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Evaluation of Michigan's Performance-Based Funding Model

Second Annual Report

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Executive Summary

E.1 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 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, the cost effectiveness, and the child and family outcomes associated with it. The latter was awarded to Westat and its partners in 2016 and includes process (Westat) and outcome (University of Michigan School of Social Work) components and a cost study (Chapin Hall).

Westat and its partners, University of Michigan School of Social Work and Chapin Hall at the University of Chicago, completed the second of a rigorous five-year evaluation of the Kent Model. The evaluation compares the Kent Model with the per diem foster care service model, and is composed of three components: process, outcome, and cost studies. The process evaluation provides the context for foster care service planning and implementation in Kent, Ingham, and Oakland counties. The outcome study examines changes in child and family outcomes (i.e., safety, permanency, and well-being), while the cost study addresses changes in service delivery and administrative costs for Kent County.

E.2 Methodology

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 are designed to compare the Kent Model to the per diem model being implemented across the state using matched comparison groups (developed using propensity score matching); the outcome study documents changes in child and family outcomes (i.e., safety, permanency, and stability), while the cost study will address the types, amounts, costs, and cost-effectiveness of services that children in out-of-home placements receive.

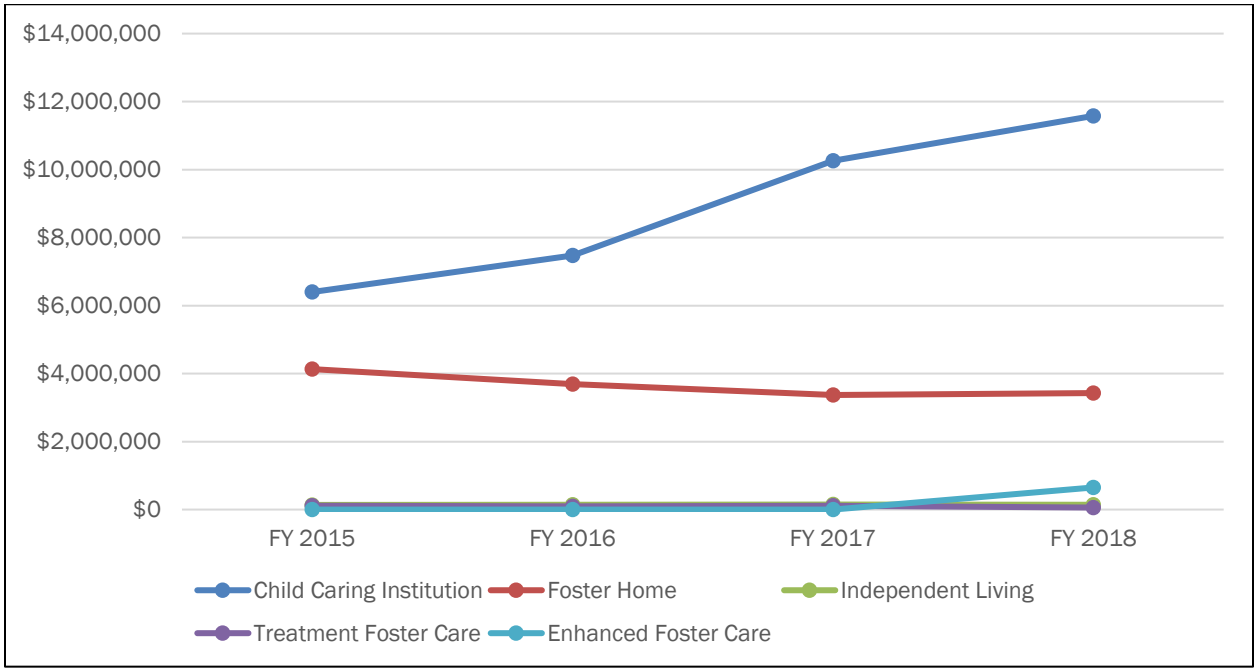
E.3 Cost Study

The cost study is designed to understand the fiscal effects of the transition to the Kent Model. For the current report, the evaluation team examined Kent County's system-level expenditure and revenue trends, concentrating on the three-year baseline period (FY 2015 through FY 2017) and the first year post-implementation (FY 2018).[1] Sources of administrative data are: (1) MiSACWIS payment data, (2) MiSACWIS placement data, (3) WMPC Actual Cost Reporting Workbook and Accrual Detail, (4) BP 515 Payment Workbook (defined on pg. 2-3) , and (5) Trial Reunification Payments.

Total Expenditures. Kent County's total out-of-home service expenditures increased over time. The largest increase was from FY 2017 to FY 2018, when total expenditures increased by $6 million (a 23 percent increase). Placement maintenance (e.g., daily maintenance rate for a child's placement) and administrative expenses (e.g., agencies' daily administrative rate paid for a child's placement) increased from FY 2017 to FY 2018, and placement maintenance expenditures decreased between FY 2015 and FY 2017 and stayed stable into FY 2018 (Figure E-1). Child caring institution (CCI) placement maintenance expenditures increased each observable year, and the trend continued into the first year of the post-implementation period.

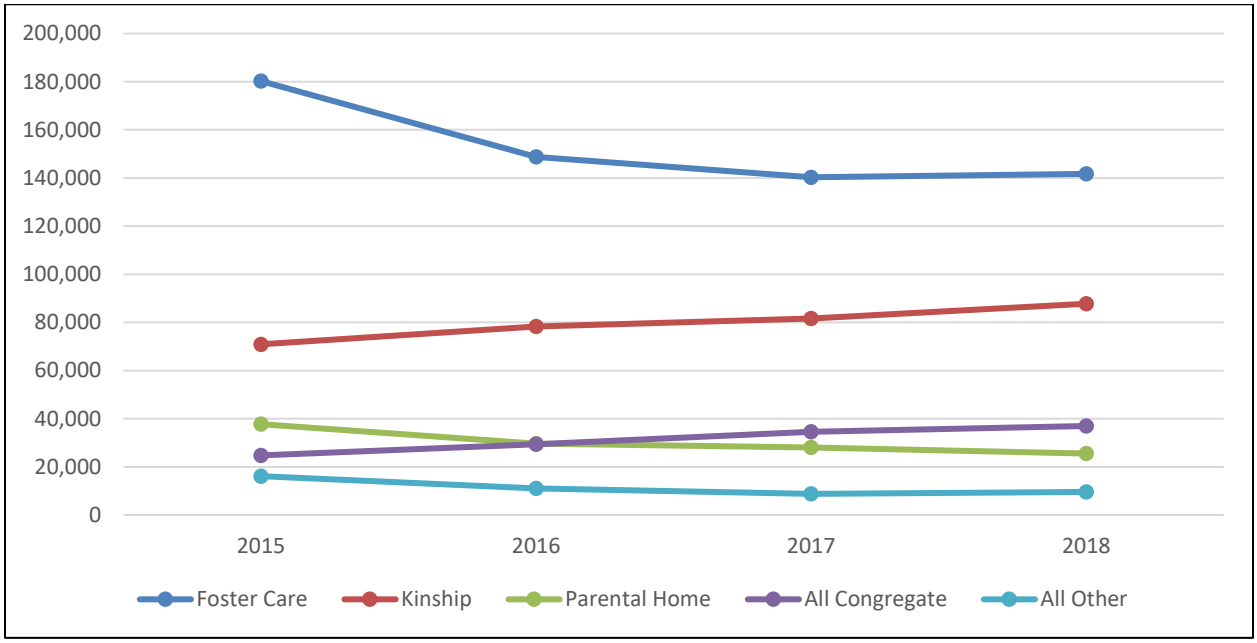
[1] WMPC does not provide services for voluntary foster care (YAVFC), youth with a juvenile justice designation (OTI), or unaccompanied refugee minors (URM), because data for these groups are excluded.

Figure E-1. WMPC-related placement maintenance expenditure trends by placement setting



Care Day Utilization. In terms of care day utilization, total care days increased from 293,472 in FY 2017 to 301,493 days in FY 2018 (Figure E-2). Kinship care and congregate care showed the largest total increase in care days when comparing FY 2018 to FY 2017, increasing by 7 percent and 5 percent respectively. Foster care days stayed stable, increasing only 1 percent in FY 2018.

Figure E-2. Care day utilization by state Fiscal Year[2]



Average Unit Costs. "Average unit costs" are calculated by dividing the total annual placement maintenance expenditures by total placement days for each fiscal year. In Kent County for out-of-home placements (excluding URM, YAVFC, and OTI), the average daily cost per care day increased each year from FY 2015 through FY 2018 Figure E-2). From FY 2015 to FY 2018, congregate care days increased while foster care days stayed stable. However, increases in spending have outpaced increases in care days. Thus, the observed increase in average daily unit cost most likely stems from shifting to more expensive care types (e.g., congregate care) from less costly ones (e.g., foster care).

E.4 Outcome Study: Safety, Permanency, and Stability

The evaluation team used propensity score matching (PSM) to generate a comparison group to determine if there were statistically significant differences between children served by WMPC (through the Kent Model) and children served by private agencies in other Michigan counties (through the per diem model) for FY 2018 (the first year of Kent Model implementation).

Overall, 17.6 percent of children experienced a Cat I-III maltreatment disposition while they were in an out-of-home placement setting or still under the legal guardianship/supervision of the State.

[2] Congregate care in this figure includes both shelter and detention.

There were no significant differences between children served in Kent County and similar children served by private agencies outside of Kent County.

Exits. To determine rates of permanency (formal discharge from foster care), the evaluation team calculated the proportion of children who are still in care, and their associated length of stay (LOS) in days (Table E-1). For children who entered care after 10/1/2017, more children in Kent County than in other counties exited care during FY 2018 (12.31% vs. 8.23%). In comparison to children in other Michigan counties, children in Kent County who entered care after 10/1/2017 tended to stay fewer days in care on average (106.9 as compared with 149.6 days). This difference is statistically significant.

Table E-1. Exited or still in care

Group	Exit status	N	% Exited	LOS Median	LOS Mean	LOS SD
Comparison, entered after 10/1/2017	In Care	435	91.77	181	183.7	102.3
	Exited	39	8.23	165	149.6	90.9
Comparison, in care prior to 10/1/2017	In Care	493	63.29	662	791.3	456.6
	Exited	286	36.71	643	688.8	357.6
Kent, entered after 10/1/2017	In Care	399	87.69	174	167.5	106.0
	Exited	56	12.31	78	106.9	94.0
Kent, in care prior to 10/1/2017	In Care	497	62.28	655	793.5	485.6
	Exited	301	37.72	692	731.6	375.8

Time to Exit. A higher percentage of children in Kent County who entered care after 10/1/2017 exited within 6 months relative to the comparison group (10.77% vs. 4.64%). A higher percentage of children from Kent County than children in the comparison group also exited care within 18 months (12.31% vs. 8.23%). The vast majority of children who entered care after 10/1/2017 exited to reunification (74.4%). Given that reunification and adoption are the two most common types of permanency outcomes overall, the evaluation team closely examined the amount of time (in days) until exiting care to one of these types (Table E-2). Children in Kent County who entered after 10/1/2017 exited to reunification significantly faster than those in the comparison group (102.2 vs. 153.2 days).

Table E-2. Time to exit

Group	Exit type	Total exited	Time to exit: Mean	Median	Std. deviation
Comparison, entered after 10/1/2017	Adoption	3	260.7	268.0	12.7
	Reunification	29	153.2	166.0	93.9
Comparison, in care prior to 10/1/2017	Adoption	138	832.6	751.5	356.7
	Reunification	129	511.0	461.0	236.1
Kent, entered after 10/1/2017	Adoption	1	259.0	259.0	N/A
	Reunification	51	102.2	78.0	95.1
Kent, in care prior to 10/1/2017	Adoption	139	903.3	843.0	307.6
	Reunification	132	516.9	492.0	289.6

Placement Changes. Ideally, the number of placement changes a child experiences while in foster care are minimized, as successive changes in foster care placement can be equally disorienting and disruptive to a child's ability to maintain a sense of continuity in their living arrangements and caregivers. For children who entered care after 10/1/2017, children in Kent County were significantly less likely than children in the comparison group to experience two or more placements.

First Placement. Children in Kent County were significantly more likely to be placed in a relative's home and less likely to be placed with an unrelated foster parent for their first placement, compared with children in the comparison group (Table E-3).

Table E-3. First and initial placement

Setting description	Comparison, entered after 10/1/2017	Comparison, in care prior to 10/1/2017	Kent, entered after 10/1/2017	Kent, in care prior to 10/1/2017	Total
Missing	0.0% (0)	0.5% (4)	1.8% (8)	1.1% (9)	0.8% (21)
Juvenile Guardianship Home	0.0% (0)	1.3% (10)	1.5% (7)	1.9% (15)	1.3% (32)
Child Caring Institution	2.7% (13)	1.4% (11)	0.0% (0)	3.3% (26)	2.0% (50)
Other	5.7% (27)	3.6% (28)	0.9% (4)	2.5% (20)	3.2% (79)
AWOL	2.1% (10)	2.3% (18)	4.6% (21)	5.3% (42)	3.6% (91)
Parental Home	2.5% (12)	1.3% (10)	12.7% (58)	3.0% (24)	4.2% (104)
Emergency Residential Shelter	1.9% (9)	3.0% (23)	5.5% (25)	9.1% (73)	5.2% (130)
Adoptive Home	1.3% (6)	8.9% (69)	0.9% (4)	9.0% (72)	6.0% (151)
Hospital	8.9% (42)	7.3% (57)	7.0% (32)	7.9% (63)	7.7% (194)
Licensed/Unlicensed Relative Home	13.1% (62)	21.4% (167)	25.9% (118)	16.9% (135)	19.2% (482)
Licensed Unrelated Foster Home	61.8% (293)	49.0% (382)	39.1% (178)	40.0% (319)	46.8% (1172)
Total	100.0% (474)	100.0% (779)	100.0% (455)	100.0% (798)	100.0% (2506)

E.5 Case Studies: The Nature and Practice of Child Welfare in Three Michigan Counties

The process evaluation is designed using a case study approach to examine similarities and differences in child welfare practice in Kent, Ingham, and Oakland counties. Process evaluation findings provide the framework for understanding child welfare practice in the counties. In addition, as the focus of the pilot, process evaluation findings for Kent County also provide context for understanding associated outcomes and costs.

During the second round of site visits to MDHHS and Kent, Ingham, and Oakland counties, conducted one year after the launch of the Kent Model, the process evaluation team conducted 56 interviews and focus groups with public child welfare and private agency leadership, and a sample of supervisors and caseworkers. Interviews were also conducted with stakeholders from the court and mental health systems, and in Kent County, the county administrator and staff at the WMPC. Focus groups and interviews covered topics that included MiTEAM, case management, interagency collaboration, and data systems.

Kent, Ingham, and Oakland counties vary widely relative to certain characteristics, including racial and ethnic composition, rate of confirmed cases of child abuse and neglect, and family poverty status. Populations range from just under 300,000 people in Ingham County to over 1 million people in suburban Oakland County. Although there may be variation in the number of families with children in care, each county's locale (e.g., rural, suburban), and other community characteristics, child welfare agency staff in all three counties share a common goal: to provide appropriate and timely services for children and families, and guide them toward achieving positive outcomes.

Child Welfare Service Delivery. Interview and focus group respondents from private agencies in Ingham County reported that one barrier to serving families effectively is the requirement that they obtain approval from Ingham County DHHS for services, which can take a considerable amount of time. Kent County respondents described similar delays in service request approvals from Kent County DHHS prior to implementation of the Kent Model. Through the model, each of the five private agencies now has a dedicated WMPC Care Coordinator who authorizes service requests in a timely manner.

Interagency Collaboration. In Kent and Ingham counties, respondents described collaboration among child welfare agencies and community partners as occurring partly through interagency councils. For example, in Kent County, the County Administrator and representatives from Kent County DHHS private child-placing agencies, the court system, mental health, and foundations, convene quarterly through the Kent County Family and Children's Coordinating Council. In Ingham County, representatives from many of the same agencies (Ingham County Department of Health and Human Services, private child-placing agencies, court system, and mental health) meet quarterly through the Child Welfare Coordinating Council. Respondents reported that regular interagency meetings provide an opportunity for sharing agency-specific information and updates. In Kent County, respondents expressed appreciation for WMPC's level of collaboration, particularly as the newest community partner and administrator of the Kent Model.

There were similarities and differences across counties in the quality of interagency partnerships. While respondents in Ingham County described generally positive relationships among staff in public and private agencies, attributed to factors such as longstanding partnerships and Ingham County DHHS's facilitation of interagency meetings or trainings; in Oakland County, respondents reported tensions in public-private agency staff relationships, which suggest that these may need strengthening. In Oakland County, one concern that respondents described is differences among agency staff in ideologies that may influence case decisions and subsequent child and family outcomes (e.g., *"Things that I say and the way I look at things are going to be different than the way another supervisor looks at them."*). Respondents from the three counties agreed that communication issues made effective collaboration between public and private child welfare agencies a challenge. For example, respondents mentioned the need for better channels of communication in Kent County, frustration with unresponsiveness in Ingham County, and lapses in communication in Oakland County.

Descriptions of relationships between child welfare agencies and the county court system were also mixed. While child welfare respondents in Oakland County described collaboration with the court system as productive, and the DHHS liaison as a key contributor to effective partnering, child welfare respondents in Kent and Ingham counties described major challenges to working with their respective court system. For example, respondents in Kent County expressed concerns about poor treatment of foster care workers by judges and attorneys during court testimony, and respondents in Ingham County described workers' intimidation with the court process.

Staff Turnover and Training. Respondents in Kent, Ingham, and Oakland counties described staff turnover as a major challenge to serving families with children in care effectively. Agency staff who remain in their position for a number of years, often because they want to help children and families, reported that it can be difficult to remain in a high-stress position with long hours and inadequate compensation over time. Across counties, respondents stated that private agency staff frequently seek positions in public agencies for improved salaries and benefits, or child welfare staff seek less stressful positions.

Turnover Effects

- Constant case reallocations
- Increased workload and stress
- Compromised service quality
- Difficulty building family trust
- Inadequate support for new staff
- Inadequate time for data reporting

As agency staff move to different positions within the same agency, some respondents in Kent County noted that it would be helpful to receive training or more guidance around the new responsibilities. Additionally, Kent County DHHS staff reported that it would be helpful to have more training and guidance on the Kent Model to increase awareness of changing expectations and requirements. Across the three counties, respondents described opportunities to participate in trainings on a number of topics to improve child welfare practice. Some trainings are optional while others are mandated by either a public or private county agency or MDHHS. Respondents identified a number of trainings that would be useful as well as ways in which required trainings could be improved, including:

- Increased opportunities for shadowing or observations during CWTI training,
- More training on MiSACWIS that delves into specific system components, and
- Guidance on court processes and interactions with court representatives.

Data Systems and Tools. When asked about the utility of MiSACWIS, respondents stated that although the state-mandated data system has improved over time, more improvements are needed. Agency staff in Ingham and Oakland counties stated that having a central system for storing and accessing case documents is one of the benefits of MiSACWIS, while respondents in Kent County noted that the system made some aspects of their work easier. Additionally, respondents in Ingham and Oakland counties stated that they use MiSACWIS' Book of Business—for workers to monitor progress toward completing tasks in Ingham County, and as part of supervision in Oakland County.

In terms of challenges to using MiSACWIS, respondents in both Kent and Oakland counties identified the number of "clicks" that are often necessary to navigate the system as excessive and time-consuming. Additionally, respondents in Oakland and Ingham counties acknowledged that the ability of system users to *access* valid and reliable information depends on the extent to which other users *enter* complete and accurate information in a timely manner, which does not always happen. Respondents in all three counties expressed frustration that MiSACWIS is not user-friendly and requires a substantial amount of time to enter data.

Fidelity Assessment Challenges

- Time-consuming
- Does not apply to all positions
- Tool is not user-friendly

MDHHS also mandates that agencies use the state's Fidelity Tool and data system to assess and report the extent to which workers implement the MiTEAM practice model as intended. Respondents from all three counties discussed the time necessary to complete the Fidelity Tool, and were aware of the types of data yielded from the assessments, but they expressed disappointment that they do not receive feedback from the assessments that could help them improve practice. Additionally, respondents in Kent and Ingham counties noted that questions in the Fidelity Tool do not apply to certain positions, such as licensing workers, as they do not work directly with families.

E.6 Conclusions and Next Steps

Kent, Ingham, and Oakland counties vary across several characteristics, such as foster care funding mechanisms (performance-based in Kent County, per diem in Ingham and Oakland counties), population (ranging from under 300,000 people in Ingham County to over one million people in Oakland County), and rates of confirmed victims of child abuse and neglect. For 2019, the number of confirmed victims is below the state rate of 18.9 per 1,000 children in Oakland County (8.4), but above the state rate in Kent County (19.8) and Ingham County (31.5). Across counties, respondents described staff turnover as a major challenge to serving families effectively. Respondents associated high turnover, due to factors such as low salaries and high stress, with consequences that include inadequate service quality and placement instability. Respondents agreed that turnover is a challenge but acknowledged steps being taken to address it at the state level (e.g., professional development) and locally (e.g., MiTEAM subgroups in Oakland County).

Similarities and differences among the counties in composition and child welfare agency characteristics and experiences are important to consider relative to the goals of the Kent Model. The impetus for the shift from implementation of a per diem to a performance-based funding model is the Michigan Legislature's priority to improve child welfare outcomes through increased flexibility and innovation in service provision for families with children in care. Although the performance-based model is currently being piloted in Kent County, stakeholders should understand contextual variables that may affect service delivery (and related costs and outcomes), if the model were to be implemented in other Michigan counties in the future.

During interviews and focus groups conducted as part of the process evaluation, respondents in Kent County reported that over the past year, they observed more innovative thinking about services during case planning and fewer bureaucratic barriers preventing them from identifying creative solutions to address family needs. Caseworkers also increased reliance on Enhanced Foster Care as a primary method of stabilizing placements and supporting high-need foster children and caregivers.

Respondents in Kent County described the nature of interactions between child placing agencies and the WMPC, the entity supporting and providing oversight of the Kent Model, over the past year. They indicated that communication among agency and WMPC staff is frequent and effective, and respondents from nearly all of the child placing agencies described the agency-WMPC collaborative relationship as strong. Additionally, through the Kent Model, each of the five child placing agencies in Kent County has a designated WMPC Care Coordinator who authorizes service requests, when required, in less time than was typical prior to the model's launch. Although respondents in Kent County described challenges to the new service authorization process (e.g., learning curve for some WMPC and private agency staff), the new process has facilitated child welfare practice in several ways (e.g., increased efficiency and timeliness of services). In contrast, respondents in child placing agencies in Ingham County reported that the considerable time lag between service requests and approvals can be a barrier to serving families effectively.

Although agency staff from child placing agencies in Kent County appreciate the ease with which service requests are approved when required, they are cognizant that the funds are not unlimited. As one respondent expressed, *"I am worried about like, I'm going to run out of money?"* Cost study findings indicate that expenditures in Kent County increased between baseline (fiscal years 2015-2017) and

the first year of Kent Model implementation (fiscal year 2018). Over this period, total expenditures in Kent County increased by 51 percent for out-of-home placement services. Between fiscal years 2017 and 2018, expenditures for maintenance of congregate care increased by 51 percent and the number of days children spent in care increased by 17 percent.

There were significant differences in outcomes between children served by child placing agencies in Kent County and those in a matched comparison group, in which at least 80 percent of services were provided by a child placing agency in a Michigan county other than Kent County. Specifically, among children who entered care after the launch of the Kent Model (October 2017), those in Kent County were more likely than children in the comparison group to achieve permanency and exit care in fewer days. Children in Kent County were also significantly less likely to experience more than one placement change than their peers in other Michigan counties during the same period.

Next Steps. Evaluation data collected during the second year of the evaluation (first full year of Kent Model implementation) provided detailed information on service delivery costs, child and family outcomes, and processes associated with service planning and implementation. During subsequent waves of the evaluation, the evaluation team will continue to identify and explicate factors associated with improved outcomes for children and families in Michigan. For example, the theory underscoring the Kent Model is that increased flexibility and innovation in service delivery is likely to lead to improved outcomes for families with children in care. It is helpful to understand findings within and across the process, outcome, and cost studies. For example, as mentioned previously, agency staff from child placing agencies in Kent County support new service approval processes but acknowledge they do not have an unlimited pool of funds for services. Relatedly, cost study findings indicated there were increases in Kent County's expenditures through the first full year of Kent Model implementation. Through the process evaluation, the evaluation team could attempt to unpack agency staff perceptions of service needs relative to costs. Through future interviews and focus groups, for example, the evaluation team could gauge agency staff knowledge of and expectations related to service expenditures and how (or if) the awareness influences the services they recommend to the families they serve.

Increased understanding of changes within and across the three evaluation components will provide a complete picture of *how* and *why* agency processes are associated with changes in costs and outcomes.

1. Project Overview

1.1 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 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, the cost effectiveness, and the child and family outcomes associated with it. The latter was awarded to Westat and its partners in 2016 and includes process (Westat) and outcome (University of Michigan School of Social Work) components and a cost study (Chapin Hall).

The Michigan Performance-Based Child Welfare System 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) enhanced Continuous Quality Improvement (CQI) activities, and (3) implementation of a performance-based child welfare system. Inclusive of a performance-based child welfare system is testing a performance-based funding model. Kent County is piloting the implementation of a performance-based case rate funding model (Kent Model). The Kent Model is being implemented by the West Michigan Partnership for Children (WMPC), an organization comprised of five private Kent County-based service agencies, created to pilot the performance-based case rate funding model within the performance-based child welfare system in Michigan with the goal of improving outcomes for children (www.wmpc.care).

Overall, the rigorous 5-year evaluation of the pilot was designed to test the effectiveness of the Kent Model for foster care services on child and family outcomes in Kent County; the Kent Model is being compared with 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 are designed to compare the Kent Model to the per diem model being implemented across the state using matched comparison groups (developed using propensity score matching); the outcome study is documenting changes in child and family

outcomes (i.e., safety, permanency, and well-being), while the cost study addresses cost effectiveness in service delivery.

1.2 Research Questions

The evaluation is guided by the following research questions that are relevant to each component of the evaluation (process, cost, and outcome).

Process Component

- **RQ1:** Do the counties adhere to the state's guiding principles in performing child welfare practice?
- **RQ2:** Do child placing agencies adhere to the MiTEAM practice model when providing child welfare services?
  - **Subquestion:** What resources (strategies, infrastructure) are necessary to support the successful delivery of child welfare services?
  - **Subquestion:** What factors facilitate and inhibit effective implementation of child welfare practice, in general, and, importantly, the Kent Model (in Kent County)?
  - **Subquestion:** (Kent County) What resources are necessary to support the successful implementation of the Kent Model (i.e., performance-based case rate funding model)?

Cost Component

- To what extent does the case rate fully cover the cost of services required under the contract?
- What effect has the transition to performance-based case rate contracting had on expenditure and revenue patterns in Kent County?

- How does the cost of out-of-home care in Kent County compare to the cost of out-of-home care in prior periods and to the rest of the state?
- Cost effective sub-studies[3]

Outcome Component

- Does the Kent Model, a performance-based case rate funding model, improve the safety of children?
- Does the Kent Model improve permanency for children?
- Does the Kent Model improve the well-being of children and families?

1.3 Logic Model

To illustrate the theory of change for the evaluation of the Kent Model, a logic model was created by the evaluation team (Appendix 1). That is, the logic model created a visual depiction of the theory underlying how and why certain changes are expected to occur relative to Kent Model implementation. The evaluation team is examining planning and implementation of the model through the evaluation's process, outcome, and cost studies. Primary activities carried out through the studies are captured in three streams of logic model components, or pathways of interconnected components that span from activities to outcomes. A fourth stream shows cross-cutting components, or components that are related to all three studies.

The four streams or components begin with the inputs, or resources that support and are integral to implementation of the Kent Model. Agency/organizational staff, funding, service recipients, and data and research are the key assets or resources that stakeholders rely on to implement the Kent Model. Subsequent columns in the logic model show major activities carried out through the process, outcome, and cost studies (e.g., access administrative data on children served by child

[3] Cost-effectiveness analysis examines the relationship between a program's costs and a relevant unit of program effectiveness. In this instance, a cost-effectiveness analysis will begin by assessing the cost per child's spell in out-of-home care. An average cost will be calculated for out-of-home spells in-care for each major, identifiable placement type. These placement costs will be linked to outcome(s) of interest from the outcome study to provide evidence to assist stakeholders in deciding if the outcomes under the Kent Model were cost effective when compared to baseline performance and costs in Kent county, and the matched comparison population in the rest of the state. In general, a program is considered more cost-effective than another if it is: less costly and at least as effective; more effective and more costly, but the additional benefit is considered worth the extra cost; or less effective and less costly, when the added benefit is not considered worth the extra cost.

welfare agencies in Michigan counties), as well as resulting outputs or deliverables from the activities (e.g., outcomes for children in Kent County and other Michigan counties are tracked). Finally, components in the short-, mid-, and long-term outcomes columns represent the immediate, gradual, and systemic changes that are expected to occur (e.g., improved child safety, permanency, and well-being outcomes).

1.4 Methodology

The purpose of this evaluation is to rigorously test whether the pilot produces improved outcomes for children and families, is cost effective, and allows for the effective allocation of resources to promote local service innovation, create service efficiencies, and incentivize child placing agencies to be accountable for achieving performance standards.

Overarching Design: Matched Comparison Model Combined with a Descriptive Case Study Approach

This evaluation provides the team with an opportunity to combine two methodologies into one overall design. First, the outcome and cost studies are based on a matched comparison design. This design allows administrative outcome (safety, permanency, and well-being) and cost data associated with the Kent Model to be compared with those for the per diem model using matched comparison groups drawn from across the state and developed using propensity score matching. These comparisons allow the evaluation team to answer the research questions of interest. The process evaluation is based on a case study approach, which is described in more detail in Chapter 3. The overall evaluation plan (e.g., research questions, indicators, methods, and data sources for the three components) is in Appendix 2.

Report Overview

This report is divided into two additional chapters: (1) Chapter 2, Cost and Outcome Studies; and (2) Chapter 3, Case Studies: The Nature and Practice of Child Welfare in Three Michigan Counties. Each of these chapters begins with an overview of the evaluation component and then presents the main findings of it. The process evaluation, which is built on a case study design, is organized by county, with a section at the end for cross-county findings.

2. Cost and Outcome Studies: An Examination of the PBCWS on Child Welfare Costs and Outcomes in Kent County

2.1 Overview: Cost Study

The cost study is designed to understand the fiscal effects of the transition to the Kent Model using primarily system-level and child-level fiscal and placement data in Kent County. The overarching research questions are:

- **RQ 1:** What effect has the transition to the Kent Model had on expenditure and revenue patterns in the County?
- **RQ2:** How does the cost of out-of-home care in Kent County compare to the cost of out-of-home care in the rest of the state of Michigan?
- **RQ3:** To what extent does the West Michigan Partnership for Children (WMPC) case rate fully cover the cost of services required under the contract?
- **RQ4:** What are the cost implications of the outcomes observed under the transition to the Kent Model?

The cost study addresses these research questions in the following ways. To address the first research question, which is the focus of this report, system-level expenditure and revenue trends were examined in Kent County, concentrating on the three-year baseline period (FY 2015 through FY 2017) and the first year post-implementation (FY 2018). In later reports, these expenditure patterns and revenue sources will also be compared with those across the state, to address the second research question. This comparison to statewide expenditure patterns will be made using individual child-level cost data. The type, amounts, and costs of services received by children in out-of-home placements will be examined and compared with those provided to a matched cohort of children receiving out-of-home services delivered by private providers across the state.

Future reports will also address the third and fourth research questions. For the third research question, to understand whether the WMPC case rate fully covers the cost of services required under the contract, the analysis will assess the extent to which case rates applied to individual child and family services equals the total program and service expenditures for the services provided to those children and families. Finally, the fourth research question will be addressed using cost-

effectiveness substudies that will be conducted for key outcomes (safety, permanency, and well-being) identified in the outcome evaluation.

2.1.1 Data Sources

The cost study currently uses administrative data collected from these sources:

1. **MiSACWIS Payment Data.** These data include only paid[4] payments where Kent County was listed as the responsible county, from 5/1/2014 through 9/30/2018, for all child and family services (at the child level) during those times when a child was in out-of-home placement up until the point of discharge. These data are categorized by their Service Domain, Service Category, and Service Description. A full mapping of these expenditure categories is in Appendix 3. The data are assigned to the appropriate fiscal year via their Claim Begin and Claim End Date.[5] For any payments that spanned multiple fiscal years, their total cost was pro-rated across the applicable fiscal years based on the number of days within the claim period in each fiscal year.

2. **MiSACWIS Placement Data.** This is the same child-level data the University of Michigan used in the outcome study. The cost study uses placement data to measure care day utilization and the number of days spent in care by placement type. These data are combined with fiscal data to assess the "average daily unit cost of care" to examine how these daily out-of-home costs have changed before and after the Kent Model was first implemented (10/01/2017).

3. **WMPC Actual Cost Reporting Workbook and Accruals Detail.** These quarterly workbooks include comprehensive documentation of WMPC operational costs, including administrative costs, payments to private agencies for services provided, child-level residential payments, case rate revenue payments, and other revenue sources for FY 2018 only (10/1/2017 through 9/30/2018). Because the WMPC Cost Report is recorded on a cash basis, these data were supplemented with accrual payment data from the WMPC for private agency expenses claimed but not paid in FY18 (and, as such, not recorded in the FY18 WMPC Cost Reports). FY 2018 data from the WMPC Cost Report and Accruals Detail used in this study include:

    A. **CCI Placement Payments.** Taken from the Residential Services tab Total Payments and the Accruals Detail, these CCI Placement Payments represent the full scope of the CCI maintenance costs in FY 2018.

    B. **PAFC and EFC Administration Payments.** Beginning in FY 2018 (10/1/2017 forward), foster care, independent living, and EFC administrative payments in Kent County were no longer logged in MiSACWIS. For the purposes of the cost study, these expenditures will now be captured on the WPMC Cost Report and

[4] All unpaid services are excluded.

[5] Claim dates in MiSACWIS represent the dates of the pay period of when the service occurred, not the dates of the actual payment for the service.

associated Accruals Report, in the case of EFC Administration. The PAFC and EFC Administration Payments are reported in the aggregate on the WMPC Cost Report. The information below maps out the method for assigning and incorporating these costs.

(a) **PAFC Admin.** The total PAFC Administration expense is evenly allocated at the child-level across all applicable days in the specified Service Descriptions in the appropriate fiscal year. PAFC Admin is applied in full on placement start date, and no PAFC Admin is applied on the end date of a placement.[6]

(b) **Enhanced Foster Care (EFC) Agency Premium Administration Payments.** The total EFC Agency Premium Administration expense incorporated in this Cost Study is taken in aggregate from the WMPC Cost Report and Accruals detail and is not allocated at the child level.[7]

(c) **Other Purchased Services – Kids First.** Representing expenses made to secure available beds, these costs were captured on both the WMPC Cost Report and Accrual Detail. They were grouped under the Service Domain of Residential Services.[8] (See Appendix 3 for a full mapping of expenditures codes.)

4. **BP 515 Payment Workbook.** Spanning FY 2015 through FY 2017, these annual workbooks include the monthly BP 515 expenses – the administration costs for children's placements that traditionally would not have received an administrative rate (e.g., residential care, unlicensed relatives) – by agency and revenue source. These workbooks are used because during the baseline period (FY 2015 through FY 2017), BP 515 costs were not recorded in MiSACWIS. In FY 2018 and afterward, these costs are included in the PAFC admin rate within the WMPC Actual Cost Reporting Workbook.

5. **Trial Reunification Payments.** Spanning FY 2015 through FY 2017, these trial reunification payments – administrative payments made to agencies during the time a child is on a trial home discharge – include detail at the agency and fiscal-year level. These payments are used because during the baseline period (FY 2015 through FY 2017), trial reunification payments were not recorded in MiSACWIS. In FY 2018 and afterward, these costs are included in the PAFC admin rate within the WMPC Actual Cost Reporting Workbook.

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[6] In FY 2018, total PAFC Admin was found in the quarterly WMPC Cost Report – WMPC tab, cell C62. FY 2018's total PAFC administrative expense was $15,051,799. The applicable Service Descriptions included in the PAFC Admin allocation were 1780 – General Foster Care, 1782 – General Independent Living, 1783 – Specialized Independent Living, and all CCI Placement Payments included in the WMPC Cost Report Residential Services tab. Since these payments are paid prospectively, there was no need to include accrual information.

[7] In FY 2018, total EFC Admin was found in the quarterly WMPC Cost Report – WMPC tab, cell C64 – and in the Accruals Detail report. FY 2018's total EFC administrative expense was $480,770.

[8] WMPC Cost Report – WMPC tab, cell C66.

The integration of these data sources into a comprehensive assessment of fiscal activity in Kent County is further detailed in the sections that follow, including the data collection and analysis sections.

2.1.2 Data Collection

The cost study team received fiscal and placement data for the period of 10/1/14 through 9/30/18 (FY 2015 through FY 2018) for all counties in Michigan. However, as noted above, for this report, we focus on Kent County, system-level expenditure and revenue trends only. Fiscal and placement data are limited to those for which Kent County is recorded as having legal responsibility for the child and thus has responsibility for providing placement and other services to the child (and family).[9]

The WMPC provides services to most – but not all – children for which Kent County is responsible. Young adults in voluntary foster care (YAVFC), youth with a juvenile justice designation (OTI), and unaccompanied refugee minors (URM) are not under the WMPC's purview. The cost study identified children that the WMPC served based on their WMPC program dates, their YAVFC and OTI legal status, and a child-level indicator that they are not URM. Additionally, any expenditure associated with the URM Overall Funding Source was excluded. These child-level identifiers allow WMPC-related payments and placements to be analyzed separately from those served by Kent County, but not by the WMPC. These parameters were also applied to the baseline period of FY 2015 through FY 2017 so that the fiscal activity in FY 2018 could be compared with a similar population of children. To summarize, all expenditure, revenue, and placement data presented in this Cost Study excludes any records associated with a URM, YAVFC, or OTI case – both in the pre- and post-implementation period.

Table 2-1 summarizes key cost data elements and data sources. It is important to note that because the WMPC began implementation of the Kent Model on 10/1/2017, some data sources vary across the two time periods (before and after implementation).

[9] Each fiscal and placement record indicates a County of Responsibility and Removal County. For this report, we are focusing on the County of Responsibility.

Table 2-1. Kent County fiscal data elements by data source

Data source	Pre-implementation (10/1/14 – 9/30/17)	Post-implementation (10/1/17 – 9/30/18)
MiSACWIS Payments	• Maintenance and administrative payments for out-of-home placement services • Includes all private agency administrative payments and all Child Caring Institution (CCI) payments	• Maintenance and administrative payments for non-CCI out-of-home placement services • Excludes private agency administrative payments and all CCI payments
WMPC Actual Cost Reporting Workbook		• CCI payments for children that the WMPC serviced • Private agency administrative payments • Other purchased services (Kids First)
Other Fiscal Data	• BP 515 payments (administrative payments for CCI and other non-admin-paid living arrangements) • Trial reunification payments	• WMPC accruals (CCI, PAFC, & EFC Admin, Kids First)
MiSACWIS Child Placement Data	• Child placements, child demographics, removal information, worker information	• Child placements, child demographics, removal information, worker information

Building on the data in Table 2-1, the cost study team compiled a basic longitudinal database structure allowing for analysis of changes in expenditure and revenue patterns at the state and county levels, across fiscal years. The database structure further allows the flexibility to compare financial data within and across counties, across fiscal years, and within child welfare-specific expenditure and revenue categories. In this report, Kent County WMPC expenditure and revenue trends are presented for the baseline period (FY 2015 through FY 2017) and one year post-implementation (FY 2018).

The cost team also analyzed placement data to understand care-day utilization. This involved creating a "child event" file to summarize the number of care days used by state fiscal year, placement event, and provider type (e.g., foster care, kinship, congregate care, etc.).

2.1.3 Data Analysis

The outcomes examined and reported here focus on the expenditure and revenue trends in Kent County for FY 2015 (Oct 2014 – Sep 2015) through FY 2018 (Oct 2017 – Sep 2018). The period examined is split between the baseline years (FY 2015 – FY 2017)—the three years prior to the implementation of the Kent Model, and the first implementation year (FY 2018).

As previously stated, under the Kent Model, the WMPC does not serve all children and families receiving child welfare services in Kent County—YAVFC, OTI, and URM are not under the WMPC's purview. The expenditures and revenue presented in this report represent the expenditures for all children and families who received, or would have received, out-of-home placement services in Kent County under the WMPC. The designation of these WMPC-related costs differ by time period:

- **Baseline Period (FY 2015 through FY 2017).** During the three years prior to the implementation of the Kent Model, expenses, revenues, and placement days were only included in the cost study's data analysis if they belonged to a child or youth who was not associated with a URM, YAVFC, or OTI status.

- **Post-Implementation Period (FY 2018).** During the first year of the Kent Model, costs and revenue were limited to those reported by the WMPC. Placement days examined during this period were again limited to those that belonged to a child or youth who was not associated with a URM, YAVFC, or OTI status.

The key outcomes examined for this report are:

1. **Annual Expenditures by Service Type.** For this analysis, annual expenditure levels within Kent County from FY 2015 through FY 2018 are compared to examine changes in expenditures by service types (Service Domain).

2. **Annual Placement Maintenance Expenditures.** This report breaks down placement expenditures into two major categories – Administration and Maintenance. Maintenance expenditures reflect the payments for the daily care and supervision of children in out-of-home care. For CCI placements, maintenance costs also include the provision of social services and clinical treatment. Administration expenditures represent the costs to manage child placement services and administrative costs related to foster care for

children.[10] For this analysis, we include an in-depth look at shifting expenditures by placement setting maintenance expenditures.[11]

3. **Annual Revenue by Funding Source.** For this analysis, annual WMPC-related revenue totals within Kent County from FY 2015 through FY 2018 are compared to examine changes in revenue by funding source

4. **Placement Days.** Care-day utilization is examined by state fiscal year and placement type to determine whether the volume of care days and per unit costs of care have changed under the Kent Model (as compared to the baseline period).

5. **Average Daily Unit Cost of Care.** To examine annual trends in the average daily unit cost of care, total annual placement costs are divided by annual placement days and trend analyses are run.

Findings for these key outcomes are presented in the section that follows.

2.1.3.1 Expenditures Trends

The tables in this section present expenditure totals by fiscal year and service domain where Kent County is the county responsible for payment. Payments for substance abuse services, treatment services (which include services such as domestic violence counseling, parental education, and a family reunification program), and consortium case rates are excluded.[12] Table 2-2 presents all Kent County expenditures (excluding URM, YAVFC, and OTI), with expenditures broken down by Service Domain. All subsequent tables and figures present data that excludes all payments related to YAVFC, OTI, and URM cases.

[10]In the baseline period, FY 2015 through FY 2017, the administration expenditures for non-CCI placements are captured in the ADMIN_AMOUNT variable in the MiSACWIS data. For CCI placements during this period, their administration expenditures are captured in the BP515 report while their ADMIN_AMOUNT in MiSACWIS is included in the CCI's maintenance expenditures. All placement administration expenditures are captured in the WMPC Cost Report or Accruals Detail in FY 2018.

[11]In future reports, placement administration expenditures by placement setting will also be available. Additional work still needs to be invested in allocating all placement administrative costs to the child level, and the related placement setting.

[12]Substance abuse expenditures are excluded due to the inconsistent recording of these services in the data from year to year. Treatment services are excluded because they only begin to appear in the data in FY 2018 (despite the services themselves being offered prior to that year). Child Welfare Continuum of Care (CWCC) case rate payments are akin to revenue for the private agencies and will be explored in full in future revenue analyses.

Table 2-2. Kent County[13] – Expenditures trends by Fiscal Year, Service Domain, and URM/YAVFC/OTI status

Service domain	Pre-implementation			Post-implementation
	FY 2015	FY 2016	FY 2017	FY 2018
Total Kent County expenditures	**$29,996,946**	**$32,642,478**	**$38,913,534**	**$46,828,312**
Total private agency expenditures (excluding URM, YAVFC, & OTI)	**$22,884,258**	**$22,802,050**	**$26,163,108**	**$32,218,514**
Placement – Maintenance[14]	$10,773,974	$11,679,285	$14,292,362	$15,853,229
Placement – Admin.[14]	$11,686,316	$10,774,581	$11,448,776	$15,573,529
FC Placement Service	$187,096	$179,112	$183,977	$183,624
Residential Services	$92,333	$39,134	$113,605	$473,730
Mental Health	$114,410	$115,620	$98,453	$120,179
Physical Health	$6,513	$12,788	$16,529	$7,557
Education	$10,624	$810	$8,625	$3,309
Adult FC Service	$12,694	$0	$0	$0
Independent Living Services	$298	$719	$781	$3,357
URM, YAVFC, or OTI expenditures	**$7,112,689**	**$9,840,428**	**$12,750,426**	**$14,609,798**

Overall, total out-of-home service expenditures are increasing in Kent County, both within and without the WMPC-related groupings. From FY 2015 to FY 2018, total private agency expenditures (excluding URM, YAVFC, and OTI) increased by 41 percent, with the largest annual increase happening from FY 2017 to FY 2018 when total expenditures increased by $6 million in the first year of the post-implementation period (a 23% increase). Placement maintenance and administrative expenses make up 98 percent of the total private agency expenditures (excluding URM, YAVFC, & OTI) expenses and drove this increase. Placement maintenance costs include the daily maintenance rate paid for a child's placement, and placement administrative costs include the daily administrative rate paid to agencies for a child's placement. Placement maintenance and administrative expenses increased from FY 2017 to FY 2018 by 11 percent and 36 percent, respectively. For a full mapping of Service Domains to all their relevant Service Categories and Service Descriptions, please refer to Appendix 3.

[13]Kent County expenditures here represent all expenditures for which Kent County is listed as the Responsible County.

[14]Maintenance expenditures reflect the payments for the daily care and supervision of children in out-of-home care. For CCI placements, maintenance costs also include the provision of social services and clinical treatment. Administration expenditures represent the costs to manage child placement services and administrative costs related to foster care for children.

To understand the trend in increasing costs, it is necessary to break out placement costs by placement setting. We are unable at this time to attribute placement administrative costs at the child level, but can attribute placement maintenance costs to the child level, and subsequently, the placement setting category. Table 2-3 looks at the placement maintenance costs by placement setting.

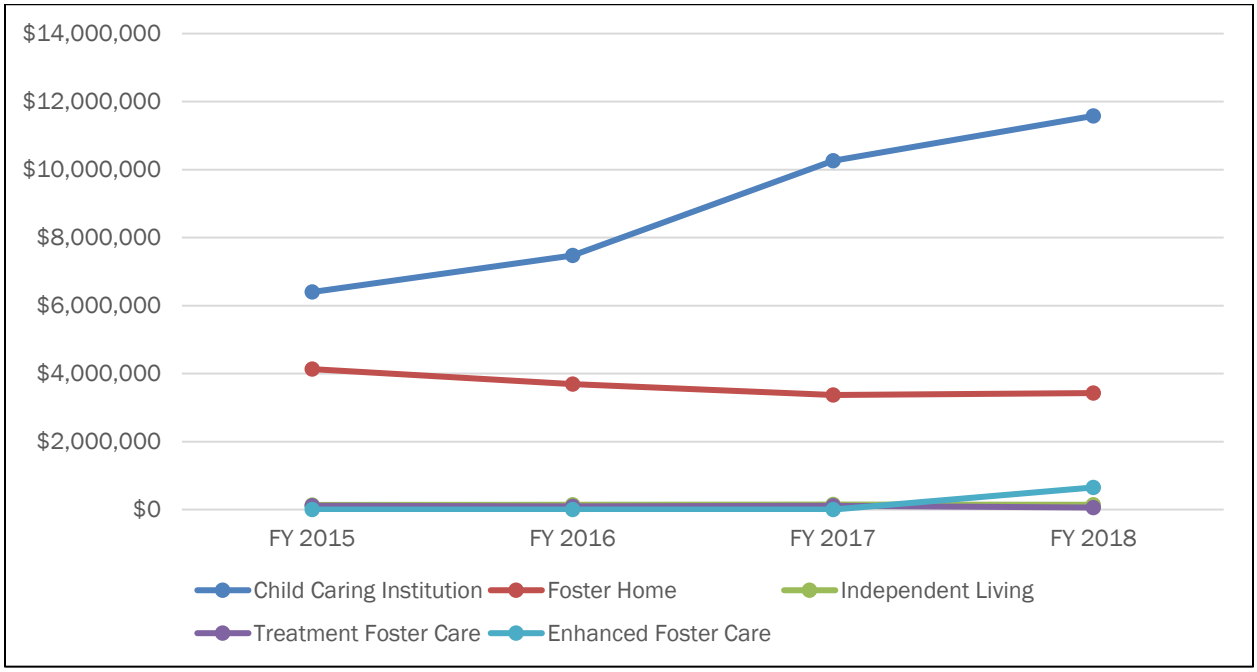
Table 2-3. WMPC-related – Placement maintenance expenditure trends by placement setting

Placement setting	Pre-implementation			Post-implementation
	FY 2015	FY 2016	FY 2017	FY 2018
Total private agency expenditures (excluding URM, YAVFC, & OTI)	**$10,773,974**	**$11,679,285**	**$14,292,362**	**$15,853,229**
Child Caring Institution (CCI)	$6,398,463	$7,471,293	$10,259,287	$11,579,262
Foster Home	$4,130,134	$3,690,354	$3,369,561	$3,421,954
Independent Living	$136,527	$145,742	$147,359	$142,807
Treatment Foster Care	$108,850	$95,600	$110,625	$58,575
Enhanced Foster Care	$0	$0	$0	$650,632
Other[15]	$0	$276,297	$405,531	$0

As shown in Figure 2-1, placement maintenance expenditures decreased during the baseline period, dropping by 18 percent from FY 2015 to FY 2017, and stayed stable into FY 2018 with only a 2 percent increase from FY 2017 to FY 2018. CCI placement maintenance expenditures increased each observable year. This increase in congregate care maintenance expenditures began in the baseline period, with these costs increasing by 60 percent from FY 2015 to FY 2017. This trend continued into the first year of post-implementation – although at a reduced rate – with congregate care maintenance costs increasing 13 percent from FY 2017 to FY 2018. Not only did congregate care maintenance expenses increase in total, but they also grew in proportion. In FY 2015, congregate care maintenance costs made up 59 percent of all placement maintenance costs, but in FY 2018, that proportion has grown to 73 percent. Conversely, foster home expenditures decreased proportionally – in FY 2015, foster home expenditures made up 38 percent of all placement costs, compared to 22 percent in FY 2018.

[15]Other includes MDHHS Training School and Detention.

Figure 2-1. WMPC-related placement maintenance expenditure trends by placement setting



2.1.3.2 Revenue Trends

Table 2-4 shows the revenue totals and proportions by funding source for private agency expenditures (excluding URM, YAVFC, and OTI) during this period. As shown in Tables 2-4 and 2-5, the two largest funding sources for out-of-home placement services are federal Title IV-E funds and the County Child Care Fund. Total Title IV-E revenue used each year remained fairly constant until an increase in FY 2018. The proportion of revenue attributable to this funding category declined in the baseline period – from 43 percent in FY 2015 to 36 percent in FY 2017. In FY 2018, Title IV-E revenue increased to make up 40 percent of total revenue. Conversely, County Child Care Fund and State Ward Board and Care funds have all been increasing in total.

Table 2-4. WMPC-related revenue totals by overall fund source and Fiscal Year

Overall fund source	Pre-implementation[16]			Post-implementation[17]
	FY 2015	FY 2016	FY 2017	FY 2018
Total private agency revenue (excluding URM, YAVFC, & OTI)	**$22,884,258**	**$22,802,050**	**$26,163,108**	**$32,212,014**
Title IV-E	$9,833,654	$8,515,428	$9,324,055	$12,982,042
County Child Care Fund	$8,464,048	$8,786,530	$10,999,974	$12,358,796
State Ward Board and Care	$3,599,011	$4,571,611	$5,508,955	$6,581,120
Limited Term/Emergency/General Funds	$870,057	$812,806	$234,338	$9,834
Medical Services – DHS 93	$117,189	$115,675	$95,086	$71,727
Other/Unknown[18]	$298	$0	$700	$208,496

Table 2-5. WMPC-related revenue proportions by overall fund source and Fiscal Year

Overall fund source	FY 2015 (%)	FY 2016 (%)	FY 2017 (%)	FY 2018 (%)
Total private agency revenue (excluding URM, YAVFC, & OTI)	**100**	**100**	**100**	**100**
Title IV-E	43	37	36	40
County Child Care Fund	37	39	42	38
State Ward Board and Care	16	20	21	20
Limited Term/Emergency/General Funds	4	4	1	0
Medical Services – DHS 93	1	1	0	0
Other/Unknown[18]	0	0	0	1

2.1.3.3 Placement Days

Table 2-6 and Figure 2-2 show WMPC-related care-day utilization observed during the three-year baseline period, and for the most recent fiscal year under the WMPC (FY 2018). As shown, care-day utilization increased slightly in FY 2018, compared to the decreases in the three years prior. Total care days increased from 293,472 in FY 2017 to 301,493 days in FY 2018—a 3 percent increase in total care-day utilization. Kinship care and congregate care showed the largest total increase in care days when comparing FY 2018 to FY 2017, increasing by 7 percent and 5 percent respectively. Foster care days stayed stable, increasing only 1 percent in FY 2018.

[16]All pre-implementation revenue is determined by the OVERALL_FUND_SOURCE in MiSACWIS.

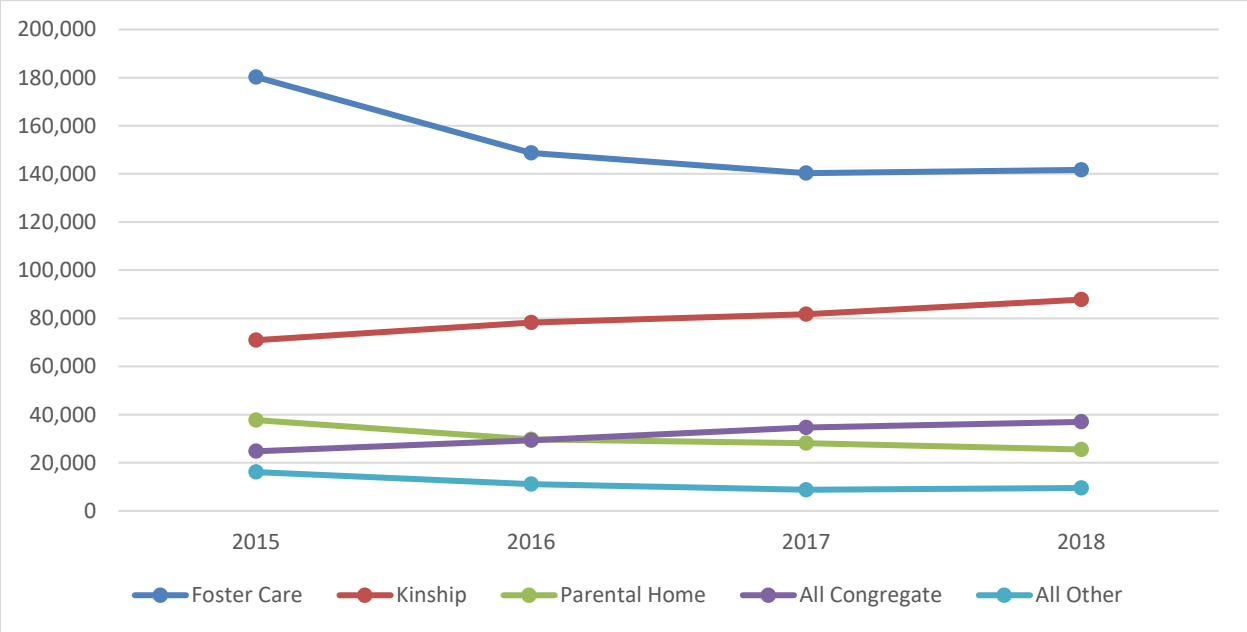
[17]Most revenue in the post-implementation period is determined by the OVERALL_FUND_SOURCE in MiSACWIS or the revenue detail on the Residential Services tab in the WMPC Cost Report for the CCI placement expenditures. However, revenue associated with the aggregate EFC Admin costs was not available and was instead estimated by assigning revenue types to the EFC Admin expense based on the revenue type split in the pre-implementation period.

[18]Other/Unknown revenue includes TANF and YIT revenue and the revenue associated with Kids First expenditures.

Table 2-6. Care days by state Fiscal Year and living arrangement, all Kent County responsible

Placement setting	FY 2015	FY 2016	FY 2017	FY 2018
Total care days (excluding URM, YAVFC, & OTI)	**329,787**	**297,108**	**293,472**	**301,493**
Foster Care	180,262	148,703	140,312	141,703
Kinship	70,922	78,301	81,688	87,767
Parental Home	37,717	29,700	28,069	25,522
Congregate	21,262	26,217	31,316	32,792
Emergency Shelter	1,687	1,863	2,642	3,020
Independent Living	6,191	4,675	2,610	4,724
Adoptive Home	7,103	2,944	1,301	1,547
Detention	1,812	1,246	668	1,156
Runaway	2,142	2,918	3,493	2,524
Other[19]	689	541	1,373	738

Figure 2-2. Care-day utilization by state Fiscal Year[20]



To understand shifts in out-of-home placement days and their related costs, expenditure structure must be examined. Total out-of-home placement expenditures are influenced by two components: (1) price of care and (2) quantity of care days; that is, how much a child welfare system spends on out-of-home placements (expenditures) is a function of how much that collection of services costs per day (price) and the number of care days for which it is provided (quantity).

*Placement Expenditures = Price * Quantity*

[19]Other placement setting includes hospital, out-of-state placement, and runaway service facility.

[20]Congregate care in this figure includes both shelter and detention.

In short, a change in the average cost per care day or in the number of care days would affect total out-of-home expenditures. The number of days in care is affected by the number of children entering care, and how long they stay in care.

Historic days per placement event are measured to determine if care-day changes correspond to a higher volume of children in care *or* more days per episode. As shown in Table 2-7, placement events are defined by a change in provider and/or placement type in MiSACWIS. Children can have multiple placement events for their entire placement spell, and days per episode do not necessarily represent total duration in care. Similar to the change in total care days, the number of placement events was fairly stable during the baseline period and into FY 2018. At the same time, the median care days per event remained similar for foster and kinship care while increasing for congregate care.

Table 2-7. Child placement events by entry year, all Kent County responsible

	Child placement events				Median care days per events			
	2015	2016	2017	2018	2015	2016	2017	2018
Total	**2,475**	**2,311**	**2,260**	**2,241**	**93**	**84**	**89**	**95**
Adoptive Home	64	22	15	15	53	70	54	74
Congregate	180	208	218	213	81	94	120	124
Detention	35	33	28	29	27	13	13	17
Emergency Shelter	91	81	99	105	16	20	24	18
Foster Care	1,114	998	956	897	126	117	110	128
Independent Living	33	24	20	33	147	189	110	88
Kinship	464	458	482	508	121	144	144	154
Other[21]	48	71	80	65	6	6	5	5
Parental Home	383	347	291	266	89	70	76	80

2.1.3.4 Average Daily Maintenance Unit Cost

Table 2-8 shows the average daily maintenance unit costs for out-of-home placements. "Average unit costs" are calculated by dividing the total annual placement maintenance expenditures by total placement days for each fiscal year. In Kent County, for out-of-home placements (excluding URM, YAVFC, and OTI), the average daily cost per care day increased each year from FY 2015 through FY 2018. Based on information provided by DHHS, family foster care per diem rates are $17.24 for children aged 0-12 and $20.59 for children aged 13-18.[22] There is also a difficulty of care supplement ranging from $5-$18 a day depending on the child's age and whether or not they are medically

[21]Other placement setting includes hospital, out-of-state placement, and runaway service facility.

[22]MDHHS FOM 905-3. Foster Care Rates: Foster Family Care and Independent Living – Effective 10/1/2012. https://dhhs.michigan.gov/OLMWEB/EX/FO/Public/FOM/905-3.pdf#pagemode=bookmarks.

fragile. In future reporting periods, further analysis will be made into the difference between these figures and the foster home average daily cost presented below. CCI per diem rates range from $190-$600, with an average of $265.[23]

Table 2-8. WMPC-related average daily unit cost for out-of-home placements for all foster home and congregate care placements

All Placement Types				
	FY 2015	FY 2016	FY 2017	FY 2018
Total Placement Maintenance Costs	**$10,773,974**	**$11,679,285**	**$14,292,362**	**$15,853,229**
Care Days	329,787	297,108	293,472	301,493
Average Daily Unit Cost	$32.67	$39.31	$48.70	$52.58
Foster Home (includes TFC & EFC)				
	FY 2015	FY 2016	FY 2017	FY 2018
Total Placement Maintenance Costs	**$4,238,984**	**$3,785,954**	**$3,480,186**	**$4,131,161**
Care Days	180,262	148,703	140,312	141,703
Average Daily Unit Cost	$23.52	$25.46	$24.80	$29.15
Congregate Care (includes Emergency Shelter)				
	FY 2015	FY 2016	FY 2017	FY 2018
Total Placement Costs	**$6,398,463**	**$7,471,293**	**$10,259,287**	**$11,579,262**
Care Days	23,074	27,463	31,984	33,948
Average Daily Unit Cost	$277.30	$272.05	$320.76	$341.09

As shown previously (Table 2-6), from FY 2015 to FY 2018, congregate care days increased by 5 percent while foster care days stayed stable (1% increase). However, increases in spending have outpaced increases in care days. Thus, the observed increase in average daily unit cost than most likely stems both from a shift to more expensive care types (i.e., congregate care) away from less costly ones (foster care) and from those care types also becoming more expensive. In addition to the increase in overall average cost, when broken out by placement setting, Congregate Care shows an increase in average cost per day for the last three fiscal years, both pre- and post-implementation, and Foster Home average daily unit cost stayed relatively stable in the pre-implementation period but increased in FY 2018.

2.1.4 Summary of Cost Study

The expenditures and revenue trends here focus on the fiscal activity in Kent County for FY 2015 through FY 2018. The period examined is split between the baseline years (FY 2015 – FY 2017) –

[23] https://www.michigan.gov/mdhhs/0,5885,7-339-71551_7199---,00.html

the three years prior to the implementation of the Kent Model – and the first implementation year (FY 2018). As previously stated, under the Kent Model, the WMPC does not serve all children and families receiving child welfare services in Kent County – YAVFC, OTI, and URM are not under the WMPC's purview. This report excludes these children from the analysis of fiscal trends and care-day utilization.

- **Overall Expenditures.** From FY 2015 to FY 2018, total expenditures for services provided to children, youth, and families in out-of-home WMPC-related placements increased by 41 percent in Kent County, with the largest annual increase happening from FY 2017 to FY 2018, when total expenditures increased annually by 23 percent.

- **Placement Maintenance Expenditures.** During the baseline period, placement maintenance expenditures decreased – dropping by 18 percent from FY 2015 to FY 2017 – and stayed stable into FY 2018 with only a 2 percent increase from FY 2017 to FY 2018. CCI placement maintenance expenditures also increased during the baseline period, and this trend continued into the first year of post-implementation – although at a reduced rate – with congregate care maintenance costs increasing 13 percent from FY 2017 to FY 2018.

- **Care-day utilization.** The number of days spent in care increased somewhat in FY 2018 compared to the three prior years. Total care days increased from 293,472 in FY 2017 to 301,493 days in FY 2018 – a 3 percent increase in total care-day utilization.

- **Average Daily Unit Cost.** In Kent County, the overall average daily cost per care day increased each year from FY 2015 through FY 2018 as increases in placement spending outpaced increases in care days. The increase in average daily unit cost most likely stems both from a shift to more expensive care types (i.e., congregate care) away from less costly ones (foster care) and congregate care days becoming more expensive.

2.2 Overview: Outcome Study – Safety, Permanency, and Stability

This section of the report covers the safety and permanency outcomes for the performance-based child welfare contract project in Kent County. The analyses focus on determining whether children served by WMPC achieved significantly better outcomes than similarly situated children served by private agencies in other counties that are not part of the Kent pilot. Data presented in the following sections reflect events and outcomes during the first year of the project, i.e., FY 2018. We used propensity score matching (PSM) to generate a comparison group. The overall Kent sample (n=1,253) was matched with children who were associated with a private agency outside Kent County for at least 80 percent of their placement. Children were matched on demographic

characteristics (i.e., race, ethnicity, gender, age) and the circumstances that prompted their entry into care (i.e., the type of abuse/neglect reported). The groups and subsequent tables are organized based on the official start date (10/01/2017). The outcomes are presented separately for children who were associated with WMPC prior to the official start date (referred to as legacy cases, n=798) and children who entered a WMPC placement on or after the official start date (n=455). Table 2-9 presents the demographics of the children and indicates that the PSM created equivalent groups (e.g., no differences across race, gender, and age).

Table 2-9. Demographics of children in care

	Comparison	Kent
Total N	**1,253**	**1,253**
In care prior to 10/1/2017	779	798
Entered after 10/1/2017	474	455
Age Mean/Standard Deviation	M = 6.47, SD = 5.43	M = 6.62, SD = 5.4
% Male	51.9	51.7
% White	68.6	66.7
% Black/African American	45.7	47.1
% Hispanic	14.0	15.4

2.2.1 Safety

2.2.1.1 Maltreatment in Care

What percentage of children experience maltreatment while in foster care? Table 2-10 displays the risk of maltreatment in care (MIC) at any point in the child's episode. Specifically, we assessed the percentage of children in each group who experienced a Cat I-III disposition while they were in an out-of-home placement setting or still under the legal guardianship/supervision of the State. This measure is similar to the Child and Family Service Reviews (CFSR) round three approach to MIC, although we display the estimates in percentages rather than a rate. Overall, 17.6 percent of children experienced MIC. There were no significant differences between children served in Kent County and similar children served by private agencies outside of Kent County.

Table 2-10. Risk of maltreatment in care

Group	Non-victims	Victims	Total
Comparison, entered after 10/1/2017	88.8% (421)	11.2% (53)	100.0% (474)
Comparison, in care prior to 10/1/2017	79.2% (617)	20.8% (162)	100.0% (779)
Kent, entered after 10/1/2017	85.9% (391)	14.1% (64)	100.0% (455)
Kent, in care prior to 10/1/2017	79.6% (635)	20.4% (163)	100.0% (798)
Total	82.4% (2,064)	17.6% (442)	100.0% (2,506)

2.2.1.2 Maltreatment Recurrence

What percentage of children experience recurrence? To answer this question we isolate the most recent Child Protective Services (CPS) report (Cat I, II, or III) *prior* to removal, and the most recent CPS report (Cat I, II, or III) *after* removal. Table 2-11 displays the proportion of children who experienced their second substantiated report within 365 days. Chi-square tests indicate that there are no significant differences between children served in Kent County and similar children served in private agencies outside Kent.

Table 2-11. Second substantiation within one year

Group	No recurrence	Experienced recurrence	Total
Comparison, entered after 10/1/2017	97.9% (464)	2.1% (10)	100.0% (474)
Comparison, in care prior to 10/1/2017	95.0% (740)	5.0% (39)	100.0% (779)
Kent, entered after 10/1/2017	95.6% (435)	4.4% (20)	100.0% (455)
Kent, in care prior to 10/1/2017	94.0% (750)	6.0% (48)	100.0% (798)
Total	95.3% (2389)	4.7% (117)	100.0% (2506)

2.2.2 Permanency

2.2.2.1 Permanency Status and Length of Stay

Permanency is defined as a formal discharge from foster care, with the recorded reason for discharge as reunification with parents/primary caregivers, adoption, living with relatives, or guardianship. Table 2-12 displays the most recent permanency status for children associated with the current evaluation as the proportion of children who exited care, the proportion of children who are still in care, and their associated length of stay in days. Both median and mean lengths of stay are presented. For children who entered after 10/1/2017, more children in Kent exited care during FY 2018 (12.31% vs. 8.23%). Children in Kent County who entered after 10/1/2017, and exited, tended to stay fewer days in care on average (106.9 as compared with 149.6 days). This difference is

statistically significant. Also of note, more legacy children in Kent County have exited at this point in the demonstration project, but this difference is not statistically significant.

Table 2-12. Exited or still in care

Group	Exit status	N	% Exited	LOS Median	LOS Mean	LOS SD
Comparison, entered after 10/1/2017	In Care	435	91.77	181	183.7	102.3
	Exited	39	8.23	165	149.6	90.9
Comparison, in care prior to 10/1/2017	In Care	493	63.29	662	791.3	456.6
	Exited	286	36.71	643	688.8	357.6
Kent, entered after 10/1/2017	In Care	399	87.69	174	167.5	106.0
	Exited	56	12.31	78	106.9	94.0
Kent, in care prior to 10/1/2017	In Care	497	62.28	655	793.5	485.6
	Exited	301	37.72	692	731.6	375.8

Focusing more specifically on the question of timing, Table 2-13 shows cumulative exits to permanency at 6, 12, and 18 months. A higher percentage of children in Kent who entered after 10/1/2017 can be seen exiting within 6 months of entering care relative to the comparison group (10.77% vs. 4.64%). This difference appears to be maintained, although shrinks to just over a 4 percent difference by 18 months (12.31% vs. 8.23%).

Table 2-13. Cumulative exits to permanency

Group	Total N	Exited within 6 months	Exited within 12 months	Exited within 18 months
Comparison, entered after 10/1/2017	474	22 (4.64%)	39 (8.23%)	39 (8.23%)
Comparison, in care prior to 10/1/2017	779	8 (1.03%)	45 (5.78%)	108 (13.86%)
Kent, entered after 10/1/2017	455	49 (10.77%)	55 (12.09%)	56 (12.31%)
Kent, in care prior to 10/1/2017	798	14 (1.75%)	40 (5.01%)	96 (12.03%)

Note: The additional exit within 18 months in Kent for children who entered after 10/1/2017, appears to reflect a crossover case. This child's CWCC enrollment date occurs after 10/1/2017, but their removal date shows them entering care prior to the start of FY 2018. Instead of discarding this child from the sample, we have grouped them with the other children who are enrolled under the CWCC program type after 10/1/2017.

Table 2-14 displays the cumulative re-entries into foster care. Re-entry is defined as children who return to a substitute care setting after they have been discharged from care. Children who entered after 10/1/2017, in Kent County appear to have returned at lower rates than children in the comparison group. However, these estimates represent very small totals (or cell counts). Thus, these analyses will become more useful/informative as additional exits are observed.

Table 2-14. Cumulative re-entries

Group	Total exits	Returned within 6 months	Returned within 12 months	Returned within 18 months
Comparison, entered after 10/1/2017	39	4 (10.26%)	4 (10.26%)	4 (10.26%)
Comparison, in care prior to 10/1/2017	286	3 (1.05%)	3 (1.05%)	3 (1.05%)
Kent, entered after 10/1/2017	56	4 (7.14%)	4 (7.14%)	4 (7.14%)
Kent, in care prior to 10/1/2017	301	15 (4.98%)	15 (4.98%)	15 (4.98%)

Table 2-15 displays a breakdown of the different permanency categories by study group. For children who entered after 10/1/2017, the vast majority of recorded discharges were exits to reunification; this fraction is approaching (but has not yet reached) significance in Kent County. Note that these differences are assessed within each group's column, with the percentages reflecting each discharge reason's share within the group's total.

Table 2-15. Permanency categories by study group

Discharge reason	Comparison, entered after 10/1/2017	Comparison, in care prior to 10/1/2017	Kent, entered after 10/1/2017	Kent, in care prior to 10/1/2017	Total
Living with Other Relatives	2.6% (1)	0.3% (1)	1.8% (1)	1.3% (4)	1.0% (7)
Guardianship	15.4% (6)	6.3% (18)	5.4% (3)	8.6% (26)	7.8% (53)
Adoption	7.7% (3)	48.3% (138)	1.8% (1)	46.2% (139)	41.2% (281)
Reunification	74.4% (29)	45.1% (129)	91.1% (51)	43.9% (132)	50.0% (341)
Total	100.0% (39)	100.0% (286)	100.0% (56)	100.0% (301)	100.0% (682)

Given that reunification and adoption comprise the two most common types of permanency overall, Table 2-16 focuses on the length of time that children take to exit. The amount of time (in days) is summarized with means, medians, and standard deviations. Children in Kent County who entered after 10/1/2017 exited to reunification significantly faster than those in the comparison group (102.2 vs. 153.2 days). No other differences were statistically significant.

Table 2-16. Time to exit

Group	Exit type	Total exited	Time to exit: Mean	Median	Std. deviation
Comparison, entered after 10/1/2017	Adoption	3	260.7	268.0	12.7
	Reunification	29	153.2	166.0	93.9
Comparison, in care prior to 10/1/2017	Adoption	138	832.6	751.5	356.7
	Reunification	129	511.0	461.0	236.1
Kent, entered after 10/1/2017	Adoption	1	259.0	259.0	N/A
	Reunification	51	102.2	78.0	95.1
Kent, in care prior to 10/1/2017	Adoption	139	903.3	843.0	307.6
	Reunification	132	516.9	492.0	289.6

Table 2-17 displays cumulative exits to permanency for older youth at 6, 12, and 18 months from their removal date. Older youth (defined here as youth between the ages of 16-18) typically face different challenges than other children and youth within the foster care system, with respect to reaching permanency, prompting the question of whether these youth will be better served within Kent County under the WMPC. The overall number of children within this age range across the study groups is quite small (the total being approximately 5.1% of the entire sample). While this does not preclude their importance, it does pose difficulties in assessing whether children in one group are achieving better outcomes. Currently, no youth in the comparison group who entered after 10/1/2017, have exited, which gives a present comparison of 0 percent to 21 percent having exited in favor of the demonstration group. However, this difference will change over time as enrollment continues and as additional exits are recorded.

Table 2-17. Cumulative exits to permanency for older youth

Group	Total N	Exited within 6 months	Exited within 12 months	Exited within 18 months
Comparison, entered after 10/1/2017	42	0 (0.00%)	0 (0.0%)	0 (0.0%)
Comparison, in care prior to 10/1/2017	36	1 (2.78%)	2 (5.6%)	4 (11.1%)
Kent, entered after 10/1/2017	19	1 (5.26%)	4 (21.1%)	4 (21.1%)
Kent, in care prior to 10/1/2017	33	0 (0.00%)	2 (6.1%)	4 (12.1%)

2.2.3 Placement Stability

Placement in foster care alone is typically a disruptive event for a child, and successive changes in placement can be equally disorienting and disruptive to a child's ability to maintain a sense of continuity in their living arrangements and caregivers. Thus, minimizing the number of placement

changes a child experiences while in foster care is desirable in this respect. Table 2-18 displays the fraction of children in each group who have experienced fewer than two placement changes (beyond their initial setting when entering care), vs. the fraction of children who have experienced two or more placement changes. Note that performance could not be assessed for 21 children due to missing placement setting data. For legacy children in both Kent County and the comparison group, their rates are very similar, with approximately 76 percent having experienced more than two changes. However, for children who entered after 10/1/2017, children in Kent County were significantly less likely to experience two or more placements (46.8% vs. 58.4%).

Table 2-18. Placement stability

Group	<2 changes	2+ changes	Total
Comparison, entered after 10/1/2017	41.6% (197)	58.4% (277)	100.0% (474)
Comparison, in care prior to 10/1/2017	24.1% (187)	75.9% (588)	100.0% (775)
Kent, entered after 10/1/2017	53.2% (238)	46.8% (209)	100.0% (447)
Kent, in care prior to 10/1/2017	22.2% (175)	77.8% (614)	100.0% (789)
Total	32.1% (797)	67.9% (1,688)	100.0% (2,485)

The following two tables display placement settings by study group; Table 2-19 displays the first/initial placement for a child in foster care, and Table 2-20 displays the last/most recently recorded placement in their foster care episode. Note that as with the preceding table, 21 children were missing placement setting data, and are recorded in the totals as *missing*. The primary conclusion from these tables is that children in Kent County were significantly more likely to be placed in a relative's home and less likely to be placed with an unrelated foster parent for their first placement, compared with children in the comparison group. This difference appears to hold when looking at the last recorded placement setting for each child.

Table 2-19. First and initial placement

Setting description	Comparison, entered after 10/1/2017	Comparison, in care prior to 10/1/2017	Kent, entered after 10/1/2017	Kent, in care prior to 10/1/2017	Total
Missing	0.0% (0)	0.5% (4)	1.8% (8)	1.1% (9)	0.8% (21)
Juvenile Guardianship Home	0.0% (0)	1.3% (10)	1.5% (7)	1.9% (15)	1.3% (32)
Child Caring Institution	2.7% (13)	1.4% (11)	0.0% (0)	3.3% (26)	2.0% (50)
Other	5.7% (27)	3.6% (28)	0.9% (4)	2.5% (20)	3.2% (79)
AWOL	2.1% (10)	2.3% (18)	4.6% (21)	5.3% (42)	3.6% (91)
Parental Home	2.5% (12)	1.3% (10)	12.7% (58)	3.0% (24)	4.2% (104)
Emergency Residential Shelter	1.9% (9)	3.0% (23)	5.5% (25)	9.1% (73)	5.2% (130)
Adoptive Home	1.3% (6)	8.9% (69)	0.9% (4)	9.0% (72)	6.0% (151)
Hospital	8.9% (42)	7.3% (57)	7.0% (32)	7.9% (63)	7.7% (194)
Licensed/Unlicensed Relative Home	13.1% (62)	21.4% (167)	25.9% (118)	16.9% (135)	19.2% (482)
Licensed Unrelated Foster Home	61.8% (293)	49.0% (382)	39.1% (178)	40.0% (319)	46.8% (1172)
Total	100.0% (474)	100.0% (779)	100.0% (455)	100.0% (798)	100.0% (2506)

Table 2-20. Last and most recently recorded placement

Setting description	Comparison, entered after 10/1/2017	Comparison, in care prior to 10/1/2017	Kent, entered after 10/1/2017	Kent, in care prior to 10/1/2017	Total
Missing	0.0% (0)	0.5% (4)	1.8% (8)	1.1% (9)	0.8% (21)
Hospital	1.3% (6)	0.3% (2)	2.2% (10)	1.1% (9)	1.1% (27)
AWOL	0.0% (0)	0.9% (7)	0.9% (4)	2.5% (20)	1.2% (31)
Unrelated Caregiver	2.3% (11)	1.9% (15)	0.4% (2)	1.4% (11)	1.6% (39)
Other	2.1% (10)	1.7% (13)	2.2% (10)	1.9% (15)	1.9% (48)
Rental Home/Apartment	2.7% (13)	1.7% (13)	0.2% (1)	2.8% (22)	2.0% (49)
Juvenile Guardianship Home	0.4% (2)	2.8% (22)	2.0% (9)	4.1% (33)	2.6% (66)
Child Caring Institution	2.5% (12)	3.0% (23)	2.4% (11)	6.6% (53)	4.0% (99)
Licensed/Unlicensed Relative Home	13.1% (62)	7.6% (59)	32.7% (149)	8.8% (70)	13.6% (340)
Parental Home	13.7% (65)	21.4% (167)	19.6% (89)	21.4% (171)	19.6% (492)
Adoptive Home	3.4% (16)	29.8% (232)	2.4% (11)	32.0% (255)	20.5% (514)
Licensed Unrelated Foster Home	58.4% (277)	28.5% (222)	33.2% (151)	16.3% (130)	31.1% (780)
Total	100.0% (474)	100.0% (779)	100.0% (455)	100.0% (798)	100.0% (2506)

2.2.4 Summary of Outcome Study

The outcomes focus on safety, permanency, and placement stability. The outcomes were estimated and displayed across four unique groups of children. These groups included children in Kent prior to 10/01/2017, a matched group of children associated with counties other than Kent prior to 10/01/2017, children associated with WMPC after 10/01/2017, and a matched group of children associated with counties other than Kent after 10/01/2017. Propensity score procedures were used to create the matched groups. Children in the matched comparison group spent at least 80 percent of their time served by a private agency outside Kent County.

- **Safety.** No significant differences emerged between children in Kent County and children in the matched comparison group with regard to safety. For the purposes of the current evaluation, safety is defined as maltreatment in care or recurrence of maltreatment.

- **Permanency.** For children who entered care after 10/01/2017, children in Kent County were significantly more likely to achieve permanency as compared with children in the matched comparison group (12.31% vs. 8.23%). Moreover, when children exited care, they exited care more quickly in Kent County (106.9 days) as compared with children in the matched comparison group (149.6 days). This difference was largely attributed to the timing of reunification (see Table 2-16). No significant differences emerged when comparing the risk of re-entry to care.

- **Placement Stability.** Children in Kent County were significantly less likely to experience two or more placement changes (46.8%) as compared with similar children outside Kent County (58.4%)

3. Case Studies: The Nature and Practice of Child Welfare in Three Michigan Counties

3.1 Overview

Child welfare services in Michigan are administered through the MDHHS Children's Services Agency (CSA). Public and private child-placing agencies across the state are expected to promote safety, permanency, and well-being in the families they serve through approximately 13 guiding principles, including, for example, that safety is the first priority of the child welfare system; the ideal place for children is with their families, therefore, agencies will ensure children remain in their own homes whenever safely possible; services are tailored to families and children to meet their unique needs; and decision-making is outcome-based, research-driven and continuously evaluated for improvement. Agencies are expected to integrate these guiding principles into their policies and practices.

In addition, in 2013, MDHHS established strategies to implement long-term, systemic reforms in Michigan's child welfare system. Those strategies, as noted previously, are commonly referred to as Strengthening Our Focus on Children and Families in Michigan and include three primary components: (1) MiTEAM practice model, (2) continuous quality improvement approach, and performance-based child welfare. These guiding principles are implemented in all agencies statewide; however, for the pilot, Kent County is also implementing a case rate funding model to see if, in combination with these other guiding principles, the case rate provides for more flexible and efficient programming and services for families, and ultimately produces more effective outcomes for child-welfare involved children and families, especially those experiencing out-of-home care. These components are the foundation of the overall evaluation and were used to guide the activities of the process evaluation, in particular. The next section describes the evaluation team's approach to the process evaluation, and then presents key findings from it for Kent, Ingham, and Oakland counties.

3.2 Case Study Approach

As noted previously, the process evaluation is designed using a case study approach to the three participating counties. Because the evaluation is describing child welfare case practice across Kent, Ingham, and Oakland counties, including similarities and differences among them, a case study design is appropriate. Specifically, case studies are used when the desire is to *describe* a phenomenon in terms of "how" and "why" rather than the "what" (e.g., specific outcomes the practice produces). In addition, case studies allow for the consideration of the context in which the phenomenon of interest occurs. In Michigan, as in most states, child welfare practice is fundamentally rooted in federal and state law, agency policies and procedures, and to a large extent, how those are operationalized and implemented at the agency level. As such, it is imperative to study child welfare practice within the context in which it occurs; it is not appropriate to assume that all agencies understand and implement state policies and practices in the same way or experience the same facilitators and challenges to doing so. A case study design, by primarily relying on qualitative methods, helps ensure opportunities exist to obtain multiple perspectives to inform research questions (and activities of interest), resulting in a more comprehensive and multi-level understanding of child welfare practice in each county. It also allows for similarities and differences across the agencies/counties to be uncovered and examined.

In Ingham and Oakland counties, the process evaluation findings will stand alone, providing the framework for understanding child welfare practice in both counties.[24] In Kent, process evaluation findings also will be used to understand child welfare practice in the county, but will also provide context in which outcomes and costs will be evaluated understood. Section 3.4 of this report provides process evaluation findings by county. The chapter ends with comparisons across the three counties; a summary of key findings can be found in Chapter 4.

3.3 Process Evaluation Data Collection

In October 2018, 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 a total of 56 interviews and focus groups (see Table 3-1 for a summary of the full data collection

[24]As noted in the outcome section, Kent County is the focus of the outcome study, where outcomes are compared to those in a statewide sample, as identified by propensity score matching.

sample by respondent and type). Interviews and focus groups were conducted with public child welfare and private agency leadership, and a sample of supervisors, and caseworkers from all aspects of the child welfare system (i.e., Child Protective Services investigation and ongoing, foster care case management and adoption services). Interviews were also conducted with stakeholders from the court and mental health systems, and in Kent County the county administrator and staff at the WMPC. Focus groups and interviews followed the guiding principles for child welfare practice in Michigan, covering the following topical areas:

- MiTEAM practice model and fidelity tool;
- Child welfare case management and service delivery;
- Foster care home recruitment;
- Staffing, training, and workforce support;
- Interagency relationships and collaboration;
- Data management systems;
- Quality assurance and performance monitoring;
- Organizational and community challenges or barriers; and
- Kent Model (i.e., performance-based case rate funding model).

Table 3-1. Data collection sample summary

Respondent type	Number of interviews/focus groups			
	State	Kent County	Oakland County	Ingham County
State or County DHHS	3	3	4	3
Private Child-Placing Agency	N/A	15	4	6
Key Community Partners (i.e., mental health, courts, county administrator)	N/A	4	3	2
WMPC	N/A	9	N/A	N/A
Total	3	31	11	11

The site visits constituted the second major data collection effort for the process evaluation, the first of which was conducted in September 2017, prior to Kent County's October 1, 2017, implementation date. In Kent County, the site visit allowed an examination of one year of implementation of the performance-based case rate funding model and qualitative feedback on its effect on public and private child welfare agencies and key community partners (i.e., mental health, court, county administrators). There was one telephone interview conducted in Kent County prior

to the site visit as a key staff member was leaving the agency. In addition to the on-site data collection activities, evaluation staff observed (via telephone) meetings, including the Child Welfare Partnership Council (CWPC), the Kent County Directors Steering Committee (DSC), and the WAC (WMPC Advisory Committee). For Ingham and Oakland counties, the comparison counties, data collected during the site visits provide insights into the child welfare service delivery system (with a focus on foster care) in each of the counties, including challenges and facilitators to serving child welfare-involved children and families.

The main findings of these site visits are summarized in the sections that follow and are organized by the primary process evaluation research questions and subquestions. Specifically:

- **RQ1:** Do the counties adhere to the state's guiding principles in performing child welfare practice?
- **RQ2:** Do child placing agencies adhere to the MiTEAM practice model when providing child welfare services?
  - **Subquestion:** What resources (strategies, infrastructure) are necessary to support the successful delivery of child welfare services?
  - **Subquestion:** What factors facilitate and inhibit effective implementation of child welfare practice, in general, and, importantly, the Kent Model (in Kent County)?
  - **Subquestion:** (Kent County) What resources are necessary to support the successful implementation of the Kent Model (i.e., performance-based case rate funding model)?

The section begins with a detailed description of the participating counties to provide a context in which to understand process findings.

3.4 County Descriptions: Overall and in Child Welfare

In this first section, the demographic makeup of each of the three counties participating in the evaluation is presented, to provide context for them. Kent County is implementing the performance-based case rate funding model, while Ingham and Oakland counties are serving as the comparison counties for the process evaluation, representing child welfare "services as usual."

Michigan is an expansive state in the north central region covering 56,538.9 square miles[25] and encompassing 83 counties.[26] The state's population estimate for 2018 was 9,995,915. The median household income is $52,668 (in 2017 dollars) and only 14 percent of residents have poverty-level incomes. Other demographics of interest (race, ethnicity, education) are listed in Table 3-2.

Table 3-2. Michigan 2018 state demographics

Characteristic	Percent
Ethnicity	
White	79
African American	14
Hispanic or Latino[27]	5
Asian	3
American Indian and Alaskan Native	1
Two or more races	3
Foreign born	7
Ages 5+ speak a language other than English at home	9
Education (Ages 25+)	
Completed high school	90
Bachelor's degree or higher	28

Children ages 0 to 17 comprise 22 percent of Michigan's population. Among households with children under age 18, one-third (34%) are headed by a single parent (Guevara Warren, 2019). About one in five children live below the poverty threshold, and 15 percent of children reside in high-poverty neighborhoods (Guevara Warren, 2019).[28] State child-welfare statistics for 2017 (the last year these data are available) are summarized in Table 3-3.

[25]Unless otherwise specified, all geographic and demographic data in this section of the report are from https://www.census.gov/quickfacts/fact/table/MI,kentcountymichigan,oaklandcountymichigan,inghamcountymichigan/PST045218.

[26]https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=PEP_2018_PEPANNRES&prodType=table.

[27]Persons of Hispanic or Latino ethnic origin can be of any race. For example, 79.3 percent of Michigan's residents are white, but a lower 74.9 percent are white and not Hispanic or Latino.

[28]The 5-year average (2013–2017) of children ages 0-17 who live in census tracts with poverty rates of 30 percent or higher.

Table 3-3. Michigan 2017 state child-welfare statistics[29]

	Number	Rate
Children in families that have been investigated for child abuse or neglect	249,110	113.8
Children confirmed as victims of child abuse or neglect	41,462	18.9
Confirmed cases involving children ages 0 to 5[30]	21,579	31.3
Out-of-home placement due to abuse or neglect	11,209	5.1

Across the three counties participating in the evaluation, foster care and adoption services vary. Foster care and adoption services are fully privatized in Kent County (and have been since 2014). In Kent County, all child welfare foster care services are managed by one of five private child-placing agencies under the oversight of the WMPC. Foster care services are partially privatized in Ingham and Oakland counties, and 100 percent of adoption services are privatized. In Ingham County, 49 percent of foster care services are managed by private child-placing agencies, and in Oakland County, 42 percent of foster care services are managed by private child-placing agencies (Michigan Department of Health and Human Services, 2019). Because foster care services in Ingham and Oakland counties are only partially privatized, the public child welfare agencies there are more actively engaged in the continuum of child welfare services than the public agency in Kent, which provides primarily Child Protective Services and still has responsibility for administering some specialized programs such as Youth in Transition (YIT).[31]

3.4.1 Kent County

Kent County is located in western Michigan in the lower peninsula, and is comprised of 21 townships, five villages, and nine cities. Grand Rapids is both the county seat and the second largest city in Michigan. The county's elected legislative body includes a 19-member board of Commissioners. The county, a relatively large area with a land mass of 847 square miles, is the center of the rapidly growing Grand Rapids-Wyoming Metropolitan Statistical Area (MSA).[32]

[29]All rates are calculated per 1,000 children. For example, rate = 18.9 per 1,000 children (Guevara Warren, 2019).

[30]https://datacenter.kidscount.org/data/tables/8234-confirmed-victims-of-abuse-and-or-neglect-ages-0-5#detailed/5/3776,3784,3806/false/37,871,870,573,869,36,868,867,133,38/any/16757,16758.

[31]Please note that following the 2018 site visit, a portion of YIT funds were allocated to the WMPC to support service delivery for youth involved with the private child-placing agencies.

[32]https://www.accesskent.com/about.htm.

In 2018, Kent County had an estimated population of 653,786, with a population density of 711.5 residents per square mile. The median household income is $57,302, and 10 percent of county residents are living below the poverty threshold. Other demographics of interest (race, ethnicity, education) are listed in Table 3-4.

Table 3-4. Kent County 2018 demographics

Characteristic	Percent
Ethnicity	
White	82
African American	11
Hispanic or Latino	11
Asian	3
American Indian and Alaska Native	1
Two or more races	3
Foreign born	8
Ages 5+ speak a language other than English at home	12
Education (Ages 25+)	
Completed high school	90
Bachelor's degree or higher	35

Children ages 0 to 17 comprise 24 percent of the population of Kent County. Single parent households account for 31 percent of households with children.[33] Ten percent of children in Kent County are in families with poverty-level incomes, and 14 percent of children live in high-poverty neighborhoods; these findings are lower than state proportions. Kent County child welfare statistics for 2017 are summarized in Table 3-5. The rates shown are all lower than the rates in Ingham County, but nearly double those in Oakland County.

Table 3-5. Kent County 2017 child welfare statistics[34]

	Number	Rate
Children in families that have been investigated for child abuse or neglect	18,640	117.6
Children confirmed as victims of child abuse or neglect	3,146	19.8
Confirmed cases involving children ages 0 to 5	1,591	30.1
Out-of-home placement due to abuse or neglect	775	4.9

[33] https://mlpp.org/kcdbprofiles2019/Kent.pdf.

[34] All rates are calculated per 1,000 children. For example, rate = 19.8 per 1,000 children (https://mlpp.org/kcdbprofiles2019/Kent.pdf).

3.4.2 Ingham County

Ingham County encompasses 556.12 square miles in Michigan. Mason is its centrally located county seat, and 14 elected commissioners comprise the county's legislative body. Ingham is the smallest of the three counties and the least densely populated, with only 505.1 individuals per square mile. While most of the county is agricultural and sparsely inhabited, Ingham County also incorporates Lansing, the state capital.[35]

The 2018 estimated population in Ingham County was 292,735. Ingham County is slightly more diverse than Kent County, as shown by the demographics presented in Table 3-6. The median household income in Ingham of $49,109 is considerably lower than the median in Kent County, and the percentage of persons in poverty is twice as high in Ingham (20%) as compared with Kent (10%).

Table 3-6. Ingham County 2017 demographics

Characteristic	Percent
Ethnicity	
White	76
African American	12
Hispanic or Latino	8
Asian	7
American Indian and Alaska Native	1
Two or more races	4
Foreign born	9
Ages 5+ speak a language other than English at home	12
Education (Ages 25+)	
Completed high school	92
Bachelor's degree or higher	38

About one in five residents (20%) of Ingham County are children ages 0 to 17. More than one-third (36%) of households with children under age 18 are headed by a single parent.[36] All of the poverty and child abuse/neglect rates are higher in Ingham than in Kent County. Of children ages 0 to 17 in the county, 24 percent are in families with incomes below the poverty threshold.[37] In addition,

[35] http://ingham.org/About.aspx.

[36] https://mlpp.org/kcdbprofiles2019/Ingham.pdf.

[37] Ibid.

21 percent of all children in Ingham County live in high-poverty neighborhoods.[38] Ingham County child welfare statistics for 2017 are summarized in Table 3-7.

Table 3-7. 2017 Ingham County 2017 child welfare statistics[39]

	Number	Rate
Children in homes that have been investigated for child abuse or neglect	8,895	154.5
Children confirmed as victims of child abuse or neglect	1,812	31.5
Confirmed cases involving children ages 0 to 5	976	50.2
Out-of-home placement due to abuse or neglect	524	9.1

3.4.3 Oakland County

Oakland County is located in east Michigan and borders Wayne County, the home of Detroit City. Situated within the Detroit-Warren-Dearborn MSA, Oakland County extends across 867.66 square miles and includes 62 cities, townships, and villages. Troy is the county's largest city and Pontiac is the county seat. Unlike Kent and Ingham counties, its governance includes an elected County Executive along with a board of 21 Commissioners.[40] Oakland County is also the most densely populated of the three counties, with 1,385.7 persons per square mile.

Based on population size, Oakland is the second largest county in Michigan (second to Wayne County). In 2017, the county's population was estimated at 1,259,201. Other demographics of interest (race, ethnicity, education) are listed in Table 3-8, which shows that Oakland County has the most highly educated population among the participating three counties. Similarly, Oakland appears to be a relatively affluent county, as the median household income is $73,369, compared with a median of $57,302 in Kent County, and the percentage of persons in poverty in Oakland (8%) is the lowest among the three counties.

[38]Ibid.

[39]All rates are calculated per 1,000 children in the specified age group For example, rate = 31.5 cases per 1,000 children ages 0 to 17 (https://mlpp.org/kcdbprofiles2019/Ingham.pdf).

[40]https://explorer.naco.org/.

Table 3-8. Oakland County 2018 demographics

Characteristic	Percent
Ethnicity	
White	76
African American	14
Hispanic or Latino	4
Asian	8
American Indian and Alaska Native	<1
Two or more races	2
Foreign born	12
Ages 5+ speak a language other than English at home	15
Education (Ages 25+)	
Completed high school	94
Bachelor's degree or higher	46

In 2017, children ages 0 to 17 comprised 21 percent of Oakland County's population. Of households with children under age 18, 24 percent were single parent households.[41] Compared to Kent and Ingham counties, the proportion of children under age 18 in families living in poverty is a relatively small 9 percent, and the proportion of children living in high-poverty neighborhoods in Oakland County is even smaller, at almost 5 percent.[42] Table 3-9 presents 2017 child abuse statistics for Oakland County. Child abuse and neglect rates were comparatively lower in Oakland as compared with Kent and Ingham counties.

Table 3-9. Oakland County 2017 child welfare statistics[43]

	Number	Rate
Children in homes that have been investigated for child abuse or neglect	15,071	56.2
Children confirmed as victims of child abuse or neglect	2,259	8.4
Confirmed cases involving children ages 0 to 5	1,257	15.4
Out-of-home placement due to abuse or neglect	680	2.5

The next section presents the findings from the process evaluation by each county.

[41] https://mlpp.org/kcdbprofiles2019/Oakland.pdf.

[42] Ibid.

[43] All rates are calculated per 1,000 children in the specified age group For example, rate = 8.4 cases per 1,000 children ages 0 to 17 (https://mlpp.org/kcdbprofiles2019/Oakland.pdf).

3.5 Process Evaluation Findings

3.5.1 Kent County

In Kent County, all child welfare foster care case management services are provided by one of five private child-placing agencies (Michigan Department of Health and Human Services, 2019), under the oversight of the WMPC. In contrast to Ingham and Oakland counties, whose structure and operations represent the standard per diem model of child welfare practice in Michigan, the following discussion of Kent County child welfare practice represents the first year of implementation of the Kent Model.

Kent County is the fourth largest county in Michigan, but has the second highest number of Child Protective Services (CPS) reports. According to county stakeholders, child welfare has been a priority for the community for many years. Public institutions (such as Kent County DHHS, the judiciary, and the county administrator) regularly collaborate on initiatives with private agencies and religious and philanthropic organizations through a number of active boards and committees. One stakeholder described the ethos of the community:

> *It's a view that Kent County does sort of its own thing, but Kent County takes care of its own. That's what we do. We firmly believe in the importance of doing that. But it's all about your priorities and where you place your priorities. And for us, having a healthy community where children can grow up safe and be successful and be protected, well, those are very important things. And you can't assign a dollar amount to that. But if you have funding that can help make those things happen, why not utilize it in that way?*

During the most recent evaluation site visit, the evaluation team conducted 31 interviews or focus groups in Kent County with agency leaders, supervisors, and caseworkers at Kent County DHHS and each of the five child-placing agencies, as well as with representatives from the County Administrator's Office, the Family Division of the 17th Circuit Court, and a public mental health partner agency. In addition, the evaluation team interviewed most of the current WMPC staff, including the Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, Director of Care Coordination, three of four Care Coordinators, and Performance and Quality Improvement staff.[44] Through these data collection activities, the evaluation team obtained information on a range

[44]The outgoing Performance and Quality Improvement Director was interviewed via telephone prior to her departure from the WMPC.

of topics (see Section 3.3). This section summarizes key findings related to the research questions established for the process study.

Overarching Research Question 1: Do the Counties Adhere to the State's Guiding Principles In Performing Child Welfare Practice?

Subquestion: What Factors Facilitate And Inhibit Effective Implementation of Child Welfare Practice, in General, and, Importantly, the Kent Model?

Subquestion: What Resources Are Necessary to Support the Successful Implementation of the Kent Model (i.e., Performance-Based Case Rate Funding Model)?

There are 13 guiding principles of child welfare practice in Michigan, several of which focus on child safety, family preservation, tailoring services to the unique needs of the child and family, supporting child welfare professionals to promote success and retention, and a robust, research-driven quality improvement process. These are combined with three commonly established strategies to guide child welfare practice throughout the state. These strategies, which form the basis of Strengthening Our Focus on Children and Families in Michigan, include: (1) MiTEAM practice model, (2) Continuous quality improvement approach, and (3) Performance-based child welfare. Logically, the more fully a county or agency adheres to these guiding principles and implements the three strategies, the better the outcomes will be for children and families in the child welfare system. MDHHS designed the MiTEAM practice model as one structure through which the guiding principles of child welfare are enacted throughout the state.

The Kent Model was designed based on the theory that the new funding (case rate) model and oversight structure (facilitated by the WMPC) will enable foster care service providers to more fully adhere to Michigan's guiding principles for child welfare. Specifically, the flexibility in service delivery and funding, collaborative partnerships, and focus on data-driven programmatic improvement should, according to the logic of the model (Appendix 1), lead to faster and more individualized services for families, better collaboration among community partners, better support to agency staff, less time in care for children (especially in residential settings), increased placement stability, and more robust data for continuous quality improvement.

This section discusses the resources, strategies, and infrastructure of Kent County child welfare service delivery, with a focus on the unique aspects of the Kent Model during the first year of pilot implementation. It will also look at actual and potential facilitators—implementation factors that may bring child welfare practice closer to the guiding principles—as well as actual and potential barriers, which may inhibit adherence to the guiding principles. These factors are summarized in Table 3-10 and are discussed in the section that follows.

Table 3-10. Key implementation factors

Implementation factors	Facilitator/barrier
West Michigan Partnership for Children	
Structure and Growth	Facilitator
Staff Turnover	Barrier
Planning and Guidance	Facilitator
Implementation Meetings	Facilitator
Care Coordinators	Facilitator
Service Array and Service Coordination	
Referral Authorization Process	Facilitator
Timely Service Delivery	Facilitator
Service Flexibility and Innovation	Facilitator
Oversight	Facilitator
Availability and Access to Services	Facilitator/Barrier
Foster Care and Adoption	
Placement Process	Facilitator/Barrier
Foster and Adoption Home Recruitment	Facilitator
Relative Placement	Facilitator/Barrier
Enhanced Foster Care	Facilitator
Interagency Collaboration	
Kent County DHHS	Facilitator/Barrier
Kent County Family Court	Facilitator/Barrier
Mental Health System	Facilitator/Barrier
Systemic Factors	
Staffing	Facilitator
Staff Turnover	Barrier
Staff Training	Facilitator/Barrier
Information Systems – MiSACWIS	Barrier
Information Systems – MindShare	Facilitator/Barrier
Service Data Entry	Barrier
Performance and Quality Improvement (PQI)	Facilitator/Barrier

3.5.1.1 West Michigan Partnership for Children (WMPC)

WMPC is the agency responsible for implementing the Kent Model. The WMPC is the sole contractor for foster care and adoption case management in Kent County, and subcontracts with all five of the existing private child-placing agencies in Kent County to provide case management services through a collaborative consortium.

WMPC Organizational Structure

As of the time of this report, the WMPC consists of 19 staff positions and is guided by a Board of Directors with committees developed as needed. The organizational chart is presented in Exhibit 3-1.

WMPC Structure and Growth

In interviews with the evaluation team, WMPC respondents described their organizational structure, current staffing, and planned growth. In October 2017, when implementation of the Kent Model began, WMPC staff included 14 employees; five on the leadership team, one administrative coordinator, one contracts and finance specialist, four care coordinators, and three performance and quality improvement coordinators. The initial goal for the organization was to "start very lean" and assess what additional positions would be necessary over time. Since implementation began, WMPC has added five new positions to the organization:

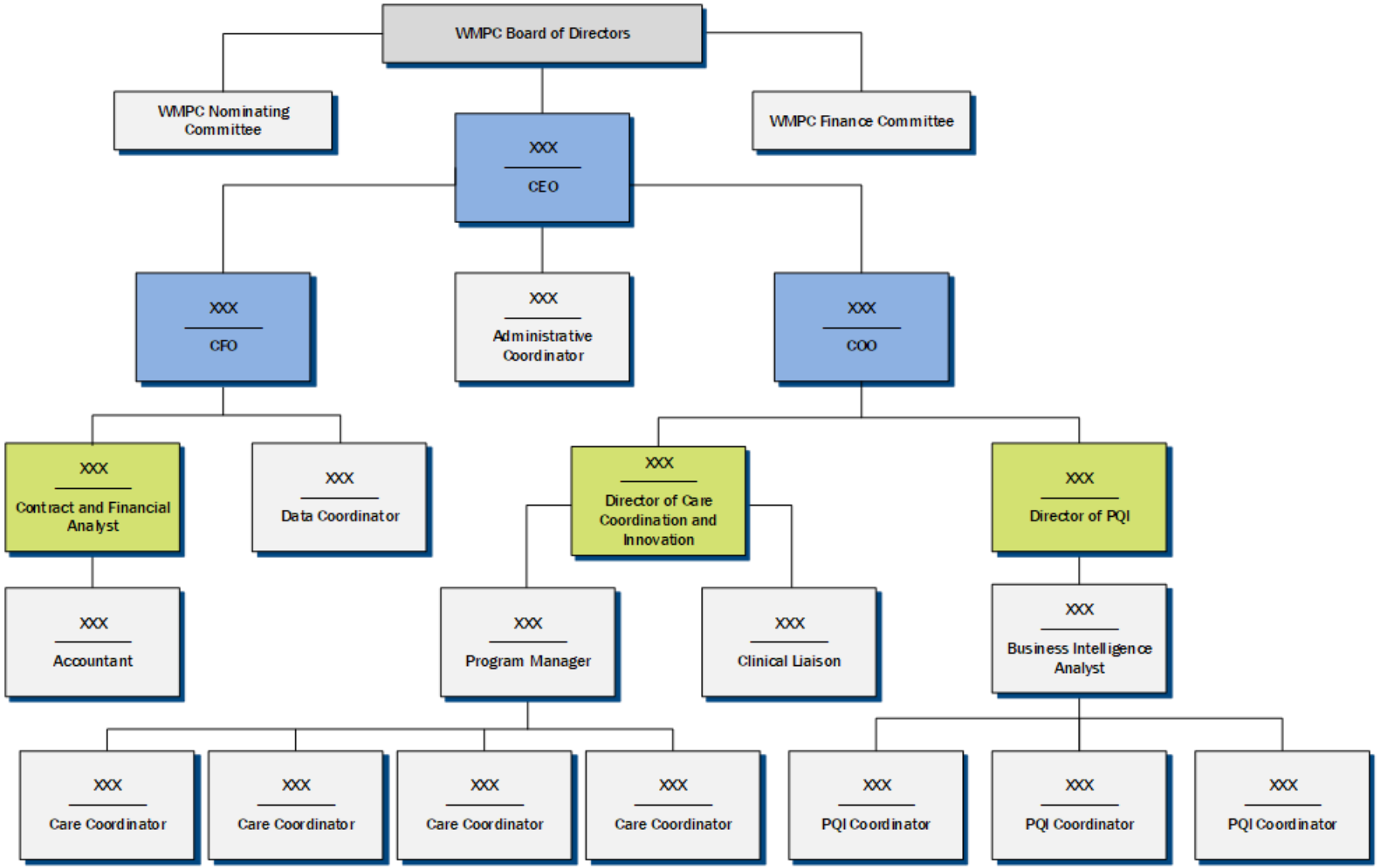
- **Program Manager.** Manages WMPC Care Coordinators.

  The Director of Care Coordination and Innovation initially supervised four care coordinators in addition to providing general direction on the development of new initiatives and assisting in gaining buy-in from the private agencies and community partners. Over time, these combined responsibilities became too demanding for one individual. As a result, WMPC added a program manager position to support the day-to-day work of the care coordinators and assist on special cases as needed.

- **Business Intelligence Analyst.** Reports to the Director of Performance and Quality Improvement (PQI).

  The Business Intelligence Analyst is a new position; the analyst's primary task is managing the MindShare system. This responsibility initially was assigned to the Performance and Quality Improvement Director. The change was influenced by the departure of the previous Performance and Quality Improvement Director who noted that the responsibility of managing the Performance and Quality Improvement processes along with having responsibility for the MindShare system was too great a job for one person.

Exhibit 3-1. WMPC organizational structure



- **Clinical Liaison.** Subcontracted and funded through Network 180.[45]

  WMPC respondents reported that they realized youth were underutilizing clinical mental health services in the community. They consulted with the mental health partner agency, Network 180, to create a subcontracted position. The individual in this position is tasked with increasing access to mental health services for children in foster care.

- **Accountant.** Responsible for accounting tasks.

  The WMPC CFO initially was responsible for implementing an accounting system for the WMPC, developing a budget, tracking revenues and expenditures, and all parts of financial operations including overseeing the detailed contracts and identifying performance benchmarks. Over time, it became clear that an accountant was needed to support the day-to-day accounting tasks of the organization. This is especially true as the CFO turns attention to developing financial policies and procedures as well as analytic work based on the case rate and MindShare data, as is planned in the coming years.

- **Data Coordinator.** Responsible for overseeing case services data in MiSACWIS.

  The WMPC saw the need to have one person oversee and coordinate data entry that was related to service data for the WMPC. Respondents shared that this has been widely reported as beneficial in reducing data entry burden on foster care caseworkers and reducing data entry error.

Additionally, WMPC respondents reported their plans for continued growth. One position planned is a community engagement liaison. This role ideally would be filled by an individual with "lived experience" in the foster care system as a youth or a parent, and would focus on community engagement activities. As described by one respondent:

> *We don't do a great job yet of engaging with parents and youth and other community providers and neighborhood associations. So this person would be doing that type of community engagement… I really want that person to be focused on creating advisory and support groups for parents and youth.*

[45]Network 180 is the community mental health authority for Kent County. It connects individuals and their families to services for mental illness, substance use disorders, or developmental disabilities.

WMPC Staff Turnover and Retention

Since implementation began, WMPC has experienced turnover in four positions: Performance and Quality Improvement Director, Performance and Quality Improvement Coordinator, Director of Care Coordination and Innovation, and the Administrative Coordinator. Respondents noted challenges in retaining qualified WMPC staff:

- **High Level of Effort.** According to one WMPC employee, start-up organizations are a unique opportunity that "*require a ton of energy and a ton of lift.*" To maintain the needed momentum from the planning stages into implementation after October 2017, WMPC employees were required to expend a great deal of effort. One respondent noted that there has not been a rest period yet. There were times where workers had to balance planning and implementing at the same time: as one respondent shared, "*strategizing initiatives and implementing initiatives*" simultaneously.

- **Need for Support.** Adding to the challenge, the WMPC is a nonprofit child-placing agency with a culture of financial constraint in using funds for administrative costs. Some workers reported the need for additional support for the WMPC team. "*WMPC needs more staff... For the amount of work that needs to happen, there needs to be additional capacity in that way*," stated one employee.

In regard to recruiting, staff noted both challenges and facilitators:

- **Challenge: 5-Year Pilot.** One WMPC staff member highlighted the pilot's five-year nature as a challenge to recruiting personnel, as "*I guess it is communicated that it is a five-year pilot… that could probably create a narrative where it might seem like this isn't permanent.*"

- **Facilitator: Wide Recruiting Net.** The same staff member also highlighted a recruiting strength: due to the unique nature of the work, WMPC does not need to limit recruitment efforts to job candidates from the child welfare or even social work field. "*I think this is such a unique area, in that you could pull people from different backgrounds. I mean, you could hire somebody with a background in lots of different areas. It's not just social work.*"

Planning and Guidance

Kent County private agency directors, supervisors, and caseworkers identified the planning and guidance provided during the first year of implementation as a facilitating factor. Staff highlighted implementation meetings, the presence of care coordinators, staff training, and overall WMPC openness and responsiveness to feedback as particularly helpful, as presented in Table 3-11.

Table 3-11. Planning and guidance: Facilitating factors

Facilitators	Descriptions
Implementation Meetings	WMPC and private agencies held implementation meetings to prepare for upcoming changes prior to model rollout. Topics of discussion included the transition process, any problematic areas in implementation, barriers to placement, and current data. Directors and supervisors also reported participating in additional leadership meetings and steering committee meetings on quarterly and bi-monthly bases. Directors and supervisors reported that meetings have continued post-implementation, although starting in 2019, meetings were reduced in frequency.
Care Coordinators	Private agency staff described the presence of care coordinators as a significant source of support in making the transition to the Kent Model. According to private agency directors, care coordinators are in the office every week for a few hours, and provide assistance to workers with difficult cases. Workers described one care coordinator as personable and someone who really cares. One manager described: *I think that our workers feel much more supported with the care coordinator that we have. When she comes here and she's here for half a day, our workers are always coming and talking to her, and saying, "Here's what I'm struggling with. How can you help me?"*
WPMC-Provided Training	Kent County private agency staff noted WMPC provided training as a part of the planning and guidance process. WMPC implemented a new worker orientation to supplement the nine-week CWTI training. "They realized a lot of newer workers that were coming on didn't know what WMPC was. So they just did the first orientation like two or three months ago," noted one supervisor. In addition to the new worker orientation meeting, WMPC provides training on an as-needed basis. One private agency worker described WMPC's training: *WMPC is always willing to come and train us on different things…they're always saying like, 'If you guys need training, we're more than willing to come to a staff meeting or just pop in for an hour and give you that training.' So it's there if we need [it].*
WMPC Responsiveness	Private agency staff at all levels highlighted WMPC's openness and responsiveness to feedback as integral to the planning process. WMPC staff regularly check in and seek input from agency workers, supervisors, and directors about how well processes are working. After seeking feedback, WMPC uses the input to implement necessary changes and improve processes. According to one director, *"It's nice to be able to share ideas or the way things are implemented or policy discussions."* One WMPC staff member described the feedback loop with private agency staff in developing enhanced foster care: *"In our EFC development we had feedback sessions, and they very quickly gave just really strong feedback of, 'Here's what we're missing,' 'Here's what you're not seeing,' or, 'Here, this would make it simpler for us.'"*

3.5.1.2 Child Welfare Service Delivery Under the Kent Model

Kent County was an early adopter and champion of the MiTEAM practice model, and the MiTEAM principles remain the foundation of child welfare practice under the Kent Model. One year into implementation, agency staff have not seen many fundamental changes to how MiTEAM is implemented in the Kent County child welfare system:

> *The way we route things, get things approved... that process has changed, but not necessarily the process of assessing parents, working the services, working with the [parents], but more the process of the way we get things approved.*

From the practitioner point of view, the first year of implementation brought only a few major changes to the manner in which child welfare services are delivered in Kent County, including:

- Authorization process for service referrals,
- New case rate funding structure, and
- Enhanced Foster Care (EFC) program.

Although each of these changes saw some challenges in implementation, both agency and court staff overwhelmingly described positive experiences with the new processes and felt that they benefitted children and families.

Service Array and Service Coordination

Prior to the launch of the Kent Model, most services for children and families were paid through Kent County DHHS contracts. Private agency workers had to submit a request to a Kent County DHHS Purchase of Service (POS) monitor for approval before they could make a referral to a service provider. Agency staff described this process as often lengthy, labor-intensive, and inconsistent, leading to substantial delays in services for families. According to respondents, the requirements for authorization and the responsiveness to the request often varied based on which monitor or supervisor was involved. Former POS monitors explained that, from their end, requirements and timeliness often varied based on changing Kent County DHHS policy or the interpretation of policy by supervisors.

Under the Kent Model, authority for approval and payment of most services rests with the WMPC. Each of the five private agencies works with a dedicated WMPC Care Coordinator who is

responsible for service authorization requests. Some services, such as determinations of care (DOC) or EFC, are authorized by either the private agency or WMPC leadership.

Staff at every level in both the five private agencies and the court, described these specific ways in which this new way of authorizing services is a facilitator to better child welfare practice:

- More efficient service delivery and more timely receipt of services by families,
- More opportunity for flexible and innovative case planning, and
- More collaborative and responsive oversight.

Staff also described implementation challenges, which included:

- Learning curves for WMPC staff, especially those who came from fields other than child welfare;
- Learning curves for private agency staff with new processes and particularly, new ways of entering services into MiSACWIS; and
- Lack of forms or procedures for new processes or programs (e.g., EFC).

Efficient and Timely Service Delivery

In creating care coordinator positions, the WMPC intended to streamline the service authorization process to make service approvals faster, more responsive, and more consistent. At the end of the first year of implementation, agency staff noted that most approvals now come within days or even hours, rather than weeks or months. An agency director summed up the intended impact of this increased efficiency in service authorization:

> *So that has a huge impact on how quickly clients are getting services because it's all about engaging the parents quickly and as holistically as we can. And the longer those approvals were taking in the past, then you're just losing that traction with your families. So that has definitely been a huge impact.*

Private agency staff attributed this change to specific facilitators associated with the Kent Model, as listed in Table 3-12.

Table 3-12. Facilitators associated with Kent Model

Facilitators	Descriptions
In-House Approvals	The private agencies and WMPC can complete many approvals "in house" (i.e., without routing through Kent County DHHS).
Single Point of Contact	Having a single point of contact for approvals promotes consistency in processes and understanding of requirements.
In-Person Collaboration	Weekly site visits to the agency allow the care coordinator to discuss cases with workers in person and work through obstacles or requirements together.
Email Responsiveness	Care coordinators are consistently responsive to questions via email.

Barriers. Depending on the funding source, some services still go through Kent County DHHS for approval, such as trauma assessments, YIT-funded services, and educational stability transportation assistance (e.g., bus passes, gas money). Determining who approves which service and how to route it through MiSACWIS has been another reported learning curve for agency staff. The WMPC has provided technical assistance to the agencies, such as a flow chart of all services and their approval routing.

Although staff report that service approvals happen more quickly now, they also noted that there are still ongoing barriers to timely approvals, such as:

- YIT-funded services;
- Private agency staff not knowing how to properly submit requests according to Kent County DHHS policy, a factor exacerbated by staff turnover at private agencies;
- Frequent changes in Kent County DHHS policy or procedure;
- Inconsistency in interpretation of policy or procedure by Kent County DHHS monitors or supervisors; and
- Kent County DHHS staff turnover.

Shortly before the evaluation site visit, Kent County DHHS held a training with the private agencies to explain policy and procedure on YIT requests and provide additional points of contact for private agency staff to reach out to if they encountered barriers.

3.5.1.3 Flexibility and Innovation in Case Planning

Another goal of the pilot was that the case rate would allow for more flexibility in spending to enable staff to better meet the individualized needs of families. In the first year of implementation, agency staff report that they have begun to use these opportunities for more innovative case planning. They described feeling a greater freedom to advocate for the needs of families and find creative solutions to them, without running into bureaucratic barriers. Examples of various ways in which private agency staff can use innovation in case planning are provided below.

Private agency staff shared examples of how the flexibility of case rate funding and the streamlined WMPC approval process enables non-traditional case planning, including:

- **Daycare assistance for a family that would not qualify for assistance from Kent County Department of Health and Human Services**
- **Approval of the daily rate for an unlicensed, relative foster home that could not afford to care for the child without assistance**
- **A security system for a foster home caring for a teenager who frequently ran away and would otherwise have been put into a residential setting**
- **Domestic violence counseling for a Spanish-speaking father with no insurance**
- **Various therapy services not covered by a client's insurance or Medicaid**
- **Prevention-support services**

> ***Before…to get some of the services we knew would benefit our kids, we had to be over the cliff already. Where now it's like, okay, we see that we're coming up on the cliff: can we do something now to stop us from getting to that point? And it's been way easier for those things to happen.***

According to agency staff, the WMPC has encouraged creative case planning mainly through the care coordinators, who frequently brainstorm and troubleshoot cases with workers. An agency director described that WMPC would "*step in and say, okay, how about we try this? And use their funding in creative ways to try to get the best outcomes for kids, when through the system, that would not happen.*" Staff also described receiving appropriate pushback from WMPC when necessary, including increased financial oversight and accountability. Despite this, agency staff continue to report that WMPC gives them more freedom than they previously had, to do what is best for their families.

Although WMPC has attempted to get private agency staff out of the "scarcity mentality" to think more creatively about how to meet the needs of families, some private agency staff are still aware that the case rate is flexible, but not infinite: *"That was my only worry. Even with like EFC and stuff, I feel like approvals are so quick about a lot of things. I am worried about like, I'm going to run out of money?"*

3.5.1.4 Service Availability and Accessibility

Kent County is considered one of the most resource-rich counties in Michigan when it comes to services for children and families. Although the pilot has made approval for service referrals faster, agencies still encounter difficulty accessing certain services for their clients due to provider availability, wait lists, or qualification standards.

In particular, agency staff discussed that the criteria for obtaining mental health services for children has been tightening recently: "*We've seen kids being denied for services that would have previously been accepted.*" Staff noted that it can take intensive and time-consuming advocacy to get children into the appropriate service, and that it can be difficult to get in touch with the right person. To help foster care workers navigate that process, the WMPC recently created a WMPC staff position, discussed above, to serve as a clinical liaison between private agencies and the mental health system. In addition, agencies often have problems finding mental health providers who accept clients' insurance. One agency staff person observed that although Kent County has many great services: "*In so many ways, insurance dictates what services [clients can access].*" Finally, agency staff also mentioned encountering scarcity of or barriers to affordable housing and child care, and domestic violence counseling (particularly for male perpetrators).

3.5.1.5 Foster Care Placement

The placement of children in foster homes in Kent County continues to occur through the Child Placement Network (CPN). With implementation of the Kent Model, the WMPC took over facilitation of the CPN. When a child is taken into care in Kent County, a conference call is immediately convened with representatives from all five private child-placing agencies, Kent County DHHS, and the WMPC. The case is reviewed to determine if any of the five private agencies have an appropriate placement available. If no agency volunteers a placement, the child is placed on a "*straight rotation*," meaning that the next agency in the rotation must take the child whether or not they have a home available.

Agencies shared consistent feedback on facilitators and barriers to the placement process:

Facilitators

- **Bed Borrowing.** WMPC has been working to make the CPN process more cooperative between agencies by encouraging "*bed borrowing*," or the sharing of homes and case management resources. Historically, agencies have been territorial over their resource homes, but staff feel that mindset has begun changing.

- **Help Finding Placements.** WMPC works actively with agencies to find placements for children. Most agency staff appreciated this, although some felt micromanaged or that the WMPC was pushing too hard to keep children out of residential care, even if the worker felt residential care would be in the best interests of the child.

Barriers

- **Straight Rotation.** Straight rotation is a struggle for agencies because they cannot decline a placement if it is their turn in the rotation. WMPC has addressed this by allowing agencies to skip their next rotation if they volunteer a placement when it is not their turn.

- **High Caseloads.** Agencies often do not want to take a placement even if they have a bed available because worker *caseloads are too high*. WMPC has addressed this by encouraging agencies to share placement and case management resources, as mentioned above.

- **Case Information Sharing.** CPS workers no longer attend the CPN calls, and the Kent County DHHS representative often does not have the detailed information about the child and family that the private agency worker needs at case transfer. Although case transfer meetings are technically a requirement, both Kent County DHHS and private agency staff reported that these rarely happen.

3.5.1.6 Foster Home Recruitment, Licensing, Training and Retention

As part of the pilot, the WMPC assumed responsibility for the Kent County Licensing Foster Care Coalition. The first activity was to rename and rebrand the coalition as Foster Kent Kids. At the end of the first year, new materials were being printed in preparation for the new marketing effort.

Recruitment and licensing staff at the private agencies expressed the hope that the WMPC would increase its role in foster care and adoption recruitment, which remains difficult and highly competitive between the private agencies, despite recent efforts to collaborate as a coalition. In addition, staff felt the state licensing process has been consistently growing more burdensome on

workers and families with more restrictive requirements.[46] Staff felt that the WMPC had heard their concerns and would attempt to address those concerns with the state. In the meantime, agency staff noted that the flexibility of the Kent Model has facilitated foster home and adoptive recruitment and retention efforts in small but meaningful ways, as shown here.

Small Steps Toward Better Recruitment and Retention

Private agency staff noted that the flexibility of the Kent Model has facilitated foster home recruitment and retention efforts in small but meaningful ways, including:

- **Funding flexibility allowed one agency to create a family finder position**
- **Faster DOC, relative licensing waiver, and service approvals ease burden on foster families**
- **Recruitment funds now go through the WMPC and are reported as easier to access**
- **WMPC staff help follow up with KDHHS to get information on potential relative placements identified during the CPS investigation**

In preparation for pilot implementation, staff noted that Kent County requested permission to switch their foster parent training to the Pressley Ridge curriculum to increase the number of Treatment Foster Care (TFC) homes prior to implementation of the Kent model. Staff described this curriculum as more trauma informed and "*fantastic*." Although seen mainly as a significant facilitator, some staff noted that the intensive and lengthy nature of the training could be a barrier for some families, particularly relative caregivers.

Licensing staff also discussed a recent practice that, once implemented, will provide relative caregivers with financial support prior to licensure. Staff felt this practice could be a great facilitator in getting children placed with relative caregivers. However, staff also noted that it eliminated any incentive for relatives to become licensed until and unless they wanted to obtain a juvenile guardianship of the child. Juvenile guardianship that includes a guardianship subsidy requires licensing, which would mean potential delays in permanency while the family goes through the licensing process. In addition, because the relative caregiver home study is less intensive than the licensing process, staff noted that barriers to licensing and thus juvenile guardianship might be discovered much later in the case and further delay permanency. Staff noted that the WMPC had

[46] Examples include: increase in financial information required from families, all people in the household now being counted as applicants, and increased standards for the home.

begun addressing this issue, but expressed concern that it may have fallen off the radar due to delays in implementing the new practice.

3.5.1.7 Enhanced Foster Care (EFC)

The highest profile innovation brought by the WMPC has been the EFC program for children with more intensive medical or behavioral needs. The goals of the program are to stabilize placements for high-need children and incentivize relatives and other foster parents to accept children who might otherwise have ended up in a residential facility. EFC offers foster parents a higher daily rate and in-home support services based on the child's level of need.

> ***I just think that the enhanced foster care allows for foster families to really finally get paid for the service they provide – needs to be a statewide piece. Foster parents are invaluable to healing for kids and families. We have not paid them adequately, or provided them support, for decades. So that's a beautiful example of what it needs to look like.***
>
> **– Kent County DHHS manager**

Prior to EFC, Kent County had Treatment Foster Care (TFC) homes, which are foster families specially trained to care for higher-need children. Respondents explained that while the training and supports around EFC are similar to TFC, EFC provides support services around the child, wherever the child is placed. Essentially, the services come to the child. With TFC, children are moved into the placement. While more expensive than TFC, theoretically, the additional services will pay for themselves by reducing expensive placement changes and residential stays.

WMPC respondents explained that they chose EFC because previous treatment foster care efforts did not meet the needs of the children and families receiving them. A WMPC staff person explained:

> *It feels like such an influential opportunity for us to be able to expand the use of some important services to not just the kids in care, but their bio families and to the foster families. It feels like a support for the whole team, for caseworkers who were previously dealing with those struggles on their own.*

Enhanced Foster Care (EFC) Implementation

WMPC developed basic program standards for EFC, which each private agency used to develop its own EFC program. The minimum standards include three levels of service intensity and a base staffing structure (a behavioral specialist and clinical coordinator).

Agencies experienced a steep learning curve as they developed new processes, ironed out unforeseen issues, and built their EFC teams. Staff from most agencies noted that they are still figuring things out as they go, particularly when they encounter areas where the policies are not clear. WMPC staff expressed understanding of the difficulty of "*inventing the plane as they're flying*," but also noted that this represents the culture of innovation that WMPC is trying to create in child welfare. At the time of the evaluation site visit, staff estimated that EFC had been in full operation for around six months.

Some agency staff wished that WMPC had facilitated greater collaboration between the five agencies in developing their EFC programs. WMPC staff acknowledged that they see the differences in each of the five programs and are working to help programs learn from each other, specifically in a monthly development group with all EFC staff from each of the five private agencies.

EFC Reception

In its first year, EFC has been highly lauded by both agency staff and stakeholders, who reported hearing positive feedback from foster families. According to a private agency director:

> *Enhanced Foster Care has been a great tool. I would say that's the most innovative we've had available to us. We've been able to do a lot of early authorizations for new kids in care when we know this might be a difficult child to place...that's been a huge benefit that we can offer and it saves some of our placements.*

In that time, staff and stakeholders had a number of observations about ways in which the program has facilitated better child welfare practice:

- **Fast Approval.** Getting approval for EFC is very fast and easy for agencies.
- **More Children Eligible.** EFC has a lower threshold of need than TFC, allowing more children to get services who did not qualify for TFC (3 children were in TFC at the start of implementation; 76 children were being served in EFC at the time of the site visit).
- **Individualized.** EFC is more responsive to the individual needs of children than TFC due to the inherent flexibility of the program model and funding.
- **Follows Child.** EFC services can follow the child, even into independent living placements.
- **Flexibility for Agencies.** Flexible funding has allowed agencies to add EFC positions, such as in-house therapists and family finders, and get additional training for EFC staff.

- **Benefits to Families.** In addition to the financial benefit and supportive services, foster families have expressed feeling more validated and appreciated.

Aside from implementation challenges, staff did not see many barriers to the EFC program. However, some staff offered cautions for its future:

- **Appropriate Placements.** EFC should not be used to "force" placements that are not in the best interests of the child, (i.e., offering the higher daily rate to foster families to maintain the placement if [a] the EFC services are not needed or appropriate, or [b] the placement does not otherwise meet the needs of the child).
- **Monitor EFC Participants.** WMPC should monitor the demographics of the children in EFC to prevent any potential bias in children who are (or who are not) served by it.

3.5.1.8 Interagency Collaboration

Kent County has a long history of collaboration among community partners to monitor and improve child welfare outcomes. For many years the Kent County Family and Children's Coordinating Council, which consists of representatives from Kent County DHHS, the five private agencies, the court, the County Administrator, mental health and other public agencies, and multiple philanthropic foundations, has met on a quarterly basis to discuss and plan for the progress of the Kent County child welfare system.

As the newest partner in the community, the WMPC has stepped up as an active participant in all areas of child welfare collaboration. Respondents from public and private partner agencies expressed appreciation for the WMPC's transparency, advocacy, and energy dedicated to collaboration. Relationships with major community partners are detailed in the rest of this section.

Kent County DHHS

The collaborative relationship between Kent County DHHS and the five private child-serving agencies in Kent County evolved during the shift toward privatization of foster care services, and is now undergoing further evolution with the advent of the WMPC and the Kent Model. This evolution has presented both facilitators and barriers. Respondents described the current relationship as highly collaborative on the administrative level; however, on the line-staff level, some tension exists as Kent County DHHS workers and supervisors work to figure out how they can contribute to the vision of collaborative foster care services under the pilot.

During the first year of implementation, staff from Kent County DHHS tried to support WMPC and private agency staff with training and technical assistance on processing service authorizations previously processed by POS monitors. Kent County DHHS convened "strike teams" to meet regularly with WMPC and the private agencies to work on various aspects of case management. Kent County DHHS staff reported that these teams stopped meeting about three months into implementation, leaving Kent County DHHS with little involvement in the pilot. In particular, former POS monitors (now rebranded as Performance-Based Funding Specialists or PBFS), who now are responsible for reviewing funding streams for WMPC services, expressed a sense of frustration at their perceived "clerical" responsibilities to review funding streams for WMPC services. They also expressed confusion about how to "reinvent themselves as social workers" given their changing role in the child welfare system.

Overall, both Kent County DHHS and private agency staff expressed the need for better communication and clarity of roles between public and private agencies. In particular, staff wanted consistent processes for addressing and following up on day-to-day casework issues. As one private agency staff person expressed:

> *Now that we're so much more removed from DHHS, our CPS workers, we're just not having as much communication about the cases… I don't know if I'd call it strain, but there's not as much collaboration when cases are coming in that there used to be.*

Kent County Family Court

The Kent County Family Court is the ultimate decisionmaker with regard to outcomes for child welfare cases in Kent County. The court orders children into foster care and holds quarterly hearings to review progress on their cases. The review hearings are also the primary point of interaction between the court and the private agencies, as foster care workers must testify at every hearing regarding the progress of the case. Judges make the final decision regarding reunification or termination of parental rights, meaning that permanency outcomes are dependent on the court.

Historically, the court has taken an active interest in efforts to improve the child welfare system. Respondents reported that, despite some misgivings prior to implementation, most Kent County judges are supportive and engaged with regard to the Kent Model. This judicial investment may be a result of the efforts of judges who have actively championed the new model, as well as the WMPC, whose members meet monthly with court representatives to discuss implementation, disseminate

information to judges, and address issues. "*I think the WMPC's been really intentional about partnering with the court,*" noted a private agency staff person.

From the private agency perspective, two themes emerged regarding the current relationship with the court:

1. **Judges' Discretion.** According to respondents, each judge has an individualized process in his or her courtroom and an individual perspective on child welfare cases. For example, private agency staff mentioned that some judges place a strong priority on family reunification and delay termination of parental rights as long as possible. This may be a factor to look at when interpreting outcomes.
2. **Court Testimony.** All private agency staff discussed that foster care workers are often not treated well by judges and attorneys when testifying in court, particularly new workers who do not have experience giving testimony. Staff noted that this poor treatment and fear of testifying was an exacerbating factor in worker turnover. Currently, the court is launching a training to prepare new workers for court testimony and procedures.

Court respondents discussed the role of accountability that the court holds, and judges monitor the progress of the pilot through the quarterly case review hearings. In the first year, judges felt they were beginning to see faster service referrals. However, court staff emphasized: "*We're all waiting for the results…feeling, really, that we're ones who have kind of laid everything on the line*."

Mental Health System

Network 180 is the community behavioral health authority for Kent County, overseen by MDHHS' Community Mental Health division. It contracts with the individual community mental health providers and manages service approvals for clients, including all children with mild to intensive needs who require care who require behavioral health services.

Like the other community partners in Kent County, Network 180 has a history of strong collaboration with the child welfare system. Network 180 received a System of Care grant,[47] which is credited with supporting increased levels of collaboration in recent years:

[47] A System of Care is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges, and their families, which is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs to help them function better at home, in school, in the community, and throughout life (http://cfpsystemofcare.org/parents/systems-of-care).

> *I think one of the facilitators is having that shared charge through systems coming from federal, state, on down. I think dollars that support that collaboration, which the System of Care grant kind of offered us, was wonderful. I think the more time we spend together, the more we realize the same outcomes that we're going towards and that we each just bring expertise.*

When community partners are able to spend more time together, the respondent explained, they found they were able to get work done considerably faster than before.

One respondent noted that the relationships between Network 180, Kent County DHHS, and the private agencies shifted when the WMPC entered the picture, causing public and private system partners to work even closer together: "*I kind of think of WMPC in many ways as an extension of my team in my work. I am texting them, emailing them, and meeting with them probably more than I meet with mental health.*" Kent County DHHS, WMPC, and Network 180 meet frequently to work on issues such as data sharing, case review, and service delivery. For example, previously, Network 180 had one clinical liaison to assist with all child welfare cases in both Kent County DHHS and the five private agencies. In the first year of implementation, WMPC and Network 180 developed a second liaison position to handle WMPC cases, with shared supervision and funding between the two organizations. Agency staff also mentioned that WMPC had been helpful in facilitating the process for obtaining trauma assessments, which staff described as "somewhat cumbersome" and confusing.

Although the collaboration at the leadership level seems to be a facilitator, at the worker level, respondents reported that bureaucracy remains a barrier to effective collaboration around service delivery. Agency workers often have difficulty contacting people, or even knowing whom to contact at Network 180. In addition, Network 180 has undergone internal administrative and budgetary challenges in the past year; this is likely to be a contributing factor to current bureaucratic barriers in the mental health system. Private agency staff explained that "*a lot of programming got cut,*" in addition to tightened restrictions that left some foster children ineligible for services they had previously received.

3.5.1.9 Systemic Factors

As described in the previous section, child welfare agency staff rely on interagency partnerships to address the needs of the families they serve. Intra-agency characteristics and processes also have

implications for child welfare practice and service provision. Interview and focus group discussions of these characteristics and processes are summarized in this section.

Staffing

Private Agencies. During focus group discussions, private agency directors acknowledged that the past year has been a year of transition characterized by many staffing and structural changes, some related to the Kent Model and some purely internal to the agency. Although these transitions presented challenges, respondents expressed their belief that the changes would become significant facilitators toward better child welfare practice in their agencies. Some changes discussed were specific to the pilot and related to the hiring of staff, which included:

- **Hiring for the Model.** Respondents from one agency discussed hiring staff to implement services related to the Kent Model, including enhanced foster care staff as well as additional caseworkers and program managers.

- **New Staffing Models.** Respondents from one agency described recent implementation of a staffing model suggested by WMPC, in which staff are divided into two "pods," each with a team of two supervisors, four caseworkers, two case aids, and a buffer worker. Supervisors collaborate within their "pod" to leverage resources, manage staff, and maintain coverage of cases. Case aids support case management staff by providing transportation and helping with parenting time.

- **"Buffer" Workers.** Respondents from the agency with new staffing models also reported that the agency staff used the financial flexibility of the case rate to "strategically over-hire" and create the buffer worker position. Buffer workers receive CWTI while assisting caseworkers and gaining hands-on experience; when a caseworker leaves the agency, the buffer worker is already on board and prepared to lend support or move into case management. Similarly, respondents from another agency indicated that because the flexibility of the Kent Model affords proactive hiring, the agency plans to hire an additional contingent worker to participate in training and to prepare to fill a position when needed.

Kent County DHHS. To forestall concerns over job loss, public agency leadership assured their staff that although the position of POS monitor would become obsolete with the implementation of the pilot, no individual employees would lose their jobs. A major intent was to keep everybody on board throughout the transition, and agency supervisors noted that the message of job retention was clear. In the first year since implementation, the POS monitor position has transitioned to a Performance-Based Funding Specialist (PBFS) position. The PBFS is responsible for verifying the accuracy of the fund source on all foster care expenditures in order to draw from the correct

funding streams. Kent County DHHS workers and supervisors described an overall sense of dissatisfaction among the PBFS workers due to:

- Lack of job-specific training and inconsistent messages from supervisors and managers,
- Lack of opportunity to use social work skills in what is perceived to be an entirely clerical role, and
- Feeling cut off from children and families.

In terms of general Kent County DHHS hiring, one respondent alluded to efforts to increase staff diversity by recruiting and hiring individuals from diverse racial and ethnic groups as well as those with proficiency in various languages. The respondent pointed out that families might be more apt to engage with staff who look like them or speak their language. Recruitment efforts of public agencies have been successful to some extent, but the respondent noted that a higher starting salary would help attract more prospective employees.

Staff Turnover

Staff turnover is known as such a major barrier to child welfare practice that the state devoted a specific guiding principle to reduce it—fostering agency staff success and retention through regular professional development and mentorship opportunities. Agency directors, supervisors, and workers from both public and private agencies all agreed that staff turnover is a major challenge that affects foster care in particular, but adoption and licensing as well. When staff depart, remaining staff must pick up the cases left behind while continuing to manage their own caseloads. During focus group discussions, private agency directors indicated that staff turnover has increased in the past year. A director noted that in the past, foster care workers remained with the agency for two to six years, but recently several have left within their first year. Another director noted that it has been difficult to retain caseworkers for even four to six months; the one-year mark is a major milestone. Agency staff identified numerous factors that contribute to staff turnover, which are outlined in Table 3-13.

Table 3-13. Factors contributing to private agency staff turnover

Factors	Descriptions
Low Salaries	Starting salaries at the private agencies are considerably lower than at Kent County DHHS or other public agencies. One private agency worker explained that she would not have been able to remain in her job without the support of her husband's salary.
High Caseloads	The high caseloads at private agencies are exacerbated by staff turnover. Several supervisors reported carrying caseloads to relieve the burden on their workers.
Paperwork	Workers expressed disenchantment with the relative small portion of their time spent with children and families compared to the much larger time consumed by paperwork.
MiSACWIS	Workers expressed frustration with the MiSACWIS data system and the amount of effort required to complete data entry.
Training Gaps	Workers expressed dissatisfaction with the extent to which CWTI training prepares workers for the day-to-day "real nitty-gritty, difficult work of social work."
Court Anxiety	Private agency staff at all levels felt that worker anxiety over testifying in court and the stressful, sometimes hostile interactions with clients, attorneys, and judges was a significant factor in staff turnover.

Salary and workload emerged as the strongest barriers to retaining private agency staff. One private agency worker stated that the starting salary at their agency is considerably lower than the starting salary at Kent County DHHS and elsewhere. Another worker remarked that in Kent County, caseworkers move to Kent County DHHS to work on only CPS cases and receive a higher salary with better benefits. Public agency supervisors pointed out that under the new Kent Model, they had expected private agencies to raise salaries to avoid staff turnover and foster stability for families, but instead, staff from private agencies have been seeking CPS positions due to persistently low salaries. Private agency workers noted that they maintain high caseloads and work extremely hard without adequate compensation for their efforts. Many staff members leave to pursue higher salaries and less stressful circumstances; those who stay feel committed to their work and have become an integral part of a cohesive and supportive team.

Staff Training

CWTI (or what is now called the Pre-Service Institute) is a required nine-week training for new caseworkers.[48] Several agency supervisors and workers commented on ways in which their pre-service training could be a better facilitator for child welfare practice:

[48]The 9-week Pre-Service Institute (PSI) is a combination of classroom, online, and on the job training (OJT) designed to help new caseworkers learn and put into practice the basic skills necessary to meet the complex needs of the children and families served by MDHHS.

- **Day-to-Day Responsibilities.** As mentioned above, some staff felt that training did not adequately prepare them for the day-to-day responsibilities (e.g., paperwork) of casework.
- **Kent County Specific.** The standardized statewide training does not explain the procedures and processes specific to Kent County.
- **MiSACWIS.** Training on MiSACWIS is too general, contributing to frustration with using the system. Staff reported learning the ins and outs of the system, including workarounds, from coworkers on the job.

Michigan requires 32 hours of training annually, which can be mandatory training and/or optional training that caseworkers and supervisors choose on their own. Agency staff referred to various training requirements related to such topics as the Health Insurance Portability and Accountability Act (HIPAA), sexual harassment, trauma, mandated-reporting, and security for MiSACWIS. Respondents also referred to other training offered on topics including human trafficking, workplace safety, media, legal principles, and court procedures. An agency supervisor noted the importance of facilitating training opportunities by inviting experts into the agency to train staff and sending staff out to resources in the community. One private agency director described secondary trauma training for workers to identify and address the physical and emotional exhaustion and burnout they experience. Similarly, in a separate discussion, a public agency respondent referred to implementing cross training opportunities that foster team cohesiveness and center on topics like secondary trauma, mental health, first aid, worker safety, implicit bias, supervision, and the sanctuary model.

Public agency supervisors also described a couple of training activities underway. A supervisor referred positively to a pilot training where training "units"—supervisors who focus specifically on new workers—are organized to train, support, and mentor new workers for six months. When new workers come on board, they are each assigned a mentor who helps ensure their successful transition during the six-month period. Another supervisor explained that they also have been receiving more training on "*numbers and spreadsheets.*" When staff in their division receive quarterly reports, a specialist meets with them to review the spreadsheets and help them interpret the data. The specialist also advises staff on what they should be looking for and provides 80 cases to examine in order to help workers better understand the process. Other public agency respondents talked about an overemphasis on data and metrics, a major shift in the culture of some parts of the agency.

Staff Training Needed

Private agency and Kent County DHHS staff referred to various training needs, and suggested that WMPC conduct some of the trainings to ensure consistency across agencies:

- **MiSACWIS.** An agency supervisor pointed out that MiSACWIS data entry is an essential job component, yet agency staff never received appropriate training on use of the entire system. Similarly, another supervisor noted that MiSACWIS training should encompass specific aspects of the system that private agency staff will use during daily operations.
- **Court Process.** A supervisor suggested that it would be helpful to receive formal training on the court process in Kent County; respondents agreed that the experience of providing testimony in court is often intimidating and overwhelming for new staff. Court staff reported that a court orientation training for new workers is being developed.
- **Licensing.** A supervisor pointed out that licensing staff would benefit from the availability of additional licensing training sessions throughout the year because registration fills up quickly.
- **Position-Specific Training.** A public agency worker described moving into the position of MiTEAM specialist without guidance or clear documentation regarding key responsibilities associated with the position. Other workers pointed to similar experiences in which they have been assigned to a position but have not received any training or clearly defined duties. They expressed concerns about their lack of training and the potential for errors on important tasks.
- **Kent Model.** Public agency workers agreed that they need training and guidance relevant to their new roles under the Kent Model. Respondents indicated that they need more clearly defined duties and additional training on the Kent Model. A worker referred to participation in a recent case transfer to foster care training as "*irrelevant*" and "*completely pointless*" because it covered content related to well-known procedures such as forensic interviewing and home visitation rather than new policies and procedures specific to the Kent Model.

3.5.1.10 Information Systems

MiSACWIS

The MiSACWIS data management system was implemented in spring of 2014. The system was meant to facilitate child welfare practice by providing accurate and timely case management information to each county's DHHS workers and partnering agencies. Public agency staff, private agency staff, and court staff all expressed a desire for the information-sharing and data analysis

potential MiSACWIS was meant to bring to Michigan child welfare practice. However, according to respondents, numerous operational issues over the five years since MiSACWIS launched have made the system as much a barrier as a facilitator for practitioners and courts.

Overall, on the positive side, several respondents reported that MiSACWIS has improved over time and made some aspects of their work easier. Some mentioned that there are more documents uploaded in the system, and that it is starting to resemble "an electronic record." Respondents felt there was a greater emphasis on document completeness within MiSACWIS in Kent County than elsewhere in the state.

However many respondents also reported frustration that MiSACWIS still has many operational issues that prevent the system from facilitating casework the way it was intended. These issues include:

- Difficulties with entering and saving data efficiently, and accessing case information;
- Inability to get meaningful data out of the system;
- Lack of user-friendly and intuitive navigation processes; and
- Time needed for data entry, often due to the need for multiple "clicks" to move throughout the system or the need to check too many boxes, which can also result in data entry errors.

As reported in the first annual report, private agency workers reported that they are still unable to see public agency investigative reports or early case histories. WMPC Performance and Quality Improvement staff shared frustration that they do not have more direct access to the actual "source" data, are not able to view all areas within MiSACWIS, and have limitations with the specificity desired in reports.

Increased Accountability. Respondents at multiple levels described an increased focus on accountability and the push from Kent County DHHS and the WMPC to document performance in MiSACWIS; as one stated *"I think the data entry is the same. I think the accountability for data entry has increased."* A few mentioned increased pressure not only on the caseworkers but on MDHHS and the federal consent decree mandating fixes to the system. One respondent stated, *"Yeah, probably just more accountability. You can feel the pressure. There's more pressure, for sure, which is, I think, frustrating as a worker sometimes."*

As mentioned above, entering data into MiSACWIS was described as time-consuming and burdensome. Many respondents cited the time needed for data entry as a barrier. Several workers reported they spend over 65 percent of their time on paperwork and data entry. Others reported they have "stacks" of service data waiting to be entered. A few commented on the focus of caseworker jobs shifting too far toward data entry and contributing to staff turnover. As one stated:

> *And it's become a lot more of a data entry job than it is a social worker job. And I feel like that has made it extremely more difficult to retain workers because they feel like their job is to try and figure out this convoluted computer system and what exact box they need to check to prove that they've been out in the field doing the social work to try and get the families back together.*

Another cited:

> *...foster care has reports due and that's data-driven, ...you have to get those reports in, but then they go to a foster home and they only spend five minutes because they know they have to get back. Then I hear from the foster parent going, 'That worker doesn't spend any time here. I don't know how they can help me.' So the push-pull that I think foster care feels has got to be tremendous.*

WMPC Service Data Entry. Private agency and WMPC respondents reported challenges pertaining to entering service data in MiSACWIS. These focused on entering unpaid services and accurately routing WMPC "consortium" services and Kent County DHHS-paid case services into the system. WMPC staff shared that initially they did not think through all of the issues related to MiSACWIS data requirements for case services, specifically the detailed nature of what had to be entered, determining the routing for funding determination (WMPC or Kent County DHHS), and assigning the costs for WMPC services. One respondent described it as "*a whirlwind*" to figure out the best business processes and identify costs with the shift to WMPC for most service payments.

Private agency staff at all levels shared their frustrations about the lack of understanding about the processes and need to train the workforce correctly. The system requires not only a service authorization, but a manual payment also has to be created for each service referral. Adding to the confusion, WMPC-paid services are entered differently than Kent County DHHS-funded services. Workers and supervisors were not always clear initially about identifying the funding source for every service. Additionally, there are some services that are reviewed by WMPC first and then authorized by Kent County DHHS (e.g., trauma assessments) while other services (e.g., YIT) remain

with Kent County DHHS, although WMPC still has some role in the financial transaction.[49] Private agency workers with cases in counties surrounding Kent reported having to work even harder to figure out and stick to the new system—they have a partial caseload with one way to authorize services and a WMPC caseload done another way.

Issues with unpaid services focused primarily on the burden to keep up with the data entry into MiSACWIS. The need to enter all services was cited as critical, as it feeds court reports; however, several workers reported they have little motivation to keep up with this. One respondent shared, "*We'll get to that after we verify the well-being of our kids everywhere. We do the reports after we go to court. We just don't have enough time.*"

The WMPC addressed these challenges in several ways, which were credited with improving data timeliness and data quality. WMPC staff, along with help from MDHHS, developed a comprehensive spreadsheet for staff to use as a reference. The spreadsheets list almost all services and providers, and identifies if the service was paid or unpaid. The spreadsheet was mentioned as being especially helpful around the loss of institutional knowledge that occurs with staff turnover.

The second change initiated was hiring a data coordinator at the WMPC to consolidate data entry and remove some of the burden from caseworkers and supervisors. The five private agencies and the WMPC shared the cost to fund the new position. The new data coordinator is now responsible for creating the manual payment in MiSACWIS, a step that many reported as too time consuming for workers to complete. WMPC respondents reported they are now able to provide some administrative support around MiSACWIS data entry, which allows caseworkers more time to focus on their primary job function of helping children and families. In the words of one respondent, this change "*has been a huge lift off the workforce.*"

One recommendation was suggested to address the aforementioned challenges. Court representatives mentioned an easy-to-read case addendum that was piloted over two years ago. The addendum was essentially a summary written up based on the caseworker's assessment. This was a

[49]Please note that following the 2018 site visit, a portion of YIT funds was allocated to the WMPC to support service delivery for youth involved with the private child-placing agencies.

supplement to the MiSACWIS reports, and was described as working "beautifully" and "everyone liked it."

MindShare

MindShare is the data management and analytic system adopted by the WMPC. It uses predictive analytics for child welfare cases with the goal of being an "early warning" system to flag cases that need intervention. Ideally, these analytics would become a significant facilitator for the guiding principle calling for a focus on data and quality improvement. Several respondents hailed its ability to quickly identify missing data and identify trends. MindShare's analyses are based on the data imported into the system, and the quality of the analysis depends on the quality and quantity of available data in the system.

At the time of the site visit (just over one year post-implementation), MindShare was not yet fully up and running due to these major challenges:

- **Identifying Data Elements.** One of the major challenges in the first year of implementation was revisiting the scope of data elements needed and properly identifying each and every data element. These activities were necessary to execute an updated data sharing agreement with MDHHS in order to share MiSACWIS data with MindShare. Understanding the level of detail needed for each data element and identifying exactly where data items were attainable was described as a significant learning curve for WMPC staff.

- **Developing Data Sharing Agreement.** WMPC staff described not fully understanding the formality of developing a data sharing agreement. They reported that they were initially advised to develop a somewhat "*looser*" data sharing request and work within an assumption of "*the spirit*" of data sharing; however, they ultimately realized that a data sharing agreement with MDHHS is a legal document that requires absolute specificity of each and every data element.

- **Performance Indicators and Dashboards.** Developing the performance indicators and accompanying data dashboards within MindShare was another challenge. WMPC respondents reported spending substantial time identifying the right performance indicators, business process rules, and classifications to produce desired performance dashboards. The initial dashboard consisted of an Active Children's List that contained a dataset (e.g., demographics, current placement) of all of the children under the care of the WMPC. Respondents shared that even this was more accessible data then they had in the past, and one respondent mentioned having the ability to review racial disproportionality data in the past year.

- **Data Transfer.** One respondent reported a challenge with the structure of the data transfer whereby WMPC is not able to see all the levels within the MiSACWIS system, described as an inability to directly view their "source data." This was reported as potentially limiting the WMPC's ability to effectively and efficiently interpret certain data inconsistencies or nuances in the data.

To assist WMPC staff, a representative from the Department of Management and Budget developed a data dictionary/crosswalk of data elements in MiSACWIS and MindShare, and identified the system from which each data element would be extracted. The WMPC then renegotiated a data sharing agreement with MDHHS through a process that took several months. MDHHS respondents reported that the new data request was included in prioritization with the other MDHHS data priorities, including updates and developments to MiSACWIS. At one point, concerns about this were shared with a State Senator and this was credited for moving the process to completion.

The delay in getting MindShare up and running has created some concerns with stakeholders about whether the Kent Model would be able to serve families the way the county had planned without the full use of data and predictive analytics the WMPC originally envisioned:

> *It's absolutely a key piece of this model. And so if we do not have the right data and we don't have accurate data, we can't problem solve on a timely basis when issues come up. I just don't think that anything is going to be all that different than it was before. Will there at least be a significant piece of this model missing that would have a negative impact on the performance of the system overall.*

3.5.1.11 Performance Measurement and Continuous Quality Improvement

Continuous Quality Improvement (CQI) efforts were well underway in Kent County child welfare before the Kent Model was implemented. In the last annual report, respondents reported being engaged in the Quality Service Review (conducted in September 2016), and quarterly management reviews with the public agency, courts, and representatives of other private agencies to review data on removal rates and services. Several private agencies had an internal CQI process. The Quality Service Review (QSR) report describes data collected between 2014 and 2016 (prior to the launch of the pilot). Given that the data collection on service quality and agency processes (Kent Model evaluation) are incongruent, QSR results are not described in this report. The primary focus of this section will be on the WMPC performance measurement activities and results of fidelity tool analysis conducted, which are presented in the following section.

The WMPC Performance and Quality Improvement division is responsible for the development and implementation of strategies, plans, and tools for monitoring, and CQI of WMPC and its subcontractors. Staff in this division provide oversight of the private child-placing agency providers to ensure they are fulfilling the terms of their performance-based contract. The WMPC Performance and Quality Improvement handbook states:

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

Soon after its formation, the WMPC hired a Performance and Quality Improvement director who spent the first year of implementation: (1) detailing job descriptions and hiring staff, (2) developing a CQI process to conduct audits and ongoing case reviews, and (3) leading the development of performance indicators for the MindShare data analytic system dashboard with the ultimate goal of providing monitoring and oversight in real time. The WMPC sought to develop a process that added value but not additional work for caseworkers. The MDHHS Division of Child Welfare Licensing (DCWL) already conducts annual audits on multiple compliance areas (policy, licensing, and contract compliance) and the WMPC did not want to duplicate these efforts. The WMPC CQI process was described as assessing the implementation of DCWL corrective action plans, with more of a "quality audit" focus instead of a compliance focus. There are also data-driven quarterly case review meetings with private agency staff. Protocols are detailed in the WMPC Performance and Quality Improvement handbook.

Private agency leadership agreed that the WMPC CQI approach is not redundant of internal agency efforts nor of DCWL audits, but rather addresses quality outcomes and presents performance data across the five private agencies, something that did not happen prior to the WMPC. One respondent described it as "*a very different approach*," and others described the processes as supportive, strength-based, and focused on best practices that are replicable. Shared data was repeatedly referred to as meaningful and accessible. Many respondents were excited about the timeliness of seeing data from MindShare as well as the user-friendly presentation of it, which was contrasted with historical reports available from MiSACWIS. In the words of one respondent:

> *I think good data monitoring is a really good support for us because we can't make changes if we don't know them [sic] at the time there's a problem happening. If we find out two months down the line, well, that worker's already quit and it's done, whatever it might be.*

Performance data are reviewed regularly with various stakeholders in Kent County and MDHHS, including presentations at Child Welfare Partnership Council (CWPC) meetings.

At the time of the site visit, the Performance and Quality Improvement division at WMPC was organized with a director and three coordinators, each specializing primarily, but not exclusively, on overseeing one of the main processes of the division. These included: (1) MindShare and data, (2) annual audits, and (3) the CQI process and quarterly meetings with each of the private agencies to review performance measures and outcomes as well as strategize on improvements. A brief summary of the quarterly case review process and the audit is provided below (note that issues associated with MindShare are primarily discussed in the prior section).

Quarterly Case Reviews

Performance and Quality Improvement coordinators compile monthly service reports that are shared with the WMPC Care Coordination team. These data help to identify trends in service utilization such as the number of referrals to assessments and/or supportive services made by private agency workers. The reports help WMPC staff assess if private agency workers need help identifying service referrals, understanding barriers to timely appointments, identifying why specific service referrals may be used more or less by a particular agency, and monitoring wait lists for services. The data reports are shared with private agency staff on a quarterly basis and provide an opportunity for Performance and Quality Improvement workers to hear directly, from the case work perspective, what issues they face in their practice.

One challenge described was inconsistent and fluctuating data on key performance indicators. This was reported to be a result of data entry errors in MiSACWIS and missing check boxes that result in nullifying a contact; staff turnover was also identified as contributing to data entry errors. Ultimately the WMPC envisions connecting service utilization to outcomes such as permanency and reunification in real time within MindShare's Provider Services and Activity Management (PSAM) program.

Audits

WMPC audits are conducted annually. They consist of a contract review and a sample case review from each partner agency, including interviews with a sample of foster parents and biological parents. Interviews are conducted with key leadership staff and a sample of supervisors from both regular and enhanced foster care, to include newly hired (in the position less than six months) and more experienced (in the position for 12 months or more) supervisors. Critical incidents are also reviewed, as well as the policies and procedures followed. As stated earlier in this section, the most recent DCWL assessment and corrective action plans and progress toward meeting goals are included in the audit, as well as agency CQI plans that are compared to the Council of Accreditation (COA) standards. The audit includes discussion of how the WMPC can support improvement and changes to areas with identified limitations and barriers.

Performance Measurement and CQI Challenges

WMPC respondents described challenges primarily centered on navigating their role in a newly designed program, the pace of growth in the first year of implementation, and staffing challenges. Specific challenges discussed included:

- **Staff Turnover.** Turnover has occurred in the Performance and Quality Improvement Director position as well as some of the Performance and Quality Improvement coordinators.

- **Staff Skills.** Staff skills may need to be enhanced. The WMPC system-change focus requires a capacity-building evaluative "lens" as well as evaluation skills, and these are not necessarily the skills in which data staff are routinely trained. An additional issue mentioned is that the pay scale for Performance and Quality Improvement staff may not be high enough for the level of skill required for the job.

- **Support for Performance and Quality Improvement.** The need for more Performance and Quality Improvement support, including logistical and administrative support for the Performance and Quality Improvement coordinators, especially in light of the staff turnovers, has not been a priority for WMPC.

- **Child Welfare Systemic Knowledge.** Performance and Quality Improvement staff were predominantly new to child welfare and foster care, and some respondents described feeling initially overwhelmed at their lack of understanding of the intricacies of the system. Respondents also shared that having a specialized focus in one area of CQI, they sometimes miss the bigger picture and context of where their work fits into the life of a caseworker or agency leadership.

- **Communication.** There was some mention of less communication between leadership and workers, and a feeling that not only information, but the context surrounding data requests are not trickling down to the Performance and Quality Improvement workers.

Another challenge reported previously refers to "building the plane while you are learning to fly," an adage commonly found in startup efforts; that is, the need to create the CQI processes while also building the infrastructure can be daunting. Respondents shared feeling pressured, anxious, and a sense that every request is "urgent" while at the same time they described a lack of sufficient recognition of their needs. Some respondents described that the same fast paced and crisis-oriented work environment that exists within the private agencies' day-to-day work has too often bled over to the WMPC. In the words of one respondent:

> *...we are all in this crisis space and that where that [sic] moving very quick and not having time to check in, and be like, is this a reasonable ask or not. That piece isn't always there and that's where I'm hopeful as we move forward that there is more time to, at least, can we pause a second. That's our little PQI [*Performance and Quality Improvement] *team is sort of—that's kind of how we've operated because especially with data we need it to be accurate. If we're sending something out there, it has to be right. And in order for us to do that, it's going to take a little time to validate.*

The importance of building relationships between the WMPC and private agency staff is critical. Although agency leadership were positive about CQI efforts, WMPC respondents shared that establishing relationships with private agency staff, especially at the worker level, was sometimes a challenge. The vision of the Kent Model is one of a true partnership with collective ownership of performance measurement and collaborative search for ideas and solutions. One respondent offered an explanation about the challenges of bringing in a data-driven performance measurement approach:

> *...data is uncomfortable, and seeing performance numbers is uncomfortable. And it's about having authentic and transparent conversations. And so I know that engaging with our agencies and our partners, performance in itself, if it's not meeting benchmarks, can feel very punitive. And trying to change the narrative in the discussion to that—When this data is presented to you, we're hoping to create inroads about solutions to improve performance. We're not creating a dialogue that would make someone feel that their performance reflects anything about the partnership and their role and their responsibility.*

Respondents shared the importance of agency feedback on the CQI activities and the need to "create a space" for honest dialogue so that strategies to improve can be developed. Respondents hoped that in the future, more partnering with the WMPC care coordinators would be a positive direction and could also help them understand more about the foster care system.

Performance and Quality Improvement Division Changes Proposed

The Performance and Quality Improvement division was in a state of transition at the time of site visit interviews. One coordinator was leaving and a new Performance and Quality Improvement Director had just started. To address some of the challenges, proposed changes were in active discussion, including changing the approach from staff assigned to one of three specialized areas, to assigning one Performance and Quality Improvement coordinator to an agency, similarly to how the care coordination teams are structured. It was thought that this would help build relationships, provide more context for all of the CQI activities, and provide the opportunity for more of an in-depth understanding of the agency's data and barriers. Plans were also in development for more frequent data analyses and identification of issues that would be put together in a "data pack" to include key performance indicators, fidelity data, and more. This type of analysis was described as providing more of a "deep dive" into the data.

Overarching Research Question 2: Do Child Placing Agencies Adhere to the MiTEAM Practice Model When Providing Child Welfare Services?

To answer this research question, in this section, the evaluation team presents feedback from site visit interviews and focus groups on the MiTEAM practice model and fidelity assessment and review, followed by a presentation of findings from the analysis of MiTEAM fidelity data.

3.5.1.12 MiTEAM Practice Model

As mentioned earlier in this report, Kent County was an early adopter and champion of the MiTEAM practice model, and the MiTEAM principles remain the foundation of child welfare practice in Kent County. The tenets of the MiTEAM practice model underscore the importance of serving families in a manner that promotes inclusion, mutual respect, and recognition of each family's unique strengths and needs. Respondents at all levels described MiTEAM as fully integrated into casework practice.

Respondents from public and private agencies both mentioned that when MiTEAM was first rolled out there was a lot of momentum; it was an exciting and collaborative time, but more recently the initial unity between public and private agencies has faltered. In the words of one supervisor,

> *I really was on board with MiTEAM philosophy and concepts right from the get-go. This was going to be our opportunity to unify the five agencies in DHS into one child welfare workforce. This was going to be the magic. We were going to get trainings together. We were going to be able to talk with people from other programs and agencies about what they do. And we were going to learn from each other and grow together. But although all the leaders stood up at the front and made this pledge that this is what we want, it doesn't feel like it has taken root. And in fact, it's all kind of backslid into silos in my opinion.*

Some of the changes in momentum were attributed to decentralizing the MiTEAM training. Agencies now train their own staff on the model. Workers and supervisors reported that the training seems redundant because the MiTEAM practice model is already built into their casework practice. Workers referred to MiTEAM as "*a basic model of social work*" and "*base expectations of your job*."

Kent County practices what agency leadership call "Enhanced MiTEAM." Public and private agency respondents reported that the term "enhanced" was a way to "bring more focus" to enhancing practices such as engagement, teaming, assessment, and mentoring. In the words of one respondent,

> *...We're going to enhance our skills. So it was a soft message to everybody to say, "We know you're doing great stuff. But we just want to try to help make it even a little bit better.*

MiTEAM Fidelity Assessments

MDHHS requires agencies to assess and report on the extent to which practice occurs as intended as well as the quality of service provision. In this section, the evaluation team summarizes interview and focus group respondents' perceptions of MiTEAM fidelity and service quality assessments; these data are collected and analyzed for Kent County only.

Each quarter, supervisors complete one MiTEAM Fidelity Tool per caseworker they supervise, and also complete data entered into a state database. Fidelity results described in this section must be interpreted with caution due to considerable amount of missing data, limitations of the Fidelity Tool, and the fact that the tool has not been tested for reliability and validity. As demonstrated in the fidelity analysis in the next section, overall, most caseworkers in Kent County's five private agencies

implement MiTEAM practices as designed.[50] While private agency supervisors reported using the MiTEAM Fidelity Tools, some agency staff struggle to complete them. One private agency supervisor explained that they use the tool to reflect on the caseworkers they supervise,

> *I just kind of tried to look at it as I'm reflecting—I know what she's doing, I know her. We have supervision, I know the level of work that she's doing, but then I was able to sit down and reflect it on a piece of paper.*

Across private agencies, staff reported that the Fidelity Tool is time-consuming, redundant, not user-friendly (i.e., there are only Yes/No response options), and they are not sure that the value of the tool outweighs the challenges of completing it (and in a timely manner). There was also confusion reported among licensing and adoption staff as to whether or not they should complete the fidelity tool because it does not apply to their work (e.g., there is a lot of language in the tool about engaging the birth family). One private supervisor recommended, "It would be helpful if they had…a different Fidelity Tool for each department, so one for CPS, one for foster care, one for adoption, and one for licensing." Staff also explained that they do not commonly receive the results from the Fidelity Tools, so there is no way to use the information in regard to their practices. MDHHS Staff reported that there are reports available to review with staff containing results of the fidelity tool, and perhaps the access and use of these reports is an area that would benefit from additional training.

MiTEAM Fidelity Tool Data Analysis

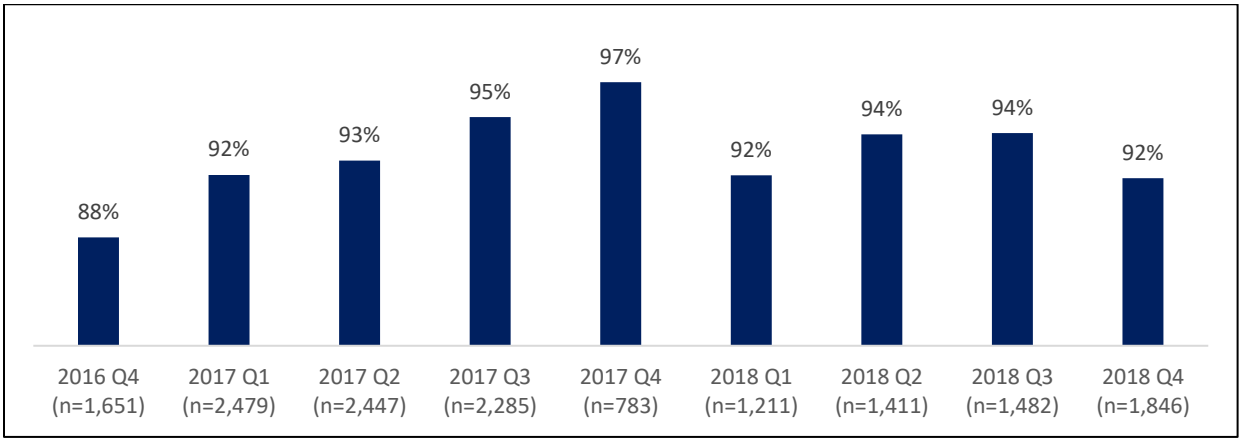
MDHHS provided the evaluation team with quarterly fidelity reports for Kent County, beginning with the fourth quarter of 2016 (nine reports in total). We examine changes in the percentage of caseworkers who implement behaviors associated with the practice model as it was designed, overall, and by each MiTEAM competency. Fidelity results described in this section must be interpreted with caution. For all nine quarters for which the evaluation team received fidelity reports, data were missing from at least one of the five private agencies in Kent County. For the most recent quarter of data examined (fourth quarter of 2018), only two of the private agencies reported fidelity data. The substantial amount of missing data limits the degree to which we can extract meaning from the data and generalize findings across the five private agencies in Kent County. Additionally, several items in

[50]Note that there has not been an assessment of validity and reliability of the fidelity tool, so the evaluation team refrains from making a determination that practice(s) is(are) conducted with fidelity.

the instrument are applicable to more than one MiTEAM competency. This can make it difficult to isolate changes in fidelity that are unique to individual MiTEAM competencies and strategize about how to increase fidelity for certain competencies if scores are low, or maintain high levels of fidelity where scores are high.

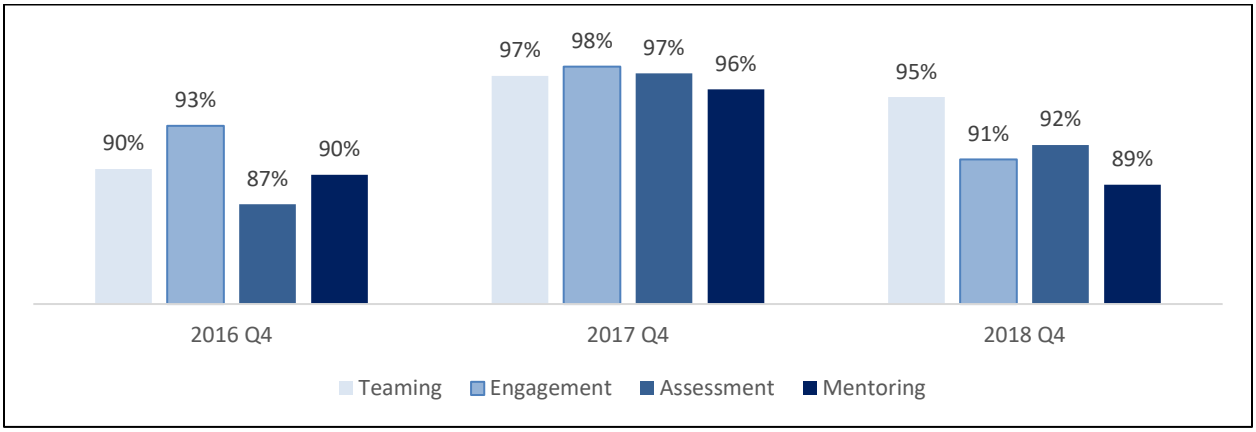
Overall, fidelity reports indicate that most caseworkers in Kent County's five private agencies implement MiTEAM practices in accordance with the model's design; across the nine quarters, the percentage of caseworkers who implemented MiTEAM behaviors as they were intended ranged from 88 percent to 97 percent. Although the percentages are high overall, they steadily increased between the fourth quarter of 2016 and the fourth quarter of 2018, and declined slightly through the end of 2018 (Figure 3-1).

Figure 3-1. Percentage of sampled caseworkers implementing MiTEAM with fidelity by quarter



A comparison of fidelity data by MiTEAM competency indicates that, similar to the overall trend, fidelity peaked at the end of 2017 and declined in 2018 for each competency. As mentioned above, although the percentages of caseworkers implementing MiTEAM behaviors as they were designed was high overall, an examination of data for the end of each year (fourth quarter) indicates that fidelity was highest in 2016 and 2017 for engagement, and in 2018 for teaming. Service satisfaction was also highest for engagement over the past two years. Considered together, these findings may imply that caseworker adherence to the principles related to engagement may be associated with family satisfaction (Figure 3-2). (Additional data on fidelity for each MiTEAM competency is in Appendix 4.)

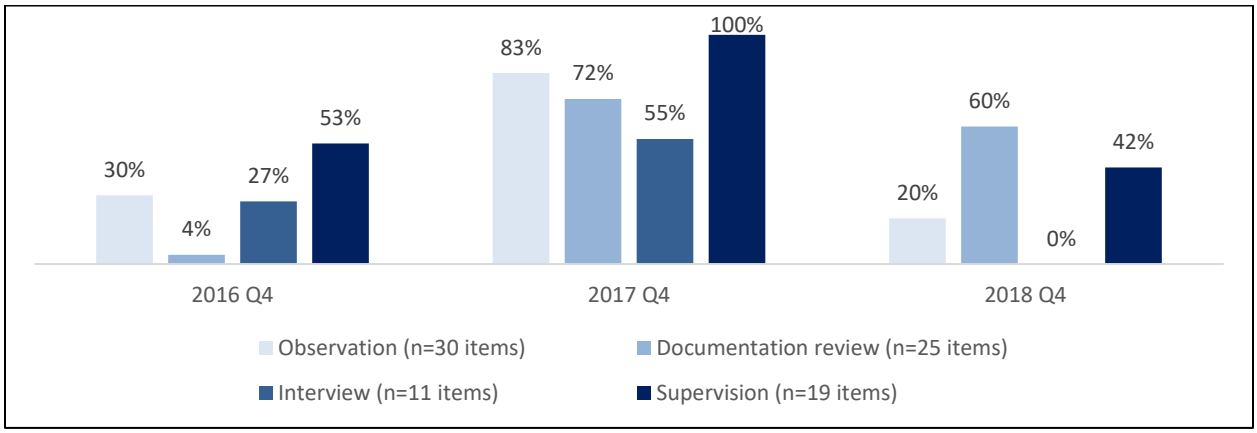
Figure 3-2. Percentage of sampled caseworkers implementing MiTEAM competencies with fidelity



The evaluation team also divided the fidelity items into quartiles based on the range of percentages for each quarter. That is, items in which the highest percentage of workers implemented the practices as intended during one quarter were grouped in the top quartile, and items in which the lowest percentage of workers implemented the practices as intended were grouped in the bottom quartile. An examination of quartile groupings for methods used to assess fidelity (i.e., observation, documentation review, interview with the family, supervision)[51] indicated that the percentage of caseworkers implementing MiTEAM practices as they were designed varied depending on the method used to assess fidelity. For example, of the four fidelity assessment methods, supervision was the only one in which *all* caseworkers achieved scores that would indicate they were practicing with fidelity for one quarter. The percentage of workers with scores that would indicate they were practicing with fidelity at the end of each year was highest for supervision in 2016 and 2017, and for documentation review in 2018 (Figure 3-3).

[51] **Observation:** The supervisor observes a worker interacting with a family he/she serves; **Document review:** The supervisor reviews all the worker's documentation for a selected family; **Interview with the family:** The supervisor interviews a family member who was present during the observation; **Supervision:** The supervisor discusses various aspects of a case with the worker.

Figure 3-3. Percentage of sampled caseworkers implementing MiTEAM with fidelity, by assessment method



These findings are not surprising based on the responses supervisors and caseworkers provided during focus groups to questions about fidelity assessments. As discussed previously, respondents shared that some questions in the Fidelity Tool are not applicable to the specific work in which some caseworkers are engaged (i.e., licensing, adoption), but they find the "shadowing" and feedback (which likely occurs through the supervision component) helpful.

As mentioned at the beginning of this section, the results described must be interpreted with caution given the considerable amount of missing data and limitations of the Fidelity Tool.

3.5.1.13 Service Satisfaction

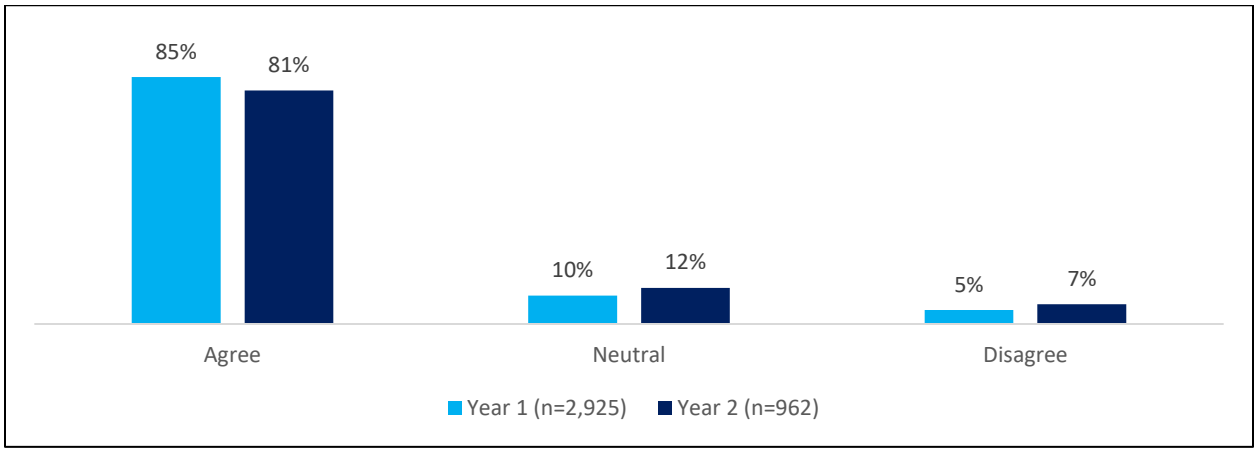
To assess the extent to which clients are satisfied with services provided through the five Kent County private service agencies, the agencies regularly administer client satisfaction surveys to the children and families they serve. Foster parents, parents, and youth who receive foster care and adoptive services from the private agencies complete surveys about the agency, caseworkers involved with their case, services provided, and case processes. This section summarizes these data for the year prior (2016-2017) and then subsequent to (2017-2018) implementation of the Kent Model.

Each of the five private agencies determines the timing of data collection (e.g., once per year, twice annually), the respondent pool (e.g., parents and foster parents, all service recipients), and the types of questions to be asked. Across agencies, respondents reported on the extent to which they agreed

with statements about service quality, with higher agreement signifying greater satisfaction with services.

Since the content and structure of the surveys varies across agencies, the evaluation team categorized the agencies' survey items by service quality themes. Given that MiTEAM is a central element of the Kent Model (and practice in general), analyses of satisfaction data focused on the categories that were most closely aligned with practice model competency areas. Additionally, overall satisfaction with services was examined by aggregating and then analyzing data across all service-quality categories and respondents.[52] Overall, more than 80 percent of respondents were satisfied with services, although the percentage was slightly lower in year 2 compared with year 1 (Figure 3-4).

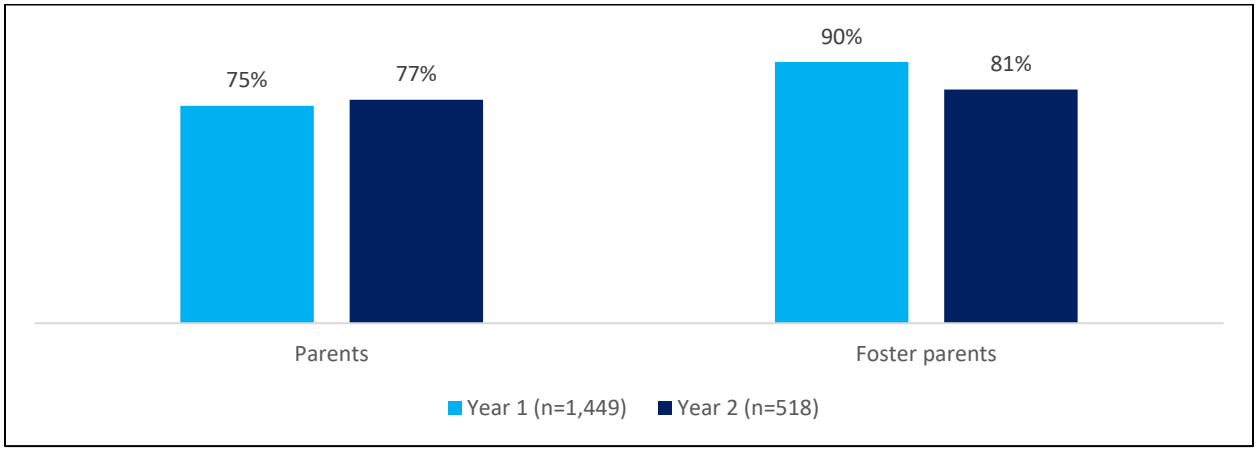
Figure 3-4. Respondents' overall level of agreement that they were satisfied with services



[52]Percentages reported are based on data from four agencies in year 1 and three agencies in year 2.

In years 1 and 2, foster parents reported they were more satisfied with services than parents (Figure 3-5).

Figure 3-5. Percentage of parents and foster parents who agreed they were satisfied with services



The percentage of respondents who agreed that they were satisfied with services related to **T**eaming (e.g., My caseworker involved me in the planning process for the child(ren) in my home), **A**ssessment (e.g., My caseworker meets with me in the foster home every month), and **M**entoring (e.g., My caseworker helped me understand the foster care system and my individual rights) declined between years 1 and 2. The percentage of respondents who were satisfied with services related to **E**ngagement, the fourth MiTEAM competency (e.g., My caseworker treats me with respect), remained stable at 91 percent over time.

In addition, when comparing survey item categories related to the four MiTEAM competencies, satisfaction was highest for services related to engagement and lowest for services related to teaming. These findings and those reported in the paragraph above suggest that while parents, foster parents, and youth perceive that they are respected by their caseworker and at their respective agency, agency staff may need to strategize about how to increase opportunities for family members to make meaningful contributions to case-planning processes. (Additional data on satisfaction with services related to each MiTEAM competency is in Appendix 5.)

Satisfaction survey data must be interpreted with caution. Although private agencies in Kent County administer consumer satisfaction surveys to meet the Council on Accreditation's requirements and can use results to identify areas of strength or in need of improvement, the data reported have

limitations. For example, the number of respondents from some agencies was considerably higher than the number of respondents from other agencies, so cross-agency patterns that emerged may be influenced heavily by the agency with the majority of respondents. Additionally, some data were excluded from analyses for several reasons:

- Data for clients in Kent County were aggregated with data for clients in other counties the agency serves.
- An agency did not provide item-level responses, so the evaluation team could not aggregate the agency's data with data from other agencies.
- An agency did not collect data during the target date range (September 29, 2016 through September 30, 2017 for year 1; October 1, 2017 through September 30, 2018 for year 2).

We will continue to examine service satisfaction data in subsequent years of the evaluation to determine if the patterns that emerged during years 1 and 2 are maintained or change over time.

3.5.1.14 Summary of Kent County Findings

Kent County developed the current pilot with the aim of improving outcomes for children in foster care by (1) increasing the efficiency and flexibility of service delivery to meet the needs of children and families, and (2) using data and predictive analytics for rapid identification and response to issues. After one year of implementation, court and private agency staff report seeing substantial improvement in the timeliness of service authorizations. Staff also described beginning to see more innovative thinking around services during case planning, something actively encouraged by care coordinators. Of particular note, the EFC programs have become a primary means of quickly stabilizing placements and targeting supports to high-need foster children and their caregivers.

Staff and stakeholders described the first year of implementation as largely smooth, thanks in large part to the intensive pre-implementation planning process, with some "hiccups" along the way. Through regular meetings and communication, WMPC and the private agencies have been collaborating to work through challenges as they arise, and agency staff feel WMPC has been open to feedback and responsive to concerns.

Perhaps the most significant challenge has been getting MindShare, WMPC's data and analytics system, to identify the necessary data elements to extract from MiSACWIS, and obtain approval of the new data sharing agreement when being prioritized with other department priorities.

Respondents from the court and county government in particular expressed a strong desire to see MindShare fully implemented, as it was intended to be one of the pillars of the Kent model. At the same time, stakeholders expressed concern over the quality of the data entered in MiSACWIS.

Four of the five private agencies described a strong collaborative relationship with WMPC, and a growing collaboration among the five private agencies themselves. WMPC also meets regularly with judges and court staff, and respondents felt most judges now feel more positive about the potential of the Kent Model as a result. The Kent County DHHS, although an active partner during the planning process, is reported to be largely uninvolved and perhaps underutilized during the first year of implementation.

The evaluation team also examined certain systemic factors with the potential to affect the pilot. As is common in most child welfare agencies, staff turnover, both at WMPC and the private agencies, while not specifically measured by the evaluation team, was reported by respondents as "high," which respondents attributed to salaries incommensurate with the high demands of the job. Agency workers also reported frustration with the amount of paperwork required and the difficulty of entering data into MiSACWIS, as well as anxiety over testifying in court. WMPC is attempting to address each of these issues through various strategies.

3.5.2 Ingham County

In Ingham County, 49 percent of foster care services and 100 percent of adoption services are managed by private agencies (Michigan Department of Health and Human Services, 2019). The payment structure for foster care services is applied in accordance with the per diem model. During the most recent evaluation site visit, the evaluation team conducted five interviews and six focus groups in Ingham County with agency leaders, supervisors, and workers in Ingham County DHHS and two private child-placing agencies, as well as representatives from the county court system and mental health partner agency. Through data collection activities, the evaluation team obtained information on a range of topics related to child welfare services and practice (see Section 3.2). This section summarizes key findings from the collection of those data.

Overarching Research Question 1: Do the Counties Adhere to the State's Guiding Principles in Performing Child Welfare Practice?

Subquestion: What Resources (Strategies, Infrastructure) Are Necessary to Support the Successful Delivery of Child Welfare Services?

The degree to which workers can provide child welfare services effectively depends on a number of factors, including the quality of interagency partnerships, intra-agency characteristics, and community assets. This section provides a summary of resources that facilitates implementation of effective child welfare practice in Ingham County.

3.5.2.1 Collaboration

Child welfare staff in public and private agencies, as well as representatives from local mental health and court agencies, described interagency partnerships in Ingham County. Overall, respondents described positive relationships between staff in the private agencies and Ingham County DHHS. Respondents from both types of agencies reported that they maintain effective communication and collaborate often. The agencies have regular interagency meetings, such as a monthly Director's Meeting and bimonthly meetings with program managers and supervisors, each with representation from Ingham County DHHS and the private agencies. According to respondents, Ingham County DHHS also plans a number of trainings to which they invite private agency staff.

Ingham County's court administrator and other court officials participate on the Child Welfare Coordinating Council, which also has representation from Ingham County DHHS, private child welfare agencies, and Community Mental Health (CMH). Council members meet quarterly to provide updates and share relevant information about each agency (e.g., activities, events). Representatives from Ingham County DHHS and the court system reported positive and collegial relationships, with respondents stating that both entities strive to improve collaborative processes (e.g., increase communication and teaming). One child welfare agency supervisor stated,

> *We team with the courts and with the service providers that work [in the human trafficking and drug] areas. There's a team approach to those cases, where there's team meetings every week and all the stakeholders are there and talk about the cases to try to*

move those cases along and get the intensive services that they're going to need to overcome those barriers to getting their kids home.

Another key child welfare partner is CMH, a local mental health agency that serves individuals with high or intensive mental health needs. During interviews and focus groups, public agency staff described the strength of the partnership, which they partially attributed to the fact that CMH and Ingham County DHHS are located in the same building. Staff from both agencies collaborate regularly on various activities, such as supporting youth transitioning out of residential care and planning various trainings.

Additionally, CMH provides a range of services that may be particularly beneficial to children the child welfare agencies serve. CMH recently added Treatment Foster Care Oregon (TFCO) to its menu of service options. Services available through TFCO and Families Forward support children with emotional disturbance and behavior issues (Community Mental Health, n.d.). Other services CMH provides include:

- Outpatient and in-home treatment,
- Emergency services,
- Urgent care (e.g., children who are recently discharged from the hospital and need intense levels of services to stabilize),
- Mobile crisis services (emergency service therapists serve children and families in the community and in family homes to help with de-escalation and crisis intervention), and
- Early intervention services (work that focuses on improving parents' attachment to children aged 7 and under).

Ingham County child welfare staff identified a number of partnerships they have established with other community-based organizations. For example, staff from Ingham County DHHS and the private agencies maintain positive relationships with representatives from local law enforcement agencies, hospitals, and faith-based coalitions, as well as other service providers in the community (see text box).

Other Partner Agencies

- **Angel House Program** (services for teenage girls in foster care who are pregnant or have a child)
- **Capital Area Community Services** (services to support families living in poverty)
- **Firecracker Foundation** (services for children who have experienced sexual trauma)
- **High Fields** (provides wraparound services)
- **Small Talk** (conducts assessments of child sexual abuse)
- **Team Court Program**

3.5.2.2 Systemic Factors

As described in the previous section, child welfare agency staff rely on interagency partnerships to address the needs of the families they serve. Intra-agency characteristics and processes also have implications for child welfare practice and service provision. Interview and focus group discussions of these characteristics and processes are summarized in this section.

Staff Training

Respondents from public and private child welfare agencies reported strategic decision-making in how agency leaders identify mandatory trainings for staff. Respondents stated that agency leaders review trends in agency data, annual audit findings, and data from service quality measures to determine which trainings match staff needs. For example, an examination of one agency's data revealed that workers were not entering contact data on time, so an Initial Service Plan training was offered to retrain staff on processes and requirements. When retraining is necessary, respondents from one private agency reported that agency leaders look for opportunities to empower staff by having those staff with expertise in certain areas train their colleagues on specific topics. Another private agency recently implemented a new training plan to supplement and reinforce concepts covered in the CWTI training.

Across public and private agencies, staff identified a nonexclusive, combined total of 45 different trainings that are required or optional to complete. The most common trainings respondents identified were related to:

- Structured decision-making;
- Trauma, secondary trauma, and trauma-screening tools;
- Licensing; and
- Online security.

Other trainings that staff found especially engaging and beneficial included those on:

- Active shooters,
- Independent living/voluntary care,

- Performance development, and
- Interaction with foster parents and biological parents.

An Ingham County DHHS supervisor who participated in active shooter training described it as "eye-opening" and stated that the training offered "*some great ideas, if something happens. We do get threats, as most people do.*" Another Ingham County DHHS worker had a very positive experience with a training for licensing staff, stating:

> *Every year in licensing, we have a huge conference around June or July, and it's the only training that I find beneficial because it's really just tailored to our job, and I feel like a lot of trainings that we have to attend are not.*

Supervisors in one private agency reported that they found it beneficial to be in close proximity to Michigan State University because it shares information about course offerings available to agency staff. Supervisors also described a performance development training, which the agency's Human Resources department planned, as comprehensive and including topics and activities that helped them effectively manage staff (e.g., guidance for "supporting and motivating" staff). One focus group respondent described the training as "a really nice training" and "absolutely awesome."

Although a range of trainings are available to agency staff to address service delivery gaps and needs, there was variation among agency staff around the extent to which they found trainings useful. As one private agency worker stated, "*When we go to CWTI there's like one to two days of MiSACWIS training. And I feel like most of my learning with MiSACWIS was on the job learning. I don't feel like I learned much in the training.*" However, another worker from the same agency reported having a "*better MiSACWIS training,*" noting that individual components of training spanned over multiple days.

Respondents reported that it can be difficult for agency staff to find time to participate in trainings they may find useful or necessary. One director described a strategy to address this issue, by engaging in efforts to "*map out when our trainings are so that we don't have a lot of them at one time in a month. And for this month I put a moratorium on training because we're really short staffed.*" In general, staff in public and private agencies implied that trainings were most useful when they were specific to their role at the agency or real-time needs.

Child Welfare Agency Processes and Structure

Staff in both public and private child welfare agencies talked about the number of cases that workers are expected to carry, as well as processes for managing caseloads. For example, several workers across agencies reported having responsibility for 15 or more cases, even though each worker is expected to maintain a maximum of 13 cases. Supervisors did not indicate that they supervised more workers than the agency-established norm, but they did report that increased caseloads for workers often requires increased supervisor oversight. Respondents also stated that they perceived there has been an increase in focus on data tracking and reporting.

Leaders in public and private agencies reported they were committed to helping supervisors increase their skills and mentorship opportunities in an effort to maintain staff. One private agency recently implemented a new organizational structure to facilitate access to upper management. This new structure gives each caseworker additional support and resources by adding two levels of supervision and a quality assurance staff member, all of whom have substantive child welfare experience. One respondent described how agency managers support staff, stating,

> *Every day in our jobs, we're trying to look outside the box. How can we do it better? How can we do it more quality service and people-first related? So I think what helps is it's trickling down and it continues to trickle down so that our staff see it, because they see that our upper management are trying to help us do that for our families.*

3.5.2.3 Foster Parent Licensing, Recruitment, and Training

Previous sections described processes within Ingham County child welfare agencies to ensure families' needs are met, including establishing and maintaining interagency partnerships and enhancing skills through training opportunities. This section focuses on processes for recruiting and supporting foster families.

Both public and private agency staff reported various strategies for recruiting foster families. For example, Ingham County DHHS staff reported that licensing staff participate in at least two recruitment events a month, during which they engage with members of the community to discuss foster care needs and build relationships with potential foster parents. As an Ingham County DHHS worker explained, *"In licensing, we have to do the minimum of two what we call recruitment events a month. And so that's just us showing our faces in the community, getting the word out about the foster care needs in Ingham County."*

Some respondents noted that many individuals who express interest in becoming foster parents have been referred to the agency by current foster parents who understand the need. Other recruitment methods private agency respondents described include agency staff attendance at family-oriented community events and church events, and the establishment of a group of designated staff who recruit foster parents for all of the agency's county offices.

Agency staff recognize the challenges foster parents face and are committed to supporting them. According to an Ingham County DHHS worker, "We just really try to become a family/community with all of our foster parents as much as we can, and be their advocates." Agency staff make themselves available to foster parents to provide crisis management or make recommendations for resources within the community, for example. Other examples of methods used to support foster families include:

- Establishing partnerships within the community for services and free materials,
- Offering free trainings,
- Hosting retention events,
- Sending greeting cards (e.g., birthday cards, condolence cards, thank you cards),
- Providing respite care, and
- Implementing a mentor program (experienced foster parents mentoring new foster parents).

Interview and focus group respondents described various opportunities for foster parents to participate in training, some optional and some required. Examples of foster parent trainings and topics that respondents mentioned include:

- Parent Resources for Information, Development, and Education (PRIDE);
- Prudent Parenting;
- Safe Sleep;
- Cardiopulmonary resuscitation (CPR) and first-aid;
- Trauma;
- Relative caregiving;

> ***Children who are born addicted, those are the trainings that are hard to come by. We had a medically fragile child who foster parents were scared to take because she had a lot of needs. Now, she herself was a good baby. It was just how do we train them and help them so that they feel more confident with it.***
>
> **– Private agency supervisor**

- Reunification;
- Cross-cultural awareness;
- Behavior management; and
- Children with disabilities.

Overarching Research Question 2: Do Child Placing Agencies Adhere to the MiTEAM Practice Model When Providing Child Welfare Services?

There are two parts to this section, MiTEAM and fidelity assessments. Within these sections, the evaluation team summarizes respondent discussions of efforts to implement the MiTEAM practice model as it was intended.

3.5.2.4 MiTEAM Practice Model

Statewide, child welfare agency workers are expected to deliver services aligned with the MiTEAM practice model. The tenets of the MiTEAM practice model underscore the importance of serving families in a manner that promotes inclusion, mutual respect, and recognition of each family's unique strengths and needs. During interviews and focus groups, agency leaders, supervisors, and direct line workers in public and private agencies in Ingham County described their perceptions and feelings about the practice model, innovation and flexibility around implementation of MiTEAM, and expectations about it.

MiTEAM Strengths and Challenges

Interview and focus group respondents described strengths of the practice model as well as challenges to implementing it. In terms of strengths, supervisors and workers in one agency stated that the practice helps families feel at ease during meetings (e.g., enabling families to determine whom to include in case-related meetings), and that MiTEAM helps families have more clarity about their case. For example, one private agency worker stated,

> *Parents seem to report that it's helpful for them. Like when we sit down, most of the time—especially when we have them in cases that may not be going too well or that there seems to be a lot of confusion going on—the parents will leave the meeting feeling relieved and more clear [about] the expectations.*

While some respondents stated that MiTEAM components are common child welfare practices that workers were already implementing, several respondents expressed concern about the limited applicability of the practice model to the work they do; in particular, those staff who do not work with families directly (e.g., licensing workers). One public agency supervisor explained, "*Because [my workers] don't have direct client interactions, the MiTEAM model has been difficult for them to implement*," while a public agency worker stated, "*Sometimes, it's difficult to fit our position into some of the exercises that we've been expected to do with the MiTEAM case model.*"

Several supervisors and workers from one private agency described various methods for ensuring workers are aware of expectations to implement the practice model, as intended. For example, respondents referenced an individual designated as a liaison to the agency, with whom agency staff can consult about implementation of the practice model. As one supervisor explained, the liaison "*informs us as much as she can about any upcoming trainings, any changes, anything that we need to know of as far as how to implement it and continue to use it.*"

When asked about the extent to which workers can be innovative and flexible in how they work with families, supervisors and workers in the private agencies described flexibility in relation to meetings with families. Respondents explained that the agencies afford workers opportunities to meet each family at a time and location that is most convenient for them. Although some respondents said that this has been common practice for some time, one caseworker acknowledged that being flexible to accommodate families often results in an extension of the work day for the worker:

> *You're kind of forced to be flexible as well. A lot of time, if [they] have school-aged children, most of the families can't meet until four or five. So you just have to be flexible and be willing to meet after hours if you need to, and scheduling that for yourself in a way that you don't get burned out.*

3.5.2.5 Fidelity Assessments and Quality Reviews

MDHHS requires agencies to assess and report on the extent to which practice occurs as intended as well as the quality of service provision. In this section, the evaluation team summarizes interview and focus group respondents' perceptions of fidelity and service quality assessments. As noted, for the purposes of the evaluation, fidelity data was collected and analyzed for Kent County only.

Awareness of Fidelity Tool and Assessments

Statewide, supervisors use the MiTEAM Fidelity Tool to assess the extent to which caseworkers implement the practice model as intended. During interviews and focus groups, most respondents indicated that they were aware of the MiTEAM Fidelity Tool and its components. Several respondents in Ingham County expressed support for the intention of the fidelity assessments—to identify worker strengths and areas in which they can improve how they deliver services to families. For example, some respondents were aware of the distinction between data used to measure progress on achieving outcomes, and data used to assess the extent to which service provision is aligned with MiTEAM competencies to improve practice. Other respondents stated that through the fidelity assessment process, supervisors have the ability to coach the workers they supervise and help them improve their skills, particularly when they have difficult cases, and identify staff support needs.

There was, however, variation in how much respondents knew about the tool and how it is used. For example, at one agency, most workers mentioned supervisor shadowing as part of the fidelity assessment process, and implied that feedback on what supervisors observed during the shadowing would help workers improve practice. Conversely, supervisors from one agency stated that they do not use the Fidelity Tool at all because it is not relevant to the workers they supervise (e.g., licensing). Other respondents at the same agency stated that supervisors complete the tool in its entirety but have difficulty answering the questions for staff in positions such as licensing for which questions are not relevant, and they enter "not applicable" in response to the majority of items. Several respondents reported that they were unfamiliar with the tool, uncertain of the extent to which the tool is used to assess or improve fidelity to the practice model, or did not receive feedback after being observed. As one worker explained,

I've only been shadowed once and didn't have any feedback. I had to ask. I didn't have a form…there was nothing that was gone over. And I think even for newer workers, they're not being shadowed in the field like they should be.

Assessment of Service Quality

In addition to the fidelity assessments, there is also statewide measurement of the quality of services that workers provide in public and private child welfare agencies. For example, MDHHS' Division of Continuous Quality Improvement (DCQI) conducts QSRs in each county every three years to assess case practice quality. The most recent QSR in Ingham County was conducted in February 2018. All cases reviewed had scores in the acceptable range for three child and family status indicators (safety: threat of harm, living arrangement, and independent living skills), while two practice performance indicators (assessment and understanding, implementing interventions/case planning) were identified as needing improvement (Michigan Department of Health and Human Services, 2018). As one respondent acknowledged during the evaluation site visit, "*They did come in and review cases and gave us some guidance in the areas that we needed to improve*."

In addition to the state QSRs, interview and focus group respondents described other methods used in their agencies to assess the quality of services that workers provide. For example, respondents in one private agency described participation in an initiative that promotes service quality. Initiative members, composed of agency staff at multiple levels, meet on a monthly basis to review agency-level data being tracked, and strategize about how to address deficiencies and improve practice. Similarly, respondents from the public agency and one private agency described designated staff who regularly monitor service quality. Additional methods that respondents described as being used in their agency to assess service quality include:

- Direct calls to families to inquire about service quality,
- Monthly meetings to discuss the status of open cases,
- Quarterly audits of case files, and
- Oversight of case practice by a designated Quality Team.

3.5.2.6 Performance Monitoring and Reporting

> ***Because the work that we do can get to be hectic, it's almost impossible to do without being organized.***
>
> **– Agency worker**

Interview and focus group respondents described a range of tools that agency staff use to track progress toward achieving case goals in a timely manner and meet agency or state-reporting requirements. In addition to reports on the use of MiSACWIS and the platform's Book of Business to meet the state's data entry and case management requirements, respondents described other tools that they created, which are tailored to their individual needs. For example, several respondents created spreadsheets or other tools using Microsoft Office programs (e.g., Word, Excel, Access), to store case data and help them maintain awareness of tasks to be completed and timelines for completion. Respondents from one private agency described a database that has existed for a number of years that agency staff use to enter, and from which they extract relevant data for reports or case files.

Subquestion: What Factors Facilitate and Inhibit Effective Implementation of Child Welfare Practice?

As mentioned previously, the ability of child welfare workers to provide effective child welfare practice depends on a number of factors, including the quality of interagency partnerships, and intra-agency and community characteristics. This section provides a summary of factors that facilitate or inhibit child welfare service delivery in Ingham County, including those related to collaborative partnerships, agency characteristics and process, performance assessments, and recruitment and retention of foster and adoptive homes.

3.5.2.7 Collaboration

Public and Private Agencies

Interview and focus group respondents described collaborative partnerships among staff in public and private child welfare agencies. Factors that respondents from private agencies cited as facilitators to these relationships included:

- Ease with which private agency staff work with Ingham County DHHS licensing staff—*"We work very [well] together, as a team, between their department and our department. So we have a good collaboration going and I'm very happy because it helps,"*

- Long tenures of Ingham County DHHS staff—*If you have somebody that you know you can go to, despite what turnover has happened, it does make the work a little bit smoother",* and

- Ingham County DHHS' planning and implementation of interagency meetings or trainings—*"They've been real good about opening these trainings up, not just keeping them just to themselves."*

Respondents from private agencies described cooperative interagency relationships that ensure families with children in care receive needed services. One respondent stated, "*There's plenty of work to go around. And because it's an opportunity to really just work with each other and not [be] offended if they want to transfer a case over to them.*" Several respondents from public agencies reported that positive relationships with private agency staff was due in part to having regular (e.g., monthly, quarterly) meetings with those staff. One supervisor noted that *"it really helped when we started having the monthly meetings with the private agencies."*

Respondents also described challenges to collaboration among staff in public and private child welfare agencies – respondents from both agency types described communication issues (e.g., unresponsiveness to email messages and phone calls). One respondent mentioned that *"it's hard to always have the time to collaborate."* The respondent also perceived that there can be tension due to staffing moves from a private agency to a public agency, causing private agency staff to perceive that public agency staff are *"taking their staff, which we are."*

Partner Agencies

When asked about collaboration with court staff, interview and focus group respondents provided mixed responses. Some interview and focus group respondents described a positive relationship among agency staff and continuous efforts to improve interagency partnerships. For example, some respondents stated that interagency partners "have a good relationship and are actively working on strengthening that relationship" and that they "put a lot of work into developing those relationships." Child welfare agency staff collaborate with court representatives in various ways, including:

- Participation in interagency partner meetings (e.g., Child Welfare Coordinating Council that includes representatives from the court system, Ingham County DHHS, and the private agencies that share agency-specific information and updates), and

- Through the provision of programs or services (e.g., team approach to supporting parents in drug court, helping agency workers obtain court orders).

Respondents from private child-placing agencies described a somewhat tenuous relationship with the court system, which can make effective collaboration challenging. Workers are often intimidated by the court process, and respondents implied that sometimes going to court is the most challenging part of a caseworker's job. One respondent perceived that judges may not have a complete understanding of child welfare policy and suggested that increased awareness of partner agencies' policies and mandates may help partners understand worker practices and improve interagency relationships. As the private agency supervisor explains,

> *A lot of the judges don't really understand some of the policy. They have the best interest for the child at heart, but they don't really understand policy and why we do the things that we do, so they get frustrated with us.*

In response to questions about partnerships with mental health agencies, interview and focus group participants mainly discussed their experiences working with CMH, a local mental health provider. One respondent explained that relationships among staff in Ingham County DHHS and CMH has improved over time because agency directors *"worked really hard on trying to ease that."* The respondent perceived that collaboration between CMH and private child welfare agencies is more challenging because while Ingham County DHHS and CMH are located in the same building, private agencies are *"disconnected a little bit both physically and just figuratively."* Despite the perceived disconnection between private agencies and CMH, one respondent described communication among the agencies as *"a work in progress."* A respondent from a private agency articulated that *"the transparency maybe is what I would say is most helpful,"* relative to discussions among agency representatives about how to work through agency-specific challenges or limitations (e.g., reduced staff availability). Although most barriers that respondents described relative to CMH affected service delivery (e.g., waiting lists for CMH services), one private agency supervisor described communication issues that have made collaboration with CMH challenging. The respondent stated, *"You don't get updates from CMH on your case. You just don't. You can ask them and they give you the runaround and you need to get all this stuff signed."*

> ***In the court, the judge does yell at them. It's like, 'I'm done.' They'll come back and quit. Right on the spot. 'I'm done.'***
>
> **– Agency supervisor**

3.5.2.8 Systemic Factors

A number of systemic factors are associated with effective service delivery in Ingham County. These factors include staffing (e.g., training needs and staff turnover) and service monitoring processes, among others. These factors are discussed in detail below.

Staff Training

Although dozens of trainings are available to staff to help them meet state, county, or agency requirements, or as optional trainings, gaps still exist. Overall, respondents from public and private agencies agreed that more MiSACWIS training is needed. An Ingham County DHHS worker suggested that trainings should be developed by individuals who *"have actually done the position, or worked in MiSACWIS…I just think that would be more helpful, more beneficial."* Respondents emphasized that training on how to navigate MiSACWIS and upload materials should be enhanced through the Child Welfare Training Institute (CWTI), and should be provided on a continuous basis throughout the year. Agency staff also agreed that new workers would benefit from more opportunities to shadow experienced staff while also attending the CWTI to observe various situations they could encounter, before they begin the job.

Other topics on which respondents suggested training would be useful include:

- Adoption,
- Behavioral management,
- De-escalation,
- Medical passports,
- Identification of illegal substances,
- Relationship building,
- Relative placement, and
- Organization and time management.

> ***I think our workers need training on customer service. I think it's an ongoing issue of losing foster care homes, just because of the way they were treated or not communicated with.***
>
> **– Agency supervisor**

Some of these suggested trainings were available to staff at the time of the evaluation site visit, but some respondents reported that more opportunities to participate in trainings on specific topics would be very helpful.

Child Welfare Service Delivery

Child welfare staff indicated that Ingham County has a number of strengths that have facilitated the agencies' efforts to serve children and families effectively. Specifically, respondents report ample resources and services available in the community, including public transportation, which is extremely helpful for parents who do not have a car or cannot drive. Public transportation allows them to attend visitations, get to and from work, and access needed services.

Not surprisingly, interview and focus group respondents reported they have faced a number of barriers to effective service provision. For example, for many services, private agency workers are required to obtain approval from Ingham County DHHS before the services can be provided. This extra step is a reported barrier because it often takes a substantial amount of time before approvals are granted. Additionally, although Ingham County service providers offer a range of services throughout the community, there are critical services (e.g., adoption support and mental health services) that workers report having difficulty accessing because of limited availability – the slots for such services are often filled. One of the most common challenges identified by respondents is the lack of affordable and temporary housing in the county. As one concerned respondent noted,

> *I would say we have a housing crisis. I would go to the level of, we do not have adequate housing in our county for the families that we service, ranging from the young adults that I have trying to be independent on their own to our birth families that just do not have places to live.*

Child welfare staff often have difficulty locating housing for families for a number of reasons, including lack of affordability, criminal and eviction histories that may preclude them from entering into lease agreements, long waiting lists for low-income housing, and limited availability at county shelters. The housing issue has implications for reunification of children with their parents, as well as young adults aging out of foster care. They may have longer stays in care if parents or independent youth are unable to secure adequate housing.

One agency worker explained,

> *I would think the biggest barrier for services would be housing for our clients, because there's just not enough. They opened the waiting list, but again, it's just a waiting list. So there's not a guarantee of when they could obtain housing.*

Another barrier cited as affecting service provision is the lack of hospital beds for children who need psychiatric care. One interview respondent provided an example of a case that was active at the time of data collection, illustrating the gravity of the situation:

> *There's a kid in the lobby who is waiting to be psychiatrically hospitalized. And they've been waiting for two days because we can't find a bed. And the issue with that is that they can't always go home because we're saying that they need to be psychiatrically hospitalized.*

Staff Turnover

Respondents in both public and private agencies described staff turnover in Ingham County child welfare as a major challenge to serving families effectively. Agency staff associated continuous staff turnover with caseloads above the normal range, which reportedly compromises the quality of services delivered to children and families. In particular, respondents perceived that moving foster families from caseworker to caseworker creates instability in the placement, as families are unable to build trusting relationships with workers because of frequent reassignments. Because foster families are often recruited by word of mouth, these types of challenges can also affect the agency's ability to recruit and retain foster families.

Public and private agency respondents also report that the lack of experienced staff to mentor or support new staff contributes to turnover. The lack of mentors who understand the intricacies of effective casework and are knowledgeable about available resources, contributes to a steep learning curve for new staff, leaving them without adequate coaching and mentoring. As one worker explained,

> *I think something that's changed is because we've had so much [more] turnover than before, when people get into casework, there was always a lot of people that had been there for a number of years that you could go and talk to and get a lot of support from. And now it feels like the oldest person there has been there for a year.*

Private agency respondents expressed that having consistent senior managers available to offer support is extremely important. Staff utilize supervisors and co-workers to "bounce ideas off each other" and get help or advice when they need extra guidance.

Other reported reasons for turnover run the gamut from stress associated with child welfare work, to job responsibilities that are *"nearly impossible"* to complete in a 40-hour week, to better pay and benefits at other agencies or in different fields of work. Another turnover issue respondents

described is the lack of experience among new staff and incongruence between new staff expectations and actual social work responsibilities. Specifically, respondents noted that most new workers are hired soon after graduating from college and with limited practical social work experience. The characteristics associated with the job accompanied by their own lack of experience plus *"a lack of seasoned colleagues to lean on"* prove challenging to new staff, and is sometimes reported as *"too much to handle*." But turnover is not reserved for new staff only. Supervisor positions are also at risk of turnover. One respondent described the challenges in hiring and retaining supervisors, stating,

> *They are required to have so many years of experience in a certain relatable field, in human services field and a certain degree…it's really hard because people aren't staying in child welfare. So we don't see supervisors staying three or four years.*

Caseloads

County supervisors with over 45 years of combined experience working at Ingham County DHHS explained that although worker responsibilities have increased, there have been no reductions in caseload size. Staff discussed how job demands have increased because of the focus on data tracking and reporting, in addition to long-standing and time-consuming responsibilities, such as entering data in MiSACWIS (and managing the associated data entry challenges), transporting families when necessary, and facilitating parent/child visitations. The increases in responsibilities, compounded by high caseloads, has resulted in less time available to devote to families. One worker acknowledged, "*When our caseloads are too high, then that affects our ability to provide the necessary attention to all of our cases, and then we get behind*."

Respondents in one agency described the common practice of "*caseload shuffling*." That is, caseloads are transferred to different workers to account for staff who leave the agency, or to relieve staff with higher than usual caseloads. Some workers expressed concern for the families on their caseload who get reassigned to a different worker (e.g., they may have established a positive and trusting relationship prior to the transfer). Respondents also described challenges related to how high caseloads affect workers at multiple agencies. For example, some respondents stated that when Ingham County DHHS workers request to assign cases to private agency workers, the private agency workers can decline them if they do not have the capacity to take on more cases at that time. Ingham County DHHS workers must then add those cases to their already large caseloads.

Some respondents suggested that staff such as case aides and case technicians are needed to assist workers with administrative tasks, such as uploading documents, entering data (e.g., contacts), filing paperwork, and making copies of documents needed for court. Respondents stated that workers would have more time to devote to the families they serve if they had help with administrative tasks.

3.5.2.9 Information Systems

As mentioned earlier in this report, child welfare staff is required to report case data in MiSACWIS. The main benefit of the database, as described by respondents, is that it is a statewide database that enables users to extract needed documents. However, users seeking relevant information must rely on others to upload and enter complete information in a timely manner. During focus groups, workers reported that they use the Book of Business, which is accessible through MiSACWIS and provides a snapshot of case-level information. Some respondents stated that the Book of Business helps workers stay on top of tasks that need to be completed. As one respondent indicated, the Book of Business provides a mechanism for agency staff to *"have that real-time look at…where they are with entering their data so that they're capturing what they're doing."*

Although respondents identified some benefits to MiSACWIS, most of them described a number of challenges to using the system. Examples of complaints that respondents described in relation to MiSACWIS include:

- Considerable time necessary to enter or access data,
- Redundancy of information in the system,
- System is not user-friendly and is difficult to learn,
- Constant system glitches or crashes, and
- Inadequate support from the MiSACWIS Help Desk (e.g., substantial amount of time necessary to get issues resolved).

3.5.2.10 Performance Measurement and Quality Assurance

Agency staff report a variety of data to meet agency and state requirements. Although respondents understood the importance of the data and their utility in improving practice, some stated that it can be difficult to meet expectations for regular data reporting. For example, some respondents described the substantial amount of time required for data entry, which minimizes time they could be spending with families on their caseload. One agency worker perceived that there was overemphasis on data, stating, *"It just seems like there's just so much discussion about numbers and metrics, and we're forgetting about the people and the reality.*" The worker underscored the importance of making time to record data by continuing, "*You have to record everything before you go home that night or else it didn't happen.*" Respondents from two different agencies stated that time lags in the collection or reporting of some required data can make it difficult to use the data effectively (e.g., agencies receive some reports several years after data were collected).

Another reporting requirement is the MiTEAM Fidelity Tool. Although some respondents expressed support for and an understanding of the value of the fidelity assessments, most respondents across positions (i.e., directors, supervisors, workers) and agencies, described challenges related to the fidelity assessment process. Specifically, respondents described limitations that included:

> ***You put a lot of information in [MiSACWIS] but you don't get a whole lot of anything out of it…I would have to singly click through several pages in order to get bits and pieces of compliance information.***
>
> **– Agency supervisor**

- Substantial time and effort necessary to complete the Fidelity Tool *and then* not receiving feedback on areas of strength or in need of improvement (e.g., worker- or agency-level results).
- Difficulty understanding how to use the tool, particularly when assessing new workers or workers in positions for which items in the Fidelity Tool may not apply (e.g., licensing).
- Inability to complete the Fidelity Tool due to time limitations or extenuating circumstances (e.g., the case closed before the Fidelity Tool was completed, a worker resigned from his or her position before the supervisor submitted the Fidelity Tool).
- Shifting attention from case management to completing the tool, which is viewed as an administrative task.

Most responses about fidelity assessments were based on current experiences with the assessment tool and process. However, a few respondents described aspects of fidelity assessments that *are likely* to support improved practice. For example, an interview respondent surmised that *"the fidelity tool will help us to determine what specific needs are needed for our staff."*

3.5.2.11 Foster and Adoptive Parent Licensing, Recruitment, and Training

One of the biggest challenges in Ingham County, according to interview and focus group respondents, is the dearth of foster and adoptive homes. They noted that recruiting, licensing, and maintaining foster homes is becoming increasingly difficult in the county. Respondents described the process of licensing foster and adoptive care providers, including an assessment that *"is very lengthy"* and includes *"lots of documentation."* A private agency worker and a private agency supervisor stated that some families may be deterred from becoming foster parents due to factors such as the *"really intrusive"* but required requests for financial documentation and such resource issues as the lack of affordable daycare services. For example, daycare providers often have limited availability and, if available, the state stipend foster parents receive for child care is often inadequate to cover the high cost of daycare services.

> ***The rules and regulations of the state of Michigan scare people away. Because once they come to my orientation and they hear of everything that they're expected to do, everything that is expected of them for a foster parent, they sometimes run out the door.***
>
> **– Agency supervisor**

Although respondents mentioned a number of challenges to foster and adoptive home recruitment and licensing, a private agency supervisor stated that the agency receives federal grant funds and monetary incentives from the state for *"licensing relatives within a certain timeframe."* The respondent reported that these funds are used to help families they serve meet their needs (e.g., gas cards, purchase a bed).

As mentioned previously, respondents described various strategies their agencies have used to recruit foster and adoptive families, including one private agency's establishment of a group of designated staff who recruit foster and adoptive homes for all of the agency's county offices. Respondents from the agency described the model as very beneficial because the staff is able to devote all their time and attention to foster and adoptive home recruitment (e.g., explaining the

process to potential foster families, offering encouragement and support to families), enabling licensing workers to focus on other responsibilities.

3.5.2.12 Summary of Ingham County

The recurring theme among agency leaders, supervisors, workers, and partners in Ingham County is that the priority is to provide optimal services to families with children in care by capitalizing on community resources (e.g., strategic partnerships) and agency strengths (e.g., mentorship opportunities, knowledge of experienced workers). Although respondents described many challenges to service provision, they often countered them with suggestions for strategies to overcome them (e.g., support to complete administrative tasks, increased shadowing).

Although the pilot is currently being implemented in Kent County only, interview and focus group respondents in Ingham County provided valuable insights about child welfare agency processes that may be important to consider if the model were to be implemented in Ingham County in the future. For example, private agency workers in Ingham County reported that they are required to obtain approval from Ingham County DHHS before certain services can be provided, and it can take a substantial amount of time to receive approvals. The Kent Model was designed to grant approvals expeditiously, and to provide more flexibility and innovation in service delivery (West Michigan Partnership for Children, n.d.). Therefore, the Kent Model should improve turnaround times for service approvals, if implemented in other counties as well.

The evaluation team will continue to examine qualitative data collected from key staff and stakeholders in Ingham County during annual site visits to identify changes in agency structure and policies, as well as child welfare practice. These data will be integrated into Ingham's updated case study and presented in subsequent reports.

3.5.3 Oakland County

In Oakland County, 42 percent of foster care services and 100 percent of adoption services are managed by private agencies (Michigan Department of Health and Human Services, 2019). As in Ingham County, the payment structure for child welfare services is applied in accordance with the per diem model.

During the most recent annual site visit, the evaluation team conducted interviews and focus groups with agency directors/managers, supervisors, and workers from Oakland County DHHS and private child-placing agencies in the county. Given that Oakland County DHHS contracts with over 20 child-placing agencies for foster care services, the evaluation team, in consultation with Oakland County DHHS leadership, selected a sample of five private agencies with the largest foster care population from which to collect process evaluation data. The evaluation team conducted interviews and focus groups with clusters of Oakland County DHHS staff based on their role in the agency (e.g., directors, supervisors, workers). Workers from four private agencies participated in one focus group, while supervisors from six private agencies participated in another focus group. In addition, stakeholders, including a county circuit court judge, a family attorney (e.g., defense attorney) who also serves as a court-appointed special advocate and guardian ad litem, and a prosecutor, participated in interviews.

During interviews and focus groups, respondents discussed resources, strategies, and challenges to successful implementation of child welfare services. The sections that follow contain summaries of the discussions.

Research Question 1: Do the Counties Adhere to the State's Guiding Principles in Performing Child Welfare Practice?

Subquestion: What Resources (Strategies, Infrastructure) Are Necessary to Support the Successful Delivery of Child Welfare Services?

3.5.3.1 Collaboration

Interview and focus group respondents in Oakland County described the range of collaborative interagency partnerships that exist among staff in public and private child welfare agencies, with staff from other agencies within and near Oakland County, and with staff in the county court system. More than respondents in either Kent or Ingham counties, respondents in Oakland County reported significant cross-county interaction with other public and private child welfare agency staff, as well as with the courts. This section contains descriptions of the partnerships.

Public and Private Agency Relationships

> ***…to have everyone here show up for our quarterly meetings where we can have a discussion. Where we cannot just look at issues, but also just talk about, 'Now that we're here, what can we do to improve things? What can we do to improve our communication?'***
>
> **– Agency Supervisor**

Representatives from Oakland County DHHS collaborate with staff from 26 private agencies in Oakland County for service provision and to secure foster homes. Private agencies and Oakland County DHHS also have partnerships with agencies in other counties in the surrounding area. Staff from Oakland County's public and private agencies frequently communicate via email to discuss case progress, milestones, and decisions. To facilitate lines of communication and to build rapport between public and private agencies, Oakland County DHHS holds quarterly meetings with private agency leaders and supervisors to discuss issues, performance goals, and to work together to resolve issues. In addition to quarterly meetings, respondents from Oakland County DHHS discussed plans to offer training sessions on-site at private agencies in the future.

Court System

Respondents from public and private agencies described collaboration with the county's court system as generally productive. Compared to surrounding counties, respondents reported that the Oakland County court system runs well. For example, one respondent stated, *"I don't see as many of the delays that I see in other counties, which it can [sic] create so many challenges."* Staff from Oakland County DHHS interact daily with court attorneys to obtain general court guidance and ensure that petitions are legally sufficient. Oakland County DHHS workers are required to submit reports to attorneys two weeks before court hearings and include attorneys in family team meetings.

Supervision and Support

In addition to interagency partnerships, interview and focus group respondents described intra-agency relationships. For example, respondents from public and private agencies highlighted the importance of staff supervision and support in child welfare, which can support internal collaborative processes. According to one private agency worker, "*I think in this field, too you have to have a supportive supervisor and a supervisor that knows what they're doing.*" Some supervisors reported meeting with their staff biweekly and others monthly, to discuss case progress and review key performance indicators. Oakland County DHHS respondents spoke about proactively working with

staff to reinforce the connection between data and child and family outcomes. "*We're just doing a little bit more education and having more conversations because we're seeing that there is a gap for some and they're not understanding*," reported one respondent.

3.5.3.2 Information Systems

Respondents from public and private agencies identified benefits of the state-mandated MiSACWIS system in helping them manage case data. Overall, respondents from both public and private agencies supported the idea of using a data management system with centralized information. Staff reported that the platform improves case management and inter- and intra-agency communication. According to one private agency respondent, "*Utilizing a SACWIS system does work… everybody having access to the same information, it works*." A worker noted that the ability to access full case records helps to keep them informed about the nuances of cases, which in turn assists with the search for adoptive families. A private agency supervisor noted that one positive aspect of MiSACWIS is that it can be used to track case deadlines, stating, "*I like that piece because I can use that to track what is due or what's coming up due, and my staff can do that as well*." Respondents reported that while MiSACWIS is not a perfect system, it has improved and become more usable.

Public and private agency staff use MiSACWIS in quality assurance, monitoring, and accountability efforts. Per MiSACWIS key performance indicators and the Book of Business (a component of MiSACWIS), supervisors ensure that their staff's service plans are up-to-date and that they conduct timely face-to-face contacts. Supervisor reports of the frequency of meetings with their workers ranges from weekly and bimonthly, with the purpose being to review performance. Staff from Oakland County DHHS and private agencies also meet to review performance indicators at the agency level. For example, one private agency respondent explained,

> *Every single time we meet, they bring [up performance indicators]. And they bring it up as a quarter, they put it up on a PowerPoint. They have every single agency listed. And they have it in a graph so you can see. And they have the goals and where everyone's at. And then look at last quarter versus this quarter. And have a lot of conversation about how can we improve and, again, is it a training issue? Is it a resource issue? So we [have] a lot of conversation about that.*

Private agency staff note that Oakland County DHHS has strict standards for tracking data in reports, more so than in neighboring counties. Respondents also reported that the Oakland County courts have high expectations, particularly when compared to other counties, for workers to submit court reports within a specific time window.

3.5.3.3 Foster Home Recruitment and Support

Interview and focus group respondents also described processes for managing foster care cases, and recruiting and supporting foster families. In Oakland County, once foster care cases are transferred to a private agency, Oakland County DHHS is required to review and approve placement exception requests and service referrals. After case transfer, responsibility for service referrals rests with the private agencies. Purchase of service (POS) monitors provide oversight of and manage all referrals to contracted service providers. Thus, all private agency staff must work via POS monitors for any service referral. POS monitors' responsibilities include:

- Approving service referrals requested by foster care workers (any service with an associated financial payment);
- Advising workers on appropriate services and assisting them with referral and application processes; and
- Tracking referral progress and following up with service providers to assess level of family engagement.

One stakeholder stated that placement of children with a relative or in a foster home depends on agency type. According to the stakeholder, Oakland County DHHS is responsible for placement with relatives and the private agencies are responsible for children placed in foster homes or licensed relative placements. Public agency respondents reported that caseworkers are strongly encouraged to seek out relatives when making placement decisions. As described by one respondent,

> *We really push and push and push and push staff in regards to looking at relatives or relative placements. Because oftentimes when they first come to us saying, 'We can't find a placement, we need a shelter, we need this.' We push back, and we push back, until they dig deep and oftentimes they find someone so they don't have to go through that whole process. And I think it's important for kids to be with their relatives regardless.*

Substantial attention is paid to the recruitment, licensing, and retention of foster and adoptive homes. Private agency staff conduct two recruitment events per month to raise awareness and interest in becoming a foster parent. One private agency worker highlighted multiple community events to recruit and retain foster homes, stating:

> *We do stuff for retention quarterly, at least. Our Trunk or Treat is coming up, which is partially retention. We do a Christmas party. We do an Easter egg hunt. We do a summer event, back-to-school. And the foster parents appreciate that stuff, and they come to it.*

Overarching Research Question 2: Do Child Placing Agencies Adhere to the MiTEAM Practice Model When Providing Child Welfare Services?

3.5.3.4 MiTEAM Practice Model

MiTEAM is the current practice model for all child welfare agencies, public and private, in Michigan. The tenets of the MiTEAM practice model underscore the importance of serving families in a manner that promotes inclusion, mutual respect, and recognition of each family's unique strengths and needs. Public and private agency workers, supervisors, and leaders in Oakland County described their perceptions of the practice model and implementation of MiTEAM fidelity assessments, which are summarized below.

MiTEAM Strengths and Challenges

Public and private agency staff responded positively about the general idea of the practice model. "*The idea is good. Like, it has a good concept,*" reported one Oakland County DHHS supervisor. Staff reported that the MiTEAM practice model aligns well with standard social work operating procedures. Private agency leaders, supervisors, and workers reported seeing the benefit of supervisors spending more time with their staff in the field and workers conducting family team meetings. While respondent feedback was generally positive about the principles of the MiTEAM model, some were critical of the practice model's practicality; this theme was reported consistently across the three counties. Public agency supervisors noted that some elements of the practice model do not relate to the work their staff perform. For example, one respondent reported:

> *We're not social workers, we're case managers… We're investigators. And we investigate abuse and neglect. And this is what [sic] this model is truly for social workers. And it sounds great. I wish we could do all that work but we can't.*

Frontline staff also noted that the expectations to follow the MiTEAM model sometimes feels unrealistic; specifically, workers stated that unique situations sometimes require innovative responses that do not always align with MiTEAM competencies. As one respondent explained, *"I feel that the expectations are unrealistically [sic] because we do encounter situations where it's not always going to be able to follow the model exactly to the T."*

Oakland County currently has two MiTEAM specialists who respondents described as agency leaders who coach staff on best practices to increase proficiency in MiTEAM competencies. One respondent described the role of the specialists, stating:

> *Right now we have two MiTEAM specialists. And their role, obviously, is to really function as far as doing all MiTEAM related tasks. So they do some of our FTMs, as far as removals, they go out in the field with staff and observations.*

MiTEAM specialists do not carry caseloads. One agency leader indicated that the MiTEAM specialist position is changing to a MiTEAM quality assurance analyst position. The respondent estimated that MiTEAM analysts will spend about 85 percent of their job focusing on data and data quality, and 15 percent of their job on MiTEAM-oriented tasks.

3.5.3.5 Fidelity Assessments and Quality Service Reviews

MDHHS requires agencies to assess and report on the extent to which practice occurs as intended as well as the quality of service provision. MDHHS conducted the most recent QSR in Oakland County in September 2018, just prior to the evaluation team's site visit. Because the evaluation site visit took place within close proximity of the QSR visit, many agency staff were unable to distinguish between QSR and evaluation data collection activities, assuming the latter was a follow-up to the former, and expressed frustration at the substantial amount of time that was required to participate in both efforts. In fact, in one group, respondents were quite vocal about this frustration; upon reminding them that the focus group was voluntary, two staff got up and left the room.

MiTEAM Fidelity Tool

MDHHS requires child welfare agencies throughout the state to collect and report on the extent to which caseworkers implement the MiTEAM practice model, as intended. The MiTEAM practice model requires all child welfare staff to document their use of four key competencies in their work: Teaming, Engagement, Assessment, and Mentoring. Statewide, MDHHS assesses the extent to which caseworkers implement the practice model as intended using the MiTEAM Fidelity Tool, which is designed to be completed each quarter by supervisors on a random sample of cases; data are uploaded to a state database. Public agency leaders and supervisors discussed criticisms of fidelity assessments, such as the "very limited feedback" they receive after completing the assessments, and that the fidelity tool "took up so much time from stuff that I needed to be working on, other stuff that relates to [a] child's safety." One agency leader stated:

> *We're spending a lot of time doing this. We're kind of questioning if it's actually sidetracking the process because they really see the benefit of spending more time with their staff out in the field coaching and helping them to be able to communicate effectively.*

Other staff described the fidelity tool as helping as a coaching tool, but because cases are randomly selected, those that are chosen are not the problematic ones. Obviously, the problematic cases would benefit more from the shadowing activities, although there is value in shadowing other cases as well, as staff benefit from any constructive and well-delivered feedback. But, as one supervisor noted:

> *Even with the fidelity tool, it picks what cases we need to shadow which is hard because if I have a problem—if one of my workers has a problem case, I'm going to want to go out on that one, one, to support them, and two, to make sure that whatever needs to be handled is handled. I mean, and you can reject cases but if you reject a case, you need to tell them why. You got to have a good reason.*

Finally, frontline staff noted that implementing the Fidelity Tool takes time – time which they would prefer to spend working with children and families.

Quality Service Review (QSR)

In September 2018, the MDHHS' Division of Continuous Quality Improvement conducted the most recent QSR to comprehensively assess case practice in Oakland County. Sixteen cases were randomly selected from a sample that was stratified based on children's age, placement type, and case status. Indicators of service quality are rated on a six-point rating scale; those scoring a four or

higher are in the acceptable range, and those scoring a three or lower are in the unacceptable range (Michigan Department of Health and Human Services, 2018). Of the 13 indicators, 8 of Oakland County's scores were in the acceptable range for at least 80 percent of cases. Indicators with acceptable ratings were:

- Safety: exposure to threats,
- Safety: behavioral risk,
- Stability,
- Living arrangements,
- Physical health,
- Emotional functioning,
- Learning and development, and
- Independent living skills (Michigan Department of Health and Human Services, 2018).

One agency leader described the considerable amount of information about service quality that is shared regularly during meetings:

> *They have every single agency listed. And they have it in a graph so you can see. And they have the goals and where everyone's at. And then look at last quarter versus this quarter. And have a lot of conversation about how can we improve and, again, is it a training issue? Is it a resource issue? So we a lot of conversation about that.*

Although not stated explicitly in interviews or focus groups, increased awareness about the quality of services agencies provide, particularly when each agency can compare its performance to others, may lead to increased efforts within each agency to identify its strengths and weaknesses and strategize about how to address deficiencies and improve service quality.

Subquestion: What Factors Facilitate and Inhibit Effective Implementation of Child Welfare Practice?

As mentioned previously, the effectiveness of child welfare practice varies based on factors that include the quality of interagency partnerships and intra-agency characteristics. This section provides a summary of factors that facilitate or inhibit child welfare service delivery in Oakland County.

3.5.3.6 Collaboration

Relationships Among Staff in Public and Private Agencies

Staff from both public and private agencies noted that there is wide variation in levels of collaboration and communication among the agencies and among workers within agencies. Public agency staff perceived that staff in some private agencies are more responsive and effective in service delivery than others. Similarly, private agency staff perceived that some public Point-of-Service (POS) monitors are more responsive and have a more advanced skillset than others.

Respondents from Oakland County DHHS, private agencies, and partner agencies described the history of the relationship between public and private agencies as somewhat contentious and occasionally combative. Some public agency staff described an "*us versus them mentality*." Sources of contention were attributed to:

> ***"We're supposed to be on the same page but we're not. So the issue that I find is they have their own policy, each agency has their own policy, so they're not following DHS policy like they're supposed to. So it's a matter of always a back and forth, 'Well, our policy says this.' But at the end of the day, I'm not trying to sound mean, but DHS trumps everything. So our policy trumps your policy. But it's a constant back and forth battle.***
>
> **– ODHHS worker**

- **Communication Issues.** There have been lapses in communication during service provision.
- **Different Agency Policies and Practices.** Workers engage with multiple agencies that all have their own policies and procedures (e.g., "*I find that oftentimes it's a little bit more challenging with the outside agencies because their training is different. Better or worse, it's different and their understanding is different and maybe their goals are different."*).
- **Disagreements About Family Goals.** Workers from different agencies may not be "on the same page" about ultimate case goals for families – "*We're talking about reunification and they're over here wanting to terminate Mom's rights."* One private agency respondent attributed some of the differences to *"a human component"* and explained that *"things that I say and the way I look at things are going to be different than the way another supervisor looks at them. And honestly, different experiences that I've had changes my lens and the way I approach things."*

Because these differences may affect how cases are managed and ultimately resolved, it is important that leadership understand and attempt to resolve or minimize them.

Court System

Agency staff and court representatives identified facilitators and barriers to successful collaboration. Public and private agency staff, and stakeholders from the court system identified the court's DHHS liaison as a major asset in collaborative processes. "*Oakland County also has a DHS liaison with the court… The judges know to call that person if there's a problem on the case.*" Interview respondents cited the court liaison's knowledge of child welfare and services that could be useful to families, availability to offer support to workers, and presence at court hearings as particularly helpful.

Oakland County public and private agency workers and court officials cited misalignment in understanding of agency policies and practices as a challenge. One Oakland County DHHS worker shared the perception that judges at times lack appreciation of *"what our limitations are."* An agency leader was uncertain if court representatives *"understand the difference between safety and risk."*

These challenges seem to manifest at the court level. Another court representative described relationships with staff from public and private child welfare agencies in the county. Frustrations that the court representative reported about both public and private child welfare staff include:

- Workers' limited court experience.
- Inability of workers to consider alternatives outside of conventional recommendations for services – "I challenge them to look at things differently because they get very jaded. And don't give me your standard recommendations about housing, income, parenting time, and whatever."
- Perception that there is limited accountability among Oakland County DHHS workers.
- Workers' lack of preparedness for court hearings "[A CPS worker] shows up [to court] and we go on the record, and she was not prepared. She really hadn't read the report."

> ***[I try] to really push them, but in a respectful way. Because what I don't like is the constant beat down that the department gets. It just doesn't help anything.***
>
> **– Interview respondent**

Yet another court representative noted that DHHS staff tended to be better prepared and trained than private agency staff, *"I personally think that the DHHS staff is higher quality because it's so hit or miss with the private agencies."* Finally, one court representative noted that judges, in particular, are not required to have child welfare specific training – and most do not. This individual felt that some of the frustrations agency representatives have with judges and judges have with workers reflect the lack of training, as well as the different perspectives required to do each job (judges vs. workers), and

if there was a more "common base" from which each practiced (even a training that they were required to complete together) some of these challenges could be resolved.

3.5.3.7 Systemic Factors

Respondents from public and private agencies provided insight on systemic factors that affect service delivery, including staff turnover, caseloads, supervision and support, and training.

Staff Turnover

Respondents from Oakland County DHHS, private agencies, and the court system identified staff turnover as a challenge to addressing the needs of children and families. Respondents stated that turnover negatively affects child welfare workers' capacity to take on new cases, limits their time to manage the cases that they have, and impedes monitoring and accountability efforts. One agency leader stated, *"We're always dealing with turnover."*

Public and private agency staff identified multiple factors they perceived are associated with staff turnover, including high levels of stress because of the nature of the job. According to Oakland County DHHS leaders, some employees simply do not fit in the fast-paced, high-pressure child welfare environment. Others who are appropriate for this type of work often find it difficult to meet the demands of the job. One respondent explained:

> *It's like one or two weeks in after training and, 'I just can't, this it is too much.' Because once the caseload gets to the normal pace, we had a lot of workers who just could not do it. The stress level. All the factors that come with the type of work that we do. The media. It's a lot of pressure.*

Some staff turnover within Oakland County DHHS was attributed to lateral movement—workers seeking positions in other departments within the agency or positions in other counties. According to public agency staff, once workers have a foot in the door at Oakland County DHHS, they leverage their training and experience to obtain a new job. One interview respondent provided an example, stating, "*When Collections is hiring and Adult Services pulls people, we have a lot more people leave.*" Within private agencies, respondents reported that staff frequently leave their position to work in a public agency. Both workers and directors attributed these movements to a discrepancy in pay between private agencies and Oakland County DHHS, although both public and private agency staff cited general dissatisfaction with pay as a contributing factor in worker turnover.

When asked about factors related to worker retention in public and private agencies, despite the challenges, respondents stated that helping children and families, and staff/co-worker support are reasons for persevering in the job. Respondents from Oakland County DHHS also stated that the agency has implemented new initiatives to address worker turnover, including MiTEAM subgroups and an employee retention workroom.

Caseloads and Staff Support

Workers in Oakland County are expected to carry a maximum of 13 cases, although some workers reported carrying up to 15 cases on occasion. Both public and private agency workers reported that they are unable to perform all of their job duties and responsibilities within a normal workweek with the 13:1 caseload ratio. According to one private agency worker, "*sometimes you have to work more than 40 hours a week just to get everything done.*" Workers cited an increasing amount of required data entry per case as a major challenge. When asked what percentage of time a private agency worker typically spends on paperwork, one response was nearly 80 percent.

Workers reported that even though they frequently need more than 40 hours per week to complete job tasks and responsibilities, they do not receive overtime pay. Workers do have the option to "flex" their time, however, reducing hours on specified workdays to offset workdays that exceed eight hours. Workers reported that the flex time option was not helpful, as the flexed hours must be used within a week. One worker described the challenge of using flex time with a full workload, stating:

> *It seems counterintuitive that if you're already overloaded and over extended to take time off. It's not helpful. It's not like you can lay around on the couch and read a book, like when you've got reports do and families to see.*

When asked what would help with caseloads, public and private agency staff recommended the use of case aides to assist with clerical and administrative tasks; this was also reported in Ingham. Reports from private agency staff who currently use aides were generally positive. Oakland County DHHS supervisors described past experiences with case aides in their agency as "*utopia*" and *"wonderful."*

In terms of staff support, Oakland County DHHS supervisors reported a lack of communication between themselves and their section managers. Specifically, decisions about casework practice

sometimes comes from "*the top down"* without consideration of supervisor opinions, despite the fact that supervisors are knowledgeable about their workers' skillsets and professional lives. This leads to supervisors reporting feelings of being unsupported or unheard. For example, one supervisor stated, "*…they will completely bypass us, not ask our opinions, so it almost feels like we are not—like we have no say*."

Staff Training

Private agency supervisors and workers expressed concerns about the degree to which CWTI training provides staff with the necessary knowledge, skills, and abilities to do their job effectively. One worker described shadowing as a more effective way of learning, stating, "*Everyone I've spoken to says they learned more shadowing than they do actually at the training*." Another supervisor identified the length of the training as an additional barrier, explaining:

> *I think the training can be a barrier for new workers, too, because it's so long and they're out of the office for such a [sic] extended period of time that they don't really get that—I mean, they have mentors and such, but the amount of time that they're at CWTI really impacts their ability to learn the day-to-day operations of how foster care works.*

Public and private agency staff also perceived that MiTEAM training is too long and has limited utility. One worker described the training as, "*kind of one size fits all training ... I don't feel like it was effective for what they were trying to communicate*."

Some public and private agency staff highlighted gaps between training offered and training needs for both workers and foster parents. For example, one private agency director reported that training on handling behavioral problems would be beneficial for both workers and foster parents, explaining:

> *We have been looking at different models that we could implement here because I don't feel that the staff have what they need in order to be successful. I feel like it's very challenging to have a child in your home who is exhibiting behaviors, and I don't think our staff ever get the training to be able to really pick up the phone or sit with a foster parent and say, 'This is how you solve that problem.' They don't. It doesn't exist.*

Another interview respondent suggested that child welfare staff could benefit from having guidance on how to interact with court system representatives, including judges and prosecutors. The respondent expressed, "[Oakland County DHHS] *workers don't always like talking to attorneys. I think somewhere in some of their training, they're taught that attorneys are scary and they shouldn't have to tell them anything and not to trust them and it really shows*."

Child Welfare Service Delivery

Private agency respondents described POS monitors as frequently unresponsive and difficult to contact via phone or email. Further, they reported that the communication challenges impede their ability to move forward with cases. As one respondent stated, "*I always just kind of feel like we're on the front line doing all of the work and like, please just sign my DOC… I can't do my job until you do yours.*" Private agency workers reported that they often handle communication challenges and non-responsiveness by sending email correspondence, to have a record of communication attempts, and escalating requests to public agency supervisors or other agency leaders.

From the perspective of the POS monitors, there is variation in the degree to which Oakland County DHHS and private agency workers communicate effectively and coordinate to deliver services. For example, when providing case oversight, workers from some agencies provide more case information to monitors than others. In addition to variations in level of interactions between POS monitors and private agency staff, public agency monitors reported that they are sometimes excluded from important case junctions, such as meetings about placement changes or family team meetings. Public agency monitors also reported feeling burdened by the high level of oversight they must conduct. According to one frontline worker:

> *I will definitely say for sure, I've had a lot of difficulties with private agencies, even just trying to make sure they're actually doing the work they're required to do as well per policy. I feel like I have to be a dictator by reaching out to them…*

Private and public agency respondents on all levels cited the need for additional services for children and families in Oakland County. As one Oakland County DHHS supervisor stated, "*We need more services, always and forever.*" Services most needed included in-home intervention programs, which were described as especially important in preventing removals. In addition, respondents reported the need for more parenting classes and in-home clinical counseling, such as Families Together/Building Solutions (FTBS) and Families First. One worker reported a long wait for certain services: "*The waiting list for FTBS is too long that the family can go almost 20 days with no services.*" When there are openings, demand severely outweighs supply.

3.5.3.8 Information Systems

MiSACWIS

While public and private agency staff described some of the benefits of using MiSACWIS, respondents also highlighted a number of perceived inefficiencies in the system. They reported that MiSACWIS requires a substantial amount of data entry and "clicking" through several screens or sections, and that the system is not very user friendly. As a result, workers reported that they spend a lot of time doing paperwork. Respondents reported that the success and usefulness of MiSACWIS is contingent on all users uploading accurate and timely information, which does not always happen. Private agency staff reported that data entry errors and delayed document uploading translate into unnecessary delays in obtaining service approvals, refusal of services, or higher costs for services. One worker stated:

> *It's a system that has so many moving parts, and you need everybody to be kind of engaged in those moving parts. And if you have one cog in the wheel, it stops, and then it just becomes more of a headache than a help to our work.*

3.5.3.9 Foster and Adoptive Home Recruitment and Support

Interview and focus group respondents described challenges related to managing foster care cases, and recruiting and supporting foster families. For example, when public agency staff need to engage private agencies for foster homes, some workers perceived that private agencies "*cherry-pick*" cases depending on the case goal—termination or reunification. Oakland County DHHS respondents reported that the "cherry picking" of cases is motivated by private agencies that have "*foster families that want to adopt.*" They described this dynamic as "*very frustrating because when we go to remove a child, like I said, we're not looking to terminate if we don't have to.*" Relatedly, Oakland County DHHS staff voiced concerns over occasional differences between staff in public and private agencies on their *personal* feelings, as opposed to policy guidelines, about whether to reunify the child and parents or terminate parental rights, particularly since they may affect outcomes. A similar dynamic was reported in Ingham.

Respondents from both public and private agencies reported that private agency staff were hesitant to "*borrow beds*" for Oakland County DHHS placements. Private agency staff attributed the hesitancy to financial concerns. As one private agency worker stated, "*We don't do borrowed beds with DHS because no one ever gets paid. We pay the foster parent but we never get paid for it.*"

Many private agency workers reported a number of challenges to successful foster home and adoptive recruitment, licensing, and retention efforts. Respondents from both public and private agencies reported difficulty maintaining enough licensed homes for children needing out-of-home care. One Oakland County DHHS respondent stated, "*Our biggest issues now with that is that nobody has enough [foster] homes.*" A respondent from a private agency supported the sentiment and indicated that at the time of data collection, foster care home availability was lower than usual, stating, "*I don't have the homes…I have very few homes. This is the least amount of homes that I've had since I've ever worked here.*" Respondents reported particular difficulty finding homes for certain subpopulations, including:

- Teenagers,
- Children with special needs, and
- Large sibling groups.

Respondents from private agencies cited foster parents' perceived lack of financial support as a major barrier to recruitment and retention. Agency workers also described child care funding for foster parents as inadequate. "*We're not giving foster parents enough. They want to be supported*," reported one supervisor. A respondent noted that the dollar amount that foster parents receive to support children in care has stagnated over the years:

> *Since the time I've been in the field, we've only increased the rate for foster parents, I believe, one time. We've never increased the amount that they get for determination of care. We have never increased the amount that they receive for clothing allowance in the time that I've been working there. And in fact, the clothing inventory sheet that we use, that is the state process to say this is how many pieces of clothing a child should have, has never been revised since I've worked here. So that hasn't caught up."*

Private agency staff reported that foster parents are frequently recruited through word of mouth; one respondent estimated that 95 percent of families are recruited this way. While this recruitment strategy can be beneficial when foster parents have positive experiences, it can also be detrimental to recruitment efforts when foster parents have unsatisfactory experiences. According to one private agency respondent, "*foster parents are at the point now where they don't want to recruit people. They can't imagine asking somebody to do the job that they're currently doing.*" Other respondents reported fear of state scrutiny may be a reason that parents hesitate to become licensed foster care providers. One respondent stated that due to concerns about maltreatment in care, the respondent's agency has a specialized unit to conduct maltreatment investigations when children are placed in foster homes. Parents fear the investigation, with the belief that the unit *"is out to get"* them. Private agency respondents also

cited a generally negative societal view of the child welfare/foster care system as a challenge to recruiting and retaining foster homes.

3.5.3.10 Summary of Oakland County

Information in this section should be interpreted with caution, as data collection in Oakland County was structured differently than how it was structured in Ingham and Kent counties. For example, workers from four private agencies participated in one focus group, and supervisors from six private agencies participated in another focus group. Ideally, for each agency selected for participation in site visit activities, the evaluation team conducts a series of interviews and focus groups, each composed of respondents with a similar role in the agency (e.g., agency leaders, supervisors, and workers). Each series of interviews and focus groups is conducted with a single agency's staff. Data collection is set up this way because having multiple staff from *one* agency share feedback about inter- and intra-agency processes and activities, strengths, challenges, and other elements enables the evaluation team to identify similarities and differences within and across agencies in the county, and to delve more deeply into agency-specific characteristics and functioning. The converse may occur with participants from across agencies participating in groups together.

During interviews and focus groups in Oakland County, agency leaders, supervisors, workers, and partners in Oakland County described barriers (e.g., staff turnover, high caseloads) and facilitators (e.g., support from superiors) to providing services effectively to families with children in care, as well as agency and county processes and structures. The evaluation team will continue to examine qualitative data collected from key staff and stakeholders in Oakland County during annual site visits to identify changes in agency processes and policies, and changes in child welfare practice.

3.6 Cross-County Comparisons: Similarities and Differences

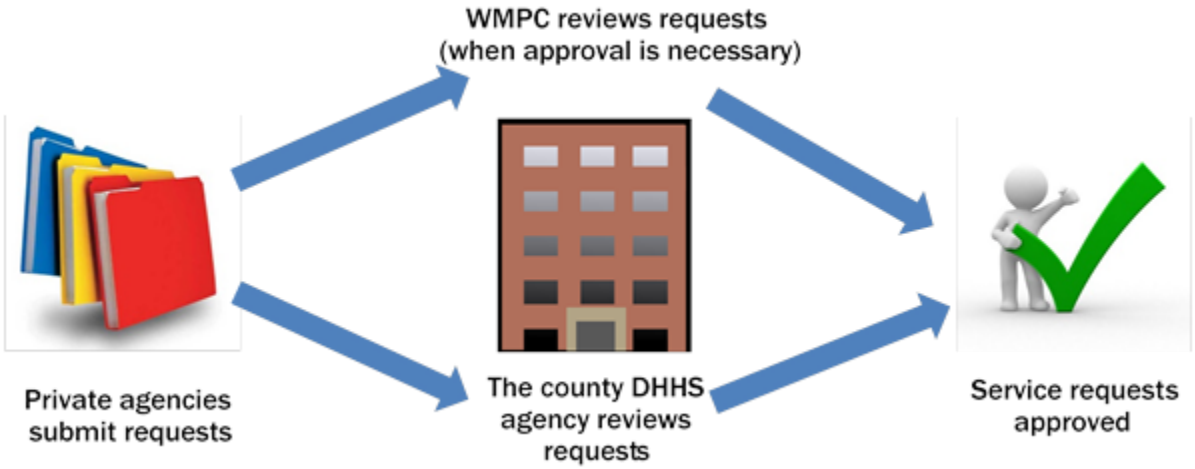
Kent, Ingham, and Oakland counties vary widely relative to certain characteristics, including racial and ethnic composition, rate of confirmed cases of child abuse and neglect, and family poverty status. Populations range from just under 300,000 people in Ingham County to over 1 million people in suburban Oakland County. Although there may be variation in the number of families with children in care, each county's locale (e.g., rural, suburban), and other community characteristics,

child welfare agency staff in all three counties share a common goal: to provide appropriate and timely services for children and families and guide them toward achieving positive outcomes.

Each of the three case studies presented in this report provide in-depth information on child welfare agency policies and procedures, service delivery and quality, case practice fidelity, and inter- and intra-agency collaboration and coordination, from the perspectives of child welfare leaders, supervisors, and workers, as well as partner agency representatives. As the pilot county implementing the Kent Model, the Kent County case study reflects staff and stakeholders' experiences with new and still evolving processes and systems. This section summarizes interview and focus group responses across the counties for four categories in which respondents described similar (or distinct) experiences, processes, or systems: child welfare service delivery, interagency collaboration, staff turnover and training, and data systems and tools.

Child Welfare Service Delivery. Interview and focus group respondents from private agencies in Ingham County reported that one barrier to serving families effectively is the requirement that they obtain approval from Ingham County DHHS for services, which can take a considerable amount of time. Kent County respondents described similar delays in service request approvals from Kent County DHHS prior to implementation of the Kent Model. Through the model, each of the five private agencies now has a dedicated WMPC Care Coordinator who authorizes service requests in a timely manner. Exhibit 3-2 illustrates the service request approval process.

Exhibit 3-2. Service request approval process



Interagency Collaboration. In Kent and Ingham counties, respondents described collaboration among child welfare agencies and community partners as occurring partly through interagency councils. For example, in Kent County, the County Administrator and representatives from Kent County DHHS private child-placing agencies, the court system, mental health, and foundations convene quarterly through the Kent County Family and Children's Coordinating Council. In Ingham County, representatives from many of the same agencies (Ingham County Department of Health and Human Services, private child-placing agencies, court system, and mental health) meet quarterly through the Child Welfare Coordinating Council. Respondents reported that regular interagency meetings provide an opportunity for sharing agency-specific information and updates. In Kent County, respondents expressed appreciation for WMPC's level of collaboration, particularly as the newest community partner and administrator of the Kent Model.

There were similarities and differences across counties in the quality of interagency partnerships. While respondents in Ingham County described generally positive relationships among staff in public and private agencies, attributed to factors such as longstanding partnerships and Ingham County DHHS's facilitation of interagency meetings or trainings, in Oakland County, respondents reported tensions in public-private agency staff relationships, which suggest that these may need strengthening. In Oakland County, one concern that respondents described is differences among agency staff in ideologies that may influence case decisions and subsequent child and family outcomes (e.g., *"Things that I say and the way I look at things are going to be different than the way another supervisor looks at them."*). Respondents from the three counties agreed that communication issues made effective collaboration between public and private child welfare agencies a challenge. For example, respondents mentioned the need for better channels of communication in Kent County, frustration with unresponsiveness in Ingham County, and lapses in communication in Oakland County.

Descriptions of relationships between child welfare agencies and the county court system were also mixed. While child welfare respondents in Oakland County described collaboration with the court system as productive and the DHHS liaison as a key contributor to effective partnering, child welfare respondents in Kent and Ingham counties described major challenges to working with their respective court system. For example, respondents in Kent County expressed concerns about poor treatment of foster care workers by judges and attorneys during court testimony, and respondents in Ingham County described workers' intimidation with the court process.

Staff Turnover and Training. Respondents in Kent, Ingham, and Oakland counties described staff turnover as a major challenge to serving families with children in care effectively. Although agency staff who remain in their positions for a number of years, often because they want to help children and families, respondents reported that it can be difficult to remain in a high-stress position with long hours and inadequate compensation over time. Across counties, respondents stated that private agency staff frequently seek positions in public agencies for improved salaries and benefits, or child welfare staff seek less stressful positions.

Turnover Effects

- Constant case reallocations
- Increased workload and stress
- Compromised service quality
- Difficulty building family trust
- Inadequate support for new staff
- Inadequate time for data reporting

As agency staff move to different positions within the same agency, some respondents in Kent County noted that it would be helpful to receive training or more guidance around the new responsibilities. Additionally, Kent County DHHS staff reported that it would be helpful to have more training and guidance on the Kent Model to increase awareness of changing expectations and requirements. Across the three counties, respondents described opportunities to participate in trainings on a number of topics to improve child welfare practice. Some trainings are optional while others are mandated by either a public or private county agency or MDHHS. Respondents identified a number of trainings that would be useful as well as ways in which required trainings could be improved, including:

- Increased opportunities for shadowing or observations during CWTI training,
- More training on MiSACWIS that delves into specific system components, and
- Guidance on court processes and interactions with court representatives.

Data Systems and Tools. When asked about the utility of MiSACWIS, respondents stated that although the state-mandated data system has improved over time, more improvements are needed. Agency staff in Ingham and Oakland counties stated that having a central system for storing and accessing case documents is one of the benefits of MiSACWIS, while respondents in Kent County noted that the system made some aspects of their work easier. Additionally, respondents in Ingham and Oakland counties stated that they use MiSACWIS' Book of Business—for workers to monitor progress toward completing tasks in Ingham County, and as part of supervision in Oakland County.

In terms of challenges to using MiSACWIS, respondents in both Kent and Oakland counties identified the number of "clicks" that are often necessary to navigate the system as excessive and time-consuming. Additionally, respondents in Oakland and Ingham counties acknowledged that the ability of system users to *access* valid and reliable information depends on the extent to which other users *enter* complete and accurate information in a timely manner, which does not always happen. Respondents in all three counties expressed frustration that MiSACWIS is not user-friendly and requires a substantial amount of time to enter data.

Fidelity Assessment Challenges

- Time-consuming
- Does not apply to all positions
- Tool is not user-friendly

MDHHS also mandates that agencies use the state's Fidelity Tool and data system to assess and report the extent to which workers implement the MiTEAM practice model as intended. Respondents from all three counties discussed the time necessary to complete the Fidelity Tool and were aware of the types of data yielded from the assessments, but they expressed disappointment that they do not receive feedback from the assessments that could help them improve practice. Additionally, respondents in Kent and Ingham counties noted that questions in the Fidelity Tool do not apply to certain positions, such as licensing workers, as they do not work directly with families.

Summary. Kent, Ingham, and Oakland counties differ in a number of ways, including demographics, locales, populations, and foster care privatization rates. Despite the differences, agency leaders, supervisors, workers, and partner agency staff described a number of similar agency processes and experiences, which may help MDHHS strategize about how to support agency staff throughout the state.

4. Evaluation Year 2: What Do The Data Tell Us?

4.1 Evaluation Goals and Status

Westat and its partners, the University of Michigan School of Social Work, and Chapin Hall at the University of Chicago, completed the second year of a rigorous five-year evaluation of the Kent Model. Through the multi-year evaluation, the evaluation team is examining three aspects of Kent Model implementation:

1. Contextual information about the provision of foster care services through the **process evaluation;**
2. The extent to which foster care service delivery is cost effective through the **cost study;** and
3. Changes in child safety, permanency, and stability through the **outcome study.**

Relevant data for Kent County are compared with data for all other counties in Michigan for the cost (e.g., expenditures, level of care) and outcome studies (e.g., maltreatment rates for matched comparison groups across the state), while the evaluation team gathers in-depth information on foster care service provision among three counties in Michigan for the process evaluation. Of central interest for the process evaluation is how various inter- and intra-agency factors affect service delivery in Kent, Ingham, and Oakland counties. As illustrated in the evaluation logic model (Appendix 1), increased knowledge of changes in the three interrelated evaluation components enables MDHHS and other stakeholders to make more data-driven decisions about how to ensure that families with children in care receive appropriate and timely services. Increased participation in these types of high-quality services is expected to lead to improved child and family outcomes.

4.2 Summary of Evaluation Findings

Kent, Ingham, and Oakland counties vary across several characteristics, such as foster care funding mechanisms (performance-based in Kent County, per diem in Ingham and Oakland counties), population (ranging from under 300,000 people in Ingham County to over one million people in Oakland County), and rates of confirmed victims of child abuse and neglect. For 2019, the number of confirmed victims is below the state rate of 18.9 per 1,000 children in Oakland County (8.4), but above the state rate in Kent (19.8) and Ingham Counties (31.5). Across counties, respondents

described staff turnover as a major challenge to serving families effectively. Respondents associated high turnover, due to factors such as low salaries and high stress, with such consequences as inadequate service quality, which can lead to placement instability. Respondents agreed that turnover is a challenge but acknowledged steps being taken to address it at the state level (e.g., professional development) and locally (e.g., MiTeam subgroups).

Similarities and differences among the counties in composition and child welfare agency characteristics and experiences are important to consider relative to the goals of the Kent Model. The impetus for the shift from a per diem to a performance-based funding model is the Michigan Legislature's priority to improve child welfare outcomes through increased flexibility and innovation in service provision for families with children in care. Although the performance-based model is currently being piloted in Kent County, stakeholders should understand and consider contextual variables that may affect service delivery (and related costs and outcomes), if the model were to be implemented in other Michigan counties in the future.

During interviews and focus groups conducted as part of the process evaluation, respondents in Kent County reported that over the past year, they observed more innovative thinking about services during case planning and fewer bureaucratic barriers preventing them from identifying creative solutions to addressing family needs. Caseworkers also increased reliance on Enhanced Foster Care as a primary method of stabilizing placements and supporting high-need foster children and caregivers.

Respondents in Kent County described the nature of interactions between child placing agencies and the WMPC, the entity supporting and providing oversight of the Kent Model, over the past year. They indicated that communication among agency and WMPC staff is frequent and effective, and respondents from nearly all of the child placing agencies described the collaboration as strong. Additionally, through the Kent Model, each of the five child placing agencies in Kent County has a designated WMPC Care Coordinator who authorizes service requests, when required, and as reported by respondents, in less time than was typical prior to the model's launch. Although respondents in Kent County described challenges to the new service authorization process (e.g., learning curve for some WMPC and private agency staff), they also report that the new process has facilitated child welfare practice in several ways (e.g., increased efficiency and timeliness of services).

In contrast, respondents in child placing agencies in Ingham County reported that the considerable time lag between service requests and approvals can be a barrier to serving families effectively.

Although agency staff from child placing agencies in Kent County appreciate the ease with which service requests are approved when required, they are cognizant that the funds are not unlimited. As one respondent expressed, *"I am worried about like, I'm going to run out of money?"* Cost study findings indicate that expenditures in Kent County increased between baseline (fiscal year 2017) and the first year of Kent Model implementation (fiscal year 2018). Over this period, total expenditures in Kent County increased by 51 percent for out-of-home placement services. Between fiscal years 2017 and 2018, expenditures for maintenance of congregate care increased by 51 percent and the number of days children spent in care increased by 17 percent. These increases are being carefully examined through the cost study to determine what factors are accounting for them. Findings will be used to assist the WMPC to understand and address these increasing costs effectively.

There were significant differences in outcomes between children served by child placing agencies in Kent County and those in a matched comparison group, in which at least 80 percent of services were provided by a child placing agency in a Michigan county other than Kent County. Specifically, among children who entered care after the launch of the Kent Model (October 2017), those in Kent County were more likely than children in the comparison group to achieve permanency and exit care in fewer days. Children in Kent County were also significantly less likely to experience more than one placement change than their peers in other Michigan counties during the same period.

4.3 Next Steps

Evaluation data collected during the second year of the evaluation (first full year of Kent Model implementation) provided detailed information on service delivery costs, child and family outcomes, and processes associated with service planning and implementation. During subsequent waves of the evaluation, the evaluation team will continue to identify and explicate factors associated with improved outcomes for children and families in Michigan. For example, the theory underscoring the Kent Model is that increased flexibility and innovation in service delivery is likely to lead to improved outcomes for families with children in care. It is helpful to understand findings within and across the process, outcome, and cost studies. For example, as mentioned previously, agency staff from child placing agencies in Kent County support new service approval processes but

acknowledge they do not have an unlimited pool of funds for services. Relatedly, cost study findings indicated there were increases in Kent County's expenditures through the first full year of Kent Model implementation. Through the process evaluation, the evaluation team could attempt to unpack agency staff perceptions of service needs relative to costs. Through future interviews and focus groups, for example, the evaluation team could gauge agency staff knowledge of and expectations related to service expenditures and how (or if) the awareness influences the services they recommend to the families they serve.

Increased understanding of changes within and across the three evaluation components will provide a complete picture of *how* and *why* agency processes are associated with changes in costs and outcomes.

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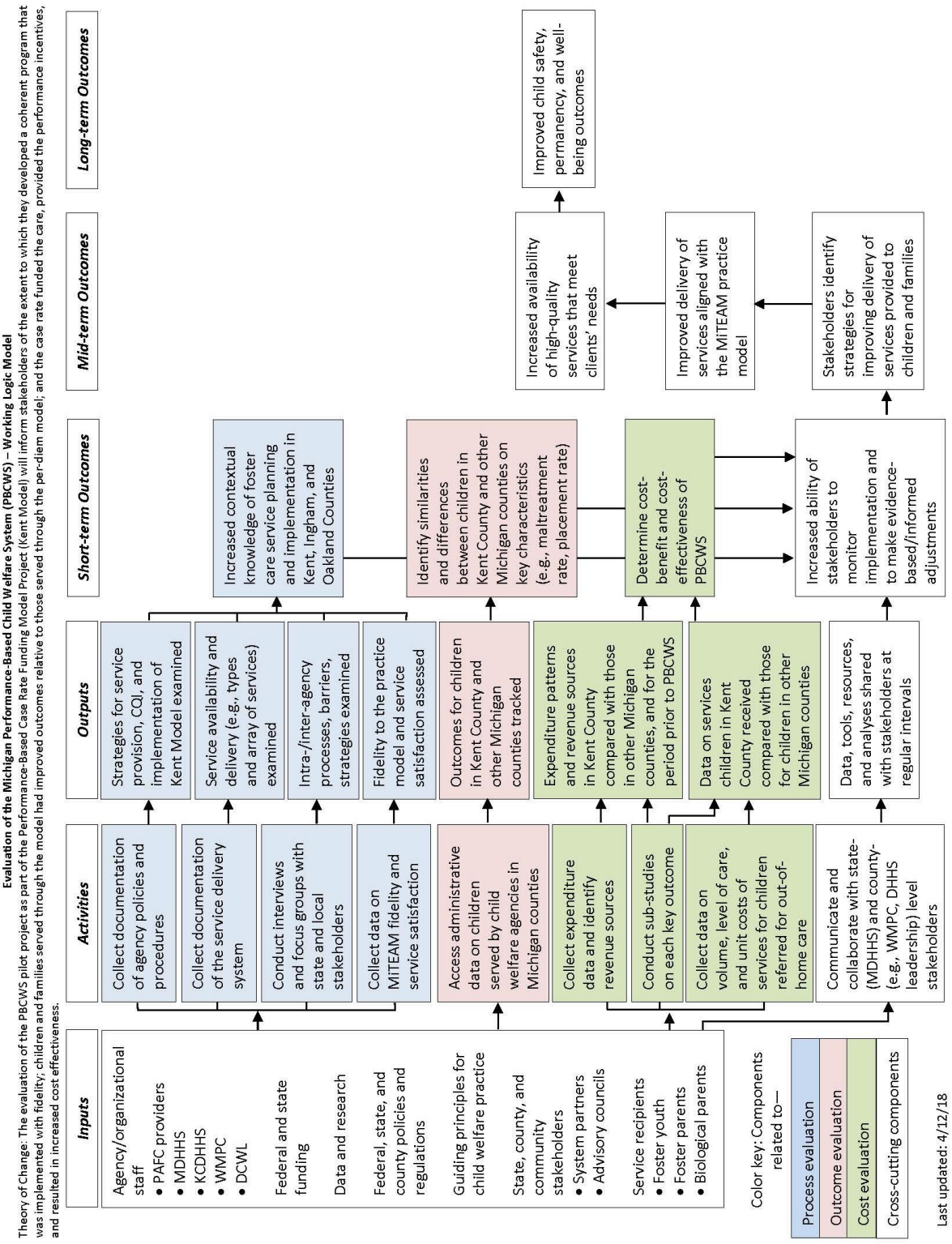
Appendix 1

PBCWS Logic Model

Appendix 1
PBCWS Logic Model



Appendix 2

The Evaluation Plan

Appendix 2
The Evaluation Plan

Research question	Subquestions	Indicator	Method	Source
Process Evaluation				
Do the counties adhere to the state's guiding principles in performing child welfare practice?		• Fidelity of implementation to the MiTEAM practice model among caseworkers in Kent County • Kent County client reports of satisfaction with agency services • Quality of services caseworkers provided in Kent, Ingham, and Oakland Counties	• Calculate the percentage of sampled cases for which services were provided in accordance with MiTEAM competency standards • Calculate the percentage of clients who reported they were satisfied with the services they received from the agency • Review findings from quality services reviews (QSR) on the quality of case practice • Obtain information about preparation for and implementation of the practice model and fidelity assessments (e.g., training, tools, monitoring)	• MiTEAM Fidelity Data Reports (quarterly) • Family satisfaction surveys (annually) • QSR reports (every three years) • Interviews and focus groups with caseworkers, supervisors, agency leaders (annually)
What resources (strategies, infrastructure) are necessary to support the successful implementation of child welfare services?	What resources (strategies, infrastructure) are necessary to support the successful implementation of the performance-based case rate funding model?	• Availability of community-based services • Agency infrastructure • Ability to enter and use data effectively	• Obtain information on interagency partnerships (e.g., services provided, quality of relationships) • Obtain information on data management processes and systems (e.g., MiSACWIS, data accessibility)	• Interviews and focus groups with caseworkers, supervisors, agency leaders, key stakeholders (annually); agency documents (ongoing)
What factors facilitate and inhibit effective implementation of child welfare practice?	What factors facilitate and inhibit effective implementation of the Kent performance-based case rate model?	• Availability of community-based services • Agency infrastructure • Ability to enter and use data effectively	• Obtain information on interagency partnerships (e.g., services provided, quality of relationship) • Obtain information on data management processes and systems (e.g., MiSACWIS, data accessibility)	• Interviews and focus groups with caseworkers, supervisors, agency leaders, key stakeholders (annually); agency documents (ongoing)

Research question	Subquestions	Indicator	Method	Source
Cost Study				
What effect has the transition to the Kent model had on expenditure and revenue patterns in the County?		• The total annual costs in Kent by service domain, category, and description to pay for the full cost of services provided to children in out-of-home care and their families to support stable transition into a permanent home. • The total annual revenue in Kent County applied to costs to pay for the full cost of services provided to children in out-of-home care and their families to support stable transition into a permanent home. • The average annual daily unit cost of out-of-home placement in Kent County.	• Categorize spending patterns in the fiscal data by state fiscal year and service and placement type. • Categorize revenue patterns in the fiscal data by state fiscal year and funding source • Using the child placement data, calculate the annual number of care days used. Calculate average daily unit cost by dividing total placement expenditures by care days used. Where possible, calculate the annual average daily unit cost by placement type.	MiSACWIS payment data; quarterly WMPC PAFC Cost Reports; MiSACWIS placement data

Research question	Subquestions	Indicator	Method	Source
How does the cost of out-of-home care in Kent County compare to the cost of out-of-home care in the rest of the state of Michigan?		• The total of annual costs in Kent by service domain, category, and description to pay for the cost of services provided to children in out-of-home care and to their families to support the stable transition into a permanent home (Kent County costs will be limited here to those cost types that can also be accurately tracked outside of Kent County). • The total of annual costs in Michigan for a matched case comparison group of children by service domain, category, and description to pay for the cost of services delivered to children in out-of-home care and to their families to support stable transition into a permanent home. • The average annual daily unit cost of out-of-home placement in Kent County. • The average annual daily unit cost of out-of-home placement in the matched case group.	• Using the costs for children that WMPC served in Kent County and the costs for a matched case comparison group of children in the remainder of the state, compare the cost of out-of-home care by: 1. Proportion costs by expenditure categories for each group 2. Average daily unit cost of out-of-home care for each group 3. Growth rates by expenditure category in each group over time	MiSACWIS payment data; quarterly WMPC PAFC Cost Reports; MiSACWIS placement data

Research question	Subquestions	Indicator	Method	Source
		Cost Study		
To what extent does the WMPC case rate fully cover the cost of services required under the contract?		• Difference between the total annual case rate revenue received and the total annual costs in Kent to pay for the full cost of services provided to children in out-of-home care and to their families to support a stable transition into a permanent home. • Difference between the total annual contract WMPC administrative payment revenue received and the total annual WMPC administrative costs.	• Examine and assess the extent to which total annual case rate revenue covered total annual applicable costs in Kent County. • Examine and assess the extent to which total annual contract WMPC administrative payment revenue covered total annual applicable WMPC administrative costs. • Examine and assess the extent to which case rates applied to individual child and family equals the total program and service expenditures for full case management and the services needed by the child and family.	MiSACWIS payment data; quarterly WMPC PAFC Cost Reports
What are the cost implications of the outcomes observed under the transition to the Kent Model?		• Cost-effective child and family outcomes	• Cost sub-studies will be conducted for each successful outcome identified by the outcome evaluation. Details of these cost sub-studies will be dependent on the findings of the outcome evaluation. • In general, examine and assess the type and costs of the services that children referred for out-of-home services in Kent County received compared to services provided prior to the transition and to services provided concurrent with the transition to a matched cohort of children served by a per diem private provider and who are receiving out-of-home services in all counties other than Kent County.	Outcome data and expenditures per case—MiSACWIS/ MiSACWIS payment data; quarterly WMPC PAFC Cost Reports; MiSACWIS placement data

Research question	Subquestions	Indicator	Method	Source
		Outcome Study[53]		
Does a performance-based case rate funding model improve the safety of children?		• The children in foster care who are safe from maltreatment experienced within an out-of-home setting.	The number of children in each group with a CPS report occurring during a placement in foster care/out-of-home care (as determined by the report date or incident date when available) resulting in a CAT I, II, or III maltreatment disposition divided by the total number of children in each group, to be updated each reporting period.	MiSACWIS
		• The children who experience a subsequent maltreatment event with a disposition of "preponderance of evidence" within 1 year of their previous report.	The number of children in each group with a CPS report occurring within 1 year of their most recently substantiated (initial) report of maltreatment, to be updated each reporting period. This is limited to children with a foster care placement and associated with WMPC. This is not inclusive of all children in Kent County.	MiSACWIS
		• The average length of time between maltreatment events for children experiencing maltreatment recurrence.	The average length of time between maltreatment reports for children who were subjects of a CAT I, II, or III maltreatment disposition in the previous period and then have a subsequent CAT I, II, or III maltreatment disposition at • 3 months; • 6 months; and/or • 12 months.	MiSACWIS
		• Risk of maltreatment recidivism	Examine the role that race, gender, age, history of maltreatment, and other important covariates play in explaining recurrence of maltreatment.	MiSACWIS

[53]Outcomes are measured by comparing WMPC-served children to a representative state sample (developed using propensity score matching).

Research question	Subquestions	Indicator	Method	Source
		Outcome Study[54]		
Does a performance-based case rate funding model improve the permanency of children?		• The time children spend in foster care before exiting	The number of days children are in foster care prior to exiting to: • Reunification (physical and legal return) • Guardianship • Living with other relative • Adoption (physical and legal return)	MiSACWIS
		• The children who enter foster care and who exit to permanency	The number of children who exit foster care to: • Reunification • Guardianship • Living with other relative • Adoption, divided by the number of children remaining in foster care.	MiSACWIS
		• The children who are discharged from foster care and whose cases have been closed/remain open, and who re-enter foster care within 6, 12, or 18 months after case closure.	The number of children who re-entered foster care within: • 6 months • 12 months • 18 months, divided by the number of children discharged from foster care.	MiSACWIS
		• The children's risk of re-entry into foster care.	Examine the role that race, gender, age, history of maltreatment, and other important covariates play in explaining the likelihood of achieving reunification and adoption.	
		• The children who experience two or more placement changes in a foster care episode.	The proportion of children in foster care with two or more placement settings divided by the number of children in foster care.	MiSACWIS
		• The children placed in each placement setting type during the current period	The proportion of children in the period in: • Family-based setting • Congregate-care setting	MiSACWIS
		• The placement setting changes over the length of stay in foster care.	The proportion of children who experienced more than two placement setting changes, by the number of months in foster care.	MiSACWIS

[54]Outcomes are measured by comparing WMPC-served children to a representative state sample (developed using propensity score matching).

Research question	Subquestions	Indicator	Method	Source
		Outcome Study[55]		
		• For children in foster care with more than one placement setting, those who move to a less restrictive placement type, and those who move to a more restrictive placement type.	The number of children who move to a: • Less restrictive placement setting; or • More restrictive placement setting divided by the number of children in foster care placement.	MiSACWIS
		• The youth who enter foster care as adolescents who experience permanent exits.	The number adolescents in foster care who exit to: • Reunification • Guardianship • Relative Care • Adoption, divided by the number of adolescents remaining in foster care.	MiSACWIS
Does a performance-based case rate funding model improve the well-being of children and families?		The children with an open case who receive timely physical/dental health care • Children in open cases receive timely and regular health exams. • Children in open cases receive timely and regular dental exams.	• The number of children in open cases who receive timely regular dental exams divided by the number of children in open cases. • The number of children in open cases who receive timely and regular health exams divided by the number of children in open cases.	MiSACWIS
		The children entering foster care, who receive timely physical/dental health care: • Children in foster care who receive timely and regular health exams. • Children in out-of-home care who receive timely and regular dental exams.	• The number of children in open cases who receive timely and regular health exams divided by the number of children in open cases. • The number of children entering foster care who receive timely and regular health exams divided by the number of children in open cases.	

[55]Outcomes are measured by comparing WMPC-served children to a representative state sample (developed using propensity score matching).

Appendix 3

Kent Expenditure Category Mapping

Appendix 3
Kent Expenditure Category Mapping

Service domain	Service category	Service description
Placement – Maint & Admin (MA)	CCI	0740- General Residential
Placement – Maint & Admin	CCI	0741-Mental Health and Behavior Stabilization
Placement – Maint & Admin	CCI	0742-Mother/Baby Residential Care
Placement – Maint & Admin	CCI	0744-Sexually Reactive Residential Care
Placement – Maint & Admin	CCI	0745-Shelter Residential Care
Placement – Maint & Admin	CCI	0746-Substance Abuse Treatment
Placement – Maint & Admin	CCI	0747-Short-Term Residential
Placement – Maint & Admin	CCI	0748-Medium or High Security
Placement – Maint & Admin	CCI	0749-Boot Camp Residential Care
Placement – Maint & Admin	Detention – Paid	0762-State Detention – Paid
Placement – Maint & Admin	Foster Home	0700-Age-Appropriate Rate
Placement – Maint & Admin	Foster Home	0780-General Foster Care (FC)
Placement – Maint & Admin	Independent Living	0703-Independent Living Allowance
Placement – Maint & Admin	Independent Living	0782-General Independent Living
Placement – Maint & Admin	Independent Living	0783-Specialized Independent Living
Placement – Admin	Legislative Administrative Rate Increase	Legislative Administrative Rate Increase
Placement – Maint & Admin	MDHHS Training School – Paid	0763-MDHHS Training School – Paid
Placement – Maint & Admin	Treatment Foster Care	0788-Treatment Foster Care
Placement – Admin	Trial Reunification Payment	Trial Reunification Payment
Placement – Admin	BP515 – Admin Payment	BP515 – Admin Payment
FC Placement Service	Clothing	0801-Initial Clothing Allowance 0-5
FC Placement Service	Clothing	0802-Initial Clothing Allowance 6-12
FC Placement Service	Clothing	0803-Initial Clothing Allowance 13-21
FC Placement Service	Clothing	0804-Initial Clothing Ward Child
FC Placement Service	Clothing	0821-Special Clothing Allowance 0-5
FC Placement Service	Clothing	0822-Special Clothing Allowance 6-12
FC Placement Service	Clothing	0823-Special Clothing Allowance 13+
FC Placement Service	Clothing	0896-Semiannual Clothing Allowance 0-12
FC Placement Service	Clothing	0897-Semiannual Clothing Allowance 13+
FC Placement Service	Holiday Allowance	0898-Holiday Allowance
FC Placement Service	Transportation Support	0809-Parental Visitation Transportation
FC Placement Service	Transportation Support	0819- Sibling Visitation Transportation
FC Placement Service	Transportation Support	1809-Parental Visitation Transportation
Mental Health	Evaluation	0031-Psychiatric Evaluation
Mental Health	Evaluation	0034-Psychological Evaluation
Mental Health	Evaluation	0036-Trauma Assessment (Comprehensive Team)
Mental Health	Evaluation	0037-Trauma Assessment (Comprehensive Transdisciplinary)
Mental Health	Evaluation	0882-Mental Health/Psyc. Expenses
Residential Services	One on One Supervision	0834-One on One supervision

Service domain	Service category	Service description
Physical Health	Dental Expenses not covered by MA	0826-Dental/Orthodontics
Physical Health	Exam/Screening	0029-Child Sexual Abuse Exam
Physical Health	Medical Charge Back	0880-Medical Expenses
Physical Health	Medical Charge Back	0881-Dental/Orthodontic Expenses
Physical Health	Medical Expenses not covered by MA	0825-Medical Expenses
Physical Health	Other Medical	0001-Photocopies
Physical Health	Other Medical	0021-Other
Education	Educational Support	0805-School Tutoring
Education	Tuition	0831-Out of State School Tuition
Adult FC Service	Adult Foster Home	0837-Adult Foster Home
Independent Living Services	Daily Living	Computer Purchase/Software/Hardware
Independent Living Services	Graduation Expenses	0830-Class Ring
Independent Living Services	Transportation Support	0832-Driver's Education
Independent Living Services	Youth Development/Advocacy	Youth Board Meeting
Independent Living Services	Youth Development/Advocacy	Youth Communications Training
Placement – Admin	CCI	PAFC Admin – WMPR_CR CCI
Placement – Maint	CCI	WMPC_CR CCI Placement Payment
Placement – Maint	Enhanced Foster Care	1787-Enhanced Foster Care
Placement – Maint	Enhanced Foster Care	1789-Enhanced Foster Care (step-down)
Placement – Maint	Foster Home	1780-General Foster Care
Placement – Admin	Foster Home	PAFC Admin – 1780 General Foster Care
Placement – Maint	Independent Living	1782-General Independent Living
Placement – Maint	Independent Living	1783-Specialized Independent Living
Placement – Admin	Independent Living	PAFC Admin – 1782 Independent Living
Placement – Admin	Independent Living	PAFC Admin – 1783 Spec Independent Living
Placement – Admin	Legislative Administrative Rate Increase	Legislative Administrative Rate Increase
Placement – Maint	Treatment Foster Care	1788-Treatment Foster Care
Placement – Admin	WMPC EFC Admin	WMPC EFC Admin
Placement – Admin	WMPC EFC Incentives	WMPC EFC Incentives
Residential Services	CCI	WMPC Other Purchased Services – Kids First
Residential Services	One on One Supervision	1834-One on One Supervision
FC Placement Service	Clothing	1801-Initial Clothing Allowance 0-5
FC Placement Service	Clothing	1802-Initial Clothing Allowance 6-12
FC Placement Service	Clothing	1803-Initial Clothing Allowance 13-21
FC Placement Service	Clothing	1821-Special Clothing Allowance 0-5
FC Placement Service	Clothing	1822-Special Clothing Allowance 6-12
FC Placement Service	Clothing	1823-Special Clothing Allowance 13+
FC Placement Service	Clothing	1824-Special Clothing Ward Child
FC Placement Service	Clothing	1896-Semiannual Clothing Allowance 0-12
FC Placement Service	Clothing	1897-Semiannual Clothing Allowance 13+
FC Placement Service	Holiday Allowance	1898-Holiday Allowance
FC Placement Service	Transportation Support	1809-Parental Visitation Transportation
Mental Health	Clinical Counseling	Clinical Counseling
Mental Health	Evaluation	1031-Psychiatric Evaluation
Mental Health	Evaluation	1034-Psychological Evaluation
Mental Health	Evaluation	Neuropyschological Evaluation
Mental Health	Group Counseling	Group Counseling
Mental Health	Outreach Counseling	Outreach Counseling

Service domain	Service category	Service description
Physical Health	Dental Expenses not covered by MA	1826 Dental/Orthodontics
Physical Health	Medical Expenses not covered by MA	1825-Medical Expenses
Physical Health	Other Medical	1021-Other
Independent Living Services	College/Post Secondary Support	College Application Fees
Independent Living Services	Daily Living	Computer Purchase/Software/Hardware
Independent Living Services	Graduation Expenses	Senior Pictures
Independent Living Services	Housing	Rent/Security Deposit/Utility Deposit
Independent Living Services	Transportation Support	1832-Driver's Education
Education	Educational Support	1805-School Tutoring
Education	School Age	Tutoring
Education	Tuition	1836-Summer School

Appendix 4

Additional Fidelity Data for Each MiTEAM Competency

Appendix 4
Additional Fidelity Data for Each MiTEAM Competency

Figure A4-1. Percentage of sampled caseworkers implementing the Teaming competency with fidelity

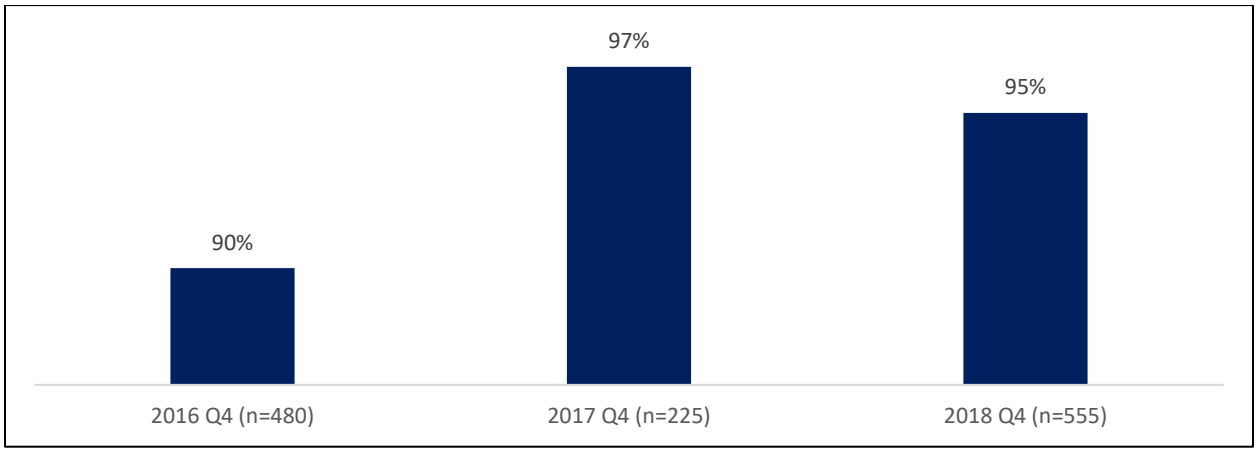


Figure A4-2. Percentage of sampled caseworkers implementing the Engagement competency with fidelity

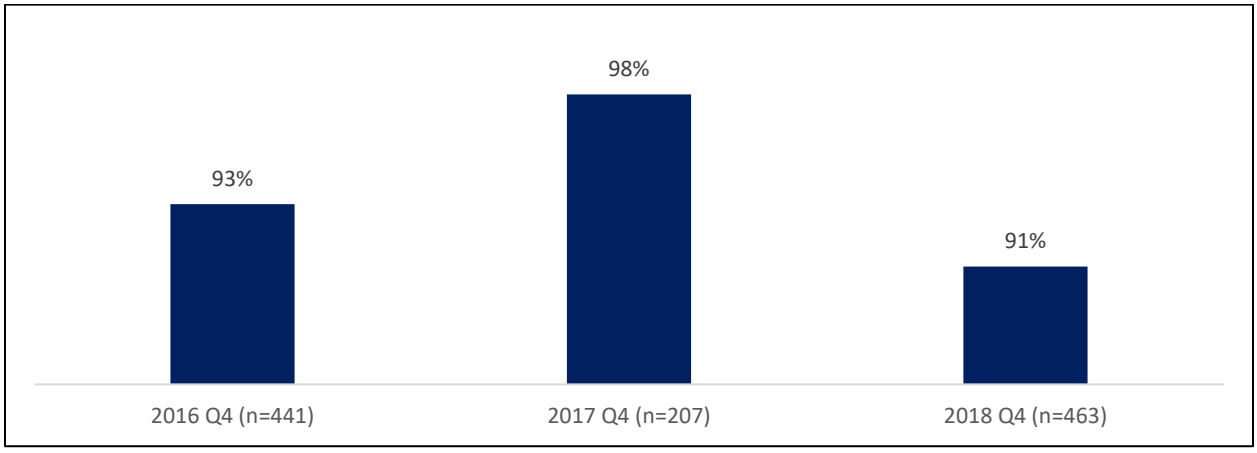


Figure A4-3. Percentage of sampled caseworkers implementing the Assessment competency with fidelity

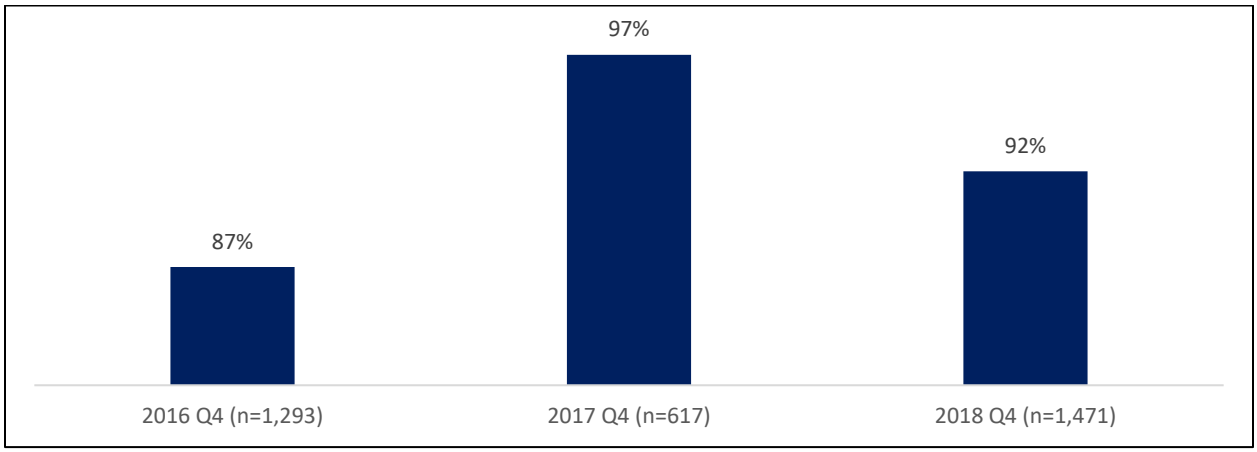
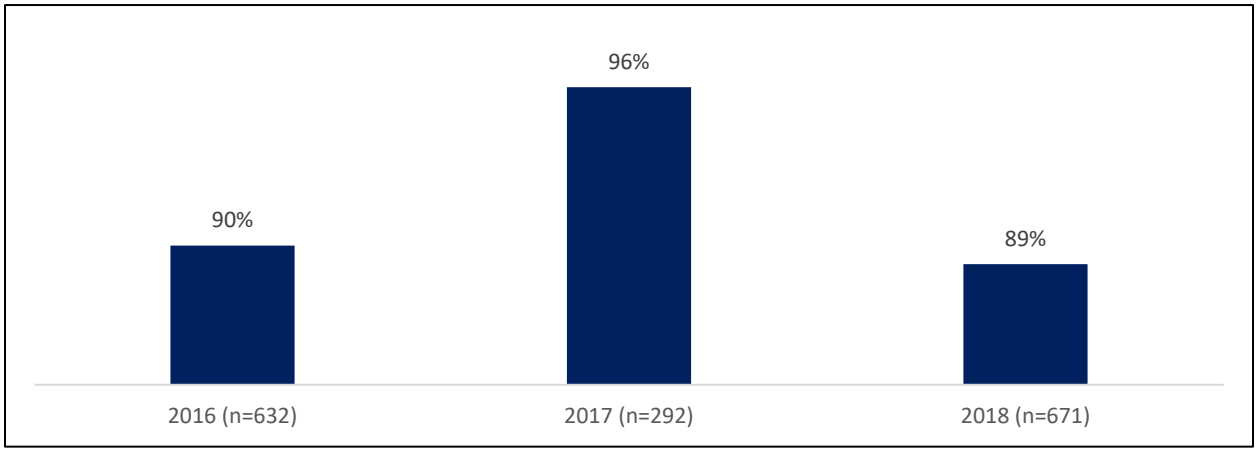


Figure A4-4. Percentage of sampled caseworkers implementing the Mentoring competency with fidelity



Appendix 5

Additional Satisfaction Data with Services Related to Each MiTEAM Competency

Appendix 5
Additional Satisfaction Data with Services Related to Each MiTEAM Competency[56]

Figure A5-1. Respondents' overall level of agreement that they were satisfied with services related to teaming

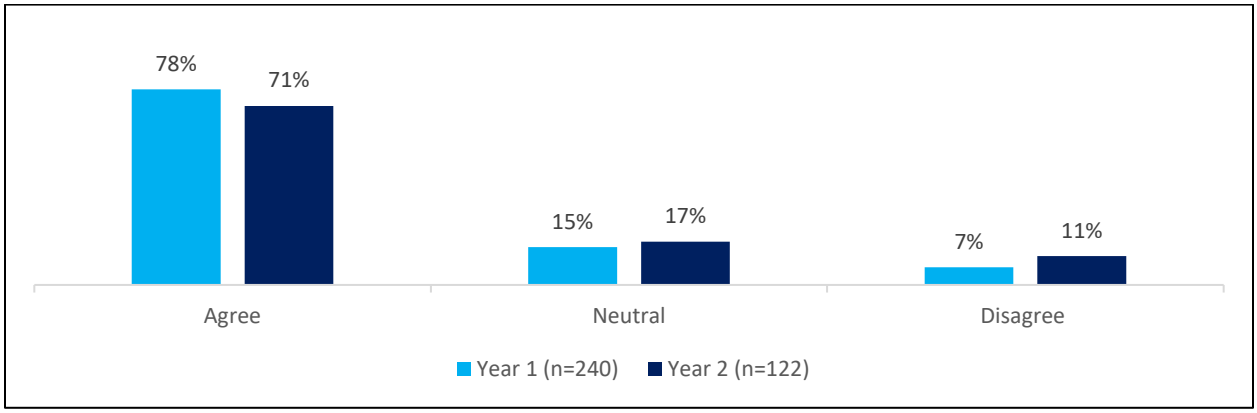
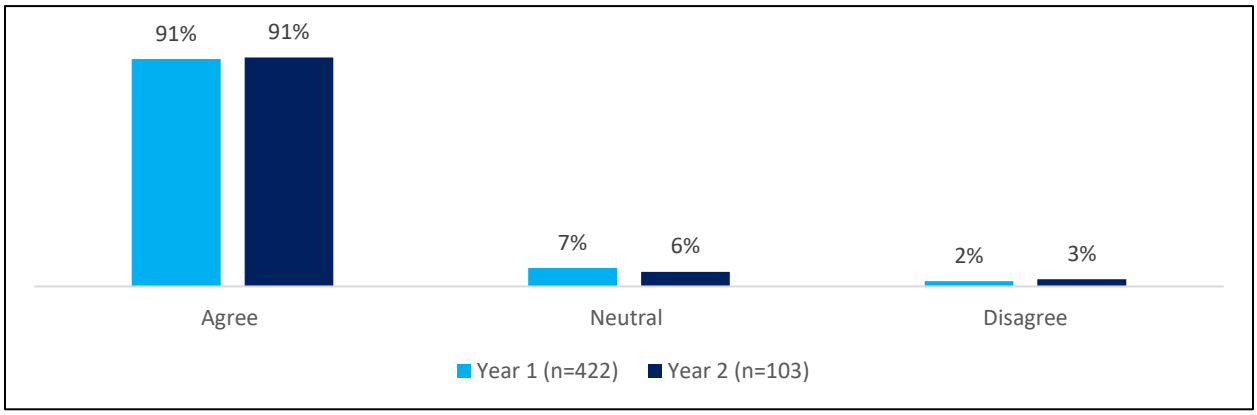


Figure A5-2. Respondents' overall level of agreement that they were satisfied with services related to engagement



[56]Percentages reported are based on data from four agencies in year 1 and three agencies in year 2.

Figure A5-3. Respondents' overall level of agreement that they were satisfied with services related to assessment

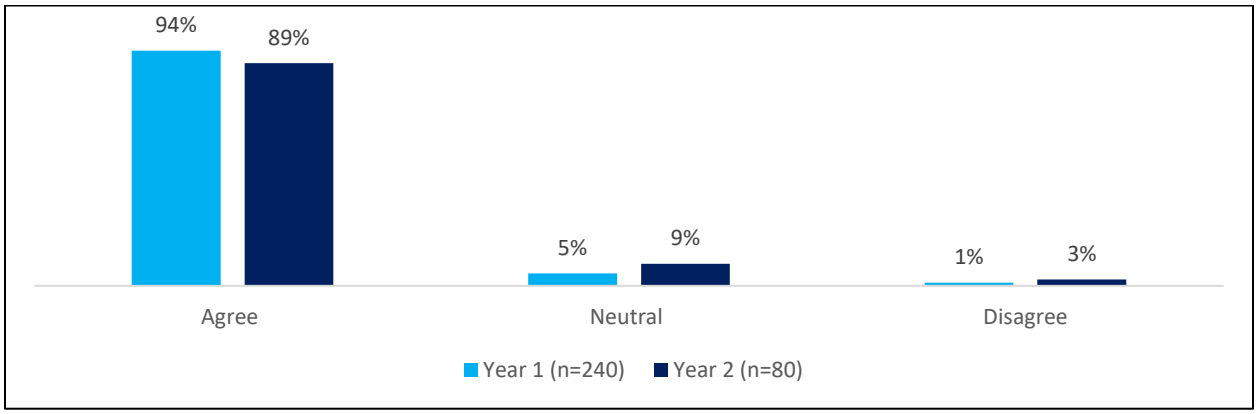


Figure A5-4. Respondents' overall level of agreement that they were satisfied with services related to mentoring