Evaluation of Michigan's Performance-Based Funding Model

Third Annual Final Report

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Authors
<u>Westat</u>
Susan H. Chibnall
Karla Eisen
Marneena Evans
Shauna Harps
Vanessa Kranz

<u>University of Michigan, School of Social Work</u>
Joseph Ryan
Emily Piellusch

<u>Chapin Hall at the University of Chicago</u>
Laura Packard Tucker
Emily Rhodes

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[1] The total number of *respondents* was 186 in year 1, 57 in year 2, and 152 in year 3.

[2] The total number of *respondents* was 144 in year 1, 49 in year 2, and 77 in year 3.

[3] The total number of *respondents* was 137 in year 1, 57 in year 2, and 148 in year 3.

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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, as well as 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 West Michigan Partnership for Children (WMPC), an organization comprising five private Kent County-based service agencies, is implementing a performance-based case rate funding model (Kent Model). This year, the evaluation team completed the third year of a rigorous five-year evaluation comparing foster care costs, processes, and outcomes related to the Kent Model with those of counties implementing the per diem model; this is the third annual evaluation report, covering the period from November 2018 – October 2019. The outcome and cost components of the evaluation compare the Kent Model to per diem model implementation across the state, while the process evaluation provides contextual information about foster care service planning and implementation in Kent County and two comparison counties (Ingham and Oakland). For the current report, the process evaluation focused solely on Kent County.

E.2   Methodology

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. The process evaluation is based on a case study approach. The evaluation team collected qualitative data on topics that would increase understanding on *how* service provision and array, as well as agency policies, have changed as a result of Kent Model implementation.

E.3   Cost Study

The cost study is designed to understand the fiscal effects of Kent Model implementation using primarily system-level and child-level fiscal and placement data from Kent County. The cost study team examined system-level expenditure and revenue trends in Kent County for the three-year baseline period (FY 2015 through FY 2017) and the first two years post-implementation (FY 2018 and FY 2019). The analysis also assessed the extent to which case rates that were applied to individual child and family services equal the total program and service expenditures for the services provided to those children and families. Sources of administrative data are: (1) MiSACWIS payment data, (2) MiSACWIS placement data, (3) WMPC Actual Cost Reporting Workbook and Accruals Detail, (4) BP 515 Payment Workbook, and (5) Trial Reunification Payments.

Expenditures Trends. Overall, total out-of-home private agency expenditures have been increasing in Kent County since FY 2016. Placement maintenance expenditures increased each year from FY 2015 through FY 2018 (Figure E-1). Child Care Institution (CCI) placement maintenance expenditures increased by 59 percent from FY 2015 to FY 2017, and by 11 percent from FY 2017 to FY 2018. In FY 2015, congregate care maintenance costs made up 59 percent of all placement maintenance costs, but in FY 2018 that proportion grew to 72 percent.

Figure E-1.   WMPC-related placement maintenance expenditure trends by placement setting
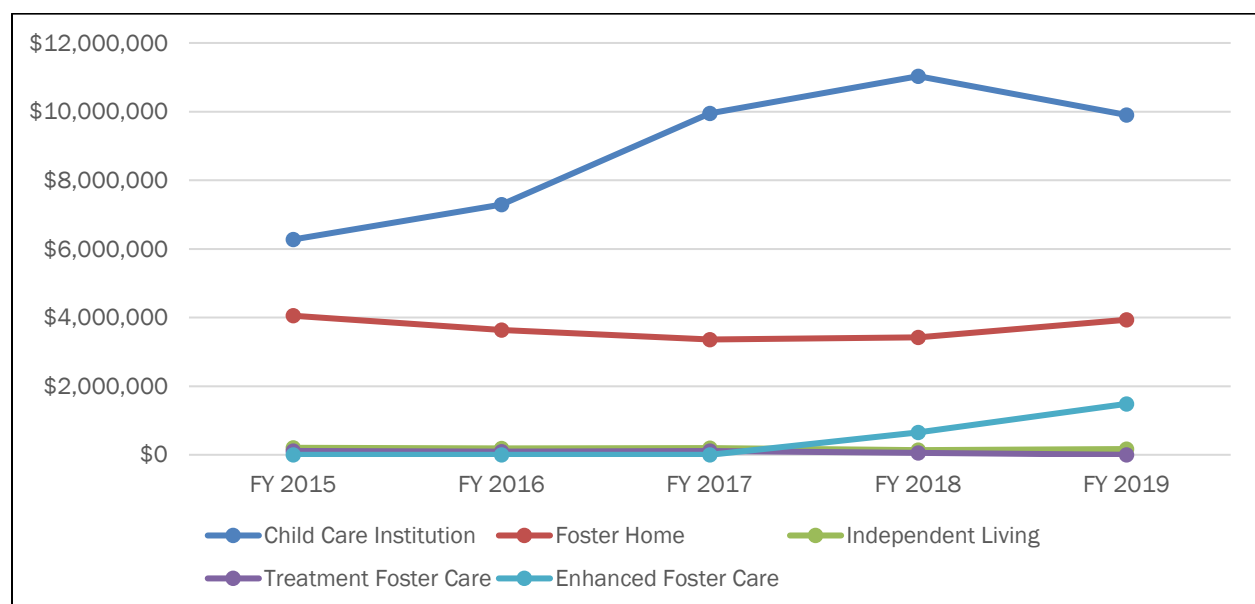
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Placement Days. Care-day utilization increased slightly in FY 2018 and again in FY 2019, compared to the three years prior to WMPC implementation. Congregate care and detention showed the largest total decrease in care days when comparing FY 2018 to FY 2019, decreasing by 18 percent and 48 percent, respectively. Foster care days stayed about the same (1% increase) in FY 2019 compared to 2018, while kinship care days increased by 15 percent (Figure E-2).

Figure E-2.   Care-day utilization by state fiscal year[4]
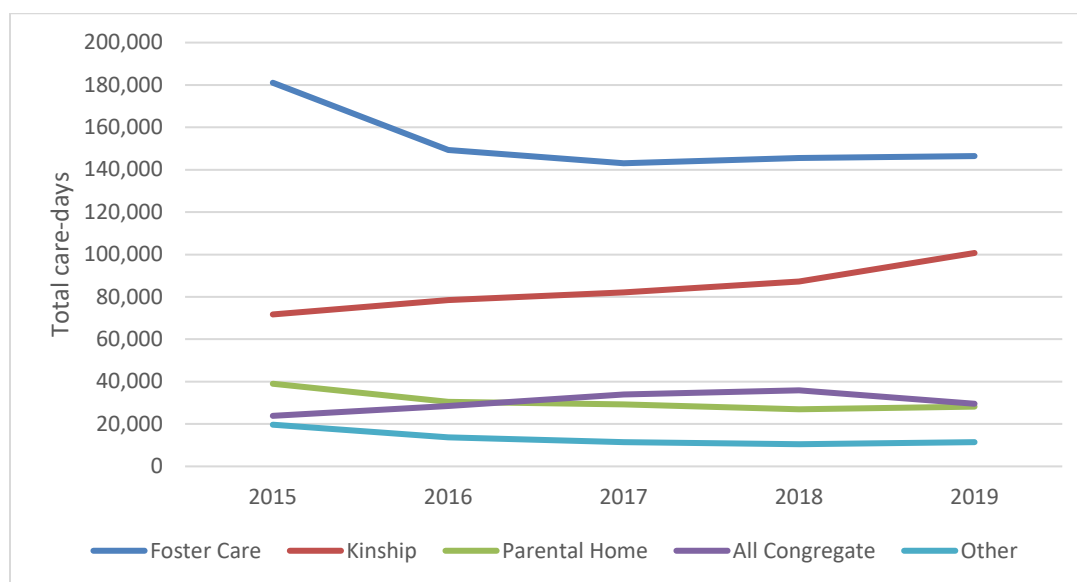
Average Daily Maintenance Unit Cost. In Kent County, for out-of-home placements, the average daily cost per care day increased each observable year from FY 2015 through FY 2019 (Table E-1). The largest increase in average daily unit cost occurred during the baseline period, when it increased by 47 percent. The average daily unit cost continued rising after the implementation period began, but at a slower pace, with a 7 percent increase in FY 2018, followed by a 2 percent reduction in FY 2019.[5,6]

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

[5] 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. 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 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. 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.

[6] CCI per diem rates range from $190-$600, with an average of $265. https://www.michigan.gov/mdhhs/0,5885,7-339-71551_7199---,00.html.

Table E-1.   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	FY 2019
Total Placement Maintenance Costs	$10,639,361	$11,488,928	$14,029,588	$15,299,844	$15,490,002
Care Days	335,292	300,502	299,798	306,129	316,494
Average Daily Unit Cost	$31.73	$38.23	$46.80	$49.98	$48.94
Foster home (includes TFC & EFC)					
	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Total Placement Maintenance Costs	$4,161,059	$3,733,650	$3,470,245	$4,131,880	$5,418,069
Care Days	181,051	149,345	143,055	145,503	146,460
Average Daily Unit Cost	$22.98	$25.00	$24.26	$28.40	$36.99
Congregate care (includes emergency shelter and detention)					
	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Total Placement Costs	$6,273,571	$7,289,628	$9,950,832	$11,031,751	$9,903,666
Care Days	25,669	29,751	34,650	37,046	30,199
Average Daily Unit Cost	$244.40	$245.02	$287.18	$297.79	$327.95

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

The outcome study team examined whether children served by WMPC (through the Kent Model) achieved significantly better outcomes than children in the matched comparison group (identified using propensity score matching).

Safety. The study team examined data on two safety measures: (1) maltreatment in care and (2) maltreatment recurrence. Overall, 21.1 percent of children experienced maltreatment in care. There were no statistically significant differences between children served in Kent County and children with similar characteristics served by private agencies in other Michigan counties. Analysis of data on maltreatment recurrence indicated that there were no statistically significant differences between children served in Kent County and children in the matched comparison group.

Permanency. For children who entered foster care after 10/1/2017, a similar percentage of children in the comparison and Kent Model groups exited care (39.7% vs. 40.30%). Children in Kent County who entered care after 10/1/2017, and exited, tended to stay fewer days in care on average (Table E-2). This difference in length of stay (LOS) is statistically significant.

Table E-2.   Exited or still in care

Group	Exit status	N	%	LOS Median	LOS Mean	LOS SD
Comparison, entered care after 10/01/2017	In care	522	59.70%	355	353	196
	Exited	353	40.30%	848	612	411
Comparison, in care prior to 10/01/2017 (legacy)	In care	174	22.10%	260	371	204
	Exited	612	77.90%	838	690	424
Kent, entered care after 10/01/2017	In care	564	60.30%	651	2,026	440
	Exited	371	39.70%	355	353	196
Kent, in care prior to 10/01/2017 (legacy)	In care	123	15.10%	848	612	411
	Exited	690	84.90%	260	371	204

In terms of the timing of exits to permanency, a higher percentage of children in Kent County who entered foster care after 10/1/2017 achieved permanency within six and 12 months of entering care relative to the comparison group (15.1% vs. 7.1%, 22.7% vs. 18.5%). For the majority of children who entered care after 10/1/2017, discharges were exits to reunification (Table E-3). Children in Kent County are significantly more likely to exit to reunification and significantly less likely to exit to adoption as compared with children in the comparison group.

Table E-3.   Permanency categories by study group

Group	Adoption	Guardianship	Living with other relatives	Reunification with parents or primary caretakers
Comparison, entered care after 10/01/2017	19.0% (56)	4.1% (12)	1.0% (3)	75.9% (223)
Comparison, in care prior to 10/01/2017	60.1% (310)	5.6% (29)	0% (0)	34.3% (177)
Kent, entered care after 10/01/2017	12.2% (38)	4.5% (14)	2.6% (8)	80.8% (252)
Kent, in care prior to 10/01/2017	50.7% (307)	9.9% (60)	1.0% (6)	51.2% (232)

Reunification and adoption comprise the two most common types of permanency overall. Children in Kent County who entered after 10/1/2017 exited to reunification significantly faster than those in the comparison group (229 vs. 317 days).

Placement Stability. Minimization of placement changes while in foster care increases the likelihood that children maintain continuity in their living arrangement and stability of caregivers. Of

all children in Michigan who entered care after 10/1/2017, children in Kent County were significantly less likely to experience two or more placements (51% vs. 57.1%) (Table E-4).[7]

Table E-4.   Placement stability

Group	<2 changes	2+ changes	Total
Comparison, entered care after 10/01/2017	42.7% (374)	57.1% (500)	875
Comparison, in care prior to 10/01/2017	20.6% (162)	79.1% (622)	786
Kent, entered care after 10/01/2017	47.4% (443)	51.0% (477)	935
Kent, in care prior to 10/01/2017	3.32% (27)	96.4% (784)	813
Missing = 20			
Total	1,484	538	3,409

E.5   A Case Study: The Nature and Practice of Child Welfare in Kent County, Michigan

Through the process evaluation, the study team is using a case study approach to *describe* the context of child welfare services in Kent County, under the Kent Model, and to understand trends in outcomes and costs within this context. During the current evaluation year, the case study focused only on Kent County. During an on-site visit, the process evaluation team conducted 30 interviews and focus groups with public child welfare and private agency leadership, as well as samples of supervisors and caseworkers from all aspects of the child welfare system (i.e., Child Protective Services investigation and ongoing services, foster care case management, and adoption services). Interviews were also conducted with stakeholders from the court and mental health systems, representatives from the Kent County Administrator's office, and WMPC staff. Interviews and focus groups covered a range of topics, such as the MiTEAM practice model, case management, and interagency collaboration.

Model Shifts and Changes. Financial considerations dominated the second year of Kent Model implementation. The average cost-per-case for the first year of implementation was 29 percent higher than the projected case rate. Several factors were identified as possible contributors to expenses in the first year of implementation. WMPC made several changes to reduce expenses, including reducing the private agency staffing rate, removing the incentive payments for subcontractor performance measures, changing the enhanced foster care (EFC) rate structure from

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[7] Performance could not be assessed for 20 children due to missing placement setting data.

tiered to fixed, and developing stricter guidelines for EFC utilization. Cost patterns were still being examined as this report was completed.

Child Welfare Service Delivery Under the Kent Model. At the end of the first year and continuing into the second year of Kent Model implementation, interview and focus group respondents reported observing more efficient service delivery, more timely receipt of services by families, and more opportunities for flexible and innovative case planning. Private agency staff continued to report a perception of increased speed and efficiency for most service approvals in the second year of implementation, which they attributed to the WMPC Care Coordination structure. However, agency staff also described implementation challenges, such as complications with approvals for certain services and WPMC Care Coordination staffing changes.

Interagency Collaboration. As the newest partner in the community, WMPC has become 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. Additionally, respondents at all levels described substantial improvements in the collaborative relationship among staff in Kent County DHHS and the private agencies from previous years, particularly in relation to the transfer of cases between agencies (e.g., more face-to-face interaction) and responsiveness to questions and requests.

Respondents reported mixed reactions when asked about collaboration with child welfare agency partners. Agency staff reported that Kent County judges continue to be supportive and engaged with regard to the Kent Model and the WMPC. However, respondents continue to report that bureaucracy remains a barrier to effective collaboration with Network180. To counter this issue, WMPC and Network180 jointly established a second Network180 liaison position to help private agency caseworkers navigate the Clinical Pathways assessment and service referral processes. Respondents uniformly agreed that having two liaisons has been helpful in assisting caseworkers access mental health services for parents and children.

Enhanced Foster Care (EFC). Interview and focus group respondents' feedback suggested EFC is one of the most influential programs WMPC introduced to Kent County. It encourages relatives and other foster parents to care for children who might otherwise have been placed in a residential facility. In its second year of implementation, interview and focus group respondents described how valuable EFC has been to private agency staff and most importantly to foster and biological parents. Many of the benefits mentioned last year were also noted by respondents this year. For example, **t**he added support EFC provides helps preserve foster placements, allowing foster parents (including kin) to maintain their relationship with youth[8] in their care . Some respondents also reported having more success moving youth out of residential care and placing them with foster parents because they are able to offer supports and services designed to help foster parents manage children's exceptionalities.

> *"I've been in child welfare for so long...they tried to do that program a lot of different times with different names and just a different model. I feel with the implementation of WMPC and that oversight, it happened... [It] has been more significant, I think, of a support than any other service that I've seen in a long time."*
> –Private agency supervisor

One substantial change to the EFC program in the past year was that limitations were imposed on the number of children and youth in foster care permitted to use the service due to financial constraints. The restrictions have presented challenges and led to frustration among agency staff. For example, children and youth with very high needs cannot utilize EFC if the agency has reached its limit, and staff who were hired to work as EFC caseworkers had to shift their caseload to include traditional foster cases.

E.6   Summary and Conclusions

Summary of Findings. Westat and its partners, University of Michigan School of Social Work and Chapin Hall at the University of Chicago, completed the third year of a rigorous five-year evaluation of the Kent Model. The evaluation's three components (cost, outcome, and process) enable the study team to closely examine fiscal trends, child outcomes, and contextual factors associated with Kent Model implementation.

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[8] The term "youth" is used to refer to children across the age continuum, from young children to older youth.

Cost study data indicate that Kent County's child welfare expenditures increased steadily over time beginning during the baseline period (three years prior Kent Model implementation) and plateauing in FY 2019. During interviews for the process evaluation, WMPC staff reported that the average cost-per-case for the first year of implementation was substantially higher than the case rate originally projected. They also described efforts over the past year to reduce costs (e.g., reduce the rate for private agency staff), which may explain cost study findings indicating that costs increased over time and then plateaued in FY 2019.

Cost study findings also revealed that there was a substantial decrease in CCI placement care days and, relatedly, a decrease in the average daily cost per day, between fiscal years 2018 and 2019. During interviews and focus groups with agency staff and partners, respondents described numerous benefits of the EFC model, which became a service option in Kent County during the first full year of Kent Model implementation. Increased reliance on EFC services was also associated with increased costs for these types of services. For example, 65 percent of the $1.3 million increase in foster home maintenance expenditures in FY 2019 was attributed to EFC maintenance payments.

After two full years of Kent Model implementation, child outcome findings remained consistent over time. Specifically, after one and two years of implementation, there were no statistically significant differences between children in Kent County and children in the matched comparison group relative to safety (maltreatment in care or recurrence of maltreatment). However, children in Kent County were significantly more likely than similarly matched children in other Michigan counties to have stability in their foster care placements and to achieve permanency (among children who entered foster care after 10/1/17). During the last two years, interview and focus group respondents have described foster family recruitment and retention as challenging. However, they described strategies to overcome the challenges and aspects of the Kent Model that have helped them with recruitment and retention efforts (e.g., MDHHS subsidies for relative caregivers even if they have not received foster home licensure).

Taken together, the findings indicate that successful family engagement requires appropriate and timely training, financial or other resources, and ongoing and targeted support. Although implementation of the Kent Model has introduced challenges, agency staff and partners in Kent County described aspects of the model that have improved agency processes and practices that may be associated with observed changed in costs and outcomes.

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Next Steps. During the next year of the evaluation, the evaluation team will examine costs, outcomes, and processes associated with the third full year of Kent Model implementation and changes over time. The next evaluation report will include process findings for Kent County and the two comparison counties for the process evaluation—Ingham and Oakland counties. Inclusion of the comparison counties will enable the evaluation team to observe and document key differences in policies, procedures, and practices that have emerged as central to the Kent Model.

The evaluation team will continue to collect and analyze expenditure trends and data on child outcomes. As noted in the cost study chapter of the current report, the number of children entering care remained fairly stable through FY 2018 before declining slightly in FY 2019, while the median duration in care increased over time. The next report will include child-level changes in expenditures and revenue in more detail to further analyze this trend.

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, as well as 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 comprising 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; however, for this report, the process evaluation was focused solely on Kent County. It will include findings from Kent and the comparison counties in the next annual report. 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[9]

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 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,

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[9] 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.

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 described in Appendix 2.

Report Overview

This report, which covers the period from November 2018 – October 2019, is divided into two additional chapters: (1) Chapter 2, Cost and Outcome Studies; and (2) Chapter 3, A Case Study: The Nature and Practice of Child Welfare in Kent County. Each of these chapters begins with an overview of the evaluation component and then presents its main findings.

2. Cost and Outcome Studies: An Examination of the Performance-Based Funding Model 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 from Kent County. The overarching research questions are:

- **RQ1.** 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, 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 two years post-implementation (FY 2018 and FY 2019). 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 was 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; the comparison group is developed using propensity score matching.

For the third research question, to understand whether the WMPC case rate fully covers the cost of services required under the contract, the analysis assessed 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. Future reports will also address the fourth research

question by using cost-effectiveness sub-studies 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[10] payments where Kent County was listed as the responsible county, from 5/1/2014 through 9/30/2019, 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 can be found in Appendix 3. The data are assigned to the appropriate fiscal year via the Claim Begin and Claim End Date.[11] For any payments that spanned multiple fiscal years, the 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 and FY 2019 only (10/1/2017 through 9/30/2019). 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 or FY19 (and, as such, not recorded in the FY18 or FY19 WMPC Cost Reports).[12] FY 2018 and FY 2019 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 and FY 2019.

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[10]All unpaid services are excluded.

[11]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.

[12]All accrued expenses added to FY 2018 expenditure totals were removed from FY 2019 totals to avoid double counting.

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B. **Private Agency Foster Care (PAFC), Independent Living Plus (ILP), and Enhanced Foster Care (EFC) Administration Payments.** Beginning in FY 2018 (10/1/2017 forward), PAFC, ILP, 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 associated Accruals Report, in the case of ILP and EFC Administration. The PAFC, ILP, 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.

   (i) **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.[13]

   (ii) **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 for the county-level analysis.[14]

   (iii) **ILP Admin.** The total ILP 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 for the county-level analysis.

   (iv) **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.[15] (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.

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[13]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.

[14]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.

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

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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.

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 9/30/19 (FY 2015 through FY 2019) 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).[16]

The WMPC provides services to most – but not all – children for whom Kent County is responsible. Young adults in voluntary foster care (YAVFC), youth[17] with an out-of-state supervision (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 the Cost Study excludes any records associated with a URM, YAVFC, or OTI case –

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

[17]The term "youth" is used to refer to children across the age continuum, from young children to older youth

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).

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 – 9/30/19)
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 • PAFC, ILP, and EFC 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, ILP, & 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 two years post-implementation (FY 2019).

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.).

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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 – Sept. 2015) through FY 2019 (Oct. 2018 – Sept. 2019). 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 two years post-implementation (FY 2018 and FY 2019).

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 <u>not</u> associated with a URM, YAVFC, or OTI status.

- **Post-Implementation Period (FY 2018 through FY 2019).** During the first two years 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 <u>not</u> 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 2019 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.[18] For this analysis, we include an in-depth look at shifting expenditures by placement setting maintenance expenditures.[19]

3. **Annual Revenue by Funding Source.** For this analysis, annual WMPC-related revenue totals within Kent County from FY 2015 through FY 2019 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.[20] 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.

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[18]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.

[19]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.

[20]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.

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Table 2-2.   Kent County[21] – Expenditures trends by fiscal year, service domain, and URM/YAVFC/OTI status

	Pre-implementation			Post-implementation	
Service domain	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Total Kent County expenditures	$29,372,765	$31,882,651	$37,798,792	$44,900,416	$45,970,098
Total private agency expenditures (excluding URM, YAVFC, & OTI)	$22,624,024	$22,530,230	$25,934,260	$31,660,366	$33,620,198
Placement – Maintenance[22]	$10,639,361	$11,488,928	$14,029,588	$15,299,844	$15,490,002
Placement – Admin.[22]	$10,976,983	$10,176,754	$11,477,712	$15,567,181	$17,550,140
FC Placement Service	$770,933	$694,297	$183,750	$185,284	$211,708
Residential Services	$92,258	$39,057	$113,260	$473,017	$228,831
Mental Health	$114,360	$116,870	$104,014	$120,820	$110,020
Physical Health	$6,513	$12,796	$16,529	$7,557	$12,900
Education	$10,624	$810	$8,625	$3,309	$5,805
Independent Living	$298	$719	$781	$3,355	$10,790
Adult FC Service	$12,694	$0	$0	$0	$0
URM, YAVFC, or OTI expenditures	$6,748,741	$9,352,421	$11,864,532	$13,240,049	$12,349,900

Overall, total out-of-home private agency expenditures have been increasing in Kent County from FY 2016 onward, but the speed of this increase slowed in FY 2019. In the baseline period, from FY 2015 to FY 2017, total private agency expenditures (excluding URM, YAVFC, and OTI) increased by 15 percent, with the largest annual increase during the baseline period occurring from FY 2016 to FY 2017 when total expenditures increased by $3.4 million in the year immediately preceding implementation of the Kent Model (a 15 percent increase). Another large growth in private agency expenditures (22%) occurred from FY 2017 to FY 2018 – the first year of the post-implementation period. However, although FY 2019 displayed another expenditure increase, the upward cost trajectory slowed with only a 6 percent escalation of private agency expenditures from FY 2018 to FY 2019.

Placement maintenance and administrative expenses make up 98 percent of the total private agency expenditures (excluding URM, YAVFC, & OTI) in Kent County, so the expenditure increases described above are driven by these placement costs. Placement maintenance costs include the daily

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

[22]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.

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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 9 percent and 36 percent, respectively. FY 2019 saw a 13 percent increase in placement administrative expenditures, but only a 1 percent change in placement maintenance expenditures. For a full mapping of Service Domains to all their relevant Service Categories and Service Descriptions, please refer to Appendix 3.

To understand the trend in increasing costs, it is necessary to break out placement costs by placement setting. Table 2-3 looks at the placement maintenance costs by placement setting.

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

| | Pre-implementation | | | Post-implementation | |
Placement setting	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Total private agency expenditures (excluding URM, YAVFC, & OTI)	$10,639,361	$11,488,928	$14,029,588	$15,299,844	$15,490,002
Child Caring Institution (CCI)	$6,273,571	$7,289,628	$9,950,832	$11,031,751	$9,903,666
Foster Home	$4,052,059	$3,638,300	$3,359,920	$3,424,876	$3,932,422
Independent Living	$204,731	$189,352	$198,913	$136,213	$168,267
Treatment Foster Care	$109,000	$95,350	$110,325	$58,500	$1,275
Enhanced Foster Care	$0	$0	$0	$648,504	$1,484,372
Other[23]	$0	$276,297	$409,598	$0	$0

As shown in Figure 2-1, placement maintenance expenditures increased each year from FY 2015 through FY 2018, increasing by 32 percent during the baseline period and an additional 9 percent in the first year post-implementation. Increases in CCI placement maintenance expenditures fueled the overall trend during this period and began in the baseline period, with these costs increasing by 59 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 11 percent from FY 2017 to FY 2018. Not only did congregate care maintenance expenses increase in total, 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 had grown to 72 percent.

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[23]Other includes MDHHS Training School and Detention.

Figure 2-1.   WMPC-related placement maintenance expenditure trends by placement setting
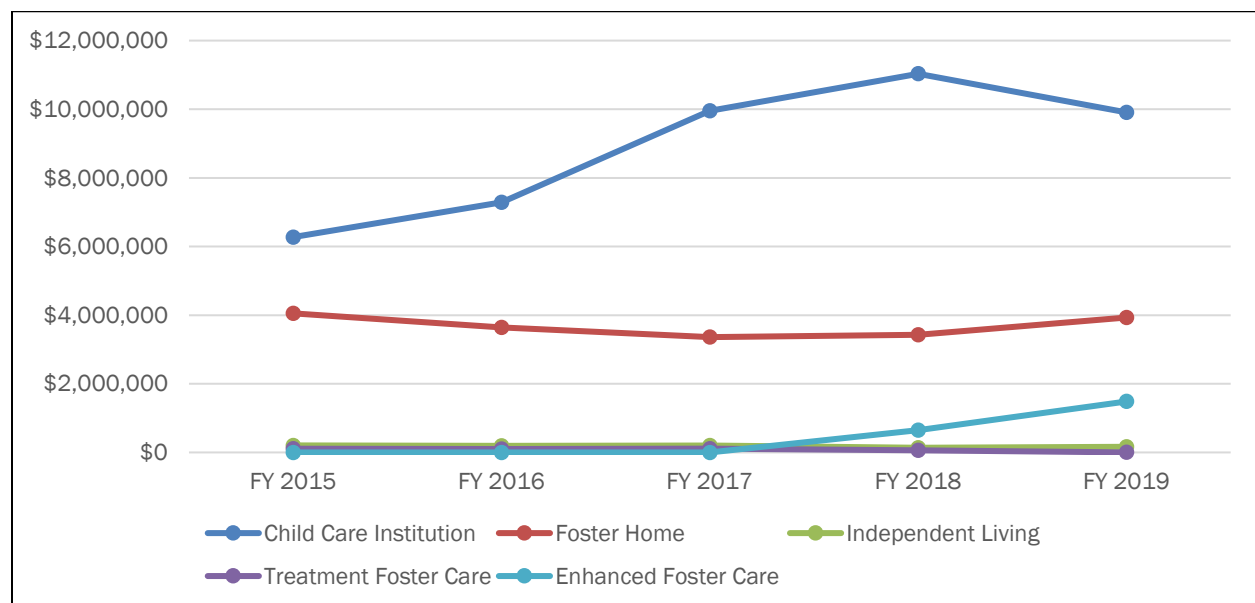
However, FY 2019 saw the first observable slow in placement maintenance expenditures increases with an increase of only 1 percent from FY 2018 levels. Although foster care and enhanced foster care maintenance expenditures grew during FY 2019 (by 15 and 129 percent respectively), CCI maintenance payments decreased at such a rate (10 percent) to counteract those fiscal effects.

Looking at placement administrative costs, we see a slightly different picture. The rise in placement administrative expenditures since FY 2016 has been attributable primarily to administrative costs associated with foster home placements, and in FY 2018 and FY 2019, enhanced foster care placements as well (Figure 2-2). The largest increase came in the first year post-implementation (FY 2018) when foster home placement administrative costs rose by 64 percent.

Figure 2-2. WMPC-related placement administrative expenditure trends by placement setting
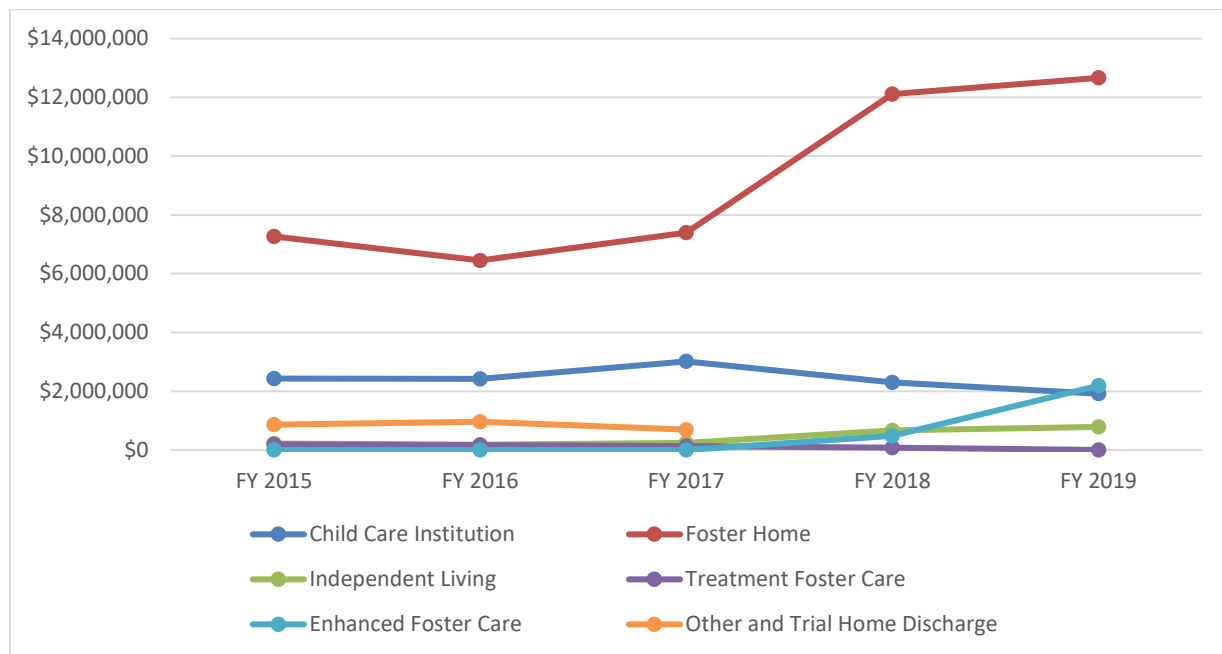
2.1.3.2   Revenue Trends

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 and FY 2019, Title IV-E revenue increased to make up 39 to 40 percent of total revenue.

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Table 2-4.   WMPC-related revenue totals by overall fund source and fiscal year

Overall fund source	Pre-implementation[24]			Post-implementation[25]	
	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Total private agency revenue (excluding URM, YAVFC, & OTI)	$22,624,024	$22,530,230	$25,934,260	$31,660,366	$33,620,198
Title IV-E	$9,798,834	$8,381,964	$9,247,725	$12,812,949	$13,198,015
County Child Care Fund	$8,203,140	$8,603,102	$10,758,171	$12,209,529	$12,097,715
State Ward Board and Care	$3,596,426	$4,556,207	$5,497,994	$6,514,187	$6,199,005
Limited Term/Emergency/General Funds	$908,187	$872,024	$329,023	$9,785	$2,002,133
Medical Services – DHS 93	$117,139	$116,933	$100,647	$72,607	$77,051
Other/Unknown[26]	$298	$0	$700	$41,309	$46,279

Table 2-5.   WMPC-related revenue proportions by overall fund source and fiscal year

Overall fund source	Pre-implementation			Post-implementation	
	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Total private agency revenue (excluding URM, YAVFC, & OTI)	100%	100%	100%	100%	100%
Title IV-E	43%	37%	36%	40%	39%
County Child Care Fund	36%	38%	41%	39%	36%
State Ward Board and Care	16%	20%	21%	21%	18%
Limited Term/Emergency/General Funds	4%	4%	1%	0%	6%
Medical Services – DHS 93	1%	1%	0%	0%	0%
Other/Unknown[26]	0%	0%	0%	0%	0%

2.1.3.3   Placement Days

Table 2-6 and Figure 2-3 show WMPC-related care-day utilization observed during the three-year baseline period, and for the two most recent fiscal years under the WMPC (FY 2018 and FY 2019). As shown, care-day utilization increased slightly in FY 2018 and again in FY 2019, compared to the three years prior to WMPC implementation. Care days increased slightly between FY 2018 and FY 2019 from 306,129 in 2018 to 316,494 in 2019—a 3 percent overall increase. Congregate care and detention showed the largest total decrease in care days when comparing FY 2018 to FY 2019,

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

[25]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.

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

decreasing by 18 percent and 48 percent respectively. Foster care days stayed about the same (1% increase) in FY 2019 compared to 2018, while kinship care days increased by 15 percent.

Table 2-6. Care days by state fiscal year and living arrangement, all Kent County responsible (excluding URM, YAVFC, & OTI)

Placement setting	Pre-implementation			Post-implementation	
	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Total care days	335,292	300,502	299,798	306,129	316,494
Foster Care	181,051	149,345	143,055	145,503	146,460
Kinship	71,708	78,475	82,130	87,315	100,711
Parental Home	39,001	30,516	29,197	26,950	28,267
Congregate	22,169	26,642	31,319	32,786	26,775
Emergency Shelter	1,688	1,863	2,663	3,109	2,829
Independent Living	7,607	5,813	4,456	4,498	6,628
Adoptive Home	7,103	2,944	1,301	1,547	1,058
Detention	1,812	1,246	668	1,151	595
Runaway	2,390	3,114	3,636	2,497	2,069
Other[27]	763	544	1,373	773	1,102
Total year-over-year change		-10%	0%	2%	3%
Foster Care		-18%	-4%	2%	1%
Kinship		9%	5%	6%	15%
Parental Home		-22%	-4%	-8%	5%
Congregate		20%	18%	5%	-18%
Emergency Shelter		10%	43%	17%	-9%
Independent Living		-24%	-23%	1%	47%
Adoptive Home		-59%	-56%	19%	-32%
Detention		-31%	-46%	72%	-48%
Runaway		30%	17%	-31%	-17%
Other		-29%	152%	-44%	43%

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

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Figure 2-3. Care-day utilization by state fiscal year[28]
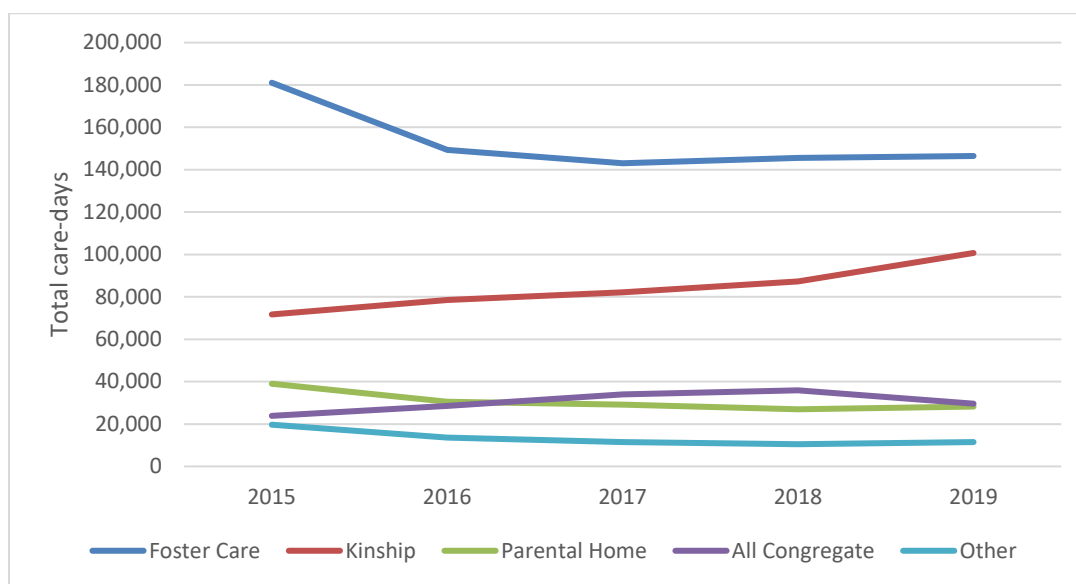
To understand shifts in out-of-home placement days and their related costs, expenditure structure must be examined. Total out-of-home placement expenditures are influenced by two components: (1) price of care and (2) quantity of care days; that is, how much a child welfare system spends on out-of-home 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).

$$Placement\ Expenditures = Price * Quantity$$

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 child entries are measured to determine if reduction in care-day utilization over time correspond to a lower volume of children entering care *or* shorter durations in care. Table 2-7 shows the total number of children entering care by state fiscal year and predominant placement type, or the placement type where child spends the majority of their placement spell. This includes all children entering care for the first time during the year, or re-entering care for a new placement spell. Similar to the change in total care days, the number of child entries was fairly stable during the baseline period and into FY 2018, and declined slightly in FY 2019. In FY 2017—the last full year

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

prior to implementation—there were 530 child entries compared to 498 in FY 2019, a decline of 6 percent.

Table 2-7.   Child entries by predominant placement type and state fiscal year, all Kent County responsible (excluding URM, OTI, and YAVFC)

	Number of children					Total	Percent of children				
	2015	2016	2017	2018	2019	percent	2015	2016	2017	2018	2019
Total Children	550	516	530	525	498	100%	100%	100%	100%	100%	100%
Foster Care	228	256	273	240	223	46%	41%	50%	52%	46%	45%
Kinship	187	148	124	170	171	30%	34%	29%	23%	32%	34%
Congregate	27	21	24	4	2	3%	5%	4%	5%	1%	0%
Independent Living	4	4	6	14	14	2%	1%	1%	1%	3%	3%
Emergency Shelter	52	40	58	48	31	10%	9%	8%	11%	9%	6%
Detention	17	8	11	12	5	2%	3%	2%	2%	2%	1%
Other	35	39	34	37	52	7%	6%	8%	6%	7%	10%

The volume of care days provided is also a function of how many days children stay in care. Duration in care was measured for entry cohorts using survival analysis. Table 2-8 shows that for all children entering care in Kent County in FY 2018, it took 11.8 months for the first quarter of children to exit care and 20.4 months for the first half (i.e., the median) to exit care. Median duration increased in the year prior to the implementation of the Kent Model (FY 2017) and continued to increase slightly in the first year of WMPC implementation compared to the historic baseline, from 19.3 months for children entering care in FY 2017 to 20.4 months in FY 2018 (see Figure 2-4). Duration for the first quartile declined slightly in 2019 compared to 2018, but too many children were still in care as of the end of FY 2019 to observe median duration for the most recent full year under the WMPC. Since child admissions have declined slightly since WMPC implementation while median duration has increased, we can assume the increase in duration is largely driving the increase in overall care-day utilization in the county.

Table 2-8.   Quartile duration in months by state fiscal year of child entry in Kent County

		Pre-implementation				Post-implementation	
		2014	2015	2016	2017	2018	2019
25th Percentile	Kent County	8.4	6.8	7.8	9.2	11.8	9.0
50th Percentile (Median)	Kent County	17.4	14.9	18.7	19.3	20.4	–
75th Percentile	Kent County	27.1	26.1	27.3	28.7	–	–

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Figure 2-4.   Median duration in months by state fiscal year of child entry
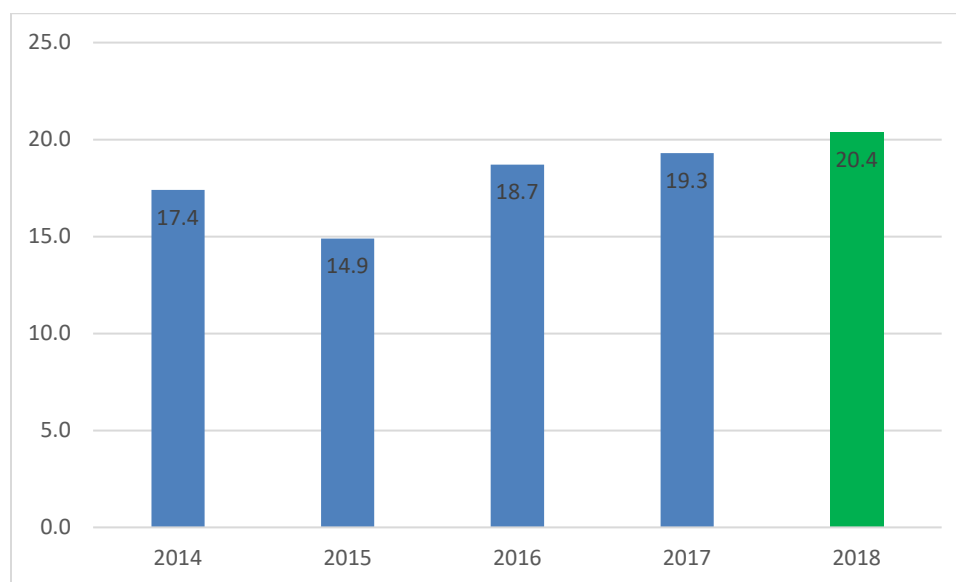
2.1.3.4   Average Daily Maintenance Unit Cost

Table 2-9 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 observable year from FY 2015 through FY 2019. The largest increase in average daily unit cost occurred during the baseline period, when the average daily unit cost increased by 47 percent. The average daily unit cost continued rising after the implementation period began, but at a slower pace with a 7 percent increase in FY 2018, followed by a 2 percent reduction in FY 2019.[29, 30]

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[29]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. 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 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.
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.

[30]CCI per diem rates range from $190-$600, with an average of $265. https://www.michigan.gov/mdhhs/0,5885,7-339-71551_7199---,00.html.

Table 2-9.   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	FY 2019
Total Placement Maintenance Costs	$10,639,361	$11,488,928	$14,029,588	$15,299,844	$15,490,002
Care Days	335,292	300,502	299,798	306,129	316,494
Average Daily Unit Cost	$31.73	$38.23	$46.80	$49.98	$48.94
Foster home (includes TFC & EFC)					
	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Total Placement Maintenance Costs	$4,161,059	$3,733,650	$3,470,245	$4,131,880	$5,418,069
Care Days	181,051	149,345	143,055	145,503	146,460
Average Daily Unit Cost	$22.98	$25.00	$24.26	$28.40	$36.99
Congregate care (includes emergency shelter and detention)					
	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Total Placement Costs	$6,273,571	$7,289,628	$9,950,832	$11,031,751	$9,903,666
Care Days	25,669	29,751	34,650	37,046	30,199
Average Daily Unit Cost	$244.40	$245.02	$287.18	$297.79	$327.95

As shown previously (Table 2-6), congregate care and emergency shelter days increased during the baseline period (FY 2015 to FY 2017) while foster care days decreased. Thus, the observed increase in average daily unit cost during the baseline period most likely stems from both 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.

Average daily unit cost for foster home placements saw a large increase in FY19 (30 percent). This shift can be attributed to steady total care days coupled with an increase in overall foster home maintenance costs. Foster home maintenance expenditures rose by $1.3 million, of which a FY 2019 increase in EFC maintenance payments attributed approximately $836,000 (65 percent of the $1.3 million).

In the two years since the implementation of the Kent Model, average daily unit cost of care increased overall by 5 percent. This increase occurred because the increase in total placement maintenance costs (10%) outpaced the increase in total care days (6%). And, although the quantity and proportion of care days attributable to expensive congregate care placements decreased, the price of those days increased.

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2.1.4   Summary of Cost Study

Fiscal trends during the baseline period—three years prior to the implementation of the Kent Model—were characterized by rising costs. Overall child welfare expenditures rose by 15 percent from FY15 to FY17, with much of that increase driven by a rise in maintenance costs (which increased by 32 percent during the baseline period) and CCI maintenance costs in particular (which increased by 59 percent during the same period). This rising cost trajectory continued into the first year of the Kent Model. In FY18, overall child welfare expenditures, maintenance expenditures, and CCI maintenance costs continued to rise, by 22 percent, 9 percent, and 11 percent, respectively. In addition, placement administrative expenditures spiked in FY18, rising by an annual change of 36 percent.

However, the fiscal picture in FY19 demonstrated some significant changes. Overall child welfare expenditures continue to rise, but by a smaller annual percentage (6%), and maintenance costs plateaued – only rising by 1 percent. Placement administrative costs continued to rise, however, but at a slower rate – 13 percent in FY19.

The slowing in placement maintenance costs is notable and coincides with a shift in care-day utilization. In FY19, total out-of-home care days rose slightly, by 3 percent. However, the utilization of CCI placement care days experienced a large decrease with 18 percent fewer CCI care days utilized in FY19 compared to FY18, the first observable CCI decrease in the years observed. Through a reduction in total CCI care days utilized (i.e., a shift in placement mix to less restrictive and less expensive settings), the average daily unit cost per care day experienced a decrease, allowing the total placement maintenance costs to plateau and increase at a slower rate than care days utilized.

Child placement and duration trends underlying the fiscal data help explain the slight increase in care day utilization. The number of children entering care remained fairly stable during the baseline period and into FY18, declining slightly in FY19. At the same time, the median duration in care increased in FY16-17 leading up to WMPC implementation and has continued to rise for children entering care in FY18 (median duration for FY19 is not yet observable). Accordingly, the slight upturn in care day utilization is driven mainly by children spending more time in care, not by increased child entries. The next report will track the child-level changes in expenditures and revenue in more detail to further analyze this trend.

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2.2 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 through February 2020. We used propensity score matching (PSM) to generate a comparison group. The overall Kent sample (n=2,561) 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=813) and children who entered a WMPC placement on or after the official start date (n=935). Table 2-10 presents the demographics of the children and indicates that the PSM created equivalent groups (e.g., no statistically significant differences across race, gender, and age).

Table 2-10.　　Demographics of children in care

	Kent	Comparison
Total (N)	1,748	1,661
In care prior to 10/1/2017 (legacy)	813	786
In care after 10/1/2017	935	875
Age (at removal date) mean and standard deviation	M= 6.52 sd = 5.40	M = 6.44 sd = 5.58
% Female	48.50%	48.50%
% Hispanic	14.90%	14.40%
% Black	47.10%	45.90%
% White	66.80%	67.10%

2.2.1 Safety

2.2.1.1 Maltreatment in Care

What percentage of children experience maltreatment while in foster care? Table 2-11 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

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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 per 100,000 days of care. Overall, 21.1 percent of children experienced MIC. There were no statistically significant differences between children served in Kent County and similar children served by private agencies outside of Kent County.

Table 2-11.   Risk of maltreatment in care

Group	Non-victims	Victims	Total
Comparison, entered care after 10/01/2017	85.3% (746)	14.7% (129)	875
Comparison, in care prior to 10/01/2017 (legacy)	78.9% (620)	21.1% (166)	786
Kent, entered care after 10/01/2017	82.7% (773)	17.3% (207)	935
Kent, in care prior to 10/01/2017 (legacy)	74.5% (606)	25.5% (207)	813
Total	87.4% (2,746)	21.1% (664)	3,409

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 2-12 displays the proportion of children who experienced their second substantiated report within 365 days. Chi-square tests indicate that there are no statistically significant differences between children served in Kent County and similar children served in private agencies outside Kent.

Table 2-12.   Second substantiation within one year

Group	Experienced recurrence	No recurrence	Total
Comparison, entered care after 10/01/2017	12.1% (106)	87.9% (769)	875
Comparison, in care prior to 10/01/2017 (legacy)	10.6% (83)	89.4% (703)	786
Kent, entered care after 10/01/2017	15.1% (142)	84.9% (793)	935
Kent, in care prior to 10/01/2017 (legacy)	13.5% (110)	86.5% (703)	813
Total	12.9% (441)	87.1% (2,968)	3,409

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

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guardianship. Table 2-13 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, a similar percentage of children in the comparison and Kent groups exited care (39.7% vs. 40.30%). Children in Kent County who entered after 10/1/2017, and exited, tended to stay fewer days in care on average. This difference is statistically significant.

Table 2-13.   Exited or still in care

Group	Exit status	N	%	LOS Median	LOS Mean	LOS SD
Comparison, entered care after 10/01/2017	In care	522	59.70%	355	353	196
	Exited	353	40.30%	848	612	411
Comparison, in care prior to 10/01/2017 (legacy)	In care	174	22.10%	260	371	204
	Exited	612	77.90%	838	690	424
Kent, entered care after 10/01/2017	In care	564	60.30%	651	2,026	440
	Exited	371	39.70%	355	353	196
Kent, in care prior to 10/01/2017 (legacy)	In care	123	15.10%	848	612	411
	Exited	690	84.90%	260	371	204

Focusing more specifically on the question of timing, Table 2-14 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 achieving permanency within 6 and 12 months of entering care relative to the comparison group (15.1% vs. 7.1%, 22.7% vs. 18.5%). This difference no longer exists by the 18th month.

Table 2-14.   Cumulative exits to permanency

Group	Permanency within 6 months	Permanency within 12 months	Permanency within 18 months	Permanency after 18 months	Total exits (N = 2032)
Comparison, entered care after 10/01/2017	7.1% (62)	18.5% (162)	27.5% (241)	33.7% (295)	353
Comparison, in care prior to 10/01/2017	1.5% (12)	4.6% (36)	15.0% (118)	65.6% (516)	612
Kent, entered care after 10/01/2017	15.1% (141)	22.7% (212)	29.5% (276)	33.4% (312)	371
Kent, in care prior to 10/01/2017	1.8% (15)	5.3% (43)	16.4% (133)	74.4 (605)	690

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 2-15 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 2-15.   Cumulative re-entries

Group	Returned within 6 months	Total exits
Comparison, entered care after 10/01/2017	7.6% (27)	353
Comparison, in care prior to 10/01/2017	8.0% (49)	613
Kent, entered care after 10/01/2017	5.1% (19)	371
Kent, in care prior to 10/01/2017	9.3% (64)	690

Table 2-16 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. Children in Kent are significantly more likely to exit to reunification and significantly less likely to exit to adoption as compared with children in the comparison groups. This helps explain the differences observed in terms of time in care.

Table 2-16.   Permanency categories by study group

Group	Adoption	Guardianship	Living with other relatives	Reunification with parents or primary caretakers
Comparison, entered care after 10/01/2017	19.0% (56)	4.1% (12)	1.0% (3)	75.9% (223)
Comparison, in care prior to 10/01/2017	60.1% (310)	5.6% (29)	0% (0)	34.3% (177)
Kent, entered care after 10/01/2017	12.2% (38)	4.5% (14)	2.6% (8)	80.8% (252)
Kent, in care prior to 10/01/2017	50.7% (307)	9.9% (60)	1.0% (6)	51.2% (232)

Given that reunification and adoption comprise the two most common types of permanency overall, Table 2-17 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 (229 vs. 317 days). No other differences were statistically significant.

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Table 2-17.   Time to exit

Group	Exit type	Time to exit Mean	Time to exit Median	Time to exit Standard deviation
Comparison, entered care after 10/01/2017	Adoption	507	56	141
	Reunification	317	223	174
Comparison, in care prior to 10/01/2017	Adoption	921	310	323
	Reunification	611	177	289
Kent, entered care after 10/01/2017	Adoption	543	38	172
	Reunification	229	252	182
Kent, in care prior to 10/01/2017	Adoption	932	307	310
	Reunification	613	232	321

Table 2-18 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 4.28% 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.

Table 2-18.   Cumulative exits to permanency for older youth

Group	Permanency within 6 months	Permanency within 12 months	Permanency within 18 months	Permanency after 18 months	Total exits (N = 146)
Comparison, entered care after 10/01/2017	2.44% (1)	14.6% (6)	14.6% (6)	17.1% (7)	41
Comparison, in care prior to 10/01/2017	2.22% (1)	4.44% (2)	8.89% (4)	11.1% (5)	45
Kent, entered care after 10/01/2017	20.0% (5)	52.0% (13)	52.0% (13)	52.0 (13)	25
Kent, in care prior to 10/01/2017	0.0% (0)	5.71% (2)	17.1% (6)	34.3% (12)	35

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 2-19 displays the fraction of children in each group who have experienced fewer than two placement changes (beyond

their initial setting when entering care), versus the fraction of children who have experienced two or more placement changes. Note that performance could not be assessed for 20 children due to missing placement setting data. For children who entered after 10/1/2017, children in Kent County were significantly less likely to experience two or more placements (51% vs. 57.1%).

Table 2-19.   Placement stability

Group	<2 changes	2+ changes	Total
Comparison, entered care after 10/01/2017	42.7% (374)	57.1% (500)	875
Comparison, in care prior to 10/01/2017	20.6% (162)	79.1% (622)	786
Kent, entered care after 10/01/2017	47.4% (443)	51.0% (477)	935
Kent, in care prior to 10/01/2017	3.32% (27)	96.4% (784)	813
Missing = 20			
Total	1,484	538	3,409

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 by 6 months and within 12 months. That difference disappears by the 18th month. Children in Kent were also more likely to achieve reunification and less likely to exit to adoption as compared with children in the comparison groups.

- **Placement Stability.** Children in Kent County were significantly less likely to experience two or more placement changes (51%) as compared with similar children outside Kent County (57.1%).

3. A Case Study: The Nature and Practice of Child Welfare in Kent County, Michigan

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 (3) 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 County, which was the focus of the site visit data collection described in this report.

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3.2   Case Study Approach

As noted previously, the process evaluation was designed using a case study approach. Past site visits to all three counties occurred at baseline and during the first year of Kent Model implementation. During the current year of the evaluation, the case study focused only on Kent County for a full in-depth look at its second full year of implementation. As the Kent Model progresses in implementation, similarities and differences between private and public agencies are highlighted as appropriate. Even with a single county, the case study approach is 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, the case study approach allows 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 Kent County, the process evaluation findings are used to understand child welfare practice in the county, but also to provide context in which outcomes and costs will be evaluated and understood.

3.3   Process Evaluation Data Collection

During the third round of site visits (October 2017; see Figure 3-1), the evaluation team visited only Kent County for a deeper dive into implementation of the Kent Model.

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Figure 3-1. Implementation timeline for pilot and site visits
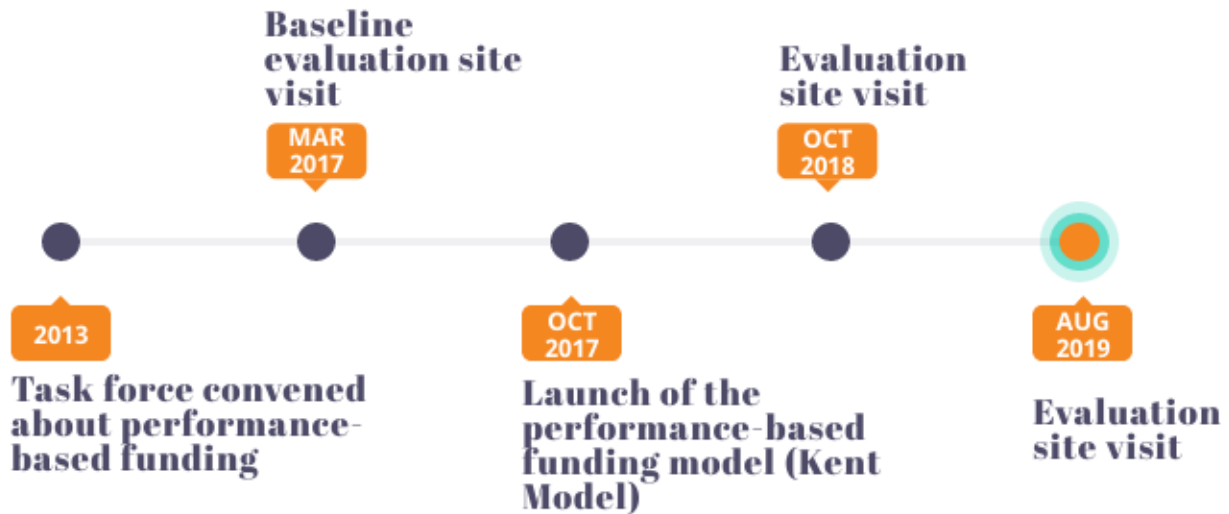
In late August of 2019, the process evaluation team conducted an on-site visit to Kent County to gather process evaluation data; data collection activities included a total of 30 interviews and focus groups (see Exhibit 3-1 for a summary of the full data collection sample by respondent type). Interviews and focus groups were conducted with public child welfare and private agency leadership, and samples 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 representatives from the Kent County Administrator's office 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).

Exhibit 3-1.   Number and percentage of interview and focus group respondent types

■ Private Child Placing Agencies (50%) ■ WMPC (30%) ■ Kent County DHHS (10%) ■ Community Partners (10%)
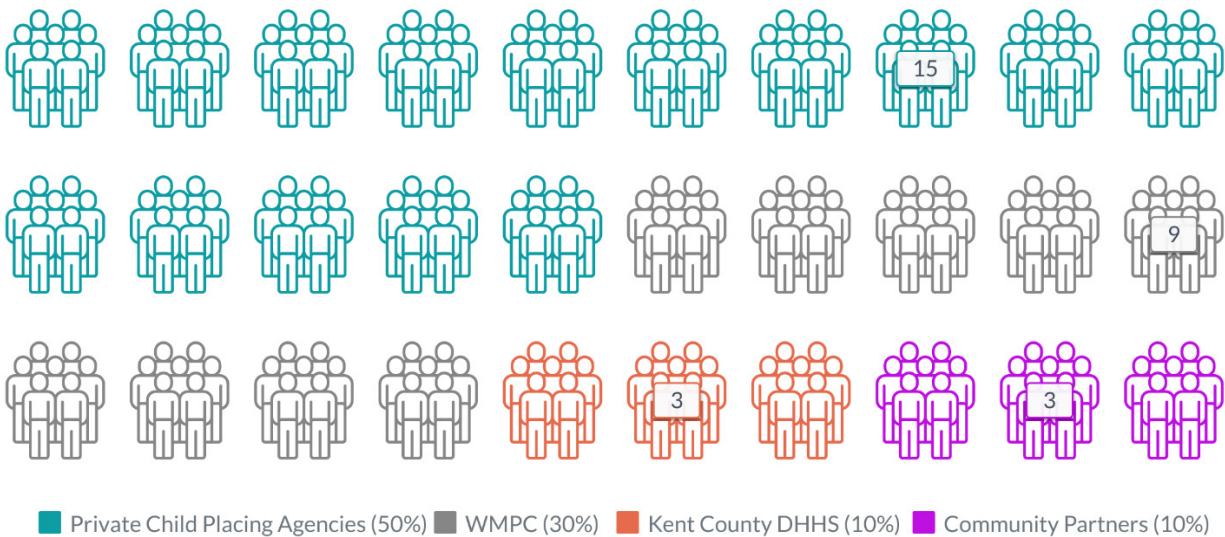
The site visit constituted the third major data collection effort for the process evaluation. The first round of data collection was conducted in September 2017, prior to Kent County's October 1, 2017, implementation date, and the second round was conducted in October 2018. In Kent County, the site visit allowed an examination of two years 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). Note that two of the interviews were conducted via telephone after the site visit. In addition to the on-site data collection activities, evaluation staff observed meetings (via telephone), including the Child Welfare Partnership Council (CWPC), the Kent County Directors Steering Committee (DSC), and the WMPC Advisory Committee (WAC).

The main findings of the site visit is 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 Kent County to provide a context in which to understand process findings.

3.4   State and Kent County Descriptions: Overall and in Child Welfare

Michigan is an expansive state in the north central region covering 56,538.9 square miles[31] and encompassing 83 counties.[32] The state's population estimate for 2019 was 9,986,857. The median household income is $54,938 (in 2018 dollars) and only 14.1 percent of residents have poverty-level incomes. Other demographics of interest (race, ethnicity, education) are listed in Table 3-1.

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[31]Unless otherwise specified, all geographic and demographic data in this section of the report are from https://www.census.gov/quickfacts/fact/table/MI,US#.

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

Table 3-1.   Michigan 2019 state demographics

Characteristic	Percent
Ethnicity	
White	75
African American	14
Hispanic or Latino[33]	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	10
Education (Ages 25+)	
Completed high school	91
Bachelor's degree or higher	27

Children ages 0 to 17 constitute 19 percent of Michigan's population. Among households with children under age 18, one third (30%) are headed by a single parent.[34] According to 2019 Kids Count in Michigan data, approximately one in five children live below the poverty threshold, and 15 percent of children reside in high-poverty neighborhoods (Guevara Warren, 2019).[35] State child-welfare statistics for 2017 and 2018 (the last year these data are available) are summarized in Exhibit 3-2.

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[33]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.

[34]https://poverty.umich.edu/data-tools/data-tools-poverty-and-well-being-map-2018/

[35]These data, from the 2019 Kids Count in Michigan Data Book, were included in the second annual evaluation report. The 2020 Kids Count in Michigan Data Book had not been released as of the development of the third annual report.

Exhibit 3-2.   Michigan child welfare rates[36]
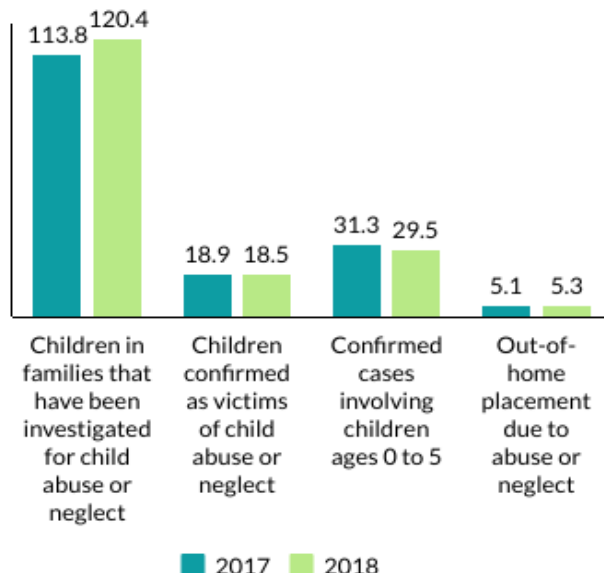
Foster care and adoption services are fully privatized in Kent County (and have been since 2014). In Kent County, all child welfare foster care and adoption services are managed by one of five private child placing agencies under the oversight of the WMPC.

Kent County

Kent County is located in western Michigan in the lower peninsula, and it comprises 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).[37]

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 $60,351, and 11.3 percent of county residents are living below the poverty threshold. Other select demographic data (race, ethnicity, education) are listed in Table 3-2.

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[36]All rates are calculated per 1,000 children. For example, rate = 18.9 per 1,000 children (https://datacenter.kidscount.org/data#MI/5/0/char/0).

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

Table 3-2.   Kent County 2019 demographics

Characteristic	Percent
Ethnicity	74
White	11
African America	11
Hispanic or Latino	3
Asian	1
American Indian and Alaska Native	3
Two or more races	
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.[38] Fourteen percent of children in Kent County are in families with poverty-level incomes, and 12 percent of children live in high-poverty neighborhoods; these findings are lower than state proportions. Kent County child welfare statistics for 2017 and 2018 are summarized in Exhibit 3-3.

Exhibit 3-3.   Kent County child welfare rates

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[38]https://mlpp.org/kcdbprofiles2019/Kent.pdf.
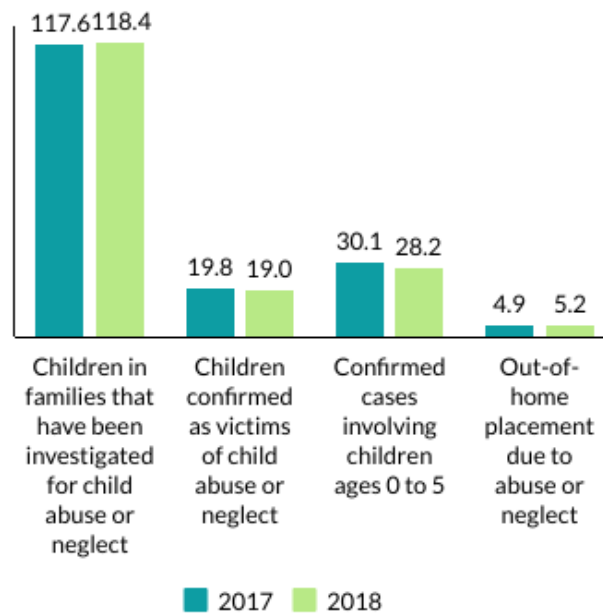
3.5   Process Evaluation Findings

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. This structure is 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 second year of implementation of the Kent Model (October 2018 through September 2019).

During the most recent evaluation site visit, the evaluation team conducted 30 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.[39] 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, Care Coordinators, and Performance and Quality Improvement Director and staff. In addition, we observed a WAC meeting focused on private agency innovations and strategies. Through these data collection activities, the evaluation team obtained information on a range 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

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[39]Two of the interviews were conducted by telephone following the visit due to respondent scheduling conflicts while on site.

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 current 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. A visual depicting respondents' descriptions of facilitators and barriers is provided in Exhibit 3-4.[40] These factors are also summarized in Table 3-3 and are discussed in the section that follows.

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[40]The size of the circle represents the frequency with which respondents described facilitating factors or barriers (larger circles represent more frequently described factors).

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Exhibit 3-4.   Factors that facilitated or inhibited service provision or Kent Model implementation

Factors that facilitated service provision or supported successful Kent Model implementation

Challenges to service provision or Kent Model implementation

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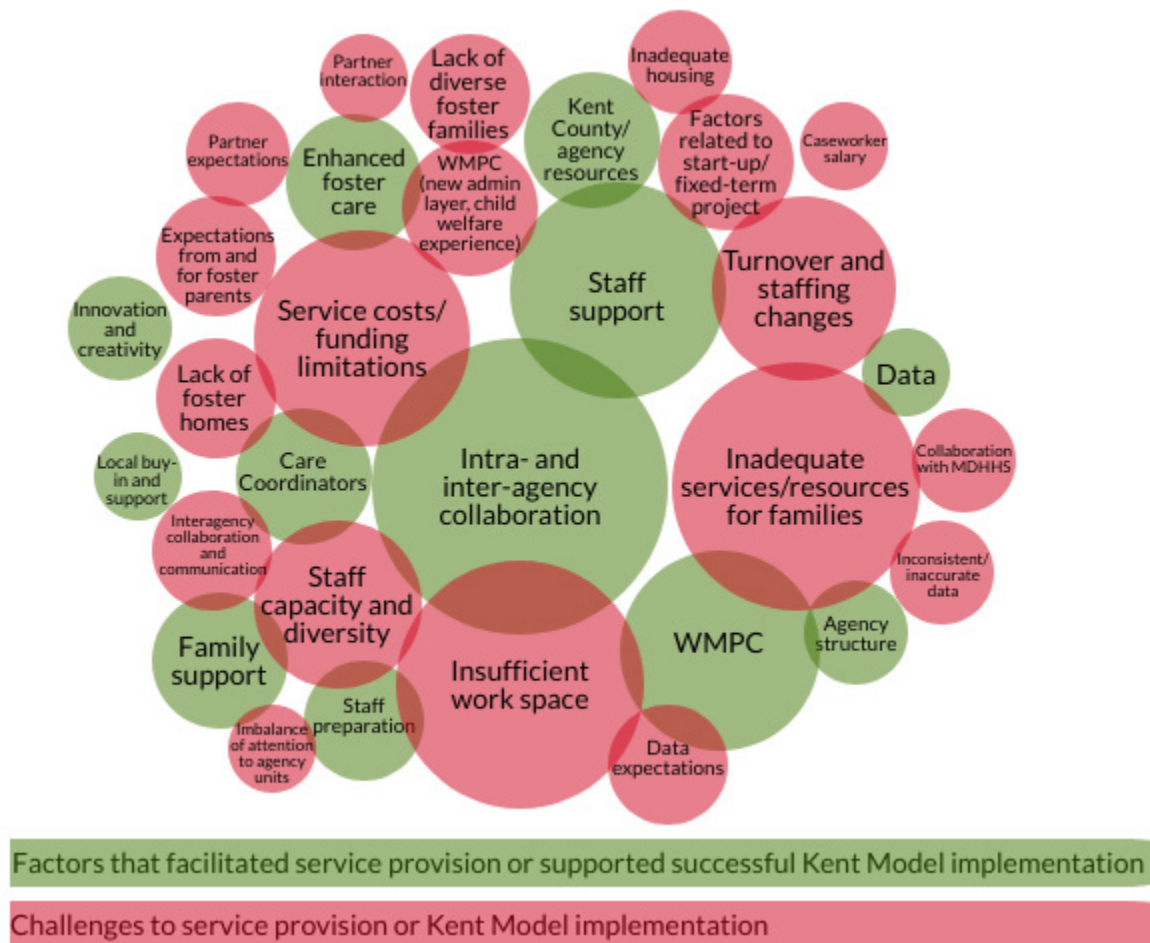
Table 3-3.   Key implementation factors

Implementation factors	Facilitator/barrier	Example
West Michigan Partnership for Children (WMPC)		
WMPC Structure and Staffing	Facilitator/Barrier	"Probably the biggest struggle for us more recently has been the change of staffing."
Planning and Guidance	Facilitator	"I think that the WMPC has really worked on just establishing protocol so that there's a higher level of consistency."
Model Shifts and Changes	Barrier	"We're still trying to figure out what do we prioritize, and what of the supports do we take out based on the new rate."
Child Welfare Service Delivery Under the Kent Model		
Service Array and Service Coordination	Facilitator/Barrier	"The Care Coordinators are very responsive, and we're able to connect with them quickly."
Efficiency and Timeliness	Facilitator/Barrier	"We do have times where a provider has to stop taking referrals and so that might overload another provider."
Flexibility and Innovation in Case Planning	Facilitator	"I think they've given us some freedom to explore those best practices"
Service Availability and Accessibility	Facilitator/Barrier	"it's such a culture shift. I think that a lot of the front-line staff were just conditioned to wait for approval."
Interagency Collaboration		
Kent County DHHS	Facilitator/Barrier	"The attitude sometimes within DHHS has just been very dismissive or a little bit combative with our caseworkers."
Kent County Family Court	Facilitator	"I see more thoughtful preparedness at adjudication disposition hearings."
Mental Health System	Facilitator	"[The Network180 representative] has been a really strong support for me."
Foster Home Recruitment, Licensing, Training, and Retention	Facilitator/Barrier	"[There is a] lack of culturally diverse foster homes."
Enhanced Foster Care (EFC)	Facilitator	"[EFC has] been a really nice addition to the supports that we're able to offer to families and kids."
Systemic Factors		
Staffing	Facilitator/Barrier	"We have developed in the licensing department really specific roles for licensing workers to focus and really become the expert in that area."
Staff Turnover	Barrier	"Right now it's just really hard to maintain a workforce."
Staff Training	Facilitator/Barrier	"I'm very thankful for that opportunity to really expand on my knowledge."
Information Systems		
MiSACWIS	Facilitator/Barrier	"I think my biggest challenge is MiSACWIS."
MindShare		"Everyone underestimated how difficult it was going to be to link MiSACWIS with another system."
Performance Measurement and Continuous Quality Improvement	Facilitator/Barrier	"[Data reports] it is kind of nice sometimes just to see, Okay, how are we doing? How are we comparative to other agencies? It definitely gives a little bit of that push too, Okay, we're doing really good, or just kind of amps us up a little bit."

3.5.1   West Michigan Partnership for Children (WMPC)

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

WMPC Structure and Staffing

In interviews with the evaluation team, WMPC respondents described their organizational structure, current staffing, and planned growth. The organizational chart is presented in Exhibit 3-5. The initial goal for the organization was to *"start very lean"* and assess what additional positions would be necessary over time; since the start of implementation, WMPC has strategically added a handful of new positions. In the second year, WMPC added two additional positions: a business intelligence analyst and a lead Performance and Quality Improvement (PQI) coordinator/project manager.

WMPC is guided by a Board of Directors. The Board originally consisted of the heads of the five private agencies, but after the first year of implementation, WMPC recognized the need to have greater representation from community stakeholders. WMPC expanded the board to include four new members, recruited from community agencies and foster care alumni, and is currently recruiting for three additional members.

In the second year of the pilot, WMPC experienced staff turnover in several positions, including the Chief Financial Officer, two Care Coordinators, and PQI staff. Private agency staff reported seeing some slowdown in responsiveness due to turnover of Care Coordination staff, as one private agency respondent shared: *"Probably the biggest struggle for us more recently has been the change of staffing, so not really having a person identified for us and not exactly knowing, 'Okay. What do we do in the meantime?'"* However, staff also noted that other WMPC staff were willing to step in and help with service approvals when needed. WMPC has been able to hire qualified staff to fill vacancies.

Exhibit 3-5.   WMPC organizational structure

WMPC Board of Directors

WMPC Nominating Committee

Chief Executive Officer

WMPC Finance Committee

Chief Financial Officer

Office Administrator

Chief Operating Officer

Contract and Financial Analyst

Data Coordinator

Director of Care Coordination and Innovation

Director of Performance and Quality Improvement

Accountant

Care Coordination Manager

Clinical Liaison

Business Intelligence Analyst

Data Analytics Lead

Care Coordinator

Care Coordinator

Care Coordinator

Care Coordinator

Performance and Quality Improvement Coordinator

Performance and Quality Improvement Coordinator

A key element of the Kent Model has been the Care Coordination structure, which assigns a designated Care Coordinator to each private agency. The Care Coordinator serves as a facilitator for service approvals, a liaison with WMPC, an intermediary between private agencies and Kent County DHHS, and a source of information, assistance, and support to foster care caseworkers. Staff at three of the five agencies described the Care Coordinators as helpful and professional, and emphasized that having a single person to go to facilitated a consistent understanding of policy and procedure:

> *I would say...overall consistency is better. And maybe that's because we have had one Care Coordinator that's assigned to our agency. So it's not that we're dealing with different monitors who have a different preference for how they like different things.*

However, staff from two private agencies reported some challenges with Care Coordinators. This disparate feedback prompted WMPC to make adjustments to the Care Coordination model in the second year. Specifically, WMPC recognized that each Care Coordinator had developed their own way of working at their agency, which led to some inconsistencies from agency to agency. WMPC moved the former lead Care Coordination worker to the Care Coordination Manager position and tasked her with retraining each of the Care Coordinators to create more consistency in how Care Coordination is implemented across the agencies.

Planning and Guidance

Kent County private agency directors, supervisors, caseworkers, and stakeholders identified the planning and guidance provided during the first and second years of implementation as facilitating factors. Staff highlighted regular meetings (implementation meetings, leadership meetings, mid-manager leadership meetings, the Child Welfare Advisory Committee (CWAC), and Quality Monitoring Review (QMR) meetings), the presence of Care Coordinators, coordinated staff training, regular review of PQI data, and overall WMPC openness and responsiveness to feedback as particularly helpful. Respondents described that the focus of many meetings shifted in emphasis in the second year to looking at utilization management, data trends, and revising performance measures, which will be discussed further in the section on performance manage and quality improvement.

Model Shifts and Changes

Financial considerations dominated the second year of the pilot's implementation. During this year, WMPC learned that the average cost-per-case for the first year of implementation was 29 percent higher than the case rate originally projected by analysis of seven years of Kent County child welfare data. A variety of factors that may be impacting the current financial challenges and potential solutions to these challenges were reported. Several factors were identified as possible contributors to expenses in the first year of implementation, including:

- Increasing the staffing rate paid to the private agencies to $50/day from the state rate of $46.20/day (specifically, this increase enabled the private agencies to add positions such as family finders, case aides, and buffer workers)

- Making the staffing rate a fixed monthly payment, rather than calculating actual days of care

- Contracting with local children's shelter for guaranteed shelter beds

- Providing a maintenance rate to unlicensed relatives

- Implementing the Enhanced Foster Care program and services

- Missing expense data inadvertently excluded from the original case rate development

- FY17 costs, which were not included in the initial case rate development, were significantly higher than historical expenditures.

In an effort to reduce expenses, WMPC made several changes:

- Reducing the private agency staffing rate from $50/day to $48/day

- Removing the incentive payments for subcontractor performance measures

- Removing the tiered incentivized EFC staffing rate structure and fixing the EFC rate at $70/day

- Developing stricter guidelines for EFC utilization and capping total enrollment in EFC at 67.

WMPC also hired a new Chief Financial Officer and revised some of its accounting practices. In addition, the WMPC took measures to strengthen its utilization management model, which included regular reviews of high-need and high-cost cases such as EFC cases, residential placements, and legacy cases. WMPC also achieved Council on Accreditation (COA) status in August 2019. The

utilization management process will be discussed in more detail in the section on Performance Measures and Continuous Quality Improvement.

The analysis used to develop the case rate for the pilot was not able to take into account costs from fiscal year 2017. Supported by a report from actuarial subcontractors Lewis & Ellis, WMPC concluded that had FY2017 cost data been included in the original case rate methodology, a higher, more accurate case rate would have been developed. To account for these missing costs, Lewis & Ellis recommended a retrospective payment of $6.42 million and adjusted the prospective case rate by 7 percent. By the end of 2019, the recommended actions had not been implemented and the funding issues for the WMPC had not been resolved.

3.5.2   Child Welfare Service Delivery Under the Kent Model

As described in the previous annual report, the first year of implementation of the Kent model brought specific planned changes to foster care service delivery in Kent County:

- Authorization process for service referrals,

- New case rate funding structure, and

- Enhanced Foster Care (EFC) program.

These changes were generally well-received in the first year by both private agency and court staff, who felt that the new processes benefited children and families. These changes continued during the second year of implementation as the WMPC and private agencies worked to refine processes and deal with financial challenges.

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. Under the Kent Model, authority for approval and payment of services is shared among DHHS, the WMPC, and the private agencies, depending on the service and funding source. As discussed earlier, each of the five private agencies works with a dedicated WMPC Care Coordinator who is responsible for facilitating most service authorization requests.

In pre-implementation and early implementation, staff at every level in the five private agencies and the court system described specific ways in which they expected this new way of authorizing services to facilitate better child welfare practice in Kent County foster care. Specifically:

- More efficient service delivery and more timely receipt of services by families, and

- More opportunity for flexible and innovative case planning.

At the end of the first year of pilot implementation, focus group and interview respondents reported seeing positive changes in both these areas. In the second year of implementation, respondents reported that these positive changes were continuing. Staff also described implementation challenges, which included:

- Complications with approvals for certain services, such as trauma assessments and mental health services;

- WPMC Care Coordination staffing changes; and

- Some reported challenges with Care Coordinators.

Efficient and Timely Service Delivery

The WMPC Care Coordination structure was, in part, 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, private agency staff reported seeing a substantial increase in the overall speed of getting services approved for families. Private agency staff continued to report a perception of increased speed and efficiency for most service approvals in the second year of implementation. Private agency staff attributed this change to specific facilitators associated with the Kent Model, as listed in Table 3-4.

Table 3-4.   Service referral 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 service approvals for each private agency promotes consistency in agency staff's understanding of approval requirements and processes
Guidance and Resources	Care Coordination staff provide coaching and tools to help private agency workers with service referral processes and documentation
Network180 Clinical Liaison	The addition of a second Network180 liaison position helps private agency workers navigate the referral process for mental health services

Barriers. Depending on the funding source, some services still go through Kent County DHHS for approval, such as trauma assessments and youth in transition (YIT)-funded services. Private agency staff reported that figuring out the approval routing for some of these services remains confusing in the second year of implementation. As noted in Table 3-4 above, WMPC Care Coordination staff continue to serve as a resource for questions about referral requirements and processes. For example, caseworkers described a recent set of *"cheat sheets"* the WMPC provided to help caseworkers better access YIT funds: *"The cheat sheets are really helpful. So you're not making those mistakes that you might've made with DHHS in the past, where you're filling one form, and really, you should have been filling out a different [form]."*

While the challenge of accessing YIT funds might be lessening, as MDHHS established a grant with WMPC in April of 2019 so that they could manage the YIT funds, private agency staff report that referrals for trauma assessments remain cumbersome as they must go through WMPC, Kent County DHHS, and Network180 for approval, a process that can take several months. The new Clinical Pathways assessment process for accessing mental health services also received mixed reviews from private agency staff: some staff find it easier and more helpful than trying to navigate mental health referrals on their own. Other staff expressed frustration with the length of the Clinical Pathways process, which they described as taking as long as two to three months for high-need clients.

Agency staff also mentioned staffing issues and turnover at the WMPC as a barrier during the second year of implementation. Respondents from one private agency described ongoing difficulties with a non-responsive Care Coordinator; however, staff from this agency still expressed positive feelings toward the Kent Model as a whole and described the WMPC as responsive to their

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concerns. Staff from other private agencies reported that turnover of WMPC Care Coordination staff during the second year of the pilot led to some confusion and delays in getting service approvals. Respondents from the WMPC explained that the WMPC is currently restructuring to standardize Care Coordination processes for a more consistent experience across all five private agencies.

3.5.3   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 reported that they were beginning to see opportunities for more innovative case planning. This trend has continued and became normalized in the second year of implementation, according to private agency staff: *"WMPC is pretty flexible, and if you can make a good case for why you need the service, it's likely to be approved, which is super helpful. And the courts really appreciate that as well."* At a system level, the WMPC has also sought to facilitate innovation by bringing the private agencies together to share innovative processes and practices with each other.

Although respondents agreed that the WMPC is always willing to discuss creative ways to help families, some private agency staff noted that this does not equate to a blank check. Respondents reported receiving appropriate pushback from the WMPC during the first year of the pilot, and some noticed that this increased during the second year with Care Coordinators asking for more detailed documentation and justification for requests. This may conflict with the expectations of the court and other community stakeholders—one private agency supervisor observed that judges often tell caseworkers to order services on the assumption that the WMPC can pay for them: *"So I think that's been an interesting piece of WMPC, too, of the expectation that just everything gets approved. And while I would say it's better than what we have with DHS, that's not necessarily always the case."*

3.5.4   Service Availability and Accessibility

Respondents described Kent as one of the most resource-rich counties in Michigan when it comes to services for children and families. Although the Kent Model has expedited the service referral approval process, private agency caseworkers still encounter difficulty accessing certain services for their clients due to provider availability, wait lists, or insurance coverage.

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In particular, agency staff discussed that they had difficulty accessing certain types of mental health services for children and parents. Although private agency caseworkers and supervisors agreed that clinical liaisons at both the WMPC and Network180 facilitated the process of accessing mental health services, systemic scarcity presents barriers for clients who need the following services:

- Crisis interventions for high-needs children with severe behavior issues

- Psychiatric services for adults

- Inpatient substance abuse treatment

- Evidence-based, trauma informed therapy for children and youth

Private agency workers described cases of sending clients to emergency rooms or other counties to get inpatient psychiatric or substance abuse treatment. Caseworkers also emphasized the gap in services for children who have crisis episodes too severe for EFC but do not qualify for a sustained stay in in-patient care: *"There is that gap between your outpatient or home-based services and your kiddo who's really out of control and needs some help."*

In addition to mental health services, respondents also discussed lack of affordable housing as an ongoing barrier for families in Kent County.

3.5.5 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 system, the County Administrator's office, 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. One emphasis during the second year of implementation has been the sharing of innovation and best practices among the five private agencies, something that rarely happened prior to the WMPC.

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 it is now undergoing further evolution with the advent of the WMPC and the Kent Model. This evolution has presented both facilitators and barriers. After the first year of implementation, respondents described the relationship as highly collaborative on the administrative level; however, on the line-staff level, some tension existed due to the changes in roles and previous collaborative difficulties.

In the second year of the pilot, respondents at all levels described significant improvements in the collaborative relationship between staff in Kent County DHHS and the private agencies. These improvements occurred in two key areas previously reported as sources of tension:

1. **Case Transfer.** Child Protective Services (CPS) and private agency caseworkers are supposed to meet at the time a case transfers from CPS to foster care to discuss the case. Previously, these meetings were left to the individual caseworkers to schedule, and respondents reported that they rarely occurred due to scheduling challenges. Over the past year, Kent County DHHS initiated a standing weekly meeting time where private agency caseworkers could come and discuss any newly transferred cases from that week with CPS caseworkers. Staff from Kent County DHHS and the private agencies agreed that case transfer meetings are now happening consistently, and private agency caseworkers report that they are now getting all the information they need from Kent County DHHS. Some staff also described a side benefit of the new process: the additional face-to-face interaction is facilitating better individual relationships between DHHS and private agency workers, leading to more communication and collaboration throughout the case.

2. **Responsiveness.** A strong theme in the first year of the pilot was the perception that Kent County DHHS staff were often slow to respond to private agency staff questions and requests. In the second year, private agency staff reported that, although it could still vary from worker to worker, overall responsiveness had improved from Kent County DHHS caseworkers: *"They've been really responsive and helpful, and they do what they can to move things along."*

One remaining barrier mentioned by private agency staff is that it can be difficult to determine who is the appropriate person to contact at Kent County DHHS on specific cases or issues. However, overall, both Kent County DHHS and private agency staff expressed feeling as though

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communication and collaboration between the public and private agency staff is improving. As one private agency respondent expressed:

> *[A year ago] I think that there was a lot more hesitancy, I think, to be transparent. I think that there was a lot of fear from DHHS about what we represented and if they were going to have jobs and what their role was versus our role. And so I think just taking that time to build relationships, and they're feeling a little more clear in what their roles are… It has really allowed us to do more of that [teamwork].*

Kent County Family Court

Kent County Family Court is the ultimate decision maker with regard to outcomes for child welfare cases in Kent County. Historically, the court has taken an active interest in efforts to improve the child welfare system. Respondents reported that Kent County judges continue to be supportive and engaged with regard to the Kent Model and the WMPC. The WMPC continues to meet monthly with court representatives to discuss implementation, disseminate information to judges, and address issues. A court representative also attends the Quarterly Management Review (QMR) meetings with the WMPC, Kent County DHHS, and private agencies.

In the first year, judges felt they were beginning to see faster service referrals. Now in the second year, the judges who participated in the evaluation site visit felt the Kent Model and WMPC were having a positive impact on child welfare in Kent County. In particular, judges thought that the EFC program *"has been wildly successful in helping the kids stay where they are and not having the multiple [placement] changes."* Court respondents also put a strong emphasis on the importance of statistical analysis and data-driven decision making through MindShare—something noted by court representatives as slow to ramp up during the first year of implementation. This has improved, prompting one respondent to comment: *"I would say if you look at what has gone well in the last year, it is the statistical analysis. This is supposed to be performance-based child welfare response. And I think the statistical analysis that we see is very helpful…."*

Mental Health System

Network180 is the privatized 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 behavioral health services.

Although Network180 collaborates actively with the agencies and stakeholders at the county level, at the caseworker level, respondents continue to report that bureaucracy remains a barrier to effective collaboration around service delivery. To counter this issue, WMPC and Network180 jointly established a second Network180 liaison position to help private agency caseworkers navigate the Clinical Pathways assessment and service referral processes. Respondents uniformly agreed that having two liaisons has been helpful in assisting caseworkers access mental health services for parents and children.

3.5.6   Foster Home Recruitment, Licensing, Training and Retention

One of the biggest developments in the past year was the rebranding of the Foster Kent Kids, formerly Kent County Licensing Foster Care Coalition, which was assumed and rebranded by the WMPC in 2018. This coalition continued to focus on foster family recruitment and retention, training and support, and community events. In addition, the WMPC became the fiduciary of Adoptive and Foster Parent Recruitment and Retention (AFPRR) funds. This means that each year they are responsible for developing a plan and procuring supports and resources to conduct advertising, retention, and training events.

Similar to respondent reports during last year's on-site data collection, recruitment and licensing staff at the private agencies expressed that outside of the Foster Kent Kids coalition, WMPC's role in foster care and adoption recruitment is limited. Recruiting and retaining foster homes was described as a challenge for agency staff. Many staff described the challenges as due to increased behavioral/mental health challenges with youth in foster care, a lack of foster families willing to care for older youth, and a lack of culturally diverse foster families. There were reports of efforts to address some of these concerns. For the first time, representatives from Foster Kent Kids, Arbor Circle, and Court Appointed Special Advocates (CASA) are partnering to host a recruitment event focused on recruiting diverse families. Agency staff noted in the interviews and focus groups for this report that the flexibility of the Kent Model facilitated foster home and adoptive recruitment and retention efforts. For example:

- **Funding flexibility** allowed one agency to create a family finder position.

- **Faster determination of care (DOC),** relative licensing waiver, and service approvals ease the waiting time for foster families.

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- **Enhanced Foster Care (EFC)** provides additional supports to foster families and helps maintain foster home placements.

Respondents reported that all private agencies in Kent County continue to utilize the Pressley Ridge curriculum to train foster parents (the rest of the state uses the PRIDE training). This curriculum uses a Treatment Foster Care (TFC) model and provides foster parents with "advanced clinical and technical training and support in order to best serve the youth placed in their home." [41] Private agency staff in Kent County continued to report satisfaction with the Pressley Ridge training curriculum. Specifically, they mentioned that it is a good trauma-based program that helps prepare families fostering children who have experienced trauma. One respondent shared that the new training curriculum *"has been a profound improvement to our system here as far as what's best for kids and having all of our foster parents equipped in the same way."* During the prior year's data collection, agency staff noted that the intensive and lengthy nature of the training could be a barrier for some families, particularly relative caregivers. Similarly, this year respondents expressed concern that training foster parents, especially relative caregivers, has been more of a challenge because the curriculum is not flexible when it comes to participating in training sessions out of sequence. Respondents reported that *"a lot of families struggle to attend every single session in order."* One staff member shared that in the Pressley Ridge training program, foster families are required to participate in 36 hours of training over 12 sessions that must be taken in chronological order. In previous PRIDE trainings, foster families were able to attend training sessions in their preferred sequencing, which accommodated schedules with greater flexibility.

During last year's focus groups, licensing staff discussed impending implementation of a practice to provide relative caregivers with financial support prior to licensure. In April 2019, MDHHS announced it would provide a subsidy to relative caregivers with or without foster home licensure. Private agency staff explained that this recent change has had a positive impact. One staff member stated, *"It's been a huge benefit…It more fits their lifestyle, having that little bit of flexibility. They're more willing to take placement or keep placement of the kiddos."* Other respondents shared that the new policy change gives relatives support and incentive to care for relative youth within their family and has the potential to increase reunification with birth families. However, one challenge described was that even though relative caregivers can receive a subsidy without being licensed, Michigan still requires

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[41]https://www.pressleyridge.org/treatment-foster-care.html

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that eventually they become a licensed foster care provider. Respondents mentioned it is now more difficult to get relative caregivers to complete licensing requirements early on, as they no longer have that extra incentive to go through the licensure process.

3.5.7   Enhanced Foster Care (EFC)

Respondents' feedback suggested EFC is one of the most influential programs brought to Kent County by the WMPC. The service provides additional support to youth children in foster care with behavioral and emotional needs while helping caregivers build their knowledge and skills. A clinical case manager and behavioral specialist also assist caregivers in supporting and teaching the youth placed with them. It also allows the flexibility to use funds creatively in order to support the youth. The service encourages relatives and other foster parents to care for children who might otherwise have been placed in a residential facility.

> "I've been in child welfare for so long…they tried to do that program a lot of different times with different names and just a different model. I feel with the implementation of WMPC and that oversight, it happened… *[It] has been more significant, I think, of a support than any other service that I've seen in a long time."*
>
> –*Private agency supervisor*

Treatment Foster Care (TFC) homes (also known as therapeutic foster homes) were utilized in Kent County before EFC was implemented. These foster home providers are specially trained to care for high needs youth. While TFC and EFC have similarities regarding training and supports, respondents explained that the key difference between the programs is the EFC supports are available to the child and family regardless of where the child is placed, whereas with TFC, specific guidelines are followed to place a child in an appropriate therapeutic home. Although all foster parents receive ongoing support, TFC foster parents are trained prior to a child's placement and must meet certain eligibility criteria, while EFC services and training are offered to children and foster parents based on the child's needs after placement (no specific conditions have to be met to provide EFC).[42] [43] One respondent explained that TFC is a less flexible program. For example, with

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[42]https://www.pressleyridge.org/treatment-foster-care.html

[43]https://www.wmpc.care/wp-content/uploads/2018/06/WMPC-Enhanced-Care-flier-WEB.pdf

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TFC, older youth with high needs could not be placed in a therapeutic home that already had a younger child in the home.

A WMPC staff member noted next steps for EFC include identifying other evidence-based models to supplement the skills and training EFC currently offers. For example, the model could *"work on coaching families and working with the foster youth to develop alternative skills"* such as one model a private agency is currently using called "Together Facing the Challenge."

Enhanced Foster Care (EFC) Implementation

Each private agency implemented its own EFC program using the basic program standards developed for the practice. These minimum standards include a base staffing structure (clinical case manager and behavioral specialist) with three levels of service intensity. Level 3 is used for youth in foster care with the highest intensity of needs, whereas Level 1 supports are used when a child is stepping down from EFC.[44]

During last year's site visits, respondents explained that each of the five private agencies experienced a steep learning curve as they developed new processes and built EFC teams. During focus groups and interviews, many respondents referenced that in general most of *"the bumps [have been] worked out"* and when challenges arise, solutions are identified in a timely manner. Private agency staff reported that the EFC monthly meetings with WMPC and other agencies are key to collaborating with each other, learning about other resources within the community, talking about what is and is not working, and brainstorming creative solutions together. Additionally, respondents mentioned a new tool within Mindshare: Provider Services and Activity Management (PSAM), a system through which EFC staff submit quarterly reports, individualized service agreements, referrals, and reauthorizations. PSAM has recently been implemented by WMPC. The PSAM is discussed further in the MindShare section of the report on Information Systems and MindShare.

EFC Reception

In its second year of implementation, interview and focus group respondents described how valuable EFC has been to private agency staff and most importantly to foster and biological parents.

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[44]https://www.wmpc.care/wp-content/uploads/2018/06/WMPC-Enhanced-Care-flier-WEB.pdf

In the words of one private agency supervisor, *"Enhanced Foster Care has been one of the best parts I've seen come out of this performance-based model."* Respondents mentioned various benefits of the EFC service and how they have observed a substantial impact on youth in foster care and their families. Many of the benefits mentioned last year were also noted by respondents this year. Six important areas mentioned are:

- **Retaining Placements.** The added support EFC provides helps preserve foster placements, allowing foster parents to maintain their relationship with the youth in their care. One private agency respondent shared: *"Retention has been pretty good with a lot of our homes that have really tough kids. We've seen them hold onto those kids. And honestly, I think it's because of those extra services that they wouldn't have gotten before."*

- **Residential Placements.** EFC helps youth in foster care transition out of residential placements. According to respondents, with EFC, they have had more success moving youth out of residential care and placing them with foster parents because they are able to offer supports and services designed to assist foster parent to manage the child's special needs.

- **Individualized Services.** Due to the flexibility of the program and funding, EFC is more responsive to the individual needs of youth in foster care and their families. The service is available to youth when they move, whether that is back to their biological home or to independent living placements. Respondents noted having EFC services are very beneficial when youth are transitioning out of foster care (i.e., adoption, reunification, independent living).

- **Flexibility for Agencies.** Flexible funding has allowed agencies to add EFC positions, such as in-house therapists and family finders, get additional training for EFC staff, and provide foster families with creative solutions to address their needs, such as purchasing a weighted blanket for a child in foster care.

> *"It's been a really nice addition to the supports that we're able to offer to families and kids and to just get really creative about how we can **support a placement, so that kids don't have to move. I think that's priceless** – I know I sound cheesy, but honestly, it really is."*
> –Private Agency Director

- **Benefits to Families.** Clinical case managers and behavior specialists are able to be flexible and work with the family's schedule. Caseworkers are able to be more "client-focused." EFC allows for creativity when determining how to a support a placement.

- **Fast Approval.** Getting approval for EFC is very fast and easy for agencies.

One substantial change in the EFC program in the past year was a cap on the number of youth in foster care who are permitted to use the service due to financial constraints. Guidelines on EFC

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limitations went into effect on April 1, 2019. Due to the fact that the service was still fairly new and agencies had worked to build their EFC teams and procedures, the restrictions have presented challenges and frustration among agency staff. Respondents noted several challenges that include:

- **Limits of EFC Service.** Since the EFC cap was put into place, there is now a limit on the number of children that can receive the service. Respondents stated this can be challenging when youth in foster care with very high needs cannot utilize EFC if the agency has reached its cap, or when there are limitations on the number of EFC services available until a case transfers out of EFC.

- **EFC Staff.** With the cap in place, staff who were hired to work as EFC caseworkers had to shift their caseload to include traditional foster cases and fewer EFC cases.

- **Messaging Confusion.** Some respondents noted they were confused about the messaging they were receiving around EFC services. Initially services were unlimited and staff were told to make referrals to them. In the past year, some respondents reported that they were "*all the sudden*" told a cap was being placed on EFC services and referrals had to be limited. Respondents shared their confusion over how long youth could receive EFC services, as some interpreted the messages they received as the WMPC *"trying to make it [EFC services] more time-limited per child."* Another respondent voiced confusion about whether there could be an extension on the amount of time EFC services are available for youth.

One respondent noted that even though there have been some challenges with implementing EFC and reconciling the parameters around which the services could be provided, there was also a positive side to the challenges. Limiting the number of youth in foster care permitted to receive the service has *"made [the agency] more mindful and diligent about making appropriate referrals."* By imposing a limit on the number of children that receive the service, agencies are more likely to ensure they are referring youth who truly need the service and would benefit the most from it.

3.5.8   Systemic Factors

As described in the previous section, interagency partnerships are critical to address the needs of the families child welfare agencies 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.

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Staffing

Interview and focus group respondents discussed a number of factors related to agency staff positions and turnover.

Private Agencies. During focus group discussions, respondents discussed staffing and structural changes, with most changes being internal to the agency and less so influenced by the Kent Model. Some respondents also noted a few different positions they felt would benefit their agency and the work they do. For example, although respondents at two private agencies described the addition of staff who recruit foster families or locate relatives of children in care, respondents at two other private agencies reported that their agency is either in the process of recruiting or that they need a dedicated staff member whose sole responsibility is to engage and retain foster families or relatives of children in care. As one caseworker explains:

> *Right now we have someone in licensing who focuses on recruitment and training and orientation, but also is carrying a caseload of initial homes to license. I think in an ideal world, we'd have a full-timer, like a 30-hour-a-week position, where they could just focus on recruitment, retention, training, orientation because I think those things, it's hard to balance that with a caseload.*

The respondent noted that having a full-time recruiter on staff who does not carry a caseload would be beneficial in that the recruiter would fully support foster parents and be attentive to their needs, and that staff member would organize retention events. In addition, another private agency caseworker suggested that hiring a document support specialist to assist with uploading documents and managing data entry would enable caseworkers to devote more quality time to children and families.

Although respondents made suggestions for desired staff positions that would increase agency efficiency, other respondents stated that new positions had been filled in some private agencies over the past year. These positions were primarily for managerial positions, although some agencies also added staff who offer case work support, and staff who recruit foster families, including relative providers. Respondents from one agency stated during last year's site visit that the agency was able to fund a Family Finder position. This year, respondents shared that having someone in the Family Finding role was very helpful in locating family resources for youth that can include a *"placement resource or just a connection for them to stay involved with their family in an appropriate way."*

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Kent County DHHS. Prior evaluation reports noted that at the onset of implementation, DHHS Point of Service (POS) monitors transitioned to Performance-Based Funding Specialists (PBFS). The PBFS is responsible for verifying the accuracy of funding sources for all foster care expenditures, in order to draw from the correct funding streams. A Kent County DHHS respondent stated PBFS workers additionally "offer support, policy clarification, [and] advocacy for staff." During focus groups and interviews, respondents described PBFS workers' need for increased training and support, frustration about underutilization of their social worker skills, and feelings of disconnect from direct work with children and families. This year respondents seemed to be more positive overall, but still described a sense of feeling disconnected because they are no longer involved with case management and instead are focused on the funding aspects of cases. A Kent County DHHS supervisor reported that the agency is sometimes *a last thought on some cases"* because they commonly experience situations where private agency caseworkers do not keep Kent County DHHS caseworkers informed of pertinent case information. As an example, the supervisor described an instance in which a Kent County DHHS PBFS caseworker was notified by a supervisor in a county outside of Kent County that *"one of our Kent County kids was AWOL."* The supervisor maintained that Kent County DHHS staff *"have to know where our kids are at all times."*

Interview and focus group respondents also described other agency staff that are integral to agency operations. For example, one respondent's agency recently hired a caseworker to coordinate closely with the licensing team to ensure completion of the DHS-588 Initial Relative Safety Screen, a required relative assessment form, and to ensure that safety and licensing standards are considered as agency staff develop resources for families and relative caregivers. Respondents also mentioned they were able to fill a few other *"flex positions"* such as a leader worker, a designated staff member aligned with the court on juvenile guardianships, and prevention staff who lead the agency's school truancy prevention efforts.

Staff Turnover

Similar to prior year reports, DHHS and private agency interview and focus group respondents described turnover as one of the biggest challenges in the child welfare system. At the state level, efforts to address turnover is evidenced by one of MDHHS' guiding principles that "child welfare professionals will be supported through ongoing development and mentoring to promote success

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and retention."[45] Kent County is no exception to the continuous staff *"revolving door"* in private and public agencies. Agency staff stated that turnover continues to be constant in foster care positions primarily, but also, to a lesser degree, in case aide positions, therapy programs, leadership positions, and licensing and adoption. One respondent noted that licensing and adoption teams are probably the least affected by turnover, explaining turnover in these positions are more likely due to factors other than *"stress or [being] overwhelmed* (i.e., staff being promoted to senior positions). Last year, respondents mentioned that new caseworkers remained at child welfare agencies for a short period of time and that maintaining the position for a year is a milestone. Similar responses were reported during interviews and focus groups conducted this year. One respondent observed that some staff leave soon after the required Child Welfare Training Institute (CWTI) training or do not last six months on the job. In addition, a private agency director noticed a recent reduction in the pool of candidates submitting applications. She stated in the past *"it wasn't uncommon to get 80 applicants for a position…now you're lucky to see 30."* When asked why that is the case, the respondent presumed it was due to the *"perception of working in child welfare. It's, obviously, very difficult. It's not a highly paid position. I think, overall, there's just more positions than there are applicants at this time."*

Throughout focus groups and interviews, respondents described numerous possible causes for staff turnover, how staff turnover impacts staff at the agency, and efforts in which agency staff are actively engaged to address staff turnover.

Causes of Staff Turnover:

- **Data-Driven Culture.** One respondent stated that the intense focus on meeting deadlines and completing data entry contributes to staff turnover because of the *"unreasonable"* expectations and pressure. A staff member at another agency noted that new staff may have certain expectations when they are hired at the agency and are not skilled in data entry or simply *"don't like that aspect"* of the job and leave the agency.

- **Lack of Skills Necessary.** One supervisor stated that many new caseworkers lack conflict management skills and struggle to manage challenging relationships with clients. Many new caseworkers are fresh out of college with limited life experience and find it difficult to handle the stress and reality that some clients are *"not going to like you all the time."*

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[45]https://www.michigan.gov/documents/mdhhs/APSR-2019_641975_7.pdf

- **Salary not Aligned with Job Expectations.** One private agency respondent reported that many people do not stay at private agencies because they can receive a higher salary at a public agency. Another supervisor noted that the *"pay has a lot to do with"* whether a person

> *"The only way to have talent that you need to have good outcomes for kids is to have people who are able to stay. And a big part of that is going to be what your salary is."*
> *–Private agency caseworker*

likes their job and stays at the agency. Another supervisor mentioned that *"at the end of the day it's just actually an unrealistic job"* and salary is a huge factor in motivating caseworkers to stay with an agency.

Impacts of Staff Turnover:

- **Relationships.** One respondent stated staff turnover makes building relationships with service providers difficult. The respondent shared that it is essential to have staff at the agency *"for several years to build those relationships with community partners."* Additionally, staff turnover impacts foster and biological parents' relationship with caseworkers at the agency. A private agency caseworker noted it is frustrating for parents when they have multiple caseworkers over the course of a year and are often assigned to new caseworkers who can be perceived as "[not having] a handle on what they are doing because they're learning."

- **Burden on Current Caseworkers.** Some respondents discussed how the constant flow of new caseworkers to the agency has a direct impact on current staff who are tasked with supporting new caseworkers. As one caseworker put it, *"not to say they're a burden, but they're a burden."* Some staff reported being overwhelmed and *"spread thin"* with the additional demands of supporting new caseworkers. This in turn can lead to additional turnover because, as one respondent explained, *"New workers don't feel support. We're trying to support them, but we don't have time to support them."*

Agency Efforts:

- **Private Agencies.** In focus groups and interviews, respondents in almost every private agency stated that the agency has a "**buffer worker**," or someone who is prepared to move into a caseworker role or help fill gaps.

> *"WMPC really has encouraged all the agencies to [have "buffer workers"] because they want there to be capacity to take cases when they're being assigned."*
> *–Private agency director*

Agencies utilize buffer workers differently. One agency has a "**case support specialist**," which is a staff member who received the Child Welfare Training Institute (CWTI) training but does not have a caseload. The specialist provides support to caseworkers while gaining experience in managing cases. The specialist in turn is better prepared to take on a caseload when needed and/or ultimately transition into a caseworker role when there is a position available. Respondents from two agencies mentioned they intentionally hire in advance of staffing needs because *"we've realized that because of the length of time it takes to train somebody, we really need to have somebody sort of on deck, ready to go."* To better prepare for turnover and new caseworker onboarding, another

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agency established "**lead workers**" who have lower caseloads, giving them more time to support new caseworkers or assist in filling any other gaps the agency may have.

- **Public Agency.** One respondent reported that the agency recently implemented a job fit assessment during the hiring process. The tool is a scored questionnaire to help determine the extent to which the position matches the interviewees' skills and experience and help agency staff select the candidate who is most likely to be successful in the job.

Respondents from one private agency stated that over the past year their agency did not experience the excessive staff turnover described by most other respondents and found frequently in child welfare. Agency respondents attributed staff retention to increased starting salaries, explaining that *"people feel better compensated for the work they're doing."* Respondents also reported substantial staff support at the agency.

Staff Training

CWTI (commonly referred to as the Pre-Service Institute) is a required nine-week training for new caseworkers.[46] Similar to respondent feedback provided during last year's evaluation site visit, during the most recent site visit several agency supervisors and caseworkers commented on perceived challenges to the pre-service training. Respondents reported that the training does not adequately prepare staff for the day-to-day responsibilities of casework. They also reported that the training is broad enough for all new caseworkers statewide; therefore, it does not address the specific procedures and processes in Kent County. Some staff noted that the pre-service training is *"less relevant"* for new caseworkers in Kent County because processes are conducted *"differently"* and the differences in how child welfare work is conducted in Kent compared to the rest of the state are further amplified by the current Kent Model. Respondents provided information on additional training provided in the past year to address training gaps:

- **New Caseworker Orientation.** Some respondents reported there is a recently implemented new caseworker orientation that the WMPC facilitates in collaboration with Kent County DHHS and the private agencies on a quarterly basis. The training is designed to give new caseworkers an overview of the unique procedures in Kent County and describe how they are different from procedures in other counties.

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[46]The nine-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.

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- **Mentorship.** A private agency respondent described how their organization supplements the pre-service training by designating "team leads" that shadow new caseworkers, attending home visits, court hearings, and residential visits with them. In addition, the team leads mentor new staff by assigning them such tasks as writing reports, meeting with birth parents, and preparing cases for court. A public agency respondent discussed a similar mentorship program for new caseworkers that was recently implemented in the public agency. This new training involves two supervisors, who are each assigned to a new caseworker for six months, who shadow the caseworker and help manage an entire case together. New caseworkers are also given a lower caseload at first to help them acclimate to the complexities and demands of the job.

According to focus group respondents, the state of Michigan requires that in addition to the mandatory CWTI pre-service training, all child welfare staff are required to complete 32 hours of in-service training annually. The required hours of training include both state- and agency-mandated trainings, and a variety of optional trainings staff can choose to attend. Respondents from both public and private agencies mentioned attending trainings around domestic violence, relative assessments, and safety planning to meet MDHHS requirements.

In focus groups and interviews, respondents described various trainings offered on a variety of topics. Training topics were related to behavior (verbal de-escalation training), procedures (report writing training), and safety (child car seat training). Respondents from private agencies mentioned different kinds of trainings related to trauma that their agency offers. One respondent noted a two-day trauma toolkit that new caseworkers have to review when they begin working at the agency. Another caseworker in the same agency reported that all staff are required to participate in the trauma-informed parenting classes provided to foster and adoptive parents, so that all staff are knowledgeable about what parents are being taught. A director at a different private agency stated ongoing secondary trauma workshops are offered to directors, supervisors, and program managers. Conversely, public agency staff expressed a lack of training in secondary trauma and self-care.

Respondents described an *"open door policy"* when it comes to new or needed trainings. One respondent stated that caseworkers are able to suggest specific topics where they feel additional training would be helpful. Another supervisor shared that they gather suggestions from caseworkers in areas where they are struggling and then will look at commonly identified needs. For example, car safety became a frequently identified training need among staff, so agency leaders provided a training on that topic. A supervisor mentioned that the WMPC has been able to give caseworkers access to unique trainings such as on fetal alcohol syndrome. The respondent also reported that the

partnership with WMPC has been beneficial because they may have the resources for trainings that private agencies do not. Another caseworker reported their WMPC Care Coordinator has been helpful by planning needed trainings. She further explained that private agency staff were lacking in knowledge regarding guardianship subsidies, and the WMPC Care Coordinator was able to plan a guardianship training for agency staff.

Public agency caseworkers reported that because of staffing limitations caused by staff turnover and the constant need for CPS caseworkers, the agency sent a number of caseworkers to *"CPS training"* this past year, so that non-CPS caseworkers would be available to provide support on cases and even potentially conduct interviews if needed. Respondents explained that at times in the past there was reliance on some staff (i.e., those who had recently transferred from a CPS role to a monitor role) to provide support on CPS tasks, but the agency just recently formalized a training on these CPS-related tasks.

Staff Training Needed

Respondents from private agencies and Kent County DHHS were asked in focus groups and interviews about any current gaps or areas in which staff need more training. Below we present the training needs staff referred to during this year's evaluation visit, which are different than what staff identified last year. It is important to note that some of last year's training needs appear to have been addressed. For example, last year's site visit participants mentioned they perceived their agencies could benefit from additional court training and a specific training for new caseworkers to orient them to the Kent Model. In focus groups and interviews conducted this year, respondents shared that both of these trainings are now being implemented by the WMPC on a quarterly basis.

- **MiTEAM.** Two supervisors from different private agencies suggested that long-employed caseworkers might benefit from MiTEAM refresher trainings. Respondents reported that the MiTEAM training should be ongoing and that it could be beneficial to seasoned caseworkers by *"refreshing their minds on how they should be engaging and how they should team with the family."*

- **Onboarding.** One supervisor explained how their agency is looking to revamp the new caseworker onboarding process by determining what specific training new caseworkers need to do their jobs with confidence and competence. Caseworkers from another agency expressed the need to provide new caseworkers with more specific trainings on how to do their day-to-day job.

- **Trauma.** Some respondents reported that training on self-care and time management would be beneficial. A caseworker also shared that there is a need for more training on secondary trauma, compassion fatigue, and burnout, and suggested that agency support around secondary trauma could help improve caseworker retention. A Kent County DHHS respondent mentioned a robust Adverse Childhood Experiences (ACEs) training that was provided recently and suggested it would benefit everyone since *"trauma is underlying for so many families."* The respondent suggested that the ACES training be available community-wide on a quarterly basis.

- **Substance Abuse and Domestic Violence.** A caseworker suggested that agency staff could benefit from additional training on complex issues such as substance abuse and domestic violence, both barriers to reunification. Additional training, such as that provided in the Enhanced MiTEAM Domestic Violence training, would not only help caseworkers understand these issues better, but could support better and more realistic treatment plans for families struggling with such issues.

3.5.9   Information Systems

MiSACWIS

The MiSACWIS data management system was implemented in Spring 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. Previously, public and private agency staff expressed an understanding that MiSACWIS was designed for information sharing and data analysis. However, in 2019, MDHHS announced that a new statewide data management system would be unveiled (i.e., CCWIS); this type of transition is going on throughout the country. It will be interesting to learn how this transition plays out and whether the new system has advantages over the old one. This topic will be assessed in future data collection activities.

Overall, respondents reported improvement in the quality of data in MiSACWIS as well as the usefulness of the data, especially in light of the new data sharing agreement and the MindShare data system importing MiSACWIS data. Challenges described were similar to prior years and included operational issues such as difficulty entering or saving data, an overall lack of a user-friendly interface or navigation, and the time needed for data entry. MiSACWIS data entry and other errors were mentioned by some caseworkers, as were system backlogs that delayed assignment for foster home placements, assignment to adoption case workers, and payment to foster parents.

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One of the biggest challenges described was the inability to easily use timely data from MiSACWIS and the inability to create meaningful reports. The process of generating reports was described as *"cumbersome"* and necessitating going to multiple locations within the system, as one respondent put it, to *"click all over the place"* in order to extract data for a report. Some agencies maintain their own internal data system requiring dual data entry as they are unable to get monthly management compliance reports from MiSACWIS. One respondent shared, *"I think there's a lack of trust in MiSACWIS and being able to get the data that you need to be able to track your own [outcomes] internally."* The challenge in extracting meaningful reports out of MiSACWIS was described in sharp contrast to the reporting features being developed in MindShare described later in this section.

WMPC Service Data Entry Coordinator. One of the major improvements reported revolves around data entry. In the first year of implementation, both private agency and WMPC staff reported challenges entering service data into MiSACWIS. For example, WMPC-paid services were entered differently than Kent County DHHS-funded services, and the funding source for services was not always clear initially. In response to the confusion around data entry, as well as the burden on caseworkers, the WMPC developed a comprehensive spreadsheet. However, this year some respondents mentioned there were always some new services being defined and it was hard to keep current. Ultimately, a data coordinator position was added to the WMPC to consolidate the data entry. The data coordinator has become a MiSACWIS specialist and is now responsible for creating all of the manual payments in MiSACWIS. The data coordinator was described as being able to provide consistent data entry and tracking instead of the previous process, in which workers in five agencies entered data all a bit differently. Additionally, the data coordinator is able to confirm that the appropriate funding source is assigned and a substantial reduction in errors was reported. One respondent described the role of the data coordinator and reduction of burden off caseworkers as *"amazing"* and reported that the State passed the IV-E audit recently with no errors.

MindShare

MindShare is the data management and analytic system adopted by the WMPC. It is designed to use predictive analytics for child welfare cases with the goal of being an early warning system to flag cases that need intervention. MindShare is key to allowing WMPC and other staff to focus on data and quality improvement. As with all data systems, the findings you receive from them are only as

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good as the data that gets entered into them. In the past, MindShare was hampered by insufficient data. Interview and focus group respondents reported many advancements this year as follows:

- **Revised Data Sharing Agreement and Data Reporting Abilities.** The WMPC and MDHHS implemented a revised data sharing agreement in Spring 2019 that reportedly nearly doubled the amount of data fields and included case histories back to 2014. Respondents reported significant progress in the utility of MindShare reports and functionality even in the few months since the updated data sharing had been in place. Additionally, PQI workers are able to produce more meaningful monthly reports for agency staff. One respondent described, *"It is like night and day from what they [WMPC] were able to get before because the data sharing agreement that they had originally was so limiting."* WMPC staff reported that at a meeting with staff from other counties in Michigan, staff *"were like in awe"* at the monthly trackers MindShare produced, and some staff reported still using handwritten notes to track information.

- **Linking Service and Cost Data.** One of the major advances in the past year since the new data sharing agreement was executed was the ability for the WMPC to link service data with financial data, conduct analysis on the case rate, and identify children in care that were the *"highest cost."* This type of analysis was not possible before due to insufficient data. Two of the most substantial outcomes of this new analytic capability were: (1) the WMPC was able to determine that the case rate was not working as intended, and (2) the ability to focus on practice decisions such as utilization of congregate care. One respondent explained that the WMPC is now able to *"drill down"* to the individual child level and review cost and quantity of services where before they *"didn't realize how bad their financial situation was... they didn't have the information to know."*

- **Provider Services and Activity Management Program (PSAM).** The MindShare PSAM was recently put in place and utilized primarily for data that did not have a place in MiSACWIS. EFC referrals and quarterly reports in particular can now be submitted along with individualized service agreements and reauthorizations with links embedded in the MindShare system. Some EFC data documentation is also uploaded in MiSACWIS, due to the necessity of documenting service information. However, although there is some data duplication, respondents reported that the benefits are worth it; the service approval process can now be conducted via MindShare. In addition, the WMPC now has the ability to easily track the data and ultimately hopes to be able to connect service utilization to outcomes.

- **MindShare Project Board and DTMB Meetings.** A MindShare Project Board was initiated and meets on a weekly basis. The project board was reported as helpful as it brings multiple staff and stakeholders together (finance, care coordination, etc.) to review and provide feedback on MindShare products to be sure they are usable for the end user. In addition, weekly phone calls with MDHHS Department of Management and Budget (DTMB) are ongoing and their involvement was described as *"instrumental"* as they are able to clarify any questions with data anomalies, restructuring data delivery as needed, and more.

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As with any system, challenges were also reported, including:

- **Data Quality and Validity.** WMPC respondents in particular reported that data quality and missing data remain issues and considerable data validation is needed with the data extracted from MiSACWIS. A strategy to address this is a planned pilot with one of the private agencies, allowing caseworkers to view case data from MindShare on their agency computers. WMPC respondents shared their hope that seeing case data would not only help identify data issues but also motivate case workers to update their own case records. In this way MindShare can function as part of a Continuous Quality Improvement (CQI) data quality circle, with WMPC identifying data issue and agencies assisting with improving data quality.

- **Time to Develop Data Dashboards and Reports.** A challenge in prior years—developing data dashboards within MindShare—remains a challenge. WMPC respondents reported that substantial time is needed to develop business process rules and classifications to produce desired data dashboards and reports. In addition, new dashboard requests have to go back to the MindShare developers to implement via their ticket system. WMPC respondents reported that data analysis takes time, and not everyone involved in the Kent Model understands the data cleaning and analysis processes. Similarly to last year, some respondents felt pressure to produce reports without sufficient time or understanding of the context in which a data report was to be used. One respondent shared:

  I think the risks and expectations coming in that, right away, MindShare was going to solve all of these previously unsolvable problems, and day one, we're going to be doing predictive analytics and going to be doing all this really cool stuff.... Whereas... that actual job is comparing line by line on spreadsheets and making sure that what's actually being represented is right...

- **Adaptation of Business Practices to Utilize Web-Based Forms.** WMPC respondents noted that the shift to utilizing web-based systems, such as the EFC forms in PSAM, while described as a benefit by many, is also a business practice transformation that is more challenging for some agency staff than others. For example, one respondent described, *"Some of them are going from handwriting forms to entering everything on a website and never seeing a piece of paper."* Respondents described some agency resistance to removing hard-copy forms. In some cases there were practical reasons for needing them (e.g., providing them to the accounting department within an agency).

3.5.10 Performance Measurement and Continuous Quality Improvement

CQI efforts were well underway in Kent County child welfare before the Kent Model was implemented and several of the private agencies had an internal CQI process. 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 PQI 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.

Current PQI meetings are similar to what was described in prior reports and include data-driven monthly meetings and reports that are also shared with the WMPC Care Coordination team, quarterly case review meetings with private agency staff, and annual audits. Quarterly meetings include a more formal review of contractual performance measures, comparisons of data trends among agencies, and performance in the State. The agency CEO is invited as well as program managers to certain meetings. Reports identify trends in service utilization, such as the number of referrals to assessments and/or supportive services provided by private agency workers. Annual audits are more comprehensive and include a case review process and interviews. The annual audit results in a performance improvement plan (PIP). Performance data are reviewed regularly with various stakeholders in Kent County and MDHHS, including presentations at Child Welfare Partnership Council (CWPC) meetings.

During the first year, the PQI division at WMPC was organized with a director and three PQI coordinators, each specializing primarily on overseeing one of the main processes. The PQI division was in a state of transition at the time of the last site visit and there have been many changes within the PQI division in the past year. Changes include a new PQI Director and the addition of a business intelligence analyst. In addition, the WMPC has integrated a utilization management focus and the contractual performance indicators were revised in consultation with MDHHS. Many of the changes were reported to have positive effects. An overall shift to a *"performance mindset and a performance culture"* and more *"literacy"* in the value of measuring performance within the private agencies was mentioned. Additionally, a culture of shared learning was reported, with PQI coordinators facilitating exchanges about shared successes and strategies among private agency staff and a willingness to engage in an open collaborative manner, not a competitive one. The key facilitators and challenges are described below.

- **PQI Coordinator Role Shift.** Last year, the importance of building relationships between the WMPC and private agency staff was discussed as critical, and although agency leaders were reported to be positive about CQI efforts, WMPC respondents shared that establishing relationships with private agency staff, especially at the caseworker level, was sometimes a challenge. This year the role of the coordinators changed from one of specializing in one functional area (i.e., audits) to each coordinator functioning more as a *"generalist"* and assigned to an agency, similarly to the structure of the WMPC care coordination team. The importance of the PQI coordinator building a

relationship with an agency was reported as a facilitator to effectively engaging private agency staff in performance improvement planning and building CQI performance-based capacity. One respondent referred to the PQI coordinator as *"[a] change agents [sic]."*

- **Addition of Business Intelligence Analyst.** The addition of the business intelligence analysist position was described as a facilitator, bringing expertise in information systems, data modeling, and statistical analysis. Respondents described this position as *"instrumental"* in the WMPC's ability to analyze data trends and interpret impacts, such as the impact of legacy cases and outlier cases, and the effect on the case rate.

- **Annual Audit Schedule.** Annual audits were conducted at various times in the first year of the pilot. In its second year, the WMPC described plans to align these with the state licensing audit, conducted by MDHHS Division of Child Welfare Licensing, and conduct them during the same time frame toward the end of the financial year (September).

- **Shift to a Utilization Management Framework.** One of the biggest shifts reported both as a facilitator and a challenge was the move to fully integrate a utilization management approach focused on permanency within 12 months, residential utilization, and enhanced foster care services. The shift was described as part of the overall strategic plan of the WMPC but became more important as a requirement of COA accreditation. It was also a result of identifying financial repercussions of the existing case rate and the need to manage the costs of enhanced foster care and use of congregate care and residential placement due to projected financial deficits with the WMPC. The WMPC engaged in a community forum with private agencies and MDHH during the development of the framework. In May 2019 the WMPC rolled out its enhanced Utilization Management Model *"to ensure appropriate usage and dosage of services, maximization of publicly funded services, monitoring of client eligibility and service periods, and that services are meeting desired outcomes."*

- **Utilization Management and Residential Care.** Utilization management is intensely focused on the use of residential care. Respondents reported that the costs associated with *"legacy children,"* who have been in care for five or more years, were nearly twice what was originally projected and therefore impacted the sustainability of the WMPC and the case rate model considerably. The new practice of residential placement utilization review meetings was only one or two months into implementation at the time of the evaluation site visits. Review meetings were described as an opportunity to review all cases for children who enter residential care and those who are in care for more than three months via a formal meeting with the WMPC PQI Director, WMPC Director of Care Coordination and Innovation, and the assigned WMPC Care Coordinator. The meeting also includes a case presentation from the caseworker, supervisor, and agency director or designated manager from the private agency responsible for the case. WMPC staff assist in decision-making around incentives to enable a step down from residential or other care. In addition, the WMPC Utilization Management Plan (June 2019) describes a pre-residential review that requires a formal request prior to residential

placement through the submission of an Administrative Review Committee (ARC) request form signed by the agency's WMPC board member.

Utilization data are also shared with Care Coordinators. Interview and focus group respondents noted that a discussion of finances and service costs for each case is a new element of the PQI process. At the time of the site visit, integration of the utilization management approach was relatively new and some agencies had experienced only one cycle of a utilization review. Respondents described the utilization approach in various ways—some reported that private agency staff felt increased *"pressure"* to meet goals and objectives while others embraced the approach. One respondent described utilization reviews as a way to better evaluate where to use resources, stating, *"Where does the money need to be spent the most to make those differences, to make sure the kids get what they're needing?"* The ongoing plan for the leadership of utilization management meetings and how they may be integrated into ongoing PQI processes was under discussion at the time of the site visit and plans were to review the process within three months.

- **Development of New Performance Measures.** WMPC's goals and objectives were initially designed to be measured by 13 key performance indicators (KPIs) established by MDHHS, and six federal Child & Family Services Review measures (CFSRs) established by the U.S. Department of Health and Human Services. The WMPC is held contractually accountable to these KPIs and CFSRs. The WMPC reviewed and revised their contracted performance measures following a request from the new Deputy Director for MDHHS' Children's Services Agency.

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.

3.5.11   MiTEAM Practice Model

Michigan's case practice model, emphasizing teaming, engagement, assessment, and mentoring (MiTEAM), was instituted to promote inclusion, mutual respect between the family with a child in care and their caseworker, and recognition of the family's strengths and needs. Expectations and guidance relevant to the practice model has been refined since operationalization of the model commenced in 2012. Interview and focus group respondents shared their perspectives on topics including the extent to which MiTEAM is emphasized and used in Kent County, changes to the practice model, challenges to implementing the model, and areas in which changes are recommended.

Emphasis On and Implementation of the Model

Perceptions of the extent to which MiTEAM is emphasized in Kent County public child welfare and private child placing agencies varied depending on the respondent type. For example, while agency leaders and supervisors from private agencies perceived that MiTEAM is at the forefront of service provision, caseworkers in the public agency observed a decreased emphasis on MiTEAM following initial training. For example, one caseworker stated, *"I heard about it when I was in training and then I think I heard MiTEAM one other time."* This reaction was similar to findings from last year's site visits, in which respondents from public and private agencies mentioned the momentum and excitement surrounding the practice model's rollout had dwindled over time.

Agency leaders from two different private agencies identified specific components of MiTEAM that are emphasized more than others in their respective agencies. One interview respondent noted that engagement was emphasized over the others in the respondent's agency because of its relevance to a parent coaching/education class, while the other agency leader noted that teaming is emphasized because the agency's data indicated that agency staff were not *"embracing the teaming piece in the best way we could."*

Supervisors who participated in focus groups described MiTEAM as fully integrated into case practice, mainly because the tenets of the model are consistent with general child welfare casework. Last year's focus group respondents also stated that MiTEAM was already built into their casework practice. One respondent from the current year's focus groups stated that MiTEAM is *"ingrained in supervisors so it's just common practice."* Supervisors from two different private agencies described the use of MiTEAM as a means of ensuring that the services provided meet the unique needs of each family. As one supervisor stated, *"I think we've gotten better at asking our clients what they feel would be a beneficial service."*

Changes in MiTEAM Over Time

Across agencies and respondent types, reactions were mixed when agency staff were asked if and how the practice model has changed over the past year. While some respondents noted that agency staff have been practicing social work aligned with MiTEAM principles for a number of years or have observed improvements in implementation of the practice model over time, some caseworkers stated that the number of MiTEAM trainings offered have decreased in frequency. As one

caseworker from a private agency noted, *"Either I'm not getting invited to these trainings or they're not happening, but there hasn't been a MiTEAM training that I've known about for a good six months. And they used to be quarterly."* One respondent described disappointment with staffing changes that have been made, stating:

> *It makes me sad because I feel that we have really gotten away from what this was really intended to be…And I miss the stuff that that [MiTEAM specialists] brought to it, that hands-on, that one-to-one, going out in the field with workers, being with new workers, being able to help and support them and motivate them and keep them going because this is such a high turnover job. It's so easy to burn out. It's so easy not to learn the job. It's so easy to be discouraged by the job. And so when we were doing those more active pieces and actually, physically being with people, I think it was more helpful in the retention of being able to keep workers and everything.*

Challenges to Implementing MiTEAM

Although interview and focus group respondents across agencies and respondent types acknowledged the value of statewide application of a practice model that underscores the importance of engaging, teaming with, assessing, and mentoring families with children in care, they also identified several challenges to MiTEAM implementation. For example, some of the challenges respondents cited were:

- Emphasis on measurement of fidelity to the model relative to time spent doing case practice *"takes away from the idea that it's our practice model because…we have to prove that we're doing the things."*

- The fidelity instrument does not allow for differentiation of high versus low fidelity to the model, as explicated by one director, who stated that the data are *"not helpful because they're all just a huge string of yes-or-no questions. So it's just set up in a non-helpful way because most people answer 'yes' to almost everything."*

- System-level changes, including turnover and leadership changes and the WMPC layer, have made it difficult for staff to implement the practice model consistently across one respondent's agency.

- Training may need to be improved, as one supervisor received feedback that it was *"not very valuable."*

- MiTEAM is not applicable to certain caseworker positions. As one supervisor of licensing caseworkers explained, the *"curriculum does not fit what we do. It is very geared towards case management."* The supervisor continued, *"It is like Social Work 101 and we've all been doing it for a really long time. So I don't feel like I learned any valuable skills with MiTEAM."*

3.5.12   MiTEAM Fidelity Assessments

Public child welfare and private child placing agencies in Michigan are required to report data on the extent to which the case practice model is implemented as intended. Once per quarter, supervisors complete the 85-item MiTEAM Fidelity Tool for caseworkers they supervise. When the fidelity tool was introduced, instrument guidance stipulated that supervisors must complete the tool for each caseworker they supervise and enter the data into a state database. For each caseworker, the supervisor was expected to conduct an observation, review documentation, conduct an interview with family members, and facilitate a discussion with the caseworker about a randomly selected case. In July 2019, MDHHS informed managers and staff in Kent County's public child welfare and private child placing agencies that they refined the fidelity data collection and reporting processes, based on feedback from agency supervisors and other factors (e.g., data reporting platform challenges). MDHHS made improvements to the MiTEAM Fidelity Web Application, reduced the number of fidelity assessments that must be completed to three per quarter, and enabled each agency director to determine if supervisors in the agency must conduct document reviews as part of the assessment.

When asked questions about awareness of changes to MiTEAM fidelity assessments, responses were mixed across agencies and positions. Some respondents were able to articulate some of the changes made, some respondents were nearly certain they had heard about the changes, while some respondents expressed a lack of awareness that changes had been made. Based on the timing of revised guidance for fidelity assessments (approaching the end of the second year of Kent Model implementation and just two months prior to the evaluation site visits), summaries of responses to questions about the MiTEAM Fidelity Tool and process likely reflect perceptions of the pre-refinement tool and process.

> *I think that there was a meeting, recently, where they talked about some of the things that were going to change with the MiTEAM Fidelity Tool. But it was presented to us very last minute, and some of us weren't able to be on the phone call. So I don't know that any of us in this room were on the phone call.*
>
> *–Private agency supervisor*

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Agency staff who participated in interviews and focus groups identified positive factors as well as challenges associated with the fidelity assessment tool and process. Respondent descriptions of these factors are illustrated in Exhibit 3-6[47] and summarized in the sections that follow.

Exhibit 3-6.   Respondent descriptions of positive aspects of and challenges to fidelity assessments
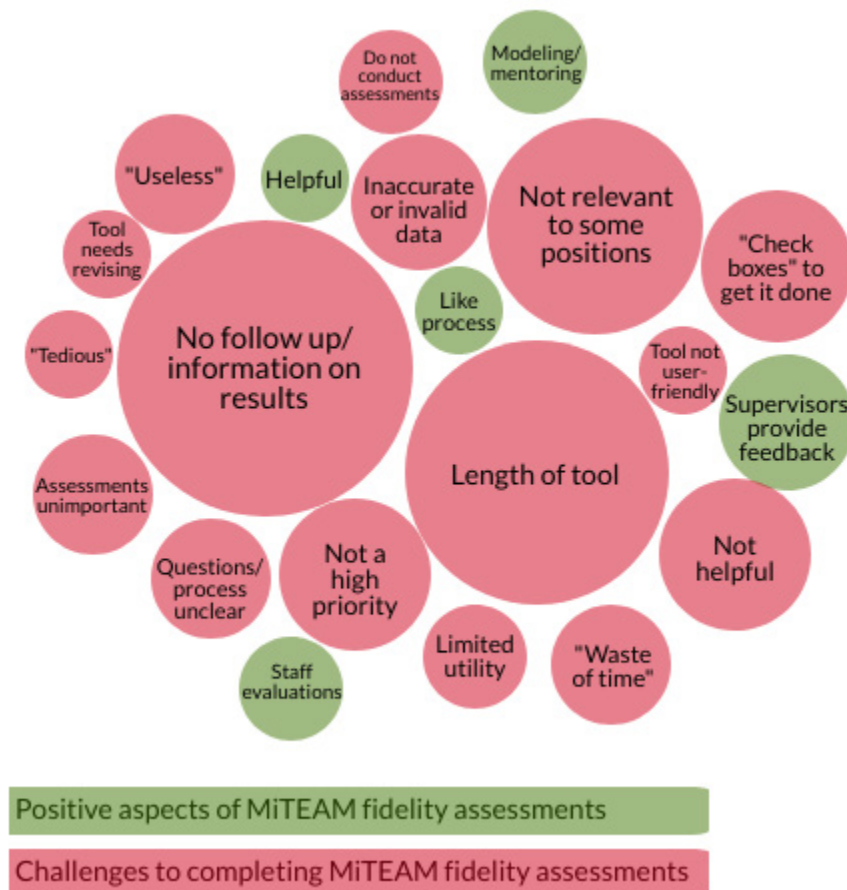
Interview and focus group respondents cited a number of factors that have limited the extent to which agency staff benefit from the fidelity assessment process and can use the results. The most common complaint was about the length of the MiTEAM Fidelity Tool. For example, words and phrases that respondents used to describe the assessment tool and process were *"ridiculously long and*

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[47]The size of the circle represents the frequency with which respondents described positive factors or challenges to the fidelity assessment process (larger circles represent more frequently described factors).

hugely time consuming," "enormity," and *"cumbersome,"* and several respondents described *"checking the boxes"* simply to meet the reporting requirements.

Another group of respondents expressed disdain for the process given their other job responsibilities. Multiple respondents described the assessments as *"tedious," "a waste of time,"* and *"useless."* Respondents stated that this is due to the fact that they do not receive resulting data, or the data they receive are inaccurate and therefore unreliable. One agency director stated that fidelity results showing overwhelmingly positive results *"doesn't actually help us to know where to implement extra training."*

> **[The MiTEAM Fidelity Tool] is really black and white, I feel, instead of the gray that is child welfare.**
>
> **–Private agency director**

Several respondents stated that the fidelity assessment are not applicable to specific positions (e.g., adoption) or cases. As one supervisor explained:

> *What you see at a court hearing is going to be not applicable for 90 percent of these questions, and it's all very case-specific, too. So when you're shadowing a court hearing for one case, completely different than when you're shadowing for a second case. So while the idea behind it of trying to like measure those things I think is probably pretty good, the way that it's presented is completely useless and a waste of time.*

Although the MiTEAM fidelity process and tool have limitations, agency staff described a number of strengths associated with fidelity assessments. Some supervisors acknowledged the value in obtaining feedback from family members. As one respondent stated:

> *I think, as a supervisor, following up with birth parents and foster parents and children to kind of determine how my worker is providing those services and kind of asking some of those questions: if they're providing empathy, if they're meeting their needs, and how they're providing those services. That's helpful for me, as a supervisor, to evaluate my staff and to try to help improve some things on their end.*

Other aspects of the MiTEAM fidelity assessment process that respondents appreciated was that it increased supervisors' cognizance of caseworkers' performance and facilitated their ability to identify where caseworkers may need targeted support. Respondents mentioned that conducting fidelity assessments enabled supervisors to model appropriate practices, mentor caseworkers, and *"better supervise them in a way that they can engage better, team better, [and] work with families."*

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Feedback on MiTEAM Fidelity Assessment Process

During site visit interviews and focus groups, agency leaders, supervisors, caseworkers, and WMPC representatives were asked how fidelity data are used to improve practice. Many respondents, across respondent types and agencies, reported that they do not receive fidelity results. As one caseworker explained, *"I haven't heard anything of the outcome of it or any comments or anything. It's just a supervisor comes with you to a visit and I feel like it's just another person there. And then that's it from there."* Supervisors at one agency implied that data are accessible to supervisors, but time limitations may prevent them from obtaining the data. One supervisor suggested that agency leaders should synthesize and share results with agency staff, stating:

> *I haven't run it…I mean we have so many things that we're tasked with as far as deadlines and other things. And I think that somebody else could do that, above my pay grade, and then they can relay the information to us and determine whether we're using it adequately or not.*

Some respondents noted that caseworkers receive feedback from supervisors, although it is often informal and not associated with fidelity assessments. For example, one caseworker reported that supervisors at the agency are *"good at giving us feedback on how to better engage with clients, but not specifically using the fidelity tool."* Respondents who received fidelity results stated that they were provided in a report or were part of caseworker performance reviews.

Participation in Fidelity Assessments

Although there are statewide MiTEAM fidelity assessment and reporting requirements, interview and focus group respondents articulated that fidelity assessments are conducted depending on the caseworker role. For example, several respondents from various agencies stated that questions in the tool are not applicable to caseworkers responsible for licensing, some respondents questioned the tool's applicability to adoption casework, while a supervisor in one agency does not complete the tool for any non-CPS staff. While some respondents stated they (or other supervisors in their agency) completed the tool for caseworkers in licensing and adoption divisions and frequently entered "not applicable" in response to items in the tool, other respondents stated they (or other supervisors in their agency) do not use the tool at all for caseworkers in these divisions.

Some interview and focus group respondents described having familiarity with the fidelity tool but reported that they had limited experience with its application (supervisors completing the tool, caseworker participation in the assessment), due to

> *Well, to be honest with you, fidelity tools are the last thing in my to-do list. I know I'm not going to get in trouble for not doing a fidelity tool. No one even knows if I do them or not.*
>
> *–Private agency supervisor*

time constraints or unspecified reasons. As one caseworker explained, *"I've definitely seen the fidelity tool before, but I don't know if any of the supervisors have completed one in a while, at least for me."*

In general, agency staff who participated in the prior year's interviews and focus groups described some of the same limitations to the MiTEAM Fidelity Tool that the current year's respondents described—substantial time necessary to complete the tool, only Yes/No response options, inapplicability of the tool to caseworkers in licensing and adoption, and inability to use fidelity results to improve practice since they do not usually receive results. By the time of the next evaluation site visits, changes to the MiTEAM fidelity assessment process would have been in place for approximately one year. Therefore, the next annual report will reflect any changes in agency staff perspectives on refinements to the fidelity assessment process.

MiTEAM Fidelity Tool Data Analysis

MDHHS provides the evaluation team with quarterly fidelity reports for Kent County, beginning with the fourth quarter of 2016 (the evaluation team has received 13 reports in total to date). The evaluation team examines changes in the percentage of caseworker behaviors associated with the practice model that were implemented as designed, overall and by each MiTEAM competency. Fidelity results described in this section must be interpreted with caution. For nine of the 13 quarters for which the evaluation team received fidelity reports, data were missing from at least one of the five private agencies in Kent County. Although all of the agencies reported fidelity data for each quarter in 2019, data were missing for at least one agency in each of the prior nine quarters.[48] 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

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[48]The number of agencies that reported fidelity data each year and quarter was: <u>2016</u>: 2 agencies in Quarter 4; <u>2017</u>: 4 agencies in Quarter 1, 4 agencies in Quarter 2, 3 agencies in Quarter 3, 3 agencies in Quarter 4; <u>2018</u>: 4 agencies in Quarter 1, 3 agencies in Quarter 2, 4 agencies in Quarter 3, 2 agencies in Quarter 4; and <u>2019</u>: 5 agencies in Quarters 1 through 4.

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, most activities assessed indicated that caseworkers in Kent County's five private agencies implemented behaviors in accordance with MiTEAM's design; across the 13 quarters, the average percentage of MiTEAM behaviors that caseworkers implemented as they were intended ranged from a low of 88 percent in 2016 (quarter 4) to a high of 97 percent in 2017 (quarter 4). On average, over 90 percent of MiTEAM behaviors were implemented as intended every quarter except for the first quarter the evaluation team began reviewing these data (fourth quarter of 2016) (Figure 3-2).

Figure 3-2. Average percentage of MiTEAM behaviors implemented with fidelity by quarter[49]
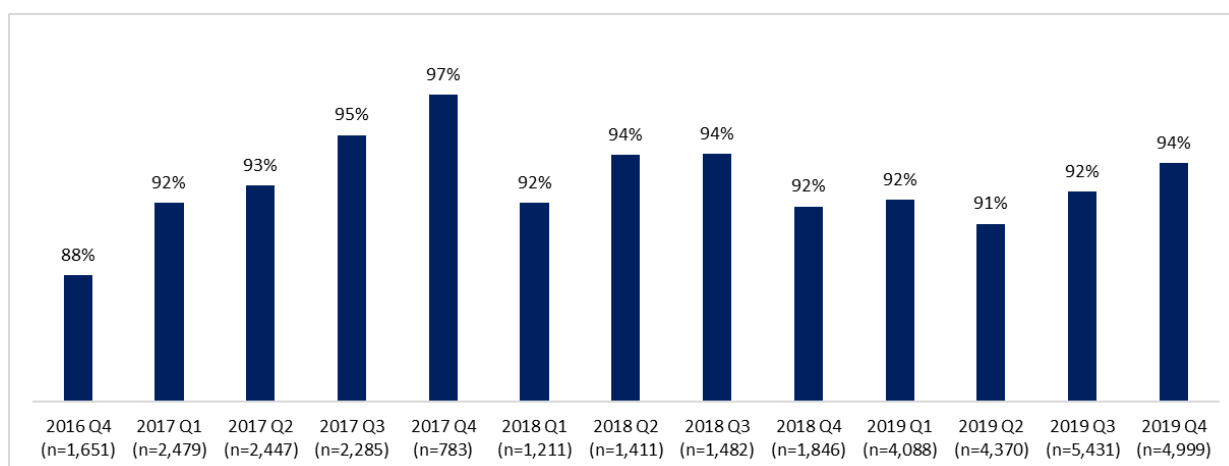
Note: The number of caseworkers assessed each year and quarter was: 2016: 23 (Quarter 4); 2017: 34 (Quarter 1), 34 (Quarter 2), 30 (Quarter 3), 11 (Quarter 4); 2018: 16 (Quarter 1), 19 (Quarter 2), 20 (Quarter 3), 23 (Quarter 4); and 2019: 54 (Quarter 1), 57 (Quarter 2), 71 (Quarter 3), 65 (Quarter 4).

Although the percentages of MiTEAM behaviors implemented as they were designed were high overall, there were slight differences in average fidelity scores based on MiTEAM competency assessed. As a reminder, these results must be interpreted with caution since several items in the instrument are applicable to more than one MiTEAM competency. An examination of data for the end of each year (fourth quarter) indicates that fidelity was highest in 2016 and 2017, and was one of the highest in 2019, for engagement. Fidelity was lowest in 2017, 2018, *and* 2019 for mentoring.

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[49]Ns in the figures represent the total number of *assessments* across Fidelity Tool items each year.

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(Figure 3-3). Although the percentage of mentoring activities implemented as intended generally hovers around 90 percent or higher over time, percentages are consistently lower than fidelity to other competencies. (Additional data on fidelity for each MiTEAM competency are in Appendix 4.)

Figure 3-3.   Average percentage of MiTEAM behaviors implemented with fidelity by MiTEAM competency
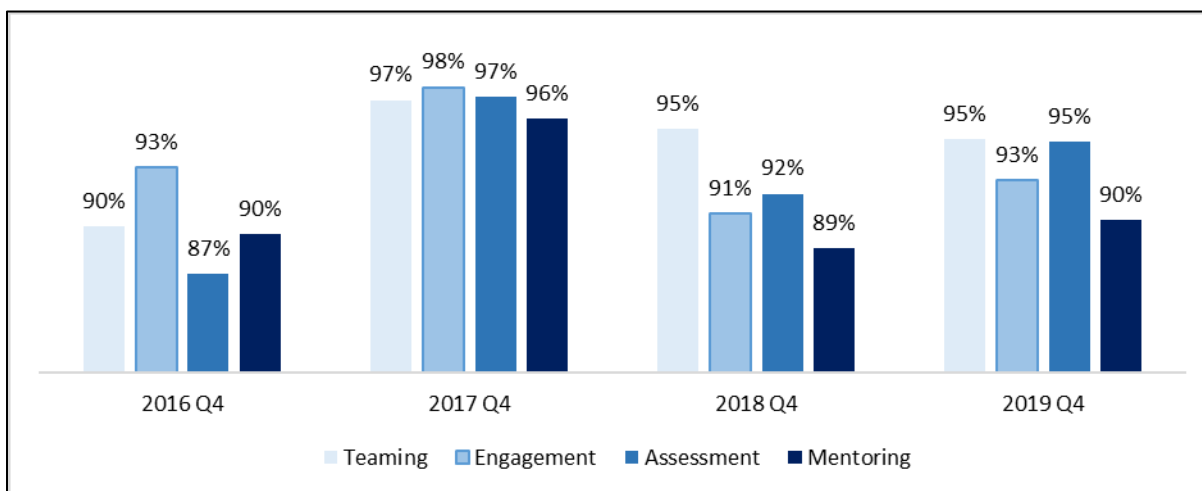
Note: The number of caseworkers assessed for each competency was 23 in 2016, 11 in 2017, 23 in 2018, and 65 in 2019. The total number of responses on which each percentage is based was: <u>Teaming</u>: 480 in 2016, 225 in 2017, 555 in 2018, and 1,489 in 2019; <u>Engagement</u>: 441 in 2016, 207 in 2017, 463 in 2018, and 1,298 in 2019; <u>Assessment</u>: 1,293 in 2016, 617 in 2017, 1,471 in 2018, and 3,954 in 2019; and <u>Mentoring</u>: 632 in 2016, 292 in 2017, 671 in 2018, and 1,796 in 2019.

The evaluation team also examined the percentage of MiTEAM behaviors that were implemented as intended by method used to assess fidelity (i.e., observation, documentation review, interview with the family, supervision).[50] Of the four fidelity assessment methods, supervision was the only one in which, for at least one quarter, *all* behaviors assessed achieved scores that would indicate caseworkers were practicing with fidelity. For this assessment method, supervisors discuss an individual's or family's case or situation with the caseworker and record whether or not the caseworker was able to identify various case characteristics or activities. Each year, at least 90 percent of supervision assessments indicated caseworkers were implementing the practice model with fidelity (Figure 3-4).

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[50]**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.

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Figure 3-4. Average percentage of MiTEAM behaviors implemented with fidelity by assessment method
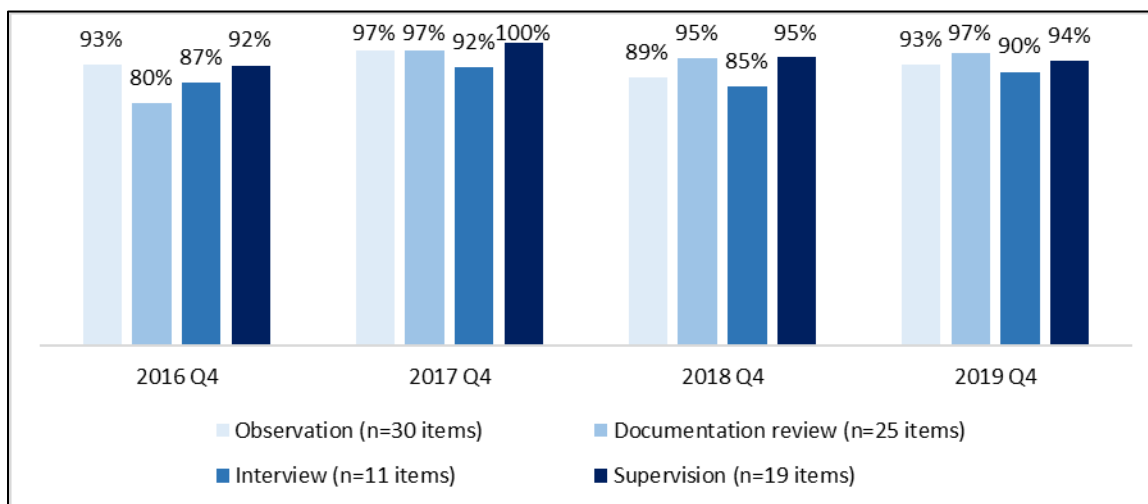
Note: The total number of responses on which each percentage is based was: Observation: 558 in 2016 (23 caseworkers assessed), 261 in 2017 (11 caseworkers assessed), 622 in 2018 (23 caseworkers assessed), 1,690 in 2019 (65 caseworkers assessed); Document review: 475 in 2016 (23 caseworkers assessed), 227 in 2017 (11 caseworkers assessed), 557 in 2018 (23 caseworkers assessed), 1,461 in 2019 (62 caseworkers assessed); Interview: 220 in 2016 (21 caseworkers assessed), 99 in 2017 (11 caseworkers assessed), 247 in 2018 (23 caseworkers assessed), 662 in 2019 (63 caseworkers assessed); and Supervision: 398 in 2016 (23 caseworkers assessed), 196 in 2017 (11 caseworkers assessed), 420 in 2018 (23 caseworkers assessed), 1,186 in 2019 (65 caseworkers assessed).

3.5.13   Service Satisfaction

To assess the extent to which clients are satisfied with services provided through the five Kent County private child placing 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 to implementation of the Kent Model (2016-2017) and subsequent two years after implementation (2017-2018 and 2018-2019).

The data described in this section 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 (or agencies) with the majority of respondents.

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.[51]

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 case practice in general), analyses of satisfaction data focused on survey 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, agency clients were satisfied with at least 80 percent of child welfare or foster care services that were assessed (e.g., "Staff showed respect"), although the percentages were slightly lower in years 2 and 3 compared with year 1 (Figure 3-5).

Figure 3-5.   Respondents' overall level of agreement that they were satisfied with services[53]

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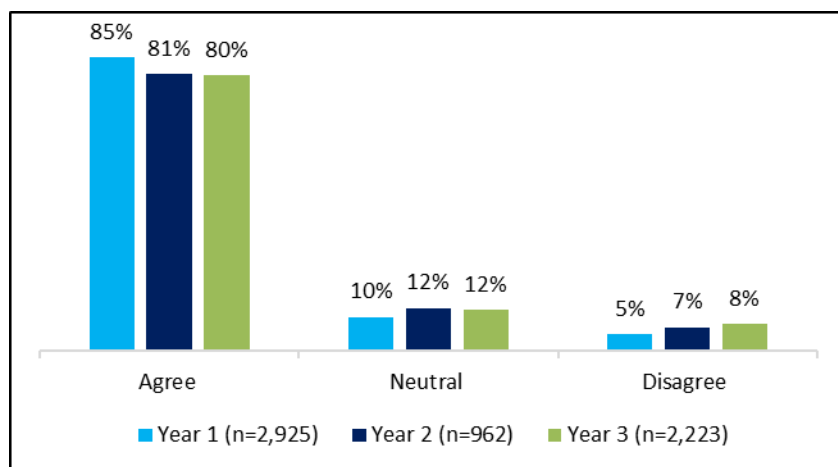
[51]One agency changed its response options from extent to which the respondent agrees with statements about service-related actions to frequency with which the service-related actions take place (e.g., "I receive the support I need from my Foster Care Worker"). The agency's data were aggregated with other agencies' data, such that high frequency connotes with a high level of satisfaction.

[52]Percentages reported are based on data from four agencies in year 1, three agencies in year 2, and five agencies in year 3. Ns in the figures represent the total number of *responses* across survey items and agencies each year.

[53]The total number of respondents was 217 in year 1, 61 in year 2, and 156 in year 3.

In years 1, 2, and 3, foster parents reported they were more satisfied with services than parents (Figure 3-6), but it is important to note that there were seven times more foster parent (n=193) than parent (n=27) respondents. Although the percentage of services with which parents were satisfied increased slightly between years 1 and 2, it declined by seven percentage points between years 2 and 3. The percentage of services with which foster parents were satisfied remained stable at 81 percent between years 2 and 3.

Figure 3-6.   Percentage of services with which parents and foster parents were satisfied[54]
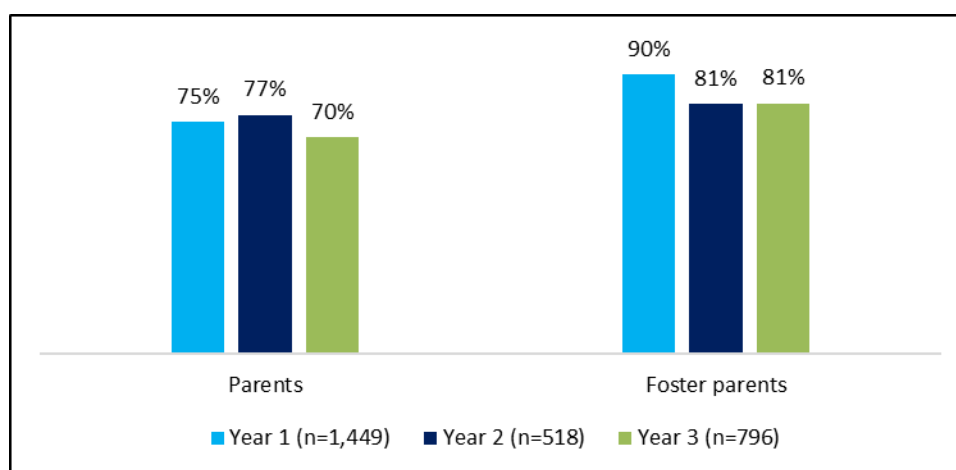
The percentage of services with which respondents were satisfied related to **T**eaming (e.g., My caseworker involved me in the planning process for the child(ren) in my home) and **A**ssessment (e.g., My caseworker meets with me in the foster home every month) increased between years 2 and 3. The percentage of services with which respondents were satisfied related to **M**entoring (e.g., My caseworker helped me understand the foster care system and my individual rights) declined steadily over time—from 84 percent in Year 1 to 79 percent in Year 2, to 77 percent in Year 3. Percentages related satisfaction with services related to **E**ngagement, the fourth MiTEAM competency (e.g., My caseworker treats me with respect), declined from 91 percent in Years 1 and 2 to 86 percent in Year 3.

In addition, when comparing survey item categories related to the four MiTEAM competencies over time, satisfaction was highest for services related to assessment in Years 1 and 3, and engagement in

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[54]The total number of respondents was 27 parents and 193 foster parents in year 1, 12 parents and 61 foster parents in year 2, and 28 parents and 71 foster parents in year 3.

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Year 2. Satisfaction was lowest for teaming all three years. (Additional data on satisfaction with services related to each MiTEAM competency are in Appendix 5.)

These data may provide an indication of agency staff strengths relative to case practice in Kent County—showing respect and consideration for families (engagement) and conducting regular visits with families (assessment). The data may also provide evidence of the need to provide training or support to staff in the county on how to team with families more effectively (e.g., ensuring that families feel included in decision-making processes). As a reminder, these are cross-agency findings; there may be variation within each agency as to which competencies have the highest and lowest levels of satisfaction each year. For example, recall that the summary of interview and focus group responses relative to the MiTEAM practice model stated that agency leaders from two different private agencies identified specific components of MiTEAM that are emphasized more than others in their respective agencies. One interview respondent noted that engagement was emphasized over the others in the respondent's agency because of its relevance to a parent coaching/education class, while the other agency leader noted that teaming is emphasized because the agency's data indicated that improvement in this competency area was needed. Therefore, improved service provision related to one competency area resulting from increased agency-wide training or support in that area could boost client satisfaction in that competency area for the agency during a subsequent wave of data collection.

As stated earlier, satisfaction survey data must be interpreted with caution, due to data limitations (e.g., more respondents from some agencies than others). The evaluation team will continue to examine service satisfaction data in subsequent years of the evaluation to determine if the patterns that emerged during years 1, 2, and 3 are maintained or change over time.

3.6   Summary of Case Study Findings

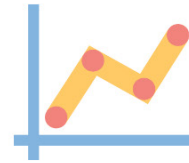**Staffing**
- WMPC structure and management
- Staff turnover

Service availability and costs
- Service accessibility
- EFC services
- Service costs

Interagency collaboration
- Kent County DHHS points of contact
- Network180 liaisons

Data collection and reporting
- MiSACWIS data entry and extraction
- Fidelity assessments

The Kent Model was designed to increase the provision of more individualized services to families with children in care, improve interagency collaboration and coordination, enhance agency staff support, and increase data-driven decision-making so that children spend less time in care and have more placement stability. The current annual report includes a summary of results relevant to Year 2 of Kent Model implementation collected during Year 3 of the evaluation.[55]

The evaluation site visit for the current year focused only on Kent County, enabling the evaluation team to examine the second year of Kent Model implementation in-depth, as well as increase understanding of contextual factors associated with model implementation. Agency staff and partners who participated in interviews and focus groups responded to questions about a range of topics, including the Kent Model, case practice, and factors that have facilitated or inhibited their ability to serve client effectively. Key findings summarized in the case study section of the report are highlighted below.

Staffing. There has been consistency over time in some of the facilitators and challenges agency staff and partners report during site visits, such as appreciation for WMPC support and concerns about staff turnover. During the most recent interviews and focus groups, respondents described changes they observed over the past year that are beneficial to agency staff and/or families. For example, the WMPC strategized about how to structure organizational staff and oversight teams to meet

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[55]Baseline data were collected during the Year 1 evaluation site visit (prior to the launch of the Kent Model), Year 1 Kent Model implementation data were collected during the Year 2 evaluation site visit, and Year 2 Kent Model implementation data were collected during the Year 3 evaluation site visit.

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community and partner needs. Over the past year, although the WMPC has experienced turnover in several key positions (e.g., Care Coordinators), the organization added key positions (e.g., business intelligence analyst) and expanded the Board of Directors. Additionally, agency staff descriptions of their Care Coordinator were mixed—some respondents found Care Coordinators to be helpful and appreciated having a single point of contact for service support and approvals while other respondents had difficulties working with the Care Coordinator assigned to their agency. In acknowledgment of the fact that Care Coordinator support was provided inconsistently across agencies, the WMPC made adjustments to Care Coordinator management to increase uniformity in support across agencies.

Interview and focus group respondents from Kent County DHHS and the private child-placing agencies continue to describe staff turnover as one of the biggest challenges in the child welfare system, as staff resignations have a ripple effect throughout the agency. Staff who remain at the agency must support new caseworkers, and outgoing caseworkers' cases are often distributed among remaining caseworkers. However, agencies are addressing this issue by hiring "buffer workers." Respondents in almost every private agency stated during the most recent round of interviews and focus groups that agencies have a buffer worker who received adequate preparation for casework so that they can help fill gaps as needs arise.

Service Availability and Costs. Another consistent theme is the difficulty caseworkers have accessing certain services for the families they serve. During the current year of the evaluation, agency staff reported they had difficulty accessing certain types of mental health services for children and parents (e.g., crisis intervention for children with severe behavior issues, psychiatric services for adults). Although some services have been difficult for agency staff to access, interview and focus group respondents provided overwhelming support for a service that was introduced in Kent County prior to the Year 2 evaluation site visit. In its second year of implementation, interview and focus group respondents described how valuable Enhanced Foster Care (EFC) has been, particularly in relation to placement retention and youth transition from residential placements. Recently imposed limitations on the number of youth in foster care who are permitted to receive EFC services due to financial constraints led to some frustration among staff who have come to rely on the service. However, respondents noted that a benefit of the limits is that agency staff identified and prioritized youth who could benefit the most from the service.

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One of the biggest challenges to Kent Model implementation is the cost for services. The WMPC instituted several changes to reduce expenses, including reducing the private agency staffing rate, removing incentive payments for subcontractor performance measures, removing the tiered incentivized EFC staffing rate structure and identifying a fixed daily rate, developing stricter guidelines for EFC utilization, and limiting the number of youth who are enrolled in EFC. WMPC also strengthened its utilization management model. The WMPC envisions an active utilization management approach will assist in appropriate application of funds to maximize benefits to families with children in care.

Interagency Collaboration. An ongoing challenge to collaboration between staff in Kent County DHHS and the private agencies has been the difficulty private agency staff have in determining the appropriate person at Kent County DHHS to contact about specific cases or issues. However, in the second year of Kent Model implementation, interview and focus group respondents described substantial improvements in the collaborative relationships among staff in Kent County DHHS and the private agencies. These improvements occurred relative to the case transfer process and responsiveness to questions and requests, which were previously two key areas of tension.

Interview and focus group respondents reported that collaboration among caseworkers at Network180 and the child welfare agencies continues to be a barrier to effective collaboration around service delivery. To overcome this barrier, this past year the WMPC and Network180 established a second Network180 liaison position to help private agency caseworkers navigate clinical assessment and service referral processes. Respondents agreed that it has been helpful to have two liaisons available to offer assistance in accessing mental health services for parents and children. However, private agency staff reported that they continue to experience challenges with accessing certain services through Medicaid, such as the Children's Home and Community-Based Services Waiver for Children with Serious Emotional Disturbance (SEDW), which provides enhanced coverage for high-need children. Respondents described utilizing Enhanced Foster Care (EFC) to support families who had challenges accessing SEDW contributing to increased maintenance expenses.

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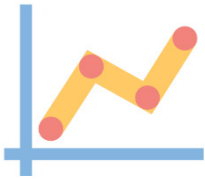
Data Collection and Reporting. Although statewide all agency staff are required to enter case data into MiSACWIS, respondents continue to report the same challenges each year (e.g., difficulty entering data, considerable time necessary for data entry). During the current year, respondents expressed frustration that they were unable to receive data in a timely manner or create specialized reports. In the past there were also concerns about the accuracy of the data entered in MiSACWIS. During the most recent site visit, WMPC respondents reported that they still have concerns about data quality and missing data, but overall respondents reported improvement in the quality and usefulness of MiSACWIS data. This is particularly important given that MiSACWIS data are used to populate MindShare, the data management and analytic system adopted by the WMPC.

Over the past year, the WMPC and MDHHS executed a revised data sharing agreement. Through the agreement the WMPC has access to substantially more data, dating back to 2014. Some of the major advances in the past year since the new data sharing agreement was executed were the WMPC having the ability to link service data with financial data, conduct analysis on the case rate, and identify children in care that had the highest expenditures.

Interview and focus group respondents continue to express frustration with MiTEAM fidelity assessments. Supervisors complete the 85-item MiTEAM Fidelity Tool for caseworkers they supervise once per quarter. Although MDHHS refined the fidelity data collection and reporting processes, made improvements to the MiTEAM Fidelity Web Application, reduced the number of fidelity assessments that must be completed to three per quarter, and enabled each agency director to determine if supervisors in the agency must conduct document reviews as part of the assessment, respondents reported the same complaints as in previous years. Most of the criticism is about the instrument itself, not the reporting process. For example, respondents stated that the instrument is too long, they do not receive resulting data or the data they receive are inaccurate, and fidelity assessment items are not applicable to certain positions or cases. Although interview and focus group respondents had numerous complaints about the fidelity assessment instrument, supervisors described strengths associated with fidelity assessments. For example, they received valuable feedback from family members, and conducting the assessments increased their awareness of caseworkers' performance and support needs.

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Summary. Each year agency leaders, supervisors, caseworkers, partner agency staff, and other key stakeholders who participate in interviews and focus groups provide valuable feedback on the Kent Model, agency operations, service practices, and the outcomes the agencies hope to achieve. As described in this section, interview and focus group respondents provided illustrative examples of how Kent Model implementation has progressed over time. There are several areas of interest for next year's site visit, given changes that were occurring during the second year of Kent Model implementation (third year of the evaluation), such as the revised fidelity assessment process, enhanced foster care service availability, and adaptation to reduced costs. The evaluation team will continue to provide rich qualitative data that will increase MDHHS' understanding of how Kent Model implementation is occurring in Kent County.

4. Conclusions and Next Steps

4.1 Summary of Findings

The Kent Model, with its case rate funding and performance-based contracting, was designed to increase the provision of more individualized services to families with children in care, improve interagency collaboration and coordination, enhance agency staff support, and increase data-driven decision-making so that children spend less time in care and have more placement stability. With this report, Westat and its partners, University of Michigan School of Social Work and Chapin Hall at the University of Chicago, completed the third year of a rigorous five-year evaluation of the Kent Model, which focused on Kent County only[56]. The evaluation's three components (cost, outcome, and process) enable the study team to closely examine fiscal trends, child outcomes, and contextual factors associated with Kent Model implementation. Findings from the three components, studied individually and collectively, facilitate increased understanding of changes occurring within and across the five child placing agencies and how those changes affect the children they serve.

As noted, the Kent Model was designed to test the hypothesis that shifting from a per diem to a performance-based (case rate) funding model leads to increased flexibility and innovation in service provision and subsequently improves child welfare outcomes for families with children in care. Cost study data indicated that Kent County's child welfare expenditures increased steadily over time beginning during the baseline period (three years prior to Kent Model implementation in 2017) and plateauing in FY 2019. Process evaluation findings indicated that financial considerations dominated the most recent year of Kent Model implementation. For example, WMPC staff reported during interviews that the average cost-per-case for the first year of implementation was substantially higher than the case rate originally projected. Other factors were reported as contributing to financial challenges—for example, underestimating the costs associated with legacy cases and the staffing rate structure. WMPC Interview respondents also described efforts over the past year to reduce costs (e.g., reducing the rate for private agency staff), which may explain, at least in part, the cost plateau in FY 2019.

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[56]In the two previous years, the evaluation included data collected from the two comparison counties, Ingham and Oakland. In the fourth year, the evaluation will once again include the two comparison counties.

Cost study findings also revealed a substantial decrease in CCI placement care days and, relatedly, a decrease in the average daily cost per day, between fiscal years 2018 and 2019; this may, in part, be the result of the EFC model, which became a service option to agency staff in Kent County in 2017, the first year of implementation. During interviews and focus groups with agency staff and partners, respondents described numerous benefits of the EFC model; for example, individualized and targeted services and supports that youth receive through EFC enable them to not only transition from a residential placement to foster care in a timely manner, but also maintain the foster care placement. Although less restrictive settings correspond with decreased expenditures, increased reliance on EFC services was also associated with increased costs for these types of services. For example, 65 percent of the $1.3 million increase in foster home maintenance expenditures in FY 2019 was attributed to EFC payments. During interviews and focus groups, agency staff acknowledged the importance of EFC services while simultaneously recognizing the substantial costs for them. There was awareness of these financial considerations by staff at all levels and across agencies. They also discussed the potential actions to minimize EFC costs (e.g., limiting the number of youth who may receive services at any given time).

After two full years of Kent Model implementation, child outcome findings remained consistent over time. Specifically, there were no statistically significant differences between children in Kent County and children in the matched comparison group relative to safety (maltreatment in care or recurrence of maltreatment). However, children in Kent County were significantly more likely than their matched counterparts to have more stable foster care placements and to achieve permanency (among children who entered foster care after October 1, 2017). During the last two years, interview and focus group respondents described foster family recruitment and retention as challenging, but also strategies to overcome the challenges, including:

- A partnership composed of representatives from Foster Kent Kids, Arbor Circle, and CASA to plan and host an event to recruit diverse families.

- Valuable foster parent preparation through the Pressley Ridge training curriculum.

- MDHHS subsidies for relative caregivers even if they have not received foster home licensure.

- Availability of EFC services.

Taken together, these findings indicate that successful family engagement requires appropriate and timely training, financial or other resources, and ongoing and targeted support. Although implementation of the Kent Model has introduced challenges, agency staff and partners in Kent County described aspects of the model that have improved agency processes and practices that are likely associated with observed changed in costs and outcomes.

4.2   Next Steps

During the next year of the evaluation, the evaluation team will examine costs, outcomes, and processes associated with the third full year of Kent Model implementation and changes over time. For the current report, the process evaluation focused exclusively on Kent County to obtain in-depth information on implementation. The fourth annual evaluation report, which will cover the period from November 2019 – October 2020, will include process findings for Kent County and the two comparison counties—Ingham and Oakland counties. Inclusion of the comparison counties will enable the evaluation team to observe and document key differences in policies, procedures, and practices that have emerged as central to the Kent Model; as the evaluation continues, the team will work to integrate the process, cost and outcome components to provide a more comprehensive and integrated evaluation of the Kent Model.

The evaluation team will continue to collect and analyze expenditure trends and data on child outcomes. As noted in the cost study chapter of the current report, the number of children entering care remained fairly stable through FY 2018 before declining slightly in FY 2019, while the median duration in care increased over time. The next report will include child-level changes in expenditures and revenue in more detail to further analyze this trend.
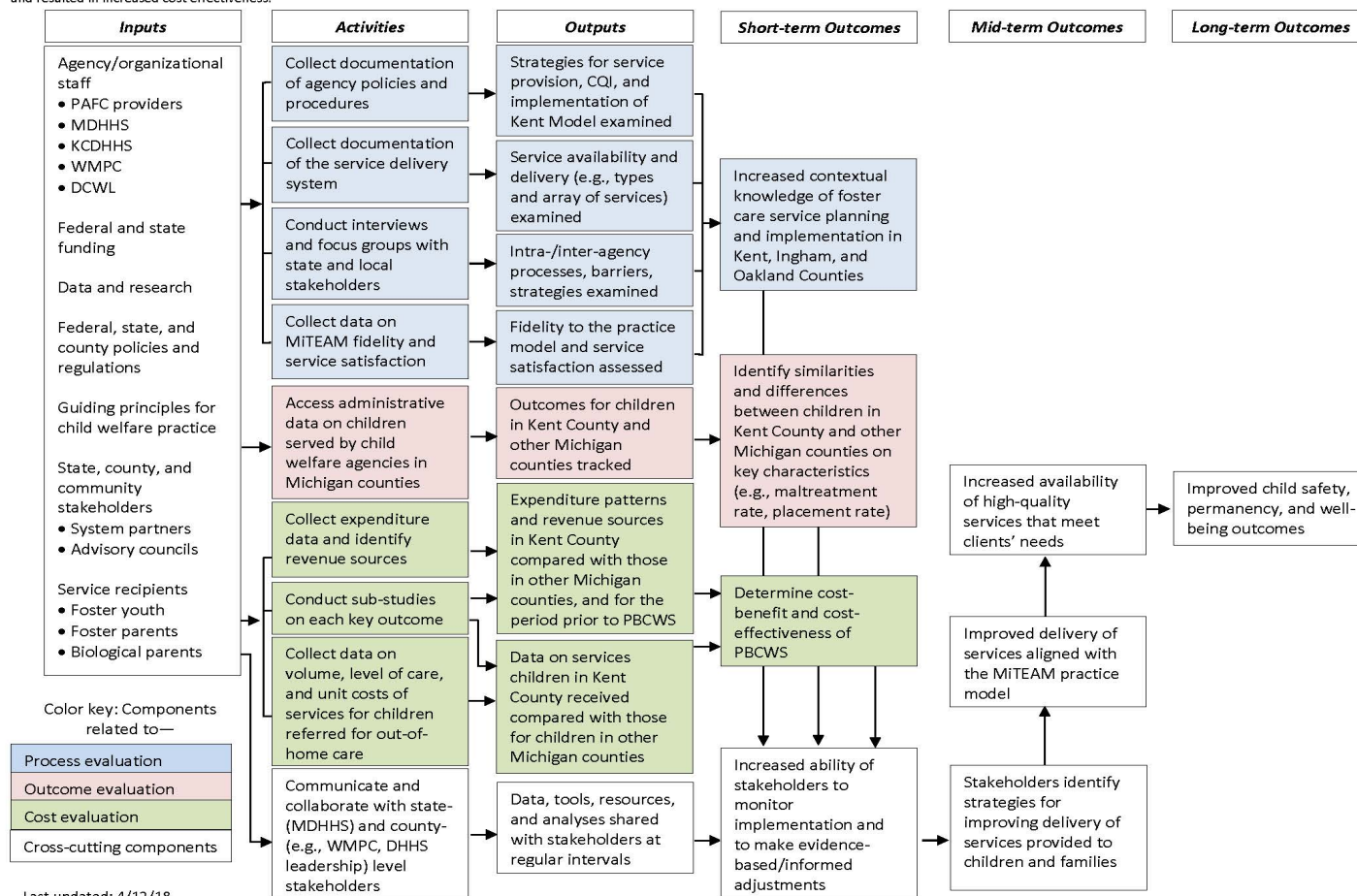
Appendix 1

Logic Model

Appendix 1
Logic Model

Evaluation of the Michigan Performance-Based Child Welfare System (PBCWS) – Working Logic Model

Theory of Change: The evaluation of the PBCWS pilot project as part of the Performance-Based Case Rate Funding Model Project (Kent Model) will inform stakeholders of the extent to which they developed a coherent program that was implemented with fidelity; children and families served through the model had improved outcomes relative to those served through the per-diem model; and the case rate funded the care, provided the performance incentives, and resulted in increased cost effectiveness.

Inputs	*Activities*	*Outputs*	*Short-term Outcomes*	*Mid-term Outcomes*	*Long-term Outcomes*

Inputs

Agency/organizational staff
- PAFC providers
- MDHHS
- KCDHHS
- WMPC
- DCWL

Federal and state funding

Data and research

Federal, state, and county policies and regulations

Guiding principles for child welfare practice

State, county, and community stakeholders
- System partners
- Advisory councils

Service recipients
- Foster youth
- Foster parents
- Biological parents

Color key: Components related to—
- Process evaluation
- Outcome evaluation
- Cost evaluation
- Cross-cutting components

Last updated: 4/12/18

Activities

Collect documentation of agency policies and procedures

Collect documentation of the service delivery system

Conduct interviews and focus groups with state and local stakeholders

Collect data on MiTEAM fidelity and service satisfaction

Access administrative data on children served by child welfare agencies in Michigan counties

Collect expenditure data and identify revenue sources

Conduct sub-studies on each key outcome

Collect data on volume, level of care, and unit costs of services for children referred for out-of-home care

Communicate and collaborate with state-(MDHHS) and county-(e.g., WMPC, DHHS leadership) level stakeholders

Outputs

Strategies for service provision, CQI, and implementation of Kent Model examined

Service availability and delivery (e.g., types and array of services) examined

Intra-/inter-agency processes, barriers, strategies examined

Fidelity to the practice model and service satisfaction assessed

Outcomes for children in Kent County and other Michigan counties tracked

Expenditure patterns and revenue sources in Kent County compared with those in other Michigan counties, and for the period prior to PBCWS

Data on services children in Kent County received compared with those for children in other Michigan counties

Data, tools, resources, and analyses shared with stakeholders at regular intervals

Short-term Outcomes

Increased contextual knowledge of foster care service planning and implementation in Kent, Ingham, and Oakland Counties

Identify similarities and differences between children in Kent County and other Michigan counties on key characteristics (e.g., maltreatment rate, placement rate)

Determine cost-benefit and cost-effectiveness of PBCWS

Increased ability of stakeholders to monitor implementation and to make evidence-based/informed adjustments

Mid-term Outcomes

Increased availability of high-quality services that meet clients' needs

Improved delivery of services aligned with the MiTEAM practice model

Stakeholders identify strategies for improving delivery of services provided to children and families

Long-term Outcomes

Improved child safety, permanency, and well-being outcomes

Appendix 2

Evaluation Plan

Appendix 2
Evaluation Plan

SUMMARY: 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 of 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 of 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)
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.	• 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

		The average annual daily unit cost of out-of-home placement in Kent County.		
Research Question	**Subquestions**	**Indicator**	**Method**	**Source**
Cost Study				
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 which 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 served by the WMPC 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. Comparing the proportion costs by expenditure categories for each group 2. Comparing the average daily unit cost of out-of-home care for each group 3. Comparing the growth rates by expenditure category in each group over time	MiSACWIS payment data; Quarterly WMPC PAFC Cost Reports; MiSACWIS placement data
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

Research Question	Subquestions	Indicator	Method	Source
Cost Study				
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 received by children referred for out-of-home services in Kent County compared to those service provided prior to the transition and to services provided concurrent with the transition to a matched cohort of children who have been served by a per diem private provider and who are receiving out-of-home services in all counties other than Kent County	Outcome data and expenditures per case—MiSACWIS/ MiSACWIS payment data; Quarterly WMPC PAFC Cost Reports; MiSACWIS placement data
Outcome Study[1]				
Does a performance-based case rate funding model improve the safety of children?		The children in foster care 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

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[1] 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				
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
		For children in foster care with more than one placement setting, those that move to a less restrictive placement type, and those who move to a more restrictive placement type.	The number of children who move to a: • 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

Research Question	Subquestions	Indicator	Method	Source
Outcome Study				
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 receive timely and regular health exams • Children in out-of-home care 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.	

Appendix 3

Expenditure Code Mapping

Appendix 3
Expenditure Code Mapping

FY15-FY17 – Kent Expenditure Categories		
Service domain	**Service category**	**Service description**
Placement – Maint & Admin	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
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

FY15-FY17 – Kent Expenditure Categories		
Service domain	Service category	Service description
FC Placement Service	Clothing	0822-Special Clothing Allowance 6-12
FC Placement Service	Clothing	0823-Special Clothing Allowance 13+
FC Placement Service	Clothing	0896-Semi Annual Clothing Allowance 0-12
FC Placement Service	Clothing	0897-Semi Annual 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	Medical Charge Back	0882-Mental Health/Psyc. Expenses
Residential Services	One on One Supervision	0834-One on One supervision
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	Housing	Rent/Security deposit/utility deposit
Independent Living Services	Housing	Start-up goods
Independent Living Services	Transportation Support	0832-Driver's Education

FY15-FY17 – Kent Expenditure Categories		
Service domain	Service category	Service description
Independent Living Services	Transportation Support	Vehicle repair
Independent Living Services	Youth Development/Advocacy	Youth board meeting
Independent Living Services	Youth Development/Advocacy	Youth communications training

FY18 & FY19- Kent Expenditure Categories		
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	ILP Admin – 1783 Spec Independent Living
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-Semi Annual Clothing Allowance 0-12
FC Placement Service	Clothing	1897-Semi Annual Clothing Allowance 13+

FY18 & FY19- Kent Expenditure Categories		
Service domain	Service category	Service description
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	Evaluation	Sex Offender Assessment
Mental Health	Group Counseling	Group Counseling
Mental Health	Outreach Counseling	Outreach Counseling
Independent Living	College/Post Secondary Support	College application fees
Independent Living	Daily Living	Computer purchase/software/hardware
Independent Living	Graduation Expenses	Senior Pictures
Independent Living	Graduation Expenses	1806-Senior Dues
Independent Living	Graduation Expenses	1830-Class Ring
Independent Living	Housing	Rent/Security deposit/utility deposit
Independent Living	Housing	Start-up goods
Independent Living	Transportation Support	1832-Driver's Education
Independent Living	Transportation Support	Bus pass
Independent Living	Transportation Support	Gas card/reimbursement
Independent Living	Transportation Support	Driver's Education Testing
Independent Living	Transportation Support	Vehicle repair
Independent Living	Transportation Support	Driver's Education Classes
Independent Living	Secondary School Support	Tutoring
Independent Living	Secondary School Support	Lab fees classroom supplies
Independent Living	Secondary School Support	Educational Field Trip
Independent Living	Secondary School Support	Extra-curricular activity
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
Education	Educational Support	1805-School Tutoring
Education	School Age	Tutoring
Education	Tuition	1836-Summer School

Appendix 4

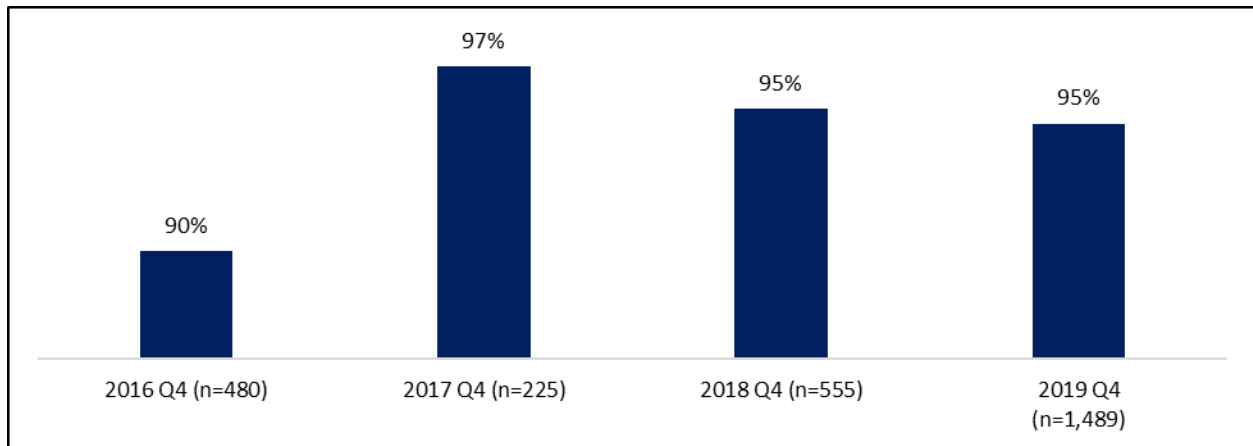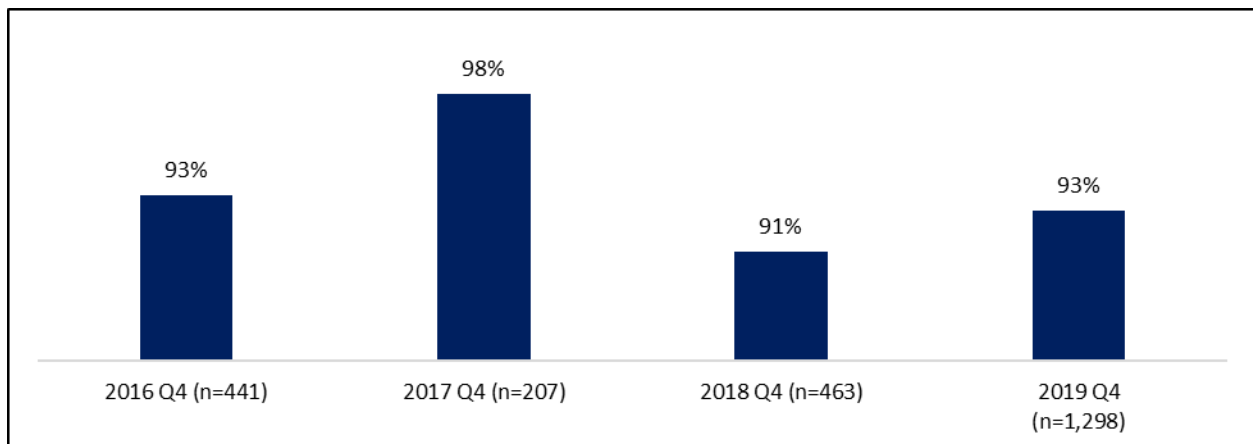# Supplemental Fidelity Data

Appendix 4
Additional Fidelity Data Related to Each MiTEAM Competency[57]

Figure A4-1. Average percentage of MiTEAM behaviors related to teaming implemented with fidelity
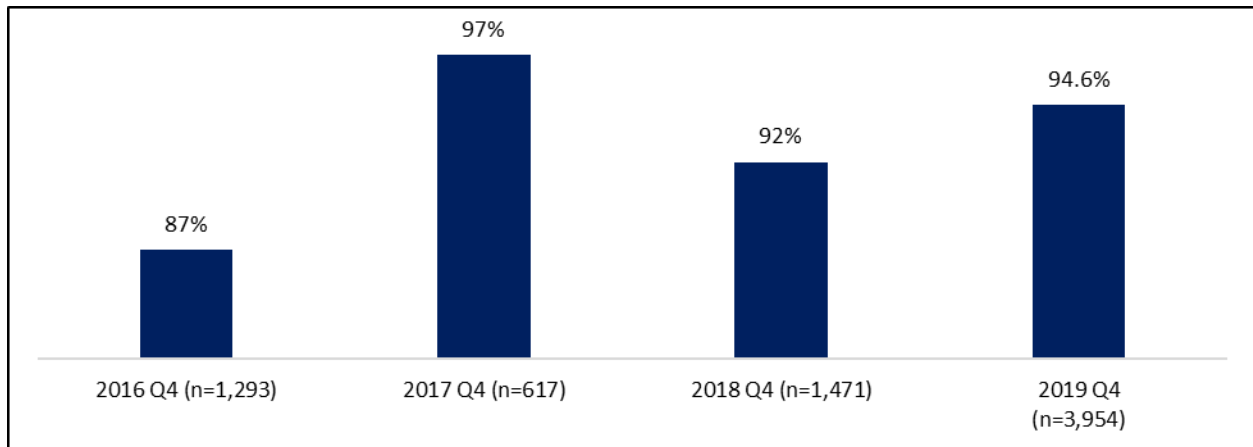

Figure A4-2. Average percentage of MiTEAM behaviors related to engagement implemented with fidelity
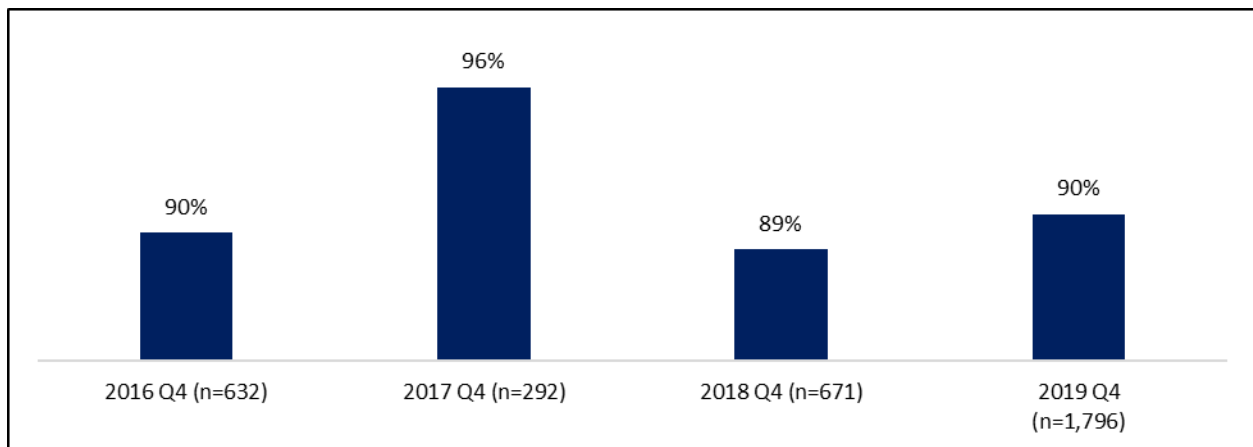

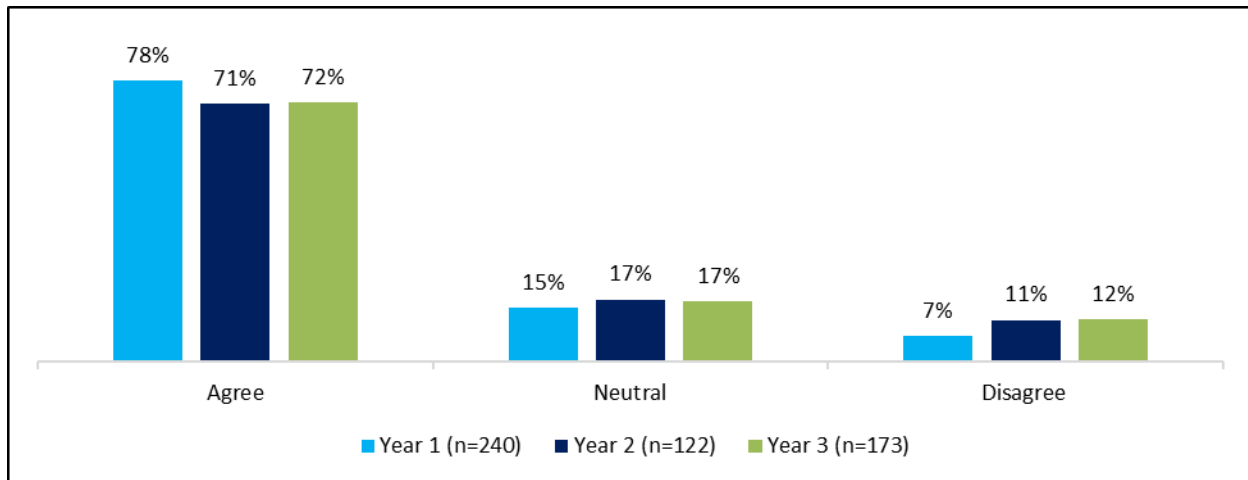[57]Ns represent the total number of caseworker activities across fidelity tool items and agencies each year. The total number of caseworkers assessed was 23 in 2016, 11 in 2017, 23 in 2018, and 65 in 2019.

Figure A4-3. Average percentage of MiTEAM behaviors related to assessment implemented with fidelity

2016 Q4 (n=1,293)	87%
2017 Q4 (n=617)	97%
2018 Q4 (n=1,471)	92%
2019 Q4 (n=3,954)	94.6%

Figure A4-4. Average percentage of MiTEAM behaviors related to mentoring implemented with fidelity

2016 Q4 (n=632)	90%
2017 Q4 (n=292)	96%
2018 Q4 (n=671)	89%
2019 Q4 (n=1,796)	90%

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Appendix 5

Supplemental Satisfaction Data

Appendix 5
Additional Satisfaction Data Related to Each MiTEAM Competency[58]

Figure A5-1. Respondents' overall level of agreement that they were satisfied with services related to teaming[59]

Figure A5-2. Respondents' overall level of agreement that they were satisfied with services related to engagement[60]
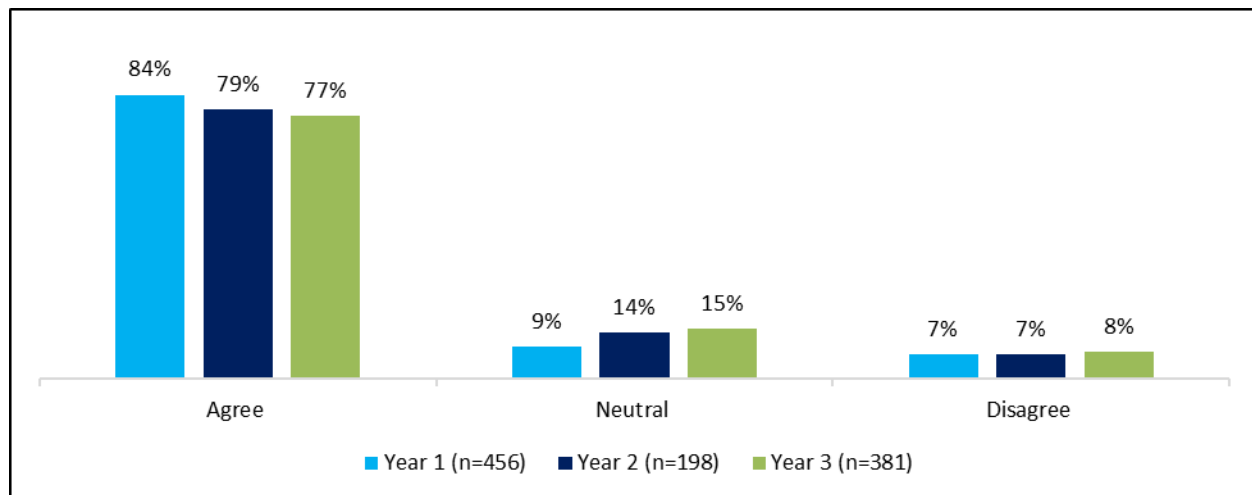

Figure A5-3. Respondents' overall level of agreement that they were satisfied with services related to assessment[61]

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[60]The total number of *respondents* was 186 in year 1, 57 in year 2, and 152 in year 3.

[61]The total number of *respondents* was 144 in year 1, 49 in year 2, and 77 in year 3.

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Figure A5-4. Respondents' overall level of agreement that they were satisfied with services related to mentoring[62]

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[62]The total number of *respondents* was 137 in year 1, 57 in year 2, and 148 in year 3.

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