













MiScorecard Performance Summary




Business Unit: Human Services
 Executive/Director Name: Maura Corrigan
 Reporting Period: Jan 2014
 Date Approved: 2/13/2014







Green >90% of target
 Yellow >= 75% - 90% of target
 Red <75% of target

Scorecard Status: Final

Metric ID	Metric	Status	Progress	Target	Current	Previous	Frequency	Metric Definition
Interrupt Generational Poverty and Support Families								
P2P1	Decrease chronic absenteeism			100%	0%	0%	FY Annually	Percent of Pathways schools which have decreased chronic absenteeism by 33% from the previous school year. Pathways schools are considered locations that have been fully converted to the Pathways model for a full school year (152 schools for the 2013-2014 school year).
P2P2	Create Community Schools	Yellow	=	24	21	21	Monthly	Create a Community School model within Detroit, Flint, Pontiac, and Saginaw that includes a success coach and a community school coordinator to better link additional supporting services within the school for the students and surrounding community. Services can include health clinics, employment services, literacy classes, tutoring, mentoring, transportation, housing solutions, etc.
P2P3	Increase number of Pathways sites statewide.	Yellow		184	162	158	Monthly	Increase number of Pathways sites statewide
Vet1	Veterans currently receiving DHS assistance and VA referrals			500	378	0	CY Annually	Number of DHS customers who have been identified through the(CO-Location Pilot) as Veterans through the PARIS (federal veterans database) file and referred to the VA
Vet2	Veterans who were receiving DHS assistance and as a result of the DHS referral process are now receiving VA assistance.			100	55	0	CY Annually	Number of Identified Veterans as a result of the DHS/VA referral process, who are now receiving VA benefits and disbursements
Vet3	DHS/VA CO-Location Veteran Project Expansion			2	1	0	CY Annually	Number of state-wide Co-Location Pilot Programs to be developed
Vet4	DHS Kiosk-Expansion to Assist Veterans			12	0	0	CY Annually	Increase the number of kiosks/computers available to veterans in community locations (including VA housing, churches, food pantries, homeless shelters, etc.) by 12
Key WPR Metrics								
Vet5	External Veteran Outreach			8	4	0	CY Annually	Number of veteran outreach forums provided
Interrupt Generational Poverty and Support Families								
Path3	Meet Monthly Federal Work Participation Rate	Green		50.00%	59.30% FY 2014 October - November 2013	55.81%	Monthly	The participation rate of the state for all families receiving federally funded TANF that includes an adult or minor child head of household who is engaged in work or employment and training activities, recorded as a percentage.
Path4	Recognize successful clients under Vision 100 plans.	Green		1	3 7/13 to 10/13	0	Quarterly	A client who completes the 21-day PATH program and becomes employed and as a result a FIP case is closed or is reduced due to earned income and who has shown

								exemplary characteristics or qualities to move toward independence
Path5	Establish Employee Resource Networks (ERN)			2	0	0	FY Annually	Establish two ERN's by 9/30/14
EAP	Energy Assistance Program ¹	Red		50.00%	-13.26% 11/13	17.42%	Monthly	Decrease in the number of State Emergency Relief Program requests, as compared to previous fiscal year Average Net Registrations. (FY13 SER Net Registrations per month= 51841.6)
Child Safety, Well-Being and Permanence								
MSA1	Children exiting foster care to permanent placements.	Green		83.00%	79.89% August 2013	79.70%	Monthly	Of all children who were served in foster care during the reporting period, what percent exited the foster care system to permanent placements.
MSA2	Children free from recurrence of maltreatment.	Green		94.60%	93.48% August 2013	93.40%	Monthly	Of all the children who were victims of child abuse/neglect, Category I, II, or III cases during the first 6 months of the reporting period, what percent were not victims of another Category I, II, or III case within a 6-month period.
MSA3	Children free from abuse or neglect in foster care.	Green		99.68%	98.87% August 2013	99.02%	Monthly	Of all the children who were served in foster care during the reporting period, what percent were not victims of a Category I, II, or III case within the period, with the perpetrator being a foster care parent or child caring institution staff.
MSA4	Children adopted within 24 months.	Green		36.60%	41.45%	41.80%	Monthly	Percent of children legally free for adoption who were discharged from foster care to a finalized adoption within 24 months of date of latest removal from home.
Demonstrate Good Stewardship of Taxpayer Dollars								
F1	Recipient Front End Eligibility (FEE) Investigation Referrals			30,000	Annual metric FY 2014	25,801	FY Annually	FEE is a fraud detection program to reduce errors and prevent fraud prior to issuance of public assistance. Count of FEE investigation referrals received by OIG.
F2	Recipient FEE and Fraud Investigations Completed			35,000	Annual metric FY 2014	34,759	FY Annually	Measurement of pre and post certification investigations completed by OIG Staff.
EF1	Cross Agency Fraud Analysis			6,000	Annual metric FY 2014	4,865	FY Annually	Number of OIG investigations initiated from cross agency data comparison.
R1	Total amount of Food Assistance Program (FAP) recoupment claim dollars collected.	Green		\$8800000.00	\$9515965.48 FY 2014	\$8379629.79	FY Annually	FY dollar amount collected by the state for all FAP claims: client error, agency error, and intentional fraud.
R2	FAP recoupment from client error and intentional fraud.	Green		\$2030000.00	\$2422381.07 FY 2014	\$1933589.45	FY Annually	FY dollar amount retained by the state for recovery of FAP client error and Intentional Program Violation (IPV) claims.
R2	FAP Recoupment claims established annually.	Green		9200	1783 First quarter of FY 2014		Quarterly	Total FAP claims established by recoupment specialists using annual data.
R4	Office Quality Assurance identified FAP over-issuance claims processed timely.			100	Annual Metric FY 2014	90	FY Annually	Food and Nutrition Service requires the department to evaluate and establish claims identified through Quality Assurance reviews within 90 days of referral.
AHP1	Medical Hearings Pilot Project with Spectrum Hospital	Green		25%	38%	0%	Quarterly	Reduce administrative hearing requests that proceed to the hearing level by 25% of the requests received. This reduction will be the result of the introduction of the meaningful prehearing conference.
AHP2	Assistance Payments Hearings Pilot in Genesee County	Green		25%	63%	0%	Quarterly	Reduction of hearing requests that advance to the hearing level due to holding a meaningful prehearing conference.

									DHS plans to reduce administrative hearing requests that proceed to the hearing level by 25% of the requests received.
CAP1	Corrective Action Plan Development			100%	0%	0%	Monthly		Ensure that a Corrective Action Plan is developed for all valid audit findings.
CAP2	Corrective Action Plan Implementation			100%	20%	20%	Monthly		Monitor and report on the status of all open Corrective Action Plans to ensure timely resolution.
Improve Employee Relations									
COM1	Local office visits by Director and Chief Deputy	Red		100.000%	12.500%	6.250%	Monthly		The percentage of DHS counties personally visited by the Director or Chief Deputy. Visit all remaining counties (32) by 12/31/2014
LEAD2	Supervisory training			80%	0%		Twice a Year		Percent of new DHS first-line supervisors participating in NSI within first 6 months of appointment (first measure by April 2014)
DIV1	Review diversity webinars or attend live diversity training			90%	0%	0%	FY Annually		Percent of DHS staff who have viewed the diversity webinar online or attended live diversity training (approximately 12,000 staff)
DIV2	Conduct in-person diversity training at the Business Service Centers and at the Central Office	Red		100.00%	66.00%	61.00%	FY Annually		Conduct 18 diversity trainings in the six Business Service Centers and Central Office by 9/30/2014
DIV3	Discriminatory Harassment training for new employees			90%	0%	0%	Quarterly		Percent of all new hires who have taken the training within four weeks of start date.
DIV4	Discriminatory Harassment training for current employees			90.00%	85.00%	82.50%	FY Annually		Percent of DHS employees who have taken the online quick knowledge training by 9/30/2014.
COM2	Bureaucracy Busters/"Anonymous Box" Ideas implemented/responded			5%	62% October 2013 - December 2013	0%	Quarterly		Number of responses and ideas implemented
COM3	Constituent concerns responded and closed			100%	89% October 2013 - December 2013	0%	Quarterly		Percentage of constituent concerns responded to and closed
LEAD1	Decrease Turnover Rate			6.0%	4.4% 10/13 thru 12/13	0.0%	Quarterly		The statewide ratio of the number of workers replaced in a given time period to the average number of workers.
Child Safety, Well-Being and Permanence									
MSA5	Youth achieving permanency through juvenile guardianships.	Green		165	508	458	CY Annually		The number of juvenile guardianships finalized during the calendar year. 11/14/2013 - Will be measure for 2013 calendar year.
YAVFC1	Assess potential to implement YAVFC for eligible juvenile justice youth			Done 12/1/13	Completed		CY Annually		Assess all policy, practice, MISACWIS/technology, budget, training and legislative impacts necessary to implement the expansion of YAVFC for eligible juvenile justice youth by 12/1/2013.
YAVFC2	Develop a work plan for YAVFC Implementation (if approved)			Done 2/1/14	N/A		CY Annually		Develop a work plan for implementation by 2/1/2014 (if decision to implement is approved).
MiTeam	Implement enhanced content of MiTEAM child welfare case practice model.			By 2/1/14	0	0	FY Annually		Begin implementation of enhanced MiTEAM content in three champion counties by 2/1/2014.
SS	Provide leadership in the Michigan Safe Sleep Task Force.			0.00	0.00		Quarterly		Provide leadership in the Michigan Safe Sleep Task Force

								(DHS, DCH, MDE, stakeholders) to develop and monitor a work plan which will coordinate statewide activities in reducing the number of deaths from unsafe sleep situations. Develop, monitor and update the Michigan Safe Sleep Task Force Work Plan on a quarterly basis.
IVE1	Implement Protect MI FAMILY, Michigan's Title IV-E Demonstration Waiver project.			Done 2/28/14	0		CY Annually	Protect MI FAMILY is a prevention strategy for Children's Protective Services families in three counties. Submit semi-annual progress report to the federal government by 2/28/2014 and 8/29/2014.
Elder	Implement Michigan's Elder Abuse Protocol.			20	0		FY Annually	Number of Michigan counties to adopt and implement the Michigan Elder Abuse Protocol by 9/30/2014.
Demonstrate Good Stewardship of Taxpayer Dollars								
	Accuracy ²	Green		97.0%	99.1%	97.0%	Quarterly	This is a measure of how closely the disability decisions we make are made according to Social Security Guidelines based on case reviews by SSA.
	Processing Time ³	Green		113.0	81.4	85.3	Quarterly	This represents the amount of time that it takes to process a Title II Social Security Disability Claim
	Budgeted Dispositions- Initial Claims	Red		113136	44081	41651	Quarterly	SSA sets a goal for the DDS to Process a certain number of Initial Claims
	Continuing Disability Reviews	Red		24378	4580	350	Quarterly	SSA sets a goal for the DDS to process a certain number of Continuing Disability Reviews.
Financial								
	Savings from Medical Evidence of Records not paid	Red		\$400000	\$123270	\$0	Quarterly	DDS realized savings from the non-payment of MER vendor responses that do not include the requested medical records payments
Demonstrate Good Stewardship of Taxpayer Dollars								
F-3	Food assistance payment accuracy rate	Green		94.00%	97.24% FY 2013 (Oct-Sept)	97.26%	Monthly	Percent of benefits accurately issued to clients based on audits completed by the Office of Quality Assurance.

¹ The status color for this metric reflects breaking points at 10% to 50% of the established target value.

² The status color for this metric reflects breaking points at 97% to 99% of the established target value.

³ The status color for this metric reflects breaking points at 113% to 113% of the established target value.