

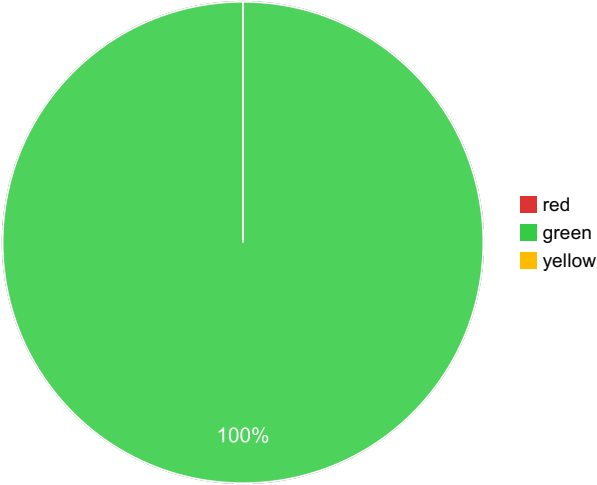
Board of Dentistry

Annual Performance Progress Report

Reporting Year 2025

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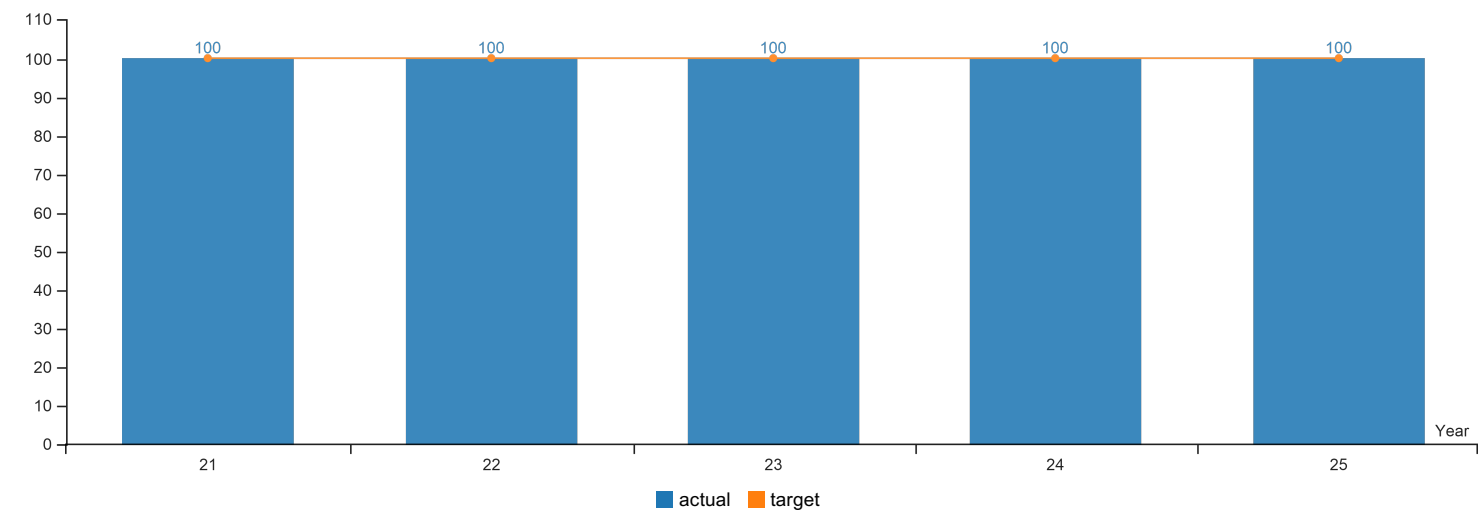
KPM #	Approved Key Performance Measures (KPMs)
1	Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.
2	Time to Investigate Complaints - Average months from receipt of new complaints to completed investigation.
3	Days to Complete License Paperwork - Average number of working days from receipt of completed paperwork to issuance of license.
4	Customer Satisfaction with Agency Services - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.
5	Board Best Practices - Percent of total best practices met by the Board.



Performance Summary	Green	Yellow	Red
	= Target to -5%	= Target -5% to -15%	= Target > -15%
Summary Stats:	100%	0%	0%

KPM #1	Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.
	Data Collection Period: Jul 01 - Jun 30

* Upward Trend = positive result



Report Year	2021	2022	2023	2024	2025
Percent of Licensees in Compliance with Continuing Education Requirements					
Actual	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%

How Are We Doing

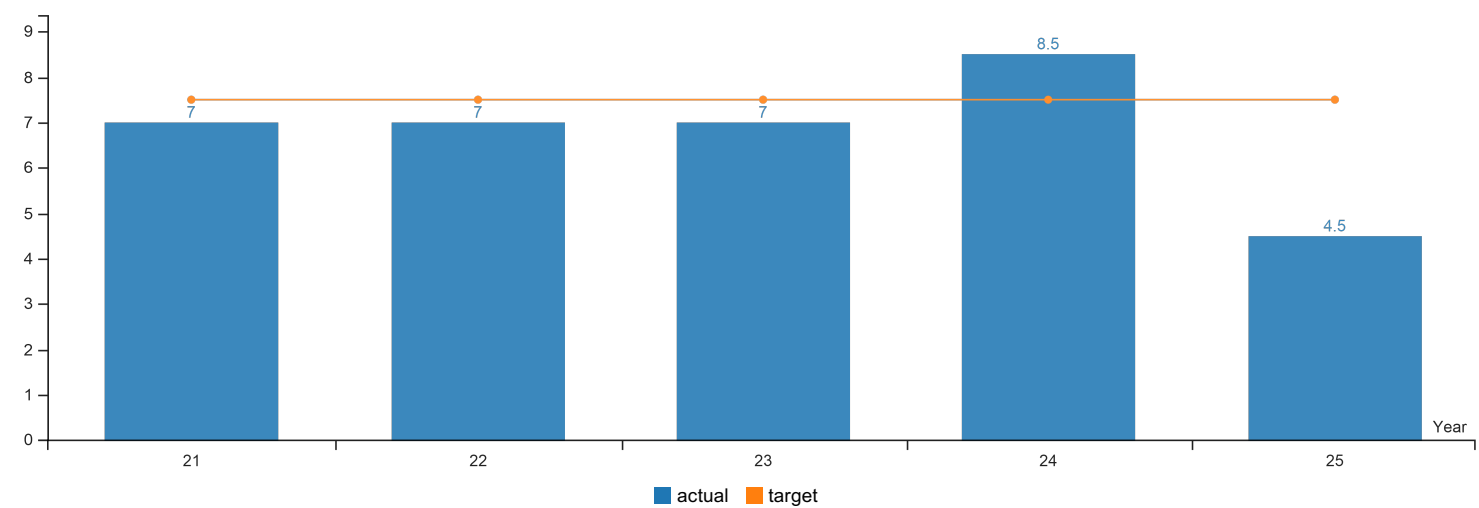
For FY 2025 we accomplished this goal by requiring our licensees complete and comply with continuing education requirements. The Board's view is that licensees should keep current on practice issues. One way to do this is to take continuing education courses during their two-year licensure period. The Board monitors their compliance with questions on their license renewal forms, it is requested in investigations and also verified in audits each renewal cycle. Board Staff follows up and ensures all licensees meet their CE requirement.

Factors Affecting Results

Board staff work with licensees to communicate the requirements to be in compliance with Board statutes and rules.

KPM #2	Time to Investigate Complaints - Average months from receipt of new complaints to completed investigation.
	Data Collection Period: Jul 01 - Jun 30

* Upward Trend = negative result



Report Year	2021	2022	2023	2024	2025
Average time to Investigate Complaints					
Actual	7	7	7	8.50	4.50
Target	7.50	7.50	7.50	7.50	7.50

How Are We Doing

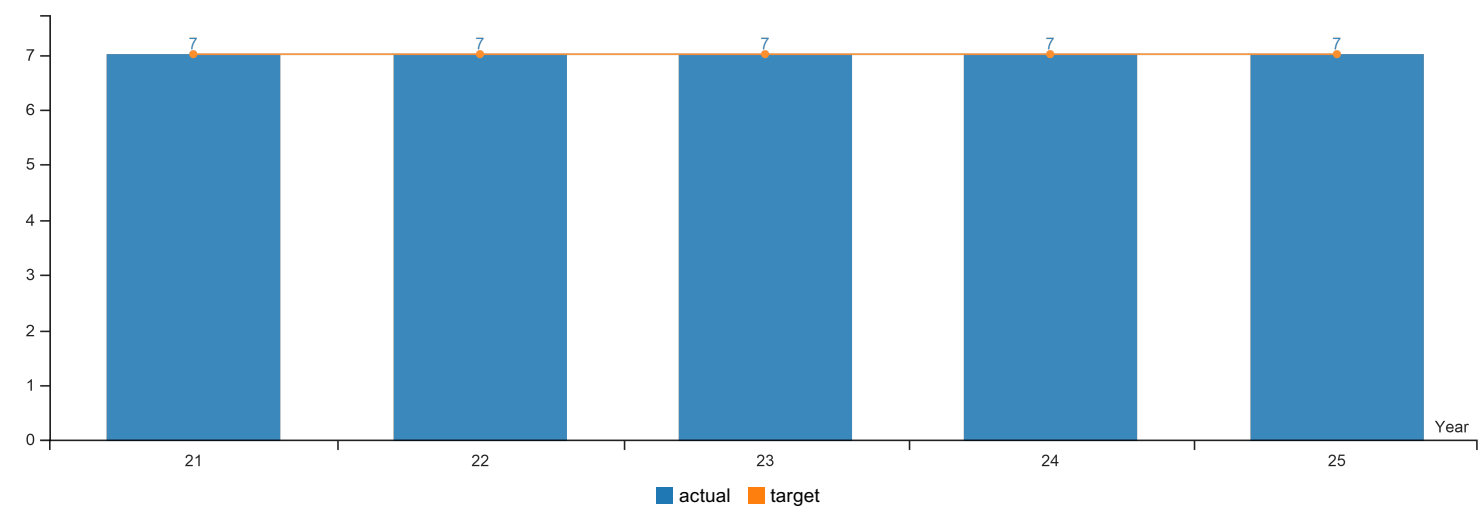
The investigators worked hard to close the cases and the regularly scheduled Board meetings remained on schedule in spite of the lingering effects of the pandemic. An investigation can sometimes take longer than usual because of a number of reasons: the number of treatment providers involved in the case, the complexity of the case, the timely responses of all involved and their cooperation as well.

Factors Affecting Results

The total number of investigations opened in FY 2025 was 213 compared to 178 in FY 2024. The number of cases closed in FY 2025 was 225 compared to 176 in FY 2024. All new complaints are addressed and investigated in a timely manner.

KPM #3	Days to Complete License Paperwork - Average number of working days from receipt of completed paperwork to issuance of license.
	Data Collection Period: Jul 01 - Jun 30

* Upward Trend = positive result



Report Year	2021	2022	2023	2024	2025
Average Number of Working Days to Issue license after Paperwork is Completed.					
Actual	7	7	7	7	7
Target	7	7	7	7	7

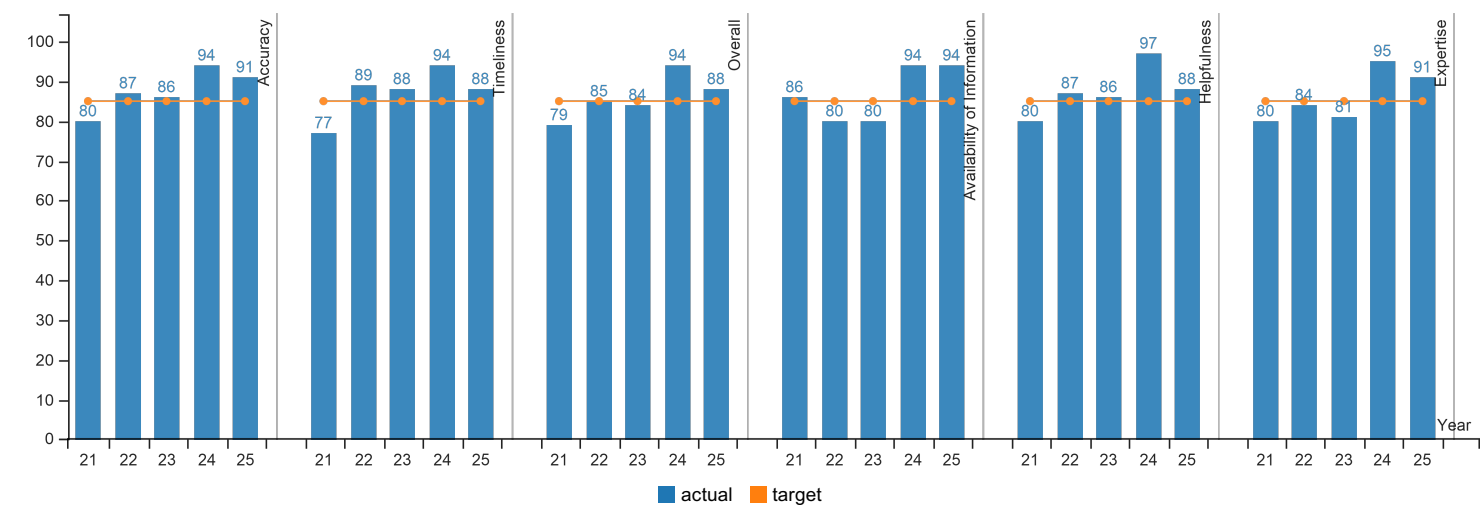
How Are We Doing

For FY 2025 we accomplished this goal. Although there are sometimes slight delays due to other agencies, schools, states and entities working remotely. Once all required documentation and paperwork is completed via the online portal, then licenses were issued with minimal delay.

Factors Affecting Results

It is one of our top priorities that applications and renewals be processed accurately and efficiently.

KPM #4	Customer Satisfaction with Agency Services - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.
	Data Collection Period: Jul 01 - Jun 30



Report Year	2021	2022	2023	2024	2025
Accuracy					
Actual	80%	87%	86%	94%	91%
Target	85%	85%	85%	85%	85%
Timeliness					
Actual	77%	89%	88%	94%	88%
Target	85%	85%	85%	85%	85%
Overall					
Actual	79%	85%	84%	94%	88%
Target	85%	85%	85%	85%	85%
Availability of Information					
Actual	86%	80%	80%	94%	94%
Target	85%	85%	85%	85%	85%
Helpfulness					
Actual	80%	87%	86%	97%	88%
Target	85%	85%	85%	85%	85%
Expertise					
Actual	80%	84%	81%	95%	91%
Target	85%	85%	85%	85%	85%

How Are We Doing

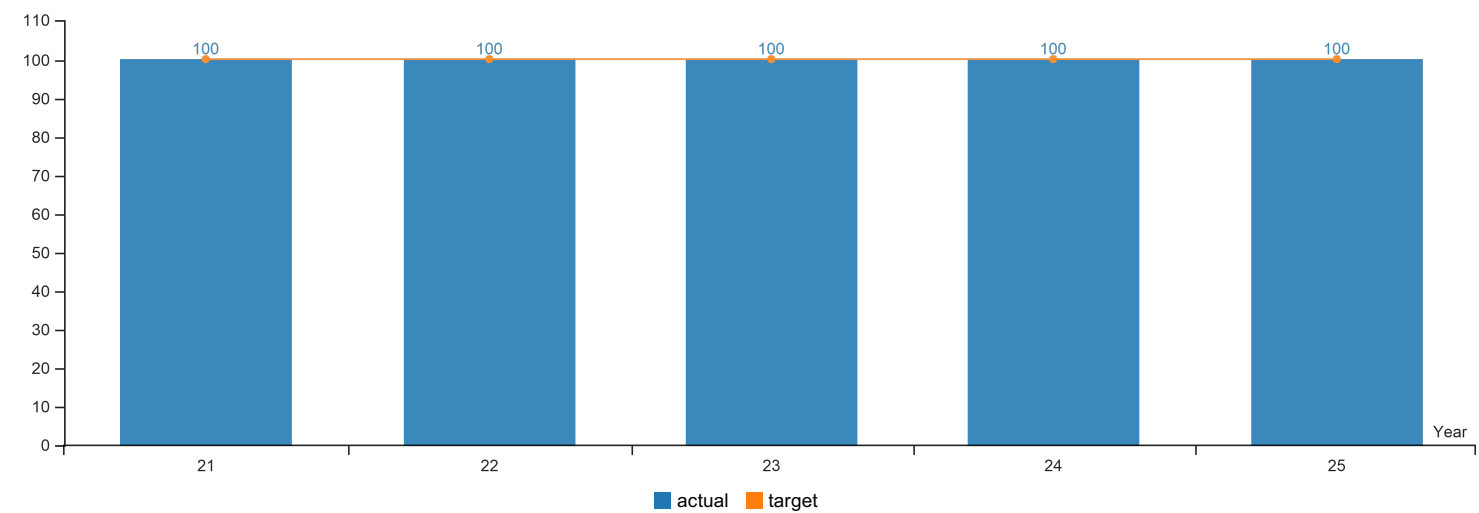
For FY 2025 we accomplished this goal. In compliance with the Oregon Legislatures directive, the Board conducts a Customer Service Survey as one tool to determine the customer satisfaction with the accuracy of carrying out the statutory requirements and Mission of the Board. The overall results were positive.

Factors Affecting Results

People choose to respond to surveys and we will continue to promote the survey and encourage feedback. We receive direct feedback outside the survey and it is good to know how the OBD's actions are impacting others and the information received is always useful.

KPM #5	Board Best Practices - Percent of total best practices met by the Board.
	Data Collection Period: Jul 01 - Jun 30

* Upward Trend = positive result



Report Year	2021	2022	2023	2024	2025
Compliance with Best Practices Performance Measurement					
Actual	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%

How Are We Doing

For FY 2025 we accomplished this goal. Annually at the August Board Meeting the Board reviews the 15 metrics outlined on the Board Best Practices document.

Factors Affecting Results

The Board Members are engaged and dedicated to their responsibilities, duties and obligations serving Oregon in their capacity. The Board reviewed the Board Best Practices' Assessment document at its August 22, 2025, Board Meeting and unanimously agreed that all 15 metrics were met.

Best Practices Self-Assessment

Annually, Board members are to self-evaluate their adherence to a set of best practices and report the percent total best practices met by the Board (percent of yes responses in the table below) in the Annual Performance Progress Report as specified in the agency Budget instructions.

Best Practices Assessment Score Card

Best Practices Criteria	Yes	No
1. Executive Director's performance expectations are current.	✓	
2. Executive Director receives annual performance feedback.	✓	
3. The agency's mission and high-level goals are current and applicable.	✓	
4. The Board reviews the Annual Performance Progress Report.	✓	
5. The Board is appropriately involved in review of agency's key communications.	✓	
6. The Board is appropriately involved in policy-making activities.	✓	
7. The agency's policy option budget packages are aligned with their mission and goals.	✓	
8. The Board reviews all proposed budgets.	✓	
9. The Board periodically reviews key financial information and audit findings.	✓	
10. The Board is appropriately accounting for resources.	✓	
11. The agency adheres to accounting rules and other relevant financial controls.	✓	
12. Board members act in accordance with their roles as public representatives.	✓	
13. The Board coordinates with others where responsibilities and interest overlap.	✓	
14. The Board members identify and attend appropriate training sessions.	✓	
15. The Board reviews its management practices to ensure best practices are utilized.	✓	
Total Number	15	
Percentage of total:	100%	

At the August 22, 2025 Board Meeting, the Board reviewed the best practices self-assessment documents and unanimously agreed that all Best Practices were met.