

(FY 2018 Appropriation Act - Public Act 107 of 2017)

March 1, 2019

Sec. 504. (1) *The department may establish a master agreement with the West Michigan Partnership for Children Consortium for a performance-based child welfare contracting pilot program. The consortium shall consist of a network of affiliated child welfare service providers that will accept and comprehensively assess referred youth, assign cases to members of its continuum or leverage services from other entities, and make appropriate case management decisions during the duration of a case.*

(2) *The consortium shall operate an integrated continuum of care structure, with services provided by private or public agencies, based on individual case needs.*

(3) *By March 1 of the current fiscal year, the consortium shall provide to the department and the house and senate appropriations subcommittees on the department budget a report on the consortium, including, but not limited to, actual expenditures, number of children placed by agencies in the consortium, fund balance of the consortium, and the status of the consortium evaluation.*

The attached report information was provided to the MDHHS by the West Michigan Partnership for Children (WMPC) identifying the status of implementation and actual costs of the performance-based child welfare contracting consortium.



RICK SNYDER, GOVERNOR
NICK LYON, DIRECTOR



Overview

The Michigan Department of Health and Human Services (MDHHS) and West Michigan Partnership for Children (WMPC) successfully completed the first fiscal year (Fiscal Year 2018) of the Kent County child welfare-funding pilot on September 30, 2018 and its first quarter of its second year on December 31, 2018.

	2nd Quarter FY18	3rd Quarter FY18	4th Quarter FY18	1st Quarter FY19	Total
New Referrals	132	108	121	101	462
Census at the end of the Quarter	890	878	886	877	

Finance

WMPC currently receives all its funding through an annual grant agreement with the Michigan Department of Health and Human Services (MDHHS) which contains State of Michigan General Fund dollars, pass-through dollars from federal grants to the State, and Kent County child care funds. The estimated value of the one-year grant agreement is \$36,362,240, with actual expenditures based on number of children and youth served over the twelve-month period.

WMPC began its operations in April of 2017 and became fully operational on October 1, 2017 when it began its first grant agreement with MDHHS. For the twelve-month period ending September 30, 2018, on an accrual basis, WMPC had revenues of \$36,898,740 and expenses of \$36,868,495 with an ending fund balance of \$107,697. For the three-month period ending December 31, 2018, WMPC had revenues of \$10,238,624, expenses of \$9,214,138, and an ending fund balance of \$1,277,454, compared to budgeted revenues of \$10,494,417, expense of \$9,533,682, and a projected fund balance of \$1,213,702.

The recommended “risk reserve,” or fund balance, for WMPC is between \$500,000 and \$5,000,000, with the reserve being grown over time and dependent upon the number of children being served. Because this is only the first year of the five-year pilot, MDHHS and WMPC will be reviewing the adequacy of the case rate payments and assessing the need for adjusting as appropriate.

The payment methodology used for funding WMPC’s administrative cost is being monitored by the actuary along with other case rate measures. Currently, MDHHS pays WMPC an \$820 semi-annual payment for each child in its care. As WMPC is successful in reducing the average length of stay in the system for children in its care, the total amount received for administrative expenses will decrease until it reaches a level that may be unsustainable for operations.

WMPC worked with MDHHS to develop a mechanism to maximize Adoption and Foster Parent Recruitment and Retention (AFPRR) and Youth in Transition funds for youth in WMPC care in 2018. MDHHS plans to issue grants to WMPC for each of these fund sources in 2019 which were administered by the Kent County MDHHS in 2018. This will allow WMPC to more thoroughly embed these funds into its care coordination and performance and quality improvement models to ensure effective service utilization for children and families in its care.

WMPC has completed one review of its financial statements by a certified public accounting firm. Hungerford Nichols audited the financial statements of WMPC for the year ending December 31, 2017. Their audit included the single audit requirements for the four federal sources of funds WMPC received through MDHHS. WMPC received an unqualified opinion for its first year of operations.

In the spirit of transparency, WMPC provides a brief financial update in its quarterly newsletter which is also posted on its [website](#) in addition to the detailed updates provided to the State and Kent County through various advisory boards and councils. WMPC also provides a quarterly aggregate cost report to MDHHS showing all the revenues and expenditures for the entire consortium, WMPC, and its five partner agencies. WMPC is working closely with MDHHS and its partner agencies to streamline and improve these quarterly reports. When finalized, the aggregate cost reports will account for all funds paid to WMPC and paid to its partner agencies and vendors and provide a clear cost for all services provided to the children and families of Kent County.

Personnel

When the CEO started, the WMPC Board provided an organizational chart and budget for 20 WMPC staff. The CEO chose to budget conservatively for a staff of 14 people beginning on October 1, 2017 as the case rate had not yet been tested; the number of youth in care drives WMPC administrative costs and that number was projected but uncertain; some functions could be contracted out as a less costly managed service (i.e. Information Technology and Human Resources); and to allow time to assess staffing needs. Throughout the year, WMPC identified several areas where additional staffing support was necessary to carry out the functions of the contract.

In January 2018, WMPC's Board approved the addition of a Data Coordinator to meet the data entry needs of WMPC and the private agencies. This position is a cost-share between WMPC and the private agencies and increased WMPC's total staff to 15.

WMPC also recognized the need for an Accountant. Accounting functions in the first year of operations were filled by the WMPC Chief Financial Officer (CFO), pulling him away from more strategic leadership priorities. A Staff Accountant was hired in December 2018 and increased WMPC's total staff to 16.

Given the slower than desired pace of MindShare development, WMPC recognized

the need for a staff person dedicated to project management of MindShare and analysis of how WMPC can improve its programmatic and business processes through digital solutions. This function was filled by the Director of Performance and Quality Improvement in 2018, who oversees the community-wide strategy for continuous quality improvement and audits of subcontracted providers for compliance. WMPC's first Director of Performance and Quality Improvement left WMPC for another opportunity in July 2018 and when she did so, expressed that WMPC needed an additional staff position to advance its MindShare development. WMPC hired a consultant during the month of August to assess WMPC's project management needs and assist in that role. In her summary report, the consultant recommended that WMPC hire a Business Intelligence Analyst to advance progress on development of MindShare dashboards and predictive analytics. The consultant, who has expertise and experience in project management of data solutions, helped create the job description. The Business Intelligence Analyst will start in January 2019 and will increase WMPC's total staff to 17.

Finally, WMPC's Director of Care Coordination, who left WMPC in December 2018, provided feedback that balancing the role of supervising the Care Coordinators with program development initiatives and utilization management was challenging. To provide more balance for that position, WMPC is adding a Care Coordination Program Manager to more clearly delineate the middle management and strategic leadership responsibilities. This position will be filled in 2019 and will increase WMPC's total staff to 18.

These positions add an additional \$207,709 to the initial administrative budget; however, the total administrative budget remains below the anticipated \$2,000,000/year initially developed for the pilot. WMPC operated on a lean administrative budget for year one until it could determine the best way to allocate its resources. The new positions were added as their needs were determined. (See Appendix 1, Financial Report.)

Contracts

WMPC has more than 40 subcontracts with foster care and adoption, residential, and ancillary service providers. WMPC has more than ten contract types, which include Child Welfare Continuum of Care (foster care & adoption), Residential-Short-Term Assessment, Residential Abuse/Neglect, Residential- Shelter, Foster Care Supportive Visitation, Family Reunification, Independent Living Plus, Counseling, Domestic Violence Counseling, Sexual Abuse Counseling, and Substance Abuse Screenings.

In the summer of 2018, in consultation with Public Consulting Group, MDHHS determined that WMPC's private agency subcontractors are sub-recipients rather than vendors, as defined by the federal Office for Management and Budget (OMB) Cost Principles. Impacts of this change include the potential need for a Single Audit for WMPC subcontracted private agencies.

In November 2018, WMPC conducted a Services Forum to seek feedback from its

service providers, caseworkers utilizing the services, and other stakeholders about gaps and opportunities. Feedback gleaned from this forum will be used to inform a Request for Proposal process through which WMPC aims to increase the diversity of contracted service providers and ensure a sufficient service array to adequately address the needs of children and families in foster care.

During 2018, WMPC worked with its WMPC Advisory Committee, with the help of a consultant, to develop five additional performance measures for the Fiscal Year 2019 Private Agency Subcontract. These incentivized performance measures reward WMPC subcontracted-private agencies for 1) increasing the percentage of youth placed in family-like settings thus reducing the number of residential placements, 2) reducing the number of youth in residential settings for longer than 9 months, 3) increasing the percentage of youth in relative care, 4) achieving community-wide goals for the number of licensed foster homes in Kent County, and 5) increasing the percentage of face-to-face contacts between case workers and the parents of youth who have a permanency goals of reunification. These incentives are designed to improve child outcomes, decrease the average length of stay in the system, and reduce costs. (See Appendix 2, New Performance Measures for Private Agency Subcontracts.)

Care Coordination

WMPC's Director of Care Coordination and Innovation provides strategic leadership for WMPC's Care Coordination efforts. In 2018, WMPC's Care Coordination team focused on reducing placements in residential settings and stepping youth in residential settings down to community-based placements. One strategy employed by the Care Coordination Team is to elevate referrals for residential to a leadership level. The Director of Care Coordination holds face-to-face systems meetings with the private agency foster care case manager, supervisor, program manager and director, as well as other service providers when a youth is being referred to a residential placement.

As it is in a child's best interest to have their needs met in a family-like setting whenever possible, WMPC created and rolled out the [Enhanced Foster Care service](#) in December 2017 to expand its continuum of care and provide community-based alternatives to residential placements. Enhanced Foster Care (EFC) is a family-based service that provides individualized treatment for children in general foster care who present with intensive behavioral or emotional needs. EFC incorporates training and support for caregivers of youth in foster care to implement important aspects of treatment in the context of family and community life. Intensive case management services and concentrated clinical support are provided, in addition to the general foster care staff assigned to the case. These services are intended to be child-specific so that they can be focused on effectively addressing the identified emotional and behavioral concerns for that child. EFC is targeted at a sub-set of children in foster care who are at risk of placement instability or placement in an institutional setting. EFC is considered when possible to stabilize current foster youth, divert youth from being placed out of the community, and to deliberately return youth from institutional care back into the community. EFC helped contribute to WMPC's decrease in placements of youth in residential settings by four percentage points from January

2018 – September 2018.

Another area of focus of WMPC's Care Coordination efforts is foster parent recruitment. WMPC re-branded the community-wide foster parent recruitment coalition to better reflect its mission and create a shared identity and singular voice for foster parent recruitment in Kent County. The new brand is called [Foster Kent Kids](#) and the tagline is *Be the Missing Piece*.

Integrating trauma-informed practice at WMPC as well as at the private agencies is a strategic objective. WMPC convened a multi-disciplinary group of leaders from the key organizations in the child and family service system and united around shared goals for developing and implementing a fully-integrated trauma-informed system of care. WMPC is seeking grant funding to support implementation of these goals. In addition, WMPC co-arranged and facilitated trainings on trauma to the child welfare workforce in collaboration with Kent County MDHHS.

Performance Evaluation and Quality Improvement (PQI)

WMPC's PQI process is coordinated by the Director of PQI, who is responsible for full implementation of the PQI plan, oversight of on-going PQI processes, and direct supervision of PQI staff. In its first year, WMPC successfully integrated a robust and effective PQI infrastructure into its organizational culture and into the culture of the providers in the network. This was achieved by including key aspects of PQI into the strategic plan, allocating sufficient funding for PQI staff and IT, and developing the PQI Handbook.

The Director of PQI works closely with the executive leadership team to prepare and deliver performance reports to boards, advisory committees, and numerous other key stakeholder meeting in the community, including, but not limited to, leadership and management meetings with:

- WMPC Board of Directors
- Kent County MDHHS
- MDHHS - Lansing
- Kent County Child Welfare Advisory Committee
- Network180 (community mental health)

External stakeholders are key to the PQI process across the network. At a strategic level, senior members of staff at the providers in the network compose part of the WMPC board. Senior members of staff at the network providers along with senior members of staff at Kent DHHS, MDHHS, and Network180 also form part of the WMPC Advisory Committee and Implementation Team. These external stakeholders have oversight and influence of WMPC performance and PQI processes internally and across the network. Along with the strategic input from stakeholders, external stakeholders also influence the network PQI processes in more practical ways. An example of this is the Kent County Data/CQI Advisory Committee chaired by the WMPC Director along with Kent County MDHHS. The advisory committee is composed of case managers, supervisors, program managers, directors, and analysts

across the network and external to the network.

The PQI team uses MindShare (the data management system that receives a daily feed from MiSACWIS, the State's electronic case management system used by all providers), MiSACWIS, and local records in each provider to analyze data related to performance. These sources are used to triangulate and verify data to ensure we have the most accurate data possible. The PQI team has developed a monthly tracker that clearly identifies performance levels each month compared to previous months in the fiscal year, the state and national average, and performance last year at the same time. This information is disaggregated by provider and given to all key stakeholders across the partnership. The PQI team also keeps a running tracker of each performance indicator by month so each performance trendline is transparent.

MindShare dashboards are being developed to combine WMPC's finances and services utilization with outcomes. Within MindShare, there is a tool called PSAM that allows the PQI team to create new forms to collect new data. At present, only one form has been developed and is live. In addition to the MindShare solution, WMPC is also developing internal dashboards and scorecards for our internal PQI process. These are primarily focused on finance, performance, and workforce development.

The implementation of MindShare has been a significant challenge to WMPC's ability to effectively use data. It has been a resource-intensive process to improve the quality of the daily data feed to MindShare from MiSACWIS and troubleshoot arising issues. The PQI team works closely with MindShare and the MDHHS analyst to identify data integrity and data quality issues. Recording gaps and issues are identified weekly by using a MindShare report and the Book of Business, a MiSACWIS quality reporting tool. These gaps are highlighted to the providers across the network and they are asked to run quality reports on a frequent basis.

By the end of 2018, 15 dashboards have been developed to better understand the performance of the providers and to provide real time accessible management information to stakeholders. With the onboarding of the Business Intelligence Analyst in 2019, WMPC intends to drive MindShare development at pace.

Performance in year one was variable. There are currently 16 key performance indicators we can report on accurately. Five of the 16 indicators met the target level of performance. Four of the 16 indicators did not meet the target level of performance but were within 10 percentage points of the target. Seven of the 16 indicators did not meet the target level of performance and were not within 10 percentage points of the target. Half of the key performance indicators had a yearly average higher than the baseline performance. The above suggests that progress is being made in several areas but performance as a whole needs to improve in order to meet most target performance levels. (See Appendix 3, Performance Measures FY18.)

To swiftly and sustainably improve performance across the network, the WMPC PQI team has developed a robust framework to effectively and efficiently identify areas for

improvement across our provider network. Performance measures are clearly defined by WMPC, MDHHS, and the Federal Department of Health and Human Services/Administration for Children, Youth, and Families. The PQI team continually analyzes performance data daily, formally engages with the providers in the network monthly, develops plans to achieve improvements, and reviews progress in partnership with our providers.

The PQI team met with each private agency quarterly and annually in 2018 to review performance and the data analysis that is conducted by the PQI Team. A monthly engagement meeting has been added to the schedule for 2019 during which the WMPC PQI team will meet with agency leads to review the KPI dataset and evolve the CQI plan tailored to each agency. This will also be an opportunity for the WMPC PQI team to better understand constraints and barriers private agencies face on a day-to-day basis.

The quarterly engagement schedule is focused around private agency performance for which expectations are outlined in the WMPC – Private Agency subcontract. This review is meant to be a comprehensive yet condensed review of contract compliance and achievement of outcomes. This review is also intended to increase transparency and productivity of the compliance and continuous quality improvement process.

The annual review formally audits compliance with the subcontract and yearly performance goals. Interviews are conducted with staff, leadership, biological parents, foster parents, and children in care. Compliance with performance outcomes and State key performance indicators will be evaluated.

Parallel to the formal meetings with the providers in the network, the PQI team conducts case reviews on a quarterly basis whereby a percentage of open and closed cases are sampled each quarter. In addition to the continuous case reviews, the PQI team also conduct audits along with the care coordinator team when significant incidents of concern arise and are not dealt with by the Department for Child Welfare Licensing. The findings of these audits are reported to stakeholders and back to providers in the network. These findings inform the performance improvement plans for the individual providers and are reviewed quarterly at a minimum.

Presently, WMPC is targeting performance across the network related to engagement. Specifically, the PQI process has highlighted unsatisfactory performance for worker visits with parents and parental contact with their children. To address this, WMPC is targeting the following performance indicators; worker and child visits, worker and parent visits, and parent and child visits. WMPC is conducting a thematic deep dive to better understand historical performance and trends, current performance, barriers, and explore good performance and best practice across the network, state, and nation. This deep dive is being spearheaded by the WMPC PQI team in collaboration with Kent County MDHHS.

Monitoring and Evaluation

WMPC received an orientation from Westat around planned evaluation activities in December 2017. Westat provided an orientation to WMPC's stakeholders at WMPC Advisory Committee meetings in February and again in August 2018. Westat is conducting a process evaluation and is collaborating with the University of Michigan School of Social Work to implement an outcome evaluation and the University of Chicago's Chapin Hall to implement a services and costs evaluation. WMPC has monthly calls with Westat to stay up to date and informed on evaluation activities and progress.

In October 2018, Westat team members came to Kent County and held interviews with the WMPC team, local DHHS, many of the private agency foster care agency staff, and local court personnel. These interviews will be part of their process review and they will include this information in their annual report.

The Division of Child Welfare Licensing (DCWL) conducted a second audit scheduled of WMPC in April 2018 and WMPC's provisional license was lifted at time. WMPC now has a regular two-year license and DCWL will come back to the agency in the spring of 2019 for an annual inspection.

Stakeholder Engagement

WMPC has developed meaningful relationships and partnerships, conducting regular focus groups, listening sessions, roundtables, and surveys with its community members, stakeholders, funders, and network providers in order to elicit feedback and ensure transparency. These feedback mechanisms have helped to inform WMPC's strategic goals, programs, policies, and plans, to include: development of its Strategic Plan and mission, vision, and values; its understanding of reasons for foster care caseworker turnover and recommendations for addressing it at a system-level; and with supporting a WMPC proposal to the U.S. Department of Health and Human Services' Administration for Children, Youth, and Families to lead the development and implementation of a fully-integrated, trauma-informed system of care for children and families in Kent County. WMPC currently has the following regularly occurring councils and committees to ensure sustained collaboration and transparency about its operations and outcomes:

WMPC Advisory Council (WAC)

WMPC engages an Advisory Council monthly which is comprised of key leadership from the following: Michigan Department of Health and Human Services (MDHHS) Central Office, MDHHS—Kent County, Public Consulting Group (contracted by the MDHHS to oversee state-wide efforts towards performance-based child welfare), Network 180 (community mental health provider), Kent County Circuit Court Administrator, Court Appointed Special Advocates (CASA), and private foster care case management agencies. The WAC discusses updates, challenges to achieving CFSR outcomes, and new initiatives related to WMPC operations and programming.

Kent County Child Welfare Advisory Committee (CWAC)

The Kent County Administrator's office convenes a bi-monthly meeting established by the Kent County Family and Children's Coordinating Council to advise WMPC and Kent County DHHS on their outcomes. Representatives include the Kent County Administrator, Kent County Court, Foster and Adoptive parent, Executive Director of the United Way, the Dean of the School of Social Work at Grand Valley State University, and the Executive Director of Avanti Law Group.

Judges Quarterly Management Review

WMPC and Kent County MDHHS meet quarterly with the Family Division Judges from the Kent County Circuit Court to review data around key performance indicators and CFSR outcomes, identify barriers, and discuss strategies and solutions.

Kent County Implementation Team

WMPC's subcontracted foster care case management agency programmatic leadership, WMPC directors, WMPC Chief Operating Officer, and MDHHS program managers and analysts meet monthly to discuss new policies, processes, and to problem solve.

Kent Coalition for Family Resilience (KCFR)

WMPC leads a multi-system, community-wide coalition to develop a plan for Kent County to be a fully-integrated, trauma-informed and culturally responsive system of care. The Steering Committee includes the Director of Child Welfare at Kent County MDHHS (Child Protective Services), Presiding Judge of the Kent County Circuit Court – Family Division, the Child and Family Partnership Manager at Network 180, CASA, and client beneficiaries. The Steering Committee has reviewed barriers and challenges for Kent County MDHHS, WMPC, and the Kent County Circuit Court in improving performance in adoption and other permanency outcomes.

Governance

WMPC's Board of Directors is comprised of the CEO or a delegate from each of the five, private foster care case management consortium member agencies. Following WMPC's launch, its Board began transitioning from a more operational Board to strategic governance, drawing largely from the Carver model. This included participating in a two-day retreat with WMPC's Executive Leadership Team and MDHHS in February 2018 to develop WMPC's mission, vision, and values (informed by the feedback acquired through community stakeholders during focus groups and surveys).

One of WMPC's objectives is to develop a Board of Directors that is reflective of the diversity of the community and which fosters transparent and inclusive governance practices. WMPC's Board of Directors developed a subcommittee to lead the work to carry out this objective. Between March 2018 through December 2018, the subcommittee developed, and received Board approval for the following:

- Revised Bylaws,
- Board Manual,

- Board Member Evaluation form,
- A new member application form,
- A Board matrix,
- A Board job description, and
- A Board Recruitment Plan.

Recognizing the inherent conflict of interest in having a Board comprised of WMPC's five largest subcontractors, WMPC is planning on adding an additional seven community members, considering the following criteria:

- Diversity in race, ethnicity, gender, socioeconomic status, and age
- Persons with lived experience as a biological parent of a youth in the foster care system, or as a youth in foster care and foster parents
- Disciplines: Education, Health, Law enforcement, Judicial, Housing/ Community Development, Faith, Business

WMPC's Nominating Committee is carrying out its Board recruitment plan and will add the seven additional members by the end of March 2019.

With an expanded Board, WMPC's consortium Board members will still be able to contribute their valuable expertise while carrying out their ethical responsibility to abstain from any vote that would be a Conflict of Interest. Seven community members allows for a sufficient quorum in the instance that all five consortium members would need to abstain from a vote.

Communications

WMPC was [featured more than 25 times in print, television, and radio media](#); including the local affiliates of all the major network stations, NPR, Foster Focus magazine, the Lansing State Journal, and the State Supreme Court's quarterly newsletter. This helped WMPC establish brand awareness and credibility in its community as an innovative provider of foster care.

WMPC sought feedback from community leaders, system stakeholders, case workers, client beneficiaries, and funders which it has incorporated into its programs, policies, practices, [strategic plan](#), and its [mission, vision, and values](#). WMPC held listening sessions and forums with foster parents, front line staff, residential providers, and leadership from the partner agencies, service providers, court, MDHHS, and other stakeholders.

Appendices

- *Finance Report*
- *New Performance Measures for Private Agency Sub Recipients*
- *WMPC Performance Measures: FY18*