



ANNUAL PERFORMANCE REPORT

SEPTEMBER 2003

TABLE OF CONTENTS

PART I – MANAGING FOR RESULTS.....PAGE 4

PART II - KEY MEASURE ANALYSIS OF PROGRESS.....PAGE 12

APPENDICES:

A. DHS PERFORMANCE MEASUREMENT FRAMEWORK..... PAGE 87

B. LINKS TO OREGON BENCHMARKS.....PAGE 89

C. PERFORMANCE MEASURE DATA SUMMARY.....PAGE 93



PART I

MANAGING FOR RESULTS

INTRODUCTION

The Department of Human Services (DHS) knows more than ever before about linking agency strategies to key performance measures and other program-specific measures. The department has adopted 25 high-level outcomes, 14 of which are Oregon Benchmarks. While these outcomes provide opportunities for motivation and collaboration, they are areas that the department alone has only some influence on.

In 2002, DHS began producing a quarterly performance measurement report to communicate with stakeholders and partners about our results and accountability. It showed DHS as an enterprise with outcomes that represented much of what the department does. These intermediate-level outcomes were selected because:

- they are available by county on a quarterly basis,
- and they represented areas that the department has considerable influence on through its own programs and services, and in partnership with providers and other agencies.

In the meantime, state agencies were required to develop a set of key performance measures for the 2003-2005 budget. The key measures for DHS are a better representation than the measures in the quarterly report because of different criteria. These key measures are also intermediate-level outcomes for DHS.

Having these two different sets of measures, however, sent conflicting messages and caused confusion, when the goal has been to gain clarity around DHS priorities. Therefore, the decision was made to discontinue the quarterly report and focus on the 28 key performance measures and the accompanying annual report.

To complement the annual report, DHS will be identifying supporting or driving measures that relate to the key performance measures, which will be more useful to managers and staff for managing programs and making decisions. These measures will be reported more frequently than the annual report, depending on the availability of data.

We have implemented a pilot program for performance-based contracts for client service providers. This is in accordance with the legislative budget note that states, "The Department of Human Services shall enter into performance-based contracts or other agreements with providers, local governments, and other parties that receive funding for client related services. The Legislature's intent is that performance should be based on outcomes that are measurable and demonstrate program performance, financial accountability, and where possible, individual client progress to the program's goals." Statewide implementation will occur in 2004.

These efforts will move us towards better outcomes for clients and communities and greater accountability.

Some challenges lie ahead:

- Developing a unified and integrated vision for DHS and clearly identifying roles and responsibilities around performance measurement will allow us to be more strategic and responsive with our planning and decision-making.
- Systematically reinforcing the connections of strategies to program-specific measures, key performance measures, high-level outcomes and Oregon Benchmarks.

Performance measures need to supply information that enables managers to make good decisions that effect change. To do this, we must have adequate data systems to support the performance measurement system and sufficient staffing to accomplish this work.

Agency: Human Services, Department of	
Contact: Cathy Iles	Phone: 503/945-5855
Alternate: Vic Todd	Phone: 503/945-5636

The following questions shed light on how well performance measures and performance data are leveraged within the 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 Coordinator (PMC) group meets regularly to coordinate the department's performance measurement efforts. They represent all clusters of the Department and are familiar with program and policy as well as the supporting data systems. This group was critical in identifying the department's key performance measures. PMC members met with their respective Assistant Directors and program staff. Some also held meetings with partners and community members.

In Children, Adults & Families (CAF), staff and program managers have provided input into the performance measurement system and managers have prioritized the measures to be included. Contractors helped design the JOBS and Temporary Assistance to Needy Families (TANF) measures to be placed in their contracts. Some of these measures have been adapted into department performance measures. The federal government has set the context and definition of the child welfare performance measures.

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

DHS' performance measurement framework outlines the various 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**. These serve as tools for collaboration, motivation and leadership. See appendix A.

The middle level contains the **key performance measures** (intermediate-level outcomes) and **organizational wellness measures**. The latter, which are being developed, would consist of measures to gauge efficiencies and effectiveness. These serve as tools for collaboration, accountability, reporting, management, program improvement and stewardship.

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

In CAF, contract performance measures are used to monitor JOBS contractor compliance. Other self-sufficiency measures monitor other specific program goals. Child welfare performance measures are used to ensure program improvement and compliance. These measures also help guide policy change.

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

DHS has identified a set of management competencies, one of which is planning and achieving results. A number of courses address this competency, including:

Outcomes Planning, which introduces the logic model framework, Governmental Accounting Standards Board (GASB) terminology (input, output, outcome, goal), work plan construction and performance measure development.

Collaborative Planning and Measuring, which introduces a model of planning, implementing, gathering feedback/data and interpreting to lead to program and system improvements.

Cool Tools, which introduces various tools for process improvement. Some staff attended the Logic Model training given by DAS/Progress Board.

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

DHS will use the annual report to communicate with a broad audience about the effectiveness of our programs and our accountability for improving client outcomes. These key performance measures will serve as the foundation of further refining the performance measurement framework and gaining clarity around the programs and strategies affect those key performance measures. DHS is pursuing other ways to implement more frequent reporting with various audiences.

CAF produces quarterly performance measure information for child welfare and self-sufficiency programs. This information is provided to CAF and field management to assess program performance and improvement. Other data fundamental to quarterly performance and other management reports are also provided every month to these same audiences.

Programs continue to provide federally required reports and data.

This report is available online at:

http://www.dhs.state.or.us/publications/pm_reports/2003annualrpt.pdf

5. What important changes have occurred in the past year?

DHS has experienced significant program cuts and diminished staff due to the budget shortfall. Over the next biennium, we will closely monitor the key performance measures as well as other internal measures to determine the effect of those cuts on client outcomes.

The department has undergone a change in leadership at the Director and executive level. We have spent the last six months gathering feedback from staff and stakeholders about what is working within DHS, what decisions need to be re-evaluated and what needs to change.

The performance-based contracting pilot project with client service providers has been implemented. Statewide implementation is scheduled for 2004.

DHS is more consistently using the logic model framework and GASB terminology.

A number of performance measures have changed within self-sufficiency.

- The TANF placement measure now focuses only on mandatory adults, instead of all TANF cases.
- The TANF return to welfare focuses on only those clients who left 18 to 20 months prior to the current report quarter, instead of all employment related exits for the previous three years.
- The teen pregnancy measure focuses on females 15-17, instead of 10-17.
- The food stamp measure is new.
- The child care measure changes to a percentage of providers, instead of a count of providers.



Part II

KEY MEASURE ANALYSIS OF PROGRESS

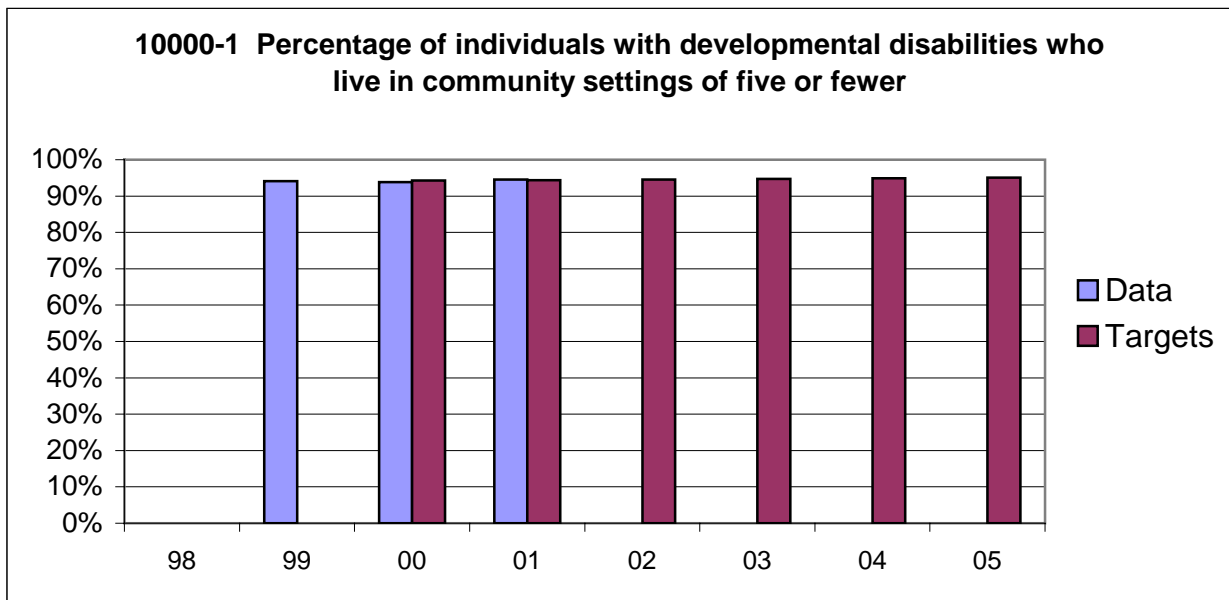
INDEX OF KEY PERFORMANCE MEASURES

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

15. The percentage of seniors and adults with disabilities that are re-abused within 12 months of first substantiated abuse.	45
16. The percentage of pregnancies that were unintended or were terminated.	47
17. The percentage of low-income women who receive prenatal care in the first 4 months of pregnancy.	49
18. The percentage of engaged clients who complete alcohol and other drug (AOD) abuse treatment and are not abusing AOD.	53
19. Percentage of 8 th graders at high risk for alcohol and other drug use.	55
20. Tobacco use among:	
a. adults	57
b. youth	59
c. pregnant women	61
21. Number of cigarette packs sold per capita	65
22. The percentage of 19-35 month old children who are adequately immunized.	67
23. The percentage of adults aged 65 and over who receive an influenza vaccine.	69
24. The annual rate of HIV infection per 100,000 persons.	73
25. The proportion of Oregon Health Plan (OHP) clients who receive health care services annually	75
26. The proportion of racial and ethnic OHP clients who receive health care services annually	79
• white	
• racial/ethnic population	
27. The percentage of uninsured Oregonians served by safety net clinics.	83
28. The percentage of mental health clients who maintain or improve level of functioning following treatment.	85

10000-1. PERCENTAGE OF INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES WHO LIVE IN COMMUNITY SETTINGS OF FIVE OR FEWER.

Data					Targets					
1998	1999	2000	2001	2002	2000	2001	2002	2003	2004	2005
NA	94.1	93.8	94.5	NA	94.3	94.4	94.5	94.7	94.9	95.1



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 shows the number of Oregonians with developmental disabilities who are living in small community settings.

What does the performance measure demonstrate about the goal?

This measure was developed by SPD to track how well it provides alternatives to services provided in large congregate settings. This measure also indicates how well SPD is providing opportunities to people with developmental disabilities to become better integrated with their local communities.

What do the data reveal?

SPD has met its target for 2001. 2002 data are not yet available.

Settings with five or fewer non-related individuals are classified as standard residential settings (SR1) by most state and federal entities.

Persons with developmental disabilities are measured as those who have qualified and been enrolled in SPD-DD case management services.

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

There are a number of SPD activities and services that help people with developmental disabilities live in the community:

- Supported Living Services for persons with developmental disabilities (DD)
- Foster Care Services for persons with DD
- In-Home Services for persons with DD
- Pre-Admission Screening and Annual Resident Review (PASSAR)
- Staley lawsuit settlement and subsequent services for persons with DD
- Establishment of the Housing Trust Fund
- Changes in Regional Crisis services

What needs to be done as a result of your analysis?

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

What is the data source?

The Client Process Monitoring System (CPMS) and Licensing Database.

10000-2. PERCENTAGE OF OREGON'S ELIGIBLE SENIORS AND PEOPLE WITH DISABILITIES WHO ARE LIVING OUTSIDE OF INSTITUTIONS.

Data					Targets					
1998	1999	2000	2001	2002	2000	2001	2002	2003	2004	2005
Developmental					Developmental					

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 measures the number of Oregonians with disabilities and Oregonians 65 and older who are not living in an institution. This measure is in development. Definitions of “institution” and “eligible persons” are being created to make this measure possible.

What does the performance measure demonstrate about the goal?

This measure is being developed by Seniors and People with Disabilities (SPD) to track how well it does at providing alternatives to institutional services. SPD recognizes that some people must be served in institutional settings, but some institutionalized individuals would be served in less restrictive settings if available.

What do the data reveal?

Data are not yet available, and targets have not been set.

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

SPD provides information-and-referral services and case management to Medicaid-eligible clients. SPD is also creating a better-trained and more stable workforce to provide better access to services through various activities such as:

- Pre-Admission Screening and Annual Resident Review (PASSAR) activities
- Establishment of the Home Care Commission and Home Care Worker Registry
- Caseload Workgroups

What needs to be done as a result of your analysis?

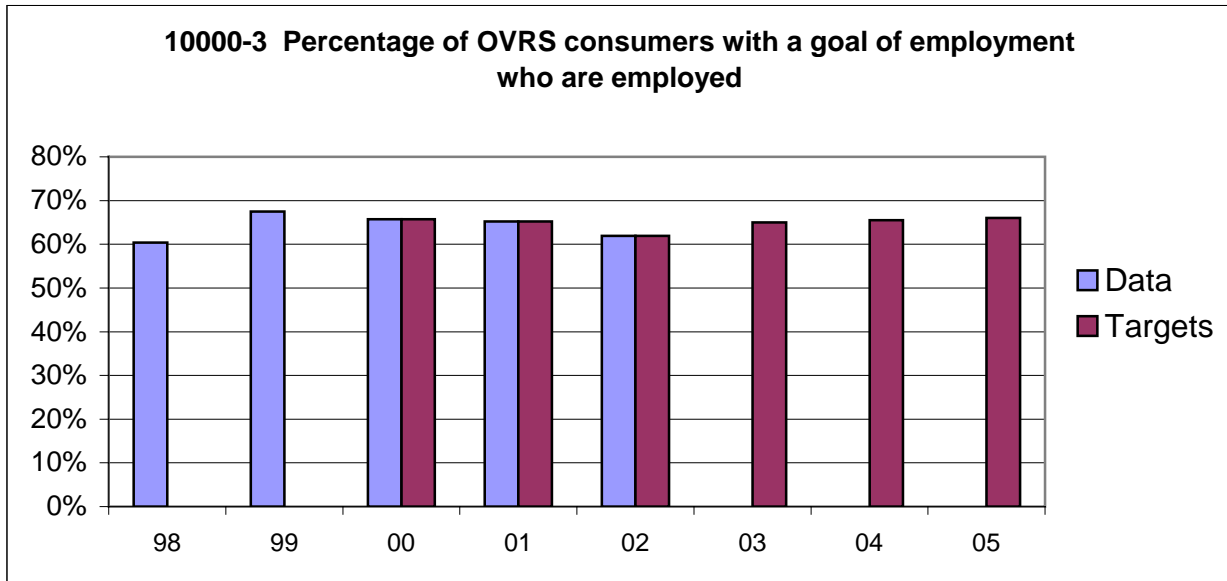
Develop definitions for “eligible disabled individual” and “institution”.
Select data sources and data collection procedures.

What is the data source?

SPD is developing a methodology for determining the number of Oregonians with disabilities.

10000-3. PERCENTAGE OF OFFICE OF VOCATIONAL REHABILITATION SERVICES (OVRs) CONSUMERS WITH A GOAL OF EMPLOYMENT WHO ARE EMPLOYED.

Data					Targets					
1998	1999	2000	2001	2002	2000	2001	2002	2003	2004	2005
60.4	67.5	65.7	65.2	61.9	65.7	65.2	61.9	65.0	65.5	66.0



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 indicates the percentage of vocational rehabilitation (VR) consumers who have maintained suitable employment for a minimum of 90 consecutive days and whose cases were closed as ‘rehabilitated’ (higher percentages indicate better performance). Within the VR program, this measure is often referred to as the “success rate.”

What does the performance measure demonstrate about the goal?

Under Title 1 of The Rehabilitation Act Amendments of 1998, Section 105(c) clarifies the scope related to the effectiveness of employment outcomes achieved and benefits connected with the outcomes. The United States Department of Education, in accordance with 34 CFR 361.88(c), determines whether the State VR program has satisfied the Evaluation Standards and

Performance Indicators of each fiscal year (FY). The State VR program must pass the federal performance measurement to maintain funding.

The measure requires the consumer to be found eligible and to receive and benefit from meaningful vocational assistance. The state VR program plays a critical role in assisting people with disabilities to enter the work force and become rehabilitated.

To receive services, a person must be disabled and require VR services “to prepare for, secure, retain or regain employment.” Therefore, any service a person is to receive from the VR program must be connected to a written Individualized Plan for Employment (IPE), listing the employment goal and the specific services to be provided to help the person to reach that goal.

The regulations also specify the conditions that must be met before the VR program can close a case for a person who has achieved an employment outcome. For a record of services to be closed, a person must achieve the employment objective listed in the IPE and maintain the outcome for no less than 90 days. Also, the person and VR counselor must agree that the employment outcome is satisfactory and that the individual is “performing well” in the job.

What do the data reveal?

OVRS has met the 2002 target.

During the past five years, the Office of Vocational Rehabilitation Services (OVRS) actual performance ranged from 60.4 to 67.5 percent. The United States Department of Education has set our target at 55.8 percent, which we have surpassed every year. As the Designated State Unit, OVRS has set our target for 2005 at 66.0 percent.

As previously stated, the United States Department of Education determines whether the State VR program has satisfied the Evaluation Standards and Performance Indicators of each fiscal year (FY). The federal performance measure is defined a passing outcome if meeting or exceeding 55.8 percent. This percentage is considered a minimum acceptable number. The state VR program has exceeded this outcome.

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

DHS is the Designated State Agency, which oversees the VR program, which is referred to as the Designated State Unit. DHS' agency goal is to ensure that "people are living independently. The Oregon Benchmark (number 59) defines the working disabled as the percentage of adults with lasting, significant disabilities who are capable of working who are employed. Oregonians covered by this Benchmark include those who receive services from Seniors and People with Disabilities (SPD) and Children, Adults and Families (CAF), as well as OVRS.

What needs to be done as a result of your analysis?

OVRS relies on a state-federal relationship that has worked well for over 80 years. Funding requires a state match of 21.3 percent.

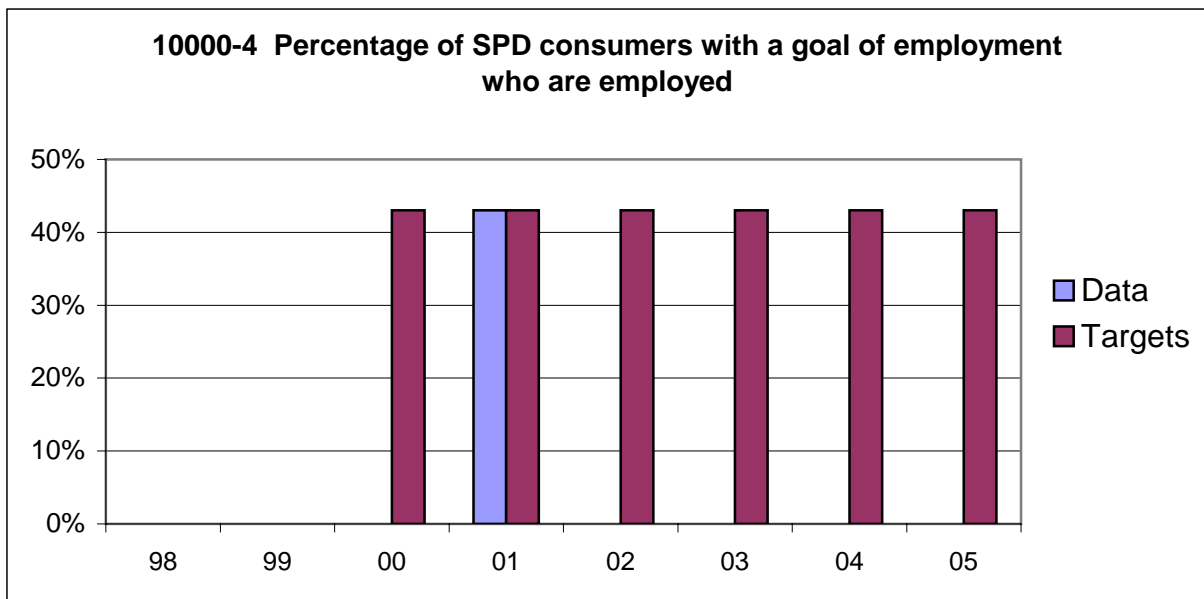
Under the current appropriations, OVRS can meet the needs of only a small percentage of eligible individuals, and, OVRS may be forced to implement an "order of selection," which is a federally mandated system of prioritization whereby only those eligible individuals with the most significant disabilities receive VR services.

What is the data source?

Core Performance Status Report recorded by the Office of Vocational Rehabilitation Services

10000-4. PERCENTAGE OF SENIORS AND PEOPLE WITH DISABILITIES (SPD) CONSUMERS WITH A GOAL OF EMPLOYMENT WHO ARE EMPLOYED.

Data					Targets					
1998	1999	2000	2001	2002	2000	2001	2002	2003	2004	2005
NA	NA	NA	NA	43.0	43.0	43.0	43.0	43.0	43.0	43.0



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 measures those Oregonians 65 and older and Oregonians with disabilities who have asked Seniors and People with Disabilities (SPD) for assistance in obtaining employment, and of those individuals, how many are employed.

What does the performance measure demonstrate about the goal?

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

What do the data reveal?

Target and current value are the same. This target was set based on the current value. The department would not like to see this value decline.

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

Employment Services for Persons with Developmental Disabilities, Employment Initiative and Employed Persons with Disabilities programs.

What needs to be done as a result of your analysis?

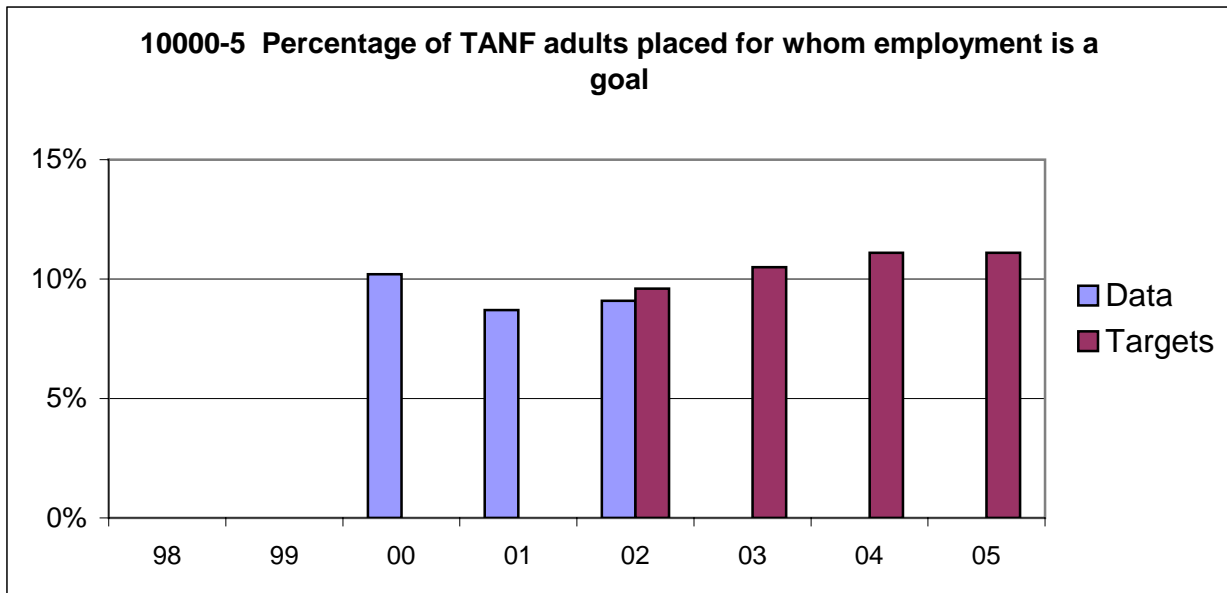
Continue current efforts between SPD and Office of Vocational Rehabilitation Services (OVRs).

What is the data source?

The SPD Employment Outcomes System and the SPD Client Assessment / Planning System (CA/PS).

10000-5. PERCENTAGE OF TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF) ADULTS PLACED FOR WHOM EMPLOYMENT IS A GOAL.

Data					Targets					
1998	1999	2000	2001	2002	2000	2001	2002	2003	2004	2005
NA	NA	10.2	8.7	9.1	NA	NA	9.6	10.5	11.1	11.1



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 compares the monthly placement total for clients identified as receiving a TANF grant or engaged in the Assessment Program to the monthly sum of TANF JOBS mandatory adults and Assessment Program clients. This modified measure better focuses on the department’s success with the TANF population that is actively seeking employment. Higher percentages indicate better performance.

What does the performance measure demonstrate about the goal?

One of the department's goals is to assist families to support themselves. Finding and maintaining a job is critical to this goal. This indicator shows how successful DHS and its partners have been at helping people in the TANF program become employed. About two-thirds of these placements are full-time, and result in families earning their way off of monthly cash

assistance. For most economically disadvantaged families, employment is the best avenue available to a better life.

What do the data reveal?

DHS did not meet the 2002 target.

The only target to actual figures is for 2002. In that year, the actual level of 9.1 percent was below the 9.6 percent target. Continued weakness in the Oregon economy has resulted in an increasingly tight job market.

The measure is calculated by dividing the number of unsubsidized job placements reported by TANF and Assessment clients by the total number of TANF mandatory adults reported in the Children, Adults and Families (CAF) "Rainbow Report," plus the total number of assessment clients reported in the Monthly Branch and Data Book.

Data on employment placements are reported by TANF clients to DHS staff and are recorded in the Transitional, Referral, and Client Self-Sufficiency (TRACS) case management and reporting system. These data are published in the Monthly Branch and Service Delivery Area Data publication, created by CAF. Only placements for active (or recently active) TANF or Assessment clients are used for this measure.

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

The TANF JOBS Employment and Training Program.

What needs to be done as a result of your analysis?

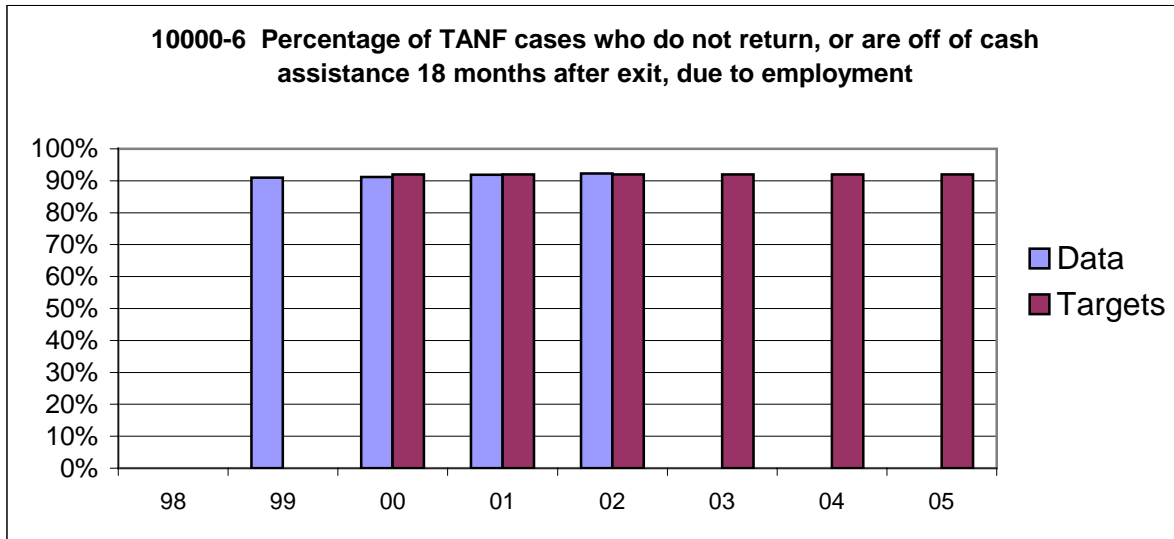
Continued program monitoring and improvement based on data analysis. Contract negotiation for highest possible outcomes, including number of clients served, clients placed and average beginning wages.

What is the data source?

The total number of job placements reported each month by TANF adults each month, divided by the number of TANF adults reported in the CAF Branch and Service Delivery Area Data monthly report.

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.

Data					Targets					
1998	1999	2000	2001	2002	2000	2001	2002	2003	2004	2005
NA	91.0	91.2	91.9	92.3	92.0	92.0	92.0	92.0	92.0	92.0



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 reports the percentage of TANF cases that are closed due to employment and which are also closed 18 months later. This measures the ability of the TANF JOBS program to prepare TANF clients for the world of work. It also helps assess the ability of families to remain self-sufficient after leaving TANF. Higher percentages indicate better results for this measure.

What does the performance measure demonstrate about the goal?

One of the JOBS program goals is to help clients find and keep employment. The longer that 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 of public assistance. We strive to give clients the tools they need to be successful in the world of work.

What do the data reveal?

DHS exceeded the target for 2002.

The results on this measure show very little variation over time. While targets were missed in 1999 through 2001, the 92 percent target was exceeded by 0.3 percent in 2002.

The measure is calculated by dividing the number of TANF cases that are closed due to employment after 18 to 20 months from the case's initial closure by the total number of TANF cases closed due to employment during the same reporting period. Data for this measure are compiled from the JOBS Automated System (JAS) entered via TRACS to identify clients who were placed in employment. Client Maintenance System (CMS) client case information is used to identify the client's case status at the time of the report. Only those clients that leave TANF after becoming placed are contained in the data. Clients are tracked for 20 months after their closure due to employment. This measure was modified to reflect an average for the 18th to 20th month after exit due to employment.

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

The TANF/JOBS Program.

What needs to be done as a result of your analysis?

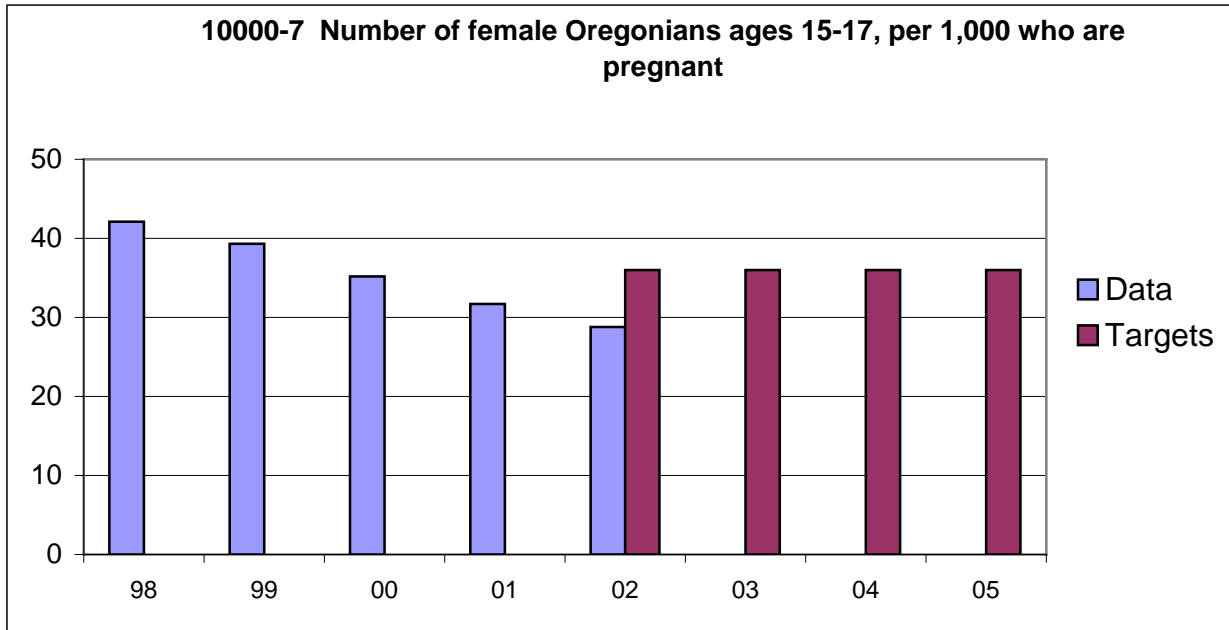
Nothing indicated at this time.

What is the data source?

JAS/TRACS system placement data is compared to Client Maintenance system public assistance data on a monthly basis over a period of 20 months.

10000-7. NUMBER OF FEMALE OREGONIANS AGES 15 – 17, PER 1,000 WHO ARE PREGNANT.

Data					Targets					
1998	1999	2000	2001	2002	2000	2001	2002	2003	2004	2005
42.1	39.3	35.2	31.7	27.6 Prelim	NA	NA	36.0	35.0	35.0	35.0



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 reports the number of births and induced terminations reported to the department among Oregon females age 15-17, compared to the estimated number of Oregon females ages 15-17. This measure was modified to focus on the specific 15-17 age group instead of the broader 10-17 age group.

What does the performance measure demonstrate about the goal?

It measures how effective 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.

Teen mothers are less likely to complete high school and more likely to end up on welfare. The daughters of teen mothers are 22 percent more likely to become teen mothers themselves. Another consequence of teen pregnancy is that over 50 percent of the children in the child welfare system are from mothers who were teens at the time of the birth of their first child.

What do the data reveal?

Performance improved significantly between 2000 and 2001 on this measure, and is continuing its favorable trend in 2002. These results are exceeding targeted outcomes. 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. Some states (such as California) do not collect resident state data on induced abortions so actual figures may be slightly higher than reported.

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

Teen Pregnancy Prevention Program. Family planning.

What needs to be done as a result of your analysis?

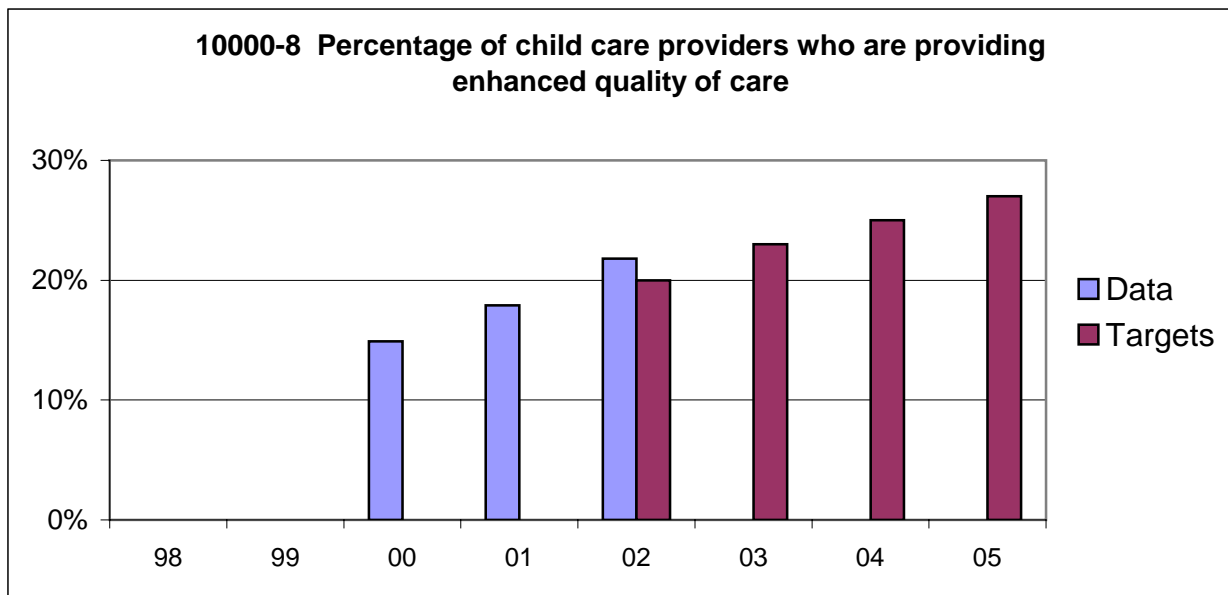
Continued support of prevention efforts.

What is the data source?

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.

10000-8. PERCENTAGE OF CHILD CARE PROVIDERS WHO ARE PROVIDING ENHANCED QUALITY OF CARE.

Data					Targets					
1998	1999	2000	2001	2002	2000	2001	2002	2003	2004	2005
NA	NA	14.9	17.9	21.8	NA	NA	20.0	23.0	25.0	27.0



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 reports the percentage of child care providers, paid through the DHS Provider Pay System, which receive the 7 percent enhanced payment rate.

The intent of the measure is to gauge what percent of DHS child care providers provide a higher quality of care than the base level required. Certified child care centers and group homes automatically qualify. Other providers can qualify for the enhanced payment rate by meeting required training elements, such as first aid and child abuse and neglect prevention. Higher percentages indicate better results for this measure.

What does the performance measure demonstrate about the goal?

Quality childcare is a very important element for proper early childhood development. Enhanced health and safety training promotes a more comfortable and secure environment for the children in care.

The enhanced rate also improves the access of many low-income families to higher quality childcare facilities that may not otherwise be affordable to them. The availability of an enhanced rate also promotes improved quality in the overall system of child care providers throughout the state.

What do the data reveal?

The department has exceeded its target by 1.8 percentage points for 2002. There appears to be improved utilization through outreach and negotiated contract outcomes.

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

The Child Care Program

What needs to be done as a result of your analysis?

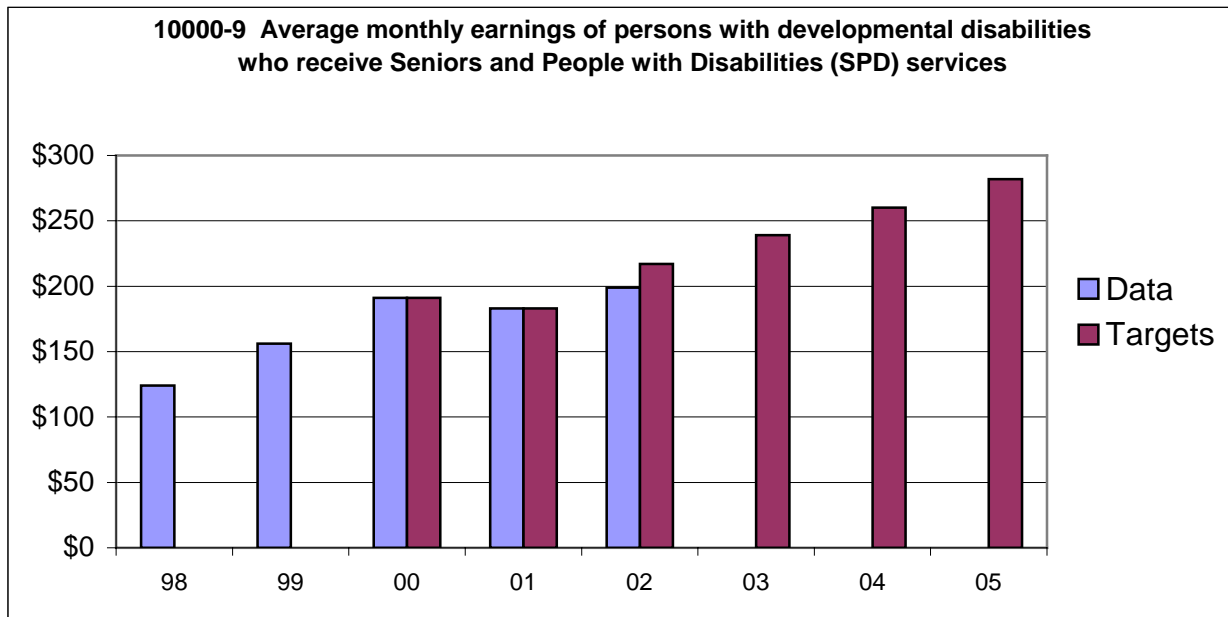
Continued efforts to improve the quality of child care provided to clients.

What is the data source?

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.

10000-9. AVERAGE MONTHLY EARNINGS OF PERSONS WITH DEVELOPMENTAL DISABILITIES WHO RECEIVE SENIORS AND PEOPLE WITH DISABILITIES (SPD) SERVICES.

Data					Targets					
1998	1999	2000	2001	2002	2000	2001	2002	2003	2004	2005
\$124	\$156	\$191	\$183	\$199	\$191	\$183	\$217	\$239	\$260	\$282



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 measures the average monthly gross earnings of Oregonians with developmental disabilities who have asked SPD for assistance in obtaining employment.

What does the performance measure demonstrate about the goal?

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

What do the data reveal?

DHS did not meet its target for 2002.

Oregon's current job market makes employment difficult. Scheduled hours and average wage did not increase at the rate suggested by the historical trend.

Earnings are the reported scheduled hours of work multiplied by the average wage per hour.

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

Employment Services for Persons with Developmental Disabilities.

What needs to be done as a result of your analysis?

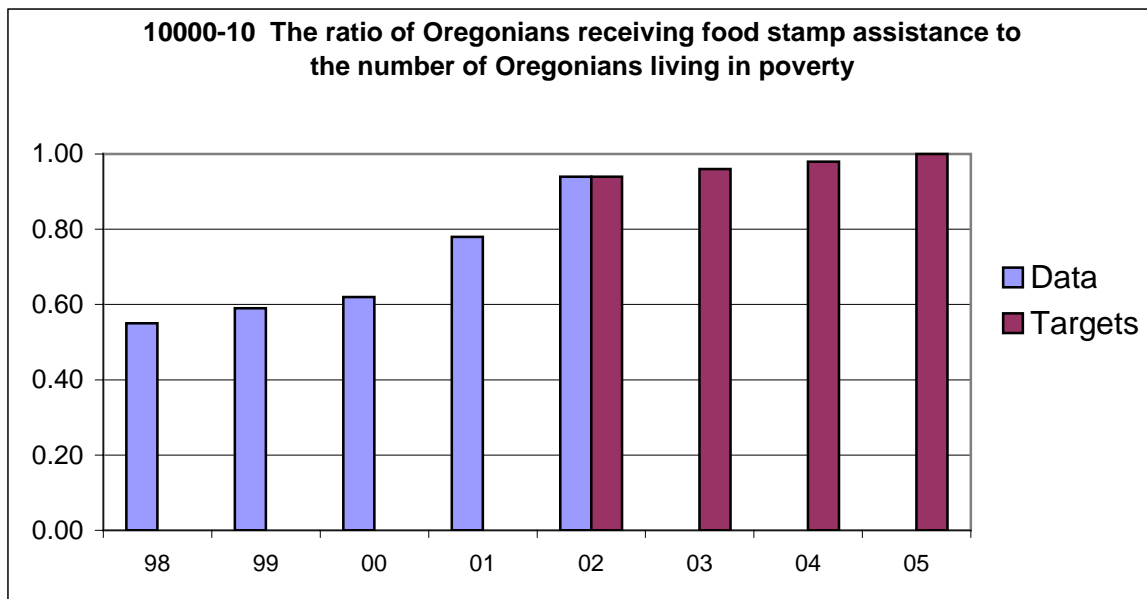
Continue efforts to find full-time employment for persons with developmental disabilities.

What is the data source?

SPD Employment Outcomes System. Earnings reported twice annually for persons receiving SPD-DD Employment Services.

10000-10. RATIO OF OREGONIANS RECEIVING FOOD STAMP ASSISTANCE TO THE NUMBER OF OREGONIANS LIVING IN POVERTY.

Data					Targets					
1998	1999	2000	2001	2002	2000	2001	2002	2003	2004	2005
.55	.59	.62	.78	.94	NA	NA	.94	.96	.98	1.00



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

What does the performance measure demonstrate about the goal?

Full utilization of the Food Stamp program represents one of the best resources available to the state to fight hunger. Thus, higher numbers indicate better results for this measure.

What do the data reveal?

DHS met the target for 2002.

Early 2003 data show the actual exceeding the target. The poor economy may be affecting this measure.

This measure is a ratio, not a percentage. It does not attempt to estimate the percent of people in poverty who receive food stamps or the percent of people on food stamps who live in poverty.

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

Food Stamp Program eligibility. Health and social service provider referrals.

What needs to be done as a result of your analysis?

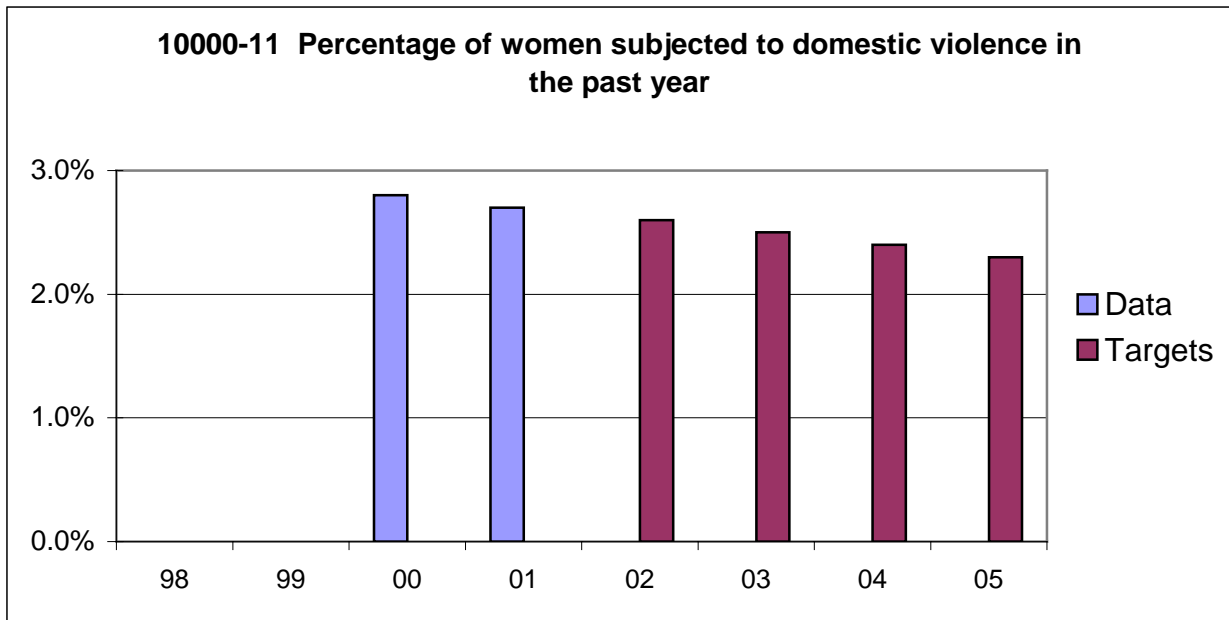
Continue current efforts.

What is the data source?

Food Stamp Management Information System and census estimates.

10000-11. PERCENTAGE OF WOMEN SUBJECTED TO DOMESTIC VIOLENCE IN THE PAST YEAR.

Data					Targets					
1998	1999	2000	2001	2002	2000	2001	2002	2003	2004	2005
NA	NA	2.8	2.7	NA	NA	NA	2.6	2.5	2.4	2.3



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.” The measure provides a population-based estimate of the percentage of women who self-report domestic violence in the Oregon Behavioral Risk Factor Surveillance Survey (BRFSS).

The BRFSS also helps us 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.

What does the performance measure demonstrate about the goal?

Domestic violence is thought to affect as many as one in seven Oregon women in their lifetimes. It contributes to health problems, injury, and death among Oregonians. During 1999 and 2000, 27 (59 percent) female homicide

victims and seven (6 percent) male homicide victims were killed by their intimate partners.¹

What do the data reveal?

Unable to make a comparison until 2002 data are available.

BRFSS findings are subject to at least three limitations:

1. The survey is limited by its dependence on self-reports, which might be inaccurate because of recall bias or unwillingness to report
2. The survey does not include persons without telephones or persons who do not speak English or Spanish
3. Because of their cross-sectional nature, the results do not provide evidence of causal relations.

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

The DHS Domestic Violence (DV) Council was established to assure that appropriate screening and intervention occurs at all DHS service delivery points that serve women and families.

DHS has implemented a statewide training effort to provide an update to staff. Department staff serves on the Governor's Council on Domestic Violence. Finally, DHS is actively collecting data to quantify and characterize the problem of domestic violence.

What needs to be done as a result of your analysis?

- Assess needs for safety planning and safe housing among clients
- Provide safety for all clients
- Establish prevention activities
- Collect and analyze data to guide program and policy development

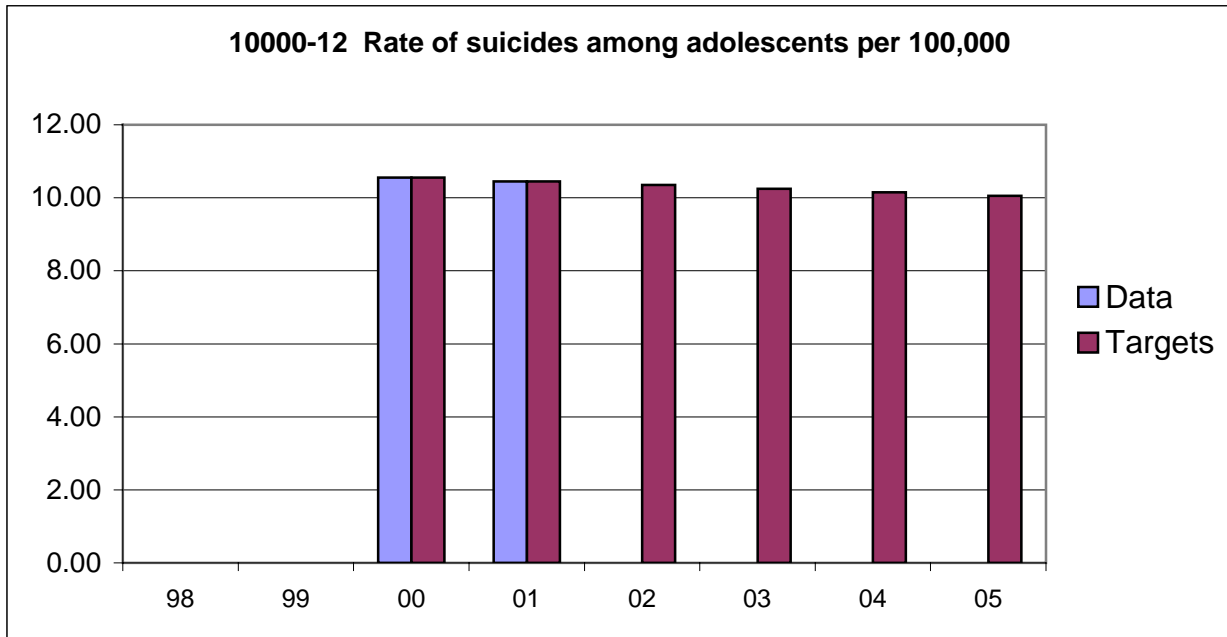
What is the data source?

Office of Disease Prevention and Epidemiology survey and database

¹ CD Summary. "Ask the Hard Questions: Intimate Partner Violence and Health-Care Providers". April 9, 2002; Vol. 51, No. 8

10000-12. RATE OF SUICIDES AMONG ADOLESCENTS PER 100,000.

Data					Targets					
1998	1999	2000	2001	2002	2000	2001	2002	2003	2004	2005
NA	NA	10.55	10.45	NA	10.55	10.45	10.35	10.25	10.15	10.05



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.”

What does the performance measure demonstrate about the goal?

The measure indicates the rate of suicides among Oregon youth ages 10-24. Suicide is the second leading cause of death in this age group. There are many more youth who are treated for suicide attempts and live, and also youth who report that they are seriously considering suicide.

What do the data reveal?

2002 data are not available yet.

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

The State Agency Team for the Prevention of Youth Suicide includes department staff. This team, led by the Youth Suicide Prevention Coordinator, implemented a SAFE TEEN training for teams from 12 Oregon high schools. The training prepares multidisciplinary teams to address suicidal thoughts and threats and to provide appropriate response, de-briefing, and follow-up after a student suicide or suicide attempt. Finally, DHS is actively collecting data to quantify the problem of youth suicide.

What needs to be done as a result of your analysis?

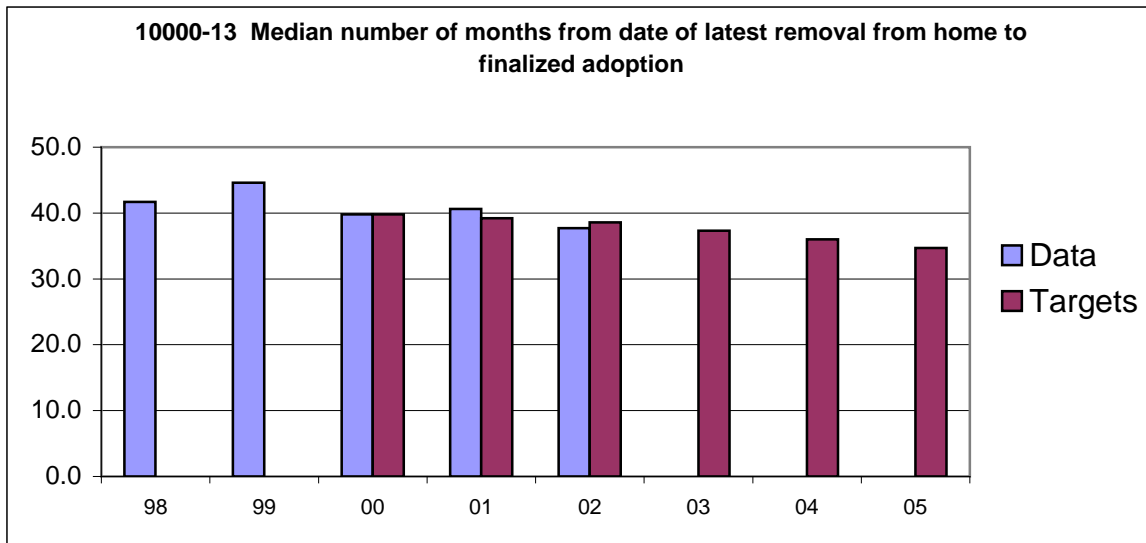
- Assess community needs for identification and referral
- Provide appropriate mental health care and crisis response care for youth
- Develop follow-up approaches within schools
- Provide survivor support
- Educate professionals about suicide
- Implement protocols to assure youth treated for attempts receive aftercare
- Train Oregonians to provide intervention
- Collect and analyze data to guide program and policy development

What is the data source?

Office of Disease Prevention and Epidemiology vital statistics

10000-13. MEDIAN NUMBER OF MONTHS FROM DATE OF LATEST REMOVAL FROM HOME TO FINALIZED ADOPTION.

Data					Targets					
1998	1999	2000	2001	2002	2000	2001	2002	2003	2004	2005
41.7	44.6	39.8	40.6	37.7	39.8	39.2	38.6	37.3	36.0	34.7



To what goal or goals is this performance measure linked?

This performance measure links to the DHS goal, “People are safe.” This measure concerns children who leave foster care to be adopted during a specific reporting period.

For those children, the measure reports the median length of time from date of latest removal from the home to finalized adoption. (The median is the “middle” data element – for example 4 is the median of the data points 1, 4, 5.) Lower median months indicate better results for this measure.

What does the performance measure demonstrate about the goal?

The Program Improvement Plan (PIP) goal negotiated with the federal Administration for Children and Families (ACF) is 36 months or less. Oregon will meet its PIP goal for this indicator if, for two reporting periods in a row, the statewide median months to adoption is less than 36 months.

Adoptions should be completed without undue delays whenever possible. This reduces additional disruption in children's lives and leads to stabilized and permanent living situations.

What do the data reveal?

DHS exceeded the 2002 target: 37.7 months compared to a target of 38.6 months.

This measure uses the median months since latest removal from the home for adoptions that were finalized during the period. This is not the average number of months to achieve adoptions.

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

Adoptions Program

What needs to be done as a result of your analysis?

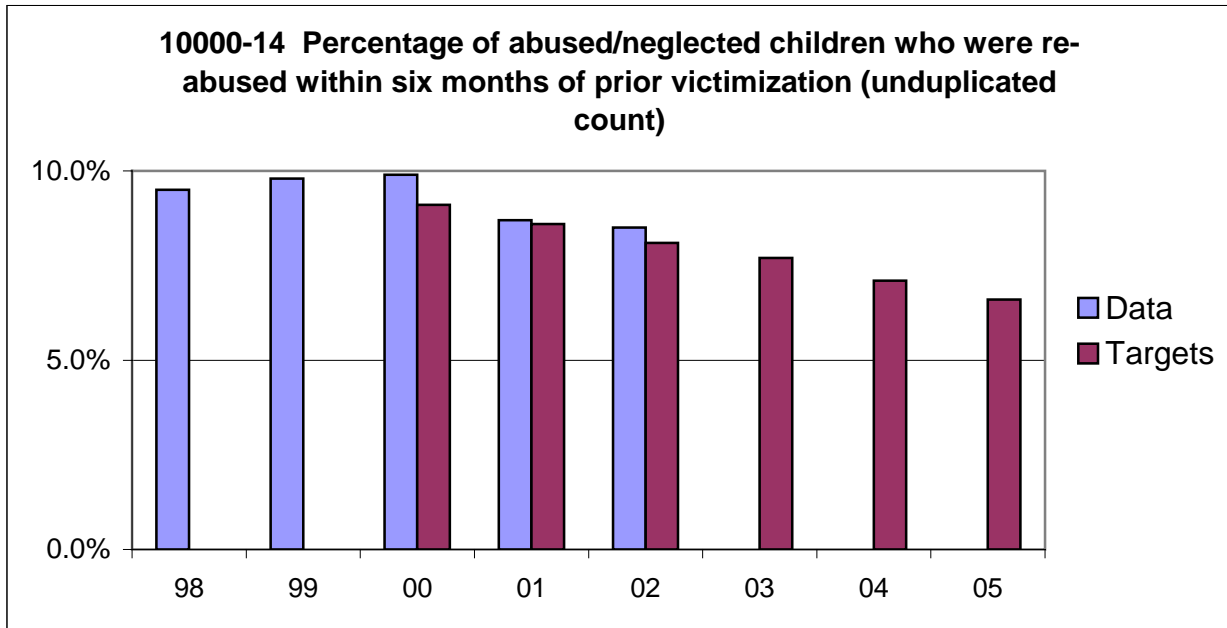
- Establish pilot sites to test new protocols to expedited achievement of adoption.
- Make changes in legal assistance, adoption policy, and standard procedures and provide training.
- Streamline processes to assess potential adoptive resources and legal processes.
- Maximize use of existing data to identify possible improvement areas.

What is the data source?

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

10000-14. PERCENTAGE OF ABUSED/NEGLECTED CHILDREN WHO WERE RE-ABUSED WITHIN SIX MONTHS OF PRIOR VICTIMIZATION (UNDUPLICATED COUNT).

Data					Targets					
1998	1999	2000	2001	2002	2000	2001	2002	2003	2004	2005
9.5	9.8	9.9	8.7	8.5	9.1	8.6	8.1	7.7	7.1	6.6



To what goal or goals is this performance measure linked?

This performance measure links to the DHS goal, “People are safe.” 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).

Of these children, the measure indicates the percentage who are re-abused within six months of prior abuse. Thus, lower percentages indicate better results for this measure.

Oregon’s goal is to decrease this rate to 6.1 percent or less, a goal set by the federal Administration for Children and Families (ACF). The Program Improvement Plan (PIP) goal for this measure is less than 7.7 percent.

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.

What does the performance measure demonstrate about the goal?

The measure was developed by the ACF. Keeping children safe is of paramount importance to DHS. This measure shows the department's effectiveness in preventing an abused child from being further abused.

What do the data reveal?

The department has failed to achieve the national standard or the state target during the last two years. In 2002, the state target was 8.1 percent; while actual performance was 8.5 percent.

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

Child Protective Services, Child Foster Care and In-Home Family Reunification Services.

What needs to be done as a result of your analysis?

- Create collaborative community response to chronic neglect cases.
- Review and revise current data entry policy, practice, and procedures regarding information related to "founded" Child Protective Services (CPS) referrals.
- Train field staff through family-based services consultants and FACIS training staff.
- Provide quarterly and detailed data to field offices.

What is the data source?

Data source for re-abuse measure is the State Child Welfare IIS data system.

10000-15. PERCENTAGE OF SENIORS AND ADULTS WITH DISABILITIES WHO ARE RE-ABUSED WITHIN 12 MONTHS OF FIRST SUBSTANTIATED ABUSE.

Data					Targets					
1998	1999	2000	2001	2002	2000	2001	2002	2003	2004	2005
Developmental					Developmental					

To what goal or goals is this performance measure linked?

This performance measure links to the DHS goal, “People are safe.” This concerns seniors and adults with disabilities who are victims of substantiated abuse. This measure will indicate the percentage of those abuse victims who are re-abused within 12 months of prior abuse. A lower percentage indicates better results in protecting victims of repeat abuse.

What does the performance measure demonstrate about the goal?

This measures the effectiveness of the departments’ protective services for seniors and people with disabilities.

What do the data reveal?

Data are not yet available and targets have not been set. The term substantiated means more likely than not. Abuse is defined in the various DHS administrative rules.

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

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

What needs to be done as a result of your analysis?

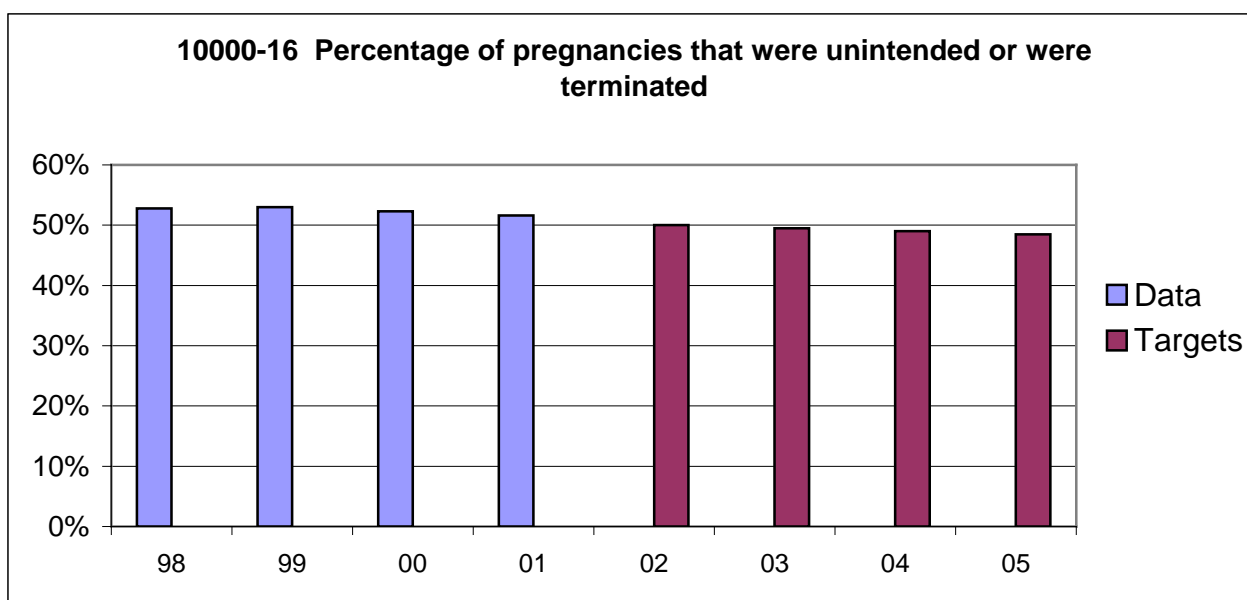
Change various data systems that collect abuse information to allow the calculation of re-abuse rates.

What is the data source?

SPD is developing a central database to store all abuse reports for seniors. For consistency, SPD will use the same methodology as CAF uses for child welfare reporting.

10000-16. PERCENTAGE OF PREGNANCIES THAT WERE UNINTENDED OR WERE TERMINATED.

Data					Targets					
1998	1999	2000	2001	2002	2000	2001	2002	2003	2004	2005
52.8	53.0	52.3	51.6	NA	NA	NA	50.0	49.5	49.0	48.5



To what goal or goals is this performance measure linked?

This performance measure links to the DHS goal, “People are healthy.” It is a measure of how many pregnancies were unintended or terminated.

What does the performance measure demonstrate about the goal?

Unintended pregnancy is associated with a number of unfavorable health outcomes for mothers and babies (later entry into prenatal care, reduced rates of breastfeeding, increased use of alcohol or other drugs while pregnant), and with greater family instability, both social (including increased violence) and economic (interruption of education and reduced capacity to support the family).

Increasing the number of pregnancies that are planned at conception can work to counteract these negative outcomes.

What do the data reveal?

The trend is downward as desired.

The denominator is the total number of births and abortions reported to vital statistics for the calendar year. The numerator is the total number of abortions plus the number of births estimated to be unintended based on the Pregnancy Risk Assessment Monitoring System (PRAMS) survey of women who have given birth for that calendar year. A birth is labeled as unintended if a woman reports that she wanted to be pregnant later or never.

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

Family Planning grant program and Family Planning Expansion Project are working to assure that all individuals who wish to have the tools to plan and space pregnancies are provided those opportunities, regardless of income.

What needs to be done as a result of your analysis?

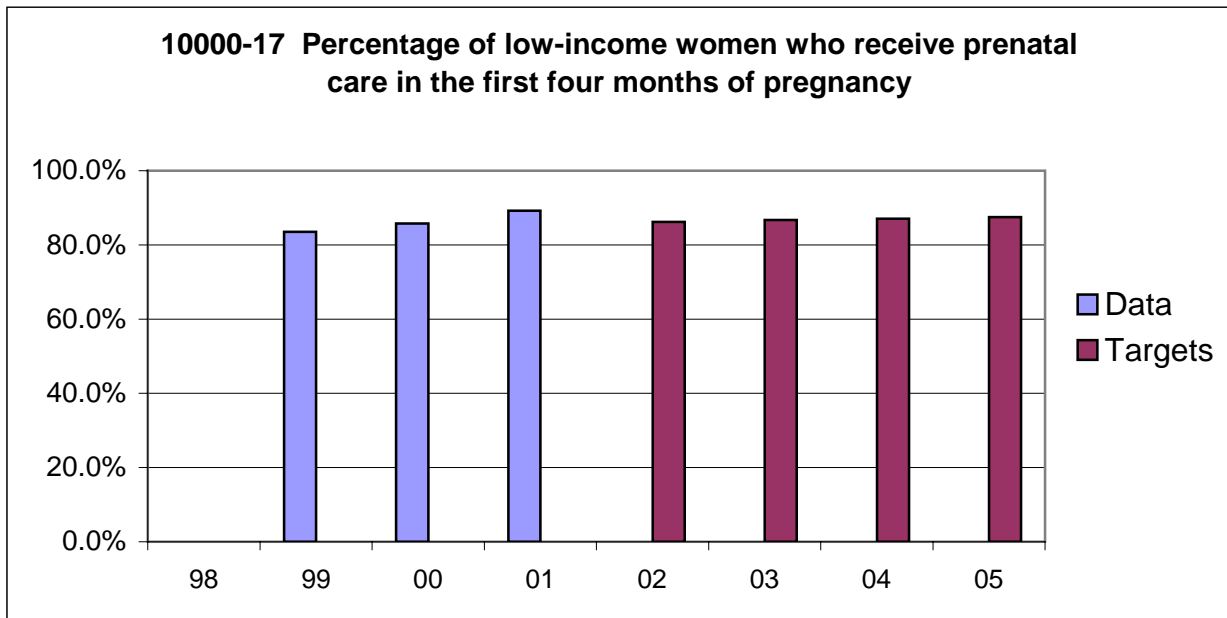
Continuation of current strategies.

What is the data source?

Office of Family Health survey and vital statistics

10000-17. PERCENTAGE OF LOW-INCOME WOMEN WHO RECEIVE PRENATAL CARE IN THE FIRST FOUR MONTHS OF PREGNANCY.

Data					Targets					
1998	1999	2000	2001	2002	2000	2001	2002	2003	2004	2005
NA	83.5	85.8	89.2	NA	NA	NA	86.2	86.7	87.1	87.5



To what goal or goals is this performance measure linked?

This performance measure links to the DHS goal, “People are healthy.” This is a measure of access to prenatal care for low-income women in Oregon. It uses responses of women participating in the Pregnancy Risk Assessment Monitoring System (PRAMS), which is a sample survey of all women about four months after the birth of a child.

This measure is the percentage of women with family incomes of less than \$30,000 per year who had reported at the time of the birth that they began receiving prenatal care before or during the fourth month of pregnancy.

What does the performance measure demonstrate about the goal?

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. Some of the conditions that can occur during pregnancy, such

as diabetes, can have serious, costly, or even life-threatening effects if not identified and controlled.

What do the data reveal?

The actual for 2001 exceeded the 2005 target. There has been a steady increase in the access to prenatal care since 1999. This increase is also demonstrated in other measures of prenatal care utilization by low-income women for 1999 through 2001. However, the preliminary analysis of 2002 data show a decrease in the percentage of women receiving adequate, timely care.

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

- The Office of Family Health (OFH) Oregon MothersCare program, which began in 1999, focuses on getting low-income women into prenatal care by helping with early enrollment in Oregon Health Plan (OHP) and scheduling the first prenatal care appointment.
- Oregon Maternity Case Management (MCM) helps women improve their chances for a healthy pregnancy and delivery through help in finding prenatal and other necessary care, providing preventive health education, and providing or linking to other services throughout the pregnancy.
- Women applying for OHP are asked if they are pregnant, and their applications are expedited. On a weekly basis, the Office of Medical Assistance Programs (OMAP) sends to its contracted managed care plans lists of pregnant women who have recently enrolled in their plan so the plan can make timely contact and help arrange the first prenatal care visit.
- Maternity care is a major focus when OMAP conducts its regular quality improvement evaluations of its contracted managed care plans. Timeliness of prenatal care is an annual performance measure used by all OMAP contracted managed care plans.
- OMAP has increased the reimbursement rates for obstetricians and gynecologists who provide prenatal care. In February 2003, OHP expanded coverage to pregnant women from 170 percent of Federal Poverty Level (FPL) to 185 percent FPL.

What needs to be done as a result of your analysis?

To continue our success, DHS will need to:

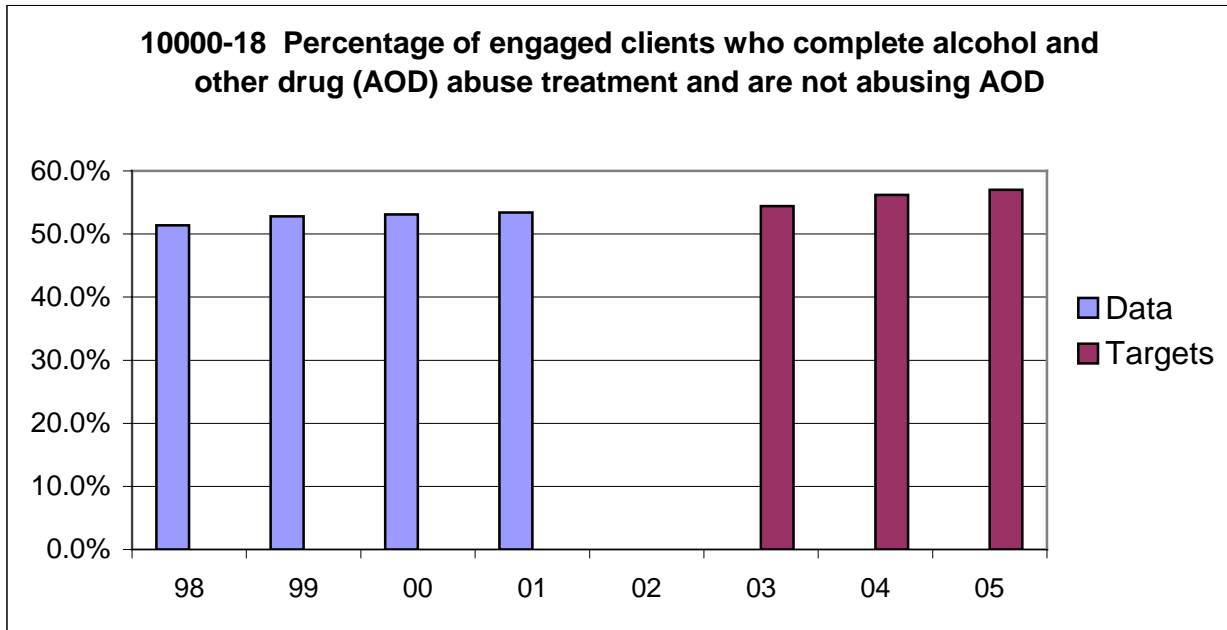
- continue to provide funding, program guidance, and consultation to all the county health departments that provide MothersCare and MCM services;
- continue to cover prenatal care for pregnant women at levels sufficient to assure early entry into care;
- continue to pay for prenatal care providers at levels sufficient to assure low-income women access to care;
- complete the design, development, installation, and/or training for the new FamilyNet and Medicaid Management Information System (MMIS) data systems. OFH, OMAP, and local health departments use this system to document, fund, and evaluate these programs and support these activities;
- continue to review and evaluate these programs to assure continuous improvement in access to and quality of prenatal care for pregnant women.

What is the data source?

Office of Family Health and Office of Disease Prevention and Epidemiology survey and vital statistics

10000-18. PERCENTAGE OF ENGAGED CLIENTS WHO COMPLETE ALCOHOL AND OTHER DRUG (AOD) ABUSE TREATMENT AND ARE NOT ABUSING AOD.

Data					Targets					
1998	1999	2000	2001	2002	2000	2001	2002	2003	2004	2005
51.4	52.8	53.1	53.4	54.6	NA	NA	NA	54.4	56.2	57.0



To what goal or goals is this performance measure linked?

This performance measure links to the DHS goal, “People are healthy.” This measure reports the percentage of "engaged" clients, those who entered treatment after a positive assessment, completed at least two-thirds of their treatment plan and were not abusing alcohol or other drugs at disenrollment.

What does the performance measure demonstrate about the goal?

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

What do the data reveal?

The current level of completion is on target.

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

County contracts to provide alcohol and other drug treatment services and licensing of providers.

What needs to be done as a result of your analysis?

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

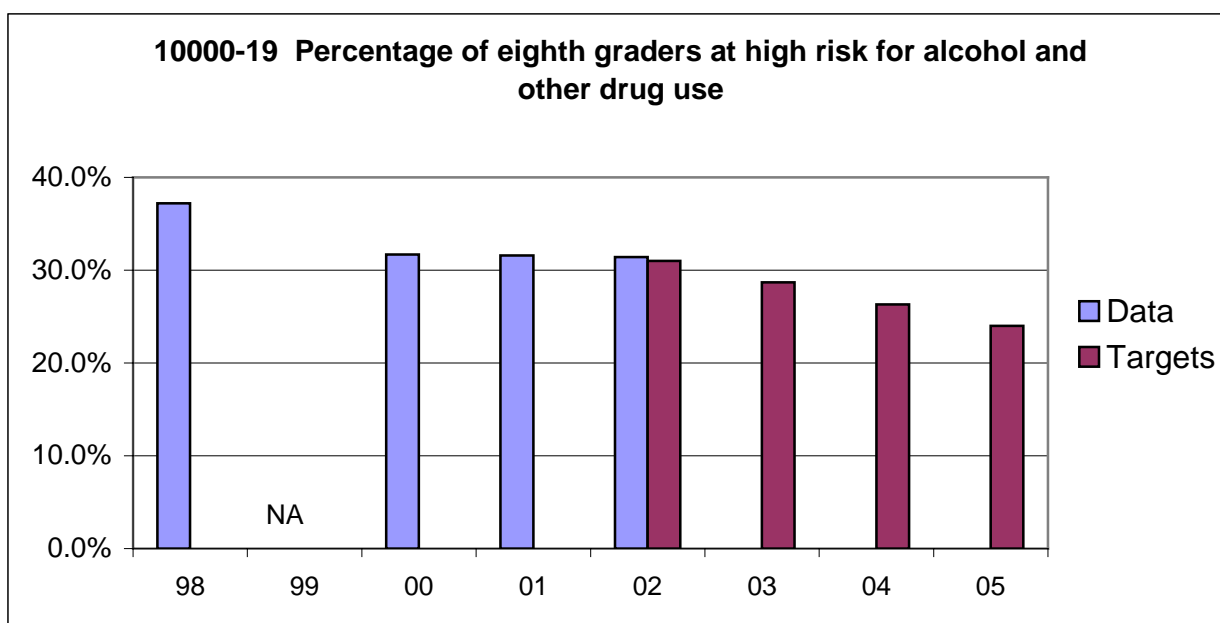
Counties that fall more than two standard deviations below the state average, or counties that show consistently downward trends, must develop and implement corrective action plans. OMHAS provides training and technical assistance to the counties throughout this process.

What is the data source?

Office of Mental Health & Addiction Services - Client Process Monitoring System (CPMS)

10000-19. PERCENTAGE OF EIGHTH GRADERS AT HIGH RISK FOR ALCOHOL AND OTHER DRUG USE.

Data					Targets					
1998	1999	2000	2001	2002	2000	2001	2002	2003	2004	2005
37.2	NA	31.7	31.6	31.4	NA	NA	31.0	28.7	26.3	24.0



To what goal or goals is this performance measure linked?

This performance measure links to the DHS goal, “People are healthy.” This measure reports the percentage of eighth graders who reported drinking alcohol and/or using illicit drugs at least one time during the 30 days before taking the student survey.

What does the performance measure demonstrate about the goal?

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

What do the data reveal?

The current level of use is slightly higher than targeted, but still going in the right direction: a downward trend.

The data are collected from 8th grade students in their classrooms using a paper and pencil survey tool. The survey is conducted by a proctor in schools that have been randomly selected to participate in the survey. The survey instrument itself was modified in 2001 and is somewhat different than the instrument used in 1998 and 2000; however, the data are still comparable.

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

Parent education and training and county contracts to provide prevention services.

What needs to be done as a result of your analysis?

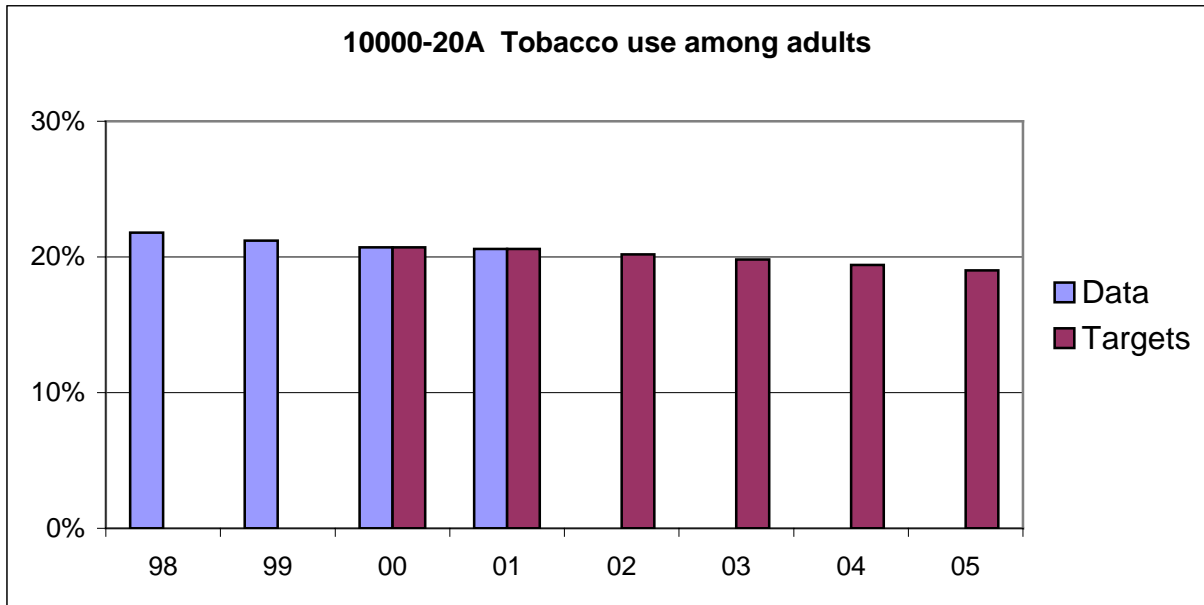
This measure is reported in the annual “County Data Books,” which are used by local prevention coordinators to community-specific prevention plans.

What is the data source?

Office of Mental Health & Addiction Services, Oregon Public Schools Drug Use Survey, 1998, 2000; Oregon Healthy Teens Student Survey, 2002.

10000-20-A. TOBACCO USE AMONG ADULTS

Data					Targets					
1998	1999	2000	2001	2002	2000	2001	2002	2003	2004	2005
21.8	21.2	20.7	20.6	NA	20.7	20.6	20.2	19.8	19.4	19.0



To what goal or goals is this performance measure linked?

This performance measure links to the DHS goal, “People are healthy.” This measure is used to monitor adult smoking prevalence, i.e., the percentage of adults who currently smoke cigarettes. These data are self-reported from the Behavioral Risk Factors Surveillance System (BRFSS).

What does the performance measure demonstrate about the goal?

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.

What do the data reveal?

Data for 2002 are not available yet. Targets for 2000 and 2001 were based on actual data.

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

Voter-approved initiatives mandate that a specific proportion of tobacco taxes be allocated to DHS for tobacco prevention. Since 1997, DHS has maintained a comprehensive tobacco prevention program, funded by these tobacco taxes (approx. \$16 million per biennium). The Legislature suspended the program in April 2003, through the end of the biennium (June 2003).

One of the main goals of the tobacco prevention program is to reduce tobacco use by adults. This goal is accomplished through county and tribal-based programs, the tobacco Quit Line, multicultural outreach and education, a statewide public awareness and education campaign, program evaluation, and statewide coordination and leadership.

Currently, minimal program evaluation and statewide leadership are maintained through a grant from the Centers for Disease Control and Prevention.

What needs to be done as a result of your analysis?

Tobacco use continues to be a major cause of illness and death in Oregon. It contributes heavily to medical costs. Multiple studies have demonstrated the effectiveness of statewide tobacco control programs.

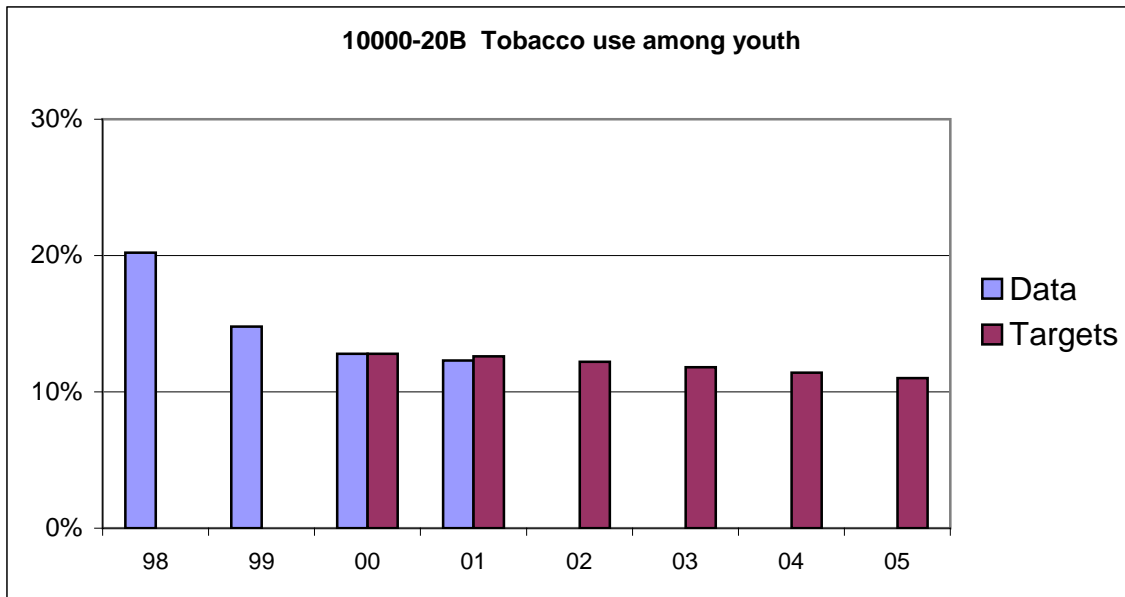
The performance measure targets were set assuming that DHS would have continued funding for the Tobacco Prevention and Education Program (TPEP). Therefore, it is critical to restore funding for TPEP to adequate levels to achieve desired outcomes.

What is the data source?

Office of Disease Prevention & Epidemiology and Office of Family Health surveys and databases.

10000-20-B. TOBACCO USE AMONG YOUTH

Data					Targets					
1998	1999	2000	2001	2002	2000	2001	2002	2003	2004	2005
20.2	14.8	12.8	12.3	NA	12.8	12.6	12.2	11.8	11.4	11.0



To what goal or goals is this performance measure linked?

This performance measure links to the DHS goal, “People are healthy.” This measure is used to monitor youth smoking prevalence; i.e., the percentage of eighth graders who currently smoke cigarettes.

These data are from in-school surveys. In 2000 and after, data are from the Oregon Healthy Teens survey. Previously, data came from the Youth Risk Behavior Survey and the Oregon Public School Drug Use Survey.

What does the performance measure demonstrate about the goal?

Tobacco use is the leading preventable cause of death in Oregon and the nation. Cigarette smoking is the most common form of tobacco use. National studies show that 90 percent of adult smokers started smoking before they were 18 years old.

What do the data reveal?

Data for 2002 are not available yet. Targets for 2000 and 2001 were based on actual data.

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

Voter-approved initiatives mandate that a specific proportion of tobacco taxes be allocated to the Department of Human Services for tobacco prevention. In 1997, DHS implemented a comprehensive tobacco prevention program, funded by these tobacco taxes (approx. \$16 million per biennium). The Legislature suspended the program in April 2003, through the end of the biennium (June 2003).

One of the main goals of the tobacco prevention program is to reduce the number of Oregon youth who take up tobacco use. This goal is accomplished through county and tribal-based programs, comprehensive school-based programs, a tobacco Quit Line, multicultural outreach and education, a statewide public awareness and education campaign, program evaluation, and statewide coordination and leadership.

Currently, minimal program evaluation and statewide leadership continue through a grant from the Centers for Disease Control and Prevention.

What needs to be done as a result of your analysis?

Tobacco use among Oregon youth, while declining, continues to be a significant problem in Oregon. This increases the pool of potential long-term smokers most at risk for lung cancer, emphysema, and throat and mouth cancers.

Studies have repeatedly demonstrated the effectiveness of statewide tobacco control programs. The performance measure targets were set assuming that DHS would have continued funding for the Tobacco Prevention and Education Program.

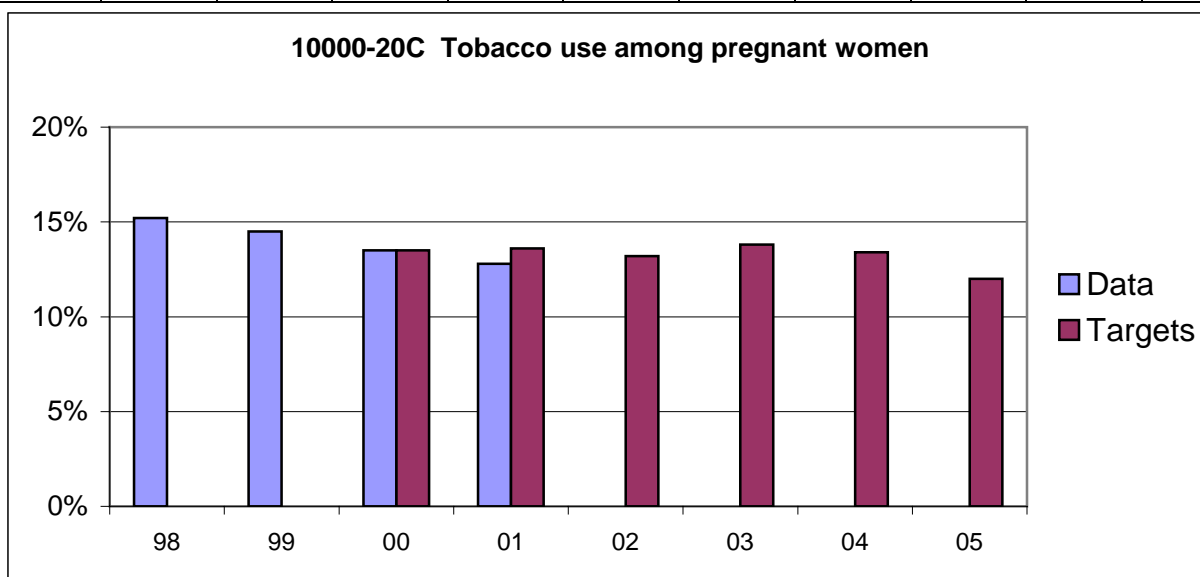
It is critical to restore funding for this program to adequate levels so that progress in this area is not lost.

What is the data source?

Office of Disease Prevention and Epidemiology and Office of Family Health surveys and databases.

10000-20-C. TOBACCO USE AMONG PREGNANT WOMEN

Data					Targets					
1998	1999	2000	2001	2002	2000	2001	2002	2003	2004	2005
15.2	14.5	13.5	12.8	NA	13.5	13.6	13.2	13.8	13.4	12.0



To what goal or goals is this performance measure linked?

This performance measure links to the DHS goal, “People are healthy.” This measure is used to monitor tobacco use among pregnant women.

The exact definition of the performance measure is the percentage of infants born to mothers who used tobacco during pregnancy. These data come from Oregon birth certificates.

What does the performance measure demonstrate about the goal?

A woman's use of tobacco during pregnancy is associated with serious, at times fatal, health problems for the child, ranging from low birth weight and prematurity to stillbirth and Sudden Infant Death Syndrome (SIDS).

What do the data reveal?

Data for 2002 are not available yet. Targets for 2000 and 2001 were based on actual data.

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

Voter-approved initiatives mandate that a specific proportion of tobacco taxes be allocated to the Department of Human Services for tobacco prevention. In 1997, DHS implemented a comprehensive tobacco prevention program, funded by these tobacco taxes (approx. \$16 million per biennium). The Legislature suspended the program in April 2003, through the end of the biennium (June 2003).

One of the main goals of the tobacco prevention program is to reduce tobacco use and exposure during pregnancy. This goal is accomplished through county and tribal-based programs, comprehensive school-based programs, a tobacco Quit Line, the Smoke-Free Mothers and Babies Project, multicultural outreach and education, a statewide public awareness and education campaign, program evaluation, and statewide coordination and leadership.

Currently, minimal program evaluation and statewide leadership are maintained through a grant from the Centers for Disease Control and Prevention.

The Smoke-Free Mothers and Babies Project, a sub-program of the Office of Family Health's Maternity Case Management, is a demonstration project funded by the Robert Wood Johnson Foundation. Previously implemented in collaboration with the Tobacco Prevention and Education Program (TPEP), this project is funded through December 2004, is in 10 Oregon counties, and will begin statewide dissemination next year.

Specific activities are underway in 10 pilot counties with Robert Wood Johnson funding to promote smoking cessation in pregnant women.

What needs to be done as a result of your analysis?

Tobacco use and exposure among pregnant women has declined during the time the TPEP has been active, but still presents an unacceptably high risk to pregnant women and their unborn children. There is much research that demonstrates the effectiveness of statewide tobacco control programs.

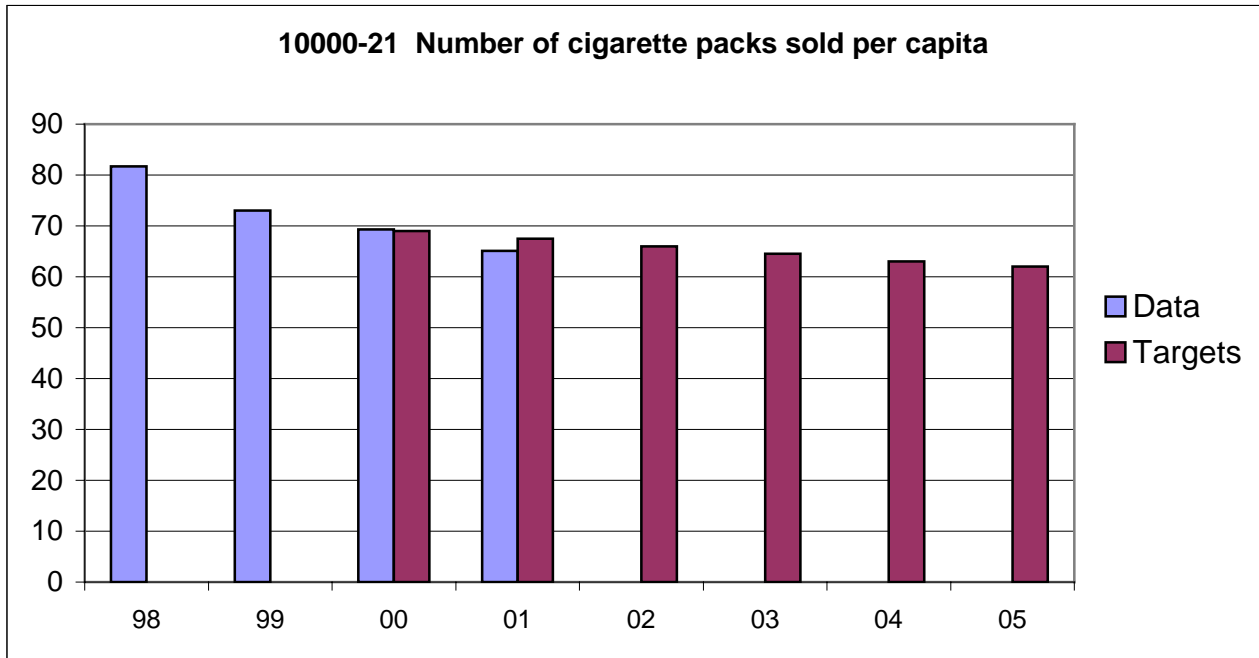
The performance measure targets were set assuming that DHS would have continued funding for the TPEP. Restoration of state perinatal and TPEP funds and will help to facilitate the expansion of the SFMB project. By restoring program funding to adequate levels, it should be possible to further decrease tobacco use and long-term health risk in this vulnerable population.

What is the data source?

Office of Disease Prevention and Epidemiology and Office of Family Health surveys and databases.

10000-21. NUMBER OF CIGARETTE PACKS SOLD PER CAPITA.

Data					Targets					
1998	1999	2000	2001	2002	2000	2001	2002	2003	2004	2005
81.7	73.0	69.3	65.1	NA	69.0	67.5	66.0	64.5	63.0	62.0



To what goal or goals is this performance measure linked?

This measure links to the DHS goal, “People are healthy.” It is used to monitor the annual number of cigarette packs sold per capita. The number of cigarette packs sold is calculated from Department of Revenue Cigarette Tax Receipts. This performance measure improves (decreases) when people quit smoking cigarettes, or cut down the number of cigarettes they smoke.

What does the performance measure demonstrate about the goal?

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.

What do the data reveal?

Data for 2002 are not available yet. Targets for 2000 and 2001 were based on actual data.

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

Voter-approved initiatives mandate that a specific proportion of tobacco taxes be allocated to DHS for tobacco prevention. Since 1997, DHS has maintained a comprehensive tobacco prevention program, funded by these tobacco taxes (approx. \$16 million per biennium). The Legislature suspended the program in April 2003, through the end of the biennium (June 2003).

One of the main goals of the tobacco prevention program is to reduce overall tobacco use. This goal is accomplished through county and tribal-based programs, comprehensive school-based programs, a tobacco Quit Line, multicultural outreach and education, a statewide public awareness and education campaign, program evaluation, and statewide coordination and leadership.

Currently, minimal program evaluation and statewide leadership are continuing through a grant from the Centers for Disease Control and Prevention.

What needs to be done as a result of your analysis?

Tobacco use continues to be a significant problem in Oregon, both in terms of human suffering and medical costs. Studies have repeatedly demonstrated the effectiveness of statewide tobacco control programs.

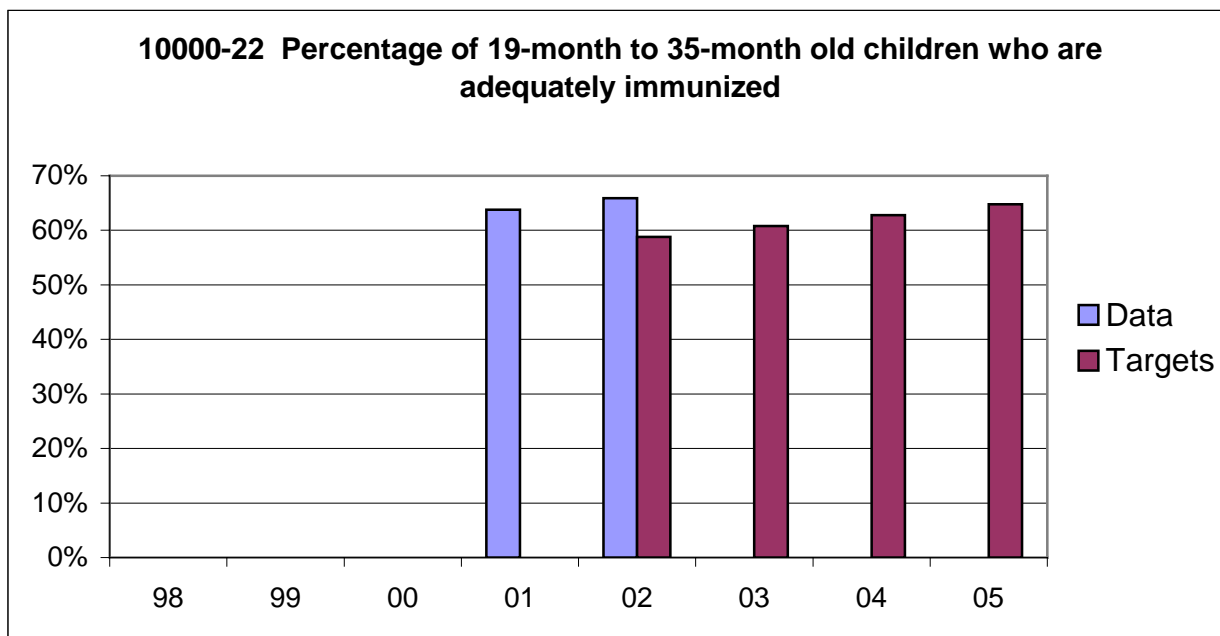
The performance measure targets were set assuming that DHS would have continued funding for the Tobacco Prevention and Education Program (TPEP). It is critical to restore program funding to adequate levels to consolidate the gains made and to further Oregon's progress in tobacco control.

What is the data source?

Office of Disease Prevention and Epidemiology, Office of Family Health and Department of Revenue surveys and databases.

10000-22. PERCENTAGE OF 19-MONTH TO 35-MONTH OLD CHILDREN WHO ARE ADEQUATELY IMMUNIZED.

Data					Targets					
1998	1999	2000	2001	2002	2000	2001	2002	2003	2004	2005
NA	NA	NA	63.8	65.9	NA	NA	58.8	60.8	62.8	64.8
Revised targets being proposed					NA	NA	65.0	66.0	67.0	68.0



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 seek immunization services from local health departments*. Adequate immunizations for this measure are: one measles, mumps, rubella (MMR) vaccination; four diphtheria, tetanus, pertussis (DTaP) vaccinations; and three polio vaccinations.

What does the performance measure demonstrate about the goal?

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

What do the data reveal?

The measure for 2002, 65.9 percent, exceeds the target for 2005.

Due to vaccine shortages in 2000-2001, we anticipated a decline in immunization rates in 2002. We may still see the effects of deferred immunizations in 2003.

Private primary health care providers immunize most children in Oregon. Approximately 75 percent of all children in Oregon are immunized by age 2 for measles, mumps, rubella, diphtheria, tetanus, pertussis, and polio.

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.

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.

What needs to be done as a result of your analysis?

To continue our success, DHS needs to:

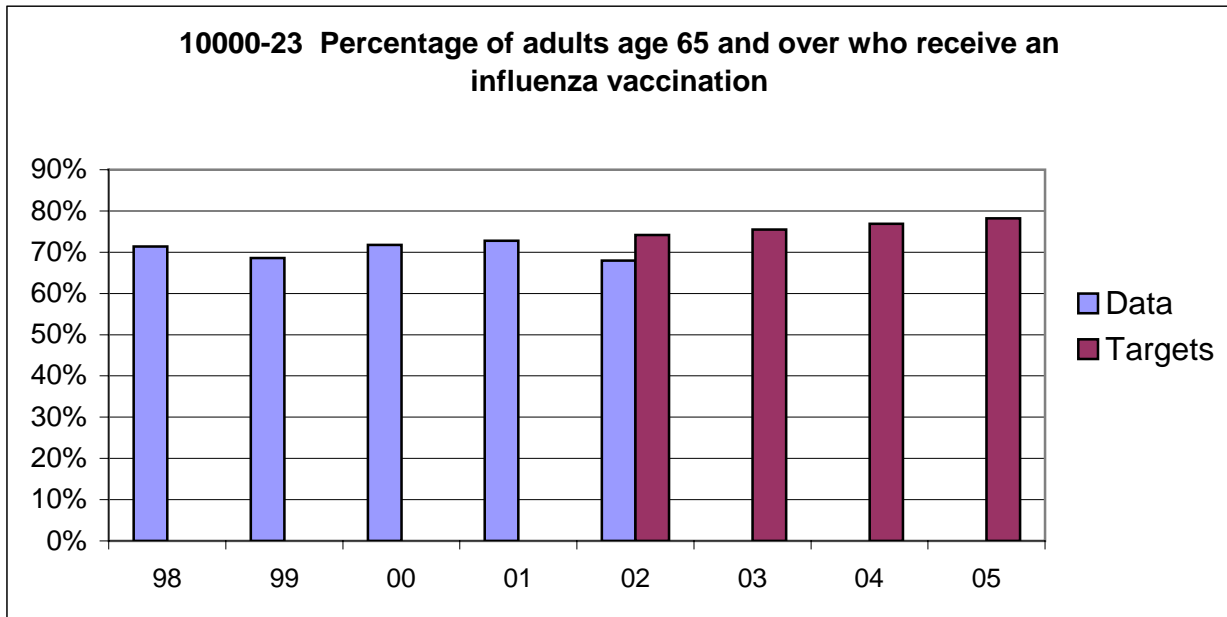
- continue to provide funding, vaccines, and consultation to all the county health departments;
- complete installation and training of the new computerized record system for the public sector which includes reminder postcards for overdue shots;
- increase private provider participation in the statewide ALERT immunization registry so that we can produce a consolidated record. This will 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 future vaccine shortage.

What is the data source?

Office of Family Health and ALERT Registry data.

10000-23. PERCENTAGE OF ADULTS AGE 65 AND OVER WHO RECEIVE AN INFLUENZA VACCINATION.

Data					Targets					
1998	1999	2000	2001	2002	2000	2001	2002	2003	2004	2005
71.4	68.6	71.8	72.8	68.0	NA	NA	74.2	75.5	76.9	78.2
Revised targets being proposed					NA	NA	70.0	71.3	72.6	73.9



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.

What does the performance measure demonstrate about 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.

What do the data reveal?

DHS did not meet the target for 2002.

A decrease in influenza coverage rates was expected for 2002 compared with 2001, based on the number of doses delivered by immunization providers in Oregon and in the U.S. Partial explanation includes decreased perception of risk of contracting influenza and risk of serious consequences among all age groups, due to three sequential mild flu seasons. Also, ample vaccine supply in 2002 may have decreased demand for vaccine that was created by vaccine shortages and delays in 2000 and 2001.

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 percent 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.

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

By the end of 2003, DHS Immunization Program will have completed a survey of hospitals in Oregon to understand immunization practices in the inpatient setting. In subsequent years, DHS Immunization Program and community partners will seek to increase the number of patients age 65 and older who are immunized against influenza prior to discharge from the hospital.

What needs to be done as a result of your analysis?

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

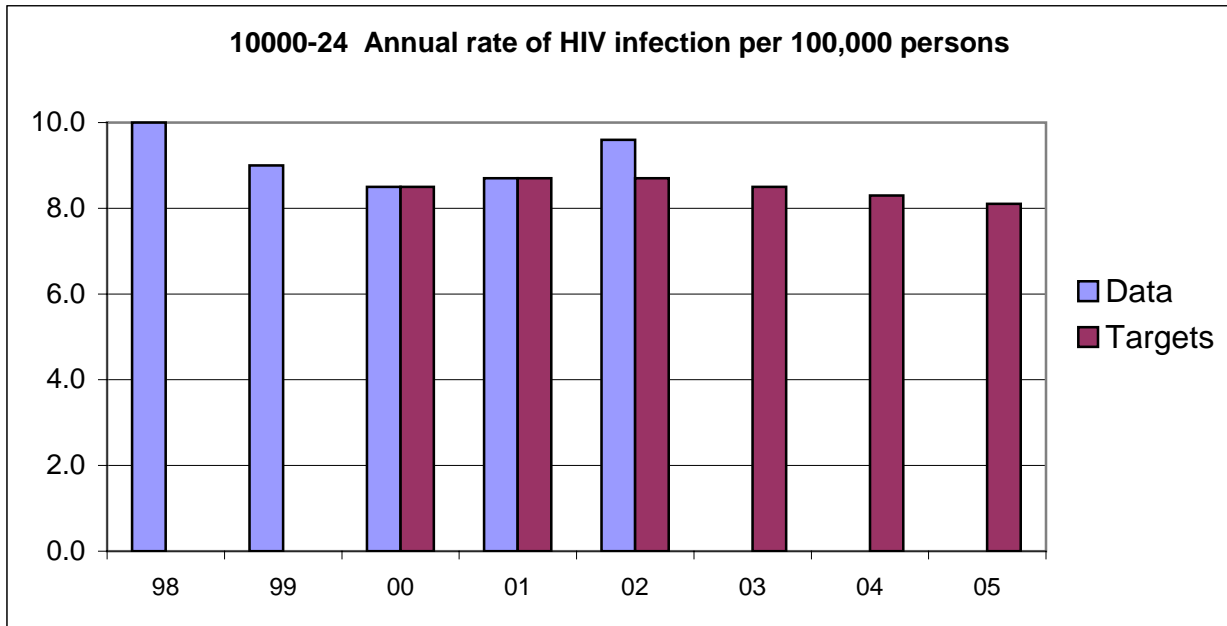
1. Work with hospitals to increase the number of patients age 65 and older who are immunized against influenza prior to discharge.
2. Work with physicians to decrease the number of missed opportunities to immunize patients in the clinic setting.
3. Promote the administration of influenza vaccine whenever any other immunization is given, such as pneumococcal vaccine or tetanus/diphtheria vaccine, in all health care settings, by all immunization providers.

What is the data source?

Office of Disease Prevention and Epidemiology database survey.

10000-24. ANNUAL RATE OF HIV INFECTION PER 100,000 PERSONS.

Data					Targets					
1998	1999	2000	2001	2002	2000	2001	2002	2003	2004	2005
10.0	9.0	8.5	8.7	9.6	8.5	8.7	8.7	8.5	8.3	8.1



To what goal or goals is this performance measure linked?

This performance measure links to the DHS goal, “People are healthy.” This measures the number of new HIV-positive tests recorded in Oregon and is an indication of the number of new HIV infections in our population.

What does the performance measure demonstrate about the goal?

DHS attempts to quantify the number of new HIV infections in order to:

- target new prevention activities to decrease the spread of HIV
- evaluate the effectiveness of current prevention activities.

The estimate of new HIV infections is used to plan for care and management of HIV-infected Oregonians.

What do the data reveal?

DHS did not meet the 2002 target.

The rate of new infections in Oregon in 2002 was 9.6 per 100,000. This was higher than the target of 8.7 per 100,000. It is unclear whether this is an artifact or if it really reflects a trend of increased HIV infections. This result will be monitored closely by reassessing it in six months.

The discrepancy may be due to the data source - the Counseling and Testing database - and not from an HIV case reporting system. The recently implemented HIV case reporting system will provide a more complete assessment of HIV infection rates next year.

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

The HIV Prevention Section funds community-based organizations to develop and administer programs to groups and individuals designed to limit or prevent the spread of HIV in Oregon.

What needs to be done as a result of your analysis?

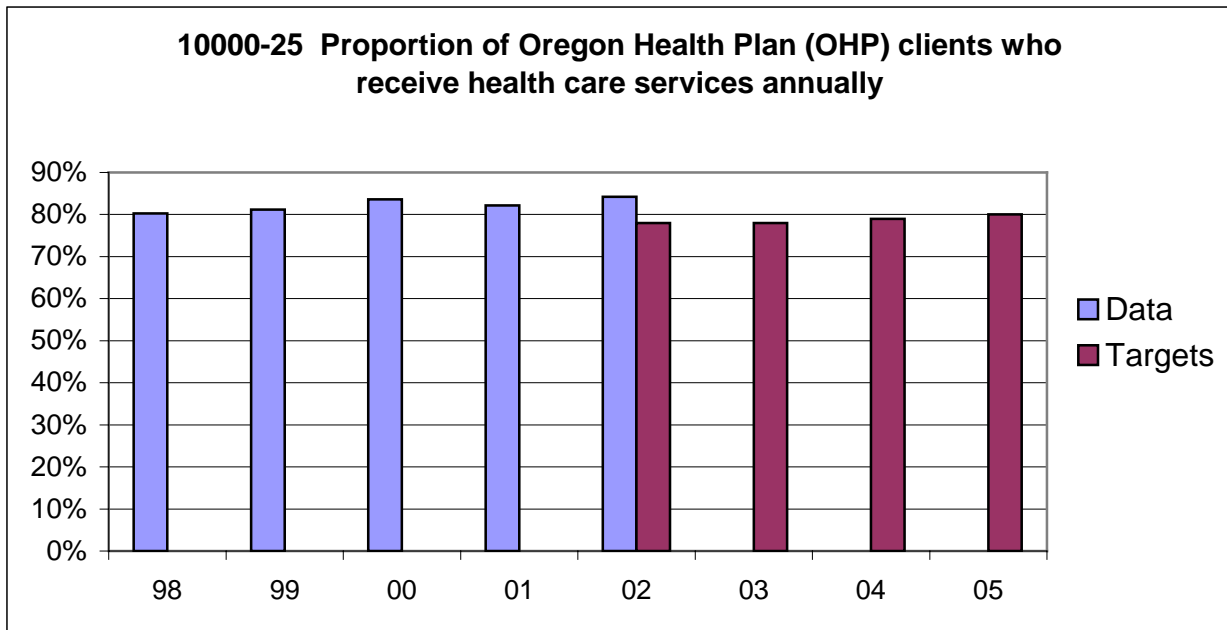
We will do a more comprehensive analysis of HIV infection rates, using the new HIV reporting system. This system will provide more reliable data about new HIV infections than the Counseling and Testing database.

What is the data source?

Office of Disease Prevention and Epidemiology database.

10000-25. PROPORTION OF OREGON HEALTH PLAN (OHP) CLIENTS WHO RECEIVE HEALTH CARE SERVICES ANNUALLY.

Data					Targets					
1998	1999	2000	2001	2002	2000	2001	2002	2003	2004	2005
80.3	81.2	83.6	82.2	84.2	NA	NA	78.0	78.0	79.0	80.0



To what goal or goals is this performance measure linked?

This performance measure links to the DHS goal, “People are healthy” and represents OHP clients’ access to primary care. This measure shows the number of clients who received at least one primary care visit during the year, compared to all clients. To be included in this measure, clients must be continuously enrolled in a specific fully capitated health plan or in the delivery systems of primary care case management or fee for service. Enrollment breaks of up to 45 days are allowed in each year.

What does the performance measure demonstrate about the goal?

One of the premises of OHP is to increase access to preventive and primary care. OHP 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.

People who have access to and utilize primary care have improved health outcomes, and health care is delivered in a more cost effective manner.

What do the data reveal?

DHS exceeded the target for 2002.

The measure had a favorable increase to 84.2 percent. The target set for 2002 was 78.0 percent.

When setting targets, several important factors that were occurring in 2002 and expected to occur in 2003 were taken into account. These include the poor state economy and the implementation of major changes in OHP. These factors would contribute to increased numbers of persons on OHP without a corresponding increase in capacity.

Also, although co-payments were not enacted (for the OHP standard population) until early 2003, the ideas of co-payments, premiums and other imminent OHP changes were widely discussed in the media. It was expected that the discussion (and initiation) of co-payments and premiums would have a negative effect on this measure. Therefore, low targets were chosen.

However, for 2002, this measure did not decrease as expected but rather had a favorable increase, possibly because of media reports of upcoming co-payments and premiums, which resulted in clients making medical appointments before these changes were enacted.

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

Clients in managed care utilize preventive and primary care services at higher rates than other clients. OMAP uses managed care to encourage prevention and to implement quality improvement and prevention programs.

Strategy: Increase Enrollment in Managed Care

- Coordinate outreach services to enroll eligible persons
- Inform clients of the advantages of managed care and of the plans available in their area
- Emphasize to field staff the benefits of enrolling clients in managed care plans
- Produce data reports for regional case managers

- Hold year-round regional meetings to promote managed care enrollment
- Promote the formation of community-based plans
- Increase assistance to plans that intend to expand their service area or capacity
- Transfer all eligible OHP clients into managed care plans, if plans are available in their region

Strategy: Promote Primary and Preventive Care Visits

- Promote preventive and primary care services through the managed care plans
- Focus on maternity care and well-child visits as part of quality improvement evaluations of managed care plans
- Provide disease management and case management programs that promote and facilitate preventive and primary care services for fee for service and primary care case management clients
- Work with public health programs to promote prevention activities, e.g.
 - Diabetes Care
 - Tobacco prevention/cessation
 - Oral health for pregnant women and children
 - Immunizations
 - Prenatal Care

What needs to be done as a result of your analysis?

OMAP will continue its current quality improvement activities.

OMAP will 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 case management clients as appropriate.

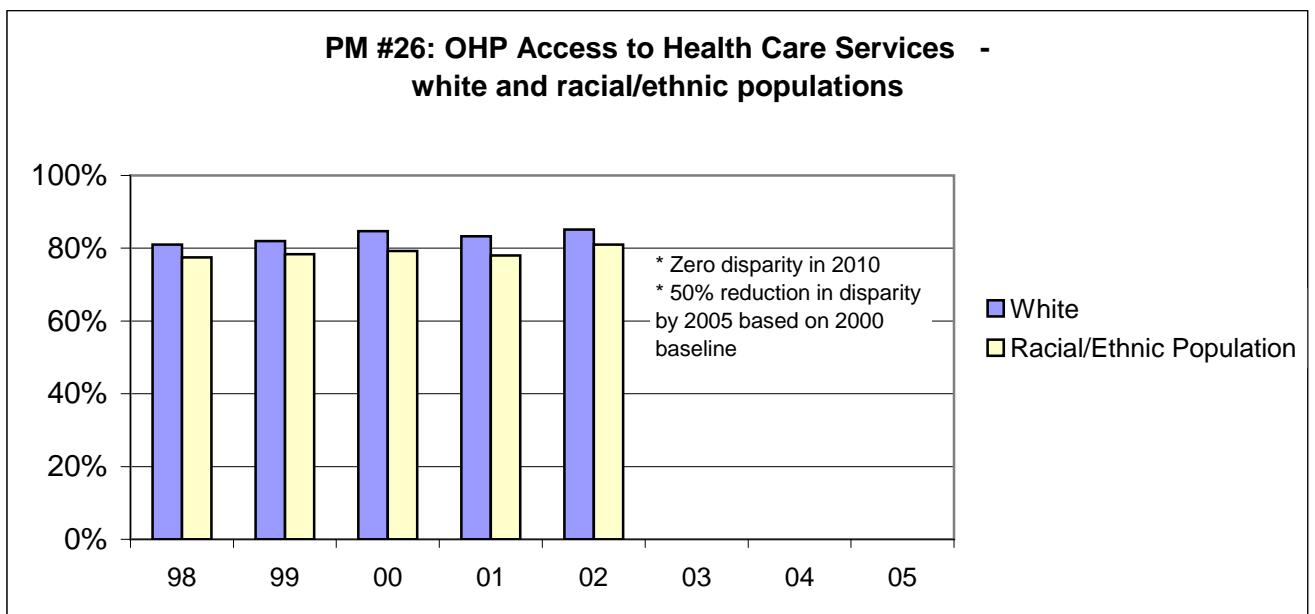
When reorganizing the prioritized list, place more primary and preventive care services towards the top of the list so they will continue to be funded services.

What is the data source?

Office of Medical Assistance Programs database

10000-26. PROPORTION OF RACIAL AND ETHNIC OREGON HEALTH PLAN (OHP) CLIENTS WHO RECEIVE HEALTH CARE SERVICES ANNUALLY: A) WHITE, B) RACIAL/ETHNIC POPULATION.

Data					Targets					
1998	1999	2000	2001	2002	2000	2001	2002	2003	2004	2005
a) 81.0	a) 82.0	a) 84.7	a) 83.3	a) 85.1	The target is a 50 percent reduction in disparity by 2005 and zero (0) disparity by 2010					
b) 77.5	b) 78.4	b) 79.2	b) 78.0	b) 81.0						
Difference										
3.5	3.6	5.5	5.3	4.1						2.8



To what goal or goals is this performance measure linked?

This performance measure links to the DHS goal, “People are healthy.” This measure represents OHP clients’ access to primary care and compares the white population to the racial/ethnic population. Race/ethnicity is self-reported. The racial/ethnic category consists of Asian/Pacific Islanders, African-Americans, Hispanics, and American Indian/Alaskan Natives. The measure shows the percentage of clients who received at least one primary care visit during the year. To be included in this measure, clients must be continuously enrolled in a specific fully capitated health plan or in the delivery systems of primary care case management or fee for service. Enrollment breaks of up to 45 days are allowed each year.

What does the performance measure demonstrate about the goal?

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.

What do the data reveal?

The percentage point difference decreased from 2000 through 2002.

This measure is an early experience with racial/ethnic measures. The disparities found in this measure are not large and may be hard to change.

Two possible explanations for small disparities are:

1. This measure has a continuous enrollment criteria, so that only the most stable clients of all race/ethnicities are included
2. Grouping all the racial/ethnic categories diminishes the effect of individual racial/ethnic categories.

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

OMAP has increased payments to federally qualified health centers, which disproportionately serve the minority community.

OMAP and several of its contracted health plans collaborate with Oregon's African American Health Coalition to implement a REACH (Racial and Ethnic Approaches to Community Health) grant. This REACH grant funds a major campaign to reduce preventable diseases in Oregon's African American population. A major intervention targets low-income African Americans on OHP through regular mailings containing health information that promotes preventive and primary care.

OMAP and several of its contracted health plans participate in a (new) Minority Report Card Project that aims to reduce disparities for African Americans in diabetes care and smoking cessation. This federally funded national grant project assists health plans and states in reducing health care disparities.

Culturally and linguistically appropriate programs are a major focus when OMAP conducts its quality improvement evaluations of managed care plans. Also, implementation of a new information system, DSSURS, will facilitate increased monitoring and evaluation of all OHP measures by race/ethnicity.

What needs to be done as a result of your analysis?

The Office of Multicultural Health, supported by Health Systems Planning is working with the Governor’s Task Force on Racial and Ethnic Health to develop data that allow us to focus on each racial and ethnic group. The original intention had been to relate each of the Health Services measures to the experience of racial and ethnic groups. Work continues with the Task Force on data to support this activity.

Additional outreach activities related to specific racial and ethnic groups may need to be undertaken.

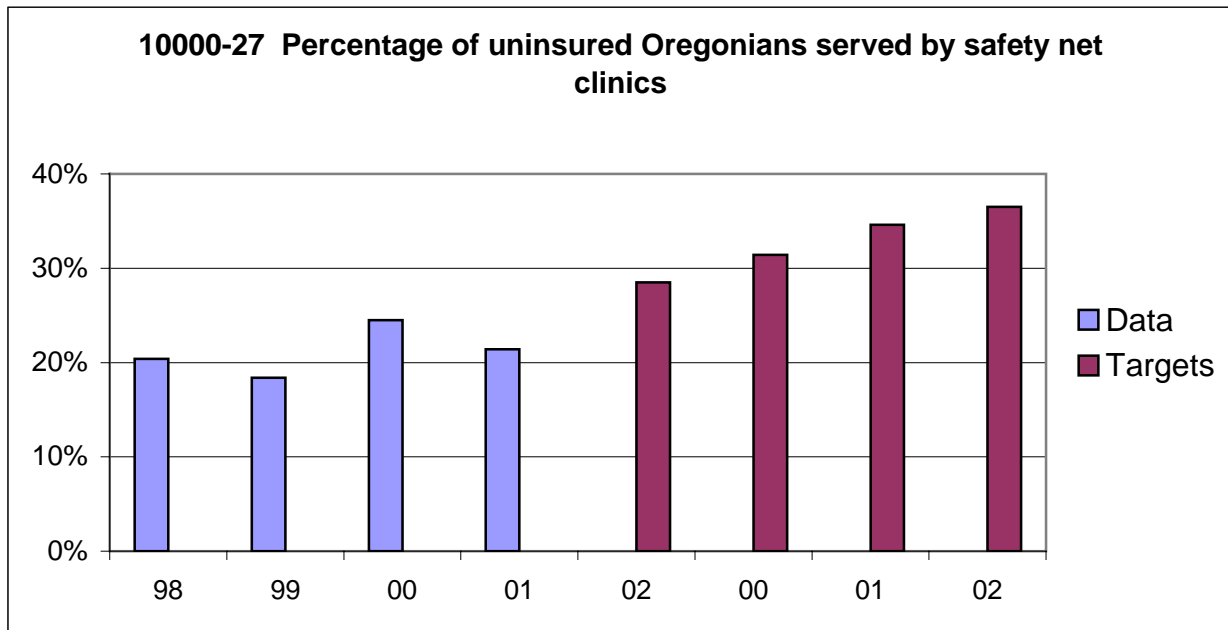
Recently improved data systems could be used to improve monitoring of racial/ethnic health measures.

What is the data source?

Office of Medical Assistance Programs database.

10000-27. PERCENTAGE OF UNINSURED OREGONIANS SERVED BY SAFETY NET CLINICS.

Data					Targets					
1998	1999	2000	2001	2002	2000	2001	2002	2003	2004	2005
20.4	18.4	24.5	21.4	NA	NA	NA	28.5	31.4	34.6	36.5



To what goal or goals is this performance measure linked?

This performance measure links to the DHS goal, “People are healthy.” This measure captures the percentage of people without insurance who are seen by health safety net providers. These providers include federally qualified health centers (FQHCs), rural health centers (RHCs), migrant health centers, school based health centers and others. Most services are provided by FQHCs and RHCs. FQHC data are the most complete and are used for this measure.

What does the performance measure demonstrate about the goal?

The health safety net provides health care to low-income Oregonians and other vulnerable populations, many of whom are not on Medicaid or do not have other health care or health insurance options. When we combine this measure with the proportion of Oregon Health Plan (OHP) clients receiving services, we have a more complete picture and one that is representative of services provided by DHS.

What do the data reveal?

The percentage is steadily increasing as a result of OHP fully capitated health plan (FCHP) and provider participation issues, coverage decisions, and increasing numbers of uninsured Oregonians.

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

Health Systems Planning (HSP) provides a number of services that help maintain and support the health safety net:

- HSP analyzes data and requests federal designations of Health Professional Shortage Areas, Medically Underserved Areas, and Medically Underserved Populations where such areas meet federal criteria. Designations enable new clinics to be established and existing ones to expand services through federal grants.
- HSP also helps communities apply for federal dollars and the placement of National Health Services Corps practitioners.
- HSP requests national waivers to enable foreign physicians to practice in underserved areas.

All of these resources increase capacity of the health safety net.

What needs to be done as a result of your analysis?

In addition to federal resources, health safety net clinics depend on Medicaid dollars for the OHP clients they serve. Reductions in OHP threaten that source of dollars. This affects the ability of non-profit clinics to serve as a safety net.

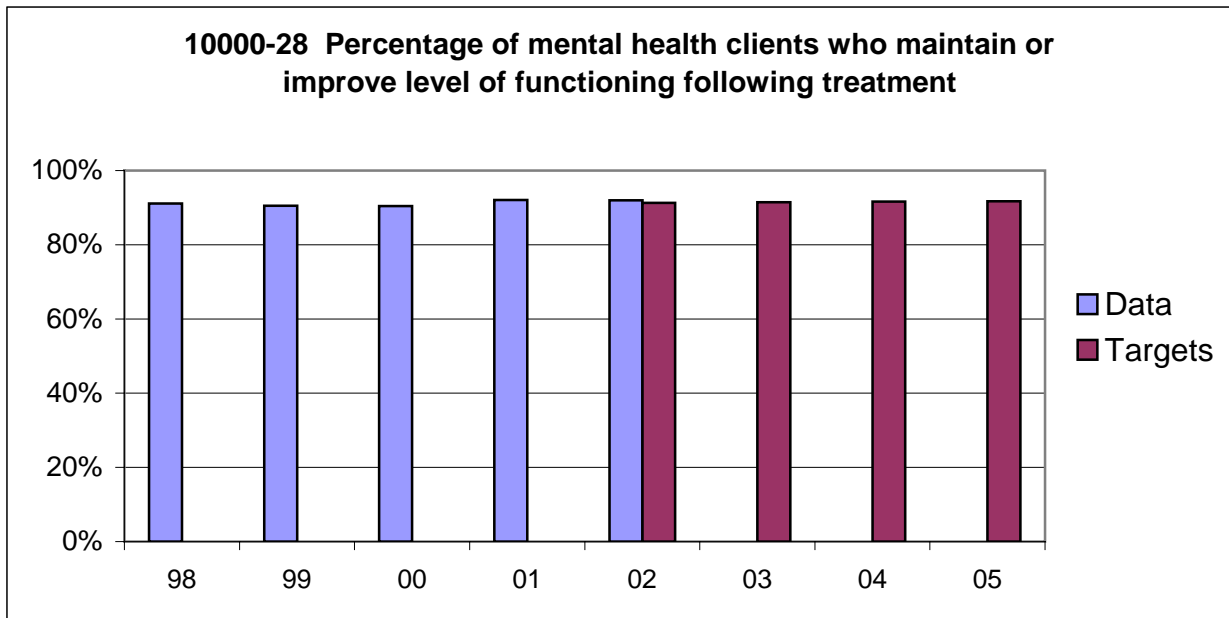
Projections of the number of uninsured the safety net can serve may need to be adjusted downward if OHP Standard is not funded. Clinics are already reporting significant increases in the number of uninsured they are seeing and some clinics are laying off staff.

What is the data source?

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

10000-28. PERCENTAGE OF MENTAL HEALTH CLIENTS WHO MAINTAIN OR IMPROVE LEVEL OF FUNCTIONING FOLLOWING TREATMENT.

Data					Targets					
1998	1999	2000	2001	2002	2000	2001	2002	2003	2004	2005
91.1	90.5	90.4	92.1	92.0	NA	NA	91.3	91.5	91.6	91.7



To what goal or goals is this performance measure linked?

This performance measure links to the DHS goal, “People are healthy.” This measure reports the percentage of consumers who maintain or improve their Global Assessment of Functioning scores compared to initial assessment.

What does the performance measure demonstrate about the goal?

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

What do the data reveal?

DHS exceeded the target for 2002.

The 2002 target was set below the 2001 actual, because the 2001 actual appears to have anomalously jumped above the trend line. The target was set based on trend, which has been going in the desired direction.

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

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

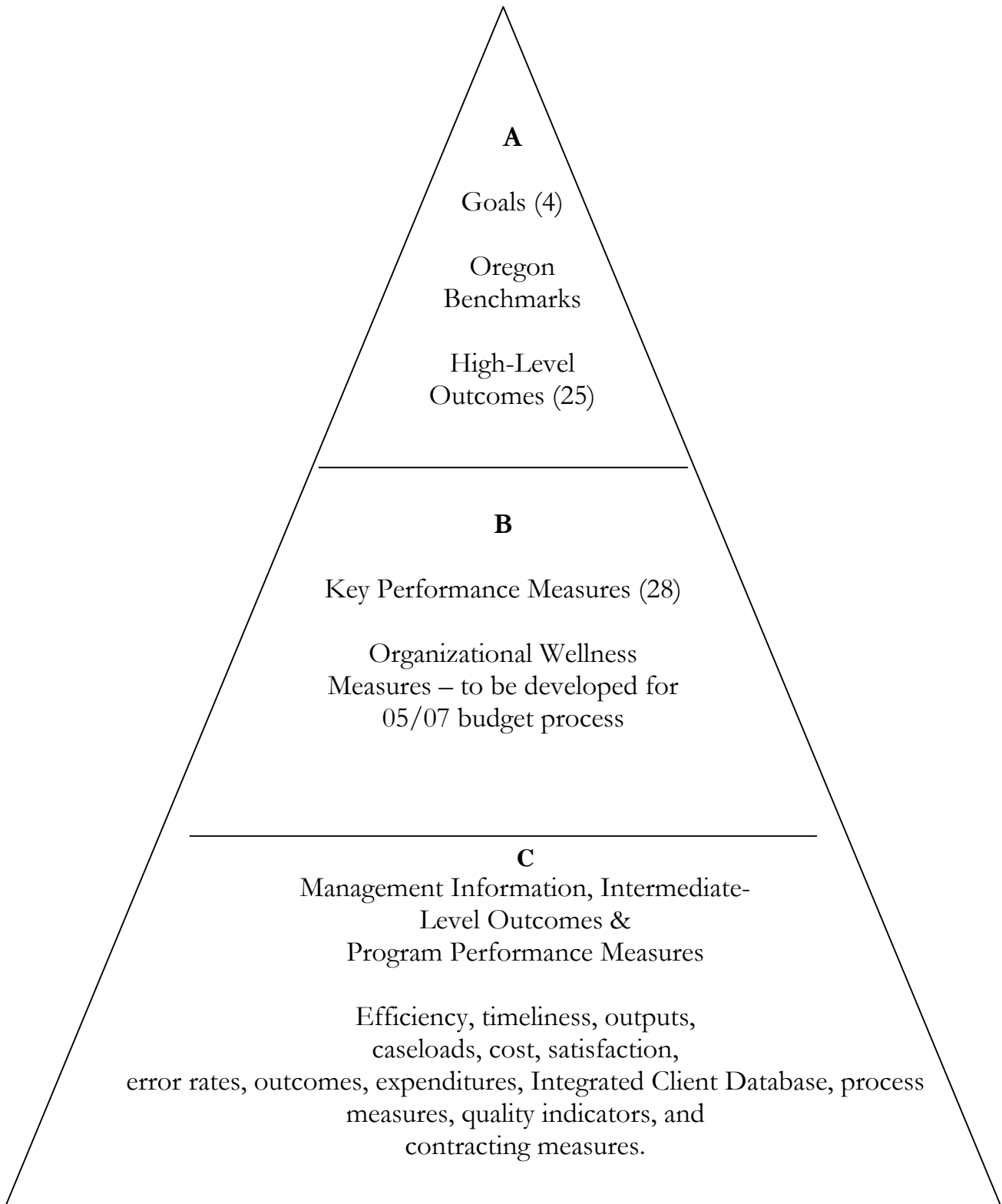
What needs to be done as a result of your analysis?

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

What is the data source?

Office of Mental Health and Addiction Services (OMHAS) and the Client Process Monitoring System (CPMS) database.

DHS Performance Measurement Framework



Appendix A (continued)

DHS Performance Measurement Framework

Category*	Types of Measures	Objective	Who is invested?
A - Some Influence	<ul style="list-style-type: none"> • Goals (4) • Oregon Benchmarks • High Level Outcomes (25) 	<ul style="list-style-type: none"> • Collaboration • Motivation • Leadership 	<ul style="list-style-type: none"> • Cabinet • Legislature • DAS • Public • Stakeholders
B – Considerable Influence	<ul style="list-style-type: none"> • Key Performance Measures (28) • Organizational Wellness Measures (to be developed) These measures will help us understand how effectively and efficiently we are operating. 	<ul style="list-style-type: none"> • Collaboration • Collective Accountability • Reporting • Management • Program Improvement • Stewardship 	<ul style="list-style-type: none"> • Cabinet • Legislature • DAS • Public • Stakeholders • Mid-Level Managers
C – Significant Influence	<ul style="list-style-type: none"> • Programmatic Measures – including intermediate-level outcomes, caseloads and other outputs • Administrative Services Measures 	<ul style="list-style-type: none"> • Output Accountability • Reporting • Management • Program Improvement • Stewardship 	<ul style="list-style-type: none"> • Stakeholders • Mid-Level Managers • Supervisors • Line Staff • Providers & Contractors

* Measures in all three categories *should* link together

APPENDIX B

LINKS TO OREGON BENCHMARKS

Agency Name: Oregon Department of Human Services	
Contact Person: Cathy Iles	Phone: 503-945-5855
Alternate Contact: Vic Todd	Phone: 503-945-5636

Related Oregon Benchmarks (OBMs) or High-Level Outcomes (HLOs):
See attached sheets “Related Oregon Benchmarks and DHS High Level Outcomes”
 Oregon Department of Human Services Mission: Assisting people to become independent, healthy and safe.

Agency Goal	OBM# HLO	Key Performance Measure	PM #	PM Since	New or Mod.?	2000 Value	2005 Target	Lead Division or Unit (Optional)
People are living as independently as possible	HLO M.	The percentage of individuals with developmental disabilities that live in community settings of five or fewer.	1	1997	Mod	93.8%	95.1%	Seniors and People with Disabilities (SPD)
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.	2	2002	New	Develop- mental measure	-	Seniors and People with Disabilities (SPD)
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	1997	-	65.7%	66.0%	Office of Vocational Rehabilitation Services (OVRs)
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	2002	New	43.0% * 2002 data	43.0%	Seniors and People with Disabilities (SPD)
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	1991	Mod	10.2%	11.1%	Children, Adults and Families (CAF)
People are able to support themselves and their families	# 14 HLO X.	The percentage of TANF cases who do not return, or are off of cash assistance 18 months after exit due to employment.	6	1991	-	91.2%	92.0%	Children, Adults and Families (CAF)

Appendix B

Agency Goal	OBM# HLO	Key Performance Measure		PM Since	New or Mod. ?	2000 Value	2005 Target	Lead Division or Unit (Optional)
People are able to support themselves and their families	# 39 HLO U.	The number of female Oregonians ages 15 – 17, per 1,000 that are pregnant.	7	2000	Mod	35.2	35.0	Children, Adults and Families (CAF)
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	2000	Mod	14.9%	27.0%	Children, Adults and Families (CAF)
People are able to support themselves and their families	#60 HLO L.	Average monthly earnings for persons with developmental disabilities that receive Seniors and People with Disabilities (SPD) services.	9	1997	-	\$191	\$282	Seniors and People with Disabilities (SPD)
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	2001	New	.62	1.0	Children, Adults and Families (CAF)
People are safe People are healthy	#45 HLO F HLO Q	The percentage of women subjected to domestic violence in the past year.	11	2002	New	2.8%	2.3%	Health Services (HS)
People are safe People are healthy	# 45 HLO F.	The rate of suicides among adolescents per 100,000.	12	2002	New	10.55	10.05	Health Services (HS)

Appendix B

Agency Goal	OBM # HLO	Key Performance Measure		PM Since	New or Mod. ?	2000 Value	2005 Target	Lead Division or Unit (Optional)
People are safe	HLO T.	The median number of months from date of latest removal from home to finalized adoption.	13	1997	Mod	39.8	34.7	Children, Adults and Families (CAF)
People are safe	# 50 HLO N.	The percentage of abused/neglected children who were re-abused within 6 months of prior victimization (unduplicated count)	14	1997	Mod	9.9%	6.6%	Children, Adults and Families (CAF)
People are safe	# 51 HLO O.	The percentage of seniors and adults with disabilities that are re-abused within 12 months of first substantiated abuse.	15	2002	New	Develop-mental measure	-	Seniors and People with Disabilities (SPD)
People are healthy	#39 & #41 HLO G. HLO U.	The percentage of pregnancies that were unintended or were terminated.	16	2002	New	52.3%	48.5%	Health Services (HS)
People are healthy	# 40 HLO C.	The percentage of low-income women who receive prenatal care in the first 4 months of pregnancy.	17	2002	New	85.8%	87.5%	Health Services (HS)
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	2002	New	53.1%	57.0%	Health Services (HS)
People are healthy	# 49 HLO A.	Percentage of 8 th graders at high risk for alcohol and other drug use.	19	2002	New	31.7%	24.0%	Health Services (HS)

Appendix B

Agency Goal	OBM# HLO	Key Performance Measure		PM Since	New or Mod. ?	2000 Value	2005 Target	Lead Division or Unit (Optional)
People are healthy	#44, #45, #49 & #52 HLO A. HLO F.	Tobacco use among: a) adults b) youth c) pregnant women	20	2002	New	a) 20.7% b) 12.8% c) 13.5%	a) 19.0% b) 11.0% c) 12.0%	Health Services (HS)
People are healthy	#44, #45, #49, #52 HLO A HLO F	Number of cigarette packs sold per capita	21	2002	New	69.3	62.0	Health Services (HS)
People are healthy	#42 HLO G.	The percentage of 19-35 month old children who are adequately immunized.	22	2002	New	63.8% (2001 data)	64.8%	Health Services (HS)
People are healthy	#45 HLO F.	The percentage of adults aged 65 and over who receive an influenza vaccine.	23	2002	New	71.8%	78.2%	Health Services (HS)
People are healthy	#43 HLO D.	The annual rate of HIV infection per 100,000 persons.	24	2000	Mod	8.5	8.1	Health Services (HS)
People are healthy	HLO E.	The proportion of Oregon Health Plan (OHP) clients who receive health care services annually	25	2002	New	83.6%	80.0%	Health Services (HS)
People are healthy	HLO E.	The proportion of racial and ethnic OHP clients who receive health care services annually a. white b. racial/ethnic population	26	2002	New	a.84.7% b.79.2%	50% reduction in disparity	Health Services (HS)
People are healthy	HLO E.	The percentage of uninsured Oregonians served by safety net clinics.	27	2002	New	24.5%	36.5%	Health Services (HS)
People are healthy	HLO H.	The percentage of mental health clients who maintain or improve level of functioning following treatment.	28	2002	New	90.4%	91.7%	Health Services (HS)

Appendix C

INSTRUCTIONS: PERFORMANCE MEASURE DATA SUMMARY

Purpose: Ways and Means Presentation

This form provides a format for summarizing performance data for legislative review during the Ways & Means process. Historical data plus targets for the coming years should be listed. These should be the same measures listed on the *Links to Oregon Benchmarks and Performance Measures* form.

<u>Column 1</u>	Performance Measure Definition	List each of the agency performance measures title, number and brief definition.
<u>Columns 2 - 6</u>	Data	Identify the actual performance measurement data for the prior five years wherever possible.
<u>Columns 7 - 12</u>	Targets	Identify your performance measurement targets between 2000 and 2005.

APPENDIX C - PERFORMANCE MEASURE DATA SUMMARY

Agency Name: Human Services, Department of	
Contact Person: Cathy Iles	Phone: 503-945-5855
Alternate Contact: Vic Todd	Phone: 503-945-5636

Performance Measure Definition (numbered as shown below)											
	1998	1999	2000	2001	2002	2000	2001	2002	2003	2004	2005
Agency # - 1 The percentage of individuals with developmental disabilities that live in community settings of five or fewer.	-	94.1	93.8	94.5	-	94.3	94.4	94.5	94.7	94.9	95.1
Agency # - 2 The percentage of Oregon's eligible seniors and people with disabilities who are living outside of institutions.	Developmental					Developmental					
Agency # - 3 The percentage of Office of Vocational Rehabilitation Services (OVRS) consumers with a goal of employment who are employed.	60.4	67.5	65.7	65.2	61.9	65.7	65.2	61.9	65.0	65.5	66.0
Agency # - 4 The percentage of Seniors and People with Disabilities (SPD) consumers with a goal of employment who are employed.	-	-	-	43.0	-	43.0	43.0	43.0	43.0	43.0	43.0
Agency # - 5 The percentage of Temporary Assistance to Needy Families (TANF) adults placed for whom employment is a goal.	-	-	10.2	8.7	9.1	-	-	9.6	10.5	11.1	11.1
Agency # - 6 The percentage of TANF cases who do not return, or are off of cash assistance 18 months after exit due to employment.	-	91.0	91.2	91.9	92.3	92.0	92.0	92.0	92.0	92.0	92.0
Agency # - 7 The number of female Oregonians ages 15 – 17, per 1,000 that are pregnant.	42.1	39.3	35.2	31.7	27.6 prelim.	-	-	36.0	35.0	35.0	35.0
Agency # - 8 The percentage of child care providers who are providing enhanced quality of care.	-	-	14.9	17.9	21.8	-	-	20.0	23.0	25.0	27.0

Performance Measure Definition (numbered as shown below)												
Agency # - 9 Average monthly earnings for persons with developmental disabilities that receive Seniors and People with Disabilities (SPD) services.	\$124	\$156	\$191	\$183	-	\$191	\$183	\$217	\$239	\$260	\$282	
Agency # - 10 The ratio of Oregonians receiving food stamp assistance to the number of Oregonians living in poverty.	.55	.59	.62	.78	.94	-	-	.94	.96	.98	1.00	
Agency # - 11 The percentage of women subjected to domestic violence in the past year.	-	-	2.8	2.7	-	-	-	2.6	2.5	2.4	2.3	
Agency # - 12 The rate of suicides among adolescents per 100,000.	-	-	10.55	10.45	-	10.55	10.45	10.35	10.25	10.15	10.05	
Agency # - 13 The median number of months from date of latest removal from home to finalized adoption.	41.7	44.6	39.8	40.6	37.7	39.8	39.2	38.6	37.3	36.0	34.7	
Agency # - 14 The percentage of abused/neglected children who were re-abused within 6 months of prior victimization (unduplicated count)	9.5	9.8	9.9	8.7	8.5	9.1	8.6	8.1	7.7	7.1	6.6	
Agency # - 15 The percentage of seniors and adults with disabilities that are re-abused within 12 months of first substantiated abuse.	Developmental					Developmental						
Agency # - 16 The percentage of pregnancies that were unintended or were terminated.	52.8	53.0	52.3	51.6	-	-	-	50.0	49.5	49.0	48.5	
Agency # - 17 The percentage of low-income women who begin prenatal care in the first 4 months of pregnancy.	-	83.5	85.8	89.2	-	-	-	86.2	86.7	87.1	87.5	
Agency # - 18 The percentage of engaged clients who complete alcohol and other drug (AOD) abuse treatment and are not abusing AOD.	51.4	52.8	53.1	53.4	54.6	-	-	-	54.4	56.2	57.0	
Agency # - 19 Percentage of 8 th graders at high risk for alcohol and other drug use.	37.2	-	31.7	31.6	-	-	-	31.0	28.7	26.3	24.0	

Performance Measure Definition (numbered as shown below)											
Agency # - 20 Tobacco use among: a) adults b) youth c) pregnant women	a) 21.8 b) 20.2 c) 15.2	a) 21.2 b) 14.8 c) 14.5	a) 20.7 b) 12.8 c) 13.5	a) 20.6 b) 12.3 c) 12.8	-	a) 20.7 b) 12.8 c) 13.5	a) 20.6 b) 12.6 c) 13.6	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
Agency # - 21 Number of cigarette packs sold per capita	81.7	73.0	69.3	65.1	-	69.0	67.5	66.0	64.5	63.0	62.0
Agency # - 22 The percentage of 19-35 month old children who are adequately immunized.	-	-	-	63.8	65.9	-	-	58.8	60.8	62.8	64.8
Agency # - 23 The percentage of adults aged 65 and over who receive an influenza vaccine.	71.4	68.6	71.8	72.8	68.0	-	-	74.2	75.5	76.9	78.2
Agency # - 24 The annual rate of HIV infection per 100,000 persons.	10.0	9.0	8.5	8.7	-	8.5	8.7	8.7	8.5	8.3	8.1
Agency # - 25 The proportion of Oregon Health Plan (OHP) clients who receive health care services annually	80.3	81.2	83.6	82.2	-	-	-	78.0	78.0	79.0	80.0
Agency # - 26 The proportion of racial and ethnic OHP clients who receive health care services annually c. white d. racial/ethnic population	a) 81.0 b) 77.5	a) 82.0 b) 78.4	a) 84.7 b) 79.2	a) 83.3 b) 78.0	a) 85.1 b) 81.0	The target for the racial & ethnic health disparity measure is zero (0) disparity in 2010 and a 50% reduction in disparity by 2005.					
Agency # - 27 The percentage of uninsured Oregonians served by safety net clinics.	20.4	18.4	24.5	21.4	-	-	-	28.5	31.4	34.6	36.5
Agency # - 28 The percentage of mental health clients who maintain or improve level of functioning following treatment.	91.1	90.5	90.4	92.1	-	-	-	91.3	91.5	91.6	91.7

