



Performance and Quality Improvement Policy and Protocol Handbook

July 2018

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Preface

Introduction

West Michigan Partnership for Children (WMPC) is a nonprofit organization in Kent County that is facilitating a performance-based funding model through a contract with the Michigan Department of Health and Human Services (MDHHS). Our mission is: Empowering communities to create better futures for children and families through innovation and collaboration. Contact us at:

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WMPC's Performance and Quality Improvement plan is designed to ensure that consistent, high quality services are delivered to the children and families assigned to its care. The goals of WMPC PQI Plan are to improve the permanency, safety, and well-being of children in out-of-home care in Kent County toward achievement of all Implementation, Sustainability and Exit Plan (ISEP) and Child and Family Service Review (CSFR) outcomes; to reduce the possibility of adverse occurrences; and to maintain a system for continuous quality improvement. This plan summarizes the structure, processes and activities that are part of WMPC oversight.

Performance and Quality Improvement Philosophy

- WMPC is committed to providing the necessary resources to ensure ongoing quality in the organization and in its agency partners by engaging in a continuous quality improvement process that:
- Addresses organizational performance and advances effective management practices by promoting service excellence and continuous improvement toward achievement of identified outcomes
- Supports long-term priorities and goals as detailed in the WMPC Strategic Plan
- Utilizes best practices in performance measurement
- Facilitates leadership investment, direction, and support
- Focuses on the client need and perspective
- Utilizes data and research findings
- Maintains a structure that is broad-based, system-wide, inclusive of community, partner providers, and public and private stakeholders
- Continuously implements solutions to improve efficiency and deliver high quality, accessible, and trauma-informed services

The PQI Plan and WMPC Strategic Plan Alignment

The PQI Plan will support WMPC strategic and short-term plans. WMPC will undertake a strategic planning process regularly to ensure that the mission of the organization is responsive to the needs and aspirations of the community. The strategic plan will guide the administration and delivery of WMPC services. The WMPC long-range strategic plan and short-term plans will include goals, objectives, and

measurable outcomes that address organizational capacity building. The plan will outline procedures for internal reviews to ensure the WMPC systems are efficient and ethical. The plan will outline standards, practices and procedures for oversight and collaboration with Placement Agency Foster Care (PAFC) providers and other community partners.

PQI Structure

The PQI process will be coordinated by the WMPC Director of Performance and Quality Improvement (PQI), who is responsible for full implementation of the PQI plan, oversight of ongoing PQI processes, and direct supervision of PQI staff. The Director will report directly to the Chief Operating Officer and will work closely with the WMPC leadership team to ensure a seamless flow of information to support quality improvement activities. The Director will also work closely with the PAFC providers to ensure quality improvement activities are aligned and effective and will participate in provider audits as appropriate. The Director will also participate as appropriate in monitoring of non-PAFC service providers to ensure all WMPC contracted providers meet quality and timeliness expectations. The Director will also have a staff of three to four PQI Coordinators, who will assist with all aspects of the PQI process.

WMPC/Kent County Department of Health and Human Services (DHHS) Data/PQI Committee

Working from the philosophy that “these are the community’s children/families”, the Data/PQI Committee will be comprised of representatives from all stakeholder groups including but not limited to partnering service providers, state and local DHHS representatives, representatives from court, network180, education, and medical providers. This Committee will meet no less than quarterly to review aggregated PQI reports and provide feedback for improvement objectives.

Stakeholders

Stakeholder involvement is crucial to a successful PQI process and as such, the PQI Team will be responsible for engaging all stakeholders. Involving stakeholders in quality improvement initiatives ensures that the organization’s effectiveness is viewed from a variety of perspectives, enhances transparency and builds trust, and ensures that the voice of the client is included in quality improvement efforts. WMPC stakeholders include:

- WMPC employees
- WMPC Board of Directors
- Kent County DHHS
- Michigan DHHS (MDHHS)
- Network180
- Contracted PAFC Providers
- Other contracted service providers
- Children in out of home care and their families
- Caregivers

WMPC and MDHHS

WMPC will participate in program evaluation and improvement as required by the state of Michigan and/or the federal government. The WMPC PQI Plan will align with the MDHHS PQI Plan and will consider MDHHS as a critical partner in achieving outcomes through continuous improvement efforts. The WMPC contract with MDHHS clearly defines the outcomes WMPC will be accountable for achieving as well as MDHHS's oversight responsibility for monitoring progress toward achieving these outcomes.

The WMPC Director of Performance and Quality Improvement will develop an ongoing and responsive relationship with MDHHS and Kent County DHHS staff. MDHHS will regularly provide WMPC with data reports (directly and via the MiSACWIS data base system) detailing progress toward established Child and Family Services Review (CFSR) and Key Performance Indicators (KPI) goals. WMPC will verify and analyze the data from these reports and work with MDHHS to identify issues affecting goal achievement. The Kent County DHHS will provide representation at Data/PQI Committee meetings where progress and challenges will be explored and performance improvement plans will be identified and approved. WMPC will also participate in relevant Kent County DHHS PQI meetings and provide information as requested.

Minutes from monthly WMPC and PAFC PQI Meetings will be made available to either Kent County DHHS or MDHHS as requested. WMPC will make PQI reports, data reports, and case files available for review as requested. Annually MDHHS will evaluate WMPC through the established licensing and contract compliance audit process. (See Attachment A for DCWL Review Process for WMPC)

Section I: Performance Tracking and Monitoring for Continuum of Care Subcontractors

Outcomes to be measured

PAFCs will work toward the achievement of the CSFR outcomes and Implementation, Sustainability, and Exit Plan (ISEP) Key Performance Indicators KPIs as outlined in section 2.11.B in their contract and in Attachment C.

The WMPC PQI team will also work toward tracking and monitoring the following metrics:

- CFSR Permanency Outcomes
- Key Performance Indicators (medical/dental, timely plan submission and approval, social work contacts)
- Increased use of relative placement
- Decrease use of institutional placement
- Proximity of placement to removal address
- Proximity of placement to reunification address
- Sibling groups placed together
- Average length of stay in care
- Placement utilization (rate of homes in use)
- Placement capacity (availability of placements)
- Placement continuum
- Dosage of services
- Caseworker capacity (13:1 caseload)

- Caseworker retention
- Caseworker continuity
- Supervisor retention
- MiTEAM practice fidelity

WMPC will track and monitor outcomes by individual agency in Mindshare, a data system receiving data directly from MiSACWIS, the State of Michigan’s case management tool for child welfare. However, compliance with outcomes will be officially assessed on an annual basis using MDHHS Infoview Data Warehouse reports. The assessment will focus on performance trends and KPI achievements in the prior 12 months.

Data sharing and quality assurance

WMPC will work with Mindshare and the MDHHS to facilitate the data sharing process. Responsibilities of WMPC include:

- Ensuring the necessary data elements are requested from MDHHS and transferred to Mindshare.
- Quality checking data received by Mindshare and fed into dashboards.
 - For each new dashboard, WMPC will export and analyze the raw data to assess for any issues in calculation logic, coding, and missing data. WMPC will document these issues, send to Mindshare and MDHHS, and facilitate a discussion to problem solve.
 - On a monthly basis, WMPC will export and analyze raw data from each dashboard to identify patterns in quality issues. WMPC will document these issues, send to MDHHS and Mindshare, and facilitate a discussion to problem solve.

Monitoring methodology

WMPC will utilize Mindshare to monitor CSFR outcomes and KPIs on a continuous basis. Mindshare’s flexible structure allows for the manipulation of data in several ways. As standard procedure, WMPC will monitor progress toward benchmarks and patterns over time in the following ways:

- Kent County overall
- By agency
- By race/ethnicity
- By gender
- By age
- Monthly and annual trends

Agency engagement

In an effort to support collaboration, partnership, and productive engagement, WMPC will work closely with the PAFC providers to facilitate the understanding and application of data for practice, as well as address issues involving contract compliance.

Staff point of contact

WMPC will ask PAFC providers to:

- Identify at least one PQI point of contact for WMPC staff to communicate with regarding PQI questions and concerns.

- Develop an agency PQI committee to engage in communications and meetings with WMPC. Members should include a combination of leadership and direct service staff. The size of the committee will be determined by the PAFC provider but will likely be around three to seven staff.

Engagement schedule

WMPC seeks regular engagement with PAFC providers to ensure ongoing communication and progress. The purpose of regular meetings will be to share information, facilitate understanding, develop strategies, and solicit feedback. To that end, WMPC aims to implement the following engagement schedule:

- Annual audit – exact date will vary from agency to agency. The annual audit is the official review and assessment of an agency’s compliance with contract requirements and achievement of outcomes. Findings from this audit will determine the necessity and content of a Performance Improvement Plan.
- Quarterly reviews – WMPC will facilitate a comprehensive yet condensed review of contract compliance and achievement of outcomes. This is a low-stakes review intended to increase transparency and productivity of the compliance and continuous quality improvement process.
- Quarterly discussion sessions (optional) – WMPC will facilitate a discussion session with PAFC staff to examine the strengths and weaknesses of WMPC PQI processes, brainstorm ideas to support progress, and solicit feedback and input for future planning.

Each agency will receive a report from the annual audit within 30 days of the audit end date.

Continuous Quality Improvement

Continuous quality improvement (CQI) is the process of identifying, describing, and analyzing strengths and challenges through data analysis – and then testing, learning from, and revising solutions. The goal is to develop processes for using data and outcomes to improve agency processes, procedures, and functions.

WMPC will facilitate the Plan Do Check Act model¹ with PAFC providers. The steps involved in this model include:

1. Plan – identify areas of focus and collect, analyze, and review data to determine meaningful and relevant findings and recommendations
2. Do – implement change based on findings and recommendations.
3. Check – monitor the impact of the change through continued data collection, analysis and review to see if it is having the intended effect of improving performance.
4. Act – share the results of the implemented change and finalize change if it proved to improve performance.

The Plan Do Check Act process is a cyclical and ongoing process in which WMPC will continually be identifying areas to analyze, monitor, and affect change.

¹ Best, M., & Neuhauser, D. (2006). Walter A Shewhart, 1924, and the Hawthorne factory. *Quality & Safety in Health Care*, 15(2), 142–143. <http://doi.org/10.1136/qshc.2006.018093>

PAFC providers will work toward the achievement of the CSFR outcomes and Implementation, Sustainability, and ISEP KPIs as outlined in section 2.11.B in their contract and listed in Attachment C. WMPC will support the PAFC providers in achieving these outcomes through the PQI process. PAFC providers will be required to:

- Develop and implement PQI processes, policies, and procedures in collaboration with WMPC and based on WMPC performance monitoring.
- Participate as full partners in all WMPC PQI and utilization management activities.
- Make PQI reports, data reports, and case records available to WMPC for review and monitoring.

WMPC will support PAFC providers in the PQI process by sharing data and facilitating discussion and planning. At a minimum, WMPC will:

- Share current CSFR outcomes and ISEP KPIs at quarterly agency meetings.
- Facilitate the identification of agency strengths, needs, and performance improvement strategies.
- Document the agency PQI planning process through WMPC-created tools and worksheets.
- Ask agencies to “sign off” on PQI planning documentation on a quarterly basis.

Performance Improvement Plans

If results of the annual audit show that an agency is not meeting expected performance outcomes, WMPC will require the agency to develop a performance improvement plan (PIP) that addresses the following:

- Identification of each outcome falling below expected performance
- Development of SMART (specific, measurable, achievable, realistic, time-bound) action steps that can be implemented to improve progress toward the selected outcome.
- Measures to assess achievement of action steps and progress toward expected performance for the selected outcome.

The PAFC provider must develop a PIP within 30 days of the annual audit’s final report and submit via email to WMPC’s Director of Performance and Quality Improvement. The Director of Performance and Quality Improvement must approve all PIPs and has 10 days to request modifications to a submitted plan. The agency has five days to finalize revisions. The WMPC Performance and Quality Improvement team is responsible for overseeing the implementation of all PIPs and will monitor progress through quarterly meetings with agency representatives.

PAFC provider requests for modifications to a PIP, once implemented, must be made in writing to the Director of Performance and Quality Improvement. The Director has 10 days to approve or not approve a request.

In the event that a PAFC provider’s performance is continually and/or willfully below established levels of performance with no improvement, and/or to a degree that brings risk to children and families and/or WMPC, the WMPC Chief Executive Officer (CEO) will take responsibility for oversight and contract negotiations with the PAFC provider’s CEO. At the discretion of the WMPC CEO, the matter will be brought to the WMPC Board of Directors for resolution.

Section II: Contract Compliance for Continuum of Care Subcontractors² Placement Agency Foster Care (PAFC)

Each PAFC provider must comply with the requirements outlined in the WMPC Continuum of Care Contract. WMPC and the Division of Child Welfare Licensing (DCWL) share responsibility for monitoring compliance with these requirements. DCWL will monitor for compliance with licensing rules, Implementation, Sustainability, and Exit Plan (ISEP) regulations, and MDHHS contract provisions. WMPC will monitor areas that are specific to the WMPC contract (provisions that are in addition to MDHHS contract provisions), as well as areas that are critical to the WMPC performance-based model. These include:

- Performance measures
- Performance and Quality Improvement Plan
- Enhanced Foster Care (EFC)
- Case documentation in MiSACWIS
- Implementation of DCWL Corrective Action Plans (CAP)
- Critical incident reporting
- MiTeam fidelity
- Contract provisions required for agencies receiving federal pass through dollars.
- Staff/foster parent/client satisfaction and perspective

Agency engagement

In an effort to support collaboration, partnership, and productive engagement, WMPC will work closely with the PAFC providers to facilitate the understanding and adherence to the WMPC Continuum of Care Contract.

Staff point of contact

WMPC will communicate with agency-identified staff regarding contract reviews and compliance. This person(s) will be a part of the PQI Committee that meets with WMPC on a regular basis.

Engagement schedule

Regarding contract compliance, WMPC will implement the following schedule to ensure adequate monitoring:

- A review of performance measures, MiTEAM fidelity, and PQI planning during agency quarterly review sessions.
- An assessment of the implementation of DCWL CAPs during agency quarterly review sessions utilizing the “DCWL CAP Implementation Tool” in Attachment B.
- Ongoing case reviews with reporting every quarter (WMPC staff will identify case file noncompliance and request correction by PAFC staff).
- Review of critical incidents at time of reporting to assess for appropriate documentation and timeliness. A WMPC investigation of the incident may occur if there appears to be a contract

² Updated July 2018

violation. Review of trends and risk management will occur during agency quarterly review sessions.

- An annual contract review that includes:
 - Annual performance for contracted performance measures utilizing Infoview reports.
 - An assessment of the PQI plan using Council on Accreditation PQI standards.
 - EFC case review – a selection of EFC cases will be reviewed to determine compliance with the agency’s EFC Program Statement.
 - An analysis of ongoing case reviews for the previous year to identify strengths and challenges in case management.
 - An analysis of critical incident documentation for the previous year to identify strengths and challenges in reporting, as well as trends and risk management.
 - An analysis of MiTEAM fidelity reports for the previous year to identify strengths and opportunities for improvement.
 - Document review of agency policies to ensure compliance with required contract provisions.
 - An analysis of DCWL CAP implementation for the previous year, utilizing quarterly implementation assessment information, to identify strengths and challenges in addressing noncompliance of licensing and MDHHS policy
 - Interviews with staff, foster care parents, and biological parents and review of agency satisfaction surveys to assess satisfaction with organizational structure and support, as well as perceptions of strengths and challenges in working with families.

Each agency will receive a final report from the annual audit within 30 days of the audit end date. The final report identifies the level of compliance for each assessment area and the recommended/required actions. Technical assistance will be provided as needed for areas of assessment in the Maintenance or Refinement Zone.

Status	Description	Action Required
Maintenance Zone	Performance is effective. Efforts should be made to maintain and build upon current program strengths.	Maintain and build upon strengths.
Refinement Zone	Performance shows some non-compliance. Efforts should be made to refine current practice to improve and stabilize performance.	Be alert of concerns noted and refine practice to address.
Improvement Zone	Performance is not adequate. Quick action should be taken to improve practice.	Written Performance Improvement Plan required.

Definitions:

- **Maintenance Zone:** Requirements are fully compliant.
- **Refinement Zone:** the majority (over half) of requirements for a review area are met.
 - Examples: 3 of 5 PQI standards are fulfilled in PQI plan; 7 of 11 case review categories are completely in compliance; 8 out of 12 DCWL CAP strategies are achieved or in progress.

- **Improvement Zone:** the majority (over half) of requirements for a review area are not met OR the safety of a child/family is compromised.
 - Examples: 2 of 3 EFC case files demonstrate majority non-compliance with program statement; 5 of 14 KPIs do not meet benchmarks; critical incident reporting and action is not timely.

Tracking, Monitoring, and Reporting³

PAFC provider critical incident reporting

As outlined in the WMPC Program Operations Guide, PAFC providers must report by phone any emergency incident to WMPC within four hours; significant incidents must be reported within four business hours through phone or email. WMPC is required to report these incidents to the MDHHS County Director. If an incident violates compliance in relation to DCWL or Child Protective Services (CPS) regulations, WMPC will report the violation to the respective entity. Agencies are still required to submit reports to DCWL and/or CPS as needed.

WMPC has deemed a judicial finding of “no reasonable efforts” to obtaining reunification as a critical incident. WMPC Performance and Quality Improvement team will investigate these incidents through case reviews, case conferences, and interviews. Based on findings, WMPC may require a performance improvement plan.

If WMPC is made aware of a situation that falls into the emergency or significant category by a source other than the PAFC provider, WMPC will contact the PAFC provider within 24 hours to confirm the situation and collect the necessary reporting details. WMPC will report the incident to the MDHHS County Director and to DCWL or CPS if required. Agencies are still required to submit reports to DCWL and/or CPS as needed.

Monitoring

Critical incident reports, ongoing case reviews, and annual audits will ensure ongoing monitoring of compliance. WMPC will facilitate discussion and solicit information regarding compliance issues and violations at quarterly meetings with agencies.

WMPC may issue a corrective action if deemed appropriate. PAFC providers will have 30 days to develop a PIP. The WMPC Director of Performance and Quality Improvement must approve the plan and has 10 days to request modifications to a submitted plan. The agency will have five days to finalize revisions.

Performance Improvement Plans

If results of the annual audit show that an agency is not meeting compliance requirements, or if an agency continually or willfully is not reporting critical incidents, WMPC will require the agency to develop a PIP that addresses the following:

- Identification of each policy/protocol/regulation in violation.
- Development of SMART (specific, measurable, achievable, realistic, time-bound) action steps that can be implemented to improve progress toward achieving compliance.

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- Measures to assess achievement of action steps and progress toward achieving compliance.

The PAFC provider must develop a PIP within 30 days of the annual audit's final report and submit via email to WMPC's Director of Performance and Quality Improvement. The Director of Performance and Quality Improvement must approve all PIPs and has 10 days to request modifications to a submitted plan. The agency has five days to finalize revisions. The WMPC Performance and Quality Improvement team is responsible for overseeing the implementation of all PIPs and will monitor progress through quarterly meetings with agency representatives.

PAFC provider requests for modifications to a PIP, once implemented, must be made in writing to the Director of Performance and Quality Improvement. The Director has 10 days to approve or not approve a request.

In the event that a PAFC provider is continually and/or willfully in violation of contract compliance, and/or to a degree that brings risk to children and families and/or WMPC, the WMPC Chief Executive Officer (CEO) will take responsibility for oversight and contract negotiations with the PAFC provider CEO. At the discretion of the WMPC CEO, the matter will be brought to the WMPC Board of Directors for resolution.

Case Review Process

Case review tool and data collection system

WMPC will utilize the Michigan Department of Health and Human Services Foster Care Case Review tool and data collection system.

Case review frequency and sample methodology

WMPC will follow the Council on Accreditation (COA) guidelines in conducting case reviews.

Case reviews will be conducted on a quarterly basis. On the first business day of each quarter, WMPC will determine the total population of children in care. A sample size will be determined using COA's recommended sampling guidelines (<http://coanet.org/standard/pqi/5/>), which account for confidence levels. The guidelines suggest case reviews for both open and closed cases. WMPC will utilize the guidelines for High Risk Programs/Services. Because the population of children in care is continually fluctuating, the sample size for reviews would change each quarter as well. However, as an example, an approximate population of 750 children would require 111 total case reviews, with 94 open cases and 17 closed cases.

The sample population would be determined using stratified random sampling methodology. This ensures that each PAFC provider's population is proportionally represented within the sample population.

For example:

WMPC has 750 assigned cases on the first of the quarter:

- Bethany Christian Service has 150 of those cases (20%)
- Catholic Charities West Michigan has 200 (27%)
- D.A. Blodgett-St. John's has 250 (33%)

- Samaritas has 100 (13%)
- Wellspring Lutheran Services has 50 (7%)

Step 1: Determine the total sample population based on total children in care (750 children in care = 111 total case reviews)

Step 2: Determine agency proportionate sample sizes

- Bethany Christian Services: 20% of 111 = **22**
- Catholic Charities West Michigan: 27% of 111 = **30**
- D.A. Blodgett-St. John's: 33% of 111 = **37**
- Samaritas: 13% of 111 = **14**
- Wellspring Lutheran Services: 7% of 111 = **8**

Step 3: Random sampling

- WMPC will stratify the case list by agency.
- Within each agency strata, the predetermined number of PIDs will be randomly selected for case review.

Findings feedback

Case reviews will be conducted throughout each quarter. Reviews completed within a specified month will be entered into the designated data collection tool by the 5th day of the following month.

At the conclusion of each review, WMPC will email the review findings to the assigned PAFC supervisor and copy the private agency worker. The email will notify the agency of necessary action needed, identify barriers, and indicate whether follow up is necessary.

The private PAFC supervisor will ensure all areas of concern have been addressed within the identified timeframe and inform WMPC when corrections have been completed by signing and emailing the case review tool to WMPC.

WMPC will conduct random quality assurance reviews to ensure the identified area of concern have been appropriately documented. If missing information has not been entered as indicated on the signed case review tool, WMPC will share the information with the PAFC supervisor.

Identification of safety and well-being concerns

The following situations must be addressed by the PAFC provider staff within the specified timeframe for entry of items in MiSACWIS.

- Missing worker/child face to face contacts – following business day
- Missing worker/caregiver face to face contacts – following business day
- Missing 1 or more case service plans – within 10 business days
- Missing medical or dental appointments – within 10 business days

WMPC will assist with problem solving barriers throughout the process.

The PAFC must contact WMPC to verify that these actions have been completed.

Section III: Performance and Quality Improvement System

In addition to facilitating the PQI process and contract compliance with individual agencies, WMPC is responsible for developing and implementing system-level policies, protocols, and guidelines that align across agencies and improve outcomes for children and families in Kent County overall. This will be operationalized in the following ways:

- The Director of Performance and Quality Improve will co-chair the Data/PQI subgroup of the Enhanced MiTeam committee. This group will serve as a system-level working/advisory group regarding PQI in Kent County and will meet monthly. This group will produce system-level recommendations and guidelines to be distributed bi-annually and as needed.
- The Director of Performance and Quality Improvement will attend system leadership meetings to report on system outcomes, initiate action on relevant issues, and facilitate discussion on the value, applicability, and meaning of past and current outcomes. These meetings include, but are not limited to: WMPC Advisory Council, Enhanced MiTeam Subcommittee, Enhanced MiTeam Leadership, and WMPC Board of Directors.
- An annual feedback assessment of the PQI system. The Director of Performance and Quality Improvement will seek feedback via surveys and focus groups. Targeted stakeholder groups include but are not limited to: PAFC staff, MDHHS and Kent County DHHS staff, foster parents, biological parents, and child welfare system partners. The information will be synthesized in a report that includes recommended changes to the PQI system, which must be submitted to and approved by the WMPC Board of Directors.
- An annual audit conducted by MDHHS to determine WMPC's progress toward and achievement of CSFR outcomes, KPIs, and contract compliance. WMPC will be required to complete a PIP for any outcomes that do not reach the target benchmark or any non-compliance findings. The PIP will be completed by the Director of Performance and Quality Improvement and in partnership with WMPC system stakeholders.
- An annual written assessment conducted by the consortium chief administrator containing a review of ISEP and contract non-compliance cited in the previous licensing report, an assessment of KPIs, an assessment of outcomes provided by MDHHS, and an evaluation of the most recent corrective action plan required by the most recent DCWL audit. The report is due October 1st of each fiscal year. Detailed requirements can be found in FOM 915C.

Section IV: Policy and Protocol for Supportive Services

WMPC maintains contracts with several supportive services in the child welfare system. These include parent education classes, and domestic violence support therapy/batterer intervention services, Family Reunification Program, and Supportive Visitation.

Outcomes to be measured

These contracts outline performance measures these organizations are expected to achieve. The data to measure these outcomes will be gathered in the following ways:

Parent education classes: Arbor Circle submits roster data on a monthly basis to WMPC. Other outcome data will be requested from Arbor Circle prior to the audit and gathered during the site visit.

Domestic violence support therapy/batterer intervention services: YWCA submits roster data on a monthly basis to WMPC. Other outcome data will be requested from the YWCA prior to the audit and gathered during the site visit.

Family Reunification Program: Wellspring Lutheran Services and Catholic Charities West Michigan submit a monthly report to WMPC, a quarterly report of satisfaction survey data, and a quarterly report of follow up survey data. Other outcome data will be requested prior to the audit and gathered during the site visit.

Supportive Visitation: outcome data will be requested prior to the audit and gathered during the site visit

Progress toward and achievement of these outcomes will be reported in the audit's annual final report.

Audit

WMPC will conduct an annual audit with each organization to assess contract compliance. The audit will consist of onsite observation, document review, case record review, and interviews. A final report will be completed with 30 days of the audit.

WMPC will conduct a case review for 20 percent of the program's caseload. These cases will be randomly selected by WMPC.

If an organization has not met expected performance measures or is non-compliant with other contract expectations, the organization must complete a PIP. The requirements of the PIP will include:

- Identification of each policy/protocol/regular in violation.
- Development of SMART (specific, measurable, achievable, realistic, time-bound) action steps that can be implemented to improve progress toward achieving compliance.
- Identification of agency strengths that can be utilized to support action steps.
- Measures to assess achievement of action steps and progress toward achieving compliance.

The organization must develop a PIP within 30 days of the annual audit's final report and submit via email to WMPC's Director of Performance and Quality Improvement. The Director of Performance and Quality Improvement must approve all PIPs and has 10 days to request modifications to a submitted plan. The agency has five days to finalize revisions.

WMPC's Performance and Quality Improvement Team will request progress updates on each organization's PIP on a quarterly basis. WMPC will respond to each update with recommendations for continuous improvement.

Section V: Policy and Protocol for Child Caring Institutions & Shelter Care⁴

WMPC maintains contracts with three types of Child Caring Institutions (CCI). These include: Abuse and Neglect, Short-Term Assessment, and Juvenile Justice. WMPC also maintains a contract with Kids First as an Emergency Residential Shelter.

Division of Child Welfare Licensing (DCWL) and WMPC Shared Monitoring

Beginning October 2017, DCWL and WMPC share responsibility for monitoring Child Caring Institutions that place WMPC-assigned youth.

DCWL will monitor for compliance with licensing rules, Implementation, Sustainability, and Exit Plan (ISEP) regulations, DHHS policy and applicable statutes, and MDHHS contract provisions.

WMPC will monitor areas that are specific to the WMPC contract (provisions that are in addition to MDHHS contract provisions); as of July 2018, the single contract provision specific to WMPC resides with the Emergency Residential Shelter contract with Kids First regarding differing timeframes for assessments. If additional provisions are added to the contract, new monitoring activities will be developed and implemented.

WMPC will review areas that are significant to WMPC's model and strategic goals to gain insight into residential programming so as to inform future contract development.

WMPC Areas to be Reviewed

- Performance objectives
- Contract provisions that differ from the statewide contract
- Implementation of DCWL CAPs
- Staff satisfaction and perception of service effectiveness, corrective actions, and continuous quality improvement
- Youth satisfaction and perception of service effectiveness

WMPC Protocol for Contract Review Areas

Performance objectives

WMPC will request performance objective data be submitted quarterly via email to the Performance and Quality Improvement team. **Data is only required for WMPC-assigned youth.** This data is due on the 10th of the month following each quarter. Progress toward and achievement of these outcomes will be reported in the final report.

Outcomes to be Measured

The performance objectives include:

- The number and percentage of all children supervised by the Contractor who were victims of substantiated maltreatment by facility staff.

⁴ Updated July 2018

- The percentage of children supervised by the Contractors who had a planned discharge within nine months of placement.
- The percentage of children who had a planned discharge to a less restrictive setting.
- The percentage of children discharged from the Contractor's program due to AWOLP status.
- The percentage of children with a documented need on the Child Assessment of Needs and Strengths (CANS or CAFAS) who show an improved score at time of discharge. The improved score must be on at least one of the top three identified needs at the time of admission.
- For children functioning below grade level, the percentage who met or exceeded at minimum, one of the educational goals defined in their treatment plan or their IEP, if applicable.
- For children functioning below grade level, 75% will meet or exceed at minimum of one of the educational goals defined in their treatment plan or their IEP, if applicable.

ONLY Sexually Reactive programs:

- The percentage of children who had a relapse prevention plan upon a planned release.
- The percentage of children who demonstrate Stage of Change improvement/progress related to the identified assessment tool.

ONLY Developmentally Disabled/Cognitively Impaired programs:

- The percentage of clients who demonstrate progress in receptive and expressive skills as shown by a communication skills assessment prior to discharge.
- The percentage of clients who demonstrate an understanding of their environment and manage their response as shown by a reduction in negative behaviors and an increase in the ability to appropriately express feelings and needs at the time of discharge.

ONLY Substance Abuse programs:

- The percentage of children who had a plan including relapse prevention and recommended services upon a planned discharge.

ONLY Mother/Baby programs:

- The percentage of youth who shown improvement in her parenting skills upon discharge from the Mother Baby program based upon the findings documented in the AAPI.
- The percentage of youth who demonstrate an increased understanding of her infant's/toddler's needs as measured by the Casey Life Skills supplemental or Daniel Memorial assessment as applicable to the teen parent.
- The percentage of infants/toddlers who remain placed with his/her mother after discharge from the residential setting.

Implementation of DCWL CAPs

WMPC will request a copy of each CCI's most recent DCWL renewal and interim (if applicable) reports, as well as any special investigations regarding WMPC-assigned youth. WMPC will also request the CAP(s)

for each of these reports. WMPC will assess implementation of these strategies through staff interviews and review of DCWL's compliance assessment within renewal and interim reports.

Staff Satisfaction and Perception of Service Effectiveness, Corrective Actions, and Continuous Quality Improvement

WMPC will interview residential and foster care staff to understand satisfaction with CCI structure and policies, as well as opinions and insight into the effectiveness of residential programming. Topics will include, but are not limited to: permanency planning, addressing intensive needs, relationship with foster care system, and programming strengths and challenges. WMPC will also collect information related to staff perceptions of corrective action implementation (extent and fidelity) and continuous quality improvement processes to achieve positive outcomes for youth.

Youth Satisfaction and Perception of Service Effectiveness

WMPC will interview youth at each CCI to gain insight into their satisfaction and perception of services. Topics will include, but are not limited to: treatment from staff, engagement with treatment planning, and strengths and challenges of CCI programming.

Schedule of Activities and Final Reports

WMPC will conduct site visits and interviews each year with each CCI. The final report will contain findings from interviews and aggregated performance measures for WMPC-assigned youth. Final reports are due 30 days following the site visit. WMPC will not require performance improvement plans.

Attachment A

DIVISION OF CHILD WELFARE LICENSING (DCWL) LICENSING AND CONTRACT OVERSIGHT PROCESS FOR WEST MICHIGAN PARTNERSHIP FOR CHILDREN (WMPC)

Purpose	The regulatory oversight and monitoring of child welfare contracts is the responsibility of the CSA Division of Child Welfare Licensing (DCWL). DCWL assigns consultants and analysts to monitor/review and investigate each agencies compliance with child placing agency licensing rules and contract terms with MDHHS.
Requirement	Annual onsite reviews to assess compliance with licensing rules and terms of the MDHHS contract.
Process	DCWL will conduct licensing and contract reviews with the consortium and its subcontracts as is currently completed.
Consortium	The consortium will be held accountable for its licensing function and terms of the MDHHS contract (i.e. sub-contractor oversight). DCWL will compile contract violations from the prior year from sub-contractor renewal/interim inspections and special investigations and assess how the consortium oversees the agencies to prevent future non-compliances.
Sub-Contracted Agencies	Annual reviews will be completed at the agency level. Sub-contracted agencies will be reviewed for the function of their license and compliance with MDHHS policy and contract. Sampling methodology will be modified.
Sampling Methodology	Sampling size will be modified to pull cases that are proportional to the population of Kent children and non-Kent children being served. For example, Bethany's child population is 80% Kent and 20% non-Kent. If the sample size is 10 children for a review, 8 will be Kent county children and the remaining 2 will be non-Kent county children.
Non-Compliances	If non-compliances are found at the sub-contractor level, the child placing agency providing case management will be required to complete the corrective action plan. The corrective action plan must be reviewed and approved by the consortium prior to sending to the DCWL.
Special Investigations	Special investigation process will not change.
Foster Home Reviews	Foster home reviews completed by the DCWL analyst will not change. If concerns are noted during a visit with a foster home licensed by a sub-contractor, the consortium will also be notified of the findings.
DCWL Staffing	There would not be an impact to DCWL staffing with this proposed oversight process.

Attachment B

Implementation Assessment: DCWL Corrective Action Plans

Rule in violation	Strategy Achieved	Strategy In Progress	Strategy Not Achieved	Comments

Attachment C

Child and Family Services Review Outcomes and Key Performance Indicators

Maltreatment in care – of all children in care during a 12-month period, the rate of maltreatment in care shall not exceed 8.5.

Permanency within 12 months for children entering care – at least 40.5% of children shall achieve permanency within 12 months for children entering foster care.

Re-entry to foster care – no more than 8.5% of children shall re-enter foster care within 12 months.

Permanency in 12 months for children in foster care 12 to 23 months – at least 43.6% of children in care 12-23 months shall achieve permanency within 12 months.

Permanency in 12 months for children in foster care for 24 months or longer – at least 30.3% of children in foster care 24 months or longer shall achieve permanency within 12 months.

Placement stability – children shall have no more than 4.12 placement moves.

Implementation, Sustainability and Exit Plan (ISEP) Key Performance Indicators

Medical-initial – at least 85% of children will have an initial medical examination within 30 days of removal.

Medical-periodic – following an initial medical examination, at least 95% of children shall receive periodic medical examinations and screenings according to the guidelines set forth by the American Academy of Pediatrics.

Medical-yearly – followed by an initial medical examination, at least 95% of children shall receive yearly (up to 14 months from the previous exam) medical examinations and screenings.

Dental-initial – at least 90% of children shall have an initial dental examination with 90 days of removal unless the child has had an exam within six months prior to placement or the child is less than four years of age.

Dental-yearly – at least 95% of applicable children shall have a dental examination at least every 12 months.

Worker-child visits – at least 95% of children will be visited by their assigned worker in accordance with FOM.

Worker- parent visits – at least 85% of parents whose children have a permanency goal of reunification shall have face to face contact by the assigned caseworker in accordance with the guidelines in FOM.

Parent-child visits – at least 85% of children with a goal of reunification shall have visitation with their parents in accordance with the guidelines in FOM 722-06I Policy.

Children’s foster care service plans – timely case plans – at least 95% of children shall have an initial service plan completed within 30 days of entry into foster care and quarterly thereafter in accordance with the guidelines in FOM.

Children’s foster care timely case service plan approvals – at least 95% of children shall have a case service plan approved within 14 days of case worker submission to the supervisor for review per FOM 722-09 policy.

Supervisor oversight – at least 95% of children shall meet at least monthly with each assigned case worker to review the status and progress of each case on the worker’s caseload.

Adoption disruption and dissolution – a.) fewer than 5% of placements for adoption shall end in disruption; b.) fewer than 5% of finalized adoptions will end in dissolution within 12 months following the final order of adoption.

Adoption finalizations - by September 30th of each fiscal year, not less than 80% of the number of children with a goal of adoption who were legally free for adoption on September 30th of the previous fiscal year, shall have adoptions finalized.