

2016 POPULATION-LEVEL OUTCOMES AND INDICATORS REPORT

September 30, 2016

3 V.S.A. § 2311 (c)

Submitted by: VT Agency of Administration, Chief Performance Officer



ECONOMY



**HEALTHY
VERMONTERS**



ENVIRONMENT



COMMUNITIES



FAMILIES



CHILDREN & YOUTH



VERMONT SENIORS



**VERMONTERS
WITH DISABILITIES**



GOVERNMENT



INFRASTRUCTURE

2016 POPULATION-LEVEL OUTCOMES AND INDICATORS REPORT

TRANSMITTAL LETTER

To: Vermont General Assembly, Government Accountability Committee and Joint Fiscal Committee

Cc: Justin Johnson, Michael Clasen, Agency/Dept. Heads and PALs

From: Susan A Zeller, CPO

Date: September 30, 2016

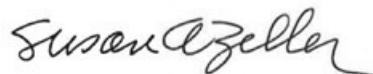
Subject: 2016 Population-Level Outcomes & Indicators Report

We hereby present this third annual CPO Population-Level Outcomes & Indicators Report, in accordance with 3 V.S.A. § 2311(c). As is the established process, changes to Indicators have been approved by the Government Accountability Committee (GAC). You will also find that Outcome #7 has been split into two and the remaining Outcomes renumbered. The Outcome changes will be officially recommended as part of the GAC's Bill, to be submitted in the 2017 Legislative session. All changes incorporated into this report are provided to better inform the Legislature and the public.

I wish to thank the GAC for their work over the summer and into the fall with various Committees of Jurisdiction and agencies/departments to enhance the communication, proxy and data power of the Indicators presented herein. I also commend the Performance Accountability Liaisons, (PALs) for their work in providing the data for this report.

This report is an evolving one, focused on developing a group of Indicators which, when viewed as a whole, presents a clear picture of the overall achievement of the State in the leading areas of policy and service. Ideally, this report could become a State Dashboard, publicly accessible through a data visualization portal, or dashboard website. However, at this point, due to insufficient resources and the lack of a broadly adopted IT solution, this goal is not achievable at this point. We will continue to make annual incremental progress, limited to what our resources allow.

Sincerely,



Susan A. Zeller
Agency of Administration
Chief Performance Officer

2016 POPULATION-LEVEL OUTCOMES AND INDICATORS REPORT

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#2 VERMONTERS ARE HEALTHY	11	ICONS USED: All Icons provided by Flat Icon under subscription with the Office of the Chief Marketing Officer: http://www.flaticon.com/ . COLORS: Colors used comply with the official State of Vermont color palette. LINK: The Link shown in certain of the Outcome headers provides access to the more detailed on-line Scorecard used by the Agency of Human Services, entitled <i>Outcomes of Well-Being for Vermonters (Act 186 - Agency of Human Services)</i> . The Scorecard mirrors this report for the AHS provided Indicators: https://app.resultsscorecard.com/Scorecard/Embed/8131 .
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OUTCOME 1: VERMONT HAS A PROSPEROUS ECONOMY

INDICATOR

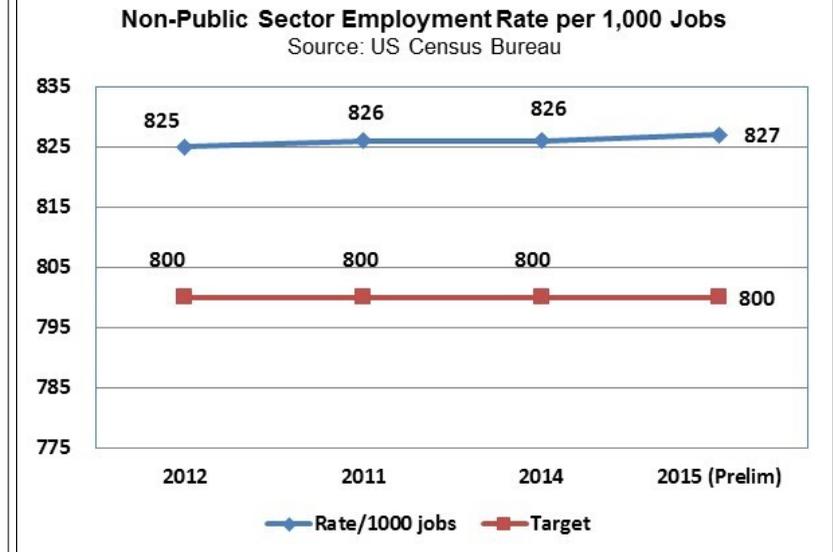
NARRATIVE

DATA



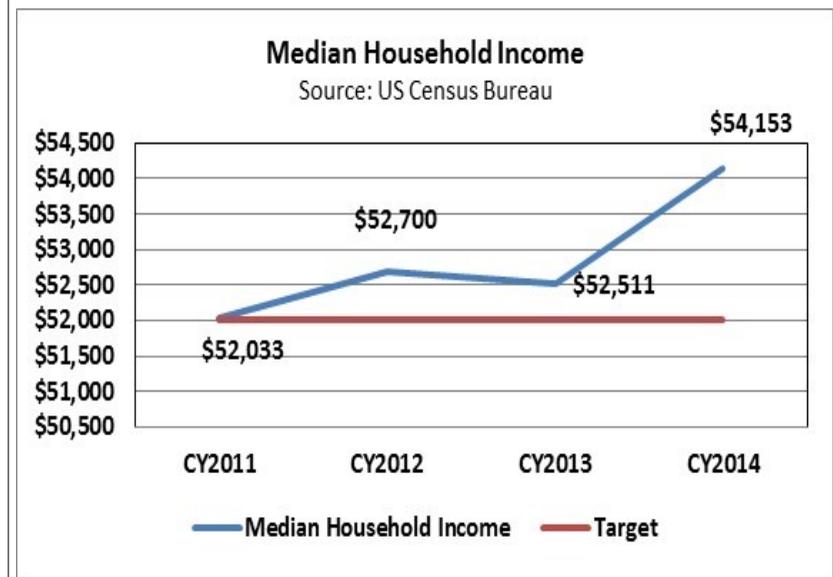
(A) percent or rate per 1,000 jobs of non-public sector employment;

(A) Data reflects period of modest economic improvement consistent with historical trends relative to the national economy.;



(B) median household income;

(B) US Census Bureau American Community Survey. One year data estimates. Comment: one-year estimates can vary significantly; general trend in income over time is positive though the rate of change is not statistically significant;





OUTCOME 1: VERMONT HAS A PROSPEROUS ECONOMY

INDICATOR

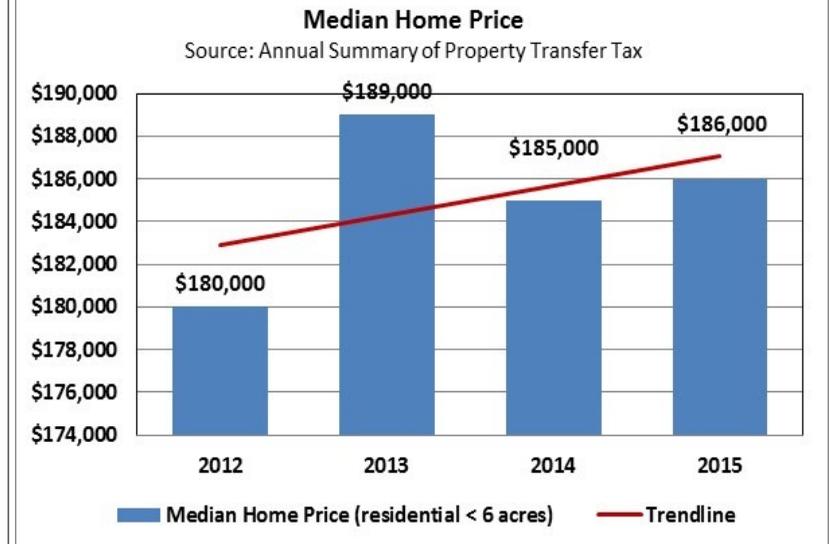
NARRATIVE

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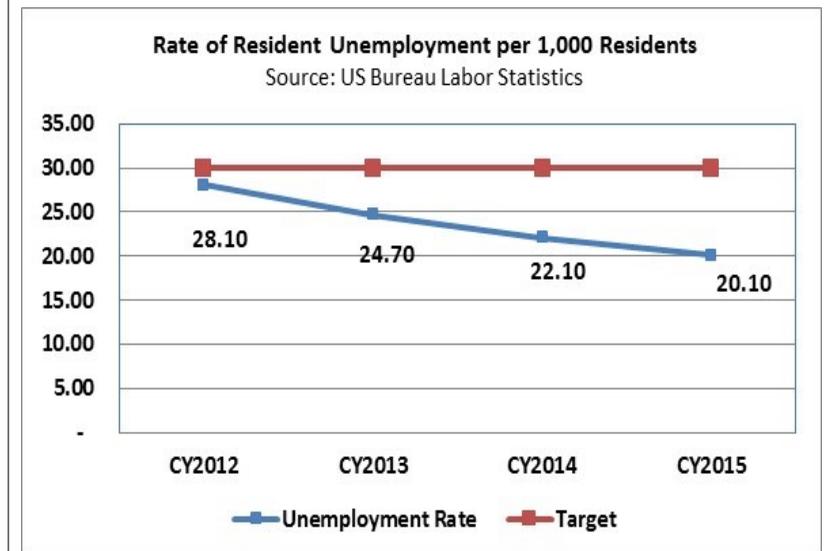
(C) median house price;
[Target: increase less than increase in average income.]

(C) The changes in house prices are primarily driven by overall economic activity. Housing prices increased after the recession and are remaining steady over this reporting period. State programs help to decrease house prices by stimulating supply through new construction and renovation. State programs increase house prices by supporting home ownership, thereby increasing the demand. Note: The reported numbers are smaller than other figures for median house value when using Census Bureau data.



(D) rate of resident unemployment per 1,000 residents;

(D) The Vermont economy (as is the national economy) is in a period of economic expansion leading to a decline in the number of unemployed.





OUTCOME 1: VERMONT HAS A PROSPEROUS ECONOMY

INDICATOR

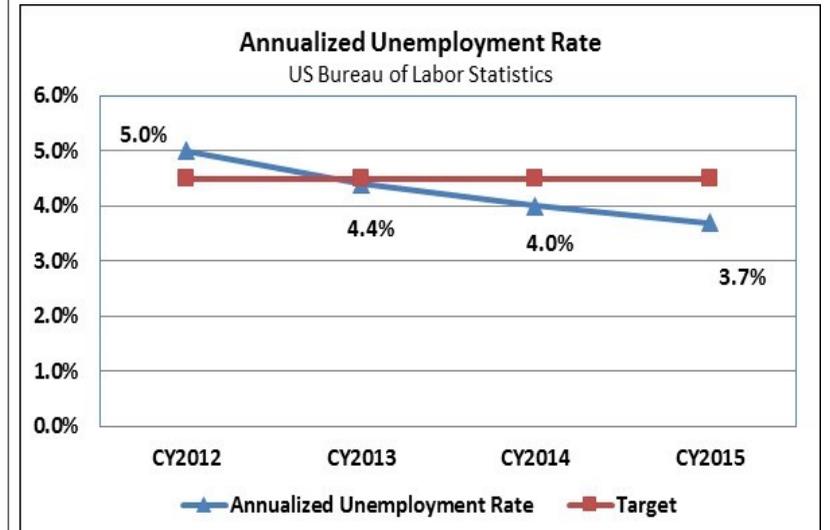
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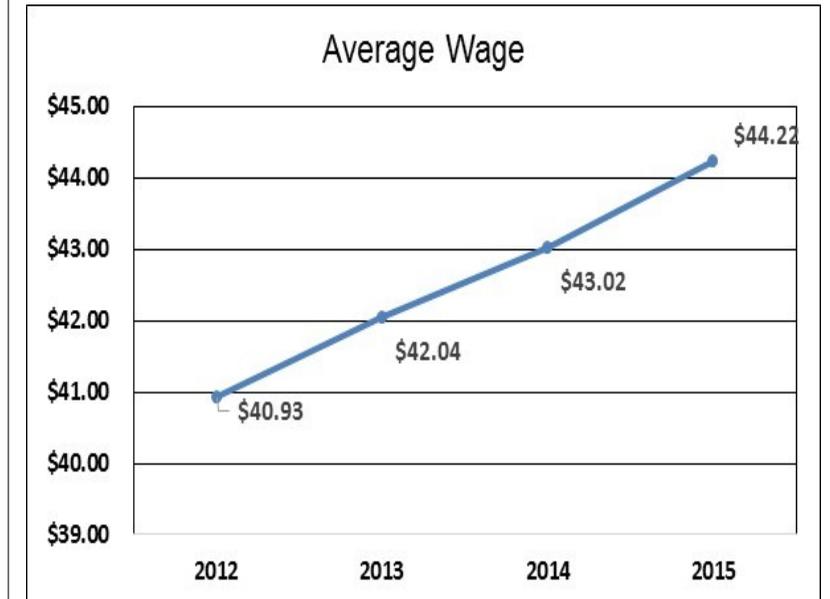
(E) annualized Unemployment rate (an alternative indicator).

(E) The Vermont economy (as is the national economy) is in a period of economic expansion leading to a decline in the unemployment rate.



(F) Average wage

(F) 2.8% annual growth. While higher wages are generally a positive reflection of economic growth, they are also a red flag for new business growth representing increasingly competitive labor markets. For this reason, it is difficult to establish a target.





OUTCOME 1: VERMONT HAS A PROSPEROUS ECONOMY

[Link: AHS Act 186 Scorecard](#)

INDICATOR

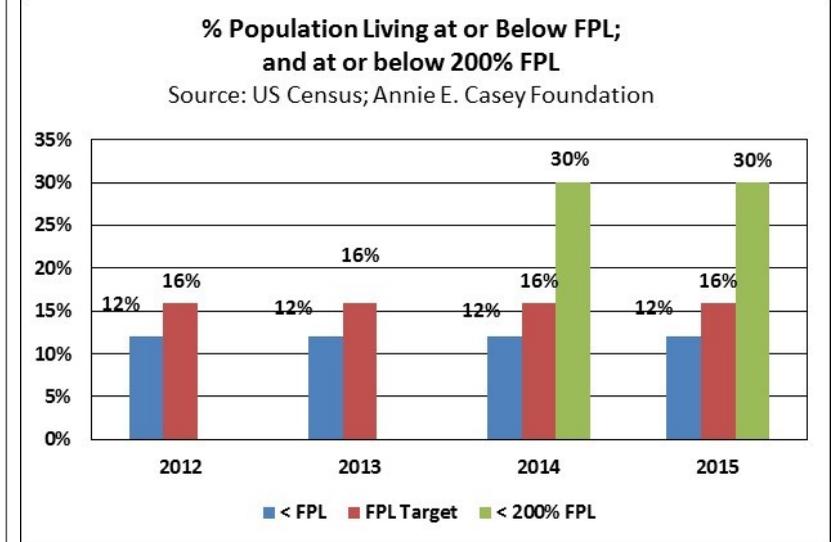
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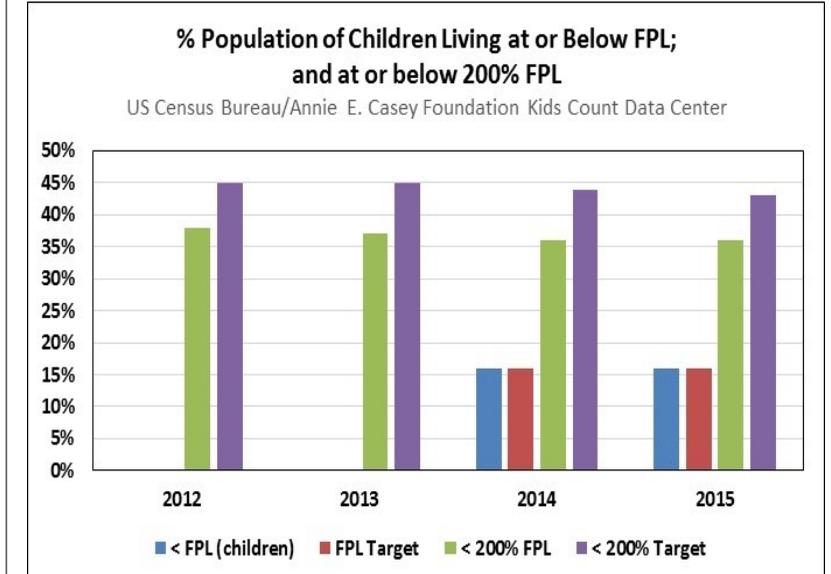
(G1) percent of population living at or below federal poverty level (children, adults, people with disabilities of working age, and adults over age 65):

(G1) The federal poverty definition consists of a series of thresholds based on family size and composition. In calendar year 2013, a family of two adults and two children fell in the “poverty” category if their annual income fell below \$23,624. Poverty status is not determined for people in military barracks, institutional quarters, or for unrelated individuals under age 15 (such as foster children). The data are based on income received in the 12 months prior to the survey.



(G2) percent of children living at or below federal poverty level;

(G2) The % of children living in families below 200% of the Federal Poverty Level (FPL) has increased markedly since 2009, from 32% - 37%; mirrored in the national average increase from 40% - 45% during the same period. These increases coincide with the worst recession since the Great Depression, which led to massive job losses and long-term unemployment. In 2013, approximately 45,000 young Vermonters lived in families that were considered “low income” (or 200% FPL). This level of income is an approximation of the income that is needed for most families to provide their children with basic necessities like adequate food, stable housing, and health care. Children living in low-income families are much more likely than their peers in higher income families to lack health insurance, regular medical care, and regular dental care. These children are also much more likely to experience food insufficiency.





OUTCOME 1: VERMONT HAS A PROSPEROUS ECONOMY

INDICATOR

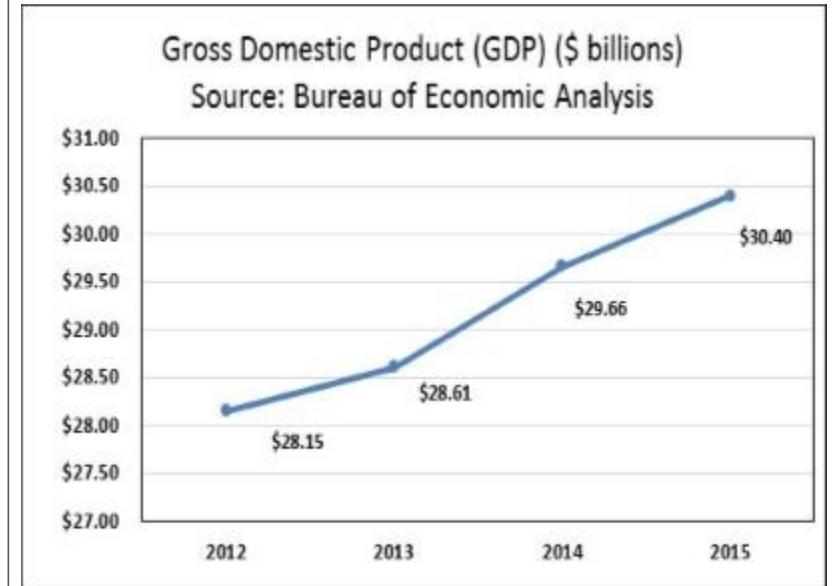
NARRATIVE

DATA



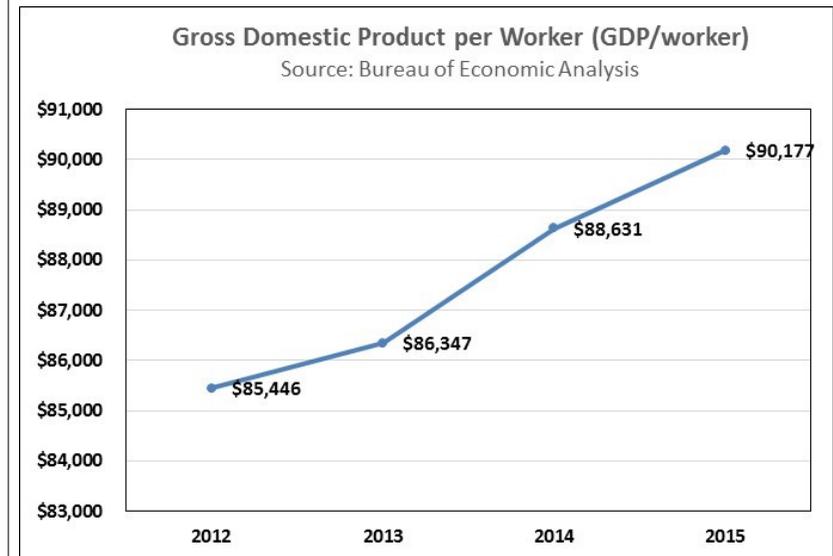
(H) Gross domestic product.
[Target: Growth greater than national growth.]

(H) 2.5% growth compares to national growth of 3.5% in the same period. One factor for the difference in state growth compared to national growth is the stagnation of Vermont's population compared to the national population. The next indicator about GDP per worker reports on this factor.



(I) Gross domestic product per worker;
[Target: Growth greater than national growth]

(I) 1.7% growth matches the national growth of 1.7%.





OUTCOME 1: VERMONT HAS A PROSPEROUS ECONOMY

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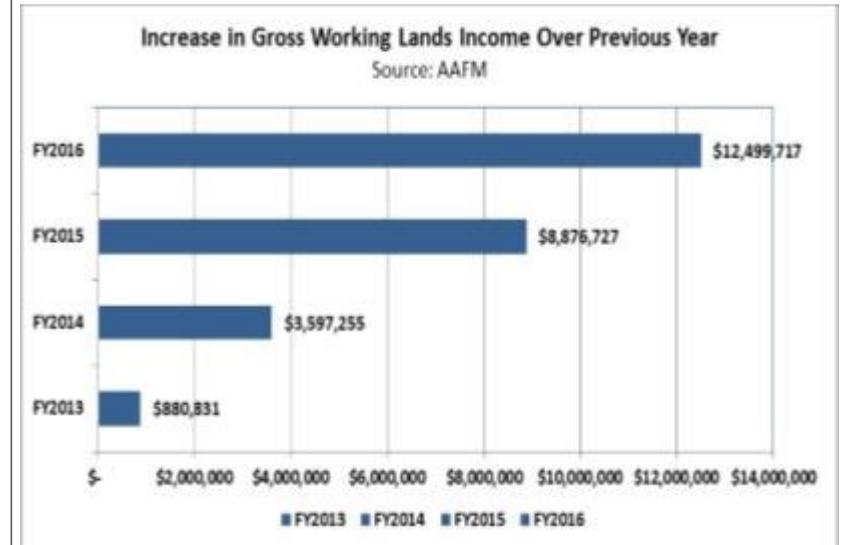
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DATA



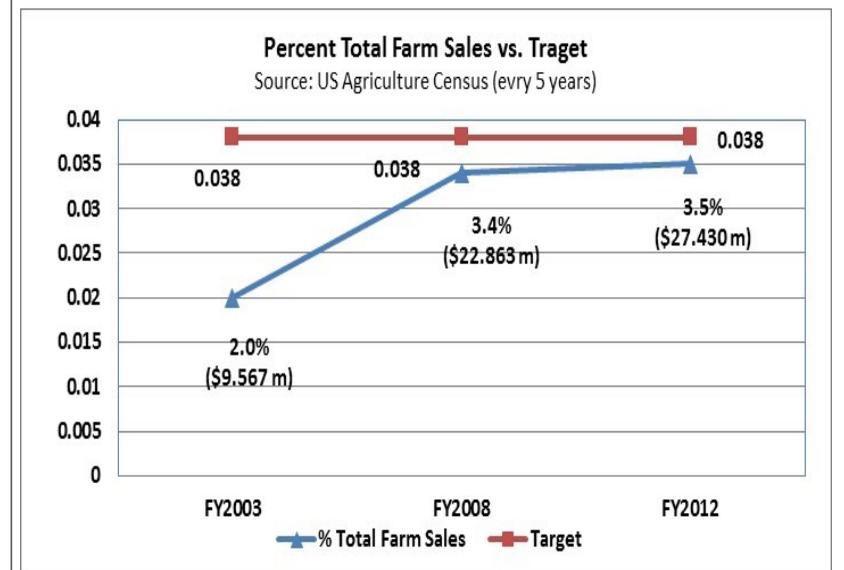
(J) increase in gross working lands income over previous year, for grantees of Working Lands Program;

(J) 72 of 130 grants reporting across all categories. Included reporting source from FY 13, FY14, and FY15 Enterprise Grantees, FY13 and FY14 Capital and Infrastructure grantees, as well as businesses who have received technical assistance from VHCB's Working Lands grant funded Forest Viability Program. Metrics are reported over calendar year.



(K) percent of total farm sales;

(K) No new data. Amount keeps increasing with more farmers markets and CSA's. Agency has been providing grants through Working Lands Enterprise, Farm to School and Farm to Market Grants that has increased market demand as well as valued added production and marketing.





OUTCOME 1: VERMONT HAS A PROSPEROUS ECONOMY

INDICATOR

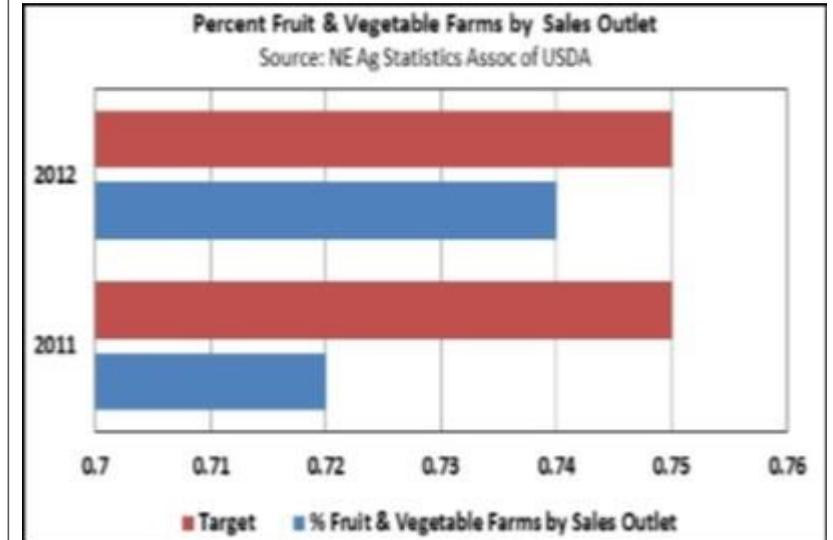
NARRATIVE

DATA



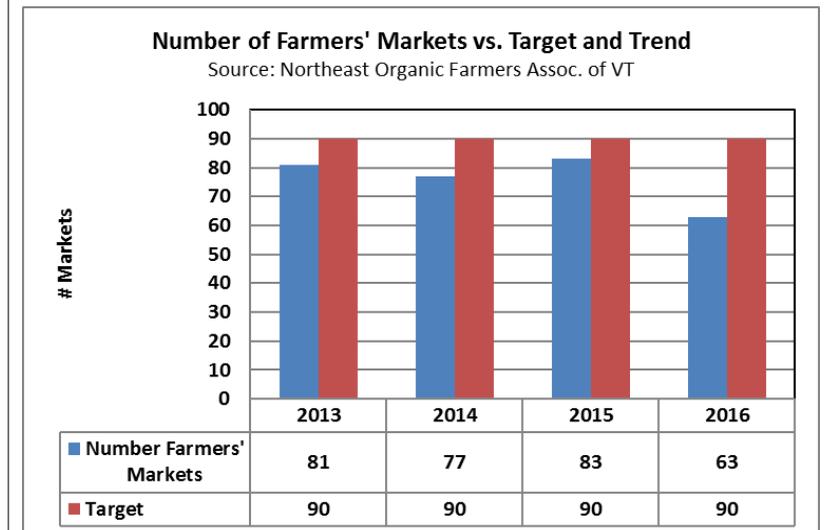
(L) percent of fruit and vegetable farms by sales outlet.

(L) No new data. Report comes out for 2014 later in the year. Similar reason for increase with more farmers markets and CSA's. Agency has been providing grants through Working Lands Enterprise, Farm to School and Farm to Market Grants that has increased market demand as well as valued added production and marketing.



(M) number of Farmers' Markets

(M) We have actually lost some farmers' markets this year due to competitive, unsustainable management, and vendors at small markets looking to merge with nearby larger/more successful markets. Additionally, our farmers' markets numbers are provided by NOFA-VT based on # of farmers' markets who are VT Farmers' Market Association (VTFMA) members. The membership in VTFMA is down from previous years and is likely due to manager turn over and/or limited or declining budgets for VTFMA membership.





OUTCOME 2: VERMONTERS ARE HEALTHY.

[Link: AHS Act 186 Scorecard](#)

INDICATOR

NARRATIVE

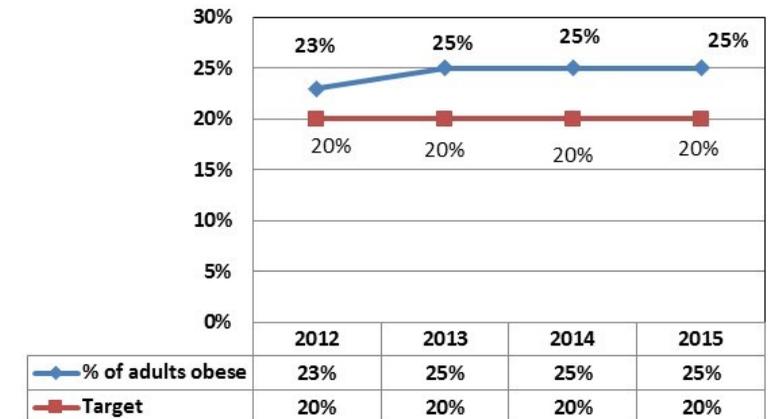
DATA



(A) percent of adults 20 years of age and older who are obese;

(A) In 2012, the Behavioral Risk Factor Surveillance System (BRFSS) data showed that 23% of Vermont adults age 20 and older are obese, slightly less than in 2011 (26%). We have seen a rise to 25% for 2013 – 2015. There has been increasing interest and concern about overweight and obesity in Vermont and nationwide, with related increases in news stories and other general media sources. Awareness of the impact of obesity on health, health costs, and worker absenteeism has risen over this time period.

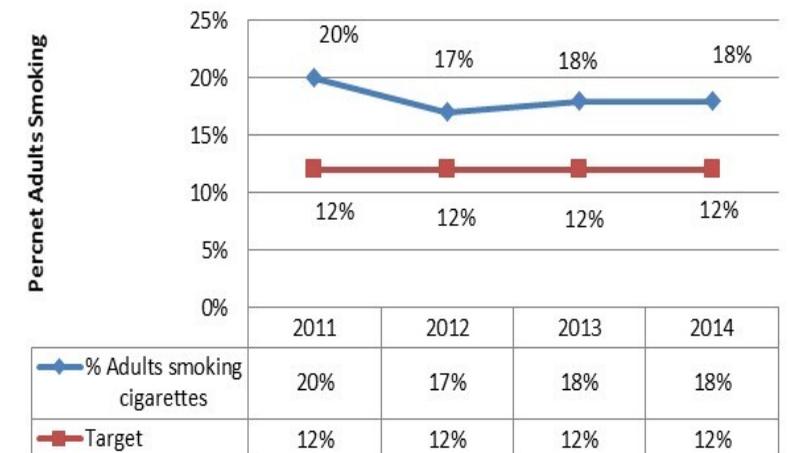
Percent of Adults Age 20 and Older Who Are Obese



(B) percent of adults who smoke cigarettes;

(B) An estimated 50% of Vermont smokers are Medicaid insured or eligible. Research indicates that low-income smokers desire to quit as much as non-low-income smokers. They have more difficulty in sustaining a successful quit over time. Over the past several years the program has worked steadily in collaboration with the Dept. of Vermont Health Access to increase the tobacco cessation benefit for Medicaid smokers and to promote these free resources through media and communications. The Vermont Dept. of Health's Tobacco Control Program has been working to monitor and increase the proportion of Medicaid smokers served by its cessation resources. 24% of all tobacco users who registered for Quitline services were Medicaid insured; they were less likely to participate in more than one quit session, which decreases the likelihood of a successful quit.

Adults Smoking Cigarettes vs. Target
Source: BRFSS





OUTCOME 2: VERMONTERS ARE HEALTHY.

[Link: AHS Act 186 Scorecard](#)

INDICATOR

NARRATIVE

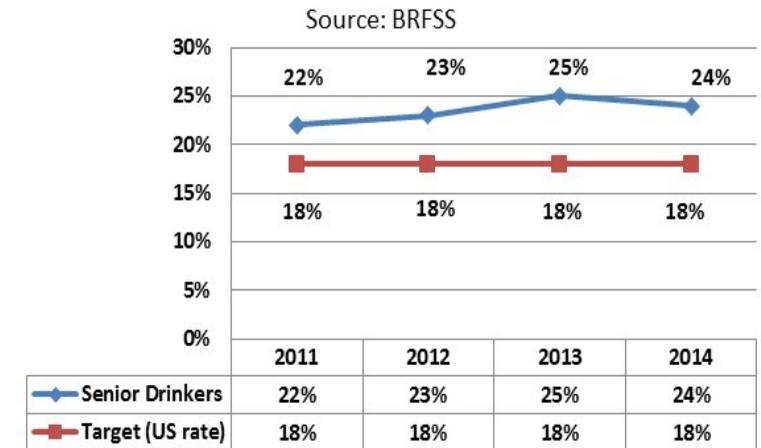
DATA



(C) percent of Vermonters age 65+ who drink alcohol at a level of risk;

(C) Alcohol misuse and abuse by older adults has been a hidden and ignored documented problem. It has been missed in reports from existing alcohol abuse and alcoholism treatment programs and services because very few adults in this age group end up in treatment services. The recent Vermont TEDS (Treatment Episodes Data Survey) reports only 1% of the adults treated in the ADAP approved programs are age 65 and older, albeit this age group represents at least 20% of Vermont's adult population. (substantiated in multiple research projects available through SAMHSA), Vermont seniors receive these services twenty times less than other adults (SAMHSA). Vermont offers no age specific or specialized substance abuse treatment services. It is not surprising that Vermont ranks particularly high in substance use problems among older adults. Alcohol misuse and abuse among older adults, should be addressed by health care and social services systems by first increasing awareness through education and identification. If successful, there should be a decrease in the instances of problem or risk use of alcohol by this age group, and reflected in a positive trend over time to this baseline.

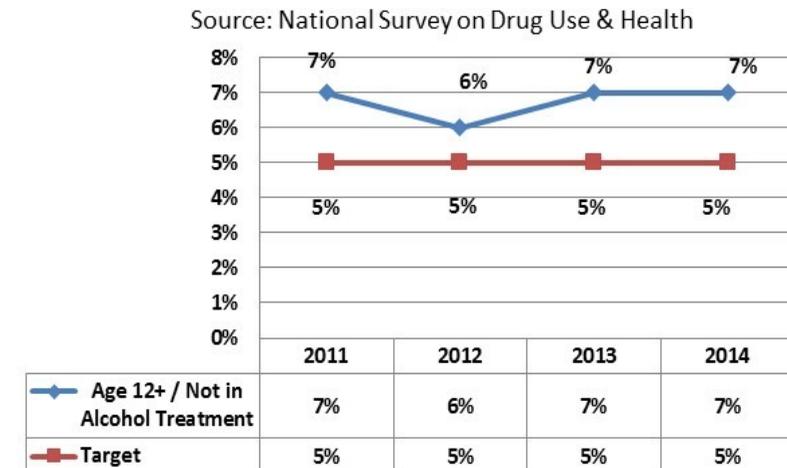
% Vermonters Age 65/+ Who Drink Alcohol at a Level of Risk
Source: BRFSS



(D) percent of persons age 12 and older who need and do to receive alcohol treatment;

(D) In the last 10 years, fewer than 10% of persons age 12 and older who needed treatment did not receive it. Overall, there was a modest decline from 9% in 2004 to 6% in 2012. To properly interpret these data, it is important to remember that the percentage estimate is based on the general population aged 12 and over (and not just on those needing treatment), and therefore it is influenced both by the overall prevalence of alcohol dependence or abuse in the population and by the percent of persons needing treatment who did not receive it. Other caveats include: 1) that nationwide, 95% of those categorized as "needing but not receiving treatment" indicated they did not feel they needed treatment, and 2) that NSDUH data are based on self-report rather than clinical assessment. The methodology used is likely to somewhat overestimate the number of individuals who would actually qualify for a clinical illicit drug use disorder diagnosis.

% Vermonters Age 12/+ Who Need But do not Receive Alcohol Treatment
Source: National Survey on Drug Use & Health





OUTCOME 2: VERMONTERS ARE HEALTHY.

[Link: AHS Act 186 Scorecard](#)

INDICATOR

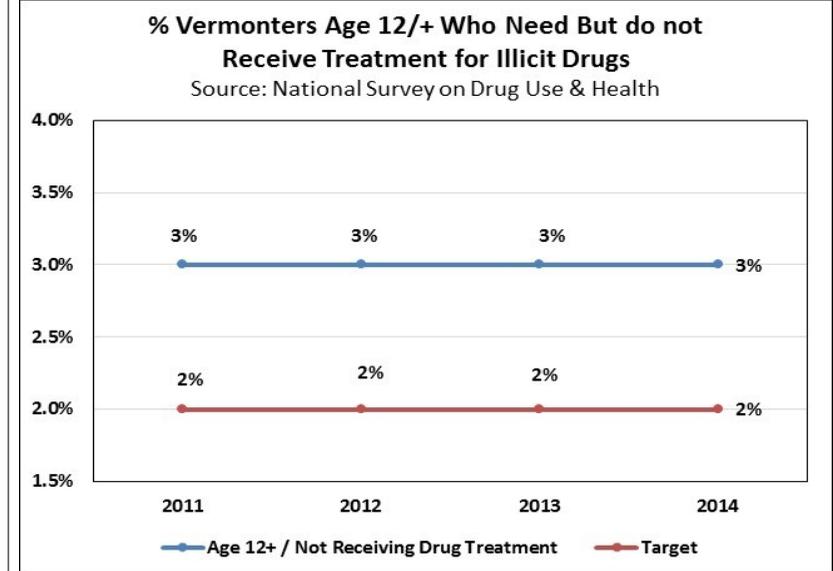
NARRATIVE

DATA



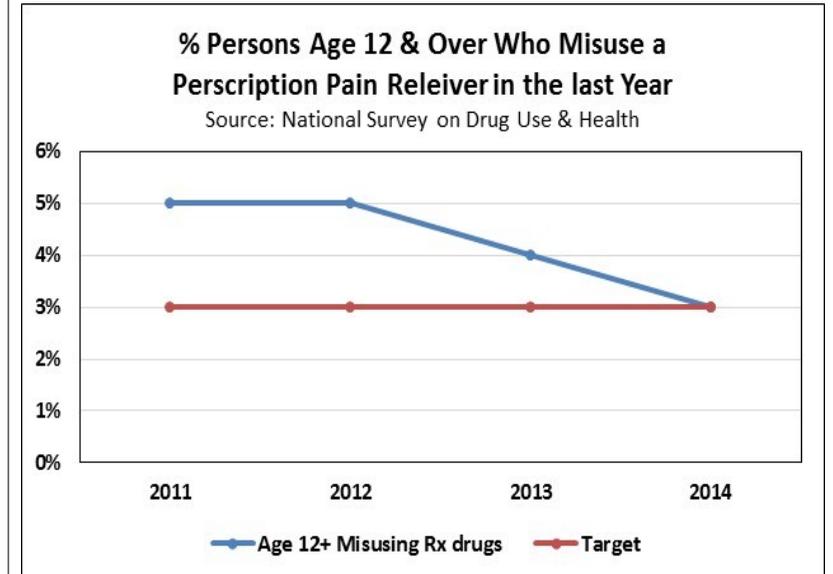
(E) percent of persons age 12 and older who need and do not receive treatment for illicit drug use;

(E) In the last 6 years, the rate has remained low & stable at 3%. The % estimate is based on the general population aged 12 & over (and not just on those needing treatment), & is influenced both by the overall prevalence of illicit drug dependence or abuse in the population and by the % of persons needing treatment who did not receive it. Other caveats include: 1) that nationwide, 95% of those categorized as “needing but not receiving treatment” indicated they did not feel they needed treatment, and 2) that NSDUH data are based on self-report rather than clinical assessment. The methodology used is likely to somewhat overestimate the number of individuals who would actually qualify for a clinical illicit drug use disorder diagnosis.



(F) percent of person age 12 and older who misused a prescription pain reliever in the past year;

(F) Though the proportion of Vermonters age 12 and older who misused a prescription pain reliever was steady at 5% from 2005 to 2012, it has significantly declined to 3% in 2013-2014.





OUTCOME 2: VERMONTERS ARE HEALTHY.

[Link: AHS Act 186 Scorecard](#)

	INDICATOR	NARRATIVE	DATA															
	<p>(G) number of persons who are homeless (adults and children);</p>	<p>(G) Following multiple years of increases in the # of Vermonters reported homeless; data from the 2015 Point-In-Time count showed a small but welcome 2% decrease suggesting the trend may be plateauing. The statewide trend may mask regional differences. Chittenden County witnessed the most significant decrease in homelessness while most other Vermont counties saw modest increases. While no single measure of homelessness purports 100% accuracy, the PIT count uses standard definitions developed by HUD and constitutes Vermont's best proxy measure at this time. (count methodology evolved in 2013 & is likely the true extent of homelessness in VT was higher than officially reported prior to 2013.)</p>	<p># Persons Who Are Homeless (Adults & Children) Source: Chittenden County & HUD</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Number of Homeless Persons</th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>1,454</td> </tr> <tr> <td>2012</td> <td>1,559</td> </tr> <tr> <td>2013</td> <td>1,523</td> </tr> <tr> <td>2014</td> <td>1,102</td> </tr> </tbody> </table>	Year	Number of Homeless Persons	2011	1,454	2012	1,559	2013	1,523	2014	1,102					
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	<p>(H) percent of adults age 18 - 64 with health insurance;</p>	<p>(H) 2014 Vermont Household Health Insurance Survey Initial Findings reports: "Approximately 21,600 Vermont adults aged 18 to 64 currently have no health insurance. Two-thirds (67%) are male. Half (50%) of the uninsured adult population is aged 18 to 34. Just under half (46%) of uninsured adults reside in families with incomes below 200% of [the Federal Poverty Level] FPL. More than three-quarters (79%) of uninsured adults are employed and more than seven in ten (76%) of those adults work full time." While many Vermonters enrolled in Vermont Health Connect plans in 2013-14, many struggle to maintain their insurance coverage because of costs of monthly premiums, out of pocket expenses, and other financial stressors. 44% of surveyed adult Vermonters without insurance report that cost is "absolutely the only reason" for not having health insurance currently; an additional 22% report cost as "one of the main reasons".</p>	<p>% Persons 18 - 64 Years Old with Health Insurance (Source: VT Household Health Insurance Survey)</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Percentage of Persons 18-64 with Health Insurance</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>91%</td> <td>100%</td> </tr> <tr> <td>2012</td> <td>91%</td> <td>100%</td> </tr> <tr> <td>2013</td> <td>90%</td> <td>100%</td> </tr> <tr> <td>2014</td> <td>95%</td> <td>100%</td> </tr> </tbody> </table>	Year	Percentage of Persons 18-64 with Health Insurance	Target	2011	91%	100%	2012	91%	100%	2013	90%	100%	2014	95%	100%
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OUTCOME 2: VERMONTERS ARE HEALTHY.

[Link: AHS Act 186 Scorecard](#)

INDICATOR

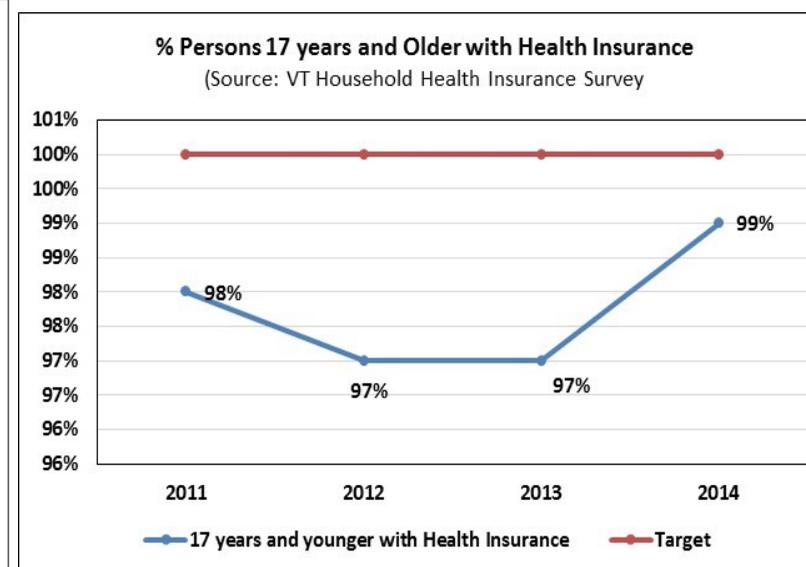
NARRATIVE

DATA



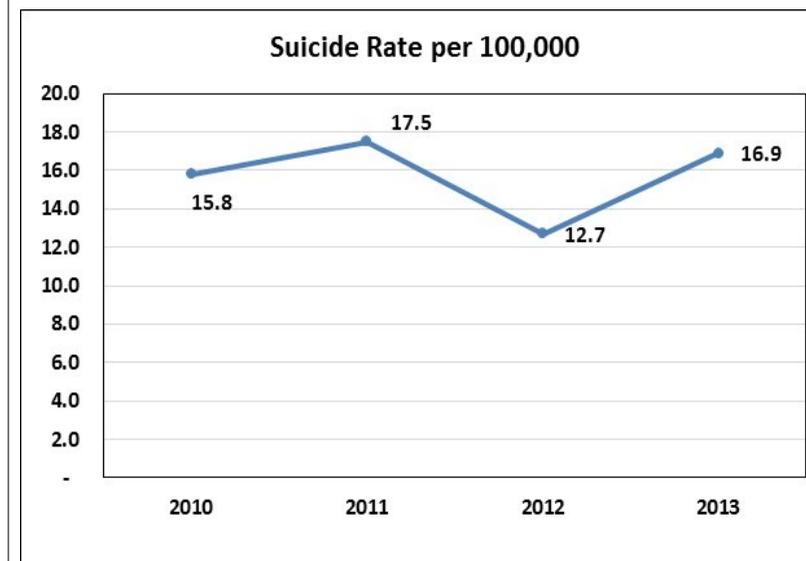
(I) percent of children age 17 and younger with health insurance;

(I) Nearly all VT children have health insurance & this proportion has been steady in the last 5 years. Current rates are around 99% due to expanded Medicaid and Dr. Dynasaur coverage. VT children have had very high insurance rates for a number of years due to state programs such as Dr. Dynasaur and Medicaid expansions. Per VT Household Health Insurance Survey initial report: “Approximately 1,300 VT children currently have no health insurance. Almost 2/3 are female. The largest % live in Franklin, Caledonia, & Addison counties. About 1/4 (27%) reside in families with annual incomes less than 200% of FPL.” “Uninsured children are more likely than insured children to have not received needed mental health care, dental care, or prescription medicines due to cost.” Nearly 57% of uninsured children (aged 0-17) did not get dental care in past 12 months because they could not afford it.



(J) Rate of suicide per 100,000 Vermonters;

(J) In recent years, more than 100 Vermonters have died by suicide each year. Vermont's rates of suicide, calculated as the number of deaths by suicide per 100,000 people, are higher than the national averages. Vermont rates of suicide are also higher than the rates of neighboring states and the New England Region. The overall rate for the past 10 years has been increasing. Deaths by suicide in Vermont appear to follow national patterns. More men die by suicide than women. Firearms are the method used for nearly two-thirds of the deaths by suicide.





OUTCOME 2: VERMONTERS ARE HEALTHY.

[Link: AHS Act 186 Scorecard](#)

INDICATOR

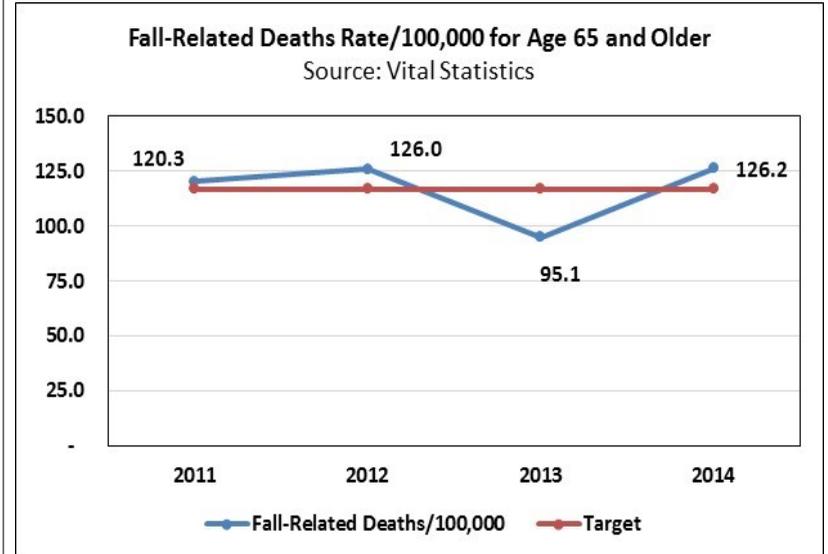
NARRATIVE

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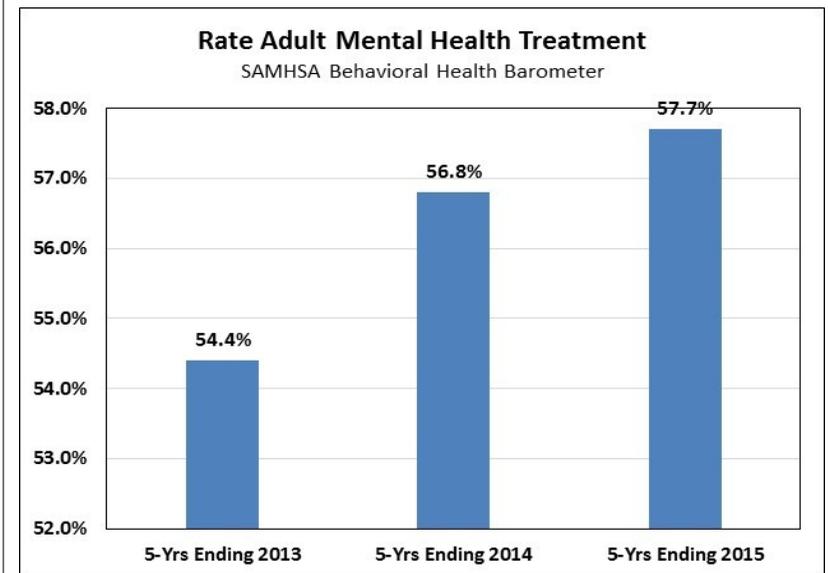
(K) fall-related death per 100,000 adults age 65 and older:

(K) Between 2002 - 2010, the number & rate of fall-related deaths have increased. The 2010 Vermont death rate of 126.0 per 100,000 adults age 65 and older is significantly higher than 2002. VT's elderly (65+) fall-related mortality rate is higher than the national rate. In 2007, VT's fall-related death rate for this age group was 129.1 compared to 45.3 nationally.



(L) percent of adults with mental health condition receiving treatment:

(L) Vermont's percentage of mental health treatment among adults (18 or older) with any mental illness (AMI) was higher than the national percentage in both the 2013 and 2014 barometer reports.





OUTCOME 2: VERMONTERS ARE HEALTHY.

[Link: AHS Act 186 Scorecard](#)

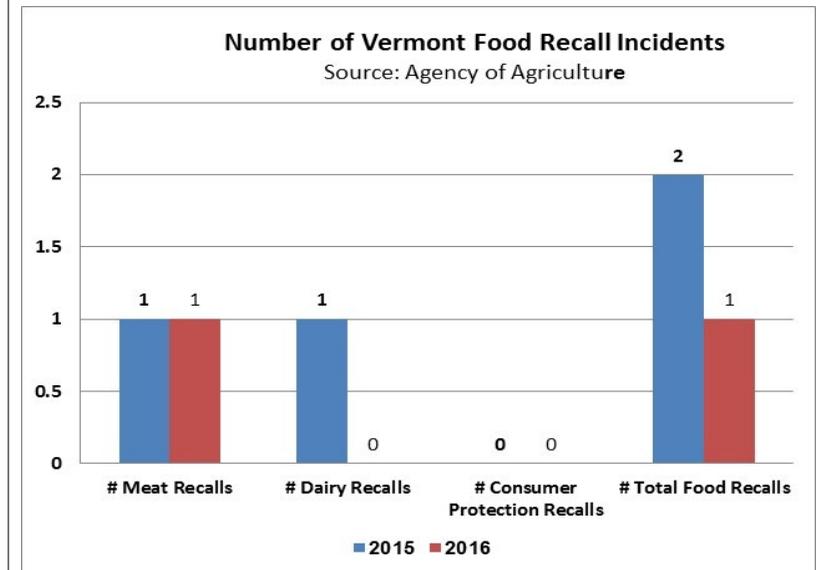
INDICATOR

(M) number of Vermont food recall incidents.

NARRATIVE

(M) 2016 recall was on a mislabeled meat product that did not contain proper Allergy information for a soy ingredient.

DATA





OUTCOME 3: VERMONT'S ENVIRONMENT IS CLEAN AND SUSTAINABLE.

INDICATOR

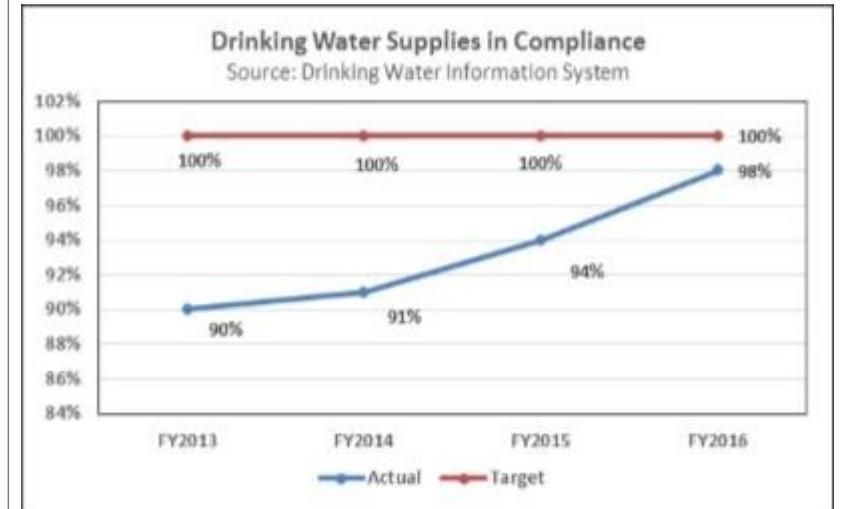
NARRATIVE

DATA



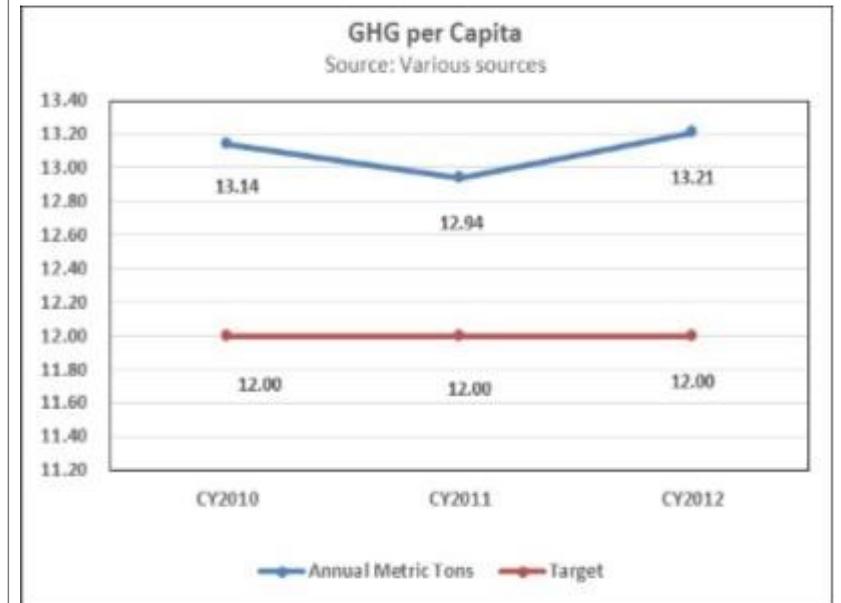
(A) percent of public drinking water supplies in compliance with health based standards;

(A) Compliance rates increased because the Revised Total Coliform Rule became effective April 1, 2016 and the maximum contaminant level (MCL) for total coliform no longer exists.



(B) total greenhouse gas (GHG) emissions per capita, in units of annual metric tons of "equivalent carbon dioxide" (CO₂e) per capita;

(B) Vermont population growth has been minimal in recent years, and actually exhibited a small decline in 2012. Greenhouse Gas (GHG) emissions which have been declining since a peak in 2004 showed a small increase between cy 2011 to cy 2012. The GHG emissions reductions since 2004 were largely driven by continued gradual decreases in transportation and residential / commercial / industrial fuel combustion emissions. The slight increase in 2012 emissions is mainly due to the consumption-based methodology used to quantify emissions from the electricity sector, which accounts for a marked decrease in reliance on nuclear generation, a consequential increased reliance on higher GHG-emitting regional market power in Vermont's contracted electricity mix, and sales of Renewable Energy Certificates (RECs) to entities outside of Vermont. The slight increase in GHG per capita for cy 2012 is a result of slightly higher GHG emissions attributed to a slightly smaller Vermont population.





OUTCOME 3: VERMONT'S ENVIRONMENT IS CLEAN AND SUSTAINABLE.

INDICATOR

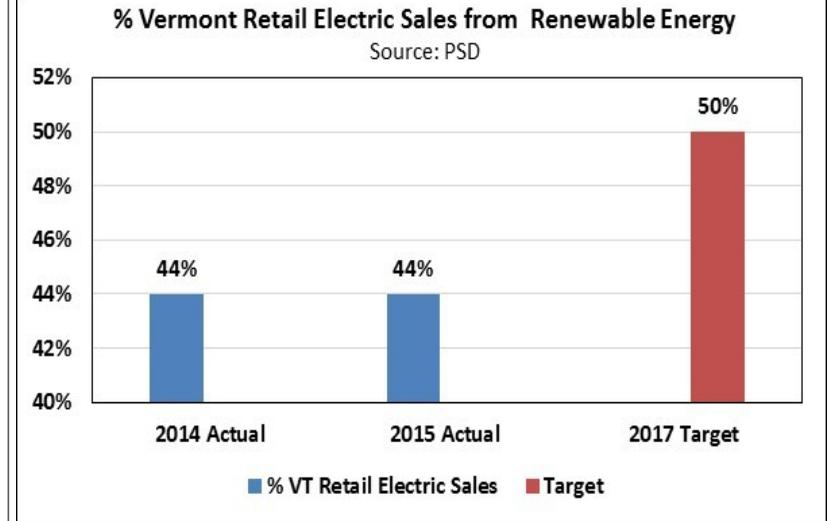
NARRATIVE

DATA



(C) Percent of Vermont retail electric sales from renewable energy;

(C) Utilities are reporting more gross renewable energy in their portfolios, but they have procured more power overall this year. PSD estimates indicate certainty that renewables have not decreased. PSD will continue with analysis, and update the current percentage of renewable energy as the data indicates.



(D) percent of Vermont's inland waters that meet State water quality standards;

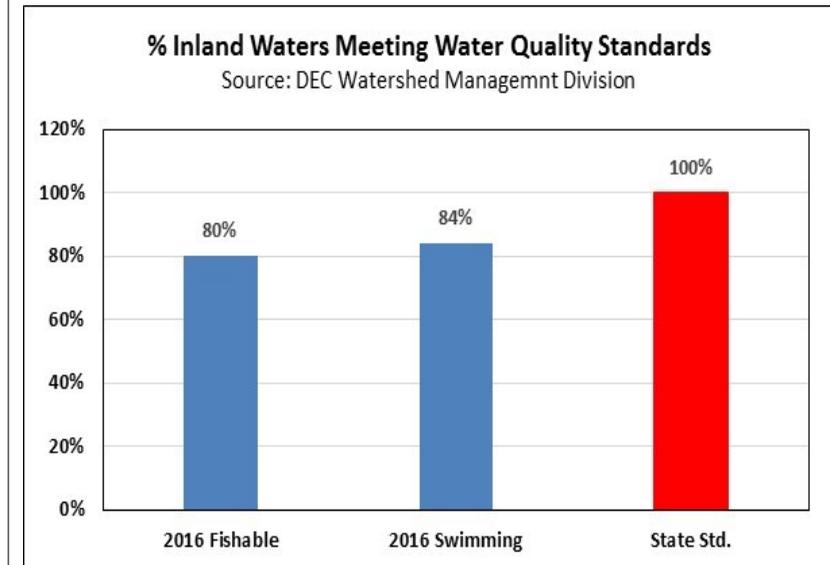
(D) Our targets related to clean water are expect to take many years; however are aggressively and proactively working towards these targets.

(1) aquatic (fishable)

(1) Data is compiled bi-annually. New metric - no previous data available

(2) recreational (swimming)

(2) Data is compiled bi-annually. New metric - no previous data available





OUTCOME 3: VERMONT'S ENVIRONMENT IS CLEAN AND SUSTAINABLE.

INDICATOR

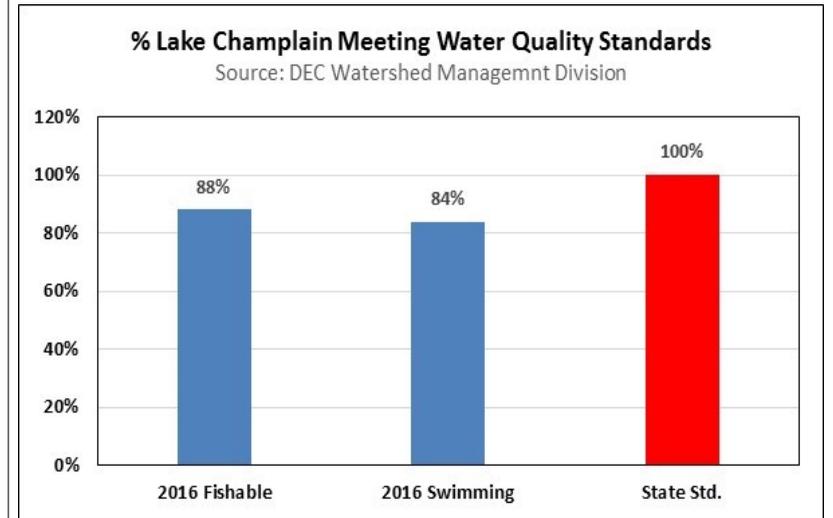
NARRATIVE

DATA



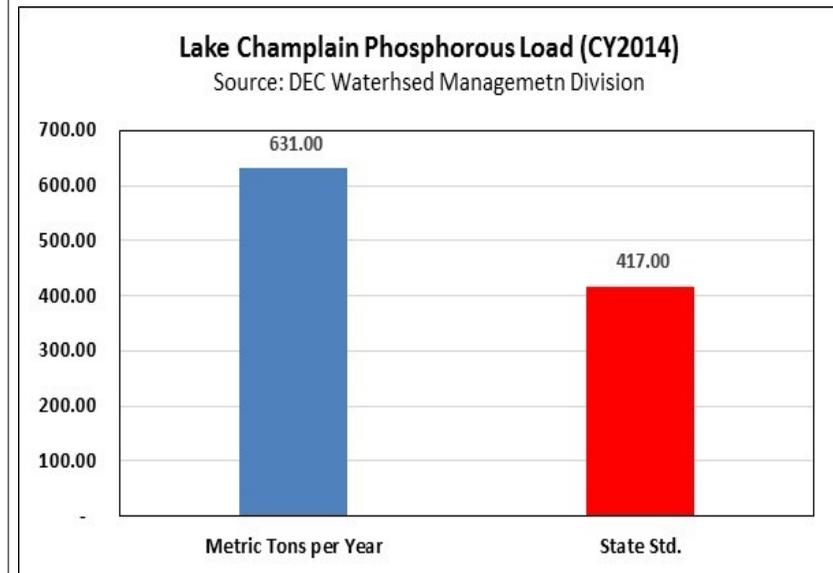
(E) percent of Lake Champlain that meet State water quality standards;
 (1) aquatic (fishable)
 (2) recreational (swimming)

(E) Our targets related to clean water are expect to take many years; however are aggressively and proactively working towards these targets.
 (1) Data is compiled bi-annually. New metric - no previous data available
 (2) Data is compiled bi-annually. New metric - no previous data available



(F) total phosphorus loading to Lake Champlain from Vermont sources (metric tons/year)

(F) New metric - no previous data available





OUTCOME 3: VERMONT'S ENVIRONMENT IS CLEAN AND SUSTAINABLE.

INDICATOR

(G) total number of days with air quality alerts;

NARRATIVE

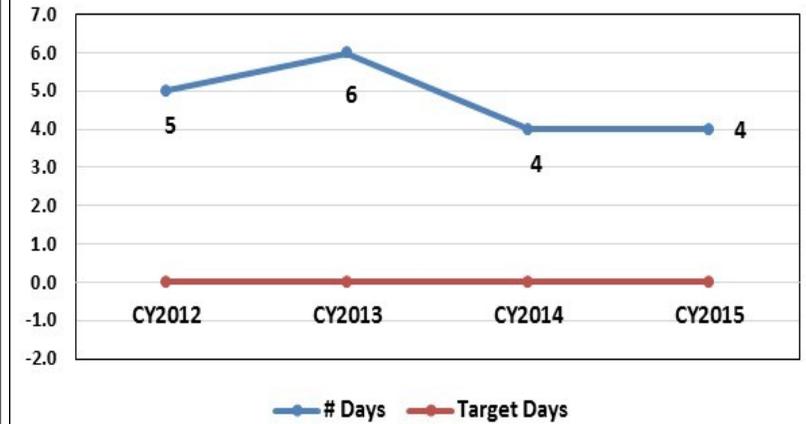
(G) Air quality alerts are issued when DEC air quality forecasters estimate that concentrations of air pollutants will exceed the EPA's health standards as defined by the National Ambient Air Quality Standards. These data are the #/days per/CY that the standard of at least one criteria air pollutant was exceeded according to air pollution monitoring instruments located across Vermont. While ozone concentrations are expected to decrease in the long term, the EPA periodically strengthens the standard so cleaner air must be achieved; therefore, the number of days exceeding the standard may go up in the short term after a standard is changed followed by decreases in subsequent years. Much of the ozone in Vermont is transported long distances from urban areas in up-wind states, so this metric is also affected by meteorological fluctuations from year to year. Fine particulate matter, usually exceeds the standard during wintertime temperature inversions. A large source of fine particulate matter in Vermont is residential heating by woodstoves and wood-fired boilers. The number of exceedance days is expected to decrease as old appliances are replaced by cleaner burning, EPA certified stoves and boilers. Number of days that exceed the standard for particulate matter is also influenced by periodical revisions to the standard and meteorological fluctuation.

DATA



Number Days with Air Quality Alerts

Source: DEC Air Quality & Climate Division





OUTCOME 3: VERMONT'S ENVIRONMENT IS CLEAN AND SUSTAINABLE.

INDICATOR

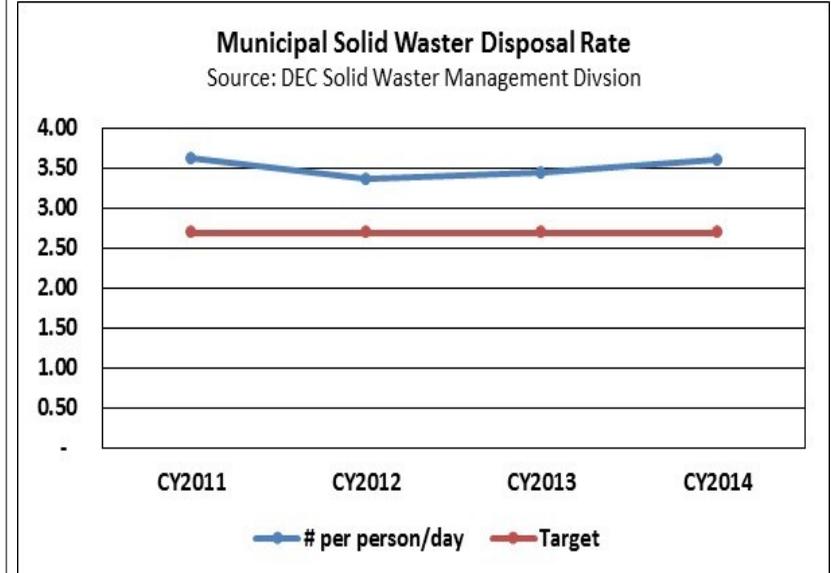
NARRATIVE

DATA



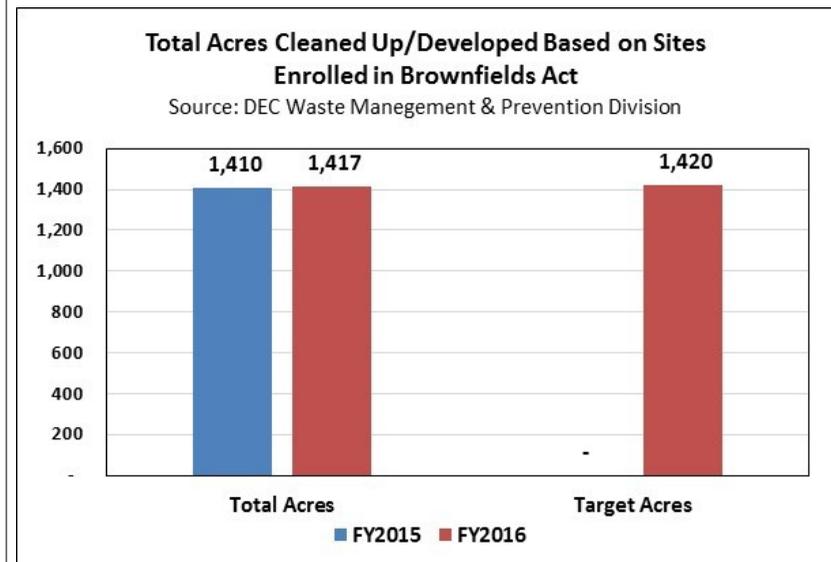
(H) Disposal rate of municipal solid waste (lbs./person/day);

(H) Current data is based on CY2014. This number is expected to decrease in future years because the ban on recyclables in landfills was effective July 2015.



(I) Total number of acres that has been or will be cleaned up/redeveloped based on sites enrolled in the Brownfields reuse environmental liability limitation act;

(I) Target is to add 10 acres per year however, the acreage of individual projects varies. During 2016, a majority of the projects were smaller acreage sites.





OUTCOME 4: VERMONT'S COMMUNITIES ARE SAFE AND SUPPORTIVE.

[Link: AHS Act 186 Scorecard](#)

INDICATOR

NARRATIVE

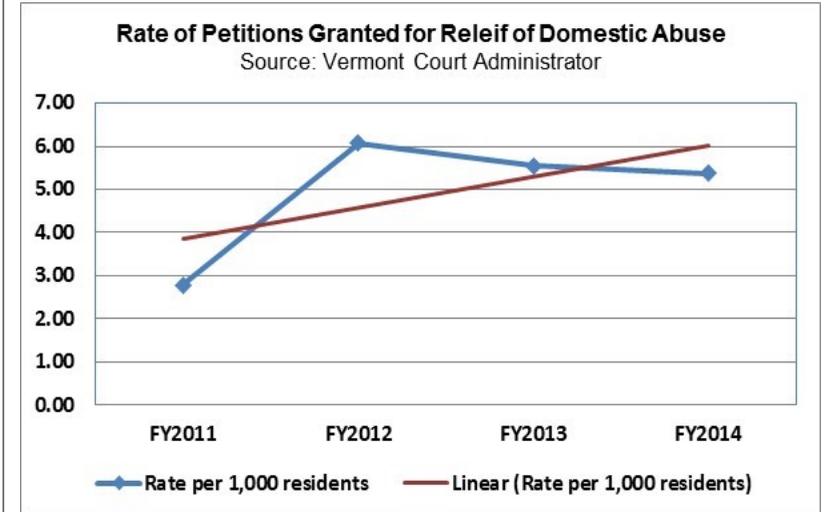
DATA



(A) rate of petitions granted for relief from domestic abuse per 1,000 residents;

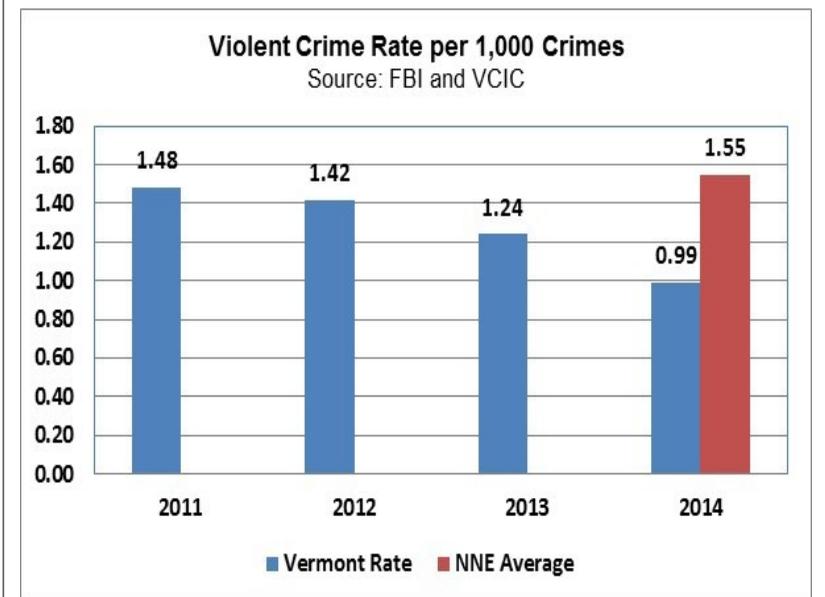
(A) This indicator remains constant. This information is provided by the Court Administrator's Office and is considered a reliable data source.

An analysis would need to be undertaken of the Vermont, Maine and New Hampshire court systems to determine a Northern New England benchmark for this measure to ensure an accurate comparison. DPS will continue discussion on how best to accomplish this.



(B) rate of violent crime per 1,000 residents;

(B) The indicator showed a slight drop in 2013. However, DPS is concerned that this may be a result of lack of reporting. Since many local police departments transitioned away from the Spillman Records Management System to the Valcour records management system reporting crime statistics has not been reliable. The DPS has an initiative, which will begin in late fall of 2015 to work with law enforcement agencies to improve the quality of data being collected. We expect that there may be a rise in the violent crime data over time which should be indicative of better reporting.





OUTCOME 4: VERMONT'S COMMUNITIES ARE SAFE AND SUPPORTIVE.

[Link: AHS Act 186 Scorecard](#)

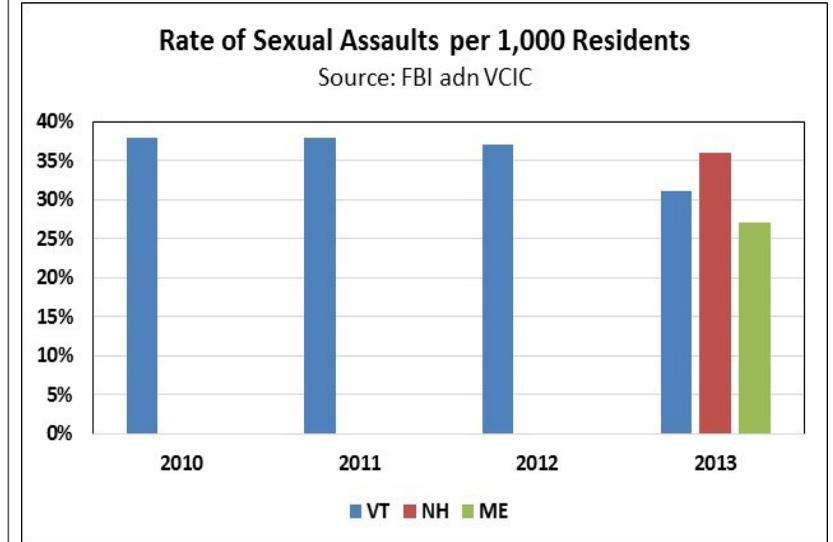
INDICATOR

(C) rate of sexual assault committed against residents per 1,000 residents

NARRATIVE

(C) DPS has revised the prior values to allow us to benchmark to the Northern New England (VT, NH, ME) crime statistics. This means that we will be reporting on forcible sexual offenses only, whereas previously we had included both forcible and non-forcible offenses in our reporting.

DATA





OUTCOME 4: VERMONT'S COMMUNITIES ARE SAFE AND SUPPORTIVE.

[Link: AHS Act 186 Scorecard](#)

INDICATOR

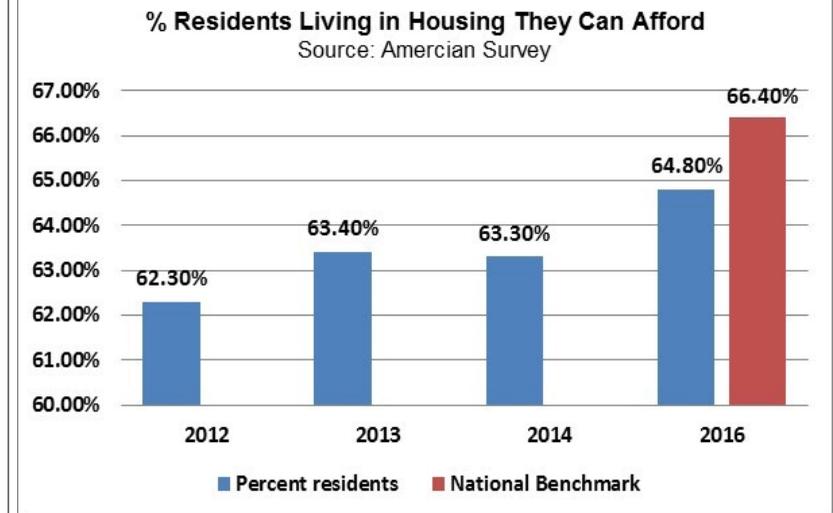
NARRATIVE

DATA



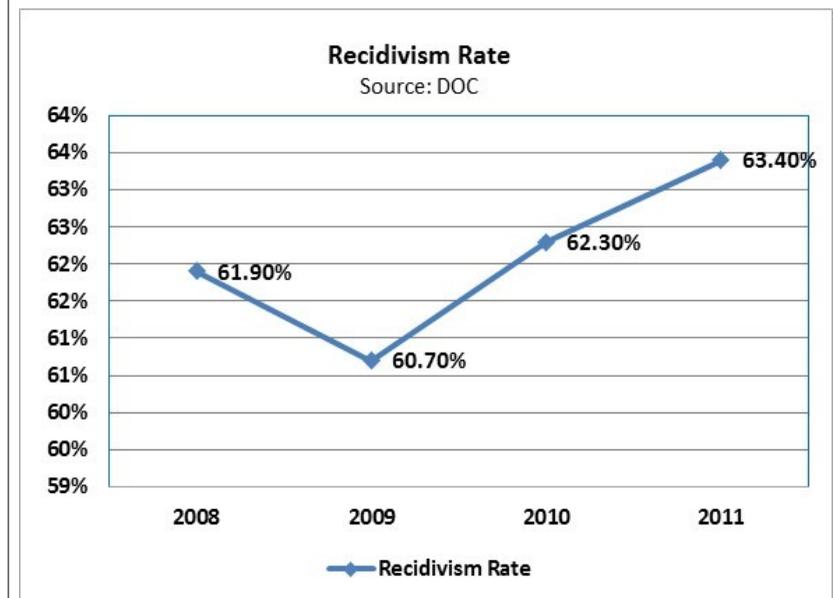
(D) percent of residents living housing they can afford;

(D) When a household spends more than 30% of income on housing costs, that housing is considered unaffordable. An increase in the percentage of Vermont households that are able to pay less than 30% of their income on housing costs is an indicator of the overall strength of the economy. Increases in this value over the past few years is a sign of slow growth, but the fact that more than one third of households still spend more than 30% of their income on housing is a message about the need to improve incomes and reduce costs.



(E) recidivism rate;

(E) The data tell us that the average recidivism rate has remained consistent over time. It is common for recidivism rates to remain unchanged due to the nature of the measure. The goal is for this trend to go down. In 2014, Vermont was awarded a 3 year grant from the U.S. Department of Justice to reduce recidivism. This grant will focus on individuals who are most likely to recidivate- moderate to high risk offenders released on furlough. Data shows the baseline recidivism rate for that population is 51.6%. Multiple strategies will be implemented to target this population and bring down the entire recidivism rate for the state.





OUTCOME 4: VERMONT'S COMMUNITIES ARE SAFE AND SUPPORTIVE.

[Link: AHS Act 186 Scorecard](#)

INDICATOR

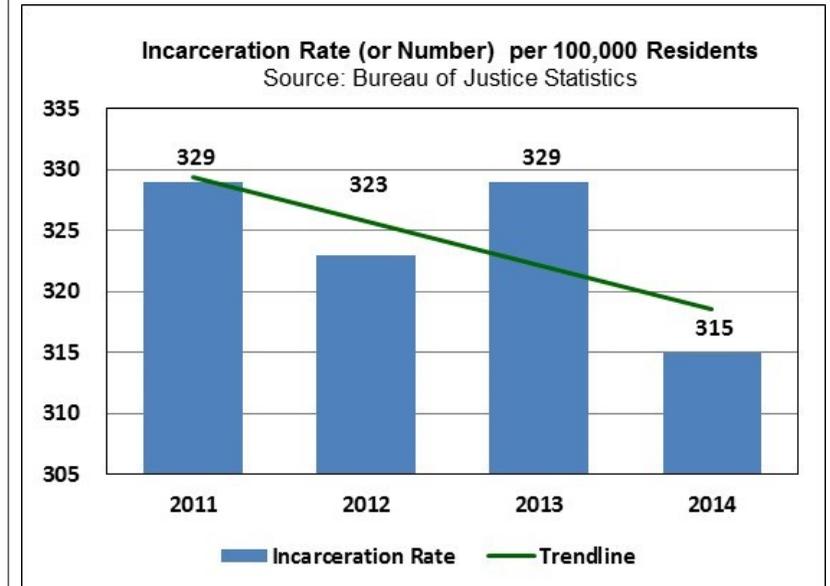
NARRATIVE

DATA



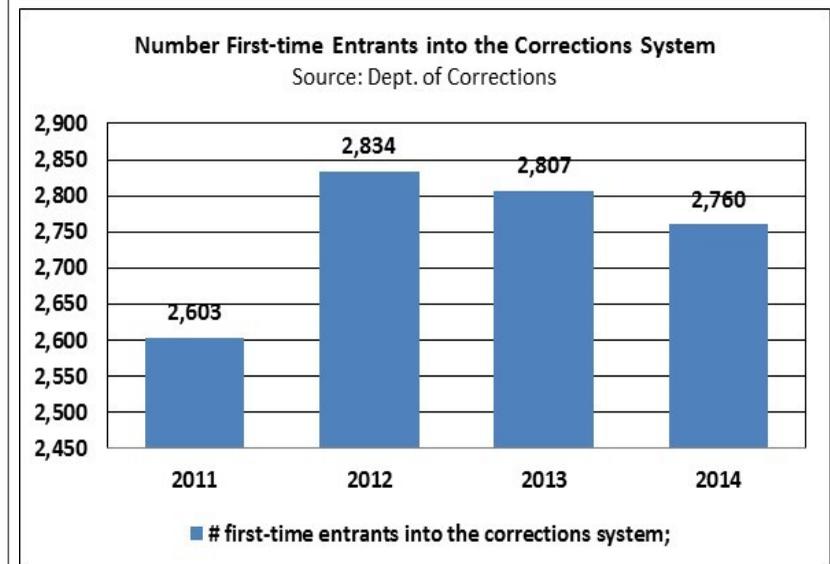
(F) incarceration rate per 100,000 residents;

(F) The Vermont Corrections system integrates services both long term sentenced prisoners (those sentenced to a maximum of greater than one year) and shorter-termed jail inmates (those sentenced to a maximum of under one year). Our overall incarceration rate, regardless of sentence length, is 315/100K residents. This compares to the US Imprisonment rate of 714/100K. In all categories of inmate, Vermont's rate 50% less than the national average.



(G) number of first-time entrants into the corrections system;

(G) There is significant evidence that demonstrates the effectiveness of diverting people early in the system will reduce future interactions with the criminal justice system. Across Vermont, there are many efforts working to intervene with individuals at earlier point along the sequential intercept. Many of these strategies are Pre-Charge (e.g. referral to Community Justice Center); Post Arrest (e.g. Court Diversion) or Pre-Trial (e.g. Rapid Referrals to other services). The success of these efforts contributes to the reduction of new entries into the DOC system.





OUTCOME 5: VERMONT'S FAMILIES ARE SAFE, NURTURING, STABLE, AND SUPPORTED.

[Link: AHS Act 186 Scorecard](#)

INDICATOR

NARRATIVE

DATA

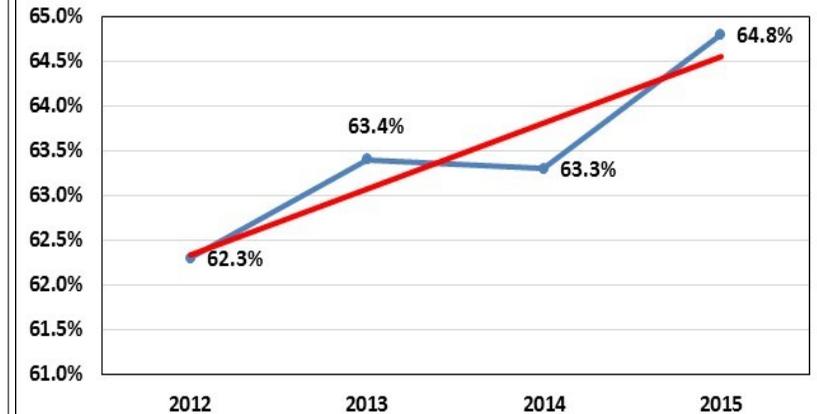


(A) rate of substantiated reports of child abuse and neglect per 1,000 children;

(A) In Vermont, the rate of substantiated child abuse and neglect per 1,000 children has increased in the past several years, from a low of 5.6 in 2010 to a high of 8.2 in 2014. In 2015, the rate decreased slightly to 7.8. Increased rates of poverty, substance abuse (particularly opiate use), and family and community violence have been linked to this increase. During the same period of time, the national average was 9.1 to 9.3 maltreatment victims per 1,000 children. Vermont's slightly lower rate may indicate that Vermont's investment in child abuse prevention, early childhood services, and comprehensive family supports is having an impact.

Rate Substantiated Reports of Child Abuse & Neglect/1,000 Children

Source: Annual Child Protection Report

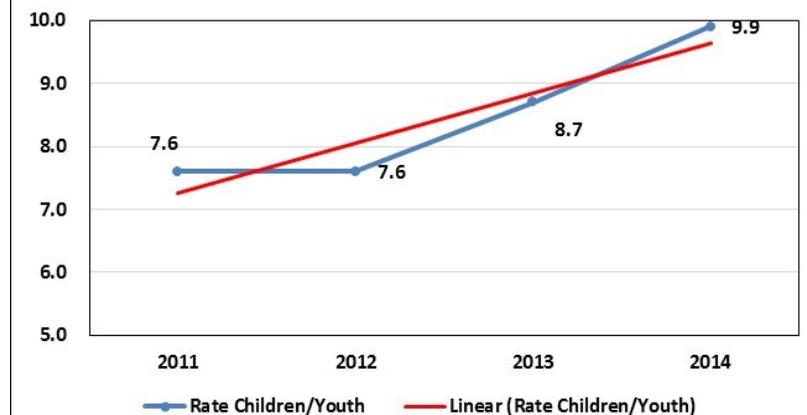


(B) rate of children and youth in out-of-home care per 1,000 children and youth;

(B) This number has increased steadily since 2010. Over the past 3 years, there has been a 34% increase in the number of children in DCF custody, bringing the total to nearly 1,400 children. This is the highest number of children in custody in over in a decade, and places VT above the national average for children in out of home care. The trend is most startling for children under the age of six, which increased 81%. This rise in the rate of children in out of home care can be partially attributed to substance abuse (particularly opiates) among families with young children. In 2015, substance abuse was a factor in 28% of the reports received by the Child Protection Line.

Rate of Children/Youth in Out-of-Home Care per 1,000

Source: Nat'l Adoptions & Foster Care Reporting System





OUTCOME 5: VERMONT'S FAMILIES ARE SAFE, NURTURING, STABLE, AND SUPPORTED.

[Link: AHS Act 186 Scorecard](#)

INDICATOR

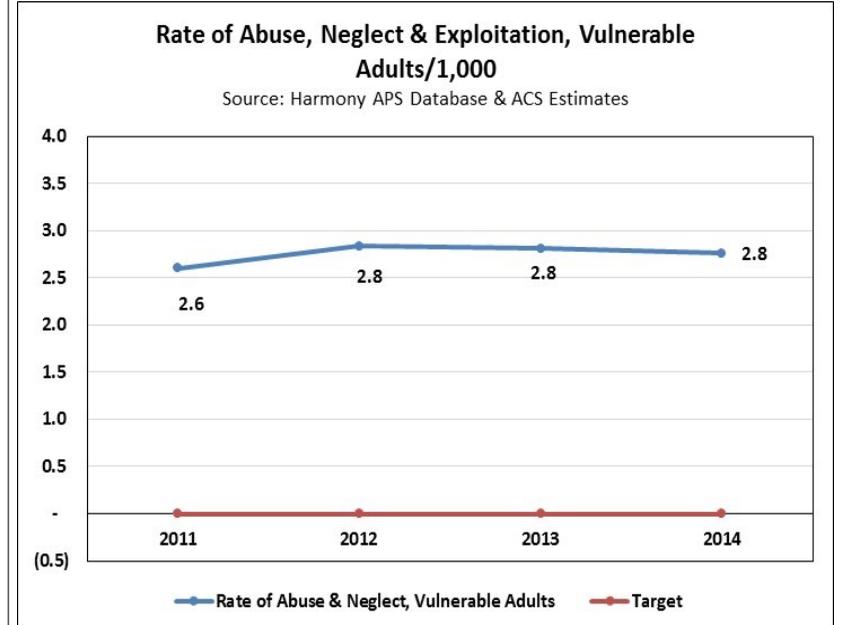
NARRATIVE

DATA



(C) rate of reports of abuse, neglect, and/or exploitation of vulnerable adults recommended for substantiation per 1,000 vulnerable adults;

(C) This population indicator shows the estimated rate of abuse, neglect, and exploitation of vulnerable adults. This rate is related to both motive and opportunity of perpetrators; the vulnerability of victims; the state of the Vermont economy; education of the public and stakeholders; challenges within families including stresses on caregivers and caregiver support services; individual support of vulnerable adults; effective screening, training, and oversight of paid caregivers; effective practices at financial institutions to prevent or identify financial exploitation; effective reporting, investigation, and substantiation/prosecution at Adult Protective Services.





**OUTCOME 6: VERMONT'S CHILDREN AND YOUNG PEOPLE ACHIEVE THEIR POTENTIAL:
(A) PREGNANT WOMEN AND YOUNG PEOPLE THRIVE.**

[Link: AHS Act 186 Scorecard](#)

INDICATOR

NARRATIVE

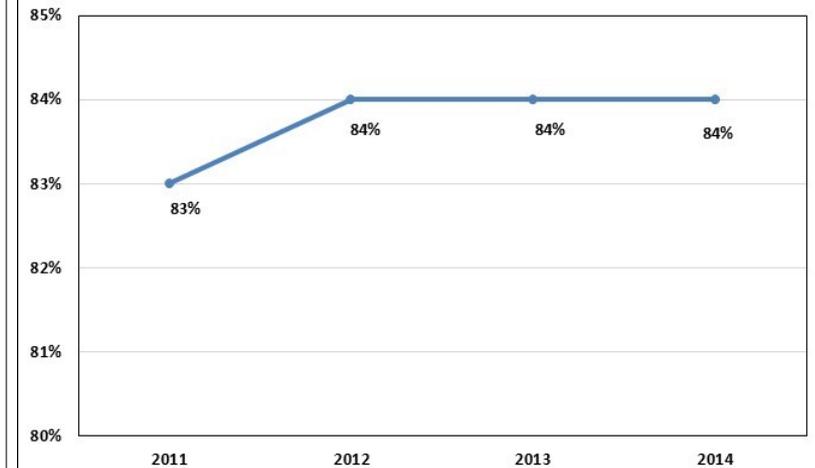
DATA



(i) percent of women who receive first trimester prenatal care;

(i) The proportion of women reporting first trimester prenatal care remains steady at 84% as measured on the birth certificate.

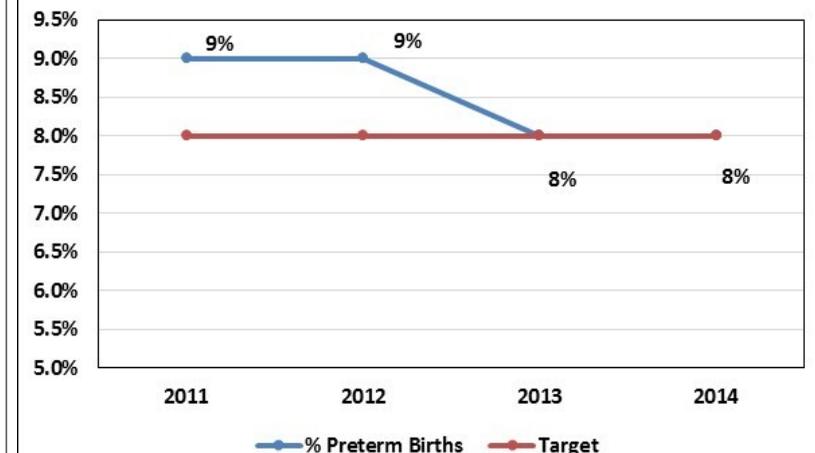
% Women Receiving Prenatal Care in First Trimester
Source: Vital Statistics



(ii) percent of live resident births that are preterm (less than 37 weeks);

(ii) Vermont has a stable, low rate of preterm births. There have been minor fluctuations between 8% and 9.5% in the last 12 years. However, there are population level factors that can affect these rates annually including: Increasing maternal age; Use of fertility treatments resulting in multiple births in one pregnancy (smaller babies); and Increasing prevalence of obesity. Additionally, late entry into prenatal care and smoking during pregnancy are associated with early delivery.

% Live Preterm Births (< 37 weeks)
Source: Vital Statistics





**OUTCOME 6: VERMONT'S CHILDREN AND YOUNG PEOPLE ACHIEVE THEIR POTENTIAL:
(A) PREGNANT WOMEN AND YOUNG PEOPLE THRIVE.**

[Link: AHS Act 186 Scorecard](#)

INDICATOR

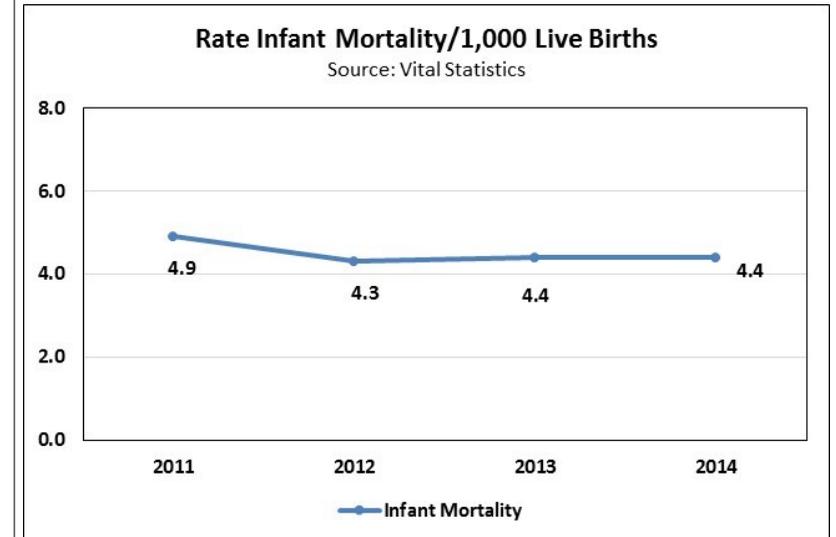
NARRATIVE

DATA



(iii) rate of infant mortality per 1,000 live births;

(iii) The Vermont infant mortality rate remains stable, low, and below the national rate.





**OUTCOME 6: VERMONT'S CHILDREN AND YOUNG PEOPLE ACHIEVE THEIR POTENTIAL:
(B) CHILDREN ARE READY FOR SCHOOL.**

[Link: AHS Act 186 Scorecard](#)

INDICATOR

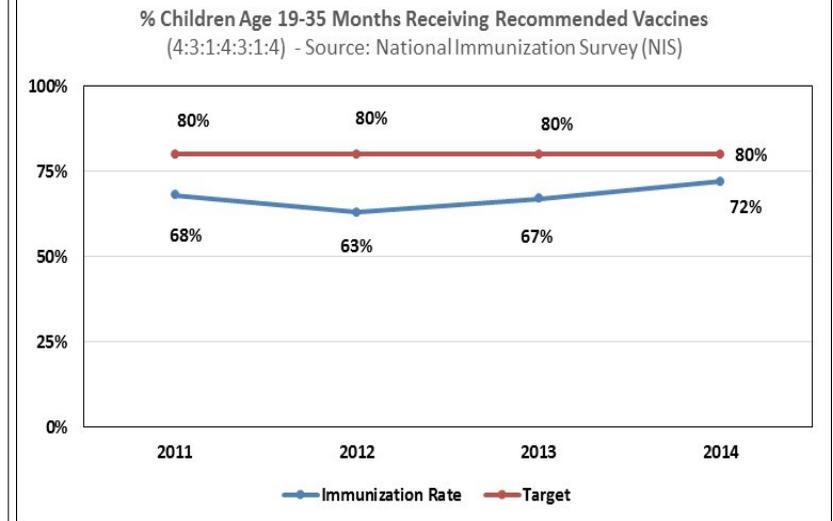
NARRATIVE

DATA



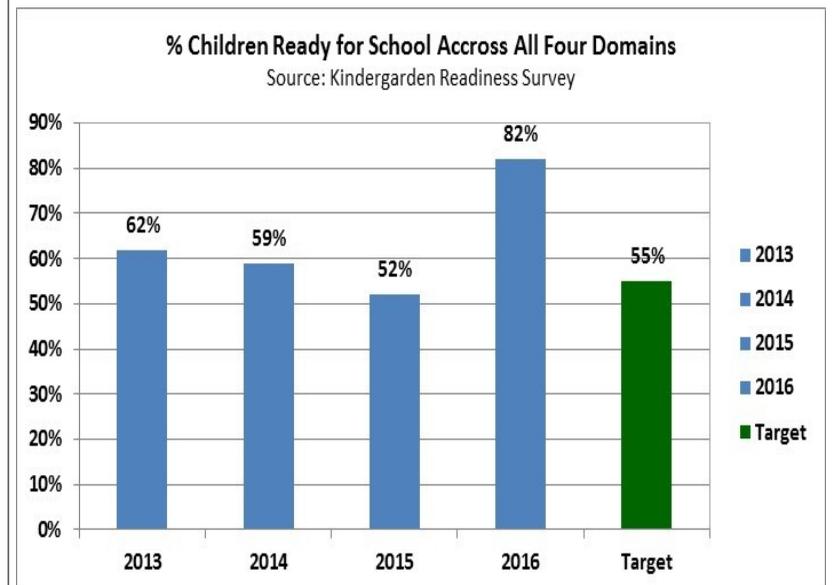
(i) percent of children age 19-35 months receiving recommended vaccines;

(i) Immunization rates for Vermont toddlers (19-35 months) are below state and national targets. Results from the 2014 National Immunization Survey (NIS) show that 72% of Vermont children ages 19-35 months received the full series of recommended vaccines. This represents a four percent increase from 2012. In 2013, the Vermont rate was lower than both the national rate (70%) and the rate for all New England states (77%).



(ii) percent of children ready for school in all four domains of healthy development;

(ii) Survey has just been modified and don't yet have validated items. Based now on four domains (vs. five previously).





**OUTCOME 6: VERMONT'S CHILDREN AND YOUNG PEOPLE ACHIEVE THEIR POTENTIAL:
(B) CHILDREN ARE READY FOR SCHOOL.**

[Link: AHS Act 186 Scorecard](#)

INDICATOR

NARRATIVE

DATA

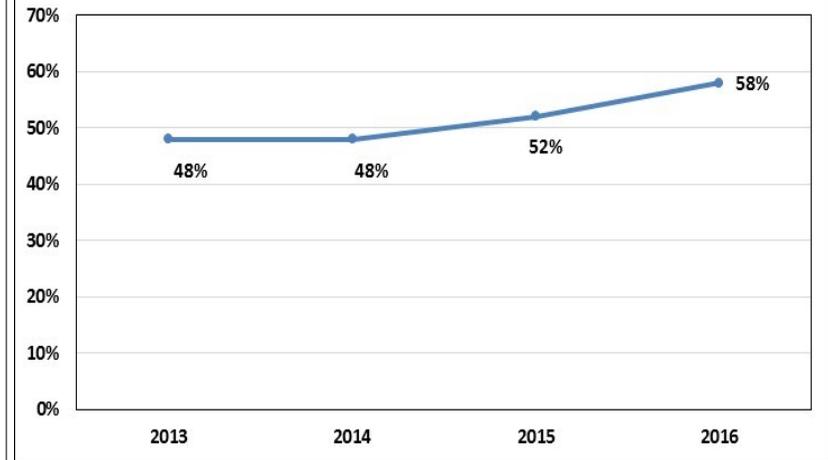


(iii) percent of children receiving child care subsidy attending quality early childhood programs.

(iii) The % of children receiving child care subsidy who attended high-quality early childhood programs has steadily increased over the past 5 years (28% in FY2010 to 52% in FY2015). This increase can be attributed to Vermont's consistent financial investment in child care subsidy. In FY2014, \$43.4 million in child care financial assistance was provided to 8,444 children, helping them access early care & education and after school programs; 60% of these funds was spent on high quality care. In 2014, Vermont received a \$36.9 million federal grant, the Early Learning Challenge, to narrow the opportunity gap between high needs children and their peers before it occurs. This included efforts to improve quality and access of early learning and development opportunities, invest in a highly skilled workforce through professional development, and empower communities to support young children and families. The Early Challenge grant supports quality early experiences to counteract the effects of “toxic stress” so that all children are able to thrive and grow up to contribute to a vibrant economic future for our state.

% Children Receiving Child Care Subsidy Attending High Quality Early Childhood Programs

Source: Bright Futures Info System





**OUTCOME 6: VERMONT'S CHILDREN AND YOUNG PEOPLE ACHIEVE THEIR POTENTIAL:
(C) CHILDREN SUCCEED IN SCHOOL.**

[Link: AHS Act 186 Scorecard](#)

INDICATOR

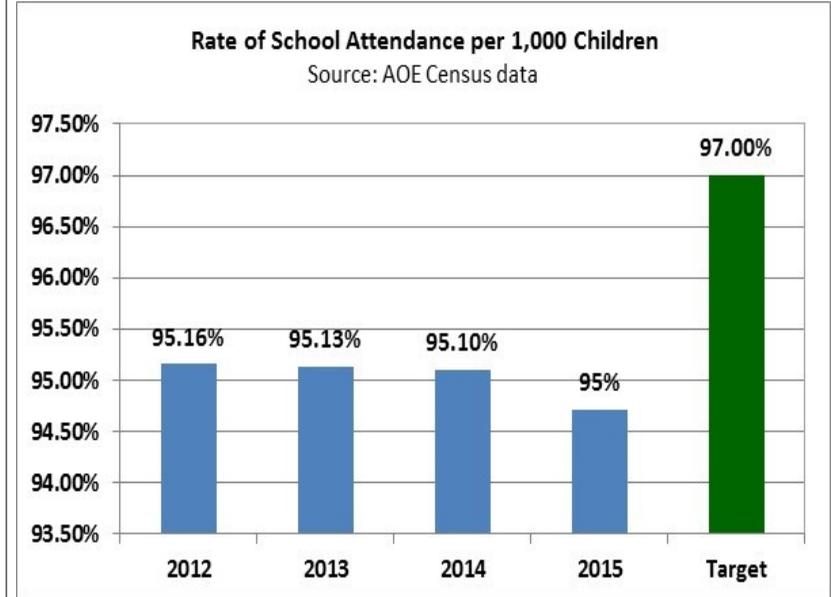
NARRATIVE

DATA



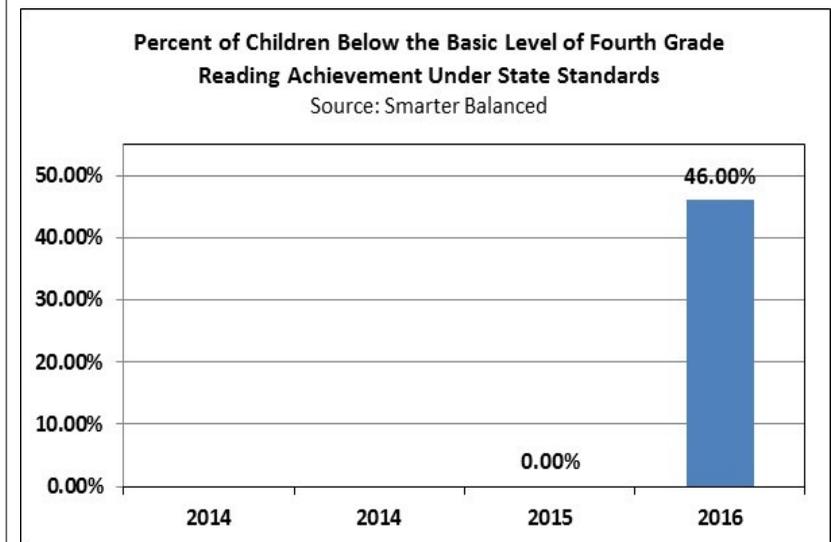
(i) rate of school attendance per 1,000 children;

(i) The SY15 Student Census collection closed on July 15th. Currently we are following up with the field and the data are undergoing the cleaning process. They should be available by the beginning of SY16.



(ii) percent of children below the basic level of fourth grade reading achievement under State standards;

(ii) Just changed assessments and haven't seen new results. School Year 2015 was Smarter Balanced field test year. Target can not yet be set.





**OUTCOME 6: VERMONT'S CHILDREN AND YOUNG PEOPLE ACHIEVE THEIR POTENTIAL:
(C) CHILDREN SUCCEED IN SCHOOL.**

[Link: AHS Act 186 Scorecard](#)

INDICATOR

NARRATIVE

DATA

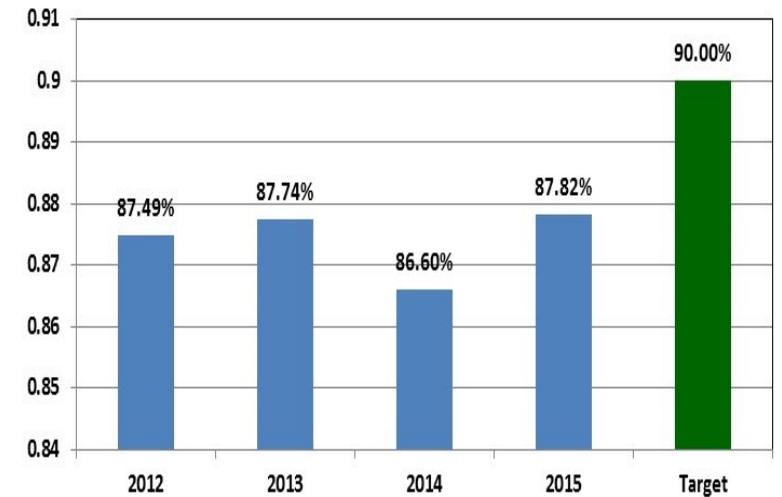


(iii) rate of high school graduation per 1,000 high school students

(iii) The agency works through supervisory unions in support of Act 77 (2013), flexible pathways to graduation, and in developing continuous improvement plans for member schools.

Rate of High School Graduation per 1,000 HS Students

Source: AOE data for 4, 5, 6 year grad rate





**OUTCOME 6: VERMONT'S CHILDREN AND YOUNG PEOPLE ACHIEVE THEIR POTENTIAL:
(D) YOUTHS CHOOSE HEALTHY BEHAVIORS.**

[Link: AHS Act 186 Scorecard](#)

INDICATOR

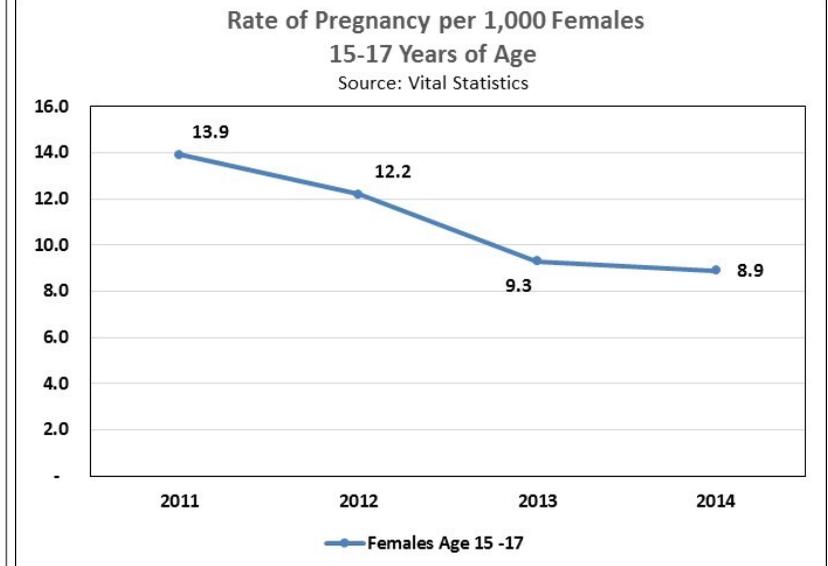
NARRATIVE

DATA



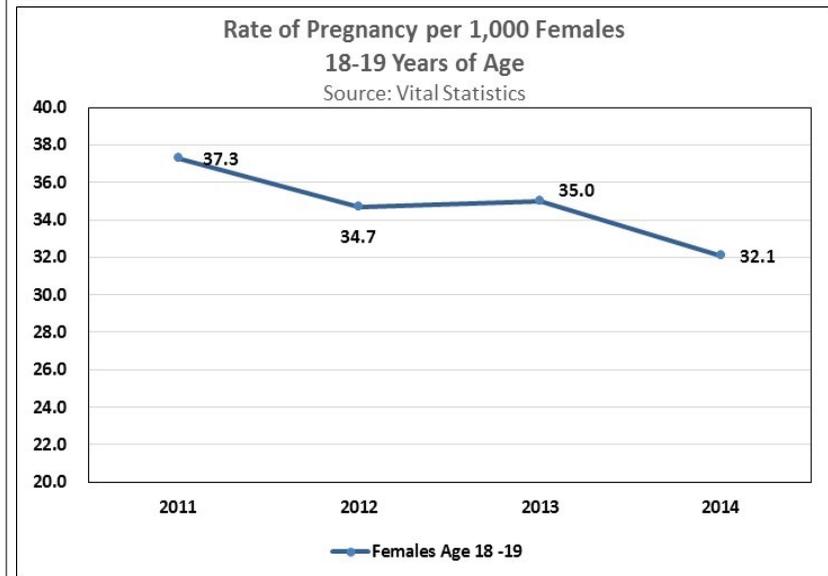
(i) rate of pregnancy per 1,000 females 15–17 years of age;

(i) The pregnancy rate in females age 15 to 17 has been gradually declining in the last 15 years though the pace of decline has stagnated.



(ii) rate of pregnancy per 1,000 females 18–19 years of age;

(ii) The pregnancy rate in females age 18 to 19 has been gradually declining in the last 15 years and continues to drop. |





**OUTCOME 6: VERMONT'S CHILDREN AND YOUNG PEOPLE ACHIEVE THEIR POTENTIAL:
(D) YOUTHS CHOOSE HEALTHY BEHAVIORS.**

[Link: AHS Act 186 Scorecard](#)

INDICATOR

NARRATIVE

DATA

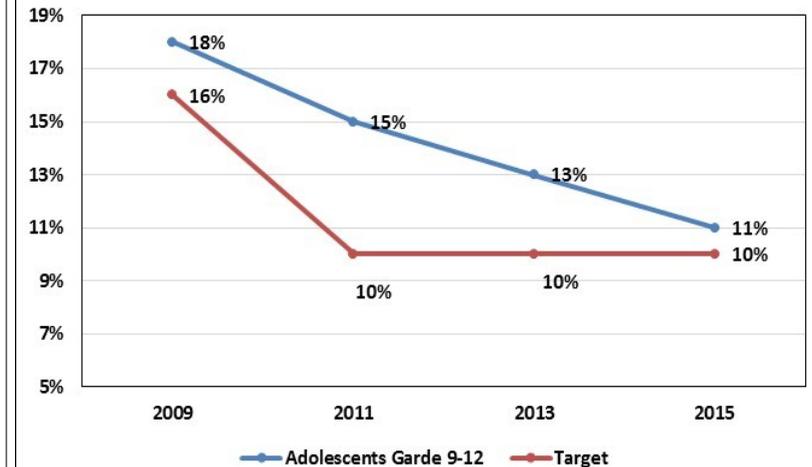


(iii) percent of adolescents in grades 9 - 12 who smoke cigarettes

(iii) In 1995, the prevalence of youth smokers in Vermont was 40%. In 2015, it was 11%. The Tobacco Control Program in collaboration with its partners including advocates, the Tobacco Evaluation and Review Board and legislators, have worked diligently to reduce tobacco's harm to youth. Achievements since the early 90's include prohibiting cigarette sales to minors, creating smoke-free schools, prohibiting vending machine sales and establishing Vermont Kids Against Tobacco youth coalition effort. In addition to tobacco tax increases and other restrictions, the current prevalence of youth smoking is 67% less than it was twenty years ago. While establishing Vermont's Healthy People 2020 goals, the program adopted the national benchmark in setting the target goal of 10% youth prevalence. Vermont's youth prevalence of 11% is in middle with 23 states having lower prevalence than we do.

% Adolescents (Grades 9 -12) Who Smoke Cigarettes

Source: Youth Risk Behavior Survey





**OUTCOME 6: VERMONT'S CHILDREN AND YOUNG PEOPLE ACHIEVE THEIR POTENTIAL:
(D) YOUTHS CHOOSE HEALTHY BEHAVIORS.**

[Link: AHS Act 186 Scorecard](#)

INDICATOR

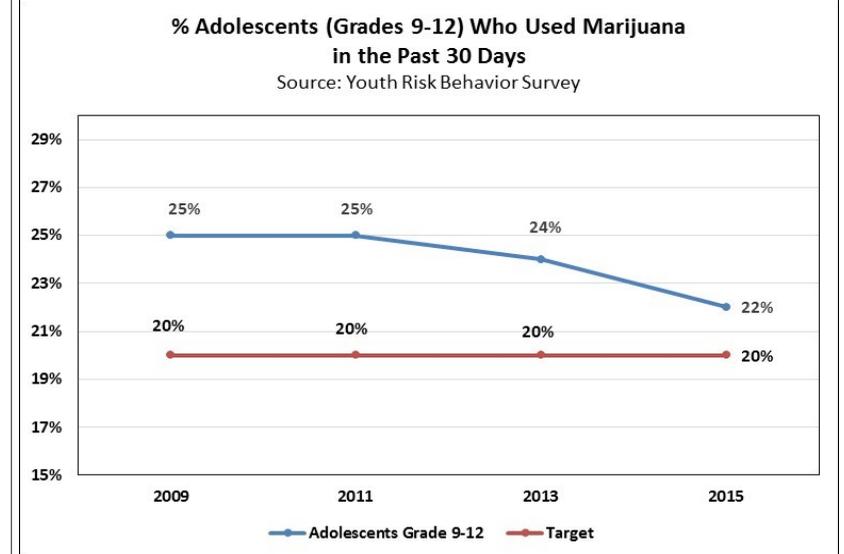
NARRATIVE

DATA



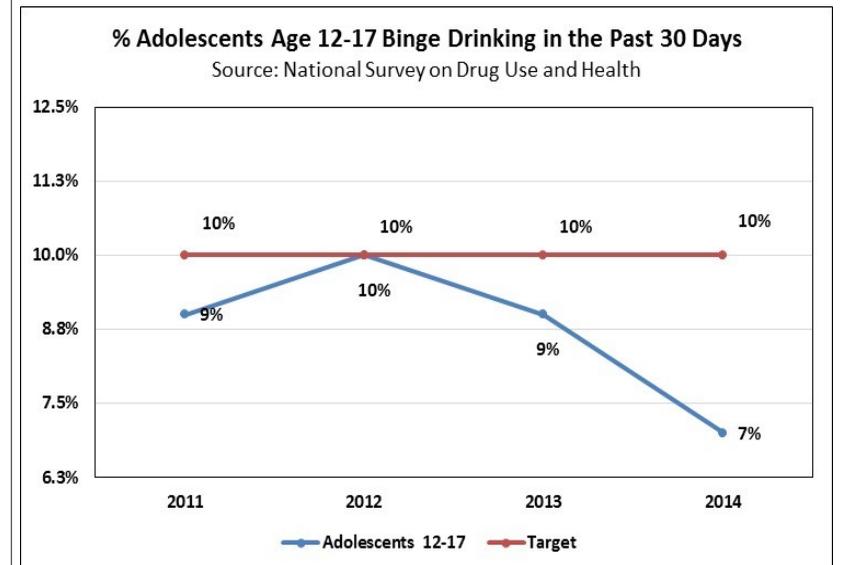
(iv) percent of adolescents in grades 9-12 who used marijuana in the past 30 days;

(iv) The ADAP supports prevention efforts & treatment to reduce marijuana use, especially adolescents. Research has shown that early (i.e. adolescent) & persistent use of marijuana can have several adverse effects on thinking, judgment, and physical and mental health. While marijuana use among 9th-12th graders is down from a high of 35% in 1997 to approximately 25% since 2005, prevention efforts have not been able to reduce this number further (2007-2013). Measured through a self-report survey of past 30-day use of marijuana among 9th – 12th graders in Vermont this failure to make further progress in reducing adolescent use of marijuana may be at least partly attributable to in part, medicalization of marijuana and decriminalization of small quantities. Both have reduced perceived risk.



(v) percent of adolescents age 12-17 binge drinking in the past 30 days;

(v) VT prevalence for binge drinking in the past 30 days among adolescents ages 12-17 has dropped from 15% (2002-3) to 10% (2011-12). Even with this decrease, Vermont's prevalence is among the ten highest for all 50 states and DC. The decrease from 2002 – 2012 reflects an overall decrease in alcohol consumption in general and binge drinking in particular among this age group across the country. Addressing underage drinking was one of the targets of the Strategic Prevention Framework – State Incentive Grant. The efforts associated with that project are likely at least partially responsible for the decrease observed in more recent years (i.e., since 2007).





**OUTCOME 6: VERMONT'S CHILDREN AND YOUNG PEOPLE ACHIEVE THEIR POTENTIAL:
(D) YOUTHS CHOOSE HEALTHY BEHAVIORS.**

[Link: AHS Act 186 Scorecard](#)

INDICATOR

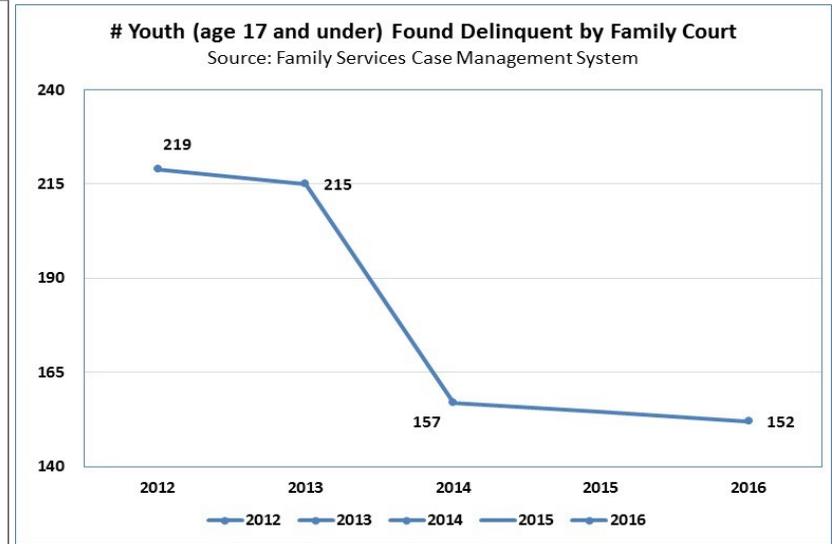
NARRATIVE

DATA



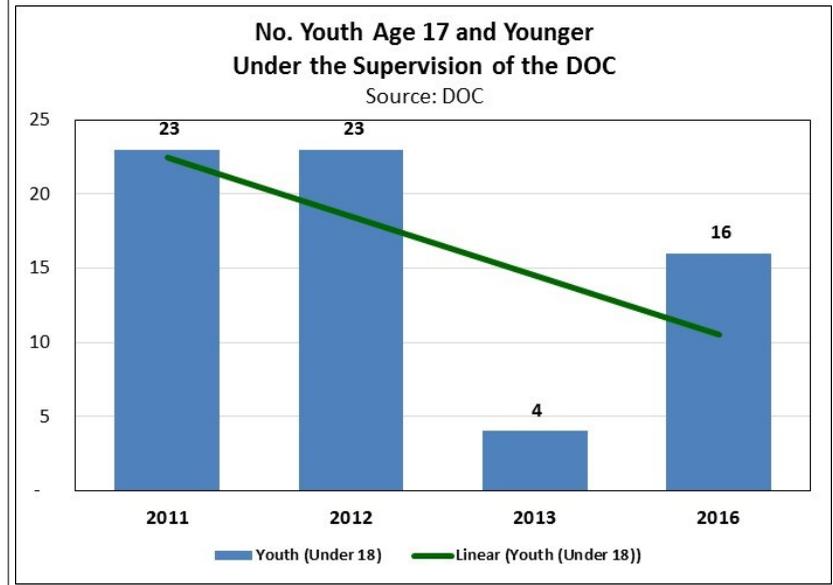
(vi) number of youth age 17 and under found delinquent by Family Court;

(vi) The Family Services Division (FSD) is Vermont's youth justice agency. We provide supports and services to the following youth and their families: 1. Youth at risk of harming themselves or others; 2. Youth on juvenile probation; and 3. Youthful offenders. It is important to note that due to the data collection limitations of the case management system for the Family Services Division, the data shared in this indicator does not necessarily reflect all adjudications that occur. At this time, our system is not able to count subsequent adjudications that may occur for a youth. Also, at this time, we are taking a closer look at the data for FY2015 which is why it is not represented in the scorecard. We may want to work with the judiciary to see what data we are able to access regarding delinquency adjudications.



(vii) number youth age 17 and younger under the supervision of the Department of Corrections;

(vii) The decline in youth/young adults in corrections can most likely be attributed to other efforts by groups that work with youthful offenders through early interventions and alternate programs. Note that the data is a point-in-time count on June 30th of every year.





**OUTCOME 6: VERMONT'S CHILDREN AND YOUNG PEOPLE ACHIEVE THEIR POTENTIAL:
(D) YOUTHS CHOOSE HEALTHY BEHAVIORS.**

[Link: AHS Act 186 Scorecard](#)

INDICATOR

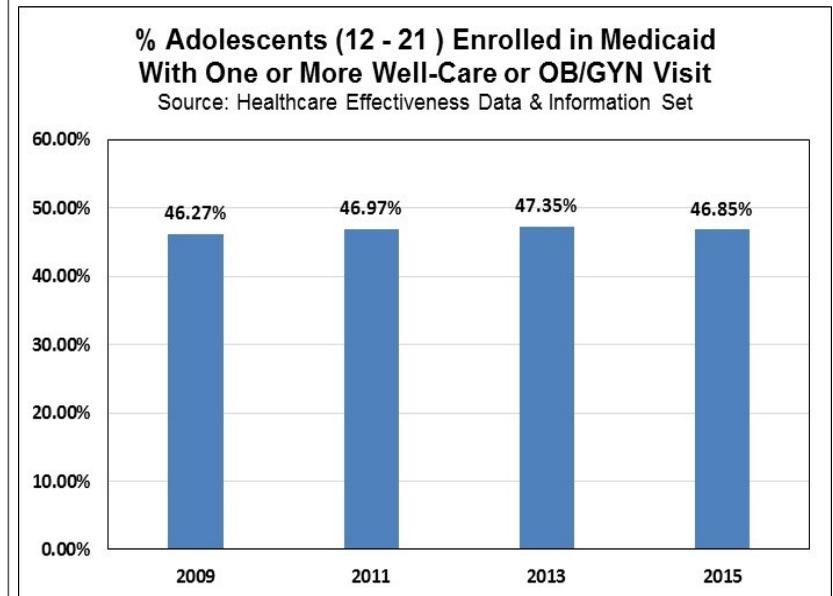
NARRATIVE

DATA



(viii) percent of adolescents 12-21 years of age who are enrolled in Medicaid and had one or more well-care visit with a primary care provider or OB/GYN during the measurement year.

(viii) This measure looks at the use of regular check-ups by adolescents, including one or more well-care visits with a primary care provider or OB/GYN during the measurement year. Adolescents benefit from an annual preventive health care visit that addresses the physical, emotional and social aspects of their health. Adolescence is a time of transition between childhood and adult life and is accompanied by dramatic changes. Accidents, homicide and suicide are the leading causes of adolescent deaths. Sexually transmitted diseases, substance abuse, pregnancy and antisocial behavior are important causes of - or result from - physical, emotional and social adolescent problems. AMA Guidelines for Adolescent Preventive Services, the federal government's Bright Futures Program and the American Academy of Pediatrics (AAP) guidelines recommend comprehensive annual check-ups for adolescents.





**OUTCOME 6: VERMONT'S CHILDREN AND YOUNG PEOPLE ACHIEVE THEIR POTENTIAL:
(E) YOUTHS SUCCESSFULLY TRANSITION TO ADULthood.**

[Link: AHS Act 186 Scorecard](#)

INDICATOR

NARRATIVE

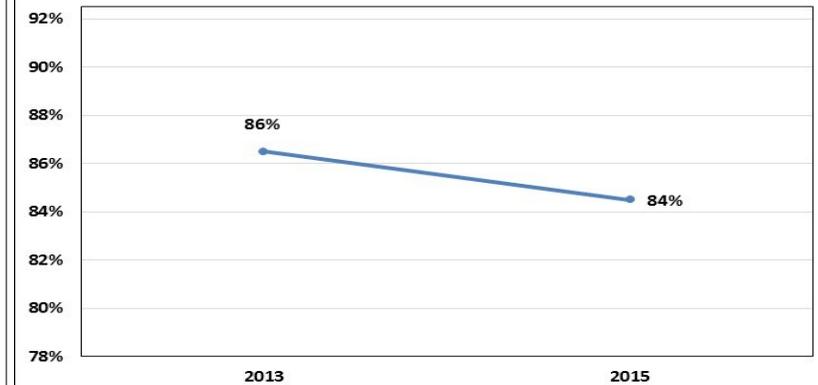
DATA



(i) percent of high school seniors with plans for education, vocational training, or employment;

(i) The majority of high school seniors report post-secondary plans.

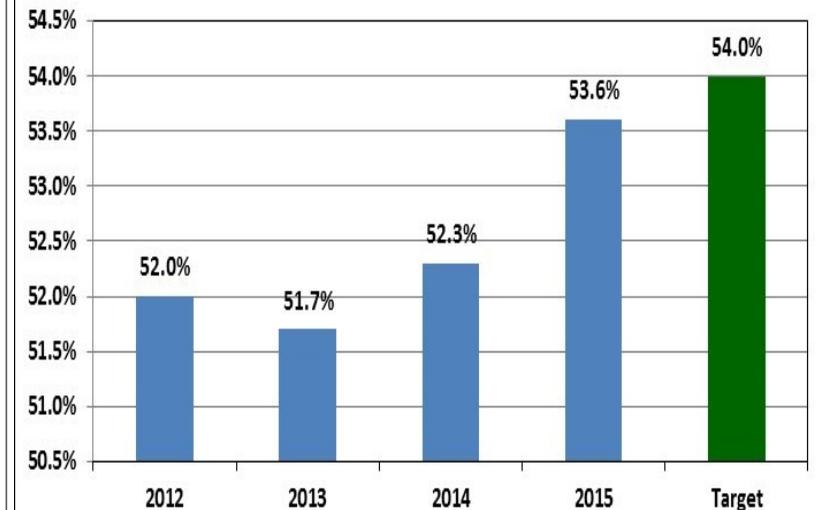
% High School Seniors with Plans for Education, Vocational Training, or Employment
Source: Youth Risk Behavior Survey



(ii) percent of high school graduates who graduated with a Regular High School diploma and enrolled in post-secondary education within six months after high school graduation; (more specificity added);

(ii) The National Student Clearinghouse collects enrollment data from ~98% of the postsecondary institutions that participate in Title IV Student Loans. While this captures the majority of postsecondary enrollments, it may not include many trade, vocational, military, and international institutions, or apprenticeship programs. As well, this report does not include publicly tuitioned students that attend out of state High Schools due to demographic issues. Also, students and schools can opt for a Family Educational Rights and Privacy Act (FERPA) blocker on their enrollment records and therefore not be included in NSC reports. It is also important to note that there may be a number of reasons for a secondary graduate not to continue to a postsecondary experience, or not to persist. While the Agency of Education works to eliminate inadequate preparation as a reason, we must also recognize that other factors may come into play. The rising cost of higher education and the potential debt burden are certainly significant factors in this important decision.

% HS Graduates Enrolled in Postsecondary Education (within 6 months) - Source: Nat'l Student Clearinghouse





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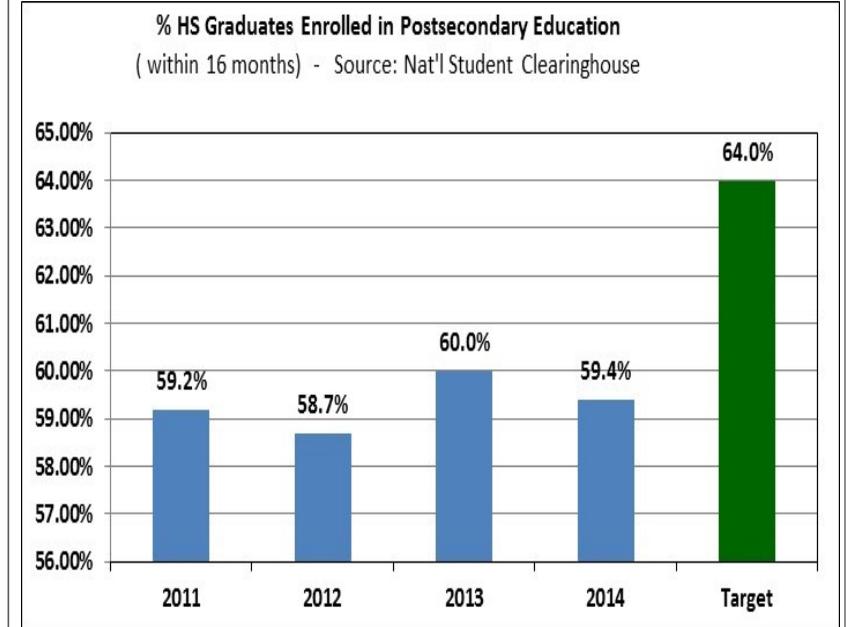
NARRATIVE

DATA



(iii) high school graduates who graduated with a Regular High School diploma and enrolled in postsecondary education within 16 months after high school graduation (more specificity added);

(iii) The National Student Clearinghouse collects enrollment data from ~98% of the postsecondary institutions that participate in Title IV Student Loans. While this captures the majority of postsecondary enrollments, it may not include many trade, vocational, military, and international institutions, or apprenticeship programs. As well, this report does not include publicly tuitioned students that attend out of state High Schools due to demographic issues. Also, students and schools can opt for a Family Educational Rights and Privacy Act (FERPA) blocker on their enrollment records and therefore not be included in NSC reports. It is also important to note that there may be a number of reasons for a secondary graduate not to continue to a postsecondary experience, or not to persist. While the Agency of Education works to eliminate inadequate preparation as a reason, we must also recognize that other factors may come into play. The rising cost of higher education and the potential debt burden are certainly significant factors in this important decision.





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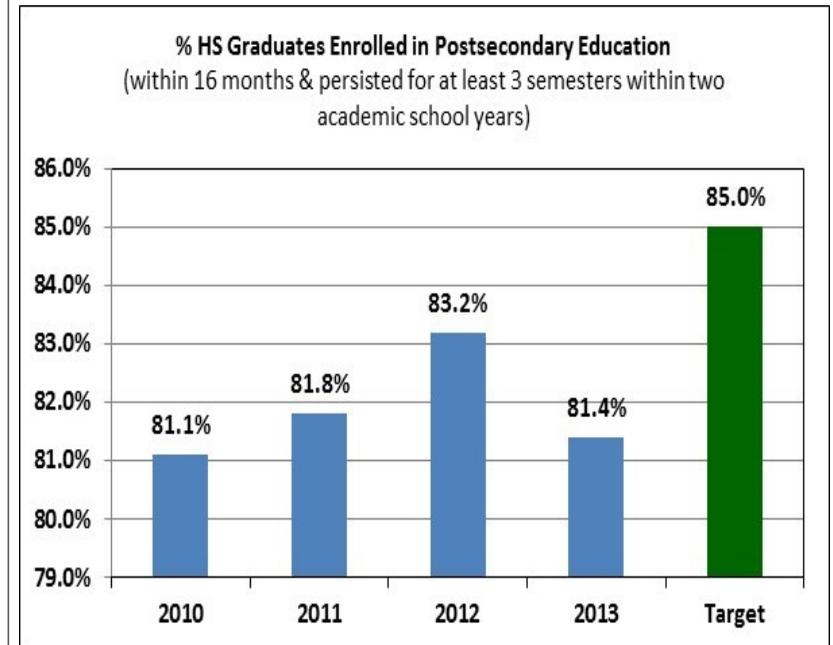
NARRATIVE

DATA



(iv) students who graduated with a regular high school diploma and enrolled in postsecondary education within 16 months of High School Graduation; and persisted in postsecondary for at least three semesters within two academic school years. (former indicator revised and split in two parts - this is #1)

(iv) The National Student Clearinghouse collects enrollment data from ~98% of the postsecondary institutions that participate in Title IV Student Loans. While this captures the majority of postsecondary enrollments, it may not include many trade, vocational, military, and international institutions, or apprenticeship programs. As well, this report does not include publicly tuitioned students that attend out of state High Schools due to demographic issues. Also, students and schools can opt for a Family Educational Rights and Privacy Act (FERPA) blocker on their enrollment records and therefore not be included in NSC reports. It is also important to note that there may be a number of reasons for a secondary graduate not to continue to a postsecondary experience, or not to persist. While the Agency of Education works to eliminate inadequate preparation as a reason, we must also recognize that other factors may come into play. The rising cost of higher education and the potential debt burden are certainly significant factors in this important decision.





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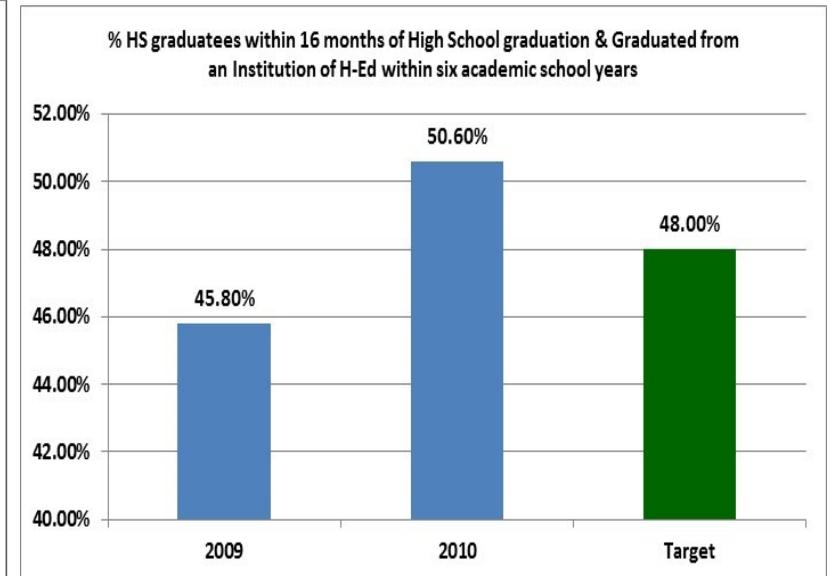
NARRATIVE

DATA



(v) percent students who graduated with a regular high school diploma within 16 months of High School graduation, and graduated from an institution of higher education within six academic school years.

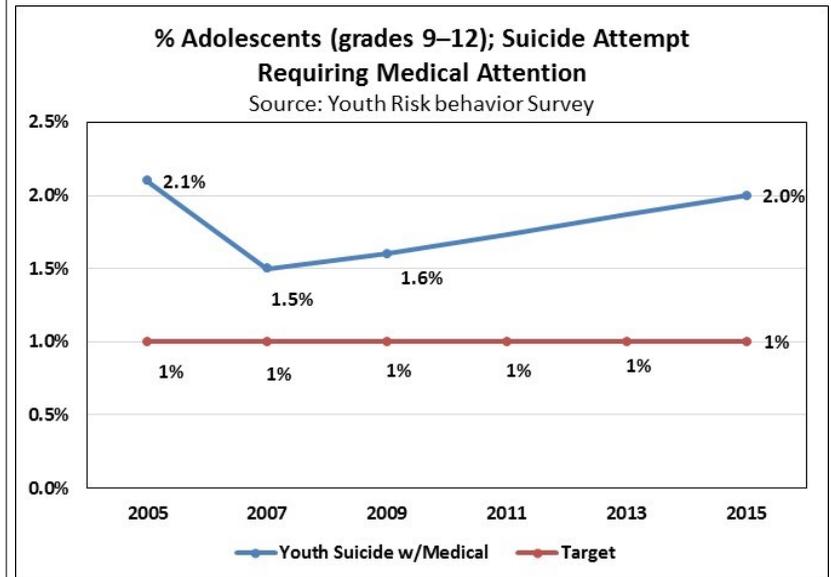
(V) The National Student Clearinghouse collects enrollment data from ~98% of the postsecondary institutions that participate in Title IV Student Loans. While this captures the majority of postsecondary enrollments, it may not include many trade, vocational, military, and international institutions, or apprenticeship programs. As well, this report does not include publicly tuitioned students that attend out of state High Schools due to demographic issues. Also, students and schools can opt for a Family Educational Rights and Privacy Act (FERPA) blocker on their enrollment records and therefore not be included in NSC reports. It is also important to note that there may be a number of reasons for a secondary graduate not to continue to a postsecondary experience, or not to persist. While the Agency of Education works to eliminate inadequate preparation as a reason, we must also recognize that other factors may come into play. The rising cost of higher education and the potential debt burden are certainly significant factors in this important decision.



(vi) percent of adolescents in grades 9–12 who had a suicide attempt that required medical attention.

(vi) The question on youth suicide attempt and self harm was included in the 2009 YRBS, but not the 2011 or 2013 series. The data from the 2015 survey will be completed and available in early 2016.

The proportion of adolescents with suicide attempts severe enough to require medical attention is low and unchanged. This question was not asked on the 2013 YRBS and therefore no new data is available





OUTCOME 7: VERMONT'S SENIORS LIVE WITH DIGNITY AND INDEPENDENCE.

[Link: AHS Act 186 Scorecard](#)

INDICATOR

NARRATIVE

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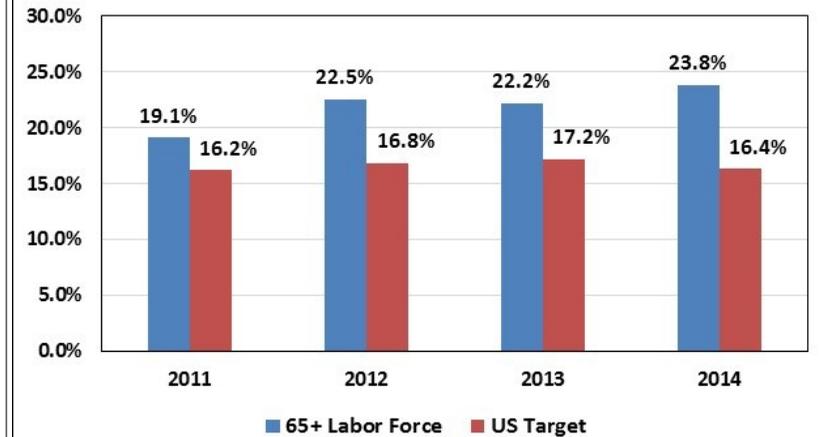


(A) percentage of Vermonters age 65 and older participating in the labor force;

(A) This population indicator shows the estimated labor force participation of all Vermonters over age 65. This employment rate is related to the state of the Vermont economy and labor force; retirement age and incentives in the Social Security system; work incentives and disincentives within public benefit programs; and the efforts of employment programs that serve older Vermonters.

% Vermonters Age 65 and Older Participating in Labor Force

Source: Us Census





OUTCOME 8: VERMONTERS WITH DISABILITIES LIVE WITH DIGNITY AND INDEPENDENCE.

[Link: AHS Act 186 Scorecard](#)

INDICATOR

(A) estimated employment rate of Vermonters of working age (21-64) with all disabilities;

NARRATIVE

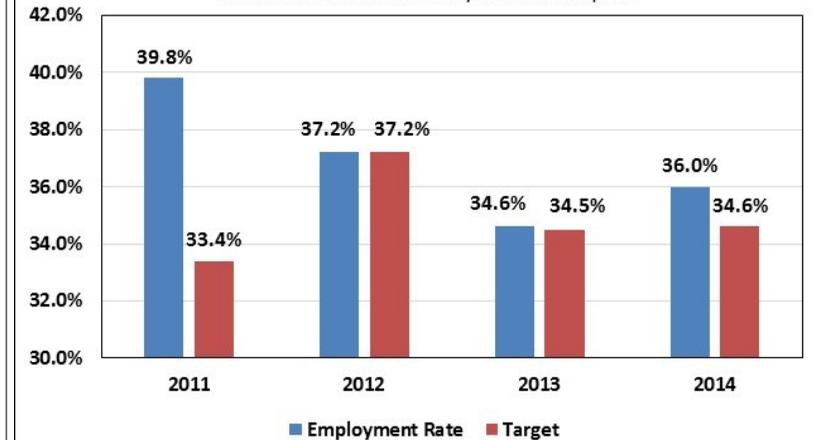
(A) This population indicator shows the estimated employment rate of all Vermonters with disabilities who are age 21-64. This employment rate is related to the state of the Vermont economy and labor force; work incentives and disincentives within public benefit programs; and the efforts of employment programs including the division of vocational rehabilitation, the division for the blind and visually impaired, the department of labor, the department of mental health, and developmental disabilities services.

DATA



Estimated Employment Rate for Vermonters with Disabilities of Working Age (21-64)

Source: Cornell Disability Statistic Report





OUTCOME 9: VERMONT HAS AN OPEN, EFFECTIVE, AND INCLUSIVE GOVERNMENT

INDICATOR

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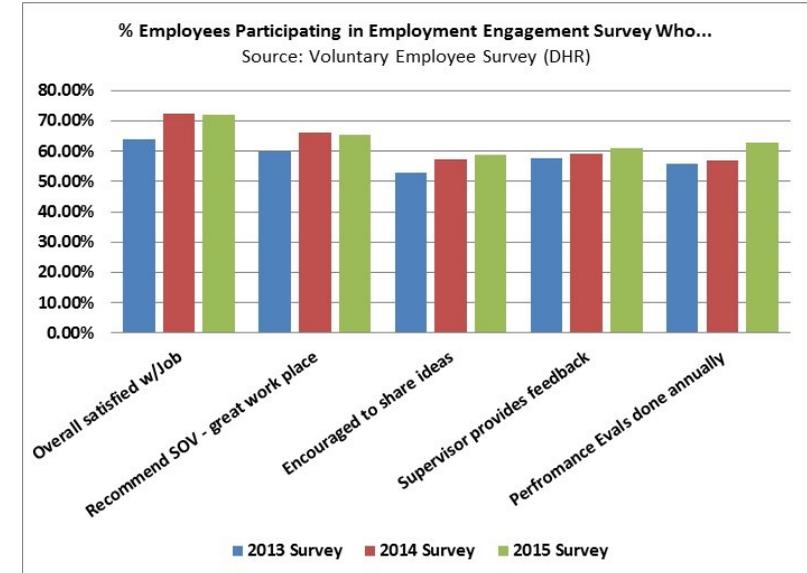
DATA



(A) percent Employees participating in voluntary EES (Employment Engagement Survey) responding as to:

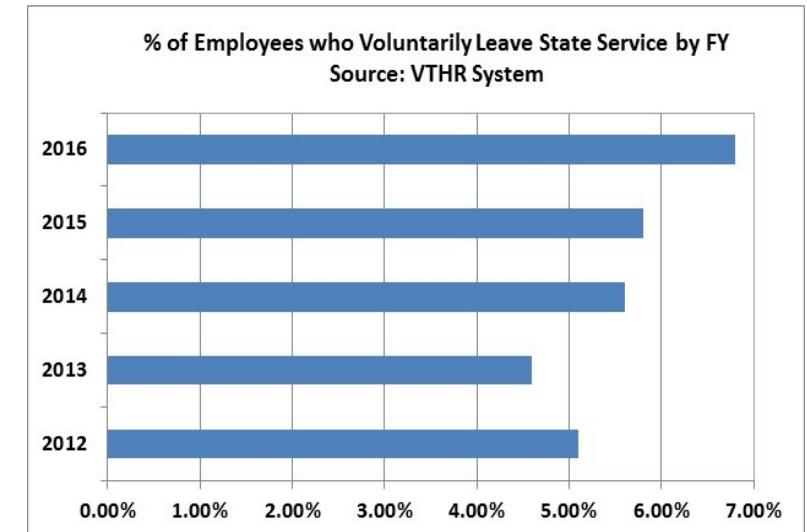
- (i) Satisfied overall with job;
- (ii) Would recommend SOV as a great place to work;
- (iii) Encouraged to share ideas on business improvement or efficiency;
- (iv) Supervisor regularly provides timely and useful feedback;
- (v) Their Performance evaluations are completed annually.

A) 2013 was the first year of the survey and is the baseline year. This indicator is a good overall measure of whether the workforce feels supported, motivated, and accountable. Consistent engagement, supervisor feedback, and meaningful work assignments are among the factors that contribute to employee satisfaction. DHR is continuously working to support Departments and their efforts to create a satisfying workplace. DHR's new "Supervising in State Government" course provides supervisors with the skills to empower their employees.



(B) % of employees who voluntarily leave state service.

(B) Voluntary Turnover (separation from state service), Executive Branch classified employees only. Voluntary turnover is a broad indicator of a "healthy" organization. DHR's new "Supervising in State Government" course provides managers with skills to help retain talent.





OUTCOME 9: VERMONT HAS AN OPEN, EFFECTIVE, AND INCLUSIVE GOVERNMENT

INDICATOR

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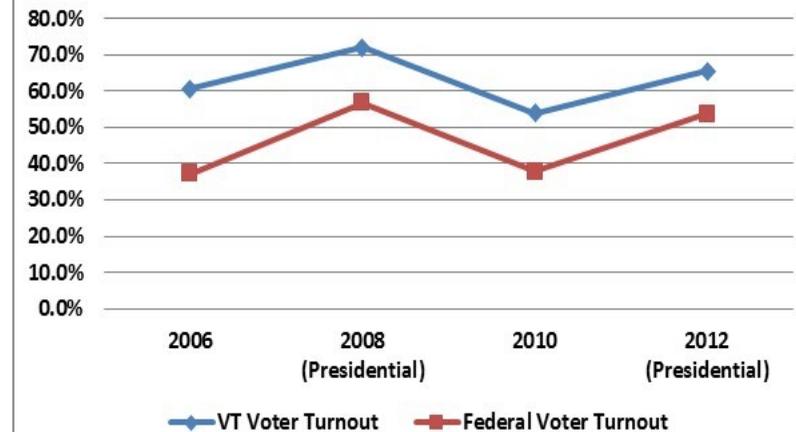


(C) Percent of registered voters voting in the general election.

(C) Vermont's turnout is higher than the national average. *Voter turnout increases in Presidential election years (2008 and 2012).

Voter Turnout - VT General Election vs. Federal Election

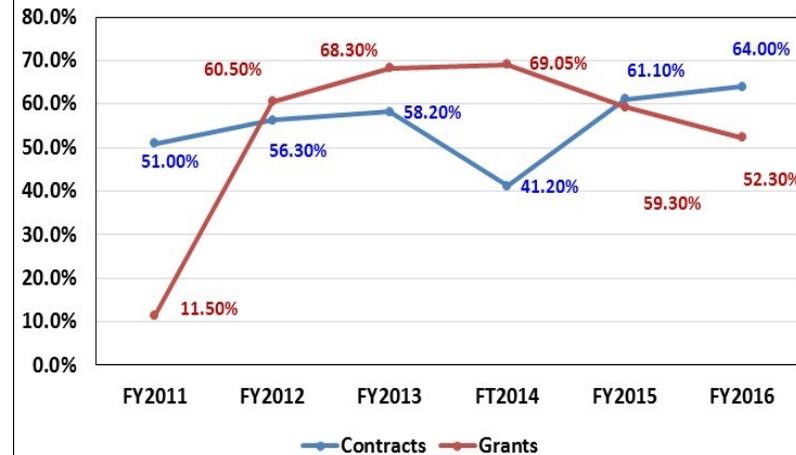
Source: VT Secretary of State and PEW Trust website



(D & E) Percent of Contracts and Grants reported to include performance measures;

(D & E) Use of performance measures in contracts continues to grow. The recent reduction in grants is due primarily to the inclusion of Tax payment to towns for State property tax and PILOT (almost 900+). These grants were not previously included as grants, and do not have performance measures, reducing the percentage.

Percent Contract and Grants Reported to Include Performance Measures





OUTCOME 9: VERMONT HAS AN OPEN, EFFECTIVE, AND INCLUSIVE GOVERNMENT

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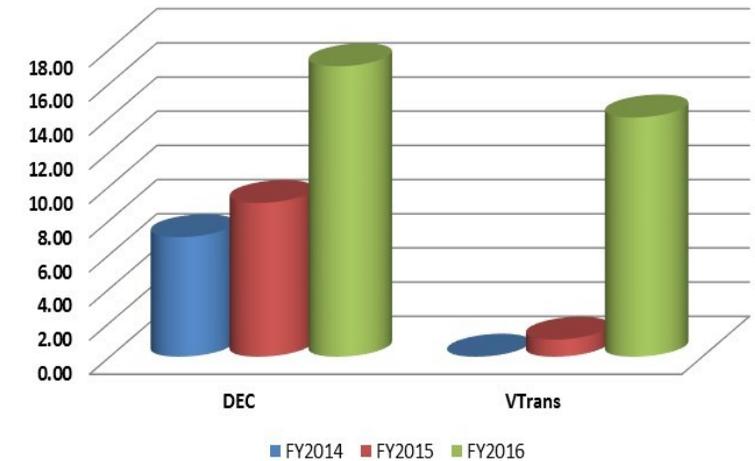
DATA



(F) Number of Lean Events successfully completed:
 (1) by DEC;
 (2) by AOT.

(F) DEC and VTrans continue to actively pursue Lean as an operational business improvement model. Both have dedicated Lean staff. VTrans initiated a multi-session Lean training course through a Lean consultant, to certify White, Yellow and Green Belt practitioners, and opening up the training to non-VTrans staff. By the end of 2016, there will be an estimated 90 Green Belt certified trainers. DEC has now completed a total of 33 events over 3 years. The CPO's Continuous Improvement Plan is to meld RBA and Lean together into a cohesive statewide program.

Lean Events Completed - VT Agencies/Departments

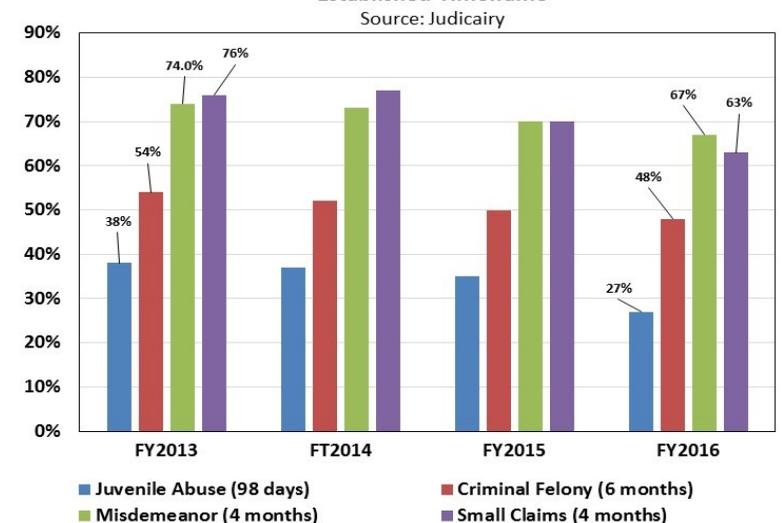


(G) percent of cases disposed of or otherwise resolved within established timeframe:

- (i) juvenile abuse (98 days)
- (ii) Criminal felony (6 months)
- (iii) Misdemeanor (4 months)
- (iv) small claims (4 months)

(G) FY 2016 is based on preliminary data. Final data will be available once the FY 2016 annual statistical report is published. Percentages for prior years have been updated to reflect data corrections. For each type of case, a trend line analysis shows continuous improvement. Currently (based on preliminary data),

Percent Judicial Cases Disposed of or Otherwise Resolved with Established Timeframe





OUTCOME 10: VERMONT'S STATE INFRASTRUCTURE MEETS THE NEEDS OF VERMONTERS, THE ECONOMY AND THE ENVIRONMENT.

INDICATOR

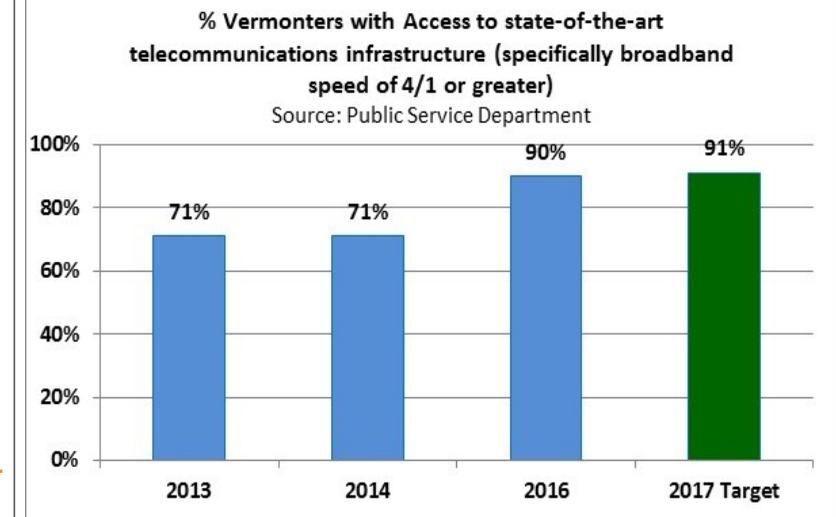
NARRATIVE

DATA



(A) percent of Vermont covered by state-of-the-art telecommunications infrastructure;

(A) PSD reports that 90% of Vermonters have access to Broadband speeds of 4/1 or greater, based on mapping completed on 08/04/2016. The goal is to bring the remaining 10% of all addresses to 4/1, and ultimately to bring all addresses to 100/100 by year end 2024. PSD also reports that 100% of E-911 addresses are covered with the necessary infrastructure to obtain telephone service. 91% are covered with mobile wireless.



(B) percent of structurally-deficient bridges, as defined by the Vermont Agency of Transportation;

(B) VTrans continued to reduce the percentage of structurally deficient bridges on the state system and town highways. This reduction was achieved by applying the principles of asset management which seeks to optimize the use of limited funding by targeting improvements to the right asset at the right time. Recent federal transportation legislation requires specific performance targets for the condition of bridges. Failure to meet the federal performance targets could limit the flexible use of federal transportation funds, which VTrans utilizes strategically to meet all of our transportation needs. The specific federal performance measures and targets have not yet been officially established. Given its track record of reducing the percentage of structurally deficient bridges well below the 10% threshold, VTrans is confident that it will be able to meet federal requirements when they are established in the next year or so. In the longer term, VTrans is keeping its eyes on a bubble of aging bridges and will continue to apply asset management approaches to maintain performance targets.

