

Program Description Forms: Guidance and examples



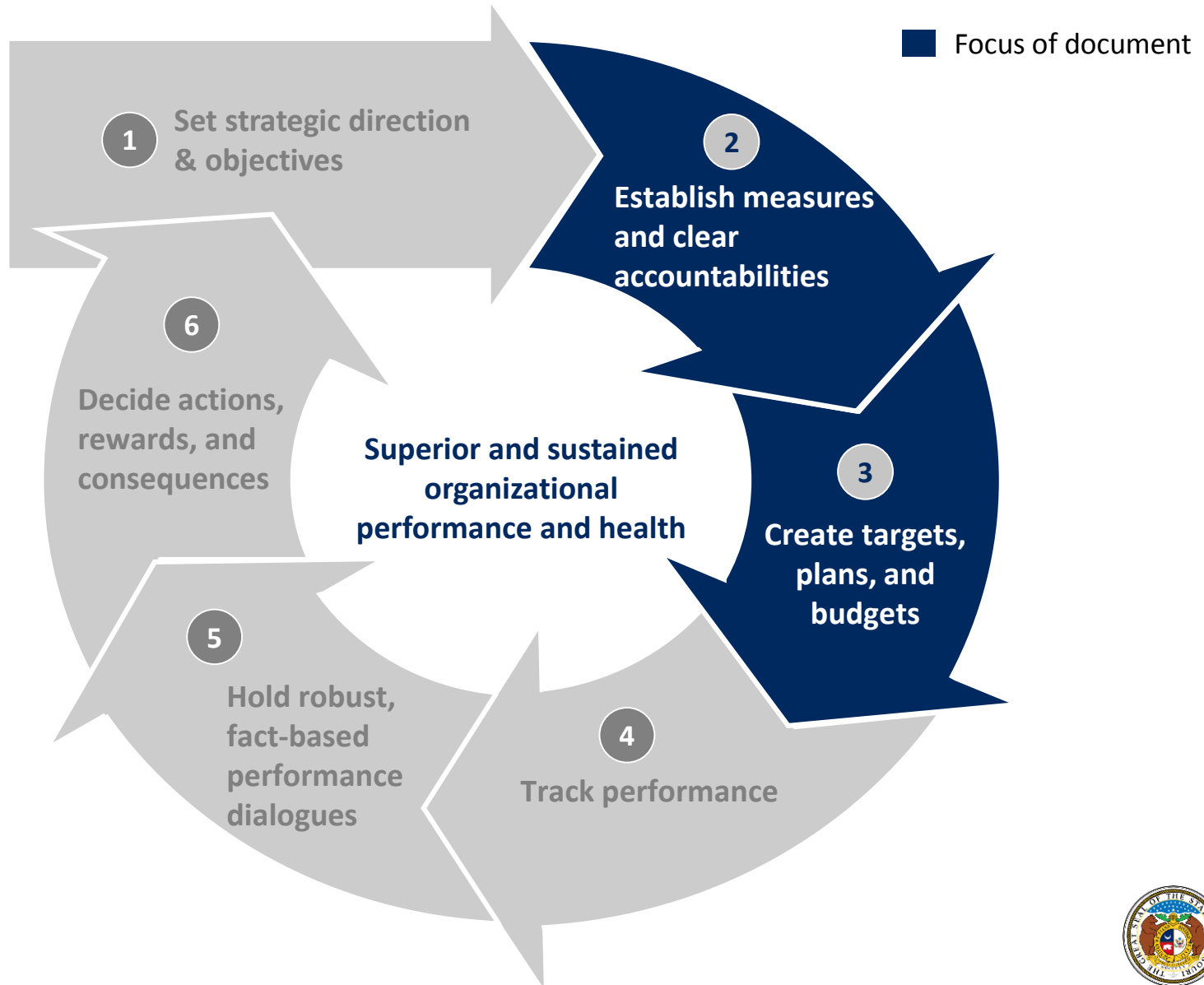
JUNE 2018

Purpose of document

To provide guidance on completing the FY20 Program Description form and 10 examples of past program descriptions forms to help show “what good looks like”



Achieving superior and sustained organizational performance and health requires a disciplined, data-driven process





Good measures follow the “SMART” principle

Simple

- Does it have a clear definition?
 - Is it straightforward and easy to understand?
-

Measurable

- Is it easy to measure?
 - Do we have or can we collect the data required?
 - Can it be benchmarked against other organizations or outside data?
 - Can the measurement be defined in an unambiguous way?
-

Achievable

- Do we understand the drivers that are behind the measure?
 - Can the team responsible for the measure actually influence it?
 - Can we mitigate the impact of drivers beyond our control?
-

Relevant

- Is the measure aligned with the department’s strategy and objectives?
 - Is the measure relevant to a program’s specific goal?
 - Does it support other higher-level objectives (e.g., themes)?
-

Timely

- Can the measure be monitored at a frequency that enables the team to take action based upon the information and affect the measure?
- When will we monitor it? Can the measure move between periods?





FY20 Program Description Forms (revised format)

PROGRAM DESCRIPTION

Department _____ HB Section(s): _____
 Program Name _____
 Program is found in the following core budget(s): _____

1a. What strategic priority does this program address?

1b. What does this program do?

2a. Provide an **activity** measure for the program.

2b. Provide a measure of the program's **quality**.

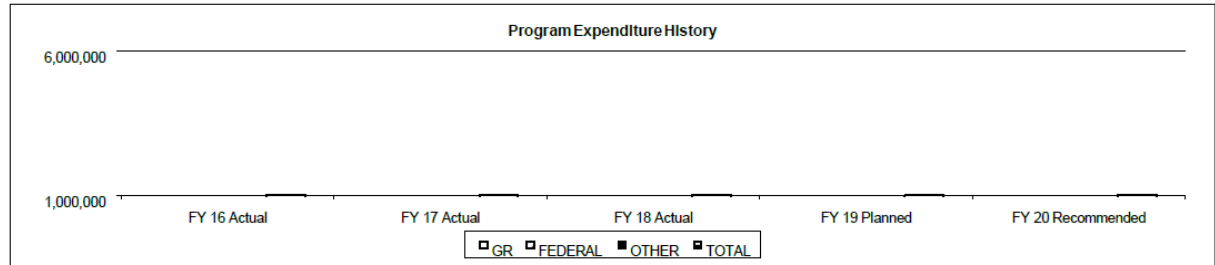
2c. Provide a measure of the program's **impact**.

PROGRAM DESCRIPTION

Department _____ HB Section(s): _____
 Program Name _____
 Program is found in the following core budget(s): _____

2d. Provide a measure of the program's **efficiency**.

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year; and, when available, the Governor's recommended funding for the upcoming fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other" funds?

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

6. Are there federal matching requirements? If yes, please explain.

7. Is this a federally mandated program? If yes, please explain.





1 a-b: FY20 Program Description Guidance

1 a. What strategic priority does the program address?

- Use the strategic theme in the department's strategic "placemat" that is supported by the program.

1 b. What does the program do?

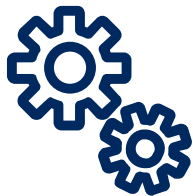
- Limit the first paragraph to no more than 3 sentences. Focus what is most important.
- Provide a succinct description that explains what a program is designed to do, how it works, and its goals. Therefore, a good description puts helps identify what the measures will in Sections 2 a-d:
 - Activity: What does the program do?
 - Quality: Is it done well?
 - Impact: Did it achieve the expected outcome?
 - Efficiency: Were resources optimized?
- Write for a regular reader, not an expert. Avoid acronyms and jargon. Ask a colleague outside your program to review for clarity.
- Use formatting (e.g., bullets, underlining, etc.) as needed to make easier to read.
- If needed, include more technical or detailed information after the opening paragraph.





2 a-d: FY20 Program Description Forms will include four types of measures

Measures can tell you about:



Activity: Is the organization doing what it said it would do in the program description?

- Examples: Frequency, rates, numbers of actions completed, clients served, etc.
- *Select the activity measure or measures that best communicate the most important dimension of the program and department priorities to the General Assembly and Missouri citizens*



Quality: Is the activity done well?

- Examples: Satisfaction levels, assessment against benchmarks, etc.



Impact: Does the program deliver? Is the activity achieving the program's goals as presented in the Program Description?

- Examples: Outcomes, effectiveness; return on investment; reduction in risk factors, change in behavior; compliance with standards and regulations; proportion of clients or customers showing improved well-being; success in a targeted population



Efficiency: Is it worth it? How much effort is invested to achieve the impact?

- Examples: Productivity; return on investment; cost per unit; cycle times; accuracy rates
- *Typically measured in a ratio*





FY19 Program Description Form Examples – Introduction

We provide here 10 examples of program description forms from the FY19 Budget. They come from different departments.

None of these program description forms are perfect. But together they help show what good can look like.

In considering these examples – and in developing your own program description form – consider these questions:

- Is the program description clear and concise? Does it point the way to the measures?
- Does the description avoid jargon?
- Do the measures convey what the program does?
- Do they include targets – both baseline and stretch?
- Do the measures follow SMART principles?
- Do the measures use footnotes with brief definitions and explanations when appropriate to ensure clear communication?

Please use these examples, not as definitive, but as guidance and a source for ideas to improve your program's description and measures.





Example 1: Children's Health Insurance Program (CHIP)

1b. What does this program do?

This item funds health care services provided to certain children age 18 and under who exceed the eligibility limits of traditional MO HealthNet. The Children's Health Insurance Program (CHIP) Title XXI funds are utilized for this expanded MO HealthNet. The CHIP program is integrated into Missouri's MO HealthNet coverage. This integration was made possible through the passage of Senate Bill 100. Health care services available to children in the MO HealthNet Program and CHIP are collectively referred to as MO HealthNet for Kids. See [Details for more information about income thresholds and age limits under the MO HealthNet for Kids program.](#)

The CHIP program provides health care coverage for children meeting the following eligibility criteria:

- Age 18 or under
- Family income below 300% of the federal poverty level (FPL)
- Uninsured for ninety (90) days or more; and
- No access to affordable health insurance coverage.

Any child identified as having special health care needs (defined as a condition which left untreated would result in the death or serious physical injury to the child) who does not have access to affordable employer-subsidized health care insurance is not required to be uninsured for ninety (90) days to become eligible for services.

The Medicare Access and CHIP Reauthorization Act of 2015 extended the federal CHIP allotments for two years - federal fiscal year 2016 and 2017- without any changes to the program. A six-year reauthorization of CHIP was signed by the President on January 22, 2018.

Program Statistics

As of June 2017, there were 25,837 individuals enrolled in the CHIP program. The CHIP program comprises 0.88% of the total Medicaid program.

Program Goals

To continue Missouri's commitment to improve medical care for low-income children by increasing their access to comprehensive medical and preventive services and reducing the number of uninsured children.

Program Objectives

Increase the number of children in Missouri who have access to a regular source of health care coverage

Encourage the use of health care services in appropriate settings

Ensure adequate supply of providers

Encourage preventative services for children

Increase use of Early and Periodic Screening Diagnosis and Treatment (EPSDT) services, also known as the Healthy Children and Youth (HCY) program, for children.

- Suggest move Program Goals and Objectives to the top
- Suggest edit all other information to be necessary, concise and brief
- A clear and concise program description leads to the appropriate measures and vice versa

- Is this what the program does?
- Do measures adequately address stated Objectives?



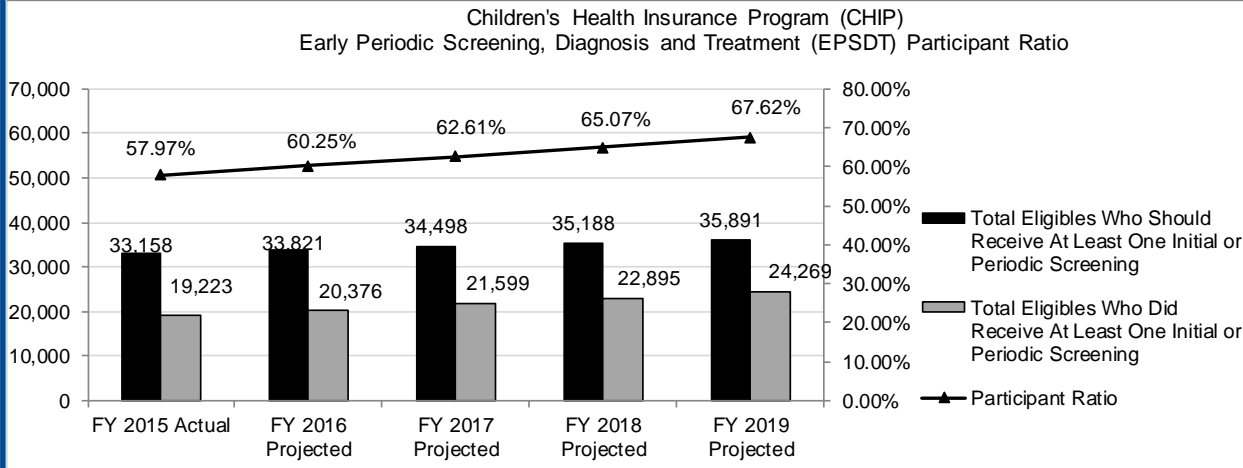


Example 1: Children's Health Insurance Program (CHIP)

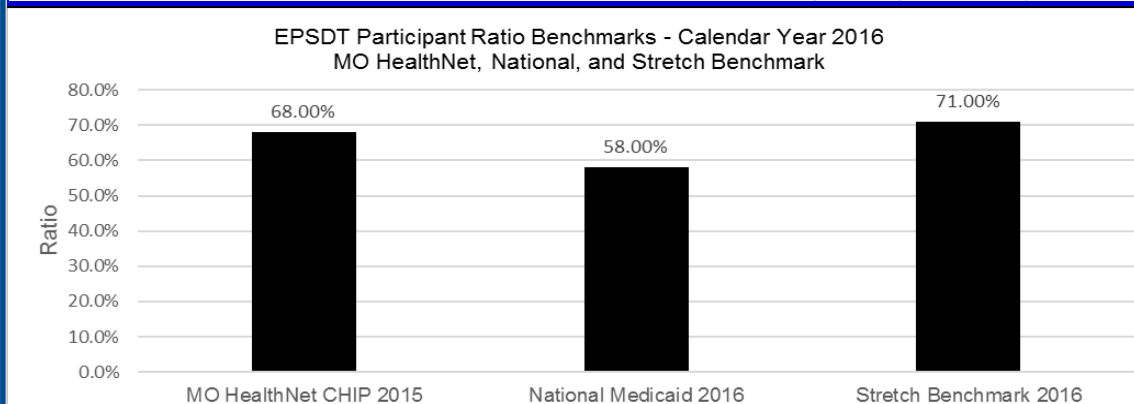
7a. Provide an effectiveness measure.

Use as impact in new form.

The CHIP program provides uninsured children with Early Periodic Screening, Diagnosis and Treatment services. EPSDT is important because regular health and developmental exams keep children healthy and prevent illness and disability. An increased EPSDT ratio would be beneficial in terms of child health outcomes as well as by reducing MO HealthNet costs associated with treating serious preventable conditions over time.



FY15 data is the most recent data available for CHIP specifically.



The most recent EPSDT Participant Ratio for CHIP (2015) exceeds the national level;

Source: Centers for Medicare and Medicaid Services,

- Simple
- Easy to read graphic
- Clear explanation
- Includes targets
- Use brief footnotes to clarify

- Not sure how this fits with the graph above. Is 2015 68% or 57.97%?
- For clarity, perhaps incorporate baseline and stretch targets in the graph above



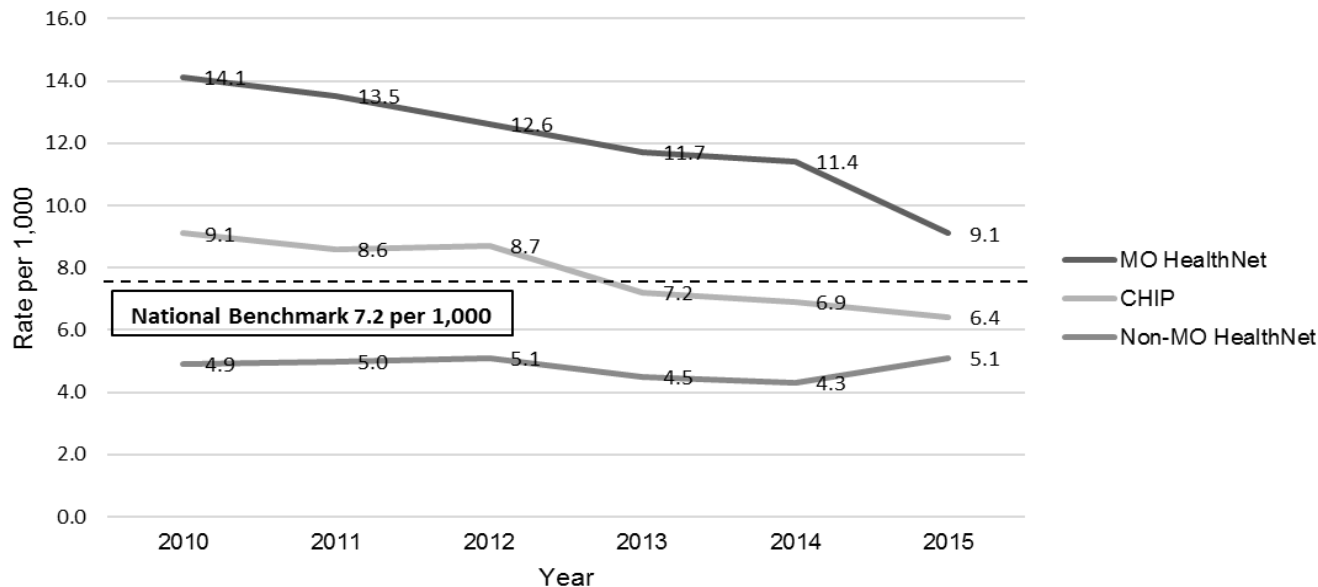


Example 1: Children's Health Insurance Program (CHIP)

7b. Provide an efficiency measure.

Preventable hospitalizations are tracked by the Missouri Department of Health and Senior Services and are defined as "diagnoses for which timely and effective outpatient care can help to reduce the risks of hospitalization by either preventing the onset of an illness or condition, controlling an acute episodic illness or condition, or managing a chronic disease or condition." Preventable hospitalization rates are lower for children enrolled in CHIP than MO HealthNet in general. The CHIP rate has declined over the last several years and was at or lower than the national benchmark from 2013 through 2016. Since the national benchmark has been surpassed, the stretch target is taken from the Non-MO HealthNet rate for all Missouri children, which was 5.1 per 1,000 in 2015. For preventable hospitalizations definitions and methodology, please visit <http://health.mo.gov/data/mica/PreventableMICA/Documentation.html>.

Preventable Hospitalizations per 1,000 Missouri Children (All Diagnoses) by Calendar Year for MO HealthNet, CHIP, Non-MO HealthNet Payment Sources and National Benchmark



- Easy to read graphic
- Clear explanation
- Includes a benchmark
- Suggest reduce verbiage and use brief footnotes to clarify
- Perhaps add a program efficiency measure: cost per _____

Source: Missouri Children's Health Insurance Program and Show-Me Healthy Babies Annual Report - 2017.



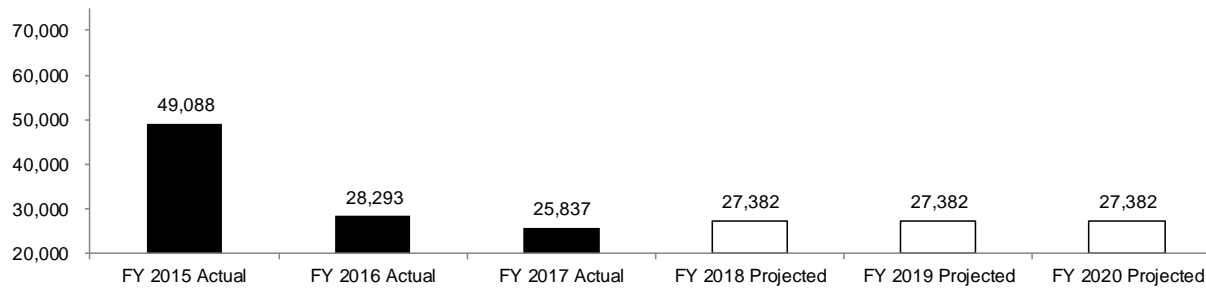


Example 1: Children's Health Insurance Program (CHIP)

7c. Provide the number of clients/individuals served, if applicable.

The CHIP program continues to provide health care coverage to thousands of Missouri's children. These children would be uninsured without CHIP coverage. It is important to note a decrease in CHIP enrollment has occurred due to a change in enrollment requirements. However, these children are still covered, but have shifted from CHIP to the MO HealthNet population. In 2014, Missouri began implementing the Modified Adjusted Gross Income (MAGI) methodology for Medicaid and CHIP eligibility required by the Affordable Care Act (ACA). The ACA also included a provision making kids ages 6-18 in families with incomes between 100% of the FPL and the MAGI equivalent of 133% of the FPL a mandatory group under the Medicaid program. Before that requirement, Missouri covered these kids under CHIP. This change resulted in many children who would have been in the CHIP non-premium category switching to Medicaid under the

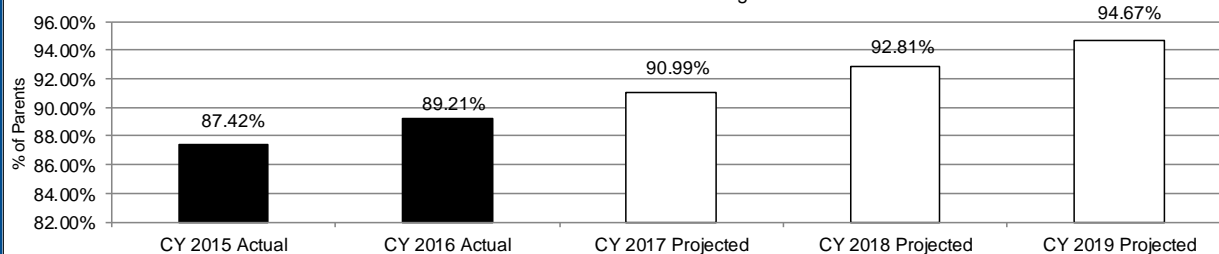
CHIP Statewide Enrollment by Fiscal Year



7d. Provide a customer satisfaction measure, if available.

Care health plans. Participants enrolled in MO HealthNet Managed Care health plans reported their satisfaction with the program on a scale of 0 to 10. Zero was the worst care possible and a 10 was the best care possible. The percentage of participants reporting an 8, 9, or 10 is reported in the chart below.

MO HealthNet Managed Care
Percent of Parents Satisfied with Managed Care Plan



- Suggest reduce verbiage and use brief footnotes to clarify
- Graph is easy to read and understand
- Include how many people participated in the survey





Example 2: DED International Trade and Investment Offices

Department of Natural Resources

HB Section(s): 6.225

DEQ - Solid Waste Management Program

Program is found in the following core budget(s): Solid Waste Management Program

1a. What strategic priority does this program address?

Manage solid waste

1b. What does this program do?

- Provides technical assistance and oversight of 238 landfills, 69 transfer stations, and 19 scrap tire facilities, and ensures groundwater remains safe and clean and that land is restored
- Operates a federally-authorized regulatory permit program (Resource Conservation and Recovery (RCRA) Act 40 CFR Part 258, Subpart D) overseeing solid waste facilities and their operations
- Makes determinations on requests for beneficial use of waste materials, permit exemptions, composting facilities, and scrap tire facilities
- Directly funds scrap tire surface material grants, provides grants to individuals and businesses investing in market development for scrap tire end uses, and administers and pays for disposal of scrap tires cleaned up from the environment
- Provides, oversees, and administers grant funding to Missouri's twenty (20) solid waste management districts to fund their operations and community-based materials reuse, reduction, composting, market development, and recycling projects
- Receives forfeited financial assurance instrument (FAI) funds to perform closure/postclosure maintenance and repair activities at landfills and scrap tire sites where owners or operators are no longer meeting their obligations
- Develops, maintains and updates a statewide solid waste plan
- Provides compliance assistance to individuals and businesses regarding proper solid waste management

Solid Waste Management Program - Reconciliation

	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Current	FY 2019 Gov Rec
Solid Waste Mgmt Operations (78875C)	1,678,043	1,587,943	1,606,702	2,352,256	2,352,256
Solid Waste PSD (79340C)	9,051,049	7,924,872	8,785,737	19,498,820	19,498,820
Forfeitures PSD (79455C)	94,953	61,226	8,515	524,075	524,075
Total	10,824,045	9,574,041	10,400,954	22,375,151	22,375,151

- Simple
- Easy to understand
- Concise





Example 2: DED International Trade and Investment Offices

PROGRAM DESCRIPTION

Department: Economic Development

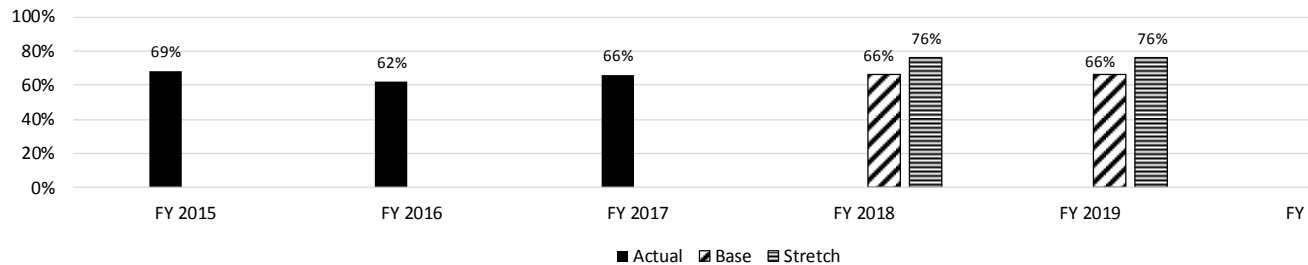
Program Name: International Trade and Investment Offices

Program is found in the following core budget(s): International Trade and Investment Offices

7a. Provide an effectiveness measure.

Use as impact in new form.

Work Orders Converted to Actual Missouri Exports

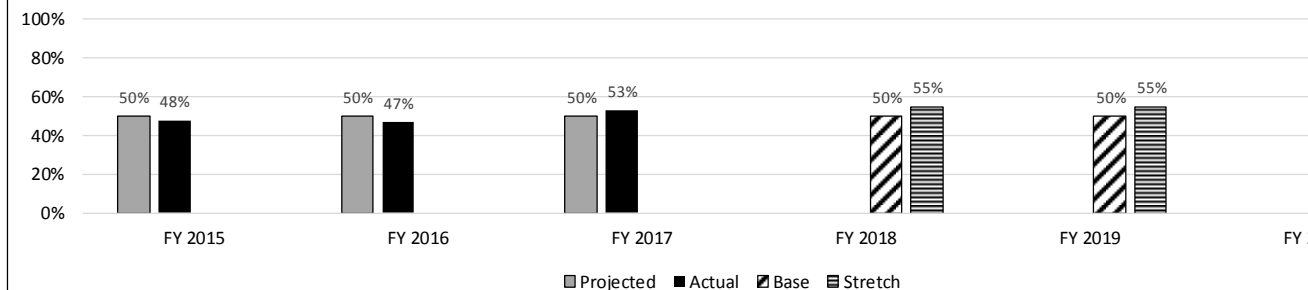


Note 1: Chart depicts the percentage of work orders (i.e., export assistance) done on behalf of Missouri companies that were converted to export sale.

Note 2: Base target is average of previous 3 years and Stretch target is 15% increase in converted work orders over Base.

Note 3: This is a new measure; therefore, Projected data for FY15, FY16 and FY17 is not available.

Foreign Direct Investment Lead Conversion Rate



Note 1: Measures DED's success in generating foreign direct investment (FDI) by dividing the number of actualized FDI projects over leads generated by DED.

Note 2: Base target is based on approximate average of previous 3 years and Stretch target is 10% increase in conversions over Base.

- Simple
- Easy to read
- Clear explanation, including definition of base and stretch targets
- Focused
- Provides baseline and stretch targets
- Benchmark - Could a comparison to other states help define what "good looks like"?
- Should the volume be included too, to prevent "gaming" of metrics (e.g., could decrease activity to increase success rate)?





Example 2: DED International Trade and Investment Offices

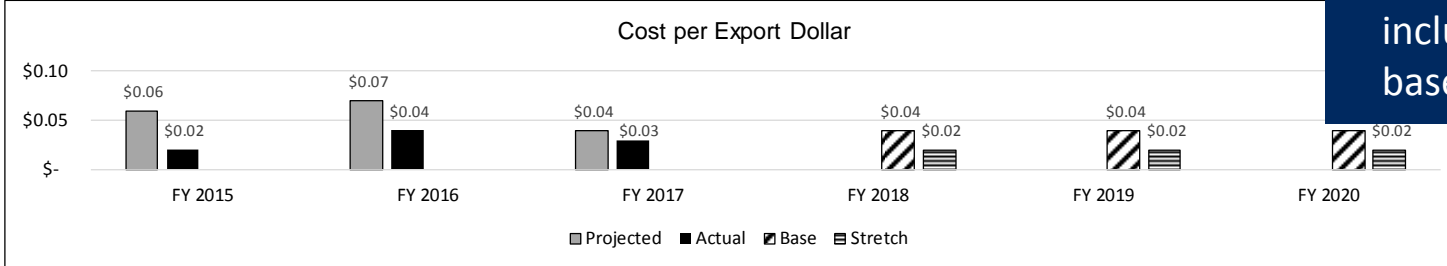
PROGRAM DESCRIPTION

Department: Economic Development

Program Name: International Trade and Investment Offices

Program is found in the following core budget(s): International Trade and Investment Offices

7b. Provide an efficiency measure.



Note 1: Chart depicts the cost of the Foreign Offices to bring back \$1 in export transactions to Missouri businesses.

Note 2: Base target is aligned to FY 2016 Actual and Stretch target is 50% reduction in Base.

7c. Provide the number of clients/individuals served, if applicable.

	FY 2015		FY 2016		FY 2017		FY 2018	FY 2019
	Projected	Actual	Projected	Actual	Projected	Actual	Projected	Projected
Amount of Export Sales	\$25.75M	\$48.9M	\$28.33M	\$45.46M	\$44.87M	\$66.7M	\$80.04M	\$86.71M
Export Work Orders	441	265	485	508	362	595	484	530
FDI Leads Generated	107	95	95	172	114	125	144	156

Note 1: Export Sales include exports facilitated by DED's International Team; Missouri's total export volume was \$13.9B in 2016.

Note 2: Export work orders are specific activities done on behalf of Missouri companies seeking to export.

Note 3: Projected amounts are calculated by incremental increases near or above 10%.

7d. Provide a customer satisfaction measure, if available.

	FY2015		FY2016		FY2017		FY2018	FY2019	FY2020
	Projected	Actual	Projected	Actual	Projected	Actual	Projected	Projected	Projected
Customer Satisfaction	94%	95%	94%	92%	94%	96%	95%	94%	94%

Note: Customer Satisfaction Rating is derived from the Client Impact Statement; a satisfaction survey completed by each client upon completion of each work order.

- Simple
- Easy to read
- Clear explanation, including definition of base and stretch targets

- Unclear why significant variations between projected and actual
- Unclear how to understand some of the numbers (big or small?)

- Simple, clear





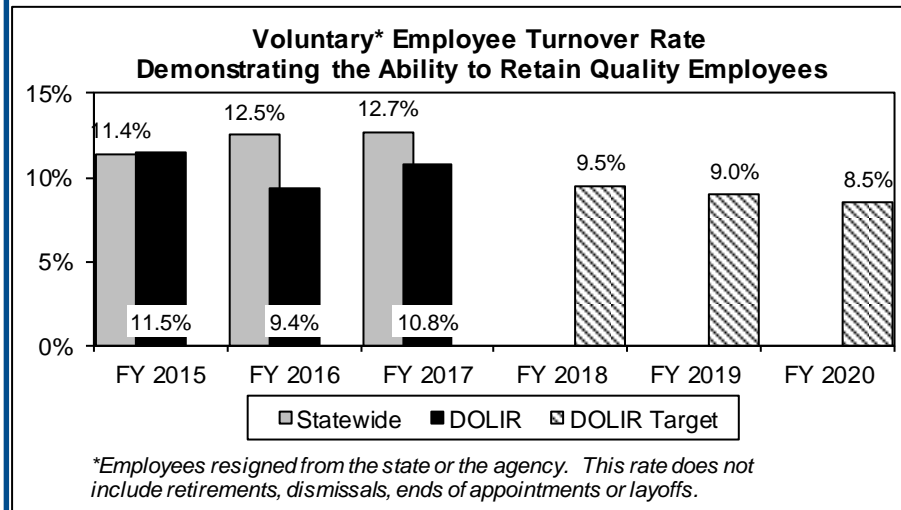
Example 3: DOLIR - Administration

1b. What does this program do?

- Provides centralized support functions to the six agencies of the department including: administrative services (procurement, forms, building management, and supply), financial management, human resources, legal services, public information, legislative affairs, and research and analysis in order to ensure smooth day-to-day operations of the department
- Ensures compliance with state and federal laws for expenditure requirements, documentation and reporting, security of data and records, and program management to promote good stewardship of taxpayer funds and accountability for the

- Simple
- Easy to understand
- Concise

Provide an effectiveness measure.



- Simple
- Easy to read
- Clear explanation, including definition and targets

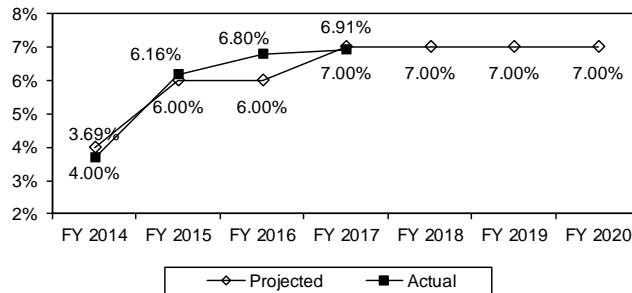




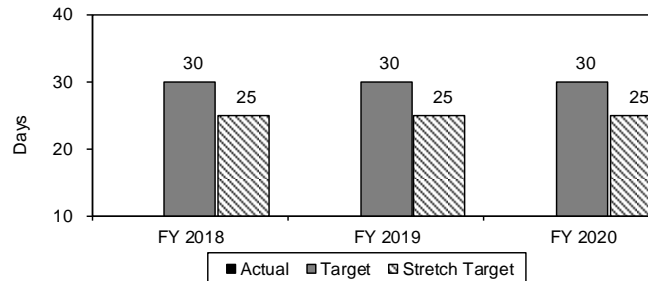
Example 3: DOLIR - Administration

Provide an efficiency measure.

Department Administrative Expenditures as a Portion of Total Department Expenditures

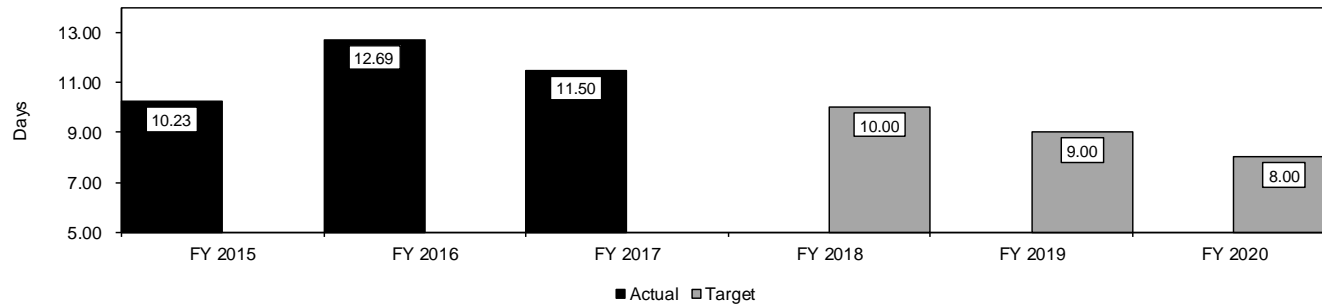


Average Time to Complete Hiring Process*



*New measure. Previous years' data is not available.

Average Payment Processing Time



- Simple
- Easy to read
- Relevant
- Includes baseline and some stretch targets
- Why target of 7% - higher than the previous 3 years? If a reason, explain
- Compare/benchmark admin to other agencies?





Example 4: DNR Solid Waste Management Program (SWMP)

Department of Natural Resources

HB Section(s): 6.225

DEQ - Solid Waste Management Program

Program is found in the following core budget(s): Solid Waste Management Program

1a. What strategic priority does this program address?

Manage solid waste

1b. What does this program do?

- Provides technical assistance and oversight of 238 landfills, 69 transfer stations, and 19 scrap tire facilities, and ensures groundwater remains safe and clean and that land is restored
- Operates a federally-authorized regulatory permit program (Resource Conservation and Recovery (RCRA) Act 40 CFR Part 258, Subpart D) overseeing solid waste facilities and their operations
- Makes determinations on requests for beneficial use of waste materials, permit exemptions, composting facilities, and scrap tire facilities
- Directly funds scrap tire surface material grants, provides grants to individuals and businesses investing in market development for scrap tire end uses, and administers and pays for disposal of scrap tires cleaned up from the environment
- Provides, oversees, and administers grant funding to Missouri's twenty (20) solid waste management districts to fund their operations and community-based materials reuse, reduction, composting, market development, and recycling projects
- Receives forfeited financial assurance instrument (FAI) funds to perform closure/postclosure maintenance and repair activities at landfills and scrap tire sites where owners or operators are no longer meeting their obligations
- Develops, maintains and updates a statewide solid waste plan
- Provides compliance assistance to individuals and businesses regarding proper solid waste management

Solid Waste Management Program - Reconciliation

	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Current	FY 2019 Gov Rec
Solid Waste Mgmt Operations (78875C)	1,678,043	1,587,943	1,606,702	2,352,256	2,352,256
Solid Waste PSD (79340C)	9,051,049	7,924,872	8,785,737	19,498,820	19,498,820
Forfeitures PSD (79455C)	94,953	61,226	8,515	524,075	524,075
Total	10,824,045	9,574,041	10,400,954	22,375,151	22,375,151

- Clear and easy to read





Example 4: DNR Solid Waste Management Program (SWMP)

PROGRAM DESCRIPTION

Department of Natural Resources

HB Section(s): 6.225

DEQ - Solid Waste Management Program

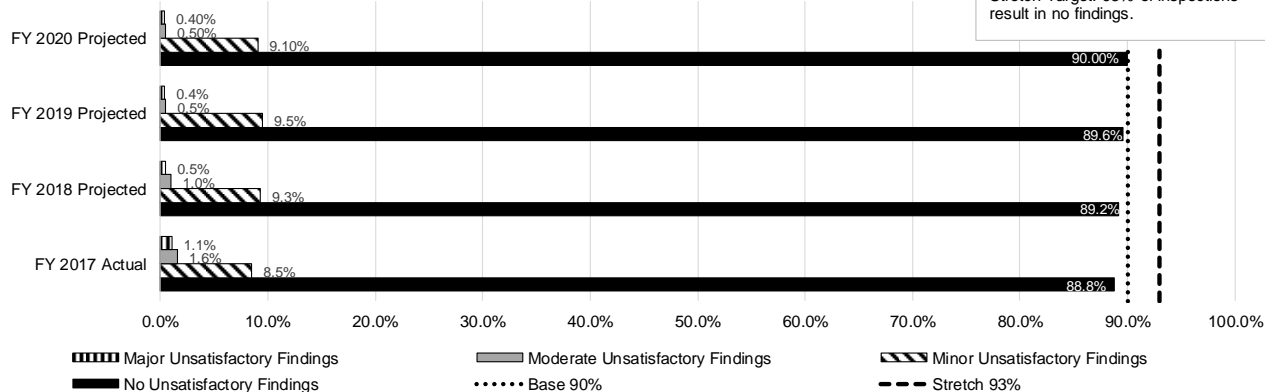
Program is found in the following core budget(s): Solid Waste Management Program

7a. Provide an effectiveness measure.

Use as impact in new form.

Facility Compliance Findings Resulting from Inspection

Base Target: 90% of inspections result in no findings.
Stretch Target: 93% of inspections result in no findings.



Solid waste management facility inspections, investigations, and compliance assistance visits are conducted by Department staff. Issues identified during these activities are documented and classified according to severity and potential impact to human health and the environment. Examples of the levels of "Unsatisfactory Findings" include: "Major"- landfill gas migration or leachate (contaminated stormwater) leaving the permitted property; "Moderate"- inadequate landfill cover; and "Minor"- record keeping related issues. Solid Waste Management Program staff monitor and coordinate closely with facilities to provide compliance assistance and prompt higher compliance rates.

This is a new measure, therefore prior year data is not available.

- Includes base and stretch target
- Benchmark to other states or federal?
- Suggest reduce verbiage and use brief footnotes to clarify





Example 4: DNR Solid Waste Management Program (SWMP)

PROGRAM DESCRIPTION

Department of Natural Resources

HB Section(s): 6.225

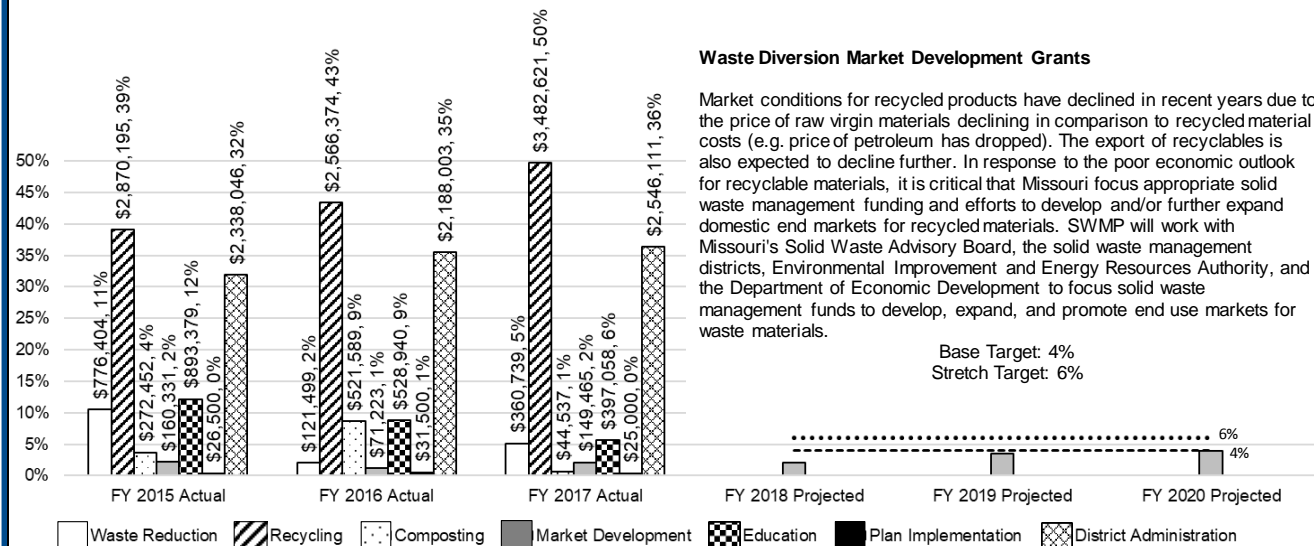
DEQ - Solid Waste Management Program

Program is found in the following core budget(s): Solid Waste Management Program

7a. Provide an effectiveness measure (continued).

Might be activity in new form.

Solid Waste Management District Grant Budgets by Grant Type



Pursuant to Section 260.335, RSMo, the Department provides grant funding to Missouri's twenty (20) solid waste management districts to fund their operations and community-based waste diversion projects. Missouri's Solid Waste Advisory Board (SWAB) provides annual recommendations in addition to the statutorily established solid waste management criteria for usage of these district grant funds. The Department and SWAB monitor the performance of this district grant program. Local governments, small and large businesses, schools, sheltered workshops, and individuals seek and receive grants to support activities to remove materials from the waste stream and return them for beneficial reuse.

- This might be an activity measure, but not an effectiveness or impact measure
- Not sure what the Waste Diversion chart is measuring
- Suggest reduce verbiage and use brief footnotes to clarify
- A bit confusing – perhaps break out the two measures





Example 4: DNR Solid Waste Management Program (SWMP)

PROGRAM DESCRIPTION

Department of Natural Resources

HB Section(s): 6.225

DEQ - Solid Waste Management Program

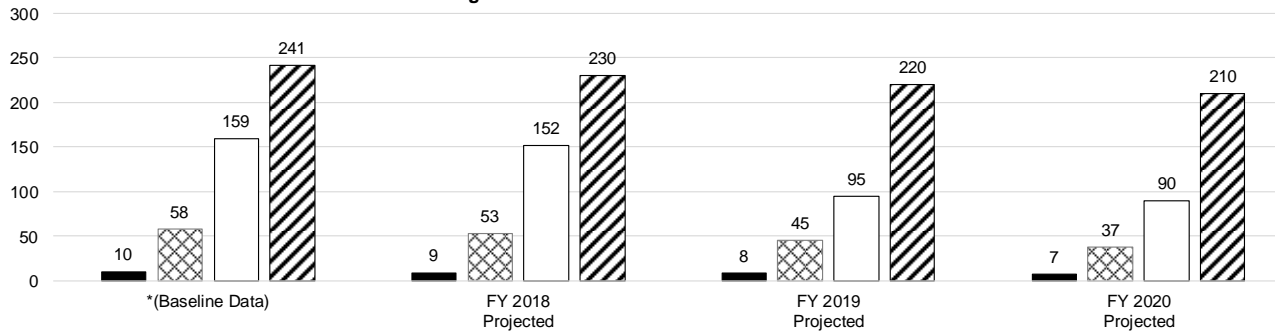
Program is found in the following core budget(s): Solid Waste Management Program

7b. Provide an efficiency measure.

Average Review Time for Permit-Related Activities

Legend	Established Timeframe	Regulated Entity/ Permit Activity	Base Target (days)	Stretch Target (days)
■	Within 14 Days	Scrap Tire Haulers Permit	8	5
▨	Within 60 Days	Authorization to Operate/Operating Permits	45	30
□	Within 180 Days	New Construction Permits: Solid Waste Transfer Stations Permit Modifications: Solid Waste Disposal Areas (landfills) and Transfer Stations, and Material Recovery Facilities	100	90
▩	Within 365 Days	New Construction Permits: Solid Waste Disposal Areas (landfills), Material Recovery Facilities, Vertical Expansions, Scrap Tire Processing Facilities	215	190

Average Review Timeframes for Permit-Related Activities



* This is a new measure. Baseline data was derived from actual review times documented from January 1, 2017, through September 30, 2017.

The Solid Waste Management Program provides permits for a variety of businesses in the solid waste management industry. The degree of technical review required, and volume of requests received, varies greatly according to permit type (e.g., the high volumes of scrap tire hauler permit requests require less review time than the landfill new construction permit requests, which are received less frequently).

- Nice, clear graphics
- Includes baseline and stretch target
- Suggest, reduce verbiage and use brief footnotes to clarify





Example 4: DNR Solid Waste Management Program (SWMP)

Department of Natural Resources

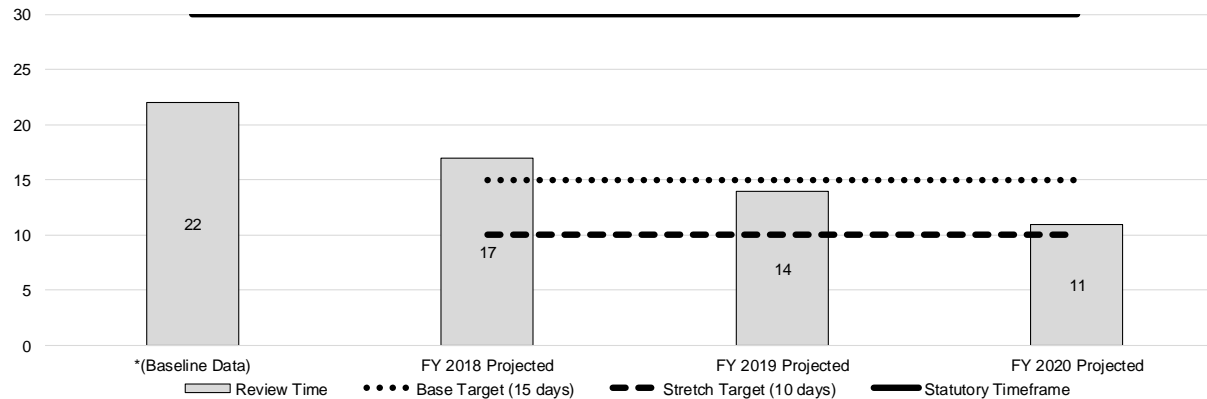
HB Section(s): 6.225

DEQ - Solid Waste Management Program

Program is found in the following core budget(s): Solid Waste Management Program

7b. Provide an efficiency measure (continued).

Department Review of District Grant Applications



*This is a new measure. Baseline data was derived from review times (for both initial and secondary reviews) documented over a 3-month span in FY 2017.

The Department provides grant funding to Missouri's solid waste management districts to fund their operations and community-based waste diversion projects. The districts send approximately 200 grant applications per year to the Department for review to ensure appropriate usage of these funds. In order to ensure this funding is distributed to these districts, businesses, and communities in a timely manner, statute requires the Department's initial review not to exceed 30 days. The District then has 30 days to respond to questions and deficiencies. The Department then has an additional 30 days to approve or deny each district grant.

The Department and solid waste management districts, continue to seek opportunities to streamline the district grant application process to expedite the distribution of these funds.

- Includes baseline and stretch target
- Suggest reduce verbiage and use brief footnotes to clarify





Example 4: DNR Solid Waste Management Program (SWMP)

PROGRAM DESCRIPTION

Department of Natural Resources

HB Section(s): 6.225

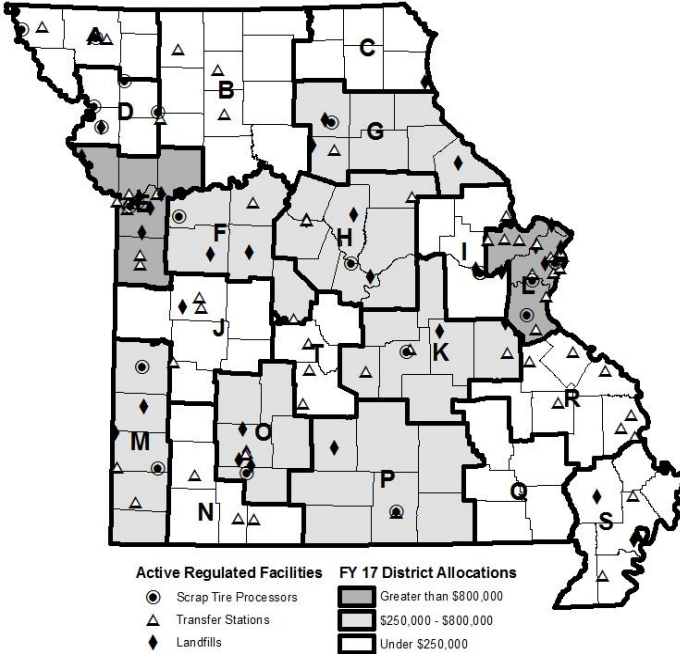
DEQ - Solid Waste Management Program

Program is found in the following core budget(s): Solid Waste Management Program

7c. Provide the number of clients/individuals served (continued).

Map is informative

Solid Waste Management Districts, District Funding Allocations, and Solid Waste Regulated Facilities



Missouri Solid Waste Management Districts	Scrap Tire Processors	Landfills	Transfer Stations
A - Northwest Missouri SWMD	2	0	3
B - North Missouri SWMD	0	0	4
C - Northeast Missouri SWMD	0	1	0
D - Region D SWMD	4	1	0
E - Mid-America Regional Council SWMD	2	6	7
F - West Central Missouri SWMD	1	2	2
G - Mark Twain SWMD	1	3	1
H - Mid-Missouri SWMD	1	2	4
I - East Central SWMD	1	2	1
J - Quad Lakes SWMD	0	1	3
K - Ozark Rivers SWMD	1	2	3
L - St. Louis - Jefferson SWMD	3	4	15
M - Region M SWMD	2	2	3
N - Southwest Missouri SWMD	0	0	3
O - Solid Waste District "O"	1	3	4
P - South Central SWMD	1	1	1
Q - Ozark Foothills Regional SWMD	0	0	0
R - Southeast Missouri SWMD	0	0	7
S - Bootheel SWMD	0	2	2
T - Lake of the Ozarks SWMD	0	0	3

7d. Provide a customer satisfaction measure, if available.

The Department has recently developed a department-wide customer satisfaction survey which is available to our constituents by a variety of means including email and the Web. Data will be reported as it becomes available.





Example 5: DHSS DRL Ambulatory Care

1b. What does this program do?

- Inspects Ambulatory Surgical Centers, which are public or private facilities operated primarily for the purpose of performing surgical procedures or childbirths. These inspections are conducted under contract with the federal Centers for Medicare and Medicaid Services to ensure compliance with state and federal regulations while providing quality care and protecting/promoting the rights of the patients receiving care.
- Identifies violations of the statute or regulation that are based on the providers performance or practices. Examples of the most common violations include:
 - ✓ sanitary environment;
 - ✓ infection control;
 - ✓ safety from fire/life safety; and
 - ✓ administration of drugs.
- Licenses and regulates abortion providers.
- Monitors medical and industrial radiation equipment (x-ray machines and linear accelerators) usage and procedures and ensures appropriate radiation safety measures are in place.
- Investigates allegations of noncompliance with the regulations governing these entities.
- Educates providers and the general public regarding applicable federal and state requirements.

- Simple
- Easy to understand
- Could footnote the extra information about inspections and violations

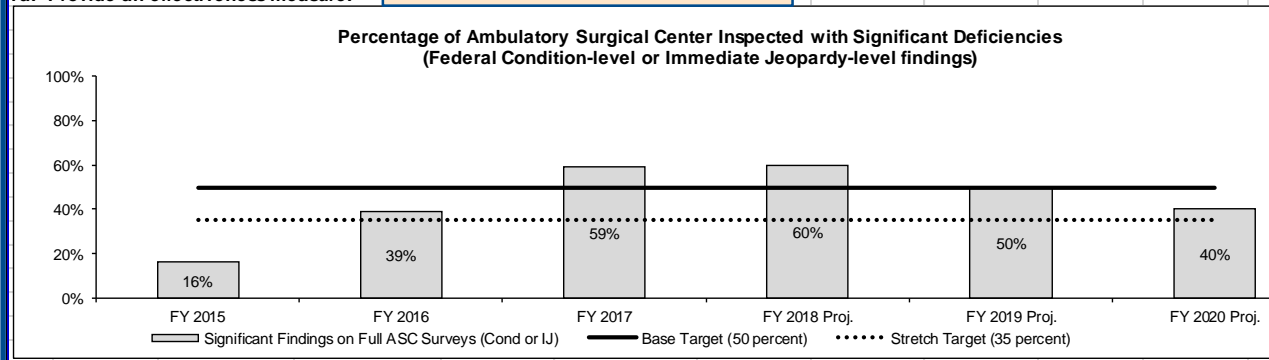




Example 5: DHSS DRL Ambulatory Care

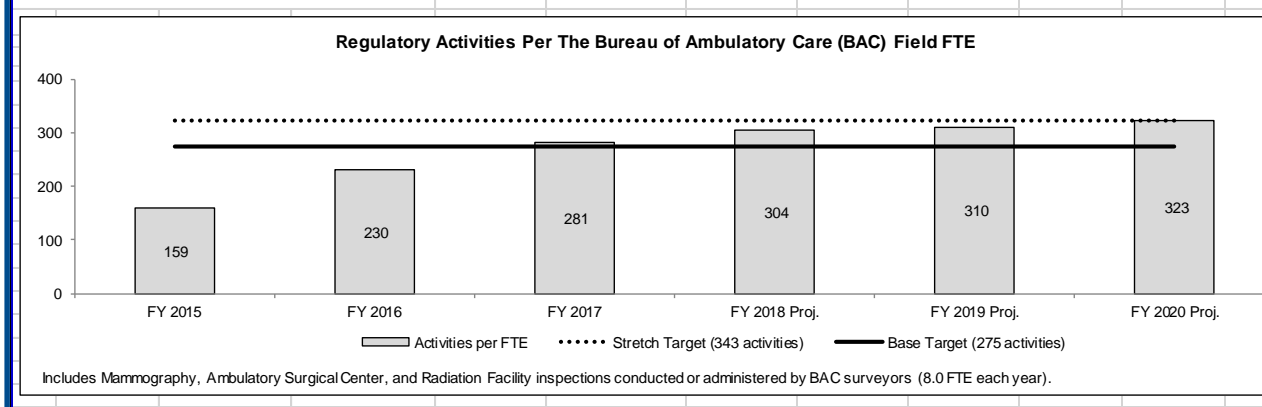
7a. Provide an effectiveness measure.

Use as impact in new form.



- Simple
- Easy to understand
- Includes baseline and stretch target
- What does good look like? Benchmark - what is expected by CMS or average for all states?

7b. Provide an efficiency measure.





Example 5: DHSS DRL Ambulatory Care

7c. Provide the number of clients/individuals served, if applicable.				Could be <u>activity</u> in new form.			
Facility type	Total number of facilities/ providers	Frequency of inspections					
Ambulatory Surgical Centers	120	Initial inspection, complaint investigations, and periodic inspections as workload permits. Surveyed every four years for Medicare certification.					
Mammography Services	177	Annual inspection.					
Radiation Facility	4,928	Initial inspection; periodic survey based on equipment class/potential hazard level.					
Inspections Performed/Administered by BAC							
Year	Radiology (non Mammography)	Ambulatory Surgical Centers	Mammography				
FY 2015	1,044	64	163				
FY 2016	1,602	76	165				
FY 2017	2,012	74	163				
FY 2018 Proj.	2,190	72	168				
FY 2019 Proj.	2,260	74	168				
FY 2020 Proj.	2,360	75	168				
7d. Provide a customer satisfaction measure, if available.							
In FY 2018, a survey will be developed for regulated entities to rate satisfaction of the customer service provided by the Bureau of Ambulatory Care.							
Base Target: 85 percent satisfied.							
Stretch Target: 95 percent satisfied.							





Example 6: DMH In-Home Supports

1b. What does this program do?

There is a need for the Division of Developmental Disabilities (DD) to provide on-going supports to individuals and their families to enable persons with developmental disabilities to live in their communities with the supports their conditions and circumstances require. The DD operates a community-based service delivery system through its regional offices. The Division of DD's community programs funding provides an array of community supports and services, including in-home supports, to families who choose to have their sons and daughters cared for in their own homes, thus enabling them to fully be included in all aspects of home, school, and community life.

Traditional in-home support services are provided for individuals who reside in their own home or with their own family, but who do not require residential services. This program allows families who have made a personal and financial commitment to care for their children and adults in their homes to be supported in their care-giving and decision-making roles.

In-home supports are directed toward the following: preserving the natural family structure, access of generic supports available at the community level, giving families a choice in selecting support services which meet their needs, allowing consumers and families to participate in as many experiences as possible, and giving consumers an opportunity to choose their own service providers. In addition, elderly and chronically ill parents will know their child with developmental disabilities will have supports to meet their future needs.

The community programs funding includes state match and Federal authority to draw down funds for MO HealthNet programs, such as Comprehensive Waiver, Community Support Waiver, Missouri Children with Developmental Disabilities Waiver (MOCDD), Partnership for Hope Waiver, and for Community Intermediate Care Facilities for Individuals with Intellectual Disabilities.

- The Comprehensive Waiver for persons with developmental disabilities, which began in FY 2003 for residential services. The Division of DD uses General Revenue (GR) funds to match Federal funds through MO HealthNet. This waiver supports individuals in all settings such as group homes, and individuals were served through the Comprehensive Waiver during FY 2017 of which, 7,449 were served on their own or with family. Until other waivers were available, this waiver served all eligible individuals in crisis need for residential services are enrolled in this waiver.

1b. What does this program do? (Continued)

- The Community Support Waiver which began in July 2003, serves individuals who do not require residential placement outside of their natural home. This waiver provides a wide range of supports for individuals. The total cost of waiver services required to meet the person's needs must not exceed \$28,000 annually except in special circumstances. All individuals coming off the Division of DD's wait list who require a higher level of support, but do not need residential, are assigned to the Community Support Waiver. In FY 2017, 2,936 individuals were served in the Community Support Waiver.

- The Autism Waiver Due to Applied Behavior Analysis (ABA) services being added to state plan for children with Autism, the Autism Waiver was allowed to expire 6/30/2017. Autism waiver participants who still required waiver services were transitioned to Community Support Waiver.

- The MOCDD Waiver is a MO HealthNet waiver operated by the Division of DD which targets children under the age of 18 with special needs. MO HealthNet guidelines require parental income and resources to be considered in determining the child's financial eligibility for MO HealthNet when the child lives in the home with the parents. This requirement, called deeming parental income to the child, is waived for children who participate in the MOCDD Waiver. As a result, only income and resources that are specific to the child are considered when determining financial eligibility for this waiver. In FY 2017, 315 individuals were served in this waiver.

- The Partnership for Hope (PfH) Waiver is a county-based waiver approved in October 2010. State match costs are split 50/50 with the county in which the individual resides. Services are available only in counties with a Senate Bill 40 Board (SB40) and who have agreed to participate in this waiver. PfH served 2,691 individuals in FY 2017. The total cost of waiver services per individual must not exceed \$12,000.

- Try to state what the program does in 3 or fewer clear and concise sentences
- If additional information is important, keep it brief

EXAMPLE (pulled from text above and measures):

The Division of Developmental Disabilities (DD) provides on-going support to DD individuals and their families to enable persons with DDs to live in their community at their fullest desired potential.

The Division's regional offices offer a community-based service delivery system with the following objectives:

- Preserve the natural family structure
- Promote individual self-sufficiency
- Allow DD individuals to participate in as many life experiences as possible, including employment
- Promote a high level of community integration



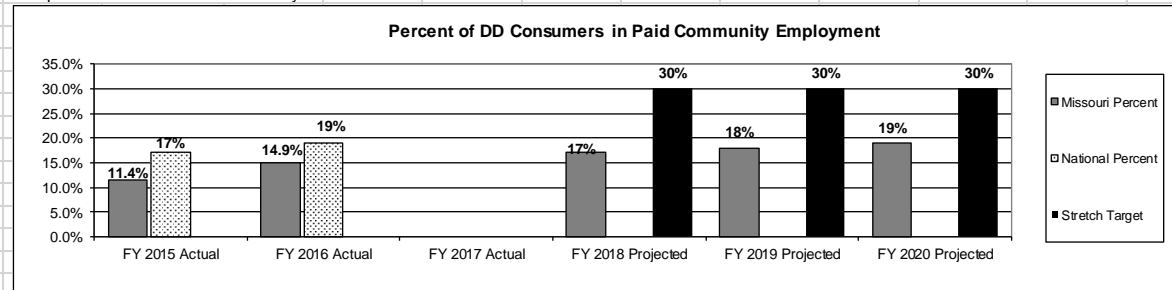


Example 6: DMH In-Home Supports

7a. Provide an effectiveness measure.

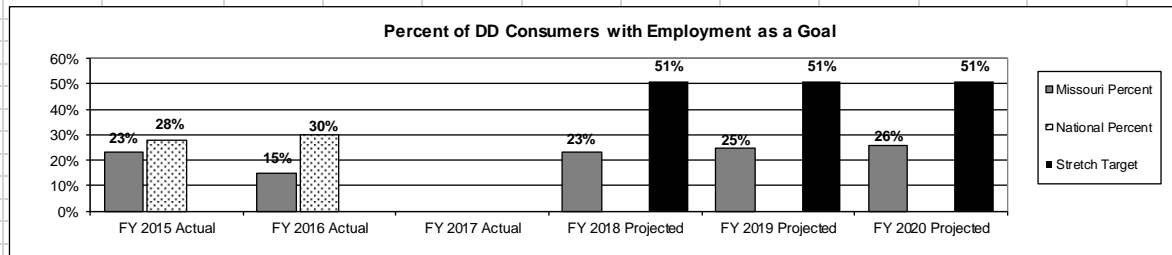
Use as **impact** in new form.

- To promote individual self-sufficiency.



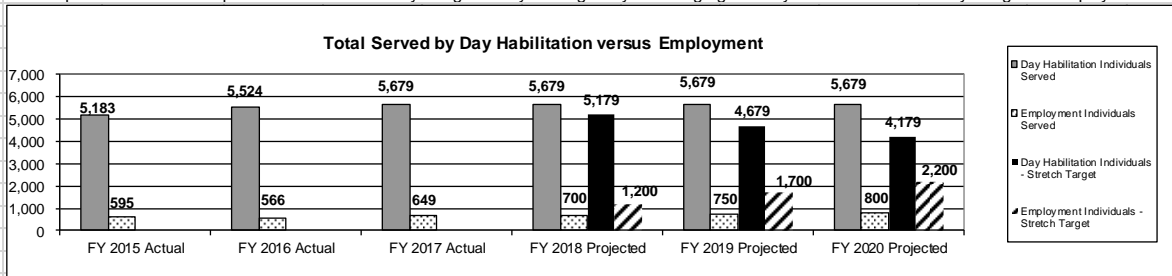
Note: FY 2017 data is not yet available from Department of Labor or National Core Indicators (NCI). The National Core Indicators is a voluntary effort by public developmental disabilities agencies to measure and track their own performance. Statistically, 55% of individuals who receive employment supports obtain competitive employment. The Division of DD's stretch target is 51% of all individuals to receive employment supports which leads to an ultimate target of paid community employment of approximately 30%.

- How successful is Missouri in identifying employment as a planning goal.



Note: Based on a sample of consumers reported in National Core Indicators (NCI). FY 2017 is not yet available. According to NCI data, 51% of individuals expressed an interest in employment. The ultimate stretch target is for all 51% of these individuals to have employment as a goal in their plan.

- To improve consumer independence and community integration by moving away from segregated day services to community-integrated employment.



Note: In line with the overall goal of the highest level of community integration, the Division is working towards increasing the number of individuals in integrated community employment and reducing the number in segregated day services. The stretch targets are based on 500 individuals per year transitioning from day services to integrated community employment.

- Easy to understand
- Relevant to program objectives
- Includes a stretch target
- Good explanation of measure
- Stretch targets could be incremental

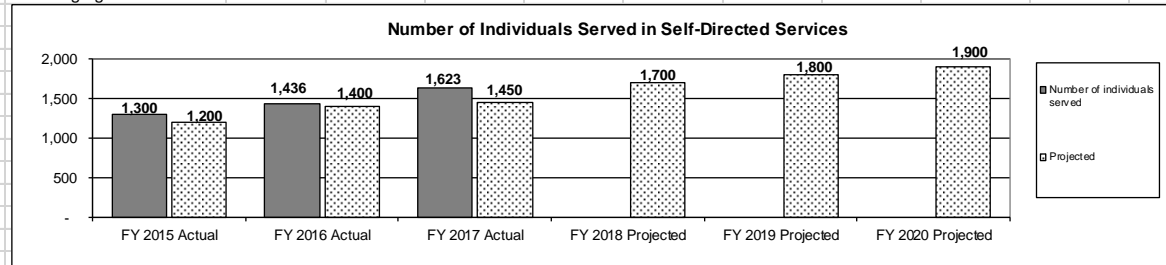




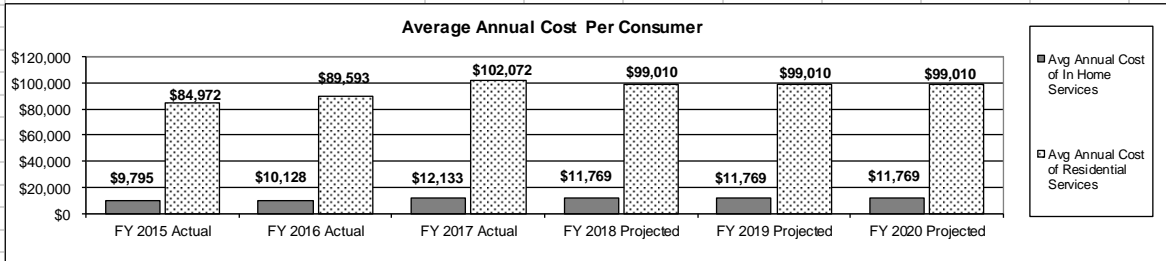
Example 6: DMH In-Home Supports

7b. Provide an efficiency measure.

- To allow families to care for their family member in their own home by directing their own services, thereby avoiding out of home placement and other segregated services.



- To provide more cost effective supports in home.



- Includes targets
- Clear and easy to understand
- What percent is in self-directed services?
- Consider showing how much \$ savings achieved if more are in self-directed services?





Example 6: DMH In-Home Supports

7c. Provide the number of clients/individuals served, if applicable.

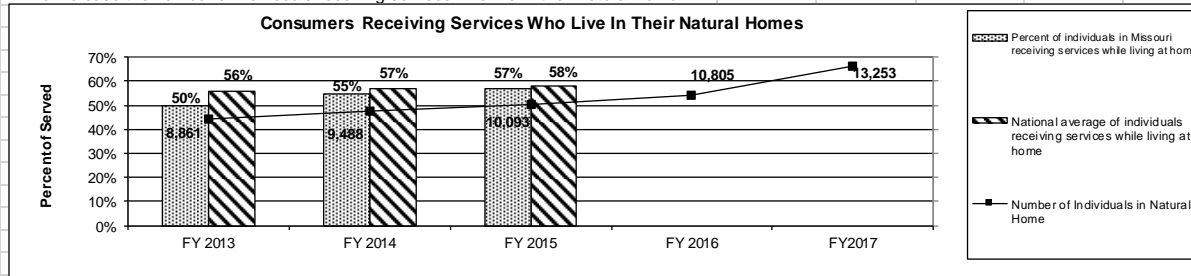
Could be activity in new form.

- Number of consumers served in the following MO HealthNet waivers by fiscal year:

	FY 2015		FY 2016		FY 2017		FY 2018	FY 2019	FY 2020
	Projected	Actual	Projected	Actual	Projected	Actual	Projected	Projected	Projected
Comprehensive Waiver	8,650	8,501	8,700	8,575	8,661	8,612	8,650	8,737	8,824
Community Support Waiver	2,200	1,877	2,000	2,256	2,301	2,936	3,100	3,255	3,418
Autism Waiver	152	133	152	120	122	109	-	-	-
Mo Children with DD Waiver	288	319	288	323	329	315	320	320	320
Partnership for Hope Waiver	2,750	2,530	2,650	2,683	2,737	2,691	2,700	2,835	2,977
	14,040	13,360	13,790	13,957	14,150	14,663	14,770	15,147	15,539

Note: Autism Waiver expired 06/30/2017.

- To increase the number of individuals receiving services who live in their natural home.



Note: The Percent of Total Served is based on the Residential Information Services Project (RISP). RISP data for 2016 is not yet available. More consumers are receiving services in their homes enabling them to fully be included in all aspects of home, school and community life.

7d. Provide a customer satisfaction measure, if available.

The NCI customer satisfaction survey was expanded to include in-home services starting this year. The Division of DD will have FY 2018 data available next year.

- Good indication of activity
- Not clear if the chart represents the total number served with in-home support



1b.	What does this program do?
-----	----------------------------

Strategic Priority A: Access, Opportunity, Equity - Provide all students with access to a broad range of high-quality educational opportunities from early learning into post-high school engagement.									
--	--	--	--	--	--	--	--	--	--

-



Example 7: DESE First Steps

Use as impact in new form.

7a. Provide an effectiveness measure.

Early Childhood Outcome Data for First Steps	FY15	FY16	FY17 Proj	FY18 Proj	FY19 Proj	FY20 Proj
Percent of children with skills below age expectation when they entered First Steps who had substantially increased their acquisition and use of knowledge and skills at the time of exiting First Steps.	84.6%	88.6%	89.0%	89.5%	90.0%	90.0%
Number of States Scoring Higher than 80% on this Outcome	12	13	14 proj	15	15	15
National Mean of States for this Outcome	59%	59%	60% proj	60%	60%	60%
Percent of children with skills below age expectation when they entered First Steps who had substantially improved their positive social-emotional skills the time of exiting First Steps.	82.7%	87.2%	87.5%	88.0%	88.5%	88.5%
Number of States Scoring Higher than 80% on this Outcome	11	8	10 proj	10	10	10
National Mean of States for this Outcome	71%	71%	82% proj	82%	73%	73%
NOTE: Scores for child outcomes are determined with an entry/exit measurement tool. States use a variety of approaches and tools for measuring child outcomes.						
DEFINITION OF SUBSTANTIAL INCREASE/IMPROVEMENT: The percent of infants & toddlers who improved development to a level nearer to or comparable to same-aged peers.						
First Steps Referral Sources	FY15	FY16				
Medical Providers (Hospitals, Physicians, Public Healthcare, etc)	38.0%	38.9%				
Parents	36.8%	37.2%				
Social Service Agencies (Mental Health, Children's Division, etc)	13.2%	12.4%				
Early Childhood Programs (Parents as Teachers, Head Start, etc)	12.0%	11.5%				
TOTAL	100%	100%				100%

- Great data with targets
- Recommend displaying it graphically for easier comprehension
- Not sure how referral sources is an impact of the program - explain

7b. Provide an efficiency measure.

Cost per Child	FY15	FY16	FY17 Proj	FY18 Proj	FY19 Proj	FY20 Proj
First Steps Cost per Child	3,224	3,090	3,057	3,109	3,113	3,113
First Steps Compliance Data	FY15	FY16	FY17 Proj	FY18 Proj	FY19 Proj	FY20 Proj
Complaints resolved within 60 day timeline	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Referrals completed within 45 day timeline	100.0%	98.2%	99.0%	99.0%	99.0%	99.0%
IFSP services provided within 30 day timeline	97.3%	97.6%	98.5%	98.5%	98.5%	98.5%
School district was notified of child approaching age 3 w/in 90 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Transition conference b/t First Steps and school held w/in 90 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
State reported data that are timely and accurate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
The US Department of Education requires an annual report on the performance of the First Steps program in accordance with Part C of IDEA. These compliance data reflect mandatory timelines are met and the parent's rights are upheld.						

- Cost/child - is this good, average, underfunded? Needs a benchmark? Better if in a graph
- Compliance data not an efficiency measure but presented differently, may be appropriate for the new quality measure





Example 7: DESE First Steps

7c. Provide the number of clients/individuals served, if applicable.							Might be <u>activity</u> in new form.	
Measure	FY15	FY16	FY17	FY18 Proj	FY19 Proj	FY20 Proj		
Number of Children Referred and Evaluated for Eligibility	12,720	13,945	14,742	15,650	16,550	17,450		
Number Of Children Program Increased By	1,526	1,225	797	908	900	900		
Percentage Increase	10%	10%	6%	6%	6%	5%		
Number of Children with an active IFSP as of December 1	5,388	5,928	6,453	6,582	6,714	6,848		
Percentage Increase	8%	10%	9%	2%	2%	2%		
Services	FY15	FY16	FY17	FY18 Proj	FY19 Proj	FY20 Proj		
Direct Services (total of all indented lines)	28,638,112	30,505,886	33,980,155	37,221,700	39,455,002	41,822,302		
EIS Services (see description below)	22,053,302	23,603,094	26,311,149	29,045,000	30,787,700	32,634,962.00		
Evaluation/Assessment	1,717,627	1,750,585	2,009,547	2,300,000	2,438,000	2,584,280.00		
IFSP Team Meetings	914,485	965,005	1,029,448	1,070,000	1,134,200	1,202,252.00		
EIT Meetings	782,483	786,964	839,613	850,000	901,000	955,060.00		
Protocols/Offline Payments	107,341	103,419	97,682	98,700	104,622	110,899.32		
Translators/Interpreters	60,233	117,051	116,870	118,000	125,080	132,584.80		
Provider Mileage	2,589,507	2,797,084	3,151,130	3,300,000	3,498,000	3,707,880.00		
SPOE Mileage	362,734	376,071	384,626	395,000	418,700	443,822.00		
Provider EI Training	50,400	6,613	40,090	45,000	47,700	50,562.00		
Central Finance Office (CFO) Contract	1,226,823	1,257,108	1,048,689	1,264,971	1,292,927	1,370,503		
System Point of Entry (SPOE) Contracts	8,741,145	9,840,580	10,013,229	10,145,700	10,754,442	11,399,709		
RICC/SICC Advisory Committees	13,427	2,548	2,121	2,552	2,705	2,867		
SPOE Training	10,909	27,967	11,380	10,000	10,600	11,236		
Misc Expenses & Provider Payments	2,373,866	1,451,616	11,337	10,000	10,600	11,236		
TOTAL	41,004,282	43,085,705	45,066,911	48,654,923	51,526,276	54,617,853		
Percentage Increase	11%	5%	5%	8%	6%	6%		
NOTE: Misc Expenses and provider payments include end of the year payment that is paid to providers on July 1st. Not applicable in FY17.								
NOTE: FY18 Projected expenditures do not match graph because graph includes capacity and governor's reserve amounts.								
EIS Services include: Assistive Technology, Audiology, Medical Services, Nursing Services, Nutrition Services, Occupational Therapy, Physical Therapy, Speech Therapy, Social Work Services, Psychological Services, Special Instruction, Vision Services, Applied Behavior Analysis, and Counseling.								

- Clients served might be an activity in the new form.
- Budget data is not recommended, but some of the activities indicated in the budget might be described in activity





Example 7: DESE First Steps

Might be quality in new form.

7d. Provide a customer satisfaction measure, if available.

In FY17, out of the 14,742 children referred and evaluated for services, there was only 1 child complaint filed.

The results of an annual survey sent to all families enrolled in the First Steps Program indicated:

- 98% of families agree that the primary provider in First Steps helps them teach their child.
- 97% of families agree that the First Steps providers work with them to help their child in everyday activities.
- 98% of families agree that First Steps helps their child learn new skills.
- 98% of families agree that First Steps providers are knowledgeable and professional.

Source: <https://dese.mo.gov/sites/default/files/se-fs-first-steps-2017-statewide-comments-redacted.pdf>

Comments from an annual survey sent to all families enrolled in the First Steps Program indicated:

I'm very thankful for this program. I would not have been able to afford speech therapy on my own. My child has made great progress with his speech thanks to the skills taught to us by our teacher.

Our primary provider has been incredible - going above and beyond is all my expectations as a parent. She is helpful, compassionate and does an excellent job with my boys. Also, our PT was honestly life changing during our boys' first year with the program.

When our child went to her well checks, our doctor recommended we check into the First Steps program. I had not heard of this program prior to his recommendation (and this is my 3rd child). However, when we contacted First Steps, we did a screening and everyone was great! I absolutely love our child's therapists and the program is wonderful! Our child has made great progress! Thank you!

Love First Steps! Best program ever. Keep up all the good work and great help!

A collection of family stories and other outcome measurements for the FY16 First Steps program are available at:

<https://dese.mo.gov/sites/default/files/se-fs-first-steps-first-steps-sicc-year-at-a-glance-2015-16.pdf>

- Good data
- How many/what percentage completed the survey?
- Consider displaying the survey results with some kind of graphic





Example 8: DOT Maintenance

1b. What does this program do?

This program funds the maintenance of highways and bridges, for safe and efficient traffic operations on the highway system and to enforce safety regulations for businesses and individuals involved in commercial operations on public highways in and through Missouri.

The maintenance program provides the public with a safe transportation system through restoration and preservation of roadways and bridges. In addition, this program provides for continual monitoring of safety issues to include prompt emergency response such as removal of snow and ice and responding to other disaster events. Mowing, litter pick-up, intelligent transportation systems (ITS) maintenance and various other activities are included in the maintenance program. This core request will ensure the safe and efficient movement of people and goods by funding roadway visibility items such as signing, striping and other traffic-control devices used throughout the state.

The maintenance program distributes refunds associated with motor carriers. Highway Fund Refunds are issued for various surrendered plates, oversize/overweight (OS/OW) permit overpayments and operating authority overpayments. Motor Fuel Tax Refunds are issued for amounts owed to other states due to the differences in the Missouri state fuel tax rate compared to other states' fuel tax rates. Missouri based carriers file returns quarterly in Missouri, their base jurisdiction, which determines the net tax due or tax overpaid.

- Could be more concise
- Consider using bullet points to list what the program does
- Other pertinent information can follow

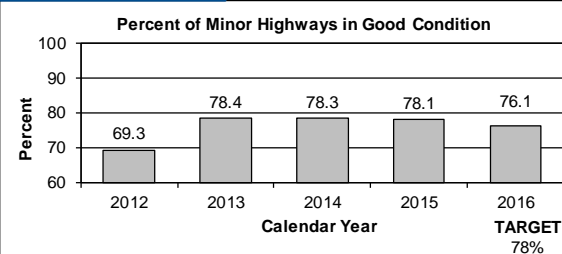
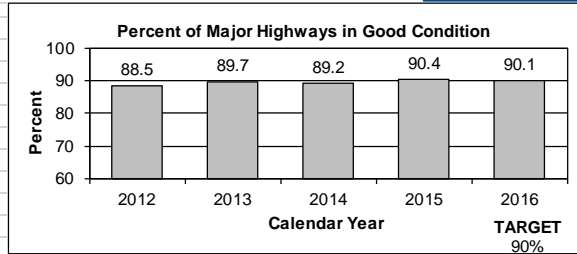




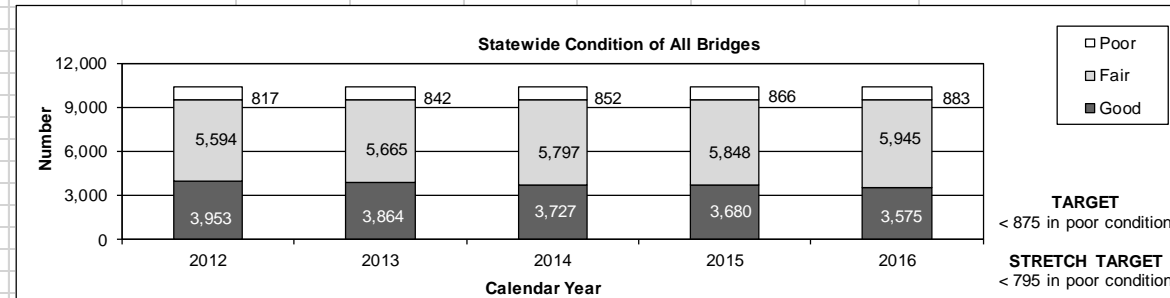
Example 8: DOT Maintenance

7a. Provide an effectiveness measure.

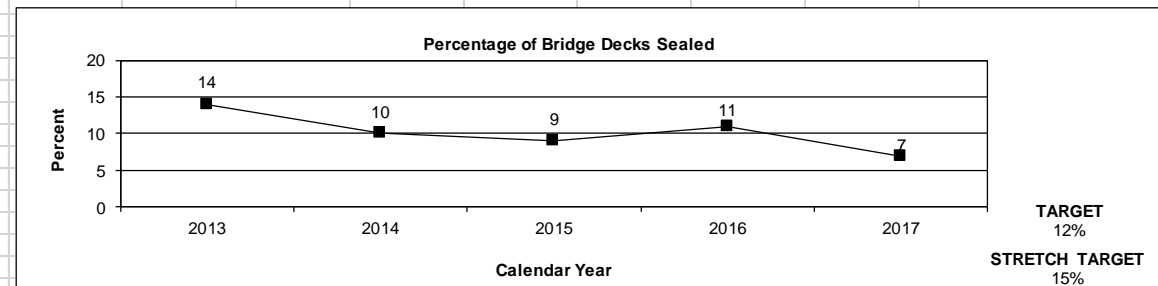
Use as **impact** in new form.



The targets for these measures are based on the statewide asset management plan and represent MoDOT's goal of maintaining current conditions. According to the U.S. Department of Transportation, the nationwide average of highways in good condition is 51.18 percent. Because states measure the condition of major and minor highways using a variety of different methods, there is not good comparable data currently available. In 2017, the Federal Highway Administration established national performance measure criteria that will uniformly be adopted by all states. Accurate comparisons and national rankings will not be available until 2019. Calendar year 2017 data was not available at the time of publication.



MoDOT's goal is to reduce the number of bridges in poor condition. The base target is set internally and reflects the department's goal of maintaining current conditions. The stretch target was established by projecting a 10 percent reduction from calendar year 2016. Calendar year 2017 data was not available at the time of publication.



In order to maintain current conditions on our structures, a continued emphasis is needed to keep bridge decks sealed. Different sealing systems have varying life cycles. MoDOT typically targets between 10 and 15 percent of bridge decks sealed annually.

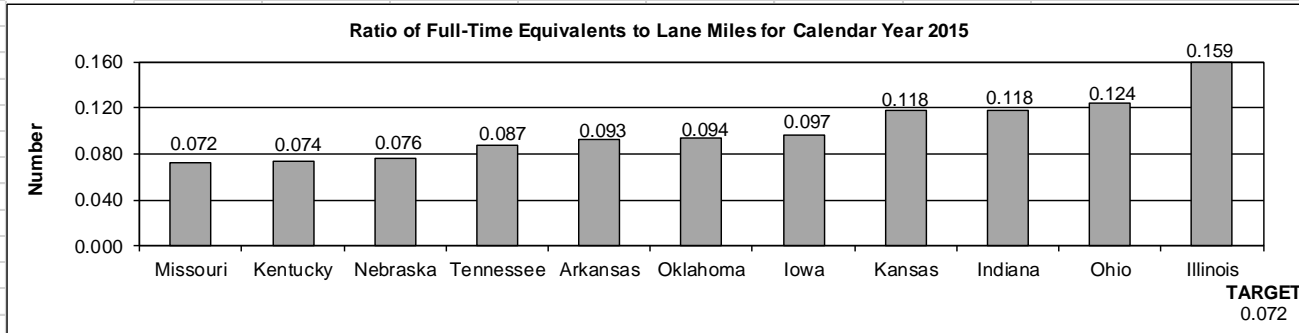
- Clear and easy to read graphics
- Good footnotes for clarity
- Relevant measures with targets
- What does good look like? Benchmark externally to other states or federal, or internally to highest aspiration
- Are there other sources that rank state roads and bridge conditions?
- Include the targets in the graph, then add actual when available for a running comparison of target to actual





Example 8: DOT Maintenance

7b. Provide an efficiency measure.



Full-time equivalents (FTEs) is the total number of hours worked or on paid leave divided by 2,080. The ratio in this measure was calculated by dividing the FTE by the number of lane miles on the state road system. The target was based on the department's goal of 5,360 full-time equivalents. Data for 2016 was not available at the time of publication.



- Clear and easy to read graphics
- Good footnotes for clarity
- Is there a national average of FTE per lane miles?
- How does this compare to each state's road and bridge conditions? If they have more FTEs do they have a higher percentage of roads in good condition?

- Add targets/benchmarks to graph
- Cost of winter operations does not demonstrate efficiency





Example 9: DED Community Development Block Grant Program

1b. What does this program do?

- The Community Development Block Grant (CDBG) program provides grant funding for community development projects that must meet one or more of the following criteria: (1) benefit at least 51% low and moderate income persons; (2) eliminate slum and blight; or (3) meet urgent threats to health and safety.
- CDBG is a flexible, federally-funded program that provides grants to non-entitlement cities (municipalities with populations under 50,000) and counties (with populations under 200,000) with resources to address a wide range of unique community development needs.
- Typical projects include: (1) infrastructure expansion and improvement (water, sewer, bridge, street, drainage); (2) community facility improvements and additions (senior centers, food banks, fire stations, child education centers, etc.); (3) projects that help communities with demolition of vacant, dilapidated structures; (4) economic development to help communities grow local businesses, attract new businesses, and provide crucial capital to spur entrepreneurship; and (5) emergency funding that provides assistance to communities to address conditions that pose a serious and immediate threat to the health and welfare of the community.

- Simple
- Easy to understand
- Concise

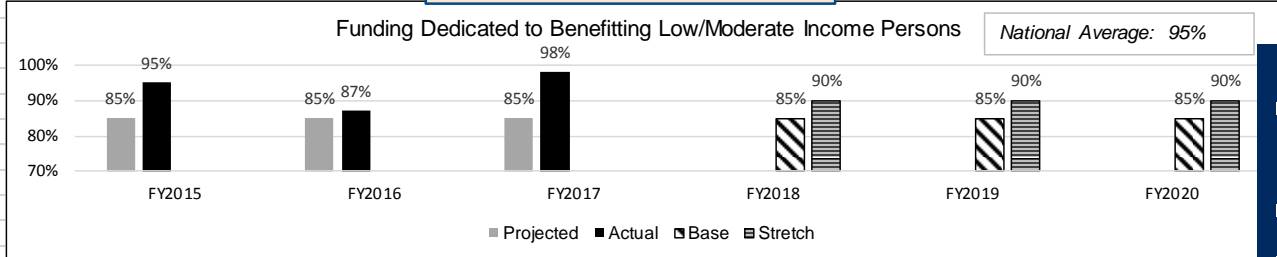




Example 9: DED Community Development Block Grant Program

7a. Provide an effectiveness measure.

Use as impact in new form.

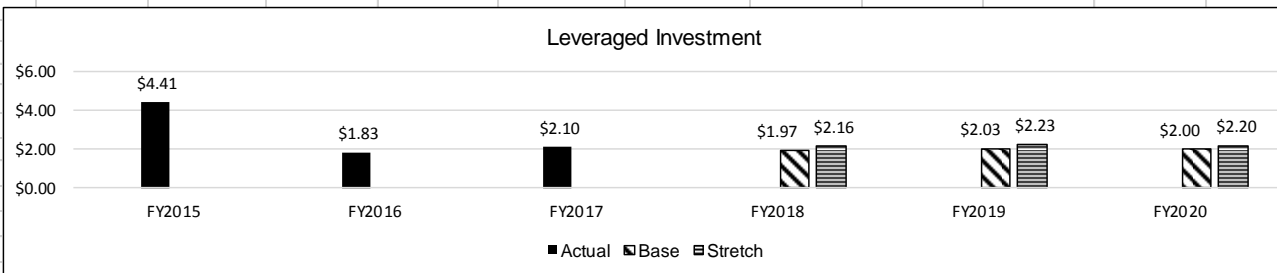


Note 1: Calculated by dividing the dollar amount of approved projects in a FY that will benefit LMI persons by the total dollar amount of the grant.

Note 2: HUD requires that a minimum of 70% of the state's annual allocation be awarded on projects benefitting low and moderate income (LMI) persons; however, it is Missouri's goal that at least 85% of the projects will benefit LMI persons, so this is the Base target.

Note 3: Stretch target is set at 90% due to the fact that demolition (slum and blight national objective) and emergency (urgent threat national objective) projects will also need to be funded, and those national objectives do not require a 51% LMI benefit.

- Clear and easy to read graphics
- Good footnotes for clarity
- Relevant measures with baseline and stretch targets



Note 1: Calculation based on leveraged project investment of completed projects divided by CDBG grant expenditures. Leveraged funds are non-CDBG funds (local, state, federal, or private) that are used in conjunction with CDBG funds to aid in financing a particular project.

Note 2: Base target is average of previous 2 years and Stretch target is a 10% increase over Base.

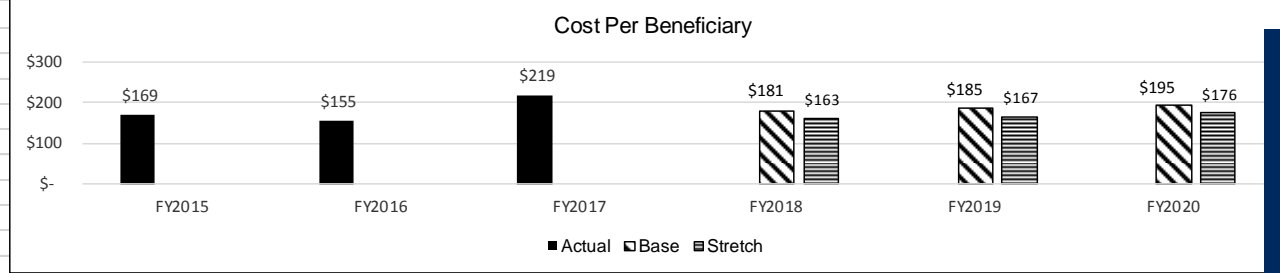
Note 3: This is a new measure; therefore, Projected data for FY15, FY16 and FY17 is not available.





Example 9: DED Community Development Block Grant Program

7b. Provide an efficiency measure.

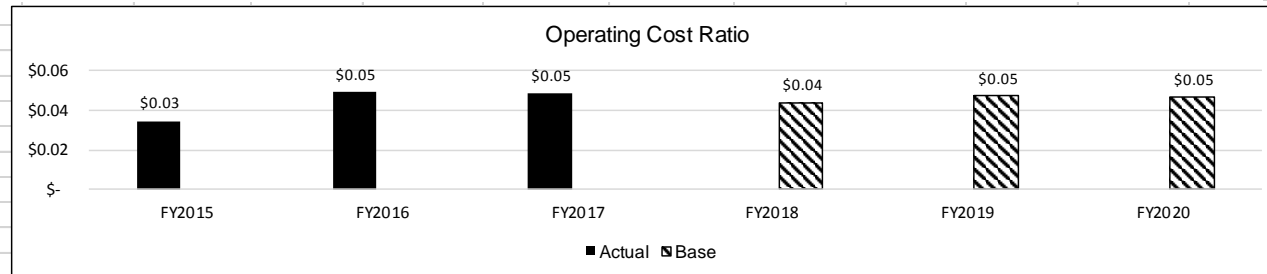


Note 1: Costs were based on the amount of grant funds awarded to the closed projects in each fiscal year divided by the number of beneficiaries served.

Note 2: A beneficiary is defined as a person who has been served by, or who has benefitted from, a CDBG project completed in a particular fiscal year (51% of beneficiaries must be low to moderate income persons.)

Note 3: Base target is average of previous 3 years and Stretch target is a 10% decrease over Base.

Note 4: This is a new measure; therefore, Projected data for FY15, FY16 and FY17 is not available.



Note 1: This ratio depicts the administrative costs of operating the CDBG program versus the amount of grant funds expended.

Note 2: Base is average of previous 3 years. Not including Stretch as program already operating very lean.

Note 3: This is a new measure; therefore, Projected data for FY15, FY16 and FY17 is not available.

- Clear and easy to read graphics
- Good footnotes for clarity
- Relevant measures with base and stretch targets
- Benchmark on cost per beneficiary?





Example 9: DED Community Development Block Grant Program

7c. Provide the number of clients/individuals served, if applicable.											Might be <u>activity</u> in new form.	
		FY2015		FY2016		FY2017		FY2018	FY2019	FY2020		
		Projected	Actual	Projected	Actual	Projected	Actual	Projected	Projected	Projected		
Number of CDBG Projects		N/A	80	N/A	57	N/A	73	70	67	70		
Beneficiaries Served		N/A	121,868	N/A	107,088	N/A	84,214	104,390	98,564	95,723		
Leveraged Funds		N/A	\$90.85M	N/A	\$30.4M	N/A	\$38.8M	\$34.6M	\$34.6M	\$36.0M		
Note 1: Amounts are based on completed projects per Fiscal Year.												
Note 2: A beneficiary is defined as a person who has been served by, or who has benefitted from, a CDBG project completed in a particular fiscal year (51% of beneficiaries must be low to moderate income persons.)												
Note 3: Projected based on average of previous 3 years.												
Note 4: This is a new measure; therefore, Projected data for FY15, FY16 and FY17 is not available.												
7d. Provide a customer satisfaction measure, if available.											Might be <u>quality</u> in new form.	
BCS will create a ten question survey for stakeholders related to the program. Five questions will be common across the Division. Five questions will be specific to the activities of this program. The five common questions will be aggregated annually and benchmarked against a baseline for division wide improvement. The five questions specific to the program will be aggregated annually and benchmarked against a baseline for improvements to this program.												
Regarding the five questions specific to the program, the CDBG grantees will complete the survey. The survey will be completed during the close-out of project. In order for the questions to be compiled in a data format, a satisfaction ranking survey(1-10 or agree/not agree) will most likely have to be utilized. For example: Do you feel the recently completed CDBG project enhanced the economic growth in your community? Please rank 1-10 or agree/disagree.												





Example 10: DHSS Local Public Health Services

1b. What does this program do?

- Supports a public health presence in every city and county in Missouri by administering participation agreements that supplement local public health agency (LPHA) efforts to provide essential public health services (core functions).
- Supported services include surveillance, investigation and intervention in threats to health, whether caused by disease outbreaks (such as influenza or Hepatitis A), emerging diseases, food borne illnesses (such as E. Coli, salmonella, etc.), bioterrorism, or chronic disease and other emerging issues such as opioid abuse. The participation agreement also supplements local capacity to inspect retail food establishments and lodging facilities, respond to animal bites for rabies prevention, enforce regulations, provide health education, assess community health and health resources, and identify leading health and safety problems in communities.
- Works to strengthen Missouri's public health system by determining capabilities and gaps; providing and coordinating technical assistance and orientation to local agencies' new administrators, staff and local Boards of Health; working with external partners to determine workforce and public health system needs to assure training opportunities for public health workers and their governing bodies; setting standards of excellence in public health practice; and coordinating statewide mutual aid for LPHAs.
- Maternal and Child Health (MCH) Services distributes federal MCH Title V Block Grant funds to local public health agencies through the MCH services contract. The contract's purpose is to establish, within each local public health jurisdiction, a community system that is capable of addressing targeted health issues for the MCH population of pregnant women, infants, children, and adolescents; women of child-bearing age; and children with special health care needs. Current health priorities addressed are prevention and reduction of injury, obesity, tobacco use, and adverse birth outcomes.
- Child Care Health Consultation program is a partnership between LPHAs and child care settings. Health professionals from LPHAs provide health and safety consultation and education to child care providers and young parents of children in child care across the state. Health education is also provided through the Department of Social Services, MCH Title V Block Grant program.
- Coordinates the Council for Public Health Nursing to provide leadership, expertise and education related to public health nursing practice, standards and issues.

EXAMPLE (pulled from text above):

- Supports a public health presence in every city and county in Missouri by administering participation agreements that supplement local public health agency (LPHA) efforts to provide essential public health services.
- Works to strengthen Missouri's public health system by determining capabilities and gaps; providing and coordinating technical assistance and orientation to local agencies' new administrators, staff and local Boards of Health; working with external partners to determine workforce and public health system needs to assure training opportunities for public health workers and their governing bodies; setting standards of excellence in public health practice; and coordinating statewide mutual aid for LPHAs.
- Distributes federal MCH Title V Block Grant funds to LPHAs through the MCH services contract to establish, within each local public health jurisdiction, a community system that is capable of addressing targeted health issues for the MCH population of pregnant women, infants, children, and adolescents; women of child-bearing age; and children with special health care needs.
- Administers the Child Care Health Consultation program to reduce disease and improve health and safety in child care settings. Health professionals from LPHAs provide health and safety consultation and education to child care providers and young parents of children in child care across the state.
- Coordinates the Council for Public Health Nursing to provide leadership, expertise and education related to public health nursing practice, standards and issues.

- Good but could be better organized for clarity
- Additional information can be footnoted below core activities

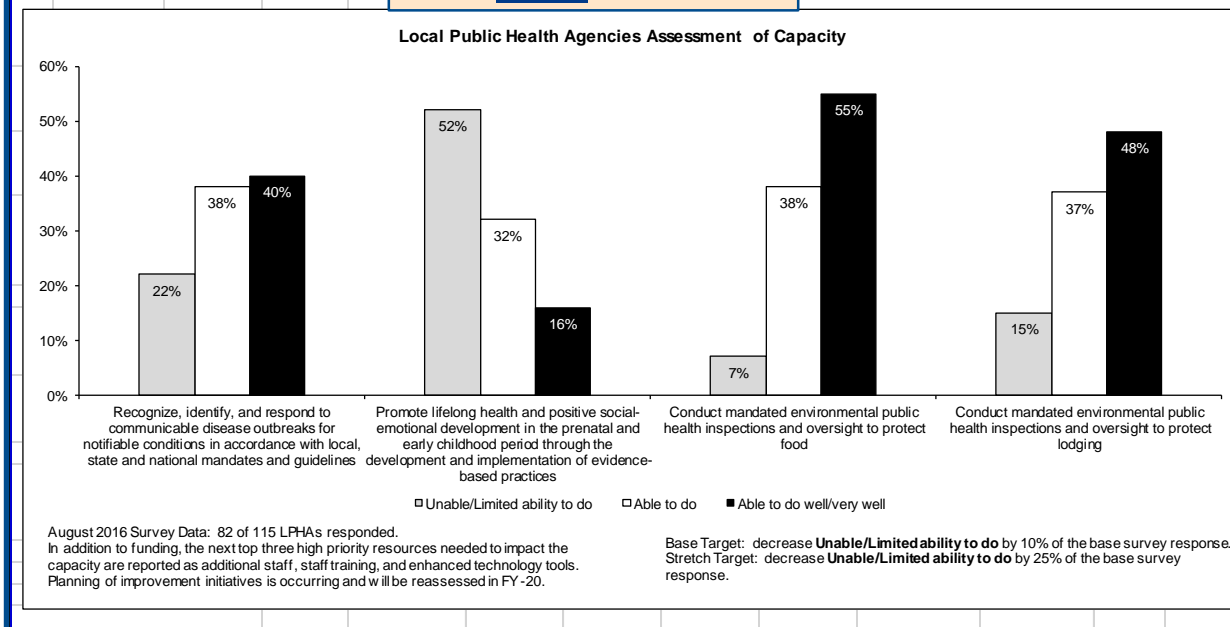




Example 10: DHSS Local Public Health Services

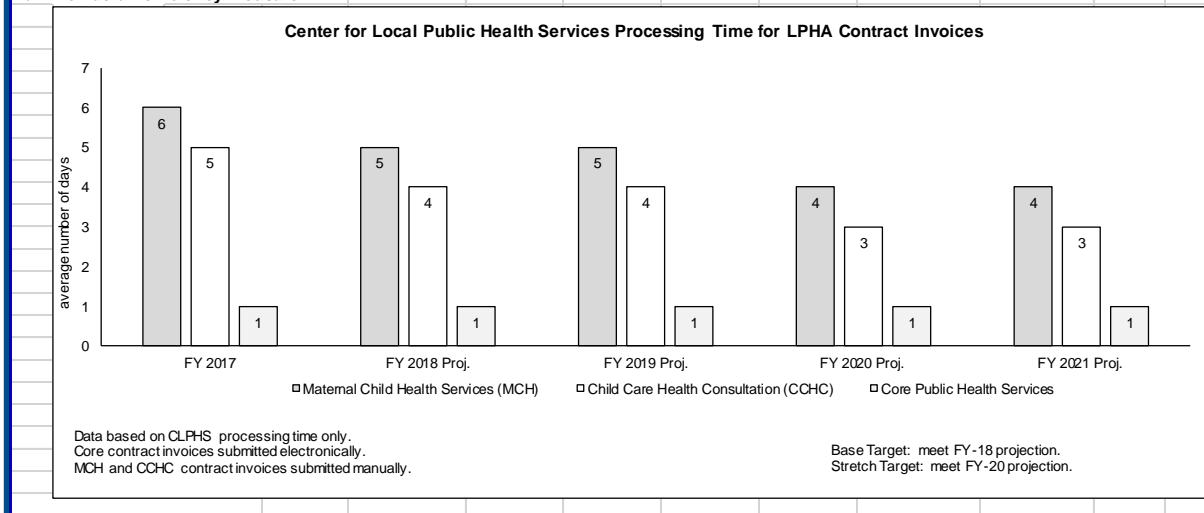
7a. Provide an effectiveness measure.

Use as impact in new form.



- Clear and easy to read graphics
- Good footnotes for clarity
- Relevant measures with base and stretch targets
- Suggest add targets to the graph for easy interpretation and the ability to demonstrate targets compared to actual over time
- Is there a way to benchmark the assessment to other states?
- Consider adding measures for other program objectives – MCH and Child Care Health Consultation

7b. Provide an efficiency measure.





Example 10: DHSS Local Public Health Services

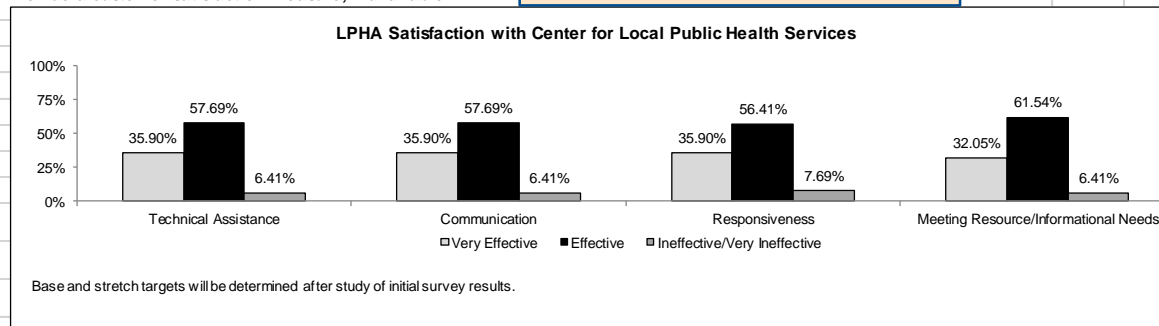
7c. Provide the number of clients/individuals served, if applicable.						
LPHAs Served by the Center for Local Public Health Services						
	2016	2017	2018 Proj.	2019 Proj.	2020 Proj.	
Number of LPHA's with Participation Agreements for core public health functions (State Fiscal Year)	115	115	115	115	115	
Number of LPHA's served with technical assistance/training (State Fiscal Year)	115	115	115	115	115	
Number of LPHA's with MCH (Maternal and Child Health) Services contract (Federal Fiscal Year)	115	115	114	115	115	
Number of LPHA's with CCHC (Child Care Health Consultation) contract (Federal Fiscal Year)	105	104	105	105	105	
Summary of Select Reportable Diseases and Conditions in 2016 Requiring Investigation/Follow Up by LPHAs				Summary of Select Environmental Public Health Services Provided by LPHAs		
Condition and/or Disease	Case Count	Condition and/or Disease	Case Count			
Salmonellosis	1,050	Animal Bites	6,545	Onsite Food Service Establishments requiring inspection (CY 2015)		25,438
Tick-borne Diseases	306	Rocky Mountain Spotted	351	Lodging inspections (CY 2016)		1,526
Legionellosis	159	Influenza	22,722	Children w/ elevated blood lead that LPHAs assisted w/ identification and/or follow -up (FY 2016)		725
Pertussis	357	Zika	35	Sew age complaints (CY 2015)		804
Tuberculosis Infection	3,210	Tuberculosis (Active)	101			
Mumps	334	Shigellosis	830			
Hepatitis C, Chronic Infection	5,063	Total Reportable Diseases and Conditions (Excluding STDs) = 56,103				

- How are listed LPHA activities applicable to the program? If applicable, explain

7d. Provide a customer satisfaction measure, if available.

Might be quality in new form.

- What is the time frame for the survey?
- How many participants?



Contact information

Drew Erdmann, Chief Operating Officer for the State of Missouri

- Drew.Erdmann@governor.mo.gov

Dan Haug, Director, OA – Budget & Planning

- Dan.Haug@oa.mo.gov

Marianne Mills, Assistant Director for Budget, OA – Budget & Planning

- Marianne.Mills@oa.mo.gov

Lori Strong-Goeke, Assistant Director for Planning, OA – Budget & Planning

- Lori.Strong-Goeke@oa.mo.gov

Melissa Hope, Planner/Budget Analyst, OA – Budget & Planning

- Melissa.Hope@oa.mo.gov

Questions for OA Budget and Planning:
Contact your Department's assigned Budget Analyst

