

Agency Management Report

KPMs For Reporting Year 2009

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:	57.14%	28.57%	14.29%	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.	98.50	97.00	Green	2008	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.
3 - OVRS CLOSED - EMPLOYED – The percentage of Office of Vocational Rehabilitation Services (OVRS) consumers with a goal of employment who are employed.	55.60	66.00	Red	2009	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.

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4 - SPD EMPLOYMENT – The percentage of Seniors and People with Disabilities (SPD) consumers participating in an employment program who are employed.	55.20	45.00	Green	2008	SPD has exceeded the target of 43.0% since 2003. 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.	6.70	10.00	Red	2008	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. Placements decreased in 2008 from 2007 with 6.7% of work-eligible JOBS participants reporting they secured new work each month. This shift is likely the result of the current economic crisis in Oregon as reflected by steady job losses. As the economy worsens, it is anticipated that performance on this measure will continue to be affected. In addition, increased caseloads and limited resources and funding for the JOBS program have affected the level of capacity and array of services available for TANF families to access.

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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.	82.60	92.00	Yellow	2008	82.6% of TANF clients that left public cash assistance due to employment between January 2008 and December 2009 were not receiving cash assistance 18 months later. This indicates that a large majority of TANF clients that leave the program due to employment are having relative success in the workplace, or have found other resources to maintain their own and their families financial independence. While the department has met or exceeded its goal for this measure from 2002 through 2006, due to the current economic crisis and as indicated by the higher unemployment rate, there are fewer jobs available, and we have experienced an increase in the number of families returning to TANF. 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 help us achieve our desired targets.
7 - TANF FAMILY STABILITY – The percentage of children entering foster care who had received TANF cash assistance within the prior two months.	29.00	24.00	Red	2008	In FFY2007, 25.8 percent of the children entering foster care had received TANF cash assistance within the prior two months. During FFY2008 29.0 percent of the children entering foster care had received TANF cash assistance within the prior two months. 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.

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8 - TEEN PREGNANCY – The number of female Oregonians ages 15 – 17, per 1,000 who are pregnant.	25.70	24.00	Yellow	2007	The States teen pregnancy rate has consistently been lower than the national rate and the State has made some progress in reducing it even further over the past decade. Even though there had been a two year rise in the rate among 15-17 year-olds in Oregon, the pregnancy rate has declined again by 5.5 percent between 2006 and 2007. 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.
9 - ENHANCED CHILD CARE – The percentage of child care providers who are providing enhanced quality of care.	28.50	31.00	Yellow	2008	The 2007-2009 Child Care improvements which included funding for provider training for unlicensed family child care providers caused an increase in the number of providers giving enhanced care. This resulted in approximately 1/3 of the Districts exceeding the target of 30% for a statewide average of 28.5 in 2008. 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.	153.00	260.00	Red	2008	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.

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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	Between June 2007 and June 2009, the Oregon Supplemental Nutrition Assistance Program (SNAP) (formerly referred to as food stamps) caseload increased by 39.5% (229,651 households in 06/07 to 320,268 households in 06/09). Although the caseload increased between June 05 and June 07, the ratio of Oregonians receiving food benefit assistance to the number of Oregonians living in poverty decreased during Federal Fiscal Year 2006 due to the census adjustments in the number of Oregonians living at or below the Federal Poverty level.
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.	36.20	30.80	Yellow	2008	The agency has implemented a long-term strategy of changing policies and practices, and training staff to these changes in order to sustain and even further reduce the time to permanency for children, rather than taking short term corrective action which might have more dramatic and immediate results but are unsustainable in succeeding years. The agency is committed to continuous quality improvement in its practices, which lead up to and result in termination of parental rights and adoption. Wherever possible, without disregarding the best interests of the children who are the beneficiaries of the activities, the agency has, and will continue to streamline processes, procedures and paperwork in order to expedite the timeliest achievement of adoption for every child in need of this service. Continually decreasing rates achieved for this performance measure through 2006 reflects this progress.
15 - CHILD RE-ABUSE – The percentage of abused/neglected children who were re-abused within 6 months of prior victimization.	6.30	5.60	Yellow	2008	In 2005, the child repeat maltreatment rate for children in Oregon was 10.2 percent. This measure improved in 2006, dropping to 6.7 percent. In 2007 there was a slight increase to 7.5% as the Safety Intervention Model was being implemented. In 2008 Oregon achieved its lowest reabuse rate seen since 2000 of 6.3%. Our target was 5.6%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.

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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	4.00	Green	2008	Strategies to improve the departments 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 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.	3.00	4.00	Green	2008	Strategies to improve the departments 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 Generals 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 trend over the last six years has been relatively flat. A statewide outreach campaign that began 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.	76.70	89.20	Yellow	2008	76.7% of low-income women who gave birth in 2008 began their prenatal care in the first four months of pregnancy. Because the data is from the revised birth certificate (that Oregon began using in January 2008), it is not possible to reliably say whether there were significant changes in prenatal care initiation from 2007 to 2008. 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.	63.60	65.00	Green	2008	The completion rate for clients has been hovering around 64% for the past several years. The Division is working with providers to continue this trend through a quality improvement process and by incorporating this measure into performance based contracting. 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.	65.40	71.00	Yellow	2008	Oregon has been doing well regarding employment at discharge but due to the economy and employment conditions in Oregon, beginning in 2008, it is expected that the employment percentage at discharge will decrease compared to previous 2-3 years. 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.	48.00	52.00	Yellow	2008	While the rate still did not meet our goal or rise as high as the 2006 figure, it did represent an improvement over last year and is definitely moving in the right direction. 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.	31.80	30.00	Yellow	2008	The percent of 8th graders at risk of alcohol or drug use declined for the third consecutive year, but still exceeds the target. However, eleven counties have reached or are doing better than the target: Baker, Benton, Clackamas, Curry, Harney, Hood River, Lincoln, Linn, Marion, Morrow and Washington. 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.	77.10	70.00	Green	2008	Data are extracted from the Divisions Client Process Monitoring System (CPMS), which tracks all publicly funded substance abuse treatment services. The Division produces reports on this data regularly and travels to different areas of the state to insure through training that appropriate/accurate data are submitted to the CPMS. Data were corrected since the FY 2006 annual performance progress report. Targets were adjusted based on the corrected data. The included 2008 year used any youth receiving outpatient, intensive outpatient or residential treatment services and discharged from treatment during the calendar year. Academic performance improvement (yes/no) is reported at discharge.

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24 a - TOBACCO USE – Tobacco use among adults.	15.40	17.60	Green	2008	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.	8.60	9.00	Green	2008	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 c - TOBACCO USE – Tobacco use among pregnant women.	12.30	11.40	Yellow	2006	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. Because of data source changes, this portion of the tobacco use measure will be developmental for 2009-11.

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25 - CIGARETTE PACKS SOLD – Number of cigarette packs sold per capita.	48.60	50.00	Green	2008	In 2008, the number of cigarette packs sold in Oregon was 48.6 packs per capita. This measure is better than the desired target for 2008. Moreover, this data point represents a welcome change compared with the previous five years data, which had demonstrated an extended period of stagnation in per capita cigarette packs sold. 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.
26 - CHILD IMMUNIZATIONS – The percentage of 24 – 35 month old children served by local health departments who are adequately immunized.	72.00	75.00	Green	2008	The percentage of adequately immunized two year olds who receive immunizations at local health departments continues to steadily increase. 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.

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27 - INFLUENZA VACCINATIONS FOR SENIORS – The percentage of adults aged 65 and over who receive an influenza vaccine.	70.10	75.50	Yellow	2008	The percentage of older adults immunized annually against influenza has remained relatively flat over the past several years and below the targets. Following the influenza vaccine shortage during the 2004-05 season, a survey of Oregon residents found that the top reasons for not getting a flu shot were concerns about vaccine efficacy and safety. Additionally, using 2005 data, a disparity in coverage rates was identified between persons self-identified as White and non-White in Oregon. In general the flat rates are influenced by public 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.	7.10	7.50	Green	2008	Declines in rates of newly diagnosed HIV infection by year have occurred since 2002. This has occurred despite the fact that increasing survival with HIV infection means that the pool of people who might infect others increases continuously. This implies that the average person with HIV/AIDS infects fewer new persons each year and that prevention and care programs have been partially effective in curtailing the epidemic. Meeting optimistic targets of a further 20% reduction for 2009 and beyond must occur as a result of behavioral changes such as a reduction of high-risk behavior by those infected or at risk, possibly complemented by new treatment of those already infected to reduce their infectivity. 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.
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.

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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.
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.

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31 - SAFETY NET CLINIC USE – The percentage of uninsured Oregonians served by safety net clinics.	19.50	18.30	Green	2006	Percentages served by the safety net have remained high since 2002 with an overall upward trend toward 2010. The current recession is a significant contributing factor to increases in the number of uninsured seen by the safety net. The passage of HB 2116 will add about 65,000 children and 25,000 adults to coverage under OHP. The increased OHP enrollment will begin to show up late in 2009 and early 2010. If we assume that the purpose of the safety net is to enable the state to provide at least primary care to a significant number of uninsured whatever the barriers they face then we would have to assume that the safety net is substantially performing this function. This is especially true when we consider that safety net providers also serve Medicaid and Medicare patients and are part of the capacity equation for these populations.
32 - MENTAL HEALTH CLIENT LEVEL OF FUNCTIONING – The percentage of mental health clients who maintain or improve level of functioning following treatment.	93.00	92.00	Green	2008	It appears that many people are benefiting from mental health services. One concern is that this measure is not sensitive enough to truly assess improvement. Addictions and Mental Health Division will continue quality improvement efforts and the encouragement of the use of evidence-based practices.
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 repeatable and consistent methodologies 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.