

# Evaluation of Michigan's Performance-Based Funding Model

## Fourth Annual Report

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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.

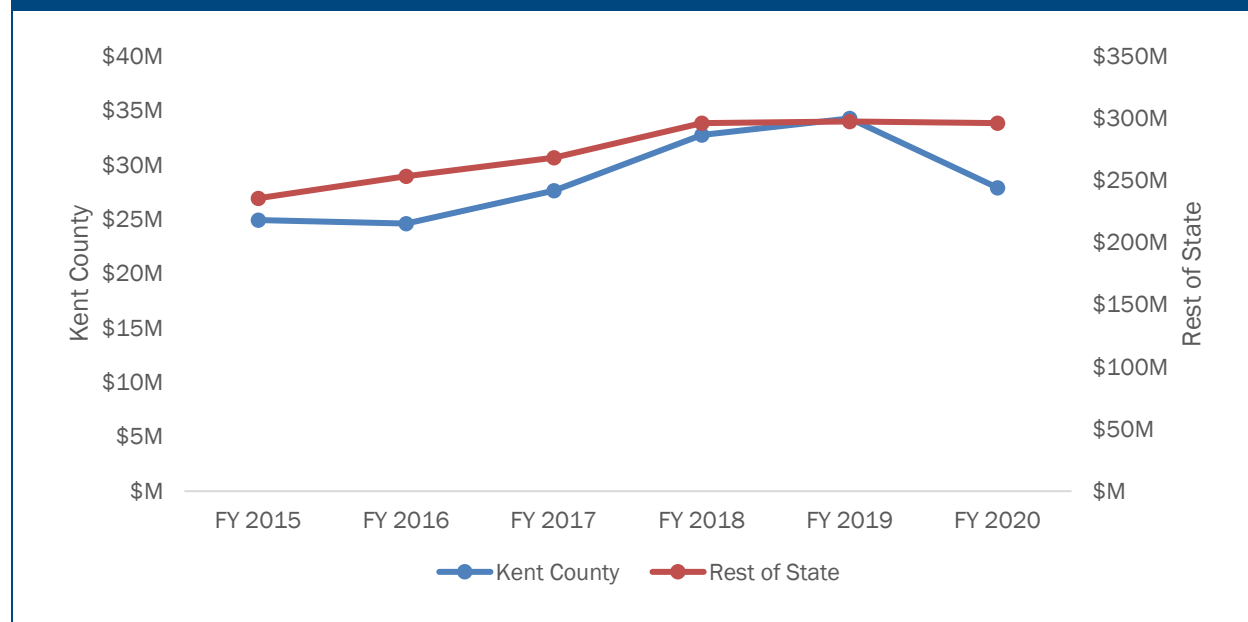
## E3. Child Welfare Cost, Outcome, and Process Results



### 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).

**Figure E-1. Kent County and rest of state – Total child welfare expenditure trends by Fiscal Year, adjusted for inflation**



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.

Table E-1. 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	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**

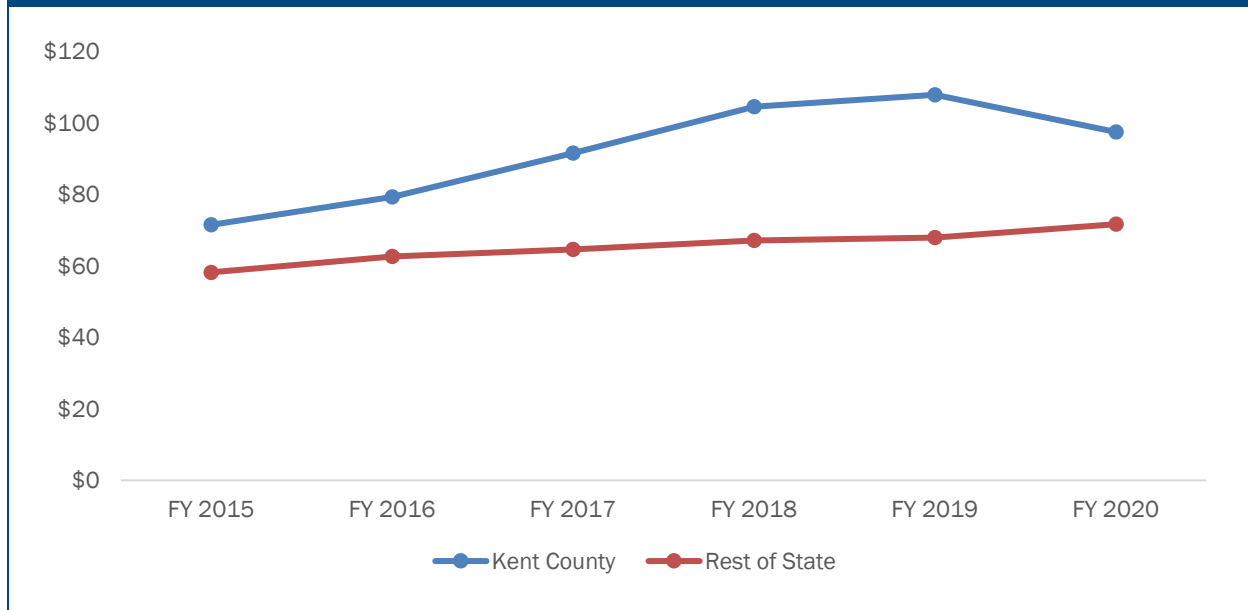
	Pre-implementation			Post-implementation		
	2015	2016	2017	2018	2019	2020
All entries	546	507	522	514	478	259
All exits	554	559	517	447	511	410
Caseload count	862	811	818	883	851	701
Year-over-year change						
All entries		-7%	3%	-2%	-7%	-46%
All exits		1%	-8%	-14%	14%	-20%
Caseload count		-6%	1%	8%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

Table E-7. Cumulative exits to permanency					
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.

Table E-8. 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	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).

Table E-9. 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	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).

Table E-10. Cumulative exits to permanency for older youth					
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.”***

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– Private Agency Respondent

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.”***

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– WMPC representative

**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

<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> Please 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://arborecircle.org/wp-content/uploads/2018/08/WM.LGBTQ\\_Youth.Homelessness.Community.Plan.Final.pdf](https://arborecircle.org/wp-content/uploads/2018/08/WM.LGBTQ_Youth.Homelessness.Community.Plan.Final.pdf)

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

# 1. Introduction

## 1.1 Pilot Model

Child welfare services in Michigan are administered through the Michigan Department of Health and Human Services' (MDHHS) Children's Services Agency. 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 decisionmaking is outcome-based, research-driven, and continuously evaluated for improvement. Agencies are expected to integrate these guiding principles into their policies and practices.



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, implement, and evaluate the new funding model (referred to in this report as the 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 with the goal of improving outcomes for children ([www.wmpc.care](http://www.wmpc.care)).

The Kent Model is being tested to determine if, in combination with the aforementioned guiding principles, the case rate provides for more flexible and efficient programming and services for child welfare-involved families and ultimately produces more effective outcomes for families and their children, especially those experiencing out-of-home care. These components are the foundation of the overall evaluation.

## 1.2 Kent Model Evaluation

In addition to the task force's recommendation for Kent Model planning and implementation, it also called for 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 evaluation contract was awarded to Westat and its partners in 2016 and includes cost (Chapin Hall), outcome (University of Michigan School of Social Work), and process (Westat) components.

Overall, the rigorous 5-year evaluation of the pilot was designed to test the effectiveness of the Kent Model 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. (See Appendix A for state and county characteristics.) The process evaluation is designed to provide the context for foster care service implementation in the three counties; planning was assessed in 2017-2018. 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.

## 1.3 Report Overview

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This report, which covers the period from October 2019 to September 2020, is divided into three additional chapters: (1) Chapter 2, Methodology, which describes methods used to answer the research questions; (2) Chapter 3, Results, which provides a summary of key findings from the cost, outcome, and process studies; and (3) Chapter 4, Conclusions and Next Steps, which provides a summary of cross-study results to date and upcoming evaluation activities.

## 2. 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 Qualitative 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. Through the process evaluation, the team examines and explains *how* case practice is conducted in Kent and comparison counties, including internal (e.g., agency policies) and external (e.g., interagency collaboration) factors that may influence service provision. The overall evaluation plan (e.g., research questions, indicators, methods, and data sources for the three components) is described in Appendix B.

### 2.1 Research Questions

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

#### Cost Component

- What effect has the transition to the Kent Model had on expenditure and revenue patterns in the 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?
- To what extent does the WMPC case rate fully cover the cost of services required under the contract?
- What are the cost implications of the outcomes observed under the transition to the Kent Model?

#### 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?

## Process Component

- Do the counties adhere to the state's guiding principles in performing child welfare practice?
- 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)?

## 2.2 Logic Model

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The evaluation team created a logic model to illustrate the theory of change for the evaluation of the Kent Model (Appendix C). The logic model is a visual depiction of the theory underlying how and why certain changes are expected to occur relative to the Kent Model implementation. The evaluation team is examining implementation<sup>11</sup> of the model, as well as outcomes associated with it, through the 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 of 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, 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).

## 2.3 Cost Study Methodology

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### 2.3.1 Overview

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 cost study addresses the first three research questions (see Section 2.1) in the following ways. To address the first research question, system-level expenditure and revenue trends were examined in Kent County, focusing on the 3-year baseline period (Fiscal Year [FY] 2015 through FY 2017) and the

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<sup>11</sup> As noted, planning was assessed in 2017-2018. Since then, the process evaluation has focused on implementation of the Kent Model.



first 3 years post-implementation (FY 2018 and FY 2020). These expenditure patterns and revenue sources are also compared with those across the state to address the second research question. The comparison to statewide expenditure patterns is made using individual child-level cost data. The type, amounts, and costs of services received by children in out-of-home placements is 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 covered the cost of services required under the contract, analysis was conducted in FY 2020 and submitted via a memo to MDHHS in October 2020. We found that case rate revenue in FY 2018 and FY 2019 was sufficient to cover all *state-initiated* reimbursement rate increases made through FY 2019 but fell short of covering WMPC-initiated fiscal changes, including providing Enhanced Foster Care (EFC) and increasing the administrative rate above state levels in FY 2018-2020. The average daily reimbursement rate under WMPC was about \$104, which is 9 percent higher than the daily revenue received.<sup>12</sup> Future reports will also address the fourth research question by using cost-effectiveness substudies that will be conducted for key outcomes (safety, permanency, and well-being) identified in the outcome evaluation.

### 2.3.2 Data Sources

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

1. **Michigan Statewide Automated Child Welfare Information System (MiSACWIS) Payment Data.** These data include only paid<sup>13</sup> payments where Kent County was listed as the responsible county, from 5/1/2014 through 9/30/2020, 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 D. The data are assigned to the appropriate Fiscal Year via the Claim Begin and Claim End Date.<sup>14</sup> For any payments that spanned multiple Fiscal Years, the total cost was prorated across the applicable Fiscal Years based on the number of days within the claim period in each Fiscal Year.
2. **MiSACWIS Placement Data.** These are 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

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<sup>12</sup> In response to this shortfall, WMPC worked closely with MDHHS and Chapin Hall in FY 2020 to devise a capped allocation funding structure for FY 2021; future annual reports will include analysis of the sufficiency of this new funding structure to cover the cost of services required.

<sup>13</sup> All unpaid services are excluded.

<sup>14</sup> 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.



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 2020 only (10/1/2017 through 9/30/2020). 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 FY 2018, FY 2019, or FY 2020 (and as such, not recorded in the FY 2018, FY 2019, or FY 2020 WMPC Cost Reports).<sup>15</sup> FY 2018, FY 2019, and FY 2020 data from the WMPC Cost Report and Accruals Detail used in this study include the following:

- A. **Child Caring Institution (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-FY 2020.
- 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.<sup>16</sup>
  - (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.<sup>17</sup>
  - (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.

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<sup>15</sup> All accrued expenses added to FY 2018 expenditure totals were removed from FY 2019 totals to avoid double counting.

<sup>16</sup> 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.

<sup>17</sup> 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.

(iv) **Other Purchased Services – Kids First.** Representing expenses made to secure available beds, these costs were captured on both the WMPC Cost Report and Accruals Detail. They were grouped under the Service Domain of Residential Services.<sup>18</sup> (See Appendix D for a full mapping of expenditures codes.)

4. **BP 515 Payment Workbook.** Spanning FY 2015 through FY 2017, these annual workbooks include the monthly BP 515 expenses—the administration costs for children’s placements that traditionally would not have received an administrative rate (e.g., residential care, unlicensed relatives)—by agency and revenue source. These workbooks are used because during the baseline period (FY 2015 through FY 2017), BP 515 costs were not recorded in MiSACWIS. In FY 2018 and afterward, these costs are included in the PAFC admin rate within the WMPC Actual Cost Reporting Workbook.
5. **Trial Reunification Payments.** Spanning FY 2015 through FY 2017, these trial reunification payments—administrative payments made to agencies during the time a child is on a trial home discharge—include detail at the agency and Fiscal Year level. These payments are used because during the baseline period (FY 2015 through FY 2017), trial reunification payments were not recorded in MiSACWIS. In FY 2018 and afterward, these costs are included in the PAFC admin rate within the WMPC Actual Cost Reporting Workbook.

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.

### 2.3.3 Data Collection

The cost study team received fiscal and placement data for the period of 10/1/14 through 9/30/20 (FY 2015 through FY 2020) for all counties in Michigan. However, as noted above, for this report, most of the analysis focuses on Kent County system-level expenditure and revenue trends. These 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).<sup>19</sup>

The WMPC provides services to most—but not all—children for whom Kent County is responsible. Young adults in voluntary foster care (YAVFC) or who are involved with the juvenile justice (JJ) system, youth<sup>20</sup> 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, JJ, 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 2018-2020 could be compared with a similar population of children. To summarize, all expenditure, revenue, and placement data presented in the cost study exclude any records associated with a

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<sup>18</sup> WMPC Cost Report – WMPC tab, cell C66.

<sup>19</sup> Each fiscal and placement record indicates a County of Responsibility and Removal County. For this report, we are focusing on the County of Responsibility.

<sup>20</sup> The term “youth” is used to refer to children across the age continuum, from young children to older youth.

URM, YAVFC, JJ, or OTI case—both in the pre- and post-implementation period. Table 2-1 summarizes key cost data elements and data sources. It is important to note that because the WMPC began implementation of the Kent Model on 10/1/2017, some data sources vary across the two time periods (before and after implementation).

<b>Data source</b>	<b>Pre-implementation (10/1/14 – 9/30/17)</b>	<b>Post-implementation (10/1/17 – 9/30/2020)</b>
MiSACWIS Payments	<ul style="list-style-type: none"> <li>• Maintenance and administrative payments for out-of-home placement services</li> <li>• Includes all private agency administrative payments and all Child Caring Institution (CCI) payments</li> </ul>	<ul style="list-style-type: none"> <li>• Maintenance and administrative payments for non-CCI out-of-home placement services</li> <li>• Excludes private agency administrative payments and all CCI payments</li> </ul>
WMPC Actual Cost Reporting Workbook		<ul style="list-style-type: none"> <li>• CCI payments for children that the WMPC serviced</li> <li>• PAFC, ILP, and EFC administrative payments</li> <li>• Other purchased services (Kids First)</li> </ul>
Other Fiscal Data	<ul style="list-style-type: none"> <li>• BP 515 payments (administrative payments for CCI and other non-admin-paid living arrangements)</li> <li>• Trial reunification payments</li> </ul>	<ul style="list-style-type: none"> <li>• WMPC accruals (CCI, PAFC, ILP, &amp; EFC Admin, Kids First)</li> </ul>
MiSACWIS Child Placement Data	<ul style="list-style-type: none"> <li>• Child placements, child demographics, removal information, worker information</li> </ul>	<ul style="list-style-type: none"> <li>• Child placements, child demographics, removal information, worker information</li> </ul>

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 3 years post-implementation (FY 2018-2020). 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.). Findings from the cost study are presented in Chapter 3.

## 2.4 Outcome Study Methodology

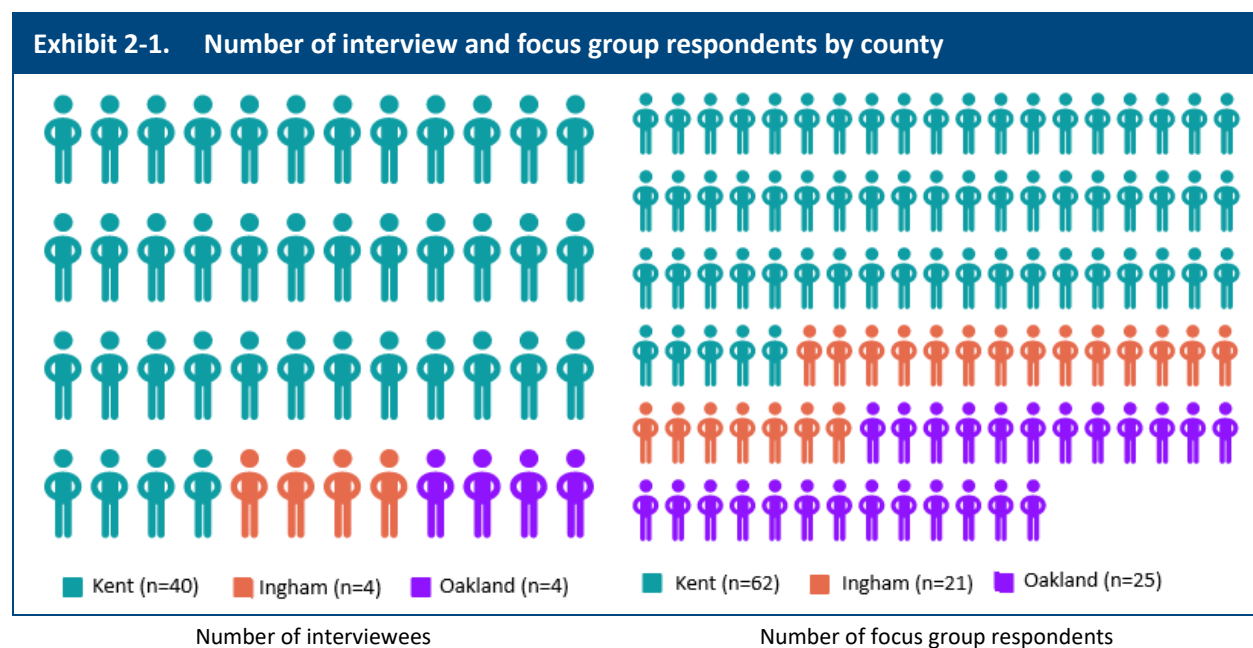
Data presented in the following sections reflect events and outcomes through November 11, 2020. Propensity score matching (PSM) was used to generate a comparison group. The overall Kent sample (N=1,678) was matched with children who were associated with a private agency outside Kent County for at least 80 percent of their placement (n=1,720). Children also were matched on demographic characteristics (i.e., race, ethnicity, gender, age) and the circumstances that prompted their entry into care (e.g., the type of abuse/neglect reported). The groups and subsequent tables 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, n=763) and children who entered a WMPC placement on or after the official start date (n=915).

## 2.5 Process Study Methodology

This section provides an overview of the evaluation team's methods for collecting process evaluation data.

### 2.5.1 Data Collection

The first round of data collection for the process evaluation was conducted in September 2017, prior to Kent County's October 1, 2017, implementation date; the second round was conducted in October 2018; the third round was conducted in August 2019; and the fourth round, the focus of this report, was conducted in September 2020. During the first three rounds of data collection, the process evaluation team conducted in-person data collection site visits in Kent, Ingham, and Oakland Counties. This year, state and local restrictions limiting face-to-face contact due to the COVID-19 pandemic forced the evaluation team to collect data virtually. Specifically, during this fourth round of data collection, the process evaluation team conducted interviews and focus groups with respondents from Kent, Oakland, and Ingham Counties using a web conferencing platform (i.e., Zoom). Data collection activities included a total of 22 interviews and 22 focus groups with 156 respondents (Exhibit 2-1).



Interviews and focus groups were conducted with public child welfare and private agency leadership and samples of supervisors and caseworkers across the child welfare system continuum (i.e., Child Protective Services investigation and ongoing casework, foster care case management, and adoption services). Interviews were also conducted with stakeholders from the court system and representatives from the Kent County Administrator's office and WMPC. For Kent County in particular, 3 years of data on the Kent Model implementation allows for explication of the model's effect on public and private child welfare agencies and key community partners (i.e., mental health, court, county administrators), as well as how implementation is evolving over time. In addition to data obtained through interviews and focus groups, members of the evaluation team observed

meetings (via telephone and web conferencing platforms) including the Child Welfare Partnership Council, the Kent County Directors Steering Committee, and the WMPC Advisory Committee.

Focus groups and interviews followed the guiding principles for child welfare practice in Michigan, covering the following topical areas:

- Kent Model implementation (Kent County stakeholders only),
- Case planning and case practice,
- Services to families,
- Monitoring and accountability,
- Interagency collaboration, and
- Challenges and facilitators.

Data collection occurred in all three counties at baseline and during the first year of the Kent Model implementation. Kent County was the focus of last year's data collection (second year of implementation) to obtain a deeper understanding of implementation. For the current year, data were collected from stakeholders in all three counties to compare policies and practices across counties, with similarities and differences between private and public agencies highlighted, as appropriate.

Through the process evaluation, the team *describes* child welfare services in terms of “how” and “why” rather than “what” (e.g., specific outcomes the practice produces). In addition, this approach allows for the consideration of the context in which child welfare services are being supported and implemented. 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, in 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. Reliance on interviews and focus groups as the primary source of data helps ensure opportunities exist to obtain multiple perspectives to inform research questions (and activities of interest), resulting in a more comprehensive and multilevel understanding of child welfare practice in each county. It also allows for similarities and differences across the agencies/counties to be uncovered and examined. Process evaluation findings are used to understand child welfare practice and to provide context in which outcomes and costs are evaluated and understood.

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

### 3.1 Cost Study: Expenditures, Revenue, and Average Daily Unit Cost



#### 3.1.1 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 2020 (Oct. 2018 – Sept. 2020). The period examined is split between the baseline years (FY 2015 – FY 2017)—the 3 years prior to the implementation of the Kent Model—and the first 3 years post-implementation (FY 2018 through FY 2020). An adjustment for inflation has been made to allow comparability of expenditures across years. All expenditures, unless otherwise noted, have been adjusted to constant dollars using FY 2020 dollars as the base year and adjusting previous years' expenditures by the Consumer Price Index (CPI).<sup>21</sup>

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, JJ, and URM are not under the WMPC's purview and so are excluded from cost analyses. The expenditures and revenue presented in this report are for all children and families who received out-of-home placement services in Kent County under the WMPC and all children and families during the baseline period who belonged to a population served by the WMPC. The designation of these WMPC-related costs differ by time period:

- **Baseline Period (FY 2015 through FY 2017).** During the 3 years prior to the implementation of the Kent Model, expenses, revenues, and placement days were only included in the cost study's data analysis if they belonged to a child or youth who was not associated with a URM, YAVFC, JJ, or OTI status.
- **Post-Implementation Period (FY 2018 through FY 2020).** During the first 2 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 not associated with a URM, YAVFC, JJ, 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 2020 are compared to examine changes in expenditures by service types (Service Domain).

<sup>21</sup> United States Department of Labor, Bureau of Labor Statistics. (2021, January). *Consumer price index*. Available at: <http://www.bls.gov/cpi/>. Retrieved on: January 15, 2021. Constant costs are calculated using the following equation: Current Year Real Cost = (Base Year CPI/Current Year CPI)\*Current Year Nominal Cost. All constant costs are converted into FY 2020 dollars, so the Base Year is FY 2020. The CPI for FY 2020 is calculated by taking the average CPI of the monthly CPIs for the period October 2019 through September 2020 (258.014).



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.<sup>22</sup> For this analysis, we include an in-depth look at shifting expenditures by placement setting maintenance expenditures.<sup>23</sup>
3. **Annual Revenue by Funding Source.** For this analysis, annual WMPC-related revenue totals within Kent County from FY 2015 through FY 2020 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.

### 3.1.1.1 Expenditures Trends

**Research Question: What effect has the transition to the Kent Model had on expenditure and revenue patterns in the county?**

The table and figures in this section present expenditure totals by Fiscal Year and Service Domain where Kent County is the county responsible for payment. All dollar amounts are in thousands and adjusted for inflation. 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.<sup>24</sup> Table 3-1 presents all Kent County expenditures (excluding URM, YAVFC, JJ, and OTI), with expenditures broken down by Service Domain. All subsequent tables and figures present data that excludes all payments related to YAVFC, OTI, JJ, and URM cases.

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<sup>22</sup> 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.

<sup>23</sup> 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.

<sup>24</sup> Substance abuse expenditures are excluded due to the inconsistent recording of these services in the data from year to year. Treatment services are excluded because they only begin to appear in the data in FY 2018 (despite the services themselves being offered prior to that year). Child Welfare Continuum of Care (CWCC) case rate payments are akin to revenue for the private agencies and will be explored in full in future revenue analyses.

**Table 3-1. Kent County<sup>25</sup> – Expenditures in thousands of dollars, by Fiscal Year, service domain, and URM/YAVFC/JJ/OTI status, adjusted for inflation**

Service domain	Pre-implementation			Post-implementation		
	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Total Kent County expenditures	\$32,664	\$35,212	\$41,094	\$48,033	\$48,885	\$43,166
Total private agency expenditures (excluding URM, YAVFC, JJ, & OTI)	\$24,932	\$24,615	\$27,637	\$32,756	\$34,283	\$27,894
Placement – Maintenance <sup>26</sup>	\$11,727	\$12,615	\$15,090	\$15,814	\$15,876	\$14,777
Placement – Administrative <sup>27</sup>	\$12,081	\$11,049	\$12,095	\$16,123	\$17,813	\$12,321
FC Placement Service	\$865	\$766	\$195	\$191	\$220	\$229
Residential Services	\$101	\$42	\$120	\$489	\$232	\$478
Mental Health	\$125	\$128	\$110	\$125	\$112	\$40
Physical Health	\$7	\$14	\$17	\$8	\$13	\$8
Independent Living	\$0	\$1	\$1	\$3	\$11	\$31
Education	\$12	\$1	\$9	\$3	\$6	\$10
Adult FC Service	\$14	\$0	\$0	\$0	\$0	\$0
URM, YAVFC, JJ, or OTI expenditures	\$7,732	\$10,597	\$13,457	\$15,277	\$14,601	\$15,272

Overall, total out-of-home private agency expenditures increased in Kent County from FY 2015 through FY 2019 and reduced in FY 2020. In the baseline period, from FY 2015 to FY 2017, total private agency expenditures (excluding URM, YAVFC, JJ, and OTI) increased by 11%, with the largest annual increase during the baseline period occurring from FY 2016 to FY 2017 when total expenditures increased by \$3 million in the year immediately preceding implementation of the Kent Model (a 12% increase). Another large growth in private agency expenditures (19%) 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 5 percent escalation of private agency expenditures from FY 2018 to FY 2019. FY 2020 saw an annual decrease of 19 percent in total child welfare expenditures. As we'll demonstrate later, this decrease in FY 2020 expenditures is due in large part to the impact of COVID-19 in Kent County and a decline in the admissions to care.

**Research Question: 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?**

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 3-1 lays the costs trajectory in Kent County atop that in the rest of the state to enable comparison of the trend lines despite the differences in volume of total costs. During the baseline period, the rest of the state saw a 14 percent increase while Kent

<sup>25</sup> Kent County expenditures here represent all expenditures for which Kent County is listed as the Responsible County.

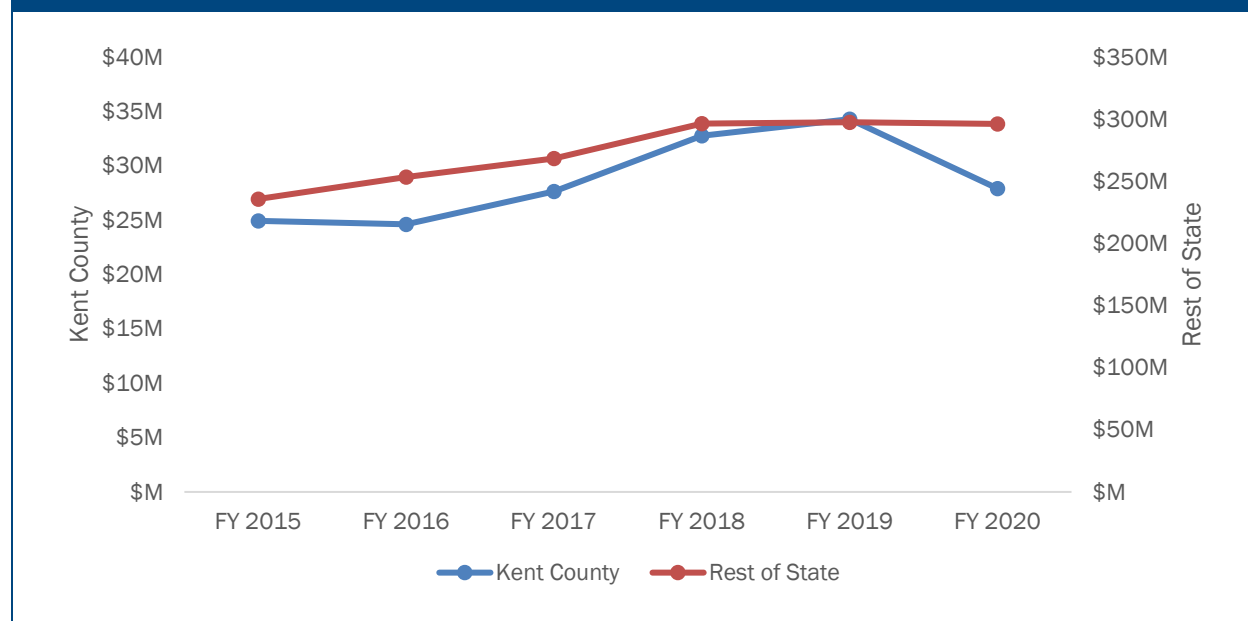
<sup>26</sup> Maintenance expenditures reflect the payments for the daily care and supervision of children in out-of-home care. For CCI placements, maintenance costs also include the provision of social services and clinical treatment.

<sup>27</sup> Administration expenditures represent the costs to manage child placement services and administrative costs related to foster care for children.



County saw theirs increase by 11 percent. However, during the pilot period, the rest of the state saw total child welfare expenditures plateau after FY 2018, while Kent County's expenditures increased slightly in FY 2019 and then dropped in FY 2020.

**Figure 3-1. Kent County and rest of state – Total child welfare expenditure trends by Fiscal Year, adjusted for inflation**



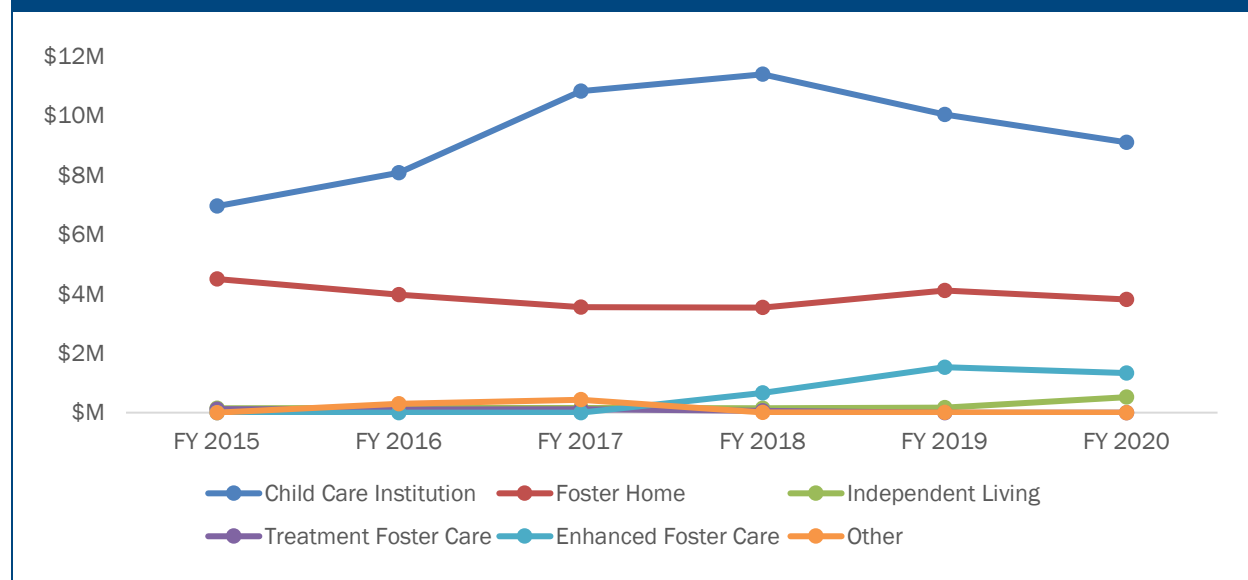
In Kent County, placement maintenance and administrative expenses make up 97 percent of the total private agency expenditures, so the expenditure trends described above are driven by these placement costs. Placement maintenance costs include the daily maintenance rate paid for a child's placement, and placement administrative costs include the daily administrative rate paid to agencies for a child's placement. Placement maintenance and administrative expenses increased from FY 2017 to FY 2018 by 5 percent and 33 percent, respectively. FY 2019 saw a 10 percent increase in placement administrative expenditures but only a 1 percent change in placement maintenance expenditures. FY 2020 saw a reduction in both maintenance and administrative costs with placement maintenance costs dropping 7 percent and placement administrative costs reducing by nearly a third (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. We will explore both fiscal drivers (i.e., the quantity and price of care) in upcoming sections. For a full mapping of Service Domains to all their relevant Service Categories and Service Descriptions, please refer to Appendix D.

To understand the trend in increasing costs, it is also necessary to break out placement costs by placement setting.

As shown in Figure 3-2, placement maintenance expenditures increased each year from FY 2015 through FY 2018, increasing by 29 percent during the baseline period and an additional 5 percent in the first year post-implementation. As seen in Figure 3-2, increases in CCI placement maintenance expenditures fueled the overall trend during this period and began in the baseline period, with these costs increasing by 56 percent from FY 2015 to FY 2017. This trend continued into the first year of post-implementation—although at a reduced rate—with CCI maintenance

costs increasing 5 percent from FY 2017 to FY 2018. Not only did CCI maintenance expenses increase in total but also grew in proportion. In FY 2015, CCI maintenance costs made up 59 percent of all placement maintenance costs, but in FY 2018, that proportion had grown to 72 percent.

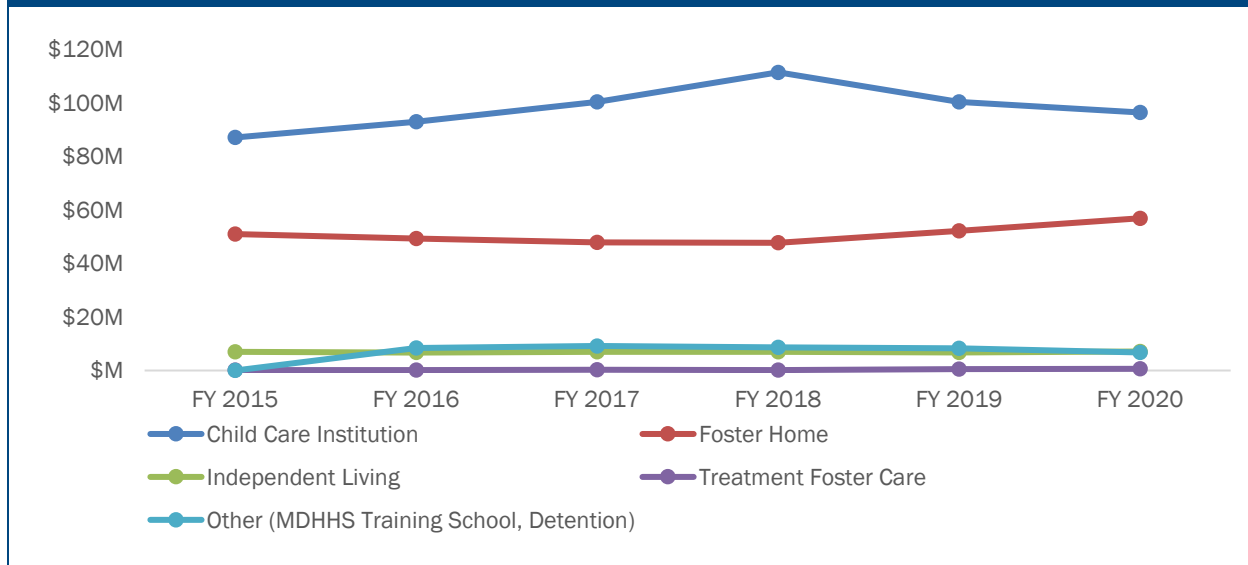
**Figure 3-2. WMPC-related – Placement maintenance expenditure trends by placement setting, adjusted for inflation**



However, FY 2019 saw the first observable slow in placement maintenance expenditure increases with an increase of only 1 percent from FY 2018 levels. Although foster home and EFC maintenance expenditures grew during FY 2019 (by 16 and 131% respectively), CCI maintenance payments decreased at such a rate (12%) to counteract those fiscal effects. FY 2020's drop in maintenance expenditures was seen in all major placement settings including foster home, CCI, and EFC with each category reducing by 7 to 13 percent.

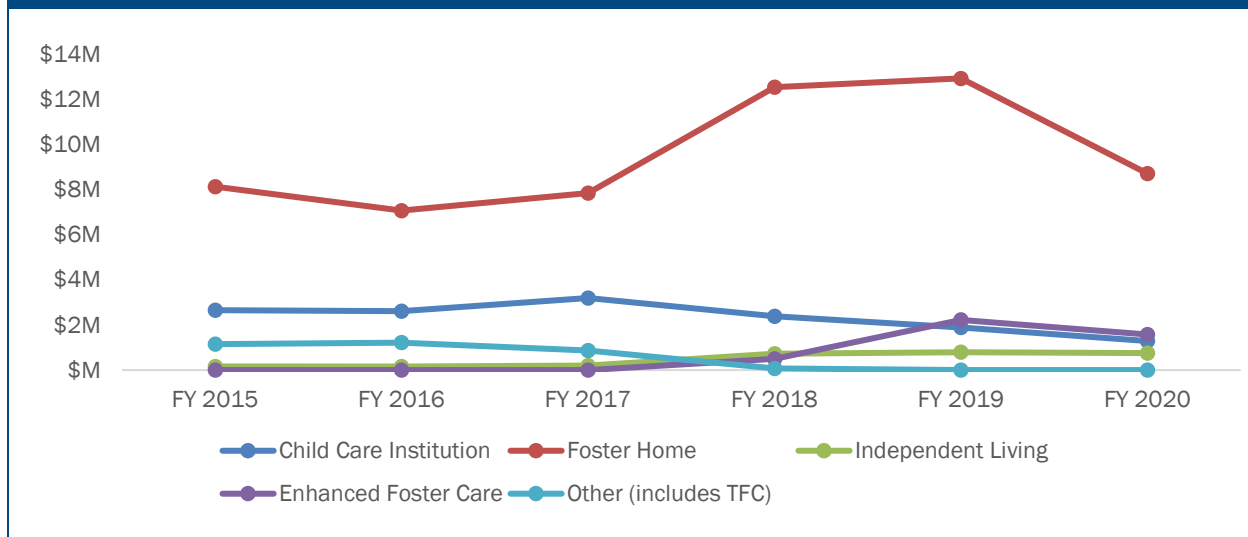
Looking at maintenance expenditures by placement setting in the rest of the state shows some similar trends in CCI placements (Figure 3-3). CCI maintenance costs make up the majority of the costs in the rest of state and peak in FY 2018, just as in Kent County. The rest of the state also sees a decline in CCI maintenance costs in FY 2019 and FY 2020, 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.

**Figure 3-3. Rest of state – Placement maintenance expenditure trends by placement setting, adjusted for inflation**



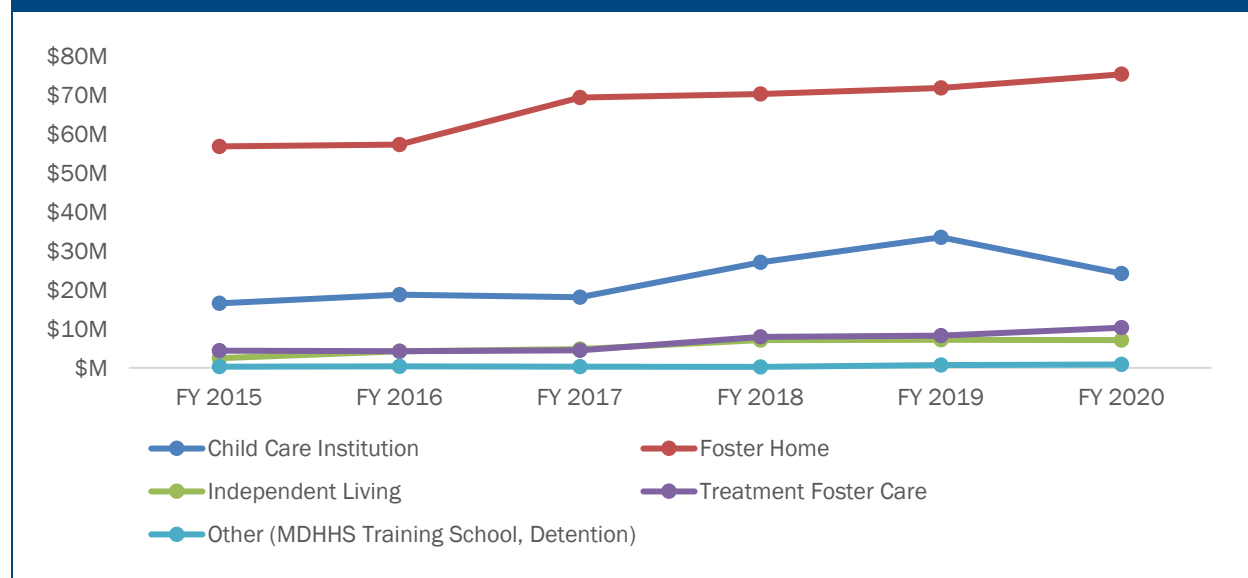
Looking at placement administrative costs, we see a slightly different picture. The rise in placement administrative expenditures since FY 2016 has been attributable primarily to administrative costs associated with foster home placements, and in FY 2018 and FY 2019, EFC placements as well (Figure 3-4). The largest increase 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.

**Figure 3-4. WMPC-related – Placement administrative expenditure trends by placement setting, adjusted for inflation**



Placement administration expenses in the rest of the state showed much less variability, particularly in the foster home category (Figure 3-5). Foster home administration costs stayed much more stable, experiencing slight increases each year from FY 2017 onward. CCI administration costs did see increases in FY 2018 and FY 2019 with a reduction in FY 2020.

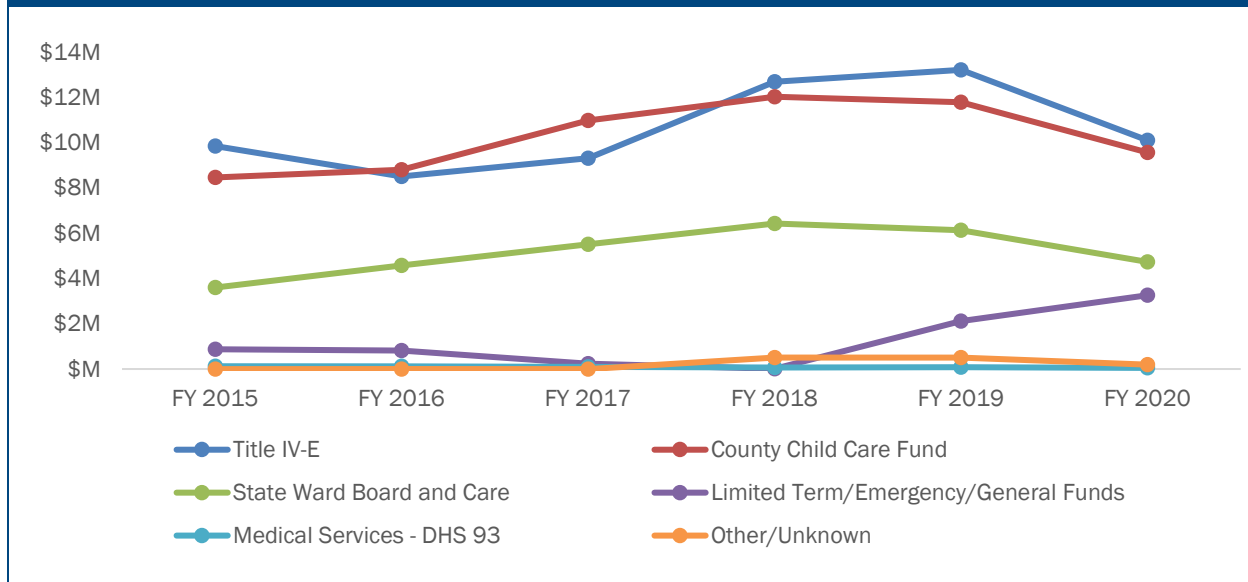
**Figure 3-5. Rest of state – Placement administrative expenditure trends by placement setting, adjusted for inflation**



### 3.1.1.2 Revenue Trends

As shown in Figure 3-6 and Table 3-2, 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. 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.

**Figure 3-6. WMPC-related – Revenue totals by overall funding source and Fiscal Year, adjusted for inflation <sup>28,29,30</sup>**



**Table 3-2. 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	FY 2020
Total private agency revenue (excluding URM, YAVFC, JJ, & 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>20</sup>	0%	0%	0%	0%	0%	1%

### 3.1.1.3 Placement Days

Table 3-3 and Figure 3-7 show WMPC-related care-day utilization observed during the 3-year baseline period (FY 2015-FY 2017), and for the 2 most recent Fiscal Years under the WMPC (FY 2018-FY 2020). As shown, care-day utilization increased slightly in FY 2018 and again in FY 2019, compared to the 3 years prior to WMPC implementation. Care days decreased between FY 2019

<sup>28</sup> All pre-implementation revenue is determined by the OVERALL\_FUND\_SOURCE in MiSACWIS.

<sup>29</sup> 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.

<sup>30</sup> Other/Unknown revenue includes Temporary Assistance for Needy Families and Youth in Transition revenue and the revenue associated with Kids First expenditures.

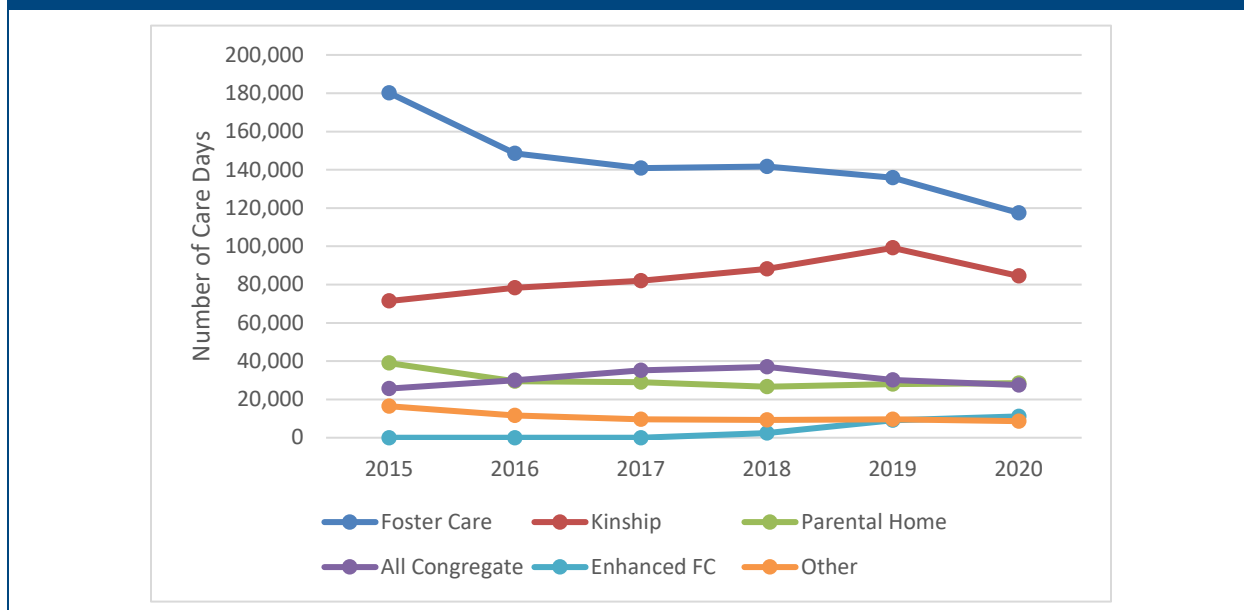
and FY 2020 from 312,014 in 2019 to 277,744 in 2020—an 11 percent overall decrease. Emergency shelter and adoptive home placements showed the largest total decrease in care days when comparing FY 2019 to FY 2020, decreasing by 31 percent and 95 percent respectively. Foster care and kinship days both decreased about 15 percent in FY 2020 compared to FY 2019, while congregate care days decreased by 7 percent.

**Table 3-3. Care days by state Fiscal Year and living arrangement, all Kent County responsible (excluding URM, YAVFC, JJ, and OTI)**

Placement setting	Pre-implementation			Post-implementation		
	2015	2016	2017	2018	2019	2020
Total Care Days	332,699	298,072	296,766	305,254	312,014	277,744
Foster Care	178,043	146,946	139,235	140,803	135,839	117,456
Kinship	71,401	78,331	82,039	88,166	99,167	84,453
Parental Home	38,986	29,575	28,989	26,649	27,967	28,586
CCI	22,169	26,949	31,208	32,741	26,775	24,880
Independent Living	6,271	5,041	3,386	4,359	5,260	5,457
Emergency Shelter	1,688	1,861	3,311	3,109	2,829	1,955
Runaway	2,390	3,114	3,605	2,662	2,230	2,119
Enhanced FC				2,366	9,192	11,145
Adoptive Home	7,103	2,944	1,301	1,547	1,058	50
Detention	1,812	1,246	642	1,156	595	612
Treatment FC	2,142	1,524	1,677	923		
Other*	694	541	1,373	773	1,102	1,031
Total Year-Over-Year Change		-10%	0%	3%	2%	-11%
Foster Care		-17%	-5%	1%	-4%	-14%
Kinship		10%	5%	7%	12%	-15%
Parental Home		-24%	-2%	-8%	5%	2%
CCI		22%	16%	5%	-18%	-7%
Independent Living		-20%	-33%	29%	21%	4%
Emergency Shelter		10%	78%	-6%	-9%	-31%
Runaway		30%	16%	-26%	-16%	-5%
Enhanced FC					289%	21%
Adoptive Home		-59%	-56%	19%	-32%	-95%
Detention		-31%	-48%	80%	-49%	3%
Treatment FC		-29%	10%	-45%		
Other*		-22%	154%	-44%	43%	-6%

\*Other placement setting includes hospital, out-of-state placement, and runaway service facility.

**Figure 3-7. Care-day utilization by state Fiscal Year and placement setting**



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).

$$\text{Placement Expenditures} = \text{Price} * \text{Quantity}$$

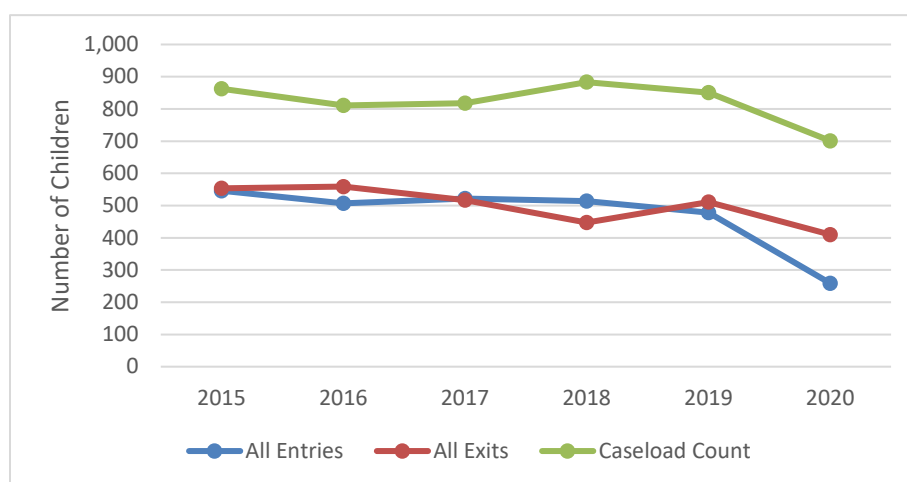
In short, a change in the average cost per care day or in the number of care days would affect total out-of-home expenditures. The number of days in care is affected by the number of children entering care and how long they stay in care.

Historic child entries, exits, and a point-in-time caseload count at the end of the Fiscal Year are measured to determine how changes in care-day utilization over time correspond to the volume of children moving in and out of care (see Table 3-4). Child entries include all children entering care for the first time during the year, or re-entering care for a new placement spell. Exits include all discharges from out-of-home care, and the caseload count represents the number of children in care on the last day of the Fiscal Year. Similar to the change in total care days, the number of child entries was fairly stable during the baseline period and into FY 2018, declined slightly in FY 2019, and declined more dramatically in FY 2020 (Figure 3-8). In FY 2020, there was a 46 percent drop in the number of children entering care compared to FY 2019. Child exits and the caseload count also declined in FY 2020—but, at a slower rate than entries—by 20 percent and 18 percent, respectively.

**Table 3-4. Child out-of-home entries, exits, and caseload count at the end of Fiscal Year (excluding URM, OTI, JJ, and YAVFC)**

	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%

**Figure 3-8. Child entries, exits, and caseload count at the end of the Fiscal Year**

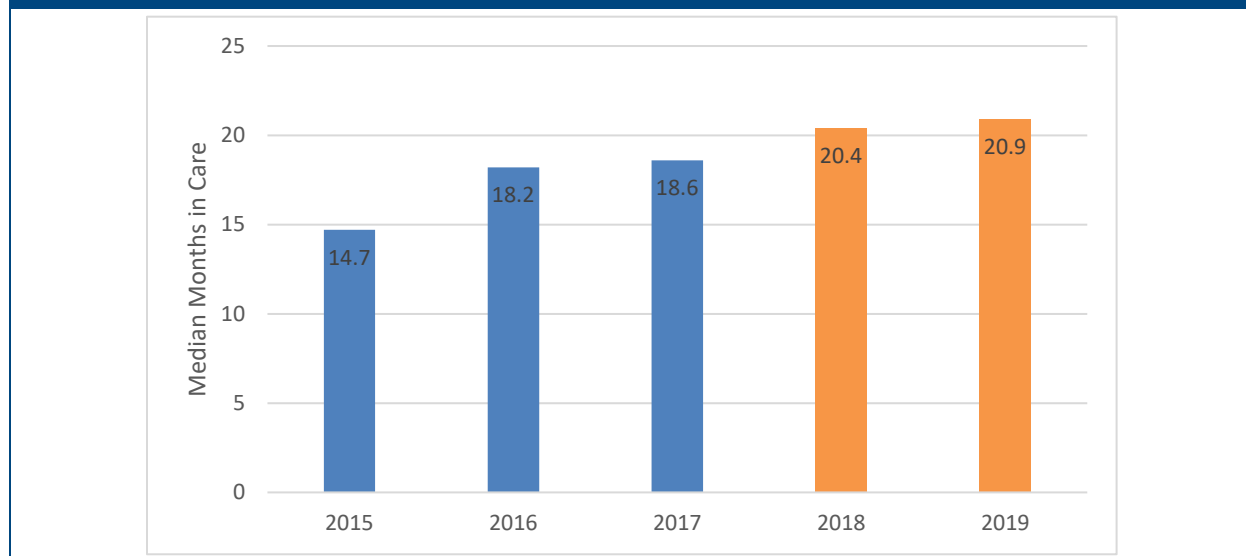


The volume of care days provided is also a function of how many days children stay in care. Duration in care was measured for entry cohorts using survival analysis. Table 3-5 shows that for all children entering care in Kent County in FY 2018, it took 11.8 months for the first quarter of children to 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 2 years of WMPC implementation compared to the historic baseline, from 18.6 months for children entering care in FY 2017 to 20.4 months in FY 2018 and 20.9 months in FY 2019 (see Figure 3-9). Duration for the first quartile declined slightly in 2020 compared to 2019, but too many children were still in care at the end of FY 2020 to observe median duration for the most recent full year of WMPC implementation (FY 2018). Since child admissions have declined slightly since WMPC implementation, while median duration has increased, we can assume the increase in duration was largely driving the increase in overall care-day utilization for FY 2018-19 in the county.



**Table 3-5. Quartile duration in months by state Fiscal Year of child entry in Kent County**

	Pre-Implementation			Post-Implementation		
	2015	2016	2017	2018	2019	2020
25th Percentile	6.8	7.3	8.8	11.8	10.2	8.6
50th Percentile (Median)	14.7	18.2	18.6	20.4	20.9	--
75th Percentile	26.0	27.0	28.4	34.2	--	--

**Figure 3-9. Median duration in months by state Fiscal Year of child entry**

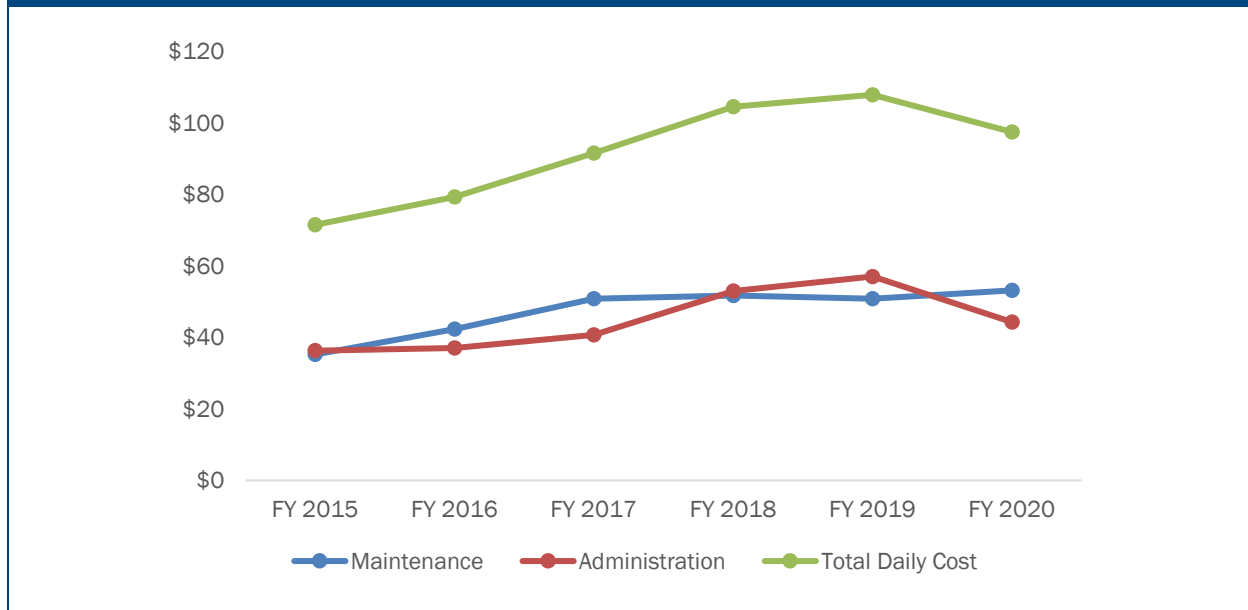
### 3.1.1.4 Average Daily Unit and Child Level Placement Costs

Figure 3-10 displays the trend in the overall average daily unit cost of care across time alongside the unit cost of the two major components of placement expenditures—average maintenance and administration daily costs.<sup>31, 32</sup> Average unit costs are calculated by dividing the total annual placement expenditures by total placement days for each Fiscal Year. In Kent County, for out-of-home placements (excluding URM, YAVFC, JJ, and OTI), the overall 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 28 percent. The average daily unit cost continued rising after the implementation period began, but with a 14 percent increase in FY 2018, followed by a 3 percent increase in FY 2019. FY 2020 saw a 10 percent reduction in the average cost to provide one day of care.

<sup>31</sup> Based on information provided by MDHHS, 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 children'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. Michigan Department of Health and Human Services (MDHHS). (2019, November). *Foster care rates: Foster family care and independent living* (FOM 905-3- effective 10/1/2012). Available at: <https://dhhs.michigan.gov/OLMWEB/EX/FO/Public/FOM/905-3.pdf#pagemode=bookmarks>.

<sup>32</sup> 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](https://www.michigan.gov/mdhhs/0,5885,7-339-71551_7199---,00.html).

**Figure 3-10. WMPC-related average daily unit cost for out-of-home placements by Fiscal Year, adjusted for inflation**

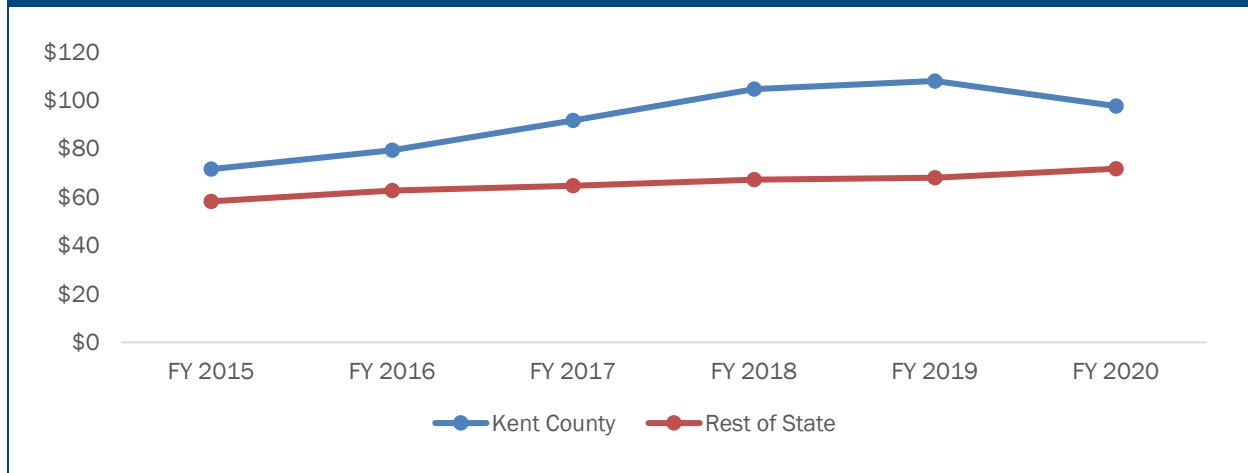


As shown previously (Table 3-3), CCI and emergency shelter days increased during the baseline period (FY 2015 to FY 2017) while foster care days decreased. Thus, the observed increase in average daily maintenance cost during the baseline period most likely stems from a shift to more expensive care types (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 IL 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 (FY 2015 through FY 2017) and continued to rise during the first 2 years of the pilot. By FY 2019, the average daily administrative cost of a placement increased by 40 percent above FY 2017 levels. This increase was fueled by increases in the administrative daily rate paid to providers at both the state and WMPC level. FY 2020 saw a decrease in the average daily administrative rate as the WMPC adjusted the daily rate being paid to providers from \$48.00 to \$46.20.

Figure 3-11 compares the total average daily unit cost of care in Kent County to the rest of the state. In FY 2015, Kent County's average daily unit cost was 23 percent higher than the rest of the state. This difference 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. In FY 2020, the average daily unit cost in Kent County was 36 percent higher than the rest of the state.

**Figure 3-11. WMPC-related and rest of state – Average daily unit cost for out-of-home placements by Fiscal Year, adjusted for inflation**



Costs were also measured at the child level, by linking the fiscal data to child out-of-home placement spells through FY 2020. The cost per spell is the total of administrative and maintenance expenditures incurred while the child was placed out-of-home. Child-level costs for a placement spell were calculated for children in care with the WMPC and for the comparison group identified by University of Michigan through propensity score matching for use in the outcome study. If the matched children were missing fiscal records, they were not included in the analysis.

Preliminary analysis shows that for children who were already in foster care when the Kent Model was implemented, the average cost per 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 3-6). 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. However, it is important to note that many children who entered in FY 2018 are still in care and we cannot yet observe their total costs. While the average cost per spell is similar for Kent County and comparison group, the 75<sup>th</sup> percentile is higher for children entering care in Kent County for FY 2018—the top quartile of placement spells start at \$64,198 for the Kent sample compared to \$56,940 for the comparison group. This higher cost of care for some children may reflect care types with higher rates used in Kent County (e.g. EFC) or longer durations in care. Future reports will provide more detailed comparisons between the groups as more data become available on long-term outcomes for children entering care during WMPC implementation.

**Table 3-6. 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

### 3.1.2 Agency Staff Perceptions of Service Costs

During interviews and focus groups conducted as part of the process evaluation, the process study team asked agency directors, supervisors, and caseworkers in Kent, Ingham, and Oakland Counties to what extent costs are considered when making service decisions, their perceptions of the rationale for fluctuating costs for services provided to families with children in care, and agency staff awareness of expectations regarding service costs.

**Increased Costs.** Across counties, interview and focus group respondents stated that there are high costs associated with serving children with high needs. For example, respondents explained children demonstrating serious emotionally disturbed (SED) behavior often need a series of targeted and comprehensive, or wraparound, services to meet their needs. The need for additional services prompts a caseworker to request an SED waiver<sup>33</sup> to cover necessary costs.

Respondents also stated that foster care providers caring for children with high needs are eligible for a higher foster care rate. One respondent in Kent County described challenges associated with identifying funding to transport children with extensive medical needs and stated the agency typically pays the transportation fees. Some respondents perceived that although costs for services have been consistent, service needs have increased. One private agency supervisor explained that families are “*requiring more services, which have a higher expense.*”

Some respondents attributed rising costs to the COVID-19 pandemic. For example, one respondent stated that children “*who didn’t have DOCs [determinations of care] now are getting them*” because of the time required of foster parents to support children’s virtual learning until local jurisdictions declare that it is safe for students to return to school in person. Relatedly, children in care must have adequate supplies and technology (e.g., internet access, computer) for distance learning.

**Cost Considerations.** Interview and focus group respondents were asked if agency staff consider costs when making service decisions. Respondents from county DHHS agencies and private agencies in all three counties reported agency staff prioritize services from providers that accept the parent’s insurance or provide free or low-cost services.

Respondents also reported that they carefully consider the costs versus benefits of the services to the child and family. Respondents in multiple counties stated that as part of the service approval process, they must provide a clear rationale for the service request.

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*“I’m only going to request something if it’s needed. I’m not trying to just have all these requests just to spend money.”*

– Private agency caseworker

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A common theme that emerged among respondents in Kent County that was not discussed by respondents in the comparison counties was the emphasis on connecting services to child and family outcomes during the service request/approval process, to justify the cost. For example, respondents representing the WMPC, who approve service requests from the five private foster care agencies in Kent County, stated that they consider how the service will improve placement

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<sup>33</sup> MDHHS’s website ([https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4868\\_80988-427532--,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_80988-427532--,00.html)) states that an SED waiver “enables Medicaid to fund necessary home and community-based services for children with serious emotional disturbance who meet the criteria for admission to the state inpatient psychiatric hospital (Hawthorn Center) and are at risk of hospitalization without waiver services.”

stability, help the family achieve permanency, or improve performance indicators (e.g., receive services within the prescribed timeline). As one respondent from the WMPC explained,

And so in my experience, a lot of times when there's conversations about cost being an issue, it's because a service is duplicating another service, and it just seems like it's not a wise way. So are we requesting a child psychological because we really need that? Or can we do that with a trauma assessment, which we're going to do anyway and we'll be more comprehensive? Or they're requesting a service that really doesn't have a good justification for why it's going to help with permanency.

Across the three counties, respondents described funding or budgetary issues that have affected service provision. For example, agency staff discussed challenges to obtaining funding for certain services (e.g., daycare services), the need to reduce certain services due to funding limitations (e.g., EFC), inability to maintain specialized agency positions (e.g., Family Finder), or frustration with funding limitations overall in child welfare. Respondents in Kent County also discussed how WMPC's financial challenges affected individual agencies' budgets and more careful consideration of how funds are allocated for services. As one respondent explained,

I just think that that has been a struggle for us as an agency because we've really had to watch our spending and watch what we're going to approve for services for families and kids, which was not the original intent. It was to be more creative and more inclusive and just being able to offer some services that normally we wouldn't be able to fund if we were under the old model.

**Prioritization of Family Needs over Cost.** Although many agency staff across counties are aware of and consider costs when making service requests, many other interview and focus group

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*"I think that we hope that it's a fair cost, but at the end of the day, our focus is really to get our parents and kids services that are going to meet their needs and so with that, the cost piece of it isn't, to me and my staff, that I don't really use that as a marker."*

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– Private agency supervisor

respondents in the three counties and across position types (i.e., caseworker, supervisor, director) stated that they do not consider service costs during decision-making processes. Respondents from all three counties stated that it is unlikely service requests will be denied due to cost. There was agreement that agency staff consider the needs of the family over costs. For example, several respondents stated that ensuring that the child and family have the resources or services they need is emphasized more than the cost. Additionally, respondents noted that they do not consider costs because individuals in higher level positions approve service requests (e.g.,

supervisors or WMPC staff likely consider costs) or because the services are court-ordered (they must provide the service regardless of cost). Respondents in one private agency in a comparison county described the challenges to obtaining approval for a trauma assessment from the county's DHHS agency because this type of assessment is expensive. One respondent stated that it is "next to impossible" for DHHS to approve trauma assessments unless they are court-ordered.

### 3.1.3 Summary of Cost Study

Fiscal trends during the baseline period—3 years prior to the implementation of the Kent Model—were characterized by rising costs. After adjusting for inflation, overall child welfare expenditures rose by 11 percent from FY 2015 to FY 2017, with much of that increase driven by a rise in maintenance costs (which increased by 29 percent during the baseline period) and CCI maintenance costs in particular (which increased by 56% during the same period). This rising cost trajectory continued into the first year of the Kent Model. In FY 2018, overall child welfare expenditures, maintenance expenditures, and CCI maintenance costs continued to rise, by 19 percent, 5 percent, and 5 percent, respectively. In addition, placement administrative expenditures spiked in FY 2018, rising by an annual change of 33 percent.

However, the fiscal picture in FY 2019 demonstrated some significant changes. Overall child welfare expenditures continue to rise, but by a smaller annual percentage (5%), and maintenance costs plateaued—only rising by 1 percent. Placement administrative costs continued to rise, however, but at a slower rate—10 percent in FY 2019. The slowing in placement maintenance costs is notable and coincides with a shift in care-day utilization. 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.

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. Placement maintenance and administrative costs declined due to this reduction in the number of care days being purchased and a decline in the average daily administrative cost of a day based on a WMPC fiscal policy decision to lower per diem rates paid to providers.

Child placement and duration trends underlying the fiscal data help explain the slight increase in care-day utilization for FY 2018-19 compared to the baseline period and decrease in FY 2020. The number of children entering care remained fairly stable during the baseline period and into FY 2018, declining slightly in FY 2019. At the same time, the median duration in care increased in FY 2016-17 leading up to WMPC implementation and has continued to rise for children entering care in FY 2018-19 (median duration for FY 2020 is not yet observable). Accordingly, the slight upturn in care-day utilization in FY 2018-19 was driven mainly by children spending more time in care, not by increased child entries. Child entries declined dramatically in FY 2020, driving a reduction in care-day utilization. The number of children exiting care also declined in FY 2020, suggesting that children may be going home more slowly during the pandemic, but it is too soon to observe median duration. The next report will continue to track how child and fiscal trends have changed during the pandemic.

## 3.2 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 children served by private agencies in other counties that are not part of the Kent Model. Table 3-7 presents the demographics of the children and indicates that the PSM created equivalent groups (e.g., no statistically significant differences across race, sex, and age).



**Table 3-7. Demographics of children in care**

	Kent	Comparison
<b>Total (N)</b>	<b>1,678</b>	<b>1,720</b>
In care prior to 10/1/2017 (legacy)	763	772
In care after 10/1/2017	915	948
Age (at removal date) mean and standard deviation	M= 6.38 sd = 5.51	M = 6.29 sd = 5.60
% Male	51.7%	51.2%
% Hispanic	14.8%	14.9%
% Black	31.6%	31.6%
% White	49.3%	49.8%

### 3.2.1 Safety

**Research Question: Does the Kent Model, a performance-based case rate funding model, improve the safety of children?**

#### 3.2.1.1 Maltreatment Recurrence

What percentage of children experience recurrence? To answer this question, we isolate the most recent Child Protective Services (CPS) report (Category I, II, or III<sup>34</sup>) *prior* to removal and the most recent CPS report (Category I, II, or III) *after* removal. Table 3-8 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 the comparison group. It is important to note that the risk of 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 3-8. Second substantiation within one 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

<sup>34</sup> Category III are those cases in which the department determines that there is a preponderance of evidence of child abuse or neglect and the risk assessment indicates a low or moderate risk. A referral to community-based services must be made by CPS; Category II are those cases in which the department determines that there is a preponderance of evidence of child abuse or neglect and the risk assessment indicates a high or intensive risk. Services must be provided by CPS, in conjunction with community-based services; Category I are those cases in which the department determines that there is a preponderance of evidence of child abuse or neglect and a court petition is needed and/or required. Services must be provided by CPS (or foster care), in conjunction with community-based services.



### 3.2.1.2 Maltreatment in Care

What percentage of children experience maltreatment while in foster care? Table 3-9 displays the risk of maltreatment in care (MIC) at any point in the child's foster care episode. Specifically, we assessed the percentage of children in each group who experienced a Category I-III disposition while they were in an out-of-home placement setting or still under the legal guardianship/supervision of the state. This measure is similar to the Child and Family Service Reviews Round 3 approach to MIC, although we display the estimates in percentages rather than a rate per 100,000 days of care. Overall, 9.3 percent of children experienced MIC. There were no statistically significant differences between children served in Kent County and children in the comparison group (i.e., those served by private agencies across the state).

Table 3-9. 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

## 3.2.2 Permanency

**Research Question: Does the Kent Model improve permanency for children?**

### 3.2.2.1 Permanency Status and Length of Stay

Permanency is defined using the Federal measure which includes children who have been discharged 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 3-10 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 (47.5% vs. 47.2%). 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 3-10. 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

Focusing more specifically on the question of timing, Table 3-11 shows cumulative exits to permanency at 6, 12, and 18 months. A higher percentage of children in Kent 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 3-11. Cumulative exits to permanency**

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

**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 the removal date shows the child entering care prior to the start of FY 2018. Instead of discarding this child from the sample, we have grouped the child with the other children who are enrolled under the CWCC program type after 10/1/2017.

Table 3-12 displays cumulative reentries into foster care. Reentry is defined as children who return to a substitute care setting after they have been discharged from care. Overall, children in Kent County who entered care after 10/1/2017 appear to return to care at lower rates than children in the comparison group (15.0% vs. 17.8%), 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.

**Table 3-12. Cumulative re-entries**

Group	Returned within 6 months	Returned within 12 months	Returned within 18 months	Ever reentered care	Total exits
Comparison, entered care after 10/01/2017	3.6% (16)	6.7% (30)	10.2% (46)	17.8% (80)	450
Comparison, in care prior to 10/01/2017	0.1% (1)	1.4% (10)	2.1% (14)	17.9% (120)	669
Kent, entered care after 10/01/2017	3.9% (17)	6.0% (26)	10.4% (45)	15.0% (65)	432
Kent, in care prior to 10/01/2017	0% (0)	0.7% (5)	3.5% (24)	17.8% (122)	687

Table 3-13 displays a breakdown of the different permanency categories by study group. 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 the children who entered care after 10/1/2017, the children in Kent are significantly *less likely* to exit to adoption and significantly *more likely* to exit to guardianship as compared with children in the comparison groups. This helps explain the differences observed in terms of time in care.

**Table 3-13. 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	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 such, Table 3-14 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 slightly faster than those in the comparison group (281 vs. 301 days).

**Table 3-14. 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	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

Table 3-15 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 and 18) typically face different challenges than others in foster care with respect to reaching permanency; as such, one has to consider whether these youth would be better served under the WMPC. Unfortunately, the overall number of children in this age range across the study groups is quite small (the total being approximately 5% of the entire sample). While this does not preclude their importance, it does pose difficulties (for reasons of statistical power) in evaluating and detecting differences between the youth assigned to WMPC and the youth selected for comparison. In previous evaluation reports, there were differences, but they did not reach statistical significance (for reasons of low statistical power). In the current analysis, there is enough power, and the differences reach statistical significance. For the older youth exiting care, the youth associated with WMPC are *more likely* to achieve permanency than older youth in the comparison group.

Table 3-15. Cumulative exits to permanency for older youth					
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

### 3.2.3 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 (CASCW, 2010). Thus, it is important to minimize the number of placement changes a child experiences while in foster care. Table 3-16 shows the number and percentage of children in each group who have experienced fewer than two placement changes (beyond their initial setting when entering care), versus those who have experienced two or more placement changes. No significant difference in experience of placement changes was found between children in Kent County and the comparison group.

**Table 3-16. Placement stability**

Group	<2 changes	2+ changes	Total
Comparison, entered care after 10/01/2017	32.2% (305)	67.8% (643)	948
Comparison, in care prior to 10/01/2017	22.5% (174)	77.5% (598)	772
Kent, entered care after 10/01/2017	32.5% (297)	67.5% (618)	915
Kent, in care prior to 10/01/2017	21.4% (163)	78.6% (600)	763
<b>Total</b>	<b>2,459</b>	<b>939</b>	<b>3,398</b>

### 3.2.4 Process Evaluation Findings on Permanency

**Rapid Permanency.** As indicated in Section 3.2.2.1, the median number of days to reunification was slightly lower for families in Kent County than for families in comparison counties (281 days and 301 days, respectively). In April 2020, MDHHS and Michigan’s State Court Administrative Office partnered to launch the Rapid Permanency initiative to accelerate permanency during the COVID-19 pandemic. During interviews and focus groups for the process evaluation, agency leaders, supervisors, and caseworkers in Kent, Ingham, and Oakland Counties described expectations and processes associated with Rapid Permanency. Through the initiative, decisionmakers identify cases that meet the criteria for children to be returned home to their parents during an expedited reunification process (e.g., eligible parents completed nearly all mandated activities).<sup>35</sup> For these cases, agency staff meet with parents, attorneys, and key stakeholders from DHHS and private agencies. Participants agree on plans for quickly and safely reunifying children with their families while ensuring they receive appropriate support services.

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*“They wanted us to take a look at [children whose parents conduct unsupervised visits], because obviously they present the least amount of risks for reunification of the parents... We went through each of them and identified if there were any barriers still preventing reunification, and if there were not, we developed a plan and we sent those children home. We reunified those children.”*

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– DHHS supervisor

**Relative Placements.** Outcome results indicate relative placements occur less frequently than other permanency types (i.e., adoptions, guardianships, and reunifications). Interview and focus group respondents in Kent County described a recent increase in the push for kinship placements. Three of Kent County’s five private child placing agencies, at the time of data collection for the process evaluation, had added family finder positions, also called family engagement coordinators. Respondents from Kent County DHHS described increased emphasis on relative engagement to provide additional support for the family and to bolster prevention and family preservation efforts. It is to be determined if, or to what extent, increased emphasis on relative placements in Kent County may be reflected in next year’s outcome data on permanency types.

### 3.2.5 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 include children in Kent prior to 10/01/2017, a matched group of children associated with counties other than Kent prior to

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<sup>35</sup> [https://courts.michigan.gov/News-Events/press\\_releases/Documents/Press%20Release%20-%20Rapid%20Reunification\\_FINAL.pdf](https://courts.michigan.gov/News-Events/press_releases/Documents/Press%20Release%20-%20Rapid%20Reunification_FINAL.pdf)

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 achieved permanency by 6 months at a higher rate than children in the permanency group; however, the result is not statistically significant. That difference disappears by the 12th month. Children in Kent were less likely to exit to adoption as compared with children in the comparison groups.
- **Placement Stability.** Children in Kent County experienced two or more placement changes at a rate similar to children outside Kent County (67.5% vs. 67%).

### 3.3. Implementation of the Kent Model

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**Research Question: What resources are necessary to support the successful implementation of the Kent Model (i.e., performance-based case rate funding model)?**

In Kent County, all child welfare foster care case management services are provided by one of five private child placing agencies (MDHHS, 2019), under the oversight of the WMPC. This structure is in contrast to those in Ingham and Oakland Counties, in which the 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 third year of implementation of the Kent Model (October 2019 through October 2020).

#### 3.3.1 West Michigan Partnership for Children (WMPC) and the Kent Model

As mentioned in Chapter 1, 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.

#### Model Status and Changes

**Staffing Rate.** One aspect of the Kent Model that intended to offer private agencies greater funding flexibility was an increase in the administrative staffing rate paid to the private agencies. In Year 4 of the pilot, WMPC paid private agencies a staffing rate of \$48, higher than the statewide rate (set by MDHHS) of \$46.20. According to MDHHS leadership, the total amount of funding MDHHS allocated to providers was included in FY 2021 calculations for the capitated rate. Based on that rate, MDHHS provided funding to WMPC for the establishment of a risk reserve, and WMPC submitted a budget to MDHHS that demonstrates their ability to manage costs within the capitated rate. In focus groups, private agency leadership and staff reported using this funding for additional positions such as family finders, case aides, buffer workers, and supervisors. At the time of data



collection for this reporting period, WMPC leadership was preparing to examine the impact to practice from this change and look at other potential funding sources, such as grants.

**Care Coordination Team.** The focus of the Care Coordination team during the current reporting period has been aligning and formalizing policies and procedures to increase efficiency and consistency across all five private agencies. This includes the following:

- Documenting Care Coordinator and private agency roles and responsibilities and expected response times to create consistent expectations across agencies,
- Creating a formal check-in process between Care Coordinators and private agency program managers to share information and build relationships, and
- “Triaging” responsibilities to shift several routine tasks (e.g., trauma assessments, housing referrals) to the Care Coordination manager to increase efficiency and accountability and give individual Care Coordinators more time for casework with their agencies.

Feedback from private agency staff indicates that these changes are still in the process of trickling down to frontline workers, who still perceived some inconsistency in response times and service approvals. Private agency staff also discussed feeling less involvement from their Care Coordinators due to the lack of in-person office time, a Care Coordination feature highly praised in previous years. Aspects of Care Coordination mentioned as facilitators to private agency practice included the Care Coordinators’ ability to provide new insights or suggestions for challenging cases and having a single point of contact for referrals and guidance. These facilitators have been consistent since early implementation, although the degree to which staff in each agency experiences them has varied from year to year.

**Flexibility in Case Planning.** One intended feature of the Kent Model was to provide caseworkers with greater funding flexibility to find creative or innovative solutions to meet the needs of children and their families. In focus groups for this reporting period, private agency staff described several examples of creative case planning, funded either by WMPC or their own agency. However, WMPC and private agency staff agreed that, in general, the current funding model is unable to support the level of creativity envisioned in early implementation. At present, WMPC will consider miscellaneous funding requests only if they are directly related to maintaining placement stability. The increased staffing rate was mentioned as another source of funding flexibility for agencies, prior to the recent recommendation to reduce the rate to the statewide amount.

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*“It seems as though... there was talk of flexible funding that was often allocated to our families so that we can get services implemented quickly and make sure that they have everything they need. And somewhere along the lines in the last year and a half, it feels as though that flexible funding has gone away and it's a lot harder, and we are finding difficulty in getting those services that I think were almost promised to us.”*

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– Private agency manager

**Enhanced Foster Care (EFC).** Since the start of implementation, EFC has been described as the most positively received component of the Kent Model. EFC provides a higher foster care rate and intensive in-home services for children with high needs; respondents universally consider EFC a substantial facilitator for transitioning children from or preventing them from being placed in



residential care. As one private agency respondent shared, *“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 supports to help them.”*

During the previous reporting period, WMPC instituted a per-agency cap on EFC cases and a process for regular case review. In Year 4 focus groups, private agency staff agreed they were managing under the caps but would like to see them raised. Some staff felt the EFC rate might be higher than necessary and suggested that lowering it could allow for more foster families to receive EFC services.

## Staffing

Staffing at WMPC stayed mostly stable through the fourth year of the pilot, with two key exceptions: the Performance and Quality Improvement (PQI) team, which had substantial turnover and restructuring throughout the year, and the Chief Executive Officer (CEO), who announced her departure at the end of the Fiscal Year. WMPC added one new position, a parent planner, and two additional PQI coordinator positions in the current year.

**Parent Planner.** Network 180 allocated Substance Abuse and Mental Health Services Administration grant funds to WMPC to hire a parent planner who provides peer mentorship for biological parents and training to private agency staff on engagement with biological families. The position was created mid-year, and was still under development at the time of data collection.

**PQI Team.** The WMPC PQI team experienced turnover and restructuring during the past year. At the end of the previous project year, both the lead PQI coordinator and the business intelligence analyst resigned from their WMPC positions. The business intelligence analyst position was renamed to data analytics lead and changed to focus less on infrastructure development and more on data analytics. New hires included the data analytics lead, a new lead PQI coordinator, and two new PQI coordinators. PQI staff described these changes as a series of *“really challenging periods”* but expressed that the PQI team is now in a *“really good place”* in terms of the skills and experience of team members. One current challenge mentioned was the out-of-scope burden on the PQI director to manage day-to-day operations in the PQI unit, which takes time and attention away from strategic directorial responsibilities.

**WMPC CEO.** Shortly before the Year 4 data collection period, WMPC announced the imminent departure of their longtime CEO. In previous reporting periods, stakeholders and staff identified the CEO’s energy and commitment as an essential driver in the WMPC’s activities in the community. The impact of her departure will be examined in future reports. At the time of this report, the WMPC’s Chief Operating Officer had assumed the CEO position.

### 3.3.2 Collaboration among Kent County Partners

**Kent County DHHS.** According to respondents at Kent County DHHS, WMPC, and the private agencies, collaboration across the public/private divide, while limited in scope, has gone more smoothly over the past year than at any other point since the pilot was implemented. Kent County DHHS still approves education mileage reimbursements and trauma assessments, as well as the initial funding stream determination for new cases. Per MDHHS leadership, Kent County DHHS had approved case rates until the capitated rate funding model was instituted. Additionally, Youth in Transition (YIT) services, funded by MDHHS through a grant to WMPC, no longer go through Kent County DHHS for approval. Both Kent County DHHS and private agency staff agreed that the YIT

and trauma assessment approvals, now facilitated by WMPC, occurred in a timely manner, in contrast to reports of considerable delays in previous years. The other regular point of collaboration in foster care cases occurs when cases are transferred from CPS to foster care. Each private agency has a set weekly time to meet with CPS workers and supervisors about new cases. Respondents reported that these transfer meetings now occur much more consistently, but the amount of information that foster care workers receive still varies.

**17th Circuit Court, Family Division.** For children in foster care, the Family Division of the 17th Circuit Court makes all final decisions on removals and permanency. As noted in previous years, each judge has an individual style and priorities in his or her courtroom; private agency staff discussed how one judge wanted children to return home quickly, whereas another judge might wait much longer to close a case. The court as a whole has supported the Kent Model since implementation, with some judges stepping up as particular champions. One judge interviewed for this report felt that collaboration with WMPC was still going well in Year 4, with the greatest challenge being the uncertainty around state funding.

From the foster care side, private agency staff described substantial delays in court orders and hearings due to the COVID-19 pandemic, which delayed adjudications, adoptions, terminations, and reunifications. A judge described the difficulties the court experienced in determining what they legally could and could not do remotely. At the time of data collection, respondents reported that hearings were beginning to take place more regularly again.

**Mental Health.** Network 180 is the longstanding community mental health authority in Kent County. During early implementation, private agency staff expressed frustration at how difficult they found navigating the Network 180 system in order to connect families with mental health

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*“So I would say that it goes well until it doesn’t. So for 90, 95 percent of the time, it goes well. But when these challenging cases...that’s when things start to break down a little bit. And I think a lot of it has to do with understanding rules and regulations in the mental health system as opposed to the foster care system.”*

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– Partner agency representative

services. In response, WMPC and Network 180 created a second Clinical Liaison position, housed at WMPC, to help assess the mental health needs of children entering foster care and consult with foster care workers on appropriate available services. After 2 years, most private agency staff agreed that the Clinical Liaison was helpful to their work, especially informing workers about services they might not know about, but that getting services for families through Network 180 could still be a frustrating

process. Specifically, Network 180 services are funded almost entirely through Medicaid, and eligibility for services is determined by the Medicaid manual. In addition, perceptions of need for certain services, or the sequence of services, may differ between the foster care staff and the Clinical Liaison, leading to perceptions of gatekeeping.

### 3.3.3 Child Welfare Service Delivery under the Kent Model

**Service Referral Process.** Efficiency and consistency in processing service requests was a major pre-implementation issue for private agency staff, who have expressed increased satisfaction with the process each year since implementation. During Year 4 focus groups, private agency staff reported that service referrals now run mostly smoothly, with both WMPC and Kent County DHHS, although respondents also noted that WMPC has recently begun requiring more extensive

documentation and justification for funding requests. Recall that increased emphasis on connecting service approval requests to child and family outcomes (to justify the cost of the requested service) was mentioned in Section 3.1.3. Other recent changes include WMPC taking over the referral process for substance use screens and counseling at the YWCA, which caseworkers noted as a facilitator toward more efficient service delivery.

**Residential and Shelter Placement.** Moving children from residential care into community-based placements has been a primary focus of the Kent Model, as well as a priority for MDHHS. A respondent from a private agency explained:

I think WMPC has pushed us a little harder to look to get kids out of residential.... I don't think that it's like, "You have to get kids out of residential." It's just, "How can we be creative to get these kids out of residential."

As in previous years, child welfare staff and stakeholders identified EFC as the most important support for helping children transition out of residential care or preventing a residential placement in the first place. However, staff at all agencies acknowledged that some children have considerable cognitive or behavioral needs that cannot safely be met in a community placement. For those children and their caseworkers, the past year presented new difficulties in finding and maintaining placements. A youth fatality at one Michigan residential facility, followed by the onset of the COVID-19 pandemic, led to a number of facilities shutting down, reducing capacity or being put on provisional licensure status. Foster care workers and WMPC staff report having difficulty finding or maintaining residential placements, especially for the highest needs children, due to residential facilities becoming more "risk averse." Some respondents felt this was detrimental to the children, who sometimes lingered in hospitals, shelters, or were sent to facilities across the state. Others expressed potential benefits from the situation, feeling it pushed agencies and WMPC to think more creatively about alternative placements and supports. Another complicating factor has been the closure of Kids First, the only youth shelter in Kent County that had been an important resource for housing youth waiting for a placement.

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*"I can't even tell you the number of denials which has required us to maintain children and shelter for months on end because we cannot place them in a residential...It's making us think more creatively in that regard."*

– WMPC representative

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**Foster and Adoptive Homes.** Most private agency licensing staff reported that, contrary to their expectations, their agencies experienced a substantial increase in inquiries from families interested in becoming foster parents since the start of the COVID-19 pandemic. Recruitment, licensing, and training transitioned to virtual modes mostly successfully, albeit with some challenges, particularly for families with limited internet access. However, some new and current foster families did not feel able to take placements during the pandemic, due to job loss, stress, or other issues. The influx of new families combined with the decrease in intake has left most agencies with sufficient homes for younger children. Consistent with previous reporting periods, most agencies still have difficulty finding families willing to take older children or children with significant medical or behavioral needs.

**Relative Placements.** Outcome results indicate relative placements occur less frequently than other permanency types (i.e., adoptions, guardianships, and reunifications). Interview and focus

group respondents in Kent County described a recent increase in the push for kinship placements. Three of Kent County's five private child placing agencies, at the time of data collection for the process evaluation, had added family finder positions, also called family engagement coordinators. Respondents from Kent County DHHS described increased emphasis on relative engagement to provide additional support for the family and to bolster prevention and family preservation efforts. It is to be determined if, or to what extent, increased emphasis on relative placements in Kent County may be reflected in next year's outcome data on permanency types.

Licensing workers also spoke positively about Foster Kent Kids, a coalition of all five private agencies led by WMPC, focusing on foster home recruitment. In 2020, Foster Kent Kids conducted quarterly recruitment campaigns in traditional and social media, most recently one focused on recruiting homes for teens.

### 3.3.4 Quality Performance and Accountability

As we have consistently described in previous reports, 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 some form of an internal CQI process. The primary focus of this section is on the WMPC performance measurement activities and results of fidelity tool analysis conducted, which are presented in Section 3.3.5.

The WMPC PQI unit experienced challenges as a result of staff turnover and restructuring throughout all 3 years of implementation. Despite these challenges, they continued to advance, streamline processes and are now producing reports and data analytics as originally envisioned using the capabilities of MindShare, the data management and analytic system adopted by the WMPC. By the end of the second year of implementation, a revised data sharing agreement was finalized allowing nearly double the amount of data fields to be imported along with more historical case data. Additionally, service and cost data were linked allowing analysis of the case rate, and a provider services and activity management program was developed for data not found in MiSACWIS, such as data related to the EFC program. These enhancements, along with the addition of a new data analytics lead, strengthened WMPC's analytic and reporting capabilities, including the implementation of agency-level dashboards, which had been rolled out to most of the private agencies at the time of the process evaluation interviews. Additionally, several of the private agencies now have specific staff positions that focus on PQI, data, and utilization management.

WMPC PQI meetings with private agencies continued as described in prior reports, although they transitioned to virtual meetings as a result of the COVID-19 pandemic. There are data-driven monthly meetings with the WMPC Care Coordination staff, quarterly case review meetings with private agency staff, and annual audits. Monthly meetings focus on the permanency trajectory of children in care and a collaborative discussion of services in place and/or needed; the duration of EFC services and potential alternatives; and children in residential facilities and how to best transition them to a community setting. Quarterly review meetings are focused more on a formal review of selected cases' specific performance measures, as well as comparative trends in the data between the agencies and state metrics. During Year 3 of implementation, performance plans for each private agency changed from being an annual "static" document to an active part of the review process. Respondents described that the performance plan is reviewed at least quarterly, allowing more frequent adjustment in action plans. Several respondents indicated that the PQI meetings are more "robust" now with the availability of data and reports. One respondent shared her experience with availability of data: *"At a click of a button we can monitor how many kids we have in residential. When I'm on a weekly call about a child, I can pull up their whole placement history in 20 seconds."*

WMPC respondents reported improved coordination between the PQI and care coordinator staff; for example, care coordinators participate in MindShare board meetings, as well as in PQI audits. PQI staff referenced a positive shift within the private agency staff at the manager and supervisor level, from one of viewing performance measurement as a “*tick box exercise*” or “*just numbers*” to now seeing the connections of the data to real outcomes for children and families. As one PQI staff shared, “*We’ve definitely become a data-driven network.... We’ve really made a commitment to let the data inform next steps.*” Similarly, many private agency staff spoke positively of the PQI processes and described the accountability of regular data meetings as helpful. Supervisors and caseworkers reported that the WMPC presents their data in a user-friendly format including comparisons to the other private agencies, which engenders more of a “*community*” conversation rather than looking at it as an issue for one individual agency or one worker. Others discussed how the process helps to identify and better understand what the data are showing. For example, some discussed issues with data entry problems or worker performance, while others reported benefits related to having cases assessed by multiple perspectives, each with different input and questions. Still others reported the process as helpful to identifying what is needed on each case on a monthly basis.

With the MindShare system fully operational with more real-time and complete data, the WMPC was able to add capabilities in predictive analytics and statistical modeling this year to develop a risk assessment score for MIC and cost acuity to better understand service cost and case needs, early on. The modeling utilizes Child and Adolescent Needs and Strengths assessment and other data to try and predict the needs and cost of services by case. The idea is to try and identify children who will likely have the highest needs for multiple services early in the process, and then plan for the potential of higher service costs. In October, the WMPC presented an analysis of their findings, a significant milestone for all stakeholder, especially for those involved in the early vision of the WMPC and data-informed decision-making capabilities.<sup>36</sup> The excitement to see these capabilities in action was palpable in our interviews; in the words of one private agency respondent:

We’re finally doing it. We’re finally getting to do some of that stuff of like— with the understanding that’s not going to necessarily predict that something can or can’t happen, but it can give you an idea of like, okay, this is a high-risk kid or a high-risk case. What are things that we can do actively to mitigate some of those risk factors?

Additionally the WMPC conducted an evaluation of their EFC program and presented findings to their stakeholder and advisory board, which fostered rich discussion and input from private agencies about the EFC program, what is working well, refinements needed, and challenges.<sup>37</sup>

The WMPC was also involved in ChildStat, a MDHHS process around management improvement and quality assurance that utilizes an intensive case review to examine system performance in child welfare agencies and emphasizes accountability and joint responsibility for all cases.<sup>38</sup> In Michigan ChildStat focused on maltreatment in care. A WMPC respondent described it as “*a great tool for us to really ask questions,*” and other respondents shared how they appreciate the process, the deep

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<sup>36</sup> West Michigan Partnership for Children, Advisory Committee. (2020, October 28). *Enhanced Risk Assessment and MIC Statistical Model*.

<sup>37</sup> West Michigan Partnership for Children. (2020, September). *Enhanced Foster Care Evaluation Report*.

<sup>38</sup> See <https://www.aecf.org/resources/implementing-childstat/>.



dive into the data, and the ability to share the story behind the data with MDHHS, and for MDHHS and others to give policy and practice input in real time.

**Utilization Management.** One significant shift was the move to a fully integrated utilization management program focused on achieving permanency within 12 months by managing residential

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*“We are building the foundation of a good utilization management program where we are incorporating that into multiple aspects of practice, where we’re ensuring that each child has the right service at the right time for the right amount of time.”*

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– Private agency staff

utilization and enhanced foster care services. The utilization framework was rolled out in May 2019 (and described in prior reports) and became increasingly important during Year 3 of implementation in part due to the ongoing financial deficits experienced by the WMPC. Utilization reports are produced by PQI staff monthly and shared with care coordinators. Utilization meetings focus on managing EFC services, as well as

congregate care and residential placements. Both private agency and PQI staff shared how the process facilitates more creative thinking and case planning. In the words of one respondent:

I think that the agencies really welcome this process because it allows for a creative brainstorm... it’s not just the normal people they’re around, their team. It’s also us [PQI], and we’re working collaboratively to seek more creative solutions for better outcomes...it’s also really cool to see the ways that creativity creates opportunities for kids to seek out more appropriate services to support them. And then also actively seeking permanency for those kids is important, and it’s very clear in these meetings that that’s what everyone wants.

### 3.3.5 MiTEAM Fidelity Assessments

**Research Question: Do child placing agencies adhere to the MiTEAM practice model when providing child welfare services?**

MDHHS provides the evaluation team with quarterly fidelity reports for Kent County, beginning with the fourth quarter of 2016 (the evaluation team has received 17 reports 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 10 of the 17 quarters for which the evaluation team received fidelity reports, data were missing from at least one of the five private agencies in Kent County.<sup>39</sup> Therefore, the number of caseworkers assessed each year using the tool fluctuates over time. The substantial amount of missing data limits the degree to which meaning can be extracted from the data and findings can be generalized across the five private agencies in Kent County. Additionally, several items in the instrument are applicable to more than one MiTEAM competency. This can make it difficult to isolate changes in fidelity that are

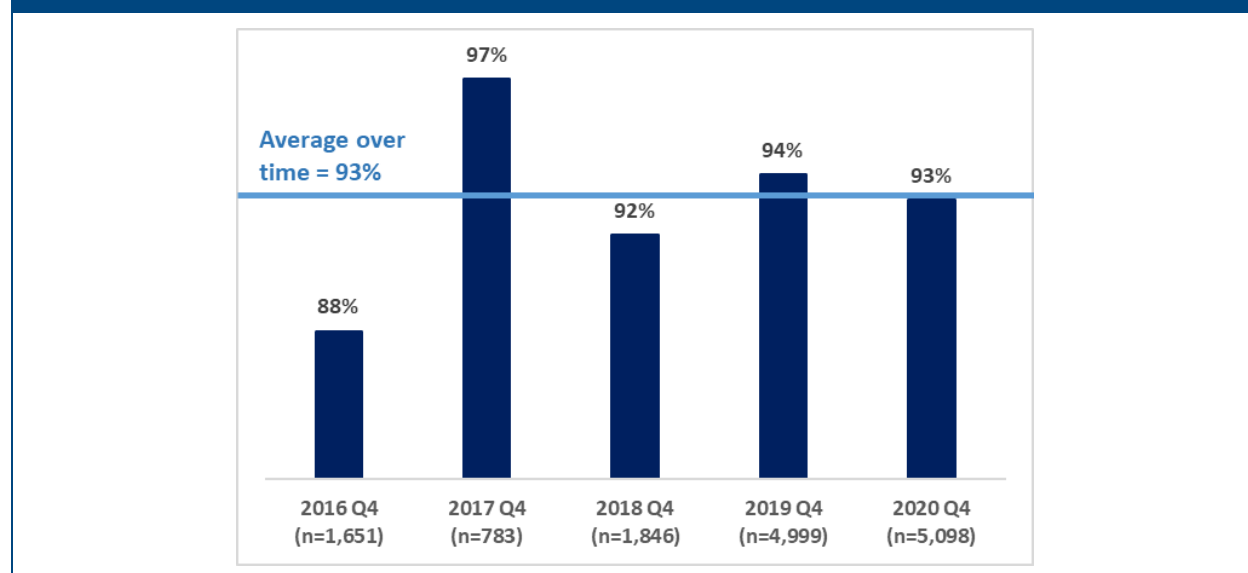
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<sup>39</sup> The number of agencies that reported fidelity data each year and quarter was the following: 2016: two agencies in Quarter 4; 2017: four agencies in Quarter 1, four agencies in Quarter 2, three agencies in Quarter 3, and three agencies in Quarter 4; 2018: four agencies in Quarter 1, three agencies in Quarter 2, four agencies in Quarter 3, and two agencies in Quarter 4; 2019: five agencies in Quarters 1 through 4; and 2020: five agencies in Quarter 1, four agencies in Quarter 2, and five agencies in Quarters 3 and 4.

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 17 quarters, the average percentage of MiTEAM behaviors that caseworkers implemented as they were intended range from a low of 88 percent in 2016 (Quarter 4) to a high of 97 percent in 2017 (Quarter 4). Across the 17 quarters, 93 percent of behaviors were implemented as intended. 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 3-12).

**Figure 3-12. Average percentage of MiTEAM behaviors implemented as intended**

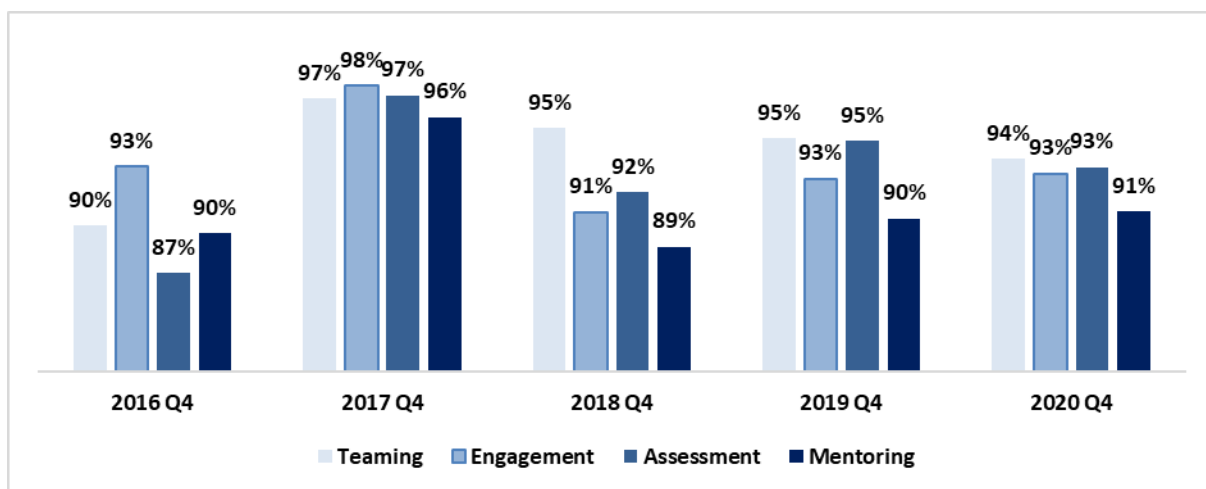


**Note:** The number of caseworkers assessed each year and quarter was the following: 2016: 23 (Quarter 4); 2017: 34 (Quarter 1), 34 (Quarter 2), 30 (Quarter 3), 11 (Quarter 4); 2018: 16 (Quarter 1), 19 (Quarter 2), 20 (Quarter 3), 23 (Quarter 4); 2019: 54 (Quarter 1), 57 (Quarter 2), 71 (Quarter 3), 65 (Quarter 4); and 2020: 69 (Quarter 1), 50 (Quarter 2), 77 (Quarter 3), 68 (Quarter 4).

The evaluation team reviewed the average fidelity scores based on MiTEAM competency to determine if differences emerged. The percentages of MiTEAM behaviors implemented as they were designed were high overall; there were few differences in average fidelity scores based on the MiTEAM competency assessed (Figure 3-13). As a reminder, several items in the instrument are applicable to more than one MiTEAM competency, so this may be one reason why the range of average scores across competencies was narrow for most years (the difference between the highest and lowest percentages was one percentage point in 2017 and three percentage points in 2020). The average percentages are also high overall and for each competency—in 2019 and 2020 the average percentage of MiTEAM behaviors implemented as intended was at least 90 percent for each competency. (Supplemental fidelity data are in Appendix E.)



**Figure 3-13. Average percentage of MiTEAM behaviors implemented with fidelity by MiTEAM competency**

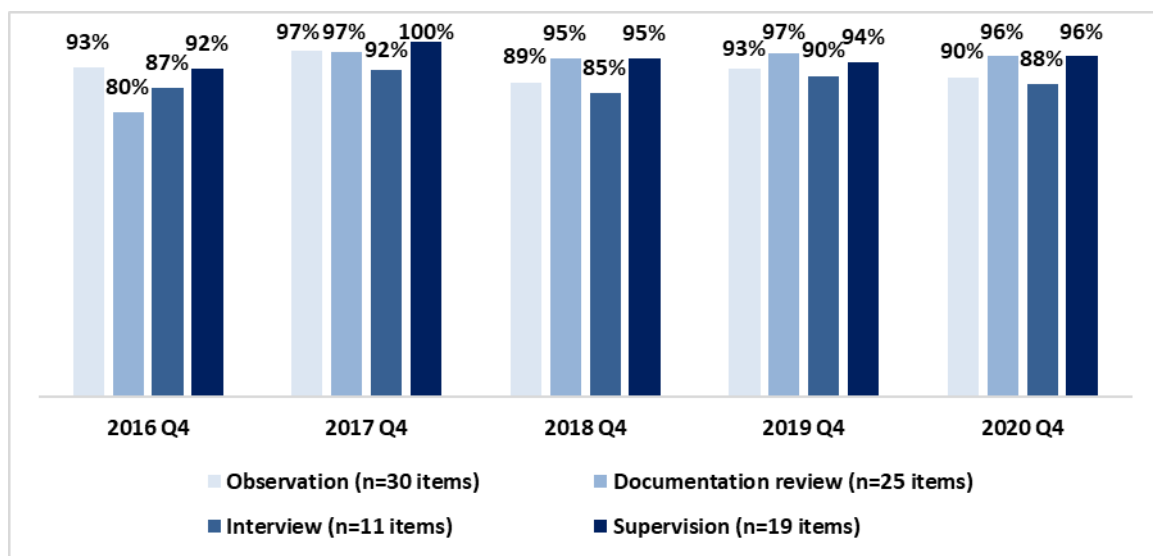


**Note:** The number of caseworkers assessed for each competency was 23 in 2016, 11 in 2017, 23 in 2018, and 65 in 2019. The total number of responses on which each percentage is based was the following: Teaming: 480 in 2016, 225 in 2017, 555 in 2018, 1,489 in 2019, and 1,488 in 2020; Engagement: 441 in 2016, 207 in 2017, 463 in 2018, 1,298 in 2019, and 1,335 in 2020; Assessment: 1,293 in 2016, 617 in 2017, 1,471 in 2018, 3,954 in 2019, and 4,024 in 2020; and Mentoring: 632 in 2016, 292 in 2017, 671 in 2018, 1,796 in 2019, and 1,830 in 2020.

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).<sup>40</sup> Of the four fidelity assessment methods, the fidelity scores were lowest, on average, every year except for 2016 based on supervisor interviews with the family (Figure 3-14). Through this method, supervisors ask family members to indicate whether or not the caseworker conducted certain behaviors or activities. Average fidelity scores for this method range from 85 percent in 2018 to 92 percent in 2017.

<sup>40</sup> **Observation:** The supervisor observes a worker interacting with a family he/she serves; **Document review:** The supervisor reviews all the worker's documentation for a selected family; **Interview with the family:** The supervisor interviews a family member who was present during the observation; **Supervision:** The supervisor discusses various aspects of a case with the worker.

**Figure 3-14. Average percentage of MiTEAM behaviors implemented with fidelity by assessment method**



**Note:** The total number of responses on which each percentage is based was the following: 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), and 1,724 in 2020 (67 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), and 1,487 in 2020 (65 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 679 in 2020 (65 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), and 1,208 in 2020 (68 caseworkers assessed).

### 3.3.6 Service Satisfaction

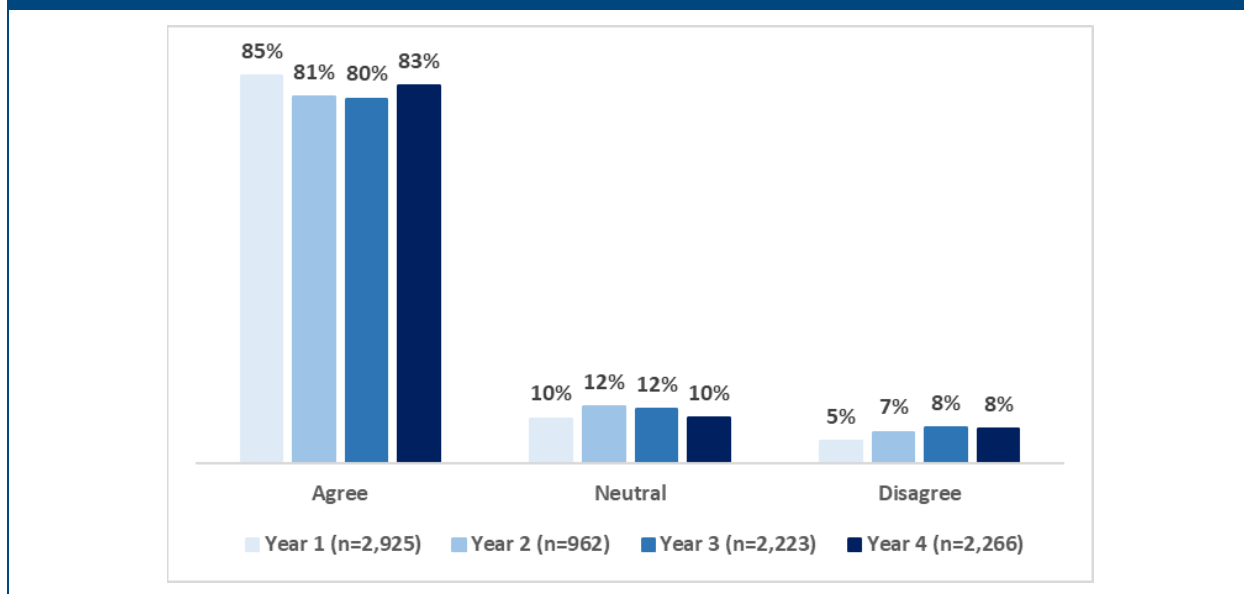
To assess the extent to which clients are satisfied with services provided through the five Kent County private child placing agencies, the agencies regularly administer client satisfaction surveys to the children and families they serve. Foster parents, parents, and youth who receive foster care and 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 (2016-17) and subsequent 3 years after implementation (2017-18, 2018-19, and 2019-20). Agency representatives submit data that were collected between October 1 and September 30 of each year to coincide with each year of Kent Model implementation (e.g., the first year of Kent Model implementation began on October 1, 2017, and ended September 30, 2018).

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.<sup>41</sup>

Since the content and structure of the surveys vary 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.<sup>42</sup> Overall, agency clients were satisfied with at least 80 percent of child welfare or foster care services that were assessed across the 4 years data were reported (e.g., "Staff showed respect") (Figure 3-15).

**Figure 3-15. Overall percentage of services in which respondents were satisfied**

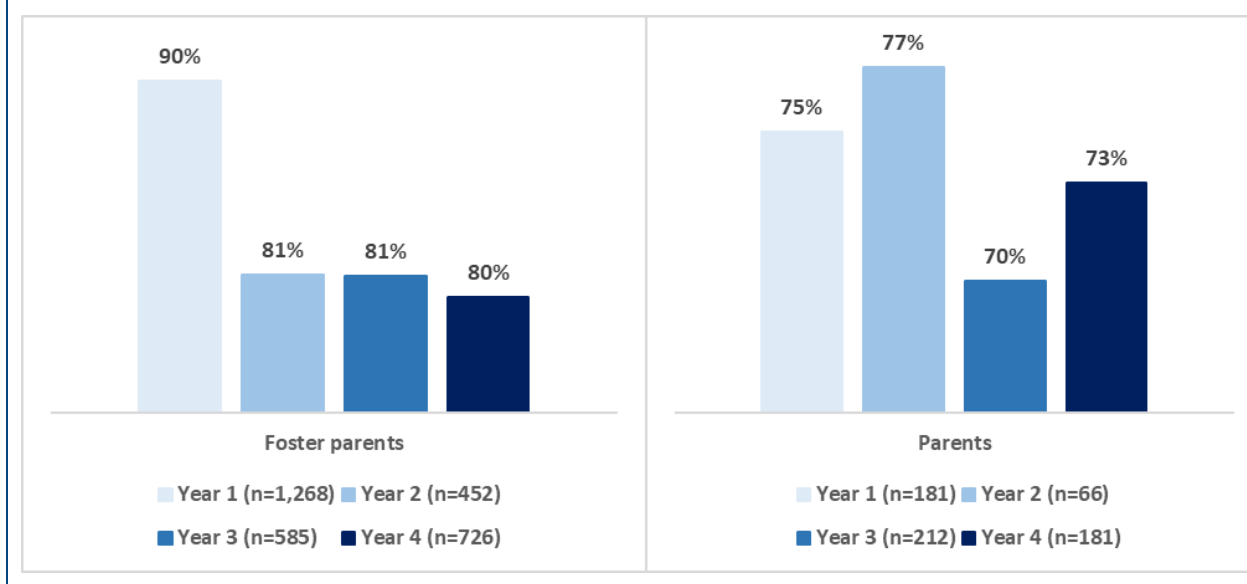


Across all 4 years, foster parents reported they were more satisfied with services than parents (Figure 3-16), but it is important to note that there were substantially more foster parent (n=428) than parent (n=98) respondents over the 4-year period. The percentage of services with which parents were satisfied fluctuated over time but did not exceed 77 percent, while the percentage of services with which foster parents were satisfied declined steadily over time (90% in the first year to 80% in Year 4).

<sup>41</sup> One agency changed its response options during the 2018-19 implementation year 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.

<sup>42</sup> Percentages reported are based on data from four agencies in Year 1, three agencies in Year 2, and five agencies in Years 3 and 4. Ns in the figures represent the total number of *responses* (not respondents) to questions about service and supports received across survey items and agencies each year.

**Figure 3-16. Percentage of services with which parents and foster parents were satisfied**



Between Years 2 and 4, the percentage of services related to **T**eaming (e.g., “My caseworker involved me in the planning process for the child(ren) in my home”) with which respondents were satisfied increased steadily (from 71% in Year 2 to 75% in Year 4), while satisfaction percentages for services related to **E**ngagement (e.g., “My caseworker treats me with respect”) declined slightly (from 91% in Years 1 and 2 to 85% in Year 4). Percentages for services related to **A**ssessment (e.g., “My caseworker meets with me in the foster home every month”) and **M**entoring (e.g., “My caseworker helped me understand the foster care system and my individual rights”) fluctuated over time.

When comparing survey item categories related to the four MiTEAM competencies over time, satisfaction was highest for services related to assessment in 3 of 4 years (Years 1, 3, and 4). Satisfaction was lowest for teaming all 4 years. (Additional data on satisfaction with services related to each MiTEAM competency are in Appendix F.)

These data may provide an indication of agency staff strengths relative to case practice in Kent County—improvement in the extent to which agency staff work in partnership with families during case planning (teaming) and consistently high performance in activities related to assessment (e.g., conducting regular visits with families). The data may also provide evidence of the need to increase training and support in certain areas. For example, agency staff may benefit from guidance on how to increase family engagement to reverse the decline in satisfaction on activities related to this MiTEAM component. 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, increased training at one agency on a MiTEAM competency targeted for improvement is likely to lead to improved service provision in that competency area, subsequently boosting 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 described remain consistent or change over time.

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

**Research Questions: Do the counties adhere to the state’s guiding principles in performing child welfare practice? What resources (strategies, infrastructure) are necessary to support the successful delivery of child welfare services?**

The previous sections outlined current policies and practices associated with the Kent Model as well as how pilot implementation has evolved over time. This section of the report summarizes similarities and differences between Kent County and the comparison counties (Ingham and Oakland) in policies and practices for serving families with children in care. It also describes how agency staff are functioning during an unprecedented public health crisis that required adjustments to casework, service provision, and collaboration. These activities and processes are summarized in the sections that follow.

### 3.4.1 Changes to Child Welfare Practice Due to COVID-19

The COVID-19 pandemic has had a tremendous impact on individuals, organizations, and companies around the world. In an effort to gauge the pandemic’s impact on child welfare practice in Michigan, the evaluation team asked interview and focus group participants how COVID-19 has affected their jobs. Respondents described some of the ways in which casework had changed in the roughly 6 months between the institution of pandemic-related restrictions and when the evaluation team conducted interviews and focus groups.

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. For example, they began using web conferencing platforms, such as Zoom and Microsoft Teams, to communicate with agency staff, partners, and clients. They also followed MDHHS guidance on new policies and procedures and identified creative and innovative ways to continue serving children and families safely. Unsurprisingly, the biggest change across child welfare and partner agencies statewide was the transition from in-person to virtual functioning. Other commonly discussed areas of impact due to the pandemic are the following:

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*“I feel like everything that we were trained to do as a social worker has completely changed throughout this process. It’s kind of like doing a whole new job in a different way.”*

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– DHHS caseworker

- **Limited access to office resources.** Most agency staff are prohibited from or need permission to go to their office, or they must coordinate with staff approved to be in the office to complete administrative tasks (e.g., print or mail documents).

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*“One of the nuances in dealing with the virus is trying to protect our families, get them what they need, protect our staff as well. It’s a difficult balance because you want to make sure that kids are being seen and kids are healthy and safe, but you also want to make sure your staff are staying healthy and safe as well.”*

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– Partner agency representative

for family members without COVID-19 symptoms, who are required to follow physical distance guidelines.

- **Managing technology needs.** Respondents discussed technology challenges for which agency staff and families need support (e.g., equipment needs, connection issues).

Interview and focus group respondents described other pandemic-related changes that have affected their jobs, including

- **Adjustments in court system processes.** Courts closed or temporarily delayed hearings at the onset of the pandemic, before transitioning to remote operations.
- **Changes to processes for foster home recruitment, licensing, and retention.** Recruitment events (e.g., community activities to increase awareness of foster care needs) and retention activities (e.g., foster parent training) have decreased overall, although some events have been conducted virtually.
- **Service adjustments.** Services, such as substance use screenings and parenting classes, were temporarily suspended. Other services, such as therapy, could be delivered virtually right away (e.g., telehealth).

**Child Welfare Prevention.** Agency staff, from Kent and Ingham Counties in particular, discussed increased emphasis from MDHHS on efforts to prevent the need for child welfare intervention. One agency director explained that concern about recent decreases in child abuse reports prompted agency staff to be more proactive than reactive about engaging families that may be at low to moderate risk for abuse or neglect based on an investigation (e.g., call families, offer support, or recommend community services). According to an agency supervisor:

These families were identified, and we had some workers within our office kind of tapped to reach out to people and see if they needed any assistance or resources. They were tasked to make efforts to locate these families to try to provide some sort of support during the pandemic.

Respondents in both counties described the efforts as successful and continue conducting prevention activities. An agency director emphasized that the agency replicated initial efforts to engage targeted families and stated, “Monthly we get a list of the cases that are Cat. III and Cat. IV where we had had contact with them. And our prevention team reaches out.”

### 3.4.2 Addressing Issues of Racial Diversity, Equity, and Inclusion

During an interview with an agency leader in Kent County, the respondent stated that children of color are between 2.7 and 3 times more likely than White children to be in the county's child welfare system. Given the substantial overrepresentation of children of color in child welfare, the racial and ethnic backgrounds of child welfare staff may not always match those of the families they serve. Agency staff often express 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. Interview and focus group respondents described state and local efforts to recognize and support racial diversity, equity, and inclusion (DEI).

**Trainings and Support.** One strategy for addressing DEI needs is to provide staff with training or other support. Respondents from private agencies in Kent County reported participating in DEI-related training and educational programs, described DEI or anti-racism planning groups within their agencies, and described agency efforts to broaden and diversify their hiring practices. Respondents from WMPC discussed several DEI activities related to their strategic goal *"to disrupt racist systems, policies, and practices that perpetuate discrimination and racial disparities."* They contracted with an organization to conduct an internal assessment of these issues and then provide ongoing support to help to address them. As a result, WMPC developed an internal DEI committee, integrated DEI criteria into policies and practices, developed "inclusion filters" used to review materials such as press releases and foster parent recruitment campaign materials with an equity and inclusion lens, and provided various staff trainings.

Respondents from one agency reported that DEI education is now incorporated into the annual employee performance reviews and that their agency sends all new staff to the *Congregations Organizing for Racial Reconciliation training*.<sup>43</sup> Respondents from some private agencies also reported increased emphasis on the cultural identity portion of child assessments and better preparing foster parents who have cross-racial placements. Other examples of training and support offered to staff include

- New trainings on the history of race and disproportionality in child welfare and racial equity;
- Incorporation of elements related to cultural competence and implicit bias into existing Child Welfare Training Institute training; and
- Eliminating Racism and Creating/Celebrating Equality training.

**Collaboration and Staffing.** Interview and focus group participants described statewide and local collaborative teams that convene to respond to DEI needs. For example, there is a statewide Children's Services Agency Anti-Racism Transformation Team, and in Oakland County, agency staff formed a team to support efforts to increase equality in child welfare. Additionally, stakeholders and community partners in Kent County convene regularly as part of the newly formed Eliminating Misrepresentation between Races, Allowing Cultural Equity committee. The committee reviews practices and policies and explores new programs and services to reduce the overrepresentation of children of color in the child welfare system.

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<sup>43</sup> Congregations Organizing for Racial Reconciliation (CORR) training is sponsored by the Reformed Church in Western Michigan (<https://corrnow.org/>).



Respondents from Kent County DHHS reported collaboration activities with a community-based organization providing prevention services in one zip code that has the highest removal rates for child abuse and neglect. They described using “handpicked” case workers for investigations in the hopes of strengthening parent engagement with DHHS.

Despite the existence of the aforementioned trainings and initiatives related to DEI, many respondents reported needing more training and discussions on the topic. Some respondents discussed upcoming or planned activities that will help address staff needs. At the time of process evaluation data collection, Kent County DHHS was seeking a part time Project Coordinator for Minority Overrepresentation to support the work to eliminate overrepresentation of minority children in the child welfare system.

**Case Decision Pilot Process in Kent County.** Over the past year, Kent County DHHS began piloting a process inspired by the work of Jessica Pryce.<sup>44</sup>

Through the process, a family’s demographic information is removed from all case files so that agency staff make unbiased foster care placement decisions regarding the child’s removal from the home (Pryce et al., 2019). Interview and focus group respondents described the pilot as facilitating more “equity in the conversation.” Many respondents reported positive experiences with case decision

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*“I think anytime you have a shared decision-making group, you’re going to see decisions become more informed.”*

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– DHHS supervisor

meetings, in part because of the multidisciplinary representation among those who attend them (i.e., mental health, domestic violence, and substance abuse) and the focus on services to keep families intact and children in the home. An agency leader noted the collective impact of Kent County’s efforts to address issues related to DEI and disproportionality, stating, “I just think it’s made our young staff start thinking more. And when you’re combining that with the other work we’re doing on implicit-bias training, anti-racism training, I mean Kent County is leading the state in the anti-racism work.”

**Tools and Resources.** WMPC representatives who participated in interviews described new tools and strategies to increase staff knowledge of DEI. WMPC adopted the Intercultural Development Inventory, a tool staff can use to assess their level of cultural competence. Additionally, over the past year, WMPC received a grant from the Grand Rapids Community Foundation to implement the Affirming and Listening to our LGBTQ+ Youth foster care project. The project is designed to assist in building infrastructure for the foster care system to be more supportive and affirming of LGBTQ youth and caregivers. The project grew out of a needs assessment conducted in Western Michigan that reported an overrepresentation of LGBTQ youth in the homeless population.<sup>45,46</sup>

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<sup>44</sup> [https://www.ted.com/talks/jessica\\_pryce\\_to\\_transform\\_child\\_welfare\\_take\\_race\\_out\\_of\\_the\\_equation?language=en](https://www.ted.com/talks/jessica_pryce_to_transform_child_welfare_take_race_out_of_the_equation?language=en)

<sup>45</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>46</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)

### 3.4.3 Monitoring and Accountability

**Data Awareness and Use.** During interviews and focus groups, the process evaluation team asked respondents about processes for monitoring agency and staff performance and outcomes. There were mixed results regarding the extent to which agency staff are aware of and use data. Respondents in all positions (directors, supervisors, caseworkers) described various types of data that were shared with staff. However, a number of respondents from all three counties stated that they rarely received data or that they used data infrequently, and nearly all of them were caseworkers. Many caseworkers who were aware that data are collected were unable to specify the types of data collected or how the data

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***“If there is data that I could get that would tell me how to do my job better or how to help my families better I would certainly use it, but I just wouldn't even know what data I needed.”***

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– Partner agency caseworker

are used. The mixed results regarding awareness and use of data may indicate that relevant information about data and results may not be communicated to all agency staff consistently within and across agencies and counties. Alternatively, as mentioned in previous annual evaluation reports, caseworkers often report being overwhelmed managing their caseload and have only limited time available for additional activities, such as administrative tasks, data reporting, and

training. 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.”* Therefore, even if there was interest in how to use data to improve practice or performance, they may not have time to take advantage of opportunities that may be available to learn about relevant data.

**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. For example, agency staff regularly review frequency of caseworker contact with families, timeliness of completing administrative responsibilities (e.g., reports), and use the data to prepare for audits.

Several respondents stated that they review data solely for the purpose of facilitating annual performance reviews. Additionally, since the prior year's evaluation site visits, MDHHS's Children's Services Agency has conducted a series of presentations in Michigan's counties to discuss county-level ChildStat data on outcomes for children in care. Across counties, most interview and focus group respondents were aware of ChildStat data. Directors were more likely than agency staff in other positions to articulate useful aspects of the presentations. For example,

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***“I think everyone feels like it is a useful exercise where the state learns something about what we are doing and what's happening on the local level, but there's also just a transference in terms of information and practice that I think is useful for all parties involved.”***

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– WMPC representative

- In-depth discussions about specific data elements and strategies for improving outcomes,
- Regular engagement with MDHHS leaders about ChildStat data made the process less intimidating to agency staff who responded to questions about the data,
- Increased awareness of MDHHS's expectations regarding outcomes, and
- Increased awareness of data elements that may not have otherwise been targeted for improvement.

Some respondents, from private agencies in all three counties, indicated that they were not aware of or did not use ChildStat data. For example, one supervisor in a private agency had heard of ChildStat data but was unfamiliar with how the data are shared or with whom in her agency they are shared. Limited knowledge of these data by private agency staff may indicate the potential need to review and refine state- or county-level information dissemination processes. This will increase the extent to which staff who work in public and private agencies across counties are familiar with the key outcome data and can actively contribute to efforts to improve child outcomes in targeted areas.

Although most respondents acknowledged the importance of using data to monitor performance, some expressed frustration that the data may not reflect a complete picture of case histories. One supervisor provided an example of a family that was not home during multiple weekly visits the caseworker conducted. The supervisor's *"issue with data is you don't get to see the behind the scenes."* That is, caseworkers are unable to justify why the data are indicative of underperformance. As mentioned previously, respondents emphasized that data are discussed regularly, such as during performance reviews and during team meetings. Although the discussions provide an opportunity for caseworkers to explain deficiencies, there may not always be opportunities to provide information on why they did not meet performance expectations.

### 3.4.4 Interagency Collaboration

Staff from community agencies that serve families with children in care, including DHHS, private foster care, mental health, and the judicial system, collaborate regularly to meet the needs of the children they serve. The evaluation team asked interview and focus group participants about community agencies they partner with most often and how they would characterize the relationships. The sections that follow summarize collaborative partnerships with local agencies.

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*"It was nice when we got to go in person, and you would sit down with the CPS worker, the investigator, and their supervisor. And it was like, 'Okay, now, I can see you, and you're actually handing me papers, which is nice.' Now, we just do it over phone, and I understand, but yeah, we're losing some of that connection."*

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– Private agency supervisor

**County DHHS Agencies.** As mentioned in Section 3.3.2, private agency staff in Kent County reported they have limited interaction with DHHS staff, mainly because WMPC acts as the *"middle man"* that facilitates case coordination. Some respondents expressed the desire for more face-to-face interaction with DHHS staff that they had in previous years.

Respondents from private agencies in the comparison counties, who do interact regularly with staff in county DHHS offices, described relationships as collegial overall. In general, staff

in the respective agencies have positive rapport and trust one another, are responsive and help each other identify services, and have a collaborative approach to case practice. Private agency directors in Kent, Ingham, and Oakland Counties were more likely than agency staff in other positions in these counties to report that they meet regularly with DHHS staff to strategize about how to address case challenges, discuss child welfare data and continuous quality improvement, and build and maintain rapport. Respondents from private agencies also reported some challenges to collaboration with DHHS. For example, they described a lack of empathic communication (e.g., *"Emails can come off a little harsh."*) and their limited ability to get in touch with DHHS staff when necessary.

**Private Agencies.** Some interview and focus group respondents representing county DHHS offices identified factors that facilitate collaborative partnerships with private agency staff, such as frequent or regular communication. However, caseworkers and supervisors from DHHS agencies in the comparison counties described challenges related to discrepancies between agencies in case management approaches. For example, DHHS staff expressed frustration about how cases are assigned to agencies. Specifically, some respondents perceived that staff at some private agencies are “selective” about which open cases they will manage, while DHHS agency staff do not have the option of declining cases that may be considered more challenging to manage. This imbalance of case responsibility could be a source of contention among staff in DHHS and private agencies in Ingham and Oakland Counties. Recall a Kent County respondent’s description of the WMPC as the “middle man” between Kent County DHHS and the private agencies. This case management structure may help mitigate the types of issues described by DHHS agency staff in Ingham and Oakland Counties if they were encountered prior to Kent Model implementation or currently occur.

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*“[The case assignment process] allows for our private agency partners to be selective in their willingness to service cases. As a department, we don’t have that option. Cases come in, children are being abused and neglected and need our services, we have to step up and provide those services.”*

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– DHHS supervisor

**Court and Mental Health Systems.** Interview and focus group respondents in all three counties described positive aspects of their relationships with court representatives with whom they interact. Across counties, respondents described regular communication with or participation on local initiatives from judges, court administrators, or other court staff. Some respondents also observed the commitment from judges, attorneys, and others with substantive involvement in child welfare cases to supporting efforts to improve child outcomes. For example, respondents 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.

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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.”*

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– Private agency supervisor

Respondents reported that courts and judges have different policies, practices, or expectations, which can be difficult for agency staff to navigate. For example,

- Some agency staff have cases in multiple counties, and there may be variation in each county court system’s **reporting requirements** and **how they handle case hearings** during the pandemic (e.g., hold hearings via Zoom in some counties, postpone hearings until a safer period in other counties).
- There is variation among appointed attorneys in the extent to which they **prepare for and support caseworkers** during hearings. For example, one supervisor stated, “I’ve worked with some GALs [Guardians Ad Litem] that...attend [meetings] and are asking questions and know what’s going on in the case. And then you have some attorneys you don’t hear from for the whole 90-day period.”

- There is **inconsistent messaging** among judges or between judges and agency staff about recommendations for families. One supervisor explained that *“it’s very frustrating to be put in a situation where...you’re doing something against what you feel is right by making the judge happy, rather than doing what you think we need to [do].”*

As with other partners, responses were mixed when DHHS and private agency staff were asked about their relationships with local mental health partners. Several respondents from Kent, Ingham, and Oakland Counties reported they collaborate effectively with local mental health partners and identified aspects of the partnership they appreciate. For example, respondents stated that mental health staff provide *“information that you need in a timely fashion”* and that it has *“been really helpful to have a champion”* leading one local mental health agency.

**Other Partners.** Interview and focus group respondents described other partners that play pivotal roles in the cases they manage. Other partners mentioned most frequently include the following:

- Agencies or organizations that provide **substance use screening and treatment**;
- **Providers located in private agencies** that offer services, such as therapy and family support, conveniently and efficiently; and
- Agencies or organizations that provide **supportive services for foster, adoptive, or birth parents** (e.g., parenting classes).

### 3.4.5 Challenges and Facilitators

**Research Question: What factors facilitate and inhibit effective implementation of child welfare practice, in general, and, importantly, the Kent Model (in Kent County)?**

Interviews and focus groups with DHHS and private agency staff and partners underscored their commitment to serving families with children in care effectively and to the best of their ability. Respondents discussed factors that were barriers to service provision, as well as factors that facilitated their efforts to provide optimal services to families.

Two factors were described as both a facilitator and a challenge to service provision: service and resource availability; and agency staffing and support (Table 3-17).



**Table 3-17. Facilitators and challenges to service provision<sup>47</sup>**

Categories	Facilitators	Challenges
Service and resource availability	<ul style="list-style-type: none"> <li>• Respondents in Ingham and Oakland Counties found it helpful to have service providers within their agency or in the same building (increased service accessibility).</li> </ul> <p><i>“That’s been helpful, to have those in-house services to be able to kind of do a full circle kind of around the family.”</i></p>	<ul style="list-style-type: none"> <li>• Respondents in Ingham and Oakland Counties perceive that there are inadequate mental health services, substance use screening agencies, transportation, reunification services, and housing.</li> </ul> <p><i>“One of the biggest challenges is just when we run into waiting lists for services. And that happens frequently.”</i></p>
Agency staffing and support	<ul style="list-style-type: none"> <li>• Private agency staff in Ingham and Oakland Counties appreciate their respective agency’s positive culture and climate, such as               <ul style="list-style-type: none"> <li>– Flexible work schedules and</li> <li>– Open and effective communication.</li> </ul> </li> <li>• Respondents in Ingham and Oakland Counties described liaisons or other staff who support case work.</li> </ul> <p><i>“I’ve really liked the safe FTMs [Family Team Meeting facilitators]. Those have helped immensely with my cases...they’re talking about the tough stuff and it puts it on somebody else who’s not even related to the case. And they can say things that you might not feel comfortable saying.”</i></p>	<ul style="list-style-type: none"> <li>• Respondents in Kent, Ingham, and Oakland Counties described tremendous job-related stress coupled with insufficient support. There is a need for               <ul style="list-style-type: none"> <li>– Support staff to help complete administrative tasks and</li> <li>– More opportunities for self-care.</li> </ul> </li> <li>• Respondents in Ingham and Oakland Counties noted challenges associated with frequent turnover.</li> </ul> <p><i>“I care about [the children on my caseload]. But I also need time to care about me. And I feel like that part is just the missing piece right there. What about me? Sometimes I feel like that. It’s just hard for me to do my job if my mental health is at stake.”</i></p>

Respondents in Ingham and Oakland Counties described additional challenges to providing services effectively. For example, some respondents expressed frustration that there is 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.

Additionally, some respondents noted that there are different policies and expectations for staff in private agencies versus DHHS. For example, some respondents from private agencies in Oakland County stated that they are prohibited from bringing their cell phone into court while DHHS caseworkers (who have agency-issued cell phones) are permitted to maintain their phone in court. Often caseworkers may need to make an urgent call from court (e.g., to a parent who has

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***“Policy does not apply to every single situation that comes into our office and on our desks. So sometimes that can be a little difficult trying to apply policy to what you have staring at you in your face and these are people lives.”***

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– DHHS caseworker

<sup>47</sup> Unless otherwise specified, the theme emerged during at least one interview or focus group in Kent, Ingham, and Oakland Counties.

not arrived on time), and private agency staff would appreciate having the same opportunity as DHHS staff to use their phone in court when appropriate.

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 (e.g., DHHS, court system), which respondents described as varying from agency to agency and county to county. One respondent stated that it can be *"really confusing and hard to keep them all straight,"* while another perceived *"if everyone did it the...same way, I feel like I'd feel a lot more competent in my job."* Having cases in multiple counties also requires a substantial amount of travel time. One supervisor stated that increased virtual meetings due to the pandemic has reduced the time and cost associated with travel between counties, which has been helpful.

### 3.4.6.1 Challenges and Facilitators Related to COVID-19

The COVID-19 pandemic prompted statewide restrictions on in-person interactions aligned with public health guidance. Respondents in all three counties described how their jobs were altered due to the pandemic and subsequent restrictions. Although the pandemic created obstacles to child welfare agency staff and partners in Kent, Ingham, and Oakland Counties, respondents described pandemic-related adjustments to processes and practices that improved their ability to serve families effectively. These challenges and facilitators are presented in the sections that follow.

#### Challenges Related to COVID-19

**Engagement with Children and Families.** Staff from private agencies and DHHS agencies across all three counties described the challenges of virtually engaging families with children in care. For example, caseworkers are unable to conduct home visits, or they occur infrequently, and families often have difficulty accessing services or engaging in quality family visits. Some services were temporarily discontinued, availability for some services was limited, and some families do not have resources needed to connect virtually with agency staff (e.g., internet access, computer). While agency staff are doing their best to adapt to the circumstances and deliver services safely, respondents expressed concern that services and activities are not as effective when conducted virtually as when they are conducted in person. A supervisor stated that *"mental health services for our younger kiddos has been really difficult...especially kids who need play therapy, because that's only done interactively. But a range of our kids have really struggled with telehealth."*

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*"With parenting times and not being able to see their kids in person was very detrimental. I mean, that's part of what our job is...so families can still see their kids even when they're not in their home. And so for that to have to be over a screen was hard."*

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– Private agency supervisor

**Staffing Challenges.** Respondents from all three counties reported that they have difficulty managing stress during this challenging period. Supervisors' involvement in supervisees' cases has increased during the pandemic, and it is difficult for agency staff to connect with each other, collaborate, and support each other. One caseworker explained that due to pandemic-related restrictions that limit face-to-face contact, agency staff have lost *"that personal connection between two people and that collective cohesiveness to surround yourself with like-minded people in this type of position because it's not an easy one to do solo."*



Agency staff in Kent County's private agencies observed increased turnover during the pandemic. One factor they attributed to the turnover is difficulty training new caseworkers virtually. For example, new caseworkers are unable to shadow experienced caseworkers and have limited opportunities to build relationships with supervisors and peers. Agency staff also reported they are

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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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unable to provide adequate supports and resources to staff virtually. One supervisor surmised, *"There's probably a number of different reasons [for turnover], but I think [COVID-19] presented a big challenge on that face-to-face contact and just that relational piece."* However, agency staff in Ingham and Oakland Counties reported they did not experience substantial

turnover in their agencies. Directors and supervisors noted that staffing stabilized or that turnover decreased since the start of the pandemic. Some respondents theorized that staff retention increased due to uncertainty about the job market during the pandemic. A county DHHS director stated that decreased turnover has improved *"performance with families and getting kids returned home or to permanence through adoption."*

Respondents in Ingham and Oakland Counties also reported that hiring and training new staff during the current circumstances is very challenging because of increased support needs among the new staff. According to an Oakland County supervisor, *"It's almost like you have to be the caseworker with them a lot longer than you normally would. And that's been a huge struggle."*

**Court Hearings and Processes.** Interview and focus group respondents described the transformation of county court processes during the pandemic. Although respondents in all three counties described similar challenges, there was more discussion about court-related challenges due to COVID-19 among agency staff in Kent County than in the comparison counties. For example, as discussed earlier in the report, court hearings are held virtually or are often delayed due to the pandemic. Presiding judges or parents' attorneys can request that hearings be held in person, leading to subsequent delays in permanency. Respondents also expressed frustration that it is more difficult to advocate on behalf of families during virtual hearings, caseworkers cannot consult with attorneys before or after hearings, parents and children expressed dissatisfaction with virtual hearings, and there are often technical challenges (e.g., difficulty hearing proceedings). In addition, respondents associated the pandemic with delays in finalizing adoption orders or termination of parental rights since a judge must preside over these matters in person. Additionally, directors of private agencies in Kent County as well as a key partner in the county noted that agencies' ability to conduct rapid permanency<sup>48</sup> activities has been limited due to changes in court processes.

**Licensing, Recruitment, Retention, and Placements for Foster Homes.** Although most agency staff in Kent County reported an increase in inquiries from potential foster parents, agency staff in all three counties had difficulty recruiting, licensing, and retaining foster homes during the pandemic. Private agency staff in Kent and Ingham Counties and Oakland County DHHS explained that recruiting foster parents during COVID-19 is especially challenging because they are unable to conduct in-person community events. Private agency staff in all three counties stated they are also experiencing challenges in licensing new foster homes, as the process often takes longer than

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<sup>48</sup> [https://courts.michigan.gov/News-Events/press\\_releases/Documents/Press%20Release%20-%20Rapid%20Reunification\\_FINAL.pdf](https://courts.michigan.gov/News-Events/press_releases/Documents/Press%20Release%20-%20Rapid%20Reunification_FINAL.pdf)

normal, families often withdraw from the process due to COVID-19 concerns, and it is difficult to conduct home visits virtually.

Agency staff in Kent, Ingham, and Oakland Counties noted that identifying and maintaining placements in foster homes during the pandemic has been challenging at times. Interview and focus group respondents stated that some families are unwilling to accept placements during the pandemic, agency staff have difficulty identifying placements for children with high needs, and families' support needs have increased.

**Substance use screening.** According to respondents in all three counties and as mentioned in a previous section, parental substance use screenings were suspended or delayed when pandemic-related restrictions were instituted. According to one supervisor, it was *"a struggle just to maintain a case plan of a substance abuse period when they've had 2 months to use whatever they wanted."* Another director expressed disappointment that *"we couldn't do drug screens, so we couldn't really return home too many kids during that time. That has led to a decrease in the kids returned home. So in general, it's slowed our permanency."*

### **Changes in Procedures and Policies.**

Respondents from Kent, Ingham, and Oakland Counties expressed frustration about how state and agency policy and procedural changes are communicated to staff. For example, new policies and procedures may emerge frequently as state or local pandemic-related conditions or guidance change. Respondents suggested that information about the new policies and procedures are not communicated in a timely manner and that there is inadequate guidance about the changes. Recall that respondents in Ingham and Oakland Counties stated that they would benefit from increased communication about policies in general, not specific to the pandemic.

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*"I feel like as far as COVID changes or updates to how we work around this needs to be a training or something instead of just sending an email that people aren't going to read."*

– DHHS caseworker

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Respondents in Kent County found it difficult to keep families informed of key changes that may affect them. Additionally, some caseworkers in the county described confusion about policy changes related to methods for parent visits, use of masks during in-person visits, and when to conduct in-person versus virtual visits.

## **Facilitators Related to COVID-19**

**Collaboration.** A common theme emerged among interview and focus group respondents from Kent, Ingham, and Oakland Counties relative to changes resulting from the pandemic. Across counties, respondents appreciated increased collaboration among agency staff and partners. They noted that agencies were able to implement necessary process and procedural changes effectively because of positive collaborative functioning and frequent communication. One stakeholder stated that the pandemic has resulted in increased communication and collaboration among partner agency staff *"because we had to get information out to the DHHS staff on how hearings were being held. We communicate regularly about how they're doing in-person contacts and how we're planning on doing in-person contacts."* Respondents emphasized that during this unprecedented period, it is essential to work in partnership to identify creative solutions to address pandemic-related challenges.

**Communication.** Communication from MDHHS also changed during this time as the senior deputy director for MDHHS's Children's Services Agency held weekly calls with child welfare agency directors and supervisors throughout the state when the COVID-19 pandemic hit and related policy and procedural changes took effect. Respondents in Kent County mentioned how helpful the calls were, especially early on, when state policies and guidance were changing quickly. In addition to these weekly calls, MDHHS sent several letters to parents, legal guardians, resource parents, and relatives to explain changes in policies, specifically those related to restrictions to visitation as a result of the stay-at-home orders; once the order was lifted, subsequent letters addressed such changes as restarting certain services, parenting time, and sibling visitation. Finally, MDHHS also held several virtual "Town Hall" meetings for parents with children in care to address such issues as virtual visitation, status of court hearings, technology resources, and guidance for planning in-person parenting time. Respondents noted how helpful and timely these communications were to their ability to keep their practices up-to-date and continue serving children and families.

**Family and Partner Engagement.** Although agency staff and partners experienced challenges during the transition to remote casework, respondents from all three counties described benefits of pandemic-related adjustments in service delivery. For example, after the adjustments 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."*

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– DHHS supervisor

## 4. Conclusions and Next Steps

### 4.1 Summary of Findings



When the Kent Model was launched in 2017, the expectation was that gradual systemic changes to child welfare agency policies and procedures, casework practices, and interagency collaborative processes in Kent County would lead to increased data-driven decisionmaking, improved service delivery, and ultimately improved outcomes for families with children in care. The current report reflects the evolution of the Kent Model after 3 years of implementation and contrasts cost, outcome, and process findings for Kent County with those for comparison counties.

**Impact of COVID-19.** Although state- and county-level stakeholders engage in efforts to continuously improve Kent Model implementation, the COVID-19 pandemic prompted state, county, and local leaders to make immediate and broad changes to how child welfare staff interact with one another, agency partners, and the families they serve. Cost study results indicated that in FY 2020 there was a substantial decline in placement maintenance and administrative expenditures due to reduced care-day utilization during the pandemic. Relatedly, during interviews and focus groups conducted as part of the process evaluation, agency staff described the Rapid Permanency initiative. The initiative, launched during the pandemic, expedites reunification for families that have met nearly all requirements for achieving permanency. Interestingly, cost study results indicated that the number of children exiting child welfare decreased in FY2020. Although respondents described steps agency staff and partners are taking to expedite reunification, results from these efforts do not seem to be reflected in the quantitative data at this time. Additionally, cost study results showed that there was a substantial decline in the number of children entering child welfare in FY 2020. These findings are consistent with reports of concerns from child welfare administrators and other stakeholders about underreporting of child abuse during the pandemic (Berg, 2020). Mandated child abuse reporters, who typically see children frequently under normal circumstances (e.g., educators), have limited contact with children during this period, leading child welfare agencies to increase prevention efforts (Berg, 2020).

During interviews and focus groups conducted as part of the process evaluation, respondents described numerous changes to how child welfare cases are managed to comply with public health guidelines. Some changes were positive, while others were considered to be detrimental to families. For example, although telework requirements make it difficult for child welfare agency staff to provide and receive support from peers and superiors and introduce technological issues (e.g., inability to connect to virtual meeting platforms), some agency staff observed increased participation from families and agency partners (e.g., attorneys) in virtual meetings or court hearings. Although face-to-face interactions are preferred, respondents opined that participants who may not have attended all case meetings or hearings prior to the pandemic now convene at the virtual table for case-related meetings because of the convenience of joining virtually. Having the flexibility to join from home eliminates time or travel-related challenges. However, pandemic-related restrictions limit the availability of some services, often lead to extensive delays in court hearings, and make it difficult to conduct family visits. Despite the challenges, respondents emphasized the importance of working closely with partners to continue providing optimal services to families.

**Child Welfare Costs and Outcomes.** Although overall child welfare costs have increased over time since baseline in Kent County, they increased at a slower rate by FY 2019 (11% increase from FY 2015 to FY 2017, 19% increase in FY 2018, 5% increase in FY 2019). Across counties, agency staff that participated in interviews and focus groups as part of the process evaluation agreed that when making service decisions, they consider the needs of the family over the cost of the service. However, respondents in Kent County explained that service approval requests submitted to WMPC include explanations of how the requested service connects to a child or family outcome to justify allocation of funds for the service. This is one example of a shift in agency processes associated with the Kent Model. To what extent have 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?

For the outcome study, the evaluation team compared safety, permanency, and placement stability outcomes for children in Kent County with those of a matched comparison group composed of children in other Michigan counties. Although the differences between groups 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 had more positive outcomes on these variables than children in the comparison group. That is, when compared to children in comparison counties, 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. Additionally, outcome results indicated that permanency is achieved most often through reunification with parents or adoption.

Agency staff and partners in Kent County described, during interviews and focus groups for the process evaluation, recent changes in staffing structures and agency procedures that are intended to positively influence outcomes. For example, WMPC established a Parent Planner peer mentorship position, 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 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. During upcoming data collection periods, the evaluation team will determine if these recent changes lead to improved outcomes among families in Kent County and statistically significant differences between families in Kent County and comparison counties.

## 4.2 Next Steps

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The current report summarizes cost, outcome, and process data collected for the third year of Kent Model implementation. Many sections of the report describe ways in which the COVID-19 pandemic affected some of the results. The cost study team explicated how child and fiscal trends have been affected by the pandemic during FY 2020 and will continue to track how the trends change 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. Although last year's annual report focused exclusively on Kent County for the process evaluation, to obtain in-depth information on Kent Model implementation, this year's report summarizes child welfare processes in Kent, Ingham, and Oakland Counties. Next year, the process evaluation team will again obtain data from agency staff and partners in all three counties 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.

Collectively, cost, outcome, and process study findings will continue to provide MDHHS and other interested stakeholders with critical information on *who* is involved in substantive change processes, *what* activities are most important to improving and sustaining positive outcomes, and *how* child welfare stakeholders create and sustain systemic changes.

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# Appendix A

## State and County Characteristics

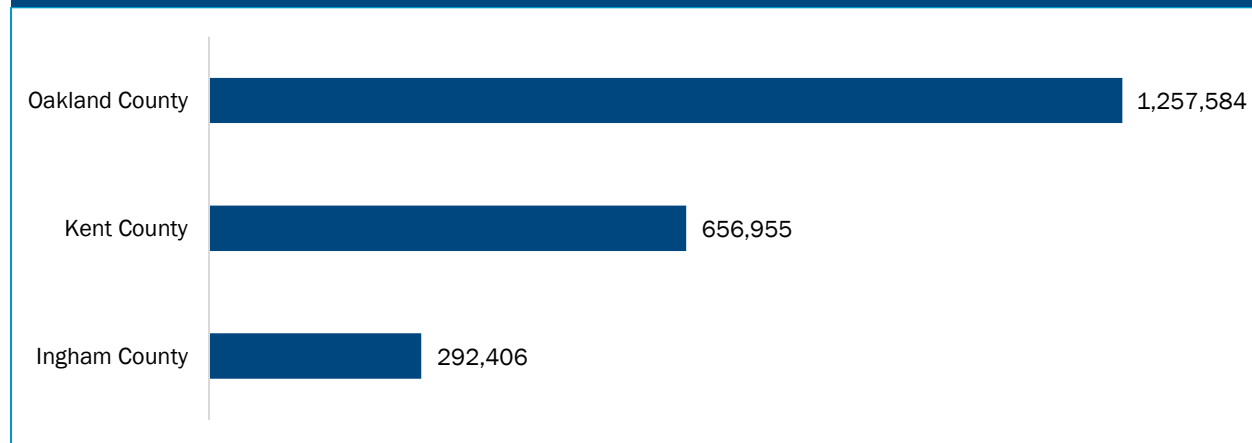
## Appendix A

### State and County Characteristics

The performance-based funding pilot for child welfare service providers (Kent Model) is being implemented in Kent County, Michigan. For the Kent Model evaluation, Ingham and Oakland Counties serve as comparison counties for the process study, and a matched comparison group of children receiving foster care services from private providers in all 83 of the state's counties is used for the cost and outcome studies.

Kent County is located in western Michigan's lower peninsula and comprises 21 townships, five villages, and nine cities. Grand Rapids is the county seat and the second largest city in Michigan. Ingham County is the smallest of the three counties participating in the process study and the least densely populated, with only 505.1 individuals per square mile (compared to 1,385.7 and 711.5 for Oakland and Kent Counties, respectively).<sup>1</sup> While most of the county is agricultural and sparsely inhabited, the state capital, Lansing, is in Ingham County.<sup>2</sup> Oakland County is located in east Michigan and borders Wayne County, home of Detroit City. The county includes 62 cities, townships, and villages. Oakland County is the second most populous county in Michigan, after Wayne County, and it has the highest population of the three counties participating in the process study (Figure A-1).<sup>3</sup>

**Figure A-1. Population estimates by county, 2019**



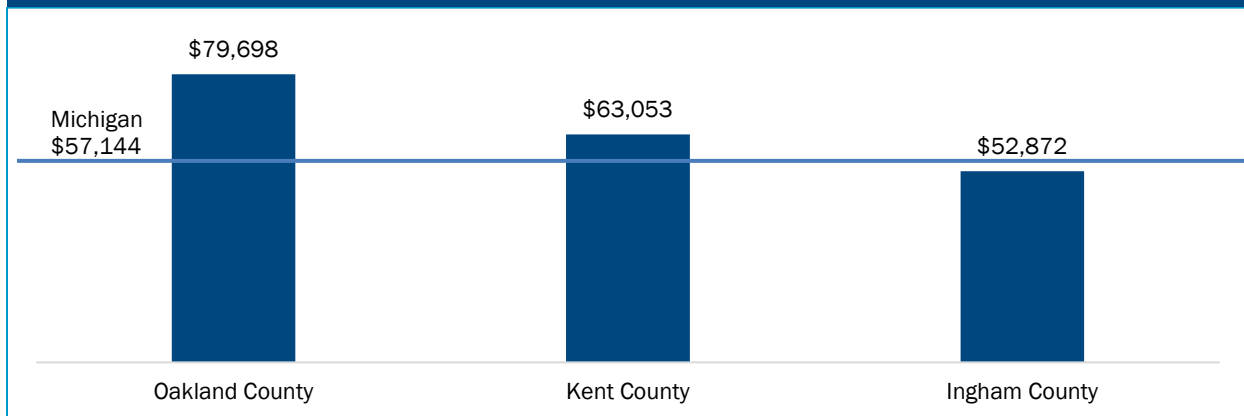
The median household income for Oakland and Ingham Counties exceeded the state's median income in 2019, while the median income for Ingham County was slightly below Michigan's \$57,144 median income (Figure A-2).<sup>1</sup> In 2019 the percentage of the population living in poverty was below the state rate of 13 percent for Kent and Oakland counties, while 17 percent of Ingham County's population was living in poverty.

<sup>1</sup> <https://www.census.gov/quickfacts>

<sup>2</sup> <http://ingham.org/About.aspx>

<sup>3</sup> <https://www.census.gov/data/datasets/time-series/demo/popest/2010s-counties-total.html>

**Figure A-2. Median household income (in 2019 dollars), 2015-2019**



Overall, Kent, Ingham, and Oakland Counties' populations are very similar demographically to each other and the state (Table A-1). One slight difference was related to education—nearly 50 percent of Oakland County's population (compared to less than 40% of the comparison counties' populations) has a Bachelor's or more advanced degree.

**Table A-1. Demographic characteristics, percentage of the population for Michigan and by county, 2019**

	Kent County	Ingham County	Oakland County	Michigan
<b>Racial group</b>				
White, not Hispanic or Latino	73%	69%	72%	75%
Black or African American	11%	12%	14%	14%
Hispanic or Latino <sup>4</sup>	11%	8%	4%	5%
Asian	3%	7%	8%	3%
American Indian and Alaska Native	<1%	<1%	<1%	<1%
Two or more races	3%	4%	2%	3%
<b>Foreign born</b>	8%	10%	13%	7%
<b>Ages 5+ speak a language other than English at home</b>	13%	13%	15%	10%
<b>Education</b>				
High school graduate or higher	91%	93%	94%	91%
Bachelor's degree or higher	36%	39%	47%	29%
<b>Persons in poverty</b>	11%	17%	8%	13%
<b>Persons under 18 years</b>	24%	20%	21%	22%

Statewide, nearly one-quarter of the population is under 18 years old, and approximately one-third of households (34%) are headed by a single parent.<sup>5</sup> According to 2020 Kids Count in Michigan state-level data, 19 percent of children live below the poverty threshold, and 14 percent of children reside in a neighborhood with a high poverty rate.<sup>6</sup> The most recent Kids Count data profiles indicate that rates of child abuse and neglect in Kent County are nearly the same as state rates.

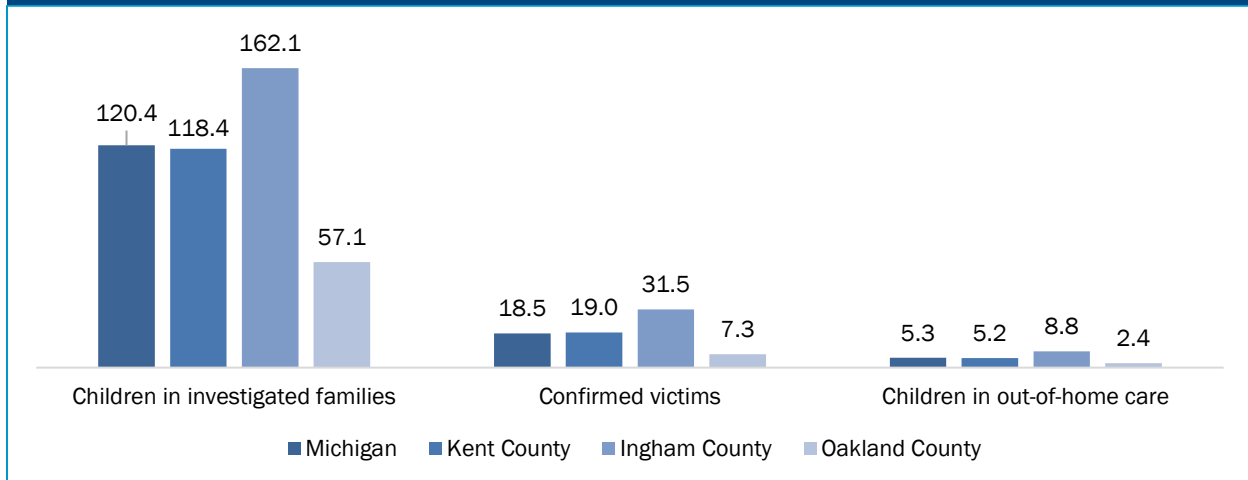
<sup>4</sup> Persons of Hispanic or Latino ethnic origin can be of any race. For example, 79 percent of Michigan's residents are White, but a lower 75 percent are White and not Hispanic or Latino.

<sup>5</sup> <https://poverty.umich.edu/data-tools-poverty-and-well-being-map-2020/>

<sup>6</sup> <https://mlpp.org/wp-content/uploads/2020/04/michigan.pdf>

When comparing rates of investigations, confirmed cases, and out-of-home care for the state and the three counties, they are substantially higher in Ingham County and lowest in Oakland County (Figure A-3).

**Figure A-3. Rates of child abuse and neglect for Michigan and by county, 2018**



# Appendix B

## Evaluation Plan

Summary: Evaluation Plan				
Research Question	Subquestions	Indicator	Method	Source
<b>Process Evaluation</b>				
Do the counties adhere to the state's guiding principles in performing child welfare practice?		<ul style="list-style-type: none"> <li>Fidelity of implementation to the MiTEAM practice model among caseworkers in Kent County</li> <li>Kent County client reports of satisfaction with agency services</li> <li>Quality of services caseworkers provided in Kent, Ingham, and Oakland Counties</li> </ul>	<ul style="list-style-type: none"> <li>Calculate the percentage of sampled cases for which services were provided in accordance with MiTEAM competency standards</li> <li>Calculate the percentage of clients who reported they were satisfied with the services they received from the agency</li> <li>Review findings from quality services reviews (QSR) on the quality of case practice</li> <li>Obtain information about preparation for and implementation of the practice model and fidelity assessments (e.g., training, tools, monitoring)</li> </ul>	<ul style="list-style-type: none"> <li>MiTEAM Fidelity Data Reports (quarterly)</li> <li>Family satisfaction surveys (annually)</li> <li>QSR reports (every three years)</li> <li>Interviews and focus groups with caseworkers, supervisors, agency leaders (annually)</li> </ul>
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?	<ul style="list-style-type: none"> <li>Availability of community-based services</li> <li>Agency infrastructure</li> <li>Ability to enter and use data effectively</li> </ul>	<ul style="list-style-type: none"> <li>Obtain information on interagency partnerships (e.g., services provided, quality of relationships)</li> <li>Obtain information of data management processes and systems (e.g., MiSACWIS, data accessibility)</li> </ul>	<ul style="list-style-type: none"> <li>Interviews and focus groups with caseworkers, supervisors, agency leaders, key stakeholders (annually); agency documents (ongoing)</li> </ul>
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?	<ul style="list-style-type: none"> <li>Availability of community-based services</li> <li>Agency infrastructure</li> <li>Ability to enter and use data effectively</li> </ul>	<ul style="list-style-type: none"> <li>Obtain information on interagency partnerships (e.g., services provided, quality of relationship)</li> <li>Obtain information of data management processes and systems (e.g., MiSACWIS, data accessibility)</li> </ul>	<ul style="list-style-type: none"> <li>Interviews and focus groups with caseworkers, supervisors, agency leaders, key stakeholders (annually); agency documents (ongoing)</li> </ul>
<b>Cost Study</b>				
What effect has the transition to the Kent model had on expenditure and revenue patterns in the County?		<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>The average annual daily unit cost of out-of-home placement in Kent County.</li> </ul>	<ul style="list-style-type: none"> <li>Categorize spending patterns in the fiscal data by state fiscal year and service and placement type.</li> <li>Categorize revenue patterns in the fiscal data by state fiscal year and funding source</li> <li>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.</li> </ul>	MiSACWIS payment data; Quarterly WMPC PAFC Cost Reports; MiSACWIS placement data

Summary: Evaluation Plan				
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?		<ul style="list-style-type: none"> <li>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).</li> <li>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.</li> <li>The average annual daily unit cost of out-of-home placement in Kent County.</li> <li>The average annual daily unit cost of out-of-home placement in the matched case group.</li> </ul>	<p>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:</p> <ol style="list-style-type: none"> <li>1. Comparing the proportion costs by expenditure categories for each group</li> <li>2. Comparing the average daily unit cost of out-of-home care for each group</li> <li>3. Comparing the growth rates by expenditure category in each group over time</li> </ol>	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?		<p>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.</p> <p>Difference between the total annual contract WMPC administrative payment revenue received and the total annual WMPC administrative costs.</p>	<p>Examine and assess the extent to which total annual case rate revenue covered total annual applicable costs in Kent County.</p> <p>Examine and assess the extent to which total annual contract WMPC administrative payment revenue covered total annual applicable WMPC administrative costs.</p> <p>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.</p>	MiSACWIS payment data; Quarterly WMPC PAFC Cost Reports



Summary: Evaluation Plan				
Research Question	Subquestions	Indicator	Method	Source
<b>Cost Study</b>				
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
<b>Outcome Study<sup>1</sup></b>				
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 <ul style="list-style-type: none"> <li>• 3 months;</li> <li>• 6 months; and/or</li> <li>• 12 months.</li> </ul>	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

<sup>1</sup> Outcomes are measured by comparing WMPC-served children to a representative state sample (developed using propensity score matching).

Summary: Evaluation Plan				
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: <ul style="list-style-type: none"> <li>• Reunification (physical and legal return)</li> <li>• Guardianship</li> <li>• Living with other relative</li> <li>• Adoption (physical and legal return)</li> </ul>	MiSACWIS
		The children who enter foster care and who exit to permanency	The number of children who exit foster care to: <ul style="list-style-type: none"> <li>• Reunification</li> <li>• Guardianship</li> <li>• Living with other relative</li> <li>• Adoption, divided by the number of children remaining in foster care.</li> </ul>	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: <ul style="list-style-type: none"> <li>• 6 months</li> <li>• 12 months</li> <li>• 18 months, divided by the number of children discharged from foster care.</li> </ul>	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: <ul style="list-style-type: none"> <li>• Family based setting</li> <li>• Congregate care setting</li> </ul>	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: <ul style="list-style-type: none"> <li>• Less restrictive placement setting; or</li> <li>• More restrictive placement setting divided by the number of children in foster care placement</li> </ul>	MiSACWIS
		The youth who enter foster care as adolescents who experience permanent exits	The number adolescents in foster care who exit to: <ul style="list-style-type: none"> <li>• Reunification</li> <li>• Guardianship</li> <li>• Relative Care</li> <li>• Adoption, divided by the number of adolescents remaining in foster care.</li> </ul>	MiSACWIS

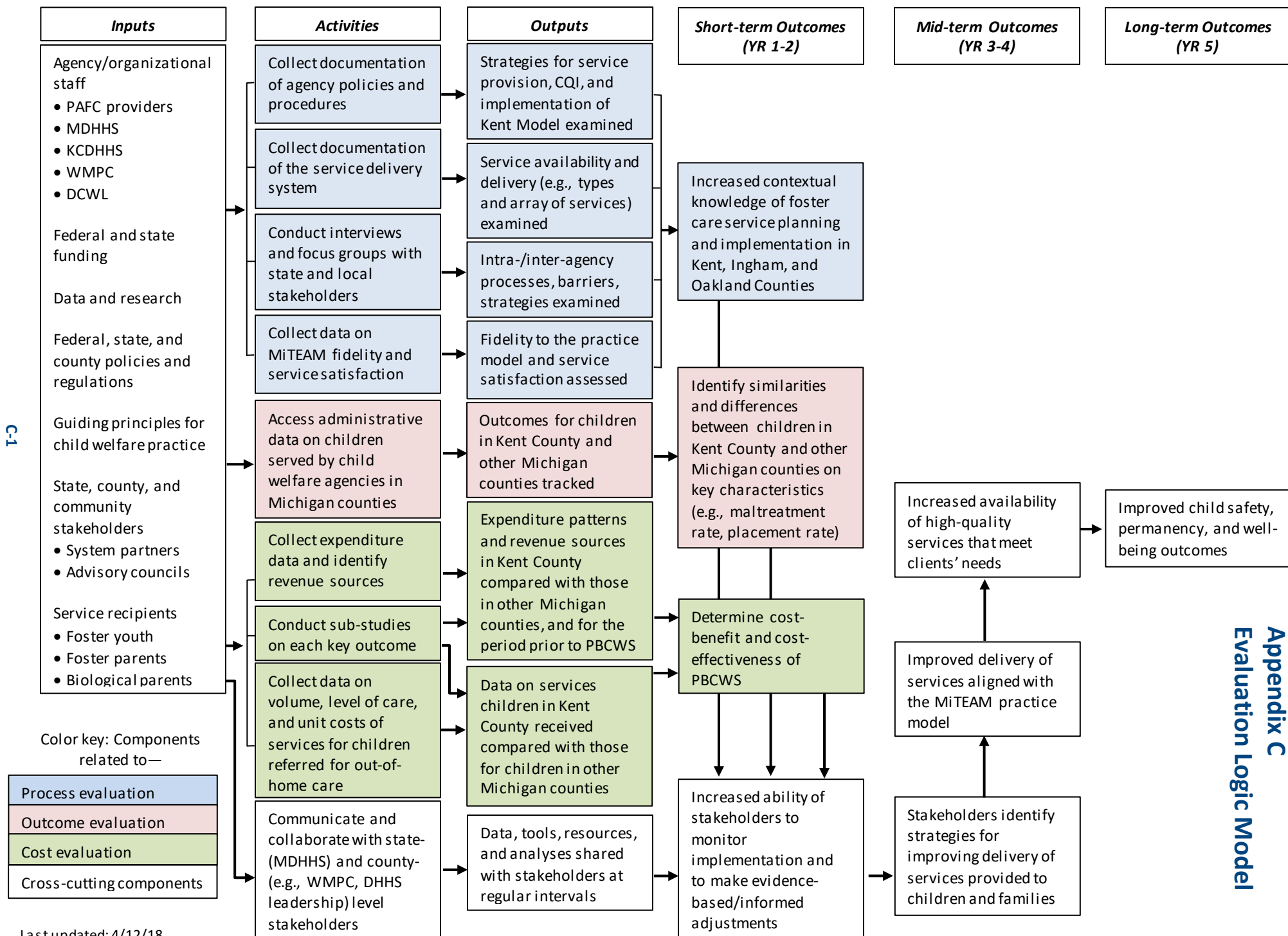
Summary: Evaluation Plan				
Research Question	Subquestions	Indicator	Method	Source
Outcome Study				
Does a performance-based case rate funding model improve the well-being of children and families?		<p>The children with an open case who receive timely physical/dental health care</p> <ul style="list-style-type: none"> <li>Children in open cases receive timely and regular health exams</li> <li>Children in open cases receive timely and regular dental exams</li> </ul>	<p>The number of children in open cases who receive timely regular dental exams divided by the number of children in open cases.</p> <p>The number of children in open cases who receive timely and regular health exams divided by the number of children in open cases.</p>	MiSACWIS
		<p>The children entering foster care, who receive timely physical/dental health care:</p> <ul style="list-style-type: none"> <li>Children in foster care receive timely and regular health exams</li> <li>Children in out-of-home care receive timely and regular dental exams</li> </ul>	<p>The number of children in open cases who receive timely and regular health exams divided by the number of children in open cases.</p> <p>The number of children entering foster care who receive timely and regular health exams divided by the number of children in open cases.</p>	

# Appendix C

## Evaluation 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.



# Appendix D

## Kent Expenditure Category Mapping

## Appendix D

# Kent Expenditure Category 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
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/Phys. 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
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 &amp; FY19- Kent Expenditure Categories

Service Domain	Service Category	Service Description
Placement - Admin	CCI	PAFC Admin - WMPR_CR CCI
Placement - Maint	CCI	WMPR_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	WMPR EFC Admin	WMPR EFC Admin
Placement - Admin	WMPR EFC Incentives	WMPR EFC Incentives
Residential Services	CCI	WMPR 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+
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	Neuropsychological 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	Employment Support	Certification courses
Independent Living	Employment Support	Interview Clothing
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	Driver's Education Testing
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	Transportation Support	Other
Independent Living	Transportation Support	Auto insurance
Independent Living	Youth Development/Advocacy	Youth board meeting
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

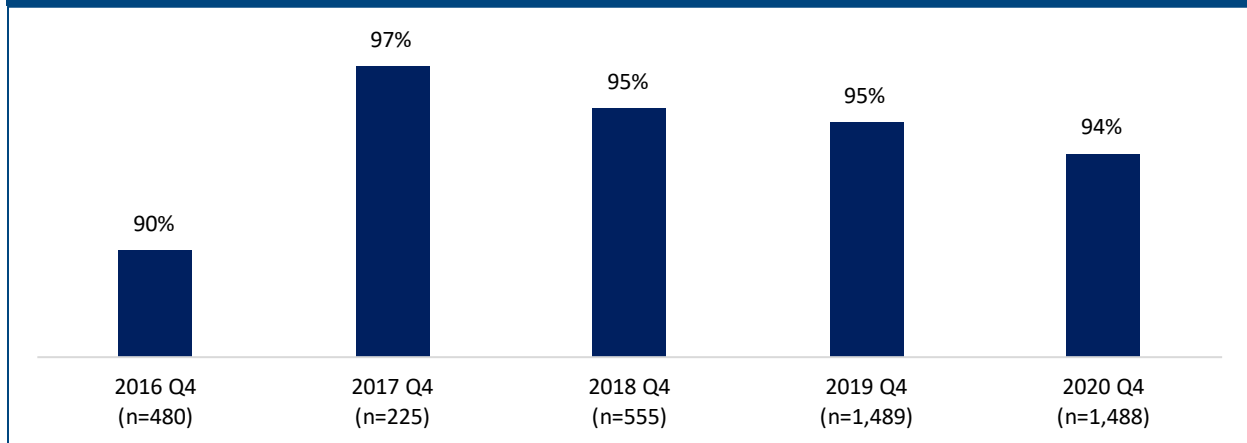
# Appendix E

Fidelity Data Related to MiTEAM Competencies

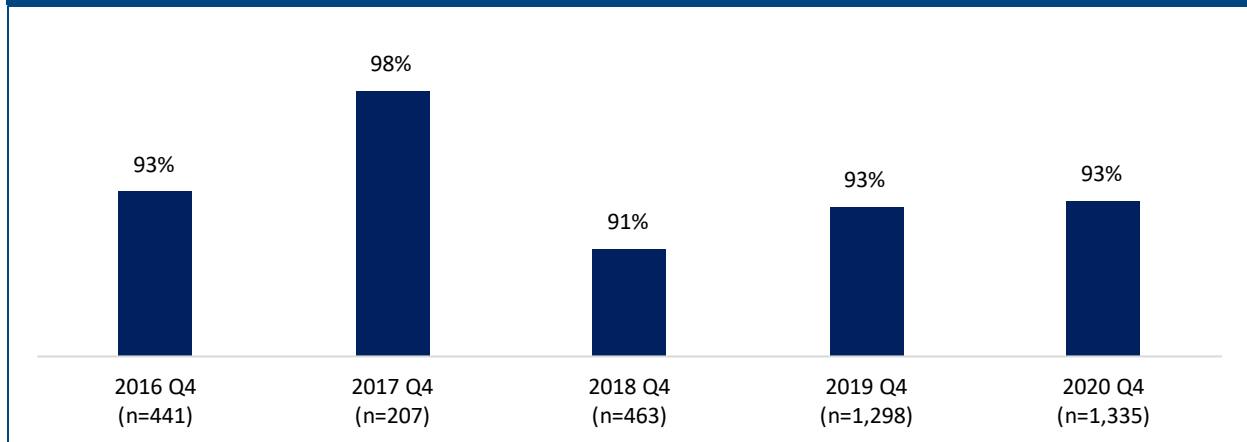
## Appendix E

### Fidelity Data Related to MiTEAM Competencies<sup>1</sup>

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

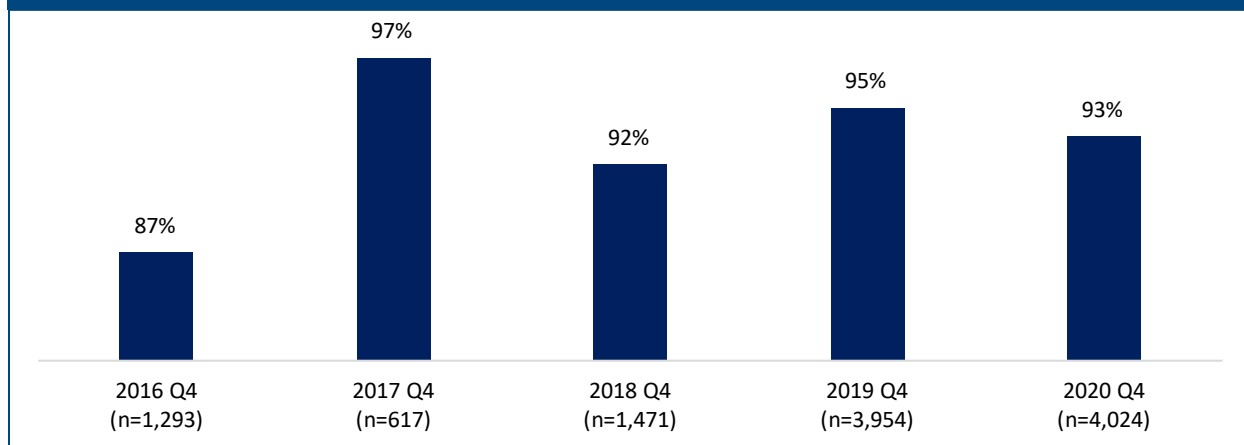


**Figure E-2. Average percentage of MiTEAM behaviors related to engagement implemented with fidelity**

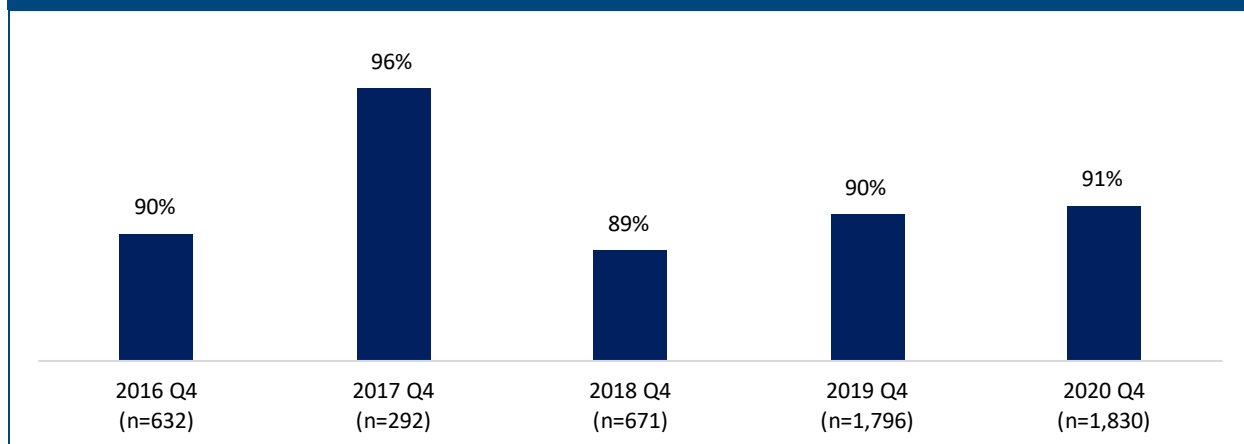


<sup>1</sup> Ns represent the total number of caseworker activities measured across fidelity tool items and agencies each year. The total number of caseworkers assessed was 23 in 2016, 11 in 2017, 23 in 2018, 65 in 2019, and 68 in 2020.

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



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



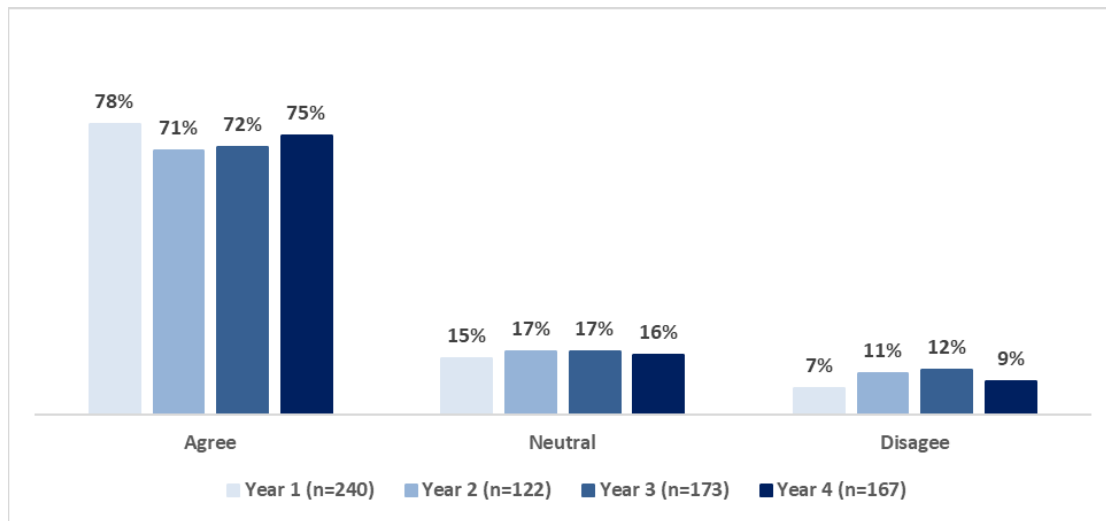
# Appendix F

Satisfaction Data Related to MiTEAM  
Competencies

## Appendix F

### Satisfaction Data Related to MiTEAM Competencies<sup>1</sup>

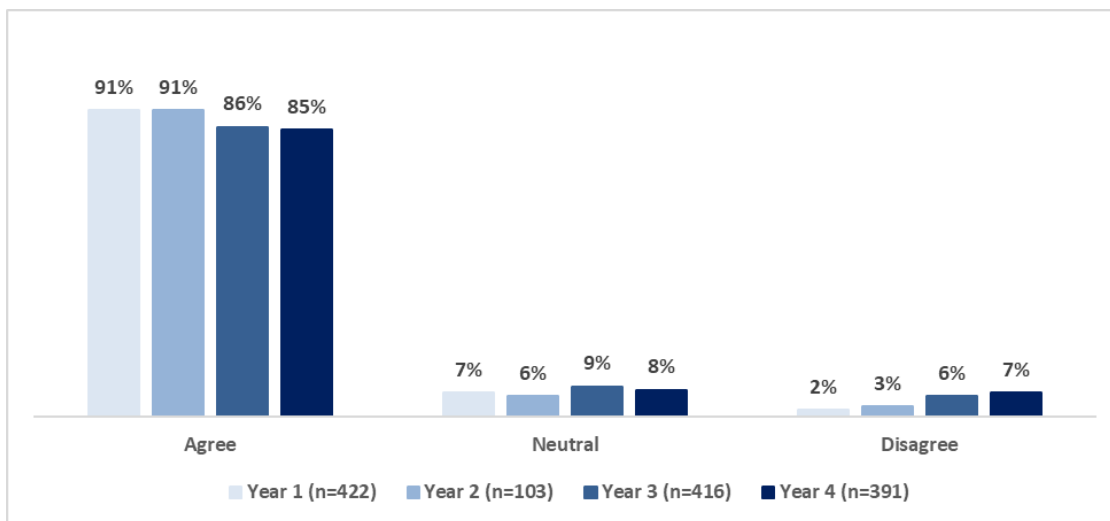
**Figure F-1. Respondents' overall level of agreement that they were satisfied with services related to teaming<sup>2</sup>**



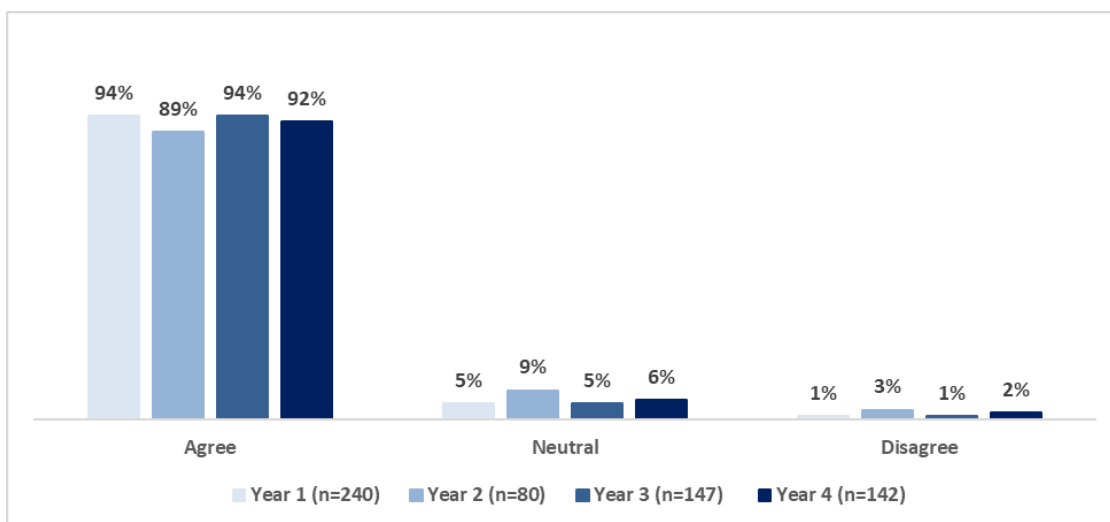
<sup>1</sup> Percentages reported are based on data from four agencies in year 1, three agencies in year 2, and five agencies in years 3 and 4. One agency changed its response options in year 3 from extent to which the respondent agrees with statements about service-related actions to frequency with 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. Ns represent the total number of *responses* across survey items and agencies each year.

<sup>2</sup> The total number of *respondents* was 124 in year 1, 61 in year 2, 141 in year 3, and 86 in year 4.

**Figure F-2. Respondents' overall level of agreement that they were satisfied with services related to engagement<sup>3</sup>**



**Figure F-3. Respondents' overall level of agreement that they were satisfied with services related to assessment<sup>4</sup>**

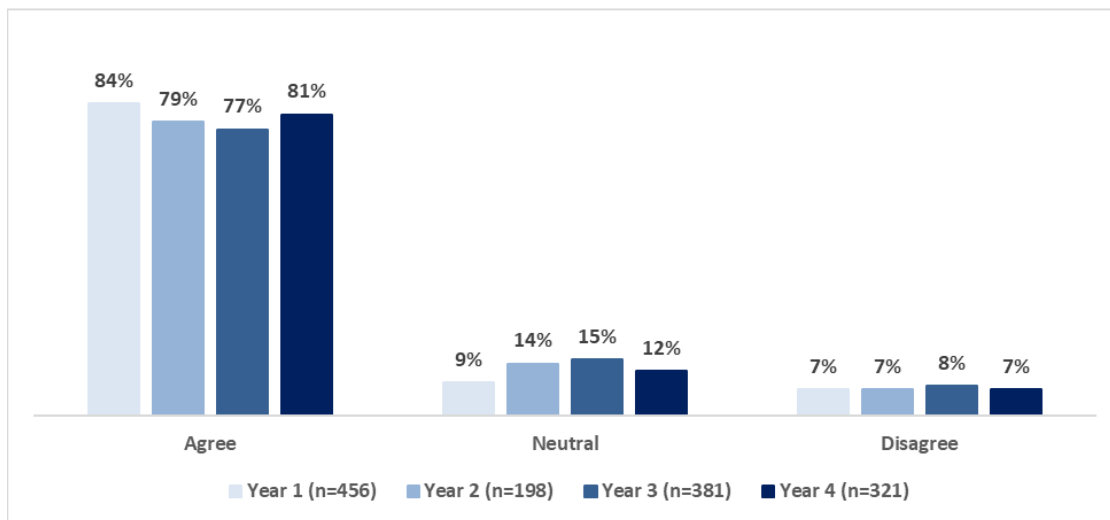


<sup>3</sup> The total number of *respondents* was 186 in year 1, 57 in year 2, 152 in year 3, and 103 in year 4.

<sup>4</sup> The total number of *respondents* was 144 in year 1, 49 in year 2, 77 in year 3, and 62 in year 4.



**Figure F-4. Respondents' overall level of agreement that they were satisfied with services related to mentoring<sup>5</sup>**



<sup>5</sup> The total number of *respondents* was 137 in year 1, 57 in year 2, 148 in year 3, and 107 in year 4.