



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ROBERT GORDON
DIRECTOR

September 10, 2019
Amended

Sonia Noorman
West MI Partnership for Children
213 Sheldon St, SE, 2-A
Grand Rapids, MI 49503

RE: License #: CB410381414
West MI Partnership for Children
213 Sheldon St, SE, 2-A
Grand Rapids, MI 49503

Dear Mrs. Noorman:

Attached is the Interim Report for the above referenced facility completed on 07/23/2019. Due to the violations of applicable licensing rules, sections of the contract and Implementation, Sustainability, and Exit Plan (ISEP) requirements, a written corrective action plan is required. It should be noted that violations of any licensing rules are also violations of the ISEP and your contract. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each citation will be achieved.
- Who is directly responsible for implementing the corrective action for each licensing statute and rule or section of the contract or ISEP citation.
- Specific time frames for each citation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you fail to submit an acceptable corrective action plan, disciplinary action may result.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the area manager at (616) 552-3662.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kari Muntean', with a long horizontal flourish extending to the right.

Kari Muntean, Licensing Consultant
MDHHS\Division of Child Welfare Licensing
22 Center Street
Ypsilanti, MI 48198
(734) 395-0920

enclosure

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD WELFARE LICENSING
INTERIM INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #: CB410381414

Licensee Name: West Michigan Partnership for Children

Licensee Address: Suite 170
2335 Burton St. SE
Grand Rapids, MI 49503

Licensee Telephone #: (616) 281-4601

Administrator/Licensee Designee: Kristyn Peck, Designee

Name of Facility: West MI Partnership for Children

Facility Address: 213 Sheldon St, SE, 2-A
Grand Rapids, MI 49503

Facility Telephone #: (616) 259-8606

Original Issuance Date: 11/22/2016

Service Types: PLACE CHILDREN FOR ADOPTION
CERTIFY FOSTER HOMES FOR LICENSE
SUPERVISE INDEPENDENT LIVING
PLACE CHILDREN IN FOSTER HOME

II. METHODS OF INSPECTION – A. Consultant

Date of On-site Inspection(s):

06/12/19, 07/23/19

	Total No. Of Records	No. of Records Reviewed
No. of current licensed foster homes	0	
No. of homes pending licensure	0	
No. of Foster homes closed since the last inspection	0	
No. of Foster homes borrowed since the last inspection	0	
No. of Special Investigations in foster homes since last inspection	0	
No. of incidents of substantiated child abuse and/or neglect in foster care since last inspection	0	
No. of incidents of substantiated corporal punishment in foster care since last inspection	0	
No. of children currently placed in licensed foster homes	0	
No. of children discharged from foster homes since the last inspection	0	
No. of children whose sibling groups were split	0	
No. of children who have had 3 or more placements	0	
No. of children with unlicensed relatives	0	
No. of youth in independent living placement	0	
No. youth discharged from an independent living placement since the last inspection	0	
No. of applicants evaluated for adoption since the last inspection	0	
No. of applicants denied a recommendation since the last inspection	0	
No. of adoption placements since the last inspection	0	
No. of Child Adoption Assessments Completed	0	
No. of adopted children currently in supervision	0	
No. of children free for adoption more than 12 months	0	
No. of acceptable corrective action plans (not maltreatment of foster children) submitted by this agency since the last inspection	2	2
No. of current employees who have worked at the facility for:		
More than a year	9	3
Less than a year	9	9

No. of Persons Interviewed:

Licensing Staff	
Foster Care Staff	
Independent Living Staff	
Adoption Staff	
Supervisory Staff	4
Administrative Staff	1
Foster Parents	
Youth in Independent Living	

The following required records were on file and available for review:

Program Statement	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Program Policies	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Staff Training Records	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Volunteer Supervision Policy	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Income/Expenditure for current year, including IRS Form 990	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Foster Parent Training Records	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Supervisory Ratio	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Caseload Ratio	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Child Adoption Assessment Completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA

METHODS OF INSPECTION – B. Analyst

	Total No.	No. Visited
No. of licensed foster homes		na
No. of unlicensed relatives homes		na
No. of independent living youth		na
No. of adoptive homes		na

Number of persons interviewed:

Foster Parents	na
Foster Children	na
Birth Parents	na
Independent Living Youth	na
Relatives	na
Adoptive Parents	na
Others (please identify person interviewed by role)	na

III. DESCRIPTION OF FINDINGS

- 1.) The facility is in compliance with all applicable licensing statutes and rules except for the following:

No violations observed.

- 2.) Any violation listed in section 1 is also an ISEP violation. Please note that there are additional ISEP requirements that may not be included in section 1. The facility is in compliance will all additional ISEP requirements except for the following:

No violations observed.

- 3.) Any violation listed in section 1 is also a DHHS Contract violation. Please note that there are additional DHHS Contract/Policy requirements that may not be included in section 1. The facility is in compliance will all additional DHHS Contract/Policy requirements except for the following:

CWCC Contract: Attachment I

(2) Outcomes to be measured

a) Performance Outcome Indicators to be Measured

The Grantee shall meet the following federal outcome indicators:

1. Maltreatment in Care

Of all children in care during a 12-month period, supervised by the Grantee, the rate of maltreatment in care shall not exceed 8.5, as defined in the federal Child and Family Service Review, Round 3

- The agency is in violation as they are at an average of 13.1 from the most recent data provided by the MDHHS Performance-Based Child Welfare Analyst via DTMB, for timeframe 10/2017-3/2019. If comparing solely to the agency's last licensing period of 05/2018-03/2019, the agency is still not in compliance with 11.4. A CAP is required.

2. Permanency within 12 Months for Children Entering Care

At least 40.5 percent of children supervised by the Grantee shall achieve permanency within 12 months for children entering foster care, as defined in the federal Child and Family Service Review, Round 3.

- Current data submitted by MDHHS via DTMB found this measure to be at 14%, which is well below the standard. A CAP is required.

CWCC Contract: Attachment I

(2) Outcomes to be measured

(b) Key Performance Indicators to be Measured

1) Medical – Initial

At least 85% of children supervised by the Grantee will have an initial medical examination within 30 days of removal.

- The agency was found to be at 75% at the time of the last inspection, and has improved to 82% during this licensing year. Although this is a **REPEAT VIOLATION, Renewal Report, dated 05/07/18, and corresponding CAP, dated 05/10/18**, the agency may submit the previous CAP as it appears to be significantly improving the outcome and the agency is nearing compliance with the current process.

2) Medical – Periodic (Well Child)/Yearly (14 Months)

Following an initial medical examination, at least 95% of children supervised by the Grantee shall receive periodic medical examinations and screenings according to the guidelines set forth by the American Academy of Pediatrics and/or yearly (up to 14 months from the previous exam) medical examinations and screenings.

- The agency was found to be at 78% at the time of the last inspection, and is now found to be at 81%. **REPEAT VIOLATION, Renewal Report, dated 05/07/18, and corresponding CAP, dated 05/10/18**. Although a slight improvement is noted, the agency must review their previous CAP did not achieve compliance and assess and identify how it can be improved. An updated CAP is required.

3) Dental - Initial

At least 90% of children supervised by the Grantee shall have an initial dental examination within 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.

- The agency was found to be at 74% at the time of the last inspection, and is currently at 73%. **REPEAT VIOLATION, Renewal Report, dated 05/07/18, and corresponding CAP, dated 05/10/18**. The agency must report why their previous CAP failed and assess and identify how it can be improved. An updated CAP is required.

4) Dental – Yearly

At least 95% of applicable children supervised by the Grantee shall have a dental examination at least every 12 months.

- The agency was found to be at 84% at the time of the last inspection, and is currently at 78% for this licensing period. **REPEAT VIOLATION, Renewal Report, dated 05/07/18, and corresponding CAP, dated 05/10/18.** The agency must report why their previous CAP failed and assess and identify how it can be improved. An updated CAP is required.

5) Worker-Child Visits

At least 95% of children supervised by the Grantee will be visited by their assigned worker in accordance with FOM.

- The agency was found to be at 91% at the time of the last inspection, and is currently at an average of 92% for this licensing period when reviewing for visits within in the 1st 30 days of placement/replacement (96%), face to face contacts in the 1st 5 days of placement/replacement (90%), visits within the 2nd 30 days of placement/replacement (88%), and ongoing monthly visits (95%). **REPEAT VIOLATION, Renewal Report, dated 05/07/18, and corresponding CAP, dated 05/10/18.** Although a slight improvement is noted, the agency must review why their previous CAP and assess and identify how it can be improved. An updated CAP is required.

6) Worker-Parent Visits

At least 85% of parents whose children have a permanency goal of reunification and are supervised by the Grantee, shall have face-to-face contact by the assigned caseworker in accordance with the guidelines in FOM.

- The agency was found to be at 62% at the time of the last inspection, and is now observed to be at 50% for this licensing period when reviewing for visits within the 1st 30 days (37%), monthly (69%), and quarterly (43%). **REPEAT VIOLATION, Renewal Report, dated 05/07/18, and corresponding CAP, dated 05/10/18.** The agency must review why their previous CAP failed, and assess and identify how it can be improved. An updated CAP is required.

7) Parent-Child Visits

At least 85% of children supervised by the Grantee with a goal of reunification shall have visitation with their parent(s) in accordance with the guidelines in FOM 722-06I Policy.

- The agency was found to be at 48% at the time of the last inspection, and is now noted to be at 48% for this licensing period when reviewing for weekly visits. It is notable that the agency remains well behind the standard for visits within the 1st 7 days (29%). **REPEAT VIOLATION, Renewal Report, dated 05/07/18, and corresponding CAP, dated**

05/10/18. The agency must report why their previous CAP failed and assess and identify how it can be improved. An updated CAP is required.

8) Children's Foster Care Service Plans – Timely Case Plans

At least 95% of children supervised by the Grantee 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.

- The agency was found to be at 86% at the time of the last inspection, and is currently noted to be averaging 87% for this licensing period for ISPs (80%), PWSPs (94%), and USPs (89%). **REPEAT VIOLATION, Renewal Report, dated 05/07/18, and corresponding CAP, dated 05/10/18.** Although a slight improvement is noted, the agency must review their previous CAP and assess and identify how it can be improved. An updated CAP is required.

9) Children's Foster Care Timely Case Service Plan Approvals

At least 95% of children supervised by the Grantee shall have a case service plan approved within 14 days of case worker submission to the supervisor for review (FOM 722-09 Policy).

- The agency was found to be at 86% at the time of the last inspection, and is currently at 87% for this licensing period. **REPEAT VIOLATION, Renewal Report, dated 05/07/18, and corresponding CAP, dated 05/10/18.** Although a slight improvement is noted, the agency must review why their previous CAP failed to achieve compliance and assess and identify how it can be improved. An updated CAP is required.

FOM 915C CHILD WELFARE CONTINUUM OF CARE PERFORMANCE GOALS AND MONITORING

Consortium

The consortium must develop and implement policy and protocol for performance and financial monitoring of subcontractors and quality improvement process.

- It was observed that the agency did not incorporate a review of all DCWL special investigations and corresponding agency CAPs into their annual contract review reports. This omission leaves out an important monitoring function of violations by the subcontractors. Out of the 5 subcontractor reviews, 3 addressed all applicable DCWL findings, while 2 omitted information. Of these 2, 1 review omitted one applicable Special Investigation and corresponding CAP for the respective subcontractor. The other did not contain the same attachment as the others to report on

the findings of 2 applicable Special Investigations and corresponding CAPs. A CAP is required.

IV. TECHNICAL ASSISTANCE

The facility was offered technical assistance in the following areas:

R 212 Personnel Records

- The agency was advised that incorrect review periods on performance evaluations will lead to violations. During this review it was observed that probationary reviews were done timely. However, annual reviews had incongruent review periods and signatures that were dated well after the completion dates. Agencies have 30 days from the due date of the evaluation to complete the appraisal.

CWCC Contract: Attachment I

(2) Outcomes to be measured

a) Performance Outcome Indicators to be Measured

The Grantee shall meet the following federal outcome indicators:

6. Placement Stability

Children supervised by the Grantee shall have no more than 4.12 placement moves as defined in the federal Child and Family Service Review, Round 3.

- As a matter of technical assistance: although this requirement is noted to be in compliance at a 3.61 average, from the most recent data provided by the MDHHS Performance-Based Child Welfare Analyst via DTMB for timeframe 10/01/17-05/30/19, it is advisable that the agency monitor this closely and address accordingly, as there has been a gradual but steady increase in this number over this time period which is nearing non-compliance (3.38 up to 4.02).

SRM 200:

- The agency is advised to ensure that departed employee files contain documentation that the agency secured keys to the agency, ID badges, and terminated MiSACWIS access upon termination of employment.

V. CONSULTATION

The facility was offered consultation in the following areas:

- Consultation was provided on-site regarding employee file documentation.

- It is recommended that the agency standardize their annual contract review reports for subcontractors. It was observed during this review that there were different graphs used between reports and not all attachments corresponded across the 5 agency reviews. Standardization of the reports will make staff training easier, ensure all areas are addressed for every review, and make review of the material more effective for supervisors and outside entities.

VI. EVALUATION OF RENEWAL PERIOD

There were no substantiated incidents of maltreatment in care during this licensing period. The agency does not provide direct services but monitors the subcontractors via annual and updated contract reviews. This component is reflected above in regard to the violation for not meeting the required performance outcome for Maltreatment in Care.

There were no incidents of substantiated corporal punishment during this licensing period. The agency does not provide direct services but monitors the subcontractors via annual and updated contract reviews. There were no reported concerns in any of the agency's contract reviews for the 5 subcontractors. It is recommended that the agency be clearer in their review of this domain in order to adequately document that it was reviewed as part of their monitoring responsibilities.

The agency has submitted 2 acceptable corrective action plans not related to maltreatment during this licensing period. The first CAP, dated 05/10/18, was in response to the Renewal Report, dated 05/07/18. The agency was cited for non-compliance with their contract as it relates to reaching Key Performance Indicators. All but one of the KPI's were found to be below the acceptable standard required in the last report. There were 3 noted to be meeting the standards in this report period . This report finds the following movement for each KPI (Adoption is not reported as this was the first report with data, therefore movement cannot be determined.):

- 1) Medical – Initial: ↑ 7, 3 away from target
- 2) Medical – Periodic (Well Child)/Yearly (14 Months): ↑ 3, 14 away from target
- 3) Dental – Initial: ↓ 1, 17 away from target
- 4) Dental – Yearly: ↓ 6, 17 away from target
- 5) Worker-Child Visits: ↑ 1, 3 away from target
- 6) Worker-Parent Visits: ↓ 12, 35 away from target
- 7) Parent-Child Visits: same, 37 away from target
- 8) Children's Foster Care Service Plans – Timely Case Plans: ↑ 1, 8 away from target
- 9) Children's Foster Care Timely Case Service Plan Approval: ↑ 1, 8 away from target

The second CAP, dated 01/08/19, was submitted in response to special investigation 2019C0207002, dated 12/26/18. The agency was cited for

noncompliance with FOM 915A, CHILD WELFARE CONTINUUM OF CARE-PROGRAM REQUIREMENTS, PLACEMENT EXCEPTION REQUESTS Residential Placement Exception Request. There have been no additional reports of PERs not being properly submitted for approval since this incident, therefore, it appears the agency CAP is working.

It appears that the agency is making efforts to comply with regulatory requirements. Some progress has been made in 5 of 9 KPIs, 1 was noted to have stayed the same, and there were 3 areas of decline. The agency has documented in their Annual Report that they are focusing on those areas in most need of improvement. In regard to Performance Outcomes, the agency has met 4, while 2 remain non-compliant.

VII. RECOMMENDATION

Based on inspection findings the facility is not in compliance with all applicable licensing statutes and rules and/or ISEP requirements and/or contract/policy. Upon receipt of an acceptable corrective action plan, it is recommended that the facility continue on a regular license.



August 19, 2019

Kari Muntean
Licensing Consultant

Date

Approved By:



August 20, 2019

Claudia Triestram
Area Manager

Date