# IMPLEMENTING OUTCOMES RATE CARDS TO SUPPORT EVIDENCE-BASED HOME VISITING PROGRAMS IN CONNECTICUT

JANUARY 31, 2019

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# AGENDA

❖ **Introductions** (5 min)

❖ **MIECHV Outcomes Rate Card Overview** (15 min)

❖ **Launching an Outcomes Rate Card with OEC**

   1. Funding source (10 min)

   2. Outcomes (15 min)

   3. Data (10 min)

   4. Contracting authority (5 min)

   5. Engaging service providers (10 min)

❖ **Q & A** (20 min)

# INTRODUCTIONS

**Catherine Lenihan**
*Strategic Planner*

**Constance Heye**
*Epidemiologist*
*MIECHV Program*

**Jake Edwards**
*Director*

**Annie Dear**
*Associate Director*

## Who is in the audience?

1. State early childhood administrator

2. Home visiting program staff

3. Philanthropic organization and/or funder

4. Federal early childhood staff

5. Academic or research partners

6. Home visiting model developer

7. Other

## *Maternal, Infant, Early Childhood Home Visiting (MIECHV) Outcomes Rate Card Pilot*

**Sites:** 22 providers deliver home-visiting services to approx. **1,300 at-risk families annually**

- 🟠 Parents as Teachers (12 sites)
- 🔵 Early Head Start (1 site)
- 🟣 Nurse-Family Partnership (1 site)
- 🔴 Child First (8 sites)

**Contract size:** CT MIECHV providers total **$9.5 million in annual contract value**

**Bonus payments based on outcomes:**

- 2018 Pilot: Total of $250,000 available—from OEC budget plus $34,000 from Hartford Foundation for Public Giving

- 2019 Pilot: Pilot continuing with additional bonus pool
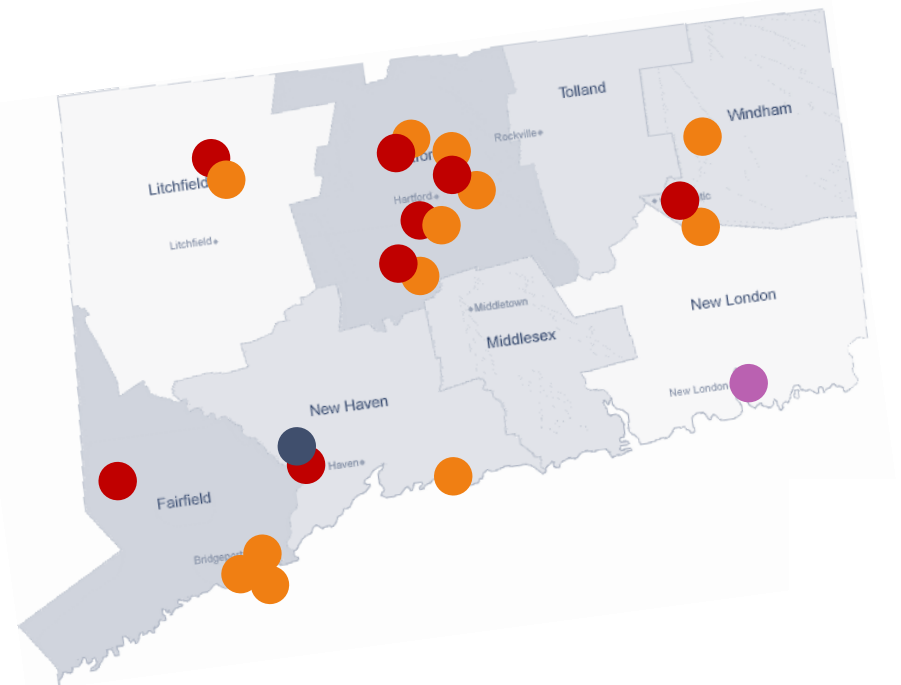
# OUTCOMES RATE CARDS: MAKING THE SHIFT
## Outcomes rate cards can transition contracts to procure for outcomes

### What is an outcomes rate card?

An **outcomes rate card** is a **procurement tool** by which an outcome payor **defines a menu of outcomes it wishes to "purchase"**—such as improving student achievement, completing a degree/training program, boosting earnings—and the **amount it is willing to pay each time a given outcome is achieved.**

### Why use outcomes rate card?

**Focus on evidence and outcomes**

**Promotes measurement**

**Scale high-quality services**

**Procure for outcomes, not services**

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**PRESENT**

Fee-for-service, or output-contingent contracts

*Outcomes rate card procurements may pay 100% based on outcomes, or may pay on a combination of services and outcomes*

**FUTURE!**

**Outcomes rate cards contracts: payment contingent on outcome achievement**

**None**           **Partial**           **100%**

*% contract contingent on outcomes*

# OUTCOMES RATE CARD EXAMPLE
## Connecticut Office of Early Childhood Pilot

> **Goal:** Shift toward performance-based payment for outcomes that generate value to families and society, support two-generation impacts, and are linked to administrative data

| | Metric *For project-eligible individual[1]* | Definition | Low-risk family price | High-risk family price |
|---|---|---|---|---|
| **1** | **Safe children** | *At the time of measurement,[2] there are no substantiated cases of maltreatment (other than any reported by provider staff) and no incidents of injury- or ingestion-related visits to the emergency room.* | *$90* | *$115* |
| **2** | **Caregiver education and employment** | *At the time of measurement, the caregiver is employed, enrolled in education or training, or has recently graduated from an education or training program.* | *$180* | *$225* |
| **3** | **Full-term birth** | *For families enrolled prenatally before 28 weeks gestation, the child is born at 37 weeks gestation or later.* | *$135* | *$170* |

*1. Pregnant women and new mothers and/or fathers who reside in high-risk MIECHV communities.*
*2. The time of measurement for each outcome depends on the provider model, as defined in each service provider contract.*

# HOW TO LAUNCH A MIECHV OUTCOMES RATE CARD PILOT

**1** **Funding source**

*Is there a funding source for bonus payments and/or willingness to dedicate a portion of the budget for performance-based payments?*

**2** **Outcomes**

*Which metrics will be tied to performance? How will those metrics be measured? Using existing data, how will you determine each metric's "price"?*

**3** **Data**

*Do you have historical program data? What data do you have to track outcomes? Will system updates be needed? Are home visiting data linked to other administrative systems?*

**4** **Contracting authority**

*How will the rate card be included in service provider contracts? Does the agency have the authority to add performance-based payments?*

**5** *Ongoing* **Engaging service providers**

*How will changes in funding/payment, data systems, and/or contracting affect providers?*

*What do service providers think about specific metric definitions? Are they feasible and consistent with model design?*

*How can providers help strengthen data collection and benefit from performance data?*

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# IDENTIFYING FUNDING SOURCES

- **Primary funding source:** Remitted funds from the previous year's contracts (approximately 3% each year)

- **Philanthropic match:** Hartford Foundation for Public Giving matched a portion OEC's outcome payments

- **Use existing contract dollars:** Make existing contracts partially performance contingent

- **Other options (be creative!):** Identify available funding from other agency grants; use unexpected unspent funds (e.g. site closure)

## *Funding sources*

1. Has your agency received funds from philanthropic organizations to advance services for children and families?

2. Has your agency re-purposed unspent funds to advance services for children and families?

3. Has your agency participated in a Pay For Success Initiative?

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# OUTCOME SELECTION

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### (1) Outputs

*Data that are directly based on activities, services, methods, and approaches (e.g. home visits, program retention)*

### (2) Outcomes

*Data that reflect a program's impact and effect on service recipients (e.g. preterm births, child injury, developmental gains)*

### (3) Assessments

*Data that reflect: 1) the administration of an assessment, or 2) participant progress on an assessment*

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# OUTCOMES: THREE TYPES OF METRICS

A rate card may include a combination of each metric type—reflecting short-term and long-term programmatic impacts on children and families

| Outputs | Outcomes | Assessments* |
|---|---|---|
| **Short-term[1]**<br>• Postpartum Care<br>• Tobacco Use<br>• Completed Depression Referrals<br>• Completed Developmental Referrals<br>• Intimate Partner Violence Referrals<br>• Enrollment<br>• Breastfeeding<br><br>**Medium-term[2]**<br>• Continuity of Insurance Coverage<br>• Program retention – 12 mos.<br>• Program retention – 24 mos.<br><br>**Ongoing[3]**<br>• Well Child Visits<br>• Safe Sleep<br>• Early Language and Literacy Activities<br>• Behavioral Concerns<br>• Number of family stressors<br>• Positive parenting practices | • Preterm Birth<br>• Child Injury<br>• Child Maltreatment<br>• Primary Caregiver Education<br>• Inter-birth Interval of at least 18 months<br>• Child Developmental Gains<br>• Full immunization<br>• Parental employment<br>• Early literacy development | • Developmental Screening<br>• Intimate Partner Violence Screening<br>• Depression Screening<br>• Parent-Child Interaction<br>• REID (Revised Early Identification) screen<br>• CLS (Community Life Skills)<br>• CAPI-R (Child Abuse Potential Inventory-Rigidity scale)<br>• Kempe checklist<br>• LSP (Life Skills Progression)<br>• ROFQ (Role of Fathering Questionnaire)<br><br>*Measurement can be on whether a assessment was administered and/or progress on the result of that assessment* |

1. Short-term = output collected within 6 months of service commencement
2. Medium-term = output collected at 6 months or later from service commencement
3. Ongoing = output collected through the duration of service delivery

# CONSIDERATIONS FOR SELECTING OUTCOMES
## Two categories of criteria: data availability, and suitability for an outcomes rate card

**OEC Data**

**Tracked currently**: Tracked by providers and available in Early Childhood Information System *(Y/N)*

**Data to assess baselines**: Historical data allows for performance analysis across MIECHV and/or state home visiting data *(Y/N)*

**Future priority**: OEC wants to track this variable for MIECHV providers moving forward *(0-4)*

**Rate Card Criteria**

**Supported by evidence**: Home visiting model has shown through external evaluation to impact this outcome *(0-4)*

**Beneficiary alignment**: Indicates meaningful improvement in the lives of individuals served *(0-4)*

**Measurable**: Can be regularly assessed based on reliable and accessible data sources *(0-4)*

**Observable**: Can be observed and measured within a reasonable timeframe *(0-4)*

**Value-creating**: Generates social and financial benefits to the State of Connecticut *(0-4)*

**Policy alignment**: Aligns with OEC's policy priorities *(0-4)*

# SELECTING OUTCOMES
## Choose up to three metrics

### *Which metrics would you be interested to include on a rate card?*

- Preterm Birth
- Child Injury
- Child Maltreatment
- Primary Caregiver Education
- Inter-birth Interval of at least 18 months
- Child Developmental Gains
- Full immunization
- Parental employment
- Early literacy development

- Program retention, 12 mos.
- Program retention, 24 mos.
- Well Child Visits
- Safe Sleep
- Early Language and Literacy Activities
- Behavioral Concerns
- Number of family stressors
- Positive parenting practices
- Postpartum Care

- Tobacco Use
- Completed Depression Referrals
- Completed Developmental Referrals
- Intimate Partner Violence Referrals
- Enrollment
- Breastfeeding
- Continuity of Insurance Coverage

# PRELIMINARY HYPOTHESIS FOR OUTPUTS & OUTCOMES

Based on our outcome criteria, we developed an initial set of outputs and outcomes as "strong candidates" to be included in an outcomes rate card

## (1) Outputs

| Prenatal Enrollment | Program Retention | Postpartum Care | Well Child Visits |
|---|---|---|---|

## (2) Outcomes

| Pre-term Birth | Child Injury | Child Maltreatment | Inter-birth Interval | Parental Employment |
|---|---|---|---|---|

**The outcome selection process identified the need for slightly different outcomes for PAT, NFP, and EHS program models vs. Child First, due to differences in the program model and target populations**

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# PRELIMINARY HYPOTHESIS FOR OUTPUTS & OUTCOMES

Based on our outcome criteria, we developed an initial set of outputs and outcomes as "strong candidates" to be included in an outcomes rate card



**(1) Outputs**

✓ *Prenatal Enrollment*  |  ✓ *Program Retention*  |  *Postpartum Care*  |  *Well Child Visits*

**(2) Outcomes**

✓ *Pre-term Birth*  |  ✓ *Child Injury*  |  ✓ *Child Maltreatment*  |  *Inter-birth Interval*  |  ✓ *Parental Employment*
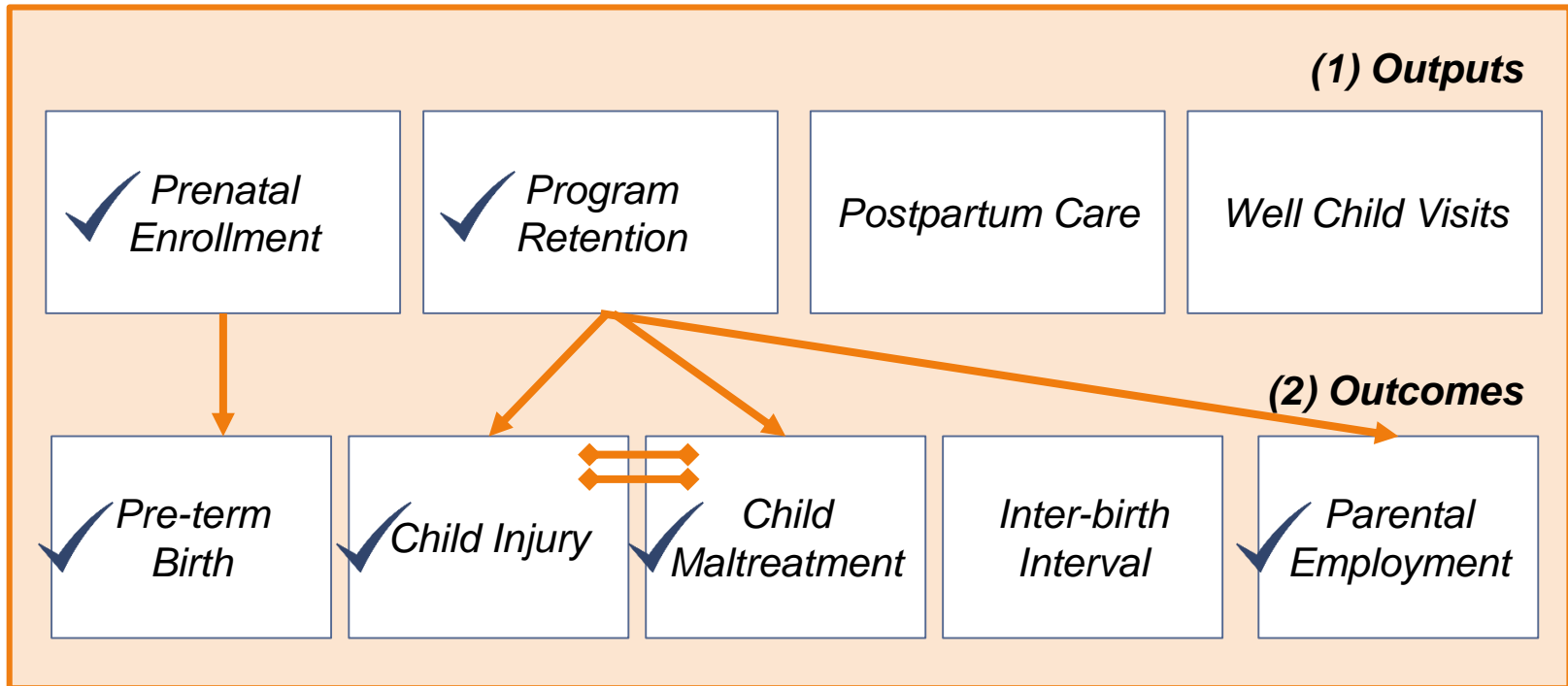
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# MIECHV RATE CARD PILOT – OUTCOME DEFINITIONS

| | |
|---|---|
| **Full-term birth**<br>*PAT, NFP, EHS* | *For families enrolled prenatally before 28 weeks gestation, the child is born at 37 weeks gestation or later.* |
| **Safe children**<br>*All providers* | *At the time of measurement,\* there are no substantiated cases of maltreatment (other than any reported by provider staff) and no incidents of injury- or ingestion- related visits to the emergency room.* |
| **Caregiver employment**<br>*All providers* | *At the time of measurement,\* the caregiver is employed, enrolled in education or training, or has recently graduated from an education or training program.* |
| **Family stability**<br>*Child First* | *For families that are identified at intake to have a demonstrated need for child care, health care, or housing, the need is met by the measurement point.\** |

*\*The time of measurement for each outcome depends on the provider model, as defined in each service provider contract.*

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# DATA: BASELINE EXPECTATIONS & TRACKING PERFORMANCE

**? AUDIENCE POLL #4**

## *Data systems*

1. Do you have an existing data system for home visiting data?

2. Do you have the ability to make minor modifications to your data system to add new fields?

3. Do you have access to historical home visiting data?

   - No historical data
   - 2 years of historical data
   - 5 years of historical data
   - 10 or more years of historical data

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# HOW OEC USES DATA IN THE RATE CARD PILOT

## 1 Historical data

- Identify outcomes
- Identify historical performance
- Set baseline performance
- Set outcome prices

## 2 Prospective data

- Used to track performance
- May require system updates, if collecting new fields (e.g. caregiver employment)

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# USING DATA: SETTING TARGETS FOR EACH OUTCOME

We use the target rate to determine the number of positive outcomes we are aiming to achieve in order for providers to obtain a 3% bonus

*Recommended target[1]*

| **Full term births** *(avoiding preterm birth)* | • 90% full-term births<br>• 34% prenatal enrollments before 28 weeks |
|---|---|
| **Safe children** *(avoiding child maltreatment and injury)* | • 60% achieve 1 year retention<br>• 99% no substantiated cases of maltreatment AND no ER visits |
| **Caregiver employment and education** | • 60% achieve 1 year retention<br>• 40% employment rate for retained families<br>• 40% will exit services<br>• 10% will exit due to employment/education |

[1] Data sources: MIECHV FY2017 data; state-funded home visiting program data (2015-16); and in some cases, secondary research or data from projects outside Connecticut. **Imperfect data was not a barrier to setting a target for new outcomes** (e.g. caregiver employment).

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# MIECHV PILOT DATA: ASSUMPTIONS VS. PERFORMANCE

## Initial data shows progress on prenatal enrollment and full-term birth

| | FY2017 Actual | Pilot 1 (2018) Target | FY2018 Actual |
|---|---|---|---|
| 12-month retention* | -- | 55% | 47% |
| % Prenatal enrollment | 39% | 45% | 50% |
| % Prenatal enrollment before 28 weeks | 60% | 75% | 69% |
| Preterm birth rate | 12% | 10% | 4.9%** *6 of 123 births* |
| % Injury-related hospital visits | 0.74% | 1%* | 21 cases *5% of 395 new enrollments* |
| % Caregivers employed / in training at enrollment | --*** | 50% | TBD |

*Actual includes retention for FY17.
**OEC is encouraged to see this low rate in 2018, but given the very small numbers, there is a high probability that some of this change is due to chance.
***Caregiver education and employment assumption informed by: *31% mothers were employed at NFN program entry in 2015* (2016 NFN Annual Report).

# EXAMPLE: FAMILY RETENTION OVER 24 MONTHS

## The process of reviewing data from the pilot has led OEC and Social Finance to look at data in new ways



**1 YEAR RETENTION FOR NEW ENROLLMENTS, FY2017**

**2 YEAR RETENTION FOR NEW ENROLLMENTS, FY2016**

*Most providers that start above average stay above average*
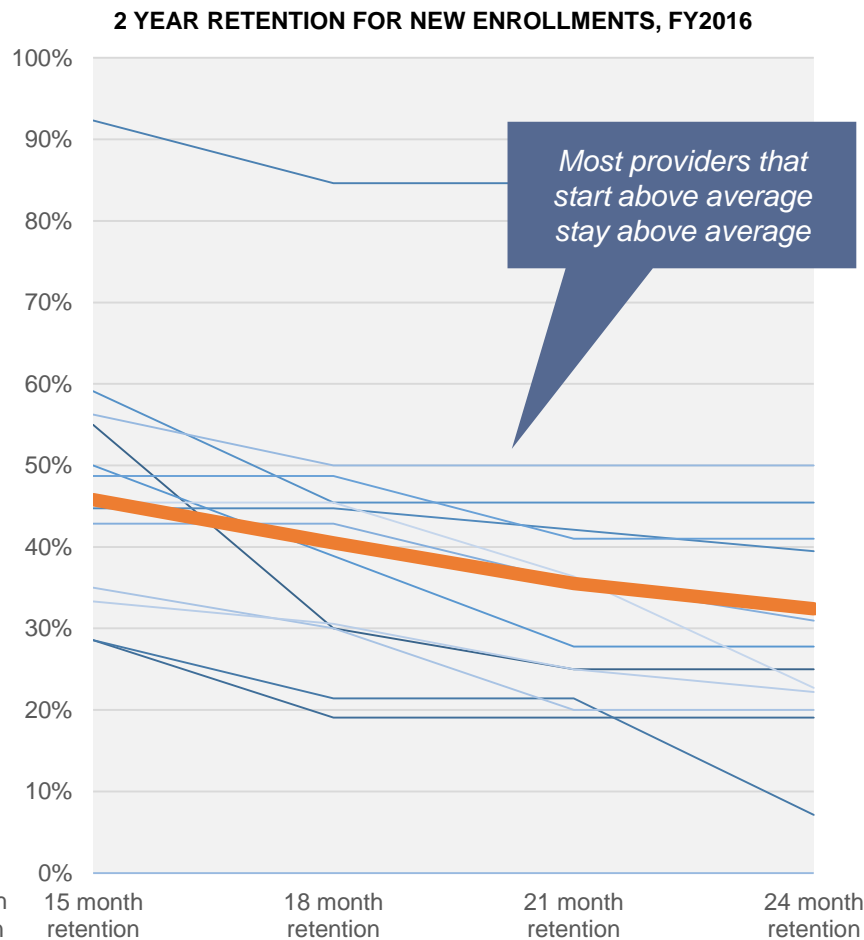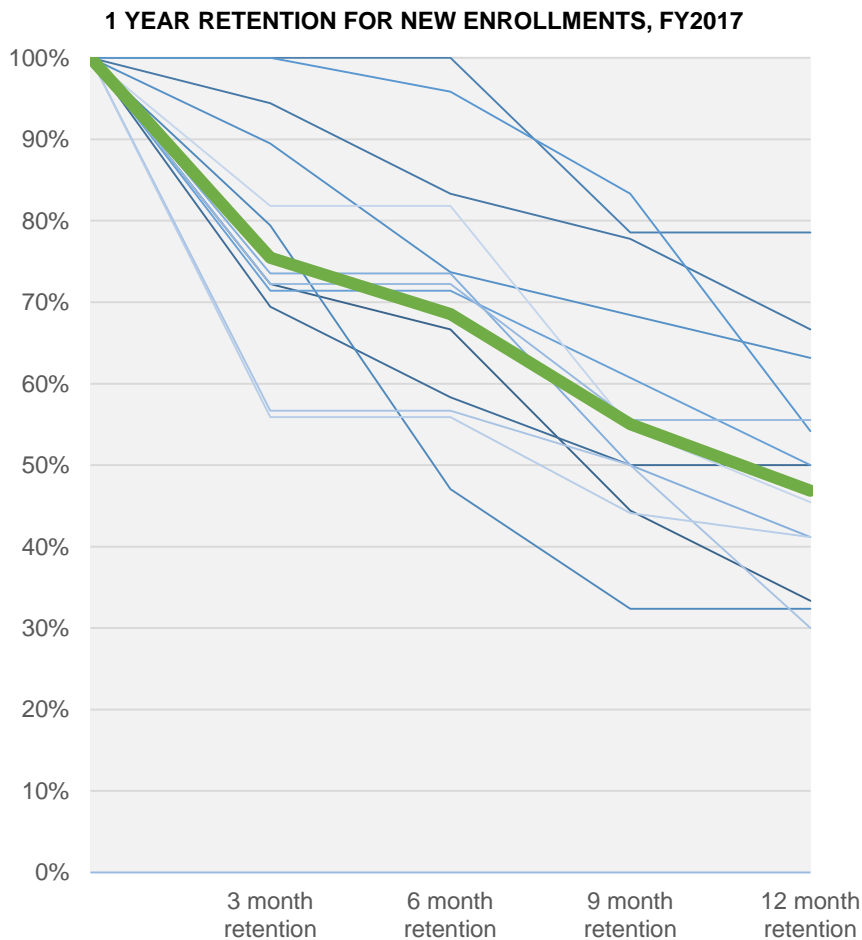
Source:

# DETERMINING OUTCOME PRICES

**1**
*Used baseline data for negative outcomes (e.g preterm birth) and other conditions (historic average gestation at enrollment)*

**2**
*Tested different scenarios to establish the right price mix (signal to providers where they should focus their efforts)*

**3**
*Stratified into two risk levels based on 2017 data*

# OEC MIECHV RATE CARD BONUS PRICES

*Prices are based on **program performance measures** and the available **outcomes funding pool**. Payment varies based on **high and low risk** families to recognize the level of service required for **high-need participants.***

### PAT, NFP, EHS

| Validated Outcome (Per Family) | Low-Risk Family Price | High-Risk Family Price |
|---|---|---|
| Safe Children | $90 | $115 |
| Caregiver Employment | $180 | $225 |
| Full-Term Birth | $135 | $170 |

### CHILD FIRST

| Validated Outcome (Per Family) | Low-Risk Family Price | High-Risk Family Price |
|---|---|---|
| Safe Children | $90 | $125 |
| Caregiver Employment | $145 | $210 |
| Family Stability | $150 | $220 |

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# CONTRACTING AUTHORITY

Involving contracting and procurement team early was essential to support quick turnaround of rate card provisions in MIECHV contracts

**September 2017**

**Central Contracts Unit joins working group**

**November 2017**

**HRSA approves use of funding for rate card pilot**

**December 2017**

**CT Attorney General approves contracts with rate cards**

**January 2018**
**Pilot launches!**

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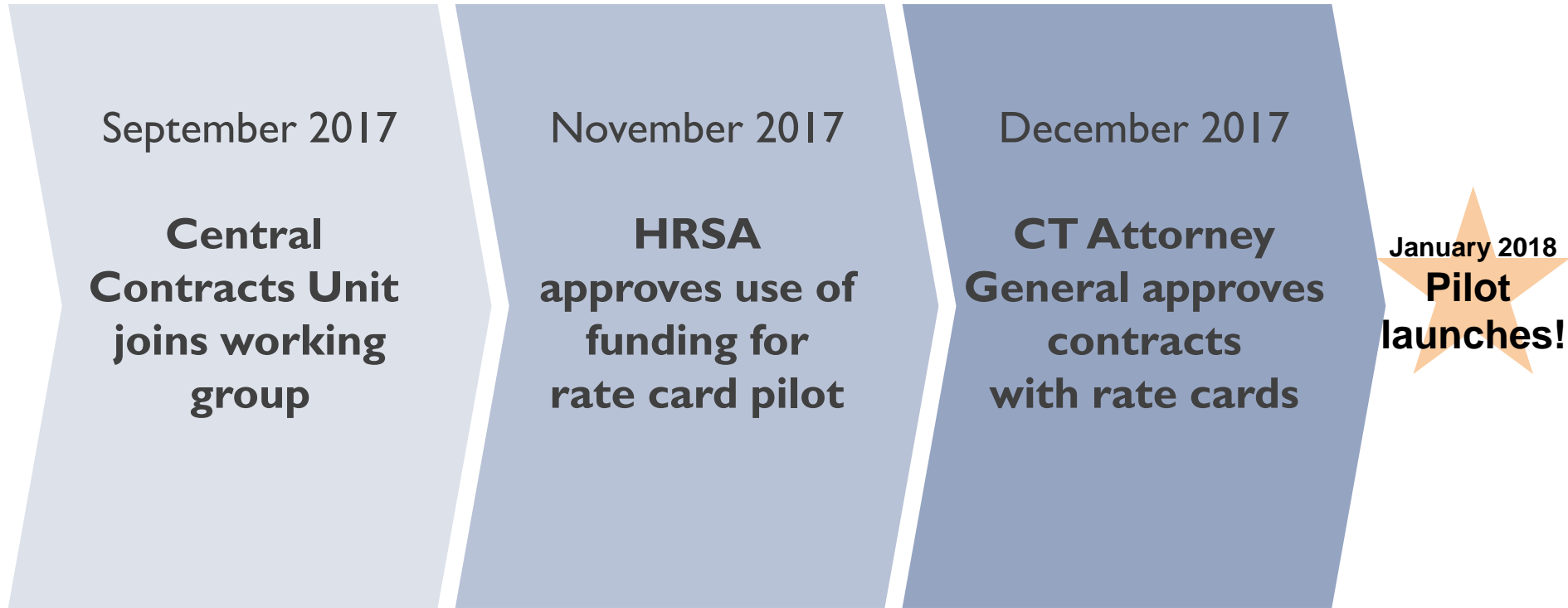
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# ENGAGING SERVICE PROVIDERS

## Pilot development process

- Service providers helped establish outcome definitions
- Advised on appropriate way to stratify family risk levels
- Provided feedback on how programmatic requirements do (or do not) fit with home visiting model

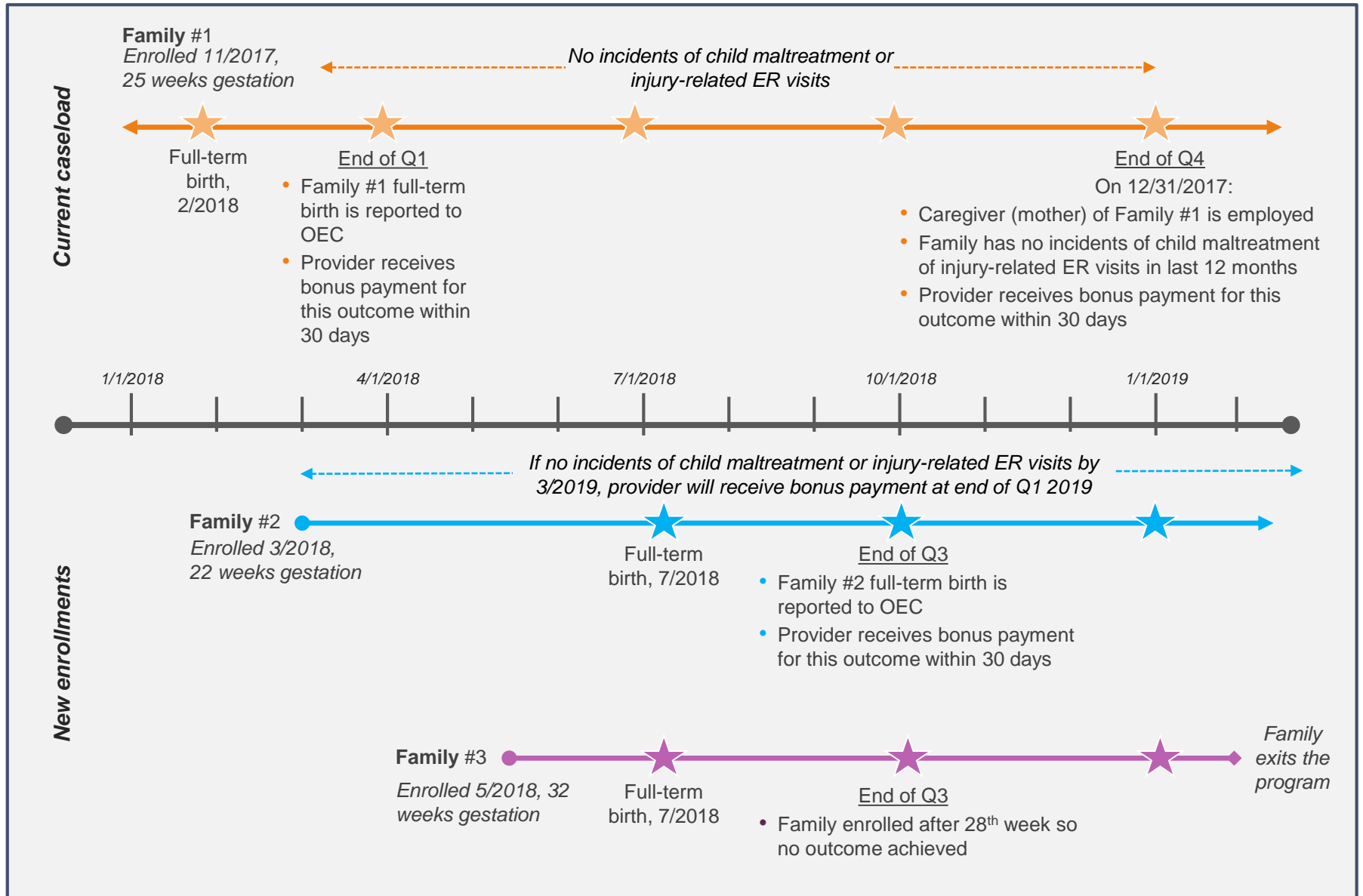## Rate card pilot launch sessions

- OEC hosted in-person session with all MIECHV providers to describe the rate card pilot
- Included examples of how families would qualify for outcome payments

## Ongoing feedback

- OEC held several webinars for feedback throughout the year
- In-person networking meetings
- Service providers shared lessons with each other on how they were managing toward achieving outcomes

# EXAMPLE: RATE CARD PILOT TRAINING SESSION

## Illustrative walk through of how providers report outcomes and receive payment

**Current caseload**

**Family** #1
*Enrolled 11/2017,
25 weeks gestation*

*No incidents of child maltreatment or
injury-related ER visits*

Full-term
birth,
2/2018

**End of Q1**
- Family #1 full-term
  birth is reported to
  OEC
- Provider receives
  bonus payment for
  this outcome within
  30 days

**End of Q4**
On 12/31/2017:
- Caregiver (mother) of Family #1 is employed
- Family has no incidents of child maltreatment
  of injury-related ER visits in last 12 months
- Provider receives bonus payment for this
  outcome within 30 days

1/1/2018          4/1/2018          7/1/2018          10/1/2018          1/1/2019

*If no incidents of child maltreatment or injury-related ER visits by
3/2019, provider will receive bonus payment at end of Q1 2019*

**New enrollments**

**Family** #2
*Enrolled 3/2018,
22 weeks gestation*

Full-term
birth, 7/2018

**End of Q3**
- Family #2 full-term birth is
  reported to OEC
- Provider receives bonus payment
  for this outcome within 30 days

**Family** #3
*Enrolled 5/2018, 32
weeks gestation*

Full-term
birth, 7/2018

**End of Q3**
- Family enrolled after 28th week so
  no outcome achieved

*Family
exits the
program*

# MIECHV PILOT DATA: PROVIDER DISCUSSION THEMES

**Suggested Outcome Additions / Changes**

- Allow mothers with a second birth while enrolled to be eligible for **full-term birth** outcome
- Adding **family stability** outcome to non-Child First programs, perhaps with a focus on emergency housing
- Adding an outcome focused on **healthy birth spacing**

**Timing Challenges**

- Year-long timeline for outcomes payments creates challenges in **feedback loop** – providers don't know how they're doing
- Change to **quarterly reporting**, particularly for employment / training verification
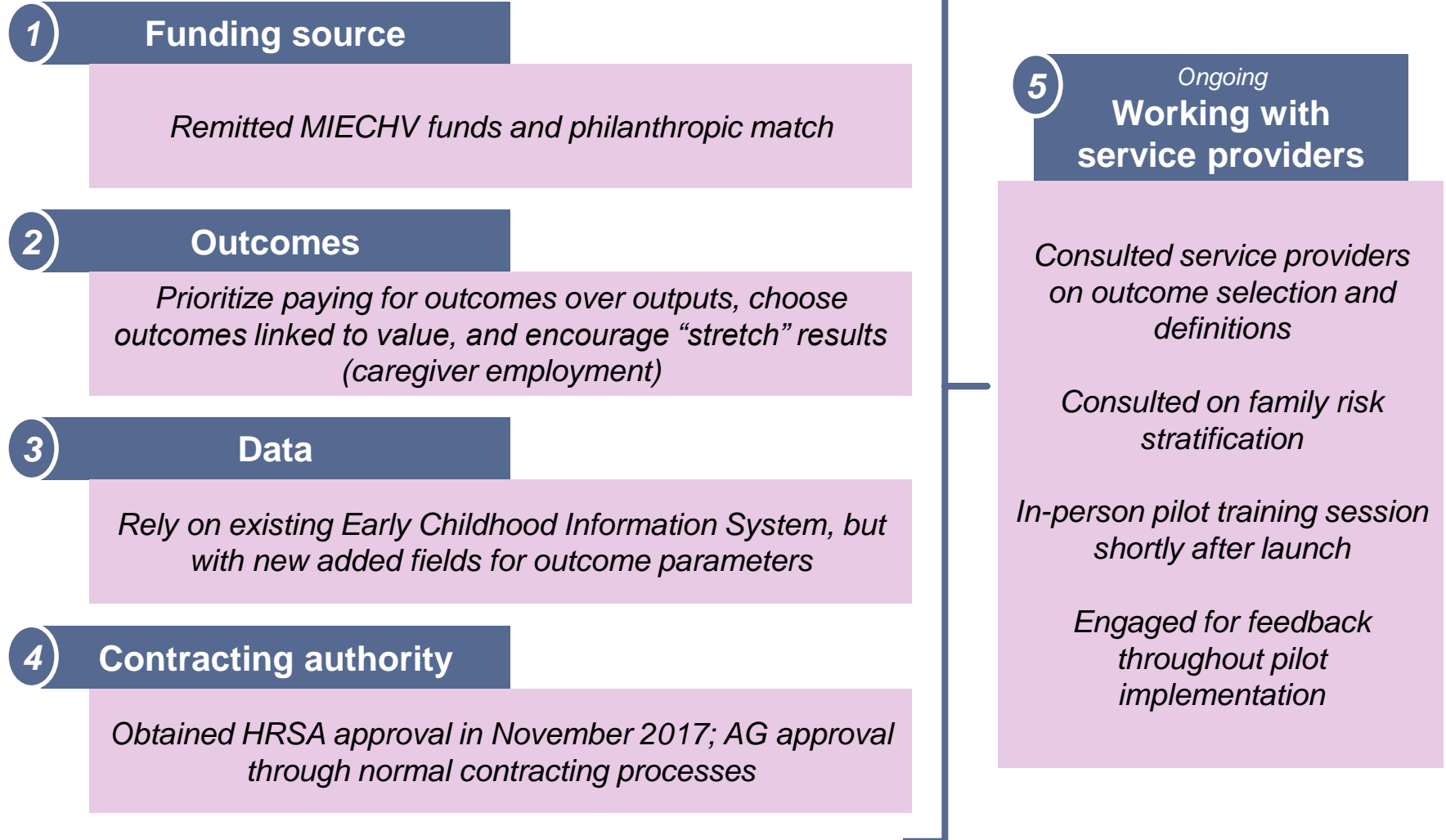
**Best Practices**

- Themes across providers include:
  - Assisting families with **transportation and job interviews**
  - Providing strong support when **connecting families with other services or programs**, including improving internal screening processes
  - Implementing incentives for family retention

# HOW TO LAUNCH A MIECHV OUTCOMES RATE CARD PILOT
## Recapping OEC's steps

**1** **Funding source**

*Remitted MIECHV funds and philanthropic match*

**2** **Outcomes**

*Prioritize paying for outcomes over outputs, choose outcomes linked to value, and encourage "stretch" results (caregiver employment)*

**3** **Data**

*Rely on existing Early Childhood Information System, but with new added fields for outcome parameters*

**4** **Contracting authority**

*Obtained HRSA approval in November 2017; AG approval through normal contracting processes*

**5** *Ongoing* **Working with service providers**

*Consulted service providers on outcome selection and definitions*

*Consulted on family risk stratification*

*In-person pilot training session shortly after launch*

*Engaged for feedback throughout pilot implementation*

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# OEC OUTCOMES RATE CARD THEORY OF CHANGE

A series of outcomes-based initiatives to move toward a higher performing and more outcomes-focused early childhood system in Connecticut

## CURRENT STATE

## FUTURE STATE

**FEE-FOR-SERVICE FUNDING** regardless of performance or impact

**LIMITED RESOURCES** and competing priorities from State & Federal sources; may not adjust based on shifts in need

**FOCUS ON INPUTS & OUTPUTS,** with some outcomes tracked

**DATA INTEGRATION IS CHALLENGING**, both between providers and OEC, and between OEC and other state agencies

### 2018 MIECHV Rate Card Pilot

- Identify key outcomes & assign value to those outcomes

- Link bonus payments to performance

- Set up data infrastructure to track outcomes

### 2019 MIECHV Rate Card Pilot

Expand on 2018 by…

- Offering a "contingent" metric for caseload maintenance

- Adding quarterly outcomes to incent retention

- Building data infrastructure to provide more real-time feedback

**FUNDING LINKED TO PERFORMANCE**

**ADDITIONAL INVESTMENT BASED ON PROVEN, MEANINGFUL IMPACTS**

**OUTCOMES TRACKED FOR PARENTS & CHILDREN**

**DATA SYSTEMS SUPPORT COLLABORATION AMONG PROVIDERS & AGENCIES**

# REFLECTIONS ON OUTCOMES RATE CARD DEVELOPMENT

- **Embrace a learning mindset:** Important to **embrace opportunities to learn**—and encourage providers to adopt this mindset, too

- **Build on existing systems:** Infrastructure of reporting requirements already associated with MIECHV-funded programs enabled smooth transition to pilot

- **Involve all stakeholders (internal included!) early:** Including **contracting and procurement team early in development** helped meet tight end-of-year contract deadlines

- **Celebrate incremental steps:** Moving the system toward paying for outcomes can happen in steps—**bonus payments lay groundwork for other outcomes-based payment**

- **Be flexible at every stage:** We have had to **adapt to provider feedback** both **during development and during implementation**—and this is part of the learning process

  - Typically involve questions about how to handle "edge cases" not clearly captured by initial outcome definitions
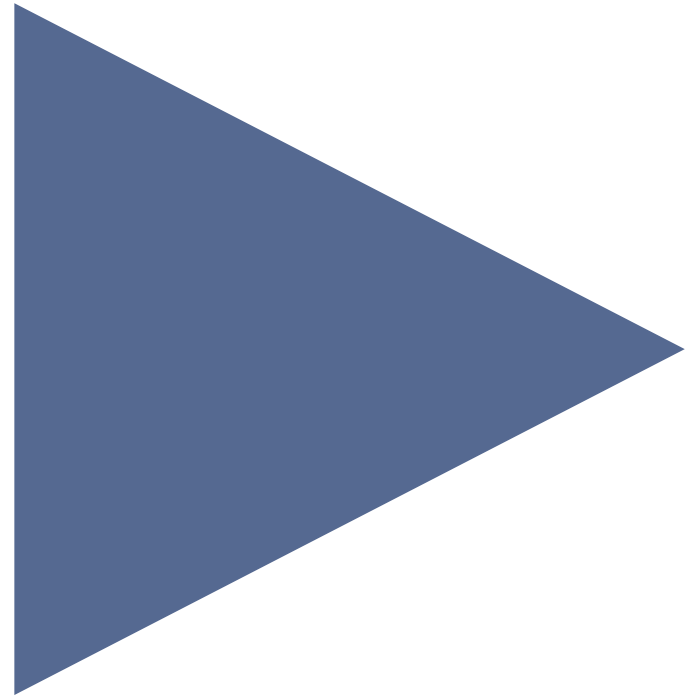
# 2019 MIECHV RATE CARD PILOT – OUTCOME DEFINITIONS

## DEFINITION OF SUCCESS

| | |
|---|---|
| **Full-term birth** | *For families enrolled prenatally before 28 weeks gestation, the child is born at 37 weeks gestation or later.* |
| **Safe children** | *At the time of measurement,* there are no substantiated cases of maltreatment (other than any reported by provider staff) and no incidents of injury- or ingestion-related visits to the emergency room.* |
| **Caregiver employment** | *At the time of measurement,* the caregiver is employed, enrolled in education or training, or has recently graduated from an education or training program.* |
| **3 Caseload maintenance** | **OPTION 1 ONLY**<br>*For the reporting quarter, each home visitor maintains a minimum average of caseload of active clients (at least one home visit per month) to maintain fidelity to the home visiting model.*** |

*The time of measurement for each outcome depends on the provider model, as defined in each service provider contract.*
***PAT and EHS: 12 families; NFP: 25 families*

SOCIAL FINANCE

There are two contract options for providers to select. The first allows for up to 5% in bonus payments; the second allows for up to 2% in bonus payments

## Option 1

| | |
|---|---|
| Base contract guaranteed | 97% |
| Base contract contingent on caseload management | 3% |
| Bonus contingent on outcomes | 5% |
| **Potential Contract Value** | **105%** |

## Option 2

| | |
|---|---|
| Base contract guaranteed | 100% |
| Base contract contingent on caseload management | 0% |
| Bonus contingent on outcomes | 2% |
| **Potential Contract Value** | **102%** |

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# TIMELINE – SAFE CHILDREN EXAMPLE
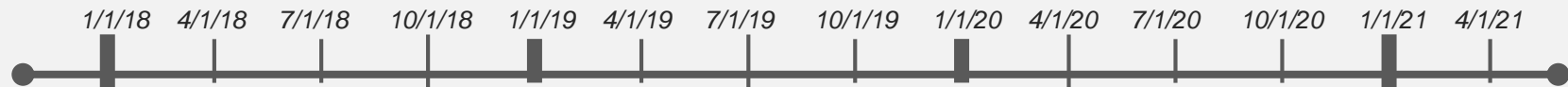
**Family #1**
*Enrolled before Jan. 1 2018*

**12-Month Retention Period**
- *Reporting done each quarter*
- No incidents of child maltreatment or injury-related ER visits in 1st year
- Positive safe children outcome achieved on 12/31/19

**Future Quarters**
- Family is eligible for quarterly payments going forward, beginning 1/1/19

1/1/18  4/1/18  7/1/18  10/1/18  1/1/19  4/1/19  7/1/19  10/1/19  1/1/20  4/1/20  7/1/20  10/1/20  1/1/21  4/1/21

**Family #2**
*Enrolled June 25 2018*

**12-Month Retention Period**
- *Reporting done each quarter*
- Injury-related ER visit occurred in 1st year
- HV does not achieve initial safe family outcome on 6/30/19
- Family still eligible for other outcome payments because 12-month retention period was met

**Future Quarters**
- Family is eligible for quarterly payments going forward, beginning 7/1/19

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# TIMELINE – CAREGIVER EMPLOYMENT EXAMPLE

**Family #3**
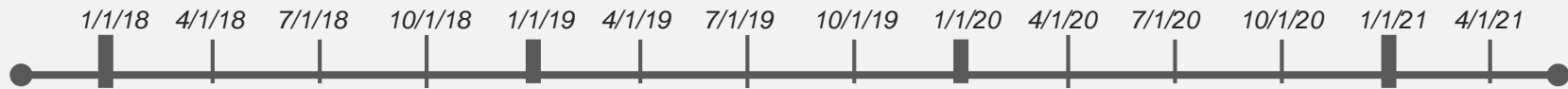*Enrolled before Jan. 1 2018*

**12-Month Retention Period**
- *Reporting done each quarter*
- Caregiver is not employed or enrolled in training at 12-month measurement point
- HV does not achieve initial caregiver employment outcome payment on 12/31/19
- Family still eligible for other outcome payments because 12-month retention period was met

**Future Quarters**
- Family is eligible for quarterly payments beginning 1/1/20
- Caregiver not employed or in training on last day of Q2 or Q3 2020
  - HV does not receive caregiver employment outcome payment for these quarters
  - Family still eligible for other outcomes in these quarters, and for employment outcome in following quarters

1/1/18   4/1/18   7/1/18   10/1/18   1/1/19   4/1/19   7/1/19   10/1/19   1/1/20   4/1/20   7/1/20   10/1/20   1/1/21   4/1/21

**Family #4**
*Enrolled October 15 2019*

**12-Month Retention Period & Future Quarters**
- *Reporting done each quarter*
- Caregiver is enrolled in training at end of retention period
- Caregiver employment outcome is achieved on 12/31/20
- Family eligible for other outcome payments because 12-month retention period was met; eligible for quarterly payments thereafter

SOCIAL FINANCE

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