



**DEPARTMENT
of HEALTH
and HUMAN
SERVICES**

Office for Civil Rights

FY 2011 Online Performance Appendix

INTRODUCTION

Introduction

The FY 2011 Online Performance Appendix is one of several documents that fulfill the Department of Health and Human Services's (HHS) performance planning and reporting requirements. HHS achieves full compliance with the Government Performance and Results Act of 1993 and Office of Management and Budget Circulars A-11 and A-136 through the HHS agencies' FY 2011 Congressional Justifications and Online Performance Appendices, the Agency Financial Report, and the HHS Citizens' Report. These documents are available at <http://www.hhs.gov/budget/>.

The FY 2011 Congressional Justifications and accompanying Online Performance Appendices contain the updated FY 2009 Annual Performance Report and FY 2011 Annual Performance Plan. The Agency Financial Report provides fiscal and high-level performance results. The HHS Summary of Performance and Financial Information summarizes key past and planned performance and financial information.



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Director
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Dear Reader:

I am pleased to present the Office for Civil Rights' (OCR) Fiscal Year 2011 Online Performance Appendix. To the best of my knowledge, the OCR performance data reported in this appendix and for inclusion in any Departmental reporting is accurate, complete, and reliable, and there are no material inadequacies in the data provided by OCR for inclusion in this report.

OCR's performance portrays our commitment to protect the public's right to equal access and opportunity to participate in and receive services in all the Department of Health and Human Services' (HHS) programs without facing unlawful discrimination, and to protect the privacy and security of individuals with respect to their personal health information. OCR's performance objectives are in line with HHS's objectives for transforming the healthcare system, including: increasing access to high quality, effective health care; promoting the economic self-sufficiency and well-being of vulnerable families, children and individuals; and reducing disparities in ethnic and racial health outcomes.

Lastly, our Fiscal Year 2011 Online Performance Appendix demonstrates our continued commitment to effectively and efficiently use our human capital to achieve results in support of our non-discrimination and privacy compliance mission. OCR has made progress in achieving results to support HHS-wide initiatives to improve the health and well-being of the public. Everyone in OCR will continue to work together to achieve our shared objectives in protecting civil rights and the privacy and security of health information.

/s/

Georgina C. Verdugo
Director
Office for Civil Rights

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SUMMARY OF PERFORMANCE TARGETS AND RESULTS

Summary of Performance Targets and Results Table for OCR

| Fiscal Year | Total Targets | Targets with Results Reported | Percent of Targets with Results Reported | Total Targets Met | Percent of Targets Met |
|--------------------|----------------------|--------------------------------------|---|--------------------------|-------------------------------|
| 2006 | 7 | 7 | 100% | 7 | 100% |
| 2007 | 7 | 7 | 100% | 4 | 57% |
| 2008 | 11 | 11 | 100% | 11 | 100% |
| 2009 | 11 | 11 | 100% | 5 | 45% |
| 2010 | 11 | November 2010 | | | |
| 2011 | 14 | November 2011 | | | |

PERFORMANCE DETAIL

PROGRAM: PERFORMANCE DETAIL

Agency Long-Term Objective: To ensure compliance, to increase awareness, and to increase understanding of Federal laws requiring non-discriminatory access to HHS programs and protection of the privacy of protected health information

Measure 1.1.1: The number of covered entities that take corrective actions as a result of OCR intervention per year (Outcome)

| FY | Target | Result |
|------|--------|----------------------------|
| 2011 | 4,200 | Nov 30, 2011 |
| 2010 | 4,100 | Nov 30, 2010 |
| 2009 | 4,000 | 3,562 (Target Not Met) |
| 2008 | 3,200 | 3,910 (Target Exceeded) |
| 2007 | 3,060 | 3,007 (Target Not Met) |
| 2006 | 1,725 | 3,352 (Target Exceeded) |

Measure 1.1.2: The number of covered entities that make substantive policy changes as a result of OCR intervention and/or review per year (Outcome)

| FY | Target | Result |
|------|--------|----------------------------|
| 2011 | 2,750 | Nov 30, 2011 |
| 2010 | 2,700 | Nov 30, 2010 |
| 2009 | 2,650 | 2,314 (Target Not Met) |
| 2008 | 2,150 | 2,601 (Target Exceeded) |
| 2007 | 1,900 | 2,068 (Target Exceeded) |
| 2006 | 1,070 | 2,466 (Target Exceeded) |

Measure 1.1.3: Rate of closure for civil rights and privacy cases and new Medicare application reviews per cases/reviews received per year (Output)

| FY | Target | Result |
|-----------|---------------|-----------------------------|
| 2011 | 107% | Nov 30, 2011 |
| 2010 | 106% | Nov 30, 2010 |
| 2009 | 104% | 105.3% (Target Exceeded) |
| 2008 | 97.5% | 103.6% (Target Exceeded) |
| 2007 | 90% | 90.4% (Target Exceeded) |
| 2006 | 87% | 96.6% (Target Exceeded) |

Measure 1.1.4: Percent of civil rights cases and new Medicare application reviews resolved per cases/reviews received (Output)

| FY | Target | Result |
|-----------|---------------|-----------------------------|
| 2011 | 105% | Nov 30, 2011 |
| 2010 | 104% | Nov 30, 2010 |
| 2009 | 110.5% | 103.3% (Target Not Met) |
| 2008 | 105% | 110.1% (Target Exceeded) |
| 2007 | 93% | 94.5% (Target Exceeded) |
| 2006 | 91.2% | 102% (Target Exceeded) |

Measure 1.1.5: Percentage of privacy cases resolved per cases received (Output)

| FY | Target | Result |
|-----------|---------------|-----------------------------|
| 2011 | 108% | Nov 30, 2011 |
| 2010 | 107% | Nov 30, 2010 |
| 2009 | 100% | 106.6% (Target Exceeded) |
| 2008 | 93% | 99.7% (Target Exceeded) |
| 2007 | 88% | 87.4% (Target Not Met) |
| 2006 | 81.2% | 91.8% (Target Exceeded) |

Measure 1.1.6: Number of people made aware of federal laws requiring non-discriminatory access to HHS programs and protection of the privacy of protected health information through the provision of information and training to individuals per year (Output)

| FY | Target | Result |
|-----------|---------------|---|
| 2011 | 101,200 | Nov 30, 2011 |
| 2010 | 98,200 | Nov 30, 2010 |
| 2009 | 95,400 | 95,191 (Target Not Met but Improved) |
| 2008 | 78,000 | 92,603 (Target Exceeded) |
| 2007 | 75,000 | 61,086 (Target Not Met) |
| 2006 | 74,160 | 74,313 (Target Exceeded) |

Measure 1.1.7: Percentage of civil rights complaints requiring formal investigation that are resolved within 365 days (Output)

| FY | Target | Result |
|-----------|---------------|--------------------------------------|
| 2011 | 40% | Nov 30, 2011 |
| 2010 | 30% * | Nov 30, 2010 |
| 2009 | 33% | 31% (Target Not Met but Improved) |
| 2008 | Set Baseline | 30% (Baseline) |
| 2007 | N/A | 38.6% (Historical Actual) |
| 2006 | N/A | 43.9% (Historical Actual) |

Measure 1.1.8: Percentage of civil rights complaints not requiring formal investigation that are resolved within 180 days (Output)

| FY | Target | Result |
|-----------|---------------|------------------------------|
| 2011 | 79% * | Nov 30, 2011 |
| 2010 | 74% * | Nov 30, 2010 |
| 2009 | 80% | 84% (Target Exceeded) |
| 2008 | Set Baseline | 79.6% (Baseline) |
| 2007 | N/A | 85.9% (Historical Actual) |
| 2006 | N/A | 79.6% (Historical Actual) |

* An emphasis on resolving the older or more complex cases in OCR's open inventory in FY 2010 may result in a short-term increase in the average time required to resolve cases. This will result in a corresponding decrease in the timeliness targets in measures 1.1.7 – 1.1.8.

Measure 1.1.9: Percentage of privacy complaints requiring formal investigation that are resolved within 365 days (Output)

| FY | Target | Result |
|-----------|---------------|------------------------------|
| 2011 | 50% * | Nov 30, 2011 |
| 2010 | 40% * | Nov 30, 2010 |
| 2009 | 45% | 53% (Target Exceeded) |
| 2008 | Set Baseline | 42.3% (Baseline) |
| 2007 | N/A | 56.6% (Historical Actual) |
| 2006 | N/A | 59.8% (Historical Actual) |

Measure 1.1.10: Percentage of privacy complaints not requiring formal investigation that are resolved within 180 days (Output)

| FY | Target | Result |
|-----------|---------------|------------------------------|
| 2011 | 69% | Nov 30, 2011 |
| 2010 | 63% * | Nov 30, 2010 |
| 2009 | 66% | 67% (Target Exceeded) |
| 2008 | Set Baseline | 67% (Baseline) |
| 2007 | N/A | 72.8% (Historical Actual) |
| 2006 | N/A | 69.5% (Historical Actual) |

* An emphasis on resolving the older or more complex cases in OCR's open inventory in FY 2010 may result in a short-term increase in the average time required to resolve cases. This will result in a corresponding decrease in the timeliness targets in measures 1.1.9 – 1.1.10.

Measure 1.1.11: Number of individuals who are or represent health and human service providers, other interest groups, and consumers to whom OCR provides information and training annually (Output) –
NOTE: This is a proposed change to measure 1.1.6 beginning in FY 2011

| FY | Target | Result |
|-----------|---------------|---|
| 2011 | 201,200 | Nov 1, 2011 |
| 2010 | 98,200 | Nov 1, 2010 |
| 2009 | 95,400 | 95,191 (Target Not Met but Improved) |
| 2008 | 92,000 | 92,603 (Target Exceeded) |

| Measure | Data Source | Data Validation |
|----------------|--|---|
| 1.1.1 | OCR has an internet-based Program Information Management System (PIMS) that captures data in real time related to complaint processing, Medicare application reviews, public education and technical assistance. PIMS allows users to code all different types of activities related to cases and their disposition, outreach, and technical assistance. PIMS automatically calculates the number of corrective actions based on case disposition. Corrective Action plans and settlement agreements are posted in PIMS. | As a result of OCR's investigations, Regional investigative staff negotiate and certify the corrective actions taken by covered entities; these results are reviewed at the Headquarters level. |
| 1.1.2 | Policy changes are a subset of corrective actions. PIMS calculates the number of substantive policy changes automatically from investigator input, including corrective action plans, settlement agreements, and other forms of written summaries of the substantive policy changes implemented. | Policy changes are a subset of corrective actions and are negotiated and certified by Regional staff; these results are reviewed at the Headquarters level. |
| 1.1.3 | Closure rates are manually calculated by dividing PIMS automated count of cases resolved by cases received. | Case status is routinely verified for completeness and policy compliance by team leaders, supervisors, and / or regional managers. Closure calculations are made monthly and summarized on an internal scorecard. |
| 1.1.4 | PIMS automatically provides case counts and receipts and the percentage is calculated on a summary scorecard. | Case status is routinely verified for completeness and policy compliance by team leaders, supervisors, and / or regional managers. Closure calculations are made monthly and summarized on an internal scorecard. |
| 1.1.5 | The percentage is calculated from the PIMS automatically provided privacy case resolutions divided by privacy case receipts. | Case status is routinely verified for completeness and policy compliance by team leaders, supervisors, and / or regional managers. Closure calculations are made monthly and summarized on an internal scorecard. |
| 1.1.6 | Actuals are automatically provided in PIMS based on staff individual input of the actual / estimated count of participants | Data is verified at the Regional level for accuracy and reviewed at the Headquarters level for consistency. |
| 1.1.7 | Actuals are manually calculated using PIMS case data. | Data is verified at the Regional level for accuracy and reviewed at the Headquarters level for consistency. |
| 1.1.8 1.1.9 | Actuals are manually calculated on PIMS case data. | Data is verified at the Regional level for accuracy and reviewed at the Headquarters level for consistency. |
| 1.1.10 | Actuals are manually calculated on PIMS case data. | Data is checked at the Regional level for accuracy and reviewed at the Headquarters level for consistency. |
| 1.1.11 | Actuals are manually calculated on PIMS case data. | Data is checked at the Regional level for accuracy and reviewed at the Headquarters level for consistency. |

Agency Long-Term Objective: To enhance operational efficiency

Measure 1.2.1: Rate of closure for civil rights and privacy cases and new Medicare application reviews per FTE (Output)

| FY | Target | Result |
|------|------------|---------------------------------|
| 2011 | 67 cases | Nov 30, 2011 |
| 2010 | 66.5 cases | Nov 30, 2010 |
| 2009 | 66 cases | 55.9 cases (Target Not Met) |
| 2008 | 59 cases | 65.6 cases (Target Exceeded) |
| 2007 | 49.6 cases | 51.3 cases (Target Exceeded) |
| 2006 | 41.3 cases | 50.3 cases (Target Exceeded) |

| Measure | Data Source | Data Validation |
|---------|---|--|
| 1.2.1 | Actuals are manually calculated using PIMS case data and the number of FTE. | Data is checked at the Regional level for accuracy and reviewed at the Headquarters level for consistency. |

PERFORMANCE NARRATIVE

OCR has organized its performance measures around the two overarching strategic objectives that directly support the HHS Strategic Plan.

OCR has two broad long-term performance objectives: 1) ensure compliance, increase awareness, and increase understanding of Federal laws requiring non-discriminatory access to HHS programs and protection of the privacy of protected health information; and 2) enhance operational efficiency.

OCR's performance targets are based on projections of workload, historical levels of workload complexity, and ongoing efforts to improve staff efficiency. OCR uses established goals and measures to manage its resource allocations across the organization, holding staff accountable for supporting and achieving programmatic goals. OCR continuously monitors case receipts and performance through the use of an internal monthly scorecard. Trends in workload and projected budget resources are factored into revisions to OCR's targets. Through FY 2008 operational improvements, including upgrades to OCR's case management system, enhancing employee skill sets through training and empowerment, and redistributing workload across regional offices to maximize productivity, resulted in the number of cases resolved per FTE increasing by more than 31 percent. OCR projected further increases in productivity would continue into FY 2009 and set goals accordingly. This outlook was based on the assumption that OCR's FY 2009 President's Budget Request, which included programmatic increases in FTE and dollars, would be enacted without the need for an extended continuing resolution (CR). In reality, OCR was funded under a CR for nearly the first five months of FY 2009. This significantly delayed the hiring of new investigators, causing a detrimental impact on OCR's ability to meet all of its stated performance targets in FY 2009. As these new positions are filled and fully integrated into OCR

operations in FY 2010, productivity will again increase. Through the integration of these new staff resources, coupled with continued process improvements OCR will continue to exceed its long-term measure of increasing the resolution rate of civil rights and privacy cases and new Medicare application reviews to 100 percent of new cases / reviews received per year, thereby enabling OCR to further reduce its inventory of open complaints and respond to the public in a more timely fashion.

Long-term performance objective #1:

- **The number of corrective actions that covered entities take as a result of OCR intervention**
 - In FY 2009, the number of corrective actions that covered entities made as a result of OCR intervention was 3,562. This did not quite meet OCR's target of 4,000. As stated above, the failure to achieve this goal was due in large part to a delay in the hiring of new staff associated with programmatic increases included in OCR's FY 2009 appropriation. This delay was a result of OCR being funded under a continuing resolution until February 2009.
 - Policy changes are a type of corrective action. The number of covered entities that made substantive policy changes as a result of OCR intervention and/or review was 2,314, which did not meet OCR's target of 2,650 covered entities.
 - Sustaining similar results in the future depends upon the number of cases that OCR is able to resolve in a given year since corrective actions and policy changes are a direct result of OCR's compliance activities.
 - OCR's target for corrective actions in FY 2011 is 4,200 and for policy changes it is 2,750.

- **Rate of closure for civil rights and privacy cases and new Medicare application reviews per case/reviews received**
 - OCR achieved a 105.3 percent resolution rate in FY 2009 which exceeded its target of 104 percent.
 - OCR's supporting measure, "Percent of civil rights cases and new Medicare application reviews resolved per cases/reviews received," had an FY 2009 target of 110.5 percent. OCR achieved a resolution rate of 103.3 percent.
 - OCR's supporting measure, "Percent of privacy cases resolved per cases received," had an FY 2009 target of 100 percent. OCR achieved a resolution rate of 106.6 percent, which exceeded this target.
 - OCR believes that its performance in relation to the established targets for resolving civil rights and privacy complaints and closing new Medicare application reviews is a very significant accomplishment.
 - OCR continuously monitors case receipts and performance through the use of an internal monthly scorecard, which is one of the tools used to aid in the evaluation of investigators' successful performance in achieving OCR goals.
 - Integration of new staff, along with continued efficiency gains, will allow OCR to continue to exceed its long-term measure of increasing the resolution rate of civil rights and privacy cases and new Medicare application reviews to 100 percent of new cases / reviews received per year.

- **Increased awareness of Federal laws requiring non-discriminatory access to HHS programs and protection of the privacy of protected health information through the provision of information and training to individuals**
 - OCR provided training and technical assistance to over 95,000 individuals through its public education and compliance activities in FY 2009. This level did not meet OCR's target of 95,400 individuals, but the number was an improvement over the more than 92,000 in FY 2008.
 - Given the nature of OCR's mission, resources are devoted primarily to the resolution of citizen complaints and the active enforcement of the laws and regulations over which OCR has purview. To date, OCR believes that performance on this measure has shown satisfactory results.
 - Public education activities are important to make people aware of their rights to protection against discrimination and privacy of their health information. In addition, health care providers and practitioners are educated on their responsibilities or learn about best practices in providing quality care that is free from discrimination and protects individuals' health information.

OCR continues to improve responsiveness to the public. OCR added new measures, with baselines established in 2008, where the percentage of complaints that require a formal investigation are resolved within 365 days of receipt, and the percentage of complaints that do not require a formal investigation are resolved within 180 days of receipt. OCR's long-term goal is to resolve 90 percent of complaints that require a formal investigation within 365 days of receipt and to resolve 90 percent of complaints that do not require a formal investigation within 180 days of receipt. It is anticipated that results will be modest in the initial years of these measures as OCR continues to focus on resolving a number of older cases in its inventory. These measures have been incorporated into OCR investigative staff's performance plans and results will be measured through OCR's monthly scorecards.

- **Percentage of civil rights complaints that require formal investigation, resolved within 365 days**
 - OCR established a baseline for this new measure of 30 percent in FY 2008.
 - OCR achieved a rate of 31 percent in FY 2009, which missed the target of 33 percent, but was an improvement over the base year.
 - OCR's target is 40 percent in FY 2011.
- **Percentage of civil rights complaints that do not require formal investigation, resolved within 180 days**
 - OCR established a baseline for this new measure of 79.6 percent in FY 2008.
 - OCR achieved a rate of 84 percent in FY 2009, which exceeded the target of 80 percent.
 - Results are expected to diminish over the next two years as OCR concentrates on significantly reducing its inventory of open complaints. As a result, OCR's target is 79 percent in FY 2011.

- **Percentage of privacy complaints that require formal investigation, resolved within 365 days**
 - OCR established a baseline for this new measure of 42.3 percent in FY 2008.
 - OCR achieved a rate of 53 percent in FY 2009, which significantly exceeded the target of 45 percent.
 - OCR's target is 50 percent in FY 2011.

- **Percentage of privacy complaints that do not require formal investigation, resolved within 180 days**
 - OCR established a baseline for this new measure of 67 percent in FY 2008.
 - OCR achieved a rate of 67 percent in FY 2009, which exceeded the target of 66 percent.
 - OCR's target is 69 percent in FY 2011.

Measure for long-term performance objective #2:

OCR anticipates that continued operational efficiency efforts will result in an increase in the number of cases resolved per FTE assigned.

- **Increase the number of cases resolved per FTE assigned**
 - In FY 2009, OCR resolved 55.9 cases per FTE, which was short of its target of 66 cases per FTE.
 - Results in FY 2009 were detrimentally impacted by delays in hiring new investigators in OCR. New investigators coming on-board in the fourth quarter of FY 2009 were less productive than existing investigators due to the inherent learning curve that new employees face. This learning curve had a downward impact on the average number of cases resolved per FTE. The impact of this learning curve will be largely alleviated in early FY 2010 and future results will reflect the additional capacity provided by these investigators.
 - OCR's management objective of enhancing operational efficiency is critical for achieving each of the previously discussed performance goals. In the past several years, OCR has employed numerous strategies to increase efficiency, including managing caseloads across regional lines. In FY 2010 OCR will complete the centralization of its complaint intake process with an eye toward balancing workload and maximizing capacity across the entire organization.

Discussion of OCR Strategic Plan

OCR's civil rights and health information privacy compliance activities play a significant role in support of three of the four goals in the HHS Strategic Plan, in addition to OCR's strategic goals.

See the discussion below for how the performance objectives that OCR uses to enforce compliance and increase awareness and understanding of Federal laws requiring non-discriminatory access to HHS programs, and protection of the privacy of individually-

identifiable health information, tie into the HHS Strategic Goals. OCR's second strategic goal, to enhance operational efficiency, supports the entire array of OCR activities outlined below because success under this goal results in increased resources that can be focused on priority issues.

HHS Strategic Goals

1. Health Care

To increase health care availability, accessibility, and safety, OCR investigates and resolves complaints of civil rights discrimination in the provision of health care (Objective A on p. 13) and investigates complaints of noncompliance with regulations that protect the privacy and security of individuals' health information (Objective B). OCR also promotes awareness and compliance with the applicable Federal laws that enhance non-discriminatory access to health care through its public education efforts, partnerships with health agencies and associations, and technical assistance efforts that promote voluntary compliance (Objective C). Under regulations implementing nondiscrimination laws, OCR periodically reviews civil rights policies and practices of program recipients to assess compliance and enters into resolution agreements to ensure that health care providers do not deny benefits to qualified persons based on race, color, national origin, disability, or age (Objective D).

2. Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness

OCR promotes and encourages preventive health care, including mental health, lifelong healthy behaviors and recovery by means of its enforcement and educational activities aimed at preventing and eliminating unlawful discrimination by health care and human services entities. (Objectives A, B, and C). OCR's legal authorities include Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; Title II of the Americans with Disabilities Act of 1990; Titles VI and XVI of the Public Health Service Act; the Multi-Ethnic Placement Act (MEPA), as modified by Section 1808 of the Small Business and Job Protection Act; and the Age Discrimination Act of 1975. OCR continues to play a leading role in working with the states to achieve community integration for individuals with disabilities in accordance with the Supreme Court's *Olmstead v L.C.* decision. In addition to its enforcement activities, OCR supports preparation for, and response to, natural and man-made disasters through its participation in the development of the Department's Strategic Plan objectives pertaining to the role of the HIPAA Privacy rule in emergency preparedness and response and emergency preparedness for persons with disabilities and other special needs populations, providing staff as key members of the National Response Plan working group on special needs populations, playing a vital role on a work group tasked with updating the Department's and FEMA's playbook for hurricane season planning, and similar activities (Objectives A, B, and C).

3. Human Services

Through its enforcement and outreach activities addressing health disparities, Temporary Assistance for Needy Families, and non-discrimination in foster care and adoption (MEPA) (Objectives A and C), OCR supports the economic independence and social well-being of individuals and families across the lifespan; the safety and well-being of children and youth; the development of strong, healthy and supportive communities; and the needs, strengths and abilities of vulnerable populations.

OCR's Strategic Goals

Activities that support OCR's strategic goal to ensure compliance and increase awareness and understanding of Federal laws requiring non-discriminatory access to HHS-funded programs, and protection of the privacy of individually-identifiable health information, include:

- Complaint investigations and enforcement
- Compliance review, Medicare pre-grant reviews, and monitoring
- Public education, partnerships, and technical assistance

Activities that support OCR's strategic goal to enhance operational efficiency include:

- Policy-making and legal advisory support for policy execution
- Improvements to case management processes, including use of technology
- Enhancing skill sets through training, hiring, and strategic deployment
- Holding staff accountable for supporting and achieving OCR and HHS strategic goals

OVERVIEW OF PERFORMANCE
OCR Linkages to HHS Strategic Plan

The table below shows the alignment of OCR's strategic goals with HHS Strategic Plan goals.

| | OCR Strategic Goals / Objectives | | | | |
|--|---|---|--|--|---|
| | Goal 1: To ensure compliance and to increase awareness and understanding of Federal laws requiring non-discriminatory access to HHS programs and protection of the privacy of individually identifiable health information. | | | | Goal 2: To enhance operational efficiency |
| | Objective A: To increase access to and receipt of non-discriminatory quality health and human services while protecting the integrity of HHS Federal financial assistance | Objective B: To protect the privacy of personally identifiable health information for healthcare consumers. | Objective C: To provide information and training to representatives of health and human service providers, other interest groups, and consumers. | Objective D: To increase the number of covered entities which make substantive policy change as a result of intervention and / or review | Objective: To increase the number of cases / reviews resolved per FTE assigned. |
| HHS Strategic Goals | | | | | |
| 1: Health Care Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care. | | | | | |
| 1.1 Broaden health insurance and long-term care coverage. | | | | | |
| 1.2 Increase health care service availability and accessibility. | X | X | X | X | X |
| 1.3 Improve health care quality, safety and cost/value. | | X | X | | X |
| 1.4 Recruit, develop, and retain a competent health care workforce. | | | | | |
| 2: Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness Prevent and control disease, injury, illness and disability across the lifespan, and protect the public from infectious, occupational, environmental and terrorist threats. | | | | | |
| 2.1 Prevent the spread of infectious diseases. | | | | | |
| 2.2 Protect the public against injuries and environmental threats. | | | | | |
| 2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery. | X | X | X | | X |
| 2.4 Prepare for and respond to natural and man-made disasters. | X | X | X | | X |
| 3: Human Services Promote the economic and social well-being of individuals, families and communities | | | | | |
| 3.1 Promote the economic independence and social well-being of individuals and families across the lifespan. | X | | X | | X |
| 3.2 Protect the safety and foster the well being of children and youth. | X | | X | | X |
| 3.3 Encourage the development of strong, healthy and supportive communities. | X | | X | | X |
| 3.4 Address the needs, strengths and abilities of vulnerable populations. | X | | X | | X |
| 4: Scientific Research and Development Advance scientific and biomedical research and development related to health and human services | | | | | |
| 4.1 Strengthen the pool of qualified health and behavioral science researchers. | | | | | |
| 4.2 Increase basic scientific knowledge to improve human health and human development. | | | | | |
| 4.3 Conduct and oversee applied research to improve health and well-being. | | | | | |
| 4.4 Communicate and transfer research results into clinical, public health and human service practice. | | | | | |

ADDITIONAL ITEMS

FULL COST TABLE

**Office for Civil Rights
Summary of Full Cost**
(Dollars in Millions)

| HHS Strategic Goals and Objectives | Office for Civil Rights | | |
|--|-------------------------|---------|---------|
| | FY 2009 | FY 2010 | FY 2011 |
| 1: Health Care Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care. | | | |
| 1.1 Broaden health insurance and long-term care coverage. | | | |
| 1.2 Increase health care service availability and accessibility. | 17.5 | 17.9 | 19.3 |
| Objective A | 8.0 | 8.2 | 8.9 |
| Objective B | 4.3 | 4.5 | 4.8 |
| Objective C | 0.7 | 0.7 | 0.8 |
| Objective D | 4.4 | 4.5 | 4.8 |
| 1.3 Improve health care quality, safety and cost/value. | 2.7 | 2.8 | 3.0 |
| Objective B | 2.6 | 2.7 | 2.9 |
| Objective C | 0.1 | 0.1 | 0.1 |
| 1.4 Recruit, develop, and retain a competent health care workforce. | | | |
| 2: Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness Prevent and control disease, injury, illness and disability across the lifespan, and protect the public from infectious, occupational, environmental and terrorist threats. | | | |
| 2.1 Prevent the spread of infectious diseases. | | | |
| 2.2 Protect the public against injuries and environmental threats. | | | |
| 2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery. | 11.0 | 11.3 | 12.2 |
| Objective A | 0.8 | 0.8 | 0.9 |
| Objective B | 10.0 | 10.3 | 11.0 |
| Objective C | 0.2 | 0.2 | 0.3 |
| 2.4 Prepare for and respond to natural and man-made disasters. | 0.8 | 0.8 | 0.9 |
| Objective A | 0.3 | 0.3 | 0.4 |
| Objective B | 0.4 | 0.4 | 0.4 |
| Objective C | 0.1 | 0.1 | 0.1 |
| 3: Human Services Promote the economic and social well-being of individuals, families and communities. | | | |
| 3.1 Promote the economic independence and social well-being of individuals and families across the lifespan. | 1.8 | 1.9 | 2.0 |
| Objective A | 1.6 | 1.7 | 1.7 |
| Objective C | 0.2 | 0.2 | 0.3 |
| 3.2 Protect the safety and foster the well being of children and youth. | 0.9 | 0.9 | 1.0 |
| Objective A | 0.8 | 0.8 | 0.9 |
| Objective C | 0.1 | 0.1 | 0.1 |
| 3.3 Encourage the development of strong, healthy and supportive communities. | 3.0 | 3.1 | 3.3 |
| Objective A | 2.4 | 2.5 | 2.7 |
| Objective C | 0.6 | 0.6 | 0.6 |
| 3.4 Address the needs, strengths and abilities of vulnerable populations. | 2.3 | 2.4 | 2.6 |
| Objective A | 2.1 | 2.2 | 2.3 |
| Objective C | 0.2 | 0.2 | 0.3 |
| Strategic Goal 4: Scientific Research and Development Advance scientific and biomedical research and development related to health and human services. | | | |
| 4.1 Strengthen the pool of qualified health and behavioral science researchers. | | | |

| | | | |
|--|------|------|------|
| 4.2 Increase basic scientific knowledge to improve human health and human development. | | | |
| 4.3 Conduct and oversee applied research to improve health and well-being. | | | |
| 4.4 Communicate and transfer research results into clinical, public health and human service practice. | | | |
| | 40.1 | 41.1 | 44.4 |

Note on Summary of Full Cost

OCR’s civil rights and health information Privacy and Security Rule compliance activities comprise a unified program in which the various compliance, legal, and program management activities performed by OCR’s staff very frequently cut across its specific legal authorities. OCR does not have access at this time to a reliable activity-based costing system whereby staff hours spent on specific activities can be precisely tracked. The above distribution of resources, however, represents OCR’s best professional judgment about how its resources are supporting the Department’s strategic goals and objectives, and are aligned with previous estimates for the breakout of OCR’s budget by its long-term output and outcome measures (see OCR’s FY 2011 “Online Performance Appendix,” page 10).

List of Program Evaluations

OCR’s performance efforts were reviewed in 2005. The program assessment findings concluded that OCR has strong purpose and design and is well-managed. Independent evaluations indicate that the organization is effective and achieving results. Through the program assessment process, OCR consolidated its performance measures in FY 2005, moving away from issue-specific goals that might be more subject to change from year to year, and adding new outcome and output-related measures. OCR uses goals and measures developed as part of this program assessment to manage its resource allocations across the organization, using an internal scorecard and regular headquarters and regional communication to track operational efficiency and to ensure alignment with performance goals. OCR holds staff accountable for supporting and achieving Departmental and organizational programmatic and management goals by cascading the Director’s annual performance contract objectives, including OCR’s program objectives, to all managers and program staff.

Disclosure of Assistance by Non-Federal Parties

Preparation of Annual Performance Reports and Annual Performance Plans is an inherently governmental function that is only to be performed by Federal employees. OCR has not received any material assistance from any non-Federal parties in the preparation of this FY 2011 Online Performance Appendix.

DISCONTINUED PERFORMANCE MEASURES

There are no discontinued measures.