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Evaluation of Michigan's Performance-Based Child Welfare System

First Annual Report

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Executive Summary

Project Overview

The Michigan Legislature, through Public Act 59 of 2013, Section 503, convened a task force to determine the feasibility of establishing performance-based funding for all public and private child welfare service providers. A recommendation from the task force called for a pilot project to plan and implement the new funding model, and an independent evaluation of the pilot to assess the planning and implementation required of such a project, and the child and family outcomes associated with it.

The Performance-based Child Welfare System (PBCWS) is a core tenet of Michigan's Strengthening Our Focus on Children and Families (Strengthening Our Focus) approach to child welfare. Strengthening Our Focus has three primary components to establish long term systemic child welfare improvements: (1) enhanced MiTEAM practice model; (2) enhanced CQI activities; and (3) implementation of a performance-based child welfare system. The performance-based child welfare system includes: (1) consistent emphasis on outcomes for public and private agencies and (2) implementation of a performance-based case rate funding model. With support from Michigan Department of Health and Human Services (MDHHS), the West Michigan Partnership for Children (WMPC) began implementing the model in Kent County in October 2017 and serves as the pilot site for the evaluation.

On behalf of MDHHS, Westat, the University of Michigan School of Social Work, and Chapin Hall at the University of Chicago, are collaborating to plan and implement the performance-based case rate funding evaluation. At this time, Kent County private provider agencies are the only agencies implementing performance-based case rate contracting of the PBCWS, operating under a consortium with a performance-based case rate funding model. The evaluation involves process (Westat) and outcome (University of Michigan School of Social Work) components and a cost study (Chapin Hall).

With implementation of the pilot date pushed back to October 2017, the focus of this report is mostly descriptive; that is, because the team has completed only one (baseline) data collection site visit and does not have cost or outcome data yet, they are not in a position to make comparisons across the three counties on indicators of interest. Therefore, the process evaluation findings mostly describe what has happened to date to plan and prepare for implementation in Kent County, as well

as the perceptions of child welfare stakeholders, including those at the state, and county and local (public and private agencies) levels around key aspects of the overall pilot (e.g., case rate vs. per diem, MiTEAM practice model).

Overview of Key Activities

Overall, the rigorous 5-year evaluation of the pilot was designed to test the effectiveness of a performance-based case rate funding model (i.e., Kent Model) for foster care services on child and family outcomes in Kent County, MI; the Kent Model is being compared to the per diem model ("business as usual") for foster care services in two comparison counties, Ingham and Oakland. The process evaluation is designed to provide the context for foster care service planning and implementation in the three counties, while the outcome and cost components of the evaluation will compare the Kent Model to the per diem model being implemented across the state using matched comparison groups (developed using propensity score matching);[1] the outcome study will document changes in child and family outcomes (i.e., safety, permanency, and well-being), while the cost study will address cost effectiveness in service delivery.

For the reporting period (April 2016 – July 2017), the three components of the evaluation have been focused on the following activities:

- **Process Evaluation –** (1) gaining buy-in for the evaluation from key state and county stakeholders; (2) finalizing the process evaluation plan (including identifying the sample, and developing data collection and analysis plans); (3) implementing the first round of data collection site visits in MDHHS and the three participating counties (Kent, Ingham, and Oakland); and (4) participating in state and local meetings, as needed.
- **Outcome Evaluation –** (1) finalizing data sharing agreements, and sampling and analysis plans; (2) developing historical models and variable lists for analysis; (3) developing criteria and specifications for administrative data collection and analysis; and (4) participating in state and local meetings, as needed.
- **Cost Study –** (1) finalizing data sharing agreements, and sampling and analysis plans; (2) developing historical models and variables lists for analysis; (3) developing data source rubric, including specifying data elements for retrospective and historical cost analyses; and (4) participating in state and local meetings, as needed.

[1] For the purposes of this report, the overall Performance-based Child Welfare System will be referred to as the pilot. The "performance-based case rate funding model" will be referred to as the "Kent Model," whereas the "per diem model" will be referred to as either the "per diem model" or "business as usual" and will be used to represent the model being implemented in the comparison counties, and for the cost and outcome evaluations, the rest of the state.

Process Evaluation: Evaluation Update

As noted, there were three key activities accomplished for the process evaluation.

Gain Buy-in From State and County Stakeholders

One critical aspect of an evaluation of this type is to gain buy-in for it from state and county stakeholders; stakeholders are defined as the individuals and organizations that have a vested interest in the evaluation and may be affected by its results. To gain buy-in, Westat implemented several key activities:

- In May 2016, in collaboration with MDHHS, the Westat team conducted an evaluation presentation for a comprehensive group of state, local, and county stakeholders.
- From May to August 2016, the evaluation team worked closely with MDHHS to identify comparison sites for the evaluation. Oakland and Ingham Counties both agreed to serve as comparison counties and fully participate in the evaluation.
- From May to August 2016, the process evaluation team worked closely with the three counties around roles and responsibilities associated with the evaluation, including telephone calls to ensure clarity and buy-in.
- In November 2016, at the request of MDHHS, the Westat team traveled to Lansing to meet with a group of Oakland and Ingham county representatives to discuss the evaluation and provide stakeholders the opportunity to ask questions and gain further clarification on particular aspects of the evaluation.

Finalize Evaluation Plan

Shortly after contract award, in April 2016, the evaluation team began work on the final project plan, a report (and deliverable) designed to summarize the major evaluation tasks and deliverables associated with each of the three evaluation components (process, outcome, cost). The final evaluation plan was submitted to MDHHS in April 2017 as part of the overall project plan.

Implement Process Evaluation Data Collection Site Visits

In March 2017, the process evaluation team conducted on-site visits to MDHHS and Kent, Ingham, and Oakland counties to gather process evaluation data; data collection activities included 19 interviews with public child welfare and private agency leadership, and 18 focus groups with their supervisors and caseworkers. Interview and focus group questions covered the following topical areas: Performance-Based Case Rate Funding Model Project; practice model and case planning; monitoring and accountability; training and staffing; interagency collaboration; and organizational and community challenges or barriers. The site visits constituted the first major data collection effort for the evaluation. Data collected during these visits provide a foundation from which to examine how implementation of the performance-based case rate funding model will affect public and private child welfare agencies and staff in Kent County. The main findings of these visits are summarized below.

Summary of Key Process Evaluation Findings

Staffing and Training

Across the three counties, staffing and training issues were reported mostly in terms of challenges. In addition to maintaining caseloads, respondents described other job-related activities, such as fulfilling administrative requirements (e.g., completing paperwork and/or entering case data), which consume a considerable amount of time. Respondents also expressed concern about insufficient time available for meeting with children and families due to time-consuming administrative or training obligations. Additionally, frequent staff turnover leads to continuous training and support of new staff, as well as unexpected transfers of cases to staff with already limited availability. Expectations related to participation in training add another layer to agency workers' job responsibilities. Although agency supervisors and direct line staff are required to participate in certain trainings (e.g., CWTI) and often provide recommendations to agency leadership on training needs, a number of agency staff reported that they rarely had time to participate in trainings of interest or support services that are relevant to their position or cases (e.g., secondary trauma support) because of competing priorities. These challenges made it difficult for some staff to support plans for implementation, which was scheduled to launch approximately six months following the evaluation data collection site visits. For example, some staff were uncertain if changes to processes for serving children in care in Kent County will lead to increased job responsibilities. However, at the time of the visits, some respondents had only minimal knowledge of the pilot and

therefore may not have completely understood the model's implications for public and private agency infrastructure and staff in Kent County; in an attempt to raise awareness of the pilot among the community at large and child welfare stakeholders and staff, efforts are underway to develop "messaging" around the initiative which will be widely disseminated to interested parties.

Performance-Based Case Rate Funding Model

Awareness and Involvement

Level of involvement in planning for the pilot and awareness of the intricacies of the Kent model varied by agency position. For example, agency directors were more likely than direct line staff to report that they helped plan for or had substantial knowledge of the Kent model. This variation underscores the importance of clear and consistent communication about the model, which respondents from state and local agencies recognized as important. Agency staff at all levels may benefit from receiving detailed information about pilot implementation at regular intervals. As some respondents reported, information about changes being made in Kent County's public and private agencies would increase staff understanding of how those changes might affect their agency, in general, and their job, specifically. Information about the model (e.g., major activities conducted, pilot milestones) is disseminated publicly at regular intervals, through communication vehicles such as the West Michigan Partnership for Children website and Child Welfare Partnership Council newsletters. Communication with entities external to the child welfare agencies supports increased public knowledge and understanding of changes that are occurring locally, and increase transparency in how the agencies are serving local children in care.

Service Delivery Processes

Reactions to the MiTEAM practice model were mixed, with respondents recognizing both its strengths (teaming and engagement) and limitations (family team meetings require additional work, the usefulness of particular assessment tools, etc.). Respondents also expressed their reactions to various aspects of service delivery processes. Findings suggest that although the success of some services or activities depends on the family's involvement (e.g., the family engagement component of MiTEAM may be difficult to achieve if family members are unwilling or unable to actively contribute to team meetings), respondents also articulated that they often have difficulty obtaining ancillary services (e.g., mental health, substance abuse) for children and families due to limited

community resources. In addition, respondents from all three counties noted the need for an increase in the number of appropriate adoptive and foster homes for children in care, and said the homes are particularly difficult to locate for certain sub-groups of youth (e.g., teenagers, medically fragile children). The lack of appropriate homes not only affects the outcomes agencies are able to achieve, but adds another level of frustration to already burdened staff.

Flexible Funding

One of the outcomes to be achieved through implementation of the pilot is increased flexibility in how agencies expend funds and how staff provide services; however, some staff, both private and public, lacked confidence that the Kent model would, indeed, provide more flexibility. In addition, while some ancillary services will likely continue to be limited after pilot implementation (e.g., one respondent described a "housing crisis" in Kent County), the ongoing process data the evaluation team collects after the launch of the pilot in October 2017 will enable the team to explore if and how service provision has changed with the increased flexibility.

Interagency Collaboration and Coordination

Interview and focus group respondents also implied that the degree to which children and families receive appropriate services and can reach case closure with minimal delays or disruptions hinges on how well public and private agencies collaborate and communicate. Respondents agreed that public and private agencies in Kent County have a long history of effective collaboration and, overall, feel that the agencies have collaborated well in planning efforts. As one manager noted, "The success of this collaboration is based in consistent communication and quality control." However, common challenges that were frequently identified by respondents (e.g., staff turnover, high job demands, unresponsiveness to information requests, and incomplete case documentation) lead to breakdowns in inter-agency collaboration; respondents reported having begun to observe changes in public-private agency staff interactions, resulting in a "disconnect." Some respondents speculated that this disconnect might increase as new changes to agency policies and processes are instituted following implementation of the pilot, while others have hope that they will interact more closely.

A number of respondents described concerns related to their collaboration with the courts and the extent to which their work often hinges on court system processes and decisions, the latter of which is perceived by some to be slightly unpredictable. In addition, public and private agency workers had

different perspectives on this relationship, with the private agency workers more often reporting a "good relationship" with the courts. Despite this, respondents from both public and private agencies recognized the importance of having the courts on-board and supportive of the kinds of changes the West Michigan Partnership for Children is hoping to make.

To promote inter-agency collaboration and coordination, leaders from Kent County's public and private agencies, along with MDHHS representatives, meet regularly in the collaborative groups described in the larger report. As expected, the central topic of discussion across groups has been planning for the October 1st launch of the pilot. During future waves of data collection, the evaluation team will examine, among other factors, how the collaborative groups strategize around challenges in pilot implementation, as well as staff perceptions of how relationships among staff in partnering agencies have changed since implementation.

Data Management Systems

The MiSACWIS data management system was developed as part of the requirements of the federal consent decree issued in 2008 and the data system rolled out in the state in the spring of 2014. While respondents shared many frustrations about the system, positive benefits were also described. Overall, on the positive side, most respondents were in support of the idea of using a data management system with accurate and timely information and felt it would improve case management and inter- and intra-agency communication. Others stated that communication between private agencies and public agency workers on cases had indeed improved as a result of MiSACWIS. On the other hand, respondents also spoke of operational challenges with system functioning, access to needed data, and limited reporting options. Kent County is hoping to improve some of these issues via MindShare, its new data reporting system. Respondents are excited and hopeful that MindShare will enhance their ability to target case trajectories, allow intervention to occur more quickly, and create a more efficient use of resources.

Overall, Continuous Quality Improvement (CQI) seemed to be a relatively new way of thinking among public agencies, whereas most of the private agencies reported having active CQI efforts, in part due to the Council on Accreditation process some have gone through. Most, however, understood the importance of performance monitoring, whether it be through CQI, Quality Service Reviews (QSRs), quarterly management meetings, or "metric meetings" between supervisors and workers. The West Michigan Partnership for Children intends to continue this emphasis on

monitoring for improvement with its performance and quality improvement teams that will use MindShare and other data sources to address utilization management and other performance indicators.

Other Major Challenges

While there were challenges reported across each area of inquiry, respondents were asked specifically to identify barriers within their agency or community that might affect implementation of the pilot. There were four key challenges identified:

- **Housing and Child Placements –** Respondents noted that Kent County suffers from a general lack of affordable housing for families, and available and appropriate foster homes for children and youth in need of placement.
- **Service and Resource Availability –** Respondents across the three counties reported limited availability of such needed services as mental health counseling, and resources for children for whom English is a second language, teenagers, and those living in rural areas.
- **Agency Staff and Workloads –** Obstacles reported across the three counties include an inadequate number of staff, inexperienced staff, high caseloads, high staff turnover, and inadequate staff resources and support.
- **Agency Policies and Processes –** Respondent across the three counties noted several policies and processes that make their job more challenging, including: time-consuming referral processes; lack of standards for accountability and inconsistent expectations across agencies; substantial amounts of paperwork; information and document exchanges within or between agencies; and delays to permanence due to a cumbersome adoption process.

Next Steps

The baseline data collected during site visits in spring 2017 yielded detailed information on public and private agencies in Kent, Oakland, and Ingham counties in relation to elements such as agency infrastructure, staff roles and responsibilities, training, and service provision *prior to* pilot implementation. During the remaining rounds of data collection for the process evaluation, the next of which is scheduled for fall 2018, the evaluation team will examine changes in agency policies and procedures, and service availability and delivery; identify pilot implementation barriers and successes, and contextual factors relating to implementation; and assess client satisfaction with services and

fidelity to the Kent Model. In addition, with data sharing agreements in place, the cost and outcome studies will be underway soon and updated information and reports on those will be included in future reports. Although some respondents expressed ambivalence about the Kent model, uncertainty is to be expected when any new initiative is introduced. What is essential is for the evaluation team to continue to unpeel the multiple layers of the Kent model to support MDHHS's efforts to have a complete picture of factors associated with improved outcomes for children and families in Michigan.

Project Overview 1

1.1 Project Overview

The Michigan Legislature, through Public Act 59 of 2013, Section 503 , convened a task force to determine the feasibility of establishing performance-based funding, for all public and private child welfare service providers. A recommendation from the task force called for a pilot project to plan and implement the new funding model, and an independent evaluation of the pilot to assess the planning and implementation required of such a project and the child and family outcomes and the child and family outcomes associated with it.

The Michigan Performance-Based Child Welfare System (PBCWS) is a core tenet of Michigan's Strengthening Our Focus on Children and Families (Strengthening Our Focus) approach. Strengthening Our Focus has three primary components to establish long term systemic child welfare improvements; (1) enhanced MiTEAM practice model; (2) enhance CQI activities; and (3) implementation of a performance-based child welfare system. The performance-based child welfare system includes: (1) consistent emphasis on outcomes for public and private agencies and (2) implementation of a performance-based case rate funding model. The performance-based case rate funding evaluation is being conducted jointly by Westat, the University of Michigan School of Social Work, and Chapin Hall at the University of Chicago on behalf of the Michigan Department of Health and Human Services (MDHHS). At this time, Kent County private provider agencies are the only agencies implementing performance-based case rate contracting of the PBCWS, operating under a consortium with a performance-based case rate funding model. The evaluation involves process (Westat) and outcome (University of Michigan School of Social Work) components and a cost study (Chapin Hall).

Overall, the rigorous 5-year evaluation of the pilot was designed to test the effectiveness of a performance-based case rate funding model (i.e., Kent Model) for foster care services on child and family outcomes in Kent County, MI; the Kent Model is being compared to the per diem model ("business as usual") for foster care services in two comparison counties, Ingham and Oakland. The process evaluation is designed to provide the context for foster care service planning and implementation in the three counties, while the outcome and cost components of the evaluation will compare the Kent Model to the per diem model being implemented across the state using matched

comparison groups (developed using propensity score matching);[2] the outcome study will document changes in child and family outcomes (i.e., safety, permanency, and well-being), while the cost study will address cost effectiveness in service delivery.

1.2 Overview of Key Evaluation Activities (April 14, 2016 – July 31, 2017)

The following is an overview of key evaluation activities for each component of the evaluation, throughout the reporting period. For the process evaluation, most of these activities, and findings related to them, are presented in more detail in Section 1.2.1 (process evaluation). Minimal information is available for the cost and outcome components as the data sharing agreement (DSA) had not been finalized. The cost and outcome components will be fully described in the next annual report and summarized in quarterly progress reports. As such, this report focuses primarily on the process evaluation and is very descriptive in nature.

1.2.1 Process Evaluation[3]

The process evaluation team worked in collaboration with MDHHS to implement three key tasks: (1) gain buy-in for the evaluation from key state and county stakeholders; (2) finalize the process evaluation plan (including identifying the sample, and developing data collection and analysis plans); and (3) implement the first round of data collection site visits to MDHHS and the three counties. Key activities related to these three tasks include:

Gain Buy-in From Key State and County Stakeholders

- Facilitated the project kick-off meeting in Lansing with state and county stakeholders, including presentation on the process evaluation (May 2016).

[2] For the purposes of this report, the overall Performance-based Child Welfare System will be referred to as the pilot. The "performance-based case rate funding model" will be referred to as the "Kent Model," whereas the "per diem model" will be referred to as either the "per diem model" or "business as usual" and will be used to represent the model being implemented in the comparison counties, and for the cost and outcome evaluations, the rest of the state.

[3] All activities and findings presented in this report are for the April 4, 2016 through July 31, 2017 time period.

Finalize Process Evaluation Plan

- Finalized process evaluation data collection and analysis plans (August – December 2016).
- Worked with MDHHS to identify comparison counties (May 2016); MDHHS identified Oakland and Ingham to participate as comparison counties (May – August 2016).
- Developed roles and responsibilities for Kent and comparison counties (Ingham and Oakland) around the process evaluation; shared these with MDHHS and the counties (June – August 2016).
- Collected and analyzed documents from the counties to help describe the context of their child welfare operations (May 2016 – June 2017).
- Conducted a logic model training with Kent County to assist them to operationalize (and document) their theory of change for the pilot project (November 2016); conducted follow up calls to finalize logic model (December 2016).
- Participated in a meeting with Ingham and Oakland County representatives to discuss the evaluation (November 2016).
- Finalized data collection instruments and related forms (e.g., consent forms), including those for interviews and focus groups (October – December 2016); received Institutional Review Board (IRB) approval (January 2017); the team continues to work on templates and processes for collecting and analyzing client satisfaction surveys in Kent County and state fidelity data reports for all three counties (expected completion date: October 2017).

Implement Data Collection Site Visits

- Engaged counties around planning for on-site visits through telephone calls with county leadership (December 2016).
- Conducted on-site visits to MDHHS and Kent, Ingham, and Oakland counties (March 2017) to gather process evaluation data; data collection activities included 17 interviews with public child welfare and private agency leadership and 18 focus groups with their supervisors and caseworkers; conducted two follow up interviews with stakeholders who were unavailable during site visits (April 2017); analyzed data from site visits for reporting (April – August 2017).
- Participated in various Kent County task force meetings, including those of Child Welfare Partnership Council (CWPC), Director's Steering Committee (DSC), and West Michigan Partnership for Children (WMPC); presented on or answered questions regarding the evaluation, as requested (April 2016 – June 2017).

1.2.2 Outcome Component

From April 2016 through July 2017, Dr. Joe Ryan, the Principal Investigator, completed the following key activities:

- Assisted Westat in revising and finalizing the full evaluation plan, prepared alternative approaches to the scope and sampling plan for the outcome evaluation, and finalized the outcome analysis plan (April 2016);
- Developed a new outcome analysis plan based on a statewide comparison of foster youth in private agency settings (July 2016);
- Identified and explored the use of Family Assessment of Needs and Strengths (FANS) and Child Assessment of Needs and Strengths (CANS) data;
- Collaborated with MDHHS to establish and finalize a data sharing agreement (DSA);
- Identified data elements focused on child health (e.g., diagnostic codes and Medicaid claims data);
- Developed preliminary strategy for propensity score matching for outcome study (to compare Kent Model outcomes with those achieved by the statewide per diem model);
- Completed IRB filing with University of Michigan; coordinated response with Westat and Chapin Hall;
- Began to develop historical models that compare foster care performance in Kent County to that in Ingham and Oakland counties; developed code to run baseline models and a data visual to capture the historical performance of Kent County on safety and permanency outcome variables;
- Coordinated with MDHHS and WMPC about the use of Structured Decision Making Child Assessment of Needs and Strengths, Safety and Risk Assessment tools, and availability of education data from the Michigan Department of Education at the May 2016 kick-off meeting;
- Developed criteria and specifications for administrative data variables needed for the outcome study (May – June 2016);
- Presented to CWPC on outcome analysis plan (June 2016);
- Requested initial administrative data files for baseline analyses;
- Participated in project and internal meetings with data lab staff; and
- Participated in meetings (phone conferences) with MDHHS staff to discuss data elements necessary for outcomes study.

1.2.3 Cost Component

From April 2016 through July 2017, the cost team completed the following key activities:

- Finalized and submitted cost study analysis plan (Spring/Summer2016);
- Provided preliminary cost data needs to MDHHS project manager (June 2016);
- Presented cost study plan to project partners (June 2016);
- Consulted with the internal Chapin Hall team and the Westat evaluation team on continued refinements to the evaluation plan, with a specific focus on the approach and methods for comparison sites (August – September 2016);
- Developed cost study data source rubric for retrospective/historical cost study and provided list of data elements to MDHHS project manager and provided list of data elements necessary for both retrospective and prospective cost study analysis (September 2016);
- Participated in two meetings with Kent and comparison county stakeholders to review elements of cost study and to respond to questions (November 2016);
- Revised and updated cost study for inclusion in final evaluation plan (December 2016);
- Participated in meeting on February 3, 2017, with MDHHS staff to finalize data elements necessary for cost study;
- Developed and submitted IRB for cost study (Winter 2017);
- Supported efforts to establish DSAs between Chapin Hall and MDHHS to permit the receipt of data from MDHHS and to share data between project partners;
- Received notification that the IRB for the cost study was approved by the University of Chicago/School of Social Service Administration (SSA) IRB on May 5, 2017;
- Shared IRB approval letters with MDHHS and Westat;
- Participated in conference call on May 25, 2017, with University of Michigan and MDHHS staff to discuss appropriate language and necessary aspects of DSAs for the cost study; and
- Developed an outline, collected data, and drafted a context piece describing history/context of transition to performance-based funding.

In the sections that follow, updates will be provided for the process, outcome, and cost components of the evaluation, including accomplishments and challenges. As noted, the report is limited to the findings for the process evaluation and will also include planned activities for the next reporting period for all three components of the evaluation and a summary of potential issues and solutions to each component of the evaluation, moving forward.

Process Evaluation: Evaluation Update 2

2.1 Status, Activities, and Accomplishments for This Reporting Period

As noted, there are three key process activities that were implemented during this reporting period: (1) gaining buy-in from key state and county stakeholders; (2) finalizing the process evaluation plan; and (3) implementing the first round of data collection site visits. The status of and accomplishments around these activities are presented in more detail in the following sections.

2.1.1 Gain Buy-in From State and County Stakeholders

One critical aspect of an evaluation of this type is to gain buy-in for it from state and county stakeholders; stakeholders are defined as the individuals and organizations that have a vested interest in the evaluation and may be affected by its results. Gaining buy-in accomplishes a number of key objectives. First, engaging a range of stakeholders with different perspectives can build both internal and external buy-in and support for the evaluation process. Next, it can make the evaluation process more objective, enhance communication among key parties, and ensure that data collection is thorough and complete. Finally, and most important, buy-in *reduces* stakeholders' distrust and fear of evaluation and *increases* their awareness of and commitment to the evaluation process; *increases* the chances that stakeholders will support evaluation efforts, adhere to subsequent recommendations, and use evaluation findings; and *enhances* the credibility of the evaluation and its findings. In this context, "stakeholders" include leadership and staff from MDHHS and the public and private child welfare–serving agencies in Kent, Ingham, and Oakland counties. To obtain buy-in, the Westat team implemented several activities to introduce and explain the evaluation to leadership and provide opportunities for them to ask questions and raise concerns.

First, in May 2016, in collaboration with MDHHS, the Westat team conducted an evaluation presentation for a comprehensive group of state, local, and county stakeholders; MDHHS created the guest list and arranged for meeting space in their offices in Lansing, Michigan. The meeting was well attended and the evaluation presentation was well received. Next, from May to August 2016, the evaluation team worked closely with MDHHS to identify comparison sites for the evaluation.

Oakland County was approached first, followed later by Ingham County; both counties agreed to serve as comparison counties and fully participate in the evaluation. During this same time period, the process evaluation team drafted and submitted a document identifying the roles and responsibilities expected of the counties (and the evaluation team) throughout the evaluation; the document was submitted for approval to MDHHS, after which it was provided to the counties for review and comment. Afterward, the team hosted telephone calls with representatives from both Oakland and Ingham counties to answer questions and provide clarification on the roles and responsibilities of each party. Finally, in November 2016, at the request of MDHHS, amid some concerns about the roles and responsibilities of the comparison sites in the evaluation, the Westat team returned to Lansing to meet with a group of Oakland and Ingham county representatives to discuss the evaluation and provide stakeholders the opportunity to ask questions and gain further clarification on particular aspects of the evaluation. Again, the meeting was well attended and well received.

2.1.2 Finalize Evaluation Plan

Shortly after contract award, in April 2016, the evaluation team began work on the final project plan, a report (and deliverable) designed to summarize the major evaluation tasks and deliverables associated with each of the three evaluation components (process, outcome, cost). To deliver this report, each component of the evaluation had to be finalized; based on some concerns about the outcome component (i.e., directly comparing the three counties on child and family level outcomes), it was revised several times and now it and the cost study are considered final products. Upon approval of the data sharing agreement, the cost and outcome studies will begin. The final evaluation plan was submitted to MDHHS in April 2017 as part of the overall project plan.

Update on the process evaluation. At this time, the process evaluation is moving forward; however, there are two pieces that remain under development: client satisfaction surveys and the MiTEAM Fidelity Tool[4]. The process evaluation team is working with MDHHS to finalize these plans. The client satisfaction surveys will be gathered in Kent County only, using existing surveys. Currently, the West Michigan Partnership for Children (WMPC), subcontracting with the five

[4] The MiTEAM Fidelity Tool (referred to as the MiTEAM tool) is an assessment instrument designed to measure the extent to which the enhanced MiTEAM Practice Model is being implemented as designed. The tool is completed by each supervisor on each of their workers, once per quarter. During the testing period, cases (workers) are randomly selected through the Division of Continuous Quality Improvement to identify the cases to be reviewed each quarter. Westat will use these data to assess each county's fidelity to the MiTEAM Practice Model.

private agencies in Kent County providing foster care and adoption services to families in the county through the Kent Model, collects these data from the families they serve through surveys they have designed for their own purposes. The evaluation team has reviewed these surveys and agreed to use them rather than develop something new; while the surveys are not exactly the same across agencies, they gather data similar enough to be analyzed and aggregated across agencies. Finally, the team also is working with MDHHS to gather MiTEAM fidelity reports—reports that are generated from the MiTEAM Fidelity Tool and are already part of the counties' reporting requirements—for the three counties on a quarterly basis, starting in January 2018. Once these plans are final, they will be integrated into the project plan as an addendum and submitted for IRB approval (as an amendment to the original submission and approval).

2.1.3 Implement Process Evaluation Data Collection Site Visits

As described in more detail in Section 2.2, below, in March 2017, the process evaluation team conducted on-site visits to MDHHS and Kent, Ingham, and Oakland counties to gather process evaluation data; data collection activities included 17 interviews with public child welfare and private agency leadership and 18 focus groups with their supervisors and caseworkers. Interview and focus group questions covered the following topical areas:

- Performance-Based Case Rate Funding Model Project
- Practice model and case planning
- Monitoring and accountability
- Training and staffing
- Interagency collaboration
- Organizational and community challenges or barriers

The site visits constituted the first major data collection effort for the evaluation. The findings from the site visits are presented in detail in the following section.

2.2 Key Process Evaluation Findings

To increase understanding of current state- and county-level agency processes, the evaluation team conducted the first of several data collection site visits in spring 2017. The purpose of the baseline site visits was to collect descriptive information on agency policies, practices, and procedures prior to implementation of the performance-based case rate funding model. During interviews and focus groups, the evaluation team collected data on a range of topics, including:

- Performance-based case rate funding model (e.g., planning for and reactions to the model);
- Case planning and MiTEAM implementation;
- Monitoring, accountability, and quality control;
- Training and staffing;
- Interagency collaboration;
- Organizational and community challenges or barriers; and
- Resources available or needed.

Qualitative data collected during the baseline site visits provide a foundation from which to examine how performance-based case rate funding model implementation will affect public and private child welfare agencies and staff in Kent County. Subsequent rounds of data collection will enable the evaluation team to observe and describe changes in agency policies, practices, and procedures. Additionally, availability of cost and outcome data after the first year of performance-based case rate funding model implementation will enable the evaluation team to use qualitative data collected to complement quantitative data the agencies report. For example, interview and focus group descriptions of foster home availability in Kent County may provide insight on permanency outcomes achieved in the county.

With the implementation date pushed back to October 2017, the focus of this report is mostly descriptive; that is, because the team has completed only one (baseline) data collection site visit and does not have cost or outcome data yet, they are not in a position to make comparisons across the three counties on indicators of interest. Here, then, the process evaluation findings mostly describe what has happened to date to plan and prepare for implementation in Kent County, as well as the perceptions of child welfare stakeholders, including those at the state, county (e.g., public agencies),

and local (private agencies) levels (e.g., supervisors and caseworkers) around key aspects of the overall pilot (e.g., case rate vs. per diem, MiTEAM practice model).

Contextual Information

In this first section, the demographic makeup of each of the three counties participating in the evaluation is presented, to provide context for them.

County Characteristics

Kent County is serving as the treatment county, implementing the Kent Model (i.e., performance-based, case rate funding model), while Ingham and Oakland counties are serving as the comparison counties, representing child welfare "services as usual." Demographic county characteristics information was captured from documentation sent to the evaluation team by each of the three counties, supplemented with publicly available 2016 (estimated) data from the U.S. Census and Kids Count in Michigan.[5,6]

Michigan

In 2014, there were 2,223,790 children between the ages of 0 and 17 in Michigan (7% fewer than in 2008); 31 percent of these are children ages 0 – 5; 39 percent are ages 6 – 12; and another 30 percent are ages 13 – 17. In 2015, the last year these numbers were publicly available, there were 247,745 children living in homes investigated for child abuse and neglect, with 37,370 confirmed cases of abuse or neglect. Of those, 10,668 children (a rate of 4.8) were living in out-of-home care.

Kent County has an estimated population of 642,173. It is composed of 21 townships, 5 villages, and 9 cities. Despite its size, Kent is not a particularly diverse county; almost 83 percent of its residents are white. African Americans and Hispanics each represent approximately 10 percent of

[5] Unless otherwise noted, the information reported here comes from on-site interviews and focus groups. In the three counties, these activities included staff from both the public and private child welfare agencies and at all levels (e.g., directors, supervisors, caseworkers). To protect their confidentiality, they are referred to as respondents, although differentiated, at times, public agency respondents from private agency respondents.

[6] Kids Count in Michigan: http://www.mlpp.org/kids-count/michigan-2/2017-kids-count-in-michigan-data-book

the population; Asians are least represented, at 3 percent. The median household income is $53,063, yet almost 20 percent of the population lives under the poverty line; almost 90 percent of residents over the age of 25 hold a high school diploma and 33 percent hold a bachelor's degree or higher. Thirty-two percent of households with children ages 0 – 17 are single-parent households. It is interesting to note that in 2017, Forbes magazine ranked Kent County the "#1 metro area (out of the 100 largest) to raise a family."

In 2014, there were 158,240 children between the ages of 0 – 17 in Kent County (approximately 3% fewer than in 2008); approximately 33 percent of these children are ages 0 – 5; 39 percent are ages 6 – 12; and another 28 percent are ages 13 – 17. In 2015, the last year these numbers were publicly available, there were 18,982 children living in homes investigated for child abuse and neglect, with 3,144 confirmed case of abuse or neglect. Of those, 780 children (a rate of 4.9[7]) were living in out-of-home care (a rate just slightly above the state rate of 4.8).

Ingham County is considerably smaller than Kent County with an estimated population of 288,051. It is located southeast of Kent and houses Lansing, the capital city of Michigan. Ingham County is also home to Michigan State University. Its demographics are similar to those of Kent County; approximately 76 percent of residents are white. Ingham has more African American and Hispanic residents (together representing almost 20% of the county's population), but like Kent, has a small Asian population (5%). The median household income is $45,679 and 21 percent of the population lives under the poverty line. Over 90 percent of individuals over the age of 25 have high school diplomas; 37 percent hold a bachelor's degree or higher. Of the 30 percent of households with children under the age of 18, 37 percent were single-parent households.

In 2014, there were 57,949 children between the ages of 0 – 17 in Ingham County (almost 5% fewer than in 2008); approximately 33 percent of these children are ages 0 – 5; 38 percent are ages 6 – 12; and another 28 percent are ages 13 – 17. In 2015, the last year these numbers were publicly available, there were 9,281 children living in homes investigated for child abuse and neglect, with 1,641 confirmed case of abuse or neglect. Of those, 495 children (a rate of 8.5) were living in out-of-home care (a rate almost double the state rate of 4.8).

Oakland County, located in east Michigan, is the second-most inhabited county in the state with an estimated population of 1,243,970. Seventy-six percent of the population is white, 14.3 percent is African American, 7.2 percent is Asian, and less than 4 percent is Hispanic. With a median

[7] Rates reported in this section are per 1,000 children ages 0 – 17.

household income of $67,495, Oakland County is among the 10 highest-earning counties in the United States of those with a population over 1 million people; only 8.7 percent of the population lives under the poverty line (fewer than in either Kent or Ingham counties). More than 90 percent of residents over the age of 25 hold high school diplomas and 44.4 percent hold a bachelor's degree or higher. Of the households with children under 18, 25 percent are single-parent households.

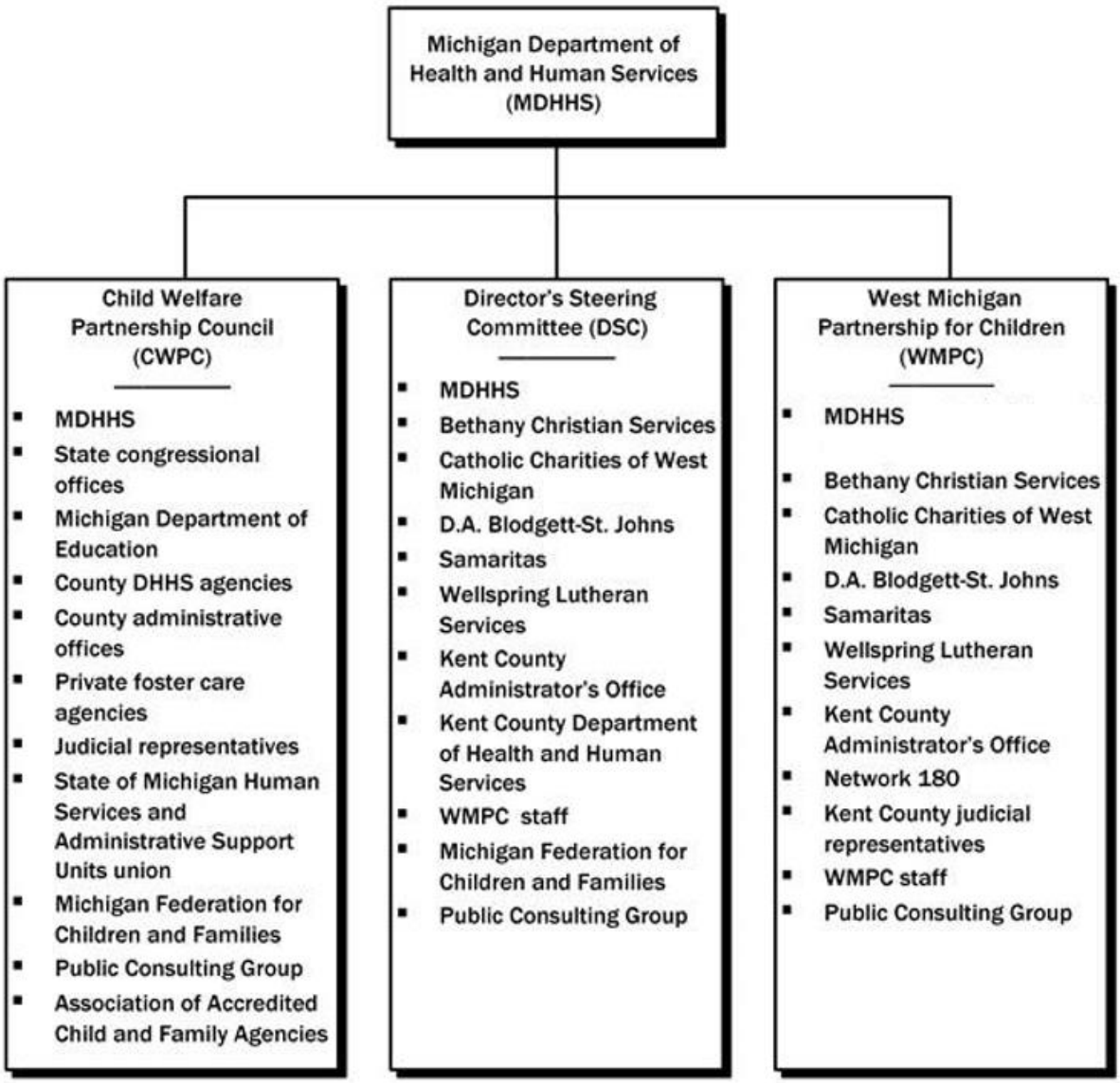
In 2014, there were 273,302 children between the ages of 0 and 17 in Oakland County (almost 4% fewer than in 2008); 30 percent of these are children ages 0 – 5; almost 40 percent are ages 6 – 12; and another 31 percent are ages 13 – 17. In 2015, the last year these numbers were publicly available, there were 14,992 children living in homes investigated for child abuse and neglect, with 1,897 confirmed cases of abuse or neglect. Of those, 679 children (a rate of 2.5) were living in out-of-home care (a rate below the state rate of 4.8).

In the next section, the evaluation team describes the Kent Model, which includes the Kent County collaborative groups, with responsibility for planning and implementing the pilot project; the theory of change behind the pilot; and information about the transition from the per diem to the case rate funding model, including agency staff's perceptions of its benefits and challenges.

2.2.1 Performance-Based Case Rate Funding Model (Kent Model)

As noted previously, in 2014 through Public Act 59 of 2013, Section 503, the Michigan Legislature convened a task force to determine the feasibility of establishing performance-based funding, for all public and private child welfare service providers. Since the establishment of the Task Force, several clusters of stakeholders have convened regularly to plan for the implementation of a performance-based case rate funding pilot in Kent County. These include the Child Welfare Partnership Council (CWPC), Director's Steering Committee (DSC), and West Michigan Partnership for Children (WMPC). Although there is some overlap in agency/organization representation across collaborative groups, they each serve a different function, have distinct goals, and vary in types of partners engaged. Exhibit 1 lists the partners that participate regularly in each type of collaborative group.

Exhibit 1. Kent County collaborative groups



The following sections describe each group, along with their role in the Kent County pilot project.

Child Welfare Partnership Council (CWPC)

The CWPC was established in 2014 to provide guidance for implementation of a performance-based funding model in Kent County, and to support other performance-based initiatives across the state. The CWPC has representation from state- and county-level governmental stakeholders, private agency providers, and nonprofit organizations. Over the past year (April 2016 through July 2017),

major topics of discussion during CWPC meetings have included the evaluation plan for the pilot; plans for communicating to the public about the pilot; federal and state requirements (e.g., child welfare outcome measures; and an Implementation, Sustainability, and Exit Plan); planning for MindShare and refinement of the Michigan Statewide Automated Child Welfare Information System (MiSACWIS); staff considerations (e.g., changes in overtime guidelines, training needs); and progress updates on MiTEAM practice model enhancements and local CQI team implementation. Three key topics that were discussed across CWPC meetings were: (1) WMPC staffing, (2) timeline for pilot implementation, and (3) per diem and case rate funding models. Staffing and the timeline are discussed in the following sections; the per diem and case rate funding models are discussed in more detail in subsequent sections.

WMPC Staffing. Over the past year, a number of CWPC meetings have included a discussion of the recruitment and hiring of WMPC's key staff. WMPC's Chief Executive Officer (CEO) was hired in March 2017. WMPC's remaining leadership positions (Chief Operating Officer, Chief Financial Officer, and Director of Performance and Quality Improvement) had been filled by July 2017. In June 2017, the CWPC began discussing WMPC's plans to hire and train 14 staff (additional information on these staff is provided in the section below on WMPC), and confirmed that agreements were in place with firms to support organization administration (e.g., human resources, public relations, finance).

Implementation Timeline. Another central topic for the CWPC is the timeline for implementation of the pilot. In June 2016, the CWPC discussed the adjusted timeline for implementation and July 2016 commencement of Phase 1 implementation: infrastructure building. The other phases—operationalization (Phase 2), testing (Phase 3), and service delivery (Phase 4)—align with major activities to be completed in preparation for the pilot launch. To ensure the necessary tools were available to support the pilot, the date for Phase 4 implementation was aligned with the date the requested changes had been made to MiSACWIS. Subsequently, completion of changes to MiSACWIS and implementation of Phase 4 were scheduled for June 2017 and October 2017, respectively.

Director's Steering Committee (DSC)

The DSC was established to convene the executive director of the Children's Services Agency, along with the WMPC's Board of Directors and executive leadership. Other stakeholders who attend meetings include MDHHS central office and local staff, and representatives from the Michigan

Federation for Children and Families and the Kent County Administrator's Office. As shown in Exhibit 1, DSC has representation from MDHHS, public and private agencies in Kent County, WMPC, and Michigan Federation for Children and Families. Recent meetings, held between August 2016 and July 2017, included discussions around topics such as the case rate, release of funds to the WMPC, data sharing agreements, pilot planning tasks, WMPC staffing and leadership, MindShare considerations and testing, and subcontracts for services.

DSC members also discussed the Kent Model (i.e., case rate), county costs for service provision, and contracts or interagency agreements. For example, during meetings, DSC members forecasted costs from planning through full pilot implementation, and discussed distribution of funds to WMPC and county issues related to the case rate (e.g., inclusion of parent support costs, updates to obtain an accurate count of children in care, and revisions to cost reports to examine costs for Kent County separately from the state). In regards to contracts, DSC meetings have included updates on data sharing agreements for MindShare, a data extraction software tool; and WMPC's progress toward completion of contracts with service providers.

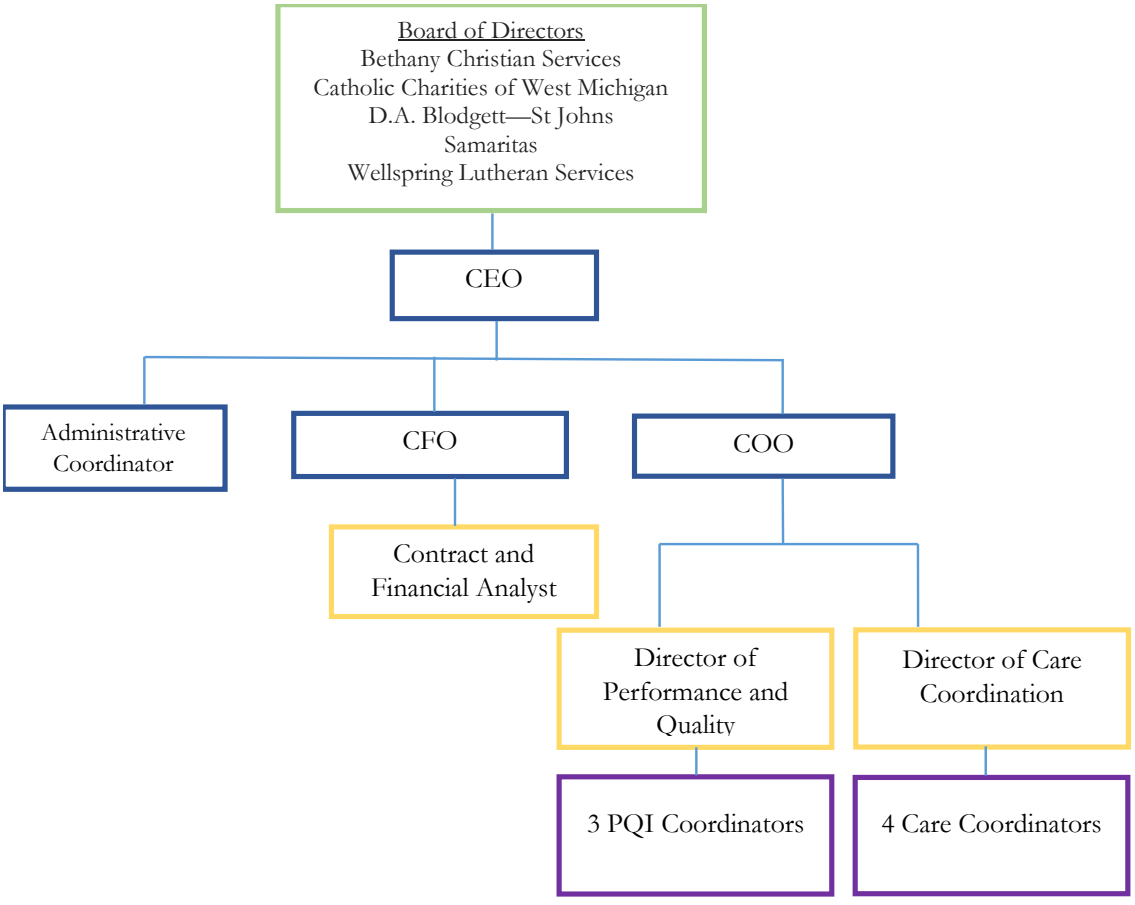
West Michigan Partnership for Children (WMPC)

WMPC is a "new Kent County… organization piloting an innovative foster care model to create better futures for children" (http://www.wmpc.care/about/); it is *the* organization responsible for implementing the pilot project in Kent County. Through WMPC's contract with MDHHS, its staff "administer performance-based contracts; …facilitate a funding model that prioritizes permanency, allows creativity and flexibility for needed services, and rewards early interventions that result in positive outcomes; utilize cutting-edge technology and software…that identify client needs and mobilize resources; and lead and empower a collaborative consortium" of five private agency foster care providers in Kent County (http://www.wmpc.care/about/). WMPC is the sole contractor for foster care case management in Kent County and will subcontract with existing private child placing agencies to provide case management services. WMPC's Board of Directors consists of representatives from the five private child placing agencies in Kent County. The Board has completed tasks such as developing a budget for the WMPC, establishing service delivery contracts, and strategizing for the recruitment of key WMPC staff. These agencies, which are also considered placement agency foster care providers, are shown in Exhibit 1. MDHHS stakeholders also participate in monthly WMPC meetings. The WMPC team meetings over the past year (July 2016 through August 2017) have focused largely on placement agency foster care; development and administration of the case rate; WMPC structure and function (e.g., staffing and leadership, mission

and vision); preparation for pilot implementation; processes for monitoring subcontractor performance; service approaches; issues or considerations related to data collection or use (e.g., appropriate measures of well-being, timeline for administering a client satisfaction survey, planning for a data dashboard); and communications vehicles (e.g., website, community events).

As mentioned previously, one area of emphasis for the WMPC over the past year has been staffing for the organization. Exhibit 2 provides an organizational chart for the WMPC and the number of positions to be filled for each particular role. In addition to the leadership positions that have been filled, other WMPC positions have been posted online and shared among professional networks. These positions include Director of Care Coordination, Care Coordinator, Contract and Financial Analyst, and Performance and Quality Improvement Coordinator. As of August 2017, most of these WMPC positions have been filled and interviews are ongoing for the remaining position(s).

Exhibit 2. WMPC organizational chart



WMPC meetings have also included conversations about contracts relevant to the Kent model (i.e., case rate model). In summer 2016, WMPC began drafting the contract to manage the work of its

foster care and adoption agencies. In summer 2017, a draft of the contract between WMPC and MDHHS was completed, and subcontracts between WMPC and Kent County's foster care agencies had also been drafted. WMPC's goal is to have all contracts signed by October 1, 2017.

Similarly to CWPC and DSC discussions, and predictably, a number of WMPC meetings over the past year have focused on the case rate and service payments. For example, WMPC and MDHHS jointly made decisions about services to include in the case rate (e.g., supportive visitation, drug screenings), processes for allocating payments to private providers (e.g., monitoring and tracking of subcontractor expenses to ensure costs are allowable), frequency of payments (e.g., discussion of possible semiannual payments), and coordination across Kent County's five private agencies and with MDHHS to identify and address each agency's finance needs (e.g., payment processes).

Frequent discussions among WMPC members regarding the development of strategies to increase awareness about the WMPC and its goals, activities, and partnerships began in Summer of 2017; activities conducted to increase knowledge of the WMPC include the development of a communications plan, media campaign (including creating social media accounts), and website (which launched August 2017); planning for information sharing through blogs and newspapers; and events for agency staff (e.g., workforce celebration).

The aforementioned stakeholder groups convene regularly to plan for various aspects of the pilot. The Kent pilot is multi-layered and complex, making it of utmost importance that all stakeholders build a shared understanding about the main goals for MDHHS and Kent County, and how they will achieve these goals.

Theory of Change

One tool that helps stakeholders visualize and succinctly articulate an initiative's processes and goals—which ultimately helps build a shared understanding among them—is a logic model. Logic models provide a visual depiction of an initiative's theory of change, or the theoretical assumptions underlying the progression of certain activities toward the initiative's goals (Alter & Murty, 1997; Bickman, 1987; Frechtling, 2007; McLaughlin & Jordan, 1999). Westat first developed logic models for MDHHS and Kent County, and then worked with stakeholders from MDHHS, Kent County DHHS, and WMPC to refine Kent County's logic model (see Appendix A and B). The logic models were intended to assist stakeholders to understand the state's and Kent County's theories of change and the overlap among them. Additionally, the county-level model provides the stakeholders with a

tool for communicating the purpose and goals of the pilot in Kent County, and it can be used as a roadmap for its implementation.

The MDHHS logic model provides a high-level overview of processes in which the state agency engages that are expected to lead to statewide improvements in the quality of services provided and subsequent improvements in child outcomes (safety, permanency, and well-being). Major state-level activities include establishing statewide policies and standards for practice, and instituting service agreements with lead agencies/consortia of private agencies and public child welfare agencies. The WMPC will then implement the Kent Model (i.e., performance-based case rate funding model), while public and private child welfare agencies in other Michigan counties will continue implementing the per diem model.

Kent County's logic model is structured to explicate three streams of activities related to the Kent Model: (1) contract administration (e.g., establishing county-level policies, standards for practice, and flexibility in how funds are spent), (2) the MiTEAM case practice model (e.g., family engagement, foster and adoptive family preparation), and (3) communication and accountability (e.g., promotion of interagency collaboration and coordination). The major activities implemented are expected to lead to a number of short-term (within 1 year of implementation), mid-term (within 3 or 4 years of implementation), and long-term (within 5 years of implementation) changes within Kent County. For example, short- and mid-term goals, such as increased delivery of individualized services for children and families and increased stability of placements, respectively, are expected to lead to long-term goals of improved child safety, permanency, and well-being. The process, outcome, and cost study components of the evaluation will be assessing the extent to which these changes are realized over the next 5 years.

Transition: Per Diem Model to the Performance-Based Funding Model[8]

In Michigan, the "services as usual" model for providing foster care services operates on a per diem basis; that is, providers receive payment at an established (or per diem) rate for each child *after* services have been delivered (Alliance for Children and Families Engagement Team, 2014). On the other hand, through the Kent Model, private providers are allocated funds *prior to* the provision of services; the amount of funds provided is in accordance with an established case rate per child, and

[8] Up until this point, most of the information presented in this report came from meeting minutes and other state and county documentation. This section also includes information gleaned from documents, but starts the presentation of interview and focus group findings, including quotes from respondents.

is determined by the type and level of services the child will likely need (Alliance for Children and Families Engagement Team, 2014). A state representative described limitations to the per diem model " …particularly around purchasing of services for kids and families when they need [them]" and stated that with a prospective funding approach, stakeholders saw "an opportunity to…offer some flexibility for the agencies to get services for families." Specifically, agencies will receive a certain amount of funding (based on the case rate) when a child enters care. Service providers will determine how they allocate the funds to obtain necessary services for the child. Instead of requesting funds and awaiting approval from the public agency for certain services via the per diem model, private agencies will coordinate directly with service providers to request and obtain (i.e., pay for) services.

State stakeholders interviewed during site visits described the extensive process that went into developing the case rate and factors related to, or that could have an effect on, its implementation, including:

- Legislator support and involvement in planning for the model;
- Potential benefits of implementation of the new model (e.g., "maximizing federal drawdown to make sure that families have the resources that they need");
- Potential challenges to model implementation, such as staff uncertainty of how they will be impacted by infrastructure changes; and
- Increased privatization of child welfare services.

Kent County private agency directors suggested that the county was selected as the pilot county because of its rate of foster care privatization prior to planning for implementation of the model; specifically, they reported that in Kent County, over 80 percent of foster care case management were already being provided by private providers (as of 2014).

Stakeholders described several major changes that have occurred to prepare for implementation of the Kent Model, which include:

- WMPC completing requirements to become a child placement agency, as required by law (any entity that makes placement decisions for children receiving child welfare services are required by law to complete certain requirements);
- Developing the case rate;
- Developing contracts between MDHHS and WMPC, and transferring service authorizations and placements from MDHHS to WMPC; and

- Developing WMPC policies that are appropriate for the consortium and align with MDHHS policies.

Statewide initiatives that may support the Kent model were also described. These include the following:

- Revising the Child Care Fund Handbook to outline allowable and non-allowable uses of child care funds more clearly; and
- Hiring new staff in private agencies to lighten caseworker caseloads (private agency directors reported that agencies will be required to meet a ratio of one caseworker to 13 cases and have an adequate number of supervisors).

The level of interaction between Kent County DHHS and private agency staff has begun to change and will likely continue to change after the Kent Model is implemented. For example, respondents stated that *currently* a Kent County DHHS caseworker completes an investigation of child abuse or neglect and coordinates with the private agency foster care worker to make a placement decision. Once the placement has been made, respondents continued, the private agency foster care worker manages the case and Kent County DHHS' involvement ceases. Once the pilot is implemented, referrals will be made to WMPC and WMPC will be responsible for placement decisions.

Private agency directors stated that they will maintain as much stability with existing partners as possible during the first year after implementation of the Kent Model. One director described longstanding cooperative relationships the agency has with other community providers, and stated that:

> "The service delivery network is critical for the success we have had so far. Our intent is to maintain that, at least for the first year…then look at how do we change those expectations and contracts. But at least at the very start we want system stability as we make this transition."

Another director stated that:

> "The agency is not going to blow anything up in the first year, so we are probably going to pretty much just replicate the current contracts that the different providers have with the state, because basically all the money coming into Kent County for anything foster care and adoption, all of that is in the case rate."

These statements suggest that during initial implementation of the new model, some private agency directors aim to minimize disruption by making gradual adjustments to existing service delivery agreements and processes to accommodate county-wide infrastructure changes.

Agency Staff Awareness of the Performance-Based Funding Model

Although Kent County's public and private agency directors may have been involved in planning for the case rate funding model and reported having appreciation for the state agency's role as a full partner in the planning process, some did not feel that they had enough information about the new model to articulate the details of it to their staff. Agency supervisors and direct line staff confirmed this sentiment during interviews and focus groups where they expressed little clarity on how the changes will affect them. For example, some Kent County DHHS supervisors and direct line staff reported that they have not received enough information to know if and how they will be impacted, even as others described uncertainty about the model's impact on their jobs, given the delayed timeline for its implementation. As one respondent stated, "We're just in a holding pattern." Many other respondents described concerns about the implications for agencies throughout the state based on the outcome of the pilot in Kent County. For example, some staff speculated that positive outcomes associated with increased privatization of child welfare services might lead to increased job loss among public agency staff.

During site visit interviews, state- and local-level stakeholders acknowledged the importance of clear and consistent messaging about the new model (e.g., status of implementation), and some state representatives described meetings they had with Kent County DHHS staff and leaders to discuss leadership roles and staff concerns. Responses from interviews and focus groups indicate that although conversations about the model are deemed valuable and have occurred with *some* local agency staff, agency leaders need to strategize about how to ensure that *all* staff are kept informed of how the new model impacts the agency in general (e.g., how much money the agency will receive, structural changes) and their job specifically (e.g., changes in job function). One state respondent asserted, "Let's talk about how we can make this thing work for kids and for families. … It's not about us and them. It's about kids and families."

In addition to statements about not having enough information about the model, respondents in Kent County described concerns related to implementation, including:

- Adding new responsibilities to an already arduous job, which could affect the agencies' ability to retain staff;
- Uncertainty around the end result of the initiative, or "the fear of the unknown";

- Uncertainty as to how to predict the number of staff needed, prior to implementation of the model (agencies cannot be certain of staffing needs until changes have occurred and they have identified staffing needs);
- Substantial amount of staff time devoted to planning for the model;
- Lack of clarity about the role of Kent County DHHS, and the relationships between Kent County DHHS and the private agencies; and
- Lack of standards to which service providers will be held accountable.

After the new service model launches in Kent County, state representatives emphasized not only the importance of consistent and regular communication about the model, but also the timing of it. As one MDHHS respondent stated:

> "If you raise it at a time when people are watching from a position of fear, you are just going to feed that fear and unravel the whole thing. They need to be really aware of the timing issues and be sensitive to where people are at."

In addition to sharing information about the model with agency staff, a Kent County private agency supervisor suggested that staff would benefit from training on new processes related to the model (e.g., compliance with new policies, approved services).

Receptivity to the Performance-Based Funding Model

Agency staff feelings about the upcoming launch of the Kent Model and how it will affect service delivery were mixed. Some staff were cautiously optimistic about the upcoming changes. For example, one Kent County DHHS worker felt that the model "is a good idea with appropriate checks and balances. . . . The theory sounds good, if it is managed appropriately." Several private agency respondents stated that one benefit of the new model is more control over agency resources (including funds for services), and fewer bureaucratic barriers to accessing and receiving approvals for services. A private agency worker stated that accessing services will be "more predictable and navigable" than current processes. Other anticipated positive results cited, include:

- Increased efforts among private agency staff to access the most appropriate services for children and families;
- Increased accountability for private agencies;
- Decreased time to child and family reunification;

- Increased opportunities for staff to have a "coaching role alongside parents"; and
- More careful consideration of which services are necessary, and tailoring services to meet each child's and family's needs.

Some respondents were reluctant to support the model, and negative reactions were often related to the financial aspects of it. For example, one supervisor described the model as a "very expensive experiment" and questioned if it is the "best allocation of state money." Several other agency supervisors and workers mentioned the substantial amount of money that is going into implementation of the model. One worker was concerned "children will not get what they need because [the agencies] will be focusing on money." Other service delivery concerns articulated by respondents include:

- A restrictive case rate with limited flexibility in service delivery ;
- Uncertainty about how the model will impact children with substantive needs (e.g., children with extensive trauma history or severe disabilities);
- Inability for private agencies to rely as much on the public agencies (e.g., "There is no sending a kid back to Kent DHHS because we can't find a home or because they have blown out of every place that we have available in our network"); and
- Increased pressure to close cases quickly, leading to the potential for unsuccessful placements (although one respondent stated that achieving permanency more expeditiously would be ideal, as serving one family continuously for several years does not benefit the agency or the family).

A number of respondents described concerns related to the local court system and the extent to which their work hinges upon court system processes and decisions, which can be somewhat unpredictable. A judge may extend the amount of time parents have to achieve certain goals, and the caseworker would need to make necessary adjustments (although this is not necessarily different from what happens currently).

As mentioned previously, clear and consistent messaging from agency leaders to supervisors and direct line staff about the Kent Model and staff expectations will be critical. The messaging will ensure that all staff, whether they have fully embraced the new model or are ambivalent about it, will be fully informed of precisely what the changes entail at all levels of the agency. An agency director stated:

> "I have shifted my presentation and mindset to communicate to my staff that we're going to be a part of this most successful opportunity for a model of child welfare that is not driven by funding. It will be driven by aligning services and resources for families in a way that we have not tried before."

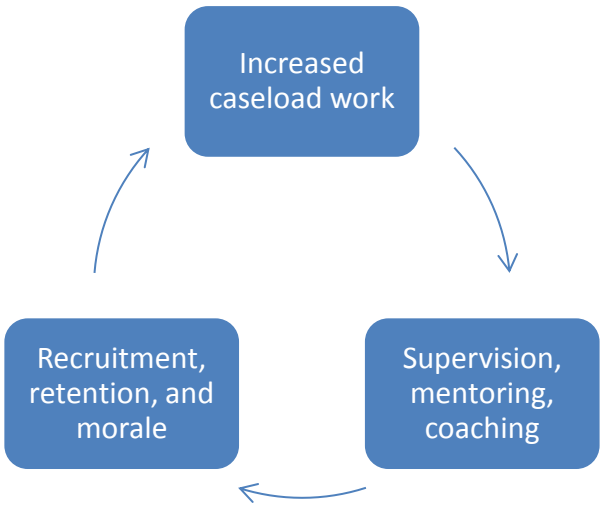
2.2.2 Staffing and Related Issues

Here, the evaluation team describes child welfare agency staffing and related issues across the three counties, including caseloads, staff recruitment and retention, and supervision and monitoring.

Staffing

As show in Exhibit 3 (and according to focus group respondents), these key staffing factors are interrelated—caseload levels, mitigated by supervision, mentoring, and coaching, influence morale, which affects staff retention rates. Staff retention rates, in turn, influence staff caseloads (fewer workers mean higher caseloads), which brings us back to staff recruitment…and the cycle continues. These have long been reported in the child welfare literature as contextual factors that add to (or take away from) agency staff satisfaction, an important element to staff retention and focus group respondents mentioned multiple stressors related to staff retention and turnover.

Exhibit 3. Interrelatedness of agency staff factors



The nature of working with high-risk families and children compromised by abuse and neglect is stressful; for years, the child welfare literature (e.g., General Accounting Office, 2003) has documented high caseloads and related administrative burdens, as well as lack of supervision and training, as affecting both the ability to carry out child welfare tasks effectively and the decision to

stay in child welfare work (e.g., productivity and retention). As Kent implements the new model, it will be interesting to see if and how any of these challenges are improved as a result.

Caseloads

Caseloads for both public and private caseworkers in the three counties are currently capped at 15 maximum children per worker, but per state guidelines are moving to 13 for foster care workers. For licensing staff, caseloads are at 30 families (enrolled and open) to every worker. Foster care and child protective services supervisors manage a maximum of 5 workers, and child protective service investigators carry a maximum of 12 cases (or families).

When the evaluation team visited the three counties, child welfare agency staff at various levels reported a common theme with regard to caseloads: despite decreasing historical caseloads, the amount of work required for a single case has increased. Respondents attribute the increase in work per case to additional paperwork requirements and issues with data entry, as well as serving families with more complex problems than in previous years. According to one agency director, "The amount of work that has to be done on every case is way more than it was 8 years ago, when I started, and it just continues. The additional things that you have to do just keep continuing." A caseworker reported:

> "I think that the work of a case worker is still very hectic and chaotic and even being at 15 children right now, which is much better than the 30 that it used to be, even at 15 children, there's still a lot of paperwork, a lot of busywork. … I think going to 13 will help a little, but I think that that is still a high caseload."

Another private agency supervisor noted, "I think that the biggest change that I see is that the workers are spending so much time doing all this paperwork stuff…we're spending 70 percent of our time, maybe, doing paperwork."

Another county director stated,

> "…moving from 1 to 13 is good news, but at the end of the day people come into this field to work with kids and families, and taking away caseloads I don't think is the solution. Taking away some of the redundant paperwork would help more."

Staffing issues, including training requirements, present additional challenges. One agency director reports that, "…we've really struggled with staffing and we've been over case rates [caseloads]… When you have somebody leave, they give you two weeks' notice, then you've got to redistribute digital cases." According to a private agency staff member, increased caseloads affect the agency's ability to take on new cases, "Other challenges are case capacities. We've had agencies lately saying that they don't have any foster homes available, they do have homes available, they just don't have room to take the case…it'll put their numbers over for case management." Another staff in a public agency in one of the Control counties stated, "…it is not looked at as, 'Let's see what's best for the child.' It is, 'What's best for our numbers?' It's frustrating. That's one of the frustrating things."

Recruitment, Retention, and Morale

Respondents in Kent County expressed issues with recruiting high-quality staff; recruitment activities are ongoing. Specifically, those individuals involved in hiring and recruiting staff identified several characteristics they look for in potential candidates. These include:

- Staff with social work experience;
- Staff who can withstand job stressors; and
- Staff whose schedules align well with the job requirements.

One private agency director noted:

> "We are looking for people who can work in a fast-paced environment, people who are able to adapt and think quickly on their feet, people who are willing to learn and who are quick learners, people who are self-starters, and people who are organized and people who are flexible as well, and also able to withstand the stressors of the job and the hours of the job."

Another private agency supervisor stated, "…if someone has casework experience or any child welfare experience, that's always a huge plus." According to several respondents, it can be difficult

to find (and retain) qualified candidates—most hired staff are recent college graduates with limited relevant experience.

In addition to ongoing recruitment activities to simply find qualified candidates, they are also necessary to continually replace staff that leave; child welfare has long been plagued with low staff retention rates. One private agency director states, "We're constantly recruiting staff because our turnover rate is so high." One public agency staff member commented, "There is a lot of turnover." Respondents in Kent County identified several factors that contribute to worker turnover:

- Difficult and stressful work;
- Entry-level job with entry-level salary;
- Increased caseloads; and
- Long hours.

One private agency respondent notes the issue of turnover as it relates specifically to foster care casework: "Foster care casework has a huge turnover rate … I'm sure it does everywhere because foster care casework is a very difficult, very stressful job."

Ingham and Oakland county respondents also reported issues with low staff retention. According to one public agency supervisor: "We need more workers. That's the bottom line. ... A lot of people are getting burnt out." Unique to one private agency in a "services as usual" county, staff report that personnel often leave the private agency for employment in the public agency because the pay and benefits are better. As one private agency supervisor notes: "They go to [the public agency] where they get better insurance. They're paid better." A private agency director confirmed this: When asked if they recruit staff from the state or county, the responded stated, "Are you kidding? No, we lose them to the state."

Supervision, Mentoring/Coaching

Respondents in Kent County acknowledged the importance of employee supervision and support and its mitigating effect on the challenges of their day-to-day work. Supervisors report meeting with staff on a minimum weekly basis to monitor case progress and provide general support, as needed. One public agency director states: "The thing that I've done personally is I strive for everybody

having weekly supervision. To me, the most important thing that happens is that 45-minute supervisory session of your whole week."

A private agency supervisor stated:

> "We have weekly supervision, one on one, with staff, and reviewing and seeing where they are at and progress on cases and difficulties they're encountering. I think they're always encouraged. I think that's one of the things this agency does very well is supports staff and encourages them to think bigger and broader than just right there."

Private agency supervisors talked about using the MiTEAM tool in their supervision activities: "Our supervisors have naturally assessed in the same way that the [MiTEAM] tool is formalizing. They've always [gone] to team meetings with their workers. They've always [gone] to court hearings. It's formalizing a process that we already naturally did." Another supervisor reports, "In supervision we utilize the MiTEAM. We try to identify the different aspects of it, like the assessment, teaming, engaging, all of that stuff."

In addition to monitoring case progress, supervisors report the importance of using meeting time to address staff well-being. According to one private agency supervisor:

> "We talked a ton about self-care and secondary trauma and compassion fatigue, and how impactful that is on the workers and so we're always really mindful of that, as the supervisor team and how we can support that. The administration understands that, our director and CEO. A lot of initiatives were put into place around those things.."

Others talked about how this "well-being" gets operationalized. For example, a staff member reported: "Our program director had a Friday pizza once where we would all sit down and talk about secondary trauma and it was very helpful… Being able to talk about that helps a lot."

Supervisors and staff also report that this support has a positive effect on staff retention. From one private agency supervisor:

> "I thought I'd only be here, when I applied for this job, a year... Five-and-a-half years later and I'm [still] here. You know that you are valued on your team and I think we instill that in our case workers, too, that "Your place on this team matters."

Another staff member reports:

> "It so stressful and it's so demanding. And the only reason I am here is because I have an amazing team behind me that can back me up and help me through all this because otherwise I would have given up long ago."

From the information presented here, caseloads, morale, supervision and mentoring, and staff support of each other play a big role in the retention of agency staff. Training, too, plays a role. The next section addresses the role of training in preparing and supporting staff at all levels to be effective in their work.

2.2.3 Staff Training

In Michigan, private and public agency staff are required to receive the following three trainings: (1) Child Welfare Training Institute (CWTI), (2) MiSACWIS (state child welfare data system), and (3) MiTEAM (Michigan's case practice model). Respondents were asked about each of these, including the benefits and challenges associated with them.

Overall, respondents across the three counties reported challenges with training and provided suggestions for improving it. Respondents in Kent County reported more and more varied training opportunities than did those in the other two counties, although the details around this were lacking. Many respondents offered suggestions for training sessions, including those focused on administrative tasks (e.g., completing approvals for service), or on such specific job-related tasks as reading liens, writing reports, navigating the court process, self-care, forensic interviewing, cultural diversity, and building and maintaining effective working relationships with families. Overall, however, there was a consensus among respondents at all levels that fitting training into their already overburdened schedules continues to be a challenge for them and then, when the training is not relevant or informative to their job, it proves an additional burden for them.

CWTI Training

Upon initial hiring, workers are required to attend mandatory Child Welfare Training Institute (CWTI), which spans several weeks. The CWTI is statewide and provides training to all child welfare agency staff, both in private and public agencies, and includes program-specific training, such as Child Protective Services (CPS), licensing, adoption, and foster care, as well as a week-long training

specifically for supervisors. In all three counties, staff reported that the CWTI is beneficial but could improve in some ways; in particular, by adding such topics as secondary trauma and self-care; and by being focused on specific (rather than general) tasks (e.g., completing required paperwork) and including more field experience (e.g., learning to build relationships with families and people in the community).

In Kent County, private agency workers felt the CWTI was insufficient in preparing them for their work in the child welfare field, stating that the training did not move them beyond what they had already learned in college. As one supervisor stated, "They don't need to learn about child development anymore. Obviously, they have gone through [this] in college…They need to know how to do the job." Others suggested incorporating MiTEAM and CWTI training into one training event to minimize burden to participants, but also to address some of the overlap in training topics.

MiSACWIS Training

MiSACWIS is the child welfare data gathering system in Michigan. Both private and public agency workers are required to input specific case information into MiSACWIS on a daily basis; many reported that learning to use the system was challenging and required substantial training and ongoing support. MDHHS offers MiSACWIS training statewide; the training is focused on teaching staff to both enter case information into the system and navigate through it to retrieve case information. For new agency hires, MiSACWIS is introduced during the CWTI training, prior to going into the field. In all counties, workers reported that, despite the training opportunities, they often need more guidance to effectively use the system than is provided in training. Some respondents suggested that workers, especially new workers, should be better prepared for the administrative responsibilities of the job. As one supervisor stated:

> "It would make the most sense to prepare incoming workers more in the field so that they are really doing that mentoring with a more experienced caseworkers, [and] so that they're really getting that hands-on experience with what MiSACWIS is going to look like [and] what the reporting timeframe will look like."

Although MiSACWIS training is offered to all workers in Michigan, licensing and adoption workers, in particular, reported that they do not always receive the amount of MiSACWIS training needed. They also report the system lacks critical variables for complete licensing and adoption data, but that

some improvements have been made. Overall, however, despite criticisms, workers reported that MiSACWIS training was improving.

MiTEAM Training

The MiTEAM training is designed to provide private and public agency staff with the tools necessary to implement the statewide case practice model; specifically, to implement its key components—teaming, engagement, assessment, and mentoring. The training is comprehensive, even including time for county leadership to plan for it. Once training begins, participants complete modules at their own pace (although they must finish within a specified timeframe). In Kent County, workers reported that their MiTEAM specialists are very helpful at assisting new (and existing) workers to understand and implement the model. In Ingham and Oakland counties, staff reported that while the enhanced MiTEAM was interesting, it wasn't much different than what they have been doing all along. Reactions to the training were mixed, with some reporting that it was difficult to integrate learning across the various components, while others thought the content was sufficient, but reported technical issues with the Learning Management System. Several respondents noted that the coaching labs were the most valuable element of the training.

But there were also challenges reported, especially with balancing work and training requirements. In Kent County, some staff suggested having the MiTEAM training incorporated into the CWTI training instead of separate training in which workers, especially the new workers, have to complete the MiTEAM modules after the lengthy CWTI training. In addition, staff reported that since MiTEAM training comes after the CWTI training, the responsibility for ensuring new workers are implementing the model, as intended, falls on the supervisors until MiTEAM training is complete. Many supervisors reported they are always looking for ways to assist their workers to learn and implement the MiTEAM key competencies, enhance internal support for the model, and practice team building.

Other Training

For other training needs, public and private child welfare agencies often turn to local community-based resources to train their staff in such special topics as forensic interviewing, court processes, trauma and trauma-informed care, and substance abuse and mental health issues. Across the counties, respondents talked about other areas in which they have been trained, including active

shooter response; physical safety on the job; and secondary trauma and self-care. Staff also report that their supervisors encourage them to attend conferences and other trainings offered in the community.

Supervisors and agency directors talked about their own efforts to provide internal training, including training based on worker feedback; although workers are also faced with the challenge of balancing their work with families with ongoing training, which takes time away from casework. Across the three counties, workers talked about this challenge often—and felt there were simply too many training requirements on them. One director reported that workers complain: "You're giving us too much training." Another stated, "Training is a very high priority here, but the time to do the training is a challenge." For staff in Kent County there is some reported anxiety around the upcoming training demands for the Kent Model (including the new case rate) and MindShare, for example, especially as they got closer to implementation in October.

Related to training is child welfare practice. As noted, training is designed to prepare staff to be effective in their particular position, which, as presented in this section, has mixed results. The next section addresses child welfare service delivery, in particular, and the benefits and challenges associated with it.

2.2.4 Child Welfare Service Delivery

Child Welfare Practice: MiTEAM Practice Model

Since beginning a phased rollout in 2013, MiTEAM has been the current practice model for all child welfare agencies, public and private, in Michigan; the impetus for adopting a standardized model came from a perceived need for greater consistency in child welfare practice throughout the state. AFCARS and NCANDS data showed Michigan to be below the national standard in recurrence of maltreatment, timeliness and permanency of reunification, and absence of abuse or neglect in foster care. Additionally, CFSR well-being data showed that less than half of the cases reviewed adequately addressed the needs of children, parents, and foster parents or made diligent efforts to involve parents or children in case planning. The implementation of the practice model (MiTEAM) was subsequently incorporated into Michigan's Program Improvement Plan (PIP) and is part of the Michigan Implement, Sustainability, and Exit Plan that resulted from the "Dwayne B. vs. Granholm" children's rights lawsuit.

The state adapted MiTEAM from a model used successfully in Indiana. MiTEAM requires all child welfare staff to document their use of four key competencies in their work:

- **T**eaming
- **E**ngagement
- **A**ssessment
- **M**entoring

These are described in the following sections.

Teaming. The teaming competency involves engaging families, children, and caregivers and empowering them to take the lead in their own case planning. The case manager should not be responsible for plan development, but rather serves as a mentor to the family to help them identify strengths, supports, services, and resources. The teaming concept also applies to support staff within the child welfare agencies.

The Family Team Meeting (FTM) serves as the primary mechanism for casework teaming. The initial FTM is held by CPS within 30 days of the child coming into care, and subsequent FTMs are convened by the foster care worker every 90 days thereafter. The FTM brings together a support team for the family, which may include the CPS worker, foster care worker, foster parents, service providers, extended family and friends, and other supports the family wishes to invite.

Although the FTM has been an important part of child welfare practice in Michigan for many years, MiTEAM now provides additional structure to the FTM schedule and process. As one foster care worker noted: "Now we have an actual tool and guidelines to follow. How to start the meeting. What to talk about during the meeting. Who does what and when. Then everybody signs to say they've participated."

The evaluation team heard positive reactions from public and private agency staff on the teaming aspect of MiTEAM. For example, one foster care supervisor noted:

> "Having been in this community doing child welfare for 14 years, I can say it has been a huge shift. We're doing a lot better job engaging lots of people to be at the table with these families. That's the one piece, I think, of the model that has really helped the community."

One public agency worker felt that the increased teaming also improved the partnerships between agencies:

> "I'm better able to help my families when everybody is on the same page and a team is built around. That was one huge positive change that was made. It builds relationships not only for the cases that you're working on with service providers, but also future cases, because you have that rapport with the agencies."

However, some staff felt that the increased frequency of FTMs, the additional paperwork required, and scheduling difficulties had placed an additional burden on workers, some of whom found it difficult to manage. As one public agency supervisor explained, "Some of our staff are feeling somewhat overwhelmed ... because they're like, it was already overwhelming before you introduced this, and now you're adding all of these other different components. They're scattering when you're talking about FTMs."

Both public and private agency workers also noted the difficulty in scheduling FTMs with large numbers of people. One private agency worker said:

> "With that many people, the sheer difficulty of scheduling becomes really, really a nuisance. It's hard in that sense to make sure to have them when necessary because there are so many moving parts to getting it even set up."

One private agency supervisor, however, observed: "I've seen a lot of improvements in [FTMs], more support being invited. That process in general has improved quite a bit."

Some staff also felt that the FTM teaming process often worked better for foster parents than birth parents. One foster care supervisor observed that teaming has been especially helpful for building a support network for foster parents, thus taking pressure off the workers and agency to find services for them. A private agency worker noted: "Foster parents, yes, they do bring their support system for the most part. Birth parents, I would say no." In many cases, birth parents were reluctant to identify family or other supports to invite to team meetings. Workers attributed this reluctance to embarrassment over the parent's involvement with CPS or a fear that family or service providers might tell workers something detrimental to the parent's case.

Engagement. MiTEAM defines engagement as "a series of intentional interventions that work together in an integrated way to promote safety, well-being and permanency for children, youth and

families." These interventions may include engagement strategies like active listening, solution-focused interviewing, or asking for parent, child, and caregiver input.

Both public and private agency staff discussed engagement as a crucial part of their casework. One foster care supervisor noted: "One of the positive things from my perspective is that it helps, empowers the families more than previously." A public agency worker said: "I think that part of the MiTEAM is where they're looking at, what are they good at? What are their strengths? The idea that the solution is often in the strength." Other staff described engagement as an ongoing process of building a case plan to eliminate deficits or barriers in order to get their kids back home.

Most staff agreed that a significant aspect of engagement is the process of getting parents engaged in their own case plan. Often families need time to reach a place where engagement becomes effective. A foster care worker explained:

> "Those first few couple months are very challenging because they're still very angry and rightfully so. As a worker, you have to be willing to move past that with them.... A lot of that is getting them to get on board with you and work towards the goal instead of getting stuck and being frustrated, and angry, and upset."

Denial or embarrassment can remain a barrier to effective engagement, as several foster care workers and supervisors discussed. "Sometimes they can identify services that they need, sometimes they are really adamant that they didn't do anything wrong," explained one foster care supervisor. Staff largely use a direct approach with parents whose children are in out of home care, as one worker described:

> "That's how I go in. With the birth parents speaking to them is, this is what the court's telling us to do. These are the things that I'm having you do so that we can prove to the court that your children are ready to come back home."

Another worker noted: "Once they do get it where, 'OK. I understand why my child was brought into care.' That's when they start making improvements."

In general, staff did not perceive that MiTEAM has changed anything about the way they engage with families, or for those staff who do not interact directly with clients (licensing or other administrative staff), did not feel it applied to their jobs. A public agency supervisor remarked: "A lot of the MiTEAM principles seem like social work 101. It's nothing really earth-shattering with

how to involve a family.... It's probably really only beneficial for those very few that don't have any background in this work."

However, one pubic agency director expressed concern that if social workers think MiTEAM is no different from what they learned in their MSW program, they might miss the nuances of the engagement competency under MiTEAM:

> "It's about walking alongside and giving that family voice... how do you be respectful of that experience for people, and how do you recognize that an incidence of abuse and neglect is a symptom of some other things that happened for families. Educating [workers] in a different way than strict academia about life experience and about a respect in regards for those less fortunate."

One private agency director felt that "the shift has been made to wanting to really see parents as the experts of their own family and really valuing their input," but also felt concerned that "sometimes the [MiTEAM] task list drives us differently."

Assessment. Under MiTEAM, assessments require the use of specific tools (Table 1). In addition, most agencies use additional assessments, such as the Easter Seals LUNA Model trauma screening or other trauma assessment through Community Mental Health (CHM); a social history questionnaire; the Casey Life Skills assessment for adolescents age 14 and older; or the Early On assessment for younger children age 0-3. When needed and ordered by the court, public and private agency workers can also obtain psychological, psychiatric, or substance abuse assessments on individuals and families.

Table 1. MiTEAM required assessment tools

Assessment tool	Used by
Safety Assessment	CPS only
Strength & Needs Risk Assessment	CPS only
Family Assessment of Needs	CPS and foster care
Child Assessment of Needs	CPS and foster care
Reunification Assessment	Foster care only
Safety Assessment	Foster care only
Parenting Time Compliance	Foster care only
Decision Making Trees	CPS and foster care

The initial assessment occurs within the first 30 days after intake, with subsequent assessments required every 90 days or prior to a court hearing. Both public and private agency staff noted that,

outside of the formal tools and schedule, workers assess the family's needs and level of care every time they see the family, which is at least once a month. Workers also check in with service providers to assess the family's progress. "We assess the living daylights out of them," one public agency worker said.

Staff expressed mixed opinions about the usefulness of particular assessment tools. The substance abuse and mental health assessments are self-reporting by the client, which sometimes leads to workers receiving reports that a client does not have problems, despite the fact that the worker has already observed them. In addition, the psychiatric and psychological assessments are expensive ($700 and $300, respectively), and the public agency cannot pay for them without a court order. "That's another big barrier," one worker noted.

For trauma screenings, workers expressed concern about the amount of time it takes to complete the assessments and then receive the results. In Kent County, all trauma assessments go to a single staff person to review; policy prevents public agency workers from ordering services to treat trauma until they receive the results of the assessment. One ongoing worker said:

> "It's unrealistic. Then by the 6 months that you get back to me again, we fall back to, "I knew I should have put a ramp around it." You made me wait because of policy. Now this family has another complaint...That kid's removed."

Mentoring. In the MiTEAM model, mentoring is intended to happen at all levels of teaming: supervisors mentor workers; workers mentor parents, children, and caregivers; caregivers and parents mentor children. In each of these relationships, the mentor should guide and empower the other person in their personal or professional growth.

For workers and parents, mentoring revolves around completion of the case plan and services. "Each week we go over how their visits went and what barriers they're still working on and how they're doing on that," one foster care worker explained. Another worker noted:

> "It's a constant thing, checking in with them, making that sure they're what they need to do and why they're not doing it and what it's going to look like to the court. Honestly, that's what it comes down to.... You just have to be supportive and continually ask, "What can I do to help you to reach this goal?""

Enhanced MiTeam

Kent County was one of the first pilot counties when MiTEAM was rolled out. The Kent County public child welfare agency embraced the model and is now implementing what they call the "enhanced" MiTEAM model. "It's just the MiTEAM, but it's enhanced in that we are trying to do it stronger, better than most other counties," a Kent public agency manager said. The enhancement is based on a robust continuous quality improvement (CQI) process. As a public agency manager explained:

> "What we did was we took our first Quality Service Review and looked at all the different areas that needed to be improved upon. I think it's an opportunity to really look at, as a community... what are we going to do in terms of a development of a strategy to address those things. That's what we call our enhanced model."

Foster and Adoptive Home Recruitment, Licensing, and Retention

Outside of the MiTEAM practice model, the other most significant aspect of child welfare practice in Michigan counties is the recruitment, licensing, and retention of foster and adoptive homes. Like many jurisdictions nationwide, the public and private agencies in all three counties experience difficulty maintaining enough licensed homes to house all of the children in out-of-home care. In particular, agencies have difficulty finding homes for:

- Older children and teens
- Medically fragile children
- Children with behavioral issues
- Children who do not speak English

Foster Home Recruitment

Staff at all levels in all three counties identified the lack of therapeutic foster homes as a serious barrier that causes children with behavioral challenges or disabilities to be placed in congregate care. As noted by a private agency director:

A public agency director said: "We've had some really good intense conversations about how we have an obligation, a moral obligation to recruit and retain [therapeutic foster] families." One private agency supervisor in Kent noted: "We don't have enough [therapeutic foster homes], but I think we have more than so many other agencies around the state that I hear about."

Finding homes for teens is also a widespread challenge. "I would say that probably one of our biggest challenges right now is finding homes for the teens. As long as I've been in child welfare that has always been a challenge," noted one private agency supervisor. Teens often end up in shelters or placed in group homes.

One private agency director mentioned that their licensing staff could receive incentives if they recruited foster homes for hard-to-place children. However, recruiting any type of foster family remains a significant challenge for most agencies. One private agency worker described the level of effort they put into recruitment:

> "We pretty much "stalk" everyone who ever calls us. They get a letter and a phone call within the first week that they call and then 2 weeks later we'll call them again, and a month later, and a month later, and a month later. We keep them all the way for a year and then after a year we send them a letter with, like, millions of ways to contact us."

Another worker from the same agency added: "We probably get...I think 497 inquiries last year...Out of that 497, only 65 people became licensed for foster care."

Licensing of Relative Homes

Perhaps the most accessible source of foster homes are the relatives of the children coming into care. In order to place children with kin, agencies must be able to identify relatives and license them as foster homes. According to staff in all three counties, policy restrictions and other barriers can present a challenge to this process.

Both CPS and foster care workers have the responsibility to identify relatives for children coming into care. Respondents offered differing perspectives on how that process goes in the agencies. "On the front end, I think CPS does a really good job of trying to ask about relatives," one Kent public agency worker said. A Kent private agency supervisor disagreed: "I think that CPS, MDHHS really

fails on that side of things, in really identifying appropriate relatives." Another Kent public agency worker noted: "We don't see that sometimes where [private agency foster care workers] really tried to find relatives." The evaluation team heard similar perspectives in the comparison counties. Staff from both public and private agencies agreed that engaging relatives was often a difficult and time-consuming task, particularly as parents often do not want to identify family members to the agency.

Once an agency places a child with a relative, policy requires the relative to be licensed. Although families can request a waiver, licensing staff noted that waivers are very hard to obtain in Kent County and becoming less frequent in the other counties. One challenge mentioned by staff was that the initial CPS assessment of a relative home is less demanding than the licensing assessment done by foster care licensing staff. The licensing process is very intense and relatives may be unprepared for or unable to complete it. "There's a difference in communication in what's being told to them for what's required for placement versus what is required for licensing 45 days later, when we get the referral," one foster care worker noted. A public agency worker further explained:

> "I think that's a big issue we're coming up with now, because we're being pushed to place with relatives where they're not always going to meet the licensing standards, but they meet the minimum standards for the kid to be safe and have their needs met."

Respondents also identified the policy shift eliminating fictive kin homes (i.e., placements with someone who is close to the child but not a blood relative) as a barrier to finding appropriate foster homes. A public agency worker explained:

> "You might have a good friend two blocks over, who's not related but would keep the kid in their community, and their home school, and all their activities, but yet they're not related and they're not licensed, therefore you have to go 25 miles away to a licensed foster home or relative... I think that has been a huge detriment to our kids."

A private agency supervisor noted: "If the school principal wants these kids and wants to take them home with them today, why on earth would we say no to them? Sometimes [there are] those almost silly barriers to kids having really awesome placements out there."

Retaining Foster Parents

With foster homes being so difficult to find, supporting foster parents with services and activities aimed at retention becomes as important as recruitment for foster care agencies. As one private agency supervisor described: "If they express a need or a child is needing an additional service, then foster care is breaking down doors trying to making sure that we're getting them the support they need."

Respondents described a number of services and retention activities their agencies provide to foster parents, including:

- Foster parent training
- Peer support groups
- Family or parent "night out" activities (e.g., event tickets)
- Holiday activities and gatherings
- Christmas presents for children
- Emergency supplies
- Mentoring by experienced foster parents
- In-home services for children
- Transportation for children to services or parenting time visits
- Therapy for foster parents
- Community Mental Health wraparound services
- Help to navigate Medicaid, CMH, and other service providers

The foster care and licensing workers serve as the hub for foster parent support. "It depends on their needs. We are constantly assessing needs and then identifying services whether they're internal services or community-based services or covered by insurance," one private agency supervisor noted. Another supervisor explained: "Our mindset is whatever it takes to try and maintain that placement and support that family so that they can."

Foster Parent Training

In order to become a foster care parent, individuals must become licensed, trained, and approved by MDHHS. After making the decision to become a foster parent and selecting an agency to complete the licensing process, individuals are required to complete 12 hours of foster care parent training. In most counties in Michigan, the Parent Resources for Information, Development, and Education (or PRIDE) training provides individuals with resources and education to prepare them for their role as a foster parent. PRIDE is provided to new foster parents but is also available as ongoing training, as parents are required to complete an additional 12 hours of training. Several respondents felt PRIDE needed updating, to include, for example, more information on teenagers and childhood trauma.

In Kent County, foster parents are trained using the Pressley Ridge Treatment Parent Training, which, according to a private agency director, prepares foster parents to "meet the needs of the children they care for." It is also implemented in a "train-the-trainer" model, whereby licensing staff (trained initially at Pressley Ridge) train other agency staff on an as-needed basis. Currently, Kent County is the only county in the state offering the Pressley Ridge training; as noted, across the state, PRIDE is the foster care training curriculum used. Along with the required training, some counties, such as Ingham County, partner a new foster parent with an experienced foster parent for mentoring purposes; they meet regularly prior to the initial placement, and then, as needed, after the placement is made.

Respondents emphasized that foster parent training is an ongoing topic of discussion. In Kent County, agencies are part of a coalition that provides trainings and events for foster parents, as a way to support (and retain) them. In Ingham County, workers discussed how they meet monthly with agency staff in neighboring counties to discuss foster care parent training needs and innovative ways to meet them. They also plan an annual foster parent conference where parents attend classes around specific topics of interest; one worker called these a "good resource." Respondents were also very forthcoming about what they thought future foster parent training should include: trauma, discipline, medical care, reactive attachment, and cultural diversity.

They also discussed challenges associated with foster parent training; in particular, when trainings are scheduled in a way that poses a conflict for parents balancing work and family. In Kent, trainings are planned in consideration of parents' schedules; however, in Ingham County, workers expressed concerns that parents were unavailable to attend trainings because of conflicts with work schedules and child care. Although transportation is available for parents to get to training, without child care,

they may still be unable to attend. Workers suggested that one way to compromise around this is to have training during the day, when children are in school or day care.

2.2.5 Interagency Collaboration

Public-Private Agency Collaboration

Agency administrators pointed to a successful history of collaboration between public and private agencies in Kent County, which has made the county a good pilot site for public-private initiatives such as foster care privatization and the Kent case rate model. "There are concerns about other counties that don't have the same sense of success with private agencies," a Kent DHHS manager noted. A Kent private agency manager felt that "having worked in many counties in the state, Kent is unique. Kent has, probably, the best collaborative relationship between private agencies, county, CMH, as well as, historically, I think, with CPS and the department."

The success of the relationship seems based in consistent communication and quality control. "We've got a good working relationship and we continue to build on that. It seems to be working for us right now," a private agency manager explained. A public agency manager noted:

> "We do quarterly mid-management discussions. It's public and private mid-managers, supervisors, and up, come together to talk about what we're seeing in terms of completion of the [MiTEAM] tool, what we're seeing in terms of the practice model, opportunities for further engagement with each other, just to keep the notion that we are a team across public and private."

A public agency supervisor confirmed:

> "We've been doing that since MiTEAM started. We've identified different things that we want to work on and we put steps in place to try to improve on that area. We have supervisor meetings monthly that we sometimes talk about data and ways to improve."

Day-to-day operational collaboration also seems to go well overall, with the expected frustrations stemming from worker turnover, differences in agency policies, a changing social services landscape, and the normal pressures of child welfare work. "They haven't made me mad yet today," one private agency supervisor joked when asked to describe the relationship with the Kent County public

agency. "There are good days and bad days," another supervisor added. A public agency worker noted: "It depends on the worker and the agency, too. Some agencies collaborate with us better than others. Others, you can write to them and they just are not responsive. It really varies quite a bit across agencies." The main points of contention mentioned by public and private agency workers and supervisors included the quality of identified placements (especially relatives), responsiveness to inquiries, incomplete documentation, and perception of casework quality and child and family outcomes.

In recent years, ground level staff at both the public and private agencies in Kent reported a drop-off in interaction between workers at different agencies. "We have much less contact than we used to a few years ago. We used to be much more involved in each case," a public agency worker noted. However, informal communication still happens regularly between workers. Another public agency worker noted: "They reach out to us a lot for lots of different kinds of things." A private agency worker confirmed: "Sometimes I reach out to them later. Like, 'Hey, did you know this?' Or, 'What do you know about that?'"

As noted by some public agency supervisors, much of the good relationship between the public and private agencies comes from the relationships between staff, who have traditionally contacted each other directly to resolve issues. The uncertainty about the communication process under the WMPC has raised concerns that the agencies may become further disconnected from each other. One public agency worker described the inherent difficulty in communicating with outside agencies: "It's like trying to cross the Atlantic on a paddle board.... It's just like communication is always a struggle from this building to out there."

Overall, Kent County public and the private agencies feel they have collaborated well on the planning for the WMPC and the new case rate model. A public agency manager noted:

> "I think that we've walked alongside the private agencies... as they developed their process of case acceptance and assignment and trying to now really finalize redefinition for MiTEAM, in terms of what role my POS monitors and supervisors will take upon the launch day and really looking at a broader higher level QSR or CFSR style review."

One private agency manager agreed that "[the public agency] has been, from my perspective, very good partners with us as we've gone through this."

However, private agency staff were also aware that the Kent Model pilot is perceived by some in the field as moving child welfare toward increased privatization, and some private agency staff expressed fear and uncertainty about this. A private agency manager reflected: "I know this has been a very difficult time for them and their staff, because they're feeling like their jobs could be taken away from them. As part of an agency, we recognize that and are sympathetic to that." A manager at another private agency noted: "The reality is, this moving toward performance-based contracting, moving toward the WMPC, will result in cutbacks, has already resulted in cutbacks at the [public agency]....There's been a loss there. I think it's important for us to remember that." It is not clear if the WMPC pilot will result in public agency job cutbacks; certainly, it is not expected to do so. However, because respondents expressed these concerns, it might be important for WMPC leadership to address them directly; doing so provides leadership an opportunity to promote open and honest communication about the pilot between themselves and public and private agency staff. As the pilot moves forward, this type of communication not only promotes collaboration, but may prove extremely effective at proactively managing the challenges that will inevitably arise during implementation.

As roles change with the roll-out of the WMPC, the collaborative relationship between the public and private agencies may also change. Some staff have already perceived a shift happening. "For me, when we started talking about performance-based and even with privatization, our relationship with [the public agency] changed as a whole.... It seems more competitive," one private agency supervisor noted, and added "just to maintain our relationships with [the public agency] is going to be important but possibly difficult." A private agency manager agreed that the relationship could be seen as competitive, but noted that their desire for the best outcomes for families and children overrides that: "I think that [the public agency] locally, everybody's made some concessions to their own self-interest to further the interests of children and families. That's kind of a high level."

Case Transfer

Currently, in Kent County, case transfers occur through the Child Placing Network (CPN) process. As soon as a child is removed, the public agency initiates a conference call with the five private foster care agencies to discuss the placement needs of the child. A public agency worker explained:

> "If they have a foster home that is confirmed that they're able to take the kids, then the case will get assigned to that agency. If there are no homes or placements that are available, then there's a rotation of the agencies and it gets assigned based off of rotation."

The two comparison counties have similar processes that go through an intake worker and occur via email.

How smoothly this process goes seems to depend on the flow of information between the public agency, private agency workers, and the foster parents. In Kent, both the public agency and private agency staff felt that their counterparts could do a better job conveying information between agencies and to the foster family. A private agency foster care intake worker explained:

> "I attend all prelims [preliminary hearings] that we have.... If the child has been removed, we very briefly talk to CPS, get any relative assessment they may have, learn maybe a little bit more about the case if there's any potential relatives, but that's pretty much our extent of interacting with CPS."

According to Kent private agency intake workers, the amount of information they receive from CPS varies from worker to worker. CPS workers are supposed to complete a "five-day packet" for the private agency with more extensive information about the child and family, but private agency staff noted that these packets are not always received or do not contain sufficient information. One private agency direct worker suggested:

> "It would be really beneficial if we could access CPS reports within our system. You can see that the report is there, you simply can't generate it review the document because you don't have access....You might have to wait weeks, days, months for somebody to get you that report, and that holds vital information about that family's experience with CPS prior to removal."

Kent public agency workers also expressed concern about the information flow from the private agency to the foster family on the day of removal. The foster care direct worker is required to see the family within 5 business days of the placement and does not usually have contact with them on the day of removal. One CPS worker said:

> "I know right now one thing that I think could be better is when we drop kids off at the foster families, nine times out of ten they have no clue what's going on regarding that agency and what their policy is about what they should do."

Another worker added: "Miscommunications or lack of communication happens..., I would say, generally, pretty regularly. Most removals I'm on as a worker, the foster family didn't know much of anything."

In the comparison counties, the public agency is also responsible for providing a five-day packet, although private agency workers noted that they often don't receive them. "Sometimes you get little bits and pieces of those, in certain parts, in MiSACWIS. Sometimes you don't," one worker explained. In one county, case transfer meetings take place via a conference call with the public agency direct worker, the private agency worker, and both public and private agency supervisors. A private agency worker shared:

> "We have a phone conference to discuss what's been going on with the case. What are still barriers, or what do we need to make sure we implement moving forward? That's definitely helpful because we don't always get that case in MiSACWIS right away."

Private agency supervisors agreed that generally case transfers work well unless the CPS worker is inexperienced with the process.

Service Referrals

Below we present findings on Service Providers and Point of Service Monitors.

Service Providers

The public agency has formal contracts with a number of service providers and community organizations in Kent County, as well as memoranda of understanding (MOU) with the police department and hospital. Some of the contracted services mentioned by public agency respondents include: Family Outreach Center, the YWCA, Strong Families/Safe Children, Y4DV and Sexual Abuse Counseling, and Families Together, Building Solutions. Outside of contracted services, as one public agency supervisor said, "We'll reach out to anybody in the community that can help us with a family." These other community resources include organizations such as churches, the Salvation Army (housing), and Network 180 (mental health services consortium). One public agency worker noted: "I feel like Kent County has more resources than a lot of other counties.... I feel like I could sit here and talk about places all day."

However, supervisors and workers also expressed some concern that they did not always have the flexibility they needed within agency policy to meet the needs of their families. "I think we're limited by some of the services that we're contracted with," one worker noted. These limitations can include long waiting lists, blanket services that do not focus on specific needs, services that will not take public agency payment, and locations that are difficult for families with transportation issues to access. One public agency ongoing worker said:

> "I think, since we're putting all of our marbles into the few contracted service providers that we have, that we end up with things like...these waitlists or...[service providers] have way too many referrals for them to be able to do quality work."

Another worker reflected: "I feel we've done a disservice to them, because at that time, where they said, 'I need help. I want help,' and we put that service in, it was just a day late, dollar short."

The private agencies also use the public agency contracted service providers (see discussion of POS monitors below) as well as their own network of community providers, and staff agreed that Kent County is a resource-rich community. One foster care worker explained:

> "Out of all those 14 domains [on the FANS], I think we can access a service or at least know there's a referral available to address that service. Whether, actually, there's a resource attached to that referral is the difference. Like housing ... we can refer the family to the [local service agency], but there's no guarantee there's going to be something attached to that."

Under the WMPC, private agencies will eventually not be able to access service providers through the public agency contracts, but how the WMPC will handle its own service provider contracts is still under discussion. As one private agency manager explained: "That service delivery network is critical for the success we've had to date. Our intent is to maintain that, at least for the first year, and...then look at how do we change those expectations and contracts." Another private agency manager confirmed:

> "We know that we need to continue and maintain the type of services and type of resources that we have right now.... I know there's a conversation at WMPC about continuing those type of services, but then also being able to come up with some other...services so we can have better outcomes."

Purchase of Service (POS) Monitors

In Kent County, once a foster care case is transferred to a private agency, the public agency is required to review and approve placement exception requests, and to approve service referrals as well as other items noted in the foster care policy. Full responsibility for service referrals now rests with the private agencies. The public agency is defining the future role of the monitors under the new model; most respondents thought the monitors would still serve as case reviewers as well as verifying fund source eligibility.

Under the business as usual practice model, POS monitors manage all referrals to contracted service providers. Their responsibilities in this regard include:

- Approving service referrals requested by foster care workers (any service with a cost associated with it);
- Advising workers on appropriate services and assisting them with referral and application processes; and
- Tracking referrals and following up with service providers to see if families are engaging.

Private agency managers, supervisors, and workers reported that they find the process inconsistent, and sometimes frustrating, depending on which monitor is assigned to their case. "Everybody's got their favorite monitors that they'll work with, and their least favorite monitors and supervisors, because of how flexible one might be, or helpful in trying to determine things," one private agency manager explained.

From the perspective of the monitors, however, policy restrictions and procedural errors in the process made by private agency workers contribute more to delays and denials than the individual style of the monitors themselves. "I think as a monitor our flexibility is very limited. We're driven by policy and what we can and can't approve, funding wise," one monitor noted, also noting that CPS workers have greater flexibility in obtaining services. The public agency monitor supervisors expressed concern that private agency workers were too dependent on the POS monitors to help them and correct their mistakes. One monitor explained:

> "We get lot of requests for, 'How do I do this? How do I accomplish this? How do I get this dental bill paid for? How do I make a request for a courtesy interview in another state?' ... There's a lot of training the private agency workers involved in the job. You spend much more time doing that kind of thing than, I think, people realize because it doesn't show up on paper."

Workers expressed hope that the new Kent model will bring more uniformity and fewer delays in obtaining services for their clients. As one worker expressed:

> "I am excited to have a quicker access to, 'This is why I need it. Somebody approve it,' right here at our physical office. I think that would be different. Monitors can sometimes feel like a barrier... to getting something happening quickly or approved funding wise."

The team also asked MDHHS representatives to provide their perspective on POS monitors. One MDHHS respondent noted: "With this model having one contractor, the West Michigan Partnership for Children, we have an opportunity to put in place much more rigorous monitoring to be able to track, to make sure that kids are running through the system." However, according to another MDHHS respondent, some POS monitor functions will still go through the public agency, specifically IV-E eligibility determinations, interactions with Medicaid, and requesting birth certificates.

Courts

"I would say, in general, we have a good relationship with the courts. I know that [the public agency management] meets with the court and they try to work through whatever issues or problems we might have," noted a public agency supervisor. The public agency workers had a less positive view of their collaboration with the courts. One worker called the relationship "adversarial," while another worker expressed concern over the lack of consistency between judges and lack of accountability to families.

At the private agencies, staff felt like their agency had a "solid" relationship with the courts, on a judge-by-judge basis. However, staff at all levels expressed some trepidation at how the courts will respond to the new Kent Model. One private agency manager reflected: "I feel like the court has the potential to be a real game changer in how we perform, or how our comparison counties perform. They have so much power." A supervisor expressed similar thoughts:

> "I think getting our courts on board has been a concern because even if we say this child is ready to go home, if a judge says 'I don't agree"... I know that there's been some question with judges of, "Are we going to send kids home before they're ready just because the agencies want a paycheck?""

Workers and supervisors also noted that every judge has an individual preference for how long to wait before closing cases, and judges do not always agree with or abide by the agency's recommendations on permanency. One worker wondered: "Will judges be supportive of the changes that we're trying to make? Or will it be like, this case isn't closing because a judge ultimately made a decision to not close even though we felt like we were in that place?" Another worker noted that "sometimes there are some judges that are stuck in their ways of how they're going to do things and they won't be changed by a system funding that changes or not. They don't care about that at all, whatsoever." A private agency manager shared that concern: "So much of our work depends on their decision making. I do think that's going to make a huge difference.... We know judges who won't terminate or won't take the risk."

In preparation, the public and the private agencies have been meeting with the courts to work out concerns about the new case rate model prior to implementation. "There's still that curiosity and wait and see perspective from some of our judicial," a public agency manager noted. A private agency supervisor explained:

> [The public and the private agencies] are trying to collaborate more with the court system to educate them and...to reach some sort of common ground. But we're not quite at that point where we all are hitting that common ground.

Another private agency manager reflected: "They understand philosophically what we're trying to do. They desire better information way earlier in the course of their decision making as a judge."

2.2.6 Data Management Systems

The MiSACWIS data management system was developed as part of the requirements of the federal consent decree issued in 2008 and the data system rolled out in the state in the spring of 2014. While respondents shared many frustrations about the system, positive benefits were also described. Overall, on the positive side, most respondents were in support of the idea of using a data management system with accurate and timely information and felt it would improve case management and inter- and intra-agency communication. Others stated that communication between private agencies and public agency workers on cases had indeed improved as a result of MiSACWIS. Of note was that one control county viewed MiSACWIS in a more positive light compared with agency staff in the other two counties interviewed. Challenges with the system reported most often included operational challenges with system functioning and accessing needed data. Data reporting abilities were described as both a challenge by some and in a positive light by

others. More detail on each is reported below, followed by a brief discussion on the new data analytics system planned for the Kent pilot, MindShare.

Operational Challenges

Most respondents reported that MiSACWIS has many technical "glitches" that prevent them from entering and saving data efficiently and accessing the case information they need. Respondents reported issues such as an inability to save entered data, lost data, system crashes, missing check boxes resulting in incomplete data entry and inaccurate counts, data uploaded to incorrect locations, and a lack of available technical help using the system or responding to problems. Some workers reported they enter all of their data in Microsoft Word and then cut and paste it into MiSACWIS for fear of losing data they enter directly into the system. Others described the challenge of needing to "relearn" their job in order to comply with MiSACWIS and its unique data entry requirements.

Respondents at the state MDHHS agency were aware of issues with MiSACWIS, specifically that it did not work as planned when rolled out to local agencies, and this resulted in ongoing complaints about the system from the field. One respondent talked about the ongoing negative view of the system caused by rolling it out before it was operating smoothly and stated, "Once you roll something out and it doesn't roll out smoothly, people will continue to talk about it as though it's still a problem." Another offered "even when we launched, it wasn't done. It was a not quite a cooked egg, and then all the problems that come with it that were never explored, were not seen, all fell out on the field."

Access to Data

Both private agency workers and supervisors reported challenges accessing the data they need to do their jobs effectively. Workers reported that they are unable to see public agency investigative reports or early case histories and that the public agency data they are able to see varies widely in quality and the quality of information is based on the individual worker's experience with the system; thus, new workers were described as especially prone to incomplete or inadequate data entry in MiSACWIS. Many private agency workers reported they need to call public agency case workers to get case information and think they should be able access this in MiSACWIS directly and seemed somewhat demoralized by these access constraints. One worker described it as a contradiction between the insufficient level of access they have to case data and the enormous responsibility they

have in safeguarding child welfare and protection, stating, "You're trying to access something you are not allowed to see… you're not good enough for MiSACWIS…we don't trust you…. But we've got this child we're responsible for… we trust you with this child's life." Public agency workers reported confusion about what private agency workers can and cannot access and did not seem to understand that private agency workers do not have access to the same information as the public agency workers.

As mentioned briefly in the section on agency collaboration, some private agency workers expressed frustration that requests submitted through MiSACWIS either did not always get to the intended recipient or were delayed, resulting in unnecessary delays in obtaining service approvals, refusal of services, or higher cost services due to the delays. Workers reported that all services need to be requested through MiSACWIS from POS monitors, who have specific timeline requirements to receive documentation in order to process service requests, and that they are disallowed from directly communicating with POS workers outside of the system. Public agency workers reported that once a service is approved, private agency staff do not update service records, connect services to identified needs in treatment plans, or provide adequate summary reports about the case. Licensing and adoption workers reported the system was not set up to meet the needs of the services they provide, although others reported there was some improvement with licensing data in MiSACWIS. One adoption worker reported that anything related to adoption data in MiSACWIS was an "afterthought."

Data Reporting Capability

There were mixed reports on the data reporting capabilities of MiSACWIS. Many private agency supervisors reported that the MiSACWIS data warehouse provides point-in-time data stored in the "Book of Business" or "B.O.B." They reported that this is a useful case management and supervisory tool assisting workers in tracking contacts and due dates. At one agency, supervisors reported that they use contact data reports for regular "metric meetings" with staff, and said there are many positive benefits, including the ability to monitor case status (e.g., the number and timeliness of contacts), and set monthly contact expectations. Others noted that reports were most beneficial to senior management and central office (MDHHS) to support progress on the Implementation, Sustainability and Exit Plan (ISEP) of the federal lawsuit. One supervisor called the system "ISEP friendly" but not "field worker friendly" because reports are not useful for workers in their day-to-day job. Public agency workers reported mixed sentiments; while some agreed the

B.O.B. and metric reports were useful, others expressed concern that the data in these reports are usually incomplete or inaccurate.

Beyond monitoring contact data, most private agency respondents bemoaned the inadequacy of MiSACWIS data reports, and many preferred their own agency specific database system, which several private agencies have. One private agency mentioned the need for specific data reporting functionality in order to meet national Council on Accreditation (COA) requirements. Another agency reported while they are able to use data from MiSACWIS, they find the data too segmented and limited to point in time, thus they create multiple spreadsheets to be able to effectively interpret and analyze the data they need to manage and report statistics. Maintaining a separate database system was reported to have many benefits, but both workers and supervisors complained about the duplication of effort required to enter data into two systems and expressed a real concern that MiSACWIS is not able to give them the data they need; therefore, the need to maintain two data management systems will continue.

Most of the MDHHS respondents acknowledged the private agencies' need for enhanced data reporting capabilities. Overall MDHHS respondents appeared cognizant of the reporting limitations of the system and the desire for the WMPC to have access to a full breadth of data and produce more detailed reports than MiSACWIS is currently set up for at the local level. The MindShare data system for the Kent pilot is designed to pull data from MiSACWIS. However, enhancing MiSACWIS to be able to pull all of the data desired was described as very time-consuming and challenging due to the complexity of the system structure. MDHHS respondents described MiSACWIS as an integrated system made up of business process rules with any change in those rules effecting a multitude of other things in the system. Comprehensive access to data for the WMPC (e.g., access to court and legal data) was described as necessitating "hierarchy access" rule changes, a process described as complex and utilizing significant resources to achieve, yet benefiting only the children in one pilot county in the state.

MindShare

At the time of the evaluation interviews, the WMPC was finalizing the contract for the MindShare system. MindShare uses predictive analytics for child welfare cases and promises to assist in improving outcomes for children in part by its ability to be an "early warning" system and flag cases that need intervention. According to its website, the Mindshare ICARE Predictive Analytical Module "equips social workers to isolate the most vulnerable children based on a comprehensive

understanding of the risks associated with maltreatment and poor outcomes, and has them refocus attention and priorities on the specific symptoms causing those risks. MindShare's critical differentiator is its focus on forward-looking analysis and the unique ability of its ICARE modular platform to surface potentially harmful issues that pose substantial and future risks to an individual child."[9] Respondents described the system as a data warehouse, data intelligence tool that requires no data entry; rather, it is designed to seamlessly pull data from existing state systems and target the most relevant data to identify patterns. The WMPC plans to ultimately have a data sharing agreement with the school system and mental health agencies. Private agency directors in Kent County viewed MindShare as a major enhancement. One respondent stated:

> "It was pretty much non-negotiable from us as a provider community, to not have good data metrics, and a system through which we could do that, which is the MindShare.... If you can't measure, you can't say yay or nay if you've made a difference or not.... That was the other thing we've been frustrated a lot of years with. Either inconsistent reports, unsure of how accurate the reports are, or are they really old by the time you get the report. A report usually just makes you ask more questions."

Respondents were excited and hopeful that the MindShare system will enhance their ability to target case trajectories and allow intervention to occur more quickly, especially for the most vulnerable children and families. The new system was also envisioned to help allow more efficient use of resources. One respondent stated:

> "I think it's absolutely critical to be able do our best work, meaning, to use our few resources we have most efficiently. Not every case is the same. When we disperse resources evenly across every case as if they were the same, somebody's losing in that, that's the kids that need more intensive services and more intensive support. This will allow us to target our resources much more effectively. Target our human resources, personal interactions and needs much more effectively and I think get better outcomes."

2.2.7 Performance Assessments and Continuous Quality Improvement

Overall, Continuous Quality Improvement (CQI) seemed to be a relatively new way of thinking among public agencies, whereas most of the private agencies reported having active CQI efforts, in part due to the COA process some have gone through. MDHS leadership was clear that the Kent

[9] See: http://mindshare-technology.com/about-mindshare/

pilot merges nicely with their CQI intentions and the agency vision that an exit from care would be a result of CQI monitoring. Another public agency respondent described their CQI efforts as "fledging" and although they have data, they lack a sufficient capacity to analyze the data into meaningful reports; as she continued: "getting to the analytics and developing the capacity for continuous quality improvement at the local level, I feel like we're struggling to stand up, period."

Data CQI teams are developed on the local public agency level and Kent County was reported to be well ahead of other counties in the state and already engaged in the Quality Services Review (QSR). Some at MDHHS were clear that counties struggled to implement CQI teams or even completely understand the process, as one respondent stated:

> "We talk about it. It's a huge component of our CSFR. I see on the ground, people don't get it. We're using words that they probably already doing the work for, in some ways, but they're not doing it in a teaming environment and they don't have the technical assistance that's necessary, even, let's sit down and talk about what do you use for data. How are we [MDHHS], with just a small group of people, getting out to the field and helping them in a meaningful way, given they are overwhelmed with just the business that they work on. It's just like explaining performance-based model. You have to spend time there. You have to develop relationships. You have to help see from their perspective and help them, logistically, pull off what it takes to have a teaming environment. To have people take on additional duties because we don't resource FTEs for data analysis, for data collection because our system doesn't generate it. They need more help than we are resourced to offer them, I think. It's a great idea. I've been committed to the idea since the beginning. The same with performance based, if you don't commit the funds to it, the resources, it may not just be money, like skill sets."

As stated in the above section, public agency supervisors engage in "metrics meetings" with workers and many reported those as helpful. Some public agency workers, however, resent the focus on performance metrics. As one public agency worker stated: "...The focus is on numbers, numbers, numbers. I don't even think sometimes it's child welfare. It's numbers."

Public agency directors discussed plans for the QSR but it was not clear they had all been through this review yet. Some public agency supervisors reported utilizing the MiTEAM tool with workers; however, public agency workers struggled to identify the process of fidelity or what it really meant.

Public agency supervisors reported the additional burden of the MiTEAM tool and some questioned its utility. As one supervisor put it:

> "I think our staff already does all of that. Then for me to have to go and observe my staff in the field, I mean I think, I don't know. We do meetings together, we do all of that. But now I have to take an extra step and do this [MiTEAM] tool, which to me is just more of a waste of time to be honest, because they already do it. I don't really have the time to make sure I'm observing every one of my staff, every quarter. The tool is like 18 pages. Then you have to do it for each staff every quarter. Like one visit or one meeting or something like that. It's really overwhelming in my opinion."

Private agencies and the public agency respondents in Kent reported they currently engage in quarterly management reviews (QMRs) with the public agency, courts, and representatives from the other private agencies in Kent County to review data such as removal rates, services. At times the private agencies in Kent also meet with other stakeholders in the communication such as the Child and Family Coordinating Council. Kent County private agencies reported that MindShare predictive analytics system will enhance their quality improvement processes by allowing workers to engage in "better data-driven decisionmaking." It was contrasted with the existing MiSACWIS system, which allows only a reflective look at data in the last month or quarter to MindShare's ability to look forward predictively. The WMPC will have a performance and quality improvement (PQI) staff that utilizes the MindShare data to address utilization management and other important performance indicators.

2.2.8 Major Challenges

During site visits, MDHHS stakeholders, as well as county-level public agency and private agency directors, supervisors, and direct line staff, described barriers that exist within their respective agencies (e.g., policies, infrastructure) and within the community that could affect implementation of the Kent Model or service delivery in general. These challenges are described below.

Housing and Child Placements

Many interview respondents across position types (i.e., agency directors, supervisors, and direct line staff) stated that housing is a major concern, particularly in Kent County. One respondent from the county stated that there is a "housing crisis in Kent County." Respondents from the public and private agencies in Kent County expressed concerns about:

- The lack of affordable housing, and difficulty locating homes for families that qualify for Section 8 federal housing assistance/lack of Section 8 vouchers;
- The limited availability of appropriate housing for families;
- Inadequate number of foster homes;
- Having to prioritize services to address one parent or family issue while the family struggles to maintain a stable home (e.g., "When we are asking a family to go and deal with their substance abuse, and talk about their trauma from their childhood that is now stemming into how they are parenting, but they are just worried about where they are going to sleep that night, we are doing that family a disservice by saying, 'Go to counseling every week, but we cannot get you housing.'");
- The lack of independent living homes for older youth, and difficulty locating foster homes for older youth;
- Difficulty locating homes for special populations (e.g., developmentally delayed children); and
- Inadequate communication between public and private agency staff about available foster homes.

In addition to the limited availability of housing, respondents also identified other barriers to placing children in certain homes. Similar frustrations were described by respondents in relation to ideal placements with fictive kin, or unrelated adults with whom children maintain social or emotional bonds. Respondents described positive relationships between the children and non-kin supportive adults who want to care for them, but policies regarding placements impede caseworkers' ability to place children with fictive kin (these policies are not necessarily specific to Michigan). As one caseworker stated:

> "Because of rules and policies and barriers, and a really strange idea of wronging children when we should really be placing them with people who are familiar and have a relationship with them. At the end of the day, we're all in this for children, but sometimes the policies are barriers for us to really make that happen."

Service and Resource Availability

In addition to aforementioned challenges, respondents in each of the three counties cited limited availability of local services as a challenge to ensuring that children's and families' needs are met. For example, respondents noted the limited availability of mental health services; inadequate services for children who speak English as a second language; the need for resources for teenagers; and scarcity of services in rural communities, where families may not have access to public transportation (mentioned as a challenge by respondents in Kent and Oakland counties). In addition, in-home services were reported to be limited in Oakland County.

Interview respondents also stated that families are not provided with enough information about services and/or agency processes. Specifically, families being served often do not know what resources are available to them, or foster families may not receive enough information about the foster care process.

Agency Staff and Workloads

When asked to identify factors that are potential barriers to successful implementation of the pilot and general challenges they currently face, agency respondents across the three counties identified several obstacles related to agency staff and workloads, including:

- Young staff with academic credentials who lack experience working with families, or as one respondent stated, "Educating them in a different way than strict academia about life experience and about a respect in regards to those less fortunate";
- Inadequate number of experienced and qualified staff in the agency's high-stress and fast-paced environment;
- High caseloads that limit the ability of caseworkers to carry out job responsibilities effectively, or competing priorities (e.g., "We lose sight of the reason this kid is away from his family. It should not be, 'Oh, that is your job,' or 'Oh, that is my job.' We have the case, take it.");
- High turnover among agency staff, which was also reported by respondents in a comparison county; and
- Inadequate staff support.

Additionally, respondents across the three counties described challenges related to intra- and inter-agency relationships and communication. For example, a child in care may interact with many different individuals across agencies. Respondents emphasized the importance of effective communication (e.g., provide all necessary information about a child or family in a timely manner), establishment of mutual trust to ensure the child's and family's needs are met, and coordination among staff within and across agencies to ensure consistent messaging about expectations for children and families. One respondent also described struggles to co-exist with other similar agencies, stating:

> "That competition sometimes creates silos—"I can get another contract if I do this better than someone else"—when the goal is really to do the best we can for all clients. Sometimes I think the system is not geared toward that type of success."

Agency Policies and Processes

Agency staff must follow guidelines established by the state or their respective county and/or agency. Interview respondents stated that some agency policies or processes make it challenging to serve their clients. Other challenges identified include:

- Time-consuming referral process, as described by a respondent:

  > "When I get my ongoing families, my goal will be that they never have to see court or another CPS investigation, ever. Sometimes, it is hard to do because they are set up for failure. [For example, a coke user wants] services, and I put in a referral, and they do not hear from [anyone] for 6 months. And then they get another case that comes in because they overdosed, and now we are at court."

- Lack of standards for accountability, and inconsistent expectations across agencies;
- Substantial amount of paperwork/data entry that must be completed—the time required to complete paperwork and/or enter data often outweighs time spent with children and families;
- Information/document exchanges within or between agencies that cause delays; and
- Delays to permanency due to the cumbersome adoption process.

Respondents from comparison counties identified similar challenges, such as requirements to complete repetitive and time-consuming paperwork. Additionally, some respondents perceived that

certain policies are illogical because, they theorized, policymakers have not been involved in the work for which they are developing the policies and therefore cannot fully grasp how difficult it could be to adhere to them.

One state stakeholder also described the challenge to implementing completely new processes related to pilot implementation. State department staff must make the shift from "business as usual" operations to following newly established processes.

2.3 Recommendations and Activities for the Next Reporting Period

During the current reporting period, the evaluation team participated in CWPC, DSC, and WMPC meetings via telephone. During the next reporting period, the team will continue to participate in these regularly scheduled meetings as well as other meetings deemed necessary to gain additional contextual information about pilot implementation. Collaborative group meeting summaries and agency documentation are critical to the evaluation, so content analyses of these documents will continue during the next reporting period.

The evaluation team will begin examining service satisfaction after the launch of the pilot. Each private agency in Kent County administers surveys to children and/or guardians (birth parents or out of home caregivers) regarding the services they received. To reduce the burden on agencies and the children and families they serve, the evaluation team will request family satisfaction data from each agency on a quarterly basis, as opposed to the evaluation team administering new surveys. During the next reporting period, the evaluation team will develop a plan for analyzing family satisfaction survey data; coordinate with representatives from private agencies in Kent County to transfer survey data from the agencies to Westat; and analyze and interpret survey data.

A key component of the pilot is implementation of the enhanced MiTEAM case practice model. Agency staff are expected to adhere to the guidelines established for implementation of the model as a path to achieving key outcomes. Therefore, it is critical to determine the extent to which agency staff deliver services with fidelity, or the extent to which staff implement the case practice model as intended. MDHHS currently collects the MiTEAM tool from child welfare service agencies (and service providers) quarterly for a random sample of private and public agency workers. The

evaluation team will coordinate with MDHHS representatives to obtain fidelity data on a regular basis, which will be analyzed and summarized during the next reporting period.

The evaluation team conducted baseline site visits for the process evaluation approximately 6 months prior to the launch of the pilot. The next round of interviews and focus groups will take place 1 year after the start of pilot implementation (Fall 2018).

Collectively, each element of the process evaluation will help build greater understanding of how changes in agency policies, practices, and procedures may affect children and families who are served in Kent County and how those changes, in turn, produce changes in child and family outcomes, as compared to those families receiving "services as usual" across the state.

Outcome Evaluation: Evaluation Update 3

As noted, because the data sharing agreements have not been finalized as of this writing, the outcome evaluation has not been implemented; as such, the information that can be presented here is very limited.

3.1 Status, Activities, and Accomplishments for This Reporting Period

The revised start of the pilot in Kent County, in combination with the process of finalizing the evaluation's Institutional Review Board (IRB) protocol and data sharing agreement (DSA), has delayed the transfer of administrative data to the University of Michigan. When the data are received, findings will be shared in the upcoming quarterly progress and annual reports.

3.2 Significant Findings

None to report at this time.

3.3 Recommendations and Activities for the Next Reporting Period

- Receive data files from MDHHS;
- Clean and organize files so that baseline performance estimates can be calculated; and
- Work with MDHHS on gaps in the data and troubleshoot, as problems arise.

Cost Study: Evaluation Update 4

As noted, because the data sharing agreements have not been finalized as of this writing, the cost study has not been implemented; as such, the information that can be presented here is very limited.

4.1 Status, Activities, and Accomplishments for This Reporting Period

The revised start of the pilot in Kent County, in combination with the process of finalizing the evaluation's IRB protocol and DSA, has delayed data collection for the cost study. When the data are received, findings will be shared in the upcoming quarterly progress and annual reports.

4.2 Significant Findings

None to report at this time.

4.3 Recommendations and Activities for the Next Reporting Period

The IRB protocol and the DSA will be finalized. Once those project management details have been resolved, Chapin Hall will start collecting the cost study data elements from the state. The primary focus during the next reporting period will be on establishing the fiscal context for the transition to performance funding, reviewing the start-up activities of the West Michigan Partnership for Children (WMPC), and establishing baseline cost estimates. Specific tasks include:

- Complete context/background piece describing transition to performance-based funding and the context for the Kent Count pilot;
- Receive the initial set of data elements to be provided by MDHHS and the University of Michigan;
- Begin data collection and characterization of start-up costs for WMPC; and
- Develop a baseline cost analysis for Kent County.

Summary of Issues and Potential Solutions, Moving Forward 5

5.1 Process Evaluation

The evaluation team collected and reviewed state and local agency documentation, and conducted interviews with MDHHS representatives and local agency leaders and focus groups with private and public agency staff, to gain insight on public and private agencies' current policies, practices, and processes prior to pilot implementation, and on how state and local stakeholders anticipate that pilot implementation in Kent County will affect the agencies and their staff. The sections below summarize major findings from the process evaluation and identify next steps.

Summary of Major Findings

Across counties, respondents described similar challenges relative to their respective agencies and jobs. In addition to maintaining caseloads, respondents described other job-related activities, such as fulfilling administrative requirements (e.g., completing paperwork and/or entering case data), which consume a considerable amount of time. Respondents also expressed concern about insufficient time available for meeting with children and families due to time-consuming administrative or training obligations. Additionally, frequent staff turnover leads to continuous training and support of new staff, as well as unexpected transfers of cases to staff with already limited availability. Expectations related to participation in training add another layer to agency workers' job responsibilities. Although agency supervisors and direct line staff are required to participate in certain trainings (e.g., CWTI) and often provide recommendations to agency leadership on training needs, a number of agency staff reported that they rarely had time to participate in trainings of interest or support services that are relevant to their position or cases (e.g., secondary trauma support) because of competing priorities.

The aforementioned challenges made it difficult for some staff to support plans for implementation, which was scheduled to launch approximately six months following the evaluation data collection site visits. For example, some staff were uncertain if changes to processes for serving children in care in Kent County will lead to increased job responsibilities or, for public agency staff, fewer job responsibilities. However, at the time of the visits, many respondents had only minimal knowledge

of the pilot and therefore may not have completely understood the model's implications for public and private agency infrastructure and staff in Kent County.

Level of involvement in planning for the pilot and awareness of the intricacies of the model varied by agency position. For example, agency directors were more likely than direct line staff to report that they helped plan for or had substantial knowledge of the model. This variation underscores the importance of clear and consistent communication about the model, which respondents from state and local agencies recognized as important. Agency staff at all levels may benefit from receiving detailed information about pilot implementation at regular intervals. Information about changes being made in Kent County's public and private agencies would increase staff understanding of how changes occurring in agencies throughout the county could affect their agency in general and their job specifically. Information about the model (e.g., major activities conducted, pilot milestones) is disseminated publicly at regular intervals, through communication vehicles such as the WMPC website and CWPC newsletters. Communication with entities external to the child welfare agencies supports increased public knowledge and understanding of changes that are occurring locally, and increase transparency in how the agencies are serving local children in care.

Respondents also expressed their reactions to various aspects of service delivery processes. Findings from the baseline site visits suggest that although the success of some services or activities depends on the family's involvement (e.g., the family engagement component of MiTEAM may be difficult to achieve if family members are unwilling or unable to actively contribute to team meetings), respondents also articulated that they often have difficulty obtaining other services for children and families due to limited community resources. For example, respondents in Kent, Oakland, and Ingham counties noted the dearth of appropriate adoptive and foster homes for children in care, and said the homes are particularly difficult to locate for certain sub-groups of youth (e.g., teenagers, medically fragile children).

One of the outcomes to be achieved through implementation of the pilot is increased flexibility in how agencies expend funds and how staff provide services; however, some staff, both private and public, lacked confidence that the model would, indeed, provide more flexibility. In addition, while some ancillary services will likely continue to be limited after pilot implementation (e.g., one respondent described a "housing crisis" in Kent County), the ongoing process data the evaluation team collects after the launch of the pilot will enable the team to explore if and how service provision has changed with the increased flexibility.

Interview and focus group respondents also implied that the degree to which children and families receive appropriate services and can reach case closure with minimal delays or disruptions hinges on how well public and private agencies collaborate and communicate. Respondents agreed that public and private agencies in Kent County have a long history of effective collaboration. However, common challenges that were frequently identified during interviews (e.g., staff turnover, high job demands) in addition to other frequently identified barriers (e.g., unresponsiveness to requests, incomplete documentation) lead to breakdowns in inter-agency collaboration. As noted in earlier sections of the report, respondents have begun to observe changes in public-private agency staff interactions. Some respondents speculated that the current disconnect between public and private agencies will increase as new changes to agency policies and processes are instituted following implementation of the pilot, while others have hope that they will interact more closely.

Another outcome to be achieved through the pilot is improved inter-agency collaboration and coordination. Leaders from Kent County's public and private agencies, in addition to MDHHS representatives, meet regularly in the collaborative groups described in Section 2.2.1. As expected, the central topic of discussion across groups has been planning for the October 1st launch of the pilot. During future waves of data collection, the evaluation team will examine, among other factors, changes in how the collaborative groups strategize about how to address challenges in pilot implementation, which will likely include intra- and inter-agency collaboration and coordination, as well as staff perceptions of how relationships among staff in partnering agencies have changed since implementation.

Next Steps

The baseline data collected during site visits in spring 2017 yielded detailed information on public and private agencies in Kent, Oakland, and Ingham counties in relation to elements such as agency infrastructure, staff roles and responsibilities, training, and service provision *prior to* pilot implementation. During the remaining rounds of data collection for the process evaluation, the evaluation team will examine changes in agency policies and procedures, and service availability and delivery; identify pilot implementation barriers and successes, and contextual factors relating to implementation; and assess client satisfaction with services and fidelity to the Kent Model. Although some respondents expressed ambivalence about the new model, uncertainty is to be expected when any new initiative is introduced. What is essential is for the evaluation team to continue to unpeel the multiple layers of the model to support MDHHS' efforts to have a complete picture of factors associated with improved outcomes for children and families in Michigan.

5.2 Outcome Evaluation

The evaluation team will calculate baseline performance estimates for the outcome evaluation upon finalization of the IRB protocol and DSA, and the transfer of administrative data to the University of Michigan. The next annual report will include a summary of outcome study findings.

5.3 Cost Study

The evaluation team will calculate baseline performance estimates for the cost analysis upon finalization of the IRB protocol and DSA, and the transfer of administrative data to Chapin Hall. The next annual report will include a summary of outcome study findings.

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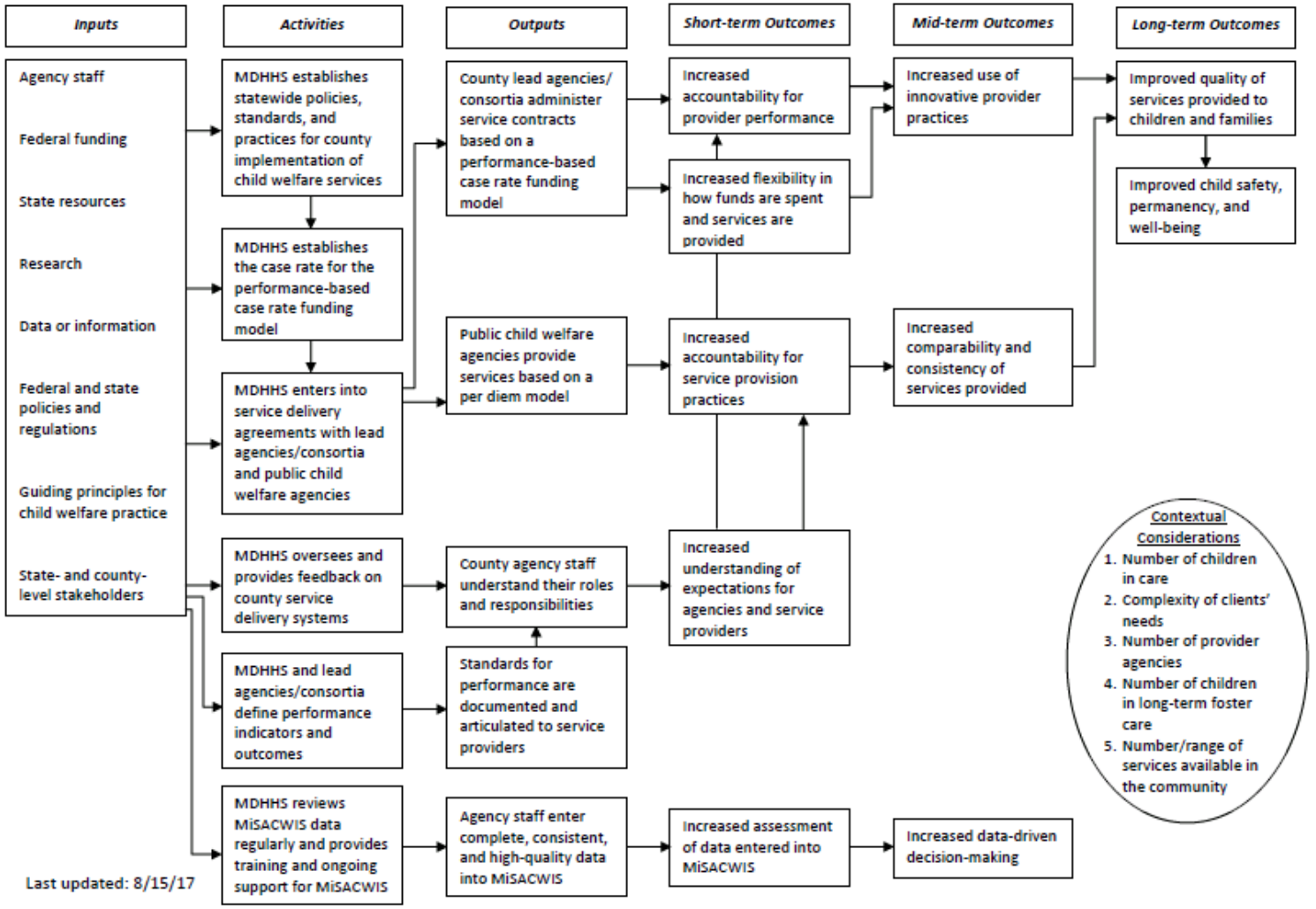
Appendix A

Michigan Department of Health and Human Services (MDHHS) – Working logic model

Theory of Change: MDHHS implementation of strategies to improve child welfare service delivery and accountability for service quality will lead to improved outcomes among the children and families served.



Appendix B

Kent County Performance-Based Case Rate Funding Model – Working logic model

Theory of Change: Implementation of the performance-based case rate funding model for foster care and adoption in Kent County, Michigan will incentivize service provider performance and increase the availability of high-quality services to improve child safety, permanency, and well-being.