

HUMAN SERVICES, DEPARTMENT of
Annual Performance Progress Report (APPR) for Fiscal Year (2014-2015)

Original Submission Date: 2015

Finalize Date: 10/12/2015

2014-2015 KPM #	2014-2015 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 receiving TANF who entered foster care.
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	TIMELY REUNIFICATION - The percentage of foster children exiting to reunification within 12 months of foster care entry.
9	TIMELINESS OF ADOPTION ONCE LEGALLY FREE: Percent of Legally free children adopted in less than 12 months
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 LIVING AT HOME – The percentage of individuals enrolled in the Intellectual/Developmental disabilities program who are receiving services in their own home.

2014-2015 KPM #	2014-2015 Approved Key Performance Measures (KPMs)
14	SUPPORTED EMPLOYMENT - Increase the number of individuals who receive developmental disability services in supported employment.
15	ABUSE OF PEOPLE WITH DEVELOPMENTAL DISABILITIES - The percentage of people with developmental disabilities experiencing abuse.
16	ABUSE OF SENIORS AND PEOPLE WITH DISABILITIES - The percentage of seniors and adults with physical disabilities experiencing abuse.
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
19	CHILDREN SERVED BY CHILD WELFARE RESIDING IN PARENTAL HOME: The percent of children served in Child Welfare on an average daily basis (In Home and Foster Care) who were served while residing in their parent's home.
20	TANF JOBS PLACEMENTS: The percentage of clients who achieve job placement each month compared to those anticipated to achieve placement.

New Delete	Proposed Key Performance Measures (KPM's) for Biennium 2015-2017
	Title: Rationale:

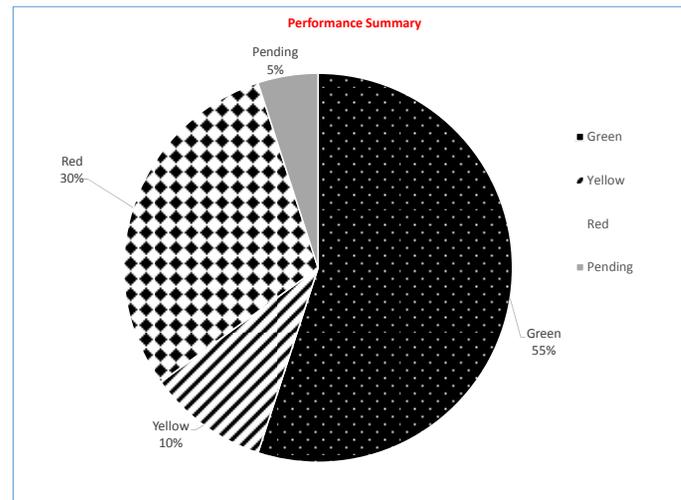
Agency Mission: Assisting people to become independent, healthy and safe.

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



Green = Target to -5% **Yellow** = Target -6% to -15% **Red** = Target > -15% **Pending** No Data

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, and independence of seniors and people with intellectual and developmental 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

The Oregon Department of Human Services (DHS) helps achieve Oregon's goals. The agency's mission is to help Oregonians in their own communities achieve safety, well-being and independence through services that protect, empower, respect choice and preserve dignity. DHS is responsible for the care of some of Oregon's most vulnerable citizens – children, families, people with intellectual and developmental disabilities, and seniors. DHS is also responsible for serving Oregonians at times when they are most in need – when they have experienced abuse, when they are hungry, when they are homeless. Every year, more than one million people rely on DHS services to meet their most basic needs and their efforts to achieve economic stability and independence. DHS works to ensure these outcomes and tracks agency progress toward their successful achievement.

3. PERFORMANCE SUMMARY

DHS achieved green status on eleven (55%) Key Performance Measures (KPMs). Two (10%) KPMs achieved yellow status. Six (30%) KPMs achieved red status, one KPM (5%) is in development. Green status = Target to - 5%; Yellow status = Target - 6% to - 15%; Red status = Target > - 15%.

4. CHALLENGES

Poor economic conditions and unemployment appear to have an influence on many of our measures. Limited resources (such as staff and providers) have an impact on whether or not we can achieve our desired results. 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.

It continues to be a challenge to connect the daily work of the agency to intermediate and high level outcomes. However, 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 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

2015-17 Total Fund Budget by Division

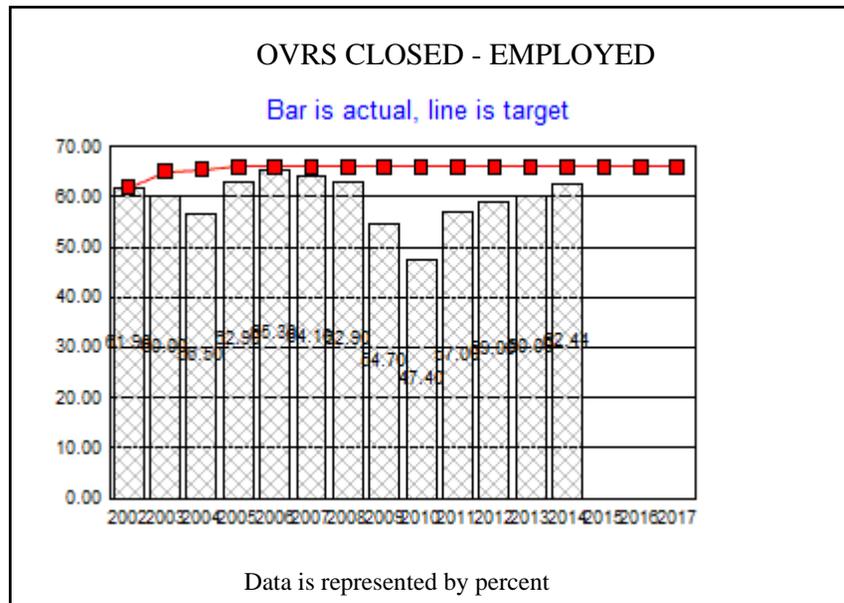
This section provides overall budget information for DHS and the major program areas.

Self Sufficiency, \$3,456.46, 33.88%

Child Welfare, \$941.52, 9.23%

Vocational Rehabilitation, \$97.16, 0.95%
Aging and People with Disabilities, \$2,961.94, 29.03%
People with Intellectual and Developmental Disabilities, \$2,116.06, 20.74%
Central and Shared Services, \$630.40, 6.18%
TOTAL FUNDS = \$10,203.54, 100%
Source: DHS Office of Budget, Planning and Analysis

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 Federal 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 \$11.76 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

We have consistently missed this target since Federal Fiscal Year 2003

4. HOW WE COMPARE

The latest national data we have is for Federal Fiscal Year 2013. Oregon’s employment rate was 59.81. Oregon ranked 35 amongst all (76) Vocational Rehabilitation agencies across the nation (excluding the territories). Oregon ranked 10th among the 24 Vocational Rehabilitation General agencies.

5. FACTORS AFFECTING RESULTS

The latest national data we have is for Federal Fiscal Year 2013. Oregon’s employment rate was 59.81. Oregon ranked 35 amongst all Vocational Rehabilitation agencies (76) across the nation (excluding the territories). Oregon ranked 10th among the 24 Vocational Rehabilitation General agencies.

When we conducted a Boosted Logistic Regression on the Factors that impacted a client closing as a rehabilitation, there were eleven primary factors sorted below in order of importance:

- Desired Plan Occupation
- Number of months in plan
- Counselor
- Wages earned during the four quarters prior to application
- Total cost of services purchased for the client
- Unemployment Rate
- Work Status at application
- Primary Source of Income at Application
- Eligibility Priority
- Primary Disability

Generally, the higher the wages earned during the four quarters prior to application, the higher the rehabilitation rate. This generally, though not entirely reflects OVRS providing accommodations to clients currently employed when they apply to the program.

Correspondingly, those clients whose work status at application is currently employed have a higher rehabilitation rate than those who are not employed.

Similarly those clients who report at application that their primary source of income at application is personal income have higher rehabilitation rates (97%) than those who report Public Assistance as their primary source of income (44%).

The rehabilitation rates for clients by their primary disability range from a low of 47% for clients with a primary disability of other mental impairments to 88% for clients whose primary disability is hearing loss, communication auditory (primarily providing hearing aids to clients employed at application). The largest percentage of the clients closing from plan (29%) are clients with a cognitive disability (such as intellectual developmentally disability) who have a rehabilitation rate of 57%. The three largest disability groups help lower the rehabilitation rate below the desired target of 66% (Cognitive Disability-57%, Psychosocial Impairments-49% and Other Mental Impairments-47%).

The effect of the unemployment rate is a little more ambiguous given that one can have a high rehabilitation rate in an area of high unemployment if the number of clients closing from plan is small, there is not a consistent trend.

When looking at the occupational categories in which we are able to place clients into employment, the Office and administration and the Health Care Practitioners occupations are what lower are overall rehabilitation rate. Roughly 24% of our clients are closed from plan with occupational goals in these categories but only 44% are rehabilitated. Unfortunately, our data at this time does not allow us to identify to what degree the lower rehabilitation rate for these occupations is related to the percent not successfully completing occupational skills training in these occupations.

Generally, when the total cost of services purchased for the client increases, the percent rehabilitated increases.

Only 42% were rehabilitated when \$1034.82 or less was spent on the client versus 73% rehabilitated when \$4864 or greater was spent on the client.

Eligibility Priority Level represents the degree to which the disability impedes the client's ability to obtain employment.

The data indicates that those clients in Priority Level-1 have the lowest rehabilitation rate (52%). Those with a Priority Level 4 have the highest rehabilitation rate (74%). Roughly 83% of the clients closed from plan were in Priority Level 1 and 2 (54.5% rehabilitation rate).

6. WHAT NEEDS TO BE DONE

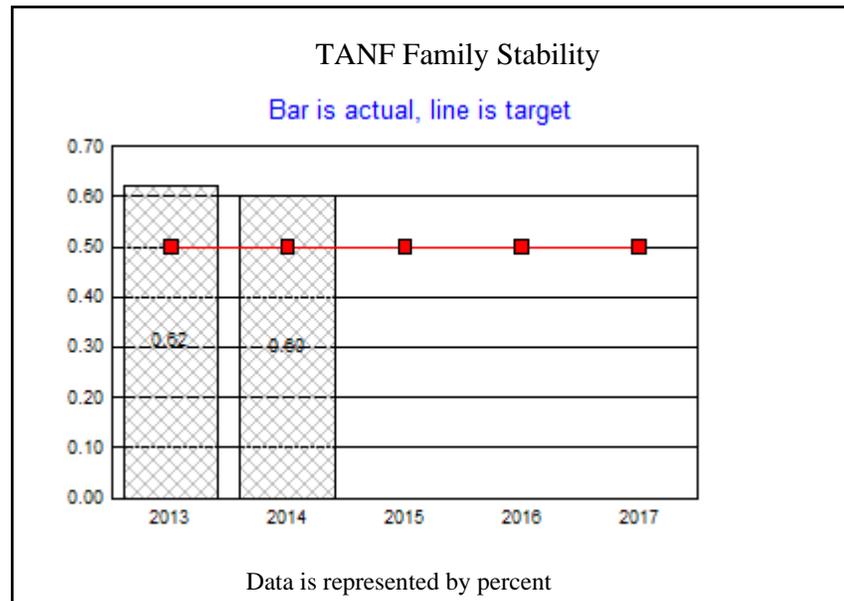
We will be shifting to WIOA performance standards in 2016 which emphasize long-term retention, post-secondary education/training completion and higher earnings. We

currently lack the data to estimate the WIOA performance standards for 2016.

7. ABOUT THE DATA

The data for the rehabilitation rate is reported by the counselors into our ORCA system. There is no externally sourced data used in the calculation of this measure.

KPM #2	TANF FAMILY STABILITY – The percentage of children receiving TANF who entered foster care.	2015
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	DHS Data Warehouse, CMS Snapshot and Foster Care Episode Tables. Child TANF recipients for the quarter and the rate per 1,000 TANF children who entered foster care within 60 days of the TANF monthly snapshot date. The annual figure used for the KPM is calculated as the simple average of the four quarterly figures for the state fiscal year.	
Owner	DHS - Self Sufficiency, TANF Manager, Xochitl Esparza (503) 945-6122	



1. OUR STRATEGY

Oregon is increasing the workforce capacity to provide enhanced case management services and intervene much earlier with appropriate services in support

struggling families. When family stability and parenting skills increase as a result of enhanced case management and enhanced service provision, parental protective factors will increase and the need for child welfare resources should also decrease.

This measure tracks low-income children who are on TANF and have child welfare involvement in the final month of a 3 month time frame. This is designed to measure the overall effectiveness of the TANF program's family stability efforts. The programs and services provide supports to meet immediate and basic needs through enhanced case management. Families are offered a holistic family assessment including screenings for physical health, substance abuse, mental health, domestic violence, learning needs and other family stability needs. Families are also connected to available Job Opportunity and Basic Skills (JOBS) program contracted and non-contracted activities, contracted services from the Family Support and Connections program, domestic violence help, or other community resources as needed.

The TANF service array is intended to support and 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. 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.

2. ABOUT THE TARGETS

Our objective is to decrease the percentage of child TANF recipients needing to be placed in foster care. The new target is a step toward our goal to achieve an overall 10 percent reduction from the quarter that reflects the lowest recorded result.

3. HOW WE ARE DOING

In State Fiscal Year (SFY) 2013, 0.62 percent of the children had been receiving TANF cash assistance prior to entering foster care. SFY 2013 established a baseline for Oregon. There was a slight improvement in SFY 2014.

4. HOW WE COMPARE

This is a unique measure for Oregon. There are no examples from other states known for purposes of a comparison.

5. FACTORS AFFECTING RESULTS

The factors affecting results include: multiple child abuse risk factors present in families such as, alcohol or drug abuse, parental involvement with law enforcement, domestic violence, homelessness, previous child welfare involvement and unemployment. Often, there are several of these factors in families of child abuse/neglect victims. Throughout the slow economic recovery, Oregonians continue accessing programs for low-income families such as TANF.

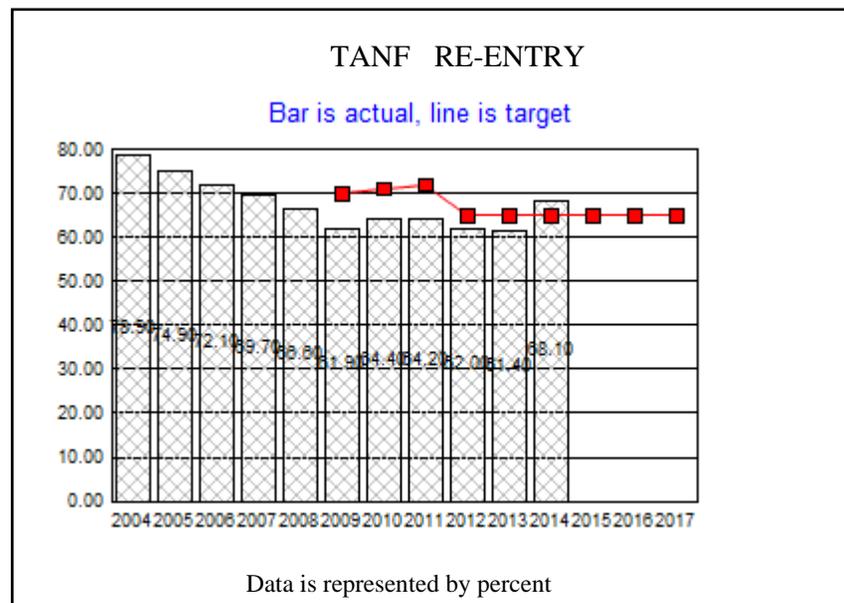
6. WHAT NEEDS TO BE DONE

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

7. ABOUT THE DATA

This measure is calculated by taking the quarterly rate per 1,000 TANF child recipients who entered foster care within 60 days of the TANF monthly snapshot date. The annual figure used for the KPM is calculated as the simple average of the four quarterly figures for the state fiscal year. The measure would be affected by differing rates of increase or decrease between TANF and the Foster Care programs due to program or policy changes.

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	This performance links to the DHS goal “People are able to support themselves and their families through stable living wage	
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 cash assistance or were still off cash assistance 18 months after TANF 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) Job Opportunities and Basic Skills (JOBS) program is to help clients find and

maintain employment. The longer clients can stay employed, the higher their wages will be. The department's strategies are focused on meeting people where they are at, 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, 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 recent 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 2014 and 2015 were maintained to consider the prolonged effects of the economic recession. Our goal continues to be focused on achieving high level of success in this area.

3. HOW WE ARE DOING

A total of 64.1% of TANF clients that left public cash assistance due to employment between January 2013 and December 2013 were not receiving cash assistance 18 months later, an increase 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. The increase also may be indicative of an economy that slowly continues to recover.

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 with finding and retaining employment, and offer strategies to enhance wage gain efforts. As the TANF caseload remains relatively high, 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 and then suspended. In 2013-15, the program was modified to allow for flexibility of services that support families in becoming self-sufficient.

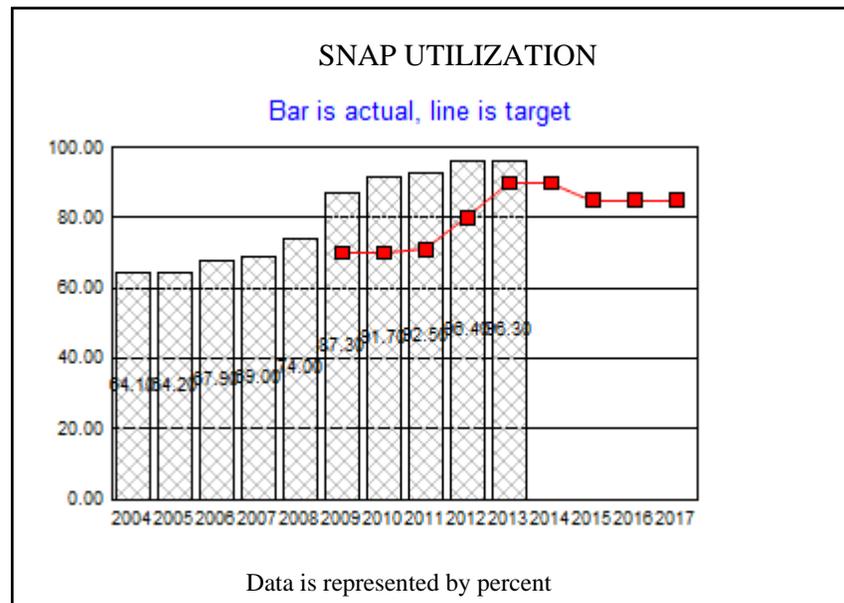
6. WHAT NEEDS TO BE DONE

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.

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	
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 (07/2013-07/2014), the number of households receiving SNAP in Oregon decreased: from 443,618 to 439,865 households corresponding to 789,001 persons. The decline is likely due to increased economic recovery in Oregon. (1 in 5 state residents are SNAP participants). The DHS SNAP program has received federal participation bonuses for the past nine federal fiscal years for ranking in the top three states nation-wide in participation rate.

4. HOW WE COMPARE

In 2013, Oregon was ranked number 7 in the nation in participation according to the PAI.^[1] In 2012, 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 eligible's compared to the number receiving benefits.^[2] Oregon consistently has a high participation rate and regularly ranks at the top.

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.) Within the region, Oregon continues to be ranked 1st in participation (2nd in the nation), the next closest state is Washington, ranked 6th 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 21st; Kentucky, ranked 13th; Minnesota, 24th; Oklahoma, ranked 34th; and South Carolina,

27th.[3]

[1] "Calculating the Supplemental Nutrition Assistance Program (SNAP) Program Access Index: A step-by-step guide for 2013." United States Department of Agriculture (USDA), Food and Nutrition Services (FNS), SNAP Research, published January 12, 2015. Retrieved September 24, 2015.

[2] & 3 "Reaching Those in Need: State Supplemental Nutrition Assistance Program Participation Rates in 2012." USDA, FNS, SNAP Research Website, published February 10, 2015. Retrieved September 24, 2015.

5. FACTORS AFFECTING RESULTS

Oregon has had great success in encouraging use of the online 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

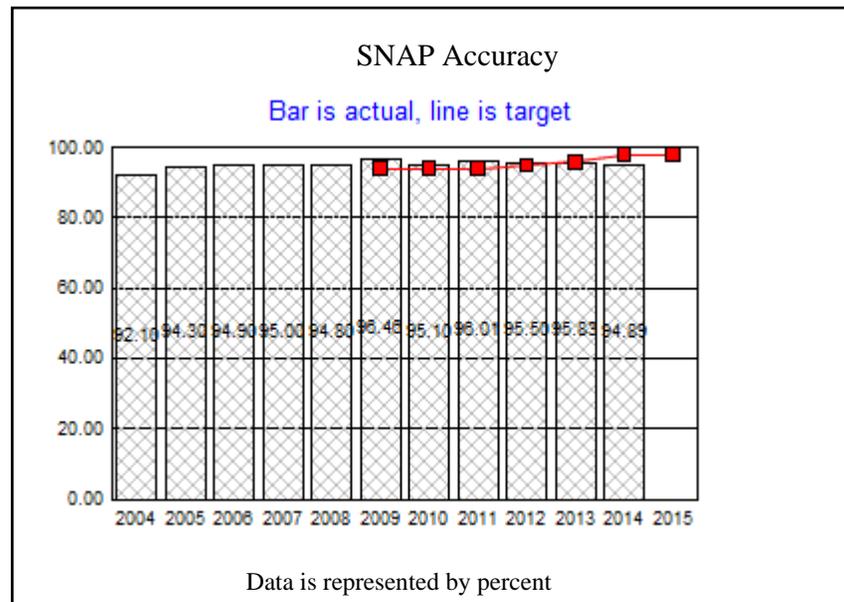
Despite our outstanding performance in getting benefits to eligible households, Oregon as a state has a hunger problem. For several years, Oregon ranked among the top three states in food insecurity: the number of households in which residents were not certain where their next meal was coming from. The state is making some progress. In the latest USDA data on very low food security or hunger, Oregon ranks 13th in the nation with 16.1 percent of Oregon households with very low food security.[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] "Household Food Security in the United States in 2014." USDA, Economic Research Service (ERS), published September 2015. Retrieved September 24, 2014

7. ABOUT THE DATA

Reporting cycle – calendar year. Reports submitted to the 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, Self Sufficiency, 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” and “In the Loop” accuracy newsletters, and e-learning.
- Continuation and enhancement of a local review process that 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.
- Pursuit of continuous improvement concepts through Program Integrity Steering Committee.
- Making quality control (QC) and Quality Assurance (QA) data available through the Office of Program Integrity (OPI) intranet website.

2. ABOUT THE TARGETS

The target for this measure is for the state’s payment 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 13, the national error rate was 3.20 percent, a historic low.

3. HOW WE ARE DOING

In FY 09, Oregon reached an all-time low error rate of 3.54 percent. The rate increased to 4.88 in FY 10 and decreased to 3.99 percent in FY 11. Oregon was placed into first year liability status in FY12, based on the error rate of 4.66 percent. In FY 13 our rate decreased to 4.17 percent.

4. HOW WE COMPARE

There are eight states and one territory within the FNS Western Region: Alaska, Arizona, California, Guam, Hawaii, Idaho, Nevada, Oregon and Washington. (Guam is excluded from this comparison because of its small size.) In FY13, 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 5th in accuracy.

Similar Population

South Carolina – 1.75%

Alabama – 1.70%

Oregon – 4.17%

Minnesota – 4.08%

Kentucky – 5.78%

Oklahoma – 3.99%

Among the top five states with high participation rates, Oregon ranks 5th in accuracy

Top Participation Rates

Delaware – 3.53%

Washington D.C. – 6.87%

Vermont – 9.66%

Maine – 2.48%

Oregon – 4.17%

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 4.17 percent in FY 14. Strategies contributing to this success include:

- Statewide Quality Control (QC) Panel video-conference meetings are held each month to discuss QC errors and preventative measures. This collaborative effort includes participation from field staff, SNAP policy staff, program integrity and training staff.
- DHS continues to use an improved intake process. Clients are seen more quickly, benefits are issued sooner and errors caused by delays in processing are reduced.
- “Error Trends” training is provided by Program Integrity staff to selected branch offices across the state.

6. WHAT NEEDS TO BE DONE

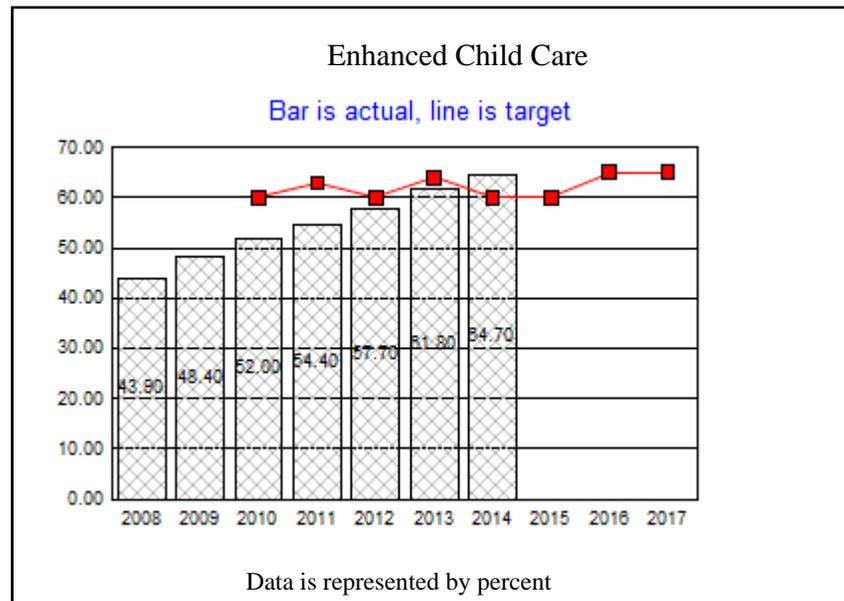
Oregon needs to maintain focus on SNAP accuracy. This will be accomplished by implementing the strategies listed above and by ongoing collaborative efforts with Office of Program Integrity, field staff, the SNAP policy unit, and training staff. In addition, continuing to move forward with modernization efforts is expected to result in increased program accuracy 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 12 and FY 13 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 payment accuracy rate will be determined by 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	2010
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 agencies assist in educating 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.

Registered and new license-exempt providers are required to complete a pre-service Health and Safety training. A Child Care Orientation class is also 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, the option to become licensed as well as the USDA Food Program.

Additionally DHS, in collaboration with the Oregon Department of Education Early Learning Division, expanded the existing Head Start contracted child care 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 completed an evaluation on the field test. The field test for expanding contracted child care is related to priorities set by the federal Office of Child Care, and the state's Early Learning Council (ELC) to better prepare children for kindergarten and beyond. DHS is engaged in this work as well as the Early Head Start- Child Care Partnerships to build 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's Quality Rating Improvement system (QRIS) is 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, 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 June of 2014, a pre-service Health and Safety training became required for all Registered and license-exempt providers who provide care for subsidy children.

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 recognizes the importance of access to high quality childcare that supports parental employment in stable jobs that help parents provide for their families. This leads to healthy, happy and competent children who are ready for school with the necessary pre-academic skills; and high functioning 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:

- **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. There are sustainability concerns as this funding will end December 2016.

As a result of collective bargaining, subsidy rates for licensed child care providers were increased in October 2013 and for license-exempt providers in November 2013.

HB 2015 and Federal Reauthorization:

HB 2015 and Federal Child Care Development Fund Reauthorization includes several fundamental changes to the DHS Employment Related Day Care (ERDC) program. These substantial program enhancements provide parents access to high quality child care that supports their employment as well as fostering healthy child development and school success. October 1, 2015 is the first phase of implementation that includes:

- Twelve month eligibility
- Priority child care processing for homeless families or families requesting assistance for a foster child
- Continuous eligibility during temporary breaks in employment or medical leave including maternity leave
- Working student child care
- Self-Employment coverage reinstated
- Higher exit income limit of (about 250% of the federal poverty level)

Future changes include:

- DHS subsidy rates for all providers will be increased to the 75th percentile of the current Child Care Market Price Study or higher - **January 2016**
- Lower copay for families that choose a provider who is part of the Quality Rating and Improvement System (QRIS). - **April 2016**
- An incentive payment for QRIS Child Care Providers who accept subsidy families. - **April 2016**

EARLY LEARNING DIVISION//ERDC PARTNERSHIP

- Monitoring visits by the Office of Child Care (OCC) for license-exempt child care providers who care for subsidy children. Compliance by November 19th, 2016.
- Increased Health and Safety Requirements – pre service first aid, CPR, recognizing and reporting child abuse and neglect and emergency preparedness on-line training. Compliance by November 19th, 2016.
- Fingerprinting requirement for all background checks. Compliance by September 2017.

6. WHAT NEEDS TO BE DONE

DHS will continue to work with the Early Learning Division 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.

HB 2013 legislatively mandated the Professional Development and Quality Improvement Committee for license-exempt family child care providers that receive subsidy. The committee shall develop a quality improvement system for self-employed child care providers and must use evidence-based approaches. Any quality standards established for the subsidy program are subject to collective bargaining.

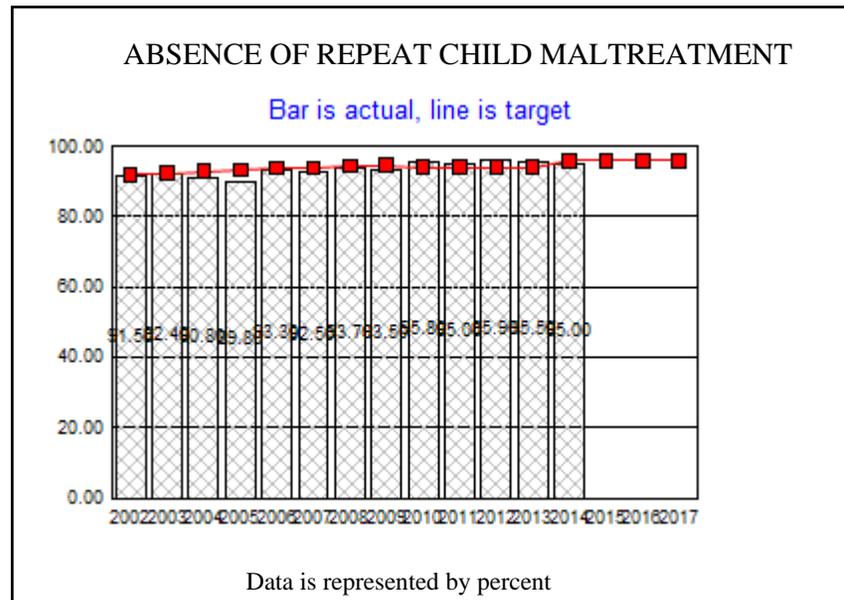
New Proposed Federal Rules for CCDF – The proposed regulatory action is needed to improve accountability broadly across many areas of the CCDF program, but is especially focused on ensuring children supported by CCDF funds are in safe, healthy, quality child care, and empowering parents with transparent information about the child care choices available to them.

The new proposed rule would provide the first comprehensive update of CCDF regulations since 1998. The changes have the twin goals of promoting families' economic self-sufficiency by making child care more affordable, and fostering healthy child development and school success by improving the quality of child care. This NPRM is needed to improve accountability broadly across many areas of the CCDF program, but is especially focused on ensuring children supported by CCDF funds are in safe, healthy, quality child care, and empowering parents with transparent information about the child care choices available to them.

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

Oregon performed below the Target of 96% in 2014. The current national standard for Absence of Repeat Maltreatment is 94.6%. The Target of 96% for 2014 and 2015 show a desire to increase our performance in keeping children safe.

3. HOW WE ARE DOING

From 2013 to 2014, Oregon saw a slight decrease in this performance measure of .5%. While 95.0% is still above the national standard, this is a measurement Oregon will continue to closely monitor to ensure it does not continue to drop.

4. HOW WE COMPARE

Oregon’s absence of repeat maltreatment rate of 95% for 2014 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

In February 2013, the NRCCPS assisted the department to develop curriculum for OSM training for each of the department’s child welfare supervisors. The training consisted of 4 ½ days in a classroom setting and focused on the comprehensive assessment as well as other key concepts of the OSM. The training was piloted from April through September 2013, in

6 counties including Multnomah, Marion, Polk, Yamhill, Klamath and Lake. A total of 74 participants including child welfare supervisors, program managers and a representative from Portland State University Training unit completed this 4 ½ day training over a period of 6 months.

Following each classroom session, Intensive Field Consultation was provided to approximately 63 CPS & Permanency supervisors by the Child Protective Services Program consultants. The consultants were able to provide a minimum of two hours per week of Intensive Field Consultation for each supervisor to further their learning and application of the OSM concepts with their casework staff.

From October 2013 through May 2014, nearly 180 child welfare supervisors and program managers participated in the training and received intensive field consultation. Currently, another round of training for new supervisors and program managers began.

In addition to the OSM training that was developed for supervisors, the CPS program developed an interactive, OSM computer based training for child welfare caseworkers and other DHS Child Welfare staff. The training consists of 7 modules. To date, over 90% of all DHS Child Welfare staff have completed the modules related to comprehensive assessments.

By the end of 2015 more than 46 percent of the state will be practicing Differential Response (DR). Oregon is nearly halfway through 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.

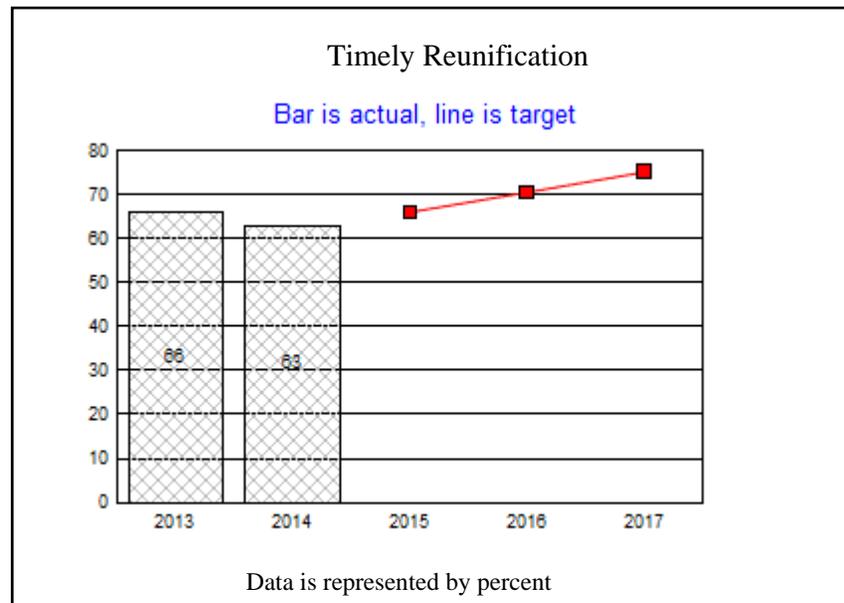
Finally, DHS is continuing to implement the Strengthening, Preserving, and Reunifying Families Act (SPRF) which requires DHS and county partners to implement programs to provide family preservation services to eligible families and reunification services for children in the custody of DHS, with the goal 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 SPRF 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. Due to availability of more timely data in the Result Oriented Management (ROM) reporting system, we transitioned to gathering the data from this source starting in 2013. The ROM reporting system is sourced from the State Child Welfare SACWIS data system.

KPM #8	TIMELY REUNIFICATION - The percentage of foster children exiting to reunification within 12 months of foster care entry.	2015
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	State Child Welfare SACWIS data system	
Owner	DHS - Office of Child Welfare Programs, Kathy Prouty, Permanency & Adoptions Program Manager, 503-947-5358	



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. This model was implemented in March 2007, and supervisory staff participated in Oregon Safety Model (OSM) refresh training in 2013-2014. 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. In order to prepare conditions for return, a good parental capacity assessment must be completed in order to determine the strengths and deficiencies of parents and where to focus services and supports.

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.

Protective Capacity

· "Protective capacity" means behavioral, cognitive, and emotional characteristics that can specifically and directly be associated with a person's ability and willingness to care for and keep a child safe.

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 these 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

Oregon performed below the 2015 Target of 66.0 percent in 2014. The current national median for percentage of foster children exiting to reunification within 12 months of foster care entry is 69.9 percent and the 75th percentile is 75.2 percent (i.e. 75 percent of states are below the 75th percentile).

3. HOW WE ARE DOING

From 2013 to 2014, Oregon saw a decrease in this performance measure of 3.1 percent. Oregon is currently 3.9 percent below the national median of 69.9 percent. Oregon quarterly data from the Results Oriented Management (ROM) data system for federal fiscal year 2014 shows steady improvements in the last two quarters, with quarter four of 2013 at 61.4 percent, quarter one of 2014 at 60.8 percent, quarter two of 2014 at 65.0 percent, and quarter three of 2014 at 64.7 percent.

4. HOW WE COMPARE

Oregon's percentage of foster children exiting to reunification within 12 months of foster care entry for 2014 was 62.9 percent, lower than the national median of 69.9%. Steady improvements have been made in the last two quarters of FFY 2014 as noted in the HOW ARE WE DOING section.

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

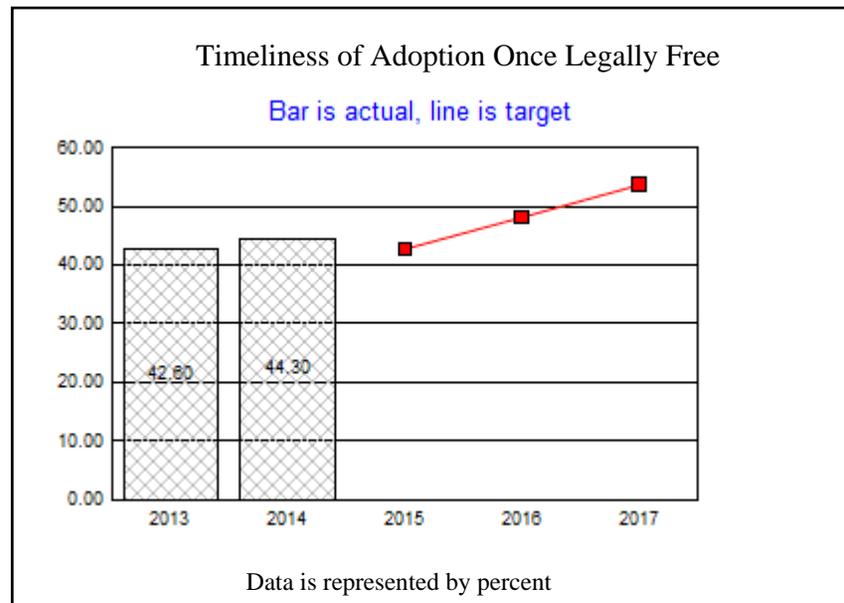
The Child Welfare “system”; Courts, communities, families, and DHS must continue to implement Differential Response in communities throughout Oregon. Implementation of Differential Response will assist children and families remaining together and reduce the need for reunification performance measurements. In addition, DHS must continue to work to the Oregon Safety Model and put additional resources into teaching and coaching the work after assessment and during the case planning phase of a Child Welfare case. As stated above, appropriate and clearly defined conditions for return and protective capacity assessments are key ingredients to promoting timely reunification. Additional permanency consultation resources are in the process of being hired and focused OSM training on the reunification case plan is being planned for branch leadership.

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 and preventing re-abuse and re-entry into the foster care program.

7. ABOUT THE DATA

This measure is part of the Timeliness and Permanency of Reunification Composite and measures those children who exited to reunification within 12 months of entering foster care. The data is from the Results Oriented Management (ROM) data system. The ROM reporting system is sourced from the State Child Welfare SACWIS data system.

KPM #9	TIMELINESS OF ADOPTION ONCE LEGALLY FREE: Percent of Legally free children adopted in less than 12 months	2015
Goal	People are safe.	
Oregon Context	This systemic KPM aligns with Oregon’s vision to have safe, caring and engaged communities.	
Data Source	State Child Welfare SACWIS data system.	
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:

- Increased focus on placement of children with relatives upon entering care, and if not possible then, later in substitute care.
- Work with Juvenile Court Improvement Project (JCIP) on the impact Judges can have on increasing timeliness of adoption.
- Evaluation of barriers to timely adoptions occurring with targeted branch offices. Branch specific plans to address those barriers.
- Increased focus on earlier identification, assessment, selection and designation of the adoptive resource.
- 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 training regarding the adoption process.
- Continued identification and implementation of communication and business process improvements between DHS Local Branch Offices and the Central Office Child Permanency Program, including training on use of electronic child specific adoption tracking systems.
- Addition of permanency consultants to the Permanency Unit to consult earlier and throughout the life of a Child Welfare case.

2. ABOUT THE TARGETS

Oregon performed above the 2015 Target of 42.7 percent in 2014. The current national median for percent of legally free children adopted in less than 12 months is 45.8 percent and the 75th percentile is 53.7 percent (i.e. 75 percent of states are below the 75th percentile).

3. HOW WE ARE DOING

From 2013 to 2014, Oregon saw an increase in this performance measure of 1.7 percent. Oregon is currently 1.5 percent below the national median of 45.8 percent. Oregon quarterly data from the Results Oriented Management (ROM) data system for federal fiscal year 2014 shows steady improvements with quarter four of 2013 being 43.1 percent, quarter one of 2014 at 42.3 percent, quarter two of 2014 at 45.2 percent, and quarter three of 2014 at 46.9 percent, which is above the national median.

4. HOW WE COMPARE

Oregon's percentage of legally free children adopted in less than 12 months for 2014 was 44.3 percent, slightly lower than the national median of 45.8%. Steady improvements have been made in FFY 2014 as noted in the HOW ARE WE DOING section.

5. FACTORS AFFECTING RESULTS

Many staff need to be trained on how to do good and timely concurrent and adoption planning and they need ongoing consultation regarding adoption planning. This is due to staff inexperience in adoption planning caused by staff turnover, additional staff being hired and existing staff being transitioned to do adoption planning work for the first time. Various training and consultation plans have been developed and implemented. There will need to be adequate support for these training and consultation plans and resources in order to provide the training and ongoing consultation needed.

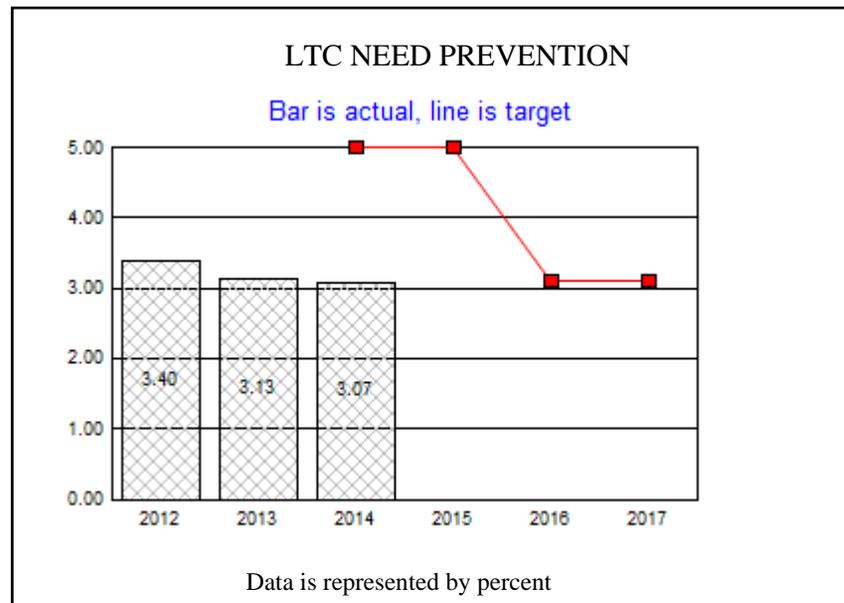
6. WHAT NEEDS TO BE DONE

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

7. ABOUT THE DATA

This measure is part of the Timeliness of Adoption Composite and measures those children for whom an adoption was finalized within 12 months of becoming legally free for adoption. The data is from the Results Oriented Management (ROM) data system. The ROM reporting system is sourced from the State Child Welfare SACWIS data system.

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	
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

In 2013, only 3.13% of Oregonians 65 or older needed assistance with publicly funded long term care. In 2014, only 3.07% of Oregonians 65 or older needed assistance with publicly funded long term care. For both years, 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

Oregon has adopted the Community First Choice Model, also known as the K Plan. This is a big driver in these results as the K Plan has numerous tools that are designed to keep people independent. Additionally, the success of the AAA network administering Oregon Project Independence and Older Americans Act program contribute towards keeping seniors independent.

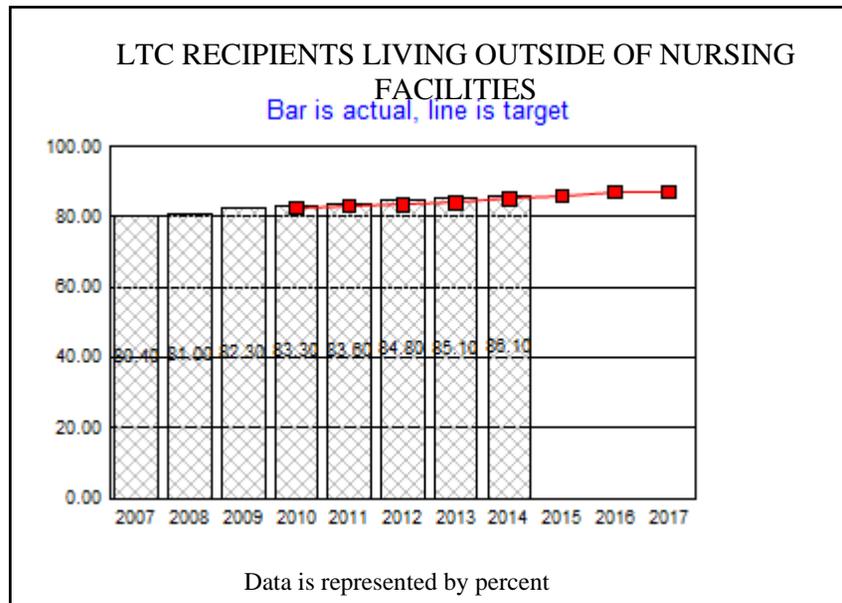
6. WHAT NEEDS TO BE DONE

The Department needs to continue achieving its results while simultaneously ensuring the long term care system remains sustainable. There has been considerable concern over the continued sustainability, while considering the growth that is occurring. The Department will be working with an independent consulting firm to examine design options that leverage Oregon's innovative expertise, while simultaneously managing costs. The Department will be reporting to the 2016 Legislative Assembly.

7. ABOUT THE DATA

Data comes from DHS data warehouse, Office of Business Intelligence 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.	2002
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.

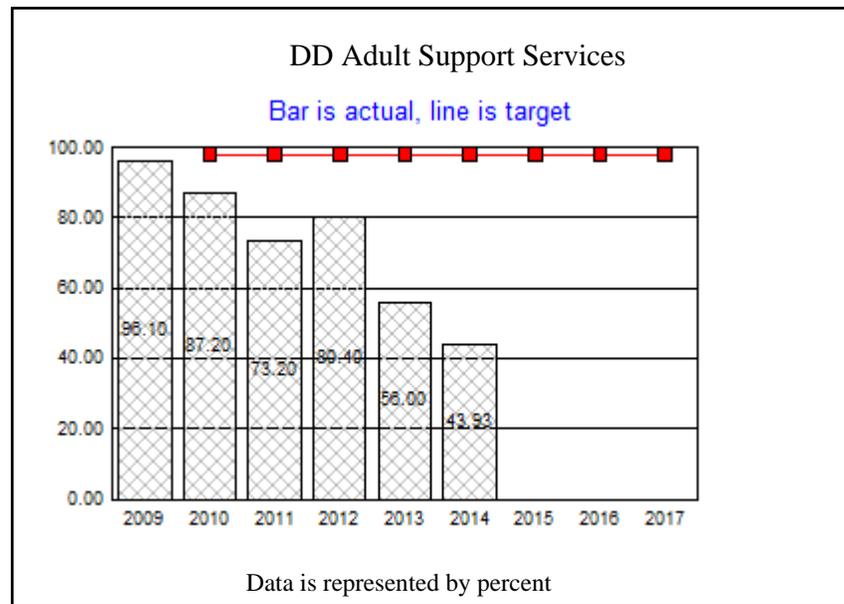
6. WHAT NEEDS TO BE DONE

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 the Office of Forecasting, Research and Analysis

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 living as independently as possible. People are safe. Benchmark – Working Disabled.	
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 enrollment 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

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 has slowed down the process. Additionally, costs per case have escalated, which has caused less resources to be available to expand services to meet forecasted needs.

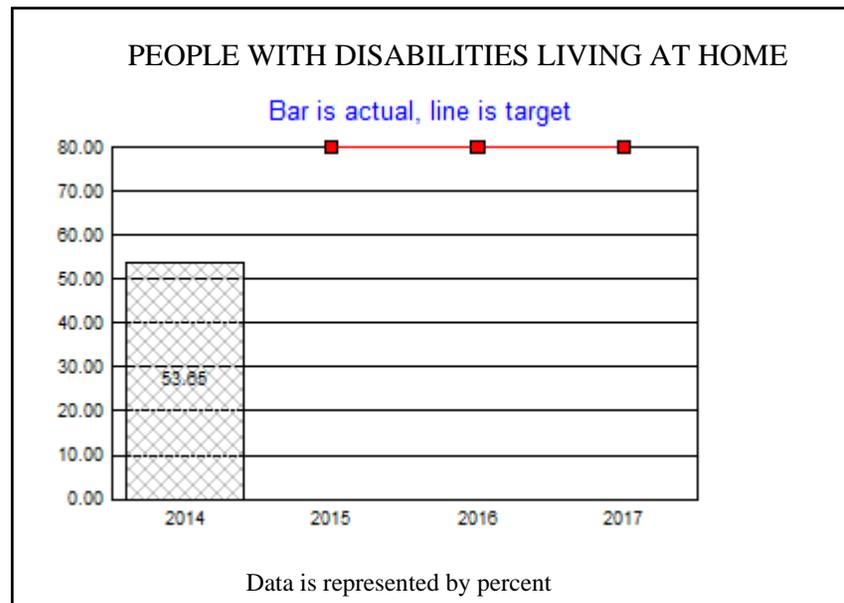
6. WHAT NEEDS TO BE DONE

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 ensure 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 LIVING AT HOME – The percentage of individuals enrolled in the Intellectual/Developmental disabilities program who are receiving services in their own home.	2014
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 and provision of supports in the private home of the individual with developmental disabilities or their family. Critical partners include County Developmental Disabilities Programs, Brokerages, 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 their own or family homes, service outcomes are improved, client satisfaction is higher, and cost efficiencies are achieved. In home service settings also provide individuals a chance to experience living in an environment that is the same as 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

This measure is new starting in 2014.

4. HOW WE COMPARE

There are no known current data to allow for a comparison with other states. However, Oregon has been a leader in providing 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 Community First Choice Option or K Plan and other in-home type services continues momentum in providing in home services to people with intellectual and developmental disabilities. K Plan allows all eligible adults and children to access services in their own of family home, if that is the choice of the individual and family. PASRR- the Pre-Admission Screening Resident Review – continues to be a screening tool which is used to prevent the unnecessary placements 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.

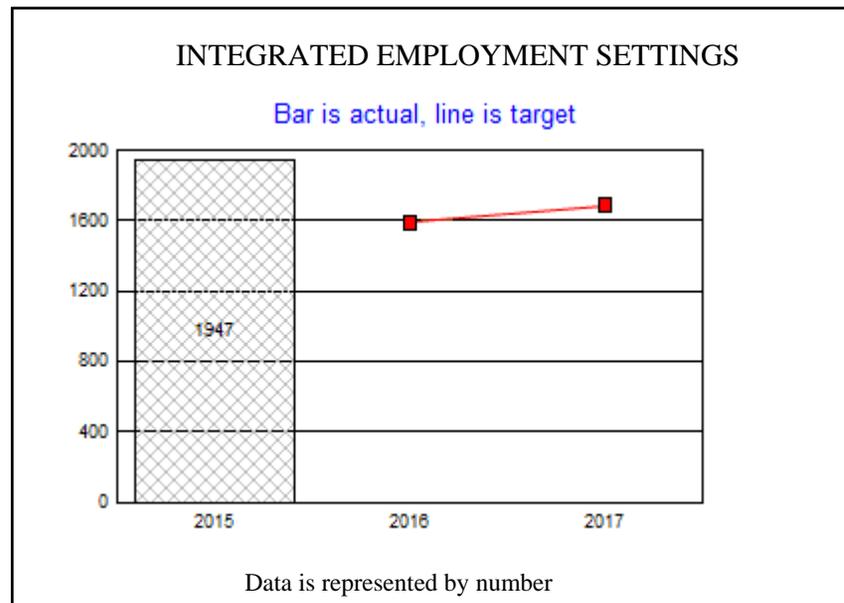
6. WHAT NEEDS TO BE DONE

Policy and funding structures that contribute to the maintenance and improvement of efforts for providing in-home services to persons with intellectual and developmental disabilities must be maintained. In addition, continued attention to the impact of aging family caregivers and their needs should be made. Continued 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.

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: $\text{Calendar Year (SE 48 Count - Count of residents in settings 6 or more) / (SE 48 Count)}$

KPM #14	SUPPORTED EMPLOYMENT - Increase the number of individuals who receive developmental disability services in supported employment.	2015
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	eXPRS payment system, ODDS Employment Outcomes System (EOS), and Oregon Employment Department.	
Owner	DHS - Developmental Disabilities, Mike Maley, Employment First, DHS Office of Director & Policy, 503-947-4228	



1. OUR STRATEGY

The Office of Developmental Disability Services (ODDS) has developed and trained to the state’s Employment First Policy which promotes and prioritizes

employment in community jobs for working-age adults with intellectual and other developmental disabilities (I/DD). This policy is implemented via ongoing service planning conducted by case managers, individuals with I/DD and others in the person's circle of support. For individuals not currently employed, this planning is focused to provide information on the benefits of integrated employment in order to help the person make an informed choice to pursue employment. For individuals currently employed, planning focuses on supports to help maintain or improve employment. All providers are required to submit data on individual client wage earnings, and time spent in paid employment for those in integrated employment. Strategies are in place to improve employment opportunities and outcomes by increasing community and provider capacity.

2. ABOUT THE TARGETS

This target includes individuals with I/DD who are employed in integrated community jobs or are in group employment situations consistent with ODDS rules on wage earnings and work settings. A statewide stakeholder group reviewed this plan consistent with legislative direction. Additional metrics related to this goal have been adopted in the Integrated Employment Plan (IEP) as required by the Governor's Executive Order 15-01. Achievement of these associated measures will improve the outcomes of this KPM. This plan can be viewed at:

<http://www.oregon.gov/dhs/employment/employment-first/Documents/7-6-15%20Integrated%20Employment%20Plan.pdf>

Achieving improved employment outcomes for working-age adults with developmental disabilities is a key component to the strategic priorities adopted by ODDS.

3. HOW WE ARE DOING

Historically people with disabilities experience unemployment at a significant amount greater than individuals who are not disabled, people with I/DD face an event greater rate of unemployment. The Employment First policy was adopted in part to help close that gap. Implementation of the policy is yielding positive results and anticipated increases in the employment opportunities for individuals with I/DD to obtain community employment. New federal regulations and laws have created significant changes in ODDS rules, service definitions, policies and practices. This new KPM was proposed and adopted in response to the recent changes in policy, practice, and subsequent outcomes. The baseline calculation was created in 2015 and because of the new calculation methodology cannot be retroactively calculated due to data limitations.

4. HOW WE COMPARE

It is difficult to compare data from state to state because of varying service and outcome definitions and data collection methodology. The most central source of comparative data is the "State Data: The National Report on Employment Services and Outcomes" published by the Institute on Community Inclusion,

University of Massachusetts Boston. This report can be viewed at <http://www.statedata.info>.

In recent years Oregon ranked in the top 25-33% for states reporting data on integrated employment. The 2014 report has Oregon in the top 25%.

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 attributes/knowledge among prospective employers, work disincentives that exist with public funding streams, the general economic conditions and business climate, the availability of public resources allocated to this goal, and the need for additional service providers. As noted above there have been new federal rules and laws adopted that have created new expectations, policies, and practices in Oregon. Implementation of these rules and practices has been a challenge and has changed how outcomes are defined and computed. This in turn has necessitated the creation of new benchmarks in many outcome measure areas.

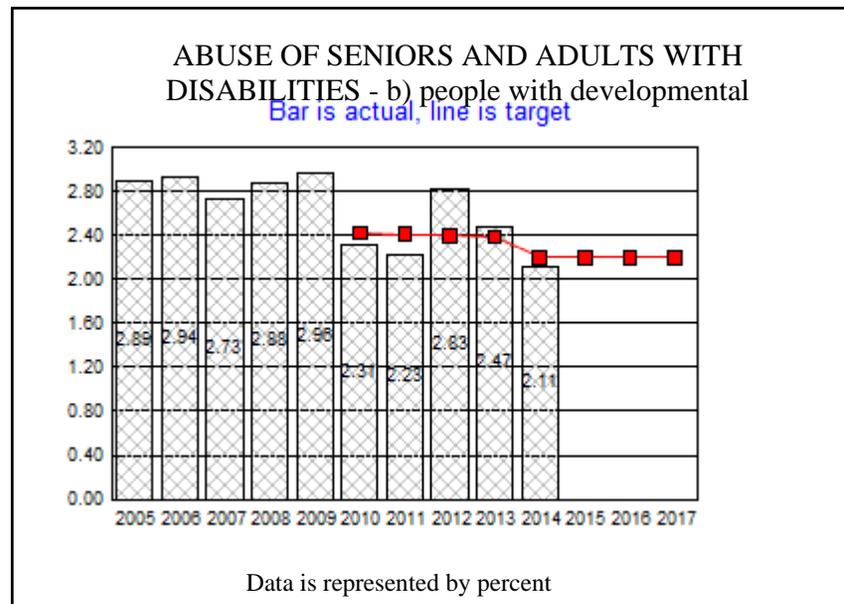
6. WHAT NEEDS TO BE DONE

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 and pilot promising new practices.

7. ABOUT THE DATA

Reporting cycle for employment service providers is 6-month "snapshot" of available information using the ODDS Employment Outcomes System (EOS) Reported data months are March and September. Additional data comes from the eXPRS payment system, and Oregon Employment Department's hour and wage data.

KPM #15	ABUSE OF PEOPLE WITH DEVELOPMENTAL DISABILITIES - The percentage of people with developmental disabilities experiencing abuse.	2010
Goal	People are safe.	
Oregon Context	Abuse Rate: People with developmental disabilities.	
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

Developmental disabilities: Ensuring the safety of people with developmental disabilities (DD) is an important part OAAPI’s Safety Outcome Area. Decreasing

the incidence of DD abuse in Oregon will lead to fewer people experiencing harm and allows us to measure the impact of prevention strategies. Increasing public awareness of abuse, strengthening collaboration with community partners and developing education and prevention initiatives that focus on the people we serve, their families, providers and the community at large are important elements of our strategy. In addition, continued focus on training for local protective service investigators and collaboration with brokerages who serve people with developmental disabilities in their own home are high priorities.

2. ABOUT THE TARGETS

People with developmental disabilities: The types of services being received by over 20,000 individuals with developmental disabilities is significantly changing. The abuse rate primarily reflects licensed and certified settings, such as DD group homes and adult fosters homes licensed through ODDS, as well as vocational and employment programs. Reports of suspected abuse in these settings have traditionally been nearly 70% of all reported abuse. As individuals receiving brokerage services have surpassed those in residential settings, overall reporting of suspected abuse has increased. With the passage of HB 2442, additional definitions of abuse are now included (for example verbal abuse, financial abuse/exploitation, and wrongful restraint) for these individuals that were not in place prior to 2010. While overall reporting for this population has increased, the “reporting rate” for community DD settings is much lower than the rate of reporting for licensed and certified settings. Individual decision-making, self-determination and autonomy will also affect the ability to provide protection in community DD settings. In comparison, licensed settings have more control over who may have access to a vulnerable person thru the employment process. The baseline is, therefore, unclear. Because of the changes in the abuse definitions for community clients, including those receiving brokerage services, we propose that the 2010 through 2012 data be used to establish a baseline and an appropriate target going forward. Strategies for intervention and abuse reduction will continue, however.

3. HOW WE ARE DOING

Developmental disabilities: Analysis of the 2006 through 2009 abuse and neglect data showed a gradual increase in the overall abuse rate from 2.9 to 3.1 percent for this population. Analysis of the 2010 through 2012 abuse and neglect data showed a drop in the abuse rate (range of 2.4 - 2.8) when compared to the 2006-09 data. The numbers of investigations for abuse and neglect have been relatively consistent over this time period. While the data for substantiated allegations do show some annual fluctuation, they are also relatively consistent. Between 2006 and 2009 there were an average of 546 substantiated findings per year, and between 2010 and 2012 the average annual number of substantiations was 533 per year. The number of clients receiving services has significantly increased over this time and is more likely the reason for the drop in the abuse rate. This finding does raise concern that there may be a lack of reporting in community/brokerage programs. The most serious types of substantiated abuse such as sexual abuse (2%) and physical abuse (10%) have remained relatively low as percentage of all substantiated findings. Neglect is by far the most commonly substantiated abuse type and represents nearly 40% of all findings. Financial exploitation has decreased in recent years, but remains the second largest substantiated abuse at approximately 20%. Verbal abuse has increased recently and is the third most common abuse at 15%. 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

Developmental disabilities: Oregon is a national leader in this area as we are one of a very few number of states that track and report this data publicly. There is no national standards on abuse rates.

5. FACTORS AFFECTING RESULTS

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 self-report incidents that may be abuse, and so the initiation of protective services depends on a healthy reporting system and mandatory abuse reporting by care givers when they suspect abuse. In addition people with developmental disabilities often show an 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 with the knowledge and capacity to respond and support developmentally disabled victims of abuse (e.g. domestic violence shelters, counseling resources).

6. WHAT NEEDS TO BE DONE

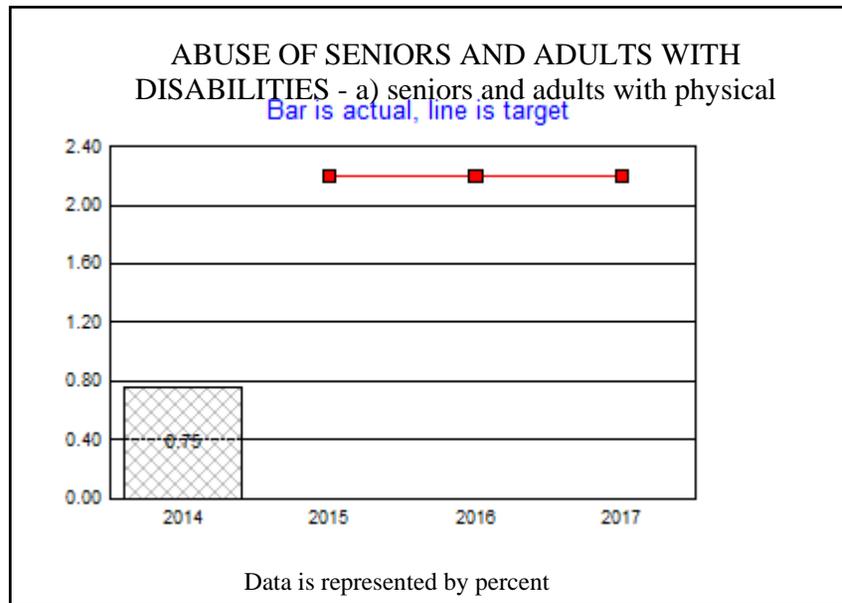
Developmental disabilities: Additional training is needed for protective service investigators and brokerage staff who are serving people in their own homes. Research on, and collaboration with community response systems including domestic violence and sexual assault needs to be explored further. Initiate more of a 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. Additional research on reporting rates would be useful to explore why some settings such as DD group homes have much higher reporting of possible abuse compared to DD adult foster care and brokerage settings.

7. ABOUT THE DATA

Reporting cycle is Calendar Year, and will reflect all cases that closed during the reporting cycle. Data is maintained by the Office of Adult Abuse Prevention and Investigation (OAAPI). The data source is the DD and MH Abuse Database, which reflects the investigation reports submitted to OAAPI 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

the performance measure was checked for duplication.

KPM #16	ABUSE OF SENIORS AND PEOPLE WITH DISABILITIES - The percentage of seniors and adults with physical disabilities experiencing abuse.	2015
Goal	People are safe.	
Oregon Context	APD Adult Abuse Rate—APD Licensed Setting.	
Data Source	QMDB/Q2	
Owner	DHS - Office of Adult Abuse Prevention and Investigations, Marie Cervantes, (503) 945-9491	



1. OUR STRATEGY

Formed in 2012, the Office of Adult Abuse Prevention & Investigations (OAAPI) provides services to several programs of the Department of Human Services (DHS) and Oregon Health Authority (OHA) that serve some of Oregon’s most vulnerable citizens, including:

Adults over the age of 65; Adults with physical disabilities; Adults with intellectual/developmental disabilities; Adults with mental illness; and Children receiving residential/therapeutic services.

Age and disability alone do not make an individual vulnerable. However, there are related challenges and characteristics that may increase a person's likelihood of becoming a victim of abuse or neglect, such as: Being dependent on others for one or more daily needs; an increased incidence of dementia, stroke, or other cognitively and physically disabling events that may reduce a person's ability to fully manage medical care and/or financial matters; a general decline in physical strength and overall health that may increase a person's vulnerability to abuse and neglect.

All of these factors tend to reduce a person's level of independence, making them increasingly reliant on others to assist with or provide a basic level of care for their health and safety. Similarly, individuals with physical disabilities often need the support of caregivers, family or others to meet their daily needs. These beliefs play a role in decreasing their credibility when they report abuse, neglect or crimes. Essentially, vulnerability is connected to society's response to people we serve.

In response, OAAPI delivers services with the primary goals of integrity, fairness, quality, service and cultural equity. Our over-arching objectives are to ensure the safety of victims and to help hold perpetrators of abuse accountable for their actions through timely, thorough and legally sufficient investigation reports. In addition, OAAPI is committed to supporting all of the state, county and AAA staff who do the challenging, daily work of responding to abuse referrals in their communities. To that end, OAAPI is responsive with technical assistance, diligent in providing training and proactive in collaborating with our program partners to educate providers and the general public about abuse trends, preventive measures and abuse reporting.

Every Oregonian deserves to live in safety – free from abuse, neglect and financial exploitation. When people live free from abuse their medical, physical and psychological treatment needs are reduced, allowing them to live independent, productive lives in their communities. There is a direct link between robust abuse prevention and intervention efforts and the potential for reductions in need for health care services, Medicaid resources and nursing home placements. In partnership with program staff and Shared and Central services such as the Office of Licensing and Regulatory Oversight (OLRO) and the Human Resource and the Human Resource Department's Background Check Unit, OAAPI is able to use substantiated abuse reports as a primary line of defense against perpetrators or to develop quality assurance measures intended to prevent abuse.

2. ABOUT THE TARGETS

This is a new measure and targets will be established by conducting retrospective analysis of the prior three years. In the abuse rate chart, lower numbers are optimal. Performance to target comparison could be affected by a number of variables.

The types of residential services received by over 40,000 Oregonians over the age of 65 or with a physical disability include traditional Nursing Facilities (NF), Residential Care Facilities (RCF), Assisted Living Facilities (ALF), and Adult Foster Homes (AFH). There is change in service utilization as residents are being served in less restrictive settings such as adult foster care or designed to optimize independence for individuals who wish to receive services in their own home.

Some of the variables that impact this measure include: the exponential growth of the elder population, an increase in abuse reporting, incidents that may be

to systems issues and our ability to use data trends to target interventions that reduce abuse and neglect in licensed settings. Current population trends predict over 250,000 Oregonians will turn 65 in the next five years. This combined with healthier lifestyles and increased longevity means ever increasing numbers of vulnerable adults will potentially need protective services.

3. HOW WE ARE DOING

Since our Department is below the preliminary target of 1% for the percentage of Older Adults and People with disabilities who are abused, it appears that we are meeting our intervention goals. 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 that are needed. The Department wants to encourage individuals to report all suspected abuse.

In 2014, investigations of abuse in licensed settings represents about 32% of all abuse investigations for those over the age of 65 or those with a physical disability. Investigations in community settings represent 68% of all investigations for these populations.

In licensed settings, over 20% of all investigations for abuse result in a substantiated finding. Nearly 66% of substantiated abuse involves some form of neglect. Neglect can involve a failure to keep the resident safe, a failure to provide medical care/medications in a timely or prescribed manner, and inadequate daily care. After Neglect, Financial Exploitation (22%) is the second biggest category of substantiated abuse. In addition to taking resident funds and personal property, financial abuse can include theft of medications.

Strategies to improve the department's performance include:

- On-going outreach and communication with Oregon communities through Annual Data Reports.
- Continuation of public education to increase the visibility of our office and the people we serve.
- Improved accessibility to protective services for Oregon's children and vulnerable adults by establishing a single toll-free statewide point of entry for abuse referrals, 1-855-503-SAFE. This resource is staffed with one FTE who is responsible for ensuring that all referrals are routed to and received by the appropriate local program office for a timely response.
- Hosted the 25th Annual Conference of the National Adult Protective Services Association in Portland in October, 2014, during which over 500 abuse investigators from around the state, nation and world gathered for three days of workshops and presentations targeted at making lives better for victims of abuse, finding more effective ways to hold perpetrators accountable and learning new ways to prevent abuse from happening in the first place.
- Partnered with APD to secure funding for an independent contractor to assess Oregon's need for a statewide adult abuse database and report-writing system and to review available alternatives. The initial phase of assessment is now complete, and a second phase of research into available alternatives is beginning to support a final recommendation to the Legislature in February 2016. Funds for the procurement or development of a new system have been allocated via Policy Option Package in APD's 2015-17 budget.
- Achieved consolidation of Policy, Program and Training staff into a single team (PPT), resulting in enhanced alignment between policy analysts, abuse investigation coordinators and trainers, and greater consistency in training and technical support provided to abuse investigators working for the programs we serve.
- Developed additional, specialized resources available to abuse investigators in the field for consultation on challenging cases, including one FTE specializing in financial exploitation and one FTE specializing in domestic violence and sexual abuse.
- Established a new focus on worker safety for abuse investigators and protective service workers in the field, through the recruitment of a Safety Coordinator who helps program staff and contractors identify and mitigate safety risks and debrief after critical incidents, while still providing a thorough and effective response to victims of abuse.
- Developed a robust Quality Assurance component within our Research & Prevention (R&P) team, charged with providing our program partners with current, detailed information about the performance of the employees and contractors that conduct abuse investigations. The QA Analyst also conducts in-depth analysis of abuse data at the Enterprise level and

provides research papers to our program partners with findings and recommendations for proactive steps that can be taken to help their customers avoid or prevent future abuse.

4. HOW WE COMPARE

There is no comparable national data on abuse rates. In the next two to three years a National APS data reporting system may be in place, which will allow us to make comparisons to national trends.

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 Older Adults and People with Disabilities:

- Limited resources including state, federal, and community-type(s) to meet projected growth of investigations;
 - Additional training and development needed for APS Specialist's;
 - Development and understanding of intra-agency functions;
 - Analysis of specific abuse investigations and reports in response to a complaint or concern, advising program and on whether statute, rule and policy were followed in a particular case; and creating trend reports for licensing for the implementation of abuse prevention strategies.
- Reporting rates in licensed settings are generally very good compared to non-licensed settings, however there can be significant differences from facility type to facility type. In Adult Foster care there can be lower reporting rates due to there being fewer staff present within the home.

6. WHAT NEEDS TO BE DONE

: Additional training for protective service investigators specific to licensed settings; enhanced research and collaboration with program and regulatory agencies to create a comprehensive response to abuse in licensed settings; increase access to resources and experts such as forensic nurses and experts on assessment of decision-making abilities or working with adults experiencing cognitive decline.

- 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 below our target.
- Increase our capacity to research white papers and reports on specific abuse-related topics to inform program leadership and educate the public about prevalent abuse types;

Abuse in Non-Licensed Settings

We are working toward better calculations for abuse in non-licensed settings by using census data for 65+ populations, people with physical disabilities and to ensure compliance

with REAL-D (race, ethnicity and language plus disability/HB2134) for our cases entered in the OR-ACCESS system. The facility web-based APS system is not able to collect or store this data but direction was provided to the field that requires them to collect this data by hand (when practical) in the investigation notes. We can use census data for a denominator to measure abuse for people 65+ but to determine a valid measure for people with disabilities, this can be challenging. Some of the sources include SSDI, disability commissions, etc.

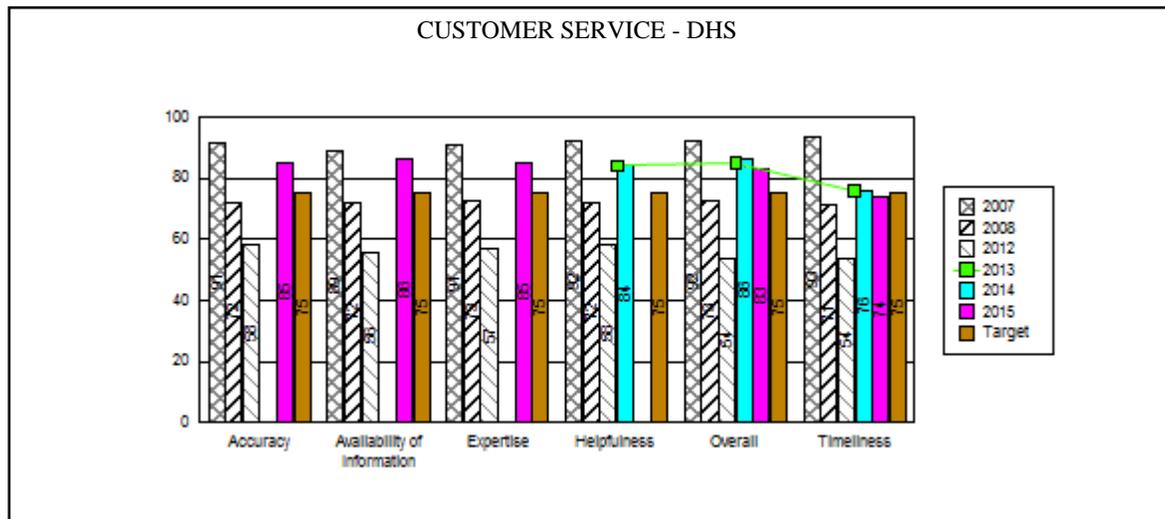
Next steps on abuse prevention efforts include:

- Home Care Worker Education/Awareness
- Training/education for mandatory reporters
- Outreach to Credit Unions
- Collaborative financial exploitation strategies for title companies, realtors and escrow agents
- Study underway on intimate partner/familial violence

7. ABOUT THE DATA

Reporting cycle is Calendar Year, and will reflect all cases 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 a system called QMDB/Q2 for facility APS. Since Lane County does not use Oregon ACCESS, abuse data is sent in electronically and then appended to the abuse data. Calculation: The numerator for this metric is the unduplicated count of residents with a substantiated allegation of abuse. The denominator is ideally the number of residents served in all facilities, but unfortunately this data point fluctuates.

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	2015 data source: Email survey sent to 30,000 clients in Summer 2015; 2014 data source: US mail survey sent to 20,000 clients; 2013 data source: under development; 2012 data source: Online Client Survey (January through December 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, and was discontinued at the end of 2012. The 2013 numbers are the first attempt at a random sample of customer experience.

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. The 2013 results give us a baseline to work with, based on the first random survey of clients and customers in all DHS programs.

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

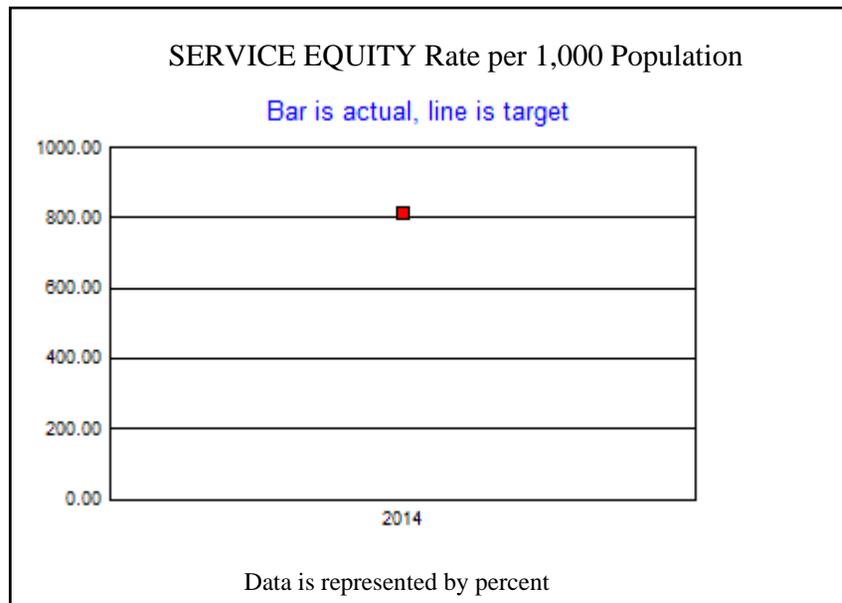
The agency split created a need for DHS to revisit how it will collect and evaluate satisfaction data from its re-defined customer base. An online survey was created and posted in December 2011. The agency is working to develop a consistent, comprehensive and sustainable measurement of customer service. 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

This data was collected from October 2013-June 2014 of customers who had an experience with DHS within the past 6-9 months. The survey is administered in English and Spanish, and there were more than 700 respondents during three quarterly administrations. 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	2014
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

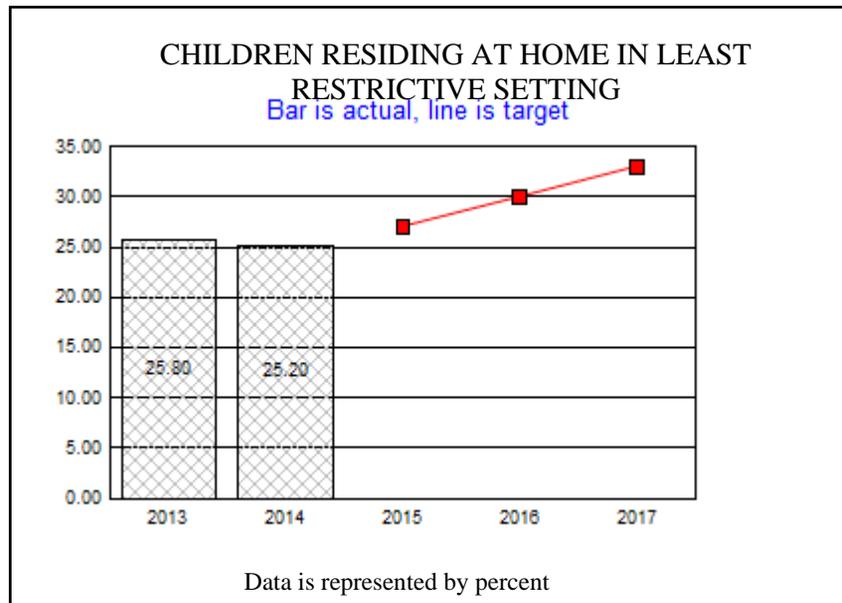
4. HOW WE COMPARE

5. FACTORS AFFECTING RESULTS

6. WHAT NEEDS TO BE DONE

7. ABOUT THE DATA

KPM #19	CHILDREN SERVED BY CHILD WELFARE RESIDING IN PARENTAL HOME: The percent of children served in Child Welfare on an average daily basis (In Home and Foster Care) who were served while residing in their parent's home.	2015
Goal	People are safe.	
Oregon Context	This systemic KPM aligns with Oregon's vision to have safe, caring and engaged communities.	
Data Source	State Child Welfare SACWIS data system.	
Owner	DHS - Child Safety Program, Office of Child Welfare Programs, Stacy Lake (503) 945-5915	



1. OUR STRATEGY

The state child welfare program has been working toward the vision of Safe Equitable Foster Care Reduction. One way to achieve this vision is through serving children safely in their own home. Several strategies have been involved in helping to achieve this vision.

·Focus on the Oregon Safety Model, which includes child safety assessment, actions and decisions through the life of a case, so that DHS Child Welfare staff are making safety decisions consistent with the model across the state, serving children in their homes when safe.

·Strengthening, Preserving and Reunifying Families services have been established in every county in the state. These services specifically address needs of children and families who come to the attention of child welfare through a report of abuse or neglect. These services are designed to address gaps in the service array in local communities --specifically, those services aimed at maintaining children safely in the home, reducing the lengths of stay in foster care and addressing re-abuse of children.

·Differential Response also provides the route for families to connect to their community and needed services. The families involved with child welfare receive a comprehensive child safety assessment by child welfare staff. However, just as every family is unique, the department's approach needs to be flexible enough to serve the family's needs. Oregon's DR design includes the specific screening criteria to determine the best response to assess families and increase our success in keeping children safely parented at home while the family receives services. Families can more successfully resolve issues when they are viewed as part of the solution and where they partner with child welfare and their community in problem solving and the identification of services and supports needed. Differential Response began in Oregon in May 2014 in 3 counties. It is now being practiced in 7 counties with 5 more (totaling nearly half the state's child welfare workforce) slated before the end of the calendar year.

2. ABOUT THE TARGETS

Oregon performed below the 2015 Target of 27.0 percent in 2014. The target for 2015, 2016 and 2017 show a desire to increase our performance in safely serving children in their parent's home.

3. HOW WE ARE DOING

From 2013 to 2014, Oregon saw a slight decrease in this performance measure of 0.6 percent. The strategies mentioned above were still in process of implementation during this time. Differential Response had not yet begun.

4. HOW WE COMPARE

This is a new measure for Oregon and there is no national (or State) measure for comparison, as there is little consistency regarding in home definitions used state by state.

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, domestic violence, parental involvement with law enforcement, and poverty. Often there are several of these factors co-occurring in families of child abuse/neglect victims.

6. WHAT NEEDS TO BE DONE

Oregon Safety Model fidelity work continues across the state.

Each county regularly assesses their Strengthening, Preserving and Reunifying Families service array, to determine gaps in service provision and use of current services. In an effort to understand outcomes associated with implementation of the SPRF program, DHS is in the process of implementing Performance-Based Contracting which is a results-oriented contracting method that focuses on the outputs, quality, or outcomes that may tie at least a portion of a contractor's payment, contract extensions, or contract renewals to the achievement of specific, measurable performance standards and requirements. This work is in process and is foundational for our overall ability to report on outcomes associated with the SPRF program.

As the first step toward a system of Performance-Based Contracting, in collaboration with our SPRF contractors, the Department is creating definitions of client-focused outcomes. We are in the process of amending current SPRF contracts to include new performance-based contract language and outcomes.

Upon execution of the contracts, the contractor will begin submitting reports through the invoicing process which will identify one of three outcomes for each client:

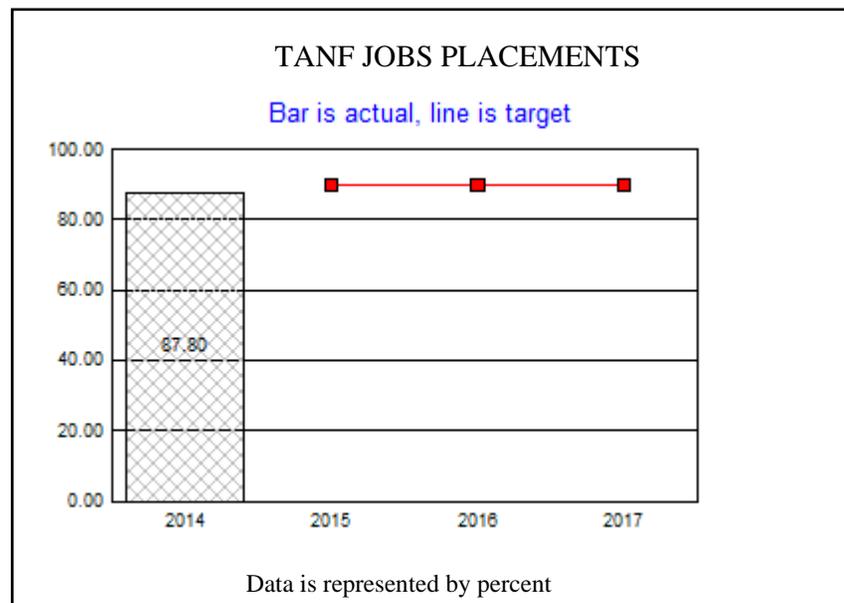
- 1) Achieved
- 2) Partially Achieved
- 3) Not Achieved

Lastly, the staged implementation of Differential Response continues. Nearly half of the staff in the state will be practicing in Differential Response by the end of 2015. Differential Response is expected to be practiced statewide by the end of 2017. A 3 year evaluation of Differential Response is being conducted by the University of Illinois.

7. ABOUT THE DATA

This is a 12 month average using Integrated Client Services Average Daily Population data sets, derived from the Child Welfare SACWIS system.

KPM #20	TANF JOBS PLACEMENTS: The percentage of clients who achieve job placement each month compared to those anticipated to achieve placement.	2015
Goal	People are able to support themselves and their families.	
Oregon Context	This performance links to the DHS goal “People are able to support themselves and their families through stable living wage employment.”	
Data Source	JAS/TRACS system job placement data and Client Maintenance public assistance data is used to determine the TANF clients who obtained employment of those expected to find work. This data is compared to statewide job placement targets.	
Owner	DHS – Office of Self Sufficiency Programs, Xochitl Esparza, TANF Manager (503) 945-6122	



1. OUR STRATEGY

One of the main goals of the Temporary Assistance for Needy Families (TANF) Job Opportunities and Basic Skills (JOBS) program is to help clients find and

maintain employment. The longer clients can stay employed, the higher their wages will be. The department's strategies are focused on meeting people where they are at, and as part of this we strive to give clients the tools they need to be competitive in the job market, to be able to successfully obtain employment, and to maintain and promote within the workplace. Our partners include other state agencies such as the Employment Department, Community Colleges and Workforce Development, and other workforce program partners. We also work closely with county-based JOBS program providers and community social service partners.

2. ABOUT THE TARGETS

Our objective is to increase the percent of TANF clients successfully obtaining employment. Oregon's economy has been recovering slowly with conservative but steadily growing employment opportunities. For this new measure, the target was based on applying an increase to actuals for the most recent 12-month period data available. Our goal is to focus on achieving high level of success in helping families become employed and able to support themselves.

3. HOW WE ARE DOING

This is a new measure which will indicate the effectiveness of DHS case managers, JOBS contractors and other coordinated community partnership efforts in helping families look for and obtain employment within Oregon's economic context.

4. HOW WE COMPARE

This is a new measure which we will compare to other state job entry outcomes.

5. FACTORS AFFECTING RESULTS

This measure may be affected by several things, including the status of the economy, the labor market and industry. It is also affected by the effectiveness of the JOBS program that determines, coordinates, and provides services to assist TANF clients find and retain employment. After employment, services are offered to retain employment and progress towards increased wages. Fluctuations in the TANF caseload will also impact service capacity and the number of TANF families to be served in the JOBS program to help them move off assistance through job placement. The JOBS program budget was reduced by half in 2011-13 compared to the previous biennium, which required greatly restricted the array of services that could be offered. While the budget remains at a reduced level, several program restrictions have been loosened, allowing for service delivery that better adjusts to the local client landscape as well as the level of coordinated community services. The effects of the TANF program redesign in 2013-15 and the TANF reinvestments for 2015-17 will also impact the attainment of this measure's goals.

6. WHAT NEEDS TO BE DONE

Study of this measure is needed to ensure it accurately reflects the TANF/JOBS program design and effectiveness in future biennia. This new measure is effective in 2016.

7. ABOUT THE DATA

Data will be reported by calendar year. This is a new measure that uses administrative data available and targets will be adjusted as program changes occur to ensure the validity and effectiveness of the data and measure. Data will be evaluated on a monthly basis and studied for any potential anomalies, as well as to identify trends in performance. Monthly reports will be shared with department leadership, including local district and program managers for program management purposes.

HUMAN SERVICES, DEPARTMENT of	III. USING PERFORMANCE DATA
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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.

<p>1. INCLUSIVITY</p>	<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>
<p>2 MANAGING FOR RESULTS</p>	<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>
<p>3 STAFF TRAINING</p>	<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>