

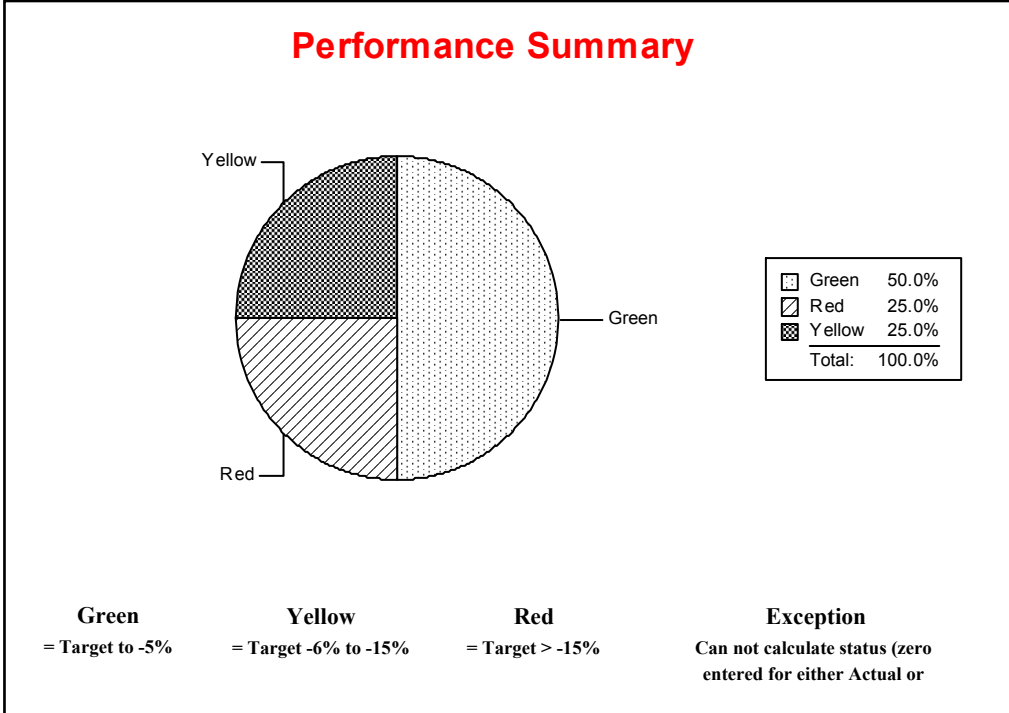
LONG-TERM CARE OMBUDSMAN, Office of
Annual Performance Progress Report (APPR) for Fiscal Year (2007-2008)
Proposed KPM's for Biennium (2009-2011)

Originally Submitted: January 29, 2009

2007-2008 KPM #	2007-2008 Approved Key Performance Measures (KPMs)
1	Percentage of non-referred complaints where action is needed that are partially or fully resolved.
2	Average initial response time to non-referred cases.
3	Average time to close non-referred cases.
4	Percentage of nursing facilities visited once a quarter.
5	Percentage of assisted living and residential care facilities visited once a quarter.
6	Percentage of adult foster care homes visited once a quarter.
7	Number of request for assistance from consumers, the public, facility staff and agencies.
8	Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall customer service, timeliness, accuracy, helpfulness, expertise and availability of information.

New Delete	
	Title: Rationale:

LONG-TERM CARE OMBUDSMAN, Office of		I. EXECUTIVE SUMMARY	
Agency Mission: To Enhance The Quality Of Life, Improve The Level Of Care, Protect The Rights Of The Individual And Promote The Dignity Of Each Oregon Citizen Living In A Nursing Facility, Residential Care Facility, Assisted Living Facility Or Adult Foster Care Home.			
Contact: Kathy Walter		Contact Phone: 503-378-6533	
Alternate: Meredith Cote		Alternate Phone: 503-378-6533	



1. SCOPE OF REPORT

The agency's performance measures reflect essential services, including identifying, investigating and resolving complaints made by or on behalf of Oregon's long-term care facility residents; advocating on behalf of long-term care facility residents; monitoring the implementation of federal, state and local laws, rules and policies as they affect long-term care residents; and participating in efforts to promote quality care and ensure residents' rights as citizens. The only essential service not reflected in the performance measures is the agency's advocacy for system changes that promote and protect the rights and interests of long-term care residents.

2. THE OREGON CONTEXT

The agency serves both a consumer protection and a quality assurance function for a vulnerable population. In addition to the thousands of complaints it investigates

and resolves, the agency referred almost 900 complaints to adult protective services for investigation and a determination relating to abuse.

3. PERFORMANCE SUMMARY

The agency has met or come close to meeting the targets for 50% of the performance measures. The agency received 5,243 requests for assistance from consumers, the public, facility staff and agencies, exceeding the 5,000 target. Facility visitation, essential as the primary means by which facility residents access the services of the agency, is measured by quarterly visits. Program representatives visited 60% of residential care and assisted living facilities quarterly (target 50%), met the 12% target for adult foster homes and visited 68% of nursing facilities quarterly (target 70%). Two performance measures fell within 6-15% of the targets. The agency partially or fully resolved 89% of complaints where action was needed, missing the 95% target. The customer satisfaction measure also fell into this range, however, the agency showed improvement in three of the categories, including increasing overall satisfaction from 78% to 84%. The agency missed the targets for two measures by more than 15%. The average initial response took 3.02 days, and while the target was 2 days, this was an improvement over the previous year, when it took 3.43 days for the initial response. The target to complete non-referred cases was 36 days, the 2008 average was 48 days, a one-day improvement over the previous year. However, 66% of cases did meet the target; the average length of time to close these cases was 13 days.

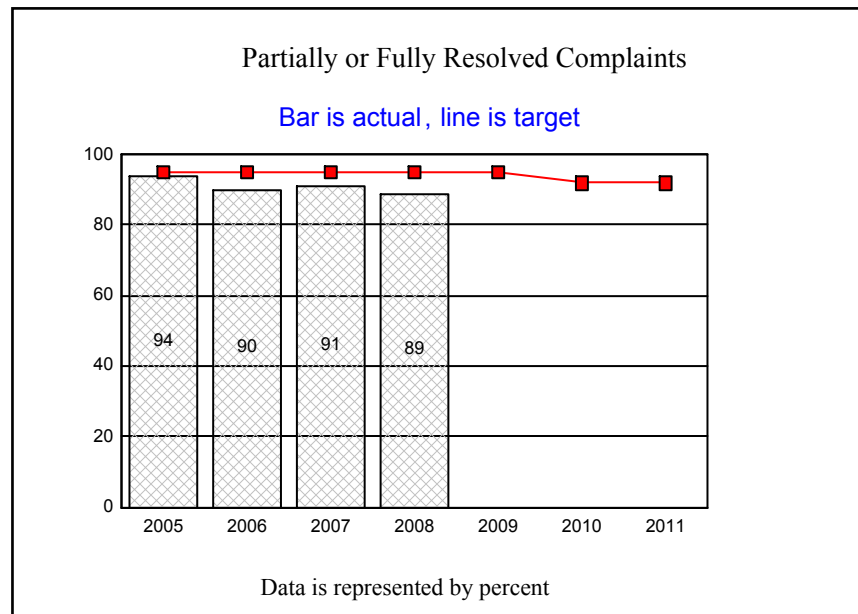
4. CHALLENGES

The performance measure targets were set with an expectation that the agency would have new field staff starting January 2008. Hiring was delayed due to unanticipated budgetary demands, consequently new staff had minimal impact on the results. Given these circumstances, the agency is pleased with the improvements and that it met or came close to targets that were set based on the staffing increase occurring much earlier in the reporting year.

5. RESOURCES AND EFFICIENCY

Agency expenditures for FFY 2008 were \$339,983 General Fund and \$994,654 Other Funds. The volunteer workforce of more than 230 volunteers serving as Certified Ombudsmen, Friendly Visitors and Recruitment and Screening Committee members is a tremendous efficiency, allowing the agency to offer regular services to residents of long-term care facilities statewide. Volunteers made 13,420 visits to long-term care facilities during the year. They reported 23,355 hours of activity. The value of this time is \$455,657 (based on \$19.51 per hour, a rate established by the Independent Sector.)

KPM #1	Percentage of non-referred complaints where action is needed that are partially or fully resolved.	2005
Goal	Goal #1: Identify, investigate and resolve complaints made by or on behalf of residents of long-term care facilities.	
Oregon Context	Federal legislation: Section 307 (a) (12) and Section 712 of the Older Americans Act, as amended. State enabling legislation: ORS 441.100-153.	
Data Source	From case reports submitted by ombudsman staff and volunteers.	
Owner	Office of the Long-Term Care Ombudsman, Meredith Cote, 503-378-6533.	



1. OUR STRATEGY

This measure contributes to the agency's mission to improve the level of care and enhance the quality of life for Oregon's long-term care residents.

2. ABOUT THE TARGETS

The agency strives to bring about positive changes for long-term care residents, which are reflected by higher percentages. This measure reflects those complaints

that the ombudsman worked to resolve, excluding those that are referred to another agency for action, those that are withdrawn by the complainant and those that are not verified.

3. HOW WE ARE DOING

In 2008, 89% of the non-referred complaints that required action were partially or fully resolved, down from 91% in 2007. The target is 95%.

4. HOW WE COMPARE

This performance measure looks only at the non-referred cases that were handled by the agency and not referred anywhere else for action. The most recent national data published by the Administration on Aging is for Federal Fiscal Year 2007. It is not possible to separate out the non-referred complaints in the federal data, however, when looking at all complaints, Oregon's percentage of complaints that were not resolved is 6%, the same as the national figure.

5. FACTORS AFFECTING RESULTS

There is a disparity between the resolution rates of staff and volunteers. The Certified Ombudsman volunteers, who handled 87% of the non-referred complaints, resolved or partially resolved 90% of complaints, a decline from 93% in 2007. By contrast, staff resolved or partially resolved 83% of complaints, up from 77% in 2007.

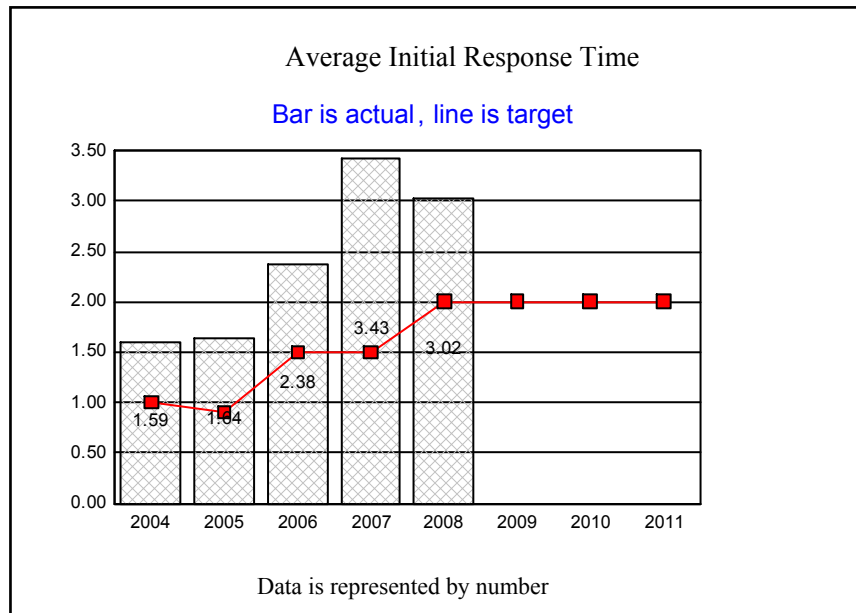
6. WHAT NEEDS TO BE DONE

Increased attention to field staff's non-resolved cases helped to improve their resolution rates. The recent increase from four to six field staff will allow this same strategy to be applied to the Certified Ombudsman volunteers' cases.

7. ABOUT THE DATA

This data is from Federal Fiscal Year 2008 (October 2007-September 2008), collected from case reports prepared by the Certified Ombudsman volunteers and field staff (Deputy State Long-Term Care Ombudsmen). The reports of the Certified Ombudsmen are reviewed by their supervising Deputy before being submitted for data entry, where all reports are reviewed for technical accuracy before being entered. The data files are checked periodically for accuracy throughout the year, and at year's end the data files are checked thoroughly for validation errors.

KPM #2	Average initial response time to non-referred cases.	2003
Goal	Goal #1: Identify, investigate and resolve complaints made by or on behalf of residents of long-term care facilities.	
Oregon Context	Federal legislation: Section 307 (a) (12) and Section 712 of the Older Americans Act, as amended. State enabling legislation: ORS 441.100-153.	
Data Source	From case reports submitted by ombudsman staff and volunteers.	
Owner	Office of the Long-Term Care Ombudsman, Meredith Cote, 503-378-6533.	



1. OUR STRATEGY

A timely first action on a case is a fundamental step toward the agency goal to identify, investigate and resolve complaints made by or on behalf of residents of long-term care facilities.

2. ABOUT THE TARGETS

Many of the individuals who contact this agency for assistance have been unsuccessful at solving the problem on their own and feel a sense of urgency to get the issue resolved. Recognizing the importance to the residents, the agency strives to respond and resolve problems quickly, reflected in a lower response time.

3. HOW WE ARE DOING

The 3.02 days average response time is an improvement over the 2007 data, however, it misses the target of 2.00 days. The average initial response time for the Certified Ombudsman volunteers, who handled 87% of the cases was 2.89 days. The average initial response time of field staff was 3.95 days, more than a 36% improvement over the 2007 data.

4. HOW WE COMPARE

This data is not available.

5. FACTORS AFFECTING RESULTS

The improvement in the field staff's response time results from increased oversight and monitoring.

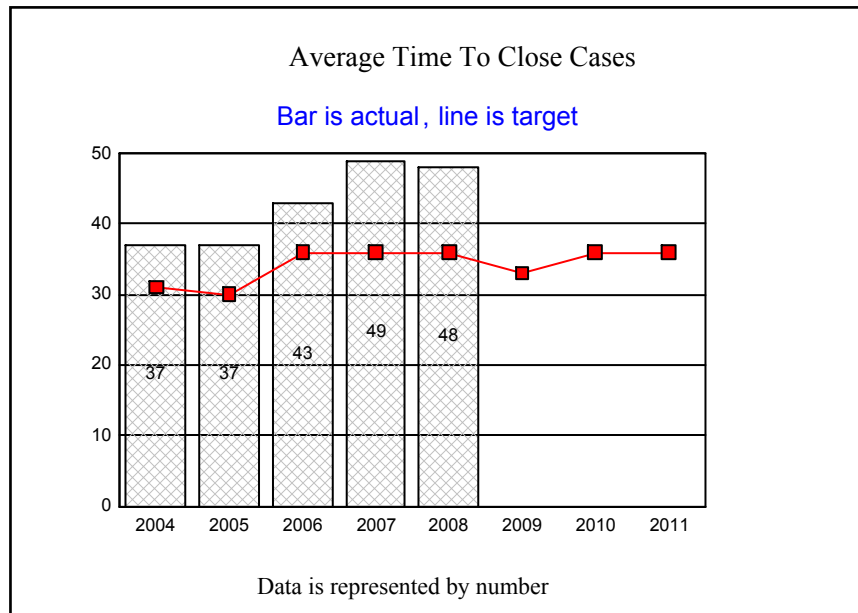
6. WHAT NEEDS TO BE DONE

Agency management will continue to monitor field staff cases. With the recent addition of two new field staff, this strategy will be extended to the Certified Ombudsman volunteers.

7. ABOUT THE DATA

This data is from Federal Fiscal Year 2008 (October 2007-September 2008), collected from case reports prepared by the Certified Ombudsman volunteers and field staff (Deputy State Long-Term Care Ombudsmen). The reports of the Certified Ombudsmen are reviewed by their supervising Deputy before being submitted for data entry, where all reports are reviewed for technical accuracy before being entered. The data files are checked periodically for accuracy throughout the year, and at year's end the data files are checked thoroughly for validation errors.

KPM #3	Average time to close non-referred cases.	2003
Goal	Goal #1: Identify, investigate and resolve complaints made by or on behalf of residents of long-term care facilities.	
Oregon Context	Federal legislation: Section 307 (a) (12) and Section 712 of the Older Americans Act, as amended. State enabling legislation: ORS 441.100-153.	
Data Source	From case reports submitted by ombudsman staff and volunteers.	
Owner	Office of the Long-Term Care Ombudsman, Meredith Cote, 503-378-6533	



1. OUR STRATEGY

The timely completion or closure of cases contributes to the agency goal to identify, investigate and resolve complaints made by or on behalf of residents of long-term care facilities.

2. ABOUT THE TARGETS

The shorter the time it takes to complete a case, the better the service to the resident. Many of the individuals who contact this agency for assistance have been unsuccessful at solving the problem on their own and feel a sense of urgency to get the issue resolved. Recognizing the importance to the residents, the agency strives to respond and resolve problems quickly.

3. HOW WE ARE DOING

After two years of increases in the time taken to close cases, the agency was able to improve by one day. The average of 48 days is still above the target of 36 days. It should be noted that 66% percent of cases met the target, the average length of time to close these cases was 13 days.

4. HOW WE COMPARE

This data is not available.

5. FACTORS AFFECTING RESULTS

The Certified Ombudsman volunteers are closer to meeting the target than field staff, averaging 44 days to close a case. This is a six day increase over FFY 2007. However, field staff reduced their time by 23 days, taking an average of 74 days to close cases. The complexity of some of the cases handled by field staff may contribute to the longer time to close cases, as well as competing demands on their time. At the beginning of this reporting period, the agency had anticipated adding field staff positions in January 2008, however because of unanticipated budget demands, these hirings were delayed, resulting in minimal impact on the targets.

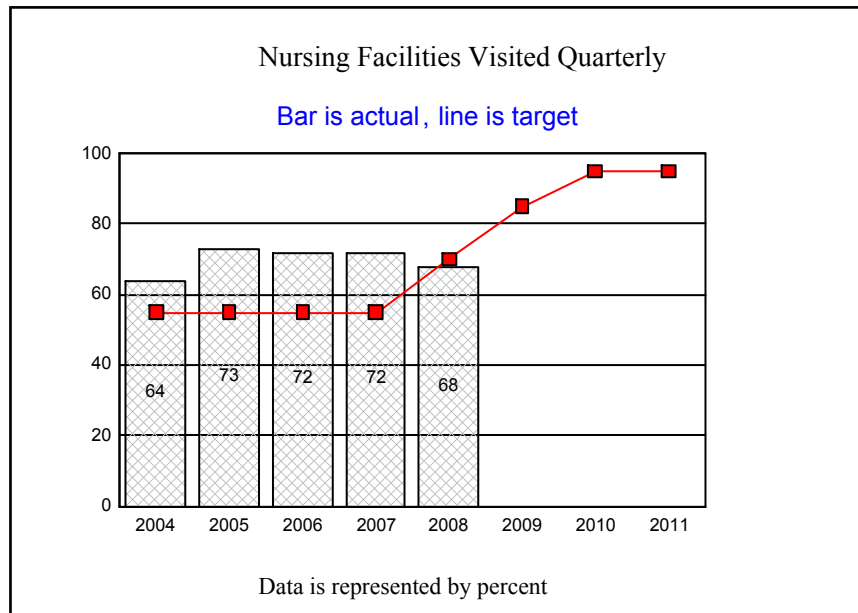
6. WHAT NEEDS TO BE DONE

With both new positions added in 2009, the agency is optimistic that the length of time it takes for field staff to complete cases will continue to decline, and that increased field staff support will reverse the increase in the length of time volunteers' cases are open.

7. ABOUT THE DATA

This data is from Federal Fiscal Year 2008 (October 2007-September 2008), collected from case reports prepared by the Certified Ombudsman volunteers and field staff (Deputy State Long-Term Care Ombudsmen). The reports of the Certified Ombudsmen are reviewed by their supervising Deputy before being submitted for data entry, where all reports are reviewed for technical accuracy before being entered. The data files are checked periodically for accuracy throughout the year, and at year's end the data files are checked thoroughly for validation errors.

KPM #4	Percentage of nursing facilities visited once a quarter.	2003
Goal	Goal #2: Establish a routine presence in long-term care facilities using a cadre of trained program volunteers.	
Oregon Context	Federal legislation: Section 307 (a) (12) and Section 712 of the Older Americans Act, as amended. State enabling legislation: ORS 441.100-153.	
Data Source	Monthly activity reports submitted by staff and volunteers.	
Owner	Office of the Long-Term Care Ombudsman, Meredith Cote, 503-378-6533.	



1. OUR STRATEGY

Regular facility visitation is the primary method of delivering the agency's services to Oregon's long-term care residents.

2. ABOUT THE TARGETS

The higher the percentage of facilities receiving visits at least quarterly, the greater the number of residents having access to ombudsman services. The targets are set

based on the number of volunteers and staff available. Ideally, facilities would be visited by an ombudsman weekly, and many facilities do receive weekly visits throughout the year. For purposes of federal oversight and reporting, the agency tracks the number of facilities receiving a visit at least quarterly.

3. HOW WE ARE DOING

Program representatives visited 68% of Oregon's nursing facilities at least quarterly in FFY 2008, missing the 70% target.

4. HOW WE COMPARE

The most recent national data published by the Administration on Aging for all long-term care ombudsman programs is for Federal Fiscal Year 2007. In that year, 79% of nursing facilities received quarterly visits. 72% of Oregon's facilities were visited.

5. FACTORS AFFECTING RESULTS

Visitation has been limited by the number of program staff and volunteers. At the beginning of this reporting period, the agency had anticipated adding field staff positions in January 2008, however because of unanticipated budget demands, these hirings were delayed, resulting in minimal impact on the targets. With new staff, the agency plans to increase nursing facility visitation to 95% by FFY 2010.

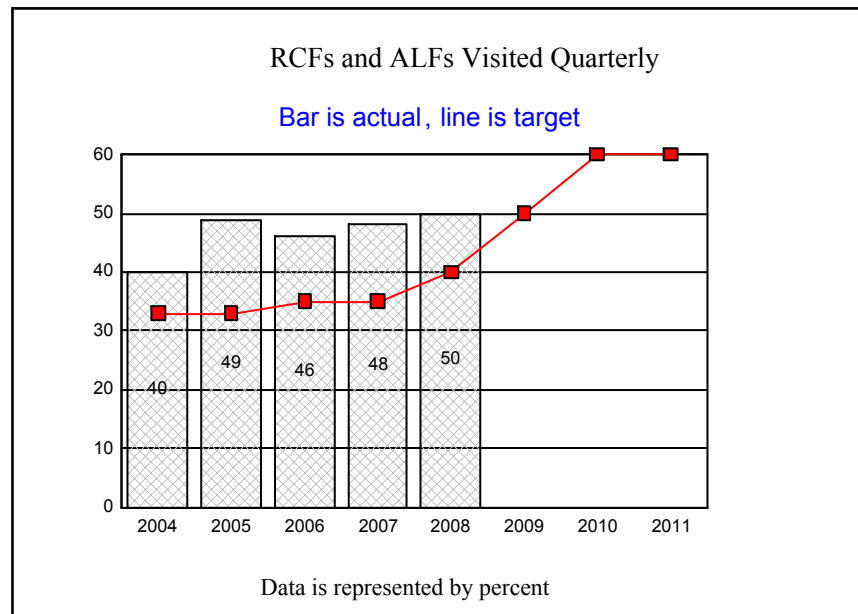
6. WHAT NEEDS TO BE DONE

The agency will continue to monitor visitation to ensure that targets are met.

7. ABOUT THE DATA

This data is from Federal Fiscal Year 2008 (October 2007-September 2008), collected from activity reports prepared by program volunteers and field staff. All reports are reviewed for accuracy as they are entered into the database. The data files are checked periodically for accuracy throughout the year.

KPM #5	Percentage of assisted living and residential care facilities visited once a quarter.	2003
Goal	Goal #2: Establish a routine presence in long-term care facilities using a cadre of trained program volunteers.	
Oregon Context	Federal legislation: Section 307 (a) (12) and Section 712 of the Older Americans Act, as amended. State enabling legislation: ORS 441.100-153.	
Data Source	Monthly activity reports submitted by staff and volunteers.	
Owner	Office of the Long-Term Care Ombudsman, Meredith Cote, 503-378-6533.	



1. OUR STRATEGY

Regular facility visitation is the primary method of delivering the agency's services to Oregon's long-term care residents.

2. ABOUT THE TARGETS

The higher the percentage of facilities receiving visits at least quarterly, the greater the number of residents having access to ombudsman services. The targets are set

based on the number of volunteers and staff available. Ideally, facilities would be visited by an ombudsman weekly, and many facilities do receive weekly visits throughout the year. For purposes of federal oversight and reporting, the agency tracks the number of facilities receiving a visit at least quarterly.

3. HOW WE ARE DOING

Program representatives visited 50% of Oregon's assisted living and residential care facilities at least quarterly in FFY 2008, a 2% increase over FFY 2007. This exceeded the target by 10% and visitation has trended upwards since 2000, when 30% of these facilities were visited quarterly. During this time, the number of these facilities has increased by more than 100.

4. HOW WE COMPARE

National data collected by the Administration on Aging combines all community-based care facilities together, including adult foster care homes. The most recent national data available is for 2007, when the percentage visited quarterly for all programs was 46%, and Oregon's was 23%.

5. FACTORS AFFECTING RESULTS

Visitation has been limited by the number of program staff and volunteers. At the beginning of this reporting period, the agency had anticipated adding field staff positions in January 2008, however because of unanticipated budget demands, these hirings were delayed, resulting in minimal impact on the targets. With new staff, the agency plans to increase assisted living and residential care facility visitation to 60% by FFY 2010.

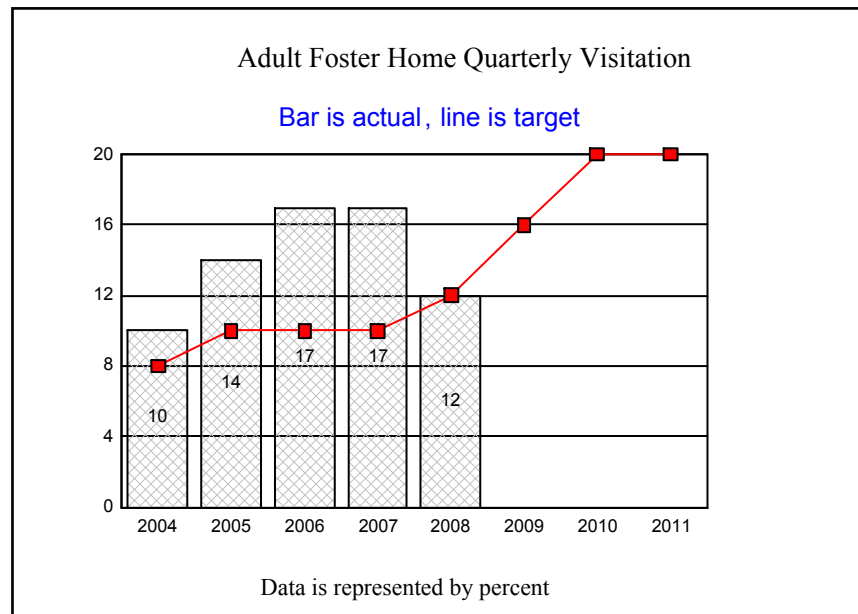
6. WHAT NEEDS TO BE DONE

The agency will continue to monitor facility visitation to ensure that targets are met.

7. ABOUT THE DATA

This data is from Federal Fiscal Year 2008 (October 2007-September 2008), collected from activity reports prepared by program volunteers and field staff. All reports are reviewed for accuracy as they are entered into the database. The data files are checked periodically for accuracy throughout the year.

KPM #6	Percentage of adult foster care homes visited once a quarter.	2003
Goal	Goal #2: Establish a routine presence in long-term care facilities using a cadre of trained program volunteers.	
Oregon Context	Federal legislation: Section 307 (a) (12) and Section 712 of the Older Americans Act, as amended. State enabling legislation: ORS 441.100-153.	
Data Source	Monthly activity reports submitted by staff and volunteers.	
Owner	Office of the Long-Term Care Ombudsman, Meredith Cote, 503-378-6533.	



1. OUR STRATEGY

Regular facility visitation is the primary method of delivering the agency's services to Oregon's long-term care residents.

2. ABOUT THE TARGETS

The higher the percentage of facilities receiving visits at least quarterly, the greater the number of residents having access to ombudsman services. The targets are set

based on the number of volunteers and staff available. Ideally, facilities would be visited by an ombudsman weekly, and many facilities do receive weekly visits throughout the year. For purposes of federal oversight and reporting, the agency tracks the number of facilities receiving a visit at least quarterly.

3. HOW WE ARE DOING

Program representatives visited 12% of Oregon's adult foster homes at least quarterly. While this meets the target for this measure, it is a 5% drop from FFY 2007. The visitation in adult foster homes has increased significantly since 2001, when the program visited 1.5%.

4. HOW WE COMPARE

National data collected by the Administration on Aging combines all community-based care facilities together, including adult foster care homes. The most recent national data available is for 2007, when the percentage visited quarterly for all programs was 46%, and Oregon's was 23%.

5. FACTORS AFFECTING RESULTS

Visitation has been limited by the number of program staff and volunteers and the sheer number of adult foster homes, more than 1,600. At the beginning of this reporting period, the agency had anticipated adding field staff positions in January 2008, however because of unanticipated budget demands, these hirings were delayed, resulting in minimal impact on the targets. With new staff, the agency plans to increase adult foster home visitation to 20% by FFY 2010.

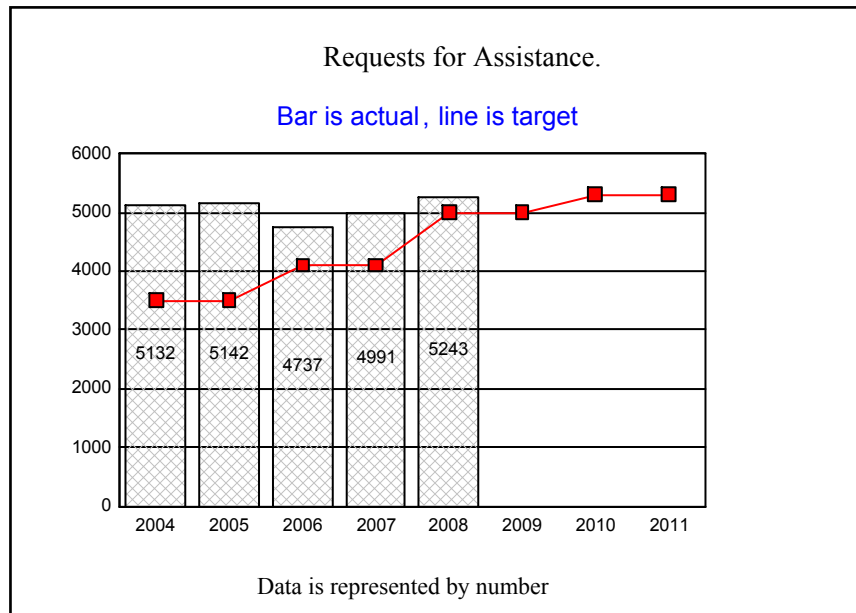
6. WHAT NEEDS TO BE DONE

The agency will continue to monitor facility visitation to ensure that targets are met.

7. ABOUT THE DATA

This data is from Federal Fiscal Year 2008 (October 2007-September 2008), collected from activity reports prepared by program volunteers and field staff. All reports are reviewed for accuracy as they are entered into the database. The data files are checked periodically for accuracy throughout the year.

KPM #7	Number of request for assistance from consumers, the public, facility staff and agencies.	2003
Goal	Goal #3: Ensure that consumers, the public, facility staff and agencies are aware of the Ombudsman program and its services.	
Oregon Context	Federal legislation: Section 307 (a) (12) and Section 712 of the Older Americans Act, as amended. State enabling legislation: ORS 441.100-153.	
Data Source	From case and activity reports submitted by ombudsman staff and volunteers.	
Owner	Office of the Long-Term Care Ombudsman, Meredith Cote, 503-378-6533.	



1. OUR STRATEGY

Increasing awareness of the agency and its services is essential for ensuring that Oregonians know to call the agency when they have questions about long-term care or concerns about residents.

2. ABOUT THE TARGETS

An increase in contacts indicates that individuals are aware of the program and are accessing its services.

3. HOW WE ARE DOING

In FFY 2008, there were 5,243 requests for assistance, exceeding the target. This is the highest number of requests since the agency started tracking this information in 2000. This is a 5% increase over 2007.

4. HOW WE COMPARE

This information is not available.

5. FACTORS AFFECTING RESULTS

The volunteers' visits to facilities are the primary means of increasing program awareness. In 2008, as in 2007, program representatives made almost 14,000 visits. The agency's website is another key method of reaching the public. The agency places newspaper articles, participates in health fairs and other community events, distributes brochures and takes other steps to increase public awareness of the program.

6. WHAT NEEDS TO BE DONE

The agency will continue its efforts to increase public awareness of the program.

7. ABOUT THE DATA

This data is from Federal Fiscal Year 2008 (October 2007-September 2008), collected from case reports prepared by the Certified Ombudsman volunteers and field staff (Deputy State Long-Term Care Ombudsmen). The reports of the Certified Ombudsmen are reviewed by their supervising Deputy before being submitted for data entry, where all reports are reviewed for technical accuracy before being entered. The data files are checked periodically for accuracy throughout the year, and at year's end the data files are checked thoroughly for validation errors.

KPM #8	Percent of customers rating their satisfaction with the agency’s customer service as “good” or “excellent”: overall customer service, timeliness, accuracy, helpfulness, expertise and availability of information.	2006
Goal	To achieve excellent customer satisfaction.	
Oregon Context	Federal legislation: Section 307 (a) (12) and Section 712 of the Older Americans Act, as amended. State enabling legislation: ORS 441.100-153.	
Data Source	Survey of customers who contacted the agency for assistance.	
Owner	Office of the Long-Term Care Ombudsman, Meredith Cote, 503-378-6533.	



1. OUR STRATEGY

Providing excellent customer service is essential to improving the agency's performance and achieving its goals.

2. ABOUT THE TARGETS

Higher percentages reflect better perception of service by the customers.

3. HOW WE ARE DOING

84% of customers rated the agency's overall customer service as good or excellent, up from 78% in 2007. The highest rated category was helpfulness at 91%, the same score as 2007. The lowest was availability of information at 78%, up from 75% in 2007. Accuracy also increased from 81% to 83%. Timeliness dropped by 1%, from 90% to 89%, and expertise dropped 2%, from 91% to 89%.

4. HOW WE COMPARE

The rating for the agency's overall customer service was 84%. Two other agencies' results were available to the agency: the Public Utility Commission's customer satisfaction rating was 66%, and the Department of Consumer and Business Services was 88%.

5. FACTORS AFFECTING RESULTS

The sample for the survey was pulled from the customers who directly contacted the Salem office for assistance. This subset is more likely to be available for a telephone survey, and because it is not dependent on reports coming in from the volunteers from the field, the agency has the complete universe of the sample. However, this method is not entirely satisfactory to the agency, because for the most part, the agency's primary customer, the resident, is not surveyed. Long-term care facility residents typically initiate services directly with the local Certified Ombudsman volunteer assigned to their facility and have the benefit of regular and direct contact with the ombudsman. Furthermore, it is the resident who the agency is working to satisfy, not necessarily other callers, whose wishes can be different from those of the resident. The agency has concluded that it would be intrusive and logistically difficult to survey long-term care facility residents. For a number of respondents, the lower satisfaction with the availability of information was tied to difficulties they had in initially identifying the agency as a source of help.

6. WHAT NEEDS TO BE DONE

The agency will continue to explore new avenues for increasing community awareness of the program and its services in response to the difficulties some consumers experience in identifying the agency as a source of help. The increased staff will allow the agency to respond more quickly to customer's needs.

7. ABOUT THE DATA

Agency staff conducted a telephone survey from March-December 2008, contacting customers who had contacted the Salem office for assistance. This year, instead of conducting the survey at the end of the year, the calls were made throughout the year, closer to the closing of the case. From a sample of 382, 95 were reached and completed the survey.

LONG-TERM CARE OMBUDSMAN, Office of	III. USING PERFORMANCE DATA
--	------------------------------------

Agency Mission: To Enhance The Quality Of Life, Improve The Level Of Care, Protect The Rights Of The Individual And Promote The Dignity Of Each Oregon Citizen Living In A Nursing Facility, Residential Care Facility, Assisted Living Facility Or Adult Foster Care Home.

Contact: Kathy Walter	Contact Phone: 503-378-6533
------------------------------	------------------------------------

Alternate: Meredith Cote	Alternate Phone: 503-378-6533
---------------------------------	--------------------------------------

The following questions indicate how performance measures and data are used for management and accountability purposes.

1. INCLUSIVITY	<p>* Staff : Staff input was continually elicited as the performance measures were developed.</p> <p>* Elected Officials:</p> <p>* Stakeholders: The monthly meetings of the Long-Term Care Advisory Committee served as the source of stakeholder involvement, where the input of the Committee is actively encouraged.</p> <p>* Citizens: Citizens are invited to attend and participate in the monthly meetings of the Long-Term Care Advisory Committee.</p>
-----------------------	--

2 MANAGING FOR RESULTS	<p>Data on key performance measures are reviewed regularly. Reports on quarterly visits are produced as early as possible in the third month of each quarter, providing staff information to assist them in planning facility visitation to best meet the agency targets. Since the implementation of performance measures, the staff reviews cases regularly, focusing on data tied to the measures. These reviews are to ensure that there is a timely and appropriate response to cases. The collaborative review helps stimulate fresh direction on cases that are difficult to resolve.</p>
-------------------------------	--

3 STAFF TRAINING	<p>Performance measures are introduced during the first week of new staff orientation, and are integrated into specific training on all duties that are tied to the performance measures.</p>
-------------------------	---

4 COMMUNICATING RESULTS	<p>* Staff : The performance measures are often discussed at the weekly meetings of all staff. Regular reports reflect their use.</p> <p>* Elected Officials: The Long-Term Care Advisory Committee that monitors the program for the Governor and the Legislature produces a biennial report regarding agency performance; the agency communicates performance results pursuant to the budgetary process and upon request.</p> <p>* Stakeholders: The agency communicates performance results through written reports and presentations, including reports to the Long-Term Care Advisory Committee. In October 2007, a comprehensive report on program data was distributed to all program volunteers, an updated report will be produced in March 2009.</p> <p>* Citizens: The performance measures and the annual report are posted on the agency's website.</p>
--------------------------------	--