

Secretary

05

Health & Human Resources

Department for the Aging (163)

Service Area

Financial Assistance for Local Services to the Elderly

Objective

We will work to delay or avoid Medicaid funded nursing home care by providing frail-older individuals with home delivered meals and another in-home service (personal care or homemaker) that will allow these individuals to remain safely in their homes.

Measure #1

Percent of clients receiving a home delivered meal and personal care or homemaker services with 3 or more deficits in Activities of Daily Living (ADLs)

Key Measure

X

Measure Type

Outcome

Preferred Trend

Up

Measure Methodology

The AIM database can be queried to identify clients receiving a home delivered meal and personal care or homemaker services and the number of ADLS per client.

Measure Baseline

Value

65

Date

6/30/2005

Description

FY 2005 actual is 65%.

Measure Target

Value

70

Date

6/30/2009

Description

FY 2009 projected is 70%.

Measure Data

Year	Annual Measure			
2005	65			
2006	65			
2007	--			
2008	--			

Explanatory Note

The 6/30/2007 measure will not be available until the federal report is completed and submitted on January 31, 2008. VDA will update the measure at that time.

Department for the Aging (163)

Service Area

Financial Assistance for Local Services to the Elderly

Objective

Provide transportation to needed services that promote continued independent living.

Measure #2

Transportation One-Way Trips

Key Measure

Measure Type

Preferred Trend

Output

Maintain

Measure Methodology

Sum all AAAs Monthly Reports indicating the number of one-way trips and compare to AIM database. Identify discrepancies and report most accurate number.

Measure Baseline

Value

Date

Description

571,095

6/30/2005

FY 2005 actual is 571,095 trips.

Measure Target

Value

Date

Description

571,095

6/30/2009

FY 2009 projected is 571,095 trips. With the increase cost of gasoline and negligible increase in funding, the goal is to provide the same number.

Measure Data

Year	Annual Measure			
2003	672,383			
2004	645,874			
2005	571,095			
2006	548,760			
2007	505,540			
2008	--			

Explanatory Note

Department for the Aging (163)

Service Area

Financial Assistance for Local Services to the Elderly

Objective

Provide temporary relief (respite) to the caregiver from the 24 hour care they provide to a frail senior.

Measure #3

Number of individuals served with Respite Care

Key Measure

Measure Type

Preferred Trend

Output

Maintain

Measure Methodology

The number is an "unduplicated count" of individuals served.

Measure Baseline

Value

452

Date

6/30/2005

Description

The target of 452 is based on the number of respite care clients provided services in FY 2005.

Measure Target

Value

452

Date

6/30/2009

Description

The target for FY 2009 is 452 clients served.

Measure Data

Year	Annual Measure			
2003	583			
2004	353			
2005	452			
2006	386			
2007	360			
2008	--			

Explanatory Note

Department for the Aging (163)

Service Area

Rights and Protection for the Elderly

Objective

Expand the Virginia Public Guardian and Conservator Program Statewide.

Measure #4

Percent of jurisdictions served by the Virginia Public Guardian and Conservator Program

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

The measure is calculated by summing the number of Virginia Public Guardian and Conservator served by jurisdictions in FY 2006 and comparing to the total number of jurisdictions.

Measure Baseline

Value

45

Date

6/30/2006

Description

In FY 2006, 60 or 45% of the Commonwealth's jurisdictions had a Virginia Public Guardian and Conservator programs.

Measure Target

Value

70

Date

6/30/2009

Description

By FY 2007, provide 94 or 70% of the Commonwealth's jurisdictions with a Virginia Public Guardian and Conservator program.

Measure Data

Year	Annual Measure			
2006	45			
2007	60			
2008	--			

Explanatory Note

Department for the Aging (163)

Service Area

Rights and Protection for the Elderly

Objective

Increase the number of Local Long-Term Care Ombudsman.

Measure #5

Number of Local Long-Term Care Ombudsman

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

The Long-Term Care Ombudsman Programs report annually the number of full-time equivalent Ombudsmen in the program on the Ombudsman Reporting System.

Measure Baseline

Value

Date

Description

20

9/30/2004

FFY 2004 year end 20.0 Full-time Equivalents (FTEs)

Measure Target

Value

Date

Description

23

9/30/2009

By the end of FFY 2009 have 23.0 FTEs

Measure Data

Year	Annual Measure			
2003	20.0			
2004	21.8			
2005	23.0			
2006	25.7			
2007	--			
2008	--			

Explanatory Note

The 6/30/2007 measure will not be available until the federal report is completed and submitted on January 31, 2008. VDA will update the measure at that time.

Department for the Aging (163)

Service Area

Meals Served in Group Settings

Objective

Provide a nutritional meal, nutrition education and an opportunity for socialization and recreation to older Virginians.

Measure #6

Number of meals served in group (congregate) settings

Key Measure	Measure Type	Preferred Trend
	Output	Maintain

Measure Methodology

Sum all AAAs Monthly Reports indicating the number of meals served and compare to AIM database. Identify discrepancies and report most accurate number.

Measure Baseline

Value	Date	Description
849,270	6/30/2005	For FY 2005 the AAAs provided 849,270 group (congregate) meals.

Measure Target

Value	Date	Description
849,270	6/30/2009	For FY 2009 the goal for the AAAs is to provide group (congregate) 849,270 meals.

Measure Data

Year	Annual Measure			
2003	963,223			
2004	916,979			
2005	849,270			
2006	959,556			
2007	857,579			
2008	--			

Explanatory Note

Department for the Aging (163)

Service Area

Distribution of Food

Objective

Provide fresh fruits and vegetables to seniors while supporting local farmers through the Senior Farmers' Market Nutrition Program.

Measure #7

Number of seniors served

Key Measure	Measure Type	Preferred Trend
	Output	Up

Measure Methodology

Number of coupon books issued

Measure Baseline

Value	Date	Description
7,971	6/30/2005	FY 2005, 7,971 seniors served

Measure Target

Value	Date	Description
8,434	6/30/2009	FY 2009, 8,434 seniors served

Measure Data

Year	Annual Measure			
2005	7,971			
2006	10,142			
2007	--			
2008	--			

Explanatory Note

Program operates through November. Data will be available in February of the following year.

Department for the Aging (163)

Service Area

Distribution of Food

Objective

Provide fresh fruits and vegetables to seniors while supporting local farmers through the Senior Farmers' Market Nutrition Program.

Measure #8

Number of participating farmers

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

The number of farmer identification numbers issued.

Measure Baseline

Value

137

Date

6/30/2005

Description

FY 2005, 137 farmers

Measure Target

Value

150

Date

6/30/2009

Description

FY 2009, 150 farmers

Measure Data

Year	Annual Measure			
2005	137			
2006	152			
2007	148			
2008	--			

Explanatory Note

The Senior Farmers Market Program increased between FY 2005 and FY 2006 with the addition of several regions. Funding for this program is anticipated to remain level through FY 2006. Therefore, the number of farmers participating in this program should remain constant.

Department for the Aging (163)

Service Area

Delivery of Meals to Home-Bound Individuals

Objective

Provide a nutritional meal and an opportunity for personal contact to home-bound individuals.

Measure #9

Number of meals delivered to home-bound individuals

Key Measure

Measure Type

Preferred Trend

Output

Maintain

Measure Methodology

Sum all AAAs Monthly Reports indicating the number of meals served and compare to AIM database. Identify discrepancies and report most accurate number.

Measure Baseline

Value

2,665,739

Date

6/30/2005

Description

For FY 2005 the AAAs provided 2,665,739 home delivered meals.

Measure Target

Value

2,665,739

Date

6/30/2009

Description

For FY 2009 the goal for the AAAs is to provide 2,665,739 home delivered meals.

Measure Data

Year	Annual Measure			
2003	2,806,838			
2004	2,786,545			
2005	2,665,739			
2006	2,641,562			
2007	2,510,076			
2008	--			

Explanatory Note

Department for the Aging (163)

Service Area

Administrative and Support Services

Objective

Provide information and assistance to the public about aging programs and services.

Measure #10

Number of publications distributed.

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

The Aging and Information Database System provides a report.

Measure Baseline

Value

67,858

Date

6/30/2005

Description

The FY 2005 base is 67,858.

Measure Target

Value

85,000

Date

6/30/2009

Description

The FY 2009 target 85,000.

Measure Data

Year	Annual Measure			
2004	53,669			
2005	67,858			
2006	97,968			
2007	19,795			
2008	--			

Explanatory Note

VDA saw a drastic increase in publications in 2006 as a result of Medicare Part D. We anticipate the amount of activity in this area will not be as strong in future years.

Department for the Aging (163)

Service Area

Administrative and Support Services

Objective

Ensure the Area Agencies on Aging and other contractors are operating in compliance within state and federal requirements.

Measure #11

Number of Program and Financial Compliance Reviews (PFCRs) with repeated findings

Key Measure	Measure Type	Preferred Trend
	Output	Down

Measure Methodology

Every year, VDA conducts a PFCR on all AAAs and other significant program contractors. The number of repeat findings between two consecutive years is determined based on a review of PFCRs.

Measure Baseline

Value	Date	Description
1	6/30/2005	In FY 2005, there was one (1) PFCR repeat finding.

Measure Target

Value	Date	Description
1	6/30/2009	The target for FY 2009 is one (1) PFCR repeat finding.

Measure Data

Year	Annual Measure			
2003	5			
2004	4			
2005	1			
2006	1			
2007	2			
2008	--			

Explanatory Note

Department for the Aging (163)

Service Area

Administrative and Support Services

Objective

To ensure that resources are used efficiently and programs are managed effectively, and in a manner consistent with applicable state and federal requirements.

Measure #12

Percent of Governor's Management scorecard categories marked as meets expectations for the agency.

Key Measure	Measure Type	Preferred Trend
	Outcome	Maintain

Measure Methodology

The Management Scorecard grades agencies on five criteria: Human Resource Management, Government Procurement, Financial Management, Technology, and Performance Management (the sixth, "Environmental & Historic Resource Stewardship" was not measured in 2005). The measure is calculated by taking the number of criteria where the agency scored "Meets Expectations" and dividing by five.

Measure Baseline

Value	Date	Description
100	6/30/2005	The 2005 percentage for VDA is 100%.

Measure Target

Value	Date	Description
100	6/30/2009	The 2009 percentage target for VDA is 100%.

Measure Data

Year	Annual Measure			
2005	100			
2006	100			
2007	100			
2008	--			

Explanatory Note

Comprehensive Services for At-Risk Youth and Families (200)

Service Area

Financial Assistance for Child and Youth Services

Objective

Minimize the length of time when CSA child specific data set demographic and expenditure information is submitted to the state office after the end of the quarter

Measure #1

Assist all localities in submitting complete and accurate child service/cost information within 60 days of the close on each quarter

Key Measure

Measure Type

Preferred Trend

Output

Down

Measure Methodology

CSA Data Set management reporting system.

Measure Baseline

Value

60

Date

6/30/2005

Description

days

Measure Target

Value

50

Date

6/30/2007

Description

days

Measure Data

Year	First Half	Second Half		
2005	81	68		
2006	73	76		
2007	116	87		
2008	--	--		

Explanatory Note

Effective with the FY2006 Data set Reporting, localities submit information 3 times annually: December 31, March 31 and June 30. June 30 reporting is due on Oct. 15. The measure reporting is for the Dec 31 and March 31 reporting cycles.

Comprehensive Services for At-Risk Youth and Families (200)

Service Area

Financial Assistance for Child and Youth Services

Objective

Maximize the number of CSA funded youth served in community and family based settings

Measure #2

We will increase the proportion of children served at home, in school and in the community.

Key Measure	Measure Type	Preferred Trend
X	Output	Up

Measure Methodology

Information gathered from the CSA data set

Measure Baseline

Value	Date	Description
38.44	6/20/2006	38.44% in FY2005

Measure Target

Value	Date	Description
50.00	6/30/2009	50% of CSA pool funded services by FY2009

Measure Data

Year	Annual Measure			
2005	38.44			
2006	41.72			
2007	40.95			
2008	--			

Explanatory Note

Community services embrace the service categories: (1) community based (2) special education day and (3) special education other day placements.

Note to 2007: This information is derived from the 4th quarter CSA data set. That information is not finalized for FY07 from local governments until October 2007.

Comprehensive Services for At-Risk Youth and Families (200)

Service Area

Financial Assistance for Child and Youth Services

Objective

Ensure that resources are used efficiently and programs are managed effectively

Measure #3

Agency Scorecard Efficiency

Key Measure	Measure Type	Preferred Trend
	Output	

Measure Methodology

Percent of Governor's Management scorecard categories marked as meets expectations for the agency

Measure Baseline

Value	Date	Description
#Error		The 2005 percentage calculated based on the agency scorecard.

Measure Target

Value	Date	Description
#Error		

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2006	--	--	--	--
2007	--	--	--	--
2008	--	--	--	--

Explanatory Note

Woodrow Wilson Rehabilitation Center (203)**Service Area**

Vocational Rehabilitation Services

Objective

To prepare WWRC training graduates to attain competitive employment outcomes.

Measure #1

WWRC will work to ensure that 80 percent of graduates of its training programs are employed.

Key Measure

X

Measure Type

Outcome

Preferred Trend

Up

Measure Methodology

This measure calculates the percentage of graduates from WWRC training programs (able to be contacted) who are competitively employed at one year post-exit. Graduates are contacted thru a telephone survey; if the graduate cannot be located by telephone, information is obtained from the vocational rehabilitation counselor and/or through verification with the vocational rehabilitation client data system. Data obtained is entered into an ACCESS database maintained at WWRC. Automated queries are conducted from the ACCESS database to determine employment rates for the reporting quarter. The number of graduates employed divided by the number of graduates contacted provides a percentage of graduates from WWRC training programs who are counted as competitively employed at one year.

Measure Baseline

Value

70

Date

6/30/2002

Description

70% four year average

Measure Target

Value

80

Date

6/30/2009

Description

80% by Fiscal Year 2009

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2001	--	--	--	74.4
2002	--	--	--	70.1
2003	--	--	--	71.0
2004	--	--	--	78.0
2005	--	--	--	73.0
2006	--	--	--	74.0
2007	72.0	72.0	72.0	71.4
2008	65.0	--	--	--

Explanatory Note

Data are based on a State Fiscal Year. Q4 data are year end data. Data for reporting year SFY 2007 represent cohort of WWRC training students who graduated between July 1, 2005 and June 30, 2006. First quarter data for SFY 2008 represent cohort of WWRC training students who graduated between July 1, 2006 and September 30, 2006. Small fluctuations from one quarter to another are expected.

Woodrow Wilson Rehabilitation Center (203)

Service Area

Vocational Rehabilitation Services

Objective

To expand and integrate portions of the Prevocational and Independent Living programs into a redesigned Life Skills Program

Measure #2

Number of Students Served in Life Skills

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

Number of students enrolled in the Life Skills Program. WWRC maintains a data base of clients served and the services that they receive. A report of clients enrolled will provide this measure.

Measure Baseline

Value

170

Date

6/30/2005

Description

170 (average Fiscal Year 2004-2005 for persons served in Pre-Vocational Training and Independent Livings Skills Training Program prior to redesign)

Measure Target

Value

170

Date

6/30/2007

Description

170

Measure Data

Year	Annual Measure			
2006	100			
2007	174			
2008	--			

Explanatory Note

Data represent the number of fully enrolled students in the Life Skills Program. This program transitioned away from including pre-vocational training students in October 2005. The measure baseline represents persons served prior to the redesign of this program. Data are reported annually based on the State Fiscal Year.

Woodrow Wilson Rehabilitation Center (203)**Service Area**

Vocational Rehabilitation Services

Objective

To expand the Postsecondary Education Rehabilitation Transition (PERT) Program.

Measure #3

Number of PERT Students Served

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

The measure is the number of PERT students enrolled in the PERT Initial Evaluation Program. The PERT Program at WWRC maintains an ACCESS database that contains information on students enrolled in PERT, including students enrolled in the Initial Evaluation Program and the date of their enrollment. The number enrolled in any given fiscal year is determined by a query to the ACCESS database.

Measure Baseline

Value

449

Date

6/30/2005

Description

449 students

Measure Target

Value

450

Date

6/30/2007

Description

450 students

Measure Data

Year	Annual Measure			
2003	585			
2004	599			
2005	562			
2006	573			
2007	451			
2008	--			

Explanatory Note

Prior to 2007, the measure captured the number of PERT students enrolled in the PERT Initial Evaluation Program plus the number of PERT students who returned to WWRC for a two-week situational assessment in a distinct fiscal year from the year that they participated in the Initial Program. The measurement methodology was changed in 2007, which accounts for the decrease in the number served.

Woodrow Wilson Rehabilitation Center (203)**Service Area**

Vocational Rehabilitation Services

Objective

To expand the Postsecondary Education Rehabilitation Transition (PERT) Program.

Measure #4

Percentage of Local School Divisions Participating in the PERT Program

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

Percentage of local school divisions participating in the PERT program is calculated as the number of local school divisions who actively participate in the PERT program by sending students to WWRC for an initial evaluation divided by the total number of statewide school divisions. Data are collected and reported quarterly. The source of the data is WWRC's client database, COMET, combined with internal departmental databases.

Measure Baseline

Value

85

Date

6/30/2005

Description

85% of school divisions participating in Fiscal Year 2005.

Measure Target

Value

90

Date

6/30/2007

Description

90%

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2003	--	--	--	85
2004	--	--	--	85
2005	--	--	--	85
2006	--	--	--	85
2007	85	85	93	94
2008	80	--	--	--

Explanatory Note

Data are based on a state fiscal year. Prior to FY '07, data were collected monthly and reported annually. Effective FY '07, data are collected monthly and reported quarterly. Additionally, effective FY '07, the measure methodology has been changed to reflect a change in business practice within the PERT Program with the measure itself remaining constant. This change in business practice resulted from intentional decisions collaboratively determined through a strategic planning process with Virginia Departments of Education and Rehabilitative Services (DOE and DRS). Specifically, as of July 1, 2006, all local school divisions throughout the Commonwealth were given access to the program, through a formula-driven slot allocation process, without the need for application to the program and written agreements. Local school divisions were notified of slot allocations in Spring 2006 for planning purposes. The current measure methodology aligns the methodology with this change in business process for the PERT program.

Woodrow Wilson Rehabilitation Center (203)**Service Area**

Medical Rehabilitative Services

Objective

To provide quality and effective medical rehabilitative services while meeting the needs of the clients within WWRC's residential programs and those in the community.

Measure #5

Number of Medical Rehabilitation Clients Served.

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

This measure is the number of unduplicated admissions to the WWRC Health Services show on the June Admission report (WWRC client record system - COMET), as adjusted by the clients admitted in June but entered into COMET after the June AR Report is posted.

Measure Baseline

Value

1,054

Date

6/30/2005

Description

1,054 Clients Served

Measure Target

Value

1,054

Date

6/30/2007

Description

1,054 Clients Served

Measure Data

Year	Annual Measure			
2003	1,417			
2004	1,167			
2005	1,160			
2006	1,229			
2007	1,051			
2008	--			

Explanatory Note

Data are reported annually based on a State Fiscal Year. Prior to 2007, the measure represented the "total episodes of care", which could result in duplicative counts for clients who may have been admitted more than once during the same fiscal year. The current measure baseline, measure target and 2007 data are the unduplicated count.

Woodrow Wilson Rehabilitation Center (203)**Service Area**

Administrative and Support Services

Objective

To have effective and efficient administrative support services as provided by the Department of Rehabilitative Services.

Measure #6

Percent of administrative objectives in DRS/WWRC Management Scorecard achieved.

Key Measure	Measure Type	Preferred Trend
	Outcome	Up

Measure Methodology

The source is the Agency Performance Management Scorecard on the VA Performs website. WWRC is reported with the Department of Rehabilitative Services. Calculation is the percentage of grouped categories of performance measures where DRS/WWRC achieve a 'meets expectations' rating.

Measure Baseline

Value	Date	Description
81	9/30/2005	81% in Fiscal Year 2005.

Measure Target

Value	Date	Description
81	9/30/2007	81% in Fiscal Year 2007.

Measure Data

Year	Annual Measure			
2004	83			
2005	86			
2006	50			
2007	83			
2008	--			

Explanatory Note

WWRC is reported with the Department of Rehabilitative Services. Changes in the rating criteria for the 2006 Scorecard are reflected in the percentage of measure categories (Human Resource Management, Government Procurement, Financial Management, Technology, Performance Management, and Environmental & Historic Resource Stewardship) that achieved a 'meets expectations' (green light) rating.

Department of Health Professions (223)

Service Area

Agency

Objective

To promptly process applications for initial licensure and, where necessary, conduct examinations and deny eligibility, for all individuals and entities who seek to provide services.

Measure #1

We will process applications for licensure within 30 days of receipt of a completed application

Key Measure	Measure Type	Preferred Trend
X	Output	Maintain

Measure Methodology

This is a new measure. This measure is derived from an electronic check-list tracking system built into License 2000.

Measure Baseline

Value	Date	Description
96.5	12/31/2006	Process 95% of applications within 30 days of receipt of all necessary materials by the end of FY 2008

Measure Target

Value	Date	Description
95	6/30/2008	Process 95% of applications within 30 days of receipt of all necessary materials by the end of FY 2008

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2007	--	96.8	98.8	99.9
2008	99.8	--	--	--

Explanatory Note

Department of Health Professions (223)

Service Area

Agency

Objective

To promptly process applications for initial licensure and, where necessary, conduct examinations and deny eligibility, for all individuals and entities who seek to provide services.

Measure #2

We will achieve high customer satisfaction ratings from individuals applying for licensure

Key Measure	Measure Type	Preferred Trend
X	Output	Up

Measure Methodology

This measure is calculated using the results of surveys sent to initial applicants. The number of positive responses is compared to the total number of responses to calculate the percentage of positive responses.

Measure Baseline

Value	Date	Description
94.5	3/31/2005	94.5%, the two-year average for the period ending March 31, 2005

Measure Target

Value	Date	Description
97.0	6/30/2008	Maintain a two-year rolling average of 97% through FY 2008.

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2005	94.9	94.5	93.4	95.2
2006	94.8	94.8	94.7	94.5
2007	94.5	94.6	94.8	94.8
2008	94.9	--	--	--

Explanatory Note

The most recent positive customer satisfaction rating of 94.8% viewed against high performance throughout FY2005 through FY2007 indicates that a similarly high rating can be attained in FY 2008. The 2.1% difference between 94.9 and the 97% falls within standard survey margins of error.

Department of Health Professions (223)

Service Area

Agency

Objective

To periodically renew the licenses for individual and entities who wish to remain eligible to practice in the Commonwealth.

Measure #3

Percent of healthcare practitioner licenses renewed.

Key Measure	Measure Type	Preferred Trend
	Output	Maintain

Measure Methodology

This measure is calculated by totaling the number of licenses renewed (using fee payment date as a parameter) and the number of licenses that expired during the same period, then dividing the number of renewals by the total to get the percentage renewed. All data is gathered electronically.

Measure Baseline

Value	Date	Description
83.35	6/30/2005	83.35% of healthcare practitioner licenses were renewed in FY 2005

Measure Target

Value	Date	Description
80	6/30/2008	Maintain a renewal rate of 80% through FY 2008

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2003	--	--	92.0	84.3
2004	84.3	82.8	86.7	83.5
2005	85.8	86.1	84.2	84.3
2006	76.1	83.1	84.6	78.7
2007	82.4	84.0	85.8	82.2
2008	80.4	--	--	--

Explanatory Note

Department of Health Professions (223)

Service Area

Agency

Objective

To periodically renew the licenses for individual and entities who wish to remain eligible to practice in the Commonwealth.

Measure #4

Percent of healthcare practitioner licenses renewed online

Key Measure

Measure Type

Preferred Trend

Output

Maintain

Measure Methodology

The count of online renewals is done electronically and compared against the total number renewed licenses to get the percentage.

Measure Baseline

Value

74

Date

6/30/2006

Description

74% of all license types renewed online as of June 30, 2005

Measure Target

Value

80

Date

6/30/2008

Description

Maintain an online renewal rate of 80% for all license types through FY 2008

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2004	--	--	30	57
2005	78	78	70	73
2006	78	81	82	84
2007	85	85	92	89
2008	89	--	--	--

Explanatory Note

Department of Health Professions (223)

Service Area

Agency

Objective

To provide data collection capacity for healthcare workforce planning purposes to help meet the health care needs of the Commonwealth.

Measure #5

Percent of relevant healthcare workforce information collected from targeted professions who renew their licenses online

Key Measure

Measure Type

Preferred Trend

Output

Maintain

Measure Methodology

Online surveys in conjunction with online renewals, counted electronically, and compared against the total number of licenses renewed online to get the percentage. The availability of data is based on the renewal cycle of targeted professions. For example: nurses renew on a rolling monthly basis biannually; others, such as physicians, all renew biannually in the same month of the year.

Measure Baseline

Value

60

Date

6/30/2005

Description

60% in FY 2005

Measure Target

Value

60

Date

6/30/2008

Description

Maintain a collection rate of 60% through FY 2008

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2004	--	--	0	0
2005	63	60	66	60
2006	59	40	67	67
2007	67	74	77	79
2008	76	--	--	--

Explanatory Note

Department of Health Professions (223)

Service Area

Agency

Objective

To detect, receive, evaluate, and investigate allegations of misconduct.

Measure #6

We will investigate and process cases relating to patient care within 250 days

Key Measure

X

Measure Type

Output

Preferred Trend

Up

Measure Methodology

Allegations are counted as they are logged into the computer system and counts are retrieved using date parameters

Measure Baseline

Value

65

Date

6/30/2006

Description

In FY 2006, 65% of complaints related to patient care were resolved within 250 days (total case count of 2,941)

Measure Target

Value

90

Date

6/30/2009

Description

Resolve 90% of complaints related to patient care within 250 days by the end of FY 2009

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2006	66	64	64	58
2007	55	57	60	55
2008	52	--	--	--

Explanatory Note

In initiating efforts to meet this measure DHP has placed greater emphasis on resolving older cases. Updated disciplinary data reflects business days and accounts for factors beyond the agency's control, offices closed on weekends and holidays, when neither agency workforce nor witnesses are available. To address the long-term goal of resolving patient care cases within established guidelines, more resources have been directed to resolving the most serious patient care issues and to resolving a backlog of older cases. Additionally, throughout FY 2007, the proportion of closed patient care cases exceeded closed non-patient care cases for the first time in two years. Patient care cases are more complex and take more time to investigate. Because of this greater complexity, the larger proportion of patient care cases has resulted in a heavier workload.

Department of Health Professions (223)

Service Area

Agency

Objective

To detect, receive, evaluate, and investigate allegations of misconduct.

Measure #7

Number of allegations that are detected, investigated and reported to health regulatory boards

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

Allegations are counted as they are logged into the computer system and counts are retrieved using date parameters.

Measure Baseline

Value

Date

Description

1,155

6/30/2005

1,155 cases were opened in the last quarter of FY 2005

Measure Target

Value

Date

Description

1,270

6/30/2008

1,270 cases by the last quarter of FY 2008

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2003	1,042	809	883	948
2004	920	2,004	1,196	1,063
2005	1,423	1,122	1,266	1,155
2006	1,214	1,225	1,498	1,258
2007	1,221	1,117	1,190	1,173
2008	1,103	--	--	--

Explanatory Note

The chief source of allegations of misconduct are received from sources external to the agency, primarily consumer complaints.

Department of Health Professions (223)

Service Area

Agency

Objective

To detect, receive, evaluate, and investigate allegations of misconduct.

Measure #8

Percent of cases that meet agency standards for case resolution, resulting in a decrease in case completion time

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

The number of days to process and close a case is tracked electronically, and each case is compared to a pre-determined timeframe for completion after it closes. The percentage is calculated using the number of cases that closed within the desired timeframe.

Measure Baseline

Value

56.7

Date

6/30/2005

Description

56.7% of cases met agency standards in the last quarter of FY 2005

Measure Target

Value

65

Date

6/30/2008

Description

65% of cases will meet agency standards by the last quarter of FY 2008

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2003	51.80	48.00	43.20	41.20
2004	40.40	42.70	59.00	58.50
2005	56.30	56.30	58.10	56.70
2006	52.60	48.47	48.20	45.90
2007	46.70	39.90	44.10	33.57
2008	36.10	--	--	--

Explanatory Note

Department of Health Professions (223)

Service Area

Agency

Objective

To adjudicate and impose appropriate findings and conclusions and impose sanctions when there is sufficient evidence that practitioners have engaged in conduct which violates law or regulation governing their practice.

Measure #9

Number of cases in which a written agreement or order is entered imposing a public finding.

Key Measure	Measure Type	Preferred Trend
	Output	Up

Measure Methodology

All cases with written agreements are entered into the computer system electronically and the count is calculated by using by using date parameters for the date the case was closed.

Measure Baseline

Value	Date	Description
1,326	6/30/2005	1,326 cases in FY 2005

Measure Target

Value	Date	Description
1,459	6/30/2008	1,459 cases ini FY 2008

Measure Data

Year	First Half	Second Half		
2006	707	887		
2007	650	728		
2008	--	--		

Explanatory Note

For FY2007, to address findings of misconduct a larger than predicted percentage of cases were resolved with confidential consent agreements rather than public orders. Therefore, we are considering modifying the target and baseline accordingly.

Department of Health Professions (223)

Service Area

Agency

Objective

To adjudicate and impose appropriate findings and conclusions and impose sanctions when there is sufficient evidence that practitioners have engaged in conduct which violates law or regulation governing their practice.

Measure #10

Percent of resolved cases in which a proceeding is required that comply with agency standards

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

The number of days to process and close a case is tracked electronically and each case is compared to a predetermined timeframe for completion after it closes. The number of cases that comply with that timeframe are compared to total cases closed within the same processing class to determine the percentage that were closed within the standard.

Measure Baseline

Value

43.345

Date

6/30/2005

Description

43.34% of cases met standards in the last quarter of FY 2005

Measure Target

Value

54

Date

6/30/2008

Description

54% of cases will meet standards by the last quarter of FY 2008

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2005	--	--	--	43.3
2006	52.5	49.7	53.3	42.5
2007	47.5	40.2	53.0	50.8
2008	48.8	--	--	--

Explanatory Note

Efforts are on target to meet the goal by the last quarter of FY 2008. One of the primary aims this year has been to resolve a backlog of older cases.

Department of Health Professions (223)

Service Area

Agency

Objective

To provide information to practitioners, clients and patients to promote access to and compliance by providers.

Measure #11

Number of solicited reports from the Prescription Monitoring Program for prescribers

Key Measure Measure Type Preferred Trend

Measure Methodology

Derived from an electronically gathered count of reports produced, defined by a date parameter.

Measure Baseline

Value	Date	Description
1,791	6/30/2005	1,791 reports were solicited for FY 2005

Measure Target

Value	Date	Description
2,150	6/30/2008	2,150 reports will be solicited by FY 2008

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2006	515	455	740	836
2007	1,804	2,954	4,429	4,722
2008	5,520	--	--	--

Explanatory Note

Department of Health Professions (223)

Service Area

Agency

Objective

To provide information to practitioners, clients and patients to promote access to and compliance by providers.

Measure #12

Number of visits to DHP web sites

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

Results come from "Webtrends Composite Report."

Measure Baseline

Value

612,000

Date

6/30/2005

Description

2,448,018 visits in FY 2005

Measure Target

Value

850,000

Date

6/30/2008

Description

3,400,000 visits by FY 2008 averaging 850,000 per quarter

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2003	373,829	408,578	429,520	441,351
2004	461,748	461,857	559,556	540,233
2005	600,161	546,790	624,010	675,512
2006	722,252	674,062	825,544	820,773
2007	838,889	801,103	888,935	929,411
2008	921,573	--	--	--

Explanatory Note

With a total of over 3,400,000 visits in FY2007, we have already exceeded our FY2008 target and anticipate continued growth

Department of Health Professions (223)

Service Area

Agency

Objective

Collect money from license renewals as required by state law and make requisite payments to schools on behalf of recipients as identified by the Department of Health.

Measure #13

Percent of nursing scholarship payments processed for identified individuals

Key Measure	Measure Type	Preferred Trend
	Output	Maintain

Measure Methodology

Documents provided by the Department of Health and verified by the Board of Nursing and payments entered into CARS.

Measure Baseline

Value	Date	Description
100	6/30/2005	100% for FY 2005

Measure Target

Value	Date	Description
100	6/30/2008	100% through FY 2008

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2006	100	100	100	100
2007	100	100	100	100
2008	100	--	--	--

Explanatory Note

Department of Health Professions (223)

Service Area

Scholarships

Objective

Collect money from license renewals as required by state law and make requisite payments to schools on behalf of recipients as identified by the Department of Health.

Measure #14

Percent of nursing scholarship payments processed for identified individuals

Key Measure

Measure Type

Preferred Trend

Outcome

Maintain

Measure Methodology

Documents provided by the Department of Health and verified by the Board of Nursing and payments entered into CARS.

Measure Baseline

Value

100

Date

6/30/2005

Description

100% for FY 2005

Measure Target

Value

100

Date

6/30/2008

Description

100% through FY 2008

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2006	100	100	100	100
2007	100	100	100	100
2008	100	--	--	--

Explanatory Note

Department of Health Professions (223)

Service Area

Technical Assistance to Regulatory Boards

Objective

To promptly process applications for initial licensure and, where necessary, conduct examinations and deny eligibility for all individuals and entities who seek to provide services.

Measure #15

We will process applications for licensure within 30 days of receipt of a completed application

Key Measure	Measure Type	Preferred Trend
X	Output	Maintain

Measure Methodology

This measure is derived from an electronic check-list tracking system built into License 2000.

Measure Baseline

Value	Date	Description
96.5	12/31/2006	Process 95% of applications within 30 days of receipt of all necessary materials by the end of FY 2008

Measure Target

Value	Date	Description
95.0	6/30/2008	This measure is derived from an electronic check-list tracking system built into License 2000

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2007	--	96.8	98.8	99.9
2008	99.8	--	--	--

Explanatory Note

Department of Health Professions (223)

Service Area

Technical Assistance to Regulatory Boards

Objective

To promptly process applications for initial licensure and, where necessary, conduct examinations and deny eligibility for all individuals and entities who seek to provide services.

Measure #16

We will achieve high customer satisfaction ratings from individuals applying for licensure

Key Measure

Measure Type

Preferred Trend

X

Output

Up

Measure Methodology

This measure is calculated using the results of surveys sent to initial applicants. The number of positive responses is compared to the total number of responses to calculate the percentage of positive responses.

Measure Baseline

Value

94.5

Date

3/31/2005

Description

94.5%, the two-year rolling average for the period ending March 31, 2005

Measure Target

Value

97

Date

6/30/2008

Description

Maintain a two-year quarterly rolling average of 97% through FY 2008

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2005	94.9	94.5	93.4	95.2
2006	94.8	94.8	94.7	94.5
2007	94.5	94.6	94.8	94.8
2008	94.9	--	--	--

Explanatory Note

The most recent positive customer satisfaction rating of 94.8% viewed against high performance throughout FY2005 through FY2007 indicates that a similarly high rating can be attained in FY 2008. The 2.1% difference between 94.9 and the 97% falls within standard survey margins of error.

Department of Health Professions (223)

Service Area

Technical Assistance to Regulatory Boards

Objective

To periodically renew the licenses for individual and entities who wish to remain eligible to practice in the Commonwealth.

Measure #17

Percent of healthcare practitioner licenses renewed

Key Measure

Measure Type

Preferred Trend

Output

Maintain

Measure Methodology

This measure is calculated by totaling the number of licenses renewed (using fee payment date as a parameter) and the number of licenses that expired during the same period, then dividing the number of renewals by the total to get the percentage renewed. All data is gathered electronically.

Measure Baseline

Value

83.35

Date

6/30/2005

Description

83.35% of healthcare practitioner licenses were renewed in FY 2005

Measure Target

Value

80

Date

6/30/2008

Description

Maintain a renewal rate of 80% through FY 2008

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2003	--	--	92.0	84.2
2004	84.3	82.8	86.7	83.5
2005	85.8	86.1	85.2	84.3
2006	76.1	83.1	84.6	78.7
2007	82.4	84.0	85.8	82.2
2008	80.4	--	--	--

Explanatory Note

Department of Health Professions (223)

Service Area

Technical Assistance to Regulatory Boards

Objective

To periodically renew the licenses for individual and entities who wish to remain eligible to practice in the Commonwealth.

Measure #18

Percent of healthcare practitioner licenses renewed online

Key Measure

Measure Type

Preferred Trend

Output

Maintain

Measure Methodology

The count of online renewals is done electronically and compared against the total number renewed licenses to get the percentage.

Measure Baseline

Value

74

Date

6/30/2005

Description

74% of all license types renewed online as of June 30, 2005

Measure Target

Value

80

Date

6/30/2008

Description

Maintain an online renewal rate of 80% for all license types through FY 2008

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2004	--	--	30	57
2005	78	78	70	73
2006	78	81	82	84
2007	85	85	92	89
2008	89	--	--	--

Explanatory Note

Department of Health Professions (223)

Service Area

Technical Assistance to Regulatory Boards

Objective

To detect, receive, evaluate and investigate allegations of misconduct.

Measure #19

We will investigate and process cases relating to patient care within 250 days

Key Measure

X

Measure Type

Output

Preferred Trend

Up

Measure Methodology

Allegations are counted as they are logged into the computer system and counts are retrieved using date parameters

Measure Baseline

Value

65

Date

6/30/2006

Description

In FY 2006, 65% of complaints related to patient care were resolved within 250 days (total case count of 2,941)

Measure Target

Value

90

Date

6/30/2009

Description

Resolve 90% of complaints related to patient care within 250 days by the end of FY 2009

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2006	66	64	64	58
2007	55	57	60	55
2008	52	--	--	--

Explanatory Note

In initiating efforts to meet this measure DHP has placed greater emphasis on resolving older cases. Updated disciplinary data reflects business days and accounts for factors beyond the agency's control, offices closed on weekends and holidays, when neither agency workforce nor witnesses are available. To address the long-term goal of resolving patient care cases within established guidelines, more resources have been directed to resolving the most serious patient care issues and to resolving a backlog of older cases. Additionally, throughout FY 2007, the proportion of closed patient care cases exceeded closed non-patient care cases for the first time in two years. Patient care cases are more complex and take more time to investigate. Because of this greater complexity, the larger proportion of patient care cases has resulted in a heavier workload.

Department of Health Professions (223)

Service Area

Technical Assistance to Regulatory Boards

Objective

To detect, receive, evaluate and investigate allegations of misconduct.

Measure #20

Number of allegations that are detected, investigated and reported to health regulatory boards.

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

Allegations are counted as they are logged into the computer system and counts are retrieved using date parameters.

Measure Baseline

Value

2,310

Date

6/30/2005

Description

1,155 cases were opened in the last quarter of FY 2005

Measure Target

Value

2,540

Date

6/30/2008

Description

1,270 cases by the last quarter of FY 2008

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2003	1,042	809	883	948
2004	920	2,004	1,196	1,063
2005	1,423	1,122	1,266	1,155
2006	1,214	1,225	1,498	1,258
2007	1,221	1,117	1,190	1,173
2008	1,103	--	--	--

Explanatory Note

The chief source of allegations of misconduct are received from sources external to the agency, primarily consumer complaints.

Department of Health Professions (223)

Service Area

Technical Assistance to Regulatory Boards

Objective

To detect, receive, evaluate and investigate allegations of misconduct.

Measure #21

Percent of cases that meet agency standards for case resolution, resulting in a decrease in case completion time

Key Measure

Measure Type

Output

Preferred Trend

Up

Measure Methodology

The number of days to process and close a case is tracked electronically, and each case is compared to a pre-determined timeframe for completion after it closes. The percentage is calculated using the number of cases that closed within the desired timeframe.

Measure Baseline

Value

56.7

Date

6/30/2005

Description

56.7% of cases will meet agency standards by the last quarter of FY 2008

Measure Target

Value

65.0

Date

6/30/2008

Description

65% of cases met agency standards in the last quarter of FY 2005

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2003	51.80	48.00	43.20	41.20
2004	40.40	42.70	59.00	58.50
2005	56.30	56.30	58.10	56.70
2006	52.60	48.50	48.20	45.90
2007	46.70	39.90	44.10	33.57
2008	36.10	--	--	--

Explanatory Note

A greater proportion of older cases were resolved during this timeframe.

Department of Health Professions (223)

Service Area

Technical Assistance to Regulatory Boards

Objective

To adjudicate and impose appropriate findings and conclusions and impose sanctions when there is sufficient evidence that practitioners have engaged in conduct which violates law or regulation governing their practice.

Measure #22

Number of cases in which a written agreement or order is entered imposing a public finding.

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

All cases with written agreements are entered into the computer system electronically and the count is calculated by using by using date parameters for the date the case was closed.

Measure Baseline

Value

1,326

Date

6/30/2005

Description

1,326 cases in FY 2005

Measure Target

Value

1,456

Date

6/30/2008

Description

1,459 cases by FY 2008

Measure Data

Year	First Half	Second Half		
2006	707	887		
2007	650	728		
2008	--	--		

Explanatory Note

For FY2007, to address findings of misconduct a larger than predicted percentage of cases were resolved with confidential consent agreements rather than public orders. Therefore, we are considering modifying the target and baseline accordingly.

Department of Health Professions (223)

Service Area

Technical Assistance to Regulatory Boards

Objective

To adjudicate and impose appropriate findings and conclusions and impose sanctions when there is sufficient evidence that practitioners have engaged in conduct which violates law or regulation governing their practice.

Measure #23

Percent of resolved cases in which a proceeding is required that comply with agency standards

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

The number of days to process and close a case is tracked electronically and each case is compared to a predetermined timeframe for completion after it closes. The number of cases that comply with that timeframe are compared to total cases closed within the same processing class to determine the percentage that were closed within the standard.

Measure Baseline

Value

43.34

Date

6/30/2006

Description

43.34% of cases met standards in the last quarter of FY 2005

Measure Target

Value

54

Date

6/30/2008

Description

54% of cases will meet standards by the last quarter of FY 2008

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2006	52.5	49.7	53.3	43.3
2007	47.5	40.2	53.0	50.8
2008	48.8	--	--	--

Explanatory Note

Efforts are on target to meet the goal by the last quarter of FY 2008. One of the primary aims this year has been to resolve a backlog of older cases.

Department of Health Professions (223)

Service Area

Technical Assistance to Regulatory Boards

Objective

To provide information to practitioners, clients and patients to promote access to and compliance by providers.

Measure #24

Number of solicited reports from the Prescription Monitoring Program for prescribers

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

Derived from an electronically gathered count of reports produced, defined by a date parameter.

Measure Baseline

Value

1,791

Date

6/30/2005

Description

1,791 reports were solicited for FY 2005

Measure Target

Value

2,150

Date

6/30/2008

Description

2,150 reports will be solicited by FY 2008

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2006	515	455	740	836
2007	1,803	2,954	4,429	4,722
2008	5,520	--	--	--

Explanatory Note

Department of Health Professions (223)

Service Area

Technical Assistance to Regulatory Boards

Objective

To provide information to practitioners, clients and patients to promote access to and compliance by providers.

Measure #25

Number of visits to DHP web sites

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

Results come from "Webtrends Composite Report."

Measure Baseline

Value

612,000

Date

6/30/2005

Description

2,448,018 visits in FY 2005

Measure Target

Value

850,000

Date

6/30/2008

Description

3,400,000 visits by FY 2008

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2003	373,829	408,578	429,520	441,351
2004	461,748	461,857	559,556	549,233
2005	600,161	546,790	624,010	675,512
2006	722,252	674,062	825,544	820,773
2007	838,889	801,103	888,935	929,411
2008	921,573	--	--	--

Explanatory Note

With a total of over 3,400,000 visits in FY2007, we have already exceeded our FY2008 target and anticipate continued growth

Department of Health Professions (223)

Service Area

Technical Assistance to Regulatory Boards

Objective

To provide data collection capacity for healthcare workforce planning purposes to help meet the healthcare needs of the Commonwealth

Measure #26

Percent of relevant health workforce information collected from targeted professions who renew their licenses on-line

Key Measure

Measure Type

Output

Preferred Trend

Maintain

Measure Methodology

Online survey in conjunction with online renewals, counted electronically, and compared against the total number of licenses renewed online to get the percentage. The availability of data is based on the renewal cycle of targeted professions. For example: nurses renew on a rolling monthly basis bi-annually; others such as physicians all renew bi-annually in the same month of the year.

Measure Baseline

Value

60

Date

6/30/2005

Description

60% in FY 2005

Measure Target

Value

60

Date

6/30/2008

Description

Maintain a collection rate of 60% through FY 2008

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2004	--	--	0	0
2005	63	60	66	60
2006	59	40	67	67
2007	67	74	77	79
2008	76	--	--	--

Explanatory Note

Department of Rehabilitative Services (262)

Service Area

Vocational Rehabilitation Services

Objective

To assist eligible individuals with disabilities to become employed and maintain employment that is consistent with individual interests, abilities and informed choice.

Measure #1

DRS will work to ensure that 58% of vocational rehabilitation consumers achieve their employment goals and work satisfactorily for at least 90 days upon completion of their programs.

Key Measure	Measure Type	Preferred Trend
X	Outcome	Up

Measure Methodology

The source of this measure is data recorded in the Virginia Rehabilitation Information System (the VR administrative database). The calculation is: of all of the vocational rehabilitation consumers whose cases were closed after receiving services under an Individualized Plan for Employment, the percentage who achieved an employment outcome. This is reported on the Federal Fiscal Year to the Federal Rehabilitation Services Administration (RSA). However, for VA Performs, data are reported on the State Fiscal Year.

Measure Baseline

Value	Date	Description
53.4	6/30/2005	53.4% at year end State Fiscal Year 2005

Measure Target

Value	Date	Description
58.0	6/30/2009	58% by State Fiscal Year 2009

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2003	--	--	--	51.3
2004	--	--	--	51.4
2005	--	--	--	53.4
2006	--	--	--	54.6
2007	59.8	60.8	57.8	64.8
2008	54.5	--	--	--

Explanatory Note

Data are reported on a state fiscal year July 1 through June 30 from the Caseload Management Report SCCBR580D. Q4 data are year end data.

Department of Rehabilitative Services (262)

Service Area

Vocational Rehabilitation Services

Objective

To assist eligible individuals with disabilities to become employed and maintain employment that is consistent with individual interests, abilities and informed choice.

Measure #2

Average hourly wage of vocational rehabilitation consumers employed at the time of their case closure.

Key Measure	Measure Type	Preferred Trend
	Outcome	Maintain

Measure Methodology

The source of this measure is the most recent data recorded in the Virginia Rehabilitation Information System (the VR administrative database). For each individual with an employment outcome who exited the VR program during federal fiscal year 2006-2007, divide earnings in the week before closure by the number of hours worked in the week before closure to obtain the hourly wage for each individual. Then, sum the hourly wages and divide the sum by the total number of individuals. Because this measure is reported for Federal Fiscal Year 2006-2007, the periods listed on the table template below are not the correct months. For example, Q1 for the Federal Fiscal Year covers October, November and December. Q2 for the Federal Fiscal Year covers January, February and March. Q3 for the Federal Fiscal Year covers April, May and June. The next available data, Q4, will not be available until November, 2007.

Measure Baseline

Value	Date	Description
9.02	9/30/2005	\$9.02 is the average hourly wage for the past three years.

Measure Target

Value	Date	Description
9.02	9/30/2007	\$9.02 average hourly wage

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2002	--	--	--	8.69
2003	--	--	--	8.92
2004	--	--	--	9.04
2005	--	--	--	9.17
2006	8.88	8.94	9.22	9.21
2007	9.28	9.43	9.16	10.17
2008	--	--	--	--

Explanatory Note

Data are reported on a Federal Fiscal Year basis (October 1 through September 30). Data are based on consumers who closed in Status 26, were competitively employed, and earned at least the minimum wage (\$5.15). The measures for FFY 2002 - 2004 are based on the official Rehabilitation Services Administration (RSA) Standards and Indicators data (911). FFY 2005 data are based on RSA 911 data but are pending RSA verification. FFY 2006 data are preliminary and based on VRIS data file as of October 4, 2006. Quarterly data are not cumulative. Fourth quarter data are annual year end data. Preliminary first quarter FFY 2007 data represent October, November and December 2006. The second quarter of Federal Fiscal Year 2007 includes January, February and March 2007. The first quarter of Federal Fiscal Year 2008 (Oct-Dec) will be reported in early January, 2008.

Department of Rehabilitative Services (262)

Service Area

Vocational Rehabilitation Services

Objective

To assist eligible individuals with disabilities to become employed and maintain employment that is consistent with individual interests, abilities and informed choice.

Measure #3

Vocational rehabilitation consumer satisfaction survey overall satisfaction rate.

Key Measure	Measure Type	Preferred Trend
	Outcome	Maintain

Measure Methodology

This measure is calculated using the most recent information from satisfaction survey responses from a random sample of VR consumers who exited the VR program during Federal Fiscal Year 2006-2007. The sample includes both consumers whose cases were closed as successfully rehabilitated (employment outcome) and those whose cases are closed without a successful rehabilitation (no employment outcome). This measures the percent of vocational rehabilitation consumers satisfied or very satisfied with their overall vocational rehabilitation experience. Because this measure is reported on Federal Fiscal Year 2006-2007, the periods listed on the table template below are not the correct months. For example, Q1 for the Federal Fiscal Year covers October, November and December. Q2 for the Federal Fiscal Year covers January, February and March. Q3 for the Federal Fiscal covers April, May and June. The next available data, Q4 will not be updated until November, 2007.

Measure Baseline

Value	Date	Description
82	9/30/2005	82% average for the past three Federal Fiscal Years.

Measure Target

Value	Date	Description
82	9/30/2007	82%

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2003	82.9	82.6	77.6	81.0
2004	85.0	84.5	76.8	83.3
2005	80.0	77.4	86.9	81.1
2006	85.1	84.6	81.8	82.0
2007	80.5	78.3	83.7	77.8
2008	--	--	--	--

Explanatory Note

Data are based on the federal fiscal year (October 1 through September 30). The data represent consumers exiting the program during the year. Data sources for FFY 2003 and 2004 are data files received from the contractor who collected the data (mail and telephone surveys). The data sources for FFY 2005 thru 2007 are in-house cumulative data files. Quarterly data will be reported two months after the end of each federal fiscal year quarter to allow time for consumers to return surveys. For example, data for the first quarter FFY 2007 (which is October, November and December 2006) was reported at the end of February 2007. Data for the second quarter FFY (which is January, February and March 2007) was reported at the end of May 2007. FFY 2007 quarterly numbers are preliminary and may change since data are still being collected. FFY 2006 data for quarters 1-3 have been revised to be final. Quarterly data are not cumulative. Fourth quarter data are annual year end data. The first quarter of Federal Fiscal Year 2008 (Oct-Dec) will be reported in early January.

Department of Rehabilitative Services (262)

Service Area

Vocational Rehabilitation Services

Objective

Provide ongoing supports to persons with significant disabilities who need these supports to maintain employment following their VR case closure.

Measure #4

Number of workers with disabilities served through follow along services.

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

The data source is an internal agency database used to capture vendor payment. The calculation is the sum of the number of consumers served during the fiscal year June 1 through May 31.

Measure Baseline

Value

2,831

Date

5/31/2005

Description

2,831 consumers were served through long term supports in Fiscal Year 2005

Measure Target

Value

3,325

Date

5/31/2008

Description

3,325 consumers will be served through long term supports in Fiscal Year 2007-2008

Measure Data

Year	Annual Measure			
2003	2,524			
2004	2,724			
2005	2,831			
2006	2,878			
2007	3,091			
2008	--			

Explanatory Note

Data for these programs are based on the 12-month period June 1 through May 31.

Department of Rehabilitative Services (262)

Service Area

Vocational Rehabilitation Services

Objective

Acquire external funds to expand vocational rehabilitation services for Virginians with disabilities.

Measure #5

Amount of external grant funding acquired.

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

GSP Division maintains a database of funding proposals for which the Division has served as lead or as a major partner. This database includes information on the dates and amounts of funding awards to Virginia. The total amount of new funding that results from these funding proposals each year will be used as the basis for the calculation.

Measure Baseline

Value

1,500,000

Date

12/21/2004

Description

External funding proposals resulted in the acquisition of \$1.5 million in additional resources to the Commonwealth in calendar year 2004

Measure Target

Value

1,500,000

Date

12/21/2007

Description

\$1.5 million per year

Measure Data

Year	Annual Measure			
2003	2,361,359			
2004	2,609,425			
2005	3,155,117			
2006	2,290,081			
2007	2,455,349			
2008	--			

Explanatory Note

Data are reported on a calendar year basis (January through December). The figures represent funding solicitations in which DRS has been the lead or a major partner. Data for calendar year 2007 will be reported end of January 2008.

Department of Rehabilitative Services (262)

Service Area

Community Rehabilitation Programs

Objective

To provide an array of specialized, community based programs and services that support independent living, employment, and rehabilitation needs of Virginians with significant disabilities who may need long-term services.

Measure #6

Number of consumers served

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

Reports of the total number of consumers served through the various Community Rehabilitation Programs. Various databases include the Community Services Case Management System; the Brain Injury Services Programs Scorecard; and the Virginia Central Registry for Brain Injury and Spinal Cord Injury.

Measure Baseline

Value

33,292

Date

6/30/2005

Description

In State Fiscal Year 2005, 33,292 consumers were served in Brain Injury/Spinal Cord Injury Services, Community Rehabilitation Case Management, Independent Living, Personal Assistance, Consumer Services Fund and Rehabilitation Services Incentive Fund

Measure Target

Value

29,806

Date

6/30/2007

Description

29,609 to be served in SFY 2006 due to conclusion of the Traumatic Brain Injury Act Grant; 29,806 in SFY 07 due to additional funding in Governor's budget for services in Southwest Virginia.

Measure Data

Year	Annual Measure			
2003	20,763			
2004	25,103			
2005	33,292			
2006	32,411			
2007	38,692			
2008	--			

Explanatory Note

2007 results are being calculated and will be posted by August 24, 2007.

Department of Rehabilitative Services (262)

Service Area

Social Security Disability Determination

Objective

Provide accurate disability decisions for Title II, Title XVI and Title XIX disability claims.

Measure #7

Maintain accurate disability decisions for Virginians with disabilities who apply for disability benefits.

Key Measure**Measure Type****Preferred Trend**

Output

Maintain

Measure Methodology

This measure is calculated using the most recent information from DDS' Quality Assurance Branch and is calculated on the Federal Fiscal Year, which runs from October 1 - September 30. The first quarter of Federal Fiscal Year 2008 will be reported in early January, 2008.

Measure Baseline**Value**

97.3

Date

9/30/2005

Description

97.3% average accuracy for the last three Federal Fiscal Years.

Measure Target**Value**

97.3

Date

9/30/2007

Description

97.3% accuracy.

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2003	97.7	97.3	97.6	96.6
2004	96.1	96.9	97.2	97.1
2005	96.8	97.3	98.4	98.4
2006	96.9	97.0	97.0	96.8
2007	98.0	98.9	97.6	96.6
2008	--	--	--	--

Explanatory Note

Beginning in 2007, data is being reported to coincide with the Federal Fiscal Year quarters. So, the first quarter of the 2008 Federal Fiscal Year is Oct-Dec.

Department of Rehabilitative Services (262)

Service Area

Administrative and Support Services

Objective

To have efficient and effective administrative and support services.

Measure #8

Percent of administrative objectives achieved.

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

The source is the Agency Performance Management Scorecard on the VaPerforms website. Calculation is the percentage of grouped categories of performance measures where DRS achieves a 'meets expectations' rating.

Measure Baseline

Value

Date

Description

81

6/30/2005

81% for State Fiscal Year 2005.

Measure Target

Value

Date

Description

81

6/30/2007

81% for State Fiscal Year 2007.

Measure Data

Year	Annual Measure			
2004	83			
2005	86			
2006	50			
2007	83			
2008	--			

Explanatory Note

Changes in the rating criteria for the 2006 Scorecard are reflected in the percentage of measure categories (Human Resource Management, Government Procurement, Financial Management, Technology, Performance Management, and Environmental & Historic Resource Stewardship) that achieved a 'meets expectations' (green light) rating.

Virginia Rehabilitation Center for the Blind (263)

Service Area

Social and Personal Adjustment to Blindness Training

Objective

Increase Independent Living Skills of the Blind

Measure #1

Participant performance comparison at entry and completion of VRCBVI training program.

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

Students' performance levels in core areas are recorded during their first week of evaluation and charted on a Performance Data Summary Form. At the end of training, levels are again recorded, charted, and compared with the initial level. The number of students who have increased their level of independent functioning in the core areas of blindness skills at the end of their training will be divided by the total number of students who have exited the program for that FY to calculate a ratio.

Measure Baseline

Value

81

Date

6/30/2006

Description

81% for FY 2006

Measure Target

Value

85

Date

6/30/2007

Description

85% for FY 2007

Measure Data

Year	Annual Measure			
2006	81			
2007	88			
2008	--			

Explanatory Note

Virginia Rehabilitation Center for the Blind (263)

Service Area

Administrative and Support Services

Objective

Promote and support efficient and effective Center operations and customer service delivery

Measure #2

Findings by the Auditor of Public Accounts

Key Measure

Measure Type

Preferred Trend

Output

Maintain

Measure Methodology

No material audit findings in the Auditor of Public Accounts audit report issued on agency operations.

Measure Baseline

Value

Date

Description

0

6/30/2006

Based on Fiscal Year 04 Audit

Measure Target

Value

Date

Description

0

6/30/2007

No material audit point findings

Measure Data

Year	Annual Measure			
2004	0			
2005	0			
2006	0			
2007	0			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Agency

Objective

Increase immunization rates of children at two years of age

Measure #1

90% of two-year old children in Virginia will be appropriately immunized

Key Measure	Measure Type	Preferred Trend
X	Outcome	Up

Measure Methodology

Centers for Disease Control and Prevention - National Immunization Survey

Measure Baseline

Value	Date	Description
84	6/30/2004	Percent of children

Measure Target

Value	Date	Description
90	6/30/2009	Percent of children

Measure Data

Year	Annual Measure			
2000	71.3			
2001	79.1			
2002	67.0			
2003	80.9			
2004	81.0			
2005	85.8			
2006	80.7			
2007	--			
2008	--			

Explanatory Note

The most current available data is for FY06 due to a time lag in receipt of the data from CDC. Percentages reported for 2004 and 2005 represent calendar year data as fiscal year data for those years is not available.

Department of Health (601)

Service Area

Agency

Objective

Reduce the prevalence of obesity in Virginia

Measure #2

The percentage of adults in Virginia who are obese will decrease 15%

Key Measure

X

Measure Type

Outcome

Preferred Trend

Down

Measure Methodology

U.S. Centers for Disease Prevention and Control, Behavioral Risk Factor Surveillance System

Measure Baseline

Value

25.1

Date

12/31/2005

Description

Percent based on calendar year.

Measure Target

Value

20.5

Date

6/30/2009

Description

Maximum of 20.5%

Measure Data

Year	Annual Measure			
1999	19.3			
2000	18.2			
2001	20.9			
2002	23.7			
2003	21.7			
2004	23.1			
2005	25.1			
2006	25.1			
2007	--			
2008	--			

Explanatory Note

There is a one year lag in the reporting of data. Baseline has been revised to correct an earlier error.

Department of Health (601)

Service Area

Agency

Objective

Reduce the prevalence of smoking among Virginians

Measure #3

The percentage of adults who smoke will decrease 8%, and the percentage of youth who smoke will decrease 6%

Key Measure

X

Measure Type

Outcome

Preferred Trend

Down

Measure Methodology

U.S. Centers for Disease Prevention and Control, Behavioral Risk Factor Surveillance System; Youth Tobacco Survey

Measure Baseline

Value

20.8

Date

6/30/2004

Description

20.8 % of adults over age 18, and 15.5 % of middle and high-school age students, as of 2004

Measure Target

Value

19

Date

6/30/2008

Description

19% of adults (8% reduction), and 14.5 % of middle and high-school age students (6% reduction), by end of FY08

Measure Data

Year	Annual Measure			
1999	21.4			
2000	21.4			
2001	22.5			
2002	24.6			
2003	21.9			
2004	20.8			
2005	20.6			
2006	19.3			
2007	--			
2008	--			

Explanatory Note

There is a one year lag in the reporting of data. The data reported is for the percent of adults over the age of 18. In the future, VDH intends to split this measure into two measures, one for adults over age 18 and one for middle and high-school age students.

Department of Health (601)

Service Area

Agency

Objective

Reduce teenage pregnancy rates in targeted areas

Measure #4

Teenage pregnancy rates will decrease in seven local health districts

Key Measure

X

Measure Type

Outcome

Preferred Trend

Down

Measure Methodology

VDH Center for Health Statistics. Total pregnancies defined as the sum of live births, induced terminations of pregnancy, and natural fetal deaths expressed as a rate per 1000 population). There is a two year lag in this data. Data for 2006 will not be available until 2008. All target measure values represent a 2% decrease from the baseline, with the exception of Norfolk whose target measure value represents a 1% reduction.

Measure Baseline

Value

0

Date

12/31/2004

Description

During 2004: Alexandria - 43.6/1000; Crater - 40.7/1000; Eastern Shore - 36.3/1000; Norfolk - 52.2/1000; Portsmouth - 53.4/1000; Richmond - 75.9/1000; Roanoke - 39.4/1000.

Measure Target

Value

0

Date

6/30/2008

Description

During 2006 with results reported in 2008: Alexandria - 42.7/1000; Crater - 39.9/1000; Eastern Shore - 35.6/1000; Norfolk - 51.5/1000; Portsmouth - 52.3/1000; Richmond - 74.4/1000; Roanoke - 38.6/1000

Measure Data

Year	Annual Measure			
2004	--			
2005	--			
2006	--			
2007	--			
2008	--			

Explanatory Note

There is a two year lag in the reporting of data. 2004 data is: Alexandria - 43.6/1000; Crater - 40.7/1000; Eastern Shore - 36.3/1000; Norfolk - 52.2/1000; Portsmouth - 53.4/1000; Richmond - 75.9/1000; Roanoke - 39.4/1000. For the 2008-2010 biennium, this measure is being revised to be a statewide measure rather than targeting seven local health districts.

Department of Health (601)

Service Area

Agency

Objective

Reduce infant mortality

Measure #5

The infant mortality rate in Virginia will decrease five percent

Key Measure

X

Measure Type

Outcome

Preferred Trend

Down

Measure Methodology

VDH Center for Health Statistics. There is a two year lag in this data. Data for 2004 became available in 2006. Data for 2006 will not be available until 2008. The 2008 target will reflect deaths occurring during 2006.

Measure Baseline

Value

7.4

Date

12/31/2004

Description

Number of deaths per 1,000 live births

Measure Target

Value

7

Date

6/30/2009

Description

Number of deaths per 1,000 live births

Measure Data

Year Annual Measure

Year	Annual Measure			
2004	7.4			
2005	7.4			
2006	--			
2007	--			
2008	--			

Explanatory Note

There is a two year lag in the reporting of data.

Department of Health (601)

Service Area

Scholarships

Objective

Increase access to primary health, oral health, and mental health care services in underserved areas of the Commonwealth.

Measure #6

Number of signed contracts that obligate a dental student or dentist to serve in an area of need for one year.

Key Measure	Measure Type	Preferred Trend
	Output	Up

Measure Methodology

This measure is calculated based on the number of students at VCU School of Dentistry who entered into a contract with VDH to serve in a dental area of need upon graduation. Because the funding for this program will increase substantially in FY06, the target is increased accordingly as additional funding will enable implementation of the dentist loan repayment program.

Measure Baseline

Value	Date	Description
14	6/30/2006	Number of contracts for dentists and dental students

Measure Target

Value	Date	Description
20	6/30/2008	Number of contracts for dentists and dental students

Measure Data

Year	Annual Measure			
2000	1			
2001	5			
2002	2			
2003	3			
2004	16			
2005	7			
2006	14			
2007	18			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Scholarships

Objective

Increase access to primary health, oral health, and mental health care services in underserved areas of the Commonwealth.

Measure #7

Number of physicians, physician assistants, and nurse practitioners in underserved areas that received assistance through VDH administered scholarship and loan repayment programs.

Key Measure	Measure Type	Preferred Trend
	Output	Maintain

Measure Methodology

This measure is calculated based on the funding available after contract renewals for current participants are made and the number of scholarship and/or loan repayment applications received.

Measure Baseline

Value	Date	Description
50	6/30/2005	Number of practitioners

Measure Target

Value	Date	Description
50	6/30/2008	Number of practitioners

Measure Data

Year	Annual Measure			
2005	50			
2006	49			
2007	36			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Financial Assistance for Non Profit Emergency Medical Services Organizations and Localities

Objective

Provide Financial Assistance for Emergency Medical Services

Measure #8

Financial Assistance Provided for Emergency Medical Services in Compliance with Statutory Requirements

Key Measure

Measure Type

Preferred Trend

Input

Maintain

Measure Methodology

Return to Locality funds are based upon the registration of motor vehicles within a given locality. A percentage (25 percent), as defined in Code, is then distributed back to the locality. VAVRS funding (2.5 percent) is as defined in Code and is distributed quarterly. The measure for RSAF is calculated based upon the amount of funding (31.75 percent) available as defined in Code. Grants are awarded based upon criteria established in regulations.

Measure Baseline

Value

100

Date

6/30/2006

Description

Percent

Measure Target

Value

100

Date

6/30/2008

Description

Percent

Measure Data

Year	Annual Measure			
2006	100			
2007	100			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

State Office of Emergency Medical Services

Objective

Provide education and training curricula standards and certification requirements for Emergency Medical Services Personnel and Emergency Medical Services Physicians

Measure #9

Number of accredited training programs

Key Measure	Measure Type	Preferred Trend
	Output	Up

Measure Methodology

Data maintained through the Virginia Office of EMS in the course enrollment and certification database.

Measure Baseline

Value	Date	Description
17	7/1/2005	Number of accredited EMS training programs at the Advanced Life Support Training (intermediate and paramedic) level and 0 accredited training programs at the EMT Basic Life Support and Enhanced training levels.

Measure Target

Value	Date	Description
22	6/30/2008	Number of accreditation program at the Emergency Medical Technician Basic Life Support and Enhanced Training levels with a minimum of one accredited site in each of the 11 Regional EMS Council service areas (minimum of 11 accredited programs).

Measure Data

Year	Annual Measure			
2004	11			
2005	17			
2006	22			
2007	26			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

State Office of Emergency Medical Services

Objective

Establish Regulations and Monitor Compliance of Emergency Medical Services Agencies and Personnel

Measure #10

Percent Compliance of Emergency Medical Services Agencies with Established Regulations

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

VDH regulations govern EMS agency licensure, vehicle classifications, EMS Personnel requirements, EMS Education and certification, EMS Physicians, Regional EMS Councils, and financial assistance. Data maintained by OEMS in its regulation and compliance database. The percentage rate is obtained from the number of violations reported compared to the number of inspections and investigations completed during the reporting cycle.

Measure Baseline

Value

91.7

Date

6/30/2004

Description

Percent for regulatory compliance rate for all EMS agencies.

Measure Target

Value

95

Date

6/30/2008

Description

Percent for compliance rate by licensed EMS agencies and personnel..

Measure Data

Year	Annual Measure			
2004	91.7			
2005	92.4			
2006	94.0			
2007	87.7			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

State Office of Emergency Medical Services

Objective

Provide planning, coordination and evaluation of acute patient care delivery services between EMS agencies and hospitals.

Measure #11

Compliance with Patient Care Data Reporting requirements

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

Data maintained through the Virginia Office of EMS Emergency Medical Services Patient Care Information System which includes the Virginia Statewide Trauma Registry and the Prehospital Patient Care Reporting Program

Measure Baseline

Value

80

Date

6/20/2006

Description

Percent for compliance rate by hospitals (80%) and from EMS agencies (70%) required to report patient care data.

Measure Target

Value

100

Date

6/30/2008

Description

Percent for hospital compliance rate by end of FY07, and percent for EMS agency compliance rate by end of FY08.

Measure Data

Year	Annual Measure			
2006	100			
2007	99			
2008	--			

Explanatory Note

For data entry, data reflects data for hospitals. As of 6/30/06, EMS agency compliance rate is 89%. As of 6/30/07, EMS agency compliance rate is 84%. In the future, VDH intends to split this measure into two measures, one for hospitals and one for EMS agencies.

Department of Health (601)

Service Area

State Office of Emergency Medical Services

Objective

Provide Emergency Operations, Training and Response

Measure #12

Number of EMS personnel trained in Mass Casualty Incident Response

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

Data maintained through the VDH Office of EMS in the course enrollment and certification database.

Measure Baseline

Value

5,300

Date

7/1/2004

Description

Number trained

Measure Target

Value

7,300

Date

6/30/2008

Description

Number trained

Measure Data

Year	Annual Measure			
2004	5,300			
2005	5,459			
2006	6,059			
2007	7,194			
2008	--			

Explanatory Note

Data shows a cumulative number of new personnel trained over time. The target is to train an additional 1,000 personnel annually.

Department of Health (601)

Service Area

Regional Emergency Medical Services Councils

Objective

Provide Statewide Regional Planning for Virginia's Emergency Medical Services System

Measure #13

Percent completion of the total number of contracted services within the performance based contract for each Regional EMS Council.

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

By contract with the Virginia Department of Health, each region must submit reports on a quarterly and annual basis that summarizes the progress and completion of the scope of services.

Measure Baseline

Value

88

Date

6/30/2004

Description

Percent for completion rate

Measure Target

Value

95

Date

6/30/2008

Description

Percent for completion rate

Measure Data

Year	Annual Measure			
2004	88			
2005	88			
2006	90			
2007	95			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Anatomical Services

Objective

Increase the number of donor cadavers available to medical schools and research centers in Virginia, in order to provide sufficient anatomical material to properly teach anatomy of the human body.

Measure #14

Number of cadavers provided to Virginia medical schools and research centers.

Key Measure	Measure Type	Preferred Trend
	Output	Up

Measure Methodology

- The data source for this calculation is the numbering system used by the anatomical program each year to number the cadavers to protect their identities.
- This can also be measured by calculating the amount the recipient medical schools and research centers have been billed for cadavers.

Measure Baseline

Value	Date	Description
310	6/30/2005	Number of cadavers

Measure Target

Value	Date	Description
360	6/30/2008	Number of cadavers

Measure Data

Year	Annual Measure			
2005	310			
2006	387			
2007	320			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Medical Examiner Services

Objective

Enhance Virginia's medicolegal death investigation system through increased local medical examiner recruitment.

Measure #15

Number of local medical examiners.

Key Measure

Measure Type

Preferred Trend

Input

Up

Measure Methodology

The data source for this calculation is the Office of the Chief Medical Examiner database that stores information on active local medical examiners appointed to perform death investigation. This can also be measured by counting the files kept on each local medical examiner that is appointed.

Measure Baseline

Value

225

Date

6/30/2005

Description

Number of local medical examiners

Measure Target

Value

275

Date

6/30/2008

Description

Number of local medical examiners

Measure Data

Year	Annual Measure			
2005	225			
2006	246			
2007	250			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Medical Examiner Services

Objective

Improve the quality and quantity of medicolegal death investigation in Virginia by implementing real time 24/7 direct reporting of deaths to district offices.

Measure #16

Number of medicolegal death investigators.

Key Measure	Measure Type	Preferred Trend
	Input	Up

Measure Methodology

Classified position count for this role.

Measure Baseline

Value	Date	Description
8	6/30/2005	Number of medicolegal death investigators

Measure Target

Value	Date	Description
24	6/30/2008	Number of medicolegal death investigators

Measure Data

Year	Annual Measure			
2005	8			
2006	11			
2007	14			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Medical Examiner Services

Objective

Provide Virginia with enhanced medicolegal death investigation through increased training and resources provided to local medical examiners serving in Virginia.

Measure #17

Number of training seminars conducted for local medical examiners that are taught by subject area experts on death investigation.

Key Measure	Measure Type	Preferred Trend
	Output	Up

Measure Methodology

The data source for this calculation is the Office of the Chief Medical Examiner schedule and website that offers the training.

Measure Baseline

Value	Date	Description
1	6/30/2005	Number of training seminars

Measure Target

Value	Date	Description
4	6/30/2008	Number of training seminars

Measure Data

Year	Annual Measure			
2005	1			
2006	2			
2007	2			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Medical Examiner Services

Objective

Produce and promulgate data and results from Medical Examiner case investigations and Fatality Review and Surveillance Teams for policymakers, decision makers, and prevention specialists.

Measure #18

Produce and distribute an Office of the Chief Medical Examiner annual report that lists, sorts and interprets data relating to Medical Examiner deaths that can be used by policy makers and prevention groups.

Key Measure	Measure Type	Preferred Trend
	Output	Maintain

Measure Methodology

Office of the Chief Medical Examiner.

Measure Baseline

Value	Date	Description
1	6/30/2005	Number of reports

Measure Target

Value	Date	Description
1	6/30/2008	Number of reports

Measure Data

Year	Annual Measure			
2005	1			
2006	1			
2007	1			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Medical Examiner Services

Objective

Produce and promulgate data and results from Medical Examiner case investigations and Fatality Review and Surveillance Teams for policymakers, decision makers, and prevention specialists.

Measure #19

Number of Fatality and Mortality Review reports produced.

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

Office of the Chief Medical Examiner

Measure Baseline

Value

2

Date

6/30/2005

Description

Two reports produced for the Child Fatality Review Team with grant funding, and one report produced for the National Violent Death Reporting System project.

Measure Target

Value

4

Date

6/30/2008

Description

One report produced and distributed for each Fatality or Surveillance Review team which would be a total of four different reports during FY07.

Measure Data

Year	Annual Measure			
2005	2			
2006	1			
2007	1			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Medical Examiner Services

Objective

Increase the number of identified decedents by implementing the tracking, entry and retrieval of information on Virginia's unidentified decedents.

Measure #20

Number of identified decedents in the Commonwealth of Virginia.

Key Measure

Measure Type

Preferred Trend

Outcome

Down

Measure Methodology

Unidentified logbook and OCME database.

Measure Baseline

Value

Date

Description

1

6/30/2005

Percent of medical examiner cases remaining unidentified through modern forensic means of identification.

Measure Target

Value

Date

Description

.7

6/30/2008

Percent of medical examiner cases remaining unidentified through modern forensic means of identification.

Measure Data

Year Annual Measure

Year	Annual Measure			
2005	1.0			
2006	1.0			
2007	0.5			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Health Statistics

Objective

Improve the production of accurate, timely, and relevant health statistics

Measure #21

Timeliness of response to data requests

Key Measure

Measure Type

Preferred Trend

Outcome

Down

Measure Methodology

Health statistics management information.

Measure Baseline

Value

Date

Description

48

6/30/2006

Average number of business hours

Measure Target

Value

Date

Description

40

6/30/2008

Average number of business hours

Measure Data

Year	Annual Measure			
2006	48.0			
2007	41.2			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Vital Records

Objective

Decrease time required to respond to a citizen's request for a vital record.

Measure #22

Number of business days required to respond to mailed in requests for a vital record that requires no amendments to the vital record.

Key Measure	Measure Type	Preferred Trend
	Outcome	Down

Measure Methodology

Each request for a vital record is entered into a Correspondence Tacking System (CTS). The data collected from the request consists of the requestor name, identification and address, the registrant name, type of vital record needed, and payment. CTS also allows the collection of the date the request was received and the date the vital record was mailed. A status report is generated to capture all of this information.

Measure Baseline

Value	Date	Description
4	5/31/2006	Average number of days

Measure Target

Value	Date	Description
3	6/30/2008	Average number of days

Measure Data

Year	Annual Measure			
2004	10.0			
2005	5.0			
2006	4.0			
2007	2.4			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Immunization Program

Objective

Achieve and maintain maximum immunization coverage rates in Virginia's children.

Measure #23

Immunization coverage rates of children at school entry.

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

Data are from the VDH Immunization Survey of Kindergarten, Head Start and Day Care programs. The statistical function known as probability proportional to size is used to select assessment sites. This function provides all students, regardless of geographic location, with an equal chance of being selected. Data collected by district health department staff are forwarded to the central office where they are imported into the Clinic Assessment Software Application (CASA). CASA analyzes the data taken from the student immunization records and provides vaccine coverage rates at school entry, retrospectively at 2 years of age and produces a listing of students with medical and religious exemptions to immunization.

Measure Baseline

Value

93.5

Date

6/30/2004

Description

Percent for coverage rate

Measure Target

Value

97

Date

6/30/2008

Description

Percent for coverage rate

Measure Data

Year	Annual Measure		
2000	79.8		
2001	94.5		
2002	93.4		
2003	95.0		
2004	93.5		
2005	94.3		
2006	95.4		
2007	95.5		
2008	--		

Explanatory Note

Department of Health (601)

Service Area

Immunization Program

Objective

Increase the influenza and pneumococcal vaccination coverage rates in adults 65 years of age and older ()

Measure #24

The percentage of adults 65 years of age and older in Virginia who are appropriately immunized against influenza and pneumonia will increase 20% ()

Key Measure	Measure Type	Preferred Trend
X	Outcome	Up

Measure Methodology

Data are taken from the Behavioral Risk Factor Surveillance Survey (BRFSS). BRFSS is a series of telephone interviews with people in all 50 states plus Washington, D.C. and several U.S. Territories. In Virginia, the data are collected and analyzed by the Survey and Evaluation Research Laboratory at Virginia Commonwealth University. Coverage rates are calculated by determining the number and percentage of persons contacted who are 65 + years of age and who have received an influenza vaccination within the previous 12 months.

Measure Baseline

Value	Date	Description
66.8	6/30/2006	Influenza: 66.8%; Pneumococcal: 66.5%

Measure Target

Value	Date	Description
80	6/30/2009	Influenza: 80%; Pneumococcal: 80%

Measure Data

Year	Annual Measure			
2000	65.7			
2001	--			
2002	65.3			
2003	65.3			
2004	69.6			
2005	68.6			
2006	66.8			
2007	69.1			
2008	--			

Explanatory Note

This measure covers both influenza and pneumococcal vaccination rates. For data entry purposes, VDH is reporting the influenza vaccination rate. The pneumococcal vaccination coverage rate for 2000 is 55.2%; 2002, 60.1%; 2003, 60.8%; 2004, 65.2%; 2005, 61.6%, 2006, 66.5%; 2007, 66.8%. Data for 2001 is not available for influenza or pneumococcal vaccination rates because a survey question was not administered that year. In the future, VDH intends to split this measure into two measures, one for the influenza vaccination rate and one for the pneumococcal vaccination rate.

Department of Health (601)

Service Area

Tuberculosis Prevention and Control

Objective

Reduce the occurrence of TB disease among Virginia residents

Measure #25

The proportion of patients who complete an adequate and appropriate course of treatment within 12 months of treatment initiation.

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

Data are collected from patient records that are maintained at the local health department level. A public health nurse case manager is responsible for monitoring the patient until the case is closed. Treatment initiation and completion dates for each patient are entered into a database. The number of days on treatment is calculated to determine if treatment was completed in fewer than 366 days. For some cases, a 12-month regimen is not recommended or not possible (e.g., TB resistant to several medications, patient with side effects from drugs requiring temporary discontinuation of treatment and an alternate treatment regimen). Those cases are excluded when completion rates are calculated.

Measure Baseline

Value

91.7

Date

12/31/2002

Description

Percent of patients

Measure Target

Value

94

Date

6/30/2008

Description

Percent of patients

Measure Data

Year	Annual Measure		
2002	91.7		
2003	89.6		
2004	90.6		
2005	90.3		
2006	--		
2007	--		
2008	--		

Explanatory Note

The percent is calculated on a calendar year to coincide with grant requirements. The calculation is for individuals who started treatment in 2005, the most recent year for which complete data is available. Because of the long length of treatment, treatment often starts in one year and is completed in the following year, preventing our ability to capture more current statistics.

Department of Health (601)

Service Area

Sexually Transmitted Disease Prevention and Control

Objective

Reduce the incidence of Sexually Transmitted Diseases (STD) among Virginia's citizens.

Measure #26

Primary/secondary Syphilis incidence rate

Key Measure

Measure Type

Preferred Trend

Outcome

Down

Measure Methodology

Data is collected from morbidity and interview reports related to each case of reported syphilis. The data is submitted by local health department staff (Health Counselors), as well as Virginia Epidemiology Response Team staff. All related data is entered into the Sexually Transmitted Disease Management Information System (STD*MIS). The disease rates are calculated as the number of cases reported for a given calendar year divided by Virginia's population estimate (U.S. Census Bureau), multiplied by 100,000. The five-year moving average of cases and rates are used as a means of assessing long-term changes in disease trends, while attempting to limit the effects of sudden increases or decreases in morbidity. Data related to HIV co-infection will also be assessed routinely, as ulcerative STDs provide greater opportunity for HIV transmission. At present, approximately 50% of syphilis case reports are co-infected with HIV.

Measure Baseline

Value

1.37

Date

12/31/2004

Description

Number of cases per 100,000 persons on a five-year moving average.

Measure Target

Value

1

Date

6/30/2008

Description

Number of cases per 100,000 persons on a five-year moving average.

Measure Data

Year	Annual Measure			
2004	1.37			
2005	1.39			
2006	1.40			
2007	1.76			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Sexually Transmitted Disease Prevention and Control

Objective

Reduce the incidence of Sexually Transmitted Diseases (STD) among Virginia's citizens.

Measure #27

Gonorrhea incidence rate

Key Measure

Measure Type

Preferred Trend

Outcome

Down

Measure Methodology

Data is collected primarily from morbidity and laboratory reports, although some gonorrhea interview reports are received. The data is submitted by local health department staff (health counselors), as well as Virginia Epidemiology Response Team staff. All related data is entered into the Sexually Transmitted Disease Management Information System. The disease rates are calculated as the number of cases reported for a given calendar year divided by Virginia's population estimate (U.S. Census Bureau), multiplied by 100,000. The five-year moving average of cases and rates are used as a means of assessing long term changes in disease trends, while attempting to limit the effects of sudden increases or decreases in morbidity.

Measure Baseline

Value

135.9

Date

12/31/2004

Description

Number of cases per 100,000 persons on a five-year moving average.

Measure Target

Value

122.6

Date

6/30/2008

Description

Number of cases per 100,000 persons on a five-year moving average.

Measure Data

Year	Annual Measure			
2004	135.90			
2005	129.09			
2006	124.15			
2007	108.58			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Sexually Transmitted Disease Prevention and Control

Objective

Reduce the incidence of Sexually Transmitted Diseases (STD) among Virginia's citizens.

Measure #28

Chlamydia incidence rate

Key Measure

Measure Type

Preferred Trend

Outcome

Down

Measure Methodology

Chlamydia case reports among women are continuing to increase annually as testing technology improves and screening of women expands. Approximately three-fourths of the cases occur among 15 – 24 year olds. Chlamydia data is collected through morbidity and laboratory reports. The data is submitted by local health departments and is entered into Sexually Transmitted Disease Management Information System. In 1999, 40% of all chlamydia screening in Virginia was performed using amplified (more sensitive) testing. In 2004, amplified testing constituted 92% of all tests. All of VDH's family planning clinics will have implemented amplified testing methods by the end of CY2006.

Measure Baseline

Value

7.2

Date

12/31/2005

Description

Percent of chlamydia tests that are positive

Measure Target

Value

7

Date

6/30/2008

Description

Percent of chlamydia tests that are positive

Measure Data

Year	Annual Measure			
2005	7.20			
2006	7.40			
2007	7.88			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Disease Investigation and Control Services

Objective

Provide timely and appropriate coordination of disease investigation and control activities statewide

Measure #29

Number of disease-specific plans and guidance documents developed or updated each year and made available on the agency's internal web site.

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

The medical epidemiologist and a senior epidemiologist maintain logs documenting progress on the development of plans and disease guidance materials. The logs will be reviewed annually to tally progress.

Measure Baseline

Value

Date

Description

18

6/1/2005

As of June 2005, 9 plans were available. A guidebook has been written for communicable diseases of public health threat. Guidance documents have been written for 6 Category A agents and 2 Category B agents.

Measure Target

Value

Date

Description

14

6/30/2008

Review and revise 4 plans and the guidebook for communicable diseases of public health threat. Create a new plan. Produce guidance documents for 3 additional Category B agents and six chemical agents.

Measure Data

Year	Annual Measure			
2005	18			
2006	16			
2007	24			
2008	--			

Explanatory Note

Annual measures may be lower than baseline because at baseline, a number of plans and guidance materials were already available. Subsequent year measures reflect the number of plans and materials that were updated during the year as well as new documents created. It is not expected that all documents will be revised annually.

Department of Health (601)

Service Area

Disease Investigation and Control Services

Objective

Conduct comprehensive surveillance for communicable diseases of public health significance.

Measure #30

Number of agency staff regularly using the National Electronic Disease Surveillance System (NEDSS) to manage data on the occurrence of reportable diseases.

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

NEDSS users are registered with the Division of Surveillance and Investigation and assigned access privileges to the system. The Division will count the number of users registered, trained, and actively using the system.

Measure Baseline

Value

8

Date

6/1/2005

Description

Number of staff

Measure Target

Value

300

Date

6/30/2008

Description

Number of staff

Measure Data

Year	Annual Measure			
2005	8			
2006	86			
2007	280			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Disease Investigation and Control Services

Objective

Conduct comprehensive surveillance for communicable diseases of public health significance.

Measure #31

Number of healthcare entities submitting data to the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) system daily

Key Measure

Measure Type

Output

Preferred Trend

Up

Measure Methodology

Each day, staff of the Division of Surveillance and Investigation can determine which hospitals and other facilities have submitted data to the system. The Division will count the number of healthcare entities submitting data.

Measure Baseline

Value

15

Date

6/1/2005

Description

Number of healthcare entities

Measure Target

Value

65

Date

6/30/2008

Description

Number of healthcare entities

Measure Data

Year	Annual Measure			
2005	15			
2006	60			
2007	65			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

HIV/AIDS Prevention and Treatment Services

Objective

Decrease new HIV infections among Virginia's citizens.

Measure #32

HIV infection incidence rate

Key Measure

Measure Type

Preferred Trend

Outcome

Down

Measure Methodology

HIV is a reportable disease in Virginia. Reports are received from public health clinics, private providers and laboratories. The Division of HIV, STD, and Pharmacy Services (Division) maintains a database of all reported infections. The rate is determined by taking a three-year average of incidence which is calculated by dividing the number of reported infections by the size of the population and multiplying by 100,000.

Measure Baseline

Value

14.7

Date

12/31/2004

Description

Number of cases per 100,000 persons.

Measure Target

Value

12

Date

6/30/2008

Description

Number of cases per 100,000 persons.

Measure Data

Year	Annual Measure			
2004	14.70			
2005	10.20			
2006	10.09			
2007	11.33			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

HIV/AIDS Prevention and Treatment Services

Objective

Decrease new HIV infections among Virginia's citizens.

Measure #33

Percentage of individuals with newly-diagnosed HIV infection who receive their HIV test results.

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

This measurement is calculated from HIV-1 laboratory slips submitted by public and community-based providers to the Division. Information is recorded in the HIV/AIDS Reporting System database.

Measure Baseline

Value

Date

Description

61

12/31/2004

Percent of individuals

Measure Target

Value

Date

Description

73

6/30/2008

Percent of individuals

Measure Data

Year	Annual Measure			
2004	61			
2005	63			
2006	58			
2007	47			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

HIV/AIDS Prevention and Treatment Services

Objective

Ensure that HIV-infected individuals receive optimal health care services that prolong length and quality of life.

Measure #34

Five-Year HIV Survival Rate

Key Measure

Measure Type

Preferred Trend

Outcome

Maintain

Measure Methodology

Surveillance data attempt to characterize the earliest date of HIV infection. This information is gathered from reports received from public health clinics, private providers and laboratories. The survival percentage is calculated by determining the percent of cases diagnosed each year with HIV who are alive five years after the original diagnosis.

Measure Baseline

Value

93.7

Date

12/31/2004

Description

Five-year survival percentage

Measure Target

Value

93

Date

6/30/2008

Description

Five-year survival percentage

Measure Data

Year	Annual Measure			
2004	93.7			
2005	93.0			
2006	92.6			
2007	94.9			
2008	--			

Explanatory Note

Each year's data represents five year survival rate for HIV diagnoses made 5 years previous to that year.

Department of Health (601)

Service Area

HIV/AIDS Prevention and Treatment Services

Objective

Ensure that HIV-infected individuals receive optimal health care services that prolong length and quality of life.

Measure #35

Percent of HIV-Infected Persons Receiving Optimal Drug Therapy

Key Measure

Measure Type

Preferred Trend

Outcome

Maintain

Measure Methodology

This measure is calculated from client and prescription level data entered into the AIDS Drug Assistance Program database. The percentage is calculated by dividing the number of active clients receiving three or more antiretroviral medications by the total number of active clients receiving any antiretroviral medication in order to determine the percentage.

Measure Baseline

Value

97.7

Date

6/30/2004

Description

Percent

Measure Target

Value

96

Date

6/30/2008

Description

Percent

Measure Data

Year Annual Measure

Year	Annual Measure			
2004	97.7			
2005	98.3			
2006	98.9			
2007	98.9			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Health Research, Planning and Coordination

Objective

Increase access to primary health care services in medically underserved areas of the Commonwealth.

Measure #36

Number of medically underserved counties, census tracts, and minor civil divisions that are newly designated or redesignated as medically underserved areas or health professional shortage areas.

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

This measure is determined by the number of newly designated or redesignated area applications that are approved by the Health Resources and Services Administration.

Measure Baseline

Value

15

Date

5/1/2004

Description

Fifteen areas were newly designated and no areas were redesignated from April 2003 to May 2004

Measure Target

Value

40

Date

6/30/2007

Description

Increase the number of areas newly designated to twenty and the number of areas redesignated to twenty during FY07.

Measure Data

Year	Annual Measure			
2004	15			
2005	26			
2006	51			
2007	64			
2008	--			

Explanatory Note

For data entry purposes, VDH has combined the number of newly designated areas (12) and redesignated areas (39) into a single value (51) for FY06. For FY07, VDH combined the number of newly designated areas (23) and redesignated areas (41) into a single value (64). In its proposed revisions to the service area plan, VDH has deleted this measure and replaced it with a different measure.

Department of Health (601)

Service Area

Regulation of Health Care Facilities

Objective

Improve the quality of life and the quality of health care provided to long-term care residents diagnosed with pressure ulcers, or at risk for acquiring pressure ulcers. ()

Measure #37

The percentage of residents of long term care facilities in Virginia who have pressure ulcers will decrease 5% ()

Key Measure	Measure Type	Preferred Trend
X	Outcome	Down

Measure Methodology

This measure is calculated using data from the federal Centers for Medicare and Medicaid Services (CMS) quality measure information system.

Measure Baseline

Value	Date	Description
10.5	6/30/2005	Percent of residents

Measure Target

Value	Date	Description
9.9	6/30/2008	Percent of residents

Measure Data

Year	Annual Measure			
2005	10.50			
2006	10.50			
2007	10.03			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Certificate of Public Need

Objective

Improve compliance with agreed upon conditions of approval for certificates of public need.

Measure #38

Rate of Compliance with Conditioned Obligations

Key Measure	Measure Type	Preferred Trend
	Outcome	Up

Measure Methodology

Holders of conditioned certificates of public need are required to report compliance with the condition annually. The report form requires reporting of a) gross patient revenue derived from the conditioned service, b) the dollar value of the conditioned obligation based on the gross patient revenue, c) the dollar value (charges) of the care provided in compliance with the condition, d) the dollar value of the shortfall or excess of care provided and the conditioned obligation, and e) contributions made to facilitate the development or operation of primary care services for the underserved. The annual compliance rate is calculated as the number of reports received demonstrating full compliance compared to the number of reports expected based on the database list of indefinitely conditioned certificates of public need.

Measure Baseline

Value	Date	Description
25	6/30/2004	Percentage for compliance

Measure Target

Value	Date	Description
60	6/30/2008	Percentage for compliance

Measure Data

Year	Annual Measure			
2004	25.0			
2005	31.1			
2006	40.4			
2007	56.0			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Certificate of Public Need

Objective

Improve compliance with requirements to make, and report, actual progress on projects authorized with certificates of public need.

Measure #39

Rate of COPN progress reporting

Key Measure	Measure Type	Preferred Trend
	Outcome	Up

Measure Methodology

Annual reports are due, in the form of an extension request, from holders of certificates of public need at least 30 days prior to the expiration date on the certificate or previous extension. Certificates of public need are issued with expiration dates that are 12 months from the date of issuance. Annual extensions are issued in up to 12-month increments from the date of issuance of the certificate, as long as tangible progress is being made, for the longer of the date authorized on the certificate or three years. A request for indefinite extension is required when the project is complete no later than 30 days prior to the expiration date on the certificate or previous extension. The annual reporting rate is calculated as the number of on time annual extension and indefinite extension requests received compared to the number of requests expected based on the database list of outstanding certificates of public need.

Measure Baseline

Value	Date	Description
51	6/30/2005	Percent

Measure Target

Value	Date	Description
65	6/30/2008	Percent

Measure Data

Year	Annual Measure			
2005	51.0			
2006	53.3			
2007	60.0			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Child and Adolescent Health Services

Objective

Identify clinical conditions that, if not detected and treated early, may result in significant morbidity and mortality to infants and children.

Measure #40

Percent of infants born in Virginia who are screened for selected heritable disorders/genetic diseases

Key Measure

Measure Type

Preferred Trend

Outcome

Maintain

Measure Methodology

This measure is calculated using information from the Starlims database, which is a Web-based data system managed by the Department of General Services' Division of Consolidated Laboratory Services. The numerator is the number of infants who were live born in Virginia, residents of Virginia, and screened for selected disorders and genetic diseases during a calendar year. The denominator is the number of infants who were live born in Virginia and residents of Virginia during the same calendar year.

Measure Baseline

Value

99.7

Date

12/31/2004

Description

Percent

Measure Target

Value

100

Date

12/31/2008

Description

Percent

Measure Data

Year	Annual Measure			
2004	99.7			
2005	99.7			
2006	--			
2007	--			
2008	--			

Explanatory Note

There is a two year lag in the reporting of data. Data reported is based on calendar year rather than fiscal year.

Department of Health (601)

Service Area

Child and Adolescent Health Services

Objective

Identify clinical conditions that, if not detected and treated early, may result in significant morbidity and mortality to infants and children.

Measure #41

Percent of newborns who are screened for hearing loss before hospital discharge.

Key Measure	Measure Type	Preferred Trend
<input type="text"/>	Outcome	Up

Measure Methodology

This measure is calculated using information from the Virginia Infant Screening and Infant Tracking System, which is a Web-based integrated database managed by the Division of Child and Adolescent Health. The numerator is the number of newborns who were reported as discharged from a Virginia hospital during a calendar year and received hearing screening before discharge. The denominator is the number of infants who were reported as discharged from a Virginia hospital during the same calendar year.

Measure Baseline

Value	Date	Description
96.2	12/31/2003	Percent

Measure Target

Value	Date	Description
97.5	6/30/2008	Percent

Measure Data

Year	Annual Measure		
1999	37.1		
2000	84.5		
2001	95.1		
2002	97.2		
2003	96.2		
2004	99.7		
2005	97.3		
2006	--		
2007	--		
2008	--		

Explanatory Note

Two year lag in data because this measure is calculated using vital statistics data which has a two year lag in production. Data reported is based on calendar year rather than fiscal year.

Department of Health (601)

Service Area

Child and Adolescent Health Services

Objective

Identify clinical conditions that, if not detected and treated early, may result in significant morbidity and mortality to infants and children.

Measure #42

Percent of Medicaid eligible children under the age of 36 months that test positive for elevated blood lead levels and who are referred to DMAS for follow-up care.

Key Measure	Measure Type	Preferred Trend
<input type="text"/>	Outcome	Up

Measure Methodology

Data are from two databases: DMAS Medicaid eligibles database and LeadTrax (the VDH childhood lead screening database). A data match is performed by providing a list of children tested for lead exposure to DMAS to match for children in their database using child's last name, first name, DOB; the LeadTrax ID number is then used to upload data received by the data match. The numerator is the number of children 0-36 months of age, identified by the data match as tested during the fiscal year. The denominator is the 12-month average of children 0-36 months eligible for Medicaid for the same fiscal year.

Measure Baseline

Value	Date	Description
10	6/30/2005	Percent

Measure Target

Value	Date	Description
15	6/30/2008	Percent

Measure Data

Year	Annual Measure			
2005	10			
2006	16			
2007	15			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Child and Adolescent Health Services

Objective

Link children, adolescents, and families to personal health services and community resources.

Measure #43

Percentage of children served in CSHCN Program who have insurance to pay for the services they need.

Key Measure

Measure Type

Preferred Trend

Outcome

Maintain

Measure Methodology

The data captured will be aggregated across the networks managed by the Children with Special Health Care Needs (CSHCN) Program. The data for Care Coordination for Children (CCC) will come from its database, CCC-SUN; Virginia Bleeding Disorders Program (VBDP) from its database; and Child Development Clinics (CDC) from each clinic's annual report. The numerator is the total number of clients who have or obtain insurance within the fiscal year. The denominator is the total number of clients served during the same fiscal year.

Measure Baseline

Value

94

Date

6/30/2005

Description

Percent

Measure Target

Value

94

Date

6/30/2008

Description

Percent

Measure Data

Year	Annual Measure			
2005	94.0			
2006	93.4			
2007	93.6			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Child and Adolescent Health Services

Objective

Link children, adolescents, and families to personal health services and community resources.

Measure #44

Number of CSHCN receiving care coordination services.

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

The data captured will be aggregated across the networks managed by CSHCN Program. The data for CCC will come from its database, CCC-SUN; VBDP from its database; and CDC from each clinic's annual report.

Measure Baseline

Value

Date

Description

6,779

6/30/2005

Number served

Measure Target

Value

Date

Description

6,800

6/30/2008

Number served

Measure Data

Year	Annual Measure			
2005	6,779			
2006	6,346			
2007	6,808			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Child and Adolescent Health Services

Objective

Link children, adolescents, and families to personal health services and community resources.

Measure #45

Percent of infants diagnosed with a hearing loss who receive early intervention services before six months of age.

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

The numerator is the number of infants who were born in Virginia during a calendar year, were reported with hearing loss, and received early intervention services before 6 months of age. The denominator is the number of infants who were born in Virginia during the same calendar year and reported with hearing loss. There is an eight-month lag in having complete, clean data for the previous calendar year.

Measure Baseline

Value

49.3

Date

12/31/2004

Description

Percent

Measure Target

Value

60

Date

6/30/2008

Description

Percent

Measure Data

Year	Annual Measure			
2004	49.3			
2005	57.6			
2006	--			
2007	--			
2008	--			

Explanatory Note

There is a two year lag in this data because the measure is calculated using vital statistics data which has a two year lag in production. Data reported is based on calendar year rather than fiscal year.

Department of Health (601)

Service Area

Child and Adolescent Health Services

Objective

Link children, adolescents, and families to personal health services and community resources.

Measure #46

Percent of infants identified with a critical result for heritable/genetic disorders and referred for follow up by 6 months of age.

Key Measure

Measure Type

Preferred Trend

Outcome

Maintain

Measure Methodology

This measure is calculated using information from the Starlims database, which is a Web-based data system managed by the Department of General Services' Division of Consolidated Laboratory Services. The numerator is the number of screened infants who were live born in Virginia, identified with a critical result for selected heritable disorders and genetic diseases, and referred for treatment for such conditions by 6 months of age during a calendar year. The denominator is the number of infants who were live born in Virginia and identified with a critical result for selected heritable disorders and genetic diseases during the same calendar year.

Measure Baseline

Value

100

Date

12/31/2004

Description

Percent

Measure Target

Value

100

Date

6/30/2008

Description

Percent

Measure Data

Year	Annual Measure			
2004	100			
2005	100			
2006	--			
2007	--			
2008	--			

Explanatory Note

There is a two year lag in this data because the measure is calculated using vital statistics data which has a two year lag in production. Data reported is based on calendar year rather than fiscal year.

Department of Health (601)

Service Area

Child and Adolescent Health Services

Objective

Inform, educate, and empower youth to make healthy lifestyle choices.

Measure #47

Percent of Teenage Pregnancy Prevention Program attendees that receive the "critical dose" of program by attending more than 10 sessions.

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

Database maintained by VCU - Survey and Evaluation Research Laboratory from data submitted by Teenage Pregnancy Prevention Programs

Measure Baseline

Value

62

Date

6/30/2005

Description

Percent

Measure Target

Value

60

Date

6/30/2008

Description

Percent

Measure Data

Year	Annual Measure			
2003	36			
2004	56			
2005	62			
2006	58			
2007	57			
2008	--			

Explanatory Note

Percent of Teenage Pregnancy Prevention Program attendees that receive the "critical dose" of program by attending more than 10 sessions.

Department of Health (601)

Service Area

Child and Adolescent Health Services

Objective

Inform, educate, and empower youth to make healthy lifestyle choices.

Measure #48

Percent of teens in grades 7-9 served by the Abstinence Education Initiative reporting never having had sexual intercourse.

Key Measure

Measure Type

Preferred Trend

Outcome

Maintain

Measure Methodology

Youth Survey of Attitudes and Behaviors, collected by the Virginia Abstinence Education Initiative and calculated/reported by the VCU Survey and Evaluation Research Lab.

Measure Baseline

Value

85

Date

6/30/2004

Description

Percent

Measure Target

Value

85

Date

6/30/2007

Description

Percent

Measure Data

Year	Annual Measure			
2004	85			
2005	82			
2006	81			
2007	--			
2008	--			

Explanatory Note

There is a lag in data as data is reported on a federal fiscal year rather than Virginia fiscal year. Federal fiscal year runs from October 1 through September 30. In its proposed revisions to the service area plan, VDH has deleted this measure.

Department of Health (601)

Service Area

Women's and Infant's Health Services

Objective

Eliminate barriers to care and increase access to care for women, infants and their families by facilitating systemic changes, developing policies, improving practices, providing direct services and pursuing additional funding.

Measure #49

Percentage of clients served who are members of minority populations.

Key Measure	Measure Type	Preferred Trend
	Output	Up

Measure Methodology

This measure will be derived by collecting data on participants/clients in the various programs, including family planning, sterilization, Resource Mothers, Loving Steps, maternity, sickle cell programs, and the Breast and Cervical Cancer Early Detection Program, who provide direct clinical services. The percent of nonwhite clients will be calculated and monitored yearly.

Measure Baseline

Value	Date	Description
41	12/31/2004	Percent

Measure Target

Value	Date	Description
46	7/1/2008	Percent

Measure Data

Year	Annual Measure			
2004	41.0			
2005	43.4			
2006	42.0			
2007	--			
2008	--			

Explanatory Note

There is a one year lag in the reporting of data.

Department of Health (601)

Service Area

Women's and Infant's Health Services

Objective

Eliminate barriers to care and increase access to care for women, infants and their families by facilitating systemic changes, developing policies, improving practices, providing direct services and pursuing additional funding.

Measure #50

Perinatal mortality rate.

Key Measure

Measure Type

Outcome

Preferred Trend

Maintain

Measure Methodology

This data will be collected annually from the Virginia Center for Health Statistics.

Measure Baseline

Value

7

Date

12/31/2003

Description

Number of deaths per 1,000 resident live births

Measure Target

Value

7

Date

7/1/2008

Description

Number of deaths per 1,000 resident live births

Measure Data

Year	Annual Measure			
2003	7.0			
2004	6.6			
2005	6.6			
2006	--			
2007	--			
2008	--			

Explanatory Note

Data is reported on a calendar year basis. There is a 2 year lag in the reporting of data.

Department of Health (601)

Service Area

Women's and Infant's Health Services

Objective

Collect, analyze and use objective, evidence-based data and information to improve programs serving women, infants and their families and report health status changes to the providers.

Measure #51

Number of provider/partner educational activities conducted and number of individuals trained.

Key Measure	Measure Type	Preferred Trend
	Output	Up

Measure Methodology

This measure will be calculated on the basis of records of provider/partner educational activities sponsored by DWIH programs and number of people that attended. The figures will be provided by all program managers yearly and summarized on a division spreadsheet. Providers and/or staff in organizations interested in the health of women and infants will be the focus of training activities which will include topics related to the health care of women and infants. The Regional Perinatal Councils, Breast and Cervical Cancer Early Detection Program, Partners in Prevention program, Resource Mothers program, Girls Empowered to Meet Success (GEMS), Virginia Sickle Cell Awareness Program, the Comprehensive Sickle Cell contractors, Loving Steps, family planning and other educational activities where VDH Division of Womens and Infants Health staff have been lead in the planning and implementation will be counted. Only those educational activities conducted by contractors within their scope of service will be counted.

Measure Baseline

Value	Date	Description
690	12/31/2004	As of 2004, there were 690 provider/partner educational activities provided yearly with at least 20,000 persons attending. (The number of participants is not unduplicated.)

Measure Target

Value	Date	Description
725	7/1/2008	Increase the number of trainings to 725 (five percent increase) to at least include 20,000 participants by June 2008.

Measure Data

Year	Annual Measure			
2004	690			
2005	928			
2006	658			
2007	--			
2008	--			

Explanatory Note

There is a one year lag in the reporting of data.

Department of Health (601)

Service Area

Chronic Disease Prevention, Health Promotion, and Oral Health

Objective

Improve health outcomes and quality of life by addressing risk factors and/or disease management practices contributing to chronic disease morbidity and mortality in Virginia.

Measure #52

Number of children participating in the school fluoride rinse program.

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

Division of Dental Health (DDH) administers the fluoride rinse program through working directly with school nurses and volunteers in 200 schools in 51 counties. Children who participate in this program must sign permission forms annually. Schools are closely monitored and report the number of children with signed permission forms by school and county to the program coordinator in DDH during the school year.

Measure Baseline

Value

45,117

Date

6/30/2005

Description

Number of children participating in the fluoride rinse program

Measure Target

Value

50,500

Date

6/30/2008

Description

Number of children participating in the fluoride rinse program

Measure Data

Year	Annual Measure			
2004	43,969			
2005	45,117			
2006	46,800			
2007	50,500			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Chronic Disease Prevention, Health Promotion, and Oral Health

Objective

Improve health outcomes and quality of life by addressing risk factors and/or disease management practices contributing to chronic disease morbidity and mortality in Virginia.

Measure #53

Number of citizens served by community water systems with optimally fluoridated water.

Key Measure

Measure Type

Preferred Trend

Output

Maintain

Measure Methodology

This measure is calculated based on information from the State Safe Drinking Water Information System (SIDWIS) administered by the Office of Drinking Water. Data available for 1,370 community water systems is imported into the Fluoride Monitoring System Database, which reports population data on each water system. Virginia has met the federal Healthy People Objective for 2010 for community water fluoridation. Although small initiations are planned, resources (staff time and funding) are primarily utilized to maintain safe, optimal fluoridation through upgrades of aging equipment in water systems.

Measure Baseline

Value

5,802,072

Date

6/30/2005

Description

Number of citizens

Measure Target

Value

5,879,683

Date

6/30/2008

Description

Number of citizens

Measure Data

Year	Annual Measure			
2005	5,802,072			
2006	5,849,980			
2007	5,879,683			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Chronic Disease Prevention, Health Promotion, and Oral Health

Objective

Improve health outcomes and quality of life by addressing risk factors and/or disease management practices contributing to chronic disease morbidity and mortality in Virginia.

Measure #54

Percentage of adult population 18 years and over having high blood cholesterol.

Key Measure Measure Type Preferred Trend

Outcome

Down

Measure Methodology

This measure is calculated using Behavioral Risk Factor Surveillance (BRFSS) data for Virginia. The number of adults reported having each of the above risk factors is divided by the population estimate for that year. The measure target year reflects the year when the data is available for reporting, not the year when it is collected. In 2007, the most recently available BRFSS data will have been collected in 2005.

Measure Baseline

Value	Date	Description
33.6	12/31/2002	Percent

Measure Target

Value	Date	Description
32	6/30/2008	Percent

Measure Data

Year	Annual Measure			
2001	30.5			
2002	33.6			
2003	33.0			
2004	36.2			
2005	37.1			
2006	--			
2007	--			
2008	--			

Explanatory Note

There is a two year lag in the reporting of data.

Department of Health (601)

Service Area

Chronic Disease Prevention, Health Promotion, and Oral Health

Objective

Improve health outcomes and quality of life by addressing risk factors and/or disease management practices contributing to chronic disease morbidity and mortality in Virginia.

Measure #55

Percentage of adults 50 years and older who had a sigmoidoscopy or colonoscopy (colorectal cancer screening) within the preceding five years.

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

This measure is calculated using Behavioral Risk Factor Surveillance (BRFSS) data for Virginia. The number of adults who reported having each of the above screening tests is divided by the sample. Percentages are weighted using the general population estimates for that year. These data are collected and analyzed biannually. The measure target year reflects the year when the data is available for reporting, not the year when it is collected. In 2007, the most recently available BRFSS data will have been collected in 2005.

Measure Baseline

Value

42.8

Date

12/31/2001

Description

Percent

Measure Target

Value

56

Date

6/30/2008

Description

Percent

Measure Data

Year	Annual Measure			
2002	41.3			
2003	--			
2004	51.5			
2005	53.5			
2006	57.1			
2007	--			
2008	--			

Explanatory Note

There is a one year lag in the reporting of data. Data was not collected in 2003.

Department of Health (601)

Service Area

Chronic Disease Prevention, Health Promotion, and Oral Health

Objective

Improve health outcomes and quality of life by addressing risk factors and/or disease management practices contributing to chronic disease morbidity and mortality in Virginia.

Measure #56

Rate of hospitalizations per 10,000 with a primary diagnosis of asthma for children and adults age five to 64 years

Key Measure

Measure Type

Preferred Trend

Outcome

Down

Measure Methodology

This measure is calculated using the most recently available hospital discharge data from Virginia Health Information, Inc. The number of hospitalizations for the primary diagnosis of asthma is divided by the corresponding population estimate for that year. The measure target year reflects the year when the data is available for reporting, not the year when it is collected. In 2007, the most recently available hospitalization data will have been collected in 2005.

Measure Baseline

Value

10.5

Date

12/31/2001

Description

Number of hospitalizations per 10,000

Measure Target

Value

7

Date

6/30/2008

Description

Number of hospitalizations per 10,000

Measure Data

Year	Annual Measure			
1999	12.5			
2000	11.1			
2001	10.5			
2002	9.7			
2003	10.6			
2004	9.2			
2005	9.2			
2006	9.6			
2007	--			
2008	--			

Explanatory Note

There is a one year lag in the reporting of data.

Department of Health (601)

Service Area

Chronic Disease Prevention, Health Promotion, and Oral Health

Objective

Improve health outcomes and quality of life by addressing risk factors and/or disease management practices contributing to chronic disease morbidity and mortality in Virginia.

Measure #57

Adult population diagnosed with diabetes who had hemoglobin A1c checked.

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

This measure is calculated using Behavioral Risk Factor Surveillance (BRFSS) data for Virginia. The number of adults with diabetes engaged in a diabetes management practice is divided by the number of respondents with diabetes. Percentages are weighted using the general population estimates for that year.

At least two years of combined data is used for this calculations in order to accurately estimate the population engaged in diabetes management practices. The measure target year reflects the year when the data is available for reporting, not the year when it is collected. In 2007, the most recently available BRFSS data will have been collected in 2004 and 2005.

Measure Baseline

Value

72.5

Date

12/31/2002

Description

Percent

Measure Target

Value

74

Date

6/30/2008

Description

Percent

Measure Data

Year	Annual Measure			
2002	72.5			
2003	86.0			
2004	76.8			
2005	76.7			
2006	--			
2007	--			
2008	--			

Explanatory Note

There is a two year lag in the reporting of data.

Department of Health (601)

Service Area

Chronic Disease Prevention, Health Promotion, and Oral Health

Objective

Improve health outcomes and quality of life by addressing risk factors and/or disease management practices contributing to chronic disease morbidity and mortality in Virginia.

Measure #58

Percentage of adult population 18 years and over experiencing a limitation in physical activity due to arthritis.

Key Measure

Measure Type

Preferred Trend

Outcome

Down

Measure Methodology

This measure is calculated using Behavioral Risk Factor Surveillance (BRFSS) data for Virginia. The number of adults reported experiencing a limitation in physical activity due to arthritis is divided by the total number of adults with arthritis. Percentages are weighted using the general population estimates for that year.

At least two years of combined data is used for these calculations in order to accurately estimate the population with arthritis experiencing a limitation in physical activity. These data are collected and analyzed biannually. The measure target year reflects the year when the data is available for reporting, not the year when it is collected. In 2007, the most recently available BRFSS data will have been collected in 2004 and 2005.

Measure Baseline

Value

32

Date

12/31/2003

Description

Percent

Measure Target

Value

30

Date

6/30/2008

Description

Percent

Measure Data

Year	Annual Measure			
2000	27.7			
2001	29.1			
2002	20.8			
2003	28.3			
2004	29.7			
2005	30.2			
2006	30.2			
2007	--			
2008	--			

Explanatory Note

There is a one year lag in the reporting of data.

Department of Health (601)

Service Area

Chronic Disease Prevention, Health Promotion, and Oral Health

Objective

Improve health outcomes and quality of life by addressing risk factors and/or disease management practices contributing to chronic disease morbidity and mortality in Virginia.

Measure #59

Percentage of men 50 years and older who have ever received a prostate-specific antigen (PSA) test (prostate cancer screening).

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

This measure is calculated using Behavioral Risk Factor Surveillance (BRFSS) data for Virginia. The number of adults who reported having each of the above screening tests is divided by the sample. Percentages are weighted using the general population estimates for that year. These data are collected and analyzed biannually. The measure target year reflects the year when the data is available for reporting, not the year when it is collected. In 2007, the most recently available BRFSS data will have been collected in 2005.

Measure Baseline

Value

76

Date

12/31/2001

Description

Percent

Measure Target

Value

78

Date

6/30/2008

Description

Percent

Measure Data

Year	Annual Measure			
2002	75.9			
2003	--			
2004	77.6			
2005	82.0			
2006	80.8			
2007	--			
2008	--			

Explanatory Note

There is a one year lag in the reporting of data. Data was not collected in 2003.

Department of Health (601)

Service Area

Chronic Disease Prevention, Health Promotion, and Oral Health

Objective

Improve health outcomes and quality of life by addressing risk factors and/or disease management practices contributing to chronic disease morbidity and mortality in Virginia.

Measure #60

Percent of men 40 years and older who have ever received a digital rectal exam (DRE) (prostate cancer screening).

Key Measure

Measure Type

Outcome

Preferred Trend

Up

Measure Methodology

This measure is calculated using Behavioral Risk Factor Surveillance (BRFSS) data for Virginia. The number of adults who reported having each of the above screening tests is divided by the sample. Percentages are weighted using the general population estimates for that year. These data are collected and analyzed biannually. The measure target year reflects the year when the data is available for reporting, not the year when it is collected. In 2007, the most recently available BRFSS data will have been collected in 2005.

Measure Baseline

Value

79.4

Date

12/31/2001

Description

Percent

Measure Target

Value

82

Date

6/30/2008

Description

Percent

Measure Data

Year	Annual Measure			
2002	80.7			
2003	--			
2004	81.5			
2005	82.7			
2006	81.2			
2007	--			
2008	--			

Explanatory Note

There is a one year lag in the reporting of data. Data was not collected in 2003.

Department of Health (601)

Service Area

Chronic Disease Prevention, Health Promotion, and Oral Health

Objective

Improve health outcomes and quality of life by addressing risk factors and/or disease management practices contributing to chronic disease morbidity and mortality in Virginia.

Measure #61

Percentage of adult population 18 years and over having high blood pressure.

Key Measure

Measure Type

Preferred Trend

Outcome

Down

Measure Methodology

This measure is calculated using Behavioral Risk Factor Surveillance (BRFSS) data for Virginia. The number of adults reported having each of the above risk factors is divided by the population estimate for that year. The measure target year reflects the year when the data is available for reporting, not the year when it is collected. In 2007, the most recently available BRFSS data will have been collected in 2005.

Measure Baseline

Value

25.4

Date

12/31/2002

Description

Percent

Measure Target

Value

23.5

Date

6/30/2008

Description

Percent

Measure Data

Year	Annual Measure			
2003	24.6			
2004	26.7			
2005	26.8			
2006	--			
2007	--			
2008	--			

Explanatory Note

There is a two year lag in the reporting of data.

Department of Health (601)

Service Area

Chronic Disease Prevention, Health Promotion, and Oral Health

Objective

Support the development of a competent dental public health workforce.

Measure #62

Number of VDH dental clinic site reviews, recruitment contacts, orientations and technical assistance encounters with local health directors, Community Health Services staff and public health dental staff.

Key Measure

Measure Type

Preferred Trend

Output

Maintain

Measure Methodology

One-third of dental clinical programs are reviewed annually through site visits. Orientation of new staff is documented through correspondence with the health directors. Technical assistance requests regarding the practice of public health dentistry will be documented through email correspondence. A log is currently maintained of recruitment contacts.

Measure Baseline

Value

325

Date

6/30/2005

Description

Number of documented contacts

Measure Target

Value

380

Date

6/30/2008

Description

Number of documented contacts

Measure Data

Year	Annual Measure			
2005	325			
2006	342			
2007	380			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Chronic Disease Prevention, Health Promotion, and Oral Health

Objective

Monitor the burden of chronic disease and oral health status of the population through data collection, reporting, and program evaluation.

Measure #63

Percent of project areas provided with cancer incidence, chronic disease mortality, hospitalization, prevalence, and risk factor data.

Key Measure

Measure Type

Output

Preferred Trend

Maintain

Measure Methodology

This measure requires the use of surveillance data from several sources: the VDH Center for Health Statistics for mortality data, Virginia Cancer Registry for cancer incidence data, Virginia Health Information, Inc. for hospitalization data, and the Behavioral Risk Factor Surveillance System for risk factor and management practice data. Percentages and rates are calculated based on a positive response to a question, or a person experiencing an actual event (e.g., cancer diagnosis, death), and those numbers are divided by a corresponding population estimate. Epidemiologists within the Division of Chronic Disease Prevention and Control are expected to collect, analyze, and report these data, where available, to projects for arthritis, asthma, cancer, diabetes, heart disease and stroke, and tobacco use control.

Measure Baseline

Value

100

Date

12/31/2004

Description

Percent

Measure Target

Value

100

Date

6/30/2008

Description

Percent

Measure Data

Year	Annual Measure			
2004	100			
2005	100			
2006	100			
2007	--			
2008	--			

Explanatory Note

There is a lag in data as data is reported on a calendar year rather than fiscal year.

Department of Health (601)

Service Area

Chronic Disease Prevention, Health Promotion, and Oral Health

Objective

Monitor the burden of chronic disease and oral health status of the population through data collection, reporting, and program evaluation.

Measure #64

Percent of cancer cases reported to the Virginia Cancer Registry.

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

The Virginia Cancer Registry is the state central cancer registry. The registry maintains a database of cancer incidence reports. The registry describes the cancer burden in the state by summing all cancer cases with a diagnosis date within a particular year. Percentage estimates of cancer case ascertainment completeness will be calculated using a method established by the Centers for Disease Control and Prevention's National Program of Cancer Registries.

Measure Baseline

Value

82.9

Date

12/31/2002

Description

Percent

Measure Target

Value

95

Date

6/30/2008

Description

Percent

Measure Data

Year	Annual Measure			
2000	87.40			
2001	82.20			
2002	82.90			
2003	93.50			
2004	96.57			
2005	--			
2006	--			
2007	--			
2008	--			

Explanatory Note

There is a two year lag in the reporting of data. Cancer cases are not abstracted until six months after diagnosis. It takes an additional year for state level collection and analysis.

Department of Health (601)

Service Area

Chronic Disease Prevention, Health Promotion, and Oral Health

Objective

Monitor the burden of chronic disease and oral health status of the population through data collection, reporting, and program evaluation.

Measure #65

Availability of cancer incidence data tables in hard copy and electronic format.

Key Measure

Measure Type

Preferred Trend

Output

Maintain

Measure Methodology

Data will be aggregated based on reports of diagnosed cancer received by the Virginia Cancer Registry. The cancer incidence data will be aggregated, analyzed and prepared as frequencies and rates. Frequencies and rates will be summarized by cancer site, cancer stage at diagnosis (where appropriate), age, race, sex, county or city of residence, and health district of residence.

Measure Baseline

Value

100

Date

12/31/2004

Description

Percent

Measure Target

Value

100

Date

6/30/2008

Description

Percent

Measure Data

Year	Annual Measure			
2004	100			
2005	100			
2006	100			
2007	100			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Chronic Disease Prevention, Health Promotion, and Oral Health

Objective

Monitor the burden of chronic disease and oral health status of the population through data collection, reporting, and program evaluation.

Measure #66

Number of dental clinical services reports produced to document statewide and local health department oral health services.

Key Measure	Measure Type	Preferred Trend
	Output	Maintain

Measure Methodology

The VDH Division of Dental Health collects data from local health department dental programs regarding services as classified by American Dental Association Code. Reports are produced in Microsoft Excel and are distributed to health districts twice a year.

Measure Baseline

Value	Date	Description
2	6/30/2005	Number of reports

Measure Target

Value	Date	Description
2	6/30/2008	Number of reports

Measure Data

Year	Annual Measure			
2004	2			
2005	2			
2006	2			
2007	2			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Chronic Disease Prevention, Health Promotion, and Oral Health

Objective

Monitor the burden of chronic disease and oral health status of the population through data collection, reporting, and program evaluation.

Measure #67

Number of water systems monitored for compliance with Centers for Disease Control and Prevention (CDC) fluoride standards.

Key Measure	Measure Type	Preferred Trend
<input type="checkbox"/>	Output	Maintain

Measure Methodology

VDH Division of Dental Health collects information regarding the daily fluoride levels in all water systems that add fluoride to their drinking water from the Office of Drinking Water Field Offices. This information is compared to the split sample analysis reported from the Division of Consolidated Laboratories for accuracy regarding the number of reports per month, and the number of samples that vary from the optimal level. This information is exported to the CDC for a compliance report monthly by DDH staff.

Measure Baseline

Value	Date	Description
136	6/30/2006	Number of water systems

Measure Target

Value	Date	Description
139	6/30/2008	Number of water systems

Measure Data

Year	Annual Measure			
2006	136			
2007	139			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Chronic Disease Prevention, Health Promotion, and Oral Health

Objective

Monitor the burden of chronic disease and oral health status of the population through data collection, reporting, and program evaluation.

Measure #68

Number of oral health reports produced using statewide, district and community level data.

Key Measure	Measure Type	Preferred Trend
	Output	Maintain

Measure Methodology

VDH Division of Dental Health is the primary source for oral health data reports. Data reports are produced at the district, community and statewide level on a number of dental disease indicators including dental decay, fluorosis and oral cancer.

Measure Baseline

Value	Date	Description
10	6/30/2006	Number of reports

Measure Target

Value	Date	Description
10	6/30/2008	Number of reports

Measure Data

Year	Annual Measure			
2006	10			
2007	10			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Injury and Violence Prevention

Objective

Prevent injuries and injury deaths in Virginia

Measure #69

Childhood (0-19 years) unintentional injury death rate.

Key Measure

Measure Type

Preferred Trend

Outcome

Down

Measure Methodology

This measure is calculated using death data from the Virginia Center for Health Statistics and population data from the latest Virginia Census.

Measure Baseline

Value

11.82

Date

12/31/2003

Description

Number of injury deaths per 100,000 population

Measure Target

Value

11.23

Date

6/30/2008

Description

Number of injury deaths per 100,000 population

Measure Data

Year	Annual Measure			
2003	11.82			
2004	12.26			
2005	11.74			
2006	--			
2007	--			
2008	--			

Explanatory Note

There is a two year lag in the reporting of data.

Department of Health (601)

Service Area

Injury and Violence Prevention

Objective

Prevent injuries and injury deaths in Virginia

Measure #70

Availability of low income child restraint distribution and education program

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

This measure is calculated using information on existing health districts and tracking the number and location of child restraint distribution sites.

Measure Baseline

Value

130

Date

6/30/2005

Description

Number of distribution sites

Measure Target

Value

136

Date

6/30/2008

Description

Number of distribution sites

Measure Data

Year	Annual Measure			
2005	130			
2006	133			
2007	136			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Injury and Violence Prevention

Objective

Prevent injuries and injury deaths in Virginia

Measure #71

Low income homes receiving smoke detector installation and education services

Key Measure

Measure Type

Preferred Trend

Output

Maintain

Measure Methodology

This measure is calculated by tracking the number and location of each installed smoke alarm and home-based education provided through the Get Alarmed! Virginia Program

Measure Baseline

Value

6,825

Date

9/30/2005

Description

Number of CDC grant funded smoke alarms installed and education provided in low income homes

Measure Target

Value

6,000

Date

9/30/2008

Description

Number of CDC grant funded smoke alarms installed and education provided in low income homes

Measure Data

Year	Annual Measure			
2005	6,825			
2006	6,300			
2007	6,032			
2008	--			

Explanatory Note

Establishment of the target value is a function of the the amount of available funding.

Department of Health (601)

Service Area

Injury and Violence Prevention

Objective

Prevent injuries and injury deaths in Virginia

Measure #72

Youth Suicide Rate

Key Measure

Measure Type

Preferred Trend

Outcome

Down

Measure Methodology

This measure is calculated using death data from the Virginia Center for Health Statistics and population data from the latest Virginia Census.

Measure Baseline

Value

6.41

Date

12/31/2003

Description

Number of suicides per 100,000 youth ages 10-24

Measure Target

Value

6.08

Date

6/30/2008

Description

Number of suicides per 100,000 youth ages 10-24

Measure Data

Year	Annual Measure			
2003	6.41			
2004	6.16			
2005	6.98			
2006	--			
2007	--			
2008	--			

Explanatory Note

There is a two year lag in the reporting of data. The most recent data available is for 2005.

Department of Health (601)

Service Area

Women, Infants, and Children (WIC) and Community Nutrition Services

Objective

Ensure cost effective administration and management of the WIC program.

Measure #73

Effective, systematic controls to monitor food package costs

Key Measure

Measure Type

Preferred Trend

Input

Maintain

Measure Methodology

A systematic approach to data collection and analysis of food package data and comparable food costs will be developed.

Measure Baseline

Value

Date

Description

0

6/30/2006

New measure; development of controls will begin in 2006.

Measure Target

Value

Date

Description

1

6/30/2008

Measure Data

Year Annual Measure

2006	0			
2007	1			
2008	--			

Explanatory Note

Controls were developed to accommodate the food package changes made which became effective January 1, 2007. Food package cost is currently monitored through WICNet and will continue to be monitored through that system. Additional controls will be developed by August 2008 to accommodate the anticipated changes in formula proration. The effect of formula proration on food package cost will be monitored on a monthly basis.

Department of Health (601)

Service Area

Women, Infants, and Children (WIC) and Community Nutrition Services

Objective

Ensure cost effective administration and management of the WIC program.

Measure #74

Food package cost

Key Measure

Measure Type

Preferred Trend

Outcome

Down

Measure Methodology

A cost reduction strategy will be developed and agreed upon by the VDH Division of WIC and Community Nutrition Services and the U.S. Department of Agriculture. Reduction will be calculated through measurements contingent upon the strategy.

Measure Baseline

Value

33.07

Date

7/1/2006

Description

Cost

Measure Target

Value

33.84

Date

6/30/2008

Description

Cost

Measure Data

Year	Annual Measure			
2006	33.07			
2007	35.62			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Women, Infants, and Children (WIC) and Community Nutrition Services

Objective

Ensure cost effective administration and management of the WIC program.

Measure #75

Number of newly certified pregnant women enrolled in WIC

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

Quarterly reports on the number of newly certified pregnant women are generated through WICNet.

Measure Baseline

Value

1,915

Date

6/30/2004

Description

Average number of pregnant women becoming certified per month

Measure Target

Value

2,298

Date

6/30/2008

Description

Average number of pregnant women becoming certified per month

Measure Data

Year	Annual Measure			
2004	1,915			
2005	2,210			
2006	2,178			
2007	2,089			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Women, Infants, and Children (WIC) and Community Nutrition Services

Objective

Advance the community based response to obesity.

Measure #76

Number of community interventions that are fully evaluated and deemed best practices and models for replication

Key Measure

Measure Type

Output

Preferred Trend

Up

Measure Methodology

A webpage that is part of the VDH Division of WIC and Community Nutrition Services website designed to share information regarding obesity in Virginia will list completed evaluations.

Measure Baseline

Value

0

Date

6/30/2005

Description

Number of programs

Measure Target

Value

1

Date

6/30/2008

Description

Number of programs

Measure Data

Year	Annual Measure			
2005	0			
2006	0			
2007	0			
2008	--			

Explanatory Note

VDH staff is currently in the process of researching and collecting evidence-based state and national programs that have proven success; a database of these programs has been created. It has been determined that the time and expense of evaluating community-based programs not already evaluated is not feasible. The program will now focus on identifying programs which have already been evaluated which match the results of the CHAMPION report.

Department of Health (601)

Service Area

Women, Infants, and Children (WIC) and Community Nutrition Services

Objective

Advance the community based response to obesity.

Measure #77

Number of community-based solutions that are identified and researched

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

Four general categories of solutions have been identified through the CHAMPION summary report including media intervention, nutrition education, community involvement and public policy. The findings have been comprehensively researched, but the findings have not yet been publicized. The research will be made available as part of the CHAMPION Plan.

Measure Baseline

Value

0

Date

12/31/2005

Description

Six regional and two statewide meetings were held in which solutions to obesity created on a community level were discussed and prioritized during 2005.

Measure Target

Value

4

Date

7/1/2008

Description

CHAMPION Plan will be complete by Summer of 2008

Measure Data

Year Annual Measure

Year	Annual Measure			
2005	0			
2006	4			
2007	4			
2008	--			

Explanatory Note

It is anticipated that the CHAMPION Plan will be available by the summer of 2008, at which time the research will be made available as well as a listing of the evidence based, effective community programs related to nutrition, physical activity, and obesity prevention and control.

Department of Health (601)

Service Area

Women, Infants, and Children (WIC) and Community Nutrition Services

Objective

Increase the number of women who initiate breastfeeding.

Measure #78

Creation and implementation of a tracking system to collect breastfeeding data

Key Measure

Measure Type

Output

Preferred Trend

Maintain

Measure Methodology

The creation of a tracking system will be measured when it is in place and operational, anticipated June 2008.

Measure Baseline

Value

0

Date

6/30/2006

Description

Currently, the sole source of breastfeeding data is a formula company.

Measure Target

Value

1

Date

7/1/2008

Description

Tracking system established by June 2008.

Measure Data

Year	Annual Measure			
2006	0			
2007	0			
2008	--			

Explanatory Note

The Breastfeeding Advisory Committee has been formed. The committee is in the process of forming priorities and responsibilities. A major focus continues to be identifying new and existing methods to collect breastfeeding data.

Department of Health (601)

Service Area

Local Dental Services

Objective

Improve and maintain population based factors affecting oral health status

Measure #79

The number of Local Health Districts that monitor the fluoridation of all public water supplies in the health district and determine the percent of district population served by community water supplies with optimum fluoridation, annually

Key Measure	Measure Type	Preferred Trend
	Output	Up

Measure Methodology

Community water fluoridation is the procedure of adjusting the natural fluoride concentration of a community's water supply to a level that is best for the prevention of dental decay. From the 1940s until the 1980s, the number of citizens in the United States served by fluoridated water systems increased and then stabilized at about 60-62%. In Virginia, approximately 81% of citizens are served by fluoridated public water systems, and approximately 5% of citizens have water naturally high in fluoride. In systems where fluoride is added, the level of fluoridation must be monitored carefully to assure that optimum fluoridation is achieved and maintained.

Operators of municipal water plants strive to maintain targeted concentrations of fluoride in water in fluoridated communities. These fluoride levels are reported to the VDH Office of Drinking Water (ODW) and are available to local health districts. Local health districts that are not fully served by fluoridated public water systems (five districts are fully fluoridated) may monitor fluoridation levels and customer numbers to determine the percent of the district population served by optimally fluoridated water. Using this information, the local health department determines the need for alternative fluoride delivery for persons not served by fluoridated water. This measure may be monitored by counting the number of local health districts of those that are not fully fluoridated (30) that submit water samples for fluoride determination prior to dispensing fluoride supplements.

Measure Baseline

Value	Date	Description
14	12/31/2004	Percent of local health districts

Measure Target

Value	Date	Description
43	6/30/2008	Percent of local health districts

Measure Data

Year	Annual Measure			
2004	14			
2005	14			
2006	20			
2007	34			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Local Dental Services

Objective

Provide oral healthcare services targeting at risk populations, particularly low income children

Measure #80

The number of low income children and adolescents receiving dental services provided by local health department public health dental staff

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

Local health districts that provide dental services target persons aged 1-4 years old with family income under 200% Federal poverty level or enrolled in Medicaid, and persons 5-18 years old who are eligible for Federal school lunch program or who are enrolled in Medicaid. Local health district dental programs provide monthly statistics to the VDH Division of Dental Health reporting demographic information on the patients served and the number and types of services provided. These data are compiled and reported semiannually and annually. The number of visits is tracked by age, gender, income and insurance status. Most health districts also enter dental data into VDH data system, WebVision. Reports available from that source are also useful in evaluating unduplicated patient counts by income or insurance status.

Measure Baseline

Value

21,317

Date

6/30/2005

Description

Number of children and adolescents

Measure Target

Value

22,383

Date

6/30/2007

Description

Number of children and adolescents

Measure Data

Year	Annual Measure			
2003	25,961			
2004	22,294			
2005	21,317			
2006	22,222			
2007	21,312			
2008	--			

Explanatory Note

Baseline, target, and historical data have been updated to reflect unduplicated patient visits. Previous data reported was total number of visits and included duplicated patient counts.

Department of Health (601)

Service Area

Local Dental Services

Objective

Provide oral healthcare services targeting at risk populations, particularly low income children

Measure #81

Number of dental sealants placed on teeth of low income children and adolescents by public health dental workforce

Key Measure

Measure Type

Preferred Trend

Output

Maintain

Measure Methodology

Local health districts that provide dental services target persons aged 1-4 years old with family income under 200% Federal poverty level or enrolled in Medicaid and persons 5-18 years old who are eligible for Federal school lunch program or who are enrolled in Medicaid. Local health district dental programs provide monthly statistics to the VDH Division of Dental Health reporting demographic information on the patients served and the number and types of services provided. These data are compiled and reported semiannually and annually. The number of visits is tracked by age, gender, income and insurance status. Most health districts also enter dental data into VDH data system, WebVision. Reports available from that source are also useful in evaluating unduplicated patient counts by income or insurance status.

Measure Baseline

Value

19,940

Date

6/30/2005

Description

Number of dental sealants

Measure Target

Value

17,044

Date

6/30/2008

Description

Number of dental sealants

Measure Data

Year	Annual Measure			
2003	25,961			
2004	22,294			
2005	19,940			
2006	16,676			
2007	17,044			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Restaurant and Food Safety, Well and Septic Permitting and Other Environmental Health Services

Objective

Reduce environmental and communicable disease hazards due to contaminated wells and failing onsite sewage disposal systems.

Measure #82

Percent of repair applications granted for failing onsite septic sewage disposal systems.

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

The number of applications for repairs and number of repair permits issued can be obtained from the Virginia Environmental Information System (VENIS) and other databases maintained by some health districts. The percentage is calculated by dividing the number of repair permits issued by the number of applications received during that fiscal year.

Measure Baseline

Value

80

Date

6/30/2005

Description

Percent

Measure Target

Value

85

Date

6/30/2008

Description

Percent

Measure Data

Year	Annual Measure			
2005	80			
2006	74			
2007	71			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Restaurant and Food Safety, Well and Septic Permitting and Other Environmental Health Services

Objective

Reduce environmental and communicable disease hazards due to contaminated wells and failing onsite sewage disposal systems.

Measure #83

Percent of onsite sewage disposal system construction permits issued without paid claims from the state's Indemnification Fund for failed onsite sewage disposal systems.

Key Measure Measure Type Preferred Trend

Outcome

Maintain

Measure Methodology

The number of onsite sewage disposal system permits issued can be obtained from the VDH's Virginia Environmental Information System (VENIS) database and other district databases. The number of paid Indemnification Fund claims is tracked by VDH's Office of Environmental Health Services. The percentage is calculated by dividing the number of paid claims from the state's Indemnification Fund by the number of onsite sewage disposal system construction permits issued within the fiscal year, multiplying that fraction by 100%.

Measure Baseline

Value Date Description

.0005

6/30/2005

Percent

Measure Target

Value Date Description

.0005

6/30/2008

Percent

Measure Data

Year	Annual Measure			
2005	0.0005			
2006	0.0003			
2007	0.0003			
2008	--			

Explanatory Note

Data for 2005 is 0.0005. Data for 2006 is 0.0003. Data for 2007 is 0.0003. Data on report shows 0 because it only shows two decimal places.

Department of Health (601)

Service Area

Restaurant and Food Safety, Well and Septic Permitting and Other Environmental Health Services

Objective

Reduce environmental and communicable disease hazards at food establishments, hotels, swimming pools, migrant labor camps, campgrounds and milk plants.

Measure #84

Frequency of restaurant inspections.

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

Virginia Environmental Information System (VENIS) database reports

Measure Baseline

Value

60

Date

6/30/2005

Description

Percent of scheduled restaurant inspections conducted within 30 days of the scheduled date

Measure Target

Value

65

Date

6/30/2008

Description

Percent of scheduled restaurant inspections conducted within 30 days of the scheduled date

Measure Data

Year	Annual Measure			
2005	60.0			
2006	59.4			
2007	64.0			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Restaurant and Food Safety, Well and Septic Permitting and Other Environmental Health Services

Objective

Reduce human exposures to rabid animals.

Measure #85

Percent of animal confinements successfully closed by the prescribed release date.

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

This measure is calculated using information from the Virginia Environmental Information System (VENIS) and other District databases. Animal confinement reports show when confined animal may be released. The percentage of closed animal confinements is calculated by dividing the number of closed animal confinements that were reported released on the prescribed release date over the total number of "non-rabid" animal confinements.

Measure Baseline

Value

98

Date

6/30/2005

Description

Percent

Measure Target

Value

98

Date

6/30/2008

Description

Percent

Measure Data

Year	Annual Measure			
2005	98.00			
2006	79.11			
2007	97.00			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Local Family Planning Services

Objective

Increase the number of individuals served who are in need of publicly funded family planning services.

Measure #86

Number of individuals served

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

Virginia Department of Health Web VISION

Measure Baseline

Value

74,738

Date

12/31/2004

Description

Number of individuals

Measure Target

Value

75,485

Date

12/31/2008

Description

Number of individuals

Measure Data

Year	Annual Measure			
2004	74,738			
2005	67,629			
2006	66,801			
2007	--			
2008	--			

Explanatory Note

There is a one year lag in the reporting of data. Data is based on calendar year. Baseline, target, and 2004 data have been corrected. The number previously reported for 2004 was calculated on data from two systems which resulted in inaccurate counts.

Department of Health (601)

Service Area

Local Family Planning Services

Objective

Reduce the teenage pregnancy rate.

Measure #87

Teen pregnancy rate

Key Measure

Measure Type

Preferred Trend

Outcome

Down

Measure Methodology

Virginia Department of Health Center for Health Statistics

Measure Baseline

Value

26.5

Date

12/31/2004

Description

Number of pregnancies per 1,000 females age 10-19

Measure Target

Value

26.2

Date

6/30/2008

Description

Number of pregnancies per 1,000 females age 10-19

Measure Data

Year	Annual Measure			
2004	26.5			
2005	26.5			
2006	--			
2007	--			
2008	--			

Explanatory Note

There is a lag in data as data is reported on a calendar year basis rather than fiscal year. Data for CY2006 will not be available until FY08.

Department of Health (601)

Service Area

Support for Local Management, Business, and Facilities

Objective

Attract, recruit, develop and retain appropriate public health staff for local health department operations.

Measure #88

Percent of Maximum Employment Level Achieved

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

Virginia Department of Human Resource Management monthly reports on Full Time Equivalent employment levels

Measure Baseline

Value

92

Date

4/1/2005

Description

Percent of VDH's full time equivalent (FTE) employee positions filled

Measure Target

Value

98

Date

6/30/2008

Description

Local health departments will maintain, on average, an annual employment rate that is at least 97 percent of their Maximum Employment Level by end of FY07.

Measure Data

Year	Annual Measure			
2005	92			
2006	97			
2007	96			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Support for Local Management, Business, and Facilities

Objective

Strengthen essential public health programs through determining future needs.

Measure #89

Community needs assessment

Key Measure

Measure Type

Preferred Trend

Output

Maintain

Measure Methodology

Currently no standard community needs assessment.

Measure Baseline

Value

Date

Description

10

6/30/2006

Number of local health districts conducting a community needs assessment.

Measure Target

Value

Date

Description

35

6/30/2008

Every local health district will conduct a community needs assessment at least once every three to five years beginning in FY07.

Measure Data

Year	Annual Measure			
2006	10			
2007	13			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Support for Local Management, Business, and Facilities

Objective

Strengthen essential public health programs through monitoring and evaluating current performance.

Measure #90

Performance of local health districts compared to national standards

Key Measure

Measure Type

Outcome

Preferred Trend

Maintain

Measure Methodology

Local health district and VDH Central Office statistics

Measure Baseline

Value

10

Date

6/30/2006

Description

Number of local health districts undertaking an evaluation of their performance relative to the standards.

Measure Target

Value

35

Date

6/30/2008

Description

100 percent of local health districts will undertake an evaluation of their performance relative to the standards by the end of FY08.

Measure Data

Year	Annual Measure			
2006	10			
2007	13			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Support for Local Management, Business, and Facilities

Objective

Follow good business practices to ensure ethical stewardship of public funds.

Measure #91

Compliance with Internal and External Audit requirements.

Key Measure

Measure Type

Preferred Trend

Outcome

Maintain

Measure Methodology

Percent of local health districts with no material weaknesses. Office of Internal Audit, VDH Virginia Auditors of Public Accounts (APA) Special and Federal Audits (ex. WIC). Local health districts are audited on a three-year cycle by VDH Internal Auditor, one-third are audited each year.

Measure Baseline

Value

Date

Description

97

6/30/2005

Percent. 1 local health district (3% of total districts) had a material audit noted during a 2005 audit conducted by VDH Internal Auditor. Corrective action was taken. 0 repeat findings of material weaknesses in local health districts in 2006.

Measure Target

Value

Date

Description

100

6/30/2008

Percent. 100% of local health districts will have no material weaknesses, including internal control failures, and will take corrective action to assure no repeat audit findings, during FY07.

Measure Data

Year	Annual Measure			
2004	97			
2005	97			
2006	100			
2007	94			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Local Maternal and Child Health Services

Objective

Improve pregnancy outcomes by assuring early entry into prenatal care.

Measure #92

Number of local health districts with a prenatal service plan

Key Measure

Measure Type

Preferred Trend

Output

Maintain

Measure Methodology

All district plans will be reviewed annually to determine compliance with the target criteria

Measure Baseline

Value

35

Date

6/30/2005

Description

Number of local health districts

Measure Target

Value

35

Date

6/30/2008

Description

Number of local health districts

Measure Data

Year	Annual Measure			
2005	35			
2006	30			
2007	35			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Local Maternal and Child Health Services

Objective

Improve pregnancy outcomes by assuring early entry into prenatal care.

Measure #93

Number of pregnant women receiving direct and/or facilitative services through local health departments

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

Patient and service numbers from VDH patient care data systems (Webvision and local data systems; VDH vital records)

Measure Baseline

Value

13,757

Date

9/30/2003

Description

Number of women receiving services

Measure Target

Value

14,032

Date

9/30/2008

Description

Number of women receiving services

Measure Data

Year	Annual Measure			
2003	8,255			
2004	13,172			
2005	13,714			
2006	13,722			
2007	--			
2008	--			

Explanatory Note

There is a lag in data as data is reported on a federal fiscal year basis rather than Virginia fiscal year. Federal fiscal year runs from October 1 through September 30.

Department of Health (601)

Service Area

Local Maternal and Child Health Services

Objective

Provide leadership in assuring infants, children and adolescents will have access to a specific source of ongoing primary care which will identify and address health conditions needing intervention.

Measure #94

Number of children receiving direct care and care coordination services through local health departments

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

Patient and service numbers from VDH patient care data systems (Webvision and local data systems). Data must define type of service adequately to use in service delivery analysis and gap identification.

Measure Baseline

Value

21,138

Date

9/30/2003

Description

Number of children

Measure Target

Value

21,369

Date

9/30/2007

Description

Number of children

Measure Data

Year	Annual Measure			
2003	21,138			
2004	19,327			
2005	18,845			
2006	18,085			
2007	--			
2008	--			

Explanatory Note

There is a lag in data as data is reported on a federal fiscal year basis rather than Virginia fiscal year. Federal fiscal year runs from October 1 through September 30. VDH has determined that the data used to calculate the measure baseline and target was based on number of visits rather than the number of unduplicated patients. The baseline, target, and 2003 data have been corrected.

Department of Health (601)

Service Area

Local Maternal and Child Health Services

Objective

Identify, address, and refer for appropriate services children with special health care needs (children who have or are at risk for chronic medical, emotional, behavioral or developmental disorders)

Measure #95

Number of children with special health care needs (CSHCN) served through local health districts, including children served through the Child Development Clinic system

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

VDH Webvision and local data systems. VDH is working to determine the reasons for the significant variation between the baseline and current performance.

Measure Baseline

Value

1,730

Date

6/30/2004

Description

Number of children

Measure Target

Value

1,765

Date

6/30/2008

Description

Number of children

Measure Data

Year	Annual Measure			
2004	1,730			
2005	1,747			
2006	1,460			
2007	1,535			
2008	--			

Explanatory Note

VDH has determined that the data used to calculate the measure baseline and target was based on number of visits rather than the number of unduplicated patients. The baseline, target, and 2004 data have been corrected.

Department of Health (601)

Service Area

Local Immunization Services

Objective

Achieve and maintain maximum immunization coverage rates in Virginia's infants and children.

Measure #96

Immunization coverage rates of children at 2 years of age

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

Data are from the Centers for Disease Control and Prevention (CDC), National Immunization Survey (NIS). The NIS is a list assisted random-digit dialing survey that began collection of data in 1994. The target population in the NIS is children between the ages of 19-35 months. Data from the NIS produce timely estimates of vaccination coverage rates for each of six recommended vaccines for the nation, all 50 states and the District of Columbia. The official estimates of vaccination coverage rates from the NIS are rates of being up-to-date with respect to the number of doses of all recommended vaccines. These vaccines and their recommended doses are: diphtheria and tetanus toxoids and pertussis vaccine (DTaP), 4 doses; poliovirus vaccine (polio), 3 doses; measles-containing vaccine (MCV), 1 dose; Haemophilus influenzae type b vaccine (HIB), 3 doses; hepatitis B vaccine (Hep. B.), 3 doses; and varicella zoster vaccine, 1 dose. In addition to these vaccines, interest focuses on coverage rates for vaccine series, including the 4:3:1:3 series (4DTaP, 3 Polio, 1 MCV, and 3 HIB). The NIS is conducted for the CDC by the National Opinion Research Center (NORC) at the University of Chicago.

Measure Baseline

Value

84

Date

12/31/2004

Description

Percent

Measure Target

Value

90

Date

6/30/2009

Description

Percent

Measure Data

Year	Annual Measure			
2004	84.0			
2005	81.0			
2006	85.8			
2007	80.7			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Local Immunization Services

Objective

Achieve and maintain maximum immunization coverage rates in Virginia's infants and children.

Measure #97

Immunization coverage rates of children at school entry

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

Data are from the VDH Immunization Survey of Kindergarten, Head Start and Day Care programs. The statistical function known as probability proportional to size is used to select assessment sites. This function provides all students, regardless of geographic location, with an equal chance of being selected. Data collected by district health department staff are forwarded to the central office where they are imported into the Clinic Assessment Software Application (CASA). CASA analyzes the data taken from the student immunization records and provides vaccine coverage rates at school entry, retrospectively at 2 years of age and produces a listing of students with medical and religious exemptions to immunization.

Measure Baseline

Value

94

Date

12/31/2004

Description

Percent

Measure Target

Value

97

Date

6/30/2008

Description

Percent

Measure Data

Year	Annual Measure			
2004	94.0			
2005	94.3			
2006	95.4			
2007	95.5			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Local Immunization Services

Objective

Improve influenza and pneumococcal coverage rates in persons 65+ years of age.

Measure #98

Influenza vaccination coverage rates in persons 65+ years of age

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

Data are taken from the Behavioral Risk Factor Surveillance Survey (BRFSS). BRFSS is a series of telephone interviews with people in all 50 states plus Washington, D.C. and several U.S. Territories. In Virginia, the data are collected and analyzed by the Survey and Evaluation Research Laboratory at Virginia Commonwealth University. Coverage rates are calculated by determining the number and percentage of persons contacted who are 65 + years of age and who have received an influenza vaccination within the previous 12 months.

Measure Baseline

Value

65

Date

12/31/2003

Description

Percent

Measure Target

Value

80

Date

6/30/2009

Description

Percent

Measure Data

Year	Annual Measure			
2003	65.0			
2004	69.6			
2005	68.6			
2006	66.8			
2007	69.1			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Local Immunization Services

Objective

Improve influenza and pneumococcal coverage rates in persons 65+ years of age.

Measure #99

Pneumococcal vaccination coverage rates in persons 65+ years of age

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

Data are from the Behavioral Risk Factor Surveillance Survey (BRFSS) conducted by the Survey and Evaluation Research Laboratory at Virginia Commonwealth University. Coverage rates are determined by calculating the number and percentage of persons 65+ years of age surveyed who have received at least one dose of pneumococcal vaccine.

Measure Baseline

Value

60.8

Date

12/31/2003

Description

Percent

Measure Target

Value

80

Date

6/30/2009

Description

Percent

Measure Data

Year	Annual Measure			
2003	60.8			
2004	65.2			
2005	61.6			
2006	66.5			
2007	66.8			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Local Communicable Disease Investigation, Treatment, and Control

Objective

Prevent syphilis transmission in Virginia.

Measure #1E

Percent of early syphilis cases successfully interviewed within seven days

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

The STD*MIS database managed by the Virginia Department of Health's Division of HIV, STD and Pharmacy Services reports monthly the number of early syphilis (ES) assigned for investigation, the number of these ES cases interviewed (Ix) and the number of the interviews performed within 7 days of assignment.

The calculation is:

- 1) # of ES cases Ix'd / # of ES cases assigned for investigation
- 2) # of ES cases Ix'd / # of ES cases Ix'd within 7 calendar days

Measure Baseline

Value

71.5

Date

12/31/2004

Description

Percent interviewed within 7 calendar days. CY2002-04 average.

Measure Target

Value

82

Date

12/31/2008

Description

Percent interviewed within 7 calendar days

Measure Data

Year	Annual Measure			
2001	78			
2002	75			
2003	68			
2004	79			
2005	74			
2006	78			
2007	--			
2008	--			

Explanatory Note

There is a lag in data as data is reported on a calendar year basis rather than fiscal year.

Department of Health (601)

Service Area

Local Communicable Disease Investigation, Treatment, and Control

Objective

Prevent syphilis transmission in Virginia.

Measure #1E

Percent of individuals exposed to early syphilis cases who are assured appropriate medical services, including testing and treatment as indicated

Key Measure	Measure Type	Preferred Trend
	Outcome	Up

Measure Methodology

Data for this measure is entered from paper records into the STD*MIS database, which is managed by the Virginia Department of Health's Division of HIV, STD and Pharmacy Services. The database will report the number of ES cases interviewed (Ix) and a summation of the partner and cluster dispositions.

The calculation is:

$(\# \text{ of ES contacts and clusters infected and treated} + \# \text{ of ES contacts and clusters preventatively treated}) / \# \text{ of ES cases interviewed}$

Measure Baseline

Value	Date	Description
54	12/31/2004	Percent. CY2002-04 average.

Measure Target

Value	Date	Description
75	12/31/2008	Percent

Measure Data

Year	Annual Measure			
2001	72			
2002	64			
2003	42			
2004	45			
2005	71			
2006	61			
2007	--			
2008	--			

Explanatory Note

There is a lag in data as data is reported on a calendar year basis rather than fiscal year.

Department of Health (601)

Service Area

Local Communicable Disease Investigation, Treatment, and Control

Objective

Prevent syphilis transmission in Virginia.

Measure #1E

Percent of early syphilis cases appropriately treated within seven days of diagnosis.

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

Data for this measure is entered from paper records into the STD*MIS database, which is managed by the Virginia Department of Health's Division of HIV, STD and Pharmacy Services. The database will report the number of Early Syphilis (ES) cases appropriately treated (Rx) and the number of ES cases reported to determine the percent of cases appropriately treated in seven days or less.

The calculation is:

$$\# \text{ of ES cases Rx'd } \leq 7 \text{ days} / \# \text{ of ES cases reported}$$
Measure Baseline

Value

74

Date

12/31/2004

Description

Percent. CY2002-04 average.

Measure Target

Value

78

Date

12/31/2008

Description

Percent

Measure Data

Year	Annual Measure			
2001	78			
2002	82			
2003	71			
2004	60			
2005	74			
2006	75			
2007	--			
2008	--			

Explanatory Note

There is a lag in data as data is reported on a calendar year basis rather than fiscal year.

Department of Health (601)

Service Area

Local Communicable Disease Investigation, Treatment, and Control

Objective

Increase the proportion of Tuberculosis (TB) patients who complete an adequate and appropriate course of treatment within 12 months of treatment initiation.

Measure #1E

Percentage of infected contacts of infectious TB that are placed on treatment for latent TB infection (LTBI) and complete that treatment regimen.

Key Measure	Measure Type	Preferred Trend
<input type="text"/>	Outcome	Up

Measure Methodology

Data are collected from the contact investigation forms that are maintained at the local health department level. Contacts are identified, evaluated, and started on treatment if appropriate. Clients who start treatment are followed until treatment is completed or stopped by client or health care provider. Aggregate data are collected to determine the proportion of contacts that complete a course of treatment. The number of those starting treatment is compared to the number who complete.

Measure Baseline

Value	Date	Description
72.4	12/31/2002	During the five-year period from 1998-2002, an average of 72.4% of the patents completed a course of treatment for LTBI.

Measure Target

Value	Date	Description
78	6/30/2008	At least 78% by end of FY08.

Measure Data

Year	Annual Measure		
2002	72.4		
2003	65.2		
2004	67.0		
2005	48.0		
2006	--		
2007	--		
2008	--		

Explanatory Note

There is a lag in data as data is reported on a calendar year basis rather than fiscal year. 2005 data is preliminary and will be finalized in September 2007.

Department of Health (601)

Service Area

Local Home Health and Personal Care Services

Objective

Provide community-based Nursing Home Pre-Admission Screening (NHPAS) for Virginians who are at risk for nursing home placement.

Measure #1E

Community-based NHPAS conducted by local screening teams.

Key Measure	Measure Type	Preferred Trend
	Output	Up

Measure Methodology

VDH VISION system (state aggregate total from 1/1 – 12/31 of each year)

Measure Baseline

Value	Date	Description
96	12/31/2004	Percent

Measure Target

Value	Date	Description
100	6/30/2008	Percent

Measure Data

Year	Annual Measure			
2004	96			
2005	94			
2006	98			
2007	97			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Local Home Health and Personal Care Services

Objective

The WTHD HHA will accept individuals for care and will provide care based on medical need regardless of ability to pay.

Measure #1E

Percentage of individuals receiving home health services who are medically indigent.

Key Measure	Measure Type	Preferred Trend
	Output	Maintain

Measure Methodology

Centers for Medicare Services (CMS) Provider Statistical and Reimbursement Summary (PS&R), VDH VISION data, Calculation: Medically indigent home health clients as a percentage of the total home health clients

Measure Baseline

Value	Date	Description
12	12/31/2004	Percent of individuals served

Measure Target

Value	Date	Description
10	6/30/2008	Percent of individuals served

Measure Data

Year	Annual Measure			
2004	12.0			
2005	10.6			
2006	9.0			
2007	10.3			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Local Chronic Disease and Prevention Control

Objective

Provide local leadership for chronic disease prevention and control.

Measure #1E

Percent of local health departments with an active chronic disease prevention partnership.

Key Measure

Measure Type

Preferred Trend

Input

Up

Measure Methodology

Data contained in the Local Health Department Annual Report will serve as the basis for calculating this measure

Measure Baseline

Value

56

Date

6/30/2005

Description

Percent of local health departments

Measure Target

Value

80

Date

6/30/2008

Description

Percent of local health departments

Measure Data

Year	Annual Measure			
2005	56			
2006	83			
2007	74			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Local Chronic Disease and Prevention Control

Objective

Provide local health outcome data and epidemiology support to help frame the chronic disease problem and develop strategies at the local health department level.

Measure #1E

Percent of local health departments with a plan to address a chronic disease condition in their community.

Key Measure

Measure Type

Preferred Trend

Input

Up

Measure Methodology

Data contained in Local Health Department Annual Report will be used as basis for calculating this measure.

Measure Baseline

Value

56

Date

6/30/2005

Description

Percent of local health departments

Measure Target

Value

80

Date

6/30/2008

Description

Percent of local health departments

Measure Data

Year	Annual Measure			
2005	56			
2006	77			
2007	77			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Local Chronic Disease and Prevention Control

Objective

Improve access to basic chronic disease medical management and access to affordable medications.

Measure #1E

Percent of local health departments that work with a partnership group to improve access to basic medical care services.

Key Measure

Measure Type

Preferred Trend

Input

Up

Measure Methodology

Data contained in the Local Health Department Annual Report will be used as the basis for calculating this measure.

Measure Baseline

Value

56

Date

6/30/2005

Description

Percent of local health departments

Measure Target

Value

100

Date

6/30/2008

Description

Percent of local health departments

Measure Data

Year	Annual Measure			
2005	56			
2006	83			
2007	86			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Local Laboratory and Pharmacy Services

Objective

Assure access to quality pharmaceutical services in support of public health

Measure #1E

Dispensing error rate

Key Measure

Measure Type

Preferred Trend

Outcome

Down

Measure Methodology

2005 VDH Risk Management data. Error rate = Number of incident reports/number of prescriptions filled

Measure Baseline

Value

Date

Description

1

7/1/2006

Errors per 1,000 filled prescriptions

Measure Target

Value

Date

Description

.75

6/30/2008

Errors per 1,000 filled prescriptions

Measure Data

Year	Annual Measure			
2006	0.003			
2007	0.004			
2008	--			

Explanatory Note

FY06 data is .003. FY07 data is .004. This data will not show on the graph as the graph is limited to 2 decimal places.

Department of Health (601)

Service Area

Local Laboratory and Pharmacy Services

Objective

Assure access to quality pharmaceutical services in support of public health

Measure #1E

Compliance with laws and standards

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

Board of Pharmacy Inspection reports will be provided to VDH by the local health department pharmacist in charge, and will be used to calculate the percentage of compliant stand-alone pharmacies.

Measure Baseline

Value

Date

Description

75

12/31/2006

Percent

Measure Target

Value

Date

Description

100

12/31/2008

Percent

Measure Data

Year	Annual Measure			
2006	99.99			
2007	--			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Local Laboratory and Pharmacy Services

Objective

Reduce the cost of providing laboratory services in local health departments by reviewing current laboratory operations and implementing statewide standards for procedures and instrumentation

Measure #1E

Cost per laboratory test

Key Measure	Measure Type	Preferred Trend
	Outcome	Down

Measure Methodology

Since this is a new measure and currently has no baseline data, the source of the information will come as a result of a statewide survey.

Measure Baseline

Value	Date	Description
0	12/1/2006	New measure; baselined data not available. Baseline to be established by December 2006,

Measure Target

Value	Date	Description
0	6/30/2008	Ten percent (10%) reduction in costs, based on the four most frequently used tests across all health departments, by end of FY08.

Measure Data

Year	Annual Measure			
2006	0			
2007	0			
2008	--			

Explanatory Note

VDH has been unable to establish a baseline for this measure and has proposed the elimination of this measure in its revision to the service area plan.

Department of Health (601)

Service Area

Local Laboratory and Pharmacy Services

Objective

Laboratory services within local health departments will meet the quality standards established by CLIA with no repeat citations on audit or inspection

Measure #1E

Repeat CLIA Citations in VDH Laboratories

Key Measure

Measure Type

Preferred Trend

Outcome

Maintain

Measure Methodology

CLIA - Clinical Laboratory Improvement Act. Since this is a new measure and currently no baseline data, the source of the information will come as a result of a statewide survey of laboratory practices and expenditures. The survey results will serve as the baseline for subsequent comparisons. There are 16 laboratories which are inspected on a three year cycle.

Measure Baseline

Value

0

Date

12/30/2006

Description

Number of repeat citations

Measure Target

Value

0

Date

12/30/2008

Description

Number of repeat citations

Measure Data

Year	Annual Measure			
2006	0			
2007	--			
2008	--			

Explanatory Note

There is a lag in data as data is reported on a calendar year basis rather than fiscal year.

Department of Health (601)

Service Area

Local Laboratory and Pharmacy Services

Objective

Reduce the administrative cost of providing pharmaceutical services in local health departments

Measure #1E

Administrative cost per prescription

Key Measure

Measure Type

Preferred Trend

Outcome

Down

Measure Methodology

VDH Central Pharmacy and Budget Office to derive formula for determining administrative costs for filling a prescription through local health department pharmacy vs. private sector pharmacy

Measure Baseline

Value

Date

Description

0

12/1/2006

New measure, baseline to be determined by December 2006.

Measure Target

Value

Date

Description

0

6/30/2008

At least 10 percent below private sector administrative costs by end of FY08.

Measure Data

Year	Annual Measure			
2006	0			
2007	0			
2008	--			

Explanatory Note

VDH is not in competition with the private sector to provide low cost pharmaceuticals. Due to the variance in types of pharmacies and labor costs, retail pharmacies will have higher administrative costs than health departments. VDH has proposed the elimination of this measure in its revision to the service area plan.

Department of Health (601)

Service Area

Local Nutrition Services

Objective

Provide low-income families with knowledge and resources to support healthy diets during pregnancy, breastfeeding and early childhood.

Measure #1E

Percentage of potentially-eligible pregnant women enrolled in the WIC program

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

The WIC-Net data system is the source of the persons enrolled. The number of persons estimated to be in each risk group was developed from state demographic and family income data by a contracted organization in 2003 and is updated as new birth and family income data is available.

Measure Baseline

Value

69

Date

9/30/2004

Description

Percent

Measure Target

Value

85

Date

6/30/2008

Description

Percent

Measure Data

Year	Annual Measure			
2004	69			
2005	74			
2006	76			
2007	--			
2008	--			

Explanatory Note

There is a lag in data as data is reported on a federal fiscal year basis rather than Virginia fiscal year. Federal fiscal year runs from October 1 through September 30.

Department of Health (601)

Service Area

Payments to Nonstate Entities

Objective

Process the payments to each non-state entity in compliance with the requirements of the Appropriation Act and the Code of Virginia

Measure #1E

Percent of payments accurately processed and documented to each entity as appropriated each fiscal year.

Key Measure	Measure Type	Preferred Trend
<input type="checkbox"/>	Output	Maintain

Measure Methodology

The Virginia Department of Health (VDH) Office of Budget Services (OBS) will review appropriation acts and collaborate with the VDH Accounting Office in identifying and executing all payments required by the Acts of the General Assembly.

Measure Baseline

Value	Date	Description
100	6/30/2005	Percent

Measure Target

Value	Date	Description
100	6/30/2008	Percent

Measure Data

Year	Annual Measure			
2005	100			
2006	100			
2007	100			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Administrative and Support Services

Objective

To ensure that resources are used efficiently and programs are managed effectively, and in a manner consistent with applicable state and federal requirements.

Measure #1E

Percent of Governor's Management scorecard categories marked as meets expectations for the agency.

Key Measure	Measure Type	Preferred Trend
<input type="text"/>	Outcome	Maintain

Measure Methodology

Information will be obtained from the Governor's Management Scorecard. Calculation is the number of cases where the agency scored "meets expectations" divided by the number of established criteria.

Measure Baseline

Value	Date	Description
100	6/30/2005	Percent

Measure Target

Value	Date	Description
100	6/30/2008	Percent

Measure Data

Year	Annual Measure			
2006	100			
2007	100			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Drinking Water Regulation

Objective

Conduct routine inspections of waterworks

Measure #1E

Number of routine waterworks inspections conducted in accordance with ODW schedule

Key Measure

Measure Type

Preferred Trend

Output

Maintain

Measure Methodology

This measure is reported directly to ODW's internal proprietary software program.

Measure Baseline

Value

Date

Description

1,772

6/30/2004

Number of waterworks inspections

Measure Target

Value

Date

Description

1,850

6/30/2008

Number of waterworks inspections

Measure Data

Year	Annual Measure			
2004	1,772			
2005	2,079			
2006	2,155			
2007	1,864			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Drinking Water Construction Financing

Objective

Increase Virginia's citizens access to safe and affordable drinking water ()

Measure #1E

The number of additional Virginia citizens who will gain access to safe and affordable drinking water will increase 63% ()

Key Measure	Measure Type	Preferred Trend
X	Outcome	Up

Measure Methodology

Cumulative number of citizens provided an adequate quality and quantity of drinking water as a result of loans and/or grants from the Drinking Water State Revolving Fund and Water Supply Assistance Grant programs. Progress is calculated using information from the Office of Drinking Water's internal Funding Database that contains the number of people benefiting from financial assistance for numerous construction projects. The Measure Target is cumulative to the baseline; and the new number of people benefiting is added to the existing baseline. The Database information is supplemented by onsite visit reports of each project's progress. In addition to retrieval from the Database, service area files contain a detailed hard copy of the onsite visit report. The calculation is made by generating a report from the database.

Measure Baseline

Value	Date	Description
76,494	7/1/2004	Number of citizens

Measure Target

Value	Date	Description
124,805	6/30/2009	Number of citizens

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2004	76,494	--	--	--
2005	101,764	--	--	--
2006	105,481	--	--	--
2007	107,653	110,553	115,387	115,801
2008	120,754	--	--	--

Explanatory Note

Department of Health (601)

Service Area

Public Health Toxicology

Objective

Assess health hazards of chemical, toxic, and certain biological agents which pose a threat to human health and the environment; provide information and recommendations as appropriate to abate or reduce potential health effects.

Measure #1E

Timeliness of response to requests for public health assessments of exposure to chemicals and biological agents.

Key Measure

Measure Type

Outcome

Preferred Trend

Maintain

Measure Methodology

Requests and data for public health assessments are received by telephone, letters, email, and fax. Sources of exposure are identified and the status of at-risk population is determined. Exposure data are evaluated by conducting literature searches and utilizing reference books. Public health actions and recommendations are determined based on exposure data and other environmental factors. Responses are provided by telephone, letters, email, or fax. A log will be kept noting the date and time of each request received and the date and time of the response provided. Measure will be calculated based on that data.

Measure Baseline

Value

95

Date

6/30/2005

Description

Percent of requests responded to within 48 hours

Measure Target

Value

95

Date

6/30/2009

Description

Percent of requests responded to within 48 hours

Measure Data

Year	Annual Measure			
2005	95.0			
2006	96.6			
2007	96.0			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Public Health Toxicology

Objective

Assess health hazards of chemical, toxic, and certain biological agents which pose a threat to human health and the environment; provide information and recommendations as appropriate to abate or reduce potential health effects.

Measure #1E

Timeliness of evaluation of fish monitoring data.

Key Measure

Measure Type

Outcome

Preferred Trend

Maintain

Measure Methodology

The Department of Environmental Quality submits its fish monitoring data approximately every four months. The levels of toxic chemicals in fish from various water bodies are reported. These levels are compared with levels in fish that can be safely consumed. If the levels of toxic substances in fish exceed the safe levels, fish consumption advisories are issued recommending the number of meals of contaminated fish that can be safely consumed. Timeliness of the issuance of fish consumption advisories will be monitored by the dates the advisories are issued.

Measure Baseline

Value

95

Date

6/30/2005

Description

Percent evaluated within 15 working days of receipt of data

Measure Target

Value

95

Date

6/30/2009

Description

Percent evaluated within 15 working days of receipt of data

Measure Data

Year	Annual Measure			
2005	95			
2006	100			
2007	100			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Public Health Toxicology

Objective

Assess health hazards of chemical, toxic, and certain biological agents which pose a threat to human health and the environment; provide information and recommendations as appropriate to abate or reduce potential health effects.

Measure #1E

Issuance of fish consumption advisories

Key Measure

Measure Type

Outcome

Preferred Trend

Maintain

Measure Methodology

The Department of Environmental Quality submits its fish monitoring data approximately every four months. The levels of toxic chemicals in fish from various water bodies are reported. These levels are compared with levels in fish that can be safely consumed. If the levels of toxic substances in fish exceed the safe levels, fish consumption advisories are issued recommending the number of meals of contaminated fish that can be safely consumed. Timeliness of the issuance of fish consumption advisories will be monitored by the dates the advisories are issued.

Measure Baseline

Value

95

Date

6/30/2005

Description

Percent of fish consumption advisories issued within 30 working days

Measure Target

Value

95

Date

6/30/2009

Description

Percent of fish consumption advisories issued within 30 working days

Measure Data

Year	Annual Measure			
2005	95			
2006	100			
2007	100			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

State Office of Environmental Health Services

Objective

Improve the performance of decentralized wastewater treatment systems by promoting the concept of continuous management and facilitating upgraded professional standards of practice.

Measure #1E

Completeness of statewide inventory of onsite wastewater systems.

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

Since October 2003, local health departments have been directed to enter their onsite sewage system data for applications received. Data on systems installed prior to that date are stored in paper files. Estimated number of systems is available by county from 1990 census.

Measure Baseline

Value

0

Date

10/31/2003

Description

There was no electronic inventory of onsite sewage systems for local health departments as of October 2003.

Measure Target

Value

95

Date

6/30/2008

Description

Maintain an inventory of at least 95% of new installations during FY07, and increase the electronic inventory of existing systems (installed prior to October 2003) by adding 10% of these "legacy systems" to the inventory by end of FY07.

Measure Data

Year	Annual Measure			
2003	0			
2004	52			
2005	43			
2006	85			
2007	85			
2008	--			

Explanatory Note

Data reported for new installations. In the future, VDH intends to split this measure into two measures, one for inventory for new installations and one for adding legacy systems to the inventory.

Department of Health (601)

Service Area

State Office of Environmental Health Services

Objective

Improve the performance of decentralized wastewater treatment systems by promoting the concept of continuous management and facilitating upgraded professional standards of practice.

Measure #1E

Authorized Onsite Sewage Evaluator (AOSE) and Environmental Health Specialist (EHS) competency and performance in the siting, design, and permitting of onsite sewage systems.

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

VDH policy requires at least 10% of the permit applications submitted and certified by AOSEs to be reviewed by VDH for quality assurance.

Measure Baseline

Value

50

Date

6/30/2005

Description

Percent

Measure Target

Value

60

Date

6/30/2008

Description

Percent

Measure Data

Year Annual Measure

Year	Annual Measure			
2005	50.0			
2006	55.4			
2007	45.0			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

State Office of Environmental Health Services

Objective

Assure compliance of biosolids land application operations through surveillance by competent local biosolid monitors and through training of land appliers.

Measure #1E

Surveillance of Land Application Operations Conducted by Trained Appliers and Monitored by Trained Local Biosolids Monitors

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

Contractors submit monthly reports to VDH on their site specific operations and local monitors submit monthly reports to VDH on their surveillance activities. Those reports will provide the data necessary for this measure.

Measure Baseline

Value

10

Date

6/30/2005

Description

Percent

Measure Target

Value

20

Date

6/30/2008

Description

Percent

Measure Data

Year	Annual Measure			
2005	10.0			
2006	22.4			
2007	20.4			
2008	--			

Explanatory Note

The 2008 General Assembly consolidated responsibility for regulating land application of biosolids within the Department of Environmental Quality, effective January 1, 2008. This measure is being removed from the VDH service area plan.

Department of Health (601)

Service Area

State Office of Environmental Health Services

Objective

Prevent or mitigate food safety hazards through continued surveillance of restaurants and providing guidance and enforcement of regulations

Measure #1E

Number of appropriate regulatory enforcement activities

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

Virginia Environmental Information System Reports will be used to track and identify the number of enforcement actions taken against food service facilities regulated by VDH.

Measure Baseline

Value

1,310

Date

6/30/2006

Description

Number of appropriate regulatory enforcement activities

Measure Target

Value

1,375

Date

6/30/2008

Description

Number of appropriate regulatory enforcement activities

Measure Data

Year	Annual Measure			
2006	1,310			
2007	1,609			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

State Office of Environmental Health Services

Objective

Prevent or mitigate food safety hazards through continued surveillance of restaurants and providing guidance and enforcement of regulations

Measure #1E

Monthly visits to restaurant inspection website

Key Measure

Measure Type

Preferred Trend

Output

Maintain

Measure Methodology

Monthly website statistics received from HealthSpace Integrated Solutions.

Measure Baseline

Value

59,000

Date

6/30/2004

Description

Number of monthly visits

Measure Target

Value

59,000

Date

6/30/2008

Description

Number of monthly visits

Measure Data

Year	Annual Measure			
2004	59,119			
2005	55,025			
2006	80,000			
2007	89,800			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Shellfish Sanitation

Objective

Advance the elimination of shellfish-borne disease

Measure #1E

Annual number of confirmed outbreaks of shellfish-borne disease due to contamination of shellfish in Virginia.

Key Measure

Measure Type

Preferred Trend

Outcome

Maintain

Measure Methodology

VDH works cooperatively with the USFDA to track all cases of shellfish-borne disease both due to Virginia's product, and cases occurring in Virginia but due to other state's product that may or may not have been contaminated in Virginia. Outbreaks are reported on the "Epi 1" form.

Measure Baseline

Value

Date

Description

0

6/30/2005

Number of confirmed outbreaks

Measure Target

Value

Date

Description

0

6/30/2008

Number of confirmed outbreaks

Measure Data

Year	Annual Measure			
2000	0			
2001	0			
2002	0			
2003	0			
2004	0			
2005	0			
2006	0			
2007	0			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Shellfish Sanitation

Objective

Advance the elimination of shellfish-borne disease

Measure #1E

Annual number of cases of confirmed shellfish-borne disease due to naturally occurring pathogens in Virginia shellfish.

Key Measure

Measure Type

Preferred Trend

Outcome

Maintain

Measure Methodology

Tracked as in Measure 91402.01.01. Sporadic cases of shellfish-borne disease due to naturally occurring pathogens are increasing nationally, but Virginia has had only one confirmed case in recent history. Cases of naturally occurring Vibrio illness are recorded on form "CDC 52.79". VDH will actively strive to achieve zero cases annually, though to always expect zero is unrealistic.

Measure Baseline

Value

0

Date

12/31/2005

Description

Number of confirmed cases

Measure Target

Value

0

Date

6/30/2008

Description

Number of confirmed cases

Measure Data

Year	Annual Measure			
2000	0			
2001	1			
2002	0			
2003	0			
2004	1			
2005	0			
2006	1			
2007	1			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Bedding and Upholstery Inspection

Objective

Protect public health through licensure and inspection of bedding and upholstered furniture establishments.

Measure #1E

Timeliness of Response to Consumer Complaints

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

From office records of complaints, calculate the percentage of consumer complaints responded to within three working days of receipt.

Measure Baseline

Value

90

Date

6/30/2005

Description

Percent of all complaints that were responded to within three working days

Measure Target

Value

95

Date

6/30/2008

Description

Percent of all complaints that were responded to within three working days

Measure Data

Year	Annual Measure			
2005	90.0			
2006	98.4			
2007	100.0			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Radiological Health and Safety Regulation

Objective

Protect the public and occupational radiation workers by maintaining effective control over licensed radioactive materials to ensure their safe handling and disposal.

Measure #1E

Percent of violations corrected in a timely manner.

Key Measure

Measure Type

Preferred Trend

Outcome

Maintain

Measure Methodology

Data are collected from reports of violations submitted by VDH inspectors throughout the year. The percent of violations corrected is calculated as the total number of violations corrected during the year divided by the number of violations issued and due for correction during the year multiplied by 100

Measure Baseline

Value

100

Date

6/30/2004

Description

Percent for correction rate

Measure Target

Value

100

Date

6/30/2009

Description

Percent for correction rate

Measure Data

Year	Annual Measure			
2004	100			
2005	--			
2006	99			
2007	100			
2008	--			

Explanatory Note

Data not available for 2005 due to technical difficulties.

Department of Health (601)

Service Area

Radiological Health and Safety Regulation

Objective

Protect the public from health risks due to indoor radon.

Measure #1E

Timeliness of response to public requests for radon information.

Key Measure

Measure Type

Preferred Trend

Outcome

Maintain

Measure Methodology

Requests for information and publications for indoor radon and its mitigation are received by telephone, letters, email, and fax. Responses to these requests are typically provided within 48 hours by telephone, letters, email, or fax. Log sheets are used to record request from the public and include the date of the request and date the information or service is provided. VDH calculates the percentage by dividing the number of request provided within 48 hours by the total number of request and multiplied by 100

Measure Baseline

Value

95

Date

6/30/2005

Description

The response time for each request was approximately 48 hours in 95% of the cases during FY05.

Measure Target

Value

95

Date

6/30/2009

Description

Maintain a response time of 48 hours or less for at least 95% of requests during FY07.

Measure Data

Year	Annual Measure			
2005	95			
2006	100			
2007	95			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Radiological Health and Safety Regulation

Objective

Protect public health by measuring the amount of radiation and radioactivity in the environment, and taking appropriate corrective action.

Measure #1E

Timeliness of response to incidents involving elevated radiation levels.

Key Measure	Measure Type	Preferred Trend
	Outcome	Maintain

Measure Methodology

Notifications of incidents involving radiation contamination at scrap metal facilities or sanitary landfills are received by telephone. VDH conducts site visits and monitors radiation levels at the reported facilities. When appropriate, VDH issues U.S. Department of Transportation (DOT) exemptions that allow the return of scrap metal and municipal waste shipments to the point of origin. Data is documented on DOT approval forms. The percentage of responses within 48 hours is determined by dividing the number of responses within 48 hours by the total number of responses and multiplying by 100

Measure Baseline

Value	Date	Description
95	6/30/2004	95% of the incidents were responded to within 48 hours during FY04.

Measure Target

Value	Date	Description
95	6/30/2009	Maintain response time of 48 hours or less for at least 95% of incidents during FY07.

Measure Data

Year	Annual Measure			
2004	95			
2005	100			
2006	100			
2007	100			
2008	--			

Explanatory Note

Department of Health (601)

Service Area

Emergency Preparedness and Response

Objective

Ensure the development of emergency response plans, policies, and procedures that identify, prioritize, and address public health and healthcare response to all hazards across all functions

Measure #1E

Percent of VDH employees who have emergency response roles documented in their job descriptions that are trained in National Incident Management System (NIMS).

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

Training to be tracked in Training Finder Real-time Affiliate Integrated Network (TRAIN) and percentage to be determined as number trained compared to number of full time classified employees provided by VDH Office of Human Resources.

Measure Baseline

Value

4.3

Date

5/30/2005

Description

Percent trained

Measure Target

Value

65

Date

7/1/2008

Description

Percent trained

Measure Data

Year	Annual Measure			
2005	4.3			
2006	45.8			
2007	64.0			
2008	--			

Explanatory Note

Data reported for 2006 is as of October, 2006.

Department of Health (601)

Service Area

Emergency Preparedness and Response

Objective

Produce timely, accurate, and actionable health intelligence or information in support of prevention, awareness, deterrence, response and continuity planning operations.

Measure #1E

Percent of key stakeholders who are notified/alerted of public health emergencies or significant events through the public health emergency communications system

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

Response rate calculated automatically from Bioterrorism Readiness Suite (BTRS) system based upon number of providers entered into the data base compared to number of responders confirming receipt of message.

Measure Baseline

Value

65

Date

10/31/2004

Description

Percent confirmed response rate within 120 minutes

Measure Target

Value

98

Date

6/30/2008

Description

Percent confirmed response rate within 120 minutes

Measure Data

Year	Annual Measure			
2004	65			
2005	49			
2006	--			
2007	95			
2008	--			

Explanatory Note

No testing took place during FY06.

Department of Medical Assistance Services (602)

Service Area

Reimbursements for Medical Services Related to Involuntary Mental Commitments

Objective

Ensure that providers that are treating TDO clients continue to be compensated for the allowable services they provide and ensure that these services are within the timeframe of the commitment order.

Measure #1

Percentage of accurate reimbursement payments processed within 30 calendar days of receipt at DMAS

Key Measure Measure Type Preferred Trend

Outcome

Maintain

Measure Methodology

VaMMIS reports and a manual staff log will be used to capture the date a clean claim was received at DMAS, Julian date of processing by First Health, date adjudicated for payment, and actual remittance advice date.

Measure Baseline

Value

92

Date

6/30/2006

Description

FY2006 - 92%

Measure Target

Value

90

Date

6/30/2008

Description

For FY2008, 90% of all clean claims will be adjudicated within 30 calendar days of receipt at DMAS.

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2006	--	--	--	92.0
2007	100.0	96.0	97.7	97.9
2008	99.1	--	--	--

Explanatory Note

Department of Medical Assistance Services (602)

Service Area

Reimbursements for Medical Services Provided Under the Family Access to Medical Insurance Security Plan

Objective

Enroll all eligible children in the FAMIS program

Measure #2

Number of eligible children enrolled in FAMIS or FAMIS Plus

Key Measure

Measure Type

Preferred Trend

Output

Maintain

Measure Methodology

Data Source: Data from VAMMIS on the number of children enrolled in FAMIS on the first day of each month, following all cancellations that occur on the last day of each month, will be reported. This number will be combined with enrollment data for FAMIS Plus (Medicaid) and compared to the number of children estimated to be eligible for publicly supported health insurance in Virginia for a percentage of overall enrollments.

Calculation: Estimates of eligible children are calculated by a formula based on Census data, poverty rates by locality and results of the 2000 Health Access Survey conducted by the Virginia Health Care Foundation. This formula is recalibrated periodically as current data become available (the last updates were made in January 2002 and January 2004).

Measure Baseline

Value

416,548

Date

6/30/2005

Description

As of July 1, 2005, approximately 416,548 enrolled in either FAMIS or FAMIS Plus.

Measure Target

Value

430,878

Date

6/30/2008

Description

The enrollment target for the FAMIS or FAMIS Plus program will remain at or better for FY 2006 and beyond.

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2002	--	--	--	297,030
2003	--	--	--	339,710
2004	--	--	--	383,308
2005	--	--	--	416,548
2006	--	--	--	430,878
2007	420,240	421,902	422,394	425,169
2008	426,650	--	--	--

Explanatory Note

This measure provides an objective way to monitor enrolled children

Department of Medical Assistance Services (602)

Service Area

Reimbursements for Medical Services Provided Under the Family Access to Medical Insurance Security Plan

Objective

We will work to improve the oral health and increase the utilization of appropriate preventative care by FAMIS enrolled children

Measure #3

Percentage of two year olds in FAMIS fully immunized

Key Measure	Measure Type	Preferred Trend
X	Outcome	Up

Measure Methodology

DMAS contracts with an external quality review organization to study the rate of appropriate immunizations for children covered by FAMIS and FAMIS PLUS. An annual report determines the number of children receiving the recommended immunizations by age group is divided by the number of children covered by the programs. HEDIS data from contracted managed care organizations and claims data are analyzed.

Measure Baseline

Value	Date	Description
89.6	6/30/2005	FY 2005 = 89.6%

Measure Target

Value	Date	Description
92	6/30/2008	FY 2008 = 92%

Measure Data

Year	Annual Measure			
2005	89.6			
2006	90.2			
2007	--			
2008	--			

Explanatory Note

The annual report with the results for 2007 will be available in December 2007.

Department of Medical Assistance Services (602)

Service Area

Reimbursements for Medical Services Provided Under the Family Access to Medical Insurance Security Plan

Objective

We will work to improve the oral health and increase the utilization of appropriate preventative care by FAMIS enrolled children

Measure #4

Well-child visit rate

Key Measure	Measure Type	Preferred Trend
X	Outcome	Up

Measure Methodology

DMAS contracts with an External Quality Review Organization (EQRO) to study and produce an annual report of the utilization of appropriate well child visits by the FAMIS population. Both administrative claims data from VAMMIS and medical record data are reviewed. The rate of 15-month-old children receiving the recommended number of well-child visits is determined by comparing the number of children in this age group who received six or more well-child visits since birth to the total number of 15-month-old children enrolled. The rate of 3 to 6 year old children receiving recommended well-child visits is determined by comparing the number of children in this age group receiving one or more well-child visits during the study period to the total number of 3 to 6 year old children.

The annual report based on CY data is available in Nov/Dec. The results are calculated from an average of both (15month & 3-6 yr olds) populations.

Measure Baseline

Value	Date	Description
51	6/30/2004	Well-child visits – For SFY 2004 = 51% of 15 month old children receiving recommended number of visits and 62.5% of 3 to 6 year old children receiving recommended number of visits

Measure Target

Value	Date	Description
70	6/30/2008	Well-child visits – Compliance with recommended number of visits for 15 month old children in CY 2008 = 70%; compliance with recommended number of visits for 3 to 6 year old children in CY 2008 = 70%

Measure Data

Year	Annual Measure			
2005	51			
2006	41			
2007	--			
2008	--			

Explanatory Note

The annual report with the results for 2007 will be available in December 2007.

Department of Medical Assistance Services (602)

Service Area

Reimbursements for Medical Services Provided Under the Family Access to Medical Insurance Security Plan

Objective

We will work to improve the oral health and increase the utilization of appropriate preventative care by FAMIS enrolled children

Measure #5

Percentage of FAMIS enrolled children who utilize dental services

Key Measure Measure Type Preferred Trend

X

Outcome

Up

Measure Methodology

DMAS claims data are utilized to determine the number of children covered by FAMIS or FAMIS PLUS between the age of three and twenty-one receiving routine dental care visits. This number is divided by the number of children in this age group enrolled in the program. Due to the claim process, final results lag the closing period by about six months but are reported in the current quarter (Jan-Mar quarter is reported in Jul-Sept quarter). Quarterly results are cumulative and based on total enrollment.

Measure Baseline

Value	Date	Description
30.44	6/30/2005	FY2005 = 30.44%

Measure Target

Value	Date	Description
40	6/30/2008	FY2008 = 40%

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2001	--	--	--	27.00
2002	--	--	--	23.00
2003	--	--	--	28.90
2004	--	--	--	25.10
2005	--	--	--	30.44
2006	--	--	--	35.93
2007	16.00	26.00	34.00	36.00
2008	38.82	--	--	--

Explanatory Note

Department of Medical Assistance Services (602)

Service Area

Reimbursements to State-Owned Mental Health and Mental Retardation Facilities

Objective

To ensure appropriate and timely Medicaid funding of services provided to Medicaid eligible individuals in the DMHMRSAS facilities.

Measure #6

Percentage of maximum feasible federal funds that are provided in reimbursement to the facilities.

Key Measure

Measure Type

Preferred Trend

Outcome

Maintain

Measure Methodology

Source: DMAS generated expenditure report from CARS (Budget balance file) by program 45607 for fund 1000. In addition, the budgeted amounts for this are obtained from the Appropriation Act. Calculation: Federal expenditures are divided by the federal budget to determine a percentage of funds used.

Measure Baseline

Value	Date	Description
99.9	6/30/2005	99.9% in FY 2005

Measure Target

Value	Date	Description
99	6/30/2008	99% or greater of the potential federal funds are paid to the facilities.

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2003	--	--	--	98.0
2004	--	--	--	100.0
2005	--	--	--	100.0
2006	--	--	--	100.0
2007	10.4	59.0	80.0	100.0
2008	33.0	--	--	--

Explanatory Note

Department of Medical Assistance Services (602)

Service Area

Reimbursements to State-Owned Mental Health and Mental Retardation Facilities

Objective

To ensure appropriate and timely Medicaid funding of services provided to Medicaid eligible individuals in the DMHMRSAS facilities.

Measure #7

Percentage of state funds made available to DMAS for these facilities that are provided in reimbursement to the facilities.

Key Measure Measure Type Preferred Trend

Outcome

Maintain

Measure Methodology

'Source: DMAS generated expenditure report from CARS (Budget balance file) by program 45607 for fund 0100. In addition, the budgeted amounts for this is obtained from the Appropriation Act. Calculation: State expenditures are divided by the state only budget to determine a percentage of funds used.

Measure Baseline

Value	Date	Description
99.9	6/30/2005	99.9% in FY 2005

Measure Target

Value	Date	Description
99	6/30/2008	99% or greater of state funds appropriated for the purpose are paid to the facilities.

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2003	--	--	--	99.66
2004	--	--	--	99.96
2005	--	--	--	99.93
2006	--	--	--	100.00
2007	10.40	59.00	87.00	100.00
2008	33.00	--	--	--

Explanatory Note

Department of Medical Assistance Services (602)

Service Area

Reimbursements for Mental Health and Mental Retardation Services

Objective

Increase access to outpatient and community-based mental health services

Measure #8

Outpatient/inpatient expense ratio

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

Source: DMAS generated expenditure CARS report by applicable object codes for Institutional MH services (for State and private MH facilities and Psych facilities) and Community MH facilities. Calculation: Community MH Services costs are divided by all MH facility costs to determine an expense ratio.

Measure Baseline

Value

59.8

Date

6/30/2005

Description

FY 05 = 59.8%

Measure Target

Value

73

Date

6/30/2008

Description

FY 07 = 73%

Measure Data

Year	Annual Measure			
2001	48.5			
2002	46.4			
2003	51.8			
2004	55.4			
2005	59.8			
2006	64.9			
2007	69.8			
2008	--			

Explanatory Note

This measure provides an objective way to monitor outpatient and community-based mental health services

Department of Medical Assistance Services (602)

Service Area

Reimbursements for Professional and Institutional Medical Services

Objective

Facilitate access to member healthcare services by building and retaining a sufficient network of diverse providers to deliver covered services

Measure #9

Number of Va Medicaid enrolled physicians actively submitting claims

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

Source: DMAS Statistical Report, "Number of Providers Receiving Payments from DMAS", File: "provpart-yr"

Measure Baseline

Value

20,410

Date

6/30/2004

Description

For FY 2004

Measure Target

Value

21,457

Date

6/30/2008

Description

For FY 2008

Measure Data

Year	Annual Measure			
2001	17,955			
2002	18,609			
2003	18,760			
2004	18,733			
2005	20,410			
2006	20,957			
2007	21,399			
2008	--			

Explanatory Note

This measure provides an objective way to monitor and report access of healthcare services.

Department of Medical Assistance Services (602)

Service Area

Reimbursements for Professional and Institutional Medical Services

Objective

Facilitate access to member healthcare services by building and retaining a sufficient network of diverse providers to deliver covered services

Measure #10

Number of enrolled dentist in the network

Key Measure	Measure Type	Preferred Trend
	Output	Up

Measure Methodology

The number of enrolled dentists are tracked, reported, and provided to DMAS, Health Care Services Division, by Doral Dental, USA

Measure Baseline

Value	Date	Description
620	6/30/2005	FY2005 = 620 enrolled dentists

Measure Target

Value	Date	Description
1,000	6/30/2008	FY2008 = 1000 enrolled dentists

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2005	--	--	--	620
2006	--	--	--	810
2007	856	900	954	971
2008	1,007	--	--	--

Explanatory Note

Department of Medical Assistance Services (602)

Service Area

Reimbursements for Professional and Institutional Medical Services

Objective

Enhance current systems that monitor quality assurance and program integrity

Measure #11

The number of providers, recipients, and medical record reviews completed each year

Key Measure

Measure Type

Preferred Trend

Output

Maintain

Measure Methodology

Source: QMR (Quality Medical Recovery) reviews are performed and tracked by DMAS, Long Term Care Division. Recipient Audit Unit (RAU) and Provider Review Unit (PRU) reviews are performed and tracked by DMAS, Program Integrity. Calculation: The sum of all reviews comprise the value number.

Measure Baseline

Value

1,069

Date

6/30/2004

Description

Base reviews required FY 2004

Measure Target

Value

1,710

Date

6/30/2008

Description

Reviews to complete in FY 2008

Measure Data

Year	Annual Measure			
2004	1,234			
2005	1,450			
2006	1,782			
2007	2,375			
2008	--			

Explanatory Note

This measure provides an objective way to monitor and enhance quality assurance and program integrity

Department of Medical Assistance Services (602)

Service Area

Reimbursements for Professional and Institutional Medical Services

Objective

Build and sustain an effective and innovative operation that utilizes technology and industry standards

Measure #12

Percent of clean claims paid in 30 days

Key Measure

Measure Type

Preferred Trend

Outcome

Maintain

Measure Methodology

VAMMIS Clean Claim report #MRM325 produces counts and average days that are used to compute the 30 day value percentages.

Measure Baseline

Value

100

Date

6/30/2006

Description

100% SY06

Measure Target

Value

100

Date

6/30/2008

Description

100% of clean claims are paid in 30 days

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2004	--	--	--	85.3
2005	--	--	--	96.9
2006	--	--	--	100.0
2007	99.0	100.0	99.9	100.0
2008	100.0	--	--	--

Explanatory Note

Department of Medical Assistance Services (602)

Service Area

Reimbursements for Professional and Institutional Medical Services

Objective

Improve the quality, coordination of care and associated health outcomes to Medicaid/FAMIS participants diagnosed with asthma, diabetes, congestive heart failure and coronary artery disease

Measure #13

Percentage of eligible clients who are participating in Disease Management

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

Source: H.M.C. contractor report. Calculation: The participation rate is the measure of participation in the care management program among the eligible identified cases. Calculated as Total minus cases closed for Declined All Contact or No Valid Phone/Address. Values are cumulative from January each calendar year.

Measure Baseline

Value

9

Date

6/30/2006

Description

9% for FY 2006

Measure Target

Value

25

Date

12/31/2008

Description

25% by Dec 2008

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2006	--	--	9.8	11.0
2007	13.0	17.0	16.7	21.0
2008	25.1	--	--	--

Explanatory Note

Department of Medical Assistance Services (602)

Service Area

Reimbursements for Professional and Institutional Medical Services

Objective

We will work to improve the oral health of Medicaid children by increasing the percentage of enrolled children who utilize dental services

Measure #14

Percentage of enrolled children who utilize dental services

Key Measure	Measure Type	Preferred Trend
X	Outcome	Up

Measure Methodology

DMAS claims data are utilized to determine the annual number of children covered by FAMIS or FAMIS PLUS between the age of three and twenty-one receiving routine dental care visits. This number is divided by the number of children in this age group enrolled in the program. Due to the claim process, final results lag the closing period by about six months but are reported in the current quarter (Jan-Mar quarter is reported in Jul-Sept quarter). Quarterly results are cumulative and based on total enrollment.

Measure Baseline

Value	Date	Description
30.44	6/30/2005	30.44% for FY2005

Measure Target

Value	Date	Description
40	6/30/2008	40% for FY 2008

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2001	--	--	--	27.00
2002	--	--	--	23.00
2003	--	--	--	28.90
2004	--	--	--	25.10
2005	--	--	--	30.44
2006	--	--	--	35.93
2007	16.00	26.00	34.00	36.00
2008	38.82	--	--	--

Explanatory Note

Department of Medical Assistance Services (602)

Service Area

Reimbursements for Professional and Institutional Medical Services

Objective

We will work to improve birth outcomes in the Medicaid population by increasing the percentage of Medicaid/FAMIS covered births which are normal birth weight, rather than below normal birth weight

Measure #15

Percentage of Medicaid/FAMIS covered births which are normal birth weight

Key Measure	Measure Type	Preferred Trend
X	Outcome	Up

Measure Methodology

Annual Report conducted each Fall by the contracted external quality review organization (formerly Delmarva Foundation as of SFY 2008, Michigan Peer Review Organization) monitored by Quality Analyst in the Healthcare Services Division

Unit of Analysis: Based on Health Employer Data and Information Set (HEDIS) methodology for Timeliness of Prenatal Care measure

Measure Baseline

Value	Date	Description
90	6/30/2005	90% for FY 2005

Measure Target

Value	Date	Description
92	6/30/2008	92% by FY 2008

Measure Data

Year	Annual Measure			
2001	91			
2002	91			
2003	90			
2004	89			
2005	90			
2006	89			
2007	--			
2008	--			

Explanatory Note

The annual report with the results for 2007 will be available in December 2007.

Department of Medical Assistance Services (602)

Service Area

Reimbursements for Professional and Institutional Medical Services

Objective

We will work to improve the immunization rate among Medicaid children by increasing the percentage of two year olds in Medicaid who are fully immunized

Measure #16

Percentage of two year olds in Medicaid who are fully immunized

Key Measure Measure Type Preferred Trend

X

Outcome

Up

Measure Methodology

Annual Report conducted each Fall by the contracted external quality review organization (formerly Delmarva Foundation as of SFY 2008, Michigan Peer Review Organization) monitored by Quality Analyst in the Healthcare Services Division

Unit of Analysis: Based on Health Employer Data and Information Set (HEDIS) methodology for Childhood Immunization Status measure

Measure Baseline

Value	Date	Description
87	6/30/2005	89% as of FY 2005

Measure Target

Value	Date	Description
90	6/30/2008	90% by FY 2008 and up to 91% in FY2009

Measure Data

Year	Annual Measure			
2001	70			
2002	86			
2003	91			
2004	92			
2005	87			
2006	86			
2007	--			
2008	--			

Explanatory Note

The annual report with the results for 2007 will be available in December 2007.

Department of Medical Assistance Services (602)

Service Area

Reimbursements for Long-Term Care Services

Objective

We will work to serve more long-term care clients in the community rather than institutions by increasing the percentage of spending for community based long care services as compared to all Medicaid long term care service expenditures.

Measure #17

Proportion of total Medicaid long term care expenditures for home and community based services.

Key Measure	Measure Type	Preferred Trend
X	Outcome	Up

Measure Methodology

Source: DMAS generated expenditure report (Summary of Medicaid Long-Term Care Expenditure Data) from CARS by applicable HCFA/CMS and Home Health category/object codes. Calculation: Home Health costs are divided by HCFA/CMS costs to determine a community long-term care percentage.

Measure Baseline

Value	Date	Description
34.4	6/30/2005	FY 2005 – 34.4%

Measure Target

Value	Date	Description
38	6/30/2009	FY 2009 – 38%

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2001	--	--	--	29.5
2002	--	--	--	30.1
2003	--	--	--	31.9
2004	--	--	--	33.0
2005	--	--	--	34.4
2006	--	--	--	36.2
2007	37.0	38.1	40.4	41.1
2008	40.9	--	--	--

Explanatory Note

Department of Medical Assistance Services (602)

Service Area

Reimbursements for Long-Term Care Services

Objective

Ensure access to home and community-based services is provided only to those persons who meet the functional level of care criteria and who utilize waiver services.

Measure #18

Perform a level of care review on all current eligible waiver recipients

Key Measure

Measure Type

Preferred Trend

Outcome

Maintain

Measure Methodology

The DMAS data system – LOCRE (Level of Care Review Evaluation System) managed by the Long Term Care Division, tracks all reviews completed.

Measure Baseline

Value

100

Date

6/30/2006

Description

FY 2006 - 100%

Measure Target

Value

100

Date

6/30/2008

Description

FY 2008 - 100%

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2003	--	--	--	50
2004	--	--	--	50
2005	--	--	--	100
2006	--	--	--	100
2007	100	100	100	100
2008	100	--	--	--

Explanatory Note

Department of Medical Assistance Services (602)

Service Area

Reimbursements for Long-Term Care Services

Objective

Integrate managed care as a service delivery model within the long-term care environment.

Measure #19

Percent of long-term care recipients in managed care

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

Agency data system – VAMMIS

Number of individuals receiving long term care services through managed care as a percentage of all persons receiving long-term care services.

Measure Baseline

Value

0.4

Date

6/30/2006

Description

0.4% for FY2006

Measure Target

Value

2.5

Date

6/30/2008

Description

2.5% for FY 2008

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2006	--	--	--	0.4
2007	0.7	0.7	0.7	0.8
2008	0.7	--	--	--

Explanatory Note

Department of Medical Assistance Services (602)

Service Area

Reimbursements to Acute Care Hospitals Providing Charity Care in Excess of the Median Level of Charity Care Costs

Objective

Fund a portion of the charity care provided by Virginia hospitals

Measure #20

Dollars collected from and paid to hospitals

Key Measure	Measure Type	Preferred Trend
	Outcome	Maintain

Measure Methodology

Source: DMAS generated revenue report from CARS (MR 1671) by IHCTC revenue source code 06250, fund 0242 and the CARS expenses for the same (Budget balance file). Calculation: Revenues (funds collected) are divided by the expenditures paid to determine a percentage of funds used. All payments are made during the last fiscal year quarter.

Measure Baseline

Value	Date	Description
100	6/30/2006	Dollars collected and paid is expressed as a percentage

Measure Target

Value	Date	Description
99	6/30/2008	99% or greater in FY 2008

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2003	--	--	--	99.0
2004	--	--	--	100.0
2005	--	--	--	100.0
2006	--	--	--	100.0
2007	0.0	0.0	0.0	99.4
2008	0.0	--	--	--

Explanatory Note

Department of Medical Assistance Services (602)

Service Area

Regular Assisted Living Reimbursements for Residents of Adult Homes

Objective

Improve the efficiency of the operation of the regular assisted living (RAL) program

Measure #21

The number of claims that are paid within established time frames through VaMMIS claims processing

Key Measure

Measure Type

Preferred Trend

Outcome

Maintain

Measure Methodology

The data for regular assisted living and nursing facility payments will be captured from VaMMIS and compared to financial transactions currently being processed by the Program Operations Division for regular assisted living and nursing facility residents who transition between these two levels of care. Data will be calculated on a statewide basis.

Measure Baseline

Value

99

Date

6/30/2005

Description

99% (2005)

Measure Target

Value

100

Date

6/30/2008

Description

100% paid timely

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2005	--	--	--	99
2006	--	--	--	100
2007	100	100	100	100
2008	100	--	--	--

Explanatory Note

Department of Medical Assistance Services (602)

Service Area

Reimbursements to Localities for Residents Covered by the State and Local Hospitalization Program

Objective

Ensure transactions are processed in an accurate and timely manner

Measure #22

Percent of funds expended at the end of program period.

Key Measure

Measure Type

Preferred Trend

Outcome

Maintain

Measure Methodology

Source: DMAS generated expenditure report from CARS (Budget balance file) by program 46401 for funds 0100 and 0204. In addition, the budgeted amounts for this is obtained from the Appropriation Act. Calculation: Expenditures are divided by the budget to determine a percentage of funds used.

Measure Baseline

Value

92

Date

4/30/2006

Description

92% on VaMMIS as of April 2006

Measure Target

Value

92

Date

6/30/2008

Description

92% or greater of all funds expended

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2003	--	--	--	84
2004	--	--	--	92
2005	--	--	--	93
2006	--	--	--	92
2007	78	91	92	92
2008	66	--	--	--

Explanatory Note

Department of Medical Assistance Services (602)

Service Area

Insurance Premium Payments for HIV-Positive Individuals

Objective

Maximize the potential of the program to cover as many eligible individuals as possible within available funding

Measure #23

Percent of available funds expended

Key Measure

Measure Type

Preferred Trend

Outcome

Maintain

Measure Methodology

Source: DMAS generated expenditure report from CARS (Budget balance file) by program 46403 for funds 0100 and 0204. In addition, the budgeted amounts for this is obtained from the Appropriation Act. Calculation: Expenditures are divided by the budget to determine a percentage of funds used.

Measure Baseline

Value

99.1

Date

6/30/2005

Description

For Fiscal year 2005 approximately 99.1% of the annual appropriation was expended

Measure Target

Value

92

Date

6/30/2008

Description

92% or greater of the annual appropriation for FY 2008

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2003	--	--	--	100.0
2004	--	--	--	98.8
2005	--	--	--	99.0
2006	--	--	--	100.0
2007	25.0	49.0	73.0	99.9
2008	24.0	--	--	--

Explanatory Note

Department of Medical Assistance Services (602)

Service Area

Reimbursements from the Uninsured Medical Catastrophe Fund

Objective

Facilitate access to health care services to qualified uninsured Virginians who have been diagnosed with a life-threatening injury or illness

Measure #24

Percent of completed applications processed within 60 days

Key Measure Measure Type Preferred Trend

Outcome

Maintain

Measure Methodology

Source: DMAS Program Operations Division tracking document of initial applications and approval/denial documents.

Calculation: Number of applications approved within 60 days/total applications

Measure Baseline

Value	Date	Description
100	6/30/2006	100% in FY2006

Measure Target

Value	Date	Description
100	6/30/2008	100% in FY2008

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2003	--	--	--	81
2004	--	--	--	41
2005	--	--	--	97
2006	--	--	--	100
2007	100	100	100	100
2008	100	--	--	--

Explanatory Note

A more aggressive target for fiscal year 2008 is measuring the applications processed within 45 days instead of 60.

Department of Medical Assistance Services (602)

Service Area

Reimbursements for Medical Services Provided to Low-Income Children

Objective

Enroll all eligible children in the SCHIP Medicaid Expansion program

Measure #25

Number of eligible children enrolled in FAMIS or FAMIS Plus

Key Measure	Measure Type	Preferred Trend
	Output	Up

Measure Methodology

Data Source: Data from VAMMIS on the number of children enrolled in the SCHIP Medicaid Expansion on the first day of each month, following all cancellations that occur on the last day of each month, will be reported. This number will be combined with enrollment data for all children enrolled in FAMIS Plus (Medicaid) and FAMIS and compared to the number of children estimated to be eligible for publicly supported health insurance in Virginia for a percentage of overall enrollment.

Calculation: Estimates of eligible children are calculated by a formula based on Census data, poverty rates by locality and results of the 2000 Health Access Survey conducted by the Virginia Health Care Foundation. This formula is recalibrated periodically as current data become available (the last updates were made in January 2002 and January 2004).

Measure Baseline

Value	Date	Description
416,548	6/30/2005	As of July 1, 2005, 416,548 eligible children enrolled in either FAMIS or FAMIS Plus.

Measure Target

Value	Date	Description
430,878	6/30/2008	The enrollment target for the FAMIS or FAMIS Plus program will remain at or better for FY 06 and beyond.

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2002	--	--	--	297,030
2003	--	--	--	339,710
2004	--	--	--	383,308
2005	--	--	--	416,548
2006	--	--	--	430,878
2007	420,240	421,902	422,394	425,169
2008	426,650	--	--	--

Explanatory Note

Department of Medical Assistance Services (602)

Service Area

Reimbursements for Medical Services Provided to Low-Income Children

Objective

We will work to improve oral health and increase the utilization of appropriate preventive care by children enrolled in the SCHIP Medicaid Expansion

Measure #26

Percentage of SCHIP Medicaid expansion enrolled children who utilize dental services

Key Measure	Measure Type	Preferred Trend
X	Outcome	Up

Measure Methodology

The HFCA 416 Report submitted annually to CMS captures dental claims data on children enrolled in Medicaid by age group. While the SCHIP Medicaid Expansion population is not separated out from the total number of children covered by Medicaid on this report, the rates of preventive dental care services do include this population. The age groups from age 6 to 19 are utilized to report approximate preventive dental care rates for this population. Due to the claim process, final results lag the closing period by about six months but are reported in the current quarter (Jan-Mar quarter is reported in Jul-Sept quarter). Quarterly results are cumulative and based on total enrollment.

Measure Baseline

Value	Date	Description
30.44	6/30/2005	30.44% in FY2005

Measure Target

Value	Date	Description
40	6/30/2008	40% in FY 2008

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2001	--	--	--	27.00
2002	--	--	--	23.00
2003	--	--	--	28.90
2004	--	--	--	25.10
2005	--	--	--	30.44
2006	--	--	--	35.93
2007	16.00	26.00	34.00	36.00
2008	38.82	--	--	--

Explanatory Note

Department of Medical Assistance Services (602)

Service Area

Reimbursements for Medical Services Provided to Low-Income Children

Objective

We will work to improve oral health and increase the utilization of appropriate preventive care by children enrolled in the SCHIP Medicaid Expansion

Measure #27

EPSDT well-child screenings

Key Measure	Measure Type	Preferred Trend
X	Outcome	Up

Measure Methodology

The EPSDT values are based on the Participant Ratio for children enrolled in Medicaid and the SCHIP Medicaid Expansion between ages 6 and 19. These values measure enrolled children receiving at least one well-child screening during the year. Values included in the federal 416 report are used to produce the quarterly values. A new system program is used to extract quarterly values and all current quarters will be updated by June 2007.

Measure Baseline

Value	Date	Description
23	6/30/2004	EPSDT well-child visits - According to the CY 2004 EQRO study of well-child visits for children covered by SCHIP, 23% of children ages 7 - 11 in the SCHIP Medicaid Expansion program received appropriate well-child visits and 21% of children ages 12 - 18.

Measure Target

Value	Date	Description
50	6/30/2008	Well-child screenings for FY 2008 = 50% overall compliance.

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2005	--	--	--	23.10
2006	--	--	--	39.00
2007	53.00	43.10	31.39	21.34
2008	22.42	--	--	--

Explanatory Note

The federal report that generates data on the number and rate of EPSDT well-child health screenings is designed to capture the number of children eligible for a screening and the number of screenings provided within a quarter. A rate or "participant ratio" is then determined for that quarter. Children in this age group are eligible for a well-child screening once a year or every other year and it is typical for the number of screenings to fluctuate during the year (generally low in summer and highest at back-to-school). The quarterly reports are not cumulative in nature but only report activity occurring within the reporting quarter. Therefore, changes in rates among quarters does not accurately reflect increasing or decreasing utilization of service.

Department of Medical Assistance Services (602)

Service Area

Administrative and Support Services

Objective

Improve communication among employees throughout the agency

Measure #28

The degree to which employees feel communications are effective

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

The degree to which employees feel communications are effective as measured by the employee survey

Measure Baseline

Value

Date

Description

75

6/30/2006

FY2006 - median percentage of 75%

Measure Target

Value

Date

Description

79

6/30/2007

FY2007 - median percentage of 79% - Not applicable for FY 2008

Measure Data

Year	Annual Measure			
2006	75			
2007	--			
2008	--			

Explanatory Note

The annual survey results for 2007 are pending and should be available in December 2007. This survey will not be conducted in 2008.

Department of Medical Assistance Services (602)

Service Area

Administrative and Support Services

Objective

Recruit, develop and retain a skilled, diverse and adequately sized, professional workforce

Measure #29

Employee turnover rate

Key Measure

Measure Type

Preferred Trend

Outcome

Down

Measure Methodology

DMAS tracking and reporting within the H.R. Division based on the Recruitment and Selection Log Analysis and Human Resources Transaction Log Analysis

Measure Baseline

Value

Date

Description

11

6/30/2006

11.5% for FY 2005

Measure Target

Value

Date

Description

7

6/30/2008

7.0% for FY 2008

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2004	--	--	--	5.00
2005	--	--	--	7.00
2006	--	--	--	11.00
2007	4.00	0.60	1.20	0.30
2008	2.11	--	--	--

Explanatory Note

Department of Medical Assistance Services (602)

Service Area

Administrative and Support Services

Objective

Safeguard and protect the assets of the agency, ensuring that incidents of fraud, waste and abuse are identified and reduced

Measure #30

DMAS achievement of an audit score of no less than 85.00 out of a possible 100.00

Key Measure	Measure Type	Preferred Trend
	Outcome	Maintain

Measure Methodology

Source: In November of each year, the outcome of IA concurrent testing performed within Internal Audit's Business Process Review System is reported in the Internal Audit Annual Report.

This measure is calculated based on the cumulative overall quantitative score results from: 1. outstanding APA findings, 2. results of Control Self Assessments, and 3. outstanding Internal Audit findings and IA testing of the outcome of quality assurance assessments of providers and recipients.

Findings are assigned a risk level that is then multiplied by the number of years since the audit to produce a value for the outstanding finding. The values for all outstanding findings are totaled and subtracted from a possible score of 100%. For business process scoring, individual tests is assigned a factor weight. Each test is scored on the basis of 1 to 100. The weighted score for each test is the percent correct multiplied by the factor weight.

Measure Baseline

Value	Date	Description
85	6/30/2006	An audit score of 85.00 out of a possible 100.00

Measure Target

Value	Date	Description
90	6/30/2008	Annual internal control score of 90 or above.

Measure Data

Year	Annual Measure			
2001	86.38			
2002	71.44			
2003	95.81			
2004	95.81			
2005	0.00			
2006	86.00			
2007	--			
2008	--			

Explanatory Note

Internal control status records were not completed for FY 2005. The annual report with the results for 2007 will be available in October 2007.

Department of Medical Assistance Services (602)

Service Area

Administrative and Support Services

Objective

Safeguard and protect the assets of the agency, ensuring that incidents of fraud, waste and abuse are identified and reduced

Measure #31

The degree to which financial statements and reports are free of material misstatement

Key Measure	Measure Type	Preferred Trend
	Outcome	Maintain

Measure Methodology

Source: In November of each year, the outcome of IA concurrent testing performed within Internal Audit's Business Process Review System is reported in the Internal Audit Annual Report.

This measure is calculated based on the cumulative overall quantitative score results from outstanding APA findings.

Findings are assigned a risk level that is then multiplied by the number of years since the audit to produce a value for the outstanding finding. The values for all outstanding findings are totaled and subtracted from a possible score of 100%.

Measure Baseline

Value	Date	Description
85	6/30/2006	A audit score of 85.00 out of a possible 100.00 achieved by the Agency as a result of concurrent internal control testing.

Measure Target

Value	Date	Description
90	6/30/2008	Annual internal control score of 90 or above.

Measure Data

Year	Annual Measure			
2001	96			
2002	92			
2003	100			
2004	100			
2005	0			
2006	100			
2007	--			
2008	--			

Explanatory Note

Internal control status values were not completed for FY 2005. The annual report with the results for 2007 will be available in October 2007.

Department of Medical Assistance Services (602)

Service Area

Administrative and Support Services

Objective

Ensure programs are evaluated and monitored for operational effectiveness and efficiency

Measure #32

The number of incidents involving operational inefficiency/ineffectiveness reported by audit entities

Key Measure**Measure Type**

Outcome

Preferred Trend

Maintain

Measure Methodology

Source: In November of each year, the outcome of IA concurrent testing performed within Internal Audit's Business Process Review System is reported in the Internal Audit Annual Report.

This measure is calculated based on the cumulative overall quantitative score results from the outstanding Internal Audit findings and IA testing of the outcome of quality assurance assessments of providers and recipients.

For business process scoring, individual tests is assigned a factor weight. Each test is scored on the basis of 1 to 100. The weighted score for each test is the percent correct multiplied by the factor weight.

Measure Baseline**Value**

75

Date

6/30/2006

Description

An Annual Internal Control Score of no less than 85.00

Measure Target**Value**

90

Date

6/30/2008

Description

An Annual Internal Control score of 90 or above

Measure Data

Year	Annual Measure			
2001	80.21			
2002	51.00			
2003	0.00			
2004	0.00			
2005	0.00			
2006	75.00			
2007	--			
2008	--			

Explanatory Note

Internal audits related to operational inefficiency were not completed in FY's 03-05. The annual report with the results for 2007 will be available in October 2007.

Department of Medical Assistance Services (602)

Service Area

Administrative and Support Services

Objective

Process transactions in a timely and accurate manner in accordance with all HIPAA standards

Measure #33

Percent of audited transactions processed within time standards

Key Measure

Measure Type

Preferred Trend

Outcome

Maintain

Measure Methodology

The DMAS system "CLAREDI" is compliance checker software that checks files for compliance with the transactions sets before the files are input into the MMIS. When non-compliant transactions are detected, they are rejected to the sender and must be corrected and resubmitted. FHSC retains logs of rejected transactions.

Measure Baseline

Value

100

Date

6/30/2006

Description

HIPAA claims transactions are 100% compliant

Measure Target

Value

100

Date

6/30/2008

Description

HIPAA claims transactions are 100% compliant

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2006	--	--	--	100
2007	100	100	100	100
2008	100	--	--	--

Explanatory Note

Department of Medical Assistance Services (602)

Service Area

Administrative and Support Services

Objective

To ensure that resources are used efficiently and programs are managed effectively, and in a manner consistent with applicable state and federal requirements

Measure #34

Percent of Governor's Management scorecard categories marked as meets expectations for the agency

Key Measure	Measure Type	Preferred Trend
<input type="checkbox"/>	Outcome	Maintain

Measure Methodology

Data Source: The Management Scorecard grades agencies on five criteria: Human Resource Management, Government Procurement, Financial Management, Technology, and Performance Management (the sixth, "Environmental & Historic Resource Stewardship" was not measured in 2005). The measure is calculated by taking the number of criteria where the agency scored "Meets Expectations" and dividing by the criteria.

Measure Baseline

Value	Date	Description
80	6/30/2005	80%

Measure Target

Value	Date	Description
100	6/30/2008	100% for the 2008 Scorecard

Measure Data

Year	Annual Measure			
2005	80			
2006	100			
2007	100			
2008	--			

Explanatory Note

Department of Medical Assistance Services (602)

Service Area

Administrative and Support Services

Objective

Increase the Agency's utilization of small, women-owned and minority businesses (SWaM)

Measure #35

Percentage of agency's discretionary contracting and purchasing through SWaM vendors

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

Source: Agency Quarterly SWaM Expenditure Report as provided on the DMBE (Department of Minority Business Enterprises) Supplier Diversity Expenditure Report.
The measure of SWaM purchasing and contracting is calculated in accordance with the procedures adopted by the Department of Minority Business Enterprises (DBME) for Prime and subcontractor vendors.

Measure Baseline

Value

50

Date

6/30/2007

Description

Average rate for SFY07 for prime and subcontractors

Measure Target

Value

55

Date

6/30/2008

Description

55% for prime and subcontractors by the end of FY2008

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2007	12.00	42.60	44.07	44.69
2008	46.02	--	--	--

Explanatory Note

SWaM results reported relate to Prime and subcontractor vendors

Department of Medical Assistance Services (602)

Service Area

Administrative and Support Services

Objective

Provide a client and provider appeal process and issue resulting decisions that comply with procedural and substantive requirements of state and federal laws, regulations, policy, and court orders.

Measure #36

Percentage of all Client and Provider Appeal Decisions issued in full compliance

Key Measure

Measure Type

Preferred Trend

Outcome

Maintain

Measure Methodology

DMAS Appeals Division database tracks all provider and client appeal deadlines and results. The individual Client and Provider results are averaged to compute the performance values.

Measure Baseline

Value

99.8

Date

6/30/2006

Description

The average % of all Client and Provider Appeal Decisions issued within required days of receipt

Measure Target

Value

100

Date

6/30/2008

Description

100 % of all Client and Provider Appeal Decisions issued in full compliance with procedural and substantive requirements of state and federal laws, regulations, policy, and court orders.

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2001	--	--	--	100.0
2002	--	--	--	100.0
2003	--	--	--	100.0
2004	--	--	--	100.0
2005	--	--	--	100.0
2006	--	--	--	99.8
2007	99.3	99.6	100.0	100.0
2008	99.8	--	--	--

Explanatory Note

Virginia Board for People with Disabilities (606)

Service Area

Research, Planning, Outreach, Advocacy, and Systems Improvement

Objective

Increase Board involvement in and influence on significant state level policy and legislative deliberations affecting programs, services and supports available to persons with developmental and other disabilities.

Measure #1

Number of Policy Recommendations presented to state officials

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

Data will be calculated by documenting and tracking formal memos, position papers, and correspondence addressing specific policy issues sent by the Board to the Governor's office, Secretary of HHR, legislators/staff, and/or executive branch agencies.

Measure Baseline

Value

9

Date

7/1/2003

Description

number of recommendations (Data Source: FY 03 Executive Agreement fourth quarter report that totaled the number of recommendations presented during FY 03.)

Measure Target

Value

12

Date

6/30/2007

Description

30 percent increase or 12 total recommendations.

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2006	2	2	2	10
2007	2	4	3	3
2008	3	0	--	--

Explanatory Note

The number of policy recommendations were higher in 2006 because of the release of the Biennial Assessment in the last quarter. This will occur again in 2008 when the update edition is released. This is the primary, albeit not only, vehicle for Board policy recommendations.

Virginia Board for People with Disabilities (606)

Service Area

Research, Planning, Outreach, Advocacy, and Systems Improvement

Objective

Facilitate disability service system improvements through ongoing evaluation of the effectiveness of programs and services which address the needs of people with developmental and other disabilities.

Measure #2

Frequency at which the Biennial Assessment is used as a reference/resource by constituents to whom it is distributed.

Key Measure	Measure Type	Preferred Trend
	Outcome	Up

Measure Methodology

Survey of Biennial Assessment recipients tracking its use. The measure and collection of data for it will be coordinated with similar measures and data collection required as part of the agency's federal Five Year State Plan and Program Performance Reports.

Measure Baseline

Value	Date	Description
74	12/1/2006	Stakeholder survey administered in 9/06. Of 47 respondents to questions about the Assessment, 74% (35 individuals) reported finding the Assessment informative or useful.

Measure Target

Value	Date	Description
81	6/30/2009	10% increase over baseline.

Measure Data

Year	Annual Measure		
2006	74		
2007	75		
2008	--		

Explanatory Note

Note that this is a Biennial Assessment (every 2 years) therefore it is unlikely that the utility will actually go up until the next report is generated in the Spring of 2008. While we did not achieve the goal, circulation and awareness of the BiA has been much greater and broader than originally anticipated (due to the rising awareness of the Board itself), with many more new and "casual" readers/reviewers being aware of it who perhaps have less intense and extensive need or interest in its contents.

Greater participation in the survey itself (398 up from 240) and by "stakeholders" who may not be "consumers" is indicated by the fact that last year, 83% (199 out of 240) of survey participants were "consumers" of Board services/activities compared to 76% (302 out of 398) this year. This is also reflected by the fact that the number of chapters and sections checked by each respondent, on average, was down. 5.0 & 5.1, respectively, for 2007. 5.8 & 5.2, respectively, for 2006.

Virginia Board for People with Disabilities (606)

Service Area

Research, Planning, Outreach, Advocacy, and Systems Improvement

Objective

Increase active engagement in advocacy and system improvement activities by graduates of the Board's Partners in Policymaking Program.

Measure #3

Rate of participation in advocacy activities by PIP participants following graduation from the program..

Key Measure	Measure Type	Preferred Trend
	Outcome	Up

Measure Methodology

All PIP graduates at least one year past graduation, beginning with baseline years (2003-2004 and 2004-2005), will be surveyed to determine advocacy activities for the previous year. This rate, combined with the # of graduates, will estimate the rate of activities for the year. That data will be compared to the baseline years to determine the increase over the baseline.

Measure Baseline

Value	Date	Description
2,821	12/31/2006	Activities for the 03-04 and 04-05 classes totalled 2,821 (1,267 in 03-04 and 1,554 in 04-05).

Measure Target

Value	Date	Description
3,100	6/30/2008	By FY 2008, the rate of participation in advocacy activities by PIP graduates will increase by 10% from initial baseline.

Measure Data

Year	Annual Measure		
2006	2,821		
2007	17,911		
2008	--		

Explanatory Note

The average rate of activities increased an unexpected 517%. The baseline was based on 26 responses out of 59 surveys (classes of 03-04 and 04-05). The average # of activities for the baseline was 47.75. For this year's survey, 30 responses were received from the 80 participants of the Classes of 03-04, 04-05, and 05-06. The average number of activities rose to 207. This is in part due to the addition of a third class to the tabulation which was expected to cause an increase, but in larger part due to the fact that the Class of 05-06 is very engaged in advocacy activities compared to earlier classes and had been even prior to graduation. 2006 Partners engaged in approximately 3-4 times as many activities during the year of their attendance as 2004 and 2005 graduates did post graduation. Results for next year will rise or fall based on whether this rate of activity is maintained by the current classes and the class to come.

Virginia Board for People with Disabilities (606)

Service Area

Research, Planning, Outreach, Advocacy, and Systems Improvement

Objective

Ensure that constituents receive timely and relevant information regarding disability services, issues and events and Board activities and priorities.

Measure #4

Increase the percentage of Board constituents who report satisfaction with Board activities/products.

Key Measure	Measure Type	Preferred Trend
	Outcome	Up

Measure Methodology

This statistic will be based on the results of surveys and other data collection means, as appropriate.

Measure Baseline

Value	Date	Description
87	12/1/2006	Baseline data established through web survey of individuals who directly participated in Board programs or activities. Survey administered in 9/06. 87% of 192 respondents (168 individuals) indicated strongly agree or agree that they were satisfied.

Measure Target

Value	Date	Description
91	12/1/2007	Increase by 5% each year, beginning in FY 07, the proportion of Board constituents who report satisfaction with Board activities/products.

Measure Data

Year	Annual Measure			
2006	87			
2007	90			
2008	--			

Explanatory Note

This measure and collection of data for it is coordinated with similar measures and data collection required as part of the agency's federal Five Year State Plan and annual Program Performance Reports beginning in FY 07.

Virginia Board for People with Disabilities (606)

Service Area

Administrative Services

Objective

Advance the achievement of Board programmatic and policy outcomes by integrating state of the art technology in hardware, software, and telecommunications.

Measure #5

VITA Commonwealth Agency Technology Strategic Planning Application (CATSPA) Maintenance

Key Measure

Measure Type

Preferred Trend

Output

Maintain

Measure Methodology

VITA sends guidance and requires updates to CATSPA with specific deadlines for completion. Successful completion by these deadlines is considered 100% compliance.

Measure Baseline

Value

100

Date

7/1/2003

Description

VBPD with DSA partners have complied 100% with VITA required deadlines.

Measure Target

Value

100

Date

6/30/2007

Description

100% compliance with required VITA deadlines.

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2006	100	100	100	100
2007	100	100	100	100
2008	--	--	--	--

Explanatory Note

This system is no longer being utilized a new common measure is contained in the DSA agency strategic plans. This objective is no longer relevant and should be deleted.

Virginia Board for People with Disabilities (606)

Service Area

Financial Assistance to Localities for Individual and Family Services

Objective

Advance systems change by providing grant funding for new and creative statewide and community programs, services and supports for persons with developmental and other disabilities.

Measure #6

Percent of Project Objectives achieved

Key Measure	Measure Type	Preferred Trend
	Outcome	Up

Measure Methodology

Outcome Status Reports and Final Project Reports. Calculation: Total number of planned objectives compared to number of actual objectives achieved at the conclusion of each grant. Only grants that have been completed during the reporting period will be counted.

Measure Baseline

Value	Date	Description
90	7/1/2003	90%. Although the measure was slightly different, an achievement rate of 90% was reported throughout the FY 03 fiscal year in Executive Agreement reports.

Measure Target

Value	Date	Description
95	6/30/2007	95% of planned objectives achieved at the conclusion of the grant period.

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2006	100	84	0	95
2007	100	0	94	98
2008	85	--	--	--

Explanatory Note

Virginia Board for People with Disabilities (606)

Service Area

Financial Assistance to Localities for Individual and Family Services

Objective

Advance systems change by providing grant funding for new and creative statewide and community programs, services and supports for persons with developmental and other disabilities.

Measure #7

Increase community living for nursing home residents with DD by transitioning 5% of existing nursing home residents to community settings with appropriate supports

Key Measure	Measure Type	Preferred Trend
X	Outcome	Up

Measure Methodology

Actual number of individuals who have transitioned as a result of the Board's Consumer Choice in Community Living Grant and, if funded, its upcoming Outreach to Families of At Risk of Institutional Placement or Currently Residing in Institutions grant.

Measure Baseline

Value	Date	Description
0	7/1/2005	None of the 762 targeted nursing home residents are planned to transition by other means at the start of this initiative in 2006.

Measure Target

Value	Date	Description
38	6/30/2009	5% improvement, targeted population will reach 724 by the conclusion of this initiative in 2009,

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2006	0	3	4	6
2007	6	9	4	11
2008	4	--	--	--

Explanatory Note

There are no historical data. This is a new measure based on a grant awarded in July 2005 that did not have results until 2006 which was the target date for results. The baseline of those who transitioned when the grant was awarded in 2005 was 0. None of the targeted nursing home residents are expected to transition by other means. Since other factors may also affect the total nursing home population with MR/DD, this measure specifically tracks transitions by this established population as a direct result of these grants.

Department for the Blind and Vision Impaired (702)

Service Area

General Library Services

Objective

Increase the number of people who utilize library services.

Measure #1

Number of library patrons served

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

Data is collected and entered into the Library database and READS systems. A comparison of the number of registered users between current and previous year yields the percentage of change.

Measure Baseline

Value

4,094

Date

6/30/2005

Description

registered users

Measure Target

Value

4,165

Date

6/30/2009

Description

Annual increase in patrons by 2.5% over 2007 levels to 4,165 by 6/30/09.

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2005	--	--	--	4,094
2006	--	--	--	4,091
2007	3,539	3,659	3,821	3,964
2008	4,116	--	--	--

Explanatory Note

Department for the Blind and Vision Impaired (702)

Service Area

Braille and Large-Print Textbook Services

Objective

Deliver textbooks on time.

Measure #2

Percentage of textbook orders received by 6/1 that are delivered by 9/1.

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

Collect data from KLAS system. An order is defined as "the provision of complete information about the textbook (ISBN, copyright, publisher, title) and two clean print copies of the text." Orders are entered into the LRC textbook tracking database when received. As volumes are transcribed or purchased and become available to send to students, the database is updated. When 33% of the textbook is delivered to the student on or before September 1, it is counted as delivered on time; the time to complete and produce braille textbooks often takes the entire school year. Previously produced textbooks are delivered in their entirety as orders are received. All orders for braille textbooks for the school year are extracted from the data base including date of order, dates that volumes were available, and total number of pages in textbook. The data is then analyzed and calculated manually by dividing the number of orders delivered by 9/1 by the number of orders received by 6/1.

Measure Baseline

Value

Date

Description

95

6/30/2006

95% for FY 2006

Measure Target

Value

Date

Description

96

6/30/2007

96% for FY 2007

Measure Data

Year	Annual Measure			
2006	95			
2007	100			
2008	--			

Explanatory Note

Department for the Blind and Vision Impaired (702)

Service Area

Educational Services

Objective

Partner with families, infant service providers, school division staff, and other DBVI staff.

Measure #3

Number of infants, children and youth served

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

Education services caseload report #SSBBR327, sum of numbers remaining in referral, total active, and total closed.

Measure Baseline

Value

2,016

Date

6/30/2005

Description

2,016 June 2005

Measure Target

Value

2,206

Date

6/30/2008

Description

1% increase each year from the base of 2,016 in FY 2005

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2005	--	--	--	2,016
2006	--	--	--	2,097
2007	1,993	2,062	2,148	2,185
2008	2,104	--	--	--

Explanatory Note

Department for the Blind and Vision Impaired (702)

Service Area

Educational Services

Objective

Maintain the partial salary reimbursement funding per teacher of the visually impaired.

Measure #4

Maintain the amount of salary reimbursement per teacher at the 2004-2005 school year level of \$4,360.32.

Key Measure

Measure Type

Preferred Trend

Input

Maintain

Measure Methodology

The annual general fund appropriation for this service is divided by the full time equivalent (FTE) number of teachers of the visually impaired that are employed by Virginia's public school divisions. The current year per teacher reimbursement amount is compared to the 2004-2005 per teacher reimbursement level of \$4,360.32.

Measure Baseline

Value

4,360.32

Date

6/30/2005

Description

\$4,360.32 per full time teacher of the visually impaired (2004-05 school year)

Measure Target

Value

4,360.32

Date

6/30/2007

Description

\$4,360.32

Measure Data

Year	Annual Measure			
2005	4,360.32			
2006	4,106.81			
2007	4,102.56			
2008	--			

Explanatory Note

Department for the Blind and Vision Impaired (702)

Service Area

Low Vision Services

Objective

Provide customers with optical aids to allow them to best utilize their remaining vision

Measure #5

Percentage of Customers who benefit from Low Vision Services.

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

Divide the number of successful closures by the total number of customers provided a low vision exam.

Measure Baseline

Value

89

Date

6/30/2006

Description

89% of the consumers exiting low vision services in FY 06 had successful outcomes.

Measure Target

Value

90

Date

6/30/2007

Description

Increase to 90% the consumers exiting low vision services having successful outcomes.

Measure Data

Year	Annual Measure			
2006	89			
2007	89			
2008	--			

Explanatory Note

Department for the Blind and Vision Impaired (702)

Service Area

Vocational Rehabilitation Services

Objective

Promote competitive job placements

Measure #6

Average hourly wage for all individuals who have completed their Vocational Rehabilitation program and closed successfully employed.

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

DBVI monthly report SSBRR367. A comparison of the average hourly wages between the current and previous year yields the percentage of change.

Measure Baseline

Value

12.47

Date

6/30/2005

Description

\$12.47 per hour in FY 2005.

Measure Target

Value

12.54

Date

6/30/2008

Description

5% annual increase in average hourly wage at successful closure.

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2005	--	--	--	12.57
2006	--	--	--	11.68
2007	11.86	11.83	11.88	11.95
2008	13.76	--	--	--

Explanatory Note

Department for the Blind and Vision Impaired (702)

Service Area

Vocational Rehabilitation Services

Objective

Promote competitive job placements

Measure #7

We will work to insure that 70% of vocational rehabilitation consumers achieve their employment goals and work satisfactorily for at least 90 days upon completion of their programs.

Key Measure

Measure Type

Preferred Trend

X

Output

Up

Measure Methodology

DBVI monthly report SSBRR377. Divide the number of individuals who achieved their employment goals and worked satisfactorily for 90 days upon completion of their programs by the total number of individuals who completed vocational rehabilitation services.

Measure Baseline

Value

55

Date

6/30/2005

Description

55% for FY 2005.

Measure Target

Value

70

Date

6/30/2009

Description

70% in FY 2009

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2005	--	--	--	55.2
2006	--	--	--	54.7
2007	80.5	73.0	66.6	67.4
2008	87.5	--	--	--

Explanatory Note

Department for the Blind and Vision Impaired (702)

Service Area

Independent Living Services

Objective

Increase the independence of Virginia's seniors who are blind or vision impaired.

Measure #8

We will work to insure that 85% of consumers of Older Blind Grant training services report an increase in independence upon completion of their programs.

Key Measure

X

Measure Type

Output

Preferred Trend

Up

Measure Methodology

Older Blind Grant program, Title VII, chapter 2, Program Evaluation Report

Measure Baseline

Value

81

Date

9/30/2004

Description

81% for federal FY 2004

Measure Target

Value

85

Date

9/30/2009

Description

85% for federal FY 2009.

Measure Data

Year	Annual Measure			
2004	81			
2005	84			
2006	83			
2007	--			
2008	--			

Explanatory Note

The data provided is the most recent data available and is for federal year October 1, 2005 through September 30, 2006. The data for federal year 2007 cannot be updated until data is received on June 30, 2008.

Department for the Blind and Vision Impaired (702)

Service Area

Vending Stands, Cafeterias, and Snack Bars

Objective

Promote economic opportunities for licensed blind vendors

Measure #9

Average income of licensed blind vendors.

Key Measure**Measure Type**

Output

Preferred Trend

Up

Measure Methodology

REPORT OF VENDING FACILITY PROGRAM, Form RSA-15. The average income is determined by dividing Vendors Earnings (line 11) by the number of Vendors (line 12). The current five year rolling average is calculated by adding the average annual income of the most recent five years and dividing by five.

Measure Baseline**Value**

38,597.00

Date

9/30/2004

Description

The five year rolling average for vendor income through the end of federal FY- 2004 is \$ 38, 597.00.

Measure Target**Value**

44,346

Date

9/30/2007

Description

Increase average vendor income by 3% each year over the five year rolling average.

Measure Data

Year	Annual Measure			
2004	38,597			
2005	40,539			
2006	43,054			
2007	--			
2008	--			

Explanatory Note

The data provided is the most recent data available and is for federal year October 1, 2005 through September 30, 2006. The annual data for federal year 2007 cannot be updated until the federal RSA-15 report is submitted on December 31, 2007.

Department for the Blind and Vision Impaired (702)

Service Area

Regional and Areawide Assistance Administration

Objective

Promote and maintain a productive workforce.

Measure #10

Percentage of employees at contributor or above in annual performance review

Key Measure

Measure Type

Preferred Trend

Output

Maintain

Measure Methodology

Completed employee performance evaluations. The measure is calculated as a percentage of employees rated at contributor or higher on their annual performance evaluation.

Measure Baseline

Value

Date

Description

100

6/30/2004

100% of regional office and rehab center employees received a rating of contributor or higher in 2004.

Measure Target

Value

Date

Description

95

6/30/2007

95% of regional office and rehab center employees receive a rating of contributor or higher.

Measure Data

Year	Annual Measure			
2004	100.0			
2005	99.0			
2006	99.2			
2007	99.2			
2008	--			

Explanatory Note

Department for the Blind and Vision Impaired (702)

Service Area

Administrative and Support Services

Objective

To ensure that resources are used efficiently and programs are managed effectively, and in a manner consistent with applicable state and federal requirements

Measure #11

Percent of Governor's Management scorecard categories marked as meets expectations for the agency.

Key Measure	Measure Type	Preferred Trend
	Output	Up

Measure Methodology

The Management Scorecard grades agencies on five criteria: Human Resource Management, Government Procurement, Financial Management, Technology, and Performance Management (the sixth, "Environmental & Historic Resource Stewardship" was not measured in 2005). Simply take the number of cases where the agency scored "Meets Expectations" and divide by six.

Measure Baseline

Value	Date	Description
80	6/30/2005	80% - the 2005 percentage calculated based on the agency scorecard.

Measure Target

Value	Date	Description
100	6/30/2007	100% scorecard attainment

Measure Data

Year	Annual Measure			
2005	80.0			
2006	33.3			
2007	66.6			
2008	--			

Explanatory Note

FY 2007 data not yet complete.

Department for the Blind and Vision Impaired (702)

Service Area

Administrative and Support Services

Objective

Promote and support efficient and effective agency operations and customer service delivery

Measure #12

Findings by the Auditor of Public Accounts

Key Measure

Measure Type

Preferred Trend

Output

Maintain

Measure Methodology

No material findings in the Auditor of Public Accounts audit report issued on agency operations.

Measure Baseline

Value

Date

Description

0

6/30/2004

No material findings Fiscal Year 04 Audit

Measure Target

Value

Date

Description

0

6/30/2007

No material audit points

Measure Data

Year Annual Measure

2004	0			
2005	0			
2006	0			
2007	0			
2008	--			

Explanatory Note

Department for the Blind and Vision Impaired (702)

Service Area

Manufacturing Services

Objective

Increase employment opportunities for legally blind candidates.

Measure #13

Number of blind individuals employed by VIB

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

VIB Staffing Report

Measure Baseline

Value

114

Date

6/30/2005

Description

114 June 30, 2005

Measure Target

Value

125

Date

6/30/2008

Description

125 by June 30, 2008

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2005	--	--	--	114
2006	--	--	--	103
2007	103	103	104	99
2008	101	--	--	--

Explanatory Note

Department of Mental Health, Mental Retardation, and Substance Abuse Services (720)

Service Area

Agency

Objective

Increase the proportion of people served in intensive community-based services per occupied state facility bed.

Measure #1

We will increase the proportion of persons served in intensive community services versus state facilities

Key Measure

Measure Type

Preferred Trend

X

Outcome

Up

Measure Methodology

Sources: AVATAR provides state facility average daily census (ADC) and Community Automated Reporting System (CARS) and Community Consumer Submission (CCS) counts of consumers receiving community-based highly intensive services (i.e., local MH and SA inpatient, MH PACT, MH assertive community treatment, MH DAP, MH and MR highly intensive residential, and MR Waiver services)

Calculation: Number of consumers receiving intensive community-based services during the fiscal year divided by the state facility ADC calculated at the end of the state fiscal year. State facility ADC is the total number of state hospital and training center (excluding HDMC and VCBR) bed days utilized during the fiscal year divided by 365. To calculate the percent change from the baseline, subtract the baseline proportion of persons served in intensive community services from the current fiscal year proportion and divide the difference by the baseline proportion.

Measure Baseline

Value

3.61

Date

6/30/2005

Description

Consumers in intensive community-based services per occupied state facility bed

Measure Target

Value

4.18

Date

6/30/2010

Description

Consumers in intensive community-based services per occupied state facility bed.

Measure Data

Year	Annual Measure			
2001	2.79			
2002	2.94			
2003	2.29			
2004	3.10			
2005	3.61			
2006	4.11			
2007	--			
2008	--			

Explanatory Note

FY 2007 counts of persons served in intensive community services are not yet available. Community Service Board inputs are still being collected.

Department of Mental Health, Mental Retardation, and Substance Abuse Services (720)

Service Area

Agency

Objective

Increase the community tenure of consumers served in state facilities.

Measure #2

We will reduce the percent of consumers who are readmitted to state facilities by providing community-based services and supports that respond to their individual needs

Key Measure	Measure Type	Preferred Trend
X	Outcome	Down

Measure Methodology

Source: AVATAR provides number of discharges and readmissions

Calculation: On the last day of each quarter, calculate the total number of long-term consumers who were discharged during the preceding four quarters (365 days) who were readmitted to a state facility during those four quarters divided by the total number of long-term consumers who were discharged during the same period. For purposes of this calculation, long-term consumers are defined as having a length of stay in a state hospital or training center (excluding HDMC and VCBR) of 60 days or longer. Readmissions are calculated as within 365 days of the most recent discharge. Discharges exclude deaths and transfers to other Department facilities.

Measure Baseline

Value	Date	Description
20	6/30/2005	Percent of long-term consumers readmitted to state facilities within 365 days

Measure Target

Value	Date	Description
17	6/30/2010	Percent of long-term consumers readmitted to state facilities within 365 days

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2001	17	19	19	19
2002	16	15	14	14
2003	16	17	18	20
2004	20	20	21	19
2005	20	19	19	20
2006	19	20	19	18
2007	18	17	18	21
2008	14	--	--	--

Explanatory Note

Measure reporting was readjusted from Annual to Quarterly reporting effective 01-Feb-07. Each quarter now represents the preceding 365 day period from the end of the quarter rather than the preceding fiscal year which resulted in a period greater than 365 days being addressed. Hence lower percentages as well as commensurate baseline and a lower target are indicated.

Department of Mental Health, Mental Retardation, and Substance Abuse Services (720)

Service Area

Facility-Based Education and Skills Training

Objective

Continue to provide appropriate training, education, and transition services to all eligible consumers.

Measure #3

Number of training center consumers able to work as a result of training or educational programs

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

Source: Training center end of fiscal year counts of consumers involved in paid or non-paid work activities
 Calculation: For each training center, add the total number of training center consumers who are involved in or assigned on-campus and off campus work readiness, unpaid, and paid sheltered, supported and competitive employment activities. Add the total number of consumers involved in paid or unpaid work activities across all training centers to determine the total number of consumers who are able to work. To calculate percent change from the baseline, subtract the baseline number of consumers who are able to work from the current fiscal year number and divide the difference by the baseline number.

Measure Baseline

Value

529

Date

6/30/2005

Description

Training center consumers who are able to work

Measure Target

Value

617

Date

6/30/2010

Description

Training center consumers who are able to work

Measure Data

Year	Annual Measure			
2002	540			
2003	567			
2004	577			
2005	529			
2006	585			
2007	681			
2008	--			

Explanatory Note

Department of Mental Health, Mental Retardation, and Substance Abuse Services (720)

Service Area

Forensic and Behavioral Rehabilitation Security

Objective

Provide sufficient secure forensic evaluation, forensic treatment, and services that restore competency to stand trial to meet the demands of jails and courts.

Measure #4

Percent of discharged forensic patients who successfully complete Conditional Release

Key Measure	Measure Type	Preferred Trend
	Outcome	Up

Measure Methodology

Source: Quarterly conditional release tracking reports submitted by CSBs and reports from appropriate courts on individuals whose conditional release has been revoked

Calculation: Number of unconditional releases from conditional release status divided by the total number of acquittees on conditional release status. To calculate the percent change from the baseline, subtract the baseline percent released from conditional release from the percent released in the current fiscal year and divide the difference by the baseline percent.

Measure Baseline

Value	Date	Description
14.6	6/30/2005	Percent of acquittees released from conditional release status

Measure Target

Value	Date	Description
16.06	6/30/2008	Percent of acquittees released from conditional release status

Measure Data

Year	Annual Measure			
2001	9.8			
2002	9.9			
2003	16.2			
2004	8.7			
2005	14.6			
2006	11.4			
2007	8.3			
2008	--			

Explanatory Note

There are significant differences in the characteristics of acquittees in different years. The final determination of release from conditional release status rests with the courts of jurisdiction, regardless of CSB recommendations related to individual acquittees.

Department of Mental Health, Mental Retardation, and Substance Abuse Services (720)

Service Area

Forensic and Behavioral Rehabilitation Security

Objective

Provide secure and sex-offender specific treatment services to civilly committed sexually violent predators (SVPs) residing at the VCBR.

Measure #5

Percent of SVP residents who make progress in meeting treatment goals

Key Measure	Measure Type	Preferred Trend
	Outcome	Up

Measure Methodology

Source: Virginia Center for Behavioral Rehabilitation (VCBR) quarterly reports of resident participation in treatment groups

Calculation: Number of residents who score 80 percent or better on the Likert scale divided by the total number of VCBR residents. Active participation is defined as a score greater than or equal to 80 percent on a Likert scale used by VCBR staff to calculate resident participation scores by resident, by living unit, and by treatment level. To calculate percent change from the baseline, subtract the baseline percent of active participants from the percent in the current fiscal year and divide the difference by the baseline percent.

Measure Baseline

Value	Date	Description
57	12/30/2006	Percent making progress

Measure Target

Value	Date	Description
60	6/30/2010	Project a 10 percent increase in the number of residents who are active participants in their treatment

Measure Data

Year	Annual Measure			
2006	57			
2007	76			
2008	--			

Explanatory Note

Department of Mental Health, Mental Retardation, and Substance Abuse Services (720)

Service Area

Aftercare Pharmacy Services

Objective

Provide appropriate pharmacy services to individuals receiving CSB services who meet CRP eligibility criteria.

Measure #6

Percentage of consumers who have been identified as receiving three or more antipsychotics.

Key Measure

Measure Type

Preferred Trend

Outcome

Down

Measure Methodology

Source: MEDIs and CRP QS 1 pharmacy system

Calculation: Add the monthly number of cases that triggered the measure of taking three or more antipsychotics and divide by 12 to calculate the mean for the fiscal year. Add the monthly number of Community Resource Pharmacy consumers for whom antipsychotics were prescribed and divide by 12 to determine the mean for the fiscal year. Divide the mean number of cases that triggered the measure of taking three or more antipsychotics by the mean number of Community Resource Pharmacy consumers for whom antipsychotics were prescribed. To calculate percent change from the baseline, subtract the baseline percent of consumers taking three or more antipsychotics from the percent in the current fiscal year and divide the difference by the baseline percent.

Measure Baseline

Value

0.73

Date

6/30/2006

Description

Percent of consumers prescribed antipsychotics receiving 3 or more antipsychotics

Measure Target

Value

0.35

Date

6/30/2010

Description

Percent of consumers prescribed antipsychotics receiving 3 or more antipsychotics

Measure Data

Year	Annual Measure			
2006	0.73			
2007	0.33			
2008	--			

Explanatory Note

Department of Mental Health, Mental Retardation, and Substance Abuse Services (720)

Service Area

Inpatient Pharmacy Services

Objective

Provide appropriate pharmacy services to state facility patients and residents.

Measure #7

Percentage of consumers who have been identified as receiving three or more antipsychotics.

Key Measure	Measure Type	Preferred Trend
	Outcome	Down

Measure Methodology

Source: MEDIs and state facility QS 1 pharmacy systems
 Calculation: Add the monthly number of cases that triggered the measure of taking three or more antipsychotics and divide by 12 to calculate the mean for the fiscal year. Add the monthly number of state facility consumers for whom antipsychotics were prescribed and divide by 12 to determine the mean for the fiscal year. Divide the mean number of cases that triggered the measure of taking three or more antipsychotics by the mean number of state facility pharmacy consumers for whom antipsychotics were prescribed. To calculate percent change from the baseline, subtract the baseline percent of consumers taking three or more antipsychotics from the percent in the current fiscal year and divide the difference by the baseline percent.

Measure Baseline

Value	Date	Description
1.28	6/30/2006	Percent of consumers prescribed antipsychotics receiving 3 or more antipsychotics

Measure Target

Value	Date	Description
1.04	6/30/2010	Percent of consumers prescribed antipsychotics receiving 3 or more antipsychotics

Measure Data

Year	Annual Measure			
2006	1.28			
2007	1.45			
2008	--			

Explanatory Note

Department of Mental Health, Mental Retardation, and Substance Abuse Services (720)

Service Area

Geriatric Care Services

Objective

Offer a comprehensive array of person-centered inpatient geriatric treatment and rehabilitation services that promote self-determination, recovery, and community participation and achieve the vision of a consumer-driven system of services.

Measure #8

Number of individuals who are able to transition to nursing homes or community placements

Key Measure	Measure Type	Preferred Trend
	Outcome	Up

Measure Methodology

Source: AVATAR and geriatric center ready for discharge lists
 Calculation: Add the number of consumers who were discharged during the fiscal year across all geriatric centers and facilities. To calculate percent change from the baseline fiscal year, subtract the baseline number of consumers discharged from the number discharged in the current fiscal year and divide the difference from the baseline number.

Measure Baseline

Value	Date	Description
225	6/30/2006	Individuals discharged from geriatric centers or facilities

Measure Target

Value	Date	Description
247	6/30/2008	Individuals discharged from geriatric centers or facilities

Measure Data

Year	Annual Measure			
2001	287			
2002	227			
2003	242			
2004	249			
2005	225			
2006	190			
2007	--			
2008	--			

Explanatory Note

Department of Mental Health, Mental Retardation, and Substance Abuse Services (720)

Service Area

Inpatient Medical Services

Objective

Offer or arrange for medical care appropriate to the individualized needs of facility patients and residents.

Measure #9

Compliance with CMS certification and JCAHO accreditation requirements

Key Measure	Measure Type	Preferred Trend
	Outcome	Maintain

Measure Methodology

Source: JACHO triennial survey and annual Periodic Performance Review reports and Centers for Medicare and Medicaid (CMS) survey results

Calculate: Divide the number of state facility medical/surgical units and the HDMC that meet JACHO accreditation and CMS certification requirements by the total number of medical/surgical units and HDMC.

Measure Baseline

Value	Date	Description
100	6/30/2005	All facility medical/surgical units and the HDMC meet JACHO accreditation and CMS certification requirements

Measure Target

Value	Date	Description
100	6/30/2008	All facility medical/surgical units and the HDMC meet JACHO accreditation and CMS certification requirements

Measure Data

Year	Annual Measure			
2001	100			
2002	100			
2003	100			
2004	100			
2005	100			
2006	100			
2007	100			
2008	--			

Explanatory Note

Department of Mental Health, Mental Retardation, and Substance Abuse Services (720)

Service Area

State Mental Retardation Training Center Services

Objective

Offer a comprehensive array of person-centered training and habilitation services and enrichment activities that promote self-determination and community participation and achieve the vision of a consumer-driven system of services.

Measure #10

Percentage of consumers whose experience reflects self-determination and choice

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

Source: Office of the Inspector General reports

Calculation: Number of consumers whose experience reflects self-determination and choice divided by the total number of consumers sampled by the OIG. Surveys will consist of a sample of consumer chart reviews and observations and interviews with staff. To calculate percent change from the baseline fiscal year, subtract the baseline percent of consumers identified from the percent of consumers in the current fiscal year and divide the difference from the baseline percent.

Measure Baseline

Value

0

Date

7/30/2007

Description

New measure - baseline data not available. Baseline to be determined by July 2007

Measure Target

Value

0

Date

6/30/2008

Description

Project 15 percent increase the number of consumers whose experience reflects the concepts of self-determination, person-centered planning, and choice

Measure Data

Year	Annual Measure			
2006	0			
2007	--			
2008	--			

Explanatory Note

Definition of Measure is awaiting final report of OIG Study of this issue which should be available during September 2007

Department of Mental Health, Mental Retardation, and Substance Abuse Services (720)

Service Area

State Mental Retardation Training Center Services

Objective

Offer a comprehensive array of person-centered training and habilitation services and enrichment activities that promote self-determination and community participation and achieve the vision of a consumer-driven system of services.

Measure #11

Number of bed days used at state training centers per 100,000 population

Key Measure	Measure Type	Preferred Trend
	Outcome	Down

Measure Methodology

Source: AVATAR and Virginia Population Final Estimates from the Weldon Cooper Center for Public Services (UVA) through 2004, the most recent year for which final population estimates are available.
 Calculation: Divide the total number of training center bed days by Virginia's population divided by 100,000 to obtain bed days per 100 K. Subtract the previous year's bed days per 100 K from the current year's bed days per 100 K then divide the difference by the previous year's total bed days per 100K to obtain percent change from the prior fiscal year.

Measure Baseline

Value	Date	Description
7,587	6/30/2005	Bed days per 100,000 population

Measure Target

Value	Date	Description
6,828	6/30/2008	Bed days per 100,000 population

Measure Data

Year	Annual Measure		
1996	11,536		
1997	10,603		
1998	9,986		
1999	9,452		
2000	9,017		
2001	8,521		
2002	8,105		
2003	7,840		
2004	7,668		
2005	7,587		
2006	7,079		
2007	6,704		
2008	--		

Explanatory Note

Bed days per 100,000 data for FY 1996 through FY 2004 recalculated using actual Final Estimates from the Weldon Cooper Center for Public Services (UVA) for corresponding years 1996 through 2004.

Department of Mental Health, Mental Retardation, and Substance Abuse Services (720)

Service Area

State Mental Health Facility Services

Objective

Offer a comprehensive array of person-centered inpatient treatment and rehabilitation services that promote self-determination, resilience, recovery, and community participation and achieve the vision of a consumer-driven system of services.

Measure #12

Percentage of consumers whose experience reflects recovery, self-determination, and participation

Key Measure	Measure Type	Preferred Trend
	Outcome	Up

Measure Methodology

Source: Office of the Inspector General reports
 Calculation: Percentage of consumers whose experience reflects recovery, self-determination and choice divided by the total number of consumers sampled by the OIG. Surveys will consist of a sample of consumer chart reviews and observations and interviews with staff. To calculate percent change from the baseline fiscal year, subtract the baseline percent of consumers identified from the percent of consumers in the current fiscal year and divide the difference from the baseline percent.

Measure Baseline

Value	Date	Description
4.9	7/1/2007	Baseline was developed from a survey completed by the OIG in 2007

Measure Target

Value	Date	Description
20	6/30/2010	Percentage of consumers whose experience reflects the concepts of recovery, self-determination, person-centered planning, and choice

Measure Data

Year	Annual Measure			
2007	4.9			
2008	--			

Explanatory Note

Department of Mental Health, Mental Retardation, and Substance Abuse Services (720)

Service Area

State Mental Health Facility Services

Objective

Offer a comprehensive array of person-centered inpatient treatment and rehabilitation services that promote self-determination, resilience, recovery, and community participation and achieve the vision of a consumer-driven system of services.

Measure #13

Number of bed days used at state hospitals (excluding forensic bed days) per 100,000 population

Key Measure	Measure Type	Preferred Trend
	Outcome	Down

Measure Methodology

Source: AVATAR and Virginia Population Final Estimates from the Weldon Cooper Center for Public Services (UVA) for corresponding years 2001 through 2004, the most recent year for which final population estimates are available. Total bed days exclude forensic bed days.
 Calculation: Divide the total number of state hospital bed days (excluding forensic bed days) by Virginia's population divided by 100,000 to obtain bed days per 100K. Subtract the previous year's bed days per 100 K from the current year's bed days per 100 K then divide the difference by the previous year's total bed days per 100K to obtain percent change from the prior fiscal year

Measure Baseline

Value	Date	Description
5,055	6/30/2005	Bed days per 100,000 population (excluding forensic beds)

Measure Target

Value	Date	Description
4,297	6/30/2008	Bed days per 100,000 population (excluding forensic beds)

Measure Data

Year	Annual Measure		
2001	6,216		
2002	6,174		
2003	6,153		
2004	5,795		
2005	5,055		
2006	5,001		
2007	6,271		
2008	--		

Explanatory Note

Department of Mental Health, Mental Retardation, and Substance Abuse Services (720)

Service Area

Community Substance Abuse Services

Objective

Implement community SA services and supports that promote self-determination, resilience, recovery, and community participation and achieve the vision of a consumer-driven system of services consistent with services system transformation.

Measure #14

Number of CSBs that provide integrated MH and SA assessment and services

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

Source: Semi-annual CSB reports of the degree to which they are implementing the Comprehensive, Continuous and Integrated System of Care (CCISC) Model

Calculation: Add the total number of CSBs implementing the CCISC Model.

Measure Baseline

Value

0

Date

6/30/2005

Description

CSBs providing integrated assessment and services

Measure Target

Value

10

Date

6/30/2010

Description

CSBs providing integrated assessment and services

Measure Data

Year	Annual Measure			
2005	0			
2006	1			
2007	6			
2008	--			

Explanatory Note

Department of Mental Health, Mental Retardation, and Substance Abuse Services (720)

Service Area

Community Mental Health Services

Objective

Implement community MH services and supports that promote self-determination, resilience, recovery, and community participation and achieve the vision of a consumer-driven system of services consistent with services system transformation.

Measure #15

Number of CSBs monitoring recovery orientation with the ROSI

Key Measure	Measure Type	Preferred Trend
	Outcome	Up

Measure Methodology

Source: Annual survey of CSBs

Calculation: Add the number of CSBs that have administered the Recovery Oriented System Indicator (ROSI) instrument.

Measure Baseline

Value	Date	Description
10	6/30/2005	CSBs using the ROSI

Measure Target

Value	Date	Description
40	6/30/2008	CSBs using the ROSI

Measure Data

Year	Annual Measure			
2005	10			
2006	11			
2007	12			
2008	--			

Explanatory Note

Department of Mental Health, Mental Retardation, and Substance Abuse Services (720)

Service Area

Community Mental Health Services

Objective

Implement community MH services and supports that promote self-determination, resilience, recovery, and community participation and achieve the vision of a consumer-driven system of services consistent with services system transformation.

Measure #16

Number of graduates of consumer wellness and recovery and empowerment and leadership training

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

Source: Quarterly progress reports submitted by projects receiving training funds

Calculation: Add number of graduates of consumer wellness and recovery and empowerment and leadership training.

Measure Baseline

Value

Date

Description

141

6/30/2005

Number of graduates during fiscal year

Measure Target

Value

Date

Description

175

6/30/2008

Number of graduates during fiscal year

Measure Data

Year	Annual Measure			
2004	21			
2005	141			
2006	326			
2007	395			
2008	--			

Explanatory Note

Department of Mental Health, Mental Retardation, and Substance Abuse Services (720)

Service Area

Community Mental Health Services

Objective

Implement community MH services and supports that promote self-determination, resilience, recovery, and community participation and achieve the vision of a consumer-driven system of services consistent with services system transformation.

Measure #17

Number of individuals receiving crisis stabilization services

Key Measure

Measure Type

Preferred Trend

Measure Methodology

Source: Community Consumer Submission (CCS) and CSB quarterly progress reports
 Calculation: Add the total number of consumers receiving crisis stabilization services provided by projects funded by the system transformation initiative. Subtract the baseline year's number of consumers receiving crisis stabilization services from the current year's number receiving crisis stabilization services and divide the difference by the number receiving crisis stabilization in the baseline fiscal year.

Measure Baseline

Value

Date

Description

New measure to be determined. Baseline to be determined by December 2006

Measure Target

Value

Date

Description

Project 30 percent increase from baseline, when determined

Measure Data

Year	Annual Measure			
2006	1,020			
2007	--			
2008	--			

Explanatory Note

FY 2007 data is not yet available from Community Service Boards.

Department of Mental Health, Mental Retardation, and Substance Abuse Services (720)

Service Area

Community Mental Health Services

Objective

Implement community MH services and supports that promote self-determination, resilience, recovery, and community participation and achieve the vision of a consumer-driven system of services consistent with services system transformation.

Measure #18

Number of programs operated by individuals with mental illnesses

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

Source: Consumer-run program reports and CSB quarterly progress reports.

Calculation: Add the total number of consumer-run programs funded by the Mental Health Block Grant and system transformation initiative.

Measure Baseline

Value

Date

Description

6

6/30/2005

Consumer operated programs

Measure Target

Value

Date

Description

12

6/30/2008

Consumer operated programs

Measure Data

Year	Annual Measure			
2002	8			
2003	8			
2004	7			
2005	6			
2006	7			
2007	25			
2008	--			

Explanatory Note

Department of Mental Health, Mental Retardation, and Substance Abuse Services (720)

Service Area

Community Mental Health Services

Objective

Implement community MH services and supports that promote self-determination, resilience, recovery, and community participation and achieve the vision of a consumer-driven system of services consistent with services system transformation.

Measure #19

Number of juvenile detention center residents receiving MH outpatient and case management services

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

Source: CSB quarterly progress reports

Calculation: Add the total number of juvenile detention center residents served by CSBs through programs funded by the Department.

Measure Baseline

Value

Date

Description

890

6/30/2005

Juvenile detention residents served

Measure Target

Value

Date

Description

2,670

6/30/2008

Juvenile detention center residents served annually

Measure Data

Year	Annual Measure			
2004	687			
2005	890			
2006	1,230			
2007	1,841			
2008	--			

Explanatory Note

Department of Mental Health, Mental Retardation, and Substance Abuse Services (720)

Service Area

Community Mental Health Services

Objective

Implement community MH services and supports that promote self-determination, resilience, recovery, and community participation and achieve the vision of a consumer-driven system of services consistent with services system transformation.

Measure #20

Number of consumers discharged with plans funded by the system transformation initiative

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

Source: CSB quarterly progress reports

Calculation: Add the total number of civil and NGRI consumers discharged through discharge assistance plans supported through the system transformation initiative

Measure Baseline

Value

0

Date

6/30/2005

Description

Consumers discharged with funded Discharge Assistance Plans

Measure Target

Value

54

Date

6/30/2008

Description

Consumers discharged with funded Discharge Assistance Plans - 30 civil and 24 NGRI consumers

Measure Data

Year	Annual Measure			
2005	0			
2006	0			
2007	55			
2008	--			

Explanatory Note

Department of Mental Health, Mental Retardation, and Substance Abuse Services (720)

Service Area

Community Mental Retardation Services

Objective

Implement community MR services and supports that promote self-determination and community participation and achieve the vision of a consumer-driven system of services consistent with services system transformation.

Measure #21

Number of new MR Waiver slots brought on line through the new system transformation initiative

Key Measure	Measure Type	Preferred Trend
	Output	Up

Measure Methodology

Source: MR Waiver Plans
 Calculation: Add the total number of MR Waiver plans funded through the system transformation initiative that are approved by the Department and implemented by providers.

Measure Baseline

Value	Date	Description
0	6/30/2005	New Transformation MR Waiver slots on line

Measure Target

Value	Date	Description
335	6/30/2008	New Transformation MR Waiver slots on line (145 for consumers in the community, 110 for children under age 6, and 80 associated with CVTC and SEVTC replacement)

Measure Data

Year	Annual Measure			
2005	0			
2006	238			
2007	296			
2008	--			

Explanatory Note

Department of Mental Health, Mental Retardation, and Substance Abuse Services (720)

Service Area

Facility Administrative and Support Services

Objective

Provide efficient and effective administration and support to inpatient services provided within each state hospital and training center.

Measure #22

Prompt Payment Act compliance rate

Key Measure

Measure Type

Preferred Trend

Outcome

Maintain

Measure Methodology

Source: Department of Accounts prompt payment compliance reports

Calculation: Divide the number of state facilities that have met the 95% compliance rate by the total number of state facilities. VCBR opened in October 2003

Measure Baseline

Value

Date

Description

95

6/30/2005

Percent compliance across all state facilities

Measure Target

Value

Date

Description

95

6/30/2010

Percent compliance across all state facilities through the end of FY 2008

Measure Data

Year	Annual Measure			
2003	93			
2004	88			
2005	100			
2006	94			
2007	--			
2008	--			

Explanatory Note

FY 2007 Information not yet Available

Department of Mental Health, Mental Retardation, and Substance Abuse Services (720)

Service Area

Administrative and Support Services

Objective

Support implementation of the vision of a consumer-driven system of services that promotes self-determination, empowerment, recovery, resilience, and community participation through central office leadership and administrative and support functions.

Measure #23

Percent of Governor's Management scorecard categories marked as meets expectations for the agency

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

Source: Posted Governor's Management Scorecard

Calculation: Divide the number of Governor's Management Scorecard categories where the Department scored "meets expectations" by the total number of Governor's Management Scorecard categories.

Measure Baseline

Value

20

Date

6/30/2005

Description

Percent of Governor's Management Scorecard categories

Measure Target

Value

100

Date

6/30/2010

Description

Percent of Governor's Management Scorecard categories

Measure Data

Year	Annual Measure			
2004	20			
2005	20			
2006	95			
2007	100			
2008	--			

Explanatory Note

Department of Mental Health, Mental Retardation, and Substance Abuse Services (720)

Service Area

Regulation of Health Care Service Providers

Objective

Increase the number of licensing inspections performed by the Department of Mental Health, Mental Retardation and Substance Abuse Services.

Measure #24

Number of mandated inspections conducted

Key Measure	Measure Type	Preferred Trend
	Output	Up

Measure Methodology

Source: Office of Licensing Information System (OLIS)

Calculation: Divide the number of mandated inspections conducted by the total number of licensed services.

Measure Baseline

Value	Date	Description
98	12/31/2005	Percent of total mandated inspections conducted during calendar year

Measure Target

Value	Date	Description
100	12/31/2007	Percent of total mandated inspections conducted during calendar year

Measure Data

Year	Annual Measure			
2004	100			
2005	98			
2006	100			
2007	--			
2008	--			

Explanatory Note

Calculation Based on Calendar Year and will be entered in January 2008

Department of Mental Health, Mental Retardation, and Substance Abuse Services (720)

Service Area

Facility and Community Programs Inspection and Monitoring

Objective

Systematically assess the quality of care delivered by providers and formulate recommendations for quality improvement.

Measure #25

Percentage of facility residents whose experience reflects recovery, self-determination, participation

Key Measure	Measure Type	Preferred Trend
	Outcome	Up

Measure Methodology

Source: Office of the Inspector General reports

Calculation: Number of consumers whose experience reflects recovery, self-determination and choice divided by the total number of consumers sampled by the OIG. Surveys will consist of a sample of consumer chart reviews and observations and interviews with staff. To calculate percent change from the baseline fiscal year, subtract the baseline percent of consumers identified from the percent of consumers in the current fiscal year and divide the difference from the baseline percent.

Measure Baseline

Value	Date	Description
0	7/30/2007	To be determined by July 2007

Measure Target

Value	Date	Description
0	6/30/2008	Project 15 percent increase in the number of consumers whose treatment or habilitation experience reflects the values of self-determination, resilience, recovery, and community participation

Measure Data

Year	Annual Measure			
2006	0			
2007	--			
2008	--			

Explanatory Note

Measure Discontinued in Agreement with DPB

Department for the Deaf & Hard-of-Hearing (751)

Service Area

Technology Services for Deaf and Hard-of-Hearing

Objective

Achieve a level of customer service satisfaction equal to or greater than the levels of July 1, 2005, within 12 months of the start of a new contract for Relay Services.

Measure #1

Percentage of customer comments received which are commendations/compliments.

Key Measure	Measure Type	Preferred Trend
	Output	Up

Measure Methodology

This measure is calculated on the number of unsolicited commendations provided by relay customers divided by the total number of unsolicited customer comments on the relay service.

Measure Baseline

Value	Date	Description
32	6/30/2005	32% of all unsolicited relay customer comments were commendations in FY 2005.

Measure Target

Value	Date	Description
48	6/30/2009	Greater than or equal to baseline

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2006	--	--	--	45
2007	38	38	28	25
2008	26	--	--	--

Explanatory Note

FY06 data is aggregate annual percentage.

FY07/Q3: There has been an unanticipated upward trend in the number of customer comments received which are neither commendations nor complaints but, rather, questions. This measure is not currently calculated in a way that takes this change into consideration. We will review this measure to reflect this change.

FY07/Q4: VDDHH is reviewing this measure to ensure that it focuses on commendations as opposed to complaints. As currently written, the measure compares commendations with general comments, which include a large percentage of requests for information as well as commendations and complaints. The 4th quarter data does not reflect a decrease in commendations but rather an increase in requests for information about various relay services.

Department for the Deaf & Hard-of-Hearing (751)

Service Area

Technology Services for Deaf and Hard-of-Hearing

Objective

To reduce the maximum time a TAP applicant must wait to receive equipment after all required information has been received and application has been processed.

Measure #2

Number of days from equipment order to delivery to customer

Key Measure	Measure Type	Preferred Trend
	Outcome	Down

Measure Methodology

This measure will use modified TAP and Outreach Contractor reports which will include documentation of vendor delivery dates, Outreach receipt dates, and Outreach attempts to deliver, and, as applicable, reasons for delivery failure.

Measure Baseline

Value	Date	Description
160	9/30/2006	Baseline is determined by averaging the three longest

Measure Target

Value	Date	Description
90	6/20/2009	The maximum number of days between completed (all required information) application and delivery of equipment to consumer.

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2007	160.0	122.0	134.0	30.5
2008	35.6	--	--	--

Explanatory Note

FY07/Q4 - the dramatic decrease in the days to delivery is the result of a significant change in the way the agency procures equipment for the program. In the past, equipment was ordered from contracted vendors after an application had been received and processed. With the expiration of the most recent contracts, the agency was able to shift to a "quick quote" system for all program equipment which allows us to order equipment in bulk and in advance, allowing for equipment to ship to Outreach Specialists within days of application processing.

FY08/Q1 - Vendor backorders impacted performance.

Department for the Deaf & Hard-of-Hearing (751)

Service Area

Technology Services for Deaf and Hard-of-Hearing

Objective

To provide TAP applicants with access to limited special request devices intended to enhance independence and safety.

Measure #3

Percentage increase in special requests to maintain independence and personal safety

Key Measure	Measure Type	Preferred Trend
	Outcome	Up

Measure Methodology

This measure will calculate the percentage increase in the number of devices provided annually to applicants to satisfy special requests based on documented need to ensure independence or personal safety as compared to the total number of VDDHH TAP applications received. The calculations will be based on the non-standard devices as reported in the "Devices Completed" generated in TAP each quarter. Standard devices will be those which can specifically be selected as Category 1 or Category 2 devices. Special Request Devices will be any device which was not included in the Category 1 or Category 2 listing during the quarter.

Measure Baseline

Value	Date	Description
176	6/30/2006	The number of special request devices delivered to customers in FY2006.

Measure Target

Value	Date	Description
212	6/30/2009	This target represents a 25% increase in the number of special request devices provided each year.

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2006	--	--	--	176
2007	23	27	113	138
2008	107	--	--	--

Explanatory Note

The TAP program includes a number of standard devices (TTY, Basic Amplified Phone, Signallers) but also makes available special request devices to meet the unique needs of applicants who need additional support to maintain independence and personal safety. This measure will track the effectiveness of the agency in providing such special request devices. FY06 data is cumulative for the year. FY07/Q3 data reflects a change in the VDDHH method of purchasing equipment (from contract to spot purchase) which allows for more special request equipment and also includes a field test of new amplified phones which are not yet standard equipment.

Department for the Deaf & Hard-of-Hearing (751)

Service Area

Technology Services for Deaf and Hard-of-Hearing

Objective

To increase consumer access to and utilization of TAPLOAN sites statewide.

Measure #4

Percentage increase in devices loaned through TAPLOAN

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

This measure will use FY 2008 site reports to calculate the percentage increases in TAPLOAN activity as compared to the FY 2007 Baseline Measure. VDDHH will completely revise site contracts and reporting procedures during FY 2007.

Measure Baseline

Value

0

Date

9/30/2006

Description

Although current reports exist, they are duplicative in nature and do not accurately reflect the number of new devices loaned. A Baseline will be determined after TAPLOAN reports are revised and site contracts are reissued.

Measure Target

Value

0

Date

9/30/2009

Description

5% annual increase in (new) TAPLOAN loans

Measure Data

Year Annual Measure

2007	--			
2008	--			

Explanatory Note

FY07/Q4 - No data available for this measure. The agency is working to revise this measure to better reflect program activity.

Department for the Deaf & Hard-of-Hearing (751)

Service Area

Technology Services for Deaf and Hard-of-Hearing

Objective

To increase consumer access to and utilization of TAPLOAN sites statewide.

Measure #5

Percentage of customer contacts at TAPLOAN Centers that result in customer acquisition of related technology

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

The agency will develop a TAPLOAN follow-up form to be provided to every TAPLOAN client to determine how many customers acquire (through independent purchase or TAP participation) new equipment after participating in TAPLOAN. In FY07, the agency will report on TAPLOAN in Outreach sites only. The full TAPLOAN program will be reviewed this year and this measure may be revised as a result of that review.

Measure Baseline

Value

0

Date

6/30/2007

Description

To be determined in 2007

Measure Target

Value

0

Date

6/30/2009

Description

Number of customers who acquired equipment as a result of Outreach TAPLOAN activities.

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2007	61	87	77	--
2008	27	--	--	--

Explanatory Note

FY07/Q4 - data report for this quarter is delayed. Will be posted as soon as it becomes available. (8/15/07)

Department for the Deaf & Hard-of-Hearing (751)

Service Area

Technology Services for Deaf and Hard-of-Hearing

Objective

To provide consumers with opportunities to view and participate in hands-on demonstrations of new equipment/technology within six months of its introduction.

Measure #6

Number of New Equipment/Technology Trial Offerings

Key Measure	Measure Type	Preferred Trend
	Output	Up

Measure Methodology

This measure will be calculated based on agency records documenting the addition of devices or new technology incorporated into this Service Area as a direct result of consumer feedback and recommendations.

Measure Baseline

Value	Date	Description
2	6/30/2005	1 device (Captioned Telephone) and 1 new relay technology (Video Relay Text Messaging) incorporated into agency programs in FY 2005.

Measure Target

Value	Date	Description
6	6/30/2009	2 new offerings (devices or service enhancements) per year in the service area.

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2006	--	--	1	1
2007	1	0	4	0
2008	0	--	--	--

Explanatory Note

2006 - CapTel USB/ Pockettalker
 2007 Q1 - Q90D with speakers
 FY07/Q3 - VA Relay Conference Calling for Text Users (2/07); Reizen 50 amplified phone; CLS45I cordless amplified speaker phone; CLS420 - Amplified Cordless phone.

Department for the Deaf & Hard-of-Hearing (751)

Service Area

Technology Services for Deaf and Hard-of-Hearing

Objective

To ensure that TAP applicants receive appropriate equipment which meets their communication needs and situation.

Measure #7

Percentage reduction in the number of applicant/recipient equipment exchanges after the application has been processed.

Key Measure	Measure Type	Preferred Trend
<input type="text"/>	Outcome	Down

Measure Methodology

This measure will be calculated based on agency records documenting the percentage of applicants who change the equipment selection on the original TAP application either prior to or within three months of delivery of equipment as reported by Outreach.

Measure Baseline

Value	Date	Description
0	6/30/2007	To be determined by Outreach reported exchanges per quarter.

Measure Target

Value	Date	Description
10	9/30/2008	Outreach reported exchanges per quarter.

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2007	20	17	12	3
2008	7	--	--	--

Explanatory Note

Department for the Deaf & Hard-of-Hearing (751)

Service Area

Technology Services for Deaf and Hard-of-Hearing

Objective

To ensure that TAP applicants receive appropriate equipment which meets their communication needs and situation.

Measure #8

Increase in percentage of CAPTEL recipients who utilize the CAPTEL Relay Service

Key Measure	Measure Type	Preferred Trend
	Outcome	Up

Measure Methodology

This measure will be calculated based on agency and contractor records documenting the percentage of consumers who have received CAPTEL phones from TAP who use those phones to connect to the CAPTEL service each month.

Measure Baseline

Value	Date	Description
58	6/30/2006	58% of CAPTEL recipients are using the service each month.

Measure Target

Value	Date	Description
80	6/30/2009	80% of CAPTEL recipients using the service each month.

Measure Data

Year	Annual Measure			
2006	58			
2007	52			
2008	--			

Explanatory Note

FY07/Q4 The agency is planning a comprehensive survey of CAPTEL users to identify issues which may be affecting usage.

Department for the Deaf & Hard-of-Hearing (751)

Service Area

Consumer, Interpreter, and Community Support Services

Objective

Increase consumer awareness of the availability of assistive technology and new communication devices for person who are deaf, hard of hearing, or speech impaired.

Measure #9

Outreach Technology Trainings

Key Measure

Measure Type

Preferred Trend

Measure Methodology

This measure will be calculated using the number of described trainings included in required reports from the VDDHH Outreach network. Trainings will be completed by the Outreach contractors using a standardized training module on a pre-approved schedule. Reported events are workshops and demonstrations and not individual customer equipment selection demonstrations or information tables.

Measure Baseline

Value

Date

Description

Measure Target

Value

Date

Description

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2007	30	62	30	51
2008	26	--	--	--

Explanatory Note

Department for the Deaf & Hard-of-Hearing (751)

Service Area

Consumer, Interpreter, and Community Support Services

Objective

Increase availability of and access to skill development training opportunities for interpreters in Virginia.

Measure #10

Interpreter Training Opportunities

Key Measure

Measure Type

Output

Preferred Trend

Up

Measure Methodology

This measure will be calculated based on agency documentation of the number of trainings available to interpreters to help improve their skills and increase their screening level or achieve national certification.

Measure Baseline

Value

0

Date

6/30/2007

Description

This is a new measure. The agency will develop a data collection methodology and begin collecting data on July 1, 2006.

Measure Target

Value

0

Date

9/30/2009

Description

To be established as a percentage increase over the baseline.

Measure Data

Year	Annual Measure			
2007	--			
2008	--			

Explanatory Note

FY07/Q4 - The agency proposes to eliminate this measure after careful consideration of the agency's limited ability to impact the actual number of trainings offered. No data has been collected on this measure.

Department for the Deaf & Hard-of-Hearing (751)

Service Area

Consumer, Interpreter, and Community Support Services

Objective

Increase availability of and access to skill development training opportunities for interpreters in Virginia.

Measure #11

VQAS Candidate Participation in Training

Key Measure	Measure Type	Preferred Trend
	Output	Up

Measure Methodology

This measure will be calculated based on VQAS candidate responses to data collected when they take the VQAS assessment.

Measure Baseline

Value	Date	Description
0	6/30/2007	This is a new measure. The agency will develop a data collection methodology and begin collecting baseline data in FY07.

Measure Target

Value	Date	Description
0	6/30/2009	To be established as a percentage increase in the number of candidates who participate in training prior to VQAS.

Measure Data

Year	Annual Measure			
2007	--			
2008	--			

Explanatory Note

FY07/Q4 - The VQAS program was affected by staff turnover in FY07 and the necessary data was not collected during this year. The agency intends to keep this measure and develop an effective means of collecting this data in FY08.

Department for the Deaf & Hard-of-Hearing (751)

Service Area

Consumer, Interpreter, and Community Support Services

Objective

Increase availability of and access to skill development training opportunities for interpreters in Virginia.

Measure #12

VQAS Candidate Improvement as a result of training

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

This measure will be calculated by analyzing the performance improvement of VQAS candidates who indicate that they have participated in training.

Measure Baseline

Value

Date

Description

0

6/30/2007

This is a new measure. The agency will develop a data collection methodology and begin collecting data on July 1, 2006.

Measure Target

Value

Date

Description

0

6/30/2009

A percentage of candidates who participated in training whose assessment results improved.

Measure Data

Year Annual Measure

2006	--			
2007	--			
2008	--			

Explanatory Note

FY07/Q4 - The VQAS program was affected by staff turnover in FY07 and the necessary data was not collected during this year. The agency intends to keep this measure and develop an effective means of collecting this data in FY08.

Department for the Deaf & Hard-of-Hearing (751)

Service Area

Consumer, Interpreter, and Community Support Services

Objective

Improve consumer preparedness for a variety of disaster and emergency situations.

Measure #13

Number of Persons who Are Deaf or hard of hearing who participate in Community Emergency Response Team (CERT) Training

Key Measure	Measure Type	Preferred Trend
	Outcome	Up

Measure Methodology

This measure will be calculated based on responses to a VDDHH annual survey of Local CERT teams/emergency managers which asks how many CERT team members they have and how many of those are deaf or hard of hearing.

Measure Baseline

Value	Date	Description
9	9/30/2006	Number of deaf/hard of hearing members identified on CERT teams

Measure Target

Value	Date	Description
25	9/30/2009	Number of Deaf/hard of hearing members identified on CERT teams statewide

Measure Data

Year	Annual Measure			
2006	9			
2007	--			
2008	--			

Explanatory Note

FY07/Q4 - The agency has reviewed the purpose and impact of this measure and proposes to eliminate this measure as it is beyond the agency's control. We hope to develop a new measure to better reflect VDDHH's impact on emergency preparedness efforts.

Department for the Deaf & Hard-of-Hearing (751)

Service Area

Consumer, Interpreter, and Community Support Services

Objective

Increase the pool of qualified interpreters available to fill assignments coordinated by VDDHH.

Measure #14

The Department will fill interpreter requests from Virginia Courts, state agencies and 12-step programs.

Key Measure

X

Measure Type

Outcome

Preferred Trend

Up

Measure Methodology

ISP monthly reports reflect an increase in the percentage of assignments filled. Requests received with less than 48 hour notice will not be counted as unfilled.

Measure Baseline

Value

94

Date

6/30/2006

Description

In FY05, 94% of all interpreter requests received by VDDHH were filled.

Measure Target

Value

98

Date

6/30/2009

Description

By the end of FY 2009, 98% of all requests received will be filled in a timely manner.

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2006	95.0	95.9	95.8	96.3
2007	97.0	94.8	99.0	99.7
2008	98.5	--	--	--

Explanatory Note

Department for the Deaf & Hard-of-Hearing (751)

Service Area

Consumer, Interpreter, and Community Support Services

Objective

Increase the pool of qualified interpreters available to fill assignments coordinated by VDDHH.

Measure #15

Number of Court Available Interpreters

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

This measure will be calculated based on the number of Interpreters in the Interpreter Services Database identified as available and qualified to accept court assignments.

Measure Baseline

Value

53

Date

6/30/2006

Description

In FY 2005, the agency had 53

Measure Target

Value

60

Date

6/30/2009

Description

An increase of 5% per year.

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2007	52	71	73	83
2008	77	--	--	--

Explanatory Note

Department for the Deaf & Hard-of-Hearing (751)

Service Area

Consumer, Interpreter, and Community Support Services

Objective

Increase consumer access to interpreters and CART providers in non-VDDHH coordinated assignments, including medical and legal settings.

Measure #16

Number of People who use/access the Directory of Qualified Interpreters

Key Measure	Measure Type	Preferred Trend
	Outcome	Up

Measure Methodology

This measure will be calculated by reports of the number of hits on the Directory of Qualified Interpreters (VQAS and National) page on the VDDHH website. This will not provide an unduplicated user count but will show an accurate view of Directory activity.

Measure Baseline

Value	Date	Description
4,929	6/30/2007	This is the average number of

Measure Target

Value	Date	Description
5,915	6/30/2009	Quarterly average hits on the Directory of Qualified Interpreters pages on the VDDHH website.

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2008	4,903	--	--	--

Explanatory Note

Department for the Deaf & Hard-of-Hearing (751)

Service Area

Consumer, Interpreter, and Community Support Services

Objective

Increase consumer access to interpreters and CART providers in non-VDDHH coordinated assignments, including medical and legal settings.

Measure #17

Number of Listings In Directory of Qualified Intepreters

Key Measure	Measure Type	Preferred Trend
	Output	Up

Measure Methodology

This measure will be calculated based on the number of interpreters who are listed in the Directory compared with the baseline.

Measure Baseline

Value	Date	Description
262	6/30/2005	262 Interpreters listed in FY 2005.

Measure Target

Value	Date	Description
300	6/30/2009	A 5% increase per year.

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2007	185	136	149	149
2008	156	--	--	--

Explanatory Note

Department for the Deaf & Hard-of-Hearing (751)

Service Area

Consumer, Interpreter, and Community Support Services

Objective

Develop and disseminate information on viable resources for funding for hearing aids.

Measure #18

Number of Hearing Aid Packages Disseminated

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

VDDHH will calculate this measure based on the number of packets produced and disseminated as reported by the VDDHH Library.

Measure Baseline

Value

Date

Description

0

6/30/2007

This is a new measure. The agency will develop a data collection methodology and begin collecting data in FY07.

Measure Target

Value

Date

Description

0

6/30/2009

To be determined after baseline is established.

Measure Data

Year Annual Measure

2007	--			
2008	--			

Explanatory Note

Data for this measure was not collected in FY2007.

Department for the Deaf & Hard-of-Hearing (751)

Service Area

Consumer, Interpreter, and Community Support Services

Objective

Develop and disseminate information on viable resources for funding for hearing aids.

Measure #19

Customer Satisfaction with Hearing Aid Packet

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

Calculated based on consumer feedback provided on a customer satisfaction survey included in every packet.

Measure Baseline

Value

Date

Description

0

6/30/2007

No baseline data available.

Measure Target

Value

Date

Description

0

6/30/2009

50% of all customers completing the customer satisfaction survey report that the packet assisted them in securing funding for the purchase of hearing aids.

Measure Data

Year Annual Measure

2007	--			
2008	--			

Explanatory Note

Data for this measure was not collected in FY07.

Department for the Deaf & Hard-of-Hearing (751)

Service Area

Consumer, Interpreter, and Community Support Services

Objective

Increase awareness of, access to and utilization of VDDHH Library services.

Measure #20

Number of Library Awareness Activities

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

This measure will be calculated from the Library Assistant's monthly program reports which will include the number and type of activities conducted each month to promote Library Services.

Measure Baseline

Value

Date

Description

2

6/30/2005

In FY 2005, 2 Library Awareness Activities were reported.

Measure Target

Value

Date

Description

12

6/30/2009

A minimum of one Library Awareness Activity per month.

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2006	--	--	--	3
2007	0	1	2	1
2008	0	--	--	--

Explanatory Note

Department for the Deaf & Hard-of-Hearing (751)

Service Area

Consumer, Interpreter, and Community Support Services

Objective

Increase awareness of, access to and utilization of VDDHH Library services.

Measure #21

Percentage increase in Library Usage Statistics

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

This measure will be calculated based on the percentage increase in the number of registered patrons utilizing library services as reported by the Athena Library database.

Measure Baseline

Value

19

Date

6/30/2005

Description

In FY 2005, 263 or 19%, of 1344 registered patrons accessed Library services.

Measure Target

Value

29

Date

6/30/2008

Description

A 10% increase in the percentage of registered patrons accessing the Library.

Measure Data

Year	Annual Measure			
2006	19.4			
2007	11.4			
2008	--			

Explanatory Note

Library activity was significantly impacted in FY2007 by staff limitations and by a project to recatalog all library materials. We expect to see this number improve over the next Fiscal Year as the recataloging project is completed and materials lists become available on-line.

Department for the Deaf & Hard-of-Hearing (751)

Service Area

Consumer, Interpreter, and Community Support Services

Objective

Increase private business awareness of customer service and general issues related to persons who are deaf or hard of hearing.

Measure #22

Percentage of Relay Partner Program Participants who also become Expanded Relay Partners

Key Measure	Measure Type	Preferred Trend
	Outcome	Up

Measure Methodology

Using data from the Relay Partner program and VDDHH Outreach reports, determine the number of relay partners who participate in additional modules related to general communications access. NOTE: Any significant changes to the current VA Relay contract could prevent VDDHH from achieving success in this measure as the Relay Partner program is part of the contractor-provided marketing program.

Measure Baseline

Value	Date	Description
0	6/30/2006	0 in FY 2005.

Measure Target

Value	Date	Description
10	1/31/2008	10% of new Relay Partner participants will also participate in additional training provided by VDDHH on an annual basis.

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2006	0	0	0	0
2007	5	20	19	38
2008	49	--	--	--

Explanatory Note

Department for the Deaf & Hard-of-Hearing (751)

Service Area

Consumer, Interpreter, and Community Support Services

Objective

Increase private business awareness of customer service and general issues related to persons who are deaf or hard of hearing.

Measure #23

Number of participants in Relay Partner/Expanded Relay Partners presentations who sign up for one of both programs.

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

Using data from VDDHH Outreach reports and Relay Partner program registration, determine the number of participants in program presentations who sign up for Relay Partner/Expanded Relay Partner Program.

Measure Baseline

Value

202

Date

9/30/2006

Description

Number of businesses who signed up for Relay partner in first quarter of FY2007

Measure Target

Value

400

Date

1/31/2008

Description

Total Relay Partners signed up.

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2006	--	--	--	202
2007	41	51	16	37
2008	35	--	--	--

Explanatory Note

The total number of Relay Partners at the end of FY07 is 347.

Department for the Deaf & Hard-of-Hearing (751)

Service Area

Consumer, Interpreter, and Community Support Services

Objective

Enhance awareness of and access to interpreter services, assistive technology, Virginia Relay, and other tools for communications access by persons who are deaf or hard of hearing in facilities or in community placements as part of the Olmstead Initiative

Measure #24

Number of Olmstead-Related Training and Technical Assistance contacts per year

Key Measure	Measure Type	Preferred Trend
	Outcome	Up

Measure Methodology

This measure is calculated based on the number of documented training and technical assistance contacts to address Olmstead related communication issues with nursing homes or other residential facilities as reported on required Outreach reports.

Measure Baseline

Value	Date	Description
0	6/30/2006	This is a new measure. The agency will develop a data collection methodology and begin collecting data on July 1, 2006.

Measure Target

Value	Date	Description
1,440	6/30/2009	1440 Training and Technical Assistance contacts.

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2006	--	--	--	0
2007	18	7	10	--
2008	--	--	--	--

Explanatory Note

FY07/Q4 - Data for this quarter is not yet available (8/15/07) The agency is considering eliminating this measure as no funding is available to do this targeted training.

FY08/Q1 - No funding to support. Proposed eliminating measure.

Department for the Deaf & Hard-of-Hearing (751)

Service Area

Administrative Services

Objective

Promote accessibility for persons who are deaf or hard of hearing who wish to participate in or interact with state programs and services.

Measure #25

Number of public hearings hosted by state agencies which are attended by one or more consumer who is deaf or hard of hearing.

Key Measure

Measure Type

Output

Preferred Trend

Up

Measure Methodology

This measure will be calculated by conducting an annual survey of a random sample of state agencies who posted public hearings on the Commonwealth Calendar.

Measure Baseline

Value

0

Date

6/30/2006

Description

To be determined in FY2007

Measure Target

Value

0

Date

6/30/2009

Description

To be established after baseline is determined.

Measure Data

Year	Annual Measure			
2007	--			
2008	--			

Explanatory Note

2007 data is not available at the time of this report. The agency is working to revise this measure and collect baseline data.

FY08/Q1 - Working on data collection method.

Department for the Deaf & Hard-of-Hearing (751)

Service Area

Administrative Services

Objective

Increase consumer access to broadcast information, particularly during emergency situations.

Measure #26

Number of Broadcaster/Community Liaisons statewide as decribed in the VDDHH Best Practices Guide

Key Measure	Measure Type	Preferred Trend
	Outcome	Up

Measure Methodology

This measure will be calculated based on an annual survey of broadcasters and consumer organizations.

Measure Baseline

Value	Date	Description
0	6/30/2006	To be determined after survey in FY2007

Measure Target

Value	Date	Description
5	6/30/2009	To be determined after baseline is established.

Measure Data

Year	Annual Measure			
2007	--			
2008	--			

Explanatory Note

The agency is proposing to eliminate this measure as it does not reflect the current activities of the agency nor is it within the agency's control.

Department for the Deaf & Hard-of-Hearing (751)

Service Area

Administrative Services

Objective

Increase consumer access to broadcast information, particularly during emergency situations.

Measure #27

Number of substantiated complaints against Virginia broadcasters received by the Federal Communications Commission and related to the visual presentation of broadcast information during an emergency situation.

Key Measure	Measure Type	Preferred Trend
<input type="checkbox"/>	Output	Down

Measure Methodology

This measure will be calculated based on FCC public records of the number of substantiated captioning related complaints filed against Virginia Broadcasters as a result of problems during an emergency situation.

Measure Baseline

Value	Date	Description
0	6/30/2006	To be determined based on FCC records for 2006.

Measure Target

Value	Date	Description
0	6/30/2009	To be determined after baseline is established.

Measure Data

Year	Annual Measure			
2006	--			
2007	--			
2008	--			

Explanatory Note

FCC data for 06 is not yet available.
 FY07 - VDDHH is proposing to eliminate this measure as it is beyond the scope of our impact.

Department for the Deaf & Hard-of-Hearing (751)

Service Area

Administrative Services

Objective

Improve agency accountability to enhance responsiveness to consumer needs.

Measure #28

Number of Effective Data Collection Tools in use in VDDHH programs

Key Measure

Measure Type

Input

Preferred Trend

Up

Measure Methodology

This measure will be calculated by reviewing agency documentation on the development, enhancement, and implementation of formal data collection tools for every program and service in the agency and the availability of quarterly reports based on each tool.

Measure Baseline

Value

3

Date

6/30/2005

Description

Currently, 3 programs and services have effective data collection tools which result in consistent and meaningful quarterly reports of activity.

Measure Target

Value

15

Date

6/30/2008

Description

Five (5) new or revised data collection tools introduced each year through FY08.

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2006	--	--	--	1
2007	0	1	1	0
2008	1	--	--	--

Explanatory Note

FY2007, Q2 - enhanced Relay Partner Data collection. FY07/Q3 - VQAS Diagnostics Survey
 FY08/Q1 - VQAS Candidate Experience Survey (Performance Assessment)

Department for the Deaf & Hard-of-Hearing (751)

Service Area

Administrative Services

Objective

Increase access to VDDHH programs and services for the Hispanic community in Virginia.

Measure #29

Number of Agency Materials available in Spanish

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

This measure will be calculated based on agency documentation of the number of brochures, forms, and other documents and materials available in Spanish.

Measure Baseline

Value

2

Date

6/30/2005

Description

There are currently two Spanish language documents or materials in the agency.

Measure Target

Value

20

Date

6/30/2009

Description

At least 20 Spanish language documents, forms or library materials available.

Measure Data

Year	Annual Measure			
2006	2			
2007	3			
2008	--			

Explanatory Note

The agency has added a CapTel training video in Spanish.

Department for the Deaf & Hard-of-Hearing (751)

Service Area

Administrative Services

Objective

Increase access to VDDHH programs and services for the Hispanic community in Virginia.

Measure #30

Program Forms/Applications Submitted in Spanish

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

To be calculated based on TAP records which show the total number of Spanish Language TAP applications received compared with the total number of TAP applications received.

Measure Baseline

Value

Date

Description

0

6/30/2006

0% in FY 2006.

Measure Target

Value

Date

Description

1

6/30/2009

1% of all TAP applications submitted in Spanish beginning in FY 2007.

Measure Data

Year	Annual Measure			
2006	--			
2007	--			
2008	--			

Explanatory Note

FY07 - The agency hopes to revise this measure to report on the # of Spanish Relay Calls handled, which should more accurately reflect the objective.

Department of Social Services (765)

Service Area

Training and Assistance to Local Staff

Objective

A comprehensive internal and external learning system that supports employee development

Measure #1

Number of local employee developmental activities

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

The data will be captured from agency systems.

Measure Baseline

Value

Date

Description

978

6/30/2005

978 local employee development activities were conducted in SFY 2005

Measure Target

Value

Date

Description

1,076

6/30/2008

Increase employee development activities by 10% by the end of SFY 2008

Measure Data

Year	Annual Measure			
2001	405			
2002	423			
2003	847			
2004	1,203			
2005	978			
2006	1,003			
2007	1,118			
2008	--			

Explanatory Note

Department of Social Services (765)

Service Area

Central Administration and Quality Assurance for Benefit Programs

Objective

Perform timely and accurate eligibility determination services for safety net programs

Measure #2

Percent of Food Stamp cases processed within federal timeliness standards

Key Measure

Measure Type

Preferred Trend

Output

Maintain

Measure Methodology

Timeliness data is captured from the Department's eligibility systems. The Food Stamp Program has a timely processing standard as prescribed in federal or state law or regulation.

Measure Baseline

Value

Date

Description

98

6/30/2005

98% of Food Stamp cases were processed within federal timeliness standards in FFY 2005

Measure Target

Value

Date

Description

98

6/30/2008

98% of Food Stamp cases will be processed within federal timeliness standards by the end of FFY 2008

Measure Data

Year	Annual Measure			
2004	99			
2005	98			
2006	98			
2007	99			
2008	--			

Explanatory Note

Department of Social Services (765)

Service Area

Central Administration and Quality Assurance for Benefit Programs

Objective

Perform timely and accurate eligibility determination services for safety net programs

Measure #3

Percent of food stamp cases processed accurately

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

Accuracy data is captured through independent audits of benefits issued compared to what should have been issued. Accuracy will be measured through existing processes established by the federal government for food stamps

Measure Baseline

Value

93

Date

6/30/2005

Description

93% of food stamp cases were processed accurately in SFY 2005

Measure Target

Value

94

Date

6/30/2008

Description

94% of food stamp cases will be processed accurately by SFY 2008

Measure Data

Year	Annual Measure			
2001	92			
2002	93			
2003	95			
2004	93			
2005	93			
2006	94			
2007	93			
2008	--			

Explanatory Note

Progress continues to be made in reaching this target. VDSS anticipates reaching the target by the end of SFY 2008.

Department of Social Services (765)

Service Area

Central Administration and Quality Assurance for Family Services

Objective

Protect at-risk individuals from abuse, neglect and exploitation

Measure #4

Percent of investigations of adult abuse, neglect or exploitation that are substantiated

Key Measure**Measure Type**

Output

Preferred Trend

Down

Measure Methodology

Adult Services Adult Protective Services (ASAPS) information system

Measure Baseline**Value**

61

Date

6/30/2005

Description

61% of investigations of adult abuse, neglect or exploitation were substantiated in SFY 2005

Measure Target**Value**

60

Date

6/30/2008

Description

Reduce the percentage of substantiated investigations of adult abuse, neglect or exploitation by 1% by the end of SFY 2008

Measure Data

Year	Annual Measure			
2001	64.0			
2002	61.5			
2003	60.8			
2004	60.5			
2005	61.0			
2006	70.0			
2007	64.0			
2008	--			

Explanatory Note

Review of the measure has shown that it does not reflect actual program performance. The department will replace this measure with an improved one linked to recidivism (new reports of abuse, neglect or exploitation after APS interventions have been put in place) in the agency's 2008-2010 strategic plan.

Department of Social Services (765)

Service Area

Central Administration and Quality Assurance for Family Services

Objective

Protect at-risk individuals from abuse, neglect and exploitation

Measure #5

Children will be protected from becoming victims of repeated abuse or neglect

Key Measure

Measure Type

Preferred Trend

Outcome

Down

Measure Methodology

The numerator will be compiled from OASIS

Measure Baseline

Value

1.85

Date

6/30/2005

Description

1.85% of children experienced repeat child abuse and/or neglect within a six-month period in SFY 2005

Measure Target

Value

1.5

Date

6/30/2009

Description

Less than 1.5% of children will experience repeat abuse and/or neglect within a six-month period in SFY 2009

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2003	--	--	--	2.10
2004	--	--	--	2.20
2005	--	--	--	1.85
2006	--	--	--	2.00
2007	1.62	1.62	1.57	1.76
2008	--	--	--	--

Explanatory Note

Performance is progressing toward target and is trending in the preferred direction. VDSS has consistently exceeded the federal standard of < 6.1% and anticipates reaching the state target by the end of SFY 2009. Beginning with SFY 2007, quarterly data was requested and provided for this measure. Prior to SFY 2007, only annual data was been reported.

Department of Social Services (765)

Service Area

Central Administration and Quality Assurance for Community Programs

Objective

Support the Community Action Agency network

Measure #6

Number of individuals receiving services from the Community Action Agency network

Key Measure	Measure Type	Preferred Trend
	Outcome	Up

Measure Methodology

4th quarter Community Action Agency Reports

Measure Baseline

Value	Date	Description
101,658	6/30/2005	101,658 individuals received services in SFY 2005

Measure Target

Value	Date	Description
120,000	6/30/2008	120,000 individuals will continue to receive services by the end of SFY 2008

Measure Data

Year	Annual Measure			
2001	82,842			
2002	102,762			
2003	91,272			
2004	104,033			
2005	101,658			
2006	117,331			
2007	131,533			
2008	--			

Explanatory Note

Performance trends are in the desired direction and progress toward the established target continues. The department met this target at the end of SFY 2007.

Department of Social Services (765)

Service Area

Central Administration for the Comprehensive Services Act (CSA)

Objective

To promote the ability of communities to effectively implement a model systems of care approach to the Comprehensive Services Act

Measure #7

Number of technical assistance activities provided to community stakeholders

Key Measure	Measure Type	Preferred Trend
	Output	Up

Measure Methodology

Derived from monthly Technical Assistance Team Member Activities Reports

Measure Baseline

Value	Date	Description
579	6/30/2006	579 technical assistance activities provided to community stakeholders in SFY06

Measure Target

Value	Date	Description
585	6/30/2008	597 technical assistance activities provided to community stakeholders in SFY08

Measure Data

Year	Annual Measure			
2006	579			
2007	666			
2008	--			

Explanatory Note

New measure - no historical data

Department of Social Services (765)

Service Area

Temporary Assistance for Needy Families (TANF) Cash Assistance

Objective

Efficiently provide financial assistance to needy families with children

Measure #8

Percent of applications processed timely

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

The data will be derived from ADAPT.

Measure Baseline

Value

Date

Description

93

6/30/2005

93% of applications were processed timely in SFY 2005

Measure Target

Value

Date

Description

95

6/30/2008

95% of applications will be processed timely by the end of SFY 2008

Measure Data

Year	Annual Measure			
2004	99			
2005	93			
2006	94			
2007	95			
2008	--			

Explanatory Note

Department of Social Services (765)

Service Area

Child Support Supplement

Objective

Provide TANF recipients a supplemental payment equal to the amount of the current support collected each month by the Division of Child Support Enforcement (DCSE)

Measure #9

Percent of qualified participants that receive a child support supplement payment

Key Measure	Measure Type	Preferred Trend
	Outcome	Up

Measure Methodology

The data source is VDSS internal information systems. Calculation – Number of payments issued (numerator) over the total number that should have been issued, accounting for exceptions and cases where the payment would have been \$0.00.

Measure Baseline

Value	Date	Description
98	6/30/2005	98% of qualified participants received a child support supplement in SFY 2005

Measure Target

Value	Date	Description
99	6/30/2008	99% of qualified participants will receive a child support supplement by the end of SFY 2008

Measure Data

Year	Annual Measure			
2006	100			
2007	100			
2008	--			

Explanatory Note

Department of Social Services (765)

Service Area

Temporary Assistance for Needy Families (TANF) Employment Services

Objective

Assist low-income Virginians to obtain employment by providing high quality workforce services to TANF participants

Measure #10

TANF participants will be gainfully employed at least six months after program exit

Key Measure	Measure Type	Preferred Trend
X	Output	Up

Measure Methodology

Source – ADAPT and ES202 wage data from VEC; Calculation -- former Virginia Initiative for Employment, not welfare (VIEW) participants employed 6 months after exiting the TANF divided by the total number leaving VIEW 6 months previous

Measure Baseline

Value	Date	Description
58	6/30/2006	58% of former TANF participants were employed 6 months after program exit in SFY 2005

Measure Target

Value	Date	Description
65	6/30/2009	65% of former TANF participants will be employed 6 months after program exit by the end of SFY 2009

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2006	--	--	--	58.0
2007	58.3	58.3	57.8	60.5
2008	58.0	--	--	--

Explanatory Note

This data has a time lag of 12 months, as the participants must have left the program at least 6 months prior to the calculation, and the wage data from VEC is 2 quarters behind the quarter of earnings. We will provide quarterly estimates.

Additional employment data has been reported for Q1 2007. The figure has been updated.

Department of Social Services (765)

Service Area

Temporary Assistance for Needy Families (TANF) Employment Services

Objective

Assist low-income Virginians to obtain employment by providing high quality workforce services to TANF participants

Measure #11

Percent of TANF participants engaged in a work activity

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

Employment Services Program Automated System (ESPAS). The federal participation rate equals the number of individuals enrolled in Virginia Initiative for Employment not Welfare (VIEW) who participate in countable work activities for a requisite number of hours divided by the total number of TANF cases minus child only cases and VIEW exempt cases.

Measure Baseline

Value

29

Date

6/30/2005

Description

29% of TANF participants were engaged in a work activity in FFY 2005

Measure Target

Value

50

Date

6/30/2008

Description

50% of TANF participants will be engaged in a work activity by the end of FFY 2008

Measure Data

Year	Annual Measure			
2001	44.3			
2002	42.9			
2003	44.6			
2004	50.1			
2005	46.3			
2006	31.0			
2007	42.0			
2008	--			

Explanatory Note

Historical data calculation is very different from current baseline and projected target, due to TANF re-authorization requirements for work participation rate.

Data for FFY 2006 and 2007 are preliminary data. Actual 2006 data will not be available until September 2008. For FFY 2005, the projection of 29% has been updated to 46.3% based on the final federal calculation. Progress continues and VDSS expects to reach the federal participation rate in FFY 2007.

Department of Social Services (765)

Service Area

Food Stamp Employment and Training (FSET) Employment Services

Objective

Assist low-income Virginians in obtaining employment by provide high quality workforce services to Food Stamp participants

Measure #12

Number of Food Stamp participants receiving workforce services

Key Measure	Measure Type	Preferred Trend
	Outcome	Up

Measure Methodology

Source -- monthly reports from local departments of social services (LDSS) and partner organizations; calculation – total number of individuals participating in a workforce activity

Measure Baseline

Value	Date	Description
7,123	6/30/2005	7,123 Food Stamp participants received workforce services in SFY 2005

Measure Target

Value	Date	Description
7,407	6/30/2008	7,407 (4% increase) Food Stamp participants will receive workforce services by the end of SFY 2008

Measure Data

Year	Annual Measure			
2006	6,325			
2007	7,605			
2008	--			

Explanatory Note

Department of Social Services (765)

Service Area

Temporary Assistance for Needy Families (TANF) Child Care Subsidies

Objective

Eligible TANF children receive child care assistance

Measure #13

Number of TANF children who receive child care subsidies

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

The data will be captured through the Child Care Interim System, in which local departments report client and case specific expenditures each month. An unduplicated count of children by program area can be calculated.

Measure Baseline

Value

28,217

Date

6/30/2005

Description

28,217 TANF children received a child care subsidy in SFY 2005

Measure Target

Value

28,781

Date

6/30/2008

Description

28,781 (2% increase) TANF children will receive a child care subsidy by the end of SFY 2008

Measure Data

Year	Annual Measure			
2002	22,803			
2003	23,209			
2004	24,897			
2005	28,217			
2006	27,688			
2007	26,660			
2008	--			

Explanatory Note

Department of Social Services (765)

Service Area

At-risk Child Care Subsidies

Objective

Low-income families not associated with TANF are served through child care assistance

Measure #14

Number of Non-TANF children who receive child care subsidies

Key Measure

Measure Type

Preferred Trend

Outcome

Maintain

Measure Methodology

The data will be captured through the Child Care Interim System, in which local departments report client and case specific expenditures each month. An unduplicated count of children by program area can be calculated.

Measure Baseline

Value

Date

Description

35,158

6/30/2005

35,158 Non-TANF children received a child care subsidy in SFY 2005

Measure Target

Value

Date

Description

35,158

6/30/2008

35,158 Non-TANF children will continue to receive a child care subsidy through the end of SFY 2008

Measure Data

Year	Annual Measure			
2002	30,486			
2003	32,289			
2004	33,346			
2005	35,158			
2006	34,744			
2007	29,415			
2008	--			

Explanatory Note

Department of Social Services (765)

Service Area

Eligibility Determination Local Staff and Operations

Objective

Perform timely and accurate eligibility determination services for safety net programs

Measure #15

Percent of Food Stamp cases processed within federal timeliness standards

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

Timeliness is captured from ADAPT and is calculated in relation to the federal standard

Measure Baseline

Value

98

Date

6/30/2005

Description

98% of Food Stamp cases were processed within federal timeliness standards in FFY 2005

Measure Target

Value

98

Date

6/30/2008

Description

98% of Food Stamp cases will be processed within federal timeliness standards by the end of FFY 2008

Measure Data

Year	Annual Measure			
2006	98			
2007	99			
2008	--			

Explanatory Note

Department of Social Services (765)

Service Area

Social Worker Local Staff and Operations

Objective

Protect at-risk individuals from abuse, neglect and exploitation

Measure #16

Percent of investigations of adult abuse, neglect or exploitation that are substantiated

Key Measure

Measure Type

Preferred Trend

Output

Down

Measure Methodology

Adult Services Adult Protective Services (ASAPS) information system.

Measure Baseline

Value

Date

Description

61

6/30/2006

61% of investigations of adult abuse, neglect or exploitation were substantiated in SFY 2004

Measure Target

Value

Date

Description

60

6/30/2008

Reduce the percentage of substantiated investigations of adult abuse, neglect or exploitation by 1% by the end of SFY 2008

Measure Data

Year	Annual Measure			
2001	64.0			
2002	61.5			
2003	60.8			
2004	60.5			
2005	61.0			
2006	70.0			
2007	64.0			
2008	--			

Explanatory Note

Department of Social Services (765)

Service Area

Social Worker Local Staff and Operations

Objective

Protect at-risk individuals from abuse, neglect and exploitation

Measure #17

Percent of children with a second founded report of child abuse or neglect within a six-month period

Key Measure

Measure Type

Preferred Trend

Outcome

Down

Measure Methodology

The information will be compiled from the computerized information system.

Measure Baseline

Value

1.85

Date

6/30/2005

Description

1.85% of children experienced repeat child abuse and/or neglect within a six-month period in SFY 2005

Measure Target

Value

1.5

Date

6/30/2009

Description

Less than 1.5% of children will experience repeat abuse and/or neglect within a six-month period by the end of SFY 2008

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2003	--	--	--	2.10
2004	--	--	--	2.20
2005	--	--	--	1.85
2006	--	--	--	2.00
2007	1.62	1.62	1.57	1.76
2008	--	--	--	--

Explanatory Note

Performance is progressing toward target and is trending in the preferred direction. VDSS has consistently exceeded the federal standard of < 6.1% and anticipates reaching the state target by the end of SFY 2009. Beginning with SFY 2007, quarterly data was requested and provided for this measure. Prior to SFY 2007, only annual data was reported.

Department of Social Services (765)

Service Area

Support Enforcement and Collection Services

Objective

Increase Child Support collections

Measure #18

Child support dollars that are owed will be collected

Key Measure

X

Measure Type

Outcome

Preferred Trend

Up

Measure Methodology

Regular collection reports generated through APECS and related systems

Measure Baseline

Value

61

Date

6/30/2005

Description

61% of dollars owed were collected in SFY 2005

Measure Target

Value

65

Date

6/30/2009

Description

65% of dollars owed will be collected in SFY 2009

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2001	--	--	--	58.16
2002	--	--	--	59.00
2003	--	--	--	59.72
2004	--	--	--	60.04
2005	--	--	--	61.00
2006	--	--	--	61.60
2007	61.60	61.94	62.01	62.27
2008	62.00	--	--	--

Explanatory Note

Beginning with SFY 2007, quarterly data was requested and provided for this measure. Prior to SFY 2007, only annual data was reported.

Department of Social Services (765)

Service Area

Public Assistance Child Support Payments

Objective

Increase Child Support collections

Measure #19

Child support dollars that are owed will be collected

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

Regular collection reports generated through APECS and related systems

Measure Baseline

Value

61

Date

6/30/2005

Description

61% of dollars owed was collected in SFY 2006

Measure Target

Value

65

Date

6/30/2009

Description

65% of dollars owed will be collected in SFY 2009

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2001	--	--	--	58.16
2002	--	--	--	59.00
2003	--	--	--	59.72
2004	--	--	--	60.04
2005	--	--	--	61.00
2006	--	--	--	61.60
2007	61.60	61.94	62.01	62.27
2008	--	--	--	--

Explanatory Note

Beginning with SFY 2007, quarterly data was requested and provided for this measure. Prior to SFY 2007, only annual data was reported.

Department of Social Services (765)

Service Area

Non-Public Assistance Child Support Payments

Objective

Increase Child Support collections

Measure #20

Child support dollars that are owed will be collected

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

Regular collection reports generated through APECS and related systems

Measure Baseline

Value

Date

Description

61

6/30/2005

61% of dollars owed was collected in SFY 2006

Measure Target

Value

Date

Description

65

6/30/2009

65% of dollars owed will be collected in SFY 2009

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2001	--	--	--	58.16
2002	--	--	--	59.00
2003	--	--	--	59.72
2004	--	--	--	60.04
2005	--	--	--	61.00
2006	--	--	--	61.60
2007	61.60	61.94	62.01	62.27
2008	--	--	--	--

Explanatory Note

Department of Social Services (765)

Service Area

Auxiliary Grants for the Aged, Blind, and Disabled

Objective

Increase utilization of the Auxiliary Grant Program

Measure #21

Average monthly number of auxiliary grant cases in assisted living facilities and adult foster care homes

Key Measure

Measure Type

Preferred Trend

Output

Maintain

Measure Methodology

The data will be captured in Adult Services/Adult Protective Services automated system, and reports from VDSS Licensing Division and Department of Medical Assistance Services.

The number of auxiliary grant awards and public pay beds will be compared annually, as will local department of social services waiting lists.

Measure Baseline

Value

6,250

Date

6/30/2005

Description

6,250 average number of auxiliary grant cases per month in SFY 2005

Measure Target

Value

6,250

Date

6/30/2008

Description

Maintain the average monthly number of auxiliary grant cases (6,250) through the end of SFY 2008

Measure Data

Year	Annual Measure			
2001	6,412			
2002	6,604			
2003	5,994			
2004	6,386			
2005	6,250			
2006	5,961			
2007	5,497			
2008	--			

Explanatory Note

Department of Social Services (765)

Service Area

Adult In-home and Supportive Services

Objective

Protect the elderly and persons with disabilities in at-risk situations from abuse, neglect, and exploitation

Measure #22

Percent of investigations of adult abuse, neglect or exploitation that are substantiated

Key Measure

Measure Type

Preferred Trend

Output

Down

Measure Methodology

Data captured in "ASAPS" web-based case management and reporting system

Measure Baseline

Value

61

Date

6/30/2005

Description

61% of investigations of adult abuse, neglect or exploitation were substantiated in SFY 2004

Measure Target

Value

60

Date

6/30/2008

Description

Reduce the percentage of substantiated investigations of adult abuse, neglect or exploitation by 1% by the end of SFY 2008

Measure Data

Year	Annual Measure			
2001	64			
2002	62			
2003	61			
2004	61			
2005	61			
2006	70			
2007	64			
2008	--			

Explanatory Note

Review of the measure has shown that it does not reflect actual program performance. The department will replace this measure with an improved one linked to recidivism (new reports of abuse, neglect or exploitation after APS interventions have been put in place) in the agency's 2008-2010 strategic plan.

Department of Social Services (765)

Service Area

Domestic Violence Prevention and Support Activities

Objective

Support local domestic violence programs for the provision of crisis and support services to victims statewide

Measure #23

Percentage of domestic violence survivors who receive services are able to identify their safety plan

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

VAdata (the DSS funded data collection system used statewide by domestic violence programs based on victim reports). Data is collected on an ongoing basis and is reported to DSS by each funded program. Aggregate data is collected at will by DSS.

Measure Baseline

Value

Date

Description

70

6/30/2005

70% of domestic violence survivors were able to identify their safety plan in SFY 2005

Measure Target

Value

Date

Description

71

6/30/2008

71% of domestic violence survivors will able to identify their safety plan by the end of SFY 2008

Measure Data

Year	Annual Measure			
2001	48			
2002	50			
2003	55			
2004	66			
2005	70			
2006	73			
2007	72			
2008	--			

Explanatory Note

Department of Social Services (765)

Service Area

Foster Care Payments and Supportive Services

Objective

Promote safe and stable living situations for children and families

Measure #24

Percent of children who return home within twelve months of entering foster care

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

OASIS data

Measure Baseline

Value

Date

Description

69

6/30/2005

69% of foster care children returned home within twelve months in SFY 2005

Measure Target

Value

Date

Description

71

6/30/2008

71% of foster care children will return home within twelve months by the end of SFY 2008

Measure Data

Year	Annual Measure			
2003	71.00			
2004	73.00			
2005	69.00			
2006	71.50			
2007	66.87			
2008	--			

Explanatory Note

Department of Social Services (765)

Service Area

Foster Care Payments and Supportive Services

Objective

Promote safe and stable living situations for children and families

Measure #25

Percent of children in foster care who have no more than two placements within the first 12 months of entering care

Key Measure	Measure Type	Preferred Trend
	Outcome	Up

Measure Methodology

OASIS data

Measure Baseline

Value	Date	Description
85.51	6/30/2005	85.51% of children in foster care had no more than 2 placements within the first 12 months of entering care in SFY 2005

Measure Target

Value	Date	Description
87	6/30/2008	86.7% of children in foster care will have no more than 2 placements within the first 12 months of entering care in SFY 2008

Measure Data

Year	Annual Measure			
2003	86.00			
2004	85.00			
2005	85.51			
2006	87.04			
2007	84.61			
2008	--			

Explanatory Note

Department of Social Services (765)

Service Area

Supplemental Child Protective Activities

Objective

Prevent the recurrence of child maltreatment

Measure #26

Children will be protected from becoming victims of repeated abuse or neglect

Key Measure

X

Measure Type

Output

Preferred Trend

Down

Measure Methodology

Data will be compiled from OASIS; federal standard for maltreatment recurrence in Child & Family Services Review.

Measure Baseline**Value**

1.85

Date

6/30/2005

Description

1.85% of children experienced repeat child abuse or neglect within a 6-month period in SFY 2005

Measure Target**Value**

1.5

Date

6/30/2009

Description

Less than 1.5% of children experience repeat child abuse or neglect within a 6-month period in SFY 2009

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2003	--	--	--	2.10
2004	--	--	--	2.20
2005	--	--	--	1.85
2006	--	--	--	2.00
2007	1.62	1.62	1.57	1.76
2008	1.59	--	--	--

Explanatory Note

Performance is progressing toward target and is trending in the preferred direction. VDSS has consistently exceeded the federal standard of < 6.1% and anticipates reaching the state target by the end of SFY 2009. Beginning with SFY 2007, quarterly data was requested and provided for this measure. Prior to SFY 2007, only annual data was reported.

Department of Social Services (765)

Service Area

Adoption Subsidies and Supportive Services

Objective

Achieve a safe, permanent family for children in foster care who have the goal of adoption

Measure #27

Children will be adopted within 24 months of entering foster care

Key Measure

X

Measure Type

Outcome

Preferred Trend

Up

Measure Methodology

Data will be derived from the On-line Automated Services Information System (OASIS). This measure is determined annually by the number of children who exit foster care with an exit reason of adoption.

Measure Baseline

Value

21

Date

6/30/2005

Description

21% of children were adopted within 24 months of entering foster care in SFY 2005

Measure Target

Value

25

Date

6/30/2009

Description

25% of children will be adopted within 24 months of entering foster care by the end of SFY 2009

Measure Data

Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2003	--	--	--	17.82
2004	--	--	--	20.50
2005	--	--	--	21.00
2006	--	--	--	25.31
2007	28.05	28.05	29.78	31.34
2008	31.00	--	--	--

Explanatory Note

Beginning with SFY 2007, quarterly data was requested and provided for this measure. Prior to SFY 2007, only annual data was reported.

Department of Social Services (765)

Service Area

General Relief

Objective

Access to General Relief (GR) services

Measure #28

Average monthly number of individuals receiving assistance through General Relief

Key Measure

Measure Type

Preferred Trend

Output

Maintain

Measure Methodology

VDSS automated systems

Measure Baseline

Value

Date

Description

3,823

6/30/2005

3,823 individuals, on average, each month received assistance through General Relief in SFY 2005

Measure Target

Value

Date

Description

3,823

6/30/2008

3,823 individuals, on average, will continue to received assistance through General Relief by the end of SFY 2008

Measure Data

Year	Annual Measure			
2001	4,266			
2002	4,184			
2003	4,238			
2004	4,041			
2005	3,823			
2006	3,423			
2007	2,975			
2008	--			

Explanatory Note

General Relief is operated as an optional program by local jurisdictions. Available data is limited.

Department of Social Services (765)

Service Area

Resettlement Assistance

Objective

Place refugees in jobs

Measure #29

Percentage of refugees employed after 90 days

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

Refugee resettlement case managers will document in the Virginia Newcomer Information System (VNIS) initial employment information and wage information for each refugee. VNIS will aggregate this information for each resettlement provider and calculate employment rates.

Measure Baseline

Value

80

Date

6/30/2005

Description

80% of refugees were employed after 90 days in SFY 2005

Measure Target

Value

83

Date

6/30/2008

Description

83% of refugees will be employed after 90 days by the end of SFY 2008

Measure Data

Year	Annual Measure			
2002	87			
2003	85			
2004	85			
2005	75			
2006	85			
2007	--			
2008	--			

Explanatory Note

Department of Social Services (765)

Service Area

Emergency and Energy Assistance

Objective

Access to the Energy Assistance Program

Measure #30

Number of households pre-approved for the Fuel Assistance Program

Key Measure

Measure Type

Preferred Trend

Output

Maintain

Measure Methodology

Source: The Energy Assistance System (eligibility system)

Calculation: Total number of households pre-approved for Fuel Assistance. The Energy Assistance components, Fuel, Crisis and Cooling Assistance are not on-going programs but rather programs with specific annual application periods and specific start and end dates.

Measure Baseline

Value

12,551

Date

6/30/2006

Description

12551 households were pre-approved for the Fuel Assistance Program in FFY 2006

Measure Target

Value

12,551

Date

6/30/2008

Description

12,551 households will be pre-approved for the Fuel Assistance Program by the end of FFY 2008

Measure Data

Year Annual Measure

Year	Annual Measure			
2006	12,551			
2007	12,237			
2008	--			

Explanatory Note

Baseline and target have been adjusted to reflect state policy change. An improved measure of service provision will be used in the 2008-2010 strategic plan.

Department of Social Services (765)

Service Area

Community Action Agencies

Objective

Support the Community Action Agency network

Measure #31

Number of individuals receiving services from the Community Action Agency network

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

Annual reports from agencies will be aggregated to give a network wide total.

Measure Baseline

Value

Date

Description

101,658

6/30/2005

101,658 individuals received services in SFY 2005

Measure Target

Value

Date

Description

120,000

6/30/2008

120,000 individuals will receive services by the end of SFY 2008

Measure Data

Year	Annual Measure			
2001	82,842			
2002	102,762			
2003	91,272			
2004	104,033			
2005	101,658			
2006	117,331			
2007	131,533			
2008	--			

Explanatory Note

Department of Social Services (765)

Service Area

Community Action Agencies

Objective

Support the Community Action Agency network

Measure #32

Total non-Community Services Block Grant (CSBG) resources generated by community action agencies

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

Annual reports from agencies will be aggregated to give a network wide total.

Measure Baseline

Value

105,036,109

Date

6/30/2006

Description

New measure. Baseline established using FY06 data.

Measure Target

Value

107,317,156

Date

6/30/2008

Description

\$107,317,156 will be generated in total non-CSBG resources.

Measure Data

Year	Annual Measure			
2001	93,807,007			
2002	112,744,027			
2003	98,567,846			
2004	115,493,617			
2005	105,036,109			
2006	105,036,109			
2007	110,319,712			
2008	--			

Explanatory Note

Baseline established SFY 2006

Department of Social Services (765)

Service Area

Volunteer Services

Objective

Support efforts to increase volunteer and service efforts in support of community-based initiatives to improve the well-being of its citizens

Measure #33

Virginia's volunteerism rate

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

Annual reports provided by grantees report the number of hours of service by members.

Measure Baseline

Value

29.5

Date

6/30/2005

Description

Virginia's volunteerism rate was 29.5% for SFY 2005

Measure Target

Value

32

Date

6/30/2008

Description

Virginia's volunteerism rate will be 32% by the end of SFY 2008.

Measure Data

Year	Annual Measure			
2002	27.9			
2003	30.5			
2004	27.0			
2005	29.5			
2006	29.5			
2007	28.9			
2008	--			

Explanatory Note

Consistent with national trends, Virginia's overall volunteerism rate decreased slightly in SFY 2007. The department's influence on this rate is limited. Progress toward meeting the established target continue and VDSS anticipates the target will be met by the end of SFY 2008.

Department of Social Services (765)

Service Area

Other Payments to Human Services Organizations

Objective

Provide resources to human services organizations in communities to assist low-income families

Measure #34

Timeliness of payments to human services organizations

Key Measure

Measure Type

Preferred Trend

Outcome

Maintain

Measure Methodology

Department financial systems

Measure Baseline

Value

Date

Description

100

6/30/2005

100% of payments were promptly paid (within 30 days) to human services organizations in SFY 2006

Measure Target

Value

Date

Description

100

6/30/2008

100% of payments will be promptly paid (within 30 days) to human services organizations by the end of SFY 2008

Measure Data

Year	Annual Measure			
2006	97.70			
2007	99.18			
2008	--			

Explanatory Note

Department of Social Services (765)

Service Area

Administrative and Support Services

Objective

Resources are used efficiently; programs are managed effectively and in a manner consistent with applicable state and federal requirements

Measure #35

Percent of Governor's Management scorecard categories marked as meets expectations for the agency

Key Measure	Measure Type	Preferred Trend
	Outcome	Up

Measure Methodology

Governor's Management scorecard categories marked as meets expectations divided by 6.

Measure Baseline

Value	Date	Description
60	6/30/2005	60% of scorecard categories met expectations in SFY 2005

Measure Target

Value	Date	Description
100	6/30/2008	100% of scorecard categories will meet expectations by the end of SFY 2008

Measure Data

Year	Annual Measure			
2005	60			
2006	83			
2007	83			
2008	--			

Explanatory Note

During SFY 2007, VDSS demonstrated improvement in agency management areas for the Governor's Scorecard. At the end of the fiscal year, VDSS met expectations in five of the six Governor Scorecard performance areas. SWAM achievements have been consistent improvements in human resources and financial management have been implemented. Performance continues to trend in the preferred direction as the agency continues to improve its management processes in efforts to meet the established targets.

Department of Social Services (765)

Service Area

Regulation of Adult and Child Welfare Facilities

Objective

Ensure facilities meet the operational standards for the safety of children and adults

Measure #36

Percent of mandated inspections conducted in children's facilities

Key Measure

Measure Type

Preferred Trend

Outcome

Up

Measure Methodology

DOLPHIN data updated and calculations performed monthly

Measure Baseline

Value

Date

Description

96

6/30/2005

96% of mandated inspections of children's facilities were conducted in SFY 2005

Measure Target

Value

Date

Description

100

6/30/2008

100% of mandated inspections of children's facilities will be conducted by the end of SFY 2008

Measure Data

Year	Annual Measure			
2001	100			
2002	97			
2003	99			
2004	100			
2005	96			
2006	95			
2007	93			
2008	--			

Explanatory Note

During this fiscal year, the Division of Licensing Programs substantially met mandated inspection requirements for assisted living facilities throughout the state. Six of its eight licensing offices completed 96% to 100% of mandated inspections. However, two remaining offices experienced unusually high numbers of retirements, resignations, short-term disabilities. These extenuating circumstances contributed to lower percentages of provider inspections completed (77% and 59% respectively). One office operated with 50% of its normally assigned staff for the majority of the year. The ability to transfer staff between field offices was also substantially limited.

Staffing levels are being restored and increased completed inspections are expected in the affected areas during SFY 2008.

Department of Social Services (765)

Service Area

Regulation of Adult and Child Welfare Facilities

Objective

Ensure facilities meet the operational standards for the safety of children and adults

Measure #37

Percent of mandated inspections conducted in adult facilities

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

DOLPHIN data updated and calculations performed monthly

Measure Baseline

Value

Date

Description

98

6/30/2005

98% of mandated inspections of adult facilities were conducted in SFY 2005

Measure Target

Value

Date

Description

100

6/30/2008

100% of mandated inspections of adult facilities will be conducted by the end of SFY 2008

Measure Data

Year	Annual Measure			
2001	100			
2002	100			
2003	100			
2004	100			
2005	98			
2006	99			
2007	90			
2008	--			

Explanatory Note

During this fiscal year, the Division of Licensing Programs substantially met mandated inspection requirements for assisted living facilities throughout the state. Six of its eight licensing offices completed 96% to 100% of mandated inspections. However, two remaining offices experienced unusually high numbers of retirements, resignations, short-term disabilities. These extenuating circumstances contributed to lower percentages of provider inspections completed (77% and 59% respectively). One office operated with 50% of its normally assigned staff for the majority of the year. The ability to transfer staff between field offices was also substantially limited.

Staffing levels are being restored and increased completed inspections are expected in the affected areas during SFY 2008.

Department of Social Services (765)

Service Area

Interdepartmental Licensure and Certification

Objective

The Departments of Education; Juvenile Justice; Mental Health, Mental Retardation and Substance Abuse Services; and Social Services provide a coordinated regulatory approach to children's residential facilities

Measure #38

Number of training sessions for regulators and providers

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

Training information can be obtained from the Children's Residential Facility database.

Measure Baseline

Value

Date

Description

5

6/30/2005

5 training sessions were conducted in SFY 2005

Measure Target

Value

Date

Description

5

6/30/2008

5 training sessions will be conducted each year by the end of SFY 2008

Measure Data

Year	Annual Measure			
2001	13			
2002	15			
2003	10			
2004	9			
2005	5			
2006	8			
2007	9			
2008	--			

Explanatory Note

Department of Social Services (765)

Service Area

Interdepartmental Licensure and Certification

Objective

The Departments of Education; Juvenile Justice; Mental Health, Mental Retardation and Substance Abuse Services; and Social Services provide a coordinated regulatory approach to children's residential facilities

Measure #39

Number of background investigation requests completed

Key Measure

Measure Type

Preferred Trend

Output

Up

Measure Methodology

Information can be obtained from the Children's Residential Facility database

Measure Baseline

Value

4,140

Date

6/30/2005

Description

4,140 background investigation requests were completed in SFY 2005

Measure Target

Value

4,700

Date

6/30/2008

Description

4,700 background investigation requests will be completed each year by the end of SFY 2008

Measure Data

Year	Annual Measure			
2001	3,824			
2002	4,152			
2003	4,111			
2004	4,212			
2005	4,140			
2006	5,293			
2007	6,715			
2008	--			

Explanatory Note