



WEST MICHIGAN PARTNERSHIP FOR CHILDREN

Enhanced Foster Care
Evaluation Report

September 2020

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Enhanced Foster Care

Enhanced Foster Care (EFC) was developed in late 2017 through collaboration with Private Agency Foster Care (PAFC) providers, Network 180, and Michigan Department of Health and Human Services (MDHHS). EFC is an addition to the continuum of care in Kent county focused on supporting community placements for children with high and complex needs that may otherwise be placed in an institutional setting. The main service objectives are to stabilize children in their placement and sustainably return children placed in residential facilities to community placements.

EFC is designed to be a time-oriented service that wraps intensive therapeutic services around the child and caregiver in the current placement. Clinical and behavioral specialists provide individualized services and support to the child and caregiver. EFC has a tiered approach to intensity of services and payments to caregivers and the foster care agencies.

Outcomes

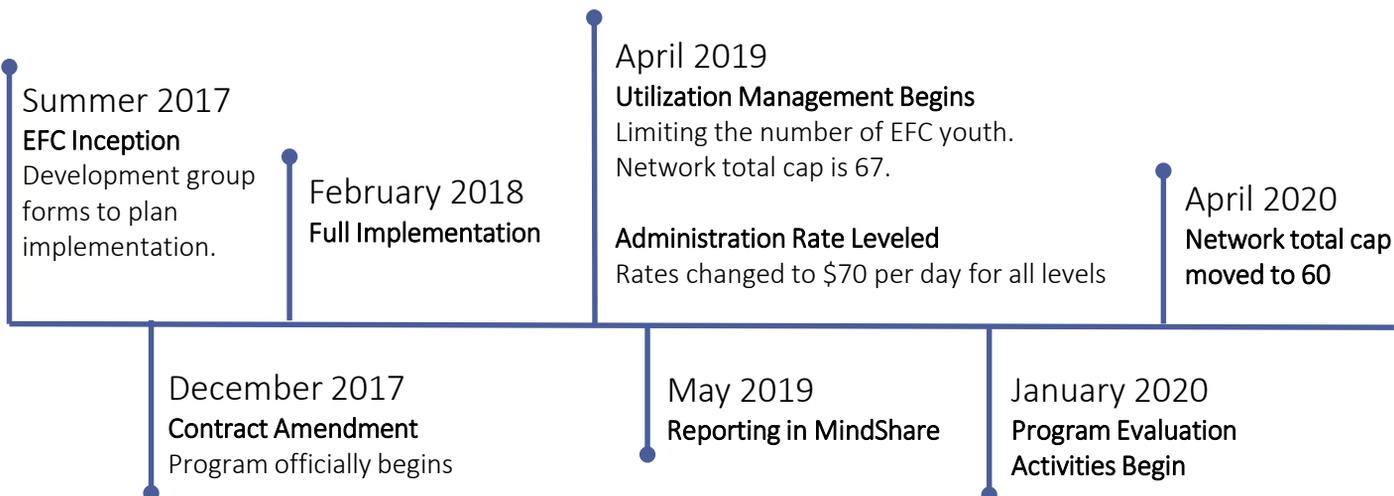
EFC has demonstrated promising results since its full implementation in February 2018. This evaluation is aimed at better understanding the service outcomes and additional effects of the program. The evaluation uses quantitative and qualitative methods to evaluate program impact on the target population, cost effectiveness, and differences in performance between the five foster care agencies providing the service in Kent County. The evaluation analyzes data for 164 youth between December 14, 2017 and March 18, 2020.

Key findings from the evaluation are:

1. Improved placement stability for children who had a high number of placements moves before EFC intervention.
2. Improved functioning for children who receive EFC services.
3. Improved placement stability for children that moved from residential placements to community placements.
4. Savings of over \$1 million across FY18 and FY19 due to decreased placement days in residential.

Timeline of Program Events

The following timeline provides a brief summary of program activities since its inception in 2017, including changes made to pay structure and agency caps.



EFC is a family-based service that facilitates permanency and placement stability for children in foster care who present with significant behavioral and emotional concerns due to past traumatic experiences. An innovative addition to the continuum of foster care, EFC incorporates training and support for caregivers to implement individualized treatment interventions in the context of family and community life. Clinical staff provide personalized training for caregivers to help create a healing environment for the child(ren) placed in their homes, while working with the child(ren) to develop alternative skills and heal from their trauma.

Background

Since its launch in December 2017, 164 youth in foster care have received EFC services. Until now continuous quality improvement efforts and evaluation efforts have been limited due to the young age of the service. The intent of this evaluation is to determine whether the EFC program achieves intended outcomes. These program outcomes include increased emotional and behavioral functioning, placement stability & permanency, decreased residential placements, and reallocating financial resources in the community. The evaluation also seeks to develop a process for continuous quality improvement for EFC by developing a framework to ensure the program is routinely and effectively monitored. WMPC believes that by capturing the impact the program has on the foster care system, the network can better guide the future for the program.

Project Goal 1: Deliver a historical evaluation of the EFC program

- Objective A: Determine whether EFC achieves the program goals and objectives
- Objective B: Learn the intended and unintended outcomes of EFC
- Objective C: Understand the financial benefit of EFC

Project Goal 2: Create a continuous quality improvement process to monitor the EFC program

- Objective D: Provide findings and recommendations for improvement
- Objective E: Develop an evaluation framework for future quarterly evaluations

Evaluation Questions

1. Who does EFC services reach and is this population proportionate to the general foster care population?
2. Does EFC impact a child's trajectory across safety, permanency, and well-being best interest principles?
3. Does EFC reduce residential placements?
4. What is the financial benefit of EFC?

Evaluation Team

The following evaluation was developed by several members of West Michigan Partnership's (WMPC) staff, who worked closely together in evaluation activity planning, data collection, analysis, describing findings and developing recommendations for EFC.

- Kelsey Halliburton, Lead Performance and Quality Improvement Coordinator
- Kylene Dalton-Koons, Director of Care Coordination and Innovation
- Mike Pelz, Data Analytics Lead
- Misti Conley-Rogers, Performance and Quality Improvement Coordinator
- Nathan Roggenbaum, Director of Performance and Quality Improvement
- Sonia Noorman, Chief Operating Officer

The purpose of the evaluation is to better understand the impact the EFC program has on youth, foster families, and financial resources and confirm program activities and outputs are properly facilitating this impact. Gathering this information required a mixed-methods approach, including primary (internal, WMPC) and secondary (external, community) data, with qualitative and quantitative data from people and data sources available to WMPC.

Quantitative Data Analysis

WMPC used the following systems in conjunction with one another to complete the evaluation's quantitative analysis. Data were collected from the following sources.

Functional Assessment System and WMPC Care Coordination EFC spreadsheet

Child Adolescent Functional Assessment Scale (CAFAS/PECFAS) assessments are conducted for youth in EFC to determine and monitor their academic, community, behavior, emotions, self-harm, substance abuse, and thinking scores. EFC staff conduct the CAFAS upon entering EFC, 30 days after beginning services, and every 90 days until the child exits the program. The evaluation reviewed CAFAS scoring for children using the Functional Assessment System to monitor patterns and outcomes for youth from program entry to exit to determine how EFC services impact their well-being and ability to function across several domains.

MiSACWIS (Michigan Statewide Automated Child Welfare Information System)

Permanency Goals, Court, Removal Records, and Placement data were used to understand plans for permanency, verify removal information and learn the child's placement history. These data were reviewed to confirm data from other sources were correct, and placement data were collected solely using this system. Data on or before March 18, 2020 were collected for each of these fields.

Mindshare Active Children Dashboard

- 1,676 children were in WMPC's care from December 14, 2017 through February 17, 2020. WMPC compared characteristics of this group to EFC youth throughout the evaluation.
- 164 youth utilized EFC services between December 14, 2017 and March 18, 2020.

For these 164 youth and the comparison population, variables were utilized from the MindShare Active Child dashboard. These variables included age, race, gender, removal information, discharge information, length of stay in care, placement types, and other data.

Mindshare EFC Provider Services and Activity Management (PSAM) lists: EFC Referrals, EFC Quarterly Reviews

WMPC uses PSAM as an electronic system to document EFC referrals and reviews of youth in the program every 90 days. These forms were used to confirm EFC specific data such as referral dates, EFC level, CAFAS scores, referral reasons, and exit reasons.

Mindshare Facesheet

WMPC used these forms in conjunction with Mindshare active child list, which retrieves data from the Child Welfare case management system MiSACWIS. Spreadsheets created and monitored by WMPC and PAFCs supplemented PSAM and MiSACWIS data in confirming youth's outcomes.



Interviews and Focus Groups

Interviews

The evaluator conducted interviews with the director of care coordination and innovation and care coordination manager on May 26, 2020 and May 27, 2020, respectively. These two staff have key roles in planning and implementing EFC. The evaluator interviewed them for approximately forty-five minutes and discussed the programmatic changes since EFC's launch, program strengths and challenges, intended and unintended outcomes for EFC youth, and the ways in which WMPC administers a collaborative program with partner agencies.

Focus Groups

Private Agency Foster Care (PAFC) staff have a unique perspective of the EFC program as they assist in planning and implementing the program within their agencies' foster care departments. One focus group was facilitated on May 29, 2020 with EFC program supervisors and staff from the five PAFCs to understand programmatic changes over time and learn their perspective on how EFC impacts foster care in Kent County. This focus group was facilitated virtually using Microsoft Teams video and was coordinated with PAFC staff to ensure maximum participation. Ten participants engaged in the one-hour focus group. Bethany Christian Services, Catholic Charities West Michigan, and Wellspring Lutheran Services had two participants each (an EFC supervisor and a clinical case manager). Samaritas' EFC supervisor and DA Blodgett St. John's' EFC supervisor and two clinical case managers participated. Most participants had between one and three years of experience in their role; some had been in their role from the inception of EFC.

Youth Celebrations

The evaluator created a virtual survey through Survey Monkey to gather success stories from EFC staff on youth who have engaged in the EFC program. The survey was distributed to all EFC team members via email and results were gathered on the Survey Monkey platform. The survey consisted of four questions regarding the youth's presenting problem(s), services the youth received during EFC intervention, and reasons or ways the youth succeeded during their time with the EFC program.

Results were disseminated by WMPC and summarized into concise success stories to be featured as a celebratory and qualitative element within the evaluation. Youth were given pseudonyms to protect their identities. No other identifying information was included in the youth celebrations in order to uphold confidentiality. WMPC received eight responses to the survey identifying seven unique youth's stories.

In addition to the survey, WMPC asked WMPC care coordination manager and a care coordinator to provide stories of youth who have achieved permanency. Five stories were shared from this activity, and a total of 12 success stories were written throughout the report to demonstrate youth outcomes.



Since its launch in December 2017, WMPC’s EFC program has provided services to 164 youth. Seventeen of these youth have utilized EFC services at two different times, totaling 181 different EFC cases. This section of the evaluation report describes basic demographic information for the 181 cases.

Total EFC Cases

181

Unique EFC Youth

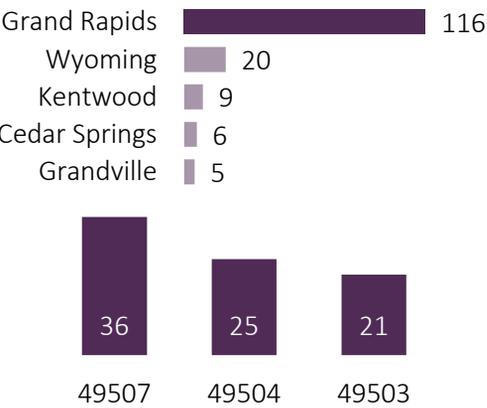
164

Youth Served Twice

17

Removal Area

Most of the youth (64%) were removed from Grand Rapids when they entered foster care. Like WMPC’s general foster care population, the highest removal zip codes were 49507, 49504, and 49503. 45% of EFC youth were removed from these zip codes.



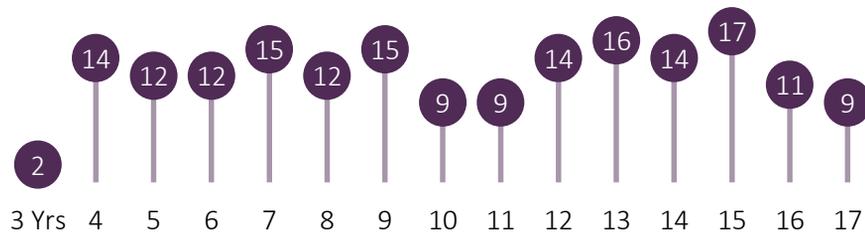
Gender

EFC services are provided to statistically significant fewer females than males. This is disproportionate to WMPC’s general foster care population, which is nearly evenly distributed between the two genders. This is an area for further analysis.



Age

Children’s age at EFC entry range from 3 to 17 years old. The median age of a child entering EFC is 10 years old, while the most frequent age for children entering the program is 15 years old.

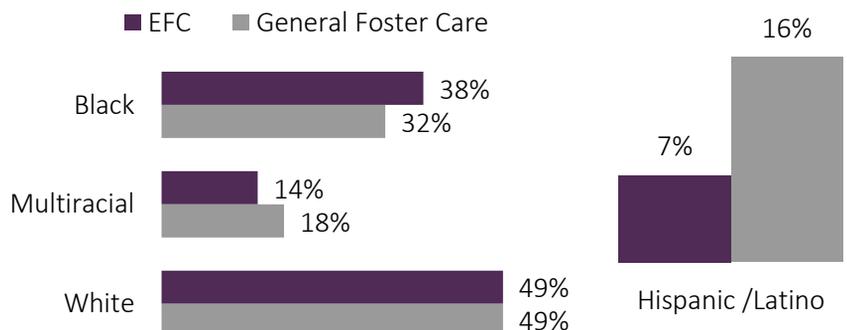


Race & Ethnicity

Addressing racial disproportionality and disparity in the foster care system is a WMPC strategic goal. In Kent County, Black children are nearly three times overrepresented compared to the children of the same age in the general population. Historically, overrepresentation is even greater for Black children in residential placements.

This evaluation has identified that there is a statistically significant difference in Black children receiving EFC services compared to the general foster care population. Because EFC is serving a greater portion of Black children, this service shows promise in potentially helping reduce disproportionality in residential placements.

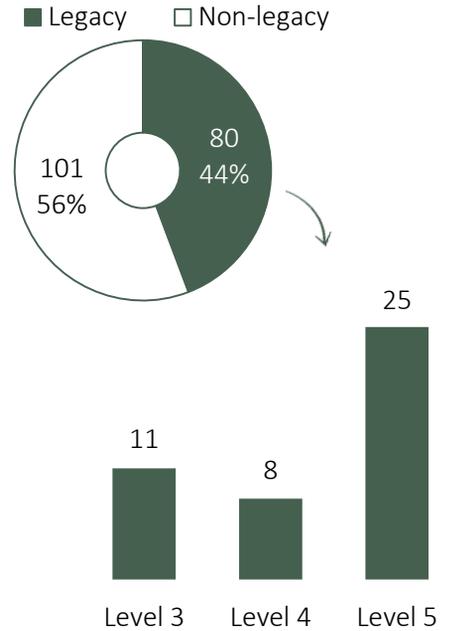
White children were proportionately represented receiving EFC services. Multiracial and Hispanic children were underrepresented in EFC services.



WMPC began administering foster care in Kent County on October 1, 2017 as the first performance-based funding model in the state of Michigan. Michigan Department of Health and Human Services (MDHHS) transferred foster care cases to WMPC and youth who were in care before the pilot launched were inherited as legacy youth. A child's length of stay determines the case rate WMPC receives; the longer the youth is in care, the fewer monetary resources WMPC receives from the state.

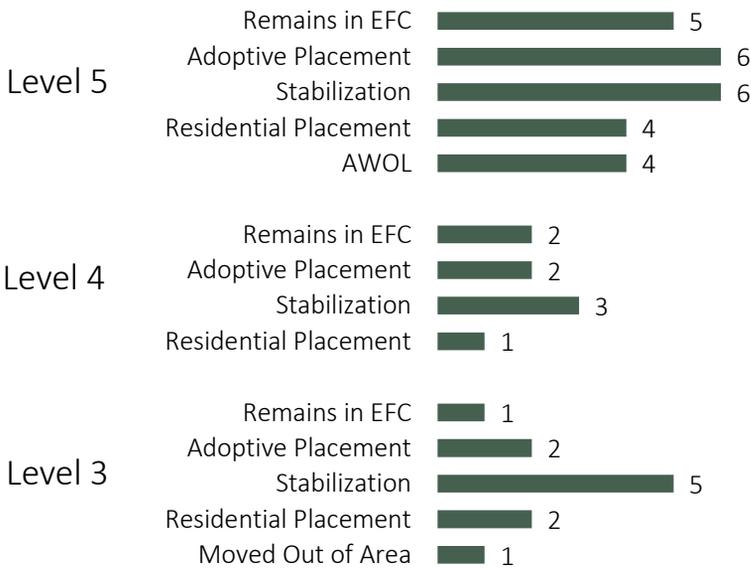
Level 5 legacy youth entered care before October 1, 2015, and WMPC receives the lowest amount of funding to support these youth in care. WMPC emphasizes permanency for legacy youth since they have been in care the longest and funding for them is limited, which means resources obtained from youth entering care must be distributed among youth who have been in care longer.

Nearly half of the youth who have received EFC services are legacy youth. Of these 80 youth, the majority (n=25) are level 5, which means they have been in care the longest.

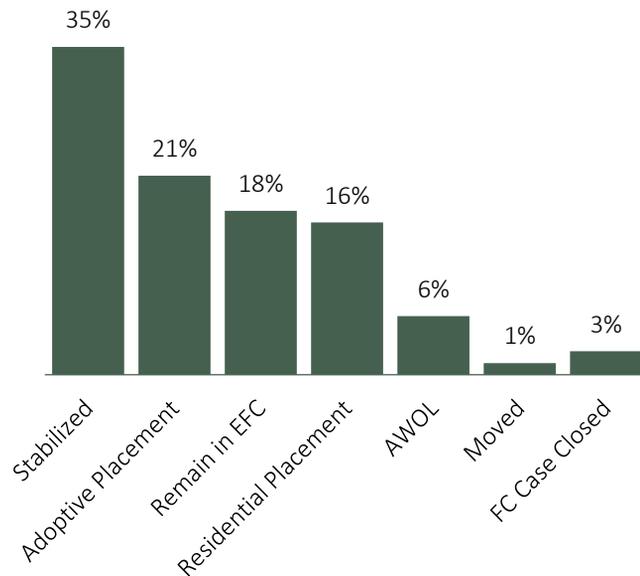


Legacy Youth Exiting EFC Services

Sixty-six (83%) of EFC legacy youth have exited the program. Reasons for exiting services vary slightly for each level, but the most frequent exit reasons are stabilization and adoptive placements. It is an encouraging finding that youth who have been in care longest have found permanency in adoptive placements. Of the 28 stabilized legacy youth, 11 are in foster homes, 7 in adoptive homes waiting for the adoption to be finalized, 4 in parental homes, 2 in guardianship homes, and 2 in independent living arrangements.



EFC Legacy Youth: Where Are They Now?

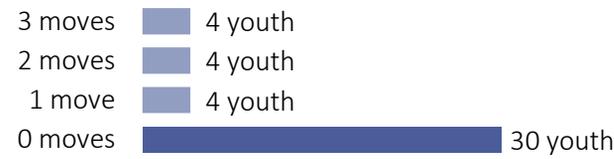


Initially, in order to measure impact of EFC, WMPC had monitored three goals. Data surrounding the goals of stabilizing youth in their current placement, preventing youth from being placed outside of the community, and returning youth from residential facilities and back to the community are outlined below.

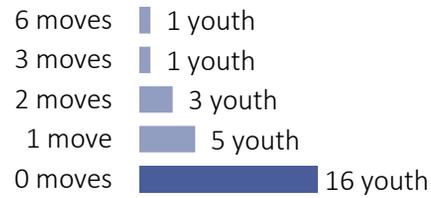
Stabilize current foster youth

One objective of EFC is to reduce replacements. Forty-two youth who received EFC services had five or more placements before entering the program. This evaluation found that of those youth, the majority had no placement moves while in EFC, with just four having three placement moves while in the program. For the 26 youth with five or more placements before entering EFC who have also exited EFC, the majority have had no placement moves after EFC services ended.

Placement moves during EFC

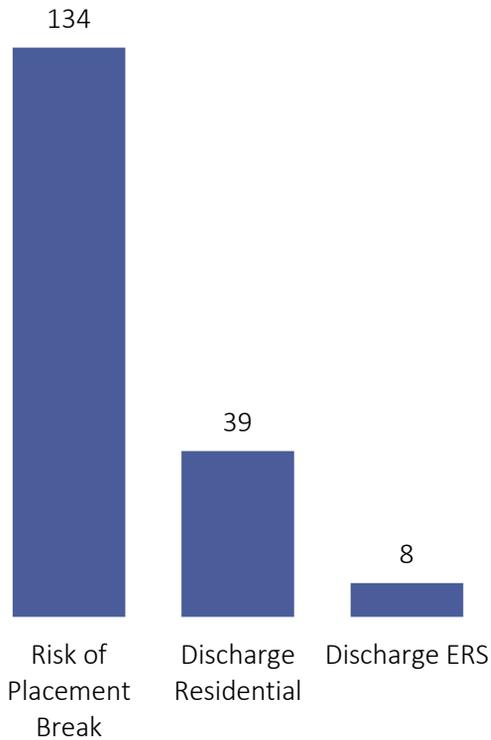


Placement moves after EFC



Divert youth from being placed out of the community

An additional objective of EFC is to prevent youth from being placed in institutional care. The highest portion of youth who received EFC services were referred because their placement was at risk of breaking due to the child’s behavioral or emotional needs. Several more youth entered EFC so they could move out of emergency residential shelters (ERS) and receive extra support in a community placement.



74%

of youth who entered EFC were successfully diverted from a residential facility.

Return youth to the community

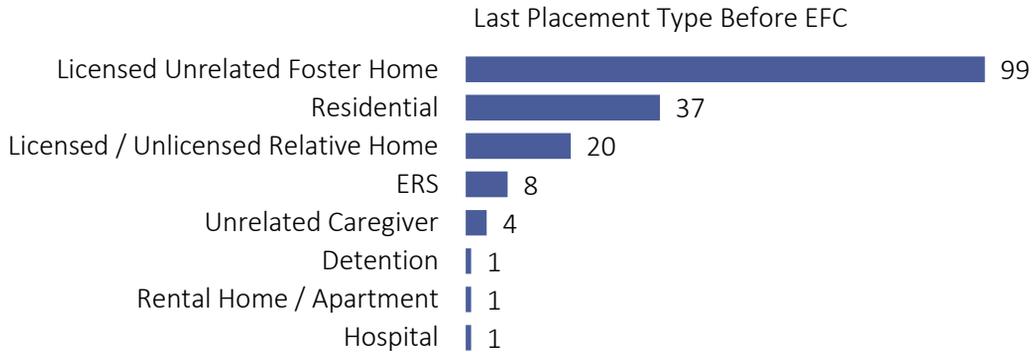
EFC also strives to return youth from institutional care back to the community. Thirty-nine of 181 (21%) youth stepped down from a residential placement when they began EFC services. Just 9 of these 39 youth exited the EFC program to a residential placement. Two additional youth of the 39 had a residential placement after exiting. These two youth had exit reasons of AWOL and unapproved moved out of area.

72%

of youth who moved from residential facilities remained in the community during and after EFC services.

Most youth find placement stability during and after EFC

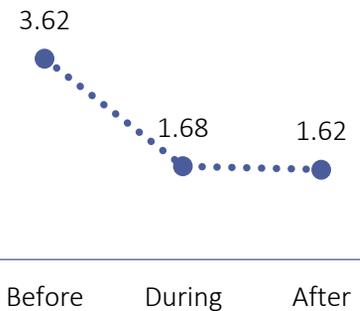
Most youth were in licensed unrelated foster homes before beginning EFC services. The next highest portion of youth were in child caring institutions. Most youth (n=117) remained in the placement they were in when EFC services began. Forty-six youth in residential facilities, emergency residential shelters, detention, and hospital living arrangements moved to placements in the community, which aligns with EFC’s goal of moving youth in restrictive placements to less restrictive placements. Ten youth are not included in this analysis as their placement history was not accessible to WMPC.



Youth experience half as many placements during and after EFC

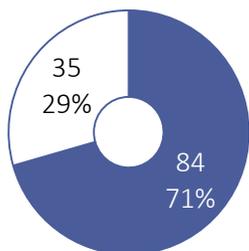
On average, EFC youth have nearly four placements before entering EFC services. Once EFC begins, the average number of placements is less than two placements. Afterwards, the average decreases slightly.

WMPC also completed a statistical analysis examining factors associated with the number of placements during and after EFC using a 1-year timeframe before and 1-year timeframe after EFC services. We found that youth that had a high number of placements before entering EFC were more likely to have fewer placements during and after EFC. These results indicate that one of the benefits of the EFC services is placement stability for youth with a history of a high number of replacements.



Most exited youth stayed in their placement when EFC ended and remain in that placement.

The majority (71%) remained in their EFC placement, while the rest moved to other placements like parental homes, residential facilities, or other foster homes.



75% (n=63) of the youth who stayed in their EFC placement at closure remained in that placement at the time the evaluation was conducted. Most were permanent placements: 20 adoptive homes, 6 reunified with parents, 3 juvenile guardianship homes, and 2 independent living arrangements. The remaining 32 remained stable in their foster homes.

EFC youth have higher needs than others in care; These youth’s overall functioning increase by program exit.

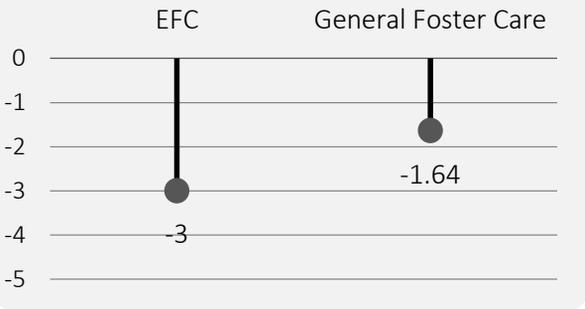
EFC uses two tools to measure youth’s mental health and well-being. This evaluation compared the Child and Adolescent Needs and Strengths (CANS) scores of EFC youth to the general foster care population and determined the difference between Child and Adolescent Functional Assessment Scale (CAFAS) scores at program entry to scores at EFC exit. A higher CANS score demonstrates more strengths, while a lower CAFAS score suggests higher functioning.

CANS Mental Health Scoring

The CANS is a tool used periodically for every child in foster care to measure the child’s emotional behavior/coping skills. This assessment helps determine the level of care and measure progress toward outcomes. It informs service plans based on the child’s needs. Scoring for mental health and well-being ranges from +5 to -5.

+5	Healthy emotional behavior/coping skills
0	Appropriate skills
-2	Situational concern
-3	Limited skills
-5	Severely limited skills

Youth in EFC have a much higher need for mental health services than the general foster care population.

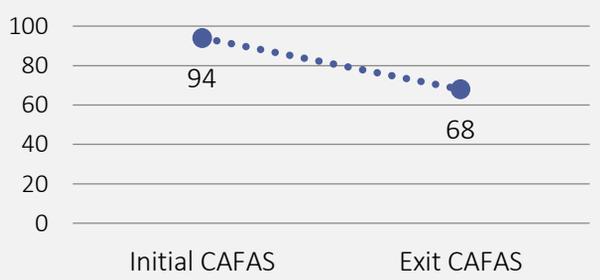


CAFAS and PECFAS Scoring

The CAFAS is for youth ages 7 to 17 years old and is used as a criteria to consider in determining the intensity of services needed, as an outcome measure, as an aid to actively manage cases during treatment, and for agency continuous quality improvement. The similar preschool-aged tool called PECFAS is used for youth ages four to six years old.

Improved Functioning Demonstrated by CAFAS and PECFAS Scores

Youth in EFC on average decreased their CAFAS score by 26 points (28%) from the point of their initial assessment to their exit assessment. This change represents a meaningful and reliable improvement in overall functioning.



What cases have a greater decrease in CAFAS score during their time in EFC?

Guardianship
 WMPC completed a statistical analysis of average CAFAS scores at EFC entry and EFC exit and found a relationship between youth who have a permanency goal of guardianship and a decrease in CAFAS scores.

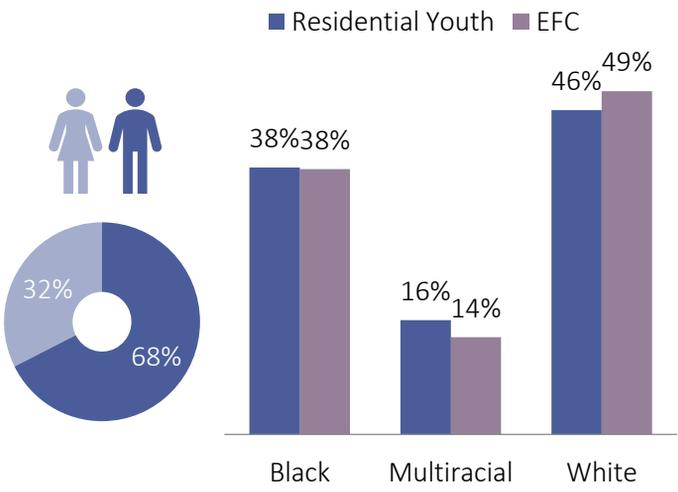
High EFC Level
 There was a relationship between an EFC level and CAFAS scores; the higher the approved EFC level, the more of a decrease in scores when the youth exits EFC. The level of change for these youth is 46 points.

20% of youth stepped down from a residential placement to receive EFC services

WMPC analyzed characteristics for youth who stepped down from a residential placement into an EFC foster home to understand who EFC supports transitioning to the community and what their outcomes are after receiving EFC services. A total of 37 youth, or 20% of the EFC population, were in a residential placement when they were referred to EFC.

This group's gender is proportionate to other EFC youth while their race is disproportionate

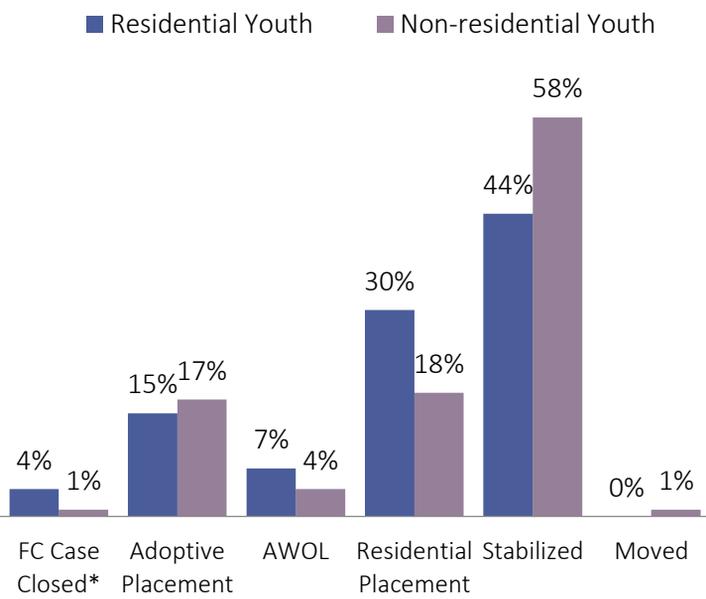
Most youth who stepped down from a residential placement into EFC are boys, which is similar to the total EFC population. However, Multiracial youth are slightly over-represented compared to the total EFC population and the foster care population.



63% of youth stepping down from a residential placement remained in the community at program exit

There are 27 EFC youth who stepped down from a residential placement before entering EFC and have since exited the program. Seventeen were stabilized, adoptively placed, or reunified with their parents upon exit. Eight (30%) of these 27 youth exited EFC due to re-entering a residential placement.

While most of these youth achieve positive outcomes in stabilization and adoptive placements, this particularly vulnerable group of youth have lower rates of positive outcomes in comparison to the total EFC population.



*Child was discharged from foster care due to reunification or another planned permanent living arrangement (APPLA)

They spend fewer days in EFC

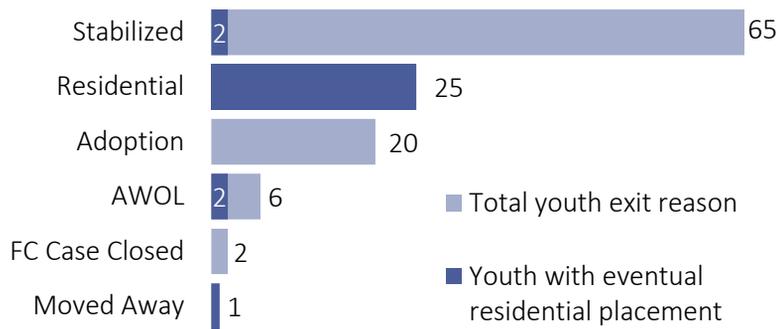
168

The median number of days in EFC for these 37 youth was 168 days. This is 20% shorter than 210 days for youth with no residential placements. This suggests that youth stepping down from a residential do not need more time in EFC than other youth.

3 in 4 exited youth do not experience a residential placement after EFC

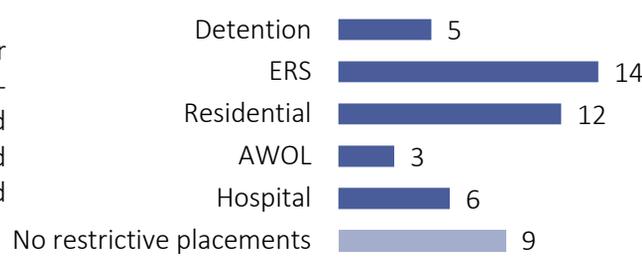
This evaluation found that just 30 youth experienced a residential placement after EFC. This is 25% of 119 youth who have exited EFC. The chart to the right explains the total number of youth with exit reasons (light blue) and the 30 youth with residential placement's exit reasons (dark blue). Twenty-five of the 30 moved to a residential facility immediately when EFC services were terminated.

Of the 65 youth who were stabilized at service closure, just two youth had a future placement in a residential facility. The remaining three residential cases had exit reasons of AWOL and moving away. Zero youth who were adoptively placed or whose foster care case closed moved to a residential facility after receiving EFC services.



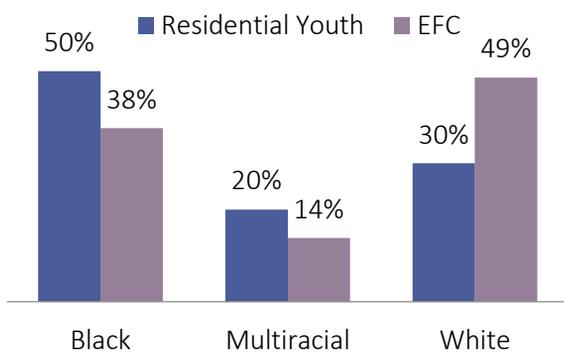
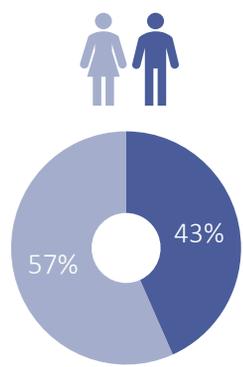
Most youth who experience a residential placement after EFC have a history of restrictive placements

Of the 30 youth who experienced residential placements after EFC, the majority (n=21) had been in a restrictive, non-community setting before EFC. Nine youth had only experienced relative or licensed unrelated foster home placements. 40% had been in a residential placement at some point before EFC and 47% had been in an emergency residential shelter.



Girls and children of color are over-represented in this group

Most of the youth who experience a residential placement after EFC services are girls. Because this is a small group of youth, WMPc found it to be not statistically significant. So while an interesting finding, more evidence is needed to assume the relationship between gender and residential placements after EFC. Race is significantly disproportionate for this group of youth and it is statistically significant. White children are far less likely to go to a residential after EFC; 70% of children experiencing residential after the program are children of color, while children of color make up just half of the EFC population.



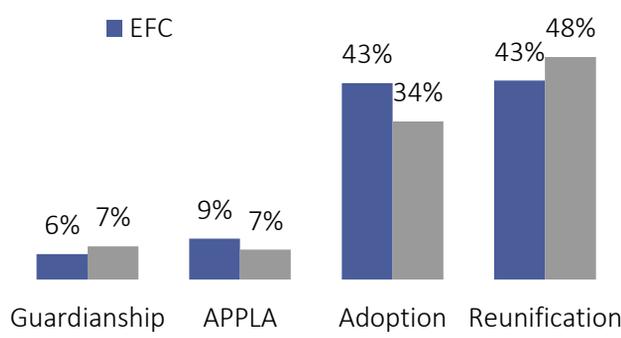
138

The median number of days spent in EFC for these 30 youth was 138 days, compared to 247 days for youth with no residential placements.

EFC supports youth in achieving their permanency goals. 26 youth have discharged from foster care and achieved permanency and 19 more are in permanent placements while receiving EFC services.

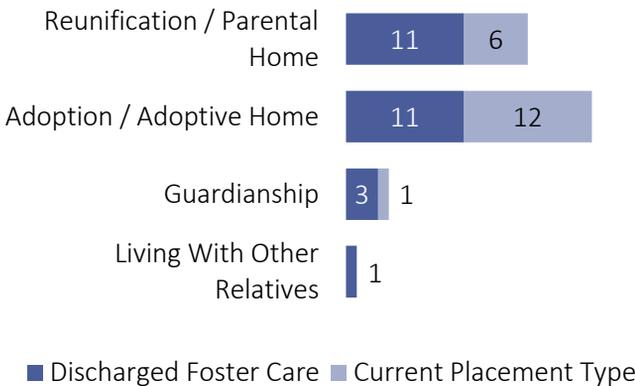
EFC services support youth, caregivers, and foster care teams to achieve permanency goals; most EFC youth have a goal to be adopted or reunified with parents. A few youth have goals to find guardians or transition to independent living (APPLA). Youth who are in EFC are slightly more likely to have a permanency goal of adoption or APPLA compared to the general foster care population. There is a lower proportion of youth with the goal of reunification with parents or primary caretakers and guardianship compared to all youth in WMPC’s care. This may be attributed to the average age EFC youth enter foster care being older (9 years) than the general foster care population entering care (6 years).

Permanency Goals for EFC, General Foster Care



Since EFC launched in December 2017, 26 youth have exited EFC services because they have been discharged from foster care; nearly half (42%) of these 26 youth were reunified with their parents, which is a slightly lower proportion than the general foster care population who were discharged from care (48%). Eleven youth (42%) exited EFC after their foster care case closed due to adoption. This is a higher proportion than the general foster care population who discharged to adoption (34%). Nineteen youth are currently receiving EFC services while they are in a permanent placement awaiting their foster care case closure. These permanent placements include living in parental homes, adoptive homes, and guardianship homes.

Permanent Living Arrangements



EFC staff highlight cases leading to permanency

While this evaluation focused heavily on quantitative data, WMPC recognizes the importance of anecdotal successes to support its findings, specifically around youth who have found permanency. The following stories were provided by agency staff closely connected with these cases. Children’s ages range from 8 to 14 years old; their races and genders vary and are representative of the EFC population. Youth’s names have been changed to protect their identities.

Creating safe and stable placements

Sam was the victim of sexual abuse in his birth home and began exhibiting inappropriate sexual behaviors toward his siblings. He lived in a residential placement for two years while awaiting a safe and supportive foster home that could meet his needs. With the help of EFC services, an appropriate foster family was identified for Sam and the team worked with the family to help Sam increase his life skills and learn how to address his drives and emotions while keeping himself and his family safe. Sam did not experience any placement changes during his engagement in EFC services and ultimately was adopted by this family.

Learning appropriate boundaries and returning home to mom and dad

Upon engagement of EFC services, Ryan struggled with understanding social and physical boundaries and failing to comply with reasonable household expectations. Ryan was diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and showed symptoms of Autism Spectrum Disorder (ASD). Ryan's behaviors created tenuous relationships among his peers, and he struggled to maintain friendships. The EFC team worked with Ryan to increase healthy, age appropriate boundaries among peers and adults and address his sensory issues. Ryan also received supportive case management services. With the help of EFC, Ryan was able to make progress on his sensory issues and adhering to age appropriate boundaries. Ryan was living with his uncle when he was returned home to live with his mother and father.

EFC team assists in reunification process

Mia struggled with physically aggressive behaviors such as hitting, biting, and kicking and required extra supervision around other children to ensure safety. EFC services supported Mia in her foster home placement to help reduce her aggressive behaviors and ensure a smooth transition into Mia's biological father's home. After reunification with her father, Mia was ready to exit EFC services. The EFC program's flexibility allowed for the EFC team to complete follow-up visits with Mia and her father after service closure to offer additional support. Mia and her father received continued support through the family reunification program following EFC closure.

Developing tools for coping with trauma leads to successful reunification

Victoria was diagnosed with Post Traumatic Stress Disorder (PTSD), as well as ADHD. She presented with difficulties in identifying and expressing her emotions in healthy and appropriate ways. Victoria worked with the EFC team on identifying her triggers and exploring a range of coping skills to utilize when she noticed she was being triggered. Her father worked with the EFC team to learn about Victoria's trauma history; together they identified triggers and found techniques and tools to implement in crisis situations. Victoria also received support from outpatient counseling services while involved with EFC and the EFC team was able to connect Victoria with trauma focused counseling to support her after discharging foster care. Victoria found permanency in her successful reunification with her father.

Connecting resources to achieve permanency with family

When EFC services began, Jake was engaging in verbally and physically aggressive behaviors, struggled with self-regulation, and lacked the ability to empathize with others. The EFC team helped him increase his emotional regulation, decrease his aggressive behaviors, and assist his grandmother in learning ways to respond to Jake's behaviors. During his time in EFC, Jake received therapy services from the Kent School Services Network, occupational therapy, individualized education planning, and psychiatric services. EFC's many interventions with the family helped preserve the placement and to achieve permanency for Jake as he was adopted by his grandmother.

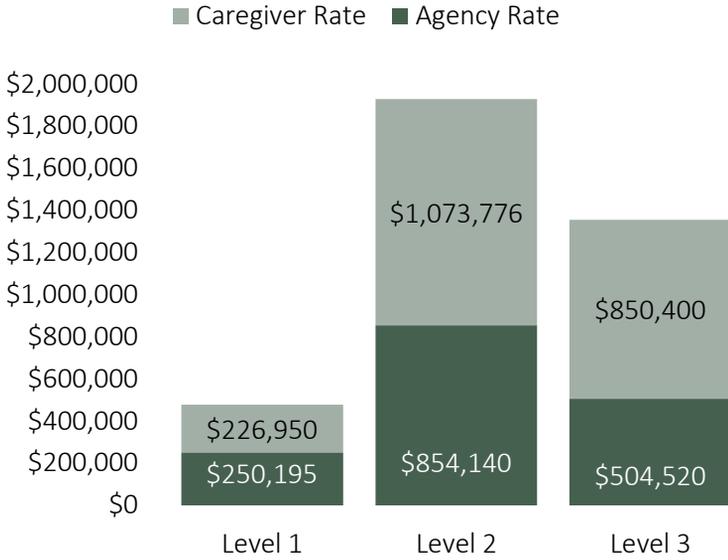
Collaboration ensures stable reunification

Isaac was placed into shelter when his foster home could no longer provide placement and no other placements could be located. EFC services were implemented to help stabilize Isaac's foster home placement and work on reducing his behaviors. Isaac continued to stabilize and was successfully reunified with his father. The EFC team collaborated with the family reunification program to address Isaac's educational needs to ensure his father could assist Isaac with being a successful student. The EFC team also educated Isaac's father on Isaac's ADHD diagnosis and trauma responses in order to best prepare and equip him to support Isaac.

WMPC spent \$3.76 million in fiscal year 2019 (FY19) supporting agencies and caregivers

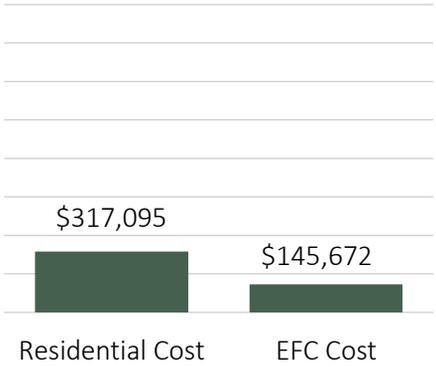
Appendix B provides a description of EFC services and the daily financial rate a caregiver and the assigned agency receives based on the child’s level of services.

The total amount provided to caregivers as maintenance payments in FY19 was \$2,151,126. Agencies were paid \$1,608,855 in administrative EFC daily rates.



WMPC saved \$171,423 in residential costs in FY18

This savings is calculated based on residential cost for seven youth who stepped down from residential placements and were placed in foster homes to receive EFC services. The average amount WMPC pays a residential facility is \$350 a day. By taking seven youth out of residential placements, WMPC was able to redirect \$145,672 to agencies and foster homes to support youth needs with resources and saved \$171,423 that would have been paid to a residential facility.



\$24,489



Average savings per youth in FY18

In FY19 WMPC saved \$833,442 in residential costs

WMPC successfully removed 30 youth from residential facilities and placed them in foster homes with EFC services last fiscal year.



\$27,781

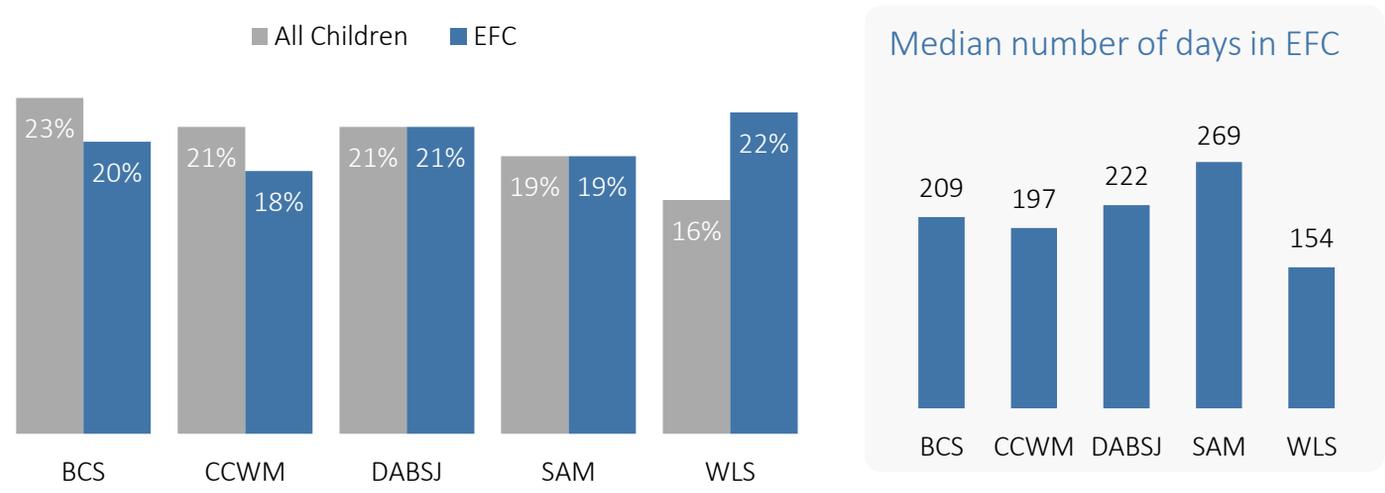


Average savings per youth in FY19

*WMPC’s fiscal year runs from October 1 to September 30.

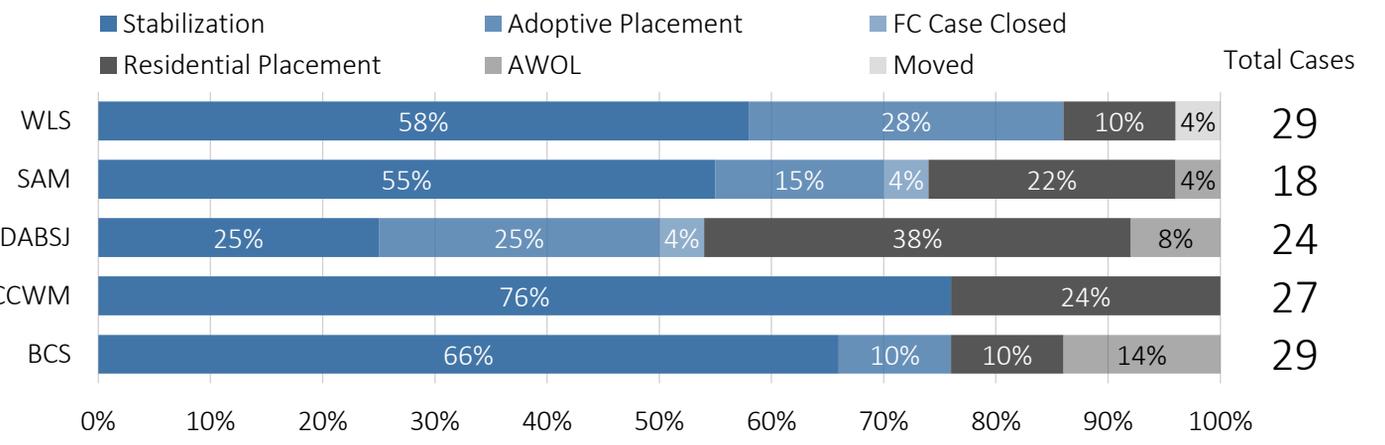
Agency EFC cases are not always proportionate to the total assigned youth in their care

Wellspring Lutheran Services (WLS) has the fewest children assigned to them in general foster care and has the most youth in EFC. This agency also has the lowest average number of days a child spends in EFC (154 days), which would allow them to serve more youth. DA Blodgett - St. John's (DABSJ) and Samaritas (SAM) EFC youth have a proportionate percentage of youth assigned to them and in the program.



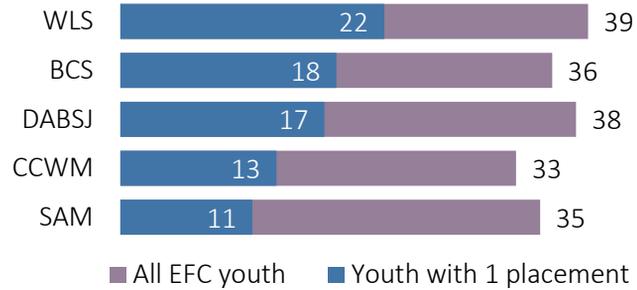
EFC youth exit reasons vary by agency. Some achieve more positive exit reasons than others.

Youth in WLS EFC program are exiting due to stabilization or adoptive placements more often than any other agency. WLS has the least percentage of negative placement end reasons. This is a particularly interesting finding because this agency has the most children and the shortest average length of stay in EFC. The program is intended as a short-term intervention and this finding supports the understanding that a longer stay in EFC may not be associated with better outcomes for the child. SAM youth have the second highest percentage of successful outcomes of stabilization, adoptive placement, and case closure. DABSJ has the lowest percentage of youth exiting due to stabilization and the highest percentage of youth exiting to residential placements.



Stabilizing Placements

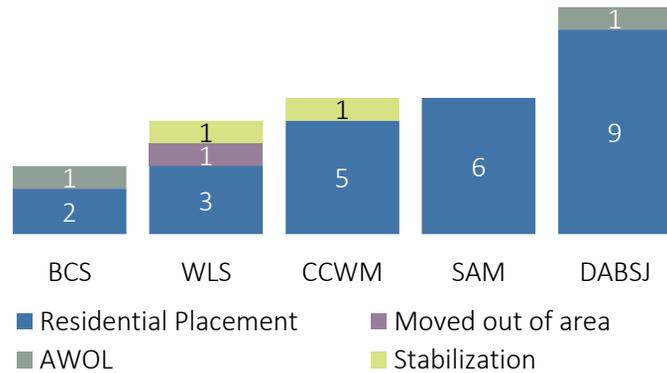
Forty-five percent (n=81) of 181 cases experienced one EFC placement throughout the program. This includes youth with one placement who remain in EFC today and those who have exited EFC and had the same one placement during and after EFC. The agency breakdown of youth who experience one placement varies from 22 (56% of WLS' total EFC youth) to 11 (31% of SAM's total EFC youth).



Experiencing Residential Placements After EFC

This evaluation found that 30 youth experienced a residential placement after EFC services ended. Most of those youth exited directly to a residential facility with EFC unsuccessfully keeping them in the community. Bethany Christian Services (BCS) had the fewest youth step into a residential placement as an exit reason, as well as after the program, while DABSJ had the most children placed in a residential facility. A few youth had AWOL, stabilization, or moving out of the area as an exit reason and eventually were placed into a residential facility.

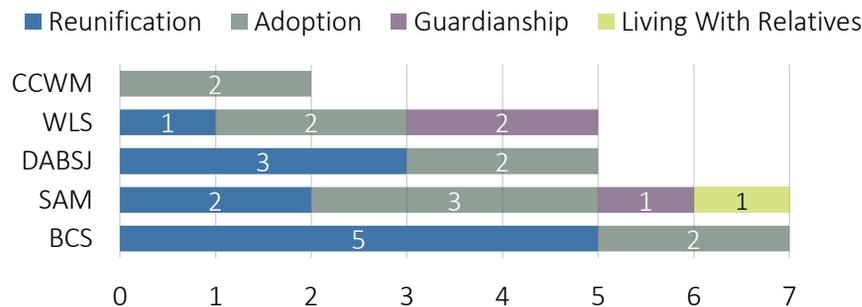
Youth with Residential Placements by EFC Exit Reason



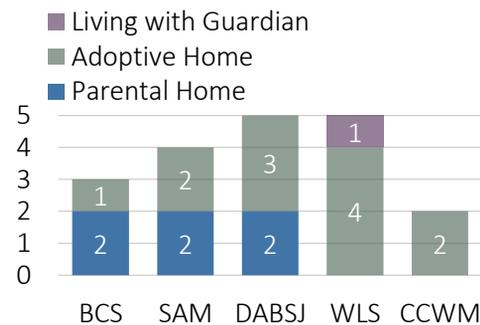
Achieving Permanency

The 26 youth who have been discharged from foster care vary by agency assignment and reason for discharge. BCS and SAM have the most EFC youth who have achieved permanency. Most have been reunified with parents or primary caretakers (n=11) or adopted (n=11). In addition to those whose foster care cases have closed, 19 more youth are in permanent placements awaiting case closure. Six youth are living with their parents, 12 are in their adoptive homes, and an additional youth is living with a guardian. Though DABSJ and WLS have fewer youth who have discharged foster care, they have the most youth in permanent placements. Catholic Charities West Michigan (CCWM) has the fewest EFC youth discharged and in permanent placements.

Discharge from Foster Care Reasons



Youth in Foster Care Permanent Placement



EFC Staff highlight successful cases

Just as PAFC staff spent time celebrating youth who achieved permanency with the support of EFC services, they also brought to WMPC examples of youth who utilized EFC and were able to make strides toward becoming stable in the community. These stories should be considered when understanding how EFC is implemented to connect community resources, support youth in developing skills, and match them with dedicated foster homes to help youth thrive in the community while they obtain permanency. Similar to the stories of youth achieving permanency, these youth's characteristics vary but are similar to the greater EFC population. Two are legacy youth, two have experienced residential placements, their ages range from seven to 12 years old, and they have either a permanency goal of adoption or reunification.

Regaining confidence and successfully managing emotions

Shawn was struggling with unhealthy sleeping and eating habits, verbal and physical aggression, low self-esteem, and depression when he began EFC services. Staff worked with him and his foster family over a two-year period and was able to successfully close out EFC services. Shawn received individual counseling services, occupational therapy, and mentoring services to address his needs. Since working with EFC, Shawn's aggressive behaviors have reduced significantly; he has regained confidence in building relationships, and his sleeping habits have improved. Additionally, Shawn is now able to identify and share his thoughts and emotions in healthy ways and reports feeling happier and calmer in his placement.

Improving functioning and reducing EFC level

Upon entering the EFC program, Ava was exhibiting outbursts of physical aggression and self-harming behaviors resulting in recurring in-patient mental health interventions and multiple placement changes. Other supportive services involved in Ava's life include respite services, individualized education planning, psychiatric care, individual therapy, crisis intervention services and assisted care. Since EFC intervention, Ava has experienced placement stability, increased her use of healthy coping skills, and has improved her levels of functioning and ability. Ava has made such significant progress that her case was recently moved from the most intense EFC level of three down to a level two.

Attaining placement stability with a relative

Lacey survived multiple traumatic experiences resulting in behaviorally violent outbursts, a general distrust of adults, and running away. Lacey experienced several placement changes, including residential stays and an unsuccessful return to her biological family's home. Upon re-entry into foster care, a relative placement was secured for Lacey and EFC services were implemented. Lacey also received support from wraparound, home-based therapy and equine therapy. Lacey's relationship with her caregiver and the EFC team helped to maintain Lacey's placement. Lacey's relative caregiver was dedicated to Lacey's stability and success and found support through the EFC program.

Supporting foster parents supports stable placements

Brandon was engaging in physically aggressive and harmful behaviors upon entering the EFC program. Brandon also received support through engagement in therapy services, psychiatry services, individualized education planning, and wraparound support. EFC was able to connect Brandon and the foster family to several supportive community resources, including financially supportive services for the foster parent. Brandon benefitted from EFC's referral to therapy services and maintained placement stability. The foster parent described EFC as "the glue" that helped stabilize and maintain Brandon's placement.

EFC Staff Perspectives

The evaluator conducted interviews with WMPC’s Director of Care Coordination and Innovation and the Care Coordination Manager to understand what the program does well and how it can improve. These two staff members play an important administrative role in the program. The Director’s responsibilities include but are not limited to developing procedures, approving EFC case re-authorizations, consulting in case reviews, and general oversight of the program. The Care Coordination Manager oversees the program alongside the Director of Care Coordination and leads in problem solving and collaboration among agencies. She approves EFC referrals and EFC re-authorizations, administers the mental health evaluation database, and consults in case reviews.

The evaluator then facilitated a focus group with EFC supervisors and clinical workers to understand the strengths and barriers of EFC. These staff participate in the development of their own agencies’ EFC program as well as WMPC’s administration of the program. They work directly with EFC youth, foster parents, foster care case managers, and other community services that benefit the child’s well-being.

Between the two interviews with WMPC staff and the focus group with agency staff, multiple themes emerged. Within these themes, much of what was discussed was positive – EFC is a strong program that values connection between professionals and families, flexibility to meet youth needs, supporting foster families, and achieving powerful outcomes for EFC youth in their care. Still, there are ways the program can improve to further accomplish these things.

Connectedness Among Agencies & With Families

A major theme among WMPC staff and agency staff was celebrating the increased collaboration across agencies since the creation of WMPC and the EFC program; a focus group participant stated the importance of WMPC’s presence in providing a platform for county-wide agency collaboration. The EFC development group, which is led by WMPC’s Care Coordination Manager and involves EFC supervisors and clinical workers, was used as an example of how staff are facilitating conversations among workers allowing for quicker solutions to challenges that arise in cases and encourages comradery among the agencies. Many participants believe EFC has brought the agencies together more than other programs in foster care and staff are seeing more cross-agency collaboration in EFC than in other programs at their agency. Along with the celebrations of collaboration, a participant suggested it would be helpful to share agency specific resources across the network to replace lost community resources.

In discussion around EFC program strengths, All focus group participants stated or echoed the importance of small caseload size in the EFC program. Reasons for small caseload sizes included increased availability to foster parents and children for crisis management, debriefing challenges, and validation of stated progress or barriers. Some participants suggested the small caseload size leads to increased engagement with children and foster parents, and in developing deep knowledge of foster care cases. Increased foster parent support offered through EFC services was also a theme across agencies. This included the use of a team approach engaging the many services and systems active in the youth’s life, as well as increased daily determination of care rates for EFC youth.

“There’s a level of sharing going on across agencies that would not have happened a couple years ago.”

“We’ve never been able to be more intensely involved with families than we have with EFC.”

Allowing Adaptability & Flexibility

Focus group participants mentioned flexibility in program statements as a strength to the EFC program expressing that it allows each program to be creative in meeting the unique needs of families and children engaged in services. This is an advantage to EFC that similar programs, like Treatment Foster Care, is not able to provide. Along those lines, WMPC and EFC staff discussed the purpose of the program is to utilize community resources already in place and not duplicate them, which saves time and resources. All focus group participants agreed on the importance of small caseload size to allow adequate time to search for and secure helpful community resources.

"[EFC] can quickly adapt needs to goals as they arise."

Need to Develop Consistency & Clear Expectations

While many strengths were discussed throughout the focus group and the interviews with WMPC staff, a few needs or barriers were also agreed upon. Many of these needs were coupled with strengths of the program, and participants began problem solving in the meetings. Nine of the 10 participants called for changes to the daily EFC rates that EFC foster parents receive. EFC staff expressed concern that EFC foster parents may be inclined to advocate for keeping youth in EFC services longer than necessary because the amount of financial support they receive is substantial. EFC staff believe lowering EFC daily rates may allow more youth to be served by the EFC program as cases may be more likely to progress and close sooner. Additionally, representatives from 4 of the 5 agencies agreed that consistent and robust education be provided to EFC workers and foster parents around the purpose and appropriate utilization of daily rates for EFC youth in their home. This may encourage parents to spend a portion of their daily rate on resources for their home that will support youth instead of asking agencies to pay for these items. All focus group participants stated a need for increased program structure through the creation and implementation of manuals, protocols, and policies. WMPC's Director of Care Coordination and the Care Coordination manager also emphasized the need for developing structure among the agencies' programs while still allowing for the valued flexibility discussed above. Structure could be implemented by providing a list of resources, staff training opportunities, and marketing materials to EFC foster parents and foster care staff.

"Reducing the daily rate foster parents receive may give us the ability to service more kids."

Powerful Outcomes: Community Placements, Permanency & Supporting Foster Parents

When asked what type of outcomes they strive for with the youth they serve, all participants emphasized the importance of ensuring safe, secure, and stable placements in local community placements and keeping vulnerable youth out of residential facilities. All participants stated their goal for youth is ensuring successful permanency outcomes, many times for cases that may have otherwise remained in foster care. All participants noted or echoed the importance of providing support to foster parents through offering education through a trauma informed lens, being present and available for foster parents' needs while teaching foster parents how to implement tools and acting as a facilitator to ensure collaboration between service providers and systems.

"Keeping our kids in our communities is the best thing for them... EFC has such a dedication to keeping kids in foster homes in our communities and out of residential placements."

RECOMMENDATIONS

Continuous Quality Improvement

In every evaluation there are barriers that prevent accurate and important findings and even progress in program development. The major barriers WMPC found during this evaluation were access to reliable and abundant program and financial data.

Improving Data Reliability and Availability

- Further clarify referral reasons, exit reasons
- Create a comprehensive PSAM form for cases, including referral and reviews
- Develop an EFC Evaluation Dashboard
- Strengthen Tracking of Financial Data and Cost Avoidance

Future Evaluation Activities

This evaluation is the start to future evaluation activities and WMPC plans to continue this project and develop further findings on a quarterly basis. Going forward, there are additional activities should support and expand upon current findings.

Methodology

Comparison Cohort

- Creating a comparison cohort of youth experiencing residentially who do not receive EFC services and those who do receive EFC and step into the community may allow WMPC to compare the different financial and well-being outcomes for these youth.

Foster Care Worker Surveys, Focus Groups

- Foster care workers play a valuable role alongside EFC staff. WMPC hopes to expand feedback loops to these workers in future evaluation by virtual surveys or focus groups similar to the EFC worker survey completed in this evaluation.

EFC Foster Parent Surveys, Focus Groups, Interviews

- WMPC recognizes EFC foster parents as important stakeholders in the program, both benefiting from and influencing EFC. Surveys, focus groups, and interviews will support an equitable evaluation in the future.

EFC Youth Interviews, Surveys

- WMPC would like to seek feedback from youth receiving EFC services through interviews and surveys. These youth may give insight to the benefits of the program and direct in ways EFC could improve to better serve them.

Outcomes

Outcomes by PAFC

- Further analyzing stability, residential experiences, and permanency outcomes for youth by agency will direct WMPC in providing structure among the network's programs.

Youth Demographics

- Further analyzing demographics and implications in EFC as males and females are served at a disproportionate rate, and there is a disproportionate number of children of color entering residential placements after EFC.

Stabilizing Placements and Mental Health

- Developing a way to measure placements (history, length of stay, reason for leaving placements, etc.) more reliably will help WMPC understand the impact EFC has on placement stability.
- Measuring sub scores for CAFAS assessments will allow WMPC to better understand in which areas EFC is most needed and impactful.

Financial Benefit Analysis

- WMPC hopes to obtain reliable financial data to understand the benefit EFC has on residential and general foster care costs.

Child and Adolescent Functional Assessment Scale (CAFAS)

0-10	Youth exhibits no noteworthy impairment
20-40	Youth likely can be treated on an outpatient basis, if risk behaviors are not present
50-90	Youth may need additional services beyond outpatient care
100-130	Youth likely needs care which is more intensive than outpatient and/or which includes multiple sources of supportive care
140-240	Youth likely needs intensive treatment, the form of which would be shaped by the presence of risk factors and the resources available within the family and the community

Child and Adolescent Needs and Strengths (CANS) Assessment Tool

A multi-purpose tool developed for children’s services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. This evaluation uses CANS data from MISACWIS service plans. Full scoring can be found at:

https://www.michigan.gov/mdhhs/0,5885,7-339-71551_11120_74572_74581---,00.htm.

+5	Healthy emotional behavior/coping skills
0	Appropriate skills
-2	Situational concern
-3	Limited skills
-5	Severely limited skills

EFC Referral Reasons

- *Risk of placement break* – The youth is at risk of their placement changing due to the caregiver/s notifying the foster care agency of the need for the child to be moved to another placement.
- *Discharge from emergency residential shelter (ERS)* – Youth are placed in emergency residential shelters when no other placements are able or available to provide adequate care for the youth.
- *Stabilize placement* – To reduce the chance of placement change for a youth.
- *Discharge from residential facility* – Occurs when a youth exits a residential care facility.

EFC Exit Reasons

- *Adoptive placement*
- *AWOL*
- *Residential placement*
- *Stabilized*
- *Moved away*

Legacy Youth Levels (p8) –

- Case rate level 1 and 2 - \$24,510
- Case rate level 3 and 4 - \$12,670
- Case rate level 5 - \$6,740

Michigan Statewide Automated Child Welfare Information System (MiSACWIS)

- Electronic case management system implemented April of 2015 statewide and mandated for all DHHS and Private Agency providers to electronically manage all CPS, foster care and adoption cases.

MindShare

- Data science and technology company that helps to navigate data across existing systems, across departments, databases and file systems.

Placement Type / Living Arrangement

- Designates the type of living situation the youth is in. These include temporary shelters, residential facilities, relative placements, licensed foster homes, adoptive homes, and biological family homes.

Placement Move

- Indicates a youth moving from one placement type/living arrangement to another. Youth may experience multiple placement moves during their time in foster care.

	Description of Youth	Behaviors	Caregiver Participation	Daily Rate
Level 3	<p>Children with high treatment needs that require intensive services to be maintained in a community setting. Psychiatric or behavioral issues, including frequent acting out behaviors and/or history of multiple hospitalizations. Unable to attend school without added services and a structured environment.</p> <ul style="list-style-type: none"> • CANS score -5 in Mental Health and Well-Being • CAFAS score 120 or more on the Child/Adolescent Section 	<p>Behaviors may include severe impairment, which may include causing property damage in the school or home, destructive or aggressive behavior towards self or others, intense mood irregularity, and/or distorted thinking.</p>	<p>Engages with the EFC Case Manager and behavioral specialist multiple times per week, participates in wraparound services and therapy with youth, uses de-escalation techniques, responds to emergencies at school, and implements crisis safety plan when needed.</p>	<p>Caregiver: \$100.00</p> <p>Agency: \$70.00</p>
Level 2	<p>Children with moderate treatment needs, whom have significantly disrupted functioning in school or placement, aggressive behaviors or require frequent behavioral intervention.</p> <ul style="list-style-type: none"> • CANS score -3 or -2 in Mental Health and Well-Being • CAFAS score 80 or more on the Child/Adolescent Section 	<p>Behaviors may include persistent non-compliant or irresponsible behaviors, sexually inappropriate or delinquent behavior, angry outbursts, or frequent mood disruption.</p>	<p>Engages with the EFC Case Manager and behavioral specialist each week, uses positive behavior supports, transports the youth to needed treatment, and incorporates treatment plan components in the home.</p>	<p>Caregiver: \$88.00</p> <p>Agency: \$70.00</p>
Level 1	<p>Children are generally stable and able to function well at home and school. Ideally used to step down youth receiving EFC services that show tremendous progress and stability.</p> <ul style="list-style-type: none"> • CANS score 0 or higher in Mental Health and Well-Being • CAFAS score less than 80 on the Child/Adolescent Section 	<p>Behaviors may include occasional disobedience, argumentative or annoying interaction with caregiver, problems at school or in relationships, or emotional distress.</p>	<p>Engages with the EFC Case Manager and behavioral specialist weekly, attends Family Team Meetings at a higher frequency, exercises good control when provoked, provides consistency and predictable behavior towards the youth, and sets realistic expectations for the youth.</p>	<p>Caregiver: \$75.00</p> <p>Agency: \$70.00</p>

Resources	Activities	Outputs	Outcomes		Impact
Elements needed to implement the program	Key activities/services to address the need(s)	Data/service; numbers, products, or services	Short-Term Benefits to Target Population (0-1 yrs)	Mid-Term Benefits (1-3 yrs)	On community, system, organizations (7-10 yrs)
<p>Youth in Foster Care Foster parents Bio parents Relatives Foster care worker Adoption worker</p> <p>WMPC: Clinical Liaison Care Coordination PQI Finance</p> <p>PAFCs: EFC team Program director Program manager EFC supervisor Clinical case manager Behavioral specialist</p> <p>Supportive Services: Wraparound Community mental health Residential Facilities</p> <p>Funding: DHHS Grant to WMPC Flexible Funding</p> <p>Other: Individual service agreement (ISA) EFC One-pager Excel Spreadsheet PSAM List CANS / CAFAS / PECAFAS Foster Parent Training Staff Training</p>	<p>Weekly contact, frequency depending on level (see EFC Summary)</p> <p>Quarterly reports to WMPC</p> <p>Complete CAFAS / PECAFAS screening every quarter</p> <p>Monthly EFC development group</p> <p>Individualized treatment for youth in care; ISA completed, reviewed each quarter</p> <p>Foster parent training and support</p> <p>Utilization Management Meeting monthly reviewing cases at 3 and 6 months</p> <p>Closing report and admin review Collaboration with residential facilities</p>	<p>Generating CAFAS score for determining eligibility and baseline functioning</p> <p>Monitoring CAFAS score for reauthorization determination and functioning progress</p> <p>EFC program capacity management based on agency size</p> <p>Caregiver rate Level 1 - \$75 Level 2 - \$88 Level 3 - \$100</p> <p>Agency Rate - \$70</p> <p>Updated treatment plan in quarterly reports</p> <p>Discharge reports</p> <p>Timely intervention: 9-months with possible exceptions</p> <p>Utilization management framework</p>	<p>Children at risk of being placed in institutional placement remain in the community</p> <p>Return more youth from institutional care back to the community.</p> <p>Youth have improved emotional and behavioral functioning.</p> <p>Youth have zero placement disruptions during and after intervention.</p> <p>0% of children have a MIC substantiation while receiving EFC services</p>	<p>More children obtain permanency and the average length of stay in foster care decrease</p> <p>For children where permanency isn't achieved, children maintain placement stability</p> <p>Increased youth wellbeing (physical health and safety, educational skills and attainment, emotional well-being, behavioral development, interpersonal relationships)</p> <p>Reduction in number of youth and length of stay in institutional care</p> <p>Decrease in psychiatric hospital admissions</p> <p>Reduction in institutional care costs</p> <p>Retention of highly skilled foster parents</p>	<p>Increased permanency and timeliness of permanency for youth</p> <p>Increase high school graduation rates</p> <p>Increase rates of employment</p> <p>Decreased rates of criminality and incarceration</p>