Oregon

Kate Brown, Governor

Department of Human Services
Office of the Director
500 Summer St. NE, E-15
Salem, OR 97301
Voice: 503-945-5600
Fax: 503-581-6198
TTY: 503-945-5896

DHS
Oregon Department
of Human Services

March 13, 2015

The Honorable Alan Bates, Co-Chair
The Honorable Nancy Nathanson, Co-Chair
Ways and Means Subcommittee on Human Services
900 Court Street NE
Salem, OR 97301

Dear Co-Chairs:

Please accept this letter as our response to the Committee's questions raised during the presentation on Program Support and Key Performance Measures, March 2, 2015.

Question:

OBI: How is the data used to reach the outcome measurements? What are the outcome measurements?

Answer: Attachment A is the November 2014 DHS internal Quarterly Business Review (QBR) scorecard. This is the document DHS meets on quarterly to track progress to performance and outcome measures in the organization. This is the DHS wide scorecard, but each program area also has a scorecard and measures that roll up into this enterprise document.

Question:

OBI: We know graduation rates are related to problems with attendance, which is a function of sick/worried children, vision and hearing screening, etc. Please provide an example of how using data leads to outcome (ideas: use ROM, QBR, KPMs, etc., to describe line of site measurement work.)

Answer: DHS does not have data on graduation rates, however, an example of how data is used to achieve outcome measures in a "line of sight" manner is:

"Assisting People to Become Independent, Healthy and Safe"

KPM 7: Absence of Repeat Maltreatment of a Child

This measures how often a child who suffered a founded instance of abuse or neglect does not suffer another instance of abuse or neglect within six months. This is a national performance measure for child welfare and allows us to compare Oregon results to that of other states.

DHS Measure 1a: Frequency of Re-abuse

The DHS enterprise-wide safety measure includes re-abuse of children, seniors, and people with disabilities. [Note: Re-abuse is the inverse of the Absence of Repeat Maltreatment KPM measure]. This metric is important for DHS because it lets us know how well we do at keeping people safe once they've come to our attention for assistance. The DHS Leadership Team reviews progress on each enterprise measure quarterly and, if needed, adjusts the action plans to improve performance.

Child Welfare Measure 1a: Frequency of Re-abuse of Children

This is one component of the DHS enterprise measure. At each Child Welfare Quarterly Business Review, the Child Welfare Leadership Team reviews this measure's performance and, if needed, adjusts the action plan.

In addition, the Team reviews agency success at performing processes it believes are important to achieving the outcome, such as the local dashboard measures below.

Local Dashboard Process Measures

Local Districts and Branches maintain dashboards that record their progress at performing processes that are believed to lead to reducing re-abuse. These include:

- Timeliness of Response [how quickly a worker goes out to see a family once an abuse/neglect call has been received by the hotline],
- Timeliness of Assessment [are abuse/neglect assessments completed within agency policy guidelines], and
- Caseworker Face-to-Face Contact with Children [are workers seeing children in their homes or foster homes at least once monthly to ensure continued safety and address needs as they arise].

Question:

Does the Office of Program Integrity (OPI) include the Quality Control Unit?

Answer: Yes it does. A further description of what OPI does will be provided below in an attachment.

Question:

Office of Continuous Improvement (OCI): Example of something one of these 26 people achieved in the last year?

Also, related to the desk audit/workaround conversation – Would like to see examples of successful outcomes and what Continuous Improvement did to get them.

Answer: The example discussed in committee was the Self-Sufficiency Jobs Participation Project

During the 2011 recession, we had a 96% increase in families eligible for TANF and a 90% increase in SNAP at a time when the unemployment rate was high and jobs were scarce. Our approved budget focused more on processing applications to determine benefits than on following up with recipients to ensure they were getting jobs or pursuing activities that would enable us to meet federal TANF participation requirements.

As the recession eased, we shifted staff to do more case management – completing JOBS case plans and engaging with clients to ensure they were following up on their plans to become self-sufficient. To help make the engagement more effective, the program used the Office of Continuous Improvement to do a pilot project in select districts to map current processes and the desired future state by facilitating sessions with district staff and contractors.

The pilot project found that, to cope with high caseloads (an average of 150 per case manager during the recession), local offices had not completed many case plans and, for those that had been completed, were using a wide variety of workarounds and engagement practices with clients that were less effective. This affected the culture and expectations within each office, the training of new employees, and processes with contractors. For example, one of the most common problems was late reporting

of attendance at training or job development sessions. It is very important to quickly follow up with clients if they are not engaging in their case plan.

The sessions surfaced other problems and identified the best and most effective practices that yield the highest engagement rates. The program is now implementing these across the state through OCI-facilitated sessions that tailor the identified best practices to meet program requirements in light of each community's unique needs.

We are currently about one-third through the statewide implementation. We are just now getting results from the first three districts. Boosted by these three districts, we have increased the number of case plans statewide by 9%.

The Office of Continuous Improvement (OCI) works in partnership with DHS programs. All work is directly requested from the field or from program. OCI and DHS staff collaborate and work together to improve current processes, create efficiencies, and implement more effective ways of delivering services, all of which directly impacts and ultimately benefits DHS clients. Attachment B sets out a list of OCI projects that are completed or that OCI has in process.

Question:

ROI conversation – fundamentally want to know about how do these five offices help protect taxpayer dollars, not necessarily through an official ROI analysis?

Answer: While we don't have a formal ROI, we have attached more information about the offices at the end of this document.

Question:

Streamlining Regulatory Oversight – At what point can you come back to us with a report about what barriers have been removed as a result of your efforts?
Also - A few years ago, a bill from the legislature established a team to eliminate redundant audits. What is the progress?

Answer: A report is in progress to answer these questions. It should be done within a week.

Question:

Is this the exact language in KPM 15 and 16? It appears to be a bit loose and not specific to reports of abuse, but experience.

Answer: The descriptions below show KPM 15 and 16, the agency internal measures that are related to them, and the analysis that led to our recommendation to keep them as written.

<u>STATEWIDE ENTERPRISE MEASURE KPM15</u>

Abuse of People with Intellectual or Developmental Disabilities - the rate of abuse of people who have an intellectual or developmental disability. It is calculated by dividing the number of instances of founded abuse of a person receiving I/DD services by the total number people receiving I/DD services.

DHS AGENCY MEASURES

DD Measure O1a: Frequency of Re-abuse of People with Intellectual or Developmental Disability - of all people receiving I/DD services who suffered a founded instance of abuse, the percent who were re-abused with one year.

DD Measure O1b: Rate of Abuse of People with Intellectual or Development Disability in a Licensed or Certified Setting - the same calculation in KPM15, except that it excludes people living at home or other unlicensed setting.

ANALYSIS

The statewide KPM sets a goal of reducing the rate of abuse of all Oregonians with intellectual or developmental disabilities.

DD agency measure O1a measures the frequency of re-abuse because DHS wants to improve how it responds after it discovers abuse, (i.e., is DHS's response to the initial abuse reducing the occurrence of future abuse?)

DD agency measure O1b measures only the rate of abuse in a licensed or certified setting because DHS needs an accurate and stable measure to evaluate whether its efforts with licensed facilities are successful.

Abuse data show distinct differences in the type of abuse a person may experience in a licensed setting compared to living at home. As DHS programs expand home care

settings, it is important to understand these differences to align abuse prevention efforts.

PROPOSAL
Maintain KPM 15 as it is. Develop an agency measure of abuse in unlicensed settings separate from the licensed setting measure. Consider whether to adjust the KPM to reflect two measures or a combined measure after the new DHS measure is adopted.

STATEWIDE ENTERPRISE MEASURE KPM 16
Abuse of Seniors and Adults with Physical Disabilities - the rate of abuse of seniors and adults with a physical disability. It was adopted as a placeholder.

DHS AGENCY MEASURES
APD Measure O1a(1): Frequency of Re-abuse of Seniors and Adults with Physical Disabilities in a Licensed Facility - of all seniors and adults with physical disabilities living in a licensed setting who suffered an instance of founded abuse, the percentage that were re-abused within one year.

APD Measure O1a(2): Frequency of Re-abuse of Seniors and Adults with Physical Disabilities in a Community Setting - of all seniors and adults with physical disabilities living in a community setting who suffered an instance of founded abuse, the percentage that were re-abused within one year.

APD Measure O1b: Rate of Abuse of Seniors and Adults with Physical Disabilities in a Licensed or Certified Setting - divide the number seniors and adults with physical disabilities living in a licensed setting who suffered an instance of founded abuse by the total bed count of all licensed settings.

ANALYSIS
The statewide KPM sets a goal of reducing the rate of abuse of all Oregon seniors and adults with a physical disability.

APD agency measures O1a(1) and (2) measure the frequency of re-abuse because DHS wants to improve how it responds after it discovers abuse

APD agency measure O1b only measures abuse in a licensed or certified setting because DHS needs an accurate and stable measure to evaluate whether its efforts with licensed facilities are successful.

Abuse data show distinct differences in the type of abuse a person may experience in a licensed setting compared to living at home. As DHS programs expand home care settings, it is important to understand these differences to align abuse prevention efforts.

PROPOSAL
Maintain KPM 16 as currently written, including founded abuse in both licensed and unlicensed settings. Calculate it dividing the number of instances of founded abuse of a senior or adult with a physical disability by the total number seniors and adults with a physical disability. Develop an agency measure of the rate of abuse in an unlicensed setting.

Other issues from the hearing:
It was clear from the hearing that there were concerns or at least further questions about what the Program Support Services offices do and the level of work done based on their resources.

As a baseline below is a different way to look at their budgets. This includes the Office of Licensing and Regulatory Oversight (ORLO), the Information Technology Business Supports Unit (ITBSU), the Office of Program Integrity (OPI), the Office of Business Intelligence (OBI) and the Office of Continuous Improvement (OCI).

BASE BUDGET						
	OLRO	ITBSU*	OPI	OBI	Total	OCI**
GF	12.02	6.13	5.39	3.15	**26.69**	3.04
OF	0.15	0.06	0.20	0.17	**0.58**	
FF	16.16	6.15	4.89	2.80	**30.00**	3.04
TOTAL	**28.33**	**12.34**	**10.48**	**6.12**	**57.27**	**6.08**
** OCI budget is billed out to customer units seeking service						

In addition there are several POPs in this budget. They include:

POPS*			
Data Analytics	**CW QA position**	**Non-MAGI Eligibility**	
OBI	**OPI**	**ITBSU**	**Total**
GF 0.95	0.08	0.75	**1.78**
OF 1.89			**1.89**
FF 0.94	0.08	6.75	**7.77**
TF **3.78**	**0.16**	**7.50**	**11.44**
Does not include $13.4 million FF of empty limitation from prior biennia POP to be removed at reshoot.			

We feel it is important to understand the context of resources we are working under and what work exactly each unit does. To get to what the units do and how staff spend their time there are attachments D-F at the end of this document that show what each office does and the amount of work each office performs.

We hope this letter addressed the identified questions and comments adequately. If you have additional questions, please contact Eric Moore, 503-884-4701 or email, eric.l.moore@dhsoha.state.or.us.

Sincerely,

Eric L. Moore
DHS Chief Financial Officer

cc: Laurie Byerly, Legislative Fiscal Office

Oregon Department of Human Services
Summary Scorecard

No.	Measure Name	Measure Calculation	% or #	Q4 2013	Q1 2014	Q2 2014	Q3 2014 Current	Trend	Red	Yellow	Green	Target	Frequency	Measure Owner
OUTCOMES														
O1: Safety														
a	**Re-abuse Rate**	**# of individuals who have experienced abuse more than once a year divided by the # of all people who have experienced abuse.**	%	3.8	3.7	6.0	**5.3**	+	> 5.5	5.5 - 4.1	< 4.1	0%	Q	DAY Lois
	APD (1)	% of individuals in a facility who have experienced abuse more than once a year divided by the # of all people who have experienced abuse.	%	5.0	6.0	13.2	12.10	+	> 5.5	5.5 - 4.1	< 4.1	0%	Q	CERVANTES Marie G;Thompson John S
	APD (2)	% of individuals in community setting who have experienced abuse more than once a year divided by the # of all people who have experienced abuse.	%	1.2	1.3	1.2	1.20	=	> 5.5	5.5 - 4.1	< 4.1	0%	Q	CERVANTES Marie G;Thompson John S
	CW	% of individuals who have experienced abuse more than once a year divided by the # of all people who have experienced abuse.	%	4.2	3.5	4.7	3.2	+	> 5.5	5.5 - 4.1	< 4.1	0%	Q	DAY Lois
	DD	% of individuals who have experienced abuse more than once a year divided by the # of all people who have experienced abuse.	%	4.9	4.0	4.8	4.50	+	> 5.5	5.5 - 4.1	< 4.1	0%	Q	CERVANTES Marie G;Thompson John S
b	**Abuse Rate**	**% abuse in licensed and certified programs.**	%	0.75	0.34	0.48	**0.57**	-	> 0.5	0.5 - 0.33	< 0.33	0%	Q	DAY Lois
	APD	% abuse in licensed and certified programs.	%	0.60	0.3	0.8	1.10	-	> 0.5	0.5 - 0.33	< 0.33	0%	Q	CERVANTES Marie G;Thompson John S
	CW	% abuse in licensed and certified programs.	%	0.54	0.39	0.35	0.19	+	> 0.5	0.5 - 0.33	< 0.33	0%	Q	DAY Lois
	DD	% abuse in licensed and certified programs.	%	1.1	1.0	0.9	1.26	-	> 1.5	1.5 - 0.75	< 0.75	0%	Q	CERVANTES Marie G;Thompson John S
O2: People Living as Independently as Possible														
a	**In Home Service**	**A composite of program reported results as compared to program target.**	%	72.0	71.0	72.0	**82.3**	+	< 40	40 - 75	> 75	80%	Q	BAXTER Patricia E;WAYBRANT Jerry
	APD	% of people who receive Medicaid services in their own home or a family member's home (RAFH) in lieu of a licensed care facility.	%	47.0	49.0	50.14	51.30	+	< 40	40 - 48	> 48	50%	Q	WEIDANZ Jane-Ellen
	CW	% of children qualifying for CW services who are receiving services at home in lieu of foster care placement. In home includes children on trial reunification. **Measure calculation changed Q3 2014.**	%				28.6		< 20	20 - 40	> 40	50%	Q	AYERS Stacey
	DD	% of DD enrolled clients receiving services in their own home.	%	72.0	68.5	72.0	73.6	+	< 60	60 - 80	> 80	85%	Q	BAXTER Patricia E
b	**Successful Employment**	**A composite of program reported results as compared to program target.**	%	97.3	92.9	96.8	**100.8**	+	< 35	35 - 65	> 65	100%	Q	BAXTER Patricia E;WAYBRANT Jerry
	DD	% of working age adults engaged in integrated employment.	%	22.8	27.0	27.0	27.0	=	< 20	20 - 35	> 35	40%	Q	MALEY Mike J

No.	Measure Name	Measure Calculation	% or #	Q4 2013	Q1 2014	Q2 2014	Q3 2014 Current	Trend	Red	Yellow	Green	Target	Frequency	Measure Owner
										RANGE				
	SSP (1)	% of target met for TANF clients placed in employment.	%	132.8	109.3	130.0	137.0	+	< 70	70 - 90	> 90	100%	Q	ESPARZA Xochitl
	SSP (2)	% of TANF participants who have been employed in four countinuous quarters after the placement quarter.	%		40.2	40.2	46.3	+	< 35	35 - 44	> 44	50%	Q	ESPARZA Xochitl
	SSP (3)	% of people who have not returned to TANF within 18 months after case closed due to employment.	%		70.4	67.4	67.5	+	< 50	50 - 61	> 61	65%	Q	ESPARZA Xochitl
	VR	% of clients who are employed or have left services due to employment.	%	61.0	60.33	61.83	62.47	+	< 50	50 - 55.8	> 55.8	60%	Q	TAYLOR Stephaine
c	**Earning Sufficient Wages**	**A composite of program reported results as compared to program target.**	**%**	82.5	90.9	88.0	**84.2**	-	< 80	80 - 90	> 90	100%	Q	BAXTER Patricia E;WAYBRANT Jerry
	DD (1)	% of people earning wages in DD54 (Employment and Alternatives to Employment) services that earn minimum wage or higher.	%	32.0	38.0	38.0	38.0	=	< 30	30 - 50	> 50	60%	Q	MALEY Mike J
	DD (2)	% of people earning wages in Supported Employment that earn minimum wage or higher.	%	56.0	62.0	62.0	62.0	=	< 30	30 - 50	> 50	60%	Q	MALEY Mike J
	SSP	% of TANF placements whose starting wage is at or above $11.55 per hour.	%				13.7		< 12	12 - 14	> 14	15%	Q	ESPARZA Xochitl
	VR	% of people who have received employment related services and are earning "competitive" wage or better.	%	91.0	89.0	89.0	91.38	+	< 80	80 - 90	> 90	100%	Q	TAYLOR Stephaine
O3: Fiscally Responsible														
a	**On Target Spend**	**% of spending plans within target.**	**%**	44.4	33.3	55.0	**55.55**	+	< 80	80 - 90	> 90	100%	Q	Moore Eric L
b	**Balanced Budget**	**Agency spending "is" or "is not" within spending plan.**		No	No	No	**Yes**	+	< 0	0 - 1	> 1	1%	Q	Moore Eric L
O4: Customer Satisfaction														
a	**Customer Satisfaction**	**% of responding customers that rank quality of DHS service as "good" or "excellent."**	**%**	83.0	85.0	85.0	**86.0**	+	< 75	75 - 90	> 90	100%	Q	EVANS Gene
	APD	TBD	%						< 75	75 - 90	> 90	100%	Q	EVANS Gene
	CW	TBD	%						< 75	75 - 90	> 90	100%	Q	EVANS Gene
	DD (1)	% of responding adult in home customers that rank the service they receive as meeting or exceeding expectations.	%						< 75	75 - 90	> 90	100%	Q	EVANS Gene
	DD (2)	% of responding adults who receive residential services (Group Home, Foster Care) that indicate their satisfaction with services as meeting or exceeding expectations.	%						< 75	75 - 90	> 90	100%	Q	EVANS Gene
	DD (3)	For children receiving services in the family home, overall satisfaction with the services and supports the family currently receives.	%			79.0			< 80	80 - 90	> 90	100%	Q	EVANS Gene

No.	Measure Name	Measure Calculation	% or #	Q4 2013	Q1 2014	Q2 2014	Q3 2014 Current	Trend	RANGE Red	RANGE Yellow	RANGE Green	Target	Frequency	Measure Owner
	DD (4)	% of respondents indicating they feel that family supports have made a positive difference in the life of their family.	%			90.0			< 80	80 - 90	> 90	100%	Q	EVANS Gene
	SSP	TBD	%						< 75	75 - 90	> 90	100%	Q	EVANS Gene
	VR	TBD	%						< 75	75 - 90	> 90	100%	Q	EVANS Gene
O5: Service Equity														
a	**Access**	**The number of individual measures which are green or yellow divided by the total number of populated program measures in each section. Only the population with the greatest disparity is reported.**	%	13.0	25.0	12.5	**28.6**	+	< 60	60 - 80	> 80	75%	Q	Wendt Liesl M
	APD	Number of race/ethnic groupings that are over/under represented in comparison to their representation in the population as a whole. Only the population with the greatest disparity is reported - Non-Hispanic African American.	%	1.8	1.9	2.0	1.9	+	R< 0.5 or R> 1.5	0.5<R>0.75 or 1.25<R>1.5	0.75 <R> 1.25	1%	Q	Weir Bob
	CW (1)	Disproportionate representation of children of color in foster care. Only the population with the greatest disparity is reported.	#	3.5	4.4	4.2	4.2	=	R< 0.5 or R> 1.5	0.5<R>0.75 or 1.25<R>1.5	0.75 <R> 1.25	1%	Q	Sampson-Grier Melissa
	CW (2)	Disproportionate representation of children of color served In Home. Only the population with the greatest disparity is reported.	#	3.1	3.7	3.9	4.1	-	R< 0.5 or R> 1.5	0.5<R>0.75 or 1.25<R>1.5	0.75 <R> 1.25	1%	Q	AYERS Stacey
	DD	% of individuals enrolled in DD services by race/ethnicity in comparison to the people with disabilities in Oregon changed from population as a whole. Only the population with the greatest disparity is reported - Non-Hispanic African American.	#	2.2	2.2	2.2	2.1	+	R< 0.5 or R> 1.5	0.5<R>0.75 or 1.25<R>1.5	0.75 <R> 1.25	1%	Q	WATKINS Brent
	SSP (1)	% of minority, disabled, and special populations cash program users to their % of need as defined by corresponding poverty level. Only the population with the greatest disparity is reported- Non-Hispanic African American.	#	2.4	1.7	1.7	1.9	-	R< 0.5 or R> 1.5	0.5<R>0.75 or 1.25<R>1.5	0.75 <R> 1.25	1%	Q	Wendt Liesl M
	SSP (2)	% of minority, disabled, and special populations SNAP, ERDC and Medical program users to their % of need as defined by corresponding poverty level. Only the population with the greatest disparity is reported - Non-Hispanic African American.	#	1.6	1.6	1.6	1.5	+	R< 0.5 or R> 1.5	0.5<R>0.75 or 1.25<R>1.5	0.75 <R> 1.25	1%	Q	Wendt Liesl M
	VR	Ratio: % of minority and special populations of all DHS users divided by those same populations' % of the total population in the state or a geographic area. Non-Hispanic Pacific Islander.	#	1.08	1.08	1.8	0.7	+	R< 0.5 or R> 1.5	0.5<R>0.75 or 1.25<R>1.5	0.75 <R> 1.25	1%	Q	TAYLOR Stephaine

No.	Measure Name	Measure Calculation	% or #	Q4 2013	Q1 2014	Q2 2014	Q3 2014 Current	Trend	Red	Yellow	Green	Target	Frequency	Measure Owner
									RANGE					
b	Outcomes	The number of individual measures which are green or yellow divided by the total number of populated program measures in each section. Only the population with the greatest disparity is reported for all programs except VR.	#	44.0	66.7	33.0	**63.6**	+	< 60	60 - 80	> 80	75%	Q	Wendt Liesl M
	APD (1)	% of nursing facility services by race/ethnicity in comparison to the long term care population as a whole. Only the population with the greatest disparity is reported - Non-Hispanic Asian.	%	0.6	0.6	0.6	0.5	-	R< 0.5 or R> 1.5	0.5<R>0.75 or 1.25<R>1.5	0.75 <R> 1.25	1%	Q	Weir Bob
	APD (2)	% of community based care services by race/ethnicity in comparison to the long term care population as a whole. Only the population with the greatest disparity is reported - Non-Hispanic African American and Non-Hispanic Asian.	#	0.4	0.4	0.4	0.4	=	R< 0.5 or R> 1.5	0.5<R>0.75 or 1.25<R>1.5	0.75 <R> 1.25	1%	Q	Weir Bob
	APD (3)	% of in-home services by race/ethnicity in comparison to the long term care population as a whole. Only the population with the greatest disparity is reported - Non-Hispanic Native American/Alaskan Native.	#	1.3	1.2	1.8	1.2	+	R< 0.5 or R> 1.5	0.5<R>0.75 or 1.25<R>1.5	0.75 <R> 1.25	1%	Q	Weir Bob
	CW	% of children of color placed in culturally, disability and linguistically matched foster homes. **2/11/2014 CW plans to change measure to FC exits by race - new measure under development.**	#				1.34		R< 0.5 or R> 1.5	0.5<R>0.75 or 1.25<R>1.5	0.75 <R> 1.25	1%	Q	Sampson-Grier Melissa
	DD (1)	% of distinct DD comprehensive services recipients of each race/ethnicity by % of Oregon DD population of each race/ethnicity = Disproportionality Ratio. Only the population with the greatest disparity is reported - Hispanic (all races).	#	0.4	0.4	0.4	0.4	=	R< 0.5 or R> 1.5	0.5<R>0.75 or 1.25<R>1.5	0.75 <R> 1.25	1%	Q	WATKINS Brent
	DD (2)	% of distinct DD Support Services recipients of each race/ethnicity by % of Oregon DD population of each race/ethnicity = Disproportionality Ratio. Only the population with the greatest disparity is reported - Non-Hispanic Native American/Alaskan Native.	#	0.8	0.8	0.8	0.8	=	R< 0.5 or R> 1.5	0.5<R>0.75 or 1.25<R>1.5	0.75 <R> 1.25	1%	Q	WATKINS Brent
	DD (3)	% of distinct DD Case Management services recipients of each race/ethnicity by % of Oregon DD population of each race/ethnicity = Disproportionality Ratio. Only the population with the greatest disparity is reported - Hispanic (all races).	#	2.0	1.9	1.9	1.9	=	R< 0.5 or R> 1.5	0.5<R>0.75 or 1.25<R>1.5	0.75 <R> 1.25	1%	Q	WATKINS Brent
	SSP (1)	% of minority, disabled, and special populations job placement rate % of mandatory caseload - Only the population with the greatest disparity is reported - Non-Hispanic African American.	#	1.6	1.5	1.4	1.4	=	R< 0.5 or R> 1.5	0.5<R>0.75 or 1.25<R>1.5	0.75 <R> 1.25	1%	Q	Wendt Liesl M

No.	Measure Name	Measure Calculation	% or #	Q4 2013	Q1 2014	Q2 2014	Q3 2014 Current	Trend	Red	Yellow	Green	Target	Frequency	Measure Owner
	SSP (2)	% of minority, disabled, and special populations access to Employment and Case Management services to their % of mandatory caseload. Only the population with the greatest disparity is reported - Non-Hispanic African American.	#	1.6	1.5	1.4	2.4	-	R< 0.5 or R> 1.5	0.5<R>0.75 or 1.25<R>1.5	0.75 <R> 1.25	1%	Q	Wendt Liesl M
	VR (1)	Ratio of percent of funds expended for culturally specific and relevant services to the percent of minority clients in the DHS client populations.	#	2.08	3.03	3.03	0.90	+	R< 0.5 or R> 1.5	0.5<R>0.75 or 1.25<R>1.5	0.75 <R> 1.25	1%	Q	TAYLOR Stephaine
	VR (2)	Ratio of percent employed by VR by race/ethnicity to percent of employment rate in general population 2011-2013.	#	3.1	3.2	3.2	3.3	+	< 0.95	0.95 - 1	> 1	1%	Q	TAYLOR Stephaine
O6: Employee Engagement														
a	**Employee Engagement**	**% of staff reporting medium-high or high level of employee engagement.**	#	70.9	77.0	91.0	**74.0**	-	< 65	65 - 85	> 85	90%	Q	DANIELS Becky
	APD	% of staff reporting medium-high or high level of employee engagement.	%	68.52	74.0	90.0	77.0	-	< 65	65 - 85	> 85	90%	Q	Singer Nathan M
	CW	% of staff reporting medium-high or high level of employee engagement.	%	66.79	80.0	91.0	74.0	-	< 65	65 - 85	> 85	90%	Q	DANIELS Becky
	DD	% of staff reporting medium-high or high level of employee engagement.	%	88.88	74.0	90.0	74.0	-	< 65	65 - 85	> 85	90%	Q	DANIELS Becky
	SS	% of staff reporting medium-high or high level of employee engagement.	%	73.63	74.0	91.0	75.0	-	< 65	65 - 85	> 85	90%	Q	DANIELS Becky
	SSP	% of staff reporting medium-high or high level of employee engagement.	%	70.91	80.0	93.0	71.0	-	< 65	65 - 85	> 85	90%	Q	DANIELS Becky
	VR	% of staff reporting medium-high or high level of employee engagement.	%	57.0	76.0	95.0	72.0	-	< 65	65 - 85	> 85	90%	Q	DANIELS Becky
O7: Workforce Diversity														
a	**Workforce Diversity**	**Average of all Workforce Diversity sub-measures.**	%	48.1	53.13	58.81	**56.83**	-	< 80	80 - 100	> 100	100%	Q	Muniz Lydia
	A	% of demographic categories meeting target goals - overall Statewide DHS workforce.	%		70.0	70.0	70.00	=	< 80	80 - 100	> 100	100%	Q	Muniz Lydia
	B	% of demographic categories meeting target goals - workforce for program area.	%		50.0	52.86	54.29	+	< 80	80 - 100	> 100	100%	Q	Muniz Lydia
	C	% of demographic categories meeting target goals - management representation.	%		40.0	40.0	40.00	=	< 80	80 - 100	> 100	100%	Q	Muniz Lydia
	D	% of demographic categories meeting target goals - quarterly new hires.	%		70.0	70.0	80.00	+	< 80	80 - 100	> 100	100%	Q	Muniz Lydia
	E	% of demographic categories meeting target goals - quarterly promotions.	%		60.0	70.0	30.00	-	< 80	80 - 100	> 100	100%	Q	Muniz Lydia

No.	Measure Name	Measure Calculation	% or #	Q4 2013	Q1 2014	Q2 2014	Q3 2014 Current	Trend	RANGE			Target	Frequency	Measure Owner
									Red	Yellow	Green			
F		% of demographic categories meeting target goals - all quarterly separations.	%		40.0	50.0	66.67	+	< 80	80 - 100	> 100	100%	Q	Muniz Lydia
O8: Community Business Partnerships														
a	External Customer Satisfaction	% of community partners who state that DHS is meeting their expectations (data reported annually in Q3; data displayed for prior quarters represents prior years).	%			50.6	**53.0**	+	< 70	70 - 90	> 90	95%	A	MCCORMICK Mike R
	APD	% of community partners who state that DHS is meeting their expectations (data reported annually in Q3; data displayed for prior quarters represents prior years).	%			64.7	60.0	-	< 70	70 - 90	> 90	100%	A	MCCORMICK Mike R
	CW	% of community partners who state that DHS is meeting their expectations (data reported annually in Q3; data displayed for prior quarters represents prior years).	%			64.6	47.0	-	< 70	70 - 90	> 90	95%	A	MCCORMICK Mike R
	DD	% of community partners who state that DHS is meeting their expectations (data reported annually in Q3; data displayed for prior quarters represents prior years).	%			10.0	23.0	+	< 70	70 - 90	> 90	95%	A	BAXTER Patricia E
	SSP	% of community partners who state that DHS is meeting their expectations (data reported annually in Q3; data displayed for prior quarters represents prior years).	%			90.3	60.0	-	< 70	70 - 90	> 90	95%	A	MCCORMICK Mike R
	VR	% of community partners who state that DHS is meeting their expectations (data reported annually in Q3; data displayed for prior quarters represents prior years).	%				75.0		< 70	70 - 90	> 90	95%	A	MCCORMICK Mike R
b	External Stakeholder Satisfaction	% of community partners who state that DHS is meeting their expectations (data reported annually in Q1; data displayed for prior quarters represents prior years).	%			48.0	**48.0**	=	< 70	70 - 90	> 90	95%	A	MCCORMICK Mike R
	APD	% of community partners who state that DHS is meeting their expectations (data reported annually in Q1; data displayed for prior quarters represents prior years).	%			65.0	77.0	+	< 70	70 - 90	> 90	95%	A	MCCORMICK Mike R
	CW	% of community partners who state that DHS is meeting their expectations (data reported annually in Q1; data displayed for prior quarters represents prior years).	%			57.0	47.0	-	< 70	70 - 90	> 90	95%	A	MCCORMICK Mike R
	DD	% of community partners who state that DHS is meeting their expectations (data reported annually in Q1; data displayed for prior quarters represents prior years).	%			38.0	28.0	-	< 70	70 - 90	> 90	95%	A	MCCORMICK Mike R
	SSP	% of community partners who state that DHS is meeting their expectations (data reported annually in Q1; data displayed for prior quarters represents prior years).	%			32.0	74.0	+	< 70	70 - 90	> 90	95%	A	MCCORMICK Mike R

No.	Measure Name	Measure Calculation	% or #	Q4 2013	Q1 2014	Q2 2014	Q3 2014 Current	Trend	RANGE Red	RANGE Yellow	RANGE Green	Target	Frequency	Measure Owner
	VR	% of community partners who state that DHS is meeting their expectations (data reported annually in Q1; data displayed for prior quarters represents prior years).	%			45.0			< 70	70 - 90	> 90	95%	A	MCCORMICK Mike R
c	Partner Outcomes	**% of contract universes that have implemented performance based contracting.**	%	10.3	10.3	10.3	**10.3**	=	< 50	50 - 75	> 75	80%	Q	MCCORMICK Mike R
	APD	% of contract universes that have implemented performance based contracting.	%	20.0	20.0	20.0	20.0	=	< 50	50 - 75	> 75	80%	Q	MCCORMICK Mike R
	CW	% of contract universes that have implemented performance based contracting.	%	0	0	0	0.0	=	< 50	50 - 75	> 75	80%	Q	MCCORMICK Mike R
	DD	% of contract universes that have implemented performance based contracting.	%	0	0	0	0.0	=	< 50	50 - 75	> 75	80%	Q	MCCORMICK Mike R
	SSP	% of contract universes that have implemented performance based contracting.	%	12.5	12.5	12.5	12.5	=	< 50	50 - 75	> 75	80%	Q	MCCORMICK Mike R
	VR	% of contract universes that have implemented performance based contracting.	%	100.0	100.0	100.0	100.00	=	< 50	50 - 75	> 75	80%	Q	MCCORMICK Mike R

OPERATING PROCESSES

OP1: Protection and Intervention

No.	Measure Name	Measure Calculation	% or #	Q4 2013	Q1 2014	Q2 2014	Q3 2014 Current	Trend	Red	Yellow	Green	Target	Frequency	Measure Owner
a	Inconclusive Disposition of Investigations	**% of completed investigations coded "unable to determine" or "inconclusive."**	%	12.4	12.0	12.8	**12.5**	+	> 19	19 - 15	< 15	10%	Q	AYERS Stacey;CERVANTES Marie G
	APD (1)	Facility data: % of completed allegations with an "inconclusive" outcome/finding.	%	4.1	2.9	6.4	5.60	+	> 19	19 - 15	< 15	10%	Q	CERVANTES Marie G;Thompson John S
	APD (2)	Community data: % of completed allegations with an "inconclusive" outcome/finding.	%	11.5	12.6	13.6	12.90	+	> 19	19 - 15	< 15	10%	Q	CERVANTES Marie G;Thompson John S
	CW	% of completed investigations coded "unable to determine" or "inconclusive."	%	17.3	16.1	14.0	13.0	+	> 19	19 - 15	< 15	10%	Q	AYERS Stacey
	DD	% of completed allegations with an "inconclusive" outcome/finding.	%	16.5	16.4	17.3	18.5	-	> 19	19 - 15	< 15	10%	Q	MERRIFIELD Joseph
b	Timeliness of Investigation	**% of calls assigned for field contact that meet policy timelines.**	%	75.9	77.7	70.0	**88.2**	+	< 70	70 - 90	> 90	100%	Q	AYERS Stacey
	APD (1)	Facility data: Response time, % of calls assigned that meet policy timelines.	%	75.8	73.4	98.3	99.40	+	< 70	70 - 90	> 90	100%	Q	CERVANTES Marie G;Thompson John S
	APD (2)	Community data: % of calls assigned in a timely manner as determined by 1% sample.	%	100.0	82.0	92.3	96.20	+	< 70	70 - 90	> 90	100%	Q	CERVANTES Marie G;Thompson John S
	APD (3)	NFSU: % of calls assigned for field contact that meet policy timelines.	%	52.0	18.9	19.44	54.00	+	< 70	70 - 90	> 90	100%	Q	CERVANTES Marie G;Thompson John S

No.	Measure Name	Measure Calculation	% or #	Q4 2013	Q1 2014	Q2 2014	Q3 2014 Current	Trend	RANGE Red	RANGE Yellow	RANGE Green	Target	Frequency	Measure Owner
	CW	% of calls assigned for field contact that meet policy timelines. **Anticipate data available from ROM for 2014 Q3 or Q4.**	%						< 70	70 - 90	> 90	100%	Q	AYERS Stacey
	DD	Data not available in DD.	%						< 70	70 - 90	> 90	100%	Q	MERRIFIELD Joseph
c	**Timeliness of Investigation Completion**	**% of investigation reports completed within policy timelines.**	%	60.9	51.5	47.0	**66.7**	+	< 70	70 - 90	> 90	100%	Q	AYERS Stacey;CERVANTES Marie G
	APD (1)	Facility data: % of investigation reports completed within policy timelines.	%	78.5	73.2	77.0	77.70	+	< 70	70 - 90	> 90	100%	Q	CERVANTES Marie G;Thompson John S
	APD (2)	Community: % of investigation reports completed within policy timelines.	%	59.0	59.3	83.0	81.90	-	< 70	70 - 90	> 90	100%	Q	CERVANTES Marie G;Thompson John S
	APD (3)	NFSU: % of investigation reports completed within policy timelines.	%	89.3	11.0	9.21	91.00	+	< 70	70 - 90	> 90	100%	Q	CERVANTES Marie G;Thompson John S
	CW	% of investigation reports completed within policy timelines.	%	16.6	16.4	17.0	17.0	=	< 70	70 - 90	> 90	100%	Q	AYERS Stacey
	DD	% of investigation reports completed within policy timelines.	%	61.0	57.0	49.0	66.0	+	< 70	70 - 90	> 90	100%	Q	CERVANTES Marie G;Thompson John S
OP2: Direct Service														
a	**(1) Field Workforce Strategy**	**% of positions filled compared to the workforce strategy targets.**	%	92.8		94.1	**96.8**	+	R< 102.96 or R> 201.96	102.96<R>100.98 or 97.02<R>201.96	100.98 <R> 97.02	99%	Q	DUGAN Sandy;Munkers Angela P
	APD	% of positions filled compared to the workforce strategy targets.	%	86.7		90.6	93.6	+	R< 97.76 or R> 191.76	97.76<R>96 or 92<R>191.76	96 <R> 92	94%	Q	DUGAN Sandy;Munkers Angela P
	CW	% of positions filled compared to the workforce strategy targets.	%	99.3		98.3	101.4	-	R< 101.92 or R> 176.92	101.92<R>99.96 or 50.04<R>176.92	99.96 <R> 50.04	75%	Q	DUGAN Sandy;Munkers Angela P
	DD	% of positions filled compared to the workforce strategy targets.	%	93.5		90.0	87.7	-	R< 104 or R> 204	104<R>102 or 98<R>204	102 <R> 98	100%	Q	DUGAN Sandy;Munkers Angela P
	SSP	% of positions filled compared to the workforce strategy targets.	%	88.0		91.3	95.6	+	R< 101.92 or R> 199.92	101.92<R>99.96 or 96.04<R>199.92	99.96 <R> 96.04	98%	Q	DUGAN Sandy;Munkers Angela P
	VR	% of positions filled compared to the workforce strategy targets.	%	89.3		97.4	96.3	-	R< 104 or R> 204	104<R>102 or 98<R>204	102 <R> 98	100%	Q	DUGAN Sandy;Munkers Angela P
a	**(2) Field Workforce to Forecast Workload**	**% of forecast earned positions filled based on quarterly point in time data. **Target updated Q2 2014.****	%	71.2		78.2	**77.3**	-	R< 95 or R> 195	95<R>85.1 or 114.9<R>195	85.1 <R> 114.9	100%	Q	DUGAN Sandy;Munkers Angela P
	APD	% of forecast earned positions filled based on quarterly point in time data.	%	78.6		82.2	84.4	+	R< 105 or R> 205	105<R>95.1 or 104.9<R>205	95.1 <R> 104.9	100%	Q	DUGAN Sandy;Munkers Angela P

No.	Measure Name	Measure Calculation	% or #	Q4 2013	Q1 2014	Q2 2014	Q3 2014 Current	Trend	RANGE Red	RANGE Yellow	RANGE Green	Target	Frequency	Measure Owner
	CW	% of forecast earned positions filled based on quarterly point in time data.	%	75.4		81.1	86.8	+	R< 100 or R> 200	100<R>90.1 or 109.9<R>200	90.1 <R> 109.9	100%	Q	DUGAN Sandy;Munkers Angela P
	DD	% of forecast earned positions filled based on quarterly point in time data.	%	93.5		90.0	87.7	-	R< 104 or R> 204	104<R>102.1 or 97.9<R>204	102.1 <R> 97.9	100%	Q	DUGAN Sandy;Munkers Angela P
	SSP	% of forecast earned positions filled based on quarterly point in time data.	%	58.6		69.0	62.7	-	R< 100 or R> 200	100<R>90.1 or 109.9<R>200	90.1 <R> 109.9	100%	Q	DUGAN Sandy;Munkers Angela P
	VR	% of forecast earned positions filled based on quarterly point in time data.	%	89.3		97.4	96.3	-	R< 70 or R> 170	70<R>80 or 120<R>170	80 <R> 120	100%	Q	DUGAN Sandy;Munkers Angela P
b	Service Delivery	Average reported % of goals achieved in program submeasures for Service Delivery. **Calculation modified Q2 2014.**	%	50.0	16.6	75.0	**74.3**	-	< 72.5	72.5 - 91.6	> 91.6	0%	Q	DUGAN Sandy;Munkers Angela P
	APD	Composite of APD Service Delivery measures.	%	80.2	79.9	85.3	84.4	-	< 84.9	84.9 - 93.3	> 93.3	100%	Q	DUGAN Sandy;Munkers Angela P
	CW	TANF-EA determination timeliness.	%	61.3	76.0		77.00		< 80	80 - 90	> 90	100%	Q	DUGAN Sandy;Munkers Angela P
	DD	Composite of DD Service Delivery measures.	%	72.0	71.4	36.9	22.9	-	< 38.2	38.2 - 90	> 90	100%	Q	DUGAN Sandy;Munkers Angela P
	SSP	Composite of SSP submeasures for Service Delivery efforts encompassing timeliness, engagement and benefit delivery.	%	97.8	0	81.3	91.8	+	< 79.4	79.4 - 94.8	> 94.8	100%	Q	DUGAN Sandy;Munkers Angela P
	VR	VR Service Delivery measures.	%	97.8	96.9	96.5	95.43	-	< 80	80 - 90	> 90	100%	Q	DUGAN Sandy;Munkers Angela P
OP3: Provider Regulation														
a	Provider Quality Improvement	% of licensed or certified providers with medication practice non-compliance rising to the level of corrective action.	%	2.0	15.0	15.7	**0.08**	+	> 25	25 - 15	< 15	10%	Q	KEDDY Donna
	APD - NF	% of licensed or certified providers with medication practice non-compliance rising to the level of corrective action.	%	11.0	75.0	63.0	26.0	+	> 25	25 - 15	< 15	10%	Q	KEDDY Donna
	APD - CBC	% of licensed or certified providers with medication practice non-compliance at level 3 or 4.	%	0	2.0	0	0.0	=	> 25	25 - 15	< 15	10%	Q	KEDDY Donna
	CW	% of licensed or certified providers with medication practice non-compliance rising to the level of corrective action.	%						> 25	25 - 15	< 15	10%	Q	KEDDY Donna
	CCLU	% of licensed or certified providers with medication practice non-compliance rising to the level of corrective action.	%	5.0	41.0	89.0	35.0	+	> 25	25 - 15	< 15	10%	Q	KEDDY Donna
	DD (1)	% of licensed or certified providers with medication errors identified that required follow up.	%	0	0	0	0.0	=	> 25	25 - 15	< 15	10%	Q	Southard Barbara L
b	Monitoring	% of on-site visits completed within program specific timelines.	%	74.0	72.0	74.0	**78.0**	+	< 90	90 - 95	> 95	100%	Q	KEDDY Donna
	APD (1)	% of nursing faciilty on-site visits completed within program specific timelines.	%	0	0	0	0.0	=	< 60	60 - 85	> 85	100%	Q	KEDDY Donna

No.	Measure Name	Measure Calculation	% or #	Q4 2013	Q1 2014	Q2 2014	Q3 2014 Current	Trend	Red	Yellow	Green	Target	Frequency	Measure Owner
									RANGE					
	APD (2)	% of community based care on-site visits completed within program specific timelines.	%	45.0	45.0	53.0	21.0	-	< 60	60 - 85	> 85	100%	Q	KEDDY Donna
	APD (3)	% of adult foster home on-site visits completed within program specific timelines.	%						< 60	60 - 85	> 85	100%	Q	KEDDY Donna
	CW	% of on-site visits completed within program specific timelines.	%						< 90	90 - 95	> 95	100%	Q	KEDDY Donna
	CCLU	% of on-site visits completed within program specific timelines.	%	95.0	70.0	100.0	100.0	=	< 60	60 - 85	> 85	100%	Q	KEDDY Donna
	DD	% of on-site visits completed within program specific timelines.	%	100.0	100.0	100.0	99.0	-	< 90	90 - 95	> 95	100%	Q	Southard Barbara L
OP4: Program Design and Implementation														
a	Sub-Process Utilization	% of utilization of sub-processes of program design and implementation by program and DHS.	%	62.0	72.0	79.6	**75.7**	-	< 60	60 - 80	> 80	90%	Q	Lee Trina M
	APD	% of utilization of sub-processes of program design and implementation.	%	61.0	71.0	74.0	75.6	+	< 60	60 - 80	> 80	90%	Q	MCCORMICK Mike R
	CW	% of utilization of sub-processes of program design and implementation.	%	61.0	64.0	79.0	82.0	+	< 60	60 - 80	> 80	90%	Q	DAY Lois
	DD	% of utilization of sub-processes of program design and implementation.	%	49.0	68.0	77.0	74.0	-	< 60	60 - 80	> 80	90%	Q	BAXTER Patricia E
	SSP	% of utilization of sub-processes of program design and implementation.	%	66.0	78.0	74.0	62.0	-	< 60	60 - 80	> 80	90%	Q	Wendt Liesl M
	VR	% of utilization of sub-processes of program design and implementation.	%	74.0	79.0	94.0	85.0	-	< 60	60 - 80	> 80	90%	Q	TAYLOR Stephaine
b	Performance to Process and Outcome Measures	% of performance to target by program and DHS using outcome measure data.	%	52.3	56.0	58.3	**63.97**	+	< 60	60 - 80	> 80	90%	Q	Lee Trina M
	APD	% of performance to target.	%	42.8	52.0	56.0	52.8	-	< 60	60 - 80	> 80	90%	Q	MCCORMICK Mike R
	CW	% of performance to target.	%	44.0	54.0	51.0	51.7	+	< 60	60 - 80	> 80	90%	Q	DAY Lois
	DD	% of performance to target.	%	42.2	52.0	60.0	58.4	-	< 60	60 - 80	> 80	90%	Q	BAXTER Patricia E
	SSP	% of performance to target.	%	55.0	56.0	59.0	55.2	-	< 60	60 - 80	> 80	90%	Q	Wendt Liesl M
	VR	% of performance to target.	%	77.5	70.0	73.0	77.7	+	< 60	60 - 80	> 80	90%	Q	TAYLOR Stephaine
	CS	% of performance to target.	%		48.0	51.0	72.0	+	< 60	60 - 80	> 80	90%	Q	Lee Trina M
c	Internal Customer Satisfaction	% of internal customers who report overall satisfaction with quality of services received.	%		80.0	70.0	**76.1**	+	< 65	65 - 85	> 85	90%	Q	Lee Trina M

No.	Measure Name	Measure Calculation	% or #	Q4 2013	Q1 2014	Q2 2014	Q3 2014 Current	Trend	Red	Yellow	Green	Target	Frequency	Measure Owner
	APD	% of internal customers who report overall satisfaction with quality of services received.	%		84.0	75.0	78.95	+	< 65	65 - 85	> 85	90%	Q	Lee Trina M
	CW	% of internal customers who report overall satisfaction with quality of services received.	%		80.0	79.0	82.1	+	< 65	65 - 86	> 86	90%	Q	Lee Trina M
	DD	% of internal customers who report overall satisfaction with quality of services received.	%		73.0	60.0	63.2	+	< 65	65 - 87	> 87	90%	Q	Lee Trina M
	SSP	% of internal customers who report overall satisfaction with quality of services received.	%		83.0	83.0	78.5	-	< 65	65 - 88	> 88	90%	Q	Lee Trina M
	VR	% of internal customers who report overall satisfaction with quality of services received.	%		82.0	53.0	77.8	+	< 65	65 - 89	> 89	90%	Q	Lee Trina M

SUPPORTING PROCESSES

SP1: Program Integrity

No.	Measure Name	Measure Calculation	% or #	Q4 2013	Q1 2014	Q2 2014	Q3 2014 Current	Trend	Red	Yellow	Green	Target	Frequency	Measure Owner
a	(1) Program Integrity Audits and Reviews	Internal audit and consulting schedule completion rate.	%	13.0	13.0	17.0	52.0	+	< 70	70 - 80	> 80	100%	Q	Hibner Charles
a	(2) Corrective Actions Implemented	% of corrective action plans implemented as a percent of the total.	%	29.0	0	29.0	19.0	-	< 70	70 - 80	> 80	100%	Q	Hibner Charles
a	(3) Repeat Compliance Audit Findings	% of recommendations that are not similar to prior audit findings.**Data not available this quarter.**	%		83.0	80.0			< 62	62 - 70	> 70	100%	Q	Hibner Charles
b	Internal Business Reviews	% of reviews determined to meet quality expectations by Business Experts for all programs. **Measure currently under development.**	%						< 60	60 - 70	> 70	100%	Q	Hibner Charles
	APD (1)	% of negotiable item reviews determined to meet quality expectations by Business Experts (Q1 and Q3). **Measure currently under development.**	%						< 75	75 - 90	> 90	100%	Q	Hibner Charles
	APD (2)	% of Oregon Trail Card reviews determined to meet expectations by Business Experts (Q1).	%						< 75	75 - 90	> 90	100%	Q	Hibner Charles
	APD (3)	% of receipting reviews determined to meet quality expectations by Business Experts (Q1 and Q3).**Measure currently under development.**	%						< 75	75 - 90	> 90	100%	Q	Hibner Charles
	APD (4)	% of special cash pay reviews determined to meet quality expectations by Business Experts (Q2 and Q4).	%						< 75	75 - 90	> 90	100%	Q	Hibner Charles
	APD (5)	% of revolving fund check reviews determined to meet quality expectations by Business Experts (Q2).	%						< 75	75 - 90	> 90	100%	Q	Hibner Charles

No.	Measure Name	Measure Calculation	% or #	Q4 2013	Q1 2014	Q2 2014	Q3 2014 Current	Trend	RANGE Red	RANGE Yellow	RANGE Green	Target	Frequency	Measure Owner
	APD (6)	% of voter registration reviews determined to meet quality expectations by Business Experts (Q2 and Q4).	%						< 75	75 - 90	> 90	100%	Q	Hibner Charles
	CW (1)	% of negotiable item reviews determined to meet quality expectations by Business Experts (Q1 and Q3).	%		61.0		56.0		< 75	75 - 90	> 90	100%	Q	Hibner Charles
	CW (2)	% of office safety reviews determined to meet quality expectations by Business Experts (Q1).	%		24.0				< 75	75 - 90	> 90	100%	Q	Hibner Charles
	CW (3)	% of staff attendance reviews determined to meet quality expectations by Business Experts (Q3).	%				44.0		< 75	75 - 90	> 90	100%	Q	Hibner Charles
	CW (4)	% of SPOTS reviews determined to meet quality expectations by Business Experts (Q4).	%						< 75	75 - 90	> 90	100%	Q	Hibner Charles
	DD	% of reviews determined to meet quality expectations by Business Experts. **Measure currently under re-development.**	%			40.0			< 75	75 - 90	> 90	100%	Q	Hibner Charles
	VR	% of reviews determined to meet quality expectations by Business Experts.	%		100.0	100.0	83.3	-	< 75	75 - 90	> 90	100%	Q	Hibner Charles
	SSP (1)	% of negotiable item reviews determined to meet quality expectations by Business Experts (Q1 and Q3).	%		80.0		91.0		< 75	75 - 90	> 90	100%	Q	Hibner Charles
	SSP (2)	% of office safety reviews determined to meet quality expectations by Business Experts (Q1).	%		25.0				< 75	75 - 90	> 90	100%	Q	Hibner Charles
	SSP (3)	% of Oregon Trail Card reviews determined to meet expectations by Business Experts (Q1).	%		63.0				< 75	75 - 90	> 90	100%	Q	Hibner Charles
	SSP (4)	% of receipting reviews determined to meet quality expectations by Business Experts (Q1 and Q3).	%		21.0		43.0		< 75	75 - 90	> 90	100%	Q	Hibner Charles
	SSP (5)	% of special cash pay reviews determined to meet quality expectations by Business Experts (Q2 and Q4).	%			77.0			< 75	75 - 90	> 90	100%	Q	Hibner Charles
	SSP (6)	% of revolving fund check reviews determined to meet quality expectations by Business Experts (Q2).	%			72.0			< 75	75 - 90	> 90	100%	Q	Hibner Charles
	SSP (7)	% of voter registration reviews determined to meet quality expectations by Business Experts (Q2 and Q4).	%			80.0			< 75	75 - 90	> 90	100%	Q	Hibner Charles
	SSP (8)	% of staff attendance reviews determined to meet quality expectations by Business Experts (Q3).	%				82.0		< 75	75 - 90	> 90	100%	Q	Hibner Charles
	SSP (9)	% of SPOTS reviews determined to meet quality expectations by Business Experts (Q4).	%						< 75	75 - 90	> 90	100%	Q	Hibner Charles
c	Service Accuracy - Eligibility Determination	Average accuracy score for Quality Control (QC) reviews. **Roll up measure currently under development.**	%						< 85	85 - 100	> 100	100%	Q	Hibner Charles;PICKERELL Paul;BOGART Matthew
	APD	Average accuracy score for 6 QC reviews.	%		75.0	0	83.0	+	< 85	85 - 100	> 100	100%	Q	Hibner Charles
	CW	Accuracy score for QC review.	%		0	0	88.0	+	< 85	85 - 100	> 100	100%	Q	Hibner Charles

No.	Measure Name	Measure Calculation	% or #	Q4 2013	Q1 2014	Q2 2014	Q3 2014 Current	Trend	RANGE Red	RANGE Yellow	RANGE Green	Target	Frequency	Measure Owner
	DD	% of DD QC reviews where accuracy measure meets "green level" expectations (quarterly average).**Measure currently under development.**	%						0	0	0	0%	Q	Hibner Charles
	VR	% of VR case reviews where time to eligibility is less than the federally required 60 days.	%		96.0	98.0	95.5	-	< 85	85 - 100	> 100	100%	Q	Hibner Charles
	SSP	Average accuracy score for 4 QC reviews.	%		40.0	20.0	93.0	+	< 85	85 - 100	> 100	100%	Q	Hibner Charles
d(1)	Employee Fraud	% of substantiated employee fraud cases for last 12 months.	%	0.09	0.08	0.08	0.07	+	> 3	3 - 1	< 1	0%	Q	Hibner Charles
d(2)	Client Fraud and Intentional Program Violations	% of documented fraud and IPV cases as a percentage of current caseload.	%	0.1	0.1	0.07	0.07	=	> 0.41	0.41 - 0.2	< 0.2	0%	Q	Hibner Charles
d(3)	Client Overpayments	% of overpayment referrals received for SNAP, TANF, Medical and ERDC clients as a percentage of current caseload.	%	0.11	0.18	0.19	0.03	+	> 0.31	0.31 - 0.1	< 0.1	0%	Q	Hibner Charles
d(4)	Medicaid Provider Fraud	% of Medicaid provider fraud investigations open in current quarter as a percentage of all Medicaid providers.	%	0.09	0.09	0.08	0.08	=	> 0.31	0.31 - 0.1	< 0.1	0%	Q	Hibner Charles
SP2: Business Support														
a	Business Operations Customer Satisfaction	% of staff rating satisfaction with service delivery of business operations as good or excellent.	%	91.2	62.6	70.1	77.23	+	< 65	65 - 85	> 85	90%	Q	Emerson Jeremy
b	Business Operations Performance Measures	% of business operations performance measures meeting service level agreements.	%	82.8	78.0	79.0	76.4	-	< 90	90 - 95	> 95	100%	Q	Emerson Jeremy
c	Leadership Accountability to Performance Measures	% of performance measures by program area reported for QBR.	%	100.0	87.5	100.0	93.0	-	< 90	90 - 95	> 95	100%	Q	Emerson Jeremy
SP3: Program Support														
a	Internal Service Excellence	% of internal customer survey respondents rating services as good or excellent.	%	61.1	79.1	75.5	78.7	+	< 65	65 - 85	> 85	90%	Q	LONG Angela;Rios Wes

No.	Measure Name	Measure Calculation	% or #	Q4 2013	Q1 2014	Q2 2014	Q3 2014 Current	Trend	Red	Yellow	Green	Target	Frequency	Measure Owner
									RANGE					
b	Projects Utilizing Project Management Tools	% of projects utilizing project management tools.	%	73.0	76.7	81.5	**77.0**	-	< 75	75 - 90	> 90	100%	Q	Sherwood Jodi
	IT	% of projects utilizing project management tools.	%	65.0	65.0	77.0	87.5	+	< 75	75 - 90	> 90	100%	Q	Sherwood Jodi
	DHS/OCI	% of projects utilizing project management tools.	%	87.5	88.0	92.6	96.0	+	< 75	75 - 90	> 90	100%	Q	Sherwood Jodi
	DHS/BT	% of projects utilizing project management tools.	%	66.5	77.0	75.0	80.0	+	< 75	75 - 90	> 90	100%	Q	Sherwood Jodi
c	Efficient and Effective Services	% of projects that meet expected results.	%	88.0	80.0	88.0	**83.3**	-	< 75	75 - 90	> 90	100%	Q	LONG Angela;Rios Wes
SP4: Workforce Development														
a	Cultural Competency	% of employees who have attended the cultural competency training within first year of hire date.	%	70.0	83.0	93.0	**80.0**	-	< 85	85 - 95	> 95	100%	Q	Akin Jeffrey T
	APD	% of employees who have attended the cultural competency training within first year of hire date.	%	58.8	89.0	93.0	65.0	-	< 85	85 - 95	> 95	100%	Q	Akin Jeffrey T
	CW	% of employees who have attended the cultural competency training within first year of hire date.	#	82.9	78.0	93.0	79.0	-	< 85	85 - 95	> 95	100%	Q	Akin Jeffrey T
	DD	% of employees who have attended the cultural competency training within first year of hire date.	%	50.0	80.0	50.0	100.0	+	< 85	85 - 95	> 95	100%	Q	Akin Jeffrey T
	SSP	% of employees who have attended the cultural competency training within first year of hire date.	%	90.0	88.0	96.0	90.0	-	< 85	85 - 95	> 95	100%	Q	Akin Jeffrey T
	VR	% of employees who have attended the cultural competency training within first year of hire date.	%	100.0		50.0	25.0	-	< 85	85 - 95	> 95	100%	Q	Akin Jeffrey T
	Other	% of employees who have attended the cultural competency training within first year of hire date.	%	33.0	83.0	95.0	92.0	-	< 85	85 - 95	> 95	100%	Q	Akin Jeffrey T
b	Performance Feedback Model: (1) Position Descriptions	% of staff that have current position descriptions (reviewed and signed by the employee within the last year).	%	86.0	86.0	88.0	**87.0**	-	< 85	85 - 95	> 95	100%	Q	Akin Jeffrey T
	APD	% of staff that have current position descriptions (reviewed and signed by the employee within the last year).	%	76.0	78.0	83.0	82.0	-	< 85	85 - 95	> 95	100%	Q	Akin Jeffrey T
	CW (1)	% of staff that have current position descriptions (reviewed and signed by the employee within the last year).	%				85.0		< 85	85 - 95	> 95	100%	Q	Akin Jeffrey T
	DD	% of staff that have current position descriptions (reviewed and signed by the employee within the last year).	%	99.0	96.0	98.0	98.0	=	< 85	85 - 95	> 95	100%	Q	Akin Jeffrey T
	SSP	% of staff that have current position descriptions (reviewed and signed by the employee within the last year).	%	86.0	85.0	89.0	88.0	-	< 85	85 - 95	> 95	100%	Q	Akin Jeffrey T

No.	Measure Name	Measure Calculation	% or #	Q4 2013	Q1 2014	Q2 2014	Q3 2014 Current	Trend	RANGE			Target	Frequency	Measure Owner
									Red	Yellow	Green			
	VR	% of staff that have current position descriptions (reviewed and signed by the employee within the last year).	%	88.0	83.0	89.0	73.0	-	< 85	85 - 95	> 95	100%	Q	Akin Jeffrey T
b	**Performance Feedback Model: (2) Development Plans**	**% of staff that have a current Employee Development Plan (updated within the last 3 months).**	**%**	75.0	78.0	78.0	**80.0**	+	< 85	85 - 95	> 95	100%	Q	Akin Jeffrey T
	APD	% of staff that have a current Employee Development Plan (updated within the last 3 months).	%	66.0	60.0	67.0	71.0	+	< 85	85 - 95	> 95	100%	Q	Akin Jeffrey T
	CW	% of staff that have a current Employee Development Plan (updated within the last 3 months).	%	71.0	72.0	71.0	77.0	+	< 85	85 - 95	> 95	100%	Q	Akin Jeffrey T
	DD	% of staff that have a current Employee Development Plan (updated within the last 3 months).	%	80.0	81.0	92.0	91.0	-	< 85	85 - 95	> 95	100%	Q	Akin Jeffrey T
	SSP	% of staff that have a current Employee Development Plan (updated within the last 3 months).	%	75.0	84.0	84.0	82.0	-	< 85	85 - 95	> 95	100%	Q	Akin Jeffrey T
	VR	% of staff that have a current Employee Development Plan (updated within the last 3 months).	%	92.0	78.0	75.0	77.0	+	< 85	85 - 95	> 95	100%	Q	Akin Jeffrey T

DHS Office of Continuous Improvement

The Office of Continuous Improvement (OCI) works in partnership with DHS programs. All work is directly requested from the field or from program. OCI and DHS staff collaborate and work together to improve current processes, create efficiencies, and implement more effective ways of delivering services, all of which directly impacts and ultimately benefits DHS clients.

Completed Projects

Aging and People with Disabilities (APD)

- **APD's Collaborative Disability Determination Unit –** Shared Disability Analysts pilot across APD and SSP in several Districts/multiple counties.

- **APD Shared workload model** - Through sharing workload, clients have access to all workers to support their individual needs, instead of being assigned to one single caseworker. This provides faster and more catered service to clients. These efforts have been worker-initiated.

- **Oregon Homecare Commission electronic tracking** - Developed an electronic approval process for payment of homecare and personal support worker stipends. This change has significantly reduced the manual paper process and workload for the Oregon Homecare Commission and Financial Services teams.

- **Business process changes in Disability Determination Services –** Reduced time to make a disability determination for claimants by 30 days.

- **APD Filing Process** – Reviewed the current filing process and identified areas of improvement that reduced the number of process steps from 45 to 23 by merging worker mini and master file and clarifying required sections of hard files, retention requirements, and minimum documentation needed. Allocated work to specialist who focus on task and develop more efficiencies over time. Reduces typical office's staffing needs by 1.5 FTE.

Program Support/Shared Services Projects

- **Office of Licensing & Regulatory Oversight (OLRO) Corrective Action–** Developed efficient standardization of licensing and regulatory processes; developed the OLRO definition of response to complaints as well as preventive, risk mitigation, and quality assurance roles. Processes related to complaints, differences regarding the licensing role from partner entities such as the Long Term Care Ombudsman, APD field and OAAPI were developed, as well as identification of areas where overlap or gaps exists.

- **Office of Adult Abuse Prevention & Investigations (OAAPI)** – A rapid process improvement event to reduce the number of time extensions needed to complete an investigation and to improve timeliness of the investigation process.
  - 21% reduction in investigations that need an extension.
  - 11% increase of investigations requiring extensions were completed within the extension.
  - 11 fewer days from the time an extension is requested to completion of the investigatory report.
  - 100% of investigations not requesting extensions were completed on time.

- **Office of Business Intelligence** – Development of written standardized processes and protocols to streamline and improve process for responding to external research requests.

Child Welfare (CW)

- **Differential Response Pre and Post Time study –** Identification of impact to Child Welfare screeners due to implementation of Differential Response. Time study conducted pre and post DR with recommendations for best practices and process improvement activities to gain efficiencies and save time.

- **Differential Response Process Mapping –** Mapping of current policy, OR-Kids processes, and current practices to prepare for DR implementation. All protocols and processes moving forward are based off of these maps.

Developmental Disabilities (DD)

- **Stabilization and Crisis Unit (SACU)** – **Lean Daily Management System** (**LDMS) –** Implemented LDMS training (DHS's frontline operating system), daily huddles, metrics to measure performance, and application of problem solving and lean tools to improve performance.
    - o 532 Staff Trained
    - o 23 Group Homes
    - o 48 Continuous Improvement Sheets Submitted

Self Sufficiency Program (SSP)

- **SSP Field Office Productivity -** Scanning and imaging allowed offices to go paperless by allowing field staff to have scanned images and eligibility screens in front of them at the same time.

- **Prioritization of incoming paperwork** – Allowed clients to receive benefit issuance same day or next day.

- **D11 CW/SSP Role Alignment** – Established written protocols for Child Welfare and Self-Sufficiency. These protocols have streamlined processes for contracts, hiring, facilities, and vehicles. This allows for standardized processes and time savings for staff.

Active projects

Aging and People with Disabilities (APD)

- **APD and DD CMS Waiver and K-Plan -** Process mapping to capture all reporting requirements referred to as the Quality Management Collaboration. Partner collaboration has 8 committed stakeholder agencies involve with the project in addition to coordinating with the Office of Program Integrity. This collaboration allows for advanced notice of data needs, increased opportunity for data analysis and increased time for creating and vetting reports to CMS. The project is creating efficiencies in the reporting process and will create significant additional efficiencies when the process is automated through SharePoint. This will create automatic advance notices/reminders of data needs well in advance of reporting deadlines and data will be submit directly to the proper Waiver Unit staff member. Report writing, vetting and editing will take place in one enterprise environment.

- **SNAP application and 24 month certification project** – Allows for benefits to be issued in a 24 month cycle, opposed to the traditional 12 month timeframe and includes qualifying questions at the 12 month point. Reduces both staff time and unnecessary client reapplication time.

Program Support/Shared Services Projects

- **OPI Quality Control SNAP Reviews -** Review of current processes to establish efficiencies by decreasing the number of handoffs and increase timeliness of reviews. Integrating best practices to provide quality reports that allow for internal review before the Federal deadlines.

Child Welfare (CW)

- **Child Welfare Business Systems -** Efforts to streamline the way work has historically been completed leading to inefficient and ineffective processes. Child Welfare offices in every District have implemented 19 protocols within 6 systems to ensure the right worker is doing the right kind of work, technology is utilized to decrease process steps, efficiencies in work are gained through process improvement, and standardization of business processes exist for standardization of work.

- **Differential Response Protocol Development -** Protocol development sessions have been held for each District gearing up for Differential Response. These efforts have created standardized practices, efficient processes, and a solid framework for incorporating DR into existing efforts.

Developmental Disabilities (DD)

- **SACU Performance Evaluations -** SACU's leadership team has refined their process of conducting performance evaluations for staff and managers. They reduced steps, eliminated redundancies, moved to electronic tracking, and implemented a schedule to meet requirements.

Self Sufficiency Program (SSP)

- **D2 & D11 Work Share Pilot –** Pilot explores a state-wide shared workload model in which clients are served by the next available worker regardless of physical location. Currently, Districts 2 and 11 are piloting efforts and have experienced success. This model will increase timeliness of benefits to clients and utilize DHS staff in an equitable manner.

- **Jobs Participation -** Goal is to raise engagement of "Single Parent" participation in JOBS (Job Opportunities & Basic Skills Training) from an average of 11% to a target of 20% or higher by October 2015. Streamlined processes will be developed within each District and strategic plans will be implemented to engage customers in the program.

- **D16 Processing Center –**RPI to create a process in which applications can be processed as received as opposed to being scheduled out. District is currently implementing process improvement functions.

- **D7 Accuracy –**Root cause analysis to identify source of poor accuracy rates.

- **Child Care Provider RPI –** RPI to improve the current process of certifying new child care. Districts will be selected to pilot the newly created process.

Additional OCI Support

- **Regional Support –** OCI provides direct support to DHS Districts and offices throughout the state. Lean Leaders assist with local improvement requests and small-scale support that directly impact service delivery in each office. OCI provided 600 hours of regional support from September 2014 – February 2015. Common support includes: LDMS assistance, workflow analysis, problem solving assistance through lean tools, facilitation, protocol development, training, and leadership coaching.

Attachment B

- **OCI Services –** OCI provides many services to the DHS programs. These include: mappings, rapid process improvement events, development of business cases, training, facilitation, metrics analysis and improvement suggestions, assistance with implementation, coaching, 7 Step Problem Solving, DHS Management System assistance, protocol development and implementation, and other improvement activities.

OFFICE OF PROGRAM INTEGRITY

DESCRIPTION OF REVIEWS

	FEDERALLY MANDATED			
	Child Welfare **CSFR**	**SNAP** **QC**	**SNAP** **Program Evaluation (PME)**	**TANF** **QC**
Focus	Comprehensive review of safety, permanency, and wellbeing practices	Eligibility and proper payments to SNAP recipients.	Identify areas for corrective action and improvement in SNAP process.	Eligibility and proper payments to TANF families.
Staff	4	15	2	2.5
Annual case reviews	240	1,920	1,050 (70 each at 15 sites)	311
Annual reviews/staff	60	128	525	124
Special review chacteristics	Face-to-face interviews with all persons invoved in case. Second level review on all cases.	Face-to-face interviews with each client. 100% review of every element. Federal re-review.	Develops state plan on program access, civil rights, recipient integrity, nutrition, and security. Interviews with sample of clients, staff, and community partners. Initial and followup review	New review.
Special feedback characteristics	Debrief meetings with local leadership	Statewide QC panel	Entrance and exit conferences	Statewide QC panel
Recent efforts to improve efficiency of review process	Developed metrics for continuous improvement, Better electronic tools.	Piloting online review system with federal agency. Currently in continuous improvement project.	Using VCON to streamline client/staff/partner meetings.	Currently in continuous improvement project. Better electronic tools.

Quality Control (QC) - QC reviews are federally-mandated audits measuring Oregon's performance. We send results to our federal partners which may result in rewards or penalties.

Quality Assurance (QA) - QA is an internal review of recent actions. They are typically done on-site and errors are directly communicated to workers and fixed. These workers keep statistics which are used to create "Error Trend Reports" that go to program management for review and also used by our QA staff to develop error-specific training across the state.   Our QA reviewers are stationed throughout the state and are also used as a resource in the field for eligibility questions.

Typical case review - Cases are pulled from a random sample. A typical QC review involves reviewing all the documentation, verifying the information is accurate, determining whether the action taken (eligibility, payment, etc.) was accurate and complied with the law.

Typical feedback - Sharing findings with federal agency, field staff, central staff, and partners and publishing error trends reports used for training,

OFFICE OF PROGRAM INTEGRITY

DESCRIPTION OF REVIEWS

	FEDERALLY MANDATED			NOT MANDATED
	ERDC **QC**	**Medicaid** **1915 Waiver Review**	**Medicaid, CHIP** **QC**	**SNAP, TANF, ERDC** **QA**
Focus	Proper payments to day care providers.	Financial and service eligibility for services to keep aged and disabled in home rather than nursing facility.	Eligibility for medical services.	On-site review targeted to recent eligibility determinations in error-prone areas.
Staff	2.5	4	3	21
Annual case reviews	276	615	220	42,000
Annual reviews/staff	110	154	73	2,000
Special review chacteristics	Mandated every third year.	Includes state and county offices. Face-to-face client assssments	"End-to-end" review of MAGI (Affordable Care Act) and non-MAGI determinations. New review.	Focused on recent actions in error-prone areas
Special feedback characteristics	Statewide QC panel	Exit conferences		Almost real-time review allows more effective feedback to staff and managers.
Recent efforts to improve efficiency of review process	Improved database.	Improved database.	Better electronic tools.	On-line meetings. Increased trainings and reviews.

INFORMATIONAL TECHNOLOGY BUSINESS SUPPORT UNIT

PURPOSE 1 - SUPPORT EXISTING SYSTEMS

	SUPPORTED SYSTEMS						
	Oregon ACCESS	**eXPRS**	**ASPEN** Federally mandated	**Web 723 Facility Application and QMDB**	**Mainframe Applications**	**Technical Support Unit**	**OR-Kids**
Purpose	Non-MAGI Medicaid eligibility, APD client needs assessments, service eligibility, and service planning	DD service eligibility, authorizations, and payments	Licensing of nursing and community-based facilities, including surveys, reporting, and some investigative tools.	Facility abuse investigations and some licensing functions	Complex set of legacy systems that manage identification, eligibility, service, trust fund, and payment processes on APD, DD, and OHA clients and providers.	Resolve case coding issues across systems (including medical systems), enter data, upload files, do anything needed to get the multiple systems to work together.	Management of investigations and subsequent action on allegations of child abuse
Staff	3	3	3	included w/ ASPEN	4	10	10
Users	APD central APD field offices AAAs	APD/DD central Community DD programs Brokerages Providers	OLRO APD central APD field offices AAAs Nursing facilities	OLRO OAAPI APD field offices AAAs	Many DHS central offices OHA - AMH Home Care Commission APD field offices AAAs	Direct support to: APD field offices Community DD programs Brokerages	Child Welfare central CW field offices
Number of users	2,250	6,500	370	150	2,500		

ITBSU role in supporting systems

System enhancements - solicit and document business requirements, help IT developers understand business need during planning and development, test completed application, plan implementation, train and coach users through business transition. Attached is a list of existing enhancement projects.

System operations - operate help desk to assist users with issues specific to each application/business process (i.e., issues that the general IT help desk cannot handle), partner with OIS in identifying cause and resolution of bugs and system breaks.

Analyze policy initiatives - estimate system impacts of implementing policy changes from federal funders, the Legislature, and agency leadership.

Business operational support - see Technical Support Unit above.

PURPOSE 2 - REPLACEMENT SYSTEMS/BUSINESS PROCESS CHANGES

These activities help DHS adopt new technologies and ways of serving its customers. The ITBSU role includes many of the activities involved with enhancements of existing systems, with a stronger emphasis toward incorporating business process change and achievement of the business goals of the DHS/OHA IT Strategic Plan. Staff consists of 14 business analysts, project managers, and managers.

Current projects include:

Electronic Data Management System - moving toward a paperless office.

Provider Time Capture - one system to capture and pay for work of contractors represented by a union that can make all required deductions.

The ITBSU 2015-17 budget also includes a POP for a non-MAGI Medicaid eligibility system.

Office of Business Intelligence [OBI]

OBI's goal is to provide the access to the current, high-quality data; timely, complete and understandable reporting; and strategic, insightful anlaysis that DHS requires to become a data-informed and outcome-focused agency. OBI prioritizes accessibility, accuracy, comprehensiveness, contextualized knowledge and usability in preparing work products for decision makers and other consumers.

Unit	Focus	Staff in Support of				
		DHS Cross-Program	APD	CW	I/DD	SSP (inc. SNAP for APD)
Infrastructure	Acquiring, organizing and providing access to administrative data about who, what, when & where.	4	1	1	1	1
Reporting	What happened? Trends: How many, how often & where? Where exactly is the problem? & Alerts about actions that are needed.	3	2	3.5	1	6.5
Research	Why is this happening? What if these trends continue? What will happen next? What's the best that can happen?	4	1	1.5	1	1
Survey	Creating and administering electronic surveys to gather data from staff, consumers & community partners.	1				
Total Staff: 33.5		12	4	6	3	8.5

Infrastructure - OBI brings together data from multiple, siloed program areas into a centralized location, providing improved data quality, efficiency in reporting and ease of access. The data warehouse includes data from Aging & People with Disabilities [APD], Intellectual & Developmental Disabilities [I/DD], Child Welfare [CW], Self Sufficiency Program [SSP] systems and Medicaid data for DHS consumers. This critical infrastructure supports reporting, research and analysis within OBI and by other DHS program areas. The Infrastructure unit also develops and maintains multiple data collection solutions for DHS, including quality assurance tools for APD and IDD and the electronic QBR Scorecard for DHS executives.

Reporting - OBI produces over 350 monthly operational and performance reports that provide the ongoing feedback and identify emerging trends field and program staff need to run efficient and situationally responsive programs.   Examples include the monthly CW/SSP Field Dashboard report and the interactive, public Child Welfare Data Set. Each report is tailored to the specific report users. For example, supervisors in the field will look at different metrics and data than executive staff. This work keeps DHS on top of what's happening now. OBI also plays a central role in meeting federal reporting requirements that are critical to Oregon's receipt of Federal funds.

Analysis and Research - In addition to providing ongoing-operational data, OBI provides data and analysis for practice and policy discussions; Legislative and media requests and cross-agency collaborations [with the Health Authority [OHA] for CCOs; Department of Education [ODE] for Early Learning Hubs; Youth Authority [OYA] for the Feeder System project; OHSU for the Pay for Prevention project] OBI also supports research with external partners like Portland State, University of Oregon, Oregon State, OHSU and Oregon Social Learning Center [OSLC]. This work focusses on outcomes and their drivers and scans the horizon for emerging needs and patterns.

See also Thomas H. Davenport & Jeanne G. Harris, ***Competing on Analytics*** , Harvard Business School Press, Boston, MA c. 2007

Office of Licensing and Regulatory Oversight

Nursing Facility Licensing Program (NF)	Who	What	When	How
	12,000 Residents	Licensure/Regulatory Oversight of **138** Nursing Facilities	**1x**/ Year Survey As needed- Complaint Investigations by Federal mandate On-Site Across Oregon	**32 Surveyors** – teams of 4, 2 wks. per facility (onsite& report writing), QIS certified by Federal mandate **10 Complaint Surveyors** – Investigates potential abuse and licensing violations on-site **2 Corrective Action Coordinators** – Take legal actions to include sanctions, civil penalties, etc. **3 Policy Analyst** – issue licenses, write rules, provide technical assistance to Providers.

Efficiencies Implemented to Maximize Resources
- Shortened surveyor training time from 9 months to 6 months (Federal mandate)
- Shortened report writing time by 33%
- Crossed trained complaint investigators for survey
- Implemented creative recruitment and hiring strategies
- Reconfigured survey teams to be more mobile, more flexible, and more interchangeable

Challenges
- Surveyor/RN shortages, Below market salary
- Surveyor retention problems (refer to CMS Report)

Community Based Care Licensing (CBC)	Who	What	When	How
	25,000 Residents	Licensure/Regulatory Oversight of **500** Assisted Living Facilities	**1x**/ 2 years Survey Plus Complaint Visits as Needed On-Site	**15 Surveyors** – teams of 2-4, 6 days / Facility (onsite& report writing) 21 surveys a month required to maintain compliance **4 Corrective Action Coordinators** – Take legal actions to include

		Residential Care Facilities Continuous Care Residential Communities	Across Oregon	sanctions, civil penalties, etc. **4 Policy Analyst** – issue licenses, write rules, provide technical assistance to Providers.

Efficiencies Implemented to Maximize Resources
- Streamlined survey report of findings
- Better coordination with Long Term Care Ombudsmen Office(LTCO)
- Implementation of field compliance specialists
- Reconfigured survey teams to be more mobile, more flexible, and more interchangeable

Challenges
- Significant facility growth (5%/year) in number of Assisted Living Facilities, Memory Care and Residential Care Facilities
- 38% Growth in the number of allegations in of action
- Not enough surveyors and corrective action staff to keep pace with the growth

Developmentally Disabled Licensing (DD)	**Who**	**What**	**When**	**How**
	25,000 Intellectual, Developmental Disabled Adults and Children	Licensure/Regulatory Oversight of **2115** Homes, Programs, and Agencies	Varies **1x**/ 1-5 years Survey Plus Complaint Visits as Needed On-Site Across Oregon	**12 Surveyor/Licensor** – teams of 2-3, 3 days / Facility (onsite& report writing), complaint investigations **1 Corrective Action Coordinators** – Take legal actions to include sanctions, civil penalties, etc. **1 Policy Analyst** – issue licenses, write rules, provide technical

Efficiencies Implemented to Maximize Resources
- Access to agency documents electronically resulting in reduction of on-site time at facility
- More up front renewal information from agencies which reduces burden on the agency during on-site survey inspections

Challenges
- 24% growth in number of providers needing initial license and ongoing compliance, oversight

• Not enough surveyor/licensors to keep pace with growth (Unit Manager maintains a caseload of 80 agencies)				

Adult Foster Home Licensing (ALF)	**Who**	**What**	**When**	**How**
	8,900 Residents	Licensure/Regulatory Oversight of **1,800** Adult Foster Homes in support of APD field services	**1x**/ 2 years Survey Plus Complaint Visits as Needed On-Site Across Oregon	**4 Corrective Action Coordinators** – Take legal actions to include sanctions, civil penalties, etc. **3 Policy Analyst** – issue licenses, write rules, provide technical assistance to Providers.

Efficiencies Implemented to Maximize Resources
- Implemented electronic transmittal of documents to APD field offices and providers
- Streamlined and standardized notices in support of legal- due process with field licensors and providers
- Entered training of field licensors to support efficiency in regulation of providers

Children's Care Licensing (CCLU)	**Who**	**What**	**When**	**How**
	12,000 Children and Adolescents	Licensure/Regulatory Oversight **217** Programs and Facilities for Children	**1x**/ 2 years Survey Plus Complaint Visits as Needed On-Site Across Oregon	**3 Licensing Coordinators** - Surveyor and Inspection - Corrective Action - take legal actions to include sanctions, civil penalties, etc. - Issue licenses, write rules, provide technical assistance to Providers.

Efficiencies Implemented to Maximize Resources
- Joint on-site visits with Oregon Youth Authority, Child Welfare BRS, Addictions and Mental Health
- Share compliance finding with Oregon Youth Authority, Addictions and Mental Health – coordinate, consistent response
- Coordinated criminal record checks to unburden providers

Attachment F

Challenges
• No civil penalties/fines, no application fees