

Agency Management Report

KPMs For Reporting Year 2008

Agency: HUMAN SERVICES, DEPARTMENT of

	Green = Target to -5%	Yellow = Target -6% to -15%	Red = Target > -15%	Pending	Exception Can not calculate status (zero entered for either Actual or Target)
Summary Stats:	73.81%	14.29%	11.90%	0.00%	0.00%

Detailed Report:

KPMs	Actual	Target	Status	Most Recent Year	Management Comments
1 - PEOPLE WITH DISABILITIES IN COMMUNITY SETTINGS – The percentage of individuals with developmental disabilities who live in community settings of five or fewer.	97.50	97.00	Green	2007	DHS has met its target. SPD needs to preserve policy and funding structures that contribute to the maintenance and / or improvement of efforts for providing in-home services to persons with developmental disabilities, and continued attention to the impact of aging family caregivers and their needs.
2 - SENIORS LIVING OUTSIDE OF INSTITUTIONS – The percentage of Oregon’s seniors who are living outside of institutions	98.20	98.50	Green	2007	DHS continues to maintain the lowest overall institutionalization rate of seniors of the 50 states. DHS should continue to develop community resources to address the needs of seniors who may not be able to live fully independently, but need not live in an institution.

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3 - OVRS CLOSED - EMPLOYED – The percentage of Office of Vocational Rehabilitation Services (OVRS) consumers with a goal of employment who are employed.	64.10	66.00	Green	2007	With the reduction in Federal funding for the OVRS program and the increasing cost of providing services, OVRS has been forced to invoke an Order of Selection. Under an Order of Selection, OVRS will only be serving the individuals that currently have a plan. This, and the onset of the recession, should make it difficult to meet our planned targets.
4 - SPD EMPLOYMENT – The percentage of Seniors and People with Disabilities (SPD) consumers participating in an employment program who are employed.	51.70	43.00	Green	2007	SPD has exceeded the 2006 and 2007 targets of 43.0%. The average percentage over the past three years is 48%. However, SPD may not be able to continue to achieve this level as the present employment market and tight human service budgets represent a threat to the employment of individuals receiving services from SPD.
5 - TANF (WELFARE) EMPLOYMENT – The percentage of Temporary Assistance to Needy Families (TANF) adults placed for whom employment is a goal.	8.00	11.10	Red	2007	The agency changed from using recorded placements to the counts of verified placements effective July 2007. This had an impact on the results of the calculation, and more accurately reflects the outcome of the agency's efforts, as it is a stricter standard. The economic picture has declined and the unemployment rate has continued to worsen.

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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.	89.40	92.00	Green	2007	Investments in services such as the new Post-TANF program, improved assessment/evaluation services, case management and employment and training services, and TANF-related medical policy will improve the performance of this measure.
7 - TANF FAMILY STABILITY – The percentage of children entering foster care who had received TANF cash assistance within the prior two months.	25.80	25.80	Green	2007	This is a new key performance measure and will be measured by a decrease in the number of TANF children entering the foster care system. DHS should continue to seek resources that meet the needs of families being served through the TANF program and enhance and strengthen partnerships with community partners that provide family-centered, preventative, and comprehensive services for children and families.
8 - TEEN PREGNANCY – The number of female Oregonians ages 15 – 17, per 1,000 who are pregnant.	27.20	24.00	Yellow	2006	We did not achieve our target for 2006. The factors affecting teen pregnancy are complicated and impacted by many issues. These factors take time and cannot be changed quickly; factors that contribute to change in pregnancy trends are human behaviors and environments that contribute to adolescents making healthy choices about sexuality.

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9 - ENHANCED CHILD CARE – The percentage of child care providers who are providing enhanced quality of care.	26.20	30.00	Yellow	2007	The training standards required for providers to receive the enhanced rate increase the quality of child care which encourages a more stable provider base. Stability in care arrangements promotes healthy child development and helps parents remain employed.
10 - AVERAGE EARNINGS FOR SPD CLIENTS – Average monthly earnings for persons with developmental disabilities who receive Seniors and People with Disabilities (SPD) services.	184.00	282.00	Red	2007	SPD has not met the target since 2001. The economic factors in recent years have had a negative impact on the opportunities for competitive employment for people with developmental disabilities. Efforts will continue towards developing strategies for training and collaboration, and creating new employment opportunities.
11 - FOOD STAMP UTILIZATION – The ratio of Oregonians receiving food stamp assistance to the number of Oregonians living in poverty.	1.01	1.15	Yellow	2008	Although we were below our target for 2007, Oregon received \$1.9 million for being one of the top 5 states in food stamp participation for FY 2007. Between December 2007 and December 2008, the Oregon food stamp caseload increased by 15.5%.

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12 - DOMESTIC VIOLENCE – The percentage of women subjected to domestic violence in the past year.	7.20	2.10	Red	2007	DHS has not achieved the target. The state funds for response to DV are inadequate to meet the need. The state needs funds to implement prevention activities as a means to reducing the incidence of violence. Responding alone will not reduce violence. The state needs to implement evaluation of existing response programs. A public health data system is necessary to better understand the incidence and prevalence of the problem.
13 - TEEN SUICIDE – The rate of suicides among adolescents per 100,000.	9.80	9.90	Green	2006	There are not enough staff and resources to implement statewide efforts. The state will work to learn lessons from the implementation of a three-year federal grant that will enable communities to hire staff and implement a multifaceted suicide prevention program. Evaluation of these efforts will provide information on how to broaden those efforts.

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14 - TIMELY ADOPTION – The median number of months from date of latest removal from home to finalized adoption.	33.30	34.50	Green	2007	DHS exceeded the target for 2007. Oregon has made steady progress toward reducing the time to achieve adoption for children in its care and custody who are unable to live safely and permanently with their families of origin. Nonetheless, the department needs to further examine its practices through its performance and continue to streamline and adjust them to further reduce the timeliness.
15 - CHILD RE-ABUSE – The percentage of abused/neglected children who were re-abused within 6 months of prior victimization.	7.50	6.10	Red	2007	DHS did not achieve the target for 2007. The major factors affecting families of abused and neglected children are drug/alcohol abuse, parental involvement with law enforcement, domestic violence and unemployment. Oregon is implementing a Safety Intervention model to improve safety intervention and service provision to families impacted by child abuse and neglect.
16 a - 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: seniors.	4.00	5.00	Green	2007	Strategies to improve the department’s performance include: on-going Adult Protective Service training, continuation of public education efforts, technical Assistance to field offices, basic Adult Protective Service Specialist functions, collaboration with community partners, and continuation of intra-agency relationships/training with other agencies.

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16 b - 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: adults with disabilities.	4.00	5.00	Green	2007	Strategies to improve the department’s performance include: on-going Adult Protective Service training, continuation of public education efforts, technical Assistance to field offices, basic Adult Protective Service Specialist functions, collaboration with community partners, and continuation of intra-agency relationships/training with other agencies.
16 c - 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: developmental disabilities.	8.10	5.00	Red	2007	Strategies to improve performance on these measures include; initiation of a prevention initiative which will increase training to providers, consumers' advocates and the public; leadership of an initiative to address sexual abuse of persons with developmental disabilities that is sponsored by the Attorney General’s Sexual Assault Task Force.
17 - INTENDED PREGNANCY – The percentage of births where mothers report that the pregnancy was intended.	60.60	63.00	Green	2007	The agency is close to its target for this measure. A statewide outreach campaign that will begin in December 2008 should increase awareness of family planning services available to low-income Oregonians to support their efforts to avoid unintended pregnancies.

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18 - EARLY PRENATAL CARE FOR LOW INCOME WOMEN – The percentage of low-income women who receive prenatal care in the first 4 months of pregnancy.	79.90	88.70	Yellow	2007	DHS did not achieve the target for 2007. The most recent factors affecting the results are dramatic decreases in local resources and subsequent decreases in infrastructure to support the OMC program at the local level. When low-income women who are not already covered by Medicaid become pregnant they must apply for OHP after they find out they're pregnant. It is possible that some of them do not know immediately that they can now qualify because they are pregnant, especially if they were recently told they were ineligible for OHP due to income. Although OHP applications from pregnant women are expedited, Oregon is not yet one of the thirty states that have Medicaid presumptive eligibility for pregnant women. Presumptive eligibility allows pregnant women to make an initial prenatal care appointment while their Medicaid eligibility is being processed.
19 - 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.	64.00	64.50	Green	2007	There are a number of factors affecting this measure including referral source (legal referrals are more likely to complete), type of service being delivered (residential compared to outpatient completion), and the quality of services (varies by provider and by type of service delivered). AMH will continue quality improvement and process improvement efforts to improve completion rates.

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20 - ALCOHOL & DRUG TREATMENT EFFECTIVENESS – The percentage of adults employed after receiving Alcohol and Drug treatment.	70.20	70.20	Green	2007	Factors such as limited treatment capacity, lack of insurance for treatment, limited transportation, and young children requiring care contribute are major barriers to obtaining treatment. Investments need to be made in treatment; increased emphasis on co-occurring disorder treatment, additional case management services, and recovery management services.
21 - ALCOHOL & DRUG TREATMENT EFFECTIVENESS – The percentage of parents who have their children returned to their custody after receiving alcohol and drug treatment.	43.30	43.30	Green	2007	Because of limited capacity in publicly funded alcohol and drug treatment, fewer parents receive the treatment they need to overcome addiction and reunite with their children. There needs to be Increased capacity for alcohol and drug treatment, increased family therapy, more emphasis placed on co-occurring disorder treatment, additional case management services, recovery management services, and additional wrap-around-services for the entire family.

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22 - 8TH GRADER RISK FOR ALCOHOL AND DRUG USE – Percentage of 8th graders at high risk for alcohol and other drug use.	34.50	30.00	Yellow	2007	DHS did not achieve the target for 2007. Oregon needs to continue providing opportunities for youth to engage in positive, safe and healthy alternatives to alcohol and other drug use. Providing communities with adequate prevention funding to implement comprehensive evidence-based programs would give youth those opportunities.
23 - ALCOHOL & DRUG TREATMENT EFFECTIVENESS – The percentage of children whose school performance improves after receiving alcohol and drug treatment.	68.60	68.60	Green	2007	Factors such as limited treatment capacity, less case management, and reduction in number of youth in Oregon that are finishing school are contributing to the downward trend. Investments are needed in treatment, more emphasis placed on youth specific co-occurring disorder treatment, additional case management services, recovery management services, and additional wrap-around-services.

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24 a - TOBACCO USE – Tobacco use among adults.	17.00	18.20	Green	2007	Studies in Oregon and other states have shown that sufficient funding for tobacco prevention leads to decreased tobacco use. Oregon today spends less than one-fifth of what the Centers for Disease Control and Prevention recommends on tobacco prevention. Prior successes in Oregon, and a substantial and growing body of evidence from other jurisdictions, inform us that a well-funded, comprehensive program is the most effective means to counter the substantial health and economic effects of tobacco on Oregon.
24 b - TOBACCO USE – Tobacco use among youth.	9.00	10.00	Green	2007	Studies in Oregon and other states have shown that sufficient funding for tobacco prevention leads to decreased tobacco use. Oregon today spends less than one-fifth of what the Centers for Disease Control and Prevention recommends on tobacco prevention. Prior successes in Oregon, and a substantial and growing body of evidence from other jurisdictions, inform us that a well-funded, comprehensive program is the most effective means to counter the substantial health and economic effects of tobacco on Oregon.

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24 c - TOBACCO USE – Tobacco use among pregnant women.	12.30	11.40	Yellow	2006	<p>Studies in Oregon and other states have shown that sufficient funding for tobacco prevention leads to decreased tobacco use. Oregon today spends less than one-fifth of what the Centers for Disease Control and Prevention recommends on tobacco prevention. Prior successes in Oregon, and a substantial and growing body of evidence from other jurisdictions, inform us that a well-funded, comprehensive program is the most effective means to counter the substantial health and economic effects of tobacco on Oregon.</p> <p>Because of data source changes, this portion of the tobacco use measure will be developmental for 2009-11.</p>
25 - CIGARETTE PACKS SOLD – Number of cigarette packs sold per capita.	53.40	52.00	Green	2007	<p>Studies in Oregon and other states have shown that sufficient funding for tobacco prevention leads to decreased tobacco use. Oregon today spends less than one-fifth of what the Centers for Disease Control and Prevention recommends on tobacco prevention. Prior successes in Oregon, and a substantial and growing body of evidence from other jurisdictions, inform us that a well-funded, comprehensive program is the most effective means to counter the substantial health and economic effects of tobacco on Oregon.</p>

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26 - CHILD IMMUNIZATIONS – The percentage of 24 – 35 month old children served by local health departments who are adequately immunized.	71.50	70.00	Green	2007	In the majority of cases, children served in local health departments do not have a medical home, which means they face additional barriers to timely immunizations and require more state and local agency resources. DHS needs to: continue to provide funding, vaccines, and consultation to all local health departments, maintain the computerized record system for the public sector, which includes reminder postcards for overdue shots and increase private provider participation in the statewide ALERT immunization registry so that we can produce a consolidated record and improve providers' ability to identify under-immunized children.
27 - INFLUENZA VACCINATIONS FOR SENIORS – The percentage of adults aged 65 and over who receive an influenza vaccine.	73.10	75.50	Green	2007	In general the flat rates are influenced by public's perception of need and efficacy of the vaccine, absence of policies in place that motivate health systems to routinely vaccinate all clients, lack of funding for adult immunizations, and access to Immunization ALERT, the statewide immunization registry that could provide immunization information for providers about their adult populations.

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28 - HIV RATE – The annual rate of HIV infection per 100,000 persons.	7.00	7.50	Green	2007	DHS invests several million dollars each year in care for persons with HIV and AIDS and in prevention of new infections. In addition to other strategies, HIV prevention efforts in Oregon should continue to focus on effective strategies to reduce behaviors that increase risk of infection, such as unprotected sex, sex with multiple partners, and injection drug use or sharing and reuse of drug paraphernalia.
29 a - ROUTINE HEALTH CARE PROVIDED TO OHP CLIENTS– The proportion of Oregon Health Plan (OHP) clients provided routine health care services annually: adults.	77.30	74.00	Green	2007	A premise of the Oregon Health Plan (OHP) is to increase access to preventive and primary health care through routine health care visits. OHP also reduces unnecessary and more expensive health care in the hospital or emergency room setting. Routine primary and specialist care are most effectively and appropriately delivered in a clinic or office rather than an emergency room. Increasing the proportion of clients enrolled in managed care and having a medical home facilitates this measure. DMAP has added more explicit standards to the managed care organization contracts to make certain there is adequate network capacity to provide routine and preventive services.

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29 b - ROUTINE HEALTH CARE PROVIDED TO OHP CLIENTS– The proportion of Oregon Health Plan (OHP) clients provided routine health care services annually: children.	72.00	74.00	Green	2007	A premise of the Oregon Health Plan (OHP) is to increase access to preventive and primary health care through routine health care visits. OHP also reduces unnecessary and more expensive health care in the hospital or emergency room setting. Routine primary and specialist care are most effectively and appropriately delivered in a clinic or office rather than an emergency room. Increasing the proportion of clients enrolled in managed care and having a medical home facilitates this measure. DMAP has added more explicit standards to the managed care organization contracts to make certain there is adequate network capacity to provide routine and preventive services.
30 a - 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: African Americans.	69.30	70.00	Green	2007	Next steps include reducing health disparities between populations especially for chronic conditions by promoting cultural competency assessments of managed care organizations, emphasizing language services for clients and expanding OHP to non-traditional Medicaid populations. Increasing the proportion of clients enrolled in managed care and having a medical home facilitates this measure.

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30 b - 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: Native Americans.	73.30	74.00	Green	2007	Next steps include reducing health disparities between populations especially for chronic conditions by promoting cultural competency assessments of managed care organizations, emphasizing language services for clients and expanding OHP to non-traditional Medicaid populations. Increasing the proportion of clients enrolled in managed care and having a medical home facilitates this measure.
30 c - 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: Asian/Pacific Islanders.	69.70	70.00	Green	2007	Next steps include reducing health disparities between populations especially for chronic conditions by promoting cultural competency assessments of managed care organizations, emphasizing language services for clients and expanding OHP to non-traditional Medicaid populations. Increasing the proportion of clients enrolled in managed care and having a medical home facilitates this measure.
30 d - 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: d) Hispanic.	74.60	74.00	Green	2007	Next steps include reducing health disparities between populations especially for chronic conditions by promoting cultural competency assessments of managed care organizations, emphasizing language services for clients and expanding OHP to non-traditional Medicaid populations. Increasing the proportion of clients enrolled in managed care and having a medical home facilitates this measure.

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30 e - 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: White.	73.70	74.00	Green	2007	Next steps include reducing health disparities between populations especially for chronic conditions by promoting cultural competency assessments of managed care organizations, emphasizing language services for clients and expanding OHP to non-traditional Medicaid populations. Increasing the proportion of clients enrolled in managed care and having a medical home facilitates this measure.
31 - SAFETY NET CLINIC USE – The percentage of uninsured Oregonians served by safety net clinics.	18.30	18.30	Green	2006	Work is currently being done within the SB 329 process to consider the evolving role of the safety net in the context of delivery system redesign. Workforce shortages will also play a part in understanding both the contribution of the safety net and the challenges its faces. It is important to understand the role the safety net plays as a part of total health system capacity to provide care to both those who are uninsured (assuming there will always be some) and those who are covered by Medicare or Medicaid. A likely shortage of providers will have a significant impact on the safety net unless it is addressed.
32 - MENTAL HEALTH CLIENT LEVEL OF FUNCTIONING – The percentage of mental health clients who maintain or improve level of functioning following treatment.	92.80	92.00	Green	2007	Addictions and Mental Health Division will continue quality improvement efforts and the encouragement of the use of evidence-based practices.

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33 - CUSTOMER SERVICE - Percentage of customers rating their satisfaction with DHS above average or excellent: overall, timeliness, accuracy, helpfulness, expertise, availability of information.	72.80	42.00	Green	2008	We continue to focus on identifying a repeatable and consistent methodology for gathering customer feedback in a meaningful way. We will look for viable ways to gather feedback from our customers – not just an annual survey, but also more rapid cycle feedback to facilitate continuous improvement.

This report provides high-level performance information which may not be sufficient to fully explain the complexities associated with some of the reported measurement results. Please reference the agency's most recent Annual Performance Progress Report to better understand a measure's intent, performance history, factors impacting performance and data gather and calculation methodology.