

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART ASSESSMENTS

Program: 317 Immunization Program

Agency: Department of Health and Human Services

Bureau: Centers for Disease Control and Prevention

Rating: Adequate

Program Type: Competitive Grant

Last Assessed: 1 year ago

Key Performance Measures from Latest PART	Year	Target	Actual
Long-term Measure: Number of cases of vaccine-preventable diseases in the United States as measured by cases of polio, rubella, measles, congenital rubella, mumps and tetanus.	2001	<150	<183
	2005	50	
	2006	50	
	2010	0	
Annual Measure: Percentage of children 19-35 months of age who receive recommended vaccines every year.	2001	90%	>=90%, Var 76%
	2004	90%	
	2005	90%	
	2006	90%	
Annual Measure: Number of polio cases worldwide.	2001	1500	483
	2002	500	1918
	2003	200	784
	2006	0	

Recommended Follow-up Actions from Latest PART	Status
Will continue a comprehensive evaluation of the program and will work with grantees to better measure outcomes and allocate resources based on more clear criteria.	Action taken, but not completed
Will review administrative functions to determine whether improvements in program operations and efficiency can be made.	Action taken, but not completed

Update on Follow-up Actions:

The 2006 Budget includes a \$20 million increase for state grants for influenza immunizations and \$30 million to increase the supply of influenza vaccine. The 2006 Budget also includes a legislative proposal to make it easier for uninsured children who are eligible for the CDC Vaccines for Children program to receive immunizations in public health clinics. The legislative proposal will expand the VFC program and result in \$100 million in savings to the 317 discretionary childhood immunization program. The global polio measure will be tracked by the global immunization program, which will be assessed separately in the future, and not by the 317 immunization program.

Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
469	519	429

Program: Administration on Aging

Agency: Department of Health and Human Services

Bureau: Administration on Aging

Rating: Moderately Effective

Program Type: Block/Formula Grant

Last Assessed: 1 year ago

Key Performance Measures from Latest PART	Year	Target	Actual
Annual Efficiency Measure: People served per \$million of AoA funding (with no decline in service quality).			
Long-term Measure: By 2010, the number of states achieving a targeting index greater than 1.0 for rural and poverty measures.	2001	(poverty)	44
	2001	(rural)	41
	2010	51 States P	
	2010	50 States R	
Long-term Measure: The percentage of caregivers reporting that services have definitely enabled them to provide care for a longer period.			

Recommended Follow-up Actions

The Administration will publish a new set of performance measures that reflect program outcomes and appropriate performance targets as part of the agency's FY 2005 GPRA plan.

Status

Action taken, but not completed

Update on Follow-up Actions:

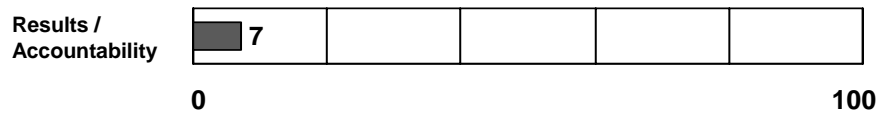
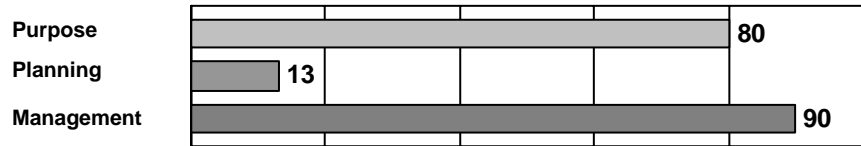
Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
1,243	1,253	1,272

Program: *Adolescent Family Life Program (AFL)*

Agency: *Department of Health and Human Services*

Bureau: *Office of Public Health and Science (OPHS)*



Rating: *Results Not Demonstrated*

Program Type: *Competitive Grant*

Program Summary:

The Adolescent Family Life (AFL), a demonstration program, provide grants to non-profits and governments to: 1) develop and test abstinence education curricula to encourage adolescents to postpone sexual activity (Abstinence grants); 2) develop and test interventions with pregnant and parenting teens to ameliorate the effects of too-early-childbearing for teen parents, their babies, and their families (Care grants); and (3) to support related research for Abstinence and Care.

The assessment found that the program's purpose, design, and management were strong but lacked strategic planning and therefore was unable to demonstrate results. Additional findings include:

- Overall the program lacks performance measures, targets, or timeframes.
- Individual grantees are held accountable through the grant application, review, award, and monitoring processes which provide a clear and specific description of grantee expectations, including program design, delivery, goals, and evaluation.
- AFL is developing core data instruments for performance measurement as a basis for measuring overall program performance and strategic planning.
- The Abstinence grants are similar to two Maternal and Child Health Bureau (MCHB) abstinence programs in purpose (abstinence education), targeted beneficiaries (adolescents), and mechanisms (competitive grants).

In response to these findings, the Administration will:

1. Complete development of core data instruments and implement in 2005 grantee reporting.
2. Develop performance baselines, measures, and targets based upon data collected from core instruments.
3. Review the similarities between the AFL and MCHB programs and recommend changes to reduce the redundancy of multiple funding sources for similar purposes.

Key Performance Measures from Latest PART **Year** **Target** **Actual**

Key Performance Measures from Latest PART	Year	Target	Actual
Long-term Measure: Measure Under Development			
Annual Measure: Measure Under Development			

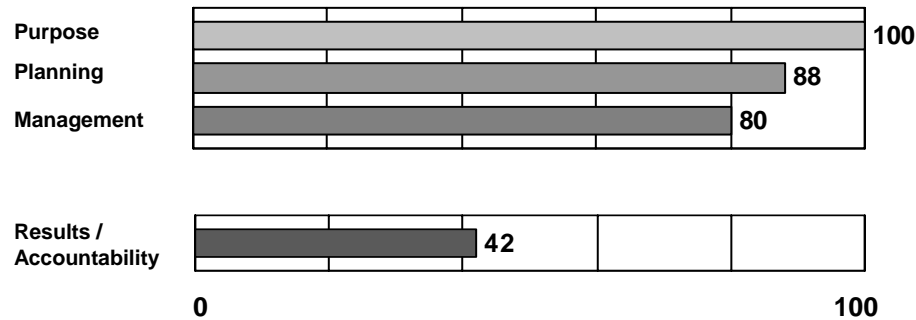
Program Funding Level (in millions of dollars)

<u>2004 Actual</u>	<u>2005 Estimate</u>	<u>2006 Estimate</u>
31	31	31

Program: Agency for Toxic Substances and Disease Registry

Agency: Department of Health and Human Services

Bureau: Agency for Toxic Substances and Disease Registry



Key Performance Measures from Latest PART

	Year	Target	Actual
Long-term Measure: Percentage of sites where human health risks or disease have been mitigated, based on comparative morbidity/mortality rates, biomarker tests, levels of environmental exposures, and behavior change of community members and/or health professionals. (Baseline in 2004)			
Annual Measure: Percentage of EPA, state regulatory agency, or private industry acceptance of ATSDR's recommendations at sites with documented exposure	2002		78%
	2003	55%	73%
	2005	78%	
	2006	80%	
Annual Measure: Fill additional data needs related to the 275 priority hazardous substances	2002		6
	2003	6	8
	2005	15	
	2006	18	

Rating: Adequate

Program Type: Competitive Grant

Program Summary:

The Agency for Toxic Substances and Disease Registry (ATSDR) addresses the health effects of toxic substances in coordination with Federal, State and local partners. The program works to prevent harmful exposure and disease related to toxic substances through science, public health actions and health information.

The initial assessment found that the program is managed well and has a clear purpose, but has not demonstrated the impact of the program on the health of people living in communities exposed to toxic substances. The program has taken a number of steps to address deficiencies identified through the PART assessment:

- In response to initial findings that the program did not have long-term outcome measures, the program has developed performance metrics for each site in which it works where there is a public health hazard. The program will track the percentage of sites where human health risks or disease have been mitigated, based on select measures: comparative morbidity/mortality rates, biomarker tests, levels of environmental exposures, behavior change of community members and/or health professionals.
- The original PART assessment found that the program has administrative redundancies with the Centers for Disease Control and Prevention (CDC). ATSDR has combined its office of the director with the office of the director of CDC's National Center for Environmental Health. ATSDR will now be able to improve the overall administrative efficiency of the program by more fully consolidating the two offices of the director.
- The original PART assessment found that the program had made progress in integrating budget and performance, but still needed to take additional steps. Over the last year, ATSDR systematically reviewed the goals and performance information of all of its major activities and reallocated its annual resources according to that information.

In response to these new findings:

1. ATSDR will continue to develop site specific metrics to measure the outcome of interventions on human health risks or disease across the program.
2. The program will also work to realize improved administrative efficiencies following the consolidation.
3. ATSDR will continue to make progress on tying budget requests for new resources to anticipated levels of performance.

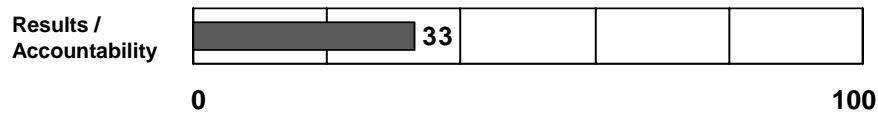
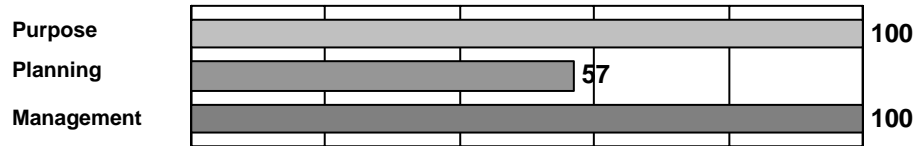
Program Funding Level (in millions of dollars)

<u>2004 Actual</u>	<u>2005 Estimate</u>	<u>2006 Estimate</u>
73	76	76

Program: *Assets for Independence*

Agency: *Department of Health and Human Services*

Bureau: *Administration for Children and Families*



Rating: *Adequate*

Program Type: *Competitive Grant*

Program Summary:

The Assets for Independence (AFI) Program supports more than 250 projects across the country that are demonstrating the federal asset-based policy of encouraging low-income families to save earnings in Individual Development Accounts (IDAs). IDAs are matched savings accounts designed to help low-income and low-wealth families accumulate savings for high return investments in long-term assets such as a house, higher education or a small business.

The assessment found that the program addresses a specific problem and supports a national impact evaluation to determine whether the policy helps families become economically self-sufficient; however it lacks partner-supported performance measures with baselines and ambitious targets. Additional findings include:

- Recent research indicates that a quarter of American households are "asset poor," meaning the individuals and families have insufficient financial resources to support them at the poverty level for three months (during a suspension of income).
- Since its inception, the AFI Program has opened over 12,000 IDA accounts and deposited over \$7 million, thus helping to address the problem of asset poverty.
- While AFI grantees must report on individual goals and measures, the federal program has not established annual and long-term program-wide performance measures for grantees to commit to and work towards.

In response to these findings, the Administration will:

1. Work with the agency to develop grantee-supported performance outcome measures and to demonstrate improved efficiencies or cost effectiveness.
2. Support the Reauthorization of the Assets for Independence Act and work with the agency and the Congress to make legislative improvements in the program.

Key Performance Measures from Latest PART **Year** **Target** **Actual**

Key Performance Measures from Latest PART	Year	Target	Actual
Long-term Measure: Measure Under Development			
Annual Measure: Measure Under Development			
Annual Efficiency Measure: Measure Under Development			

Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
25	25	25

Program: *CDC State and Local Preparedness Grants*

Agency: *Department of Health and Human Services*

Bureau: *Centers for Disease Control and Prevention*

Rating: *Results Not Demonstrated*

Program Type: *Block/Formula Grant*

Last Assessed: *1 year ago*

Key Performance Measures from Latest PART **Year** **Target** **Actual**

Annual Measure: Percentage of Laboratory Response Network labs that pass proficiency testing for Category A threat agents	2005	100%	
	2006	100%	
Long-term Measure: Percentage of states with level 1 chemical lab capacity, and agreements with/access to a level 3 chemical lab (specimens arriving within 8 hours)	2010	100%	
	2005	25%	
	2006	100%	
Annual Measure: Percentage of states with level 1 chemical lab capacity, and agreements with/access to a level 3 chemical lab (specimens arriving within 8 hours)	2005	25%	
	2006	100%	
	2007	100%	
	2008	100%	

Update on Follow-up Actions:

Recommended Follow-up Actions

Will work with State and local representatives to ensure that performance information will be available to determine when acceptable preparedness has been demonstrated, and to target assistance for those areas that are not adequately prepared.

Status

Action taken, but not completed

Has established outcome oriented goals and targets for preparedness.

Action taken, but not completed

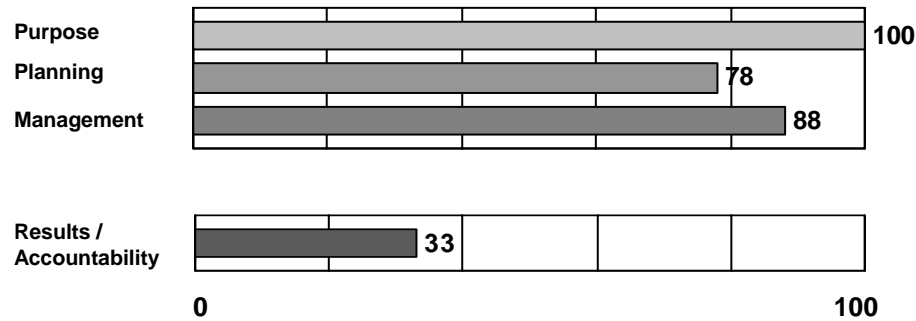
Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
918	927	797

Program: *CDC: Buildings and Facilities*

Agency: *Department of Health and Human Services*

Bureau: *Centers for Disease Control and Prevention*



Rating: *Adequate*

Program Type: *Capital Assets and Service Acquisition*

Program Summary:

The Buildings and Facilities program at the Centers for Disease Control and Prevention (CDC) works to ensure CDC has safe and efficient facilities and equipment to carry out its mission and that public investments in these facilities are protected through effective maintenance and operations.

The assessment found the CDC Buildings and Facilities activity has a clear purpose and is well managed overall, but has lacked performance measures and a comprehensive evaluation to track its impact on the ability of CDC to more effectively carry out its mission. Details from the assessment include:

- The program uses a master plan of CDC headquarters construction projects to target resources. Senior managers from CDC' centers, institutes and offices helped develop the plan. The program guides repairs and improvements investments using priority rankings and systematic reviews by an internal board.
- As of 2004, 64 percent of projects in the facilities master plan are underway with an investment to date of over \$883 million. The program had not taken steps to measure the impact of these investments on the agency.
- Through the assessment process, the program adopted a new outcome measure that will track changes in areas such as the productivity and expansion of laboratory research and techniques resulting from new facilities. The program will also measure performance on meeting scope, schedule, budget and quality targets.
- The program has met most key milestones, but has exceeded construction costs on individual projects.
- The program is enhancing accountability of individual project managers and the Department of Health and Human Services on the requirements, budget, scope and schedule of projects.
- The program is also beginning to conduct more analyses of trade-offs between costs, schedule and risk for construction projects. The program has supported targeted studies and has used the information to guide program improvements.

In response to these findings:

1. Over the next year, the CDC Buildings and Facilities program will refine the newly adopted long-term measure and develop baselines, ambitious targets and timeframes.
2. The program will explicitly tie budget requests to the accomplishment of annual and long-term goals and will present resource needs more completely and transparently.

Key Performance Measures from Latest PART

	Year	Target	Actual
Long-term Measure: Facility-specific impact on program ability to meet missions for each new construction in output, expansion of research programs and techniques, agency/researcher productivity, reduction in inefficient use of time, other. (Baseline in 2006).			
Annual Measure: Aggregate of scores for capital projects rated on scope, schedule, budget and quality out of 100.	2006	90	
	2007	90	
	2008	90	
Annual Efficiency Measure: Deliver leased space at a percentage below Atlanta's sub-market rate	2003	-10%	-5%
	2004	-10%	
	2006	-10%	

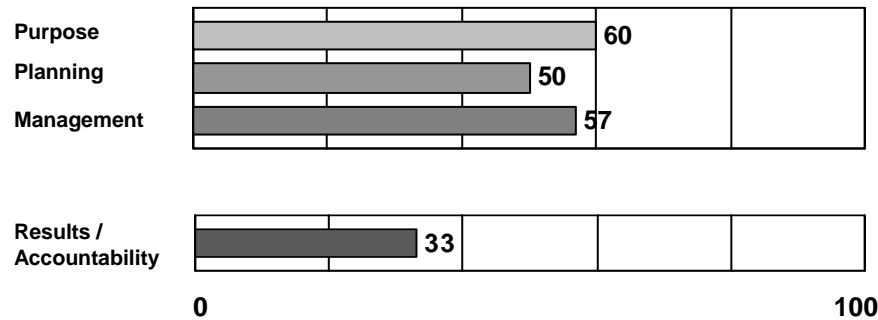
Program Funding Level (in millions of dollars)

<u>2004 Actual</u>	<u>2005 Estimate</u>	<u>2006 Estimate</u>
260	270	30

Program: CDC: Epidemic Services

Agency: Department of Health and Human Services

Bureau: Centers for Disease Control and Prevention



Rating: Results Not Demonstrated

Program Type: Direct Federal

Program Summary:

The Epidemic Services activity at the Centers for Disease Control and Prevention (CDC) was established in 1981 to focus on disease surveillance and epidemic assistance, disease investigation and studies, and laboratory diagnostic references. The majority of Epidemic Services funding has been provided to the Epidemiology Program Office (EPO) at CDC.

The assessment found Epidemic Services at CDC has been managed well overall, but has not documented results on a wide variety of supported activities. The program has had no performance measures on the impact of disease surveillance and training efforts and no evaluations on many activities. Details from the assessment include:

- While individual components have a clear purpose, Epidemic Services overall has lacked a clear and coherent purpose.
- The program is not redundant of efforts outside of CDC, but there are programmatic and administrative redundancies within CDC.
- The program has struggled to place trainees at the State and local level, but it targets resources well overall and there is no evidence that the program subsidizes training and surveillance activities that would have occurred anyway.
- EPO has collaborated well with other parts of CDC, other Federal agencies, and State and international partners to target resources and accomplish its mission.
- EPO has supported numerous evaluations of individual program components that show the surveillance, training and dissemination efforts are largely effective.
- EPO developed a measure on the amount of time between when a disease outbreak or public health incident occurs and when the public health system responds.
- Activities supported by Epidemic Services outside of EPO have not had evaluations and there has been limited information and accountability for these activities.

In response to these factors:

1. CDC reorganized the Epidemic Services activity and EPO by consolidating functions with Health Information and Services activities, Global Health and Public Health Improvement and Leadership at CDC.
2. With the reorganization of EPO, CDC will no longer track EPO's measures, but the organizational units that are now responsible for EPO's functions will adopt these or similar measures in the future.
3. As is shown below, funding is maintained in 2005 and 2006. This funding has been reallocated within CDC as part of the reorganization. Beginning in 2005, Epidemic Services funding will no longer be tracked at the budget activity level.

Key Performance Measures from Latest PART

	Year	Target	Actual
Long-term Measure: Reduced average elapsed time in days from the date of onset of the first case in an outbreak or public health incident to initiation of an investigation or other public health response to an event.	2001		15-23
	2003		13-16

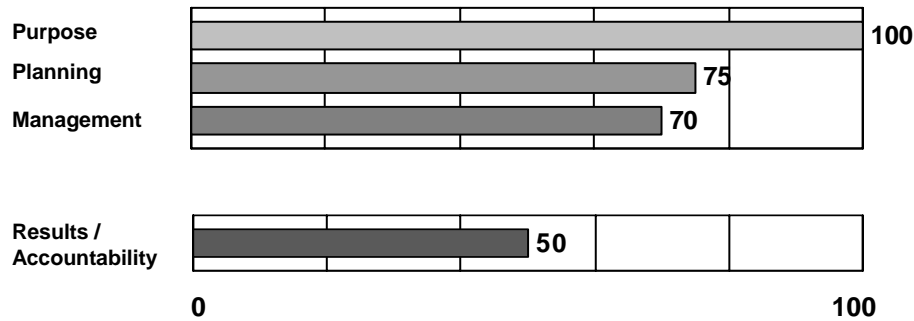
Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
92	92	92

Program: CDC: Infectious Diseases

Agency: Department of Health and Human Services

Bureau: Centers for Disease Control and Prevention



Rating: Adequate

Program Type: Competitive Grant

Program Summary:

The Infectious Diseases program at the Centers for Disease Control and Prevention (CDC) works to prevent illness, disability and death caused by infectious diseases. The program is active in the United States and also works internationally to protect the US population from infectious and to minimize the impact of such diseases at their source.

The assessment found the Infectious Diseases program at CDC has a clear purpose and evidence of its impact on controlling disease, but can make improvements in program management and strategic planning. Details from the assessment include:

- The program has been the subject of multiple reports from the Government Accountability Office and has had targeted evaluations to help fill gaps in performance information. In general, these reports have highlighted areas of needed improvement but document the program's positive impact on controlling diseases.
- The program and agency are taking steps to improve financial management practices and accountability of Federal managers for program results.
- The program collaborates with a broad range of Federal, State, local and international partners to target resources and accomplish its mission.
- Through the assessment process the program adopted new long-term measures focused on food borne pathogens, bloodstream infections, pneumococcal disease and hepatitis A. The program will also measure progress in global influenza surveillance and detection as one key indicator of our preparedness for a pandemic influenza outbreak.

In response to these findings:

1. The program will track performance on the new long-term and annual performance measures this year. The program will also develop information on the performance of the Laboratory Response Network and its food borne illness tracking.
2. Over the next few years, the program will continue to identify areas to improve efficiency and cost effectiveness and document savings to demonstrate its improvement.
3. The program will enhance budget and performance integration to identify changes in program outcomes associated with resource levels.

Key Performance Measures from Latest PART

	Year	Target	Actual
Long-term Measure: Meet targets for key foodborne pathogens, central line-associated bloodstream infections in ICU patients, invasive pneumococcal disease in children <5/adults >=65, and new cases of hepatitis A.	2002		2 of 4
	2003		3 of 4
	2010	4 of 4	
Annual Measure: Achieve reductions in the burden of illnesses or death attributed to infectious diseases, as measured by meeting 3 of 4 targets for key foodborne pathogens, the rate of central line-associated bloodstream infections in medical/surgical ICU patients, the rate of invasive pneumococcal disease in children under 5 years of age and in adults aged 65 years and older and the number of new cases of hepatitis A.	2002		2 of 4
	2006	3 of 4	
Annual Measure: The number of antibiotics prescribed for ear infections in children under 5 years of age per 100 children.	1997		69
	2002		63
	2006	60	
	2007	59	

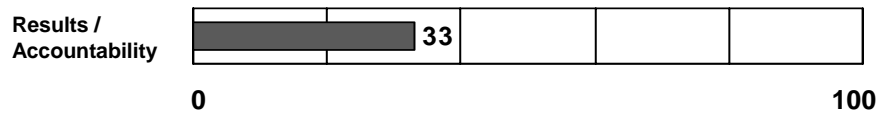
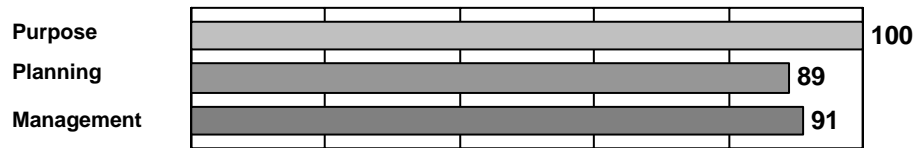
Program Funding Level (in millions of dollars)

<u>2004 Actual</u>	<u>2005 Estimate</u>	<u>2006 Estimate</u>
222	226	225

Program: CDC: Occupational Safety and Health

Agency: Department of Health and Human Services

Bureau: Centers for Disease Control and Prevention



Rating: Adequate

Program Type: Research and Development

Program Summary:

The National Institute for Occupational Safety and Health (NIOSH) at the Centers for Disease Control and Prevention (CDC) is the lead Federal agency for research on the occupational health of US workers. The program conducts and supports research, responds to requests for investigation into workplace injuries, supports training and disseminates findings to inform worker safety programs and regulations.

The assessment found NIOSH has a clear purpose and is well managed overall, but has lacked strong performance measures and targeted evaluations to track its impact on reducing workplace illness and injuries. Details from the assessment include:

- NIOSH has a well established mechanism for setting priorities to guide budget requests and funding decisions through the National Occupational Research Agenda (NORA). Starting with a base of \$15 million in 1996, NIOSH has targeted an increasing amount of its research investments through NORA. This year, NIOSH will invest up to \$99 million through NORA's 21 priority areas of research.
- The program is working to further focus its research efforts on having an impact through a Research to Practice initiative.
- While reports from the Government Accountability Office that touch on the program's activities have suggested positive program performance, NIOSH lacks a recent, comprehensive evaluation.
- Through the assessment process NIOSH adopted new long-term measures that will help better capture the outcome of the program on occupational safety, illness and death.

In response to these findings:

1. The program will begin tracking performance on the percent of firefighters and first responders with access to chemical, biological, radiological, and nuclear respirators, the percent reductions in respirable coal dust overexposure, and the percent reduction in fatalities and injuries in roadway construction.
2. NIOSH will advance its work with the National Academy of Sciences to develop a standard method of measuring the impact of their research on the occupational safety and health field. The Academy will also rate NIOSH activities on progress in reducing workplace illness and injuries.
3. NIOSH will use performance information from its research efforts to help improve program direction, allocate resources and develop annual budgets.

Key Performance Measures from Latest PART

	Year	Target	Actual
Long-term Measure: Reduce occupational illness and injury as measured by: a) percent reductions in respirable coal dust overexposure; b) percent reduction in fatalities and injuries in roadway construction, and c) percent of firefighters and first responders with access to chemical, biological, radiological, and nuclear respirators	2014	50/40/75	
	2003		>15/154/>7
Long-term Measure: Progress in targeting new research to the areas of occupational safety and health most relevant to future improvements in workplace protection, as judged by independent panels of external customers, stakeholders and experts.	2009	>95%	
	2004		0
Long-term Measure: The percentage of companies employing those with NIOSH training that rank the value added to the organization as good or excellent and the percentage of professionals with academic or continuing education training.	2009	80%,+15%	

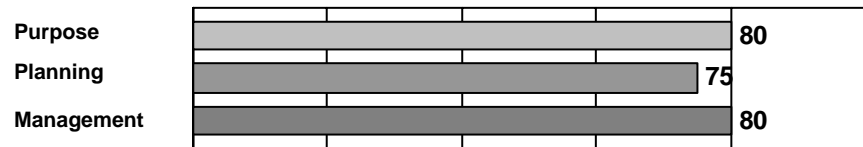
Program Funding Level (in millions of dollars)

<u>2004 Actual</u>	<u>2005 Estimate</u>	<u>2006 Estimate</u>
277	286	286

Program: CDC: STD and TB

Agency: Department of Health and Human Services

Bureau: Centers for Disease Control and Prevention



Rating: Adequate

Program Type: Competitive Grant

Program Summary:

The Sexually Transmitted Diseases (STD) and Tuberculosis (TB) activities at the Centers for Disease Control and Prevention (CDC) provide grants and technical assistance to State and local governments and organizations, conduct surveillance and support research. The STD activity at CDC works to control STDs, their transmission, and consequences. The TB activity at CDC works to promote health and quality of life by preventing, controlling, and eventually eliminating TB from the United States and helping to control TB worldwide by collaborating with other nations and partners.

The assessment found both the STD and TB activities have a clear purpose and address specific and ongoing problems. They have strong performance measures that focus on outcomes, but can make other improvements in planning and management. Details from the assessment include:

- The program has long-term and annual measures that can be used to track their impact on reducing the spread of disease and controlling their consequences.
- The program has not had regular evaluations or targeted evaluations to fill gaps in program performance.
- The program distributes its main grant awards to States based on historical distributions and does not target the majority of funds based on current need.
- The program could adopt more systematic ways of measuring and improving the efficiency of Federal operations, but has taken multiple steps to improve efficiency.

In response to these findings:

1. The program will track performance on the new long-term and annual performance measures this year and will also develop a measure to track its efficiency.
2. Over the next few years, the program will support evaluations of sufficient scope and quality to improve program performance.
3. The program will work to better target resources to directly address the program's purpose. The program will continue efforts to redistribute State funding for TB based on need, such as according to the number of reported cases and the case characteristics that complicate TB treatment. The program will also examine additional ways to better target State and local funding for STDs.

Key Performance Measures from Latest PART

	Year	Target	Actual
Long-term Measure: The incidence of pelvic inflammatory disease as measured by initial visits to physicians by women ages 15 - 44	2000		254,000
	2001		244,000
	2002		197,000
	2010	168,000	
Long-term Measure: Incidence of syphilis, as measured by number of cases per 100,000.	2002		2.4
	2008	2.2	
Long-term Measure: Number of persons per 100,000 population with TB among US-born persons, foreign-born persons, and overall.	2000		3.5/24.1/5 .8
	2001		3.1/24.4/5 .6
	2002		2.9/23.1/5 .2
	2010	1.2/19.3/2 .9	

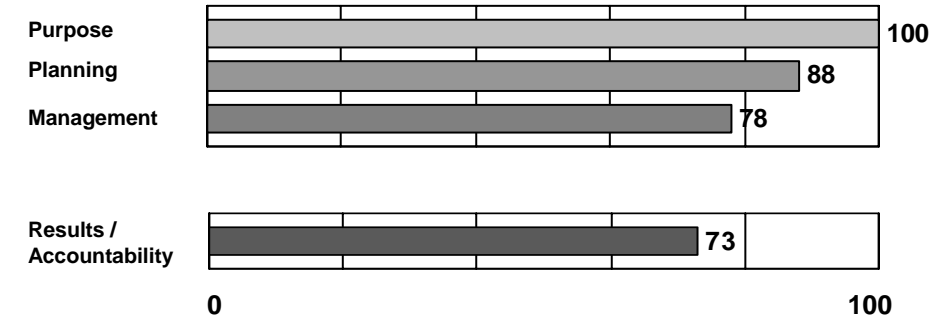
Program Funding Level (in millions of dollars)

<u>2004 Actual</u>	<u>2005 Estimate</u>	<u>2006 Estimate</u>
296	298	299

Program: *Child Care and Development Fund*

Agency: *Department of Health and Human Services*

Bureau: *Child Care Bureau*



Rating: *Moderately Effective*

Program Type: *Block/Formula Grant*

Program Summary:

The Child Care and Development Fund (CCDF) provides funds to States to improve the quality, accessibility and affordability of child care services for low-income families. It promotes economic self-sufficiency by enabling low-income families to gain and maintain employment.

The assessment found that CCDF plays a critical role for families transitioning from welfare to work and that child care subsidies expand parental access to a range of care options. Additional findings include:

- The program structure and use of vouchers maximizes parental choice and creates incentives for States to develop a single coherent system for families.
- The program's long-term goals and annual performance measures have been restructured to measure progress in improving the quality, accessibility and affordability of child care services for low-income families.
- The program's annual measures report only small progress towards long-term goals.
- The Agency cannot adequately demonstrate that the level of erroneous payments in the program is insignificant and oversight of grantee activities needs to be strengthened.

In response to these findings, the Administration will:

1. Continue to provide record high funding levels for the Child Care Development Fund.
2. The agency is implementing improved performance measures intended to provide more accurate assessments of annual progress towards long-term goals.
3. The Agency has initiated a series of activities to measure erroneous payments and improve grantee oversight.

Key Performance Measures from Latest PART

	Year	Target	Actual
Long-term Measure: Measure Under Development	2009	1%	
	2003	Baseline	2.1%
Long-term Measure: Increase the percentage of young children (ages 3 to 5 not yet in kindergarten) from families under 150% of poverty receiving regular non-parental care showing three or more school readiness skills.	2011	42%	
	2001	32%	
Annual Measure: Increase the number of States that have implemented State early learning guidelines in literacy, language, pre-reading and numeracy for children ages 3 to 5 that align with State K-12 standards and are linked to the education and training of caregivers, preschool teachers, and administrators.	2007	25	
	2005	15	
	2004	10	
	2005	Baseline	3

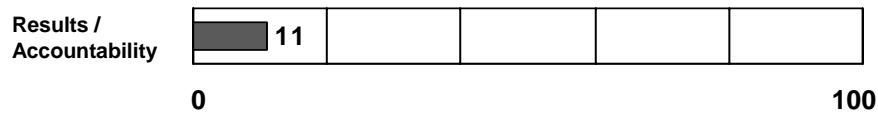
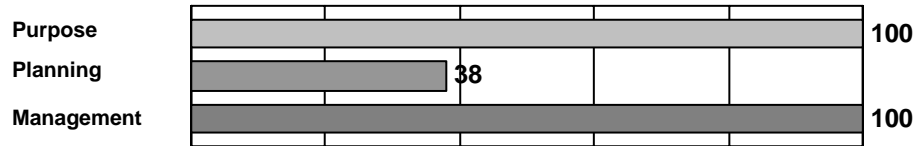
Program Funding Level (in millions of dollars)

<u>2004 Actual</u>	<u>2005 Estimate</u>	<u>2006 Estimate</u>
4,804	4,801	4,801

Program: *Child Welfare - Community-Based Child Abuse Prevention (CBCAP)*

Agency: *Department of Health and Human Services*

Bureau: *Administration for Children and Families*



Rating: *Results Not Demonstrated*

Program Type: *Block/Formula Grant*

Program Summary:

Community-Based Child Abuse Prevention (CBCAP) makes grants available for initiatives aimed at preventing child abuse and neglect. These grants also provide services and resources to strengthen parenting skills and increase family stability in order to make child abuse less likely.

The assessment found that CBCAP targets communities and families with a high risk of child abuse and neglect; however, the program does not track how its activities affect outcomes in child welfare. Additional findings include:

- The program has no performance or efficiency measures in place to determine results.
- There are no independent studies to evaluate program effectiveness, nor are any such studies in development.
- The program was found to be managed effectively.

In response to these findings, the Administration is:

1. Maintaining funding at the 2005 enacted level until the agency can show how it will use additional funds to improve performance.
2. Implementing a newly developed performance measure for an annual decrease in the rate of first-time child maltreatment.
3. Developing an additional measure to track the rate of first-time perpetrators of child abuse.

Key Performance Measures from Latest PART

	Year	Target	Actual
Annual Measure: Reduce the number of first-time maltreatment victims per 1,000 children	2003	Baseline	TBD
	2004	-0.20	TBD
	2005	-0.40	TBD
Annual Measure: Measure Under Development			

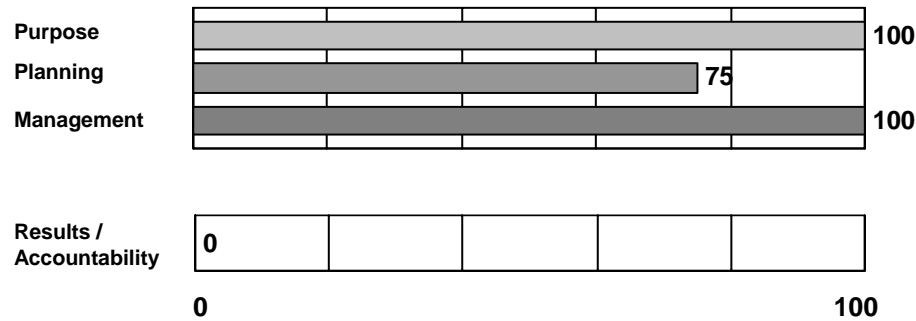
Program Funding Level (in millions of dollars)

<u>2004 Actual</u>	<u>2005 Estimate</u>	<u>2006 Estimate</u>
33	43	43

Program: *Child Welfare- CAPTA State Grant*

Agency: *Department of Health and Human Services*

Bureau: *Administration for Children and Families*



Rating: *Results Not Demonstrated*

Program Type: *Block/Formula Grant*

Program Summary:

Child Abuse Prevention and Treatment Act (CAPTA) State Grants are provided to improve States' child protective services (CPS). CPS agencies handle the intake, screening and investigation of reports of child abuse and neglect.

The assessment found that CAPTA addresses a specific need by supporting CPS activities, but it has not focused enough on holding CPS to high performance standards.

Additional findings include:

- Despite CAPTA' s ability to enhance CPS' investigative capacity, data show that the program has not met its goal of reducing repeat maltreatment of children.
- The program has not focused sufficient attention on increasing the efficiency of CPS services.
- The program was found to be effectively managed.

In response to these findings, the Administration is:

1. Maintaining funding at the 2005 enacted level until the agency devotes more attention to improving results, especially in reducing cases of repeat maltreatment.
2. Implementing a newly developed performance measure for CPS to respond more quickly to reported cases of child abuse and neglect.
3. Planning to report results for the revised measures in FY 2005.

Key Performance Measures from Latest PART

	Year	Target	Actual
Long-term Measure: Rate of repeat maltreatment	2001		9%
	2008	7%	
Long-term Measure: Percent of jurisdictions that are penalty-free on Safety Outcome 1 in the Child and Family Services Review	2008	90%	
Annual Measure: Response time (in hours) of Child Protective Services to reports of child maltreatment	2002	Baseline	TBD
	2003	-5%	
	2004	-10%	
	2005	-15%	

Program Funding Level (in millions of dollars)

<u>2004 Actual</u>	<u>2005 Estimate</u>	<u>2006 Estimate</u>
22	27	27

Program: *Children's Hospitals Graduate Medical Education Payment*

Agency: *Department of Health and Human Services*

Bureau: *Health Resources and Services Administration*

Rating: *Adequate*

Program Type: *Block/Formula Grant*

Last Assessed: *1 year ago*

Key Performance Measures from Latest PART	Year	Target	Actual
Long-term Measure: Percent of hospitals with verified bed counts, case-mix index, and number of discharges. This measure is contingent upon the results of pilot studies to be completed in FY2006.	2008	100%	
Annual Measure: Percent of payments made on time	2003	100%	100%
	2004	100%	100%
	2005	100%	
	2006	100%	
Annual Measure: Percent of hospitals with verified FTE resident counts and caps	2003	100%	100%
	2004	100%	100%
	2005	100%	
	2006	100%	

Update on Follow-up Actions:

Recommended Follow-up Actions

Contingent upon the results of pilot studies, will verify 100% of hospitals' reported data on bed counts, case-mix index, and number of discharges by FY 2008.

Status

Action taken, but not completed

The program is required by statute to pay hospitals on a bi-weekly basis. The Administration will examine whether the program can improve efficiency by paying hospitals on a quarterly basis.

Action taken, but not completed

Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
303	298	200

Program: *Childrens Mental Health Services*

Agency: *Department of Health and Human Services*

Bureau: *Substance Abuse and Mental Health Services Administration*

Rating: *Moderately Effective*

Program Type: *Competitive Grant*

Last Assessed: *2 years ago*

Key Performance Measures from Latest PART	Year	Target	Actual
Long-term Measure: Percent of funded sites that will exceed a 30 percent improvement in behavioral and emotional symptoms among children receiving services for six months	2001		30%
	2010	60%	
Long-term Measure: Percent of systems of care that are sustained five years after Federal program funding has ended	2004		100%
	2008	80%	
Annual Measure: Average reduction in the number of days per client spent in inpatient/residential treatment	2004	-3.65	-2.03
	2005	-3.65	
	2006	-3.65	

Recommended Follow-up Actions	Status
Proposes an increase of \$10 million above the 2003 Budget to extend the reach of the program and help additional communities provide effective services to children with serious emotional disturbance.	Completed
Will determine if the program is making lasting improvements in the care of children with serious emotional disturbance. The program will track how well children's behavioral and emotional symptoms improve and how well funded communities sustain their systems of care beyond the period of federal funding.	Action taken, but not completed

Update on Follow-up Actions:

Congress provided half of the funding increase for CMHS that was proposed in the 2004 Budget. The program set baselines for long-term measures in December 2004. The program exceeded its annual targets for increasing school attendance, decreasing law enforcement contacts, and decreasing inpatient costs in 2003. The program revised its measure of utilization of inpatient facilities to better reflect the change in utilization for participating children and youth.

Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
102	105	105

Program: *Chronic Disease - Breast and Cervical Cancer*

Agency: *Department of Health and Human Services*

Bureau: *Centers for Disease Control and Prevention*

Rating: *Adequate*

Program Type: *Competitive Grant*

Last Assessed: *1 year ago*

Key Performance Measures from Latest PART	Year	Target	Actual
Annual Measure: Percentage of all newly enrolled women who have not received a Pap test within the past five years.	2001		0.229
	2004	22.5%	
	2005	25%	
	2006	25%	
Annual Measure: Percentage of women with breast cancer and cervical cancer who start treatment within 60 days of diagnosis.	2000		94%/88%
	2001		93.1%/88.5%
	2004	95%/92%	
	2006	95.5%/92.5%	
Long-term Measure: Measure Under Development			

Recommended Follow-up Actions

Proposes a \$10 million increase in the 2005 Budget for this program to provide additional screenings.

Will work on developing outcome-oriented long-term measures and more ambitious long-term goals; and work toward increasing the number of cancer patients who start treatment within 60 days of diagnosis.

Status

Completed

Action taken, but not completed

Update on Follow-up Actions:

Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
197	204	204

Program: *Chronic Disease -
Diabetes*

Agency: *Department of Health and Human Services*

Bureau: *Centers for Disease Control and Prevention*

Rating: *Adequate*

Program Type: *Competitive Grant*

Last Assessed: *1 year ago*

Key Performance Measures from Latest PART	Year	Target	Actual
Annual Measure: Percentage of people with diabetes who receive the recommended eye and foot exams in States with comprehensive diabetes control programs funded by the program.	2004	72%/62%	
	2005	75%/70%	
	2006	75%/70%	
Annual Measure: Percentage of persons with diabetes who receive at least 2 blood sugar control measures per year in States with comprehensive diabetes control programs funded by the program.	2000		62.0%
	2001		63.3%
	2005	72.5%	
	2006	72.5%	

Recommended Follow-up Actions

Will work over the next year to develop the program's long-term health outcome measures, baselines and targets and measure progress on the annual performance goals.

Status

Action taken, but not completed

Update on Follow-up Actions:

Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
60	63	63

Program: *Community Mental Health Services Block Grant*

Agency: *Department of Health and Human Services*

Bureau: *Substance Abuse and Mental Health Services Administration*

Rating: *Adequate*

Program Type: *Block/Formula Grant*

Last Assessed: *1 year ago*

Key Performance Measures from Latest PART	Year	Target	Actual
Long-term Measure: Rate of readmission to State psychiatric hospitals (a) within days (b) within 180 days	2000		8.2/18.1
	2005	7.6/17	
	2006		
	2008	5/15.1	
Long-term Measure: Rate of consumers/family members reporting positively about outcomes for (a) adults and (b) children/adolescents.	2002		70/63
	2005	73/65	
	2006		
	2008	75/68	
Annual Measure: Number of SAMHSA-identified, evidence-based practices in each state and the percentage of service population covered for each practice.			

Recommended Follow-up Actions from Latest PART	Status
Proposes to fund competitive planning grants to states to more rapidly facilitate needed changes in the mental health system, in response to the report from the President's New Freedom Commission on Mental Health.	Completed
Will continue to work with states to facilitate the transition from the Block Grant to performance partnerships to provide states additional flexibility in exchange for program performance.	Action taken, but not completed
Will develop an efficiency measure and begin collecting data in the next year.	Action taken, but not completed

Update on Follow-up Actions:

The Administration requests \$26 million in 2006 for State Incentive Grants for Transformation in the Mental Health Programs of Regional and National Significance budget line to continue implementation of recommendations from the New Freedom Mental Health Report. SAMHSA continues to work with states to develop capacity and expertise to report on performance measures. The program developed outcome measures on which states were asked to voluntarily report in their 2005 Block Grant applications. Additionally, the program commissioned a study to assess the use of evidence-based practices as an efficiency measure, which is expected to be available in December 2005.

Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
435	433	433

Program: *Data Collection and Dissemination*

Agency: *Department of Health and Human Services*

Bureau: *Agency for Healthcare Research and Quality*

Rating: *Moderately Effective*

Program Type: *Research and Development*

Last Assessed: *2 years ago*

Key Performance Measures from Latest PART	Year	Target	Actual
Long-term Measure: Number of months after the date of completion of the Medical Expenditure Panel Survey data will be available (New measure)	1997		19-27
	2008	12	
Long-term Measure: Number of organizations that will use Healthcare Cost and Utilization Project databases, products or tools to improve statewide health care quality for their constituencies (New measure, baseline under development)	2010	5	

Recommended Follow-up Actions

Status

Propose an increase of \$5 million above the 2003 Budget to support AHRQ's efforts to ensure continued collection and availability of national health care cost, use, and quality data.

Completed

AHRQ has begun to address management deficiencies by adopting performance-based contracts that require superior performance toward achieving established goals.

Action taken, but not completed

Collect performance data on the new measures.

Action taken, but not completed

Update on Follow-up Actions:

AHRQ is currently in the process of developing annual measures that will demonstrate this program's progress towards achieving its long-term goals.

Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
65	65	63

Program: *Developmental Disabilities Grant Programs*

Agency: *Department of Health and Human Services*

Bureau: *Administration for Developmental Disabilities*

Rating: *Adequate*

Program Type: *Block/Formula Grant*

Last Assessed: *1 year ago*

Key Performance Measures from Latest PART	Year	Target	Actual
Long-term Measure: By the end of FY 2007, the percentage of individuals with developmental disabilities who are independent, self-sufficient and integrated into the community, as a result of State Council efforts, will increase to 14 percent. (SCDD)	2003	0.1307	0.1268
	2004	0.132	6/05
	2005	0.1342	
	2006	0.1364	

Recommended Follow-up Actions	Status
Support ADD's plans to explore, in FY 2004, the feasibility and design of a comprehensive, independent evaluation of the grant programs.	Action taken, but not completed
Continue to strengthen performance measurements and monitor results and progress toward newly developed goals.	Action taken, but not completed

Update on Follow-up Actions:

Program Funding Level (in millions of dollars)		
2004 Actual	2005 Estimate	2006 Estimate
150	154	154

Program: *Domestic HIV/AIDS
Prevention*

Agency: *Department of Health and Human Services*

Bureau: *Centers for Disease Control and Prevention*

Rating: *Results Not Demonstrated*

Program Type: *Competitive Grant*

Last Assessed: *1 year ago*

Key Performance Measures from Latest PART **Year** **Target** **Actual**

Long-term Measure: Number of new HIV infections in the U.S.			
Annual Measure: Number of HIV infection cases diagnosed each year among people less than 25 years of age.	2000		2070
	2004	1,900	
	2005	1,800	
	2006	2,420	
Annual Measure: Proportion of all HIV-infected people who know they are infected.	1999		70%
	2004	80%	
	2005	80%	
	2006	80%	

Update on Follow-up Actions:

Recommended Follow-up Actions

Will maintain program funding to continue efforts to reduce the 40,000 new infections, specifically among minorities and women.

Status

Completed

Will modify the program targets for its long-term measures and collect data on the new annual performance indicators.

Action taken, but not completed

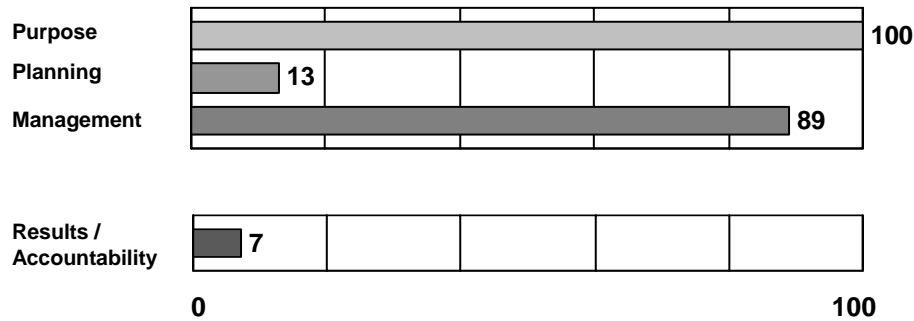
Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
668	662	658

Program: *Family Violence Prevention and Services Program*

Agency: *Department of Health and Human Services*

Bureau: *Administration for Children and Families*



Key Performance Measures from Latest PART *Year* *Target* *Actual*

Measure	Year	Target	Actual
Long-term Measure: Measure Under Development			
Annual Measure: Measure Under Development			

Rating: *Results Not Demonstrated*

Program Type: *Block/Formula Grant*

Program Summary:

The Family Violence Prevention and Services (FVPS) Program assists states in providing shelter and related assistance for victims of family violence and their dependents, and operates a national toll-free 24 hour, 365 day hotline to provide information and assistance to victims of domestic violence.

The assessment found that while the program addresses a specific problem, it lacks partner-supported performance measures with baselines and ambitious targets. Additional findings include:

- It is estimated that the shelters house more than 300,000 woman and children during a program year and provide an array of core services and non-residential programs for families in abusive situations; and the hotline receives an average of over 13,000 calls each month from across the U.S. and its territories.
- While FVPS grantees must report on individual goals and measures, the federal program has not established annual and long-term program-wide performance measures for grantees to commit to and work towards.
- Evaluations of the shelter programs are done locally by State partners and are often met with reluctance from previous shelter clients and privacy advocates.

In response to these findings, the Administration will:

1. Provide \$200,000 in the FY06 budget to support the agency' s work with the " Documenting Our Work" group to develop appropriate national grantee-supported performance outcome measures and to demonstrate improved efficiencies or cost effectiveness.
2. Work with the agency to coordinate efforts with other federal agencies to improve violent-crime reducing services.

Program Funding Level (in millions of dollars)

<u>2004 Actual</u>	<u>2005 Estimate</u>	<u>2006 Estimate</u>
129	129	129

Program: *Food and Drug Administration*

Agency: *Department of Health and Human Services*

Bureau: *Food and Drug Administration*

Rating: *Moderately Effective*

Program Type: *Regulatory Based*

Last Assessed: *1 year ago*

Key Performance Measures from Latest PART	Year	Target	Actual
Long-term Efficiency Measure: Reduce administrative staff	2004	2,855	3,086
	2005	2,623	
	2008	2,623	
Annual Measure: Percentage of new drugs and biologic product reviews completed within 10 months.	2004	90%	
	2005	90%	
	2006	90%	
Long-term Measure: Percentage of medical device submissions that will receive final decisions within 320 review days.	2001		72%
	2005	70%	
	2006	80%	
	2007	90%	

Recommended Follow-up Actions

Status

Is requesting additional food defense resources to support the achievement of FDA's lab surge capacity targets. Action taken, but not completed

Will track FDA performance on new long-term outcome goals. Action taken, but not completed

Update on Follow-up Actions:

FDA has started efforts to measure performance on long-term outcome goals developed for the FY 2005 PART. For some of these long-term outcome goals, the agency is developing baseline data needed to measure performance improvements. For others, the agency is focusing efforts on improvements in performance and management practices.

Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
1,695	1,801	1,881

Program: *Foster Care*

Agency: *Department of Health and Human Services*

Bureau: *Children's Bureau, ACYF, ACF*

Rating: *Adequate*

Program Type: *Block/Formula Grant*

Last Assessed: *1 year ago*

Key Performance Measures from Latest PART	Year	Target	Actual
Long-term Measure: The cumulative number of adoptions from the public child welfare system, 2003-2008.	2008	327,000	11/09
Annual Measure: Decrease the percentage of children with substantiated reports of maltreatment that have a repeated report within six months.	2001	7%	9%
	2002	7%	0.09
	2003	7%	10/04
	2004	7%	10/05
Annual Measure: For those children who had been in foster care less than 12 months, increase the percentage that had no more than two placement settings.	2001	72%	83%
	2002	60%	81%
	2003	62%	0.82
	2004	80%	10/05

Update on Follow-up Actions:

Recommended Follow-up Actions

The Administration re-proposes legislation to introduce an option available to all states to participate in an alternative financing system for child welfare that will better meet the needs of each state's foster care population.

Status

Action taken, but not completed

Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
4,974	4,855	4,855

Program: *Head Start*

Agency: *Department of Health and Human Services*

Bureau: *Administration for Children and Families*

Rating: *Results Not Demonstrated*

Program Type: *Competitive Grant*

Last Assessed: *2 years ago*

Key Performance Measures from Latest PART	Year	Target	Actual
Long-term Measure: Gain in word knowledge measured at Head Start entry and exit (Prior to 2002, measured as gaining in scale points -- 12 scale pts = 34%, after 2002 as % gains)	2000		32%
	2002	32%	32%
	2003	32%	12/05
	2004	34%	12/06
Annual Measure: Percentage of parents that report reading to their child three times a week or more	2002	70%	0.69
	2003	70%	12/05
	2004	70%	12/06
	2005	70%	

Recommended Follow-up Actions	Status
Create a new system to assess every Head Start center on its success in preparing children for schools.	Completed
Develop annual performance measures that assess the progress of individual grantees in improving school readiness and better measure the impact on children.	Action taken, but not completed
Propose legislation to better integrate Head Start, child care and state operated pre-school programs.	Action taken, but not completed

Update on Follow-up Actions:

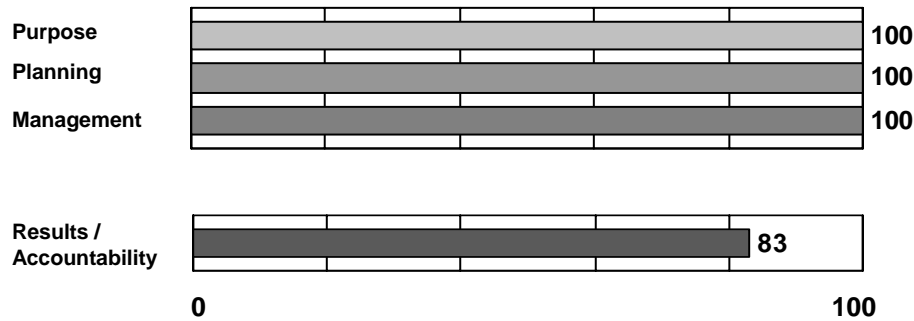
Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
6,774	6,843	6,888

Program: *Health Care Facilities Construction*

Agency: *Department of Health and Human Services*

Bureau: *Indian Health Service*



Rating: *Effective*

Program Type: *Capital Assets and Service Acquisition*

Program Summary:

The Indian Health Service's (IHS) Health Care Facilities Construction program designs and builds health care facilities and staff housing to provide health care services to the American Indian/Alaska Native (AI/AN) population.

The assessment found:

- The program purpose is clear and the design is free of major flaws that would limit the program's effectiveness. The program uses a comprehensive priority methodology system that identifies locations that have the highest need for a new or replacement health care facility.
- The program is developing facility-specific long-term and annual performance measures that will assess the role of new facilities in expanding access to critical health services that impact health outcomes.
- Independent evaluations are conducted on a regular basis or as needed to support program improvements and evaluate effectiveness. The program has maintained Joint Commission of Accreditation Healthcare Organizations (JCAHO) accreditation for all of its facilities. In addition, the program has sought evaluations to review all issues that drive space requirements, update design criteria and create an equipment planning process. This led to the adoption of the Health Systems Planning process in June 1999.
- The program collaborates and coordinates with related programs. IHS is a member of the Federal Facilities Council which produces practices documents for agencies to consider for their facilities programs. IHS is also a member of various national code committees that review proposed code changes related to hospital and clinic construction.

In response to these findings, the Administration will:

1. Continue construction of health care facilities currently in the process of being built. The 2006 Budget includes a one-year pause in new facilities construction.
2. Develop baselines and targets for new measures.

Key Performance Measures from Latest PART

	Year	Target	Actual
Long-term Measure: Percent reduction of the YPLL rate within 7 years of opening the new facility	2010	-10%	
Long-term Measure: Percent increase in the proportion of diagnosed diabetics demonstrating ideal blood sugar control within 7 years of opening the new facility	2010	+10%	
Annual Efficiency Measure: Percent of scheduled construction phases completed on time	2003	100%	100%
	2004	100%	100%
	2005	100%	
	2006	100%	

Program Funding Level (in millions of dollars)

<u>2004 Actual</u>	<u>2005 Estimate</u>	<u>2006 Estimate</u>
94	89	3

Program: *Health Care Fraud and Abuse Control (HCFAC)*

Agency: *Department of Health and Human Services*

Bureau: *Office of the Inspector General*

Rating: *Results Not Demonstrated*

Program Type: *Direct Federal*

Last Assessed: *2 years ago*

<i>Key Performance Measures from Latest PART</i>	<i>Year</i>	<i>Target</i>	<i>Actual</i>
Long-term Measure: Measure Under Development			
Annual Measure: Measure Under Development			

Recommended Follow-up Actions

Develop performance measures that are closely tied to the program's mission; measurable against an established, objective baseline; and can be used to make resource allocation decisions.

Status

Action taken, but not completed

Update on Follow-up Actions:

Since the PART assessment, the Inspector General has been working to develop a measure of the savings to Medicare resulting from HCFAC. This measure is still being refined, but the target for 2005 is \$35.8 billion.

Program Funding Level (in millions of dollars)

<u>2004 Actual</u>	<u>2005 Estimate</u>	<u>2006 Estimate</u>
160	160	160

Program: *Health Centers*

Agency: *Department of Health and Human Services*

Bureau: *Health Resources and Services Administration*

Rating: *Effective*

Program Type: *Competitive Grant*

Last Assessed: *2 years ago*

Key Performance Measures from Latest PART	Year	Target	Actual
Long-term Measure: Rate of low weight births among health center patients (New measure)	1999		7.37%
	2000		7.14%
	2001		7.13%
	2006	6.53%	
Annual Measure: Number in millions of those served by health centers who are below 200% of poverty and the national percentage of all people below 200% of poverty served by the program (New measure)	2001		9.1/11%
	2004	11.8/14%	
	2005	12.0/15%	
	2006	14.1/16%	
Long-term Measure: Number of new and expanded health center sites and millions of additional people served	2002	260/1.3	302/1.04
	2005	772/3.7	
	2006	1,350/6.1	

Recommended Follow-up Actions

Proposes an additional \$150 million above the 2003 Budget for the President's health center initiative to expand and create 1,200 health center sites and increase the service capacity by 6.1 million patients by 2006.

Status

Completed

Proposes an additional \$20 million increase to pay health center malpractice claims, a legislative proposal to cap non-economic awards, and a proposal for the HHS Inspector General to improve oversight of health center malpractice coverage.

Action taken, but not completed

Update on Follow-up Actions:

Program continues to struggle to estimate liabilities to the government that arise from malpractice coverage extended to health center employees under the Federal Tort Claims Act.

Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
1,617	1,734	2,038

Program: Health Professions

Agency: Department of Health and Human Services

Bureau: Health Resources and Services Administration

Rating: Ineffective

Program Type: Competitive Grant

Last Assessed: 2 years ago

Key Performance Measures from Latest PART	Year	Target	Actual
Long-term Measure: Proportion of persons who have a specific source of reliable, continuing healthcare (New measure)	2001		86%
	2010	96%	
Long-term Measure: Proportion of health professionals completing funded programs that are serving in medically underserved communities (These communities have too few primary care physicians, higher infant mortality rates, lower family incomes and often an older population.) (New measure)	2010	40%	
Annual Measure: Proportion of health professionals completing Health Professions funded programs who are underrepresented minorities and/or from disadvantaged backgrounds (New measure)	2004	40%	
	2005	43%	
	2006	44%	

Recommended Follow-up Actions

Proposes to continue the phase-out of most health professions grants consistent with the 2003 Budget and direct resources to activities that are more capable of placing health care providers in medically underserved communities.

Status

Completed

Proposes to redirect \$34 million from advanced education nursing to basic nursing activities, including \$12 million to the Nursing Education Loan Repayment program for loan repayment awards and newly authorized scholarships to increase the supply of practicing nurses.

Completed

Update on Follow-up Actions:

FY 2004 Enacted level was \$409 million, \$327 million above the FY 2004 President's Budget.

Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
409	416	129

Program: HIV/AIDS Research

Agency: Department of Health and Human Services

Bureau: National Institutes of Health

Rating: Moderately Effective

Program Type: Research and Development

Last Assessed: 1 year ago

Key Performance Measures from Latest PART	Year	Target	Actual
Long-term Measure: By 2010, develop an HIV/AIDS vaccine. 2005 Target: Expand breeding of non-human primates at 3 Centers. 2006 Target: Initiate 1 new Phase IIb trial to determine if a third generation vaccine candidate has efficacy. 2007 Target: Continue development and evaluation of candidate vaccines.	2005	3 Primate Centers	
	2006	1 Phase IIb Trial	
	2007	Dvlp/Eval Candidate	
	2010	1 Vaccine	
Long-term Measure: By 2007, evaluate the efficacy of 3 new treatments. 2005 Target: Develop 3 anti-HIV compounds. 2006 Target: Evaluate interventions to reduce mother-to-child transmission (MTCT) of HIV and assess the impact of these interventions on future treatment options for women and children.	2005	3 Compoun	
	2006	Eval MTCT	
	2007	3 new treatment	

Recommended Follow-up Actions from Latest PART	Status
Adopt the revised goal of extending the timeline for developing an AIDS vaccine from 2007 to 2010, to more realistically reflect the state of the science.	Completed
Develop targets for the revised goal.	Completed

Update on Follow-up Actions:

Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
2,850	2,920	2,933

Program: *Hospital Preparedness Grants*

Agency: *Department of Health and Human Services*

Bureau: *Health Resources and Services Administration*

Rating: *Results Not Demonstrated*

Program Type: *Block/Formula Grant*

Last Assessed: *1 year ago*

Key Performance Measures from Latest PART	Year	Target	Actual
Long-term Measure: Percentage of hospital regions that have achieved a surge capacity of 500 persons per million in all hospital regions, for response to terrorism and other public health emergencies.	2005	75%	
	2006	85%	
	2007	95%	
	2008	100%	
Annual Measure: Percentage of awardees that have implemented regional plans and meet all major milestones established for all of the HRSA priority areas to meet the goal of a surge capacity of 500 persons per million population.	2005	75%	
	2006	85%	
	2007	95%	
	2008	100%	
Annual Measure: Percentage of awardees that will demonstrate their ability to secure and distribute pharmaceutical resources required in emergency events, including coordinated caches of pharmaceuticals from metropolitan medical response systems, sufficient to treat 500 persons per million population, as certified to by HRSA.	2005	75%	
	2006	85%	
	2007	95%	
	2008	100%	

Recommended Follow-up Actions

The Administration will work with State and local representatives to ensure that performance information will be available to determine when acceptable preparedness has been demonstrated, and to target assistance for those regions that are not adequately prepared.

The Administration has established outcome oriented goals and targets for surge capacity and preparedness.

Status

Action taken, but not completed

Action taken, but not completed

Update on Follow-up Actions:

Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
515	491	483

Program: *IHS Federally-Administered Activities*

Agency: *Department of Health and Human Services*

Bureau: *Indian Health Services*

Rating: *Moderately Effective*

Program Type: *Direct Federal*

Last Assessed: *2 years ago*

<i>Key Performance Measures from Latest PART</i>	<i>Year</i>	<i>Target</i>	<i>Actual</i>
Annual Measure: Unintentional injury mortality rate in American Indian/Alaska Native population	1998		94.7
	1999	95.8	95.5
	2002	95.8	
	2004	95.8	

<i>Recommended Follow-up Actions</i>	<i>Status</i>
Include \$25 million in the 2004 Budget to fund staffing and related operating costs for new facilities.	Completed
Support continuation of, and a \$50 million increase in, annual mandatory funding for the Special Diabetes Program for Indians for demonstrated performance improvements.	Completed
Develop baselines and targets for new measures.	Action taken, but not completed

Update on Follow-up Actions:

The 2004 Budget included funding increases for contract health services and staffing and related operating costs for new facilities. In addition, the 2004 Budget included the \$50 million increase in annual mandatory funding for the Special Diabetes program for Indians. The \$25 million increase for contract health services was not enacted. The Administration is developing a long-term performance goal to decrease obesity rates in the American Indian/Alaska Native (AI/AN) population and an annual goal for decreasing obesity in AI/AN children. The long-term obesity goal is to be established in September 2008; the childhood obesity target will be set in December 2006.

Program Funding Level (in millions of dollars)

<u>2004 Actual</u>	<u>2005 Estimate</u>	<u>2006 Estimate</u>
1,698	1,793	1,887

Program: *IHS Sanitation Facilities Construction Program*

Agency: *Department of Health and Human Services*

Bureau: *Indian Health Services*

Rating: *Moderately Effective*

Program Type: *Capital Assets and Service Acquisition*

Last Assessed: *2 years ago*

Key Performance Measures from Latest PART	Year	Target	Actual
Long-term Measure: Percentage of American Indian/Alaska Native (AI/AN) homes with sanitation facilities	2000		92.5%
	2010	94%	
Long-term Measure: Percentage of Deficiency Level 4 or 5 AI/AN homes (as defined by U.S.C. 1632) provided with sanitation facilities			
Annual Measure: Number of new or like-new AI/AN homes and existing homes provided with sanitation facilities	2004	20000	24928
	2005	20000	
	2006	20000	

Recommended Follow-up Actions

Status

Propose a \$20 million increase above the 2003 Budget so that the program can increase services to the most needy homes in its inventory which have higher construction costs.

Completed

Conduct an independent, comprehensive evaluation of the program.

Action taken, but not completed

Develop baselines and targets for new measures.

Action taken, but not completed

Update on Follow-up Actions:

The 2004 Budget included the increase for sanitation facilities construction, however the increase was not enacted. The program evaluation and final report is expected to be issued in 2005. The baseline for the long-term measure for the percentage of deficiency level 4 or 5 American Indian/Alaska Native (AI/AN) homes (as defined by U.S.C. 1632) provided with sanitation facilities is being established.

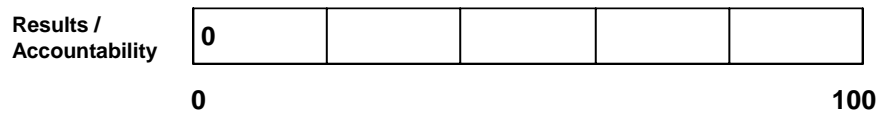
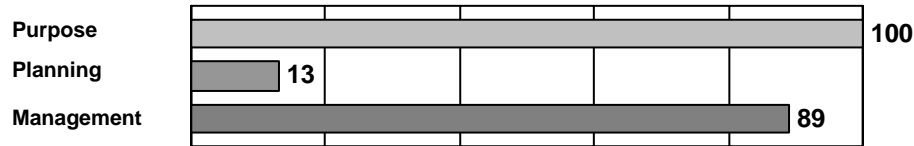
Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
93	92	94

Program: *Independent Living Program*

Agency: *Department of Health and Human Services*

Bureau: *Administration for Children and Families*



Key Performance Measures from Latest PART *Year* *Target* *Actual*

	<i>Year</i>	<i>Target</i>	<i>Actual</i>

Rating: *Results Not Demonstrated*

Program Type: *Block/Formula Grant*

Program Summary:

The Independent Living Program (ILP), also known as the Chafee Foster Care Independence Program (CFCIP), identifies youth who are likely to remain in foster care until the age of 18 and helps them make a successful transition to self-sufficiency, primarily through education, training and employment assistance.

The assessment found that ILP addresses a specific need by preparing youth in foster care for adulthood. ILP's services target this group to reduce rates of homelessness, poverty and criminal behavior. However, the program has done little to measure the actual impact of its services on the lives of beneficiaries. Additional findings include:

- There are neither performance nor efficiency measures to determine the program's effectiveness.
- There is no data collection in place that provides sufficient information on the target population.

In response to these findings, the program will:

1. Accelerate development of the National Youth in Transition Database (NYTD), which will offer data on program demographics and outcomes.
2. Use NYTD to develop ambitious performance measures. These measures are to focus on program outcomes, including employment and homelessness rates of ILP youth who have aged out of the foster care system.

Program Funding Level (in millions of dollars)

<u>2004 Actual</u>	<u>2005 Estimate</u>	<u>2006 Estimate</u>
140	140	140

Program: *Low Income Home Energy Assistance Program*

Agency: *Department of Health and Human Services*

Bureau: *Office of Community Services, ACF*

Rating: *Results Not Demonstrated*

Program Type: *Block/Formula Grant*

Last Assessed: *1 year ago*

Key Performance Measures from Latest PART	Year	Target	Actual
Annual Measure: Increase the targeting index of LIHEAP recipient households having at least one member 60 years or older compared to non-vulnerable LIHEAP recipient households (2004 targets are under development)	2001	Baseline	89:58
	2002	90:64	91:64
Annual Measure: Increase the targeting index of LIHEAP recipient households having at least one member 5 years or younger compared to non-vulnerable LIHEAP recipient households (2004 targets are under development)	2001	Baseline	111:58
	2002	109:64	109:64

Recommended Follow-up Actions

The Administration is recommending \$500,000 for HHS to conduct a feasibility study of a nationally representative evaluation of LIHEAP program operations.

The Administration is working to develop long-term and efficiency measures.

Status

Action taken, but not completed

Action taken, but not completed

Update on Follow-up Actions:

Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
1,889	2,182	2,000

Program: *Maternal and Child Health Block Grant
(MCHBG)*

Agency: *Department of Health and Human Services*

Bureau: *Health Resources and Services Administration*

Rating: *Moderately Effective*

Program Type: *Block/Formula Grant*

Last Assessed: *2 years ago*

Key Performance Measures from Latest PART	Year	Target	Actual
Long-term Measure: National rate of maternal deaths per 100,000 live births	1980		9.4
	1999		8.3
	2008	8	
Long-term Measure: National rate of infant deaths per 1,000 live births	2000		6.9
	2008		
	2008	6.8	
	2006	6.7	
Annual Measure: National rate of illness and complications due to pregnancy per 100 deliveries	1998		31.2
	1999		31.4
	2004	26	

Recommended Follow-up Actions

Propose an increase of \$19 million above the 2003 Budget to support the program's strong performance and to ensure continued efforts to improve the health of all mothers and children.

Status

Completed

Update on Follow-up Actions:

Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
730	724	724

Program: Medicare

Rating: Moderately Effective

Agency: Department of Health and Human Services

Program Type: Direct Federal

Bureau: Centers for Medicare & Medicaid Services

Last Assessed: 1 year ago

Key Performance Measures from Latest PART	Year	Target	Actual
Annual Measure: Percent of beneficiaries receiving antibiotic administration to reduce surgical site infection	2003	60.5%	61.6%
	2004	66.6%	
	2005	72.5%	
	2006	75.4%	
Annual Measure: Percent of Medicare beneficiaries receiving influenza vaccination.	2003	72.5%	
	2004	72.5%	
	2005	72.5%	
	2006		
Annual Efficiency Measure: Erroneous payments made under the Medicare program	2003	NA	NA
	2004	NA	10.1%
	2005	7.9%	
	2006	6.9%	

Recommended Follow-up Actions	Status
The Administration recommends agency commitment to timely implementation of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.	Action taken, but not completed
The Administration recommends greater emphasis on sound program and financial management.	Action taken, but not completed
The Administration recommends more effort to link Medicare payment to provider performance.	Action taken, but not completed

Update on Follow-up Actions:

The Medicare program has changed its reporting metric for erroneous payments to be consistent with the requirements of the Improper Payments Act. The new measure is not comparable to the pre-2004 metric. The targets and actuals displayed reflect the new methodology.

Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
296,825	328,239	396,347

Program: Medicare Integrity Program
(HCFAC)

Agency: Department of Health and Human Services

Bureau: Centers for Medicare and Medicaid Services

Rating: Effective

Program Type: Block/Formula Grant

Last Assessed: 2 years ago

Key Performance Measures from Latest PART	Year	Target	Actual
Long-term Measure: Medicare national fee-for-service error rate	2008	NA	10.1%
	2005	7.9%	
	2006	6.9%	
	2007	5.4%	
Long-term Measure: Percentage of contractor-specific error rates below national Medicare error rate	2005	25%	
	2006	50%	
	2007	75%	
	2008	100%	
Long-term Measure: Provider compliance error rates versus previous year (Baseline under development)	2005	-20%	
	2006	-20%	
	2007	-20%	
	2008	-20%	

Recommended Follow-up Actions

Status

The Administration will pursue the "Performance-based Outcomes Pilot" that will explore linking award fees to performance

Completed

The Administration will complete development of contractor specific error rates and require contractors to commit to reducing their error rates.

Completed

Update on Follow-up Actions:

The Medicare program has changed its reporting metric for erroneous payments to be consistent with the requirements of the Improper Payments Act. The new measure is not comparable to the pre-2004 metric. The targets and actuals displayed reflect the new methodology.

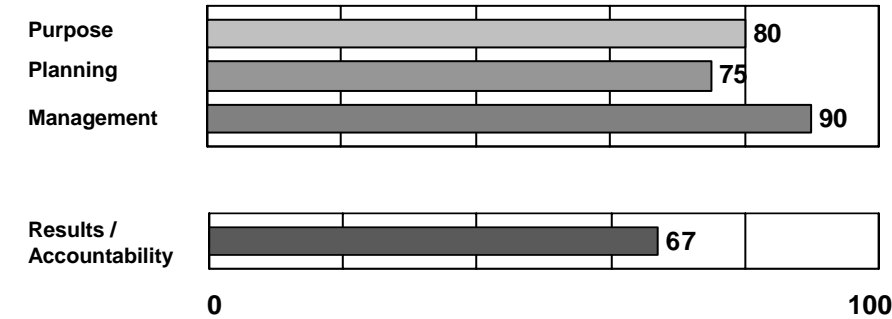
Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
720	720	795

Program: *National Bone Marrow Donor Registry*

Agency: *Department of Health and Human Services*

Bureau: *Health Resources and Services Administration*



Rating: *Moderately Effective*

Program Type: *Competitive Grant*

Program Summary:

The National Bone Marrow Donor Registry (NBMDR) program serves to increase the number of life-threatening disorders (such as Leukemia, or certain immune system and genetic disorders) who are able to obtain transplants from suitably matched, biologically unrelated bone marrow donors. The program facilitates transplants by 1) operating a system to find bone marrow donors and units of umbilical cord blood, and match them with patients needing a transplant, 2) maintaining a scientific registry on recipients of transplants, and 3) ensuring equal access to transplantation across racial/ethnic populations.

The assessment found that:

- The program possesses a clear purpose and serves a specific need as the number of individuals who could benefit from transplant therapy is growing; including an increased percentage of minority recipients who have traditionally had difficulties locating a donor match.
- The program has established ambitious targets and timeframes for its long-term performance measures. The program aims to increase the overall number of blood stem cell transplants facilitated by the NBMDR by 95% between 2003 and 2010 and increase the number of blood cell transplants facilitated by the NBMDR for minorities by 100% between 2003 and 2010.
- To date, the BMDR program has not tied its budget requests to the accomplishments of its annual and long-term performance goals.
- The NBMDR program has, to a small extent, demonstrated progress toward achieving some of its newly developed long-term goals. The program demonstrated a 10 percent increase in the number of transplants from 2000 to 2001, and a 21 percent increase between 2002 and 2003.
- The NBMDR program has been very successful at increasing recruitment and the number of donors on the Registry. Between 1989 and 1992 nearly 500,000 donors were added. By 2003 the baseline reflected more than 5 million individuals on the Registry.

In response to these findings, the Administration will:

1. Maintain program funding in order to continue the NBMDR program's efforts to double the number of transplants by 2010, and continue to increase both their recruitment and number of donors on the Registry.
2. Continue to work towards the goal of tying together the program's budget requests to their annual and long-term performance goals.

Key Performance Measures from Latest PART

	Year	Target	Actual
Long-term Measure: 95% increase in the number of blood stem cell transplants facilitated by 2010	2003	Baseline	2310
	2010	4500	
Annual Measure: Add 1,000 cord blood stem cell units to the Registry each year between 2006-2010	2003	Baseline	28896
	2006	37500	
	2007	38500	
	2008	39500	
Long-term Measure: Double the number of blood stem cell transplants facilitated for minority patients	2003	Baseline	318
	2010	636	

Program Funding Level (in millions of dollars)

<u>2004 Actual</u>	<u>2005 Estimate</u>	<u>2006 Estimate</u>
23	25	23

Program: *National Health Service Corps*

Agency: *Department of Health and Human Services*

Bureau: *Health Resources and Services Administration*

Rating: *Moderately Effective*

Program Type: *Competitive Grant*

Last Assessed: *2 years ago*

Key Performance Measures from Latest PART	Year	Target	Actual
Long-term Measure: Patients served through the placement and retention of NHSC clinicians.	2005	4.84 M	
	2006	4.94 M	
	2010	5.33 M	
Long-term Measure: Patients served through NHSC placements and retention, as well as other sources (Communities with a compelling need for providers that do not receive a NHSC clinician may more easily recruit a provider from another source as a result of increased exposure from the program.	2010	7.08 M	
Annual Measure: Average Health Professional Shortage Area (HPSA) score of areas receiving NHSC clinicians (HPSA scores gauge provider shortages and whether the program targets communities well.(New measure)	2004	12.1	
	2005	12.7	
	2006	13.0	

Update on Follow-up Actions:

Recommended Follow-up Actions	Status
The Administration proposes \$23 million above the 2003 Budget, a 12% increase above 2003 and 46% increase above 2002, to place more doctors and other clinicians in areas facing a shortage of health providers.	Completed
The Administration will serve areas of greatest need by better targeting NHSC placements and taking into account foreign physicians who serve in areas with a shortage of health providers through visa waivers.	Action taken, but not completed
The Administration will support more underrepresented minorities and other students and health professionals from disadvantaged backgrounds through the program by enhancing recruitment efforts.	Action taken, but not completed

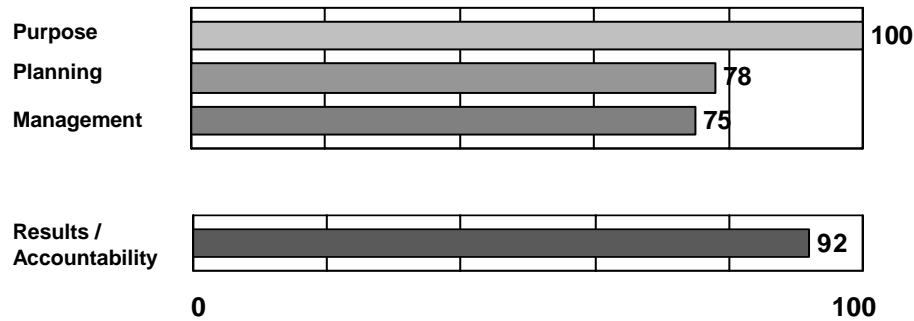
Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
170	132	127

Program: NIH Extramural Research Programs

Agency: Department of Health and Human Services

Bureau: National Institutes of Health



Rating: Effective

Program Type: Research and Development

Program Summary:

To encourage and support research activities related to detection, diagnosis, treatment, rehabilitation, and prevention of disease and disorders, the National Institutes of Health (NIH) is authorized to make grants and enter into contracts and cooperative agreements. NIH's Extramural Research program touches on 238 disease areas, emerging public health threats, new technologies, and novel approaches, and is designed to use merit-based peer review to support grant funding decisions. The program funds a wide spectrum of activities such as basic research, research instruments and equipment, publicly accessible databases, specimen and tissue repositories, animal resources, early stage clinical trials, and development of treatment guidelines. Typically the program's research areas are not conducted by the private sector.

The assessment found that the program is working well overall, but there are areas for improvement. Additional findings include:

- NIH is unique in that it is the only agency, governmental or private, that has a broad mission of improving the Nation's health through funding biomedical and behavioral research.
- The Extramural Research program has as its core the merit-based peer review process, followed by oversight by Institute and Center advisory councils, which allow NIH to fund meritorious grants with the potential for discovery.
- Priorities are developed during NIH's annual budget formulation process, which can include annual strategic planning sessions. These priorities are based on scientific importance/relevance, emerging public health threats, and potential public health benefits.
- The program has a limited number of specific long-term performance goals and annual targets that focus on outcomes.
- Until NIH's New Business System and the HHS-wide system are fully deployed, the preparation of financial statements will continue to be manually intensive and time consuming.

In response to these findings, the Administration will:

1. Continue to monitor efforts to implement new financial management practices and systems.
2. Work to improve its monitoring of grants to ensure awardees are achieving stated goals and able to display results.

Key Performance Measures from Latest PART

Key Performance Measure	Year	Target	Actual
Long-term Measure: By 2009, expand the range of available methods used to create, analyze, and utilize chemical libraries, which can be used to discover new medications. Specifically, use these chemical libraries to discover 10 new and unique chemical structures that could serve as the starting point of new drugs.	2006	SMR	
	2007	Models	
	2008	ID 4	
	2009	ID 10	
Long-term Measure: By 2011, assess the efficacy of at least three new treatment strategies to reduce cardiovascular morbidity/mortality in patients with Type 2 diabetes and/or chronic kidney disease.	2006	Rpt Trial	
	2007	Recru. 4K	
	2008	Phase 2	
	2011	Rpt Trial	
Long-term Measure: By 2013, identify at least one clinical intervention that will delay the progression, delay the onset, or prevent Alzheimer's disease.	2006	Recruit 1K	
	2007	ID AD Sx	
	2008	ID lead	
	2012-2013	Interven.	

Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
20,880	21,146	21,385

Program: *Nursing Education Loan Repayment and Scholarship*

Agency: *Department of Health and Human Services*

Bureau: *Health Resources and Services Administration*

Rating: *Adequate*

Program Type: *Competitive Grant*

Last Assessed: *2 years ago*

Key Performance Measures from Latest PART	Year	Target	Actual
Long-term Measure: Number of individuals enrolled nationwide in nurse education and training programs compared with 2004 (Increasing enrollment in these programs can help prevent or reduce a shortage of nurses in the health care system.	2010	+10%	
Annual Measure: Percentage of program participants that serve in nursing homes, hospitals that provide care to a disproportionate number of low-income patients under Medicare and Medicaid, and public health departments and clinics compared with 2003.	2004	65%	
	2005	75%	
	2006	85%	
Annual Measure: Percentage of participants who remain employed at the health facility for at least a year after completing their federal service contract.	2004	+10%	

Update on Follow-up Actions:

Recommended Follow-up Actions

Proposes an increase of \$12 million above the 2003 President's Budget for loan repayment awards and newly authorized scholarships by redirecting resources from advanced nursing education activities that do not increase the supply of practicing nurses.

Status

Completed

Will maximize the impact of the program by targeting providers to nursing homes, hospitals that serve a disproportionate number of low-income patients under Medicare and Medicaid, and other priority health facilities.

Action taken, but not completed

Will conduct an evaluation of the program's impact, develop outcome measures, and begin to track performance against newly adopted benchmarks by developing a baseline and refining performance targets.

Action taken, but not completed

Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
27	31	31

Program: *Office of Child Support Enforcement*

Agency: *Department of Health and Human Services*

Bureau: *Administration of Children & Families*

Rating: *Effective*

Program Type: *Block/Formula Grant*

Last Assessed: *1 year ago*

Key Performance Measures from Latest PART	Year	Target	Actual
Annual Measure: Percent of IV-D collection rate for current support	2001	0.54	0.57
	2002	0.55	0.58
	2003	0.58	10/04
	2004	0.6	09/05
Annual Measure: Cost-effectiveness ratio (total dollars collected per \$1 of expenditures.)	2001	4	4.18
	2002	4.2	4.13
	2003	4.25	10/04
	2004	4.35	9/05
Long-term Measure: Annual child support distributed collections	2002	baseline	\$20billion
	2008	\$30billion	
	2013	\$40billion	

Update on Follow-up Actions:

Recommended Follow-up Actions	Status
Medical support enforcement proposals to assist the approximately 3 million children without health care coverage in the CSE system.	Action taken, but not completed
Proposals to encourage families to transition off welfare, achieve self-sufficiency, and practice responsible parenthood while increasing HHS's ability to collect child support more effectively.	Action taken, but not completed

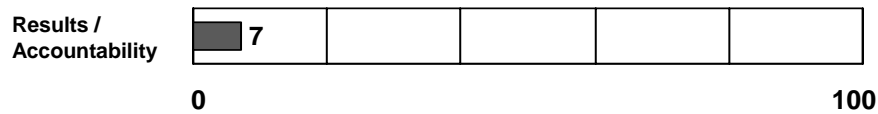
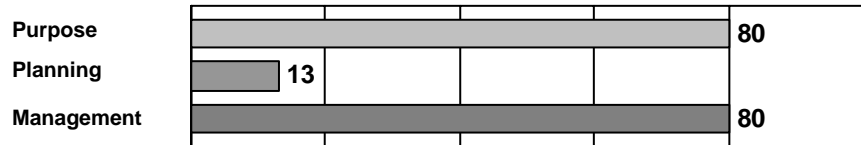
Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
3,815	3,934	4,081

Program: *Office on Women's Health*

Agency: *Department of Health and Human Services*

Bureau: *Office of Secretary/ Office of Public Health and Science*



Rating: *Results Not Demonstrated*

Program Type: *Competitive Grant*

Program Summary:

The Office on Women's Health (OWH) aims to improve the health and wellbeing of women by coordinating women's health efforts in HHS, supporting health programs through contracts and cooperative agreements, and disseminating health information. The program focuses on prevention of health conditions that are unique to, disproportionately affect, or have a different impact on women.

The assessment found that the program's purpose, design, and management were strong, but lacked strategic planning and thus, was unable to demonstrate results. Additional findings include the following:

- A strong health information dissemination role, most notably the National Women's Health Information Center (NWHIC), an award winning website and gateway to customized women's health information.
- Limited outcome based long-term and annual measures with ambitious targets.
- Need to enhance the program's leadership in setting and leading a women's health agenda across women's health offices.
- Resources are thinly spread across a number of initiatives and program impact may be stronger with focused funding on fewer initiatives.

In response to these findings, the Administration will accomplish the following in FY 2005:

1. Develop new annual and long-term outcome measures, which link to the program's mission and draft a 5-year performance plan with ambitious targets, which links to the annual and long-term measures.
2. Review program evaluation plans and conduct independent, outcome based evaluations to assess the program's impact on improving women's health.
3. Develop a women's health priority list and focus the program's resources on initiatives that target the priority list.

Key Performance Measures from Latest PART *Year* *Target* *Actual*

Long-term Measure: Measure Under Development			
Annual Measure: Measure Under Development			

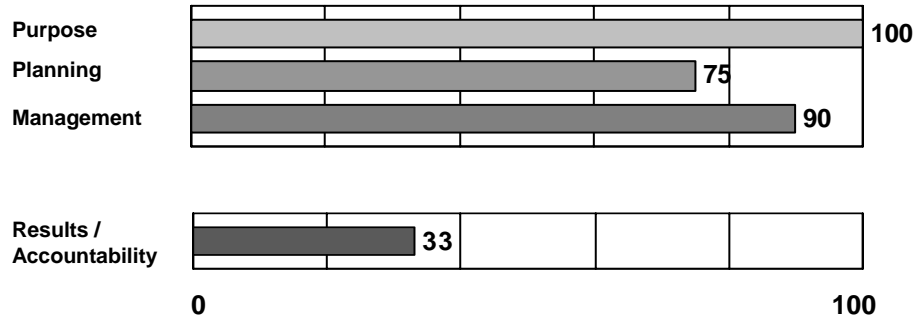
Program Funding Level (in millions of dollars)

<u>2004 Actual</u>	<u>2005 Estimate</u>	<u>2006 Estimate</u>
29	29	30

Program: Organ Transplantation

Agency: Department of Health and Human Services

Bureau: HRSA



Rating: Adequate

Program Type: Competitive Grant

Program Summary:

The Organ Transplantation program oversees the Organ Procurement and Transplantation Network (OPTN) and the Scientific Registry for Transplant Recipients (SRTR), which are operated under contract with the Health Resources and Services Administration (HRSA). The program also awards grants and directs national initiatives designed to increase the number of donor organs available for transplantation.

The assessment found that the program has not demonstrated sufficient progress towards achieving their goals. Additional findings include

- As of October 2004, there were more than 87,000 individuals on the national organ transplant waiting list maintained by the OPTN. Over the past 10 years, the waiting list has grown at a rate of 10% per year and the number of deceased donors has increased at a rate of only 2.9% per year. Currently, only about 50% of eligible donors consent to donation.
- The program balances the benefits of a system operated by a private organization, the OPTN, with the need for Federal oversight to ensure public accountability for use of the limited number of deceased donor organs.
- The program collects extensive program performance information to manage the grantees' performance. The OPTN and the Scientific Registry of Transplant Recipients (SRTR) are required to analyze and publish hospital-specific data on transplant centers and Organ Procurement Organizations (OPOs). This information is accessible to the public on the internet.

In response to these findings, the Administration will:

1. Improve the organ donation rate by expanding the Organ Donation Breakthrough Collaborative to an additional 150 hospitals.
2. Reduce the variation in organ donation rates by completing an evaluation in July 2005 to study factors that influence the number of organs procured per deceased donor.
3. Work with States to increase the effectiveness of Organ Donation Registries.

Key Performance Measures from Latest PART

	Year	Target	Actual
Annual Measure: Increase the number of organs transplanted each year in accordance with projections until 42,800 organs are transplanted in 2013.	2003		20,392
	2004	21,459	
	2005	23,512	
	2006	25,651	
Annual Measure: Increase the average number of years of life gained in the first 5 years after the transplant for deceased kidney/kidney-pancreas transplanted by 0.003 life-years until the goal of 0.436 life-years gained per transplant is achieved in 2013	2003		0.406
	2004	0.409	
	2005	0.412	
	2006	0.415	
Annual Measure: Increase the total number of expected life-years gained in the first 5 years after the transplant for all deceased kidney and kidney-pancreas transplant recipients compared to what would be expected for these patients had they remained on the waiting list	2003		3,871
	2004	4,257	
	2005	4,641	
	2006	5,048	

Program Funding Level (in millions of dollars)

<u>2004 Actual</u>	<u>2005 Estimate</u>	<u>2006 Estimate</u>
25	24	23

Program: *Patient Safety*

Agency: *Department of Health and Human Services*

Bureau: *Agency for Healthcare Research and Quality*

Rating: *Adequate*

Program Type: *Research and Development Competitive Grant*

Last Assessed: *1 year ago*

Key Performance Measures from Latest PART	Year	Target	Actual
Long-term Measure: Number of medical errors identified while decreasing the number of severe errors occurring	2005	Est Stds	Est Stds
	2010	0.9	0.9
	2006	Monitor	Monitor
Annual Measure: Percent of hospitals reporting on adverse events as standard practice	2004	Dev Data	Dev Data
	2005	Est Stds	Est Stds
	2006	Monitor	Monitor
Annual Measure: Number of hospitals that have successfully deployed hospital practices	2003	PSIC/5 implemt	
	2004	15 State/Org	
	2005	+15 State/Org	
	2006	+15 State/Org	+15 State/Org

Recommended Follow-up Actions

Continue to urge AHRQ to request reports from grantees on research findings and the potential to replicate good models across the country.

Monitor AHRQ's progress toward developing baselines for newly developed long-term and annual performance goals.

Status

Action taken, but not completed

Action taken, but not completed

Update on Follow-up Actions:

AHRQ is currently in the process of developing additional annual measures that will demonstrate this program's progress towards achieving its long-term goals.

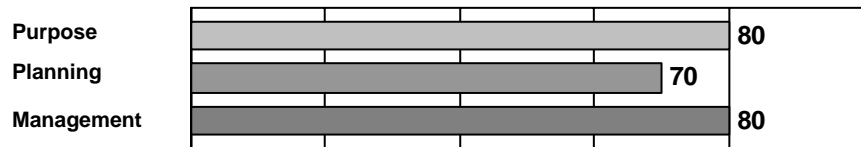
Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
80	84	84

Program: *Pharmaceutical Outcomes*

Agency: *Department of Health and Human Services*

Bureau: *Agency for Healthcare Research and Quality*



Rating: *Moderately Effective*

Program Type: *Research and Development, Block/Formula Grant*

Program Summary:

The Pharmaceutical Outcomes Portfolio (POP), through their Centers for Education and Research on Therapeutics (CERTs), conducts state-of-the-art clinical and laboratory research to inform clinical practitioners and policy makers about both the uses and risks of new drugs and drug combinations, biological products, and devices as well as of mechanisms to improve their safe and effective use.

The assessment found that:

- The program possesses a clear and unique purpose and is well designed to conduct and evaluate research on new drugs and health products and provide those findings to clinicians and policy makers so that these products best serve the public's health.
- The program has developed new long-term outcome goals that are directly linked to improved health outcomes and has established baselines and targets for annual performance measures that support the long-term outcome goals for the program.
- The agency regularly collects timely and credible performance information by requiring every awardee to provide progress reports to Program Officers on a regular basis.
- The program has not demonstrated how funding, policy or legislative decisions impact its expected performance nor does it explain why a particular funding level or performance result is the most appropriate.
- AHRQ does not conduct periodic comparisons of the potential benefits of its pharmaceutical outcomes research with those of NIH that have similar goals.

In response to these findings, the Administration will:

1. Tie together the Pharmaceutical Outcomes performance with the budgetary resources it has requested.
2. Update baselines and targets for annual performance measures that continue to be developed and realized.

Key Performance Measures from Latest PART

	Year	Target	Actual
Long-term Measure: Reduce congestive heart failure hospital readmission rates during the first six months	2000	Baseline	38%
	2014	20%	
	2006	36%	
	2010	28%	
Long-term Measure: Reduce hospitalization for upper GI bleeding in those ages 65-85	2000	Baseline	55/10,000
	2014	45/10,000	
	2006	53/10,000	
	2010	49/10,000	
Long-term Measure: Decrease prescriptions of antibiotics for children between ages 1 and 14	2001	Baseline	.56/year
	2014	.42/year	
	2006	.50/year	
	2010	.46/year	

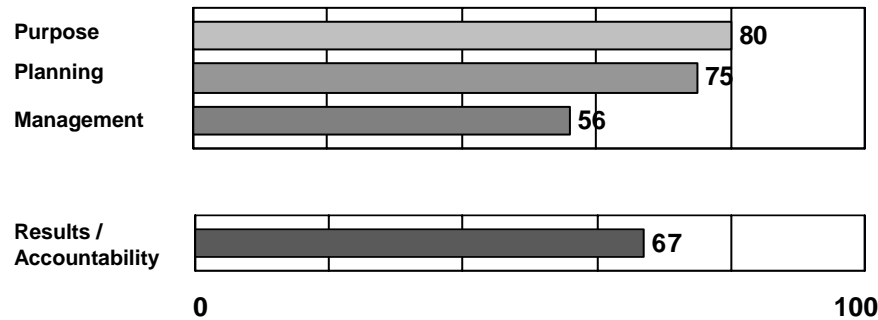
Program Funding Level (in millions of dollars)

<u>2004 Actual</u>	<u>2005 Estimate</u>	<u>2006 Estimate</u>
13	27	26

Program: *Poison Control Centers*

Agency: *Department of Health and Human Services*

Bureau: *Health Resources and Services Administration*



Rating: *Adequate*

Program Type: *Block/Formula Grant*

Program Summary:

The Poison Control Centers (PCC) Program helps to stabilize and improve PCCs and promotes a comprehensive system for the delivery of high quality poison control services nation-wide. Through this program the Secretary awards grants to regional, certified PCCs to help them achieve the financial stability necessary to provide treatment recommendations for poisonings.

The assessment found that the Poison Control Centers Program has a clear purpose and has demonstrated progress toward achieving its long-term goal of reducing emergency room visits due to poisoning (2.47 per 1000 in 1999-2000 to 2.05 per 1000 in 2001-2002). However, the assessment also found that the program has flaws that may limit its effectiveness and efficiency. Additional findings include:

- The program has made considerable progress in addressing its primary purpose: 6 of 7 PCCs that were on the verge of closing at the inception of the program in 2000 have been stabilized through Stabilization Grants, 82 percent of the PCCs now meet certification standards and have been certified (up from 70 percent in 2000).
- The program developed a new long-term goal that is directly linked to improved health outcomes for those possibly exposed to a toxic agent and has established ambitious targets and timeframes for this long-term goal, which is to reduce emergency room visits due to poisoning by 25% by 2009.
- The program does not make clear the impact that funding, policy or legislative decisions have on expected performance. In addition HHS/HRSA has not tied its budget request to the accomplishments of the annual and long-term performance goals.
- The program does not regularly receive timely and credible performance information from key program partners and use it to manage the program.

In response to these findings, the Administration:

1. Proposes a reduction in funding of \$13 million below the FY 2005 House appropriation level in an attempt to increase the cost effectiveness of the program through investment in fewer and more regionalized PCCs that could perform the same role as a large number of local PCCs. Because a significant portion of this program's funds have gone to stabilizing PCCs, of which 48 out of 62 are now considered stable and certified, the program should not require the same level of funding it has received in previous years.
2. Will work to establish a performance-based budget that demonstrates the marginal impact of the Administration's funding decisions.

Key Performance Measures from Latest PART

	Year	Target	Actual
Long-term Measure: Reduce percent of emergency room visits due to poisoning	2001-2002	Baseline	2.05
	2009	1.54	
Annual Measure: Increase percent of inbound volume on the toll-free number	2003	Baseline	36.9%
	2004	40.6%	
	2005	44.6%	
	2006	49.1%	
Annual Measure: Increase the number of PCCs with 24-hour bilingual staff	2004	Baseline	1
	2005	3	
	2006	5	
	2007	7	

Program Funding Level (in millions of dollars)

<u>2004 Actual</u>	<u>2005 Estimate</u>	<u>2006 Estimate</u>
24	24	23

Program: *Projects for Assistance in Transition from Homelessness*

Agency: *Department of Health and Human Services*

Bureau: *Substance Abuse and Mental Health Services Administration*

Rating: *Moderately Effective*

Program Type: *Block/Formula Grant*

Last Assessed: *2 years ago*

Key Performance Measures from Latest PART	Year	Target	Actual
Long-term Measure: Percentage of enrolled homeless persons who receive community mental health services	2000		44%
	2005	65%	
Annual Measure: Percentage of contacted homeless persons with serious mental illness who are enrolled in services	2001	35%	45%
	2002	44%	42%
	2005	47%	
	2006	48%	
Long-term Measure: Average federal cost for enrolling a homeless person with serious mental illness into services	1999		\$579
	2000		\$668
	2005	\$668	

Recommended Follow-up Actions

Status

Proposes a \$3 million increase above the 2003 Budget, which is a 26% increase above 2002.

Completed

Will track and improve program performance using newly developed long-term outcome and efficiency measures.

Action taken, but not completed

Update on Follow-up Actions:

The funding increase proposed in the 2004 Budget was enacted. The program has set the baseline for measuring long-term performance and efficiency outcomes; updated performance data will be available in 2007. The program met its targets for number of homeless persons contacted but did not meet its target percentage of contacted individuals who are enrolled in mental health services in 2002.

Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
50	55	55

Program: *Refugee and Entrant Assistance*

Agency: *Department of Health and Human Services*

Bureau: *Administration for Children and Families*

Rating: *Adequate*

Program Type: *Block/Formula Grant*

Last Assessed: *2 years ago*

Key Performance Measures from Latest PART	Year	Target	Actual
Long-term Measure: Entered employment rate: the ratio of refugees entering employment relative to the number of refugees receiving employment services (New measure)	2005	increase 3%	12/06
		increase 3%	12/07
		increase 3%	12/13
	2012	increase 3%	12/13
Annual Measure: Number of refugees entering employment through the Administration for Children and Families (ACF) funded refugee employment services	2001	56,885	45,893
	2002	0.5203	0.5345
	2003	0.5505	0.45
	2004	increase 3%	12/05
Annual Measure: Number of entered employments with health benefits available as a subset of full-time job placements	2001	30613	27,270
	2002	71%	
	2003	65.51%	
	2004	increase 3%	

Update on Follow-up Actions:

Recommended Follow-up Actions	Status
The Budget includes funds (\$2 million) for ORR to conduct independent and quality evaluations.	Action taken, but not completed
The agency will continue its ongoing efforts to improve strategic planning to ensure that goals are measurable and linked to the budget, and systems are in place to identify program deficiencies.	Action taken, but not completed
ORR will establish targets for unit costs as an annual measure of cost-effectiveness.	No action taken

Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
201	214	214

Program: *Resource and Patient Management System*

Agency: *Department of Health and Human Services*

Bureau: *Indian Health Service*

Rating: *Effective*

Program Type: *Capital Assets and Service Acquisition*

Last Assessed: *1 year ago*

Key Performance Measures from Latest PART	Year	Target	Actual
Long-term Measure: Develop comprehensive electronic health record (EHR) with clinical guidelines for select chronic diseases: Targets: FY 2003: Prototype EHR/Asthma; FY 2004: HIV/AIDS; FY 2005: Obesity; FY 2006: Cardiovascular; FY 2008: Comprehensive EHR			
Long-term Measure: Derive all clinical indicators from RPMS and integrate with EHR (Targets measured in indicators/Areas).	2004	37/12	37/12
	2005	37/12	
	2006	38/12	
	2008	39/EHR	
Annual Measure: Percent increase in IHS, Tribal and Urban programs that use the national behavioral health data reporting system	2001	10%	20%
	2002	5%	27.7%
	2003	5%	29.5%
	2004	5%	20%

Recommended Follow-up Actions

Develop RPMS' capability to provide a valid cost accounting link to health outcomes by specific activity.

Ensure that Budget requests are explicitly tied to accomplishment of annual and long-term performance goals with a budget linkage to the specific activities of RPMS.

Status

Action taken, but not completed

Action taken, but not completed

Update on Follow-up Actions:

The Indian Health Service will obtain full cost accounting functionality through the implementation of the Unified Financial Management System in September 2008.

Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
34	36	37

Program: *Runaway and Homeless Youth*

Agency: *Department of Health and Human Services*

Bureau: *Family and Youth Services Bureau (FYSB)*

Rating: *Results Not Demonstrated*

Program Type: *Competitive Grant*

Last Assessed: *1 year ago*

Key Performance Measures from Latest PART	Year	Target	Actual
Annual Measure: Increase the proportion of youth living in safe and appropriate settings after exiting the runaway and homeless youth programs.	2002		89.5%
	2003	86.0%	89.5%
	2004	91%	11/04
	2005	92%	11/06
Annual Measure: Increase the proportion of youth that enter an RHY shelter or basic center program through outreach efforts.	2002		3.4%
	2003	NA	3.77%
	2004	5%	11/04
	2005	6%	11/05

Recommended Follow-up Actions

The Administration will continue to develop new long-term and efficiency performance measures and ambitious performance targets.

Status

Action taken, but not completed

Update on Follow-up Actions:

Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
89	89	89

Program: *Rural Health Activities*

Agency: *Department of Health and Human Services*

Bureau: *Health Resources and Services Administration*

Rating: *Adequate*

Program Type: *Competitive Grant*

Last Assessed: *1 year ago*

Key Performance Measures from Latest PART	Year	Target	Actual
Long-term Measure: Percentage of critical access hospitals with positive operating margins	1999	Baseline	17%
	2010	35%	
Long-term Measure: Proportion of rural residents of all ages with limitation of activity caused by chronic conditions	2000	Baseline	14.6%
	2010	13.9%	
Annual Measure: Number of people served by outreach grants	2002	673,700	673,700
	2005	680,400	
	2006	687,200	
	2007	694,100	

Update on Follow-up Actions:

Recommended Follow-up Actions

The Administration will continue to monitor progress toward data gathering for the newly developed long-term and annual performance goals.

Status

Action taken, but not completed

Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
147	147	33

Program: Ryan
White

Agency: Department of Health and Human Services

Bureau: Health Resources and Services Administration

Rating: Adequate

Program Type: Block/Formula Grant

Last Assessed: 2 years ago

Key Performance Measures from Latest PART	Year	Target	Actual
Long-term Measure: National rate of deaths per 100,000 people due to HIV infection	1994		15.4
	1999		5.4
	2010	3.6	
Long-term Measure: National proportion of people living with HIV receiving primary medical care and treatment	2000		33%
	2010	50%	
Annual Measure: Number of persons who learn their serostatus from Ryan White CARE Act-funded programs	2000		352,283
	2004	2% increase	
	2005	2% increase	
	2006	2% increase	

Recommended Follow-up Actions

Increase funding for the Ryan White AIDS Drug Assistance Program, +\$100 million, so that the program can purchase drug treatments for an additional 9,200 persons.

Develop recommendations and legislative strategies in preparation for the 2005 reauthorization, to find more meaningful ways of allocating drug treatment funding and standardizing eligibility across states.

Status

Completed

Action taken, but not completed

Update on Follow-up Actions:

HRSA's efforts to develop recommendations and legislative strategies in preparation for the 2005 reauthorization have been ongoing, and important steps towards completing this objective have been taken.

Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
2,045	2,073	2,083

Program: *State Children's Health Insurance Program*

Agency: *Department of Health and Human Services*

Bureau: *Centers for Medicare & Medicaid Services*

Rating: *Adequate*

Program Type: *Block/Formula Grant*

Last Assessed: *1 year ago*

Key Performance Measures from Latest PART	Year	Target	Actual
Long-term Measure: Increase the number of children enrolled in regular Medicaid or SCHIP	2003	5% Increase	1,600,000
	2004	Maintain 03 Levels	
	2005	3% over 2004	
	2006	3% over 2005	
Long-term Measure: Measure Under Development			

Recommended Follow-up Actions	Status
Implement a pilot project to measure SCHIP improper payments and calculate error rates.	Action taken, but not completed
Work with states to develop goals for measuring the impact of SCHIP on targeted low-income children through the annual reporting process.	Action taken, but not completed
Work with states to develop long-term goals and implement a core set of national performance measures to evaluate the quality of care received by low-income children.	Action taken, but not completed

Update on Follow-up Actions:

Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
4,607	5,343	6,233

Program: *Substance Abuse Prevention and Treatment Block*

Agency: *Department of Health and Human Services*

Bureau: *Substance Abuse and Mental Health Services Administration*

Rating: *Ineffective*

Program Type: *Block/Formula Grant*

Last Assessed: *1 year ago*

Key Performance Measures from Latest PART	Year	Target	Actual
Long-term Measure: Percentage of clients reporting change in abstinence at discharge from treatment			
Long-term Measure: Percentage of states that provide drug treatment services within approved cost per person bands by the type of treatment including outpatient non-methadone; outpatient methadone; and residential treatment services (treatment)			
Annual Measure: Perception of harm of drug use among program participants (prevention)			

Recommended Follow-up Actions

Status

Will continue to work with states to facilitate the transition from the Block Grant to performance partnerships to provide states additional flexibility in exchange for program performance.

Action taken, but not completed

Will continue to develop new outcome measures for substance abuse prevention focused on age of initiation, total drug use, and/or other indicators of prevention effectiveness.

Action taken, but not completed

Will establish baselines and set targets for treatment and prevention performance measures.

Action taken, but not completed

Update on Follow-up Actions:

SAMHSA continues to work with states to develop their capacity and expertise to report on performance measures. SAMHSA has developed a standard set of outcome measures on which states were asked to voluntarily report in their 2005 Block Grant applications. Baselines for new outcome measures will be available in late 2005 and performance data in late 2006.

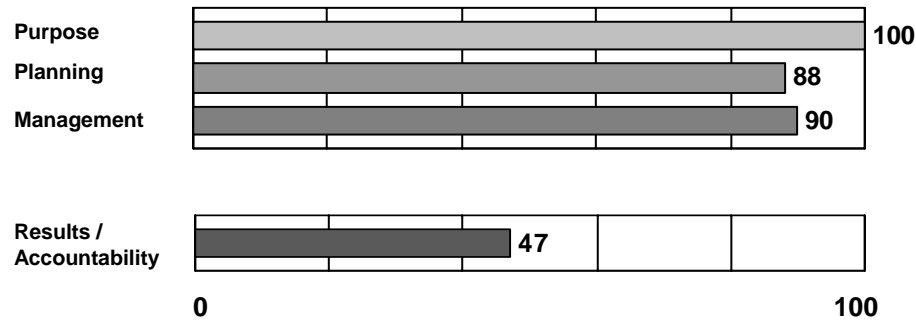
Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
1,779	1,775	1,775

Program: *Substance Abuse Prevention PRNS*

Agency: *Department of Health and Human Services*

Bureau: *Substance Abuse and Mental Health Services Administration*



Rating: *Moderately Effective*

Program Type: *Competitive Grant*

Program Summary:

The Center for Substance Abuse Prevention's Programs of Regional and National Significance (CSAP PRNS) awards grants to states and communities to conduct programs to prevent substance use and abuse. CSAP PRNS also provides technical assistance and disseminates information about effective substance abuse prevention strategies.

The assessment found:

- CSAP has developed the Strategic Prevention Framework, a comprehensive community planning and implementation model to guide all CSAP PRNS programs and facilitate coordination between CSAP PRNS and other substance abuse prevention programs.
- Previous evaluations of program components suffered from inadequate data collection at the grantee level. CSAP PRNS responded to these concerns by making outcomes reporting a requirement for grantees. The program will also make performance data more available to the public by posting grantee data on the SAMHSA website.
- The budget does not clearly present the impact of funding decisions on expected performance. The development of an efficiency measure and the availability of data from annual and long-term outcome measures will facilitate the integration of budget and program performance.
- CSAP PRNS has taken steps to improve efficiencies in its grant programs, including consolidating contracts, streamlining the grantmaking process, and contracting for a study of appropriate cost bands for services provided by grantees.

In response to these findings, the Administration will:

1. Develop baselines and targets for long-term outcome measures by December 2005.
2. Develop an efficiency measure and baseline data by December 2005.
3. Post disaggregated program performance data online by December 2005.

Key Performance Measures from Latest PART **Year** **Target** **Actual**

Long-term Measure: 30-day use of alcohol among youth age 12-17. (Baselines and Targets under development).			
Long-term Measure: 30-day use of other illicit drugs age 12 and up. (Baselines and Targets under development).			
Annual Measure: Percent of program participants age 12-17 that rate the risk of substance abuse as moderate or great (perception of harm anticipated from substance use is closely correlated with decrease in use).	2004		85%
	2005	90%	
	2006	90%	

Program Funding Level (in millions of dollars)

<u>2004 Actual</u>	<u>2005 Estimate</u>	<u>2006 Estimate</u>
198	199	185

Program: *Substance Abuse Treatment Programs of Regional and National*

Agency: *Department of Health and Human Services*

Bureau: *Substance Abuse and Mental Health Services Administration*

Rating: *Adequate*

Program Type: *Competitive Grant*

Last Assessed: *2 years ago*

Key Performance Measures from Latest PART	Year	Target	Actual
Long-term Measure: Individuals who have received drug treatment services that show no past month substance use six months after admission to treatment	2003		61%
	2004	63%	
	2005	65%	
	2006	67%	
Annual Measure: Grantees that provide drug treatment services within approved cost per person guidelines by the type of treatment, such as inpatient, outpatient or methadone.	2000		60%
	2004	68%	79%
	2005	80%	
	2006	80%	
Annual Measure: Drug treatment professionals trained by the program that adopt proven treatment methods (Adopting proven methods ultimately improves drug treatment outcomes.)	2004	83%	83%
	2005	85%	
	2006	87%	

Recommended Follow-up Actions

Status

Proposes \$200 million as part of the President's drug treatment initiative to expand access to treatment using vouchers. Vouchers will enable individuals to determine where they will receive treatment. The initiative will involve a variety of settings, including criminal justice and health care systems, to reach out to those in need of treatment and determine the type and level of services needed.

Completed

Proposes to redirect \$8 million from research related activities and other efforts lacking evidence of effectiveness to drug treatment services grants.

Completed

Will further improve the effectiveness of services grants by introducing grant funding incentives and reductions based on performance.

Action taken, but not completed

Update on Follow-up Actions:

Congress funded half of the Administration's 2004 and 2005 requests for the Access to Recovery (ATR) drug treatment voucher program. CSAT PRNS made the first round of ATR grants to 14 states and one tribal organization in August 2004, and expect to receive first quarter performance data in early 2005. As proposed by the Administration, Congress redirected funds from research to treatment services grants. The program has implemented requirements for grantees not meeting performance targets to submit corrective action plans and established a review board which reviews the corrective action plans and makes determinations about continued funding for low-performing grantees.

Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
419	422	448

Program: *Translating Research into Practice*

Agency: *Department of Health and Human Services*

Bureau: *Agency for Healthcare Research and Quality*

Rating: *Adequate*

Program Type: *Research and Development*

Last Assessed: *2 years ago*

Key Performance Measures from Latest PART	Year	Target	Actual
Long-term Measure: Rate of hospitalizations for pediatric asthma in persons under age 18 (Modified existing measure)	2000	38%	38%
	2005		28%
	2010	105,613	37%
	2006		36%
Long-term Measure: Number of immunization-preventable pneumonia hospital admissions of persons aged 65 and older (Modified existing measure)	2000	550/100K	550/100K
	2005		1.8% drop
	2010	520,441	1.8% drop
	2006		1.8% drop
Long-term Measure: Number of immunization-preventable influenza hospital admissions of persons aged 65 and older (Modified existing measure)	2000	0.56	0.56
	2005		2% drop
	2010	11,570	2% drop
	2006		2% drop

Update on Follow-up Actions:

Recommended Follow-up Actions

Maintain funding at the 2003 Budget level to ensure continued efforts to go beyond collecting data to actually changing provider behavior and thus improving health outcomes.

The program is addressing its management deficiencies and will begin better integrating its planning and budget decision-making processes.

Status

Completed

Action taken, but not completed

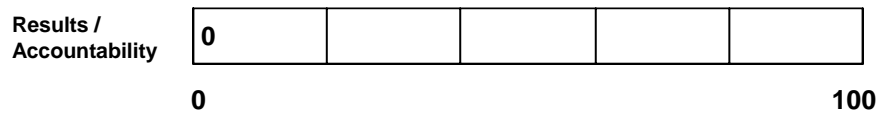
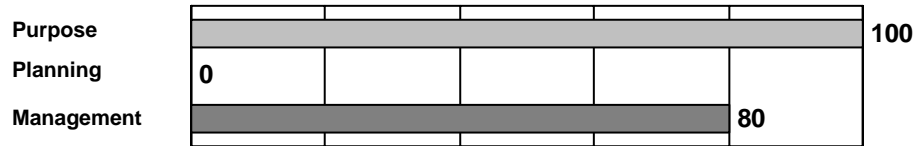
Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
8	6	1

Program: Traumatic Brain Injury

Agency: Department of Health and Human Services

Bureau: HRSA



Key Performance Measures from Latest PART **Year** **Target** **Actual**

Rating: Results Not Demonstrated

Program Type: Competitive Grant

Program Summary:

The Traumatic Brain Injury (TBI) program provides competitive grants to states to fund coordinated systems for TBI services. States are expected to generate support from local and private sources to sustain TBI projects after the Federal grant period expires.

The assessment found that the program does not have a demonstrated impact on improving the health or wellbeing of individuals with Traumatic Brain Injury. Additional findings include:

- The program has not adopted outcome goals to measure the extent to which the program is improving the health and well-being of individuals with TBI.
- The program has not had an independent evaluation to assess the impact of the state TBI grants.
- Forty-three states have designated a lead TBI agency, conducted a needs and resources assessment of TBI services in the state, and developed a plan to improve TBI services. Seven states have not surveyed their resources or developed a strategic plan to address the health needs of individuals with TBI.

In response to these findings, the Administration proposes to phase-out the TBI program. States can continue key program activities with funds from the Maternal Child Health block grant and state, local, and private resources.

Program Funding Level (in millions of dollars)

<u>2004 Actual</u>	<u>2005 Estimate</u>	<u>2006 Estimate</u>
9	9	0

Program: *Urban Indian Health Program*

Agency: *Department of Health and Human Services*

Bureau: *Indian Health Service*

Rating: *Adequate*

Program Type: *Block/Formula Grant*

Last Assessed: *1 year ago*

Key Performance Measures from Latest PART	Year	Target	Actual
Long-term Measure: Percent decrease in years of potential life lost	2010	10%	
Annual Efficiency Measure: Cost per service user in dollars per year	2003	\$483	\$571
	2002		\$483
	2001		\$359
	2000		\$385
Annual Measure: Percent of diabetics with "ideal" blood sugar control	2003	35%	36%
	2004	35%	
	2005	35%	
	2006		

Update on Follow-up Actions:

Recommended Follow-up Actions

Establish a workgroup to address deficiencies identified by the assessment and make recommendations for developing a clear program purpose and restructuring the program to reduce duplication with other federal programs.

Status

Action taken, but not completed

Develop baselines and targets for new measures.

Completed

Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
32	32	33