



WMPC Performance and Quality Improvement Manual

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Preface

Introduction

West Michigan Partnership for Children (WMPC) is a nonprofit organization in Kent County that is facilitating a performance-based funding model through a contract with the Michigan Department of Health and Human Services (MDHHS). Our mission is: Empowering communities to create better futures for children and families through innovation and collaboration.

WMPC’s Performance and Quality Improvement plan is designed to ensure that consistent, high-quality services are delivered to the children and families assigned to its care. The goals of WMPC PQI Plan are to improve the permanency, safety, and well-being of children in out-of-home care in Kent County toward achievement of all Implementation, Sustainability and Exit Plan (ISEP) and Child and Family Service Review (CSFR) outcomes; to reduce the possibility of adverse occurrences; and to maintain a system for continuous quality improvement. This plan summarizes the structure, processes and activities that are part of WMPC oversight.

Performance and Quality Improvement Philosophy

WMPC is committed to providing the necessary resources to ensure ongoing quality in the organization and in its agency partners by engaging in a continuous quality improvement process that:

- Addresses organizational performance and advances effective management practices by promoting service excellence and continuous improvement toward achievement of identified outcomes.
- Supports long-term priorities and goals as detailed in the WMPC Strategic Plan.
- Utilizes best practices in performance measurement.
- Facilitates leadership investment, direction, and support.
- Focuses on the client’s need and perspective.
- Utilizes data and research findings.
- Maintains a structure that is broad-based, system-wide, inclusive of community, partner providers, and public and private stakeholders.
- Continuously implements solutions to improve efficiency and deliver high quality, accessible, and trauma-informed services.

The PQI Plan and WMPC Strategic Plan Alignment

The PQI Plan will support WMPC strategic and short-term plans. WMPC will undertake a strategic planning process regularly to ensure that the mission of the organization is responsive to the needs and aspirations of the community. The strategic plan will guide the administration and delivery of WMPC services. The WMPC long-range strategic plan and short-term plans will include goals, objectives, and measurable outcomes that address organizational capacity building. The plan will outline procedures for internal reviews to ensure the WMPC systems are efficient and ethical. The plan will outline standards, practices and procedures for oversight and collaboration with Placement Agency Foster Care (PAFC) providers and other community partners.

PQI Structure

The PQI process will be coordinated by the WMPC Director of Performance and Quality Improvement (PQI), who is responsible for full implementation of the PQI plan, oversight of ongoing PQI processes, and direct supervision of PQI staff. The Director will report directly to the Chief Operating Officer and will work closely with the WMPC leadership team to ensure a seamless flow of information to support quality improvement activities. The Director will also work closely with the PAFC providers to ensure quality improvement activities are aligned and effective and will participate in provider audits as appropriate. The Director will also participate as appropriate in monitoring of non-PAFC service providers to ensure all WMPC contracted providers meet quality and timeliness expectations. The Director will also have a team of PQI Coordinators and data analytics analyst and will work closely with the Clinical and Utilization Analyst.

WMPC/Kent County Department of Health and Human Services (DHHS) Data/PQI Committee

Working from the philosophy that “these are the community’s children/families”, the Data/PQI Committee will be comprised of representatives from all stakeholder groups including but not limited to partnering service providers, state and local DHHS representatives, representatives from court, network180, education, and medical providers. The Director of PQI will co-chair this meeting along with a peer from the DHHS local office. This Committee will meet monthly to review aggregated PQI reports, develop the county Continuous Quality Improvement Plan, and implement this plan.

Stakeholders

Stakeholder involvement is crucial to a successful PQI process and as such, the PQI Team will be responsible for engaging all stakeholders. Involving stakeholders in quality improvement initiatives ensures that the organization’s effectiveness is viewed from a variety of perspectives, enhances transparency, and builds trust, and ensures that the voice of the client is included in quality improvement efforts. WMPC stakeholders include:

- Children in out of home care and their families
- Caregivers
- WMPC employees
- WMPC Board of Directors
- Kent County DHHS
- Michigan DHHS (MDHHS)
- Network180
- Contracted PAFC Providers
- Other contracted service providers

WMPC and MDHHS

WMPC will participate in program evaluation and improvement as required by the state of Michigan and/or the federal government. The WMPC PQI Plan will align with the MDHHS PQI Plan and will consider MDHHS as a critical partner in achieving outcomes through continuous improvement efforts. The WMPC contract with MDHHS clearly defines the outcomes WMPC will be accountable for achieving as well as MDHHS’s oversight responsibility for monitoring progress toward achieving these outcomes.

The WMPC Director of PQI will develop an ongoing and responsive relationship with MDHHS and Kent County DHHS staff. MDHHS will regularly provide WMPC with data reports (directly and via the MiSACWIS data base system) detailing progress toward established Performance Outcomes and Key Performance Indicators (KPI) goals. WMPC will verify and analyze the data from these reports and work with MDHHS to identify issues affecting goal achievement. The Kent County DHHS will provide representation at Data/PQI Committee meetings where progress and challenges will be explored, and performance improvement plans will be identified and approved. WMPC will also participate in relevant Kent County DHHS PQI meetings and provide information as requested.

Minutes from monthly WMPC and PAFC PQI Meetings will be made available to either Kent County DHHS or MDHHS as requested. WMPC will make PQI reports, data reports, and case files available for review as requested. Annually MDHHS will evaluate WMPC through the established licensing and contract compliance audit process. (See Attachment A for DCWL Review Process for WMPC)

Section I: Performance Tracking and Monitoring for Continuum of Care Subcontractors

Outcomes to be measured

PAFCs will work toward the achievement of the CSFR outcomes and Implementation, Sustainability, and Exit Plan (ISEP) Key Performance Indicators KPIs as outlined in their contracts.

The WMPC PQI team will also work toward tracking and monitoring the following metrics:

- Increased use of relative placement
- Decrease use of institutional placement
- Proximity of placement to removal address
- Sibling groups placed together
- Average length of stay in care
- Placement utilization (rate of homes in use)
- Placement capacity (availability of placements)
- Placement continuum
- Caseworker capacity (13:1 caseload)
- Caseworker retention
- Caseworker continuity
- MiTEAM practice fidelity
- Enhanced Foster Care service impact
- PAFC intake distribution
- Racial disproportionality in foster care
- Caregiver, biological parent, and child satisfaction rates

WMPC will track and monitor outcomes by individual agency in MindShare, a data system receiving data directly from MiSACWIS, the State of Michigan's case management tool for child welfare. However, ISEP KPI compliance with outcomes will be officially assessed on an annual basis using MDHHS Infoview Data Warehouse reports. The assessment will focus on performance trends and KPI achievements in the prior 12 months.

Data sharing and quality assurance

WMPC will work with MindShare and the MDHHS to facilitate the data sharing process. Responsibilities of WMPC include:

- Ensuring the necessary data elements are requested from MDHHS and transferred to MindShare.
- Quality checking data received by MindShare and fed into dashboards.

1. For each new dashboard, WMPC will export and analyze the raw data to assess for any issues in calculation logic, coding, and missing data. WMPC will document these issues, send them to MindShare and MDHHS, and facilitate a discussion to problem solve.
 2. WMPC will work with MindShare to develop automated gap analysis reports that will compare the daily source data or SACWIS Infoview report source data with the data presented through the MindShare dashboards.
 3. WMPC will work with MindShare to develop visual indicators on dashboard source data to enable quick identification of data quality issues. Data quality issues around accuracy, completeness and uniqueness will be sent onto the relevant PAFC for correction. The relevant PQI Coordinator will follow-up with support PAFC staff to make corrections during their weekly co-location. Any issues that cannot be resolved by PAFC staff or the PQI Coordinator will be escalated to the MDHHS for resolution.
 4. WMPC will search for outlier data monthly. This data will be isolated and analyzed to determine the root cause. WMPC will document these issues, send them to MindShare and MDHHS, and facilitate a discussion to problem solve.
 5. Monthly, WMPC will run gap analysis reports or export and analyze raw data from each dashboard to identify patterns in quality issues. WMPC will document these issues, send them to MDHHS and MindShare, and facilitate a discussion to problem solve.
- Developing dashboards to support data-driven decision making across the network. This will include:
 1. Surveying data needs at case manager, manager, and leadership levels.
 2. Giving PAFC staff access and training for the dashboards in MindShare
 3. Improving dashboard user experiences
 4. Creating new dashboards to provide improved accessibility and information for PAFC staff.
 - Cultivating new data sources to better understand outcomes and compliance.
 1. MindShare PSAM forms for Critical Incidents, Enhanced Foster Care, ARC Reviews, and Child Placing Network meetings.
 2. Digital tools to better enable the child's voice in planning and decision-making.

Monitoring methodology

WMPC will utilize MindShare to monitor performance outcomes and KPIs. MindShare's flexible structure allows for the manipulation of data in several ways. As standard procedure, WMPC will monitor progress toward benchmarks and patterns over time in the following ways:

- Kent County overall
- By agency
- By race/ethnicity
- By gender
- By age
- Monthly and annual trends

Agency engagement

To support collaboration, partnership, and productive engagement, WMPC will work closely with the PAFC providers to facilitate the understanding and application of data for practice, as well as address issues involving contract compliance.

Staff point of contact

WMPC will ask PAFC providers to:

- Identify at least one PQI point of contact for WMPC staff to communicate with regarding PQI questions and concerns.
- Develop an agency PQI committee to engage in communications and meetings with WMPC. Members should include a combination of leadership and direct service staff. The size of the committee will be determined by the PAFC provider but will likely be around three to seven staff.

Engagement schedule

WMPC seeks regular engagement with PAFC providers to ensure ongoing communication and progress. The purpose of regular meetings will be to share information, facilitate understanding, develop strategies, and solicit feedback. To that end, WMPC aims to implement the following engagement schedule:

- Annual audit – the annual audit will take place during the second week in November for all agencies. The annual audit is the official review and assessment of an agency’s compliance with contract requirements and achievement of outcomes for that financial year. Findings from this audit will determine the necessity and content of a Performance Improvement Plan. Each agency will receive a report from the annual audit within 30 days of the audit end date.
- Quarterly reviews – WMPC will facilitate a comprehensive yet condensed review of contract compliance and achievement of outcomes. This is a low-stakes review intended to increase transparency and productivity of the compliance and continuous quality improvement process.
- Monthly PQI Meetings – WMPC will facilitate a targeted review of three to five performance measures monthly to explore performance, barriers, constraints, and good practice. During these sessions the corresponding sections of the Performance Improvement Plan (PIP) will be reviewed and updated.

Continuous Quality Improvement

Continuous quality improvement (CQI) is the process of identifying, describing, and analyzing strengths and challenges through data analysis – and then testing, learning from, and revising solutions. The goal is to develop processes for using data and outcomes to improve agency processes, procedures, and functions.

WMPC will facilitate the Plan Do Check Act model¹ with PAFC providers. The steps involved in this model include:

1. Plan – identify areas of focus and collect, analyze, and review data to determine meaningful and relevant findings and recommendations.
2. Do – implement change based on findings and recommendations.
3. Check – monitor the impact of the change through continued data collection, analysis, and review to see if it is having the intended effect of improving performance.
4. Act – share the results of the implemented change and finalize change if it proved to improve performance.

The Plan Do Check Act process is a cyclical and ongoing process in which WMPC will continually be identifying areas to analyze, monitor, and affect change.

PAFC providers will work toward the achievement of the CSFR outcomes and Implementation, Sustainability, and ISEP KPIs as outlined in the contract. WMPC will support the PAFC providers in achieving these outcomes through the PQI process. PAFC providers will be required to:

¹ Best, M., & Neuhauser, D. (2006). Walter A Shewhart, 1924, and the Hawthorne factory. *Quality & Safety in Health Care*, 15(2), 142–143. <http://doi.org/10.1136/qshc.2006.018093>

- Develop and implement PQI processes, policies, and procedures in collaboration with WMPC and based on WMPC performance monitoring.
- Participate as full partners in all WMPC PQI and utilization management activities.
- Make PQI reports, data reports, and case records available to WMPC for review and monitoring.

WMPC will support PAFC providers in the PQI process by sharing data and facilitating discussion and planning. At a minimum, WMPC will:

- Share current CSFR outcomes and ISEP KPIs at quarterly agency meetings.
- Facilitate the identification of agency strengths, needs, and performance improvement strategies.
- Document the agency PQI planning process through WMPC-created tools and worksheets.
- Ask agencies to “sign off” on PQI planning documentation on a quarterly basis.

In addition to sharing this information with PAFC providers, WMPC provides a high-level overview of PQI findings through the quarterly reporting process. This information is also reviewed with Board Members and staff to allow for review, analysis, interpretation, and timely corrective action. During these regular review sessions, related stakeholders, including board members, management, and employees review the need for and uses of data and evaluate PQI system, infrastructure, processes and procedures. This review is formally conducted annually by the Director of PQI.

Performance Improvement Plans

WMPC requires all PAFC providers to develop a PIP that addresses the following:

- Identification of each outcome falling below expected performance.
- Development of SMART (specific, measurable, achievable, realistic, time-bound) action steps that can be implemented to improve progress toward the selected outcome.
- Measures to assess achievement of action steps and progress toward expected performance for the selected outcome.

The PAFC provider will develop a PIP within 30 days of the annual audit’s final report and submit it via email to WMPC’s Director of Performance and Quality Improvement. The Director of Performance and Quality Improvement will approve all PIPs and has 10 days to request modifications to a submitted plan. The agency has five days to finalize revisions. The WMPC Performance and Quality Improvement team is responsible for overseeing the implementation of all PIPs and will monitor progress through monthly and quarterly meetings with agency representatives.

PAFC provider requests for modifications to a PIP, once implemented, will be made in writing to the Director of Performance and Quality Improvement. The Director has 10 days to approve or not approve a request.

In the event that a PAFC provider’s performance is continually and/or willfully below established levels of performance with no improvement, and/or to a degree that brings risk to children and families and/or WMPC, the WMPC Chief Executive Officer (CEO) will take responsibility for oversight and contract negotiations with the PAFC provider’s CEO. At the discretion of the WMPC CEO, the matter will be brought to the WMPC Board of Directors for resolution.

Section II: Contract Compliance for Continuum of Care Subcontractors

Placement Agency Foster Care (PAFC)

Each PAFC provider will comply with the requirements outlined in the WMPC Continuum of Care Contract. WMPC and the Division of Child Welfare Licensing (DCWL) share responsibility for monitoring compliance

with these requirements. DCWL will monitor for compliance with licensing rules, Implementation, Sustainability, and Exit Plan (ISEP) regulations, and MDHHS contract provisions. WMPC will monitor areas that are specific to the WMPC contract (provisions that are in addition to MDHHS contract provisions), as well as areas that are critical to the WMPC performance-based model. These include:

- Performance outcomes measures
- Performance and Quality Improvement Plan
- Enhanced Foster Care (EFC)
- Case documentation in MiSACWIS
- Implementation of DCWL Corrective Action Plans (CAP)
- Critical incident reporting
- MiTeam fidelity
- Contract provisions required for agencies receiving federal pass-through dollars
- Diversity, Equity, and Inclusion
- Staff/caregiver/client satisfaction and perspective

Agency engagement

In an effort to support collaboration, partnership, and productive engagement, WMPC will work closely with the PAFC providers to facilitate the understanding and adherence to the WMPC Continuum of Care Contract.

Staff point of contact

WMPC will communicate with agency-identified staff regarding contract reviews and compliance. This person(s) will be a part of the PQI Committee that meets with WMPC on a regular basis.

Engagement schedule

Regarding contract compliance, WMPC will implement the following schedule to ensure adequate monitoring:

- A review of performance measures, MiTEAM fidelity, and PQI planning during agency quarterly review sessions.
- An assessment of the implementation of DCWL CAPs during agency quarterly review sessions utilizing the “DCWL CAP Implementation Tool” in Attachment B.
- Ongoing case reviews with reporting every quarter (WMPC staff will identify case file noncompliance and request correction by PAFC staff).
- Review of critical incidents at time of reporting to assess for appropriate documentation and timeliness. A WMPC investigation of the incident may occur if there appears to be a contract violation. Review of trends and risk management will occur during agency quarterly review sessions. Please see Appendix A for the Special Investigation Reporting Procedure
- An annual contract review that includes:
 1. Annual performance for contracted performance measures utilizing Infoview reports.
 2. An assessment of the PQI plan using Council on Accreditation PQI standards.
 3. EFC case review – a selection of EFC cases will be reviewed to determine compliance with the agency’s EFC Program Statement.
 4. PEP Case review- A selection of PEP cases will be reviewed to determine compliance with the agencies PEP Program Statement.
 5. An analysis of ongoing case reviews for the previous year to identify strengths and challenges in case management.

6. An analysis of critical incident documentation for the previous year to identify strengths and challenges in reporting, as well as trends and risk management.
7. An analysis of MiTEAM fidelity reports for the previous year to identify strengths and opportunities for improvement.
8. Document review of agency policies to ensure compliance with required contract provisions.
9. Review of documentation of implementation of diversity, equity and inclusion contract provisions.
10. An analysis of DCWL CAP implementation for the previous year, utilizing quarterly implementation assessment information, to identify strengths and challenges in addressing noncompliance of licensing and MDHHS policy.
11. Satisfaction surveys administered annually with relevant stakeholders, including youth, foster parents, biological parents, PEP participants, and agency partners. This data will be used qualitatively to evaluate the social validity. Data will be aggregated, synthesized and presented to relevant parties to improve outcomes.

Each agency will receive a final report from the annual audit within 30 days of the audit end date. The final report identifies the level of compliance for each assessment area and the recommended/required actions. Technical assistance will be provided as needed for areas of assessment in the Maintenance or Refinement Zone.

Status	Description	Action Required
Maintenance Zone	Performance is effective. Efforts should be made to maintain and build upon current program strengths.	Maintain and build upon strengths.
Refinement Zone	Performance shows some non-compliance. Efforts should be made to refine current practice to improve and stabilize performance.	Be alert of concerns noted and refine practice to address.
Improvement Zone	Performance is not adequate. Quick action should be taken to improve practice.	Written Performance Improvement Plan required.

Definitions:

- **Maintenance Zone:** Requirements are fully compliant.
- **Refinement Zone:** the majority (over half) of requirements for a review area are met.
 - Examples: 3 of 5 PQI standards are fulfilled in PQI plan; 7 of 11 case review categories are completely in compliance; 8 out of 12 DCWL CAP strategies are achieved or in progress.
- **Improvement Zone:** the majority (over half) of requirements for a review area are not met OR the safety of a child/family is compromised.
 - Examples: 2 of 3 EFC case files demonstrate majority non-compliance with program statement; 5 of 14 KPIs do not meet benchmarks; critical incident reporting and action is not timely.

Tracking, Monitoring, and Reporting

PAFC provider critical incident reporting

As outlined in the WMPC Program Operations Guide, PAFC providers will report by phone any emergency incident to WMPC within four hours; significant incidents will be reported within four business hours through phone or email. WMPC is required to report these incidents to the MDHHS County Director. If an incident violates compliance in relation to DCWL or Child Protective Services (CPS) regulations, WMPC will report the violation to the respective entity. PAFC providers are required to submit reports to DCWL and/or CPS as needed.

WMPC has considered a judicial finding of “no reasonable efforts” to obtaining reunification as a critical incident. WMPC Performance and Quality Improvement team will investigate these incidents through case reviews, case conferences, and interviews. Based on findings, WMPC may require a performance improvement plan.

If WMPC is made aware of a situation that falls into the emergency or significant category by a source other than the PAFC provider, WMPC will contact the PAFC provider within 24 hours to confirm the situation and collect the necessary reporting details. WMPC will report the incident to the MDHHS County Director and to DCWL or CPS if required. Agencies are still required to submit reports to DCWL and/or CPS as needed.

Monitoring

Critical incident reports, ongoing case reviews, and annual audits will ensure ongoing monitoring of compliance. WMPC will facilitate discussion and solicit information regarding compliance issues and violations at quarterly meetings with agencies.

WMPC may issue a corrective action if deemed appropriate. PAFC providers will have 30 days to develop a PIP. The WMPC Director of Performance and Quality Improvement will approve the plan and has 10 days to request modifications to the submitted plan. The agency will have five days to finalize revisions.

Performance Improvement Plans

If results of the annual audit show that an agency is not meeting compliance requirements, or if an agency continually or willfully is not reporting critical incidents, WMPC will require the agency to develop a PIP that addresses the following:

- Identification of each policy/protocol/regulation in violation.
- Development of SMART (specific, measurable, achievable, realistic, time-bound) action steps that can be implemented to improve progress toward achieving compliance.
- Measures to assess achievement of action steps and progress toward achieving compliance.

The PAFC provider will develop a PIP within 30 days of the annual audit’s final report and submit it via email to WMPC’s Director of Performance and Quality Improvement. The Director of Performance and Quality Improvement will approve all PIPs and has 10 days to request modifications to a submitted plan. The agency has five days to finalize revisions. The WMPC Performance and Quality Improvement team is responsible for overseeing the implementation of all PIPs and will monitor progress through quarterly meetings with agency representatives.

PAFC provider requests for modifications to a PIP, once implemented, will be made in writing to the Director of Performance and Quality Improvement. The Director has 10 days to approve or not approve a request.

If a PAFC provider is continually and/or willfully in violation of contract compliance, and/or to a degree that brings risk to children and families and/or WMPC, the WMPC Chief Executive Officer (CEO) will take responsibility for oversight and contract negotiations with the PAFC provider CEO. At the discretion of the WMPC CEO, the matter will be brought to the WMPC Board of Directors for resolution.

Section III: Performance and Quality Improvement System

In addition to facilitating the PQI process and contract compliance with individual agencies, WMPC is responsible for developing and implementing system-level policies, protocols, and guidelines that align across agencies and improve outcomes for children and families in Kent County overall. This will be operationalized in the following ways:

- The Director of Performance and Quality Improvement will co-chair the Data/PQI subgroup of the Enhanced MiTeam committee. This group will serve as a system-level working/advisory group regarding PQI in Kent County and will meet monthly. This group will produce system-level recommendations for child welfare leadership in the county and guidelines to be distributed bi-annually and as needed.
- The Director of Performance and Quality Improvement will attend system leadership meetings to report on system outcomes, initiate action on relevant issues, and facilitate discussion on the value, applicability, and meaning of past and current outcomes. These meetings include, but are not limited to: WMPC Advisory Council, Enhanced MiTeam Subcommittee, Enhanced MiTeam Leadership, and WMPC Board of Directors.
- An annual feedback assessment of the PQI system. The Director of Performance and Quality Improvement will seek feedback via surveys and focus groups. Targeted stakeholder groups include but are not limited to: PAFC staff, MDHHS and Kent County DHHS staff, foster parents, biological parents, and child welfare system partners. The information will be synthesized in a report that includes recommended changes to the PQI system, which will be submitted to and approved by the WMPC Board of Directors.
- An annual audit conducted by MDHHS to determine WMPC's progress toward and achievement of CSFR outcomes, KPIs, and contract compliance. WMPC will be required to complete a PIP for any outcomes that do not reach the target benchmark or any non-compliance findings. The PIP will be completed by the Director of Performance and Quality Improvement and in partnership with WMPC system stakeholders.
- An annual written assessment conducted by the consortium chief administrator containing a review of ISEP and contract non-compliance cited in the previous licensing report, an assessment of KPIs, an assessment of outcomes provided by MDHHS, and an evaluation of the most recent corrective action plan required by the most recent DCWL audit. The report is due October 1st of each fiscal year. Detailed requirements can be found in FOM 915C.

Section IV: Policy and Protocol for Supportive Services

WMPC maintains contracts with several supportive services in the child welfare system. These include parent education classes, domestic violence support therapy/batterer intervention services, Kent Reunification Program, and Foster Care Supportive Visitation.

Outcomes to be measured.

These contracts outline performance measures these organizations are expected to achieve. The data to measure these outcomes will be gathered in the following ways:

Parent education classes: Arbor Circle submits roster data monthly to WMPC. Other outcome data will be requested from Arbor Circle prior to the audit and gathered during the site visit.

Domestic violence support therapy/batterer intervention services: YWCA submits roster data monthly to WMPC. Other outcome data will be requested from the YWCA prior to the audit and gathered during the site visit.

Family Reunification Program: Wellspring Lutheran Services and Catholic Charities West Michigan submit a monthly report to WMPC, a quarterly report of satisfaction survey data, and a quarterly report of follow up survey data. Other outcome data will be requested prior to the audit and gathered during the site visit.

Supportive Visitation: outcome data will be requested prior to the audit and gathered during the site visit.

Progress toward and achievement of these outcomes will be reported in the annual audit's final report.

Audit

WMPC will conduct an annual audit with each organization to assess contract compliance. The audit will consist of onsite observation, document review, case record review, and interviews. A final report will be completed within 30 days of the audit.

WMPC will conduct a case review for 20 percent of the program's caseload. These cases will be randomly selected by WMPC.

If an organization has not met the expected performance measures or is non-compliant with other contract expectations, the organization will complete a PIP. The requirements of the PIP will include:

- Identification of each policy/protocol/regular in violation.
- Development of SMART (specific, measurable, achievable, realistic, time-bound) action steps that can be implemented to improve progress toward achieving compliance.
- Identification of agency strengths that can be utilized to support action steps.
- Measures to assess achievement of action steps and progress toward achieving compliance.

The organization will develop a PIP within 30 days of the annual audit's final report and submit via email to WMPC's Director of Performance and Quality Improvement. The Director of Performance and Quality Improvement will approve all PIPs and has 10 days to request modifications to a submitted plan. The agency has five days to finalize revisions.

WMPC's Performance and Quality Improvement Team will request progress updates on each organization's PIP on a quarterly basis. WMPC will respond to each update with recommendations for continuous improvement.

Section V: Policy and Protocol for Parent Engagement Program

Outcomes to Be Measured

The Parent Engagement Program (PEP) team will be responsible for providing contract and logic model information to the assigned PQI coordinator. Once received, the assigned PQI coordinator will then pinpoint metrics based on contract requirements and logic model findings. Metrics will be observable, measurable, and tangible to provide ongoing outcome metrics for the PEP program. The purpose of the case review process is to establish a framework that promotes optimal outcomes for participants in the PEP program by regularly collecting, analyzing, reviewing, and making data-driven decisions. The PQI coordinator/team will be responsible for synthesizing the data, providing thoughtful analytics, and can serve as a support for creative problem solving and addressing barriers as they arise.

Once metrics are established and mutually agreed upon, the PQI coordinator will work alongside the Director of PQI/Data Quality Analyst to develop data collection procedures through Mindshare dashboards, records review (including case notes, plans of care, etc.), survey or other qualitative feedback, and data provided by DHHS. Data will be collected and analyzed on a regular basis (cadence outlined in the below section) and findings will be communicated to the PEP Program team to support responsive and timely data driven decisions to ensure optimal outcomes are achieved with PEP participants.

Audit

PQI will regularly engage with the PEP team to ensure ongoing communication and documentation of progress. The purpose of regular meetings will be to share information, facilitate understanding, develop

strategies, and solicit feedback. To that end, WMPC PQI team aims to implement the following engagement schedule:

- Annual audit – the annual audit will take place during the second week in November for all agencies and programs, including the PEP program. The annual audit is the official review and assessment of compliance with contract requirements and achievement of outcomes for that financial year. Findings from this audit will determine the necessity and content of a Performance Improvement Plan. Each agency/program will receive a report from the annual audit within 30 days of the audit end date.
- Quarterly reviews – WMPC PQI team will facilitate a comprehensive yet condensed review of contract compliance and achievement of outcomes with the PEP program. This is a low-stakes review intended to increase transparency and productivity of the compliance and continuous quality improvement process.
- Monthly PQI Meetings – WMPC will facilitate a targeted review of three to five performance measures monthly to explore performance, barriers, constraints, and good practice. During these sessions the corresponding sections of the Performance Improvement Plan (PIP) will be reviewed and updated.

If the program does not meet expected performance measures or is non-compliant with other contract expectations, the program will complete a PIP. The requirements of the PIP will include:

- Identification of each policy/protocol/regular in violation.
- Development of SMART (specific, measurable, achievable, realistic, time-bound) action steps that can be implemented to improve progress toward achieving compliance.
- Identification of agency strengths that can be utilized to support action steps.
- Measures to assess achievement of action steps and progress toward achieving compliance.

The program will develop a PIP within 30 days of the annual audit's final report and submit it via email to WMPC's Director of Performance and Quality Improvement. The Director of Performance and Quality Improvement will approve all PIPs and has 10 days to request modifications to a submitted plan. The agency has five days to finalize revisions.

WMPC's Performance and Quality Improvement Team will request progress updates on each PIP on a quarterly basis. WMPC will respond to each update with recommendations for continuous improvement.

Case Review Process

In addition to the above noted audit procedures, the PQI team will also conduct regular case reviews within the PEP Program.

Case review frequency and sample methodology

WMPC will follow the Council on Accreditation (COA) guidelines in conducting case reviews. The purpose of the case review process is to ensure the presence, clarity, quality, continuity, and completeness of documentation of service provision.

In addition to the Monthly Caseload Checks, more formal case reviews will be conducted on a quarterly basis. On the first business day of each quarter, WMPC will determine the total number of participants in the PEP program. A sample size will be determined using COA's recommended sampling guidelines (<http://coanet.org/standard/pqi/5/>), which account for confidence levels. The guidelines suggest case reviews for both open and closed cases. WMPC will utilize the guidelines for High-Risk Programs/Services. Because the population of children in care is continually fluctuating, the sample size for reviews would

change each quarter as well. The sample population would be determined using stratified random sampling methodology.

Case Review Procedure

A standardized case record review tool will be utilized across each case review to ensure objectivity and standardization of process. An appointed PQI representative is responsible for conducting case reviews. The appointed PQI representative will have had no direct involvement in the cases assigned for review.

In addition to ensuring case records are present, clear, quality, complete and continuous, the PEP program will be evaluated qualitatively to ensure the following: appropriate assessments are utilized, length of service, need for continued service, family/stakeholder involvement, and achievement of goals. In addition to these qualitative measures, a UM (utilization management) review will also be conducted on a quarterly basis to ensure appropriate admissions and authorization decisions are made, evaluate the intake and referral process, service planning and service delivery milestones, need for continued services, and discharge decisions.

Findings feedback

Case reviews will be conducted throughout each quarter. Reviews completed within a specified month will be entered into the designated data collection tool by the 5th day of the following month.

At the conclusion of each review, WMPC PQI team will email the review findings to the PEP Program Manager and copy the Director of Care Coordination and Innovation. The email will provide notification of necessary action needed, identify barriers, and indicate whether follow up is necessary.

The PEP Program Manager will ensure all areas of concern have been addressed within the identified timeframe and inform Director of PQI when corrections have been completed by signing and emailing the case review tool to the Director of PQI.

WMPC PQI team will conduct random quality assurance reviews to ensure the identified area of concern has been appropriately documented. If missing information has not been entered as indicated on the signed case review tool, WMPC will share the information with the PEP Program Manager and rectify the deficits.

Appendix A: WMPC Special Investigation Process

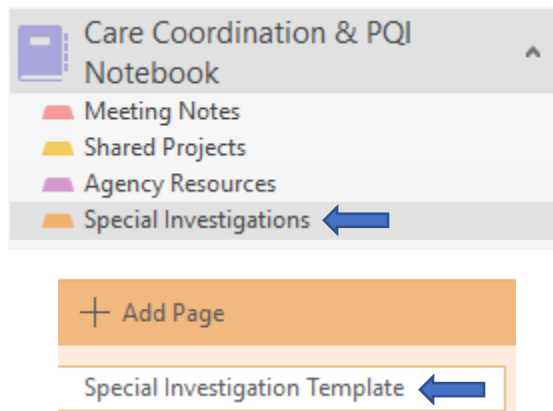
This procedure describes the special investigation process facilitated by PQI Coordinators with support from the Care Coordination team. All special investigation reports are in MindShare within the “Investigations” card via the “Special Investigation Form List”.

1. **Identify cause for investigation.** This task is completed by WMPC and PQI leadership and the resulting information is shared with the PQI Coordinator. The following are identified as causes for special investigations to occur:
 - a. Judge rules a finding of “No Reasonable Efforts” on a foster care case. This finding indicates that no reasonable efforts have been made by the private agency foster care (PAFC) organization towards the permanency goal established for the child(ren) involved in the case.
 - i. In the case of a finding of no reasonable efforts, a critical incident report is required to be completed by the PAFC and provided to WMPC leadership.
 - b. WMPC Executive Leadership identifies cause for investigation given a breach of contract or program statement for one of the following WMPC implemented programs:
 - i. Enhanced Foster Care (EFC)
 - ii. Family Finding
 - iii. Emergency Shelter Homes
 - iv. Parent Engagement Program

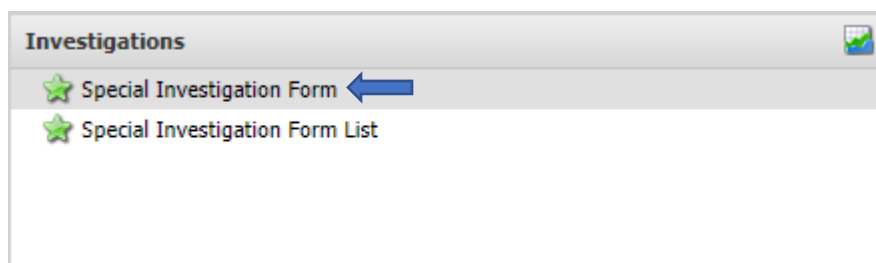
**Note: Special investigations initiated by the Department of Child Welfare Licensing (DCWL), Child Protective Services (CPS), or the Office of the Ombudsman do not require a follow-up special investigation to be conducted by WMPC.*

2. **WMPC PQI Leadership schedules special investigation kick-off meeting** via Microsoft Teams including the Care Coordination Manager, PQI Coordinator, and the assigned Care Coordinator.
 - a. During this meeting, the nature of the incident requiring a special investigation is discussed and basic information regarding the case is provided to the investigator(s). This information can include but is not limited to:
 - i. Applicable critical incident form
 - ii. Relevant court orders
 - iii. Basic case information (person ID numbers, case member names, court dates)
 - iv. Involved staff names and contact information
 - b. Should a critical incident form be completed by the PAFC organization, it will be provided to the investigator(s) during this meeting.
3. **Create investigation action plan.** During the special investigation kickoff meeting, members in attendance create the investigation action plan. The action plan includes:
 - a. Steps to be taken in the special investigation (case review, review of court tape(s), staff interviews)

- b. Special investigation report due date. This date should be 45 days after the investigation begins. An extension may be requested and granted by PQI leadership.
- 4. **Schedule court hearing video review with Kent County Courthouse** (if relevant). This task is initiated by WMPC via email. The investigators should be CC'd on these communications and will schedule a time with the relevant Judge's court clerk to review the court hearing video.
 - a. PQI leadership will contact Andy Thalhammer (andrew.thalhammer@kentcountymi.gov) at the Kent County Courthouse to schedule the video review.
- 5. **Create copy of OneNote special investigation template in Care Coordination and PQI Notebook.** Title the copied page with the case ID associated with the case being investigated. Use this notebook and the created notebook page to organize your special investigation notes and activities.



- 6. **Create a new special investigation report in MindShare.** All completed special investigation reports can be found in MindShare within the "Investigations" card, by clicking on "Special Investigation Form List". To create a new special investigation report, click the "Special Investigation Form" option in the "Investigations" card.



- 7. **Enter Report Author and Date of Investigation information.** Starting at the top of the special investigation report form, enter the leading investigator's name and the date of the investigation kickoff in the Report Information section.

8. Enter MiSACWIS Person ID in the Identifying Information section of the special investigation report and click search. This will auto-populate some portions of the identifying information data fields. Fill in any blanks present within the identifying information section.

9. Save the newly created Special Investigation Report as a draft. The bottom lefthand portion of the screen will show a “Save as Draft” button. Utilize this saving feature throughout the creation of the report to ensure no loss of information.
 - a. Avoid submitting the form until the report has been completed and approved by PQI leadership.

10. Determine the period under review. Using the preliminary information gathered through the special investigation kickoff meeting and any supporting documents/information, determine the dates to be investigated. This will look different for every special investigation based on the nature of the events leading up to the need for the investigation.
11. Enter the action plan details of the investigation action plan discussed in the special investigation kickoff meeting. Below is an example for reference:

Action Plan Details:

Following the critical incident regarding Judge Gottlieb's finding of no reasonable efforts for the foster care case concerning Alivia St. Pierre (DOB: 12/16/2011), WMPC has initiated a special investigation. PQI Coordinator, Misti Conley-Rogers, will lead the investigation with support from Elisabeth Mulholland of the Care Coordination team. The investigation will consist of:

1. Reviewing the court tape
2. Reviewing the case file
3. Interviewing the current worker, supervisor, and Program Manager

12. **Meet with co-investigator to determine roles and responsibilities.** Delegate tasks as appropriate. Here are some helpful tips:
 - a. Determine one investigator to be responsible for all communications with PAFC staff. This person will be responsible for all email communications, scheduling staff interviews, and sending Microsoft Teams invites for each interview.
 - b. Determine one investigator to be note taker during staff interviews and one investigator to ask the interview questions. The note taking investigator will be responsible for entering staff interview information into the special investigation report.
 - c. Co-develop all staff interview questions. This can occur via email.
 - d. Both investigators should conduct their own case reviews as each investigator will have differing findings.
 - e. Determine one investigator to complete the court hearing findings portion of the report.

13. **Schedule interviews with relevant PAFC staff members via Microsoft Teams.** Ensure both investigators attend the staff interviews. One investigator will be the note taker, recording staff responses. The other investigator will ask the interview questions and keep the interview within established timeframe. Both investigators will prompt for additional information, and/or add additional questions as needed.
 - a. The following staff members should be interviewed:
 - i. Program Manager
 - ii. Supervisor
 - iii. Caseworker
 - b. The note taking investigator will be responsible for entering all staff interview information into the "Staff Interviews" portion of the Special Investigation Report.

14. **Review the court hearing video.** This step is helpful to do at the front end of an investigation as reviewing the court hearing video can be helpful in determining questions to be asked of staff, what content to review within the case file, and factors impacting barriers present.
 - a. Take detailed notes during the court hearing video review as this information will need to be entered into the Special Investigation Report in MindShare.
 - b. Enter the narrative explanation of what occurred during the court hearing in the "Court Tape Hearing Findings" portion of the Special Investigation Report in MindShare.

15. Conduct a case review.

- a. Determine the aspects of the case that need further investigation given the nature of the events leading to the initiation of the special investigation. This information can be pulled from the MiSACWIS casefile or from Mindshare depending on what type of information is needed. The case review will be conducted on information in the case file that falls within the period under review and can include considering:
 - i. Social work contacts
 - ii. Updated and initial service plans (USPs and ISPs)
 - iii. Parent Agency Treatment Plans (PATPs)
 - iv. Placement documentation
 - v. Court orders
 - vi. Family Team Meetings (FTMs)
 - vii. Scanned documents
 - viii. Parenting time plans
 - ix. Safety plans
- b. Information found within the case review should help the investigator:
 - i. Develop interview questions for PAFC staff members
 - ii. Identify efforts taken by the agency
 - iii. Identify services offered and received during the reporting period
 - iv. Clarify contextual/external factors impacting the barrier(s)

16. Provide a case overview in the Special Investigation Report. This section of the investigation report should include information relevant to the initiation of the special investigation and the events leading up to the initiation of the investigation. This section should also include basic information relevant to the case, such as barriers to maintaining reunification, information present in the critical incident form if relevant, and information pulled from MiSACWIS pertaining to the case. Think of this section as an introduction to the rest of the report.

INVESTIGATION

Case Overview (including barriers to maintaining reunification):

The following information was gathered from the critical incident report provided by Bethany Christian Services to WMPC regarding Judge Gottlieb's finding of no reasonable efforts, and from the most recent updated service plan (USP) uploaded in MiSACWIS with a report period of 08/21/2021 - 11/01/2021.

The critical incident report submitted by Foster Care Supervisor, Courtney Kotrch to WMPC details the incident as follows:

"A court hearing was held in person on 11/10/2021. This is the third scheduled court hearing since the guardianship

17. Complete "Efforts by Agency" and "Services Offered/Received During Reporting Period" sections of the Special Investigation Report. This information is gathered during the case

review portion of the investigation. Select the “Add” button to enter information in these sections.

The screenshot shows a light gray background with two distinct sections. The first section is titled "Efforts By Agency" in a small, bold font. Below the title is a rounded rectangular box containing a single button labeled "Add". The second section is titled "Services Offered/Received During Reporting Period" in a similar font. Below this title is another rounded rectangular box, also containing a single button labeled "Add".

18. **Develop staff interview questions with co-investigator.** Create a list of questions to ask assigned agency staff to fill gaps in understanding within the investigation. Ensure that the answers to these questions inform investigators understanding of what is occurring within the case. The goal is that these interviews will provide the qualitative context and information needed for the investigators to fully understand what has occurred, identify any contextual/external factors impacting any barriers, and develop thorough findings and recommendations within the Special Investigation Report.

19. **Facilitate staff interviews and enter staff interview information into the Special Investigation Report.** One investigator will be the note taker for each interview and will be responsible for entering all staff interview information into the Special Investigation Report. The other investigator will ask all interview questions.

The screenshot shows a light gray background. On the left side, the text "Staff Interviews:" is displayed in a small, bold font. To the right of this text is a large, empty rectangular text input box with a thin gray border.

20. **Complete “Contextual/External Factors Impacting Barrier” portion of the Special Investigation Report.** This section is informed by all aspects of the special investigation activities including the case review, court hearing review, and staff interviews. You can update this section as you move through the investigative process.

The screenshot shows a light gray background. On the left side, the text "Contextual/External Factors Impacting Barrier:" is displayed in a small, bold font. To the right of this text is a large, empty rectangular text input box with a thin gray border.

21. **Co-develop findings and recommendations portion of the Special Investigation Report.** The PQI Coordinator and Care Coordinator work together to determine findings resulting from investigative activities and develop recommendations addressing the collective findings. See previously completed Special Investigation reports for additional context.

FINDINGS	Detail:	
WMPC RECOMMENDATIONS	Recommendations:	

22. **Notify PQI leadership of completed Special Investigation Report.** PQI leadership will review and suggest edits within the report for the investigators to update.

23. **PQI leadership provides authorizing signature, and shares with PAFC leadership.** The completed report will be shared in PDF form with agency leadership via email.