

Master Contract Performance

(FY2016 Appropriation Act - Public Act 84 of 2015)

February 1, 2016

Sec. 279.*(1) All master contracts relating to human services as funded by the appropriations in sections 103, 104, 105, 106, 107, 108, and 109 of part 1 shall be performance-based contracts that employ a client-centered results-oriented process that is based on measurable performance indicators and desired outcomes and includes the annual assessment of the quality of services provided.*

(2) By February 1 of the current fiscal year, the department shall provide the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies and policy offices, and the state budget office a report detailing measurable performance indicators, desired outcomes, and an assessment of the quality of services provided by the department during the previous fiscal year.



Michigan Department of
Health & Human Services

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In regards to immunization rates, the following two performance outcomes were measured for fiscal year 2015:

1. *By September 30, 2015, 80% of pediatric immunization rates of 19-36 month old children shall be completed for 4:3:1:3:3:1:4 series.*
2. *By September 30, 2015, 70% of adolescent immunization rates of 12-17 year old children shall receive 1 Tdap, 3 Polio, 2 MMR, 2 Varicellas, and 1 MCV.*

The long-term goal is to meet the Healthy People 2020 objective for pediatric immunization rates of 80% for a complete series which includes 4 DTaP, 3 polio, 1 MMR, 3 Hib, 3 hepatitis B, 1 varicella, and pneumococcal conjugate vaccines (4313314). These vaccines protect against 11 serious and potentially life threatening diseases. The fiscal year 2015 completion rate for children, based on data in the Michigan Care Improvement Registry (MCIR) was 74% for children 19 – 36 months of age. It is also important to assure that all adolescents have completed immunizations. As measured by MCIR our adolescent coverage rate was 72% in fiscal year 2015 for 1 Tdap, 3 polio, 2 MMR, 3 Hepatitis B, 2 varicella, and 1 meningococcal conjugate vaccine (132321).

In regards to autism spectrum disorder, the following performance outcome was measured for fiscal year 2015:

1. *By September 30, 2015, 1,000 children with autism spectrum disorder diagnosis ages 0-5 shall enroll into the autism benefit to receive applied behavioral analysis (ABA) services.*

In 2015, 1,345 children with autism spectrum disorder ages 18 months through 5 years old enrolled to receive applied behavior analysis (ABA) services. Of those children and families who enrolled, 98 percent continued services due to their satisfaction with applied behavior analysis. Many of these families are experiencing life-changing events, feeling “hope” and motivating others to seek mental health services. Many of these children are able to communicate their needs and wants, use the toilet regularly, increase their attention span, increase engagement with family members and peers, play with toys appropriately, make eye contact, and stay with family members during outings in the community. The most common phrases from parents are “ABA has changed our life” and “I hope everyone who needs ABA, gets it.”

In regards to the Healthy Michigan Plan, the following performance outcome was measured for fiscal year 2015:

1. *By September 30, 2015, 477,000 individuals will be enrolled in the Healthy Michigan Plan.*

Prior to the implementation of the Healthy Michigan Plan, enrollment projections were developed collaboratively between the Department and the University of Michigan. Factors such as the number of uninsured individuals in the state, as well as current Medicaid eligibility data, were considered developing these targets. It was projected that approximately 322,000 low-income adults 19 to 64 years of age would enroll in the Healthy Michigan Plan during 2014 and the program would ultimately cover 477,000 eligible individuals. The first year projection was surpassed in the first 100 days and, by December 2014, there were over 477,000 individuals enrolled. Several factors contributed to the forecasted figures being exceeded, which was also seen nationally across Medicaid expansion programs.

In an article published in the New England Journal of Medicine, a team of University of Michigan Medical School researchers attributed this to:

1. Widespread national media attention devoted to the ACA, which effectively provided reminders about the individual mandate to obtain health insurance coverage.
2. The state's "decentralized" approach to publicizing the program to eligible residents.
3. The state's use of dedicated customer-service representatives to facilitate enrollment.

Today there are nearly 600,000 individuals receiving health coverage through the Healthy Michigan Plan. Due to this better than expected engagement, more Michigan residents are improving their long-term health and wellbeing by taking advantage of the services now available to them to do so.

In regards to Pathways to Potential, the following performance outcome was measured for fiscal year 2015:

1. *By September 30, 2015, 184 Pathways to Potential sites will be implemented statewide.*

In July of 2012, the Michigan Department of Health and Human Services (MDHHS) implemented the Pathways to Potential business model. This new model was the result of strategic discussions by the MDHHS administration and gained momentum following Governor Snyder's Public Safety message in March of 2012. In his message, Governor Snyder expressed commitment to providing additional state resources (without additional funding) to four Michigan cities—Detroit, Pontiac, Flint and Saginaw, which were named to the Federal Bureau of Investigation's list as one of the ten most violent cities in the country; therefore, the new MDHHS service model was implemented in these four cities.

At the end of the 2014-2015 school year, Pathways was in 22 Counties and 219 Schools. Pathways to Potential continues to grow and is now in 244 schools in the following 31 counties: Bay, Berrien, Calhoun, Clare Genesee, Gladwin, Gogebic, Grand Traverse, Huron, Jackson, Kalamazoo, Kalkaska, Kent, Lapeer, Macomb, Manistee, Mason, Mecosta, Midland, Muskegon, Newaygo, Oakland, Ogemaw, Ontonagon, Ottawa, Roscommon, Saginaw, St. Clair, Tuscola, Washtenaw and Wayne.

At the end of the 2014-2015 school year, the statewide chronic absenteeism rate for Pathways schools was 30%. The reduction in chronic absenteeism for 219 schools was 37.23%. At the end of the 2013-2014 school year, the statewide chronic absenteeism rate was 38% and 169 schools realized a 33.91% decrease in chronic absenteeism. In the 2012-2013 school year, the Pathways to Potential 21-school pilot showed a 9% decrease in chronic absenteeism.

Providing centrally located services with a network of supports and community coordinated services results in a positive impact on students and families. This leads to increased learning, improved attendance and stronger family participation. Evaluations focusing on mature school sites (five years or more) have realized positive outcomes, including higher standardized reading and math scores, increased rates of attendance, improved youth behavior, and greater parent involvement. Although educators understand the significance of a positive and supportive school climate in which teachers, parents, and others are actively engaged in supporting student success, it is very challenging to measure these outcomes, partly because the effects are long-term. And many of these effects cannot be measured solely by scores on standardized achievements tests.

Return on investment is a powerful tool for demonstrating the monetary value of programs and services. We are attempting to measure a social return on investment to communicate the value of outcomes achieved by the Pathways Program. Utilizing this approach on a model that has appropriate supports will allow MDHHS to communicate the value of the Program so that an economic value is attached and the costs can be shared with public- and private-sector investors.

Desired Outcomes:

1. Increase access to behavioral health care
2. Increase access to prevention services
3. Increase access to employment services
4. Reduce chronic absenteeism
5. Increase proficiency in math and English (especially 3rd grade reading, if applicable)
6. Decrease dropout rates
7. Increase free and reduced lunch participation by eligible students

In regards to Child Welfare services, the following two performance outcomes were measured for fiscal year 2015:

1. *By September 30, 2015, 83% of children are exiting the foster care system to permanent placements.*
2. *By September 30, 2015, 36.6% of children discharged from foster care are adopted within 24 months of latest removal from home.*

One of the primary goals for children in the foster care system is permanency. Children need a safe, stable home in which to live and grow, including a life-long relationship with a nurturing caregiver. MDHHS strives to move children from a temporary foster care placement to a stable and permanent home. Examples include reunification with parent or primary care taker, placement with a relative, permanent guardian, or adoption. MDHHS' performance continues to improve. At the end of fiscal year 2015, 83.5% of children who were served in foster care during the year exited the foster care system to permanent placements.

Adoption is an important permanency option for children in foster care and it is essential for children that permanency is established in a timely manner. Timeliness of adoption continues to be a strength for MDHHS. At the end of fiscal year 2015, 43% of children legally free for adoption who were discharged from foster care to a finalized adoption were adopted within 24 months of date of latest removal from home. Michigan remains well above national standards for this outcome.