

**OREGON DEPARTMENT OF HUMAN SERVICES**

Mission: Assisting people to become independent, healthy and safe.

**PROPOSED MEASURES**

2007-09 KPM#	PROPOSED 2007-09 Key Performance Measures (KPMs)	Change from 2005-07	Page #
1	PEOPLE WITH DISABILITIES IN COMMUNITY SETTINGS – The percentage of individuals with developmental disabilities who live in community settings of five or fewer.	NA	3
2	SENIORS LIVING OUTSIDE OF INSTITUTIONS – The percentage of Oregon’s seniors who are living outside of institutions	New wording	3
3	OVRs CLOSED - EMPLOYED – The percentage of Office of Vocational Rehabilitation Services (OVRs) consumers with a goal of employment who are employed.	NA	3
4	SPD EMPLOYMENT – The percentage of Seniors and People with Disabilities (SPD) consumers participating in an employment program who are employed.	New wording New data	4
5	TANF (WELFARE) EMPLOYMENT – The percentage of Temporary Assistance to Needy Families (TANF) adults placed for whom employment is a goal.	NA	4
6	TANF (WELFARE) RE-ENTRY – The percentage of Temporary Assistance to Needy Families (TANF) cases who do not return, or are off of cash assistance 18 months after exit due to employment.	NA	4
7	TEEN PREGNANCY – The number of female Oregonians ages 15 – 17, per 1,000 who are pregnant.	NA	5
8	ENHANCED CHILD CARE – The percentage of child care providers who are providing enhanced quality of care.	NA	5
9	AVERAGE EARNINGS FOR SPD CLIENTS – Average monthly earnings for persons with developmental disabilities who receive Seniors and People with Disabilities (SPD) services.	NA	5
10	FOOD STAMP UTILIZATION – The ratio of Oregonians receiving food stamp assistance to the number of Oregonians living in poverty.	NA	6
11	DOMESTIC VIOLENCE – The percentage of women subjected to domestic violence in the past year.	NA	6
12	TEEN SUICIDE – The rate of suicides among adolescents per 100,000.	NA	6
13	TIMELY ADOPTION – The median number of months from date of latest removal from home to finalized adoption.	NA	7
14	CHILD RE-ABUSE – The percentage of abused/neglected children who were re-abused within 6 months of prior victimization.	NA	7
15	RE-ABUSE OF SENIORS AND PEOPLE WITH DISABILITIES – The percentage of seniors and adults with disabilities who are re-abused within 12 months of first substantiated abuse: a) seniors, b) adults with disabilities, c) developmental disabilities.	NA	8
16	INTENDED PREGNANCY – The percentage of births where mothers report that the pregnancy was intended.	New wording New data	8
17	EARLY PRENATAL CARE FOR LOW INCOME WOMEN – The percentage of low-income women who receive prenatal care in the first 4 months of pregnancy.	NA	9
18	COMPLETION OF ALCOHOL AND DRUG TREATMENT – The percentage of engaged clients who complete alcohol and other drug (AOD) abuse treatment and are not abusing AOD.	New data	9
19	8 <sup>TH</sup> GRADER RISK FOR ALCOHOL AND DRUG USE – Percentage of 8 <sup>th</sup> graders at high risk for alcohol and other drug use.	NA	9
20	TOBACCO USE – Tobacco use among: a) adults, b) youth, c) pregnant women.	NA	10

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21	CIGARETTE PACKS SOLD – Number of cigarette packs sold per capita.	NA	<b>10</b>
22	CHILD IMMUNIZATIONS – The percentage of 24 – 35 month old children served by local health departments who are adequately immunized.	New wording	<b>11</b>
23	INFLUENZA VACCINATIONS FOR SENIORS – The percentage of adults aged 65 and over who receive an influenza vaccine.	NA	<b>11</b>
24	HIV RATE – The annual rate of HIV infection per 100,000 persons.	New wording New data	<b>11</b>
25	ROUTINE HEALTH CARE PROVIDED TO OHP CLIENTS– The proportion of Oregon Health Plan (OHP) clients provided routine health care services annually: a) adults, b) children.	New wording	<b>12</b>
26	RACIAL/ETHNIC VARIATION OF ROUTINE HEALTH CARE PROVIDED TO OHP CLIENTS – The proportion of Oregon Health Plan (OHP) clients provided routine health care services annually: a) African Americans, b) Native Americans, c) Asian/Pacific Islanders, d) Hispanic, e) White.	New wording	<b>13</b>
27	SAFETY NET CLINIC USE – The number of uninsured Oregonians served by safety net clinics.	New wording New data	<b>14</b>
28	MENTAL HEALTH CLIENT LEVEL OF FUNCTIONING – The percentage of mental health clients who maintain or improve level of functioning following treatment.	NA	<b>14</b>
29	CUSTOMER SERVICE - Percentage of customers rating their satisfaction with DHS’ customer service as “good” or “excellent”: overall, timeliness, accuracy, helpfulness, expertise, availability of information.	NA	<b>15</b>

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<b>#1 PEOPLE WITH DISABILITIES IN COMMUNITY SETTINGS – The percentage of individuals with developmental disabilities who live in community settings of five or fewer.</b>											<b>Relates to 2005-07 KPM #1</b>
<b>Goal(s):</b> Independence – People are living as independently as possible.											<b>Measure since: 2002</b>
<b>HLO(s):</b> Oregonians with disabilities living with adequate support.											<b>“X” any changes:</b>
<b>Strategy:</b> SPD provides alternatives to services previously provided in large congregate care settings. <sup>i</sup>											New wording
<b>Source:</b> Client Process Monitoring System (CPMS), Eastern Oregon Training Center (EOTC)											New data
<b>Owner:</b> Seniors and People with Disabilities Division, Julia S. Brown, 503-947-5153											New measure
<b>DATA:</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	Data Cycle: FY
<b>Actual</b>	<b>93.8</b>	<b>94.5</b>	<b>95.9</b>	<b>96.1</b>	<b>96.5</b>	<b>96.7</b>					
<b>Target</b>	<b>94.3</b>	<b>94.4</b>	<b>94.5</b>	<b>94.7</b>	<b>94.9</b>	<b>95.1</b>	<b>97.0</b>	<b>97.0</b>	<b>97.0</b>	<b>97.0</b>	

<b>#2 SENIORS LIVING OUTSIDE OF INSTITUTIONS – The percentage of Oregon’s seniors who are living outside of institutions</b>											<b>Relates to 2005-07 KPM #2</b>
<b>Goal(s):</b> Independence – People are living as independently as possible.											<b>Measure since: 2002</b>
<b>HLO(s):</b> Independent seniors											<b>“X” any changes:<sup>ii</sup></b>
<b>Strategy:</b> Use of community-based long term care options by seniors and people with disabilities.											X New wording
<b>Source:</b> Oregon Health Policy Research Annual Nursing Home Survey database.											New data
<b>Owner:</b> Seniors and People with Disabilities Division, Julia S. Brown, 503-947-5153											New measure
<b>DATA:</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	Data Cycle: CY
<b>Actual</b>	<b>98.0</b>	<b>98.1</b>	<b>98.4</b>	<b>98.3</b>	<b>98.5</b>	<b>98.3</b>					
<b>Target</b>	<b>97.8</b>	<b>98.0</b>	<b>98.1</b>	<b>98.4</b>	<b>98.4</b>	<b>98.5</b>	<b>98.5</b>	<b>98.5</b>	<b>98.5</b>	<b>98.5</b>	

<b>#3 OVRS CLOSED - EMPLOYED – The percentage of Office of Vocational Rehabilitation Services (OVRS) consumers with a goal of employment who are employed.</b>											<b>Relates to 2005-07 KPM #3</b>
<b>Goal(s):</b> Independence – People are living as independently as possible.											<b>Measure since: 1997</b>
<b>HLO(s):</b> Percentage of individuals receiving services who had employment outcomes during the state fiscal year.											<b>“X” any changes:</b>
<b>Strategy:</b> Providing effective services that result in suitable employment for people with disabilities.											New wording
<b>Source:</b> OVRS Core Performance Status Summary Report.											New data
<b>Owner:</b> Children, Adults and Families Division, OVRS, Budget & Performance Unit, Aaron Hughes, 503-945-6709											New measure
<b>DATA:</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	Data Cycle: FY
<b>Actual</b>	<b>65.7</b>	<b>65.2</b>	<b>61.9</b>	<b>60.0</b>	<b>56.5</b>	<b>62.9</b>					
<b>Target</b>	<b>65.7</b>	<b>65.2</b>	<b>61.9</b>	<b>65.0</b>	<b>65.5</b>	<b>66.0</b>	<b>66.0</b>	<b>66.0</b>	<b>66.0</b>	<b>66.0</b>	

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<b>#4</b>	<b>SPD EMPLOYMENT – The percentage of Seniors and People with Disabilities (SPD) consumers participating in an employment program who are employed.</b>										<b>Relates to 2005-07 KPM #4</b>	
	<b>Goal(s):</b> Independence – People are living as independently as possible. <b>HLO(s):</b> Oregonians with disabilities living in poverty <b>Strategy:</b> SPD provides services and policies to remove barriers that make it difficult to obtain and maintain employment. <b>Source:</b> Oregon ACCESS, Orca2, Client Maintenance System (CMS) and Client Process Monitoring System (CPMS) <b>Owner:</b> Seniors and People with Disabilities Division, Julia S. Brown, 503-947-5153										<b>Measure since: 2002</b>	
											<b>“X” any changes:<sup>iii</sup></b>	
											X	New wording
												New data
											New measure	
<b>DATA:</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	Data Cycle: CY	
<b>Actual</b>	NA	NA	43.0	45.4	56.4	44.3						
<b>Target</b>	NA	NA	43.0	43.0	43.0	43.0	43.0	43.0	43.0	43.0		

\* Final 2008 & 2009 targets to be set based on 2005 data

<b>#5</b>	<b>TANF (WELFARE) EMPLOYMENT – The percentage of Temporary Assistance to Needy Families (TANF) adults placed for whom employment is a goal.</b>										<b>Relates to 2005-07 KPM #5</b>	
	<b>Goal(s):</b> Self-Sufficient – People are able to support themselves and their families. <b>HLO(s):</b> Workers at 150% or more of poverty <b>Strategy:</b> JOBS Program. Attach TANF applicants and recipients to gainful employment by providing necessary assessment, training and supports. <sup>iv</sup> <b>Source:</b> Job placements divided by consumers as reported by Service Delivery Area branch offices. <b>Owner:</b> Children, Adults and Families Division, Office of Self Sufficiency Programs, TANF Program, David Lyda 503-945-6122										<b>Measure since: 1991</b>	
											<b>“X” any changes:</b>	
												New wording
												New data
											New measure	
<b>DATA:</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	Data Cycle: FY	
<b>Actual</b>	10.2	8.7	9.1	9.3	7.3	8.3						
<b>Target</b>			9.6	10.5	11.1	11.1	11.1	11.1	11.1	11.1		

<b>#6</b>	<b>TANF (WELFARE) RE-ENTRY – The percentage of Temporary Assistance to Needy Families (TANF) cases who do not return, or are off of cash assistance 18 months after exit due to employment.</b>										<b>Relates to 2005-07 KPM #6</b>	
	<b>Goal(s):</b> Self-Sufficient – People are able to support themselves and their families. <b>HLO(s):</b> Workers at 150% or more of poverty <b>Strategy:</b> Prepare families for the workplace. Job retention is an ongoing process that begins the first day that clients begin participation in JOBS. <sup>v</sup> <b>Source:</b> JAS/TRACS system placement data compared to Client Maintenance system public assistance data. <b>Owner:</b> Children, Adults and Families Division, Office of Self Sufficiency Programs, TANF Program, David Lyda 503-945-6122										<b>Measure since: 1991</b>	
											<b>“X” any changes:</b>	
												New wording
												New data
											New measure	
<b>DATA:</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	Data Cycle: FY	
<b>Actual</b>	91.2	91.9	92.3	93.1	92.1	91.4						
<b>Target</b>	92.0	92.0	92.0	92.0	92.0	92.0	92.0	92.0	92.0	92.0		

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<b>#7 TEEN PREGNANCY – The number of female Oregonians ages 15 – 17, per 1,000 who are pregnant.</b>											<b>Relates to 2005-07 KPM #7</b>	
<b>Goal(s):</b> Self-Sufficient – People are able to support themselves and their families.											<b>Measure since: 2000</b>	
<b>HLO(s):</b> Teen pregnancy												<b>“X” any changes:</b>
<b>Strategy:</b> Governor’s action agenda for teen pregnancy prevention. <sup>vi</sup>												New wording
<b>Source:</b> Based on births and induced terminations and population estimates provided by the Center for Population and Census.												New data
<b>Owner:</b> Children Adults and Families Division, Carolyn Ross, 503-945-6074											New measure	
<b>DATA:</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	Data Cycle: CY	
<b>Actual</b>	<b>35.2</b>	<b>31.7</b>	<b>27.6</b>	<b>26.4</b>	<b>23.8</b>	<b>22.9 prelim</b>						
<b>Target</b>	<b>NA</b>	<b>NA</b>	<b>36.0</b>	<b>36.0</b>	<b>36.0</b>	<b>36.0</b>	<b>24.0</b>	<b>24.0</b>	<b>22.0</b>	<b>22.0</b>		

<b>#8 ENHANCED CHILD CARE – The percentage of child care providers who are providing enhanced quality of care.</b>											<b>Relates to 2005-07 KPM #8</b>	
<b>Goal(s):</b> Self-Sufficient – People are able to support themselves and their families.											<b>Measure since: 2000</b>	
<b>HLO(s):</b> Available child care												<b>“X” any changes:</b>
<b>Strategy:</b> Enhanced Child Care. DHS provides 7% incentive and partners with CCR&R and PSU to provide training. <sup>vii</sup>												New wording
<b>Source:</b> Percent of child care providers (Child Care Division data) paid through DHS Provider Pay system receiving the 7 <sup>th</sup> enhanced rate.												New data
<b>Owner:</b> Children, Adults and Families Division, Mark Anderson, 503-945-6108											New measure	
<b>DATA:</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	Data Cycle: CY	
<b>Actual</b>	<b>14.9</b>	<b>17.9</b>	<b>21.8</b>	<b>24.0</b>	<b>25.5</b>	<b>25.2</b>						
<b>Target</b>	<b>NA</b>	<b>NA</b>	<b>20.0</b>	<b>23.0</b>	<b>25.0</b>	<b>27.0</b>	<b>29.0</b>	<b>30.0</b>	<b>30.0</b>	<b>30.0</b>		

<b>#9 AVERAGE EARNINGS FOR SPD CLIENTS – Average monthly earnings for persons with developmental disabilities who receive Seniors and People with Disabilities (SPD) services.</b>											<b>Relates to 2005-07 KPM #9</b>	
<b>Goal(s):</b> Self-Sufficient – People are able to support themselves and their families.											<b>Measure since: 1997</b>	
<b>HLO(s):</b> People with disabilities living in poverty												<b>“X” any changes:</b>
<b>Strategy:</b> SPD will expand competitive employment opportunities for people with developmental disabilities. <sup>viii</sup>												New wording
<b>Source:</b> SPD Employment Outcomes System tracking those who receive SPD – Developmental Disability Employment services.												New data
<b>Owner:</b> Seniors and People with Disabilities Division, Julia S. Brown, 503-947-5153											New measure	
<b>DATA:</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	Data Cycle: FY	
<b>Actual</b>	<b>\$191</b>	<b>\$183</b>	<b>\$199</b>	<b>\$162</b>	<b>\$198</b>	<b>\$151</b>						
<b>Target</b>	<b>\$191</b>	<b>\$183</b>	<b>\$217</b>	<b>\$239</b>	<b>\$260</b>	<b>\$282</b>	<b>\$282</b>	<b>\$282</b>	<b>\$260</b>	<b>\$260</b>		

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<b>#10 FOOD STAMP UTILIZATION – The ratio of Oregonians receiving food stamp assistance to the number of Oregonians living in poverty.</b>											<b>Relates to 2005-07 KPM #10</b>
<b>Goal(s):</b> Self-Sufficient – People are able to support themselves and their families.											<b>Measure since: 2001</b>
<b>HLO(s):</b> Hunger											<b>“X” any changes:</b>
<b>Strategy:</b> Food Stamp Utilization-Outreach in grocery stores. Applications may be sent in by fax in four pilot counties as part of ICCH.											New wording
<b>Source:</b> Food Stamp Management Information system compared to Census estimates of Oregonians living at or below the federal poverty level.											New data
<b>Owner:</b> Children Adults and Families Division, Carolyn Ross (503) 945-6074											New measure
<b>DATA:</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	Data Cycle: FFY
<b>Actual</b>	.62	.78	.94	1.05	1.09	1.10					
<b>Target</b>	NA	NA	.94	.96	.98	1.00	1.05	1.05	1.10	1.11	

<b>#11 DOMESTIC VIOLENCE – The percentage of women subjected to domestic violence in the past year.</b>											<b>Relates to 2005-07 KPM #11</b>
<b>Goal(s):</b> Safe & Healthy – People are safe. People are healthy.											<b>Measure since: 2002</b>
<b>HLO(s):</b> Domestic violence, Preventable death											<b>“X” any changes:</b>
<b>Strategy:</b> Domestic Violence – Funding for the victims, Governor’s Council on DV promotes prevention and community involvement. <sup>ix</sup>											New wording
<b>Source:</b> Public Health Division, Office of Disease Prevention & Epidemiology survey and database.											New data
<b>Owner:</b> Public Health Division, Lisa Millet, 971-673-1111											New measure
<b>DATA:</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	Data Cycle: CY
<b>Actual</b>	2.8	2.7	1.3	1.3	1.7	4.6					
<b>Target</b>	NA	NA	2.6	2.5	2.4	2.3	2.2	2.1	4.6	4.5	

<b>#12 TEEN SUICIDE – The rate of suicides among adolescents per 100,000.</b>											<b>Relates to 2005-07 KPM #12</b>
<b>Goal(s):</b> Safe & Healthy – People are safe. People are healthy.											<b>Measure since: 2002</b>
<b>HLO(s):</b> Preventable death											<b>“X” any changes:</b>
<b>Strategy:</b> Teen Suicide Prevention. Providing support for local communities. <sup>x</sup>											New wording
<b>Source:</b> Public Health Division and Portland State University											New data
<b>Owner:</b> Public Health Division, Office of Disease Prevention & Epidemiology, Injury Prevention & Epidemiology Program, Janice D. Alexander, 971-673-1033											New measure
<b>DATA:</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	Data Cycle: CY
<b>Actual</b>	10.55	7.15	7.61	8.35	8.90						
<b>Target</b>	10.55	10.45	10.35	10.25	10.15	10.05	9.90	9.80	9.70	9.60	

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<b>#13 TIMELY ADOPTION – The median number of months from date of latest removal from home to finalized adoption.</b>											<b>Relates to 2005-07 KPM #13</b>
<b>Goal(s):</b> Safety – People are safe.											<b>Measure since: 1997</b>
<b>HLO(s):</b> Children living in safe, nurturing families.											<b>“X” any changes:</b>
<b>Strategy:</b> Timely Adoption. Increased monitoring and support of cases and families as they move through the process to adoption finalization.											New wording
<b>Source:</b> AFCARS database, which is derived from the State Child Welfare IIS data system.											New data
<b>Owner:</b> Children, Adults and Families Division, Lois Day, 503-947-5358											New measure
<b>DATA:</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	Data Cycle: FFY
<b>Actual</b>	<b>39.8</b>	<b>40.6</b>	<b>37.7</b>	<b>35.8</b>	<b>35.0</b>	<b>33.3</b>					
<b>Target</b>	<b>39.8</b>	<b>39.2</b>	<b>38.6</b>	<b>37.3</b>	<b>36.0</b>	<b>34.7</b>	<b>34.5</b>	<b>34.5</b>	<b>32.0</b>	<b>32.0</b>	

<b>#14 CHILD RE-ABUSE – The percentage of abused/neglected children who were re-abused within 6 months of prior victimization.</b>											<b>Relates to 2005-07 KPM #14</b>
<b>Goal(s):</b> Safety – People are safe.											<b>Measure since: 1997</b>
<b>HLO(s):</b> Child abuse or neglect											<b>“X” any changes:</b>
<b>Strategy:</b> Child Re-Abuse, The state Child Welfare Program is currently working with the NRCCPS to develop and implement a Safety Intervention Model. <sup>xi</sup>											New wording
<b>Source:</b> State Child Welfare IIS data system.											New data
<b>Owner:</b> Children Adults and Families Division, Child Protective Services Program, Una Swanson, 503-945-6696											New measure
<b>DATA:</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	Data Cycle: FFY
<b>Actual</b>	<b>9.9</b>	<b>8.7</b>	<b>8.5</b>	<b>7.6</b>	<b>9.2</b>	<b>10.2</b>					
<b>Target</b>	<b>9.1</b>	<b>8.6</b>	<b>8.1</b>	<b>7.7</b>	<b>7.1</b>	<b>6.6</b>	<b>6.1</b>	<b>6.1</b>	<b>5.6</b>	<b>5.6</b>	

**OREGON DEPARTMENT OF HUMAN SERVICES**

Mission: Assisting people to become independent, healthy and safe.

**PROPOSED MEASURES**

<b>#15 RE-ABUSE OF SENIORS AND PEOPLE WITH DISABILITIES – The percentage of seniors and adults with disabilities who are re-abused within 12 months of first substantiated abuse: a) seniors, b) adults with disabilities, c) developmental disabilities (added for 2006/07)</b>											<b>Relates to 2005-07 KPM #15</b>
<b>Goal(s):</b> Safety – People are safe.											<b>Measure since: 2002</b>
<b>HLO(s):</b> Elder abuse											<b>“X” any changes:</b>
<b>Strategy:</b> Increase public awareness, strengthen collaboration with community partners, strengthen and increase protective service training. <sup>xii</sup>											New wording
<b>Source:</b> Seniors and People with Disabilities Division, Office of Investigation and Training / Office of Licensing & Quality of Care Adult											New data
<b>Owner:</b> Seniors and People with Disabilities Division, Julia S. Brown, 503-947-5153											New measure
Part A	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	Data Cycle:
Actual				NA	6.0	5.0					CY
Target				NA	NA	NA	5.0	5.0	5.0	5.0	
Part B											Data Cycle:
Actual				6.0	4.0	4.0					CY
Target				6.0	6.0	6.0	5.0	5.0	5.0	5.0	
Part C											Data Cycle:
Actual				NA	4.5	6.6					CY
Target				NA	NA	NA	5.0	5.0	5.0	5.0	

<b>#16 INTENDED PREGNANCY – The percentage of births where the mothers report that the pregnancy was intended.</b>											<b>Relates to 2005-07 KPM #16</b>
<b>Goal(s):</b> Healthy – People are healthy.											<b>Measure since: 2006</b>
<b>HLO(s):</b> Teen pregnancy											<b>“X” any changes:</b>
<b>Strategy:</b> Intended pregnancy. Provide family planning services through local clinics to enable families to plan and space their pregnancies.											X New wording
<b>Source:</b> Public Health Division, Office of Family Health, PRAMS (Pregnancy Risk Assessment Monitoring System) survey <sup>xiii</sup>											X New data
<b>Owner:</b> Public Health Division, Office of Family Health, Reproductive Health Program, Lisa Angus, 971-673-0358											New measure
DATA:	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	Data Cycle:
Actual	60.8	61.7	60.8	61.8							CY
Target	NA	NA	NA	NA	62.1	62.4	62.7	63.0	63.4	63.8	

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**PROPOSED MEASURES**

<b>#17 EARLY PRENATAL CARE FOR LOW INCOME WOMEN – The percentage of low-income women who receive prenatal care in the first 4 months of pregnancy.</b>											<b>Relates to 2005-07 KPM #17</b>
<b>Goal(s):</b> Healthy – People are healthy. <b>HLO(s):</b> Prenatal care <b>Strategy:</b> Early prenatal care for low-income women. DHS’ Office of Family Health (OFH) and Office of Medical Assistance Programs (OMAP). <sup>xiv</sup> <b>Source:</b> Public Health Division, Division of Medical Assistance Programs <b>Owner:</b> Public Health Division, Office of Family Health, Pat Westling, 971-673-0341 / Division of Medical Assistance Programs, Susan Arbor, 503-945-5958											<b>Measure since: 2002</b>
											<b>“X” any changes:</b>
											New wording
											New data
											New measure
<b>DATA:</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	Data Cycle: CY
<b>Actual</b>	85.8	89.2	86.7	85.2	NA						
<b>Target</b>	NA	NA	86.2	86.7	87.1	87.5	89.0	90.0	90.5	91.0	

<b>#18 COMPLETION OF ALCOHOL AND DRUG TREATMENT – The percentage of engaged clients who complete alcohol and other drug (AOD) abuse treatment and are not abusing AOD.</b>											<b>Relates to 2005-07 KPM #18</b>
<b>Goal(s):</b> Healthy – People are healthy. <b>HLO(s):</b> Teen substance abuse, Alcohol / tobacco use during pregnancy, Alcohol / drug abuse <b>Strategy:</b> Substance abuse treatment completion. <b>Source:</b> Addictions and Mental Health Division, Client Process Monitoring System database. <b>Owner:</b> Addictions and Mental Health Division, Program Analysis & Evaluation Unit, Jon Collins, 503-945-9726											<b>Measure since: 2002</b>
											<b>“X” any changes:<sup>xv</sup></b>
											New wording
											X New data
											New measure
<b>DATA:</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	Data Cycle: CY
<b>Actual</b>	73.9	74.8	74.4	74.6	74.0	73.1					
<b>Target</b>	NA	NA	NA	NA	NA	NA	74.1	74.6	75.1	75.6	

<b>#19 8<sup>TH</sup> GRADER RISK FOR ALCOHOL AND DRUG USE – Percentage of 8<sup>th</sup> graders at high risk for alcohol and other drug use.</b>											<b>Relates to 2005-07 KPM #19</b>
<b>Goal(s):</b> Healthy – People are healthy. <b>HLO(s):</b> Teen substance abuse <b>Strategy:</b> Substance abuse evidence-based practices. <sup>xvi</sup> <b>Source:</b> Addictions and Mental Health Division, Public Health Division - Office of Disease Prevention & Epidemiology, Oregon Healthy Teens survey <b>Owner:</b> Addictions and Mental Health Division, Program Analysis & Evaluation Unit, Jon Collins, 503-945-9726											<b>Measure since: 2002</b>
											<b>“X” any changes:</b>
											New wording
											New data
											New measure
<b>DATA:</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	Data Cycle: CY
<b>Actual</b>	31.7	31.6	31.3	32.2	38.9	38.9					
<b>Target</b>	NA	NA	31.0	28.7	26.3	24.0	30.0	30.0	30.0	30.0	

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**PROPOSED MEASURES**

<b>#20 TOBACCO USE – Tobacco use among: a) adults, b) youth, c) pregnant women.</b>											<b>Relates to 2005-07 KPM #20</b>	
<b>Goal(s):</b> Healthy – People are healthy.											<b>Measure since: 2002</b>	
<b>HLO(s):</b> Adult non-smokers, Preventable death, Teen substance abuse, Alcohol / tobacco use during pregnancy												
<b>Strategy:</b> Using Best Practices. Supporting and implementing comprehensive tobacco prevention and education programs.												
<b>Source:</b> Public Health Division - Office of Disease Prevention & Epidemiology - Center for Health Statistics (BRFSS, OR Healthy Teens Survey, birth certificates)												
<b>Owner:</b> Public Health Division - Tobacco Prevention and Education Program, Stacey Schubert, 971-673-1099											<b>“X” any changes:</b>	
												New wording
												New data
												New measure
<b>Part A</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	Data Cycle: CY	
Actual	20.7	20.6	21.3	20.9	19.9	18.6						
Target	20.7	20.6	20.2	19.8	19.4	19.0	18.6	18.2	17.6	17.4		
<b>Part B</b>											Data Cycle: CY	
Actual	12.8	12.3	10.7	10.5	8.1	9.8						
Target	12.8	12.6	12.2	11.8	11.4	11.0	10.0	10.0	9.0	9.0		
<b>Part C</b>											Data Cycle: CY	
Actual	13.5	12.8	12.6	12.0	12.6	12.4						
Target	13.5	13.5	13.2	13.8	13.4	12.0	11.4	10.8	10.8	10.8		

<b>#21 CIGARETTE PACKS SOLD – Number of cigarette packs sold per capita.</b>											<b>Relates to 2005-07 KPM #21</b>	
<b>Goal(s):</b> Healthy – People are healthy.											<b>Measure since: 2002</b>	
<b>HLO(s):</b> Adult non-smokers, Preventable death, Teen substance abuse, Alcohol / tobacco use during pregnancy												
<b>Strategy:</b> Using Best Practices. Supporting and implementing comprehensive tobacco prevention and education programs.												
<b>Source:</b> OR Dept of Revenue (cigarette tax receipts) and PSU, Population Research Center (population estimates)												
<b>Owner:</b> Public Health Division - Tobacco Prevention and Education Program, Stacey Schubert, 971-673-1099											<b>“X” any changes:</b>	
												New wording
												New data
												New measure
<b>DATA:</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	Data Cycle: CY	
Actual	69.3	65.1	64.3	55.5	53.6	54.4						
Target	69.0	67.5	66.0	64.5	63.0	62.0	54.0	52.0	50.0	48.0		

**OREGON DEPARTMENT OF HUMAN SERVICES**

Mission: Assisting people to become independent, healthy and safe.

**PROPOSED MEASURES**

<b>#22 CHILD IMMUNIZATIONS – The percentage of 24 – 35 month old children served by local health departments who are adequately immunized.</b>											<b>Relates to 2005-07 KPM #22</b>
<b>Goal(s):</b> Healthy – People are healthy.											<b>Measure since: 2002</b>
<b>HLO(s):</b> Immunizations, Child mortality											<b>“X” any changes:<sup>xvii</sup></b>
<b>Strategy:</b> Child Immunizations. Provide vaccine and special funds to local health departments to increase assurance of high immunization rates.											X New wording
<b>Source:</b> Public Health Division - Office of Family Health (ALERT Registry)											New data
<b>Owner:</b> Public Health Division - Office of Family Health - Immunization Program, Martha P. Skiles, 971-673-0304											New measure
<b>DATA:</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	Data Cycle: CY
<b>Actual</b>	NA	63.8	65.9	66.2	69.8	73.5					
<b>Target</b>	NA	NA	58.8	60.8	62.8	64.8	70.0	70.0	72.0	74.0	

<b>#23 INFLUENZA VACCINATIONS FOR SENIORS – The percentage of adults aged 65 and over who receive an influenza vaccine.</b>											<b>Relates to 2005-07 KPM #23</b>
<b>Goal(s):</b> Healthy – People are healthy.											<b>Measure since: 2002</b>
<b>HLO(s):</b> Preventable death											<b>“X” any changes:</b>
<b>Strategy:</b> Influenza vaccinations for seniors. Promoting immunizations through the DHS-funded Oregon Adult Immunization Coalition. <sup>xviii</sup>											New wording
<b>Source:</b> Public Health Division - Office of Disease Prevention & Epidemiology, Center for Health Statistics (BRFSS)											New data
<b>Owner:</b> Public Health Division – Office of Family Health - Immunization Program, Martha P. Skiles, 971-673-0304											New measure
<b>DATA:</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	Data Cycle: CY
<b>Actual</b>	71.8	71.7*	68.0	70.5	71.0	68.9					
<b>Target</b>	NA	NA	74.2	75.5	76.9	78.2	74.0	75.5	75.5	76.0	

\* Data correction

<b>#24 HIV/AIDS RATE – The annual rate of newly acquired HIV/AIDS infection per 100,000 persons.</b>											<b>Relates to 2005-07 KPM #24</b>
<b>Goal(s):</b> Healthy – People are healthy.											<b>Measure since: 2000</b>
<b>HLO(s):</b> HIV diagnosis, Communicable disease											<b>“X” any changes:<sup>xix</sup></b>
<b>Strategy:</b> HIV/AIDS Rate. DHS designs and administers state and federal programs to assist persons with HIV/AIDS.											X New wording
<b>Source:</b> Public Health Division - Office of Disease Prevention & Epidemiology, HIV/AIDS Reporting Systems (HARS) database & PSU Census estimates.											X New data
<b>Owner:</b> Public Health Division - Office of Disease Prevention & Epidemiology - HIV/STD/TB Program, Jeff Capizzi, 971-673-0182											New measure
<b>DATA:</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	Data Cycle: CY
<b>Old Actual</b>	8.5	8.7	5.7	5.4	5.6						
<b>Old Target</b>	8.5	8.7	8.7	8.5	8.3	8.1	2.4	2.1	NA	NA	
<b>New Actual</b>	7.5	7.9	8.8	8.4	8.3						
<b>New Target</b>	NA	NA	NA	NA	NA	NA	6.7	7.5	7.5	7.5	

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**PROPOSED MEASURES**

<b>#25 ROUTINE HEALTH CARE PROVIDED TO OHP CLIENTS – The proportion of Oregon Health Plan (OHP) clients who receive routine health care services annually: a) adults, b) children.</b>											<b>Relates to 2005-07 KPM #25</b>
<b>Goal(s):</b> Healthy – People are healthy.										<b>Measure since: 2002</b>	
<b>HLO(s):</b> Health care access										<b>“X” any changes:<sup>xx</sup></b>	
<b>Strategy:</b> Routine health care - promoting routine health care services through automatic enrollment in managed care.										X New wording	
<b>Source:</b> Oregon MMIS (Medicaid Management Information System), DSSURS (Decision Support/Surveillance and Utilization Review System)										New data	
<b>Owner:</b> Division of Medical Assistance Programs, Susan Arbor, 503-945-5958										New measure	
<b>Part A</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	Data Cycle: CY
Actual	76.3	70.4	70.7	67.3	75.0	75.7					
Target	NA	NA	NA	71.0	71.0	72.0	73.0	74.0	74.0	74.0	Data Cycle: CY
<b>Part B</b>											
Actual	72.9	69.3	70.7	70.4	70.6	72.0					
Target	NA	NA	NA	71.0	71.0	72.0	73.0	74.0	74.0	74.0	

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**PROPOSED MEASURES**

<b>#26 RACIAL/ETHNIC VARIATION OF ROUTINE HEALTH CARE PROVIDED TO OHP CLIENTS – The proportion of Oregon Health Plan (OHP) clients who receive routine health care services annually: a) African Americans, b) Native Americans, c) Asian/Pacific Islanders, d) Hispanic, e) White.</b>											<b>Relates to 2005-07 KPM #26</b>
<b>Goal(s):</b> Healthy – People are healthy.											<b>Measure since: 2002</b>
<b>HLO(s):</b> Health care access, Racial / ethnic health status											<b>“X” any changes:<sup>xxi</sup></b>
<b>Strategy:</b> Routine health care - developing performance measures for reducing health care disparities.											X New wording
<b>Source:</b> Oregon MMIS (Medicaid Management Information System), DSSURS (Decision Support/Surveillance and Utilization Review System)											New data
<b>Owner:</b> Division of Medical Assistance Programs, Susan Arbor, 503-945-5958											New measure
<b>Part A</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	Data Cycle: CY
Actual	70.0	64.4	66.5	64.7	68.6	68.7					
Target	NA	NA	NA	66.7	67.0	68.0	69.0	70.0	70.5	71.0	
<b>Part B</b>											Data Cycle: CY
Actual	72.2	70.8	73.1	72.8	74.0	75.1					
Target	NA	NA	NA	73.3	73.5	73.5	74.0	74.0	74.0	74.0	
<b>Part C</b>											Data Cycle: CY
Actual	69.1	64.8	66.8	66.4	67.5	68.3					
Target	NA	NA	NA	66.9	67.0	68.0	69.0	70.0	70.5	71.0	
<b>Part D</b>											Data Cycle: CY
Actual	73.0	69.4	70.7	70.5	71.3	73.4					
Target	NA	NA	NA	71.0	71.5	72.0	73.0	74.0	74.0	74.0	
<b>Part E</b>											Data Cycle: CY
Actual	75.2	70.3	71.0	69.0	72.8	73.6					
Target	NA	NA	NA	71.3	71.5	72.0	73.0	74.0	74.0	74.0	

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**PROPOSED MEASURES**

<b>#27 SAFETY NET CLINIC USE – The number of uninsured Oregonians served by safety net clinics.</b>											<b>Relates to 2005-07 KPM #27</b>
<b>Goal(s):</b> Healthy – People are healthy.										<b>Measure since: 2002</b>	
<b>HLO(s):</b> Health care access										<b>“X” any changes:<sup>xxii</sup></b>	
<b>Strategy:</b> Safety Net Clinic Use. Health Systems Planning (HSP) works with the Office of Rural, Oregon Primary Care Association ...										X New wording	
<b>Source:</b> Oregon Primary Care Association, Uniform Data System										X New data	
<b>Owner:</b> Public Health Division - Office of Community Health & Health Systems - Health Systems Planning, Juanita Heimann, 971-673-1267										New measure	
<b>DATA:</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	Data Cycle: CY
<b>Old Actual</b>	24.5	21.4	19.6	18.1	18.6						
<b>Old Target</b>	NA	NA	28.5	31.4	34.6	36.5	25.0	26.0			
<b>New Actual</b>	62,501	62,997	70,451	73,736	87,335	NA					
<b>New Target</b>	NA	NA	NA	NA	NA	100,000	110,000	85,000	75,000	60,000	

<b>#28 MENTAL HEALTH CLIENT LEVEL OF FUNCTIONING – The percentage of mental health clients who maintain or improve level of functioning following treatment.</b>											<b>Relates to 2005-07 KPM #28</b>
<b>Goal(s):</b> Healthy – People are healthy.										<b>Measure since: 2002</b>	
<b>HLO(s):</b> Mental health consumer activities										<b>“X” any changes:</b>	
<b>Strategy:</b> Evidence-based practices for mental health treatment services. <sup>xxiii</sup>										New wording	
<b>Source:</b> Addiction and Mental Health Division – Client Process Monitoring System (CPMS) database.										New data	
<b>Owner:</b> Addiction and Mental Health Division, Program Analysis and Evaluation Unit, Jon Collins, 503-945-9726										New measure	
<b>DATA:</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	Data Cycle: CY
<b>Actual</b>	90.4	91.9	92.2	90.2	88.3	89.4					
<b>Target</b>	NA	NA	91.3	91.5	91.6	91.7	91.8	92.0	92.0	92.0	

**OREGON DEPARTMENT OF HUMAN SERVICES**

**PROPOSED MEASURES**

Mission: Assisting people to become independent, healthy and safe.

<b>KPM CUSTOMER SERVICE – Percent of customers rating their satisfaction with the agency’s customer service as “good” or “excellent”:                      #29 overall customer service, timeliness, accuracy, helpfulness, expertise and availability of information.</b>											
<b>Goal(s):</b> Independent, self sufficient, safe, healthy - People are independent. People are self sufficient. People are safe. People are healthy. <b>HLO(s):</b> DHS Mission <b>Strategy:</b> Agency communication & coordination – DHS will further develop customer survey methodology, including expansion of the survey <sup>xxiv</sup> . <b>Source:</b> Client web survey <b>Owner:</b> Department Wide Support Services, Cathy Iles, 503-945-5855										<b>Measure since: 2006</b>	
										<b>“X” any changes:</b>	
										New wording	
										New data	
										New measure	
Overall	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	Data Cycle: FY
Actual							38.1				
Target							NA	NA	NA	NA	
<b>Timeliness</b>											
Actual							43.0				
Target							NA	NA	NA	NA	
<b>Accuracy</b>											
Actual							41.1				
Target							NA	NA	NA	NA	
<b>Helpfulness</b>											
Actual							40.6				
Target							NA	NA	NA	NA	
<b>Expertise</b>											
Actual							37.7				
Target							NA	NA	NA	NA	
<b>Availability of Information</b>											
Actual							33.5				
Target							NA	NA	NA	NA	

Mission: Assisting people to become independent, healthy and safe.

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<sup>i</sup> PROPOSED KPM #1 – ADDITIONAL EXPLANATION OF STRATEGY: SPD offers programs to provide alternative care for people with developmental disabilities in standard community residential settings of five or fewer people so that they can live as independently as possible. These settings include “in-home” services so individuals can live on their own or with family members. Crisis diversion services are also provided to keep people from institutional placement.

<sup>ii</sup> PROPOSED KPM #2 - RATIONALE FOR REQUESTED CHANGE: We are proposing to drop part b – “people with disabilities”, which has been developmental since 2004. We have not been able to develop a suitable measure to track the percentage of people with disabilities outside of institutions.

<sup>iii</sup> PROPOSED KPM #4 – ADDITIONAL EXPLANATION OF STRATEGY: SPD provides employment programs and develops policies to help people negotiate the challenges of the workplace and afford them the opportunity to contribute to their household’s income, contribute to the cost of their care, and engage in community activities. SPD is committed to providing the supports necessary to those clients who desire to work and for those whom traditional employment supports have not been effective. As an example, the Employed Persons with Disabilities (EPD) program was designed to enable people who have disabilities to work while still maintaining their Medicaid Coverage.

RATIONALE FOR REQUESTED CHANGE: Providing employment services to Seniors and People with Disabilities (SPD) consumers is not the primary mission of Seniors and People with Disabilities. SPD provides a variety of services to consumers. Not all consumers seek employment as a service outcome. Focusing on those SPD consumers actively participating employment programs is a more accurate measure of “goal of employment” than the existing original measure.

ADDITIONAL EXPLANATION OF DATA SOURCE:

*Formula:*

Numerator = Count of everyone with employment Start Date in this Calendar Year (in SE 54 + EPD + SPD in VR).

Denominator = Count SE 54 + SE 540 + EPD + SPD open in VR in this Calendar Year.

*Definitions (and Source):*

SE54 – employed under Developmental Disabilities Vocational Services (CPMS – will be eXPRS for 2006)

SE540 – waitlist for Developmental Disabilities Vocational Services (CPMS – will be eXPRS for 2006)

EPD – employed under Employed Persons with Disabilities (CMS)

VR Opened – SPD clients with an open case in the Office of Vocational Rehabilitation Services (Oregon ACCESS and Orca2)

VR Employed – clients were either employed (but not fully closed), closed as rehabilitated (employed), or receiving post employment services (employed, but need small time-limited support to remain employed) (Oregon ACCESS and Orca2)

<sup>iv</sup> PROPOSED KPM #5 – ADDITIONAL EXPLANATION OF STRATEGY: The JOBS Program is the TANF employment and training program. These services are provided to TANF applicants and recipients based on their individual case plans. These services include assessment, job search assistance, job readiness, work experience, education and training, rehabilitative services and supportive services.

<sup>v</sup> PROPOSED KPM #6 – ADDITIONAL EXPLANATION OF STRATEGY: The JOBS Program is the TANF employment and training program. These services are provided to TANF applicants and recipients based on their individual case plans. These services include assessment, job search assistance, job readiness, work experience, education and training, rehabilitative services and supportive services.

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<sup>vi</sup> PROPOSED KPM #7: ADDITIONAL EXPLANATION OF STRATEGY: There are seven strategies in the Governor’s Action Agenda for Teen Pregnancy Prevention: Positive community values, comprehensive sexuality education and youth development, abstinence education, contraceptive access, male involvement and leadership, balancing health, safety and legal issues, young parent services.

We have learned that successful strategies to reduce teen pregnancy must:

- Be long-term
- Be comprehensive
- Be integrated with other strategies, services and systems
- Reach young people before they are sexually active and continue after they begin sexual activity
- Consider underlying risks and contributing factors, such as poverty and sexual abuse
- Utilize culturally sensitive approaches

<sup>vii</sup> PROPOSED KPM #8 – ADDITIONAL EXPLANATION OF STRATEGY: To improve the quality of care available to subsidy families, DHS provides an incentive of 7% above the standard rate for exempt providers who meet basic training requirements. DHS partners with Child Care Resource & Referral Agencies (CCR&R) and the Oregon Registry. The CCR&Rs assist with provider training that is required to qualify for the DHS Enhanced Rate. The Oregon Registry documents provider training and encourages trained providers to care for families on the DHS subsidy. DHS, the CCR&Rs, and the Oregon Registry team together to publicize the Enhanced Rate.

<sup>viii</sup> PROPOSED KPM #9 – ADDITIONAL EXPLANATION OF STRATEGY: SPD is currently engaging providers (including private businesses) and other key stakeholders in discussions about strategies to create more employment opportunities for people with developmental disabilities. The agency is using grant and other resources to support this effort. Through this same effort the agency is looking at methods to collect employment related data on clients served that is not included in currently available data sources. 2008-2009 TARGETS: The population reported in the Employment Outcomes System has changed since many people whose employment services were previously reported in this system are no longer included in this data. The remaining population being reported via EOS is more complex in their support needs and their earnings data are generally lower.

<sup>ix</sup> PROPOSED KPM #11 – ADDITIONAL EXPLANATION OF STRATEGY: DHS provides training for new policies and procedures for staff. The DHS DV Council is promoting screening and referral in all DHS service deliveries. DHS has published the “Oregon Violence Against Women Prevention Plan”.

ADDITIONAL EXPLANATION OF DATA SOURCE: The wording of the DV questions in the survey have been reworded to achieve a more accurate response. This has caused the percentage to increase.

<sup>x</sup> PROPOSED KPM #12 – ADDITIONAL EXPLANATION OF STRATEGY: Provide support for local communities to develop and implement strategies in the state youth suicide prevention plan including: suicide intervention skills training, school-based comprehensive suicide prevention, public education, and bereavement support for survivors. DATA: Oregon’s Youth Suicide Program focuses on reducing suicide and suicide attempts among Oregon youth aged 10 through 24 years. Rates are calculated using the Oregon death certificate files and the population estimates from the Population Research Center at Portland State University. The numerator is all suicides among Oregon residents aged 10-24 identified in the death certificates filed for the report year. The denominator is the total Oregon population in that age range for the same year.

<sup>xi</sup> PROPOSED KPM #14 – ADDITIONAL EXPLANATION OF STRATEGY: Oregon Child Welfare will be focusing the following activities on child safety and prevention of re-abuse of children:

- The state Child Welfare Program is currently working with the National Resource Center for Child Protective Services to develop and implement a comprehensive Safety Intervention Model. The Safety Intervention Model includes all actions and decisions required throughout the life of a case to:

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- Define Child Welfare as the “safety expert” and assure that all child welfare staff receive training in child safety interventions.
- Assess allegations of child abuse in a timely manner and provide a comprehensive protective capacity assessment of caregiver’s when abuse has been identified.
- Develop focused service plans in families impacted by issues of abuse and create change goals to increase capacity and restore safety for children.
- The Safety Intervention System will include specific statewide training, and policy/procedure development to *reconfirm* the safety of children in their own homes or in out of home care throughout the life of the case. Active safety monitoring will enhance safety of children and decrease potential or re-abuse.

ADDITIONAL EXPLANATION OF DATA: The 2006 and 2007 targets were based on the national standard set by Health and Human Services, Administration for Children and Families. The decrease in the target for 2008 and 2009 is due to the change in the new national standard, which is  $\leq 5.6\%$ , which is the 75th percentile of all the state's reabuse rates (i.e. 75% of states have a reabuse rate HIGHER than 5.6%).

<sup>xii</sup> PROPOSED KPM #15 – ADDITIONAL EXPLANATION OF STRATEGY: The numbers of seniors and persons with disabilities continues to grow. We are increasing our public awareness communications and conducting more training. National data show that as public awareness increases, so does reporting of abuse and neglect.

<sup>xiii</sup> PROPOSED KPM #16 – ADDITIONAL EXPLANATION OF DATA SOURCE – Data for this measure come from a sample survey about women’s pregnancy experiences conducted by the Office of Family Health, called PRAMS (Pregnancy Risk Assessment Monitoring System). PRAMS is coordinated by the federal Centers for Disease Control and Prevention; in addition to Oregon, 27 other states and New York City currently participate. Oregon PRAMS has been in operation continuously since 1998. The sample is drawn and data are collected on an ongoing basis, and then combined into calendar-year files for analysis. The survey question on pregnancy intent is a national standard used in all other PRAMS states and in the National Survey of Family Growth. It reads:

Thinking back to *just before* you got pregnant with your new baby, how did you feel about becoming pregnant?

- I wanted to be pregnant sooner
- I wanted to be pregnant later
- I wanted to be pregnant then
- I didn’t want to be pregnant then or at any time in the future

Pregnancies that occur too soon are classified as mistimed, those that are not wanted at all are labeled unwanted, and those two together form the unintended category. Pregnancies that occur too late or at about the right time are considered intended.

<sup>xiv</sup> PROPOSED KPM #17 – ADDITIONAL EXPLANATION OF STRATEGY: DHS’ Office of Family Health (OFH) and Division of Medical Assistance Programs (DMAP) work together to improve early entry into prenatal care. Relevant programs in OFH include Oregon MothersCare, which helps low-income women enroll in the Oregon Health Plan (OHP) and get their first prenatal care appointment scheduled, and Maternity Case Management, which provides health education, services, and referrals to women with high-risk pregnancies. Strategies within DMAP include expediting OHP applications for pregnant women and regularly notifying managed care plans of newly enrolled pregnant women so that the plans can make timely contact.

ADDITIONAL EXPLANATION OF DATA SOURCE: Public Health Division, Office of Family Health (PRAMS survey) and Office of Disease Prevention & Epidemiology, Center for Health Statistics (Birth Certificates).

<sup>xv</sup> PROPOSED KPM #18 – The data used to calculate this measure has changed, but not the formula or criteria. In the past, several episodes of care would be strung together. Now, completion is based on an individual episode of care.

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<sup>xvi</sup> PROPOSED KPM #19 – ADDITIONAL EXPLANATION OF STRATEGY: Evidence-based practices. Addictions and Mental Health Division has increased its focus on evidence-based practices which has resulted in a higher quality of training for providers and partners, more evidence-based practices being delivered by treatment providers, and better outcomes for clients resulting in healthier Oregonians.

<sup>xvii</sup> PROPOSED KPM #22 - RATIONALE FOR REQUESTED CHANGE: The previous title which referred to 19-35 month olds was incorrect. The method for calculating immunization rates for 2 year olds uses data for 24-35 month olds, and the data here have always been calculated for that age group. There is no change in the data.

ADDITIONAL EXPLANATION OF STRATEGY: Providing vaccine and special funds to LHDs to increase assurance of high immunization coverage rates in their communities.

<sup>xviii</sup> PROPOSED KPM #23 - ADDITIONAL EXPLANATION OF STRATEGY: DHS promotes senior influenza vaccinations through the DHS-funded Oregon Adult Immunization Coalition, hospital standing orders, and a flu safety campaign.

<sup>xix</sup> PROPOSED KPM #24 - ADDITIONAL EXPLANATION OF STRATEGY: Our agency designs and administers state and federal programs to assist persons with HIV/AIDS to acquire appropriate care and medication to control their symptoms and infectivity. These include programs that provide case management assistance to persons with HIV/AIDS, housing assistance, medication, and health insurance. In addition, our agency designs and administers other innovative programs intended to prevent new infections. These include educational campaigns, partner notification and counseling, and HIV testing (anonymous and confidential). Over 19,000 HIV tests were performed in the public sector during 2005, the majority of these funded by programs administered by this agency. HIV prevention efforts in Oregon should continue to focus on effective strategies to reduce behaviors that increase risk of infection, such as unprotected sex with multiple partners and intravenous drug use or sharing and reuse of drug paraphernalia. HIV testing should remain readily available to enable those at risk to obtain early diagnosis and, if infected, get into treatment. To the extent possible, persons with HIV infection and AIDS need to be encouraged and assisted to identify a stable source of medical care, which has the potential to reduce risk of transmission through counseling and, while not offering cur, through reduction of infectivity to others. The epidemic requires continued monitoring of new HIV/AIDS cases for several reasons, among these: to track increases in new infections and/or document reductions in new cases resulting from health interventions; to recognize increases in cases among specific racial, regional, or behavioral groups and tailored interventions; to facilitate new case investigations and notification of sexual partners of new cases.

RATIONALE FOR REQUESTED CHANGE: Prior to 2002, the number of HIV(nonAIDS) infections were based on Centers for Disease Control and Prevention projections based on nationwide trends in HIV and AIDS incidence. These were the 2000-2001 figures previously reported in the 2004-2005 Annual Report. Mandatory reporting of HIV/AIDS cases in Oregon began on July 1<sup>st</sup> 2001. Since 2002, data have been available for this Key Performance Measure from the Oregon HIV/AIDS Reporting System (HARS), which is a more accurate data source than that previously used and is a close approximation of actual incidence in the population. 2000-2001 data points have been recalculated from HARS data and are reported here. This is possible because HARS collects retroactive reports of new diagnoses in previous years. The rates reported before and after 2001 are now comparable because the data source and methodology used are the same, whereas they weren't in the last Annual Report. Although HARS data were used previously to calculate the 2002 to 2004 data which were reported in the 2004-2005 Annual Report, the figures reported here are different for two reasons: 1) Previously, the reported figures only included the number of new HIV (non AIDS) infections which excludes people who are diagnosed with AIDS without a prior HIV diagnosis. This method underestimates the impact of HIV/AIDS disease on the Oregon population. So, the methodology has been changed to include both new HIV and new AIDS (not previously diagnosed as HIV) cases. 2) Cases reported are often diagnosed in previous years, making annual trend data contingent on the date of data extraction. The HIV/AIDS rates reported for previous years will therefore increase each time the data is extracted to look at this performance measure. Reporting delay particularly affects the completeness of 2005 data, which is less than 90% complete. The number of people newly diagnosed with HIV disease has averaged roughly 300 cases per year since 1997, and the 2005 rate of infection is expected to increase by July 1<sup>st</sup> to rates consistent with 2003 and 2004. Data for years 2002-2004 reported here were extracted May 12<sup>th</sup>, 2006.

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<sup>xx</sup> PROPOSED KPM #25 – RATIONALE FOR REQUESTED CHANGE: New wording: “ROUTINE HEALTH CARE PROVIDED TO OHP CLIENTS – The proportion of Oregon Health Plan (OHP) clients provided routine health care services annually: a) adults, b) children. Old wording: OHP CLIENTS RECEIVING PRIMARY HEALTH CARE - “Proportion of Oregon Health Plan (OHP) clients who receive primary health care services annually a) adults, b) children, The term “routine” health care more accurately describes the measure than “primary” health care. The measure includes primary care, preventive care, and ambulatory care and excludes emergency and hospital care.

ADDITIONAL EXPLANATION OF STRATEGY: Routine health care provided to OHP clients. Clients in managed care utilize preventive and primary care services at higher rates than other clients. Therefore one way Division of Medical Assistance Programs (DMAP) promotes routine health care services is through automatic enrollment in managed care. OMAP is adding standards to the managed care organization contracts to make certain there is adequate network capacity to provide routine and preventive services. The managed care plans participate in quality improvement and prevention activities including performance improvement projects and measures. Past and present focuses include tobacco cessation, asthma, diabetes and prenatal care, early childhood cavities prevention, and childhood immunizations. Also, DMAP has a disease management and case management programs for fee-for-service clients. In addition, DMAP sends regular preventive health care messages to all OHP clients on their medical I.D. cards and regularly sends birthing hospitals reminders to enroll eligible newborns on OHP, DMAP works closely with many public health programs and has preventive health care messages on the DHS website with links to public health information

<sup>xxi</sup> PROPOSED KPM #26 - RATIONALE FOR REQUESTED CHANGE: New wording: “RACIAL/ETHNIC VARIATION OF ROUTINE HEALTH CARE PROVIDED TO OHP CLIENTS – The proportion of Oregon Health Plan (OHP) clients provided routine health care services annually: a) African Americans, b) Native Americans, c) Asian/Pacific Islanders, d) Hispanic, e) White. Old wording: DISPARITY OF OHP CLIENTS RECEIVING PRIMARY HEALTH CARE: “Proportion of racial and ethnic Oregon Health Plan (OHP) clients who receive primary health care services annually a) African Americans, b) Native Americans, c) Asian/Pacific Islanders, d) Hispanic, e) White. The term “routine” health care more accurately describes the measure than “primary” health care. The measure includes primary care, preventive care, and ambulatory care and excludes emergency and hospital care.

ADDITIONAL EXPLANATION OF STRATEGY: Racial/ethnic variation of routine health care provided to OHP clients. Division of Medical Assistance Programs (DMAP) in collaboration with CHCS (Center for Health Care Strategies) is developing performance measures for reducing health care disparities including contracted targets and incentives for DMAP’s managed care organizations. DMAP is part of a state team working with AHRQ (Agency for Healthcare Research and Quality) to develop a state plan that aims to reduce pediatric asthma health care disparities. DMAP continues to provide an increasing number of educational materials in languages in addition to English.

<sup>xxii</sup> PROPOSED KPM #27 - RATIONALE FOR REQUESTED CHANGE: There are two methodological changes proposed. The first involves how the number of uninsured served by safety net clinics is calculated. Previously, the values for years 2000 to 2004 incorporated an estimate of the number of uninsured persons served by non-FQHC safety net clinics as well as the number served by FQHC clinics from the Uniform Data System (UDS). Both figures were provided by the Oregon Primary Care Association (OPCA). However, the non-FQHC component has not actually been calculated since 2001 and the calculation is not replicable because other safety net clinics (ex. School Based Health Centers, Rural Health Clinics) do not have a data system similar to the UDS. Because the only known available data is from the Uniform Data System, clinics included in that database must be proxies for all safety net clinics in Oregon. This methodological change will result in a decrease in the estimate of safety net coverage. However, this new method will continue to be replicable in the future because the data source used is well-established and reliable.

The second methodological change proposed is to report just the number of uninsured persons served by safety net clinics rather than the percent of all uninsured in the state. The purpose of this measure is to demonstrate the role safety net clinics play in providing access to primary care for uninsured Oregonians. In addition the measure helps to demonstrate the relationship between changes in the number of uninsured Oregonians and the impact on the safety net. If we use percentages, given the currently expanding number of uninsured in the state, even though safety net clinics may be providing access to an increasing number of uninsured individuals their percentage of the total would

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decline. If safety net clinics increasing provide care to a larger number of uninsured even though total numbers of uninsured decline that fact would be lost if we continue to use percentages.

The targets we have set reflect our best guess of changes in the number of uninsured as a result of anticipated changes in Medicaid coverage. Oregon has been moving away from the downturn in the economy for some time. That is reflected in periodic revenue projections. Many groups are working on proposals regarding either expanding coverage for the standard population or other approaches to cover more Oregonians. Standard now covers about a quarter of the population it once did. While safety net clinics may see individuals who are uninsured as a result of declines in employer coverage they see a much larger share of individuals who are now uninsured as a result of OHP limitations. Our targets reflect policy changes to increase coverage during the next session, which will have an impact on safety net clinics. We continue to show an increase in the number of uninsured individuals through 2006 anticipating that any legislative changes will not be visible until 2007 when we would begin to see a decline in the number of uninsured seen by safety net clinics until they return to early OHP levels.

If we should see another downturn in the economy and/or the legislature does not expand eligibility than our targets will not reflect that. However the actual numbers reported as served by safety net clinics using FQHCs as a proxy, will reflect what is happening with the safety net and care for the uninsured.

**ADDITIONAL EXPLANATION OF STRATEGY:** Health Systems Planning (HSP) works with the Office of Rural, Oregon Primary Care Association, Office of Family Health School Based Health Centers, and other partners to coordinate technical assistance strategies to communities and existing clinics. Outcomes of technical assistance and collaboration include new federal grants to establish centers, expand the services of existing centers, the establishment of new rural health centers, school based clinics, or other alternatives for providing primary care to the uninsured. Outcomes also include the stabilization of existing clinics. HSP assists National Health Service Corp loan recipients and J-1 Visa Waiver foreign physicians to practice in underserved areas of the state. Additionally, HSP, works closely with the Office of Health Policy and Research to develop policies and programs supportive of the health safety net.

**ADDITIONAL EXPLANATION OF DATA SOURCE:** Data for this measure are derived from three sources: The Oregon Primary Care Association's Uniform Data System (number of uninsured served by FQHC clinics). All data are reported by calendar year. In the calculation of this measure FQHC clinics are used as a proxy for the entire safety-net clinic system in Oregon. However, this undercounts the number of people served by the safety-net because it does not include some other types of safety-net clinics such as: community sponsored clinics, Indian/Tribal clinics, rural health clinics, and school based health centers.

The Uniform Data System (UDS) collects data on all clinics receiving federal funds through section 330 of the Public Health Service (PHS) Act, and administered by the Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care (BPHC). These clinics are referred to here as Federally Qualified Health Centers (FQHC's). UDS collects basic demographic information on populations served, such as race/ethnicity and insurance status of patients. The Oregon Primary Care Association (OPCA) provides annual figures of the total number of uninsured persons in Oregon served by these clinics. The data contact at OPCA as of 5/24/06 was Jalaunda Granville (503.228.8852 ext 25; [jgranville@orpc.org](mailto:jgranville@orpc.org), <http://www.orpc.org> ). For more information about the UDS, see <http://bphc.hrsa.gov/uds/> .

<sup>xxiii</sup> PROPOSED KPM #28 - **ADDITIONAL EXPLANATION OF STRATEGY:** Mental health treatment services evidence-based practices. Providers are implementing and further refining treatment with the assistance of Addictions and Mental Health Division (AMH) (such as training in evidence-based practices), resulting in increased quality of services being delivered to Oregonians.

<sup>xxiv</sup> PROPOSED KPM #29 – **ADDITIONAL EXPLANATION OF DATA SOURCE:** DHS conducted its first client survey in March and April of 2006, in response to new DAS requirements around customer service. Due to time and budget constraints, the agency-wide project team recommended a web survey. DHS designed and administered this initial survey both to generate data to respond to DAS' mandatory questions and to test the web survey methodology. Survey notification was provided to clients receiving a medical

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card. A convenience sample of approximately 240,000 clients were invited to complete the web survey. The number of responses was extremely low, just over 200. Therefore the results are very limited in how they can be analyzed and used, not only because of the low number of responses, but because of self-selection bias inherent to this type of survey. In the next phase of gathering customer feedback, the project team is looking at ways to expand the client population receiving the survey and increase the response rate. We intend to continue focusing on DHS clients receiving services as our primary audience. We are currently surveying our senior population through a paper survey, which accompanied the Farm Direct Nutrition Program vouchers that were sent to approximately 40,000 seniors at the end of March 2006. Results will be reported in FY 2007. Other customer feedback surveys will be pursued as well, such as an internal customer survey for DHS employees to evaluate the quality of service provided by administrative offices within the agency (e.g. procurement, human resources, facilities, etc).