Performance Audit Report

# Managing for Results
# Performance Measures

## Health
## Department of Health and Mental Hygiene
## Maryland State Department of Education

February 2011

**OFFICE OF LEGISLATIVE AUDITS**
DEPARTMENT OF LEGISLATIVE SERVICES
MARYLAND GENERAL ASSEMBLY

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**DEPARTMENT OF LEGISLATIVE SERVICES**
OFFICE OF LEGISLATIVE AUDITS
MARYLAND GENERAL ASSEMBLY

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February 4, 2011

Delegate Guy J. Guzzone, Co-Chair, Joint Audit Committee
Senator James C. Rosapepe, Co-Chair, Joint Audit Committee
Members of Joint Audit Committee
Annapolis, Maryland

Ladies and Gentlemen:

We conducted a performance audit to determine the accuracy of selected Managing for Results (MFR) performance measure data reported in the Maryland fiscal year 2011 operating budget request. We also determined whether adequate control systems were in place for collecting, summarizing, and reporting the performance measure data.

As requested by the chairmen of the legislative budget committees, we are systematically auditing the results of the 62 MFR measures contained in the 2005 *Managing for Results - State Comprehensive Plan*, which was produced by the Department of Budget and Management. This audit is the fourth to be conducted on the 62 measures and focuses on the data reported for the 13 measures contained within the Health portion of the *State Comprehensive Plan*. The Department of Health and Mental Hygiene (DHMH) was responsible for reporting these results for 12 measures and the Maryland State Department of Education (MSDE) was responsible for reporting the results for the remaining measure. A list of the 62 MFR measures is contained in Exhibit 3 of this report.

As a result of our audit, we have classified each of the 13 measures as either Certified, Certified with Qualification, Inaccurate, or Factors Prevented Certification as noted in the chart on the next page. These designations are further described in Exhibit 2. Three of the 13 measures included multiple sub-measure results that were separately evaluated before a conclusion was drawn regarding the certification level for the measure as a whole. If sub-measures within a given measure had differing certification results, we concluded on

the overall certification level for the measure by considering the various sub-measure certification levels and the significance of any variances. The audit results for the 13 measures are as follows:

| Level of Certification | | | | |
|---|---|---|---|---|
| **Certified** | **Certified with Qualification** | **Inaccurate** | **Factors Prevented Certification** | **Performance Measures Audited (See Exhibit 1)** |
| 4 | 4 | - | 5 | 13 |

The primary factor contributing to our inability to certify five measures was that DHMH was not adequately ensuring that supporting data used to calculate the measures were complete and accurate. In addition, for two of the measures that we could not certify, the contractors responsible for calculating the measures were not independent since they also provided services related to their respective measures.

An executive summary of our findings can be found on page 4, and our audit scope, objectives, and methodology are explained on page 15. The responses from DHMH and MSDE to this audit are included as appendices to this report. We wish to acknowledge the cooperation extended to us by DHMH and MSDE during the audit.

Respectfully submitted,

Bruce A. Myers, CPA
Legislative Auditor

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# Executive Summary

## Background Information

In July 1997, the Governor implemented the Managing for Results (MFR) initiative, which is a strategic planning process used by department leaders and others to establish direction and priorities for State programs to achieve meaningful results. MFR requires State agencies to submit missions, goals, objectives, and performance measures for each program as part of the annual budget request. This information may then be considered in determining Statewide spending priorities and the allocation of resources in agency budgets. Effective July 1, 2004, the MFR process was established in State law, with the Department of Budget and Management (DBM) as the lead agency for developing a State comprehensive plan for MFR. The resultant 2005 *Managing for Results - State Comprehensive Plan* categorized MFR goals into five functional areas, referred to as pillars, which contained a total of 62 measures.

As requested by the chairmen of the legislative budget committees, we are systematically auditing these 62 measures. This audit is the fourth to be conducted pursuant to this request and focuses on the certain data reported by the Department of Health and Mental Hygiene (DHMH) and the Maryland State Department of Education (MSDE) in the Maryland fiscal year 2011 operating budget request. The categories of performance certification are explained in Exhibit 2 of this report, and a list of the 62 MFR measures is contained in Exhibit 3. Exhibit 4 references the first three MFR audit reports issued by our Office, which collectively covered 21 measures in the Public Safety and Safer Neighborhoods, Education, and Fiscal Responsibility portions of the *State Comprehensive Plan*.

## Conclusions

We concluded that, for the 13 measures tested, 4 were Certified, 4 were Certified with Qualification, and 5 were designated as Factors Prevented Certification. These results are further described in the Findings section of this report.

## Recommendations

The following detailed recommendations are among those we made to DHMH and MSDE to help strengthen the quality control processes and improve reporting for the measures we audited.

- Establish procedures to ensure that all relevant data are included in the measure calculation and that the data, including data obtained from third parties, are reasonably accurate and complete.
- Ensure that third parties involved in data collection are sufficiently independent.
- Establish and follow clear written definitions for all measures.

# Findings

| Certification Results | | | | |
|---|---|---|---|---|
| **Agency, Program Name and Budget Reference[1]** | **Performance Measure (See Exhibit 1 for Definitions)** | **Results Reported** | **Level of Certification (See Exhibit 2)** | **Comments / Causes** |
| **Department of Health and Mental Hygiene Family Health Administration** Book 2, Page 167 | Infant mortality rate for all races (per 1,000 live births) | Calendar Year 2008<br><br>8.0 | Certified | |
| | Rate of live births to adolescents between 15 and 19 years of age (per 1,000 women) | Calendar Year 2008<br><br>32.7 | Certified | |

[1] Reference cited is the Maryland fiscal year 2011 operating budget request.

| Certification Results | | | | |
|---|---|---|---|---|
| **Agency, Program Name and Budget Reference[1]** | **Performance Measure (See Exhibit 1 for Definitions)** | **Results Reported** | **Level of Certification (See Exhibit 2)** | **Comments / Causes** |
| **DHMH Family Health Administration** Book 2, Page 167 | Number of children under 6 years of age with elevated blood lead levels (≥10ug/dl) | Calendar Year 2008<br><br>713 | Factors Prevented Certification | The DHMH – Family Health Administration (FHA) did not perform any evaluation or verification of the data received from the Maryland Department of the Environment (MDE) that was used to determine the performance measure. Also, MDE did not perform an independent verification of the completeness and reliability of the blood lead data compiled in its tracking system. Consequently, there was no assurance that the data used by FHA to determine the performance measure was complete and reliable. Specifically, no process was in place to ensure that blood lead data for all children under 6 years of age were collected.<br><br>FHA obtained the data for blood lead results from MDE's Childhood Lead Registry (CLR). However, MDE did not ensure that it had obtained data for all eligible children for the CLR. For example, MDE provided CLR data to the State Medicaid unit to match against Medicaid's data records since children on Medicaid are required to receive blood lead testing. Using this data, Medicaid annually provides MDE with a detailed listing of children ages 0 to 18 years of age receiving blood lead testing per the Medicaid records that were not included in MDE's CLR. The listing of calendar year 2008 data noted 11,696 children that were on the Medicaid records for blood lead testing but were not included in the CLR. While we were unable to readily determine how many of these children were under 6 years of age and had elevated blood levels, the fact these children were not in the CLR is an indication that the records used to calculate this measure were not complete. MDE personnel informed us that they did not use the Medicaid information to ensure the CLR was accurate and complete. The CLR included approximately 119,000 children less than 19 years of age tested for blood lead during calendar year 2008. |

[1] Reference cited is the Maryland fiscal year 2011 operating budget request.

| Certification Results | | | | |
|---|---|---|---|---|
| **Agency, Program Name and Budget Reference[1]** | **Performance Measure (See Exhibit 1 for Definitions)** | **Results Reported** | **Level of Certification (See Exhibit 2)** | **Comments / Causes** |
| **DHMH Family Health Administration** Book 2, Page 177 | Cumulative percent change from the calendar year 2000 baseline for underage high school students smoking cigarettes | Calendar Year 2008 -33.5% | Certified with Qualification | FHA had not verified the third-party data used to calculate the measure. FHA calculated the measure from the 2008 Maryland Youth Tobacco Survey, which was administered and prepared by a third-party contractor. However, FHA did not verify to source documents (that is, the survey documents) the third-party data used to calculate the performance measure. Nevertheless, we were able to determine that the reported result was reasonably accurate. |
| Book 2, Page 174 | Overall cancer mortality rate per 100,000 persons (age adjusted to 2000 U.S. Standard Population[2]) | Calendar Year 2008 180.6 | Certified | . |

[1] Reference cited is the Maryland fiscal year 2011 operating budget request.

[2] Age-adjustment is the process used to compare rates over time, or among geographic areas or populations that have different age distributions. Because most disease rates increase tremendously with increasing age, age-adjustment eliminates the confounding effect of age when comparing rates. This is a standard methodology used by all major cancer programs, including the National Cancer Institute and the Centers for Disease Control and Prevention (CDC).

| Certification Results | | | | |
|---|---|---|---|---|
| **Agency, Program Name and Budget Reference[1]** | **Performance Measure (See Exhibit 1 for Definitions)** | **Results Reported** | **Level of Certification (See Exhibit 2)** | **Comments / Causes** |
| **DHMH Infectious Disease and Environmental Health Administration** Book 2, Page 157 | Percent change in number of new HIV cases from calendar year 2007 baseline | Calendar Year 2008 -2.0% | Certified with Qualification | DHMH's Infectious Disease and Environmental Health Administration (IDEHA) is responsible for conducting site reviews to determine if local health departments are adequately monitoring medical providers to ensure that new HIV cases are accurately reported, as required. Although we confirmed that IDEHA was conducting site reviews of the local health departments, IDEHA did not document the results of the site reviews as it relates to the measure. These site reviews are part of the quality control procedures to help ensure the accuracy of the number of HIV cases. Nevertheless, we were able to determine that the reported result was reasonably accurate. |
| Book 2, Page 156 | Rate of primary/secondary syphilis incidence (cases per 100,000 population) | Calendar Year 2008 6.7 | Certified with Qualification | IDEHA lacked a sufficient quality control process to ensure that syphilis cases were correctly reported. Specifically, adequate data were not always reported by one local health department to verify whether the reported cases met the criteria for inclusion in the measure. For 14 of the 29 cases with positive results selected for testing, insufficient information was reported to determine whether the positive test result should be included in the performance measure. (The 14 cases were all from the one local health department that did not report detailed data about the positive test results.) Since not all positive test results are included[3], local health departments need to provide case details (such as symptoms, test dates) to enable IDEHA to determine which cases should be included in the measure. Information subsequently obtained from this one local department demonstrated that the 14 cases were properly counted. As a result, we determined that the reported result was reasonably accurate. According to DHMH records, for calendar year 2008, there were 1,089 positive syphilis tests, of which 378 were classified as primary and secondary. |

[1] Reference cited is the Maryland fiscal year 2011 operating budget request.

[3] There are four stages of syphilis: primary, secondary, latent and late. This performance measure only considers the rate of primary and secondary syphilis cases, in which symptoms usually appear from 10 days to 10 weeks after infection.

| Certification Results | | | | |
|---|---|---|---|---|
| **Agency, Program Name and Budget Reference[1]** | **Performance Measure (See Exhibit 1 for Definitions)** | **Results Reported** | **Level of Certification (See Exhibit 2)** | **Comments / Causes** |
| **DHMH Infectious Disease and Environmental Health Administration**<br>Book 2,<br>Page 156 | Percent of Maryland children fully immunized by 24 months of age | Calendar Year 2008<br><br>80% | Certified | |
| Book 2,<br>Page 160 | Number of reported cases of vaccine preventable communicable diseases<br><br>Hepatitis A<br>Hepatitis B<br>Measles<br>Mumps<br>Pertussis<br>Polio<br>Rubella<br>Human Rabies<br>Tetanus | Calendar Year 2008<br><br><br><br>44<br>85<br>0<br>10<br>164<br>0<br>0<br>0<br>0 | Factors Prevented Certification | Sufficient procedures did not exist to ensure all cases of vaccine preventable communicable diseases were reported. For example, no process was in place to ensure that all confirmed hepatitis B cases were reported. In this regard, we noted that 2 of the 20 positive Hepatitis B tests that we selected at the Laboratories Administration were not investigated by a local health department to determine whether the cases should have been included in the number of reported cases.<br><br>Also, we noted 2 of the 21 cases of pertussis detected by the Laboratories Administration were not included in the reported number.<br><br>Furthermore, no formal data definition had been adopted for this measure and submitted to DBM. DHMH advised us that it followed the definition for these diseases that was issued by the CDC. |

[1] Reference cited is the Maryland fiscal year 2011 operating budget request.

| Certification Results | | | | |
|---|---|---|---|---|
| **Agency, Program Name and Budget Reference[1]** | **Performance Measure (See Exhibit 1 for Definitions)** | **Results Reported** | **Level of Certification (See Exhibit 2)** | **Comments / Causes** |
| **DHMH Developmental Disabilities Administration**<br>Book 2,<br>Page 251 | Percent of Developmental Disabilities Administration Community Service respondents to the "Ask ME!"survey who expressed satisfaction with:<br><br>Physical well-being<br><br>Personal development<br><br>Self-determination | Fiscal Year 2009<br><br>95.0%<br><br>84.0%<br><br>80.5% | Factors Prevented Certification | Independence was lacking over the gathering and processing of the "Ask ME!" survey data, which are used to calculate the performance measure. The contractor responsible for administering the survey was affiliated with 10 service providers that were caregivers to 27 percent of the approximately 13,000 adults (that is, individuals over 18 years of age) receiving community-supported services from the DHMH – Developmental Disabilities Administration (DDA) during fiscal year 2009. Specifically, the contractor was a not-for-profit organization whose local chapters were the service providers. In addition, for 18 percent of the approximately 1,200 individuals surveyed in fiscal year 2009, proxies (who were employed by the service provider giving care to the individual being surveyed) answered the survey questions on behalf of the surveyed individual. Furthermore, DDA did not perform an independent review of the survey methodology and the data collected and reported by the contractor to ensure the reliability of the data.<br><br>Due to the lack of independence in the gathering and processing of the survey data and the lack of an independent review by DDA, we could not rely on the survey data used for the measure. |

[1] Reference cited is the Maryland fiscal year 2011 operating budget request.

| Certification Results | | | | |
|---|---|---|---|---|
| **Agency, Program Name and Budget Reference[1]** | **Performance Measure (See Exhibit 1 for Definitions)** | **Results Reported** | **Level of Certification (See Exhibit 2)** | **Comments / Causes** |
| **DHMH Alcohol and Drug Abuse Administration** Book 2, Page 200 | Percent of patients with substance use decrease upon exiting substance abuse treatment<br><br>Adolescents<br>Adults | Fiscal Year 2009<br><br>81%<br>79% | Factors Prevented Certification | Documentation of the results reported by treatment centers was lacking, and DHMH's data verification procedures were inadequate. Our test of 26 cases where adults completed substance abuse treatment and were reported to be free from substance abuse disclosed that, for 25 cases, documentation in the treatment centers' patient files was lacking to support certain critical attributes used to calculate the measure. In addition, our test of 28 cases of adolescents completing substance abuse treatment and who were reported to be free from substance abuse disclosed that, for 24 cases, documentation for certain critical attributes was also lacking. Examples of missing documentation include the level of an individual's substance abuse at the completion of treatment, date of admission into treatment, and date of discharge from treatment. Without complete documentation, there is no assurance that the calculated result for the measure is reliable. According to DHMH records, 1,952 adolescents and 15,523 adults were admitted to State-funded treatment centers during fiscal year 2009.<br><br>Additionally, the measure description was not consistent with the methodology used to calculate the measure results. The measure description indicates the measurement of the decrease in substance use after a patient exits a treatment program; however, the calculation actually measures the percent of patients who are drug free after exiting a treatment program, as intended.<br><br>Furthermore, the methodology used by Alcohol and Drug Abuse Administration (ADAA) to audit the records of State-funded substance abuse treatment centers to verify the reported data provided the center with advanced information about the patient records to be audited. To ensure the integrity of the audit process, treatment centers should not be given advance notice of the patient records to be reviewed. |

[1] Reference cited is the Maryland fiscal year 2011 operating budget request.

| Certification Results | | | | |
|---|---|---|---|---|
| **Agency, Program Name and Budget Reference[1]** | **Performance Measure (See Exhibit 1 for Definitions)** | **Results Reported** | **Level of Certification (See Exhibit 2)** | **Comments / Causes** |
| **DHMH Mental Hygiene Administration** Book 2, Page 205 | Percent of adults who report mental health services have allowed them to deal more effectively with daily problems | Fiscal Year 2009<br><br>80% | Factors Prevented Certification | A lack of independence existed over the processing of survey data used to calculate the measure; source documentation did not exist; and there was no audit of the survey controls and quality control documentation.<br><br>The contractor that administered the survey also performed other duties for the DHMH – Mental Hygiene Administration (MHA) that affected the outcome of mental health care services to consumers. For example, the contractor was responsible for referring consumers to mental health care providers and authorizing mental health care services for MHA consumers. In addition, MHA did not review the survey methodology and quality control procedures of the contractor. In this regard, MHA did not determine how the contractor verified survey data, which were collected via telephone interviews. |

[1] Reference cited is the Maryland fiscal year 2011 operating budget request.

| Certification Results | | | | |
|---|---|---|---|---|
| **Agency, Program Name and Budget Reference[1]** | **Performance Measure (See Exhibit 1 for Definitions)** | **Results Reported** | **Level of Certification (See Exhibit 2)** | **Comments / Causes** |
| **Maryland State Department of Education Division of Rehabilitation Services** Book 3, Page 43 | Number of people with disabilities who achieved successful employment through assistance by the Department of Education's Disability Rehabilitation Services rehabilitation programs | Federal Fiscal Year 2009<br><br>2,309 | Certified with Qualification | Verifications were not always performed to establish the achievement of successful employment by consumers of the Maryland State Department of Education (MSDE) – Division of Rehabilitation Services (DORS). Specifically, our review noted that documentation supporting the achievement of successful employment (for example, pay stubs) was not present in the DORS records for 7 of the 29 consumers tested. Our subsequent audit work established that successful employment had occurred for these 7 consumers. The lack of adequate verifications could result in DORS improperly reporting a consumer as having achieved successful employment. Nevertheless, we were able to determine that the reported result was reasonably accurate. |

[1] Reference cited is the Maryland fiscal year 2011 operating budget request.

# Scope, Objectives, and Methodology

## Scope

Under the authority of the State Government Article, Section 2-1221 of the Annotated Code of Maryland, we conducted an audit of selected performance measure results reported in the Maryland fiscal year 2011 operating budget request. The audit was performed in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

As requested by the chairmen of the legislative budget committees, we are systematically auditing the performance measures from the 2005 *Managing for Results - State Comprehensive Plan* produced by the Department of Budget and Management (DBM). This Plan included 62 performance measures categorized into five functional areas referred to as pillars.[4] This audit is the fourth to be conducted pursuant to this request and focuses on the 13 performance measures from the Health functional area as reported by DBM in its *Managing for Results Annual Performance Report*.

## Objectives

The objectives of our audit were (1) to determine whether the most recent actual measurement results for the selected performance measures were accurately reported in the Maryland fiscal year 2011 operating budget request, and (2) to determine whether adequate control systems existed over the collection and reporting of the data related to the measurement results. Our performance audit did not include an assessment of whether the performance measures reviewed were consistent with the goals and objectives of the related programs, or were meaningful indicators of program performance.

## Methodology

To accomplish our objectives, we interviewed Department of Health and Mental Hygiene (DHMH) and Maryland State Department of Education (MSDE) personnel responsible for collecting and reporting the measure data, reviewed performance measure calculations for accuracy, reviewed the data collected and reported for the performance measures, and determined whether the calculations

[4] DBM reissued the *State Comprehensive Plan* in November 2009 with 98 performance measures categorized into six functional areas. The measures under this new *Plan* will generally be reported on by State agencies beginning with the fiscal year 2012 budget cycle.

and data were consistent with the definitions of the performance measures as noted in Exhibit 1. We also analyzed DHMH's and MSDE's performance measurement data collection and reporting activities to evaluate whether proper controls existed to ensure data integrity.

We developed a system to categorize the results of our audit of performance measures. The four categories represent varying levels of certification of the accuracy of the performance reported. The categories of performance certification are defined in Exhibit 2. If, during the course of our audit of a measure, we found circumstances that would require us to conclude that factors prevented certification of the measure, we did not perform additional audit work that may have disclosed other factors that might have adversely impacted the reported results.

Our fieldwork was conducted on site at DHMH and MSDE during the period from January 2010 to August 2010. The responses from DHMH and MSDE to our findings and recommendations appear as appendices in this report. As prescribed in State Government Article, Section 2-1224 of the Annotated Code of Maryland, we will advise DHMH and MSDE regarding the results of our review of their responses.

# Exhibit 1
# Definitions of the Health Performance Measures Audited



| Performance Measure | Definition[5] |
|---|---|
| **Infant mortality rate for all races (per 1,000 live births)** | Infant mortality is the death of a person from birth through one year of age. The infant mortality rate is calculated by dividing the number of infant deaths by the number of live births in the same year then multiplying by 1,000. Data for this measure are based on the Department of Health and Mental Hygiene's (DHMH) vital records system. |
| **Rate of live births to adolescents between 15 and 19 years of age (per 1,000 women**) | This measure is calculated by dividing the number of live births to mothers of ages 15 – 19 years (according to the DHMH vital records system) by the number of females of ages 15 – 19 years in the population in the same calendar year (according to the U.S. Census Bureau) and multiplying by 1,000. |
| **Number of children under 6 years of age with elevated blood lead levels (≥10ug/dl)** | The Maryland Department of the Environment's statewide Childhood Lead Registry (CLR) performs childhood blood lead surveillance for Maryland. The CLR is supposed to receive the reports of all blood lead tests done on Maryland children 0 to 18 years of age from the laboratories that perform the tests, as required by the Environment Article, Section 6-303 of the Annotated Code of Maryland. An elevated blood lead level is any level greater than or equal to 10 micrograms per deciliter. |

[5] The definitions are substantially derived from those provided to the Department of Budget and Management (DBM) in annual State agencies' Managing for Results budget submissions and DBM's *Managing for Results Annual Performance Report*. Additional information, such as data sources, was included in certain definitions in this exhibit for informational purposes. Also, certain definitions were shortened to enhance readability.

## Exhibit 1
## Definitions of the Health Performance Measures Audited



| Performance Measure | Definition |
|---|---|
| **Cumulative percent change from the calendar year 2000 baseline for underage high school students smoking cigarettes** | Data for the measure comes from biennial surveys administered by a contractor in the last quarter of the calendar year. Upon completion of survey administration, the survey results are then weighted (for example, by the enrollment of the school, number of classes selected and participating) and analyzed at both the jurisdiction and state levels to produce weighted estimates of the tobacco use behavior. A student who indicates they smoked during the past 30 days is considered a current smoker. The numerator for the measure is the weighted number of students that indicated that they had smoked a cigarette during the past 30 days and the denominator is the weighted number of students that responded to the question. Finally, the percentage change between calendar year 2000 and the current calendar year is calculated. |
| **Overall cancer mortality rate per 100,000 persons (age adjusted to 2000 U.S. Standard Population)** | The measure is calculated by dividing the number of deaths from cancer during a given year by the total Maryland population (of the same year), and multiplying by 100,000. The rate is then age adjusted, which is the process used to compare rates over time, or among populations that have different age distributions. Data are collected from death certificates and are recorded in the DHMH vital records system. |
| **Percent change in number of new HIV cases from calendar year 2007 baseline** | Data for the measure are obtained from health care entities (such as laboratories, health care facilities, and physicians) and recorded in the automated records of HIV diagnoses by the Infectious Disease and Environmental Health Administration. The measure is calculated by subtracting the number of HIV diagnoses for the baseline calendar year from the number of HIV diagnoses for each calendar year, dividing that result by the number of HIV diagnoses for the baseline calendar year and multiplying that result by 100. |

# Exhibit 1
# Definitions of the Health Performance Measures Audited



| Performance Measure | Definition |
|---|---|
| **Rate of primary/secondary syphilis incidence (cases per 100,000 population)** | The rate of primary and secondary syphilis is the annual measure of cases of recently acquired infectious syphilis standardized by population size. The measure is calculated by summing the total number of primary and secondary syphilis cases reported by the laboratories that performed the tests within a given year in Maryland, dividing by the population of Maryland for that year, and multiplying by 100,000. |
| **Percent of Maryland children fully immunized by 24 months of age** | The measure is determined by the National Immunization Survey administered by the Federal Centers for Disease Control (CDC) and Prevention. It provides on-going consistent data for analyzing vaccination levels among young children in the U.S. and disseminating this information to interested public health partners. |
| **Number of reported cases of vaccine preventable communicable diseases including hepatitis A, measles, mumps, pertussis** | This measure did not have a documented data definition. While there was no written definition for this measure, DHMH advised us that it followed the definitions for these diseases that were issued by the CDC. Data for this measure are based on reports received from the laboratories that performed the tests. The data are recorded into a national database maintained by the CDC. |

## Exhibit 1
## Definitions of the Health Performance Measures Audited



| Performance Measure | Definition |
|---|---|
| **Percent of Developmental Disabilities Administration (DDA) Community Service respondents of the "Ask ME!" survey who expressed satisfaction with physical well-being, personal development, and self-determination (reported separately)** | The "Ask ME!" survey is a quality of life survey administered to individuals DDA serves. The survey includes physical well-being, personal development and self-determination. This survey is administered based on random sampling of individuals served and is mandatory for each provider organization that serves more than 10 people and is administered on a four-year cycle for each provider. |
| **Percent of patients with substance use decrease upon exiting substance abuse treatment***<br><br>* See comment concerning this description on page 12 | The data comes from Maryland Alcohol and Drug Abuse Administration treatment programs; such data are entered into a DHMH automated system by employees at the applicable treatment centers. The measure is calculated by subtracting the number of patients using substances at completion of a substance abuse treatment program from the number of patients using substances at admission to the program then dividing by the number of patients using substances at admission to the program and multiplying by 100. |
| **Percent of adults who report mental health services have allowed them to deal more effectively with daily problems** | The Mental Hygiene Administration conducts annual telephone surveys of consumers' satisfaction with public mental health system (PMHS) services. The survey population consists of PMHS recipients for whom claims are received for services rendered in the 12 months prior to the survey. The sample is stratified by age, service type, and county of residence. Individuals are supposed to be selected randomly from among these groups. The measure is reported as a percentage and is calculated as the number of individuals who respond 'agree' or 'strongly agree' with the statement divided by the total number of individuals who respond to the survey. |

# Exhibit 1
# Definitions of the Health Performance Measures Audited



| Performance Measure | Definition |
|---|---|
| **Number of people with disabilities who achieved successful employment through assistance by the Department of Education's Disability Rehabilitation Services rehabilitation programs** | This measure shows the number of eligible individuals that achieve and successfully maintain employment as a result of services provided by the Department's Disability Rehabilitation Services programs. Data for this measure are obtained from an automated system used to maintain consumers' case information; such information is entered at career centers and employment centers that are managed by various State agencies (such as field offices for the aforementioned programs and the Department of Labor, Licensing and Regulation). A determination of "achieved an employment outcome" is defined by federal regulations. |

## Exhibit 2
## Categories of Performance Certification

| Category | Definition |
|---|---|
| **Certified** | Reported performance was reasonably accurate. |
| **Certified with Qualification** | Reported performance was reasonably accurate even though minor deficiencies were noted with the supporting documentation, controls were not sufficient, or the methodology used to calculate reported performance was not consistent with the measure definition. |
| **Inaccurate** | Reported performance differed significantly from actual performance; the calculation process was wrong, such as excluding data relevant to the calculation; or, as reported, the measure was misleading, such as failing to disclose the measure as a rate when applicable. |
| **Factors Prevented Certification** | Reported performance could not be verified, as documentation was unavailable, controls were not adequate to ensure the accuracy of the results, or results were not presented in a manner consistent with the performance measure description. |

# Exhibit 3
# Managing for Results – State Comprehensive Plan
# List of 62 Performance Measures in Plan



| Performance Area | |
|---|---|
| **Goal** | |
| **MFR Measure** | |
| **Public Safety and Safer Neighborhoods** | |
| Keeping Maryland communities safe – measured by | |
| 1 | Firearm homicide rate per 100,000 (calendar year) |
| 2 | Recidivism: Percent of offenders returned to Department of Public Safety and Correctional Services supervision for a new offense within one year of their release from the Division of Correction - all releases |
| 3 | Traffic fatality rate per 100 million miles traveled (calendar year) |
| Maintaining necessary security standards in correctional institutions – measured by | |
| 4 | Number of inmates who escape from all Division of Correction Facilities, Patuxent Institution, and Division of Pretrial Detention and Services facilities (in aggregate) |
| 5 | Total number of inmates who walk off from Division of Correction minimum security settings, prerelease or alternative confinement settings (in aggregate) |
| Providing effective rehabilitation and treatment services to offenders or substance abusers – measured by | |
| 6 | Percent of Proactive Community Supervision cases closed where the offender had satisfactorily completed substance abuse treatment programs |
| Preventing youth violence, alcohol and substance abuse – measured by | |
| 7 | Violent offense arrest rate for youths between 15 and 17 years of age (per 100,000 children per calendar year) |
| 8 | Recidivism: Percent of youth re-adjudicated or reconvicted within 1 year after release |
| 9 | Percent of 12th grade public school children who report using alcohol within the last 30 days |
| 10 | Percent of 10th grade public school children who report using heroin within the last 30 days |
| Protecting the well being of children – measured by | |
| 11 | Rate of injury-related deaths due to accidents to children and youth between 0 and 19 years of age (per 100,000 children per calendar year) |
| 12 | Percent of children with recurrence of maltreatment within six months of first occurrence |
| 13 | Statewide percent of current child support paid (Includes cases for persons who receive public assistance, and for other persons who apply for child support services from the Department of Human Resources) |

# Exhibit 3
# Managing for Results – State Comprehensive Plan
# List of 62 Performance Measures in Plan



| Performance Area | |
|---|---|
| **Goal** | |
| **MFR Measure** | |
| **Education** | |
| Children will enter school ready to learn – measured by | |
| 1 | Percent of students entering Kindergarten demonstrating Full Readiness on the Work Sampling System Kindergarten Assessment |
| Children will be successful in school – measured by | |
| 2 | Percent of students scoring proficient or better by grade and content area<br>• Reading – Grade 3 – Total all groups<br>• Reading – Grade 8 – Total all groups<br>• Reading – Grade 10 – Total all groups<br>• Mathematics – Grade 3 – Total all groups<br>• Mathematics – Grade 8 – Total all groups<br>• Algebra – Total all groups |
| Children will complete school – measured by | |
| 3 | High School Graduation Rate |
| 4 | Percent of children in grades 9 through 12 who drop out of school in an academic year |
| Schools will promote high levels of learning – measured by | |
| 5 | Percent of schools demonstrating Adequate Yearly Progress in reading – State totals |
| 6 | Percent of schools demonstrating Adequate Yearly Progress in mathematics – State totals |
| | |
| **Higher Education** | |
| Promoting access and academic success in postsecondary education – measured by | |
| 1 | Six year graduation rate of first-time, full-time students at Maryland public four-year colleges and universities (all groups) |
| 2 | Percent of bachelor's degrees awarded to racial/ethnic minorities at public and private Maryland colleges and universities |
| 3 | Number of community college students who transfer to a Maryland public four-year campus |
| Producing an educated and skilled workforce including addressing the State's critical workforce and healthcare needs – measured by | |
| 4 | Number of graduates in teaching from Maryland's public and private higher educational institutions |
| 5 | Percent of teacher candidates from Maryland public and private higher educational institutions who pass Praxis II |
| 6 | Number of graduates in nursing from Maryland public and private higher educational institutions |

# Exhibit 3
# Managing for Results – State Comprehensive Plan
# List of 62 Performance Measures in Plan



| Performance Area | |
|---|---|
| **Goal** | |
| **MFR Measure** | |
| **Health** | |
| Promoting health and well being: Babies Born healthy – measured by | |
| 1 | Infant mortality rate for all races (per 1,000 live births) |
| 2 | Rate of live births to adolescents between 15 and 19 years of age (per 1,000 women) |
| Promoting health and well being: Healthy children, adolescents, and adults – measured by | |
| 3 | Percent of Maryland children fully immunized (by 24 months) |
| 4 | Number of children under 6 years of age with elevated blood lead levels (≥10ug/dl) |
| 5 | Cumulative percent change from the calendar year 2000 baseline for underage high school students smoking cigarettes |
| 6 | Overall cancer mortality rate per 100,000 persons (age adjusted to 2000 U.S. Standard Population) |
| 7 | Percent change in number of new HIV cases from calendar year 2007 baseline |
| 8 | Rate of primary/secondary syphilis incidence (cases per 100,000 population) |
| 9 | Number of reported cases of vaccine preventable communicable diseases including hepatitis A, measles, mumps, pertussis |
| Promoting health and well being: Services to the disability community – measured by | |
| 10 | Number of people with disabilities who achieved successful employment through assistance by the Department of Education's Disability Rehabilitation Services rehabilitation programs |
| 11 | Percent of Developmental Disabilities Administration Community Service respondents of the "Ask ME!" survey who expressed satisfaction with physical well-being, personal development, and self-determination (reported separately) |
| Promoting health and well being: Substance abuse treatment – measured by | |
| 12 | Percent of substance use decrease during substance abuse treatment |
| Promoting health and well being: Mental health services – measured by | |
| 13 | Percent of adults who report mental health services have allowed them to deal more effectively with daily problems |
| | |
| **Environment** | |
| Restoring the health of the Chesapeake Bay and its living resources – measured by | |
| 1 | Acres of submerged aquatic vegetation |
| 2 | Blue crab landings (3 year average) |
| 3 | Oyster landings (3 year average) |
| 4 | Estimated nitrogen load to the Chesapeake Bay from Maryland (in million pounds) |
| Improving and protecting water quality and ensuring safe drinking water – measured by | |
| 5 | Watersheds impaired by nutrients |
| 6 | Percent of Marylanders served by public water systems in significant compliance with all rules adopted as of 2002 |

# Exhibit 3
# Managing for Results – State Comprehensive Plan
# List of 62 Performance Measures in Plan



| Performance Area | |
|---|---|
| **Goal** | |
| **MFR Measure** | |
| Ensuring clean air – measured by | |
| 7 | Three-year average of days the one-hour ozone standard was exceeded |
| Restoring contaminated industrial sites to productive use – measured by | |
| 8 | Number of acres of property in the Voluntary Clean-up Program completed and a No Further Requirements Determination or a Certificate of Completion issued |
| Reducing hazardous waste and hazardous materials in the environment – measured by | |
| 9 | Number of remedial actions at all State Superfund sites that are completed |
| | |
| **Commerce** | |
| Helping businesses to grow and create jobs – measured by | |
| 1 | Percent change in Maryland employment from the 2001 baseline (12 month average) |
| 2 | Rate that adult employment trainees enter employment |
| 3 | Maryland Port Administration total general cargo tonnage (thousands) |
| 4 | Estimated direct expenditures from film, television, and other production activities in Maryland |
| 5 | Annual Baltimore Washington International Airport passenger growth rate |
| Improving the State's transportation infrastructure – measured by | |
| 6 | Percent of State system roadway mileage with acceptable ride quality |
| 7 | Percent of bridges on the State portion of the National Highway System that will allow all legally loaded vehicles to safely traverse |
| 8 | Total ridership for bus and rail transit (in millions) |
| 9 | System Preservation Funding Levels in the Consolidated Transportation Program (in millions) |
| Invigorating communities – measured by | |
| 10 | Home ownership |
| 11 | Annual percent change in Maryland per capita personal income |
| 12 | Total acres enrolled in agricultural preservation districts |
| Making the most of Maryland's history and culture – measured by | |
| 13 | Value of rehabilitation expenditures approved for the State Rehabilitation Tax Credit for restoration and preservation of historic properties |
| | |
| **Fiscal Responsibility** | |
| Effective resource management – measured by | |
| 1 | Number of fiscal years closed with a positive General Fund balance |
| 2 | Maintaining a triple A bond rating from all three nationally recognized bond rating agencies for each issuance of State General Obligation Bonds |

## Exhibit 4
## Managing for Results Audit Reports
## Previously Issued by the Office of Legislative Audits
## Pertaining to the 62 Measures

| Report | Report Date | Number of Measures Audited |
|---|---|---|
| Public Safety and Safer Neighborhoods | March 19, 2009 | 13 |
| Education | October 2, 2009 | 6 |
| Fiscal Responsibility | March 31, 2010 | 2 |

# APPENDIX

STATE OF MARYLAND
DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

February 2, 2011

Mr. Bruce A. Myers, CPA
Legislative Auditor
Office of Legislative Audits
301 West Preston Street
Baltimore, MD 21201

Dear Mr. Myers:

This is in response to your February 1, 2011 letter that included the draft audit report on Managing for Results (MFR) Health Performance Measures reported in the Maryland fiscal year 2011 operating budget request for the Department of Health and Mental Hygiene. Attached you will find the Department's response and plan of correction that addresses each audit recommendation. I will work with the Administrations to promptly address all audit exceptions. In addition, our Office of the Inspector General will follow-up on the recommendations to ensure compliance.

If you have any questions or require additional information, please do not hesitate to contact me at (410) 767- 4639 or Thomas V. Russell of my staff at (410) 767-5862.

Sincerely,

Joshua M. Sharfstein, M.D.
Secretary

cc: Frances Phillips, Deputy Secretary, Public Health Services
Renee Scurry, Chief of Staff, Public Health Services
Renata Henry, Deputy Secretary, Behavioral Health & Disabilities
Valerie Roddy, Chief of Staff, Behavioral Health & Disabilities
Heather Hauck, Director, IDEHA
Russell Moy, Director, FHA

Donna Gugel, Deputy Director, FHA
Thomas Cargiulo, Director, ADAA
Kathleen Rebbert-Franklin, Deputy Director, ADAA
Michael Chapman, Director, DDA
Audrey Cassidy, Deputy Director, DDA
Brian Hepburn, Executive Director, MHA
Lissa Abrams, Deputy Director, MHA
Thomas V. Russell, Inspector General
Ellwood L Hall, Jr., Assistant Inspector General
Wendy Kronmiller, Chief of Staff to the Office of the Secretary

**Managing for Results**
**Performance Measures**

**Department of Health and Mental Hygiene**
**Family Health Administration**

**February 2011**

**Performance Measure:**
**Number of children under 6 years of age with elevated blood levels (less than or equal to 10 ug/dl)**

**Calendar Year 2008 Actual Results Reported: 713**

**Level of Certification: Factors Prevented Certification**

**Administration's Response:**
FHA concurs with the recommendations. The Administration will establish procedures to ensure that all relevant data are included in the measure calculation and that the data, including data obtained from the third parties, are reasonably accurate and complete. The Administration will also ensure that third parties involved in data collection are sufficiently independent as well as establish and follow clear written definitions for all measures.

As statutory authority for administering the Maryland Childhood Lead Registry (CLR) lies with the Maryland Department of the Environment, FHA will make recommendations to and work with MDE to improve these quality assurance processes. Specifically, FHA has already begun these discussions with MDE and will recommend that: (a) Medicaid data on children receiving blood lead testing be used to update the CLR, and (b) an audit process be established for randomly comparing blood lead data compiled in MDE's tracking system with blood lead results being generated by laboratories and clinics in order to verify the reliability of the data.

**Managing for Results**
**Performance Measures**

**Department of Health and Mental Hygiene**
**Family Health Administration**

**February 2011**

**Performance Measure:**
**Cumulative percent change from the calendar year 2000 baseline for underage high school students smoking cigarettes.**

**Calendar Year 2008 Actual Results Reported: -33.5%**

**Level of Certification: Certified with Qualification**

**Administration's Response:**
FHA concurs with the recommendations. The Administration will establish procedures to ensure that all relevant data are included in the measure calculation and that the data, including data obtained from the third parties, are reasonably accurate and complete. The Administration will also ensure that third parties involved in data collection are sufficiently independent as well as establish and follow clear written definitions for all measures.

FHA will verify the reliability of third-party data beginning with the 2010-2011 administration of the Maryland Youth Tobacco Survey. Given the need to protect the confidentiality and anonymity of the surveyed students, as well as budgetary constraints/lack of staff to perform audits, the following procedure will be instituted: (a) randomly select 60 student responses from the survey database submitted to FHA by the contractor; (b) request the contractor to retrieve from secure storage the sealed packets that contain the answer sheets for those students; (c) in the presence of FHA staff, review one-by-one the list of selected records and unseal the packet containing it, photocopy the response sheet, and reseal the packet; (d) once copies of all selected answer sheets have been made, the contractor shall return all packets to secure storage; (e) FHA staff will compare the responses on the photocopied answer sheet to those recorded for that answer sheet in the database; (f) utilize the findings from the comparison of all randomly selected records to verify the reliability of the data.

**Managing for Results**
**Performance Measures**

**Department of Health and Mental Hygiene**
**Infectious Disease and Environmental Health Administration**

**February 2011**

**Performance Measure:**
**Percent change in number of new HIV cases from calendar year 2007 baseline**

**Calendar Year 2008 Actual Results Reported: –2.0%**

**Level of Certification: Certified with Qualification**

**Administration's Response:**
The Administration partially concurs with the recommendations and concurs with the comments/causes.

The Annotated Code of Maryland, Health-General Article, §§18-201.1, 18-202.1, and 18-205 requires laboratories and other providers to report positive test results on specimens obtained from Maryland residents for all 80+ reportable diseases (over 40,000 lab reports annually). However, Maryland law doesn't require either DHMH or local health departments (LHDs), nor is the Administration or LHDs staffed or otherwise resourced, to periodically visit or audit the 600+ laboratories licensed to perform these tests. We must rely on reporting entities to comply with the law. As the use of electronic laboratory reporting becomes more prevalent, the Administration expects the completeness of reporting to improve. Also, the Administration will continue its efforts to expand electronic reporting by Maryland laboratories. The Administration will continue to ensure that reportable data received are included in the measure and that appropriate procedures are followed to ensure accurate calculations.

In twelve of the twenty-four LHDs, IDEHA Center for HIV Surveillance and Epidemiology staff are assigned to perform the surveillance activities for the local jurisdiction. In those twelve jurisdictions, site visits are not conducted as the LHD does not perform the quality reviews of medical provider reporting of HIV. For those remaining twelve LHDs, site reviews are conducted periodically and the Administration will ensure that the results of its reviews as they relate to this measure are documented.

The Administration receives reportable disease case reports directly from laboratories and other providers and/or through the LHDs. All of these entities are sufficiently independent.

The Administration already uses written standard national definitions for reportable infectious diseases. As reported to the auditors, the Administration uses the Council of State and Territorial Epidemiologists (CSTE)/U.S. Centers for Disease Control and Prevention (CDC) case definitions for these cases. These definitions are available from the CDC Website at the following URL: http://www.cdc.gov/ncphi/od/ai/casedef/case_definitions.htm. In addition, this performance measure has a data definition and procedure description in the MFR documentation.

**Managing for Results**
**Performance Measures**

**Department of Health and Mental Hygiene**
**Infectious Disease and Environmental Health Administration**

**February 2011**

**Performance Measure:**
**Rate of primary/secondary syphilis incidence (cases per 100,000 population)**

**Calendar Year 2008 Actual Results Reported: 6.7**

**Level of Certification: Certified with Qualification**

**Administration's Response:**
The Administration partially concurs with the recommendations and partially concurs with the comments/causes.

The Annotated Code of Maryland, Health-General Article, §§18-201, 18-202, and 18-205 requires laboratories and other providers to report positive test results on specimens obtained from Maryland residents for all 80+ reportable diseases (over 40,000 lab reports annually). However, Maryland law doesn't require either DHMH or local health departments (LHDs), nor is the Administration or LHDs staffed or otherwise resourced, to periodically visit or audit the 600+ laboratories licensed to perform these tests. We must rely on reporting entities to comply with the law. As the use of electronic laboratory reporting becomes more prevalent, the Administration expects the completeness of reporting to improve. Also, the Administration will continue its efforts to expand electronic reporting by Maryland laboratories. The Administration will continue to ensure that reportable data received are included in the measure and that appropriate procedures are followed to ensure accurate calculations.

The "one local health department" referenced by the auditor receives a separate grant directly from the U.S. Centers for Disease Control and Prevention (CDC) for sexually transmitted infections (STI). As a separate CDC grantee, this LHD maintains case data at the local level and is responsible for adhering to the same standards as IDEHA (which receives case reports from the other 23 local health departments) in determining whether a reported case meets the criteria for inclusion in the measure. IDEHA has access to the STI case data maintained by this LHD and includes data in the reported measure.

The Administration receives reportable disease case reports directly from laboratories and other providers and/or through the LHDs. All of these entities are sufficiently independent.

The Administration already uses written standard national definitions for reportable infectious diseases. As reported to the auditors, the Administration uses the Council of State and Territorial Epidemiologists (CSTE)/U.S. Centers for Disease Control and Prevention (CDC) case definitions for these cases. These definitions are available from the CDC Website at the following URL: http://www.cdc.gov/ncphi/od/ai/casedef/case_definitions.htm.

In addition, this performance measure has a data definition and procedure description in the MFR documentation. IDEHA will modify the current data definition for this measure to clarify the separate but equal responsibilities of IDEHA and the LHD to ensure that reported STI cases meet the criteria for inclusion in the measure.

**Managing for Results**
**Performance Measures**

**Department of Health and Mental Hygiene**
**Infectious Disease and Environmental Health Administration**

**February 2011**

**Performance Measure:**
**Number of reported cases of vaccine preventable communicable diseases**

**Calendar Year 2008 Actual Results Reported:**

| | |
|---|---|
| **Hepatitis A** | **44** |
| **Hepatitis B** | **85** |
| **Measles** | **0** |
| **Mumps** | **10** |
| **Pertussis** | **164** |
| **Polio** | **0** |
| **Rubella** | **0** |
| **Human Rabies** | **0** |
| **Tetanus** | **0** |

**Level of Certification: Factors Prevented Certification**

**Administration's Response:**
The Administration partially concurs with the recommendations and partially concurs with the comments/causes.

The Annotated Code of Maryland, Health-General Article, §§18-201, 18-202, and 18-205 requires laboratories and other providers to report positive test results on specimens obtained from Maryland residents for all 80+ reportable diseases (over 40,000 lab reports annually). However, Maryland law doesn't require either DHMH or local health departments (LHDs), nor is the Administration or LHDs staffed or otherwise resourced, to periodically visit or audit the 600+ laboratories licensed to perform these tests. We must rely on reporting entities to comply with the law. As the use of electronic laboratory reporting becomes more prevalent, the Administration expects the completeness of reporting to improve. Also, the Administration will continue its efforts to expand electronic reporting by Maryland laboratories. The Administration will continue to ensure that reportable data received are included in the measure and that appropriate procedures are followed to ensure accurate calculations.

The Administration receives reportable disease cases reports directly from laboratories and other providers and/or through the LHDs. All of these entities are sufficiently independent.

The Administration already uses written standard national definitions for reportable infectious diseases. As reported to the auditors, the Administration uses the Council of State and Territorial Epidemiologists (CSTE)/U.S. Centers for Disease Control and Prevention (CDC) case definitions for these cases. These definitions are available from the CDC Website at the following URL: http://www.cdc.gov/ncphi/od/ai/casedef/case_definitions.htm.

For hepatitis B, the overall prevalence for chronic infection is high; therefore, it is likely that most of the reports do not represent acute infection. Given limited resources and the limited public health benefit of investigating chronic hepatitis B cases, LHDs nationally investigate in general only those cases where additional information indicates an acute case. In the future, DHMH will be modifying the MFR measure to "perinatal hepatitis B" cases as this is a more appropriate indicator for measuring public health impact.

Finally, as part of the FY 2013 budget process, the Administration will formally adopt and submit to DBM a data definition for each vaccine preventable disease reported in this measure. In this regard, the Administration will ensure that cases reported in the future to DHMH by LHDs meet the applicable data definition for inclusion as a reportable case.

**Managing for Results**
**Performance Measures**

**Department of Health and Mental Hygiene**
**Developmental Disabilities Administration**

**February 2011**

**Performance Measure:**
**Percent of Developmental Disabilities Administration Community Service respondents to the "Ask ME!" survey who expressed satisfaction with:**

**Fiscal Year 2009 Actual Results Reported:**

| | |
|---|---|
| **Physical well-being** | **95.0%** |
| **Personal Development** | **84.0%** |
| **Self-determination** | **80.5%** |

**Level of Certification: Factors Prevented Certification**

**Administration's Response:**
The Department and the Developmental Disabilities Administration (DDA) concur with the recommendations. To that end, DDA has begun the process of soliciting a new contract with clearly defined deliverables, provider qualifications, staff training responsibilities, and inter-rater reliability. As part of the new contract, DDA will ensure that data collected is reasonably accurate and complete. Also included in this contract is that any data collection received from a third party will be sufficiently independent. Lastly, DDA will continue to develop clear written definitions for all performance measures.

**Managing for Results**
**Performance Measures**

**Department of Health and Mental Hygiene**
**Alcohol and Drug Abuse Administration**

**February 2011**

**Performance Measure:**
**Percent of patients with substance use decrease upon existing substance abuse treatment.**

| | |
|---|---|
| **Adolescent** | **81%** |
| **Adults** | **79%** |

**Fiscal Year 2009 Actual Results Reported: 80%**

**Level of Certification: Factors Prevented Certification**

**Administration's Response:**

ADAA concurs with the auditor's recommendation to establish procedures to ensure that all relevant data are included in the measure calculation and that the data, including data obtained from the third parties, are reasonably accurate and complete. ADAA is currently implementing an electronic screen for reporting of critical performance measures that will tie them directly to each enrollment and disenrollment from a treatment level of care and significantly enhance ability to connect appropriate documentation to dates of entry and departure from levels of care. This will also facilitate ADAA's review of providers' performance-measure results and provision of appropriate feedback.

ADAA concurs with this recommendation to ensure that third parties involved in data collection are sufficiently independent. In the coming year, ADAA will be revising its entire data-validation process to include a more thorough in-house component and on-site procedures as needed. When records are reviewed on-site, there will be no advance information given to treatment centers regarding the records to be reviewed.

ADAA concurs with the auditor's recommendation to establish and follow clear written definitions for all measures. Some of the wording used in measure definitions was less than precise. ADAA will review all definitions and ensure they are entirely descriptive of the relevant measures and calculations.

**Managing for Results**
**Performance Measures**

**Department of Health and Mental Hygiene**
**Mental Health Administration**

**February 2011**

**Performance Measure:**
**Percent of adults who report mental health services have allowed them to deal more effectively with daily problems.**

**Fiscal Year 2009 Actual Results Reported: 80%**

**Level of Certification: Factors Prevented Certification**

**Administration's Response:**
Mental Hygiene Administration (MHA) concurs with the recommendation to establish procedures to ensure that all relevant data are included in the measure calculation and that the data, including data obtained from the third parties, are reasonably accurate and complete. MHA will require the ASO to document and submit to MHA its quality control audit findings in the collection of data.

MHA concurs with the recommendation to ensure that the third parties involved in data collection are sufficiently independent; however, MHA does not agree that there is a conflict of interest with the ASO performing the data collection for the consumer perception of care survey. During the next ASO procurement process MHA will review and determine if there is a cost effective way to assure that the data collection and survey completion are performed by a more independent third party than the current ASO's subcontractor.

Lastly, MHA concurs with the recommendation to establish and follow clear written definitions for all measures.

MARYLAND STATE DEPARTMENT OF EDUCATION
Achievement Matters Most

**Nancy S. Grasmick**
**State Superintendent of Schools**

200 West Baltimore Street • Baltimore, MD 21201 • 410-767-0100 • 410-333-6442 TTY/TDD

January 7, 2011

Mr. Bruce A. Myers, CPA
Legislative Auditor
Office of Legislative Audits
301 West Preston Street, Room 1202
Baltimore, Maryland 21201

Dear Mr. Myers:

Thank you for the draft audit report on the Managing for Results-Performance Measures-Health—Department of Health and Mental Hygiene-Maryland State Department of Education. We have reviewed the report and agree with the finding and recommendations.

Enclosed is our response to the finding and recommendations. Please be assured that the Department will deploy and follow up on the Corrective Actions stated in the response to address and resolve the issues contained in the finding and recommendations. If you have any questions regarding our response, please contact Mr. Preston D. Alderman, Jr., Director of Audit at 410-767-0104 or Mr. Richard C. McElroy, Internal Auditor Supervisor at 410-767-8856 respectively.

Sincerely,

Dr. Nancy S. Grasmick
State Superintendent of Schools

NSG/RCM/dgn

Enclosure

c: Dr. John E. Smeallie
Mr. Stephen A. Brooks
Ms. Suzanne R. Page
Mr. Preston D. Alderman, Jr.
Mr. Richard C. McElroy

**MANAGING FOR RESULTS**
**PERFORMANCE MEASURES**
**HEALTH**
**MARYLAND STATE DEPARTMENT OF EDUCATION**

**Performance Measure:**

**Number of people with disabilities who achieved successful employment through assistance by the Department of Education's Disability Rehabilitation Services rehabilitation programs.**

*Comment:*

*We agree with the Finding and Recommendation. MSDE's data definition for this Performance Measure is based on criteria prescribed by federal regulations. The agency agrees that the supporting documentation (for example, pay stubs) was not on file for seven of the twenty nine cases tested. However, for each of the seven cases, counselors did perform verification, albeit on a verbal basis, with the consumer and subsequent wage checks did verify that successful employment had occurred for each case. To strengthen controls regarding this issue, revisions have been made to Section 1001.11 (Closure-Achievement of an Employment Outcome) of the Rehabilitation Services Manual 2 which will ensure that employment verifications are properly performed and that adequate documentation is kept in file to support consumers' achievement of employment. The revised procedures became effective June 14, 2010.*

## AUDIT TEAM

**Stephen C. Pease, CPA**
Audit Manager

**Nelson W. Hopkins, CPA**
**Lauren R. Crue**
Senior Auditors

**Erin D. Erdley**
**Howard A. Marzolf, CFE**
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