





DEPARTMENT OF HEALTH

KEY PERFORMANCE INDICATORS



FISCAL YEAR 2026 PROPOSED BUDGET

Presented By
The Honorable Justa E. Encarnacion
Commissioner of Health
US Virgin Islands Department of Health



Purpose, Vision, & Guiding Principles

Purpose: *The purpose of the Performance Management and Quality Improvement Plan/document is to provide context and framework for performance management and quality improvement activities within the Public Health, Virgin Islands Department of Health (VIDoH).*

Vision: *The Virgin Islands Department of Health (VIDoH) is dedicated to fostering a culture of quality across the organization. Through strategic measurement, the Performance and Quality Improvement Team supports the development, implementation, and sustainability of improvement initiatives that align with the department's mission, vision, values, and strategic plan.*

Guided by our organizational values and the foundational principles of quality improvement, the Virgin Islands Department of Health (VIDoH) embraces the following core principles to drive performance management and quality improvement efforts:

1. Professional, Data-Informed Practice: We are committed to using reliable data and established best practices to guide decision-making, measure performance, and achieve improved health outcomes. Data-driven approaches ensure accountability and effectiveness across all levels of the organization.
2. Continuous Improvement: Quality is not a one-time achievement but a sustained, ongoing process. We strive for measurable progress that reflects our commitment to excellence and responsible stewardship of public resources.
3. Caring and Welcoming Customer Focus: Our success is rooted in understanding the needs and expectations of both internal and external customers. We value their feedback and incorporate their perspectives to enhance programs, services, and overall customer experience.
4. Partnership and Teamwork: Collaborative problem-solving among those directly impacted by services is essential. We believe that inclusive teamwork fosters more effective and sustainable improvement solutions.
5. Employee Empowerment: Building a culture of quality requires the active involvement of all staff. We empower employees, especially those closest to the work, to contribute their insights and experiences to drive meaningful improvements.

Key Terms & Definitions

To establish a shared understanding, the following key terms are defined below.

Performance Management (PM): The active use of performance data to enhance public health outcomes. This approach strengthens the strategic application of performance standards, metrics, progress reporting, and continuous quality improvement efforts to help an agency achieve its intended goals.

Performance Standards: Specific, measurable expectations set by the organization to evaluate the quality, efficiency, and effectiveness of its services, programs, or operations. These standards serve as benchmarks against which actual performance is compared, helping to guide decision-making, promote accountability, and drive continuous improvement.

Performance Measures: Quantitative or qualitative indicators used to assess how well an organization, program, or process is achieving its objectives. These measures track progress toward performance standards and strategic goals, enabling data-informed decisions and continuous improvement.

Quality Improvement (QI): A systematic, data-driven approach to evaluating and enhancing processes, programs, and services to achieve better outcomes, increased efficiency, and higher satisfaction for stakeholders. QI focuses on identifying areas for improvement, testing changes through structured methods and implementing sustainable solutions.

Current State

The Virgin Islands Department of Health (VIDoH) initiated the development of a formal, division-wide Performance Management (PM) and Quality Improvement (QI) system in 2018 with the establishment of the Performance and Quality (PQ) Team. Since its inception, the team has focused on building the foundational infrastructure necessary to support performance and quality initiatives, while fostering a culture of continuous learning and improvement throughout the division. Key accomplishments include:

- 1. Establishing formal protocols and procedures for a division-wide performance management system*
- 2. Developing the department's first Performance Management & Quality Improvement Plan*
- 3. Identifying 15 program-level performance measures to track and guide improvement; shifts to five (5) overarching measures by October of 2025*
- 4. Launching monthly reporting processes for performance measures and strategic action plan progress*
- 5. Promoting a supportive and collaborative learning environment across the department*

KPI = KEY PERFORMANCE INDICATOR?

KEEP
PEOPLE
INFORMED



KEEP
PEOPLE
INVOLVED



KEEP
PEOPLE
INTERESTED



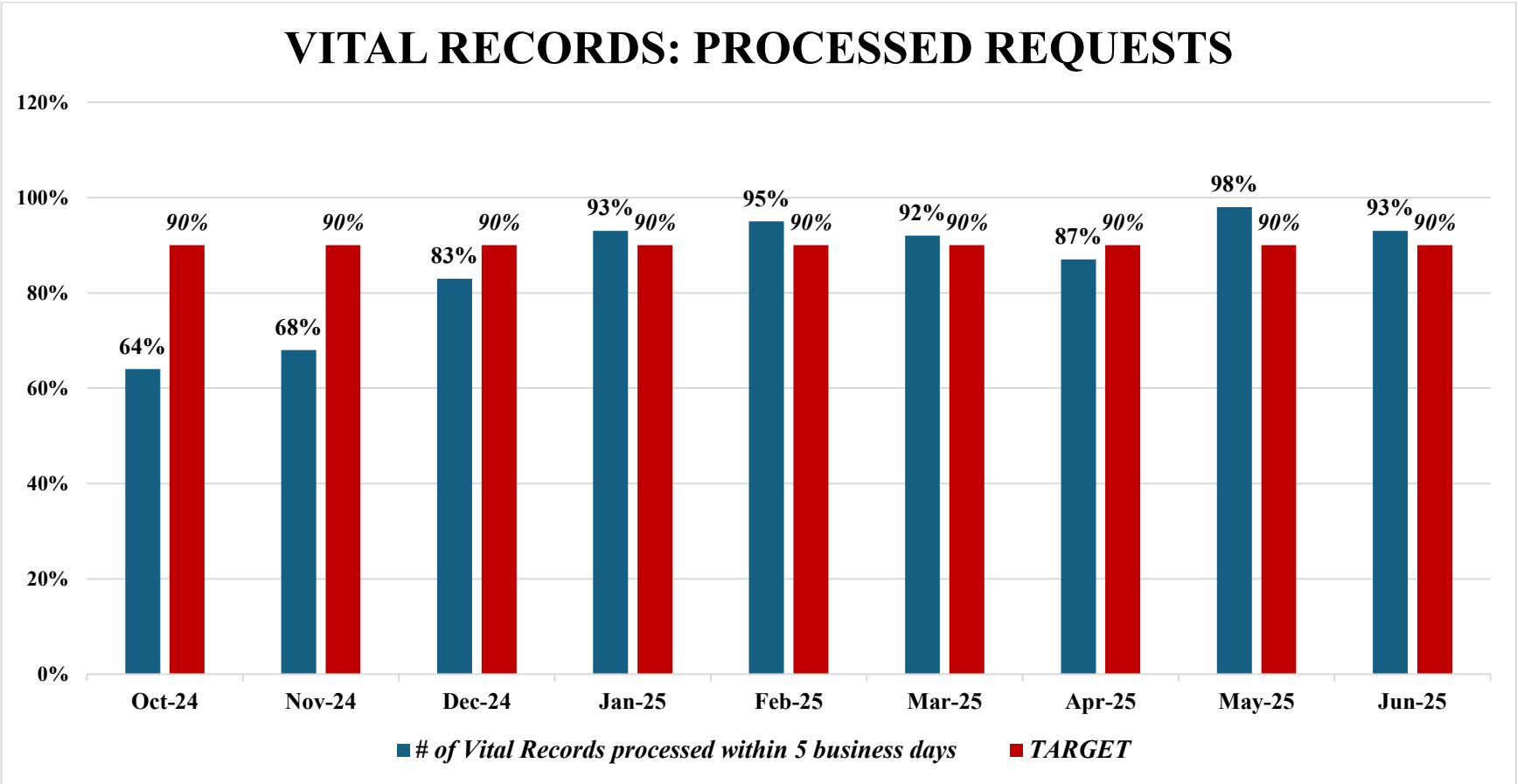
KEEP
PEOPLE
INSPIRED



70010 - VITAL RECORDS & STATISTICS

Functional Statement: The Office of Vital Records and Statistics is responsible for administering a system related to the registration and preservation of births and deaths in the territory. It is also charged with the reporting of vital statistics necessary for the operation, evaluation, and planning of a sound program of public health and welfare.

KPI	Definition	Target	Avg. Perf.	Latest Perf.	Status	Trend
Vital Records Turnaround	% of birth and death record requests processed within 5 business days	90% monthly	90.7% of target	93% (June 2025)	● On Target	▲ Improving



Performance Analysis

Average Processing Rate: 85.00%

Months Meeting or Exceeding Target:

January 2025 (93%)

February 2025 (95%)

March 2025 (92%)

May 2025 (90%)

June 2025 (93%)

Months Below Target:

October 2024, November 2024, December 2024, April 2025

Anomalies (Unusually Low or High Processing Rates):

October 2024, November 2024

Performance Comparison

FY2023 Average 84.3%

FY2024/25 Average 90.8%

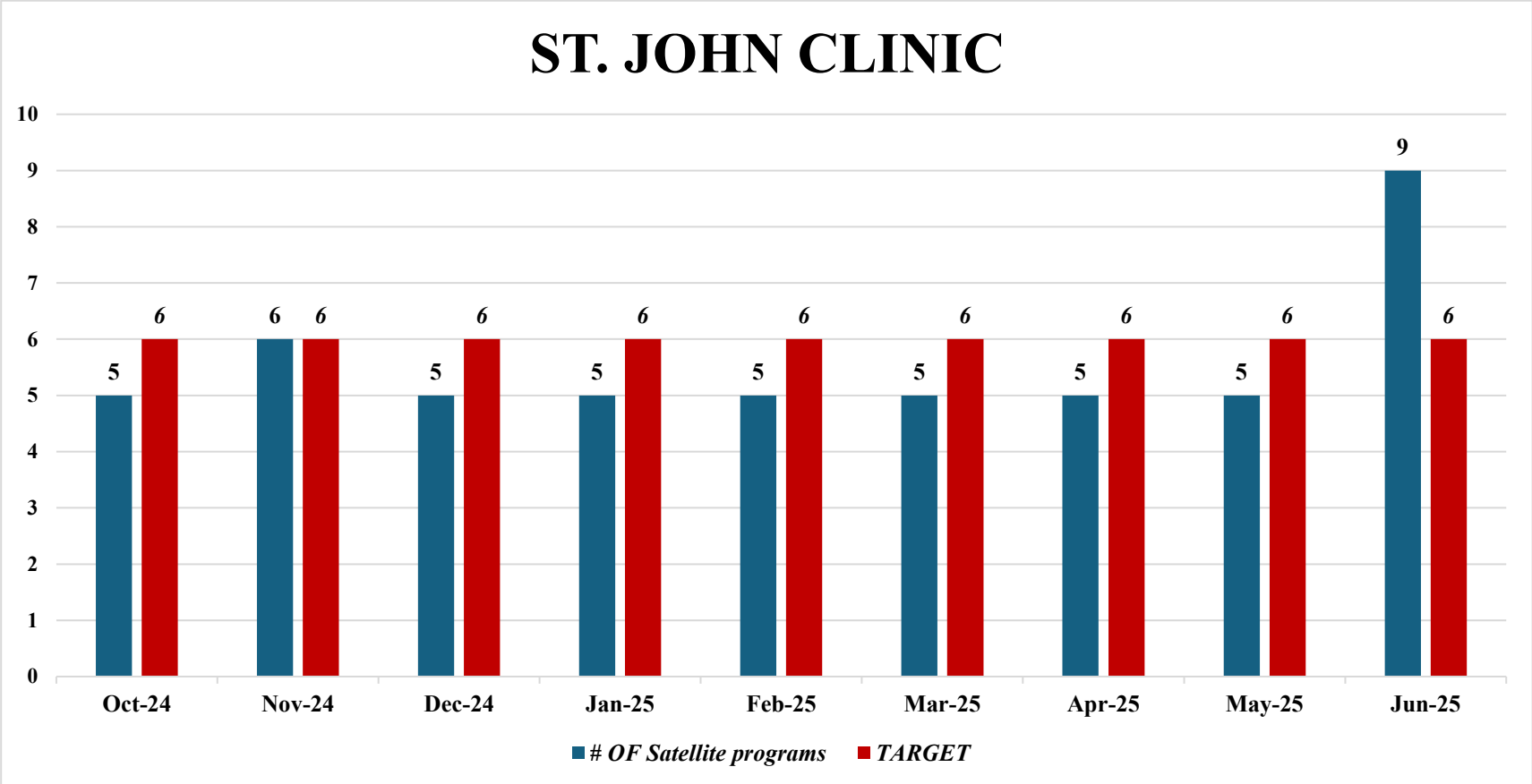
The Vital Records Division has demonstrated strong and responsive performance in meeting its target of processing birth and death certificate requests within five business days. **Over the 21-month reporting period**, the division achieved an average performance of **90.7%**, meeting or exceeding the target in most months.

While the trend has been generally positive, a significant **decline occurred between September and November 2024**, with performance dipping to **81%, 68%, and 64%**, respectively. This period likely reflects operational disruptions—potentially due to staffing shortages, increased request volume, or internal processing delays. Importantly, the unit exhibited a clear and sustained recovery. **By January 2025, performance had returned to target (93%)**, and by **May and June 2025, exceeded it at 98% and 93%**, respectively. These results suggest that the department successfully identified and addressed the root causes, restoring processing efficiency and public trust in the turnaround system. The current trend is upward and stable, with the latest available data showing that the unit is back in alignment with its performance expectations. If this trajectory continues, the division is on track to fully meet its annual performance goals and maintain high service reliability.

70050 – ST. JOHN COMMUNITY HEALTH CLINIC

The St. John Clinic, Morris DeCastro Clinic, houses the Emergency Medical Services Division and the Community Health Services program, including Mental Health, Women’s Health, Immunization, Women Infant and Children, Maternal and Child Health, Medical Assistance Program and Sexually Transmitted Diseases/Human Immunodeficiency Virus Clinics.

KPI	Definition	Target	Avg. Perf.	Latest Perf.	Status	Trend
St. John Satellite Services	Number of VIDOH outreach or clinic programs on St. John each month	6/month	92% of target	9 (June 2025)	● Improving	▲ Trending Up



Performance Analysis

Average Number of Satellite Programs: 5.44

Months Meeting or Exceeding Target:

June 2025

Months Below Target:

October 2024, November 2024, December 2024, January 2025, February 2025, March 2025, April 2025, May 2025

Anomalies (Significant Deviation):

June 2025

Performance Comparison

FY2023 Average 4.6 programs/month

FY2024/25 Average 5.6 programs/month

The Department of Health has made steady progress in deploying satellite services to the island of St. John, despite known challenges related to infrastructure and staffing constraints. **Over the 22-month period**, the department achieved an **average of 5.5 programs per month**, translating to **92%** of the performance target.

From October 2023 through early 2024, monthly service delivery remained below target at 4–5 events, with repeated documentation that funding limitations and staffing shortfalls were impacting deployment. In February 2024, the target was formally increased from 4 to 6 programs per month due to consistent prior performance. The division maintained its output but struggled to meet the new benchmark in the short term.

Beginning in late 2024 and into 2025, performance improved. The service count rose to meet or exceed the target in select months, with **June 2025 recording the highest value at 9 events**, including a Wellness Fair and multiple outreach clinics. While July 2025 data was not finalized at the time of reporting, the upward trajectory is evident.

70312 – THE PROJECT MANAGEMENT OFFICE

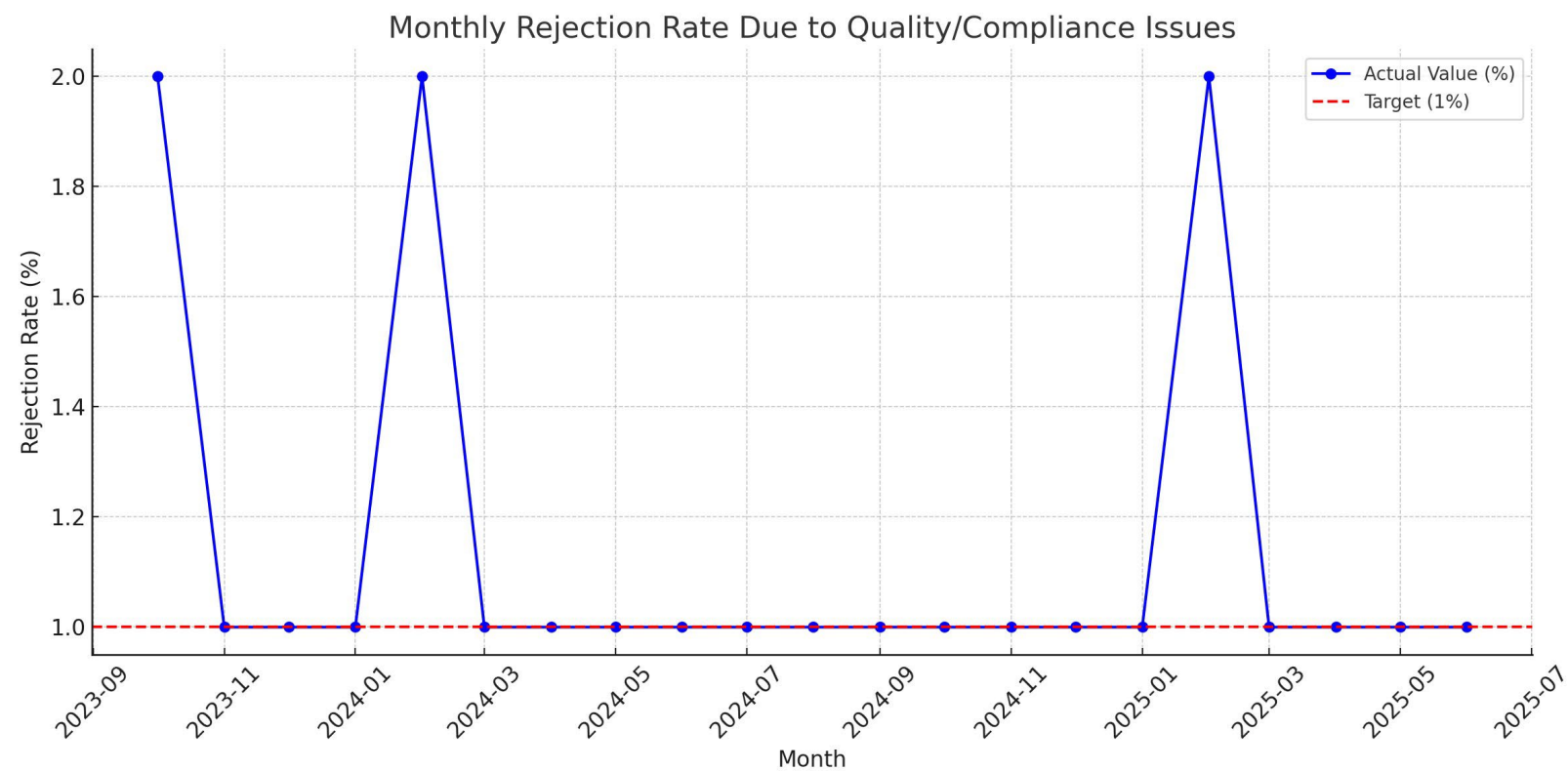
The Project Management Office (PMO) provides portfolio management services that include capital, disaster recovery, and operational projects within the Department of Health’s infrastructure. This work involves coordination and collaboration with public and private stakeholders that include local and federal funding and management agencies such as the Federal Emergency Management Agency (FEMA), the Virgin Islands Territorial Emergency Management Agency (VITEMA), VI Housing Finance Authority (VIHFA) Community Development Block Grant- Disaster Recovery (CDBG-DR), the Office of Disaster Recovery (ODR), Public Finance Authority (PFA), Centers Medicare and Medicaid Services (CMS) other funding sources, and subject matter experts.

Project	Total Cost	Federal Share	Local Match	Progress	Notes
CHMC Demolition / Donna Christensen Building – STX	\$279.1M	98% (\$273.5M)	2% (\$5.6M)	Planning/Pre-Construction	Flagship rebuild. Largest health infrastructure project in the Territory.
Master Planning & Design Services	\$10.0M	95% (\$9.5M)	5% (\$500K)	In Progress	Foundational project guiding all rebuilds and facility placements.
CHMC Demolition & Laboratory	\$8.2M	98% (\$8.1M)	2% (\$165K)	Demolition Complete	Demolition phase reportedly completed; Lab transition planning underway.
Morris DeCastro Clinic – STJ (SuperPMO)	\$17.6M	98% (\$17.2M)	2% (\$352K)	Early Stage	Included in St. John bundle; awaiting full mobilization.
STT Temporary Clinic Build-Out	\$2.0M	95% (\$1.9M)	5% est.	5.3% Complete	Short-term service continuity for STT residents.
Knud Hansen Tower Repairs – STT	\$18.3M	98% (\$17.9M)	2% est.	1.7% Complete	Early execution phase; long lead time due to structural and permitting.
STT Facility Repairs (Misc.)	\$5.9M	N/A	N/A	TBD	Various scopes; may be bundled with other federal or local investments.

70110 FINANCIAL SERVICES (TERRITORY-WIDE)

Functional Statement: The Financial Services Unit manages departmental expenditure including payroll and maintains all financial records and coordinates and monitors financial activities. This Division is also under the umbrella of the Chief Financial Officer with the responsibility to coordinate territorial financial services. In efforts to improve accountability and to create a culture that encourages the exercise of fair judgment and initiative in pursuit of organizational goals, the Unit hopes to place all fiscal officers under its direct supervision. This will encourage a culture of teamwork and active collaboration in problem-solving, decision-making and the achievement of common goals.

KPI	Definition	Target	Avg. Perf.	Latest Perf.	Status	Trend
Quality Compliance Rejections	% of monthly records rejected due to quality or compliance issues	1%	1.1%	1% (June 2025)	<div></div> On Target	<div></div> Stable



Months Below Target:

None

Anomalies (Spikes Above 1%):

September 2023, January 2024, January 2025

The percentage of monthly rejections due to quality or compliance issues has remained largely within acceptable parameters **over the 21-month reporting period**, with the target rate consistently set at **1%**. The data reveals a strong performance trend, with 18 of 21 months (86%) meeting or aligning exactly with the target.

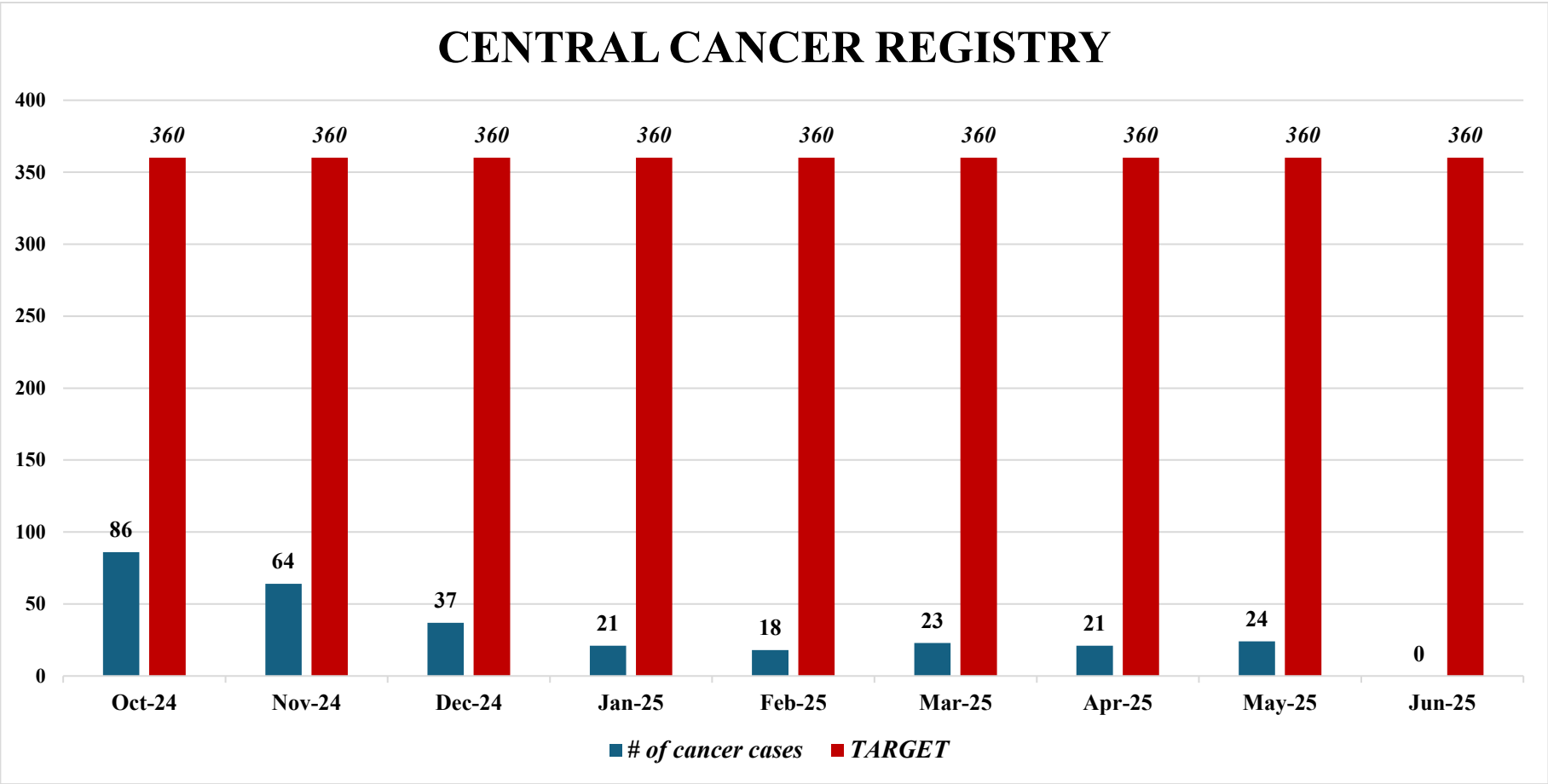
Notable deviations occurred in October 2023, February 2024, and February 2025, each registering a 2% rejection rate. These brief upticks suggest occasional lapses in compliance, which may be attributed to isolated workflow disruptions, staff turnover, or reporting inconsistencies. However, these incidents appear to be anomalies rather than indicative of systemic issues. Importantly, the most recent months — from March through June 2025 — reflect a return to target, indicating that corrective measures and internal controls were successful in restoring performance. This demonstrates resilience within the compliance framework and an ability to adapt operationally.

Overall, the quality assurance process appears stable and effective, with the average performance holding at 1.1% — just slightly above the benchmark. Continued monitoring and periodic staff training are recommended to maintain consistency and prevent future outliers.

70412 MISC - VI CENTRAL CANCER REGISTRY

Functional Statement: The VI Central Cancer Registry program provides education and awareness activities for cancer prevention and management. The program also operates the VI Central Cancer Registry, which collects, manages, and analyzes cancer data annually.

KPI	Definition	Target	Avg. Perf.	Latest Perf.	Status	Trend
Cancer Case Abstraction	Number of cancer cases abstracted per quarter	360/qtr	43% of target*	24 (May 2025)	● Lagging	▼ Trending Down



Performance Analysis

Average Number of Cancer Cases: 32.67

Months Meeting or Exceeding Target:

None

Months Below Target:

October 2024, November 2024, December 2024, January 2025, February 2025, March 2025, April 2025, May 2025, June 2025

Anomalies (0 Cases):

June 2025

Performance Comparison

FY2023 Average 45.2 cases

FY2024/25 Average 35.9 cases

Target (360 cases/month) was **not met** in any month for either fiscal year.

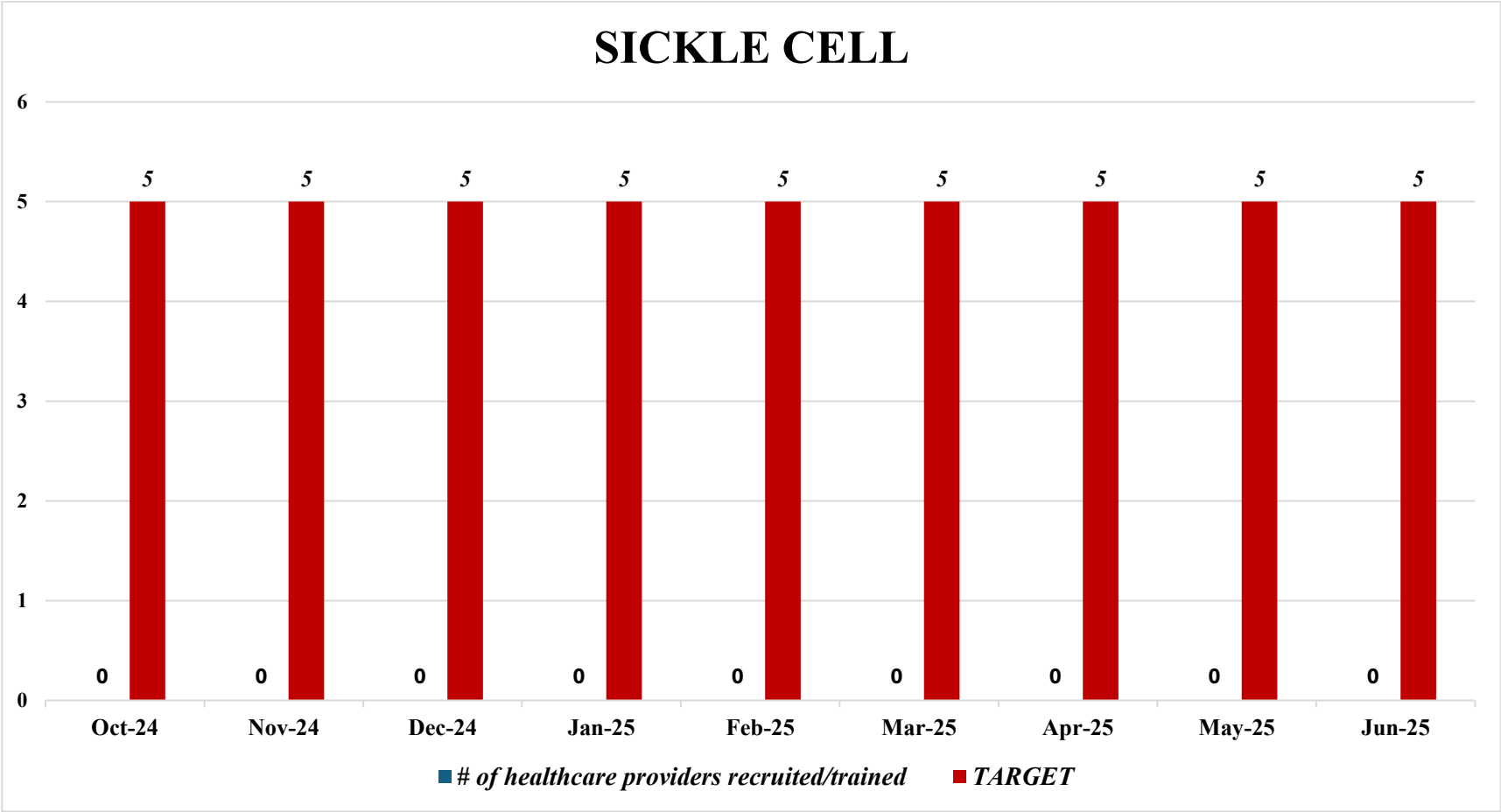
The measure tracks the number of cancer cases abstracted monthly against a quarterly target of 360 cases, equivalent to 120 cases per month. The data clearly shows a consistent gap between actual performance and the established benchmark. From October 2023 through April 2024, abstraction numbers gradually increased, indicating early momentum in process implementation or workforce ramp-up. This upward trend peaked in April 2024 with 68 cases, which was still far below the target but reflected relative improvement.

However, from May 2024 onward, performance began to stall and decline. July 2024 through January 2025 showed abstraction rates between 15 and 59 cases—again, substantially below target. A sharper drop followed in February and March 2025, falling to 18 and 23 cases, respectively. These reductions may be tied to staffing changes, shifting program priorities, or delayed data entry. Most concerning is the complete lack of recorded data for August and September 2024, as well as June and July 2025, suggesting a breakdown in either reporting or operations. These gaps limit the ability to conduct trend analysis and indicate an urgent need to review data management and compliance practices. Overall, the abstraction process appears to be struggling to meet demand, with signs of operational inconsistency and sustainability challenges. Without intervention, the gap between actual performance and target is likely to widen.

70414 MISC - SICKLE CELL

Functional Statement: The Sickie Cell Program disseminates health education messaging to raise awareness about Sickie Cell Disease (SCD) and the sickie cell trait. The program also collaborates with health care providers and stakeholders to implement programs and activities that improve the lives of people with SCD.

KPI	Definition	Target	Avg. Perf.	Latest Perf.	Status	Trend
Provider Training Participation	Number of healthcare providers recruited and trained for the VI Sickie Cell Registry	5/month	0% of target (<i>no data</i>)	No data reported	● Not Reporting	▲ No Trend Available



Performance Analysis

Average Number of Healthcare Providers Trained: 0.00

Months Meeting or Exceeding Target:

None

Months Below Target:

October 2024, November 2024, December 2024, January 2025, February 2025, March 2025, April 2025, May 2025, June 2025

Anomalies (0 Recruitment/Training):

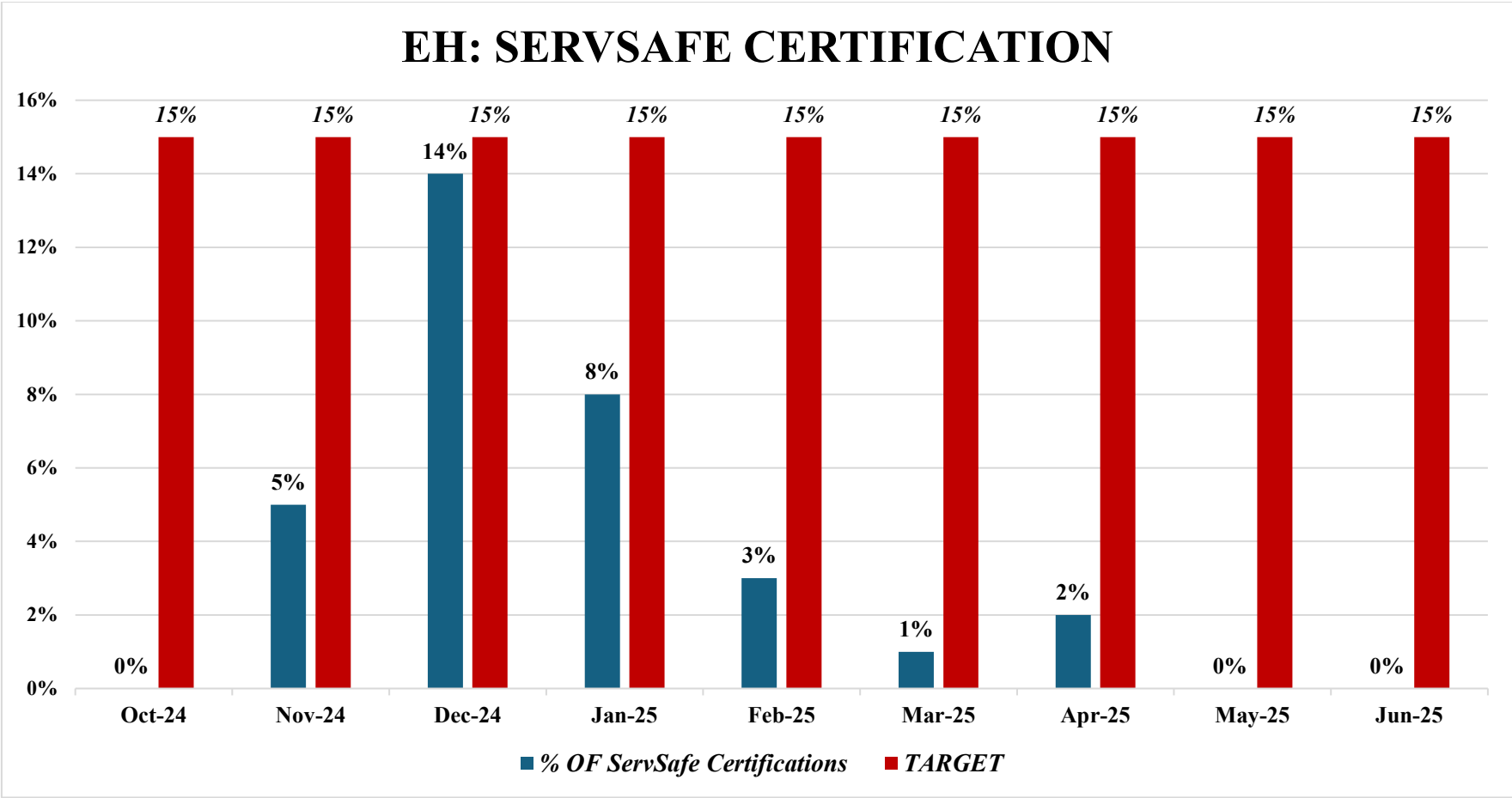
October 2024, November 2024, December 2024, January 2025, February 2025, March 2025, April 2025, May 2025, June 2025

The KPI measuring the number of healthcare providers recruited and trained to participate in the VI Sickle Cell Registry remains significantly underperforming. Despite a consistent monthly target of five (5) trained providers, there has been no documented progress from October 2023 through September 2025. Over this 24-month period, zero actual values have been reported. Comments throughout FY 2024 indicate that “no trainings have been developed for the quarter,” pointing to a failure to initiate core program activities. Additionally, beginning in August 2024, there are consistent reporting gaps and no updated data, suggesting either continued implementation delays or a breakdown in performance monitoring altogether.

70420 ENVIRONMENTAL HEALTH

Functional Statement: The Division of Environmental Health is responsible for preventing environmental health related diseases in food service establishments, childcare facilities, beauty and barber shops, hotels, and other permitted facilities. There are approximately 6,000 permitted facilities that require a minimum of an annual inspection per year.

KPI	Definition	Target	Avg. Perf.	Latest Perf.	Status	Trend
ServSafe Certification	Percentage of ServSafe certifications approved per month	15%/month	4.1% (Jan–Apr 2025)	No data reported (Jul 2025)	● Lagging	▼ Trending Down



Performance Analysis

Average Certification Rate: 3.67-+%

Months Meeting or Exceeding Target:

None

Months Below Target:

October 2024, November 2024, December 2024, January 2025, February 2025, March 2025, April 2025, May 2025, June 2025

Anomalies (0% Certification):

October 2024, May 2025, June 2025

Performance Comparison

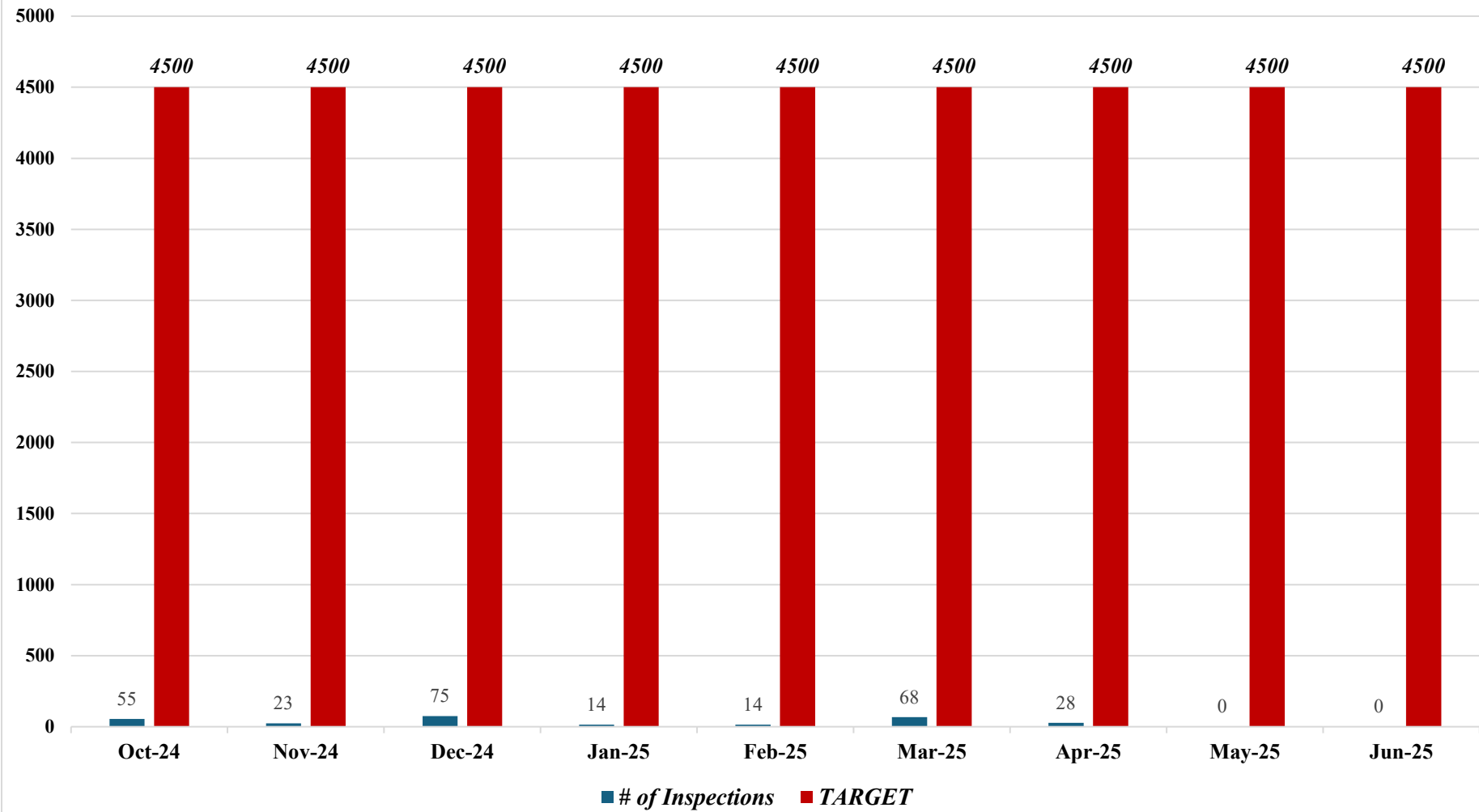
FY2023 Performance: Peaked at **14%** in December; no months met the 15% target.

FY2024/25: 0% certification approvals for every month, likely due to HealthSpace system downtime.

Between October 2024 and June 2025, the Environmental Health Division tracked the percentage of ServSafe certifications approved monthly, with a consistent performance target of 15%. The data reveals a concerning trend: after reaching a high of 14% in December 2024, certification rates declined steadily, hitting 0% in both May and June 2025. Only two months—November (5%) and January (8%)—came close to the halfway mark of the target. From February onward, the KPI consistently underperformed, signaling operational breakdowns or shifting priorities. This sustained underperformance suggests systemic challenges, including potential staffing shortages, lagging applicant engagement, or barriers in scheduling and processing certifications. However, the trend also corresponds with a broader strategic realignment within the Division, which is transitioning toward a risk-based inspection model, consistent with guidance from the National Environmental Health Association (NEHA). Risk-based inspection frameworks emphasize allocating regulatory resources based on public health risk rather than inspection quotas or certification volumes. This means that higher-risk establishments (e.g., those handling high volumes of perishable or potentially hazardous foods) receive more focused attention, while lower-risk operations are monitored with less frequency or through alternative compliance strategies. This shift aligns with national trends promoting outcomes-based performance over raw activity counts. While this recalibration improves public health impact, it also affects performance metrics like ServSafe certification rates—which were previously volume-driven. The current data likely reflects the early effects of this pivot, where traditional performance indicators haven't yet been recalibrated to match the evolving regulatory approach. Looking ahead, the Division is committed to: ***Reassessing ServSafe performance benchmarks within the context of a risk-based model, Integrating new KPIs that reflect risk mitigation outcomes, not just certification volume, expanding strategic partnerships with industry and community stakeholders to increase food handler compliance without compromising public health priorities.***

In short, while the monthly certification rate is currently lagging, the Department's modernization of its inspection and certification framework is a forward-thinking move. The focus is shifting from numbers to impact, positioning the Division to better protect the community with the resources it has—and that's a smarter way to regulate.

EH: NUMBER OF INSPECTIONS



Performance Analysis

Average Number of Inspections: 30.78

Months Meeting or Exceeding Target:

None

Months Below Target:

October 2024, November 2024, December 2024, January 2025, February 2025, March 2025, April 2025, May 2025, June 2025

Anomalies (0 Inspections):

May 2025, June 2025

Performance Comparison

FY2023 Average 81.8 inspections/month

FY2024/25 Average 52.2 inspections/month

Trend: FY2024/25 inspections are significantly lower than FY2023 across most months—potentially tied to operational delays, staffing gaps, or system issues.

Target: 375 inspections/month (to meet 4,500 annually) – Not achieved in either year.

From October 2024 to June 2025, the Environmental Health Division set a monthly target of **4,500** inspections. Actual performance over this period fell significantly short of the benchmark, with monthly inspection totals ranging from a high of 75 inspections in December 2024 to zero inspections in both May and June 2025. This translates to less than **2%** of the monthly target being met at any point during the reporting period.

The data clearly indicates a substantial gap between performance and expectations. However, this shortfall is not necessarily indicative of failure, but rather a reflection of a strategic pivot underway within the Division.

In line with national environmental health trends and guidance from the National Environmental Health Association (NEHA), the Division is transitioning from a volume-based model to a risk-based inspection framework. Rather than attempting to meet static numeric quotas, resources are now being directed toward facilities and establishments that pose the highest risk to public health—such as those with repeat violations, high foot traffic, or vulnerable populations.

This realignment allows the Division to:

- *Prioritize high-risk facilities over routine low-risk inspections,*
- *Optimize limited staffing resources, especially in the face of workforce constraints,*
- *Improve health outcomes by focusing on interventions with the greatest potential for impact.*

Although the raw number of inspections has decreased, this shift positions the Department to better mitigate foodborne illness, environmental hazards, and operational non-compliance through strategic targeting rather than routine volume.

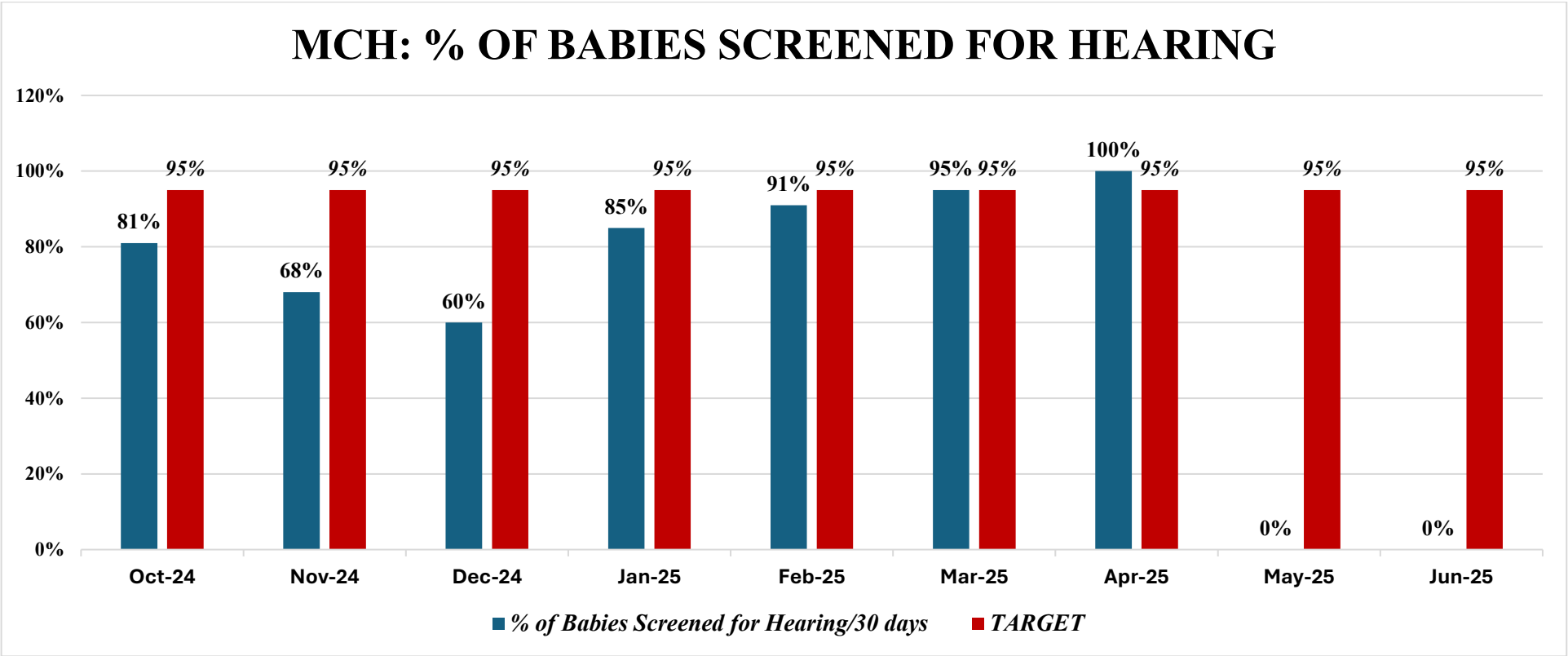
As this risk-based approach continues to evolve, the Division plans to:

- Update performance indicators to reflect the quality and impact of inspections rather than quantity alone,
- Train staff to conduct complex, risk-informed assessments,
- Implement data-driven scheduling and follow-up protocols to ensure high-risk facilities remain in compliance.

70460 MCH-CC SERVICES

Functional Statement: The MCH and CSHCN Services Program promotes quality health care for women, children and families, including children with special health care needs.

KPI	Definition	Target	Avg. Perf.	Latest Perf.	Status	Trend
Babies Screened for Hearing	Percentage of babies screened for hearing within 30 days of birth.	95%/month	82.9% (Oct 2024–Apr 2025)	0% (as of June 2025)	● Lagging	▼ Trending Down

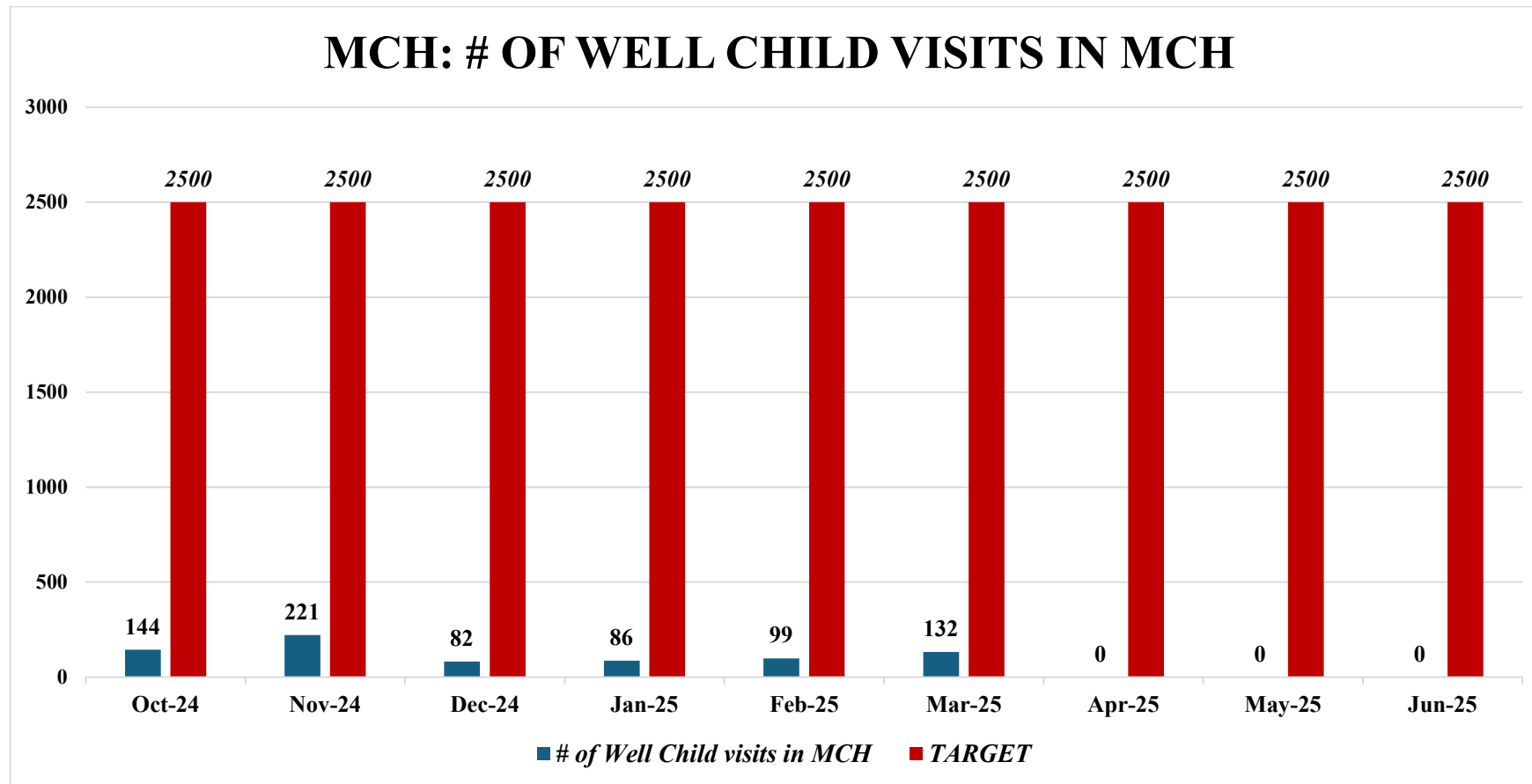


Performance Analysis

- **Average Screening Rate:** 64.44%
- **Months Meeting or Exceeding Target:**
 - March 2025 (95%)
 - April 2025 (100%)
- **Months Below Target:**
 - October 2024, November 2024, December 2024, January 2025, February 2025, May 2025, June 2025
- **Anomalies (0% Screening):**
 - May 2025
 - June 2025

The monthly performance of the baby hearing screening program from October 2024 to June 2025 reveals significant variability, with an overall average screening rate of 64.44%, well below the 95% target. Only March and April 2025 met or exceeded the target, with April achieving a peak of 100%. The program showed early underperformance from October to December 2024, followed by a steady improvement through early 2025. However, this progress was abruptly reversed in May and June, when screening rates dropped to 0%, indicating a critical operational or reporting failure. Despite demonstrating the capacity to meet goals, the program's inconsistency and recent collapse highlight the need for urgent review and corrective action.

KPI	Definition	Target	Avg. Perf.	Latest Perf.	Status	Trend
Well Child Visits (MCH)	Number of well child visits conducted in Maternal & Child Health clinics.	2,500/month	127.3 (Oct 2024–Mar 2025)	0 (as of June 2025)	● Lagging	▼ Trending Down



Performance Analysis

Average Monthly Visits: 84.89

Months Meeting or Exceeding Target:

None

Months Below Target:

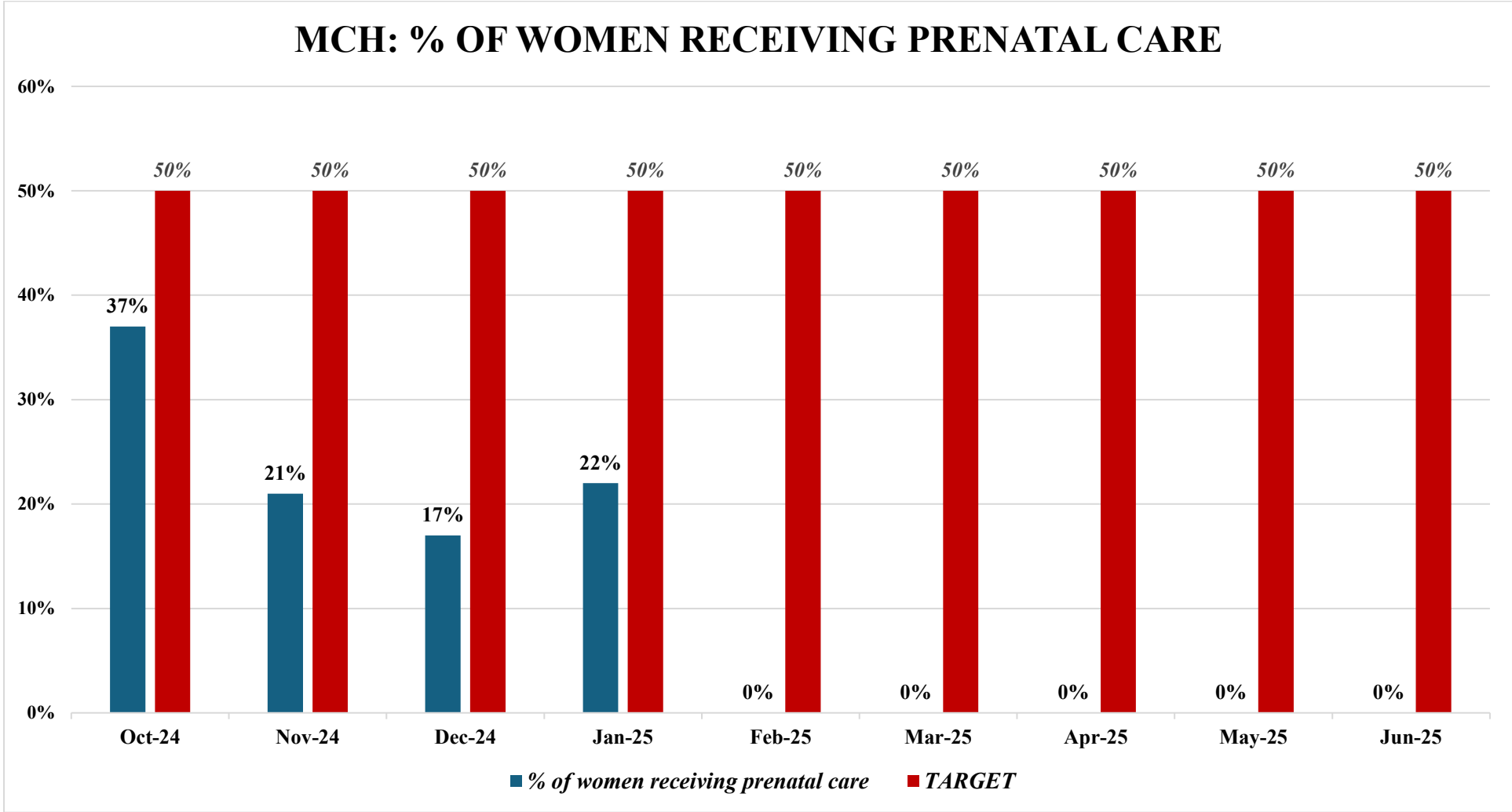
October 2024, November 2024, December 2024, January 2025, February 2025, March 2025

Anomalies (0 Visits):

April 2025, May 2025, June 2025

The performance of the well-child visit program from October 2024 to June 2025 was significantly below expectations, with an average of only 84.89 visits per month compared to the target of 2,500. Not a single month met or exceeded the target, and only six months recorded any visits at all—ranging from a high of 221 in November 2024 to a low of 82 in December 2024. The final three months of the period—April, May, and June 2025—showed zero visits, indicating a complete cessation of services or a failure in data reporting. This consistent underperformance and eventual collapse suggest systemic issues that require urgent investigation and intervention to restore service delivery and meet child health care needs.

KPI	Definition	Target	Avg. Perf.	Latest Perf.	Status	Trend
Prenatal Care Participation	Percentage of women receiving prenatal care through MCH programs per month.	50%/month	19.5% (Oct 2024–Jan 2025)	0% (as of June 2025)	🔴 Lagging	📉 Trending Down



Performance Analysis

Average Prenatal Care Rate: 10.78%

Months Meeting or Exceeding Target:

None

Months Below Target:

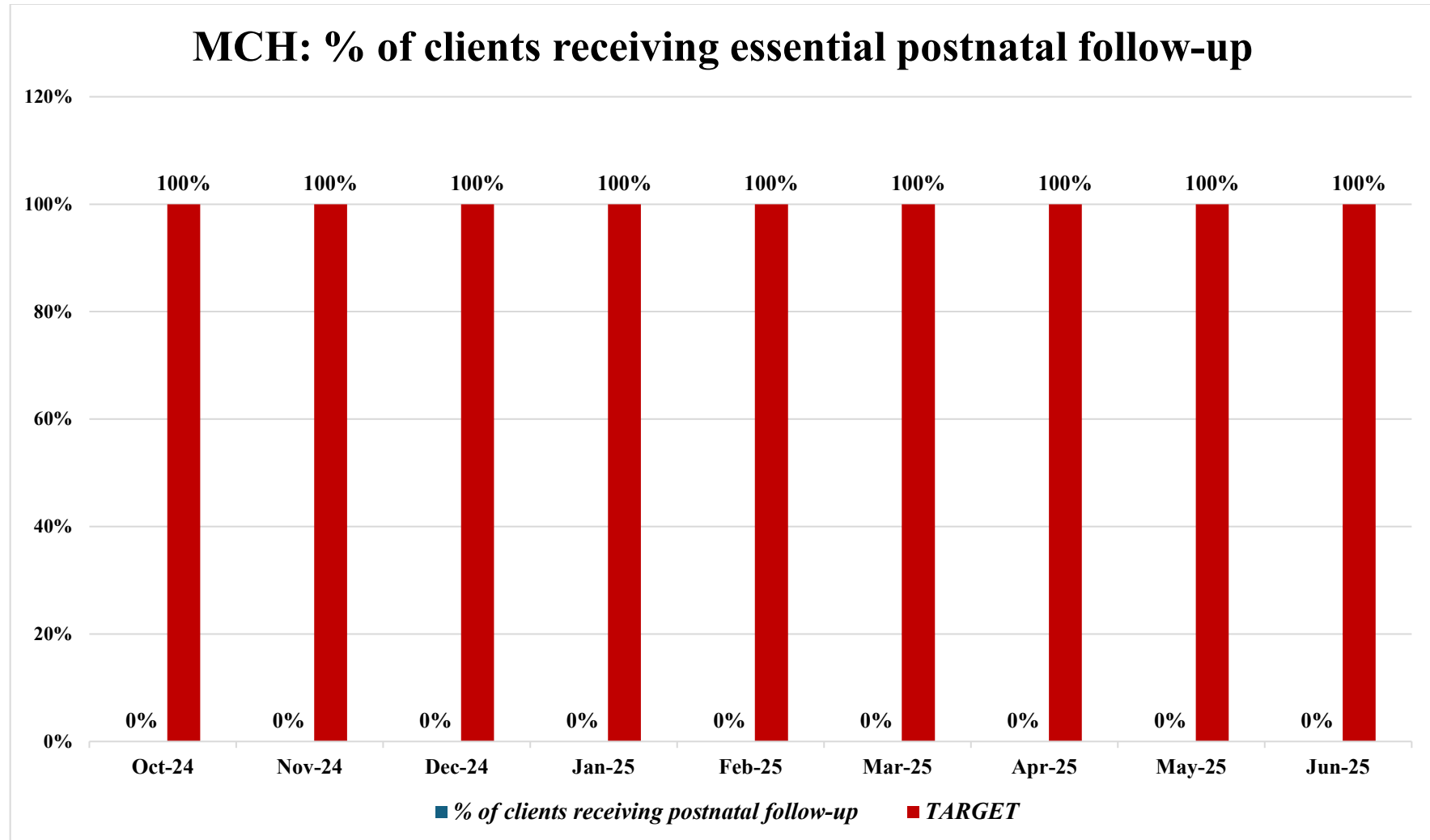
October 2024, November 2024, December 2024, January 2025, February 2025, March 2025, April 2025, May 2025, June 2025

Anomalies (0% Care):

February 2025, March 2025, April 2025, May 2025, June 2025

The performance of the prenatal care program from October 2024 to June 2025 was critically below target, with an average care rate of just 10.78% compared to the consistent monthly goal of 50%. Not a single month met or exceeded the target, and performance steadily declined from 37% in October to 0% from February through June 2025. This five-month stretch of no reported prenatal care represents a severe service delivery failure or data reporting breakdown. The consistent underperformance across all months, coupled with the complete halt in the latter half of the period, highlights systemic issues that demand immediate attention to restore access to essential maternal health services.

KPI	Definition	Target	Avg. Perf.	Latest Perf.	Status	Trend
Postnatal Follow-Up Participation	Percentage of clients receiving essential postnatal follow-up per month.	100%/month	0% (Oct 2024–Jun 2025)	0% (as of June 2025)	● Lagging	▼ Trending Down



Performance Analysis

Average Postnatal Follow-up Rate: 0.00%

Months Meeting or Exceeding Target:

None

Months Below Target:

October 2024, November 2024, December 2024, January 2025, February 2025, March 2025, April 2025, May 2025, June 2025

Anomalies (0% Follow-up):

October 2024, November 2024, December 2024, January 2025, February 2025, March 2025, April 2025, May 2025, June 2025.

The postnatal follow-up program showed a complete lack of service delivery from October 2024 through June 2025, with a consistent 0% follow-up rate each month against a target of 100%. This resulted in an average follow-up rate of 0.00%, with no month meeting or even approaching the target. The uniform absence of follow-up care across all nine months indicates a systemic failure in either service provision or data reporting. Immediate investigation and corrective action are necessary to restore this critical component of maternal and child health care.

KPI	FY2023 Avg	FY2024/25 Avg	Target
% of Babies Screened for Hearing (30 Days)	58.6%	86.7%	80%
% of Women Receiving Prenatal Care	11.6%	26 women/month	240 women/month
% of Clients Receiving Postnatal Care (6 weeks)	2.6%	41.0%	100%
# of Well Child Visits Per Month	49.1	143.3	200

Performance Comparison

Hearing Screening

- FY2024/25 exceeded the 80% target in most months after January.
- Reflects significant improvement following staff return in St. Croix.

Prenatal Care

- FY2024/25 averaged only 26 women/month—**well below the 240 monthly target**.
- FY2023 performance (11.6%) was also under threshold; both years reflect systemic access or engagement issues.

Postnatal Follow-Up

- Slight rebound in FY2024/25 to 41%, but far from the 100% goal.
- FY2023 was critically low at just 2.6%.

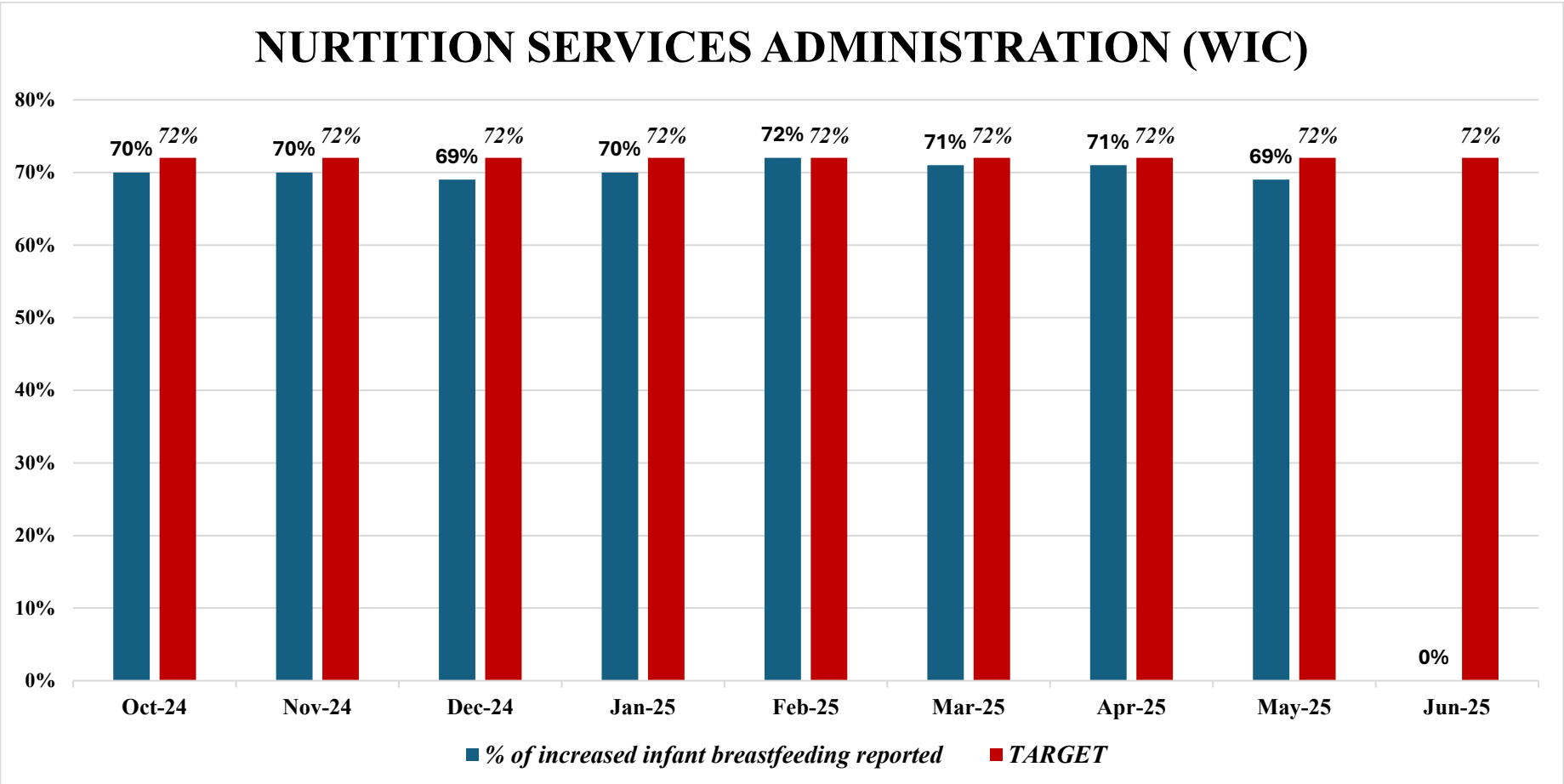
Well Child Visits

- FY2024/25 made strong gains (143.3 avg/month) vs. FY2023 (49.1), though still shy of the 200/month target.

70490 NUTRITION SERVICES ADMINISTRATION

Functional Statement: The WIC Program serves as an adjunct to good health care during critical times of growth and development in order to prevent the occurrence of health problems and to improve the health status of its clientele through the provision of nutritious foods, nutrition and breastfeeding information and referrals to other health and social services programs. (Ref. CFR 246.1).

KPI	Definition	Target	Avg. Perf.	Latest Perf.	Status	Trend
Infant Breastfeeding (WIC)	Percentage of increased infant breastfeeding reported per month.	72%/month	70.1% (Oct 2024–May 2025)	0% (as of June 2025)	● Lagging	▼ Trending Down



Performance Analysis

Average Reported Breastfeeding Rate: 70%

Months Meeting or Exceeding Target:

None

Months Below Target:

October 2024, November 2024, December 2024, January 2025, February 2025, March 2025, April 2025, May 2025, June 2025

Anomalies (0% Reporting):

Performance Comparison

FY2023 exceeded the 71% target in **6 of 9 months**.

FY2024/25 did not meet the 71% target in any month, with a continuous downward trend.

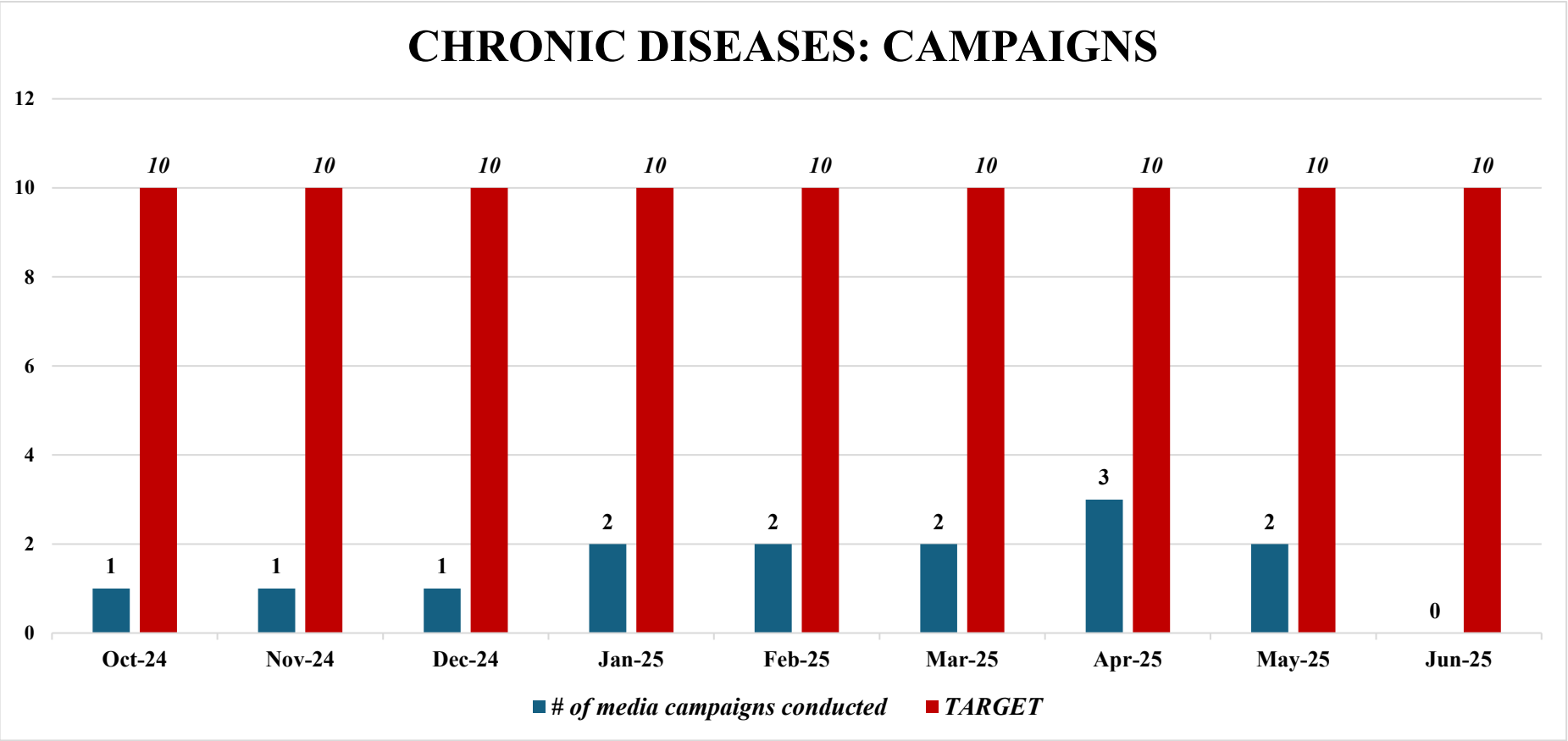
The most recent data (June 2025) reflects the lowest rate in two years at **68%**.

The WIC program consistently reported breastfeeding rates just below the 72% target from October 2024 through May 2025, with values ranging between 69% and 71%. Despite this near-target performance, no month met or exceeded the goal. The average reported rate over the nine-month period was 62.33%, significantly impacted by a complete drop to 0% in June 2025. This final month anomaly suggests a possible disruption in data collection or reporting. While the program showed stable performance close to the target, the persistent shortfall and sudden reporting gap highlight the need for targeted improvements and system checks.

70500 CHRONIC DISEASES

Functional Statement: The Health Education Unit provides public health education and conducts disease prevention activities Territory-wide.

KPI	Definition	Target	Avg. Perf.	Latest Perf.	Status	Trend
Chronic Disease Campaigns	Number of media campaigns conducted for chronic disease awareness.	10/month	1.7 (Oct 2024–May 2025)	0 (as of June 2025)	● Lagging	▼ Trending Down



Performance Analysis

Average Number of Campaigns: 1.56

Months Meeting or Exceeding Target:

None

Months Below Target:

October 2024, November 2024, December 2024, January 2025, February 2025, March 2025, April 2025, May 2025, June 2025

Anomalies (0 Campaigns):

June 2025

Performance Comparison

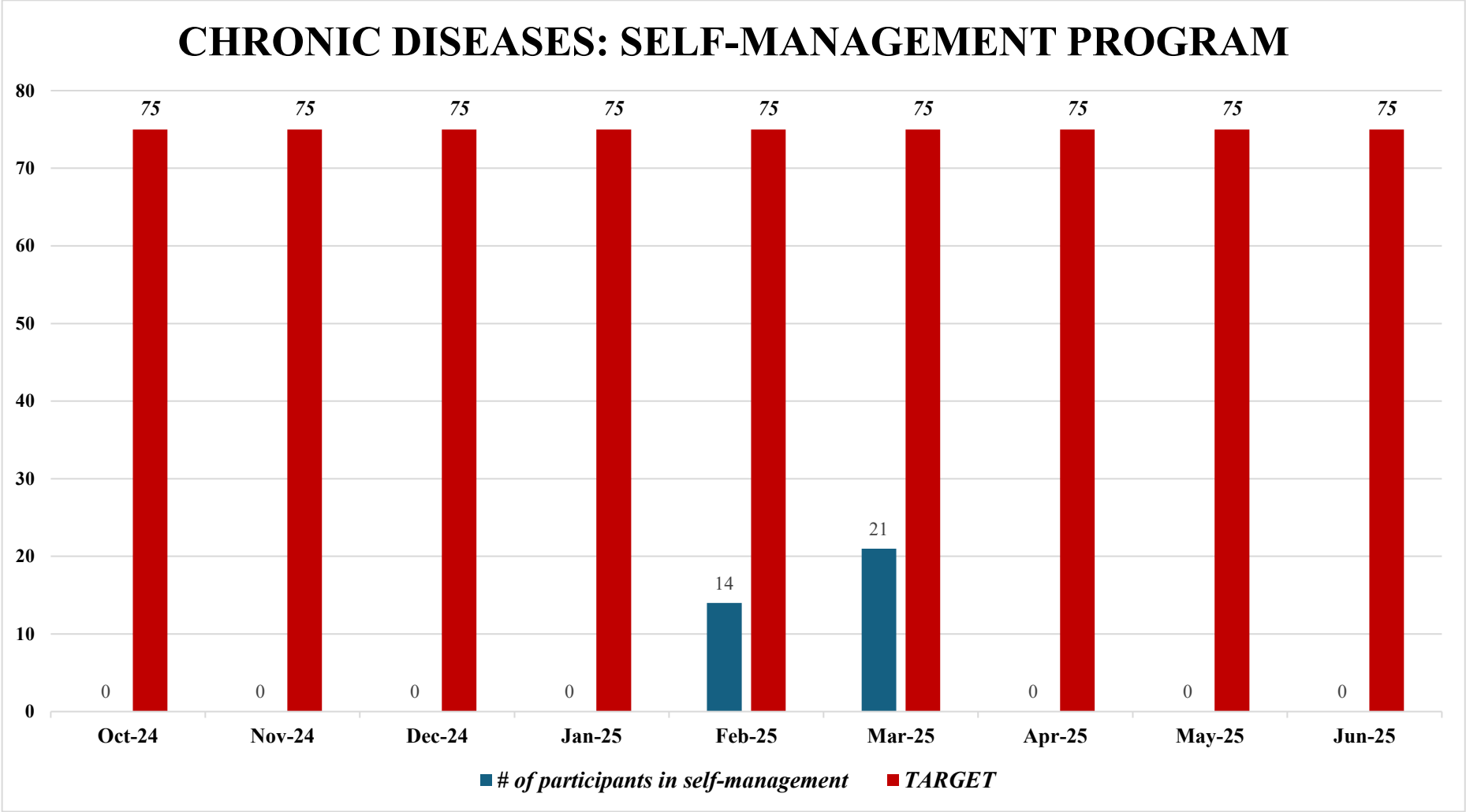
FY2023 17 Campaigns.

FY2024/25 16 Campaigns.

July–September performance will determine final annual compliance.

The chronic disease media campaign program consistently underperformed from **October 2024 through June 2025**, with an average of only **1.56 campaigns** per month compared to the target of **10**. No month met or exceeded the target, and all nine months fell short. Campaign activity was particularly low in the first three months, with only one campaign each, and completely halted in June 2025. Despite a slight increase to three campaigns in April, the overall trend reflects a significant gap in public health outreach efforts, indicating a need for strategic planning and resource allocation to meet communication goals.

KPI	Definition	Target	Avg. Perf.	Latest Perf.	Status	Trend
Self-Management Participation	Number of participants in chronic disease self-management programs per month.	75/month	5.8 (Feb–Mar 2025 only)	0 (as of June 2025)	● Lagging	▼ Trending Down



Performance Analysis

Average Number of Participants: 3.89

Months Meeting or Exceeding Target:

None

Months Below Target:

October 2024, November 2024, December 2024, January 2025, February 2025, March 2025, April 2025, May 2025, June 2025

Anomalies (0 Participation):

October 2024, November 2024, December 2024, January 2025, April 2025, May 2025, June 2025

Performance Comparison

FY2023 exceeded the 50-participant target by 154% by June.

FY2024/25 participation is down 72% compared to FY2023—only **35 participants** logged through June.

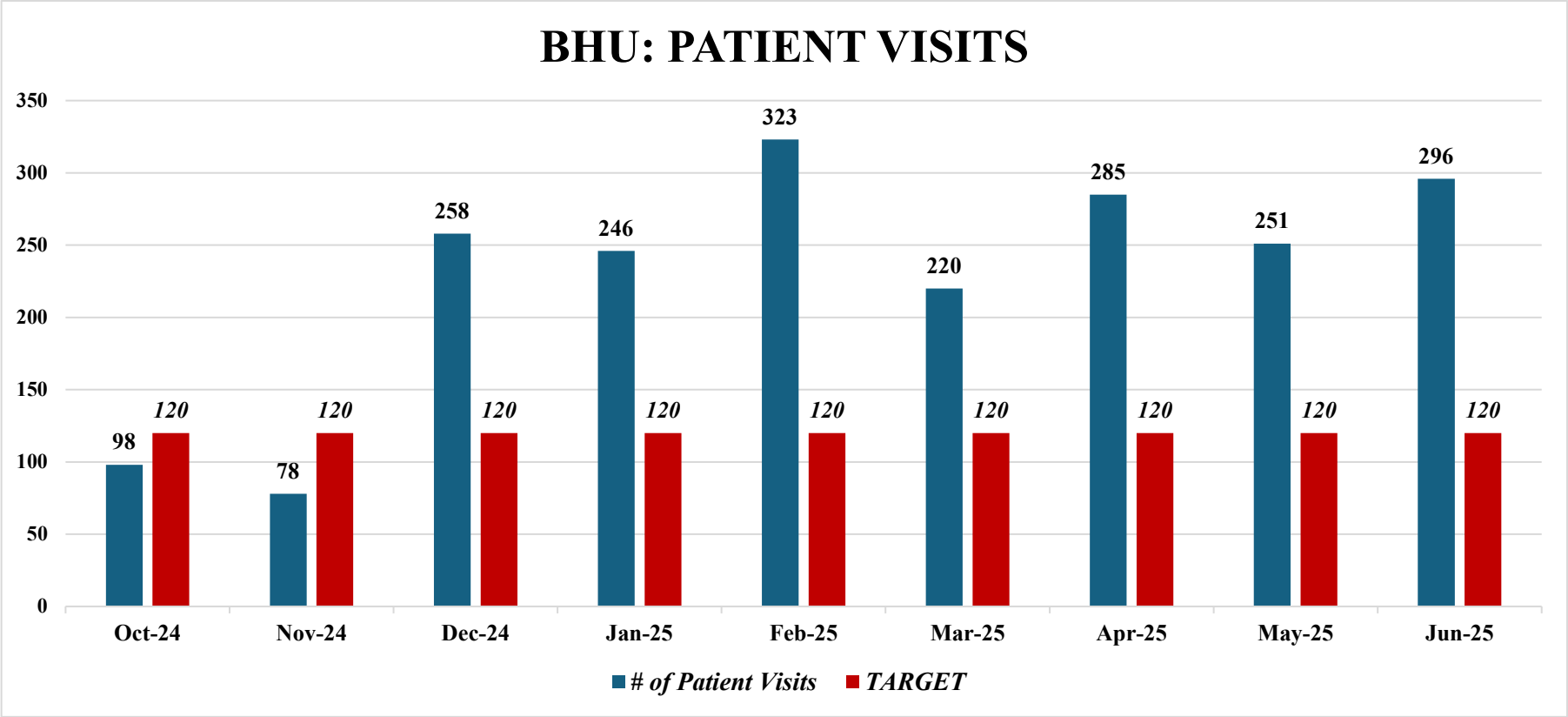
Participation was **zero** in five of nine months, raising concerns about outreach, engagement, or program delivery.

The self-management program for chronic diseases showed consistently low participation from **October 2024 to June 2025**, with an average of just **3.89 participants per month** well below the monthly average to meet the yearly target of 75. Only February and March 2025 recorded any participation (14 and 21 participants, respectively), while the remaining seven months had no participants at all. This pattern indicates a significant gap in program engagement or delivery, with prolonged inactivity that undermines the program's intended impact. Immediate evaluation and intervention are needed to identify barriers and reestablish consistent participation.

70504 BEHAVIORAL HEALTH ADMINISTRATION

Functional Statement: The Division of Mental Health, Alcoholism and Drug Dependency provides mental health and substance abuse services Territory-wide. These services include substance abuse treatment and prevention, crisis intervention, outreach, case management, rehabilitation, and counseling.

KPI	Definition	Target	Avg. Perf.	Latest Perf.	Status	Trend
BHU Patient Visits	Number of behavioral health patient visits conducted per month.	120/month	221.3 (Jan–Jun 2025 avg)	296 (as of Jun 2025)	● Exceeding	▲ Trending Up



Performance Analysis

Average Number of Patient Visits: 228.33

Months Meeting or Exceeding Target:

December 2024, January 2025, February 2025, March 2025, April 2025, May 2025, June 2025

Months Below Target:

October 2024, November 2024

Anomalies (Unusually High or Low Visit Counts):

None

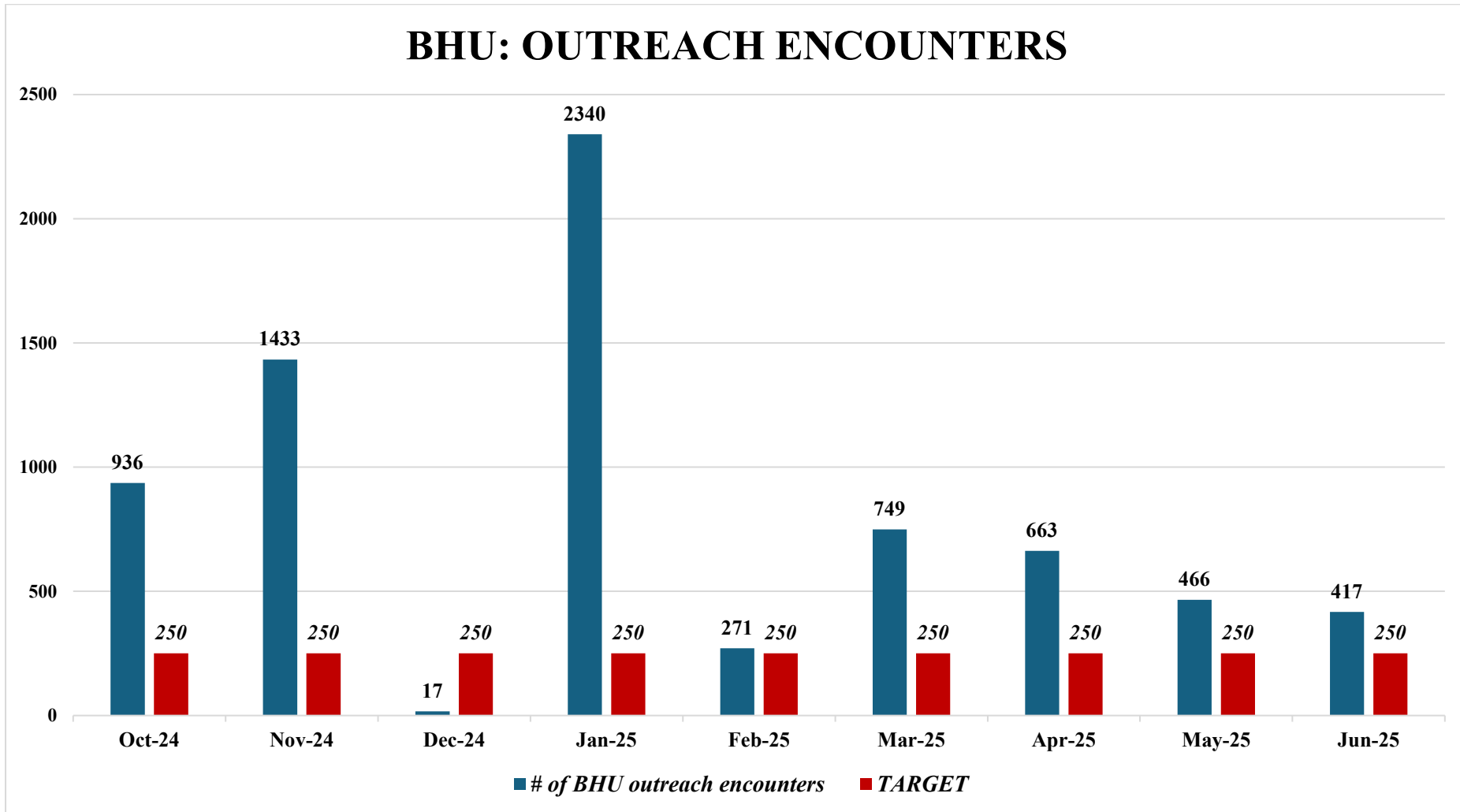
Performance Comparison

FY2023 Average 135.3

FY2024/25 Average 228.3

The BHU patient visit data shows strong overall performance, with an average of 228.33 visits per month—well above the target of 120. After a slow start in October and November 2024, where visits fell below target, the program rebounded significantly from December onward. Each of the remaining seven months exceeded the target, with February 2025 reaching the highest count at 323 visits. No months were flagged as statistical anomalies, indicating a consistent and sustained improvement in patient engagement.

KPI	Definition	Target	Avg. Perf.	Latest Perf.	Status	Trend
BHU Outreach Encounters	Number of behavioral health outreach encounters conducted.	250/month	842.9 (Oct–Jun avg)	417 (as of Jun 2025)	● Exceeding	▣ Moderating



Performance Analysis

Average Number of Outreach Encounters: 810.22

Months Meeting or Exceeding Target:

October 2024, November 2024, January 2025, February 2025, March 2025, April 2025, May 2025, June 2025

Months Below Target:

December 2024

Anomalies (Unusually High or Low Encounter Counts):

October 2024, November 2024, December 2024, January 2025

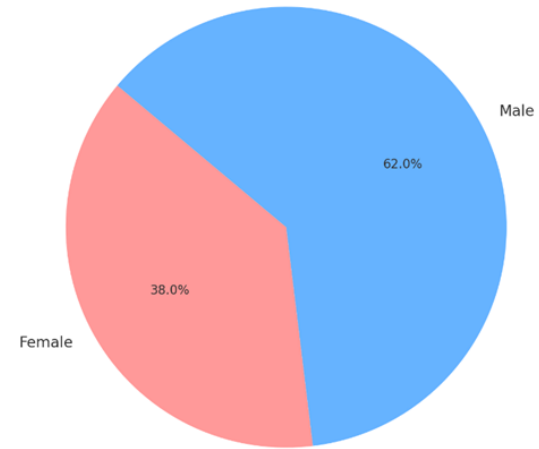
Performance Comparison

FY2023 Average 369

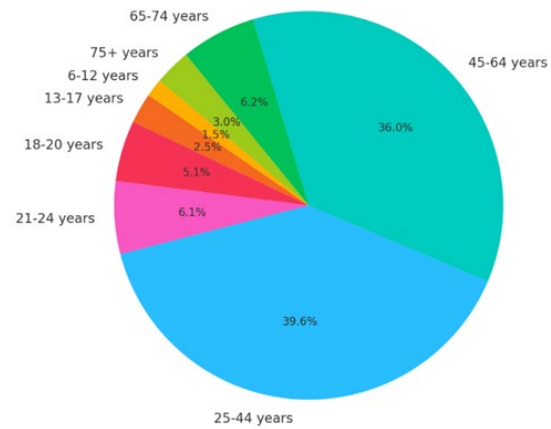
FY2024/25 Average 922

The BHU outreach program performed strongly overall, with an average of 810.22 encounters per month—well above the target of 250. Eight out of nine months met or exceeded the target, with particularly high spikes in November 2024 (1,433) and January 2025 (2,340). However, December 2024 was a significant outlier on the low end, with only 17 encounters, suggesting a possible disruption or reporting issue. Despite this dip, the program demonstrated consistent and robust outreach activity across most of the reporting period.

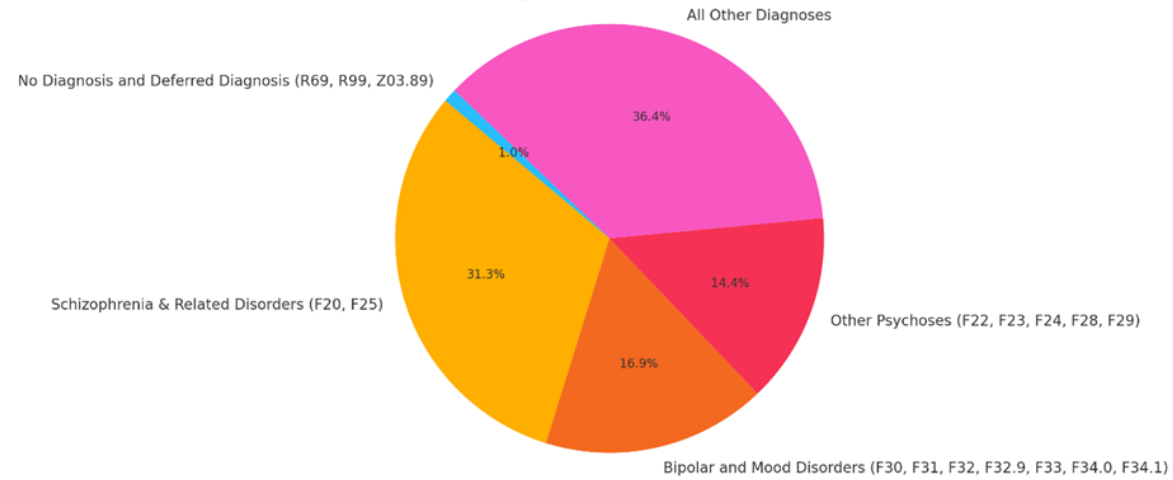
Overall Gender Distribution of Behavioral Health Patients



Distribution by Age Group



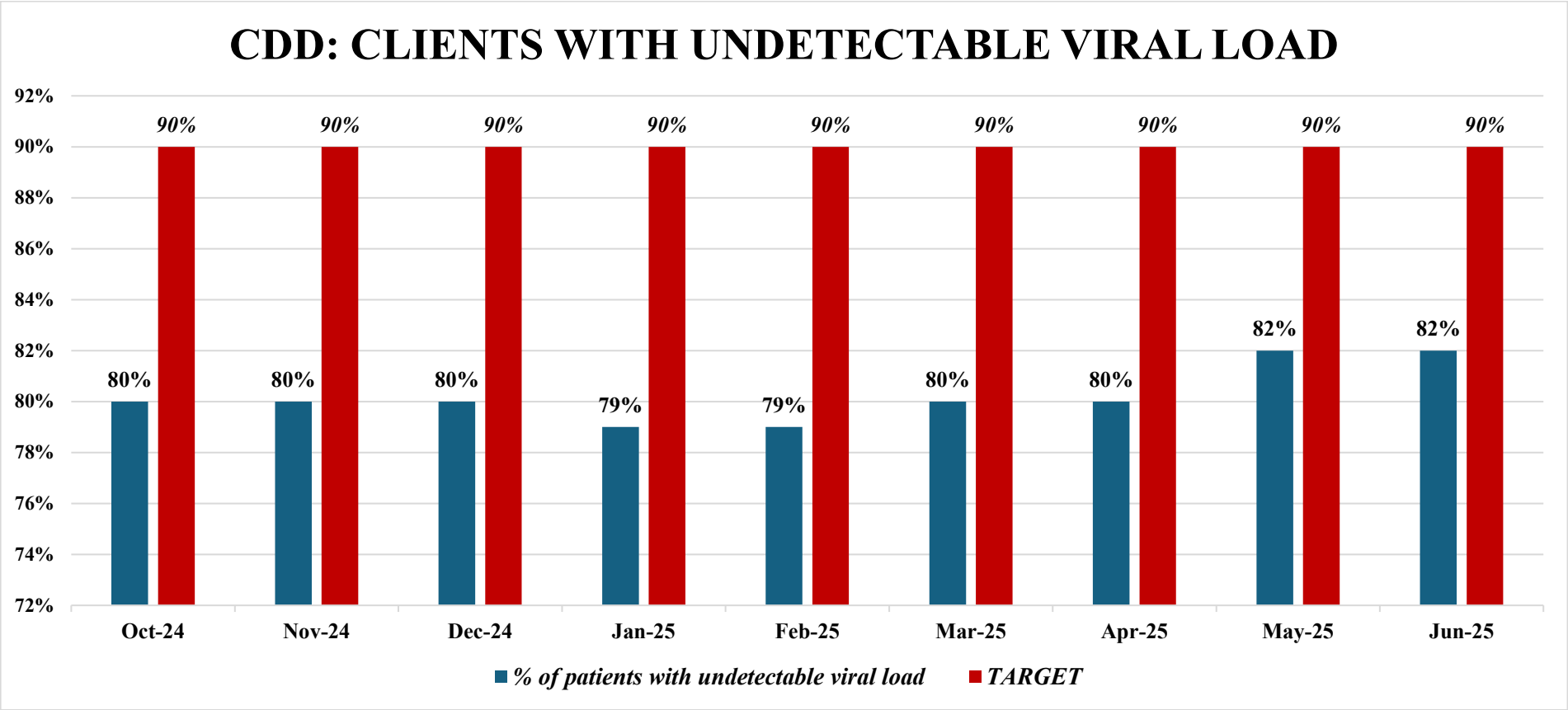
Distribution of Diagnoses in Behavioral Health Patients



70516 COMMUNICABLE DISEASES

Functional Statement: The Communicable Disease Division is responsible for preventing and controlling the spread of sexually transmitted infections (STI). The focus of the unit is to ensure screenings are performed territory-wide, diagnoses of positive STI test results are reported, persons with positive STI test results receive treatment, adherence to treatment is monitored to ensure compliance and, ultimately, public safety, and additionally, educating the community through the facilitation of prevention outreach activities.

KPI	Definition	Target	Avg. Perf.	Latest Perf.	Status	Trend
Clients with Undetectable Viral Load	% of clients with undetectable viral load	90%	80.2% (Oct–Jun avg)	82% (as of Jun 2025)	● Lagging	▲ Trending Up



Performance Analysis

Average Undetectable Viral Load Rate: 80.22%

Months Meeting or Exceeding Target:

None

Months Below Target:

October 2024, November 2024, December 2024, January 2025, February 2025, March 2025, April 2025, May 2025, June 2025

Anomalies (Lowest or Highest Rates):

January 2025, February 2025 (lowest at 79%)

May 2025, June 2025 (highest at 82%)

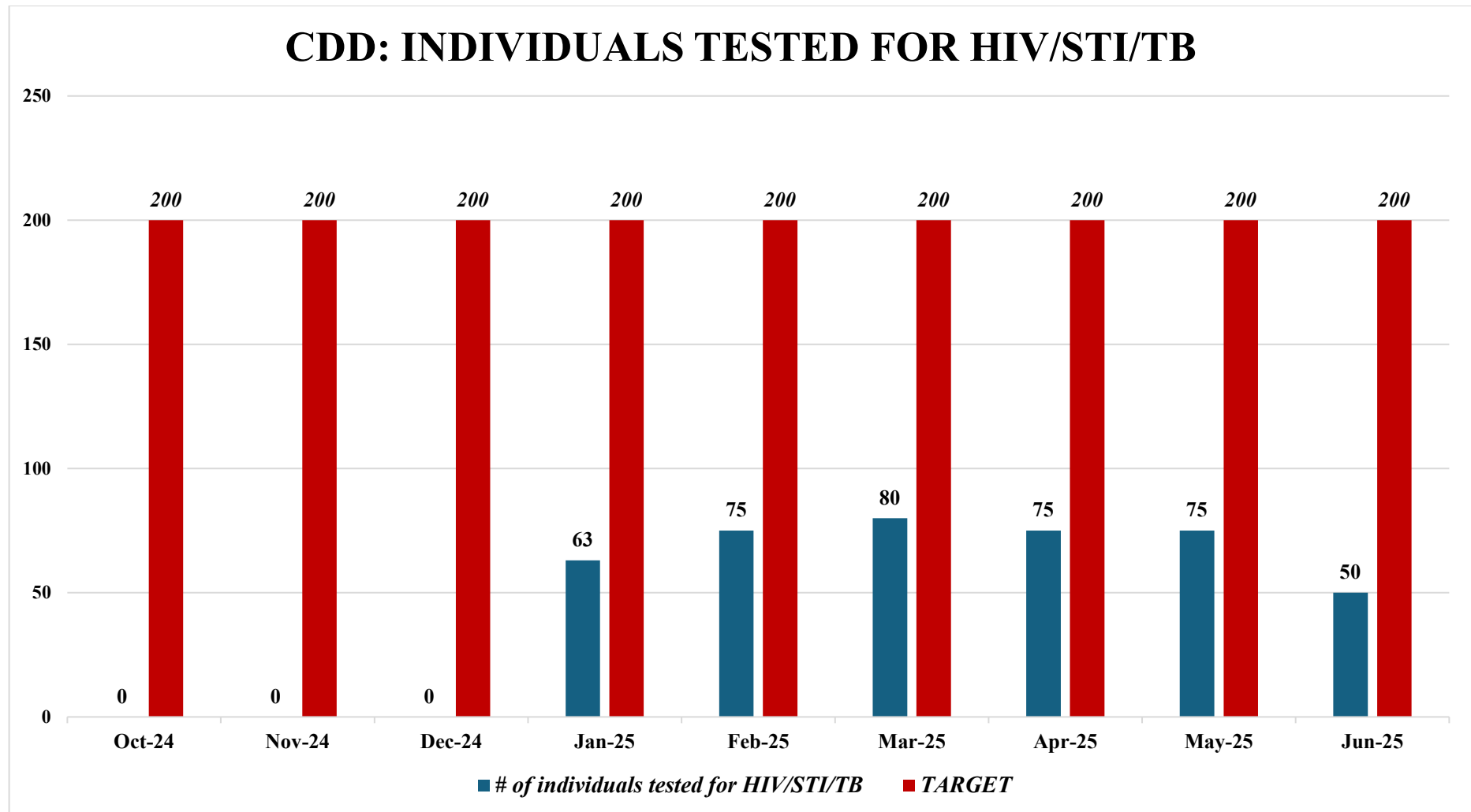
Performance Comparison

FY2023 Average 76.7%

FY2024/25 Average 80.2%

Throughout the reporting period, the percentage of clients with undetectable viral load remained consistently below the 90% target, averaging 80.22%. The lowest rates were observed in January and February 2025 at 79%, while the highest were in May and June 2025 at 82%. Although the program showed slight improvement toward the end of the period, it never reached the target, indicating a need for enhanced adherence support, treatment optimization, or data quality improvements to close the performance gap.

KPI	Definition	Target	Avg. Perf.	Latest Perf.	Status	Trend
Individuals Tested for HIV/STI/TB	# of individuals tested for HIV/STI/TB per month	200	61.5 (Jan–Jun 2025 avg)	50 (as of Jun 2025)	● Lagging	▼ Trending Down



Performance Analysis

Average Number Tested: 46.44

Months Meeting or Exceeding Target:

None

Months Below Target:

October 2024, November 2024, December 2024, January 2025, February 2025, March 2025, April 2025, May 2025, June 2025

Anomalies (0 Testing):

October 2024, November 2024, December 2024

Performance Comparison

FY2023 Average 550 Individuals

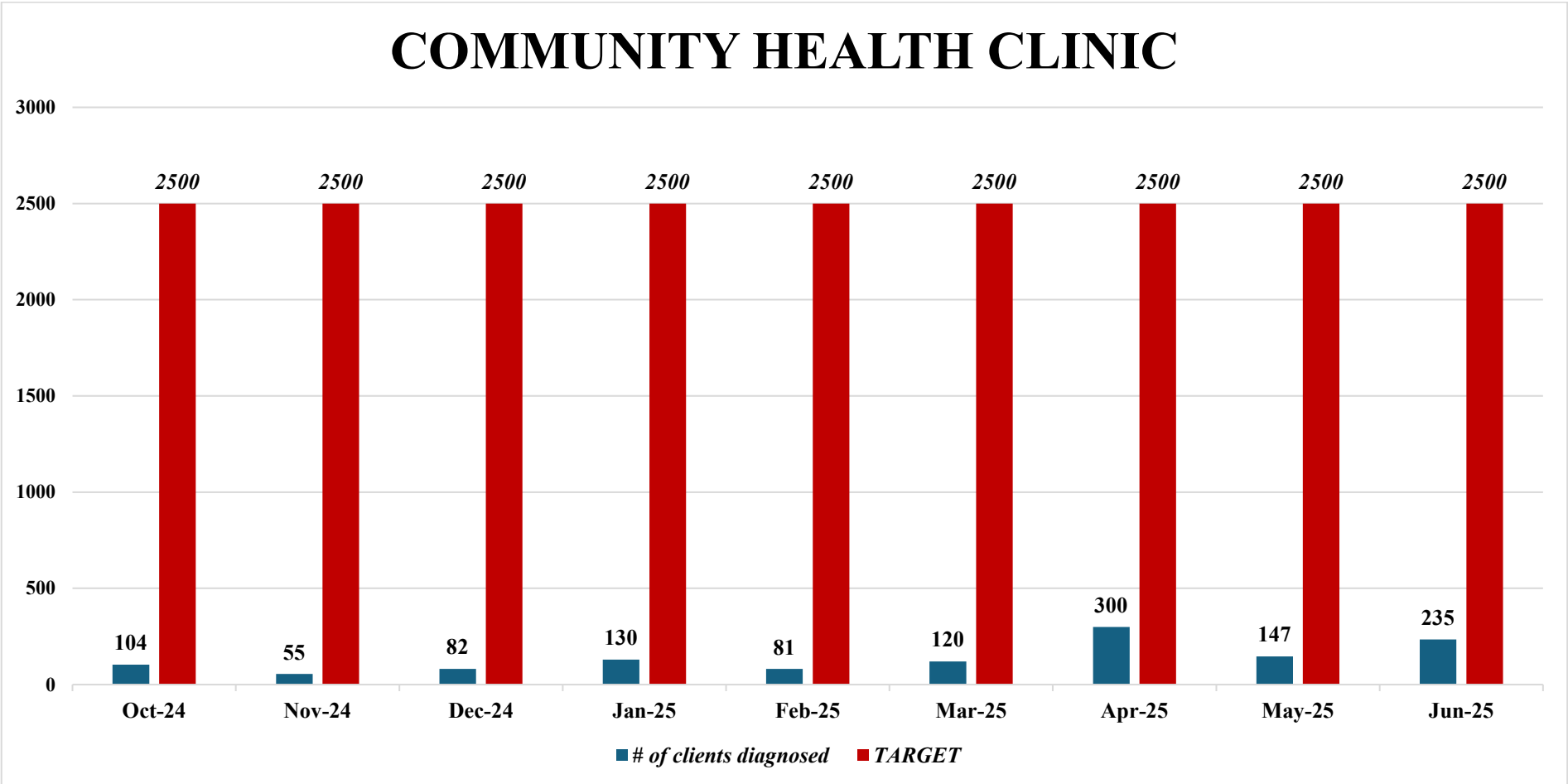
FY2024/25 Average 595 Individuals

The HIV/STI/TB testing program consistently underperformed throughout the reporting period, with an average of only **46.44 individuals tested per month**—far below the monthly target of 200. No month met or exceeded the target, and the first three months (October to December 2024) recorded zero testing activity. Although testing resumed in January 2025 and gradually increased, it remained significantly below target. This trend highlights critical gaps in service delivery or reporting that need urgent attention to ensure adequate screening and public health coverage.

70540 COMMUNITY HEALTH CLINIC

Functional Statement: Supportive Services focuses on specific risk factors and associated interventions to address chronic diseases.

KPI	Definition	Target	Avg. Perf.	Latest Perf.	Status	Trend
Clients Diagnosed	# of clients diagnosed at the Community Health Clinic per month	2500	144.25 (Oct 2024–Jun 2025 avg)	235 (as of Jun 2025)	● Lagging	▲ Trending Up



Performance Analysis

Average Number of Clients Diagnosed: 139.33

Months Meeting or Exceeding Target:

None

Months Below Target:

October 2024, November 2024, December 2024, January 2025, February 2025, March 2025, April 2025, May 2025, June 2025

Anomalies (Unusually Low Counts):

November 2024, December 2024, February 2025

Performance Comparison

FY2023 Average 1,909 Individuals

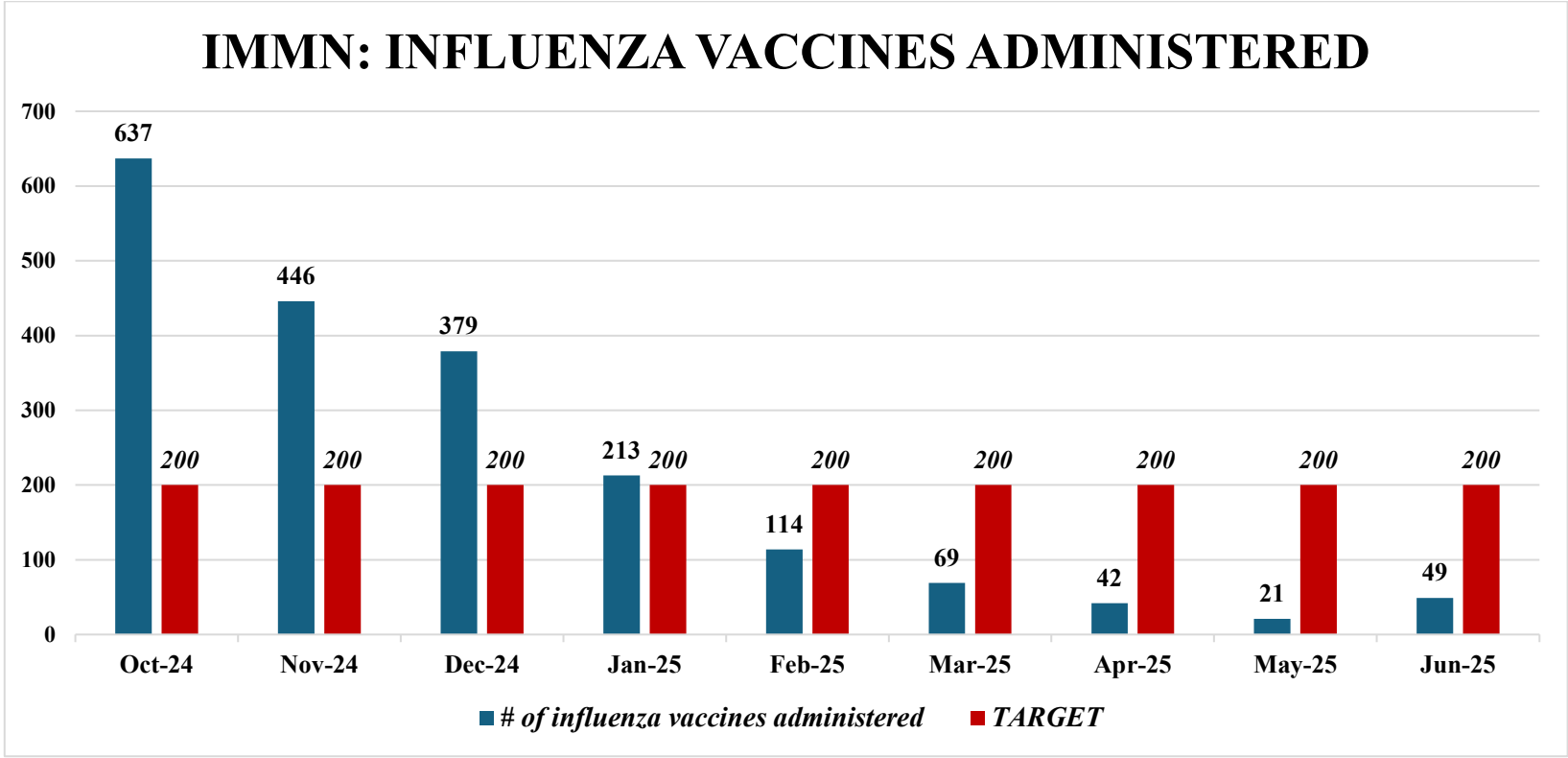
FY2024/25 Average 1,621 Individuals

The Community Health Clinic consistently fell short of its monthly target of diagnosing 2,500 clients, with **an average of only 139.33** clients diagnosed per month. No month met or exceeded the target, and the lowest performance was recorded in November 2024 (55 clients). Although April 2025 showed a relative peak with 300 clients diagnosed, it still represented just 12% of the target. The persistent underperformance and particularly low counts in several months suggest systemic challenges in outreach, service delivery, or data reporting that require immediate attention.

70570 IMMUNIZATION

Functional Statement: The U.S. Virgin Islands Immunization program serves as a regulatory component of the Department of Health that aims to prevent and reduce the risk and incidence of vaccine-preventable diseases for all Virgin Islanders. The goal of the immunization program is to prevent, promote and protect through education and collaboration to eliminate vaccine-preventable diseases in the U.S. Virgin Islands. The program provides access to vaccines for Vaccines for Children-enrolled health care providers at no cost, enforce school and childcare immunization regulations, provide immunization education and training for health care providers and the public, coordinate surveillance and control efforts for vaccine-preventable diseases, promote vaccine safety, and develop effective partnerships.

KPI	Definition	Target	Avg. Perf.	Latest Perf.	Status	Trend
Influenza Vaccines Administered	# of influenza vaccines administered per month	200	196.25 (Oct 2024–Jun 2025 avg)	49 (as of Jun 2025)	● Lagging	▼ Trending Down



Performance Analysis

Average Number of Vaccines Administered: 218.89

Months Meeting or Exceeding Target:

October 2024, November 2024, December 2024, January 2025

Months Below Target:

February 2025, March 2025, April 2025, May 2025, June 2025

Anomalies (Unusually High or Low Counts):

October 2024 (high), April 2025, May 2025, June 2025 (low)

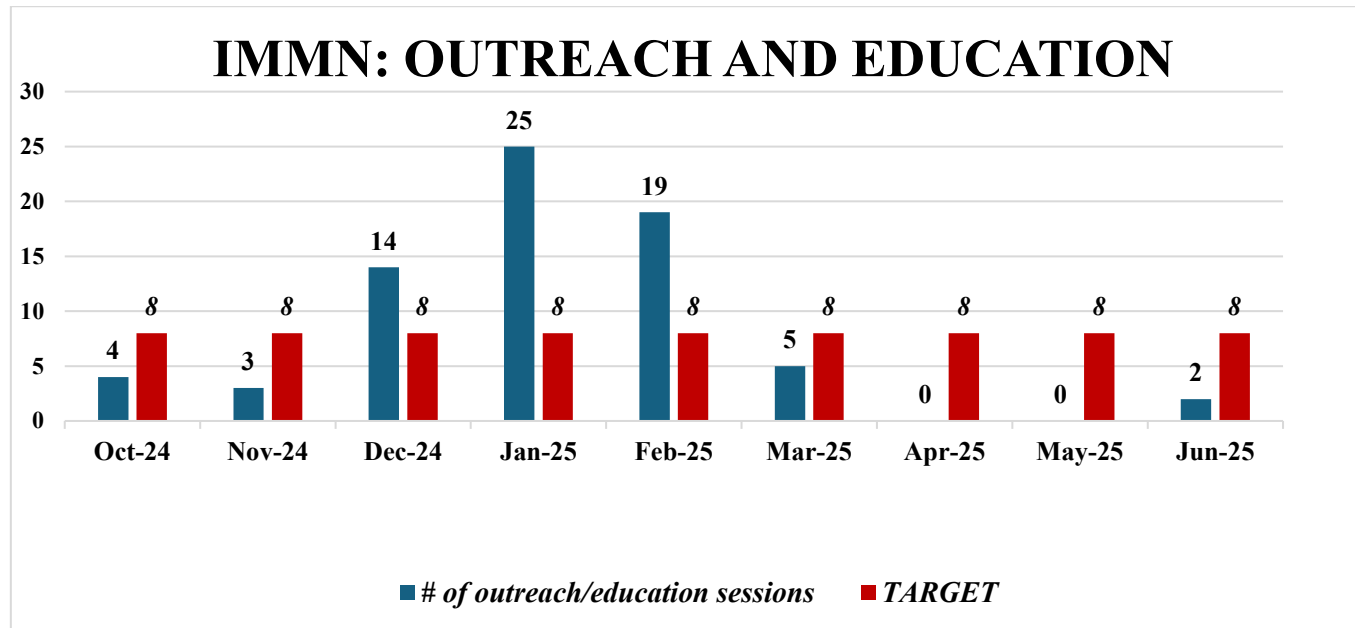
Performance Comparison

FY2023 Average 2,600 doses

FY2024/25 Average 1,970 doses

The influenza vaccination program performed well in the first four months, consistently exceeding the monthly target of 200 doses. October 2024 stood out with a peak of 637 vaccines administered. However, performance declined sharply from February 2025 onward, with the lowest counts recorded in May (21) and June (49). Despite an overall average of 218.89 vaccines per month—slightly above target—the steep drop in the latter half of the period signals a need for renewed outreach or operational adjustments to sustain vaccination momentum.

KPI	Definition	Target	Avg. Perf.	Latest Perf.	Status	Trend
Outreach & Education Sessions	# of outreach/education sessions per month	70	9 (Oct 2024–Jun 2025 avg)	2 (as of Jun 2025)	● Lagging	▼ Declining Again



Performance Analysis

Average Number of Sessions: 8.00

Months Meeting or Exceeding Target:

December 2024, January 2025, February 2025

Months Below Target:

October 2024, November 2024, March 2025, April 2025, May 2025, June 2025

Anomalies (0 Sessions):

April 2025, May 2025

Performance Comparison

FY2023 Average 4 Sessions

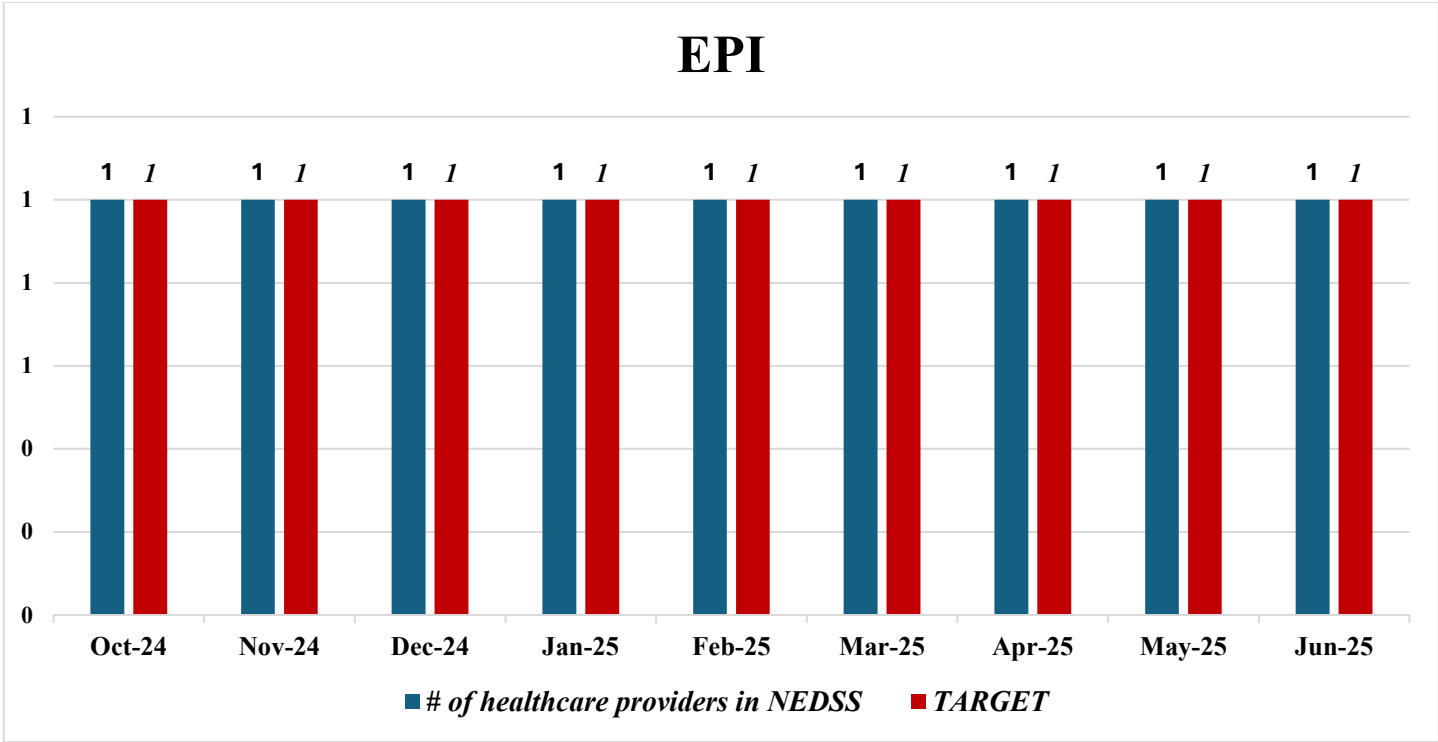
FY2024/25 Average 72 Sessions

The outreach and education program achieved an average of 8 sessions per month, exactly matching the monthly target. However, performance was inconsistent: while December through February exceeded expectations, six out of nine months fell short. Notably, April and May 2025 recorded no sessions at all, indicating potential disruptions or resource gaps. Sustaining the momentum from the stronger months and addressing the causes of inactivity will be key to improving overall program reliability and impact.

70630 SURVEILLANCE/INFECTIOUS DISEASES

Functional Statement: Infectious Disease Surveillance builds capacity in five key areas: 1) investigation response and reporting; 2) surveillance to drive public health action; 3) laboratory services; 4) health information systems; and 5) coordination and collaboration. Key public health disease priorities include zika as well as other arboviruses, influenza, vaccine preventable diseases and all reportable diseases.

KPI	Definition	Target	Avg. Perf.	Latest Perf.	Status	Trend
Sickle Cell Provider Training	# of healthcare providers recruited/trained per month	1	1 (Oct 2024–Jun 2025 avg)	1 (as of Jun 2025)	On Track	Stable



Performance Analysis

The chart compares the number of healthcare providers in NEDSS (blue bars) with the TARGET (red bars) from October 2024 to June 2025.

For each month, both values are consistently 1, indicating:

No variation in the number of providers reported or targeted.

Perfect alignment between actual and target values throughout the period.

The EPI division has established a strategic annual target of enrolling 11 healthcare providers into the National Electronic Disease Surveillance System (NEDSS). This objective translates to a monthly goal of one provider joining the system, ensuring a steady and manageable pace of integration throughout the fiscal year.

From October 2024 through June 2025, performance data indicates that the division has consistently met this monthly target. Each month reflects the successful enrollment of one healthcare provider, aligning precisely with the projected trajectory. This consistent performance demonstrates effective planning, coordination, and execution by the division. Maintaining this momentum through the remaining months of the year will be critical to achieving the full annual target. Continued monitoring and engagement with potential provider partners will support sustained success and contribute to the broader goals of public health surveillance and timely disease reporting.

70140 Federal Grants Office

Functional Statement: The Federal Programs Office ensures that each program operates within prescribed laws. OFG determines which projects are appropriate to pursue through submission of new grant applications. The office oversees federally funded projects portfolios, processes financial reimbursement drawdowns for goods and services procured, manages the indirect cost administrative budget and formulates monthly and quarterly cash management reports.

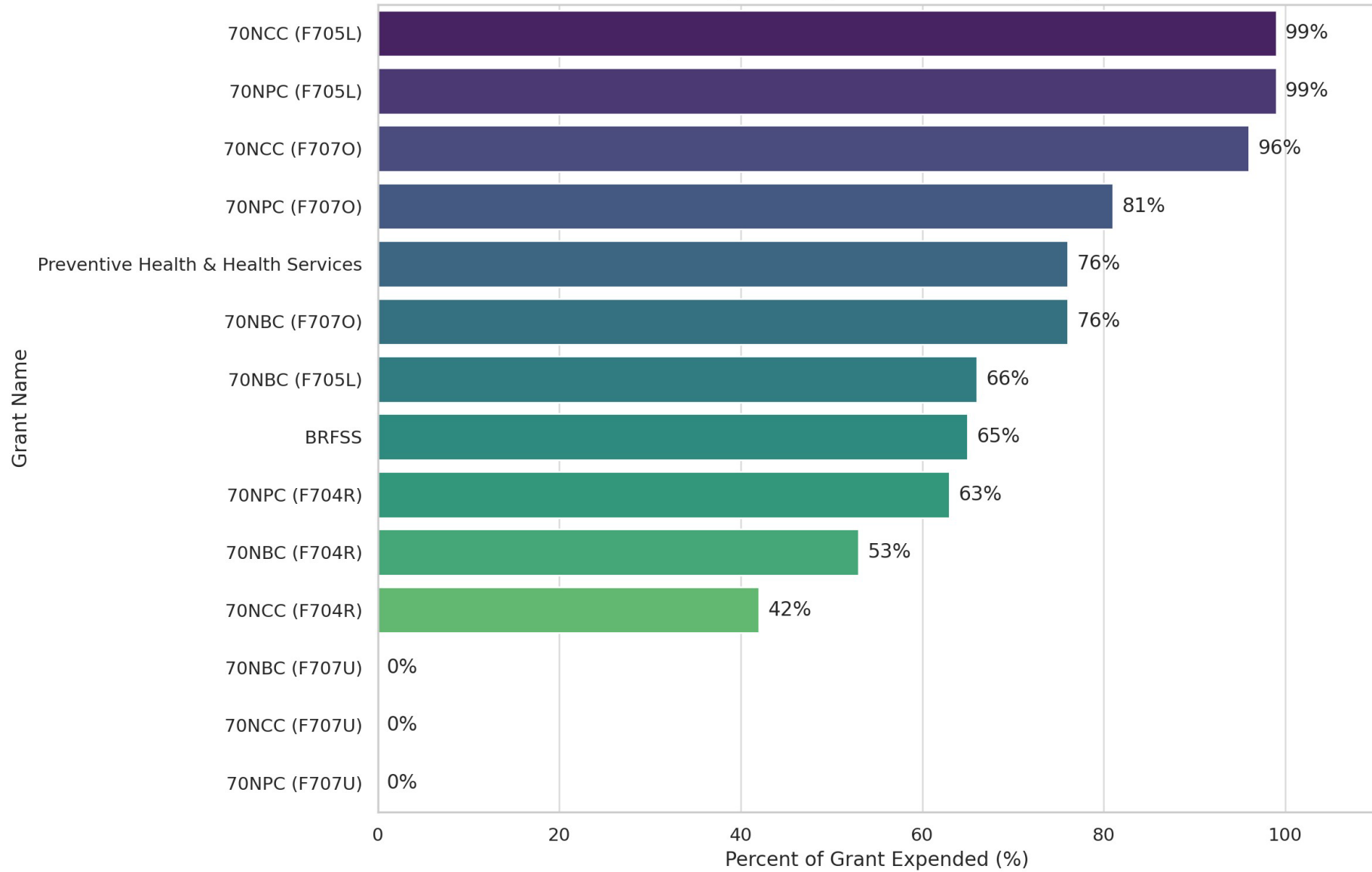
The total VIDOH federal grants budget awarded is \$97,969,584. The balance of the portfolio reflects the strategic distribution and alignment of funding across programs, priorities, and fiscal years. Our well-balanced portfolio ensures that the Department is maximizing available federal resources while mitigating risk and maintaining compliance with grant requirements. The various grants were approved through Expanded Authority to re-open previously awarded amounts to be spent through to the end of the Project Periods that were extended.

CHRONIC DISEASES DIVISION

Summary Insights:

- **Strong Performers (≥95%):**
 - 70NCC (F705L) and 70NPC (F705L) have each expended 99% of their budgets—an indication of excellent grant management and fiscal execution.
 - 70NCC (F707O) also shows high performance with 96% spent.
- **Moderate Performers (75–94%):**
 - Preventive Health & Health Services, 70NBC (F707O), and 70NPC (F707O) fall in the 76–81% range, signaling consistent spending with sufficient time remaining in the grant cycle.
- **Low Performers (<75%):**
 - BRFSS (65%), 70NBC (F705L) (66%), and F704R series (42–63%) have underspending issues that may reflect startup delays, procurement bottlenecks, or programmatic pauses.
 - F707U series are at 0%, which is expected if these grants have just started and encumbrances or expenditures have not yet posted.

Grant Spending Performance Analysis



COMMUNICABLE DISEASES

Summary Insights

Strong Performers ($\geq 95\%$)

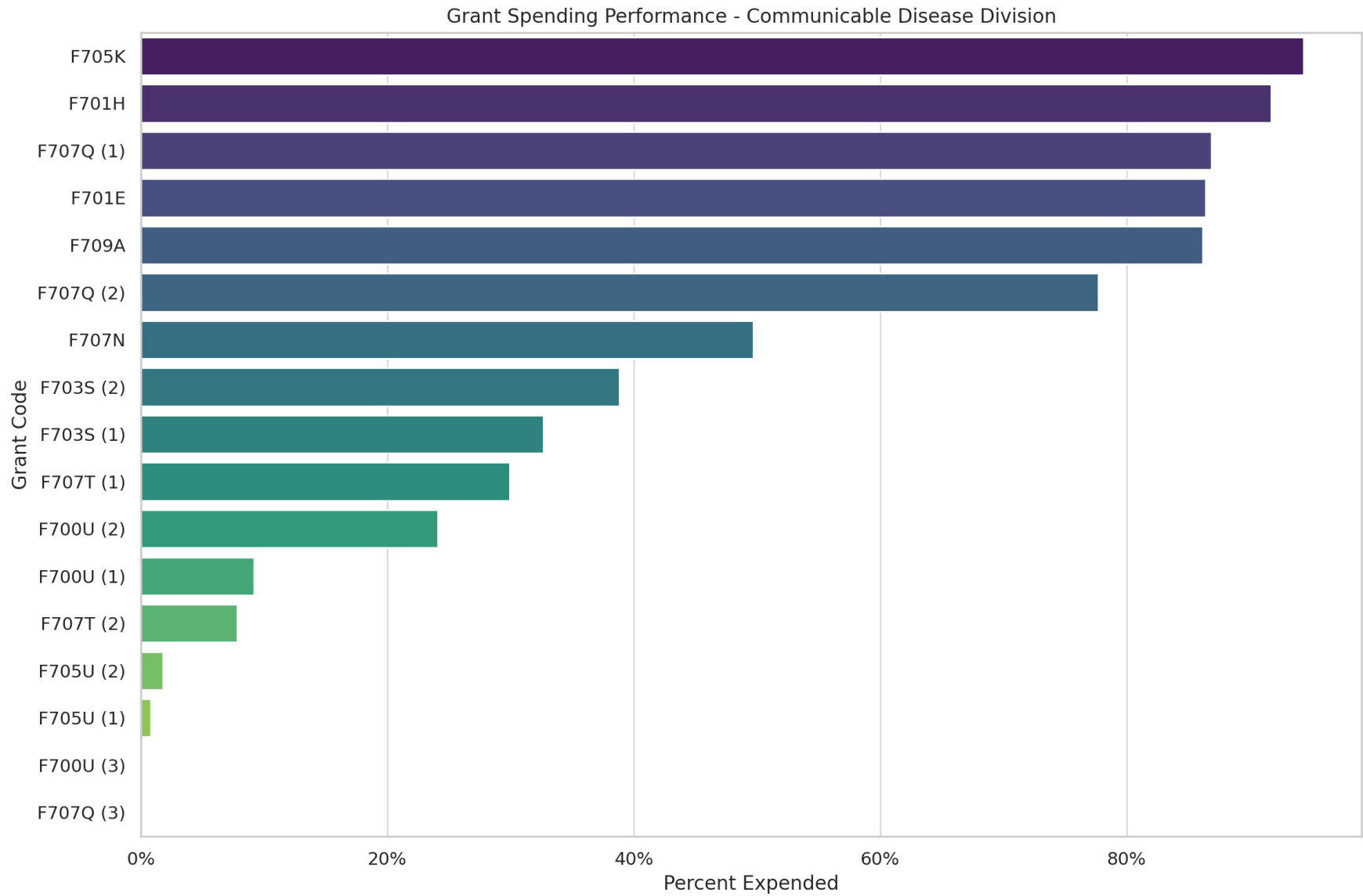
- F705K (VI STD Prevention – 94%) and F701H (VI STD Prevention – 92%) are nearing full expenditure, showing disciplined fiscal execution and timely program activity.
- F701E and F709A (VI STD Prevention – both 87%) are tracking very closely behind, demonstrating consistent drawdown and active implementation.
- Ryan White Care Act – F707Q ADAP (87%) and F707Q FRML (78%) also reflect high utilization in support services and medical support delivery.

Moderate Performers (35–74%)

- F703S (HIV Surveillance & Prevention – 61% and 67%) show moderate progress and are likely mid-cycle; they may require mild intervention to ensure full drawdown.
- F707N (VI STD Prevention – 50%) appears to be advancing but should be closely monitored for delays.
- Tuberculosis grant F707T (30%) is within early implementation range but lags behind peers.
- HRSA-funded Ryan White grants – F700U FRML (24%) are also under pace and need spending acceleration planning.

Low Performers ($< 35\%$)

- F705U (HIV Surveillance – 1% and 2%) have significant underperformance and appear to be in startup or pending procurement/activation stages.
- F707T – Tuberculosis Subcomponent (8%) shows almost no drawdown; this may indicate issues in staffing, vendor activation, or program setup.
- F700U ADAP (9%) and F707Q MAI (0%) are inactive financially and will require immediate review to avoid fund lapses or performance audit issues.



IMMUNIZATION

Strong Performers ($\geq 95\%$):

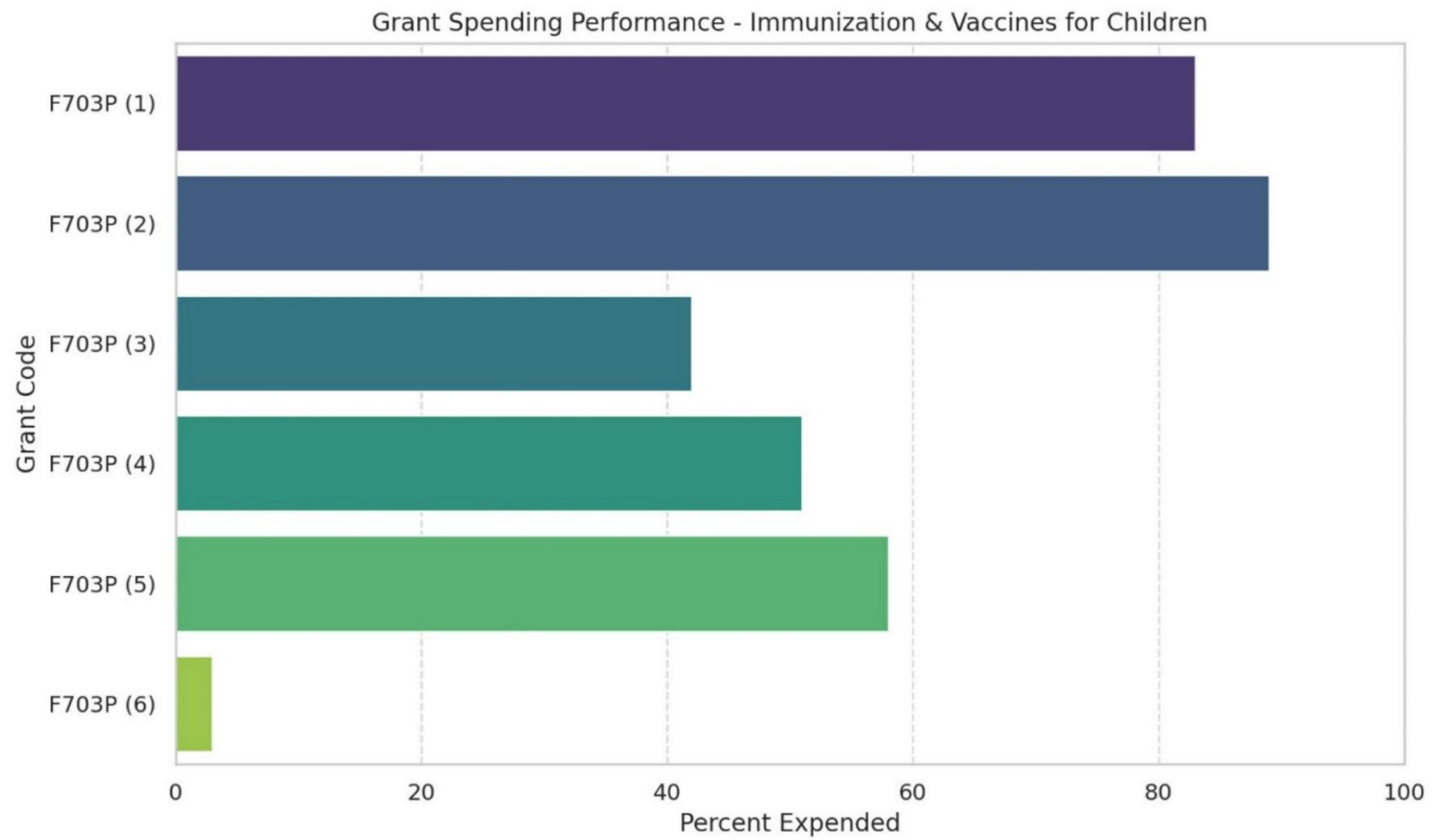
None of the Immunization & Vaccines Children grants have yet reached the $\geq 95\%$ expenditure threshold. No strong performers are noted at this time.

Moderate Performers (75–94%):

- 70PHF (F703P) has expended 89%, indicating strong fiscal execution and likely on track to fully utilize its award.
- 70VFC (F703P) is at 83%, reflecting good progress with manageable remaining balances and expected full utilization by grant closeout.

Low Performers ($< 75\%$):

- 70VFO (F703P) (58%), 70PLU (F703P) (51%), and 70VFX (F703P) (42%) show signs of underspending. These grants may require targeted review to address barriers such as delays in program implementation, hiring, or procurement.
- 70317 (F703P) is at 3%, with minimal activity. This may indicate a newly awarded grant or significant startup lag requiring immediate fiscal and operational intervention.



MATERNAL & CHILD HEALTH DIVISION

Strong Performers ($\geq 95\%$):

- Universal Newborn Hearing Screen & Intervention (F700R) has expended 94% of its budget, demonstrating strong fiscal management and nearing full utilization.

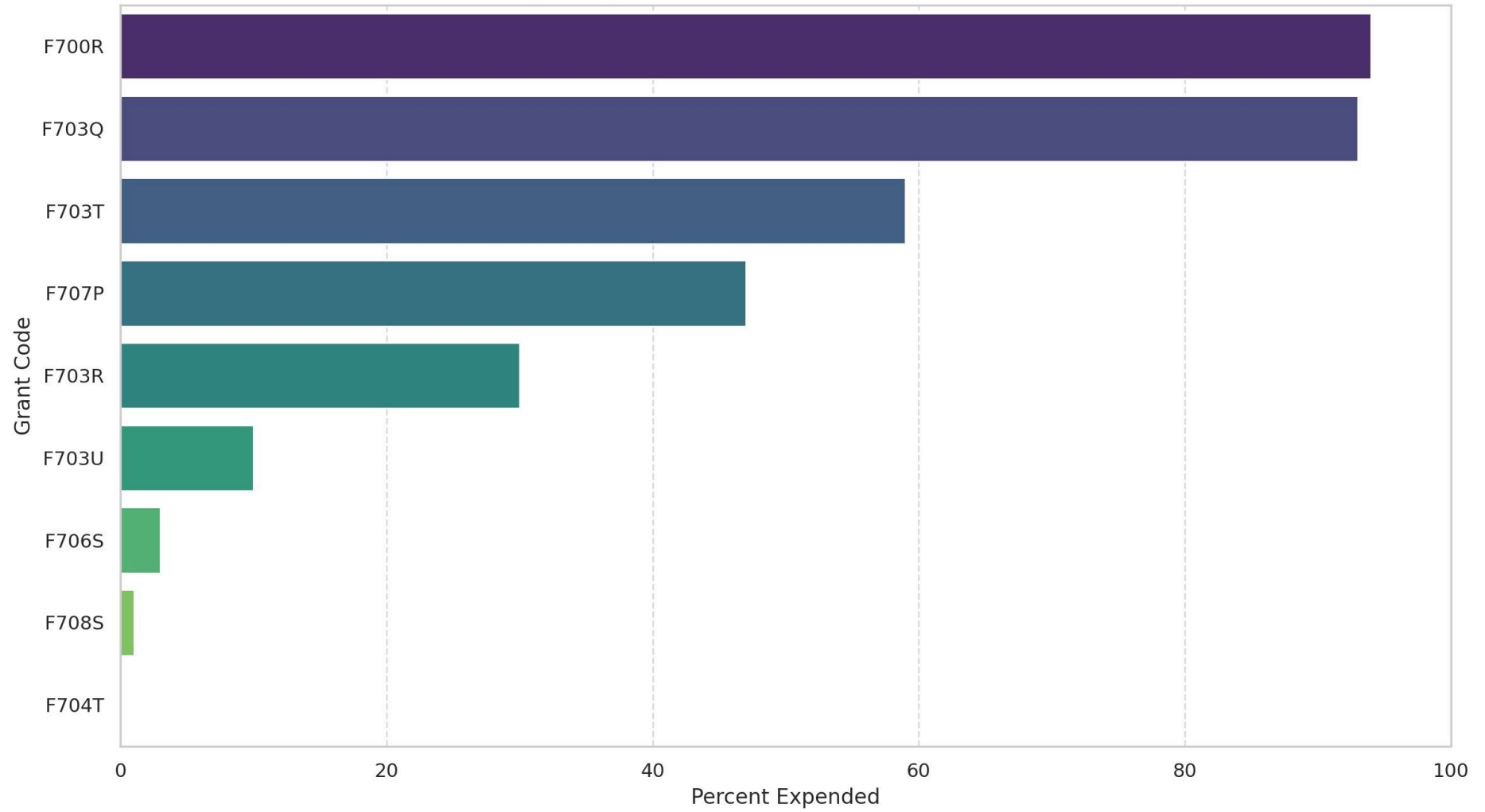
Moderate Performers (75–94%):

- Maternal & Children Health Services Block Grant (F703Q) is at 93% spent, indicating solid and consistent spending.
- Maternal & Children Health Services Block Grant (F703T) is at 59%, which places it at the low end of moderate performance but with potential to catch up, depending on the timeline.

Low Performers ($< 75\%$):

- Maternal Infant and Early Childhood Home Visiting Program (F707P) is at 47%, and State Newborn Screening System Priorities Program (F703R) at 30%, suggesting possible delays in implementation or programmatic bottlenecks.
- Universal Newborn Hearing Screen & Intervention (F703U) has spent only 10%, potentially reflecting a new grant cycle or startup delays.
- Pediatric Mental Health Care Access Expansion (F708S) and MIECHV (F706S) are at 1% and 3%, respectively, likely in early phases or facing significant procurement or staffing lags.
- State Systems Development Initiative (F704T) has not reported any expenditures, likely indicating that activities are not yet underway.

Grant Spending Performance - Maternal & Child Health Division



MENTAL HEALTH

Strong Performers ($\geq 95\%$):

None of the Mental Health Division grants have reached 95% expenditure.

Moderate Performers (75–94%):

- Community Mental Health Services Block Grant (708HA) (F706R) has expended 62% of its budget, showing consistent utilization that should be monitored for continued progress.
- Substance Abuse Prevention/Treatment Block Grant (F700S) is at 56%—indicating midstream performance, with time still available to meet program goals.

Low Performers ($< 75\%$):

- PATH (F704P) at 39%, Block Grants for Community Mental Health Services (F702S) at 28%, and Community Mental Health Services Block Grant (708HB) (F706R) at 27% reflect slow expenditure that could result from ramp-up lags, staffing gaps, or program delays.
- VI State Opioid Response Grant (F700T) has reached only 15% and requires urgent operational review.
- F706P, F706R (708TA), F704S, F709R, F705T are currently at 0%. This level of inactivity may indicate recent award status, administrative delays, or barriers to program execution. These should be prioritized for intervention to avoid lapsing funds.

PRIMARY CARE

Strong Performers ($\geq 95\%$):

No grants in this category have reached the 95% expenditure threshold.

Moderate Performers (75–94%):

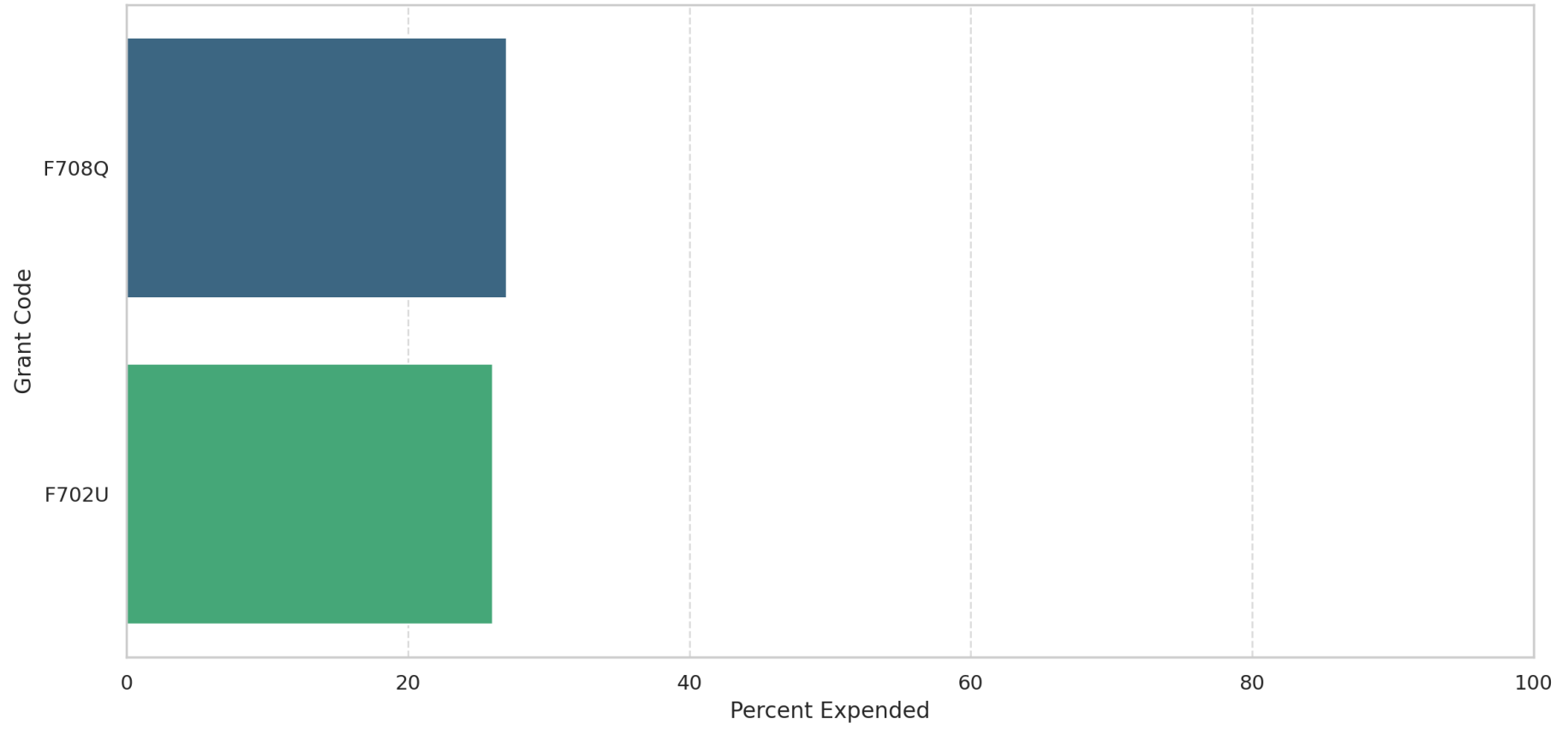
None of the grants fall within this performance band.

Low Performers ($< 75\%$):

F708Q and F702U have spent 27% and 26%, respectively.

These figures suggest either a delayed start or pacing issues that could stem from administrative delays, staffing gaps, or procurement lags. With both grants active in the current fiscal period, there's time to improve spending velocity, but active monitoring and intervention may be required to avoid end-of-year spending surges or lapsed funds.

Grant Spending Performance – State Primary Care Office (RESTRICTED)



ELC COVID-19 AND RELATED PROGRAMS

Strong Performers ($\geq 95\%$):

- V7002, V7029, V7030 (70CV1 & 70HPP), V7043 (70NWS), V7003, V7009, V7021, V7036, V7008, and V7001 have each expended between 96% and 100% of their budgets—an indication of strong fiscal oversight, timely program implementation, and effective grant execution.

Moderate Performers (75–94%):

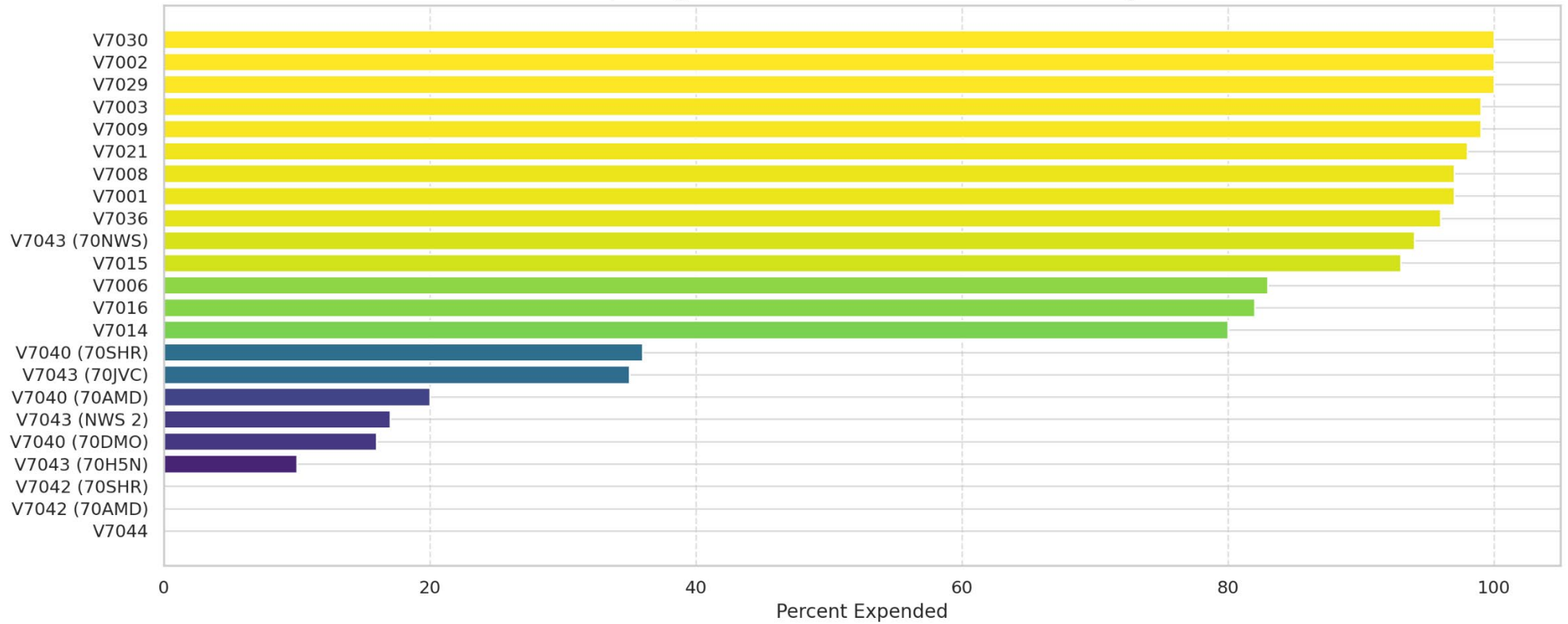
- V7015 (Strengthening PHL Preparedness) at 93%,
- V7006 (Immunization COVID-19) at 83%,
- V7016 (PHEP Crisis Response 2018 COVID-19) at 82%, and
- V7014 (Project E: AMD) at 80%

These grants reflect consistent progress and healthy utilization patterns, with sufficient runway to reach full expenditure by grant closeout.

Low Performers ($< 75\%$):

- V7040 series including SHARP 2 (36%), AMD 2 (20%), and Data Modernization 2 (16%) show concerning underutilization, possibly due to procurement bottlenecks or administrative delays.
- V7042 and V7044 series are currently at 0%, which is expected if they are newly awarded and expenditures or encumbrances have not yet posted.
- V7043 (70H5N - 10%) and V7043 (70JVC - 35%) are significantly lagging behind expected pace and may require focused review to avoid unspent balances.
- V7010 series including 70VFX (13%), 70CSF (30%), and 70VFC (46%) may reflect slow program rollout or resource deployment issues.

Grant Spending Performance - ELC COVID-19 and Related Programs



WIC DIVISION

Strong Performers ($\geq 95\%$):

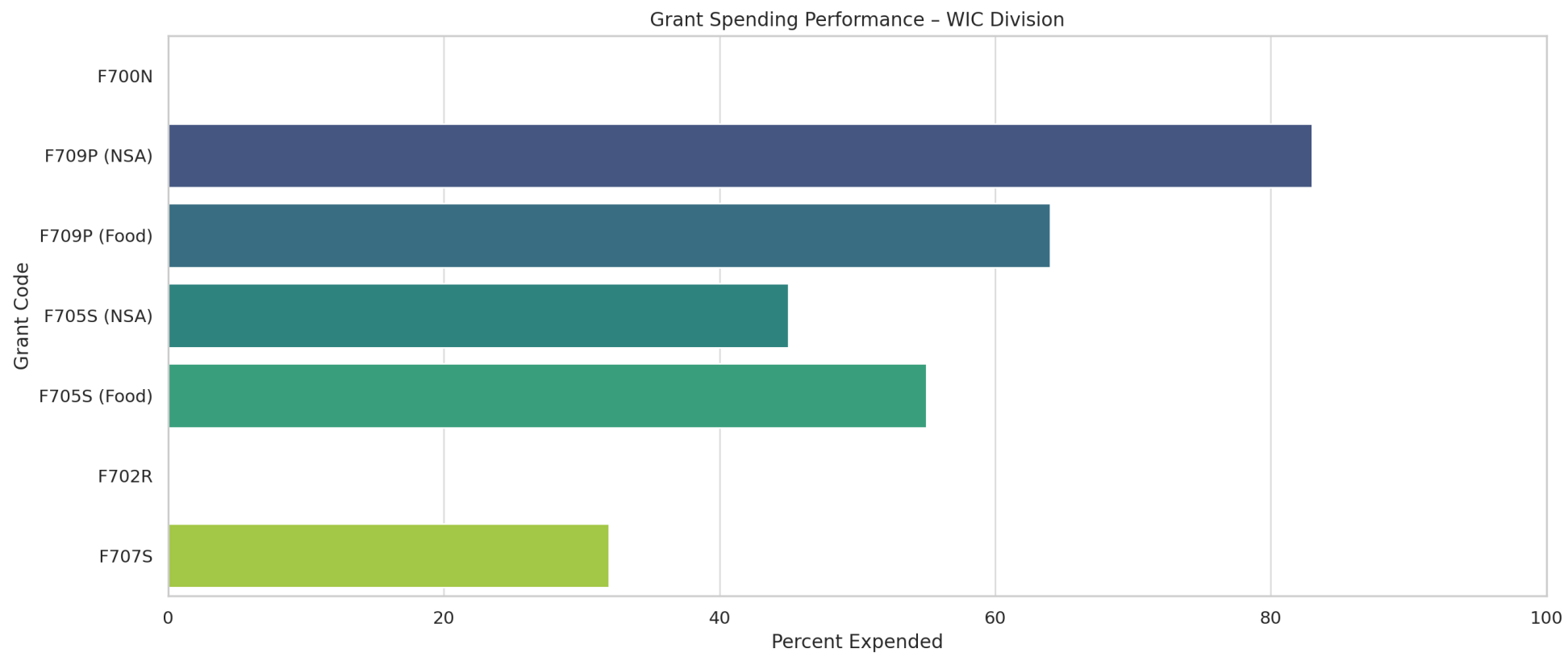
No grants in this category have reached the 95% expenditure threshold.

Moderate Performers (75–94%):

- WIC Program Nutrition Services NSA (F709P) has expended 83% of its budget—indicating steady fiscal performance and strong execution to date.

Low Performers ($< 75\%$):

- WIC Program Nutrition Services Food (F709P) (64%), WIC Program Nutrition Services Food (F705S) (55%), and WIC Program Nutrition Services NSA (F705S) (45%) reflect moderate-to-slow spending progress. These may point to procurement lags, staffing delays, or slower programmatic rollout.
- WIC Program Breastfeeding Peer Counseling (F707S) has expended 32%, signaling a need for increased engagement or administrative acceleration.
- WIC Technology for a Better WIC Experience Grant (F700N) and WIC Modernization (F702R) are both at 0%, which is expected if these grants have either just begun or are in the early setup phase with pending encumbrances or expenditures.



INFANTS & TODDLERS

Strong Performers ($\geq 95\%$):

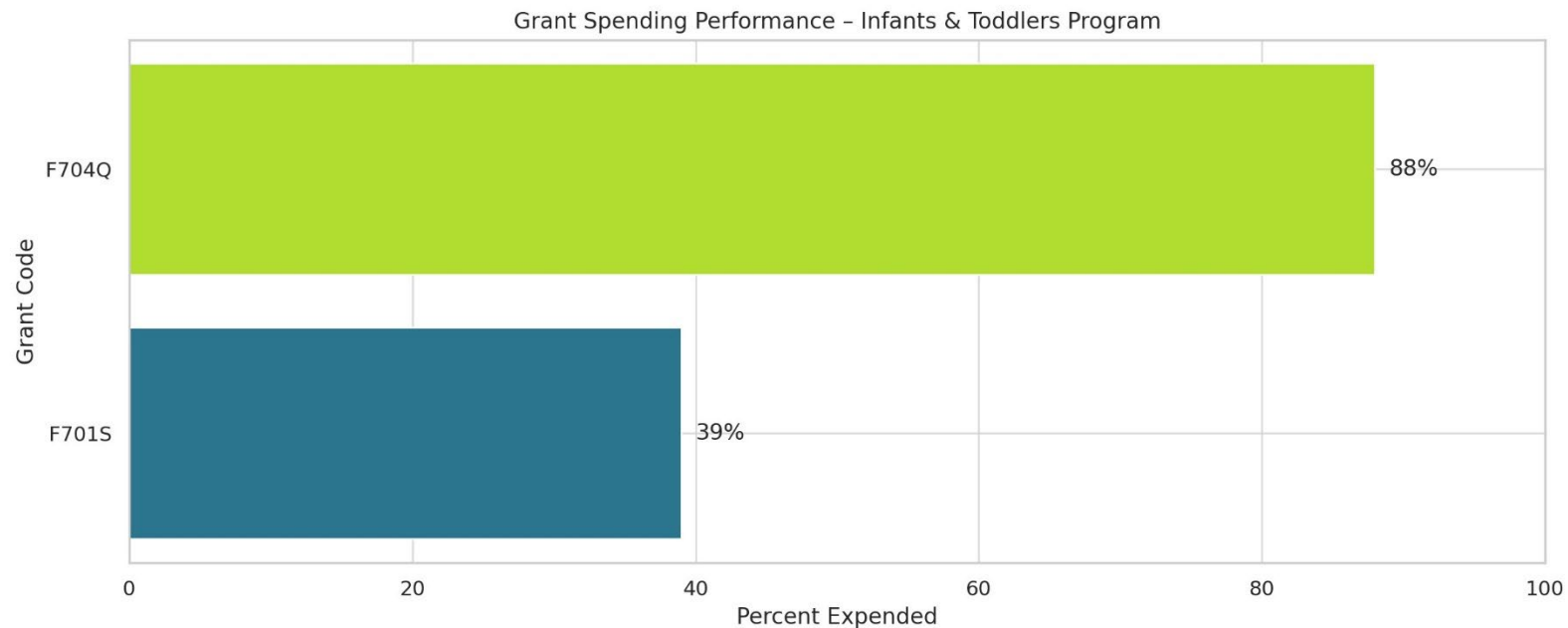
None of the grants have reached the 95% expenditure threshold at this time.

Moderate Performers (75–94%):

Infants & Toddlers Program (F704Q) has expended 88% of its budget, reflecting strong fiscal discipline and steady drawdown aligned with the grant timeline.

Low Performers ($< 75\%$):

Infants & Toddlers Program (F701S) is currently at 39% expenditure. This level of underspending may indicate implementation delays, onboarding lags, or unprocessed encumbrances. With over a year remaining in the grant period, this performance may recover with targeted fiscal oversight and programmatic acceleration.



NEW DIRECTION FOR VIDO: PERFORMANCE MEASUREMENTS

Holistic Key Performance Indicators (KPIs) – Virgin Islands Department of Health (VIDoH)

As of October 2025

To ensure a data-driven, outcome-oriented public health system, the Virgin Islands Department of Health has adopted a set of Holistic Key Performance Indicators (KPIs) aligned with both our strategic goals and our commitment to continuous process improvement. These KPIs serve not only as metrics of departmental performance but also as drivers of quality, equity, and operational efficiency across all program areas.

1. Population Health Outcome Improvement

KPI: Percent reduction in chronic disease prevalence (e.g., diabetes, hypertension, obesity) over a 12-month period

Target: ≥5% annual reduction

Process Improvement Perspective: This measure drives cross-sector collaboration, targeted prevention strategies, and enhanced chronic care management practices. It ensures programs are effectively reducing disease burden and improving long-term health outcomes through evidence-based interventions.

2. Behavioral Health Access and Utilization

KPI: Percentage of behavioral health clients receiving services within 14 days of referral

Target: ≥90% timely access

Process Improvement Perspective: Timely access to behavioral health services is a critical performance metric indicating system responsiveness, referral efficiency, and integrated care delivery. This KPI highlights opportunities for streamlining intake, triage, and scheduling workflows.

3. Immunization Coverage Rate

KPI: Percentage of infants, children, and teens (birth–18) who are up to date on recommended vaccinations

Target: ≥95% coverage

Percentage of adults 19+ who received influenza and COVID-19 vaccine in the last 12 months

Target: ≥90% for healthcare workers, ≥70% public

Percentage of adults 65+ who received all ACIP-recommended vaccines in the past 12 months

Target: ≥80%

Process Improvement Perspective: High immunization rates reflect strong clinical outreach, robust data tracking, and public education efforts. Continuous improvement in this area reduces preventable disease incidence and ensures compliance with national standards.

4. Emergency Preparedness Readiness

KPI: Time (in hours) to fully activate the public health emergency response system following incident notification

Target: ≤ 2 hours

Process Improvement Perspective: This metric emphasizes operational readiness, cross-agency coordination, and process agility. It identifies bottlenecks in communication, logistics, or mobilization protocols and supports a proactive, systems-based approach to crisis response.

5. Public Satisfaction with Health Services

KPI: Percentage of residents reporting satisfaction with VIDOH services (via annual survey)

Target: $\geq 85\%$ satisfaction

Process Improvement Perspective: Public satisfaction is a key indicator of service quality, community trust, and program relevance. Feedback loops from survey data inform service delivery redesign, customer service training, and cultural competency improvements.

To align with the Department's performance management strategy, divisional metrics will now be tracked as Performance Indicators (PIs) and monitored internally. These PIs are designed to support and inform the Department's overarching Key Performance Indicators (KPIs). The KPIs represent core measures that are foundational to the Department's commitment to accountability, transparency, and continuous improvement. Each KPI has been strategically selected to reflect not only health outcomes, but also operational effectiveness, system efficiency, and the delivery of public value.

By structuring divisional metrics as PIs and integrating them into a broader KPI framework, the Department is establishing a holistic performance ecosystem. This approach ensures data-driven decision-making, enables cross-functional alignment, and provides a clear line of sight between frontline efforts and enterprise-wide impact. It supports both real-time operational insight and long-term strategic improvement across all levels of the Virgin Islands Department of Health.