

Department of Human Services 2009-11 Policy Option Package

Initiative #8: DHS has the capacity to meet clients' needs.

Fundamental to providing health and human services to Oregonians is the ability of DHS to provide behind-the-scenes administrative support in the form of data management and a range of other essential staff tools. This initiative provides those needed administrative systems.

This initiative includes:

◆ Element 8 – 1 (POP 108, 118, 128, 138, 148, 158, 168, 178):

This POP will bring staffing levels up to levels adequate to provide essential services to DHS clients of Child Welfare, Seniors and People with Disabilities, Self Sufficiency, and the Office of Vocational Rehabilitation. In two workload staffing studies, consultants reviewed current practices and found that even if DHS fully implements recommended process improvements currently underway to increase efficiency, a significant gap remains between workload and staffing levels, while demand for services continues to rise. For example, in 30 years OVRs has seen an 83 percent increase in applications for services, a 200 percent increase in clients determined eligible, yet a 22 percent decrease in field staffing levels. Inadequate staffing leads to high workloads and “burnout” reflected in performance issues, high absenteeism rates, and increased costs for overtime and temporary position use. This leads to high turnover rates, loss of more experienced and efficient workers, and consequent higher error rates. These result in federal penalties, poorer customer service, and a decline in our ability to ensure the health and safety of our vulnerable clients. When considering the safety of children, seniors and people with disabilities, errors can be tragic.

◆ Element 8 – 2 (POP 188, 198):

Hiring and training new hospital staff prior to opening the new treatment facility is critical to assure a sufficient fully trained staff is ready for the new treatment units. The project is scheduled in three phases with completion dates from February 2010 to May 2011. The replacement facility cannot open without additional staff. The added staff will also allow the hospital to provide a minimum of 20 hours of active psychiatric treatment for each client each week as called for in the OSH Continuous Improvement Plan. The U.S. Dept. of Justice has shown in settlements that it accepts the 20-hours-active-treatment per week threshold as satisfying patients' civil rights to active treatment.

◆ Element 8 – 3 (POP 239):

HB 2175 was passed by the 2007 Legislature giving DHS the authority to use abuse and neglect information to screen applicants for DHS employee, volunteer and provider positions. This Policy Option Package will provide the resources to implement a data system and process for using this information for screening. This includes development of an employment exclusion registry – a listing of those individuals whose abuse and neglect findings were of such high level or egregious nature that they are deemed unemployable anywhere in the DHS network. This also will use all other founded or substantiated abuse and neglect information for a position-specific screening and fitness determination decision.

◆ Element 8 – 4 (POP 218, 228, 238, 248, 258, 268, 278):

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substantiated abuse and neglect information for a position-specific screening and fitness determination decision.

◆ Element 8 – 5 (POP 129, 289):

This Policy Option Package allows DHS to replace aging hardware, update existing software, increase data storage capacity in a central repository used to store and transmit data, and appropriately resource the program to meet the projected growth in workload. The current mission-critical system has an end of life expectancy of October 2009, is used by up to 1,500 DHS employees and is expected to increase to 9,000 users by 2011. If not funded DHS will return to historical, manual paper processes resulting in a significant increase in costs to process client and provider documents; result in the loss of all efficiencies gained to date; significantly increase risk to vital and confidential client documents impacting program integrity which may result in fines due to an increase in Food Stamp error rates and loss of overpayment recoveries.

◆ Element 8 – 6 (POP 288):

This package would strengthen ombudsman and other customer services for Oregon Health Plan clients who need assistance in resolving problems with health care access or services, as well as for applicants who encounter barriers in the process. Two staff members would be placed in the DHS Governor's Advocacy Office, which can advocate for clients independent of DMAP just as it can for clients independent of other DHS divisions. This package would permit tracking and removal of barriers that applicants and clients face and also institute a DMAP Client Advisory Committee.

◆ Element 8 – 7 (POP 259):

This POP helps reduce the wide variances in service levels of DHS volunteer programs provided across the state. Currently each district manages its volunteer program independently. This has resulted in a disparity between the level of services provided across the state. As DHS resources decline and volunteers become more essential to delivering services, there has been an increased recognition of the value that volunteers contribute to DHS programs, clients, and communities. Examples providing transportation to clients to reunite with families, attend medical appointments and provide job training.

This state wide variance, while resulting in differing levels of service delivery, also has resulted in an equally large variance in risk to DHS and its clients. A lack of structured accountability and staff resources to address the needs and needed procedures has put the agency at critical risk numerous times. This risk will continue without additional resources to enable consistency and expansion across the state in service levels and accountability.

◆ Element 8 – 8 (POP 298):

This package would ensure consistency of care and service for those who receive mental health treatment in Oregon, thereby improving their health, safety and independence. It adds community providers to the Oregon State Hospital's Behavioral Health Integration Project (BHIP) data system, giving them access to a standard electronic health record (EHR). The EHR includes client medications, insurance, diagnosis, and treatment history. This system addition improves state hospital patient discharge procedures and allows tracking of a client's medical/treatment history through all levels of care. This is in support of the DHS transformation and Governor's Statewide Wraparound efforts.

◆ Element 8 – 9 (POP 308):

The purpose of this POP is to provide project funding enabling completion in 09-11 of the OR-Kids Project. This project will give Child Welfare caseworkers a single, fully integrated Child Welfare system, replacing multiple outdated, inefficient systems that do not meet the needs of caseworkers and continually put Oregon's children at risk. CGI Technologies and Solutions Inc., which has successfully implemented Child Welfare systems in several other states, was awarded the system implementation contract in Oregon, and has been on-site at the DHS Parkway facility since March, 2008.

Failure to fund the new Child Welfare system may result in:

1. Increased risk of Child Welfare incidents in Oregon;
2. Repayment of \$15 million to the Administration for Children and Families (ACF) for an enhanced match for development of the system;
3. Loss of federal and state funds due to system inefficiencies;
4. Risk of federal penalties due to non-compliance with federal law;
5. Litigation liabilities (tort claims and settlements for damages to families).

◆ Element 8 – 10 (POP 318):

This package would add 8.0 FTE to strengthen these sections important to effective management of the Oregon Health Plan: Research, Education and Development; Policy and Planning; Budget and Finance; Quality Improvement and Medical. These staff are needed to train 18,000 providers, meet new federal Medicaid requirements, perform other clinical and management work, and meet the demands of developing and managing the division's program-based budget.

◆ Element 8 – 11(POP 328):

This Policy Option Package supports solution development for Children, Adults and Families (CAF) Self Sufficiency (including creating capacity for the Healthy Kids online application); and the Public Health Division (PHD) Office of Family Health Web-based data warehouse.

CAF Self Sufficiency:

This POP provides funds to continue efforts started in the 2007-2009 biennium to automate self-sufficiency processes and modernize aging self-sufficiency systems. The Self Sufficiency Modernization effort automates cumbersome, error-prone manual processes, opens new channels of service delivery for client access, provides caseworkers access to productivity tools, and provides caseworkers a fully integrated Self Sufficiency system. These solutions will replace multiple outdated, inefficient systems, and improve accuracy in determining eligibility of Oregon's vulnerable citizens for TANF, food stamps, day care and Medicaid support services.

PHD FamilyNet:

This POP funds a complementary effort by the Public Health Division (PHD) Office of Family Health (OFH) to develop a data warehouse. FamilyNet is Oregon's Child Health Integrated Data System, consisting of a suite of application modules supporting services provided by OFH. Funding will provide the staff necessary to develop the Web-based data warehouse to link existing OFH child health data systems (i.e., TWIST, ALERT, OR-Kids and EHDI). The OFH child health systems were developed as stand-alone programs using federal funds. State funds are requested to link these child health systems to support surveillance, evaluation, care coordination and referrals. The data warehouse will be designed to interface with DHS data marts to maximize efficient use of resources and to streamline processes wherever possible with older legacy systems.

◆ Element 8 – 12 (POP 338):

The package ensures the health and safety of Oregon adults and children with mental health or addictions disorders by speeding up responses to critical incidents and requests for technical assistance by community providers. It adds two staff members to AMH’s addictions and children’s mental health areas to assist a growing number of people who need these services. A DUII specialist will certify alcohol and drug evaluation specialists, give technical assistance and oversight, and see that clients who’ve left the state meet treatment requirements. A children and adolescent quality improvement coordinator would give technical assistance to improve safety and speed up response to critical incidents. This addresses a growing Office of Investigation and Training (OIT) caseload regarding health and safety concerns for children in treatment programs.

◆ Element 8 – 13 (POP 348):

The Oregon Medicaid Management Information System (MMIS) must use federally-approved Medicaid Information Technology Architecture (MITA) to ensure that DHS can obtain a 90 percent Medicaid match on any future enhancements.

This Policy Option Package provides funding for DHS to meet MITA standards by providing the staff and contracted services necessary to:

- Conduct an assessment of MITA standards in the Oregon MMIS project;
- Complete a maturity assessment of Medicaid eligibility systems, which interact with MMIS; and
- Develop a strategic plan for future MMIS enhancements

◆ Element 8 – 14 (POP 358):

This package would continue existing positions for the Medicaid Management Information System, now in the DHS Office of Information Services, and add three new positions. The staff would work in DMAP, and provide support for the entire agency. These positions will ensure successful operations by monitoring system performance, troubleshooting problems, identifying needs and developing improvements, providing user training to staff and providers, and working with the contractor.

◆ Element 8 – 15 (POP 368):

Oregon is the only state to receive federal funding to create a Medicaid health records bank, which will give clients access to health records for the first time, permit provider information sharing of health records to improve patient care, and reduce medical errors and expensive duplication resulting from illegible or missing paper records. This package would make limited-duration positions permanent and, after federal funding ends in April 2010, support these positions with General Fund combined with federal match.

◆ Element 8 – 16 (POP 378):

The Department of Human Services (DHS) is requesting authority to continue with the planning and siting of a new State Hospital Facility to accommodate psychiatric patients currently housed in the Oregon State Hospital (OSH) in Salem, Oregon in buildings dating from 1883. This facility supports the Department's mission by providing long term care for those with severe and persistent mental illness through three service areas: Adult Treatment Services, Neuro-psychiatric Services and Forensic Services.

◆ Element 8 – 17 (POP 388):

This package eliminates double-filled positions and establishes data analysis positions to keep better track of patient outcomes, state hospital discharges, caseload forecasting, and other methods to improve efficiency and cut program costs for Oregonians. The package establishes six permanent positions to clear six double-filled positions, which resulted from the opening and closing of the Health Services (HS) Cluster. The data analysis positions in this package would also provide management data to AMH leadership, and assist in developing services to discharge patients from the state hospitals. This package includes a governmental affairs liaison.

◆ Element 8 – 19 (POP 109):

This Policy Option Package provides funding for DHS to establish a modern information technology (IT) foundation that is sustainable and compatible with IT industry standards, DHS partners and clients.

The package increases business efficiency for end users by updating desktop and infrastructure hardware, network directory services, office applications and operating systems to support internal and external electronic collaboration, mobile computing, e-mail and file archiving while improving information security and reducing complexity in managing electronic files and access to applications.

◆ Element 8 – 20 (POP139):

This Policy Option Package proposes to address underfunding of hardware and software maintenance costs and staffing workload increases, which have occurred subsequent to the move of information technology services to the State Data Center in August 2005. The list of software and hardware maintenance costs and services has changed since the original estimates made in 2003. Several significant costs were determined subsequently to be beyond the scope of the SDC and have become the responsibility of DHS to pay the maintenance fee and/or provide the service. In addition, the efforts to coordinate services with the SDC, monitor and regularly review detailed expenditure reports

and ensure correct federal matching rates, has created a significant workload for the Office of Information Services.

◆ Element 8 – 21 (POP 359, 349, 369):

These Policy Option Packages will enhance the department’s ability to provide staff with the information and data they need to provide critical health and human services to Oregonians. Results of these POPs include:

- Improved client service as staff gain more timely access to information they need to serve clients, partners and others by developing and maintaining an agency-wide intranet.
- Maintenance of the Internet and intranet, publication writing and design, and external communications.
- Stabilization the department’s communications functions and enable the department to coordinate and track public records requests,

Increased consistency and speed of responses, and centralize record-keeping to monitor the response rates and types of information requested.

◆ Element 8 – 22 (POP 249):

DHS has a responsibility to ensure the agency can continue to perform its critical missions and services during an emergency event. Loss of DHS business processes will have serious impacts on the ability of DHS to provide the critical health and human services needed by Oregonians.

Business Continuity Planning (BCP) provides the information, structure and processes DHS requires to respond during a crisis in an orderly and timely way, while minimizing negative impacts clients, partners, employees and others who conduct business with or receive services from DHS.

This POP provides funding for DHS to improve BCP efforts by developing a strategic plan for fully and effectively implementing BCP throughout the agency.

◆ Element 8 – 23 (POP 149):

This Policy Option Package corrects a technical error made during the 2007 legislative session. Sixteen positions designated to support critical public health systems were approved by the 2007 Legislature and approved in the final budget bill. However technical problems prevented the Department of Administrative Services from inputting these positions into PICS (the request for limitation was not made at the same time as the request for the positions).

These positions have no General Fund impact, and are needed to allow DHS to maintain permanent staff to support critical public health systems.

◆ Element 8 – 24 (POP 159):

This Policy Option Package proposes adding positions to the Customer Services and Support Section of the Office of Information Systems.

DHS does not have enough technical staff to support the current number of users and applications, which continues to steadily increase. Consequently, it takes longer for users to get assistance, negatively affecting overall staff productivity. This staffing increase will support the technical needs of DHS staff and partners who provide direct client services.

◆ Element 8 – 28 (POP 379):

DHS provider payment systems are not designed to deliver payroll services. They are designed to pay invoices and fee-for-service claims. These systems are designed to meet the requirements of different funding streams, programs and client populations. Most current DHS systems (including the new MMIS) allow deductions to be withheld (e.g., dues for unions or taxes). However, a change must be made to the Community Based Care (CBC) system to properly withhold union dues, as set forth in the collective bargaining agreement.

This Policy Option Package will secure the funding for these changes and allow for an analysis to determine whether DHS should make modifications to the existing CBC system or implement a new, department-wide payment and payroll system. The analysis would consider the full spectrum of options to determine the best approach.