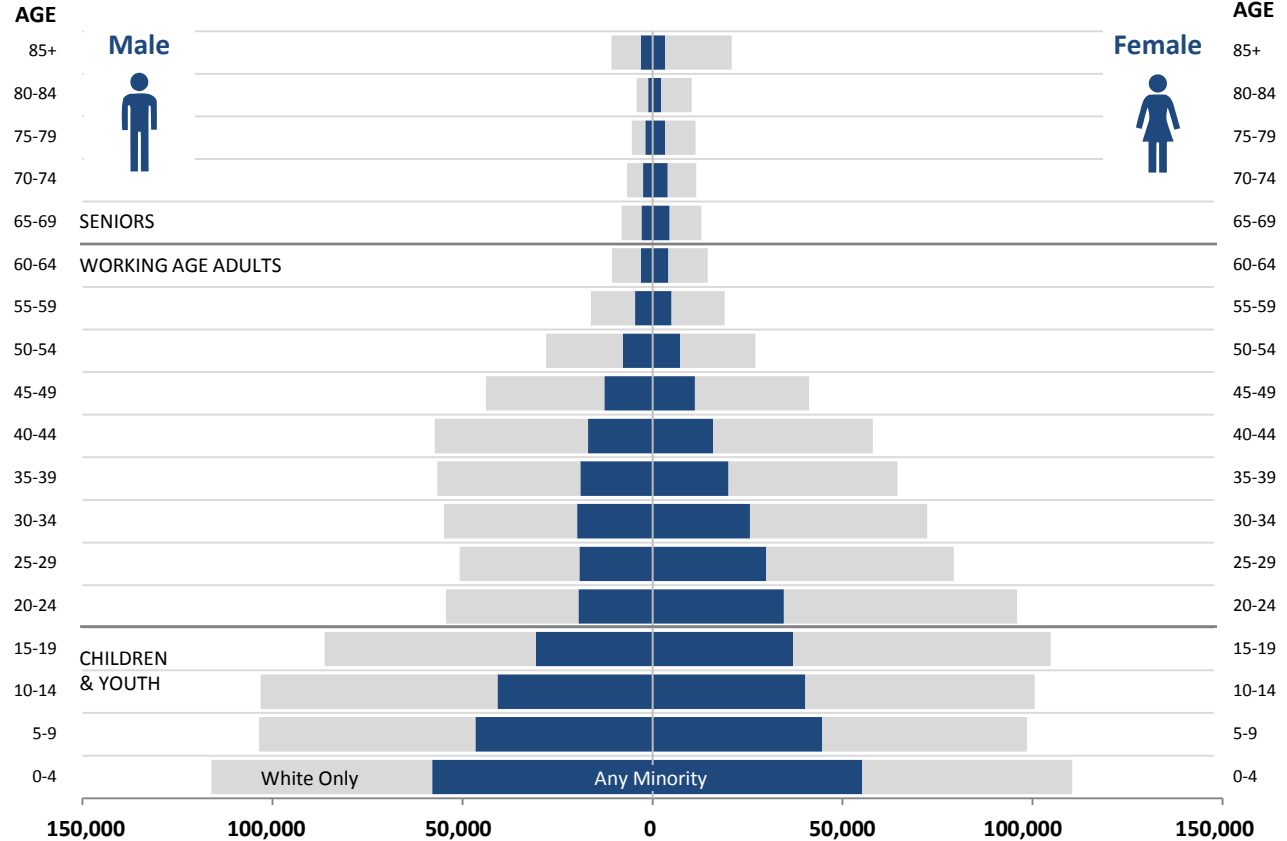
SFY 2004

All DSHS Clients

All Ages
2.1 million



SOURCE: DSHS Research and Data Analysis Division, Client Services Database, September 17, 2015. Race/ethnicity based on clients where race is known. Counts include ESA Division of Child Support clients.



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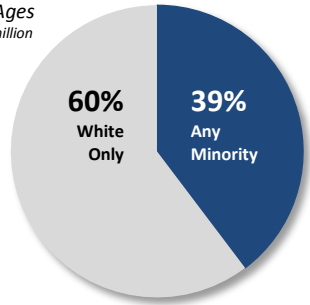
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DSHS Client Demographic Distribution

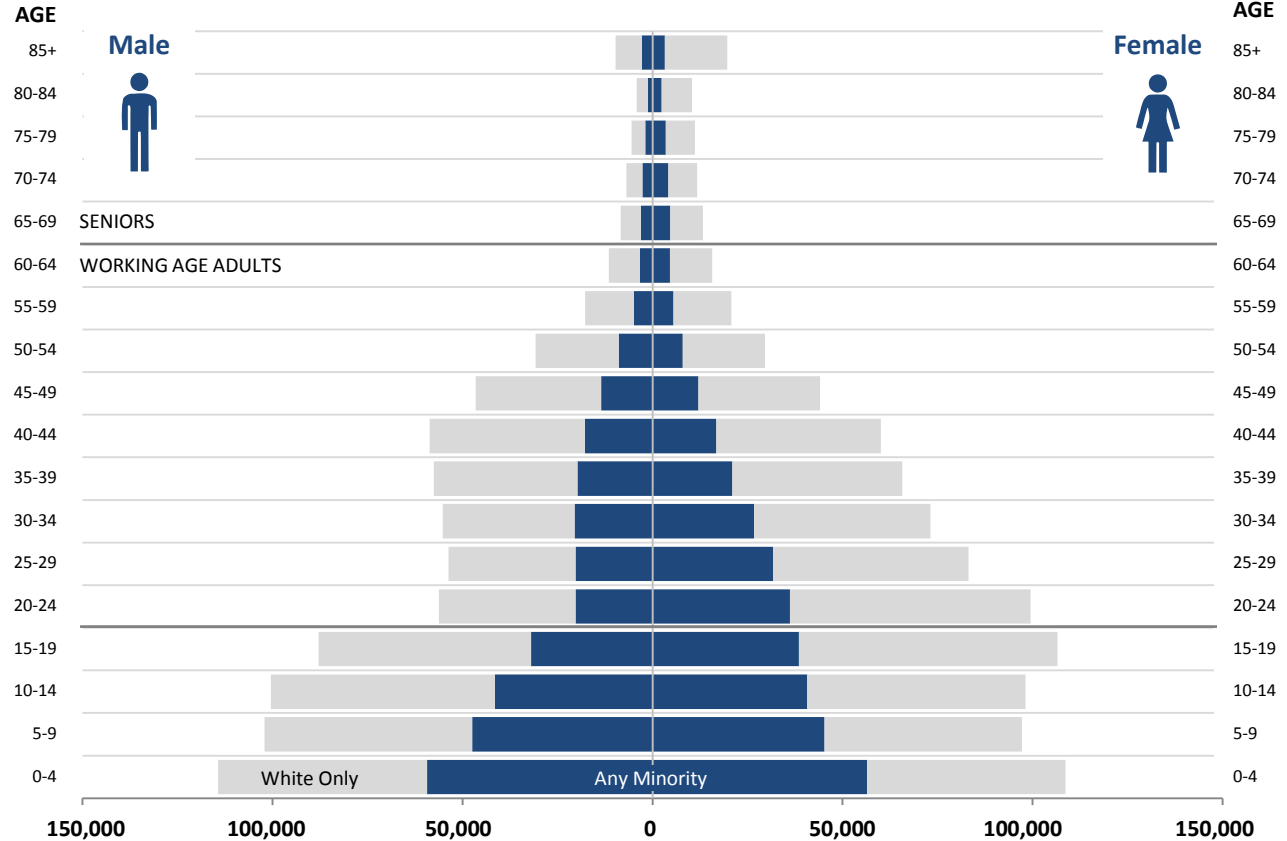
SFY 2005

All DSHS Clients

All Ages
2.1 million



SOURCE: DSHS Research and Data Analysis Division, Client Services Database, September 17, 2015. Race/ethnicity based on clients where race is known. Counts include ESA Division of Child Support clients.



Transforming lives

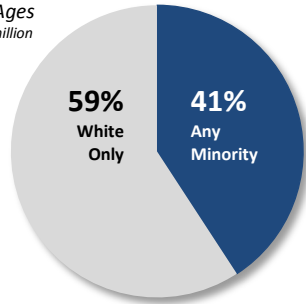
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DSHS Client Demographic Distribution

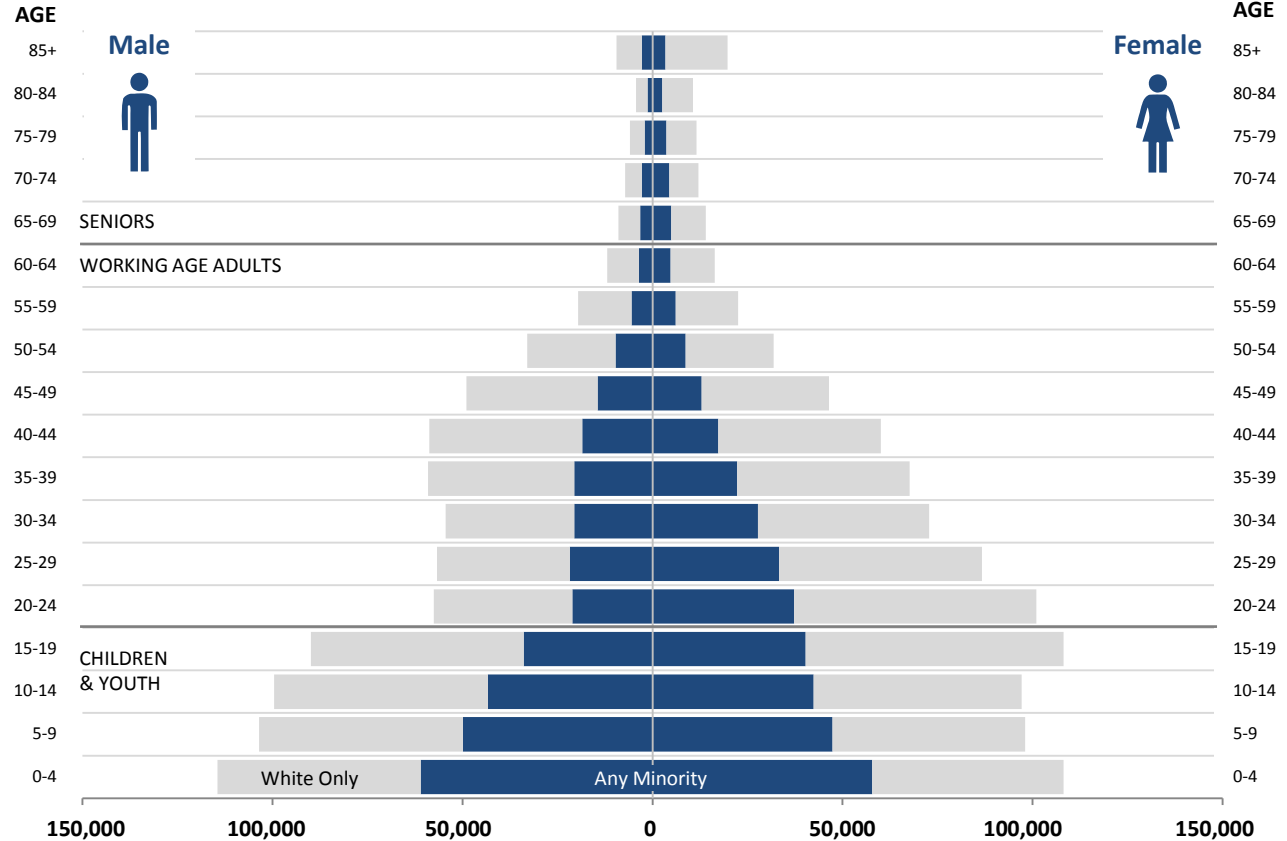
SFY 2006

All DSHS Clients

All Ages
2.1 million



SOURCE: DSHS Research and Data Analysis Division, Client Services Database, September 17, 2015. Race/ethnicity based on clients where race is known. Counts include ESA Division of Child Support clients.



Transforming lives

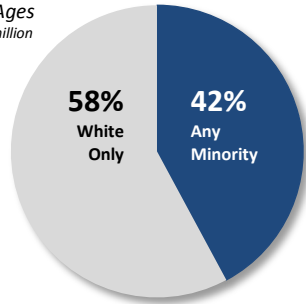
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DSHS Client Demographic Distribution

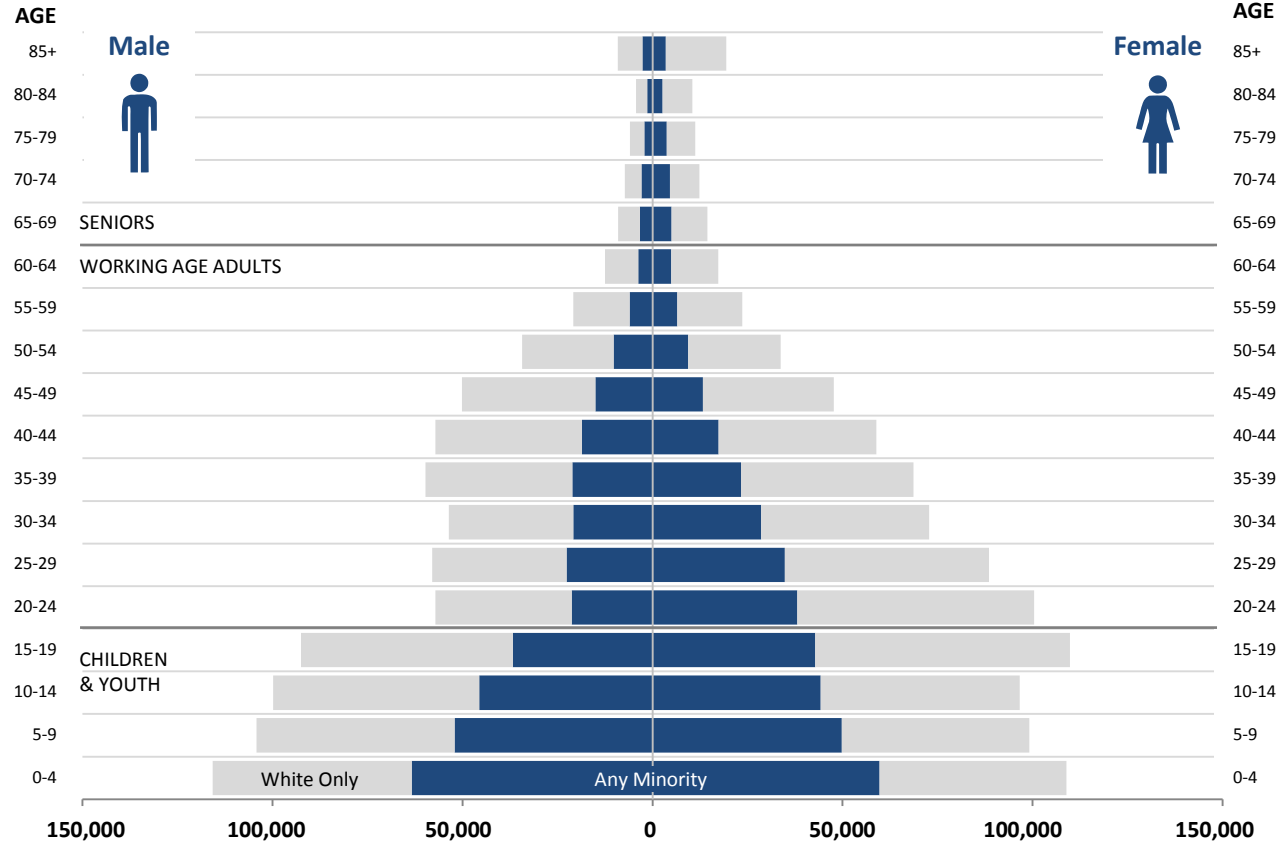
SFY 2007

All DSHS Clients

All Ages
2.1 million



SOURCE: DSHS Research and Data Analysis Division, Client Services Database, September 17, 2015. Race/ethnicity based on clients where race is known. Counts include ESA Division of Child Support clients.



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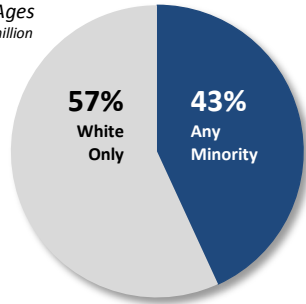
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DSHS Client Demographic Distribution

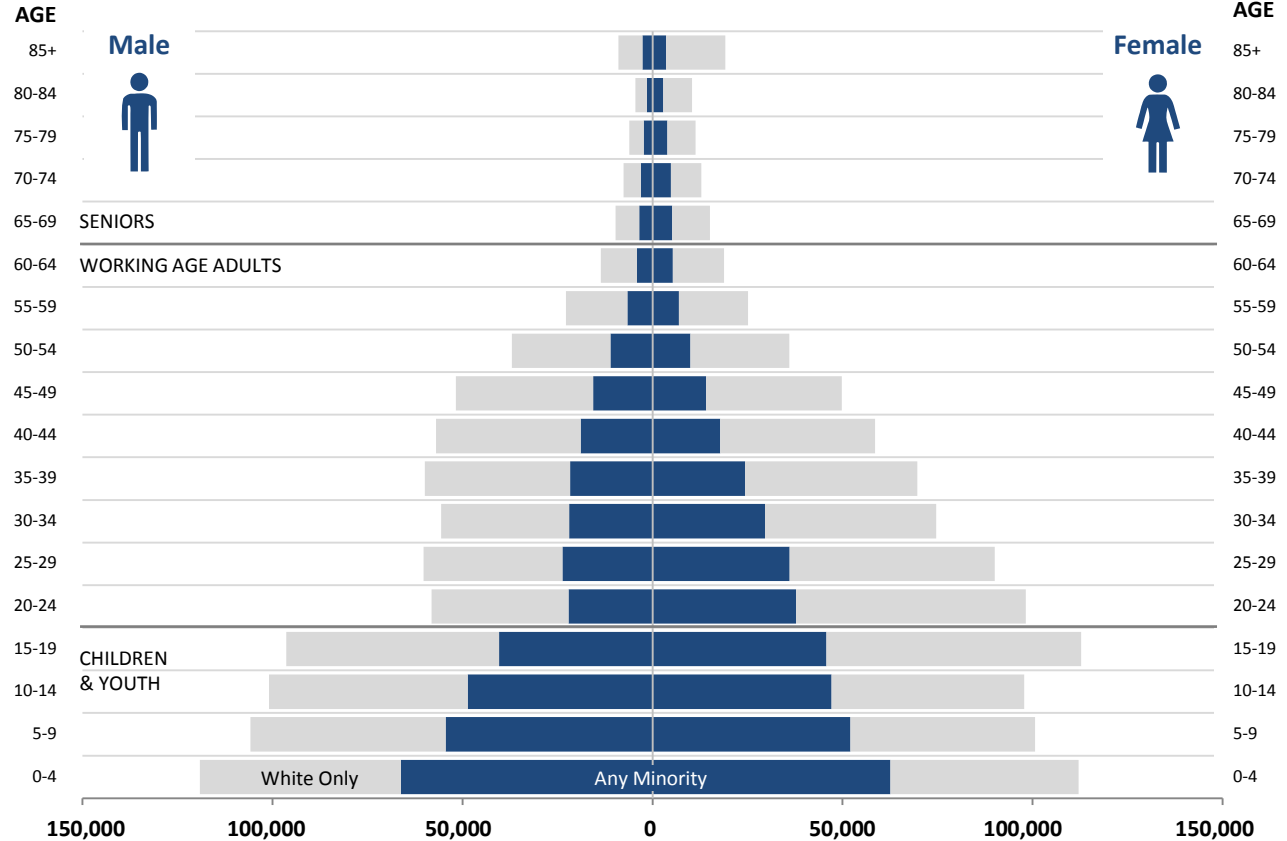
SFY 2008

All DSHS Clients

All Ages
2.2 million



SOURCE: DSHS Research and Data Analysis Division, Client Services Database, September 17, 2015. Race/ethnicity based on clients where race is known. Counts include ESA Division of Child Support clients.



Transforming lives

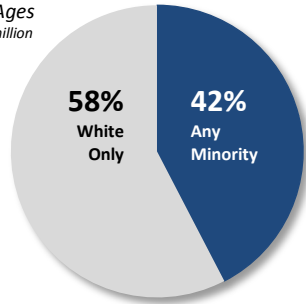
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DSHS Client Demographic Distribution

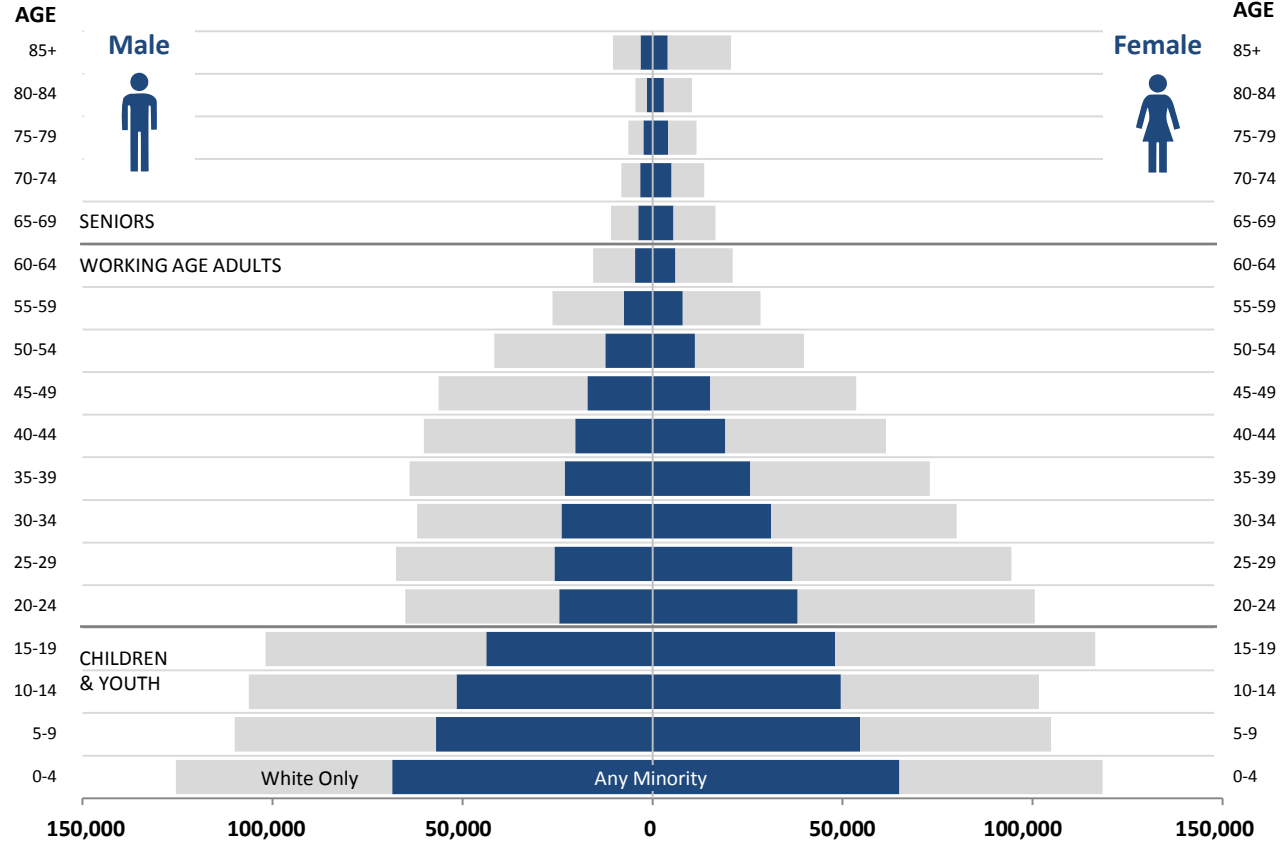
SFY 2009

All DSHS Clients

All Ages
2.3 million



SOURCE: DSHS Research and Data Analysis Division, Client Services Database, September 17, 2015. Race/ethnicity based on clients where race is known. Counts include ESA Division of Child Support clients.



Transforming lives

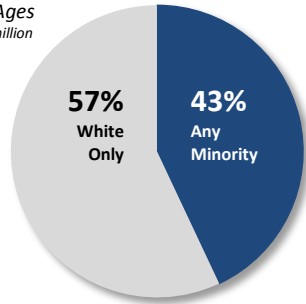
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DSHS Client Demographic Distribution

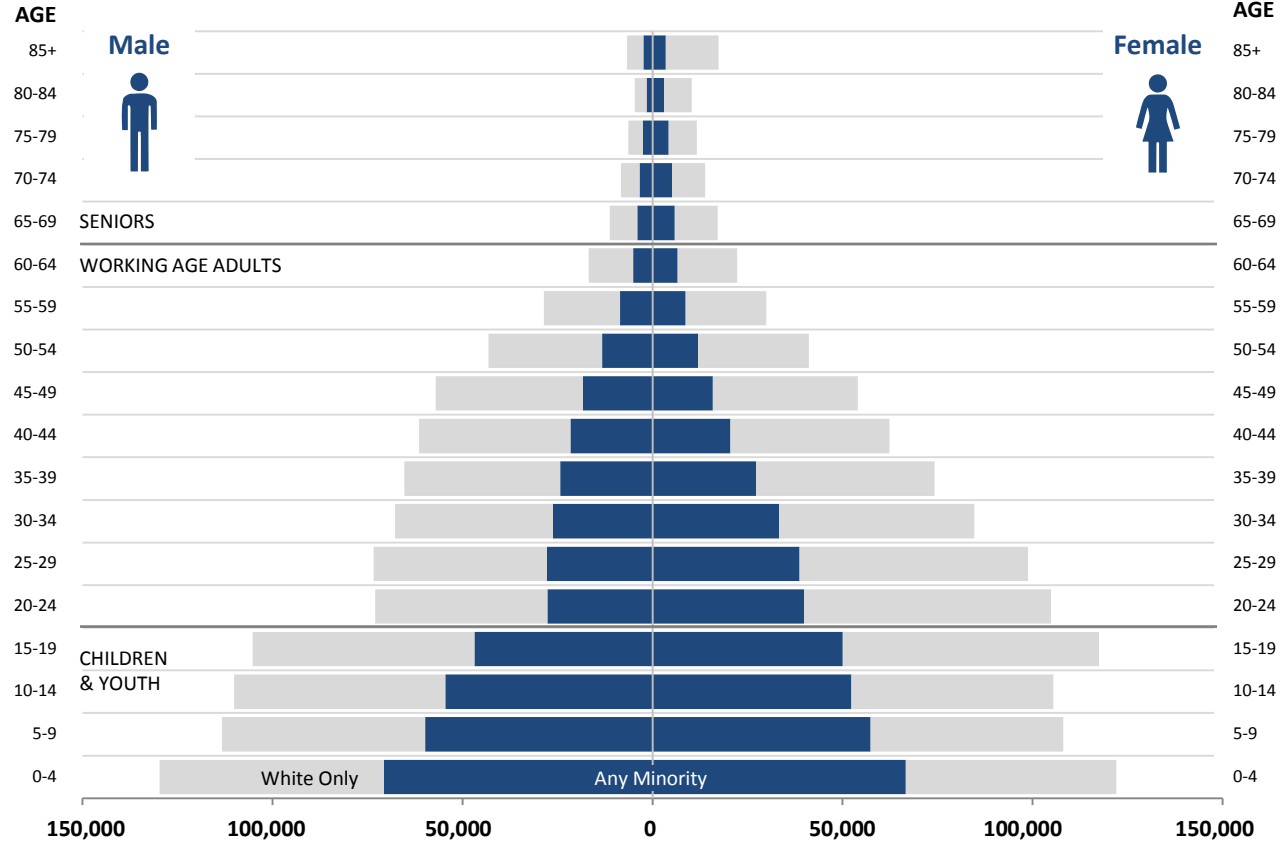
SFY 2010

All DSHS Clients

All Ages
2.4 million



SOURCE: DSHS Research and Data Analysis Division, Client Services Database, September 17, 2015. Race/ethnicity based on clients where race is known. Counts include ESA Division of Child Support clients.



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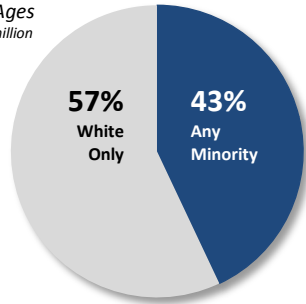
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DSHS Client Demographic Distribution

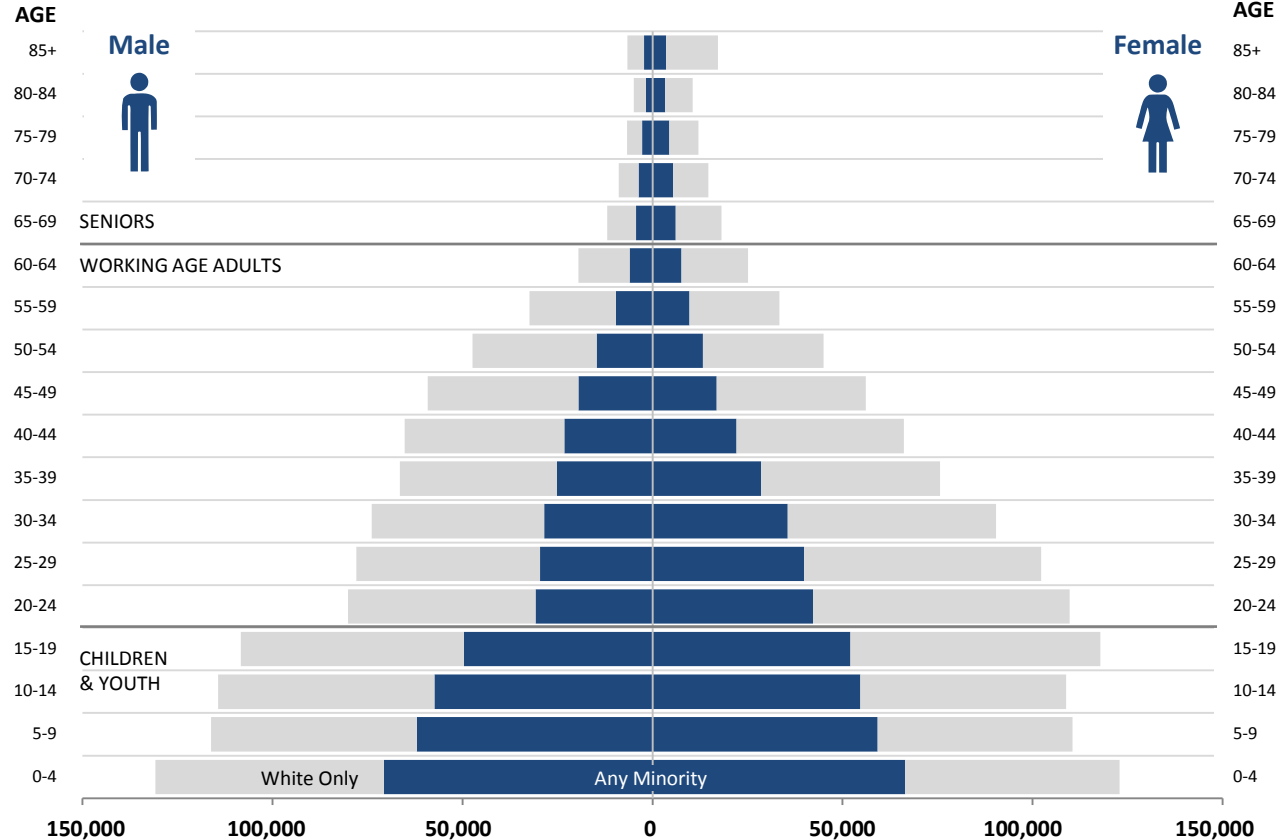
SFY 2011

All DSHS Clients

All Ages
2.5 million



SOURCE: DSHS Research and Data Analysis Division, Client Services Database, September 17, 2015. Race/ethnicity based on clients where race is known. Counts include ESA Division of Child Support clients.



Transforming lives

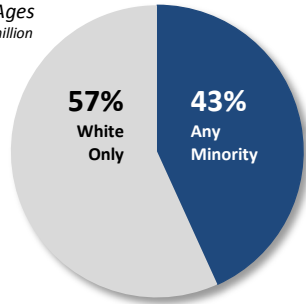
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DSHS Client Demographic Distribution

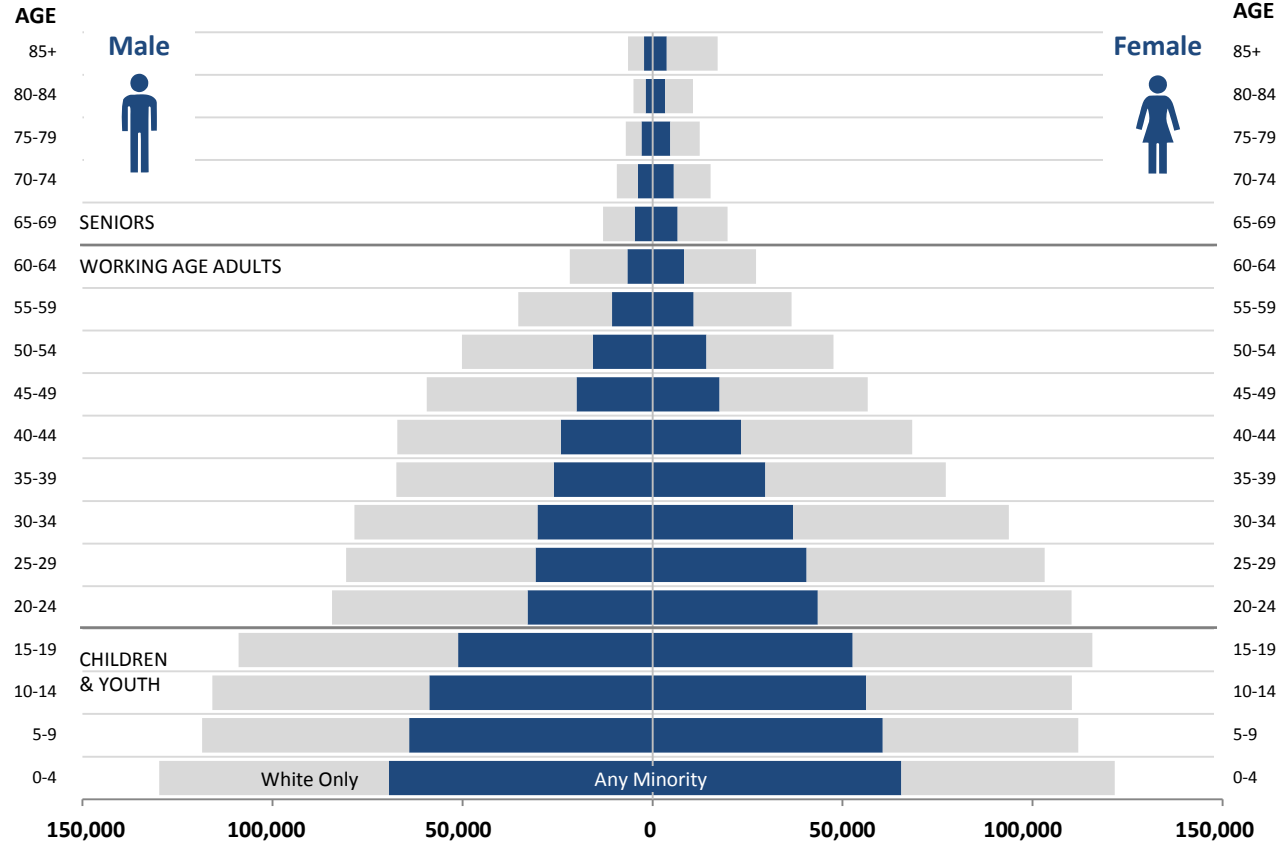
SFY 2012

All DSHS Clients

All Ages
2.5 million



SOURCE: DSHS Research and Data Analysis Division, Client Services Database, September 17, 2015. Race/ethnicity based on clients where race is known. Counts include ESA Division of Child Support clients.



Transforming lives

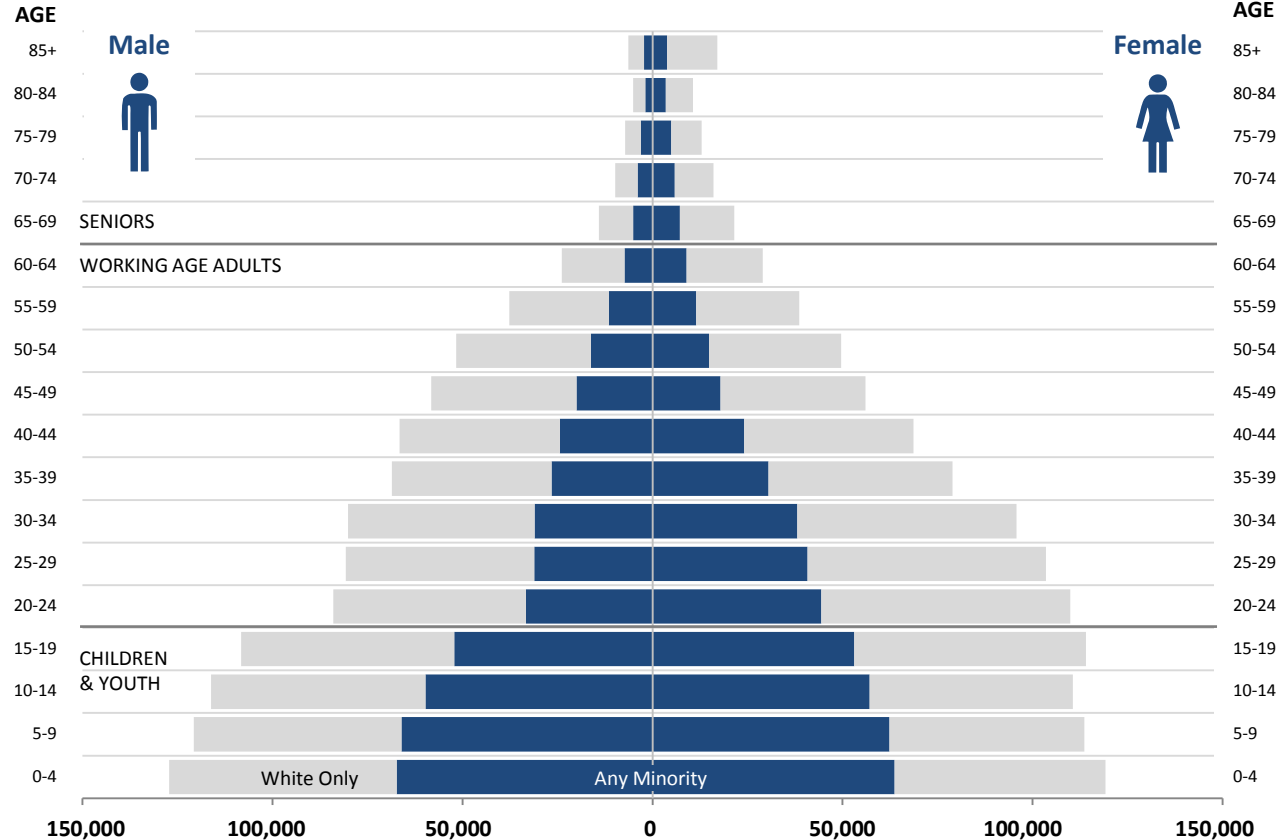
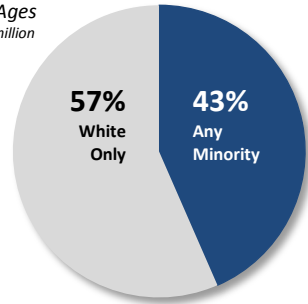
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DSHS Client Demographic Distribution

SFY 2013

All DSHS Clients

All Ages
2.6 million



SOURCE: DSHS Research and Data Analysis Division, Client Services Database, September 17, 2015. Race/ethnicity based on clients where race is known. Counts include ESA Division of Child Support clients.



Transforming lives

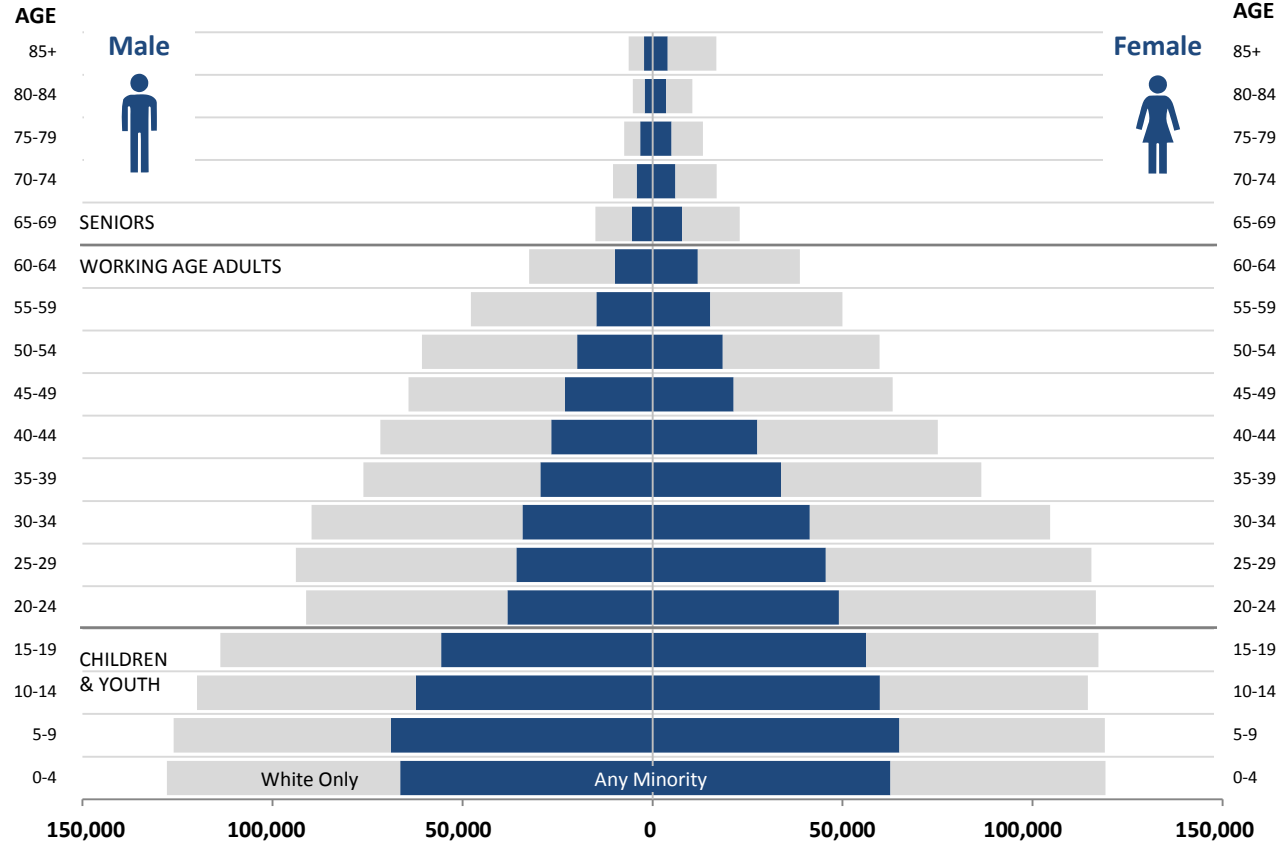
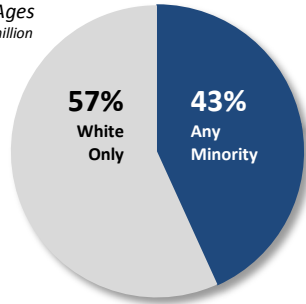
DSHS | Research and Data Analysis Division • FEBRUARY 2016

DSHS Client Demographic Distribution

SFY 2014

All DSHS Clients

All Ages
2.7 million



SOURCE: DSHS Research and Data Analysis Division, Client Services Database, September 17, 2015. Race/ethnicity based on clients where race is known. Counts include ESA Division of Child Support clients.



Transforming lives

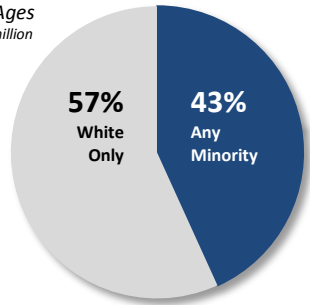
DSHS | Research and Data Analysis Division • FEBRUARY 2016

DSHS Client Demographic Distribution

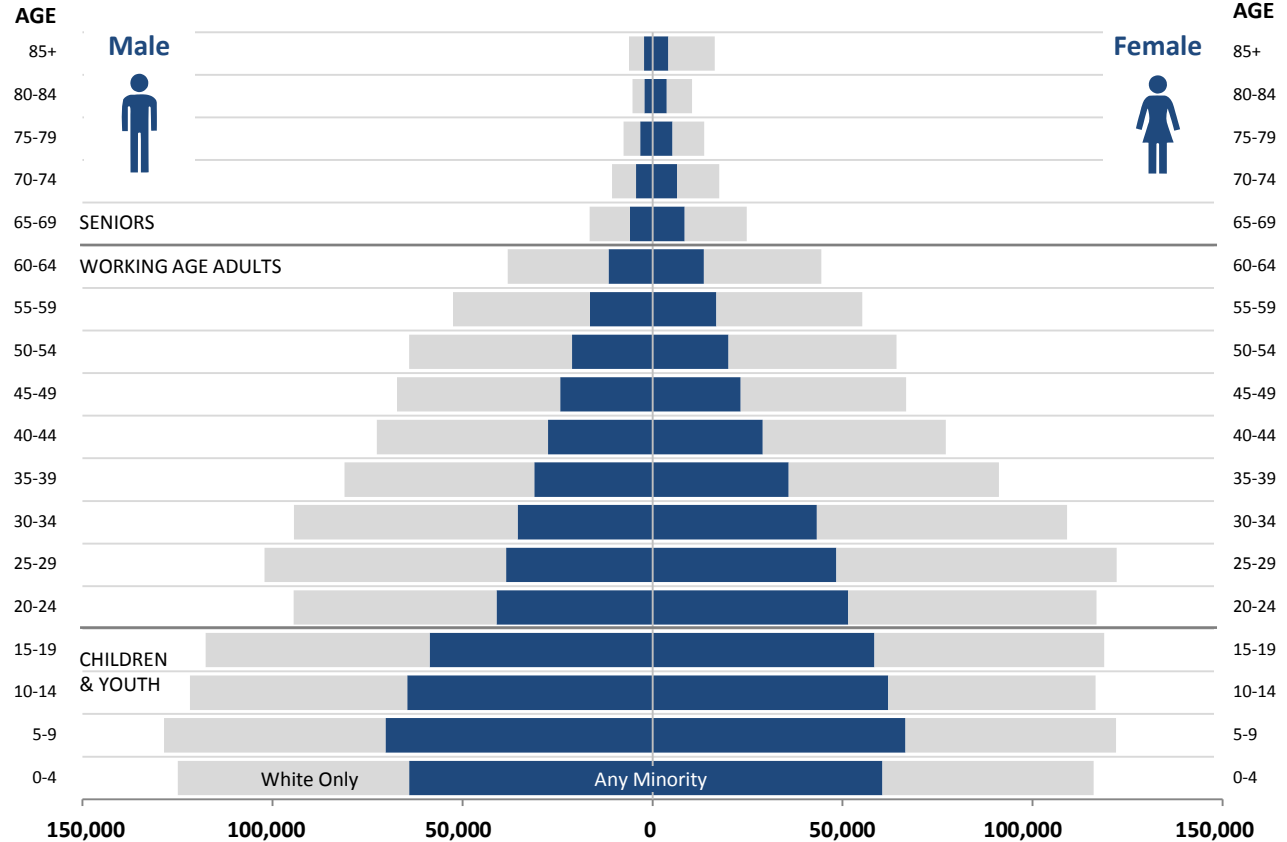
SFY 2015

All DSHS Clients

All Ages
2.7 million



SOURCE: DSHS Research and Data Analysis Division, Client Services Database, September 17, 2015. Race/ethnicity based on clients where race is known. Counts include ESA Division of Child Support clients.



Transforming lives

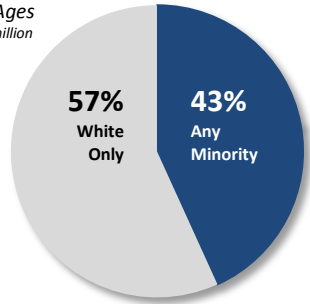
DSHS | Research and Data Analysis Division • FEBRUARY 2016

DSHS Client Demographic Distribution

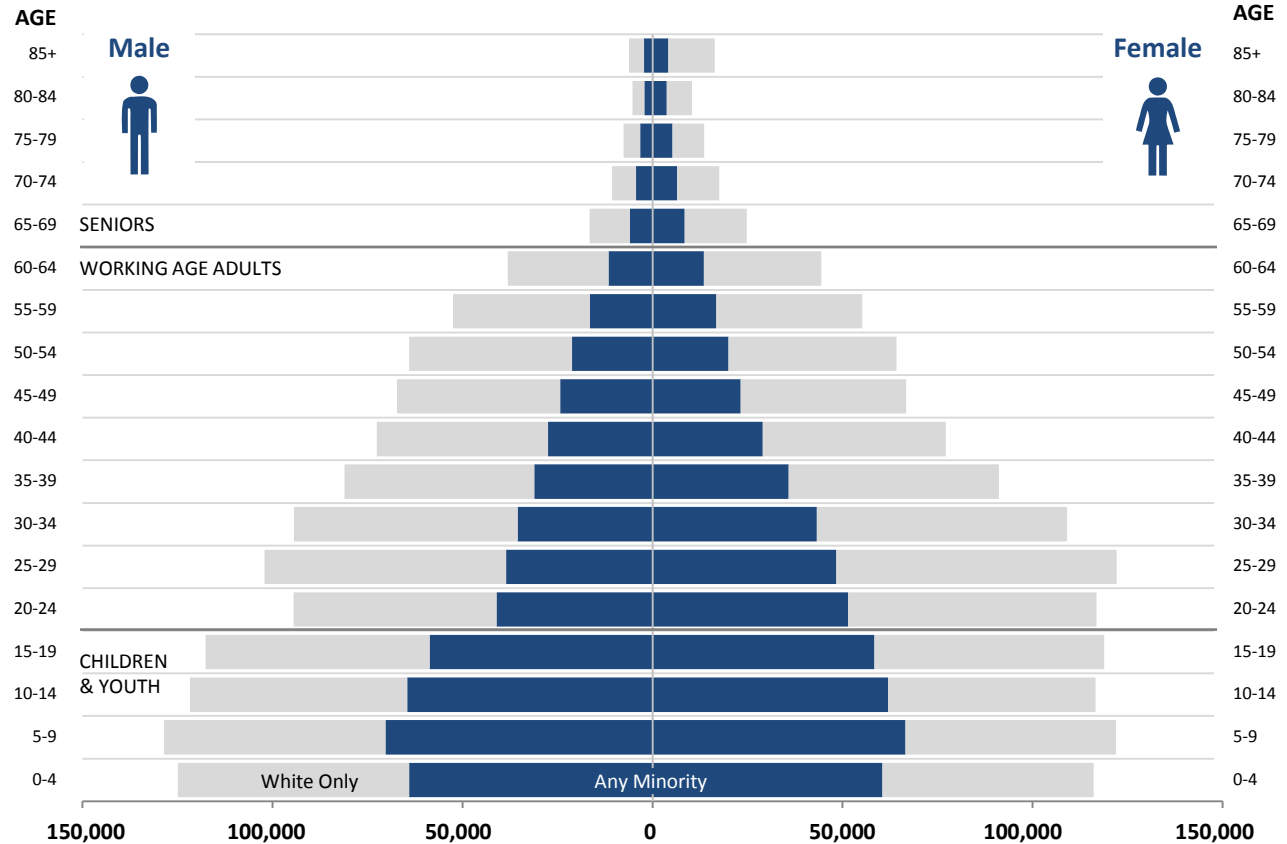
SFY 2015

All DSHS Clients

All Ages
2.7 million



SOURCE: DSHS Research and Data Analysis Division, Client Services Database, September 17, 2015. Race/ethnicity based on clients where race is known. Counts include ESA Division of Child Support clients.

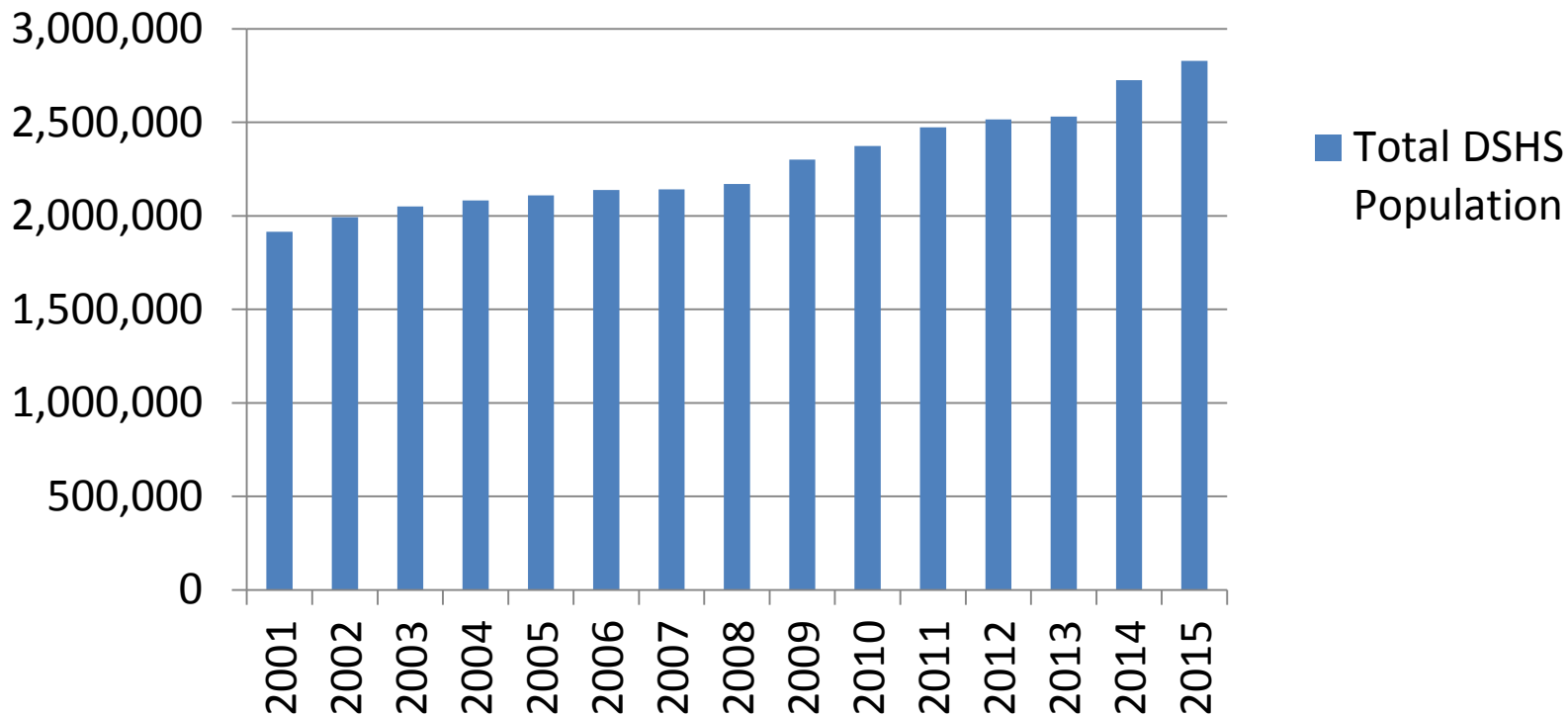


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DSHS | Research and Data Analysis Division • FEBRUARY 2016

**DEFAULT
VIEW**

Total DSHS Population



SOURCE: DSHS Research and Data Analysis Division, Client Services Database, September 3, 2014.

NOTE: This data set excludes clients where race is unknown. Thus, the total number of clients is understated.
Clients receiving Child Support Collection Services only are also excluded.



Transforming lives

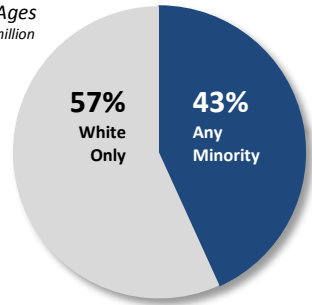
DSHS | Research and Data Analysis Division • FEBRUARY 2016

DSHS Client Demographic Distribution

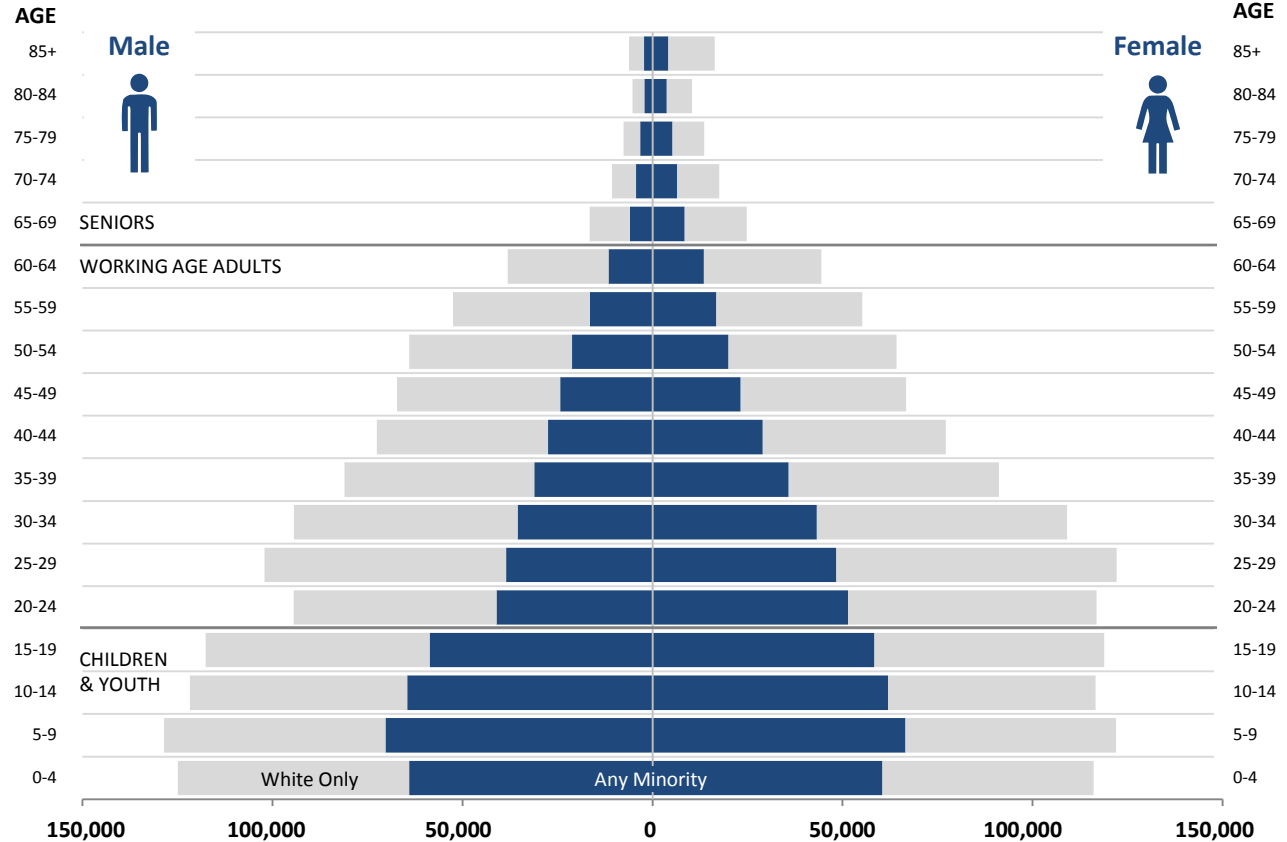
SFY 2015

All DSHS Clients

All Ages
2.7 million



SOURCE: DSHS Research and Data Analysis Division, Client Services Database, September 17, 2015. Race/ethnicity based on clients where race is known. Counts include ESA Division of Child Support clients.



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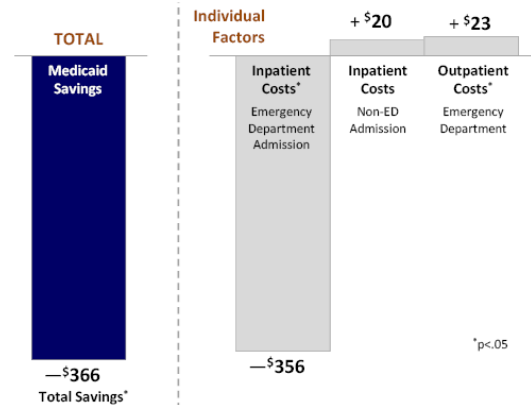
DSHS | Research and Data Analysis Division • FEBRUARY 2016

Bar showing math

SOURCE: DSHS Research and Data Analysis Division, *Washington State Screening, Brief Intervention, and Referral to Treatment Program: Final Program Report: October 1, 2003 through September 30, 2009*, Estee, July 2010

Excerpt, page 8

Reduction in Medical Costs, per member per month, for Medicaid Clients



Medicaid costs among working age, disabled clients were \$366 lower per member per month (pmpm) ($p = .05$) for those who received at least a brief intervention compared to a statistically matched sample of clients who were treated in an emergency department but did not get a brief intervention through WASBIRT. The relative decline appeared to be due to a decline in inpatient costs for stays that originated in an emergency department visit. The primary factor contributing to reduced costs appeared to be a reduction of 0.12 pmpm inpatient hospital days ($p = .04$) which equals a reduction of roughly 1.2 hospital days per person per year. These results have been published in *Medical Care* (see Appendix G).

Washington State Screening, Brief Intervention, and Referral to Treatment Program

Final Program Performance Report:
October 1, 2003 through September 30, 2009

JULY 2010
GRANT NUMBER: 4 T015962-05-1
DSHS RDA REPORT NUMBER: 4.83



SCREENING
BRIEF INTERVENTION
REFERRAL & TREATMENT

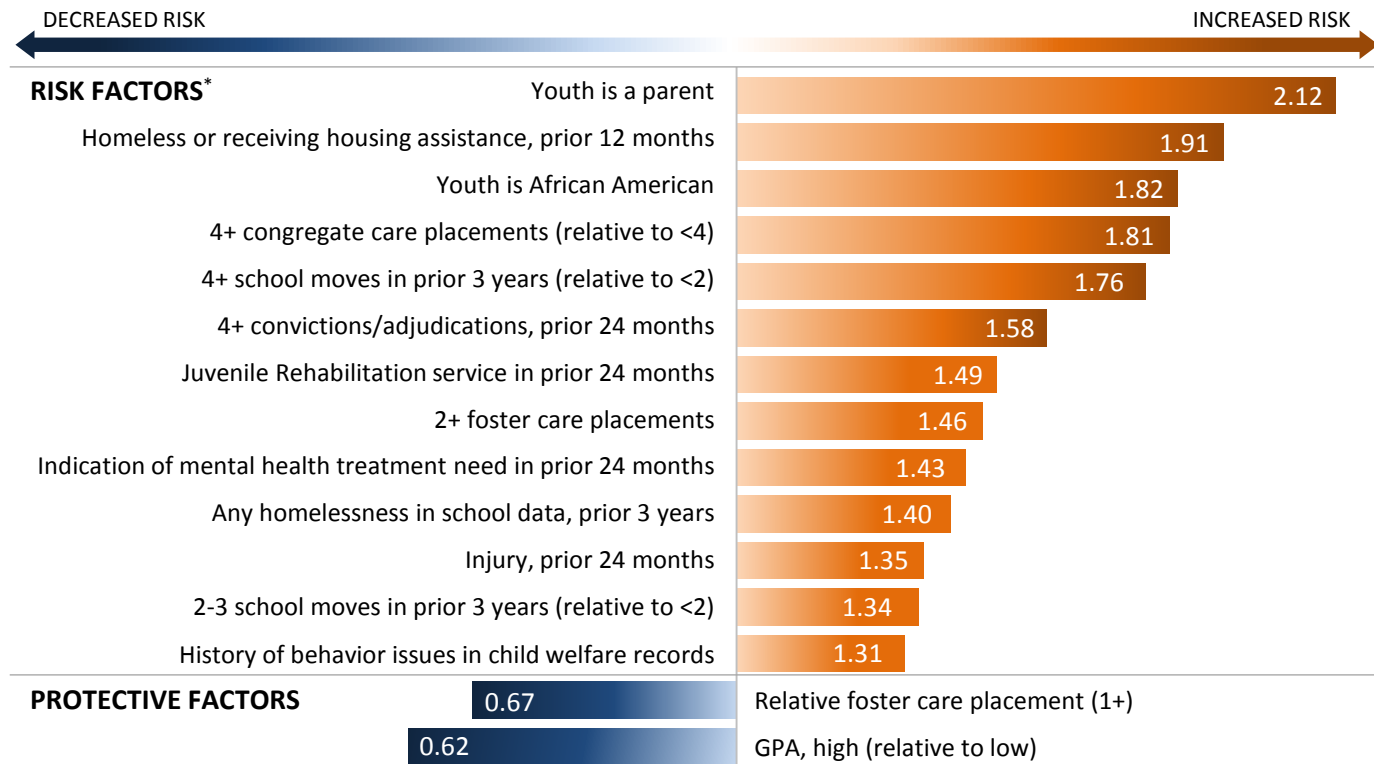
Washington State
Department of Social
& Health Services
RDA Research & Data
Analysis Division



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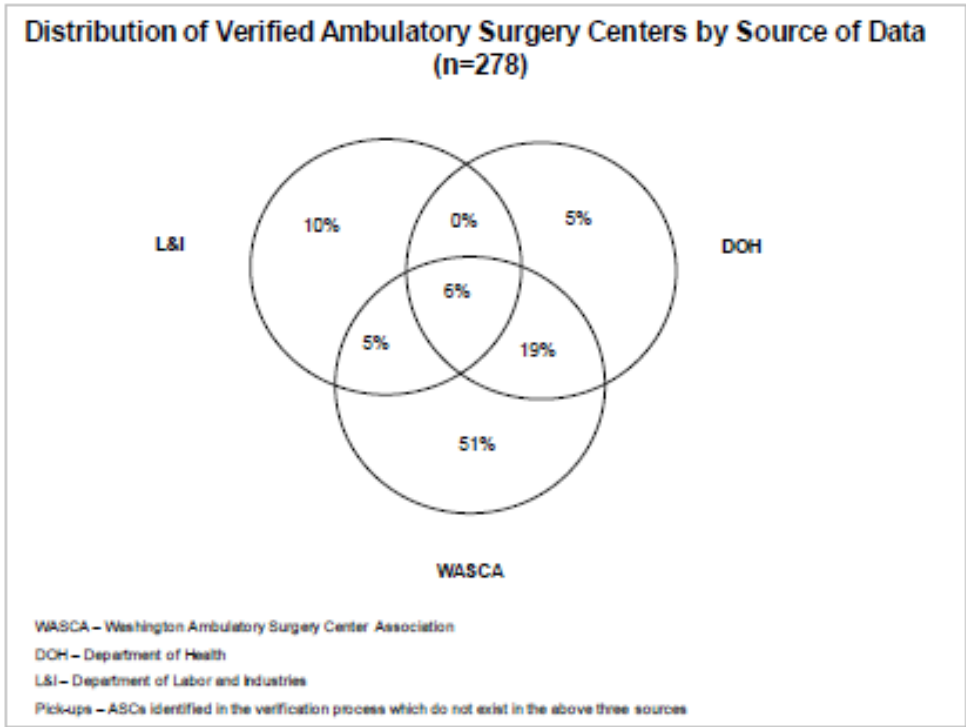
ODDS RATIOS | Odds of Experiencing Homelessness after Aging Out of Foster Care



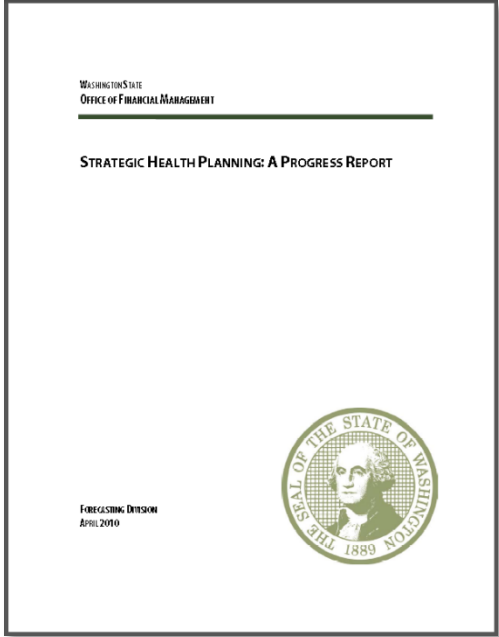
SOURCE: Youth At Risk of Homelessness: Identifying Key Predictive Factors among Youth Aging Out of Foster Care in Washington State. Washington State Department of Social and Health Services, Research and Data Analysis Division, January 2015.



INSTINCT is to draw three circles and start labeling



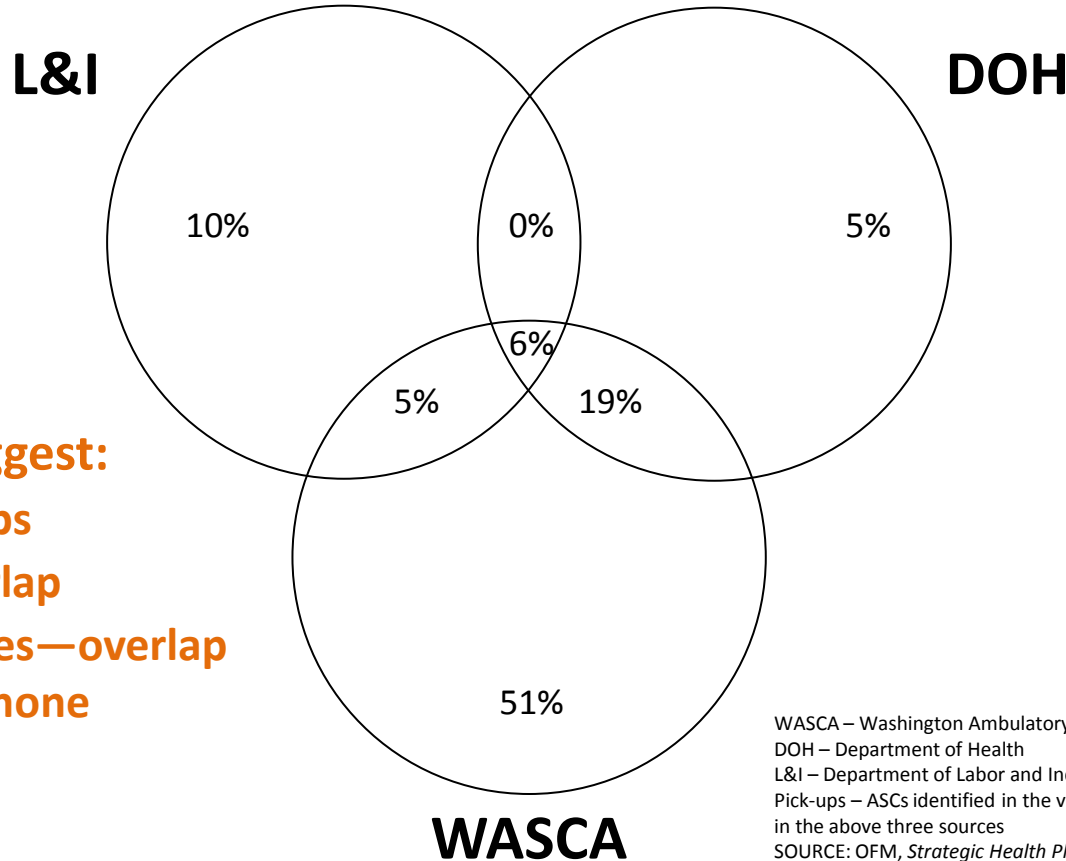
OFM Forecasting Division, November 2009.
 Data Source: Washington State Office of Financial Management.



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Distribution of Verified Ambulatory Surgery Centers by Source of Data (n=278)



Equal circles suggest:

- Same size groups
- Consistent overlap
- And—sometimes—overlap where there is none

WASCA – Washington Ambulatory Surgery Center Association
DOH – Department of Health
L&I – Department of Labor and Industries
Pick-ups – ASCs identified in the verification process which do not exist in the above three sources
SOURCE: OFM, *Strategic Health Planning: A Progress Report*, April 2010



STEP 1. Get credible data

Kids in Foster Care, SFY 2007	JRA w/prior CA involvement	Children w/ “serious mental illness”	Number TOTAL = 28,727
X			9,362
	X		1,808
		X	15,812
X	X		65
	X	X	240
X		X	1,419
X	X	X	21



STEP 1. Get credible data

Kids in Foster Care, SFY 2007	JRA w/prior CA involvement	Children w/ "serious mental illness"	Number TOTAL = 28,727
X			9,362
	X		1,808
		X	15,812
X	X		65
	X	X	240
X		X	1,419
X	X	X	21
<u>10,867</u>	<u>2,134</u>	<u>17,492</u>	

Foster Care TOTAL = 10,867
 JRA+CA TOTAL = 2,134
 Serious MI = 17,492



STEP 2. Using Excel or PowerPoint, select bubble chart

1

2

3

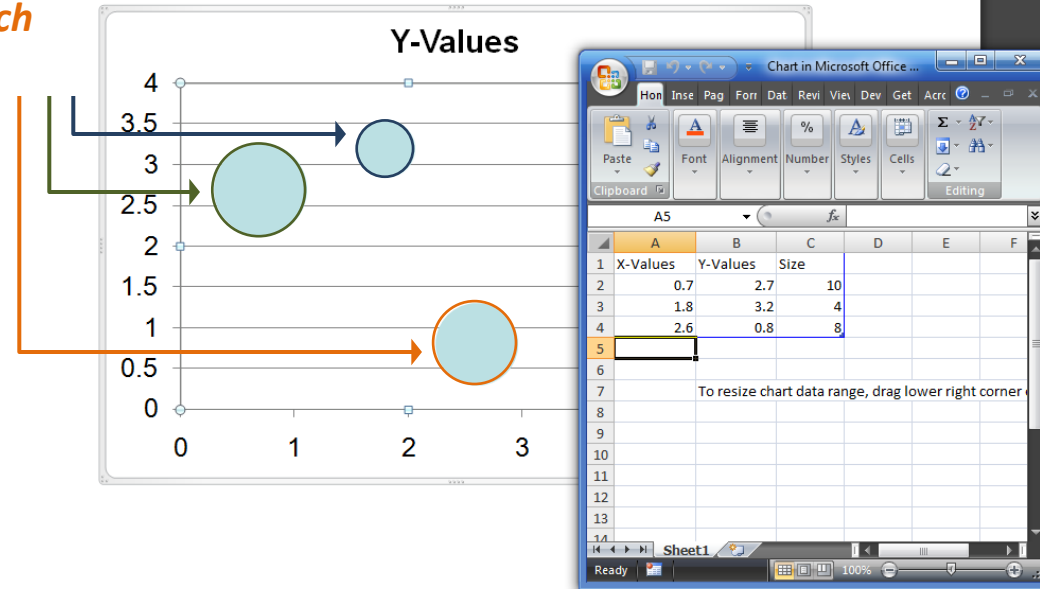
4

When spreadsheet launches, populate column C

Y-Values

	X-Values	Y-Values	Size
1	0.7	2.7	10
2	1.8	3.2	4
3	2.6	0.8	8

*Outline each bubble with
a circle, sized to match
the bubble*

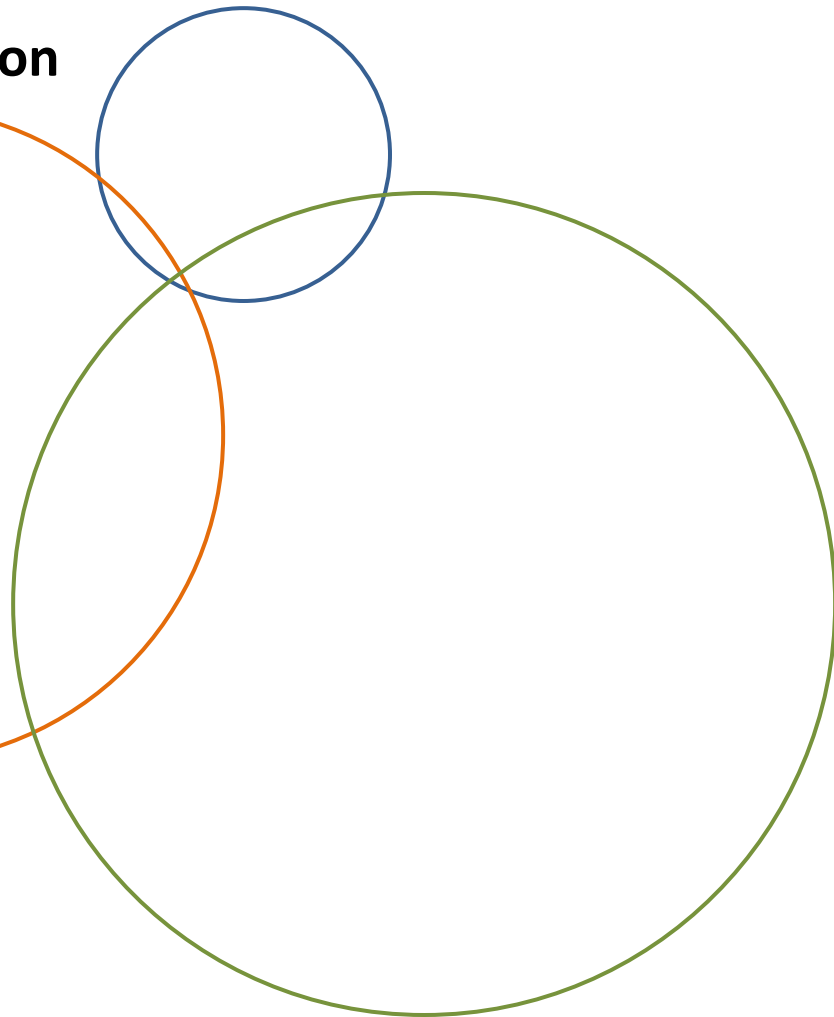


STEP 3. Enlarge and position

*Delete the spreadsheet and
enlarge the circles all at
once so they remain
proportional*

*NOTE: Drag from the corner holding the
shift key down so circles remain round*

*Adjust overlaps to resemble
data in spreadsheet*



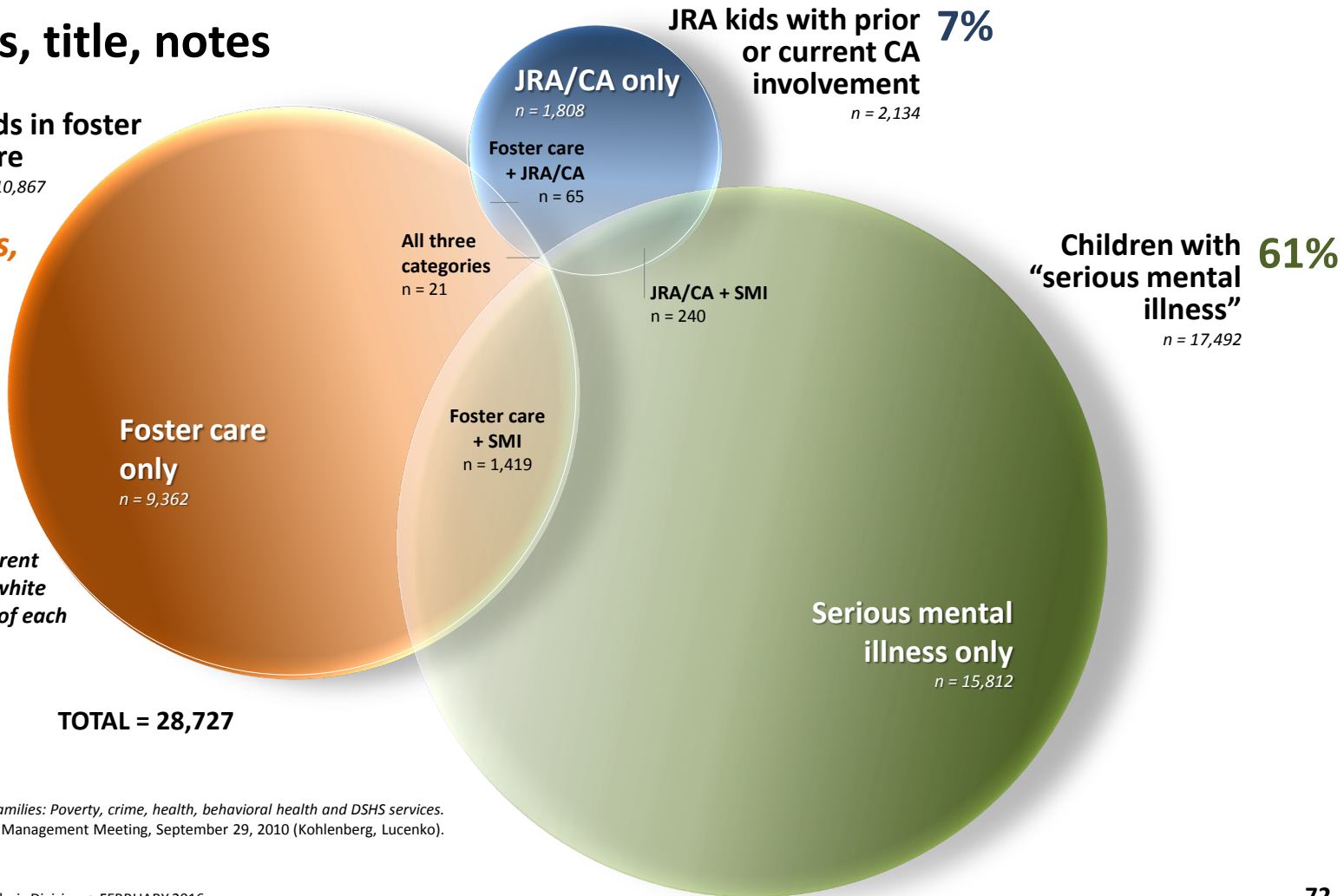
STEP 4. Labels, title, notes

38% Kids in foster care
n = 10,867

Proceed with fills, labels, title, and data notes

This example uses transparent fills and shadows—a soft white line is placed over the top of each circle at the end

TOTAL = 28,727



SOURCE: High-risk DSHS youth and their families: Poverty, crime, health, behavioral health and DSHS services.
Prepared for DSHS Integrated Case Management Meeting, September 29, 2010 (Kohlenberg, Lucenko).

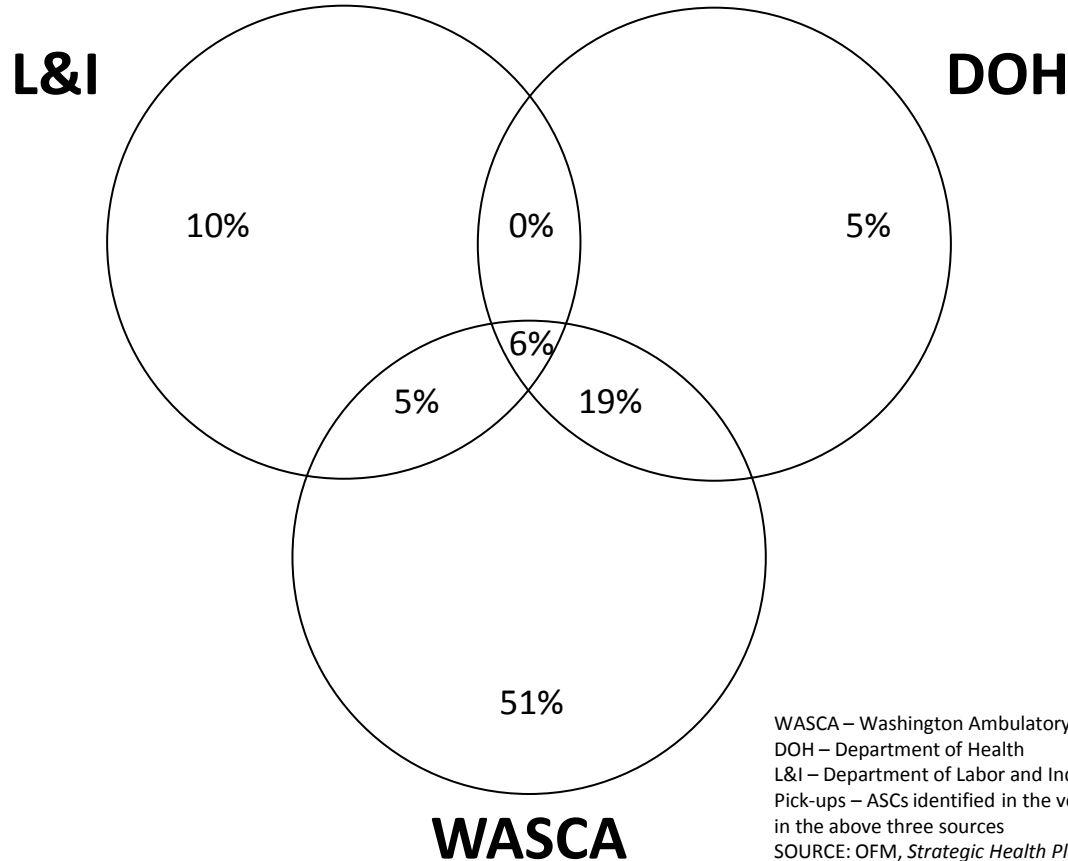


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Distribution of Verified Ambulatory Surgery Centers by Source of Data (n=278)

BEFORE



WASCA – Washington Ambulatory Surgery Center Association
DOH – Department of Health
L&I – Department of Labor and Industries
Pick-ups – ASCs identified in the verification process which do not exist in the above three sources
SOURCE: OFM, *Strategic Health Planning: A Progress Report*, April 2010



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3 groups of children at risk

SFY 2007

38% Kids in foster care

n = 10,867

JRA kids with prior or current CA involvement

n = 2,134

7%

JRA/CA only

n = 1,808

Foster care + JRA/CA

n = 65

All three categories
n = 21

JRA/CA + SMI
n = 240

Children with "serious mental illness"

61%

n = 17,492

Foster care only

n = 9,362

Foster care + SMI
n = 1,419

Serious mental illness only

n = 15,812

TOTAL = 28,727

SOURCE: High-risk DSHS youth and their families: Poverty, crime, health, behavioral health and DSHS services.
Prepared for DSHS Integrated Case Management Meeting, September 29, 2010 (Kohlenberg, Lucenko).

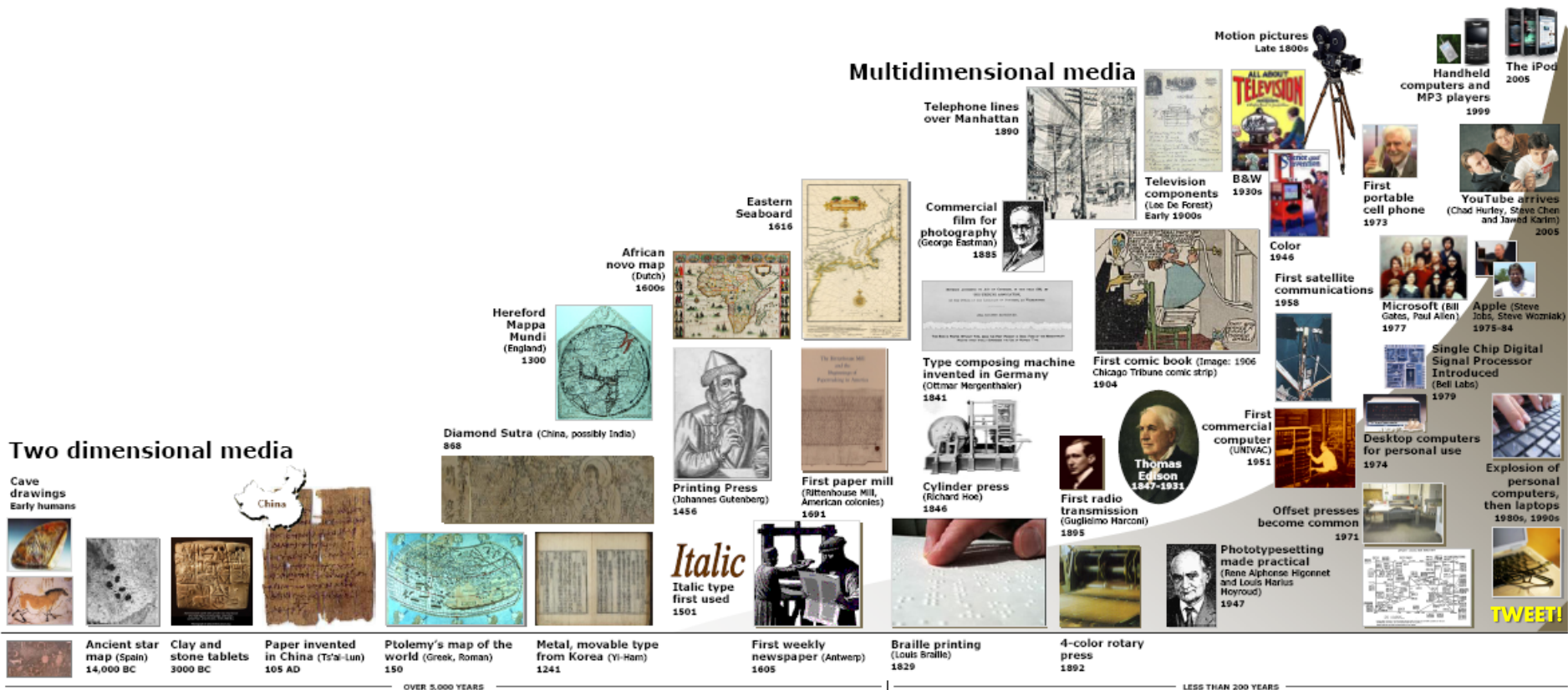


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The Flow Chart

b. felver



STEP 1. Directly involve process experts

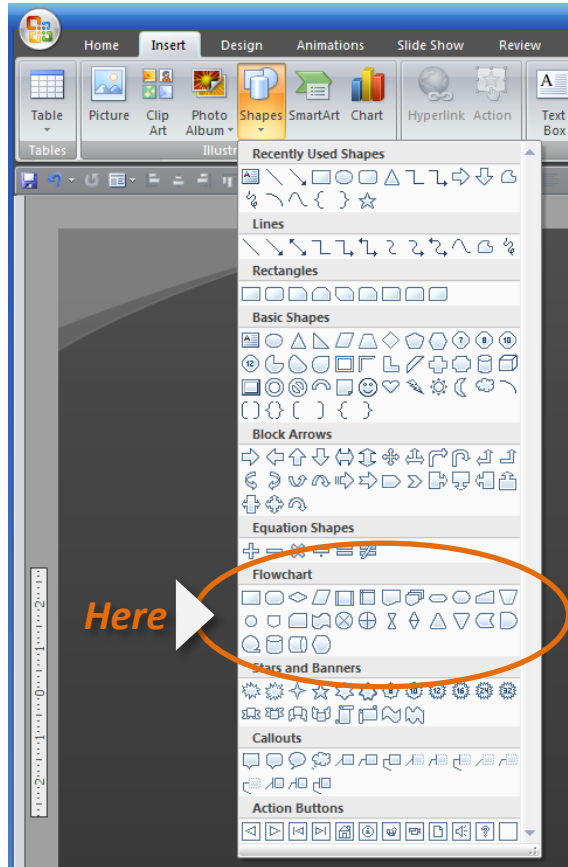
Flow charts often start with some type of diagram on a chalkboard or scrap of paper

A more professional approach is to have someone with a computer develop the process as experts identify steps, using a projector and screen

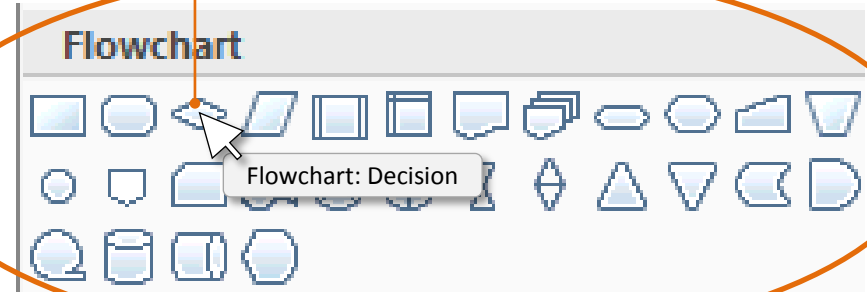
Either way, the experts need to be involved throughout development and review, which can be exhaustive and may take several sessions



STEP 2. Using PowerPoint, select appropriate flow chart shapes



*Hover over the shape
to identify what it
represents*



For example . . .



Process



Decision

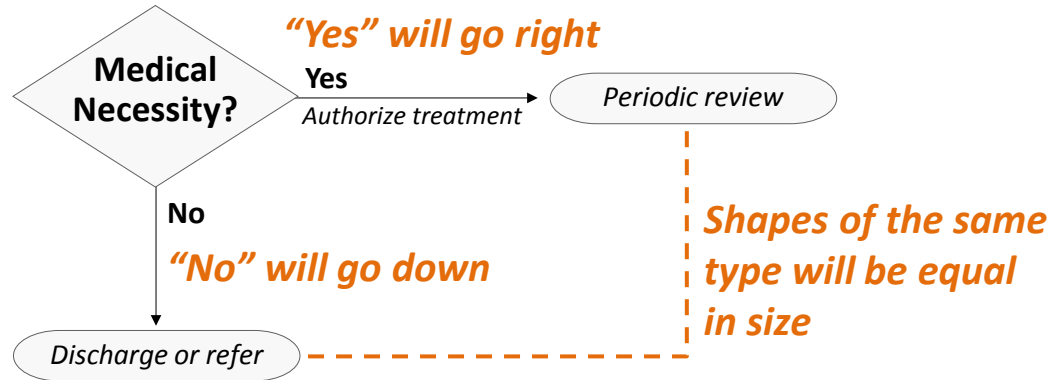


Terminator

NOTE: Where conventions exist, it is expected that you use these. If there is no convention for a shape that is needed, you are free to invent your own design.

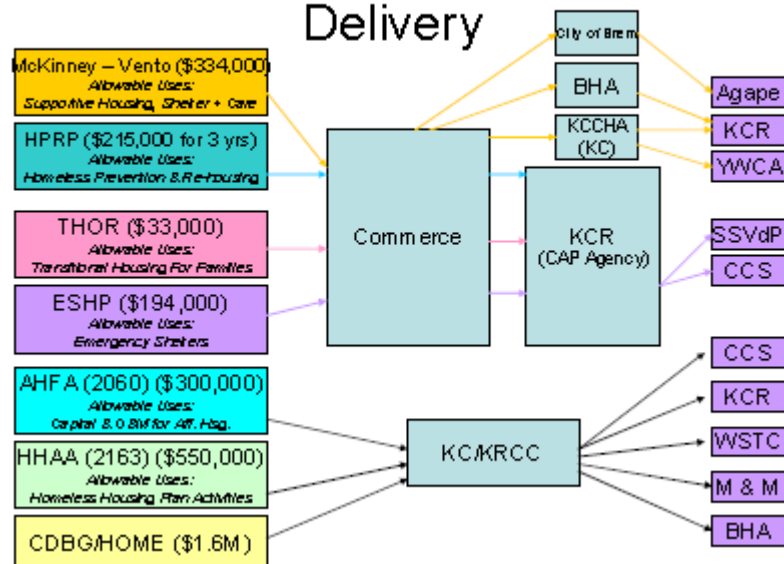
STEP 3. Situate shapes according to process flow

A well-organized flow chart will travel from left to right

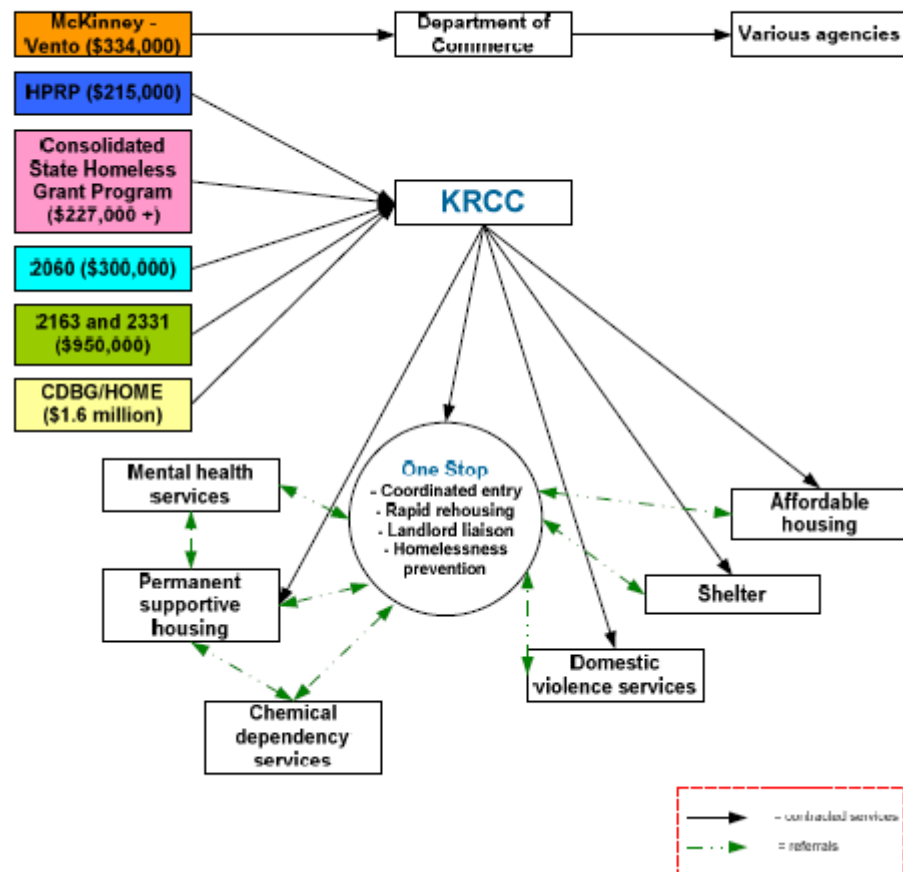


Example from the literature (unorganized)

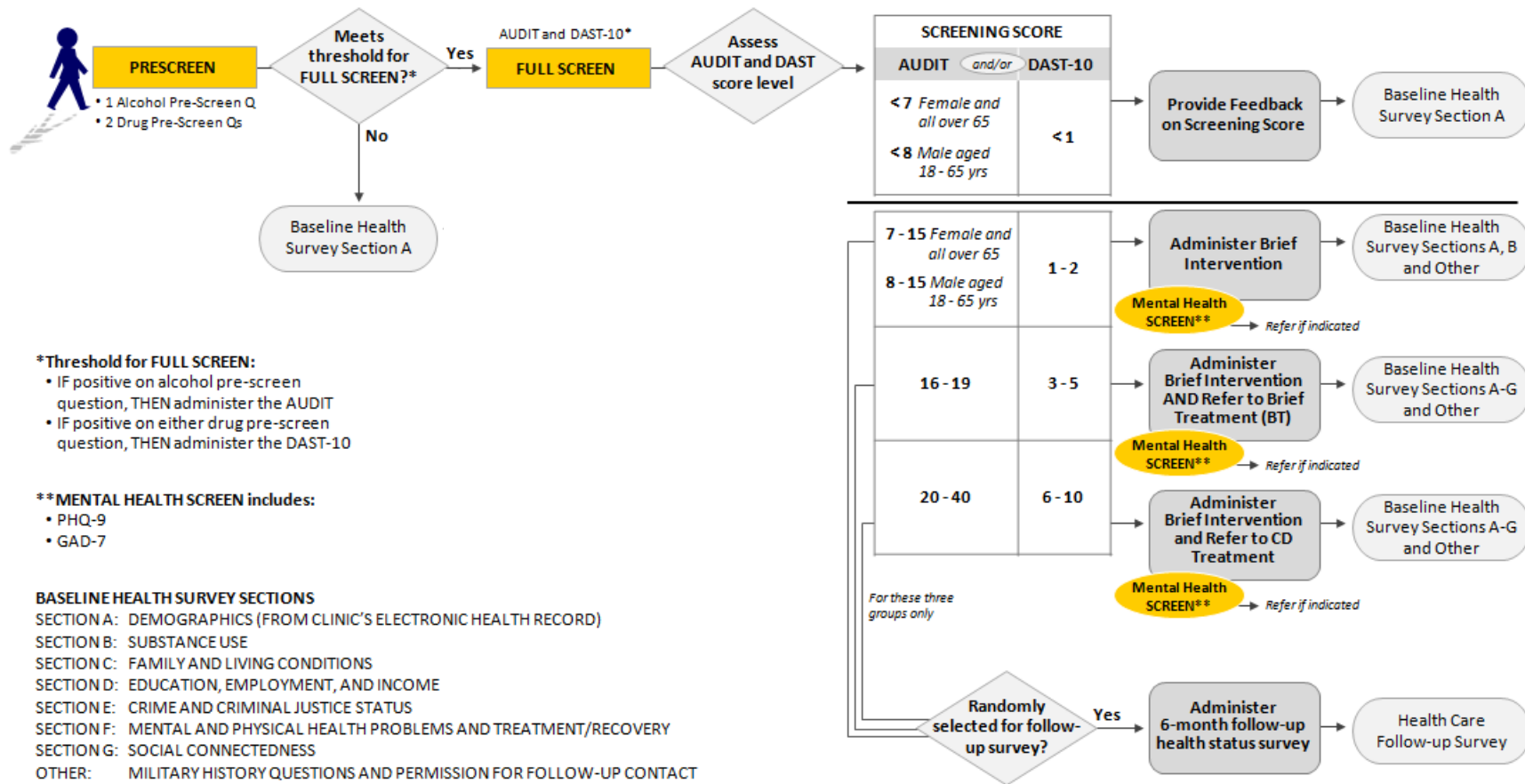
Current Paradigm of Funding Delivery



Proposed Paradigm of Funding and Service Delivery



wasbirt•pci Screening and Data Collection Flowchart



*Threshold for FULL SCREEN:

- IF positive on alcohol pre-screen question, THEN administer the AUDIT
- IF positive on either drug pre-screen question, THEN administer the DAST-10

**MENTAL HEALTH SCREEN includes:

- PHQ-9
- GAD-7

BASILINE HEALTH SURVEY SECTIONS

SECTION A: DEMOGRAPHICS (FROM CLINIC'S ELECTRONIC HEALTH RECORD)

SECTION B: SUBSTANCE USE

SECTION C: FAMILY AND LIVING CONDITIONS

SECTION D: EDUCATION, EMPLOYMENT, AND INCOME

SECTION E: CRIME AND CRIMINAL JUSTICE STATUS

SECTION F: MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY

SECTION G: SOCIAL CONNECTEDNESS

OTHER: MILITARY HISTORY QUESTIONS AND PERMISSION FOR FOLLOW-UP CONTACT



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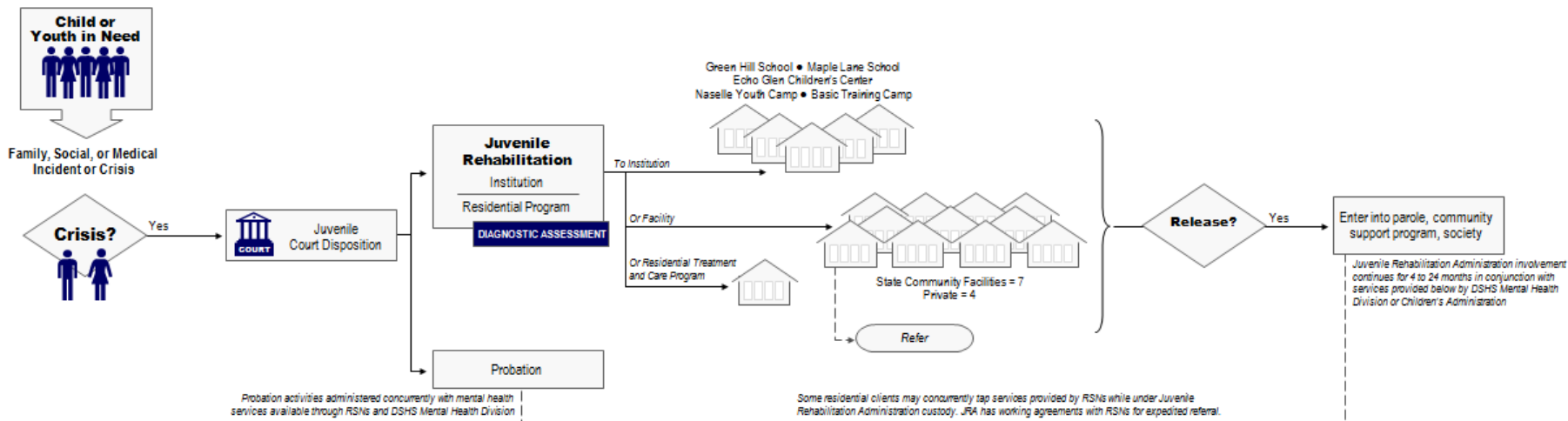
Juvenile Rehabilitation

Intake, Evaluation and Treatment Process

DRAFT

May 2011

EXAMPLE



CONFIDENTIAL

Subject to Provisions of ER 408 and CR 39.1
Litigation Work Product
Subject to Attorney Client Privilege



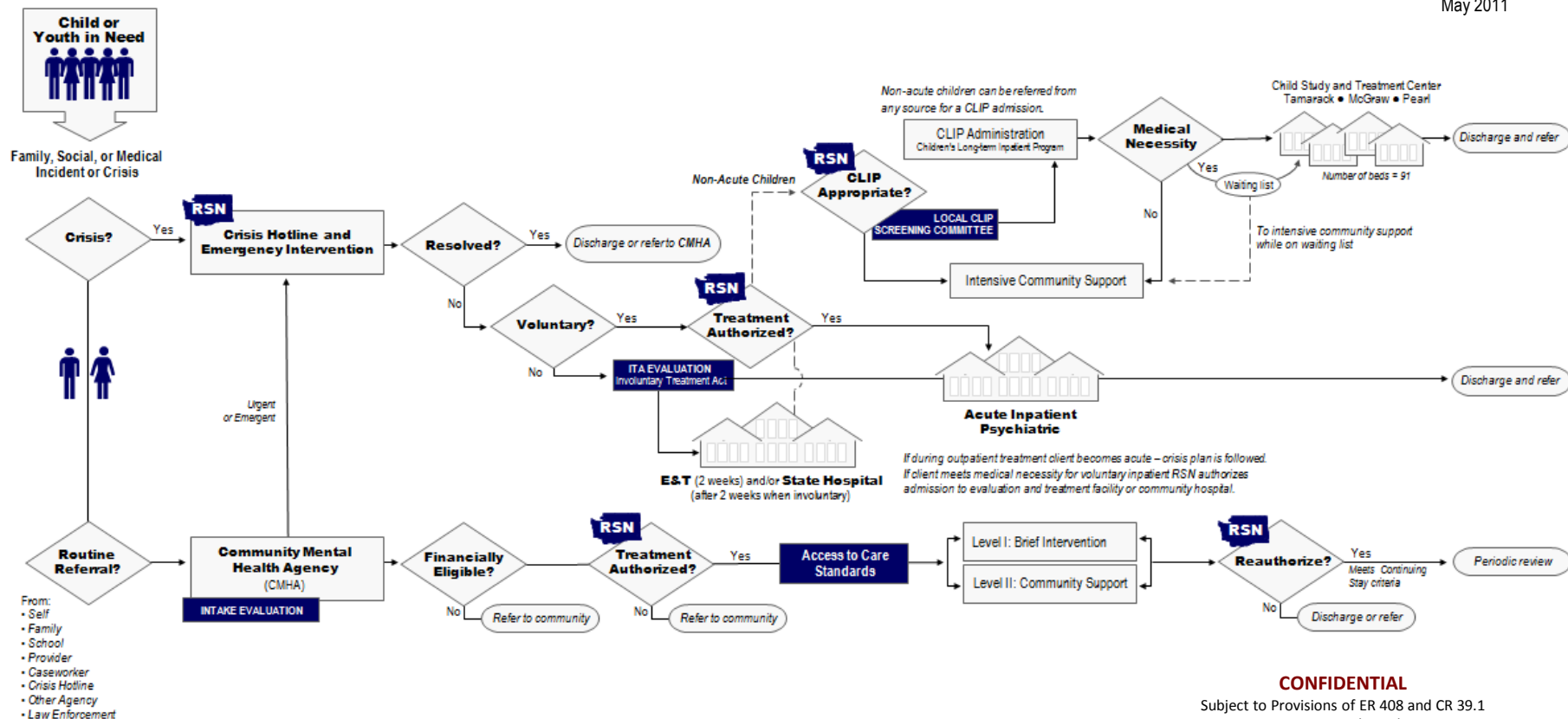
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Intake, Evaluation and Treatment Process

May 2011

EXAMPLE



CONFIDENTIAL

Subject to Provisions of ER 408 and CR 39.1
Litigation Work Product
Subject to Attorney Client Privilege

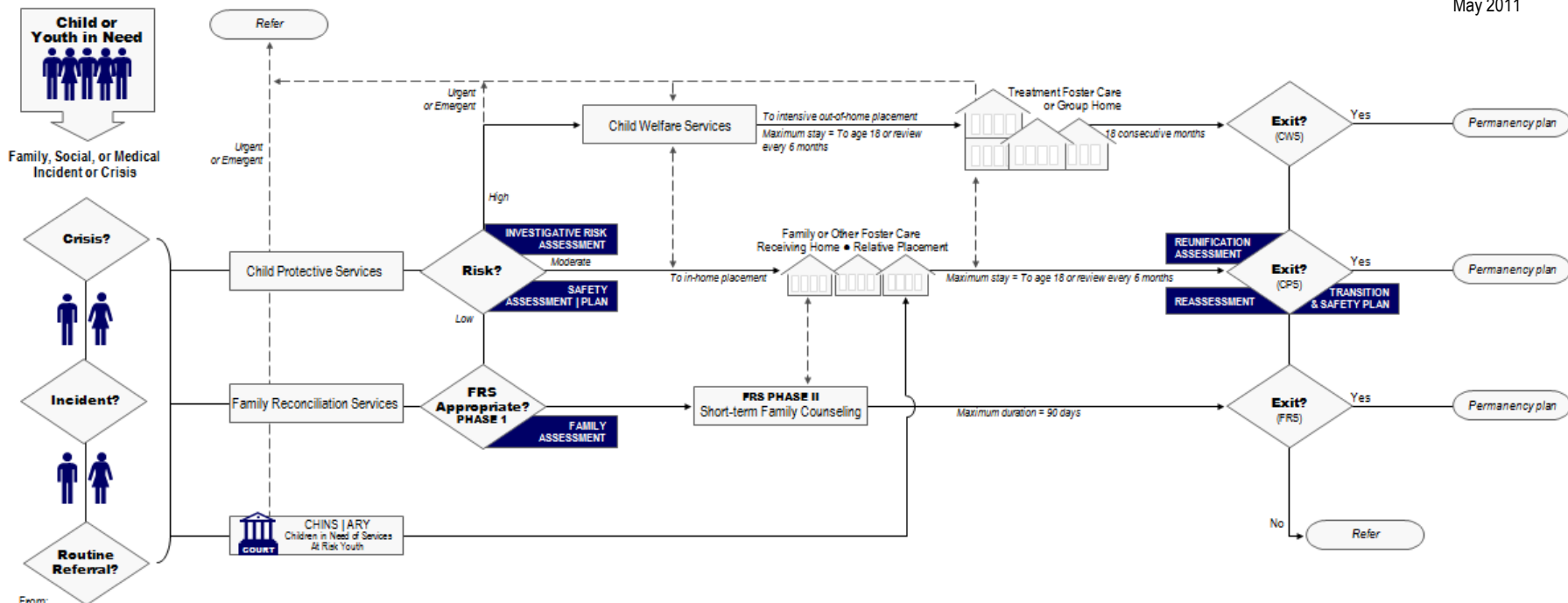
DBHR – Children's Administration

Intake, Evaluation and Treatment Process

DRAFT

May 2011

EXAMPLE



From:
• Self
• Family
• School
• Provider
• Caseworker
• Crisis Hotline
• Other Agency
• Law Enforcement

CONFIDENTIAL

Subject to Provisions of ER 408 and CR 39.1
Litigation Work Product
Subject to Attorney Client Privilege

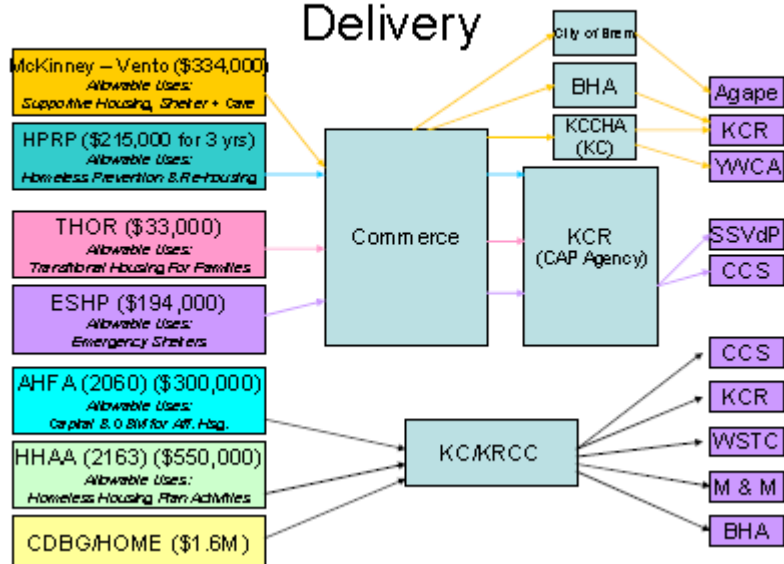


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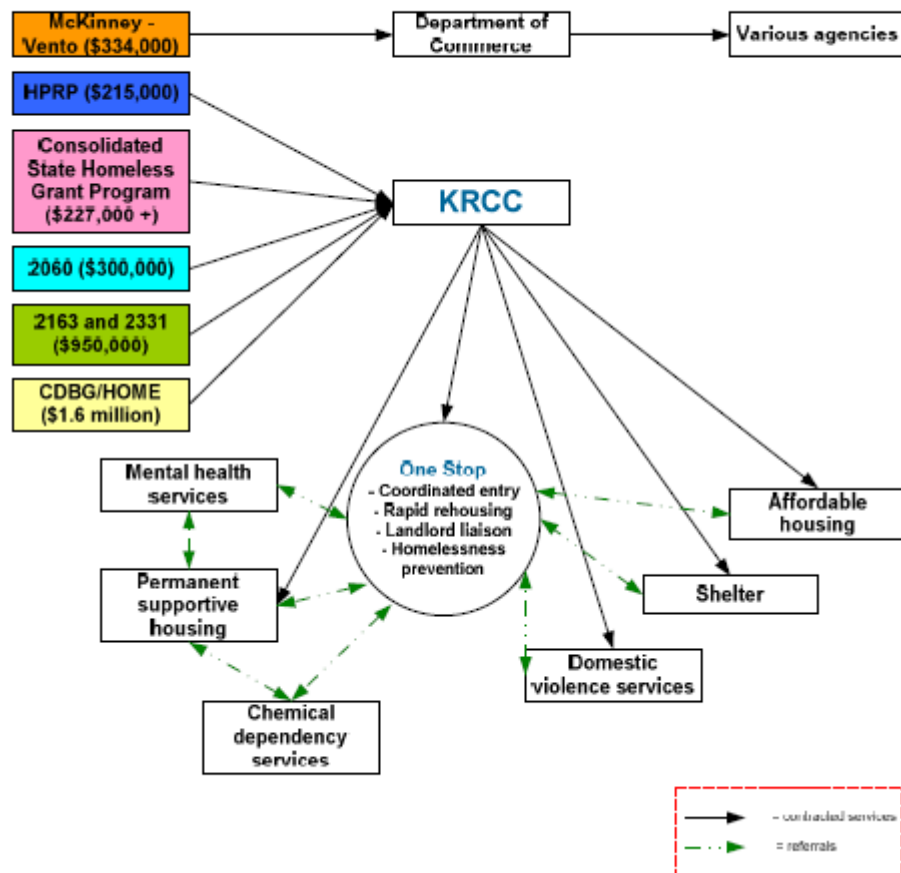
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BEFORE

Current Paradigm of Funding Delivery



Proposed Paradigm of Funding and Service Delivery

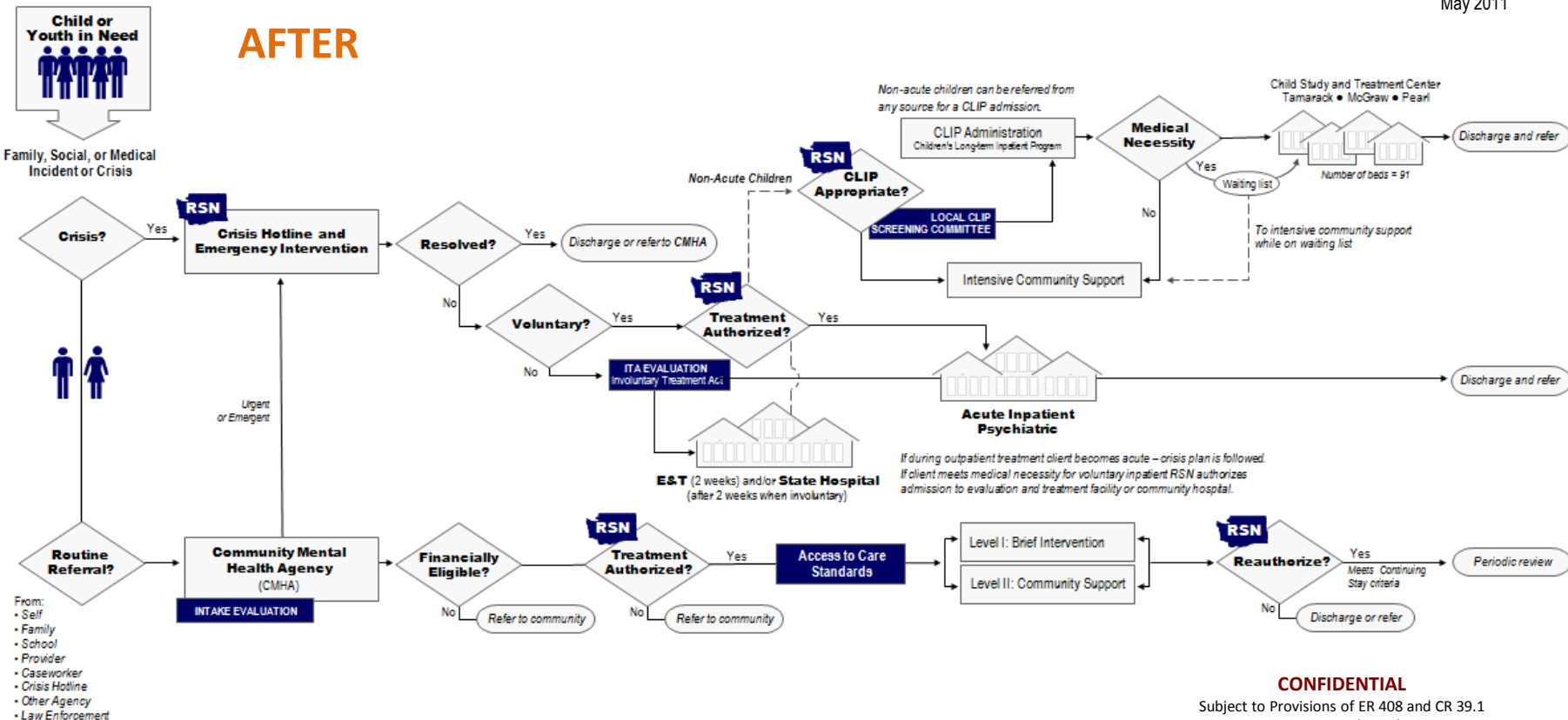


DBHR – Children's Mental Health Intake, Evaluation and Treatment Process

DRAFT

May 2011

EXAMPLE



CONFIDENTIAL

Subject to Provisions of ER 408 and CR 39.1
Litigation Work Product
Subject to Attorney Client Privilege



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Timelines and Gantts

b. felver

Two dimensional media

Cave drawings
Early humans



Ancient star map (Spain)
14,000 BC



Clay and stone tablets
3000 BC



Paper invented in China (Ts'ai Lun)
105 AD



Ptolemy's map of the world (Greek, Roman)
150



Metal, movable type from Korea (Yi-Ham)
1241

Italic
Italic type first used
1501



First weekly newspaper (Antwerp)
1605



Braille printing (Louis Braille)
1829



4-color rotary press
1892



Phototypesetting made practical (Rene Alphonse Higonnet and Louis Harius Heyraud)
1947



Desktop computers for personal use
1974



Explosion of personal computers, then laptops
1980s, 1990s



TWEET!

OVER 5,000 YEARS

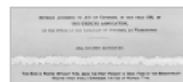
LESS THAN 200 YEARS

Multidimensional media

Telephone lines over Manhattan
1890



Commercial film for photography (George Eastman)
1885



Type composing machine invented in Germany (Ottmar Mergenthaler)
1841



Cylinder press (Richard Hoe)
1846



First radio transmission (Guglielmo Marconi)
1895



Television components (Lue De Forest)
Early 1900s



B&W
1930s



Color
1946



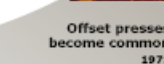
First satellite communications
1958



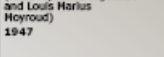
First commercial computer (UNIVAC)
1951



First portable cell phone
1973



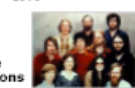
First satellite communications
1958



First portable cell phone
1973



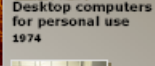
First portable cell phone
1973



Microsoft (Bill Gates, Paul Allen)
1977



Single Chip Digital Signal Processor Introduced (Bell Labs)
1979



Desktop computers for personal use
1974



Desktop computers for personal use
1974



Handheld computers and MP3 players
1999



The iPod
2005



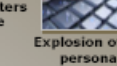
YouTube arrives (Chad Hurley, Steve Chen and Javed Karim)
2005



Apple (Steve Jobs, Steve Wozniak)
1975-84



Single Chip Digital Signal Processor Introduced (Bell Labs)
1979



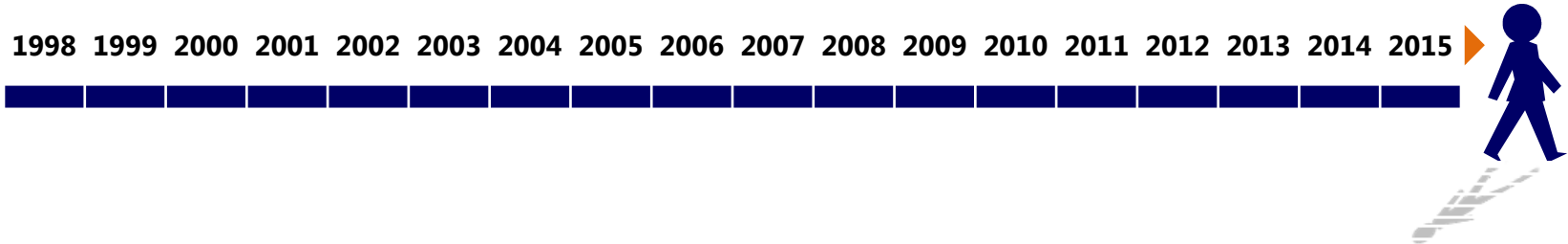
Desktop computers for personal use
1974



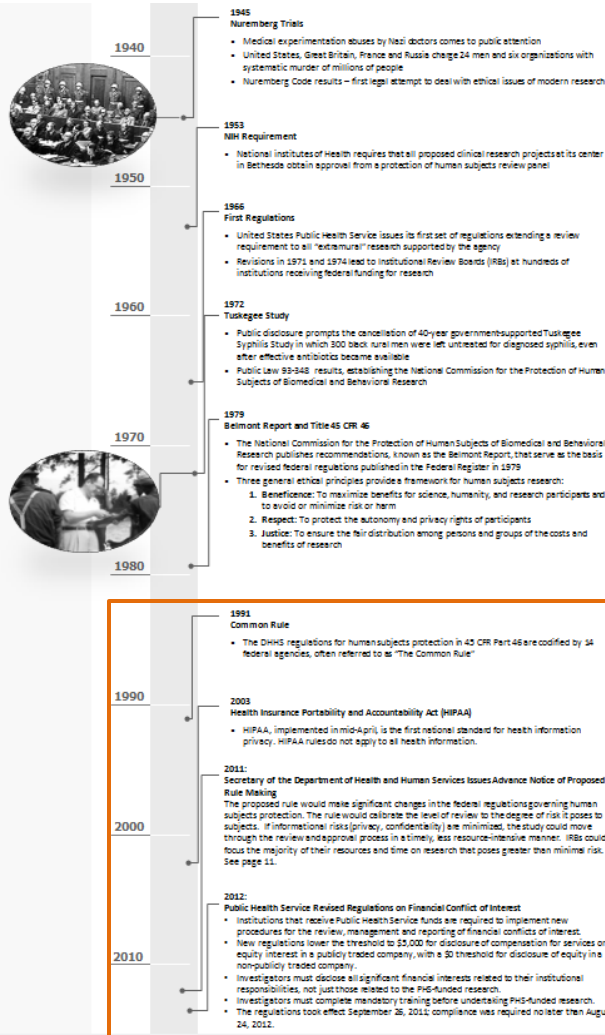
Desktop computers for personal use
1974

The **Gantt** is a chronology of interrelated events—an annotated timeline—that identifies **critical markers** and **pathways**

Horizontal Timeline



Vertical Timeline



History of Human Subjects Protection IN THE UNITED STATES



SOURCE (through 2001): University of Washington, Human Subjects Division. Based on history compiled by the Ardham University Center for Ethics Education, WI.

Information after 2001 provided by DHS Human Research Review Section

Image source: Nuremberg: Harvard.edu
Tuskegee: The National Archives

1990

1991 Common Rule

- The DHHS regulations for human subjects protection in 45 CFR Part 46 are codified by 14 federal agencies, often referred to as "The Common Rule"

2000

2003 Health Insurance Portability and Accountability Act (HIPAA)

- HIPAA, implemented in mid-April, is the first national standard for health information privacy. HIPAA rules do not apply to all health information.

2010

2011: Secretary of the Department of Health and Human Services Issues Advance Notice of Proposed Rule Making

The proposed rule would make significant changes in the federal regulations governing human subjects protection. The rule would calibrate the level of review to the degree of risk it poses to subjects. If informational risks (privacy, confidentiality) are minimized, the study could move through the review and approval process in a timely, less resource-intensive manner. IRBs could focus the majority of their resources and time on research that poses greater than minimal risk. See page 11.

2012: Public Health Service Revised Regulations on Financial Conflict of Interest

- Institutions that receive Public Health Service funds are required to implement new procedures for the review, management and reporting of financial conflicts of interest.
- New regulations lower the threshold to \$5,000 for disclosure of compensation for services or equity interest in a publicly traded company, with a \$0 threshold for disclosure of equity in a non-publicly traded company.
- Investigators must disclose all significant financial interests related to their institutional responsibilities, not just those related to the PHS-funded research.
- Investigators must complete mandatory training before undertaking PHS-funded research.
- The regulations took effect September 26, 2012; compliance was required no later than August 24, 2012.

SOURCE: Activity Report 2012: Washington State Institutional Review Board, January – December 2012 (Moneer, Frederick, Stone, Axelsson), <http://publications.rda.dshs.wa.gov/1487/>

The Gantt adds critical markers and pathways*

2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030 2031



Policy Development
PHASE 1

Systems Design

Policy Development
PHASE 2

Biennial Funding
(Re)Authorization

Systems Testing
PHASE 1

Systems Testing
PHASE 2

Policy Revisions

Management Review
PHASE 1

External Evaluation

Management Review
PHASE 2

Public Outreach
PHASE 1

Management Review
PHASE 3

Program Implementation
PHASE 1

Public Outreach
PHASE 1

Program Implementation
PHASE 2

*Hypothetical Model



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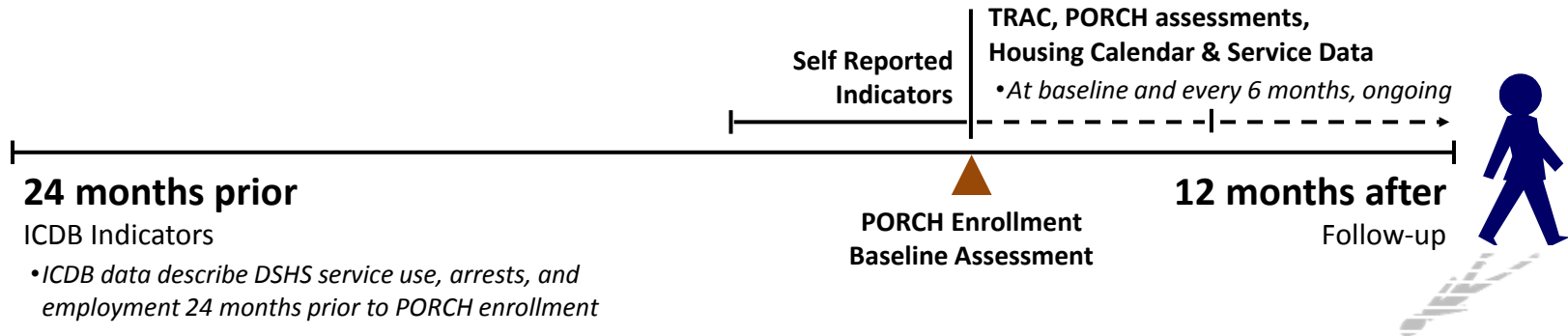
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We often stylize timelines or Ganttts to visualize our research methodology

Study Timeline

PRE-PERIOD

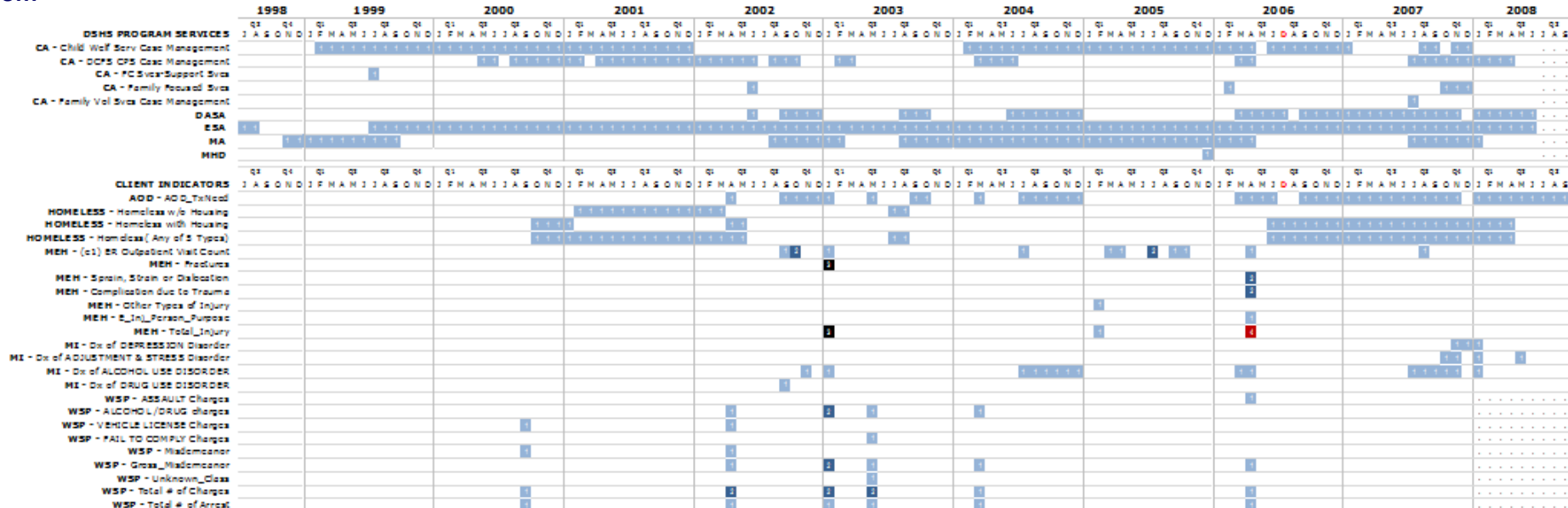
POST-PERIOD



10-year Client History

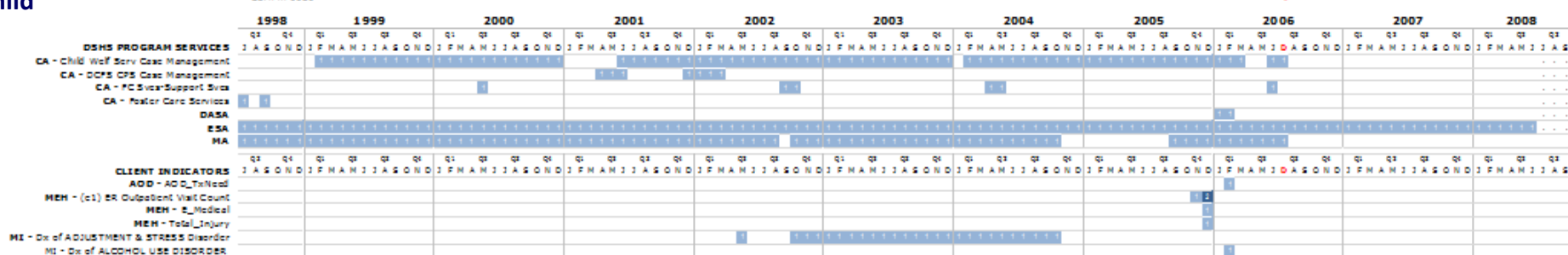
Mom

Born in 1989



Child

Born in 1989



(Policy Research ► RDA Report Templates)



2015

WEEKLY

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Week beginning	5 12 19 26	2 9 16 23	2 9 16 23 30	6 13 20 27	4 11 18 25	1 8 15 22 29	6 13 20 27	3 10 17 24 31	7 14 21 28	5 12 19 26	2 9 16 23 30	7 14 21 28

MONTHLY

Subtitle here if needed (if not, delete). Name of grant, for instance.

2014				2015												2016											
Sen	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sen	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sen	Oct		

[illegible]

2014				2015												2016											
Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct		

[illegible]

2014				2015												2016											
Sen	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sen	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sen	Oct		

[illegible]

2014				2015												2016											
Sen	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sen	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sen	Oct		

[illegible]

2014				2015												2016											
Sen	Okt	Nov	Des	Jan	Feb	Mar	Apr	Mai	Jun	Juli	Aug	Sen	Okt	Nov	Des	Jan	Feb	Mar	Apr	Mai	Jun	Juli	Aug	Sen	Okt		

[illegible]

MAY			JUN			JULY			AUG			SEP			OCT			NOV			DEC			DEC			DEC			DEC														
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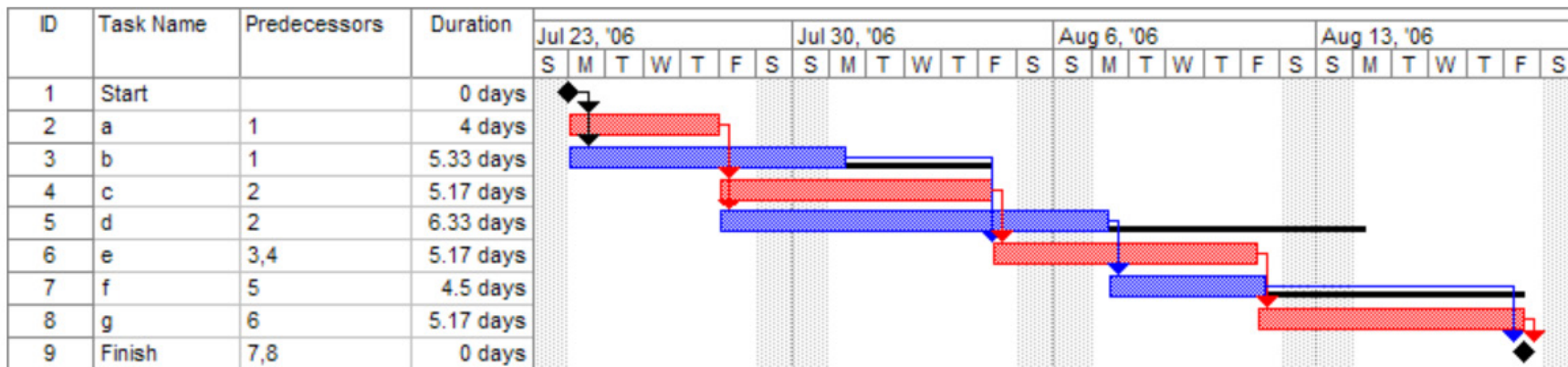
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INSTRUCTIONS:

- Insert or delete rows and columns as needed.
- Type “X” in the squares to fill with color.



Example using Microsoft Project

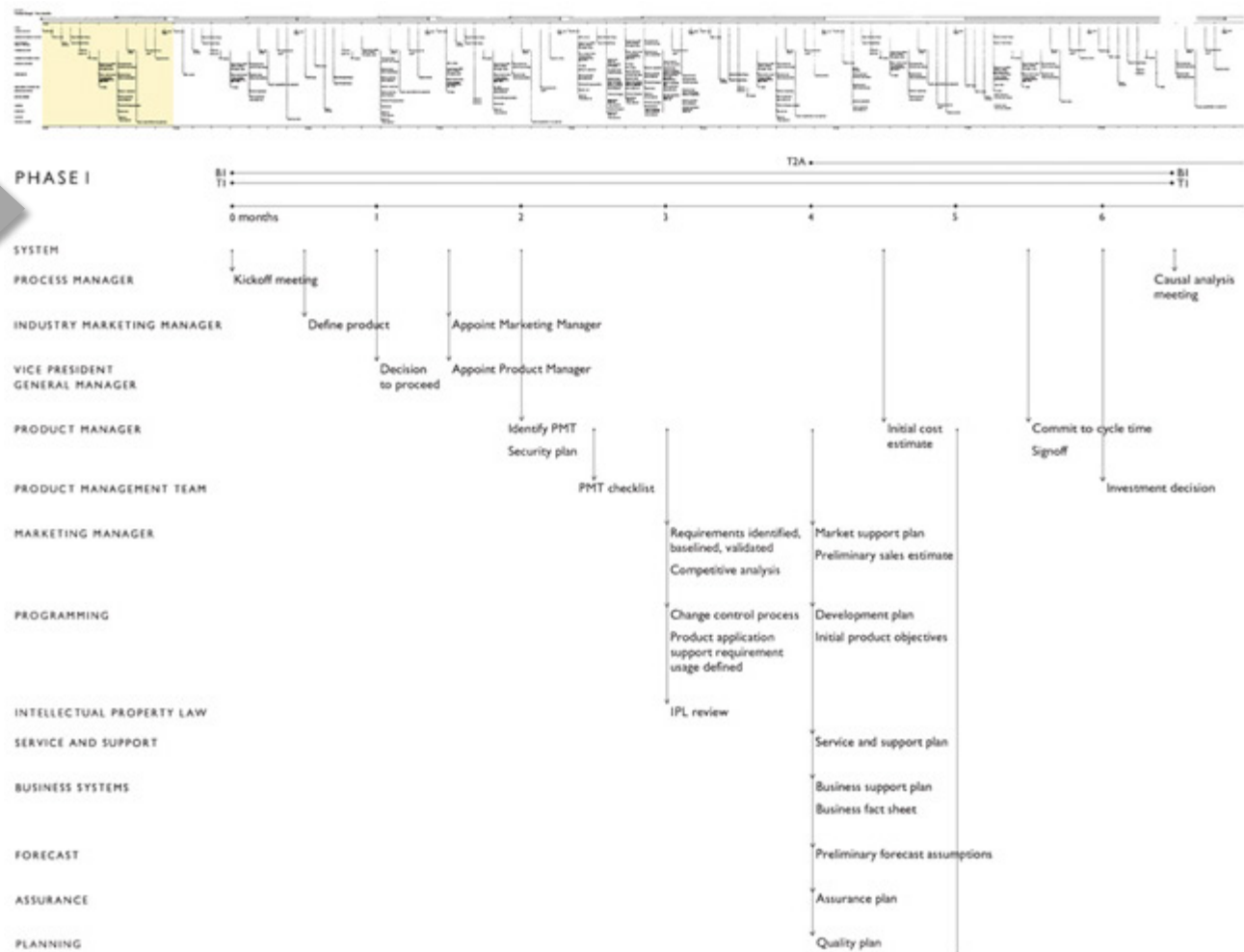


NOTES: 1) **critical path** is in red, 2) the **slack** is the black lines connected to non-critical activities, 3) since Saturday and Sunday are not work days and are thus excluded from the schedule, some bars on the Gantt chart are longer if they cut through a weekend.

For project planning, Edward Tufte recommends a global project chart instead

FROM TUFTE'S WEBSITE

http://www.edwardtufte.com/bboard/q-and-a-fetch-msg?msg_id=000076&topic_id=1&topic=Ask%20E%2eT%2e



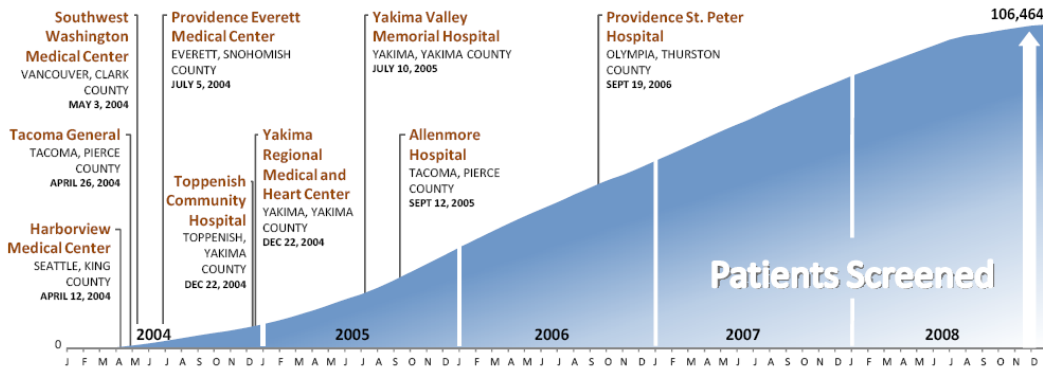
Timeline showing enrollment ramp-up

SOURCE: DSHS Research and Data Analysis Division, *Washington State Screening, Brief Intervention, and Referral to Treatment Program: Final Program Report: October 1, 2003 through September 30, 2009*, Estee, July 2010

Excerpt, page 1

GOAL 1 | Identify a large number of emergency department (ED) patients with substance abuse problems.

In April 2004, the first patients were enrolled in the WASBIRT Project at Harborview Medical Center in Seattle. Enrollment began shortly thereafter at several other sites and continued through the end of January 2009 culminating in a total of 106,464 screenings by the end of the project (see Appendix A for final *WASBIRT Internal Tracking Report, April 12, 2004 – January 31, 2009*).



July 2010 | Washington State Department of Social and Health Services
Division of Behavioral Health and Recovery
Olympia, Washington • Report 4.83

Washington State Screening, Brief Intervention, and Referral to Treatment Program (WASBIRT)

Final Program Performance Report: October 1, 2003 through September 30, 2009

PROJECT MANAGEMENT:
David Dickinson, Director, Division of Behavioral Health and Recovery, Aging and Disability Services Administration
John Taylor, Chief, Office of Program Services
Alice Huber PhD, Supervisor, Evaluation and Quality Assurance

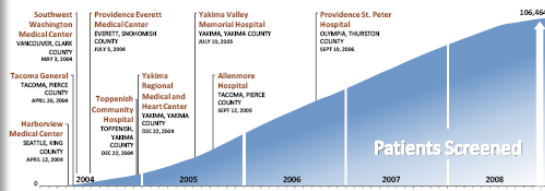
PROJECT EVALUATION:
Sharon Estee, PhD, WASBIRT Research Director, Research and Data Analysis Division, Planning, Performance and Accountability
GRANT NUMBER: 4 T01S962-05-1

IN THE FALL OF 2003, the U.S. Department of Health and Human Services, Center for Substance Abuse Treatment (CSAT) awarded funding to the Office of the Governor for the State of Washington for a five-year cooperative agreement, titled the Screening, Brief Intervention, and Referral to Treatment (SBIRT) Program. The Governor's Office directed the Division of Alcohol and Substance Abuse, now the Division of Behavioral Health and Recovery (DBHR), of the Department of Social and Health Services (DSHS) to implement a Washington State SBIRT (WASBIRT) Project in large hospital emergency departments across the state.

The WASBIRT Action Plan submitted by the Division of Alcohol and Substance Abuse to CSAT in January 2004 identified six specific goals for the Project. This report describes the activities undertaken during the project to address each goal.

GOAL 1 | Identify a large number of emergency department (ED) patients with substance abuse problems.

In April 2004, the first patients were enrolled in the WASBIRT Project at Harborview Medical Center in Seattle. Enrollment began shortly thereafter at several other sites and continued through the end of January 2009 culminating in a total of 106,464 screenings by the end of the project (see Appendix A for final *WASBIRT Internal Tracking Report, April 12, 2004 – January 31, 2009*).



Department of Social and Health Services | Health and Recovery Services Administration | Division of Behavioral Health and Recovery



Transforming lives

DSHS | Research and Data Analysis Division • FEBRUARY 2016

Tables

b. felver

Two dimensional media

Cave drawings
Early humans



Ancient star map (Spain)
14,000 BC



Clay and stone tablets
3000 BC



Paper invented in China (Ts'ai Lun)
105 AD



Ptolemy's map of the world (Greek, Roman)
150



Metal, movable type from Korea (Yi-Ham)
1241



Italic
Italic type first used
1501



First weekly newspaper (Antwerp)
1605



Braille printing (Louis Braille)
1829



4-color rotary press
1892



Phototypesetting made practical (Rene Alphonse Higonnet and Louis Harius Hoyraud)
1947



TWEET!

OVER 5,000 YEARS

Multidimensional media

Eastern Seaboard
1616



African novo map (Dutch)
1600s



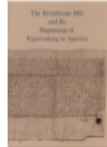
Hereford Mappa Mundi (England)
1300



Diamond Sutra (China, possibly India)
868



Printing Press (Johannes Gutenberg)
1456



First paper mill (Rittenhouse Mill, American colonies)
1691



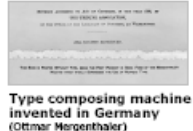
Type composing machine invented in Germany (Ottmar Mergenthaler)
1841



Cylinder press (Richard Hoe)
1846



Commercial film for photography (George Eastman)
1885



First comic book (Image: 1906 Chicago Tribune comic strip)
1904



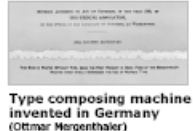
First radio transmission (Guglielmo Marconi)
1895



First portable cell phone
1973



Television components (Lue De Forest)
Early 1900s



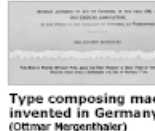
Motion pictures
Late 1800s



Handheld computers and MP3 players
1999



The iPod
2005



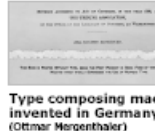
YouTube arrives (Chad Hurley, Steve Chen and Javed Karim)
2005



First satellite communications
1958



Color
1946



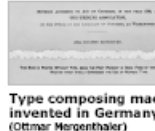
First commercial computer (UNIVAC)
1951



Desktop computers for personal use
1974



Explosion of personal computers, then laptops
1980s, 1990s



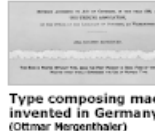
Single Chip Digital Signal Processor Introduced (Bell Labs)
1979



Offset presses become common
1971



Thomas Edison
1847-1931



Phototypesetting made practical (Rene Alphonse Higonnet and Louis Harius Hoyraud)
1947



First color rotary press
1892



Handheld computers and MP3 players
1999



The iPod
2005



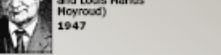
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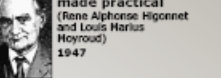
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1892

Handheld computers and MP3 players
1999

The iPod
2005

YouTube arrives (Chad Hurley, Steve Chen and Javed Karim)
2005

First satellite communications
1958

Color
1946

First commercial computer (UNIVAC)
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Desktop computers for personal use
1974

Explosion of personal computers, then laptops
1980s, 1990s

Single Chip Digital Signal Processor Introduced (Bell Labs)
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Offset presses become common
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£ (mill)	2007	2008	2009
Gross revenue/sales	17,542	17,063	17,473
Operating/trading income	2,568	3,449	2,578
Net income	1,948	2,656	1,792
Shareholders' equity	11,560	13,619	13,598
Long-term debt	2,567	2,583	2,742
Market capitalisation	36,330	59,759	45,609
Employees (number)	67,662	63,358	64,643

Chemistry M.Sc. Students by Citizenship				
Year	Total	UK citizens	Non UK citizens	
			All countries	China
2007	1399	704	695	269
2008	1548	789	759	292
2009	1479	764	715	256
2010	1484	761	723	206
2011	1401	731	670	146

Experiment 1				
Measure	1	2	3	4
Age	18.2	30.2	48.3	50.2
Height	165.2	176.2	171.2	169.2
Weight	157.2	222.2	222.2	252.2
Speed	12.2	12.2	12.2	12.2

Experiment 2				
Measure	1	2	3	4
Age	18.2	30.2	48.3	50.2
Height	165.2	176.2	171.2	169.2
Weight	157.2	222.2	222.2	252.2
Speed	12.2	12.2	12.2	12.2

Experiment 3				
Measure	1	2	3	4
Age	18.2	30.2	48.3	50.2
Height	165.2	176.2	171.2	169.2
Weight	157.2	222.2	222.2	252.2
Speed	12.2	12.2	12.2	12.2

Experiment 4				
Measure	1	2	3	4
Age	18.2	30.2	48.3	50.2
Height	165.2	176.2	171.2	169.2
Weight	157.2	222.2	222.2	252.2
Speed	12.2	12.2	12.2	12.2

Experiment 5				
Measure	1	2	3	4
Age	18.2	30.2	48.3	50.2
Height	165.2	176.2	171.2	169.2
Weight	157.2	222.2	222.2	252.2
Speed	12.2	12.2	12.2	12.2

Experiment 6				
Measure	1	2	3	4
Age	18.2	30.2	48.3	50.2
Height	165.2	176.2	171.2	169.2
Weight	157.2	222.2	222.2	252.2
Speed	12.2	12.2	12.2	12.2

Experiment 7				
Measure	1	2	3	4
Age	18.2	30.2	48.3	50.2
Height	165.2	176.2	171.2	169.2
Weight	157.2	222.2	222.2	252.2
Speed	12.2	12.2	12.2	12.2

Region	% Adults taking a holiday
East Angles	50
East Midlands	54
Greater London	58
Humber and Yorkshire	54
North	54
North West	59
South East	60
South West	61
West Midlands	59

Stage	Parameter Value	Units
1	45.2384	dB
2	45.2384	dB
3	44.0198	dB
4	44.0198	dB
5	42.6075	dB
6	42.6075	dB
7	70.7041	dB
8	69.6251	dB

Notation	Turkish	Uighur
1	bir	bir
2	iki	iki
3	üç	üç
4	dört	dört
5	beş	beş
6	altı	altı
7	yedi	yedi
8	sekiz	sekiz
9	dokuz	toqiz
10	on	on
11	onbir	on bir
12	oniki	on iki
13	onüç	on üç
14	ondört	on dörd
15	onbeş	on beş
16	onaltı	on altı
17	on yedi	on yedi
18	onsekiz	on sekiz
19	on dokuz	on toqiz
20	yirmi	iyirmi
21	otuz	otuz
22	otuzbir	otuz bir
23	otuziki	otuz iki
24	otuzüç	otuz üç
25	otuzdört	otuz dörd
26	otuzbeş	otuz beş
27	otuzaltı	otuz altı
28	otuz yedi	otuz yedi
29	otuzsekiz	otuz sekiz
30	otuzdokuz	otuz toqiz
31	otuzon	otuz on
32	otuzonbir	otuz on bir
33	otuzoniki	otuz on iki
34	otuzonüç	otuz on üç
35	otuzondört	otuz on dörd
36	otuzonbeş	otuz on beş
37	otuzonaltı	otuz on altı
38	otuzonyedi	otuz on yedi
39	otuzonsekiz	otuz on sekiz
40	otuzondokuz	otuz on toqiz
41	otuzonon	otuz on on
42	otuzononbir	otuz on on bir
43	otuzononiki	otuz on on iki
44	otuzononüç	otuz on on üç
45	otuzonondört	otuz on on dörd
46	otuzononbeş	otuz on on beş
47	otuzononaltı	otuz on on altı
48	otuzononyedi	otuz on on yedi
49	otuzononsekiz	otuz on on sekiz
50	otuzonondokuz	otuz on on toqiz
51	otuzononon	otuz on on on
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53	otuzonononiki	otuz on on on iki
54	otuzonononüç	otuz on on on üç
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61	otuzonononon	otuz on on on on
62	otuzononononbir	otuz on on on on bir
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64	otuzononononüç	otuz on on on on üç
65	otuzonononondört	otuz on on on on dörd
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67	otuzononononaltı	otuz on on on on altı
68	otuzononononyedi	otuz on on on on yedi
69	otuzononononsekiz	otuz on on on on sekiz
70	otuzonononondokuz	otuz on on on on toqiz
71	otuzononononon	otuz on on on on on
72	otuzonononononbir	otuz on on on on on bir
73	otuzonononononiki	otuz on on on on on iki
74	otuzonononononüç	otuz on on on on on üç
75	otuzononononondört	otuz on on on on on dörd
76	otuzonononononbeş	otuz on on on on on beş
77	otuzonononononaltı	otuz on on on on on altı
78	otuzonononononyedi	otuz on on on on on yedi
79	otuzonononononsekiz	otuz on on on on on sekiz
80	otuzononononondokuz	otuz on on on on on toqiz
81	otuzonononononon	otuz on on on on on on
82	otuzononononononbir	otuz on on on on on on bir
83	otuzononononononiki	otuz on on on on on on iki
84	otuzononononononüç	otuz on on on on on on üç
85	otuzonononononondört	otuz on on on on on on dörd
86	otuzononononononbeş	otuz on on on on on on beş
87	otuzononononononaltı	otuz on on on on on on altı
88	otuzononononononyedi	otuz on on on on on on yedi
89	otuzononononononsekiz	otuz on on on on on on sekiz
90	otuzonononononondokuz	otuz on on on on on on toqiz
91	otuzononononononon	otuz on on on on on on on
92	otuzonononononononbir	otuz on on on on on on on bir
93	otuzonononononononiki	otuz on on on on on on on iki
94	otuzonononononononüç	otuz on on on on on on on üç
95	otuzononononononondört	otuz on on on on on on on dörd
96	otuzonononononononbeş	otuz on on on on on on on beş
97	otuzonononononononaltı	otuz on on on on on on on altı
98	otuzonononononononyedi	otuz on on on on on on on yedi
99	otuzonononononononsekiz	otuz on on on on on on on sekiz
100	otuzononononononondokuz	otuz on on on on on on on toqiz

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105	otuzononononononononondört	otuz on on on on on on on on on dörd
106	otuzonononononononononbeş	otuz on on on on on on on on on beş
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234	otuzonüç	otuz on üç
235	otuzondört	otuz on on on on on on on on on on on on

The best advice I can give on tables is to soften up everything

- Eliminate extra lines
- Minimize and soften lines
- Use color fills very sparingly, if at all



DEFAULT

Word ▶

PowerPoint ▶





What to do with a table that doesn't fit a paper?

Association between recent participation in WorkFirst activities and the likelihood that an adult TANF client leaves assistance within 12 months, stays off assistance for at least 24 months, and maintains employment in at least 6 of the 8 quarters off assistance

Source: RDA TANF PRISM Employability Model

	Model Results		Regression Simulation				Unit Cost Parameter (cost per participant to complete the program, excluding administrative costs)	Cost Parameter Note
	Change in odds of exit to stable employment associated with additional month of service in prior 6 months	p-value	Baseline Annualized Probability of Successful Exit Without Service	Annualized Probability of Successful Exit With Service	Change in Exit Probability	Simulation Population Note		
WorkFirst activity in prior 6 months								
High Wage/High Demand Program -- Model 1	22%	<.0001	19.0%	33.7%	14.7%	1	\$2,331	A
High Wage/High Demand Program -- Model 2	22%	<.0001	15.4%	27.9%	12.5%	2	\$2,331	A
Job Search	21%	<.0001	14.6%	21.8%	7.2%	2	\$766	B
Community Works	17%	<.0001	15.5%	21.7%	6.2%	2	\$1,200	C
ESL	17%	<.0001	15.5%	20.0%	4.5%	2	\$1,372	
Customized Job Skills Training (PE)	16%	<.0001	15.4%	20.9%	5.5%	2	\$1,230	
Community Jobs	14%	<.0001	15.3%	21.7%	6.4%	2	\$2,425	D
Alcohol/Drug Treatment	13%	<.0001	15.3%	21.3%	6.1%	2	N/A	E
Work Experience	12%	<.0001	15.3%	20.1%	4.8%	2	\$1,200	C
Life Skills	11%	0.0078	15.4%	17.8%	2.4%	2	\$813	
Vocational Education	10%	<.0001	15.2%	19.9%	4.7%	2	\$2,331	A
Structured Community Service	10%	<.0001	15.3%	18.7%	3.4%	2	N/A	E
GED	5%	0.0227	15.5%	17.5%	1.9%	2	\$1,372	
Skills Enhancement Training	4%	0.0031	15.6%	17.3%	1.8%	2	\$813	
Basic Education	-3%	0.7713	15.5%	14.6%	-0.9%	2	\$1,372	

Simulation Population Notes

1 = Client characteristics fixed at the subpopulation average for clients participating in the HW/HD program in the model calibration year; current month activity flags set to zero to isolate the association between recent participation and self-sufficiency outcomes.

2 = Characteristics fixed at the total population average for all adult TANF household heads in the model calibration year; current month activity flags set to zero to isolate the association between recent participation and self-sufficiency outcomes.

Cost Parameter Notes

Source: "WorkFirst Services," an October 2012 report prepared by sub3 with per cap SFY 2011 estimates for the cost of completing select contracted WorkFirst activities
A = SBCTC grouped the High Wage/High Demand Program and Vocational Education together for the purposes of estimating program costs.

B = This estimate assumes the client participates in up to six weeks of Job Search. The average cost is \$1,006 per participant for clients who participate in up to 12 weeks.

C = Cost estimates for Community Works and Work Experience are based on the costs of the Career Development program, implemented in July 2011, which also provides

D = This estimate subtracts \$2,375, which reflects wages earned in lieu of a TANF cash grant, from the original estimate of \$4,800.

E = Neither referrals to Alcohol/Drug Treatment nor participation in court-mandated structured community service have contracted expenditures associated with the



► Allowed 90 degree rotation and bigger font

Source: RDA TANF PRISM Employability Model

	Model Results		Regression Simulation				Unit Cost Parameter (cost per participant to complete the program, excluding administrative costs)	Cost Parameter Note
	Change in odds of exit to stable employment associated with additional month of service in prior 6 months	p-value	Baseline Annualized Probability of Successful Exit Without Service	Annualized Probability of Successful Exit With Service	Change in Exit Probability	Simulation Population Note		
Work First activity in prior 6 months								
High Wage/High Demand Program -- Model 1	22%	<.0001	19.0%	33.7%	14.7%	1	\$2,331	A
High Wage/High Demand Program -- Model 2	22%	<.0001	15.4%	27.9%	12.5%	2	\$2,331	A
The program, excluding administrative costs)		<.0001	14.6%	21.8%	7.2%	2	\$766	B
		<.0001	15.5%	21.7%	6.2%	2	\$1,200	C
Change in Exit Probability With Service		<.0001	15.5%	20.0%	4.5%	2	\$1,372	
		<.0001	15.4%	20.9%	5.5%	2	\$1,230	
e		<.0001	15.3%	21.7%	6.4%	2	\$2,425	D
		<.0001	15.3%	21.3%	6.1%	2	N/A	E
		<.0001	15.3%	20.1%	4.8%	2	\$1,200	C
		0.0078	15.4%	17.8%	2.4%	2	\$813	
Regression Simulation		<.0001	15.2%	19.9%	4.7%	2	\$2,331	A
		<.0001	15.3%	18.7%	3.4%	2	N/A	E
Cost Parameter		0.0227	15.5%	17.5%	1.9%	2	\$1,372	
		0.0031	15.6%	17.3%	1.8%	2	\$813	
		0.7713	15.5%	14.6%	-0.9%	2	\$1,372	

sub3 with per cap SFY 2011 estimates for the cost of completing select contracted WorkFirst activities. Educational Education together for the purposes of estimating program costs.

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The solution nicely fit a single page and was legible

Unit Cost Parameter (cost per participant to complete the program, excluding administrative costs)							
Change in Exit Probability Annualized Probability of Successful Exit With Service Baseline Annualized Probability of Successful Exit Without Service							
Change in odds of exit to stable employment associated with additional month of service in prior 6 months							
WorkFirst activity in prior 6 months	Model Results		Regression Simulation			Cost Parameter	
		p-value				Note	Note
High Wage/High Demand Program, Model 1	22%	<.0001	19.0%	33.7%	14.7%	1	\$2,331 A
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Life Skills	11%	0.008	15.4%	17.8%	2.4%	2	\$813
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GED	5%	0.023	15.5%	17.5%	1.9%	2	\$1,372
Skills Enhancement Training	4%	0.003	15.6%	17.3%	1.8%	2	\$813
Basic Education	-3%	0.771	15.5%	14.6%	-0.9%	2	\$1,372

Association between recent participation in WorkFirst activities and the likelihood that an adult TANF client leaves assistance within 12 months, stays off assistance for at least 24 months, and maintains employment in at least 6 of the 8 quarters off assistance

SOURCE: RDA TANF PRISM Employability Model

Unit Cost Parameter (cost per participant to complete the program, excluding administrative costs)								
Annualized Probability of Successful Exit With Service			Change in Exit Probability					
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SIMULATION POPULATION NOTES

- 1 = Client characteristics fixed at the subpopulation average for clients participating in the HW/HD program in the model calibration year; current month activity flags set to zero to isolate the association between recent participation and self-sufficiency outcomes.
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COST PARAMETER NOTES

SOURCE: "WorkFirst Services," an October 2012 report prepared by Sub3 with per cap SFY 2011 estimates for the cost of completing select contracted WorkFirst activities.

- A = SBCTC grouped the High Wage/High Demand Program and Vocational Education together in estimating program costs.
- B = This estimate assumes the client participates in up to six weeks of Job Search. The average cost is \$1,006 per participant for clients who participate in up to 12 weeks of Job Search.
- C = Cost estimates for Community Works and Work Experience are based on the costs of the Career Development program, implemented in July 2011, which also provides unpaid work experience.
- D = This estimate subtracts \$2,375, which reflects wages earned in lieu of a TANF cash grant, from the original estimate of \$4,800.
- E = Neither referrals to Alcohol/Drug Treatment nor participation in court-mandated structured community service have contracted expenditures associated with them.



Transforming lives

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DEFAULT VIEW

	Medicaid Disabled Medical Savings	Medicaid Disabled Skilled Nursing Facility Savings	GA-U (Disability Lifeline) Medical Savings	Treatment Costs Associated with Increased Penetration above SFY 2004 Baseline
SFY 2006	\$8,365,576.06	\$752,436.07	\$1,117,406.78	\$8,754,315.33
SFY 2007	\$8,752,190.27	\$2,568,900.54	\$1,371,234.32	\$11,909,113.45
SFY 2008	\$16,447,831.58	\$5,361,223.88	\$2,640,657.91	\$14,892,548.67
SFY 2009	\$48,422,203.19	\$6,789,913.65	\$4,833,062.55	\$16,288,973.82
4-year totals			\$107,422,631.77 <i>Sum of first three columns</i>	\$51,844,948.54 <i>Total from above</i>
			Return on Investment	\$2.07



Soften lines

De-emphasize shading

Work on titles

	Medicaid Disabled Medical Savings	Medicaid Disabled Skilled Nursing Facility Savings	GA-U (Disability Lifeline) Medical Savings	Treatment Costs Associated with Increased Penetration above SFY 2004 Baseline
SFY 2006	\$8,365,576	\$752,436	\$1,117,406	\$8,754,315
SFY 2007	\$8,752,190	\$2,568,900	\$1,371,234	\$11,909,113
SFY 2008	\$16,447,831	\$5,361,223	\$2,640,657	\$14,892,548
SFY 2009	\$48,422,203	\$6,789,913	\$4,833,062	\$16,288,973
	Decimal align			
4-year totals		Draw eye to summary	\$107,422,631 <i>Sum of first three columns</i>	\$51,844,948 <i>Total from above</i>
			Return on Investment	\$2.07

Emphasize



A two-dollar return per dollar invested

Treatment Costs Associated with Increased Penetration above SFY 2004 Baseline

GA-U (Disability Lifeline) Medical Savings

Medicaid Disabled Skilled Nursing Facility Savings

Medicaid Disabled Medical Savings

SFY 2006

\$8,365,576

\$752,436

\$1,117,406

\$8,754,315

SFY 2007

\$8,752,190

\$2,568,900

\$1,371,234

\$11,909,113

SFY 2008

\$16,447,831

\$5,361,223

\$2,640,657

\$14,892,548

SFY 2009

\$48,422,203

\$6,789,913

\$4,833,062

\$16,288,973

4-year totals

\$107,422,631

Sum of first three columns

\$51,844,948

Total from above

Return on Investment

\$2.07

Treatment Expansion has achieved a significant return on investment

Treatment Cost, Cost Offsets and Return on Investment

We estimate the return on investment (ROI) from the ADO Treatment Expansion Initiative in its first two biennia by comparing the estimated medical and nursing home savings to the increase in ADO treatment costs associated with the initiative. It is important to note that health care cost savings result from an increase in ADO treatment penetration, rather than an increase in the absolute number of clients in treatment. Therefore, the relevant ADO treatment costs for the ROI calculation are the costs associated with treatment above the level necessary to maintain stable ADO treatment penetration in a growing medical caseload. The cost calculations in the table below were derived by applying the average annual treatment cost per client in the Treatment Expansion target populations to the number of clients in treatment above the level necessary to maintain baseline SFY 2004 rates of treatment penetration. The detailed calculations are described in Table 2 in the "Technical Appendix."

By "bending the curve" in health care costs, the Treatment Expansion Initiative has achieved a significant return on investment. We estimate an ROI of 2.1 over the first four years of implementation (all four sources), based on the observed trends in health care and ADO treatment costs. That is, there were two dollars in medical and nursing facility costs avoided for every dollar invested in expanded ADO treatment. From a State General Fund perspective, the ROI would be somewhat lower due to the impact of the institutions for Mental Disease exclusion on funding of residential ADO treatment that comprises roughly 30 percent of total ADO treatment costs.

Capping ADO Treatment Expansion funding in the 2009-11 Biennium will cause treatment penetration rates to decline, as funding levels fail to keep up with underlying medical caseload growth. This may cause unbudgeted increases in health care costs for Medicaid clients with substance use problems, as ADO treatment penetration declines. Additional ADO treatment funding in the Security Lifeline Act will mitigate the funding shortfall for Disability Lifeline dual-diagnosis clients. However, emphasis on earlier transitions for Disability Lifeline patients to Medicaid enrollment will put increasing pressure on the limited ADO treatment expansion funding for Medicaid dual-diagnosis clients. Including ADO treatment funding in the forecast process for Medicaid enrollees would address this problem by ensuring that ADO treatment funding keeps pace with caseload growth.

A two-dollar return per dollar invested

Treatment Costs Associated with Increased Penetration above SFY 2004 Baseline				
GA-U (Disability Lifeline) Medical Savings				
Medicaid Disabled Skilled Nursing Facility Savings				
Medicaid Disabled Medical Savings				
	SFY 2006	SFY 2007	SFY 2008	SFY 2009
Medicaid Disabled Skilled Nursing Facility Savings	\$8,365,576	\$8,752,190	\$16,447,831	\$48,422,203
Medicaid Disabled Medical Savings	\$752,436	\$2,568,900	\$5,361,223	\$6,789,913
GA-U (Disability Lifeline) Medical Savings	\$1,117,406	\$1,371,234	\$2,640,657	\$4,833,062
4-year totals	\$107,422,631	\$51,844,948		
Return on Investment	\$2.07			

© • Bending the Health Care Cost Curve by Expanding Alcohol/Drug Treatment

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SOURCE: DSHS Research and Data Analysis Division. *Bending the Health Care Cost Curve by Expanding Alcohol/Drug Treatment*, <http://publications.rda.dshs.wa.gov/1417/>. Mancuso, Felver. September 2010

BEFORE

	Medicaid Disabled Medical Savings	Medicaid Disabled Skilled Nursing Facility Savings	GA-U (Disability Lifeline) Medical Savings	Treatment Costs Associated with Increased Penetration above SFY 2004 Baseline
SFY 2006	\$8,365,576.06	\$752,436.07	\$1,117,406.78	\$8,754,315.33
SFY 2007	\$8,752,190.27	\$2,568,900.54	\$1,371,234.32	\$11,909,113.45
SFY 2008	\$16,447,831.58	\$5,361,223.88	\$2,640,657.91	\$14,892,548.67
SFY 2009	\$48,422,203.19	\$6,789,913.65	\$4,833,062.55	\$16,288,973.82
4-year totals			\$107,422,631.77 <i>Sum of first three columns</i>	\$51,844,948.54 <i>Total from above</i>
			Return on Investment	\$2.07



A two-dollar return per dollar invested

Treatment Costs Associated with Increased Penetration above SFY 2004 Baseline				
GA-U (Disability Lifeline) Medical Savings				
Medicaid Disabled Skilled Nursing Facility Savings				
Medicaid Disabled Medical Savings				
SFY 2006	\$8,365,576	\$752,436	\$1,117,406	\$8,754,315
SFY 2007	\$8,752,190	\$2,568,900	\$1,371,234	\$11,909,113
SFY 2008	\$16,447,831	\$5,361,223	\$2,640,657	\$14,892,548
SFY 2009	\$48,422,203	\$6,789,913	\$4,833,062	\$16,288,973
4-year totals			<div> <div></div> <div>\$107,422,631</div> <div>Sum of first three columns</div> </div>	<div> <div></div> <div>\$51,844,948</div> <div>Total from above</div> </div>

Return on Investment

\$2.07

SOURCE: DSHS Research and Data Analysis Division. *Bending the Health Care Cost Curve by Expanding Alcohol/Drug Treatment*, <http://publications.rda.dshs.wa.gov/1417/>. Mancuso, Felver. September 2010



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Connections to Employment and Education

Six Year Outcomes for 12th Grade Special Education Students Served by DSHS



<http://publications.rda.dshs.wa.gov/1512/>

Total First Time 12th Grade Special Education Students in AY 2005/06 Served by DSHS between SFY 2006 and 2008

Column D. Percent of students in each disability category that received DDA services

Column B divided by Column A

Column C. Percent of all DDA Service Recipients by Disability

Column B divided by 720

Column B. Number of Students Receiving DDA Services by Disability

n = 720

Column A. Number of Students by Disability

n = 3,994

Groups EXCLUDED from study population	A	B	C	D
Unknown qualifying disability	31	0	0.0%	0.0%
Emotional/behavioral disorder (EBD)	260	3	0.4%	1.2%
Specific learning disability	1,951	22	3.1%	1.1%
Sensory disability (deaf, blind, visually impaired, or hearing impaired)	85	4	0.6%	4.7%
TOTAL (excluded groups)	2,327	29	4.0%	1.2%
Groups INCLUDED in study population	A	B	C	D
Orthopedic impairment	25	13	1.8%	52.0%
Health impairment	809	121	16.8%	15.0%
Intellectual disability	471	306	42.5%	65.0%
Multiple disabilities	191	161	22.4%	84.3%
Communication disorder	25	4	0.6%	16.0%
Autism	123	80	11.1%	65.0%
Traumatic Brain injury	23	6	0.8%	26.1%
TOTAL (included groups)	1,667	691	96.0%	41.5%



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In Summary

b. felver

Two dimensional media

Cave drawings
Early humans



Ancient star map (Spain)
14,000 BC



Clay and stone tablets
3000 BC



Paper invented in China (Ts'ai Lun)
105 AD



Ptolemy's map of the world (Greek, Roman)
150



Metal, movable type from Korea (Yi-Ham)
1241



Italic
Italic type first used
1501



First weekly newspaper (Antwerp)
1605



Braille printing (Louis Braille)
1829



4-color rotary press
1892



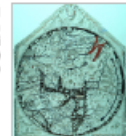
Phototypesetting made practical (Rene Alphonse Higonnet and Louis Harius Heywood)
1947



TWEET!

Multidimensional media

Hereford Mappa Mundi (England)
1300



Diamond Sutra (China, possibly India)
868

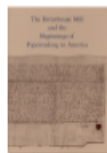


African novo map (Dutch)
1600s



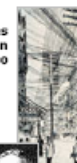
Printing Press (Johannes Gutenberg)
1456

Eastern Seaboard
1616



First paper mill (Rittenhouse Mill, American colonies)
1691

Telephone lines over Manhattan
1890



Commercial film for photography (George Eastman)
1885



Type composing machine invented in Germany (Ottmar Mergenthaler)
1841



Cylinder press (Richard Hoe)
1846

First comic book (Image: 1906 Chicago Tribune comic strip)
1904



First radio transmission (Guglielmo Marconi)
1895



Thomas Edison
1847-1931

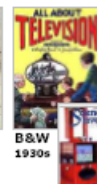
First commercial computer (UNIVAC)
1951



Offset presses become common
1971



Television components (Lue De Forest)
Early 1900s



B&W
1930s

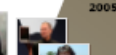


Color
1946



First satellite communications
1958

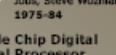
First portable cell phone
1973



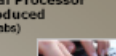
Microsoft (Bill Gates, Paul Allen)
1977



Apple (Steve Jobs, Steve Wozniak)
1975-84



Single Chip Digital Signal Processor Introduced (Bell Labs)
1979



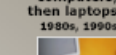
Desktop computers for personal use
1974



Explosion of personal computers, then laptops
1980s, 1990s



Handheld computers and MP3 players
1999



The iPod
2005



Motion pictures
Late 1800s



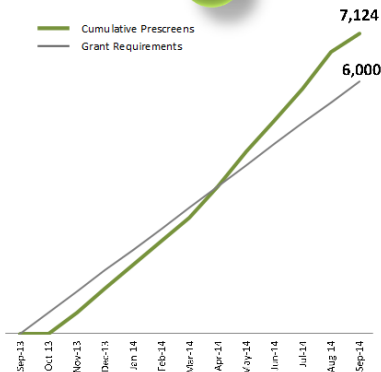
WASBIRT-PCI Prescreening Completion Rates

OLYMPIC MEDICAL CENTER

Implementation Start Date: **October 2013**
Implementation End Date: **April 2015**

Prescreen Rate = **119%**

— Cumulative Prescreens
— Grant Requirements

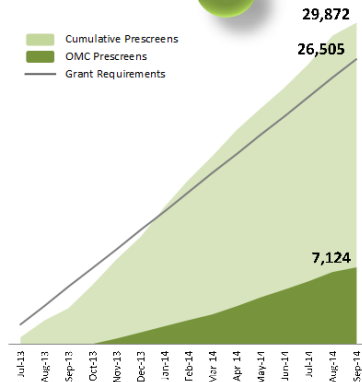


ALL SITES

Implementation Start Date: **Month 201X**
Implementation End Date: **Month 201X**

Prescreen Rate All Sites = **113%**

— Cumulative Prescreens
— OMC Prescreens
— Grant Requirements



*Which is PowerPoint
and which is Excel?*

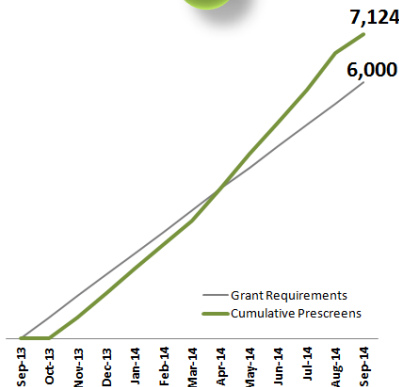
WASBIRT-PCI Prescreening Completion Rates

OLYMPIC MEDICAL CENTER

Implementation Start Date: **October 2013**
Implementation End Date: **April 2015**

Prescreen Rate = **119%**

— Grant Requirements
— Cumulative Prescreens

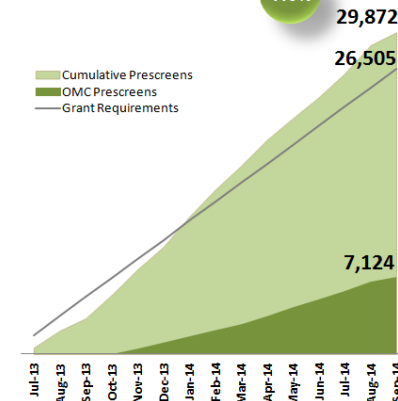


ALL SITES

Implementation Start Date: **MONTH XXXX**
Implementation End Date: **MONTH XXXX**

Prescreen Rate All Sites = **113%**

— Cumulative Prescreens
— OMC Prescreens
— Grant Requirements



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5

wasbirt-pci
Screening, Brief Intervention
and Referral to Treatment
Primary Care Integration






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Performance Monitoring Report

What do the scores mean?

-  Scores between 80 and 100% are green
 - Green scores indicate your clinic is performing well on the SBIRT process
-  Scores between 50 and 79% are yellow
 - Indicates your clinic should consider revising processes to improve overall performance
-  Scores between 0 and 49% are red
 - Your clinic is underperforming and needs to revise procedures to show improvement



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4

wasbirt-pci
Screening, Brief Intervention
and Referral to Treatment
Primary Care Integration

Q Which is PowerPoint and which is Excel?

Performance Monitoring Report

What do the scores mean?

-  Scores between 80 and 100% are green
 - Green means your clinic is performing well
-  Scores between 50 and 79% are yellow
 - Yellow suggests you consider revising some processes to improve performance
-  Scores between 0 and 49% are red
 - Red indicates your clinic is underperforming and you need to identify and implement specific measures that will improve performance



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3

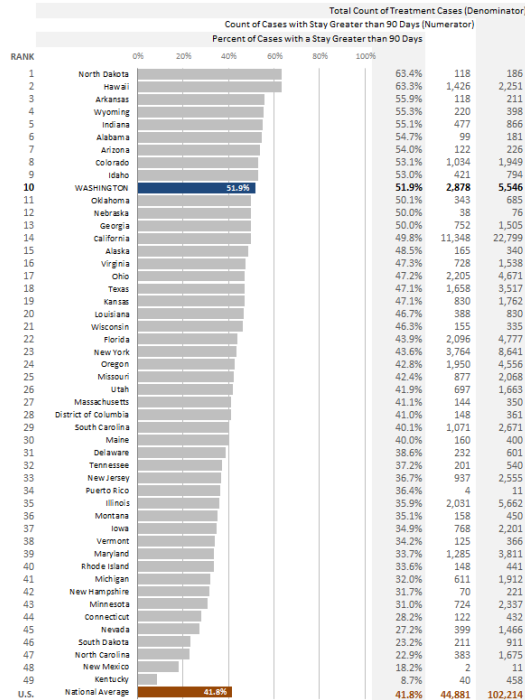
wasbirt-pci
Screening, Brief Intervention
and Referral to Treatment
Primary Care Integration



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Youth Treatment Cases

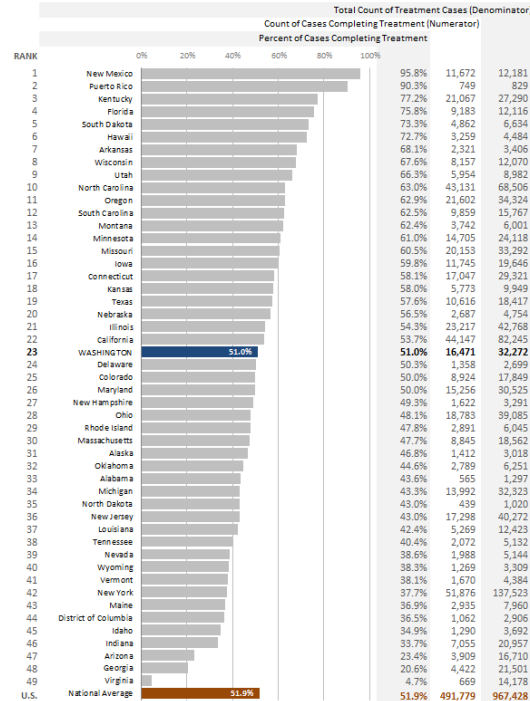
Ages 12-17, Outpatient Services
Treatment Episode Data Set • Discharges, 2011



SOURCE: DSHS Research and Data Analysis Division
April 1, 2015

Adult Treatment Completion and Transfer Cases

Ages 18 and Older, Outpatient Services
Treatment Episode Data Set • Discharges, 2011



SOURCE: DSHS Research and Data Analysis Division
April 1, 2015

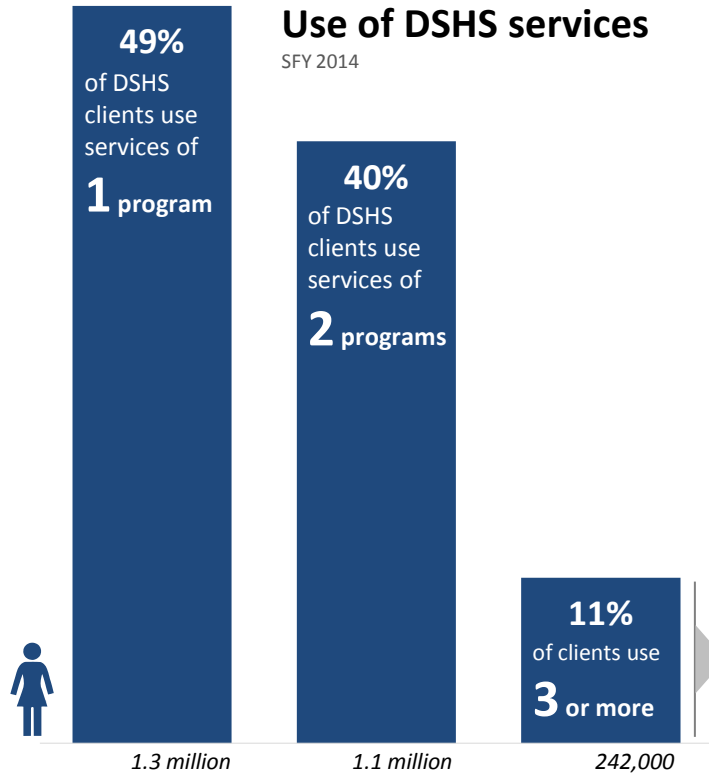
Word or Excel?



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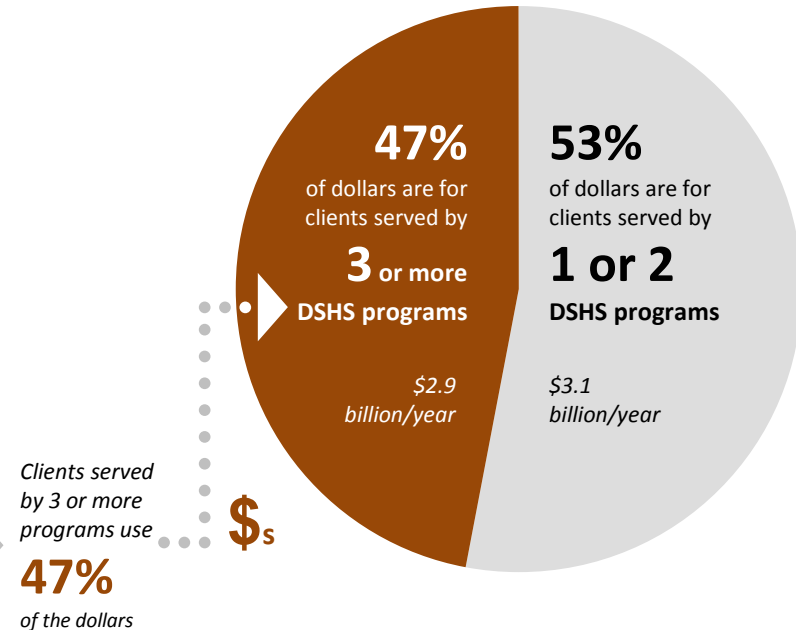
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11% of the clients . . . use 47% of the dollars



DSHS service dollars

SFY 2014



NOTE: "Program" is defined as a DSHS administration (ESA, CA, ALTA, or DDA) or major service area (mental health, substance abuse, juvenile rehabilitation, or vocational rehabilitation).

SOURCE: Washington State Department of Social and Health Services, Research and Data Analysis Division, Client Services Database, September 2015.

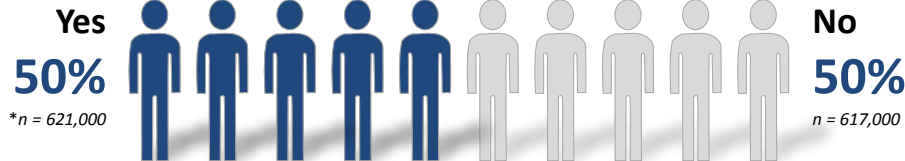


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Half of adult clients have jobs, but earnings are low

Employed?

DSHS ADULT CLIENTS AGE 18-64 • ESD-REPORTED EARNINGS ONLY • SFY 2014



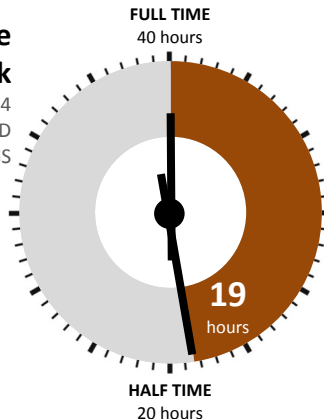
Top 10 Employers

OF MEDICAID ENROLLEES

- #1 Wal-Mart Stores Inc
- #2 McDonalds Corporation
- #3 Safeway
- #4 YUM! Brands Inc
- #5 The Kroger Co
- #6 Subway Restaurants
- #7 Jack in the Box
- #8 Goodwill Industries International
- #9 Target Corporation
- #10 Sears Holdings Corporation

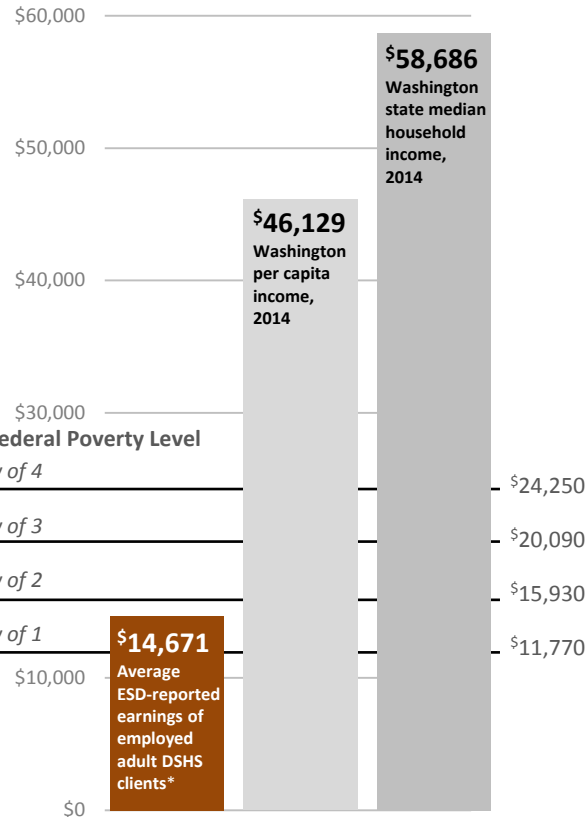
Average Hours per Week

ADULTS AGE 18-64
WITH ESD-REPORTED
EARNINGS



Average Annual Income

ADULTS AGE 18-64 WITH
ESD-REPORTED EARNINGS
SFY 2014



SOURCES. Adult Employment Rate and Average Income: DSHS Research and Data Analysis Division, September 9, 2015. Employer List: Since we share most of HCA's clients, the list was extrapolated from "Employment Status of HCA Medical Assistance Clients and Persons with Dependents with HCA Medical Coverage," DSHS Research and Data Analysis Division, November 2014. U.S. Federal Poverty Levels: Federal Register Notice, January 22, 2015. Median Income: Washington State Office of Financial Management, Projection for 2014.

*Excludes ESA Division of Child Support clients. If included, the employment percent drops to 47 percent and the average annual income increases to \$20,214.



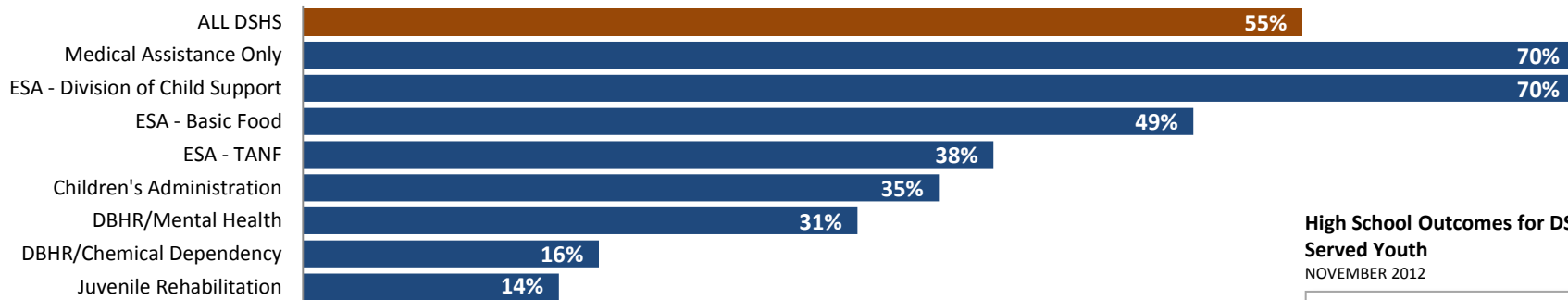
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Are our youth succeeding in school?

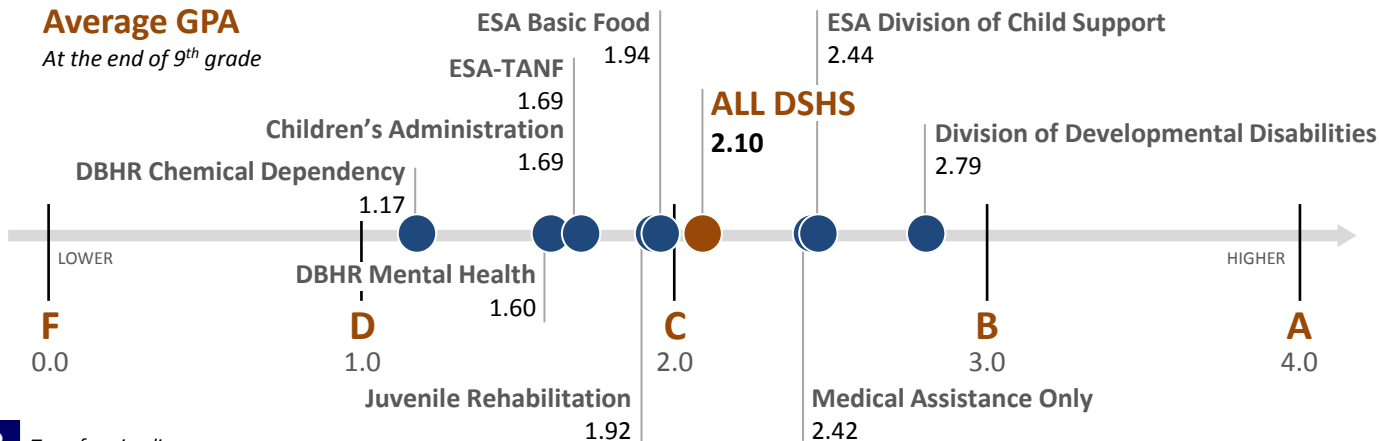
Graduation Rates

For DSHS students who were 9th graders in Academic Year 2005-2006 • Includes on-time and late graduation



Average GPA

At the end of 9th grade



High School Outcomes for DSHS Served Youth

NOVEMBER 2012



<https://www.dshs.wa.gov/sesa/rda/research-reports/high-school-outcomes-dshs-served-youth>



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Office of the Governor
Jay Inslee, Governor



DEPARTMENT OF
Social and Health Services
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**Services and Enterprise Support
Administration**
Dana Phelps, Acting Assistant Secretary

**Research and Data Analysis
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David Mancuso, PhD, Director



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- Medical Economics
- Health Policy
- Behavioral Health
 - Mental Illness*
 - Alcohol/Drug*
- Housing and Homelessness
- Welfare Policy
- Child Welfare
- Student Outcomes
- Criminal Justice
- Developmental Disabilities
- Aging and Long-Term Care
- Geographic Analysis
- Survey Research
- IT Data Infrastructure
- Complex Longitudinal Databases
- In-Depth Statistical Analysis
- Human Subjects Research Board



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