**ATTACHMENT E – SDOH Grantee Required Performance Measures Table**

*Instructions: In column 2, list your feasible FY 2026 annual targets.*

*Additional* ***performance measures*** *(items for which an annual target can be predicted) or* ***reportable results*** *(items where annal targets are less predictable due to variable community need) that are specific to your program design should be added to this list.*

***Submit this Attachment with the Project Narrative/Technical Proposal (Volume 1).***

|  |  |
| --- | --- |
| **Required Program Components** | **FY 2026 Proposed** |
| # Of encounters (individuals touched, in person encounters only. Website hits, email blasts, twitter views, etc. should be reported elsewhere.) |  |
| # Of engagements (individuals providing information to the program and receiving information from the program) |  |
| # Of newly enrolled individuals in the program |  |
| # of individuals completing social needs assessment |  |
| # of individuals referred to one or more social needs services |  |
| # of individuals completing one or more social needs referrals |  |
| # Of individuals who Completed follow up |  |
| # Of individuals Who Completed Exit Survey |  |

|  |  |
| --- | --- |
| **Optional Direct Service: Housing** | **FY 2026 Proposed** |
| # of individual receiving direct housing services |  |

|  |  |
| --- | --- |
| **Optional Direct Service: Food/Nutrition Deficiencies** | **FY 2026 Proposed** |
| # Of individuals receiving direct food services |  |
| **Optional Direct Service: Transportation Needs** | **FY 2026 Proposed** |
| # Of individuals receiving direct transportation services |  |

|  |  |
| --- | --- |
| **Optional Direct Service: Primary Care Access** | **FY 2026 Proposed** |
| # Of individuals receiving direct primary care services |  |

|  |  |
| --- | --- |
| **Optional Direct Service: Job opportunity services** | **FY 2026 Proposed** |
| # Of individuals receiving direct job opportunity services |  |

|  |  |
| --- | --- |
| **Optional Direct Service: Violence Reduction** | **FY 2026 Proposed** |
| # Of individuals receiving direct violence reduction services |  |

|  |  |
| --- | --- |
| **Optional Direct Service: Education** | **FY 2026 Proposed** |
| # Of individuals receiving direct education services |  |

|  |  |
| --- | --- |
| **Optional Direct Service: Obesity** | **FY 2026 Proposed** |
| # of individuals who enroll in direct obesity service program |  |
| # of individuals who reduce caloric intake |  |
| # of individuals who increase physical activity |  |
| # Of individuals who experience decrease in BMI |  |
| # Of individuals who maintain weight loss for 60 days |  |
| # Of individuals who maintain weight loss for 90 days |  |
| # Of individuals who maintain weight loss for 180 days |  |

Applicant can download fillable forms from the MHHD website at [MHHD Grant Documents](https://health.maryland.gov/mhhd/Pages/MHHD-Grant-Documents.aspx)