



State of Michigan

Project 515

Kent County Foster Care 100% Purchase of Service





Kent County Child Welfare 100% Purchase of Services Project Plan

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Executive Summary

In FY2013, the state budget required the Department of Human Services (DHS), in collaboration with Kent County, the court, and private agencies, to complete a “purchase of service” (POS) model for child welfare services within Kent County. These parties, along with network180 (Kent County Community Mental Health Authority), have worked diligently to create a replicable plan that moves Kent County from roughly 85% - 90% POS to 100% POS, and in doing so will strive to improve outcomes for children and families served by private agencies.

This project plan details the results of that effort. It describes the drivers and principles guiding the effort, the scope of the effort, the estimated resources and time line needed to complete the effort, and the risks to the effort that have been anticipated. Highlights of this plan include the following:

- A revised administrative daily rates (ADR) structure for POS agencies. It proposes that ADRs be paid by the State of Michigan rather than the current practice of splitting ADR responsibility between a County Child Care Fund (CCF) and the State. This change is intended to ensure that outcomes and quality of care determine placement of children rather than ‘who pays.’ The proposal would also provide a regular stream of funding for family preservation programs through county funding. Revisions to the Social Welfare Act will be required to permit these changes.
- A design to create a Care Management Entity (CME) involving a CMH, court, county and DHS (similar to Milwaukee Wraps) which utilizes a fixed fee (capitation) financial model that provides case rates to private agencies. This allows for creative, community-based programming where residential and out-of-home placement savings can be reinvested (or directed) into prevention/family preservation activities. Funding for an actuarial study is needed before it can be implemented, and legislation will be required to create a shared governing body between a CMH, court, county and DHS. Further, a commitment by the Legislature and executive branch to maintain funding and redirect potential savings to prevention activities should be made.
- A commitment to use data and macro-level outcome reporting to drive necessary system changes. The use of Michigan Statewide Automated Child Welfare Information System (MiSACWIS) will provide significant opportunities in driving system improvements.
- A commitment to establishing a continuum of care whereby a standard 100% POS foster contract includes provisions for foster care, treatment foster care services, adoption services, residential case management, and out of state/county services. This will encourage continuity of care as well as improved concurrent planning.
- A revised assessment process that streamlines and reduces lengthy administrative approval processes. It also front-loads necessary assessments to drive care, which should improve services and reduce costs.
- A case management review process for children at risk of multiple foster care placements, treatment foster care, and/or residential placement that is cross-system, integrated, and streamlined. This process incorporates opportunities for improved and increased mental health services, foster care respite, and needed educational services. It also reduces costly duplicative meetings.
- A revised role for the DHS POS monitor where it becomes a system manager instead of a traditional case manager/social worker. The POS monitor would review system utilization and agency outcomes. The monitor would become an expert in data review and continuous quality improvement process.
- A commitment to repurpose existing DHS foster care staff through reassignment to other roles within DHS (i.e. CPS Call Center, Protective Service [PS] units, transfer to other counties, other). We are not expecting any layoffs.



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Business Objectives

The Michigan Legislature has directed the Department of Human Services, in collaboration the Kent County, the court, and private agencies, to complete a “purchase of service” model for child welfare services within Kent County. It is the goal of the 100% Purchase of Service project to:

- Improve outcomes for youth served by private agencies.
- Increase the use of community support systems.
- Embed local points of control for serving local needs without compromising the integrity of system-wide principles.
- Transform our focus from a process orientation to a service orientation.

A foster care system, at its core, needs to hold true to a number of guiding principles if it is to be truly effective. Those principles need to be ingrained in the behaviors of the people that serve within the system and must provide the very fabric that is the basis of the system’s processes and tools. These principles include:

- **Sustaining a youth and family focus** that concentrates equally on family preservation and the transitional foster care services required.
- **Ensuring the safety** of all stakeholders that participate in the system and that no child is “rejected or ejected” from the system of care.
- **Providing a continuum of care** that attains the right care at the right time for every child within the system.
- **Defining and respecting the roles of all participants** within the system so that lines of accountability and responsibility are clearly understood and fulfilled.
- **Using collaborative, evidence-based and continually-improving models** that engage the spectrum of natural and service supports that exist within the community.
- **Implementing funding models that best ensure affordable levels of care** that can quickly adapt to the ever-changing treatment landscape.
- **Embedding transparency** in all aspects of the system that balances the need to safely surface issues as they arise and to protect the rights and privacy of the system’s stakeholders.

These principles, designed by the Section 515 Workgroup, align with the state Department of Human Service’s Child Welfare Vision, Mission & Guiding Principles. The child welfare system in Kent County is fully committed to these principles. Unique to Kent County, however, is that roughly 85%-90% of its cases are managed by private agencies, with the remainder managed by Kent County DHS.

In FY2013, the Michigan Legislature directed the Department of Human Services to create a plan with its stakeholders that will move the number of foster care cases that are managed by private agencies in Kent County to 100%. It has done so with an eye to extending the Kent County model, where and when appropriate, to other counties throughout the state.



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A workgroup was convened to build an understanding of the depth and breadth of the effort required to complete the transformation to 100%. One of its early tasks was to identify several “gaps” in the current system of care that are impediments to meeting the goal. The areas identified as opportunities for improvement included:

- Contractual language and funding restrictions that have led Kent County DHS to directly case-manage a number of children in foster homes and in residential settings.
- Kent County DHS management of a number of foster care homes.
- Contractual language and funding restrictions with POS agencies that does not permit a single case manager for a child depending on his or her placement (i.e. residential care).
- A need to reduce a lengthy administrative approval process for necessary assessments and a need to enhance the flexibility for making treatment choices.
- A need to provide earlier entry points to the system that would increase the chances of family preservation.
- A need to develop and expand specialized care settings (like specialty group homes, respite and expanded treatment foster care) to close gaps in the continuum of care.
- A revitalization of recruitment efforts that increases the capacity for general foster care and specialty care settings across Kent County.
- Complexity of reimbursements using multiple funding sources.

The plan presented in this document, then, describes the effort defined by the workgroup to close those gaps and move to a 100% purchase of services model.

Project Scope

Scope Statement

The department, in conjunction with court, county personnel and representatives of the private child welfare placing agencies operating in Kent County, shall conduct a workgroup that will identify a plan for implementing a pilot program to privatize all foster care and adoption services, except for child protective services, in Kent County by September 30, 2013.

Scope Inclusions

The Foster Care Flow (Attachment D) forms the basis for defining the work effort required to complete this project. The shaded hexagons define the changes that need to be addressed if the purchase-of-service goal in Kent County is to be realized.

The deliverables defined below comprise the body of work that has been developed to address those changes. They have been organized in a two-phase approach. The first phase is designed to strengthen the current model by implementing key process, structural, policy, and funding changes. The second phase is designed to address important enhancements in family preservation, family reunification, and service development.

The key design elements for each deliverable are detailed on Attachment A.



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Phase 1

1. Care Transitions

Transition all abused and neglected children who are in a court-ordered placement or young adult voluntary foster care and whose cases are currently managed by Kent County DHS to a private agency for case management. Transition all unlicensed relatives and licensed foster homes being managed by Kent County Department of Human Services to management by a private agency or another county's DHS.

Proposed Improved Outcomes for Children: Improved Quality of Service
Return to Community
Fewer Days in Residential Care

2. Agency Assignment System Redesign

Revise the private agency case management assignment process for all children who come into care. This process will be based on the best interest of the child/children, with appropriate oversight and monitoring that assures accountability, program improvement, and quality of services.

Proposed Improved Outcomes for Children: Reduction in Shelter Use
Fewer Foster Home Transitions for Children

3. Child Assessment Redesign

Utilize the Child Assessment of Needs and Strengths (CANS) and other tools to improve the assessment process in a way that drives and leads to individualized and appropriate intervention as well as improves service provision and treatment for children in care.

Proposed Improved Outcomes for Children: Fewer Foster Home Transitions for Children
Improved Permanency Outcomes
Reduction in Residential Use

4. Integrated Care Review Team

Complete the design of a team structure that facilitates the sharing of responsibility, resources, mutual authority and accountability to best serve youth that have complex needs and are multi-system engaged. Design the insertion points for that team into the foster care flow. Ensure measures are taken to respect cultural differences.

Proposed Improved Outcomes for Children: Fewer Foster Home Transitions for Children
Improved Permanency Outcomes
Reduction in Residential Use

5. Agency Services Development and Recruitment

Develop alternative and accessible living arrangements for children in foster care requiring a non-traditional placement. Those alternative arrangements requiring immediate attention include specialized group homes (i.e. six-bed residential group home). Create and implement a comprehensive recruitment plan that incorporates all services and agencies.



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Proposed Improved Outcomes for Children: Fewer Foster Home Transitions for Children
Improved Permanency Outcomes
Reduction in Residential Use

6. DHS Redesign

Redefine DHS' role as systems managers in the provision of foster care. Redefine Roles and Job Descriptions of Purchase of Services Monitoring Staff. Provide education and training to perform the duties as defined. Repurpose staff to other functions within DHS.

Proposed Improved Outcomes for Children: Clear Accountability for Outcomes
Development of New & Varied Services
Improved Community Understanding of Need

7. Funding/Legal Redesign

Build a fiscal model for legislative approval that provides the funding necessary to implement the deliverables described in Phase 1 of this project and that sets the stage for Phase 2 enhancements. Make the needed legal (contract and policy) changes needed to enable these changes. The fiscal model and attendant legal changes are more fully described in the Fiscal Model Design Document.

Proposed Improved Outcomes for Children: Clear Accountability for Outcomes
Development of New and Varied Services
Improved Community Understanding of Need
Availability of Reunification/Service Funding

Phase 2

1. Agency Assignment and Assessment Reviews

Evaluate the success of the agency assignment and assessment change made in Phase 1. Design and implement defined improvements that are defined in that evaluation.

2. Family Preservation Redesign

Expand the opportunities of at-risk families in Kent County to receive appropriate family preservation services that allow children to remain safely in their birth family, with services provided by a qualified private agency and monitored by public agencies. Ensure that potential savings are reinvested into the child welfare system.

Proposed Improved Outcomes for Children: Reduced Shelter Use
Reduced Foster Home Use
Development of New and Varied Services

3. Family Reunification Redesign

Develop reunification services that will be provided and available to all families as soon as the goal of reunification is identified. Services provided will promote continuity of care that can continue to be provided beyond court jurisdiction

Proposed Improved Outcomes for Children: Improved Permanency Outcomes



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4. Agency Services Development

DHS and private agencies will collaborate to develop alternative and accessible living arrangements for children in foster care requiring a non-traditional placement. Those alternative arrangements will include shelter homes and a mobile response team

Proposed Improved Outcomes for Children: Reduced Shelter Use
Reduced Residential Use

5. Care Management Entity Development

Implement the design of the Integrated Review Team developed in Phase 1. This effort will focus on integrating care across all entities serving a child and parents and implement the insertion points for that team into the foster care flow. A care management entity (CME) will focus on providing services at a fixed fee (capitation) rate which allows service and payment flexibility.

Proposed Improved Outcomes for Children: Reduced Residential Use
Increased Options for Family Preservation Programs
Increased Options for Family Reunification Programs

6. Funding Transformation

Build a fiscal model for legislative approval that provides the funding necessary to implement the deliverables described in Phase 2 of this project.

7. Legal Redesign

Amend the Social Welfare Act to support the completion of 100% Purchase of Services Phase 2.

8. Design Extensibility

Evaluate and review the Purchase of Service model for extensibility throughout the State of Michigan. Consider county size, demographics, culture, and organization when performing that evaluation.

Scope Exclusions

- Adoption Services (already 100% privatized within Kent County)
- BCAL and Contract Compliance
- IV-E Funding and “care and custody” language
- Agency assignment placement prior to court-ordered in-home services

Work Breakdown Structure (WBS)

Refer to the WBS on Attachment B for a graphical representation of the deliverables and subordinate work packages.



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Project Success Measures

The following measures describe the criteria for evaluating the success of this project. They are used among other things to establish the work that is to be included in and excluded from the scope of this project.

- All children in the Kent County foster care system that are in out-of-home care are case-managed by private agencies. All DHS-managed foster homes are transitioned to private agency management or have been given opportunity to be licensed by another county's DHS.
- DHS will continue to oversee and monitor the financial, authorization, and care-level activities for foster care provided by the private agencies.
- The 17th Circuit Court will continue to provide judicial oversight for the foster care activities of the private agencies.
- Meaningful dashboards will be in place for quality of service, client/family, program oversight, and financial reporting.
- Continuum of Care and adequate resources will be available within the private agency system pursuant to identified changes.
- Financial resources are available/re-allocated to the private agencies to fund their more varied services.
- The system will meet or exceed the measurables defined in the MSA and CFSR.
- The mechanism for grievances and complaints is transparent to all stakeholders.
- A third-party evaluation will be conducted to ensure transparency of results.

Project Organization

Project Oversight/Governance

The project is directed by the Michigan Legislature, co-led by the Department of Human Services and Kent County Administration and in collaboration with a multi-functional group comprised of state, county, court, private agencies, the Kent County Community Mental Health organization, and community-based resources.

The general organization of the project's oversight and governance is shown below and is graphically represented on the Project Organization Chart (Attachment E).

- Project Executives:
Executive Director: Maura Corrigan, DHS Director

Executive Sponsors: Steve Yager, DHS Director - Children's Services Administration
Wayman Britt, Kent County Assistant Administrator



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- Project Sponsors:
 Scott Parrott, Former DHS Director of Adult and Child Welfare Field Operations
 Matthew VanZetten, Kent County Administration Management Analyst

- Project Steering Committee:

Wayman Britt	Kent County Administration
Kathy Freberg	Network180
Sharon Loughridge	D.A. Blodgett/St. Johns
Laura Mitchell	Lutheran Social Services of Michigan
Deborah Nykamp	Catholic Charities of West Michigan
Scott Parrott	DHS
Christine Rehagen	DHS
Savator Selden-Johnson	Kent County DHS
Andrew Thalhammer	17 th Circuit Court
George Tyndall	Bethany Christian Services
Matthew VanZetten	Kent County Administration
Steve Zwart	Lutheran Child & Family Services of Michigan
Randy Zylstra	Wedgwood

- Project Manager: TBD

- Project Work Group Leads:
 - Care Transitions – TBD
 - Process Redesigns – TBD
 - DHS Redesigns – Savator Selden-Johnson, Kent County DHS
 - Fiscal/Legal Changes – Matthew VanZetten, Kent County Administration
 - Agency Services Development – TBD

Project Scope and Issues Management Process

Any modification to the scope of this project requires a formal request made through the project manager to the project sponsors for approval. Recommendations will be made through the use of a Scope Change Request that details the request, the benefits of the request, and the attendant impact(s) on project budget and timelines.

All issues requiring escalation will be made by the project manager to the project sponsors. A decision document will be used to detail the background of the issue, the recommended approach, and the impacts of that approach on the project’s scope, stakeholders, resources, and schedule.

Project Levels of Change

Even though a high level of child welfare services are purchased within Kent County, the breadth and depth of the defined changes identifies the level of change for this project as **transformational**.

This recognizes that a significant attention needs to be paid to stakeholder values, norms, and behaviors, how they will impact the change efforts, and on the development of educational plans focused on assisting the stakeholders in making the leap.

Project Timeline

A high-level, *preliminary* schedule is presented below. A precedence chart that indicates the sequencing of events can be found on Attachment E. Upon project approval, a detailed project schedule will be developed with specific target dates that are based upon the high-level milestones below and the Precedence Chart shown on Attachment E.



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Milestone	Target Date
Project Management Items Change Leadership/Education Plan Communications Plan Risk Management Plan Detail Implementation Schedule Team Member Commitments	September 2013
Phase 1 Contract/Fiscal Changes Legal Changes Services Development Specialized Group Homes Respite Care Recruitment Plan Care Transitions (Youth & FC Homes) Process Re-Designs Agency Assignment Assessments Integrated Care Review Design Recruitment Redesign DHS Redesign	October 2013 January 2014 February 2014 June 2014 June 2014
Phase 2 Contract/Fiscal Changes Legal Changes Process Redesigns Phase 1 Process Evaluations Family Preservation Redesign/Changes Family Reunification Redesign CME Implementation Services Development Shelter Care Review Mobile Response Teams	March 2014 March 2014 September 2014 June 2014



Kent County Child Welfare 100% Purchase of Services Project Plan

Project Financials

The Section 515 Workgroup identified several areas where the POS agencies do not receive ADRs for certain types of cases, and at other times case counts are not treated in the same manner as they are for DHS. This causes various challenges for maintaining continuity of care. The Section 515 plan attempts to address these issues by establishing a varied ADR schedule depending on the type of case. Specific recommendations are documented in Attachment B.

We are also proposing two significant legislative changes to reduce the funding complexities: revisions to the Social Welfare Act that will change county contributions to create more in-home options, and the establishment of care management entity that will permit case management rates.

Last, there are a series of one-time costs for this project, including the need for a project manager, specialized training, an actuarial study, enhancements to MiSACWIS, and a third-party evaluation.

Project Risks

The potential risks to this project have been identified in the table below. Their probability of occurring and the impact on the project if they do occur have also been evaluated. An early task in this project is to develop a risk management plan that devises mitigation strategies and tracks resolutions should a risk occur.

Risk Description	Probability Level (H,M,L)	Impact Level (H, M, L)	Comments
Resistance by stakeholders that may not have been integrally involved in the plan's development, due to a partial understanding of the key drivers and design elements.	H	H	A strong communications strategy needs to be developed that promotes common understanding of the plan in terms that are meaningful to all constituencies. The development of this strategy is expected to be one of the first efforts completed.
Inadequate readiness for change within the key stakeholder groups.	H	H	Significant attention needs to be given to the stakeholder readiness to accept and drive the changes necessary as current processes, expectations and behaviors are deeply embedded in many of the groups.
Commitment to one-time project implementation expenses	M	H	One-time project expenses for items like consulting and internal training are expected to be absorbed in operational budgets.
Willingness to change the Social Welfare Act (SWA).	M	H	There are number of changes that need to be made in the SWA to support the recommended funding model. The changes are dependent on timely action by the Legislature.



Kent County Child Welfare 100% Purchase of Services Project Plan

Risk Description	Probability Level (H,M,L)	Impact Level (H, M, L)	Comments
The ability to establish metrics and baselines that lead to meaningful conclusions on the plan's success. Lack of baselines in the current environment may impede measuring project success.	M	H	The development of qualitative and quantitative metrics is expected to be a key design part of each of the project's deliverables. This includes early establishment of baselines against which results can be measured.
Inability to match appropriate foster care home capacity needs through revitalized recruitment efforts	M	M	
Willingness to make needed changes in the DHS contracts with the private agencies	L	H	
Low prioritization of needed changes that may be identified within the MiSACWIS system	H	H	
Project design changes at the DHS level without getting input from stakeholders.	L	H	

Project Interdependencies

The projects noted below have interdependencies with this project. Cross-project impacts need to be evaluated in the event that significant changes occur in either this project or the ones listed below.

- The MiSACWIS implementation scheduled for the fall 2013 is a critical project upon which this project is dependent. It forms the basis of the reporting tool that is to be used for all aspects of this project. A delay in its implementation or inability to provide access to information would seriously impact this project's timelines and ability to meet its commitments.



Kent County Child Welfare 100% Purchase of Services Project Plan

Project Approvals

The undersigned hereby endorse the project and will ensure the appropriate resources are dedicated to accomplish the project tasks as scheduled. Access to email approvals are available upon request to the project sponsors or manager.

Executive Sponsors:

Approved 09/27/13

Steve Yager, DHS Children's Services Administration

Approved via email 09/27/13

Wayman Britt, Kent County Administration

Project Steering Committee:

Approved via email 09/27/13

Matthew VanZetten, Kent County Administration

Date

Approved via email 7/31/13

Kathy Freberg, Network180

Date

Approved via email 8/1/13

Sharon Loughridge, D.A. Blodgett/St. Johns

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Approved via email 8/2/13

Laura Mitchell, Lutheran Social Services of Michigan

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Deborah Nykamp, Catholic Charities of West Michigan

Date

Approved 09/27/13

Christine Rehagen, DHS

Date

Approved 09/27/13

Savator Selden-Johnson, Kent County DHS

Date



Kent County Child Welfare 100% Purchase of Services Project Plan

Project Approvals (continued)

The undersigned hereby endorse the project and will ensure the appropriate resources are dedicated to accomplish the project tasks as scheduled.

Approved via email 8/2/13

Andrew Thalhammer, 17th Circuit Court

Date

Approved via email /1/13

George Tyndall, Bethany Christian Services

Date

Approved via email 08/2/13

Steve Zwart, Lutheran Child & Family Service of Michigan

Date

Approved via email 07/31/13

Randy Zylstra, Wedgwood

Date

Project Consultant:

Approved via email 8/4/13

Jim Toth, Superior Project Services LLC

Date



Kent County Child Welfare 100% Purchase of Services

Project Plan

Attachment A – Key Design Elements

Attachment A – Deliverables Key Design Elements

The design elements of the deliverables defined in this attachment are further detailed in separate deliverable design documents. These documents are available as part of the project documentation set and are available upon request by contacting the project sponsors or the project manager.

Phase 1 – Strengthen Purchase of Services

- Care Transitions

Transition all abused and neglected children who are in a court-ordered placement or young adult voluntary foster care and whose cases are currently managed by Kent County DHS to a private agency for case management. Transition all unlicensed relatives and licensed foster homes being managed by Kent County Department of Human Services to management by a private agency or another county's DHS.

Proposed Improved Outcome for Children: Return to Community; Fewer Days in Residential Care

The key design elements of this deliverable include:

- Process Design
 - Develop a selection process, transition process and communications plan that involves input by the affected youth, parent/guardian and the foster care providers.
- Organizational Development
 - Organize a team to oversee and manage the transitions.
 - Increase the awareness of the private agencies regarding culturally-specific considerations for the transitioning children.
- Contract Design
 - Institute the appropriate contract changes that allow private agency funding for currently non-paid foster care/residential supervision program services, like in-home sibling support, AWOL youth and the like.
- Technology Design
 - Develop a database reporting progress and status, using MiSACWIS if possible.

- Agency Assignment System Redesign

Revise the private agency case management assignment process for all children who come into care. This process will be based on the best interest of the child/children, with appropriate oversight and monitoring that assures accountability, program improvement and quality of services.

Proposed Improved Outcome for Children: Reduction in Shelter Use
Fewer Foster Home Transitions for Children

The key design elements of this deliverable include:

- Process Redesign



Kent County Child Welfare 100% Purchase of Services Project Plan Attachment A – Key Design Elements

- Redesign the Children's Protective Services (CPS) transfer processes by including private agencies at earliest point through enhancement of the MiTeam (family team meetings) process. Foster care agency participation should occur if removal is likely to be recommended.
- Formalize assignment criteria that ensures placement for every child and balances appropriate objective, subjective, cultural, race, ethnicity, and community-based factors.
- Develop agency participation quality standards to which all participating agencies will be held and against which new agency applicants will be evaluated. Create a transparency report that documents and evaluates agency performance and adherence.
- Enhance the assignment process by utilizing MiSACWIS via the currently contracted private agency (Kids First) as the assignment control and coordination point. Ensure development criteria, participation, standards, and reporting structures for programming within MiSACWIS. At some point, consider whether a competitive purchase-of-service bid for service is reasonable and/or warranted.
- o Organizational/Staff Development
 - Develop a collaborative oversight team that manages and monitors the Assignment System for consistency, quality and adherence to assignment criteria
 - Educate, train and coach all affected staff on the redesigned processes, roles and behaviors and technologies (MiSACWIS).
- o Contract Design
 - Institute the appropriate contract changes that allow private agency funding for entering the CPS transfer at earlier points currently non-paid services.
- o Technology Design
 - Use and refine the MiSACWIS technology platform for case documentation, placement analysis and quality reporting
- Child Assessment Redesign

Improve the assessment structure and process in a way that drives and leads to individualized and appropriate intervention and treatment for children in care.

Proposed Improved Outcome for Children: Fewer Foster Home Transitions for Children
Improved Permanency Outcomes
Reduction in Residential Use

The key design elements of this deliverable include:

- o Process Redesigns
 - Redesign assessment processes to be activated at critical times within the foster care life cycle. Those times include:
 - Family preservation, including clinically-significant family assessments for substance abuse or other behavioral health issues.



Kent County Child Welfare 100% Purchase of Services Project Plan Attachment A – Key Design Elements

- Level 1 assessment following court-ordered action.
- Level 2 assessment when Level 1 assessment indicates that underlying issues exist that may impede early and successful initial placement.
- Level 3 assessment when recommending an increase in the intensity of services or in the setting being provided.
- Organizational/Staff Development
 - Educate, train and coach all affected staff on the redesigned process and the appropriate use of the CANS/Child and Adolescent Functional Assessment Scale (CAFAS) tool sets.
- Contract Design
 - Institute the appropriate contract changes that allow assessments to be ordered and funded without prior DHS approval.
- Technology Changes
 - Design the insertion and/or integration of CANS/CAFAS into the redesigned assessment process flow.
- Integrated Care Review Team

Complete the design of a team structure that facilitates the sharing of responsibility, resources, mutual authority and accountability to best serve youth that have complex needs and are multi-system engaged. Design the insertion points for that team into the foster care flow. Ensure measures are taken to respect cultural differences.

Proposed Improved Outcome for Children: Fewer Foster Home Transitions for Children
Improved Permanency Outcomes
Reduction in Residential Use

 - Process Designs
 - Complete the process designs for the team as it engages with the family, youth and all caregivers during needed interventions. This includes the development of metric reporting needed to gauge the quality and success of the team.
 - Organizational/Staff Development
 - Design the organizational entity that will coordinate the team services.
 - Design the programs needed to educate, train and coach all affected staff
 - Technology Changes
 - Design the insertion and/or integration of CANS/CAFIS into the redesigned assessment process flow
- Agency Services Development and Recruiting

Develop alternative and accessible living arrangements for children in foster care requiring a non-traditional placement. Those alternative arrangements requiring immediate attention include specialized group homes. Create and implement a comprehensive recruitment plan that incorporates all services and agencies.

Proposed Improved Outcome for Children: Fewer Foster Home Transitions for Children



Kent County Child Welfare 100% Purchase of Services Project Plan Attachment A – Key Design Elements

Improved Permanency Outcomes
Reduction in Residential Use

The key design elements of this deliverable include:

- Process Redesign
 - Evaluate the current recruitment initiatives and approaches. Identify the opportunities to improve the recruitment process and to refocus and/or retarget marketing efforts as appropriate.
- Contract Changes
 - Identify the type of specialized group homes that are needed within the system. Develop the service specifications, rates and qualifications for their establishment.
 - Institute the appropriate changes that allow enhanced funding of currently contracted treatment foster homes to come more in-line with private agency costs. Ensure that all private agencies are aware of their ability provide treatment foster care homes. Amend contract to permit continuity of foster child with treatment foster care parents.
 - Participate in the Performance-Based Contract Workgroup to ensure alignment.
- Technology Changes
 - Ensure MiSACWIS is updated to track metrics on the new types of homes developed
- DHS Redesign

Redefine DHS' role as systems managers in the provision of foster care. Redefine roles and job Descriptions of Purchase of Services Monitoring Staff. Provide education and training to perform the duties as defined. Repurpose staff to other functions within DHS.

Proposed Improved Outcome for Children: Clear Accountability for Outcomes
Development of New and Varied Services
Improved Community Understanding of Need

The key design elements of this deliverable include:

- Process Redesigns
 - Monitors will review the private agencies on a monthly basis, using Child & Family Service Review (CFSR) Outcomes, the Modifield Settlement Agreement (MSA) and the strategic plan.
 - DHS to approve Determination of Care (DOC), Youth in Transition (YIT) and payment approvals
 - POS agencies to approve assessment requests previously approved via DHS Form 93.
 - Utilization management review of children at shelter.
 - Continuous quality improvement using random quarterly reviews, requested reviews.
- Organizational/Staff Development
 - Redefine Roles and Job Descriptions of DHS POS-FC monitoring staff.
 - Repurpose staff to perform the duties as defined.



Kent County Child Welfare 100% Purchase of Services
Project Plan
 Attachment A – Key Design Elements

- Educate, train and coach DHS staff and POS agencies on new roles, behaviors, expectations
- o Contract Design
 - Implement changes to allow assessment to be completed without prior DHS approval.
- o Technology Changes
 - Design and implement all MiSACWIS changes required by the project.
- Fiscal/Legal Redesign

Build a revenue-neutral fiscal model for legislative approval that provides the funding necessary to implement the deliverables described in Phase 1 of this project and that sets the stage for Phase 2 enhancements. Make the needed legal (contract and policy) changes needed to enable these changes. The fiscal model and attendant legal changes are more fully described in the Fiscal Design Document (Attachment B).

Proposed Improved Outcome for Children: Clear Accountability for Outcomes
 Development of New and Varied Services
 Improved Community Understanding of Need
 Availability of Reunification/Service Funding

The key design elements of this deliverable include:

- o ADRs for case management
 - Residential case management
 - Out of Town Inquiry (OTI) case management
 - AWOL youth.
 - Youth 19 and over whom the court will not discharge
 - Full family funding for in-home and split-sibling services
- o ADRs
 - Treatment foster care
 - Group homes
- o Temporary Assistance to Needy Families (TANF)
 - For use in case management by POS agencies
 - For use in wrap-around
- o Other
 - Activity rates – assessments
 - Bed flexibility
 - Social Welfare Act changes

Phase 2 – Enhance and Extend Purchase of Services

- Agency Assignment and Assessment Reviews

Evaluate the success of the agency assignment and assessment change made in Phase 1. Design and implement defined improvements that are defined in that evaluation.



Kent County Child Welfare 100% Purchase of Services Project Plan Attachment A – Key Design Elements

- Family Preservation Redesign

Expand the opportunities of at-risk families in Kent County to receive appropriate family preservation services that allow children to remain safely in their birth family, with services provided by a qualified service provider and monitored by public agencies.

Consideration needs to be given to defining the eligible population to be affected. That is, traditional family preservation (FP) services are limited by definition of whom and how long they may serve; and 'what door' the family may come through. Further reduction in the use of out-of-home care will require a broader definition of FP service with fewer restrictions on use.

Social Welfare Act changes will be necessary with savings from reduced institutional care dedicated to preservation activities.

Proposed Improved Outcome for Children: Reduced Shelter Use
Reduced Foster Home Use
Development of New and Varied Services

Detail planning and redesign efforts will begin near the end of Phase 1. They areas to be addressed will include:

- Process changes.
- Policy changes.
- Funding changes.
- Reporting changes.
- Technology changes.
- Marketing and education.

- Family Reunification Redesign

Enhance reunification services that will be provided and available to all families as soon as the goal of reunification is identified. Services provided will promote continuity of care that can continue to be provided beyond court jurisdiction

Proposed Improved Outcome for Children: Improved Permanency Outcomes

Detail planning and redesign efforts will begin near the need of Phase 1. They areas to be addressed will include:

- Process changes.
- Policy changes.
- Funding changes.
- Reporting changes.
- Technology changes.
- Marketing and education.

- Agency Services Development

DHS and private agencies will collaborate to develop alternative and accessible living arrangements for children in foster care requiring a non-traditional placement. Those alternative arrangements will include shelter homes and a mobile response team. Others may be added as appropriate.



Kent County Child Welfare 100% Purchase of Services Project Plan Attachment A – Key Design Elements

Proposed Improved Outcome for Children: Reduced Shelter Use
Reduced Residential Use

Detail planning and redesign efforts will begin near the need of Phase 1. They areas to be addressed will include:

- Process changes.
- Policy changes.
- Funding changes.
- Reporting changes.
- Technology changes.
- Marketing and education.

- Care Management Entity Development

Implement the design of the Integrated Review Team developed in Phase 1. This effort will focus on integrating care across all entities serving a child and parents and implement the insertion points for that team into the foster care flow. A care management entity (CME) will focus on providing services at a capitated rate, which allows service and payment flexibility.

Proposed Improved Outcome for Children: Reduced Residential Use
Increased Options for Family Preservation Programs
Increased Options for Family Reunification Programs

- Funding Transformation

Build a fiscal model that over time provides savings for legislative approval which provides the funding mechanisms necessary to implement the deliverables described in Phase 2 of this project.

- Legal Redesign

Identify, design and implement the legal changes needed to support the completion of 100% Purchase of Services Phase 2.

- Design Extensibility

Evaluate and review the purchase of service model for extensibility throughout the State of Michigan. Consider county size, demographics, culture, and organization when performing that evaluation.



Kent County Child Welfare 100% Purchase of Services
Project Plan
 Attachment B – Fiscal/Legal Design

Attachment B – Fiscal/Legal Design

One of the significant challenges associated with the Section 515 Project is funding and costing out recommended changes. The primary one is that the payment structures of staffing DHS and purchasing child welfare services are dramatically different.

To staff DHS services, the Michigan Legislature provides an appropriation which is based, in part, on past caseloads. This then turns into a needed full-time-equivalent (FTE) count to determine the number of foster care staff necessary, and these FTEs are assigned throughout the state. Caseload consensus meetings are held twice per year and allocations are adjusted by the Legislature accordingly. Additionally, the Legislature provides funding for supervisors, licensing staff, travel, mileage, support staff, information technology services, rent, foster travel, etc. To staff purchase of service (POS) agencies, the Michigan Legislatures approves an administrative daily rate (ADR) per case that is intended to include all costs associated with service delivery.

While there have been significant attempts to create equity in the payment structure, the Section 515 Workgroup identified several areas where the POS agencies do not receive ADRs for certain types of cases, and at other times case counts are not treated in the same manner as they are for DHS. This causes various challenges for maintaining continuity of care. The Section 515 plan attempts to address these issues by establishing a varied ADR schedule depending on the type of case. Specific recommendations are included at the end of this section.

Another challenge identified in the planning process is that the funding used to pay DHS Staff and POS services vary significantly. In fact, the manner in which these services are paid for is confusing due to various regulations expressed by the Social Security Act, which provides federal funding as well as the state's Social Welfare Act, which identifies various match requirements for services.

Below are the major funding sources for child welfare services –

Name	Source
Title IV-E	Federal Government
Temporary Assistance to Needy Families (TANF)	Federal Government
Title XX	Federal Government
County Child Care Fund (CCF)	County Government (w/50% reimbursement by State)
State of Michigan – General Fund (GF)	State Government
State of Michigan – State Ward Board and Care (SWBC)	State Government (w/50% reimbursement by Counties)

Below is a brief synopsis of each payment type and its use:

Title IV-E funding pays the Federal Medical Assistance Percentages (FMAP) rate for services if a child is eligible for IV-E funding. Unfortunately, the funding has become more difficult to access since 1996, when TANF replaced the AFDC program. Title IV-E requires that families meet the 1996 AFDC financial requirements, which have not been updated in 17 years, to qualify for funding. Typically, the state matches IV-E funding using State GF. Title IV-E provides payment whether a child is managed by a state DHS worker or a POS agency.



Kent County Child Welfare 100% Purchase of Services Project Plan Attachment B – Fiscal/Legal Design

TANF (Temporary Assistance to Needy Families) funding provides a variety of child welfare services ranging from prevention services, various in-home care programs, assessments, foster care payments, and DHS foster care staff. In Michigan, it has not been utilized to pay for POS agencies, but there is not a federal limitation against doing so.

Title XX are federal funds that can be utilized by the state to pay for its share in SWBC-funded cases.

County Child Care Funds (CCF) provide 100% of funding for necessary services when a child or service is not Title IV-E eligible per the Social Welfare Act. The state reimburses counties 50% using State GF or TANF. One caveat to CCF is related to POS-managed services. If a child is not IV-E eligible, but is supervised by DHS staff, the CCF is not charged the ADR for case management; it only pays the foster family requirement. However, if a CCF case is managed by a POS agency, the CCF is required to pay an administrative daily rate (ADR) which is currently \$37 per day and projected to be \$40 per day in FY2014. The CCF also pays the foster family. The state then reimburses counties 50% of the ADR and foster family amount.

State Ward Board and Care (SWBC) provides 100% funding when a child becomes a state ward (via PA 150 or 220). Per the Social Welfare Act, counties then reimburse the state a percentage of the costs. Again, if the case is managed by DHS, counties are not required to pay for case management, and only reimburse the state a percentage of the foster family rate. Until a few years ago, it was believed that counties reimbursed the state for the POS ADR. However, after testifying to this, DHS learned that it had not been charging counties for this, and is unable to follow this requirement of the Social Welfare Act due to it being a Headlee Amendment violation.

As one can see, determining the payment source of a case is challenging. Moreover, reconciling payments between the federal, state and county governments has a fairly significant 'friction' or 'drag' factor, which increases administrative costs and necessary funding, but provides zero service value to the child. These are commonly referred to as 'transaction costs.' Understanding these costs is important when trying to determine ways to make the system more efficient and effective. During the development of this plan, it was mentioned that the DHS federal compliance group FTE count is growing to ensure proper accounting of funds, while dollars necessary for services are not.

In terms of what this means for the Section 515 100% POS plan, below are a few observations –

1. There is a natural disincentive to limit POS use among counties because counties are required to pay an administrative daily rate (ADR) for POS cases, while they do not for DHS direct care managed staff.
2. The current friction/transaction accounting costs associated with the child welfare payment system are too complex and costly. Within the current fiscal environment of limited funds, as administrative costs increase, the availability of services for families decrease.
3. The federal Title IV-E regulations need to be aligned with the up-to-date TANF financial limits rather than the 1996 AFDC financial limits (i.e. they are 17 years out of date). This would increase the number of children that are IV-E eligible. Updating the IV-E regulations and connecting them to TANF is estimated to cost the federal government approximately \$1 billion annually.

The Section 515 Workgroup estimates that roughly \$2.5 million of funding is provided to Kent DHS for direct foster care staff. At present, there is not a mechanism to transfer these funds to the CCF in order to offset potential county liabilities for POS agencies managing non-IV-E eligible cases. We are proposing a resolution to this within the list of recommendations.

Last, there are a series of one-time costs that should be recognized in making a transition to 100% POS. Many of these can more than likely be absorbed within existing appropriations by reprogramming funding, but some may need a special appropriation. Below is a list of these anticipated one-time costs:



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One Time Costs

Estimated Cost & Potential Funding Solution

<p>Project Manager – An individual to convene the POS Workgroup on a consistent basis to review pilot status; ensure that the policy, program, and administrative changes are made; guide the development of the Phase 2 changes; schedule necessary training sessions, ensure actuarial study is conducted, interface between court, counties, agencies, state Departments, Kent DHS, and network 180 (CMH).</p>	<p>\$50,000 Supplemental Appropriation</p>
<p>Necessary Training – A series of training sessions regarding system change and readiness, utilization management, cultural competence, and assessment usage.</p>	<p>Unknown To be absorbed within existing training budgets.</p>
<p>Actuarial Study – A study to determine a case management rate for the Care Management Entity.</p>	<p>Estimated at \$100,000 supplemental appropriation</p>
<p>MiSACWIS Changes – Enhancements to MiSACWIS for 100% POS reporting needs.</p>	<p>Unknown To be absorbed within MiSACWIS budget</p>
<p>Third Party Evaluation – To deliver transparent reports on model effectiveness. Propose a four- to five-year contract.</p>	<p>Estimated at \$150,000 per year additional appropriation</p>

The changes proposed within the Section 515 100% POS plan are intended to resolve various issues that have been identified. Below is a chart of recommended changes:

General Issue	Current Method of Providing Service/Funding Model	Proposed Change(s)
Establishment of ADRs		
<p>Residential Case Management – POS agencies cannot receive an ADR to manage children in residential setting.</p>	<p>DHS foster care staff manage children in residential settings. When it is determined that a child needs to move to a residential setting, the case is transferred to DHS direct care.</p>	<p>Establish an administrative daily rate (ADR) for POS agencies to manage children in residential settings.</p>
<p>In Home Sibling Support – POS Agencies do not receive ADR payments for case management of in-home wards when managing siblings that are out of home.</p>	<p>In certain circumstances, a family may have one sibling in an out-of-home placement while siblings remain 'in-home' or with another parent. In these cases, POS agencies only receive an ADR for</p>	<p>Establish an ADR for POS agencies to manage in-home sibling cases when they have an accompanying case.</p>



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General Issue	Current Method of Providing Service/Funding Model	Proposed Change(s)
	<p>the out-of-home sibling because there is not an ADR established to manage the children that remain 'in-home' or with the other parent. However, these children are counted as part of a 'caseload.' When DHS has a similar situation, its workers are paid to manage all siblings.</p>	
<p>Youth in Shelter Care – POS agencies do not receive ADR payments for case management of children when in shelter.</p>	<p>When a child comes into care, occasionally a foster home is not available in a timely fashion. As such, children remain in a shelter until a home is found. When DHS is assigned to search for a foster home, the case is assigned to a worker and the finances are in place to support that worker. When a POS agency is assigned to identify a home, it does not receive an ADR and there is cost for performing this work.</p>	<p>Establish an ADR for POS agencies to manage youth in shelter care after being assigned case.</p>
<p>Reunification to Non-Offending Parent – POS agencies do not receive ADR payments for case management of children when they reunified with non-offending parents.</p>	<p>In certain circumstances, children are abused or neglected by a custodial parent and the children can be placed with a non-offending parent. In these cases, POS agencies do not receive an ADR to case manage these children, yet they count on caseloads. When DHS has a similar situation, its workers are paid to case manage the children in the non-offending parent's home until court involvement ends.</p>	<p>Establish an ADR for POS agencies to manage reunification to non-offending parent.</p>
<p>AWOL Youth – POS agencies do not receive ADR payments for case management of AWOL youth.</p>	<p>In certain circumstances, children in foster care go 'AWOL' or absent without leave. This counts against a POS caseload, with zero reimbursement. When DHS has an AWOL case, the case counts on a worker's caseload but there is not a financial harm to DHS.</p>	<p>Establish an ADR for POS agencies to manage children when they go AWOL. ADR needs to be less than the standard rate (\$37) to create incentives for identifying AWOL children, but it also levels the playing field between POS agencies and DHS.</p>



**Kent County Child Welfare 100% Purchase of Services
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General Issue	Current Method of Providing Service/Funding Model	Proposed Change(s)
Other Enhancements		
<p>Assessments – Private agencies cannot receive funding for needed assessments without the approval of DHS. This process is lengthy, and the DHS approved rate is not market-oriented. This limits the choice of providers and delays the speed in which providers will perform assessments. For each day a child does not receive a necessary assessment to determine services that will lead to permanency, it costs a minimum of \$54.</p>	<p>Assessments are approved through Form 93 payments. It is believed this is a combination of State GF/TANF. In FY2011, close to \$225,000 worth of psychological assessments were conducted in Kent County.</p>	<p>Provide a block grant to Kent DHS for assessments. This could be 1) transferred to network180 (Kent CMH) and braided with its funding for the purpose of hiring necessary staff to perform assessments; or 2) Set a 'per child rate' based on formula for each child entering foster care so that POS agencies can contract directly with necessary professionals.</p>
<p>Foster Care Home Identification – POS agencies do not receive an ADR until the court has officially removed a child from a home. This does not promote seamless transitions from in-home care to a foster family.</p>	<p>Roughly 70% of removals are planned, whereby CPS staff make a recommendation to the court for removal after non-compliance with in-home services. This recommendation is shared with parents prior to court dates. To promote relative placements, limit sibling splits, and find appropriate foster care homes, POS agencies need to be involved prior to when the child is removed by the court.</p>	<p>Establish a one-time payment for POS attendance at removal MiTeam meeting, and appropriate placement.</p>
Proposed Legislative Changes		
<p>POS Funding Formula – The payment system for POS is not equitable due to its funding formula. In short, the decision related to assigning POS vs. DHS care can be determined via 'who pays' rather than service outcomes.</p>	<p>DHS direct foster care staff is paid for through the appropriation process which estimates caseload, and combines federal funds (Title IV-E/TANF, Title XX) and State GF to support 'x' number of staff. POS agencies are paid per case with an administrative daily rate (ADR) structure that utilizes a combination of Title IV-E and State GF or County Child Care Funds (CCF) and State GF. TANF is not utilized to pay for POS agency cases.</p>	<p>Within a 100% purchase of service county, the ADR would be paid by the State of Michigan. Therefore, when the state is considering an increase to the ADR, 100% POS counties would no longer be opposed since it would not impact their costs. Moreover, the state would be able to make care management decisions based on POS and DHS outcomes rather than the political impacts of shifting cases and costs to counties because of POS utilization. A percentage of current ADR payments made by counties would be directed to in-</p>



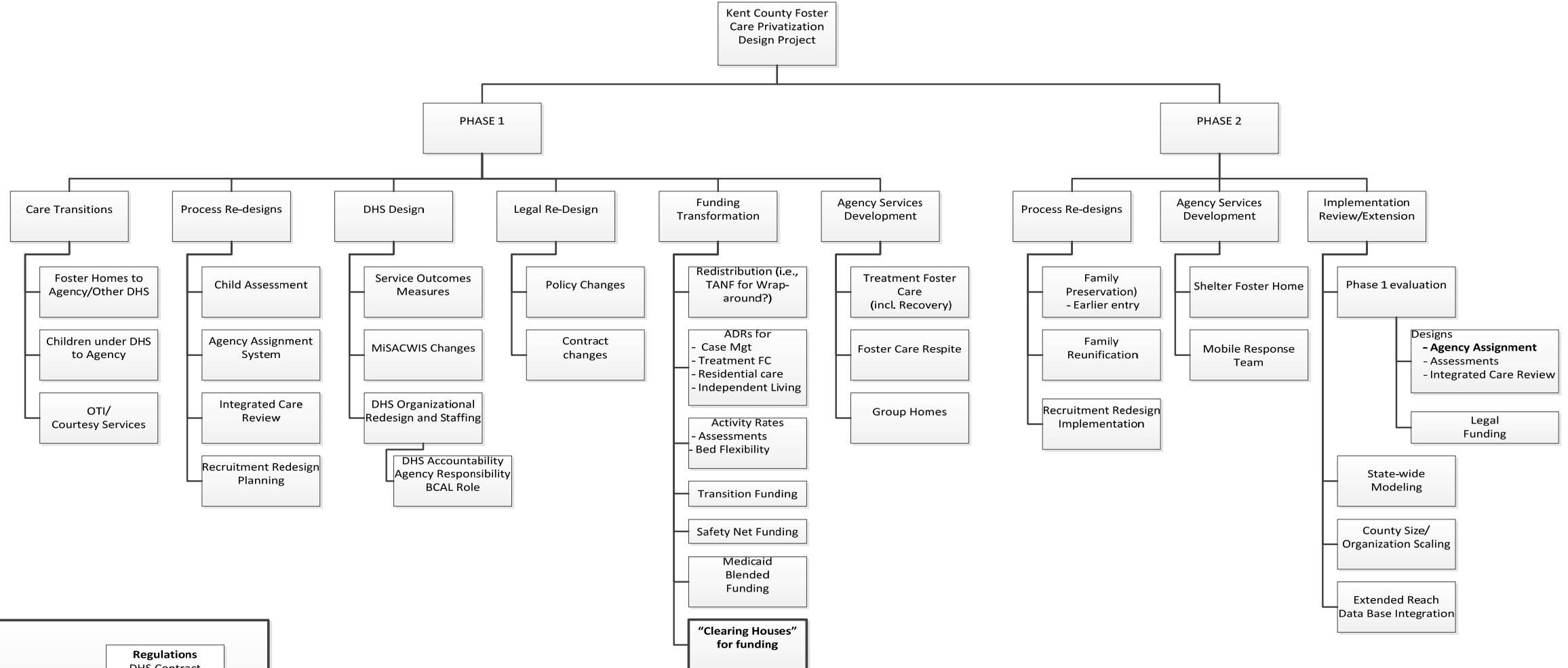
*Kent County Child Welfare 100% Purchase of Services
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General Issue	Current Method of Providing Service/Funding Model	Proposed Change(s)
		home care and/or prevention services.
<p>Care Management Entity (CME) – Many children in foster care have additional involvement with other public systems (i.e. – mental health, juvenile justice, special education). There is not a user friendly method to braid funding across systems to support the needs of a child.</p>	<p>Braided funding between Michigan Department of Community Health (DCH) and DHS to serve multiple system children occurs on a limited basis Severe Emotional Disturbance (SED) waiver, DHS incentive payment). Yet the case management portion of this can often be difficult because different POS agencies have contractual arrangements with these funders who have different rates.</p>	<p>The creation of a CME would permit local, state and federal funding (CCF, TANF, Medicaid, IV-E, Comprehensive Local Purchase Plan [CLPP], GF) to be combined more effectively with a singular case manager between systems. It would also allow for case rates which provide more community-based, flexible services to meet children’s unique needs. Residential and out-of-home savings can be redirected to prevention services.</p>

Attachment C – Work Breakdown Structure

DHS - 100% Foster Care Privatization
Work Breakdown Structure

Revised 06/24/13
Author: Jim Toth



Barriers

Regulations
 DHS Contract
 BCAL
 OCO
 MCL
 ICWA
 ICPC

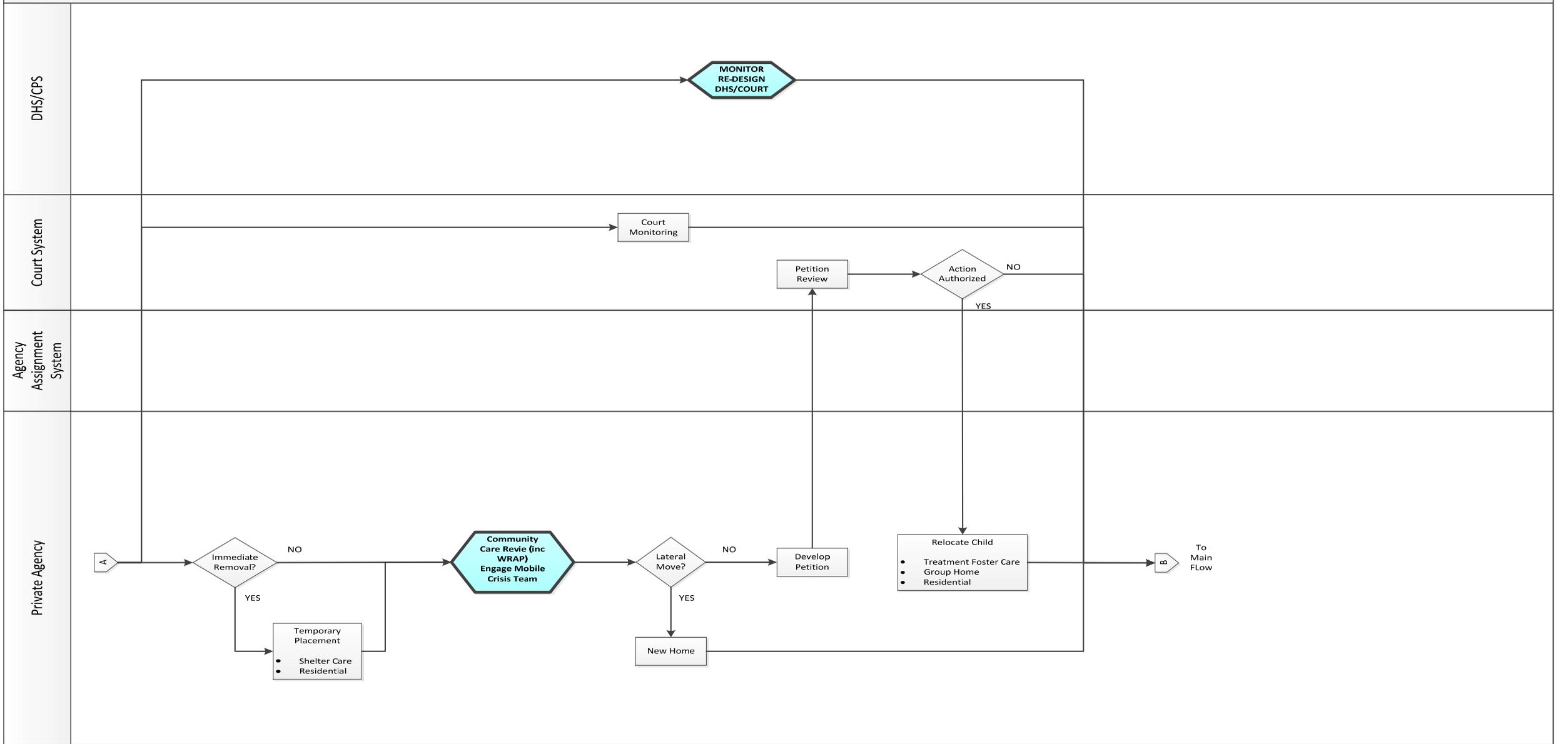
Scope Exclusions

MDCH-directed Medicaid PIHP Regionalization

Parent/agency agreement timing

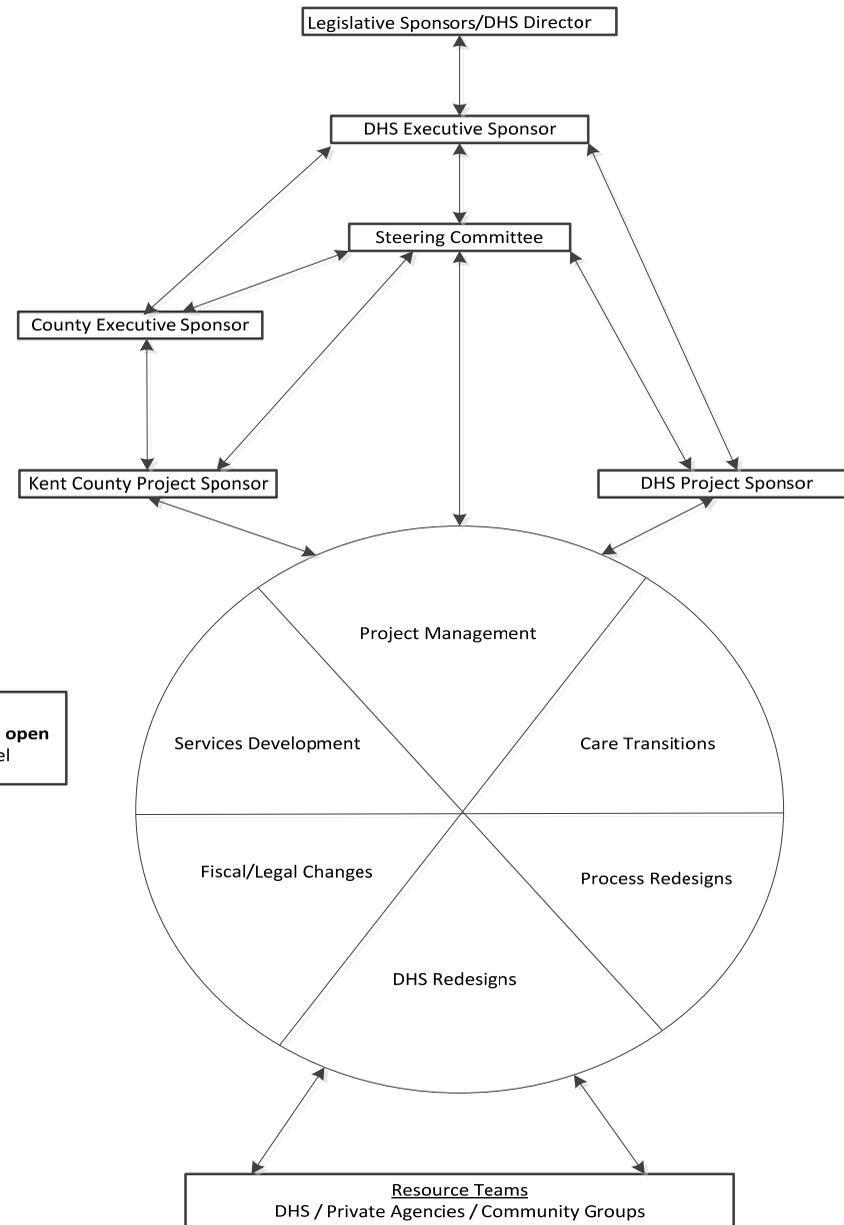
Lack of in-county psychiatric capacity

Guidelines for removing children



Attachment E - Project Organization Chart

Kent County
 Foster Care Purchase of Service
 Organization Structure
 06/30/13
 Author: Jim Toth

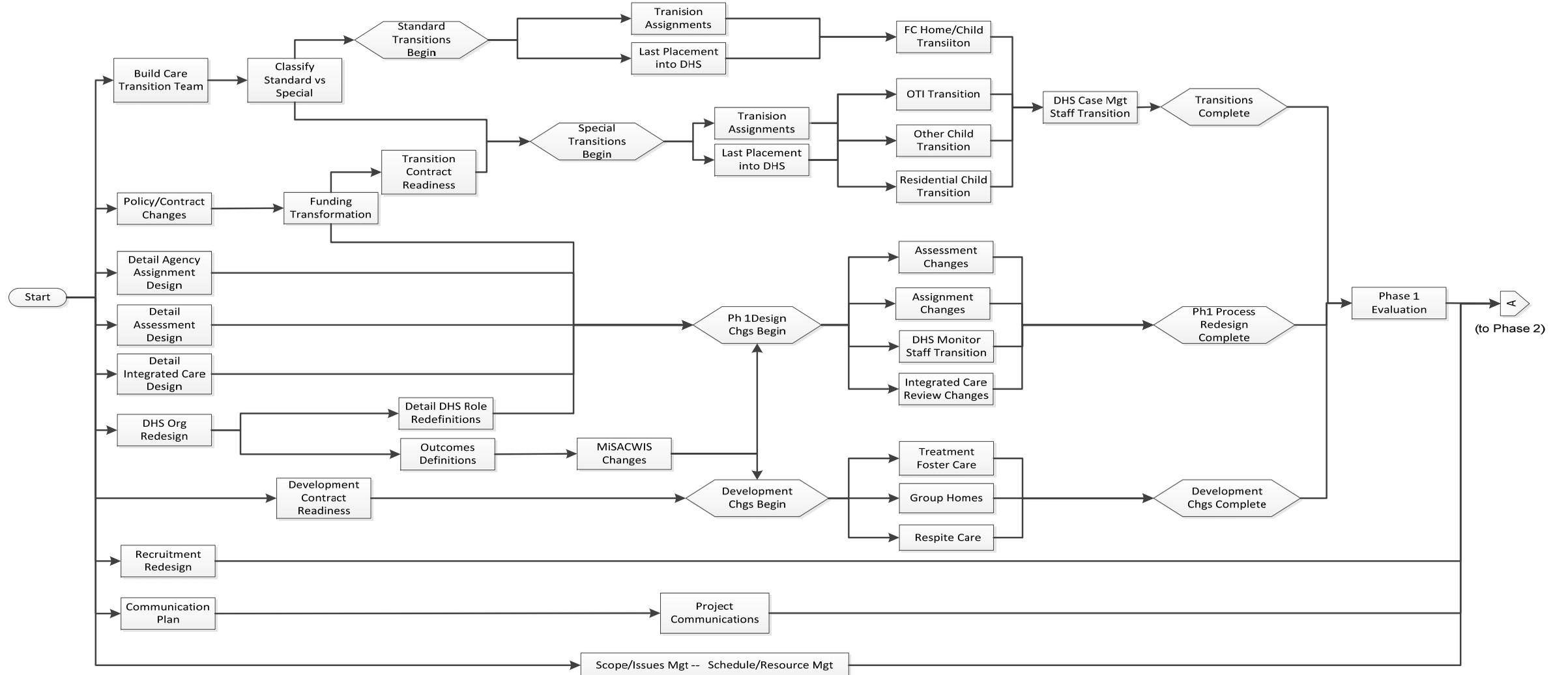


NOTE:
 Arrows to and from the Project "Wheel" implies **open access** to and from ALL Sections of the Wheel

Attachment F – Task Precedence (PERT) Chart

Kent County Foster Care Privatization PHASE 1 PERT Chart

Author: Jim Toth
Date 06/24/13



Kent County Foster Care Privatization
 PHASE 2
 PERT Chart

Author: Jim Toth
 Date 06/24/13

