



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD WELFARE LICENSING



NICK LYON
DIRECTOR

May 7, 2018

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 Renewal Inspection Report for the above referenced facility completed on 04/18/2018. Due to the violations, a written corrective action plan is required. It should be noted that violations of any licensing statutes rules and 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.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will 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 (269) 337-5289.

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
RENEWAL 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): 04/18/2018

	Total No. Of Records	No. of Records Reviewed
No. of current licensed foster homes		na
No. of homes pending licensure		na
No. of Foster homes closed since the last inspection		na
No. of Foster homes borrowed since the last inspection		na
No. of Special Investigations in foster homes since last inspection		na
No. of incidents of substantiated child abuse and/or neglect in foster care since last inspection		na
No. of incidents of substantiated corporal punishment in foster care since last inspection		na
No. of children currently placed in licensed foster homes		na
No. of children discharged from licensed foster homes since the last inspection		na
No. of children whose sibling groups were split		na
No. of children who have had 3 or more placements		na
No. of children with unlicensed relatives		na
No. of youth in independent living placement		na
No. youth discharged from an independent living placement since the last inspection		na
No. of applicants evaluated for adoption since the last inspection		na
No. of applicants denied a recommendation since the last inspection		na
No. of adoption placements since the last inspection		na
No. of Child Adoption Assessments Completed		na
No. of adopted children currently in supervision		na
No. of children free for adoption more than 12 months		na
No. of acceptable corrective action plans (not maltreatment of foster children) submitted by this agency since the last inspection	1	1
No. of current employees who have worked at the facility for:		
More than a year	0	0
Less than a year	14	3

No. of Persons Interviewed:

Licensing Staff	n/a
Foster Care Staff	n/a
Independent Living Staff	n/a
Adoption Staff	n/a
Supervisory Staff	n/a
Administrative Staff	2
Foster Parents	n/a
Youth in Independent Living	n/a

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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Caseload Ratio	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

METHODS OF INSPECTION – B. Analyst

Not applicable for this agency as subcontract for these services.

	Total No.	No. Visited
No. of licensed foster homes		n/a
No. of unlicensed relatives homes		n/a
No. of independent living youth		n/a
No. of adoptive homes		n/a

Number of persons interviewed:

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

III. DESCRIPTION OF FINDINGS

1.) The facility is in compliance with all applicable licensing statutes and rules.

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.

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 Oct 17: Attachment I Program Performance Goals and Reviews

1) General

The Grantee shall ensure the provision of case management services that shall be designed to ensure the safety and well-being of all children served, including those remaining in the home, and shall ensure least restrictive placement environment, stability and permanency for those children who are placed in out-of-home care.

2) Outcomes to be Measured

During the period of this agreement, the Grantee shall work toward the achievement of the outcomes and key performance indicators (KPIs) listed below, for children assigned to WMPC.

If the Grantee is not meeting the standard for permanency within 12 months and is required to complete a program improvement plan, the Grantee shall provide a plan to monitor re-entry as these are companion outcomes.

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 inspection.

2) Medical - Periodic (Well Child): 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.

- The agency was found to be at 78% at the time of the inspection.

3) Medical - Yearly (14 Months): Following an initial medical examination, at least 95% of children supervised by the Grantee shall receive yearly (up to 14 months from the previous exam) medical examinations and

screenings.

- The agency was found to be at 7% at the time of the inspection.

4) Dental - Initial: At least 90% of children supervised by the Grantee shall have an initial dental examination within 90 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 inspection.

5) 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 inspection.

6) 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 inspection.

7) 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 inspection.

8) 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 inspection.

9) 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 inspection.

10) 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 inspection.

IV. TECHNICAL ASSISTANCE

The facility was offered technical assistance in the following areas:

R 400.12202 Policy and procedures. An agency shall have and follow written policies and procedures for all of the following:

- (a) Financial stability.
- (b) Facilities.
- (c) Required staff.
- (d) Staff qualifications.
- (e) Staff responsibilities.
- (f) Job descriptions
- (g) Orientation and training.
- (h) Grievance handling.
- (i) Privacy safeguards.
- (j) Personnel records.

- The agency was advised to review and update their policies and procedures for the noted requirements to reflect the updated growth and development of the agency since it was licensed.

DHHS FOM 915B Page 5 CHILD WELFARE CONTINUUM OF CARE-FUNDING AND PAYMENT REQUIREMENTS DETERMINATION OF CARE (DOC) SUPPLEMENTS FOR FOSTER CARE

The consortium must establish policy regarding determination of care supplements. The consortium must develop a DOC form equivalent to the MDHHS DOC forms to document the assessment of need. MDHHS must approve the consortium equivalent DOC form prior to implementation.

- The agency was advised to ensure that MDHHS approval is documented where required.

CWCC Contract Oct 17: Attachment I Program Performance Goals and Reviews

1) General

The Grantee shall ensure the provision of case management services that shall be designed to ensure the safety and well-being of all children served, including those remaining in the home, and shall ensure least restrictive placement environment, stability and permanency for those children who are placed in out-of-home care.

2) Outcomes to be Measured

During the period of this agreement, the Grantee shall work toward the achievement of the outcomes and key performance indicators (KPIs) listed below, for children assigned to WMPC.

If the Grantee is not meeting the standard for permanency within 12 months and is required to complete a program improvement plan, the Grantee shall provide a plan to monitor re-entry as these are companion outcomes.

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
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
3. Re-entry to Foster Care within 12 Months: No more than 8.5 percent of children supervised by the Grantee shall re-enter foster care within 12 months, as defined in the federal Child and Family Service Review, Round 3
4. Permanency in 12 Months for Children in Foster Care 12 to 23 Months: At least 43.6 percent of children supervised by the Grantee, in care 12 to 23 months shall achieve permanency within 12 months, as defined in the federal Child and Family Service Review, Round 3
5. Permanency in 12 months for Children in Foster Care for 24 Months or Longer: At least 30.3 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
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.

- The agency was advised to ensure that once they've reached a year of operations, that they are able to report on outcome measures. MDHHS should be able to assist via MiSACWIS data reporting with this requirement. This data was not available at the time of this inspection.

CWCC Contract Oct 17: Attachment I Program Performance Goals and Reviews

1) General

The Grantee shall ensure the provision of case management services that shall be designed to ensure the safety and well-being of all children served, including those remaining in the home, and shall ensure least restrictive placement environment, stability and permanency for those children who are placed in out-of-home care.

2) Outcomes to be Measured

During the period of this agreement, the Grantee shall work toward the achievement of the outcomes and key performance indicators (KPIs) listed below, for children assigned to WMPC.

12) Adoption Disruption and Dissolution:

- a. Fewer than 5% of placements for adoption shall end in disruption.
- b. Fewer than 5% of finalized adoptions will end in dissolution within 12 months following the final order of adoption.

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

- The agency was advised to ensure that once they've reached a year of operations, that they are able to report on these KPIs. MDHHS should be able to assist via MiSACWIS data reporting with this requirement. This data was not available at the time of this inspection.

DHHS FOM 915C Page 1 CHILD WELFARE CONTINUUM OF CARE- PERFORMANCE GOALS AND MONITORING PROGRAM PERFORMANCE GOALS

The consortium must achieve the outcomes and key performance indicators as outlined in the Child Welfare Continuum of Care contract.

By October 1st of each fiscal year, the consortium chief administrator must conduct and submit an annual written assessment as required by licensing rule R400.12207(1).

- The agency was reminded that the annual chief administrator assessment is due by 10/01/2018.

V. CONSULTATION

The facility was offered consultation in the following areas:

- Consultation was provided regarding how the agency will be conducting renewal/interim inspections and special investigations of their contracted agencies. Discussion was held regarding how the agency will be enforcing corrective measures with agencies who are found to be in noncompliance.
- Consultation was provided regarding the agency's work in improving their conflict of interest policy. The agency is obtaining legal opinion on their revised policy prior to formalization. It was recommended that the agency explore and plan for potential conflicts in having agency representatives on the Board and to ensure that is in the best interest of the WMPC, as well as in line with their conflict of interest policy.

VI. EVALUATION OF RENEWAL PERIOD

The agency has submitted 1 acceptable corrective action plan not related to maltreatment during this licensing period. This CAP, dated 11/10/17, was submitted in response to the last Renewal Inspection Report, dated 11/01/17. There are no repeat violations and it appears that the agency has followed their CAP. Based on the progress made with which the agency has established processes and procedures, it is evident that they are making efforts to be compliant with licensing rules, DHHS contract/policy, and ISEP requirements. Although the KPIs noted above are not at the level they need to be, the agency now has an established set of baseline numbers and an extensive plan to monitor and assist agencies with program improvement. It should be noted, that the agency has not been operational

for a full year at the time of this inspection and the performance numbers are likely to change over the next 6 months.

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 will be issued a renewal of their regular license.



May 4, 2018

Kari Muntean
Licensing Consultant

Date

Approved By:



May 7, 2018

Claudia Triestram
Area Manager

Date