

HUMAN SERVICES, DEPARTMENT of
Annual Performance Progress Report (APPR) for Fiscal Year (2012-2013)

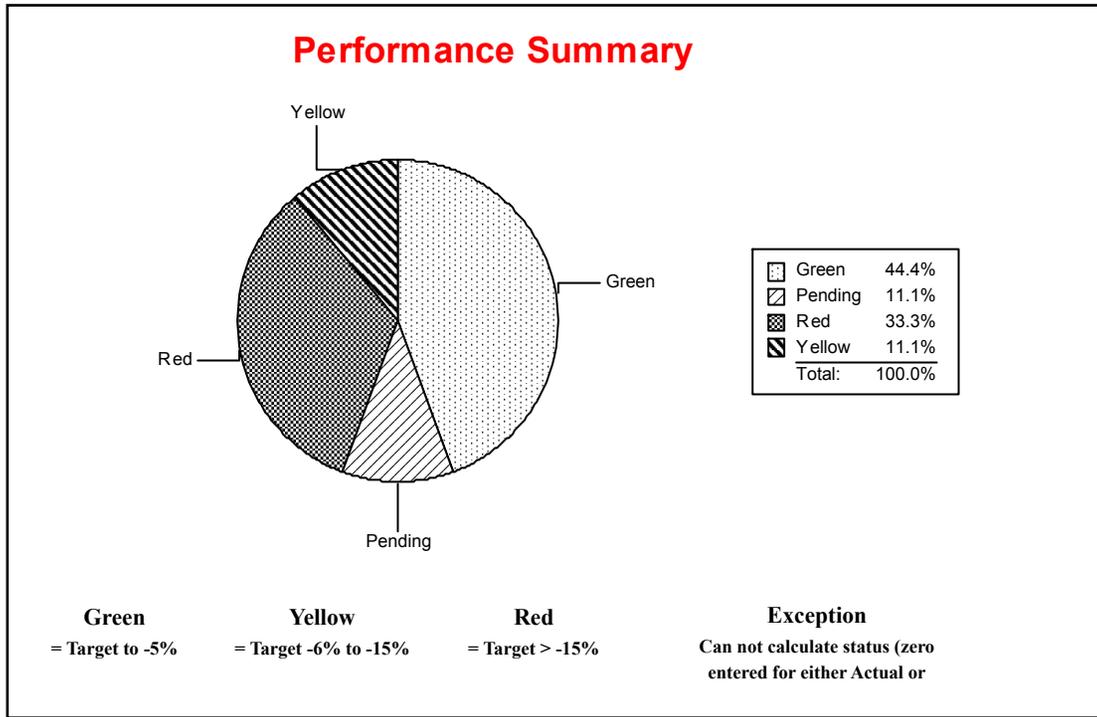
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2012-2013 KPM #	2012-2013 Approved Key Performance Measures (KPMs)
1	OVRS CLOSED - EMPLOYED – The percentage of Office of Vocational Rehabilitation Services (OVRS) consumers with a goal of employment who are employed.
2	TANF FAMILY STABILITY – The percentage of children entering foster care who had received TANF cash assistance within the prior two months.
3	TANF RE-ENTRY - The percentage of Temporary Assistance for Needy Families (TANF) cases who have not returned within 18 months after exit due to employment.
4	SNAP (Supplemental Nutrition Assistance Program) UTILIZATION - The ratio of Oregonians served by SNAP to the number of low-income Oregonians.
5	SNAP (Supplemental Nutrition Assistance Program) ACCURACY - The percentage of accurate SNAP payments
6	ENHANCED CHILD CARE - The percentage of children receiving care from providers who are receiving the enhanced or licensed rate for child care subsidized by DHS
7	ABSENCE OF REPEAT MALTREATMENT - The percentage of abused/neglected children who were not subsequently victimized within 6 months of prior victimization.
8	TIMELINESS AND PERMANENCY OF REUNIFICATION OF CHILDREN
9	TIMELINESS OF FOSTER CARE RELATED ADOPTIONS
10	LTC NEED PREVENTION - Percentage of seniors (65+) needing publicly-funded long term care services.
11	LTC RECIPIENTS LIVING OUTSIDE OF NURSING FACILITIES – The percentage of Oregonians accessing publicly-funded long-term care services who are living outside of nursing facilities.
12	DEVELOPMENTAL DISABILITY SUPPORT SERVICES - The percentage of eligible adults who are receiving adult support services within 90 days of request.
13	PEOPLE WITH DISABILITIES IN COMMUNITY SETTINGS – The percentage of individuals with developmental disabilities who live in community settings of five or fewer.

2012-2013 KPM #	2012-2013 Approved Key Performance Measures (KPMs)
14	INTEGRATED EMPLOYMENT SETTINGS - The percentage of adults with developmental disabilities who receive ODDS services who are working in integrated employment settings.
15	ABUSE OF PEOPLE WITH DEVELOPMENTAL DISABILITIES - The percentage of people with developmental disabilities experiencing abuse.
16	PLACEHOLDER: ADULT PROTECTIVE SERVICES
17	CUSTOMER SERVICE - Percentage of customers rating their satisfaction with DHS above average or excellent: overall, timeliness, accuracy, helpfulness, expertise, availability of information.
18	PLACEHOLDER: SERVICE EQUITY

HUMAN SERVICES, DEPARTMENT of		I. EXECUTIVE SUMMARY	
Agency Mission: Assisting people to become independent, healthy and safe.			
Contact: Anna Cox, DHS Data Collection & Reporting		Contact Phone: 503-945-6680	
Alternate: Angela Long, DHS Office of Business Intelligence		Alternate Phone: 503-945-6170	



1. SCOPE OF REPORT

This report covers a broad array of programs throughout the Department of Human Services (DHS), such as employment, child well-being, independence of seniors and people with disabilities that support the mission and goals of the agency. The purpose of this annual performance report is to communicate the results of the work we do. While the primary audience of this report is the Oregon Legislature and other key stakeholders, it is also a communication tool for staff, other governmental agencies and the public.

2. THE OREGON CONTEXT

DHS helps achieve Oregon’s goals: Quality jobs for all Oregonians; Safe, caring and engaged communities; and Healthy, sustainable surroundings. The DHS Key Performance Measures support many of the Oregon Benchmarks such as: #14 Workers above 150% of poverty; #51 Child abuse and/or neglect; #52 Elder abuse; #58 Food insecurity; #59 Independent seniors; #60 Working disabled; and, #61 People with physical/cognitive limitations living in poverty. More information about Oregon Benchmarks and state partners can be accessed at <http://benchmarks.oregon.gov/>

3. PERFORMANCE SUMMARY

DHS achieved green status on nine (50%) Key Performance Measures. Two (11.11%) KPMs achieved yellow status. Five (27.78%) achieved red status, with two measures Pending.

4. CHALLENGES

Poor economic conditions and unemployment appear to have an influence on many of our measures. Cuts in funding and limited resources (such as staff and providers) have an impact on whether or not we can achieve our desired results, especially with the rising caseloads and insufficient staff. Other challenges include the fact that the work of DHS is complex and requires coordinated efforts to see an impact on the results. It’s not uncommon for clients to have multiple barriers to face. They may have drug or alcohol abuse issues, involvement with law enforcement, have mental health challenges, or be unemployed. Through the DHS Management System, DHS continues to work on connecting the daily work of the agency to intermediate and high level outcomes. Doing so will enable us to prioritize and clarify the results of what we do (effectiveness) and the importance of efficient processes, thereby creating a culture throughout DHS by which all managers and staff rigorously use performance measures and other line-of-sight metrics for decision-making, managing the daily work and driving improvements throughout the agency. More effective communication with the public and stakeholders of the value of DHS services is desired as we attempt to educate others about our role as good stewards of public resources.

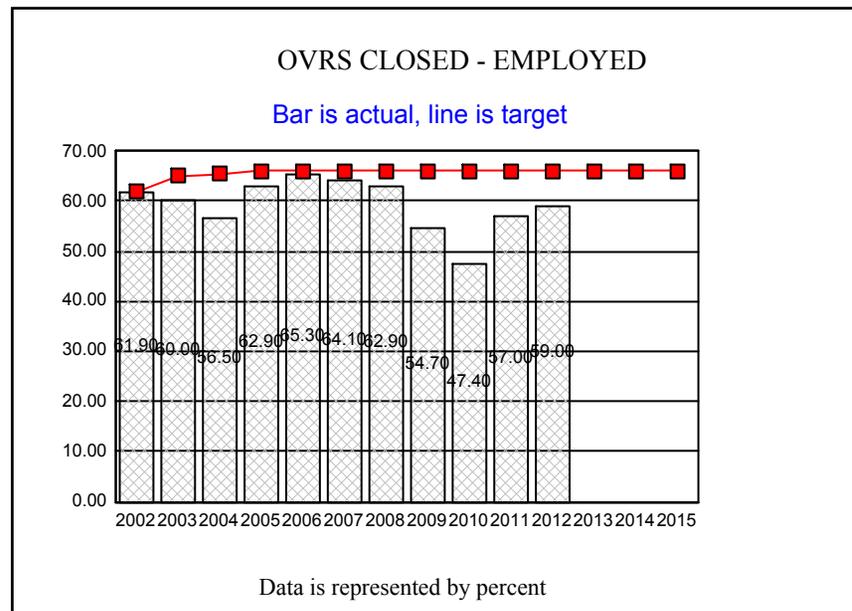
5. RESOURCES AND EFFICIENCY

2013-15 DHS Biennial Budget	Total Funds (in millions \$)	% of Total
DHS Central Services	33.8	0.4%
DHS Shared Services	104.3	1.2%
DHS State Assessments & Enterprise-wide Cost	332.0	3.7%
Self Sufficiency	3,506.5	38.7%
Child Welfare	896.6	9.9%
Vocational Rehabilitation	91.1	1.0%
Adults & People with Disabilities	2,425.7	26.8%

Developmentally Disabled	1,670.7	18.4%
TOTAL DHS	9,060.6	100.0%

Source: DHS/OHA Budget, Finance and Analysis Division

KPM #1	OVRS CLOSED - EMPLOYED – The percentage of Office of Vocational Rehabilitation Services (OVRS) consumers with a goal of employment who are employed.	1997
Goal	People are living as independently as possible.	
Oregon Context	Percentage of individuals receiving services who had employment outcomes during the state fiscal year.	
Data Source	Office of Vocational Rehabilitation Services Core Performance Status Summary Report	
Owner	DHS - Vocational Rehabilitation, David Ritacco, 503-945-6720	



1. OUR STRATEGY

Obtaining and maintaining suitable employment is consistent with the Department’s goal of assisting people to live independently. This outcome measure shows how successful DHS and its partners are at helping people with disabilities become employed in local communities. Based on a Harris Survey of Americans

with Disabilities, “Two out of three unemployed people with disabilities would prefer to be working.” During State Fiscal Year 2011, VR clients who closed with employment earned an average wage of \$11.68 an hour and worked an average of 27 hours per week.

2. ABOUT THE TARGETS

This target, often internally referred to as the success rate, reports the percentage of vocational rehabilitation clients who have received services and maintained suitable employment for a minimum of 90 consecutive days and who have exited the program. A higher percentage indicates more individuals obtaining successful employment outcomes.

3. HOW WE ARE DOING

OVRs' performance declined on this measure with the imposition of the Order of Selection on January 15, 2009, which requires that OVRs serve the most severely disabled clients first, as well with the decline in the labor market during the past year. However, the performance began to improve in FFY 11 increasing from 47% in FFY10 to 57% in FFY11. Performance on this measure continued to improve in FFY 12 (59%).

4. HOW WE COMPARE

50 states have a state run general VR program. The State of Oregon's VR program is required to meet or exceed a national performance level of 55.8 percent. As such, this percentage is considered a minimum acceptable number. The State of Oregon's VR program did not meet this measure in FFY 09 (52.5%) and FFY10 (47%), however Oregon met this requirement in FFY11 (57%) and is on track through June 2012 to meet it in FFY12.

5. FACTORS AFFECTING RESULTS

The continuing improvement in the unemployment rate and the imposition of a new Pay for Performance contract for job development has helped VR improve its performance. Two factors which could negatively impact VR performance are the looming Federal cuts under sequestration and the large numbers of counselors projected to retire over the next five years (40%).

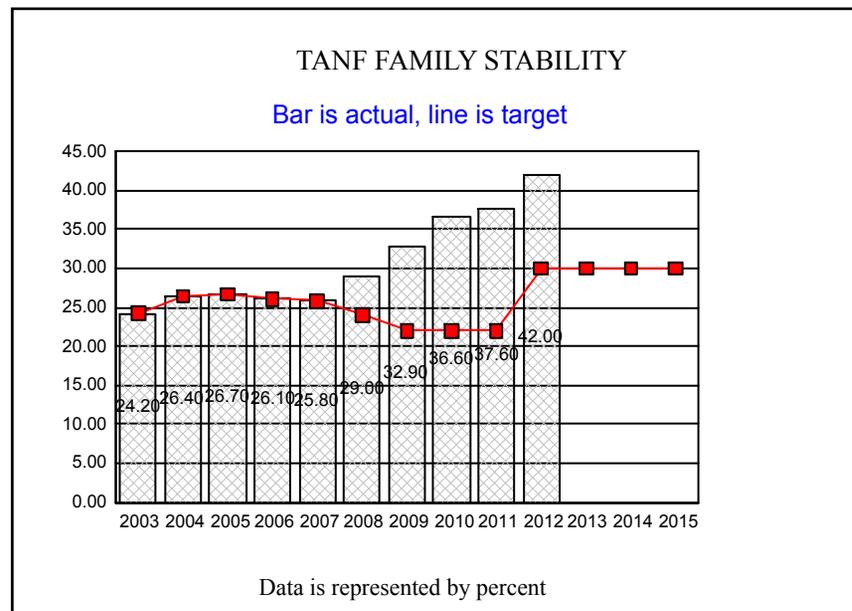
6. WHAT NEEDS TO BE DONE

The VR program will continue to conduct program monitoring and implement any necessary program improvements based on the data analysis.

7. ABOUT THE DATA

Reporting cycle – federal fiscal year. The success rate calculation is based on dividing the number of clients who exited the VR program in employment by the number of clients who exited the VR program after receiving services, multiplied by 100. VR relies on a state and federal relationship. Federal funding requires a state match of 21.3 percent and this has worked well for over 80 years but under the current appropriations, the VR program can meet the needs of only a small percentage of people with disabilities who live in Oregon. The VR program continues to look at state population distributions and have relocated staff to meet the increased demands in specific areas.

KPM #2	TANF FAMILY STABILITY – The percentage of children entering foster care who had received TANF cash assistance within the prior two months.	2007
Goal	People are safe	
Oregon Context	Oregon Benchmark #51 - Number of children per 1,000 persons under 18, who are: a) neglected/abused, b) at substantial risk of being neglected/abused.	
Data Source	Cumulative Federal Fiscal report cycle using AFCARS quarterly is used to identify the number of children entering foster care and Client Maintenance System to identify whether those children were from a household that received TANF cash assistance within the prior two months (referred to as TANF children). The number of TANF children is divided by the total number of children entering foster care for the federal fiscal year to arrive at the percent of children entering foster care who had received TANF cash assistance within the prior two months.	
Owner	DHS - Self Sufficiency, Xochitl Esparza, TANF Manager, 503-945-6122	



1. OUR STRATEGY

This measure tracks the movement of low-income children who leave the TANF program and enter foster care within two months of exit. This is designed to increase the overall effectiveness of the TANF program's family stability efforts.

The programs and services provided include supports to meet immediate needs and holistic family assessments, prevention (Family Support and Connections); Families are offered a holistic family assessment including screenings for physical health, substance abuse, mental health, domestic violence, learning needs and other family stability issues.

Family Support and Connections provides supports to prevent children in at-risk TANF families from entering the child welfare system. Home and community based services are used to guide interventions that build on family strengths and address family functioning issues. The services are designed to strengthen and support families by increasing parental protective factors and addressing risk factors related to child abuse. Temporary Assistance to Domestic Violence Survivors (TA-DVS) provides temporary financial assistance and support services to families with children who need to flee and stay free from domestic violence. TA-DVS is used to help the domestic violence survivor and the children address their safety concerns and to stabilize their living situation, thus reducing the likelihood of the survivor returning to the abuser. These services maintain the safety of these vulnerable children and their parents, and can prevent sometimes life-threatening situations. These services also help prevent child abuse and the need for child welfare intervention.

2. ABOUT THE TARGETS

Our objective is to decrease the percentage of children being served by the TANF cash assistance program who enter the foster care system. DHS used the 2003 through 2007 performance data to develop a baseline. Currently Foster Care entries are decreasing and TANF cash assistance cases are on the rise, this can cause an increase in the percentage.

3. HOW WE ARE DOING

In FFY 2007, 25.8 percent of the children entering foster care had received TANF cash assistance within the prior two months. During FFY 2008 29.0 percent of the children entering foster care had received TANF cash assistance within the prior two months. The rate increased to 37.6 percent for FFY 2011 and has continued to increase for FFY 2012 with 42.0 percent of children entering foster care having received TANF case assistance in the prior two months.

4. HOW WE COMPARE

This is a unique measure for Oregon and, therefore, there is a lack of current data from other states for purposes of a comparison. However, a comparison of Aid to Families with Dependent Children (AFDC) and child welfare caseloads in California, Illinois and North Carolina found the majority of children entering foster care had been removed from AFDC-eligible households (U.S. Department of Health and Human Services, Office of Assistant Secretary for Planning and Evaluation, 2000).

5. FACTORS AFFECTING RESULTS

The factors affecting results include: multiple child abuse risk factors present in families such as, alcohol or drug use, parental involvement with law enforcement, domestic violence, and unemployment. Often, there are several of these factors in families of child abuse/neglect victims. Following a national trend, the number of Oregon children entering foster care has been decreasing. This has caused an inverse relationship between the total number of children going into foster care and the KPM.

As Oregon's economy worsens it decreases stability in families. There has been approximately 38.4 percent increase in the TANF caseload over the past two FFY's. As the caseload increases a smaller percentage are able to be served.

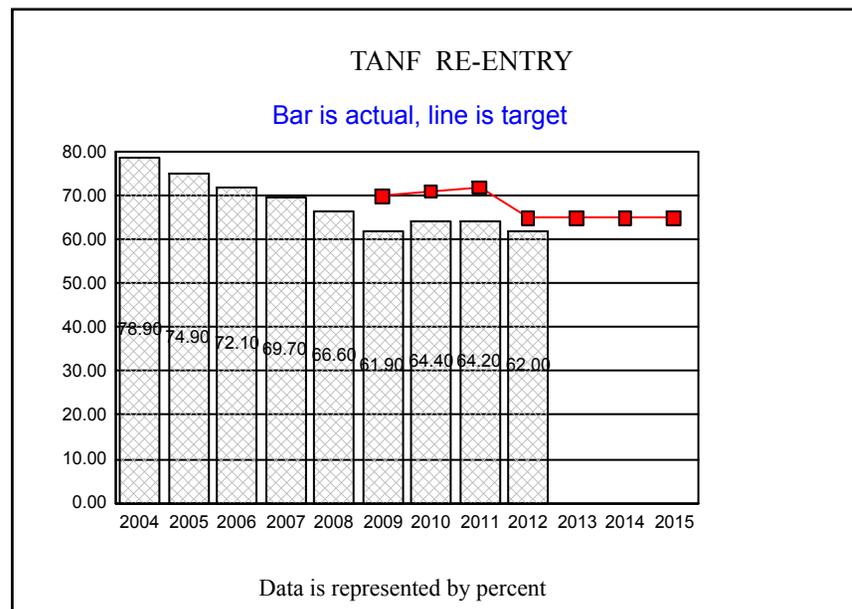
6. WHAT NEEDS TO BE DONE

We will continue to monitor data and trends related to family stability, child abuse and foster care utilization.

7. ABOUT THE DATA

Reporting cycle - Federal Fiscal year. AFCARS quarterly data is used to identify the number of children entering foster care and Client Maintenance System to identify whether those children were from a household that received TANF cash assistance within the prior two months (referred to as TANF children). The number of TANF children is divided by the total number of children entering foster care for the federal fiscal year to arrive at the percent of children entering foster care who had received TANF cash assistance within the prior two months. The percentage can be skewed by differing rate of increase/decrease of the two programs. Currently Foster Care entries are decreasing and TANF cash assistance cases are on the rise, this can cause an increase in the percentage.

KPM #3	TANF RE-ENTRY - The percentage of Temporary Assistance for Needy Families (TANF) cases who have not returned within 18 months after exit due to employment.	1991
Goal	People are able to support themselves and their families	
Oregon Context	Oregon Benchmark #14 and the DHS high-level outcome; "Percentage of covered Oregon workers with earnings of 150% or more of the poverty level for a family of four."	
Data Source	JAS/TRACS system placement data and Client Maintenance system public assistance data is used to determine the TANF clients who left TANF due to employment and did not return to case assistance ore were still off case assistance 18 months after case closed.	
Owner	DHS - Self Sufficiency, Xochitl Esparza, TANF Manager, (503) 945-6122	



1. OUR STRATEGY

One of the main goals of the Temporary Assistance for Needy Families (TANF) JOBS program is to help clients find and keep employment. The longer clients

can maintain employment, the higher their wages will be. The department's strategies are focused on family stability and as part of this we strive to give clients the tools they need to be successful in the workplace and to reduce incidences of returning to assistance.

Our partners include other state agencies such as the Employment Department and Community Colleges and Workforce Development. We also work closely with county-based services, JOBS program providers, and community social service partners.

2. ABOUT THE TARGETS

Our objective is to increase the number of former TANF clients who do not require future TANF cash assistance. Due to the current economic crisis DHS used only the 2007 performance data to develop a baseline. The target was determined by adding 1% to the baseline performance. The goal for 2012 and 2013 were maintained to reflect the prolonged effects of the economic recession. This measure was changed in 2009 from counting all clients who are currently off TANF due to employment, to counting only clients who have never returned. Our goal continues to be focused on achieving high level of success in this area.

3. HOW WE ARE DOING

62.0% of TANF clients that left public cash assistance due to employment between January 2012 and December 2012 were not receiving cash assistance 18 months later, a decline from the previous year. This indicates that the majority of TANF clients who left the program due to employment were having relative success in the workplace, or have found other resources to maintain their own and their family's financial independence. However, the Oregon economic crisis has affected performance in this measure. Oregon's unemployment rate remains higher than the national average. In December 2012, Oregon's unemployment rate was 8.4% .6% higher than the national unemployment rate. The economic crisis has increased demand for TANF/JOBS services and it also has put pressure on funding for the program.

4. HOW WE COMPARE

There are no relevant public or private industry standards that directly compare to this measure.

5. FACTORS AFFECTING RESULTS

This measure may be affected by several things, including the status of the economy, the labor market and industry. It can also be affected by the effectiveness of the JOBS program that determines, coordinates, and provides services to assist TANF clients find and retain employment, and offer strategies to enhance

wage gain efforts. As the TANF caseload increases a smaller percentage of families are able to be served in the JOBS program which also affects the program's ability to help families move off assistance through job placement. As a way to help the state balance its budget shortfall, the JOBS Program budget was reduced by half in 2011-13 compared to the previous biennium budget. This meant that the program was funded to support only 25% of those required to participate in employment or other alternatives. Additionally, the Post TANF payment was progressively reduced from \$150 to \$100 and then from \$100 to \$50 in 10/01/10. On May 2011 the Post TANF program was suspended.

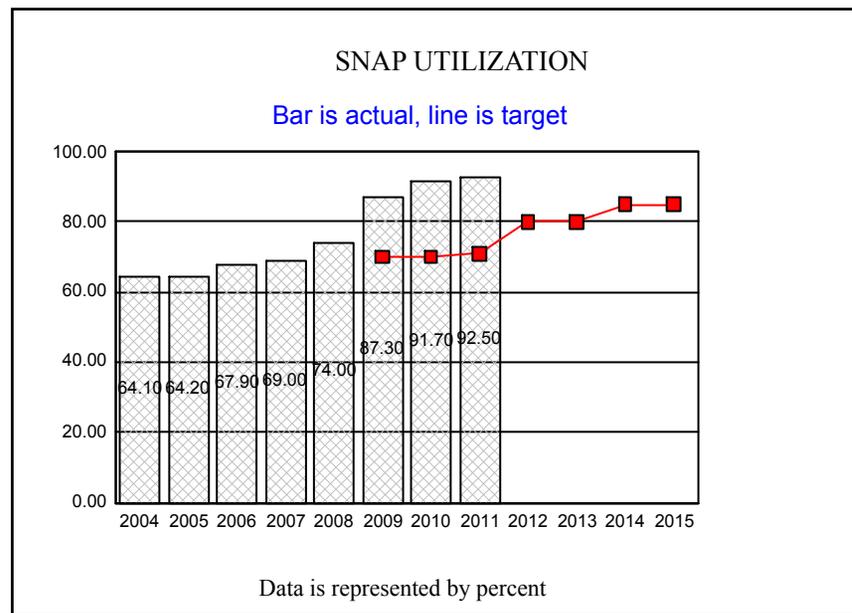
6. WHAT NEEDS TO BE DONE

Further study of this measure is needed to ensure it accurately reflects the TANF/JOBS programs' design in future biennia. This measure was modified for calendar year 2010.

7. ABOUT THE DATA

Reporting cycle - Calendar Year. This measure recently changed from counting all clients who left due to employment and are currently off TANF, to counting only clients who have never returned. The methodology and criteria used to obtain the data is adjusted as program changes occur, to ensure the validity of the data. Recidivism and Placement reports are issued separately, on a monthly basis and studied for any potential anomalies, as well as to identify trends in performance. The data is sent to program managers and interested parties. This KPM was audited in 2009 and was certified as "verified" meaning that performance reported is consistently accurate within plus or minus five percent and adequate controls are in place to ensure consistency and accuracy in collection of all supporting data and subsequent reports.

KPM #4	SNAP (Supplemental Nutrition Assistance Program) UTILIZATION - The ratio of Oregonians served by SNAP to the number of low-income Oregonians.	2001
Goal	People are able to support themselves and their families.	
Oregon Context	This performance measure links to the DHS goal, "People are able to support themselves and their families." This measure also links to Oregon Benchmark #57 and the DHS high-level outcome, "Percent of Oregon households that are food insecure as a percentage of the US.	
Data Source	Food Stamp Management Information System and Census estimates.	
Owner	DHS, Self Sufficiency, Belit Burke, (503) 947-5389	



1. OUR STRATEGY

Our strategy is to maintain our outreach efforts, increase access and continue a focus on customer service. Outreach and education efforts will continue to

focus on the most vulnerable populations (children and elderly) and the most under-served (the elderly).

2. ABOUT THE TARGETS

Target levels are established to assess the relative improvement in the proportion of Oregonians eligible for Supplemental Nutrition Assistance Program (SNAP) who are accessing the program. An increase in the proportion eligible that accesses the program is a positive outcome. The targets are set using the Program Access Index (PAI), which is one of the measures Food and Nutrition Services (FNS) uses to reward states for high performance.

The PAI is an index of the average monthly number of SNAP participants over the course of a calendar year to the number of people with income below 125 percent of the official poverty level. FNS computes average monthly participation over a calendar year – rather than the Federal fiscal year – to better align the participation count with the annual poverty measure. FNS makes an adjustment to the counts of participants, the numerator of this index, to better reflect State performance in the administration of SNAP.

3. HOW WE ARE DOING

SNAP participation (persons receiving benefits) has increased monthly for several years. In just the last 12-month period (3/31/12 – 3/31/13), the number of households receiving SNAP in Oregon increased by 1%: from 439,352 to 444,538 households/809,586 persons (1 in 5 state residents). The DHS SNAP has received federal participation bonuses for the past three federal fiscal years for ranking in the top three states nation-wide in participation rate.

4. HOW WE COMPARE

In 2007 Oregon was ranked number 18 in the nation in participation according to the PAI. In 2008 and 2009, Oregon was ranked second in the nation in SNAP participation based on the PAI and has remained one of the highest ranked states for participation. FNS ranking is based on the number of potential eligibles compared to the number receiving benefits.

There are eight states within the FNS Western Region: Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon and Washington. (Guam is excluded from this comparison because of its small size and temporary suspension of SNAP.) Within the region, Oregon continues to be ranked 1st in participation (5th in the nation), the next closest state is Washington, ranked 8th in the nation. California is last in the Western Region and in the nation (ranked 50th). An additional comparison looks at Oregon and other states outside of the Western Region. These states have similar populations and a similar mix of relatively few

urban/population centers with larger rural/remote areas as is found in Oregon. These states are: Alabama, ranked 25th; Kentucky, ranked 14th; Minnesota, 43rd; Oklahoma, ranked 26th; South Carolina, 24th.

5. FACTORS AFFECTING RESULTS

Oregon has had great success in encouraging use of the on-line application, which is one of several efforts to ease access to SNAP benefits. The recession created critical need for basic necessities such as food in households that never expected asking for help. Oregon is also working to expand outreach efforts to identify and remove barriers to the SNAP program in all populations.

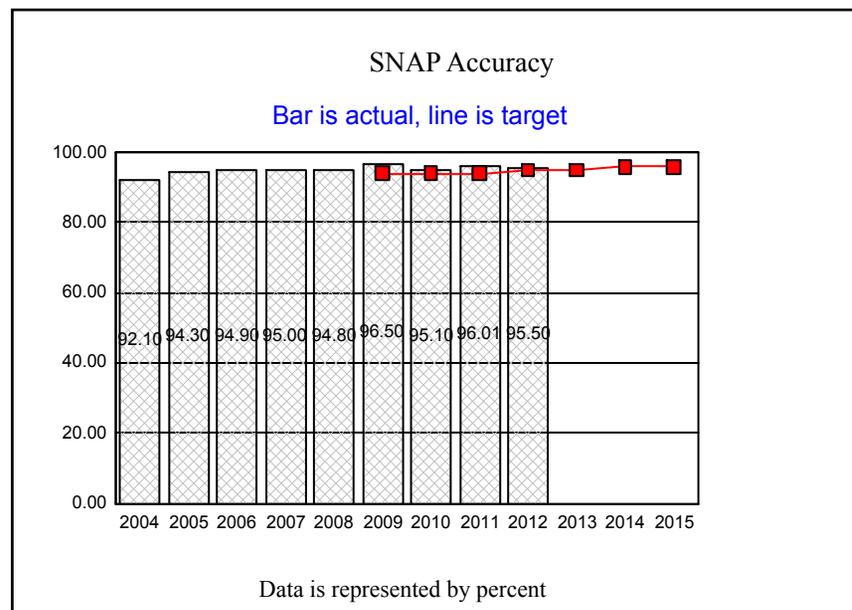
6. WHAT NEEDS TO BE DONE

Despite our outstanding performance in getting benefits to eligible households, Oregon as a state has a hunger problem. Oregon ranked among the top three states in food insecurity: the number of households in which residents were not certain where their next meal was coming from. Finally, the state is making progress. In the latest USDA data on very low food security or hunger, Oregon ranks 18th in the nation [1]. Oregon continues efforts in outreach and improved customer service to reach more Oregonians; including working to increase population segments that are underserved. Oregon also partners with many anti-hunger organizations to help understand the issues and try to identify new ways to fight hunger in Oregon. [1] USDA report on “Household Food Security in the United States in 2011” available online at: <http://www.ers.usda.gov/media/884525/err141.pdf>

7. ABOUT THE DATA

Reporting cycle – calendar year. Reports submitted to Food and Nutrition Services (FNS) from our Food Stamp Management Information system is compared by FNS to Census estimates of Oregonians living at or below the federal poverty level.

KPM #5	SNAP (Supplemental Nutrition Assistance Program) ACCURACY - The percentage of accurate SNAP payments	2009
Goal	People are able to support themselves and their families	
Oregon Context	This measure links to Oregon Benchmark #58 and the DHS high-level outcome, "Percent of Oregon households that are food insecure as a percentage of the US."	
Data Source	Quality Control (QC) Active case accuracy rate.	
Owner	DHS, Office of Self Sufficiency Programs, Belit Burke, (503) 947-5389	



1. OUR STRATEGY

DHS has utilized an effective strategy in the past several years to reduce the error rate to below the national standard. This includes:

Use of the SNAP Steering Committee, including field representatives, advocacy groups, policy, and Program Integrity, to oversee accuracy, access and customer services initiatives.

Making available a variety of training tools for all levels of field staff, including materials listed on the SNAP policy website. Tools include classroom training, NetLink classes, monthly skill challenges, On Target accuracy newsletter and e-learning.

Continuation and enhancement of a local review process which utilizes dedicated program accuracy reviewers. Over three thousand SNAP cases are assessed each month and feedback is shared with local offices. Reports produced from the database help identify areas of concern and keep track of accuracy targets.

Updating and expanding SNAP related training, including SNAP core training, interview and narration training, and refresher training.

Pursue continuous improvement concepts through Program Integrity Steering Committee.

QC data is available through the OPI intranet website.

2. ABOUT THE TARGETS

The target for this measure is for the state's error rate to be below the national standard. The national standard changes every year based on each state's performance. The national standard has improved each year since FY 06. In FY 12, the national error rate was 3.24%, a historic low.

3. HOW WE ARE DOING

Oregon has been out of penalty since lowering the error rate to 5.71 percent in FY 05. In FY 09, Oregon reached an all-time low error rate of 3.54 percent. Oregon decreased the error rate from 4.88 percent in FY 10 to 3.99 percent in FY 11. The error rate increased in 2012 to 4.5 percent.

4. HOW WE COMPARE

There are eight states within the FNS Western Region: Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon and Washington. (Guam is excluded from this comparison because of its small size.) In FY12, Oregon was ranked fifth in our region in accuracy. Within the region, Oregon continues to be ranked 1st in participation (5th in the nation), the next closest state is Washington, ranked 8th in the nation.

An additional comparison looks at Oregon and other states outside of the Western Region. These states have similar populations and a similar mix of relatively few urban/population centers with large rural/remote areas, as is found in Oregon. For this comparison, Oregon ranks 3rd in accuracy.

Similar Population

South Carolina – 1.56%

Alabama – 1.78%

Oregon – 4.50%

Minnesota – 4.88%

Kentucky – 4.93%

Oklahoma – 4.94%

Among the top five states with high participation rates, Oregon ranks 4th in accuracy

Top Participation Rates

Maine – 2.09%

Washington – 2.42%

Michigan – 3.44%

Oregon – 4.50%

Vermont – 6.98%

5. FACTORS AFFECTING RESULTS

Oregon has worked hard to improve our Quality Control Payment Error Rate over the past decade. Despite increasing caseloads, efforts have been successful in reducing the error rate to 3.54 percent in FY 09, an all time low, and to 4.5 percent in FY 12. Strategies contributing to this success include:

Statewide Quality Assurance (QA) panel video-conference meetings are held each month to discuss QC errors and preventative measures. This collaborative effort includes participation from field staff, Office of Program Integrity, training staff and policy staff.

DHS has implemented an improved intake process. As a result, clients are seen more quickly, benefits are issued sooner and errors caused by delays in processing have been significantly reduced.

Provision of “Error Trends” training with a focus on current error trends. Class helps resolve common misunderstanding between SNAP and medical programs.

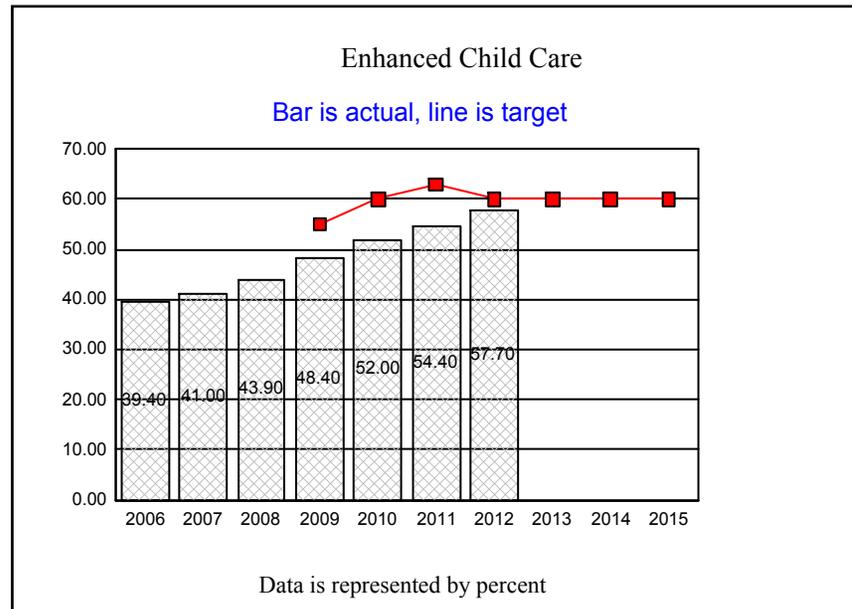
6. WHAT NEEDS TO BE DONE

Oregon needs to continue to maintain focus on SNAP accuracy. This will be accomplished by continuing to implement the strategies listed above and by ongoing collaborative efforts with Office of Program Integrity, field staff, the SNAP policy unit and training staff. In addition, continuing to move forward with modernization efforts is expected to result in increased program integrity in SNAP.

7. ABOUT THE DATA

This data is available in June every year for the previous Federal Fiscal Year. The data is regressed by federal validation and allows comparison of Oregon to other states. FY 11 and FY 12 payment accuracy data has been regressed by federal validation. Error rates are published on the FNS Partnerweb website at <https://www.partnerweb.usda.gov>. The QC active case accuracy rate will be determined subtracting the error rate from 100.<

KPM #6	ENHANCED CHILD CARE - The percentage of children receiving care from providers who are receiving the enhanced or licensed rate for child care subsidized by DHS	2009
Goal	People are able to support themselves and their families	
Oregon Context	This performance measure links to the DHS goal, "People are able to support themselves and their families." With respect to children in care this measure links to the DHS goals, "People are healthy" and "People are safe."	
Data Source	DHS Provider Pay system. Percent of children receiving care from providers paid through DHS Provider Pay system receiving the enhanced or licensed rate.	
Owner	DHS - Self Sufficiency, Rhonda Prodzinski, (503) 945-6108	



1. OUR STRATEGY

To improve the quality of care available to subsidized families, DHS provides an incentive of 7% above the standard rate for license-exempt providers who

meet the same basic training requirements that are required of licensed family providers.

DHS partners with Child Care Resource & Referral Agencies (CCR&R), Service Employees International Union Local 503 (SEIU) and the Oregon Registry. The CCR&R's educate parents and help them find quality child care. They also assist with provider training that is required to qualify for the DHS enhanced rate. ;The Oregon Registry documents provider training and encourages trained providers to care for families on the DHS subsidy. DHS, the CCR&Rs, SEIU and the Oregon Registry team together to publicize training and resources available.

A Child Care Orientation class is required for all new license-exempt providers. The Orientation class includes information on resources available including no-cost training on First Aid/CPR, Recognizing and Reporting Child Abuse and Neglect, and Food Handlers to publicize the enhanced rate as well as the USDA Food Program. Providers also receive a license-exempt provider Literacy Tool Kit.

DHS, in collaboration with the Oregon Department of Education Office of Child Care, will leverage the existing Head Start contracted child care and expand through a three year field test to Oregon Program of Quality providers. The key goals of the field test are for children to have access to continuous quality child care, for providers to have stable funding and for families to have continuity of quality child care to support their employment. A statewide research team will be engaged to evaluate the field test. The field test for expanding contracted child care is related to priorities set by the Governor and the state's new Early Learning Council (ELC) to better prepare children for kindergarten and beyond. DHS is engaged in this work and is building stronger collaborations with other agencies and partners to integrate our ERDC program with the state's early learning system. Guiding more of our providers through the Oregon Program of Quality will be a priority.

2. ABOUT THE TARGETS

The targets were set based on an anticipated - and desired - increase in the numbers of children receiving care from providers who meet the training standards required to become licensed. These training standards promote child safety and well-being and enhance the quality of child care which encourages a more stable provider base. Stability in care arrangements promotes healthy child development, continuity of care and helps parents remain employed.

3. HOW WE ARE DOING

There was a steady increase in the percentage of children receiving care either from a license-exempt provider receiving the enhanced rate or from a licensed provider from 2009 through present. There was also an increase in the number of license exempt providers who became registered providers with the Office of Child Care.

4. HOW WE COMPARE

Although a number of states have a tiered reimbursement system for child care providers, requirements vary too widely to draw meaningful comparisons.

5. FACTORS AFFECTING RESULTS

The 2007 Legislature authorized significant rate increases that took effect October 1, 2007. This gave parents increased access to licensed providers. In addition the Legislature authorized significant funding for outreach and training for license-exempt providers. The combination of more parents selecting licensed providers and increased investment in exempt provider training resulted in a steady increase in the percentage of children receiving care from providers earning the enhanced rate or the licensed rate. In July 2010, a Child Care Orientation class became required for all new license-exempt providers.

In July of 2013 an agreement was reached to increase licensed family child care provider rates effective October 1. Negotiations continue to determine rate increases for other license exempt family providers.

An analysis of Subsidy Employment by Industry Sector was completed by the DHS Forecasting Unit in April 2010. The majority of ERDC clients work in industries that constrain child care options. Many subsidy parents work evening or night shifts, weekend shift or have a week or less advance notice of work schedule. A recent study confirmed that the majority of subsidy participants have two or more constraints on child care options. [1] Most regulated child care facilities only operate during the day, and many require the parent pay for a part-time or full-time slot, so this limits subsidy parents.

A new federal strategic framework from the Administration for Children and Families was made available in June of 2013. The Office of Child Care is recognizing the importance of access to quality childcare that supports parental employment in stable jobs that help parents provide for their families, that leads to healthy, happy and competent children who are ready for school with the necessary pre-academic skills; and high functioning CCDF grantees that use program dollars effectively, efficiently and with integrity, to the benefit of eligible children and families. The goal for DHS which aligns with federal ideals is to build a child care subsidy system that is child-focused, family friendly and fair to providers.

The Race to the Top Early Learning Challenge Grant is a four year federal grant recognizing Oregon's early learning work, and strengthening a statewide early care and education system. State recipients were chosen based on their ability to implement coherent, compelling, and comprehensive early learning education reform. This funding is designed to spur broad system improvement over four years to ensure Oregon children enter school ready to learn and succeed. The Early Learning Council prioritized the activities below through determining the greatest impact on young children, and that fit grant scope and requirements:

Tiered Quality Rating Improvement System Race to the Top resources will engage providers with more training, mentorship, and professional development.

Early Childhood Workforce Race to the Top resources will provide professional development to support career pathways for early childhood educators to develop expertise in quality early learning and best practices.

Family and Community Access Race to the Top resources will provide dedicated outreach to build an informed, engaged public around quality early learning environments.

Enhance the QRIS Data System Race to the Top resources will enhance and connect data systems to capture quality information to deliver service providers, policy makers, and funders information needed to ensure better outcomes for children.

Kindergarten Assessment Race to the Top resources will allow Oregon to align statewide early learning with K-12 Common Core standards, launch the statewide rollout of the assessment, and gauge where children are at when they enter school.

Activities connecting early learning programs and the K-12 system are a priority throughout. Grant funding provides Oregon an opportunity to execute the system, making historic progress.

6. WHAT NEEDS TO BE DONE

DHS will continue to work with the Office of Child Care to promote innovations in subsidy intake and consumer education to increase access to high quality child care. Efforts to inform parents and providers of the importance of quality child care and training continue to be improved. Exempt providers are represented by SEIU. DHS, Child Care Resource and Referral agencies and SEIU will continue to work together to promote the enhanced rate and help exempt providers access the training required to earn the enhanced rate.

Beginning in September of 2012, DHS began offering contracted child care slots for ERDC families with 21 Oregon Programs of Quality (OPQ) facilities and continued contracted slots with some full-day, full-year Head Start programs. OPQ programs have completed a rigorous process of documenting a high level of quality in the areas of collaborative family partnership, child development and learning, physical environment, highly qualified personnel, administrative & business practices and healthy and safety. Field testing will occur with OPQ programs to measure the level of continuous quality child care while participating in the contract. With this expansion of quality providers, we are moving towards more stable programs that promote quality child care providers to a variety of DHS subsidy families.

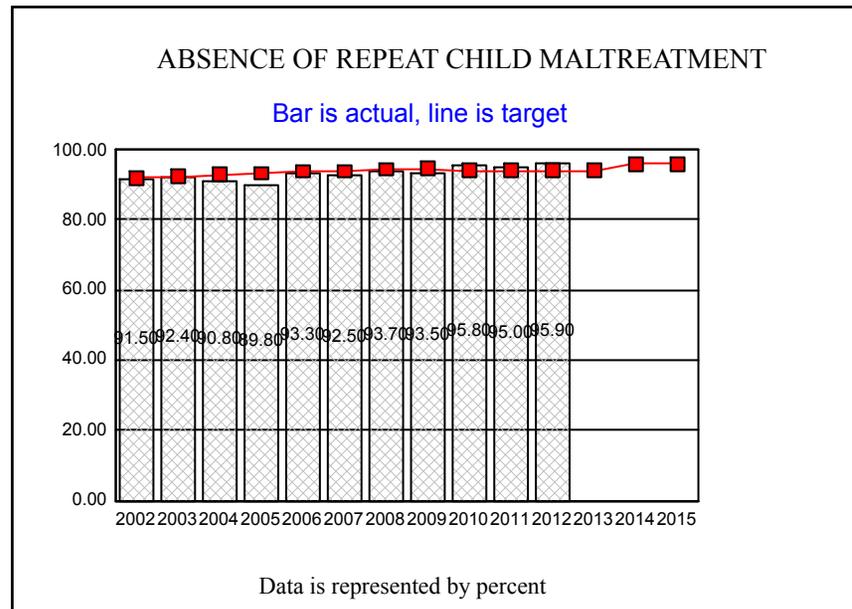
Beginning in October of 2013 a demonstration project will begin in partnership with DHS and Washington County Child Care Resource and Referral. The

demonstration project will offer additional training to licensed exempt providers with a unique approach. Learning Circles promote literacy by encouraging children to develop a love for books, providing training to child care provider in a group setting, and engaging the family in literacy development. Learning Circle trainers will take a cohort of 5 - 6 child care provider and the children they care for through a 12 week hands-on activity based curriculum in a literacy-rich environment. Providers who prefer one-on-one time with a Learning Circle trainer are given the option to meet in their home, Parents are encouraged to read to their children at least 15 minutes per day and are given innovate tracking ideas.

7. ABOUT THE DATA

Reporting cycle - point in time, October of each year. This measure is reported as a percentage. The data are taken from the DHS Provider Pay system and compares the number of children in care with providers earning the enhanced and licensed rate to the total number of active providers in the system. As a result, the number is very reliable. Any variance caused by possible coding errors would be too small to be statistically significant. The data has been adjusted to include Head Start. Beginning, September 1, 2012, OPQ contracted child care was included.

KPM #7	ABSENCE OF REPEAT MALTREATMENT - The percentage of abused/neglected children who were not subsequently victimized within 6 months of prior victimization.	1997
Goal	People are safe	
Oregon Context	This performance measure links to the DHS goal, "People are safe." It also links to Oregon Benchmark #50 and the DHS high-level outcome, "Number of children per 1,000 persons under 18, who are: a) neglected/abused, b) at a substantial risk of being neglected/abused." This measure concerns children who are victims in founded cases of abuse. The term "founded" means that there is reasonable cause to believe that child abuse or neglect has occurred.	
Data Source	State Child Welfare SACWIS data system.	
Owner	DHS - Child Safety Program, Office of Child Welfare Programs, Stacey Ayers (503) 945-6696	



1. OUR STRATEGY

The state Child Welfare Program in conjunction with the National Resource Center for Child Protective Services (NRCCPS) developed and implemented a

comprehensive Safety Intervention Model in March 2007. The Safety Intervention Model, known as the Oregon Safety Model (OSM) includes all actions and decisions required throughout the life of a case to:

Define Child Welfare (CW) as the “safety expert” and assure that all child welfare staff receives training in child safety interventions.

Assess allegations of child abuse in a timely manner and provide a comprehensive protective capacity assessment of caregivers when a child has been determined to be unsafe.

Develop focused service plans in families impacted by issues of abuse and create change goals to increase capacity and restore safety for children.

The OSM has specific requirements regarding confirming and *reconfirming* the safety of children in their own homes or in out-of-home care throughout the life of the case. Active safety monitoring will enhance safety of children and decrease the potential of reabuse.

The OSM moves away from incident-based child abuse assessments toward comprehensive safety assessments which focus on six factors related to child safety: 1) The extent of the abuse or neglect; 2) The circumstances surrounding the abuse or neglect; 3) Child functioning; 4) Adult functioning ; 5) Parenting; and 6) Disciplinary practices.

2. ABOUT THE TARGETS

The Target for 2015 is set at the national standard level, with the 2014 Target representing a middle ground between the 2013 and 2015 Target. Oregon has been performing above the stated Targets for the 2010 through 2012 periods. The Targets are not set above current performance because 1. The performance Target selected does represent achievement of the current national standard. Between 2010 and 2011 Oregon experienced a decrease in performance.

3. HOW WE ARE DOING

In 2012, Oregon achieved its best performance in this measure with 95.9% of children not experiencing repeat maltreatment, an increase of 0.9% above 2011.

4. HOW WE COMPARE

Oregon's absence of repeat maltreatment rate is better than the national standard of 94.6%.

5. FACTORS AFFECTING RESULTS

The comprehensiveness of child abuse/neglect assessments takes significant resources and workload demand and urgency.

The major factors affecting families of abused and neglected children are drug/alcohol abuse, parental involvement with law enforcement, domestic violence and poverty. Often, there are several of these factors co-occurring in families of child abuse/neglect victims.

6. WHAT NEEDS TO BE DONE

As Oregon's Child Welfare system continues to improve in its use of the OSM and how we approach this performance measure, our plan includes providing statewide training to our CW supervisors regarding critical elements of the OSM. The training will emphasize assessing child safety, in-home and out of home safety planning, conditions for return, and reconfirming the safety of children in their own homes or in out-of-home care throughout the life of the case. Active safety monitoring will enhance safety of children and decrease potential of reabuse.

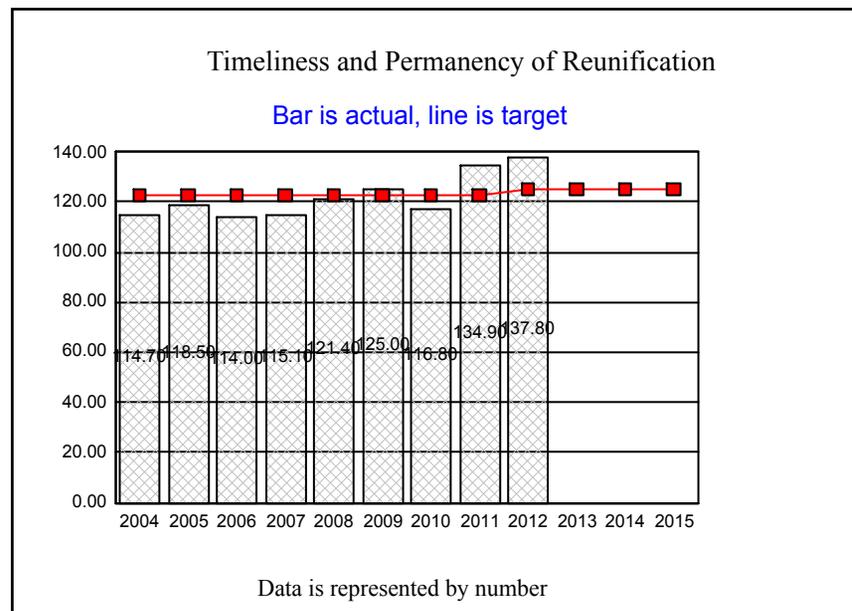
Oregon is also in the beginning stages of implementing a Differential Response (DR) system. For those families who are eligible for Child Protective Services, Differential Response is about providing more than one pathway for families to enter and exit the child welfare system. Assessing the needs of each family on an individual basis and offering services to meet those needs will continue to be critical to our work with families. Additionally, a DR system allows for greater flexibility in responding earlier and more meaningfully towards a collaborative helping process for families. Finally, DHS is continuing to implement the Strengthening, Preserving, and Reunifying Families Act (SPRF) which requires DHS and county partners to implement programs to provide family preservation services to eligible families and reunification services for children in the custody of DHS, with the goal of fostering collaboration across programs and resources to help children remain safely with their families and thereby reduce the number of Oregon children in foster care.

Both Differential Response and SB 964 provide earlier interventions that connect families with preventive, community based services which can prevent further contact with the Child Welfare System, thus further reducing the reabuse rate.

7. ABOUT THE DATA

Definition: Of all children who were victims of a substantiated maltreatment allegation during the first 6 months of the year, the percent who were not victims of another substantiated maltreatment allegation within 6 months of the original abuse/neglect.

KPM #8	TIMELINESS AND PERMANENCY OF REUNIFICATION OF CHILDREN	2009
Goal	People are safe	
Oregon Context	This new systemic key performance measure aligns with Oregon's vision to have safe, caring and engaged communities.	
Data Source	The data used for this KPM are the same data gathered and reported to the federal government every six months as part of Oregon's Federal Child and Family Services Review (CFSR).	
Owner	DHS - Child Well-Being Program, Office of Child Welfare Programs DHS Kevin George (503) 945-5987	



1. OUR STRATEGY

The state Child Welfare Program in conjunction with the National Resource for Child Protective Services (NRCCPS) developed and implemented a comprehensive Safety Intervention Model. This model was implemented in March 2007. The Safety Intervention Model includes actions and decisions

required throughout the life of a case to assure safety, and determine “Conditions for Return” among other model attributes. The Conditions for return is the driving factor for families, the Courts and DHS to determine when it’s appropriate to reunify the child home. Conditions for Return:

Conditions for return" means a written statement of the specific behaviors, conditions, or circumstances that must exist within a child's home before a child can safely return and remain in the home with an in-home ongoing safety plan.

All Child Welfare caseworker staff and management attend Child Welfare CORE Training as they begin their work in Child Welfare. This multi-week training supports the goals and objectives:

- Children are, first and foremost, protected from abuse and neglect;
- Children have permanency and stability in their living situation;
- Families have enhanced capacity to provide for their children's needs;
- Children receive adequate services to meet their educational, physical and mental health needs.

2. ABOUT THE TARGETS

The target for 2012 and onward represents the national standard for this measure. The national standard is the 75th percentile of performance of all states (i.e. 75 percent of all states perform worse than the national standard). A higher number of this measure represents better performance.

3. HOW WE ARE DOING

KPM #8 is a composite measure taking into account separate performance components impacted by practice, policy, and statute. 2011 data was not reported in the last round. Two of four components (C1.1 Discharged to Reunification in less than 12 months, and C1.2 Median Months to Discharge to Reunification) showed significant positive changes between 2010 and 2011, and a slight additional increase to the 2012 level. The other two components (C1.3 First time Entries Discharged to Reunification and C1.4 Re-entries within 12 Months of Discharge to Reunification) showed slight negative changes between 2011 and 2012. The net result is a significant increase in performance in this KPM by 15.5% from the 2010 to 2011 level, and an additional 2.2% from the 2011 to 2012 level. Oregon is 10.2% above the target for the 2012 reporting period.

4. HOW WE COMPARE

Oregon has been tracking below the National Standard for this performance measure.

5. FACTORS AFFECTING RESULTS

The major factors affecting families of abused and neglected children are drug/alcohol abuse, parental involvement with law enforcement, domestic violence and unemployment. Often, there are several of these factors co-occurring in families of child abuse/neglect victims. Continued availability of resources and services to address these factors may impact these measures in future years.

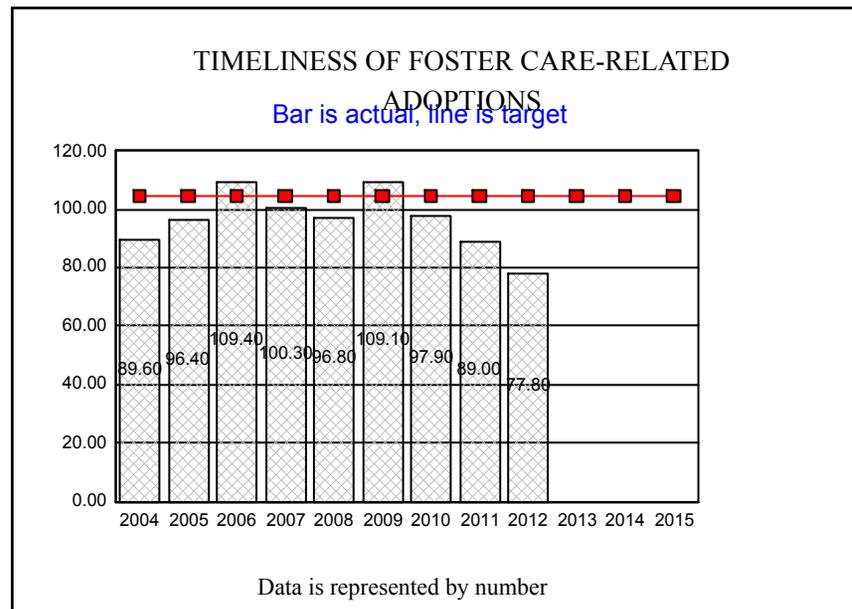
6. WHAT NEEDS TO BE DONE

The Child Welfare “system”; Courts, communities, families, and DHS must continue to develop models which allow for a Differential Response to removal of children and necessitating foster care. This non-removal opportunity will assist children and families remaining together and reduce the need for reunification performance measurements. While reunification remains a focus to reduce the length of time in foster care the department and system partners must simultaneously focus on ensuring safety, preventing re-abuse and re-entry into the foster care program.

7. ABOUT THE DATA

The measure is reported on a federal fiscal year basis (September – October). The data come from the Adoption and Foster Care Analysis and Reporting System, or AFCARS. AFCARS collects case-level information on all children in foster care for whom state child welfare agencies have responsibility for placement, care or supervision, and on children who are adopted under the auspices of the State's public child welfare agency. The data in the AFCARS files are originally collected by the State’s SACWIS (State Automated Child Welfare Information System).

KPM #9	TIMELINESS OF FOSTER CARE RELATED ADOPTIONS	2009
Goal	People are safe	
Oregon Context	This systemic KPM aligns with Oregon’s vision to have safe, caring and engaged communities.	
Data Source	The data used for this KPM are the same data gathered and reported to the federal government every six months as part of Oregon’s AFCARS (Adoption and Foster Care Analysis & Reporting System) file, and used in the Federal Child and Family Services Review (CFSR).	
Owner	DHS -Office of Child Welfare Programs, Kathy Prouty, Permanency & Adoptions Program Manager, 503-947-5358	



1. OUR STRATEGY

While children need and deserve timely permanency, the processes to terminate parental rights and establish a legal and emotional relationship with a new

(adoptive) family is complex and time consuming. This process is being accomplished with due care given to protecting the civil rights of the biological family while at the same time assuring, as much as possible using good social work practice, that the child's new (adoptive) family will truly be permanent and meet his or her current and life-long needs.

Identification and implementation of efficiencies in the adoption process intended to decrease the length of time to achieve finalization and increased monitoring and support of cases and families as they move through the process to finalization, to include:

- Use of the SAFE Home Study model as a common study approach to approval of families
- In-state general applicant adoptive home recruitment that includes an intra-state web-based photo exchange
- Increased focus of placement of children with relatives upon entering care
- Work with JCIP on the impact Judges can have on increasing timeliness of adoption
- Evaluation of barriers to timely adoptions occurring in targeted branch offices. Branch specific plans to address those barriers
- Increased training regarding the adoption process
- Addition of permanency consultants to the Permanency Unit to consult earlier and throughout the life of a Child Welfare case

2. ABOUT THE TARGETS

The target for this measure represents the goal within Oregon's Program Improvement Plan. The national standard for this measure is 104.4 or higher. The national standard represents the 75th percentile in performance among states (i.e. 75% of states have a Timeliness of Adoptions score LOWER than 104.4).

3. HOW WE ARE DOING

KPM #9 is a composite measure taking into account separate performance components impacted by practice, policy, and statute. 2011 data was not reported in the last round. Three components, C2.2 Median Months to Adoption, C2.3 Timeliness to Adoption for those children who are legally free or who have been in foster care for 17 or more months and C2.4 Children in care 17 months or longer who became legally free during the first 6 months of the year all remained

stable for 2012 as compared to 2011, with slight positive changes to 2 of these 3 components. However, the other two components, C2.1 Adopted in less than 24 months from removal from the home and C2.5 Adopted in less than 12 months from legally free date both showed significant decreases in performance for 2011 and 2012. The net result is a decrease in performance in this KPM by 9.1% from the 2010 to 2011 level, and a decrease of 12.6% from the 2011 to 2012 level. Oregon is 25.5% below the target for this measure.

4. HOW WE COMPARE

Currently, Oregon's performance is below the national standard.

5. FACTORS AFFECTING RESULTS

With the implementation of Oregon's SACWIS system, the department has continued to revise the Federal AFCARS file which is the source for calculating the data in this measure.

6. WHAT NEEDS TO BE DONE

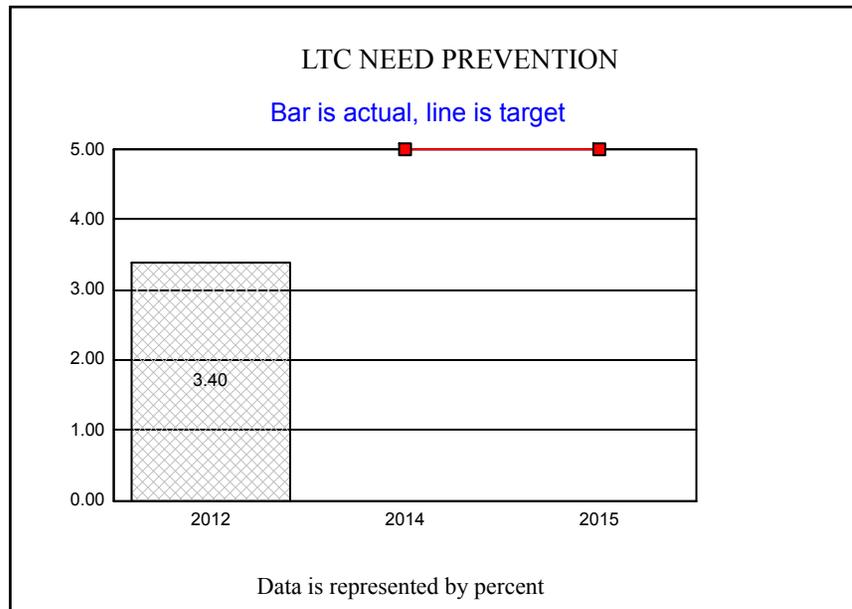
The Department should continue to proceed with implementation and development of the various activities identified in OUR STRATEGY section.

7. ABOUT THE DATA

The timeliness of adoptions composite KPM is made up of five individual measures. There are two measures around timeliness of adoptions, two measures around the progress being made for children in care at least 17 months, and one measure for those children who are legally free and progress towards finalization.

Each of these measures has been combined into one overarching score. A higher score represents better performance. The data represents performance during a federal fiscal year (October – September).

KPM #10	LTC NEED PREVENTION - Percentage of seniors (65+) needing publicly-funded long term care services.	2012
Goal	Independence – People are living as independently as possible.	
Oregon Context	DHS high-level outcome – Independent seniors	
Data Source	DHS data warehouse, the Office of Forecasting, Research-Analysis and Census data	
Owner	DHS - Aging and People with Disabilities, Mike McCormick, (503) 945-6229	



1. OUR STRATEGY

This performance measure links to the DHS goal – “People are living as independently as possible.” This measure also links to Oregon Benchmark #58 and the DHS high-level outcome “Percent of seniors (over 65) living independently. This key performance measure will focus APD efforts on keeping people

independent, healthy and safe for longer periods of time. With the aging demographic rapidly approaching, it's key that Oregon design and implement systems that will keep seniors independent for longer periods of time.

2. ABOUT THE TARGETS

The targets were established by the 2013 Legislative Assembly.

3. HOW WE ARE DOING

96.4% of Oregonians 65 or older do not have a need for publicly funded long term care. APD is currently performing better than the goal established by the Legislative Assembly for 2014.

4. HOW WE COMPARE

We are unaware of how other states are measuring this.

5. FACTORS AFFECTING RESULTS

The success of the Coordinated Care Model (Better health, better care, lower costs) should contribute towards the success of this measure. Additionally, the success of the AAA network administering Oregon Project Independence and Older Americans Act program contribute towards keeping seniors independent.

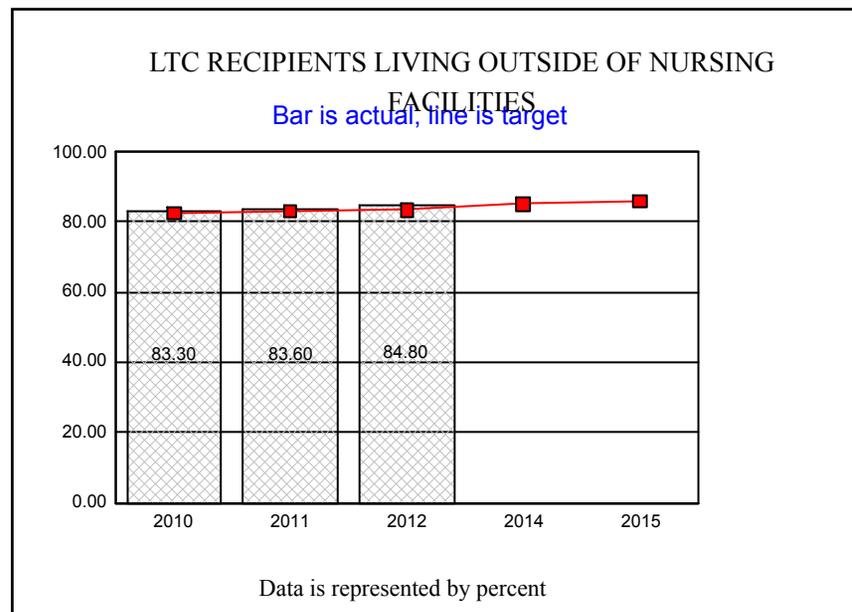
6. WHAT NEEDS TO BE DONE

In 2013, the Legislature recognized the need to get ahead of the demographic growth and passed SB21. This bill requires the State to develop a plan to strengthen and improve Oregon's system of long term care. It also requires the identification of factors that drive the need for long term care services. Strategies should ultimately be identified and implemented that will keep more seniors independent for a longer period of time.

7. ABOUT THE DATA

Data comes from DHS data warehouse, the Office of Forecasting, Research-Analysis and Census data.

KPM #11	LTC RECIPIENTS LIVING OUTSIDE OF NURSING FACILITIES – The percentage of Oregonians accessing publicly-funded long-term care services who are living outside of nursing facilities.	2012
Goal	People are living as independently as possible.	
Oregon Context	DHS high-level outcome – Independent seniors	
Data Source	The Office of Forecasting, Research and Analysis	
Owner	DHS - Aging and People with Disabilities, Mike McCormick, (503) 945-6229	



1. OUR STRATEGY

This performance measure links to the DHS goal – “People are living as independently as possible.” This measure also links to Oregon Benchmark #58 and the DHS high-level outcome “Percent of seniors (over 65) living independently.” This measure concerns serving seniors and people with physical disabilities in

the most independent settings. Institutionalization of people age 65 and older has historically been used as a marker of the degree to which seniors are living independently and has been extensively tracked. A nursing facility is an institution; people who live in their own homes, in the homes of family, or in community based care settings, adult foster homes, assisted living facilities, and residential care facilities are considered to be living independently.

DHS strategy continues to emphasize maintaining seniors in their home communities, outside of institutions, to the maximum extent possible. APD has increased its efforts to divert or relocate people who receive Medicaid-funded long-term services from nursing facilities and into home or community settings.

2. ABOUT THE TARGETS

This measure is used by APD to track its performance at helping seniors and people with disabilities age in their own communities. APD recognizes that some people must be served in institutional settings, but some institutionalized individuals could receive services in other less restrictive settings if they were available. Oregon continues to be the nation's leader in identifying and establishing community based options to institutional care, and as a result, the values of choice, dignity, and independence for Oregon's senior and disabled citizens continue to be the focus of all agency activities.<

3. HOW WE ARE DOING

APD is making steady, continued progress at serving seniors and people with disabilities in settings less restrictive than nursing facilities.

4. HOW WE COMPARE

In a recent nationwide study conducted by AARP, Oregon's long term care system was ranked #3 over a wide variety of factors.

5. FACTORS AFFECTING RESULTS

Hospitals continue to discharge patients "sicker and quicker". In many cases, hospital preference on discharge of a senior who needs additional care is a nursing facility. While institutional care may be appropriate for certain individuals for short periods of time, DHS must continue to aggressively ensure that seniors are appropriately discharged from nursing facilities.

6. WHAT NEEDS TO BE DONE

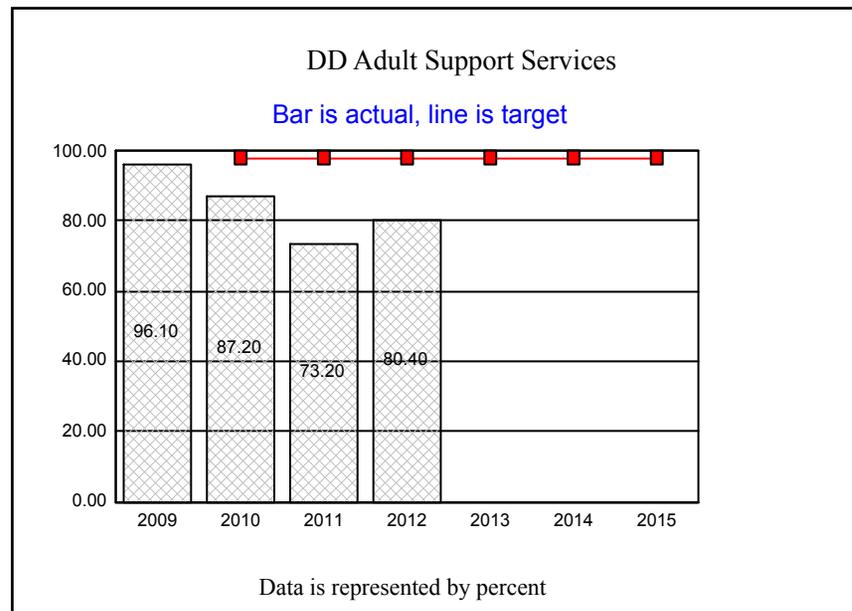
Using the significant investment dollars made available by the K Plan and Legislative decisions, APD should continue to develop community resources to

address the needs of seniors who may not be able to live fully independently, but need not live in an institution. APD needs to continually reinforce the importance of its diversion and transition program to ensure the steady rate of deinstitutionalization remains.

7. ABOUT THE DATA

Data comes from the Office of Forecasting, Research and Analysis. The Office of Forecasting, Research and Analysis publishes actual caseloads in long term care each month. The calculation is $1 - (\text{Total Nursing Facility Long Term Care} / \text{Total Long Term Care})$. An average of each calendar year is reported.

KPM #12	DEVELOPMENTAL DISABILITY SUPPORT SERVICES - The percentage of eligible adults who are receiving adult support services within 90 days of request.	2009
Goal	People are independent. People are safe.	
Oregon Context	Oregon Benchmark - Working Disabled	
Data Source	Express Payment & Reporting System (eXPRS)	
Owner	DHS – Developmental Disabilities, Leaann Stutheit, 503-945-9783	



1. OUR STRATEGY

Office of Developmental Disability Services (ODDS) tracks individuals enrolled in case management for developmental disabilities services who will be turning 18 or otherwise eligible for Adult Support Services using the case management service enrolment data system. In addition, all exits from Support Service

Brokerages are tracked to best utilize vacant capacity. Contracts are modified or new providers solicited to meet the forecasted need as resources allow.

2. ABOUT THE TARGETS

Adult Support Services were developed as a result of the Staley Settlement Agreement. This in-home service for adults with developmental disabilities was the key service accessed to eliminate the wait list for services. Based on the provisions of the settlement, these services needed to be accessed within 90-days of eligibility. The settlement agreement ended in June of 2011. But ODDS is still maintaining the 90-day access threshold as a performance measure, since timely access to service and avoidance of a wait list are important system features.

3. HOW WE ARE DOING

Meeting this target is an ongoing challenge. While individuals are still accessing services, the absolute target of 90-days is not always met.

4. HOW WE COMPARE

There is no equivalency in other states or systems from which to make comparisons. This measure needs to be assessed within its own baselines and metrics.

5. FACTORS AFFECTING RESULTS

In October 2011, Legislative action required that only adults with developmental disabilities eligible for federally funded Home and Community-Based Service Waivers would be eligible for Adult Support Services. Up to that time, this was not a requirement for accessing adult support services. This created another level of action prior to enrollment which as slowed down the process. Additionally, costs per case have escalated, this has caused less resources to be available to expand services to meet forecasted needs.

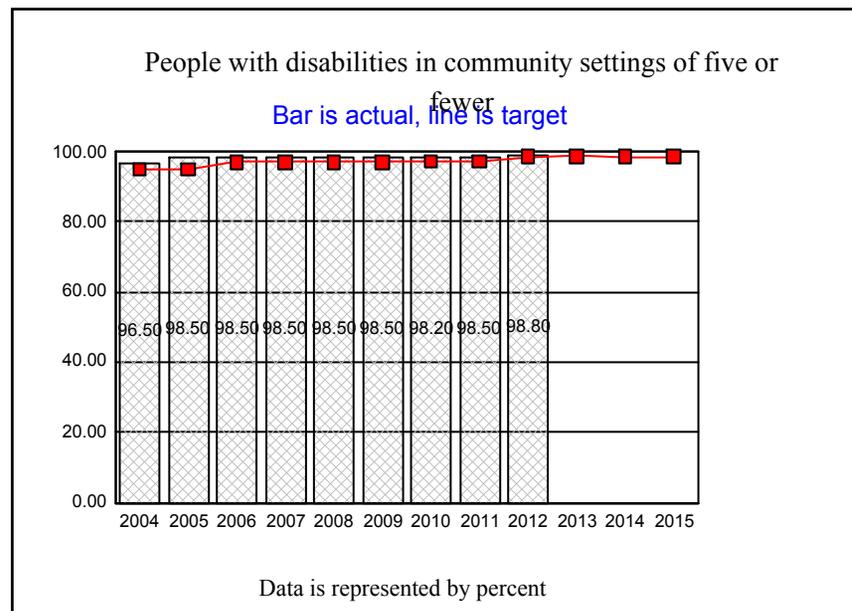
6. WHAT NEEDS TO BE DONE

ODDS is working with the DHS/OHA Forecast and Budget Units to identify trends, future growth, and associated costs. Some modifications to the data collection process may be necessary to assure accurate reporting and analysis.

7. ABOUT THE DATA

Data comes from Express Payment & Reporting System (eXPRS). The reporting cycle is fiscal year. The calculation is: Number of adults receiving adult support services within 90 days of request divided by the number of adults who were eligible and referred for adult support services.

KPM #13	PEOPLE WITH DISABILITIES IN COMMUNITY SETTINGS – The percentage of individuals with developmental disabilities who live in community settings of five or fewer.	2002
Goal	People are living as independently as possible.	
Oregon Context	Increase the percentage of Oregonians with a lasting developmental, mental and/or physical disability who could live on their own with adequate support.	
Data Source	Express Payment & Reporting System (eXPRS)	
Owner	DHS - Developmental Disabilities, Leaann Stutheit, 503-945-9783	



1. OUR STRATEGY

The Office of Developmental Disability Services (ODDS) provides an array of support for people that qualify for services. Historically, many services were

provided in large institutions or other congregate care situation. In recent years focus has been on the development of small (5 or less) residential service settings or the provision of supports in the private home of the individual with developmental disabilities or their family. Critical partners include County Developmental Disabilities Programs, Oregon's network of private service provider entities, and a variety of advocacy/stakeholder organizations.

2. ABOUT THE TARGETS

ODDS provides opportunities to individuals with developmental disabilities to become better integrated with and included in their local communities. By making it possible for people with developmental disabilities to live in small community settings or their own/family homes service outcomes are improved, client satisfaction is higher, and cost efficiencies are achieved. Smaller service settings also provide individuals a chance to experience living in an environment that approximates those experienced by all other Oregon citizens. Additionally, people with developmental disabilities can take advantage of everyday community life and involvement and take advantage of the opportunities this offers.

3. HOW WE ARE DOING

DHS has met or exceeded its target for the past years.

4. HOW WE COMPARE

Oregon ranks near the top in states that provide small residential or in-home services. Oregon is one of only three states that have no public or private institutions (Intermediate Care Facilities for individuals with Intellectual Disabilities – ICF/ID) serving individuals with developmental disabilities.

5. FACTORS AFFECTING RESULTS

ODDS, in recent years through the implementation of the Staley Settlement Agreement and development of Family Support and other in-home type services continues momentum in providing small community-based or family setting services to people with developmental disabilities. Continued implementation of Crisis Diversion assists in keeping people from institutional placement. PASRR- the Pre-Admission Screening Resident Review - is a screening tool which is used to prevent the placement of individuals with mental illness or intellectual or other developmental disabilities (I/DD) in a nursing facility unless their medical needs clearly indicate they require the level of care provided by a nursing facility. When placement into a nursing facility is ruled out, smaller, community based settings are explored. In-home support services and establishment of the Housing Trust Fund also support this measure.

ODDS reviews the programs with people greater than five persons to determine their ability to fill vacancies in the program. Agencies are required to offer

vacancies to individuals determined to be in crisis and in need of residential services. If the larger size program cannot meet the need due to low staff to high client ratio, programmatic changes may be required.

6. WHAT NEEDS TO BE DONE

Preservation of policy and funding structures that contribute to the maintenance and / or improvement of efforts for providing in-home services to persons with developmental disabilities, and continued attention to the impact of aging family caregivers and their needs. Access to funding for modifications of homes to assure their accessibility and appropriateness in regard to individual needs. Finally, access to low income housing options is a major barrier and needs to be addressed.

Next steps also include a focus on quality of life issues, particularly for those clients under age 18, and review of existing larger (6 or more) group homes with respect to their ability to meet the needs of the community.

7. ABOUT THE DATA

Reporting cycle is calendar year. Data comes from the following source:

-- Express Payment & Reporting System (eXPRS) - count of people receiving Case Management (Service Element 48) and count of residents in settings 6 or more. Formula used for this report is:

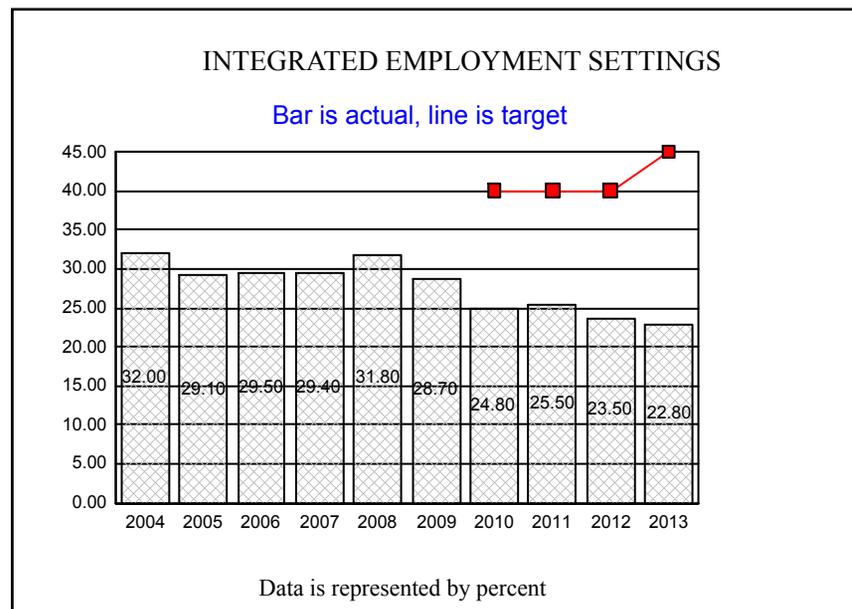
Calendar Year (SE 48 Count – Count of residents in settings 6 or more) / (SE 48 Count)

2012 data disaggregated: Count of people receiving Case Management = 21,545

Calendar Year (# of residents in settings 6 or more)= 251 (21,545 – 251) / (21,545) = 98.8%

(21,294) / (21,545) = 0.98835

KPM #14	INTEGRATED EMPLOYMENT SETTINGS - The percentage of adults with developmental disabilities who receive ODDS services who are working in integrated employment settings.	2009
Goal	People are living as independently as possible.	
Oregon Context	People with developmental disabilities who are employed value their wage-earning capacity. People are able to achieve a desired lifestyle. People become less financially dependent over time on long-term state and federal programs.	
Data Source	DEVELOPMENTAL. Use the Employment Outcome System for people in comprehensive services and semi-annual surveys for people in adult support services to determine the percentage of people employed in integrated employment settings.	
Owner	DHS - Developmental Disabilities, Mike Maley, 503-947-4228	



1. OUR STRATEGY

The Office of Developmental Disability Services (ODDS) has developed and trained to an Employment First Policy which requires case managers to ask at

each annual client planning meeting about the person with intellectual and other developmental disabilities (I/DD) seeking and maintaining employment in an integrated community setting. All providers are required to submit data on individual client wage earnings, time spent in paid employment and primary location for day programs. Increasing community and provider capacity to improve employment outcomes is a strategic key to success

2. ABOUT THE TARGETS

Additional metrics over 5-year period (ending 2017) related to this goal have been adopted by ODDS. Achieving improved employment outcomes for working age adults with developmental disabilities is a key component to the system sustainability plan adopted by ODDS. The current plan is being revised and new sets of associated metrics will be developed accordingly.

3. HOW WE ARE DOING

In general people with experience unemployment at a significant amount greater than individuals who are not disabled, people with I/DD face a greater rate of unemployment. The present employment market and economic continue to represent an additional challenge to the employment to individuals receiving services from ODDS. Consequently, meeting targets has been a challenge. We are seeing a basic flat line in performance as a result are not meeting the current established benchmarks.

4. HOW WE COMPARE

The Institute of Community Inclusion has been collecting national data, while it is often hard to compare data from state to state, based on the latest published report (2012) Oregon continues to hold it relative position to other reporting states. Oregon remains at or above the top on-third of 41 reporting states in the area of integrated employment for working age adults with I/DD. This indicates that Oregon's experience is not similar to other states and those states are facing similar if not the exact same challenges in improving employment outcomes for individuals with I/DD.

5. FACTORS AFFECTING RESULTS

Obtaining paid integrated employment for individuals with I/DD is a challenge in Oregon and nationwide. Many factors affect results including attitudes/knowledge among prospective employers, work disincentives that exist with public funding streams, the general economic conditions and business climate and the availability of public resources allocated to this goal.

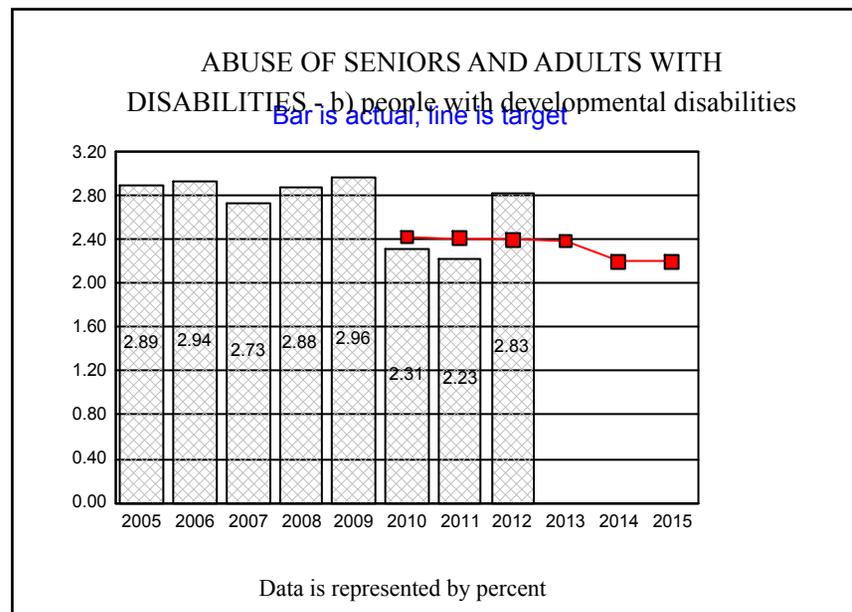
6. WHAT NEEDS TO BE DONE

Continued efforts need to be made in several critical areas. Included are the areas of continued training and technical assistance, employer education efforts, the alignment of key policies/practices between agencies such as ODDS, Vocational Rehabilitation, and the Department of Education, and integrating efforts with the State's general workforce development and employer engagement strategies. More specifically, changes need to be made in rate setting and payment methodologies that better align with the policy and more effective strategies to increase capacity in key services such as job development and benefits counseling. ODDS/DHS needs to engage in new approaches such as customized employment approaches and pilot promising new practices.

7. ABOUT THE DATA

Reporting cycle is 6-month "snapshot" of available information. These reported data months are March and April. Data comes from the following source: Use the Employment Outcome System for people in comprehensive services and semi-annual surveys for people in adult support services to determine the percentage of people employed in integrated employment settings

KPM #15	ABUSE OF PEOPLE WITH DEVELOPMENTAL DISABILITIES - The percentage of people with developmental disabilities experiencing abuse.	2010
Goal	People are safe	
Oregon Context	Elder abuse	
Data Source	Office of Adult Abuse Prevention and Investigations (OAAPI)	
Owner	DHS - Office of Adult Abuse Prevention and Investigations, Marie Cervantes, (503) 945-9491	



1. OUR STRATEGY

Seniors and adults with disabilities Increase public awareness, strengthen collaboration with community partners, strengthen and increase Protective Service Training. Developmental disabilities: Increase training for local protective service investigators and collaboration with brokerages who serve people with

developmental disabilities in their own home. Initiate a Prevention Initiative with a focus on clients, their family, providers and the community at large.

2. ABOUT THE TARGETS

This is a new measure and targets will be established for 2013 by conducting retrospective analysis of the prior three years (2010 thru 2012). In the abuse rate graphs, lower numbers are better.) Seniors and adults with disabilities: In order to measure success in reducing abuse in the community, a preliminary target of under 1% is established. The primary strategy is to assist the victim in moving from the abusive living situations or to remove the abuser from the situation. The underlying ethical value for the Seniors and Adults with Disabilities' protective service model is to balance our obligation to protect older adults and adults with disabilities with their rights to self-determination. Independent adults can make decisions about their own life and the course of action to be taken in abuse situations.

Performance to target comparison could be affected by a number of variables. This includes but is not limited to the following for Seniors and Adults with Disabilities:

Right to self-determination;

Limited resources including local community, state and federal resources;

Additional training and development needed for APS Specialist's;

Response of the criminal justice system;

Development and understanding of intra-agency functions;

Self-neglect: The abuse data figures include those clients that are categorized under self-neglect. This may be a result of an individual's right to self-determination that results in abuse, and may not be due to any of the other potential contributory factors. People with developmental disabilities: The types of services being received by over 15,000 individuals with developmental disabilities is significantly changing. Thus far the abuse rates have primarily reflected licensed residential settings. As individuals receiving brokerage services have surpassed those in residential settings, the abuse reports have been rising. With the passage of HB 2442, additional definitions of abuse are now being reported (including verbal, financial, restraint). The baseline is, therefore, unclear. However, individual decision-making, self-determination and autonomy will affect the ability to provide protection. In comparison, the licensed settings have more control over the employees though not all substantiated abuse results in discharge. A lesser abuse event may be resolved through extra training or supervision.

Because of the changes in the abuse definitions for community clients, including those receiving brokerage services, we propose that the 2010 thru 2012 data be used to establish a baseline and establish an appropriate target going forward. Strategies for intervention and abuse reduction will continue, however. These include additional training for abuse investigators, a domestic violence work group, education for families and clients and participation in local multi-disciplinary teams.

3. HOW WE ARE DOING

Seniors and adults with disabilities: Since our Department currently is below the preliminary target of 1% for the percentage of seniors and adults with disabilities who are abused, it appears that we are meeting the goals of our intervention model described above. However, abuse in the community can be difficult to lower due to the individual's right to make decisions about their own life and the course of action. Additionally, as public awareness of the signs of abuse increases so do the number of abuse reports received by the department resulting in more investigations and interventions. The department wants to encourage individuals to report as suspected abuse. Strategies to improve the department's performance include:

On-going Adult Protective Service training including fundamentals of and advanced training for experienced APS workers.

Continuation of public education efforts;

Technical Assistance to field offices;

Basic Adult Protective Service Specialist functions such as screening, consultation, triage, assessment, investigation, intervention, documentation and risk management;

Collaboration with community partners;

Continuation of intra-agency relationships/training with other agencies that serve Adult Protective Service clients such as those with mental illness, developmental disabilities, and the Office of Investigations and Training.

Developmental disabilities: Analysis of the 2006 thru 2009 abuse and neglect data included type of abuse, setting and review of individual allegations. It is believed that the number of clients being served and for whom mandatory reports are made has increased due to the Staley settlement where many individuals are receiving services in their own home, and have increased the overall abuse rate from 2.4 to 3.2 percent for this population. Overall, the numbers of abuse and neglect

reports and subsequent investigations have averaged around 1000 cases investigating 1500 allegations per year. The serious types of abuse (sexual and physical) have remained relatively low with significant increases in financial exploitation.

Strategies to improve performance on these measures include initiation of a prevention initiative which will increase training to providers consumers advocates and the public; leadership of an initiative to address sexual abuse of persons with developmental disabilities that is sponsored by the Attorney General's Sexual Assault Task Force' collaboration with community partners to solicit a grant that will expand local capacity of domestic violence and sexual assault programs to meet the needs of victims of abuse who are developmentally disabled

4. HOW WE COMPARE

Seniors and adults with disabilities: There is no National data on abuse rates. Developmental disabilities: There are no National prevalence/incidence studies for abuse of individuals with developmental disabilities.

5. FACTORS AFFECTING RESULTS

Seniors and adults with disabilities: Performance to target comparison could be affected by a number of variables. This includes but is not limited to the following for Seniors and Adults with Disabilities:

Right to self-determination;

Limited resources including state, federal, and community-type(s);

Additional training and development needed for APS Specialist's;

Response of the criminal justice system;

Development and understanding of intra-agency functions;

Self-neglect: The abuse data figures include those clients that are categorized under self-neglect. This could be interpreted to mean that it may be an individual's right to self-determination that results in re-abuse, and may not be due to any of the other potential contributory factors.

Developmental disabilities: For people with developmental disabilities, primarily due to their cognitive limitations, there is a pronounced level of vulnerability resulting in an inability to report along with the inability to protect themselves. Factors affecting performance to target include high turnover of staff in licensed and certified programs; right to self determination; response of the criminal justice system; lack of services knowledgeable and able to respond and support developmentally disabled victims of abuse (e.g. domestic violence shelters, counseling resources).

6. WHAT NEEDS TO BE DONE

Seniors and adults with disabilities:

- Continue to develop data tracking systems for baseline figures needed for comparison;
- Continue Department activities related to this measure;
- Address the variances and see if any reductions can be made in order to achieve the Department's goals;
- Gather data from public/private industry sources for comparison;
- Respond to legislative request to direct efforts at maintaining to 5%.

Developmental disabilities: Additional training for protective service investigators and brokerage staff who are serving people in their own homes. Research and collaboration with community response system including domestic violence and sexual assault. Increase county APS office access to resources to experts such as forensic nurses and psychologists. Initiate program focusing on prevention of abuse such as the Attorney General's Sexual Assault Task Force Developmental Disability Initiative and inclusion of clients, their family and the community at large.

7. ABOUT THE DATA

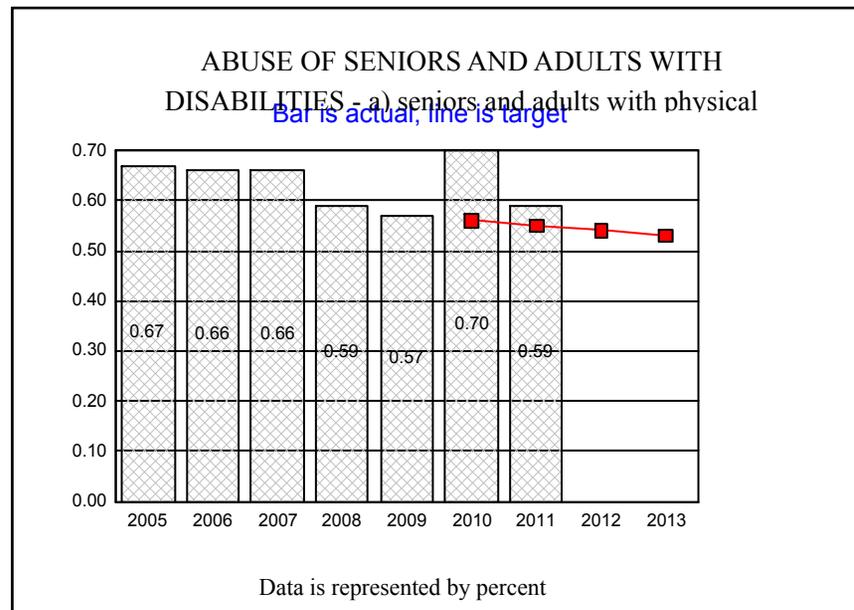
Reporting cycle is Calendar Year, and will reflect all case that closed during the reporting cycle.

Seniors and Adults with Disabilities - Data is maintained by the Office of Licensing and Quality of Care, Quality Assessment and Monitoring Unit. Original data source is Oregon ACCESS for Community APS and QMDB for facility APS. Since Lane County does not use Oregon Access, abuse data is sent in electronically and then appended to the abuse data. Oregon ACCESS has system edits the help prevent duplication in data. Reports are checked for duplication.

Developmental Disabilities - Data is maintained by the Office of Investigation and Training (OIT). The data source is the DD and MH Abuse Database, which reflects the investigation reports submitted to OIT by county and state DD and MH abuse investigators. Several quality assurance checks are conducted before final reports are generated from the database. >The data for performance measure was checked for duplication.

Additional and Disaggregated Data: Data for Seniors and Adults with Disabilities can be obtained by contacting the *Office of Licencing & Quality of Care Adult Protective Services*. Data for People with Developmental Disabilities can be obtained by contacting the *Office of Investigation and Training*

KPM #16	PLACEHOLDER: ADULT PROTECTIVE SERVICES	2010
Goal	People are safe	
Oregon Context	People are safe. Oregon Benchmark #52 - Elder abuse	
Data Source	Office of Adult Abuse Prevention and Investigation (OAAPI)	
Owner	DHS - Office of Adult Abuse Prevention and Investigations, Marie Cervantes, (503) 945-9491	



1. OUR STRATEGY

Increase public awareness, strengthen collaboration with community partners, strengthen and increase Protective Service Training.

2. ABOUT THE TARGETS

This is a new measure and targets will be established for 2013 by conducting retrospective analysis of the prior three years (2010 thru 2012). In the abuse rate graphs, lower numbers are better.) In order to measure success in reducing abuse in the community, a preliminary target of under 1% is established. The primary strategy is to assist the victim in moving from the abusive living situations or to remove the abuser from the situation. The underlying ethical value for the Seniors and Adults with Disabilities' protective service model is to balance our obligation to protect older adults and adults with disabilities with their rights to self-determination. Independent adults can make decisions about their own life and the course of action to be taken in abuse situations. Performance to target comparison could be affected by a number of variables. This includes but is not limited to the following for Seniors and Adults with Disabilities:

- Right to self-determination;
- Limited resources including local community, state and federal resources;
- Additional training and development needed for APS Specialist's;
- Response of the criminal justice system;
- Development and understanding of intra-agency functions; Self-neglect: The abuse data figures include those clients that are categorized under self-neglect. This may be a result of an individual's right to self-determination that results in abuse, and may not be due to any of the other potential contributory factors.

3. HOW WE ARE DOING

Since our Department currently is below the preliminary target of 1% for the percentage of seniors and adults with disabilities who are abused, it appears that we are meeting the goals of our intervention model described above. However, abuse in the community can be difficult to lower due to the individual's right to make decisions about their own life and the course of action. Additionally, as public awareness of the signs of abuse increases so do the number of abuse reports received by the department resulting in more investigations and interventions. The department wants to encourage individuals to report as suspected abuse.

Strategies to improve the department's performance include:

- On-going Adult Protective Service training including fundamentals of and advanced training for experienced APS workers.

-Continuation of public education efforts;

-Technical Assistance to field offices;

-Basic Adult Protective Service Specialist functions such as screening, consultation, triage, assessment, investigation, intervention, documentation and risk management;

-Collaboration with community partners;

-Continuation of intra-agency relationships/training with other agencies that serve Adult Protective Service clients such as those with mental illness, developmental disabilities, and the Office of Investigations and Training.

4. HOW WE COMPARE

There is no National data on abuse rates.

5. FACTORS AFFECTING RESULTS

Performance to target comparison could be affected by a number of variables. This includes but is not limited to the following for Seniors and Adults with Disabilities:

-Right to self-determination;

-Limited resources including state, federal, and community-type(s);

-Additional training and development needed for APS

Specialist's;

-Response of the criminal justice system;

-Development and understanding of intra-agency functions;

-Self-neglect: The abuse data figures include those clients that are categorized under self-neglect. This could be interpreted to mean that it may be an individual's right to self-determination that results in re-abuse, and may not be due to any of the other potential contributory factors.

6. WHAT NEEDS TO BE DONE

Continue to develop data tracking systems for baseline figures needed for comparison;

Continue Department activities related to this measure;

-Address the variances and see if any reductions can be made in order to achieve the Department's goals;

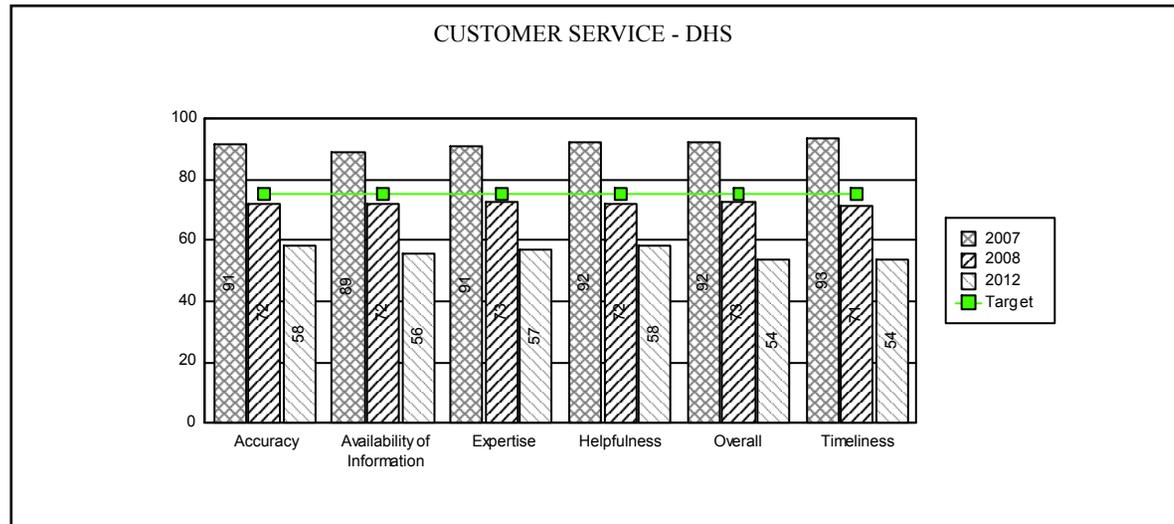
Gather data from public/private industry sources for comparison;

7. ABOUT THE DATA

Reporting cycle is Calendar Year, and will reflect all case that closed during the reporting cycle. Data is maintained by the Office of Licensing and Quality of Care, Quality Assessment and Monitoring Unit. Original data source is Oregon ACCESS for Community APS and QMDB for facility APS. Since Lane County does not use Oregon Access, abuse data is sent in electronically and then appended to the abuse data. Oregon ACCESS has system edits the help prevent duplication in data. Reports are checked for duplication.

Data for Seniors and Adults with Disabilities can be obtained by contacting the *Office of Licencing & Quality of Care Adult Protective Services*.

KPM #17	CUSTOMER SERVICE - Percentage of customers rating their satisfaction with DHS above average or excellent: overall, timeliness, accuracy, helpfulness, expertise, availability of information.	2005
Goal	People are independent, self-sufficient, safe & healthy.	
Oregon Context	DHS Mission – Safety, health and independence for all Oregonians	
Data Source	2012 data source: Online Client Survey (January through June 2012 results) 2008 data source: Consumer Assessment of Health Plans Survey (CAHPS) 2007 data source: Mail surveys to CAF and SPD clients 2006 data source: Web-based survey	
Owner	DHS - Gene Evans, 503-947-5286	



1. OUR STRATEGY

The mission of DHS is to help Oregonians in their own communities achieve well-being and independence through opportunities that protect, empower, respect choice and preserve dignity. DHS is responsible for the care for our most vulnerable citizens -- children, people with disabilities and seniors. The agency seeks to collaborate with families and among agencies and community organizations, whenever possible. DHS believes that the prevention of problems will result in long-term benefits and savings, and DHS strives to deliver services that are prioritized, innovative and streamlined. Finally, the agency seeks to continuously improve and innovate to increase efficiency with public resources.

2. ABOUT THE TARGETS

Our methodology has varied greatly from year to year making it difficult to develop meaningful targets. In addition, with the split of DHS into two agencies it is unclear how the earlier targets were set. The current DHS Online Client Survey is part of an outcome tracked through the agency's management system. The management system includes a status reporting process. Status for each outcome is reported quarterly and is reported as red, yellow or green. Green status (90% of target or higher) represents outcome areas that have reached agency target. As a result, the agency target for client satisfaction is 90 percent. The legislatively approved Target for these measures is 75 percent.

3. HOW WE ARE DOING

Each year we've used a different methodology, therefore it's impossible, at this time, to determine whether or not we're seeing an improvement in the service we provide to clients. The current DHS Online Client Survey began in December 2011.

4. HOW WE COMPARE

At this time, we are unable to compare our results to other agencies, organizations or jurisdictions. We can't compare our results from year to year because of the changes in survey methodology.

5. FACTORS AFFECTING RESULTS

Two main factors affect results: Changes in the survey methodology and agency reorganization. In July 2011, DHS was split into two separate agencies – DHS and the Oregon Health Authority (OHA). The DHS customer base changed after the split when several divisions (Addictions and Mental Health, Division of

Medical Assistance Programs and the Public Health Division) transferred to OHA. Today, the DHS customer base includes clients who receive services from the following programs: Child Welfare, Self Sufficiency, Aging and People with Disabilities, Developmental Disabilities and Vocational Rehabilitation.

6. WHAT NEEDS TO BE DONE

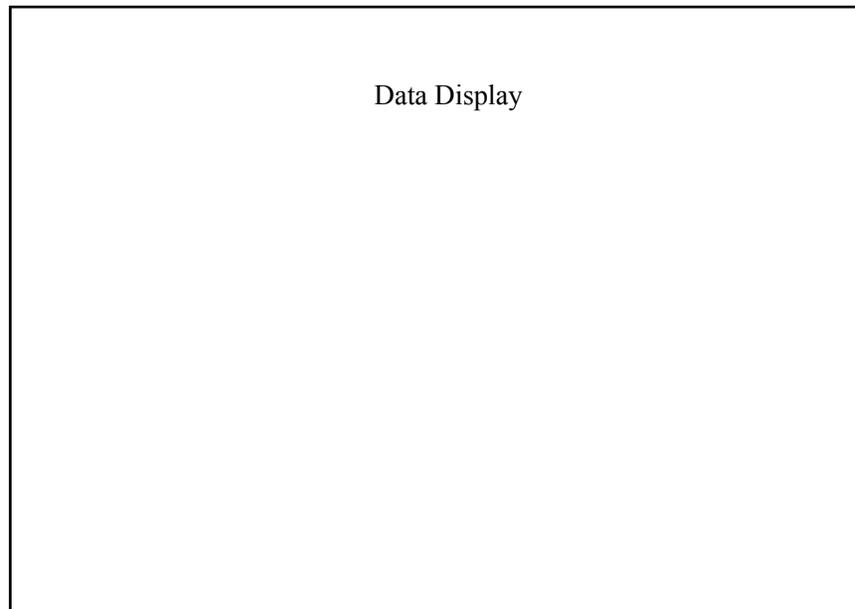
The agency split created a need for DHS to revisit how it will collect and evaluate satisfaction data from its re-defined customer base. An online survey was created and posted in December 2011. The agency is evaluating after the first six months and developing a plan for consistent, comprehensive and sustainable measurement of customer service. Measuring customer satisfaction is a priority for the agency, and the measure has been incorporated into the management system to be tracked quarterly by the DHS Director and Executive Leadership Team.

7. ABOUT THE DATA

DHS soft-launched its new customer satisfaction survey in mid-December 2011. Data reported in this document spans a period from January 1 through June 30, 2012. The survey is administered online and in English. There have been 565 responses. The survey is promoted in field offices throughout the state and on the DHS public website.

The 2008 results are from the Consumer Assessment of Health Plans Survey (CAHPS). It was administered through the Division of Medical Assistance Programs (DMAP) over a 10-week period (October-December 2007) using a mixed-mode (mail and telephone) five-wave protocol. Respondents were surveyed in English and Spanish. The sampling plan for the adult and child surveys called for a random sample of 900 eligible members per plan in each age group. To be eligible, members had to have been enrolled in Oregon Health Plan for at least six months as of December 31, 2006. The final selected sample consisted of 13,962 adult OHP enrollees and 13,747 child OHP enrollees. For the customer service questions, we received approximately 10,600 responses. The CAHPS survey is a biennial survey.

KPM #18	PLACEHOLDER: SERVICE EQUITY	2012
Goal	Health, independence and well-being	
Oregon Context	Health, independence and well-being	
Data Source	State of Equity Report.	
Owner		



1. OUR STRATEGY

2. ABOUT THE TARGETS

3. HOW WE ARE DOING

4. HOW WE COMPARE

5. FACTORS AFFECTING RESULTS

6. WHAT NEEDS TO BE DONE

7. ABOUT THE DATA

Agency Mission: Assisting people to become independent, healthy and safe.

Contact: Anna Cox, DHS Data Collection & Reporting	Contact Phone: 503-945-6680
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Alternate: Angela Long, DHS Office of Business Intelligence	Alternate Phone: 503-945-6170
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The following questions indicate how performance measures and data are used for management and accountability purposes.

1. INCLUSIVITY	<p>* Staff: Staff are involved in the identification and refinement of Key Performance Measures. This is more true than ever, as DHS use the Quarterly Business Reviews to review measures that will ideally replace or roll-up into Key Performance Measures. Feedback is sought to validate the measures. Over the next biennium, staff will become more involved in identifying, tracking and using performance metrics to make improvements to the work we do.</p> <p>* Elected Officials: Elected officials provide input to the agency KPMs, targets and strategies.</p> <p>* Stakeholders: Customer feedback is gathered to help guide strategies for effective service delivery. We continue to work closely with Legislative Fiscal Office and DAS Budget and Management to ensure we are making continuous improvements to our KPMs so they provide useful and relevant information for decision-making and management.</p> <p>* Citizens: Community forums related to budget development and priority-setting are a way to identify and validate priorities, expectations and performance areas.</p>
2 MANAGING FOR RESULTS	<p>As a result of Transformation efforts, there is an emphasis on using metrics to identify where improvements are needed, make changes, and track and report results to make sure improvements are sustained. The department has been training work units in the Lean Daily Management System® (LDMS®) which includes a component for developing metrics at the work unit level for the team’s main processes. Key Performance Measures provide a high-level picture of our results, but the underlying metrics provide a more meaningful and actionable management tool.</p>
3 STAFF TRAINING	<p>Management and staff continue to receive training related to transformation and continuous improvement. Training in both online and classroom formats is available. The courses are introducing staff to the principles and concepts for thinking about work in terms of systems, processes and process improvement. A component of these trainings focus on metrics and how to effectively measure the results of our work. People are becoming more familiar with using data and information to inform our strategies and decision-making.</p> <p>Required courses for managers teach about creating a culture of continuous improvement to achieve results to become a world-class organization and sustain the transformation. Workshops help prepare managers to assist their work groups</p>

	to establish and sustain LDMS® elements and practices, and improve their ability to guide work teams to constructively and practically select and use metrics to improve their work.
4 COMMUNICATING RESULTS	<p>* Staff : The annual performance report is posted online and used for information sharing. One goal of the Transformation Initiative is to make data and metrics more visible at all levels of the organization. As work units begin using the Lean Daily Management System® (LDMS®), they create visual display boards to post in their areas that include data and metrics about the team’s work to provide current information about the results they are achieving and goals they are working toward. Work unit members meet in front of the display board regularly to review metrics, share information, set priorities and problem-solve when needed.</p> <p>* Elected Officials: The annual performance report is posted online and included in the agency request document for purposes of sharing performance results, showing accountability, and informing the budget development process. KPMs are presented during the Ways & Means presentations to describe program results.</p> <p>* Stakeholders: The annual performance report is posted online and used for information sharing.</p> <p>* Citizens: The annual performance report is posted online and used for information sharing.</p>