

2017 POPULATION-LEVEL OUTCOMES AND INDICATORS REPORT

September 30, 2017

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

2017 POPULATION-LEVEL OUTCOMES AND INDICATORS REPORT

TRANSMITTAL LETTER

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

Cc: Susanne Young, Jason Gibbs, Agency/Dept. Heads and PALs

From: Susan A Zeller, CPO

Date:

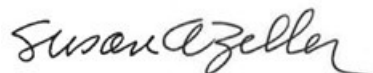
Subject: 2017 Outcomes Report

This is the fourth annual CPO Outcomes 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).

I wish to thank the Government Accountability Committee (GAC) for their continuing work 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. We will be actively pursuing a State Dashboard solution, intended to replace this "paper report" with a publicly accessible data visualization portal, dashboard or website. Hopefully, the 2018 Outcomes data will be provided through a data solution.

Sincerely,



Susan A. Zeller
Agency of Administration
Chief Performance Officer

2017 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 . ADDITIONAL INFORMATION about specific indicators may be obtained from the agency or department responsible for supplying the data.
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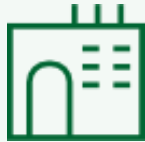


OUTCOME 1: VERMONT HAS A PROSPEROUS ECONOMY

INDICATOR

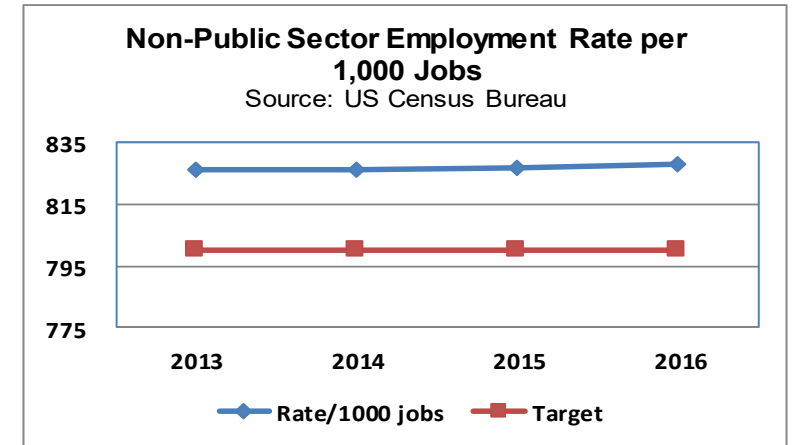
NARRATIVE

DATA



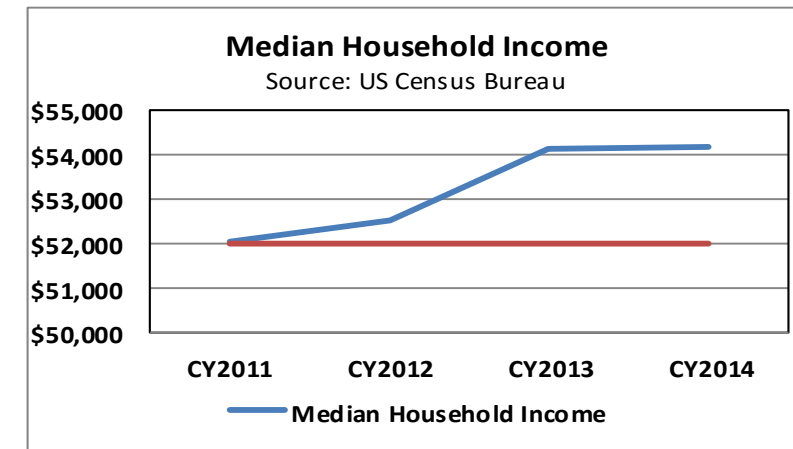
(A) percent or rate per 1,000 jobs of non-public sector employment;

(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

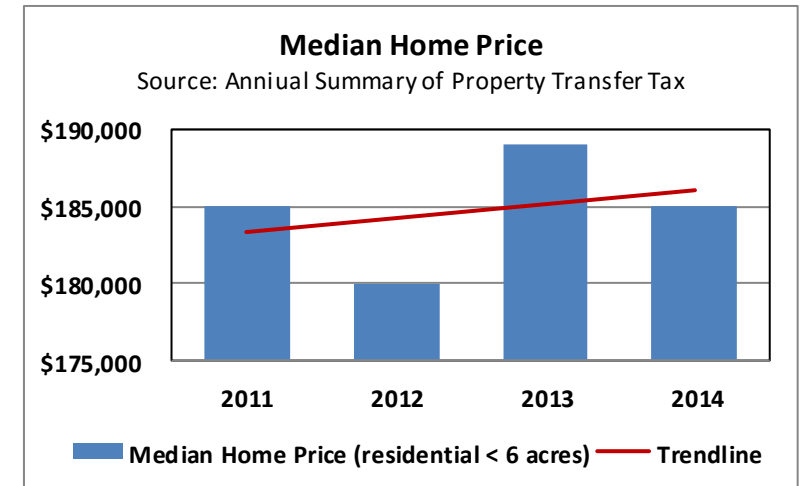
NARRATIVE

DATA



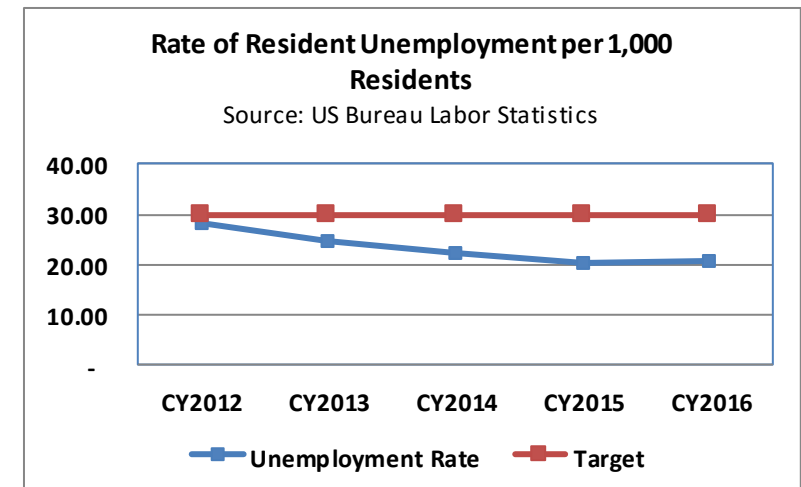
(C) median house price;
[Target: increase less than increase in average income.]

(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. Preliminary census estimates show VT population declining. This is creating the upward trend.





OUTCOME 1: VERMONT HAS A PROSPEROUS ECONOMY

INDICATOR

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

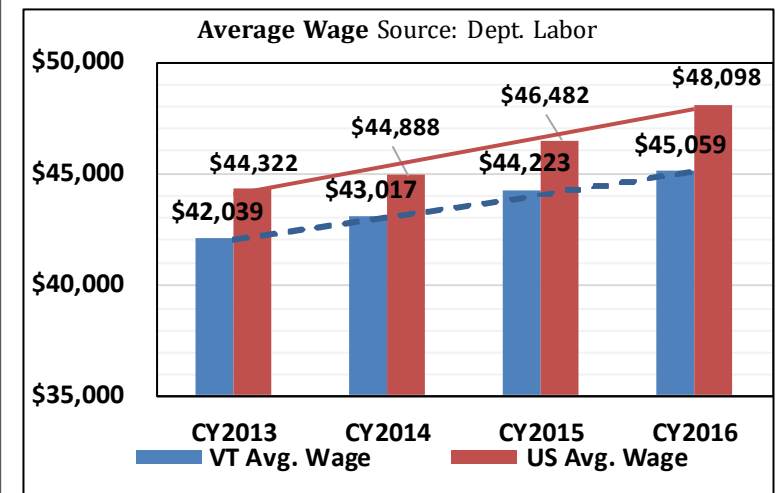
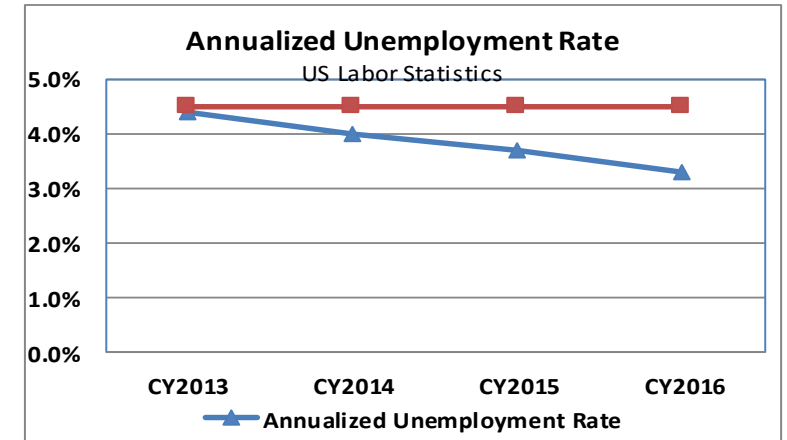
(F) Average wage

NARRATIVE

(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) 2.6% growth compares to national growth of 2.9% in the same period. These growth factors use revised figures for 2015. The revised figure for Vermont 2015 is 30.3 billion.

DATA





OUTCOME 1: VERMONT HAS A PROSPEROUS ECONOMY

[Link: AHS Act 186 Scorecard](#)

INDICATOR

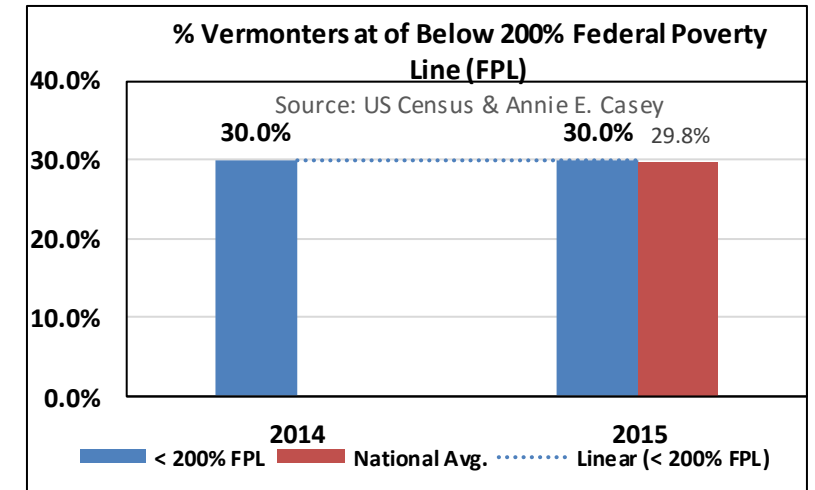
NARRATIVE

DATA



(G1) percent of population living at or below 200% federal poverty level (children, adults, people with disabilities of working age, and adults over age 65):

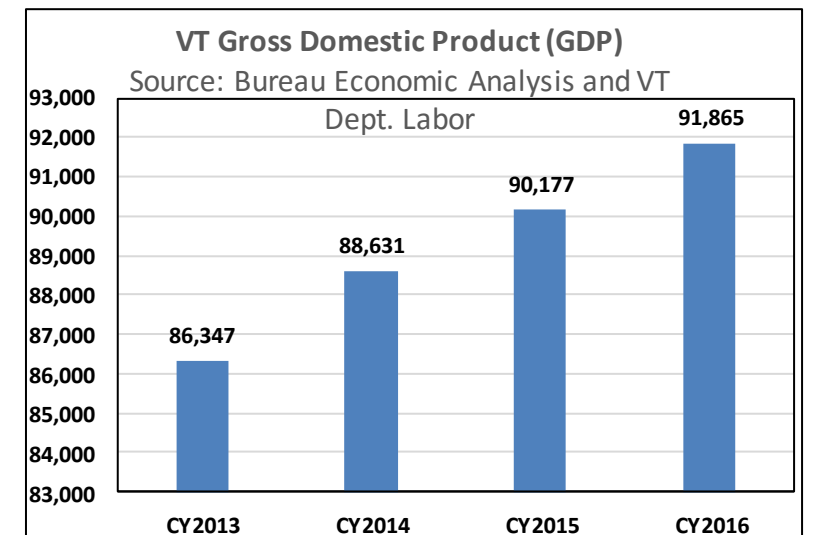
(G1) In Vermont, the percentage of individuals living below the 200% Federal Poverty Level (FPL) has seen a slight decline since a high of 30% in 2010 to 27% in 2016. In 2016, approximately 163,000 Vermonters lived at this level. The FPL is calculated by multiplying the U.S.D.A.'s "economy food plan" by three, based on data collected in the 1950s that found that food costs approximated one-third of a family's budget. Today, food comprises far less than one-third of a family's expenses, while housing, transportation, and child care costs have grown disproportionately. Therefore, individuals living below the Federal Poverty Level will struggle to meet their basic needs.



(H) Gross domestic product.

(H) GDP from BEA - workforce numbers the sum of employment numbers from DOL and one half the number of non-employer establishments from the Census Bureau (2015 estimate). Using 2015 non-employer statistics (2016 not available, differences should be small)

Target: Growth greater than national growth. 2.6% growth compares to national growth of 2.9% in the same period.





OUTCOME 1: VERMONT HAS A PROSPEROUS ECONOMY

INDICATOR

NARRATIVE

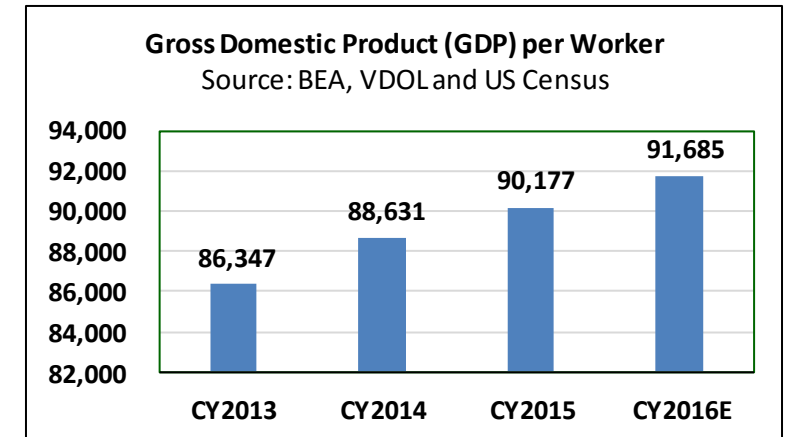
DATA



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

(I) Using 2015 non employer statistics (2016 not available, differences should be small) 1.7% growth in Vermont compares to 2.1% at the national level;

[CON'T NEXT PAGE]





OUTCOME 1: VERMONT HAS A PROSPEROUS ECONOMY

INDICATOR

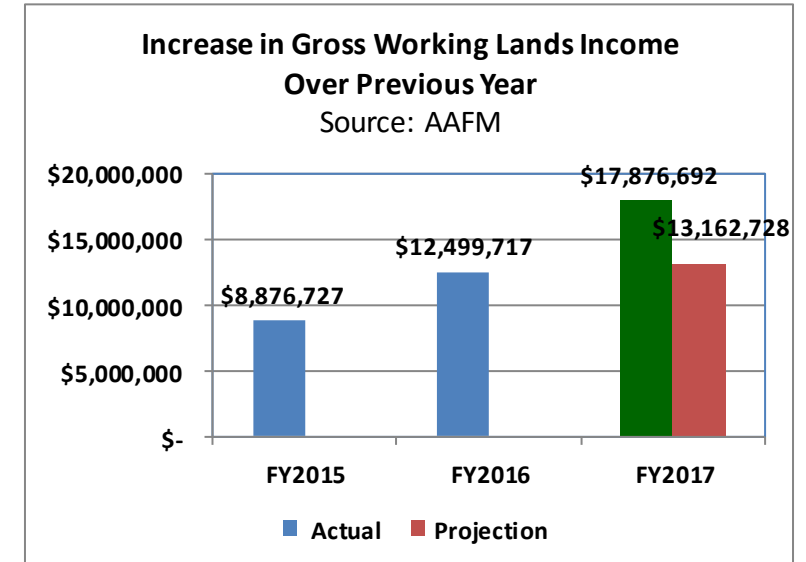
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DATA



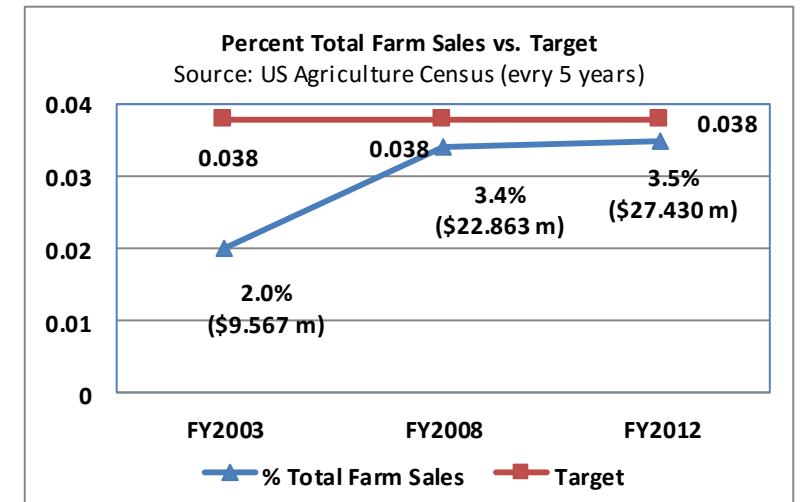
(J) increase in gross working lands income over previous year, for grantees of Working Lands Program;

(J) 95 of 149 total WLEB grants reporting across all sectors. Included reporting source from FY 13, FY14, FY15 & FY16 Business 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. Data not provided often enough. This Indicator to be eliminated.





OUTCOME 1: VERMONT HAS A PROSPEROUS ECONOMY

INDICATOR

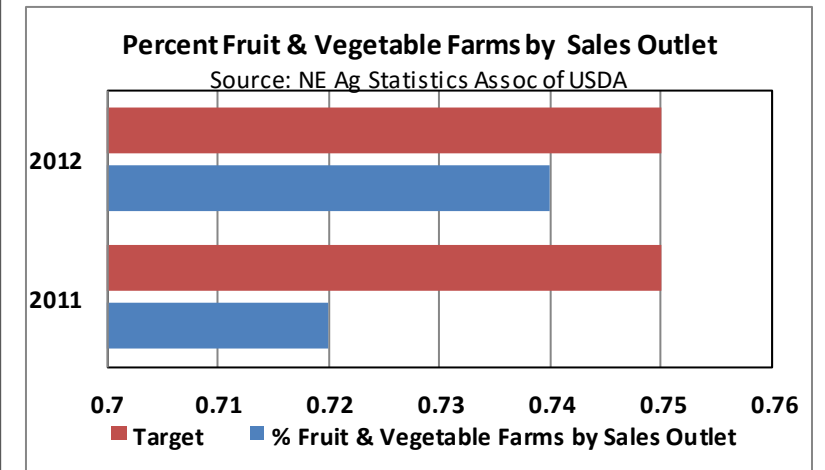
NARRATIVE

DATA



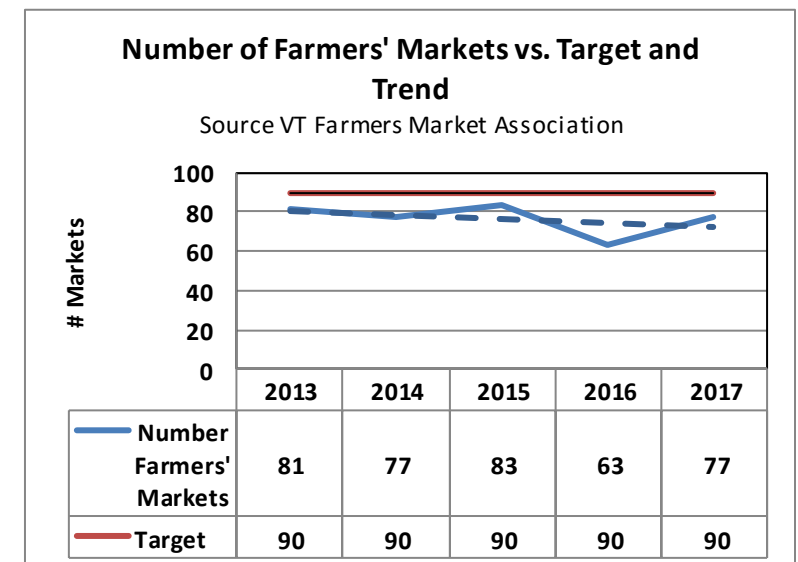
(L) percent of fruit and vegetable farms by sales outlet.

(L) No new data. Data not provided often enough. This Indicator to be eliminated.



(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

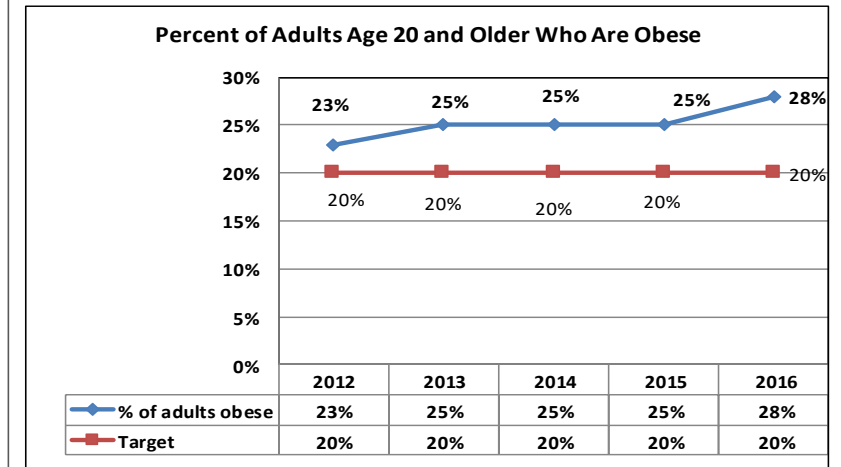
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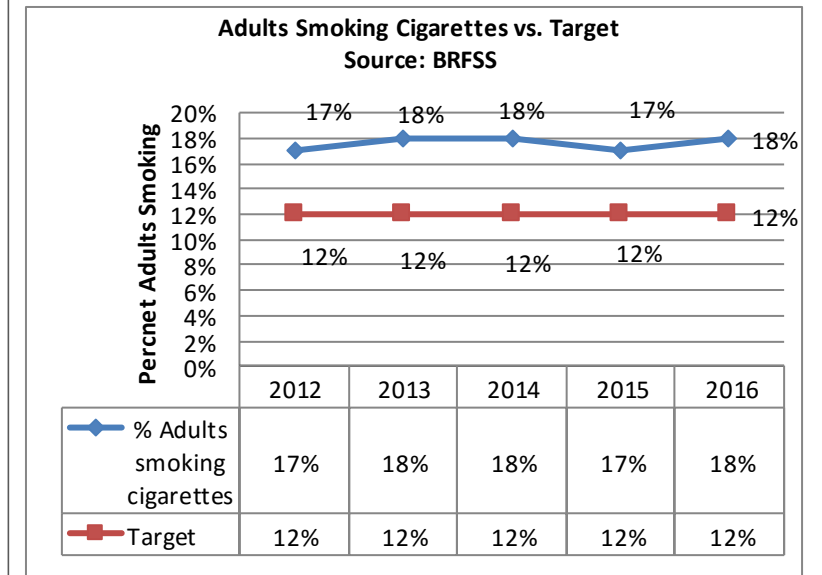
(A) percent of adults 20 years of age and older who are obese;

(A) In 2015, the Behavioral Risk Factor Surveillance System (BRFSS) data showed that 25% of Vermont adults age 20 and older are obese. This is the same rate as the previous two years (2013-2014). We know that obesity prevalence rises with age, and that adults with a high school education or less and a lower income are more likely to be obese. 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. Awareness of the impact of obesity on health, health costs, and worker absenteeism has risen over this time period.



(B) percent of adults who smoke cigarettes;

(B) Adult smoking prevalence in Vermont was 17% in 2015, which had been a significant reduction from 2011. In 2016 the smoking rate rose slightly to 18%. According to the Campaign for Tobacco Free Kids, Vermont ranks 18th lowest in adult prevalence and in recent years has been the same as the national rate. In the last 20 years in Vermont, there has been a gradual decline in smoking from a high of 24% in 1996. Compared to national rates, Vermont shows a significantly higher smoking rate among racial/ethnic minorities; Vermonters who make less than \$25,000 in annual income; and those who have less than a high school degree (Tobacco Use Among Adults and Youth in Vermont and United States). Vermont is one of the most rural states in the nation; research shows that tobacco use is higher among rural populations, adult, youth and pregnant women.





OUTCOME 2: VERMONTERS ARE HEALTHY.

[Link: AHS Act 186 Scorecard](#)

INDICATOR

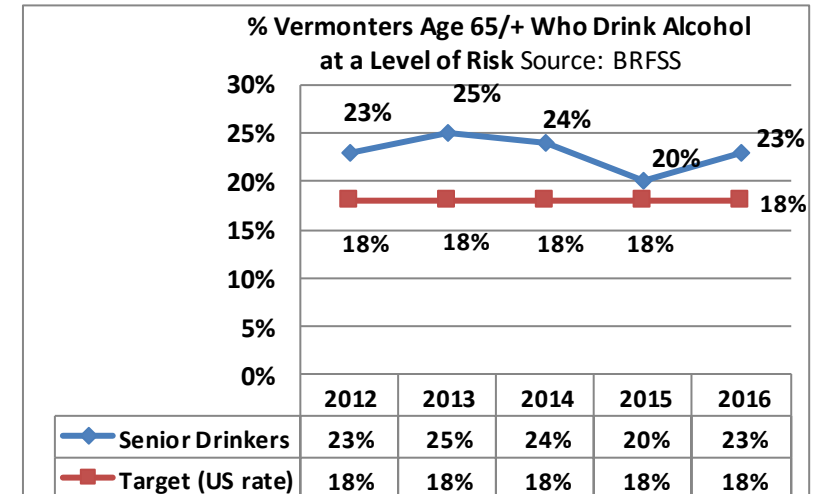
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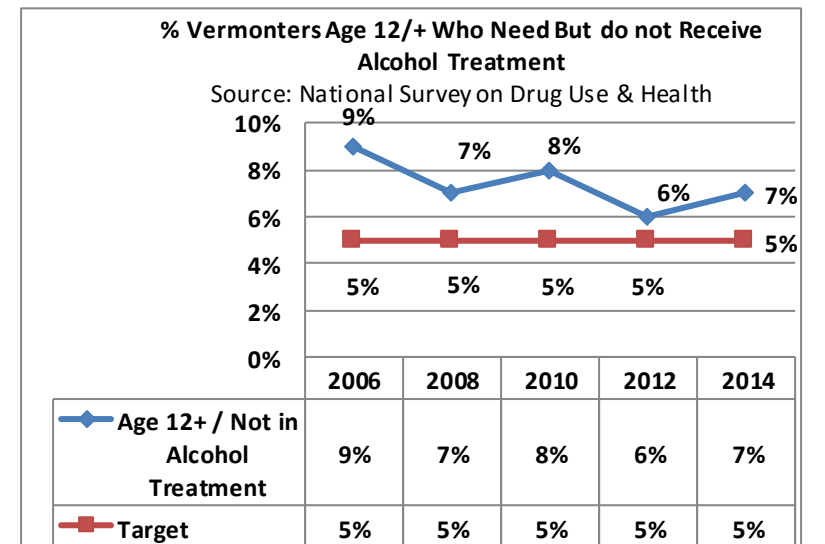
(C) percent of Vermonters age 65+ who drink alcohol at a level of risk;

(C) 1/5 of VTer's 65+ drink at a risky level. Alcohol is the most commonly abused psychoactive substance among all age groups including older adults. Adults 65+ may have unique risks associated with alcohol use. Older adults may have greater risks associated with alcohol use likely due to physiological changes during the aging process, including chronic diseases and increased medication use. These results raise public health concerns given a fifth of older adults report 'fair/poor' health. However, older adults report significantly fewer "poor mental health days" than other age groups. This population may be particularly vulnerable to the adverse effects of alcohol as it may impact the course of chronic disease or increase risks of injury at lower doses than younger adults. However, we note that "Older adults with cardiovascular disease (CVD) and diabetes are significantly less likely than those without these conditions to report binge and chronic drinking. Obese adults are also significantly less likely to report chronic drinking than those who are not obese. This suggests that those with these conditions may be hearing from their doctor, or other sources, that alcohol consumption should be limited due to their illness. Chronic and binge drinking did not vary significantly [by age] for any other chronic health conditions measured on the BRFSS." (Alcohol Use Among Older Adults – Data Brief: 2014 BRFSS). Health providers should ensure that screening for unhealthy alcohol use is part of the regular medical care for this population.



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

(D) In 2015 NSDUH methodology changed and is not comparable with prior years. This state-level indicator is measured by the Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Survey of Drug Use and Health (NSDUH), and is used to estimate the level of unmet need for alcohol use disorders in the general population. "Needing but not receiving alcohol treatment" is defined as those persons who meet the criteria for abuse of or dependence on alcohol according to the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV)*, but have not received specialty treatment for an alcohol use problem in the past year. 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.





OUTCOME 2: VERMONTERS ARE HEALTHY.

[Link: AHS Act 186 Scorecard](#)

INDICATOR

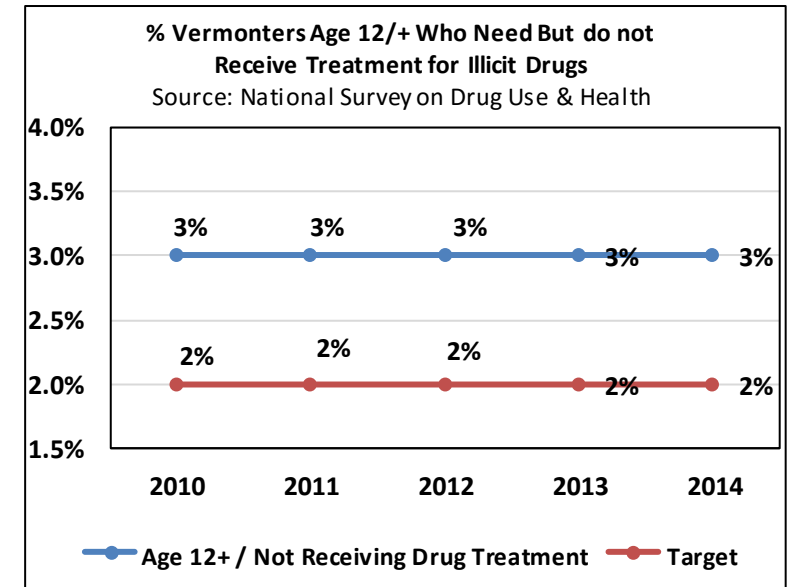
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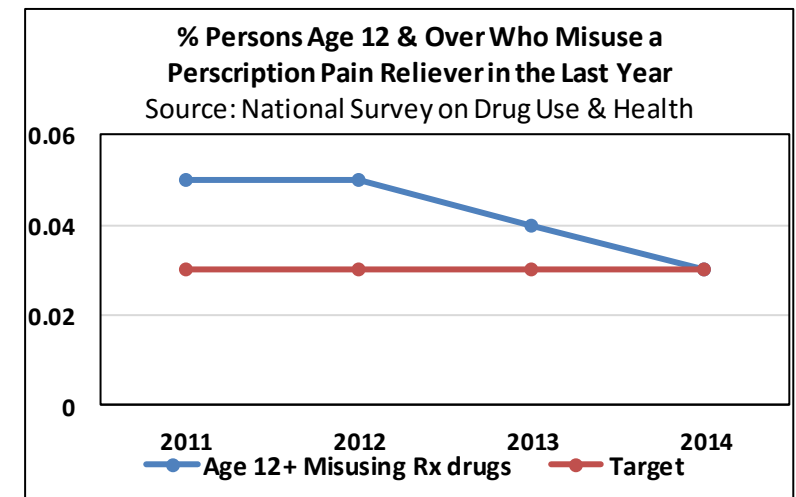
(E) percent of persons age 12 and older who need and do not receive treatment for illicit drug use;

(E) In 2015 NSDUH methodology changed and is not comparable with prior years. This state-level indicator is measured by the Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Survey of Drug Use and Health (NSDUH), and is used to estimate the level of unmet need for alcohol use disorders in the general population. "Needing but not receiving alcohol treatment" is defined as those persons who meet the criteria for abuse of or dependence on alcohol according to the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV)*, but have not received specialty treatment for an alcohol use problem in the past year. 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.



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

(F) In 2015 NSDUH methodology changed and is not comparable with prior years. The NSDUH questionnaire underwent a partial redesign in 2015 to improve the quality of the NSDUH data and to address the changing needs of policymakers and researchers with regard to substance use and mental health issues. The prescription drug questions were redesigned to shift the focus from lifetime misuse to past year misuse and to change diagnostic data for substance use disorder to reflect the new DSM-5 criteria. These changes led to potential breaks in the comparability of 2015 estimates with estimates from prior years. Consequently, these changes potentially affected overall summary measures, such as illicit drug use, and other measures, such as initiation, substance use disorders, and substance use treatment.





OUTCOME 2: VERMONTERS ARE HEALTHY.

[Link: AHS Act 186 Scorecard](#)

INDICATOR

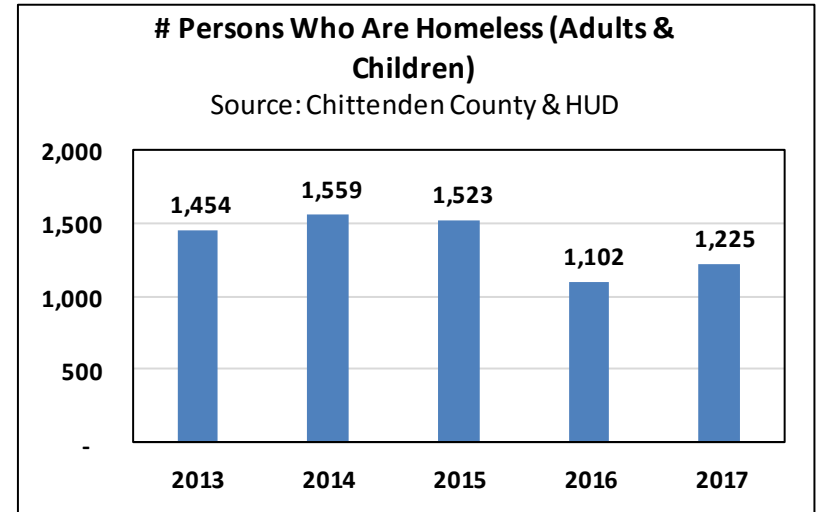
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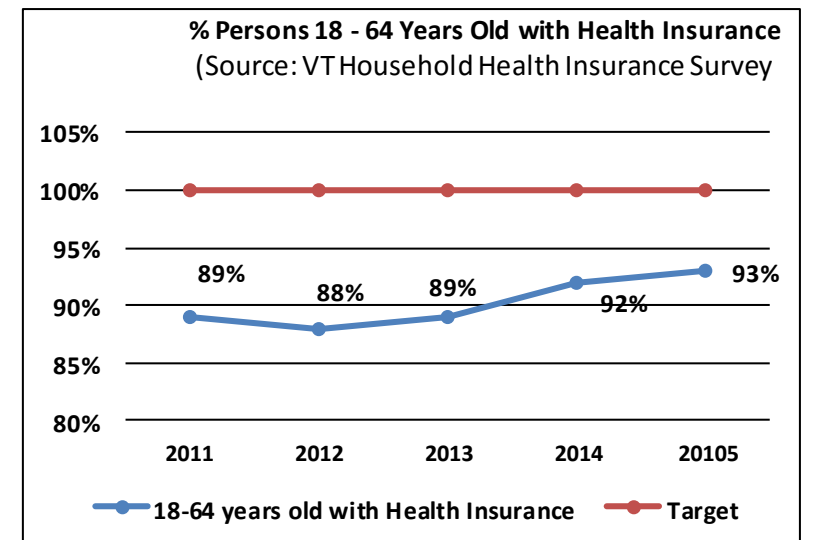
(G) number of persons who are homeless (adults and children);

(G) Following multiple years of increases in the number 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 Point-In-Time count uses standard definitions developed by HUD and constitutes Vermont's best proxy measure at this time. Homelessness remains a challenging problem in Vermont as families and individuals with extremely low incomes encounter a three-fold problem of an extremely tight rental market, increased competition for rental subsidies, and histories or behaviors that often warrant additional customized services for a housing placement to be successful.



(H) percent of adults age 18 - 64 with health insurance;

(H) Our goal for 2020 is to have 100% of adult Vermonters with adequate health insurance. In 2010, only 9% of Vermonters were uninsured, compared to 17% nationally (2008, HP2020 goals). Many more were under-insured with only catastrophic health insurance coverage. In 2014, 31% of Vermont adults (aged 18-64) did not get dental care and 18% did not get medical care when they needed it because they could not afford it. These rates are similar to 2012 but the counts of persons are down nearly 50% since 2012 due to more Vermonters having health insurance. Health insurance coverage rates vary by county of residence. The highest uninsured rates occur in Essex (10%), Caledonia 7%, Lamoille (6%), Windsor (6%) and Windham (6%) counties. 2014 Vermont Household Health Insurance Survey Initial Findings reports: "Approximately 21,600 Vermont adults aged 18 to 64 currently have no health insurance. (67%) are male. (50%) of the uninsured adult population is aged 18 to 34. (46%) of uninsured adults reside in families with incomes below 200% of FPL. More than three-quarters (79%) of uninsured adults are employed and more than seven in ten (76%) of those adults work full time."





OUTCOME 2: VERMONTERS ARE HEALTHY.

[Link: AHS Act 186 Scorecard](#)

INDICATOR

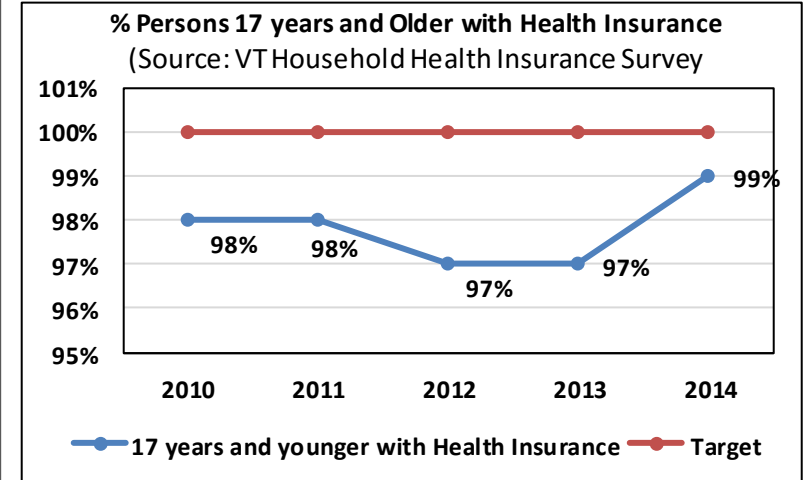
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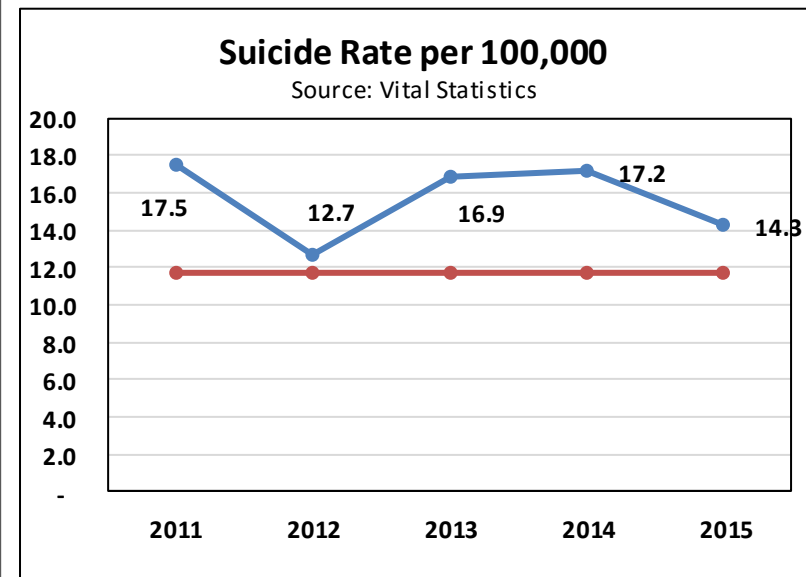
(I) percent of children age 17 and younger with health insurance;

(I) Virtually all Vermont children have health insurance and this proportion has been steady in the last five years. Current rates are around 99% due to expanded Medicaid and Dr. Dynasaur coverage. Yet, approximately 1,300 Vermont children currently have no health insurance. Almost two-thirds are female. The largest percentages live in Franklin, Caledonia, and Addison counties. About a quarter (27%) reside in families whose annual incomes are 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) Suicide in Vermont is a population health problem. More importantly, with a comprehensive approach, it's a preventable problem. AHS are working to reduce the rate of suicide in Vermont. AHS recognize that preventing suicide is a community wide effort along with strong collaboration with healthcare providers. As such, AHS has created an AHS Suicide Prevention Leadership Group with representation from AHS central, DMH, VDH, DAIL, DCF, DOC and DVHA. In addition, there is a public-private-academic partnership at the Suicide Prevention Surveillance Workgroup headed by the VDH with participation from DMH, UVM and Vermont Suicide Prevention Center. Vermont's suicide prevention plan aligns closely with the World Health Organization's (WHO) suggested strategy. The plan categorizes actions into three broad categories; Universal Prevention, Selective Prevention and Indicated Strategies essentially signifying primary, secondary and tertiary prevention strategies. These are broad and take a population health approach to this problem.





OUTCOME 2: VERMONTERS ARE HEALTHY.

[Link: AHS Act 186 Scorecard](#)

INDICATOR

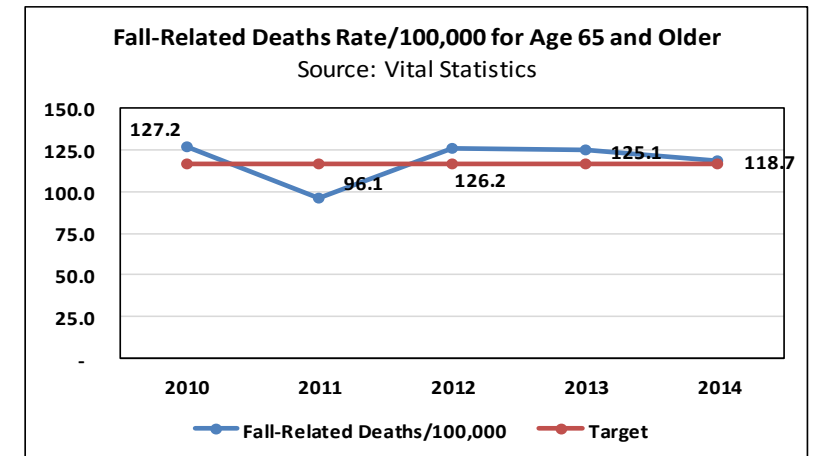
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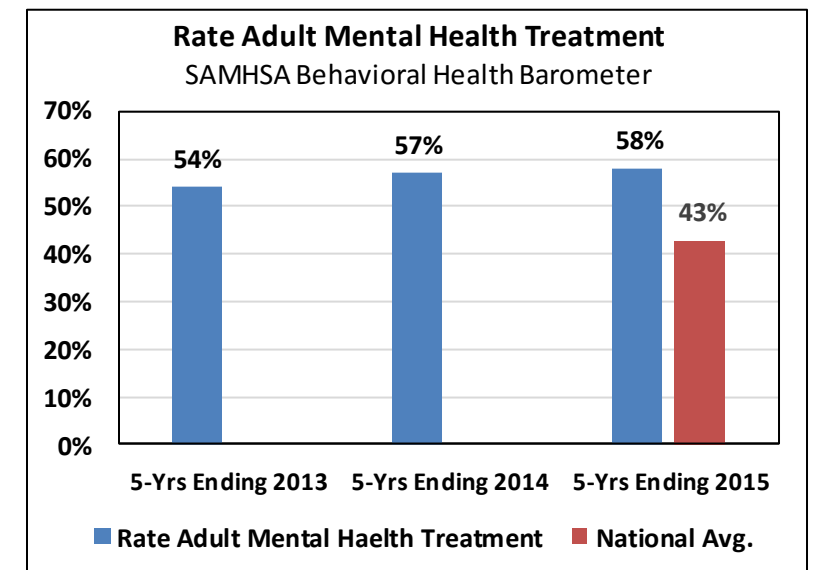
(K) fall-related death per 100,000 adults age 65 and older:

(K) Over the time period between 2002 and 2014, the number and rate of fall-related deaths have increased. The 2014 Vermont death rate of 118.7 per 100,000 adults age 65 and older is significantly higher than that in 2002. Vermont's elderly (over age 65) fall-related mortality rate is higher than the national rate. In 2007, Vermont's fall-related death rate for this age group was 129.1 compared to 45.3 nationally. There are no major population-based events that are recognized as influencing the data in this time frame however, Vermont's ability to recognize and document fall-related deaths may have improved. Vermont's data provides useful information on the targeting of both primary and secondary prevention activities.



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

(L) The percentage of Vermont adults with any mental health condition is generally higher than the percentage of adults in the United States and higher than the percentage of adults in the Northeast. However, more Vermont adults are getting treatment than the national average (58% vs 43% in 2015). Other data sources--such as data reported to SAMHSA's Uniform Reporting System (URS)--show that Vermont's use of community mental health services is much higher than national averages (39 per 1,000 people vs 23 per 1,000 people in 2015).





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

INDICATOR

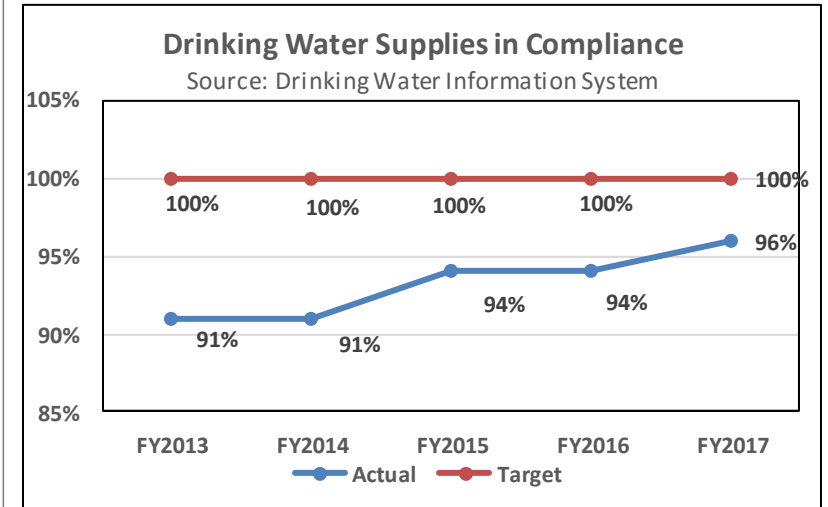
NARRATIVE

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

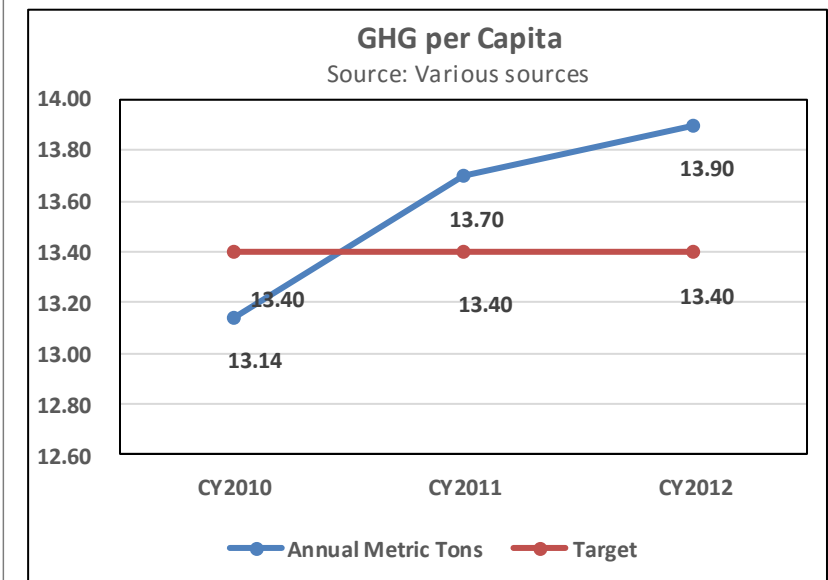
(A) Compliance rates increased because the federal Revised Total Coliform Rule became effective April 1, 2016 and the maximum contaminant level (MCL) for total coliform no longer exists.



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

(B) Target and previously reported values need to be adjusted due to several improved / updated emissions inventory calculation methods, and changes to the applicable Global Warming Potential (GWP) multipliers for non-CO2 gases. For more detailed info, please see our online report (pp. 4-5, and Figure 4 on page 8):

http://dec.vermont.gov/sites/dec/files/agc/climate-change/documents/_Vermont_Greenhouse_Gas_Emissions_Inventory_Update_1990-2013.pdf





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

INDICATOR

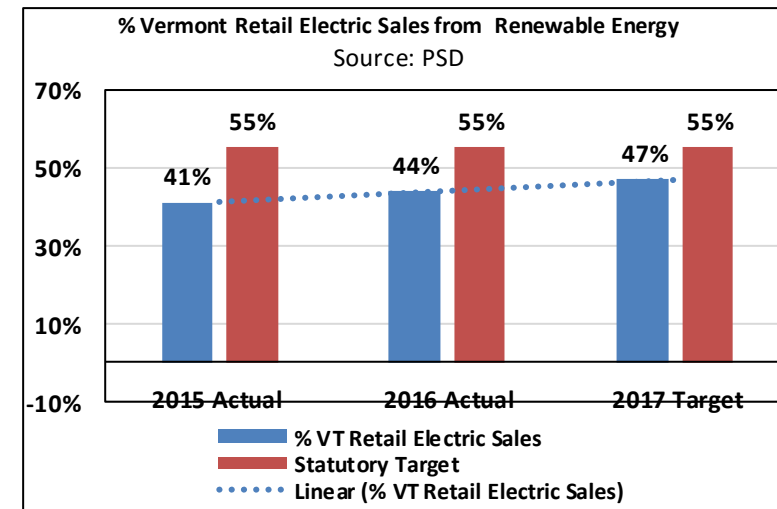
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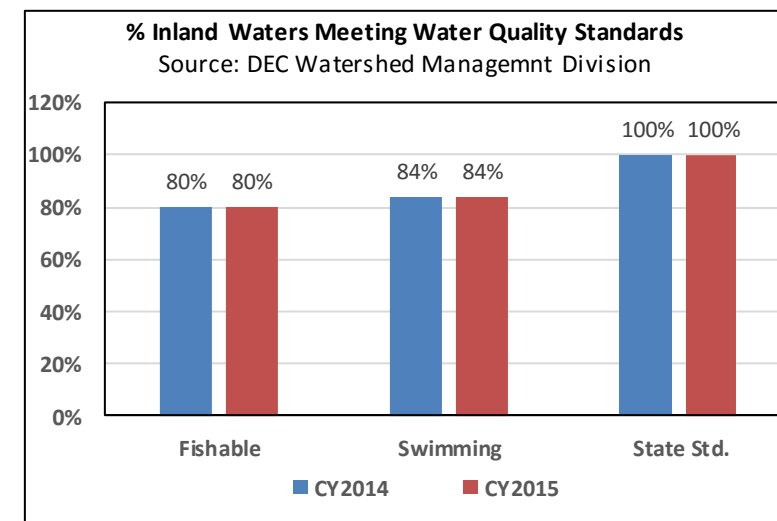
(C) Percent of Vermont retail electric sales from renewable energy;

(C) The percentage of power supplied to customers for which utilities held a corresponding amount of Renewable Energy Certificates, required by law to be 55% in 2017, rising to 75% by 2032



(D) percent of Vermont's inland waters that meet State water quality standards;
(1) aquatic (fishable)
(2) recreational (swimming)

(D) 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 and analyzed every 2 years/ bi-annually report; will have 2016 and 2017 available April 2018.
(2) data is compiled and analyzed every 2 years/ bi-annually report; will have 2016 and 2017 available April 2018.





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)

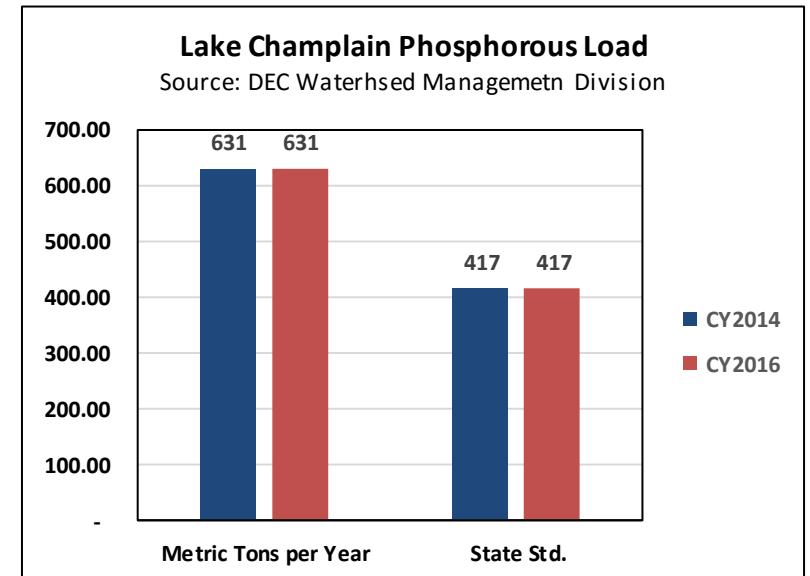
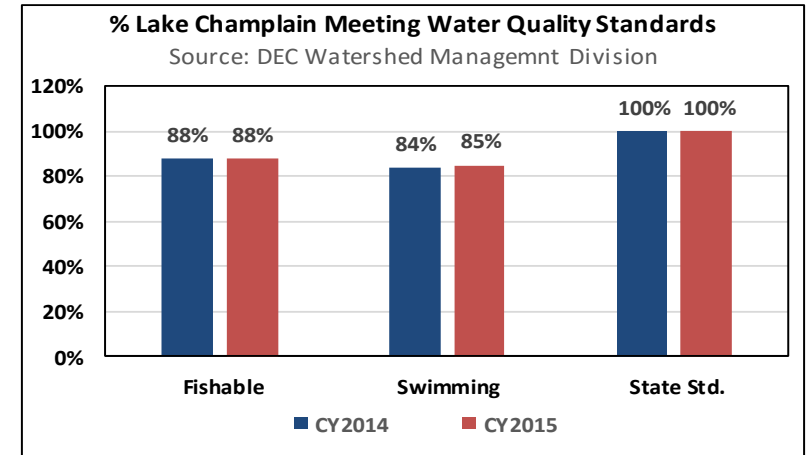
(2) recreational (swimming)

(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 and analyzed every 2 years/bi-annually report; will have 2016 and 2017 available April 2018. data is compiled and analyzed every 2 years/bi-annually report; will have 2016 and 2017 available April 2018.

(F) Baseline is FY 2016 (formerly CY). We now have additional permitting and funding tools necessary to reduce phosphorus loads to our rivers, streams, and lakes (Act 64). FY17 data will be available 10/1/2017, however at this point will only represent work completed through state funding programs. In future years, the state will be able to more fully report on this measure as a population-level indicator by incorporating accomplishments of federal funding programs and regulatory programs into our tracking efforts. The baseline load of 631 metric tons of total phosphorus loading to Lake Champlain from Vermont sources is an estimate based on the average condition from 2001-2010, as presented in the Phosphorus Total Maximum Daily Loads (TMDLs) for Vermont Segments of Lake Champlain. The target load if 417 metric tons of total phosphorus loading represents the amount of phosphorus Lake Champlain can handle, and still meet water quality standards, based on the Phosphorus Total Maximum Daily Loads (TMDLs) for Vermont Segments of Lake Champlain. The State will measure progress toward meeting the target load by tracking and estimating load reductions associated with projects completed through funding and regulatory programs over time. Load reduction estimates will be subtracted from the baseline load of 631 metric tons per year to measure progress toward meeting the target load of 417 metric tons per year.



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





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

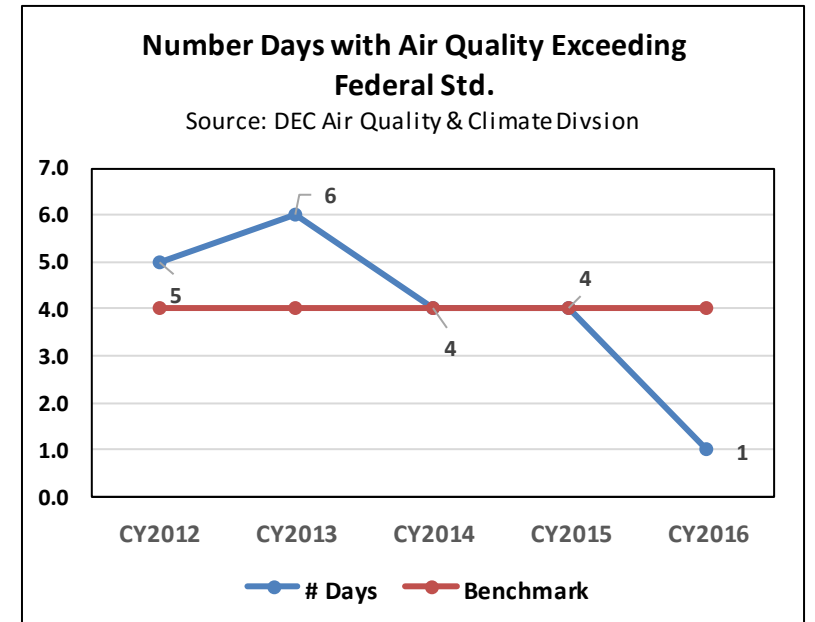
INDICATOR

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

NARRATIVE

(G) Four days is the benchmark for 2012. Values were adjusted from previously reported data because the number of air quality alerts was given based on the number of days the AQCD air quality forecasters expected "next-day" air quality to exceed the federal standards at any monitoring site in Vermont. Beginning in 2016, the metric was calculated by looking back at actual air quality measurements, rather than using the forecasts after-the-fact. However, prior years were not recalculated at that time. Beginning in 2017, this metric has been retroactively calculated for prior years as well as for 2016, the latest year for which data have become available. The metric reported is the number of days in each calendar year that air quality was worse than federal standards at any monitoring location in Vermont. Fine particulate matter, in recent years, usually exceeds the standard during wintertime temperature inversions when pollutants are trapped near the ground so they cannot disperse well. 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.

DATA





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

INDICATOR

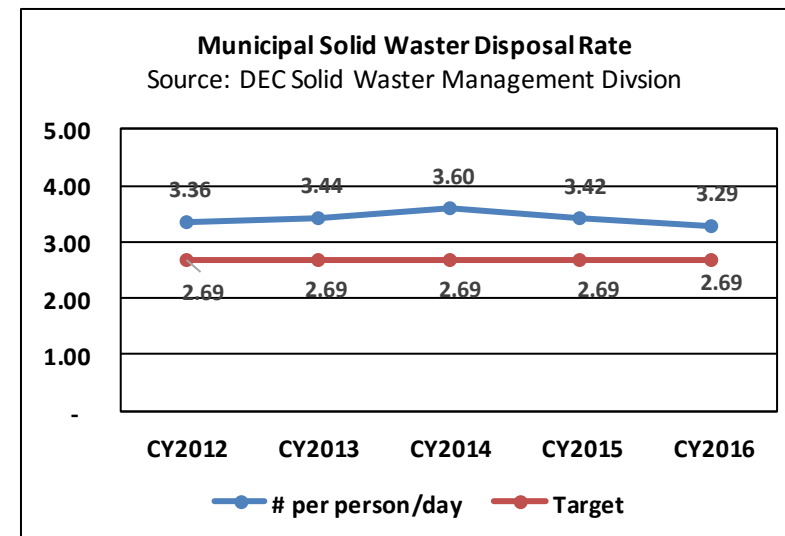
NARRATIVE

DATA



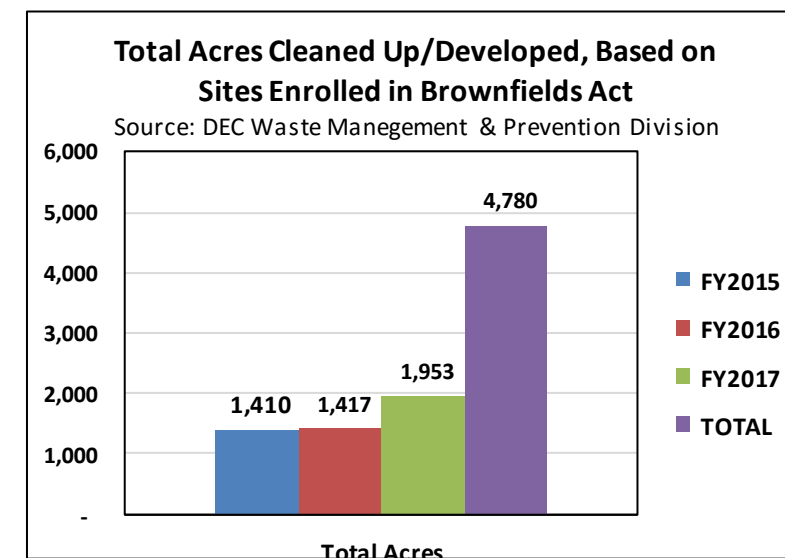
(H) Disposal rate of municipal solid waste (lbs./person/day);

(H) Vermont's disposal rates are on a declining trend. Major requirements of the state's universal recycling law went into effect in 2014 and will be fully implemented by 2020.



(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) Current target is to add 10 acres per year however, the acreage of individual projects varies. Acreage varies from year to year. During 2016, a majority of the projects were smaller acreage sites. In 2017, a number of projects were large acreage projects.





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

[Link: AHS Act 186 Scorecard](#)

INDICATOR

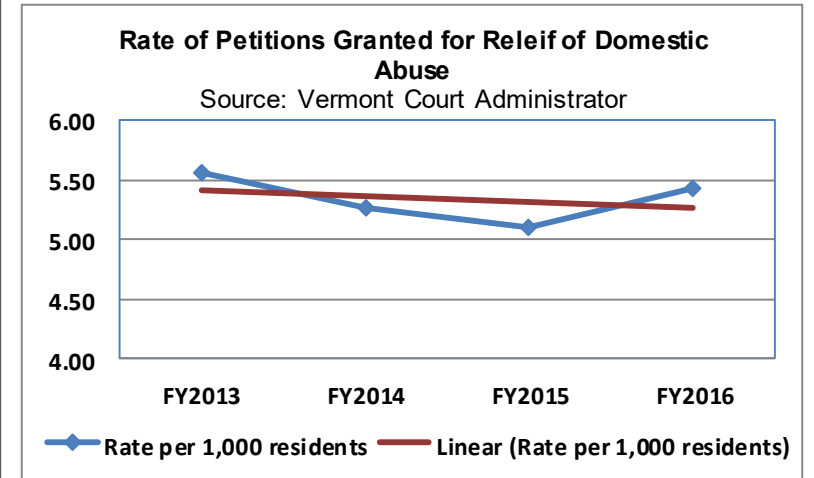
NARRATIVE

DATA



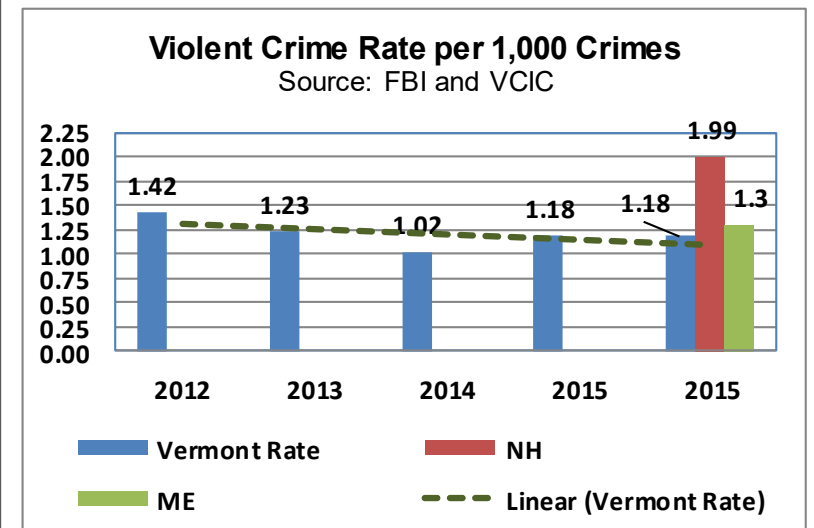
(A) rate of petitions granted for relief from domestic abuse per 1,000 residents;

(A) DPS has revised these numbers to reflect the appropriate per 1,000 rate but otherwise this indicator remains generally consistent. This information is provided by the Court Administrators 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. As the holder of the process and data the Court Administrator would be better positioned to speak on this metric.



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

(B) The indicator showed a slight increase in 2015. However, DPS is concerned that this number may be artificially low due to a 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 continues to council affected law enforcement agencies to improve the quality of data being collected. Source of data is the FBI Crime in the United States report as issued.





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

[Link: AHS Act 186 Scorecard](#)

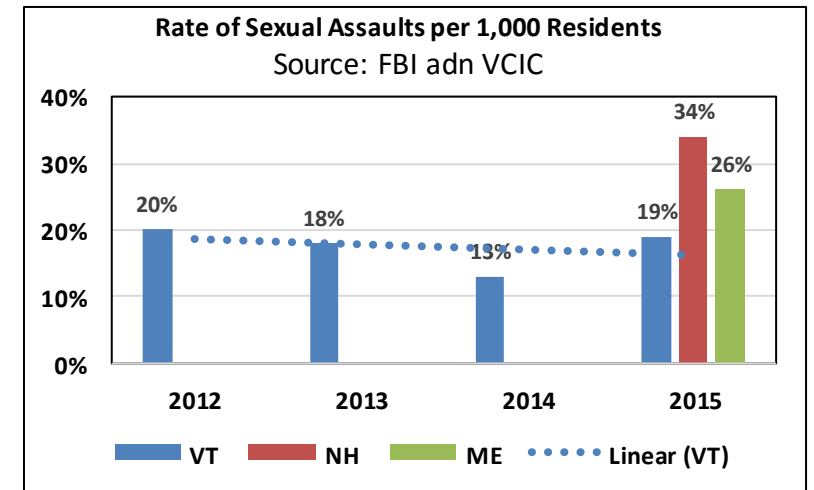
INDICATOR

(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



[CON'T NEXT PAGE]



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

[Link: AHS Act 186 Scorecard](#)

INDICATOR

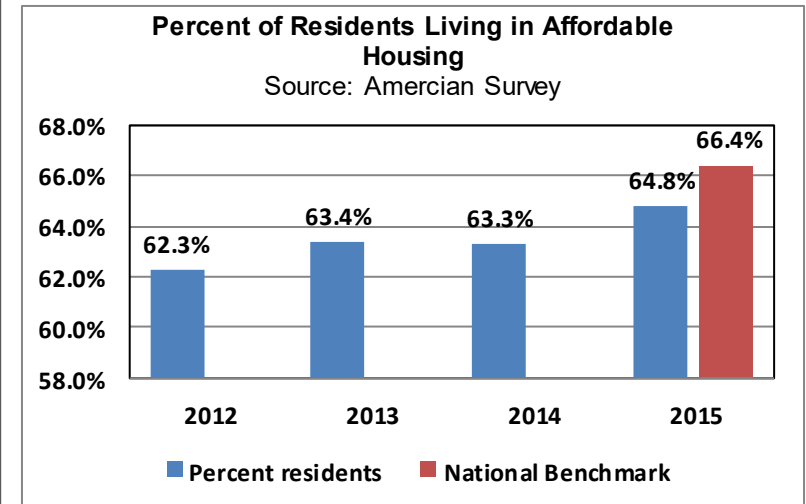
NARRATIVE

DATA



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

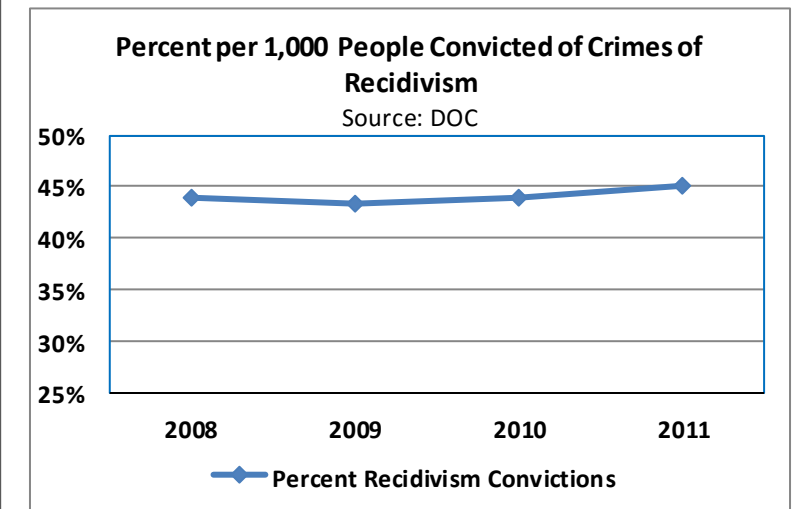
(D) When a household spends more than 30% of income on housing costs, that housing is considered unaffordable. An increase in the percentage of Vermont households that are able to pay less than 30% of their income on housing costs is an indicator of the overall strength of the economy. Increases in this 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;

NOTE: Recidivism data is regularly reported with several years delay.

(E) The data tell us that the average recidivism rate has remained consistent over time. The fluctuations from year to year do not represent significant differences in the rate. It is common for recidivism rates to remain stable 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

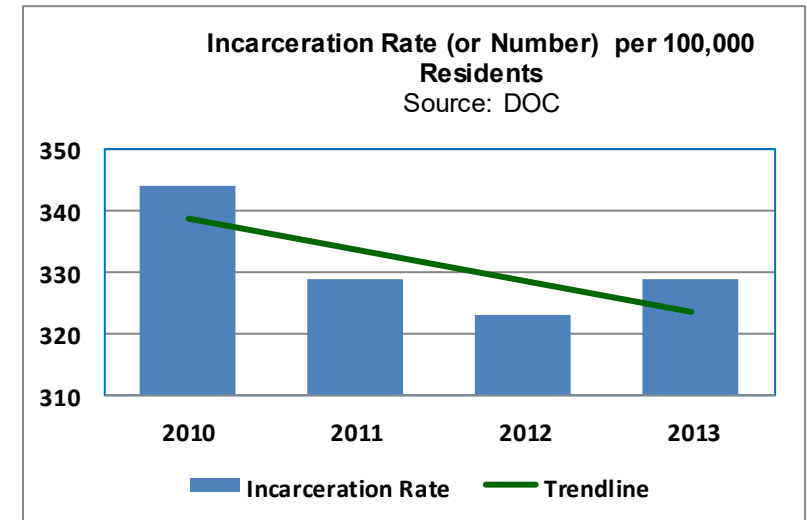
NARRATIVE

DATA



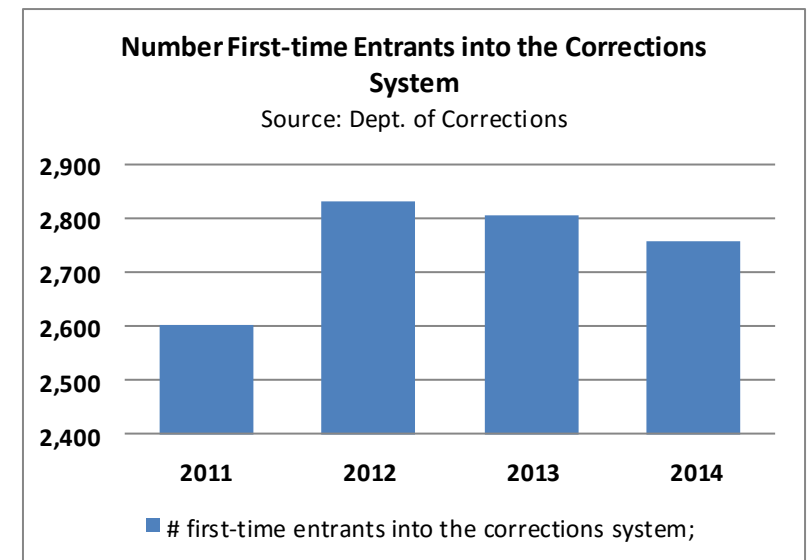
(F) incarceration rate per 100,000 residents;

(F) The Vermont Corrections system integrates services for 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 255/100K residents. This compares to the US Imprisonment rate of 593/100K. 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

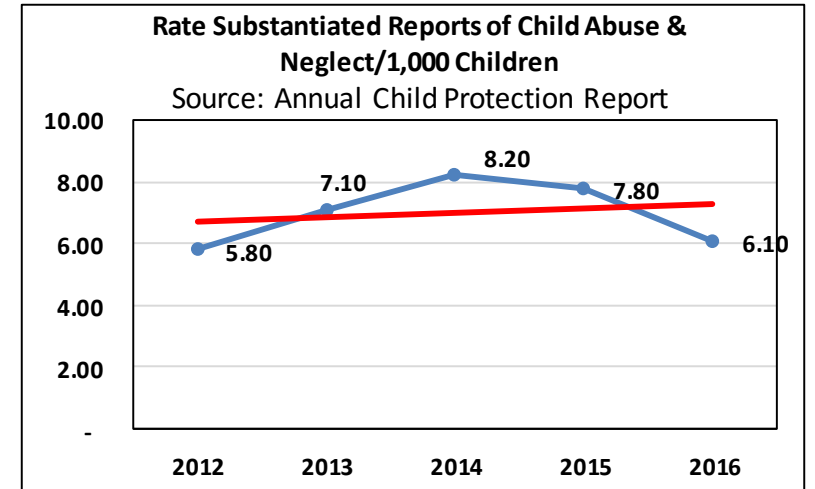
NARRATIVE

DATA



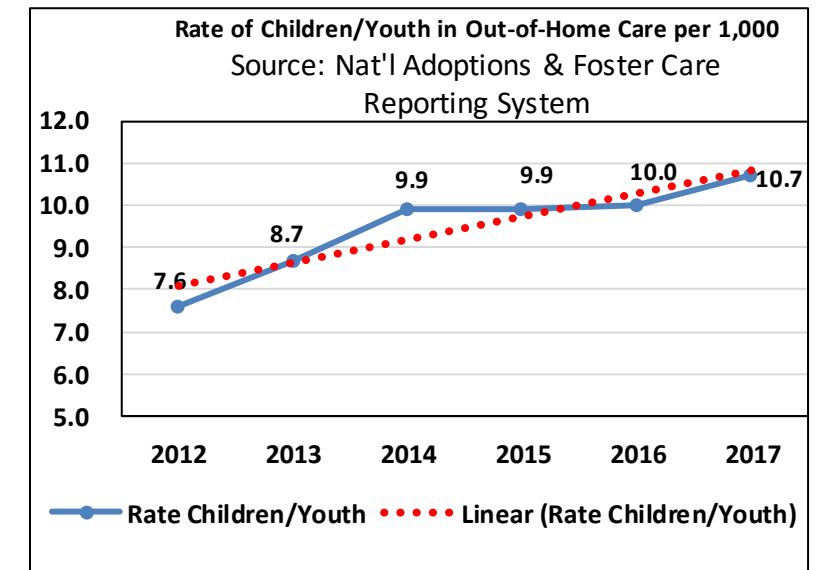
(A) rate of substantiated reports of child abuse and neglect per 1,000 children;

(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. 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. In 2016, the rate decreased to 6.1. 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.



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

(B) The number of children in out of home care 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 a decade, and places Vermont 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.





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

[Link: AHS Act 186 Scorecard](#)

INDICATOR

NARRATIVE

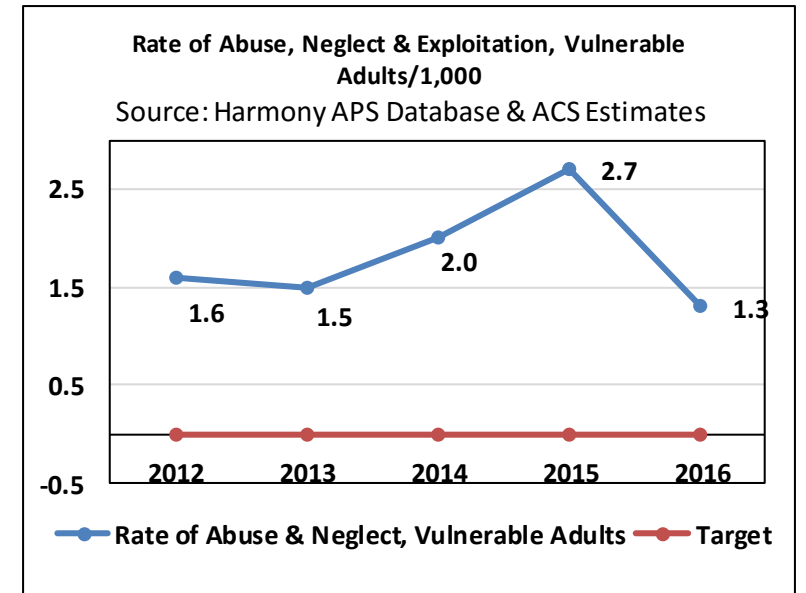
DATA



(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.

[CON'T NEXT PAGE]





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

[Link: AHS Act 186 Scorecard](#)

INDICATOR

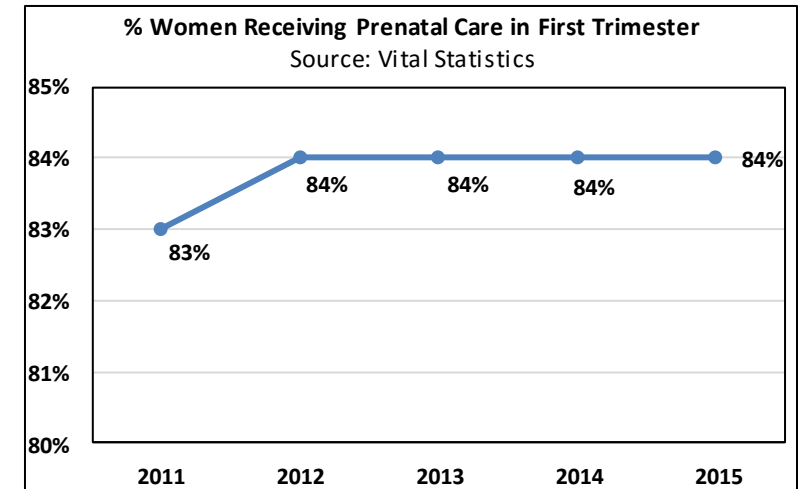
NARRATIVE

DATA



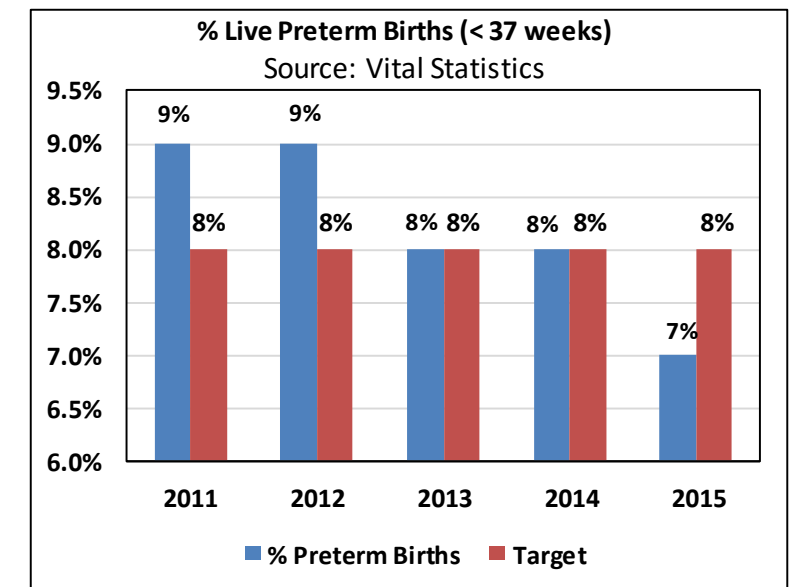
(i) percent of women who receive first trimester prenatal care;

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



(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.





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

[Link: AHS Act 186 Scorecard](#)

INDICATOR

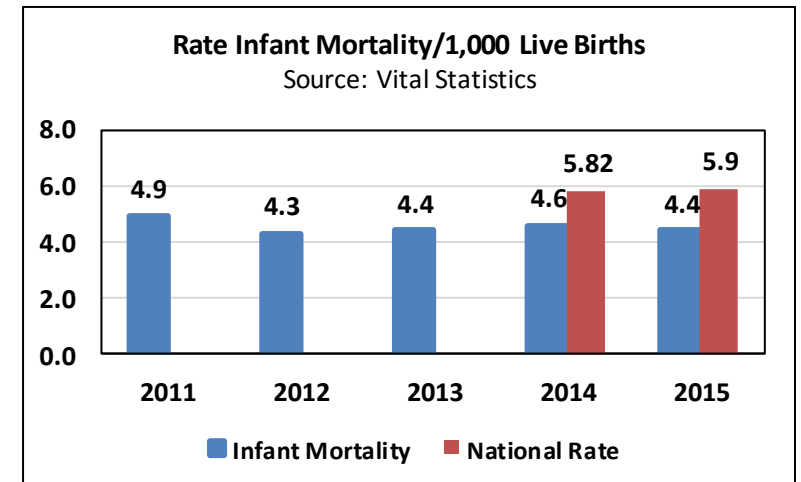
NARRATIVE

DATA



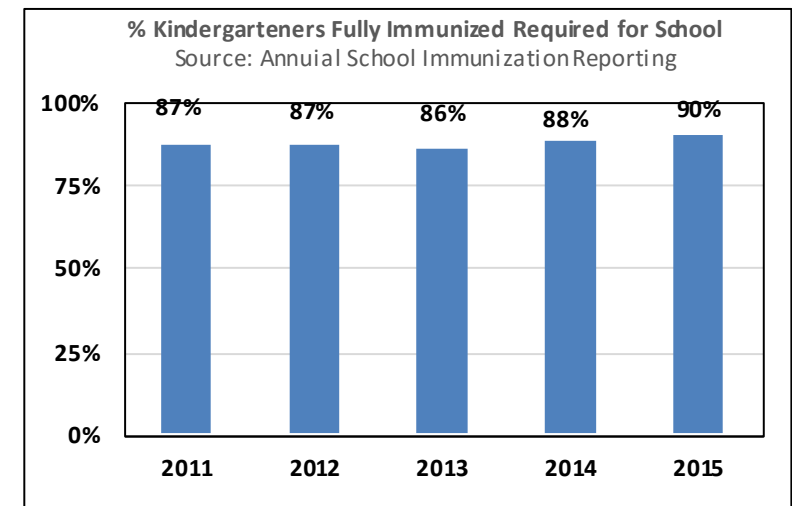
(iii) rate of infant mortality per 1,000 live births;

(iii) The Vermont infant mortality rate remains stable, low, and below the national rate of 5.9 for 2015.



(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%).





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

[Link: AHS Act 186 Scorecard](#)

INDICATOR

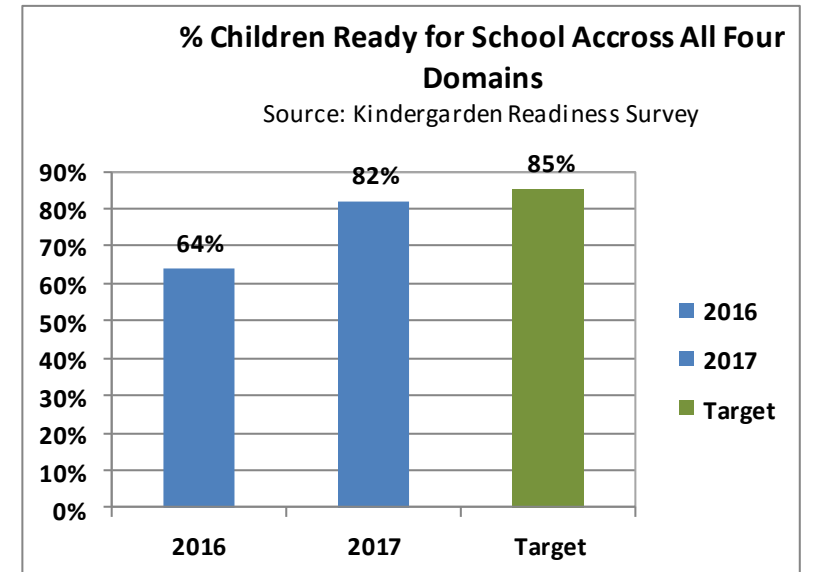
NARRATIVE

DATA



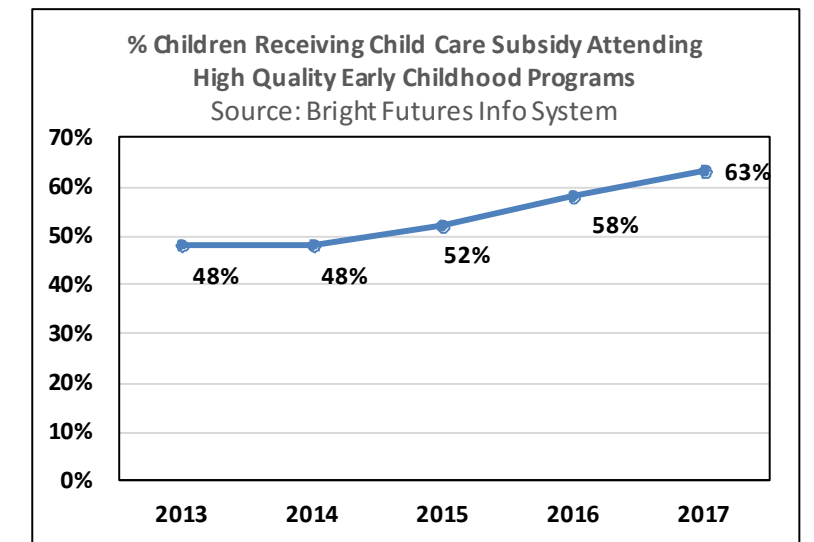
(ii) percent of children ready for school in all four domains of healthy development;

(ii) Survey was modified and validated SY16. Columns G and H are no longer applicable because the measure changed and it is not appropriate to compare the previous results with current results.



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

(iii) The percentage has steadily increased over the past five years, from 28% in FY2010 to 63% in FY2017. This increase can be attributed to Vermont's consistent financial investment in child care subsidy (Child Care Financial Assistance). In FY2017, \$46.1 million in child care financial assistance was provided to an average of 8,241 children — helping them access early care & education and after school programs; 70% 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.





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

[Link: AHS Act 186 Scorecard](#)

INDICATOR

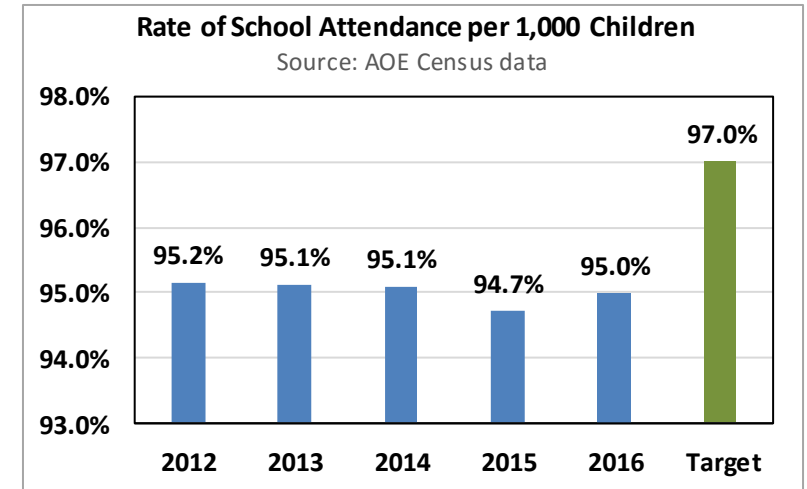
NARRATIVE

DATA



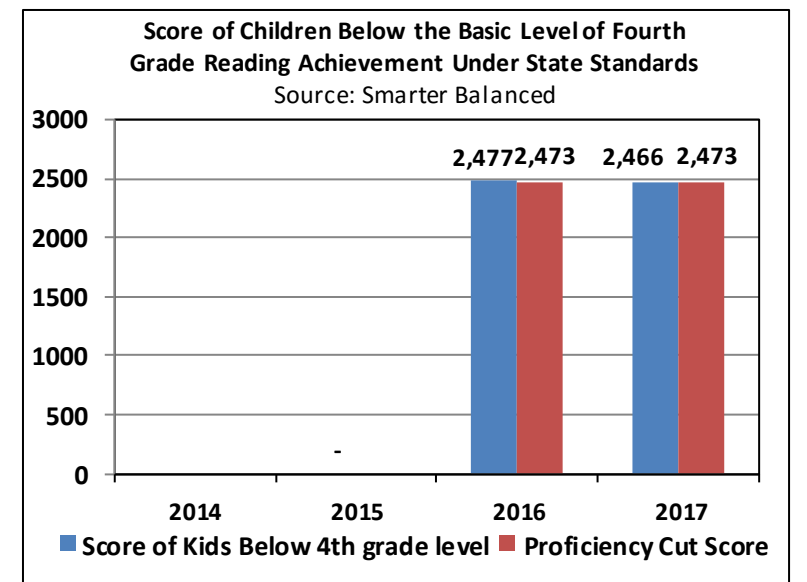
(i) rate of school attendance per 1,000 children;

(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) Average scale score for 4th grade English/ language arts. Smarter Balanced sets a very high performance standard compared to other assessments. We have chosen, as a State, to hold a high bar even though this means a lower likelihood of achieving proficiency statewide. Proficiency cut score is 2473.





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

[Link: AHS Act 186 Scorecard](#)

INDICATOR

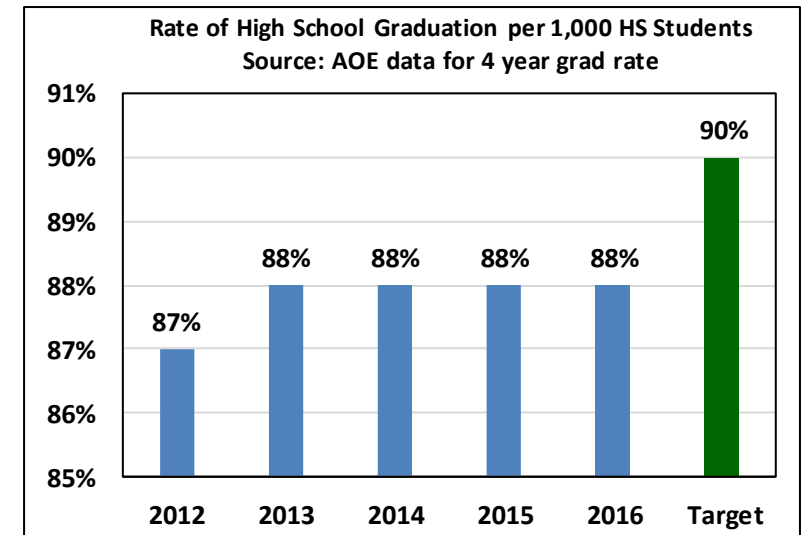
NARRATIVE

DATA



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

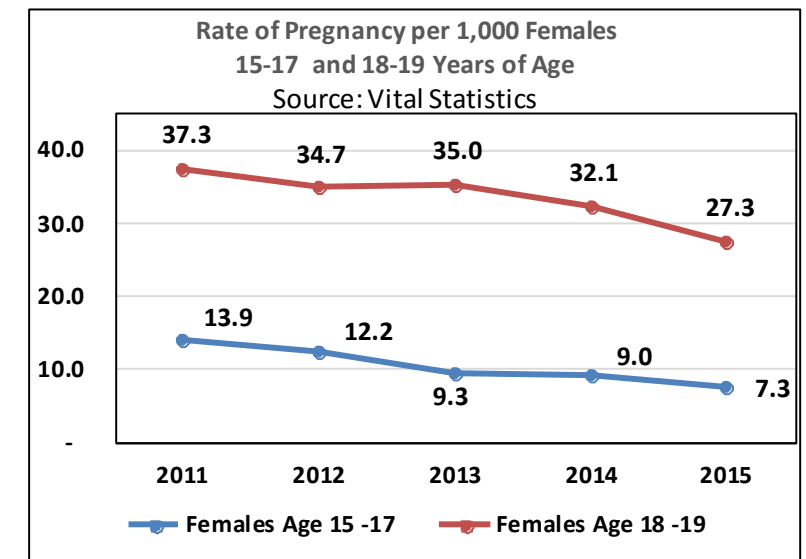
(iii) The agency works through supervisory unions in support of Act 77 (2013), flexible pathways to graduation, and in developing continuous improvement plans for member schools.



(i) rate of pregnancy per 1,000 females 15–17 years of age;
(ii) rate of pregnancy per 1,000 females 18–19 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) 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

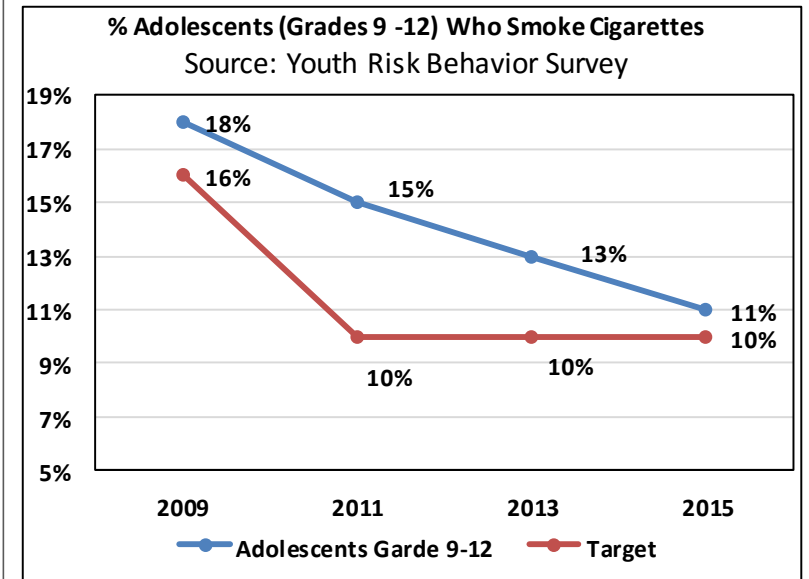
NARRATIVE

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% which is similar to the national average. 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. Several efforts have contributed to the declining prevalence in the last 20 years. Since 2009, Vermont's Tobacco Control Program has systematized the technical assistance and training provided to youth and community coalitions in order to increase awareness and implementation strategies per best practice guidelines. Vermont has seen a significant decline in youth smoking initiation and the initiation rate is 6% (Tobacco Data Pages). In 2015, the program implemented a successful youth engagement initiative titled Free My Ride, which focused on increasing awareness of the dangers posed by smoking in vehicles when children are present. In 2016, OVX youth brought attention to the sharp rise in e-cigarette use by teens. The TCP increased its collaboration with the Agency of Education is providing greater support for youth tobacco prevention efforts. The program has also implemented Down and Dirty as a method of engaging rural youth with social tobacco-free branding and an educational campaign CounterBalance to bring attention to the dangers of flavors and how they are used to initiate youth to tobacco. The program has been identifying and tackling issues that detrimentally impact youth's vulnerability to tobacco. Over the past several years the program has worked with advocates and partners on tightening youth's access and exposure to both tobacco and tobacco substitutes culminating in Act 135. This piece of legislation bans the use of e-cigarettes and paraphernalia, both of which can be pathways to smoking, on school grounds and at school events. Act 135 also included bans on smoking cigarettes in cars with children under 8 years old. These two bill components, and Act 108 which restricts the use of e-cigarettes wherever lit tobacco products are banned, are important for protecting health and safeguarding social norms.





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

[Link: AHS Act 186 Scorecard](#)

INDICATOR

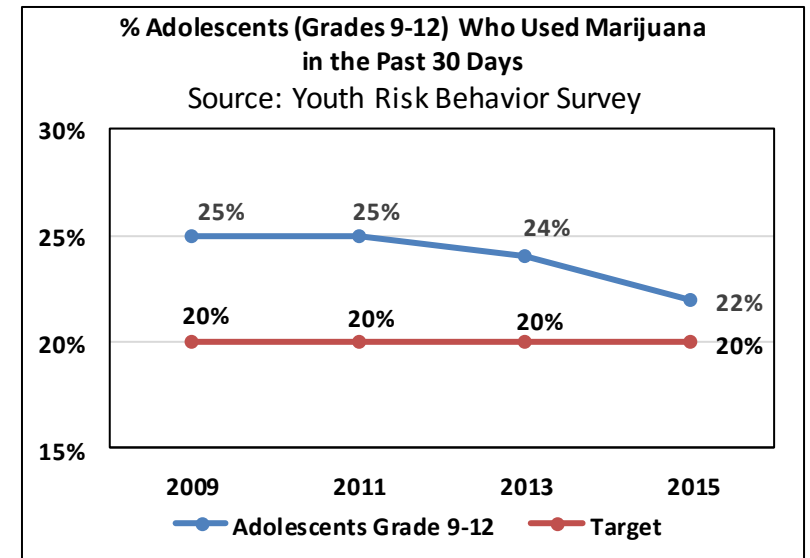
NARRATIVE

DATA



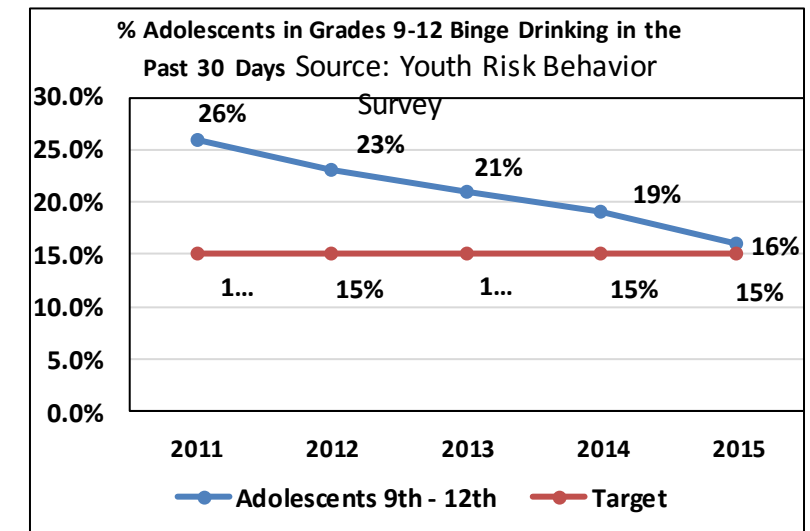
(iv) percent of adolescents in grades 9-12 who used marijuana in the past 30 days;

(iv) 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 several external factors. First, the medicalization of marijuana seems to have reduced perception of risk of harm among this age group. Risk perception is inversely related to use; that is as it decreases, use rates increase. Second, the decriminalization of small amounts of marijuana for adults 21 and over in Vermont and other states has also reduced the perception of risk of using marijuana. Third, the legalization of marijuana in Colorado and Washington appears to classify marijuana in the same risk category as alcohol again resulting in a further lowering of perception of risk of use. Fatal motor vehicle accidents involving drivers who were under the influence of marijuana have tripled over a recent 10-year period. Marijuana is the most abused illicit substance among all age groups in Vermont. Given the risks and potential adverse effects of marijuana use on adolescents, ADAP will continue to work with partners to prevent and intervene early to reduce marijuana use among adolescents.



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

(V) Binge drinking is defined by the Youth Risk Behavior Survey as having 4 (females) or 5 (males) drinks in one sitting. The decrease from 2005 to the present reflects an overall decrease in alcohol consumption in general and binge drinking in particular among this age group across the country. This is good news, but more must be done to promote healthy behavior and limit access to alcohol for this age group. One of Vermont's prevention priorities is addressing underage drinking, with much of the work funded through federal demonstration grants. The efforts associated with these grants 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

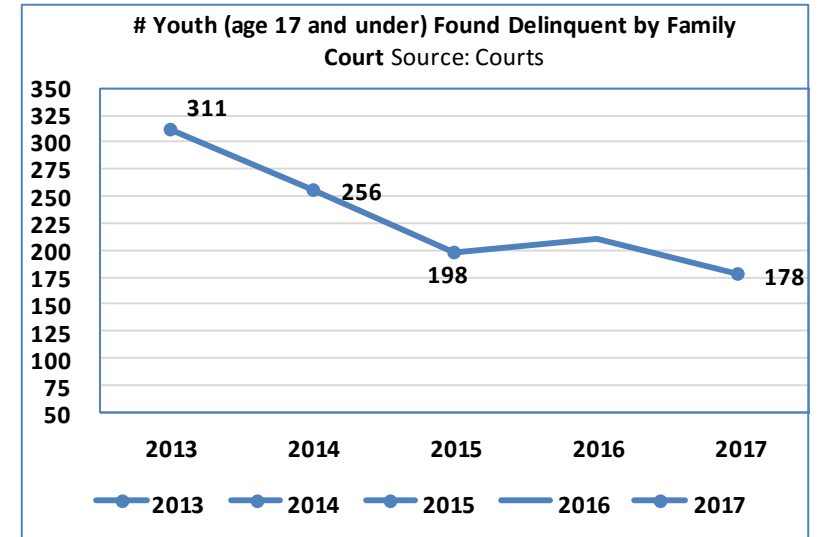
NARRATIVE

DATA



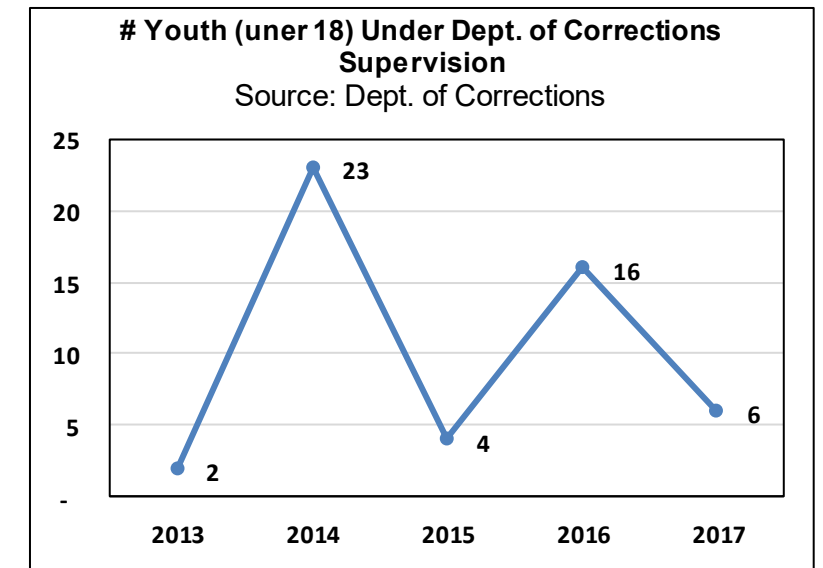
(vi) number of youth age 17 and under found delinquent by Family Court;

(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) Data Note: Data is for the count on June 30th every year. 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.





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

[Link: AHS Act 186 Scorecard](#)

INDICATOR

NARRATIVE

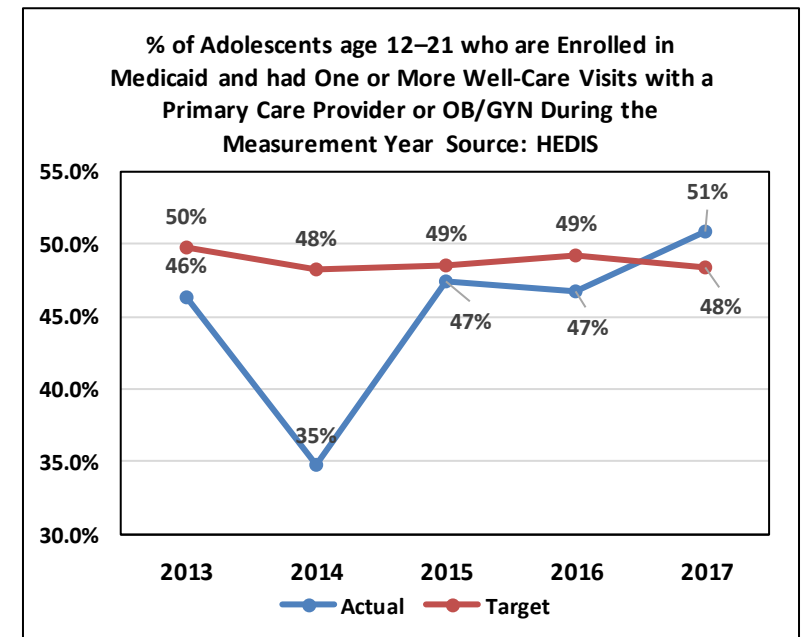
DATA



(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.

[CON'T NEXT PAGE]





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

[Link: AHS Act 186 Scorecard](#)

INDICATOR

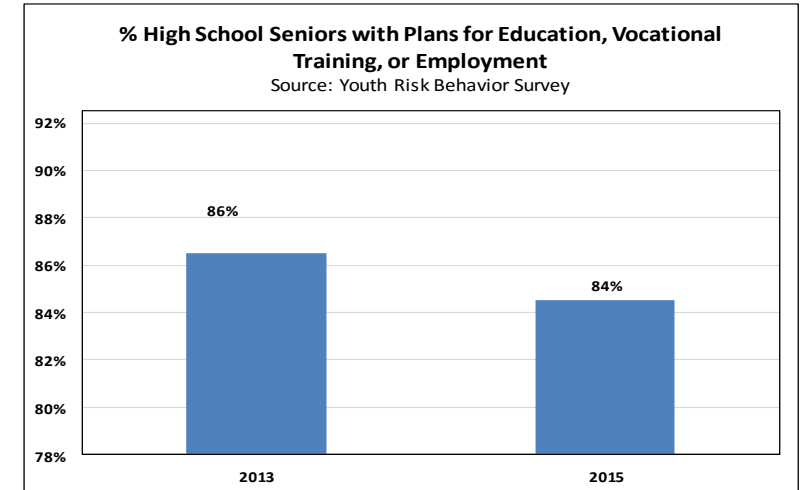
NARRATIVE

DATA



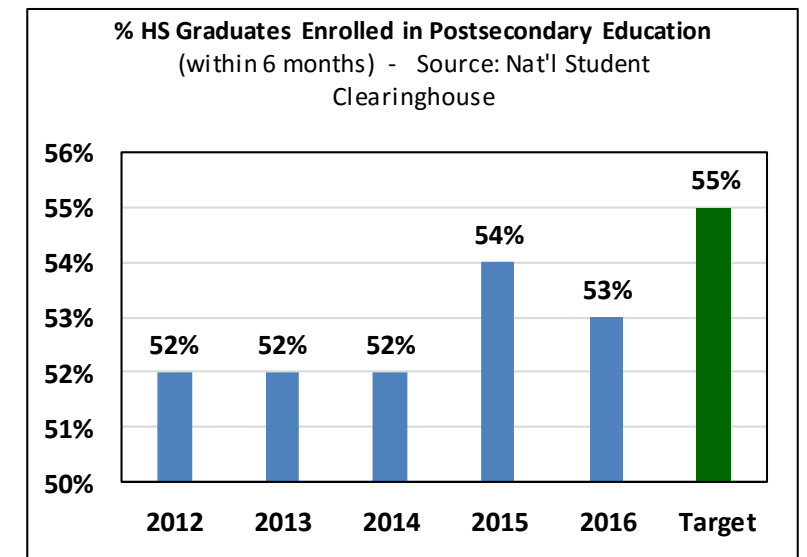
(i) percent of high school seniors with plans for education, vocational training, or employment;

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



(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.





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(E) YOUTHS SUCCESSFULLY TRANSITION TO ADULthood.**

[Link: AHS Act 186 Scorecard](#)

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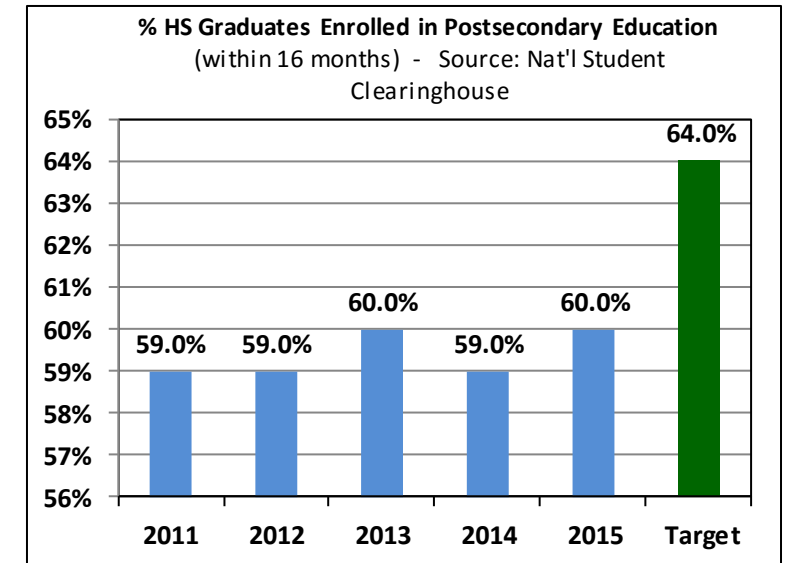
NARRATIVE

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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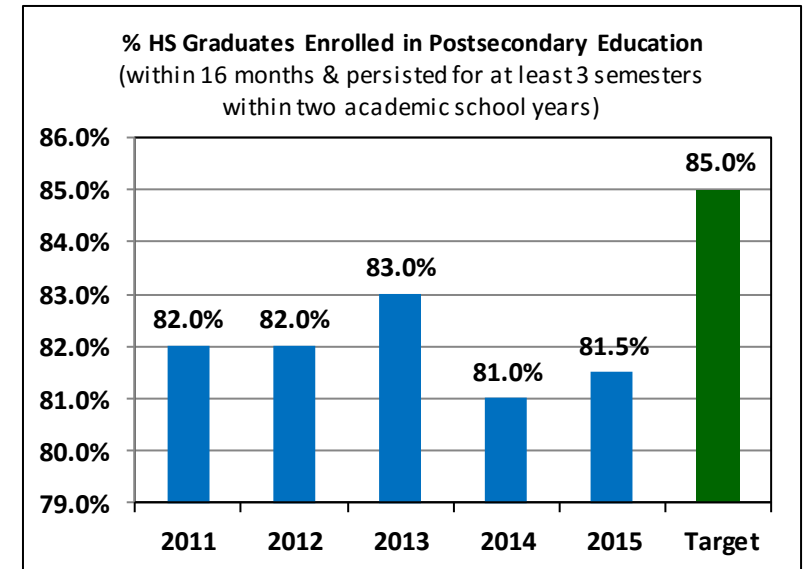
NARRATIVE

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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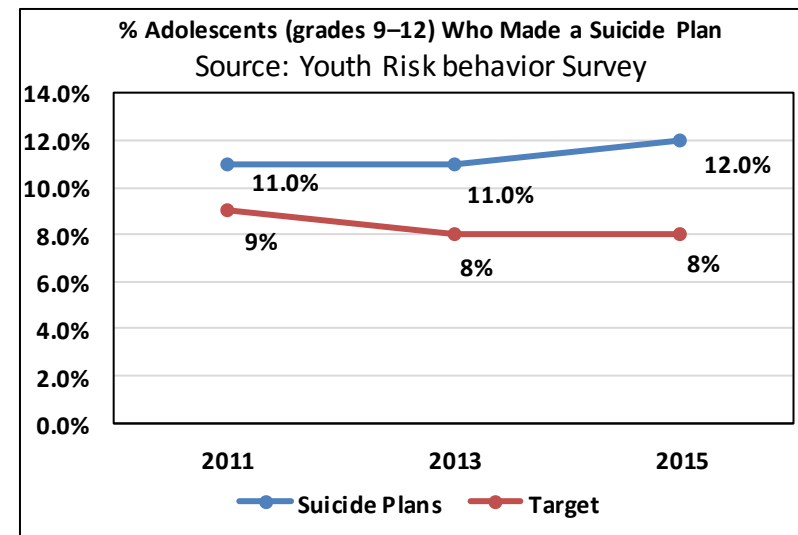
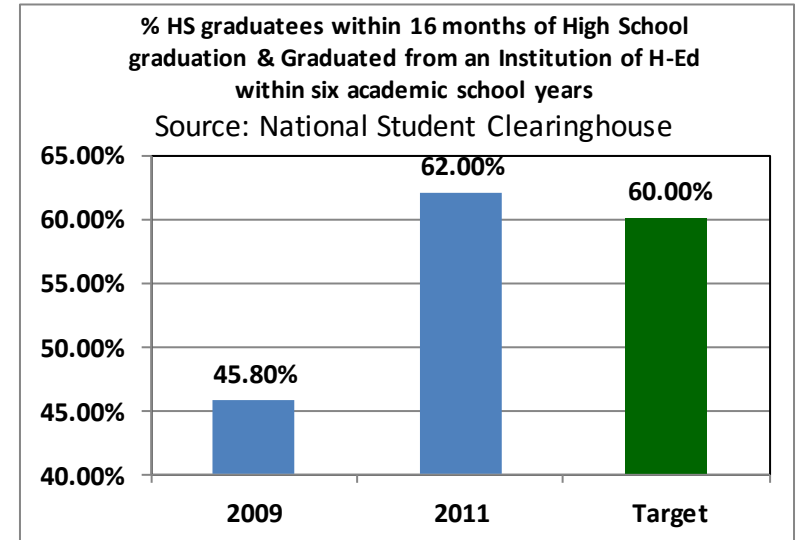
NARRATIVE

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 IN SETTINGS THEY PREFER.

[Link: AHS Act 186 Scorecard](#)

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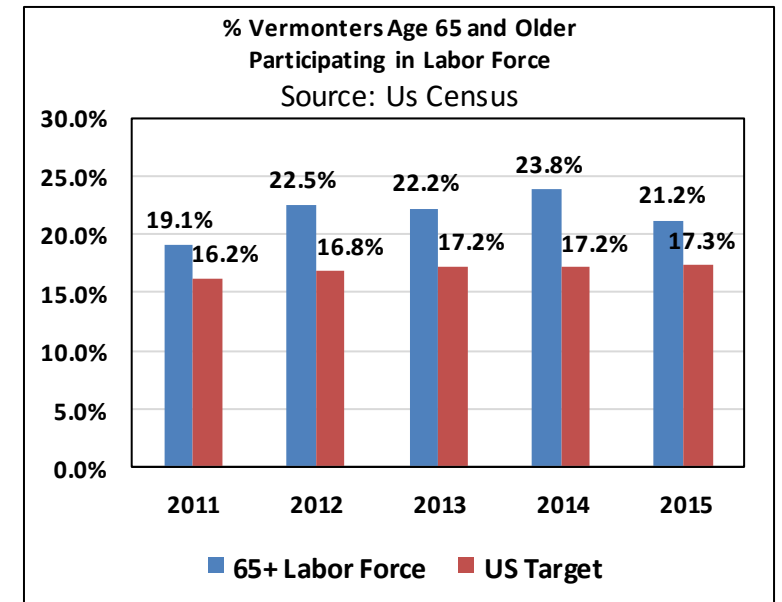
NARRATIVE

DATA



(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. People age 65 and over in Vermont represented approximately 14.6% of the population in 2010, but will represent 21.8% in 2020, and 29% in 2030*...almost a 100% increase in 20 years. In 2013 Vermont was tied with Pennsylvania for having the 4th highest percent of its population age 65 or older. ** In 2015 the share of Vermont jobs held by people age 65 and over rose to 7%, compared to 3.5% in 2005. Clearly, our state is getting older....and quickly. In 2014 Vermont tied with New Hampshire for being the second oldest state in the country with a median age of 42.6; in 2000 it was 37.7. Maine continues to be the oldest state, with a median age of 44.2. New England is the country's oldest region with an overall median age of 40.3 in 2014, compared to 37.1 in 2000***. We know that Vermont is aging faster than most of the other states. We also know that more Vermonters age 65 and over are staying in the labor force....or want to stay in the labor force. Vermont Joint Fiscal Office analyst Joyce Manchester recently wrote in a brief, "People anticipate living longer and need to have enough income and assets to last throughout their longer retirement.....Second, the age at which full retirement benefits are available increased from 65 to 66, causing many older people to delay their claiming of Social Security benefits and stay in the workforce."**** Other older people remain in the workforce because they are healthy and are able to work- and recognize the continued economic, social, and health benefits of remaining active in the workforce.





OUTCOME 8: VERMONTERS WITH DISABILITIES LIVE WITH DIGNITY IN SETTINGS THEY PREFER.

[Link: AHS Act 186 Scorecard](#)

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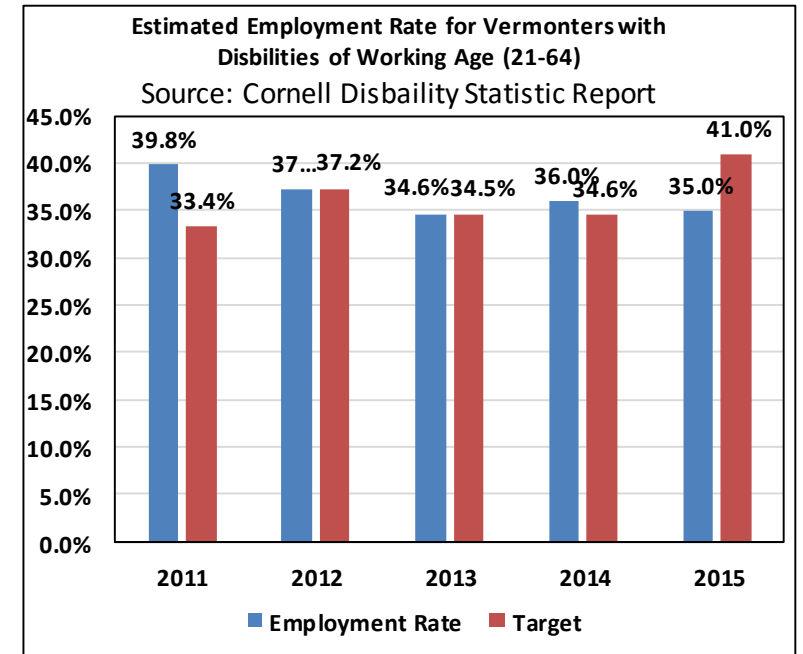
(A) estimated employment rate of Vermonters of working age (21-64) with all disabilities;

NARRATIVE

(A) This population indicator shows the estimated employment rate of all Vermonters with disabilities who are age 18-64. 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.

Note that the employment rate is higher in Vermont, but related earned wages are lower in Vermont.

DATA





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

INDICATOR

NARRATIVE

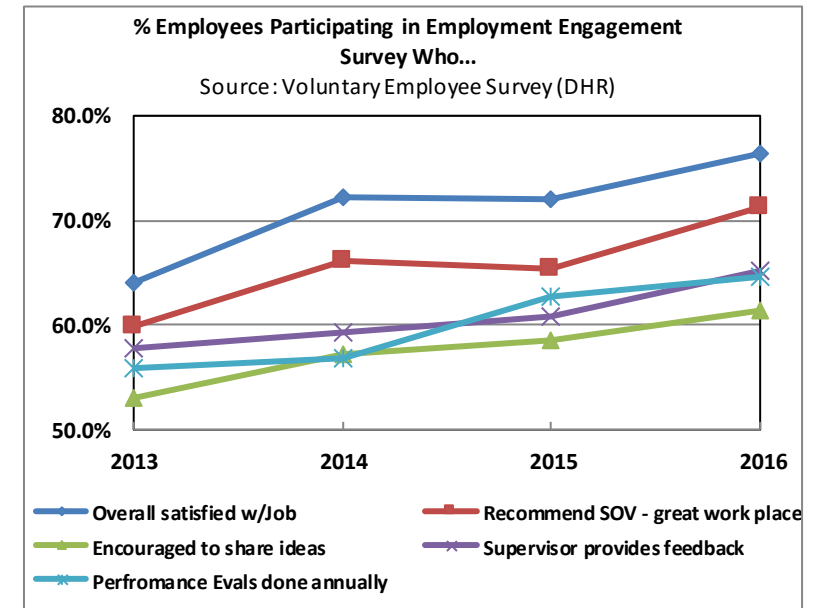
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(A) percent Employees participating in voluntary EES (Employment Engagement Survey) responding as to:

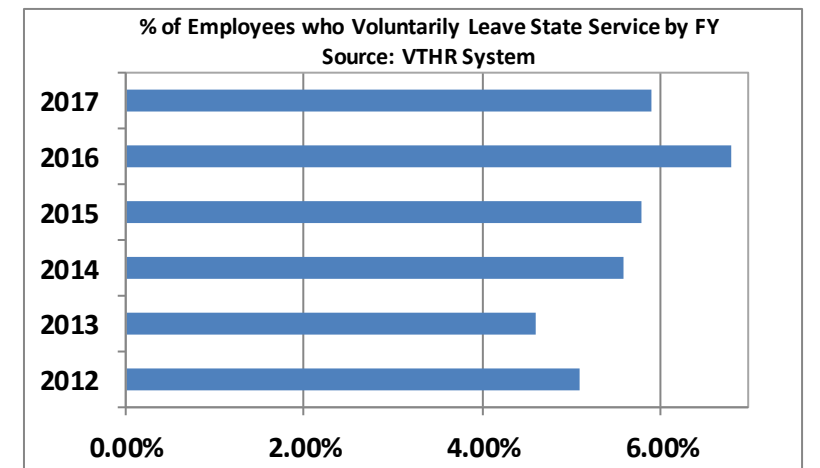
- (i) Satisfied overall with job;
- (ii) Would recommend SOV as a great place to work;
- (iii) Encouraged to share ideas on business improvement or efficiency;
- (iv) Supervisor regularly provides timely and useful feedback;
- (v) Their Performance evaluations are completed annually.

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

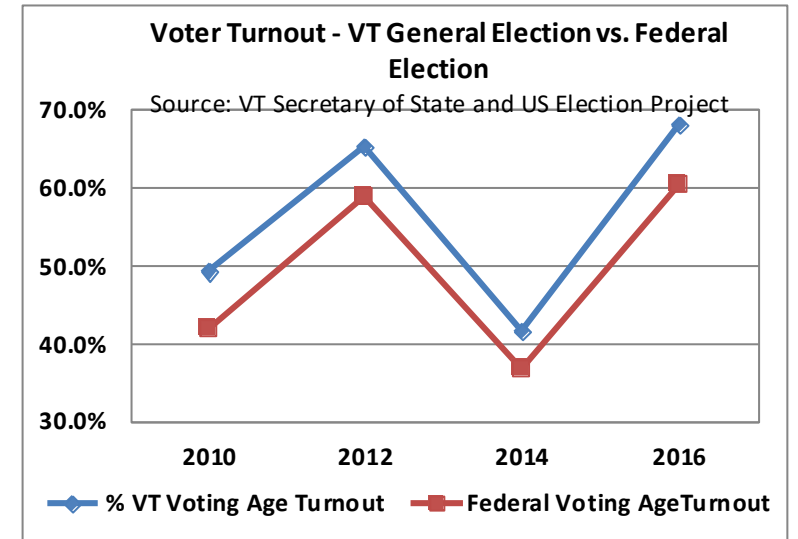
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DATA



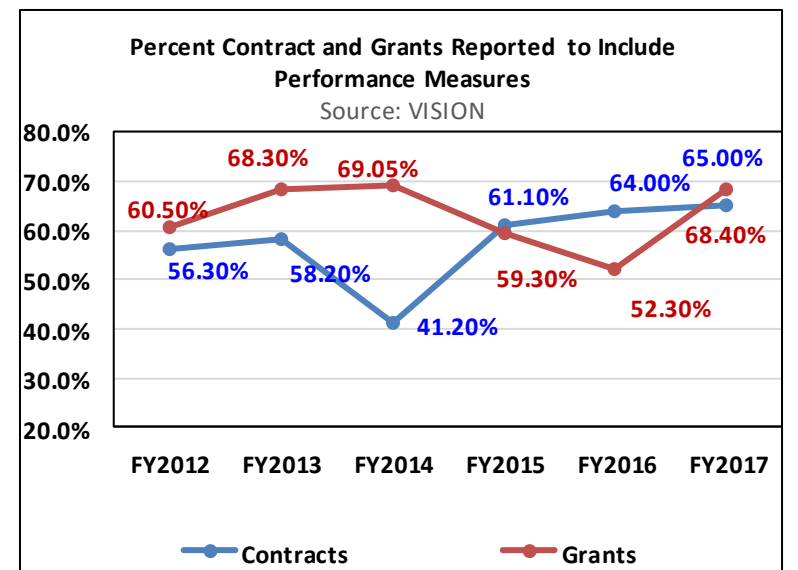
(C) Percent of registered voters voting in the general election.

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



(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.





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

INDICATOR

NARRATIVE

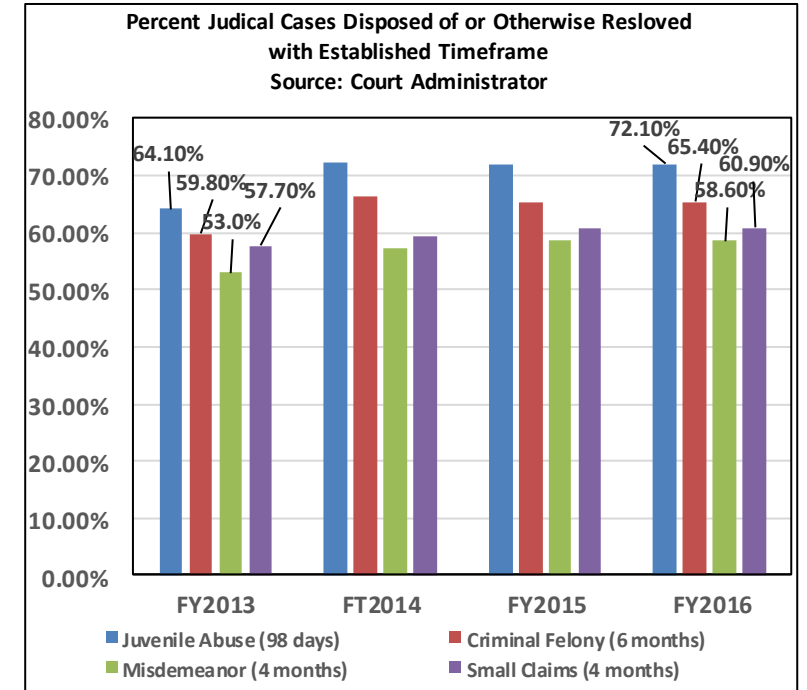
DATA



(F) 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)

(F) 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),





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

INDICATOR

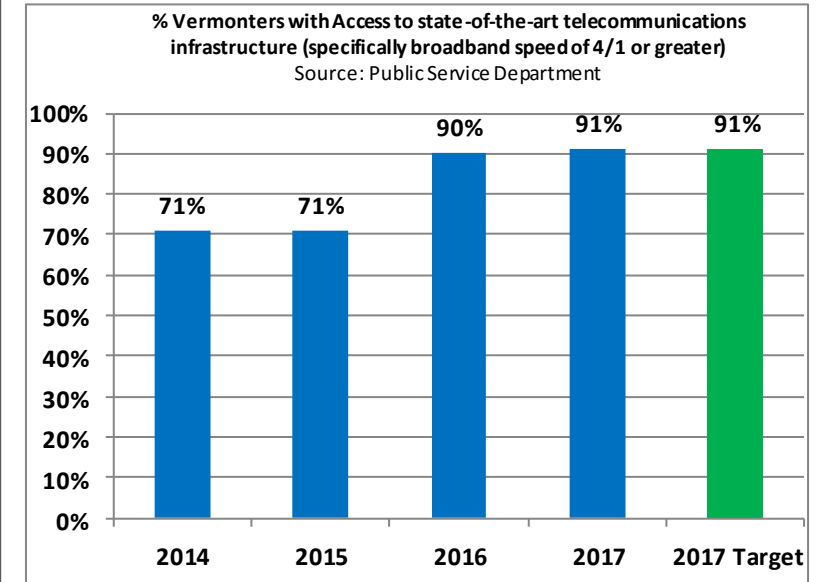
NARRATIVE

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.

