

# Status of Performance-Based Contracting Model Third Quarter Report

(FY2019 Appropriation Act - Public Act 207 of 2018)

June 30, 2019

*Sec. 503. (1) In accordance with the final report of the Michigan child welfare performance-based funding task force issued in response to section 503 of article X of 2013 PA 59, the department shall continue to develop actuarially sound case rates for necessary child welfare services that achieve permanency by the department and private child placing agencies in a prospective payment system under a performance-based funding model.*

*(2) From the funds appropriated in part 1 for adoption support services, the department shall allocate \$50,000.00 by December 31 of the current fiscal year to conduct an actuarial study on rates paid to private child placing agencies for adoption incentive payments. The actuarial study shall include a full cost prospective rate payment system and shall identify and analyze contractual costs paid through the case rate developed by an independent actuary.*

*(3) By October 1 of the current fiscal year, from the funds appropriated in part 1 for adoption support services, the department shall allocate \$950,000.00 of state general fund/general purpose and any eligible federal matching funds to increase rates paid to adoption service providers by up to 10% for adoption placement, adoption finalization, and adoption permanency in all rate categories.*

*(4) By March 1 of the current fiscal year, the department shall provide to the senate and house appropriations committees on the department budget, the senate and house fiscal agencies and policy offices, and the state budget office a report on the full cost analysis of the performance-based funding model. The report shall include background information on the project and give details about the contractual costs covered through the case rate.*

*(5) In accordance with the final report of the Michigan child welfare performance-based funding task force issued in response to section 503 of article X of 2013 PA 59, the department shall continue an independent, third-party evaluation of the performance-based funding model.*

*(6) The department shall only implement the performance-based funding model into additional counties where the department, private child welfare agencies, the county, and the court operating within that county have signed a memorandum of understanding that incorporates the intentions of the concerned parties in order to implement the performance-based funding model.*

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*(7) The department, in conjunction with members from both the house of representatives and senate, private child placing agencies, the courts, and counties shall continue to implement the recommendations that are described in the workgroup report that was provided in section 503 of article X of 2013 PA 59 to establish a performance-based funding for public and private child welfare services providers. The department shall provide quarterly reports on the status of the performance-based contracting model to the senate and house appropriations subcommittees on the department budget, the senate and house standing committees on families and human services, and the senate and house fiscal agencies and policy offices.*

*(8) From the funds appropriated in part 1 for the performance-based funding model pilot, the department shall continue to work with the West Michigan Partnership for Children Consortium on the implementation of the performance-based funding model pilot. The consortium shall 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. The consortium shall operate an integrated continuum of care structure, with services provided by both private and public agencies, based on individual case needs. The consortium shall demonstrate significant organizational capacity and competencies, including experience with managing risk-based contracts, financial strength, experienced staff and leadership, and appropriate governance structure.*



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The Michigan Department of Health and Human Services (MDHHS) continues to lead and utilize the Child Welfare Partnership Council to ensure stakeholder involvement in the implementation of the performance-based funding model. MDHHS has collaborated with Kent County MDHHS staff and the Kent County provider community involved in the West Michigan Partnership for Children (WMPC) to continue supporting the Kent County pilot.

The performance-based case rate funding model is intended to improve outcomes for children and families; allow for the effective allocation of resources to promote local service innovation, create service efficiencies, and incentivize service providing agencies to be accountable for achieving performance standards. The funding model reinforces positive outcomes and reinvests savings for continued improvements in the community. For example, as more children safely return home from foster care more quickly, the savings that result from returning/keeping children in their homes can be reinvested in developing services that will fortify and support the community to prevent other children from entering foster care in the first place.

### Data Overview

	Fiscal Year 2019					
	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019
New Referrals (Entries)	43	21	40	39	50	46
Monthly Program Closures (Exits)	42	40	43	35	25	28
Open Cases at the end of the Period	914	895	892	896	921	939

Data from prior months was updated to account for data entry lag.

Data Source: Data Warehouse

Data Run Date: May 30, 2019

Discharge Reasons	Fiscal Year 2018	Fiscal Year 2019				
		Quarter 1		January 2019	February 2019	March 2019
Reunification with Parents	48%	43	34%	4	6	13
Adoption	35%	48	38%	16	7	6
Guardianship	7%	11	9%	4	2	3
Emancipation	6%	4	3%	4	3	0
Living with Relatives	1%	0	0%	0	1	0
Other (AWOL, Transfer to another agency)	2%	19	15%	7	6	6
<b>Total Discharges</b>		<b>125</b>		<b>35</b>	<b>25</b>	<b>28</b>

Data from the prior quarter was updated to account for data entry lag.

Data Source: Data Warehouse

Data Run Date: May 30, 2019

## Status of Performance-Based Contracting Model Third Quarter Report

Placement Settings for Children at the end of Specified Period Fiscal Year 2019												
	October 2018		November 2018		December 2018		January 2019		February 2019		March 2019	
<b>Total Open Cases</b>	914		872		892		896		921		939	
<b>Foster Home</b>	270	30%	277	32%	291	33%	313	35%	333	36%	350	37%
<b>Relative</b>	208	23%	211	24%	230	26%	236	26%	249	27%	262	28%
<b>Parental Home</b>	152	17%	135	15%	122	14%	118	13%	115	12%	108	12%
<b>Residential Care</b>	70	8%	71	8%	72	8%	72	8%	76	8%	76	8%
<b>Adoptive Home</b>	137	15%	122	14%	105	12%	89	10%	82	9%	76	8%
<b>Independent Living</b>	24	3%	23	3%	22	2%	21	2%	18	2%	18	2%
<b>Fictive Kin</b>	13	1%	15	2%	16	2%	18	2%	19	2%	20	2%
<b>Shelter</b>	7	1%	7	1%	7	1%	7	1%	8	1%	8	1%
<b>Guardian</b>	17	2%	18	2%	10	1%	8	1%	7	1%	5	1%
<b>Other (i.e. Jail, Detention, AWOL, Hospital)</b>	16	2%	16	2%	17	2%	14	2%	14	2%	16	2%

### Key Performance Indicators

Key Performance Indicators	Standard	*Statewide FY18 Performance	**WMPC FY18 Performance	WMPC FY19 Q1	WMPC FY19 Q2		
					January 2019	February 2019	March 2019
Caseworker-Child Visits	95%	81%	88%	96%	92%	95%	96%
Caseworker-Parent Visits	85%	60%	62%	64%	62%	66%	69%
Parent-Child Visits	85%	45%	51%	48%	40%	37%	48%
Worker-Supervisor Conferences	95%	92%	96%	99%	99%	100%	100%
Initial Service Plan Timeliness	95%	75%	70%	75%	74%	85%	100%
Updated Service Plan Timeliness	95%	86%	89%	86%	87%	93%	95%
Supervisor Approval Timeliness	95%	88%	87%	89%	87%	87%	87%
Initial Medical Exam Timeliness	85%	85%	83%	84%	83%	85%	82%
Annual Medical Exam Timeliness	95%	86%	82%	81%	84%	76%	86%
Initial Dental Exam Timeliness	90%	85%	75%	90%	74%	92%	82%
Yearly Dental Exam Timeliness	95%	80%	82%	81%	83%	76%	93%

\*Data Retrieved: Monthly Management Report, September 2018, 12-month data

\*\*Data Retrieved: MDHHS Kent County Reports- 10-1-17 to 9-30-18, Run Date: 2/26/19

## Status of Performance-Based Contracting Model Third Quarter Report

### Fiscal

Expenses- Cash Basis	FY18	*Revised FY19 Q1	FY19 Q2	FY19 Projected Spending Compared to FY18
Foster Care Administration	\$ 15,240,083	\$ 3,911,337	\$3,907,794	↓
Caregiver Maintenance Expenses	\$ 3,648,410	\$ 1,034,043	\$967,788	↓
Enhanced Foster Care Maintenance & Administration/ Incentives/Treat ment Foster Care Administration	\$ 1,053,168	\$ 769,197	\$981,161	↑
Residential Expenses	\$ 10,525,555	*\$ 2,123,421	\$1,701,083	↓
Shelter Expenses	\$ 1,167,662	*\$ 265,038	\$342,376	↑
Ancillary Services	\$ 1,325,453	\$ 349,206	\$117,771	↓
Adoption Administration	\$ 1,337,245	\$ 432,870	\$280,136	↓

\*Revised amounts.

Data Source: FY18-WMPC Accounting Report, FY19-Q2 Cost Report.

### Key Innovations and Status Updates

- Through ongoing fiscal monitoring activities, WMPC, Lewis & Ellis and MDHHS identified specific benchmarks of the case rate that are causing budget challenges for the WMPC. The WMPC is working collaboratively with MDHHS to develop a sustainable path to support operations and service delivery moving forward.
- WMPC's Enhanced Foster Care (EFC) service continued to provide individualized treatment for children in general foster care who present with intensive behavioral or emotional needs. Between January 1, 2018 – March 31, 2019, WMPC provided this service to 115 children.
- Implementation of EFC continues to contribute to decreased placements in residential settings. Since WMPC launched on October 1, 2017, residential placements have decreased by five percentage points. Based on WMPC expenditures on residential placements in the first six months of fiscal year 2019, WMPC expects to spend \$2.5 million less on residential in FY19 than in FY18.

## Status of Performance-Based Contracting Model Third Quarter Report

- WMPC's performance and quality improvement team continually analyzes performance data and engages with its network providers formally on a monthly basis to discuss key performance measures, data quality, outcome measures, and quality improvement plans. WMPC also meets with providers on a quarterly basis to assess performance against the contract as a condensed review of contract compliance and achievement of outcomes. (Refer to attachment *Fiscal Year 2019 Quarter Two Performance Report*)
- WMPC's Performance and Quality Improvement team uses MindShare, Michigan's Statewide Automated Child Welfare Information System (MiSACWIS), and local records to analyze data related to performance. WMPC also developed an additional five performance measures for FY19 to help advance our progress in improving outcomes for children and families.
- WMPC hired a Business Intelligence Analyst on January 14, 2019. The Business Intelligence Analyst is supporting the continuous quality improvement framework by adding technical skills around statistical analysis and data modelling. This work is adding value by generating new insights into performance and providing evidence to support the improvement efforts across the network.
- MDHHS, WMPC, and MindShare executed a second data-sharing agreement which will increase data WMPC will be provided to include:
  - Foster home data
  - Court information
  - Financial data
  - Child well-being data
  - Historical data file to allow for benchmarking pre and post WMPCThis data will allow for improved decision-making, utilization management, and monitoring of performance measures. It will also allow MindShare to begin developing algorithms to inform predictive analytics models.
- Network180 (Kent County's Community Mental Health provider) developed a subcontract with WMPC which allowed WMPC to hire a Clinical Liaison in March 2019 to assess youth to ensure eligible children receive appropriate and timely clinical services. This position will assist in better integration of the system of care, bringing together mental health with child welfare with the goal of increasing access to mental health services. The mental health perspective will assist in addressing root causes of behavior leading to improved stabilization of youth.
- WMPC has continued to work with the partner agencies in developing the utilization management model to ensure appropriate usage and dosage of services and leadership involvement in permanency planning and more restrictive placement settings. (Refer to attachment *Utilization Management Model*)
- WMPC is working on becoming the first agency accredited in Michigan as a "Network Agency" through the Council on Accreditation (COA). WMPC leadership team has formalized more than 150 policies and procedures that meet COA standards. Manuals have been developed to address risk management and network oversight. The on-site visit by the peer reviewers occurs in June and WMPC hopes to achieve accreditation by the end of 2019.

## Status of Performance-Based Contracting Model Third Quarter Report

- WMPC revised its bylaws to add an additional seven community members to its Board of Directors. In addition to a representative from each of the five consortium member agencies, WMPC is planning on adding an additional seven community members, considering the following criteria:
  - Diversity in race, ethnicity, gender, socioeconomic status
  - Client beneficiaries
  - Disciplines: Education, Health, Law enforcement, Judicial, Housing / Community Development, Business, Faith

The first two Board Members to be added are Dr. Nkechy Ezeh, Executive Director of the Early Learning Neighborhood Collaborative, and Kayla Morgan, a former foster youth and founder and owner of Resilient Roots, a trauma-informed yoga practice.

#### Attachments:

- Fiscal Year 2019 Quarter Two Performance Report
- Utilization Management Model



# Fiscal Year 2019 (FY19) Quarter 2 Report

January 2019 - March 2019



## Social Work Contacts

	Worker-Child	Worker-Parent	Parent-Child	Worker-Supervisor
<b>Benchmark</b>	95%	85%	85%	95%
<i>WMPC Network Total</i>	94%	66%	43%	100%
Bethany Christian Services	97%	65%	39%	100%
Catholic Charities West Michigan	97%	70%	42%	99%
D.A. Blodgett-St. Johns	91%	72%	52%	100%
Samaritas	95%	66%	46%	99%
Wellspring Lutheran Services	91%	58%	37%	100%

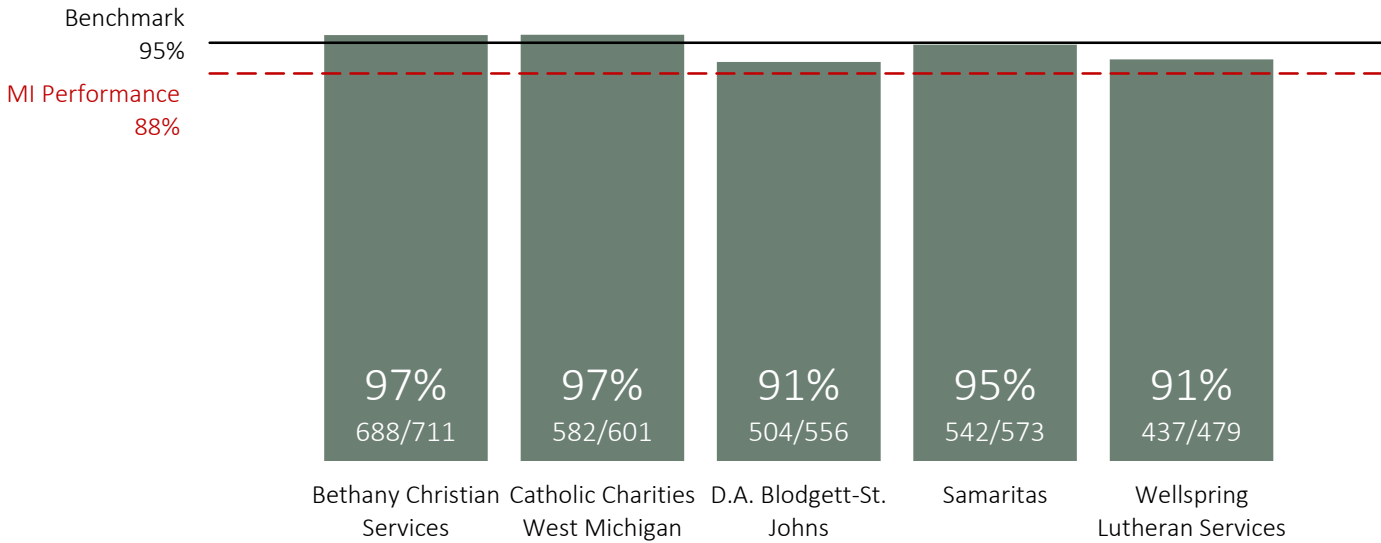
## Medicals & Dentals

	Initial Medical	Yearly/Periodic Medical	Initial Dental	Yearly Dental
<b>Benchmark</b>	85%	95%	90%	95%
<i>WMPC Network Total</i>	95%	90%	81%	78%
Bethany Christian Services	93%	92%	86%	82%
Catholic Charities West Michigan	93%	93%	86%	100%
D.A. Blodgett-St. Johns	100%	90%	100%	86%
Samaritas	94%	94%	84%	61%
Wellspring Lutheran Services	96%	70%	40%	53%

## Service Plans

	Initial Service Plans	Updated Service Plans	Plan Approvals
<b>Benchmark</b>	85%	85%	95%
<i>WMPC Network Total</i>	88%	91%	87%
Bethany Christian Services	97%	95%	88%
Catholic Charities West Michigan	96%	99%	95%
D.A. Blodgett-St. Johns	100%	81%	80%
Samaritas	76%	95%	97%
Wellspring Lutheran Services	79%	84%	73%

Three of the agencies met the benchmark for the second quarter. WMPC Network's performance was 94%.



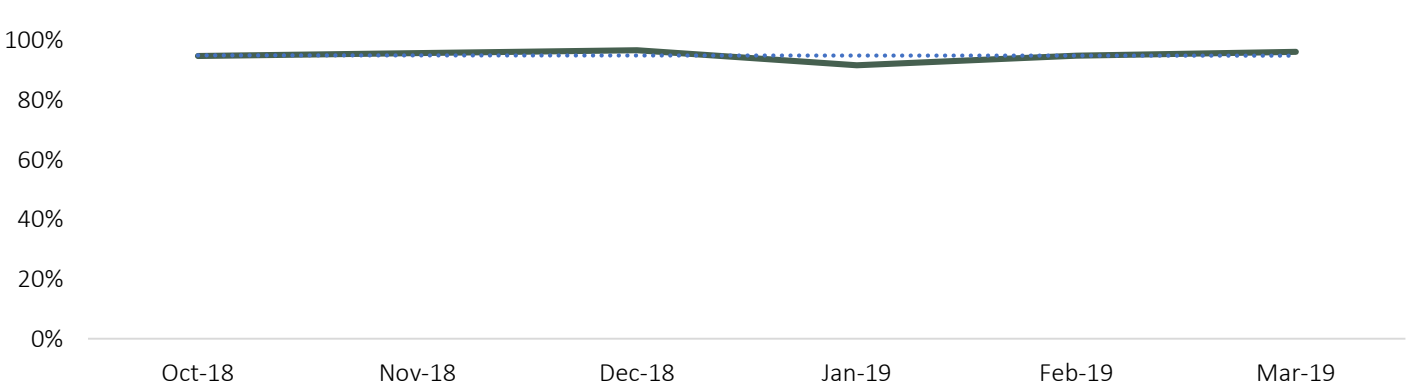
## Strengths

Assign a mentor to attend the "quiet hours" to assist workers who need help entering social work contacts in MiSACWIS.  
Some supervisors require their new workers to draft and email their home visit information for review, to ensure that it will be accurately recorded in MiSACWIS.

## Barriers

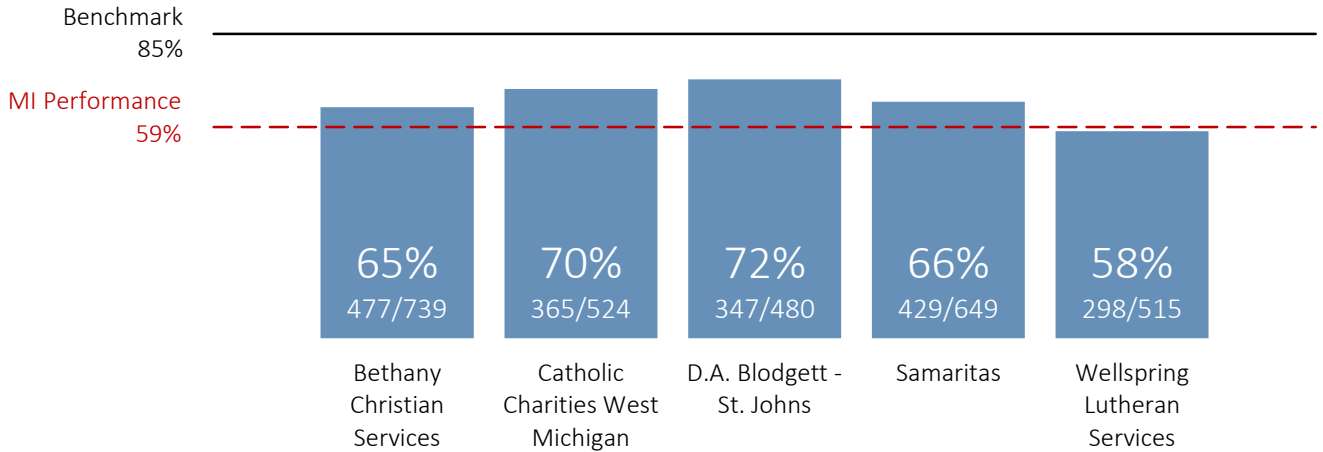
When agencies do not close cases in a timely manner, visits are still assigned to the worker and may skew that data.  
Data entry errors occur when workers forget to mark visit as "private."

## WMPC's monthly trend from October 2018 to March 2019:



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.

None of the agencies met the benchmark for the second quarter average. WMPC Network's performance was 66%.



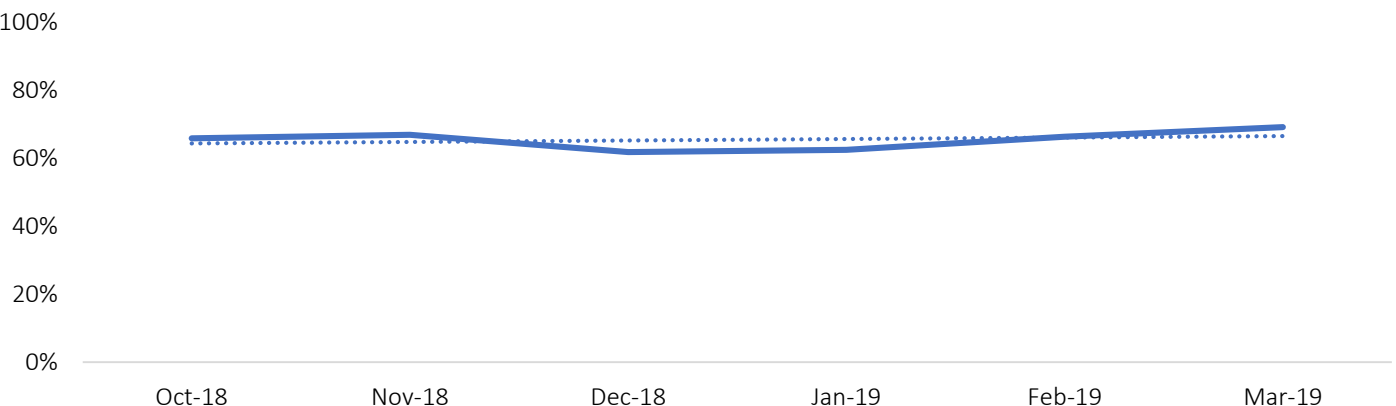
## Strengths

Workers try to involve other people who the parent trusts such as preventative services, their attorney, or a relative in the process because this often increases the likelihood of the parent's participation. Workers schedule visits before or after parenting time and/or meet with parent(s) at a location of their choice. Workers utilize a variety of communication strategies to engage with parents.

## Barriers

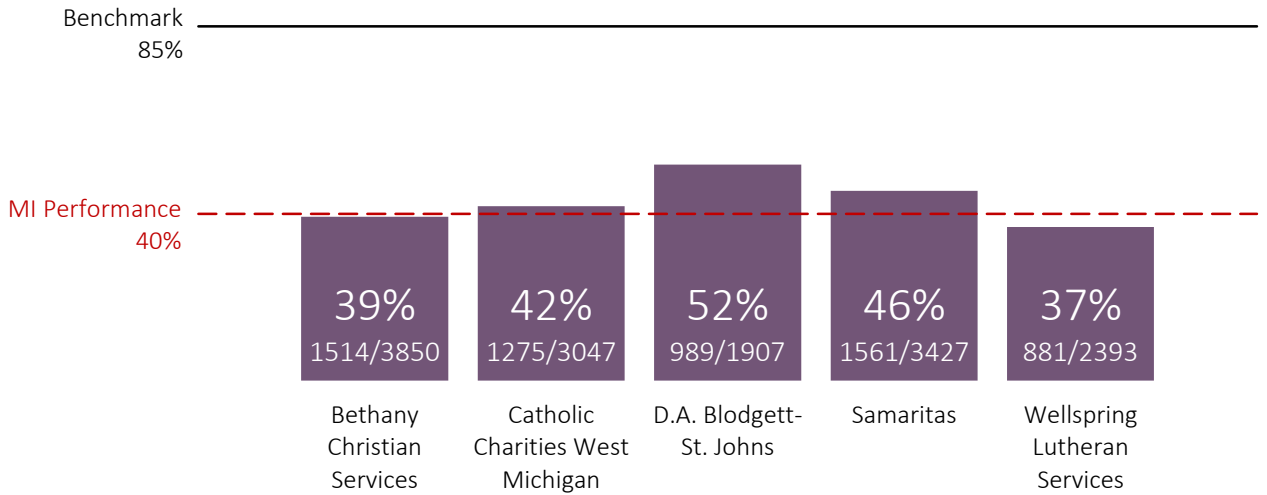
Out-of-state parents still count against compliance in the data even if contact exists. There is an exception for this in parent-child visits but not worker-parent visits. In some cases, the permanency goal remains reunification for a long period of time despite a lack of parent engagement.

## WMPC's monthly trend from October 2018 to March 2019:



No fewer than 85% of children with a goal of reunification shall have visitation with their parent(s) at least weekly for youth six years old or older and at least twice per week for youth 0-5 years old.

None of the agencies met the benchmark for the second quarter average. WMPCC Network's performance was 43%.



## Strengths

To maintain a positive relationship, some agencies encourage workers to hold a meeting with the parent(s) prior to court to discuss what the worker is going to report. Workers confirm visits with parents via phone on the day of the visit.

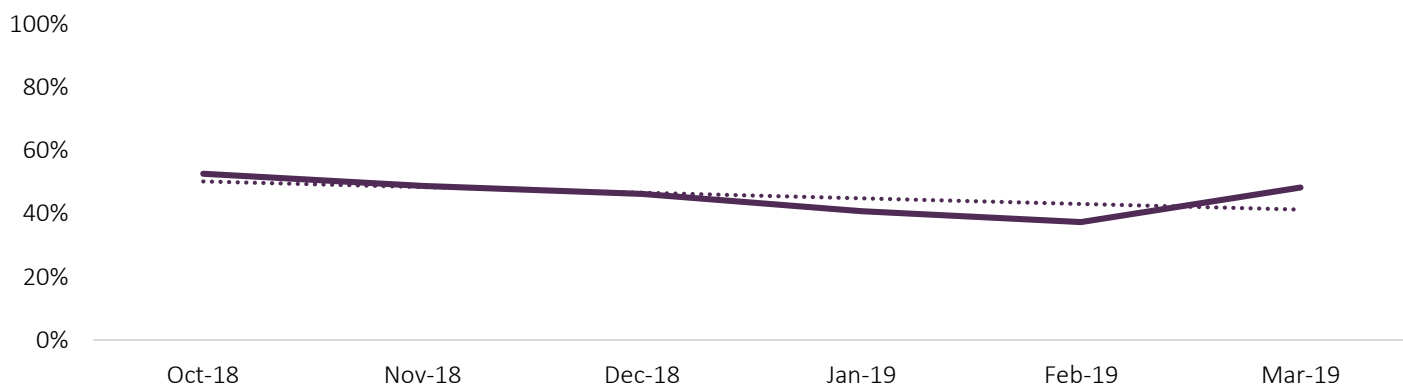
Improve communication with case aides so that offering parents the option of one longer visit/week is not interpreted as equal to the required two visits/week.

## Barriers

Building rapport with parents takes time. Many parents visit with their child once/week rather than twice/week. Even if the one visit is longer in duration to make up for the second visit, it does not count.

A significant amount of information must be entered for each parent-child visit. In many non-compliant cases, an element is missed.

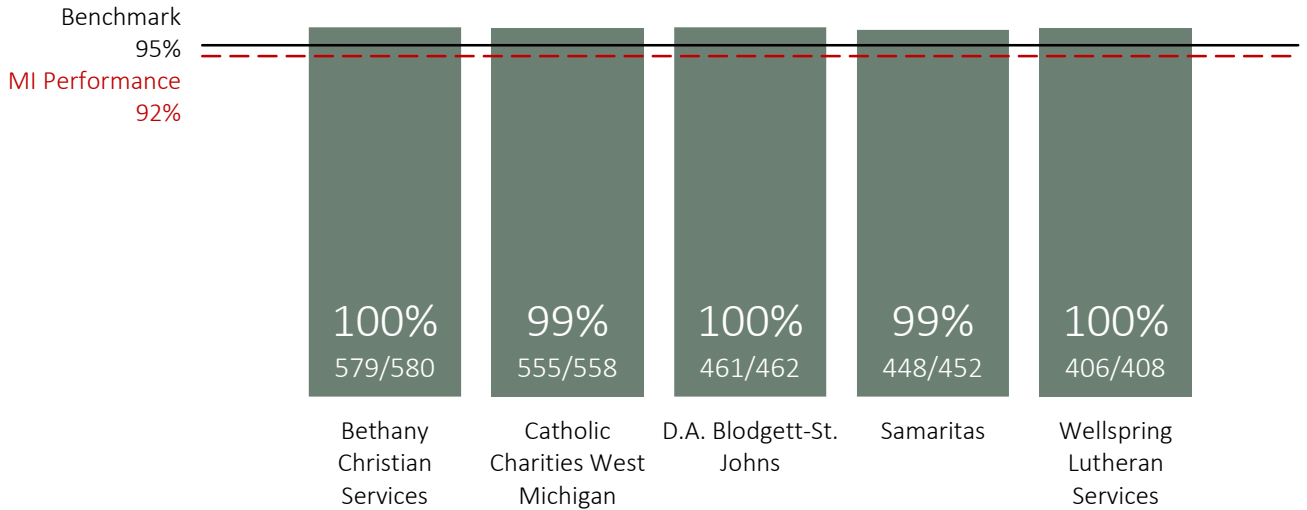
## WMPCC's monthly trend from October 2018 to March 2019:



# Worker - Supervisor Visits

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.

All five agencies met the benchmark for the second quarter. WMPC Network's performance was 100%.



## Strengths

Workers often meet with their supervisor more frequently than the benchmark requires.

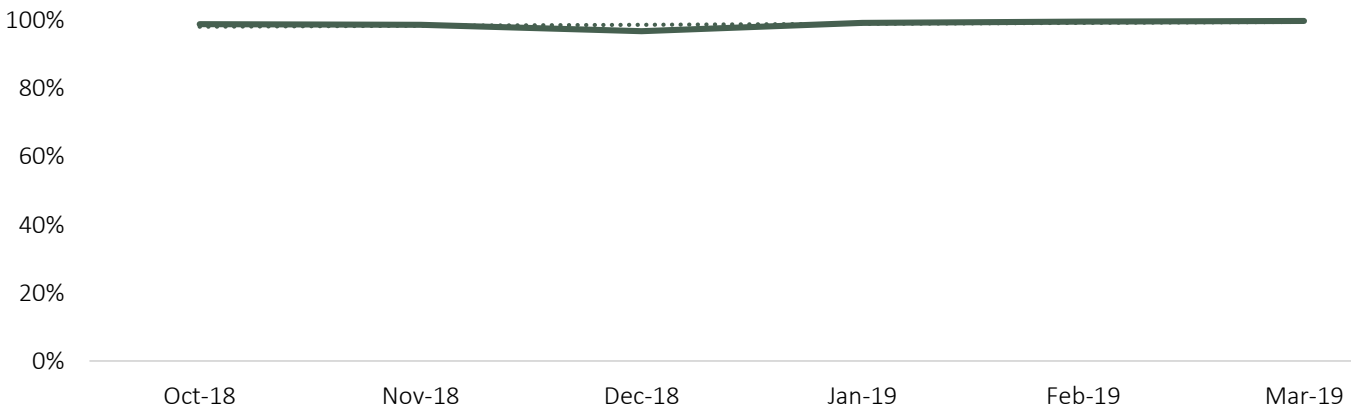
At some agencies, supervisors enter the worker-supervisor meetings into MiSACWIS.

## Barriers

Pending case closures count against this benchmark.

When agencies do not close cases in a timely manner, visits are still assigned to the worker and may skew that data.

## WMPC's monthly trend from October 2018 to March 2019:



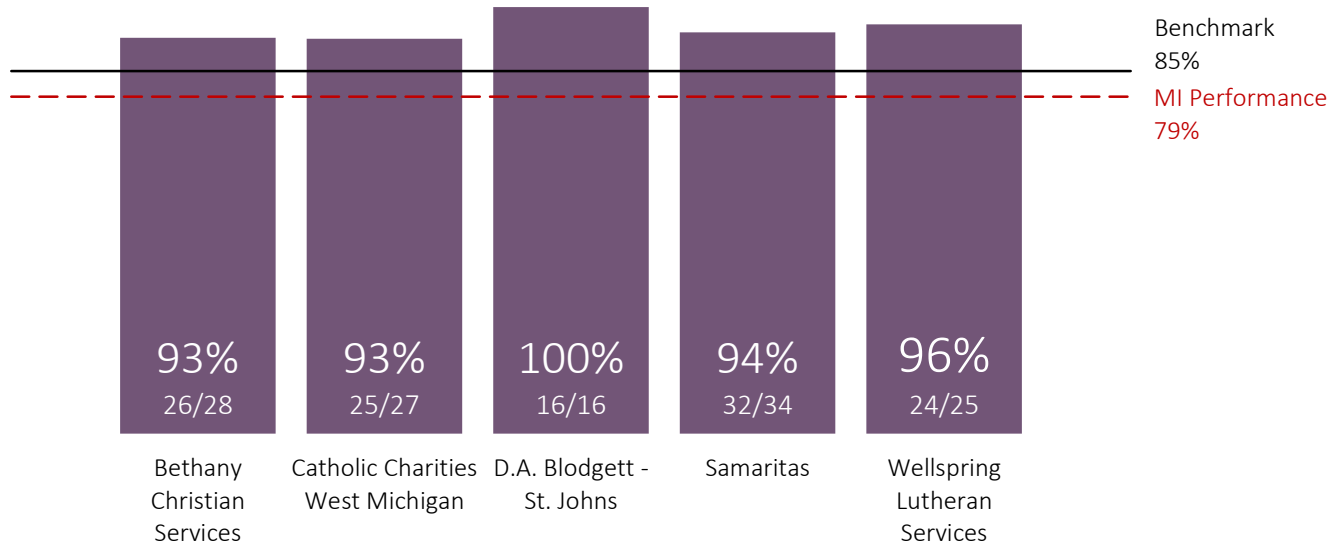


West Michigan  
Partnership for Children

# Initial Medical Exams

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

All agencies exceeded the benchmark for initial medical exams in Quarter 2. WMPC Network's performance was 95%.



## Strengths

Having administrative staff specifically responsible for scheduling and following up with appointments, entering appointments, and uploading documentation.

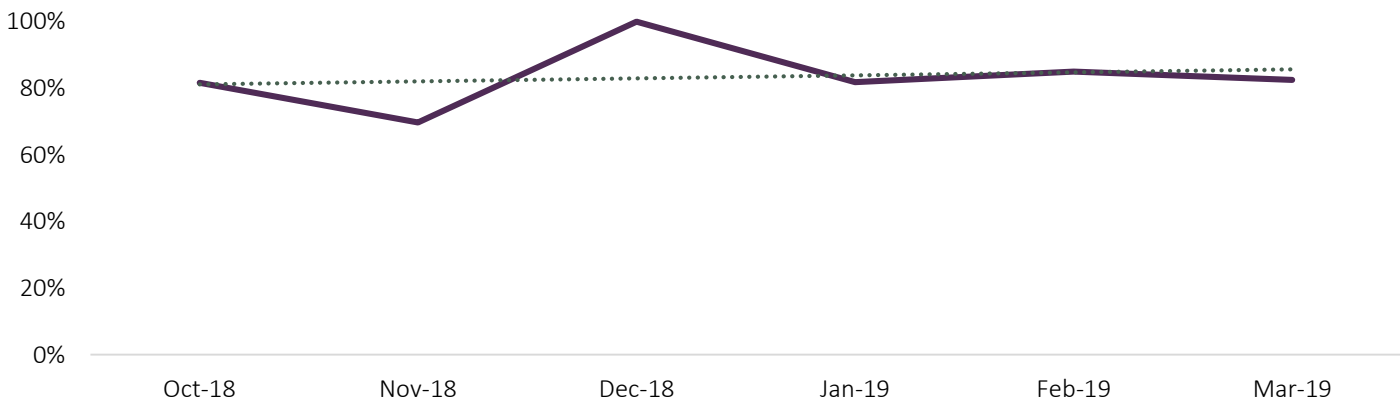


## Barriers

Staff experience difficulty receiving verification documentation back from providers which limits timely entry of information into MiSACWIS.

Agencies are not consistently using Care Connect 360.

## WMPC's monthly trend from October 2018 to March 2019:



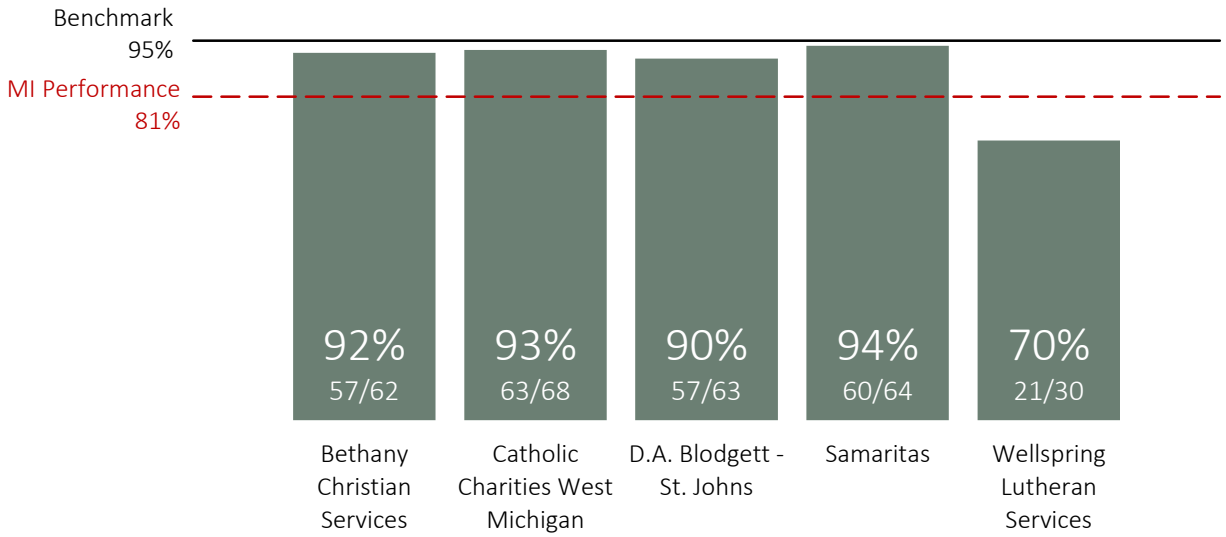
Source: MiSACWIS Initial Medical Exam Timeliness Info View Report, retrieved May 16, 2019; MDHHS Children's Services Agency - MMR Scorecard statewide performance, retrieved April 22, 2019



# Yearly/Periodic Medical Exams

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.

None of the agencies met the benchmark for periodic medical exams in Quarter 2. WMPC Network's performance was 90%.



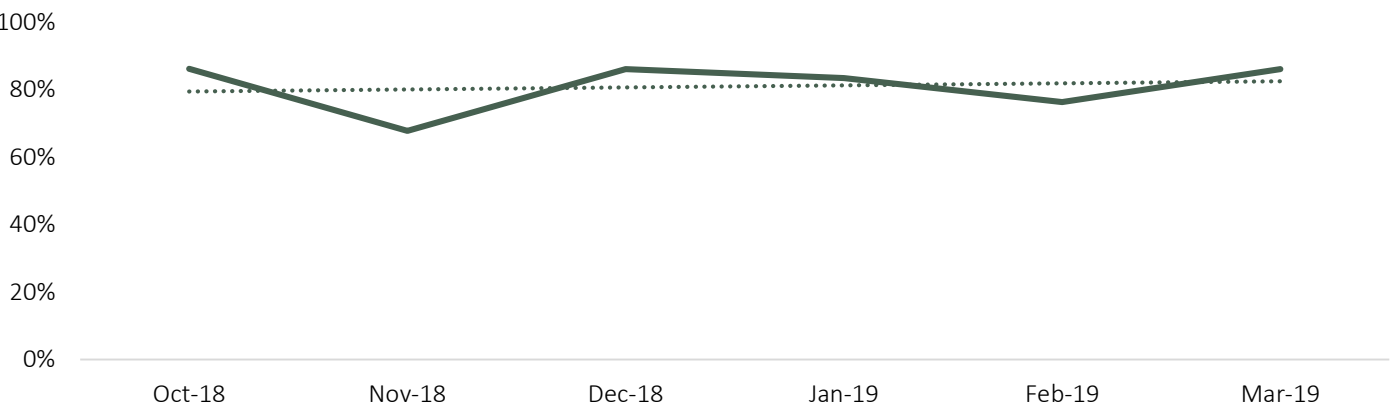
## Strengths

Having administrative staff specifically responsible for scheduling and following up with appointments, entering appointments, and uploading documentation.

## Barriers

Well Child documentation is difficult to obtain because sometimes providers will not see a child because the provider's timeframe of necessary appointments is different than what Well Child policy requires.

## WMPC's monthly trend from October 2018 to March 2019:



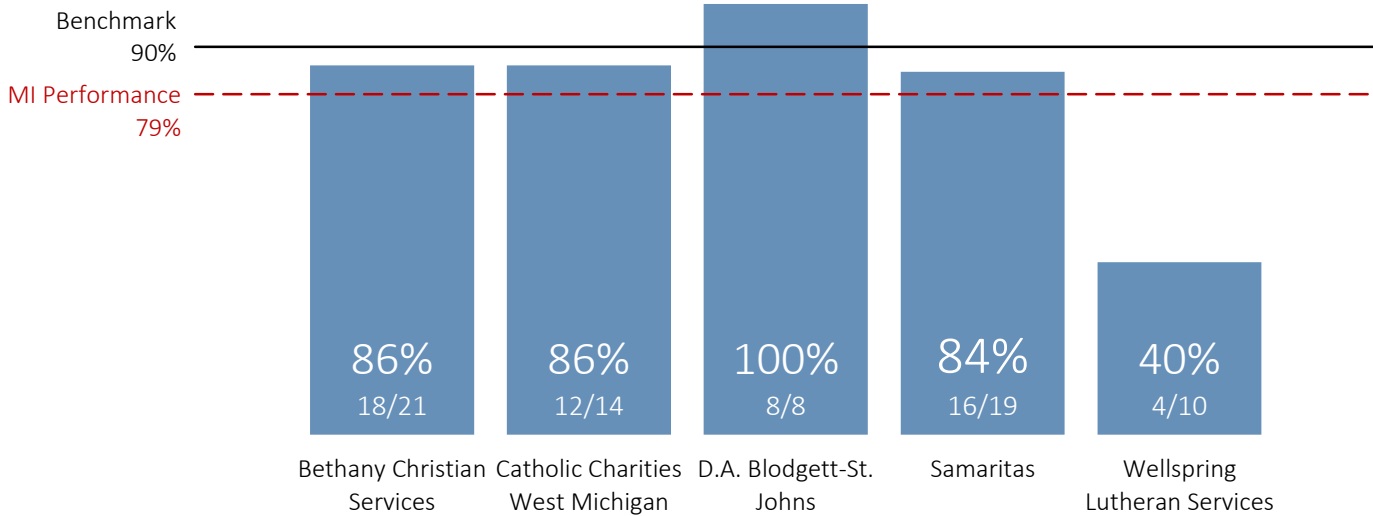


West Michigan Partnership for Children

# Initial Dental Exams

At least 90% of children 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.

D.A. Blodgett-St. John's met the benchmark for initial dental exams in Quarter 2. WMPC Network's performance was 81%.



## Strengths

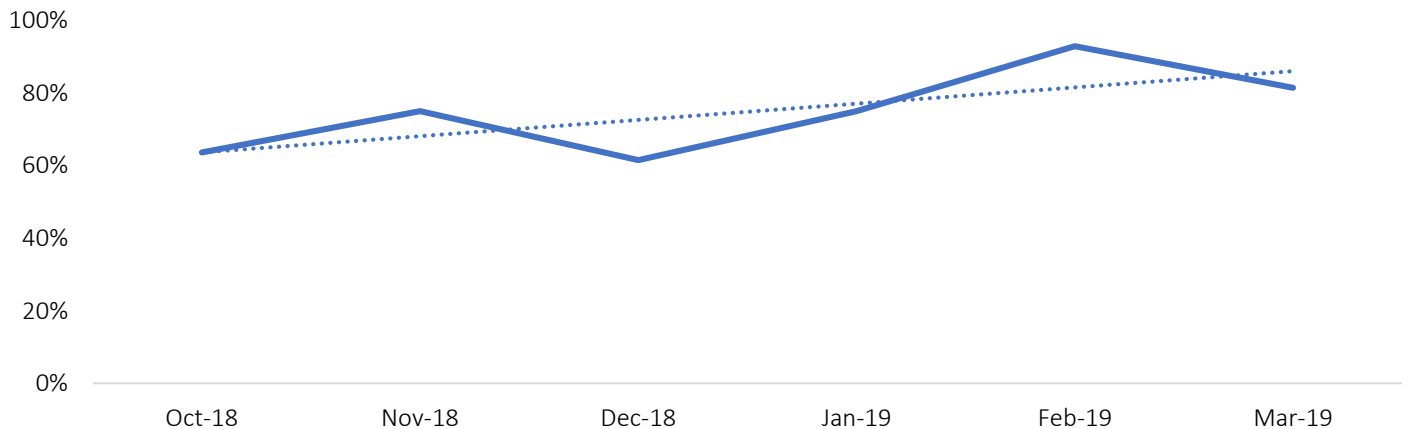
Having administrative staff specifically responsible for scheduling and following up with appointments, entering appointments, and uploading documentation.

## Barriers

Agencies are unaware of all the dental providers accepting Medicaid in Kent County.

Agencies are inconsistently using the Book of Business and struggle to consistently track the initial dental appointments.

## WMPC's monthly trend from October 2018 to March 2019:





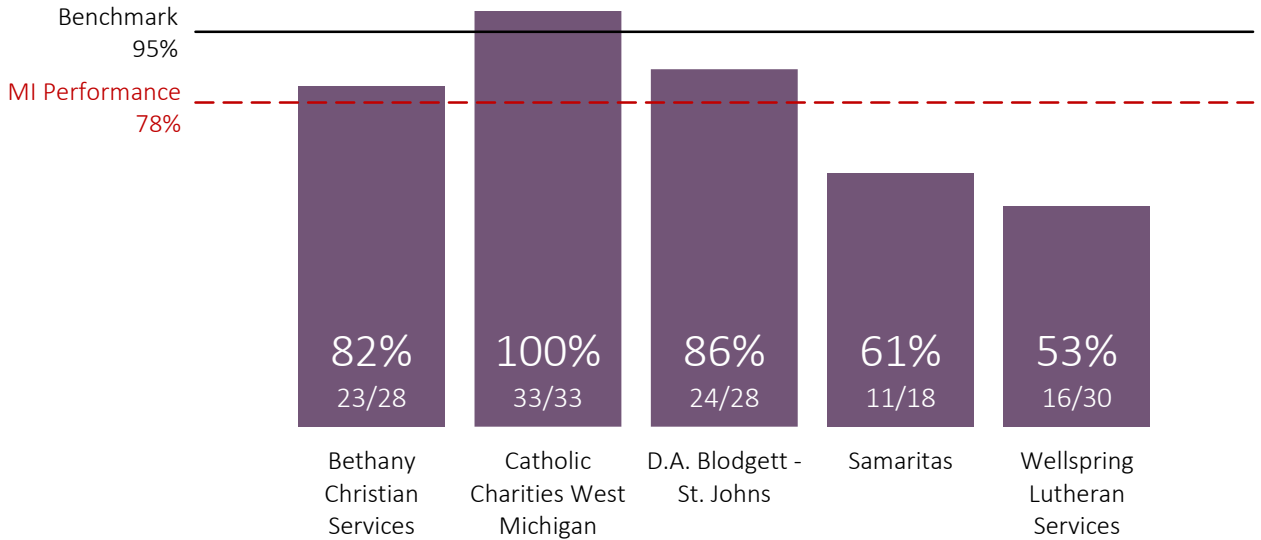


West Michigan Partnership for Children

# Yearly Dental Exams

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

Catholic Charities was the only agency to meet the benchmark for the second quarter. WMPC Network's performance was 78%.



## Strengths

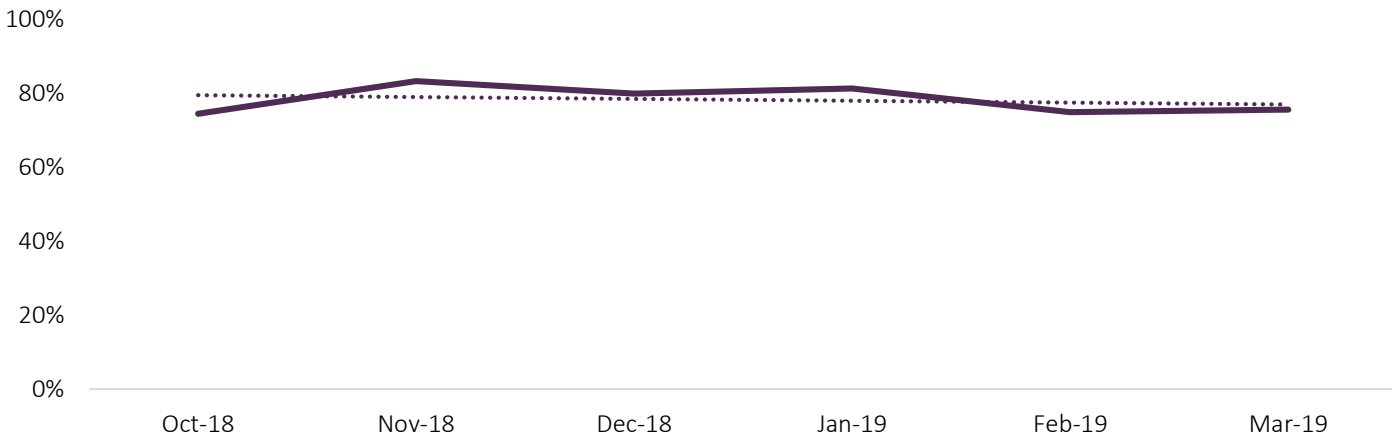
Having administrative staff specifically responsible for scheduling and following up with appointments, entering appointments, and uploading documentation.



## Barriers

Agencies are unaware of all the dental providers accepting Medicaid in Kent County.

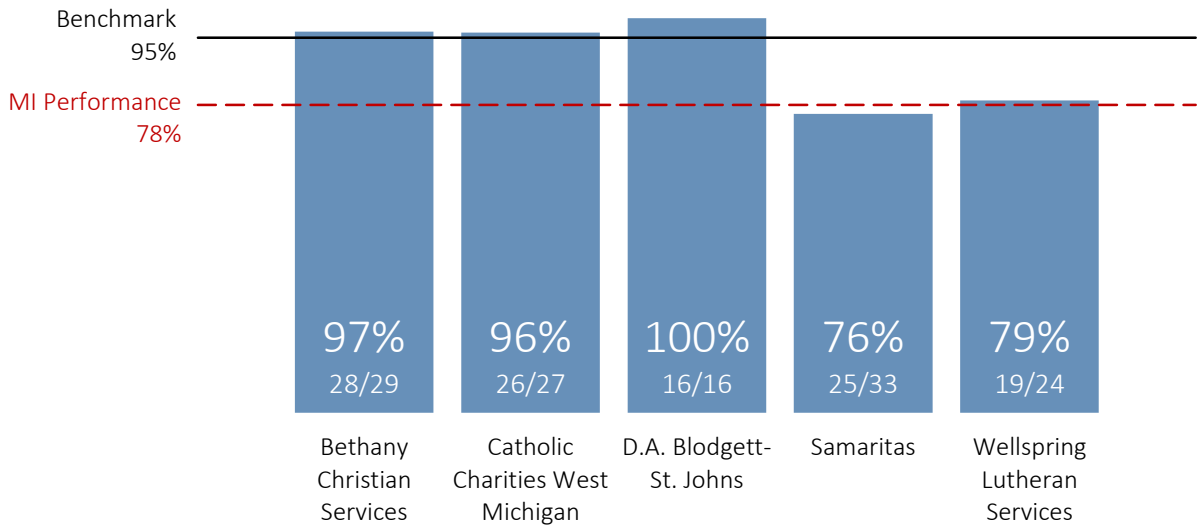
## WMPC's monthly trend from October 2018 to March 2019:



Source: MISACWIS Dental Exam Timeliness Info View Report, retrieved May 16, 2019; MDHHS Children's Services Agency - MMR Scorecard statewide performance, retrieved April 22, 2019

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.

Three agencies met the benchmark for the second quarter average. WMPC Network's performance was 88%.



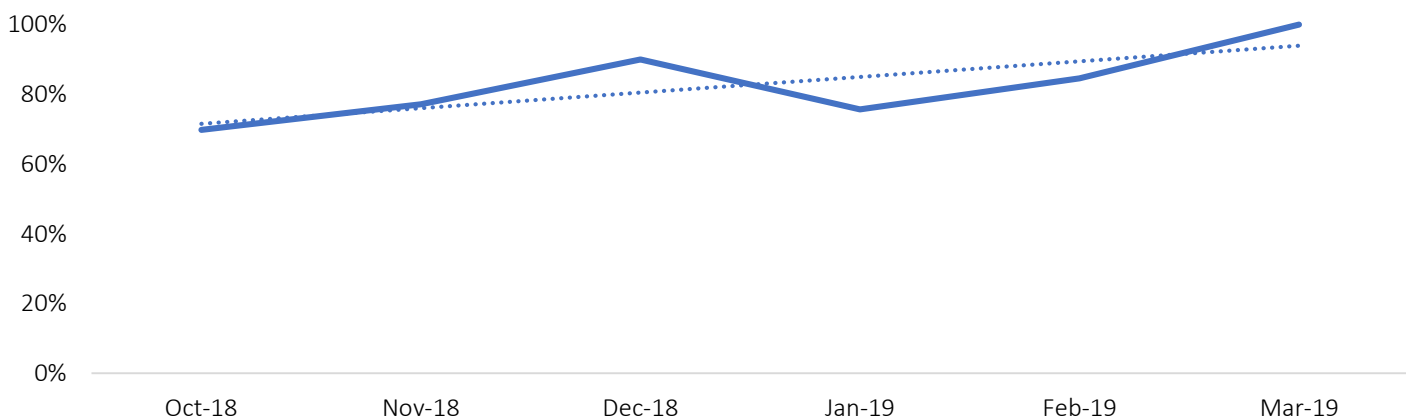
## Strengths

Supervisors utilize various strategies to maintain deadlines including tracking spreadsheets, placing dues dates on worker's Outlook calendars with buffers built in, and reviewing the BOB during supervision.

## Barriers

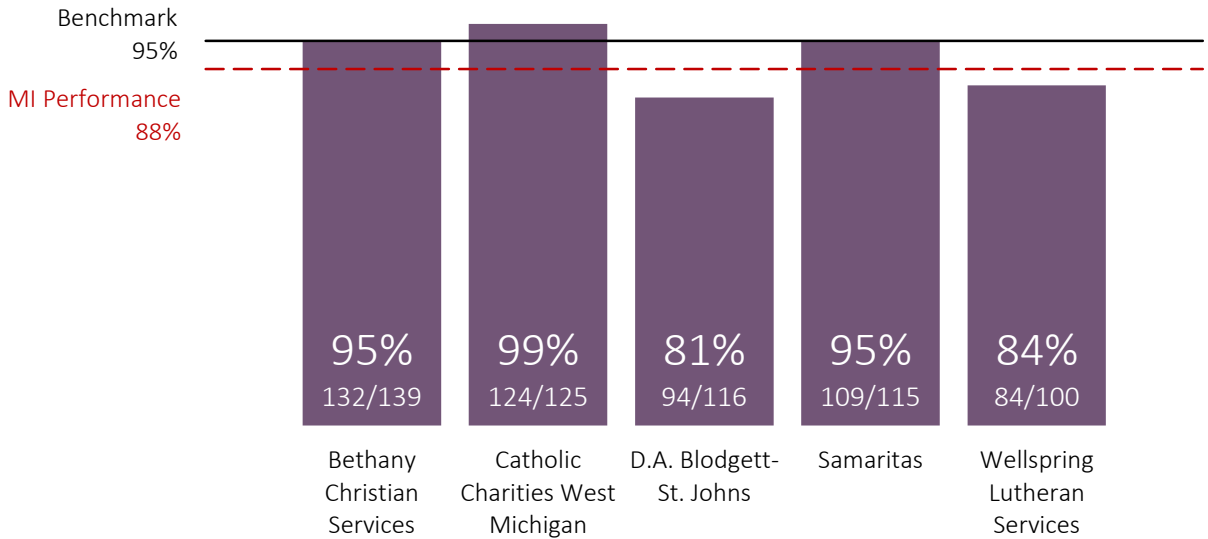
Sibling groups impact compliance significantly. For example, if a sibling group of five enters care, one report needs to be written but it applies to each of the five youth. If that report is not completed on time, five youth will count as missing a plan.

## WMPC's monthly trend from October 2018 to March 2019:



At least 95% of children shall have a service plan updated quarterly.

Three of the agencies met the benchmark for Quarter 2. WMPC Network's performance was 91%.



## Strengths

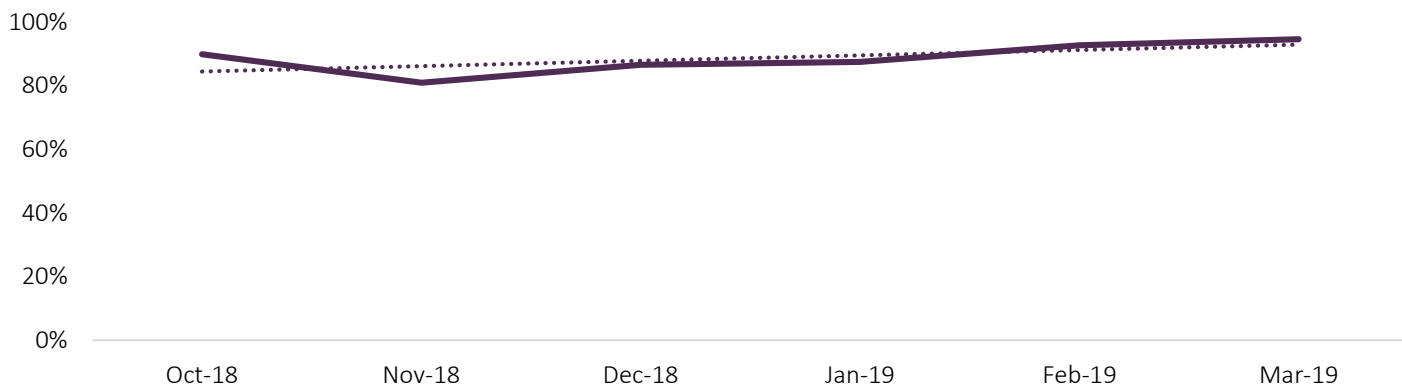
During supervision, workers and supervisors list the required reports for that week or month and prioritize the list based on court dates and policy due dates.

## Barriers

Worker turnover impacts the completion of timely USP's because the case needs to be transferred, which may create a delay in completing a report.

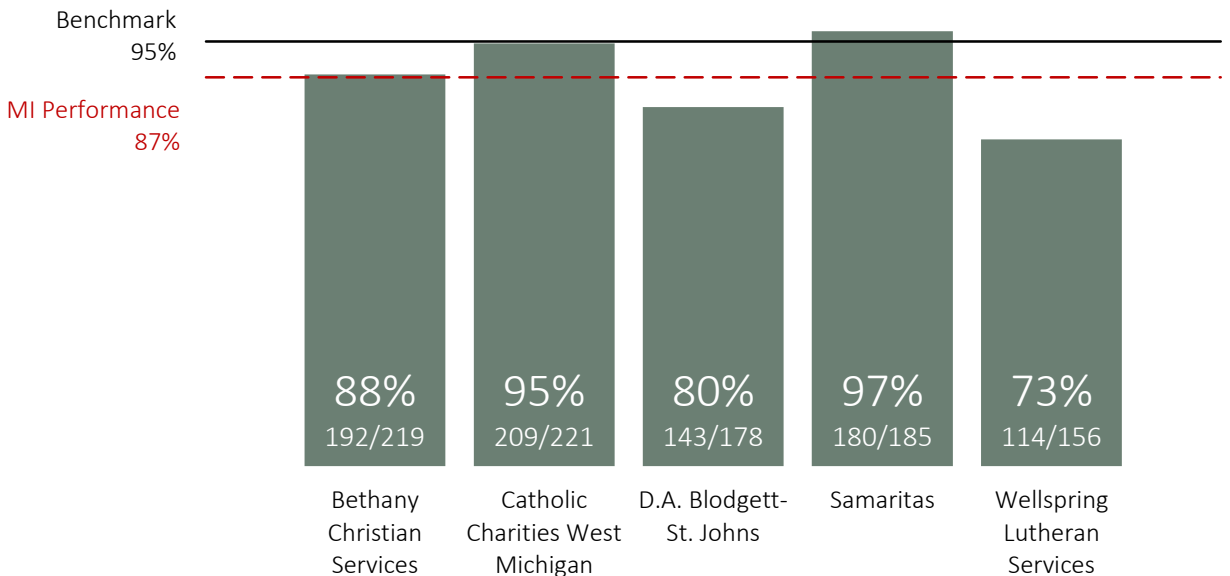
Agencies do not have a consistent protocol in place to ensure completion of all tasks before a case transfers.

WMPC's monthly trend from October 2018 to March 2019:



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.

Catholic Charities West Michigan and Samaritas met the benchmark for Quarter 2. WMPC Network's performance was 87%.



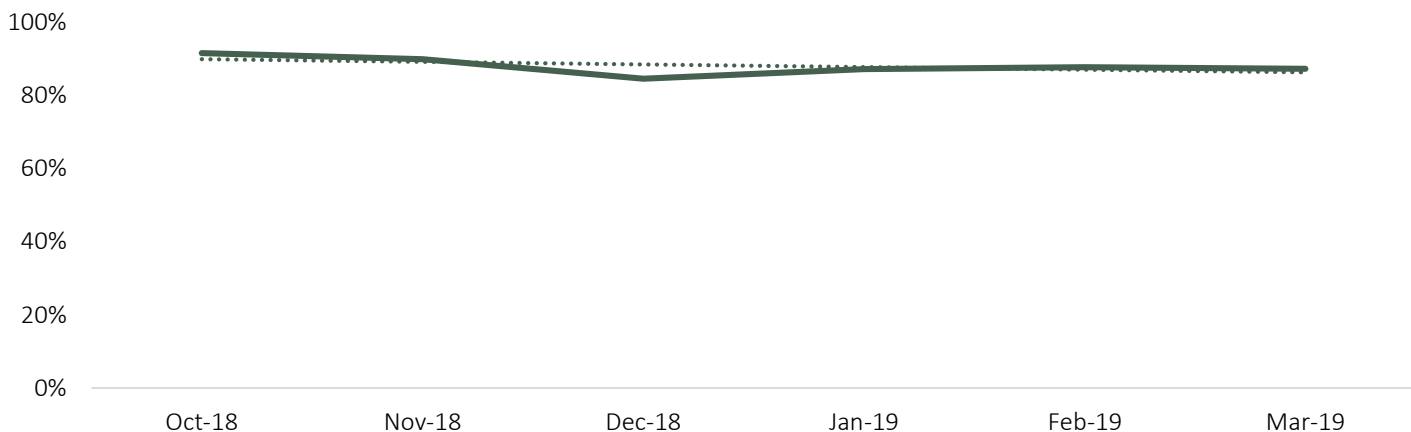
## Strengths

Supervisors use a structured timeline, such as six days for reviews, four days for edits, and three days for final review.

## Barriers

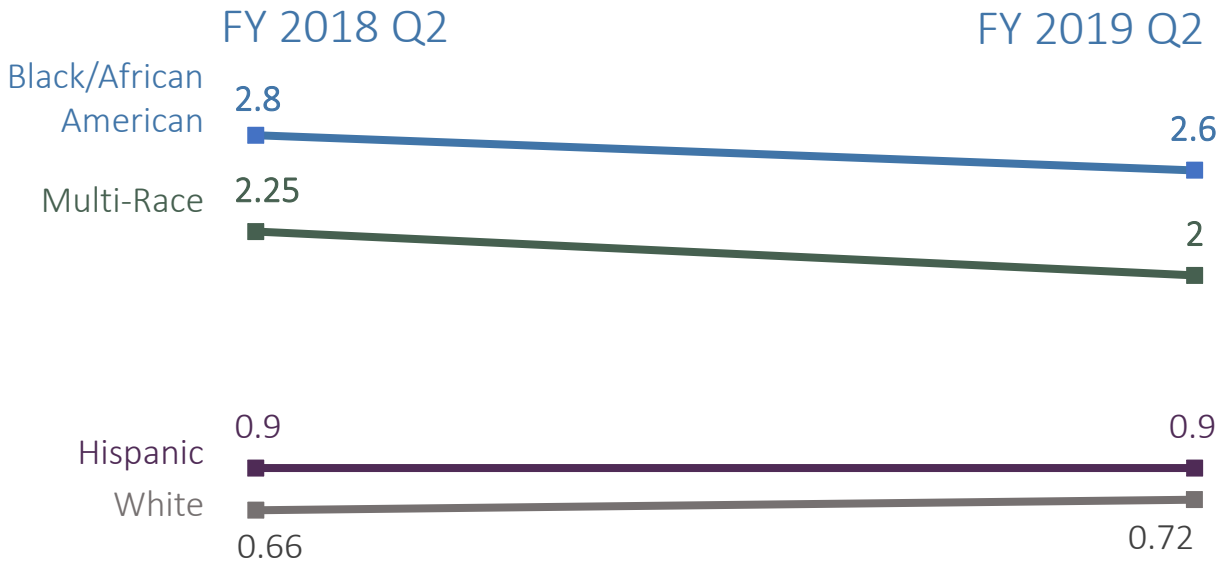
MiSACWIS is a cumbersome system for edits because there are many documents with various links that must be navigated through. This is especially difficult for new workers. Additionally, when a report is returned for edits, it is no longer pending in the worker's queue which makes it easy to forget about.

## WMPC's monthly trend from October 2018 to March 2019:



# Racial Disproportionality Index

A disproportionality index of 1 indicates that the proportion of a racial/ethnic group in foster care reflects the same proportion of that racial/ethnic group in the general population. A number above 1 indicates the group is overrepresented. A number below 1 indicates the group is underrepresented.



In quarter two of 2018, Black/African American children in WMPC’s Network were represented at a rate that is 2.8 times greater than expected given the Kent County general population of Black/African American children. In 2019, that number **decreased** to 2.6 times greater than expected.

Similarly, the network’s multi-race children overrepresentation **decreased** from 2.25 to 2 in 2019 Q2.



Source: Mindshare, Active Child Dashboard, date range 1/1/18-3/31/18, retrieved 4/12/19; date range 1/1/19-3/31/19, retrieved 4/12/2019.  
Source: U.S. Census Bureau, 2016 1-Year Estimates; 2013-2017 American Community Survey 5-Year Estimates.



## Utilization Management Plan

### I. Residential Case Reviews

The WMPC Care Coordination team will conduct targeted case reviews of children placed, or at risk of placement, in a residential setting. The case reviews will occur prior to residential placement, and at the 3-month, 6-month, 9-month, and 12-month timeframes to ensure services are appropriate to meet a child’s safety, permanency, and well-being needs.

#### Case Review Schedule

TIME IN RESIDENTIAL CARE	REVIEW TYPE
Pre-residential	Tier II (ARC)
3 months	Tier I (WMPC CC)
6 months	Tier II (systems/director)
9 months	Tier I (WMPC CC)
12(+) months	Tier III (systems/leadership)

#### Case Review Format

The following will be reviewed and/or updated:

- Placement history and timelines.
- Child’s genogram and relative search efforts.
- Fictive kin options and search efforts.
- Youth and parent engagement efforts and other placement recruitment activities.
- Clinical Pathways and/or trauma assessment recommendations.
- Current treatment progress and needs.
- Resiliency plan, including increasing pro-social contacts and activities for the child.
- Youth Connections Scale.
- Placement Exception Requests (PERs).

Upon completion of the case reviews, the Care Coordinator will develop action steps and related assignments, which will be approved and monitored by the Care Coordination Manager.

### II. Enhanced Foster Care Case Reviews

WMPC’s Care Coordination Manager, Director of Care Coordination and Innovation, agency assigned PQI Coordinator and Clinical Liaison will conduct monthly meetings regarding Enhanced Foster Care (EFC) case review and utilization. EFC case reviews will focus on children who have received EFC services for 3-6 months.

#### EFC Case Review Format

The following will be reviewed:

- Time in EFC services.
- Current CAFAS score.
- Services/resources utilized, including Medicaid-funded services.
- Current treatment progress and needs.
- Resiliency plan, including increasing pro-social contacts and activities for the child.

Upon completion of the case reviews, the Director of Care Coordination and Innovation will develop action steps and related assignments, which will be monitored by the Care Coordination Manager.

### III. Top 20, Level V, Legacy Case Reviews

The Director of Performance and Quality Improvement (PQI) shall develop a list of the top 20 high cost, level five, legacy children. Members of the PQI and Care Coordination teams will conduct in-depth case reads of these 20 cases, reviewing the following case information:

- |                                   |   |
|-----------------------------------|---|
| • Child                           | • Types of Behaviors                                      |
| • Age                             | • Do needs identified in CANs have an identified service? |
| • Number of workers               | • Relative Search/Assessment                              |
| • Previously adopted?             | • Current Placement                                       |
| • Agency                          | • Number of Placements                                    |
| • Legal Status                    | • DOC   |
| • Removal Date (re-removals)      | • CCI or Shelter placement                                |
| • Length of Stay                  | • Length of time in CCI                                   |
| • Reason for removal              | • PER review  |
| • Review of court recommendations | • One-on-one services                                     |
| • Permanency Goal                 | • Enhanced Foster Care                                    |
| • Barriers to Permanency          |   |
| • Assessments (ie. CANs)          |   |

Upon completion of the reviews, the Director of PQI will analyze the data and report on trends. Results will be used to determine next steps in order to achieve permanency, including case assignment to the Permanency Roundtables.

### IV. Permanency Roundtables

#### Introduction

Permanency Roundtables (PRTs) are structured, professional case consultations designed to expedite permanency for children and youth in care through innovative thinking, the application of best practice, and the “busting” of systemic barriers. PRT sessions are meant to drive an action plan that will be implemented to assist the worker in finding permanency for the child or youth involved by following a prescribed process that has been proven to expedite permanency.

#### Goals and Outcomes

The overarching goal of the project implementation is to expedite safe, legal, permanency for children in Kent County’s child welfare system, particularly those children who have spent longer times in care.

Outcomes specific to the project include:

- To develop a plan for each child to achieve permanency,
- To increase the number of a youth's permanent connections,
- To stimulate thinking and learning about pathways to permanency for these and other children in foster care, and
- To identify and address barriers to permanency through creative thinking, professional development, policy change, resource development, and the engagement of system partners.

## Participants

The PRT team shall consist of the following:

- External Consultant
  - Brings a new perspective and fresh set of eyes to the case and has knowledge of best and promising practices
  - Asks questions in order for the team to get a full picture of the case
  - Participates in brainstorming and action plan development
- Administrator/Policy Expert
  - Possess a wealth of child welfare content expertise
  - Have practice experience with public child welfare systems
  - Have strong understanding of internal and external processes, policies, Administrative Rules and State Statutes
- Permanency Consultant
  - Have a strong commitment to permanency for children in care
  - Can give solution-focused and strengths-based feedback
  - Provides consultation regarding permanency
- Scribe
  - Have strong knowledge of MiSACWIS and data entry
  - Understanding of child protective service language and acronyms
  - Ability to input information into system during the permanency roundtables
  - Assist facilitator with time management
- Facilitator
  - Facilitates the structured case consultation following the five phases
  - Monitors the time and moves the consultation forward
  - Charts brainstorming results
  - Ensures the action plan is completed
- Assigned Caseworker
  - Prior to the permanency roundtable, reviews the youth's case history
  - Presents the case to the team
  - Responds to questions
  - Participates in brainstorming and in the development of the action plan
- Assigned Supervisor
  - Provides supplemental information
  - Responds to questions
  - Participates in brainstorming and action plan development
  - Ensures that the caseworker is not overwhelmed with tasks and timelines are doable
- Others

## Case Selection

Cases consultations will focus on the top 20 high cost, category five, legacy children. Within this sector of children, cases will be prioritized by the following criteria:



- Those who have been in out-of-home care for more than two years
- Those who have been in three or more placements
- Those who are placed in a restrictive setting
- Cases with a sibling group
- Youth ages 14 and older

### Case Consultation Format

PRT case consultations will maintain the following format:

- A. *Welcome and Introductions (5 minutes)*
  - a. Facilitator welcome team
  - b. Team members introduce themselves
  - c. Facilitator overviews purpose and process
  - d. Facilitator overviews ground rules
- B. *Case Presentation (20 minutes)*
  - a. Case Manager presents case summary
  - b. Facilitator invites additional comments on the case from other case-related team members (supervisor, provider, etc.)
- C. *Clarify and Explore (15 minutes)*
  - a. Team members ask questions to clarify and expand upon information presented
  - b. Team members ask questions to explore other aspects of the case
  - c. Team rates child's current permanency status Case Consultation Guide/Permanency Action Plan
- D. *Brainstorm (25 minutes)*
  - a. What will it take to achieve permanency?
  - b. What can we try that has been tried before?
  - c. What can we try that has never been tried?
  - d. How many things can we do concurrently?
  - e. How can we engage the youth in planning for permanence?
- E. *Create Permanency Action Plan (35 minutes)*
  - a. Review and combine strategies developed during brainstorming
  - b. Prioritize strategies
  - c. Discuss strengths of each prioritized strategy
  - d. Finalize strategies and timelines
  - e. Discuss what it will take to successfully implement each strategy in the plan.
- F. *Debrief (10 minutes)*
  - a. How can the worker best explain the action plan to families and youth?
  - b. Are there any unanswered questions or concerns?
  - c. What did you learn in this discussion that could be applied to other cases?

### Logistics

PRT case consultations will be scheduled twice weekly for four weeks. Three cases will be reviewed each day according to this schedule.

Each permanency roundtable case consultation should be scheduled for two hours for one child, and an additional hour for each of his or her siblings in foster care, if any.

### Forms

All PRT forms will be developed in PSAM.