



Utah Department of Human Services

Outcomes Report

Results Oriented Information

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Utah!
Where ideas connect

INTRODUCTION

Purpose

The outcomes effort of the Department of Human Services is critical to the Department's ability to answer the following questions:

- Does the Department make a difference in the lives of those it serves, in the communities in which it operates, and as an organization?
- Is the Department operating as efficiently and effectively as possible?

This report focuses primarily on the first question; however, Department agencies are reporting data annually to answer both of these questions. Department agencies are held accountable for their performance on these measures and will use the information to make resource and programmatic decisions.

Process

The Department of Human Services has produced this report for the past eight years to highlight the results of Department efforts. In FY2000, the Department revised the process for determining which measures to report and the process for collecting and reporting these data based on feedback from its agencies. For the FY2000 report, each agency within the Department was asked to identify the data elements they use 1) for decision-making and 2) to determine whether their agency is effective. Discussions were held with groups from each agency, including the agency's director and research staff. The measures were then revised, and a number were selected for this report. This process ensured that the measures provided in the FY2000 report were meaningful to the respective agencies as well as to the overall Department. Since then, agencies have been refining, adding, or deleting measures to ensure the data reflect the agencies' goals and operations.

At the Department level, staff have been working with agencies to establish a common language regarding the information we collect. We use the following definitions:

Outcome (or result): a condition of well-being for those we serve.

Indicator: A measure that helps quantify the achievement of a result.

Performance Measure: A measure of how well an agency or program service delivery is working.

In previous years, the Department reported indicators and performance measures associated with broad goals but had not identified Department-wide outcomes. The Department has identified the following outcomes:

- Children, Adults and Families are Safe from Further Abuse.
- Children, Adults and Families live in Safe, Supportive Communities.
- Children and Adult Consumers Have Stable Living Arrangements that Provide Long-Term Nurturing Relationships.
- Consumer Independence/Self-Sufficiency is Maximized.

- Consumer Quality of Life is Improved.
- The Department Maintains Public Trust.
- The Department Delivers Quality Services.

All measures reported in this report help demonstrate the Department's progress toward these outcomes.

Description

This report is organized by Department outcome. The measures are displayed on a single page, which includes a graphic showing the data trends, a definition of the measure, an analysis of the data, and the future actions the agency plans to take based on the data.

In general, more than one agency provides services to support each outcome. However, because of the variations in services provided by each agency, not every outcome is applicable to every agency. For this reason, not every agency reports data for every outcome.

The introduction page to each section will show whether the measures were provided in previous reports or whether they are new measures.

Future Actions

The Department of Human Services and its agencies consider this effort a "work in progress." The Department and its agencies will continue to refine the measures over time to ensure they remain meaningful. In addition, a number of agencies identified measures they would like to report but do not currently have a data source. As new data sources become available and agency priorities shift, measures may be added.

The Department is committed to collecting, analyzing, and using performance data to determine whether the Department's efforts to serve its clients are effective. Any comments or suggestions to this report are welcomed by Robin Arnold-Williams, the Department Executive Director, at (801) 538-4001, or E-mail dirdhs@utah.gov. This report is also available on the Department of Human Services Web Site at www.dhs.utah.gov.

ACKNOWLEDGEMENTS

As with most Department projects, this Outcomes Report involved the efforts of many people. The following people in the Department of Human Services Data Group and agency directors have been particularly diligent in ensuring the final product is accurate and readable:

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Office of Human Resources (OHR)

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Data Contact: Patty Young

Office of Recovery Services (ORS)

Director: Emma Chacon
Data Contact: Mike Tazelaar

Office of Child Protection Ombudsman (OCPO)

Director: Craig Monson
Data Contact: Carol Cook

Office of Services Review (OSR)

Director: Craig Monson
Data Contact: Ray Winger

A special thank you to all those names above and to all Department staff that contribute to the delivery of services highlighted in this report. We would also like to thank Jody Talbot and Tina Braby for their technical assistance in creating this report.

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TREND FROM PREVIOUS YEAR



Indicator Improved from Previous Year























Indicator Declined from Previous Year
















Indicator Same as Previous Year

OUTCOMES	Change from FY03
Outcome: Children, Adults and Families are Safe from Future Abuse	
Victims with Prior In-Home or Foster Care Cases (DCFS)	
Children Entering Custody with Prior Out-of-Home Care within 6, 12, 18 Months (DCFS)	
Substantiated Adult Protective Services Referrals Receiving a Second Referral. (DAAS)	
Domestic Violence Clients Served (DCFS)	
Outcome: Children, Adults and Families Live in Safe, Supportive Communities	
Average Number of Arrests from Admission to Discharge for Substance Abuse Clients. (DSAMH)	
Youth Clients With Reduced Number Of Offenses within 12 Month Period. (DJJS)	
AWOLs from the Juvenile Justice Services System. (DJJS)	
Outcome: Child and Adult Consumers have Stable Living Arrangements that Provide Long-Term, Nurturing Relationships	
Children Achieving Permanency within 12 Months Of Entering Custody. (DCFS)	
Length Of Time A Child Spends in Foster Care Prior to Adoption. (DCFS)	
Placements per Service Episode for Youth in Foster Care. (DCFS)	
Placements per Youth in Juvenile Justice Services. (DJJS)	
Children with Disabilities Receiving Services who Live at Home. (DSPD)	
Outcome: Consumer Independence/Self-Sufficiency is Maximized	
Eligible Adults Receiving Services from the Alternatives, Waiver, and Respite Programs. (DAAS)	
Percentage of Current Child Support Paid on Current Child Support Orders. (ORS)	

OUTCOMES (cont.)	Change from FY03
Total Child Support Paid to Parents. (ORS)	
Clients Employed at Discharge. (DSAMH)	
Adults Participating in Integrated Community Employment. (DSPD)	
Educational Status of Youth (18 and over) who Exited Care. (DCFS)	
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Outcome: Consumer Quality of Life is Improved	
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Adult Clients Saying Services Help Them Deal More Effectively with Daily Problems. (DSAMH)	
Outcome: Department Maintains Public Trust	
Total Medicaid Collections. (ORS)	
Total Medicaid Cost Avoidance. (ORS)	
Percent of Child Support Cases Paying on Arrears. (ORS)	
Outcome: Department Delivers Quality Services	
▶ Adherence to Preferred / Best Practices	
Provider Agencies Meeting Criteria for Successful Results on First Review. (DSPD)	
Qualitative Case Reviews Passing the Overall Scores. (OSR)	
Indicators Reaching Goal in the Case Process Review. (OSR)	
Mental Health Services Consistent with Preferred Practice Guidelines. (DSAMH)	

	Indicator Improved from Previous Year
	Indicator Declined from Previous Year
	Indicator Same as Previous Year

OUTCOMES (cont.)	Change from FY03
▶ Consumer Satisfaction	
Clients Feeling they are Included in Decisions about Services. (DSAMH)	
Valid complaints to the Office of Child Protection Ombudsman. (OCPO)	
Percent of DCFS Cases in the Qualitative Case Review that Scored Acceptably on the Overall Satisfaction Indicator (OSR)	
Consumer Satisfaction Data (DSPD)	
▶ Consumer Accessibility to Services	
Utah Population Needing Services Served by the Mental Health and Substance Abuse Systems. (DSAMH)	
Adult Mental Health Clients Saying they were Able to Get Services they Needed. (DSAMH)	
Children in DCFS Custody who have Initial Health and Dental Exams within Specified Time Frames. (DCFS)	
▶ Consumer Responsibility	
Families with Children Receiving Services from DHS Paying on Current Orders. (Where Order is Established) (ORS)	
Victim Restitution Paid and Community Service Hours Completed. (DJJS)	
Substance Abuse Clients who Successfully Discharge from Treatment. (DSAMH)	
AWOLs from the Utah State Hospital. (DSAMH)	
Paternity Resolved. (ORS)	
▶ Staff Management	
Employees Leaving their Position at the State. (OHR)	

DEPARTMENT OUTCOMES

- CHILDREN, ADULTS, AND FAMILIES ARE SAFE FROM FURTHER ABUSE**

- CHILDREN, ADULTS, AND FAMILIES LIVE IN SAFE, SUPPORTIVE COMMUNITIES**

- CHILD AND ADULT CONSUMERS HAVE STABLE LIVING ARRANGEMENTS THAT PROVIDE LONG-TERM, NURTURING RELATIONSHIPS**

- CONSUMER INDEPENDENCE/SELF-SUFFICIENCY IS MAXIMIZED**

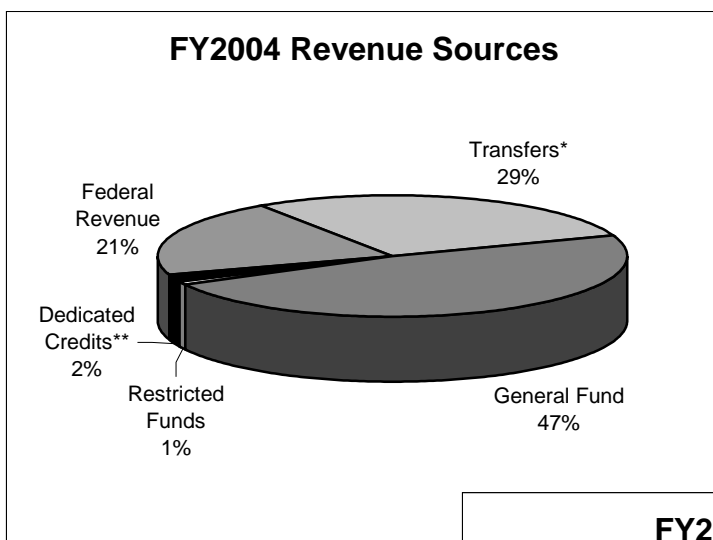
- CONSUMER QUALITY OF LIFE IS IMPROVED**

- THE DEPARTMENT MAINTAINS PUBLIC TRUST**

- THE DEPARTMENT DELIVERS QUALITY SERVICES**

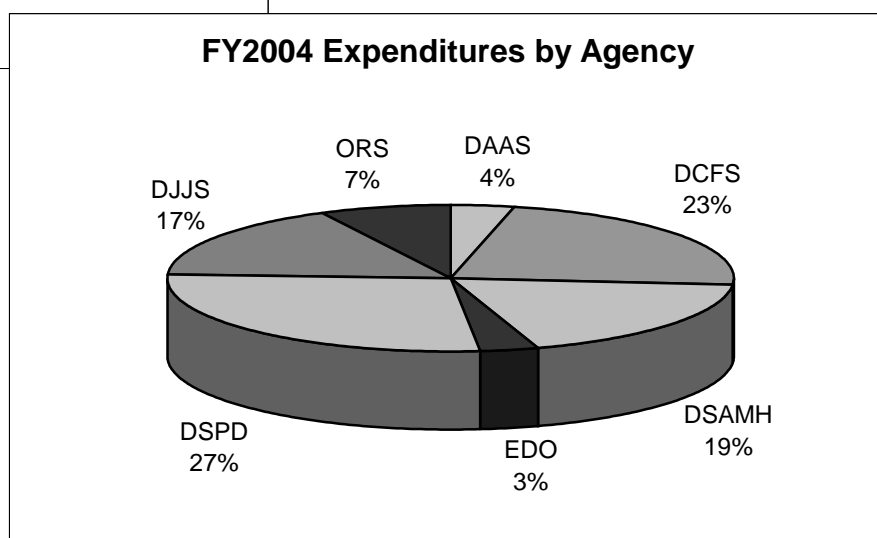
DEPARTMENT INFORMATION

The Budget



* *Transfers (mainly Medicaid from the Department of Health)*

** *Collections from fees, Medicare, Office of Recovery Services, etc.*

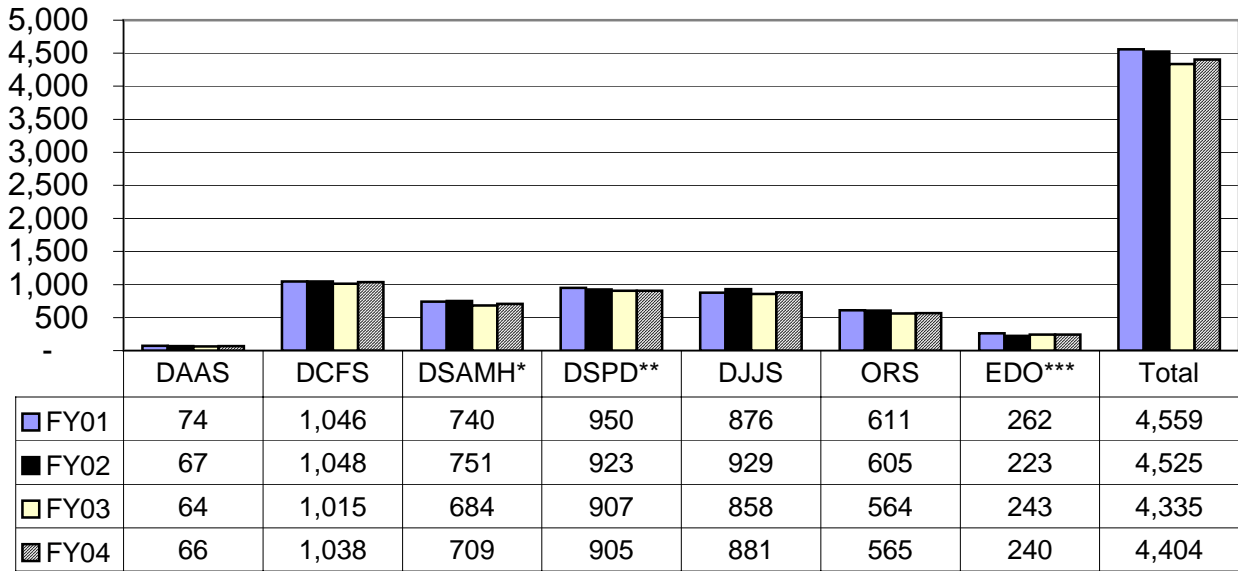


FY2004 Expenditures

Aging and Adult Services (DAAS)	\$ 20,644,000
Child and Family Services (DCFS)	\$127,707,000
Drug Court Program	\$ 1,647,000
Executive Director Operations (EDO)	\$ 18,358,000
Juvenile Justice Services (DJJS)	\$ 93,751,000
Recovery Services (ORS)	\$ 41,765,000
Services for People with Disabilities (DSPD)	\$153,193,000
Substance Abuse & Mental Health (DSAMH)	<u>\$104,096,000</u>
Total	\$561,161,000

The Staff

**Number of DHS Employees by Division
FY01-FY04 (not including temporary employees)**

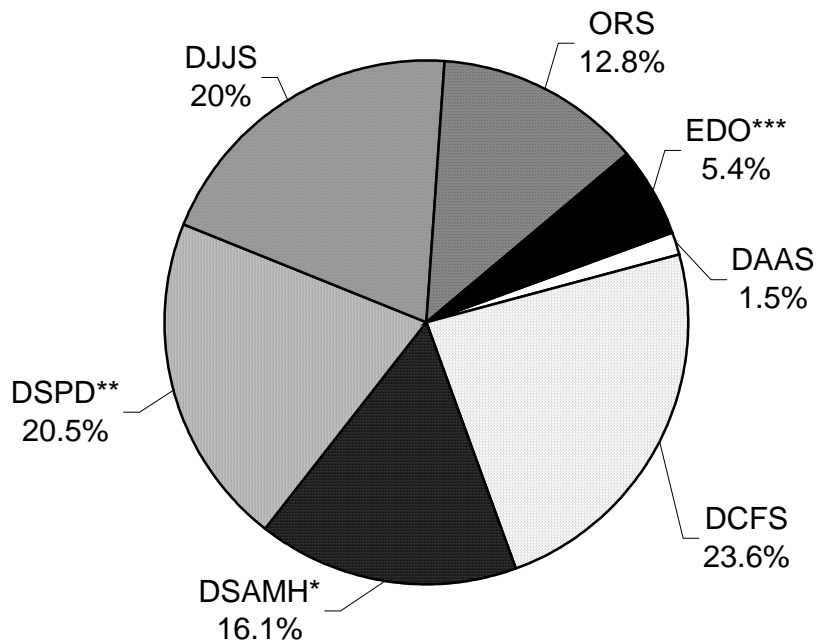


* The Divisions of Mental Health and Substance Abuse combined in FY02. Data includes the Utah State Hospital.

** Includes the State Developmental Center.

***Includes the Executive Director's Office, Office of Licensing, Administrative Support, Technology, Fiscal Operations, Human Resources, and Administrative Hearings.

**% of DHS Employees in Each Agency
(excluding temporary employees) FY04**



Clients Served by Programs

The tables below show the number of clients served by major programs within each division. The numbers are unduplicated within programs (each person served by a program is counted only once). However, for some divisions, the numbers are duplicated across programs (a person served by multiple programs would be counted once in each program). Therefore, the numbers cannot be added to determine the total number of clients served by the division. Where totals are presented, the division was able to provide an unduplicated number.

<i>Division of Child and Family Services</i>		
	<u>FY03</u>	<u>FY04</u>
<u>Total Served</u>	51,135	54,524
CPS Clients	28,475	30,717
In-Home	18,537	18,596
Foster Care *	3,677	3,758
Foster Care **	2,024	2,132
<i>* Total Served Throughout the Year</i>		
<i>** Number in Foster Care as of July 1, 2004</i>		

<i>Division of Juvenile Justice Services</i>		
	<u>FY03</u>	<u>FY04</u>
<u>Total Served</u>	8,336	8,376
<u>Average Daily Count</u>		
Secure Detention	301	306
Community Placements	756	782
Observation & Assessment	77	78
Secure Facilities	223	205

<i>Division of Services for People with Disabilities</i>		
	<u>FY03</u>	<u>FY04</u>
<u>Total Served</u>	4,129	4,139
Community Living	1,423	1,443
Day Support	1,673	1,703
Family Support	1,480	1,450
Supported Living	743	723
Supported Employment	956	876
<hr/>		
Developmental Center	231	230

<i>Division of Aging and Adult Services</i>		
	<u>FY03</u>	<u>FY04</u>
Congregate Meals	23,175	23,966
Home Delivered Meals	9,158	9,162
Alternatives Program	1,803	1,780
Waiver Program	815	825
Respite Care	501	572
Adult Protective Svcs.	2,296	2,340

<i>Division of Substance Abuse and Mental Health</i>					
<i>Substance Abuse Services</i>			<i>Mental Health Services</i>		
	<u>FY03</u>	<u>FY04</u>		<u>FY03</u>	<u>FY04</u>
<u>Total Served</u>	21,401	23,251	<u>Total Served</u>	46,059	42,709
Detoxification	2,781	2,660	Outpatient Treatment	44,410	41,303
Residential	3,027	3,388	Day Treatment	6,524	3,783
Outpatient	15,479	17,203	Residential Support	410	696
			Residential Treatment	3,395	3,180
			Inpatient Treatment	2,122	1,727
			<hr/>		
			Utah State Hospital	788	706

OUTCOMES

Outcome: Children, Adults, and Families are Safe from Further Abuse

Indicators

- Victims with Prior In-Home or Foster Care Cases (DCFS)

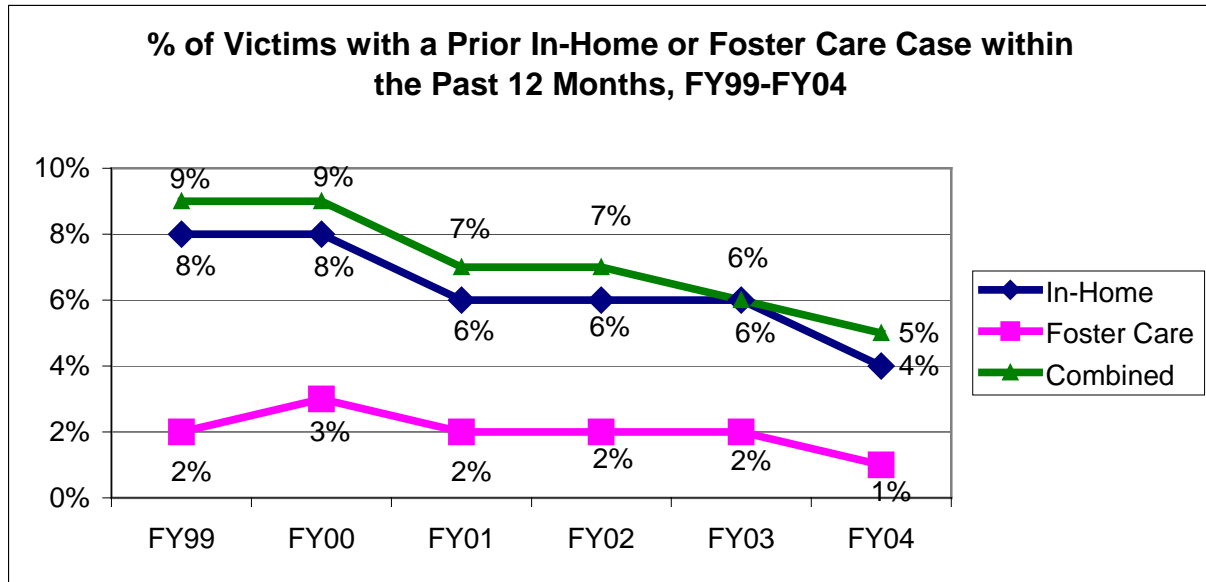
- Children Entering Custody with Prior Out-of-Home Care within 6, 12, 18 Months (DCFS)

- Substantiated Adult Protective Services Referrals Receiving a Second Referral (DAAS)

- Domestic Violence Clients Served (DCFS)

VICTIMS WITH PRIOR IN-HOME OR FOSTER CARE CASES

Source: Division of Child and Family Services



Definition: Information was gathered by obtaining data on substantiated child victims of Child Protective Services cases. The system was then queried to determine if any of these children were foster care or in-home clients within 12 months prior to the current CPS report. These data represent child clients or individual child victims.

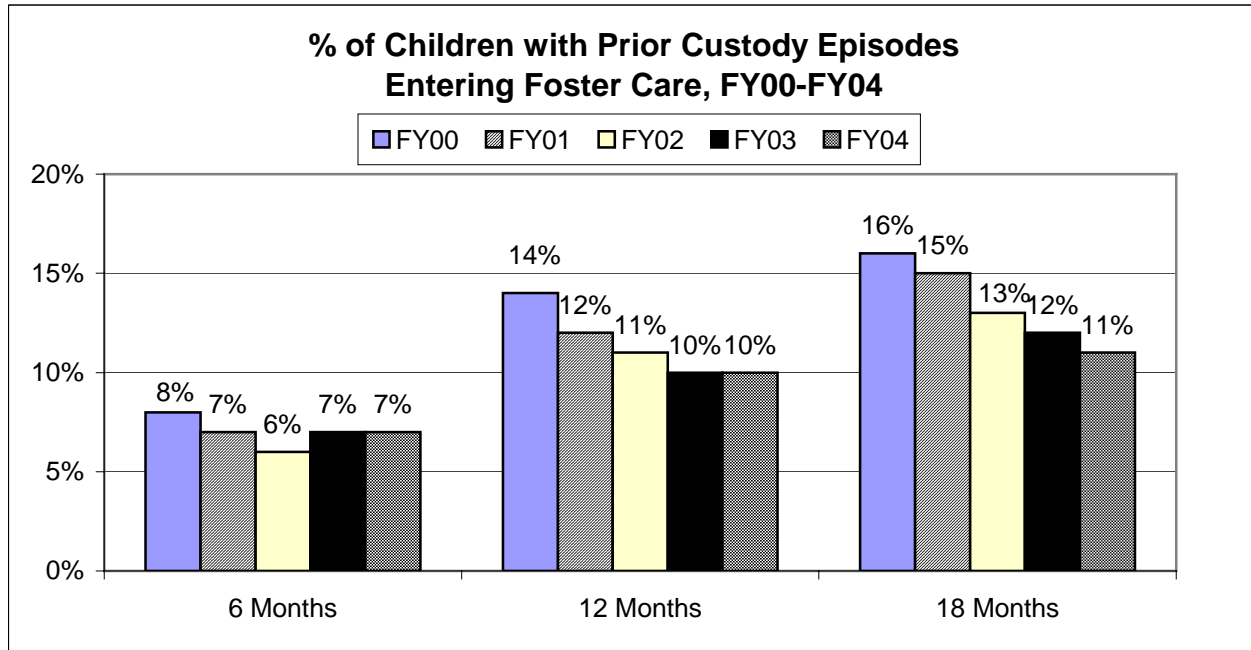
Analysis: These data measure whether families maintain their children safely in their home; whether needed services are being identified for and provided to families; and finally, the effectiveness of families at maintaining safety in the home and coping after they receive services. The figures in the chart above indicate that the percent of children receiving subsequent services from the Division

of Child and Family Services (DCFS) has continually decreased from FY99 to FY04.

Future Actions: DCFS' goal is to reduce the number of children who have additional DCFS involvement within 12 months of case closure. Practice Model training in DCFS is improving workers' abilities to team with families to develop strategies for family stability and to identify needed services and resources. It is anticipated that this training will reduce the number of children who have additional DCFS involvement within 12 months by improving service delivery. DCFS will be able to assess the effectiveness of this training by monitoring these trends over time.

CHILDREN ENTERING CUSTODY WITH PRIOR OUT-OF-HOME CARE WITHIN 6, 12, 18 MONTHS

Source: Division of Child and Family Services



Source: SAFE Database

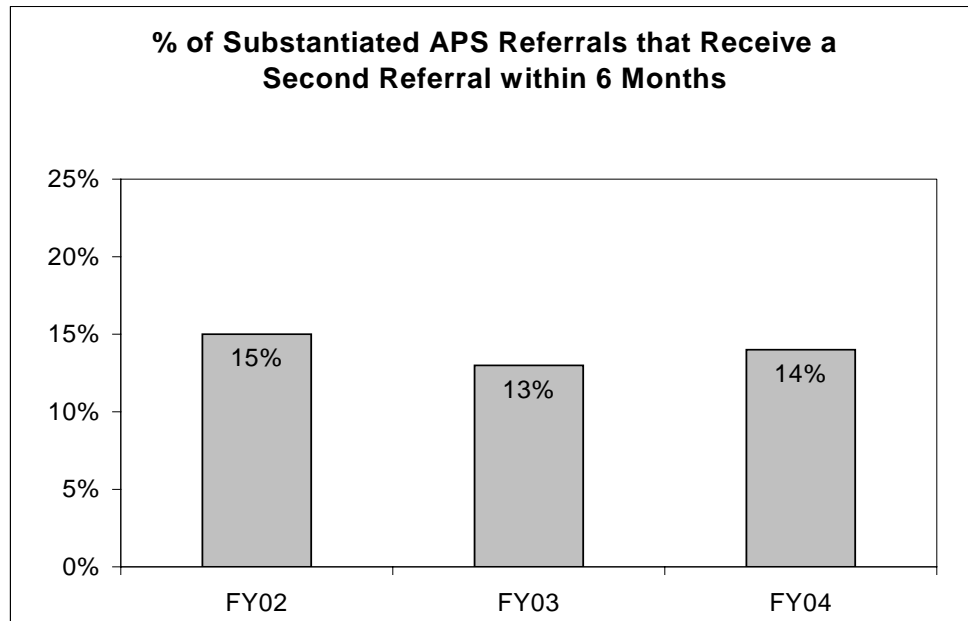
Definition: The number of children in out-of-home care who were previously in custody within 6, 12 and 18 months divided by the total number of clients in out-of-home care whose cases were opened during the indicated fiscal year.

Analysis: These data reflect the success of service delivery as well as success in selecting a permanency goal for children in Division of Child and Family Services (DCFS) custody. Re-entry rates have been declining since FY00. The percent of clients who re-entered care within 18 months of being in custody decreased by one percentage point in the past year. This indicates the Division has improved its ability to find long-term solutions for its clients.

Future Actions: DCFS' goal is to reduce the number of children who have additional DCFS involvement. Practice Model training in DCFS is improving workers' abilities to team with families to develop strategies for family stability and to identify needed services and resources. It is anticipated that this training will reduce the number of children who have additional DCFS involvement by improving service delivery.

SUBSTANTIATED ADULT PROTECTIVE SERVICES REFERRALS RECEIVING A SECOND REFERRAL

Source: Division of Aging and Adult Services



Definition: The number of substantiated Adult Protective Services (APS) referrals that receive a second referral within 6 months of the first referral.

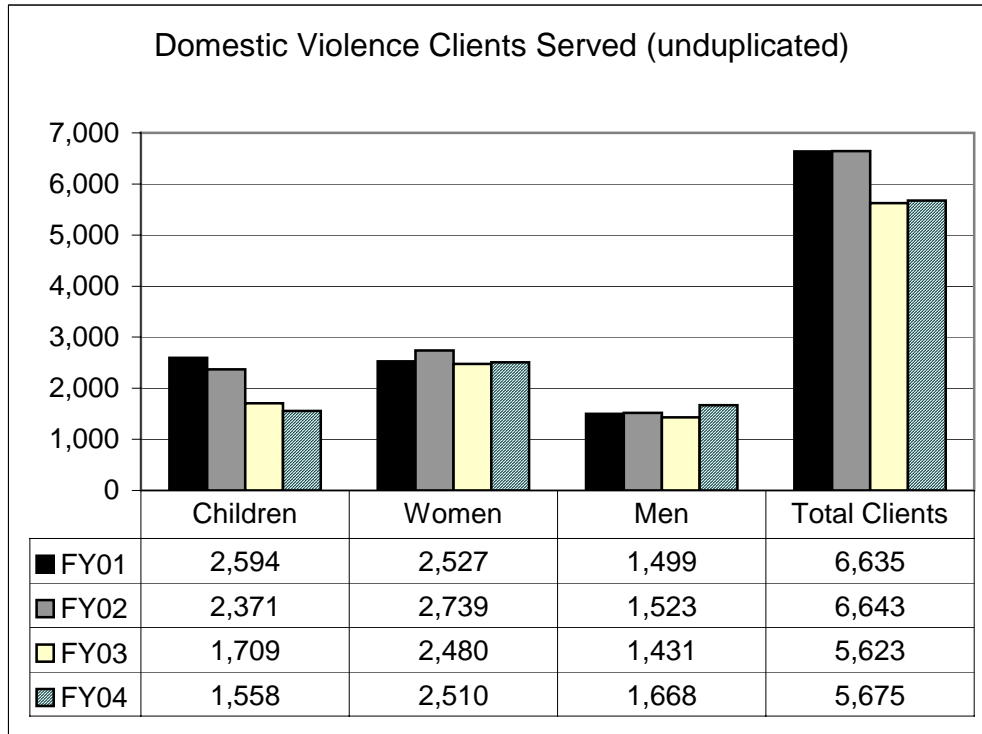
Analysis: Additional referrals on cases that have been investigated and closed may indicate that the protection plan developed in the initial investigation of abuse, neglect, or exploitation of a disabled or elderly adult did not result in long-term protection. A reduction in the percent of those with additional referrals may indicate a higher quality of protection planning with the victim.

In FY04, 14% of substantiated APS referrals received a second referral within 6 months—up 1 percentage point from FY03. APS services are voluntary (except when court ordered) and plans to protect the victim must be approved by the victim. A victim can refuse or terminate services at any time.

Future Actions: This data is within the expected range. The trend is statistically flat for the past three years so no changes in procedures are planned at this time.

DOMESTIC VIOLENCE CLIENTS SERVED

Source: Division of Child and Family Services



Definition: Data comes from forms submitted by domestic violence caseworkers and shelter and treatment providers in the community. These data are entered into the SAFE database.

Analysis: Of the 5,675 domestic violence clients in FY04, 2,331 or 41% were served in a shelter. There were 6,175 episodes of service (duplicated count of clients served) during the fiscal year. A small number of cases (28) did not identify gender. Therefore, the gender group totals do not match the total client count. There has been a decline in the reported number of children served in domestic violence. We are unsure at this time what accounts for this decline.

Future Actions: In coordination with other community partners, DCFS will continue to expand the availability of support services and safe environments for victims of domestic violence.

The Domestic Violence Incident database will be loaded into SAFE this year. This data records reported incidents of domestic violence.

Outcome: Children, Adults and Families Live in Safe, Supportive Communities

Indicators

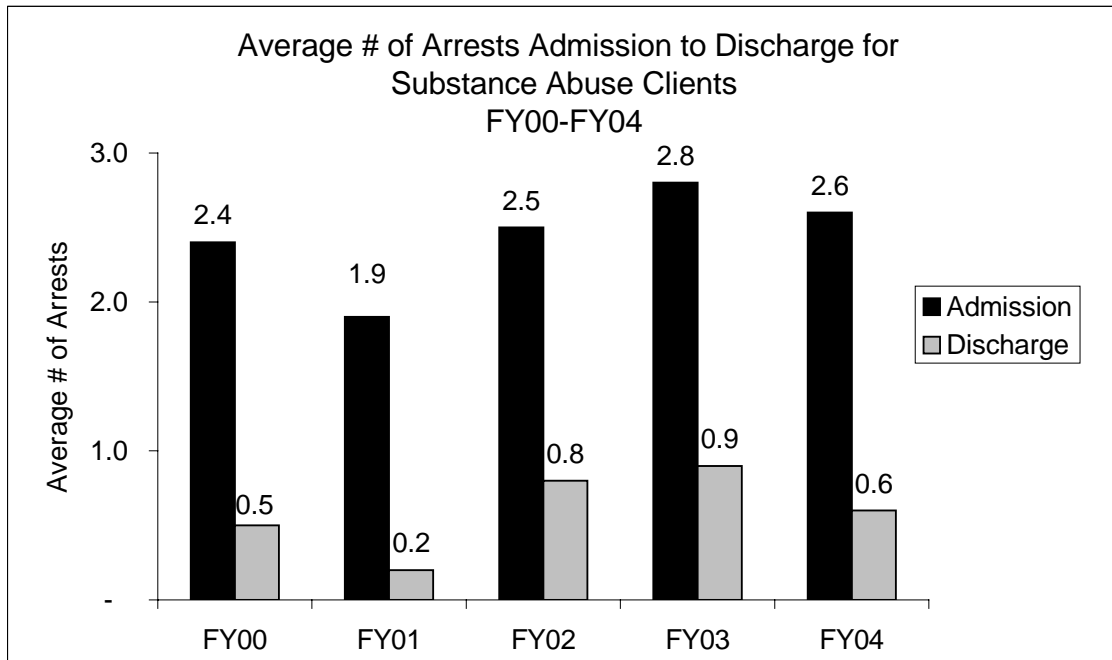
- Average Number of Arrests from Admission to Discharge (DSAMH)

- Youth Clients with Reduced Number of Offenses within 12 Month Period (DJJS)

- AWOLs from the Juvenile Justice Services System (DJJS)

AVERAGE NUMBER OF ARRESTS FROM ADMISSION TO DISCHARGE FOR SUBSTANCE ABUSE CLIENTS

Source: Division of Substance Abuse and Mental Health



Definition: Research initiated by the Utah Department of Corrections indicates that 80% of inmates, parolees, and probationers abuse drugs and/or alcohol. When offenders do not succeed in the community, statistics show substance abuse significantly contributed to their failure. For this reason, the Division closely monitors clients' involvement with the criminal justice system, including the number of times a client has been arrested in the six months prior to being admitted to treatment as well as the number of arrests that occurred between admission and discharge.

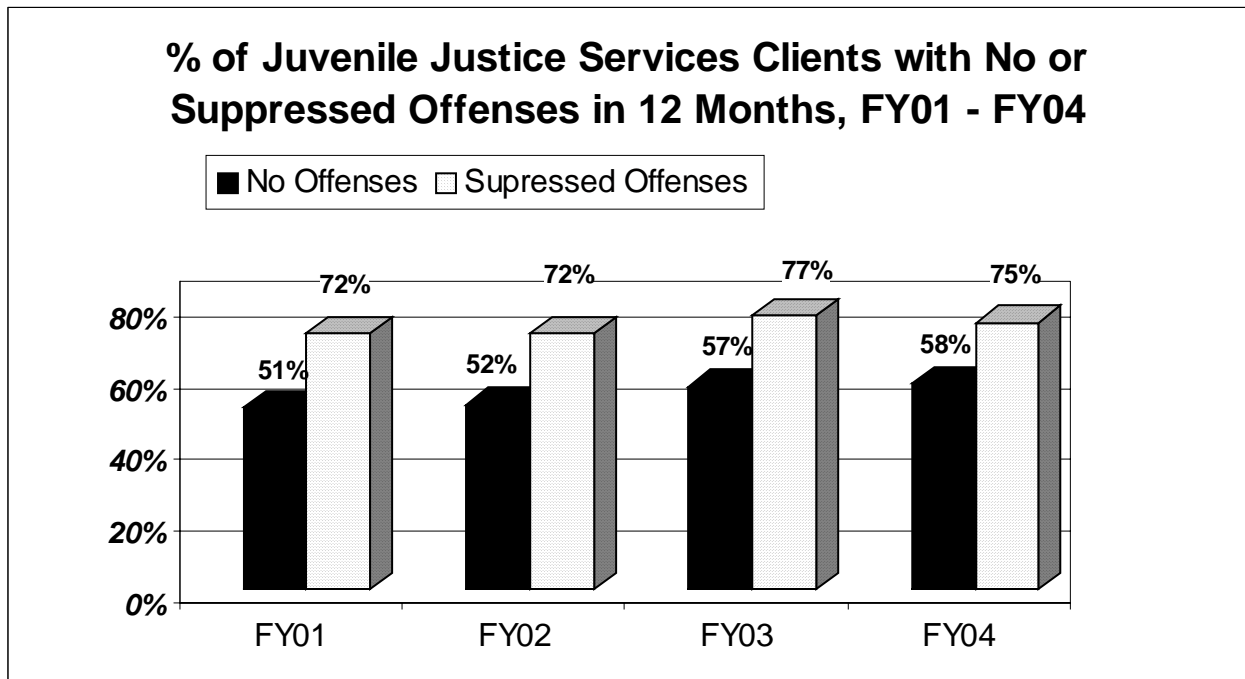
Analysis: Data collected by the Division indicates that the average number of times clients are arrested significantly decreases after they enter substance abuse treatment. During the six months prior to being admitted to treatment services, patients who had been arrested had, on average, been arrested 2.6 times. Upon assessment at discharge, we found that very few of those patients had been arrested after they entered treatment. In fact, in FY04,

the average number of crimes committed by substance abuse clients decreased by 77% between admission to treatment and discharge. This reduction is an improvement over last year. By reducing the number of times clients are arrested, not only is the Division reducing the financial costs that are associated with the arrest and possible incarceration, but it is also reducing the impact that crime has on Utah communities.

Future Actions: At the state and local levels, the Division of Substance Abuse and Mental Health and the Local Substance Abuse Authorities continue to work with law enforcement to determine which offenders are in need of treatment services and to coordinate the provision of those services.

YOUTH CLIENTS WITH REDUCED NUMBER OF OFFENSES WITHIN 12-MONTH PERIOD

Source: Division of Juvenile Justice Services



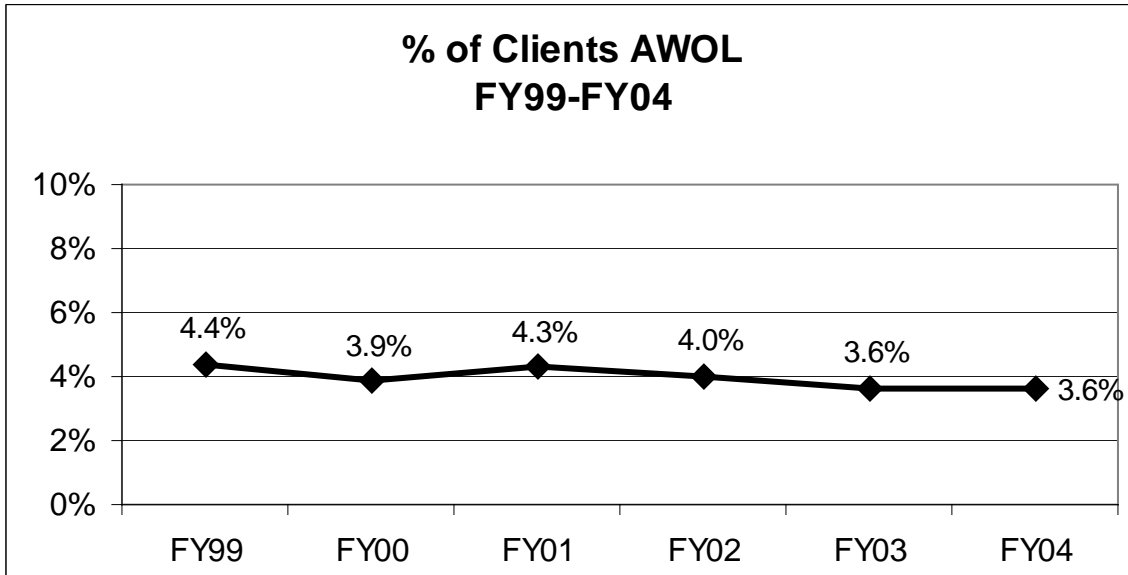
Definition: 1) **No Offenses:** The percent of youth who were in the Juvenile Justice Services system who had no new charges in the next twelve months. 2) **Suppressed Offenses:** The percent of youth who were in the Juvenile Justice Services system who were charged with suppressed (reduced number of) offenses in the next twelve months. Youth in secure facilities are not included in these figures.

Future Actions: The Division of Juvenile Justice Services and the Courts have begun a long-term project to better assess youth entering the Juvenile Justice Services system and the progress they make while in it. By better identifying the ongoing needs of youth in the system and matching them with appropriate programs, suppression should increase and recidivism should decrease.

Analysis: Decreased criminal activity is an indicator of the Division's ability to provide interventions that are effective in helping youth make positive life style choices. Over half (58%) of the individuals in the Juvenile Justice system had no additional charges within a year's time and three-quarters (75%) had fewer charges than they did in the previous year. These percentages show that the Division continues to have a positive impact on criminal activity among the youth it serves.

AWOLS FROM THE JUVENILE JUSTICE SERVICES SYSTEM

Source: Division of Juvenile Justice Services



Definition: The average daily number of Juvenile Justice Services’ clients who are absent without leave authorization divided by the average total daily number of youth in Juvenile Justice Services’ custody.

Analysis: The overall reduction in the percent of AWOLs demonstrates the Division’s ability to protect the safety of the community

and clients. The data show stability from FY99 to FY04 with a slight decrease overall.

Future Actions: Through a combination of more precise assessments and increased monitoring by case managers, the Division is working toward further reductions in the AWOL rate.

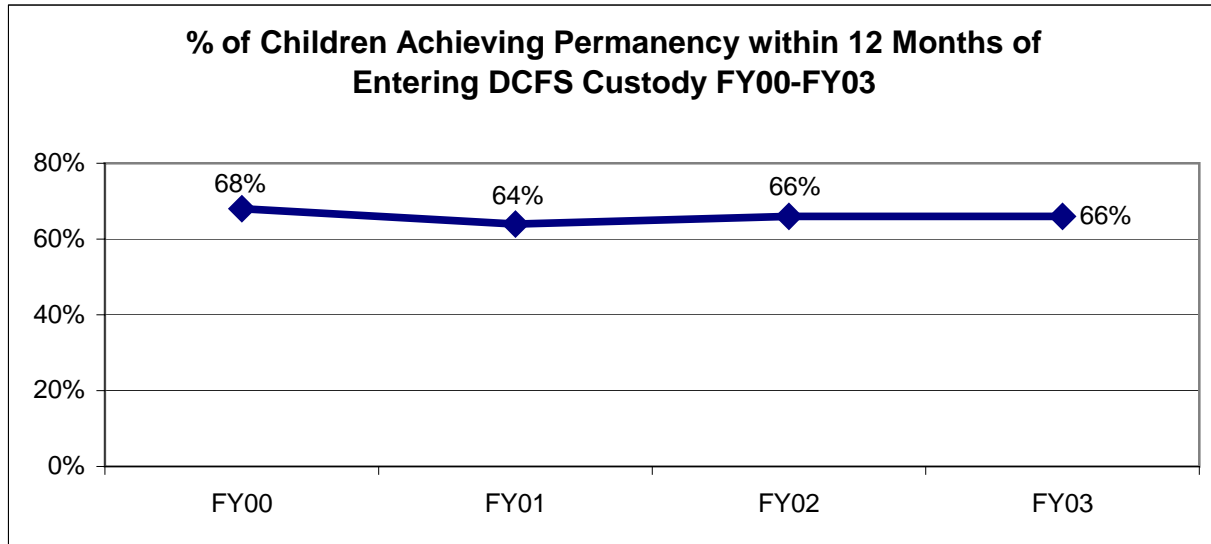
Outcome: Child and Adult Consumers have Stable Living Arrangements that Provide Long-Term, Nurturing Relationships

Indicators

- Children Achieving Permanency within 12 Months of Entering Custody (DCFS)
- Length of Time a Child Spends in Foster Care Prior to Adoption (DCFS)
- Placements per Service Episode for Youth in Foster Care (DCFS)
- Placements per Youth in Juvenile Justice Services (DJJS)
- Children with Disabilities Receiving Services who Live at Home (DSPD)

CHILDREN ACHIEVING PERMANENCY WITHIN 12 MONTHS OF ENTERING CUSTODY

Source: Division of Child and Family Services



Definition: This measure is determined by dividing the number of children who entered out-of-home care and attained permanency through custody termination within one year after entering custody by the total number of children who entered out-of-home care during that fiscal year.

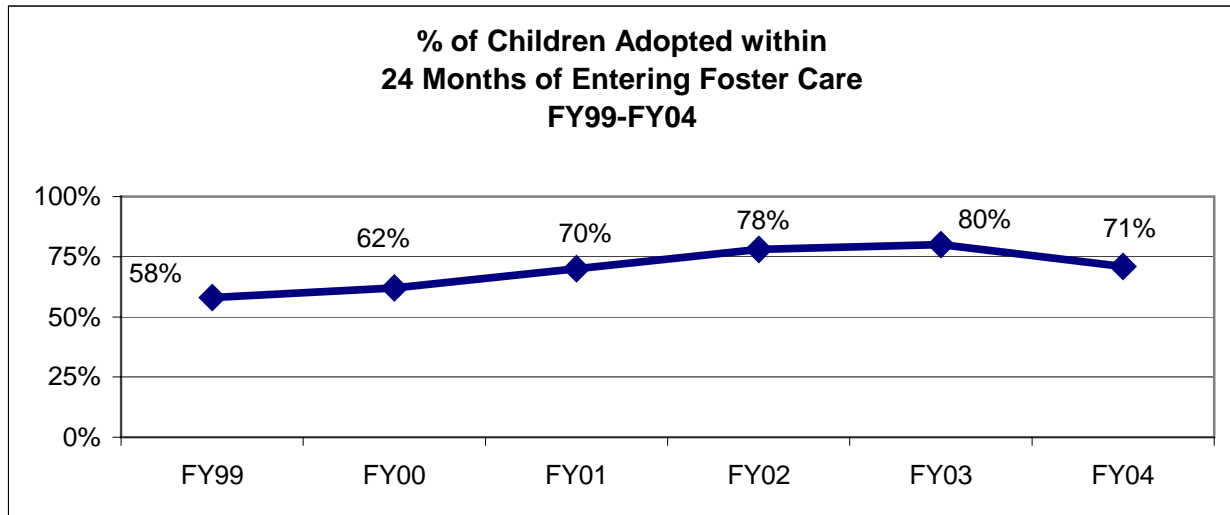
Analysis: This measure shows the Division's timeliness and effectiveness of moving children into permanency. Permanency is defined as

children who exit the system. These numbers have remained fairly constant over the past four years. Of those children who attained permanency, 83% were returned home or placed in a relative's house.

Future Actions: DCFS' goal is to ensure that children in custody attain permanency in a timely manner.

LENGTH OF TIME A CHILD SPENDS IN FOSTER CARE PRIOR TO ADOPTION

Source: Division of Child and Family Services



Definition: The number of children who exited foster care into finalized adoption within 24 months of entering foster care divided by all children who exited foster care into finalized adoption in FY04.

Analysis: 306 children were adopted from foster care in FY04. Of these, 94 (31%) were adopted within one year of entering foster care and 40% were adopted within 12-23 months of entering care. The national standard set by the Children's Bureau is 32% adopted in less than 24 months from entering foster care. Utah is well above the national standard.

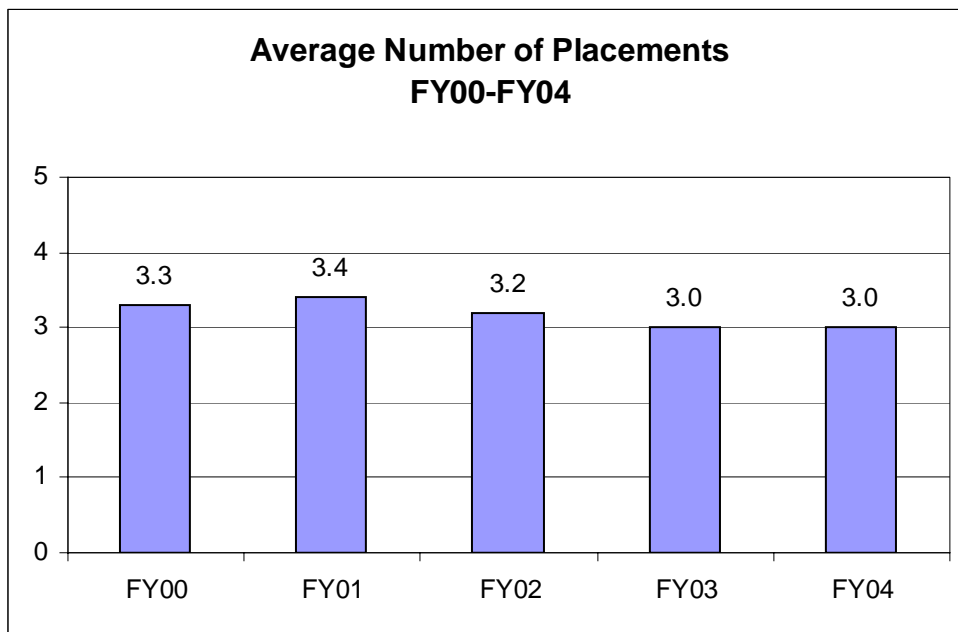
Future Actions: DCFS will continue to strive to obtain permanency as quickly as possible for the children in their care who cannot return to the prior family. When adoption is the permanency goal for children, post adoption support services become a critical factor. DCFS has post adoption clinical staff in each region of the state to help adoptive families with struggles they may encounter, and with accessing

community resources. Forty support groups are now established in all regions of Utah to provide education and family-to-family support. In-home respite care has been established. DCFS Post Adoption Specialists find more extensive respite care for families in need of such services. Adoption sensitive workshops will continue to be offered. Information about post adoption resources is published in a booklet and on a website. Quarterly newsletters also inform adoptive families about community resources, as well as educating them about adoption issues. The Adoption Exchange sponsors a lending library on adoption related topics.

DCFS will continue its efforts to assess what adoptive families need to raise their children. Individual surveys and regional focus will continue to generate input from adoptive parents and allied professionals. From these efforts, goals will be established to develop further resources or coordination of existing resources to help adoptive families in raising their children.

PLACEMENTS PER SERVICE EPISODE FOR YOUTH IN FOSTER CARE

Source: Division of Child and Family Services



Definition: A placement is defined as the physical location of a child. The average number of placements is determined by adding the total number of placements for all children and dividing by the total number of children exiting out-of-home care during the last fiscal year.

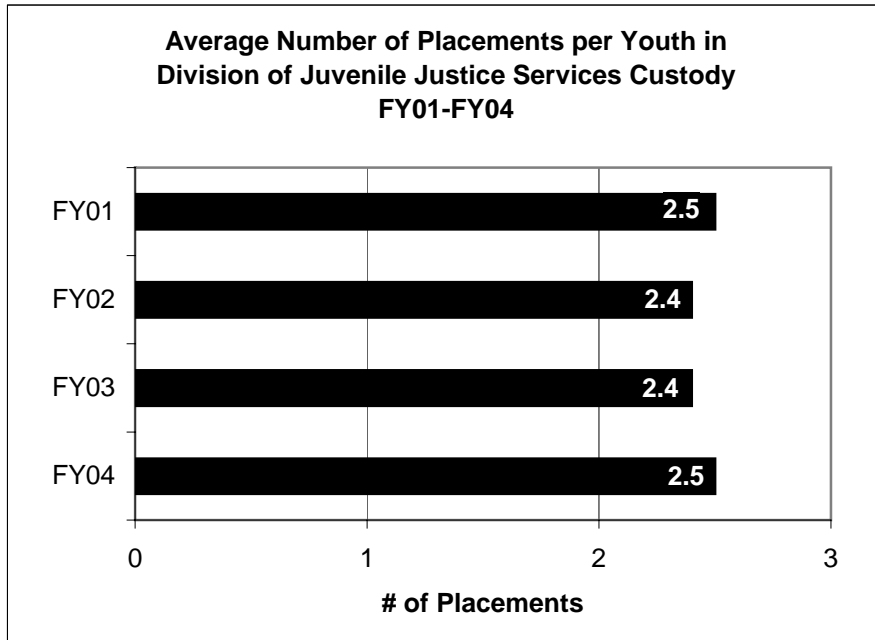
Analysis: This measure provides information about the success workers have in matching children's needs with placements, as well as whether there is an adequate inventory of neighborhood foster homes in which to place foster children. Placement changes are not always negative for a child because they may be

moving to a more appropriate placement. The data indicate that the average number of placements has remained fairly consistent over the past four years.

Future Actions: DCFS' goal is to reduce the average number of out-of-home care placements. DCFS continues to examine factors contributing to multiple placements. It is an area of focus in our federal Program Improvement Plan for the next two years.

PLACEMENTS PER YOUTH IN JUVENILE JUSTICE SERVICES

Source: Division of Juvenile Justice Services



Definition: The average number of placements per youth in Division of Juvenile Justice Services custody.

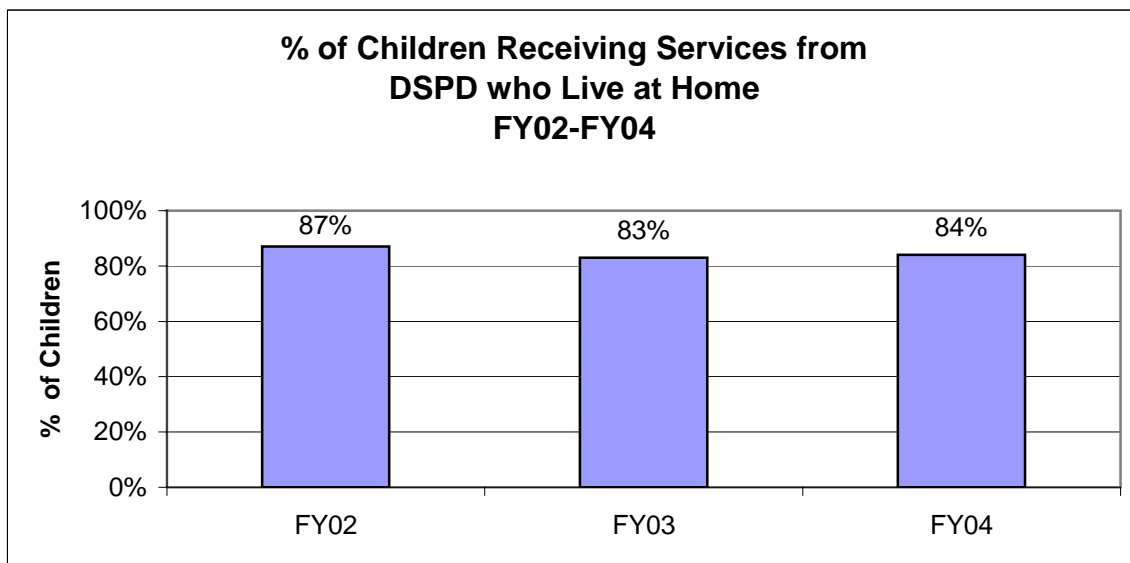
Analysis: The Division moves youths to different placements in the system to ensure they are in the most appropriate setting for their needs. Youths often enter detention and then are sent home because their issues were addressed. Other youths may be moved through the system, either to more secure facilities because they are not responding well to less secure programs, or stepping down from the more to less secure

facilities as the client is ready. Overall, excluding detention, jail, and AWOL placements, the average number of placements across the DJJS client population is 2.5. This average includes the current placement for youth in custody.

Future Actions: For youth in detention or detention alternatives, the present system of following court orders will continue. For youth in custody, case management supervisors will further refine their system of utilization review with the goal of making the best placement for each youth.

CHILDREN WITH DISABILITIES RECEIVING SERVICES WHO LIVE AT HOME

Source: Division of Services for People with Disabilities



Definition: The number of children (ages 0-17) receiving family support and respite services from the Division of Services for People with Disabilities (DSPD) divided by the total number of children receiving Division services.

Analysis: The Utah Legislature directed the Division through statute to assist children to live in the most home-like setting possible. Currently, 84% of children receive family support and/or respite services that assist the family in providing care and allow the child to remain in their home. Of those who live outside

their home, approximately three-quarters (73%) live in a home-like setting with a professional parent. These numbers indicate that the Division has been successful in providing home-like settings for the children they serve.

Future Actions: The Division will work to provide more family support services so that families can continue to share in providing services and natural supports for the long term.

Outcome: Consumer Independence / Self-Sufficiency is Maximized

Indicators

- Eligible Adults Receiving Services from the Alternatives, Waiver, and Respite Programs (DAAS)

- Percentage of Current Child Support Paid on Current Child Support Orders (ORS)

- Total Child Support Paid to Parents (ORS)

- Clients Employed at Discharge (DSAMH)

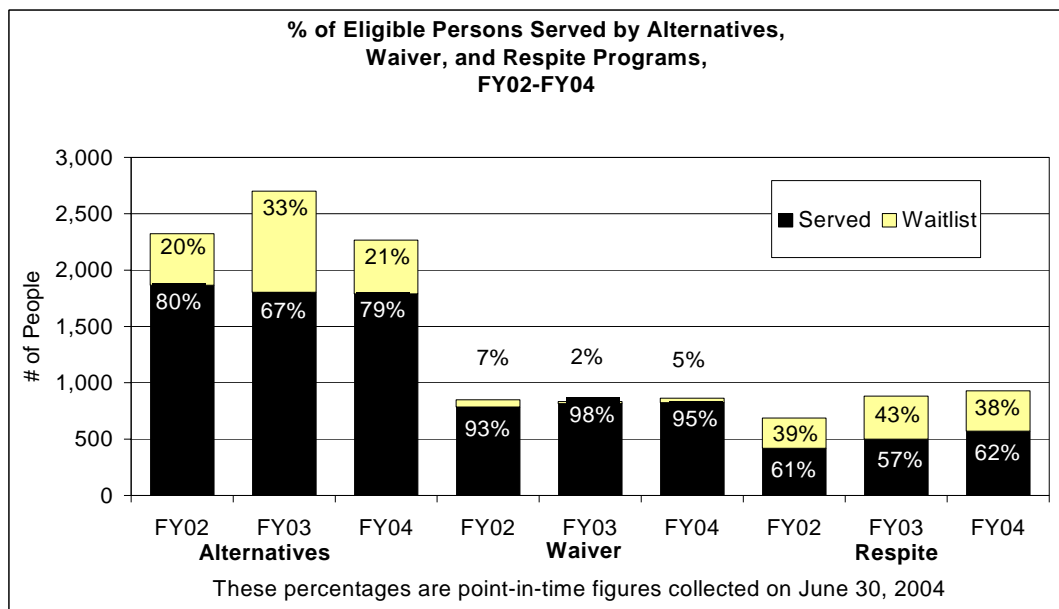
- Adults Participating in Integrated Community Employment (DSPD)

- Educational Status of Youth (18 and over) who Exited Care (DCFS)

- Clients with Improved Living Conditions (DSAMH)

ELIGIBLE ADULTS RECEIVING SERVICES FROM THE ALTERNATIVES, WAIVER, AND RESPITE PROGRAMS

Source: Division of Aging and Adult Services



Definition: The chart above demonstrates the percentage of eligible clients receiving services in three programs:

- 1) The state-funded Alternatives Program provides personal care, home health aide, skilled nursing, or other services necessary for an individual to remain home.
- 2) The Waiver Program provides home health aides, adult day care, homemakers, home-delivered meals, and other services to those who meet nursing home admission criteria and Medicaid financial eligibility criteria. This program allows an individual to remain home.
- 3) The National Family Caregiver Support Program gives the primary caregiver some respite or relief from caregiving responsibilities, which enables the caregiver to continue as the primary person performing caregiving activities.

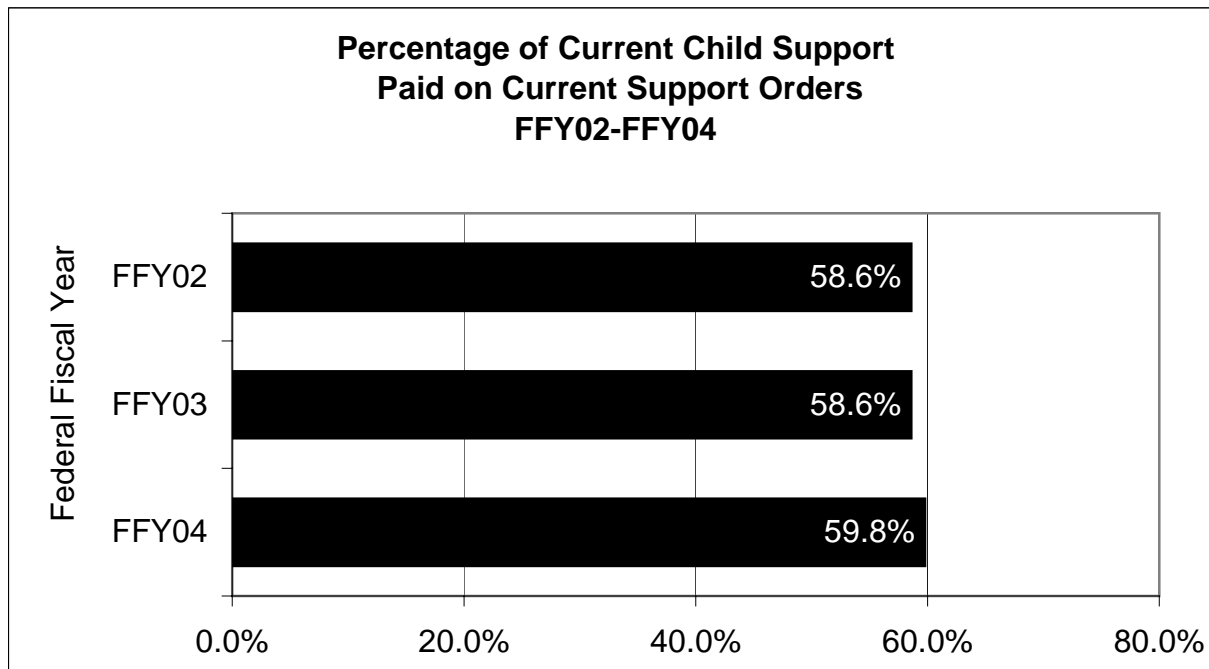
This percentage is a point-in-time figure, collected for June 30, 2004.

Analysis: The Alternatives program continues to grow with an increased percentage of individuals (79%) served. Ninety-five percent of those eligible for the Waiver program were served during FY04. The percentage of those seeking and receiving respite care increased this year, up to 62% this year.

Future Actions: The Division of Aging and Adult Services will continue efforts to provide in-home services to additional eligible clients and seek additional funds to provide rest and relief to eligible caregivers.

PERCENTAGE OF CURRENT CHILD SUPPORT PAID ON CURRENT CHILD SUPPORT ORDERS

Source: Office of Recovery Services



Definition: The percentage of current child support paid on current support owed in each Federal fiscal year. Both Child Support Services and Children in Care cases are used in the calculation. The data source is the Federal Report OCSE – 157.

Analysis: This measure demonstrates how well the Office of Recovery Services (ORS) performs in the collection of current child support. When families receive the support to which they are entitled, they are more likely to become and remain self-sufficient. This reduces the need for other Department services as well as public assistance services.

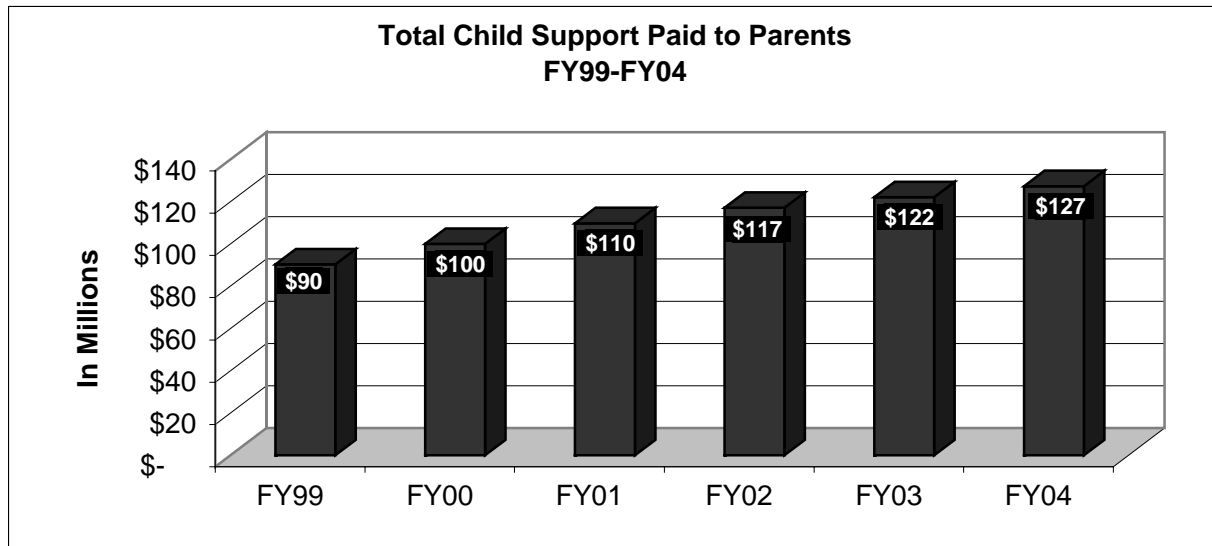
The percent of child support payments paid on current support owed shows an increase from FY03 to FY04, going from 58.6 % to 59.8 %. The National average (latest available) was 58.1% for Federal fiscal year 2003.

This improvement is due to a number of factors, which include staff efforts and clear performance targets. In addition, the availability of tools such as the New Hire Registry, Financial Institution Data Matching, and increased efficiency gained through ongoing enhancements to the ORS computer information system contributed to the increased percentage.

Future Actions: ORS will continue to provide in-depth, ongoing training for staff, as well as ensure that program policy is current and available to all staff to support their case management activities. Case management process improvement is ongoing. ORS also plans to continue ongoing enhancements to its computer system. This will allow for increased efficiency in conducting case management and accounting activities.

TOTAL CHILD SUPPORT PAID TO PARENTS

Source: Office of Recovery Services



Definition: Total amount of child support collected on behalf of, and distributed to, children and families for the State fiscal year.

Analysis: This measure demonstrates how well the Office of Recovery Services (ORS) performs in the collection of current and overdue child support. When families receive the support to which they are entitled, they are more likely to become and remain self-sufficient. This reduces the need for other Department services, as well as public assistance services.

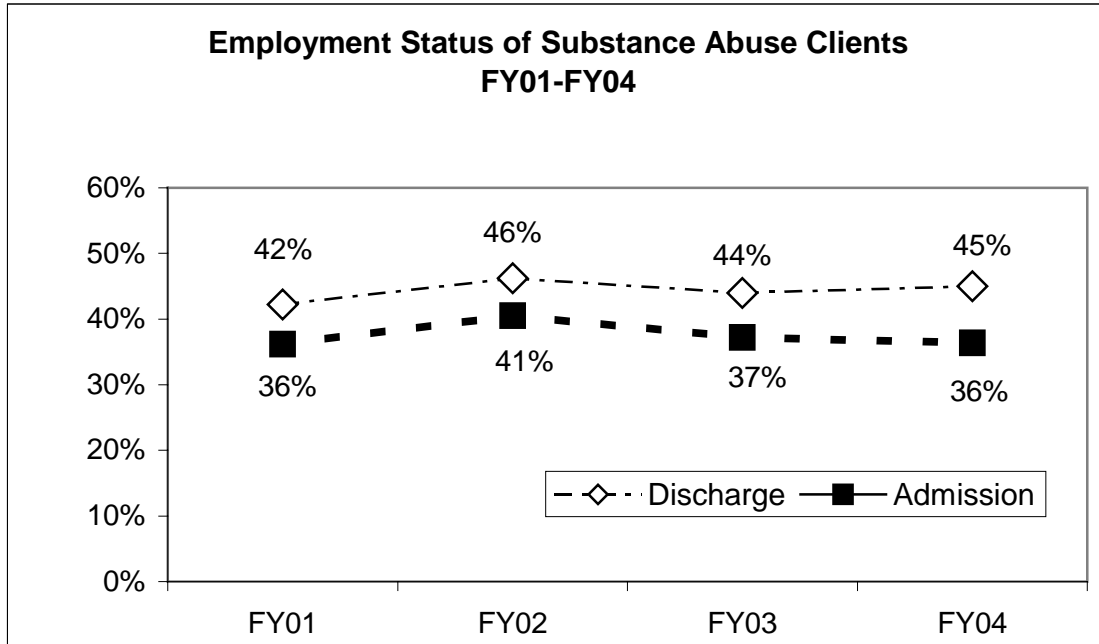
Non public assistance child support collections have increased substantially over the past five years. From FY03 to FY04, collections increased by 4%. This success is due to a number of factors, including staff efforts and clear performance targets. In addition, the availability of tools such as the New Hire Registry, Financial Institution Data Matching, and increased efficiency gained through ongoing

enhancements to the ORS computer information system contributed to increased collections.

Future Actions: ORS will continue to provide in-depth, ongoing training for staff, as well as ensure that program policy is current and available to all staff to support their case management activities. Case management process improvement is ongoing. ORS plans to continue ongoing enhancements of its computer system. This will allow for increased efficiency in conducting case management and accounting activities. Efforts are also underway to increase the number of Electronic Fund Transfers in the management of interstate cases and in the disbursement of funds to families. This reduces costs and allows families to receive child support funds sooner.

CLIENTS EMPLOYED AT DISCHARGE

Source: Division of Substance Abuse and Mental Health



Definition: Each client's employment status is evaluated upon admission into substance abuse treatment. They are classified as either being employed full-time, employed part-time, unemployed, or not in the labor force (e.g., student, retired, etc.). Beginning in FY00, the Division began to track the employment status of clients as they leave treatment in order to evaluate the effectiveness of treatment in assisting clients to find and maintain employment.

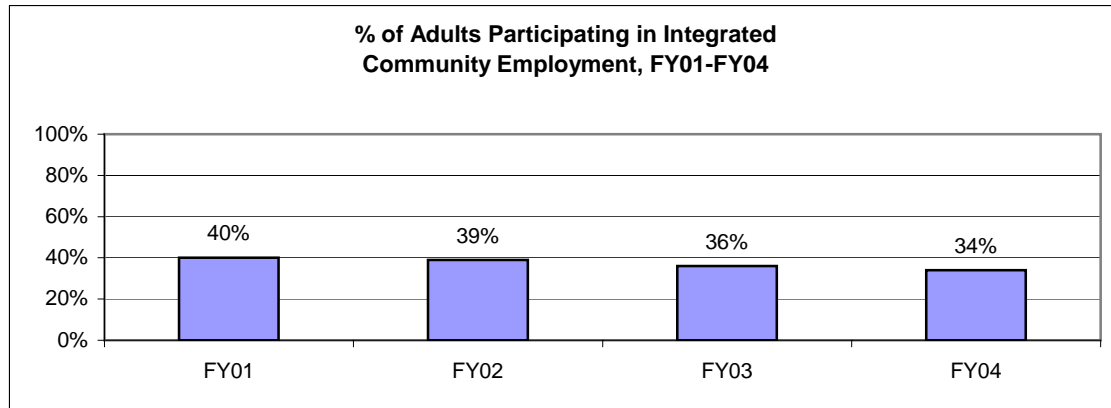
Analysis: The employment status of a patient struggling with a substance abuse or dependence problem is a key ingredient to a successful recovery. The statistics collected by the

Division indicates that in FY04, 45% of clients were employed at discharge. The number of clients who were employed increased by over 8 percentage points from admission to discharge. These improvements are similar to those experienced in previous years.

Future Actions: Treatment providers are making greater efforts to work with other agencies and organizations in their communities to help more clients either find and maintain regular employment or receive the education/training they need to enter the labor force.

ADULTS PARTICIPATING IN INTEGRATED COMMUNITY EMPLOYMENT

Source: Division of Services for People with Disabilities



Source Data: *Utah Social Services Database System (USSDS), Payment and Authorization for Service Data*

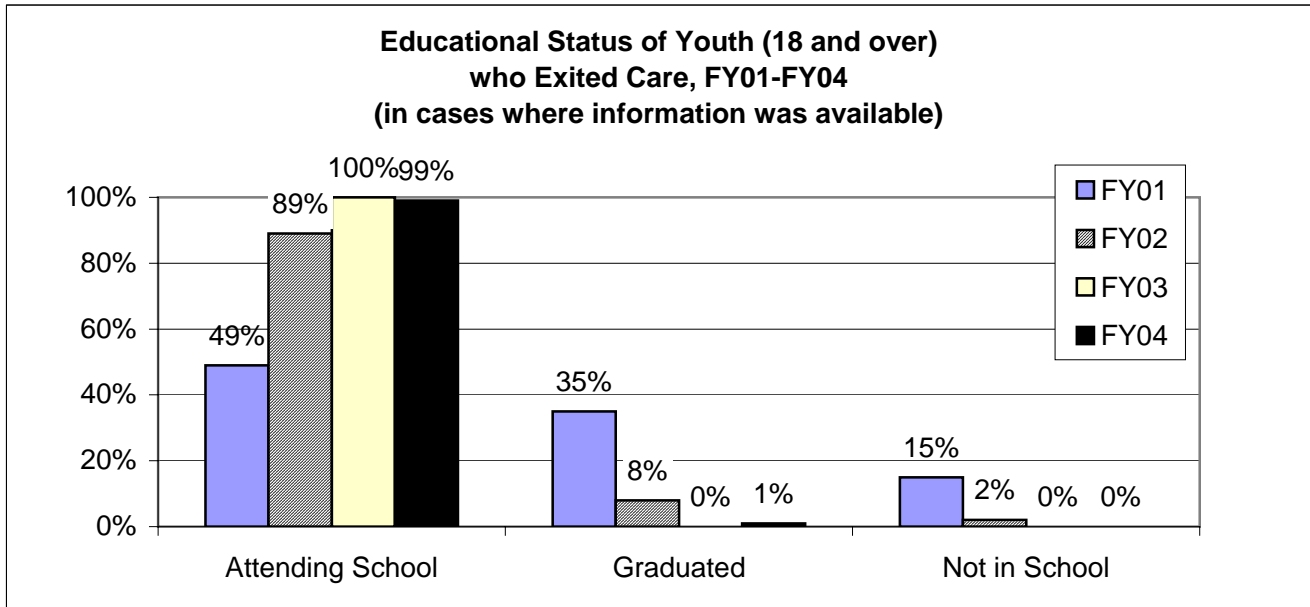
Definition: The number of adults receiving funding from the Division of Services for People with Disabilities (DSPD) for community integrated employment divided by the total number of adults who receive any type of daytime supports is shown in the chart above. Supported employment services provide assistance for adults with developmental disabilities to acquire and maintain competitive employment.

Analysis: 34% of the total number of people who receive supports during the day from the Division participate in community integrated employment—down from FY01. This 6% drop is partly due to attrition (individuals leaving Division services) and the Division’s inability to backfill supported employment services with individuals from the waiting list. The Division believes that working in the community is beneficial for persons with disabilities because it improves self-esteem, enhances financial independence and personal control, promotes new friendships, and helps members of the community see persons with disabilities as people who are fully capable of making meaningful contributions to society.

Future Actions: In FY05, the Division plans to take a look at the current needs assessment scoring of those waiting for supported employment services. The average standardized needs scores of those waiting for supported employment are lower than the average standardized needs scores of those waiting for other types of services. Because waiting list needs scores are prioritized from highest to lowest, and because supported employment is such an important and empowering Division service, the Division wants to ensure that those waiting for supported employment are not left on the waiting list due to a lower needs assessment score. The Division also plans to continue training on, and assisting individuals with, becoming self-employed and hopes to gather and compare data about the experience of self-employment versus supported employment in the future. The Division is still encouraging providers to offer a wider range of service options, and will continue to assure that supported employment specialists have the necessary knowledge base and skill sets to place people with disabilities in companies that offer high wages, benefits, and good working conditions. The Division will maintain its focus on assuring that persons with disabilities have meaningful jobs.

EDUCATIONAL STATUS OF YOUTH (18 AND OVER) WHO EXITED CARE

Source: Division of Child and Family Services



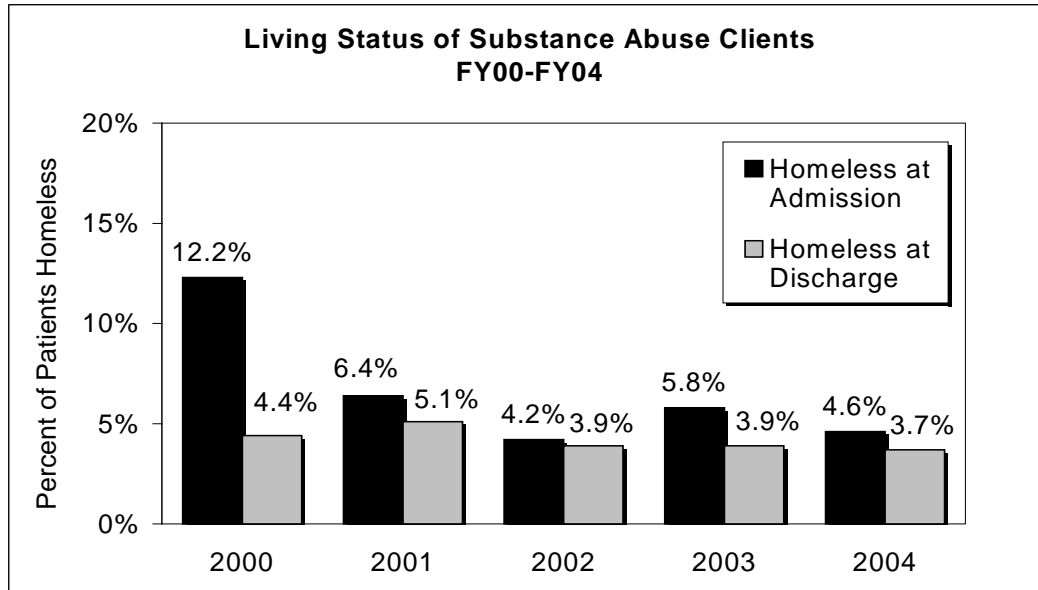
Definition: The number of youth (ages 18 and older) exiting care in that year who are either attending high school or alternative school, graduated high school, or were not in school divided by the total number of youth ages 18 and older exiting care (who have a recorded educational status).

Analysis: These data indicate the efforts DCFS makes to help ensure older children achieve their full educational potential. Youth 16 and older receive training and support services under the independent living program, where appropriate. These services may include basic life skills training, assistance to obtain higher education, job placement activities, preparation for GED, and stipends, as well as other activities. Eighty-two children received one or more of these services in FY04. The entry and tracking of education level in the SAFE system is not complete at this time. 60% of the children in out-of-home care do not have school status recorded. Of those who do have information, 99% were attending school.

Future Actions: The federal government has yet to establish requirements for data collection as a part of the Foster Care Independence Act of 1999. A number of recent policy adjustments will assist in the more timely collection of data for youth 14 and older to meet the new requirements when they are established. A comprehensive reporting of educational data in SAFE will be established and maintained to record the actual attendance figures in out-of-home care. A special review of educational data entered in SAFE will be made at the time of each ongoing family and child team meeting. Follow up reviews will be undertaken by DCFS state office staff to insure this action has taken place. Every effort will be made to ensure all children in out-of-home care receive appropriate educational services that are consistent with their needs. An overall DCFS goal is that each child performs at or close to grade level at the time they are released from custody. DCFS staff will continue to work with the child and family team to help each child achieve their full academic potential.

CLIENTS WITH IMPROVED LIVING CONDITIONS

Source: Division of Substance Abuse and Mental Health



Definition: Each client’s living arrangement is evaluated upon admission into substance abuse treatment. They are classified as either being homeless, dependent (i.e., halfway house) or independent (own, rent, or live with family/friends). Beginning in FY00, the Division began tracking the living arrangements of clients as they leave treatment in order to evaluate the effectiveness of treatment in assisting clients to find and maintain an independent living environment.

Analysis: Because a stable living environment is a critical element in achieving long-term successful results from substance abuse treatment, the treatment providers across Utah work very hard to assist clients in establishing a more stable living situation. The

above graph indicates that in FY04, 4.6% of clients were homeless when they entered treatment. At discharge, 3.7% were homeless—a 20% reduction in homelessness.

Future Actions: Research around the country has repeatedly shown that a stable living environment is a key ingredient to achieving successful outcomes in substance abuse treatment. The substance abuse treatment field therefore continues to place significant emphasis on helping clients achieve and maintain a stable living environment.

Outcome: Consumer Quality of Life is Improved

Indicators

- Frequency of Use of Primary Drug at Discharge (DSAMH)

- Client Status from Admission to Follow-up in Community Mental Health Centers (DSAMH)

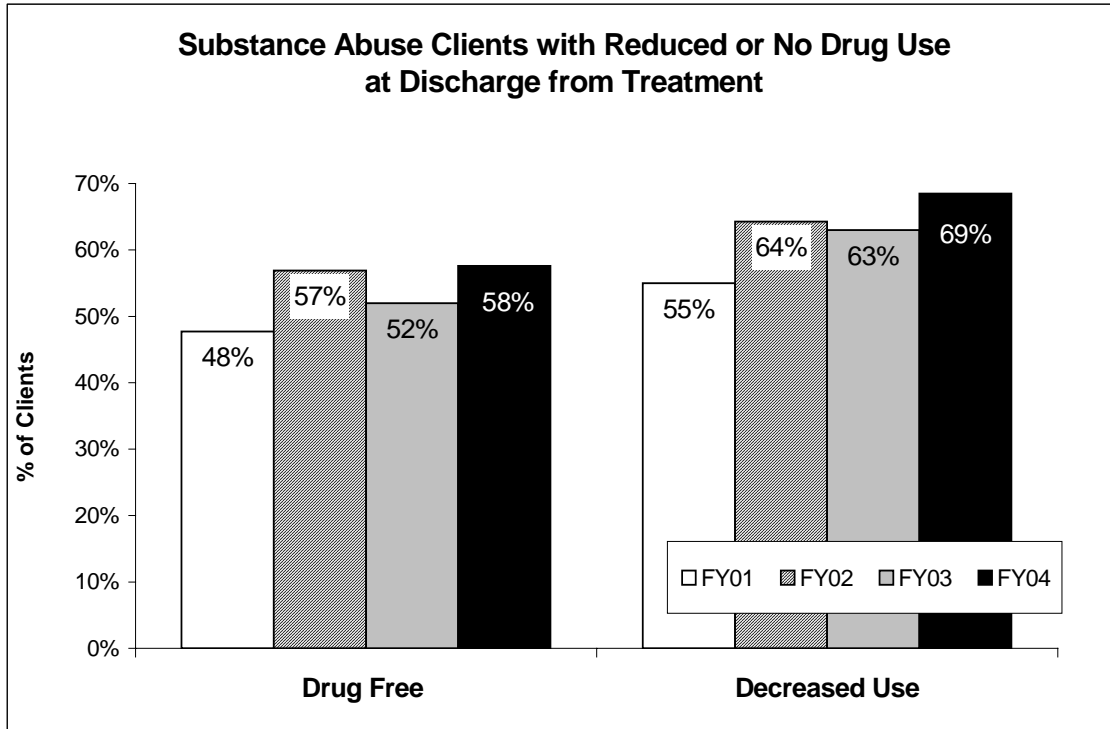
- Patient Outcome Status from Admission to Discharge in the Utah State Hospital (DSAMH)

- Clients Re-admitted to the Utah State Hospital within Six Months of Discharge (DSAMH)

- Adult Clients Saying Services Help them Deal More Effectively with Daily Problems (DSAMH)

FREQUENCY OF USE OF PRIMARY DRUG AT DISCHARGE

Source: Division of Substance Abuse and Mental Health



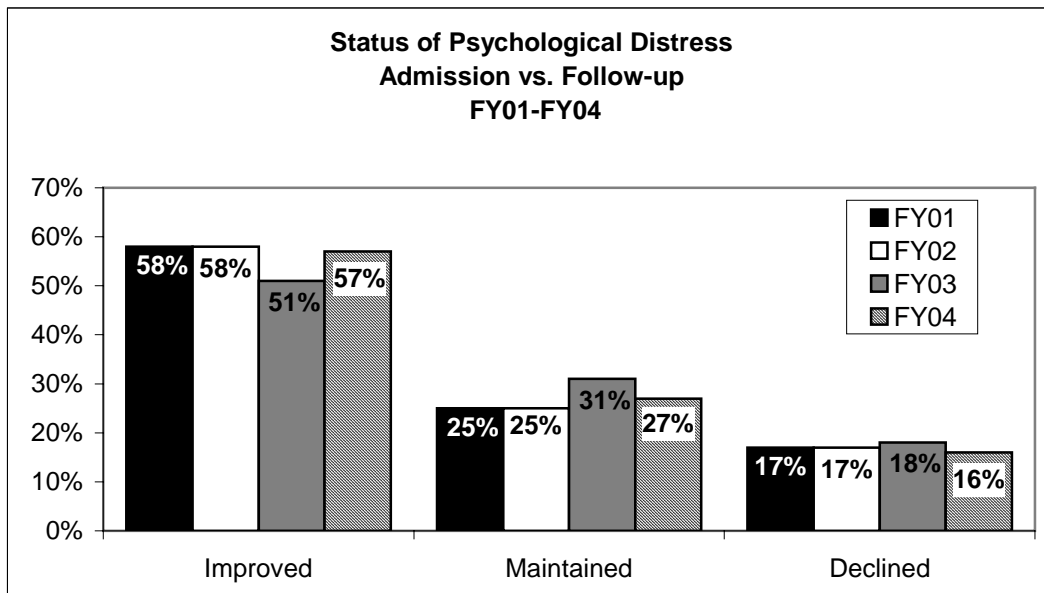
Definition: Upon admission to substance abuse treatment, each client is assessed to determine the severity/frequency of his or her alcohol and/or other drug use. At that time, the number of days in the past month the client used alcohol or other drugs is documented. Beginning in FY00, clients are re-assessed when they are discharged from treatment.

Future Actions: The Division is working to promote the Best Practice Standards, which are treatment practices with proven effectiveness. Using Best Practice Standards, the Division hopes to improve the outcome of treatment.

Analysis: The above graph indicates that of those clients who had used substances within a month of entering treatment, 69% had either stopped or reduced their substance use by the end of treatment. 58% reported no use at discharge.

CLIENT STATUS FROM ADMISSION TO FOLLOW-UP IN COMMUNITY MENTAL HEALTH CENTERS

Source: Division of Substance Abuse and Mental Health



Definition: The chart above provides results of the General Well Being (GWB) instrument--a 10-item client (adult scale) self rating instrument that addresses the following areas: sense of general well-being, energy level, emotional/behavioral control, depressed/cheerful mood, tension/anxiety state, and somatic distress or health worries.

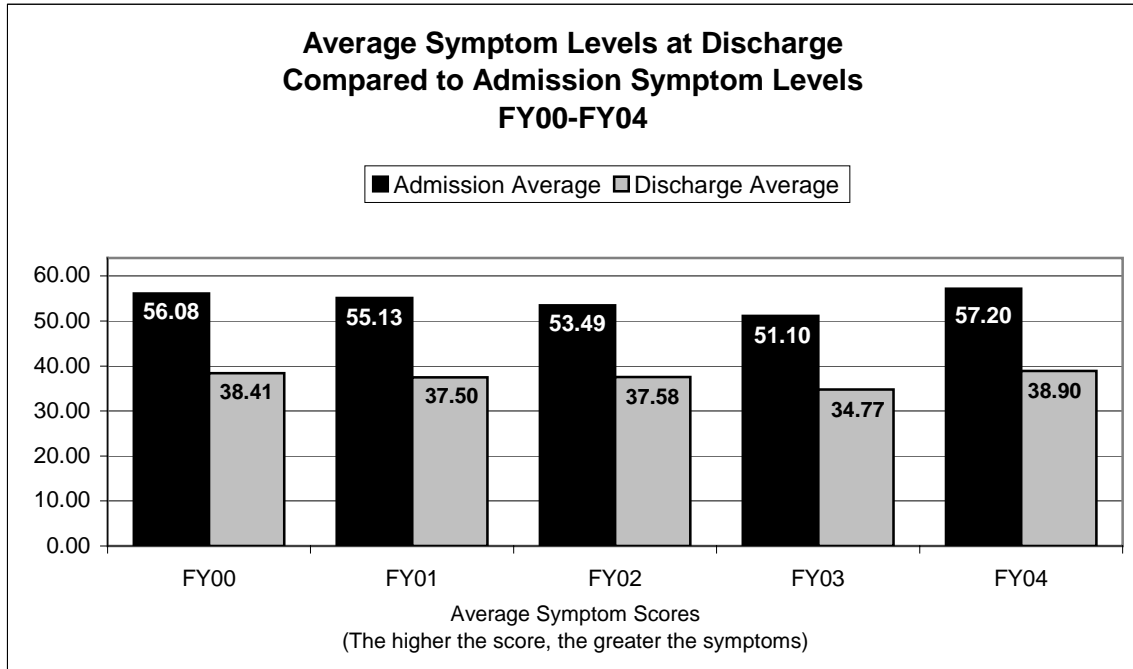
Analysis: The GWB shows changes in the overall level of psychological distress for persons receiving services at the community

mental health centers in Utah. Psychological symptoms improved for 57% of clients in community mental health centers during FY04. 27% of clients remained stable and 16% declined. This is similar to previous years.

Future Actions: Conduct detailed analysis with risk assessments of key variables and continue ongoing data quality management to improve mental health services to clients. Carefully monitor centers that fall well below the average gains.

PATIENT OUTCOME STATUS FROM ADMISSION TO DISCHARGE IN THE UTAH STATE HOSPITAL

Source: Division of Substance Abuse and Mental Health



Definition: The Brief Psychiatric Rating Scale (BPRS) rates a patient from one through seven (severe) on 24 items that provide a short-hand method of briefly describing a patient’s major area of pathology. The higher the score, the worse the symptoms. The BPRS is given soon after admission, 90 days after admission, and every 90 days thereafter.

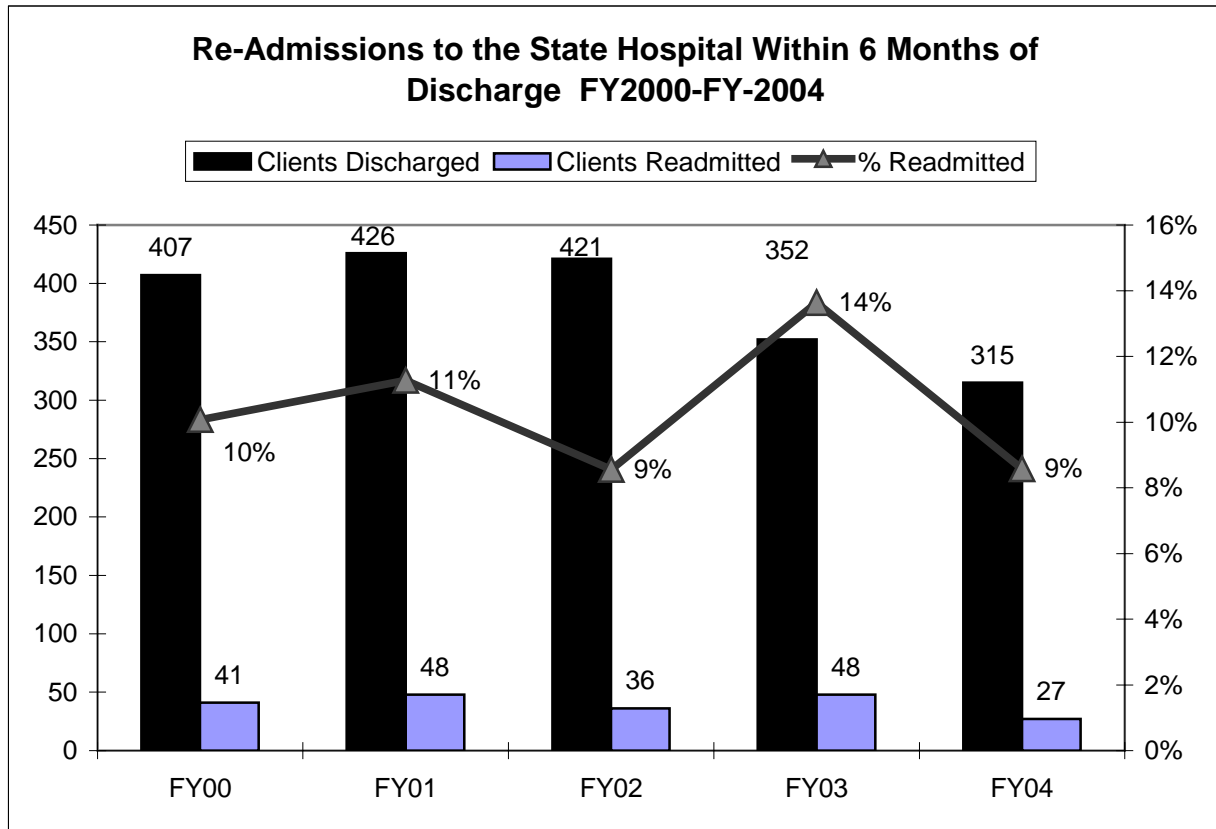
Analysis: A reduction in BPRS test scores indicates a lowering of patient symptoms. The improved BPRS total symptom scores demonstrate the Hospital’s ability to reduce patient symptoms prior to discharge. For all patients that received a BPRS within one week of admission and two weeks of discharge, the average total score was lowered by 32% for a

significant improvement in their symptom levels in FY04. The above chart shows that for the past 5 fiscal years the Utah State Hospital has been consistent at lowering the average level of symptoms for patients. Although the average symptom scores upon admission and discharge have fluctuated as much as 6 points from year to year this is within the range of error for the sample sizes.

Future Actions: The Hospital will continue to monitor patient progress through the administration of the BPRS. These actions are designed to further increase treatment effectiveness.

CLIENTS RE-ADMITTED TO THE UTAH STATE HOSPITAL WITHIN SIX MONTHS OF DISCHARGE

Source: Utah State Hospital, Division of Substance Abuse and Mental Health



Definition: The number of all mental health patients discharged from the State Hospital who return to the State Hospital within six months of discharge as a percent of all patients discharged from the State Hospital during that year.

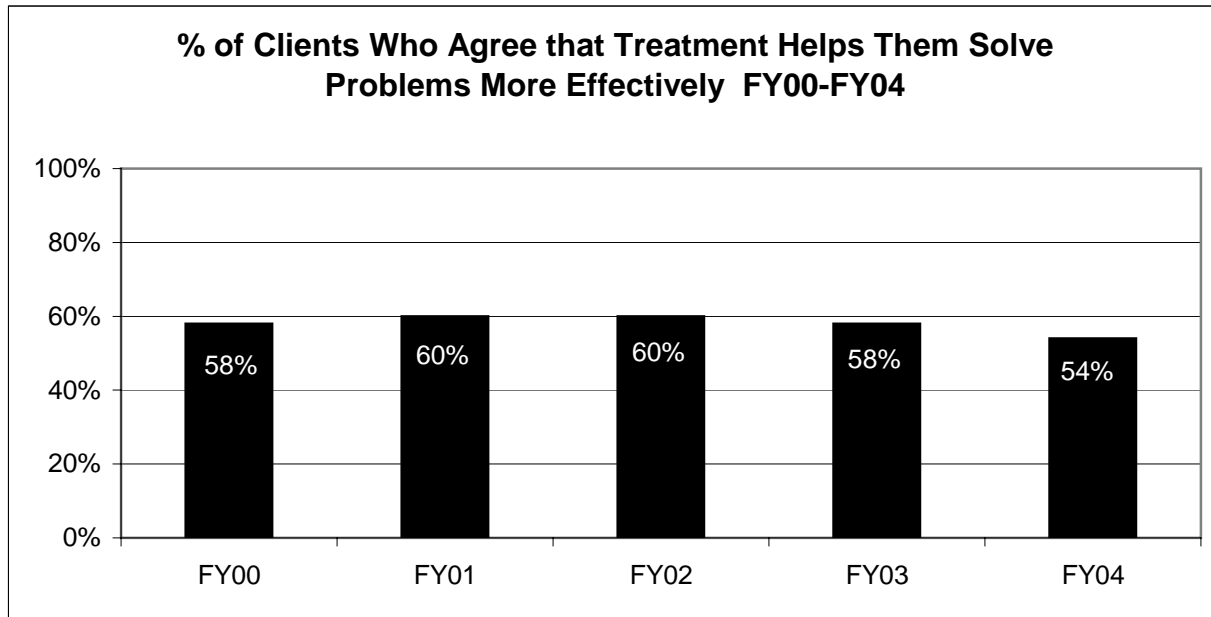
Analysis: Focusing on reducing client length-of-stay at mental health facilities across the country can encourage facilities to release mental health patients before they are ready. Changing the focus to reviewing re-admission rates indicates whether mental health facilities are providing the appropriate level and length of services to ensure their clients can adequately function in the community with appropriate

supports. The low re-admission rate indicates that the State Hospital and the community mental health centers are effective in assessing and addressing patient symptoms. Although admission rates have fluctuated, each year's readmission rate is among the lowest in the nation based on preliminary statistics.

Future Actions: The utilization review and executive committees are examining possible underlying issues and results from other states. They will continue to carefully monitor individual cases.

ADULT CLIENTS SAYING SERVICES HELP THEM DEAL MORE EFFECTIVELY WITH DAILY PROBLEMS

Source: Division of Substance Abuse and Mental Health



Definition: The Division administers a client satisfaction survey to its clients receiving mental health services from community mental health centers throughout the year. The survey gathers opinions from these clients on 28 items. The graph above shows the response to: “As a direct result of my treatment, I deal more effectively with daily problems.”

Analysis: The graph above indicates that over half (54%) of clients felt the services they received from community mental health centers helped them deal more effectively with their

problems. This is slightly below the range of the previous four years.

Future Actions: The Division and community mental health centers will examine the results to this question and determine if changes need to be made in the way services are delivered.

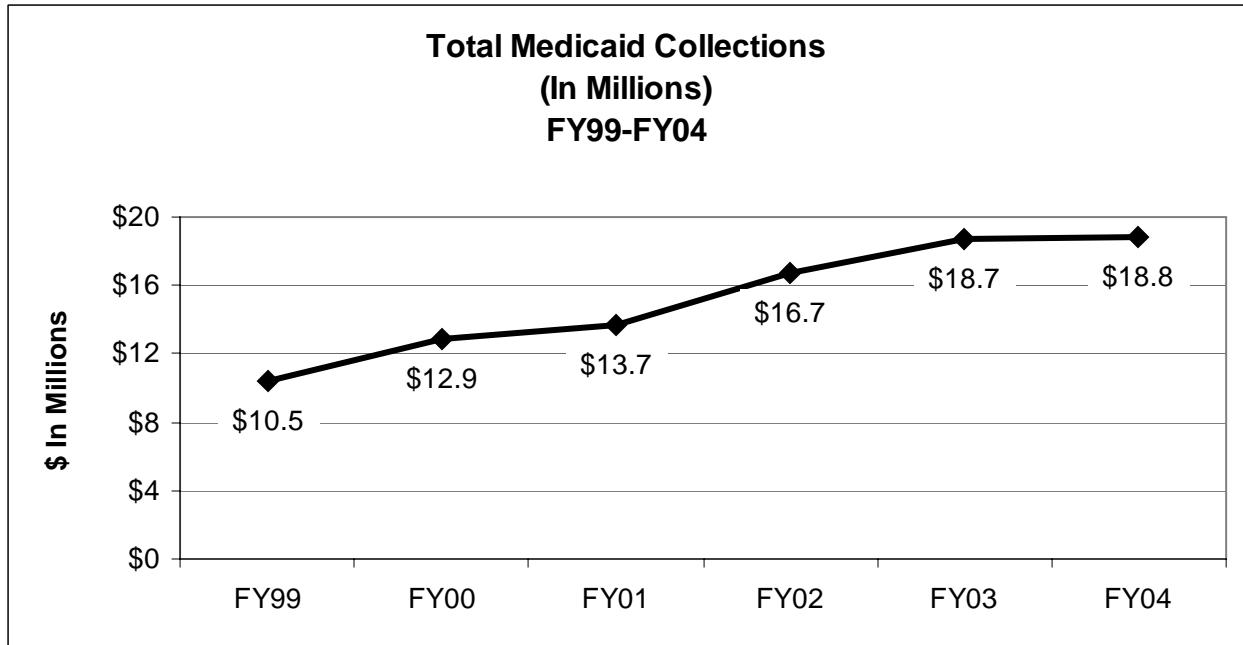
Outcome: The Department Maintains the Public's Trust

Indicators

- Total Medicaid Collections (ORS)
- Total Medicaid Cost Avoidance (ORS)
- Percent of Child Support Cases Paying on Arrears (ORS)

TOTAL MEDICAID COLLECTIONS

Source: Office of Recovery Services



Definition: Total amount collected from responsible third parties to reimburse Medicaid expenditures for the State fiscal year.

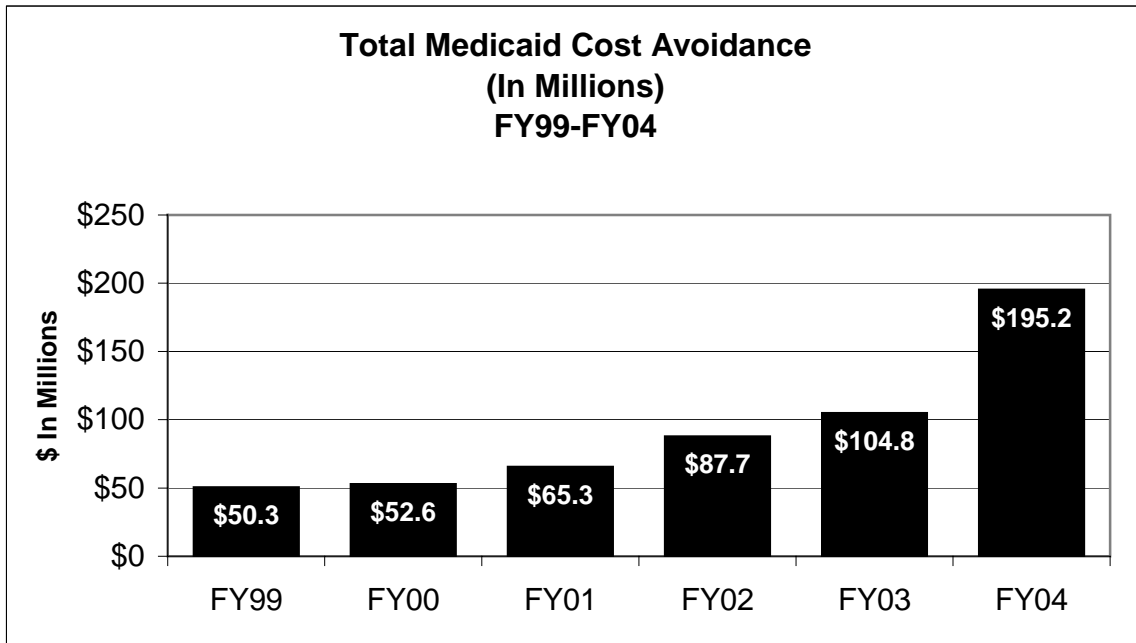
Analysis: This measure demonstrates how well the Office of Recovery Services (ORS) identifies Medicaid expenditures and pursues payment from third parties. Payment may be collected from private health insurance, tort recovery (Medicaid recipients are required by law to assign their third party medical benefit rights to the state), or estate recovery (for

Medicaid expenses paid after age 55). Medicaid collections have remained relatively flat during the past fiscal year. Increased efficiencies resulting from automated, electronic matching procedures with several large insurance carriers have contributed to this success.

Future Actions: ORS plans to continue developing the automated, electronic matching process with additional insurance carriers.

TOTAL MEDICAID COST AVOIDANCE

Source: Office of Recovery Services



Definition: Total Medicaid expenditures that have been avoided for the State fiscal year due to the identification of responsible third party payers. These payers directly pay for the services received by Medicaid eligible patients.

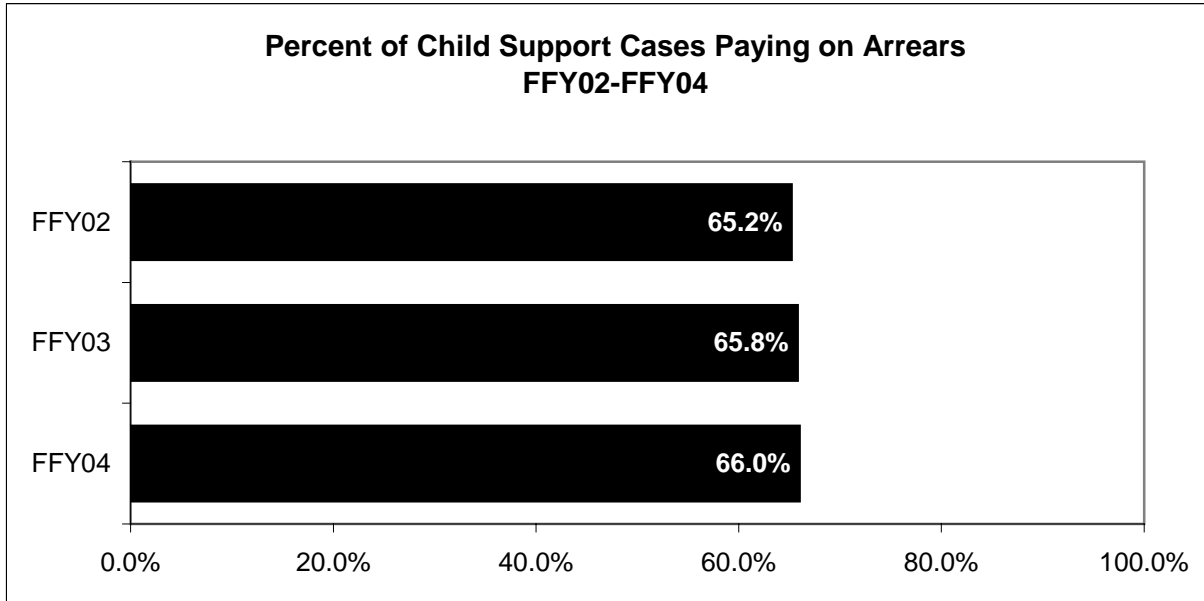
Analysis: This measure demonstrates how well the Office of Recovery Services (ORS) identifies liable third parties. Medicaid expenditures are avoided, and costs related to seeking reimbursement from third parties are reduced. Total Medicaid cost avoidance has

experienced an increase of 86% in the last year. This success is due, in part, to the automated, electronic matching program with insurance carriers. This process helps to ensure that Medicaid resources are used efficiently and are available for those who are eligible for assistance.

Future Actions: ORS plans to continue developing the automated, electronic matching process with additional insurance carriers.

PERCENT OF CHILD SUPPORT CASES PAYING ON ARREARS

Source: Office of Recovery Services



Definition: The percentage child support cases paying on arrearage support owed in each Federal Fiscal year. Both Child Support Services and Children in Care cases are used in the calculation. The data source is the Federal Report OCSE – 157.

Analysis: This measure demonstrates how well the Office of Recovery Services (ORS) is able to collect current child support arrearages. The National average (latest available) for Federal Fiscal Year 2003 was 59.8%.

Future Actions: ORS will continue in-depth, ongoing training for staff, and ensure that program policy is available to all staff to support their case management activities. Case management process improvement is ongoing. ORS also plans to continue to utilize tools such as the New Hire Registry, Financial Institution Data Matching as well as ongoing enhancements of its computer system. This will allow for increased efficiency in conducting case management and accounting activities.

Outcome: The Department Delivers Quality Services

- ▶ Adherence to Preferred/Best Practices

- ▶ Consumer Satisfaction

- ▶ Consumer Accessibility to Services

- ▶ Consumer Responsibility

- ▶ Staff Management

Adherence to Preferred/Best Practices

- Provider Agencies Meeting Criteria for Successful Results on First Review (DSPD)

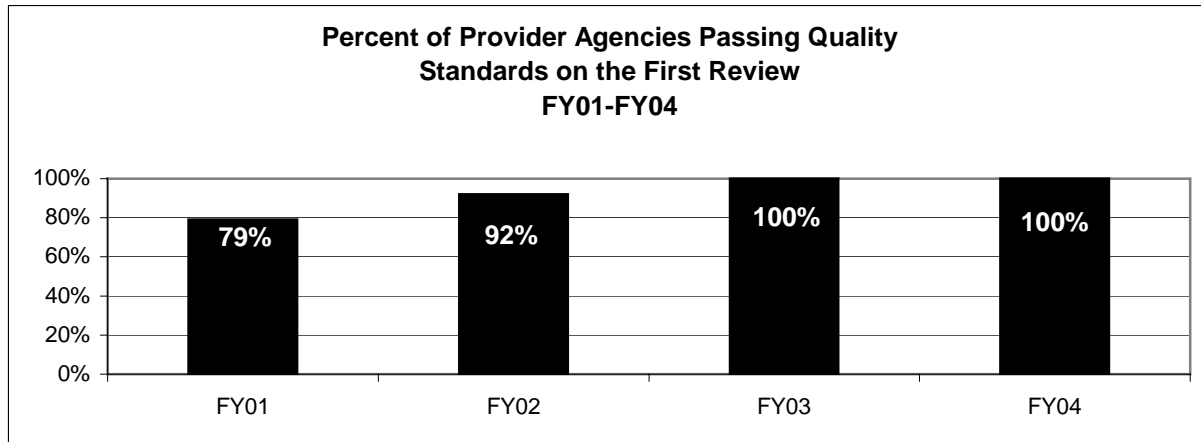
- Qualitative Case Reviews Passing the Overall Scores (OSR)

- Indicators Reaching Goal in the Case Process Review (OSR)

- Mental Health Services Consistent with Preferred Practice Guidelines (DSAMH)

PROVIDER AGENCIES MEETING CRITERIA FOR SUCCESSFUL RESULTS ON FIRST REVIEW

Source: Division of Services for People with Disabilities



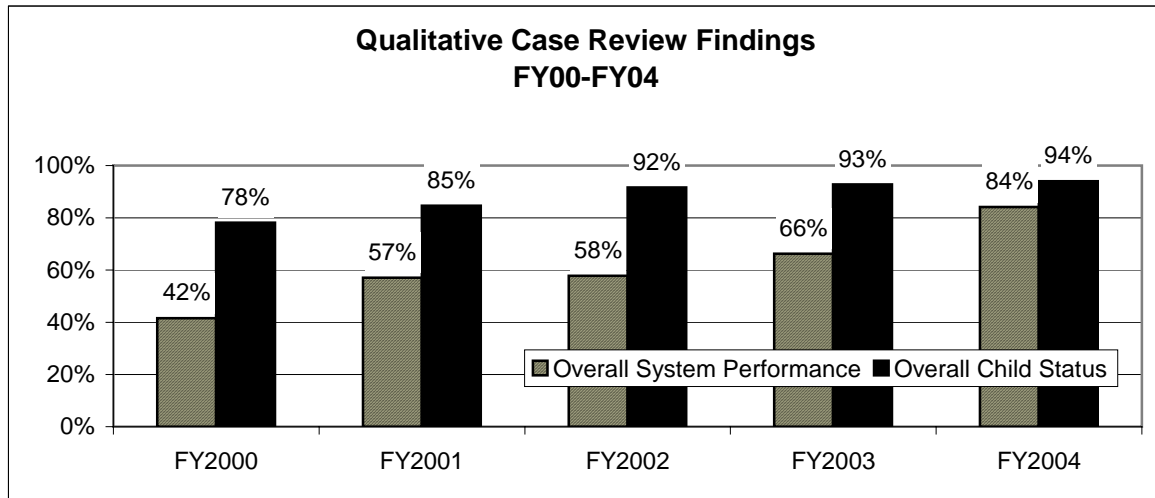
Definition: The percentage of provider agencies that passed the quality standards set by the Division of Services for People with Disabilities on the first review for FY01 to FY02 is shown in the chart above. During FY01 and FY02, for a provider agency to pass the quality review, a trained reviewer must have found an average of 13 out of 25 personal outcomes and 15 out of 25 supports present for each person in service and the agency must be free from corrective action. In FY03, the Division discontinued the use of the Personal Outcomes Measures as a formal review. The percentage of providers passing the quality review in FY03 was found by dividing the total number of agencies passing the first quality review by the number of agencies surveyed each year. This percentage (100%) was figured the same way in FY04.

Analysis: In FY04, 32% of Providers were required to complete an Agency Action Plan addressing minor contract issues, however none of the providers had to address significant or major contract issues. Of the providers who needed to complete an Agency Action Plan, 100% did so successfully, as indicated above. The focus on provider quality and contract compliance shows the Division's devotion to continuous improvement activities, endeavors, and system redesign that make a difference in the lives of people with disabilities.

Future Actions: In FY05, quality management activities will continue to follow the Division's directive which divides quality management into three areas: Quality Assurance, Quality Improvement, and Quality Enhancement. Some activities will span across the three areas, while others will involve only one area. Quick Checks (conducted by the Office of Services Review) and Field Visit Checklists (conducted by support coordinators) will continue as mainly Quality Assurance activities, but will also cover consumer satisfaction in the Quality Enhancement area. Contract Analysts will conduct comprehensive provider reviews that focus on Quality Assurance; however, Quality Improvement and Enhancement areas will also be reviewed. Quality Initiatives will be implemented throughout the state to address all areas of Quality Management. An analysis and review of the Quality Improvement Plans submitted by providers with their RFP will be the first step in collaborating with providers to better their Quality Improvement processes. Training and technical assistance will continue to be offered to state staff and contracted providers. Quality management representatives will continue their presence in, and support of, consumer advocacy groups, committees, and conferences.

QUALITATIVE CASE REVIEWS PASSING THE OVERALL SCORES

Source: Office of Services Review



Definition: The Qualitative Case Review process assesses the performance of the Division of Child and Family Services (DCFS) in achieving practice as outlined in the Division's Performance Milestone Plan.

The Child and Family Status review assesses the family and child's safety, stability, appropriateness of placement, permanence, health/physical well-being, emotional/behavioral well-being, learning progress, caregiver functioning, family resourcefulness, and satisfaction. The overall score takes into consideration the importance (weight) of each item.

The System Performance review assesses: child/family participation, service team operation/coordination, functional assessment, long-term view, plan implementation, formal and informal supports, successful transitions, effective results, and tracking and adaptation.

Analysis: The case review results have improved significantly from FY00, showing improvement each year. As the chart indicates, children served by DCFS are doing very well-- 94% of cases reviewed passed the overall score

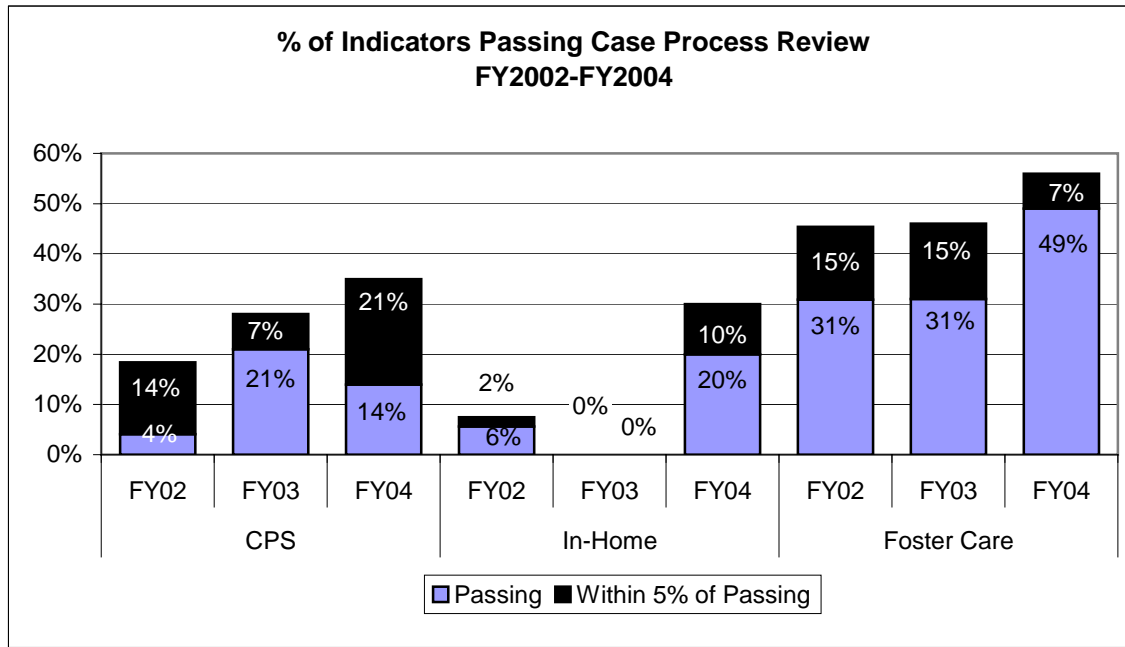
for Client and Family Status. Once again, all regions met the 85% criteria on Child Status. Results of the System Performance showed significant improvement of nearly 18 percentage points from FY03 to FY04.

Future Actions: The Qualitative Case Review reports for each region identify practice development opportunities and recommendations. As in prior years, the Office of Services Review (OSR) this year will conduct regional training sessions and help develop on-going assistance to individual caseworkers and teams. In addition, each region will involve OSR to help the region implement its individual action plan to improve region performance. To demonstrate performance sufficient to exit from the Performance Milestone Plan, each region must reach the following goals in two consecutive reviews:

- 85% of cases attain a passing score on the Child and Family Status scale.
- 85% of cases attain a passing score on the System Performance scale.
- System Performance core indicators attaining at least a 70% rating.

INDICATORS REACHING GOAL IN THE CASE PROCESS REVIEW

Source: Office of Services Review



Definition: The Case Process Review (CPR) measures how well the Division of Child and Family Services (DCFS) achieves certain state statute and policy requirements and helps measure how well the Division satisfies Practice Model requirements.

The Case Process Review evaluates three program areas: Child Protective Services (CPS), In-Home Services and Foster Care Services. A statistically significant number of case files are pulled and reviewed from each program area statewide. Case readers review the file to determine whether documentation meets policy requirements. The performance goals for the case process review are either 85% or 90% compliance rate depending on the area evaluated.

Analysis: The results of this year’s review are similar to the results from previous years. There was improvement in some scores when compared to last year’s review and other scores declined.

CPS Cases

Although there was a decline in passing indicators, the overall combined percentage of indicators passing and within 5% of passing increased by 7 percentage points.

In-Home Cases

There was significant improvement in the performance of In-Home cases for FY04; improving from 0% in FY03 to 20% Passing and an additional 10% within 5% of passing.

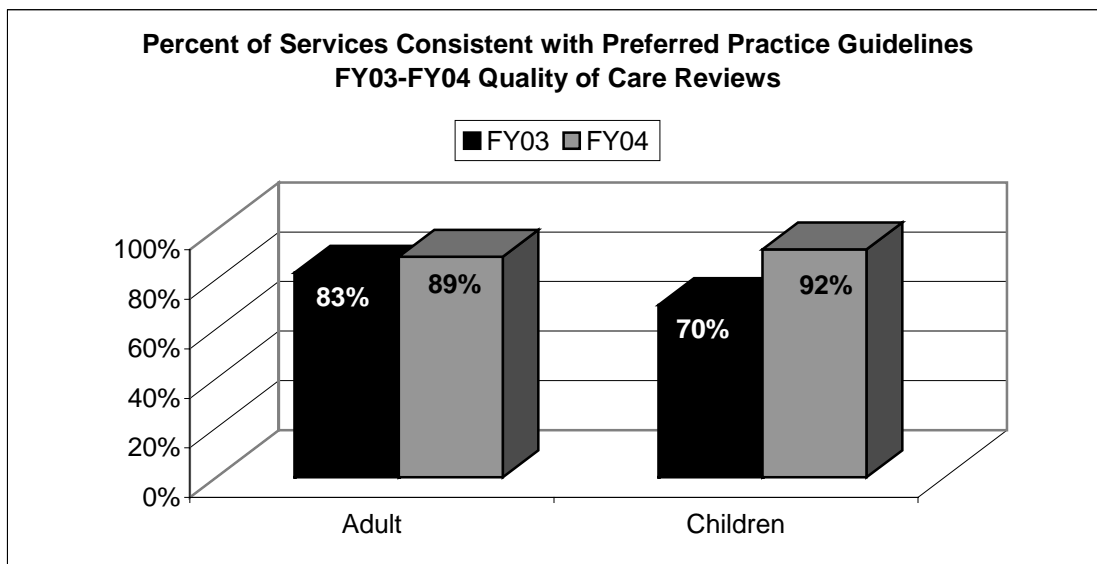
Foster Care Cases

Foster Care cases also saw a significant improvement in the percentage of indicators meeting the passing criteria; up to 49% in FY04 as compared to 31% in FY03.

Future Actions: As part of a continuous improvement process, the Office of Services Review (OSR) has partnered, and will continue to partner with DCFS to help caseworkers meet these goals. Among other efforts, OSR conducts trainings with workers, supervisors, and teams, and trains the division milestone coordinators in how to read and score the case process tool, thus allowing them to read case files with confidence that what they find will be similar to the results of the CPR review. Supervisors are using an “internet quality assurance” instrument, that mirrors the CPR tool, to evaluate worker performance and to help in training and mentoring workers.

MENTAL HEALTH SERVICES CONSISTENT WITH PREFERRED PRACTICE GUIDELINES

Source: Division of Substance Abuse and Mental Health



Definition: The chart above shows results from quality of care reviews conducted in community mental health centers. The Division reviewed client care and consistency using preferred practice guidelines. For each adult client reviewed, guidelines were rated as to whether there was full compliance or not with adult preferred practice guidelines for the diagnoses. For each child or youth client reviewed, guidelines were rated as to whether there was full compliance or not with Utah Preferred Practice Guidelines: Assessment and Treatment Planning for Children and Youth. The percent of guidelines rated as full compliance or consistent with guidelines were calculated for adult clients and children and youth clients and are shown above for FY03 and FY04. Because the calculation procedures were

revised, data prior to FY03 are not shown.

Analysis: In community mental health centers in FY04, for adult clients, there was full compliance or consistency with 89 percent of the guidelines used for clients. For children and youth clients, there was full compliance or consistency with 92 percent of the guidelines used for clients.

Future Actions: In the future, the Division will continue to monitor the use of Preferred Practices. Centers, their clinicians and other personnel will be encouraged to more closely follow these Guidelines.

Consumer Satisfaction

- Clients Satisfied with Services (DHS)
- Clients Feeling They Were Included in Decisions about Services (DSAMH)
- Valid Complaints to the Office of Child Protection Ombudsman (OCPO)
- Percent of DCFS Cases in the Qualitative Case Review that Scored Acceptably on the Overall Satisfaction Indicator (OSR)
- Consumer Satisfaction Data (DSPD)

CLIENTS SATISFIED WITH SERVICES

Source: Represented Divisions

Division	Question (FY04)	Population	Rating
Services for People with Disabilities	Persons with DD/MR or Brain Injury using Provider Agency Model		
	<ul style="list-style-type: none"> I am satisfied with my direct care staff 	145 individuals interviewed by the Quality Enhancement Team	95% Agree
	<ul style="list-style-type: none"> I am satisfied with my support coordinator. 	145 individuals interviewed by the Quality Enhancement Team	93% Agree
	Persons with DD/MR or Brain Injury using Self-Administered Model		
	<ul style="list-style-type: none"> Overall, I would “agree” or “strongly agree” that I am satisfied with my (direct care) staff. 	547 responses to this question regarding family support, respite and/or supported living on the Self-Administered Model Satisfaction Survey.	89% Agree
	<ul style="list-style-type: none"> Overall, I would “agree” or “strongly agree” that I am satisfied with my support coordinator. 	402 responses to this question on the Self-Administered Model Satisfaction Survey.	93% Agree
Mental Health	Persons with Physical Disability		
	<ul style="list-style-type: none"> Overall I would rate the quality of the services I receive from my attendant(s) as “good” or “very good”. 	55 individuals who completed the Physical Disabilities Satisfaction Survey.	100% Agree
	<ul style="list-style-type: none"> Overall, I would rate the quality of support I receive from my state nurse coordinator as “good” or “very good”. 	55 individuals who completed the Physical Disabilities Satisfaction Survey.	100% Agree
	I would recommend this center to a friend or family member.	2,265 adult clients of Community Mental Health Centers.	80% Agree

Definition: A number of divisions within the Department of Human Services conduct consumer satisfaction surveys at varying intervals. Each division asked questions differently, of very different populations and population sizes, and on different schedules, therefore comparing results across divisions is not recommended. During FY03, the Divisions of Services for People with Disabilities and Mental Health conducted consumer satisfaction surveys. The results are presented above.

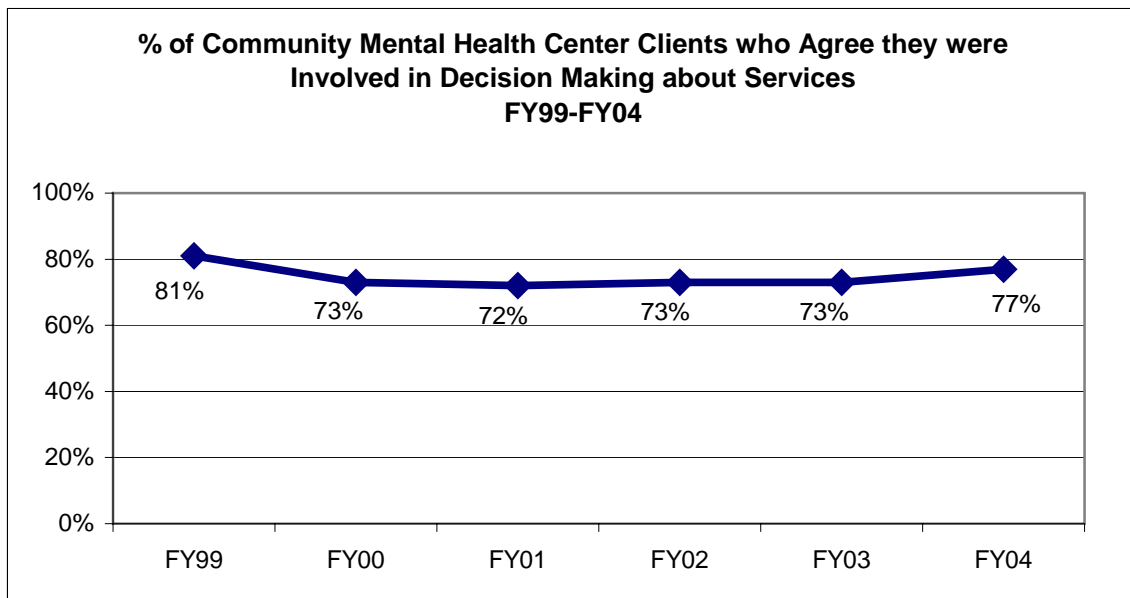
Analysis: In general, the survey results are not representative of the total population served

by each division. However, the results provide useful information regarding division performance. Overall, clients who responded to the surveys were satisfied with the services they received from their respective divisions.

FUTURE ACTIONS: Each division’s survey identified areas where the division could improve in its services. The divisions will work with their staff and providers to improve services to clients.

CLIENTS FEELING THEY WERE INCLUDED IN DECISIONS ABOUT SERVICES

Source: Division of Substance Abuse and Mental Health



Definition: The Division administers a client satisfaction survey to its community mental health center clients throughout the year. The survey gathers opinions from clients on 28 items. The graph above shows the response to: “I have been included in the decision making about my services.”

Analysis: The graph above indicates that more than three-quarters (77%) of clients felt they were involved in making decisions regarding their services. This is consistent with

the past three years but represents a decline from the late 1990s.

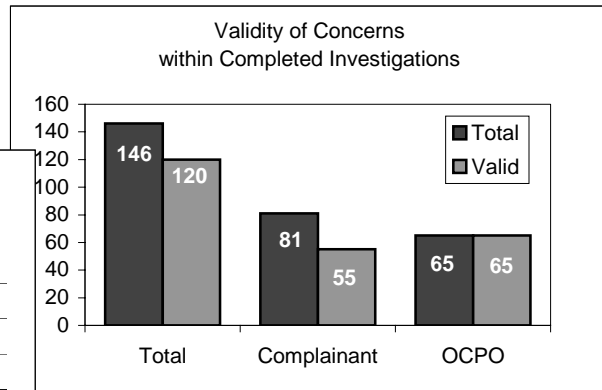
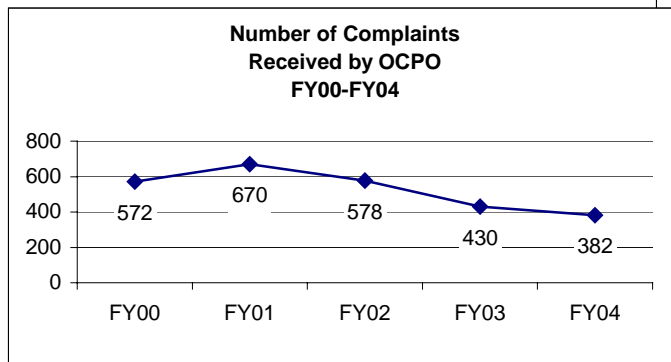
Future Actions: Community Mental Health Centers will examine the data and determine if staff attitudes have changed in the negative direction. If so, centers will be encouraged to provide inservice training to correct the problem.

VALID COMPLAINTS TO THE OFFICE OF CHILD PROTECTION OMBUDSMAN

Source: Office of Child Protection Ombudsman

Chart B

Chart A



Definition: The charts above show 1) the number of complaints that OCPO received in the past year, and 2) the number of concerns they investigated related to the complaints and the number of those concerns they found valid.

Analysis: The Office of Child Protection Ombudsman (OCPO) acts as an independent advocate for children and families served by Utah’s Division of Child and Family Services (DCFS). The function of OCPO is to receive and process complaints regarding DCFS. Some complaints result in investigations, while others are resolved through OCPO working directly with DCFS. As necessary, OCPO makes recommendations regarding case planning as well as systemic changes to address concerns found to be valid by the office.

Overall, OCPO received 382 complaints (down 11% from 430 in FY03) regarding DCFS services. OCPO provided 118 (31%) of the complainants with the needed information and

225 (59%) of the complaints were referred to DCFS. (refer to Chart A)

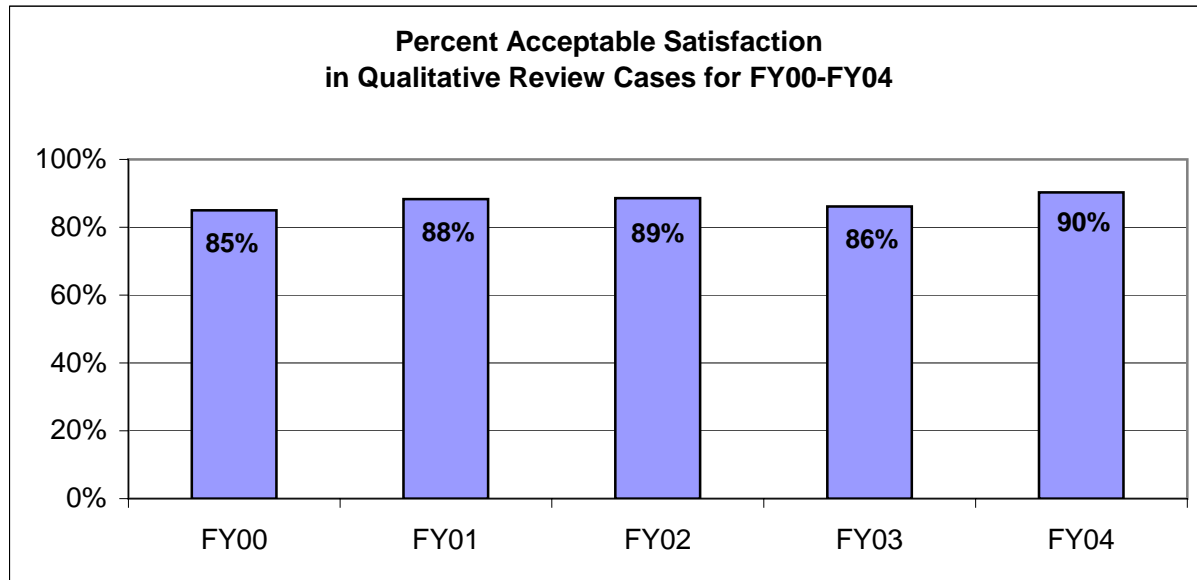
OCPO received 129 requests for investigation. 64 (50%) were accepted for investigation. At the end of FY04, 50 investigations were completed.

The 50 completed investigations contained 146 individual concerns. 81 complaints were from the complainant and 65 were identified by OCPO during the course of the investigation. 82% of the investigated concerns were found to be valid. Most complaints focused on inadequate CPS investigations, inadequate services provided by DCFS, and foster children not being returned home. (refer to Chart B)

Future Actions: OCPO will continue to review its processes and make amendments as necessary to improve and enhance the services provided to customers.

PERCENT OF DCFS CASES IN THE QUALITATIVE CASE REVIEW THAT SCORED ACCEPTABLY ON THE OVERALL SATISFACTION INDICATOR

Source: Division of Child and Family Services and Office of Services Review



Definition: During the Qualitative Case Review process, reviewers interview the children, families and substitute caregivers in each case. Based on the interviews and a satisfaction survey that is completed, the reviewers rate the satisfaction of the individuals and then these individual satisfaction scores are combined into an overall satisfaction rating for each case.

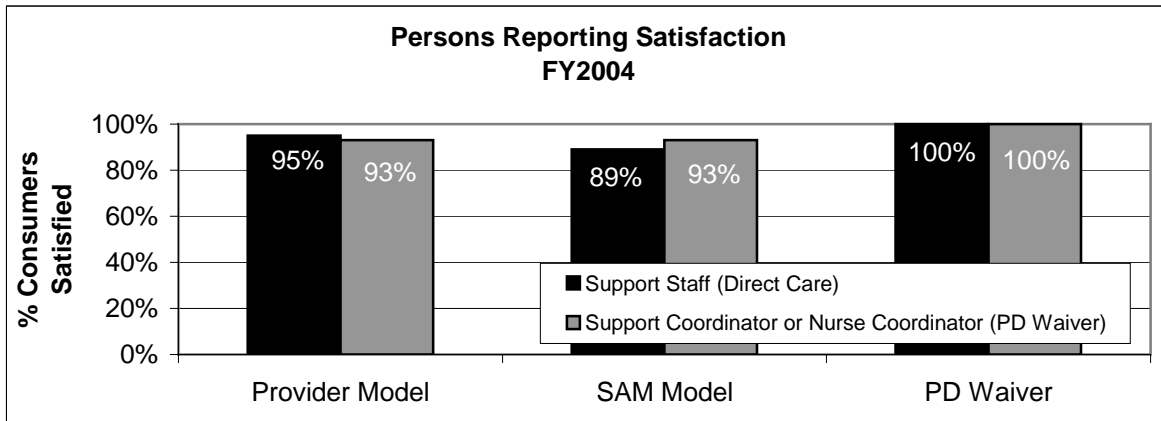
Analysis: Between 85 and 90 percent of clients expressed overall satisfaction with services from Child and Family Services over the past five years. Most clients do not solicit services from the Division but are involuntary clients, consequently it is anticipated that some

clients will not express approval. Regardless of the involuntary nature of services, a high number of clients state they are satisfied with the services they receive.

Future Actions: Child and Family Services completed its training of all caseworkers on the Practice Model. The Practice Model emphasizes strengths-based interaction with the family. We anticipate that as all workers utilize this practice, scores may elevate slightly.

CONSUMER SATISFACTION DATA

Source: Division of Services for People with Disabilities



Data Source: Quality Enhancement Database, SAM Survey Database, and Physical Disabilities Survey Database

Definition: The Division asked people receiving services questions about satisfaction with direct care staff and support coordination. Trained reviewers obtained satisfaction information in person from individuals with DD/MR or brain injury who receive services from provider agencies (“Provider Model”). Division research staff obtained satisfaction information from individuals with DD/MR or brain injury who hire their own staff (“Self-Administered Model”) and from individuals with physical disabilities (“PD Waiver”) using mail-out satisfaction surveys.

were satisfied with their “Respite” staff. More specifically, respondents reported that age requirements, lower pay, and limited respite hours all contributed to problems finding and retaining quality respite staff. Overall, reports of satisfaction with direct care staff (other than respite staff) and support coordination remained over 90% whether individuals were using the Provider Agency Model, the Self-Administered Model or were receiving physical disability services. In fact, individuals receiving physical disability services reported 100% satisfaction with their direct care staff and State Nurse Coordinators.

Analysis: During FY04, the Division distributed a revised and more comprehensive “Self-Administered Model” (SAM) Survey. Satisfaction with direct care staff reported on the FY04 SAM Survey was about 10% lower than satisfaction reported on the FY03 Survey. This decrease in satisfaction with direct care staff is most likely due to the new design of the FY04 SAM survey, which offered more detailed questions, different response options, and respondent anonymity. For example, the FY04 SAM Survey divided direct care staff into “Family Support/Supported Living” and “Respite” staff. Ninety-three percent (93%) of respondents reported that they were satisfied with their “Family Support/Supported Living” staff and 86% of respondents reported that they

Future Actions: In FY05, satisfaction surveys (via telephone, face-to-face, or mail-out) will be conducted with a sample population of consumers and will specifically address Quality Enhancement. In addition, Quality Initiatives will be implemented throughout the state to improve consumer satisfaction. Support Coordinators are in the process of piloting a new tool (Field Visit Checklist) in monthly meetings with consumers. The Field Visit Checklist is designed to assist the support coordinator in gathering data in a consistent and measurable way. The Field Visit Checklist focuses mainly on Assurance, but also address Enhancements issues (i.e. consumer satisfaction).

Consumer Accessibility to Services

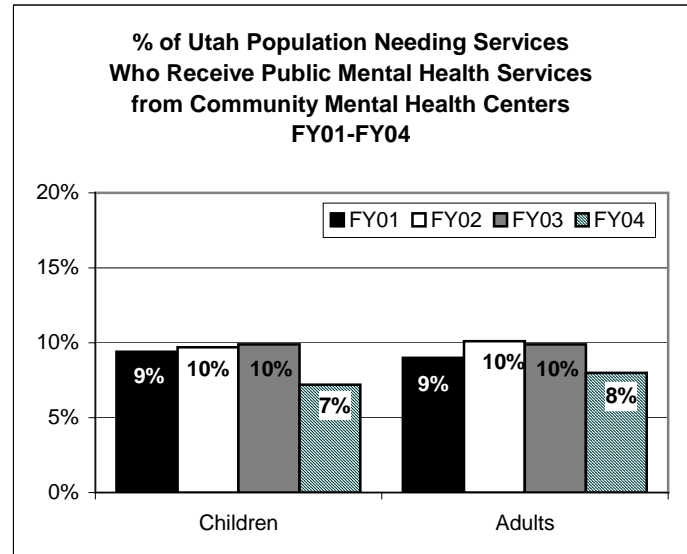
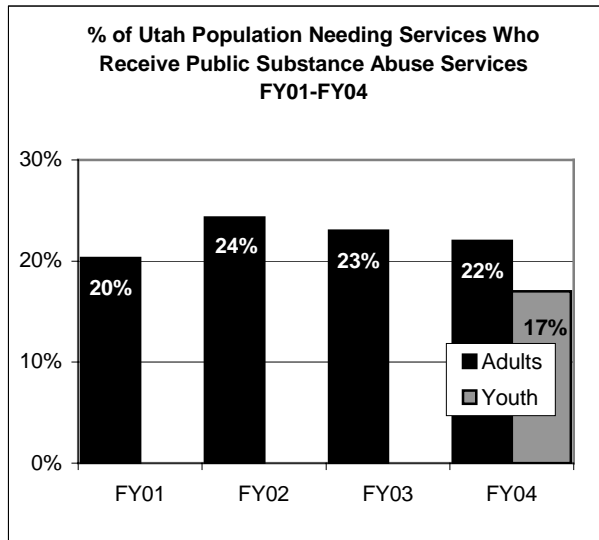
- Utah Population Needing Services Served by the Mental Health and Substance Abuse Systems (DSAMH)

- Adult Mental Health Clients Saying They Were Able to get Services They Needed (DSAMH)

- Children in DCFS Custody who have Initial Health and Dental Exams within Specified Time Frames (DCFS)

UTAH POPULATION NEEDING SERVICES SERVED BY THE MENTAL HEALTH AND SUBSTANCE ABUSE SYSTEMS

Source: Divisions of Substance Abuse and Mental Health



Definition: The percent of those needing treatment in the State was determined from recent prevalence estimates and needs assessment surveys. These percentages were applied to state census data. Separate data for youth receiving substance abuse services was made available for the first time in FY04.

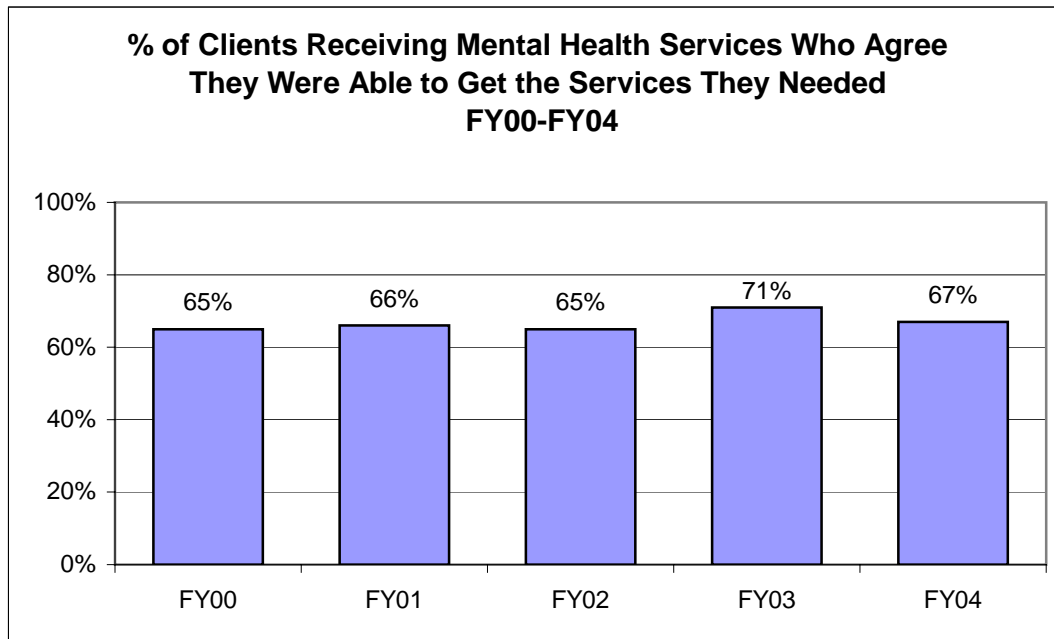
Analysis: Using estimates from national studies, about one in five children and adults in the community have diagnosable mental disorders during a given year. Less than a tenth of these populations received public mental health services in Utah in FY04. The mental health system primarily focuses on a subset of this population defined as mentally ill.

Approximately 77,000 adults in Utah are either dependent on or abusing drugs and/or alcohol and are in need of the help that our local services provide (Based on the 2000 Needs Assessment Survey). Of those, the public treatment provider network in Utah was able to serve approximately 17,000 (22%). Approximately 18,000 youth are in need of treatment in Utah (Based on the 2003 Utah Prevention Needs Assessment Survey). Of those, about 3,050 (17%) received public treatment services.

Future Actions: In cooperation with Local Substance Abuse Authorities and Community Mental Health Centers, the Division will develop policies and procedures to deliver quality services to as many people as possible using limited resources.

ADULT MENTAL HEALTH CLIENTS SAYING THEY WERE ABLE TO GET SERVICES THEY NEEDED

Source: Division of Substance Abuse and Mental Health



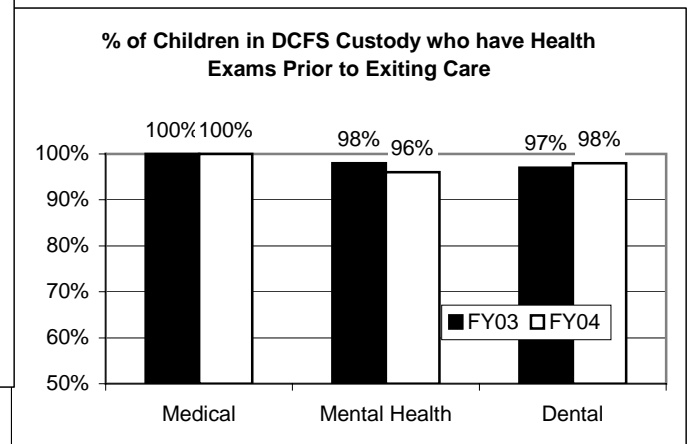
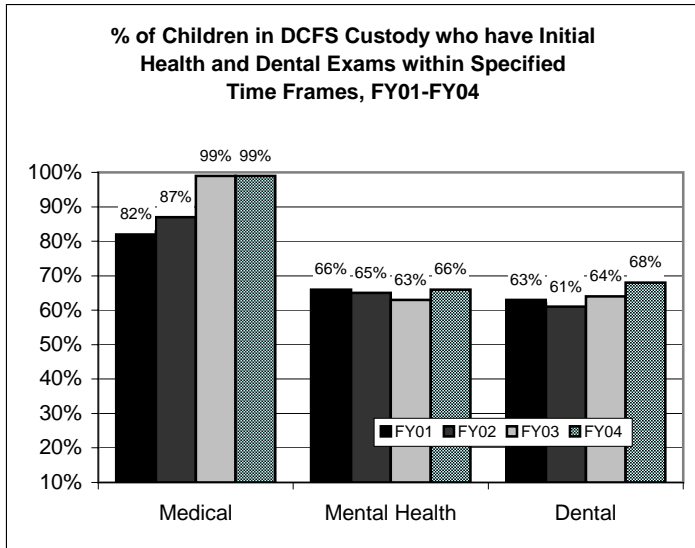
Definition: The Division administers a client satisfaction survey to its clients throughout the year. The survey gathers opinions from clients on 28 items. The graph above shows the response to: “I was able to get the services I thought I needed.”

Future Actions: The observed results are similar to other states on this question. Based on historical trend data, individual centers that fall significantly below 60% will be encouraged to track services carefully and make service improvements.

Analysis: The graph above indicates that two-thirds (67%) of clients felt they were able to get the services they needed from Community Mental Health Centers. This result is in line with previous years.

CHILDREN IN DCFS CUSTODY WHO HAVE INITIAL HEALTH AND DENTAL EXAMS WITHIN SPECIFIED TIME FRAMES

Source: Division of Child and Family Services



Definition: These data were obtained by looking at all children entering care who were in custody at least 30 days. Medical and mental health assessments are due within 30 days of the child coming into DCFS custody. Children over age three receive a dental examination within 30 days of removal from their home. Thereafter, these exams are due annually. The percentage of children receiving medical and mental health screenings and dental health examinations within 40 days of entering custody was determined. Forty days was used to give workers a ten-day grace period to complete health exams.

Analysis: These data show that the majority of children's medical needs are reviewed when children first come into DCFS custody. In total, 100% of all children in foster care received medical assessments, 88% mental health assessments, and 93% received dental exams prior to exiting care. The percent of children who receive timely medical exams has continued to rise over the past four years; mental

health and dental exams slightly increased in FY04. The Division will work to ensure that all children receive timely health assessments and care. In rural areas, less access to dental and mental health providers may cause delays.

Future Actions: The goal of DCFS is to ensure that all children in custody receive necessary medical, dental, and mental health care within the prescribed time frame. DCFS continues to collaborate with the Department of Health to identify barriers to reaching the desired outcome. Currently a task force is evaluating the mental health needs of this population to identify ways to better meet them. Collaboration is also on-going with the private sector in enhancing the care the children get immediately on entering custody with organizations like the Christmas Box Foundation and Health Care Clinics.

Consumer Responsibility

- Families with Children Receiving Services from DHS Paying on Current Orders (Where Order is Established) (ORS)

- Victim Restitution Paid and Community Service Hours Completed (DJJS)

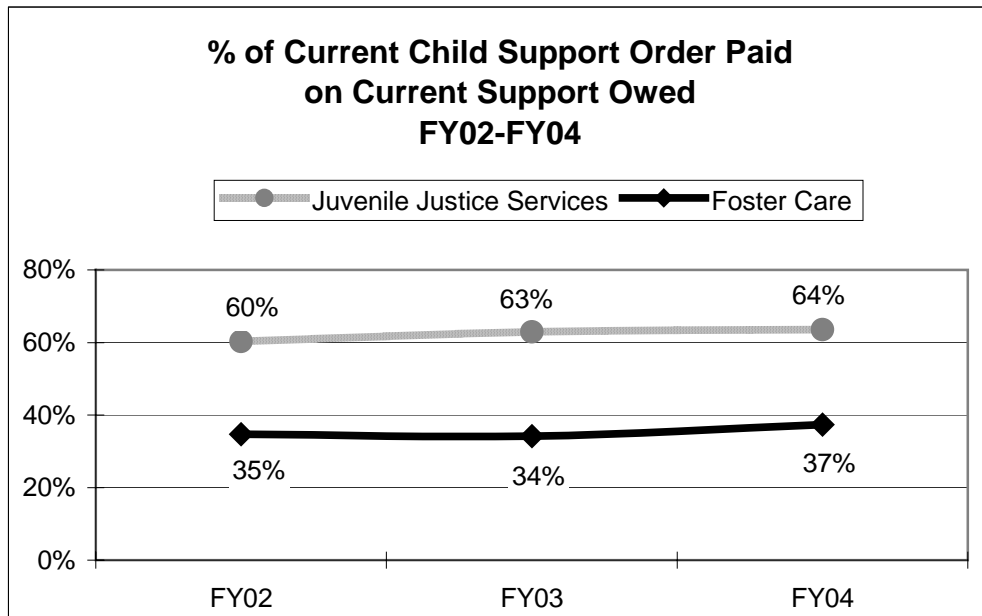
- Substance Abuse Clients who Successfully Discharge from Treatment (DSAMH)

- AWOLs from the Utah State Hospital (DSAMH)

- Paternity Resolved (ORS)

FAMILIES WITH CHILDREN RECEIVING SERVICES FROM DHS PAYING ON CURRENT ORDERS (WHERE ORDER IS ESTABLISHED)

Source: Office of Recovery Services



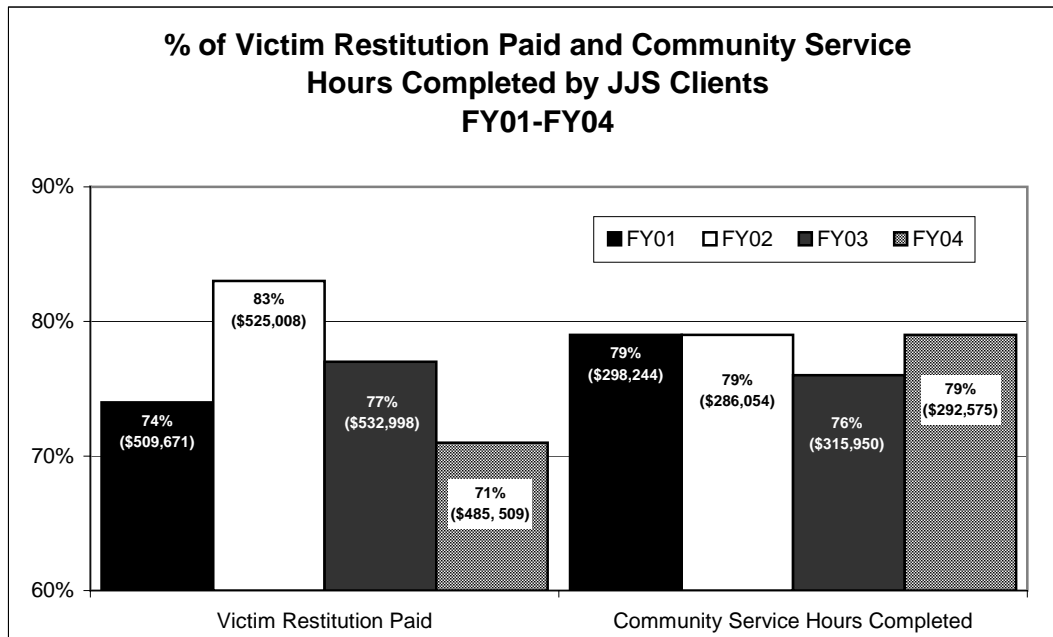
Definition: The percentage of current support paid on current support owed for each for the State fiscal year for Juvenile Justice and Foster Care cases.

Analysis: This measure indicates how well the Office of Recovery Services (ORS) is able to collect past and current child support for children receiving services through the Department. These collections offset costs associated with providing services, thus helping to ensure appropriate use of funds as well as future availability of services.

Future Actions: ORS will continue in-depth, ongoing training for staff, as well as ensure that program policy is current and available to staff to support their case management activities. Case management process improvement is ongoing. ORS also plans to continue ongoing enhancements of its computer system. This will allow for increased efficiency in conducting case management and accounting activities. In addition, recent improvement in the process of receiving custody orders from the Juvenile Court is anticipated to contribute to the efficiency of establishing child support orders. This will allow collection to begin more quickly.

VICTIM RESTITUTION PAID AND COMMUNITY SERVICE HOURS COMPLETED

Source: Division of Juvenile Justice Services



Definition: The figures in the chart above indicate the percentage of total community service hours completed and victim restitution paid prior to custody termination. The chart also includes the total number of community service hours completed and the total amount of restitution that was paid for FY01 to FY04.

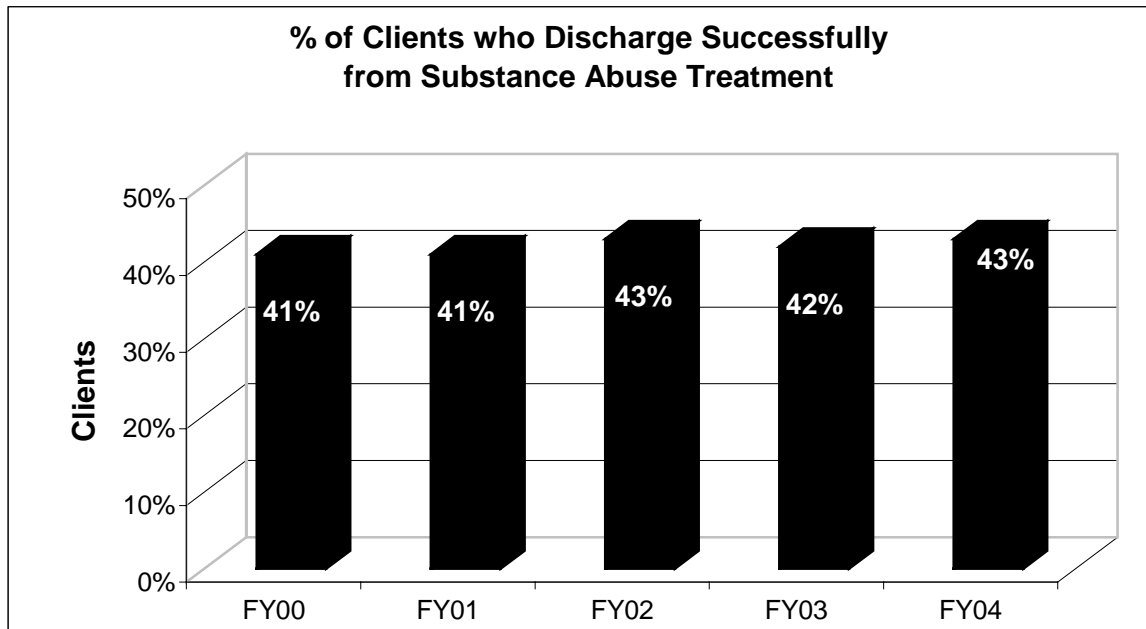
from DJJS custody, clients completed 292,575 community service hours (79%) and paid \$485,509 in victim restitution, (71% of the total amount ordered). While restitution rates have decreased from FY03, community service hours completed increased three percentage points in FY04.

Analysis: An important objective of the Division of Juvenile Justice Services (DJJS) is to help youth make amends for their delinquent behavior. To do this, youth receive court orders to do community service hours and/or pay restitution to their victims prior to custody termination. By the time they were terminated

Future Actions: DJJS and the courts are joining their efforts to expand the number of community service opportunities available to youth. This, in turn, will increase the paid restitution and community service hours worked.

SUBSTANCE ABUSE CLIENTS WHO SUCCESSFULLY DISCHARGE FROM TREATMENT

Source: Division of Substance Abuse and Mental Health



Definition: After discharge from substance abuse treatment, it is determined whether each client successfully completed the prescribed treatment. Reasons for discontinuing services include leaving against professional advice, incarceration, and termination by the facility due to rule violations.

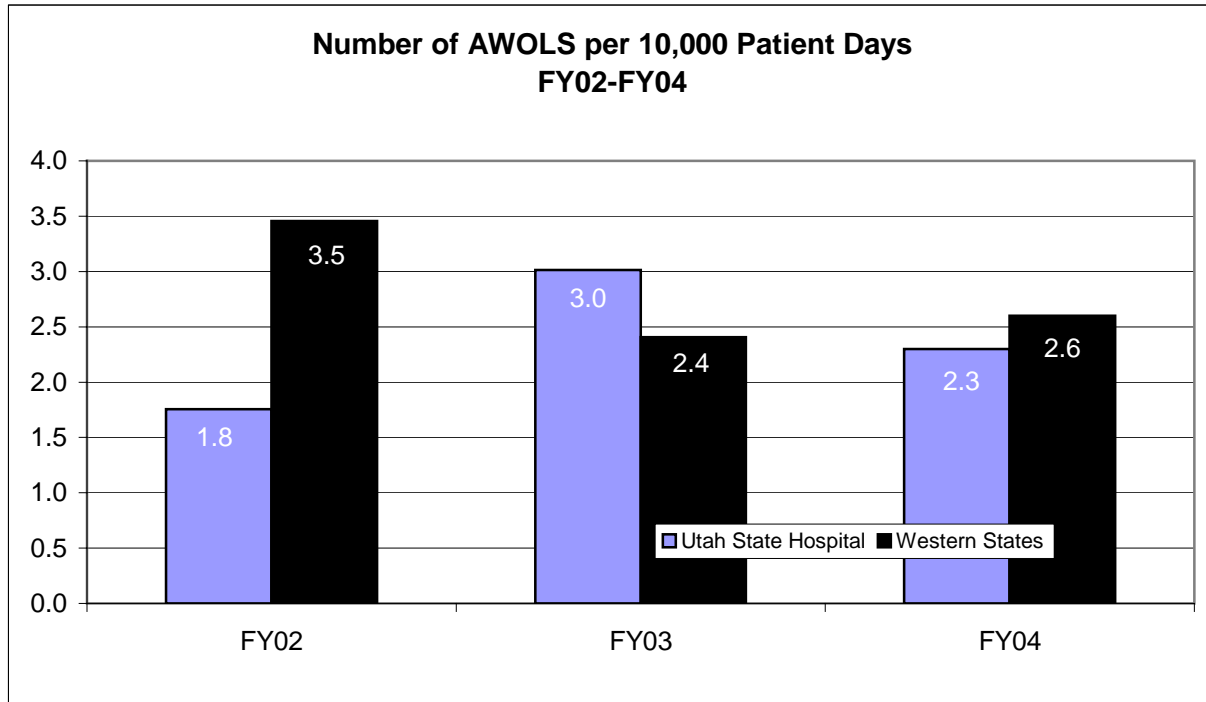
Analysis: The percentage of clients who successfully completed substance abuse treatment in FY04 is 43%, which is consistent with the past three years. Many patients leave treatment when they are near the end of treatment but are not officially discharged from treatment. These patients are not counted in this statistic. Because many providers define “successful” discharge differently, this graph

represents only those who complete all or most of their treatment objectives. Many more are successful after they leave treatment without an official discharge.

Future Actions: The Division is continually striving to improve the outcome of substance abuse treatment. The Division is focused on science-based treatment to ensure quality services. Measures are also being taken to more accurately track the results of client services by developing electronic assessments and data tools.

AWOLS FROM THE UTAH STATE HOSPITAL

Source: Utah State Hospital, Division of Substance Abuse and Mental Health



Definition: The number of AWOLs (clients that have left the State Hospital without permission) at the Utah State Hospital per 10,000 patient days compared to the median number of AWOLs per 10,000 patient days for State Hospitals in 15 western states. In previous years this data was reported on a 6-month basis. For FY04, the division felt it would be best to report this data by fiscal year.

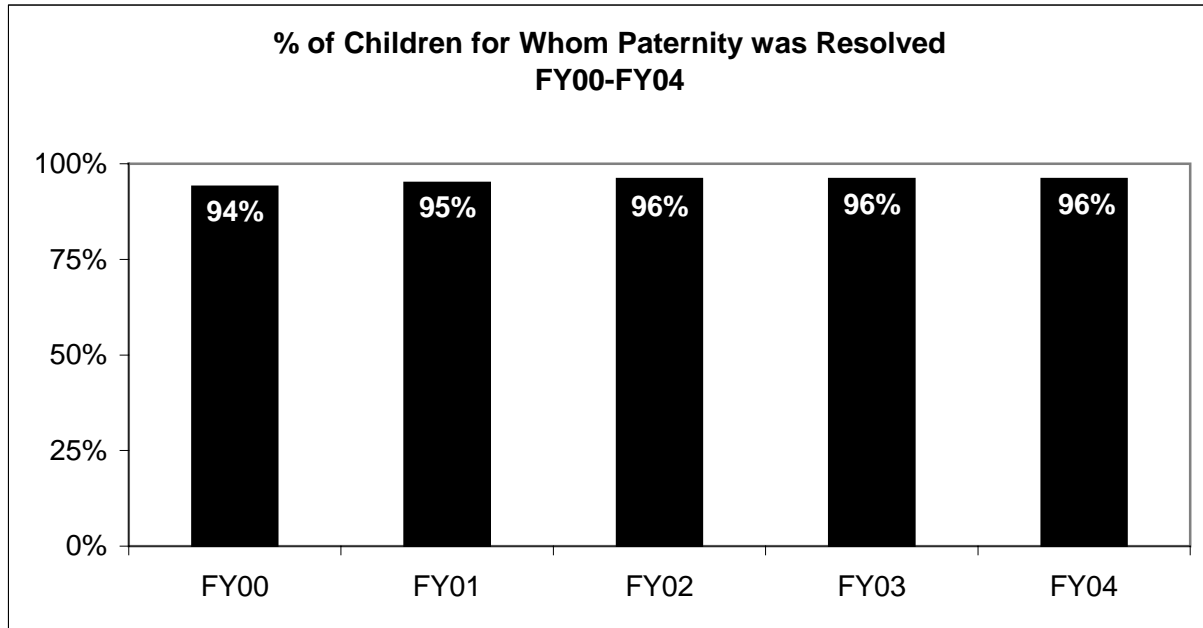
Analysis: During FY02, the AWOL rates were lower at the Utah State Hospital than at hospitals in the Western States. During FY03, AWOL rates were slightly higher at the Utah State Hospital as compared to the Western

States. The AWOL rates were lower during the second part of the year. For FY04 the AWOL rates for Utah are once again lower than the Western States.

Future Actions: Division and State Hospital administrators are examining possible underlying issues and results from other states. AWOLS will continue to be monitored by the Utah State Hospital.

PATERNITY RESOLVED

Source: Office of Recovery Services



Definition: The number of children who were either born in a marriage or for whom paternity has been acknowledged or established divided by the number of all children in the caseload.

Analysis: For children who are not born in a marriage, establishment of paternity is a critical step in the establishment and enforcement of child and medical support. The Office of Recovery Services (ORS) locates alleged fathers, conducts genetic testing, and proceeds with administrative or judicial establishment of paternity for these children. This ratio also demonstrates success in the larger social goals that: (1) as many children as possible should be born within marriage; but, (2) if children are born outside of marriage, their parents acknowledge them and accept responsibility

legally in public records. The percent of children for whom paternity has been resolved remained stable at 96% in FY04. Success is due to a number of factors, including more and improved location resources, the availability of voluntary declarations of paternity, and the efficient use of the administrative process to establish paternity.

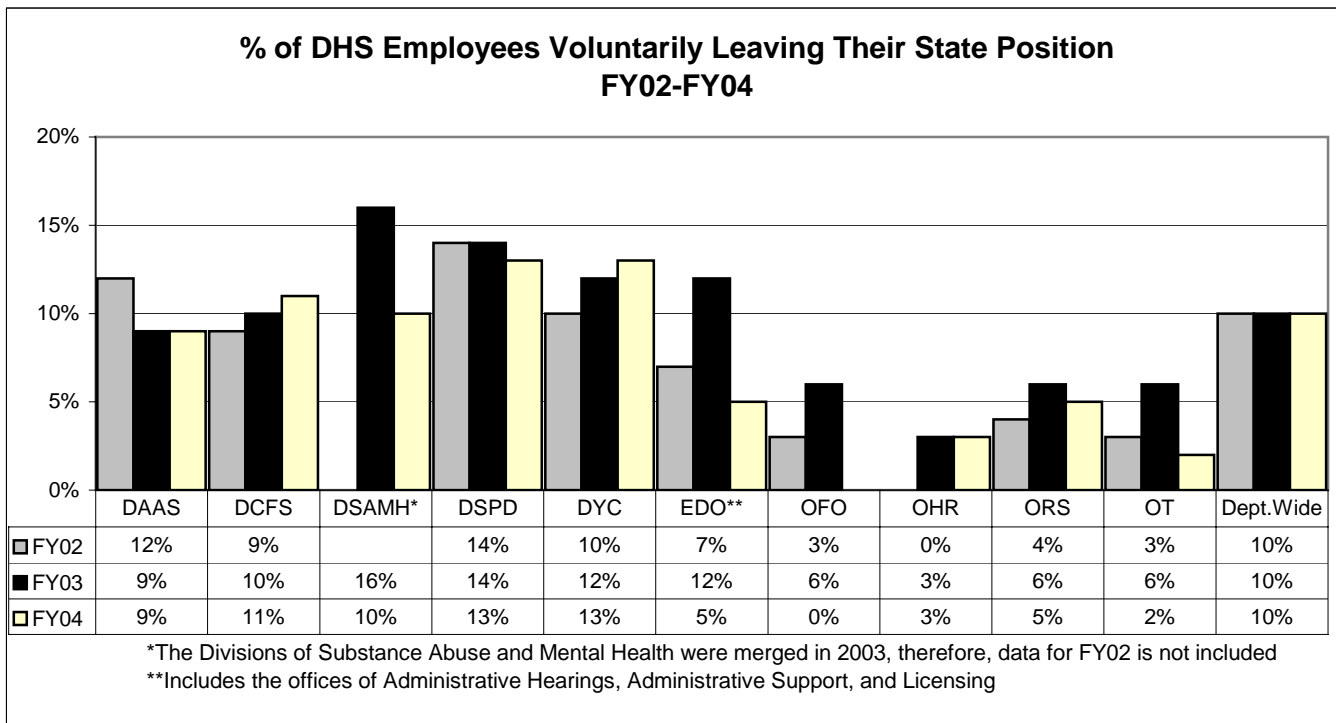
Future Actions: ORS plans, in cooperation with the Department of Health, to continue dissemination of voluntary declaration of paternity information to hospitals and clinics through the state. Development of new resources and tools for staff is ongoing.

Staff Management

- Employees Leaving their Position at the State. (OHR)

EMPLOYEES LEAVING THEIR POSITION AT THE STATE

Source: Office of Human Resources



Definition: The number of division or office or department employees leaving State employment divided by the total number of Department employees as of June 30, 2004. Calculations include only those DHS employees that voluntarily left state employment. The count does not include temporary employees.

Analysis: The overall turnover rate for the Department was 10%, remaining steady for the past three years. The turnover rate ranges from 0% in the Office of Fiscal Operations to 13% in

the Division of Services for People with Disabilities and the Division of Juvenile Justice Services.

Future Actions: The Department will continue its efforts to improve employee satisfaction so employees are more likely to continue their work for the Department.

SUMMARY

SUMMARY

The Department of Human Services uses the data presented in this report, and other performance measures, to determine whether the Department, as a whole, and its individual agencies are moving in the right direction. The Executive Director's office feels these data accurately reflect how the Department is performing, and that these measures, overall, get to the heart of what the Department aims to accomplish—to enhance the quality of life for clients; foster self-reliance; encourage stable and nurturing relationships; and ensure children, adults, and families are safe in their homes and communities.

Overall, the Department aims to work with citizens to strengthen their capabilities and independence. The Department continues to make progress towards its goal of strengthening individuals and families. Specifically, last year the Department realized the following:

- 69% of those clients who had used substances within a month of entering treatment, had either stopped or reduced their substance use by the end of treatment. This is a 9% improvement over last year.
- 84% of those receiving treatment in community mental health centers either maintained or improved their general well being.
- Fewer than one-tenth of patients at the State Hospital were re-admitted within 6 months of discharge. A 34% improvement over last year.
- Total child support paid to parents reached \$127 million—a 4% increase over the prior year.
- 94% of Division of Child and Family Services (DCFS) cases reviewed for the Qualitative Case Review attained a passing score for Client/Family Status and 84% attained a passing score on system performance (up from 66% in FY03).
- 90% of children leaving DCFS custody do not reenter custody within one year.
- 71% of children adopted from foster care are adopted within 24 months of entering care—well above the national standard of 32%.
- 5,675 domestic violence victims were sheltered in the past year.
- 58% of the delinquent youth served in the Division of Juvenile Justice Services had no new charges for the 12 months after entering services. 75% had a reduced number of offenses.

The Department also measures the performance of divisions and programs on critical issues such as consumer satisfaction, consumer responsibility, staff management, service access and adherence to preferred practices. Highlights of these performance measures include:

- A majority of clients who were surveyed by the Divisions of Substance Abuse and Mental Health and Services for People with Disabilities reported satisfaction with Department services.
- Delinquent youth paid 71% of victim restitution monies and completed 79% of community service hours.
- For 96% of the children served by the Office of Recovery Services, paternity is resolved.
- Medicaid cost avoidance increased by 86% in the past year.
- The number of complaints to OCPO regarding DCFS services dropped from 430 to 380 in the past year—an 11% decrease.

APPENDIX

LIST OF DATA - SORTED BY DIVISION OR OFFICE		
Office	Title	Page#
DAAS	Substantiated Adult Protective Services Referrals Receiving a Second Referral (DAAS)	4
DAAS	Eligible Adults Receiving Services from the Alternatives, Waiver, and Respite Programs (DAAS)	17
DCFS	Victims with Prior In-Home or Foster Care Cases (DCFS)	2
DCFS	Children Entering Custody with Prior Out-of-Home Care within 6, 12, 18 Months (DCFS)	3
DCFS	Domestic Violence Clients Served (DCFS)	5
DCFS	Children Achieving Permanency within 12 Months of Entering Custody (DCFS)	11
DCFS	Length of Time a Child Spends in Foster Care Prior to Adoption (DCFS)	12
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DJJS	AWOLs from the Juvenile Justice Services System (DJJS)	9
DJJS	Placements per Youth in Juvenile Justice Services (DJJS)	14
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DSAMH	Average Number of Arrests from Admission to Discharge for Substance Abuse Clients (DSAMH)	7
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DSAMH	Patient Outcome Status from Admission to Discharge in the Utah State Hospital (DSAMH)	27
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LIST OF DATA - SORTED BY DIVISION OR OFFICE		
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ORS	Total Child Support Paid to Parents (ORS)	19
ORS	Total Medicaid Collections (ORS)	31
ORS	Total Medicaid Cost Avoidance (ORS)	32
ORS	Percent of Child Support Cases Paying on Arrears (ORS)	33
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OSR	Qualitative Case Reviews Passing the Overall Scores (OSR)	37
OSR	Indicators Reaching Goal in the Case Process Review (OSR)	38
OSR	Percent of DCFS Cases in the Qualitative Case Review that Scored Acceptably on the Overall Satisfaction Indicator (OSR)	44

In addition to the data on the pages listed above, there are two pages where the data comes from multiple divisions or offices. They are:

DAAS, DCFS, DJJS, DSAMH and DSPD contribute data for page xii.

DSAMH and DSPD contributed data for page 41.