

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES**

# **Project Plan**

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## **Evaluation of Michigan's Performance-Based Child Welfare System**

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**Prepared for:**

**The Michigan Department of Health and Human Services**

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# Evaluation of Michigan's Performance-Based Child Welfare System

Westat, the University of Michigan School of Social Work, and Chapin Hall at the University of Chicago are pleased to submit this Project Plan to work with the Michigan Department of Health and Human Services (MDHHS) as the State's Third-Party Evaluator for Performance-Based Child Welfare System (PBCWS) project for children in out-of-home foster care.

## 1. BACKGROUND

The Michigan Legislature through Public Act 59 of 2013, Section 503 (4), (5), convened a Task Force to determine the feasibility of establishing performance-based funding for all public and private child welfare service providers. The child welfare private network is currently comprised of more than 125 foster care placement agencies and child caring institutions. All foster care agencies are paid a fixed rate, while child caring institutions' rates vary depending on the provider and the particular program. The private network is responsible for all adoption services in the child welfare system and oversees about 47% of the children in foster care. MDHHS is the public agency responsible for the remainder of the children in foster care.

The current system's ability to effectively allocate resources, promote local innovation, create program efficiencies, and incentivize and assure accountability for achievement of performance standards is constrained by the following factors:

- Restrictions on how Federal funds are used;
- Inefficient and inequitable funding for case management and program delivery for public and private agencies;
- Funding and payment structures that do not incentivize desired outcomes for children and families; and,
- Performance indicators that are not clearly defined and universally agreed upon.

In the fall of 2013, MDHHS convened a Child Welfare Performance-Based Funding (CWPBF) Task Force that included representatives from MDHHS, private child placing agencies, private child caring institutions, and Michigan courts and county administrations. To determine the feasibility of such a performance-based model, the CWPBF Task Force and corresponding workgroups examined the following: prior attempts at similar models in Michigan and other states across the nation; the definition of the intended population subject to the model; a desired process-of-care to be used in the model; current and potential models, as well as any barriers encountered; and a set of outcome goals and indicators that would be used to determine success of service delivery. The CWPBF Task Force issued a final report and findings to MDHHS and Michigan Legislature in February 2014, which asserted that a performance-based funding model was feasible for successful implementation in a phased, integrated approach.

The model for performance-based funding envisioned by CWPBF Task Force would:

1. Adhere to the State's guiding principles in performing all child welfare practice.  
The indicator for readiness in this regard is that all public and private providers within a selected geographic area are determined to have completed at least initial implementation

of the State's enhanced Michigan Teaming, Engagement, Assessment and Mentoring (MiTEAM) Practice Model and Continuous Quality Improvement (CQI) activities.

2. Operate according to the defined process-of-care model for full case management and service delivery for out-of-home foster care cases (children and families). Children are assigned to a consortium subcontracted agency based upon a placement that has been identified to be in the best interest of the child. Full case management means that the lead entity is responsible for a case, from removal through post permanency, with no opportunity for rejecting the referral from MDHHS. The consortium, by and through its service providers, must provide all case management, placement and service delivery. The consortium will have a CEO with staff for its administration. Relative Placement Exception: If the initial placement is with a relative, that placement is generally determined by the public child welfare agency. In Kent County, all cases are managed by a private agency. In other counties, in most cases, the public child welfare agency provides the case management for children placed in unlicensed relative homes. Case management could transfer to a private agency once a relative becomes licensed. MDHHS Child Protective Services identifies the best relative placement. Michigan is working towards full licensures of all relative homes available for placement.
3. Use an independent, third-party evaluator throughout the course of development and implementation of the funding model.
4. Hold both public and private agencies accountable for ensuring that children and families served reach the same set of outcomes and performance indicators. Public and private child welfare agency progress will be measured using validated data and information from the Michigan Statewide Automated Child Welfare Information System (MiSACWIS) and other methods established from the State's continuous quality improvement system. Agency progress will be shared regularly with community stakeholders and broader public.
5. Develop and modify the funding and rate setting methodology by involving relevant stakeholders and the professional, expert services of an actuary.
6. Ensure a budgeting/funding model for the contracted case rate and public sector allocations that equitably:
  - a. Accommodates the distinctions presented when delivering services to the specific geographic area and the attributes of the populations served. For example, public and private agencies serving a smaller population, with limited service providers, in a large geographical area (like that in the Upper Peninsula) must be considered in budgeting resources, case rates, and appropriations;
  - b. Ensures the provision of funds necessary to meet the needs of children and families as assessed. A system must be established by provider network to allocate funds and manage risk, while ensuring the unique and complex needs of children and families are met;
  - c. Ensures the provision of funds necessary to provide a defined range or bundle of services for children and families who are in their care;
  - d. Includes a mechanism for the documentation of savings and reinvestment, including a detailed budget and spending plan as well as a plan for managing financial risk;
  - e. Creates flexible and integrated funding and resource allocation strategies from existing categorical fund sources such as Title IV-E, Title IV-B, Title XX, TANF, General Fund,

County Child Care Fund, and State Ward Board and Care to support a single, cohesive funding source necessary to support a case rate based approach.

Michigan's PBCWS will incentivize achievement of identified outcomes related to children placed in foster care. A pilot PBCWS project will be conducted in Kent County using a performance base case rate funding model. Additional PBCWS pilots may be considered in the future.

The PBCWS is expected to achieve incremental and sustained improvement on concrete measures of child safety, well-being, permanency, and satisfaction from the perspective of children and families served. In this system, children and families will experience universal, early, and comprehensive assessments of their strengths and needs and will be matched with services more timely than under current circumstances. Families will experience effective, evidence-based interventions and resolution of concerns. Children's physical and behavioral health needs will be met timely. Children will remain in their communities often and services applied in lesser restrictive placement settings. Families will experience quicker reunification and formal and informal supports to sustain progress following reunification. Children will not encounter excessive delays in permanency through reunification or adoption.

The implementation of the performance-based case rate funding model through MDHHS requires the fullest engagement and transparency across all invested stakeholders of MDHHS, the community agencies, the courts, counties, the Legislature, national experts in child welfare financing and programming, parent and child consumers, and members of the broader community. While the CWPBF Task Force's final report has many facets of a proposed model, a significant amount of research and development, as well as engagement with critical stakeholders and interested parties remains before initial implementation is possible. Since the original report, the Child Welfare Partnership Council (CWPC) has continued to meet to move the PBCWS project forward.

## **2. SCOPE**

This Project Plan details the scope, processes, and methodologies necessary to conduct a rigorous, comprehensive evaluation of the Michigan Department of Health and Human Services (MDHHS) Performance-Based Child Welfare System (PBCWS) project for children in out-of-home foster care.

### **2.1 Overview**

The evaluation team will monitor the PBCWS pilot throughout the 5 years of the evaluation contract, coordinated with the State's expanded Continuous Quality Improvement (CQI) efforts, activities, and reporting. The team will conduct regular assessments of the performance-based case rate funding model development and implementation in Kent County by performing the following evaluation processes: (1) develop and implement methodologies that accurately assess the performance-based case rate funding model, including monitoring the reliability and validity of the case rates used for private foster care service agencies, based on service population characteristics and needs; (2) develop and perform process and outcome evaluations to analyze performance indicators, outcomes, and model fidelity based on program data and system performance metrics; (3) develop and perform a cost study to assess the cost effectiveness of the performance-based case rate funding model; and (4) develop and implement a problem resolution strategy to identify and resolve problems throughout the project period. The evaluation design will include methodologies that adjust for factors that may bias conclusions, including confounding effects from other pilot projects or experimental social services activities that occur simultaneously to the performance-based case rate funding model implementation in Kent County or occur during the evaluation period in the comparison counties, and variations in costs or service delivery due to the ratio of public versus private cases or the type of administrative structure used to manage agencies involved in the evaluation.

### **2.2 Clarification on Scope**

The purpose of this evaluation is to rigorously test whether the PBCWS produces improved outcomes for children and families, is cost effective, and is implemented to allow for the effective allocation of resources to promote local service innovation, create service efficiencies, and incentivize service providing agencies to be accountable for achieving performance standards. As described, PBCWS includes the implementation of three interrelated components: (1) enhanced MiTEAM case practice model; (2) enhanced CQI activities; and (3) performance-based case rate contracting for out-of-home placement services. This plan covers the evaluation of the performance-based case rate contracting for out of home placement taking into consideration the effects of MiTEAM implementation and CQI activities.

At this time, Kent County private provider agencies are the only agencies implementing a variation of the third component (performance-based case rate contracting) of the PBCWS, operating under a consortium with a performance-based case rate funding model. We recognize that an exact match for a comparison site is not feasible; therefore, the evaluation team proposes to implement a matched comparison model design for this evaluation. This matched-

comparison study design will be used to detect changes in outcomes for those children and families receiving services under the performance-based case rate funding model before, during, and after full implementation compared to the outcomes of children and families receiving services under the State's customary contracted per diem contracting model ("services as usual") in a group of private provider agencies that have not implemented a performance-based case rate funding model. Specifically, the evaluation is designed to compare children/youth in Kent County placed and served under the performance-based case rate funding model to children/youth in the rest of the State placed and served by the private provider agencies under the "services as usual" per diem contracting model. The match criteria will include such characteristics as income, race, and rural vs. urban, but also organizational characteristics such as service area, array and availability; service population; agency type, size, and composition; the number of children and youth placed in each county, and historical performance.

The ability to detect changes due to implementation of a performance-based case rate funding model will be limited by the number of private provider agencies in the evaluation; if the evaluation is limited to only Kent County and one comparison area, then it will be difficult to assess what effects are due to the performance-based case rate funding model vs. other differences between the areas. Therefore, using a comparison group selected from the rest of the State in the outcome and cost studies provides a larger population with which to find appropriately matched children. Children in the comparison group will include only those children who were served and placed by a private agency under the standard master foster care agreement.

For the matched-comparison model, we will use propensity score matching to adjust for selection bias by comparing the outcomes of children and families with similar service patterns and characteristics in the performance-based contracting group to those in the non-performance-based contracting group. Similar service patterns and characteristics will include, for example, child and caregiver ages, identified risks and safety issues, family composition and size, number of children per family in placement, length of time in placement, maltreatment history, placement history, services received, and placement type.

The evaluation team believes a statewide comparison provides a better comparison group for both the outcome and cost studies. This will allow for more sophisticated outcome analyses (e.g., multilevel modeling) and larger sample sizes. The larger sample size will allow propensity-score matching between the children and families receiving services in Kent County and the children from the larger group of per diem based contracting areas based on similar characteristics, risks, and service histories; thus improving the accuracy of the outcome analyses. Propensity scores can be used to adjust for differences between groups based on the covariates chosen. Rosenbaum and Rubin (1983)<sup>1</sup> demonstrated that the use of propensity scores has the potential to eliminate or reduce any selection bias that arises due to the covariates chosen to create those scores. One of the strengths of using a propensity score

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<sup>1</sup> Rosenbaum, P. R. & Rubin, D. B. (1983). "The Central Role of the Propensity Score in Observational Studies for Causal Effects." *Biometrika*, 70 (1), 41-45. DOI: 10.2307/2335942. Stable URL: <http://www.jstor.org/stable/2335942>

vector is that it is calculated based on a wide number of background covariates, which are then ‘summarized’ into one overall scaler variable representing the estimated probability of being assigned to the intervention. This constructed scaler variable thus allows for a finer grained match or adjustment than would otherwise be possible by using just one or two covariates such as age or race for example. By this ad hoc technique, propensity scores used either as a weighted covariate or as a way to make a direct match have the ability to make groups for comparison analysis more statistically equivalent on the covariates chosen. The basis for causal inference thus becomes stronger than it would otherwise be because it can potentially approximate random assignment to treatment. It must be understood however that unobserved covariates that may contribute to bias will not be accounted for and omission of these variables can still lead to bias in propensity score estimation.<sup>2</sup> Nonetheless, by careful consideration of the covariates to be used, this danger can be minimized.

Because the outcome and cost studies will use administrative data, collecting data for the rest of the State’s children and families served by contracted private agency placements will not add significant additional costs to the evaluation budget.

The evaluation team will collect data for the process evaluation (interviews and focus groups) from agencies (public and private) in Kent County and in Ingham and Oakland Counties, the two per diem contract model comparison areas. The process study will examine the administration, including contract administration, policies and practices, staffing, and service barriers in each county.

The process team will use sampling methods for two process evaluation activities: interviews and focus groups, and participant satisfaction surveys. Interview and focus group participants will be selected in collaboration with MDHHS and local stakeholders, to include those individuals who are most likely to be able to provide information on areas of inquiry and who are available to do so. For example, rather than sample from all child welfare agency caseworkers (e.g., CPS, family preservation, foster care) for focus groups, the team will sample from foster care and adoption workers from all agencies (public and private) providing these services (including the child welfare and service providing agencies) because they are most likely to be affected by changes that result from implementation of performance-based contracting and can provide insight into the coordination of services and the placement alternatives available within each community. Stakeholders and other community service providers may also be interviewed to obtain information on the availability of supporting services or barriers to services to children and families in each of the areas.

To assess family satisfaction with services, a participant satisfaction survey will be administered to a randomly selected sample of families with foster youth placed by a private agency (those that are in care when the sample is drawn) stratified by length of time in care and type of placement, in Kent, Oakland, and Ingham Counties; the sample will be drawn from administrative data. Stratifying by length of time in care allows us to get the experiences of families across the time continuum (from those families with children that have been in care for years to those with children who have been in care for weeks or months). Stratifying by type of

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<sup>2</sup> Fan, X, & Nowell, D. L. (2011). “Using propensity score matching in educational research.” *Gifted Child Quarterly*, 55(1), 74-79.

placement allows us to obtain the varied experiences of the children by their placement level of care. Each time the sample is drawn, a list will be sent to the liaison in each area (Kent, Oakland, and Ingham Counties) who will be responsible for distributing surveys to those caseworkers who are assigned to the families in the sample. Those caseworkers, in turn, will be responsible for providing the survey to the families; families will be responsible for getting the survey to the Westat team via a postage-paid envelope. Families who decline to participate in data collection will be considered as “not consenting.”

Kent County is the only county implementing PBCWS. If in the future other counties begin implementation of PBCWS during this evaluation period, the evaluation team will provide a plan for the possibility of inclusion in the evaluation. The approach to the evaluation was developed based on our best understanding of the materials reviewed as part of our proposal submission, our experience conducting evaluations in Michigan, and our understanding of performance-based contracting in child welfare.

### **3. EVALUATION DESIGN**

#### **3.1 Methodology for the Evaluation**

##### **3.1.1 Underlying Logic for Assessing Implementation of the Performance-Based Case Rate Funding Model**

Despite the longstanding framework of “safety, permanency, and well-being” for measuring the child welfare system’s performance at the Federal, State, and local levels, child welfare agencies continue to struggle with how to measure the effectiveness of service delivery systems on these outcomes. Contributing to this struggle is the restrictions on how Federal, State, and County funds can be used to meet the service needs of foster care children and their families and caregivers. Michigan Department of Health and Human Services (MDHHS) is developing and implementing a continuum of care system to: (1) meet its mission to support children, youth, and families to reach their full potential; (2) advance its vision for child welfare professionals to show an unwavering commitment to partner with the families they serve to develop and implement trauma-informed services; and in doing so, (3) ensure children are safe, have permanent homes, and meet standards for well-being.

The purpose of this evaluation is to rigorously test whether the PBCWS produces improved outcomes for children and families, is cost effective, and allows for the effective allocation of resources to promote local service innovation, create service efficiencies, and incentivize service providing agencies to be accountable for achieving performance standards. As described, PBCWS includes the implementation of three interrelated components: (1) enhanced MiTEAM case practice model; (2) enhanced CQI activities; and (3) performance-based case rate contracting for out-of-home placement services.

Implementation of PBCWS at the local level is contingent upon a county completing training and at least the initial implementation of the first two components of the Strengthening Our Focus on Children and Families Approach (i.e., enhanced MiTEAM Practice Model and CQI activities).

In the MiTEAM model, service plans are developed and tailored to meet the individual child and family members’ needs. They are based on assessments of family and child functioning, parental capacity to care for children, and environmental and psychosocial stressors present in the family that are highly correlated with child abuse and neglect and the placement of children. Service plans include trauma-informed practices; continuous, ongoing assessments; and family team meetings that address goals directed toward safety, permanency, and well-being outcomes. Service plans also will include other evidence-based interventions offered within the service area, based on the needs of families served. In all cases, service plans are guided by the respectful inclusion of parents and caregivers in case planning and decision making, which helps to establish an effective and cooperative working relationship between families and other private and public entities involved in their case (e.g., public and private agency staff, service providers, courts, and advocates). Built into the MiTEAM model are CQI activities that are designed to ensure implementation is occurring as planned and performance indicators are being achieved on a timely basis.

In the performance-based case rate funding model, the third component of PBCWS, services in private agencies will include the full range of case management services for foster care and post-placement cases and funding will be based on agencies' performance-based contracts and the case rates established. The evaluation team will monitor and report on the development and implementation of the PBCWS project in Kent County.

The evaluation is needed to test whether a complete performance-based case rate service delivery system that includes enhanced MiTEAM practice model and CQI activities, will result in more efficient use of available funds to effectively provide services to foster care children and their families and caregivers and, ultimately, improve safety, permanency, and well-being outcomes.

### **3.1.2 Major Variables**

The goal of the PBCWS is to improve child and family safety, well-being, and functioning so that maltreatment is no longer a threat and children are safe in permanent homes with their biological family, a guardian, adoptive family, or as an adult, living on their own.

The evaluation team will develop methods to perform an outcome study to analyze indicators and outcome measures for safety, permanency, and well-being; develop and conduct a process evaluation to assess county-level implementation of the performance-based case rate funding model and qualitatively analyze how the administration of this model is effectually different from the administration of per diem contract models; conduct a participant satisfaction survey; and develop and implement a cost study to assess the cost effectiveness of child welfare service delivery systems.

The evaluation team will also implement a comprehensive process evaluation which will look at implementation of the performance-based case rate funding model in Kent County using multiple methods, including document reviews, analysis of administrative data, MiTEAM fidelity tool, and participant satisfaction surveys, along with interviews with State and local stakeholders and focus groups with child welfare agency staff (both public and private). With MDHHS recommendations, Oakland and Ingham were selected as the two comparison counties for this process study. More detail on the specific variables to be measured in the process evaluation is provided in Section 4.

The outcome study will evaluate safety by examining measures of maltreatment occurrence and recurrence and the reduction of the effects of trauma and risk behaviors in child welfare-involved families and children. The team is expected to evaluate child well-being by examining changes in multiple aspects of well-being in foster youth, including behavioral, emotional, social, cognitive, and academic functioning, and physical and mental health and development; however, child and family assessments have not yet been chosen by the consortium in Kent County. The evaluation team is waiting on the decision as to what assessment instruments will be used and how this data will be collected and available to the evaluators to measure these child well-being domains. The Structured Decision Making Safety and Risk Assessments (SAR) developed by National Council on Crime and Delinquency (NCCD) will be used in the interim as a proxy for child and family well-being indicators; however, this source falls short of the

evaluation expectations for examining all aspects of child and family well-being. If the State arranges for the team to have access to the school records and the Medicaid services provided to the children in care in Kent, Ingham, and Oakland Counties then these data will be used to evaluate child well-being, however, the Medicaid data will not be a complete source of the health and mental health issues for all children in care. Permanency outcomes will be evaluated using such indicators as length of time to permanency and placement stability. We will also investigate the rate of foster care reentry (for children that are reunified or adopted). More detail on specific variables to be included in the outcome study is provided in Section 5.

Finally, a rigorous cost study will use system-level cost data to examine expenditure patterns and track different revenue sources; individual-level cost data to report on the type, dosage, and costs of services provided and received; and cost-effectiveness substudies for each of the key outcomes identified in the outcome study. More details on the specific variables to be measured in the cost study are provided in Section 6.

### 3.1.3 Research Questions

Table 1 provides the research questions, the recommended measures, indicators, and outcomes to answer the research questions, the evaluation methodology, and the source of the data.

**Table 1. Research Questions, Measures, Methodology, and Sources**

Research Question	Outcome	Domain	Indicator	Method	Source
Does a performance-based case rate funding model improve the safety of children?	Children are safe from maltreatment	Safety	1. The children reported and investigated for maltreatment with a disposition of "preponderance of evidence" in a given period	The number of children who were subjects of a maltreatment investigation with a CAT I, II, or III (preponderance of evidence) disposition in the county/area divided by Total population of children ages 0 to 18 in the county/area.	MiSACWIS/ Census
			2. The children in foster care are safe from maltreatment during the period	The number of children with a subsequent CAT I, II, or III maltreatment disposition served by an agency in the current period divided by the number of children who were subjects of a CAT I, II, or III maltreatment investigation when assigned to an agency in the previous period.	MiSACWIS
			3. The children, who were maltreated in the previous period and who experience a subsequent maltreatment event with a disposition of "preponderance of evidence" in the current period	The number of children in foster care served by an agency that <b>did not</b> have a CAT I, II, or III maltreatment disposition this period divided by the number of children in foster care served by the agency in this period.	MiSACWIS
			4. The average length of time between maltreatment events for children experiencing maltreatment recurrence	The average length of time between maltreatment reports for children who were subjects of a CAT I, II, or III maltreatment disposition in the previous period and then have a subsequent CAT I, II, or III maltreatment disposition at •3 months; •6 months; and/or •12 months.	MiSACWIS
			5. Risk of maltreatment recidivism	Examine the role that race, gender, age, history of maltreatment, trauma, and other important covariates play in explaining recurrence of maltreatment.	

**Table 1. Research Questions, Measures, Methodology, and Sources (continued)**

Research Question	Outcome	Domain	Indicator	Method	Source
Does a performance-based case rate funding model improve the permanency of children?	Improve permanency for children in foster care	Placement in Out-of-Home Care	1. The children placed in foster care	The number of children who were placed in out-of-home care in the county/area divided by Total population of children ages 0 to 18 in the county/area.	MiSACWIS/ Census
		Permanency: Duration	1. The time children spend in foster care before exiting	The number of days children are in foster care prior to exiting to: • Reunification • Guardianship • Living with other relative • Adoption	MiSACWIS
		Permanency: Exit Type	1. The children who enter foster care and who exit to permanency	The number of children who exit foster care to: • Reunification • Guardianship • Living with other relative • Adoption divided by the number of children remaining in foster care.	MiSACWIS
		Permanency: Re-entry	1. The children who are discharged from foster care and whose cases have been closed/remain open, and who re-enter foster care within 6, 12, or 18 months after case closure	The number of children who re-entered foster care within: • 6 months • 12 months • 18 months divided by the number of children discharged from foster care.	MiSACWIS
			2. The children's risk of re-entry into foster care	Examine the role that race, gender, age, history of maltreatment, trauma, and other important covariates play in explaining the likelihood of achieving reunification and adoption.	

**Table 1. Research Questions, Measures, Methodology, and Sources (continued)**

Research Question	Outcome	Domain	Indicator	Method	Source
Does a performance-based case rate funding model improve the permanency of children? (continued)	Improve permanency for children in foster care (continued)	Permanency: Placement Stability	1. The children who experience two or more placement changes in a foster care episode	The proportion of children in foster care with two or more placement settings divided by the number of children in foster care.	MiSACWIS
			2. The children placed in each placement setting type during the current period	The proportion of children in the period in: <ul style="list-style-type: none"> <li>•Foster family homes</li> <li>•Therapeutic foster family homes</li> <li>•Foster group homes</li> <li>•Residential treatment facility</li> <li>•Child Caring Institution</li> <li>•Hospitals, divided by the number of children in foster care.</li> </ul>	MiSACWIS
			3. The placement setting changes over the length of stay in foster care	The proportion of children who experienced more than two placement setting changes by the number of months in foster care.	MiSACWIS
			4. For children in foster care with more than one placement setting, those that move to a less restrictive placement type, and those who move to a more restrictive placement type.	The number of children who move to a: <ul style="list-style-type: none"> <li>•Less restrictive placement setting; or</li> <li>•More restrictive placement setting</li> </ul> divided by the number of children in foster care placement.	MiSACWIS
		Permanency: Disrupted Adoptions	1. The children who enter foster care and are discharged to adoption, who do not re-enter foster care.	The number of children adopted who remain in their adoptive home for 2 years after adoption finalized divided by the number of children discharged to adoption.	MiSACWIS
		Permanency: Older Youth	1. The youth who enter foster care as adolescents who experience permanent exits	The number adolescents in foster care who exit to: <ul style="list-style-type: none"> <li>•Reunification</li> <li>•Guardianship</li> <li>•Relative Care</li> <li>•Adoption</li> </ul> divided by the number of adolescents remaining in foster care.	MiSACWIS
			2. The youth who enter foster care as adolescents and age out of foster care without independent living plans	The number of adolescents in foster care who age out of foster care without an independent living plan divided by the number of adolescents who exited foster care.	MiSACWIS

**Table 1. Research Questions, Measures, Methodology, and Sources (continued)**

Research Question	Outcome	Domain	Indicator	Method	Source
Does the performance-based case rate funding model improve the availability of foster and adoptive homes?	Sufficient foster care homes to meet the needs of children in foster care	Permanency: Resources	1. The available foster family homes to meet the needs of children who need a safe home	Compare the number and availability of beds in licensed foster and adoptive homes that match the needs of the children in foster and adoptive care compared to pre-PBCWS, non-PBCWS counties, and throughout implementation and transition to PBCWS.	Foster and Adoptive Home Certification and Licensing Database; SDM and child characteristics in MiSACWIS
			2. The available therapeutic foster homes to serve children with special treatment needs		
			3. The available licensed adoptive homes that meet the needs of children in need of a permanent home		
Does a performance-based case rate funding model improve the well-being of children and families?	Improved child and family well-being	Well-being: Family Functioning	1. Family improvement on safety and risk assessments is observable	Improved safety and risk assessment scores.	MiSACWIS/SAR
		Well-being: Physical Health	1. The children with an open case who maintain or improve physical/dental health care	The number of children in open cases who receive timely regular dental exams divided by the number of children in open cases.	MiSACWIS linked to Medicaid records/ Electronic Case Record Notes
			•Children in open cases receive timely and regular health exams •Children in open cases receive timely and regular dental exams	The number of children in open cases who receive timely and regular health exams divided by the number of children in open cases.	
		Well-being: Physical Health	2. The children entering foster care, who maintain or improve physical/dental health care:	The number of children entering foster care who receive timely regular dental exams divided by the number of children in open cases	
			•Children in foster care receive timely and regular health exams •Children in out-of-home care receive timely and regular dental exams.	The number of children entering foster care who receive timely and regular health exams divided by the number of children in open cases.	
		Well-being: Family Connections	1. The children entering foster care who are placed with their siblings	The number of children in foster care placed with their siblings divided by the number of children entering foster care with siblings	MiSACWIS
		Well-being: Education	1. The educational progress of children entering foster care	The number of children who show improvement in educational metrics:	Link Kent County administrative data system variables on education to the MiSACWIS data. Link education data from the education policy initiative at the Ford School <a href="http://www.edpolicy.umich.edu/">http://www.edpolicy.umich.edu/</a>
		•Enrollment in school •Attendance in school •Grade level	•Remain enrolled in school •Achieve excellent attendance records •Achieve and remain at grade level assignment •Achieve promotion to next grade level at end of school year		
Well-being: Social/ Emotional Functioning	1. The children entering foster care have observable change in SAR scores	The number of children in foster care who improve in observable SAR score assessment areas divided by the number of children in foster care.	MiSACWIS/SAR. <i>(When other assessments are chosen, the data will be added.)</i>		
	2. The children in foster care have regular access to therapeutic services	The number of children in foster care who receive the therapeutic services divided by the number of children in foster care who need therapeutic services.	Electronic Case Record/ Interviews with caseworkers, supervisors, and family satisfaction surveys.		

**Table 1. Research Questions, Measures, Methodology, and Sources (continued)**

Research Question	Outcome	Domain	Indicator	Method	Source
Have the county geographic areas selected for performance-based case rate funding model completed at least the initial implementation of MiTEAM Practice Model?	PBCWS practice maintains the agency's quality of care principals while effectively achieving agency goals and maintaining client and staff satisfaction	Systemic Factors: Quality of Care	1. Implementation of Enhanced MiTEAM practice model with fidelity. <ul style="list-style-type: none"> <li>•County/Area establishes implementation teams, implementation plans, and staff and stakeholder engagement</li> <li>•County/Area completes orientation training and coaching labs</li> <li>•Improved performance on a set of measures being developed for fidelity to the MiTEAM case practice model</li> <li>•Improved performance on Quality Services Reviews</li> </ul>	Observe: <ul style="list-style-type: none"> <li>•Implementation teams established</li> <li>•Implementation plans developed</li> <li>•Staff and stakeholders are engaged</li> <li>•The number of agency staff who have completed Orientation training and coaching labs</li> <li>•The number of caseworkers who achieve fidelity to the MiTEAM Practice Model</li> <li>•The number of supervisory units who have achieved model fidelity</li> <li>•The number of coaching labs held</li> <li>•The number of tailored peer coaching sessions</li> <li>•The number of program manager, manager, and supervisor meetings on performance of practice model</li> </ul>	CQI Reports/ Model Fidelity Instruments/ QSRs/ Interviews and Focus Groups with caseworkers, supervisors, managers, stakeholders
Does the county adhere to the State's guiding principles in performing child welfare practice?		Systemic Factor: CQI	1. Local area implementation of expanded CQI process: <ul style="list-style-type: none"> <li>•Community CQI process includes public and private agency staff, community groups, courts, and all stakeholders is ongoing</li> <li>•CQI Plan and Report is disseminated regularly to area stakeholders</li> </ul>	Observe: <ul style="list-style-type: none"> <li>•The CQI plans and report are shared with stakeholders regularly.</li> <li>•Impending changes in practice and policy resulting from CQI reports are shared and discussed with all staff, team members, the courts, community groups, and all other stakeholders.</li> </ul>	CQI Reports/ Model Fidelity Instruments/ QSRs/ Interviews and Focus Groups with caseworkers, supervisors, managers, stakeholders
What effect has the transition to performance-based case rate funding model had on expenditure patterns in the County/ Area?	PBCWS produces cost-effective, successful child and family outcomes	Cost effectiveness: System	1. Total program cost estimates produce precise case rates that will cover expenditures needed for all children referred in out-of-home care to receive full case management services from the child welfare entity to which they were referred, and any needed services identified to ensure stable transition into a permanent home. <p>Defined mechanisms for developing case rates for atypical cases with special treatment needs are developed.</p>	Examine and assess case rates applied to individual child and family equal the total program and service expenditures for full case management and the services needed by the child and family.	MDHHS fiscal resources, county child care fund (CCF) and fiscal data provided from WMPC -- individual-level data and available linking variables as well as aggregate expenditure data.
How are the various funding sources used by the County/Area to fund the full case management and services needed by the child and family?			2. Flexible and integrated funding and resource allocation strategies from existing categorical funding sources such as titles IV-E, IV-B, and XX, Medicaid, TANF, State general fund, County Child Care Fund, and State board and care to pay for the full cost of services needed by children in out-of-home care and their families to ensure stable transition into a permanent home.	Examine and assess the type, amounts, and costs of the services received by children referred for out-of-home services by funding type allocation in Kent County compared to those provided prior to the transition and to services provided concurrent with the transition to a matched cohort of children who have been served by a per diem private provider and who are receiving out-of-home services in all counties other than Kent County.	MDHHS fiscal resources, county child care fund (CCF) and fiscal data provided from WMPC - individual-level data and available linking variables as well as aggregate expenditure data.

**Table 1. Research Questions, Measures, Methodology, and Sources (continued)**

Research Question	Outcome	Domain	Indicator	Method	Source
Does the performance-based case rate funding structure allow for improved outcomes for children and their families?		Cost Effective-ness: Child and Family	1. Cost-effective child and family outcomes	Cost substudies will be conducted for each successful outcome identified by the outcome evaluation.	Outcome data and expenditures per case—MiSACWIS/MDHHS fiscal resources, county child care fund (CCF) and fiscal data provided from WMPC -- individual-level data and available linking variables as well as aggregate expenditure data.

### 3.1.4 Sampling Plan

The evaluation team will implement a matched comparison model design for this evaluation. This matched comparison design will be used to detect changes in outcomes for those children and families receiving services under the performance-based case rate funding model before, during, and after full implementation compared to the outcomes of children and families in a matched comparison group in counties that have not implemented a performance-based case rate funding model; those who receive services under the State’s customary public and private per diem contract model (“services as usual”). Our ability to detect changes in child outcomes due to the performance-based case rate funding model implementation will be limited by the number of counties in the evaluation. If the outcome and cost evaluations were limited to only Kent County and two comparison counties, then it would be difficult to assess what effects are due to performance-based case rate funding model versus other differences between the counties.

Oakland and Ingham Counties were identified by MDHHS as the best match for Kent County for the process evaluation. All three counties’ data, costs, administration, and processes will be analyzed in the evaluation.

The evaluation team will collect data for the process evaluation, as described in the process evaluation (Section 4). The process team will use sampling methods for two process evaluation activities: interviews and focus groups, and participant satisfaction surveys. Interview and focus group participants will be selected in collaboration with MDHHS and local stakeholders, to include those individuals who are most likely to be able to provide information on areas of inquiry and who are available to do so. For example, rather than sample from all child welfare agency caseworkers (e.g., CPS, family preservation, foster care) for focus groups, the team will sample only from foster care and adoption workers because they are most likely to be affected by changes that result from implementation of PBCWS. In addition, we will randomly select families to complete participant satisfaction surveys from families whose children are in the

foster care system in one of the three participating counties and have been served by a private providing agency; these families will be excluded only if they decline to participate.

For outcome measures that can be assessed using MiSACWIS data (or other administrative data available through county data management systems), sampling will not be necessary. The evaluation team will use all available outcome data for Kent County and all comparison counties. Data from county records will be used in a similar manner; that is, the team will use all available county record data from Kent, Ingham, and Oakland Counties. However, because administrative data are available for the evaluation, the team will include a larger matched comparison group from all counties in the State in performing outcome and cost analyses to obtain a more robust comparison. As noted previously, in Section 3, Scope, the evaluation team has designed the outcome and cost evaluations to include Kent County and a comparison group of children and families using propensity score matching methodology. The children and families selected in the comparison group will be matched to children and families in Kent County on such important characteristics as income, race, ages, and rural vs. urban, but also on organizational characteristics such as service area, array and availability; service population; agency size and composition; and number of children and youth in care.

### **3.1.5 Data Sources**

The following will be used as data sources in either the process or outcome evaluation or in both, taking into consideration the reliability and validity of each one: MiSACWIS, including case notes; county and agency data systems; case monitoring data (e.g. supervisory notations, monitoring reports from MindShare, and MiSACWIS indicator and outcome data including data collected by State caseworkers, supervisors, directors, as well as by private provider workers/supervisors/directors and by CQI local and State teams); Quality Service Review (QSR) team performance measures; safety, risk, trauma, and family assessments; Family Team Meeting documentation; service plans; CQI and QSR reports; relevant State and local documents; participant satisfaction surveys; and State and local stakeholder interviews and focus groups. We are also currently working with MDHHS regarding access to and using the existing MiTEAM fidelity checklist data in the process evaluation, which would meet our needs for assessing fidelity to the MiTEAM model across the three counties.

Data sources for the cost study are the administrative financial records at the MDHHS State office. If we find there is a need to access county level financial records at the county offices, we will seek data sharing authorization and provide detailed variables lists with justifications for the need.

The WMPC in Kent County purchased Mindshare Technology, to support them to monitor case work decisions, risk and safety factors, and outcomes for children in the care and custody of the Kent County consortium. Mindshare will interoperate with MiSACWIS to make relevant data available to the consortium and its service providing agencies to improve accountability for children in placement in Kent County. Based on discussions with consortium members, data from Mindshare will be routinely processed and made available at case management and other case monitoring meetings to ensure cases are progressing as planned. The WMPC will be hiring and training staff to utilize Mindshare for data-driven decision making. The evaluation

team will monitor and utilize reports produced from Mindshare in both the process and outcome studies, as appropriate.

Based on our experience as evaluators, but more important as data collectors in Michigan, the evaluation team is well aware of the limitations of these data sources. The team will carefully evaluate all data sources for accuracy, completeness, reliability, and validity and work to resolve any issues found, if they threaten the integrity of findings, remove them from the analysis or use them, but explain any potential bias that might result. For example, if there are large amounts of data missing from a particular source and imputation is determined appropriate for the planned analysis, the team will carefully explain imputation methods and their impact of findings in reports and other publications.

### **3.1.6 Data Collection Procedures**

Details on data collection procedures for the process, outcome, and cost studies are provided in the respective sections of this project plan (Section 4, 5, and 6). The process study plan has been submitted to Westat's IRB for review and approval. The outcome study plan will be submitted to the University of Michigan Health Sciences and Behavioral Sciences Institutional Review Board (IRB-HSBS) for review and approval. The cost study plan will be submitted to Chapin Hall Center for Youth at the University of Chicago, Social Service Administration/Chapin Hall Institutional Review Board for review and approval. The Institutional Review Boards' approval of research activities at the various institutions will insure that data collection processes and procedures meet all guidelines for human subjects' research.

Westat, the University of Michigan School of Social Work, and Chapin Hall at the University of Chicago will individually obtain data sharing agreements with MDHHS. Administrative data will be gathered, to the extent possible, at the State, county, and local levels (e.g., agency-level data systems). The administrative data variables required for this evaluation will be detailed in specifications outlined in a request for data. (Preliminary data elements needed for study list is included in Appendix E.) The evaluation team will need to be able to identify cases and children served by agency type and name, public versus private. These data elements will be accessed through data sharing and consent agreements, when necessary. The evaluation team will work with MDHHS to obtain a data-sharing agreements to accommodate the data collection needs of the different elements of the evaluation. This will expedite our ability to access MiSACWIS data for use in the evaluation. Process, outcome, and cost data will also be collected via State and local documents, State and local telephone and on-site interviews and focus groups, MiTEAM fidelity checklists (if access to the data is permitted by MDHHS), and participant satisfaction surveys. The Data Lab is currently working to secure education data and Medicaid claims data as well; these data will be used to measure well-being.

Ethical considerations, including respect for persons, and the privacy of children and families are important factors to consider in an evaluation like this one, where linking data across secure sources poses some risk to confidentiality. As evaluators with experience working with multiple administrative datasets, the evaluation team knows what restrictions apply and how to gain access to such data in ethical and secure ways. Gaining access to confidential medical records, educational, and/or administrative data covered by Health Insurance Portability and

Accountability Act (HIPAA) laws are especially sensitive and require strict confidentiality safeguards. Data storage capability and data security practices are critical to protect personally identifiable information. When linking case-level data across multiple sectors, multiple laws and regulations must be considered, including HIPAA, the Family Educational Rights and Privacy Act, and Confidentiality of Alcohol and Drug Abuse Patient Records law of 1972 (24).

It is the evaluation team's plan to access all client level data without the need for personally identifiable information, and thus, rely solely on the MiSACWIS or other administrative systems' Case ID, wherever possible. Where analysis results in small cell results at the county level, we will eliminate identifiable characteristics and information from the analyses.

Westat, the University of Michigan School of Social Work, and Chapin Hall are committed to and experienced in protecting the integrity, security, and confidentiality of administrative and survey data. The evaluation team will implement these procedures with all data accessed as part of the evaluation. Westat's security policies, procedures, and controls conform to National Institute of Standards and Technology guidelines and our computer systems comply with the Federal Information Security Management Act "moderate" security level guidelines. The evaluation team partners will adhere to all security and confidentiality laws, regulations, and codes required by the State of Michigan.

### **3.1.7 Major Data Analyses**

Our data analysis plans for the process, outcome, and cost studies are presented in detail in those sections of this Project Plan (Section 4, 5, and 6, respectively). As presented, the evaluation team will use various statistical techniques, appropriate to the research questions and methods proposed for each study. The specific techniques used may need to be modified depending on limitations of data or if other unexpected issues arise.

The process evaluation will assess the implementation of the performance-based case rate funding model and assess the per diem contract models using qualitative and quantitative methods. The analysis of quantitative process data will focus on describing, summarizing, and comparing data sources within and across the participating counties (Kent, Oakland and Ingham Counties) using descriptive statistics (e.g., frequencies, percentages, ratios, and ranges). This will help identify the main features of the data and discern any patterns in the results. Data will be further explored by disaggregating them across different variables and subcategories of variables, using crosstabulations (crosstabs). The team may also use correlations to describe the nature of relationships between two variables. Correlations can be used to demonstrate that a relationship or pattern exists, but cannot be used to infer any causal relationship.

Qualitative process evaluation data will be analyzed using an iterative approach; that is, there will be several key steps that build upon each other from transcribing interviews to coding and interpreting the data. The first step in the process will be to transcribe the audiotapes into text documents that will be uploaded into NVivo, a state-of-the-art qualitative analysis software package that includes a variety of search tools to scan and code text. The next step will be to read through the transcripts to identify and code key themes that emerge from the data and logically group them accordingly. Once themes are identified, the next step is to develop codes

or subthemes for each major theme (or grouping). Once the coding scheme has been tested, it will be applied to the full dataset. To expedite the entry, organization, management, and analysis of the data, our experienced process evaluation analysis team will use NVivo.

Administrative outcome data will be analyzed using a variety of statistical techniques to examine changes in child and family outcomes (i.e., safety, permanency, and well-being), comparing Kent County to similar youth from comparison counties over time. In particular, the evaluation team will use sophisticated multivariate regression models, controlling for important child and system level characteristics that might bias estimates. Linear regression models will be used to analyze continuous outcome measures, categorical logistic regression techniques will be used to analyze categorical outcome measures (e.g., children who achieve permanency within 1 year), and survival analysis will be used to analyze time-to-event outcomes (e.g., time in out-of-home care). Regression predictors that are related to outcomes will be included in our statistical models to reduce bias in our assessment of differences between Kent County and comparison counties.

Cost data will also be analyzed using a variety of complex statistical techniques to examine the following: (1) change in expenditures over time in Kent County and comparison counties; (2) resources developed and used to implement the performance-based case rate funding model; (3) cost comparisons of key elements of services at the child level; and (4) cost-benefit and cost effectiveness of performance-based case rate funding model as compared to the per diem contract model “services as usual.”

In combination, these analyses will produce findings that inform every aspect of this project, including whether the performance-based case rate funding model improves cost and service efficiency and results in improvements in safety, permanency, and well-being over and above those found in comparison counties or a group of comparable children and families in the State.

## **3.2 Problem Resolution**

### **3.2.1 Possible Confounding Affects**

The evaluation team will address in detail possible confounding effects from other pilot projects or experimental social services activities, if any, running concurrently with the PBCWS Project evaluation. In the past few years, MDHHS has introduced several initiatives focused on improving its child welfare system, as outlined in its 2014 final report, Child Welfare Performance-Based Funding. As such, the evaluation team expects there will be some improvement activities or initiatives other than the performance-based case rate funding model taking place in Kent County. For example, MiTEAM will be implemented in Kent, Ingham and Oakland Counties. How these other activities or initiatives affect performance-based case rate funding model implementation or outcomes depends on such factors as when these activities were introduced and for how long they have been going on and whether they were modified to accommodate the introduction of the performance-based case rate model. The analyses will use statistical techniques to account for these activities to minimize any confounding effects.

While the evaluation team is aware of some of the current initiatives and pilot programs in the State, the team will need a complete list for Kent, Ingham and Oakland Counties, and other State initiatives that affect all counties.

The PBCWS Project includes three components: (1) enhanced MiTEAM case practice; (2) expanded CQI activities; and (3) performance-based case rate contracting. Because MDHHS requires that counties are trained in and have begun to implement enhanced MiTEAM and expanded CQI activities before it can qualify for participation in a PBCWS, the expectation is that Kent County, at a minimum, will have met these criteria by the time the performance-based case rate funding model is implemented. In addition, because the MiTEAM practice model was developed to guide the manner in which all Michigan child welfare agencies engage and partner with families to achieve outcomes of interest, the expectation is that all three counties will be implementing the enhanced MiTEAM practice model by October 2017, when Kent County begins to implement the performance-based case rate funding model. MiTEAM fidelity tool data (if available) and interviews and focus groups will allow us to understand how the model is operationalized in each county and the extent to which it improves outcomes of interest. For example, even though staff in all three counties will receive the same MiTEAM training, how they implement the model in their day-to-day work might be influenced by such factors as, for example, the number of youth in care, the number of cases each caseworker is assigned, and the number and quality of service providing agencies available to serve youth and their families. These factors might differ across the three counties and affect implementation of the MiTEAM model in ways that affect the outcomes we see across the counties.

The evaluation team also understands that Kent County transitioned to 100% Purchase of Service (POS) of its child welfare services in October 2014. The ability to evaluate the effects of the performance-based case rate funding model (and the change to 100% POS) separate from those associated with implementation of MiTEAM and CQI depend on when and how successfully these activities are introduced in Kent County. Kent County introduced MiTEAM and CQI in May 2015, approximately two years prior to implementation of the performance-

based case rate funding model, and the county is still working through the implementation challenges. Due to the delay of full performance-based case rate funding model implementation until late October 2017, the effect of performance-based case rate contracting most likely can be evaluated separately from other changes. However, if those implementations occurred close enough together, we might only be able to draw conclusions about the effect of all changes combined. If additional counties are added during the evaluation period, we recommend that, where practical, enhanced MiTEAM and expanded CQI are introduced as early as possible, before counties begin using performance-based case rate contracting. Doing so will minimize confounding effects and allow effects to be estimated separately, for each component of the model. Similarly, when selecting Oakland County and Ingham County, the expectation is that they are not implementing performance-based case rate contracting, so that the evaluation team can examine the differences between a county implementing it and one that is not.

Care must also be taken to ensure that the predictors and outcomes used in any analyses across time are not affected by the rollout of MiSACWIS. If certain data elements were redefined or are used by a greater proportion of caseworkers after full MiSACWIS implementation, any analysis of trends including pre-MiSACWIS time points would be confounded with the effects of such changes. For affected predictors or outcomes, analysis across time should use only post-MiSACWIS data points, and analysis using comparison counties should account for potential bias. To the extent that changes are implemented incrementally, the team may construct a measure of the extent of changes of MiSACWIS over time.

### **3.2.2 Variations in Pilot Counties**

As noted, Kent County is unique in that it is the only Michigan county to move to a 100% POS model. Discussion of analyses involving Kent County must be careful to state that Kent County is not representative of most other Michigan counties, and while results from Kent County may inform the implementation of performance-based case rate funding models in other counties, they are not directly generalizable to Michigan as a whole. Because the goal is to evaluate the performance-based case rate funding model rather than the 100% POS model, it may make sense to use a collection of private agencies from Oakland and Ingham Counties (or several other counties) for comparison to Kent County.

In general, analyses comparing trends across time in Kent County and Oakland and Ingham Counties, or a matched comparison group from all counties, will need to account for any substantial changes in the mix of public and private agencies, across time. One way to manage this is to include “percent private cases” and “type of model” (non-consortium vs. consortium) as county-level covariates in the analyses. When comparing counties, it is important to consider the mix of public and private agencies in it as well as the type of model agencies use. Kent County is using the consortium model. To assess differences in outcomes between Kent and Oakland and Ingham Counties, we will address the differences in administrative models in all three counties.

### **3.3 Evaluation Reporting and Milestones**

The evaluation team will routinely and on a regular schedule provide quarterly and annual reports that include progress and measurements of success on each of the above evaluation processes. These reports will provide a summary of the project to date, descriptions of work and tasks performed, work and tasks to be performed, and any problems or issues that were resolved or still need to be addressed and possible resolutions. The team will prepare two interim reports that will summarize evaluation findings to date. The final evaluation report will integrate the process, outcomes, and cost analysis studies and will assess the strengths and weakness of the PBCWS Project and make recommendations for expansion of a PBCWS to additional counties. Presentations of findings will be prepared and presented to entities, legislative bodies, and organizations determined and selected by the Michigan program manager for this evaluation project.

The PBCWS Project Evaluation Work Plan can be found in Appendix A, the Milestones chart in Appendix B, and the Reports and Deliverables Schedule in Appendix D. This final Evaluation Project Plan includes the major tasks and deliverables required to complete each of the major evaluation components: Section 4, Process Evaluation, Section 5, Outcome Evaluation, and Section 6, Cost Evaluations. In addition, this final Evaluation Project Plan provides the staff assigned to each task, Staffing Chart, Appendix C.

## 4. PROCESS EVALUATION

### 4.1 Overview

The PBCWS Project seeks to improve outcomes for child welfare-involved children and families through implementation of a performance-based case rate funding model and accountability system for children in out-of-home care. The process evaluation will examine how the PBCWS project is being implemented in Kent County, including examining and documenting policies and procedures that have been put in place around service provision, CQI, and a performance-based case rate funding model; the service delivery system (e.g., types and array of services available and provided); contextual factors affecting implementation and change; barriers encountered during implementation; and client satisfaction with services. It will also assess implementation fidelity for services delivered as part of Kent's PBCWS Project (e.g., MiTEAM). These evaluation components will also be assessed in Ingham and Oakland counties, as they have agreed to serve as comparison sites. The process evaluation will ultimately allow Michigan Department of Health and Human Services (MDHHS) to determine the extent to which the performance-based case rate funding model is implemented with fidelity and linked to outcomes of interest.

The implementation of the performance-based case rate funding model in Kent County is expected to begin on October 1, 2017. The evaluation will collect retrospective data in the spring prior to the implementation date in order to establish a baseline for the evaluation outcomes.

The PBCWS Project is being implemented using a phased-in approach. As such, it will allow time to build the capacity of Kent County to implement the performance-based case rate funding model effectively and identify barriers to implementation – and means to resolve them - early on. While this approach may take more time to fully implement, it allows Kent County to successfully achieve project-specific milestones before moving onto the next phase of the project, increasing the likelihood of success across implementation phases (planning, development, and initial and full implementation). This also gives the evaluation team time to work with the comparison counties on the process evaluation plan and make important decisions about, for example, which services and clients to target for data collection activities.

The evaluation team will take a collaborative approach to the process evaluation. This approach helps to foster working relationships between project stakeholders and the evaluation team and build a foundation on which evaluation activities can commence. To facilitate this collaboration, the process evaluation team will work in tandem with MDHHS and other State stakeholders, members of relevant State and local implementation teams, and private and public agency staff to refine and implement data collection plans. To facilitate collaboration, the team will work closely with MDHHS and local MDHHS office staff to identify *evaluation liaisons* in Kent, Oakland, and Ingham Counties to help facilitate and coordinate data collection activities at the local level. At this time, the public child welfare agency directors in all three counties have agreed to serve as the initial contact point. Once the evaluation team representative has reached out to them to start discussions about data collection plans, directors will then be asked

to appoint someone to serve as a liaison, helping to plan and implement data collection activities.

The evaluation team has started to work with Kent County to develop its theory of change and logic model. This work is expected to be complete by early January 2017.

## **4.2. Data Collection**

The process evaluation is designed to explore the extent to which Kent County implements the performance-based case rate funding model, as intended, and the degree to which it achieves outcomes of interest, when evaluated against two comparison counties (Ingham and Oakland). To address the questions of interest to MDHHS, the process evaluation team will implement a mixed-method design that includes the collection of quantitative and qualitative data from a variety of sources. Because this evaluation is designed to compare the effectiveness of the performance-based case rate funding model to “services as usual” (i.e., the per diem rate), the team will collect comparison data from Oakland and Ingham Counties taking into account differences in population and organizational characteristics, and the number of children and youth in care in each county. The process study team will prepare a data collection timeline that shows when each data collection activity will take place in the counties across the five-year evaluation period. This timeline will be completed after the initial conference calls and process site visits as we learn what activities need to be targeted in each county and when it’s best to collect data about them. County staff will be integral in outlining the activities that need to be evaluated. We intend to begin our work with the comparison counties, in particular, in early January 2017 to begin to understand what activities to target and when.

The process evaluation team will collect data from a variety of respondents, using a number of data collection methods (i.e., document review, interviews and focus groups, client satisfaction surveys, fidelity measures, and administrative data), as presented in Table 2. This approach provides a thorough overview of PBCWS Project planning and implementation from a number of perspectives and will facilitate documentation of implementation, including modifications and adaptations of the performance-based case rate funding model, should they occur. This approach will also allow the evaluation team to triangulate the data, thereby increasing confidence in the validity of findings. Together these data will allow us to fully describe implementation with more confidence than if the evaluation relied only on one or two assessment methods.

To fully understand implementation of the performance-based case rate funding model in Kent County, and make appropriate assessments of Ingham and Oakland Counties, the process evaluation will examine the following key topics in the three counties:

- Key aspects of the planning process, including formal needs assessment, asset mapping, or assessments of community readiness in Kent, Oakland and Ingham counties, the team will examine any needs assessment or asset mapping activities that were recently completed.
- Key organizational features of child serving organizations, including administrative and staff structures and funding committed to services for foster youth and families;

- Key features of service delivery systems, including procedures for determining eligibility, referring families for services, the array of services available, the number of children/families served, and the type and duration of services provided;
- The relationship between the child welfare agencies and court system, and the role of the courts in service assessment and delivery,
- Key contextual factors (social, economic, political) that may affect implementation or replication of the PBCWS Project, including the implementation of other child welfare projects during performance-based case rate funding model implementation or rollout; in Oakland and Ingham, the team will examine the nature and extent to which other child welfare projects impact “services as usual;”
- Degree to which services (both performance-based case rate funding model and “services as usual”) are implemented with fidelity;
- Nature of (experience, education, characteristics) and extent to which (e.g., training received) agency staff are involved in implementation of services;
- Barriers encountered during implementation and steps taken to address these barriers; in Oakland and Ingham, the team will examine barriers to implementing “services as usual” and steps taken to address these barriers;
- Lessons learned during implementation including change management activities;
- Degree to which program participants are satisfied with programs and services delivered.

**Data Collection Methods.** Table 2 summarizes the process study topics and data collection activities that the evaluation team will use to document the performance-based case rate funding model implementation in Kent County and “services as usual” in Oakland and Ingham Counties. The evaluation team will coordinate all data collection activities, to the extent possible, with the evaluation liaison assigned to each county. In addition, if requested, data collection materials (e.g., checklists, surveys, interview protocols) will be submitted to MDHHS for review and approval prior to submitting them to MDHHS’s IRB.

**Table 2: Process Evaluation Topics and Data Collection Activities**

Activity	Data Collection Methods					
	Document review	Administrative data	State stakeholder interviews	Local staff and stakeholder interviews and focus groups	Participant satisfaction survey	MiTEAM Fidelity Checklist
Examine and document planning process for the PBCWS project, including formal needs assessments, asset mapping or assessments of community readiness.	X		X	X		
Examine and document the organizational aspects of the evaluation project sites, such as staff structure, funding committed, administrative structures, and project implementation, including ongoing monitoring, oversight and problem resolution at various organization levels	X			X		X
Examine and document the service delivery system, including procedures for determining eligibility, referring families for services, the array of services available, the number of children/families served, and the type and duration of services provided	X			X		X
Examine and document the role of the courts and the relationship between child welfare agencies and court system, including any efforts to jointly plan and implement the PBCWS project.	X			X		
Examine and document contextual factors, such as the social, economic and political forces that may have a bearing on the ability to replicate the performance-based case rate funding model or influence its implementation or effectiveness	X		X	X		X
Identify possible confounding effects of system change efforts or other child welfare projects that were implemented during the project rollout		X	X	X		X
Examine and document the degree to which services are implemented with fidelity.				X	X	X
Examine and document the number and type of staff involved in implementation including the training they received, as well as their experience, education and characteristics.				X		X
Examine and document the barriers encountered during implementation, the steps taken to address these barriers, and any lessons learned during implementation including change management activities.			X	X	X	X
Document the degree to which program participants were satisfied with programs and services (e.g., MiTEAM case practice model and services received as part of case plan).				X	X	

### 4.3 Quantitative Data Sources

The process evaluation team will collect four primary sources of quantitative data: (1) relevant documents; (2) administrative data; (3) participant satisfaction surveys; and (4) MiTEAM fidelity information. These are described in the following sections.

#### **Document Reviews.**

The evaluation team will conduct reviews of relevant documents. Specifically, the team will identify key sources of extant data at the State and local levels that can be used to both inform the key topics, presented above, and provide a larger context for how the State and Kent implement the performance-based case rate funding model. These types of documents are an important source of data, as they provide descriptive information on critical aspects of the project.

**State-level documents.** The team will ask State stakeholders to provide us with documents that describe the history of the initiative, as well as those that describe key policies and programmatic guidelines around the performance-based case rate funding model, including, for example, how the State defines “performance-based case rate contracting” and how the case rates are established, and what key elements are required in order for the establishment of this funding model to be successful. Requests for Proposals and Contracts will also provide important information about how the State expects Kent County to implement the performance-based case rate funding model and what activities are expected across the implementation phases. The team will also look to State documents to describe “services as usual,” which the team expects to assess in Oakland and Ingham Counties.

**Local-level documents.** The evaluation team will ask local child welfare stakeholders in Kent, Oakland, and Ingham Counties to provide them with such key documents as grant applications, relevant policies and procedures, meeting minutes (for relevant and important meetings), progress reports, program manuals, evaluation plans, and documents that describe the methods by which they serve children and families. In Kent County, these documents will describe the manner in which they intend to implement the performance-based case rate funding model and provide services to children and families under it; whereas in Oakland and Ingham, documents will provide a context for how they currently serve children and families (i.e., “services as usual”). The process team will ask that these documents be sent electronically or via postal mail to the Westat office and reviewed and filed there. Additionally, State and local stakeholders will be asked to identify other key policy, procedural, and management documents for review. The process evaluation team will begin to collect this information in January 2017 and then collect any new or updated documentation at the start of each subsequent project year.

To systematically organize and review documents, the team will develop a document review template that will include some combination of check-off or fill-in items that will be coded as part of the larger analysis. Items will be targeted around such key concepts and activities as local policies, specific programs and activities implemented, and planned versus actual activities, as well as such contextual factors as agency size and location (e.g., urban or rural) and service

population composition (e.g., size, and race and ethnicity). In addition, the template will include an open-ended “notes” section into which reviewers can provide information to help clarify ratings or add context to them.

**Administrative Data.** Administrative data will be used primarily to assess the service delivery system and related outcomes in the counties; specifically, the nature and extent of services being provided to families as part of the performance-based case rate funding model, or for Oakland and Ingham, as part of “services as usual.” The team will gather such service information as eligibility criteria and referral mechanisms; number and types of assessments completed before, during, and after service delivery; the array of services available, including the type, duration, and frequency of services; the number of caseworker visits and family team meetings; and the number of families referred and served (i.e., those that complete the service to which they were referred). The team will also gather information about staff, including training, experience and education; number of cases assigned; types of referrals made; and case closures. These data will be used in the process evaluation to help describe the manner in which services are delivered; they will also be linked to data in the outcome study to explain the relationship between services and outcomes of interest.

These data will be gathered and managed by our Principal Investigator, Dr. Joseph Ryan, who, along with the evaluation team, will follow strict procedures to ensure the security and confidentiality of electronic records sent to or collected by the evaluation team. The team expects to gather some of this information from MiSACWIS, in particular, from the case notes section of the database; however, based on experience, the team knows that these data may be incomplete or of limited quality. Having experience working with administrative data and, importantly, in Michigan, a realistic timeframe for collecting these data is every 6 months. To this end, if there are some data that can be gathered and reported more frequently, the team will consider doing so. In all other cases, the evaluation team will use the 6-month time frame for gathering administrative data.

It will be important that we obtain input from MDHHS and county stakeholders before we finalize our administrative data plan (e.g., what data will be gathered and from what source) and the timeline by which these data will be gathered as the additions to the MiSACWIS and the implementation of MindShare are completed.

**Participant Satisfaction Surveys.** To determine the extent to which program participants (e.g., clients of the private agencies receiving services under the performance-based case rate funding model or in the comparison sites) are satisfied with the services they receive, the evaluation team will work with service providers to implement a participant satisfaction survey with their clients. The satisfaction survey will include a core set of questions designed around the key components of MiTEAM (e.g., family engagement, assessment, and mentoring). Additional questions will be targeted around specific services families receive as part of the case management process (e.g., mental health or substance abuse services). Satisfaction surveys will be collected from families at six month intervals (December and June) throughout the project, as described below, which will allow for data analysis across time and implementation phases.

We expect to collect satisfaction data every six months throughout the project period (e.g., December and June). In the month prior to each time point, a random sample of youth in care will be drawn from the pool of foster youth being served by the target agencies, stratified by, at a minimum, county, type of placement, and time in care (less than one month, 1 – 3 months, 4 – 6 months, 7 – 12 months, and 12 + months); this will result in three lists, one for each county. Each list will be sent to the evaluation liaison in each county. The evaluation liaison will be responsible for getting surveys to those caseworkers responsible for the families on the list. Those caseworkers will then, in turn, be responsible for providing the survey to the families they are serving (and who are on the list).

Surveys will include a cover sheet that explains the evaluation, ensures the anonymity of their responses (families will not be asked to include personally identifiable information on the survey) and discusses the important role family feedback plays in improving services provided to them. They will also include a postage-paid Westat envelope and a special sticker that families can place on the sealed envelope before it is submitted for delivery to Westat. Families will be told that the seal will only be broken by the individual at Westat with responsibility for data entry. Families will then be asked to take the survey home, complete it there, and put it in the mail for delivery to Westat. Each time the survey is implemented, a new sample will be randomly drawn and the process will begin again. Families will be given one month (through January or July) to complete the survey, so it will be important for case managers to provide the survey to families in a timely manner.

Because these surveys will be completed by families (parents and guardians), the team and all involved staff will need to ensure their responses are kept confidential. To this end, the evaluation team will develop and work closely with liaisons to implement procedures for managing the completion and collection of satisfaction surveys that protects families' confidentiality.

**Measures of Fidelity.** Because the MiTEAM practice model was developed to guide the manner in which *all* Michigan child welfare agencies engage and partner with families to achieve outcomes of interest, it is expected that Kent, Oakland, and Ingham will be implementing the *enhanced* MiTEAM practice model by October 2017, when Kent begins implementing the case rate based funding model. As such, some differences as to how the model is operationalized and implemented in each county are expected. The evaluation team recognizes that the MiTEAM Fidelity Tool Workgroup developed a fidelity tool that the statewide CQI team approved for use in assessing fidelity in local counties; therefore, the evaluation team will examine this tool in detail to determine if it can be used as is or in a modified state for the evaluation. We also need to understand how the tool is used, how the data are gathered and managed, and if we can get access to the existing data and any reports generated from it.

#### **4.4 Analysis of Quantitative Data**

With the exception of the administrative data, the analysis of which is presented in Section 3 of this plan, our analysis will focus on describing, summarizing, and comparing data sources within and across participating counties using descriptive statistics (e.g., frequencies, percentages,

ratios, and ranges). This will help identify the main features of the data and discern any patterns in the results.

The evaluation team may also use correlations to describe the nature of relationships between two variables. Correlations can be used to demonstrate that a relationship or pattern exists, but not that one causes the other. For example, we might see a strong positive correlation between the degree to which families feel engaged in service planning and satisfaction with services, but the correlation will not tell us if engagement is the reason why families are more satisfied. However, we can examine the relationship further by triangulating data from both quantitative and qualitative sources. Triangulating the data in this way will allow us to validate relationships we uncover from one data source and provide context for findings.

To do this, the evaluation team will need to make sure that data from all sources are consistent—for example, if family satisfaction survey data is compared with data from staff focus groups, we need to make sure that the staff selected for the focus groups are also those that are providing services to the surveyed families. The evaluation team will work closely with the counties to ensure this continuity across data collection.

Finally, in addition to the analyses already described, the evaluation team expects that some of the information gathered from the document review will be analyzed in the same way the team plans to analyze the interview data, using content analysis. In particular, content analysis will be used on such documents as meeting minutes to track common themes, decisions made, and key activities completed.

#### **4.5 Qualitative Data Sources**

The team will collect two primary sources of qualitative data: (1) State stakeholder interviews; and (2) local stakeholder and staff interviews and focus groups. These are described in the following sections.

**State Stakeholder Interviews.** The team will conduct telephone interviews with MDHHS and other relevant State stakeholders. The team will work closely with MDHHS to identify individuals for these interviews. These interviews will be used to help us fully understand the history of PBCWS; nature and extent of resources available for implementation; expectations for implementation within the phased approach; and key State facilitators of and barriers to implementation success. The findings of these interviews will provide a context for the PBCWS Project statewide. The process evaluation team will work closely with MDHHS to determine who should be interviewed at the state level.

**Local Stakeholder and Staff Interviews and Focus Groups.** The team plans to conduct interviews and focus groups with local child welfare stakeholders (e.g., public agency staff, consortium members, private agency staff, child welfare boards, steering committee members, and other identified stakeholders) in Kent, Oakland, and Ingham Counties during annual on-site visits, the first of which will be planned for March/April 2017. The team will work closely with evaluation liaisons and agency leadership to identify and engage the individuals who will participate in these activities. Interviews and focus groups allow the team to obtain detailed descriptions of implementation, including barriers and facilitators to success, which cannot be

captured by any other data collection method. The process evaluation team will need to work closely with county stakeholders to determine who should participate in these activities and when. The team will work closely with county staff to plan and conduct data collection site visits.

In Kent County, on-site interviews and focus groups are a means of collecting critical information about training on and implementation of the performance-based case rate funding model, including services available and provided to children and families and how performance-based contracts and case rate funding affect the agencies' ability to serve children and families effectively. In the comparison counties, these activities will allow us to understand how the local child welfare agency provides services to children and families, including decisions about which services families receive, and how those services are monitored for performance and quality. Therefore, the process team intends to include consortium members, agency directors, supervisors, and staff (adoption workers, case managers) in these activities.

In Kent County, interview and focus group protocols will include questions about:

- The impact of performance-based case rate funding model on the organization and its structure and services;
- The degree to which actual implementation matches planned implementation;
- The extent to which performance-based case rate funding model components are implemented with fidelity to the model;
- The extent to which training prepared staff to effectively implement the case rate funding model;
- Facilitators and barriers to success.

Similar questions will be asked of staff in Oakland and Ingham, but will focus on "services as usual." Staff in all three counties will be asked questions that explore the perceived impact of their relevant funding models (performance-based case rate or per diem models) on the quality, availability, and effectiveness of services provided.

The process study team will provide draft protocols for each group to be interviewed or included in focus groups prior to the site visits after approval by Westat's IRB.

Our proposed site visit schedule, during which interviews and focus groups will be held, as planned, will take place initially in March/April 2017 for all counties. The process team will visit again in the fall 2017, just in Kent County. The third visit will take place prior to the first Interim Report in the summer 2018). The fourth round of interviews will occur during the spring 2020 (For project year 4, we plan to conduct interviews via telephone). The last site visit will occur prior to the Final Report in the spring 2021.

Interviews and focus groups will be coordinated and scheduled with local evaluation liaisons. Prior to each interview or focus group, participants will be briefed on the purpose of the evaluation and interview, confidentiality guidelines, and the anticipated length of the interview. In addition, they will be asked to sign a consent form. They also will have the opportunity to ask questions and gain clarification on issues of concern. Participants will be asked permission for the interviewer to tape-record the session for research purposes. Should any participant feel

uncomfortable with the recording for any reason, responses will be hand-recorded. Once participants are comfortable, the interview or focus group will begin. Interviews will be conducted by one of our senior team members; focus groups will include a senior team member who will facilitate the group, and a research assistant who will be on hand to tape the session and take notes. At the end of the session, the team will thank participants for their time, offer to answer any questions, and assure that all interview and focus groups findings will be published in summary form, without any identifying information.

**On-site Visits.** As mentioned above, the team will conduct interviews and focus groups during site visits to Kent, Oakland, and Ingham Counties. Site visits will be carefully planned in coordination with each county's evaluation liaison, County Directors, and the Westat team. We will want to be sure visits are scheduled at the convenience of agency staff and local stakeholders, but also take advantage of every opportunity to assess performance-based case rate funding model implementation. For example, in addition to collecting data, if possible, we will want to attend county team or subteam meetings that are taking place during our visit. However, we recognize the challenge in scheduling site visits, so if attendance at such meetings is not possible, we will plan to attend them via telephone. For budgeting purposes, we have planned for four rounds of site visits and one round of telephone interviews across the 5-year evaluation timeframe.

#### **4.6 Analysis of Qualitative Data**

The evaluation team plans to take an iterative approach to the qualitative data analysis; that is, there will be several key steps that build upon each other from transcribing interviews to coding and interpreting the data. To expedite the entry, organization, management, and analysis of the data, our experienced process evaluation analysis team will use NVivo, a state-of-the-art qualitative analysis software package that includes a variety of search tools to scan and code text.

The first step in the process will be to transcribe the audiotapes into text documents that will be uploaded into NVivo. The next step will be to read through the transcripts to identify and code key themes that emerge from the data and logically group them, accordingly. This will be done by reading through a sample of interview transcripts chosen either at random or based on some predetermined criteria (e.g., respondent category). Both the key themes and data grouping will occur by team consensus. Once themes are identified, the next step is to develop codes or subthemes for each major theme (or grouping). For example, the evaluation may identify "lack of resources" as a common barrier to implementation, identified across interviews. "Lack of resources" then becomes a "theme." Within that theme, however, there may be several subthemes that are named or described. For example, for staff in one county or agency, a lack of resources might mean limited staff to implement services or program activities, whereas in another site it might mean limited funds to support activities. In both cases, the theme is the same, but the context is different. It is important to capture these differences, however subtle, to explain the nuances of implementation success and barriers across counties.

The analysis will be overseen by our Project Manager, who will also serve as the process evaluation task leader, in close collaboration with the two process evaluation co-leads, both of

whom are experts in qualitative data collection and analysis. The co-leads will work closely with the other analysts assigned to this task to code and interpret qualitative data. Coding will be conducted by our team of three analysts; our senior analyst will oversee the work of the other two, assigning interviews to them, as they are completed. The analysis team will meet at least weekly during each active analysis period. All three analysts will be involved in developing thematic codes and coding data. As codes are developed, at certain key points, the task leader will choose a random sample of transcripts for use in a coder reliability session, to ensure data is being coded consistently across coders. In this session, two coders will code the same material to assess the performance of the codes and check inter-rater reliability. At this time, certain codes may be eliminated while others may be revised or modified. Once the coding scheme has been tested, it will be applied to the full dataset. Throughout the analysis, coding disagreements will be resolved by discussion with the coders and task leader.

## **5. OUTCOME EVALUATION**

### **5.1 Overview of Outcome Analysis**

Although the primary focus of the performance-based case rate funding model is to improve child/family outcomes, the overall evaluation will include analyses that also advance the knowledge base with regard to effectively and efficiently serving victims of child abuse and neglect. The outcome analyses – what is commonly referred to as a summative evaluation – will in part be conducted using specific sources of administrative data. The implementation evaluation – what is commonly referred to as a process evaluation – is detailed in the previous section of the Project Plan.

The outcome analyses will focus on comparing Kent County with similar children involved with Michigan's child welfare system, yet dispersed throughout the remaining 82 counties. Two items are important to note. The comparison group will be limited to children served by private agencies. Second, the comparison estimate will be a single estimate. That is, we are not generating safety and permanency estimates for all 82 counties.

The analysis of administrative data will include two time periods: (1) the 3 years prior to the time Kent County began implementing performance-based case rate funding model; and (2) to the extent possible, through the 5 years post implementation. This timeframe – gathering data before and post implementation, will permit the evaluation team to look at child and family outcomes – within the same county – both before and after performance-based case rate funding model implementation. The 5-year window moving forward will permit the evaluation team to investigate changes in child and family outcomes over time and in relation to similar children (in counties other than Kent) during these same time periods. The administrative data analyses will focus on child safety, permanence and child/family well-being and will be gathered via MiSACWIS and any other data systems that are available for Kent and other Michigan counties. The outcome evaluation team expects to upload these data for analysis every 6 months throughout the evaluation period. If there are outcome data that require more frequent examination, especially for reporting purposes, the team can revise the timeline for those data and collect them more frequently. Data will be uploaded to the Child and Adolescent Data Lab at the University of Michigan School of Social Work, with oversight by Dr. Joseph Ryan, our Co-PI, who will work with MDHHS in establishing a data sharing agreement for this evaluation, which includes data transfer procedures.

The guiding hypothesis for all administrative analyses is that a performance-based case rate funding model improves child and family outcomes and improves cost effectiveness. The statistical comparisons proposed mirror the methodology and design described in other sections of this project plan. Specifically, it will use a comparison group design to compare outcomes over time (within county) and between Kent and the comparison counties (collectively). The county analyses will allow for comparisons in outcomes before and after implementation of the performance-based case rate funding model, while controlling for geographic differences (i.e., county characteristics that may be related to important child welfare outcomes). These analyses do not, however, account for other policy or practice changes that occur simultaneous to those that change due to performance-based case rate funding model. The addition of comparison

counties will help to account for these other changes. As noted previously, the outcome evaluation team will track similarities and differences between Kent County and the remaining Michigan counties in such characteristics as maltreatment rate, placement rate, reunification rate, adoption rate, average length of stay in foster care, urban density, and racial and economic composition, among others.

The evaluation team will use sophisticated multivariate regression models for all analyses related to safety, permanency and well-being. These statistical models will control for important observed child and system level characteristics within counties that might otherwise bias estimates, although they will not be able to account for all bias. In the following sections, our approach to analyzing data for each of the key outcomes is described – safety, permanence, and well-being.

**Safety.** The key measure of safety is a subsequent report of maltreatment, including maltreatment in care and in the child's own home. Our analysis will limit the measurement of safety to allegations that are associated with a preponderance of evidence – which is a common standard to indicate whether there is sufficient evidence to substantiate or confirm maltreatment. Allegation data will include: allegation type (e.g. neglect, physical abuse); report date; category (i.e. I, II, III, IV or V); and disposition (preponderance or not). These data will be linked with any existing (siblings) or new children (those born during the study period) within the family, which are associated with allegations of maltreatment.

The evaluation team will look at all allegations of maltreatment that occur before and after the project start date. We will report overall rates and will estimate the timing of subsequent maltreatment. It is important to investigate both the overall probability (relative risk) of subsequent maltreatment and the timing of it because the probabilities may be similar across Kent County and comparison counties (e.g., 15% of both groups might experience a subsequent report of maltreatment), but the timing of such events may differ. For example, families receiving services under a performance-based case rate contract may be at greatest risk to experience subsequent maltreatment at month 12, whereas those receiving “services as usual” may be at risk within the first 6 months after an initial incident of maltreatment. This approach will allow us to understand whether performance-based case rate funding model is effective at reducing the overall risk (relative probability) of subsequent maltreatment and if it affects the rate (i.e., timing) at which children experience subsequent maltreatment. The evaluation team will look separately at allegations of maltreatment occurring while a child is in care and at allegations of maltreatment occurring in the child's own home comparing these rates between Kent County and the comparison counties, and Kent County and the rest of the State.

**Permanence.** The key measure of permanence is the living situation of children. The guiding hypothesis is that children being served under performance-based case rate funding model will spend significantly fewer days in foster care and will be significantly more likely to achieve permanency, as compared with similar children in comparison counties. Our definition of permanency reflects the definition used in the child welfare literature and includes: (1) a child returning to the biological family home (reunification), (2) adoption, and (3) guardianship. These are operationalized in the MiSACWIS placement data using the following fields: placement type

(nonrelative foster home, licensed relative foster home, unlicensed relative foster home, congregate settings [e.g., group home, MDHHS supervised residential], shelter, hospital, independent living, home of parent), placement start date, placement stop date, case open date, case close date, discharge reason. These data will be used in our analyses.

As with the safety analysis, the team will analyze permanency data within Kent County across time and between Kent County and comparison counties. The evaluation team will investigate: the overall risk of entry into foster care; the timing of entry into foster care; the length of stay in foster care; and the type of foster care settings children are most likely to experience.

Although the overall placement rate is of primary interest, it is possible that placement occurs at different times or that the types of placements used vary across counties. Moreover, it is possible and, in fact, expected that the length of placement will vary between Kent and the comparison counties, regardless of the overall likelihood of placement. This variation may be, in part, due to the services families receive. That is, the hypothesis is that families in Kent County will receive “enhanced” services than families in comparison counties. These services may, in turn, produce changes in family functioning, which may then reduce the time spent in foster care. Our analysis will investigate these potential variations.

The concept of permanence also includes stability over time; thus, our analysis will examine the stability of foster care placements and permanency over time. Specifically, for children and adolescents in placement, we will estimate the total number of placement changes and the number of placement changes by total months in care. We will also investigate changes in placement settings as they relate to restrictiveness of care. Some changes in placement are better than others — in fact, some changes in placement are desirable. For example, a move from a residential to a family based setting is considered positive for both the individual child and the child welfare system (e.g., cost savings). Finally, we will estimate the risk of children and adolescents returning to foster care (rate of reentry), post reunification or adoption.

Well-being. In order to measure child well-being, not only for this evaluation, but more importantly, to assist in making placement decisions and determining the appropriate level of care for a child in placement, it is critical for the WMPC in Kent County to choose a scientifically tested child well-being assessment. One of these assessment tools is the Child and Adolescent Needs and Strength (CANS) assessment, which was developed by Northwestern University in collaboration with the National Child Traumatic Stress Network and the Illinois Department of Children and Family Services. Though it is not a diagnostic tool, it offers clinically relevant data for service planning and decision making for children and adolescents in care, and is frequently the measure of well-being used in child welfare settings.<sup>3</sup> The evaluation team has encouraged WMPC to carefully assess the CANS for their own purposes as we feel it is an appropriate tool for their needs.<sup>4</sup> Whether or not WMPC chooses the CANS as its well-being assessment tool,

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<sup>3</sup> Lyons, JS Weiner, DA (2009). (Eds.) *Strategies in Behavioral Healthcare: Assessment, Treatment Planning, and Total Clinical Outcomes Management*. New York: Civic Research Institute (in press).

<sup>4</sup> Should WMPC choose to implement the CANS as its well-being measure, it should be administered to all youth in the child welfare system entering foster care and shows efficacy in measuring change in 3-6 month periods of administration. The goal of the CANS is to provide better information about the functioning of children in foster care, child and family strengths, support systems, and service needs. The first assessment is expected to be completed within 45 days of entering child welfare to make recommendations for services and appropriate placement. Follow up assessments are also completed to capture how risk and

the evaluation team strongly encourages them to adopt a comprehensive child assessment tool prior to the October 2017 implementation date. Such a tool will be instrumental in allowing them to place children in the most appropriate out-of-home placement setting at the time they enter care and then measure changes in child and family well-being over time.

Kent County and other Michigan counties use the Structured Decision Making Safety and Risk assessment tools for safety and risk assessments. The Structured Decision Making Safety and Risk assessment tools, however, do not cover child well-being. Because it is commonly used in child welfare settings, the evaluation team recommends that the Comprehensive CANS or a similar child assessment, as well as the child's education and Medicaid records be used to assess well-being for children in care in both Kent County and comparison counties. As with safety and permanency, these data will be analyzed over time to assess how well-being changes as a result of the performance-based case rate funding model.

**Additional Analyses.** The outcome evaluation team will also conduct supplemental policy relevant analyses. The comparison between Kent County and comparison county youth is of great importance and central to nearly all outcome evaluation activities. However, the evaluation plan will also include analyses designed to understand which subgroups of families are at greatest risk of continued maltreatment or of remaining in foster care. Moreover, we are confident that MDHHS will want to know for which youth performance-based case rate funding model is most effective. Thus, our analyses of safety (subsequent maltreatment) and permanency will include child and parent demographics. That is, the team will explore the role that race, gender, age, history of maltreatment, trauma, and other important covariates play in explaining future maltreatment and the likelihood of achieving permanence. These analyses are intended to inform future efforts about which families may be at greatest risk for subsequent maltreatment and foster care placements so that resources can be effectively targeted to them.

## **5.2 Data Analysis**

Outcome data will primarily be individual case data, examined across time. As noted, the analysis will compare outcomes in Kent County with similar children matched from all other counties, both before and after performance-based case rate funding model implementation. Outcome measures will be summarized using tables and charts. In addition, statistical analyses will be used to assess the effect of performance-based case rate funding model implementation on outcome measures, adjusted for the effect of other predictors (e.g., other initiatives or changes in services that might be happening simultaneous to performance-based case rate funding model) that might bias conclusions.

The team will analyze outcome data using regression analysis and related statistical methods. We expect to use several regression variations, including linear regression for analyzing continuous outcome measures, logistic regression for analyzing categorical outcome measures, and survival analysis for analyzing time-to-event data (e.g., time in out-of-home care). To the extent possible, regression models will include a time and county variable, an implementation

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protective factors (aspects of child well-being) change over time and, especially, at key decision points throughout the duration of a child's placement and custody.

variable, and a measure of their interaction. The interaction coefficient will serve as a measure of performance-based case rate funding model effects, after adjusting for other predictors in the model. Because implementation will occur over time, the performance-based case rate funding model predictor may be defined as the “proportion of time a case was handled by agencies under performance-based case rate funding model.” Other predictors related to the outcome will also be included, although the selection of predictors for inclusion into the models is limited by the available data.

### **5.3 Methods of analysis which adjust for, or minimize, the potential influence of factors which might bias conclusions concerning PBCWS Project impacts.**

As described in the above, the evaluation team plans to use regression analyses to analyze outcome data. In general, regression allows for assessment of trends and differences in outcome measures, while adjusting for the effects of other factors that may bias or influence the outcome measures (e.g., effects of other initiatives or services occurring simultaneous to performance-based case rate funding model). Several variations on regression may be used for the analysis, including linear and logistic regression and survival analysis for analyzing time-to-event data (e.g., time in out-of-home care).

Although the selection of predictor variables will be limited by the data available in MiSACWIS, inclusion of predictors related (or potentially related) to outcomes can greatly reduce any bias in the assessment of differences associated with performance-based case rate funding model implementation. If there are variables that are thought to be related to outcome measures, but are not part of MiSACWIS, the evaluation team will attempt to gather them from other sources (e.g., county-level records or data systems).

To the extent that the effect of performance-based case rate funding model implementation is uncertain based on the statistical analysis, data from the process evaluation may provide additional insight into the effects of performance-based case rate funding model implementation that may help interpret statistical results.

### **5.4 Data Security**

The administrative data to be used in the evaluation are sensitive and require secure measures to maintain confidentiality. All parties with access to the administrative data will adhere to strict data security policies. Parties will agree to comply with all laws, regulations and executive orders relating to the confidentiality of sensitive data and will adhere to all data security policies and rules regarding the reporting of any security breaches as specified in the contractual arrangements between Westat, MDHHS, and the University of Michigan School of Social Work. Many of guidelines are already established in Dr. Ryan’s existing data sharing agreement with MDHHS. Specifically, sensitive data will be stored and transferred between parties via encrypted, password protected thumb drive or other similar encrypted media, or via a secure file transfer protocol. When not in use, computers, thumb drives, external drives, DVDs, or other media will be kept in a secure location, behind a locked door and in a locked cabinet or safe. All research staff working with the administrative data will be required to complete data security and

data confidentiality training (required by Westat and the University of Michigan School of Social Work).

## **6. COST EVALUATION**

### **6.1 Overview of Cost Study**

All efforts to compare costs and conduct cost-benefit and cost-effectiveness analyses rest squarely on the development of specific and precise estimates of total program costs. As the PBCWS initiative is implemented in Kent County (and then, potentially, in other counties), our focus will be on collecting all costs associated with the provision and delivery of out-of-home services. As articulated in the CWPBF final report and displayed in the Process of Care Model (both in Appendix A, Attachment 1 – CWPBF Final Report 2-24-2014), the expectation under performance-based contracting and the performance-based case rate funding model is that all children referred to out-of-home care will receive full range of case management services from the child welfare agency to which they were referred, and those services would continue into post-placement, to ensure stable transition into a permanent home. . Furthermore, full funding for this range of case management services – for children/families served by both public and private agencies – is anticipated in the shift to a performance-based funding system. This shift is expected to improve outcomes for children and families served. MDHHS is expected to monitor both public and contract agency efforts under this new funding model.

In Kent County, the first county to transition to performance-based funding, MDHHS will contract with West Michigan Partnership for Children (WMPC), a consortium of private agencies in Kent County, to provide services and manage the care of all children referred for foster care services. Payment for services will be made through a prospective case rate that is intended to cover the full cost of out-of-home care and post placement services for each referred child. Kent County is unique in Michigan, not only because it is the pilot site for PBCWS Project, but also because its child welfare services are already 100 percent privatized. Thus the effort to evaluate cost, cost-benefit, and cost-effectiveness in Kent County will take into account its structural distinctiveness, while also supporting analysis that will permit cost comparisons to children served by per-diem private providers across the State. The approach to collecting cost data and calculating key cost metrics will be similar in Kent County and the rest of the State.

Because Kent County is the pilot site, the cost evaluation will describe the operating and funding structure of the WMPC and will also include a review of the newly developed case rate. Specifically, in the collection of expenditure, revenue, and services data, we will review the extent to which the case rate adequately covers the required services delivered as part of the performance-based contract. This approach will be structured to account for the range of cases served within WMPC.

The proposed cost evaluation will have three integrated components using system-level and individual-level data to illuminate cost impacts of the PBCWS. First, at the system level, the primary research question will judge what effect the transition to performance-based funding has on expenditure patterns in Kent County. The system-level study will also track use of different revenue sources. Expenditure patterns and revenue sources will be compared with

those across the State. The second component will use individual-level cost data to report on the type, amounts and costs of the services received by children referred for out-of-home services compared to those provided prior to the transition and to services provided concurrent with the transition to a matched cohort of children receiving out home services in from per-diem private providers across the State. As a third component, cost-effectiveness sub-studies will be conducted for each key outcome identified in the outcome evaluation. Final decisions about the scope and content of the cost evaluation will be made in consultation with the MDHHS, CWPC, and the full evaluation team.

## **6.2 Changes in Expenditures over Time: Kent and Comparison Counties**

A core component of the system-level analyses of county expenditures and revenues will be to create a database of aggregate child welfare expenditures and revenues for Kent starting with the 2 years prior to the transition to and implementation of PBCWS. Based entirely on expenditure data, we will organize these data into a programmatically relevant, longitudinal, and flexible format. It will also be expandable to include data for children served in other counties, if and when they transition to performance-based funding.

The goal will be to represent expenditures in Kent County with those in the rest of the State while also permitting analysis of pre/post costs in Kent County. To the extent possible, this aggregate database will be derived from individual level data so that data for the cost-effectiveness analysis can be based on the same source as the system-level study of costs and can be linked to individual level placement data. We propose the creation of this database will take place in four steps.

First, we will define the expenditure and revenue elements currently available in consultation with MDHHS, CWPC, and the WMPC, and, if necessary, representatives from Public Consulting Group, who developed the case rate. These elements will cover the full range of “ingredients” necessary to calculate total program costs in Kent County and the rest of the State, including, for example:

**Resources developed and used to implement the program** (human, capital, donated time/materials, start-up and recurring costs associated with the WMPFC);

**Costs of resources** (e.g. titles, salaries, contracted services, nonpersonnel direct costs, assessments, transportation costs, etc.);

**Allocation of identified resources** (through staffing ratios, staffing patterns, time use estimates); and

**Estimates of indirect costs** (associated overhead, operations, and system management).

**Case Rates** (as approved for Kent County by SBO)

In Kent County, the public agency’s cost will include payments to WMPC, as well as additional costs/resource utilization associated with program implementation and monitoring. For WMPC, their total costs will be the cost of meeting case management service requirements as well as

their operating (including overhead) costs. Data collection from the service providers will also involve assessment of the services provided, as well the allocation of staff and staff time for both direct and indirect care. Costs/expenditures associated with the start-up and transition of performance-based funding in Kent County will also be calculated and distinguished from on-going expenditures.

Next, we will assess the available administrative data resources (which will include MDHHS fiscal resources, county child care fund (CCF) and fiscal data provided from WMPC member agencies, or the State on their behalf) to generate data for the database specified above, and the capacity of the sources to answer the research questions. This assessment will focus on individual-level data linking them, where possible to aggregate expenditure data by service type. Then, the evaluation team will work with MDHHS and WMPC to identify, gather and organize any available and relevant expenditure data that is not included in the above resources. The fourth and final step will be to populate the database based on these plans and update it semi-annually.

At the analysis phase, we will focus on exploring whether there are significant differences in spending within Kent County, over time, and whether there are significant differences in expenditure patterns between Kent County and the children served in the rest of the State. We will use multi-level regression and nonparametric tests to analyze the time series for each data element, making appropriate comparisons to the pre-PBCWS period.

### **6.3 Cost Comparison of Key Elements of Services at the Child Level**

As described in the previous section, the cost evaluation proposes to collect and use all available individual-level data in the expenditure data development work to create an integrated database containing data related to placements and costs at the individual level. Once the evaluation team constructs the database, it can be used for analyses across implementation phases. Using the individual-level data in the compiled database, we will sum together the costs for each program element we track across Kent County. From these child-level total costs, we will calculate average costs per child of “diagnostically related groups.” The same calculation of costs per child of will be made for children served by per-diem contractors in the rest of the State. The results of this analysis will show total costs per child, to the extent feasible, and uncover any differences that may emerge from implementing performance-based case rate funding model in Kent County

### **6.4 Cost-Benefit and Cost-Effective Analyses**

The RFP refers to conducting both cost-effectiveness and cost-benefit analyses (Section 4, 5(a), 5(c)). Cost-effectiveness analysis uses the difference in cost between two interventions divided by the difference in outcomes between the same interventions to derive a cost-effectiveness ratio. Cost-benefit analysis places a dollar value on the outcome for each intervention and can be used to assess whether the benefits of the intervention outweigh the costs. Each approach has its own uses for policy purposes, and we will coordinate with MDHHS to determine the most suitable approach given the policy questions of greatest interest to the State.

At minimum, the cost study will include a cost-effectiveness sub-study for each outcome, with a specific focus on key permanency outcomes and to the extent possible, the specific services associated with the outcomes. Because all the data necessary for the cost-effectiveness evaluation will have been collected, populations selected and matched to costs and the analytic procedures for calculating and comparing service costs already created, we expect to be able to use the cost study database to address a wide range of cost-effectiveness questions. For example, if there is interest in understanding the cost-effectiveness of outcomes at a subgroup level (e.g., children placed as infants, youth entering as teens, youth returning to placement) the cost study database could support such analysis. It can also be used to address the issue of equivalence; that is, if similar outcomes are achieved with lower costs or higher quality of service. We would also explore the option of examining costs for outcomes for which there was no significant difference.

## **7. WORK PLAN AND SCHEDULE**

Upon approval of this Project Evaluation Plan, we will develop a detailed budget and schedule to be used to estimate and track number of hours by month completion of each task and deliverables. This budget will be used to validate the initial estimates against actual hours to ensure that the project stays on task and within budget. A high-level schedule will be used to track progress on deliverables. Given our many years of evaluation experience, we believe that risks involved in completing any Evaluation Project deliverables behind schedule are minimal. Should any unexpected problems provide some risk, we will immediately design strategies to reduce or eliminate that risk.

**Appendix A. Michigan Performance-based Child Welfare System Project Work Plan**

Tasks	Activities	Budget and Hours Required and Allocated				
		Year 1	Year 2	Year 3	Year 4	Year 5, + 4 months
<b>1. Project Evaluation Plan</b>	<ul style="list-style-type: none"> <li>• Prepare a report that summarizes the project and evaluation major tasks and deliverables required to complete each of the major evaluation components: Process Evaluation, Outcome Evaluation, and Cost Evaluations</li> <li>• Provide details in the report how each task will be completed and the staff assigned to each task</li> <li>• <b>Submit final project Evaluation Plan to MDHHS Project Manager</b></li> </ul>	<b>\$22,086/ 148 hrs.</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>2. Project Plan</b>	<ul style="list-style-type: none"> <li>• Compile and develop project plan that includes major tasks and deliverables, and a list of activities for each task and subtask required for each evaluation component</li> <li>• Institutional Review Board               <ul style="list-style-type: none"> <li>○ Secure an Institutional Authorization Agreement (IAA) between Westat IRB and the University of Michigan IRB and University of Chicago (Chapin Hall)</li> <li>○ Develop initial IRB package</li> <li>○ Meet with IRB Board to review submission</li> <li>○ Make modifications to package at the request of the Board</li> <li>○ Develop and submit IRB amendments as needed</li> <li>○ Consult with Westat IRB administrator as needed</li> <li>○ Complete IRB incident reports to document unanticipated problems as needed</li> </ul> </li> <li>• Sampling Plan               <ul style="list-style-type: none"> <li>○ Discuss sampling design and approach with MDHHS</li> </ul> </li> <li>• Project management tasks (budget, invoicing, managing tasks as a whole.</li> </ul>	<b>\$49,301/ 266 hrs.</b>	<b>\$45,436/ 235 hrs.</b>	<b>\$45,211/ 223 hrs.</b>	<b>\$46,519/ 223 hrs.</b>	<b>\$40,976/ 190 hrs.</b>

**Appendix A. Michigan Performance-based Child Welfare System Project Work Plan**

Tasks	Activities	Budget and Hours Required and Allocated				
		Year 1	Year 2	Year 3	Year 4	Year 5, + 4 months
<b>3. Process Evaluation</b>	<ul style="list-style-type: none"> <li>• Develop Methodology               <ul style="list-style-type: none"> <li>○ Develop a plan and approach to complete an evaluation to address the research questions and prepare the deliverables</li> </ul> </li> <li>• Data collection               <ul style="list-style-type: none"> <li>○ Develop data collection tools and protocols</li> <li>○ Develop model fidelity form                   <ul style="list-style-type: none"> <li>○ Develop fidelity measures</li> </ul> </li> <li>○ Design participant satisfaction survey</li> <li>○ Identify administrative dataset and elements to collect</li> <li>○ Identify types of agency documentation to collect and design extraction tool as appropriate</li> <li>○ Conduct reviews of relevant documents to identify key sources of extant data at the state and local levels</li> <li>○ Develop interview and focus groups protocols                   <ul style="list-style-type: none"> <li>○ Identify key stakeholders and staff for interviews and focus groups</li> <li>○ Conduct telephone and focus group interviews</li> </ul> </li> <li>○ Work with MDHHS to identify comparison sites</li> </ul> </li> <li>• Conduct site visits</li> <li>• Perform quantitative and qualitative data analysis               <ul style="list-style-type: none"> <li>○ Develop detailed analysis plan</li> <li>○ Identify individual data elements/variables</li> <li>○ Develop derived variables</li> <li>○ Develop a complete list of analyses to examine key research questions</li> </ul> </li> </ul>	<b>\$134,060/ 1,078 hrs.</b>	<b>\$129,577/ 1,023 hrs.</b>	<b>\$132,833/ 1,023 hrs.</b>	<b>\$81,730/ 719 hrs.</b>	<b>\$122,045/ 898 hrs.</b>

**Appendix A. Michigan Performance-based Child Welfare System Project Work Plan**

Tasks	Activities	Budget and Hours Required and Allocated				
		Year 1	Year 2	Year 3	Year 4	Year 5, + 4 months
	<ul style="list-style-type: none"> <li>○ Develop a coding scheme for qualitative data</li> </ul>					
<b>4. Outcome Evaluation</b>	<ul style="list-style-type: none"> <li>• Develop methodology                             <ul style="list-style-type: none"> <li>○ Identify primary data elements available for outcome studies</li> <li>○ Identify secondary data elements available for outcome studies</li> <li>○ Develop data collection schedule</li> <li>○ Secure necessary data sharing agreements with DHHS and providers</li> <li>○ Develop data upload and cleaning schedule</li> <li>○ Develop list of specific outcome oriented analyses</li> <li>○ Develop reporting formats</li> <li>○ Permit time for feedback (other team members and MDHHS)</li> </ul> </li> <li>• Collect data</li> <li>• Conduct data analysis                             <ul style="list-style-type: none"> <li>○ Run analyses, monitor for accuracy</li> <li>○ Conduct outcome analyses for primary data to examine the following:                                     <ul style="list-style-type: none"> <li>○ Safety/risk</li> <li>○ Permanency/living situation</li> <li>○ Trauma/Well being</li> </ul> </li> </ul> </li> <li>• Review primary data outcomes analyses to expected outcomes</li> <li>• Review primary data outcomes analyses to research questions on outcomes to children and families</li> </ul>	<b>\$92,181/ 1,349 hrs.</b>	<b>\$95,691/ 1,347 hrs.</b>	<b>\$98,490/ 1,347 hrs.</b>	<b>\$102,450/ 1,355 hrs.</b>	<b>\$116,057/ 1,321 hrs.</b>
<b>5. Problem Resolution</b>	<ul style="list-style-type: none"> <li>• Conduct analyses that adjust for the effects of other factors that may bias or influence the outcome measure                             <ul style="list-style-type: none"> <li>○ Conduct analyses to assess the effect of performance-based case rate funding model implementation on the outcome</li> </ul> </li> </ul>	<b>\$10,177/ 56 hrs.</b>	<b>\$8,874/ 48 hrs.</b>	<b>\$9,248/ 48 hrs.</b>	<b>\$9,481/ 48 hrs.</b>	<b>\$9,829/ 48 hrs.</b>

**Appendix A. Michigan Performance-based Child Welfare System Project Work Plan**

Tasks	Activities	Budget and Hours Required and Allocated				
		Year 1	Year 2	Year 3	Year 4	Year 5, + 4 months
	<ul style="list-style-type: none"> <li>measures adjusted for other influencing factors</li> <li>○ Conduct analyses to compare trends in outcome measures before and after implementation of performance-based case rate funding model</li> </ul>					
<b>6. Cost Evaluation</b>	<ul style="list-style-type: none"> <li>• Develop Methodology                             <ul style="list-style-type: none"> <li>○ Examine process, identify resource utilization, assign costs and subcategories of costs to funding sources by performance-based case rate funding model versus child welfare entities not following the performance-based case rate funding model</li> </ul> </li> <li>• Collect data                             <ul style="list-style-type: none"> <li>○ Review system-level and individual-level data to determine cost impacts of performance-based case rate funding model</li> <li>○ Review individual-level cost data to report on the type, amounts and costs of the services received by children in experimental group with those in control group</li> </ul> </li> <li>• Prepare data for analysis                             <ul style="list-style-type: none"> <li>○ Implement cost analysis by comparing expenditures on pilot county consortium group with expenditures in comparison county group by key funding sources</li> <li>○ Implement cost effectiveness analysis</li> <li>○ Determine outcome measures for cost-effectiveness analysis –</li> </ul> </li> </ul>	<b>\$47,908/ 357 hrs.</b>	<b>\$83,481/ 685 hrs.</b>	<b>\$74,345/ 535 hrs.</b>	<b>\$89,814/ 663 hrs.</b>	<b>\$150,237/ 990 hrs.</b>
<b>7. Reports</b>	See sub-tasks below.	<b>\$76,644/ 516 hrs.</b>	<b>\$105,776/ 685 hrs.</b>	<b>\$110,683/ 685 hrs.</b>	<b>\$89,870/ 561 hrs.</b>	<b>\$211,743/ 1,289 hrs.</b>
	<b>Quarterly Reports</b>					

**Appendix A. Michigan Performance-based Child Welfare System Project Work Plan**

Tasks	Activities	Budget and Hours Required and Allocated				
		Year 1	Year 2	Year 3	Year 4	Year 5, + 4 months
	<ul style="list-style-type: none"> <li>• Compile information needed for 3 quarterly reports each year</li> <li>• Write report that summarizes the progress of the evaluation, including major activities accomplished during the quarter, data collection status, issues and resolutions or recommended resolutions, expected work to be accomplished in the next quarter, and any significant deviations to the evaluation plan</li> <li>• <b>Submit quarterly report to MDHHS Project Manager</b></li> </ul>					
	<p><b>Annual Reports</b></p> <ul style="list-style-type: none"> <li>• Compile information needed for an annual report each year</li> <li>• Write report that summarizes the project and evaluation activities and progress over the previous four quarters, including interim findings and outcomes that are available and monitoring the implementation, indicating any significant issues or problems and resolutions.</li> <li>• <b>Submit Annual Report to MDHHS Project Manager</b></li> </ul>					
	<p><b>Interim Reports</b></p> <ul style="list-style-type: none"> <li>• Compile information needed for 2 interim reports during the study period</li> <li>• Write report that includes a process analysis of the evaluation to date and any outcome data available at the time, as well as a brief description of the outcome and cost components of the evaluation planned and any issues or problems anticipated in completion of these components.</li> </ul>					

**Appendix A. Michigan Performance-based Child Welfare System Project Work Plan**

Tasks	Activities	Budget and Hours Required and Allocated				
		Year 1	Year 2	Year 3	Year 4	Year 5, + 4 months
	<ul style="list-style-type: none"> <li>• <b>Submit final Interim Report to MDHHS Project Manager</b></li> </ul>					
	<p><b>Final Report</b></p> <ul style="list-style-type: none"> <li>• Compile information needed for the final evaluation report</li> <li>• Write report that integrates the process study, the outcomes study, and the cost analysis, including discussion of:               <ul style="list-style-type: none"> <li>○ the strengths and weaknesses of the PBCWS Project</li> <li>○ recommendations for consideration if performance-based case rate funding model were to expand to other counties</li> </ul> </li> <li>• <b>Submit draft Final Report to MDHHS Project Manager</b></li> <li>• Make modifications to the report at the request of the DHHS Project Manager and submit modified report</li> </ul>					
	<p><b>Reports to Legislature</b></p> <ul style="list-style-type: none"> <li>• Compile information needed for reports once a year</li> <li>• Provide legislative testimony on occasion when requested, and updates on the performance-based case rate funding model</li> <li>• Prepare presentations</li> <li>• Present findings to the legislature</li> </ul>					
	<p><b>Presentations</b></p> <ul style="list-style-type: none"> <li>• Compile information needed for 3 presentations in the final year of the project</li> <li>• Prepare supplemental or post-evaluation reports</li> <li>• Make formal presentation of the final evaluation report, tailored to specific audiences</li> </ul>					
<b>8. Meetings</b>	See sub-tasks below.	<b>\$45,123/</b>	<b>\$33,783/</b>	<b>\$38,423/</b>	<b>\$38,087/</b>	<b>\$58,011/</b>

**Appendix A. Michigan Performance-based Child Welfare System Project Work Plan**

Tasks	Activities	Budget and Hours Required and Allocated				
		Year 1	Year 2	Year 3	Year 4	Year 5, + 4 months
		<b>260 hrs.</b>	<b>224 hrs.</b>	<b>224 hrs.</b>	<b>236 hrs.</b>	<b>296 hrs.</b>
	<b>Kick off meeting</b> <ul style="list-style-type: none"> <li>• Work with MDHHS to develop and document project organization and communication strategy                             <ul style="list-style-type: none"> <li>○ Establish communication protocols between MDHHS, Westat, subcontractors and all stakeholders</li> </ul> </li> <li>• Define and validate project scope and objectives</li> </ul>					
	<b>Monthly meetings</b> <ul style="list-style-type: none"> <li>• Participate in monthly meetings with MDHHS staff and PBCWS Team</li> <li>• Work with MDHHS staff and PBCWS Team to identify agenda items for meetings</li> <li>• Conduct monthly PBCWS Evaluation Project Staff meetings on a regular basis</li> </ul>					
	<b>Ad Hoc meetings</b> <ul style="list-style-type: none"> <li>• Participate in additional meetings as needed by MDHHS Program Manager</li> </ul>					
<b>Total Budget/ Hours</b>		<b>\$477,480/ 4,030 hrs.</b>	<b>\$502,618/ 4,247 hrs.</b>	<b>\$509,233/ 4,085 hrs.</b>	<b>\$457,951/ 3,805 hrs.</b>	<b>\$708,898/ 5,032 hrs.</b>

### Appendix B. Milestone Chart

Michigan Performance Based Child Welfare System Evaluation - Project Schedule

Tasks	2016												2017													
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
Project Evaluation Plan				▶				▶																		
Kick-Off Meeting				▼	▼																					
IRB Approval							▶					▶														
Process Evaluation					▶																					
Site Visits														▼												
Outcome Evaluation									▶																	
Cost Evaluation									▶																	
Quarterly Reports								▼					▼									▼	▼			
Annual Reports																			▼							
Interim Evaluation Reports																										
Final Report																										
Reports to Legislature																						▼				
Presentations																										
Monthly Meetings with DHS Program Manager					▼	▼	▼	▼	▼	▼	▼		▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼			
Ad Hoc Meetings															▼					▼						



### Appendix B. Milestone Chart

Michigan Performance Based Child Welfare System Evaluation - Project Schedule (continued)

Tasks	2020												2021											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Process Evaluation	—————																							
Site Visits			▼▼												▼▼									
Outcome Evaluation	—————																							
Cost Evaluation	—————																							
Quarterly Reports		▼						▼			▼			▼										
Annual Reports					▼												▼							
Interim Evaluation Reports						▼																		
Final Report																				▼				
Reports to Legislature									▼													▼		
Presentations																					▼	▼	▼	
Monthly Meetings with DHS Program Manager	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼
Ad Hoc Meetings			▼						▼						▼	▼				▼	▼			

### Appendix C. Staffing Chart

Tasks	Activities	Staff Assigned	
		Lead	Staff
<b>1. Project Evaluation Plan</b>	<ul style="list-style-type: none"> <li>• Prepare a report that summarizes the project and evaluation major tasks and deliverables required to complete each of the major evaluation components: Process Evaluation, Outcome Evaluation, and Cost Evaluations</li> <li>• Provide details in the report how each task will be completed and the staff assigned to each task</li> <li>• <b>Submit final project Evaluation Plan to MDHHS Project Manager</b></li> </ul>	<b>Jane Mettenburg</b>	<b>Susan Chibnall</b> <b>Joseph Ryan</b> <b>Jennifer Haight</b> <b>Fred Wulczyn</b>
<b>2. Project Plan</b>	<ul style="list-style-type: none"> <li>• Compile and develop project plan that includes major tasks and deliverables, and a list of activities for each task and subtask required for each evaluation component</li> <li>• Institutional Review Board               <ul style="list-style-type: none"> <li>○ Secure an Institutional Authorization Agreement (IAA) between Westat IRB and the University of Michigan IRB and University of Chicago (Chapin Hall)</li> <li>○ Develop initial IRB package</li> <li>○ Meet with IRB Board to review submission</li> <li>○ Make modifications to package at the request of the Board</li> <li>○ Develop and submit IRB amendments as needed</li> <li>○ Consult with Westat IRB administrator as needed</li> <li>○ Complete IRB incident reports to document unanticipated problems as needed</li> </ul> </li> <li>• Sampling Plan               <ul style="list-style-type: none"> <li>○ Discuss sampling design and approach with MDHHS</li> </ul> </li> <li>• Project management tasks (budget, invoicing, managing tasks as a whole.</li> </ul>	<b>Jane Mettenburg</b>  <b>Jane Mettenburg</b>  <b>Joseph Ryan</b> <b>Fred Wulczyn</b> <b>John Rogers</b>  <b>Jane Mettenburg</b>	Susan Chibnall Joseph Ryan Jennifer Haight Fred Wulczyn  Susan Chibnall Monica Basena Karla Eisen Shauna Harps  Jane Mettenburg Susan Chibnall Jennifer Haight Elizabeth Petraglia  Susan Chibnall Jennifer Haight Joseph Ryan

### Appendix C. Staffing Chart

Tasks	Activities	Staff Assigned	
		Lead	Staff
<b>3. Process Evaluation</b>	<ul style="list-style-type: none"> <li>• Develop Methodology               <ul style="list-style-type: none"> <li>○ Develop a plan and approach to complete an evaluation to address the research questions and prepare the deliverables</li> </ul> </li> <li>• Data collection               <ul style="list-style-type: none"> <li>○ Develop data collection tools and protocols</li> <li>○ Develop model fidelity form                   <ul style="list-style-type: none"> <li>○ Develop fidelity measures</li> </ul> </li> <li>○ Design participant satisfaction survey</li> <li>○ Identify administrative dataset and elements to collect</li> <li>○ Identify types of agency documentation to collect and design extraction tool as appropriate</li> <li>○ Conduct reviews of relevant documents to identify key sources of extant data at the state and local levels</li> <li>○ Develop interview and focus groups protocols                   <ul style="list-style-type: none"> <li>○ Identify key stakeholders and staff for interviews and focus groups</li> <li>○ Conduct telephone and focus group interviews</li> </ul> </li> <li>○ Work with MDHHS to identify comparison sites</li> </ul> </li> <li>• Conduct site visits</li> <li>• Perform quantitative and qualitative data analysis               <ul style="list-style-type: none"> <li>○ Develop detailed analysis plan</li> <li>○ Identify individual data elements/variables</li> <li>○ Develop derived variables</li> <li>○ Develop a complete list of analyses to examine key research questions</li> <li>○ Develop a coding scheme for qualitative data</li> </ul> </li> </ul>	<b>Susan Chibnall</b>	Karla Eisen Monica Basena Shauna Harps Janet Ciarico Gail Thomas Marneena Evans Vanessa Nittoli Julia White

### Appendix C. Staffing Chart

Tasks	Activities	Staff Assigned	
		Lead	Staff
<b>4. Outcome Evaluation</b>	<ul style="list-style-type: none"> <li>• Develop methodology                             <ul style="list-style-type: none"> <li>○ Identify primary data elements available for outcome studies</li> <li>○ Identify secondary data elements available for outcome studies</li> <li>○ Develop data collection schedule</li> <li>○ Secure necessary data sharing agreements with MDHHS and providers</li> <li>○ Develop data upload and cleaning schedule</li> <li>○ Develop list of specific outcome oriented analyses</li> <li>○ Develop reporting formats</li> <li>○ Permit time for feedback (other team members and MDHHS)</li> </ul> </li> <li>• Collect data</li> <li>• Conduct data analysis                             <ul style="list-style-type: none"> <li>○ Run analyses, monitor for accuracy</li> <li>○ Conduct outcome analyses for primary data to examine the following:                                     <ul style="list-style-type: none"> <li>○ Safety/risk</li> <li>○ Permanency/living situation</li> <li>○ Trauma/Well being</li> </ul> </li> </ul> </li> <li>• Review primary data outcomes analyses to expected outcomes</li> <li>• Review primary data outcomes analyses to research questions on outcomes to children and families</li> </ul>	<b>Joseph Ryan</b>	Andrew Moore Post Doctorate Student Jennifer Haight Fred Wulczyn
<b>5. Problem Resolution</b>	<ul style="list-style-type: none"> <li>• Conduct analyses that adjust for the effects of other factors that may bias or influence the outcome measure                             <ul style="list-style-type: none"> <li>○ Conduct analyses to assess the effect of PBCWS implementation on the outcome measures adjusted for other influencing factors</li> <li>○ Conduct analyses to compare trends in outcome measures before and after implementation of PBCWS</li> </ul> </li> </ul>	<b>Jane Mettenburg Joseph Ryan Jennifer Haight Susan Chibnall</b>	Susan Chibnall Joseph Ryan Fred Wulczyn Jennifer Haight John Rogers Elizabeth Petraglia

## Appendix C. Staffing Chart

Tasks	Activities	Staff Assigned	
		Lead	Staff
<b>6. Cost Evaluation</b>	<ul style="list-style-type: none"> <li>• Develop Methodology                             <ul style="list-style-type: none"> <li>○ Examine process, identify resource utilization, assign costs and subcategories of costs to funding sources by PBCWS model versus child welfare entities not following the PBCWS model</li> </ul> </li> <li>• Collect data                             <ul style="list-style-type: none"> <li>○ Review system-level and individual-level data to determine cost impacts of PBCWS</li> <li>○ Review individual-level cost data to report on the type, amounts and costs of the services received by children in experimental group with those in control group</li> </ul> </li> <li>• Prepare data for analysis                             <ul style="list-style-type: none"> <li>○ Implement cost analysis by comparing expenditures on pilot county consortium group with expenditures in comparison county group by key funding sources</li> <li>○ Implement cost effectiveness analysis</li> <li>○ Determine outcome measures for cost-effectiveness analysis –</li> </ul> </li> </ul>	<b>Jennifer Haight</b> <b>Fred Wulczyn</b>	Emily Rhodes
<b>7. Reports</b>	<p><b>Quarterly Reports</b></p> <ul style="list-style-type: none"> <li>• Compile information needed for 3 quarterly reports each year</li> <li>• Write report that summarizes the progress of the evaluation, including major activities accomplished during the quarter, data collection status, issues and resolutions or recommended resolutions, expected work to be accomplished in the next quarter, and any significant deviations to the evaluation plan</li> </ul> <p><b>Annual Reports</b></p> <ul style="list-style-type: none"> <li>• Compile information needed for an annual report each year</li> <li>• Write report that summarizes the project and evaluation activities and progress over the previous four quarters, including interim findings and outcomes that are available and monitoring the implementation, indicating any significant issues or problems and resolutions.</li> <li>• <b>Submit Quarterly Annual Report to MDHHS Project Manager</b></li> </ul>	<b>Jane Mettenburg</b>	<b>Susan Chibnall</b> Karla Eisen Shauna Harps Monica Basena Janet Ciarico Marneena Evans Elizabeth Petraglia Julia White Andrea Forsythe <b>Joseph Ryan</b> Andrew Moore Post Doctorate Student <b>Jennifer Haight</b> Emily Rhodes

### Appendix C. Staffing Chart

<b>Tasks</b>	<b>Activities</b>	<b>Staff Assigned</b>	
		<b>Lead</b>	<b>Staff</b>
	<p><b>Interim Reports</b></p> <ul style="list-style-type: none"> <li>• Compile information needed for 2 interim reports during the study period</li> <li>• Write report that includes a process analysis of the evaluation to date and any outcome data available at the time, as well as a brief description of the outcome and cost components of the evaluation planned and any issues or problems anticipated in completion of these components.</li> <li>• <b>Submit final Interim Report to MDHHS Project Manager</b></li> </ul>	<p><b>Jane Mettenburg/Susan Chibnall</b></p>	<p><b>Susan Chibnall</b>            Karla Eisen            Shauna Harps            Monica Basena            Janet Ciarico            Marneena Evans            Elizabeth Petraglia            Julia White  <b>Joseph Ryan</b>            Andrew Moore            Post Doctorate Student  <b>Jennifer Haight</b>            Emily Rhodes  <b>Fred Wulczyn</b></p>
	<p><b>Final Report</b></p> <ul style="list-style-type: none"> <li>• Compile information needed for the final evaluation report</li> <li>• Write report that integrates the process study, the outcomes study, and the cost analysis, including discussion of:               <ul style="list-style-type: none"> <li>○ the strengths and weaknesses of the PBCWS project</li> <li>○ recommendations for consideration if PBCWS were to expand to other counties</li> </ul> </li> <li>• <b>Submit draft Final Report to MDHHS Project Manager</b></li> <li>• Make modifications to the report at the request of the MDHHS Project Manager and submit modified report</li> </ul>	<p><b>Jane Mettenburg/Susan Chibnall</b></p>	<p><b>Susan Chibnall</b>            Karla Eisen            Shauna Harps            Monica Basena            Janet Ciarico            Marneena Evans            Elizabeth Petraglia            Julia White  <b>Joseph Ryan</b>            Andrew Moore            Post Doctorate Student  <b>Jennifer Haight</b>            Emily Rhodes  <b>Fred Wulczyn</b></p>
	<p><b>Reports to Legislature</b></p> <ul style="list-style-type: none"> <li>• Compile information needed for reports once a year</li> <li>• Provide legislative testimony on occasion when requested, and updates on the PBCWS</li> <li>• Prepare presentations</li> <li>• Present findings to the legislature</li> </ul>	<p><b>Jane Mettenburg            Susan Chibnall            Joseph Ryan            Jennifer Haight            Fred Wulczyn</b></p>	
	<p><b>Presentations</b></p> <ul style="list-style-type: none"> <li>• Compile information needed for 3 presentations in the final year of the project</li> <li>• Prepare supplemental or post-evaluation reports</li> <li>• Make formal presentation of the final evaluation report, tailored to specific audiences</li> </ul>	<p><b>Jane Mettenburg            Susan Chibnall            Joseph Ryan            Jennifer Haight            Fred Wulczyn</b></p>	

### Appendix C. Staffing Chart

Tasks	Activities	Staff Assigned	
		Lead	Staff
8. Meetings	<b>Kick off meeting</b> <ul style="list-style-type: none"> <li>• Work with MDHHS to develop and document project organization and communication strategy                             <ul style="list-style-type: none"> <li>○ Establish communication protocols between MDHHS, Westat, subcontractors and all stakeholders</li> </ul> </li> <li>• Define and validate project scope and objectives</li> </ul>	<b>Jane Mettenburg Susan Chibnall Joseph Ryan Jennifer Haight</b>	
	<b>Monthly meetings</b> <ul style="list-style-type: none"> <li>• Participate in monthly meetings with MDHHS staff and PBCWS Team</li> <li>• Work with MDHHS staff and PBCWS Team to identify agenda items for meetings</li> <li>• Conduct monthly PBCWS Evaluation Project Staff meetings on a regular basis</li> </ul>	<b>Jane Mettenburg Susan Chibnall As needed: Joseph Ryan Jennifer Haight</b>	Karla Eisen Monica Basena Shauna Harps Janet Ciarico Marneena Evans Julia White
	<b>Ad Hoc meetings</b> <ul style="list-style-type: none"> <li>• Participate in additional meetings as needed by MDHHS Program Manager</li> </ul>	<b>Jane Mettenburg Susan Chibnall Joseph Ryan Jennifer Haight Fred Wulczyn</b>	Karla Eisen Monica Basena Shauna Harps Janet Ciarico Marneena Evans Julia White Emily Rhodes Elizabeth Petraglia

## Appendix D. Evaluation Deliverables Schedule

Deliverables	End of reporting period	Final submission to DHHS Program Manager	Approved by MI DHHS
Evaluation Project Draft Plan/ Evaluation Project Final Plan	March 14 Contract Date and May18 Kick-off date	05/06/2016 – 1 <sup>st</sup> Draft 06/24/2016 -2 <sup>nd</sup> Draft 12/20/2016 - Final	01/23/2017
1 <sup>st</sup> Progress Report: 3/14/2016 – 7/31/2016 (4.5 mos.)	07/31/2016	08/25/2016	10/19/2016
2 <sup>nd</sup> Progress Report: 8/1/2016 – 12/31/2016 (5 mos.)	12/31/2016	01/31/2017	02/28/2017
3 <sup>rd</sup> Quarterly Progress Report 1/1/2017 – 3/31/2017 (3 mos.)	03/31/2017	05/01/2017	05/31/2017
<b>Annual Report</b> (Year 1):3/14/2016 – 6/30/2017 (16.5 mos.)	6/30/2017	7/31/2017	8/31/2017
6 <sup>th</sup> Quarterly Report: 7/1/2017 – 9/30/2017	09/30/2017	10/31/2017	11/30/2017
7 <sup>th</sup> Quarterly Report: 10/1/2017 – 12/31/2017	12/31/2017	01/31/2018	02/28/2018
<b>Annual Report</b> (Year 2): 4/1/2017 – 3/31/2018	03/31/2018	04/30/2018	05/31/2018
9 <sup>th</sup> Quarterly Report: 4/1/2018 – 6/30/2018	06/30/2018	07/31/2018	08/31/2018
10 <sup>th</sup> Quarterly Report: 7/1/2018 –9/30/2018	09/30/2018	10/31/2018	11/30/2018
<b>Interim Evaluation Report # 1:</b> 3/14/2016 – 9/30/2018 — 2.5 years	09/30/2018	11/30/2018	12/31/2018
11 <sup>th</sup> Quarterly Report: 10/1/2018 – 12/31/2018	12/31/2018	01/31/2019	02/28/2019
<b>Annual Report</b> (Year 3): 4/1/2018 – 3/31/2019	03/31/2019	04/30/2019	05/31/2019
13 <sup>th</sup> Quarterly Report: 4/1/2019 – 6/30/2019	06/30/2019	07/31/2019	08/30/2019
14 <sup>th</sup> Quarterly Report: 7/1/2019 – 9/30/2019	09/30/2019	10/31/2019	11/29/2019
15 <sup>th</sup> Quarterly Report: 10/1/2019 – 12/31/2019	12/31/2019	01/31/2020	02/28/2020
<b>Annual Report</b> (Year 4): 4/1/2019 – 3/31/2020	03/31/2020	04/30/2020	05/29/2020
<b>Interim Evaluation Report # 2:</b> 3/14/2016 – 03/31/2020 — 4 years	03/31/2020	05/29/2020	06/30/2020
17 <sup>th</sup> Quarterly Report: 4/1/2020 – 6/30/2020	06/30/2020	07/31/2020	08/31/2020
18 <sup>th</sup> Quarterly Report: 7/1/2020 – 9/30/2020	09/30/2020	10/30/2020	11/30/2020
19 <sup>th</sup> Quarterly Report: 10/1/2020 –12/31/2020	12/31/2020	01/29/2021	02/26/2021
<b>Annual Report</b> (Year 5): 4/1/2020 – 3/31/2021	03/31/2021	04/30/2021	05/31/2021
<b>Final Report:</b> 3/14/2016 – 3/31/2021	03/31/2021	06//30/2021	07/30/2021

## Appendix E. Data Elements Needed for Study

### Outcome Analysis Study

1. A child level file that includes: DOB, gender, race and county of residence. The child level file should include one record for each unique child associated with any allegation of maltreatment or any substitute care placement. The evaluation team will also need a child ID (or multiple child IDs) to connect the child file with the allegation file and the placement file.
2. A placement file that includes the following: child ID (to link with demographics), placement start date, placement end date, placement type (relative care, non-relative care, residential, etc.), provider ID, placement county and licensing status of placement. The evaluation team will need a mechanism to determine the agency that manages the child's placement—private agency provider or public agency (MDHHS).
3. BITS data file: this file keeps track of licensing violations associated with substitute care settings. The evaluation team will need to understand how the placement experiences may differ in terms of licensing violations. This file will include provider ID, date of violation and type of violation.
4. The evaluation team will need the caseworker assignment file to estimate caseworker turnover. The evaluation team will analyze the caseworkers assigned to each child and the dates of new caseworker assignments.
5. Allegation file: should include all investigated allegations of maltreatment. The file must include child ID, report date, incident date, and country of residence, type of allegation, disposition/finding and perpetrator.
6. Risk and Safety Assessment (SDM) data. This would include all safety and risk elements and scores.

Data not currently being received:

7. Family and Child Assessments of Needs and Strengths (CANS-CPS) data, if available in MiSACWIS.
8. Child characteristics on physical, mental, behavioral, or special needs included in MiSACWIS.
9. Medicaid records for the child in placement (ever managed by private agency) that includes physical and dental health, mental and behavioral health visits and appointments.
10. Education data records link into MiSACWIS for children in placements (ever managed by private agency).
11. Child and family assessment data, when Kent County chooses a measurement tool.

## Appendix E. Data Elements Needed for Study

### Cost Analysis Study

1. Placement data for children placed in foster care to include:
  - a. child level characteristics (e, g, date of birth, gender, county of placement, race/ethnicity, placement reason, acuity level, etc.)
  - b. placement characteristics (e.g. custody removal dates, specific placement date, placement reason, exit reason, custody exit date, custody exit reason, provider agency, level of care, placement type/setting)
2. Payment data for payments issued out of SACWIS, linkable to child records, disaggregated to the placement level including services descriptions, payment dates.
3. Other payment data associated services/assessments provided to child/or family in placement that may be paid by contract or other means (non-SACWIS payments). Administrative rate payments outside of SACWIS. To the extent possible, we want to link that also to specific cases/children
4. County child care fund expenditures for county ward children – at whatever level of disaggregation is available
5. Provider cost reports, at whatever level of disaggregation is available.

**Appendix E. Data Elements Needed for Study**

**Process Evaluation Study**

<b>Categories</b>	<b>Rationale/Considerations</b>	<b>Data sources</b>
<p>Local agency characteristics</p> <ul style="list-style-type: none"> <li>• Locale (urban, suburban, rural)</li> <li>• Number of Child Welfare supervisors/managers</li> <li>• Number of Child Welfare caseworkers</li> <li>• Staff qualifications/readiness (e.g., credentialing/staff expertise)</li> <li>• Policies</li> </ul>	<ul style="list-style-type: none"> <li>• Profiles of child welfare agencies                             <ul style="list-style-type: none"> <li>○ Agency size (relative to community needs)</li> <li>○ Minimum requirements for staff (e.g., degree/ field, certification)</li> <li>○ Expectations outlined, key terms defined</li> </ul> </li> </ul>	<p>Census urban and rural classification  <a href="http://www.census.gov/geo/reference/urban-rural.html">http://www.census.gov/geo/reference/urban-rural.html</a></p> <p>MiSACWIS</p>
<p>Number of open child welfare cases</p> <ul style="list-style-type: none"> <li>• Total number of open cases</li> <li>• Number/percentage of cases by racial group</li> <li>• Number/percentage of cases by gender</li> </ul>	<ul style="list-style-type: none"> <li>• Changes in number of open cases (increased pressure to close cases quickly)</li> <li>• Overrepresentation of minorities</li> </ul>	<p>MiSACWIS</p>
<p>Needs assessment</p> <ul style="list-style-type: none"> <li>• Identified deficiencies/inefficiencies</li> <li>• Identified target population</li> </ul>	<ul style="list-style-type: none"> <li>• Contracts should be designed to address system deficiencies/inefficiencies.</li> <li>• Assessment of how complex cases are distributed.</li> </ul>	
<p>Partnership/stakeholders</p> <ul style="list-style-type: none"> <li>• State-level representatives</li> <li>• Representative(s) from contract agencies</li> <li>• Representatives from community organizations</li> <li>• Meeting schedule</li> <li>• Performance measures (e.g., achievable, clear)</li> </ul>	<ul style="list-style-type: none"> <li>• Planning process should involve State/provider collaboration, regular meetings with contractors.</li> <li>• Providers should be strategic partners, with preventive rather than adversarial monitoring.</li> <li>• Contractors should be involved in performance measurement planning.</li> </ul>	<p>Community commitment form</p> <p>Meeting sign-in sheets</p> <p>County collaboration and placement planning guidelines</p>
<p>Collaborative structure</p> <ul style="list-style-type: none"> <li>• Stakeholder roles/responsibilities</li> <li>• Leadership</li> <li>• Oversight of child welfare case work</li> <li>• Representatives on quality assurance team</li> <li>• State- and local-level committees/units/teams                             <ul style="list-style-type: none"> <li>○ Information-sharing between State and counties</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Roles and responsibilities for public and private entities are identified and clear.</li> <li>• Oversight of specific activities</li> </ul>	

## Appendix E. Data Elements Needed for Study

Categories	Rationale/Considerations	Data sources
<p>Caseworker training</p> <ul style="list-style-type: none"> <li>• Training types</li> <li>• Number of trainings/hours required/year</li> <li>• Number of caseworkers that met requirement</li> <li>• Post-training assessment of skills/knowledge</li> <li>• Evaluation/refinement</li> </ul>	<ul style="list-style-type: none"> <li>• Changes in number of required trainings/training types (strategies for closing cases quickly)</li> <li>• Checks to ensure that caseworkers understand information learned/apply information learned appropriately.</li> </ul>	
<p>Caseloads</p> <ul style="list-style-type: none"> <li>• Supervisors</li> <li>• Foster care workers</li> <li>• Adoption workers</li> <li>• CPS investigation workers</li> <li>• CPS ongoing workers</li> <li>• POS workers</li> <li>• Licensing workers</li> </ul>	<ul style="list-style-type: none"> <li>• Maximum number of cases any one worker can carry/standards</li> <li>• Responsibilities</li> <li>• Accountability (tracking/reporting)</li> </ul>	
<p>Assessments</p> <ul style="list-style-type: none"> <li>• Child and family strengths and needs</li> <li>• Agency that completes assessment</li> <li>• Timeframe for completion after foster care entry</li> <li>• Frequency in which assessments are updated</li> </ul>	<ul style="list-style-type: none"> <li>• Sufficient information provided to inform case planning</li> <li>• Timeliness of assessments</li> </ul>	<p>SDM and other assessment elements and scores</p>
<p>Case practice models</p> <ul style="list-style-type: none"> <li>• Models implemented before MiTEAM was mandated</li> <li>• Entities involved in case planning before and after MiTEAM implementation</li> <li>• Transition to MiTEAM (e.g., training)</li> <li>• MiTEAM competencies               <ul style="list-style-type: none"> <li>○ Teaming</li> <li>○ Engagement</li> <li>○ Assessment</li> <li>○ Mentoring</li> </ul> </li> <li>• Team member roles and responsibilities</li> <li>• Meeting purpose, processes, goals, and timeframe</li> <li>• Supervision/assessment of skills/fidelity monitoring</li> </ul>	<ul style="list-style-type: none"> <li>• Agencies are mandated to implement this practice model.</li> <li>• Children and families should have a role, and understand their role, in case planning.</li> </ul>	<p>Model fidelity checklist</p> <p>Interviews/focus groups</p> <p>CQI/QSR reports from State and county teams</p>

## Appendix E. Data Elements Needed for Study

Categories	Rationale/Considerations	Data sources
<p>Case planning</p> <ul style="list-style-type: none"> <li>• Initial service plan completed</li> <li>• Agency that completes initial service plan</li> <li>• Timeframe for completing initial service plan after child's placement</li> <li>• Frequency of updates to service plans</li> <li>• Family invited to participate in case planning</li> <li>• Frequency of supervisor/caseworker meetings to review/approve plan</li> <li>• Target/actual number of days from case opening to case closure</li> </ul>	<ul style="list-style-type: none"> <li>• Timely completion of service plans</li> <li>• Complete/thorough plans (e.g., goals, structure for family engagement, provider involvement, services)</li> <li>• Supervisor oversight of service provision (e.g., timeliness, quality)</li> </ul>	<p>MiSACWIS Case Plan Goals and Case planning records</p>
<p>Performance reporting</p> <ul style="list-style-type: none"> <li>• Performance on safety               <ul style="list-style-type: none"> <li>○ Recurrence of maltreatment within 6 months</li> <li>○ Maltreatment in foster care</li> </ul> </li> <li>• Performance on permanency               <ul style="list-style-type: none"> <li>○ Timeliness and permanency of reunification</li> <li>○ Timeliness to adoption</li> <li>○ Achieving permanency for children in foster care for long periods of time</li> <li>○ Placement stability while in foster care</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Frequency of performance reporting</li> <li>• Required data reported (percentages on safety measures, composite scores and component scores on permanency measures)</li> <li>• Other performance measures (e.g., quality, quantity, timeliness of services)</li> <li>• Benchmarks (performance measurement must be moderated by management of performance information)</li> </ul>	<p>MiSACWIS</p>
<p>Data collected/analyzed</p> <ul style="list-style-type: none"> <li>• Costs for services</li> <li>• Caseload trends</li> <li>• Service utilization patterns</li> <li>• Child outcomes</li> <li>• Service quality</li> </ul>	<ul style="list-style-type: none"> <li>• Accuracy of data collected/quality checks</li> <li>• Timeliness of data entry</li> <li>• Entities involved in development of benchmarks/measures (multi-level intra- and inter-agency staff involvement)</li> </ul>	
<p>State oversight of contract agency operation/ services</p> <ul style="list-style-type: none"> <li>• Frequency of inspections</li> <li>• Frequency of MDHHS reviews of Management Information Systems' data</li> <li>• Quality assurance data checks</li> <li>• Frequency of quality assurance checks</li> </ul>	<ul style="list-style-type: none"> <li>• Requirement to have a quality assurance unit of the Children's Services Administration in MDHHS.</li> </ul>	<p>MiSACWIS</p>

### Appendix E. Data Elements Needed for Study

<b>Categories</b>	<b>Rationale/Considerations</b>	<b>Data sources</b>
Transition to performance-based case rate contracting <ul style="list-style-type: none"> <li>• Requirements</li> <li>• Selection criteria</li> </ul>	Private agencies in Kent County were competitively selected (requirements and expectations identified)	Request for proposals
Decision-making processes (e.g., outcome-based, research-driven, continuous evaluation)		Interviews/focus groups
Challenges to implementation/strategies	Identification of barriers and strategies for overcoming them/action plan	Private agency placement procedures  Interviews/focus groups
Collaboration/coordination with State or local education agencies (e.g., educational services, mental health services) <ul style="list-style-type: none"> <li>• Data on shared cases/data-sharing agreements</li> </ul>		
Service coordination <ul style="list-style-type: none"> <li>• Inter- and intra-department</li> <li>• Tribes</li> <li>• Other public and private agencies</li> </ul>		