

ANNEX IV: Performance Measurement Operational Definition Template

Text of Measure:	
Metric is reported out as: <i>(Check all that apply)</i>	<input type="checkbox"/> County Cross-Departmental Initiatives <input type="checkbox"/> DHHS Headline Measure <input type="checkbox"/> OMB Program Measure <input type="checkbox"/> Monthly Trend Report/Chief's Report Data Element
County Performance Priority Area: <i>(Applies to Headline Measures only)</i>	Check only one, as appropriate: <ul style="list-style-type: none"> <input type="checkbox"/> A Responsive and Accountable County Government <input type="checkbox"/> Affordable Housing in an Inclusive Community <input type="checkbox"/> Children Prepared to Live and Learn <input type="checkbox"/> Healthy and Sustainable Communities <input type="checkbox"/> Safe Streets and Secure Neighborhoods <input type="checkbox"/> Vital Living for All of Our Residents
DHHS Beneficial Impact: <i>(Check all that apply)</i>	<input type="checkbox"/> Improved health and well-being <input type="checkbox"/> Risk mitigation <input type="checkbox"/> Greater client self-sufficiency
Service Area and Program:	Responsible Staff:
Program Description: <i>(from budget book)</i>	
Program Goal(s):	
Why is this Measure Important?:	
Date of creation/ last approved:	Baseline, if any: <i>(date)</i>
Published in Budget Book?:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Data Characteristics

<p>Type of Metric: <i>(Check only one)</i></p>	<input type="checkbox"/> Input <input type="checkbox"/> Outcome (Result) <input type="checkbox"/> Output <input type="checkbox"/> Efficiency <input type="checkbox"/> Quality
<p>Data Source(s): eICM, eHR, other <i>(be specific)</i></p>	
<p>Type of data: <i>(Primary vs. secondary)</i></p>	<p>Measure Type: <i>(Percent, number)</i></p>
<p>How data are Collected: Instrumentation and collection methodology if primary:</p> <ul style="list-style-type: none"> ▶ Tools/instruments used ▶ Sampling process ▶ Method of collection <i>(e.g. self-administer, staff)</i> 	<p>Source if secondary data:</p>
<p>Inclusion and Exclusion Criteria for Selected Data:</p>	
<p>Questions used to obtain the data:</p>	
<p>When data are Collected: <i>(Extraction time frame and/or collection periodicity)</i></p>	
<p>Population covered: <i>(inclusion/exclusion criteria and what data represent - include demographic or other relevant characteristics)</i></p>	
<p>Equity: <i>(There are many data that may be used to examine equitable service provision. These are examples of the types of data that may be considered when identifying disparities)</i></p>	<p>Are the following data available about the population served?: Race <input type="checkbox"/> Yes <input type="checkbox"/> No Preferred language <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>At least annually, does the program use the above data to compare client outcomes and inform the development and/or refinement of services to address any identified disparities?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No

Factors Contributing to Current Performance: <i>(Applies to Headline Measures only)</i>	
Factors Restricting Performance Improvement: <i>(Applies to Headline Measures only)</i>	
Performance Improvement Plan: <i>(Applies to Headline Measures only)</i>	
Department Notes/ Comments: <i>(internal to DHHS Only)</i>	
Department Notes/ Comments: <i>(for OMB/ CountyStat Only)</i>	
Footnotes: <i>(for public display)</i>	

Actual FY__	Actual FY__	Actual FY__	Actual FY__	Actual FY__	Actual FY__

Additional details:

- If needed, specific instructions on:**
 - ▶ How data are collected
 - ▶ How to retrieve data
 - ▶ How data are analyzed and the measure is calculated
- Calculation for individual clients/ program outcome (imbed Excel, as needed)**