ANNUAL PERFORMANCE REPORT
FY 2004-2005

SEPTEMBER 30, 2005

Oregon Department of Human Services
500 Summer St. NE E25, Salem, OR 97301-1097
Phone: (503) 947-5107
Fax: (503) 947-5461
TTY: (503) 947-5330
Email: dhs.info@state.or.us

This report is available on-line at http://www.oregon.gov/DHS/publications/pm_reports/

For more information, or to receive a printed copy of this report, please contact:
Cathy Iles, DHS Performance Measure Coordinator, cathy.f.iles@state.or.us, 503/945-5855

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DEPARTMENT OF HUMAN SERVICES - ANNUAL PERFORMANCE PROGRESS REPORT

TIME PERIOD: FISCAL YEAR 2004 – 2005

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 the public. DHS has identified 28 key performance measures (KPMs), covering major programs and services with the agency. These measures support the mission and goals of DHS. A summary of the 2004-05 results follows.

Performance Target Achievement	#
Total Number of Key Performance Measures for FY 2004-05	**28**
# of KPMs at target for most current reporting period	15 (54%)
# of KPMs not at target for most current reporting period	13 (46%)

DHS Goal – People are living as independently as possible

Four of the DHS key performance measures support this goal, of which three met the desired targets for the most current reporting period. We did not meet our target for employment of Office of Vocational Rehabilitation Services (OVRS) consumers.

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 Temporary Assistance to Needy Families (TANF) employment or average monthly earnings for people with developmental disabilities who receive services from DHS.

DHS Goal – People are safe

Five of the DHS key performance measures support this goal. DHS met four of the five targets for the most current reporting period. DHS exceeded the target for child re-abuse.

DHS Goal – People are healthy

DHS has identified 13 key performance measures that support this goal, of which we met the targets for four of those. Measures around tobacco use and primary health care services report on sub-populations. For each of these measures, we met the targets for some sub-populations, but not all of them. In these cases, the measures weren't counted as meeting the target.

We did not achieve desired targets for unintended pregnancies, early prenatal care, 8th grader risk for alcohol and drug use, tobacco use among adults, influenza vaccines for ages 65 and older, primary health care services for children and Hispanics, safety net clinic coverage for uninsured people and improved level of functioning following treatment for mental health clients.

Factors Affecting Results

Poor economic conditions appear to have an influence on many of our measures, especially measures relating to employment. Cuts in funding appear to have an impact on whether or not we achieve our desired targets. Budget cuts should be seen as a key driver for finding more efficient and effective ways to deliver services to vulnerable populations in Oregon.

MORE EXPLANATION IS PROVIDED IN PART II OF THE REPORT – KEY MEASURE ANALYSIS.

Department of Human Services - Annual Performance Progress Report
TIME PERIOD: FISCAL YEAR 2004 – 2005

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 agency in Oregon state government, employing approximately 9,500 people and operating with a budget of $9.3 billion during the 2003-05 biennium.

Working closely with a wide network of local partners, the department served more than one million people in the state during 2003.

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 and 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

Use of Performance Measures

DHS continues to improve its 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. Baseline data will be reported in the summer of 2006.

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.

Key Performance Measure Data

Most Key Performance Measures are being reported for 2004. A delay in reporting can be attributed to the nature of data collection, verification and analysis. Appendix E – Data Source Form – addresses data sources, reliability and limitations of the data.

When possible, key performance measure data are disaggregated at the county level and reported online at http://www.oregon.gov/DHS/publications/pm_reports/. In order to keep this report concise, county data tables are not included in this report.

Resources & Efficiency

The nature of key performance measures is that they are fairly high-level measures. Thus efficiency measures don't fall into this level of reporting. However, DHS is starting to collect information about the cost (efficiency), quality (effectiveness) and timeliness of various administrative functions. This information will be used for managing the work and resources, as well as reporting to the legislature.

Some examples will include:

- Average cost of producing and handling the payroll (an efficiency measure of Financial Services)
- Percentage of new hires that successfully complete trial service (an effectiveness measure of Human Resources)
- Average number of days for contract staff to develop contracts (a timeliness measure of Procurement)

2003-05 Total Fund Budget and Staffing by Cluster

This section provides overall budget and staffing resource information for DHS and the major program areas. More detailed program budget and expenditure information is available online at http://www.oregon.gov/DHS/publications/reports/03sessionwrapup/overviews.shtml

Total DHS Fund = $9,230.8 million

	Percent FTE	Total FTE	Percent Funds	Total Funds (millions)
CAF – Children, Adults and Families	2.2%	199.46	16.9%	$1,571.7
CHS – Community Human Services (field structure)	47.2%	4320.53	5.9%	$551.5
HS – Health Services (includes Public Health, Office of Mental Health and Addiction Services and Office of Medical Assistance Programs)	23.4%	2138.76	49.2%	$4,585.5
SPD – Seniors and People with Disabilities	17.3%	1585.33	24.2%	$2,257.8
DWSS – Department-Wide Support Services	9.9%	904.17	3.8%	$354.3
Total	**100%**	**9148.25**	**100%**	**$9,320.8**

Note: FTE includes staffing for Institutions, Program Support and Administration

Department of Human Services - Annual Performance Progress Report
TIME PERIOD: FISCAL YEAR 2004 – 2005

Part I, Managing for Results

Agency: Oregon Department of Human Services	**Date Submitted: 9/30/2005**	**Version No.: 1**
Contact: Cathy Iles, Performance Measure Coordinator	**Phone: 503-945-5855**	
Alternate:	**Phone:**	

Agency Name: Oregon Department of Human Services	Agency No.: 10000
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 support and guidance for the department to further develop a performance management system, which involves planning, measuring and improving. 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 approach to performance measures 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. The next level contains the key performance measures (intermediate-level outcomes). These types of measures serve as tools for collaboration, accountability, reporting, management, program improvement and stewardship. Measures are currently in development to gauge how efficiently and effectively DHS is operating. 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

Agency Name: Oregon Department of Human Services	Agency No.: 10000
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.	
	accountability, reporting, management, program improvement and stewardship. See appendix A for the DHS Performance Measure Framework. DHS is currently pursuing the development and use of administrative measures for managing department-wide support services, such as human resources, contracts and procurement, financial services and facilities.
3 What training has staff had in the use of performance measurement?	Many staff have attended the Logic Model/Performance Measurement training given by the Oregon Progress Board over the past few years, although exposure throughout the entire agency has been limited. Some groups in DHS have pursued strategic planning. This process includes training on the development and use of quality performance measures. In an effort for all DHS programs to have performance measures, this training will become more widespread with staff throughout the agency.
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. The key performance measures serve as the foundation for further development and refinement of a performance management system. Through a grant from the National Center for Civic Innovation, DHS is pursuing more effective ways of reporting performance information to citizens. Results and recommendations will be used to further refine performance measurement guidelines for Oregon state government. The primary focus for DHS is to make county-level performance measure information more accessible on the website.
5 What important performance management changes have occurred in the past year?	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. There appears to be increased interest and motivation in the development and use of quality performance measures for managing the work of DHS to achieve improved outcomes for clients.

ANNUAL PERFORMANCE REPORT- TIME PERIOD: FISCAL YEAR 2004 – 2005

Part II, Key Measure Analysis

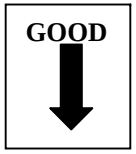
KEY PERFORMANCE MEASURE	Met Target?*	PAGE #
GOAL: PEOPLE ARE LIVING AS INDEPENDENTLY AS POSSIBLE		
1. The percentage of individuals with developmental disabilities who live in community settings of five or fewer.	YES	14
2. The percentage of Oregon's eligible seniors and people with disabilities who are living outside of institutions: a) seniors, b) people with developmental disabilities (developmental measure).	YES	16
3. The percentage of Office of Vocational Rehabilitation Services (OVRS) consumers with a goal of employment that are employed.	NO	18
4. The percentage of Seniors and People with Disabilities (SPD) consumers with a goal of employment that are employed.	YES	20
GOAL: PEOPLE ARE ABLE TO SUPPORT THEMSELVES AND THEIR FAMILIES		
5. The percentage of Temporary Assistance to Needy Families (TANF) adults placed for which employment is a goal.	NO	22
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.	YES	24
7. The number of female Oregonians ages 15 – 17, per 1,000 who are pregnant.	YES	26
8. The percentage of childcare providers who are providing enhanced quality of care.	YES	28
9. Average monthly earnings for persons with developmental disabilities who receive Seniors and People with Disabilities (SPD) services.	NO	30
10. The ratio of Oregonians receiving food stamp assistance to the number of Oregonians living in poverty.	YES	32
GOAL: PEOPLE ARE SAFE		
11. The percentage of women subjected to domestic violence in the past year.	YES	34
12. The rate of suicides among adolescents per 100,000.	YES	36
13. The median number of months from date of latest removal from home to finalized adoption.	YES	38
14. The percentage of abused/neglected children who were re-abused within 6 months of prior victimization.	YES	40
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.	YES	42

KEY PERFORMANCE MEASURE	Met Target?*	PAGE #
GOAL: PEOPLE ARE HEALTHY		
16. The percentage of pregnancies that were unintended or were terminated.	NO	44
17. The percentage of low-income women who receive prenatal care in the first 4 months of pregnancy.	NO	46
18. Percentage of engaged clients who complete alcohol and other drug (AOD) abuse treatment and are not abusing AOD	YES	48
19. Percentage of 8th graders at high risk for alcohol and other drug use.	NO	50
20. Tobacco use among: a) adults, b) youth, c) pregnant women.	A) NO B) YES C) YES	52
21. Number of cigarette packs sold per capita.	YES	56
22. The percentage of 19-35 month old children who are adequately immunized.	YES	58
23. The percentage of adults aged 65 and over who receive an influenza vaccine.	NO	60
24. The annual rate of HIV infection per 100,000 persons.	YES	62
25. The proportion of Oregon Health Plan (OHP) clients who receive primary health care services annually: a) adults, b) children.	A) YES B) NO	64
26. The proportion of racial and ethnic Oregon Health Plan (OHP) clients who receive primary health care services annually: a) African Americans, b) Native Americans, c) Asian/Pacific Islanders, d) Hispanics, e) Whites.	A) YES B) YES C) YES D) NO E) YES	66
27. The percentage of uninsured Oregonians served by safety net clinics.	NO	70
28. The percentage of mental health clients who maintain or improve level of functioning following treatment.	NO	72

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

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

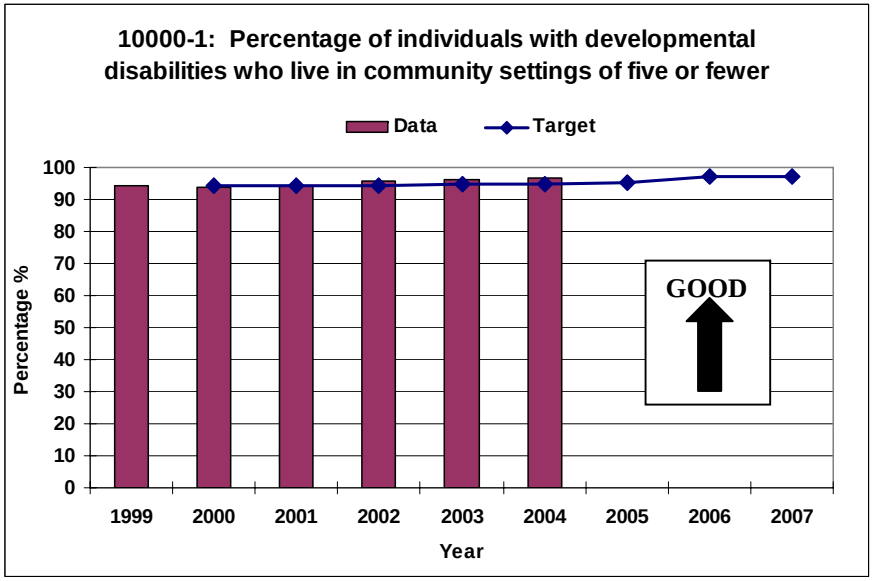
INDICATES THAT AN INCREASE IS DESIRED.



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	96.5			

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 addresses 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 is also 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. By making it possible for people with developmental disabilities to live in small community settings, a reduction in behaviors related to institutionalization has been seen, giving people a chance to experience living in a healthier, less stressful environment that brings about family living and community involvement more closely than ever before.

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

DHS offers programs to provide alternative care for people with developmental disabilities 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. This data is used to assure that residential settings are not increasing in size.

4. Compare actual performance to target and explain any variance.
DHS has met its target for the past four years.

5. Summarize how actual performance compares to any relevant or private industry standards?
Oregon boasts one of the lowest per capita utilization rates of nursing facilities for DD clients in the nation at 3/100,000, a distinction shared with just six other states (Alaska, Arizona, Hawaii, Idaho, Kansas, Maryland, and Nevada). This statistic builds credibility for Oregon's commitment to community living options whenever possible for DD clients, and provides supporting evidence of the effectiveness of Oregon's policies in preventing unnecessary institutionalization. Additionally, Oregon ranks 12th in the nation for the percentage of MR/DD funds that are allocated to community services, which includes residential settings of 5 or fewer. (Source: University of Colorado: The State of the States in Developmental Disabilities, 2004)

6. What is an example of a department activity related to the measure?
Activities performed by Staley Support Staff and Family Support Staff assist people to keep family 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.

SPD reviews the programs with people greater than five persons to determine their ability to fill vacancies in the program. Agencies are required to offer vacancies to individuals determined to be in crisis and in need of residential services. If the larger size program cannot meet the need due to low staff to high client ratio, programmatic changes may be required.

7. What needs to be done as a result of this analysis?
Preservation of policy and funding structures that contribute to the maintenance and / or improvement of efforts for providing in-home services to persons with developmental disabilities, and continued attention to the impact of aging family caregivers and their needs. Next steps may include a focus on quality of life issues, particularly for those clients under age 18, and review of larger group homes with respect to their ability to meet the needs of the community.

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 Oregon'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	98.5			

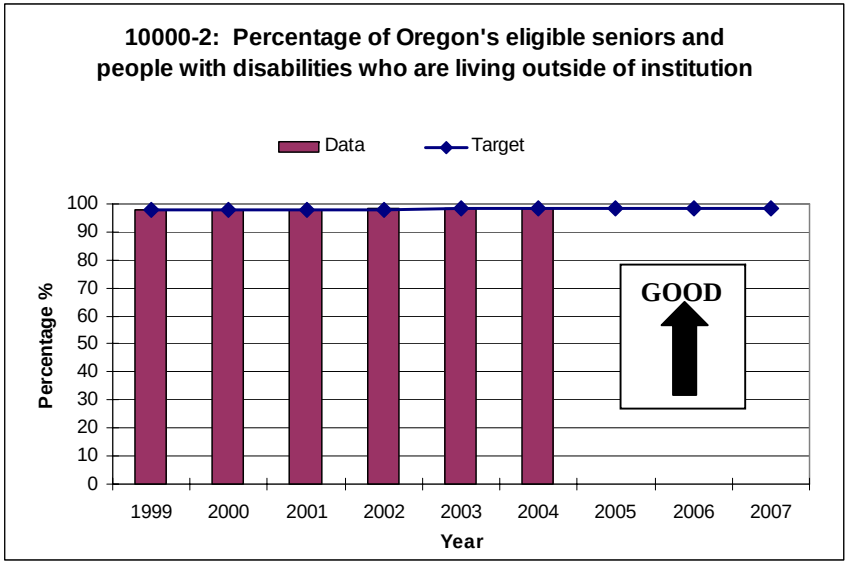
Data Source: Oregon Health Policy Research Annual Nursing Home Survey database

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. An institution is defined as a nursing facility. Community-based care settings, such as adult foster homes, assisted living facilities, and residential care facilities are considered non-institutional.

Because institutionalization of people age 65 and older has historically been used as a marker of the degree to which seniors are living independently and has been extensively tracked, reporting efforts have focused on this portion of the measure. Efforts continue to merge our data tracking systems to allow full reporting to include people with disabilities in the future.



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 Seniors and People with Disabilities (SPD) to track performance at providing alternatives to institutional care. 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. Oregon continues to be the nation's leader in identifying and establishing community based options to institutional care, and as a result, the values of choice, dignity, and independence for Oregon's senior and disabled citizens continue to be the focus of all SPD activities.

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

Recognizing that institutional care is appropriate in certain circumstances for some individuals, and generally for short periods of time, this performance measure demonstrates a track record of maintaining an institutionalization rate of less than 3%. The overwhelming majority of Oregon's seniors are exercising their right to choose the most independent living situation possible.

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

DHS has met its target for 2004.

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 residing in nursing facilities (Source: AARP: Across the States 2004: 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?

Concentrated focus on SPD's mission to create options that enhance the lives of ALL of Oregon seniors is needed. Innovative developments must be pursued to meet the needs of the disabled population, and to maintain and expand the current system of community based care. Additionally, continued work to develop a meaningful measure of independence for the disabled populations that SPD serves is needed.

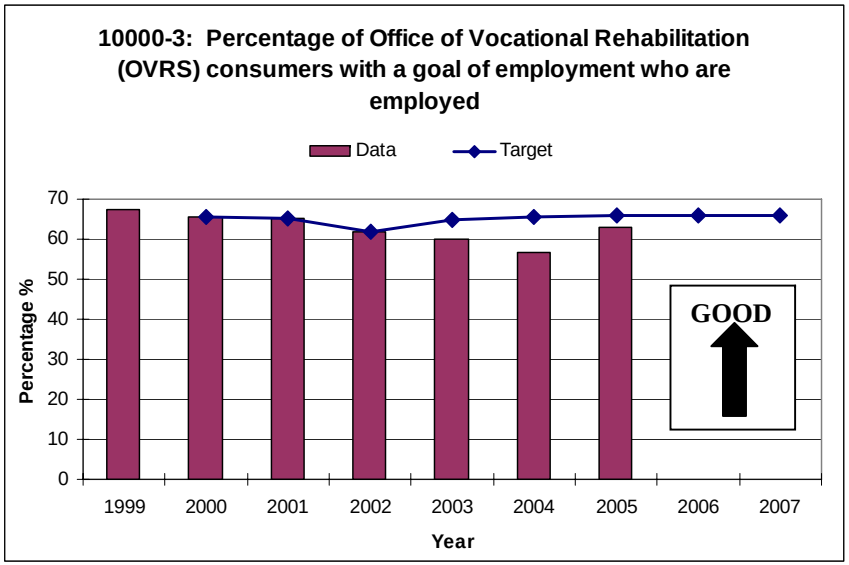
Agency Name: Oregon Department of Human Services				Agency No.: 10000						
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#10000-3 Percentage of Office of Vocational Rehabilitation Services (OVRS) consumers with a goal of employment who are employed.	Target	**NA**	**65.7**	**65.2**	**61.9**	**65.0**	**65.5**	**66.0**	**66.0**	**66.0**
	Data	67.5	65.7	65.2	61.9	60.0	56.5	62.9		

Data Source: ORCA2 (Oregon Rehabilitation Case Automation: automated data system for OVRS)

Key Performance Measure Analysis

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

This performance measure links to the DHS goal, "People are living as independently as possible." This performance measure is also linked to the federal performance measure that the Vocational Rehabilitation (VR) program must meet or exceed with a passing outcome of 55.8 percent.



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 identifies the percentage of VR consumers who have maintained suitable employment for a minimum of 90 consecutive days and who have indicated that no additional vocational services were necessary to maintain employment. The state VR program has continuously passed this federal performance measure, resulting in ongoing federal funding back to Oregon. Additionally, the VR program has helped people with disabilities obtain their independence from state and federal assistance.

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

During the past seven years, the Office of Vocational Rehabilitation Service's actual performance ranged from 56.5 to 67.5 percent. The United States Department of Education has set the VR target at 55.8 percent, which has been surpassed every year, since performance measurement began. The VR program plays a critical role in assisting people with disabilities to enter the work force and maintain employment. Before the consumer's case is closed due to employment, the individual must maintain continuous employment for no less than 90 days, as well as reporting that the employment is satisfactory and they are performing well in the job.

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

As the Designated State Unit, VR set the target for 2005 at 66.0 percent. The performance target was not achieved due primarily to the down turn in Oregon's economy. The variance in the measure is significantly influenced by factors outside of the program's control. For example, OVRS helps consumers locate potential employers, but there is no guarantee of employment.

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

The United States Department of Education manages all state VR programs. In accordance with 34 CFR 361.88(c), all VR programs must annually satisfy seven evaluation standards and performance indicators and this measure is one of those seven indicators. The Oregon VR program is compared individually, in our region (Region X), and at the national level. The Oregon VR program provides vocational services to meet the needs of placing people with disabilities in jobs consistent with industry standards.

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

The Oregon Benchmark addresses the working disabled as the percentage of adults with lasting, significant disabilities who are capable of working who are employed. The VR program utilizes other DHS programs for our consumers to ensure the maximum return on our investment into the lives of people to equip them to live as independently as possible.

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

The VR program relies on a state-federal relationship. Federal funding requires a state match of 21.3 percent and this has worked well for over 80 years. However, under the current appropriations, the VR program can meet the needs of only a small percentage of people with disabilities who live in Oregon.

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 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	56.4			

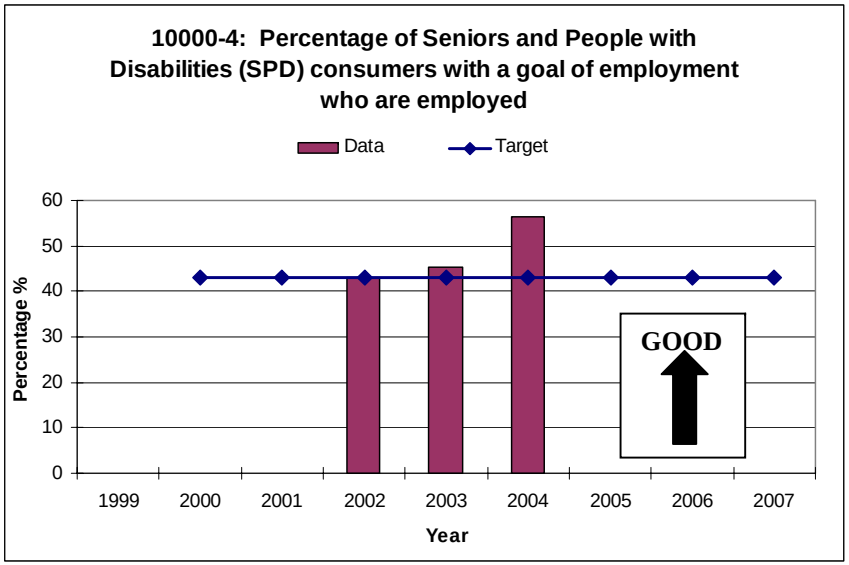
Data Source: *SPD Client Assessment/Planning System (CA/PS)*

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 reflects Oregonians 65 and older and Oregonians with disabilities seeking employment assistance from Seniors and People with Disabilities (SPD), who become 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 addresses the agency's efforts to help people live more independently by removing barriers that make it difficult to obtain and maintain employment. The agency's employment programs help people negotiate the challenges of the workplace and afford them the opportunity to contribute to their household's income, contribute to the cost of their care, and engage in community activities. Additionally, being employed bolsters people's self-esteem and helps them see themselves as productive members of the community.

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

DHS is committed to providing the supports necessary to those clients who desire to work, for whom traditional employment supports have not been effective; however, given the funding cuts for the next biennium, this measure may be reformulated to account for subsequent activities that may arise in response to the loss of current services.

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

DHS has met its target since 2002; however, a discrepancy was found in how the data for this measure has been accessed in the past, resulting in prior year's performance reporting including only a portion of the people served. With a correction to the data, all of the clients we serve are reflected in the reported performance, indicating the agency is performing even better than expected on this measure.

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

DHS has not compared this measure to other standards; however, as the measure is reconsidered, national standards for comparable programs and services will be sought for comparison.

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

The Employed Persons with Disabilities (EPD) program was designed to enable people who have disabilities to work while still maintaining their Medicaid coverage. Loss of Medicaid coverage, including personal attendant services has been identified as a major barrier to those persons with a disabling condition who desire employment. The Employment Initiative (EI) program was designed to provide assistance such as needs assessment, skills and abilities assessment, employment preparation, job training, career planning, employer and community education and post-employment supports to clients who have a disability and want to work. The goal of the program is to support clients in their desire to become more independent and self-sufficient, with the objective that they will in time need less or no public assistance.

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

Due to funding shortfalls in the Governor's Recommended Budget for the 2005-07 biennium, the EI program may no longer be funded effective October 2005. Alternative methods of serving the employment needs of the agency's disabled and senior clients will need to be explored, including continued and/or expanded efforts in conjunction with the Office of Vocational Rehabilitation Services (OVRS).

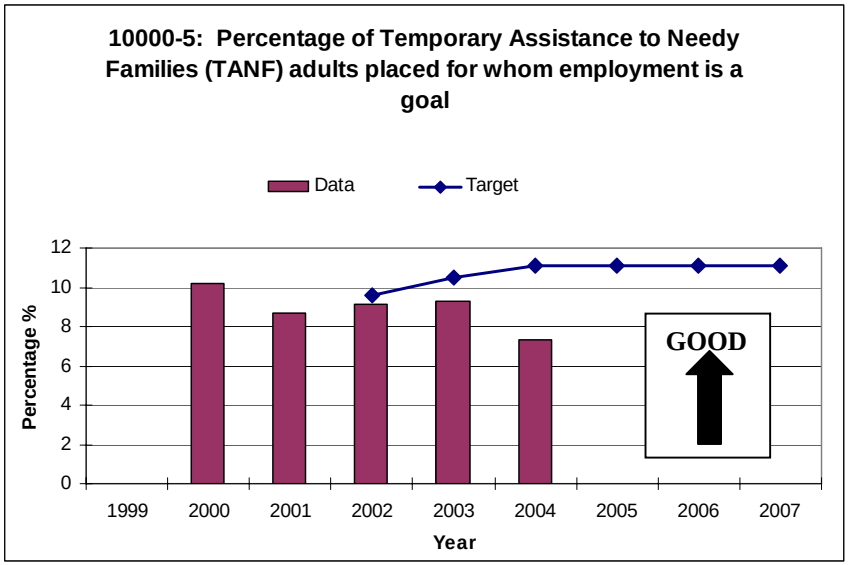
Agency Name: Oregon Department of Human Services				Agency No.: 10000						
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#10000-5 Percentage of Temporary Assistance to Needy Families (TANF) adults placed for whom employment is a goal.	Target	**NA**	**NA**	**NA**	**9.6**	**10.5**	**11.1**	**11.1**	**11.1**	**11.1**
	Data	NA	10.2	8.7	9.1	9.3	7.3			

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

Key Performance Measure Analysis

1. To what goal or goals 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; "Percentage 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 7% 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 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 re-enter 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 the past three years. Continued poor economic conditions in Oregon appear to have decreased the program's placement performance. This may indicate an overly optimistic goal, given the general economic conditions and declining program resources.

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?

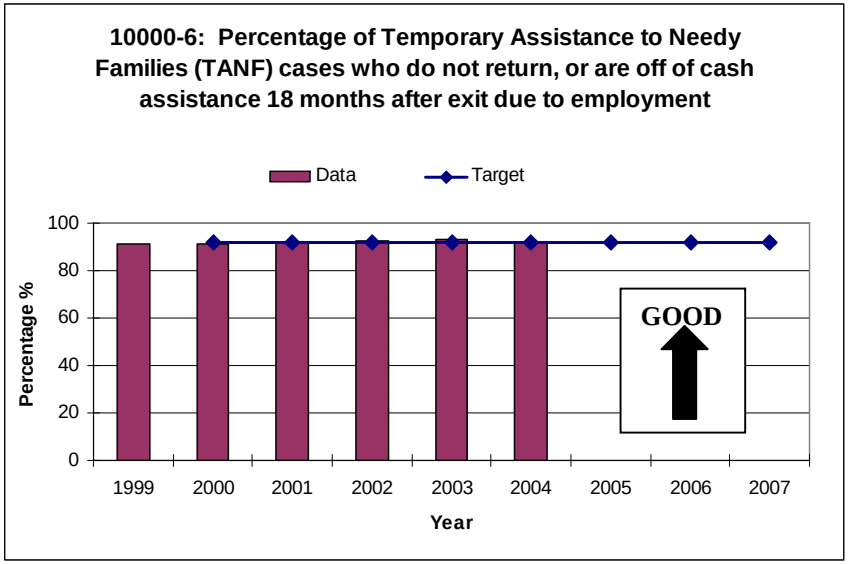
The TANF JOBS Employment and Training program is an example of a DHS activity related to this performance measure.

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

Continued program monitoring, as well as 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 Percentage of Temporary Assistance to Needy Families (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	92.1			

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



Key Performance Measure Analysis

1. To what goal or goals 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; "Percentage 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 or exceeded the targets for the past three years.

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 Employment and Training program is an example of a DHS activity related to this performance measure.

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 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**	**24.0**	**24.0**
	Data	39.3	35.2	31.7	27.6	26.4	23.8* Preliminary			

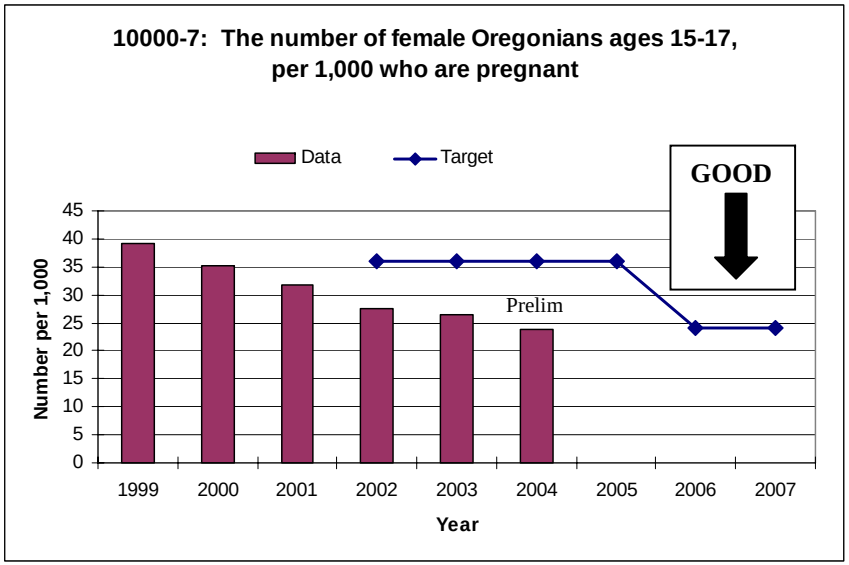
Data Source: DHS Health Services and PSU Center for Population and Census estimates.

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 #39 and the DHS high-level outcome, "Pregnancy rate per 1,000 females ages 15-17."

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 again between 2003 and 2004 on this measure. While it appears that the favorable trend is continuing, we expect it will level off at some point given some of the historical data available. These results are exceeding the 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.

According to the 2005 "Kid's Count Data Book", published by the Annie E. Casey Foundation, Oregon's rate is declining faster than the national rate.

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

The Teen Pregnancy Prevention Program and family planning activities are both examples of DHS activities related to this measure.

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

Continued support of prevention efforts must occur.

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 Percentage of child care 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	25.5			

Data Source: DHS Provider Pay system.

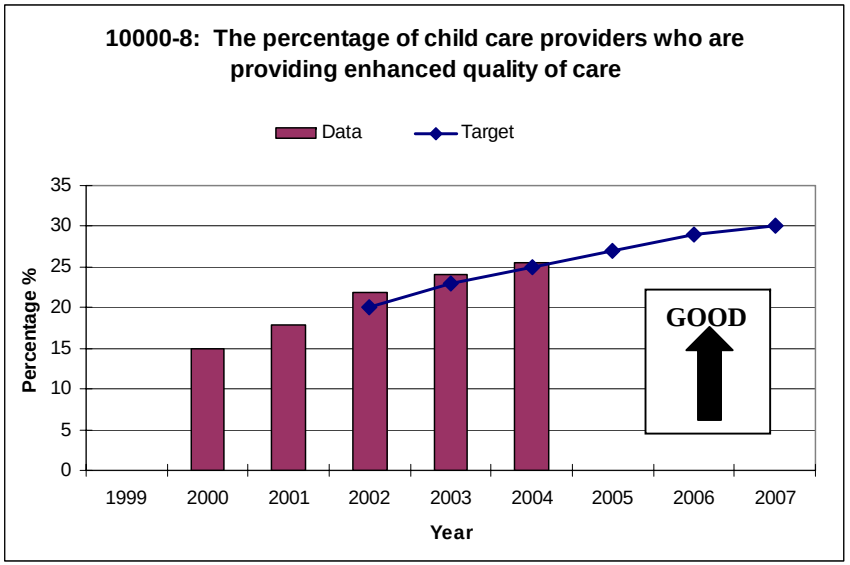
Key Performance Measure Analysis

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." With respect to children in care this measure links to the DHS goals, "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 percentage 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 that are met by licensed providers, such as CPR, first aid, and child abuse and neglect prevention.



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 has met the targets for the past three years. 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?

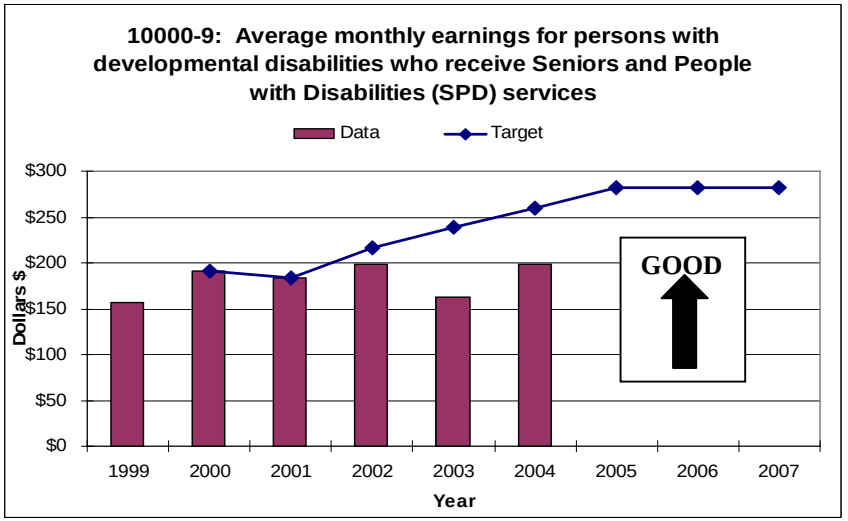
One example of a DHS activity that relates to this measure is the childcare subsidy program, which assists with the cost of child care.

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

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

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 for persons with developmental disabilities who receive Seniors and People with Disabilities (SPD) services.	Target	**NA**	**$191**	**$183**	**$217**	**$239**	**$260**	**$282**	**$282**	**$282**
	Data	$156	$191	$183	$199	$162	$198			

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 that reside in state residential settings, have established goals of gaining and / or maintaining employment, and have asked Seniors and People with Disabilities (SPD) for assistance in achieving these goals.

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 increase their monthly earnings. Sufficient monthly earnings allow people to contribute to their household income, meet personal needs, and contribute to the cost of their care, which in turn bolsters self-esteem and feelings of competence. People are able to see themselves as productive members of their communities, and are motivated to engage in community activities to the fullest extent they are able.

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

DHS is very committed to programs that provide gainful employment to persons with developmental disabilities and, as a result, increase their average monthly gross earnings. However, challenges have impacted agency progress towards this goal, in that opportunities for employment have been limited by the state economic downturn of the past few years. High unemployment rates across sectors are reflected in the significant drop in monthly earnings experienced by persons with developmental disabilities in SPD's employment programs. The agency is currently engaging providers and employers in discussions around strategizing to create more opportunities for people with developmental disabilities.

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

DHS has not met its target since 2002. In addition to economic factors affecting employment opportunities for persons with developmental disabilities, the impact of the Staley settlement resulted in a change of the data used to calculate performance on this measure. Over 800 people were moved to individual service agreements, which are no longer reflected in this measure, but that were included in the target calculations. The agency is currently exploring ways of remedying this discrepancy.

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

A major challenge in this area exists in that states use widely differing methods of tracking relevant measures, making comparisons from state to state virtually impossible. This agenda has been prioritized at the National Association of State Directors of Developmental Disabilities Services. Oregon will be an active participant in this agenda.

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

Present efforts are focused on collaborative funding of provider capacity building and staff training, as well as the creation of web-based "stories of success" in pictorial and written formats to address the need for consumer education. Additionally, work is being done to identify and clarify policies and procedures and develop staff tools.

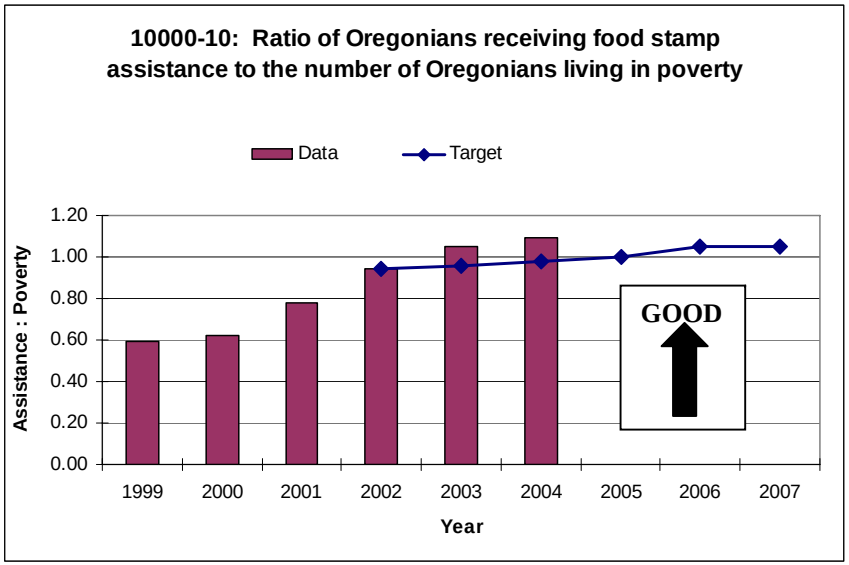
Oregon recently received a 4-year grant (Medicaid Infrastructure Grant Initiative) designed to address the system barriers that exist for people with SSI (Supplemental Security Income) and SSDI (Social Security Disability Insurance) who could possibly gain employment. The first year will be devoted to developing statewide and local leadership, crafting a strategic plan, building an outcome tracking system, and addressing sustainability issues.

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

Efforts will continue towards developing strategies for training and collaboration, and creating new employment opportunities. A more critical review of the available outcome data and performance measurement issues will continue in order to align agency performance with meaningful targets.

Agency Name: Oregon Department of Human Services				Agency No.: 10000						
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#10000-10 Ratio of Oregonians receiving food stamp assistance to the number of Oregonians living in poverty.	Target	**NA**	**NA**	**NA**	**.94**	**.96**	**.98**	**1.00**	**1.05**	**1.05**
	Data	.59	.62	.78	.94	1.05	1.09			

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



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 #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?

The Food Stamp Program continues to represent one of the best resources available in the state to fight hunger.

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

DHS has met or exceeded the targets for the past three years. This excellent participation rate indicates that the Oregon Outreach Program, in partnership with hunger advocates, is making a measurable impact.

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

We are 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 include, 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.

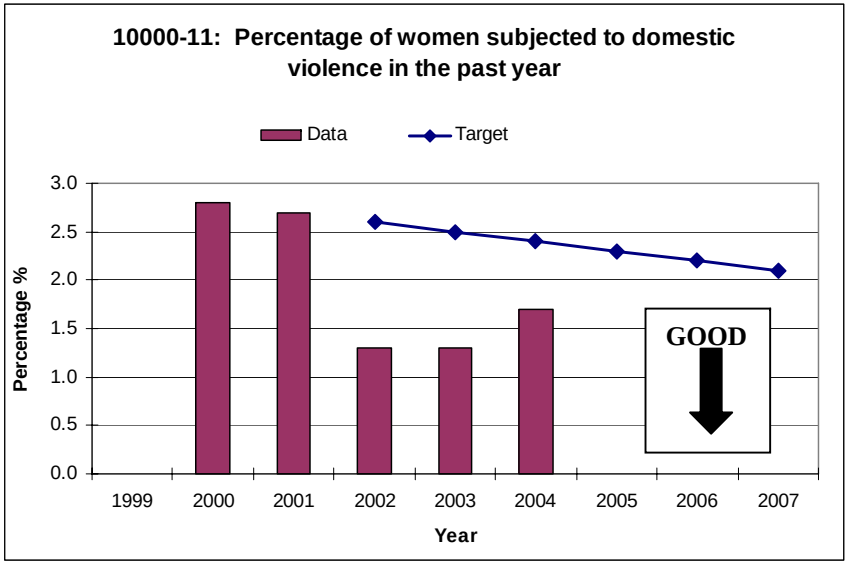
Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#10000-11 Percentage of women subjected to domestic violence in the past year.	Target	**NA**	**NA**	**NA**	**2.6**	**2.5**	**2.4**	**2.3**	**2.2**	**2.1**
	Data	NA	2.8	2.7	1.3	1.3	1.7			

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

Key Performance Measure Analysis

1. To what goal or goals 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."



This 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[1]. The magnitude of this problem far exceeds most other threats to the health and safety of Oregon women.

[1] 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[1].

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

DHS was below the target for 2004. 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 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 this issue 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 of this problem. Additionally, the department distributed a report about intimate partner homicide in Oregon, concluding that intimate partners killed 102 (46%) of female homicide victims between 1997-2003[2].

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 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.

[2] Intimate Partner Homicide in Oregon, 1997-2003. Available at http://www.dhs.state.or.us/publichealth/ipv/index.cfm.

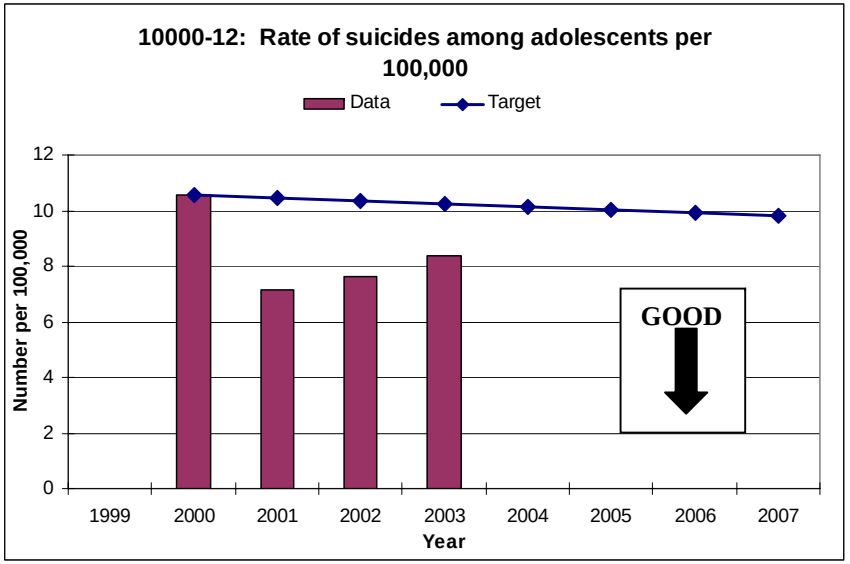
Agency Name: Oregon Department of Human Services				Agency No.: 10000						
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#10000-12 Rate of suicides among adolescents per 100,000.	Target	**NA**	**10.55**	**10.45**	**10.35**	**10.25**	**10.15**	**10.05**	**9.90**	**9.80**
	Data	NA	10.55	7.15	7.61	8.35				

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

Key Performance Measure Analysis

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

Suicide prevention is related to the DHS goal, "People are safe."



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 youth suicide rate has been higher than the national rate for over 20 years peaking in the early 1990's. The highest rate was observed in 1990. At that time, the suicide rate for youth aged 10 – 24 years was 13.16 per 100,000. The higher rates continued until 2001, when Oregon fell below the national rate for the first time. This decrease was short lived, however, as rates rose above the national rate the following year. In 2003, the suicide rate was 8.35 per 100,000, an increase from the 2002 rate of 7.61 per 100,000.

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

The agency achieved the target in 2001 with a 32% decrease in youth suicide rates. Monitoring, documentation, and analysis of progress are ongoing. The performance measure is also used to increase public education and awareness that youth suicide is a major public health problem.

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

The target has been achieved for the past three years. Actual rates were lowest in 2001 and, contrary to expectations, rates have increased slightly in each of the two succeeding years. Despite these increases, the state's youth suicide rate remains below the target rate.

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

There are no industry standards for suicide.

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

In order to prevent suicide the state must implement a wide variety of activities across many disciplines. DHS is providing a variety of interventions through numerous programs and partnerships:

- Collect data through the DHS Adolescent Suicide Attempt Data System, the Hospitals Discharge Index, the Oregon Violent Death Reporting System and the Oregon Healthy Teen Survey to track the problem.
- Respond to those in acute crisis by providing primary care and mental health care for youth who are eligible for services.
- We provide full assessments of suicide attempts treated at hospitals and make referrals to appropriate care.
- Provide community education in suicide intervention skills training to youth, health care professionals, first responders, educators and adults working with youth.
- Provide training and technical assistance to schools to develop and implement a multifaceted program known as SAFE TEEN.
- Work with survivors to support the development of bereavement support and public education by survivors through our partnership with the Northwest Chapter of the American Foundation for Suicide Prevention Northwest.

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

Depression is known to be an underlying cause of as many as 90% of suicide deaths. The Department recognizes that the accessibility of mental health care is a serious issue for all Oregonians. An increase in the availability, access at the same level as physical health and increases in services to rural areas are very high priorities. In addition, there is a great need to train primary care providers who see youth to identify, assess, treat and refer youth for care. In some instances primary care may be the only option for care.

The number of suicide deaths in Oregon each year is greater than the number of deaths due to motor vehicle crashes, yet Oregonians do not yet recognize the magnitude and scope of the problem of suicide. Public awareness campaigns that increase knowledge of how to respond to those at high risk, as well as decrease the stigma associated with suicide and behavioral healthcare, are needed.

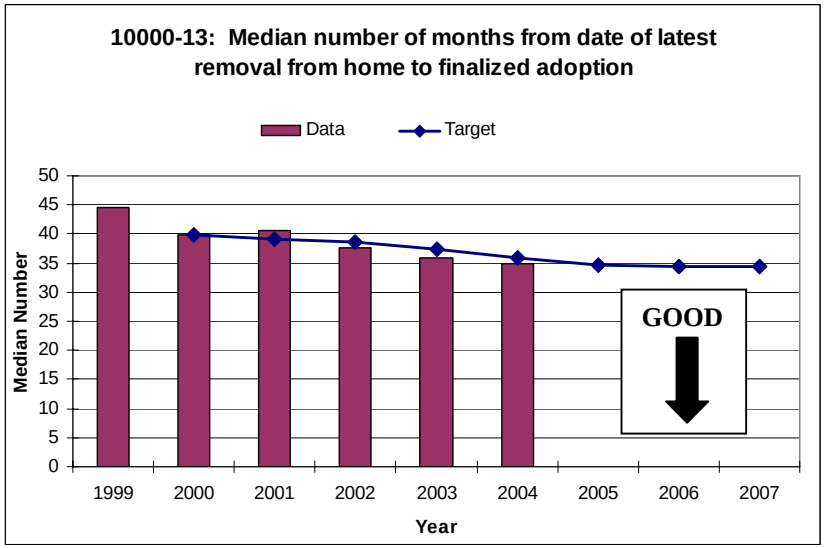
Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#10000-13 Median number of months from date of latest removal from home to finalized adoption.	Target	**NA**	**39.8**	**39.2**	**38.6**	**37.3**	**36.0**	**34.7**	**34.5**	**34.5**
	Data	44.6	39.8	40.6	37.7	35.8	35.0			

Data Source: AFCARS database, which is derived from the State Child Welfare HS data 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 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 through 2004. 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. This process is being accomplished with due care given to protecting the civil rights of the biological family while at the same time assuring, as much 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 through 2004, and the year-to-date performance for 2005 demonstrates continued progress; it is probable that the target for 2005 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, as well as 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**	**6.1**	**6.1**
	Data	9.8	9.9	8.7	8.5	7.6	9.2			

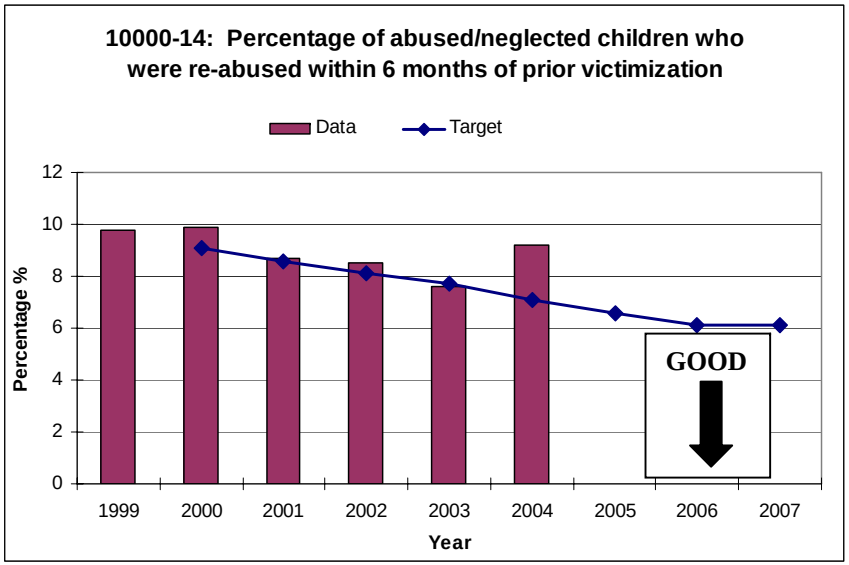
Data Source: State Child Welfare HS data system.

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 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 are kept safe from re-abuse.

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

DHS did not meet the target for 2004. In 2004, reports of child abuse increased by 9.6%. Referrals that were "founded" for abuse increased by 12.2% and the total number of unduplicated victims increased by 12.4%. During 2004, the department continued to implement changes in policy and practice to address immediate and long-term safety needs of children. The state also completed the implementation of a revised child abuse information system that required statewide training.

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

Oregon's goal is to decrease this rate to 6.1 percent or less.

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. The department provides statewide and local office-specific data to all child welfare managers, supervisors and line staff. Program staff have completed a comprehensive review of re-abuse referrals and identified specific areas for improved practice, training and improved data input. Policy has been modified to include additional direction to the field regarding safety planning for "in-home" cases and plans for reunification. The policy requires supervisory review and coordination in responding to new reports on open cases.

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

DHS should continue to implement the revised Guided Assessment Process and Safety Plan Review to support a more comprehensive assessment of safety at initial contact and review throughout the life of the case. Program and field management and supervisory staff will continue to use data to identify areas for improved practice related to re-abuse.

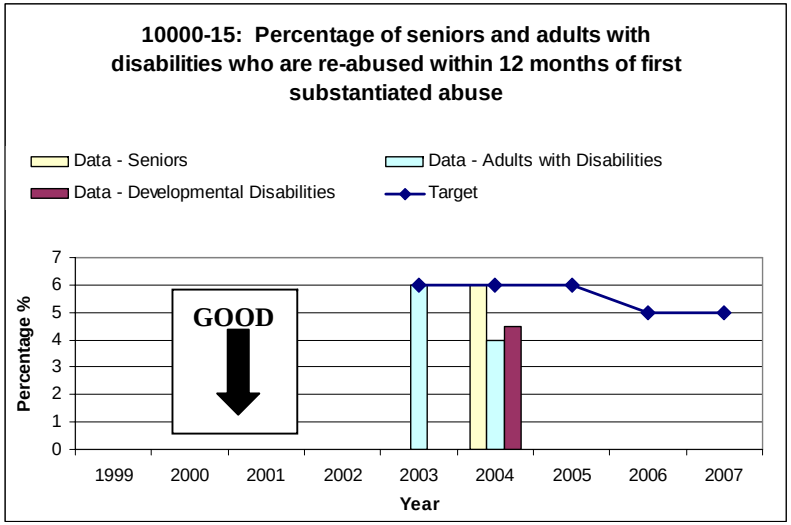
Training and service plans should be responsive to the core issues of families where abuse has occurred. The state child welfare program will continue to work with other DHS agencies, treatment providers and local communities in addressing the most significant risk factors related to re-abuse: 1) suspected drug/alcohol abuse; 2) head of family unemployed; and 3) parental involvement with law enforcement.

DHS should also continue conducting Quality Assurance reviews of Child Protective Services (CPS) practices.

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. a) Seniors b) Adults with Disabilities c) Developmental Disabilities*	Target	**a) NA b) NA**	**a) NA b) NA**	**a) NA b) NA**	**a) NA b) NA**	**a) NA b) 6.0**	**a) NA b) 6.0 c) NA**	**a) NA b) 6.0 c) NA**	**a) 5.0 b) 5.0 c) 5.0**	**a) 5.0 b) 5.0 c) 5.0**
	Data	a) NA b) NA	a) NA b) NA	a) NA b) NA	a) NA b) NA	a) NA b) 6.0	a) 6.0 b) 4.0 c) 4.5			

Data Source: Department of Human Services, Seniors and People with Disabilities, Office of Licensing and Quality of Care, 2004 Community Adult Protective Services Victims Data Base; and Office of Investigations and Training 2004 Calendar Year Abuse Rates by Age Group.

***DHS is adding a third sub-population for this measure (developmental disabilities), which was agreed to during the Ways & Means session.**



Key Performance Measure Analysis

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

This performance measure links to the DHS visions, "Better outcomes for clients and communities through collaboration" and "Integration and shared responsibility." This measure also links to the DHS mission, "Assisting people to become independent, healthy and safe" and the DHS goal, "People are safe."

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?

Since DHS is below the current benchmark of 6% for the percentage of seniors, adults with disabilities and individuals with developmental disabilities who are re-abused within 12 months, it appears that we are meeting the goals of our intervention model. The intervention model for Seniors and Adults with Disabilities, which applies to unlicensed community settings, is the over-arching ethical value of Adult Protective Services (APS), describing our obligation to balance the duty to protect older adults and adults with disabilities with the duty to protect their rights to self-determination. The impact of our agency is that independent adults can make decisions about their own life and the course of action taken which is factored into the re-abuse rate.

In contrast, the majority of individuals with developmental disabilities have a service provider who is responsible for their care and services, or they are more likely to live in a structured living environment. Additionally, self-neglect is not a factor that is calculated into the re-abuse rate. Both of these unique differences impact our respective agency goals in relation to data analysis and benchmark achievements; however, the data does indicate that we are achieving our goal that people are safe.

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

For Seniors and People with Disabilities, data tracking systems were implemented in 2003, so it is difficult to determine any type of long-term progress without a baseline figure for comparison. However, from 2003 to 2004, the data indicated a significant reduction, which reflects that progress is being made towards this goal in regards to short-term goal achievement.

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

Performance to target comparison could be affected by a number of variables. For Seniors and Adults with Disabilities this includes, but is not limited to, the right to self-determination, limited resources including state, federal, and community-type(s), additional training and development needed for APS Specialist's, response of the criminal justice system and development and understanding of intra-agency functions. Self-neglect is also a variable, since the re-abuse data figures include those clients that are categorized under self-neglect. This could be interpreted to mean that it may be an individual's right to self-determination that results in re-abuse, and may not be due to any of the other potential contributory factors.

For individuals with developmental disabilities, the categories above (excluding the right to self-determination and self-neglect) are variables that could potentially affect the performance to target comparison. In addition, provider training, education, technical assistance and other provider or service element related training might have an impact as well. Also, the re-abuse rates for Seniors and Adults with Disabilities are calculated only for individuals who live in the community, while the re-abuse rates for developmental disabilities are calculated from a number of sources or service providers.

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

We are unable to determine at this time. Contact has been made with the National Center for Elder Abuse for statistical data or other relevant state resources.

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

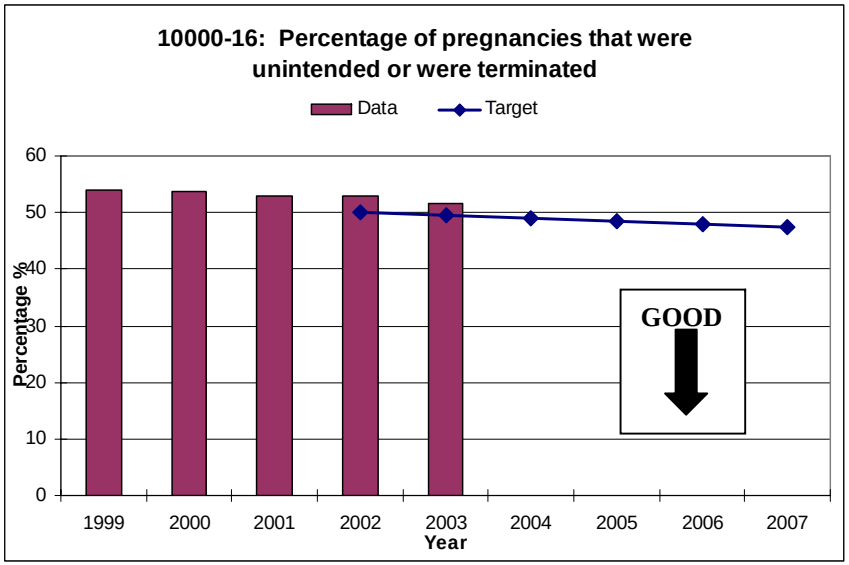
A sampling of departmental activities includes, on-going Adult Protective Service training, continuation of public education, technical assistance to field offices and collaboration with community partners. The department also provides basic Adult Protective Service Specialist functions such as screening, consultation, triage, assessment, investigation, intervention, risk management and documentation and will continue building relationships with other agencies that serve Adult Protective Service clients with mental illness and developmental disabilities, such as the Office of Investigations and Training.

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

The department will continue to develop data tracking systems for baseline figures needed for comparison, continue activities related to this measure, address the variances to see if any reductions can be made in order to achieve the Department's goals, gather data from public/private industry sources for comparison and respond to the legislative request at lowering the target for the measure from 6% to 5%.

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 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	51.5				

Data Source: *OR Pregnancy Risk Assessment Monitoring System (PRAMS) and Oregon Vital Statistics. See appendix E for a detailed description of how this measure is calculated.*



Key Performance Measure Analysis

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

This 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?

In general, Oregon Benchmark data indicate that 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 and low birth weight), this performance measure can be seen as an advance indicator of people's health. The measure also reflects Oregonians' access to the reproductive health information and contraceptive products that are necessary for pregnancy planning.

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

Oregon is slightly higher than the 2003 target of 49.5%. However, the measure has been trending downwards, as desired, for several years and the 2002 – 2003 decrease was the largest to date.

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%[3]. With approximately 51% of pregnancies unintended or terminated in 2003, Oregon is currently above this target but in line with national estimates of unintended pregnancy[4].

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

Through a network of approximately 150 county health departments and other agencies, the state family planning program provides contraceptive services and supplies to enable all individuals to plan and space their pregnancies as desired.

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

Current family planning activities should continue.

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

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

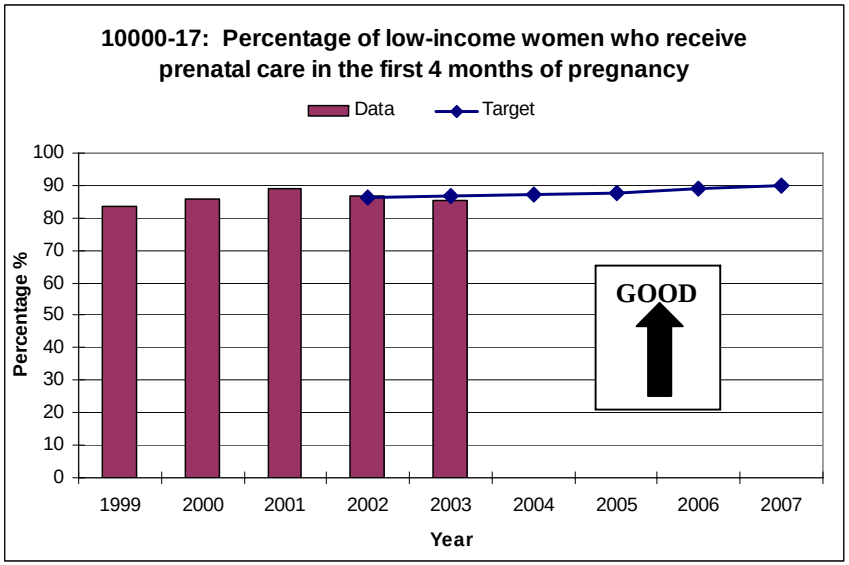
Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#10000-17 Percentage of low-income women who receive prenatal care in the first 4 months of pregnancy. (Corrected 2002 data)	Target	**NA**	**NA**	**NA**	**86.2**	**86.7**	**87.1**	**87.5**	**89.0**	**90.0**
	Data	83.5	85.8	89.2	86.7	85.2				

Data Source: Office of Family Health, Pregnancy Risk Assessment Monitoring System (PRAMS), and Office of Disease Prevention and Epidemiology, Center for Health Statistics, Birth Statistics.

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 healthy." The health of the mother and newborn can be safeguarded and preventive measures can be taken if the pregnant woman receives timely, consistent prenatal care. Low-income women are less likely to receive such care and more likely to depend on DHS services during and after pregnancy. This measure is the percentage of women with low family incomes (as reported in the PRAMS survey of new mothers about 4 months after the birth) who began receiving prenatal care before or during the fourth month of pregnancy (as reported on the birth certificate).



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 indicates that 10% to 15% do not have access to prenatal care in the first four months of pregnancy, thus increasing their risk of an unhealthy outcome. Oregon Benchmark #40 and Oregon's Title V Maternal and Child Health (MCH) Block Grant Report measure early and consistent prenatal care. Benchmark #40 is the percentage of all women giving birth in Oregon who began prenatal care in the first three months of pregnancy. In the five years from 1999 through 2003, 81% to 82% of all new mothers had begun prenatal care in the first three months. Oregon's MCH Block Grant Report shows that 76% to 79% of all women giving birth in 1999 through 2003 received at least 80% of the expected number of prenatal care visits once they began prenatal care.

The Office of Family Health (OFH) and the Office of Medical Assistance Programs (OMAP) works together to improve early entry into prenatal care and healthy pregnancy outcomes. The Oregon MothersCare (OMC) program in the OFH focuses on getting low-income women enrolled in the Oregon Health Plan (OHP) and scheduling the first prenatal care appointment. OMAP expedites applications from pregnant women and routinely sends each contracted managed care plan a download of members from which the plan can identify pregnant women who have recently enrolled in the plan so the plan can make timely contact and help arrange the first prenatal care visit. The OFH's Maternity Case Management (MCM) program helps in managing high risk pregnancies through health education, health services, and referrals to health care or other services.

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

Low-income pregnant women benefit from the OFH and OMAP joint efforts to identify pregnancy risks and assure early prenatal care, supported by OHP. When the programs are achieving their goals, the result is a contribution to the improvement in this population-based prenatal care access measure.

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

Targets were set in 2000, based on actual data from 1999. The actual data for 2001 exceeded the 2005 target. Because of a change in the PRAMS questions about income, the annual family income used as "low income" for 2002 and forward, is less than $27,120. For the prior years, less than $30,000 was used. While the drop in percentage from 2001 to 2002 may be an artifact of the changed calculation, the same calculation was used for 2002 and 2003. While the 2003 result was lower than the previous year and fell below the yearly target for the first time, it is too soon to tell whether there is a true decrease in access to prenatal care. Other measures of pregnant women of all income-levels for 1999 through 2003 show improvement in access to prenatal care and prenatal care utilization.

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

This and related measures, identified above, indicate that DHS needs to continue its efforts to assure access to early and continuous prenatal care. Almost 20% of all pregnant women begin prenatal care after 3 months, 10% to 15% of low-income women begin care after 4 months, and 21% to 24% of all women receive fewer prenatal visits than expected for the time they are in care.

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

Departmental activities related to this measure include the OFH Oregon MothersCare Program, which focuses on getting low-income women into prenatal care and OFH's Maternity Case Management (MCM) that helps women improve their chances for a healthy pregnancy and delivery. OHP expedites applications by pregnant women, and OMAP works with managed care plans to assure timely contact and early prenatal care.

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

To continue our success, DHS will need to continue to provide funding, program guidance, and consultation to all the county health departments that provide MothersCare and MCM services. It is also important that DHS cover prenatal care for low-income pregnant women at levels sufficient to assure early entry and appropriate access to care. Finally, DHS should implement the FamilyNet Family & Child Module and the Medicaid Management Information System, which OFH, OMAP, and local health departments use to evaluate these programs and support these activities.

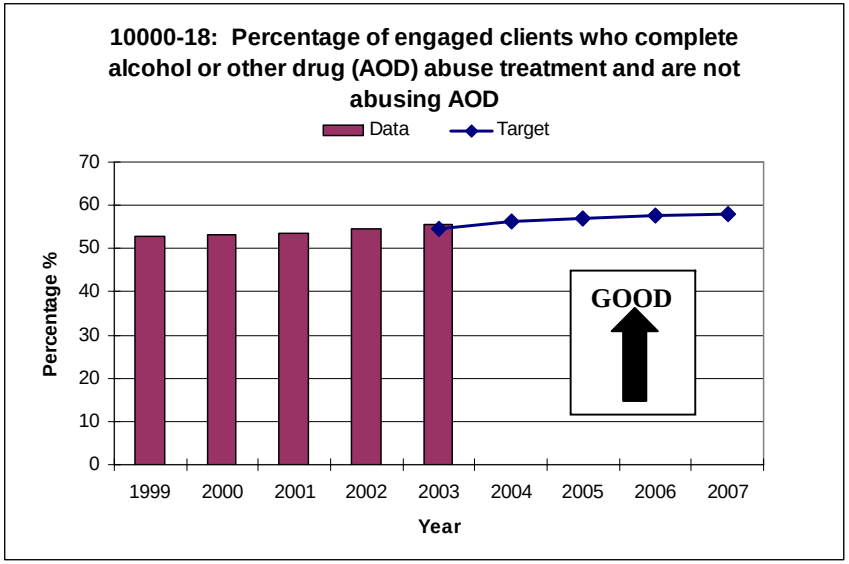
Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#10000-18 Percentage of engaged clients who complete alcohol and other drug (AOD) abuse treatment and are not abusing AOD.	Target	**NA**	**NA**	**NA**	**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 DHS goal(s) is this performance measure linked?

This performance measure is linked 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 Office of Mental Health and Addiction Services (OMHAS) is continually improving treatment to increase the health of all Oregonians. This success is partially attributable to the increased implementation of evidence-based practices across the state by a variety of treatment providers. Keeping clients engaged in a treatment program (resulting in completion of the program) is one of the highest predictors for that client to reduce their use of substances after treatment. The impact of reducing substance use by Oregonians is one of the most cost effective methods of treatment that a state can provide. Increasing the treatment completion percentage means more Oregonians are not abusing substances. Fewer Oregonians abusing substances reduces use of other state service systems including the criminal justice system (clients who complete treatment are less likely to be arrested), the child welfare system (clients who complete treatment are less likely to have their children removed from the home), and the employment system (clients who complete treatment are more likely to be employed).

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

OMHAS shows an increase in the completion percentage from the 53% treatment completion shown in 2000 to the current 55% treatment completion in 2003. This increase is due to training staff and community partners, improving the quality of treatment services across the state for all Oregonians and in the continual integration of research and quality improvement activities with treatment services.

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

OMHAS has exceeded the 2003 target of 54.4%. At the close of fiscal year 2003, 55.7% of clients successfully completed publicly funded treatment. OMHAS was slightly above the target set for this measure due to an increased use of evidence-based treatment by providers and a growing use of quality improvement and research based activities.

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

States vary widely in their percentages of treatment completion. The Substance Abuse and Mental Health Services Administration (SAMHSA) notes in a 2003 report (Treatment Completion in the Treatment Episode Data Set[5]) that the average completion percentage for states was 51%. In 2003, Oregon exceeded this average completion rate (Oregon's completion rate in 2003 was 55.2%). OMHAS will attempt to maintain the current higher than average treatment completion percentage by continuing the focus on evidence-based practices.

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

One example of an OMHAS activity that is related to this measure is the work around Senate Bill 267 (the Evidence-Based Practices Bill). This bill spurred OMHAS to increase the focus on evidence-based practices. This increased focus on evidence-based practices has resulted in a higher quality of training for providers and partners, more evidence based practices being delivered by treatment providers, and better outcomes for clients resulting in healthier Oregonians.

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

The demand for alcohol and other drug treatment in Oregon is growing at a faster rate than the available supply of treatment resources. Increasing both the quality and quantity of alcohol and other drug treatment offered to Oregonians will result in a higher percentage of individuals who complete treatment services, and in better life outcomes for individuals who receive treatment services. OMHAS looks forward to the continued focus on evidence-based practices and to increasing the percentage of individuals who complete alcohol and other drug treatment services in the future.

[5] http://www.oas.samhsa.gov/2k3/TXcompleters/TXcompleters.htm

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 8th 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	38.9			

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

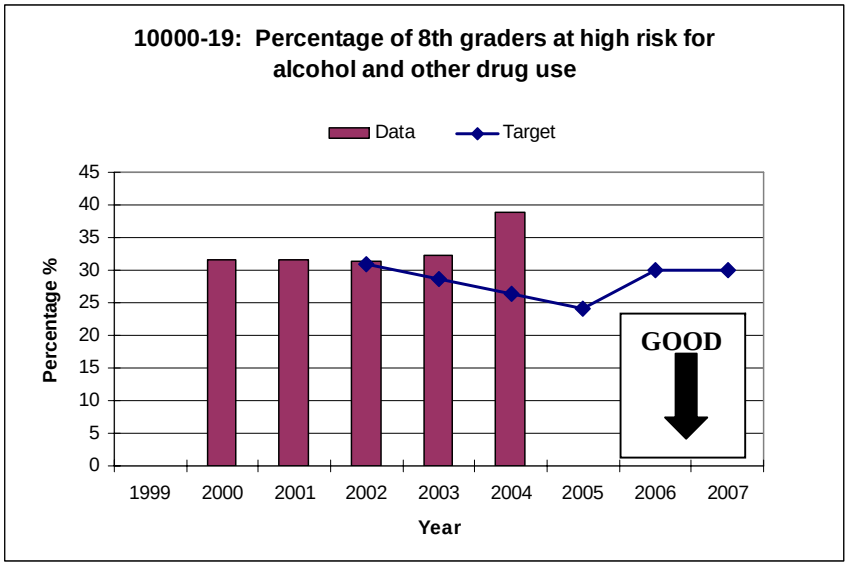
Key Performance Measure Analysis

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

This performance measure is linked 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 Office of Mental Health and Addiction Services (OMHAS) works to ensure that no youth in Oregon are at risk for alcohol and other drug use. Prevention of alcohol and other drug use by youth is one of the primary missions of OMHAS. The percentage of eighth graders at risk of alcohol and other drug use is large, and this shows a need for more prevention and treatment services to prevent a future increase in the need for adult alcohol and other drug treatment. In 2004, the percent of 8th graders a high risk for alcohol and other drug use was 38.9%, which is higher than in 2003.



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

OMHAS programs include prevention and treatment services for Oregonians. The large percentage of eighth graders at high risk of alcohol and other drug use shows an existing need for both prevention services and treatment services for the adolescent population of Oregon.

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

The target for this performance measure for 2004 is 26.3% of eighth grade students to be at high risk for alcohol and other drug use. The actual percentage was 38.9%. Without effective prevention and treatment services, this unmet need has the potential to be costly to Oregonians not only in terms of societal costs (criminal justice system involvement, etc.) but also in non-monetary terms (damaged family relationships, etc.). The Office of National Drug Control Policy notes, "Substance-abusing youth are at higher risk than non-users for mental health problems, including depression, conduct problems, personality disorders, suicidal thoughts, attempted suicide, and suicide."[6]

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

The definition of high risk varies across states, and finding a national statistic that is highly comparable is difficult. On a federal level, the percentage of 8th grade respondents who say people are at great risk using marijuana once or twice is 31.9% in 2004 [7]. Nationally, this is an increase from previous years in the youth perception of high risk as a result of trying marijuana. 38.7% of youth in the same nationwide survey think that trying inhalants once or twice is a great risk [8]. In Oregon, the percent of 8th grade students at high risk for drug use was 38.9% that is in line with federal statistics.

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

One example of an OMHAS activity that is related to this measure is the work of the OMHAS Prevention Unit and their efforts to reduce the future alcohol and other drug use by 8th graders (and other students) across Oregon. This work includes community trainings, school presentations, and additional outreach efforts to get youth to avoid using alcohol and other drugs.

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

The demand for prevention and treatment services for adolescents in Oregon is growing at a much faster rate than the available supply of services and resources.

[6] http://www.whitehousedrugpolicy.gov/drugfact/juveniles/index.html
[7] http://monitoringthefuture.org/data/04data/pr04t5.pdf
[8] http://monitoringthefuture.org/data/04data/pr04t5.pdf

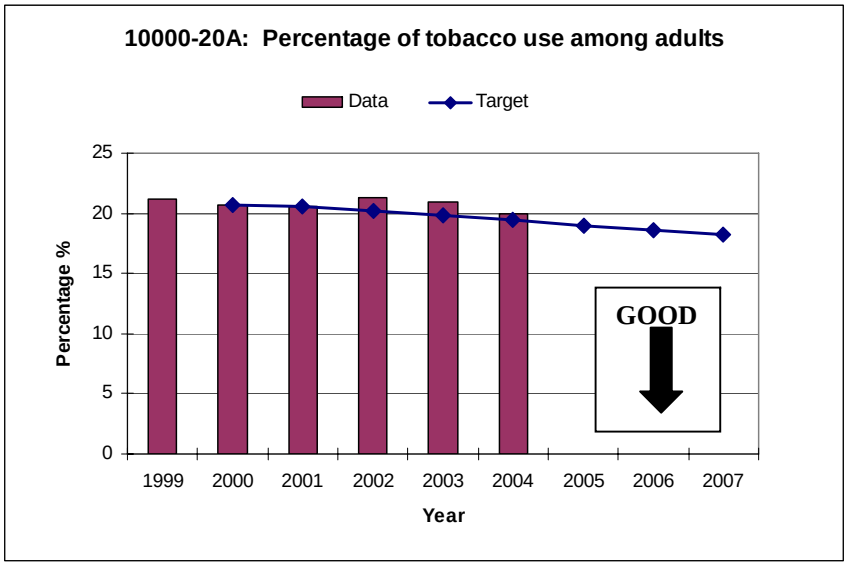
Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#10000-20 Tobacco use among:	Target	**a) NA**	**a) 20.7**	**a) 20.6**	**a) 20.2**	**a) 19.8**	**a) 19.4**	**a) 19.0**	**a) 18.6**	**a) 18.2**
a) Adults		**b) NA**	**b) 12.8**	**b) 12.6**	**b) 12.2**	**b) 11.8**	**b) 11.4**	**b) 11.0**	**b) 10.0**	**b) 10.0**
b) Youth		**c) NA**	**c) 13.5**	**c) 13.5**	**c) 13.2**	**c) 13.8**	**c) 13.4**	**c) 12.0**	**c) 11.4**	**c) 10.8**
c) Pregnant women	Data	a) 21.2	a) 20.7	a) 20.6	a) 21.3	a) 20.9	a) 19.9			
		b) 14.8	b) 12.9	b) 12.3	b) 10.7	b) 10.5	b) 8.1			
		c) 14.5	c) 13.5	c) 12.8	c) 12.6	c) 12.0	c) NA			

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

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 healthy."



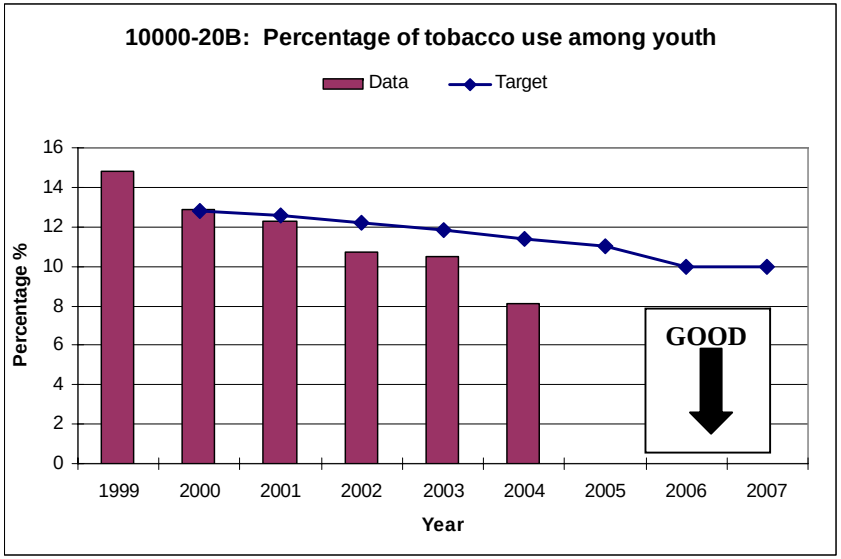
2. What do benchmark (or other high-level outcome) data say about Oregon relative to the goal(s)? What is the impact of your agency?

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. 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. 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 premature births, to stillbirth and Sudden Infant Death Syndrome (SIDS). Successful efforts by DHS Tobacco Prevention and Education Program (TPEP) to decrease the prevalence of tobacco use among youth, adults and pregnant women will lead to reduced morbidity and mortality - contributing substantially toward the goal "People are healthy" in both the short-term and long-term.

The Department, through the TPEP, is the lead public agency working on tobacco prevention in Oregon. The TPEP has been effective at reducing the burden of tobacco in Oregon among youth, adults and pregnant women. The program has also 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 increase and the work of the TPEP. 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. Reduction in the percentage of youth who smoke will decreases the pool of long-term smokers at highest risk for the lethal consequences of tobacco use. The TPEP and the Smoke-free Mothers and Babies project have worked 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.

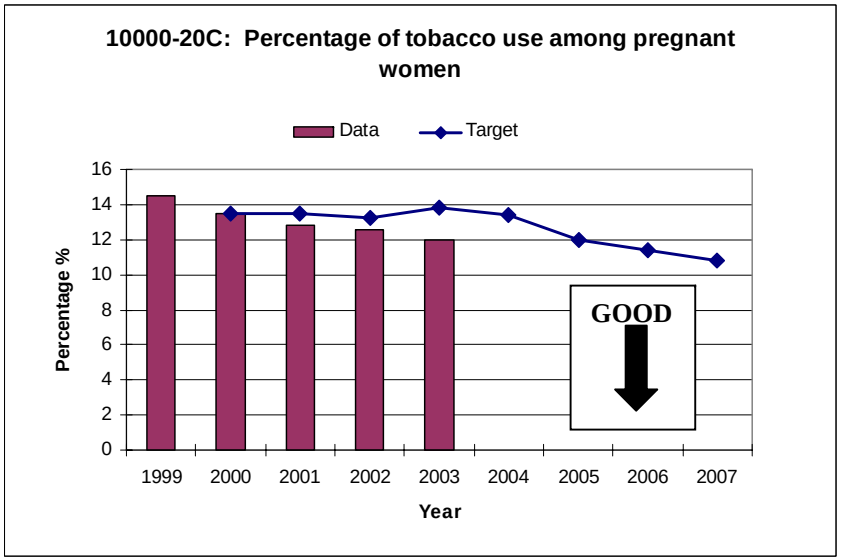
Adult smoking prevalence has declined in the past two years, but is still above the target. For youth smoking and pregnant women, Oregon is doing better than the established targets.

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

For adult smoking prevalence, 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 in 2010.

Healthy People 2010 has a target of 16% for the smoking rate among high school students. The Department's performance measure is for 8th graders but the 11th grade-smoking rate is currently 16.5% in Oregon. If our past success continues, Oregon's 11th grade smoking rates should hit the 16% target for 2010.

The performance measure of tobacco use during pregnancy 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 TPEP, 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 2003-05 biennium is approximately $7 million.

The goals of the TPEP include reducing tobacco use by youth, adults and pregnant women. These goals are accomplished through county and tribal-based programs, the Oregon Tobacco Quit Line, multicultural outreach and education, a statewide public awareness and education program, program evaluation and statewide coordination and leadership. No single component of the TPEP is solely responsible for reducing 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 build on the success of the TPEP to promote further decreases in tobacco use among pregnant women. Studies in Oregon and in other states have shown that decreases in funding for tobacco prevention lead to decreased success in reducing tobacco use.

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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**	**54.0**	**52.0**
	Data	73.0	69.3	65.1	64.3	55.5	53.6			

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

Key Performance Measure Analysis

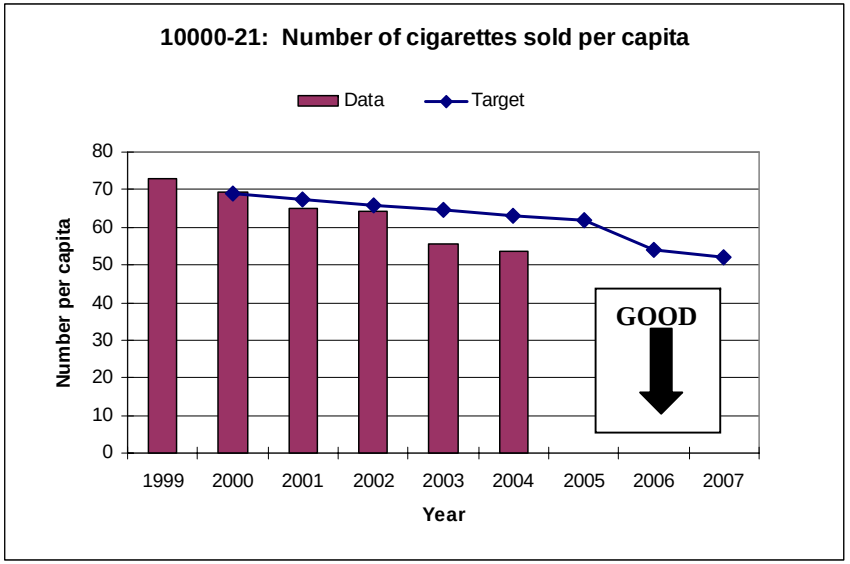
1. To what goal or goals is this performance measure linked?

This performance measure links to the DHS goal, "People are 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?

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 per capita packs of cigarettes sold 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 (TPEP), is the lead public agency working on tobacco prevention in Oregon. The TPEP has been effective in reducing the burden of tobacco in Oregon and 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 increase and the work of the TPEP. The TPEP began after voters passed Measure 44 in 1996, raising the taxes on tobacco and dedicating 10% of the new revenue to tobacco prevention. Various evaluation studies have shown that TPEP has reduced the burden of tobacco in Oregon, and the declines in per capita cigarette sales over the past 10 years reflect this success. In April 2003, the Legislature stopped funding the TPEP for the remainder of that biennium. In the 2003-2005 biennium, the TPEP received less than half the funding that voters approved by passing Ballot Measure 44. In 2003-2004, cigarette consumption fell less than half as quickly as it did when the TPEP received the full funding mandated by Ballot Measure 44.

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

Since 2001, Oregon has exceeded the targets for this measure.

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

From 1996, when the TPEP began, to 2003, 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?

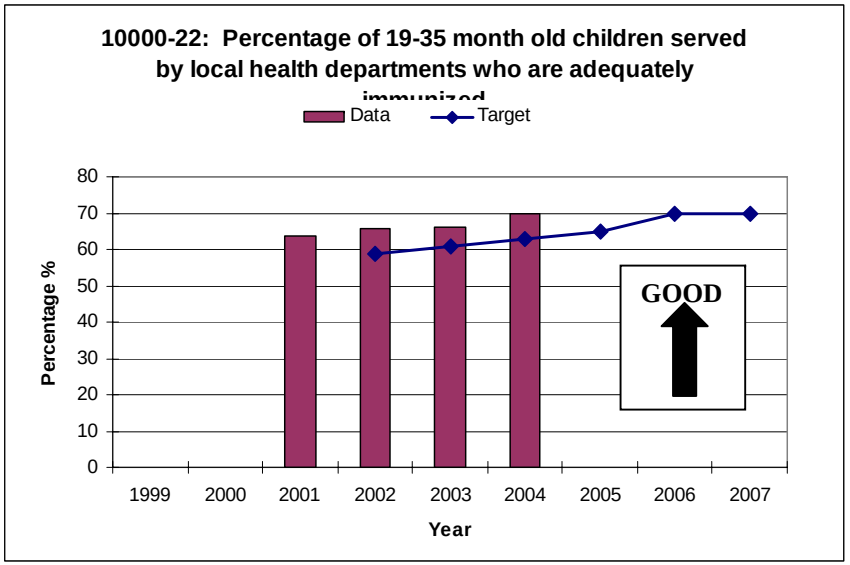
One of the main goals of the TPEP is to reduce tobacco use by adults. This goal is accomplished through county and tribal-based programs, the Oregon Tobacco Quit Line, multicultural outreach and education, a statewide public awareness and education program, program evaluation and statewide coordination and leadership. No single component of the TPEP 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 TPEP to promote further decreases in per capita cigarette consumption. Studies in Oregon and 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**	**70.0**	**70.0**
	Data	NA	NA	63.8	65.9	66.2	69.8			

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



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 healthy." This measures the immunization status of 19-month to 35-month-olds who receive immunization services from local health departments.

Adequate immunizations for this measure are; four or more doses of diphtheria, tetanus and pertussis (DTaP) vaccinations; three or more doses of polio vaccinations; one or more doses of measles, mumps, rubella (MMR) vaccination; three or more doses of *Haemophilus Influenzae* type b vaccinations; and three or more doses of hepatitis B vaccinations (4:3:1:3:3).

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 the majority of cases, children served in local health departments don't have a medical home, which means they have additional barriers preventing timely immunizations and require more state and local agency resources to assist.

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

Many serious childhood diseases are preventable by immunizations. Healthy People 2010 goals support immunizations for all 19-month to 35-month-olds.

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

The results for 2004, 69.8%, exceeds the target for 2007. This indicates that the targets need to be adjusted for next year.

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

Private primary health care providers immunize most children in Oregon. Approximately 79% of all children in Oregon are immunized by age 3 for diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, *Haemophilus Influenzae* type b and hepatitis B (4:3:1:3:3:). Children who are seen by local health departments are less likely to have regular, routine health care, and their immunization rates are lower.

Moreover, many children move back and forth between private and public providers, making it difficult to accurately identify vaccines needed without a consolidated immunization record. The ALERT Immunization Registry provides a consolidated history for all shots reported.

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

DHS provides funding, vaccines, a computerized patient record system and consultation to the county health department immunization programs. This gives them the needed resources to assure adequate immunizations of their clients.

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

To continue our success, DHS needs to:

- Continue to provide funding, vaccines, and consultation to all county health departments.
- Maintain the new computerized record system for the public sector, which includes reminder postcards for overdue shots.
- Increase private provider participation in the statewide ALERT immunization registry so that we can produce a consolidated record and improve providers' ability to identify under-immunized children.
- Continue to work with the Centers for Disease Control (CDC), vaccine manufacturers, and providers to assure that appropriate strategies are in place for a potential vaccine shortage.

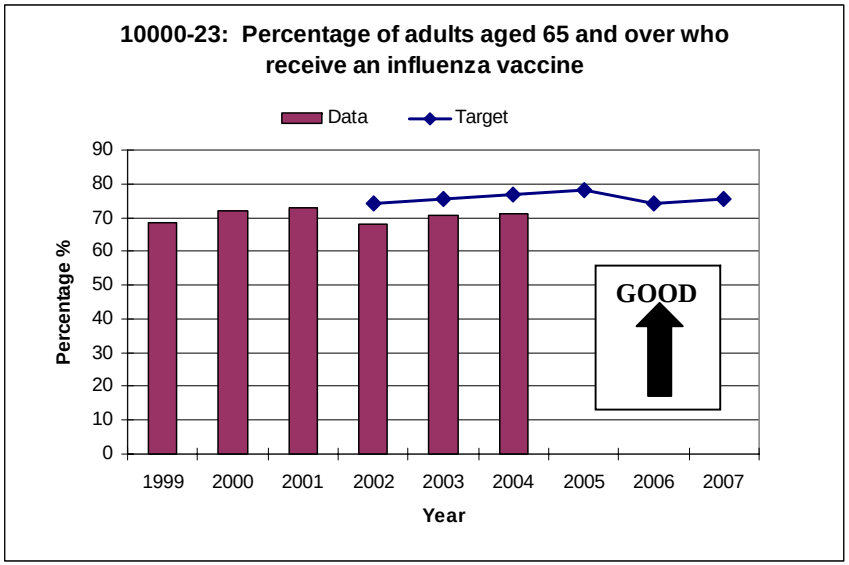
Agency Name: Oregon Department of Human Services				Agency No.: 10000						
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#10000-23 Percentage of adults aged 65 and over, who receive an influenza vaccine.	Target	**NA**	**NA**	**NA**	**74.2**	**75.5**	**76.9**	**78.2**	**74.0**	**75.5**
	Data	68.6	71.8	72.8	68.0	70.5	71.0			

Data Source: CDC BRFSS data

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 healthy." This item is reported using the Behavioral Risk Factor Survey, an annual telephone survey of adults living in residential households. Respondents are asked if they have received a flu shot in the past year. The measure focuses on Oregonians aged 65 and older.



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 Disease Prevention and Epidemiology has stressed the need to get high-risk populations vaccinated. People age 65 and older are considered high risk, but may not consider themselves so, and may have chosen to forego the vaccine. Rates for influenza vaccination in the 65-and-older group have been hovering around 70% since 1996; however, there is no reason to believe we have reached a ceiling for vaccination rates. Significant increases will probably require changes at all levels of the healthcare system, including policy. Target rates may be attainable, but efforts to change systems may have a delayed yield.

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

As people get older, they are at more risk of becoming seriously ill or dying from influenza. For this reason, all people age 65 and older are encouraged to get a flu shot each year.

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

DHS did not meet the target for 2004. A decrease in influenza coverage rates was expected for 2004 compared with 2003 because of a serious flu vaccine shortage announced unexpectedly just before the flu shot season began. Based on a survey conducted by DHS in January 2005, many senior Oregonians did not know where to obtain a flu shot. There was some confusion about who was eligible for a flu shot. Some elderly Oregonians deferred their own flu shots so that others who might need them more could receive them. Many physician offices and community vaccine providers did not receive vaccine and, therefore, could not vaccinate their usual patients.

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

Oregon's ranking among US states for flu vaccine coverage rate in the 65 years and older group is 24th highest, and reflects a drop in ranking from previous years. All states are striving for 90% by year 2010. Minnesota has achieved the highest rate, at 80%.

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

The DHS Immunization Program believes that the adult immunization rate will increase if people who are hospitalized receive a vaccination prior to discharge. DHS offered free vaccine to any hospital that did not currently immunize hospitalized patients. As a result, the percentage of Oregon hospitals that immunize hospitalized adults routinely has risen from 28% to 41% in the past year. As more hospitals adopt this practice, the DHS Immunization Program anticipates an increase in adult immunization rates.

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

With the support of the Oregon Adult Immunization Coalition and depending on our available resources, we plan on the following:

- Continue to work with hospitals to increase the number of patients, age 65 and older, who are immunized against influenza prior to discharge.
- Partner with OMPRO, Oregon's quality improvement organization for Medicare-eligible clients, to run a print campaign promoting vaccinations for older Oregonians.
- Continue to promote the administration of influenza vaccine whenever immunization providers give any other immunization, such as pneumococcal vaccine or tetanus/diphtheria vaccine, in all health care settings.

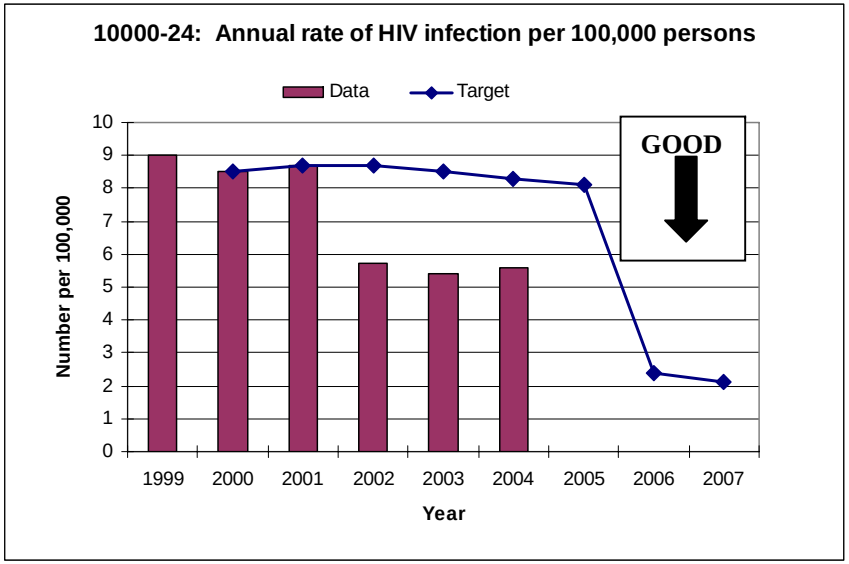
Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#10000-24 Annual rate of HIV infection per 100,000 persons.	Target	**NA**	**8.5**	**8.7**	**8.7**	**8.5**	**8.3**	**8.1**	**2.4**	**2.1**
	Data	9.0	8.5	8.7	5.7	5.4	5.6			

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

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 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?

Our agency designs and administers state and federal programs to assist persons with HIV and AIDS to acquire appropriate care and medication to control their symptoms and infectivity. These include programs that provide case management assistance to over 800 persons with HIV and AIDS, housing assistance, medication and health insurance.

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

Targeted rates have been achieved. A dramatic drop in rates between 2001 and 2002 is due primarily because of changes in reporting rules (see number 4 below). Somewhat hidden by the rates shown here, is the fact that the number of new HIV cases in Oregon per established case is falling. As people with HIV and AIDS live longer, more such persons are living in Oregon each year. Nevertheless, the number (and rate) of new cases has fallen slightly. This implies that the average person with HIV/AIDS infects fewer new persons each year.

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

New HIV and AIDS cases reported to DHS by year of diagnosis have declined or held steady in all but 3 years from 1991–2004. HIV infections without AIDS have been reportable to DHS since late 2001. Therefore, 2002 was the first full year for which HIV infections not yet having progressed to AIDS were counted. Previously the annually reported rate was primarily based on reported AIDS cases. Thus, the drop reported here between 2001 and 2002 represents the ability to more accurately count newly diagnosed HIV cases.

Achieving the targets for 2006 and 2007 will entail substantial reductions in rates of HIV transmission. If it can be achieved, this would occur through behavioral changes such as reduction of high-risk behavior by those infected or at risk, possibly complemented by new treatment of those already infected to reduce their infectivity.

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

Centers for Disease Control and Prevention reported numbers of newly reported cases during 2003 for 35 states (not including Oregon, which collects HIV cases by name but deletes the name from the case report after 90 days). The reported rate of HIV that had not yet progressed to AIDS in these 35 states varied from 0.3 per 100,000 persons to 43.7, with a median of 6.7. Oregon's 2003 rate of 5.4 cases per 100,000 residents would put it in a tie for 15th lowest. Only 6 states meet or fall beneath the Oregon 2006 target of 2.4 newly reported HIV infections during the year.

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

In addition to the activities mentioned in question #2, DHS designs and administers other innovative programs intended to prevent new infections. These include educational campaigns, partner notification and counseling and HIV testing, both anonymous and confidential. Over 19,000 HIV tests were performed in the public sector during 2004, the majority of these funded by programs administered by this agency.

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

HIV prevention efforts in Oregon should continue to focus on effective strategies to reduce behaviors that increase risk of infection, such as unprotected sex with multiple partners and intravenous drug use or sharing and reuse of drug paraphernalia. HIV testing should remain readily available to enable those at risk to obtain early diagnosis and, if infected, get into treatment. To the extent possible, persons with HIV infection and AIDS need to be encouraged and assisted to identify a stable source of medical care, which has the potential to reduce risk of transmission through counseling and, while not offering cure, through reduction of infectivity to others.

The epidemic requires continued monitoring of new HIV and AIDS cases for several reasons, among these: to track increases in new infections and/or document reductions in new cases resulting from health interventions; to recognize increases in cases among specific racial, regional, or behavioral groups and tailored interventions; to facilitate new case investigations and notification of sexual partners of new cases.

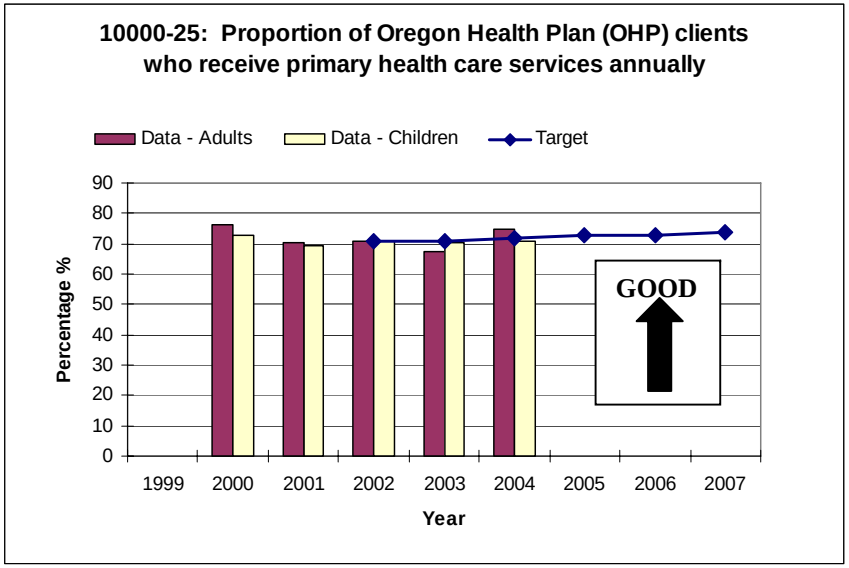
Agency Name: Oregon Department of Human Services			Agency No.: 10000						
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#10000-25 Proportion of OHP clients who receive primary health care services annually: a) Adults b) Children	Target	**NA**	**NA**	**NA**	**a) 71.0** **b) 71.0**	**a) 71.0** **b) 71.0**	**a) 72.0** **b) 72.0**	**a) 73.0** **b) 73.0**	**a) 73.0** **b) 73.0**	**a) 74.0** **b) 74.0**
	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	a) 75.0 b) 70.6			

Data Source: Oregon Office of Medical Assistance Program's Medicaid Management Information 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 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 health care is delivered 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 the Oregon Health Plan is to increase access to preventive and primary health care. The Oregon Health Plan also reduces unnecessary and more expensive health care in the hospital or emergency room setting. 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.

For 2004, the measure for children held steady when compared to the previous two years and is less than one and a half percentage points below the target. In 2004, the adult measure rose nearly 8 percentage points from 2003 and is above the 2004 target. The increase in the 2004 adult measure may be the result of the large reduction in the number of OHP Standard clients in the measurement time period. The remaining OHP Plus clients are more likely than OHP Standard clients to visit the doctor. OHP Plus clients include pregnant women, children, parents, the blind and disabled. For the remaining OHP Standard clients the co-payment requirement for office visits was eliminated in June 2004 and a greater percentage were enrolled in managed care. Co-payments are a disincentive for health care visits, and for OHP clients, enrollment in a managed care plan increases their likelihood that they will receive a primary care visit. In addition, a greater portion of OHP Plus clients continue to enroll in managed care plans as well. For children the population served and the benefit package provided has remained the same over the years and that is reflected in the performance measure.

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?

Examples of departmental activities related to this measure include promoting preventive and primary health care services through managed care plans, sending regular preventive health care messages to OHP clients on their medical I.D. cards, continuing to increase preventive care messages on the DHS website and providing disease management and case management programs that promote and facilitate preventive and primary care services for fee-for-service and primary care management clients. The department is also working closely with a variety of public health programs to promote prevention activities, with an emphasis in the areas of asthma, diabetes care, tobacco prevention/cessation, oral health for pregnant women and children, prenatal care and immunizations.

Clients in managed care utilize preventive and primary care services at higher rates than other clients. OMAP uses managed care to get the prevention message out and to implement quality improvement and prevention programs. Targeted quality improvement and prevention activities have been in tobacco cessation, asthma and diabetes care, early childhood cavities prevention, and childhood immunizations. For these reasons, another strategy to improve this measure is to increase enrollment in managed care. Departmental activities related to this initiative include, but are not limited to, coordinating outreach services to enroll eligible persons, informing clients of the advantages of managed care and of the plans available in their area, contacting all field staff emphasizing the benefits of enrolling clients in managed care plans, enhancing data reports used by regional case managers, conducting year round regional meetings to promote managed care enrollment, providing increased assistance to plans that intend to expand their service area or capacity and transferring all eligible OHP clients into managed care plans and continued automatic enrollment, if plans are available in their region.

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

The department will continue to follow the strategies as outlined in question 6, continue to work with public health partners, promote enrollment in managed care, and utilize disease management and case management programs for fee-for-service and primary care management clients as appropriate and expand quality improvement activities working with managed care plans, as well as fee-for-service populations.

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	**Target**	**NA**	**NA**	**NA**	**NA**	**66.7**	**67.0**	**68.0**	**69.0**	**70.0**
	Data	NA	70.0	64.4	66.5	64.7	68.6			
b) Native Americans	**Target**	**NA**	**NA**	**NA**	**NA**	**73.3**	**73.5**	**73.5**	**74.0**	**74.0**
	Data	NA	72.2	70.8	73.1	72.8	74.0			
c) Asian/Pacific Islanders	**Target**	**NA**	**NA**	**NA**	**NA**	**66.9**	**67.0**	**68.0**	**69.0**	**70.0**
	Data	NA	69.1	64.8	66.8	66.4	67.5			
d) Hispanics	**Target**	**NA**	**NA**	**NA**	**NA**	**71.0**	**71.5**	**72.0**	**73.0**	**74.0**
	Data	NA	73.0	69.4	70.7	70.5	71.3			
e) Whites	**Target**	**NA**	**NA**	**NA**	**NA**	**71.3**	**71.5**	**72.0**	**73.0**	**74.0**
	Data	NA	75.2	70.3	71.0	69.0	72.8			

Data Source: Oregon Office of Medical Assistance Program's Medicaid Management Information 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 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 DHS. 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 2004, all measures for racial/ethnic categories (except one) exceeded their targets by a half of a percentage point to 1.6 percentage points. The measure for Hispanics was a slight 0.2 percentage point below their 2004 target. All measures for racial/ethnic categories increased from 2003 to 2004. This measure separates measure #25 (adults and children combined) into five racial/ethnic categories. For this measure, the increase in 2004 for all racial/ethnic categories may be a result of the sharp increase for the adult population of this measure as noted in measure #25.

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?

- Through the national Minority Report Card Project, the Office of Medical Assistance Programs (OMAP) and several of its contracted health plans collaborated with Oregon's African American Health Coalition to implement a REACH (Racial and Ethnic Approaches to Community Health) grant. The REACH grant funded a major campaign to reduce preventable diseases in Oregon's African American population. A major intervention targeted low-income OHP African Americans through regular mailings containing health information that promotes preventive and primary care, such as, smoking cessation, the importance of regular care for cardiovascular disease, hypertension and diabetes. An evaluation compared African Americans on OHP who received the mailings with African Americans on OHP who did not receive the mailings. The evaluation showed significant improvement in the rates of LDL screening in African American diabetics who received the mailings. This intervention has become an example of a useful tool for eliminating health disparities for other state Medicaid programs.

- OMAP provided educational videos on protecting children and other family members from second-hand smoke. The videos are in Spanish and English and were distributed to OHP's managed care plans to be used in clinics.

- Educational materials for OMAP's Early Childhood Cavities Prevention project are produced in both Spanish and Russian. An increasing number of OHP managed care plans have a specific targeted outreach to their Spanish-speaking and Russian-speaking communities.

- OMAP's Disease Management Program focuses on improved care for fee-for-service OHP clients who have asthma, diabetes, or congestive heart failure. These chronic diseases disproportionably affect many racial/ethnic populations. The Disease Management Program annually reports clients served by race/ethnicity. As a result, educational materials have been delivered in Spanish, Russian, and Vietnamese. In addition, a Spanish-speaking community based nurse has been active in the program. All Disease Management staff have completed an immersion program for Native American cultures. In addition, all telephonic nurses are required to be trained and tested annually on cultural competency with a health care focus.

- OMAP facilitated and coordinated a grant application submitted by several OHP managed care plans to: "Improve Health Care Quality for Racially and Ethnically Diverse Populations in Medicaid Managed Care", sponsored by the national Center for Health Care Strategies (CHCS). The grant was received by the OHP plans. As part of this grant, these OHP plans are participating with OMAP and Portland State University in a national Best Clinical and Administrative Practices workgroup with the above focus. The specific intervention chosen by the OHP plans is reducing emergency room visits for clients with chronic diseases who do not speak English.

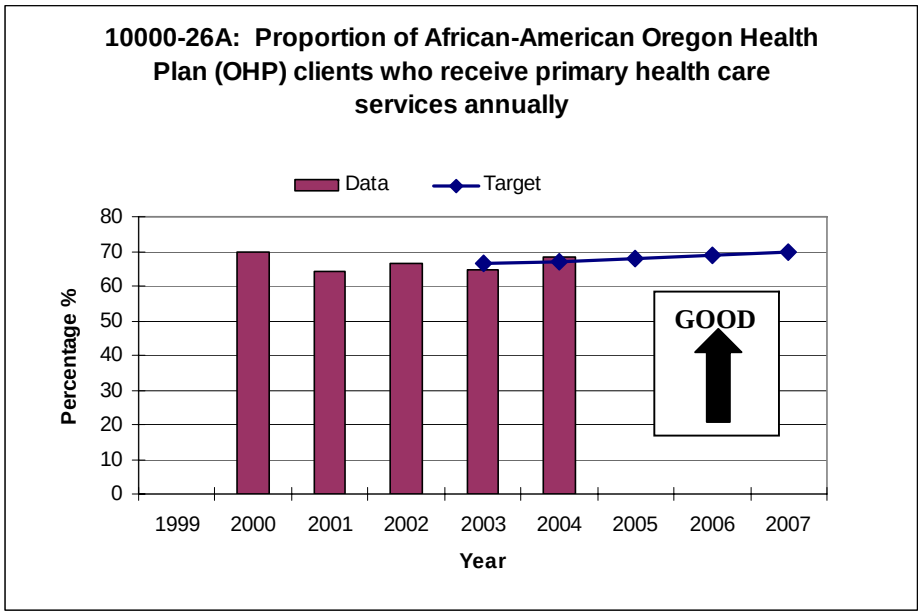
- The Consumer Assessment of Health Plans survey (CAHPS) was over sampled by race/ethnicity and results show variation in satisfaction of care by race/ethnicity. The Medicaid Health Risk Health Status survey was sampled in a similar way and a separate analysis and report by race/ethnicity was produced. In addition, OMAP and Portland State University have evaluated the Spanish language portion of the Medicaid Health Risk Health Status survey. Analysis by race/ethnicity allows for more targeted strategies to be developed.

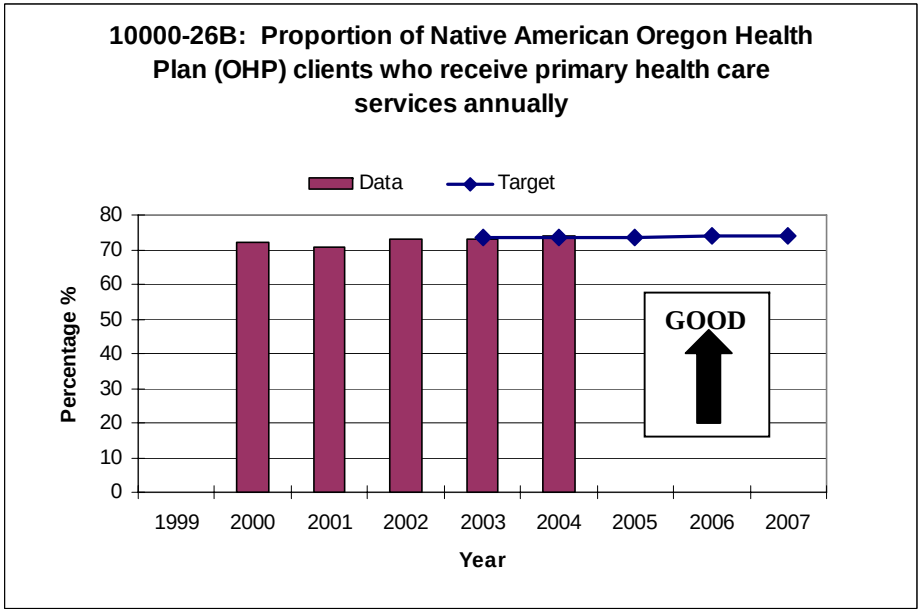
7. What needs to be done as a result of this analysis?

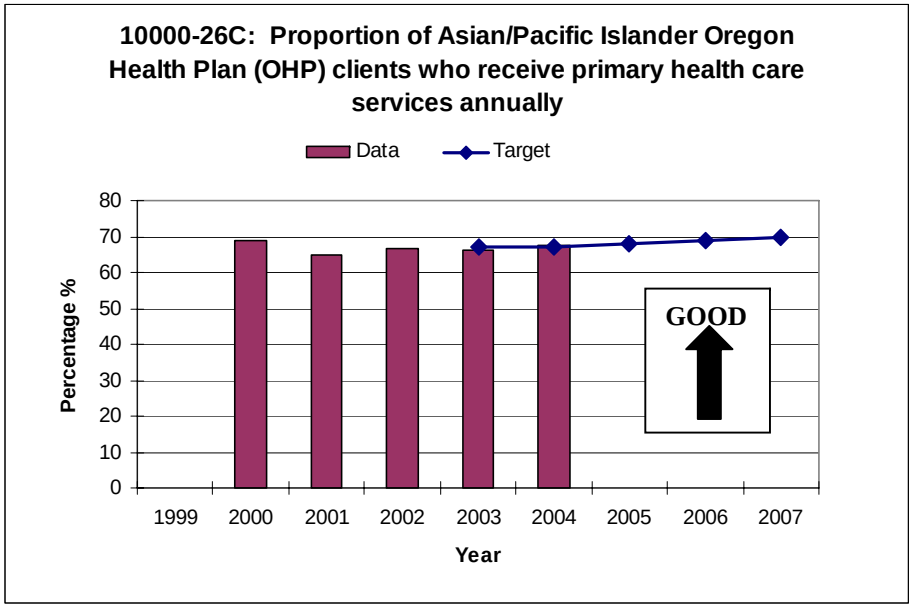
OMAP will modify its quality improvement strategies to target and reduce health care disparities by using the results of the Medicaid Health Risk Health Status and CAHPS surveys.

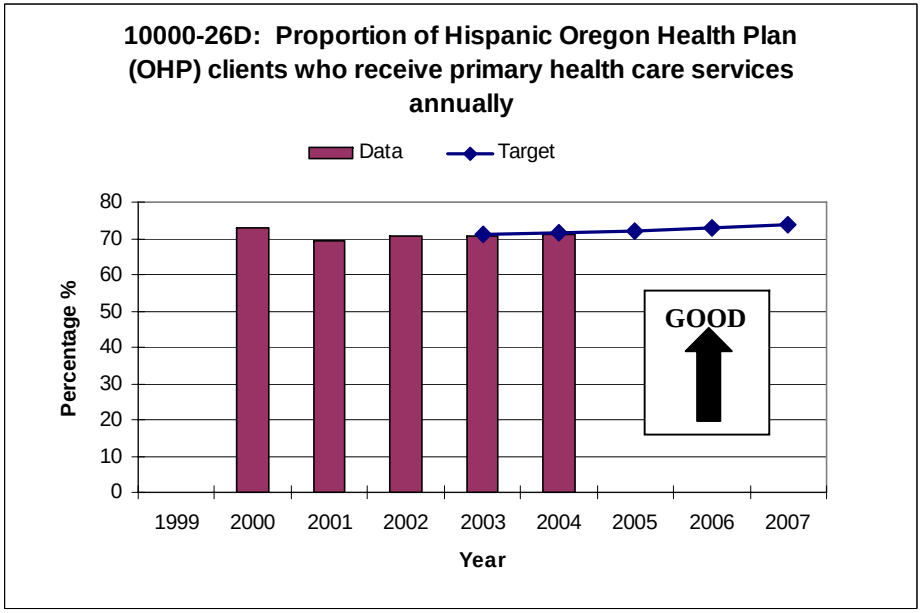
OMAP will share successful targeted interventions to reduce health care disparities found by community-based organizations and the CHCS grantee OHP plans with the other OHP managed care plans.

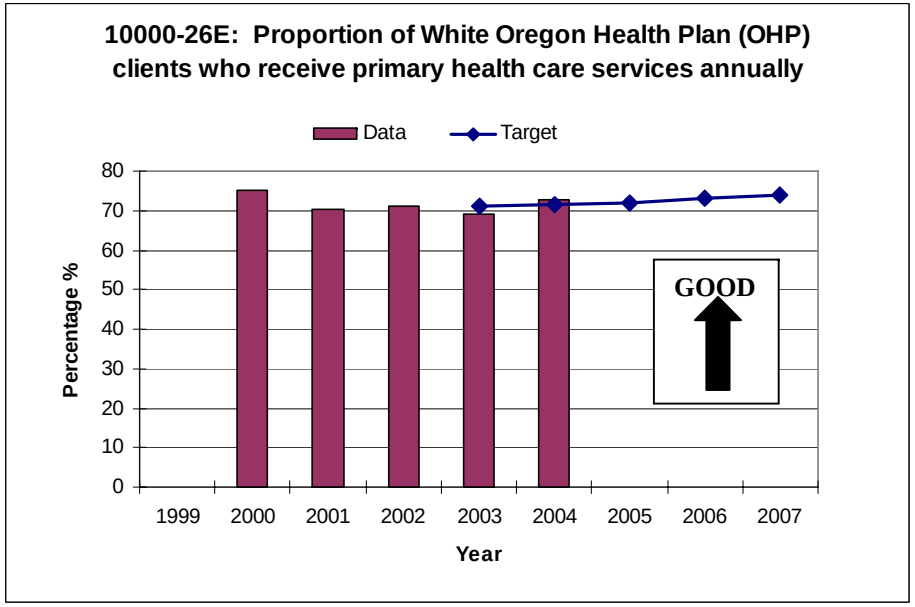
Oregon's Health Promotion and Chronic Disease Prevention Program in partnership with OMAP will collaborate to transfer the knowledge and experience gained through successful pilot projects to reduce health care disparities across the state.






10000-26C: Proportion of Asian/Pacific Islander Oregon Health Plan (OHP) clients who receive primary health care services annually
Data
Target
Percentage %
80
70
60
50
40
30
20
10
0
1999
2000
2001
2002
2003
2004
2005
2006
2007
Year
GOOD


10000-26D: Proportion of Hispanic Oregon Health Plan (OHP) clients who receive primary health care services annually
Data
Target
Percentage %
80
70
60
50
40
30
20
10
0
1999
2000
2001
2002
2003
2004
2005
2006
2007
Year
GOOD


10000-26E: Proportion of White Oregon Health Plan (OHP) clients who receive primary health care services annually
Data
Target
Percentage %
80
70
60
50
40
30
20
10
0
1999
2000
2001
2002
2003
2004
2005
2006
2007
Year
GOOD

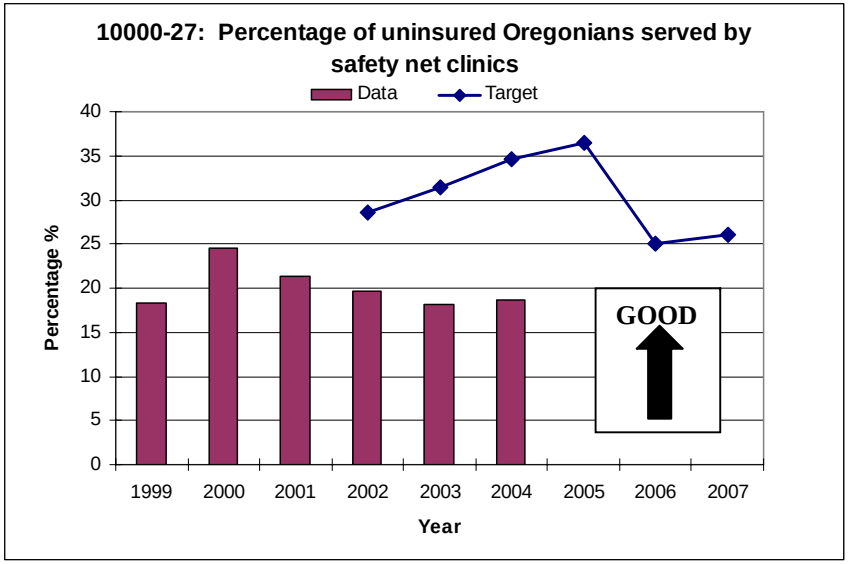
ANNUAL PERFORMANCE REPORT- PART II, KEY MEASURE ANALYSIS

TIME PERIOD: FISCAL YEAR 2004 – 2005

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	24.5	21.4	19.6	18.1	18.6			

Data Source: Oregon Primary Care Association

Key Performance Measure Analysis



1. To what DHS 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 has been harder hit with unemployment and economic downturn. Continued 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, and 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 Placement program. Health Systems Planning also supports the Safety Net Advisory Council 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. Consider whether targets should be modified to account for the very significant rise in rates of the uninsured. Within the present environment, even though safety net clinics are increasing their capacity, they are still unable to meet those targets.

Agency Name: Oregon Department of Human Services		Agency No.: 10000								
Key Performance Measure (KPM)		1999	2000	2001	2002	2003	2004	2005	2006	2007
#10000-28 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	91.9	92.2	90.2	88.3			

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

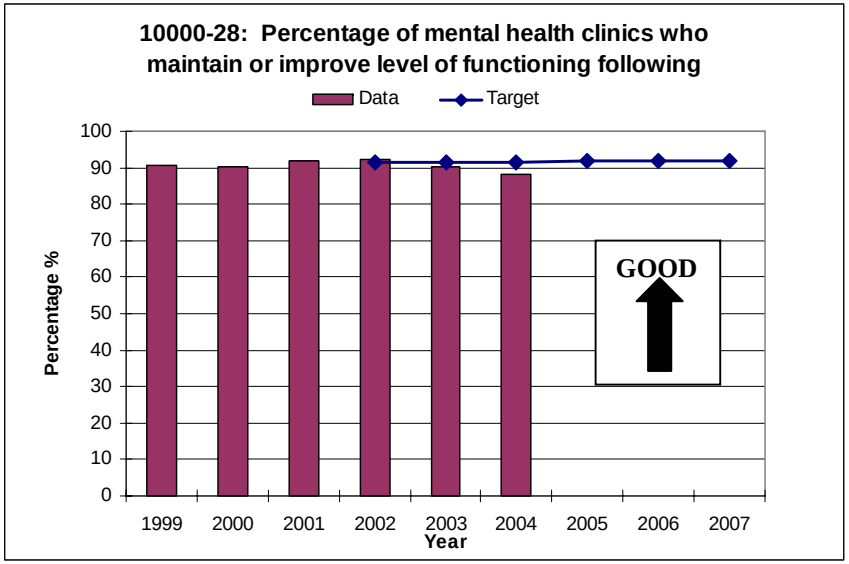
Key Performance Measure Analysis

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

This performance measure is linked 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 Office of Mental Health and Addiction Services (OMHAS) works to make sure all residents are healthy. Providing mental health treatment is one way to maintain the health of the residents of Oregon. In 2004, 88.3% of residents who received mental health treatment provided by OMHAS maintained or improved their level of functioning.



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

OMHAS continues to deliver high quality, evidence-based programs for mental health treatment. OMHAS has maintained a consistently high level of the percentage of mental health clients who maintained or improved their level of functioning after treatment. This percentage has been around 90% since 1999, with a slight dip down to 88% in 2004.

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

It was projected that 91.6% of individuals receiving mental health service would maintain or improve their level of functioning following treatment[9]. At the close of 2004, 88.3% of individuals who received mental health treatment had maintained or improved their level of functioning following treatment. This is slightly below the target of 91.6%, and is a slight decrease from the 2003 achieved percentage of 90.2%.

This measure was created by evaluating the scores from the Global Assessment of Functioning scale (for Adults) and Children's Global Assessment Scale (for Youth) at service enrollment and termination. The achieved percentage was slightly below target, which could be due to not enough treatment being available for specific clients (not enough sessions for clients or the programming that was optimal for the client may not have been available).

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

This measure is not collected on a national level. While studies using comparable instruments have been done across the United States, these studies have been done on localized populations (i.e. residents of a particular city, treatment provider, etc.).

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

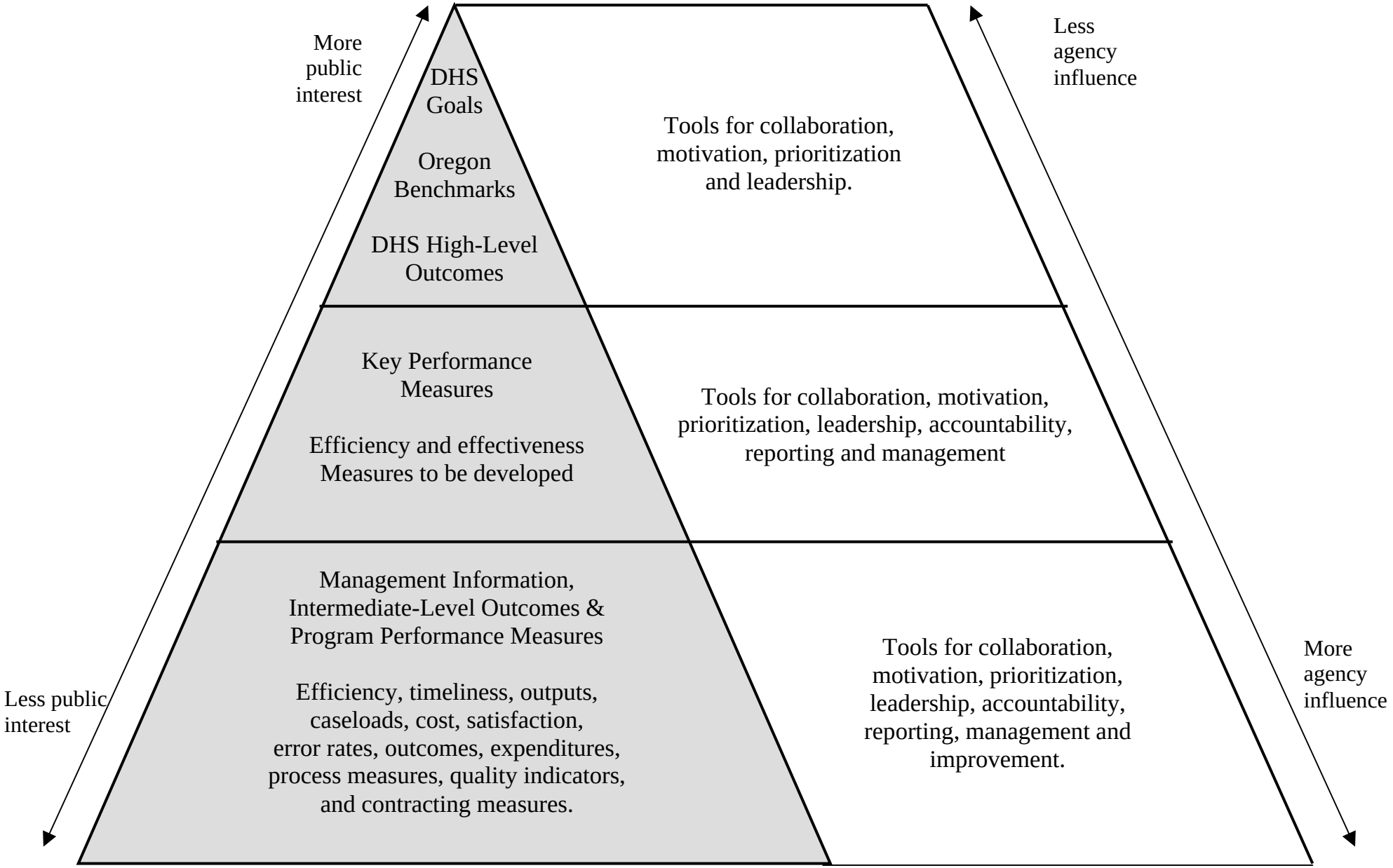
One example is the implementation of evidence-based practices for mental health treatment services. Providers are implementing and further refining treatment with the assistance of OMHAS, and this is resulting in increased quality of services being delivered to Oregonians.

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

The demand for mental health treatment services is large in Oregon, and the need for increased training on evidence-based practices for providers also provides a challenge. To continue to improve the level of mental health clients who maintain or improve their level of functioning following treatment, increased treatment resources aimed at evidence-based practices need to be implemented to reach all Oregonians in need of this service.

[9] http://www.dhs.state.or.us/publications/pm_reports/2003/benchmarklinks.pdf

APPENDIX A – DHS Performance Measurement Framework



APPENDIX B – LINKS TO OREGON BENCHMARKS FORM

LINKS TO OREGON BENCHMARKS, 2005-07

Please read the instructions for this form before completing. Instructions can be found in Appendix C of the 2005-07 Budget Instructions and online at www.oregon.gov/DAS/OPB .

Agency Name:	**OREGON DEPARTMENT OF HUMAN SERVICES**	Version #: 1 Date Submitted: June 30, 2004
Contact Person:	Cathy Iles, Performance Measure Coordinator	Phone: (503) 945-5855 x
Alternate Contact:		Phone:

Agency Mission: Assisting People To Become Independent, Healthy And Safe.

Related Oregon Benchmarks (OBMs) or High-Level Outcomes (HLOs):

OBM #14 – Percent of covered Oregon workers with earnings of 150% or more of the poverty level for a family of four (HLO X)

OBM #39 – Pregnancy rate per 1,000 females (HLO U)

OBM #40 – Percent of babies whose mothers received prenatal care beginning in the first trimester (HLO C)

OBM #41 – Infant mortality rate per 1,000

OBM #42 – Percent of two-year-olds who are adequately immunized

OBM #43 – Number of 1st time positive HIV test results among Oregonians age 13 and older

OBM #44 – Percent of Oregonians 18 and older who do not smoke cigarettes

OBM #45 – Premature death: years of life lost before age 70 (rate per 1,000) (HLO F)

OBM #48 – Number of child care slots available for every 100 children under age 13 (HLO V)

OBM #49 – Percent of 8th grade students who report using: a) alcohol, b) illicit drugs, c) cigarettes, in the previous month (HLO A)

OBM #50 – Number of children, per 1,000 persons under 18, who are: a) neglected/abused, b) at a substantial risk of being neglected/abused (HLO N)

OBM #51 – Substantiated elder abuse rate per 1,000 Oregonians age 65 and older (HLO O)

OBM #52 – Percent of pregnant women who abstain from using: a) alcohol, b) tobacco

OBM #57 – Percent of Oregon households that are food insecure as a percentage of the U.S. (HLO Y)

OBM #58 – Percent of seniors (over 65) living independently (HLO K)

OBM #59 – Percent of adults with lasting, significant disabilities who are capable of working who are employed (HLO J)

OBM #60 – Percent of Oregonians with lasting, significant disabilities living in households with incomes below the federal poverty level (HLO L)

HLO B – Decrease the percentage of adults who abuse or depend on alcohol or other drugs.

HLO D – Decrease the communicable disease rate.

HLO E – Increase the percentage of Oregonians with access to physical health care.

HLO G – Decrease the child mortality rate.

HLO H – Increase the percentage of mental health consumers who are employed, engaged in school or vocational training or constructive community activities.

HLO I – Improve the health status of racial and ethnic populations.

HLO M – Increase the percentage of Oregonians with a lasting developmental, mental and/or physical disability who could live on their own with adequate support.

HLO Q – Decrease domestic violence.

HLO T – Increase the percentage of children living in safe, nurturing families.

Agency Name: Oregon Department of Human Services			Agency No.: 10000				Budget Form # 107BF04a		
Col-1	Col-2	Col-3	Col-4	Col-5	Col-6	Col-7	Col-8	Col-9	Col-10
Agency Goal	**OBM# HLO#**	**Key Performance Measure (KPM)**	**PM No.**	**2002 Value**	**2007 Target**	**Est. Cost** (optional)	**Lead Unit or Division**	**Status of KPM**	**Request No.**
People are living as independently as possible	HLO M	The percentage of individuals with developmental disabilities who live in community settings of five or fewer.	1	95.9	97.0		Seniors and People with Disabilities (SPD)	Same Since: 2002	
People are living as independently as possible	#58 HLO K	The percentage of Oregon's eligible seniors and people with disabilities who are living outside of institutions. a) seniors b) people with disabilities (developmental)	2	a) 98.4 b) NA	a) 98.5 b) NA		Seniors and People with Disabilities (SPD)	Same Since: 2002	
People are living as independently as possible	#59 HLO J	The percentage of Office of Vocational Rehabilitation Services (OVRS) consumers with a goal of employment who are employed.	3	61.9	66.0		Office of Vocational Rehabilitation Services (OVRS)	Same Since: 1997	
People are living as independently as possible	#60 HLO L	The percentage of Seniors and People with Disabilities (SPD) consumers with a goal of employment who are employed.	4	43.0	43.0		Seniors and People with Disabilities (SPD)	Same Since: 2002	
People are able to support themselves and their families	#14 HLO X	The percentage of Temporary Assistance to Needy Families (TANF) adults placed for whom employment is a goal.	5	9.1	11.1		Children, Adults and Families (CAF)	Same Since: 1991	
People are able to support themselves and their families	#14 HLO X	The percentage of Temporary Assistance to Needy Families (TANF) cases who do not return, or are off of cash assistance 18 months after exit due to employment.	6	92.3	92.0		Children, Adults and Families (CAF)	Same Since: 1991	

Agency Name: Oregon Department of Human Services			Agency No.: 10000				Budget Form # 107BF04a		
Col-1	Col-2	Col-3	Col-4	Col-5	Col-6	Col-7	Col-8	Col-9	Col-10
Agency Goal	**OBM# HLO#**	**Key Performance Measure (KPM)**	**PM No.**	**2002 Value**	**2007 Target**	**Est. Cost** (optional)	**Lead Unit or Division**	**Status of KPM**	**Request No.**
People are able to support themselves and their families	#39 HLO U	The number of female Oregonians ages 15 – 17, per 1,000 who are pregnant.	7	27.6	24.0		Children, Adults and Families (CAF)	Same Since: 2000	
People are able to support themselves and their families	#48 HLO V	The percentage of child care providers who are providing enhanced quality of care.	8	21.8	30.0		Children, Adults and Families (CAF)	Same Since: 2000	
People are able to support themselves and their families	#60 HLO L	Average monthly earnings for persons with developmental disabilities who receive Seniors and People with Disabilities (SPD) services.	9	$199	$282		Seniors and People with Disabilities (SPD)	Same Since: 1997	
People are able to support themselves and their families	#57 HLO Y	The ratio of Oregonians receiving food stamp assistance to the number of Oregonians living in poverty.	10	.94	1.05		Children, Adults and Families (CAF)	Same Since: 2001	
People are safe People are healthy	#45 HLO F HLO Q	The percentage of women subjected to domestic violence in the past year.	11	1.3	2.1		Health Services (HS)	Same Since: 2002	
People are safe People are healthy	#45 HLO F	The rate of suicides among adolescents per 100,000.	12	7.61	9.80		Health Services (HS)	Same Since: 2002	
People are safe	HLO T	The median number of months from date of latest removal from home to finalized adoption.	13	37.7	34.5		Children, Adults and Families (CAF)	Same Since: 1997	
People are safe	#50 HLO N	The percentage of abused/neglected children who were re-abused within 6 months of prior victimization.	14	8.5	6.1		Children, Adults and Families (CAF)	Same Since: 1997	
People are safe	#51 HLO O	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	15	a) NA b) 6.0 (2003 data)	a) NA b) 5.0		Seniors and People with Disabilities (SPD)	Same Since: 2002	

Agency Name: Oregon Department of Human Services			Agency No.: 10000				Budget Form # 107BF04a		
Col-1	Col-2	Col-3	Col-4	Col-5	Col-6	Col-7	Col-8	Col-9	Col-10
Agency Goal	**OBM# HLO#**	**Key Performance Measure (KPM)**	**PM No.**	**2002 Value**	**2007 Target**	**Est. Cost** (optional)	**Lead Unit or Division**	**Status of KPM**	**Request No.**
People are healthy	#39 #41 HLO G HLO U	The rate of unintended pregnancies per 1,000 women aged 15-44.	16	40.6	38.9		Health Services (HS)	Modified Since: 2005	1
People are healthy	#40 HLO C	The percentage of low-income women who receive prenatal care in the first 4 months of pregnancy.	17	86.7	90.0		Health Services (HS)	Same Since: 2002	
People are healthy	#49 #52 HLO A HLO B	The percentage of engaged clients who complete alcohol and other drug (AOD) abuse treatment and are not abusing AOD.	18	54.6	58.0		Health Services (HS)	Same Since: 2002	
People are healthy	#49 HLO A	Percentage of 8th graders at high risk for alcohol and other drug use.	19	31.3	30.0		Health Services (HS)	Same Since: 2002	
People are healthy	#44 #45 #49 #52 HLO A HLO F	Tobacco use among: a) adults b) youth c) pregnant women	20	a)21.3 b)10.7 c)12.6	a)18.2 b)10.0 c)10.8		Health Services (HS)	Same Since: 2002	
People are healthy	#44 #45 #49 #52 HLO A HLO F	Number of cigarette packs sold per capita.	21	64.3	52.0		Health Services (HS)	Same Since: 2002	
People are healthy	#42 HLO G	The percentage of 19-35 month old children served by local health departments who are adequately immunized.	22	65.9	70.0		Health Services (HS)	Modified Since: 2005	2
People are healthy	#45 HLO F	The percentage of adults aged 65 and over who receive an influenza vaccine.	23	68.0	75.5		Health Services (HS)	Same Since: 2002	
People are healthy	#43 HLO D	The annual rate of HIV infection per 100,000 persons.	24	5.7	2.1		Health Services (HS)	Modified Since: 2005	3

Agency Name: Oregon Department of Human Services			Agency No.: 10000				Budget Form # 107BF04a		
Col-1	Col-2	Col-3	Col-4	Col-5	Col-6	Col-7	Col-8	Col-9	Col-10
Agency Goal	**OBM# HLO#**	**Key Performance Measure (KPM)**	**PM No.**	**2002 Value**	**2007 Target**	**Est. Cost** (optional)	**Lead Unit or Division**	**Status of KPM**	**Request No.**
People are healthy	HLO E	The proportion of Oregon Health Plan (OHP) clients who receive health care services annually. a) adults b) children	25	a) 70.7 b) 70.7	a) 74.0 b) 74.0		Health Services (HS)	Modified Since: 2005	4
People are healthy	HLO E HLO I	The proportion of racial and ethnic Oregon Health Plan (OHP) clients who receive health care services annually a) African-Americans b) Native Americans c) Asian/Pacific Islanders d) Hispanics e) White	26	a) 66.5 b) 73.1 c) 66.8 d) 70.7 e) 71.0	a) 70.0 b) 74.0 c) 70.0 d) 74.0 e) 74.0		Health Services (HS)	Modified Since: 2005	5
People are healthy	HLO E	The percentage of uninsured Oregonians served by safety net clinics.	27	19.6	26.0		Health Services (HS)	Same Since: 2002	
People are healthy	HLO H	The percentage of mental health clients who maintain or improve level of functioning following treatment.	28	92.2	92.0		Health Services (HS)	Same Since: 2002	
All DHS goals	DHS Mission	Placeholder for DHS customer satisfaction measure. Developmental	29	TBD	TBD		DHS	Added Since: 2004	6

APPENDIX C – Request to Modify Form

REQUEST TO MODIFY 2003-05 AGENCY PERFORMANCE MEASURES FOR THE 2005-07 BIENNIUM

Please read the instructions for this form before completing. Instructions can be found in Appendix C of the 2005-07 Budget Instructions and online at www.oregon.gov/DAS/OPB.

Agency Name:	**OREGON DEPARTMENT OF HUMAN SERVICES**	Date Submitted: June 30, 2004	Version #: 1
Contact Person:	Cathy Iles, Performance Measure Coordinator	Phone: (503) 945-5855 x	
Alternate Contact:		Phone:	

Agency Name: Oregon Department of Human Services Agency No.: 10000 Budget Form # 107BF04b

Col-1		Col-2	Col-3	Col-4	Col-5	Col-6	Col-7
Request		**Key Performance Measure (KPM)**	**PM No.**	**Rationale for Change**	**Analyst Comment**	**DAS Rec'n**	**Leg Action**
1	Currently Approved	The percentage of pregnancies that were unintended or were terminated. *(Leave blank if this is a request to add.)*	16	The proposed change is for wording and data. The proposed measure excludes counting abortions performed for medical reasons such as non-viability of the fetus as 'unintended pregnancies. This request would modify the wording, data and targets, and would be a rate.		Rec'n:	Action:
	Modify	The rate of unintended pregnancies per 1,000 women aged 15-44. *(Leave blank if this is a request to delete.)*					
2	Currently Approved	The percentage of 19-35 month old children who are adequately immunized. *(Leave blank if this is a request to add.)*	22	The proposed change is for wording only. The data, calculations, results, and targets will not change. This measure has almost the same wording as the Benchmark, but is based only on children served by local health departments. The change in wording will help reduce confusion This request would not change the data..		Rec'n:	Action:
	Modify	The percentage of 19-35 month old children served by local health departments who are adequately immunized. *(Leave blank if this is a request to delete.)*					
3	Currently Approved	The annual rate of HIV infection per 100,000 persons. *(Leave blank if this is a request to add.)*	24	Change data source from HIV Counseling and Testing (CTS) database to the HIV/AIDS Reporting System (HARS). HIV reporting database is more reliable for estimating the number of new HIV infections because it requires confirmation of positive test results. This request will not change already approved data and targets.		Rec'n:	Action:
	Modify	Change data source. *(Leave blank if this is a request to delete.)*					

Col-1		Col-2	Col-3	Col-4	Col-5	Col-6	Col-7
Request		**Key Performance Measure (KPM)**	**PM No.**	**Rationale for Change**	**Analyst Comment**	**DAS Rec'n**	**Leg Action**
4	Currently Approved	The proportion of Oregon Health Plan (OHP) clients who receive health care services annually. *(Leave blank if this is a request to add.)*	25	Changing the denominator criteria includes many more OHP clients and better reflects program reality. The original measure requiring 320 days of continuous enrollment includes less than 30% of the OHP population while the requested measure includes over 60% of the OHP population. Typically, the certification period for OHP is six months. In addition, adult and child categories allow more useful analyses of the measure and more accurately reflect clinical practice. 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. This request will modify data and targets.		Rec'n:	Action:
	Modify	The proportion of Oregon Health Plan (OHP) clients who receive primary health care services annually: a) adults b) childrenThe denominator would change from clients continuously enrolled for 320 days or more to clients enrolled for 180 days or more. *(Leave blank if this is a request to delete.)*					
5	Currently Approved	The proportion of racial and ethnic Oregon Health Plan (OHP) clients who receive health care services annually: a) white, b) racial/ethnic population *(Leave blank if this is a request to add.)*	26	This measure uses the total denominator from Measure 25 and breaks it into racial/ethnic categories. If the new denominator is approved for measure 25, the denominators groups for the individual racial/ethnic categories will be large enough to report separately. Separation allows for more useful analyses than combining all the racial/ethnic categories together. 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. This request will modify data and targets.		Rec'n:	Action:
	Modify	The proportion of racial and ethnic OHP clients who receive primary health care services annually (a) African-Americans (b) Native Americans (c) Asian/Pacific Islanders (d) Hispanics (e) Whites *(Leave blank if this is a request to delete.)*					
6	Currently Approved	*(Leave blank if this is a request to add.)*		In accordance with DAS requirements, DHS will develop a customer satisfaction key performance measure.		Rec'n:	Action:
	Add	Placeholder for DHS customer satisfaction measure. Developmental *(Leave blank if this is a request to delete.)*					
	Request:	*(Leave blank if this is a request to delete.)*					
	Request:	*(Leave blank if this is a request to delete.)*					

APPENDIX D – Data Summary Form

PERFORMANCE MEASURE DATA SUMMARY

Please read the instructions for this form before completing. Instructions can be found in Appendix C of the 2005-07 Budget Instructions and online at www.oregon.gov/DAS/OPB .

Agency Name:	Oregon Department of Human Services	Last Updated: September 27, 2005	
Contact Person:	Cathy Iles, Performance Measure Coordinator	Phone:	503/945-5855
Alternate Contact:		Phone:	

Agency Name: Oregon Department of Human Services Agency No.: 10000 Budget Form # 107BF04d

Col-1	Col-2	Col-3	Col-4	Col-5	Col-6	Col-7	Col-8	Col-9	Col-10	Col-11	Col-12
PM No.	**Key Performance Measure**		**1999**	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**	**2007**
1	The 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**	**96.5**			
2	The percentage of Oregon's eligible seniors and people with disabilities who are living outside of institutions. a) seniors b) people with disabilities (developmental measure)	Target	**a) 97.7 b) NA**	**a) 97.8 b) NA**	**a) 98.0 b) NA**	**a) 98.1 b) NA**	**a) 98.4 b) NA**	**a) 98.4 b) NA**	**a) 98.5 b) NA**	**a) 98.5 b) NA**	**a) 98.5 b) NA**
		Data	**a) 97.8 b) NA**	**a) 98.0 b) NA**	**a) 98.1 b) NA**	**a) 98.4 b) NA**	a) 98.3 b) NA	**a) 98.5** b) NA			
3	The percentage of Office of Vocational Rehabilitation Services (OVRS) consumers with a goal of employment who 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**	**60.0**	**56.5**	**62.9**		
4	The percentage of Seniors and People 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**	**56.4**			
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**	**7.3**			
6	The percentage of Temporary Assistance to Needy Families (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**	**92.1**			
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**	**24.0**	**24.0**
		Data	**39.3**	**35.2**	**31.7**	**27.6**	**26.4**	**23.8 prelim**			
8	The percentage of child care 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**	**25.5**			

Col-1	Col-2	Col-3	Col-4	Col-5	Col-6	Col-7	Col-8	Col-9	Col-10	Col-11	Col-12
PM No.	**Key Performance Measure**		**1999**	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**	**2007**
9	Average monthly earnings for persons with developmental disabilities who receive Seniors and People with Disabilities (SPD) services.	Target	**NA**	**$191**	**$183**	**$217**	**$239**	**$260**	**$282**	**$282**	**$282**
		Data	**$156**	**$191**	**$183**	**$199**	**$162**	**$198**			
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**	**1.05**	**1.05**
		Data	**.59**	**.62**	**.78**	**.94**	**1.05**	**1.09**			
11	The 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**	**1.3**	**1.7**			
12	The rate of suicides among adolescents per 100,000. (Corrected 2001 & 2002 data)	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**	**8.35**				
13	The 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**	**35.0**			
14	The 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**	**6.1**	**6.1**
		Data	**9.8**	**9.9**	**8.7**	**8.5**	**7.6**	**9.2**			
15	The percentage of seniors and adults with disabilities who are re-abused within 12 months of first substantiated abuse. a) seniors b) adults with disabilities c) developmental disabilities	Target	**a) NA** **b) NA**	**a) NA** **b) NA**	**a) NA** **b) NA**	**a) NA** **b) NA**	**a) NA** **b) 6.0**	**a) NA** **b) 6.0** **c) NA**	**a) NA** **b) 6.0** **c) NA**	**a) 5.0** **b) 5.0** **c) 5.0**	**a) 5.0** **b) 5.0** **c) 5.0**
		Data	**a) NA** **b) NA**	**a) NA** **b) NA**	**a) NA** **b) NA**	**a) NA** **b) NA**	**a) NA** **b) 6.0**	**a) 6.0** b) 4.0 c) 4.5			
16	The rate of unintended pregnancies per 1,000 women aged 15-44.	Target	**NA**	**NA**	**NA**	**41.4**	**40.9**	**40.4**	**39.9**	**39.4**	**38.9**
		Data	**44.3**	**43.1**	**41.9**	**40.6**					
17	The percentage of low-income women who receive prenatal care in the first 4 months of pregnancy.	Target	**NA**	**NA**	**NA**	**86.2**	**86.7**	**87.1**	**87.5**	**89.0**	**90.0**
		Data	**83.5**	**85.8**	**89.2**	**86.7**	**85.2**				
18	The 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**				
19	Percentage of 8th 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**	**38.9**			
20	Tobacco use among: a) adults	Target	**a) NA** **b) NA** **c) NA**	**a) 20.7** **b) 12.8** **c) 13.5**	**a) 20.6** **b) 12.6** **c) 13.5**	**a) 20.2** **b) 12.2** **c) 13.2**	**a) 19.8** **b) 11.8** **c) 13.8**	**a) 19.4** **b) 11.4** **c) 13.4**	**a) 19.0** **b) 11.0** **c) 12.0**	**a) 18.6** **b) 10.0** **c) 11.4**	**a) 18.2** **b) 10.0** **c) 10.8**

Col-1	Col-2	Col-3	Col-4	Col-5	Col-6	Col-7	Col-8	Col-9	Col-10	Col-11	Col-12
PM No.	**Key Performance Measure**		**1999**	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**	**2007**
	b) youth c) pregnant women (Corrected 2001 data)	Data	**a) 21.2** **b) 14.8** **c) 14.5**	**a) 20.7** **b) 12.9** **c) 13.5**	**a) 20.6** **b) 12.3** **c) 12.8**	**a) 21.3** **b) 10.7** **c) 12.6**	**a) 20.9** b) **10.5** c) **12.0**	**a) 19.9** b) 8.1 c) NA			
21	Number of cigarette packs sold per capita. (Corrected 1999, 2000 & 2001 data)	Target	**NA**	**69.0**	**67.5**	**66.0**	**64.5**	**63.0**	**62.0**	**54.0**	**52.0**
		Data	**73.0**	**69.3**	**65.1**	**64.3**	**55.5**	**53.6**			
22	The percentage of 19-35 month old children who are adequately immunized. (requesting modification)	Target	**NA**	**NA**	**NA**	**58.8**	**60.8**	**62.8**	**64.8**	**70.0**	**70.0**
		Data	**NA**	**NA**	**63.8**	**65.9**	**66.2**	**69.8**			
23	The percentage of adults aged 65 and over who receive an influenza vaccine.	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**	**71.0**			
24	The annual rate of HIV infection per 100,000 persons.	Target	**NA**	**8.5**	**8.7**	**8.7**	**8.5**	**8.3**	**8.1**	**2.4**	**2.1**
		Data	**9.0**	**8.5**	**8.7**	**5.7**	**5.4**	**5.6**			
25	The proportion of Oregon Health Plan (OHP) clients who receive primary health care services annually: a) adults b) children	Target	**NA**	**NA**	**NA**	**NA**	**a) 71.0** **b) 71.0**	**a) 71.0** **b) 71.0**	**a) 72.0** **b) 72.0**	**a) 73.0** **b) 73.0**	**a) 74.0** **b) 74.0**
		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**	**a) 75.0** b) 70.6			
26	The proportion of racial and ethnic Oregon Health Plan (OHP) clients who receive health care services annually: a) African-Americans b) Native Americans c) Asian/Pacific Islanders d) Hispanics e) White	Target	**NA**	**NA**	**NA**	**NA**	**a) 66.7** **b) 73.3** **c) 66.9** **d) 71.0** **e) 71.3**	**a) 67.0** **b) 73.5** **c) 67.0** **d) 71.5** **e) 71.5**	**a) 68.0** **b) 73.5** **c) 68.0** **d) 72.0** **e) 72.0**	**a) 69.0** **b) 74.0** **c) 69.0** **d) 73.0** **e) 73.0**	**a) 70.0** **b) 74.0** **c) 70.0** **d) 74.0** **e) 74.0**
		Data	**NA**	**a) 70.0** **b) 72.2** **c) 69.1** **d) 73.0** **e) 75.2**	**a) 64.4** **b) 70.8** **c) 64.8** **d) 69.4** **e) 70.3**	**a) 66.5** **b) 73.1** **c) 66.8** **d) 70.7** **e) 71.0**	**a) 64.7** **b) 72.8** **c) 66.4** **d) 70.5** **e) 69.0**	a) 68.6 b) 74.0 c) 67.5 d) 71.3 e) 72.8			
27	The 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**	**24.5**	**21.4**	**19.6**	**18.1**	**18.6**			
28	The 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**	**91.9**	**92.2**	**90.2**	**88.3**			
		Target									
		Data									

Col-1	Col-2	Col-3	Col-4	Col-5	Col-6	Col-7	Col-8	Col-9	Col-10	Col-11	Col-12
PM No.	**Key Performance Measure**		**1999**	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**	**2007**
16	Original Measure 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**	**51.5**				
25	Original Measure The proportion of Oregon Health Plan (OHP) clients who receive primary health care services annually.	Target	**NA**	**NA**	**NA**	**78.0**	**78.0**	**79.0**	**80.0**	**81.0**	**82.0**
		Data	**81.2**	**83.6**	**82.2**	**84.2**	**NA**				
26	Original Measure The proportion of racial and ethnic Oregon Health Plan (OHP) clients who receive primary health care services annually: a) White population b) Racial/ethnic population	Target							**50% disparity by 2005, zero disparity by 2010**		
		Data	**a) 82.0 b) 78.4**	**a) 84.7 b) 79.2**	**a) 83.3 b) 78.0**	**a) 85.1 b) 81.0**					

APPENDIX E – Data Sources Form

PERFORMANCE MEASURE DATA SOURCES

Agency Name:	**OREGON DEPARTMENT OF HUMAN SERVICES**	Date Submitted: June 30, 2004
Contact Person:	Cathy Iles, Performance Measure Coordinator	Phone: (503) 945-5855
Alternate Contact:		Phone:

Repeat Agency Name: Oregon Department of Human Services | Agency No.: 10000 | Budget Form # 107BF04c

Key Performance Measure (KPM)	PM No.	Data Source, Reliability, Limitations
The percentage of individuals with developmental disabilities who live in community settings of five or fewer.	1	The Client Process Monitoring System (CPMS) and Licensing Database. The Client Process Monitoring System (CPMS) and DD Licensing Database provide the data on a fiscal year basis. The reliability of the data sources is very high, since these data are collected as a part of the licensing and client monitoring system.
The percentage of Oregon's eligible seniors and people with disabilities who are living outside of institutions	2	Oregon Health Policy Research Annual Nursing Home Survey database for calculating the SPD seniors living outside of institutions (e.g. Nursing homes). Seniors and People with Disabilities (SPD) is developing a methodology for capturing data for people with developmental disabilities. The Office of Oregon Health Policy Research (OHPR) annually conducts "The Oregon Nursing Home". The survey data are considered reliable since the findings are consistent with the annual Medicaid nursing home cost report data in terms of occupancy and resident-days.
The percentage of Office of Vocational Rehabilitation Services (OVRS) consumers with a goal of employment who are employed.	3	Core Performance Status Report recorded by the Office of Vocational Rehabilitation Services (OVRS). The data are captured and reported in real time resulting in high reliability. The data are reported for the state fiscal year.
The percentage of Seniors and People with Disabilities (SPD) consumers with a goal of employment who are employed.	4	The SPD Client Assessment/Planning System (CA/PS). The SPD Employment Outcomes System provides employment data for clients with developmental disabilities. It is a survey of employment service providers. The SPD Client Assessment / Planning System (CA/PS) is a comprehensive client assessment tool. Both databases are reliable and being used for SPD program monitoring and reporting purposes.
The percentage of Temporary Assistance to Needy Families (TANF) adults placed for whom employment is a goal.	5	The total number of job placements reported each month by Children, Adults and Families consumers each month, divided by the number of CAF consumers reported in the CAF Branch and Service Delivery Area Data monthly report. Data are reliable, based on department systems and client reporting of employment. Placements are counted in the month reported, not the month in which actual employment began. Only limited time periods are allowed before or after actual employment begin dates for reported placement to count in this measure which is reported for the calendar year.
The percentage of TANF cases who do not return, or are off of cash assistance 18 months after exit due to	6	The percentage of clients that leave TANF after beginning employment, who are not receiving TANF 18 months later. JAS/TRACS system placement data is compared to Client Maintenance system public assistance data on a monthly basis over a period of three years. The data are based on Department client data, and have a high degree of accuracy. While the criteria for the measure is fundamentally sound, some clients may be receiving cash assistance in other states. This

Key Performance Measure (KPM)	PM No.	Data Source, Reliability, Limitations
employment.		measure only indirectly measures employment retention, since a client may have other financial or non-financial reasons for not returning to cash assistance 18 to 20 months after initial exit. The reported data are for the calendar year.
The number of female Oregonians ages 15 – 17, per 1,000 who are pregnant	7	The rates are based on births and induced terminations to Oregon female residents age 15-17 from DHS/Health Services and population estimates provided by the Center for Population and Census, Portland State University. This measure was modified to focus on the specific 15-17 age group instead of the broader 10-17 age group. The data are reported for the calendar year. Some states (such as California) do not collect resident state data on induced abortions so actual figures may be slightly higher than reported.
The percentage of child care providers who are providing enhanced quality of care.	8	This measure reports the percent of child care providers, paid through DHS Provider Pay system, that receive the 7% enhanced rate for meeting required certifications, such as first aid and child abuse and neglect training. Certified child care centers and group homes automatically qualify. Data from DHS Provider Pay system and Employment Department, Child Care Division data. This measure was previously reported as a number of providers, instead of a percentage. The data is taken from the DHS Provider Pay system and simply compares the number of providers earning the enhanced rate to the total number of active providers in the system. As a result, the number is very reliable. Any variance caused by possible coding errors would be too small to be statistically significant.
Average monthly earnings for persons with developmental disabilities who receive Seniors and People with Disabilities (SPD) services.	9	SPD Employment Outcomes System. Earnings are reported twice annually for persons receiving SPD-Developmental Disablility Employment Services. SPD Employment Outcomes System (EOS) data was previously collected and analyzed by the University of Oregon, College of Education - Educational and Community Supports. Beginning in 2003, SPD became responsible for directly managing the EOS database. EOS data is collected from employment service providers. Data reliability is maintained by careful data checks of earnings reported twice annually for persons receiving DD Employment Services.
The ratio of Oregonians receiving food stamp assistance to the number of Oregonians living in poverty.	10	This measure represents the ratio of people receiving food stamps based on the Food Stamp Management Information system data to the number of estimated Oregonians living at or below the federal poverty level based on adjusted Census estimates. Data are reliable based on department systems and are reported for the calendar year. Data are historically consistent with Food Stamp Management System and Census data. Some limitation exists in Census data as it generally lags behind Department data.
The percentage of women subjected to domestic violence in the past year.	11	Office of Disease Prevention & Epidemiology survey and database. The data source has limitations that include: Behavioral Risk Factor Surveillance System (BRFSS) is administered to both men and women, the questions are included in a very large survey that asks questions over a very broad range of topics, the survey does not include homeless people or people without telephones, the survey is limited to people who speak English or Spanish, and the sample size is less than what is needed for complete analysis. The survey data are for the calendar year.
The rate of suicides among adolescents per 100,000.	12	Office of Disease Prevention & Epidemiology vital statistics. The data source is Oregon Vital Statistics and reports for the calendar year. Suicide deaths can be under-reported due to stigma and myths about suicide. Oregon's Violent Death Reporting System has found that under-reporting of suicide occurs in as many as 30% of "undetermined" deaths.
The median number of months from date of latest removal from home to	13	AFCARS database, which is derived from the State Child Welfare IIS data system. The data source – AFCARS (the Adoptions and Foster Care Analysis Reporting System, which is used to report outcomes to the federal government) is a

Key Performance Measure (KPM)	PM No.	Data Source, Reliability, Limitations
finalized adoption.		very reliable source of data and reports for the Federal Fiscal Year. It includes a cross reference of two different databases (ARMS and IIS) which dramatically reduces the incidence of errors.
The percentage of abused/neglected children who were re-abused within 6 months of prior victimization	14	State Child Welfare IIS data system. The data source for the re-abuse measure is the State Child Welfare IIS data system. Reliability and accuracy of the data depend upon (1) the accuracy with which data are input in field offices, and (2) the accuracy of the mainframe data-management system and the computational algorithms that calculate the results. These data are created quarterly, and are based on the Federal Fiscal Year.
The percentage of seniors and adults with disabilities who are re-abused within 12 months of first substantiated abuse.	15	Seniors and People with Disabilities (SPD) is developing a central database to store all abuse reporting for seniors. (For consistency SPD will use the same methodology as Child Welfare, Children, Adults and Families (CAF).) Data for substantiated abuse of clients with developmental disabilities is from the Office of Investigation and Training database.
The percentage of pregnancies that were unintended or were terminated.	16	OR Pregnancy Risk Assessment Monitoring System (PRAMS) and Oregon Vital Statistics. Data for this measure come from a sample survey about women's pregnancy experiences, conducted by the Office of Family Health, and from two vital records files—births and abortions—maintained by the Center for Health Statistics. Several steps are necessary to combine these sources into a single measure. First, data from the Pregnancy Risk Assessment Monitoring System (PRAMS), a representative survey of about 2,500 new mothers in Oregon, are used to generate the proportion (%) of Oregon's births that represent unintended pregnancies. This percentage is then applied to Vital Statistics birth data, resulting in an estimated number of unintended births. Under the assumption that all abortions represent unintended pregnancies, the total number of abortions is added to the estimated number of unintended births to produce the number of unintended pregnancies in the state. Finally, this sum is divided by the total number of pregnancies to produce the performance measure: percentage of pregnancies that were unintended or were terminated. Data are for the calendar year.
The percentage of low-income women who receive prenatal care in the first 4 months of pregnancy.	17	Office of Family Health and Office of Disease Prevention & Epidemiology survey and vital statistics. The data are from birth certificate information and are reported for the calendar year. However, the data rely on accuracy of the beginning of prenatal care on the birth certificates, various methods of collecting that information (e.g. records review vs. client report), and incomplete data on all low-income women as information regarding only Medicaid covered deliveries are available.
The percentage of engaged clients who complete alcohol and other drug (AOD) abuse treatment and are not abusing AOD.	18	Office of Mental Health & Addiction Services, Client Process Monitoring System database. The data are prepared and submitted by the alcohol and drug treatment providers and reported for the fiscal year. The data collection continues to improve and includes training, error reporting and the development and expansion of electronic data submission for the agency.
Percentage of 8th graders at high risk for alcohol and other drug use.	19	Office of Mental Health & Addiction Services, Office of Disease Prevention & Epidemiology, Oregon Healthy Teens survey. The 2002-2003 school year data are collected from 8th grade students in their classrooms using a paper and pencil survey tool. A school staff proctor conducts the survey. Not all counties are represented in the statewide collection.
Tobacco use among: a) adults, b) youth, c) pregnant women	20	Office of Disease Prevention & Epidemiology, Office of Family Health and Department of Revenue surveys and databases. A) Data for this measure come from the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is an annual survey conducted in all 50 states, sponsored by the Centers for Disease Control and Prevention (CDC). The data

Key Performance Measure (KPM)	PM No.	Data Source, Reliability, Limitations
		are based on information self-reported by the interviewees. CDC has validated these questions and the data are considered reliable. Data are reported by calendar year. B) Data for this measure come from the Oregon Healthy Teens Survey (OHT). The OHT is an annual survey conducted in a sample of schools in Oregon. Questions on the OHT are modeled after questions from the Youth Risk Behavior Survey, sponsored by the Centers for Disease Control and Prevention (CDC). Results are based on information self-reported by the interviewees. CDC has validated these questions and the data are considered reliable. Data are reported by calendar year. C) Data for this measure come from Birth Certificates and are considered reliable. Data are reported by calendar year.
Number of cigarette packs sold per capita.	21	Office of Disease Prevention & Epidemiology, Office of Family Health and Department of Revenue surveys and databases. Data for this measure come from cigarette tax receipts collected by the Oregon Department of Revenue and are considered very reliable. Reductions in cigarette consumption as measured by tax receipts mirror those measured through population-based surveys. Some states have problems with untaxed cigarette sales on reservations, but that is not a problem in Oregon because of innovative agreements between the Department of Revenue and the tribes. Untaxed sales in retail outlets appear to be a small problem. Sales to individual smokers over the Internet are a small, but potentially growing problem. Data are reported by calendar year.
The percentage of 19-35 month old children who are adequately immunized.	22	Office of Family Health and ALERT Registry data. The data source is reliable and the electronic data comes from both IRIS and ALERT. If a child is seen in a local health department and then goes to a private provider that is not participating in Oregon's immunization registry, that data would not be available and not included in the assessment. Currently 88% of private providers participate in ALERT. The data are reported by calendar year.
The percentage of adults aged 65 and over who receive an influenza vaccine.	23	Office of Disease Prevention & Epidemiology database survey. Data are for calendar year 2003. The Behavioral Risk Factor Surveillance survey (BRFSS) data are analyzed by both Oregon DHS and CDC annually, and rates are similar in both analyses. A limitation of the DHS analysis is that historically confidence intervals have not been calculated, thus statistical variation of these rates each year is not accounted for and statistical significance of annual changes may, therefore, be difficult to interpret. Confidence intervals in our analyses have been added starting with 2003 BRFSS data analysis.
The annual rate of HIV infection per 100,000 persons.	24	Office of Disease Prevention & Epidemiology database. Estimates were previously provided based upon the HIV Counseling and Testing (CTS) system. New estimates and projections will be based upon the HIV/AIDS Reporting System (HARS) database. The reliability of the data is still being evaluated. The program transitioned from using HIV Counseling and Testing as the primary data source to the HIV Reporting system. There are limitations that are the result of this change in data source. The data is based on calendar year.
The proportion of Oregon Health Plan (OHP) clients who receive health care services annually.	25	Office of Medical Assistance Programs database. The 2003 data is less complete than the previous years due to inherent claims lags and the time of year the data was run. The data are for the calendar year and the last five months of the year before the calendar year.
The proportion of racial and ethnic OHP clients who receive health care services annually: a) white, b)	26	Office of Medical Assistance Programs database. The 2003 data is less complete than the previous years due to inherent claims lags and the time of year that the data was run. The data are for the calendar year and the last five months of the year before the calendar year. Race/ethnicity is self-reported or reported by their caseworker. Currently, every client may

Key Performance Measure (KPM)	PM No.	Data Source, Reliability, Limitations
racial/ethnic population		be in only one of the five racial/ethnic categories to be counted in this measure.
The percentage of uninsured Oregonians served by safety net clinics.	27	Oregon Primary Care Association.
The percentage of mental health clients who maintain or improve level of functioning following treatment.	28	Office of Mental Health & Addiction Services, Client Process Monitoring System database. The data are prepared and submitted by the mental health treatment providers and are reported for the fiscal year. The data collection continues to improve and includes training, error reporting and the development of electronic data submission for the agency.

APPENDIX F - GASB Criteria Cross-Reference Table

The following table indicates where in the report each Governmental Accounting Standards Board (GASB) criterion is addressed.

Criteria #	Criteria	Where Addressed in Report
1	Purpose & scope	Executive Summary p. 4
2	Statement of major goals & objectives	Introduction p. 6-7
3	Involvement in establishing goals and objectives	Managing for Results p. 10
4	Multiple levels of reporting	Introduction p. 6-7, Performance Measure Framework p. 74
5	Analysis of results and challenges	Executive Summary p. 5, Introduction p. 8, Key Measure Analysis p. 14-73
6	Focus on key measures	Executive Summary p. 4, Introduction p. 8
7	Reliable information	Introduction p. 8, Key Measure Analysis p. 14-73, Data Sources p. 86-90
8	Relevant measures of results	Executive Summary p. 4, Introduction p. 8, Key Measure Analysis p. 14-73
9	Resources used & efficiency	Introduction p. 9
10	Citizen & customer perceptions	Managing for Results p. 10-11
11	Comparisons for assessing	Key Measure Analysis p. 14-73
12	Factors affecting results	Executive Summary p. 5, Key Measure Analysis p. 14-73
13	Aggregation & disaggregation of information	Introduction p. 8, http://www.oregon.gov/DHS/publications/pm_reports/
14	Consistency	Key Measure Analysis p. 14-73, Request to Modify p. 80-81
15A	Easy to find & access	Page 2, http://www.oregon.gov/DHS/publications/pm_reports/
15B	Easy to understand	Key Measure Analysis p. 14-73
16	Regular & timely reporting	Page 1, Introduction p. 8, Key Measure Analysis p. 14-73, Data Sources p. 86-90

More detailed information for the criteria can be found online at: http://www.seagov.org/sea_gasb_project/suggested_criteria.shtml