



[trāns-ˈfər-mā-ˈshən] *noun*.
A marked change, in appearance
or character, for the better.

Accomplishments:
From promising concept
to measurable reality

**“The results were so impressive
that I literally fell out of my chair.”**

Bill Coulombe, Public Health Division
Deputy commenting on his reaction to
out-of-the-box thinking in the division's
travel Rapid Process Improvement event



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Introduction

What we do is too important not to be the best.

A fundamental change has begun at the Oregon Department of Human Services in the way the agency does business. In a time of increasing demand on human services due to the economy and aging demographics, DHS must change in order to continue providing the essential services Oregonians count on.

This change – called the Transformation Initiative – already is reaping success. It started in January 2007 with a pilot project involving DHS Finance and Policy Analysis, Office of Financial Services, and Office of Payment Accuracy and Recovery.

In December 2008 the pilot reported documented cost avoidance exceeding \$8.4 million through actions such as improved cash management on short-term Treasury loans, decreased staff overtime and increased benefit-overpayment collections. The pilot was so successful that the effort was expanded to the entire agency.

Last year DHS managers and staff worked with a respected global consulting firm, one of the world's best organizational advisers, to change the way the agency does business. The goal is simple: Improve how we deliver services and be more efficient with state dollars.

We started by taking an in-depth look at how we do our work. We measured what we do and mapped the processes we use to do it. We surveyed, analyzed, benchmarked and compared ourselves with other organizations. Today we have more data and know more about how we serve our clients and steward public resources than we ever did before.

One message came through loudly and clearly – employees, partners, client advocates and other stakeholders want to see fundamental changes to the way we do business.

Our employees want to cut through red tape and bureaucratic barriers so they can help clients quickly and well, and improve the way we use public resources. Our partners want us to streamline our contracting policies so that working with DHS doesn't cause them financial hardship. Client advocates want us to be creative and aggressive in solving problems and making things better for the individuals and families we serve.

Out of this work and vision came the Transformation Initiative roadmap to guide the work of transforming DHS.



Early results

Department, Division and Cross-division initiatives

Entering 2009, DHS already has responded to or is preparing to tackle more than 80 areas to improve or to build a foundation for continuous future improvement.

DHS has 10 teams at work – one for each of the six divisions and for four themes. (For more detail, see 2009: A year to strengthen Transformation in DHS, near the end of this report.)

Each team has a charter, a roadmap, a project manager and a sponsor, giving each goals, objectives and the first set of tools to get the work done.

“I expect Transformation to completely change the way we do business and the way we think about doing business,” says Monica Herrera, Transformation Project Manager for DMAP. “I’m excited that employees are being given the power to create positive changes in their own jobs. And I think they will be, too, once they realize they have the power to make their jobs easier, faster and better.”

Transforming the culture of the agency

Every organization has a “culture” of how people view the work environment, how they relate to one another and how they get things done. When DHS launched the Transformation Initiative, it asked employees a number of questions about how they view their work and the agency that employs them.

DHS employees who responded said they are committed to effectively serving clients, but that they sometimes are frustrated by barriers they encounter in trying to do their best work.

The Transformation Initiative is removing barriers. Transformation empowers employees, giving them the goals, the tools and the metrics they need to truly change the way they work and the culture of the organization.

The people who do the work know what needs to be changed. They are well-equipped to recommend how to change it. And Transformation also has given managers a new priority to remove barriers that prevent employees from doing their best work.

In the old DHS culture, employees seldom if ever had an opportunity to step away from their day-to-day assignments to think about – much less implement – processes that would work better.

In a transformed DHS culture, employees are encouraged to identify inefficient and ineffective processes, to engage in work to identify how these processes can be significantly improved, and then to make those changes part of their everyday work.

The desired culture is one in which an accountable, well-organized organization has employees whose courage to do the right thing is built on trust, respect, fulfilling work, a work-life balance and a focus on coaching and mentoring.

The result of a transformed DHS culture will be a commitment to continuously finding more effective



processes that yield improved service to clients, better relationships with partners, redeployment of saved resources to other important work, and greater satisfaction among employees.

Rapid Process Improvement: Change from the front lines

After Transformation entered the implementation phase in fall 2008, DHS embarked on the first of 29 Rapid Process Improvement (RPI) events to meet the goals of the divisions and create a culture of change. Based on a philosophy called Lean, a proven methodology used successfully in industry and government, RPI events engage employees who know the problems and give them the tools to recommend the best ways to fix them.

Typically working across three days during an RPI event, the people who do the work – both managers and represented employees – figure out how to improve quality and customer service, eliminate redundant steps and handoffs, decrease errors and boost morale.

Employees who participate in RPI events are also expected to pick up their regular work afterward. Yet employees, even those who were skeptical at first, usually find the positive results more than offset increased workload. They like the opportunity to step back, take a hard look at how they are serving the customer, and then get a chance to deliver robust improvement.

Employees are responding positively. In the Public Health Division, for example, employee responses to a streamlined process for getting travel authorizations included “Wow – this makes my life easier and frees me up to do other things that I need to get done.” “Why didn’t we think of that sooner? I love Lean. It rocks.” And, “What do you mean it’s approved already?”

At the state hospital, Maryann Grieve says patients on ward 35-A have responded positively to seeing a dietitian so quickly as a result of a successful RPI event. “Most of our patients have been in the state hospital for a long time and were familiar with seeing a dietitian ‘next year,’” she says. “We haven’t heard a single complaint – and they even know our dietitian by name.”

The director of state hospital food and nutrition services, meanwhile, also is enthusiastic. “This is the second RPI I have participated in,” Debbie Granum says of the dietary-consultation event. “I am amazed how difficult, long-term problems can be resolved so quickly with this approach. The level of buy-in and support is terrific, and the outcomes significant. The commitment of time up front is hard – but the results are worth every minute.”

Like other elements of the Transformation Initiative, RPI event results will be evaluated against measurable goals.

A large part of this report is devoted to RPI event accomplishments by the division teams because they were able to yield early results while other significant elements of the Transformation Initiative require more time. The following RPI reports are organized alphabetically by division.



AMH: Addictions and Mental Health Division

Dietary Consultations, Oregon State Hospital

The challenge: It was taking as long as 150 days for a staff dietitian to complete a dietary consultation, performed for patients who have special dietary needs owing to diabetes, metabolic disorders, liver or kidney failure or other conditions.

The goal: Healthier patients as a result of completing dietary consultations within seven days of request, seeing all appropriate new patients within seven days of admission, eliminating the backlog of requested consultations by Jan. 1, 2009.

What they did: Eight people participated in the RPI event representing the food services director, dietitians, physicians and nurses. They found ways to reduce the process from 40 steps to 21, including standardizing how referrals are made (they had been by phone, e-mail or word of mouth); separating face-to-face nutritional consultations from food preferences that can be handled by phone; and standardizing how the assessment gets on the patient's chart and receives physician approval. Dietitians, who previously were doing 12 consultations per week, now do 30. The backlog was eliminated by Jan. 1, 2009. An unexpected consequence is that dietitians are receiving significantly more referrals now, perhaps because physicians are more motivated to make referrals.

Benefits: Consult wait time had been reduced from 150 days to 15 days by the end of 2008 with a goal of seven days in 2009. Results are being tracked and will be reported.

Electronic Filing System

The challenge: AMH, which adopted an electronic scanning and filing system in 2007 to significantly reduce paper files, had a backlog of approximately 1,200 paper files consuming desk, floor, hallway and other space. The time required to purge, scan, label, and file a paper record as a pdf in the electronic system could take up to four hours. Scanned files sometimes could not be retrieved because their location could not be found. (Files range from 10 pages to those that are a couple of inches thick.)

The goal: Eliminate the backlog of paper files and reduce the time needed to scan a paper file into the electronic system to 45 minutes, both by June 30, 2009.

What they did: Seven employees participating in the RPI event were the manager of contracts and operations, office manager, a policy manager and office specialists who do the scanning and filing. They clearly defined which paper files need to be scanned and where they should be filed. Because workers needed to use both computer and scanner, they now use laptops placed near the scanner to eliminate walking back and forth. Some workers were labeling each document in a file, a time-consuming process; now whole files or sections of files receive a single label. The new system will be supported by training. Two managers on the team encouraged staff to schedule protected time to do the work, urging other employees to respect that time.



Benefits: By the end of 2008, AMH was ahead of schedule, had successfully reduced the backlog by half, reduced the time to scan paper files into the electronic filing system, improved customer service and made files easier to find. Results will continue to be tracked and reported.

Nurse recruitment, Oregon State Hospital

The challenge: The state hospital has a high vacancy rate for nurses; yet measured from the time names are selected for interviews, it takes up to 80 days to extend a job offer.

The goal: Meet the industry standard hiring time of seven days. Strengthen consistency of patient care, cut costs for overtime and contract nurses, and reduce nursing vacancy rate from 22.7 percent to 10 percent.

What they did: Nine people participated in the RPI event representing Human Resources, nurses and recently hired nurses. They reduced hiring steps from 34 to 23 by no longer requiring a written justification to hire, eliminating one of the previously needed signatures, and eliminating multiple handoffs in Human Resources. Instead of nursing supervisors conducting interviews, a panel conducts interviews every Thursday. Jobs now are offered to candidates subject to reference and criminal checks, which have been standardized.

Benefits: By the end of 2008, time needed to tender a nursing job offer had been reduced from 80 days to 24 with the seven-day goal considered achievable in 2009. The vacancy rate has been reduced from 22.7 percent to 16 percent. Results are being tracked and will be reported.



ASD: Administrative Services Division

Wireless Communications Devices - BlackBerrys

The challenge: It takes 1-3 months to get a BlackBerry to a new user; billing usually goes to accounting, so billing information does not reach unit managers in a timely manner if at all; and 22 percent of the approximately 1,300 DHS BlackBerry users don't use the phone feature.

The goal: Prospective users obtain devices faster; DHS ensures managers have timely information so they can compare device usage with the user's work assignment; discontinue paying for features users don't want or for devices that aren't in use.

What they did: Nineteen people participated in an RPI event representing Office of Information Services; Children, Adults and Families Division (both child welfare and vocational rehabilitation); Seniors and People with Disabilities Division; information security; and accounting. A pilot with Sprint/Nextel will begin during the first quarter of 2009. The focus will be to decentralize the ordering and billing of BlackBerry devices to 20 regional coordinators, who will get orders submitted faster and will receive timely, geographically targeted bills they will send to appropriate managers for review. If a BlackBerry user is going to be on medical or vacation leave, the device can be put on \$5-a-month standby in lieu of the usual monthly charge of \$57 to \$72. DHS will determine whether the requested technology is appropriate to the user.

Benefits: A plan to significantly reduce the time to deliver BlackBerrys and improve accountability for device inventory is being implemented in the first quarter of 2009. Results will be tracked and reported.

Wireless Communications Devices – Cell Phones

The challenge: An internal audit reported that DHS does not have a good inventory of active cell phones. The department also knew that it needed better monitoring of cell phone use and improved assignment of appropriate plans. Managers do not have accurate and timely data on cell phone use and billing information for which they are responsible.

The goal: Improve monitoring of cell phone use, such as acting on the information that 25 percent of DHS cell phones receive no monthly usage. Give managers the timely billing information they need to monitor appropriate employee usage, including monitoring cost per phone, phones not used, phones over per-month minute contract, and misuse.

What they did: Participants in the RPI developed a standard order form that includes plan and feature options and employee information. Implementation of a pilot with AT&T will begin during the first quarter of 2009. Cell phones will be ordered by 20 regional coordinators, who also will receive bills that can more quickly go to managers for review. DHS will more closely monitor usage and misuse, having learned that 25 percent of DHS cell phones are never used and therefore don't match the employees' needs. Emergency-preparedness phones would be exempt from concerns about lack of usage, and work units with check-out phones will be monitored as to whether the number of



phones they have is appropriate. DHS will do a better job of educating users about what features are supported so DHS isn't billed for features such as text messaging.

Benefits: A plan to improve monitoring of cell phones, improve "fit" between user and device or plan, and improve cost accountability is being implemented. Further results will be tracked and reported.



CAF: Children, Adults and Families Division

Adoptions: Time to be declared legally Free

The challenge: From the time it becomes clear a child may become a candidate for adoption, the adoption planning process can take from 200 to 400 days.

The goal: Place more children in permanent homes sooner by reducing to 45 days the time required to complete the necessary paperwork process for a child to be declared legally free for adoption.

What they did: This was one of six RPI events focusing on improving permanency planning, which can be further delayed by the time required in some counties to get a court date. The RPI resulted in developing an electronic checklist that can be sorted by the reason cases are pending; setting up a central tickler system to obtain field-requested documents faster; providing laptops to legal assistance specialists in the field who previously kept hand-written notes in massive notebooks; linking the laptops to a shared drive; and creating a template for the specialists to use for providing information. These changes should yield staff time that can be redeployed to improving workforce training and to preparing more children for adoption while possibly avoiding the cost of unnecessarily lengthy time in foster care.

Benefits: A plan to reduce the adoption planning process, freeing up foster family resources for children, is being implemented. Results will be tracked and reported.

Food Stamp Intake

The challenge: Due to understaffing and other issues, eligible individuals or families coming into a self-sufficiency field office often wait two weeks or longer before being issued food stamp benefits.

The goal: Same-day service for those who bring all required documents into the office.

What they did: Three separate RPI events were conducted by offices in Springfield, Albany and White City; Bend, Klamath Falls and John Day; and St. Johns, North Clackamas and McMinnville. Although results of the pilots vary, they include friendlier lobbies; clip boards so applicants can fill out forms while waiting in line; a drop box that enables materials to be left without standing in line; and revised scheduling of intake appointments. An applicant coming to the office with all required documents may be able to receive food stamps the same day. In one office during the pilot, nearly 100 client responses to a survey were overwhelmingly positive about the time the process took, their needs being met and the quality of information they received about other resources.

Benefits: In Albany and Springfield, the time needed to determine eligibility has been reduced from two weeks or longer to same-day or next-day determination. Timely new processes have improved service to clients in an environment of significantly increased demand for assistance. Statewide implementation of the new process is scheduled to begin in February 2009. Results are being tracked and will be reported.



Payment Process for Discretionary Child Welfare Funds

The challenge: When child welfare caseworkers request discretionary funds to benefit children in care, or to prevent children from coming into care, the time required for a decision authorizing the expenditure can take as long as eight to 14 days. (Discretionary funds may be used to remove transportation or other barriers.)

The goal: Reduce the time to decision to 1-2 days.

What they did: Thirteen caseworkers, office managers, support staff, community partners and a union representative from the Gresham, Oregon City and St. Helens offices participated in an RPI event. They reduced the number of steps from 20 to eight, including reducing the number of signatures required to gain approval, eliminating redundancy in staff members looking at case screens and giving approval authority to supervisors. They added accountability for funds expenditure by making supervisors, who previously did not know discretionary-fund balances, accountable for those funds.

Benefits: At the end of 2008, the number of days to make service payments had been reduced from the previous 8-14 days to 2-5 days, enabling foster families to receive payments faster and benefiting children in care or preventing children from coming into care. Three branches have implemented this process, which will be rolled out to other field offices in 2009. Results will be tracked and reported.



DMAP: Division of Medical Assistance Programs

DMAP delayed the start of RPI events until 2009 to enable division staff to focus full attention on December 2008 implementation of the new Medicaid Management Information System.

The division scheduled its first RPI event for Jan. 20-22, 2009.

Meanwhile, the division is moving ahead with other initiatives in the Transformation roadmap. And its Policy and Planning Section, for example, has instituted daily huddles – 15-minute stand-up meetings – to air issues, discuss priorities, learn what others are doing, find out how they can help each other and build camaraderie.



PHD: Public Health Division

Approvals for Out-of-State Travel

The challenge: Requests for out-of-state travel typically required 14 days or more for a decision because of duplicated work and verification of business need, which often also incurred additional expense for travel booking fees and inability to get early-bird conference fees.

The goal: Reduce the approval process to five business days.

What they did: Nine staff members from across the division representing various backgrounds and responsibilities, including travelers, participated in an RPI event. They found that the process could be reduced from 17 steps that involved seven or eight staff members to a streamlined process that usually can be accomplished in five days. The standard automated form is easier to complete and is submitted via GroupWise e-mail to improve cycle time and save resources; a single full-time travel coordinator has been designated to be an expert on all DHS travel rules; and the section manager who knows best whether the travel is appropriate makes the decision (previously, all requests went as high as the division deputy).

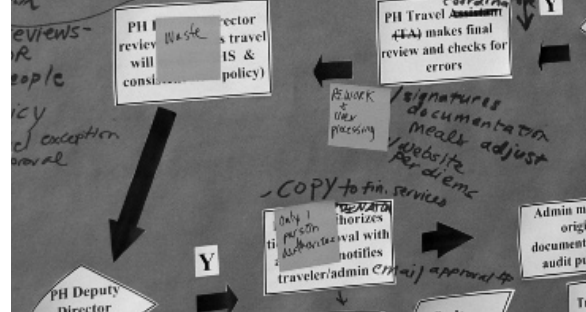
Benefits: The goal of reducing from 14 days to five days the time to make decisions is now a reality for 100 percent of requests, resulting in improved customer service, avoided cost of paying last-minute travel and conference fees, reduced cycle time and a narrowed accountability focus. Additionally, all airfare is booked online, allowing the Public Health Division to capture significant cost savings associated with ticketing. The division will conduct surveys in early spring 2009 to evaluate customer satisfaction and to quantify resource redeployment. Results are being tracked and will continue to be reported.

Sample Receipt, Public Health Laboratory

The challenge: The laboratory sometimes had specimens that were mislabeled or arrived with missing or incomplete paperwork; the lab was unable to track a specimen until it reached the analysis section for processing; and occasionally it was unable to find a specimen that a county claimed it had sent.

The goal: Make a four-fold reduction in the unlabeled or mislabeled specimen error rate, from 0.22 percent (229 of about 102,000) to 0.5 percent (51).

What they did: Eight people participated in an RPI event representing operations staff who receive, sort and track specimens; laboratory testing staff; the adjoining Oregon Department of Environmental Quality lab; and employees who deal with external clients. The laboratory will contract with couriers to pick up specimens from the counties and use bar codes to immediately begin tracking them; this will enable electronic tracking throughout the process and reduce resolution time for any remaining issues. Future: The lab anticipates RPI events to improve overall lab processes and to streamline accrediting of private labs.



Benefits: The division has begun the process to contract with a courier to pick up lab samples from counties, with a goal of achieving the reduced error rate by fall 2009. Once the courier and tracking process is implemented, errors should immediately be reduced along with the staff time needed to resolve these issues. The courier service also will eliminate 75 percent of the old-fashioned cardboard shipping cylinders, which require additional processing time, lab storage space and two-way shipping costs. Staff time currently needed to process the cardboard shipping cylinders will be redirected to other critical job functions. The lab has begun tracking results, which will be reported regularly.



SPD: Seniors and People with Disabilities Division



Developmental Disability Contract Amendment

The challenge: County governments, with which DHS contracts for services to clients who are developmentally disabled, expressed frustration about the length of time DHS took to complete contract amendments. The delays cost them money and ability to serve clients. (Contracts need to be amended when a client moves to a different county, or from in-home to foster care, or when a client needs a higher level of services to avoid institutional commitment.)

The goal: Reduce the time to amend a contract from 84 to 30 days.

What they did: Participants in the RPI event represented SPD regional coordinators, the SPD Contract Administration Unit, DHS Office of Contracts and Procurement, and two counties. They agreed to create a standard electronic form (replacing three paper forms) and an electronic entry point (replacing faxing) for amendment requests; this is expected to reduce errors, delays, duplication of effort and paperwork. Regional coordinators can begin working on the request immediately; contract changes not involving policy can bypass regional coordinators and go directly to the Contract Administration Unit. Documentation required by the central office is being reduced because the documents already have been reviewed by an authorized state employee in the field. Counties will be trained in the new procedure. In all, steps and handoffs in the process are being reduced from 30 to 19. Implementation is expected April 1, 2009.

Benefits: The backlog of contracts is being reduced, and the goal of reducing the time to amend a county contract from 84 days to 30 should be met before mid-2009. Results are being tracked and will be reported.

Presumptive Medical Disability Determination Team (PMDDT)

The challenge: Determination of disability-related Medicaid eligibility requires 83 days or more, creating difficulty for people with disabilities and sometimes exceeding federal requirements for determinations to be completed in 90 days or fewer.

The goal: Decrease total PMDDT processing time, measured from date received to decision date, to 70 days for requests requiring a consultative exam; decrease processing time to 45 days for requests requiring medical records from recent contact with medical professionals; and decrease processing time to 14 days when medical documentation is included with the request. (PMDDT, not to be confused with the SPD Disability Determination Services unit for Social Security benefits, determines whether an individual will be disabled for at least 12 months.)

What they did: About a dozen people participated in an RPI event representing disability analysts, field offices, support staff and management. They reduced from 36 to 20 the number of steps in the determination process, including switching to a streamlined claim-management system; combining initial screening and development to be handled by a single employee instead of several who had handled the work serially; and training field staff to provide all required application materials the first time. Also addressed by the RPI group was faster scheduling of consultative exams, better follow-



up with doctors to return evaluations, and reminders to clients about evaluation appointments to reduce no-shows, which discourage doctors from seeing clients. RPI participants also spoke to SPD executive staff about making pay for physicians' evaluation services equivalent to that of disability determination for Social Security.

Benefits: Reducing the time to determine eligibility from 83 days to as few as 14 in some cases is expected to be accomplished by March 1, 2009; this will result in improved customer service to applicants and potential cost avoidance as a result of eligible applicants going into managed care and therefore spending less time in fee for service or hospital emergency departments. Results are being tracked and will be reported.



Transformation significantly improves DHS

In 2008, DHS had only the second half of the year to begin implementing Transformation activities, with three-day RPI events yielding the largest number of early wins. So 2009 will give the agency its first full year to deliver progress in implementing the promise of the Transformation Initiative.

DHS has 10 Transformation areas in all: A team for each of the six divisions and a team for each of four themes.

The examples of division and theme work are expected to be well underway or completed during 2009. Especially for the theme teams, direction may change as team members get a better idea of the practicality of implementing various recommendations.

These are examples of work being done by the teams:

- » **Addictions and Mental Health Division:** Identify and standardize best practices across all wards at Oregon State Hospital; alter incentives for mental health providers to treat clients in the lowest appropriate level of care; streamline and simplify the contract-amendment process.
- » **Administrative Services Division:** Streamline and increase effectiveness of Human Resources processes; optimize purchasing of services and supplies; fully implement agency-wide electronic time reporting.

DHS has adopted a stockless purchasing program that grew out of the Transformation Initiative. In Salem, four Barbara Roberts Human Services Building supply-storage rooms have been converted to conference rooms. This gives a higher and better use to floor space that costs the agency \$1,650 a month. Ordering of supplies has been put on a "just in time" basis.

- » **Children, Adults and Families Division:** Decrease child welfare workers' time on clerical tasks; increase use of laptops and other mobile productivity tools; streamline forms to decrease time spent on paperwork and documentation.
- » **Division of Medical Assistance Programs:** Use e-mail to communicate policy and other updates to providers that have Internet access; make the prescription plan drug list enforceable by requiring prescribers to obtain permission to order drugs not on the list; consolidate contracts with Medicaid managed care plans to capture economies of scale.

The DHS Division of Medical Assistance Programs (state Medicaid office) convenes monthly meetings to which contractors have traditionally driven from sometimes distant cities. To reduce the cash and time costs of partner travel, DMAP is implementing videoconferencing, to be tested in January and February and fully implemented by March 2009.

- » **Public Health Division:** Increase revenue by improving local health department fees and billing; align authority, performance and incentives within the public health system; strengthen public health programs to reduce costs in other systems.



- » **Seniors and People with Disabilities Division:** Streamline management and purchasing in State Operated Community Programs; standardize financial eligibility determination between SPD field offices and those of Area Agencies on Aging; strengthen non-Medicaid services to delay or avoid need for Medicaid.
- » **Engaging with our partners:** Transform the delivery of program services for which counties and DHS share administrative responsibility. With cooperation of county and professional association representatives, work to create policy councils through which county commissioners and other officials participate in DHS policy development; reduce unnecessary burdens on counties in administering shared service delivery systems; and make the transition to service delivery models that rely more on performance measures and less on contract administration.
- » **Getting more with the public dollar:** Reduce services and supplies expenses with best practices such as managing demand, consolidating vendors and improving negotiations; reduce costs by creating a strategic sourcing team to replace multiple buyers purchasing the same products; begin preparing a business case to obtain data from Medicaid managed care plans to enable DHS to measure efficiency, quality, ease of administration and other performance factors.
- » **Working together across divisions:** Identify three cross-divisional initiatives the department can launch; define and institute a governance model for ownership of and participation in cross-divisional initiatives; seed and spread best practices among divisions with occasional conferences and informal get-togethers that deliver suggestions to leadership.
- » **Developing world-class people and culture:** Improve recruitment and succession planning; improve accountability by instituting a system to measure, track and reward the performance of employees; highlight the importance of a diverse and culturally competent workforce by enhancing director-level commitment, human capital processes, organizational communications and partner diversity.



Conclusion

In its first year, which saw implementation activities only in the final five months, the Transformation Initiative delivered solid results that honor DHS clients, employees, partners and Oregonians who financially support the agency's work.

It amounts to extraordinary progress produced in a short amount of time, holding exciting promise for what can be accomplished in 2009. In some instances, clearcut results already are being realized. Where plans have been developed, they are being implemented in 2009. Where plans are newly implemented, measurable results are being tracked and will be reported.

Clients will receive better services and view DHS as a partner in achieving their goals.

Providers and other partners will become accustomed to DHS being an excellent business partner.

Employees will be eager to come to work in an environment that helps them do their best work, and that also recruits and retains top talent.

Oregon taxpayers will know their largest state agency is delivering maximum benefit from each dollar.

Divisions and theme teams will continue their work in 2009. More Rapid Process Improvement events are and will be scheduled. Transformation Initiative results will be reported regularly.

