Measure: Progress Towards Development of one new Treatment for Post-Traumatic Stress Disorder (pct. of milestones achieved)

FY 2007: Target: 67%, Result: 67%, Estimated Cost: $2.7 million[1]

Performance Impact: PTSD is an anxiety disorder that can develop after a person has been exposed to a terrifying event or ordeal in which physical harm occurred or was threatened. PTSD related to combat exposure is a major concern in the health of the veteran population. In cases where veterans do not respond to initial treatment, symptoms (including nightmares, disturbing memories during the day, sleep problems, and aggressive behavior) may persist for years. Therefore, effective relief of symptoms is needed.

How VA Uses Performance Data: Results of PTSD studies are rapidly translated into clinical practice. The findings are published in a journal and discussed at conferences with VA, DoD, and university attendees.

Measure: Annual Percent Increase of Non-Institutional, Long-Term Care as Expressed by the Average Daily Census **(using 2006 as the baseline),**

FY 2007: Target: 26.3%, Result: 6.5%, Estimated FY 2007 Cost: $449.4 million

Performance Impact: Increasing the number of veterans receiving Home and Community-Based Care (HCBC) services provides veterans with an opportunity to improve the quality of their lives. HCBC promotes independent physical, mental, and social functioning of veterans in the least restrictive settings.

How VA Uses Performance Data: VA uses the data to project the need for services, evaluate existing services, and promote access to required services. In addition, the data are used to establish VISN (i.e., field office) targets and evaluate VISN performance in meeting assigned workload levels in the HCBC area.

Measure: Rating Related Compensation Actions – Average Days Pending

FY 2007: Target**:** 127, Result: 135, Estimated FY 2007 Cost: $815.6 million

Performance Impact: On average, compensation claims that require a rating decision are pending 5 more days in 2007 than in 2006. An increase in the average age of the pending claims inventory indicates veterans are waiting longer for decisions on their claims.

How VA Uses Performance Data: VA uses the results data to manage the compensation and pension programs and to implement performance improvement strategies. For example, as performance is monitored during the year, if performance declines are manifested in certain field offices, management takes corrective actions such as providing additional training and realigning workload or staffing levels.

To improve the average days to process, VA is adding more resources. VA hired over 1,000 new staff in 2007, and further staff increases are expected in 2008. In addition, death pension claims and disability pension claims will be consolidated to the three Pension Maintenance Centers (PMCs)—this increases the number of resources dedicated to disability claims processing.

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[1] The total obligations cover the costs of the researchers, equipment, and other expenses associated with performing the PTSD studies. There are additional costs including those for clinicians and other medical care employees' salaries that by law must come from the patient care appropriation and are not included.

Measure: Percent of Veterans Served by a Burial Option,

FY 2007: Target: 83.8%, Result: 83.4%, Estimated Cost: $149.3 million

Performance Impact: By the end of 2007, more than 19 million veterans and their families had reasonable access to a burial option. One of VA's primary objectives is to ensure that the burial needs of veterans and eligible family members are met. Having reasonable access is integral to realizing this objective.

How VA Uses Performance Data: VA analyzes census data to determine areas of the country that have the greatest unmet need for service by a burial option. This information is used in planning for new national cemeteries and for gravesite expansion projects to extend the service lives of existing national cemeteries, as well as in prioritizing funding requests for state veterans' cemetery grants.