

# Evaluation of Michigan's Performance-Based Funding Model

## Fourth Annual Report Executive Summary

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# Executive Summary

## E1. Introduction

The Michigan Legislature, through Public Act 59 of 2013, Section 503, convened a task force that recommended a pilot project to plan, implement, and evaluate a performance-based funding model for public and private child welfare service providers in Kent County (referred to as the Kent Model). The Kent Model is being implemented by the West Michigan Partnership for Children (WMPC), an organization comprising five private agencies in Kent County, created to pilot the performance-based case rate funding model with the goal of improving outcomes for children.



Westat and its partners completed the fourth year of a rigorous 5-year evaluation of the pilot (the first year was the baseline period, prior to Kent Model implementation). The evaluation includes cost (Chapin Hall), outcome (University of Michigan School of Social Work), and process (Westat) components and was designed to test the effectiveness of the Kent Model on child and family outcomes in Kent County. The process evaluation is designed to provide the context for foster care service implementation in the three counties—the Kent Model in Kent County and the per diem model (“business as usual”) for foster care services in Ingham and Oakland Counties. The outcome study documents changes in child and family outcomes (i.e., safety, permanency, and well-being), and the cost study addresses cost effectiveness in service delivery.

## E2. Methodology

The **cost study** team compared system-level expenditure and revenue trends for private providers serving children receiving out-of-home care in Kent County with those serving a matched cohort of children in agencies across the state. The type, amounts, and costs of services were examined for Fiscal Year (FY) 2015 through FY 2017 (baseline) and FY 2018 through FY 2020 (Kent Model implementation) using individual child-level cost data. Administrative data are collected from Michigan Statewide Automated Child Welfare Information System (MiSACWIS) Payment Data, MiSACWIS Placement Data, WMPC Actual Cost Reporting Workbook and Accruals Detail, BP 515 Payment Workbook, and Trial Reunification Payments. The cost study team compiled a longitudinal database structure allowing for analysis of changes in expenditure and revenue patterns at the state and county levels, across Fiscal Years.

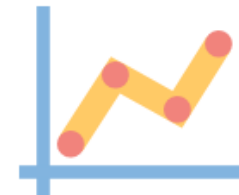


The **outcome study** team used propensity score matching to generate a comparison group. The Kent County sample was matched with children who were associated with a private agency outside Kent County for at least 80 percent of their placement. Children were also matched on demographic characteristics and the circumstances that prompted their entry into care (e.g., the type of abuse/neglect reported). The groups are organized based on the official start date of the pilot (10/01/2017). The outcomes are presented separately for children who are associated with WMPC prior to the official start date (referred to as legacy cases) and children who entered a WMPC placement on or after the official start date.

The **process study** team collected contextual information about child welfare policies and practices in 2017 (baseline) and from 2018 through 2020 (Kent Model implementation). During the most

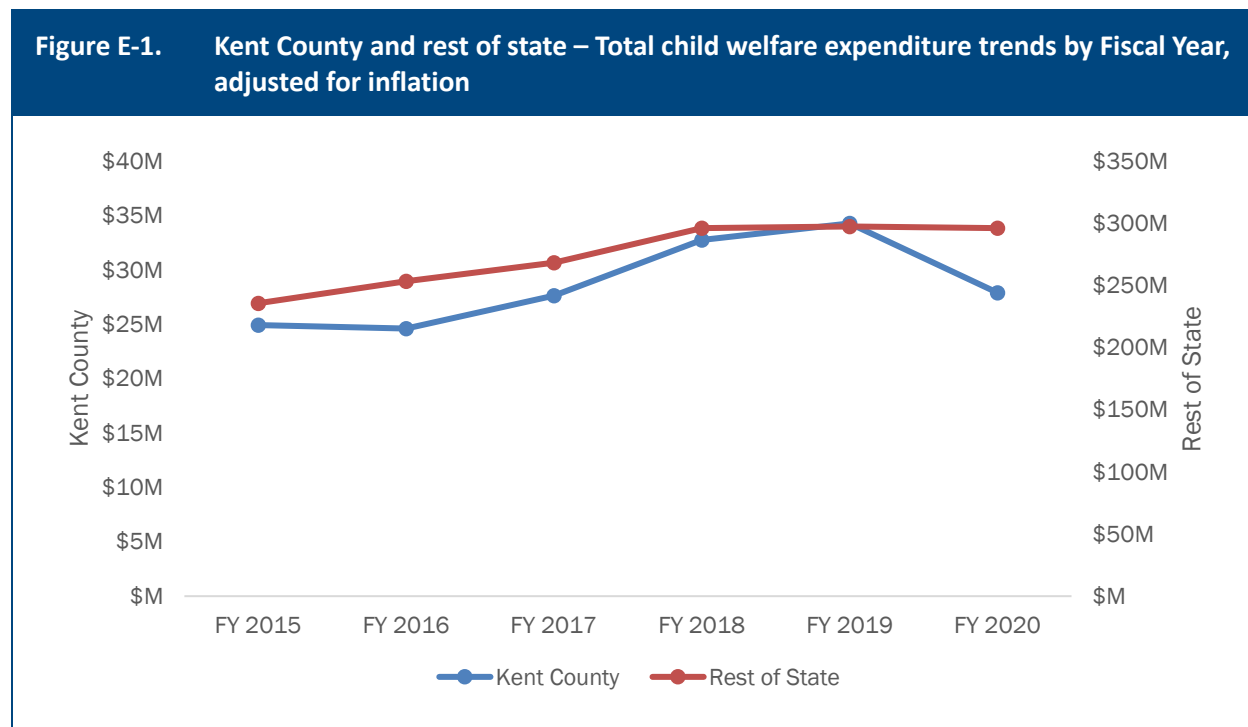
recent round of data collection, the process evaluation team conducted interviews and focus groups with respondents from Kent, Oakland, and Ingham Counties. Participants included public child welfare and private agency leadership, samples of supervisors and caseworkers across the child welfare system continuum (e.g., foster care case management), stakeholders from the court system, and representatives from the Kent County Administrator’s office and WMPC. In addition, members of the evaluation team observed Child Welfare Partnership Council, Kent County Directors Steering Committee, and WMPC Advisory Committee meetings.

### E3. Child Welfare Cost, Outcome, and Process Results



#### Expenditures, Revenue, and Average Daily Unit Cost<sup>1</sup>

**Expenditure Trends.** Overall, total out-of-home private agency expenditures increased in Kent County from FY 2015 through FY 2019 and decreased in FY 2020. FY 2020 saw an annual decrease of 19 percent in total child welfare expenditures, which is due in large part to the impact of COVID-19 in Kent County and a decline in admissions to care. This decline in total child welfare expenditures in FY 2020 differed from the rest of the state, where costs plateaued from FY 2018 onward (Figure E-1).



FY 2020 saw a reduction in both maintenance (by 7%) and administrative costs (by 31%). The reduction in placement costs in FY 2020 was due to a decrease in the number of care days provided and a reduction in the cost of care. FY 2020’s drop in maintenance expenditures was seen in all major placement settings including foster home, child caring institution (CCI), and enhanced foster

<sup>1</sup> Records for unaccompanied refugee minors and young adults in voluntary foster care involved with the juvenile justice system and receiving out-of-state supervision are excluded from analysis.

care (EFC), with each category reducing by 7 to 13 percent. There was also a decline in CCI maintenance costs in FY 2019 and FY 2020 in the rest of the state, for a total decrease of 13 percent from FY 2018 levels. However, the rate of decline in CCI costs was greater in Kent County during this period with a 20 percent decrease.

The largest increase in administrative costs in Kent County came in the first year post-implementation (FY 2018) when foster home placement administrative costs rose by 60 percent. The impact of the reduction in placement administrative expenditures in FY 2020 was spread across foster home, CCI, and EFC administration costs with each category decreasing by 29 to 33 percent. Foster home administration costs stayed much more stable in the rest of the state, with slight increases each year from FY 2017 onward.

**Revenue Trends.** The two largest funding sources for out-of-home placement services are Federal Title IV-E funds and the County Child Care Fund (Table E-1). In FY 2020, Limited Term/Emergency/General Funds grew to make up 12 percent of the revenue utilized to support child welfare activities in Kent County as all other major revenue sources declined in amount and proportion.

Overall fund source	Pre-implementation			Post-implementation		
	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Total private agency revenue (excluding URM, YAVFC, & OTI)	100%	100%	100%	100%	100%	100%
Title IV-E	43%	37%	36%	40%	39%	36%
County Child Care Fund	36%	38%	41%	39%	36%	34%
State Ward Board and Care	16%	20%	21%	21%	18%	17%
Limited Term/Emergency/General Funds	4%	4%	1%	0%	6%	12%
Medical Services – DHS 93	1%	1%	0%	0%	0%	0%
Other/Unknown <sup>2</sup>	0%	0%	0%	0%	0%	1%

**Placement Days.** Care days decreased between FY 2019 and FY 2020 by 11 percent overall. Emergency shelter and adoptive home placements showed the largest total decrease in care days between FY 2019 and FY 2020, decreasing by 31 percent and 95 percent respectively. Historic child entries, exits, and a point-in-time caseload count at the end of the Fiscal Year indicate how changes in care-day utilization over time correspond to the volume of children moving in and out of care (see Table E-2). Similar to the change in total care days, the number of child entries was fairly stable during the baseline period and into FY 2018, declining slightly in FY 2019 and more dramatically in FY 2020. 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.

<sup>2</sup> Other/Unknown revenue includes Temporary Assistance for Needy Families and Youth in Transition revenue and the revenue associated with Kids First expenditures.

**Table E-2. Child out-of-home entries, exits, and caseload count at the end of Fiscal Year**

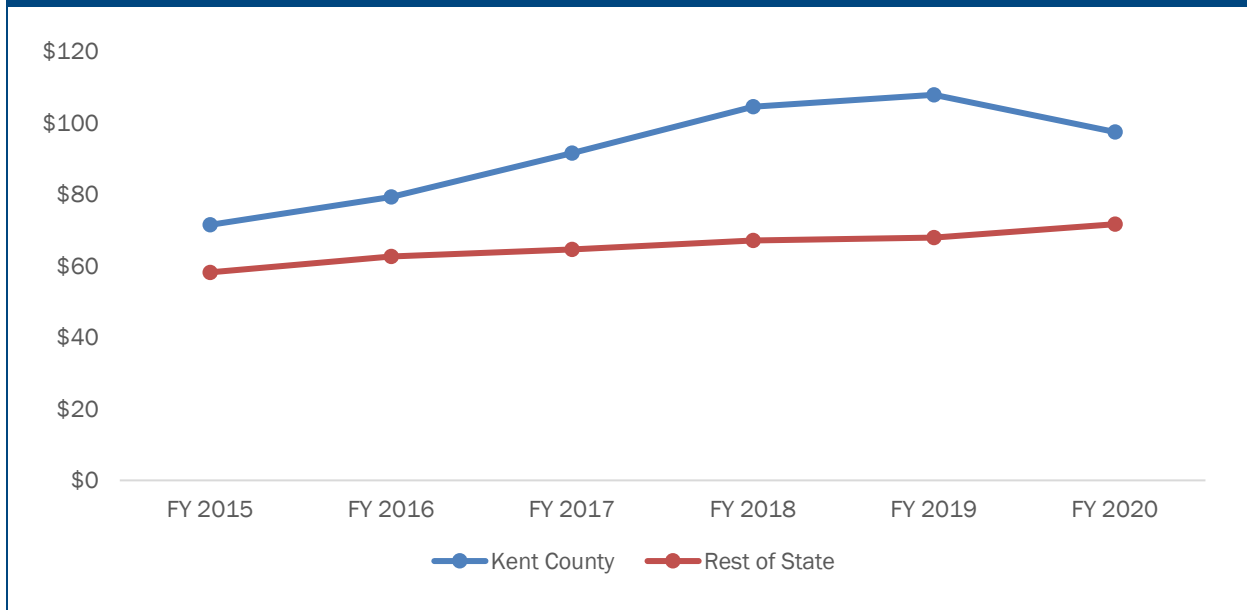
	Pre-implementation			Post-implementation		
	2015	2016	2017	2018	2019	2020
All entries	546	507	522	514	478	259
All exits	554	559	517	447	511	410
Caseload count	862	811	818	883	851	701
<b>Year-over-year change</b>						
All entries		-7%	3%	-2%	-7%	-46%
All exits		1%	-8%	-14%	14%	-20%
Caseload count		-6%	1%	8%	-4%	-18%

**Average Daily Unit and Child Placement Costs.** In Kent County, the largest increase in average daily unit cost for out-of-home placements occurred during the baseline period (FY 2015 to FY 2017), when the average daily unit cost increased by 28 percent. The average daily unit cost continued rising after the implementation period began and through FY 2019 before decreasing in FY 2020.

CCI and emergency shelter days increased during the baseline period while foster care days decreased. Thus, the observed increase in average daily maintenance cost during the baseline period most likely stems from a shift to more expensive care types (i.e., CCI care) away from less costly ones (foster care). The average daily maintenance cost of placements remained relatively stable during the pilot, with a slight 5 percent increase in FY 2020, when the total care days utilized by each placement type declined but the placement mix shifted. The proportion of days spent in more expensive CCI, EFC, and independent living placements increased in FY 2020 as the proportion of days spent in less expensive care settings, foster care and kinship care, declined.

The average daily administrative cost increased by 22 percent during the baseline period and continued to rise during the first 2 years of the pilot. This increase was fueled by increases in the administrative daily rate paid to providers at both the state and WMPC level. In FY 2015, Kent County's average daily unit cost was 23 percent higher than the rest of the state and grew to 42 percent higher in FY 2017. The average daily unit cost in care grew slowly and steadily in the rest of the state while Kent County saw greater variability (Figure E-2).

**Figure E-2. WMPC-related and rest of state – Average daily unit cost for out-of-home placements by Fiscal Year, adjusted for inflation**



Preliminary analysis shows that for children who were already in foster care when the Kent Model was implemented, the average cost per out-of-home placement spell for children in Kent County is \$58,799 compared to \$61,876 for children in the comparison group as of 10/1/2020 (see Table E-3). For children who entered care in FY 2018—the first full year of WMPC implementation—the average cost per spell for children served by WMPC is \$45,194 and \$44,381 for the comparison group as of 10/1/2020.

**Table E-3. Cost per out-of-home placement spells censored 10/1/2020**

	Child count	Min	Max	Mean	SD	25th Percentile	Median	75th Percentile
Comparison in-care pre-WMPC	557	\$622	\$508,769	\$61,876	\$55,655	\$31,681	\$48,834	\$74,040
Kent in-care pre-WMPC	524	\$57	\$372,207	\$58,799	\$38,403	\$34,869	\$57,559	\$73,567
Comparison entered FY 2018	319	\$571	\$378,319	\$44,381	\$36,894	\$23,395	\$40,168	\$56,940
Kent entered FY 2018	435	\$17	\$215,036	\$45,194	\$33,096	\$21,137	\$41,673	\$64,198

## Safety, Permanency, and Stability

**Safety.** Chi-square tests indicate that there are no statistically significant differences between children served in Kent County and the comparison group in the percentage who experience their second substantiated report within 365 days (Table E-4). The risk of maltreatment recurrence may appear low (relative to the overall state average), but that is because all of these children were in care for at least some (if not all) of the period under observation (365 days). In contrast, the state rates of recurrence are calculated on any child with two substantiated allegations within 365 days (and the vast majority of those children are not removed from the parental home).



**Table E-4. Second substantiation within 1 year**

Group	Experienced recurrence	No recurrence	Total
Comparison, entered care after 10/01/2017	5.3% (50)	94.7% (898)	948
Comparison, in care prior to 10/01/2017 (legacy)	6.1% (47)	93.9% (725)	772
Kent, entered care after 10/01/2017	6.1% (56)	93.9% (859)	915
Kent, in care prior to 10/01/2017 (legacy)	6.6% (50)	93.4% (713)	763
Total	6.0% (203)	94.0% (3195)	3,398

**Maltreatment in Care.** Overall, 9.3 percent of children experienced maltreatment in care (MIC) or a Category I-III disposition<sup>3</sup> while they were in an out-of-home placement setting or still under the legal guardianship/supervision of the state (Table E-5). There were no statistically significant differences between children served in Kent County and the comparison group (i.e., children served by private agencies across the state).

**Table E-5. Maltreatment in care**

Group	Experienced MIC	No MIC	Total
Comparison, entered care after 10/01/2017	5.8% (55)	94.2% (893)	948
Comparison, in care prior to 10/01/2017 (legacy)	11.9% (92)	88.1% (680)	772
Kent, entered care after 10/01/2017	7.1% (65)	92.9% (850)	915
Kent, in care prior to 10/01/2017 (legacy)	11.9% (91)	88.1% (672)	763
Total	8.9% (303)	91.1% (3095)	3,398

**Permanency.** For children who entered foster care after 10/1/2017, a similar percentage of children in the comparison and Kent County groups (47.5% vs. 47.2%) had a formal discharge from foster care, with the recorded reason for discharge as reunification with parents/primary caregivers, adoption, living with relatives or guardianship, and children whose last recorded placement is a parental home with a placement start date that is at least 30 days prior to the date of the data pull (Table E-6). Children in Kent County who entered after 10/1/2017, and exited, tended to stay fewer days in care on average than children in the comparison group; however, this difference is not statistically significant.

**Table E-6. Exited or still in care**

Group	Exit status	N	%	LOS Median	LOS Mean	LOS SD
Comparison, entered care after 10/01/2017	In care	498	52.5%	558	576	280
	Exited	450	47.5%	450	470	246
Comparison, in care prior to 10/01/2017 (legacy)	In care	103	13.3%	1451	1592	453
	Exited	669	86.7%	844	900	433
Kent, entered care after 10/01/2017	In care	483	52.8%	580	569	286
	Exited	432	47.2%	437	448	273
Kent, in care prior to 10/01/2017 (legacy)	In care	76	9.7%	1523	1834	707
	Exited	687	90.0%	807	885	432

<sup>3</sup> [https://www.michigan.gov/mdhhs/0,5885.7-339-73971\\_7119\\_50648\\_7193-159484--,00.html](https://www.michigan.gov/mdhhs/0,5885.7-339-73971_7119_50648_7193-159484--,00.html)



Focusing more specifically on the question of timing, a higher percentage of children in Kent County who entered after 10/1/2017 achieve permanency within 6 months of entering care relative to the comparison group (10.3% vs. 8.1%); however, these results are not statistically significant. This difference no longer exists by the 12th month (Table E-7).

Group	Permanency within 6 months	Permanency within 12 months	Permanency within 18 months	Ever achieved permanency	Total exits (N = 2238)
Comparison, entered care after 10/01/2017	8.3% (79)	19.6% (186)	28.0% (265)	41.0% (389)	450
Comparison, in care prior to 10/01/2017	2.6% (20)	8.2% (63)	18.3% (141)	73.3% (566)	669
Kent, entered care after 10/01/2017	10.3% (94)	19.1% (175)	26.8% (245)	40.2% (368)	432
Kent, in care prior to 10/01/2017	1.6% (12)	6.7% (51)	18.5% (141)	79.3% (605)	687

Children in Kent County who entered care after 10/1/2017 and had been discharged appear to return to care at lower rates than children in the comparison group, although the difference is not statistically significant. However, these estimates represent very small totals (or cell counts). Thus, these analyses will become more informative as additional exits are observed over time.

For children who entered care after 10/1/2017, most exited to reunification. This reflects the fact that the children who were in care prior to 10/1/2017 were more likely to be in care for disproportionately longer periods of time. That is, the children with short stays most likely exited the system via reunification. For children who entered care after 10/1/2017, those in Kent County are significantly *less likely* to exit to adoption and significantly *more likely* to exit to guardianship as compared with children in the comparison groups (Table E-8). This helps explain the differences observed in terms of time in care.

Group	Adoption	Guardianship	Living with other relatives	Reunification with parents or primary caretakers
Comparison, entered care after 10/01/2017	28.4% (128)	3.6% (16)	0.7% (3)	53.8% (242)
Comparison, in care prior to 10/01/2017	52.5% (351)	4.9% (33)	0% (0)	27.2% (182)
Kent, entered care after 10/01/2017	21.3% (92)	10.2% (44)	1.9% (8)	51.9% (224)
Kent, in care prior to 10/01/2017	48.6% (334)	9.0% (62)	0.9% (6)	29.5% (203)

Reunification and adoption are the two most common types of permanency. As indicated in Table E-9, children in Kent County who entered care after 10/1/2017 exited to reunification slightly faster than those in the comparison group (281 vs. 301 days).

Group	Exit type	Time to exit Mean	Time to exit Median	Time to exit Standard deviation
Comparison, entered care after 10/01/2017	Adoption	650	658	206
	Reunification	286	301	192
Comparison, in care prior to 10/01/2017	Adoption	904	972	357
	Reunification	503	538	298
Kent, entered care after 10/01/2017	Adoption	716	679	193
	Reunification	276	281	194
Kent, in care prior to 10/01/2017	Adoption	896	958	318
	Reunification	502	568	326

Older youth (ages 16-18) typically face different challenges from others in foster care with respect to reaching permanency; as such, one has to consider whether these youth would be better served under WMPC. The overall number of children in this age range across study groups is quite small (the total being approximately 5% of the entire sample), which poses difficulties in evaluating and detecting differences between youth assigned to WMPC and youth selected for comparison. In the current analysis, there is enough power, and the differences reach statistical significance. For older youth exiting care, the youth associated with WMPC are *more likely* to achieve permanency than older youth in the comparison group (Table E-10).

Group	Permanency within 6 months	Permanency within 12 months	Permanency within 18 months	Ever achieved permanency	Total exits (N = 182)
Comparison, entered care after 10/01/2017	4.6% (2)	13.6% (6)	15.9% (7)	22.7% (10)	44
Comparison, in care prior to 10/01/2017	3.3% (2)	5.0% (3)	10.0% (6)	13.3% (8)	60
Kent, entered care after 10/01/2017	29.% (9)	41.9% (13)	48.4% (15)	54.8% (17)	31
Kent, in care prior to 10/01/2017	2.1% (1)	6.3% (3)	17.0% (8)	36.2% (17)	47

**Placement Stability.** Placement stability is important to children’s safety, well-being, and permanency; placement permanency is delayed when a child experiences multiple placements, and well-being is affected in multiple ways, including poorer educational outcomes as a result of changing schools and increased behavioral and mental health issues.<sup>4</sup> Thus, it is important to minimize the number of placement changes a child experiences while in foster care. No significant difference in experience of placement changes was found between children in Kent County and the comparison group.

## Implementation of the Kent Model

**Agency Collaboration.** According to respondents at Kent County Department of Health and Human Services (DHHS), WMPC, and the private agencies, collaboration across the public/private divide

<sup>4</sup> Center for Advanced Studies in Child Welfare (2010).

has gone more smoothly over the past year than at any other point since the pilot was implemented. Case transfer meetings between Child Protective Services and foster care now occur much more consistently, but the amount of information that foster care workers receive still varies. One judge from the Family Division of the 17th Circuit Court reported that collaboration with WMPC was still going well in Year 4, with the greatest challenge being uncertainty around state funding. Additionally, WMPC and Network 180 created a second Clinical Liaison position to help assess the mental health needs of children entering foster care and provide service recommendations. Most private agency staff agreed the Clinical Liaison was helpful but noted there are still challenges (e.g., eligibility for services is determined by the Medicaid manual).

**Child Welfare Service Delivery under the Kent Model.** EFC has been described as the most positively received component of the Kent Model. During the previous reporting period, WMPC

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*“Foster parents are much more likely to take a chance on taking a placement directly out of residential knowing they’re going to have those additional [EFC] supports to help them.”*

– Private Agency Respondent

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instituted a per-agency cap on EFC cases. This year, private agency staff agreed they were managing under the caps but would like to see them raised. Additionally, private agency staff reported that service referrals now run mostly smoothly with WMPC and Kent County DHHS. Licensing workers also spoke positively about Foster Kent Kids, a coalition of all five private agencies focusing on foster home recruitment. Meeting the needs of some children has been

challenging. For example, respondents noted it has been difficult to obtain community placements for children with considerable cognitive or behavioral needs. Additionally, a youth fatality at a Michigan residential facility and the COVID-19 pandemic led to a number of facilities shutting down, reducing capacity, or being put on provisional licensure status.

**Quality Performance and Accountability.** Respondents stated that private agency performance plans are now reviewed at least quarterly, allowing for more frequent adjustment in action plans. Additionally, MindShare is fully operational with real-time and complete data, enabling WMPC to add predictive analytic and statistical modeling capabilities (e.g., risk assessment scoring for maltreatment in care). WMPC was also involved in ChildStat case reviews to examine system performance in child welfare agencies,<sup>5</sup> and it rolled out the utilization management framework in May 2019 to increase the number of families that achieve permanency within 12 months.

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*“I think everyone feels like [the ChildStat review process] is a useful exercise where the state learns something about what we are doing and what’s happening on the local level.”*

– WMPC representative

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**MiTEAM Fidelity Assessments and Service Satisfaction.** Overall, caseworkers in Kent County’s five private agencies implemented practices in accordance with MiTEAM’s design; across 17 quarters for which data were reported, the average percentage of MiTEAM behaviors that caseworkers implemented as they were intended ranged from 88 to 97 percent.<sup>6</sup> Agency-administered service satisfaction surveys indicated that, overall, agency clients were

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<sup>5</sup> See <https://www.aecf.org/resources/implementing-childstat/>

<sup>6</sup> Please note there was a substantial amount of missing data, which limits the degree to which meaning can be extracted from the data and generalizability of findings across agencies, and several items in the instrument apply to more than one MiTEAM competency (cannot isolate competency-specific changes in fidelity).

satisfied with at least 80 percent of child welfare or foster care services that were assessed across the 4 years data were reported, from 2016-17 through 2019-20 (e.g., “Staff showed respect”).<sup>7</sup>

## Child Welfare Processes in Kent, Ingham, and Oakland Counties

**Changes to Child Welfare Practice Due to COVID-19.** Respondents from Kent, Ingham, and Oakland Counties described the transition from in-person to virtual case practice to mitigate public health risks and comply with state and local guidelines. They use web conferencing platforms (e.g., Zoom) to communicate with agency staff, partners, and clients. Due to the pandemic, there has been limited access to office resources, shifts in how agency staff interact with families (e.g., limited in-person home visits), and adjustments to how parenting time is conducted (e.g., outdoor family activities).

**Addressing Issues of Racial Diversity, Equity, and Inclusion (DEI).** A range of strategies have been implemented to address agency staff concerns of how implicit biases or lack of awareness of how to address certain children’s needs (e.g., hair care for children with textured hair) limits their ability to serve families effectively. For example, WMPC contracted with an organization to provide ongoing DEI support, adopted a cultural competence assessment tool, and received a grant to implement the Affirming and Listening to our LGBTQ+ Youth foster care project.<sup>8,9</sup> Respondents from private agencies described new or updated trainings incorporating DEI elements (e.g., Eliminating Racism and Creating/Celebrating Equality training). Additionally, there are statewide and local committees that promote DEI, and Kent County DHHS recently began piloting a process that facilitates unbiased foster care placement decisions.<sup>10</sup> Respondents reported there are upcoming or planned activities that will help address staff needs and, at the time of process evaluation data collection, Kent County DHHS was seeking a part-time Project Coordinator for Minority Overrepresentation.

**Monitoring and Accountability.** A number of focus group respondents from all three counties stated they rarely received data or that they used data infrequently, and nearly all of them were caseworkers. It could be that caseworkers do not have time to review data because of large caseloads, or relevant information about data and results may not be communicated to all agency staff consistently within and across agencies and counties. As one caseworker stated during a focus group this year, *“We’re just trying to get the requirements done and then get yelled at later if it’s bad.”*

**Data Sharing and Use.** Across counties and respondent types, respondents who were familiar with the agency’s data collection, reporting, and sharing processes most often stated that data are used to monitor caseworker performance (e.g., caseworker contact with families) and to prepare for audits. Michigan Department of Health and Human Services’ (MDHHS) Children’s Services Agency has recently conducted a series of presentations in Michigan’s counties to discuss county-level ChildStat data on outcomes for children in care. Useful aspects of the presentations include in-depth discussions about specific data elements and strategies for improving outcomes, regular engagement with MDHHS leaders about the data, increased awareness of MDHHS’s outcome expectations, and increased awareness of data elements that may not have been targeted for

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<sup>7</sup> lease note there were considerably more respondents from some agencies than others (cross-agency patterns may be influenced heavily by the majority of respondents), and agencies use different satisfaction surveys.

<sup>8</sup> [https://arborcircle.org/wp-content/uploads/2018/08/WM.LGBTQ\\_Youth\\_Homelessness.Community.Plan\\_Final.pdf](https://arborcircle.org/wp-content/uploads/2018/08/WM.LGBTQ_Youth_Homelessness.Community.Plan_Final.pdf)

<sup>9</sup> [https://arborcircle.org/wp-content/uploads/2018/05/Safe\\_Impact\\_Brochure.pdf](https://arborcircle.org/wp-content/uploads/2018/05/Safe_Impact_Brochure.pdf)

<sup>10</sup>Pryce et al., (2019).

improvement. Some respondents, from private agencies in all three counties, indicated that they were not aware of or did not use ChildStat data.

**Interagency Collaboration.** Private agency staff in Kent County have limited interaction with DHHS staff, mainly because WMPC facilitates case coordination. Some respondents expressed the desire for more face-to-face interaction with DHHS staff. Respondents from private agencies in the comparison counties described interactions with DHHS staff as collegial overall but also challenging at times (e.g., lack of empathic communication). Caseworkers and supervisors from comparison county DHHS agencies expressed frustration that staff at some private agencies are “selective” about which open cases they will manage. The case management structure in Kent County, with WMPC as the facilitator between Kent County DHHS and the private agencies, may help mitigate the types of issues described by DHHS agency staff in Ingham and Oakland Counties.

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*“I don't mind court being hard on us because they're hard on everyone the exact same way. They expect everyone to be able to work as hard as they can on behalf of our clients.”*

– Private agency supervisor

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Interview and focus group respondents in all three counties described court representatives as “advocates” and “champions” for children in care, as well as “open to having really good discussions” about child welfare case challenges. Respondents also reported that courts and judges have different policies, practices, or expectations, which can be difficult for agency staff to navigate. Other partners that play pivotal roles in child welfare case management across counties include

agencies or organizations that provide mental health services and substance use screening and treatment, service providers located in private child welfare agencies, and agencies or organizations that provide support services for families (e.g., parenting classes).

**Challenges and Facilitators.** Two factors were described as both a facilitator and a challenge to service provision: service and resource availability; and agency staffing and support. Some respondents in Ingham and Oakland Counties found it helpful to have service providers within their agency or in the same building (increased service accessibility), while others perceive that there are inadequate community services and resources (e.g., transportation). Additionally, private agency staff in Ingham and Oakland Counties appreciate their respective agency’s positive culture and climate (e.g., flexible work schedules), while several respondents in Kent, Ingham, and Oakland Counties described tremendous job-related stress coupled with insufficient support.

Respondents in Ingham and Oakland Counties described inconsistent messaging about policies, noted that it may be difficult to apply certain policies, and stated there is often inadequate explication of key policies and expectations. Respondents perceived that these challenges often result in multiple interpretations of the same information or confusion about how to apply the policy or meet agency expectations. Private agency staff in the comparison counties also discussed the challenges to serving families in multiple counties. They must be aware of and able to navigate the policies and expectations established for each county’s partner agencies or organizations.



**Challenges and Facilitators Related to COVID-19.** After the onset of the COVID-19 pandemic, some services were temporarily discontinued or had limited availability. Court hearings are held

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***“It’s not that the pieces of the job can’t be done virtually, but they lose that support piece that’s so critical to doing the work.”***

– Private agency director

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virtually or are often delayed, and presiding judges or attorneys can request that hearings be held in person, leading to subsequent delays in permanency. Additionally, it has been difficult to virtually engage families (e.g., some families may not have a computer or internet access), recruit foster families (e.g., agencies are unable to conduct community events), and license foster homes (e.g., families often withdraw from the process), and some licensed foster families are unwilling to accept placements during

the pandemic. As new agency policies and procedures emerge to address changing state or local pandemic-related conditions, respondents suggested that information about them should be communicated in a more timely manner and with more detailed guidance.

Respondents also described benefits of some pandemic-related adjustments in agency policies and service delivery. Across counties, respondents noted that agencies were able to implement necessary process and procedural changes effectively because of positive collaborative functioning and frequent communication. Additionally, agency staff found the communication from MDHHS about pandemic-related policies and resources to be very helpful. The communication has included weekly calls with child welfare agency directors and supervisors throughout the state and virtual “Town Hall” meetings for parents with children in care. Additionally, respondents observed increased attendance from attorneys and parents at family team meetings and in court hearings, as well as increased parent participation in services and activities (e.g., mental health, trainings, support groups). They surmised that increased attendance was due to the convenience and accessibility of remote participation (e.g., fewer scheduling conflicts). A court representative stated that virtual hearings are *“really good, particularly, for the public, because it makes us a lot more accessible than normal.”*

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***“Transportation is a huge barrier for a lot of our clients and a lot of our families. And being able to complete some services online has assisted some of the parents.”***

– DHHS supervisor

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## E4. Conclusions and Next Steps

**Summary of Findings.** Fiscal trends during the baseline period—3 years prior to the implementation of the Kent Model—were characterized by rising costs, with much of that increase driven by a rise in maintenance costs and CCI maintenance costs in particular. This rising cost trajectory continued through FY 2018. In FY 2019, overall child welfare expenditures continued to rise by a smaller annual percentage and maintenance costs plateaued. Placement administrative costs continued to rise but at a slower rate. The slowing in placement maintenance costs is notable and coincides with a shift in care-day utilization. Impacted by significant dips in care-day utilization, due in large part to the COVID-19 pandemic, Kent County child welfare expenditures saw a large decline in FY 2020.



To what extent has the collection of system-wide changes to policies and practices in Kent County, as a result of Kent Model implementation, led to changes in child and family outcomes? Although the differences between the treatment group (children in Kent County) and a matched comparison group (children in other Michigan counties) in the length of stay in care, time to permanency, and

reentry into care after being discharged were not statistically significant, children in Kent County spent fewer days in care, were more likely to achieve permanency within 6 months of entering care, and were less likely to return to care after being discharged than children in comparison counties. Additionally, children in Kent County who entered care after 10/1/2017 are significantly less likely to exit to adoption and significantly more likely to exit to guardianship as compared with children in the comparison groups.

Interview and focus group respondents stated that WMPC established a parent planner peer mentorship position (using funding Network 180 allocated from a Substance Abuse and Mental Health Services Administration grant), the Care Coordination team formalized policies and procedures to increase agency staff efficiency, and WMPC requires extensive documentation for service requests to ensure alignment with family goals. These recent changes, coupled with continued use of EFC, which has been praised for its benefits for families, are expected to lead to improved service delivery and increase the timeliness of targeted support to families.

**Next Steps.** The cost study team explicated how child and fiscal trends have been affected by the COVID-19 pandemic during FY 2020 and will continue to track trend changes during the pandemic for the next annual report. The outcome study team will also continue analyzing data on safety, permanency, and stability among children in care in Kent County and comparison counties to determine if the trends remain consistent and if more statistically significant group differences emerge. Last year's annual report focused exclusively on Kent County for the process evaluation, while this year's report summarizes child welfare processes in Kent, Ingham, and Oakland Counties. The process evaluation team will again obtain data from agency staff and partners in all three counties next year to observe and document important differences among the counties in policies, procedures, and practices, as well as differences in *how* they are applied across counties.



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