Statestat @ DHMH

Version 3

February 2012

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INTRODUCTION

Welcome to Statestat @ DHMH Version 3.0.

This is an important step in the transformation of performance management at DHMH to emphasize results, accountability, strategy, and transparency.

The approach links biweekly, monthly and quarterly measures of program performance with core outcomes in critical public health areas.

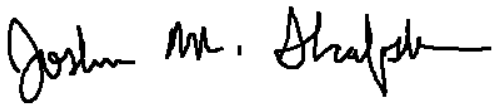
StateStat @ DHMH brings together disparate parts of the agency to work on common problems.

It permits a new type of focus on health disparities of different kinds. Measures with data by race and ethnicity are marked with *, and by geography are marked with #.

And StateStat @ DHMH explains how our agency intends to make progress on some of the most challenging public health problems facing Maryland. Measures that are in common with our State Health Improvement Process are highlighted in yellow.

I thank all the staff who contributed. Performance management is a work in progress, and we look forward to your input.

Thank you.



Joshua M. Sharfstein, M.D.

Secretary

ACCESS TO CARE

Key Outcomes

1. Proportion of persons with health insurance (under age 65).* Census Bureau/Annual/9 month lag
2. Proportion of individuals between 0 and 100 percent of the Federal Poverty Level, age 19 - 64 without health insurance. MHCC/Biennial/1 year lag
3. Ambulatory care sensitive condition hospital admissions per 100,000. Number of providers participating in Medicaid provider network. MHCC/Annual/lag tbd
4. Percentage of nursing home eligible Medicaid enrollees served in a home or community-based setting, as of July. Medicaid/Annual/2 month lag
5. Number of People Receiving Medicaid long term support services, as of July. Medicaid/Annual/8 month lag
6. Percentage of children age 3-6 years receiving one or more wellness checks annually.* Medicaid/Annual/8 month lag
7. Percentage of children age 12-21 years receiving a wellness check. Medicaid/Annual/8 month lag
8. Percent of SSI children aged 0-20 years in HealthChoice receiving at least one ambulatory service. Medicaid/Annual/8 month lag
9. Percent of SSI adults aged 21-64 in HealthChoice receiving at least one ambulatory care service. Medicaid/Annual/8 month lag
10. Proportion of low-income Medicaid children and adolescents receiving dental care during the past 12 months.# Medicaid/Annually/8 month lag
11. Number of Medicaid Dentists. Medicaid/Annual/point in time data

Goals:

Improve access to care.

Reduce preventable hospital admissions.

Promote community based alternative settings.

Increase use of DHMH resources for those in need.

Reduce disparities in access to care.

Maps

1. Medicaid and MCHP children enrolled by county. Medicaid/Quarterly/1 month lag

Strategy A: Increase Medicaid enrollment

1.	Total Medicaid enrollment for pregnant women (SOBRA)	Medicaid/Monthly/1 month lag
2.	Total Medicaid enrollment for children	Medicaid/Monthly/1 month lag
3.	Total Medicaid enrollment for disabled adults	Medicaid/Monthly/1 month lag
4.	Total Medicaid enrollment for expansion	Medicaid/Monthly/1 month lag
5.	Other enrollment	Medicaid/Monthly/1 month lag
6.	Total MCHP children enrollment	Medicaid/Monthly/1 month lag
7.	Total PAC enrollment	Medicaid/Monthly/1 month lag
8.	Total Family planning enrollment	Medicaid/Monthly/1 month lag
9.	WBCCHP enrollment	Medicaid/Monthly/1 month lag
10.	Total MA & MCHP Enrollment*#	Medicaid/Monthly/1 month lag
11.	Total hotline calls	Medicaid/Monthly/1 month lag
12.	Average wait time (seconds)	Medicaid/Monthly/1 month lag
13.	Number of dropped calls	Medicaid/Monthly/1 month lag
14.	Number of complaints	Medicaid/Monthly/1 month lag
15.	Number of complaints resolved	Medicaid/Monthly/1 month lag

Strategy B: Improve Medicaid enrollment processes

1.	Total hotline calls	Medicaid/Monthly/1 month lag
2.	Average wait time (seconds)	Medicaid/Monthly/1 month lag
3.	Number of dropped calls	Medicaid/Monthly/1 month lag
4.	Number of complaints	Medicaid/Monthly/1 month lag
5.	Number of complaints resolved	Medicaid/Monthly/1 month lag

Strategy C: Project on Participating Providers.

Milestone	Date of Completion	Status
1. Assess current network data collection methodology.	Feb-12	
2. Inform MCOs that they need to review and update information by April 1, 2012.	Feb-12	
3. Check a statistically valid sample of providers for each MCO	May-12	
4. Require a corrective action plan for each MCO with incorrect data.	Jun-12	
5. MCOs to submit corrected directories.	Sep-12	
6. Check a statistically valid sample of providers for each MCO.	Nov-12	

Strategy D: Increase the number of Nursing Facility eligible Medicaid enrollees receiving care in a community based setting.

1.	Older Adults Waiver current enrollment	Medicaid/Monthly/1 month lag
2.	Living at Home Waiver current enrollment	Medicaid/Monthly/1 month lag
3.	Autism Waiver current enrollment	Medicaid/Monthly/1 month lag
4.	Number of individuals in nursing homes	Medicaid/Monthly/1 month lag
5.	Number of individuals transitioning from nursing home to community through the Money Follows the Person (MFP) program	Medicaid/Monthly/1 month lag

Strategy E: Promote oral health care through the Medicaid program

1.	Number of Medicaid fluoride varnish providers	Medicaid/Monthly/2 month lag
2.	Number of Medicaid fluoride varnish applications	Medicaid/Monthly/2 month lag

Strategy F: Increase number of people screened and treated for cancer through DHMH programs

1.	Percent of women receiving a Pap test who are rarely or never screened through the Breast and Cervical Cancer Program (BCCP)*	FHA/Quarterly/1 month lag
2.	Percent of BCCP clients receiving diagnostic tests within 60 days from breast cancer screening*	FHA/Quarterly/60 day lag
3.	Percent of BCCP clients starting breast cancer treatment within 60 days of cancer diagnosis*	FHA/Quarterly/60 day lag

Strategy G: Increase access to DHMH chronic rehabilitation facilities at Deer's Head and Western Maryland Hospital Centers.

1.	Number of admission requests during the month#	FHA/Monthly/1 month lag
2.	Number of individuals served during the month*#	FHA/Monthly/1 month lag
3.	Number of appropriate referrals not admitted#	FHA/Monthly/1 month lag

ADMINISTRATION

Goals:

Increase participation by MBE contractors.

Achieve greater diversity among the DHMH workforce.

Maximize productivity of state government employees.

Improve stewardship of taxpayer dollars.

Key Outcomes

1. Overall MBE % participation. DHMH/Monthly/ 1 month lag
2. Percentage of employees of minority status. DHMH/Annual/90 day lag

Strategy A: Utilize the procurement group committee to set achievable MBE goals.

1.	% MBE Awards	FMIS/Monthly/1 Month
2.	% Non-DDA Awards	FMIS/Monthly/1 Month

Strategy B: Recruit and hire a diverse workforce.

1.	% Minorities: Managerial by Division	HRIS/Monthly/1 Month
2.	% Minorities: Non-Managerial by Division	HRIS/Monthly/1 Month

Strategy C: Promote an efficient and motivated workforce.

1.	Overtime by division and facility	HRIS/Monthly/1 Month
2.	Sick leave by division and facility	HRIS/Monthly/1 Month
3.	Unscheduled leave by division and facility	HRIS/Monthly/1 Month

Strategy D: Increase efficiency of the procurement process.

1.	Percentage of contracts brought before BPW as no-bid extensions or emergencies	DHMH/Monthly/1 month lag
2.	Number of monthly procurement card Reviews	DHMH/Monthly/1 month lag
3.	Percentage of invoices submitted within 25 days	DHMH/Monthly/1 month lag

Strategy E: Project on Participating Providers.

Milestone	Date of Completion	Status
1. Develop Survey Questions.	Feb-12	
2. Administer Survey and Collect Responses.	Mar-12	
3. Complete Analysis of Results	Apr-12	
4. Begin reporting to StateStat.	May-12	

ALCOHOL AND DRUG ABUSE PREVENTION AND TREATMENT

Key Outcomes

1. Number of individuals served in state-supported treatment programs that report data.
   SMART/Monthly/3 month lag
2. Overdose deaths.*# OCME/Quarterly/6 month lag
3. Alcohol or drug impaired driving crashes.
   MDOT/Monthly/6 month lag

Goals:

To reduce the prevalence of substance abuse.

To improve the quality of substance abuse services.

Maps

1. Alcohol-Related Treatment Admissions: FY11. ADAA/Annual/6 month lag
2. Heroin-Related Treatment Admissions_FY11. ADAA/Annual/6 month lag
3. Prescription Opiate-Related Treatment Admissions_FY11. ADAA/Annual/6 month lag
4. Intoxication deaths_FY11. ADAA/Annual/6 month lag

Strategy A: Increase the number of individuals in substance abuse treatment.

1.	Average daily-active patients in programs that report data*#	SMART/Monthly/3 month lag
2.	Number of programs that report data	SMART/Monthly/3 month lag

Strategy B: Extend the average length of treatment episodes across levels of care and programs.

1.	Average number of days in treatment episodes in programs reporting data	SMART/Monthly/90 day lag
2.	Percentage of patients dropping out of treatment against clinical advice in state-supported programs reporting data	SMART/Monthly/90 day lag

Strategy C: Increase the effectiveness outpatient and residential alcohol and drug-abuse treatment programs

1.	Change in percent of completing/transferred/referred patients using substances from the 30 days preceding enrollment to the 30 days preceding dis-enrollment in state-supported outpatient programs providing data	SMART/Monthly/90 day lag
2.	Change in percent of completing/transferred/referred patients using substances from the 30 days preceding enrollment to the 30 days preceding dis-enrollment in state-supported residential programs providing data	SMART/Monthly/90 day lag
3.	Change in percent of completing/transferred/referred patients employed from the 30 days preceding enrollment to the 30 days preceding dis-enrollment in state-supported outpatient programs providing data	SMART/Monthly/90 day lag
4.	Change in percent of completing/transferred/referred patients employed from the 30 days preceding enrollment to the 30 days preceding dis-enrollment in state-supported residential programs providing data	SMART/Monthly/90 day lag
5.	Change in percent of completing/transferred/referred patients arrested in the 30 days preceding enrollment to the 30 days preceding dis-enrollment in state supported outpatient programs providing data	SMART/Monthly/90 day lag
6.	Change in percent of completing/transferred/referred patients arrested in the 30 days preceding enrollment to the 30 days preceding dis-enrollment in state-supported residential programs providing data	SMART/Monthly/90 day lag

Strategy D: Encourage appropriate use of pharmacotherapy's in substance abuse treatment

1.	Percentage of opioid-dependent patients receiving pharmacotherapy in state-supported programs reporting data	SMART/Monthly/90 day lag
2.	Number of medical assistance enrollees filling prescriptions for buprenorphine	Hilltop/Monthly/90 day lag

Strategy E: Strengthen the continuum of care in alcohol and drug-abuse treatment programs

1.	Percentage of patients completing and referred from Level II.1 intensive outpatient and continuing in another level of care within 30 days	SMART/Monthly/90 day lag
2.	Percentage of patients completing and referred from Level III.7 short-term residential and continuing in another level of care within 30 days in reporting programs	SMART/Monthly/90 day lag
3.	Percentage of patients completing and referred from Level III.7 short-term residential and continuing in another level of care within 30 days in reporting programs	SMART/Monthly/90 day lag
4.	Percentage of female patients with dependent children completing and referred from Level III.7 short-term residential and continuing in another level of care within 30 days in reporting programs	SMART/Monthly/90 day lag
5.	Percentage of patients completing Level I outpatient and entering Continuing Care within 30 days in reporting programs	SMART/Monthly/90 day lag

Strategy F: Monitor length of time to placement in patients with 8505 and 8507 court orders.

1.	Number of 8505 orders received	ADAA/Monthly/14 day lag
2.	Number of 8507 orders received	ADAA/Monthly/14 day lag
3.	Number of placements	ADAA/Monthly/14 day lag
4.	Number of placements that waited longer than 90 days from clearance to placement	ADAA/Monthly/14 day lag

ASTHMA

Key Outcomes

1. Asthma-related hospitalization rate per ten thousand.*# HSCRC/Annual/16 month lag
2. Asthma-related emergency department visit rate per ten thousand(age-adjusted).*# HSCRC/Annual/16 month lag
3. Prevalence (%) of asthma in adults ages ≥18.* BRFSS/Annual/6 month lag
4. Prevalence (%) of asthma in children ages 0-17.* BRFSS/Annual/6 month lag
5. Asthma-related mortality per million (age adjusted).*# VSA/Annual/9 months.
6. Percent of adults ages ≥ 18 per 3-year period with asthma who report one or more persons smoking in the home during the past week. BRFSS/Annual/6 month lag
7. Percent of children ages 0-17 per 3-year period with asthma whose parents report one or more persons smoking in the home during the past week. BRFSS/Annual/6 month lag
8. Percent of persistent asthmatic children ages 0-20 in Medicaid with a ≥ 0.5 ratio of controller to total asthma medications. Medicaid/Annual/8 month lag
9. Hospitalization rate for all children ages 0-20 with asthma enrolled in Medicaid per ten thousand. Medicaid/Annual/8 month lag
10. Rate per thousand of asthma-related avoidable admissions among HealthChoice children ages 5-20 with asthma. Medicaid/Annual/8 month lag
11. Number of asthma-friendly schools. MACP/Annual

Goals:

Decrease the disease burden of asthma.

Improve the system of care for asthma patients.

Decrease exposure to indoor and outdoor asthma triggers across multiple settings.

Eliminate disparities in asthma.

Maps

1. Current Asthma Prevalence in Maryland Adults (18+ years old) by Jurisdiction, 2008-2010. BRFSS/Annual/6 month lag
2. Maryland Asthma Emergency Department Visit Rates for all Ages by Jurisdiction, 2009. HSCRC/Annual/16 month lag
3. Maryland Asthma Hospitalizations Rates for all Ages by Jurisdiction, 2009. HSCRC/Annual/16 month lag

4. Maryland Asthma Hospitalizations Rates in Adults (18+ years old) by Jurisdiction, 2009. HSCRC/Annual/16 month lag
5. Maryland Asthma Hospitalizations Rates in Children (0 to 17 years old) by Jurisdiction, 2009. HSCRC/Annual/16 month lag

Strategy A. Implement a program to control environmental triggers in childcare settings.

Milestone	Date of Completion	Status
1. Establish project goals with MSDE/Office of Child Care	Jan-12	Completed
2. Develop criteria, strategies and activities for implementation of environmental controls.	Jan-12	Completed
3. Promote criteria, strategies and activities to child care providers.	Mar-12	
4. Enroll child care providers	May-12	
5. Train child care providers on criteria strategies and activities.	Jun-12	
6. MSDE reports data on environmental control strategies implemented.	Dec-12	
7. Evaluate trends in asthma control in participants.	Mar-13	
8. Begin reporting to State Stat.	Mar-13	

Strategy B. Develop capacity for pharmacists to provide asthma education on appropriate medication use and management

Milestone	Date of Completion	Status
1. Develop curriculum for pharmacists at U. Maryland School of Pharmacy.	Jun-12	
2. Institute training of pharmacists.	Aug-12	
3. Evaluate medication use amongst patients receiving pharmacist delivered asthma education.	Nov-12	

Strategy C. Establish quarterly data reporting from MSDE on frequency of health unit visits for asthma exacerbations.

Milestone	Date of Completion	Status
1. Establish goal with MSDE of quarterly reports on health suite visits for asthma exacerbations.	Mar-12	
2. Develop data collection strategies with local school health services staff.	Jun-12	
3. Establish reporting process with local school health services staff.	Jul-12	
4. Present the project to LHO and LSS.	Aug-12	
5. Provide training to local school health services staff on protocol.	Oct-12	
6. Begin State Stat reporting on frequency of health unit visits for asthma per quarter.	Jun-13	

Strategy D. Establish quarterly data reporting from Medicaid on asthma medication use

Milestone	Date of Completion	Status
1. Submit data request to Medicaid.	Mar-12	
2. Review and process dataset.	Dec-12	
3. Begin reporting to State Stat on asthma medication usage in Medicaid participants.	Feb-13	

BIRTH OUTCOMES

Key Outcomes

Goals:

Improve birth outcomes.

Eliminate disparities in birth outcomes.

1. Infant mortality rate per 1000 live births. All races.*# VSA/Annual/9 month lag
2. Infant mortality rate per 1,000 live births. African American.*# VSA/Annual/9 month lag
3. Percent Low Birthweight.*# VSA/Annual/9 month lag
4. Percent Very Low Birthweight. .*# VSA/Annual/9 month lag
5. Percent VLBW in the HealthChoice program .*# VSA/Annual/9 month lag
6. SIDS rate per 1,000 live births.# VSA/Annual/9 month lag
7. Teen birth rate (ages 15-19) per 1,000 population.*# VSA/Annual/9 month lag
8. Teen birth rate (ages 10-14) per 1,000 population.*# VSA/annual/9 month lag
9. Percent VLBW infants born at Level III birthing hospitals.*# VSA/Annual/9 month lag
10. Percentage of infants not placed on back to sleep.* PRAMS/Annual/11 month lag
11. Percentage of infants always or often co-sleeping.* PRAMS/Annual/11 month lag
12. Percentage of pregnancies that are unintended.* PRAMS/Annual/11 month lag
13. Percentage of pregnant women who receive a prenatal care visit during first trimester. *# PRAMS/Annual/11 month lag
14. Percentage of deliveries with postpartum visit on or between 21-56 days after delivery. *# PRAMS/Annual/11 month lag

Maps

1. Infant Mortality rates by county. VSA/Annual/9 month lag
2. Percent low birthweight by county. VSA/Annual/9 month lag
3. Percent very low birthweight by county. VSA/Annual/9 month lag
4. Percent births to adolescents under age 18 by county. VSA/Annual/9 month lag

Strategy A: Promote safe sleep.

1.	Number of Sleep Safe DVDs distributed	CMCH/monthly/1 month lag

Strategy B: Support access to reproductive health services

1.	Enrollment, Medicaid family planning option#	Medicaid/Monthly/1 month lag
2.	Number of visits to Title X reproductive health clinics#	Title X/Monthly/2 month lag
3.	Number of teens visits to Title X reproductive health clinics#	Title X/Monthly/2 month lag

Strategy C: Expand Comprehensive Women's Health model to additional jurisdictions.

1.	Number of women receiving Comprehensive Women's Health services in target jurisdictions	CMHC/Monthly/1 month lag

Strategy D: Increase access to early prenatal care.

1.	Number of Quick Start prenatal client visits in target jurisdictions.	CMHC/Monthly/1 month lag
2.	Number of Prenatal Navigator encounters in target jurisdictions	CMHC/Monthly/1 month lag
3.	Percent of MA applications processed within 10 days in target jurisdictions	CMHC/Monthly/1 month lag

DEVELOPMENTAL DISABILITIES

Key Outcomes

1. Number of individuals receiving funding for services. DDA/Monthly/No lag
2. Number of individuals receiving funding for Supported Employment Services. DDA/Monthly/No lag.

Maps

1. Number of people in crisis resolution category by county. DDA/Quarterly/1 month lag

Goals:

Reduce the number of individuals with developmental disability in crisis waiting for services.

Increase access to community services.

Increase the number of individuals with developmental disabilities competitively employed.

Improve the quality of developmental disability services.

Strategy A: Provide services and reduce waiting lists for individuals with disabilities

1.	Number of individuals in crisis resolution category*	DDA/Monthly/No lag
2.	Number of individuals in crisis prevention category*	DDA/Monthly/No lag
3.	Number of individuals in current request category*	DDA/Monthly/No lag
4.	Number of individuals in future needs registry*	DDA/Monthly/No lag
5.	Number of overall individuals initiating services in the last month	DDA/Monthly/No lag
4.	Number of individuals receiving funding for Residential Services	DDA/Monthly/No lag
5.	Number of individuals receiving funding for Day Services	DDA/Monthly/No lag
6.	Number of individuals receiving funding for Support Services	DDA/Monthly/No lag

Strategy B: Support Provider Infrastructure

Milestone	Date of Completion	Status
1. Finalize the plan for distributing $6 million for infrastructure projects.	Feb-12	
2. Implement plan for provider infrastructure funding.	Apr-12	

Strategy C: Improve Fiscal Management

Milestone	Date of Completion	Status
1. Issue RFP for Forensic Auditor.	Dec-12	
2. Implement Interim budget management and forecasting tool.	Jan-12	
3. Award Forensic Auditor Contract	Mar-12	
4. Hire consulting firm to develop comprehensive fiscal restructuring.	Apr-12	
5. Receive Forensic Auditor Report	Jun-12	
6. Hire consulting firm to develop comprehensive fiscal restructuring	Jul-12	

Strategy D: Modernize Regulations

Milestone	Date of Completion	Status
1. Solicit input from key stakeholders.	Mar-12	
2. Proposal developed for public comment.	May-12	

Strategy E: Modernize Waivers

Milestone	Date of Completion	Status
1. Initiate the process of recruiting a consultant to help modernize waivers for Maryland to improve services and maximize resources.	Feb-12	
2. Select a consultant to assist the agency in developing a new waiver.	May-12	
3. Solicit input from various stakeholder groups regarding recommendations for both restructuring existing waivers and developing a new supports waiver. Award Forensic Auditor Contract.	Jun-12	
4. Develop an initial waiver plan.	Jul-12	

Strategy F: Enhance Oversight

Milestone	Date of Completion	Status
1. DHMH Office of the Inspector General conducts random audits each month of the waiting list to make sure that people are appropriately classified.	Feb-12	
2. Meeting with key stakeholders to solicit input on our quality system.	Feb-12	
3. Developing a plan for improve coordination with OHCQ, Medicaid and DDA.	May-12	
4. Conduct the National Core Indicators survey using questions comparable to those asked in other states to benchmark progress versus other States. .	Jun-12	
5. Developing a design for a new quality framework for DDA.	Dec-12	

Strategy H: Supports Intensity Scale Implementation.

Milestone	Date of Completion	Status
1. SIS sample assessments to being.	Apr-12	
2. During the FY 2013, DDA anticipates completing 250 additional SIS assessments.	Jun-13	
3. Compare and contrast SIS results with the current rate assignment structure.	Jul-13	

EMERGENCY PREPAREDNESS AND RESPONSE

Goal:

To protect and secure the health of Maryland residents against a wide range of public health threats through preparedness, mitigation, response, and recovery.

Key Outcomes

1. Score on the Annual CDC state TAR. CDC/Annual/6 month lag

Maps

1. Progress on the ESSENCE expansion to include absenteeism data from the Maryland public schools. ESSENCE/Monthly/1 week lag

Strategy A: Improve and enhance community and healthcare systems preparedness for public health emergencies

1.	Percentage of local jurisdictions that review and exercise components of their various preparedness plans	After action reports/Semi-annual/ 6 month lag

Strategy B: Develop mass fatality management planning

Project: DHMH will lead the multi-agency effort to develop the capability to manage a mass fatality event at the local and state levels.

Milestone	Date of Completion	Status
1. Develop draft State Mass Fatality Management Plan	Jul-11	Completed
2. Receive twenty-four jurisdictional mass fatality management plans created by local health departments.	Jul-11	Completed
3. Release Revised State Mass Fatality Management Plan to local and state partners for comment.	Dec-11	Completed
4. Review Local mass fatality management plans.	Mar-12	
5. Obtain approval on final version of State Mass Fatality Management Plan. 6. Receive final versions of local mass fatality management plans from LHDs.	Jun-12	

Strategy C: Improve and enhance community preparedness for public health emergencies.

1.	Percentage of local jurisdictions that review and exercise components of their various preparedness plans	After action reports/Semi-annual/ 6 month lag

Strategy D: Develop metrics for health system surge

DHMH will build on the CDC framework and develop metrics consistent with emerging national goals.

Milestone	Date of Completion	Status
1. Review CDC and ASPR Capabilities for Health System Preparedness	Mar-12	
2. Complete Rapid Self Assessment.	Apr-12	
3. Identify Gaps from self-assessment.	Apr-12	
4. Develop draft metrics based on national standards.	Apr-12	
5. Develop and prioritize plan to address identified gaps.	Jul-13	
6. Finalize metrics.	May-13	

Strategy E: Ensure early detection of disease.

1.	Percentage of data points in the ESSENCE system from all available sources	ESSENCE/ Monthly/1 week lag

Strategy F: Coordinate staff assembly following notification

1.	Percentage of pre-identified state and local public health departments that assemble staff within 60 minutes immediately following call notification to activate public health emergency	Drill worksheets/Semi-annually/ 6 months lag

Strategy G: Improve laboratory detection of biological hazards

1.	Percentage of Laboratory Response Network proficiency tests for biological capabilities successfully passed by the DHMH laboratory.	Laboratory reports/ Semi-annual/ 6 month lag

Strategy H: Improve laboratory detection of chemical hazards.

1.	Percentage of Laboratory Response Network proficiency tests for chemical capabilities successfully passed by the DHMH laboratory.	Laboratory reports/Semi-annual/ 6 month lag

Strategy I: Expand and enhance ESSENCE surveillance by including student absenteeism data from Maryland public schools.

1.	Percentage of Maryland jurisdictions that have had their public school system absenteeism data incorporated into ESSENCE	ESSENCE/Monthly/1 week lag

FOOD SAFETY

Key Outcomes

1. Reduce *Salmonella* Infections. NEDSS/Annual/6 month lag

Maps

1. Rate of *Salmonella* Infections by county. NEDSS/Annual/6 month lag

Goal:

Decrease foodborne infections in Maryland.

Strategy A: Increase the proportion of foodborne illness outbreaks where a cause is identified

1.	Proportion of foodborne illness outbreaks in the quarter where an etiology was identified	Outbreak database/Quarterly/1 month lag

Strategy B: Increase recognition and reporting of foodborne illness outbreaks

1.	Number of foodborne illness outbreaks reported to DHMH	Outbreak database/Quarterly/1 month lag

Strategy C: Create an online data resource for food service facility inspections.

Milestone	Date of Completion	Status
1. Develop module for inspections using tablet computers for food, milk	Feb-12	
2. Pilot module for inspections using tablet computers for food, milk	Feb-12	
3. Acquire tablet or laptop computers for field staff.	Jun-12	
4. Integrate field lab samples with StarLIMS.	May-12	
5. Complete electronic data entry conversion for inspections.	Jul-12	
6. Begin public online reporting of state inspections data.	Jul-12	
7. Begin data sharing inspections data with counties	Dec-12	
8. Implement publicly accessible online display of food service facility inspections data	Jan-13	

HEALTH BOARDS

Key Outcomes

1. Most Recent Sunset Review Status Ongoing/2 months after Sunset Review Received.

Goal:

Timely resolution of complaints.

High quality service to health professionals.

Strategy A: Track the Health Boards workload.

1.	New Licenses and Certificates	Board Data/Monthly/1 month lag
2.	Renewed Licenses and Certificates	Board Data/Monthly/1 month lag
3.	Number of active Licensees or Certificate Holders	Board Data/Monthly/1 month lag

Strategy B: Resolve complaints in a timely manner.

1.	Number of Complaints Received	Board Date/Monthly/1 month lag
2.	Resolved Complaints during month (i.e. led to summary action, dismissal, or disciplinary action)	Board Date/Monthly/1 month lag
3.	% of actions within goals.	Board Date/Monthly/1 month lag

Strategy C: Measure Disciplinary actions.

1.	Number of final disciplinary actions taken	Board Date/Monthly/1 month lag

2.	Number of Reversals	Board Date/Monthly/1 month lag

STRATEGY D: MEASURE SUMMARY ACTIONS.

1.	Number of Summary Actions taken	Board Date/Monthly/1 month lag
3.	Average (mean) days to complete (i.e. from complaint to final Summary action)	Board Date/Monthly/1 month lag

Strategy E: Resolve Complaints (about the Board) in a timely manner.

Milestone	Date of Completion	Status
1. Create Survey Questions.	May-12	
2. Acquire Online Survey Platform.	Nov-12	
3. Administer Survey.	Dec-12	
4. Report Survey Results by Board.	Jul-13	

HEALTH CARE COST AND QUALITY

Key Outcomes

Goals:

Control the cost of health care.

Improve health care quality.

1. Per capita health expenditures. MHCC/Annual/24 month lag
2. Small group: Average total single person premium for all small group plans divided by the Maryland average wage. MEPS-IC/Annual/6 month lag
3. Small Group: Average employee contribution for a single person premium for all small group plans per enrolled employee at establishments that offer health insurance plus median patient out of pocket. MEPS-IC & MCDB/Annual/6 month lag
4. Large group: Average total single person premium for all large group plans divided by the Maryland average wage. MEPS-IC/Annual/6 month lag
5. Small Group: Average employee contribution for a single person premium for all large group plans per enrolled employee at establishments that offer health insurance plus median patient out of pocket. MEPS-IC & MCDB/Annual/6 month lag
6. Overall quality performance (out of 51). AHRQ/Annual/24 month lag.

Maps

1. Hospital Complication Rates. HSCRC/Quarterly/6 month lag.
2. Percentage Uninsured. DHMH/Semi-Annual/6 month lag.

Strategy A: Increase utilization of the Health Information Exchange.

1.	Number of hospitals reporting clinically relevant data.	CRISP/Monthly/1 month lag
2.	Number of laboratory reports made available in the Exchange	CRISP/Monthly/1 month lag
3.	Number of providers accessing data in the Exchange	CRISP/Monthly/1 month lag
4.	Number of Health Information Exchange queries	CRISP/Monthly/1 month lag

Strategy B: Increase percentage of hospital expenditures under innovative payment programs.

1.	Total hospital expenditures	HSCRC/Quarterly/6 week lag
2	Quarterly growth rate in inpatient hospital expenditures	HSCRC/Quarterly/6 week lag
3.	Quarterly growth rate in outpatient hospital expenditures	HSCRC/Quarterly/6 week lag
4.	Quarterly growth rate in total hospital expenditures	HSCRC/Quarterly/6 week lag
5.	Total hospital revenue under Total Patient Revenue project	HSCRC/Quarterly/6 week lag
6.	Inpatient hospital revenue under Admission-Readmission Revenue project	HSCRC/Quarterly/6 week lag

Strategy C: Continually improve the quality of hospital care.

1.	Number of potentially preventable hospital complications	HSCRC/Quarterly/3 month lag
2	Charges associated with potentially preventable hospital complications	HSCRC/Quarterly/3 month lag
3.	Domains of hospital performance	HSCRC/Annually/8 month lag
	Specific QBR measures (HSCRC)	

Strategy D: Reduce Readmissions (Note: only some are preventable)

1.	Percentage of total admissions with 30 day readmissions	HSCRC/Quarterly/3 month lag
2	Expenditures associated with 30-day readmissions	HSCRC/Quarterly/3 month lag

INFECTIOUS DISEASE PREVENTION AND CONTROL

Goals:

Reduce number of vaccine preventable infectious diseases.

Reduce HIV infections.

Reduce TB infections.

Reduce sexually transmitted disease infections, including chlamydia and syphilis.

Eliminate disparities in infectious disease.

Key Outcomes

1. Rate of vaccine preventable disease per 100,000. NEDSS/Annual/6 month lag
2. School-based outbreaks caused by vaccine preventable diseases. IDEHA/Annual/1 month lag
3. Vaccine coverage for recommended vaccines for children ages 19 to 35 months NIS/Annual/6 month lag
4. The annual proportion of HealthChoice children who have received necessary immunizations at age two. NIS/Annual/6 month lag
5. Percentage of children and adults vaccinated annually against seasonal influenza. CDC/Annual/6 month lag
6. Percentage of hospitals with a hospital worker influenza vaccination rate of 85% or higher for all employees in the hospital. MHCC/Annual/90 day lag
7. Percentage of nursing homes with a nursing home influenza vaccination rate of 60% or higher for all employees in the nursing home. MHCC/Annual/90 day lag
8. Percentage of DHMH facilities with influenza vaccination rate of 85% or higher for all employees in the facility. DHMH/Annual 90 day lag
9. HIV case rate.* EHARS/Annual/6 month lag
10. Number of TB cases.* NEDSS/Annual/6 month lag
11. Number of Chlamydia trachomatis infections.* STD*MIS/Annual/6 month lag
12. Number of primary and secondary syphilis cases reported year to date for calendar year.* STD*MIS/ Monthly

Maps

1. HIV rate by zip code. IDEHA/Annual/6 month lag
2. Chlamydia cases by county. STD*MIS/Annual/6 month lag
3. Syphilis cases by county. STD*MIS/Annual/6 month lag
4. County-level maps of annual TB cases can be generated.

Strategy A: Maintain Maryland's high childhood vaccination rate through education and promotion campaigns.

1.	Number of VFC quality improvement visits	IDEHA/Quarterly/1 month lag
2.	Number of health providers participating in ImmuNet	Immunet/Monthly/1 month lag
3.	Number of new vaccinations entered into Immunet	Immunet/Monthly/1 month lag

Strategy B: Increase the percentage of health care workers in private hospitals and local health departments who are vaccinated annually against seasonal influenza. Key Outcomes in the first section.

Milestone	Date of Completion	Status
1. Surveys conducted at end of flu season ~April and report issued in summer of 2012.	Jun-12	
2. Annual update of LHD influenza vaccination policy.	Jun-12	

Strategy C: Increase HIV testing to enhance early detection of HIV and improve linkage to care.

1.	Number of HIV tests performed by DHMH-supported HIV testing programs	IDEHA/Quarterly/90 day lag
2.	Number of newly-identified, confirmed HIV positive clients tested by DHMH-supported HIV testing programs	IDEHA/Quarterly/90 day lag
3.	Number of reported new diagnoses of HIV infection*#	IDEHA/Quarterly/12 month lag
4.	Percentage of reported new diagnoses of HIV infection with late diagnosis. #	IDEHA/Quarterly/12 month lag
5.	Percentage of reported new diagnoses of HIV infection linked to care within 3 months*#	IDEHA/Quarterly/12 month lag
6.	Number of insured individuals enrolled in the Maryland AIDS Drug Assistance Program	IDEHA/Monthly/None
7.	Number of uninsured individuals enrolled in the Maryland AIDS Drug Assistance Program	IDEHA/Monthly/None

Project: Education and outreach to health care providers, community based organizations, and individuals.

Milestone	Date of Completion	Status
1. Provider alert through Boards email and MedChi and Health Officer memo with statewide data and recommendations to assist clinicians in identifying and treating cases.	Feb-12	
2. Implementing "Ask-Screen-Intervene" training - joint project with KP and CDC's STD/HIV Prevention Training Center which promotes routine STI screening in HIV medical care.	Mar-12	
3. STD Awareness Month webinars with a focus on syphilis and male sexual health - provided by ID specialist with CMEs for clinicians.	Apr-12	
4. Social Media: Month long campaign targeted to youth and men who have sex with men with resources for parents and health care providers.	Apr-12	

Strategy E: Timely treatment of TB.

1.	Percentage of newly confirmed TB cases who initiate treatment promptly.	IDEHA/Quarterly/90 day lag
2.	Percentage of previously confirmed TB cases who completed treatment.	IDEHA/Quarterly/90 day lag

Strategy F: Promote appropriate Chlamydia trachomatis testing among 15-24 year olds.

1.	Number of Chlamydia trachomatis Cases Reported by Public Providers.	STD*MIS/Annual/90 day lag
2.	Number of Chlamydia trachomatis Cases Reported by Private Providers.	STD*MIS/Annual/90 day lag

INFRASTRUCTURE

Key Outcomes

1. Maryland will be accredited by the independent Public Health Accreditation Board (PHAB) in 2013.

Maps

1. Map of Local Health Improvement Coalition links and SHIP measures local profiles. SHIP/Monthly/14 day lag
2. Map of health professional shortage areas in Maryland. DHMH/Annual/1 month lag

Goals:

Support local health planning.

Build a strong primary care workforce.

Improve community health services.

Support infrastructure for disparities elimination.

Strategy A: Support local action and public engagement in the Maryland State Improvement Process.

1.	Number of counties with active local planning coalitions	SHIP/Monthly/14 day lag
2.	Number of counties with 2012 health plans	SHIP/Monthly/14 day lag
3.	Number of hits to the SHIP website	SHIP/Monthly/14 day lag

Strategy B: Support strong community clinics in Maryland.

Milestone	Date of Completion	Status
1. Release draft voluntary state certification standards for community clinics for comment.	Feb-12	
2. Adopt voluntary standards.	Apr-12	
3. Certify first clinics.	Sep-12	
4. Initial evaluation of certification project.	Dec-12	

Strategy C: Support an infrastructure that promotes cultural competence and effective community-based activity to eliminate disparities.

1.	Number of Maryland jurisdictions with MOTA grantees implementing programs to reduce health disparities	Annual/OMHHD/1 month lag
2.	Number of collaborative projects with local state health improvement committees	Quarterly/OMHHD/1 month lag
3.	Number of minority individuals reached with educational materials	Quarterly/OMHHD/1 month lag
4.	Number of OMHHD website hits	Monthly/OMHHD/1 month lag

Strategy D: Publish the Maryland cultural competency and health literacy primer

Milestone	Date of Completion	Status
1. Establish formal partnership agreement.	Sep-11	Completed
2. Convene 4 meetings.	Jun-12	
3. Finalize Primer.	Sep-12	2/4 Completed
4. Disseminate primer to 20 university-based health professional schools and 16 community college nursing and allied health programs in Maryland.	Jan-13	

Strategy E: Promote efforts on disparities within local health plans.

Milestone	Date of Completion	Status
1. Letter to LHDs on efforts to reduce disparities.	Feb-12	
2. Technical assistance to LHDs on disparities efforts.	May12	
3. Review of local health plans on efforts to reduce disparities with feedback.	Aug-12	

Strategy F: Support public health accreditation.

Milestone	Date of Completion	Status
1. Execute MOU with Hilltop to support public health accreditation self assessment and strategic planning tasks.	Sep-11	Completed
2. Submit "Notice of Intent to Apply" for public health accreditation to PHAB and pay accreditation fee.	Nov12	
3. Complete the documentation of the standards in the 12 PHAB domains.	Jun-13	
4. Schedule site visit for accreditation.	Jun-13	
5. Receive an accreditation decision.	Sep-13	

LABORATORY

Goals:

Maintain rapid turnaround time for critical laboratory tests.

Strategy A: Maintain high response rate for key tests.

1.	Number of total laboratory tests performed.	Lab/Monthly/1 month lag
2.	Number of specimens with abnormal newborn screens.	Lab/Monthly/1 month lag
3.	Number of newborn screens reported within 3 working days	Lab/Monthly/1 month lag
4.	Total number of newborn screens performed	
5.	Number of acid fast bacilli test for TB reported within 24 hours	Lab/Monthly/1 month lag
6.	Total number of acid fast bacilli tests preformed	Lab/Monthly/1 month lag
7.	Number of MTBE test results reported within 14 days	Lab/Monthly/1 month lag
8.	Total number of MTBE tests performed	Lab/Monthly/1 month lag
9.	Number of PFGE patterns for high consequence foodborne pathogens (i.e. E.Coli O157 and Listeria) uploaded to CDC/Pulsenet within four working days of obtaining the sample.	Lab/Monthly/1 month lag
10.	Number of PFGE patterns for high consequence foodborne pathogens (i.e. E.Coli O157 and Listeria) uploaded to CDC/Pulsenet	Lab/Monthly/1 month lag
11.	Number of diagnostic rabies tests reported within 2 working days	Lab/Monthly/1 month lag
12.	Total number of diagnostic rabies tests performed	Lab/Monthly/1 month lag

Strategy B: Maintain high proficiency testing performance.

1.	Proficiency testing in newborn screening	Lab/Quarterly/3 month lag
2.	Proficiency testing in virology & Immunology	Lab/Quarterly/3 month lag
3.	Proficiency testing in Public Health Microbiology	Lab/Quarterly/3 month lag
4.	Proficiency testing in Environmental Chemistry	Lab/Quarterly/3 month lag
5.	Proficiency testing in Environmental Microbiology	Lab/Quarterly/3 month lag
6.	Proficiency testing in Molecular Biology	Lab/Quarterly/3 month lag

Strategy C: Project

Milestone	Date of Completion	Status
1. Complete building structure and frame.	Nov-12	
2. Complete weathering-in entire building with all final exterior elements installed.	Apr-13	
3. Complete final testing and acceptance of building.	Jan-14	
4. Fill occupancy and operation.	May-14	

LICENSURE AND OVERSIGHT

Goal:

Conduct efficient and effective regulatory oversight of healthcare facilities in Maryland.

Key Outcomes

1. Number of enforcement actions. OHCQ/Quarterly/1 month lag
2. Number of regulatory surveys. OHCQ/Monthly/1 month lag

Maps

1. Assisted Living Sites by County OHCQ/Annual/1 month lag
2. DD Facilities by Jurisdiction OHCQ/Annual/1 month lag
3. Nursing Home by Jurisdiction OHCQ/Annual/1 month lag

Strategy A: Respond to problems in a timely manner.

1.	Number of investigations of complaints of *alleging* actual harm initiated within 10 working days (long term care)	OHCQ/Monthly/1 month lag
2.	Total number of investigations of complaints *alleging* actual harm initiated (long term care)	OHCQ/Monthly/1 month lag
3.	Number of complaints alleging serious and immediate jeopardy initiated within 2 working days (assisted living)	OHCQ/Monthly/1 month lag
4.	Total number of investigations of complaints *alleging* serious and immediate jeopardy initiated (assisted living)	OHCQ/Monthly/1 month lag

Strategy B: Monitor enforcement trends.

1.	Number of annual surveys and complaint investigations resulting in at least one actual harm or serious and immediate jeopardy deficiency (long term care and assisted living)	OHCQ/Monthly/1 month lag
2.	Number of sanctions imposed based on inspections completed (long term care and assisted living)	OHCQ/Monthly/1 month lag

3.	Number of times civil money penalties assessed based on inspections completed (long term care and assisted living)	OHCQ/Monthly/1 month lag

Strategy C: Meet work plan requirements for inspections

1.	Number of DD licensing surveys completed monthly	OHCQ/Monthly/1 month lag
2.	Percentage of total DD surveys completed based on total licensed providers	OHCQ/Monthly/1 month lag
3.	Number of AL licensing surveys completed monthly	OHCQ/Monthly/1 month lag
4.	Cumulative percentage of total AL surveys completed based on total number of facilities with 17 or more beds	OHCQ/Monthly/1 month lag
5.	Cumulative percentage of total LTC surveys completed based on total licensed providers.	ACO/Monthly/1 month lag

MENTAL HEALTH

Key Outcomes

(Measures in yellow align with the Maryland State Health Improvement Process)

1. Mentally healthy days. CDC BRFSS/Annual/6 month lag
2. Number of Suicides. VSA/Annual/12 month lag

Maps

1. Self-report of mentally healthy days by county. BRFSS/Annual/6 month lag
2. Suicide rate by county. VSA/Annual/6 month lag

Goals:

To promote positive mental health in Maryland.

To support recovery and resilience among adults, children and youth with a mental health condition.

To improve the quality of mental health treatment services.

Strategy A: Increase the number of individuals who participate in mental health promotion and awareness activities

1.	Number of individuals trained in mental health first aid. #	MHA/Monthly/1 month lag
2.	Marylanders reached through the Children's Mental Health Matters campaign.	MHA/Monthly/1 month lag
3.	Followers on the @DHMH_MHA Twitter account	Monthly/Monthly/No lag

Strategy B: Monitor access to mental health services

1.	Number of unique Medical Assistance recipients in the public health system during the month	VO/Monthly/1 month lag
2.	Number of individuals assisted with benefit applications using SOAR process during the month#	MHA/Monthly/1 month lag
3.	Number of unique individuals using tele-mental health services during the month*#	MHA/Monthly/3 month lag

Strategy C: Promote effective outcomes by offering the appropriate level of service in the least restrictive setting

1.	Number of unique adults with serious mental illness who have authorizations for community mental health services within the month	VO/Monthly/1 month lag
2.	Number of children with serious emotional disturbances who have authorizations for community mental health services within the month	VO/Monthly/1 month lag
3.	Number of adults with SMI who are authorized to receive services in the PMHS year to date	VO/Monthly/1 month lag
4.	Number of children with SED who are authorized to receive services in the PMHS year to date	VO/Monthly/1 month lag
5.	Number of unique youth receiving targeted case management to maintain tenure outside of institutions during the month	VO/Monthly/1 month lag
6.	Number of unique youth receiving wraparound services to maintain tenure outside of institutions during the month	MHA/ Monthly/ 1 month lag
7.	State psychiatric inpatient hospital bed day usage during the month	MHA/ Monthly/ 1 month lag
8.	Public pay community hospital bed day usage during the month	MHA/ Monthly/ 1 month lag
9.	State RICA RTC bed day usage during the month	
10.	Private RTC usage during the month	MHA/ Monthly/ 1 month lag

Strategy D: Improve outcomes in the public mental health system

1.	Percentage of adults in public mental health system who report being employed in last interview during the preceding 12 months*	OMS/Monthly/1 month lag
2.	Percentage of people receiving supported employment services who are employed*	MHA/quarterly/90 day lag
3.	Percentage of children and adolescents in public mental health system who report problems with school attendance in last six months, based on most recent interview during the preceding 12 months*	OMS/Monthly/1 month lag
4.	Percentage of children and adolescents in public mental health system who report being suspended in last six months, based on most recent interview during the preceding 12 months*	MOMSHA/Monthly/1 month lag
5.	Percentage of adults in public mental health system who report being satisfied with their recovery, based on most recent interview during preceding 12 months*	OMS/Monthly/1 month lag
6.	Percentage of children and adolescents in public mental health system who are hopeful about the future, based on most recent interview during the preceding 12 months*	OMS/Monthly/1 month lag

Strategy E : Increase independent living situations for individuals served in the public mental health system

1.	Percentage of adults in the public mental health system who report living independently, based on most recent interview in last 12 months*	OMS/Monthly/1 month lag
2.	Percentage of adolescents in the public mental health system who report living independently, based on most recent interview in last 12 months*	OMS/Monthly/1 month lag
3.	Percentage of adults in the public mental health system who being homeless in last six months, based on most recent interview in last 12 months*#	OMS/Monthly/1 month lag
4.	Percentage of adolescents in the public mental health system who being homeless in last six months, based on most recent interview in last 12 months*#	OMS/Monthly/1 month lag

5.	Number of DHCD-financed affordable rental units available to individuals with disabilities with incomes at or below 30 percent of area median income. This data will be available for the first time in Spring 2012.	DHCD/Fiscal year/60 day lag
4.	Number of persons receiving Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) who were awarded a Section 8 Housing Choice voucher or who occupied public housing.	M-DOD/ Fiscal year/120 day lag g

Strategy F: Expand use of evidence-based and promising practices

1.	Number of unique individuals served by supported employment and assertive community treatment during the month*#	MHA/Quarterly/90 day lag
2.	Wraparound fidelity index caregiver score	MHA/Semi-annual/90 day lag
3.	Wraparound fidelity index youth score	MHA/Semi-annual/90 day lag
4.	Wraparound fidelity index team member score	MHA/Semi-annual/90 day lag

Million Hearts

Key Outcomes

Goals:

Improve hypertension control.

Improve diabetes control.

Reduce cardiovascular mortality.

1. Rate of hypertension-related emergency department visits per 100,000. HSCRC/Annual/9 months lag
2. Rate of diabetes-related emergency department visits per 100,000. HSCRC/Annual/9 months lag
3. Rate of deaths due to heart disease per 100,000. Vital Statistics/Annual/9 months lag
4. Percentage of High Blood Pressure control among Medicaid recipients. HEDIS/Annual/10 months lag
5. Percentage of Comprehensive Diabetes Care among Medicaid recipients. HEDIS/Annual/10 months lag

Maps

1. Cardiovascular deaths by census tract. Vital Statistics/Annual/9 month lag
2. Hypertension-related emergency department visits by jurisdiction. HSCRC/Annual/9 month (Proposed map. Availability TBD)
3. Diabetes-related emergency department visits by jurisdcition. HSCRC/Annual/9 month (Proposed map. Availability TBD)

Strategy A: Encourage comprehensive employee health management that prioritizes hypertension and diabetes through Healthiest Maryland Businesses.

1.	Number of businesses participating in Healthiest Maryland Program	OCDP/Monthly/14 day lag
2.	Number of employees in Healthiest Maryland Businesses	OCDP/Monthly/14 day lag

Strategy B: Improve hypertension and diabetes outcomes through comprehensive medication therapy management through the Maryland Patients, Pharmacists, and Partnerships (P3)

1.	Percentage of patients in the P3 Program	OCDP/Quarterly/1 month lag
2.	Percentage of patients with hypertension control	OCDP/Quarterly/1 month lag

Strategy C: Improve hypertension and diabetes outcomes through comprehensive medication therapy management through the Maryland Patients, Pharmacists, and Partnerships (P3)

1.	Number of patients in the Healthy Hearts for Marylanders program	OCDP/Quarterly/1 month lag
2.	Percentage of patients with hypertension control	OCDP/Quarterly/1 month lag

NUTRITION

Key Outcomes

Goals:

Reduce hunger.

Reduce obesity.

Eliminate disparities in nutrition.

1. Childhood obesity among low-income 2-5 year olds (BMI> 95th percentile).*# PedNSS/Annual/9 month lag
2. Teen obesity (BMI>95th percentile).*# MYTS/Biennial/18 month lag
3. Percentage of adults at a healthy weight.*# BRFSS/Annual/6 month lag
4. Percentage of women with a healthy pre-pregnancy weight (BMI 18.5-24.9).* PRAMS/Annual/11 month lag
5. Percentage of youth who consume 5 or more fruits/vegetables daily.* YRBSS/Biannual/12 month lag
6. Percentage of adults who consume 5 or more fruits or vegetables each day.*# BRFSS/Annual/6 month lag
7. Percentage of households reporting "low" or "very low" food security.* CPS/Annual/18 month lag
8. Breastfeeding rate at 8 weeks of age. PRAMS/Annual/11 month lag
9. Maryland - mPINC birthing facilities composite quality practice score. CDC/Biennial/18 month lag
10. Maryland - mPINC birthing facilities composite rank. CDC/Biennial/18 month lag

Maps

1. Childhood obesity among low-income 2-5 year olds, by county. PedNSS/Annual/9 month lag
2. Percentage of obese adults by county. BRFSS/Annual/6 month lag
3. Percentage of adults consuming fewer than 5 servings of fruits or vegetables per day by county. BRFSS/Annual/6 month lag

Strategy A: Increase breastfeeding rate

1.	Maryland WIC rate of breastfeeding at six months of age	WIC/Quarterly/4 month lag

Maryland Hospital Breastfeeding Policy Recommendations:

Milestone	Date of Completion	Status
Phase I		
1. Form breastfeeding Workgroup with DHMH.		Complete
2. Outline draft recommendations.		Complete
3. Convene stakeholders.		Complete
4. Open draft recommendations & process to public comment.	Feb 12	
5. DHMH Leadership approval final recommendations.	May 12	
Phase II		
1. Distribute official recommendations to hospitals.	Jun-12	
2. Request hospital policies for Quality Improvement assessment.	Oct-12	
3. Rank hospitals by Quality Improvement score & consider legislation.	Jan-13	

Strategy B: Increase healthy food access for families

1.	Number of WIC vendors#	WIC/Quarterly/3 month lag
2.	Number of stores participating in Healthy Stores Program	OCDP/Quarterly/3 month lag

Strategy C: Increase consumption of healthy food

1.	Percentage of WIC fruit and vegetable checks redeemed#	WIC/Monthly/2 month lag

Strategy D: Support participation in supplemental food programs

1.	Women- WIC participation	WIC/Monthly/2 month lag
2.	Infants- WIC participation	WIC/Monthly/2 month lag
3.	Children- WIC participation	WIC/Monthly/2 month lag
4.	Total WIC participation*#	WIC/Monthly/2 month lag
5.	Total WIC participation coverage rate — Participation divided by assigned caseload#	WIC/Monthly/2 month lag
6.	Number of WIC referrals to other supplemental food programs	WIC/Monthly/2 month lag

WIC - Voter Registration:

1.	Number of households applying for benefits	WIC/Monthly/2 month lag
2.	Number of households currently registered to vote	WIC/Monthly/2 month lag
3.	Number of households not interested in information	WIC/Monthly/2 month lag
4.	Number of households with Other response	WIC/Monthly/2 month lag
5.	Number of households given form to take home	WIC/Monthly/2 month lag
6.	Number of households provided assistance in clinic	WIC/Monthly/2 month lag

SPECIAL SERVICES

Key Outcomes

1. Total births reported.*# VSA/Quarterly/3 month lag
2. Total deaths reported.*# VSA/Quarterly/3 month lag
3. Total number of deaths investigated. OCME/Quarterly/3 month lag.

Goals:

Provide excellent customer services.

Register births, deaths, and fetal deaths in a timely manner.

Investigate certain deaths of unknown cause.

Strategy A: Promote timely registration of births, deaths, and fetal deaths

1.	Percentage of Maryland births registered within 72 hours	VSA/Monthly/2 month lag
2.	Percentage of Maryland deaths registered within 72 hours of death	VSA/Monthly/2 month lag

Strategy B: Support timely issuance of copies of birth, death, and marriage certificates, and divorce certifications.

1.	Percentage of mailed requests for verifications that are processed within 10 days of receipt if electronic format, or 20 days if other format.	VSA/Biannual/1 month lag
2.	Percentage of in person requests for copies or verification that are processed within one hour if electronic format or three hours if other	VSA/Biannual/1 month lag

Strategy C: Ensure accuracy of certificate data

1.	Number of hospital medical record audits performed.*	VSA/Quarterly/1 month lag
2.	Percentage of changes made to records that were supported by documented evidence.*	VSA/Quarterly/1 month lag

STAFF AND PATIENT SAFETY

Goal:

Support a safe working environment for DHMH staff, residents, and patients.

Strategy A: Track Staff injury by Facility.

1.	Reported Staff injury by facility	IWIF/Monthly/1 month lag
2.	Staff injury leave by facility	IWIF/Monthly/1 month lag
3.	Patient injuries by facility	DHMH/monthly/1 month lag

Strategy B: Timely reporting of injuries.

1.	FROI To IWIF	IWIF/Monthly/1 month lag
	FROI LAG > 3 DAYS Total	IWIF/Monthly/1 month lag

Strategy C: Engage staff at each facility on safety.

Milestone	Date of Completion	Status
1. Develop Survey Questions.	Feb-12	
2. Administer Survey.	Mar-12	
3. Collect and Analyze Data.	Apr-12	
4. Report to StateStat.	May 12	

Strategy D: Improve safety training at all facilities.

Milestone	Date of Completion	Status
1. Develop RFP specifications for consultant.	Apr-12	
2. Issue RFP.	May-12	
3. Consultant Start Date.	Aug-12	
4. Final Recommendations.	Dec 12	

TOBACCO CONTROL

Key Outcomes

1. The proportion of adults who are currently smokers. CDC BRFSS/Annual/8 month lag
2. The percentage of underage high school students who use any kind of tobacco product. YRBS & YTS/Biennial/8 month lag
3. The proportion of underage middle school students who use any kind of tobacco product. YRBS & YTS/Biennial/8 month lag

Maps

1. The number of smokers calling the Tobacco Quitline, by county. Quitline/Monthly/1 month lag

Goals:

Reduce the prevalence of tobacco use in adults and youth.

Increase cessation efforts among adults, especially in high-risk populations.

Reduce initiation of and youth access to tobacco products.

Address disparities in tobacco use.

Strategy A: Reduce tobacco use prevalence among Maryland adults by providing free cessation services to residents through the Maryland Tobacco Quitline

1.	Number of registered callers to the Maryland Tobacco Quitline	Quitline/Monthly/1 month lag
3.	Number of registered pregnant women receiving services through the Maryland Tobacco Quitline	Quitline/Monthly/1 month lag
4.	Number of nicotine replacement therapy shipments (patch and gum) distributed to MD residents through the Maryland Tobacco Quitline	Quitline/Monthly/1 month lag

Strategy B: Reduce tobacco use among individuals with behavioral health disorders

1.	Percentage of adolescents (under 18) discharged from substance abuse treatment who used tobacco in the 30 days prior to admission	SMART/Monthly/30 day lag
2.	Percentage of adults discharged from substance abuse treatment who used tobacco in the 30 days prior to admission	SMART/Monthly/30 day lag
3.	Percentage of adolescents receiving mental health treatment who report smoking during their most recent interview	OMS/Monthly/30 day lag
4.	Percentage of adults receiving mental health treatment who report smoking during their most recent interview	OMS/Monthly/30 day lag

Strategy C: Reduce youth access to tobacco products through enforcement.

1.	No violations observed as determined by FDA** (Indicates the FDA has reviewed all inspection data collected and has determined that no violation/s were found)	ADAA/Monthly/90 Day lag
2.	Warning Letters issued by FDA** (Indicates the FDA has reviewed all inspection data collected and has determined that a violation was found, and issued a warning letter.)	ADAA/Monthly/390 Day lag

Strategy D: Cigar Use Prevention Project.

Milestone	Date of Completion	Status
1. Develop electronic template for kits tailored to parents and other adults working with youth.	Mar-12	
2. Roll out electronic template to different regions of the state	Sep-12	
3. Compile number of organizations/partners reached with emailed information statewide	Jun-13	

VETERANS

Goals:

Promote positive behavioral health for veterans and their families.

Promote enrollment of veterans in USVA health benefits.

Raise awareness about the availability of behavioral health services for veterans.

Key Outcomes

1. Number of veterans and family members linked to behavioral health services through the public mental health system. MCV/Monthly/1 month lag
2. Number of veterans linked to behavioral health services through VA health services. MCV/Monthly/1 month lag

Maps

1. Veterans linked to behavioral health services by county. MCV/Quarterly/1 month lag
2. Veterans and family members linked to non-behavioral health services by county. MCV/Quarterly/1 month lag

Strategy A: Increase the number of veterans connected to behavioral health services

1.	Number of referrals received from local health departments Begin 03/01/2012	MCV/Monthly/1 month lag
2.	Number of transports to maintain veterans in behavioral healthcare	MCV/Monthly/1 month lag

Strategy B: Develop MOUs with external partners

Milestone	Date of Completion	Status
1. Identify External Partners.	Nov-11	
2. Establish MOUs with Local Health Depts. (24)	Mar-12	
3. Establish UMD Behavioral Health Initiative MOU	Apr-12	

Strategy C: Link veterans and their families to services other than behavioral health

1.	Number of veterans linked to housing services	MCV/Monthly/1 month lag
2.	Number of veterans linked to medical services	MCV/Monthly/1 month lag
3.	Number of veterans linked to employment	MCV/Monthly/1 month lag

WASTE, FRAUD, AND ABUSE

Lead Outcome

1. Total dollars recovered. OIG/Monthly/1 month lag

Goal:

Reduce waste, fraud, and abuse in Maryland's Medicaid program.

Strategy A: Recover funds through global settlements

1.	Money recovered through global settlements	OIG/Monthly/1 month lag
2.	Total active global settlements	OIG/Monthly/1 month lag

Strategy B: Fight waste, fraud and abuse among Medicaid providers

1.	Number of cases identified by OIG of waste, fraud, and abuse of Medicaid providers	OIG/Monthly/1 month lag
2.	Money identified by OIG for recovery from waste, fraud and abuse of Medicaid providers	OIG/Monthly/1 month lag
3.	Actual recoveries by Medicaid for waste, fraud, and abuse from Medicaid providers	OIG/Monthly/2 month lag
4.	Subset of actual recoveries from Medicaid providers related to the False Claims Act	OIG/Monthly/2 month lag

Strategy C: Fight waste, fraud and abuse among Medicaid enrollees

1.	Number of cases identified by OIG of waste, fraud, and abuse of Medicaid enrollees	OIG/Monthly/1 month lag
2.	Money identified by OIG for recovery from waste, fraud and abuse of Medicaid enrollees	OIG/Monthly/1 month lag
3.	Actual recoveries by Medicaid for waste, fraud, and abuse from Medicaid enrollees	OIG/Monthly/1 month lag

Strategy D: Track cases and prosecution for waste, fraud and abuse

1.	Total number of active referrals waste, fraud, and abuse cases at the end of month	OIG/Monthly/1 month lag
2.	Number of active referrals waste, fraud, and abuse cases (at end of month) - MEDICAID PROVIDERS	OIG/Monthly/1 month lag
3.	Number of active referrals waste, fraud, and abuse cases (at end of month) - MEDICAID ENROLLEES	OIG/Monthly/1 month lag
4.	New cases referred for prosecution	OIG/Monthly/1 month lag
	New cases referred for restitution	OIG/Monthly/1 month lag
5.	Newly closed cases with no further action	OIG/Monthly/1 month lag