**ATTACHMENT D – MOTA Grantee Required Performance Measures Table**

**Complete this attachment for the focus area of your application.**

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

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

**Cardiovascular Diseases**

|  |  |
| --- | --- |
|  | **FY 2025 Proposed** |
| # Of encounters (individuals touched) |  |
| # Of engagements (Individuals with whom information was exchanged) |  |
| # Of individuals enrolled in cardiovascular prevention or management program |  |
| # Of individuals who experienced improvement (lower BMI, lower blood pressure, lower cholesterol, lower blood sugar or A1c, stopped smoking, better diet, more exercise, better sleep, lower stress depending on program design) |  |
| # Of individuals who maintained improvement for 60 days, 90 days, 180 days |  |
| # Of individuals linked to healthcare professional |  |
| # Of individuals who completed exit survey |  |

**Mental Health**

|  |  |
| --- | --- |
| # Of encounters (individuals touched) |  |
| # Of individuals that expressed interest in mental health services/resources |  |
| # Of individuals Linked/referred to mental health services |  |
| # Of unduplicated (newly enrolled) individuals enrolled in the mental health services |  |
| # Of individuals who Completed 60 days, 90 days, 120 days, 180 days in services |  |
| # Of individuals who expressed improvement of mental health concerns at treatment end |  |
| # Of individuals Who Completed Exit Survey |  |

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

**Cancer**

|  |  |
| --- | --- |
|  | **FY 2025 Proposed** |
| # Of Encounters (individuals touched) |  |
| # Of Engagements (Individuals with whom information or services were exchanged) |  |
| # Of individuals linked to Health Care Professional or FQHC (Federally Qualified Health Center) for screening |  |
| # Of unduplicated (newly enrolled) Individuals in the Program |  |
| # Of individuals who completed 60 days, 90 days, 120 days of programming |  |
| # Of individuals who exhibited greater knowledge of cancer prevention, education, and services at program completion |  |
| # Of individuals who completed exit survey |  |

**Obesity/Diabetes**

|  |  |
| --- | --- |
| # Of encounters (individuals touched) |  |
| # Of engagements (Individuals with whom information was exchanged) |  |
| # Of individuals enrolled in weight loss or diabetes program |  |
| # Of individuals who experienced decrease in BMI (if applicable) |  |
| # Of individuals who maintained weight loss for 60 days, 90 days, 180 days |  |
| # Of individuals linked to healthcare professional |  |
| # Of individuals who completed exit survey |  |

**Pregnancy Outcomes and Birth Outcomes**

|  |  |
| --- | --- |
| # Of Encounters (individuals touched) |  |
| # Of Engagements (individuals with whom information or services were exchanged) |  |
| # Of individuals linked to Health Care Professional or FQHC (Federally Qualified Health Center) |  |
| # Of unduplicated (newly enrolled) individuals in the Program |  |
| # Of individuals who completed programming within 90 days |  |
| # Of individuals who successfully completed training (i.e., prenatal care, breastfeeding, parenting, nutrition etc.) |  |
| # Of individuals who completed exit survey |  |