Self-Assessment Report

Mule Deer near Elk Creek, Southern Oregon

Federal Fiscal Year 2016

Prepared by the Performance, Budget, and Statistics Team
March 2017

Table of Contents

Table of Tables

Table of Figures

I. Executive Summary

A. Introduction

The standards and criteria for State self-assessment review and report processes are established in the Code of Federal Regulations, Title 45, Chapter III, Part 308 (45 CFR 308). It specifies that states must conduct an annual review of eight required program criteria. Oregon's self-assessment results are submitted to the Office of Child Support Enforcement (OCSE) Region X Office and to the OCSE Commissioner through the automated Self-Assessment Reporting System no later than six months after the review period.

This is Oregon's eighteenth annual self-assessment. It covers the 12-month period from October 1, 2015, through September 30, 2016. The assessment reviewed the following eight categories:

- Case Closure
- Establishment of Paternity and Support Orders
- Enforcement of Orders
- Disbursement of Collections
- Medical Support Enforcement
- Review and Adjustment (Modification)
- Intergovernmental Services
- Expedited Process

Background

In 1975, the Oregon Child Support Program (Program) was established under Title IV-D of the Social Security Act. The Program consists of two primary partners, the Oregon Department of Justice Division of Child Support (DCS) and 25 county District Attorney (DA) offices. DCS also works in coordination with the Department of Justice Civil Recovery Section on certain judicial actions. The Department of Justice has had oversight responsibility for the Program since 2003. The Program primarily uses administrative processes to establish, modify, and enforce child support orders. The following tables are synopses of Oregon's child support caseload and staffing as of September 30, 2016. The DCS staff assigned exclusively to work on Oregon's System Project are listed separately:

Table 1 – Program Information

Caseload Size		Types of Cases		Program Staffing	
DCS Caseload	148,404	Current Assistance	20,616	DCS Staff	572
DA Caseload	39,352	Former Assistance	113,638	DA Staff	137
Program Caseload	187,756	Never Assistance	53,502	System Project Staff	22

See also Appendix 1 – Tables and Figures (DM# 8151110), Table 1 – Program Information.

B. Self-Assessment Results

Oregon's efficiency rates and corresponding federal benchmarks are displayed below in Table 2 - Self-Assessment Results.

Table 2 – Self-Assessment Results

Criterion	Cases Where Required Activity Occurred or Should Have Occurred	Cases Where Required Activity Occurred within Timeframe	Efficiency Rate (Confidence Level of Sample)	Federal Minimum Standard	Previous Year's Efficiency Rates
Case Closure	304	288	**94.74%**	90%	97.24%
Establishment	422	360	**85.31%**	75%	88.77%
Enforcement	290	268	**92.41%**	75%	91.94%
Disbursement	2,081,477	1,929,917	**92.72%**	75%	95.43%
Medical	298	281	**94.30%**	75%	96.23%
Review & Adjustment	384	370	**96.35%**	75%	95.54%
Intergovernmental	314	272	**86.62%**	75%	76.97%
Expedited Process 6-month	319	296	**92.79%**	75%	93.23%
Expedited Process 12-month	319	314	**98.43%**	90%	97.94%
TOTAL:	2,084,127				

See also Appendix 1 – Tables and Figures (DM# 8151110), Table 2 – Self-Assessment Results.

C. Summary

Oregon surpassed the required federal compliance benchmarks in all program areas for the Self-Assessment review period. A corrective action plan therefore will not be necessary.

II. Methodology

A. Introduction to Methodology

Oregon reviewed a focused sample group of child support cases in seven categories to determine compliance with the corresponding citations in 45 CFR 302 and 303 and the Social Security Act (Section 454B(c)(1)). For Disbursement of Collections, all payments received were systematically reviewed to determine compliance.

To conduct a statistically valid assessment and select a sample that would achieve a 90% confidence level, Oregon utilized focused samples. Oregon used the statistical equation in Figure 1 – Confidence Level Statistical Equation to achieve the 90% confidence level requirement.

$$n = \frac{(z\,\acute{a}/2)^2 \times p(q)}{E^2}$$

Figure 2 – Confidence Level Statistical Equation

See also Appendix 1 – Tables and Figures (DM# 8151110), Figure 2 – Confidence Level Statistical Equation.

The formula for Oregon's statistical equation to achieve its confidence level states the following:

- n = the sample size
- z = the z score
- á = 1 – confidence interval
- p = probability
- q = 1 – p
- E = tolerable error rate

Sample Chart – 90% Confidence Level

Sample Chart – 95% Confidence Level

Figure 1 – Confidence Level Charts

See also Appendix 1 – Tables and Figures (DM# 8151110), Figure 1 – Confidence Level Charts.

Oregon's desired error rate is 5% or less. A presumed probability of 50-50 was used (50% chance the desired outcome would occur and 50% chance the desired outcome would not occur). Utilizing the formula above and assuming a 90% confidence level, a table was created to indicate the number of cases required for review per identified population.

A comparative table for a 95% confidence level was also used to determine the number of cases to sample to achieve the 90% confidence level as shown above in Figure 1 – Confidence Level Charts. (See also Appendix 1 – Tables and Figures, Figure 1 - Confidence Level Charts.)

To ensure that a case was included in the review for a single category only, before the samples were selected, the population of cases was compared for each category and duplicates removed. The comparisons are completed incrementally, with the largest population of cases selected first and the second largest population selected next. The second population was compared to the first and the duplicate cases were removed. This process repeated, for each subsequent category, with the priority order based on the historical size of each category's population.

This resulted in a reduction of the total available population, and therefore the population sizes may not reflect the actual number of cases. There was a renewed effort this year to ensure this process worked properly. Completing an accurate comparison had an impact on both the Expedited Process and Modification populations, reducing those populations by 64% and 21% respectively. Therefore, Expedited Process and Modification populations do not fully represent the total caseload for those categories, and there is potential that errors in those categories are under-reported.

B. State Self-Assessment Coordination

Program Compliance Criteria

Oregon continues to use the March 1998 Core Work Group Report model to conduct case assessments. Flowcharts were created for the seven non-automated categories. A database was created with data input forms designed around the flowcharts. Macros eliminated manual calculations and determinations, increasing the efficiency and accuracy of the data and case outcomes.

Case Review – General Rules

The assessment is performance-based, focusing on outcomes rather than processes. Each category was reviewed for compliance with corresponding federal regulations established in 45 CFR 308. The following relevant definitions apply:

- An *outcome* is the result of case action within a specific category.
- An *action* is an appropriate outcome within a specific category.
- An *error* is either a failure to take a required action or taking an incorrect action within a specific category.

The assessment of a case was based on five general case-evaluation rules:

- A case was reviewed only on the criteria for which it was sampled.
- A case received only one action or error in the category for which it was sampled.
- No credit was given for an action completed prior to, or after, the review period.
- Time standards for initiating reciprocal and responding reciprocal interstate cases were reviewed separately.
- If an outcome was pending or not successfully completed due to the timeframe expiring after the review period, the previous required action was evaluated.

Cases were initially screened for possible exclusion. A case was excluded if:

- No action was necessary during the review period.
- There was insufficient time to take the last required action and no other actions were previously required.

- The case qualified for closure pursuant to 45 CFR 303.11 and it was not being reviewed for compliance with case closure criteria.
- Other reasons relevant to unique criteria.

Oregon compared efficiency rates within each category to the federal benchmarks. To establish an efficiency rate, Oregon used the formula specified in the Self-Assessment Core Workgroup Report, March 1998:

Efficiency [Cases with appropriate action/Total number of cases with required action]

Concur Case Review Process

Oregon implemented the Concur Case Review Process during the 2004 Self-Assessment as an enhancement to the case review process. This process has been used each year since and has benefited the Program in a number of ways:

1) The Program efficiency rating has increased when the field has provided sufficient documentation validating a case action that was previously considered noncompliant.
2) Program confidence in the reported outcomes has improved because of field participation in the determination of the outcomes.
3) Program awareness of the review categories and related criteria has increased.
4) The understanding of federal requirements has increased in both the Division of Child Support and District Attorney offices.

Prior to field office review, a Program Performance Analyst reviews the cases and determines whether the outcome is an action (appropriate action taken), error (failed to take required action), or excluded (does not meet the criteria to be reviewed). A second Analyst then reviews the error cases, gaining consensus on the outcome. Following analyst review, the error cases are referred to their respective field office representatives to review using applicable federal regulations. These representatives either concur or do not concur with the analyst's determination, and provide additional information for reconsideration of the outcome.

The analysts consider any additional information provided by the field office and make a final determination of compliance. This determination takes into account the applicable federal regulations associated with each of the review categories. The outcome of the determination is shared with the respective field representatives. Upon completion of this process, the outcomes are finalized and the report is published and submitted to OCSE.

In response to the Concur Case Review Process this year, there were 19 non-concurs received. Because of the additional information provided, the analysts updated to actions one Enforcement category error and one Intergovernmental category error. There was also one Establishment error case that was excluded. These changes increased efficiency in the respective categories.

Training Opportunities

Starting with the 2014 FSA, the analysts began tracking training opportunities identified during the review process. These arise when the required process is not followed or information is not correctly documented on a case. Training opportunities may include incorrectly coding an action, failing to create narratives, or taking incorrect case actions. Analysts do not search for training opportunities. If a training opportunity is identified, the analysts spend additional time reviewing the case to enable them to follow up with Program staff later in the process. A detailed list is provided to field office managers after case reviews are finished to assist them in identifying areas that may need improvement or retraining in their respective offices.

C. Universe Definition and Sampling Procedures

To obtain focused samples, the seven non-automated categories were broadly defined to avoid the systematic exclusion of a population subset. Separate populations of cases were identified for each category based on the specified definitions. The population samples include cases that were excluded due to definition ambiguity or because of coding errors within the Child Support Enforcement Automated System (CSEAS). For this reason, an exclusion rate was anticipated within each sample. Sample sizes were based on the number of cases required to achieve 95% confidence level ensuring that the final review resulted in the minimum sample size required for a 90% confidence level.

D. Summary of Methodology

Table 3 – 2016 Self-Assessment Sample Details provides descriptions of the unique sample data extracted for each criterion. The population size varies each year and determines the minimum number of cases needed to achieve the 90% confidence level. For each criterion, the Program exceeded the minimum number of cases required.

Table 3 – 2016 Self-Assessment Sample Details

Criterion	Sample Data Description	Case Population	# Cases to Achieve 90% Confidence Interval	Sample Size	System Reviewed	Total Cases Reviewed
Case Closure	Any case closed during the review period, even if it subsequently reopened.	34,814	269	322	0	304
Establishment	Any case in which a paternity or support order was needed, in process, or established during the review period.	12,116	265	566	189	422
Enforcement	Any case in which an ongoing income withholding is in place and in which new or repeated enforcement actions were required during the review period.	82,123	270	304	170	290
Disbursement	Any payment received and disbursed during the review period.	2,081,477	270	2,081,477	1,929,917	2,081,477
Medical	Any case with an order established or modified during the review period.	5,145	261	371	0	298
Review & Adjustment (Modification)	Any order case with a modification action initiated or completed during the review period.	8,697	263	412	353	384
Intergovernmental	Any case coded with a responding or initiating state Federal Information Processing Standards (FIPS) code other than Oregon during the review period.	33,257	269	450	0	314
Expedited Process	Any case that has an administrative order established during the review period.	3,991	257	326	0	319

See also Appendix 1 – Tables and Figures (DM# 8151110), Table 3 – 2016 Self-Assessment Sample Details.

III. Self-Assessment Results

A. Introduction to Self-Assessment Results

Federal regulations require each state meet a minimum compliance benchmark of 75% for each required program category with the exception of Expedited Processes (12-month) and Case Closure. These two program categories must meet a minimum compliance benchmark of 90%.

Oregon surpassed the required federal compliance benchmarks in all program areas for the review period October 1, 2015, through September 30, 2016.

B. Self-Assessment Results

Table 4 – Self-Assessment Results

Criterion	Cases Where Required Activity Occurred or Should Have Occurred	Cases Where Required Activity Occurred within Timeframe	Efficiency Rate	Federal Minimum Standard	Previous Year's Efficiency Rates
Case Closure	304	288	**94.74%**	90%	97.24%
Establishment	422	360	**85.31%**	75%	88.77%
Enforcement	290	268	**92.41%**	75%	91.94%
Disbursement	2,081,477	1,929,917	**92.72%**	75%	95.43%
Medical	298	281	**94.30%**	75%	96.23%
Review & Adjustment	384	370	**96.35%**	75%	95.54%
Intergovernmental	314	272	**86.62%**	75%	76.97%
Expedited Process 6-month	319	296	**92.79%**	75%	93.23%
Expedited Process 12-month	319	314	**98.43%**	90%	97.94%
TOTAL:	2,084,127				

See also Appendix 1 – Tables and Figures (DM# 8151110), Table 4 – Self-Assessment Results.

C. Discussion of Self-Assessment Results

The following section provides a detailed breakdown by review category of the population, sample size, cases reviewed, errors, and training opportunities found during the 2016 Self-Assessment.

It is important to consider that the error breakdown shows the percentage of errors found in the sampling that was reviewed. When the percentage of errors is compared to the total population of cases, the resulting figure represents the number of errors that would reasonably be found if the entire Program caseload had been reviewed. For example, if the Enforcement category had a 94.23% efficiency rate, using the error rate of 5.77% and multiplying it by the total population of enforcement cases within the review period (124,660), there is a reasonable potential for 7,193 total Enforcement errors within the Program caseload. However, since duplicate cases are removed from the populations prior to the sample extraction, not all populations are fully represented.

Case Closure Review

2016 Efficiency Rate		94.74%
Federal Benchmark		90%
Population Size		34,814
Cases Sampled		322
Cases Reviewed		304
Cases that met at least one federal requirement		288
Error Summary	**CFR Reference**	
Did not qualify for closure.	45 CFR 303.11(b)(1-12)	5
Did not send contact letter to unreachable custodial parent.	45 CFR 303.11(b)(10)	5
Did not send closure notice to custodial parent.	45 CFR 303.11(c)	4
Did not wait 60 days to close case after sending closure notice.	45 CFR 303.11(c)	1
Did not wait 60 days between sending contact letter and sending closure letter to unreachable custodial parent.	45 CFR 303.11(b)(10)	1
Total Case Closure Errors		**16**
Other Case Closure Data		
Cases where training opportunities were identified		22
Number of non-concur responses received		2
Number of results changed in response to non-concur		0

See also Appendix 1 – Tables and Figures (DM# 8151110), Table 5 – Case Closure Summary, and Figure 3 – Case Closure: Proportion of Cases with Errors to Cases without Errors.

The Case Closure category had an error percentage of 5.26. Applying the error rate to the statewide case closure caseload, **1,831** cases are estimated to have errors. The error percentage increased this year but the Program has maintained efficiency in this category over 90% since 2005.

In 127 (42%) cases reviewed, the primary reason for closure was: "No longer a current support order and arrearages less than $500 or unenforceable." In 47 cases reviewed (15%), the closure reason was: "Recipient requested closure and medical support not assigned to State or arrearages accrued." In 33 cases reviewed (11%), the closure reason was: "Obligee uncooperative and their action was essential to taking the next action."

Of the 322 cases reviewed, there were 22 cases identified with training opportunities (7% of cases), an improvement from last year by three percent. In 12 of those cases, the training opportunity contributed to the error, primarily because the appropriate action was not taken or notices were not sent prior to closure. More than one training opportunity was identified in 14 cases. Of the 22 cases identified with training opportunities, 19 cases (86%) had case narratives and coding that required improvement, and in 16 cases (72%) the appropriate actions were not complete. As of the date of the review, one case (5%) needed follow-up action.

Figure 3 – Case Closure: Proportion of Cases with Errors to Cases without Errors

The overarching errors and training opportunities in this category parallel what was found last year:

- Lack of follow-up with and proper notification to an obligee.
- Cases closed prematurely for loss of contact with the obligee without attempting contact by sending a letter prior to initiating the closure notice (45 CFR 303.11(b)(10)).
- Cases closed instead of remaining open to provide continuation of services to the obligee.
- Cases that were closed for non-cooperation (45 CFR 303.11(b)(11)), but the obligee had not been contacted for a long time prior to closure.

The Program has continued to focus on case cleanup and pushed to work priority alerts. The caseload is cleaner and more current because of these focused efforts, but this rush to complete case activities may have resulted in hurried work and a less than thorough review on some cases.

Greater efficiency in this category would be realized with increased obligee engagement and keeping appropriately referred cases open until the obligee or applicant for services requests closure. Refresher training for staff about non-cooperation and loss of contact when the changes to the federal closure criteria are implemented could also improve performance for this category.

Disbursement Review

Table 6 – Disbursement Summary

2016 Efficiency Rate	92.72%
Federal Benchmark	75%
Population Size	2,081,477
Receipts Sampled	2,081,477
Receipts Reviewed*	2,081,477
Receipts that met at least one federal requirement	1,929,917

Error Summary

Receipts not disbursed within the two-day timeframe outlined in 45 CFR 308.2(d)(1) receive an error. Those errors are detailed by receipt types as follows:

Receipt Type	Total Receipts	Total Over Two Days	% of Errors
Electronic Funds Transfers (EFT)	966,369	15,483	10%
Unemployment (UC)	90,073	723	0.5%
Employer Portal (EP)	305,802	17,392	11%
Other	719,233	117,962	78%

Total Disbursement Errors	151,560

See also Appendix 1 – Tables and Figures (DM# 8151110), Table 6 – Disbursement Summary, and Figure 4 – Disbursement: Types and Number of Errors. 　*All Disbursements were reviewed.*

The Disbursement category had an error percentage of 7.28. Efficiency in this category decreased by 2.71% compared to the prior year. The total number of receipts processed increased by 2,824 (less than 1%) over last year.

Compared to 2015, the number of receipts increased by 2,824 (less than 1%) with the greatest number of disbursements occurring in March 2016 and December 2015. In these months, performance remained above 94%. The highest-performing months of the year were October, February, and April, when performance exceeded 97%.

The majority of payments with errors are categorized as Other Receipts, which includes all cash payments, money orders, checks, cashier checks, and foreign checks. These receipts require manual receipting, a time-consuming and less consistent receipting process.

Other Receipts account for 78% of the total errors, an increase of 8.5% when compared to last year (2015=69.5%). Thirty-two percent (37,864) of the Other Receipt errors occurred in July and 34% (40,113) of the errors occurred in June and September. Delays in disbursement are usually caused by low staffing levels. In September, there were problems with the computer processing that created unexpected delays the week of September 12-16 and resulted in 73% (13,628) of the September errors.

Figure 4 – Disbursement: Types and Number of Errors

The greatest number of errors occurred on November 12, November 30, and January 4, with 27,024 errors or 18% of the year's total errors. Delays on November 12 and 30 are attributed partly to the state holidays observed during those weekends. On November 30, a large portion of receipts received errors inappropriately. The day after Thanksgiving, November 30, was added as a state agency "holiday" in FFY
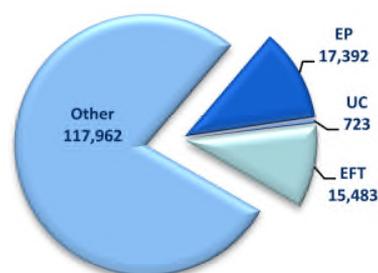
2014 but the systematic reporting criteria was not updated to account for the change. Errors on January 4 are attributed to year-end processing delays and system downtime.

Figure 5 - Disbursement Efficiency Rate: 2007-2016 demonstrates that the Program continues to perform well above the 75% benchmark. For FFY 2017, we should see improvements in overall performance when the Distribution Report is updated to exclude the Friday after Thanksgiving. Year-end processing delays in January should also be reduced since processing occurred over the weekend and did not create system down time that delayed disbursements. Performance for this category may also be increased with greater focus on staffing stabilization during expected absences.

Figure 5 – Disbursement Efficiency Rate: 2007 – 2016

See also Appendix 1 – Tables and Figures (DM# 8151110), Figure 5 – Disbursement Efficiency Rate: 2007 – 2016.

Enforcement Review

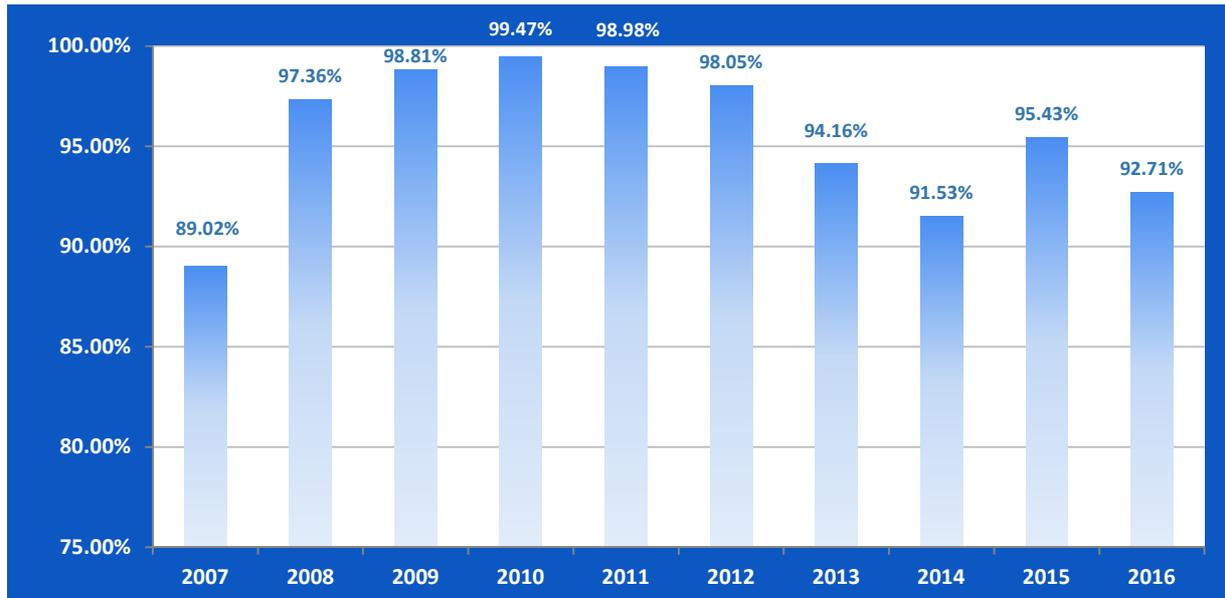| 2016 Efficiency Rate		92.41%
Federal Benchmark		75%
Population Size		82,123
Cases Sampled		304
Cases Reviewed		290
Cases that met at least one federal requirement		268
Error Summary	**CFR Reference**	
Did not issue withholding within the required two working days	45 CFR 303.6(c)(1) & 303.100(e)(2-3)	2
Enforcement action was necessary (that did not require service) but not completed within the required 30 calendar days of delinquency	45 CFR 303.6(c)(2)	12
Did not complete locate activities within the required 75 or 90 calendar days, or immediately upon receiving new locate information	45 CFR 303.3(b)(3)	8
Total Enforcement Errors		**22**
Other Enforcement Data		
Cases where training opportunities were identified		12
Number of non-concur responses received		1
Number of results changed in response to non-concur		1

See also Appendix 1 – Tables and Figures (DM# 8151110), Table 7 – Enforcement Summary, and Figure 6 – Enforcement: Proportion of Cases with Errors to Cases without Errors.

The Enforcement category had an error rate of 7.59 percent. Applying the error rate to the statewide enforcement caseload, **6,233** cases are estimated to have errors. The Program continues to exceed the benchmark, slightly improving by 0.47 percent over last year's performance level.

The Program conducts an automated and manual review for payments received. This resulted in 171 actions, 64% of the total. In comparison to the prior year, the automated review found 19% fewer cases with actions resulting from payments.

For the 119 cases that required an enforcement action but were not evaluated for payments, eight of them were evaluated for timely income withholding (45 CFR 303.6(c)(1) & 303.100(e)(2-3)) with two errors.

Fifty-nine cases were evaluated independently for tax offset certification (45 CFR 303.6(c)(3)), and no errors were identified. Tax offset certification accounts for 50% of the enforcement cases reviewed for actions other than payments. This year, 47 more cases were evaluated for tax offset certification than in the prior year. The increase in tax-offset reviews is attributable to a shift in

Figure 6 – Enforcement: Proportion of Cases with Errors to Cases without Errors

how cases were reviewed. Any case that had a state or federal certification after the delinquency date and within the review period received an action, and many cases were certified in September 2016.
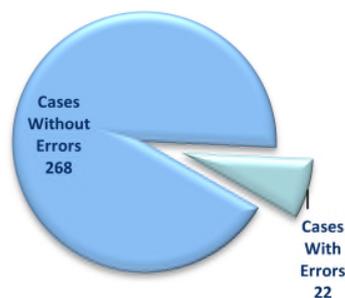
The last action for 26% (31) of cases reviewed for actions other than payments was "other enforcement action taken" (45 CFR 303.6(c)(2)). This review requires an enforcement action to be taken within 30 days of first identifying that a case is delinquent or within 60 days if the action requires service. Enforcement actions may include attempts to contact the obligor for payment (phone call, letter) or a documented review for possible enforcement remedies, other than income withholding.

When the delinquency occurred prior to the start of the review period, the first day of the review period was considered the delinquency date (October 1, 2015). The date the obligor's address was last updated following delinquency was considered the delinquency date if locate was required.

There were 14 arrears-only cases (64%) with errors and none required service for enforcement. Six cases with errors exceeded the 30-day timeframe between four and 194 days (a total of 34-224 days). Three cases received an error because no enforcement action was taken within the review period after the date of delinquency. The remaining three cases had a delinquency date of October 1, 2015 and there were no enforcement actions taken within the review period.

Twenty-one cases were evaluated for locating the obligor (45 CFR 303.3(b)(3)). Eight of those cases had errors for not meeting the full locate requirement, resulting in an error rate of 38%. These error cases exceeded the 75-day timeframe by as much as 644 days, with the total locate time-period taking between 101-719 days. Locate delays are attributed to backlog.

In the 134 cases manually reviewed, there were 12 cases identified with training opportunities (9% of Enforcement cases reviewed). Case narratives or coding needed improvement in five cases (42%), which was a considerable improvement over last year when 75% of cases were documented with this training opportunity. This is attributed to more consistent documentation when enforcement was attempted but no action could be taken. In 11 cases, training opportunities were identified because the next appropriate action was not taken, and nine of those cases required follow-up actions as of the date of the review.

Performance for this category could increase in efficiency with more consistent monitoring for enforcement actions within 30 days of delinquency (45 CFR 303.6(c)(2)). This would include documenting the cases with every attempt to enforce or locate the obligor, even if no enforcement action is taken or locate is not successful. Improvements to training resources clarifying the 30- and 60-day requirements also would contribute to this category's improved success.

Establishment Review

2016 Efficiency Rate		85.31%
Federal Benchmark		75%
Population Size		12,116
Cases Sampled		566
Cases Reviewed		422
Cases that met at least one federal requirement		360
Error Summary	**CFR Reference**	
Did not complete service within required 90 calendar days from date obligor located, or unsuccessful service (diligent effort) not documented on the case	45 CFR 303.4(d)	32
Did not complete locate activities within required 75 or 90 calendar days or immediately upon receiving new locate information	45 CFR 303.3(b)(3)	18
Did not complete case opening procedures within required 20 calendar days	45 CFR 303.2(b)(1)	12
Total Establishment Errors		**62**
Other Establishment Data		
Cases where training opportunities were identified		54
Number of non-concur responses received		4
Number of results changed in response to non-concur		2

See also Appendix 1 – Tables and Figures (DM# 8151110), Table 8 – Establishment Summary, and Figure 7 – Establishment: Proportion of Cases with Errors to Cases without Errors.

The Establishment category had an error percentage of 14.69, a decrease of 3.46% compared to 2015 (88.77%). Applying the error rate to the statewide establishment caseload, **1,780** cases are estimated to have errors.

This year's sample was reduced by 84 cases due to changes made to last year's criterion that substantially lowered the number of cases excluded from review (cases sample for 2016=566; 2015=650). Automated case reviews for new orders established (45 CFR 308.2(b)(1)) within the review period resulted in 189 actions.

Figure 7 – Establishment: Proportion of Cases with Errors to Cases without Errors

Two hundred thirty-three (233) cases were manually reviewed, resulting in an additional nine cases with actions for orders finalized within the review period. One hundred ninety-eight (198) total cases, or 47% of reviewed cases, had orders finalized in the review period.

Eighty-nine (89) cases were evaluated for service (45 CFR 303.4(d)). Cases receive an action when the parties were served within 90 days following verification of the obligor's address or documentation of failed service attempts. A greater percentage of these cases received actions compared to the prior year (2016=57; 2015=35). Service was completed between 0 and 89 days on cases where service was completed timely (35 cases).The average number of days required to complete service was 52, an average eight-day increase when compared to the prior year (2015=44 day average).
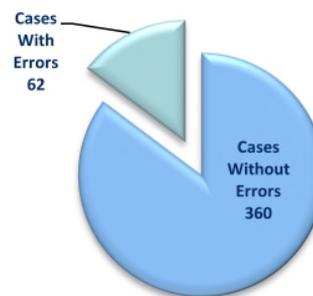
The efficiency improvement for this last action is partially attributable to a prolonged effort of the Operations Section to target a long-standing list of backlog of priority alerts. Over the last four years, the focused work has reduced the backlog from three and one-half months (2012) to one and one-half months (August 2016). Following up on service of legal actions was one of the priority alerts with the greatest improvement during that timeframe.

Cases where unsuccessful service attempts were documented during the review period received actions if service was attempted at least once and the failed attempts to serve were documented on the case timely, without large spans of time between attempts. Service was unsuccessful in 24 cases and two of those cases received errors for failing to document the unsuccessful service attempts. Failing to take any action resulted in 25 errors or 40% of the total errors in this category, an increase of 16% over last year (2015=24%). In the four cases where service was not timely, it took between 105-179 days to complete service.

Case opening was the last action on 23 cases, and 52% of them received errors (12 cases). This is consistent with the last two years (2014=53%; 2015=48%). Regulation 45 CFR 303.2(b)(1) allows 20 days from the date a referral is received to open the case, solicit the obligee and other resources for information, and refer the case to locate (when appropriate). Based on the cases reviewed, it takes the Program an average of 30 days to complete case opening, 10 days in excess of the required timeframe. Two cases received errors because solicitation was not attempted at all within the review period. Another case took 58 days to open because a case with a different alleged father was opened in error.

Twenty cases had solicitation after opening, and nine of those had errors (45%). Five cases exceeded the timeframe between one and 38 days (a total of 21-58 days). Two appropriately referred cases were not reviewed by a worker for 100 days. In one case, which previously closed due to obligee non-cooperation, it took 160 days to solicit the obligee after the case reopened.

Locate continues to have the lowest rate of errors for Establishment last actions at 16% (18 errors out the 112 cases reviewed), but the error rate increased when compare to the prior year (2015=8%). Regulation 45 CFR 303.3(b)(3) includes three requirements for locate: full locate (75-day timeframe), quarterly locate (every 90 days after full locate is completed), and immediate locate, which is required upon receipt of new locate information.

To evaluate cases for full locate, the analyst must be able to conclusively determine that a full locate was necessary as the last action even if the case did not reassign to the locate caseload. Sixty-eight full locate cases were evaluated (75-day timeframe) and 17 of them received errors, exceeding the timeframe between 17 and 248 days (a total of 92-323 days). Four of those cases lacked an attempt to solicit the obligee for information so the locate effort was incomplete. In four other cases, an automated alert was not sent to the locate worker because the obligor's address or employer was not appropriately updated.

Quarterly locate (90-day timeframe) was evaluated in 26 cases, and one of them had an error. Regulation 45 CFR 303.3(b)(5) requires checking state employment files every 90 days. The Program has automated the employment checks, but the automation requires the case to be assigned to locate. Cases can only be assigned to locate if both the obligor's address and employer are marked invalid or "no-good" in the system. In the error case, the employer had been confirmed as no-good but was never

updated and still showed as valid. This missed update prevented automated checks and there was no manual state employment check documented on the case within the required timeframe.

Immediate locate was evaluated in 18 cases and all of them received actions. New information for locate is generally received from the obligee, past employer, or other source and steps to verify the information are initiated immediately upon receipt.

Cases reviewed automatically by the system were not evaluated for training opportunities. Fifty-four training opportunities were identified (14%), an increase from last year's 9% (2015=42 of 458 cases).

The most frequently noted training need was found on 40 cases where the Program failed to take the appropriate action. Errors occurred in 16 of those cases and 30 required follow-up actions as of the date of the review. Closure was initiated or completed in nine cases, but five of those cases should have remained open to allow continuation of services to the obligee after the grant closed. Nine cases required either an activity or a case correction so they could move to the next step of the establishment process. Eight cases should have been closed, two of them because they were duplicates of existing cases and six because closure was appropriate but was not completed. Seven cases lacked updates to a party's address or employer information resulting in unnecessary delays in case processing. Case alerts had been cleared in four cases without necessary follow-up. Two cases were closed because of inappropriate referrals but the required notices were not sent to the parties. One case had the incorrect case opened after an application for services was received.

Missing or incorrect narratives or coding accounted for 27 of the cases with training opportunities and 10 of them required follow-up actions as of the date of the review.

At a time when field offices faced a deep pull of resources for System Project work, Establishment efficiency remained steady. This can be attributed to smart use of resources and focusing efforts on the most critical work. Those efforts directly affect the timeliness of priority work and equip the Program for a smooth transition to the new child support system. Throughout FFY 2017 and 2018, the Program will be pulling Program resources for System Project testing and rollout. It is crucial that the Program continues these efforts to retain this performance level and mitigate errors.

Expedited Process Review

Table 9 – Expedited Process Summary

2016 Efficiency Rate for the 12-month Benchmark		**98.43%**
Federal Benchmark		90%
Population Size		3,991
Cases Sampled		326
Cases Reviewed		319
Cases that met at least one federal requirement		314
2016 Efficiency Rate for the 6-month Benchmark		**92.79%**
Federal Benchmark		75%
Cases Reviewed		319
Cases that met at least one federal requirement		296
Error Summary	**CFR Reference**	
6-month federal timeframe to establish paternity and to establish, modify, and enforce support orders	45 CFR 303.101(b)(2)(i)	23
12-month federal timeframe to establish paternity and to establish, modify, and enforce support orders	45 CFR 303.101(b)(2)(i)	5
Other Expedited Process Data		
Cases where training opportunities were identified		25
Cases with improvements needed to service narratives		202
Number of non-concur responses received		0
Number of results changed in response to non-concur		0

See also Appendix 1 – Tables and Figures (DM# 8151110), Table 9 – Expedited Process Summary; Figure 8 - Expedited Process, 12-Month: Proportion of Cases with Errors to Cases without Errors; and Figure 9 – Expedited Process, 6-Month: Proportion of Cases with Errors to Cases without Errors.

Expedited process reporting requirements include both 12-month and six-month benchmarks with 90% and 75% compliance thresholds, respectively. Six-month performance is reported to the Office of Child Support Enforcement, but compliance with the 75% benchmark is not currently required. The summary for each benchmark is detailed below.

Expedited Process Twelve-Month Benchmark Summary

The Expedited Process 12-month benchmark category had an error percentage of 1.57. Applying the error rate to those statewide expedited-process cases available for review, **63** cases are estimated to have 12-month errors. However, the statewide population is not fully represented for this category.

When compared to the prior year, the 12-month benchmark showed marginal improvement of 0.49 percent in efficiency. Performance in this category has remained above 95% since 2009.
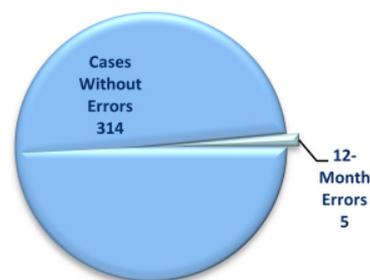

Figure 8 – Expedited Process, 12-Month: Proportion of Cases with Errors to Cases without Errors

Five errors exceeded the benchmark with finalization not occurring until days 482, 550, 567, 734, and 856. Two of those cases had delays because finalization stalled while service of documents to disestablish paternity was made on the presumed husband, allowing the Program to establish paternity for the biological father. Two cases had lengthy spans of time between activities.

Expedited Process Six-Month Benchmark Review

The Expedited Process six-month benchmark category had an error percentage of 7.21. Applying the error rate to those statewide expedited-process cases available for review, **288** cases are estimated to have six-month errors. The Program has maintained performance above 90% since 2004.

Figure 9 – Expedited Process, 6-Month: Proportion of Cases with Errors to Cases without Errors

All 12-month errors were included in the count of six-month errors. Out of the 23 errors for cases processed within six months, two of the errors missed the 180-day timeframe by fewer than 10 days. Twelve cases had orders finalized within nine months. Four of those cases had an administrative hearing that delayed the order, three had delays in completing paternity testing, and three had delays attributed to both paternity and administrative hearing processes.
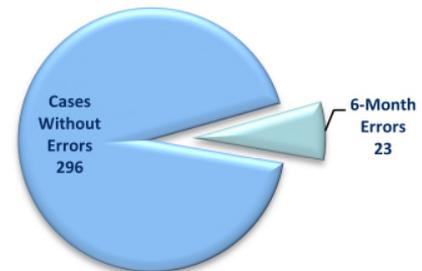
Expedited Process Training Opportunities & Service Narrative Findings

Service narrative findings and training opportunities were identified for the Expedited Process category. Service narrative findings identify trends with cases that are lacking the necessary service narrative documentation. Training needs include any other type of training note made while reviewing a case. In total, there were 25 training opportunities identified in the sample (8%), an improvement over last year's 18% (2015=66 cases).

Finalizing the order prior to the 30-day response time lapsing was the area of greatest concern, with four cases finalized too early in the legal process, an improvement over last year's 16 cases. These could result in increased legal actions should the order later have to be set aside or is otherwise questioned by a client, attorney, or other jurisdiction. Orders should be finalized no sooner than day 31 after service on the last party, unless consent is entered by both parties. Two of the cases require follow-up actions as of the date of the review. One case was finalized on day 29, and two cases between days 15 and 20. One was finalized on day eight and could have been timely if service narratives had been documented on the case.

Thirteen cases had orders finalized during the review period appropriately but they were not coded onto the system sufficiently. This is a 57% increase in efficiency over last year. This increase can be attributed to swift adaptation to the Oregon courts' electronic filing system and to improved case management. Eleven cases had the incorrect order date, legal codes, or order. One case had duplicate entries for the same order, and one case had an order that was not yet coded on the case. All of these cases required corrections to the order coding as of the date of review. In total, 16 cases required follow-up or case cleanup as of the date of the review.

Seven cases had missing or unclear narratives, one of which also had an order finalized prematurely. The remaining six cases had service documentation or processing training opportunities identified. One of those cases did not have an appropriate action taken.

Service narrative findings were identified in 202 of the 326 cases (62%) sampled, a 9.5% increase in efficiency over last year (2015=71.5%). Consistent with the prior year, the primary service narrative finding was found in regular mail service narratives in 150 of the 202 cases (74%), a three percentage point increase over last year (2015=71%). There were 62 cases missing the date of service on the completed service narrative with 24 of those cases being regular mail service. There were 58% fewer cases missing the date of service when compared to the prior year, and a much smaller percentage of those were regular mail service (2015=89%; 2016=39%). Thirty-nine cases were missing the service narratives altogether up by 63% compared to the prior year (2015=24 cases).

Based on direction received this year from the Program legal counsel, the date of mailing is the date of service. In the past, three or seven additional days were being added to the service date, depending on whether it was mailed to an address inside or outside of Oregon. However, it has been determined those additional days are to be added to the party's response time, not the service date. This change reduced the number of cases from last year with a service narrative finding or a training opportunity.

Taken as a part of the Expedited Process caseload, service narrative deficiencies could exist in 62% of cases in the statewide caseload. When the service dates are missing or are unclear, it is difficult to process and finalize orders. It could also create obstacles for conversion to the new child support system.

Expedited Process Summary

To improve efficiency for the Expedited Process category, the Program should continue mitigating processing delays within its control. Further, documenting the case accurately and consistently will provide a platform for ease of case reviews and conversion to the new child support system.

Intergovernmental Review

Table 10 – Intergovernmental Summary

2016 Efficiency Rate for Intergovernmental	86.62%
Federal Benchmark	75%
Population Size	33,257
Cases Sampled	450
Cases Reviewed	314
Cases that met at least one federal requirement	272
Total Intergovernmental Errors	**42**
Other Intergovernmental Data	
Cases where training opportunities identified	28
Number of non-concur responses received	7
Number of results changed in response to non-concur	1

See also Appendix 1 – Tables and Figures (DM# 8151110), Table 10 – Intergovernmental Summary, and Figure 10 – Intergovernmental: Proportion of Cases with Errors to Cases without Errors.

The Intergovernmental category had a combined (initiating and responding) error percentage of 13.38. Applying the error rate to the statewide Intergovernmental caseload, **4,450** cases are estimated to have errors.

Efficiency in this category increased by 9.65% compared to the prior year. This can be attributed to timelier case processing and to updates made to the Child Support Enforcement Network (CSENet) batch program.

Eight error cases met the criteria for system-generated CSENet messages, but the system did not send out the messages, a 78% decrease compared to the prior year (2015=37). The lack of system-generated CSENet messages occurred in less than 3% of the 272 intergovernmental cases reviewed, and 19% of errors.

Taken as part of the entire intergovernmental caseload (33,257), the system issue reflects potential impact to approximately 998 cases each year, a decrease of 77% over last year. New information types that should have triggered an automated CSENet include changes in party addresses, branch movement, and the obligated party's employer.

Figure 10 – Intergovernmental: Proportion of Cases with Errors to Cases without Errors

The last intergovernmental action most often evaluated was providing new information to the other jurisdiction. Of the 168 responding and initiating cases reviewed, 21% received errors. Last actions related to Central Registry processing and response to referrals totaled 21 cases, and two of those cases received errors.
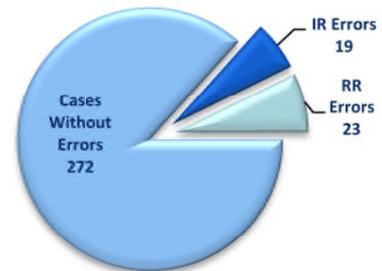
Intergovernmental-Responding Summary

Table 11 – Responding Intergovernmental Summary

2016 Efficiency Rate for Intergovernmental-Responding		88.27%
Responding Population Size		17,032
Responding Cases Sampled		230
Responding Cases Reviewed		196
Responding cases that met at least one federal requirement		173
Responding Error Summary	**CFR Reference**	
Did not notify initiating state of new information received	45 CFR 303.7(a)(7)	19
Did not close responding reciprocal case or withdraw withholding upon closure within required 10 working days	45 CFR 303.7(d)(9)	4
Total Responding Errors		**23**

See also Appendix 1 – Tables and Figures (DM# 8151110), Table 11 – Responding Intergovernmental Summary, and Figure 11 – Intergovernmental-Responding: Proportion of Cases with Errors to Cases without Errors.

The Intergovernmental-Responding cases had an error percentage of 11.73. Applying the error rate to the statewide intergovernmental-responding caseload, **1,998** cases are estimated to have errors.

The last action most often evaluated for Intergovernmental-Responding cases was sending the payment to the initiating state within two days, and all of them received actions. These cases account for 48% of the responding cases and 30% of all Intergovernmental cases reviewed.

There were 87 cases evaluated for providing new information to the initiating state, or 44% of the responding cases reviewed. Nine cases were evaluated for Central Registry receiving a new referral and processing it timely (45 CFR 303.7(b)(2)). Five cases were evaluated for closure within 10 days after receiving a request from the initiating state (45 CFR 308.2(g)(2)(vii)), and four of them received errors.

Nineteen of the 23 Intergovernmental-Responding errors arose from failure to send the initiating state new information timely (45 CFR 303.7(a)(7)). Four of those errors were due to the system failing to send the automated CSENet message. In two error cases, new information received was provided to the initiating state by the 27th and 66th days. New information was not provided to the initiating state within the review period in 13 cases. Overall, it took an average of two days to provide information to the initiating state.

Figure 11 – Intergovernmental-Responding: Proportion of Cases with Errors to Cases without Errors

In the 230 Intergovernmental-Responding cases sampled, there were 16 cases identified with a training opportunity, a decrease of 52% over last year (2015=33). In five of those cases, there was also an error. In 10 cases the next appropriate action was not taken (4% of cases reviewed), and case narratives and coding needed improvement in eight cases (3% of cases reviewed). Ten cases required follow-up actions to be completed (4% of cases reviewed).

Intergovernmental-Initiating Summary

Table 12 – Initiating Intergovernmental Summary

2016 Efficiency Rate for Intergovernmental- Initiating		83.90%
Initiating Population Size		16,225
Initiating Cases Sampled		220
Initiating Cases Reviewed		118
Initiating cases that met at least one federal requirement		99
Initiating Error Summary	**CFR Reference**	
Did not refer case to responding state's central registry within 20 calendar days of collecting all required documentation	45 CFR 303.7(c)(4)	2
Did not provide requested information to responding state within 30 calendar days	45 CFR 303.7(c)(6)	1
Did not notify responding state of new information received within 10 working days	45 CFR 303.7(a)(7)	16
Total Initiating Errors		**19**

See also Appendix 1 – Tables and Figures (DM# 8151110), Table 12 – Initiating Intergovernmental Summary, and Figure 12 – Intergovernmental-Initiating: Proportion of Cases with Errors to Cases without Errors.

The Intergovernmental-Initiating cases had an error percentage of 16.1. Applying the error rate to the statewide intergovernmental-initiating caseload, **2,612** cases are estimated to have errors.

The last action most often evaluated for Intergovernmental-Initiating was notifying the responding state of new information within 10 working days, which accounted for 69% of initiating cases and 26% of all Intergovernmental cases reviewed. A new referral was sent timely to the responding state in 19 cases. Twelve cases were evaluated for providing information upon request to the responding state, and two cases evaluated for receiving and forwarding a modification request to the responding state.

Of the 19 Intergovernmental-Initiating errors, 16 arose from failure to send the responding state new information timely (45 CFR 303.7(a)(7)). Four of those errors were due to the system failing to send out the automated CSENet message. Two of those cases had information provided in over 100 days after it was received. In one case, newly received information was provided to the responding state within 18 days. In 17 cases, new information was not provided to the responding state at any time during the review period. Overall, it took an average of five days to provide information to the initiating state.

Figure 12 – Intergovernmental-Initiating: Proportion of Cases with Errors to Cases without Errors

Two errors occurred because a new referral was not initiated within the required 20 calendar days (45 CFR 308.2(g)(1)). In one case it took 81 days to send the referral, and 49 days in the other.

There was only one error that resulted from failing to provide information upon request from the responding state (45 CFR 303.7(c)(6)). In this case, the responding state had requested a copy of the child's birth certificate and the obligee committed to provide it. The document arrived 41 days later and was provided to the responding state. Updates to the responding state to indicate status prior to the 30-days lapsing would have prevented the error.
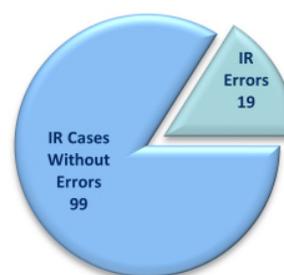
In the 220 Intergovernmental-Initiating cases sampled, there were 12 cases identified with training opportunities (5% of cases). This is a decrease of 63% from last year. In two cases, the training opportunity resulted in an error. Case narratives and coding require improvement in four cases, and in eight cases the next appropriate action was not taken. Four cases require follow-up actions to be completed.

Intergovernmental Summary

After a plummet in efficiency last year, this category realized significant improvements in all areas. The Program could see another boost in FFY 2017 by providing refresher training on Intergovernmental requirements and the timeframes the Program must meet. Increasing CSENet usage is the quickest and easiest way to meet these benchmarks and has the least impact to staff time. Overall, intensified efforts to strengthen the information flow to the other state will help maintain this year's level of efficiency and possibly increase it next year.

Medical Review

Table 13 – Medical Summary

2016 Efficiency Rate		94.30%
Federal Benchmark		75%
Population Size		5,145
Cases Sampled		371
Cases Reviewed		298
Cases that met at least one federal requirement		281
Error Summary	**CFR Reference**	
When establishing or modifying an order, steps not taken during discovery process to determine if private health care coverage was accessible, available, and reasonable-in-cost	45 CFR 303.31(b)(1)	6
National Medical Support Notice (NMSN) not sent to providing party's new employer within two business days for employers reported through NDNH, or within 15 calendar days for employers located through any other method	45 CFR 303.32(c)(1)	11
Total Medical Errors		**17**
Other Medical Data		
Cases where training opportunities were identified		71
Number of non-concur responses received		1
Number of results changed in response to non-concur		0

See also Appendix 1 – Tables and Figures (DM# 8151110), Table 13 – Medical Summary, and Figure 13 – Medical: Proportion of Cases with Errors to Cases without Errors.

The Medical category had an error percentage of 5.7. Applying the error rate to the statewide medical caseload, **293** cases could have errors.

The Medical category efficiency declined 1.94%, the lowest it has been since 2004. Generally, the increase in errors can be attributed to a lack of consistency in completing health care coverage discovery for one or both parties.

Medical is the only category not evaluated for a last action on the case. Regulation 45 CFR 308.2(e) specifies that the Program must review:

Figure 13 – Medical: Proportion of Cases with Errors to Cases without Errors

- Whether new or modified orders include an order for medical support. This includes taking the steps necessary to determine if there was reasonable-in-cost, accessible private health care coverage available for both parties prior to initiating the order (45 CFR 303.31(b)(2)).
- Whether the National Medical Support Notice (NMSN) was sent to the employer when reasonable-in-cost, accessible private health care coverage was available at the time the order is entered and a party is ordered to provide it. (Either the obligor or obligee can be ordered to provide.)
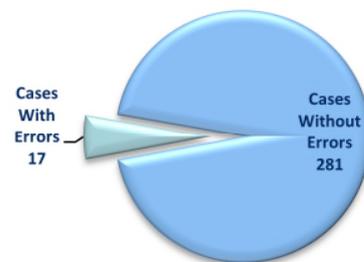
- Whether the NMSN was appropriate, and if it was sent timely to the new employer when the obligor is ordered to provide private health care coverage and changes employment after entry of the order. Regulation 45 CFR 303.32(c)(2) requires the NMSN to be transferred within two business days when the employer information is provided by the State Directory of New Hires.

Out of the 298 cases evaluated, 70 cases were modifications (review and adjustment) and 228 were new orders. Two hundred eighty-four cases (95%) had medical support ordered in the form of an order for private health care coverage or cash medical support. The case record did not reflect that steps were taken to determine if reasonable and accessible private health care was available for one or both of the parties in six cases (35% of errors), an increase of 50% from last year (2015=3). Cases received errors because discovery had not been completed or it was last done several years before and was no longer relevant.

In three percent of reviewed cases (8), one or both parties had accessible, available, and reasonable-in-cost health care available. Four of those cases received errors for failing to send the NMSN, and two of those cases required that notice be sent to the obligee's employer. The other two cases with errors were obligor employers and the NMSN would have been sent automatically by the system if the case had been coded appropriately. Since Oregon has opted to order obligees to provide health care coverage, NMSNs also must be sent to obligee employers when the obligee is ordered to provide health care coverage through an employer group health insurance. In addition, when a case lacks documentation concerning a party's employer health care coverage, or there is no health care coverage information on record, the assumption is that the employer may provide it and therefore a NMSN is required.

Neither party in 290 cases (97%) had reasonable-in-cost and accessible health insurance available at the time the order was established or modified. In 90 cases, the party ordered to provide health care coverage later obtained new employment after entry of the order, and in 44 of those cases the obligor was the providing party.

Sixty-six (73%) of the new employers had possible group health care coverage that was accessible, available, and reasonable-in-cost to the party who was ordered to provide. Thirty-two of those new employers (48%) reported through the State Directory of New Hires and the National Medical Support Notice (NMSN) was sent timely to those employers.

There were 71 cases (19% of the case sample) with at least one training opportunity identified during the case reviews, a 24% improvement from last year. In five cases, the children were already enrolled in coverage but the case was missing current health care coverage information. When compared to the prior year, this is an improvement of 94% (2015=77). The improvement can be attributed to more efficient order and health care coverage case coding.

The most frequent training opportunities related to incorrect or missing case coding. Case coding errors occurred in 43 cases, five of which resulted in errors. Had the coding for those cases been complete, the system would have been able to generate NMSNs to the employers. Seven cases had missing or unclear case narratives. On one of those cases, the initiated order should have been withdrawn (instead of finalized) due to conflicts with an existing order discovered prior to finalization.

Thirty-two cases did not have the appropriate action taken, and 19 of them (59%) resulted from incomplete discovery. One order was finalized without including the obligor's cost for health care coverage as part of the child support calculation, resulting in a higher child support amount. As of the date of review, the child had no enrollment in the group health care coverage, which was determined to be reasonable in cost and accessible.

In a different case, a medical-only order was finalized but obligor had been incarcerated for a long period with no source of income. Absent income, the only appropriate legal action during incarceration would have been paternity establishment. In another case, legal action to suspend child support accrual for an obligor on public assistance did not occur.

Fifty-five cases require follow-up actions and all of those cases had other training opportunities identified. Seventeen cases need updates to case information screens to ensure automated notices, like the NMSN, function properly. Order information on the Support Order Screen required updates in 13 cases to correct invalid order types, incorrect dates of orders, or medical insurance provisions. The beneficiary screens need to be updated with health care coverage information in 10 cases. Employer information needs to be invalidated or updated in four cases, and follow-up with employers is needed in four cases. The remaining cases had various reasons for follow-up actions.

Although there was a marginal decline in efficiency, the Medical category remained well above the benchmark. The Program realized improvements to coding cases this year, but the lack of complete health care coverage discovery resulted in decreased efficiency. To improve, staff must solicit all parties for employer and health care coverage information, narrate the case log with the specifics of an employer response, and consistently follow up when there is incomplete information.

Review and Adjustment (Modification) Review

Table 14 – Review and Adjustment (Modification) Summary

2016 Efficiency Rate		96.35%
Federal Benchmark		75%
Population Size		8,697
Cases Sampled		412
Cases Reviewed		384
Cases that met at least one federal requirement		370
Error Summary	**CFR Reference**	
Modification not conducted within required 180 calendar days of receiving a request for review or locating the non-requesting party	45 CFR 303.8(b)(e)	13
Did not complete locate activities within required 75 or 90 calendar days, or immediately upon receiving new locate information	45 CFR 303.3(b)(3)	1
Total Review and Adjustment (Modification) Errors		**14**
Other Review and Adjustment (Modification) Data		
Cases where training opportunities were identified		16
Number of non-concur responses received		0
Number of results changed in response to non-concur		0

See also Appendix 1 – Tables and Figures (DM# 8151110), Table 14 – Review and Adjustment (Modification) Summary, and Figure 14 – Modification: Proportion of Cases with Errors to Cases without Errors.

The Modification category had an error percentage of 3.65. Applying the error rate to those statewide modification cases available for review, **317** cases could have errors.

Compared to 2015, this is an increase in efficiency by 0.81 percent. However, the statewide population is not fully represented for this category.

Three hundred fifty-three cases received an action through automated reviews (92% of cases reviewed). This included cases with one of the following activities within the review period: finalized modification, denial of the request for modification, or notification to the parties of their right to a review every three years. An additional 11 cases were given actions for those activities when conducting manual case reviews, for a total of 364 compliant cases (95% of cases reviewed).

The increased number of cases with automated case reviews resulted in a 16% reduction to the number of cases requiring manual review (2016=14%; 2015=30%). Also, the percentage of cases excluded from the Modification case sample dropped from 15% to 7% in this year's sample, a 21% point drop when compared to 2014 (28%). These combined factors contributed to the slight increase in efficiency for this category.
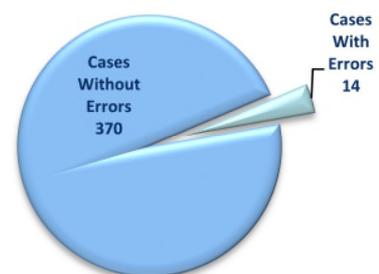

Figure 14 – Review and Adjustment (Modification): Proportion of Cases with Errors to Cases without Errors

Fifty-nine cases were manually reviewed and 31 had a measurable activity within the review period. Thirteen of those were evaluated for conducting the modification, and all received errors for exceeding the 180-day benchmark. Two cases missed the 180-day timeframe by five to eight days. Another case exceeded it by 19 days. In that case, the modification began when the system generated modification documents to start the three-year review process. While the case qualified, the process was withdrawn by the case manager. The modification timeframe was measured in that case from the date the system launched the modification review to the end of the FFY, a total of 199 days. In the remaining cases, the timeframe was exceeded by 31 to 108 days (a total of 211-288 days). Usually reviewers also noted several weeks of unnecessary delays between the attempts to serve.

On average, it took three and a half months to generate the proposed order, and in one case it took longer than six months. This means that approximately 105 days passed before any service attempts. The timeframe is measured beginning with the date modification documents are received from the requesting party, or upon location of the non-requesting party (or parties) if their address is not good when modification documents are received. The end date must fall within the review period and is the date of finalization or denial of the modification, or the last day of the review period if the modification was not completed. Cases not meeting the criteria will receive an error if it took more than 180 days either to complete the action or there was a failure to complete the activity prior to the conclusion of the review period (45 CFR 303.8(b)(e)).

In the 13 cases that exceeded the processing timeframe, three had requests for administrative hearings, which normally adds several weeks to the total time needed to complete the modification. The delays in one case can be attributed to lack of timely processing of the hearing request and delays with scheduling the hearing. One case received a hearing request in July 2016 but had not yet been referred to the Office of Administrative Hearings as of the date of review. In one case, the processing of a late request for hearing resulted in three attempts and more than two months to submit the correct hearings referral documents.

The remaining seven cases were evaluated for locate with only one error. In that case, the Program initiated the modification, so both the obligee and obligor were non-requesting parties. A service attempt on the obligor was documented as unsuccessful but the obligor's address was not updated, preventing the case from moving into the locate caseload. Attempts to locate the obligor's address were not made for more than two months and locate was not completed until 136 days after the case should have moved into the locate caseload.

Cases reviewed by the system were not evaluated for training opportunities, leaving only 59 cases in the sample reviewed that could have training notes. Sixteen of those cases had at least one training need identified, a decrease of 59% compared to the prior year (2015=39). Four of those training opportunities resulted in errors, down from seven last year. Two error cases had long delays because there was lack of follow-up after a failed attempt to serve, one lacking an address update and the other a failure to attempt a higher level of service. In one case, the modification should have been initiated at the same time as another legal action.

The most frequent training opportunities identified related to the appropriate action not being taken, which totaled eight cases, down from 15 cases last year. Four of those cases resulted in errors, and the denial and withdrawal processes were not followed in three cases. One of those cases also had incorrect or missing narratives or alerts. The other case was lacking narratives to explain why the modification had not proceeded months after it started, and there were no follow-up alerts to prompt the case manager to review the case.

Incorrect or missing narratives, alerts, or coding was identified in 10 cases and only two had errors. This is an increase in efficiency of 68% compared to the prior year (2015=22 cases). Overall, there were significantly fewer training needs identified this year. Consistent with last year's finding, training opportunities continue to have a significant impact on completion of the modification process, often causing unnecessary delays or overlooked cases due to a lack of follow-up alerts.

Modification efficiency improved less than one percentage point over last year. Promptly processing the modification requests and initiating service within the first 60 days would result in continued improvement. Clear case documentation and use of appropriate follow-up alerts for future actions will help the Program achieve success.

D. Summary of Self-Assessment Results

Oregon surpassed the required federal compliance benchmarks in all eight required program areas. Four categories showed an increase in efficiency from the prior review period, and four categories showed decreases. Prior years of Program efficiency rates by FSA category are displayed below in Table 15 - Self-Assessment Results over Five Years.

Table 15 – Self-Assessment Results over Five Years

Criterion	2012	2013	2014	2015	2016	Change from Previous Year
Case Closure	99.11%	99.40%	100%	97.24%	94.74%	-2.5
Establishment	84.02%	85.23%	77.87%	88.77%	85.31%	-3.46
Enforcement	96.81%	95.81%	94.23%	91.94%	92.41%	+0.47
Disbursement	98.04%	94.16%	91.52%	95.43%	92.72%	-2.71
Medical	99.62%	97.61%	95.52%	96.23%	94.30%	-1.93
Review & Adjustment (Modification)	96.37%	98.80%	94.44%	95.54%	96.35%	+0.81
Intergovernmental	91.10%	90.28%	89.79%	76.97%	86.62%	+9.65
Expedited Process 6-month	94.32%	95.72%	93.55%	93.23%	92.79%	-0.44
Expedited Process 12-month	99.10%	100.00%	97.54%	97.94%	98.43%	+0.49

See also Appendix 1 – Tables and Figures (DM# 8151110), Table 15 – Self-Assessment Results over Five Years.

There were 2,039 cases manually reviewed by the analysts with 178 errors and 228 cases with training opportunities. The results of this year's Self-Assessment show the most significant increased efficiency was in Intergovernmental with a 9.65 percentage point improvement over last year. This can be attributed to timelier case processing and to updates made to the CSENet batch program. Increased efficiencies also were realized in other program categories: Enforcement, Review and Adjustment (Modification), and Expedited Process (12-month).

Decreased efficiencies in the remaining categories varied, with Establishment having the most substantial decrease when compared to the 2015 Self-Assessment. Even with the drop, efficiency remained the second highest since 2010.

Smaller efficiency decreases occurred in Disbursement, Case Closure, and Medical. The decline in Disbursement can be attributed to processing delays after some holiday and computer issues. Although Disbursement efficiency has dropped over the last two years, it is projected to remain well above the benchmark throughout the coming year. Case Closure is at the lowest efficiency since 2003, down 5.26% since 2014. A gradual increase in the number of cases closed inappropriately has had the greatest influence in this category. Medical had a reduction related to not completing health care coverage discovery for one or both parties, which reduced efficiency by 1.93% compared to last year.

The underlying cause of most of the errors and training opportunities was inefficiencies in case coding and narratives (144 cases), but this was an improvement of 32% over last year (2015=212). The greatest increase in training opportunities occurred when the appropriate action was not taken in 128 cases. Compared to the prior year, this is an increase of 11% (2016=128 cases; 2015=115). In addition, 140 cases required follow-up activities. These trends demonstrate the push to process case closure on qualified cases quickly and could be mitigated with more detailed case reviews and providing refresher training to staff.

Overall, the Program exceeded the benchmark in every category. The Program should be able to maintain or improve performance in several categories in the coming year with a focus on timely case processing and requesting health care coverage information before establishing or modifying an order. Continued emphasis on proficient case coding and clear narratives to document activity on the case is also necessary to improve overall efficiency and to prepare the Program for transition to a new child support system.

IV. Program Service Enhancements

A. Introduction to Program Service Enhancements

Improving services to Oregon families is an ongoing commitment of the Oregon Child Support Program. The Program's efforts in FFY 2016 focused on replacing its legacy child support computer system, CSEAS, as reflected in this year's program enhancements.

B. Discussion of Program Service Enhancements

Child Support System Project

The Program has embarked upon a project to replace CSEAS with a new system (Origin) comprising selected best components of federally certified systems from California, New Jersey, and Michigan. The project's goals are to improve customer service, increase collections, improve information management, and increase the efficiency of the Program's managers and child support workers.

There are high expectations for Origin. The system must effectively interface with external partners, systems, data exchanges, as well as customers. It also must be intuitive and user-friendly for both beginning and experienced users, and operate in an efficient and cost-effective manner. To achieve

these expectations and overcome limitations with the current child support system, Origin must be able to be adapted to changing business needs, and be maintainable, extensible, flexible, and reliable. The Program expects Origin to accrue tangible and intangible benefits. Tangible benefits are those benefits where there is consensus that they are likely to occur, and the Program is able to quantify them. The Program expects the modernized system to realize tangible benefits in the following categories:

Figure 15 – Origin Logo

See also Appendix 1 – Tables and Figures (DM# 8151110), Figure 15 – Origin Logo.

- Improvements in system effectiveness that yield increases in collections by functional requirement group
- Improvements in staff productivity by functional requirement group that the Program anticipates will lead to increased collections
- Decreases in system training time that the Program anticipates will lead to increased collections
- Cost savings

While the Program is unable to quantify the intangible benefits, they remain critically important to the success of the Program. The following list presents the anticipated intangible benefits:

- Customer service and satisfaction
  - o More accuracy in case data
  - o Improved ability to directly access and update their case data (and other mechanisms)
  - o Better account statements
- Ability to track individuals involved in cases and the cases themselves
- Worker satisfaction and morale
  - o Workers less likely to make errors and incur the resulting consequences
  - o Workers more confident in moving forward with case actions
- Information management
- Decision support capability
- Administration of system operation, maintenance, and updating, which result from improved documentation of the relationship between system functionality and technology
- Knowledge of the originally intended functional design
- Performance in incentive measure areas and reduced risk of incurring a penalty for unreliable data

The Program brought on the last of the four contractors in October 2015 when it awarded the implementation contract to Deloitte Consulting, LLC. The Project team includes DOJ, Deloitte, CSG Government Solutions (the independent quality assurance contractor), and MAXIMUS (the project management contractor). The team moved into the project facility in January 2016. Immediately following the Project team's move, the team began the design process by facilitating dozens of Joint Application Design and Joint Technical Design sessions involving more than a hundred subject matter experts from across the state and Program. In parallel with these activities, the Project team procured hosting provider services and stood up the development and non-production regions. The Project team successfully completed and approved the Functional System and Technical System Design deliverables. The development, or construction, phase of the Project began in October 2016.

To make for an efficient and smooth transition to Origin, efforts are underway to stabilize the legacy system and prepare for transfer of case information to the new system (data cleanup). Those project details are below.

System Stabilization

As part of the early preparations for replacing the legacy system, the Program assessed system enhancements already identified for CSEAS with two goals in mind. The first goal was to enter the System Project requirements-gathering effort with functional improvements already identified. The second goal was to develop a strategy for scaling down changes made to the legacy system to reserve resources and prepare for eventual change controls associated with the System Project that would prevent enhancements in the legacy system.

CSEAS stabilization spurred more focused strategic planning and prioritization of resources for planned CSEAS enhancements for only the highest value changes. This resulted in efficiencies by closing lower value work requests and projects where the return on investment would not be realized before system replacement occurred. More than 24 work orders and projects were closed.

The main accomplishment of this effort was approval of one of the early System Project documents, the Interim Improvement Plan. This plan provided the Program with a roadmap to transition from relatively small incremental enhancements to CSEAS functionality within significant limitations to planning for reduced technical staffing support during development and implementation of the System Project.

The Interim Improvement Plan dropped the number of approved CSEAS-related projects to include only mandatory changes resulting from interfaced partner-agency system modernization projects, state and federal law and rule changes, and similar efforts outside the Program's control.

Manual Data Cleanup Project

The Manual Data Cleanup Project is an effort to reduce the number of errors in data transfer during conversion to Origin. During System Project Joint Application Design sessions, lists documented any issues or potential issues uncovered during the design process. A team of technical and business staff reviewed the lists and historical data from CSEAS for known issues, errors, or other indicators of bad data.

Business analysts developed corrective action plans for each issue on the lists. More than 100 issues were identified that required investigation. During investigation, over half of the issues were determined to be critical to the success of data conversion. Some identified issues required correction before data extraction could begin.

Review and distribution processes were developed for use in the review and cleanup of error lists generated from queries to the system. These processes focused on data mapping rules and assisted the analysts to identify which data field issues needed prioritization. Both training and automated system edits were included as plan components to reduce or prevent recurrence prior to conversion.

The improved case data reliability has made it easier for field staff to keep current on their work and to detect problems before the errors become large-scale issues or barriers to conversion. Spot training is provided for teams or individuals when analysis shows a majority of certain errors come from isolated workers or teams, further increasing the quality of case data across the Program.

As staff resources continue depletion due to assignment to myriad System Project roles, the data cleanup effort has provided some support by increasing the Program's efficiencies in both general and specialized caseloads.

The first data cleanup plans were initiated in July 2016. By September 2016, 19 high priority plans had been distributed to the Program for processing, with several smaller lists completed by the Business Analyst team.

The correction of cases with bad data continues. The first project milestone is scheduled for March 31, 2017, when the Program intends to complete all of the highest priority plans. The Program is on target to complete more than 60 plans, including some not requiring manual correction, within that timeframe. New issues continue to be discovered, but at a low rate. Ongoing spot-checks have shown little recurrence of errors, except for a few training issues now addressed.

C. Summary of Program Service Enhancements

Creation of a strong, confident project team, stabilizing work to CSEAS, and manually updating child support information is the framework on which to build Origin and to prepare for testing and implementation. The continued focus on these efforts will position the Program for success in designing, implementing, and conversion to Origin.

VI. Conclusion

Oregon surpassed the required federal compliance benchmarks in all nine of the program areas, including the six-month benchmark for Expedited Process. Four categories demonstrated an efficiency increase from the prior review period, and five categories decreased.

This level of success would not be possible without the efforts of the passionate and dedicated child support staff and managers throughout the Program. They "dig deep" to support the Program by working hard to meet benchmarks while providing the critical development details for Origin. With this continued level of commitment, the Program expects to surpass the benchmarks in all categories for the coming year.

VII. The Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 4.0 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

VIII. Attachments

A. Appendix 1 - Tables and Figures

- File size: 599.964 KB
- Uploaded on: March 31, 2017