Department of Health and Human Services Headline Measure Review

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CountyStat Principles

- **Require Data-Driven Performance**

- **Promote Strategic Governance**

- **Increase Government Transparency**

- **Foster a Culture of Accountability**

Meeting Goals

- Determine the impact of DHHS work on headline measures and establish new performance expectations and goals

- Review if DHHS programs match with performance measures

Agenda

- **Welcome and introductions**
- **Performance update**
  - Public Health
  - Childhood and Juvenile Services
  - Seniors, Housing, and Employment
  - Customer Satisfaction and Impact of DHHS Services

- **Reviewing Program Budgets to Headline Measures**
- **Wrap-up and follow-up items**

Department of Health and Human Services:
Approved Expenditures, Revenues, and Workyears from FY07 to FY12

Approved Budget	FY07	FY08	FY09	FY10	FY11	FY12
General Fund	$204,804	$ 224,829	$201,256	$194,074	$177,832	$171,749
Grant Fund Expenditures	$34,587	$37,872	$72,257	$74,496	$73,137	$70,325
(ARRA Funds rounded)				$1,556	$22	$60
Total Expenditures	$239,391	$262,702	$273,513	$268,571	$250,969	$242,074

	FY07	FY08	FY09	FY10	FY11	FY12
HHS General Fund Budget as % of total MCG	13.8%	14.2%	12.3%	11.9%	11.7%	10.8%

	FY07	FY08	FY09	FY10	FY11	FY12
General Fund Workyears	1,326.50	1,406.00	1,155.90	1,132.60	1,042.80	1,043.80
Grant Fund Workyears	179.5	198.5	453.1	444.5	443	441.9
Total Workyears	1,506.00	1,604.50	1,609.00	1,577.10	1,485.80	1,485.70

	FY07	FY08	FY09	FY10	FY11	FY12
HHS General Fund Workyears as % of total MCG	13.9%	14.2%	11.5%	11.6%	11.6%	11.6%

Numbers shown in thousands $239,390 is actually $239,390,000.
Approved Budget for Fiscal Year

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Department of Health and Human Services: FY11 Approved Budget
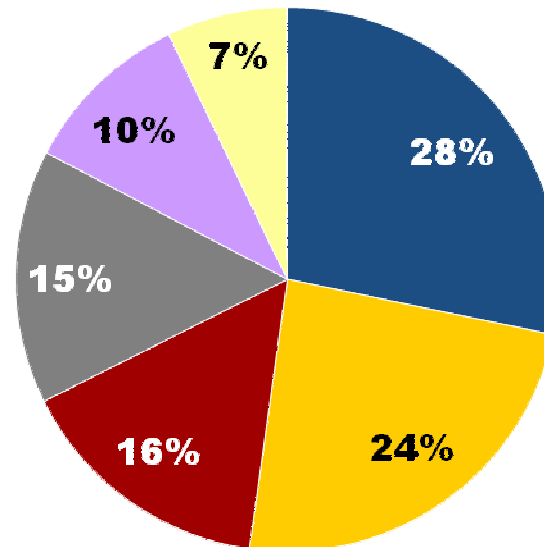
Overall
$250.97M   1485.8 WYs

Special Needs Housing
$18.0M   54.4 WYs

Administration and Support
$25.5M   116.6 WYs

Aging and Disability Services
$37.4M   156.7 WYs

Behavioral Health and Crisis Services
$37.7M   196.2 WYs

Public Health Services
$70.1M   534.5 WYs

Children, Youth, and Family Services
$62.3M   427.4 WYs

28%
24%
16%
15%
10%
7%

Headline Measures

- Percent of Montgomery County medical assistance applications approved for enrollment

- Percent of vulnerable populations that have a primary care or prenatal care visit

- Percent of clients with active infectious tuberculosis who received and were scheduled to complete Directly Observed Therapy and successfully completed the treatment regimen

- New cases of Chlamydia per 100,000 population in Montgomery County

- Percentage of Head Start, licensed child care centers and family-based child care students who demonstrate "full readiness" upon entering kindergarten

- Percentage of offenders under age 18 who are diverted to substance abuse education and treatment or mental health treatment programs that do not re-enter the juvenile justice or adult correction system within 12 months of being assessed compliant with requirements

- Percentage of seniors and adults with disabilities who avoid institutional placement while receiving case management and other services

- Percentage of households remaining housed at least 12 months after placement in permanent supportive housing

- Job retention rate and earnings gain rate for current and former TCA recipients who receive job placement

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Headline Measures

- Percent of individuals served by the continuum of behavioral health services that demonstrate a higher degree of social connectedness and emotional wellness

- Weighted percent of DHHS customers satisfied with the services they received from DHHS staff

- Percent of client cases needing assistance with multiple services for which effective teamwork is documented

- Weighted composite scores and percentage of DHHS client cases that demonstrate beneficial impact from received services

- Percentage of current DHHS "health and human services" contracts derived from Requests for Proposals (RFPs) that contain performance measures related to beneficial impact and customer satisfaction

- Contract monitoring: Active monitors' training completion rates *(sub-measure)*

- Contract monitoring: Average response scores from trainees' predictions of whether their work quality will improve as a result of training received *(sub-measure)*

Departmental Reflections on Annual Performance

What is the Department's perception of their overall performance?

- **Heroic and outstanding performance by staff**
  - Numbers of residents in need of DHHS services continues to grow - as much as 126% in food stamps and around 72% in TANF and 36% in Medicaid and over 40% across the HHS enterprise.
  - Customers presenting with more complex needs for a range of services and DHHS continues to create a single point of entry and strengthen integrated case practice.
  - Fewer government and community resources available to customers has sparked innovative partnerships across government, non profits and philanthropy.
  - Strained system capacity to respond to volume and depth of need has resulted in a stronger DHHS commitment to goals of integration and interoperability.
  - Weakened infrastructure continues to challenge DHHS ability to respond to increased need with fewer resources and support staff morale.

- **Collaborative Partnerships to serve the Safety Net**
  - Neighborhood Opportunity Network with three sites and exploration of East County partnerships
  - Health Care Safety Net to serve the uninsured with new school based health center opportunities
  - New partnerships generated by healthcare reform
  - Kennedy Cluster and Linkages to Learning focusing on low income families with children
  - Positive Youth Development to reduce gang activity is re-energized
  - Senior Subcabinet to better support the needs of growing senior population also was re-energized with support of the CAO
  - MOU resulting from the Hoarding Task Force - an interdepartmental and public-private initiative is fully operational
  - Storm (winter and summer) response – led sheltering efforts

Departmental Reflections on Annual Performance

What is the Department's perception of their overall performance?

- **Strengthened Non-Profit Partnerships and Accountability both internally and externally**
  - Contract Monitoring strategic plan is fully implemented
  - **FIRM** training for non profit leadership and DHHS contract monitoring staff continues
  - ERP implementation consumed considerable time and effort
  - Quality Service Reviews conducted quarterly are used for performance improvement
  - Service Integration case staffings include non profit partners

- **Service Integration and Information System Interoperability**
  - Case Practice Model foundation completed, staffings underway with support from Casey Family Programs
  - Technology prototypes underway, building national momentum for confidentiality and privacy policy alignment and substantial work to obtain external funding for interoperability from private, state and federal sources
  - Equity work continued including an environmental scan to address Departmental performance on equity and participated in a learning exchange with King County, Seattle on public sector response to disparities among residents needing and/or seeking certain services – with support from Community Health Foundation
  - Healthy Montgomery Community Health Improvement Process fully underway. All scans are completed including literature searches, community focus groups, surveys and individual interviews. The responses set the stage for priority setting of key areas of work for the County – this remains a key partnership with our Hospitals and Kaiser Permanente and the State is now beginning to replicate our process
  - Social Return on Investment efforts help baseline client outcome data elements for future calculation including a way to monetize social service activities – after many months of work DHHS may have identified a potential funding source to help with this work.

Departmental Reflections on Annual Performance

What factors influenced Departmental performance?

- In the face of increasing volume of customers seeking services and growing complexity of needs, resources decreased and impacted staff capacity and morale

- **External factors**
    - Increased need and a customer base with more complex presenting issues.
    - A more fragile non profit sector.
    - Creative partnerships with philanthropy.
    - Reduced financial support from State due to budget cuts.
    - Stronger partnerships with the State on technology and program flexibility.
    - Increased visibility of the County at the Federal and National levels.
    - A Federal Government that is more responsive to the goals of integration and interoperability.
    - Health Reform as a key catalyst for change and with additional resource availability.
    - Clearer direction provided by State and Federal governments on the use of technology to address programmatic needs.
    - Continued ARRA funding in FY11 especially for Emergency Assistance.
    - Hospital competitions continue to impact local marketplace.
    - Increasing diversity and change in DHHS consumer base – the newly poor.
    - Need for stronger jobs creation and self sufficiency partnerships.

- **Internal factors**
    - Improvement in and challenges related to contract monitoring.
    - High volume of grant writing. DHHS is aggressively working multiple funding sources in search of funding to support the internal resource and capacity issue.
    - Complex business process – worker overload has led to management issues and increased labor activity – this trend continues. Decrease in facility cleaning and status of our facilities resulted in the increase in the number of Union Complaints.
    - Hiring Freeze has been very helpful to manage DHHS lapse and resources internally.
    - Procurement Freeze has been very helpful to manage DHHS procurement approvals internally.
    - However, a temporary new risk emerged with ERP implementation and reporting challenges.

Departmental Reflections on Annual Performance

How does the Department expect to improve overall performance?

- Despite challenging circumstances such as considerable fatigue and fraying morale, DHHS endeavors to maintain current services. A scan of DHHS staff revealed that the commitment to the work and to clients is extraordinarily high and contributes to continued high performance.

- The integrated and interoperable case practice model and the application of technology solutions will be critical to riding the wave of this recession and meeting increased demand by a decreasing workforce.

- Despite the hardships, improved performance in customer service remains a focus. DHHS is in conversations with the Center for Social Policy to offer a round of customer service training for DHHS front line eligibility staff.

Public Health

- **Providing health care access**
- **Communicable diseases control**

1) Enrolling residents in medical assistance: Percent of Montgomery County medical assistance applications approved for enrollment

Maryland's medical assistance programs includes Community Care and Long-Term Care. The FY11 annual average approval statewide was 69%.

	FY09	FY10	FY11	FY12*	FY13*	FY14*
County medical assistance applications for state programs	37,276	40,331	42,008			
County approved medical assistance applications for state programs	31,192	33,095	31,958			
Percent approved	84%	82%	76%	76%	76%	76%

Montgomery County's approval percentage is consistently higher than the state. In FY11 it was 7 percentage points higher.

**In FY11 DHHS processed a total of 78,176 medical assistance applications, and 7,841 county health care program applications. Of these, 58,464 (75%) medical assistance and 7,620 (97%) county health care programs applications were approved. Currently, the three DHHS Service Eligibility Units (SEU) lead the state in the number of enrolled medical assistance cases, which average 40,292 monthly. Data in table do not include applications taken by SEUs.

Source: Maryland DHR Data

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Headline Measure – Providing Health Care Access

2) Providing health care services to residents ineligible for medical assistance: Percent of select uninsured vulnerable populations that have an HHS primary care or prenatal care visit

		FY09	FY10	FY11	FY12	FY13	FY14
Children *Care for Kids*	Program participants	3,600	3,366	2,931	2,900	2,900	2,900
	Uninsured children*	10,371	8,130	10,475			
	%	34.7%	41.4%	27.9%			
Adults *Montgomery Cares*	Program participants	21,077	26,268	26,877	28,000	Unknown	Unknown
	Uninsured adults*	98,872	102,154	110,972			
	%	21.3%	25.7%	24.2%			
Pregnant Females *Maternity Partnerships*	Program participants	2,375	1,999	1,950	Available data do not support using this measurement for this vulnerable population.		
	Uninsured pregnant females	n/a	n/a	n/a			
	%	n/a	n/a	n/a			

According to Census Bureau, on average 19% of Montgomery County's population 18 yrs and older has no health insurance. In FY11 Montgomery Care is meeting the need of approximately 26,877 of individuals who would otherwise be uninsured.
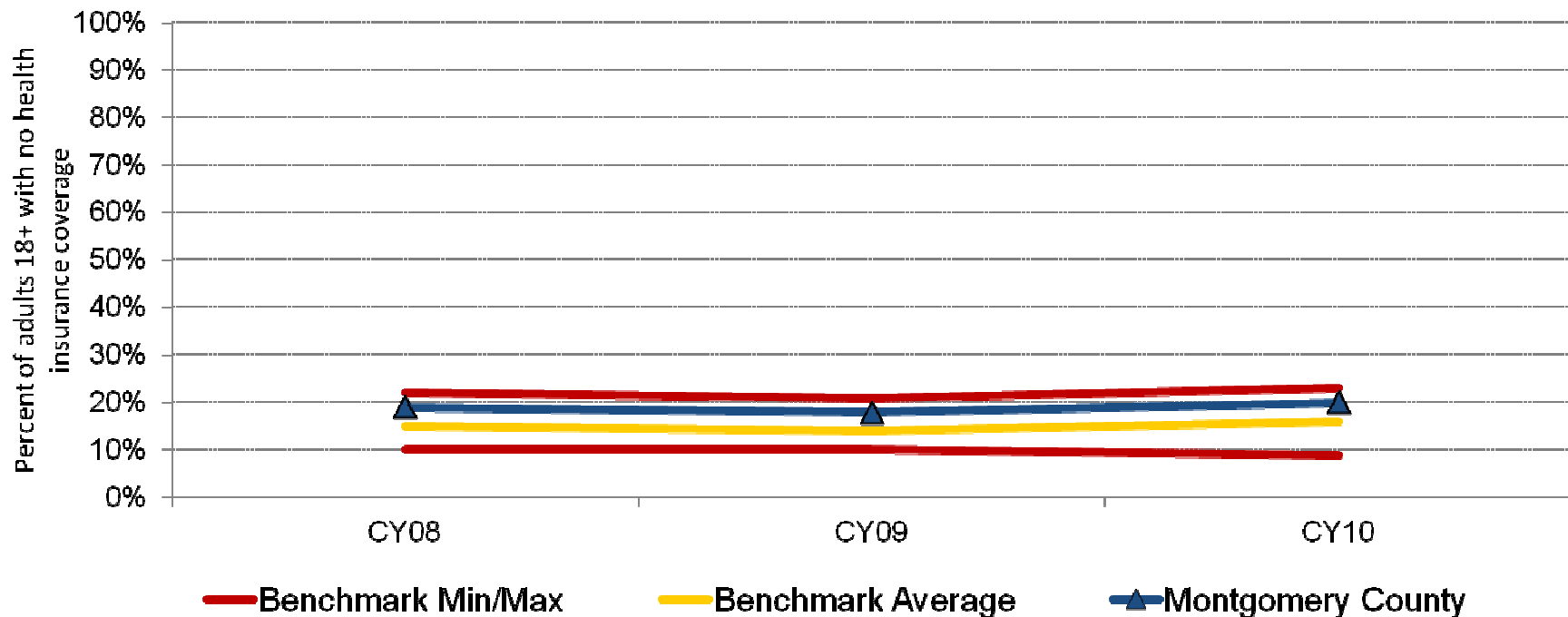
Montgomery Cares focuses on low income adults (18+) with no health insurance coverage.

The percent of adults (18+) in Montgomery County who do not have health insurance is higher than the benchmark average.

Benchmark communities: Prince George's, Prince William, Fairfax, Arlington, Baltimore, Anne Arundel, Howard, Loudoun, and Frederick Counties, and Washington, DC.
Source: U.S. Census Bureau, 2008-2009, 2010 American Community Survey

Headline Measure: Providing Health Care Access

Departmental Explanation for FY11 Performance:

- Medical Assistance (MA) approval rate variables include patients' timeliness in completing the application process and the workload capability of staff. It may also be due to larger numbers of people who are unable to afford health insurance premiums but who still make too much income to qualify for MA programs.

- The Care for Kids program serves primarily the children of immigrants who do not have the documentation needed for MA coverage. The percentage of uninsured children with access to health care through the program may have been affected by the following demographic shifts:
  - Low income, uninsured children increased as a result of the downturn in the economy and the related reduction in jobs, including jobs with health insurance benefits.
  - Enrolled uninsured children decreased, probably due to immigrant families having temporarily moved out of the County or temporarily stopped coming into the County due to high cost of living and lack of unskilled jobs available during the economic slowdown.
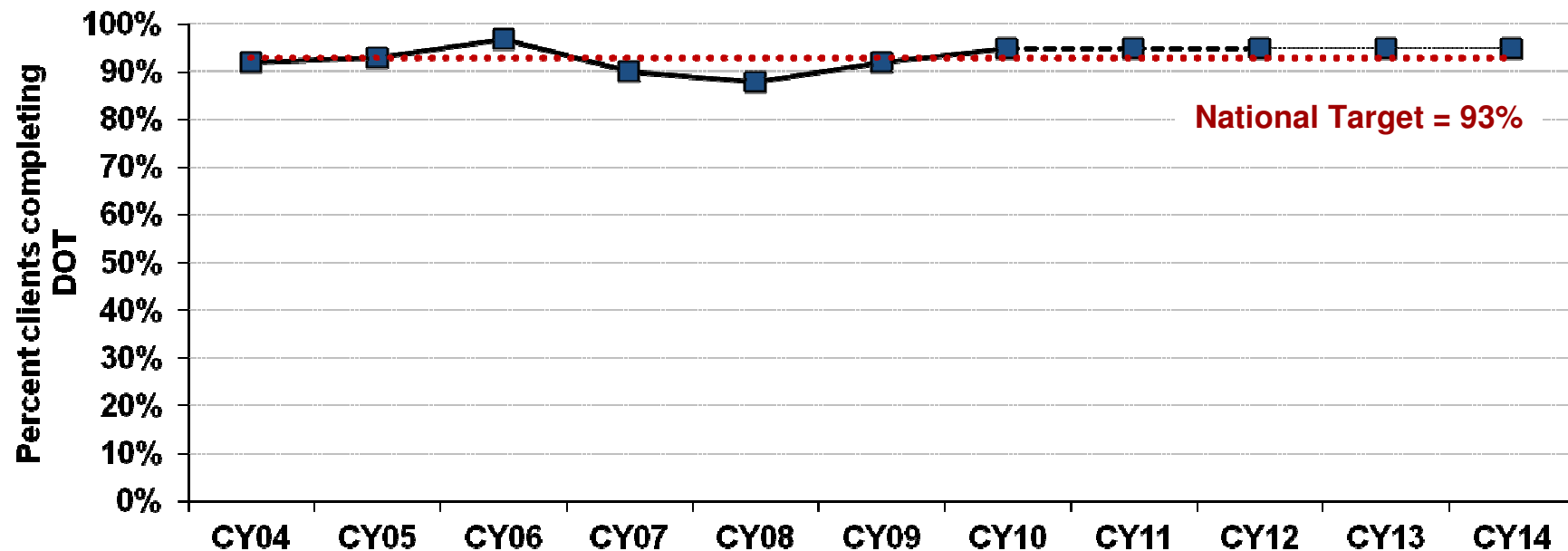
Departmental Explanation for FY12-FY14 Projections:

- The Department has no basis upon which to project results any different from those calculated for FY10.

Headline Measure: Communicable Diseases Control

Percent of active TB patients completing Directly Observed Therapy (DOT)

	CY04	CY05	CY06	CY07	CY08	CY09	CY10	CY11	CY12	CY13	CY14
Clients completing treatment	92% (86/93)	93% (75/81)	97% (60/62)	90% (74/82)	88% (77/88)	92% (61/66)	95% (69/73)	95%	95%	95%	95%

The percent of clients completing treatment has been increasing since CY08. In CY10, the County performed above the national target for the first time since CY07.

Headline Measure: Communicable Diseases Control

New cases of Chlamydia per 100,000 population in Montgomery County (Ages 15-24)
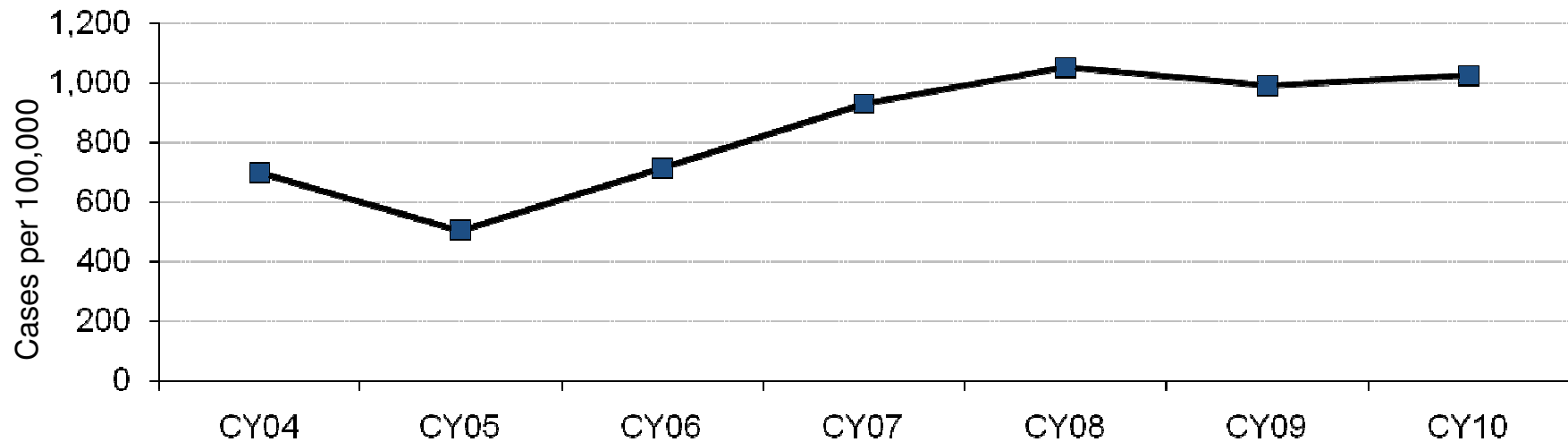
	CY04	CY05	CY06	CY07	CY08	CY09	CY10
Cases (per 100,000)	696.9	502.2	712.6	930.2	1,052.0	990.6	1,025.1

The number of new cases of Chlamydia (per 100,000 population) doubled from CY05 to CY10.

Supporting Data: Communicable Diseases Control

New cases of Chlamydia per 100,000 population in Montgomery County

Age	CY04	CY05	CY06	CY07	CY08	CY09	CY10
15-24	696.9	502.2	712.6	930.2	1,052.0	990.6	1,025.1
25-34	254	169.3	305.4	411.2	488.4	410.2	449.4
35+	20.9	15.6	21.2	24.8	32.0	33.7	36.4
15 Years and Older*	156.5	112.4	169.4	223.0	256.4	244.8	261.2

CY10 saw a return (increase) in the number of new cases to CY08 levels.

Benchmark Data: Communicable Diseases Control

Regional Benchmark: Total Cases of Chlamydia per 100,000*
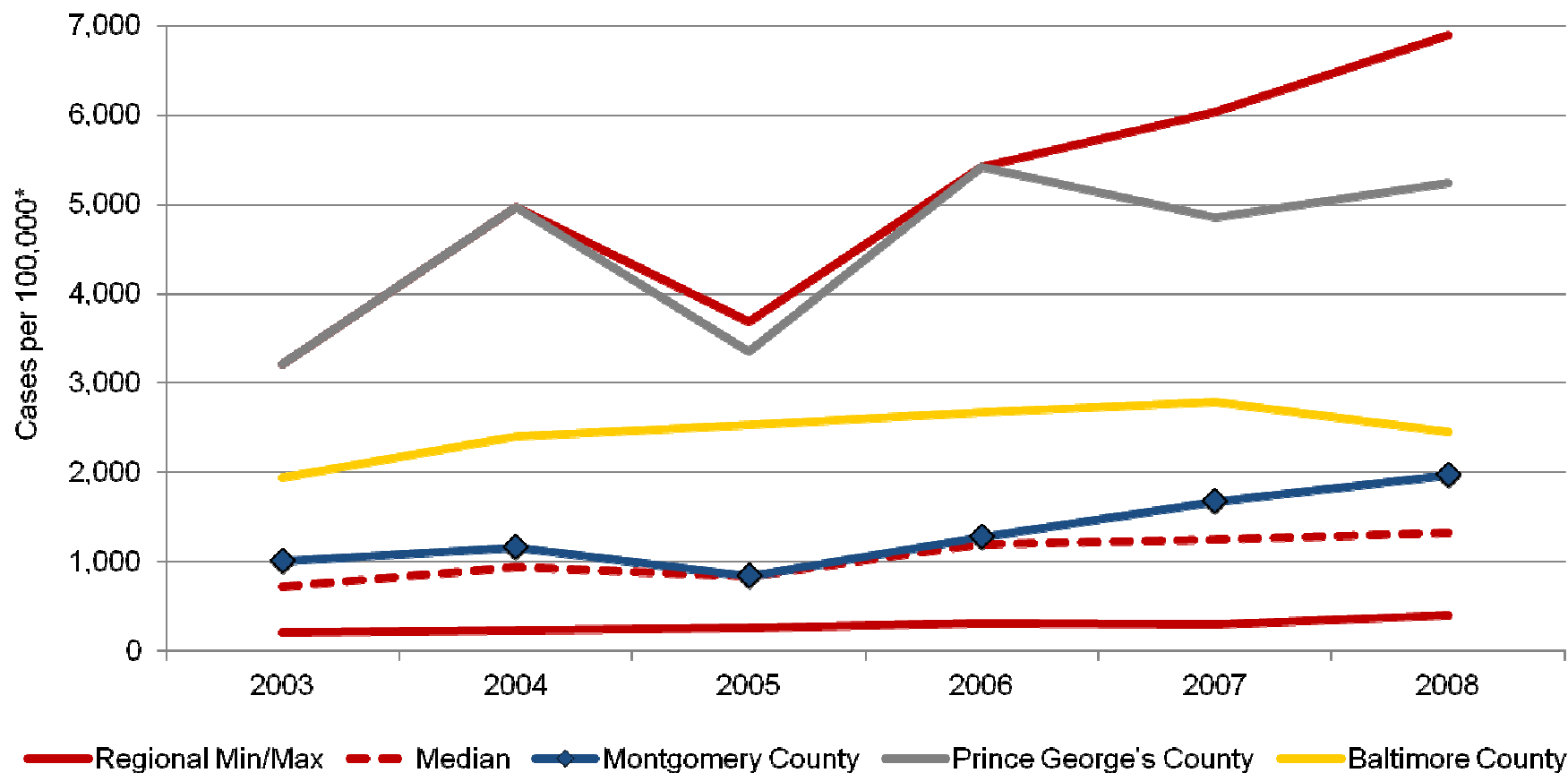
*The HHS headline measure focuses on new cases of Chlamydia, while this benchmark data looks at total cases
**Benchmark Counties include Loudon, Frederick, Howard, Arlington, Prince William, Fairfax, Anne Arundel, Montgomery, Baltimore, Prince George's, and Washington, DC.

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Headline Measure: Communicable Diseases Control

Departmental Explanation for FY11 Performance:

- There is a small uptick in the Chlamydia rates which reflects natural disease patterns. It may also reflect greater reliance on presumptive diagnoses rather than confirmed lab testing (which has decreased since 2008).

- Montgomery County's TB case count is sensitive to fluctuating immigration rates. Anecdotal evidence points to a decrease in immigration and increase in immigrants moving out of the county for economic reasons in CY09. In CY10, there seems to be a slight increase in foreign born clients; most of the TB cases (93%) are foreign-born.

Departmental Explanation for FY12-FY14 Projections:

- The Department has no basis upon which to project results any different from those calculated for CY10. Currently, there is a nationwide decrease in TB cases, a periodic occurrence that is always temporary

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Childhood and Juvenile Services

- **Early childhood services – kindergarten readiness**
- **Juvenile justice**

Headline Measure: Early Childhood Services and Programs

Percent of students from Head Start programs, licensed child care centers and family-based child care programs who demonstrate "full readiness" upon entering kindergarten.

Full Readiness
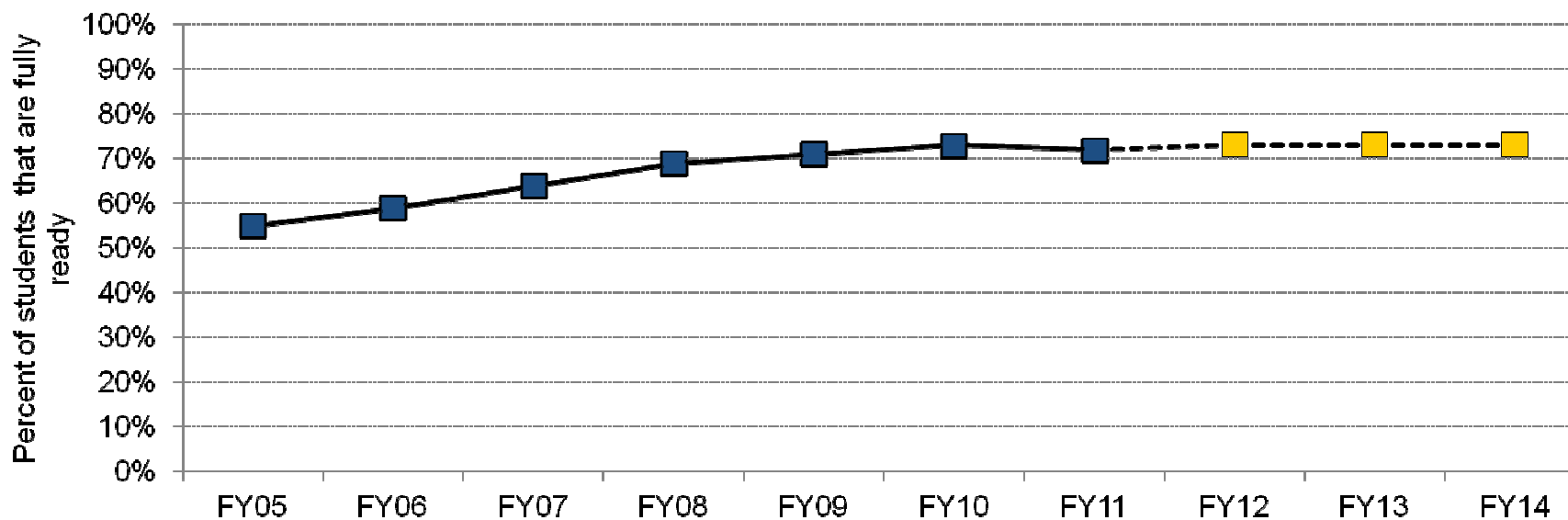
FY05	FY06	FY07	FY08	FY09	FY10	FY11	FY12	FY13	FY13
55%	59%	64%	69%	71%	73%	72%	73%	73%	73%

In FY11 there was a slight decline in "full readiness" from FY10 levels. However, since FY05 the County has improved by 17 percentage points.

Indicator: Early Childhood Services and Programs

Benchmark comparison: Percent of students from Head Start programs, licensed child care centers and family-based child care programs who demonstrate "full readiness" upon entering kindergarten.
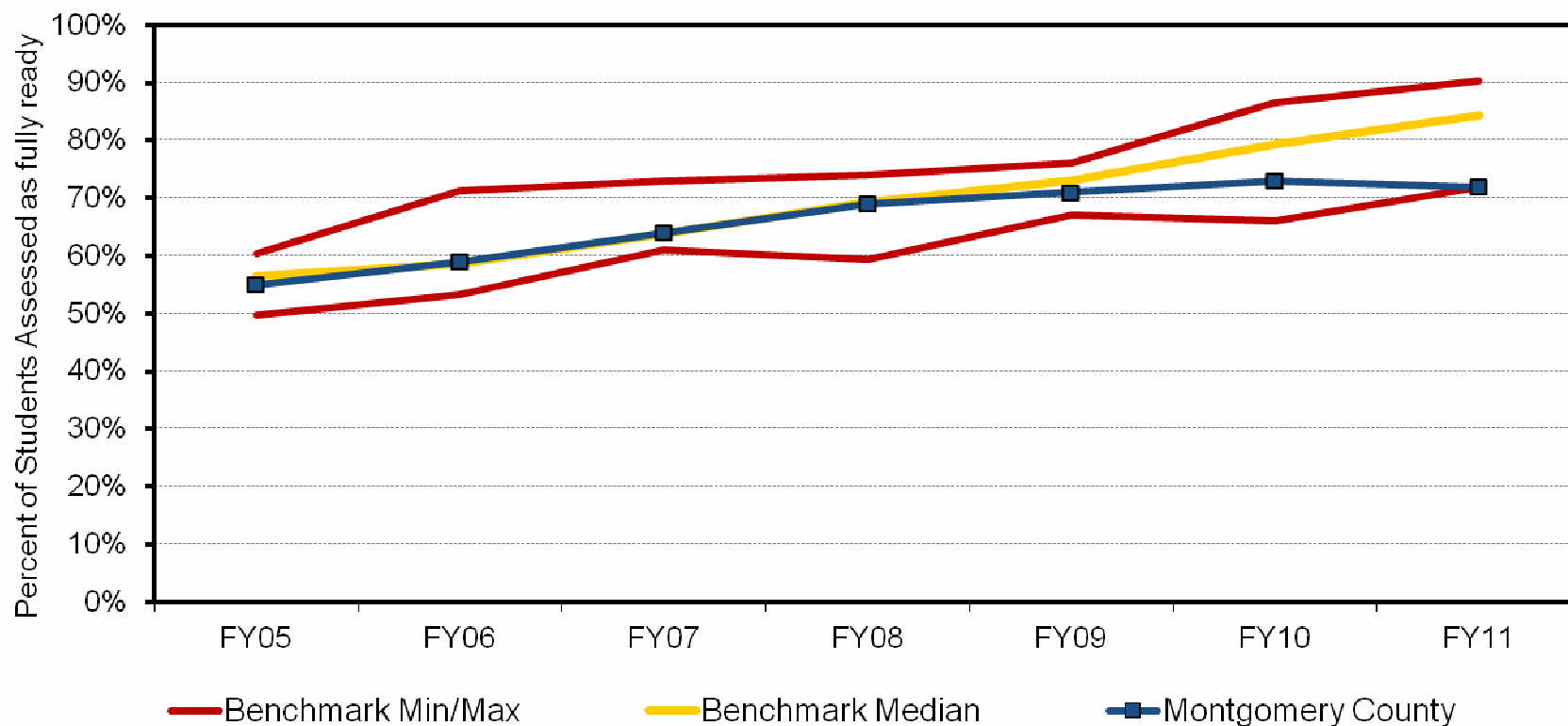
In FY11, the benchmark median value was 84% with a range of 72-90%. In Montgomery County, 72% of children were assessed fully ready for kindergarten.

Benchmark range: Howard, Anne Arundel, Baltimore, Frederick, Prince George's, and Montgomery County.
Source: School Readiness Reports, MSDE; Note: Maryland jurisdictions only

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Headline Measure: Early Childhood Services and Programs

Departmental Explanation for FY11 Performance:

- Although the County experienced a dip in the percentage of children fully ready for kindergarten in FY11, the total number of those fully ready increased from the previous year.

- Montgomery County has the highest number of English language learners in the state and an increasing number of children living in poverty. Both of these groups are considered "at risk" for lack of school readiness, and federal and state funding for both groups has decreased. Given these challenges that do not exist elsewhere in the state, Montgomery County is doing well.

Departmental Explanation for FY12-FY14 Projections:

- Readiness scores are sensitive to broad demographic and economic trends. Montgomery County is expecting increasing numbers of kindergarteners, as well as an increasing percentage of children in groups which have traditionally lagged in school readiness. Our goal is to be able to maintain the level of kindergarten readiness, and as funds become available, target interventions to communities of need.

Headline Measure: Juvenile Justice Assessments, Screenings and Referrals

Percent of offenders under age 18 who are diverted to substance abuse education and treatment or mental health treatment programs that do not re-enter the juvenile justice or adult correction system within 12 months of being assessed compliant with requirements
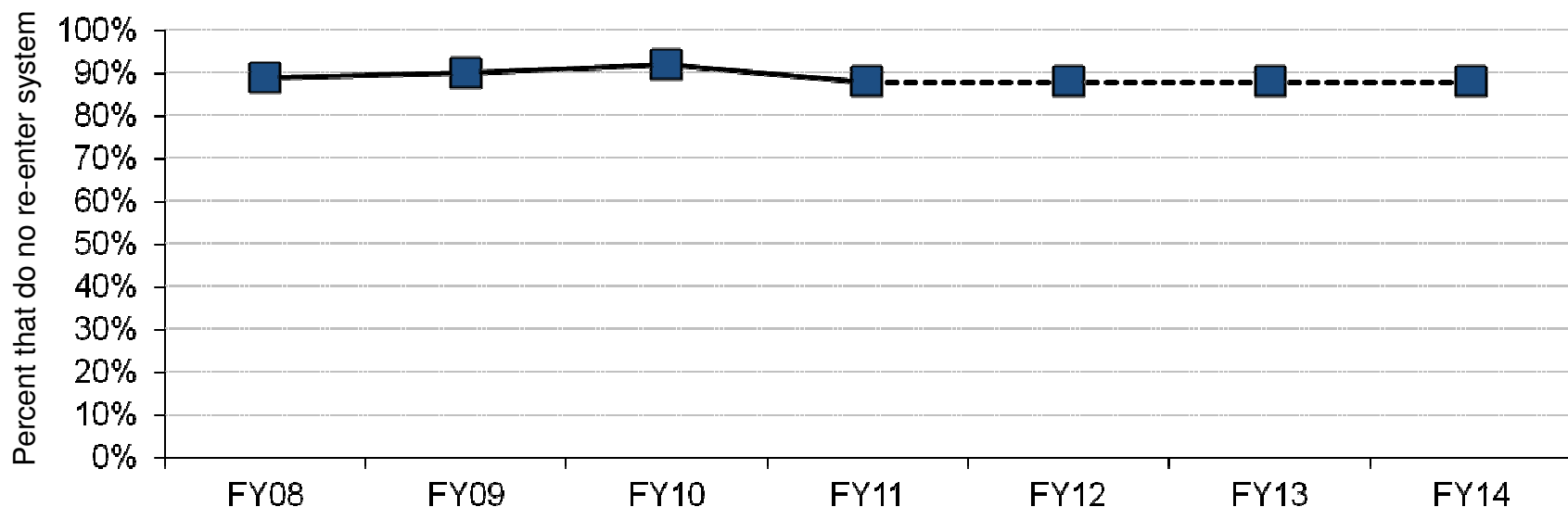
	FY08	FY09	FY10	FY11	FY12	FY13	FY14
Diverted youth offenders under 18	922	897	768	665			
Total that do not re-enter system	821	806	708	585			
Percent that do not re-enter system	89%	90%	92%	88%	89.8%	89.8%	89.8%

In FY11 there was a decrease in the percent of juvenile offenders not re-entering system.

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Headline Measure: Juvenile Justice

Departmental Explanation for FY11 Performance:

- From FY08 – FY11, the result ranges between 88% - 92% with an average of 89.8%. The variation may depend on a number of variables including staff vacancies, number of participants referred/completing the program and complexity of cases.

Departmental Explanation for FY12-FY14 Projections:

- We project this performance measure to remain consistent with the four year average of 89.8%.

Seniors, Housing, and Employment

- Independence in the community
- Housing services
- Employment-related services
- Social connectedness

Headline Measure: Maintaining Independence in the Community

Percent of seniors and adults with disabilities who avoid institutional placement while receiving case management and other support services
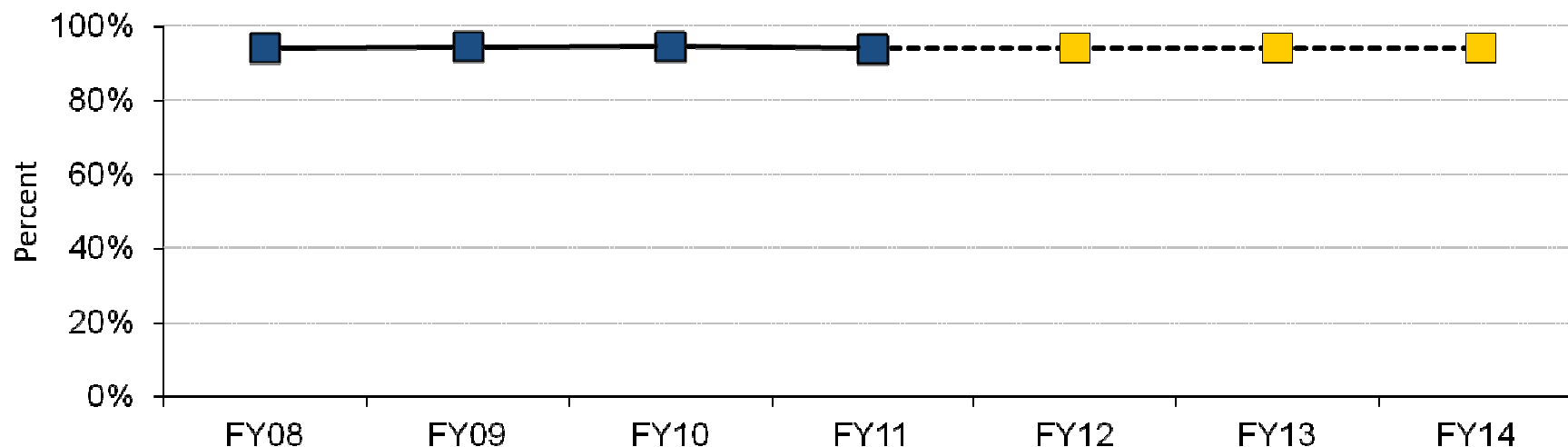
	FY08	FY09	FY10	FY11	FY12	FY13	FY14
Clients receiving services	1,267	1,195	1,245	1,280			
Clients receiving services who avoid institutional placement	1,209 (95.4%)	1,138 (95.2%)	1,186 (95.3%)	1,201 (93.8%)	(95.0%)	(95.0%)	(95.0%)

FY11 had a slight decline in clients avoiding institutional placement

Headline Measure: Maintaining Independence in Community

Departmental Explanation for FY11 Performance:

- The FY11 result is lower than past years due primarily to a higher than usual number of nursing home admissions.
- DHHS provides assessment, continuing case management and an array of supportive services using highly trained staff.
- Nevertheless, in some situations institutional placement is necessary to attain quality of life.

Departmental Explanation for FY12-FY14 Projections:

- At this time, DHHS is unsure based on one year of data, if FY11 represents the start of a trend,
- Historically good success in facilitating community placements is likely to continue.
- However, waiting lists (i.e., those whom we do not have the capacity to serve) will likely grow as well absent any staffing increases, due to dramatic increases in the senior population.
- DHHS will continue to adhere to standards that ensure quality service.

Headline Measure: Housing Services

Percentage of households remaining housed at least 12 months after placement in permanent supportive housing
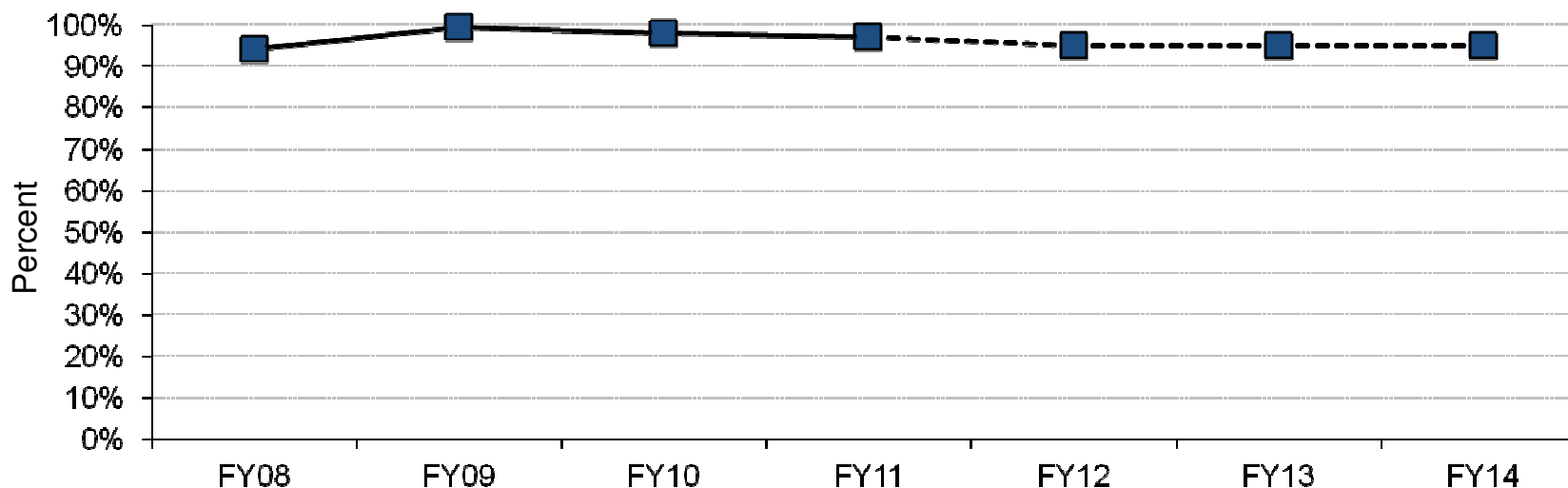
	FY08	FY09	FY10	FY11	FY12	FY13	FY14
Single Adult Households*	268	345	442	505			
Family Households*	145	186	292	278			
% Remaining Housed	94%	99.5%	98%	97%	95%	95%	95%

Montgomery County had a permanent supportive housing retention rate of 97% in FY11. This greatly exceeds retention rates, typically 85-90%, demonstrated in a number of studies.

*Data based on point in time survey conducted each January. Numbers are not cumulative within and across fiscal years.

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Headline Measure: Housing Services

Departmental Explanation for FY11 Performance:

- Combination of deep housing subsidy and service coordination continues to be successful in helping formerly homeless individuals and families to maintain housing.

- Retention rate continues to exceed national studies

Departmental Explanation for FY12-FY14 Projections:

- No changes to the model are planned so it is anticipated that the retention rate for participants will remain steady.
- Funding will impact the number of units that are available.

Headline Measure: Employment Related Services

> Job Retention Rate and Earnings Gain Rate for current and former Temporary Cash Assistance (TCA) recipients who receive job placement
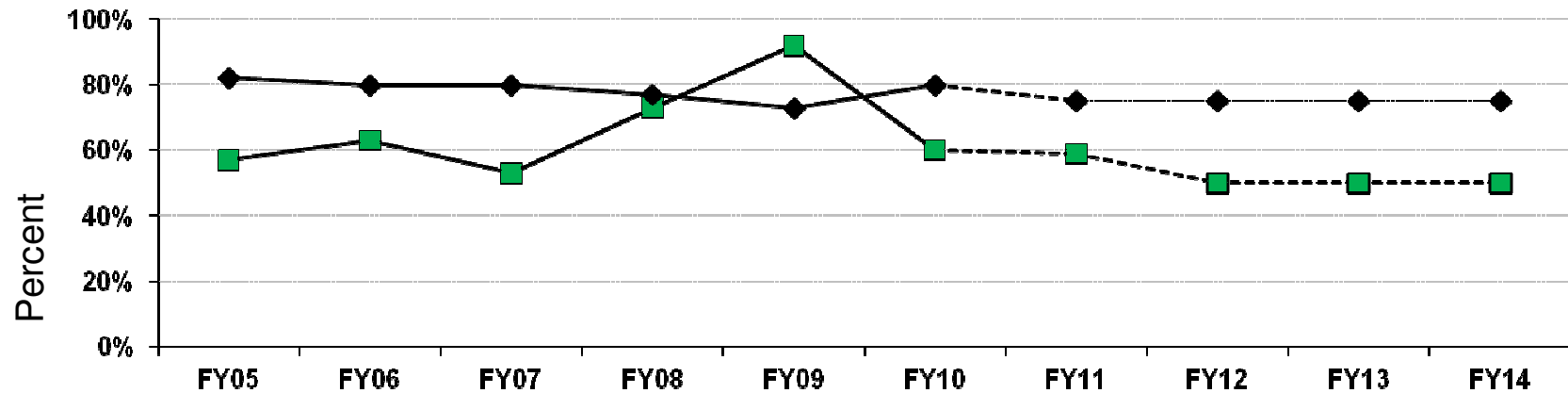

	FY05	FY06	FY07	FY08	FY09	FY10	FY11	FY12	FY13	FY14
Earnings Gain 🟩	57%	63%	53%	73%	92%	59%	50%	50%	50%	50%
Job Retention ◆	82%	80%	80%	77%	73%	75%	75%	75%	75%	75%
Avg. Hourly Rate	n/a	n/a	n/a	n/a	$11.04	$10.88	$10.50	$10.50	$10.50	$10.50
Job Placements (State-issued goal)	n/a	n/a	370 (410)	411 (375)	462 (388)	463 (338)	610* (338)	550 (479)	550 (n/a)	550 (n/a)

> Job Retention Rate increased in FY10 while the Earnings Gain Rate decreased. However, looking at the past data and projections, FY09 appears to be an exceptional year.

*Note: This headline measure has a lag in data reporting. *Actual; n/a = data not available*

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Supporting Data: Employment Related Services Earnings Gain Rate
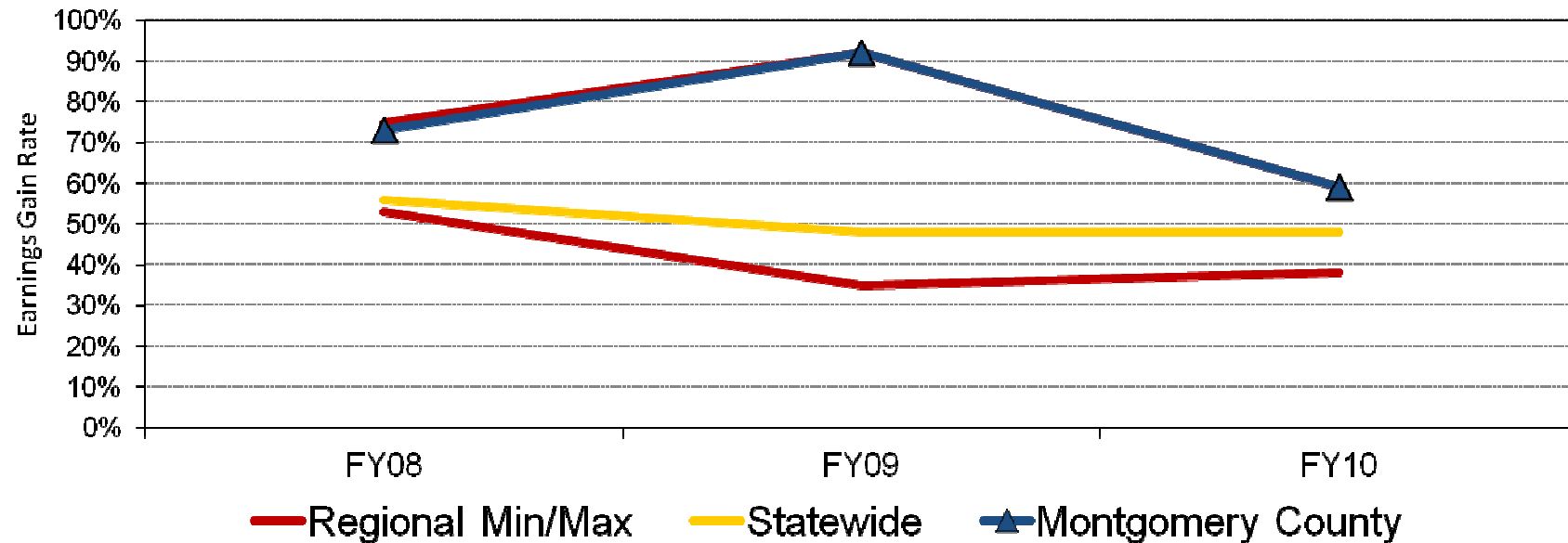
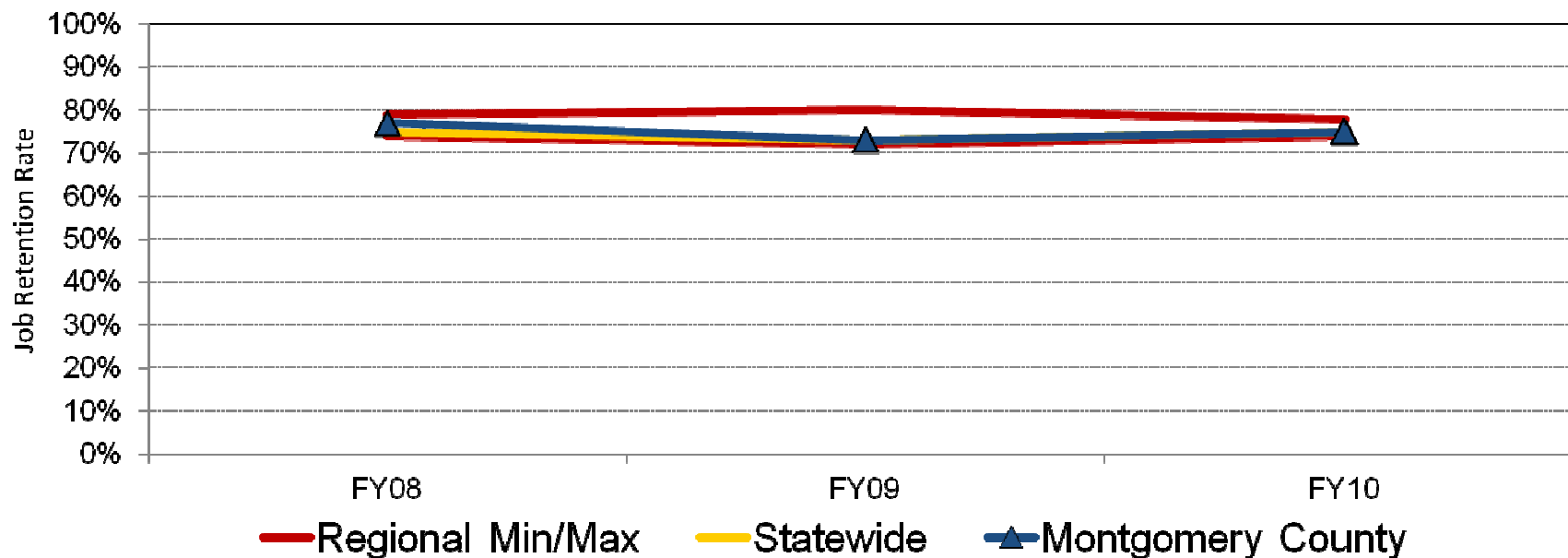|	FY08	FY09	FY10
Statewide	56%	48%	48%
Regional Range*	53-75%	35-92%	38-59%
Montgomery County	**73%**	**92%**	**59%**

Montgomery County has been close to or at the top of the regional benchmark range since FY08. The County's goal is 40%

*Range: Range of earnings gain rates for Baltimore City, Baltimore County, Frederick, Montgomery County, Anne Arundel County, Howard County, and Prince George's County.

Supporting Data: Employment Related Services Job Retention Rate

	FY08	FY09	FY10
Statewide	75%	73%	75%
Regional Range*	74-79%	72-79%	74-78%
Montgomery County	**77%**	**73%**	**75%**

Montgomery County has been close to the bottom of the regional benchmark range, but at or above the statewide average, since FY08. The County's goal is 70%

*Range: Range of earnings gain rates for Baltimore City, Baltimore County, Frederick, Montgomery County, Anne Arundel County, Howard County, and Prince George's County.

Headline Measure: Employment Related Services

Departmental Explanation for FY11 Performance:

- DHHS has consistently exceeded State goals in spite of the economic downturn and increased call for assistance.
- The County has maintained a stronger job market and higher wages than other jurisdictions, and DHHS has sustained great partnerships with several local employers.

Departmental Explanation for FY12-FY14 Projections:

- While Montgomery County remains above the State goal, DHHS is experiencing a dip in our earnings gain measures due to the lagging economy and the competition for low to medium paying jobs.
- After a series of years with improved earnings for low income workers, employers are not as able nor willing to increase wages to the newly hired. This results in a projected lower earnings gain rate, but we still project to exceed the State goal of 40%.

Headline Measure: Social Connectedness and Emotional Wellness

Higher degree of Social Connectedness and Emotional Wellness as demonstrated by positive outcomes in the domains of housing, quality of life, legal encounter, and employment/education
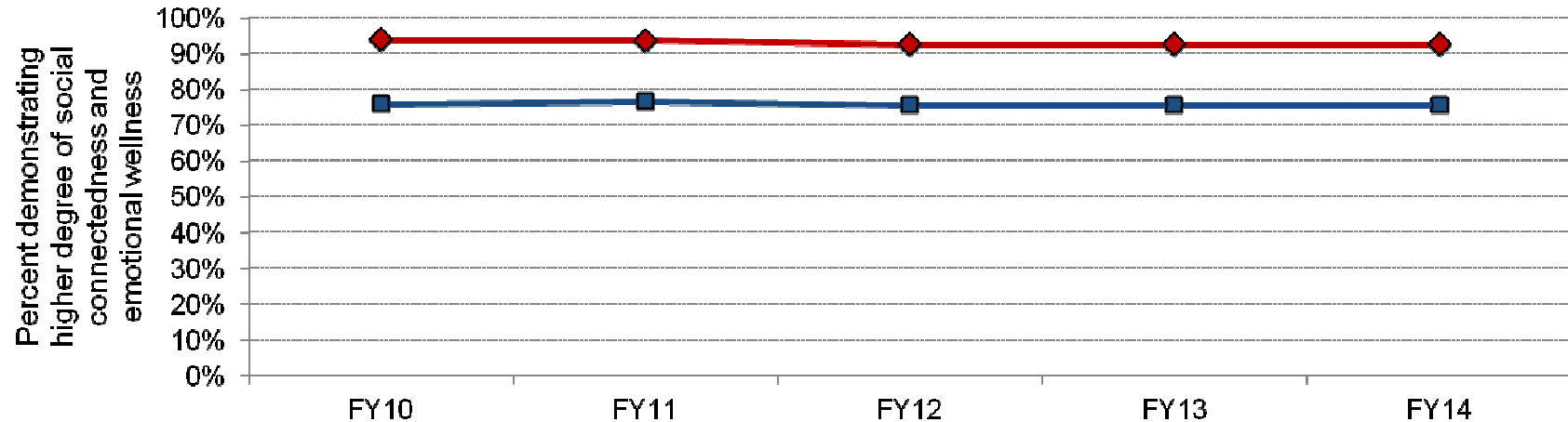
		FY10	FY11	FY12	FY13	FY14
Individuals demonstrating a higher degree of social connectedness and emotional wellness:						
Adults (Respondents)	■	75.8% (3,034)	76.5% (3,345)	76.50%	76.50%	76.50%
Children (Respondents)	◆	93.9% (2,176)	93.7% (2,379)	93.70%	93.70%	93.70%

FY11 performance was comparable to that of FY10 with a 10% increase in total number of clients surveyed.

Data from Outcome Measurement Survey (OMS) Data released by DHMH. Due to a OMS contractor change, starting in FY10 the questionnaires used for interviews were changed substantially, so comparison of results from FY09 is not possible.

Supporting Data: Sub-measures in the Construct of Social Connectedness and Emotional Wellness Composite Measure
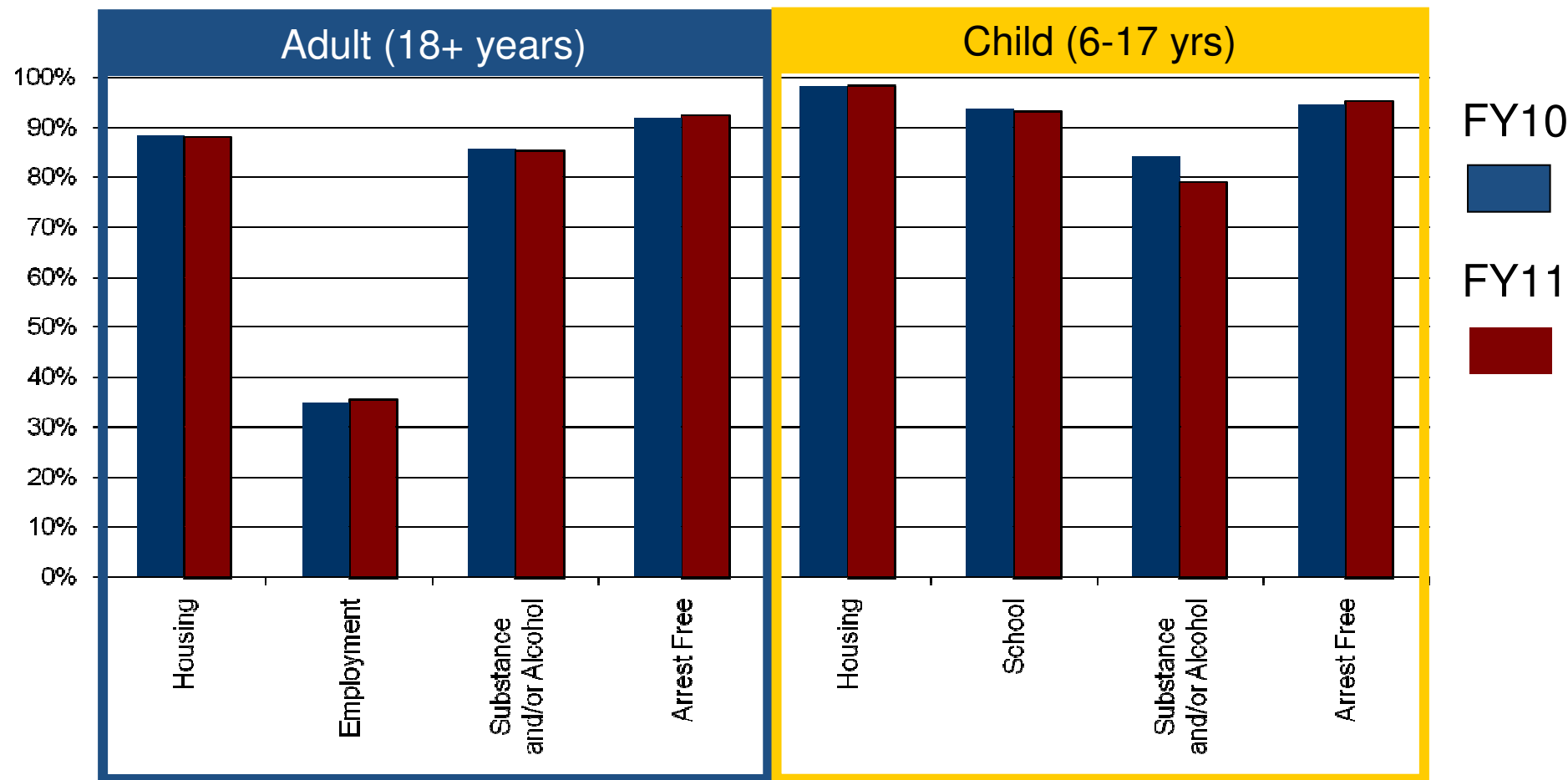
Adult employment rate remains low among consumers of behavior health services in FY11 and FY10. Child substance and/or alcohol abuse was lower in FY11 than in FY10.

Gained/Retained Housing submeasure was expanded from FY09 to include people who live in community-based housing options (Group Home/Therapeutic Group Home, Residential Rehabilitation Program, School or Dormitory, Crisis Residence, Foster Home) and better captures the recovery experience of mentally-ill County residents in the community.

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Headline Measure: Social Connectedness and Emotional Wellness

Departmental Explanation for FY11 Performance:

- FY11 performance is relatively consistent with that of FY10. DHHS expects to see relative consistency from year to year given the nature of the population served.

Departmental Explanation for FY12-FY14 Projections:

- Through FY13, projections will likely remain consistent with that of FY11. The implementation of Health Care Reform is likely to impact on this measure beginning in FY14. Because of the unknowns in Health Care Reform, DHHS is not forecasting a significant percentage change during FY14.

Customer Satisfaction and Impact of DHHS Services

- **Customer satisfaction**
- **Team-based case management**
- **Impact of DHHS services**
- **Contract management**

Headline Measure: HHS Customer satisfaction (1 of 2)

Headline Measure: Weighted percent of customers satisfied with the DHHS services they receive from DHHS staff

Submeasure: Weighted percent of DHHS customers satisfied with the language assistance (including sign language) they received when contacting DHHS

Measures	FY10	FY11	FY12	FY13	FY14
Customer Satisfaction	93.7%	95.4%	94.5%	94.5%	95%
Language Assistance	N/A	96.7%*	97%	97%	97%

In FY11, staff encountered LEP clients over 46,500 times and used over 9,000 telephonic interpretations, 353 per diem interpretations, over 3,700 vendor-provided medical interpretations, and 41 translations.

Submeasure result is not statistically reliable for this year. Efforts will be made to clarify survey questions.
Note: Drilldown into surveyed programs is in the appendix of this presentation.

Supporting Data : HHS Customer Satisfaction (2 of 2)

Headline Measure: Weighted percent of customers satisfied with the DHHS services they receive from DHHS staff

Results by Question	FY10 Agree or Strongly Agree	FY11 Agree or Strongly Agree
My needs were addressed.	87.4%	91.9%
I was served in a timely manner.	93.0%	93.4%
I was treated politely.	97.2%	95.4%
I was treated with respect.	96.1%	95.2%
Overall, I was satisfied with the service I received.	93.7%	95.4%

Small declines in FY11 agreement with "I was treated politely" and "I was treated with respect."

Note: Drilldown into surveyed programs is in the appendix of this presentation.

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Headline Measure: Customer Satisfaction

Departmental Explanation for FY11 Performance:

- Despite increased need in the County and reduced financial support from the State due to budget cuts, the percentage of satisfied customers has increased.
- Drilling down, the biggest increase (87% to 92%) pertains to staff work in addressing clients' needs. This may be attributable to extraordinarily high staff commitment to their work and clients.
- Despite the hardships, improved performance in customer service remains a focus

## Departmental Explanation for FY12-FY14 Projections:

- Customers presenting with more complex needs for a range of services, anticipated strain in system capacity to respond to volume and depth of need, and a weakened infrastructure that continue to challenge DHHS ability to respond to increased need causes department to project a (less than one percentage point) decrease in customer satisfaction.

Explanation of following measures of the Impact of DHHS Service

Sampling select number of cases for quality service review to measure:

1. Beneficial Impact: Impact of services on client
2. Team Based-Case Management: Integrated service delivery

ALL DHHS Client Cases

Select # of Cases

Beneficial Impact: Client Impact

Team Based-Case Management: Integrated service delivery

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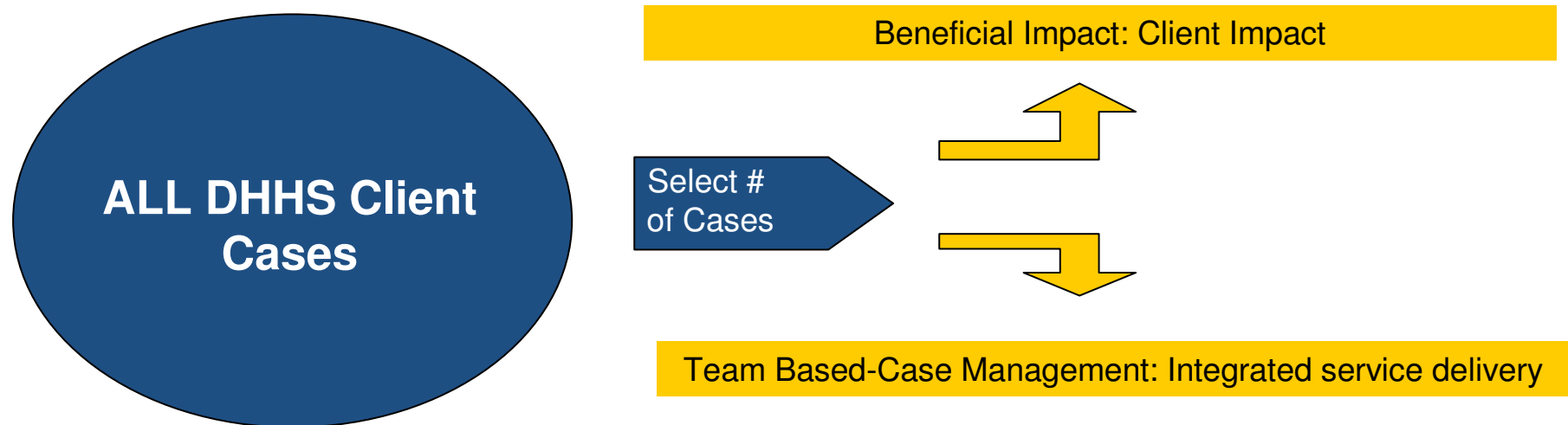
Cases which show "beneficial impact" are those that received a rating of 4-6 (on a 6 point scale), based on the consensus judgment of two reviewers after evaluating client status and system performance across 16 defined indicators (17 in FY11).

Service Area	Cases Which Show a Beneficial Impact					
	FY09	FY10	FY11	FY12	FY13	FY14
Aging and Disabilities Services	16	8	8			
Behavioral Health and Crisis Services	14	11	10			
Children, Youth and Family Services	4	9	10			
Public Health Services	4	8	8			
Special Needs Housing	6	7	8			
Total Cases Reviewed	44	43	44	48	48	48
Percent that demonstrate beneficial impact	89%	98%	98%	95%	96%	97%

Of the cases reviewed, there is consistent 98% of cases that demonstrate a beneficial impact to the client.

Sub measure of: Impact of DHHS Services

QSR Cases Rated as Beneficial

Stacked bar chart showing percent of QSR cases rated as beneficial by fiscal year:

	FY09	FY10	FY11	FY12 YTD
Substantially beneficial impact	66%	74%	64%	55%
Fairly beneficial impact	25%	23%	34%	27%
Marginally beneficial impact	9%	2%	2%	18%

Legend:
- ■ Substantially beneficial impact
- ■ Fairly beneficial impact
- ■ Marginally beneficial impact

Y-axis: Percent (0% to 100%)

Degrees of beneficial impact are determined by a rating of 4, 5, or 6 on a 6 point scale, based on the consensus judgment of two reviewers after evaluating client status and system performance across 16 defined indicators (17 in FY11).
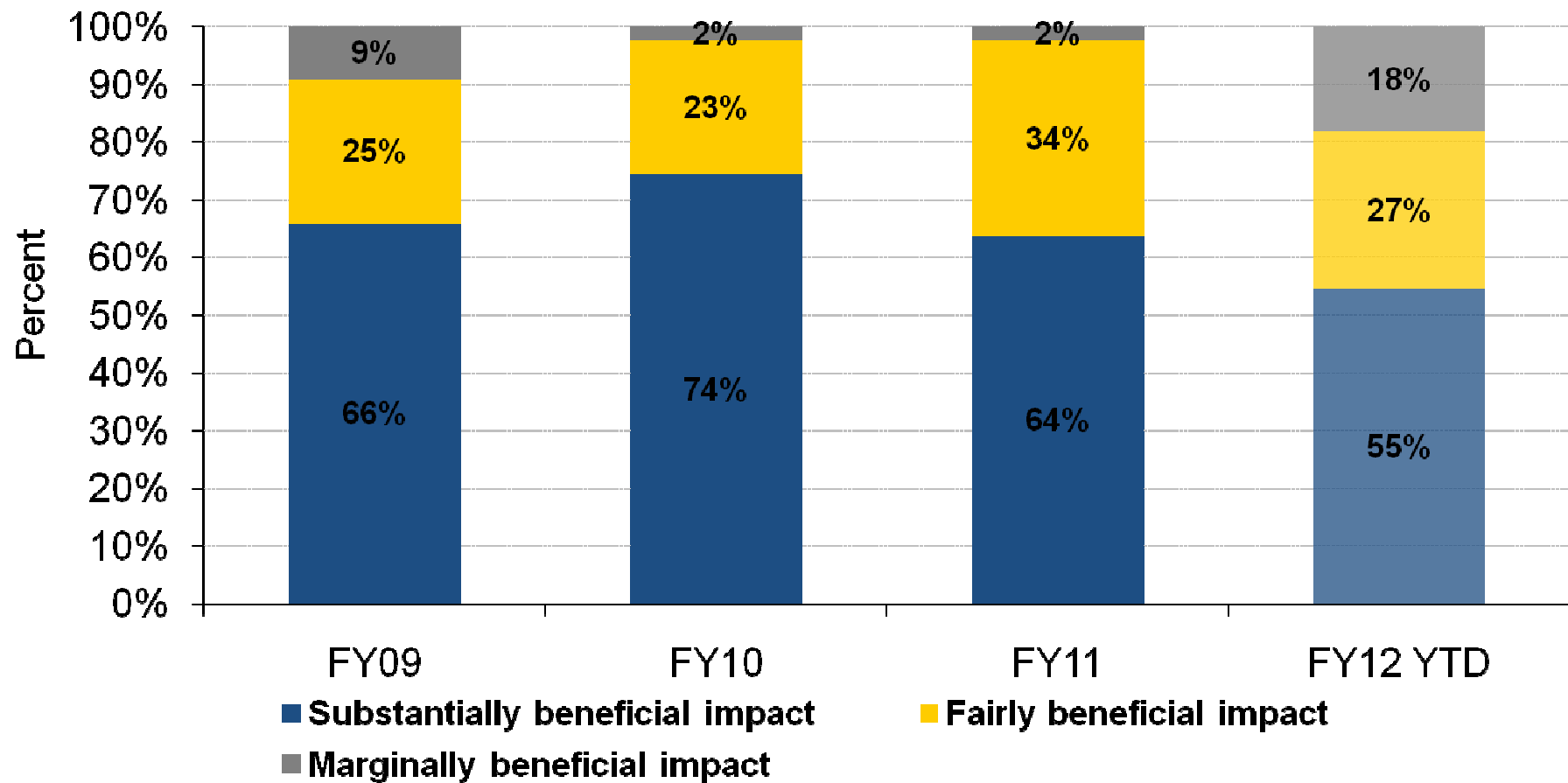
Explanation of following measures of the Impact of DHHS Service

3. Weighed composite scores based on program measures of beneficial outcomes in the domain areas of:

Improved Health and Wellness
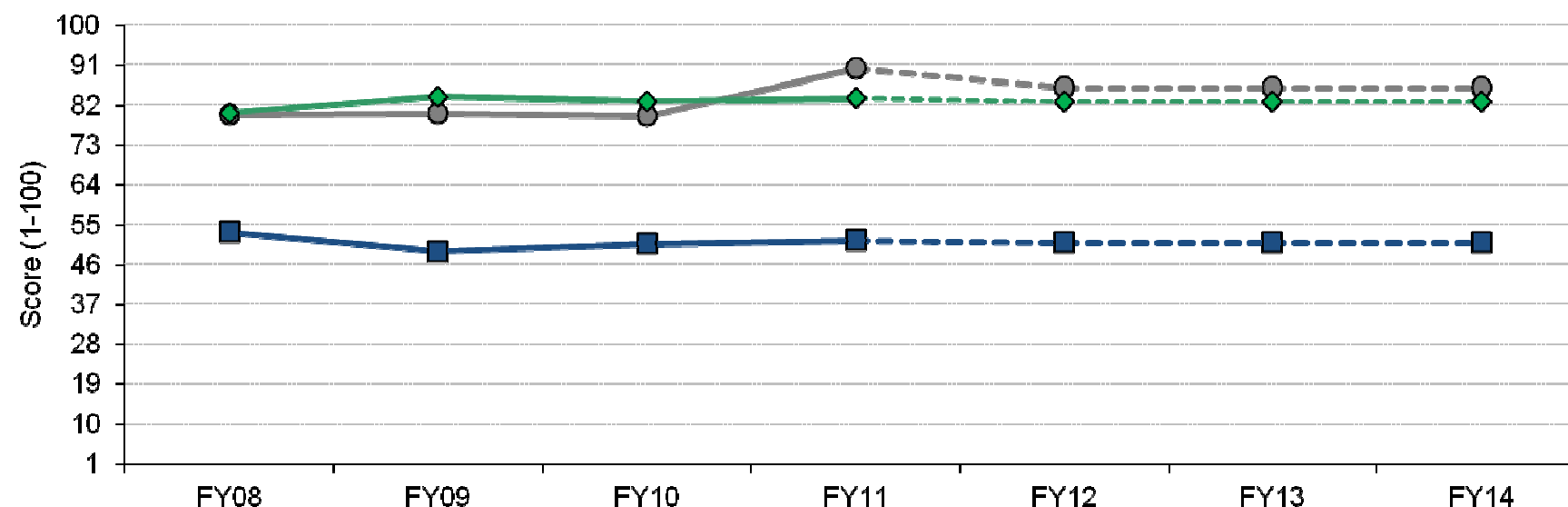Greater Independence
Risk Mitigation

Examples of Program Measure of Beneficial Outcomes									
Program Element	BENEFICIAL IMPACT OUTCOME MEASURES	FY06	FY07	FY08	FY09	FY10	FY11	Domain	# served (FY11)
Women's Health Services	% of healthy birth weight babies born to pregnant women enrolled in the Maternity Partnership Program	94	95	94	94	93	95	IH	1,950
Case Management	% of clients who avoid institutional placement after receiving case management services	N/A	N/A	92	92	95	94	GI	1,315
Behavioral Health Community Support Services	% of decrease in substance abuse for patients completing level 1 treatment	N/A	N/A	78	86	78	88.9	RM	914
Crisis Center	% of students identified by schools to be at risk who are stabilized utilizing community resources without hospital intervention.	N/A	N/A	N/A	N/A	95	94.7	GI and IH	569

Headline Measure: Impact of DHHS services (2 of 2)

> Weighted composite scores based on program measures of beneficial outcomes following receipt of services provided by DHHS staff (1-100 scale).

Domain		FY08	FY09	FY10	FY11	FY12	FY13	FY14
Improved health & wellness	■	53.4	49.1	50.8	51.6	53	53	54
Greater independence	⬤	80.0	80.2	79.7	90.2	86	86	86
Risk mitigation	◆	80.4	84	83.0	83.7	84	84	85

Programs appear to be consistent with prior year performance level, except for "Greater Independence" which increased in FY11 to a score of 90.2

Headline Measure: Beneficial Impact of Direct DHHS Services

Departmental Explanation for FY11 Performance:

- Despite reduced resources, Beneficial Impact (BI), as measured by QSR assessments, remained stable and high. However, there was a decrease (from 74% to 64%) in cases with the *highest degree* of Beneficial Impact. This resulted from reviewer re-training on conducting more rigorous assessments.
- As measured by program outcome measures, BI remained stable in two aspects and rose significantly in the third (Greater Independence). This resulted primarily from the addition into the mix of the Welcome Back Center program, which greatly increased the wages of immigrant registered nurses.

Departmental Explanation for FY12-FY14 Projections:

- The qualitative measure will show a slight decline as reviewers continue to perform more rigorous assessments.
- Systemic improvements made as a result of QSR, IT Modernization and Service Integration are expected to have a positive impact on program outcome measures. However, the expected addition of new programs into the mix causes us to project only modest increases in the two stable quantitative aspects and a slight decline in the third (Greater Independence) to a more typical level.

Headline Measure: Team-based Case Management

Effective team functioning and team formation are determined by a rating of 6, 5, or 4 on a 6 point scale, based on the consensus judgment of two reviewers after reviewing case record and conducting client and key informant interviews for clients receiving multiple services.
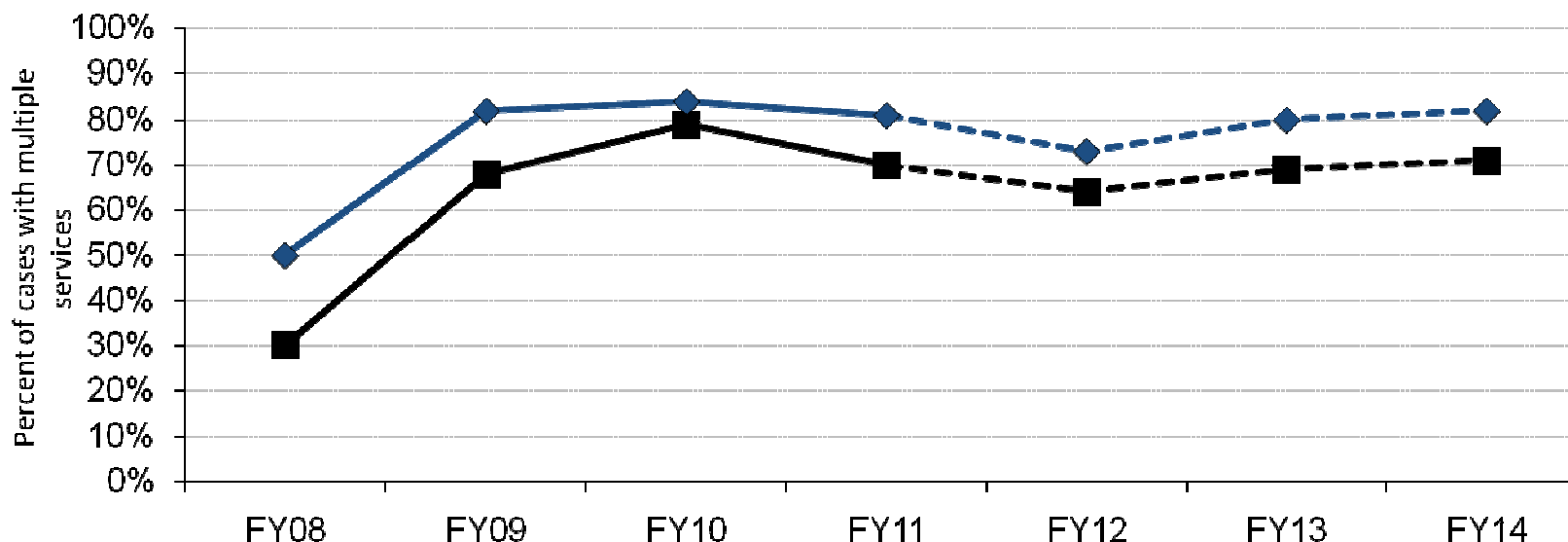
	FY08	FY09	FY10	FY11	FY12	FY13	FY14
Cases Reviewed	10*	44	43	43	48	48	48
Cases which demonstrate:							
Team Functioning ■	30%	68%	79%	70%	71%	73%	75%
Team Formation ◆	50%	82%	84%	81%	82%	83%	84%

Effective team function and team formation in FY11 have declined from FY10 levels.

*Pilot year

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Supporting Data : Team-based Case Management

Client Record System (CRS) Data of Active Cases, by Number of Services

Number of Services	Number of Clients	Number of Clients	YR to YR % Change
	FY10	FY11	FY11
1	45,530	53,295	17%
2	12,653	14,658	16%
3	6,283	6,911	10%
4	3,152	3,656	16%
5	1,372	1,676	22%
6	564	761	35%
7	235	333	42%
8	81	120	48%
9 or more	51	93	82%
Total	69,921	81,503	17%

- Data in this table represent only those clients entered into the DHHS Client Record System (the largest of several DHHS databases). It does not necessarily include client data entered in mandatory state or federal systems.

- DHHS estimates that there are active records in other databases totaling approximately 40,000. An additional 25,000 students are served through school health services.

- The actual total number of individuals receiving services (single or multiple) is unknown due to the lack of interoperable databases.

DHHS served over 81,000 clients on an unduplicated basis. Over one-third of those clients in CRS receive more than one service from the department. There was a 17% increase in number of clients served whom are recorded in this Client Record System. This does not necessarily reflective total HHS clients volume.

Headline Measure: Team-Based Case Management

Departmental Explanation for FY11 Performance:

- By design, more complex and difficult cases were reviewed in FY11.

- These qualitative measures showed declines due in part to the targeted sampling methodology (see previous bullet) and also in part to rater "refresher" training in mid-FY11 on the need for greater rigor in scoring.

Departmental Explanation for FY12-FY14 Projections:

- As more complex cases are moved into the integrated case practice model involving facilitated team meetings, goal setting, and case planning and action with caseworkers and clients, team collaboration and effectiveness is expected to improve.
- Attainment of FY10 levels is projected for Team Formation, and improvements approaching FY10 levels for Team Functioning.

Headline Measure: Contracted Services Performance Measurement

Percent of current contracts derived from Requests for Proposals (RFPs) that contain performance measures related to beneficial impact and customer satisfaction
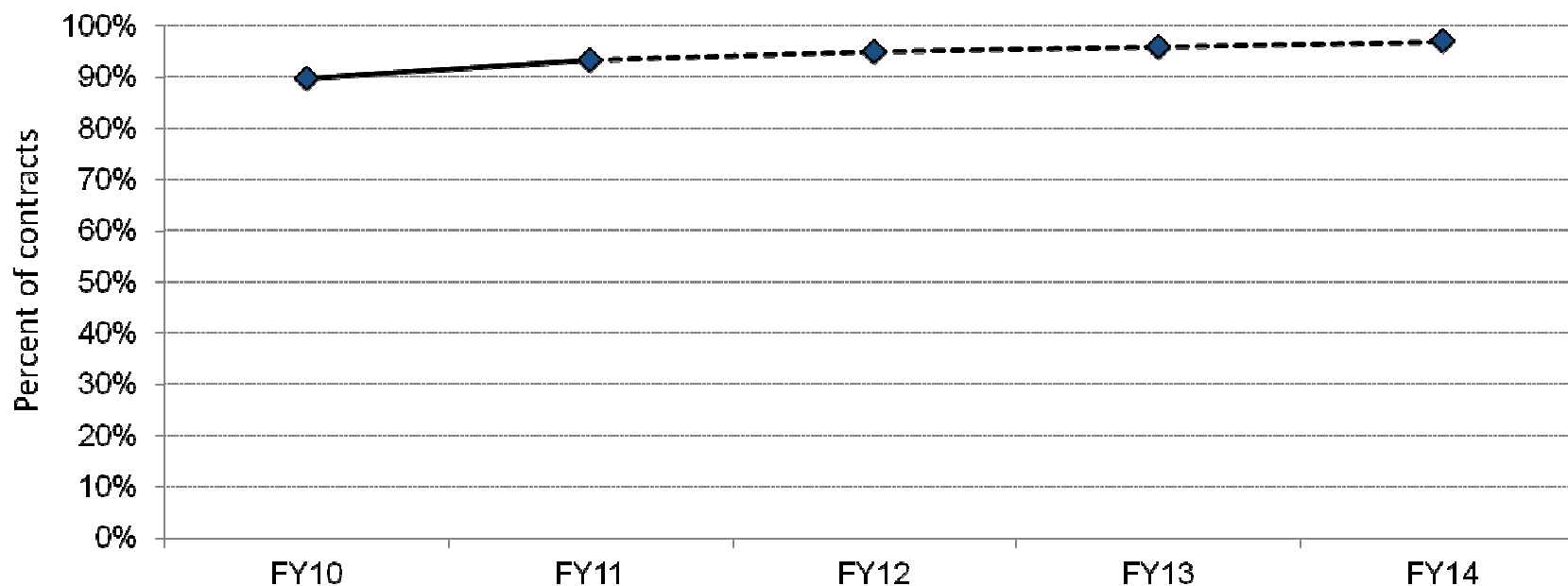
FY10	FY11*	FY12	FY13	FY14
89.9%	93.3%	95%	96%	97%

The long-term plan is for 100% of contracts to include performance measures related to beneficial impact and customer satisfaction.

*FY11 result is 98/105

Headline Measure: Contracted Services

Departmental Explanation for FY11 Performance:

- Beginning with FY10, all new RFPs for direct services require performance measures including beneficial impact and customer service. In this second year of the requirement, the Department advanced toward the 100% goal. Contributing data reflects contract status at a point in time, June 30, 2011. The universe of contracts fluctuates throughout the year as some begin and others end. FY11 Performance exceeds last year's projection by one percent.

Departmental Explanation for FY12-FY14 Projections:

- The percentage of contracts for direct services with performance measures including beneficial impact and customer service will continue grow each year as new RFPs are issued until 100% is achieved.

Supporting Data: Contract Monitoring

Training completion rates and impact of training

	FY10	FY11
Training Completion Rate (active monitors)	96.4% (81/84)	84.3% (82/98)
"My work quality will improve in efficiency, effectiveness, or accuracy by attending this class" (trainees average survey score*)	3.91	4.00

There was a decrease in training completion rates from FY10 to FY11.

*Survey used 5-point scale – Agree:5, Disagree:1

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Headline Measure: Contract Monitoring

Departmental Explanation for FY11 Performance:

- Contract monitor turnover accounts for the dip In FY11, although more monitors attended training in FY11 than in FY10.
- Some monitors left their position before having the opportunity to attend training, and some began their monitoring duties after the final training was offered.

Departmental Explanation for FY12-FY14 Projections:

- The Department is proposing to eliminate this measure for FY12.
- The result is not a valid enough reflection of the strength of our fiscal monitoring component because monitors change so frequently.
- Also, particular training modules are not necessarily offered every fiscal year, thus limiting the opportunity for monitors to complete relevant training in a given fiscal year.

Department of Health and Human Services: Mapping Programs to Headline Measures

Medical assistance applications	Vulnerable populations have primary care	New cases of Chlamydia	TB Clients scheduled to complete treatment regimen	"Full readiness" upon entering kindergarten	Offenders diverted to education and treatment	Senior adults avoiding institutional placement
						ADS
					BHCS	
PHS	PHS	PHS	PHS			
				CYFS		

Aging and Disability Services (ADS)	Behavioral Health and Crisis Services (BHCS)	Public Health Services (PHS)	Children, Youth, and Family Services (CYFS)	Special Needs Housing (Housing)	Administration and Support (Admin)

Department of Health and Human Services: Mapping Programs to Headline Measures

Households remaining housed	Job retention rate and earnings gain rate	Higher degree of social connectedness and emotional wellness	DHHS customers satisfied	Effective teamwork is documented	Client demonstrates beneficial impact	Contracts contain performance measures
			ADS	ADS	ADS	
		BHCS	BHCS	BHCS	BHCS	
			PHS	PHS	PHS	
	CYFS		CYFS	CYFS	CYFS	
Housing			Housing	Housing	Housing	
						Admin

Aging and Disability Services (ADS)	Behavioral Health and Crisis Services (BHCS)	Public Health Services (PHS)	Children, Youth, and Family Services (CYFS)	Special Needs Housing (Housing)	Administration and Support (Admin)

Wrap-up

- **Items for follow-up**