

# Oregon Department of Human Services

## Some 2008 accomplishments

During 2008 the Oregon Department of Human Services (DHS) continued to make significant steps forward in improving services to Oregonians. The following list of accomplishments represents just some of the many achievements implemented by DHS last year. These accomplishments are grouped within the following key areas.

- **Prevention:** Problems are prevented or addressed in the early stages.
- **Access:** Oregonians have access to the services they need.
- **Safety:** Individuals who receive services are safe and healthy.
- **Capacity:** DHS has the capacity to deliver needed services.

## PREVENTION

**Immunizations:** The Public Health Division partnered with more than 120 agencies to provide more than 51,000 doses statewide of Tdap, a pertussis vaccine. Providers enrolled in the Tdap Special Project were able to order no-cost Tdap vaccine and provide vaccinations to their clients for free or at a reduced price. Pertussis, known more commonly as whooping cough, is on the rebound in Oregon. Studies have shown that the disease tends to spread from unvaccinated adolescents and adults to babies who are too young to be vaccinated. Many adults show few or no symptoms, but babies have a very high risk of complications or death. Almost half of the 342 infants diagnosed with pertussis in Oregon since 2000 have had to be hospitalized, and four have died. Increasing the use of Tdap should help reduce the incidents of pertussis among infants.

**Prenatal care:** In April the Division of Medical Assistance Programs (DMAP) began a pilot project in Multnomah and Deschutes counties to expand health care coverage to all women below 185% of the Federal Poverty Level to get coverage for prenatal care. The pilot project has an average monthly enrollment of 800 women. As of October there were 543 deliveries with an average of 6.4 prenatal health care visits per mother.

**Problem gambling prevention and treatment:** The Addictions and Mental Health Division (AMH) used 2008 to assess the status of the Problem Gambling Prevention and Treatment Program, and to work with stakeholders to rethink the approach to prevention and services. The goal of this review was to improve the efficiency and effectiveness of service delivery; integrate prevention and treatment efforts at the local level with other AMH and DHS efforts to maximize the use of limited community resources; and simplify reporting, reimbursement and site review processes and procedures while improving accountability and the measurement of outcomes. The results of this work will be used to

improve contracting and payment processes.

**Strengthening families:** The Addictions and Mental Health Division (AMH), in partnership with communities and tribes, provided the Strengthening Families Program to nearly 200 parents and more than 200 youth during 2008. The course uses an evidence-based family curriculum proven to reduce the onset of alcohol and drug use, reduce aggressive behaviors, and strengthen family communication and bonds. An independent evaluation by Washington State University found a 43 percent reduction in reported substance use. This translates to a net benefit to Oregon of more than \$1 million in cost avoidance related to substance abuse criminal justice expenditures.

## **ACCESS**

**Children's health insurance:** The Division of Medical Assistance Programs (DMAP) spearheaded development of the Healthy Kids Plan (HKP), an initiative led by Governor Kulongoski. HKP gives all uninsured Oregon children an opportunity to be enrolled in comprehensive, affordable health care coverage. This development process resulted in presentation of House Bill 2117 to the 2009 Oregon Legislative Assembly.

As of the end of 2008, more than 116,000 Oregon children were without health insurance. The goal of HKP is to enroll 95 percent of all Oregon children into comprehensive health care. As designed, HKP will provide options for all Oregon children regardless of their families' income levels. Groups working with DMAP on this initiative include the Office of Private Health Partnerships and the Office for Oregon Health Policy and Research.

**Children's intensive medical care services:** The Seniors and People with Disabilities Division (SPD) implemented a new program for children with intensive medical needs living at home after receiving a federal waiver. To date there are 67 children being served, with an additional six to eight children being enrolled each month.

**Children's mental health services:** The Addictions and Mental Health Division (AMH) worked with a variety of agencies, partners and stakeholder groups to move forward with the statewide Children's Mental Health System Change Initiative. A review of service trends and outcomes found that more children are receiving mental health services, the array of intensive community-based service continues to increase, fewer children are receiving facility-based services, family satisfaction with services and involvement is increasing, school attendance is improving, school suspensions and expulsions are dropping, and arrests have declined.

**Client assessment and service planning:** Following a two-and-one-half-year process, the Seniors and People with Disabilities Division (SPD) implemented the revised Client Assessment and Planning System. The new system uses wizard-type technology to improve client assessment accuracy and adds benefit plans to service planning.

**Community-based care:** The Children, Adults and Families Division (CAF) helped relocate several developmentally disabled children and young adults from a Portland nursing facility into community-based settings. Some of the residents had been considered impossible to move to community-based settings, but now are doing well and gaining new abilities.

**Emergency cash assistance for families:** The Children, Adults and Families Division (CAF) implemented a total redesign of the Temporary Assistance for Needy Families Program, improving employment outcomes for clients, strengthening parent supports and family stability, and enhancing community partnerships. This redesign has helped CAF continue to meet the increasing numbers of requests by families for assistance in these difficult economic times.

**Food benefits:** The Children, Adults and Families Division (CAF) helped meet the needs of more than 500,000 hungry Oregonians and earned two federal bonuses – one for the numbers of people accessing benefits and one for efficient administration of the program.

**Food benefits for seniors:** The Children, Adults and Families Division (CAF) used a 2007 award for the effective delivery of food benefits to improve access to food and nutrition for residents in Marion, Polk and Tillamook counties. Residents in those counties will be able to apply for food benefits at non-traditional, more accessible sites such as senior centers, churches and other settings that serve seniors. Site volunteers will be available to conduct the required face-to-face interviews with applicants.

**Health care for adults:** The Division of Medical Assistance Programs (DMAP) enrolled more than 9,100 new clients into the Oregon Health Plan (OHP) Standard benefit package, bringing the total OHP-Standard enrollment to more than 28,600. Over the course of the biennium enrollment is expected to level out through attrition to a monthly average of 24,000. Due to funding limitations that restrict the number of enrollees to a monthly average of 24,000, DMAP was unable to enroll everyone who qualified for OHP Standard. To equitably select a limited number of enrollees, DMAP created a reservation list from which names were randomly drawn. During a five-week period spanning January and February, more than 90,000 names were put on the reservation list. More than 30,000 applications were sent during a series of eight mailings from March through October.

**Health insurance application process:** The Division of Medical Assistance Programs (DMAP) led a team consisting of state agencies, providers and client advocate groups to make the Oregon Health Plan (OHP) application form easier to understand and complete. The previous 12-page application form now is four pages long and consists of just 15 questions. The streamlined form asks only for information necessary for all applicants. Supplemental forms are used for applicants who need to provide situational information. The new application has received positive feedback from both clients and field office staff.

**In-home services:** The Seniors and People with Disabilities Division (SPD) neared completion of the implementation of the support services in-home waiver as required by the Staley Settlement Agreement. The aggressive schedule for providing support services to eligible individuals required significant coordination between county, state and brokerage staff. To meet the timeline for the biennium, SPD recruited and contracted with two additional brokerages, bringing the number of support service brokerages to 13.

**In-home services:** The Seniors and People with Disabilities Division (SPD) implemented the Independent Choices Program, a Medicaid long-term service state plan option. The program previously was operated for five years as a demonstration project in five Oregon counties. The program is a unique state plan option for in-home services that allows eligible participants to both self-direct and receive and manage the cash equivalent of their long-term service benefit package in case-manager-approved individualized plans.

**In-home services:** The Seniors and People with Disabilities Division (SPD) trained and deployed 22 additional employees statewide to revitalize efforts toward successful nursing facility diversion and transition activities. To date more than 200 clients have been successfully diverted from or transitioned out of nursing facilities, and now receive long-term care services in their homes or other community-based care facilities.

**Long-term care:** The Seniors and People with Disabilities Division (SPD) implemented the Long-Term Care Partnership Program, allowing people to take responsibility for their future long-term care costs by purchasing Qualified Partnership Long-Term Care policies that not only pay benefits when policy holders need assistance with their activities of daily living, but also allow for excluding additional resources if and when policy holders exhaust their long-term care insurance and need to apply for Medicaid.

**Medication cost assistance:** The Public Health Division (PHD) sought and received approval from the Centers for Medicare and Medicaid Services (CMS) to be designated a State Pharmaceutical Assistance Program (SPAP). This designation will lower the cost of providing access to HIV and other medications to some CAREAssist Medicare clients throughout the coverage year.

**Stable health coverage for children:** The Medicaid Poverty Level Medical (PLM) program, which is part of the Oregon Health Plan (OHP) Plus benefit package, provides health insurance for children under the age of 6 with family incomes below 133 percent of the federal poverty level (FPL) and for children under the age of 19 with family incomes below 100 percent of the FPL. The Division of Medical Assistance Programs (DMAP) received federal approval to extend the continuous certification period for PLM children from six to 12 months.

Effective Jan. 1, 2009, children will have to be re-enrolled in the program just once per year instead of twice. Studies show that each time parents have to re-enroll their children in similar programs, 50-60 percent fail to do so, despite their children's continued eligibility. Extending the continuous certification period will help reduce the number of children who lose insurance and will help stabilize their health care coverage.

## SAFETY

**Children in foster care:** Focusing on the safety of children who come into contact with the child welfare system, the Children, Adults and Families Division (CAF) began the process of setting targeted goals to safely reduce the number of children in foster care and improve the safety and health of kids in foster care. This work leveraged new partnerships with the Oregon Commission on Children and Families, Casey Family Programs, the National Governor's Association, members of the Oregon Legislature and the judicial branch, and many other partners across the state dedicated to the well-being of Oregon's children.

**Long-term care recipients:** The Seniors and People with Disabilities (SPD) Nursing and Community-Based Facility Complaint Web site went live. The site provides the opportunity for consumers to check on abuse complaints against licensed long-term care providers.

**Oregon Health Plan clients:** The Oregon Health Plan (OHP) Consumer Protections Workgroup, led by the Division of Medical Assistance Programs (DMAP) reviewed the health care challenges and barriers faced by OHP clients, and provided input on legislation for the 2009 Legislative Session to establish an OHP Ombudsman in the Governor's Advocacy Office. The workgroup also established a Community Advisory Committee, which will begin meeting in 2009 to continue enhancing the delivery of OHP services.

**Residential treatment facility residents:** The Addictions and Mental Health Division (AMH) continued to work with local partners to develop a range of residential projects to provide housing resources for individuals transitioning from institutions or homelessness, and to create housing opportunities for people with barriers to residential stability. Fifty-three projects were initiated in 18 counties accommodating 444 people with serious mental illness, including residential capacity to serve 232 individuals leaving the psychiatric hospital facilities. Projects include 16 residential facilities, 18 residential treatment homes and 19 supported housing projects. Projects to serve 1,292 individuals in 28 counties are at various stages of development. Additionally, the existing and new Oregon Recovery Homes outreach coordinators have increased the number of peer-run Oxford Houses in Oregon to 178, the highest number per capita of any state and second in overall development.

## CAPACITY

**Actuarial services:** Rather than continue to buy actuarial services, DHS has moved this critical function into the department. This will save a substantial amount of money and enable DHS to be more responsive to its stakeholders.

**Disease management planning:** The Public Health Division (PHD), using a grant from the federal Centers for Disease Control, developed county data books for disease management planning. The data can be used as a resource in planning to meet the health needs of the growing population of older adults.

**Electronic birth registration:** The Public Health Division (PHD) Center for Health Statistics implemented the secure Web-based Electronic Birth Registration System (EBRS). Birth certifiers at hospitals and midwives now can complete the birth certificate and sign the record online at a secure, state-owned Web site. Births now are registered electronically at the state almost immediately, and birth certificates are available to family members within a day or two after the birth, compared to weeks to months with the old system. The new system is more secure because only the state Office of Vital Records handles the original paper certificate; everything else is done electronically. The implementation of EBRS was done in conjunction with the implementation of the new standard birth certificate that collects additional medical and health information about the newborn and the mother. This additional information is used by researchers to better assess public health issues and to meet national standards for vital records.

**Emergency Management System database:** The Public Health Division (PHD) established an Emergency Management System (EMS) patient encounter database pilot project. On an on-going basis, 19 EMS agencies are participating in creating electronic records and sending patient reports to a central database. Approximately 120 agencies cooperated in supplying data that will be used to help demonstrate the value of such a system.

**Environmental public health database:** The Public Health Division (PHD) launched a beta version of its Environmental Public Health Tracking Web portal to begin integrating data on environmental hazards, exposures and health conditions. For the first time, data and information on environmental hazards, exposures and health outcomes will be made available in a coordinated fashion. This will enable environmental public health professionals, researchers and members of the public to better understand the connections between environment and health, and be in a better position to make informed decisions. This also will help PHD answer questions such as whether there are any associations between unhealthy air days and incidences of asthma or heart attacks. Over time PHD will add informatics tools, expand the variety of data sources and length of record, and increase the state's ability to provide a range of information services.

**Health care volunteer registry:** The Public Health Division (PHD) launched the State Emergency Registry of Volunteers in Oregon (SERV-OR), a database that registers, credentials and alerts volunteer health providers in the event of a public emergency. The registry is part of a national alert system that enables public health officials to

immediately notify and deploy pre-registered volunteers who have the appropriate health care skills needed to respond to a natural or human-caused disaster or other emergency.

**Information technology services:** DHS reorganized its information systems structure to improve the delivery of information technology (IT) services to DHS business units. The reorganization strengthens IT governance, promotes business and IT strategic alignment at the division and enterprise level, increases operational agility, and reduces response times.

**Managed care savings:** DHS expanded its ability to track data and monitor expenditures in managed care capitation payments, generating more than \$7 million in savings.

**Medicaid Management Information System:** DHS activated a new Medicaid Management Information System (MMIS), the computerized claims processing and information retrieval system used for the Oregon Health Plan (OHP). All states operate an MMIS to support Medicaid business functions and maintain information in such areas as provider enrollment, client and third-party liability, benefit package maintenance, managed care enrollment, claims processing, and prior authorization.

The new MMIS has many features that enhance services to both providers and clients including the interactive Provider Web Portal and an Automated Voice Response system for verifying client eligibility. More features will be added in 2009, such as online claims and electronic prior authorizations. The new system also will enable DHS to keep pace with changes in claims volume, programs and policies, technology, and more.

**Oregon State Hospital:** Oregon State Hospital (OSH) hired a new superintendent and a new chief financial officer to improve institutional management and service delivery. The new superintendent led the hospital staff in adopting a continuous improvement plan and improving the ability of the hospital to capture and use data. As a result of these changes the hospital has reduced the use of seclusion and restraint to levels comparable to or below national levels; supported six direct care staff in attending an innovative nurse education program (N2K), which resulted in all six graduating at the top of their class prepared to work as nurses for the hospital for at least three years; improved financial controls and accountability, bringing the budget into balance in spite of major fiscal challenges; increased the effectiveness of billing Medicare Part D for medications for covered patients; expanded peer support services through the implementation of the Peer Bridge Program; and began implementing major changes in campus security in response to recommendations resulting from an independent security review.

**Public Health Lab:** The Public Health Division (PHD) relocated the state's public health laboratory from downtown Portland to new facility in Hillsboro with no interruption of services to clients. The facility is shared with the Oregon Department of Environmental Quality. The public health lab also implemented new molecular methods for more rapid and accurate communicable disease testing.

**School-Based Health Centers:** The Public Health Division (PHD) oversaw the largest expansion of School-Based Health Centers in the program's history, awarding 18 planning grants to 10 Oregon counties.

###