



*ANNUAL PERFORMANCE REPORT  
FY 2003-2004*



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**Oregon Department of Human Services**

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*TABLE OF CONTENTS*

[Executive Summary](#) .....4  
[Introduction](#).....8  
  
[Part I, Managing for Results](#) .....11  
[Part II, Key Measure Analysis](#) .....15

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*DEPARTMENT OF HUMAN SERVICES*  
*ANNUAL PERFORMANCE PROGRESS REPORT*

*TIME PERIOD: FISCAL YEAR 2003 – 2004*

**EXECUTIVE SUMMARY**

The purpose of this annual performance report is to communicate the results of the work we do. While the primary audience of this report is the Oregon Legislature and other key stakeholders, it is also a communication tool for staff, other governmental agencies and citizens. DHS has identified 28 key performance measures, which support the mission and goals of DHS. A summary of the 2003-04 results follows.

Performance Target Achievement	#
Total Number of Key Performance Measures	28
# OF KPMS AT TARGET FOR MOST CURRENT REPORTING PERIOD	17 (61%)
# OF KPMS NOT AT TARGET FOR MOST CURRENT REPORTING PERIOD	11 (39%)

*DHS Goal – People are living as independently as possible*

Four of the DHS key performance measures support this goal. All four of these measures met their targets for the most current reporting period.

*DHS Goal – People are able to support themselves and their families*

Of the six key performance measures that link to this goal, we met four of the targets for the most current reporting period. We did not meet our targets for employment placements of TANF adults, or average monthly earnings for people with developmental disabilities who are receiving services from us.

*DHS Goal – People are safe*

Five of the key performance measures are linked to this goal. We met all five targets for the most current reporting period.

DHS Goal – People are healthy

DHS has 13 key performance measures that link to this goal, of which DHS met six targets. We did not achieve our targets around 8<sup>th</sup> grade risk for alcohol or drug use, tobacco use among adults, flu vaccines for seniors, OHP clients receiving primary health care services, unintended pregnancy, and uninsured Oregonians served by safety nets.

**Factors Affective Results**

Poor economic conditions appear to have an influence on many of our measures and are cited for TANF employment placements, tobacco use, and safety net use by uninsured Oregonians. Other factors include a shortage in the flu vaccine supply, changes in data collection tools, and Legislative cuts.

More explanation is provided in part II of the report – Key Measure Analysis.

<b>2003-05 Key Performance Measure – Abbreviated*</b>		<b>Met target?</b>
<b>DHS Goal – People are living as independently as possible – Met 3/4 (75%)</b>		
1. People with disabilities in community settings		YES
2. SPD (Seniors & People with Disabilities) clients living outside of institutions		NO
3. Successful OVRs (Office of Vocational Rehabilitation Services) rehabilitation		YES
4. SPD employment		YES
<b>DHS Goal – People are able to support themselves and their families – Met 4/6 (67%)</b>		
5. TANF (Temporary Assistance to Needy Families) employment		NO
6. TANF re-entry		YES
7. Teen pregnancy rate		YES
8. Enhanced child care rate		YES
9. Average earnings for SPD clients		NO
10. Food stamp utilization		YES
<b>DHS Goal – People are safe – Met 5/5 (100%)</b>		
11. Domestic violence		YES
12. Teen suicide rate		YES
13. Timely adoptions		YES
14. Child re-abuse		YES
15. Re-abuse of seniors and people with disabilities		YES

2003-05 Key Performance Measure – Abbreviated*		Met target?
DHS Goal – People are healthy – Met 6/13 (46%)		
16.Unintended pregnancy		NO
17.Early prenatal care for low income women		YES
18.Completion of alcohol and drug treatment		YES
19.8 <sup>th</sup> grade risk for alcohol and drug use		NO
20.Tobacco use		NO
21.Cigarette packs sold per capita		YES
22.Child immunization		YES
23.Influenza vaccinations for seniors		NO
24.HIV rate		YES
25.OHP (Oregon Health Plan) clients receiving primary health care services		NO
26.OHP clients receiving primary health care services – racial/ethnic breakout		NO
27.Safety net clinic use		NO
28.Mental health client functioning		YES

\* See pages 14-15 for complete key performance measure wording.

This table reports whether or not the target for the **most currently available** reporting period was met.

# *DEPARTMENT OF HUMAN SERVICES - ANNUAL PERFORMANCE PROGRESS REPORT - INTRODUCTION*

*TIME PERIOD: FISCAL YEAR 2003 – 2004*

## **INTRODUCTION**

The Oregon Department of Human Services (DHS) is the state's health and human services agency. Established in 1971 as the Department of Human Resources, it changed to its current name in 1999. DHS is the largest department in state government, employing approximately 9,500 people and operating with a budget of \$8.5 billion during 2001-03.

Working closely with a wide network of local partners, the department served more than one million people in the state during 2002.

## **Strategies**

The Department's mission is "*helping people to become independent, healthy and safe.*" DHS strategies aimed at accomplishing these goals include:

- **Self-Sufficiency:** Helping low-income families achieve self-sufficiency through programs such as the JOBS employment and training program, Temporary Assistance for Needy Families (TANF) and Food Stamps.
- **Protection:** Protecting vulnerable Oregonians from abuse and neglect through child-protective services, foster care and adoption programs, and investigations into abuse of seniors and people with disabilities.
- **Health:** Helping low-income Oregonians obtain needed health care through the Oregon Health Plan, Medicaid, mental health and addiction treatment, and operation of mental health institutions.
- **Independence:** Helping seniors and people with disabilities live as independently as possible through in-home services, state-operated group homes, vocational rehabilitation services and senior employment programs.
- **Prevention:** Protecting public health through such services as water-quality monitoring, restaurant inspections, monitoring and controlling communicable disease, maintaining vital records and preparing for bio-terrorism attack.



## **The DHS mission and goals**

This mission statement – “Assisting people to become independent, healthy and safe” - sets forth the purpose and guides the activities of our large, complex organization.

In support of our mission, and to gauge our progress, we have established four broad goals. Each is supported in turn by specific, measurable outcomes that we strive to achieve.

This approach — stating goals, measuring results, and reporting our progress to the public — complements a broader strategy devised by the Oregon Progress Board.

In the Progress Board's Oregon Benchmarks, the state has a pioneering set of objectives intended to enhance the quality of life for all Oregonians. The Benchmarks seek to unite Oregon around a vision of quality jobs, safe, caring communities and a healthy, sustainable environment.

Our mission statement, our goals and our values reflect our commitment to that vision.

### **DHS Vision**

Better outcomes for clients and communities through collaboration, integration  
and shared responsibility

### **DHS Mission**

Assisting people to become independent, healthy and safe

### **DHS Goals**

- ❖ People are safe
- ❖ People are healthy
- ❖ People are living as independently as possible
- ❖ People are able to support themselves and their families

# *DEPARTMENT OF HUMAN SERVICES - ANNUAL PERFORMANCE PROGRESS REPORT*

*TIME PERIOD: FISCAL YEAR 2003 – 2004*

## **Use of Performance Measures**

The Oregon Department of Human Services (DHS) continues to improve the use of performance measures for gauging effectiveness of program strategies to accomplish the mission of assisting people to become independent, healthy and safe. The department has 28 legislative-approved Key Performance Measures, some of which are also Oregon Benchmarks. While Oregon Benchmarks are meant to be high-level societal measures, DHS has an impact on these measures through numerous client- and population-based services. While this report includes 28 key performance measures, it doesn't capture all of the services provided by the department.

## **Challenges**

The department continues to work at finding efficient and effective ways to deliver quality services within the budget despite being faced with the challenge of scarce resources. Over time, DHS will develop departmental measures to gauge how efficiently we are carrying out the work of assisting people to become independent, healthy and safe. A customer service measure is currently under development, which will help gauge the timeliness and effectiveness of our services as well as the helpfulness, knowledge and expertise of our employees.

Future challenges also include connecting the daily work to intermediate and high level outcomes which will enable us to prioritize and clarify the results of what we do (effectiveness) and the importance of efficient processes, thereby creating a culture throughout DHS by which all managers and staff can use performance measures for decision-making and managing the daily work. More effective communication with the public and stakeholders on the value of DHS services is desired as we attempt to educate others about our role as stewards of public resources.

# DEPARTMENT OF HUMAN SERVICES - ANNUAL PERFORMANCE PROGRESS REPORT

TIME PERIOD: FISCAL YEAR 2003 – 2004

## PART I, MANAGING FOR RESULTS

<b>Agency: Oregon Department of Human Services</b>	<b>Date Submitted: 9/30/2004</b>	<b>Version No.: 1</b>
<b>Contact: Cathy Iles, Performance Measure Coordinator</b>	<b>Phone: 503-945-5855</b>	
<b>Alternate: Gwen Grams, Manager, Forecasting &amp; Performance Measurement</b>	<b>Phone: 503-945-5963</b>	

Agency Name: Oregon Department of Human Services	Agency No.: 10000
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**The following questions shed light on how well performance measures and performance data are leveraged within your agency for process improvement and results-based management.**

### 1. How were staff and stakeholders involved in the development of the agency's performance measures?

The DHS Performance Measure Committee (PMC) is a diverse group of staff representing program areas and department-wide support services. The PMC provides leadership and guidance for the department to further develop a performance management system. Members meet with their respective Assistant Directors and program staff to make decisions about performance measures. Some also meet with steering committees, partners and community members.

Efforts to communicate more effectively with citizens and stakeholders around the performance of DHS should result in more feedback as we continue to refine our performance measurement system approach in the department.

## **2. How are performance measures used for management of the agency?**

The DHS performance measurement framework outlines the different levels of performance measures and how they are connected to each other. At the highest level are the DHS goals, high-level outcomes and Oregon Benchmarks. They serve as tools for collaboration, motivation and leadership. \*See appendix A, page 79.

The next level contains the key performance measures (intermediate-level outcomes). Measures will be developed later to gauge how efficiently and effectively DHS is operating. These types of measures serve as tools for collaboration, accountability, reporting, management, program improvement and stewardship.

The bottom level, the foundation of the framework, contains program-specific measures, which may include other intermediate-level outcomes as well as caseload information and other outputs. These also serve as tools for accountability, reporting, management, program improvement and stewardship.

In the 2001-2003 DHS budget, the Legislature directed DHS to initiate performance-based contracts. This includes contracts or other agreements with providers, local governments, and other parties that receive funding for client-related services. The Legislature's intent was that performance should be based on outcomes that are measurable and demonstrate program performance, financial accountability, and where possible, individual client progress to the program's goals. DHS continues to make progress incorporating performance measures into contracts.

For a number of the health-related key performance measures, references are made to *Healthy People 2010*. This is a comprehensive set of disease prevention and health promotion objectives for the United States to achieve. Created by scientists both inside and outside of Government, it identifies a wide range of public health priorities and specific measurable objectives. The overarching goals include: increasing quality and years of healthy life, and eliminating health disparities. More information can be found at: [www.healthypeople.gov](http://www.healthypeople.gov)

### **3. What training has staff had in the use of performance measurement?**

DHS is currently developing a training plan for managers. One component of that plan will include a course on Collaborative Planning and Measuring. This will introduce a model of planning, implementing, gathering and interpreting feedback to lead towards program and system improvements. In addition, a curriculum is being planned for all staff to enhance their knowledge in program monitoring, evaluation and performance measures.

Many staff attended the Logic Model/Performance Measurement training given by the Oregon Progress Board, although exposure throughout the agency has been very limited.

### **4. How does the agency communicate performance results and for what purpose?**

DHS has used the annual performance report to communicate with a broad audience about the status of both the programs and our accountability for improving client outcomes. These key performance measures will serve as the foundation of further refinement of the performance measurement framework and for gaining clarity around the programs and strategies affecting those measures.

Through a grant from the National Center for Civic Innovation, DHS is pursuing more effective ways of reporting performance information to citizens. The grant will last approximately 18 months. Results and recommendations will be included in a future report. The primary focus for DHS is to make performance measure information more easily accessible on the website.

## **5. What important performance management changes have occurred in the past year?**

### **Leadership and Expectations**

Leadership changes have occurred within DHS at the Director, Deputy Director and Executive level, however, performance measurement is still seen as critical work within the department.

Performance agreements and expectations have helped prioritize strategies within DHS. These include agreements between the Governor and the DHS Director, as well as between the DHS Director and Cluster Administrators.

### **Program Efforts**

The Children, Adults and Families (CAF) cluster, which includes DHS field staff in child welfare, self-sufficiency and vocational rehabilitation, has identified several work objectives that are priorities for providing better services to clients. It is referred to as the Service Delivery Area (SDA) Strategic Framework. The intent of the framework is to translate these priorities and objectives into measurable outcomes that are meaningful, accurate, accessible and understandable. Managers and staff will be able to gauge their own progress towards these outcomes, evaluate the effectiveness of their strategies and, if necessary, adjust or create new strategies. The framework is currently being piloted in three SDAs with plans to implement statewide within two years.

Senate Bill 267 requires the delivery of evidence-based practices in the area of alcohol and drug treatment. The Office of Mental Health and Addiction Services is reviewing the compatibility of key performance measures with these evidence-based practices.

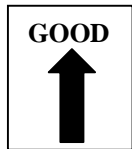
ANNUAL PERFORMANCE REPORT- **TIME PERIOD: FISCAL YEAR 2003 – 2004**

PART II, KEY MEASURE ANALYSIS

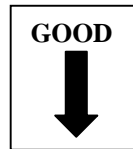
<b>KEY PERFORMANCE MEASURE</b>	<b>PAGE #</b>
<b>GOAL: PEOPLE ARE LIVING AS INDEPENDENTLY AS POSSIBLE</b>	
1. The percentage of individuals with developmental disabilities who live in community settings of five or fewer.	17
2. The percentage of Oregon’s eligible seniors and people with disabilities who are living outside of institutions: a) seniors, b) people with developmental disabilities (developmental measure).	19
3. The percentage of Office of Vocational Rehabilitation Services (OVRS) consumers with a goal of employment that are employed.	21
4. The percentage of Seniors and People with Disabilities (SPD) consumers with a goal of employment that are employed.	23
<b>GOAL: PEOPLE ARE ABLE TO SUPPORT THEMSELVES AND THEIR FAMILIES</b>	
5. The percentage of Temporary Assistance to Needy Families (TANF) adults placed for which employment is a goal.	25
6. The percentage of Temporary Assistance to Needy Families (TANF) cases that do not return, or are off of cash assistance 18 months after exit due to employment.	27
7. The number of female Oregonians ages 15 – 17, per 1,000 who are pregnant.	29
8. The percentage of childcare providers who are providing enhanced quality of care.	31
9. Average monthly earnings for persons with developmental disabilities who receive Seniors and People with Disabilities (SPD) services.	33
10. The ratio of Oregonians receiving food stamp assistance to the number of Oregonians living in poverty.	35
<b>GOAL: PEOPLE ARE SAFE</b>	
11. The percentage of women subjected to domestic violence in the past year.	37
12. The rate of suicides among adolescents per 100,000.	39
13. The median number of months from date of latest removal from home to finalized adoption.	41
14. The percentage of abused/neglected children who were re-abused within 6 months of prior victimization.	43
15. The percentage of seniors and adults with disabilities who are re-abused within 12 months of first substantiated abuse: a) seniors (developmental), b) people with disabilities.	45

<b>KEY PERFORMANCE MEASURE</b>	<b>PAGE #</b>
<b>GOAL: PEOPLE ARE HEALTHY</b>	
16. The percentage of pregnancies that were unintended or were terminated.	47
17. The percentage of low-income women who receive prenatal care in the first 4 months of pregnancy.	49
18. Percentage of engaged clients who complete alcohol and other drug (AOD) abuse treatment and are not abusing AOD	51
19. Percentage of 8 <sup>th</sup> graders at high risk for alcohol and other drug use.	53
20. Tobacco use among: a) adults, b) youth, c) pregnant women.	55
21. Number of cigarette packs sold per capita.	61
22. The percentage of 19-35 month old children who are adequately immunized.	63
23. The percentage of adults aged 65 and over who receive an influenza vaccine.	65
24. The annual rate of HIV infection per 100,000 persons.	67
25. The proportion of Oregon Health Plan (OHP) clients who receive primary health care services annually.	69
26. The proportion of racial and ethnic Oregon Health Plan (OHP) clients who receive primary health care services annually.	71
27. The percentage of uninsured Oregonians served by safety net clinics.	75
28. The percentage of mental health clients who maintain or improve level of functioning following treatment.	77

*FOR EASE OF USE, AN ARROW IS INCLUDED ON EACH GRAPH TO SHOW THE DESIRED DIRECTION OF THE RESULTS.*



*INDICATES THAT  
AN INCREASE IS  
DESIRED.*



*INDICATES THAT  
A DECREASE IS  
DESIRED.*



Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
# 10000-1. Percentage of individuals with developmental disabilities who live in community settings of five or fewer.	Target	NA	94.3	94.4	94.5	94.7	94.9	95.1	97.0	97.0
	Data	94.1	93.8	94.5	95.9	96.1				

Data Source: Client Process Monitoring System (CPMS) and Licensing database.

**Key Performance Measure Analysis**

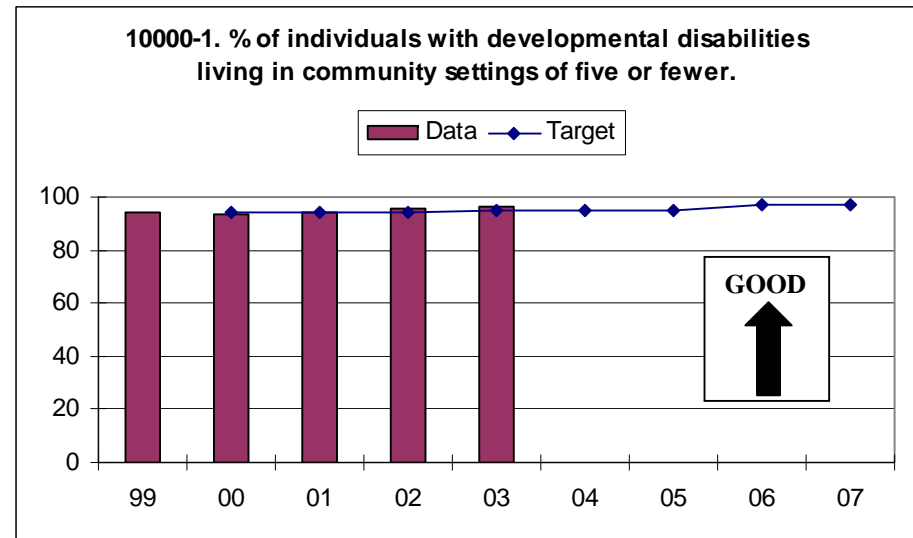
**1. To what goal or goals is this performance measure linked?**

This performance measure links to the DHS goal – “People are living as independently as possible.” It also links to the DHS high-level outcome “Increase the percentage of Oregonians with a lasting developmental, mental and/or physical disability who could live on their own with adequate support.”

This measure concerns people with developmental disabilities (DD) and where they live. It measures the number of Oregonians with developmental disabilities receiving Medicaid services that are living in small community settings.

**2. What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency?**

Seniors and People with Disabilities (SPD) developed this measure to track its performance at providing alternatives to services provided in large congregate settings. This measure also is used to give some indication of how well SPD is providing opportunities to individuals with developmental disabilities to become better integrated with their local communities.



**3. How does the performance measure demonstrate agency progress toward the goal?**

DHS offers programs to provide alternative care for its DD clients in standard community residential settings of five or fewer so that they can live as independently as possible. Persons with developmental disabilities are measured as those who have qualified and been enrolled in SPD-DD Case Management Services.

**4. Compare actual performance to target and explain any variance.**

DHS has met its target for the past three years.

**5. Summarize how actual performance compares to any relevant or private industry standards?**

DHS has not compared this performance measure to other standards; however, we are looking into other comparable measures to do so.

**6. What is an example of a department activity related to the measure?**

Activities performed by Staley Support Staff and Family Support Staff assist families to keep members in the community. Crisis diversion assists in keeping people from ICF/MR (Intermediate Care Facility for the Mentally Retarded) placement. PASRR- the Pre-Admission Screening Resident Review is a screening tool which is used to prevent the placement of individuals with mental illness or mental retardation/developmental disabilities (MR/DD) in a nursing facility unless their medical needs clearly indicate they require the level of care provided by a nursing facility. When placement into a nursing facility is ruled out, smaller, community based settings are explored. In-home support services and establishment of the Housing Trust Fund also support this measure.

**7. What needs to be done as a result of this analysis?**

Continued efforts to provide in-home services to persons with developmental disabilities.

Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
# 10000-2. Percentage of Oregonian’s eligible seniors and people with disabilities who are living outside of institutions. (Senior data only)	Target	97.7	97.8	98.0	98.1	98.4	98.4	98.5	98.5	98.5
	Data	97.8	98.0	98.1	98.4	98.3				

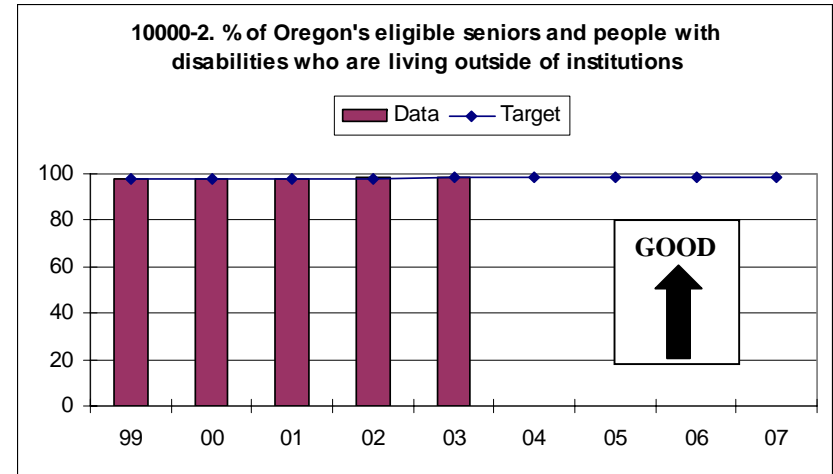
Data Source: Oregon Health Policy Research Annual Nursing Home Survey database.

**Key Performance Measure Analysis**

**1. To what goal or goals is this performance measure linked?**

This performance measure links to the DHS goal – “People are living as independently as possible.” This measure also links to Oregon Benchmark #58 and the DHS high-level outcome “Percent of seniors (over 65) living independently.” This measure concerns seniors and people with disabilities and where they live.

Seniors and People with Disabilities (SPD) has separated two populations - people with developmental disabilities and seniors - who are not living in an institution which includes nursing home care settings and senior care services provided in community settings, including Foster Homes, Residential Care and Assisted Living, and in-home care, which are considered “non-institutional care.” DHS has presented data for senior Oregonians - ages 65 and older - who are not living in an institution. A comparable measure for clients with developmental disabilities (DD) is in development.



**2. What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency?**

This measure is used by SPD to track its performance at providing alternatives to institutional services. SPD recognizes that some people must be served in institutional settings, but some institutionalized individuals could receive services in other less restrictive settings if they were available.

**3. How does the performance measure demonstrate agency progress toward the goal?**

DHS is providing quality care to senior Oregonians in both home and community based care settings as an alternative to institutional care so that senior clients may live as independently as possible.

**4. Compare actual performance to target and explain any variance.**

DHS met the targets for 1999 – 2002 for this measure, but not for 2003.

**5. Summarize how actual performance compares to any relevant or private industry standards?**

Oregon is one of the six states (Florida, Oregon, Hawaii, Arizona, Nevada, and Alaska) with less than three percent of the population age 65 and older who resided in nursing facilities (Source: AARP: Across the States 2002: Profiles of Long-term Care).

**6. What is an example of a department activity related to the measure?**

Residential and in-home services for seniors with physical disabilities result in lowering the number of people in institutions. PAS - Pre-Admission Screening is a screening tool which is used to prevent the placement of seniors with physical disabilities in a nursing facility unless their medical needs clearly indicate they require the level of care provided by a nursing facility. When placement into a nursing facility is ruled out, smaller, community based settings are explored.

**7. What needs to be done as a result of this analysis?**

A clear operational definition of terms – including “eligible disabled population” and “institution” need to be developed.

Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
# 10000-3. The percentage of Office of Vocational Rehabilitation Services (OVRs) consumers with a goal of employment that are employed.	Target	NA	65.7	65.2	61.9	65.0	65.5	66.0	66.0	66.0
	Data	67.5	65.7	65.2	61.9					

Data Source: ORCA (Oregon Rehabilitation Case Automation: automated data system for OVRs)

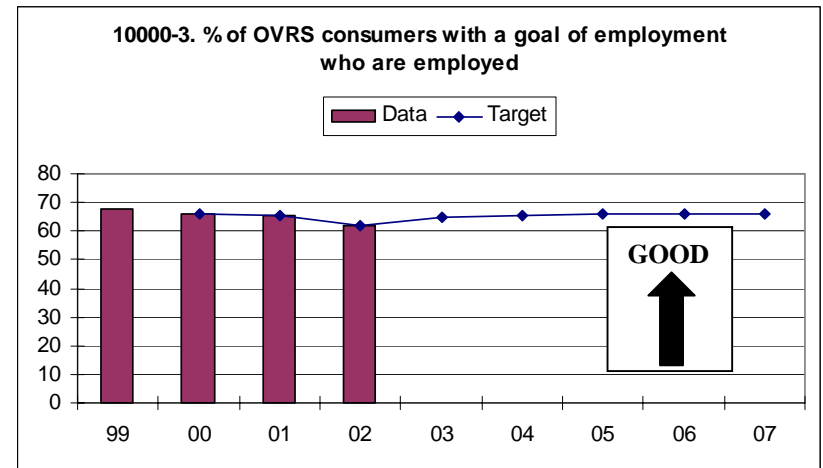
**Key Performance Measure Analysis**

**1. To what goal(s) is this performance measure linked?**

This measure links to the goal – “People are living as independently as possible.” It also links to Oregon Benchmark #59 and the DHS high-level outcome – “Percent of adults with lasting, significant disabilities who are capable of working who are employed.”

**2. What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency?**

The Office of Vocational Rehabilitation Services (OVRs) assist persons with disabilities to live more independently. However, the rate of unemployment experienced by persons with disabilities persists at an unacceptably high level.



**3. How does the performance measure demonstrate agency progress toward the goal?**

This performance measure assists DHS in demonstrating progress in assisting persons with disabilities to enter and maintain employment after completing their service plan. Challenges for achieving desired performance include: persistent fears about the real and potential loss of essential health care benefits for persons with disabilities who want to go to work; negative impacts due to persistent declines in the economy; disruption in services as an unintended consequence of agency reorganization and changes in OVRs leadership; disruption in services due to staff retirements and management structure reductions.

**4. Compare actual performance to target and explain any variance.**

OVRS has met the targets for 2000-2002.

**5. Summarize how actual performance compares to any relevant public or private industry standards.**

This specific measure is an indicator for a federally required performance standard. The minimum required performance level is 55.8%. Our goal is to meet or exceed that level and we have been able to sustain that performance.

**6. What is an example of a department activity related to the measure?**

The direct provision of individualized vocational rehabilitation services to persons with disabilities with vocational counseling and guidance, skills training, determination of eligibility for Medicaid buy-in services, job development and job placement.

**7. What needs to be done as a result of this analysis?**

OVRS will continue to work in partnership with other DHS programs and the workforce system in assisting persons with disabilities to become employed.

Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
# 10000-4. Percentage of seniors and adults with disabilities (SPD) consumers with a goal of employment who are employed.	Target	NA	43.0	43.0	43.0	43.0	43.0	43.0	43.0	43.0
	Data	NA	NA	NA	43.0	45.4				

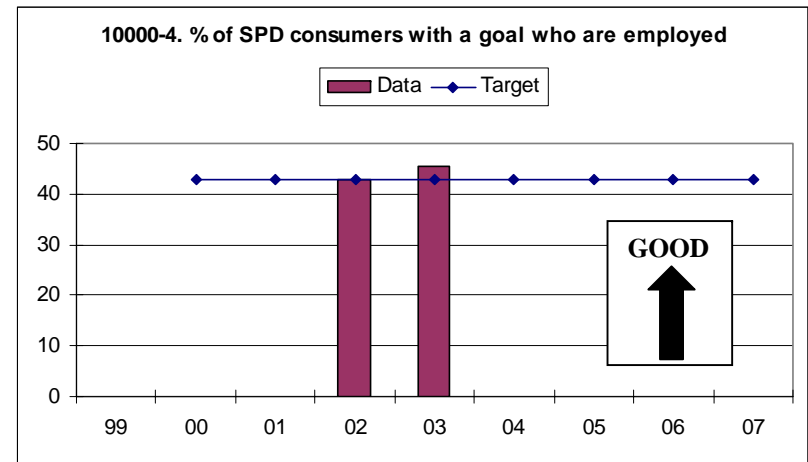
Data Source: SPD Client Assessment/Planning System (CA/PS)

**Key Performance Measure Analysis**

**1. To what goal or goals is this performance measure linked?**

This performance measure links to the DHS goal – “People are living as independently as possible.” This measure also links to Oregon Benchmark #60 and the DHS high-level outcome “Percent of Oregonians with lasting, significant disabilities living in households with incomes below the federal poverty level.”

This measure is based on Oregonians 65 and older, and Oregonians with disabilities seeking employment assistance from Seniors and People with Disabilities (SPD), and of those how many are employed.



**2. What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency?**

SPD clients may require unique assistance in obtaining employment. This measure indicates how well the Department is meeting its goal of helping people live as independently as possible.

**3. How does the performance measure demonstrate agency progress toward the goal?**

DHS is very committed to employment programs that provide employment related services to both seniors as well as clients with developmental disabilities who are interested in working. These programs allow them to support themselves as well as their families.

**4. Compare actual performance to target and explain any variance.**

DHS met the 2002 and 2003 targets.

**5. Summarize how actual performance compares to any relevant or private industry standards?**

DHS has not compared this performance measure to other standards; however, we are looking into other comparable measures to do so.

**6. What is an example of a department activity related to the measure?**

Examples include Employment Services for Persons with Developmental Disabilities, Employment Initiative and Employed Persons with Disabilities program.

**7. What needs to be done as a result of this analysis?**

Continue current efforts between SPD and Office of Vocational Rehabilitation Services (OVRS).



Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
# 10000-5. The percentage of Temporary Assistance to Needy Families (TANF) adults placed for whom employment is a goal.	Target	NA	NA	NA	9.6	10.5	11.1	11.1	11.1	11.1
	Data	NA	10.2	8.7	9.1	9.3				

Data Source: CAF Branch and Service Delivery Area Data monthly report.

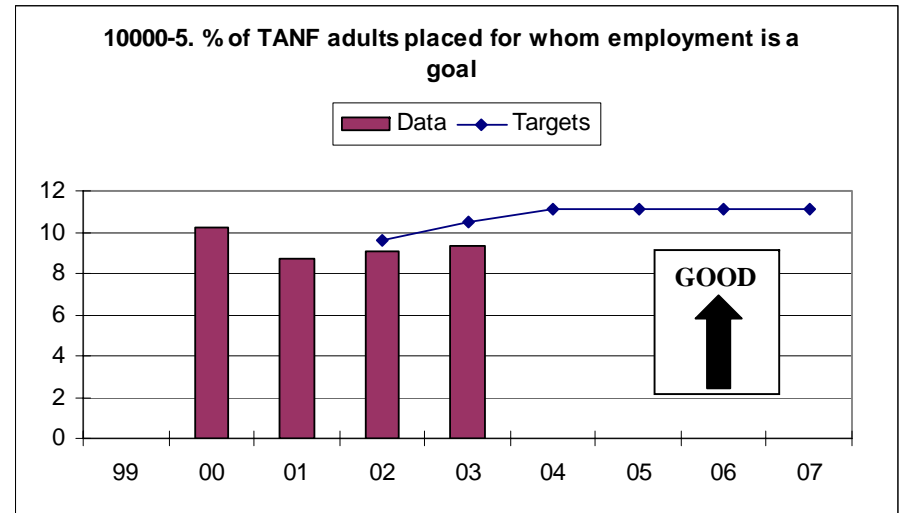
**Key Performance Measure Analysis**

**1. To what goal(s) is this performance measure linked?**

This measure links to the DHS goal – “People are able to support themselves and their families.” It also links to Oregon Benchmark #14 and the DHS high-level outcome “Percent of covered Oregon workers with earnings of 150% or more of the poverty level for a family of four.”

**2. What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency?**

One of the department’s goals is to assist families to support themselves. Finding and maintaining employment is critical to this goal. This indicator shows how successful DHS and its partners have been at helping people in the Temporary Assistance to Needy Families (TANF) program become employed. Most of these placements are 30 or more hours per week, and result in families earning their way off monthly cash assistance. For most economically disadvantaged families, employment is the best avenue available for a better life.



**3. How does the performance measure demonstrate agency progress toward the goal?**

Over 9% of the work-mandatory JOBS participants report having secured new work each month. For some clients this is their first job, for others it represents a return to the workforce after a period of unemployment, and for a few others it represents a new job that allows them to earn enough to completely leave cash assistance.

While it is hoped that JOBS clients will secure employment in the highest paying jobs possible, many times these first new jobs pay minimum or near-minimum wages. It is believed that the best way for most individuals to become employed in higher wage jobs in the future is to build their experience and resumes over time. This is best explained by the phrase “First job, better job, career.” This program helps clients enter or reenter the world of work. In doing so, they can start up the ladder to a long-term career in the workplace.

**4. Compare actual performance to target and explain any variance.**

DHS has not met the targets for 2002 and 2003. Continued poor economic conditions in Oregon appear to have decreased the program’s placement performance. This did however represent the second consecutive year of increased performance. This may indicate an overly optimistic goal, given the general economic conditions.

**5. Summarize how actual performance compares to any relevant public or private industry standards.**

We are not aware of other public or private industry standards that would be a relevant comparison.

**6. What is an example of a department activity related to the measure?**

The TANF JOBS Employment and Training program.

**7. What needs to be done as a result of this analysis?**

Continued program monitoring and program improvement based on data analysis.

Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
# 10000-6. The percentage of TANF cases who do not return, or are off of cash assistance 18 months after exit due to employment.	Target	NA	92.0	92.0	92.0	92.0	92.0	92.0	92.0	92.0
	Data	91.0	91.2	91.9	92.3	93.1				

Data Source: JAS/TRACS system placement data and Client Maintenance system public assistance data.

### Key Performance Measure Analysis

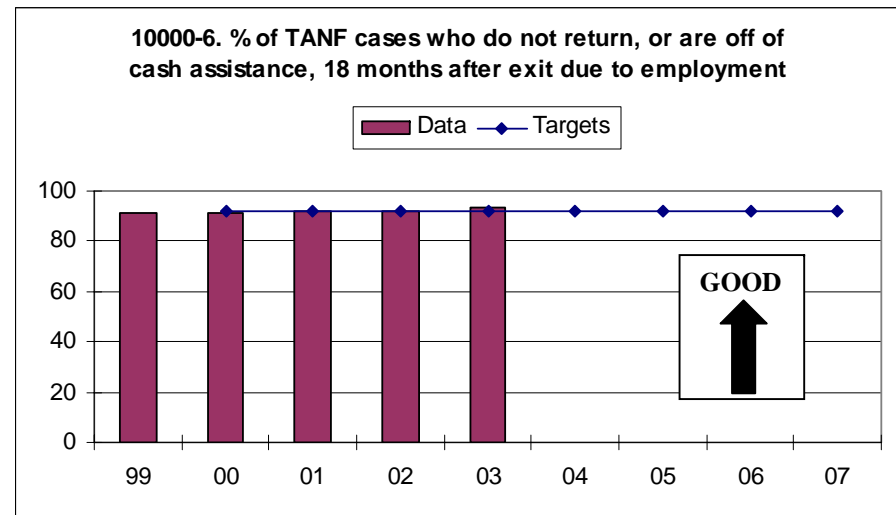
#### 1. To what goal(s) is this performance measure linked?

This performance links to the DHS goal - “People are able to support themselves and their families.” It also links to Oregon Benchmark #14 and the DHS high-level outcome “Percent of covered Oregon workers with earnings of 150% or more of the poverty level for a family of four.”

#### 2. What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency?

One of the goals of the Temporary Assistance to Needy Families (TANF) JOBS program is to help clients find and keep employment.

The longer clients can maintain employment, the higher their wages will likely be. We do not want the TANF JOBS program to be a revolving door for families to go on and off public assistance. We strive to give clients the tools they need to be successful in the workplace.



**3. How does the performance measure demonstrate agency progress toward the goal?**

Over 90% of TANF clients that leave public cash assistance due to employment are not receiving cash assistance 18 months later. This indicates that an overwhelming majority of TANF clients that leave due to employment are having relative success in the workplace, or have found other resources to maintain their own and their family's financial independence.

**4. Compare actual performance to target and explain any variance.**

DHS has met the 2002 and 2003 targets.

**5. Summarize how actual performance compares to any relevant public or private industry standards.**

There are no relevant public or private industry standards that compare directly to this measure.

**6. What is an example of a department activity related to the measure?**

The TANF JOBS program employment and training services.

**7. What needs to be done as a result of this analysis?**

No changes are indicated at this time.

Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
# 10000-7. The number of female Oregonians ages 15 – 17, per 1,000 who are pregnant	Target	NA	NA	NA	36.0	36.0	36.0	36.0	25.0	25.0
	Data	39.3	35.2	31.7	27.6					

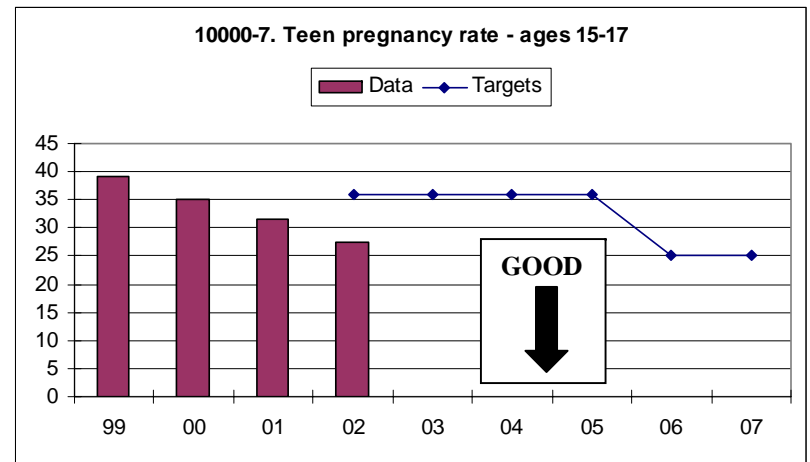
Data Source: DHS Health Services and PSU Center for Population and Census estimates.

**Key Performance Measure Analysis**

**1. To what goal(s) is this performance measure linked?**

This performance measure links to the DHS goal - “People are able to support themselves and their families.” This measure also links to Oregon Benchmark #39 and the DHS high-level outcome “Pregnancy rate per 1,000 females.”

This measure reports the number of births and induced terminations reported to the department among Oregon females ages 15-17, compared to the estimated number of Oregon females ages 15-17.



**2. What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency?**

These data indicate that the pregnancy rate for this age group has been steadily decreasing. Agency efforts and community-based delivery systems appear to be effective.

**3. How does the performance measure demonstrate agency progress toward the goal?**

The measure indicates how effective DHS and community teen-pregnancy prevention efforts have been in helping young Oregonians make better choices in their lives. The intent of the teen-pregnancy prevention program is to reduce this pregnancy rate.

**4. Compare actual performance to target and explain any variance.**

Performance improved significantly between 2001 and 2002 on this measure. While it appears that the favorable trend is continuing in 2003, we expect it will level off at some point given some of the historical data available. These results are exceeding targeted outcome.

Outreach efforts and community-based delivery systems appear to be effective. Clinical efforts, such as in family planning clinics, appear to be having a positive impact on reducing teen pregnancy. Clearly, Oregon's strategies to reduce teen pregnancies are working.

**5. Summarize how actual performance compares to any relevant public or private industry standards.**

Per "The Kid's Count 2004 Data Book" Oregon had reduced its teen pregnancy rate between 1996 and 2001 by 30% and we are doing better than the national percent reduction, which was 24%.

**6. What is an example of a department activity related to the measure?**

Teen Pregnancy Prevention Program and family planning activities.

**7. What needs to be done as a result of this analysis?**

Continued support of prevention efforts.

**Proposed changes for 2005-2007**

The target has been reduced from 36 to 25 female Oregonians ages 15-17 per 1,000 who are pregnant. This change was made because we have continually exceeded our performance expectations since the original target was put in place. Targets had originally been set to be consistent with Oregon Benchmark targets.

Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
# 10000-8. The percentage of childcare providers who are providing enhanced quality of care.	Target	NA	NA	NA	20.0	23.0	25.0	27.0	29.0	30.0
	Data	NA	14.9	17.9	21.8	24.0				

Data Source: DHS Provider Pay system.

**Key Performance Measure Analysis**

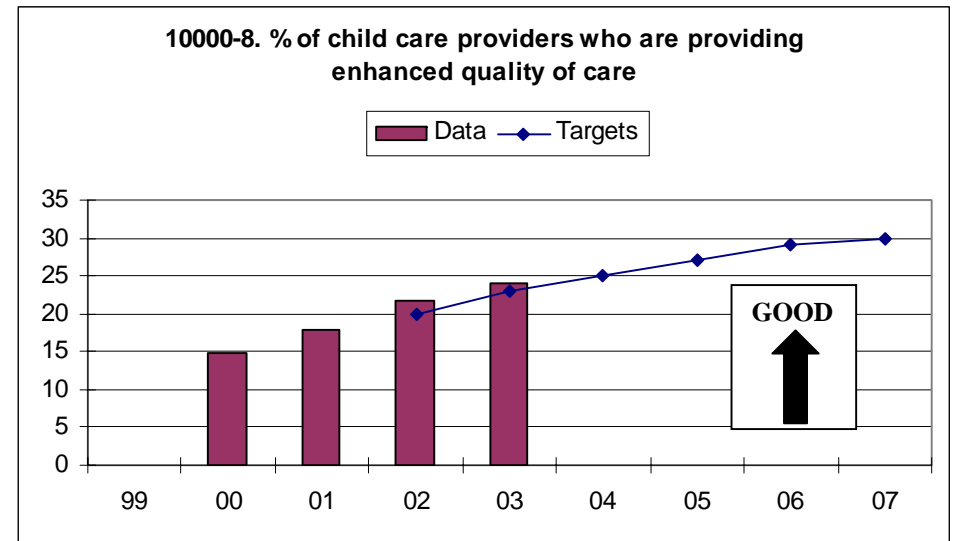
**1. To what goal(s) is this performance measure linked?**

This performance measure links to the DHS goals “People are able to support themselves and their families,” and, with respect to children in care, “People are healthy” and “People are safe.”

This measure also links to Oregon Benchmark #48 and the DHS high-level outcome “Number of child care slots available for every 100 children under age 13” because enhanced rates may stimulate an increase in the number of providers and slots.

This measure reports the percentage of childcare providers, paid through the DHS Provider Pay System, who receive the 7% enhanced rate. The intent of the measure is to gauge what percent of DHS

childcare providers have met enhanced training standards to improve the quality of care they provide over the base level of training required. Providers licensed by the Child Care Division automatically qualify. Others qualify for the enhanced rate by meeting the same training standards, such as CPR, first aid, and child abuse and neglect prevention, that are met by licensed providers.



**2. What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency?**

The availability of an enhanced (higher) rate to providers who meet training standards promotes improved quality in the overall system of child care providers in Oregon and likely increases the number of available slots.

**3. How does the performance measure demonstrate agency progress toward the goal?**

Security and safety is an important element for proper early childhood development. Trained providers are better able to offer a safer and more secure environment for the children in their care.

The enhanced rate also improves the access of many low-income families to higher quality childcare options that may not otherwise be affordable. A higher percentage means more families have access to safe, secure and affordable care.

**4. Compare actual performance to target and explain any variance.**

DHS met the targets for 2002 and 2003. Promotion of the enhanced rate has been a high priority for DHS childcare partners.

**5. Summarize how actual performance compares to any relevant public or private industry standards.**

Although a number of states have a tiered reimbursement system for child care providers, requirements vary too widely to draw meaningful comparisons.

**6. What is an example of a department activity related to the measure?**

One example is the childcare subsidy program.

**7. What needs to be done as a result of this analysis?**

Continued efforts to improve the quality of childcare provided to clients.



Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
# 10000-9. Average monthly earnings of persons with developmental disabilities who receive Seniors and People with Disabilities services.	Target	NA	\$191	\$183	\$217	\$239	\$260	\$282	\$282	\$282
	Data	\$156	\$191	\$183	\$199	\$162				

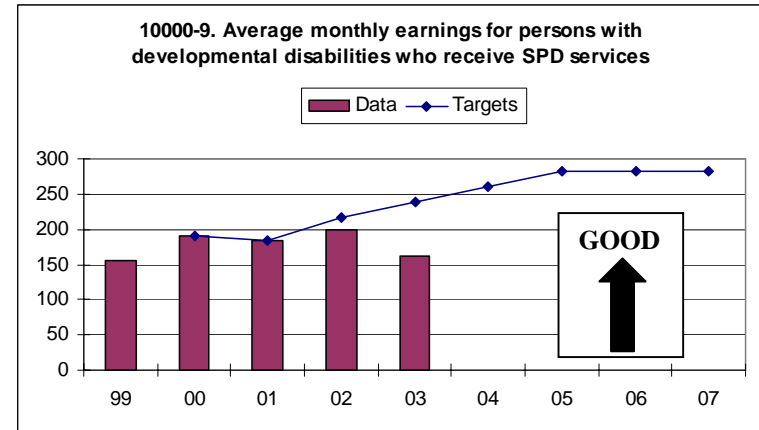
Data Source: SPD Employment Outcomes System.

**Key Performance Measure Analysis**

**1. To what goal or goals is this performance measure linked?**

This performance measure links to the DHS goal—“People are able to support themselves and their families.” This measure also links to Oregon Benchmark #60 and the DHS high-level outcome “Percent of Oregonians with lasting, significant disabilities living in households with incomes below the federal poverty level.”

This measure reports the average monthly gross earnings of Oregonians with developmental disabilities who have asked Seniors and People with Disabilities (SPD) for assistance in obtaining employment.



**2. What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency?**

The measure demonstrates how effective DHS is at helping persons with developmental disabilities move toward more financial independence by increasing their monthly earnings.

**3. How does the performance measure demonstrate agency progress toward the goal?**

DHS is very committed to programs that provide clients with developmental disabilities gainful employment and, as a result, increase their average monthly gross earnings. This will help these clients support themselves and their families.

**4. Compare actual performance to target and explain any variance.**

DHS did not meet its target for 2002 and 2003. The economic downturn, in general, and a change in data collection may explain the lower average wage.

**5. Summarize how actual performance compares to any relevant or private industry standards.**

DHS has not compared this performance measure to other standards; however, we are looking into other comparable and relevant measures to do so.

**6. What is an example of a department activity related to the measure?**

Employment Services for Persons with Developmental Disabilities

**7. What needs to be done as a result of this analysis?**

Continue efforts to find full-time employment for persons with developmental disabilities.

Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
# 10000-10. The ratio of Oregonians receiving food stamp assistance to the number of Oregonians living in poverty.	Target	NA	NA	NA	.94	.96	.98	1.00	1.02	1.04
	Data	.59	.62	.78	.94	1.05				

Data Source: Food Stamp Management Information system and Census estimates.

**Key Performance Measure Analysis**

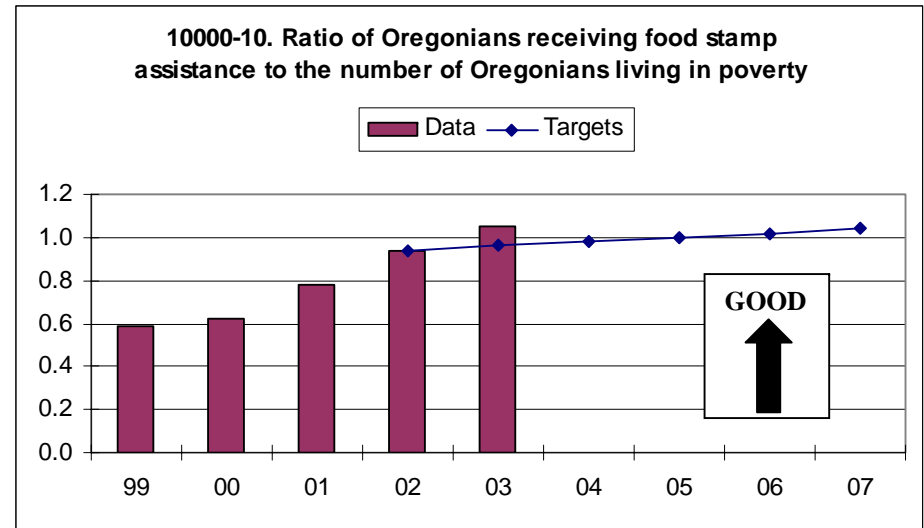
**1. To what goal(s) is this performance measure linked?**

This performance measure links to the DHS goal - “People are able to support themselves and their families.” This measure also links to Oregon Benchmark #57 and the DHS high-level outcome “Percent of Oregon households that are food insecure as a percentage of the US.”

This measure represents the ratio of people receiving Food Stamps to the estimated number of people living at or below the poverty level.

**2. What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency?**

Based on the most recent report, the Food Stamp program in Oregon is reaching an extremely high percentage of the Oregonians living in poverty. Outreach is a major responsibility of DHS and the data show a remarkable degree of success. DHS received an award from Food and Nutrition Service for record participation in the Food Stamp Program for 2003.



**3. How does the performance measure demonstrate agency progress toward the goal?**

Participation in the Food Stamp program among Oregonians living in poverty increased 4.9% from May of 2003 to May of 2004. The Food Stamp Program continues to represent one of the best resources available to the state to fight hunger.

**4. Compare actual performance to target and explain any variance.**

DHS exceeded the target for 2003. This excellent participation rate indicates that the Oregon Outreach program in partnership with the hunger advocates is making a measurable impact.

**5. Summarize how actual performance compares to any relevant public or private industry standards.**

Not aware of other relevant public or private standards.

**6. What is an example of a department activity related to the measure?**

Department activities that are related to this measure are Food Stamp Program Outreach aimed at increasing program access, determining program eligibility, continuing to evaluate and adjust complex policies, and Health and Social Service Provider referrals.

**7. What needs to be done as a result of this analysis?**

Continue current efforts including working in partnership with community hunger advocates.

ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS – FISCAL YEAR 2003-2004

Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
# 10000-11. Percentage of women subjected to domestic violence in the past year.	Target	NA	NA	NA	2.6	2.5	2.4	2.3	2.2	2.1
	Data	NA	2.8	2.7	1.3					

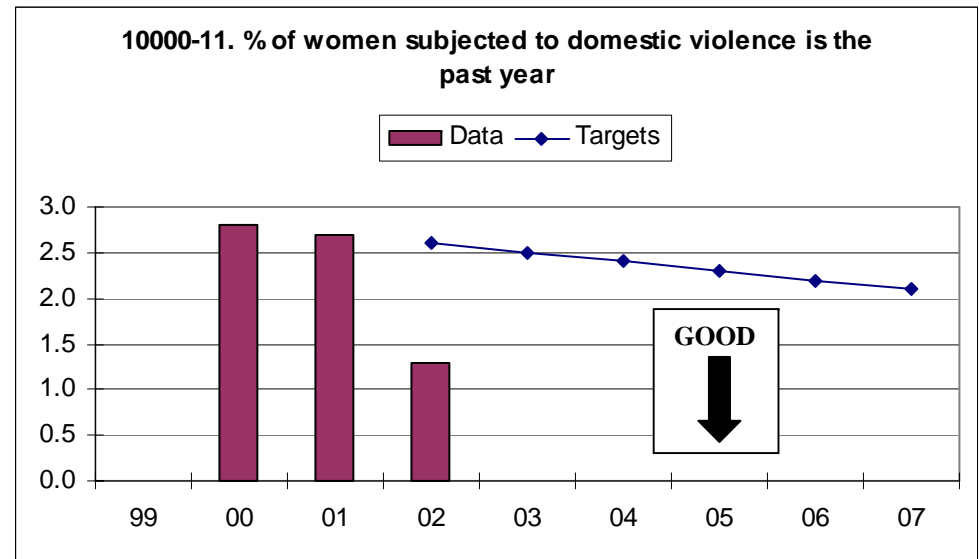
Data Source: Office of Disease Prevention & Epidemiology survey and database.

**Key Performance Measure Analysis**

**1. To what goal(s) is this performance measure linked?**

This performance measure links to the DHS goals - “People are safe” and “People are healthy.” This measure also links to Oregon Benchmark #45 and the DHS high-level outcomes “Premature death: years of life lost before age 70”, and “Decrease domestic violence.”

The measure provides a population-based estimate of the percentage of women who self-report domestic violence in the Oregon Behavioral Risk Factor Surveillance Survey (BRFSS). The BRFSS also helps assess potential risk and protective factors for domestic violence by allowing us to examine demographics and health status of those who report domestic violence compared to the general population.



**2. What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency?**

The BFRSS data underestimate the problem of domestic violence in Oregon due to a variety of limitations. Findings from the Oregon Women’s Health and Safety Survey confirm intimate partner violence (a subset of domestic violence) is a major public health problem with one in ten Oregon women age 20-55 – over 85,000 women – experiencing physical or sexual assault by an intimate partner in a five-year period. Approximately 30,000 women (3%) experienced intimate partner violence in the 12 months preceding the survey<sup>1</sup>. The magnitude of this problem far exceeds most other threats to the health and safety of Oregon women.

<sup>1</sup> Intimate Partner Violence in Oregon, Findings for the Oregon Women’s Health and Safety Survey. Available at <http://www.dhs.state.or.us/publichealth/ipv/index.cfm>.

### **3. How does the performance measure demonstrate agency progress toward the goal?**

Because of its potential to capture ongoing, population-based data, BRFSS is one important source of information about domestic violence. However, using BRFSS rates alone results in an underestimation of the true prevalence of domestic violence in Oregon.

In 2001 the department implemented the Oregon Women's Health and Safety Survey. Although the time period and geographic location were the same in the two surveys, BRFSS found that 1.7% of Oregon women age 20-55 had experienced physical violence by an intimate partner in the past 12 months – about half as many as those who reported intimate partner violence in the Women's Health and Safety Survey<sup>1</sup>.

### **4. Compare actual performance to target and explain any variance.**

DHS met the target for 2002. However, it is not possible to make accurate and reliable comparisons due to data source limitations.

### **5. Summarize how actual performance compares to any relevant public or private industry standards.**

There are no industry standards to compare to.

### **6. What is an example of a department activity related to the measure?**

Many offices in DHS address domestic violence. The department implemented statewide training for field staff to improve how offices deal with domestic violence. A domestic violence council was created to advise the DHS Director on issues related to domestic violence. A policy was developed, 'workplace effects of domestic violence', to address domestic violence among DHS employees. The department has taken leadership roles in the development of statewide violence against women and sexual assault prevention plans.

DHS is designing and implementing a public health data collection system to develop improved methods to determine statewide incidence and prevalence of intimate partner violence as well as risk and protective factors associated with intimate partner violence. In 2003 DHS released the report, "Intimate Partner Violence in Oregon, Findings from the Oregon Women's Health and Safety Survey." Survey findings received a substantial amount of coverage in the media, increasing awareness about this problem. Additionally, the department distributed a report about intimate partner homicide in Oregon, concluding that intimate partners killed 75 (50%) of female homicide victims between 1997-2001<sup>2</sup>.

### **7. What needs to be done as a result of this analysis?**

Domestic violence continues to be a serious problem in Oregon. There continues to be a lack of resources to support shelter, mental health care, educational attainment, childcare, and legal needs of women who are abused by their intimate partners. Cuts in federal spending are reducing present service levels significantly this year. Additionally, funds are needed to continue to enhance data collection activities to guide program and policy development.

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<sup>2</sup> Intimate Partner Homicide in Oregon, 1997-2001. Available at <http://www.dhs.state.or.us/publichealth/ipv/index.cfm>.

ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS – FISCAL YEAR 2003-2004

Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
# 10000-12. Rate of suicides among adolescents per 100,000.	Target	NA	10.55	10.45	10.35	10.25	10.15	10.05	9.90	9.80
	Data	NA	10.55	7.15	7.61					

Data Source: Office of Disease Prevention & Epidemiology vital statistics.

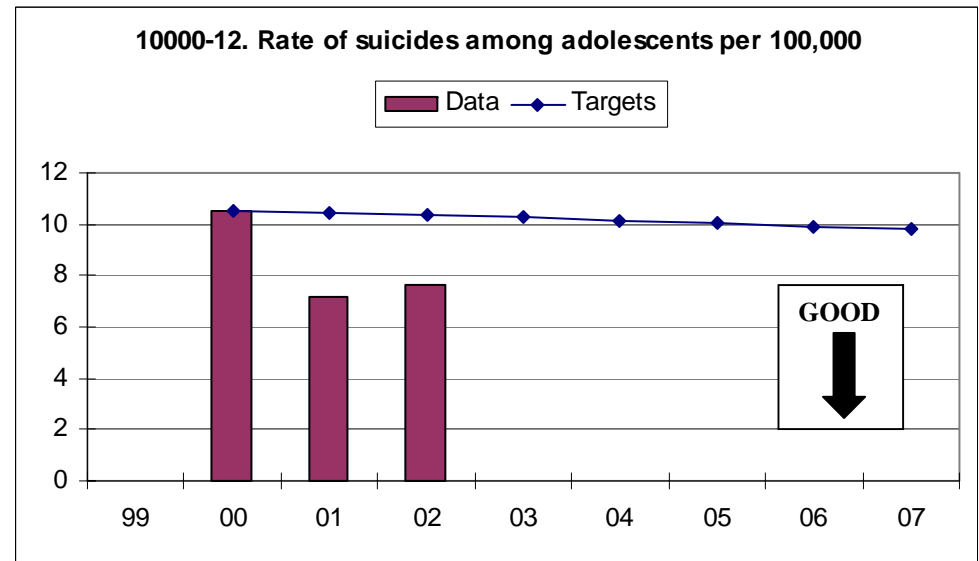
**Key Performance Measure Analysis**

**1. To what goal(s) is this performance measure linked?**

This performance measure links to the DHS goals, “People are safe” and “People are healthy.” This measure also links to Oregon Benchmark #45 and the DHS high-level outcome “Premature death: years of life lost before age 70.”

**2. What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency?**

The age of youth used in the Oregon benchmark for youth suicide is less than 18 years of age. The DHS measure is calculated from youth ages 10-24. Because rates are higher among youth as they age, the DHS measure will always be higher than the Oregon benchmark.



The DHS youth suicide prevention program works with partners in communities to develop and implement activities to prevent suicide among youth. The Youth Suicide Prevention (YSP) Coordinator develops trainings for special projects such as suicide intervention skills training, SAFE TEEN, plans for community involvement and follows up with groups on their progress. The YSP Coordinator develops new materials and projects for communities to use to implement strategies identified in the DHS suicide prevention plan.

### **3. How does the performance measure demonstrate agency progress toward the goal?**

The performance measure indicates that the rate of youth suicide has decreased between 2000-2002. The agency has made progress in supporting the development of suicide prevention activities and in some communities suicide prevention has become integrated into the work of the agency. For example, some agency staff have been trained in intervention skills and provide training in their communities to increase the number of people who feel capable and confident that they could effectively intervene with someone who is suicidal.

### **4. Compare actual performance to target and explain any variance.**

We expect that the suicide rate will rise again. If 2002 is an indication we are beginning to see the rate increase. Suicide rates have historically increased as economies take a down turn. In addition the availability of mental health care in Oregon has decreased. This decrease in care may cause a rise in deaths among youth that may be observed over time.

### **5. Summarize how actual performance compares to any relevant public or private industry standards.**

The U.S. Air Force has implemented a model plan and realized substantial decreases in suicide among members of that service. Key features of the plan are resources that support systematic training of management staff, training in intervention policies, and significant increases in access to care and support for service members who seek them. DHS has a plan but has not been able to provide resources to support implementation. In some areas around the state staff time has not been committed to support suicide prevention strategies.

### **6. What is an example of a department activity related to the measure?**

The DHS State Agency Team for the Prevention of Suicide has supported training in intervention skills, school crisis response and intervention, and public education on suicide. DHS has sponsored the production of 75,000 brochures entitled "How parents can look, listen, help." The department has improved the monitoring of suicide by evaluating the Adolescent Suicide Attempt Data System (ASADS) and by implementing a Violent Death Reporting System in Oregon.

### **7. What needs to be done as a result of this analysis?**

Work needs to be done to intervene with youth who attempt suicide and survive that attempt. Oregon's ASADS data in 2002 indicate that 72% of youth in emergency rooms who have attempted suicide are reported to have a psychological problem. Oregon needs to develop a public education presentation that can be used in communities around the state to educate. In addition, Oregon needs a school-based model that the state can sponsor to improve crisis response and intervention. Law enforcement needs training in documentation of suicide events. Additional resources are needed to assure that youth who need therapy for mental health issues in all parts of the state are able to get that care.



Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
# 10000-13. Median number of months from date of latest removal from home to finalized adoption.	Target	NA	39.8	39.2	38.6	37.3	36.0	34.7	34.5	34.5
	Data	44.6	39.8	40.6	37.7	35.8				

Data Source: AFCARS database, which is derived from the State Child Welfare IIS data system.

**Key Performance Measure Analysis**

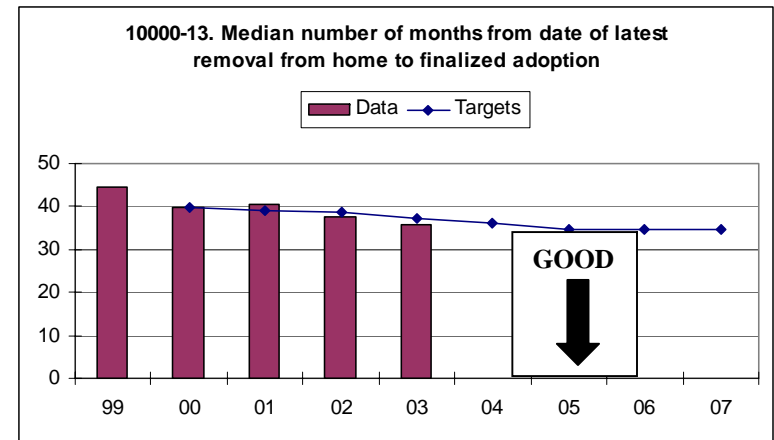
**1. To what goal(s) is this performance measure linked?**

This performance measure links to the DHS goal – “People are safe.” It also links to the DHS high-level outcome “Increase the percentage of children living in safe, nurturing families.” This measure focuses on timely achievement of adoption for children in foster care who are unable to return home.

**2. What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency?**

Oregon has exceeded the benchmark for median time to adoption for Federal Fiscal Years 2002 and 2003. This data demonstrates that Oregon is making consistent and steady progress toward reducing the time to achieve adoption.

While children need and deserve timely permanency, the processes to terminate parental rights and establish a legal and emotional relationship with a new (adoptive) family is complex and time consuming. With due care given to protecting the civil rights of the biological family while at the same time assuring, inasmuch as possible using good social work practice, that the child’s new (adoptive) family will truly be permanent.



**3. How does the performance measure demonstrate agency progress toward the goal?**

The agency’s progress toward meeting the annual goals has been consistent and steady, which is a reflection of the agency’s long-term strategy of changing policies and practices, and training staff to these changes in order to sustain and even further reduce the time to permanency for children, rather than taking short term corrective action which might have more dramatic and immediate results but are unsustainable in succeeding years. The agency is committed to continuous quality improvement in its practices, which lead up to and result in termination of parental rights and adoption. Wherever possible, without disregarding the best interests of the children who are the beneficiaries of the

activities, the agency has, and will continue to streamline processes, procedures and paperwork in order to expedite the timeliest achievement of adoption for every child in need of this service.

**4. Compare actual performance to target and explain any variance.**

The agency's performance on the median time to adoption has exceeded the benchmarks for 2002 and 2003, and the year-to-date performance for 2004 demonstrates continued progress; it is probable that the benchmark for 2004 will also be achieved.

**5. Summarize how actual performance compares to any relevant public or private industry standards.**

The agency negotiated with the Region X office of the Department of Health and Human Services, Administration for Children and Families (DHHS, ACF) a goal of 36 months for the median time to adoption for all children who exit foster care to adoption. This is a secondary adoption goal, which was negotiated as an interim step toward the federal standard of 32% of children for whom adoption is achieved exiting to finalized adoptions in 24 months or less from date of last removal from home. When Oregon had its onsite federal Child and Family Services Review in 2001, approximately 12% of foster children exiting care to a finalized adoption reached this goal in 24 months or less. This performance has steadily increased since that time. While Oregon's performance against this measure falls short of the federal standard, the agency has demonstrated steady progress toward achieving both this goal and the interim adoption goal of 36 months as the median time to adoption.

**6. What is an example of a department activity related to the measure?**

Throughout 2003, the agency convened committees to study and revise the administrative rules relating to adoption, streamlining processes and paperwork and inserting prescribed timeframes for the completion of many of the steps toward terminating parental rights and achieving adoption. The new administrative rules went into effect in January 2004, and by March 2004, child welfare staff and community partners in all Oregon counties were trained on these changes.

Another example of a department activity is the creation of guidance on what activities constitute "concurrent planning," which is required if children are to move quickly toward adoption. Concurrent planning includes not only the identification of an alternate permanency plan for foster children whose permanency goal is "return home;" it also includes the achievement of concrete activities toward achieving the alternate permanency plan so that if the return home plan is not successful, the department can quickly move the child in accordance with the alternate permanency plan. The preferred alternate permanency plan is adoption for most children.

**7. What needs to be done as a result of this analysis?**

Oregon has made steady progress toward reducing the time to achieve adoption for children in its care and custody who are unable to live safely and permanently with their families of origin. Nonetheless, the department needs to further examine its practices through its performance and continue to streamline them to further reduce the timelines.

Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
# 10000-14. Percentage of abused/neglected children who were re-abused within 6 months of prior victimization.	Target	NA	9.1	8.6	8.1	7.7	7.1	6.6	7.5	7.3
	Data	9.8	9.9	8.7	8.5	7.6				

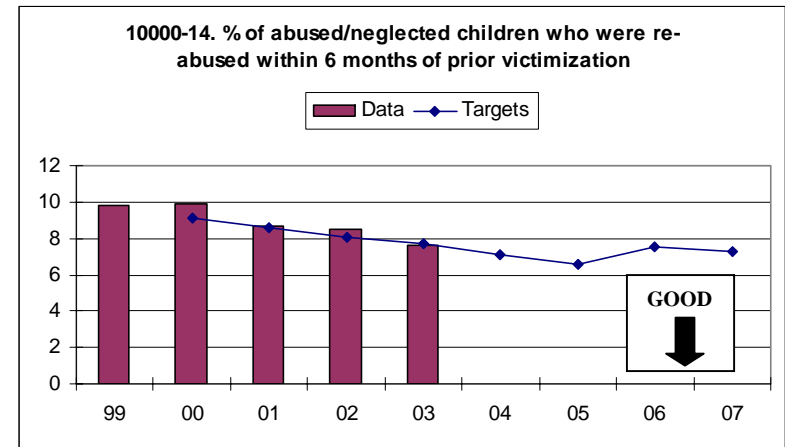
Data Source: State Child Welfare IIS data system.

**Key Performance Measure Analysis**

**1. To what goal(s) is this performance measure linked?**

This performance measure links to the DHS goal - “People are safe.” It also links to Oregon Benchmark #50 and the DHS high-level outcome “Number of children per 1,000 persons under 18, who are: a) neglected/abused, b) at a substantial risk of being neglected/abused.”

This measure concerns children who are victims in founded cases of abuse. The term “founded” means that there is reasonable cause to believe that child abuse or neglect has occurred.



**2. What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency?**

Keeping children safe is of critical importance to DHS. This measure shows the department’s effectiveness in preventing an abused child from being further abused.

**3. How does the performance measure demonstrate agency progress toward the goal?**

The measure is calculated by dividing the number of children who had additional founded reports of abuse/neglect within six months of an initial founded report of abuse/neglect by the total number of children who had an initial founded report of abuse/neglect during the reporting period. Of these children, the measure indicates the percentage re-abused within six months of prior abuse. Thus, lower percentages indicate more children who are kept safe from abuse.

**4. Compare actual performance to target and explain any variance.**

DHS met the target for 2003. DHS has implemented changes in policy and practice that have helped keep children safe. In addition, the data collection system has been improved and now excludes erroneous reports of re-abuse.

**5. Summarize how actual performance compares to any relevant public or private industry standards.**

Oregon's goal is to decrease this rate to 7.3 percent or less, by 2007. The agency's Program Improvement Plan (PIP) goal, negotiated with the federal Child's Bureau, is set at less than 7.7 percent, a goal achieved in 2003.

**6. What is an example of a department activity related to the measure?**

The Child Protective Services, Child Foster Care and In-Home Family Reunification Services programs within the Children, Adults, and Families cluster of DHS all contribute significantly to the agency's system of child well being.

**7. What needs to be done as a result of this analysis?**

DHS should continue to implement the Guided Assessment Process to support a more comprehensive assessment process and development of a more thorough initial safety plan. The Child Safety Assessment and Safety Planning policy should be implemented which requires review of child safety at critical case junctures and 30 day face to face contacts, so that child safety is more closely monitored during the entire time that a child welfare case is open.

Training and service plans should be responsive to the core issues of families where abuse has occurred. Local Service Delivery Area based community response plans need to be developed for responding to chronic neglect.

Continue conducting Quality Assurance reviews of Child Protective Services (CPS) practices.

ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS – FISCAL YEAR 2003-2004

Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
# 10000-15. Percentage of seniors and adults with disabilities who are re-abused within 12 months of first substantiated abuse. (Data for persons with disabilities only)	Target	NA	NA	NA	NA	6.0	6.0	6.0	6.0	6.0
	Data	NA	NA	NA	NA	6.0				

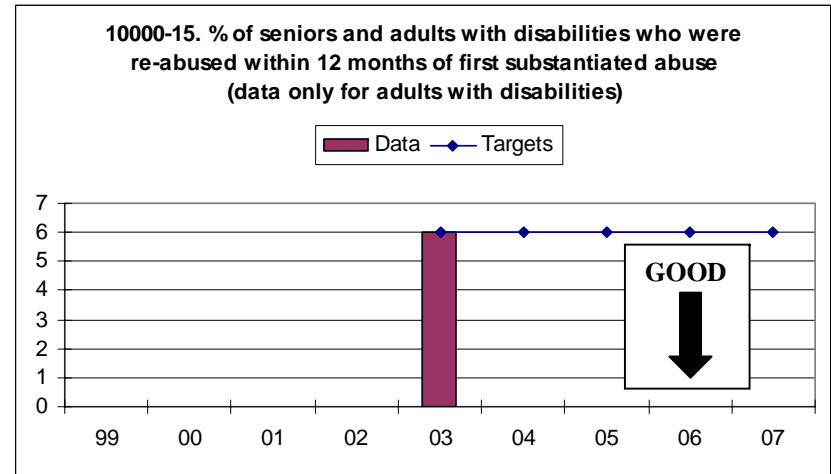
Data Source: Office of Investigation and Training database.

**Key Performance Measure Analysis**

**1. To what goal or goals is this performance measure linked?**

This performance measure links to the DHS goal - “People are safe.” This measure also links to Oregon Benchmark #51 and the DHS high-level outcome “Substantiated elder abuse rate per 1,000 Oregonians age 65 and older.”

This measure concerns seniors and adults with disabilities who are victims of substantiated abuse. This measure will indicate the percentage of those abuse victims who are re-abused within 12 months of prior abuse. A lower percentage indicates better results in protecting victims of repeat abuse.



SPD provides services to two populations: people with developmental disabilities and seniors. Consumers with developmental disabilities have consumer-level substantiated abuse data that allows calculating the re-abuse rate within 12 months of prior abuse. A comparable measure for seniors is being developed. At this time, SPD has facility-specific substantiated abuse data.

**2. What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency?**

Seniors and People with Disabilities (SPD) is developing this measure to track quality of care and protective services. SPD recognizes that the lower substantiated abuse complaints are indicative of better care and higher consumer safety.

**3. How does the performance measure demonstrate agency progress toward the goal?**

This measures the effectiveness of SPD's protective services for persons with developmental disabilities.

**4. Compare actual performance to target and explain any variance.**

This target was set from the current value.

**5. Summarize how actual performance compares to any relevant or private industry standards.**

DHS has not compared this performance measure to other standards; however, we are looking into other comparable measures to do so.

**6. What is an example of a department activity related to the measure?**

Adult Protective Services, Licensing and Quality of Care activities, Development of Quality Assurance Plans for waived services and the application for Centers for Medicare & Medicaid Services (CMS) grants.

**7. What needs to be done as a result of this analysis?**

Make data system changes to allow us to collect abuse information to allow the calculation of re-abuse rates.

Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
# 10000-16. The percentage of pregnancies that were unintended or were terminated.	Target	NA	NA	NA	50.0	49.5	49.0	48.5	48.0	47.5
	Data	53.9	53.6	53.0	52.9					

Data Source: Oregon Pregnancy Risk Assessment Monitoring System (PRAMS) and Oregon Vital Statistics.

**Key Performance Measure Analysis**

**1. To what goal(s) is this performance measure linked?**

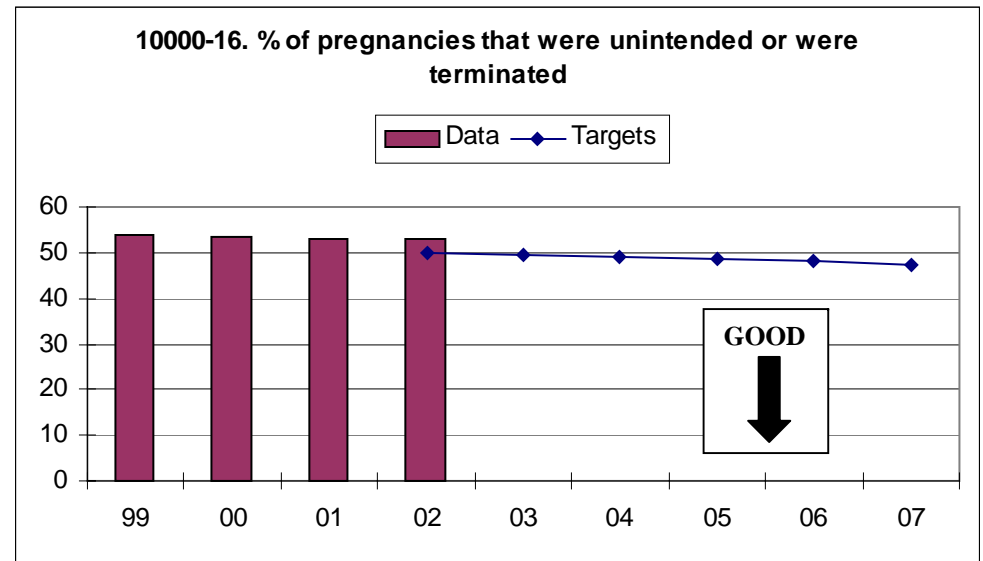
This measure links to the DHS goal - “People are healthy.” It also links to Oregon Benchmarks #39 “Pregnancy rate per 1,000 females” and #41 “Infant mortality rate per 1,000.” These Benchmarks are also DHS high-level outcomes.

**2. What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency?**

In general, Oregon Benchmark data indicate that Health Services’ prevention and intervention programs are having the intended effect of making people healthier.

**3. How does the performance measure demonstrate agency progress toward the goal?**

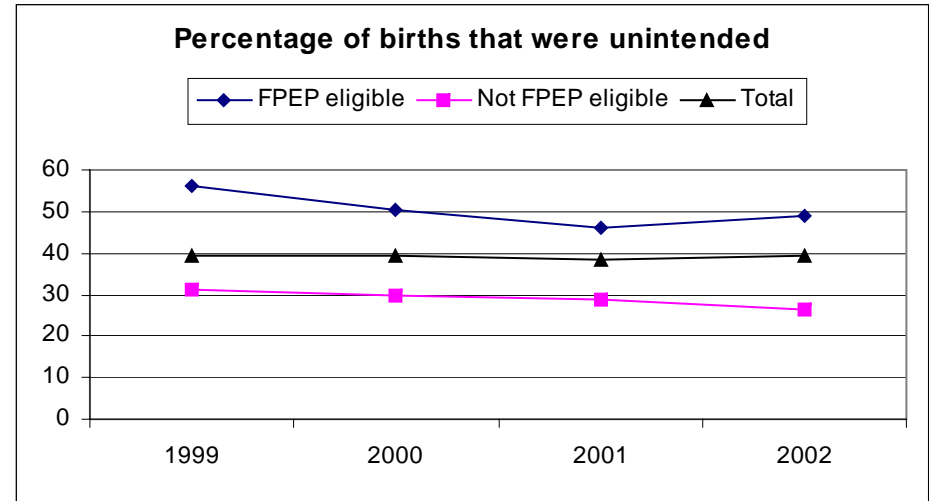
Because unintended pregnancy is associated with several negative health behaviors and outcomes (e.g. delayed entry into prenatal care, increased substance use during pregnancy, low birth weight), this performance measure can be seen as an early indicator of health. The measure also reflects Oregonians’ access to the reproductive health information and contraceptive technology that are necessary for pregnancy planning.



#### 4. Compare actual performance to target and explain any variance.

While the trend is continuing downward, as desired, we did not meet our 2002 target.

The proportion of pregnancies that were unintended or terminated is decreasing, as desired. In a separate analysis (see chart to the right), family planning program staff determined that the percentage of births that were unintended pregnancies is also declining, and that the decline from 1999 – 2002 was greater among the target population for the Family Planning Expansion Project (FPEP), our family planning Medicaid waiver. The small upswing in unintended births to FPEP-eligibles in 2002 may be attributable to measurement changes in the data source.



#### 5. Summarize how actual performance compares to any relevant public or private industry standards.

The Healthy People 2010 Objective related to unintended pregnancy (Objective 9-1) sets an ambitious goal of increasing the proportion of pregnancies that are intended to 70%<sup>3</sup>. With 52.9% of pregnancies unintended or terminated in 2002, Oregon is currently below this target but in line with the most recent national estimates of unintended pregnancy<sup>4</sup>.

#### 6. What is an example of a department activity related to the measure?

The state family planning program works to assure that all individuals, regardless of income, have the tools and opportunities to plan their pregnancies as desired.

#### 7. What needs to be done as a result of this analysis?

Current family planning activities should continue.

#### Proposed change for 2005-07

We propose changing the measure to: “The rate of unintended pregnancies per 1,000 women aged 15-44.” The proposed change would create a rate and would exclude approximately 5% of abortions from the numerator, to account for the fact that not all abortions represent pregnancies that were unintended.

<sup>3</sup> U.S. Department of Health and Human Services. Healthy People 2010: Understanding and Improving Health. 2<sup>nd</sup> edition. Washington DC: U.S. Government Printing Office, November 2000.

<sup>4</sup> Henshaw, S. (1998). Unintended Pregnancy in the United States. Family Planning Perspectives, 30(1), 24-29 & 46.



Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
# 10000-17. Percentage of low-income women who receive prenatal care in the first four months of pregnancy.	Target	NA	NA	NA	86.2	86.7	87.1	87.5	87.9	88.3
	Data	83.5	85.8	89.2	89.5					

Data Source: Office of Family Health and Office of Disease Prevention & Epidemiology survey and vital statistics.

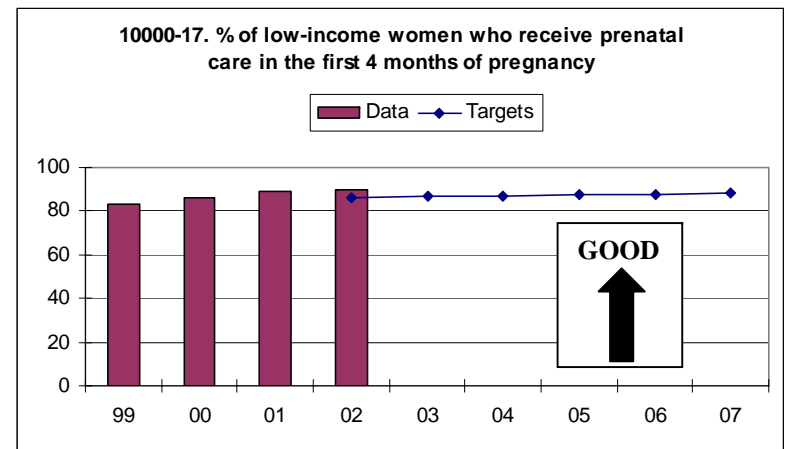
**Key Performance Measure Analysis**

**1. To what goal(s) is this performance measure linked?**

This performance measure links to the DHS goal – “People are healthy.” It also links to Oregon Benchmark #40 and the DHS high-level outcome “Percent of babies whose mothers received prenatal care beginning in the first trimester.”

**2. What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency?**

The Office of Family Health (OFH) operates within the Health Services cluster of DHS. OFH programs focus specifically on low-income women and are likely contributing to this measure.



**3. How does the performance measure demonstrate agency progress toward the goal?**

Oregon has surpassed the state target and is steadily moving toward the national target. Healthy People 2010 includes outcomes around first trimester maternal care (2010 target = 90%), and early and adequate prenatal care (2010 target = 90%).

**4. Compare actual performance to target and explain any variance.**

DHS met the target for 2002. The performance measure addresses “low income” women but the data are from birth certificate information of Medicaid women only. More specific data on all “low income” women are not available.

**5. Summarize how actual performance compares to any relevant public or private industry standards.**

Actual past performance compares favorably to the Healthy People 2010 goal of 90% for early and adequate prenatal care.

**6. What is an example of a department activity related to the measure?**

The Oregon MothersCare (OMC) program goal assists women to enter prenatal care within the first three months.

**7. What needs to be done as a result of this analysis?**

Continue the OMC program and expand throughout the state. Currently, it is in slightly over half the counties, but does not exist in Multnomah or Clackamas counties where there is the largest need.

Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
# 10000-18. Percentage of engaged clients who complete alcohol and other drug (AOD) abuse treatment and are not abusing AOD.	Target	NA	NA	NA	NA	54.4	56.2	57.0	57.5	58.0
	Data	52.8	53.1	53.4	54.6	55.7				

Data Source: Office of Mental Health & Addiction Services, Client Process Monitoring System database.

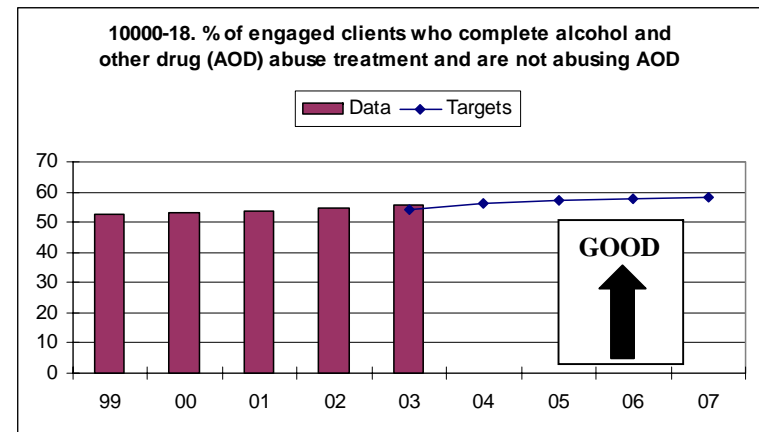
**Key Performance Measure Analysis**

**1. To what goal(s) is this performance measure linked?**

This performance measure links to the DHS goal – “People are healthy.” It also links to Oregon Benchmarks #49 “Percent of 8<sup>th</sup> grade students who report using: a) alcohol, b) illicit drugs, c) cigarettes, in the previous month, and #52 “Percent of pregnant women who abstain from using: a) alcohol, b) tobacco.” These Benchmarks are also DHS high-level outcomes.

**2. What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency?**

As people complete alcohol and drug abuse treatment and are no longer abusing drugs, the percent of 8<sup>th</sup> graders who report not using alcohol and drugs and the percent of pregnant women who abstain from using alcohol and tobacco are reduced.



**3. How does the performance measure demonstrate agency progress toward the goal?**

This measure shows how effectively the system motivates clients to enter treatment (“become engaged in treatment”) and how effectively the system supports clients to eliminate alcohol and drug use.

**4. Compare actual performance to target and explain any variance.**

The current level of completion is on target.

**5. Summarize how actual performance compares to any relevant public or private industry standards.**

Currently there are no other standards to make a comparison to.

**6. What is an example of a department activity related to the measure?**

DHS administers county contracts to provide alcohol and other drug treatment services and licenses providers.

**7. What needs to be done as a result of this analysis?**

This is one of the measures used to assess county performance in performance-based contracts. The measure is reported to county alcohol and drug program administrators in the quarterly Treatment Outcome Improvement Reports.

Counties that fall more than two standard deviations below the state average, or counties that show consistently downward trends, must develop and implement corrective action plans. The Office of Mental Health and Addiction Services (OMHAS) provides training and technical assistance to the counties throughout this process.

Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
# 10000-19. Percentage of 8 <sup>th</sup> graders at high risk for alcohol and other drug use.	Target	NA	NA	NA	31.0	28.7	26.3	24.0	30.0	30.0
	Data	NA	31.7	31.6	31.3	32.2				

Data Source: Office of Mental Health & Addiction Services, Office of Disease Prevention & Epidemiology, Oregon Healthy Teens survey.

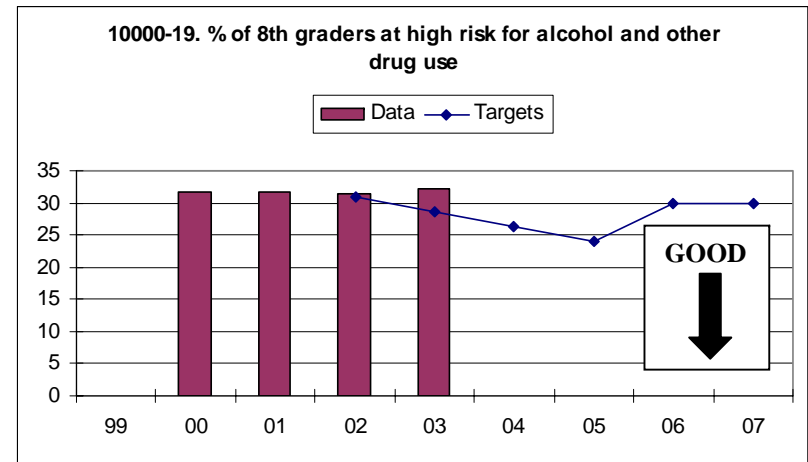
**Key Performance Measure Analysis**

**1. To what goal(s) is this performance measure linked?**

This performance measure links to the DHS goal – “People are healthy.” It also links to Oregon Benchmark #49 and the DHS high-level outcome “Percent of 8<sup>th</sup> grade students who report using: a) alcohol, b) illicit drugs, c) cigarettes, in the previous month.”

**2. What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency?**

The benchmark measures 30-day use of alcohol, illicit drugs and/or cigarettes. This measure looks at the risks leading up to the 30-day use. The Office of Mental Health and Addiction Services continues to work with counties to develop effective plans for reducing risk factors.



**3. How does the performance measure demonstrate agency progress toward the goal?**

This measure shows how effectively the prevention system reduces alcohol and other drug use.

**4. Compare actual performance to target and explain any variance.**

The current level of student use is slightly higher than targeted. The targets for 2006 and 2007 have been adjusted to accommodate the data collection tools, which have changed slightly from survey instruments, used in 2000 and earlier.

**5. Summarize how actual performance compares to any relevant public or private industry standards.**

Oregon’s 8<sup>th</sup> grade student use is slightly higher than the national averages, and did show a slight increase in 2003.

**6. What is an example of a department activity related to the measure?**

Parent education, media campaigns and county contracts to provide prevention services.

**7. What needs to be done as a result of this analysis?**

Maintain the level of commitment to fund and deliver prevention services and programs.

Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
# 10000-20A. Tobacco Use Among Adults. (%)	Target	NA	20.7	20.6	20.2	19.8	19.4	19.0	18.6	18.2
	Data	21.2	20.7	20.6	21.3	20.9				

Data Source: Office of Disease Prevention & Epidemiology, Office of Family Health and Department of Revenue surveys and databases.

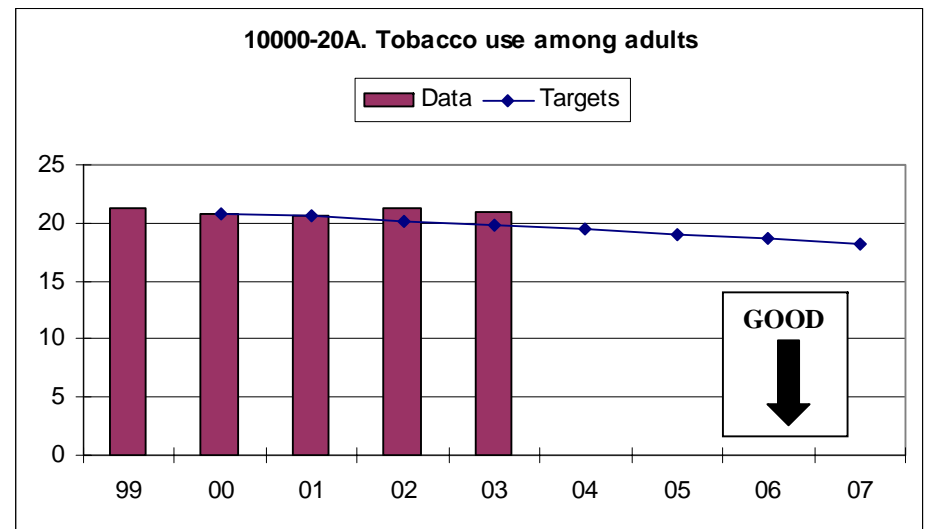
**Key Performance Measure Analysis**

**1. To what goal(s) is this performance measure linked?**

This performance measure links to the DHS goal - “People are healthy.” It also links to Oregon Benchmarks #44 “Percent of Oregonians 18 and older who do not smoke cigarettes” and #45 “Premature death”, which is also a DHS high-level outcome.

**2. What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency?**

Tobacco use is the leading preventable cause of death in Oregon and the nation. Cigarette smoking is the most common form of tobacco use. Quitting tobacco at any age has significant health benefits. It is clear that reducing the percentage of adults who smoke cigarettes will contribute substantially toward the goal “People are healthy” in both the short-term and long-term.



DHS, through the Tobacco Prevention and Education Program, is the lead public agency working on tobacco prevention in Oregon. The Tobacco Prevention and Education Program has been effective at reducing the use of tobacco in Oregon. Because of its success the Oregon program has served as a model for other states’ tobacco prevention programs.

**3. How does the performance measure demonstrate agency progress toward the goal?**

There are many factors that affect this performance measure, including national trends, cigarette price increases, and the work of the Tobacco Prevention and Education Program. Reduction in the percentage of adult Oregonians who smoke would decrease the number of

people at risk for heart attack, stroke, emphysema, and numerous forms of cancer. This would improve the overall health of Oregonians by decreasing the frequency of these debilitating, and often deadly diseases.

**4. Compare actual performance to target and explain any variance.**

Since the beginning of Oregon's Tobacco Prevention and Education Program in 1996, the percentage of adults who smoke has decreased from 23.4% to 20.9%. Though adult tobacco use in Oregon declined marginally from 2002 to 2003, Oregon did not meet the 2003 target. This may reflect tobacco use in response to difficult, stressful economic circumstances.

**5. Summarize how actual performance compares to any relevant public or private industry standards.**

The Healthy People 2010 target for this performance measure is 12%. Without new resources dedicated to tobacco prevention, it is unlikely that Oregon will meet this target by 2010.

**6. What is an example of a department activity related to the measure?**

Voter-approved initiatives mandate that a specific portion of tobacco taxes be allocated to DHS for tobacco prevention activities. In 1997, the Department began the Tobacco Prevention and Education Program, funded by these tobacco taxes (approximately \$16 million/biennium). The Legislature suspended the program in April 2003 through the end of that biennium. Funding for the 2003-05 biennium is approximately \$7 million.

One of the goals of the Tobacco Prevention and Education Program is to reduce tobacco use by adults. This goal is accomplished through county and tribal-based programs including: the Oregon Tobacco Quit Line, multicultural outreach and education, and a statewide public awareness and education program. No single component of the Tobacco Prevention and Education Program is, by itself, solely responsible for reducing adult tobacco use – it takes a comprehensive approach to effectively decrease tobacco use.

**7. What needs to be done as a result of this analysis?**

Oregon needs to increase tobacco prevention efforts to ensure that we meet the performance measure targets in the years to come. Studies in other states have shown that decreases in funding for tobacco prevention lead to decreased success in reducing tobacco use.



Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
# 10000-20B. Tobacco Use Among Youth. (%)	Target	NA	12.8	12.6	12.2	11.8	11.4	11.0	10.6	10.2
	Data	14.8	12.8	12.3	10.7	10.5				

Data Source: Office of Disease Prevention & Epidemiology, Office of Family Health and Department of Revenue surveys and databases.

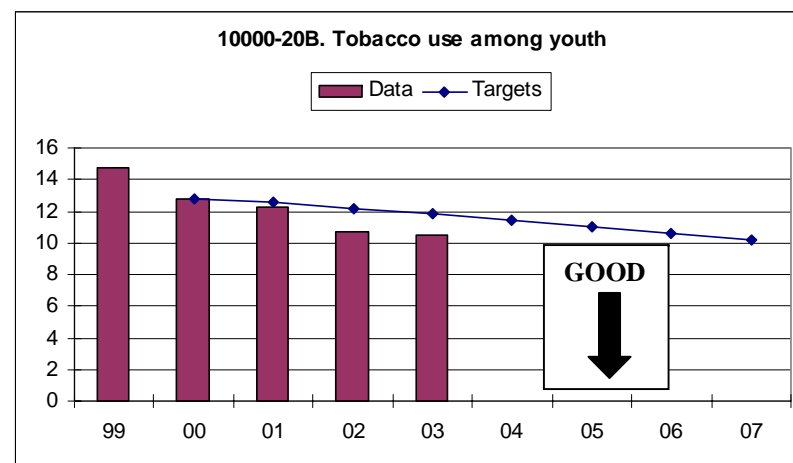
### Key Performance Measure Analysis

#### 1. To what goal(s) is this performance measure linked?

This performance measure links to the DHS goal - “People are healthy.” It also links to Oregon Benchmarks #45 “Premature death” and #49 “Percent of 8<sup>th</sup> grade students who report using cigarettes in the previous month”, which are also DHS high-level outcomes.

#### 2. What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency?

Tobacco use is the leading preventable cause of death in Oregon and the nation. Cigarette smoking is the most common form of tobacco use. Studies show that 90 percent of adult smokers started smoking before they were 18 years old. Preventing youth from starting to smoke will lead to lower smoking rates among adults in the years ahead. Thus, reducing the percentage of youth who smoke cigarettes would contribute substantially toward the goal “People are healthy” in both the short-term and long-term.



The Department, through the Tobacco Prevention and Education Program, is the lead public agency working on tobacco prevention in Oregon. The Tobacco Prevention and Education Program has been effective at reducing the use of tobacco in Oregon among both youth and adults. Because of its success the Oregon program has served as a model for other states’ tobacco prevention programs.

#### 3. How does the performance measure demonstrate agency progress toward the goal?

There are many factors that affect this performance measure, including national trends, cigarette price increases, and the work of the Tobacco Prevention and Education Program. Improvement in this performance measure demonstrates that comprehensive tobacco

prevention and education efforts, in combination with external factors, have decreased the percentage of Oregon adolescents who smoke. This decreases the pool of long-term smokers at highest risk for the consequences of tobacco use.

**4. Compare actual performance to target and explain any variance.**

DHS has exceeded the targets for 2001, 2002 and 2003.

**5. Summarize how actual performance compares to any relevant public or private industry standards.**

Healthy People 2010 has a target of 16% for the smoking rate among high school students. DHS's performance measure is for 8<sup>th</sup> graders. But, the 11<sup>th</sup> grade-smoking rate is currently 19% in Oregon. If our past success continues, Oregon's 11<sup>th</sup> grade smoking rates should hit the 16% target for 2010.

**6. What is an example of a department activity related to the measure?**

Voter-approved initiatives mandate that a specific portion of tobacco taxes be allocated to the Department for tobacco prevention activities. In 1997, the Department began the Tobacco Prevention and Education Program, funded by these tobacco taxes (approximately \$16 million/biennium). The Legislature suspended the program in April 2003 through the end of that biennium. Funding for the 2003-05 biennium is approximately \$7 million.

One of the goals of the Tobacco Prevention and Education Program is to reduce tobacco use by youth. This goal is accomplished through school-based programs, county and tribal-based programs, the Oregon Tobacco Quit Line, multicultural outreach and education, and a statewide public awareness and education program. No single component of the Tobacco Prevention and Education Program is, by itself, solely responsible for reducing tobacco use among youth – it takes a comprehensive approach to accomplish this. Studies have shown youth smoking rates do not decline when only school-based programs are used to prevent youth tobacco use.

**7. What needs to be done as a result of this analysis?**

Oregon needs to build on the success of the Tobacco Prevention and Education Program to promote further decreases in youth tobacco use. Studies in other states have shown that decreases in funding for tobacco prevention lead to decreased success in reducing tobacco use.

Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
# 10000-20C. Tobacco Use Among Pregnant Women. (%)	Target	NA	13.5	13.5	13.2	13.8	13.4	12.0	11.4	10.8
	Data	14.5	13.5	12.8	12.6	12.0				

Data Source: Office of Disease Prevention & Epidemiology, Office of Family Health and Department of Revenue surveys and databases.

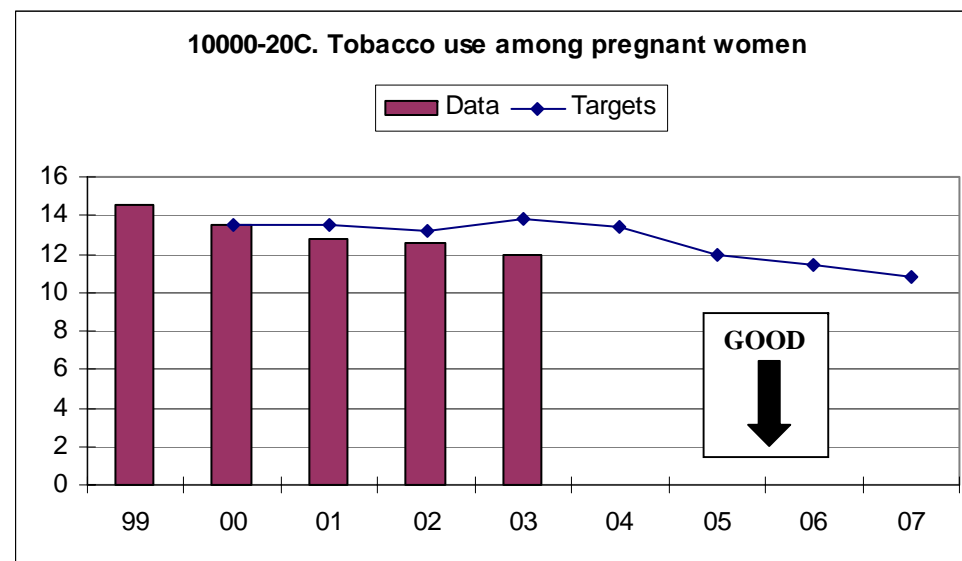
### Key Performance Measure Analysis

#### 1. To what goal(s) is this performance measure linked?

This performance measure links to the DHS goal -“People are healthy.” It also links to Oregon Benchmarks #45 “Premature death” and #52 “Percent of pregnant women who abstain from using tobacco” which are also DHS high-level outcomes.

#### 2. What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency?

A woman’s use of tobacco during pregnancy is associated with serious, at times fatal, health problems for the child, ranging from low birth weight and prematurity to stillbirth and Sudden Infant Death Syndrome (SIDS). Successful efforts by the DHS/Tobacco Prevention and Education Program to decrease the prevalence of tobacco use among pregnant women should reduce morbidity and mortality associated with the conditions mentioned above.



#### 3. How does the performance measure demonstrate agency progress toward the goal?

There are many factors that affect this performance measure, including national trends, cigarette price increases, and the work of the Department in tobacco prevention. The Tobacco Prevention and Education Program and the Smoke-free Mothers and Babies project work towards preventing maternal smoking during pregnancy. Recent decreases in tobacco use among pregnant women, at least in part, reflect the effectiveness of these programs.

#### 4. Compare actual performance to target and explain any variance.

DHS has met or exceeded the targets for 2000 through 2003.

**5. Summarize how actual performance compares to any relevant public or private industry standards.**

This performance measure has been improving in Oregon at a faster rate than that seen nationally. Oregon's rate of smoking during pregnancy is now close to the national rate.

**6. What is an example of a department activity related to the measure?**

Voter-approved initiatives mandate that a specific portion of tobacco taxes be allocated to the Department for tobacco prevention activities. In 1997, the Department began the Tobacco Prevention and Education Program, funded by these tobacco taxes (approximately \$16million/biennium). The Legislature suspended the program in April 2003 through the end of that biennium. Funding for the 2003-05 biennium is approximately \$7 million.

One of the goals of the Tobacco Prevention and Education Program is to reduce tobacco use among pregnant women. This goal is accomplished through county and tribal-based programs, the Oregon Tobacco Quit Line, multicultural outreach and education, a statewide public awareness and education program, and the Smoke-free Mothers and Babies Project. Smoke-free Mothers and Babies (SFMB) is a demonstration project funded by the Robert Wood Johnson Foundation through April 2005. Plans are underway to use this model throughout the state.

**7. What needs to be done as a result of this analysis?**

Oregon needs to build on the success of the Tobacco Prevention and Education Program to promote further decreases in tobacco use among pregnant women. Studies in other states have shown that decreases in funding for tobacco prevention lead to decreased success in reducing tobacco use.

Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
# 10000-21. Number of Cigarette Packs Sold Per Capita.	Target	NA	69.0	67.5	66.0	64.5	63.0	62.0	57.0	52.0
	Data	73.0	69.3	65.1	64.3	55.5				

Data Source: Office of Disease Prevention & Epidemiology, Office of Family Health and Department of Revenue surveys and databases.

**Key Performance Measure Analysis**

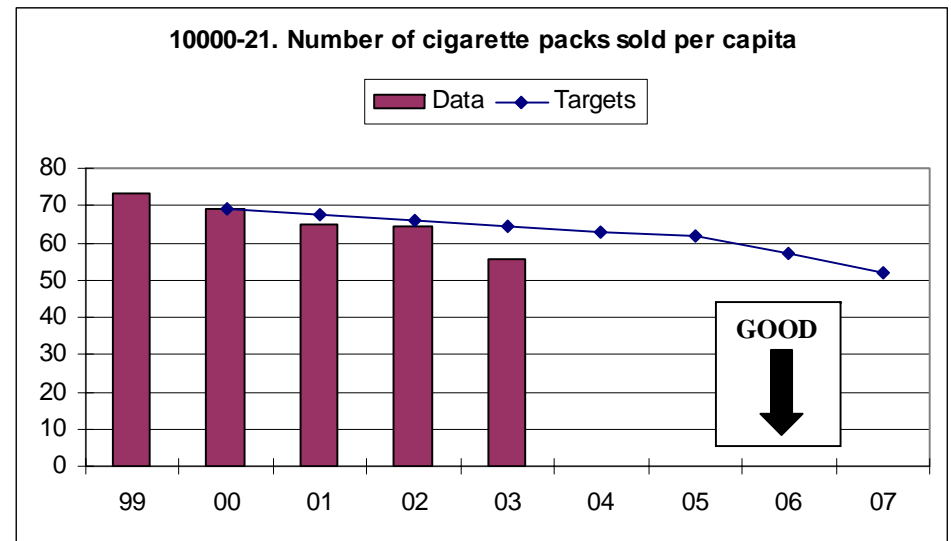
**1. To what goal(s) is this performance measure linked?**

This performance measure links to the DHS goal - “People are healthy.” This measure also links to Oregon Benchmarks #44 “Percent of Oregonians 18 and older who do not smoke cigarettes”, #45 “Premature death”, #49 “Percent of 8<sup>th</sup> grade students who report using cigarettes in the previous month, and #52 “Percent of pregnant women who abstain from using tobacco”.

**2. What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency?**

Tobacco use is the leading preventable cause of death in Oregon and the nation. Cigarette smoking is the most common form of tobacco use. Quitting tobacco or reducing the amount smoked has significant health benefits. It is clear that reducing the number of cigarette packs sold per capita will lead to substantial improvement in “People are healthy” in both the short-term and long-term.

The Department, through the Tobacco Prevention and Education Program, is the lead public agency working on tobacco prevention in Oregon. The Tobacco Prevention and Education Program has been effective in reducing the burden of tobacco in Oregon and the program has served as a model for other states’ tobacco prevention programs.



### **3. How does the performance measure demonstrate agency progress toward the goal?**

There are many factors that affect this performance measure, including national trends, cigarette price increases, and the work of the Tobacco Prevention and Education Program. Various evaluation studies have shown the Tobacco Prevention and Education Program has reduced the burden of tobacco in Oregon, and the recent declines in per capita cigarette sales reflect this success.

### **4. Compare actual performance to target and explain any variance.**

DHS has met or exceeded the targets 2001 - 2003.

### **5. Summarize how actual performance compares to any relevant public or private industry standards.**

Since the Tobacco Prevention and Education Program began in 1996, per capita cigarette sales in Oregon have declined twice as quickly as the national rate.

### **6. What is an example of a department activity related to the measure?**

Voter-approved initiatives mandate that a specific portion of tobacco taxes be allocated to the Department for tobacco prevention activities. In 1997, the Department began the Tobacco Prevention and Education Program, funded by these tobacco taxes (approximately \$16million/biennium). The Legislature suspended the program in April 2003 through the end of that biennium. Funding for the 2003-05 biennium is approximately \$7 million.

One of the main goals of the Tobacco Prevention and Education Program is to reduce tobacco use by adults. This goal is accomplished through county and tribal-based programs, the Oregon Tobacco Quit Line, multicultural outreach and education, and a statewide public awareness and education program. No single component of the Tobacco Prevention and Education Program is solely responsible for reducing per capita cigarette consumption – it takes a comprehensive approach to effectively decrease tobacco use.

### **7. What needs to be done as a result of this analysis?**

Oregon needs to build on the success of the Tobacco Prevention and Education Program to promote further decreases in per capita cigarette consumption. Studies in other states have shown that decreases in funding for tobacco prevention lead to decreased success in reducing tobacco use.

Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
# 10000-22. Percentage of 19-35 month old children who are adequately immunized.	Target	NA	NA	NA	58.8	60.8	62.8	64.8	68.2	69.2
	Data	NA	NA	63.8	65.9	66.2				

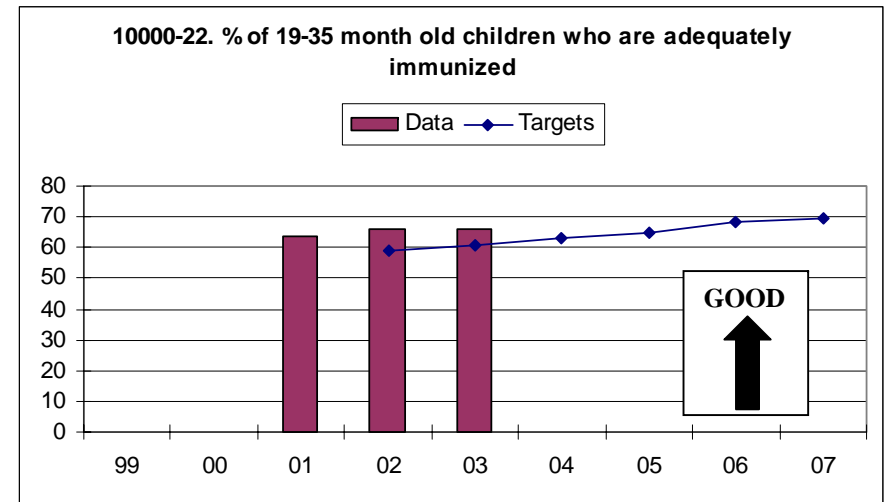
Data Source: Office of Family Health and ALERT Registry data.

**Key Performance Measure Analysis**

**1. To what goal(s) is this performance measure linked?**

This performance measure links to the DHS goal - “People are healthy.” It also links to Oregon Benchmark #42 “Percent of two-year-olds who are adequately immunized” and the DHS high-level outcome “Decrease the child mortality rate.”

This measures the immunization status of 19 – 35 month-olds who receive their immunizations in their local health departments. Adequate immunization for this measure includes four diphtheria, tetanus, pertussis (DTaP) vaccinations, three polio (IPV) vaccinations, and one measles, mumps & rubella (MMR) vaccination.



**2. What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency?**

Oregon’s 2003 immunization rate of 66.2% for 19 – 35 months olds continues to exceed the target. Private primary health care providers immunize most children in Oregon. Approximately 75 percent of all children in Oregon are immunized by age 2. Children who are seen by local health departments are less likely to have regular routine health care, and their immunization rates are lower.

The DHS Immunization Program provides leadership in immunization efforts, working with both public and private immunization providers. Efforts are focused on strongly encouraging all providers to participate in ALERT (statewide registry) and quality improvement measures including individual clinic assessments and feedback.

**3. How does the performance measure demonstrate agency progress toward the goal?**

Children who are not immunized or up-to-date on their shots are at risk of serious illness. Vaccines are the most cost-effective way to prevent infectious diseases such as measles, polio, and the flu.

The 2003 immunization rate for 19 – 35 month olds is 66.2%, showing a slight increase of .3% from last year.

**4. Compare actual performance to target and explain any variance.**

DHS has exceeded the targets for 2002 and 2003.

**5. Summarize how actual performance compares to any relevant public or private industry standards.**

There is not a national rate done for children served by local health departments. Centers for Disease Control (CDC) conducts the National Immunization Survey estimating state rates for children 19 –35 months old served both in the public and private sectors, but that is a different measure.

**6. What is an example of a department activity related to the measure?**

Examples include: Over 200 public and private sector immunization assessments and partnerships with the Oregon Health Science University to improve immunization practices in rural clinics and New York Academy of Medicine to determine how length of enrollment in managed care affects immunization rates.

Also, the Immunization Record Information System Module of FamilyNet (IRIS-electronic medical record system for Oregon public health clinics) has completed a very successful rollout to 29 county health departments. 220 users statewide were trained. This module is a great improvement over the old system and the counties have been very receptive to it.

**7. What needs to be done as a result of this analysis?**

The DHS Immunization Program needs to continue to provide funding, vaccines and consultation to all county health departments. Private provider participation needs to increase in the statewide ALERT immunization registry so that a consolidated record for each child can be produced that moves back and forth between public and private providers. This will improve providers' ability to identify under-immunized children. We need to continue providing timely quality improvement reports for each local health department.



Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
# 10000-23. Percentage of adults age 65 and over who receive an annual influenza vaccination.	Target	NA	NA	NA	74.2	75.5	76.9	78.2	74.0	75.5
	Data	68.6	71.8	72.8	68.0	70.5				

Data Source: Office of Disease Prevention & Epidemiology database survey.

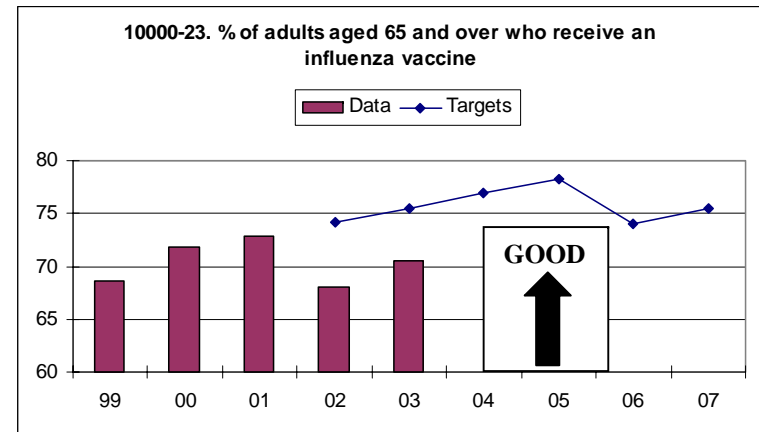
**Key Performance Measure Analysis**

**1. To what goal(s) is this performance measure linked?**

This performance measure links to the DHS goal – “People are healthy.” It also links to Oregon Benchmark #45 and the DHS high-level outcome “Premature death.”

**2. What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency?**

Oregon’s immunization rate for older Oregonians has remained at approximately 70% for several years. Approximately 307,000 out of 438,000 older Oregonians were protected against complications from influenza in the 2003-2004 flu season.



The DHS Immunization Program provides leadership in immunization efforts, working with all levels of the healthcare system. Current innovations such as pharmacy and hospital based interventions, as well as development of an adult immunization registry are longer term projects and are expected to demonstrate positive results in future years.

**3. How does the performance measure demonstrate agency progress toward the goal?**

70.5 % is an increase in the number of Oregonians age 65 and older compared with 68% in 2002. The 2.5% increase means that approximately 11,000 additional older Oregonians were vaccinated in 2003 than in 2002.

#### **4. Compare actual performance to target and explain any variance.**

The actual rate of 70.5% is less than the target rate of 75.5%. Vaccine supply was adequate early in the influenza season, but became unavailable later in the season because of unusual and unexpected consumer demand. It is difficult to estimate the impact late season shortages had on influenza immunization rates as those 65 and older usually are vaccinated early in the season.

#### **5. Summarize how actual performance compares to any relevant public or private industry standards.**

Oregon's rate of 70.5% puts us on a track that falls short of achieving 90% by 2010, a Healthy People 2010 influenza vaccination objective for people age 65 and older.

As of 2002, only one state (Minnesota) had achieved 75% coverage. The state average for influenza vaccination coverage in the U.S. in 2002 was 68.4%, which Oregon currently exceeds.

#### **6. What is an example of a department activity related to the measure?**

Hospitals have an excellent opportunity to immunize high-risk adults during their hospital admission. The practice is highly recommended by the CDC and other bodies, and is a national standard for adult immunizations. Yet in a recent study of hospitalized Medicare beneficiaries, less than 1% of those eligible for vaccine received it while in the hospital. DHS, as a partner of the Oregon Adult Immunization Coalition, has completed a survey of Oregon hospitals and is planning a pilot intervention in 2005 designed to increase in-patient immunizations.

#### **7. What needs to be done as a result of this analysis?**

Resources for adult immunizations are not projected to increase at the federal or the state level. To intensify efforts in the face of static resources will require continued strengthening of community partnerships and resource sharing. Future directions include assuring in-hospital immunizations; adoption of standing orders for adult immunizations in clinics, hospitals, and long term care; integration of adult immunizations in daily pharmacy routine; effective outreach to minority and ethnically diverse populations; and countering popular myths and misinformation about the influenza vaccine.

Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
# 10000-24. Annual rate of HIV infection per 100,000 persons.	Target – original data source	NA	8.5	8.7	8.7	8.5	8.3	8.1	NA	NA
	Target – new data source	NA	NA	NA	NA	3.25	2.96	2.67	2.38	2.10
	Data	9.0	8.5	8.7	3.5					

Data Source: Office of Disease Prevention – HIV Data & Analysis.

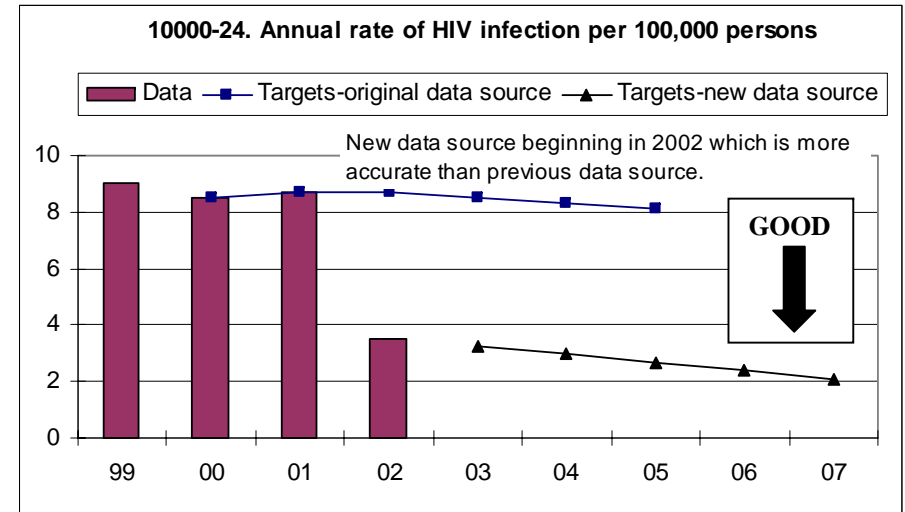
**Key Performance Measure Analysis**

**1. To what goal(s) is this performance measure linked?**

This performance measure links to the DHS goal – “People are healthy.” It also links to Oregon Benchmark #43 “Number of first time positive HIV test results among Oregonians age 13 and older”, and the DHS high-level outcome “Decrease the communicable disease rate.”

**2. What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency?**

Oregon continues to be a lower incidence state for HIV. This impacts the agency in terms of funding opportunities on a national level and requires the agency to make strategic choices on how to target prevention activities that reach high-risk groups, while trying to ensure that services also reach communities and populations that are disproportionately impacted by HIV.



**3. How does the performance measure demonstrate agency progress toward the goal?**

The goal is to decrease the transmission of HIV in Oregon. A decrease in the transmission of HIV suggests that more Oregonians are aware of the risk factors for contracting HIV and are making efforts to control the spread of HIV.

**4. Compare actual performance to target and explain any variance.**

Because of a change in the definition of the data that is being used, the actual performance is much better than the target. Last year, the data included all positive HIV test results. The new definition, counts only positive tests that have also had a confirmatory Western Blot – a supplemental test.

**5. Summarize how actual performance compares to any relevant public or private industry standards.**

There are no “industry standards.” The agency uses this information to evaluate the effectiveness of current HIV prevention activities and to identify areas where there should be an increase or decrease of targeted prevention activities.

**6. What is an example of a department activity related to the measure?**

The HIV Prevention Program and the Conference of Local Health Officials (CLHO) – HIV subcommittee uses this information to determine which local public health authorities to fund for targeted HIV intervention activities.

**7. What needs to be done as a result of this analysis?**

A more comprehensive analysis is needed that reviews several years worth of data from the HIV reporting system that was implemented in October 2001.

Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
# 10000-25. Proportion of Oregon Health Plan (OHP) clients who receive primary health care services annually: a) adults b) children	Target	NA	NA	NA	NA	a) 71 b) 71	a) 71 b) 71	a) 72 b) 72	a) 73 b) 73	a) 74 b) 74
	Data	NA	a) 76.3 b) 72.9	a) 70.4 b) 69.3	a) 70.7 b) 70.7	a) 67.3 b) 70.4				

Data Source: Office of Medical Assistance Programs database.

**Key Performance Measure Analysis**

**1. To what goal(s) is this performance measure linked?**

This performance measure links to the DHS goal – “People are healthy.”

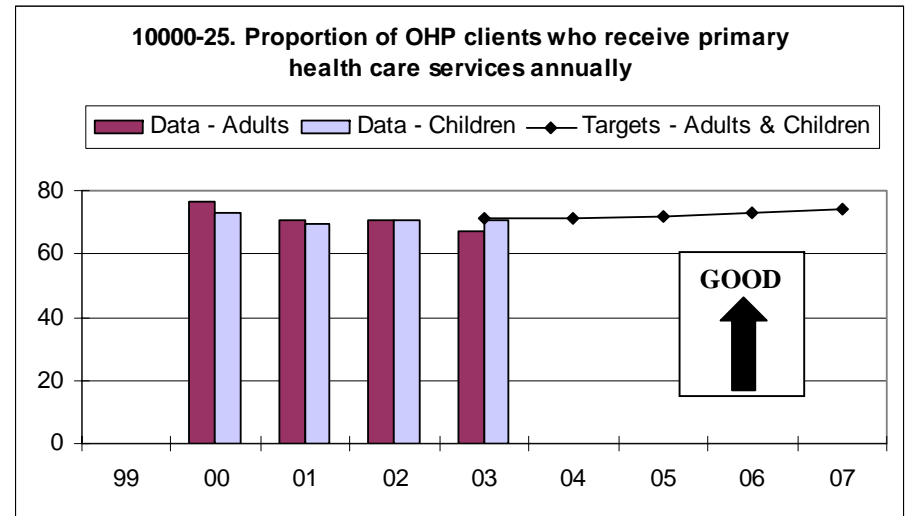
**2. What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency?**

The Oregon Health Plan (OHP) provides health insurance to approximately 12% of Oregonians. Being on OHP facilitates the use of primary and preventive health care; thereby contributing to the goal “People are Healthy.” Primary care is associated with earlier detection of disease, prevention of disease, and improved health.

**3. How does the performance measure demonstrate agency progress toward the goal?**

People who have access to and utilize primary care have improved health outcomes and receive health care in a more cost-effective manner. Accessing primary care allows diseases to be diagnosed and treated before becoming serious and debilitating. In addition, preventive health screens and anticipatory guidance given as part of primary care helps to promote early treatment, healthy lifestyles and wellness.

One of the premises of OHP is to increase access to preventive and primary health care, resulting in a reduction in unnecessary and more expensive health care in the hospital or emergency room setting, since primary care is most effectively and appropriately delivered in a clinic or office rather than an emergency room.



**4. Compare actual performance to target and explain any variance.**

In 2003, the actual measure was lower than the targets for both adults and children. For adults, the difference was 3.7 percentage points, for children, the difference was only 0.6 percentage points. The initiation of co-pays may have had a negative effect for OHP standard clients seeking primary care service, which resulted in a drop in the measure for adults. The 2003 result may also reflect a slight undercount compared to previous years due to inherent claims lags and the time of year that the data was run.

**5. Summarize how actual performance compares to any relevant public or private industry standards.**

There are no public or private industry standards to compare to this performance measure.

**6. What is an example of a department activity related to the measure?**

One strategy is to promote primary and preventive care visits. Some of the activities include: promoting preventive and primary health care services through managed care plans, focusing on maternity care and well-child visits and working closely with a variety of public health programs to promote prevention activities such as asthma care, diabetes care, tobacco prevention/cessation, immunizations and prenatal care.

Another strategy is to increase enrollment in managed care. Some examples of activities include: coordinating outreach services to enroll eligible persons, informing clients of the advantages of managed care, and the availability in their area, automating enrollment, and providing assistance to managed care plans to expand service area or capacity.

**7. What needs to be done as a result of this analysis?**

OMAP will continue its current quality improvement activities. OMAP will also continue to work with public health partners, to promote enrollment in managed care, and to utilize disease management and case management programs for fee-for-service and primary care management clients as appropriate.

When reorganizing the prioritized list of health services, OMAP will place more primary and preventive care services towards the top of the list so they will continue to be funded.

**Proposed change for 2005-07**

This measure is a modification of the measure submitted for the annual report last year. It was re-designed to reflect programmatic reality of OHP clients. Specifically, OHP clients are certified for six months of coverage at a time. The previous measure required clients to be enrolled continuously in OHP for ten and a half months in the calendar year. For the re-designed measure, clients must be enrolled in OHP for at least six months during a 17-month period from August 1st of the year previous to the calendar year through December 31<sup>st</sup> of the calendar year (e.g. August 1, 2002 through December 31, 2003). The re-designed specification more than doubled the number of OHP clients included in the denominator of the measure. In addition, the measure was broken into adult and child categories to allow more useful analyses of the measure and more accurately reflect differences in clinical practice for adults and children. The numerator specifications remain the same as last year. The word “primary” has been added to accurately reflect the type of health care visits counted in this measure.

ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS – FISCAL YEAR 2003-2004

Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
# 10000-26. Proportion of racial and ethnic Oregon Health Plan (OHP) clients who receive primary health care services annually:										
a) African Americans	<b>Target</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>66.7</b>	<b>67.0</b>	<b>68.0</b>	<b>69.0</b>	<b>70.0</b>
	Data	NA	70.0	64.4	66.5	64.7				
b) Asian and Pacific Islanders	<b>Target</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>66.9</b>	<b>67.0</b>	<b>68.0</b>	<b>69.0</b>	<b>70.0</b>
	Data	NA	69.1	64.8	66.8	66.4				
c) Hispanics	<b>Target</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>71.0</b>	<b>71.5</b>	<b>72.0</b>	<b>73.0</b>	<b>74.0</b>
	Data	NA	73.0	69.4	70.7	70.5				
d) Native Americans	<b>Target</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>73.3</b>	<b>73.5</b>	<b>73.5</b>	<b>74.0</b>	<b>74.0</b>
	Data	NA	72.2	70.8	73.1	72.8				
e) Whites	<b>Target</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>71.3</b>	<b>71.5</b>	<b>72.0</b>	<b>73.0</b>	<b>74.0</b>
	Data	NA	75.2	70.3	71.0	69.0				

Data Source: Office of Medical Assistance Programs database. Graphs provided on pages following narrative.

**Key Performance Measure Analysis**

**1. To what goal(s) is this performance measure linked?**

This performance measure links to the DHS goal – “People are healthy.”

**2. What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency?**

Eliminating health disparities is one of the main goals of the Healthy People 2010 initiative of the U.S. Department of Health and Human Services. Reducing health disparities is also a priority of Oregon’s Department of Human Services. This measure examines access to primary care by racial/ethnic groups. Primary care is associated with earlier detection of disease, prevention of disease, and improved health.

**3. How does the performance measure demonstrate agency progress toward the goal?**

This measure analyzes differences in access to primary care of Oregon Health Plan (OHP) clients by five racial/ethnic categories. Accessing primary care allows diseases to be diagnosed and treated before becoming serious and debilitating. In addition, preventive screens and anticipatory guidance given as part of primary care helps to promote early treatment, healthy lifestyles and wellness.

#### **4. Compare actual performance to target and explain any variance.**

In 2003, the actual measure was lower than the targets for all five racial/ethnic groups. For Asian and Pacific Islanders, Hispanics, and Native Americans, the difference was only a half of a percentage point or less. For African Americans the difference was 2 percentage points and for whites the difference was 2.3 percentage points. The initiation of co-pays may have had a negative effect for OHP standard clients seeking primary care service, which resulted in a drop in the measure for adults of all racial/ethnic categories. The 2003 result may also reflect a slight undercount compared to previous years due to inherent claims lags and the time of year that the data was run.

#### **5. Summarize how actual performance compares to any relevant public or private industry standards.**

There are no public or private industry standards to compare to this performance measure.

#### **6. What is an example of a department activity related to the measure?**

One example is a workshop developed by the Office of Medical Assistance Programs (OMAP) entitled “Opening Doors to Better Health Outcomes: Reducing Racial and Ethnic Health Disparities in the Oregon Health Plan.” It was presented at the Statewide Quality Improvement Meeting in October 2003. The focus was to give OHP managed care plan representatives, quality improvement coordinators, and health care providers tools and practical ideas for assessing health needs and improving services for disparate populations.

OMAP’s Disease Management Program focuses on improved care for OHP clients who have asthma, diabetes, or congestive heart failure who utilize fee-for-service programs. These chronic diseases disproportionately affect many racial/ethnic populations. The Disease Management program annually reports clients served by race/ethnicity. Educational materials have been developed in Spanish, Russian, and Vietnamese. In addition, a Spanish-speaking community based nurse has been hired.

#### **7. What needs to be done as a result of this analysis?**

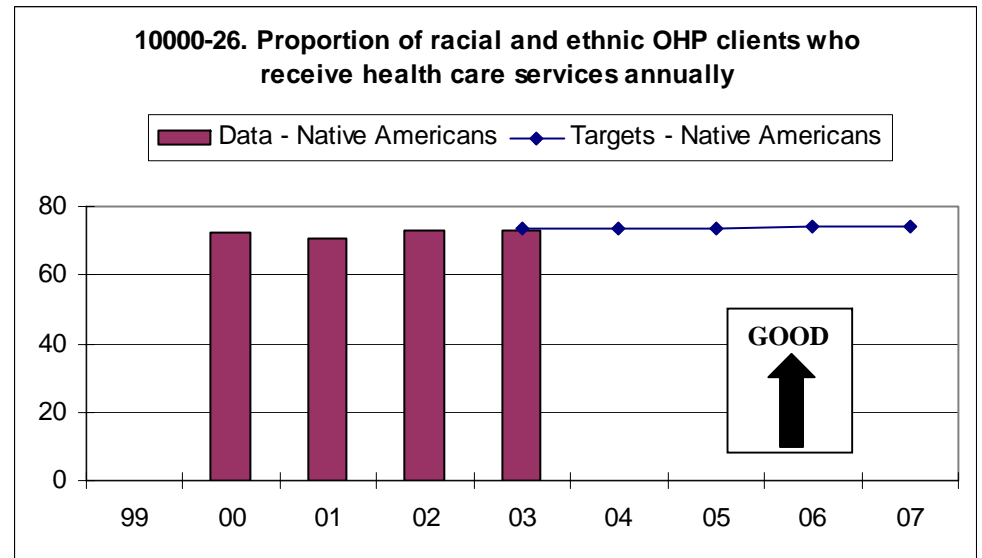
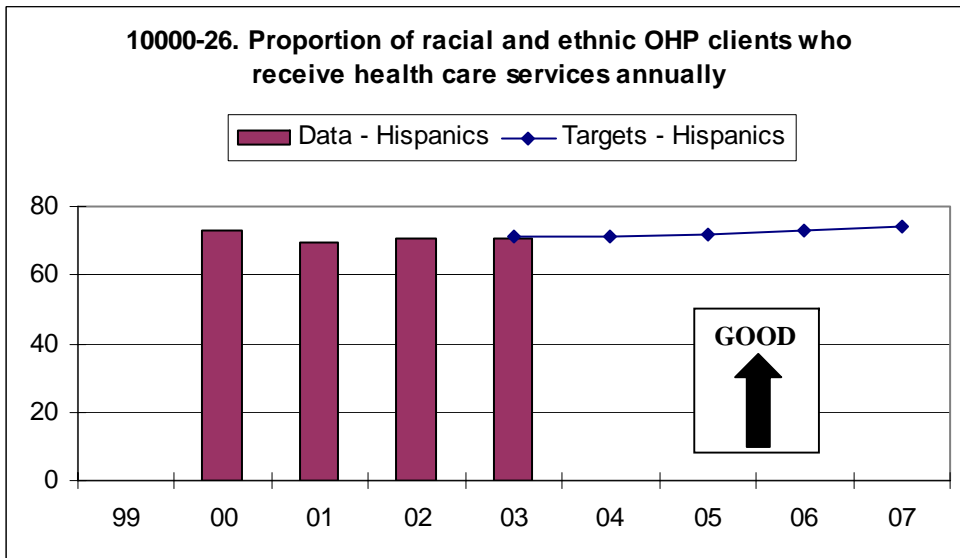
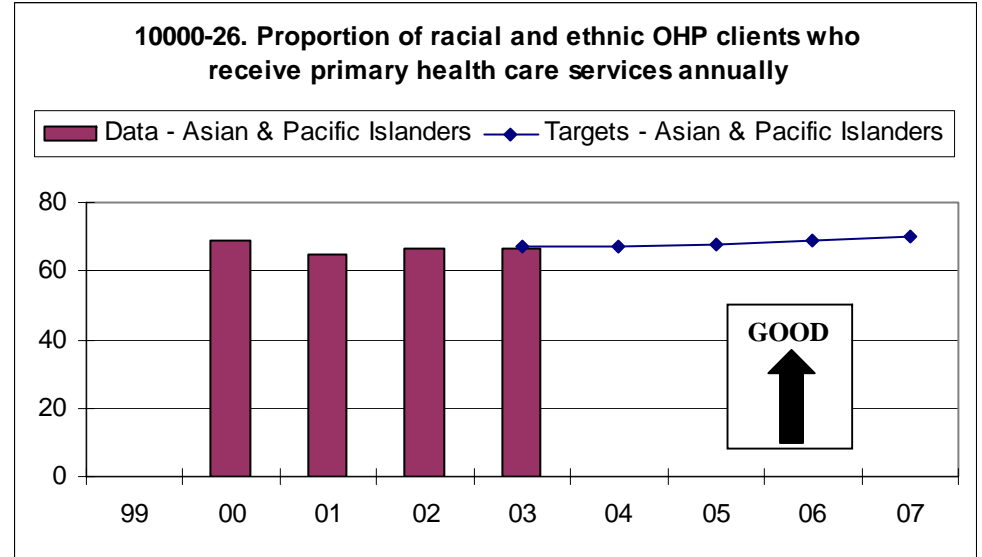
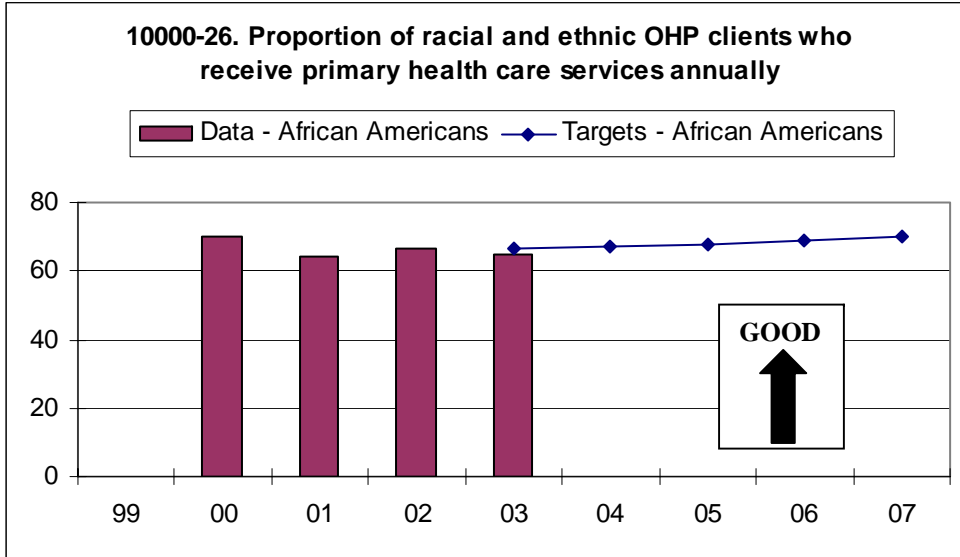
The Office of Multicultural Health, supported by Health Systems Planning is working with the Governor’s Task Force on Racial and Ethnic Health to develop data that allow us to focus on each racial and ethnic group. The original intent had been to relate each of the Health Services performance measures to the racial and ethnic groups. Work continues with the Task Force on data to support this activity. Recently improved data systems could be used to improve monitoring of racial/ethnic health measures. Additional outreach activities related to specific racial and ethnic groups may need to be undertaken.

#### **Proposed change for 2005-07**

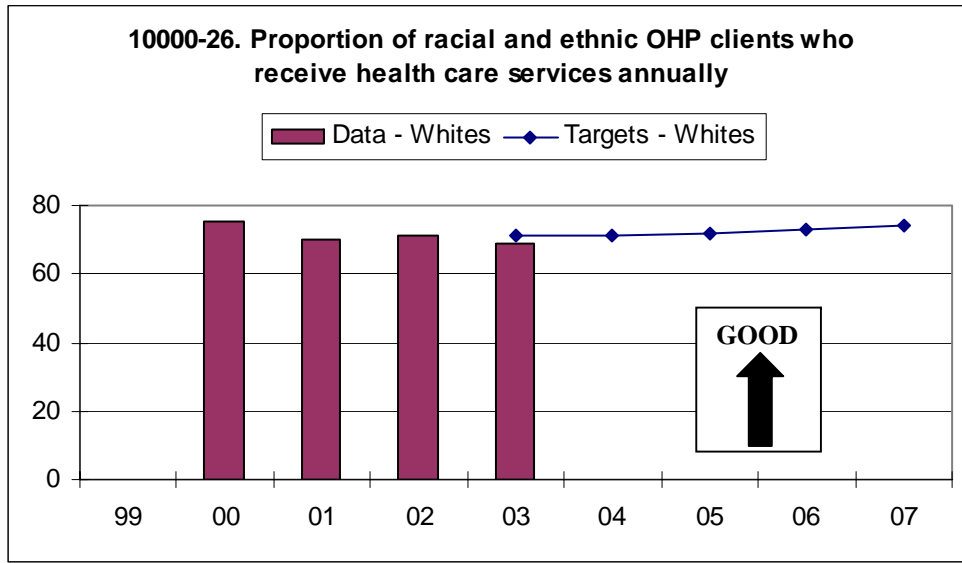
This measure is a modification of the measure submitted for the annual report last year. This measure uses the data from Measure # 25 and breaks it into five racial/ethnic categories. Separation allows for more useful analyses than combining all the non-white racial/ethnic categories together as the former measure did. The numerator specifications remain the same, however, the word “primary” has been added to accurately reflect the type of health care visits counted in this measure.



Graphs for 10000-26.



Graphs for 10000-26 - continued



Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
# 10000-27. Percentage of uninsured Oregonians served by safety net clinics.	Target	NA	NA	NA	28.5	31.4	34.6	36.5	25.0	26.0
	Data	18.4	24.4	21.4	19.6					

Data Source: Office of Medical Assistance Programs and Office of Health Planning & Community Planning databases.

**Key Performance Measure Analysis**

**1. To what goal(s) is this performance measure linked?**

This performance measure links to the DHS goal – “People are healthy.” It also links to the DHS high-level outcome “Increase the percentage of Oregonians with access to physical health care.”

**2. What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency?**

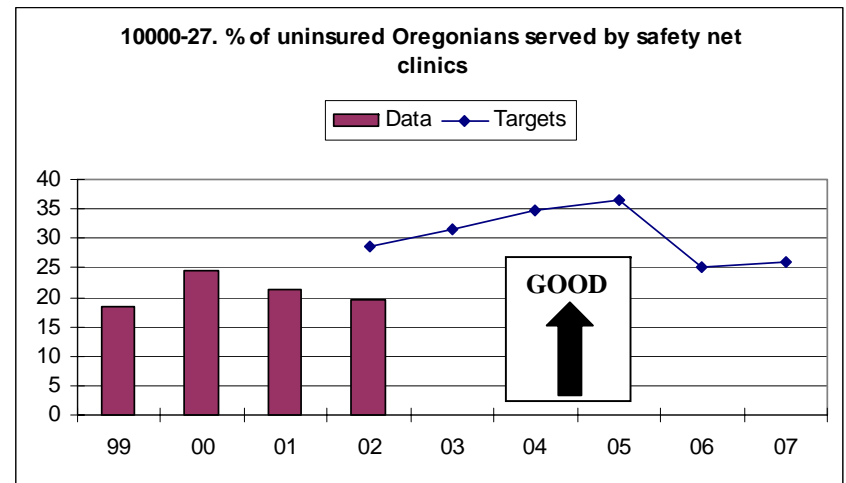
DHS works with Local Health Departments and community partners to expand the safety net and secure financial resources to operate safety net clinics.

**3. How does the performance measure demonstrate agency progress toward the goal?**

It measures progress toward providing health care services to uninsured and underserved Oregonians.

**4. Compare actual performance to target and explain any variance.**

The annual target was not met due to several environmental changes that were unexpected when targets were set in 2002. High unemployment and a continued downturn in the economy contributed to an increase in the number of uninsured and underinsured Oregonians. Legislative cuts to the Oregon Health Plan also contributed to an increase in the number of uninsured and underinsured Oregonians.



**5. Summarize how actual performance compares to any relevant public or private industry standards.**

Compared to the nation, Oregon was harder hit with unemployment and economic downturn. Continued double digit inflation in health care costs put additional financial pressure on the Oregon Health Plan.

**6. What is an example of a department activity related to the measure?**

The Oregon Primary Care Office works with the Federal government and community partners to designate health professional shortage areas, medically underserved areas, and populations. The Health Systems Planning office staffs programs that address the needs of these underserved populations, such as the J1 Visa foreign physician program and the National Health Service Corps Provider Placements program. Health Systems Planning also supports the National Governor's Association Oregon Safety Net Workgroup in its efforts to establish safety net policy.

**7. What needs to be done as a result of this analysis?**

Continue to collaborate with community partners to develop policy and support for the safety net.

Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
# 10000-28. Percentage of mental health clients who maintain or improve level of functioning following treatment.	Target	NA	NA	NA	91.3	91.5	91.6	91.7	91.8	92.0
	Data	90.5	90.4	92.1	92.0					

Data Source: Office of Mental Health & Addiction Services, Client Process Monitoring System database.

**Key Performance Measure Analysis**

**1. To what goal(s) is this performance measure linked?**

This performance measure links to the DHS goal – “People are healthy.” It also links to the DHS high-level outcome “Increase the percentage of mental health consumers who are employed, engaged in school or vocational training or constructive community activities.”

**2. What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency?**

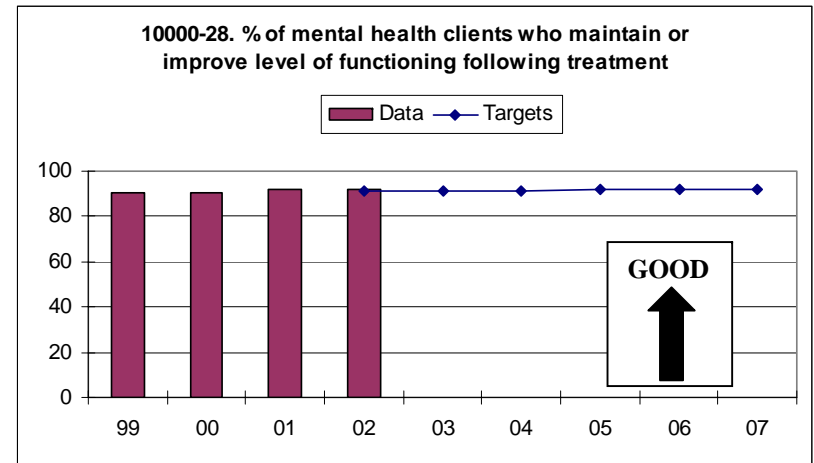
When consumers completing mental health treatment show an improvement in the scores on their level of functioning scales, they are closer to achieving the higher level goals of becoming and/or remaining employed, engaged in school, or otherwise positively involved in their community.

**3. How does the performance measure demonstrate agency progress toward the goal?**

This measure shows that consumers are receiving services that help them increase their level of functioning.

**4. Compare actual performance to target and explain any variance.**

DHS met the target for 2002.



**5. Summarize how actual performance compares to any relevant public or private industry standards.**

There are no national standards for this performance measurement.

**6. What is an example of a department activity related to the measure?**

County contracts to provide mental health services and the licensing of providers.

**7. What needs to be done as a result of this analysis?**

The measure is reported to county mental health directors in quarterly Treatment Outcome Improvement Reports. The Office of Mental Health and Addiction Services provides training and technical assistance to counties that fall more than two standard deviations below the state average, or counties that show consistently downward trends.

With the passing of Senate Bill 267, OMHAS will work with counties and providers to implement evidence-based practices to continue to improve level of functioning. Evidence-based practices are defined by OMHAS as those derived from generally accepted scientific research. Programs implementing evidence-based practices document efforts to assure faithfulness to a practice and measure the impact of a practice on the program clients, participants and/or communities.