



West Michigan Partnership for Children FY21 Program Performance Goals

Performance Goal Summary	FY19	FY20	FY21	Standard	Goal	Achieved
Maltreatment in Care	11.88	12.95	7.31	9.67	9.67	Yes
Licensed Relative Placements	41	27	20	-	10% Increase	No
Permanency in 12 Months	19.8%	18.2%	22.7%	42.7%	24%	No
Worker-Parent Contacts	66%	69%	60%	85%	71%	No
Parent-Child Contacts	49%	45%	52%	85%	55%	No
Reduce Days in Shelter	3,095	1,999	471	-	2% Reduction	Yes
Reduce First Shelter Placement	30%	4%	.04%	-	Not Exceed 25%	Yes
Reduce Days in Residential	26,205	24,876	15,602	-	8% Reduction	Yes
In County Placements	66%	65%	64%	-	68%	No
Permanency in 12 to 23 Months	54.5%	39.5%	40.5%	45.9%	45.9%	No
Permanency in 24+ Months	49.1%	48.3%	59.5%	31.8%	31.8%	Yes
Re-Entry in 12 Months	7.6%	3.2%	3.5%	8.3%	8.3%	Yes
Placement Stability	3.71	3.25	3.76	4.12	4.12	Yes

Performance Outcomes to be Measured:

Safety in Foster Care

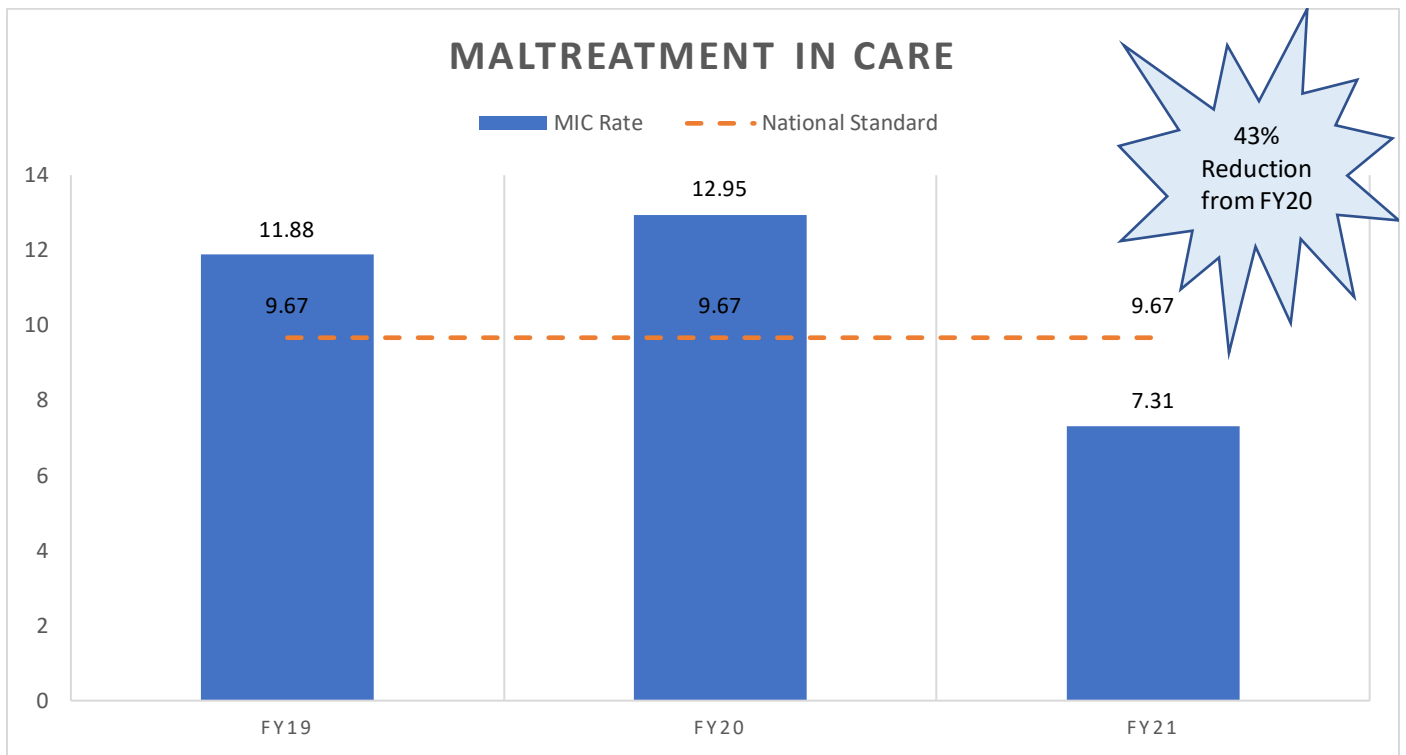
1. Maltreatment in Care – Goal Achieved

Of all children in care during a 12-month period, supervised by the Grantee, the rate of maltreatment in care shall not exceed 9.67, as defined in the federal Child and Family Service Review, Round 3.

FY 21 Performance 7.31- Cohort July 1st 2019 to June End 2020

FY20 Performance: 12.95 - Cohort: July 1st 2018 to June End 2019

FY19 Performance: 11.88 - Cohort: October 1st 2017 to September End 2018



Source: Data retrieved from DTMB on October 6, 2021.

2. Relative Placements – Goal Not Achieved

Relatives successfully completing the licensing process will increase 30 percent by the end of FY2022.

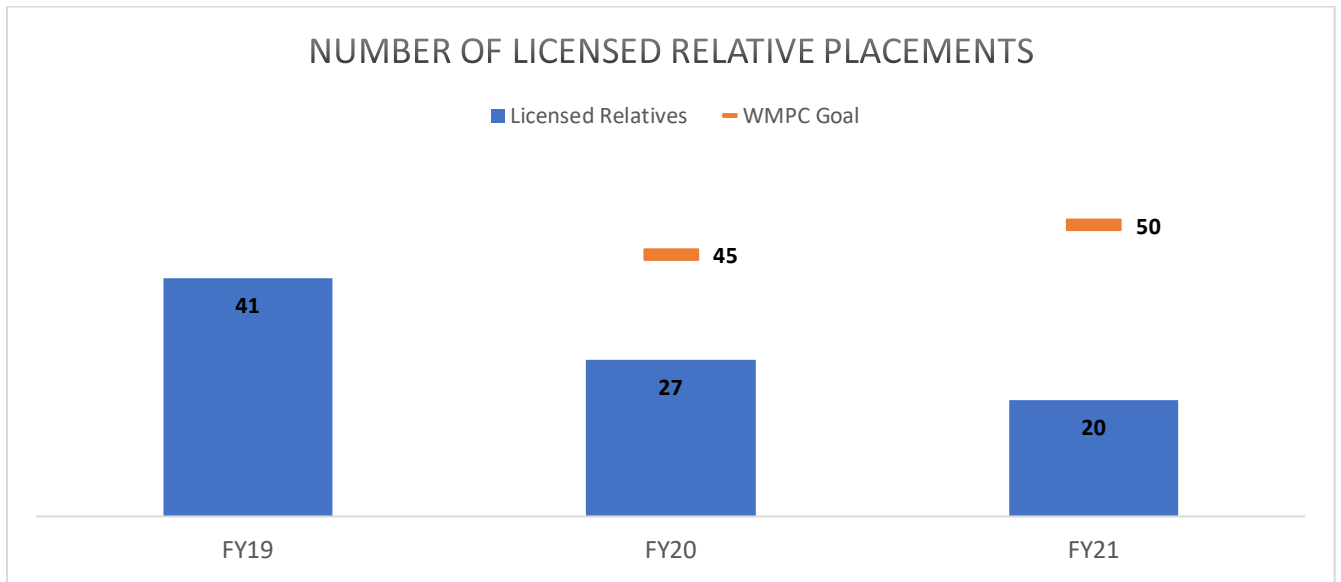
The Grantee shall achieve the following annual goals at the conclusion of each fiscal year:

- 10 percent increase (45 relatives) in FY20
- 10 percent increase (50 relatives) in FY21
- 10 percent increase (55 relatives) in FY22

FY21 Performance: 20 Licensed- Decreased by 26% from FY20

FY20 Performance: 27 Licensed - Decreased by 34%

FY19 Performance: 41 Licensed – Baseline Measure



Source: Data retrieved from Data Warehouse on November 4, 2021.

Permanency

3. Permanency within 12 Months for Children Entering Care – **Goal Not Achieved**

At least 30 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 by the end of FY22.

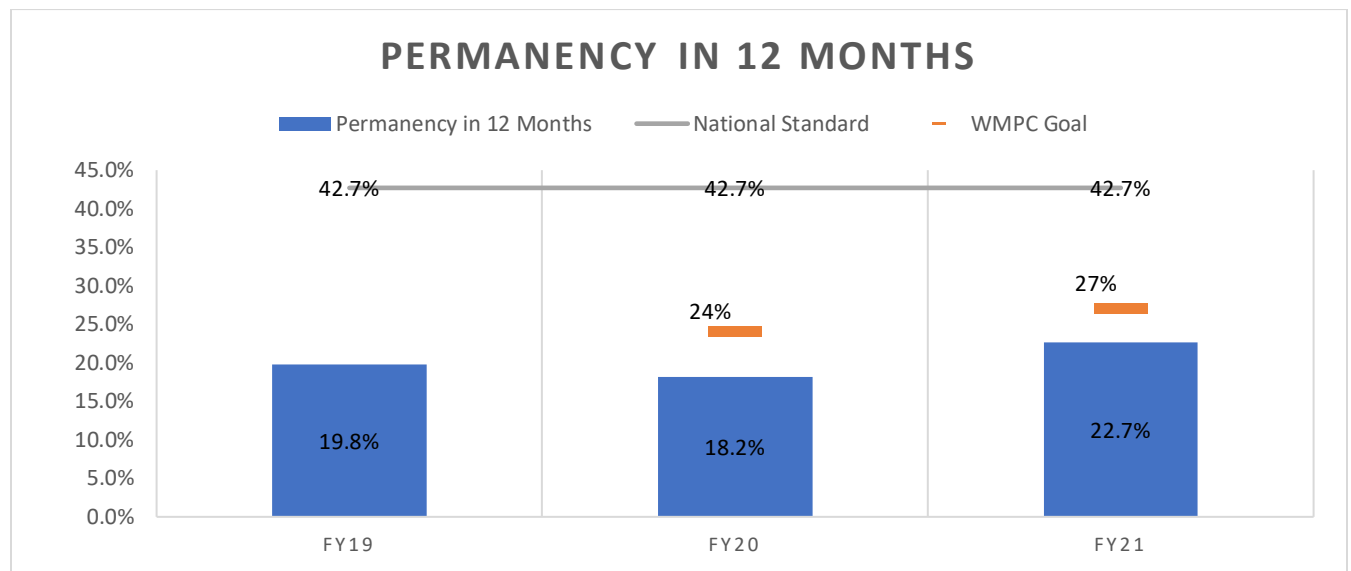
The Grantee shall achieve the following annual goals at the conclusion of each fiscal year:

- 24 percent in FY20
- 27 percent in FY21
- 30 percent in FY22

FY 21 Performance 22.7% Cohort: July 1st 2018 to June End 2019

FY20 Performance: 18.2% - Cohort: July 1st 2017 to June End 2018

FY19 Performance: 19.8% - Cohort: October 1st 2016 to September End 2017



Source: Data retrieved from DTMB on October 6, 2021.

4. Worker-Parent Contacts – Goal Not Achieved

At least 82 percent 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 by the end of FY22.

The Grantee shall achieve the following annual goals at the conclusion of each fiscal year:

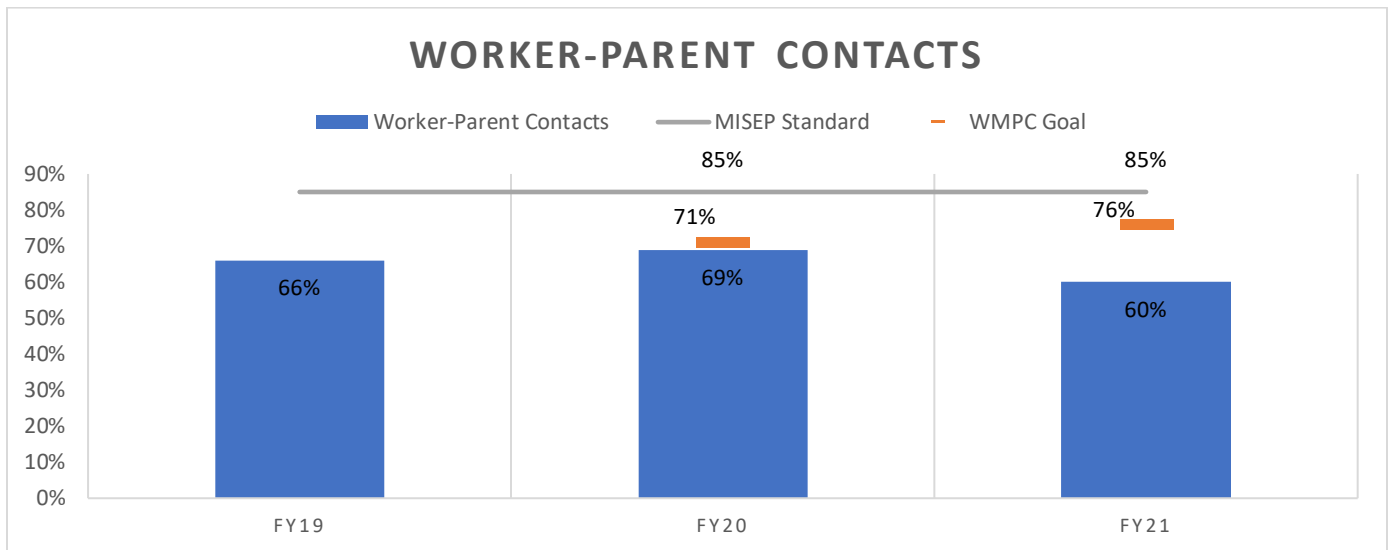
- 71 percent in FY20
- 76 percent in FY21
- 82 percent in FY22

FY 21 Performance: 60% October 2020-September 2021 Data Warehouse Measure Only

FY20 Performance: 69%

- 55% - Data Warehouse Measure Only
- 75% Pre-COVID October 2019 – February 2020 (Retrieved from Data Warehouse)
- 62% COVID Only March 2020 – September 2020 (Retrieved from DMU)
 - COVID Only - contact is virtual and/or face to face

FY19 Performance: 66%



Source: Data retrieved from Data Warehouse on October 25,2021 and DMU data for COVID data.

5. Parent-Child Contacts – Goal Not Achieved

At least 65 percent of children supervised by the Grantee with a goal of reunification shall have visitation with their parent(s) by the end of FY22.

The Grantee shall achieve the following annual goals the conclusion of each fiscal year:

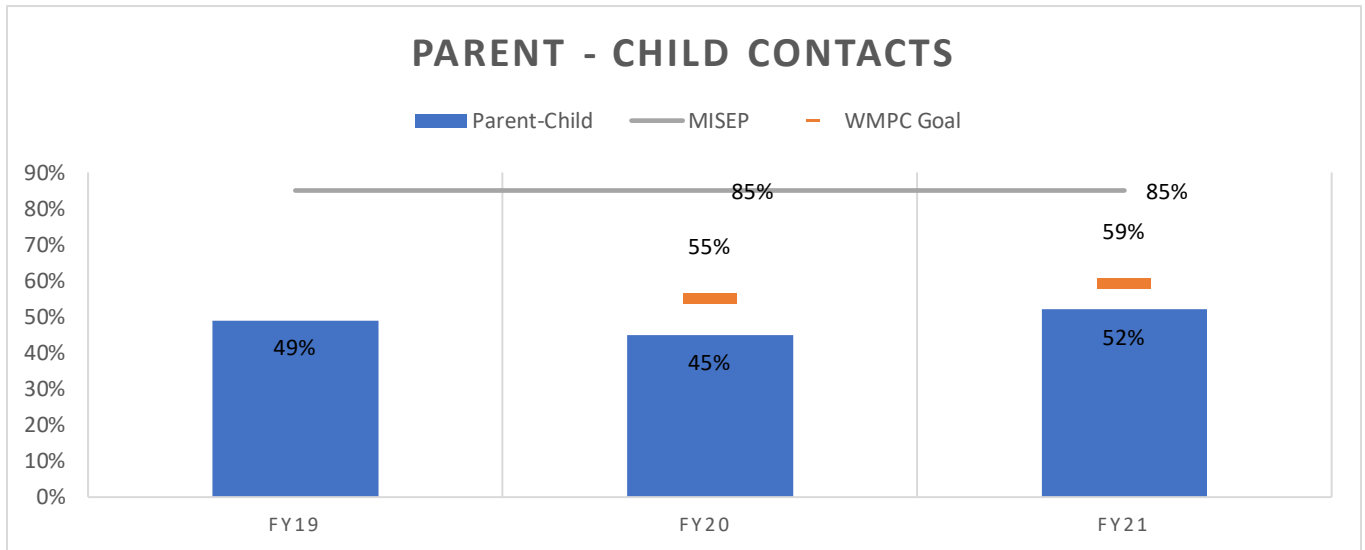
- 55 percent in FY20
- 59 percent in FY21
- 65 percent in FY22

FY21 Performance: 52%

FY20 Performance: 45%

- 61% pre-COVID October 2019 – February 2020 (Retrieved from Data Warehouse)

FY19 Performance: 49%



Source: Data retrieved from Data Warehouse on October 25, 2021.

6. Reduced Days in Care in Emergency Shelter – **Goal Achieved**

The total number of days children placed in emergency shelter will reduce by 16 percent by the end of FY22.

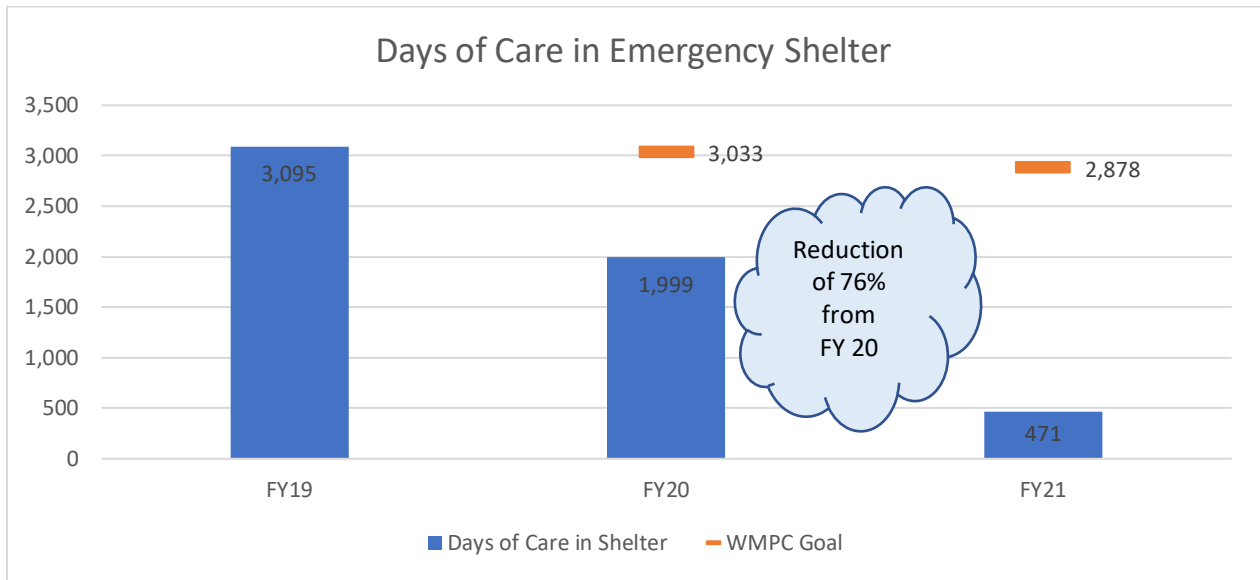
The Grantee shall achieve the following annual goals the conclusion of each fiscal year:

- 2 percent reduction in FY20; 3,033 Days
- 5 percent reduction in FY21; 2,878 Days
- 9 percent reduction in FY22; 2,600 Days

FY21 Performance: 471 Days- 76% Reduction from FY20, 85% Reduction from FY19

FY20 Performance: 1,999 Days – 35% Reduction

FY19 Performance: 3,095 Days



Source: Data retrieved from Data Warehouse on November 4, 2021.

7. Reduce Percentage of Children First Placed in Shelter – **Goal Achieved**

The percentage of children for whom shelter is their first placement will not exceed 15 percent by the end of FY22.

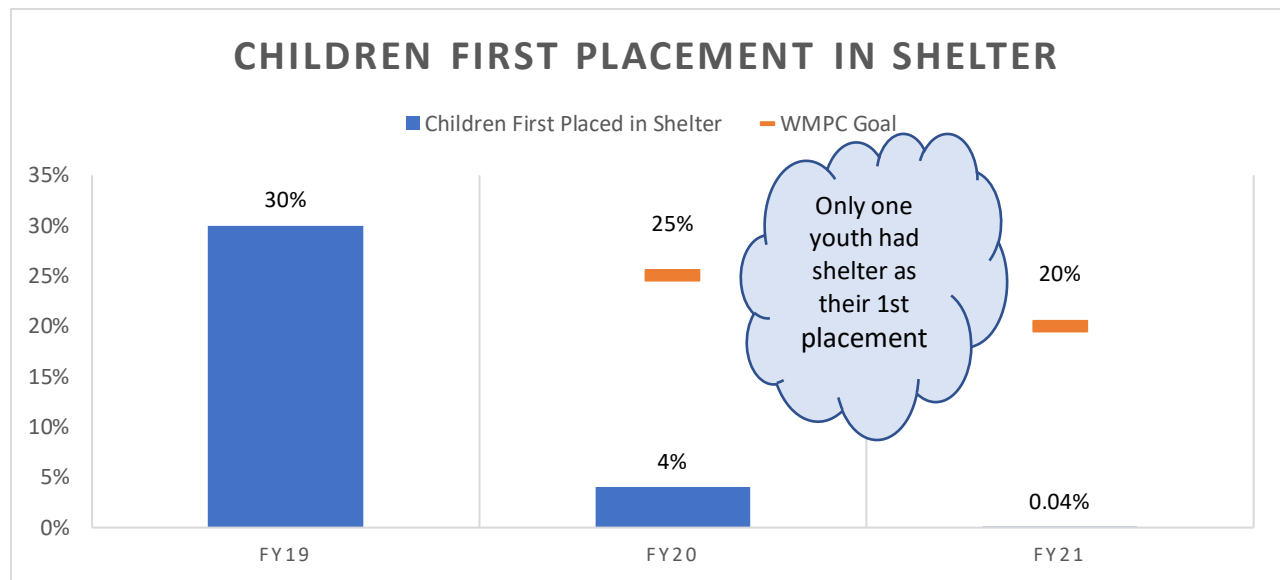
The Grantee shall achieve the following annual goals the conclusion of each fiscal year:

- Not exceed 25 percent in FY20
- Not exceed 20 percent in FY21
- Not exceed 15 percent in FY22

FY21 Performance: .04% 1 youth placement in shelter first of 227 removals

FY20 Performance: 4% 219 removals

FY19 Performance: 30% 417 removals



Source: Data retrieved from DTMB on October 26, 2021

8. Reduced Days in Care in Residential – **Goal Achieved**

The total number of days children placed in residential care will reduce by 24 percent by the end of FY22.

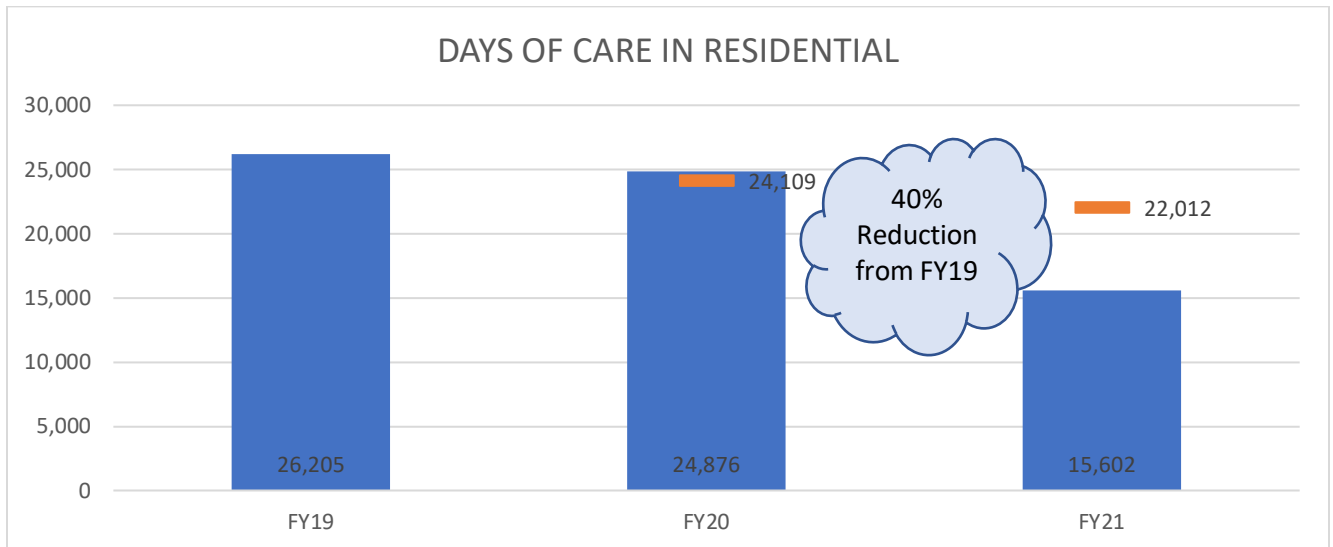
The Grantee shall achieve the following annual goals the conclusion of each fiscal year:

- 8 percent reduction (24,109 days) in FY20
- 8 percent reduction (22,012 days) in FY21
- 8 percent reduction (19,916 days) in FY22

FY21 Performance: 15,602 Days- 40% Reduction from FY19

FY20 Performance: 24,876 Days – 5% Reduction from FY19

FY19 Performance: 26,205 Days



Source: Data retrieved from Data Warehouse on November 4, 2021.

9. Increase in County Placements– Goal Not Achieved

Of all placements supervised through the Grantee, 72 percent of placements will remain in Kent County by the end of FY22. Percentages do not include youth placed with a relative caregiver.

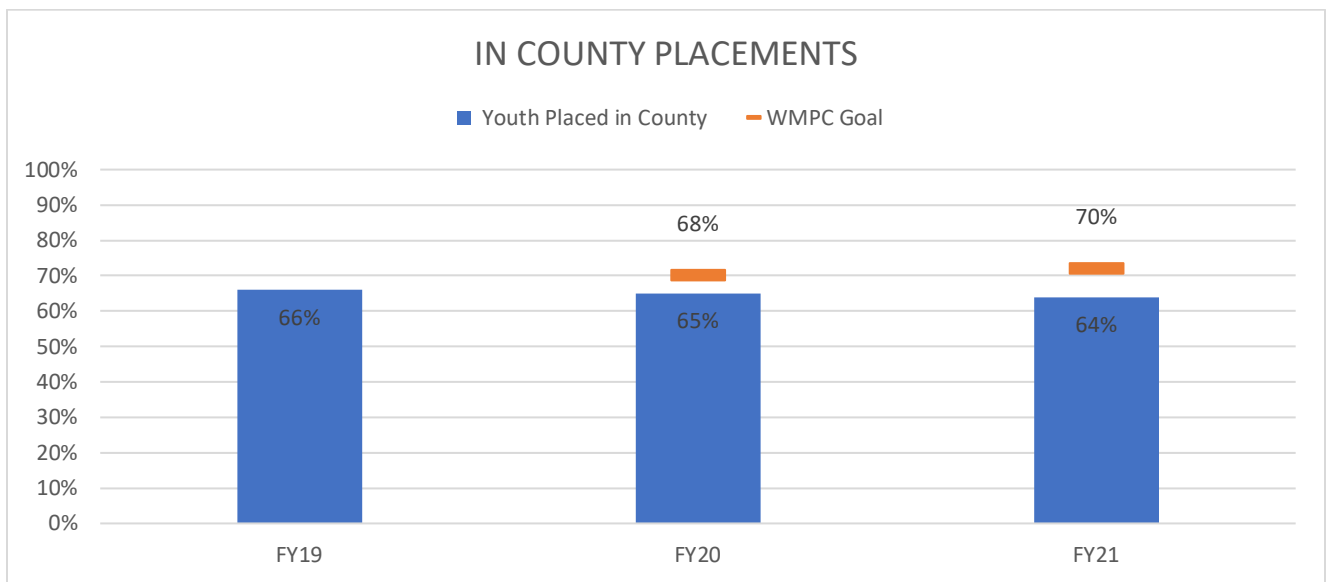
The Grantee shall achieve the following annual goals the conclusion of each fiscal year:

- 68 percent in FY20
- 70 percent in FY21
- 72 percent in FY22

FY21 Performance 64%

FY20 Performance: 65%

FY19 Performance: 66%



Source: Data retrieved from Data Warehouse on November 4, 2021.

Grantee shall meet and/or maintain compliance in the following measures:

Performance Outcomes

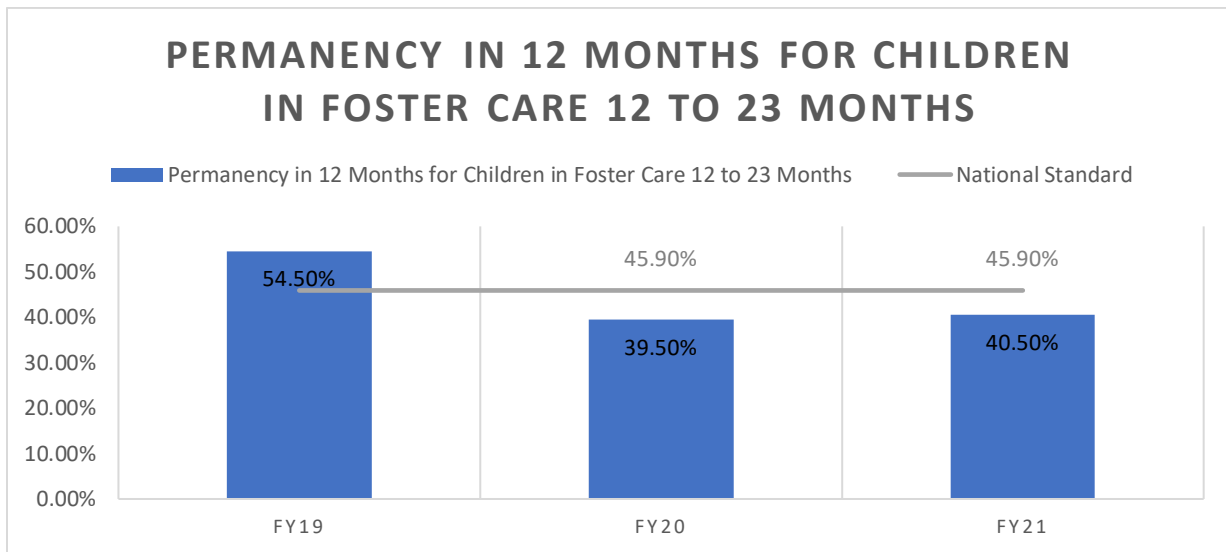
1. Permanency in 12 Months for Children in Foster Care 12 to 23 Months. – **Goal Not Achieved**

At least 45.9 percent of children supervised by the Grantee, in foster care 12 to 23 months, shall achieve permanency within 12 months as defined in the federal Child and Family Service Review, Round 3.

FY21 Performance: 40.5% in Care on July 1, 2020

FY20 Performance: 39.5% in care on July 1, 2019

FY19 Performance: 54.5% in care on October 1, 2018



Source: Data retrieved from DTMB on October 6, 2021.

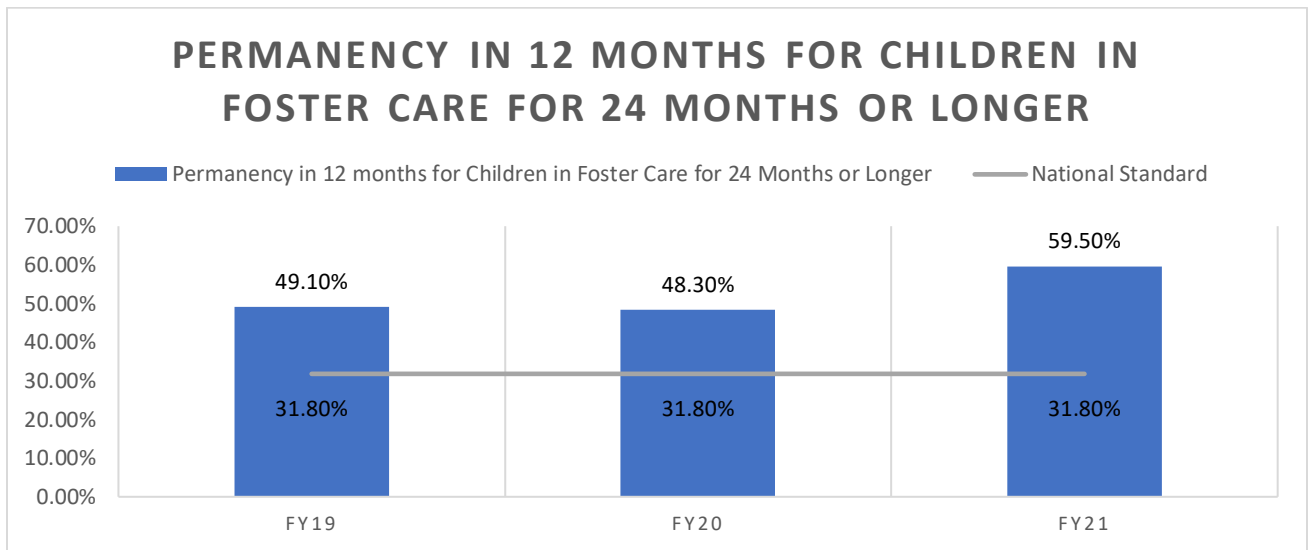
2. Permanency in 12 months for Children in Foster Care for 24 Months or Longer– **Goal Achieved**

At least 31.8 percent of children supervised by the Grantee, in foster care 24 months or longer, shall achieve permanency within 12 months as defined in the federal Child and Family Service Review, Round 3.

FY21 Performance: 59.5% in care on July 1, 2020

FY20 Performance: 48.3% in care on July 1, 2019

FY19 Performance: 49.1% in care on October 1, 2018



Source: Data retrieved from DTMB on October 6, 2021.

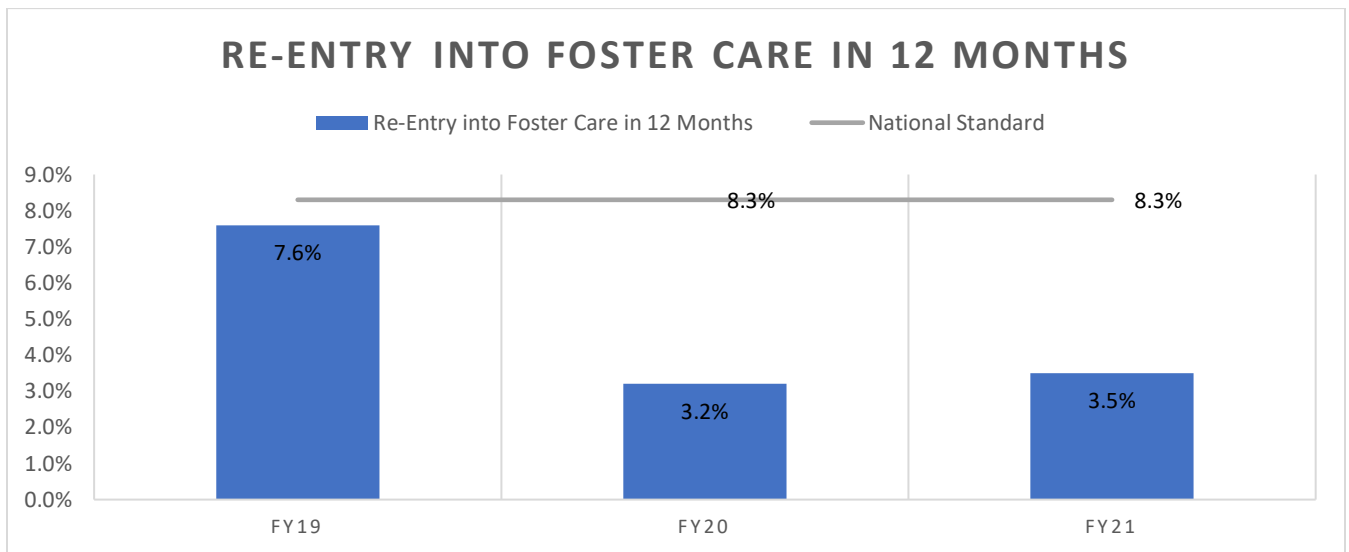
3. Re-Entry into Foster Care in 12 Months – **Goal Achieved**

At least 8.3 percent of children supervised by the Grantee, shall not re-enter foster care within 12 months as defined in the federal Child and Family Service Review, Round 3.

FY21 Performance: 3.5%- Cohort: July 1st 2018 to June end 2019

FY20 Performance: 3.2% - Cohort: July 1st 2017 to June End 2018

FY19 Performance: 7.6% - Cohort: October 1st 2016 to September End 2017



Source: Data retrieved from DTMB on October 6, 2021.

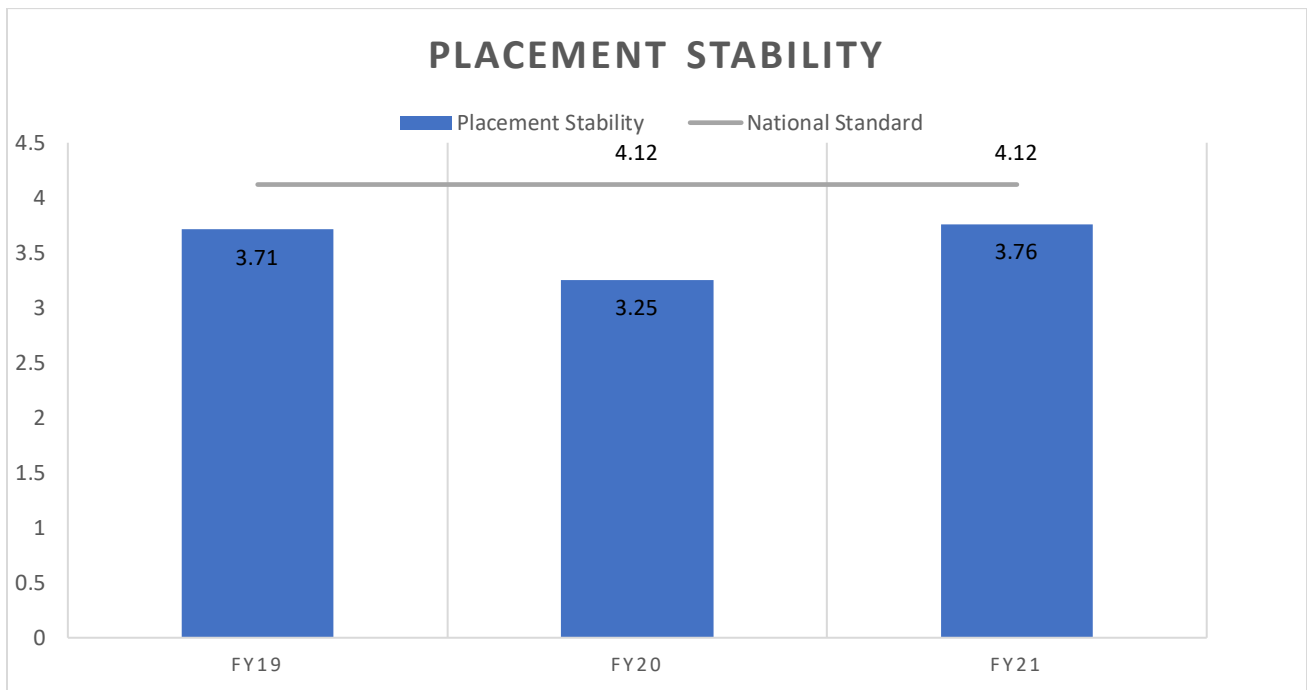
4. Placement Stability – Goal Achieved

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.

FY21 Performance: 3.51 Cohort July 1st 2020 to June End 2021

FY20 Performance: 3.25 - Cohort: July 1st, 2019 to June End 2020

FY19 Performance: 3.71 - Cohort: October 1st, 2018 to September End 2019



Source: Data retrieved from DTMB on October 6, 2021.

Program Improvement Plan: Submitted on 01/13/2022 by WMPC

Licensed Relative Placements			
Action	Implementation Timeframe	Responsible Party	Review Process/Continual Compliance
Formally review performance non-compliance directly with each individual PAFC that measured below goal to determine cause and develop action plan.	Begin by March 1, 2022	Director of PQI and Director of CCI	Report to each PAFC on their performance monthly. Formally review performance with PAFCs quarterly and during the annual audit.
Continue to track, monitor, review, and adjust individual Performance improvement plans (PIP) with each PAFC.	Begin by March 1, 2022	Director of PQI and Director of CCI	Review progress of PIP actions monthly with PAFC stakeholders.
Implement prompts in Parent Engagement Program joint meetings with FC workers regarding known relative placement options, collaboration efforts with the agency's family finder, and the relative licensing process when children are in relative unlicensed homes.	April 1, 2022	Director of CCI, Parent Engagement Program Manager	Review prompts with Parent Engagement team at implementation and then monthly thereafter.
In collaboration with Kent County DHHS and PAFC stakeholders, implement relative placement reviews and include inquiries about relative licensing activities.	March 1, 2022	PQI Manager, Care Coordination Manager	Complete reviews of sample of relative placements on a monthly basis.
WMPC and PAFC's will partner in the development/identification of training opportunities for relatives and unrelated caregivers, including a standardized relative orientation.	May 1, 2022	Director of CCI	WMPC will document efforts to develop and identify training opportunities, including a standardized orientation.

Permanency in 12 Months			
Action	Implementation Timeframe	Responsible Party	Review Process/Continual Compliance
Formally review performance non-compliance directly with each individual PAFC that measured below goal to determine cause and develop action plan.	March 1, 2022	Director of PQI	Report to each PAFC on their performance monthly. Formally review performance with PAFCs quarterly and during the annual audit.
Continue to track, monitor, review, and adjust individual Performance improvement plans (PIP) with each PAFC.	March 1, 2022	Director of PQI and Director of CCI	Review progress of PIP actions monthly with PAFC stakeholders.
Implement WMPC's Permanency in 12-month Predictive Model, adding a 30-day scorecard which assigns probability scores to cases. The model will assist agencies in their decision-making to support permanency.	March 1, 2022	Director of PQI and PQI Manager	Review corrective actions monthly in utilization management meetings with PAFC stakeholders.
WMPC PQI team will attend ChildStat from other counties to learn what activities or initiatives may be implemented in Kent County to support permanency.	April 2022	Director of PQI and PQI Manager	PQI team attends a Childstat meeting quarterly and reviews findings and next steps at PQI team meeting

Permanency in 12 to 23 Months			
Action	Implementation Timeframe	Responsible Party	Review Process/Continual Compliance
Formally review performance non-compliance directly with each individual PAFC that measured below goal to determine cause and develop action plan	March 1, 2022	Director of PQI	Report to each PAFC on their performance monthly. Formally review performance with PAFCs quarterly and during the annual audit.
Continue to track, monitor, review, and adjust individual Performance improvement plans (PIP) with each PAFC.	March 1, 2022	Director of PQI and Director of CCI	Review progress of PIP actions monthly with PAFC stakeholders.
Implement WMPC's <i>Permanency in 12-month Predictive Model</i> , adding a 30-day scorecard which assigns probability scores to cases. The model will assist agencies in their decision-making to support permanency.	March 1, 2022	Director of PQI and PQI Manager	Review corrective actions monthly in utilization management meetings with PAFC stakeholders.
WMPC will continue to work with Arbor Circle to further develop partnership and programming for parents struggling with substance abuse	April 1, 2022	Director of CCI	WMPC will document progress toward goal of further developing partnership, including amendment to current contract

Worker- Parent Contacts			
Action	Implementation Timeframe	Responsible Party	Review Process/Continual Compliance
Formally review performance non-compliance directly with each individual PAFC that measured below goal to determine cause and develop action plan	March 1, 2022	Director of PQI	Report to each PAFC on their performance monthly. Formally review performance with PAFCs quarterly and during the annual audit.
Continue to track, monitor, review, and adjust individual Performance improvement plans (PIP) with each PAFC.	March 1, 2022	Director of PQI and Director of CCI	Review progress of PIP actions monthly with PAFC stakeholders.
Review visitation performance for cases at the three-and nine-month points through the utilization management framework. Track actions and performance on a case basis through the utilization management framework.	April 1, 2022	Director of CCI and Clinical and Utilization Manager	Review corrective actions within three months of the initial utilization management meeting.

Parent-Child Contacts			
Action	Implementation Timeframe	Responsible Party	Review Process/Continual Compliance
Formally review performance non-compliance directly with each individual PAFC that measured below goal to determine cause and develop action plan	March 1, 2022	Director of PQI	Report to each PAFC on their performance monthly. Formally review performance with PAFCs quarterly and during the annual audit.
Continue to track, monitor, review, and adjust individual Performance improvement plans (PIP) with each PAFC.	March 1, 2022	Director of PQI and Director of CCI	Review progress of PIP actions monthly with PAFC stakeholders.
Review performance at three-and nine-month points through the utilization management framework. Track actions and performance on a case-by-case basis through the utilization management framework.	April 1, 2022	Director of CCI and Clinical and Utilization Manager	Review data to determine if there were any corrective actions within three months and nine months of the initial utilization management meeting.
As data quality is a concern as it relates to this measure, WMPC is in the process of hiring a Data Quality Analyst, whose role will be to conduct validation testing of internal and external data and work with PAFC's to correct discrepancies.	March 1, 2022	Director of PQI	WMPC will document progress toward goal; PQI will review and monitor implementation of activity

In County Placements			
Action	Implementation Timeframe	Responsible Party	Review Process/Continual Compliance
Formally review performance non-compliance directly with each individual PAFC to determine cause and develop action plan	March 1, 2022	Director of PQI	Report to each PAFC on their performance monthly. Formally review performance with PAFCs quarterly and during the annual audit.
Continue to track, monitor, review, and adjust individual Performance improvement plans (PIP) with each PAFC.	March 1, 2022	Director of PQI and Director of CCI	Review progress of PIP actions monthly with PAFC stakeholders.
Expand ESH that focuses on higher needs youth and temporary placements for youth awaiting relative approval/fictive kin placements.	June 1, 2022	Director of CCI	WMPC will document progress toward goal; PQI will review and monitor implementation of activity