

Evaluation of Michigan's Performance-Based Funding Model

Fifth Annual Report

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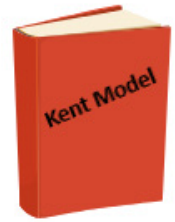
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Executive Summary

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 West Michigan Partnership for Children (WMPC), an organization comprising five private agencies in Kent County, is implementing the Kent Model.



The evaluation contract for the pilot 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. Westat and its partners completed the fifth year of a rigorous 5-year evaluation of the pilot, results from which are summarized in this report. The cost study addresses cost effectiveness in service delivery, the outcome study documents changes in child and family outcomes (i.e., safety, permanency, and well-being), and the process study builds understanding of 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.

E2. Methodology

The **cost study** team compared expenditure and revenue trends in Kent County with state trends before and after the pilot. They also analyzed case rate revenue in fiscal years (FYs) 2018 and 2019, results from which informed WMPC’s change to a capitated funding model. Chapin Hall estimated quarterly and annual spending using care day utilization and child admission, caseload, and exit patterns. Administrative data sources include: MiSACWIS payment and placement data, WMPC Cost Report and Accruals Report workbooks, and trial reunification payments. The cost study team also used WMPC program dates to identify children WMPC served. They excluded from analyses cases for young adults in voluntary foster care (YAVFC), juvenile justice (JJ), and out-of-state supervision (OTI) legal status; and unaccompanied refugee minors (URM).



The **outcome study** team used propensity score matching (PSM) to match the Kent County sample ($n = 1,957$) with a comparison group of children served by a private agency outside Kent County for at least 80 percent of the placement ($n = 1,954$). Children also were matched on demographic characteristics and circumstances prompting entry into care. The outcome study team organized the data based on the start date of the pilot (10/1/2017) and presented outcomes separately for children who are associated with WMPC prior to the official start date ($n = 763$), and children who entered a WMPC placement on or after the official start date ($n = 1,184$). Data was excluded from children whose out-of-home care included only parental home placement types. For children who have additional or other placement types, the date of removal is the beginning of their out-of-home placement spell, and the end of the out-of-home placement spell is: (1) the date of discharge from care, or (2) the start of parental home placement if the child was discharged to reunification, their last recorded placement was “parental home,” and the child had been at that placement for at least 30 days.

The **process study** team conducted 29 interviews and 24 focus groups with 153 respondents in Kent, Ingham, and Oakland counties. Respondents included public child welfare and private agency leadership and samples of supervisors and caseworkers, and representatives from MDHHS, county court systems and mental health agencies, and WMPC. Focus groups and interviews included questions about Kent Model implementation, case planning and practice, services to families, monitoring and accountability, interagency collaboration, and challenges and facilitators.

E3. Cost, Outcome, and Process Results

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



Expenditure Trends. Total out-of-home private agency expenditures increased in Kent County from fiscal year (FY) 2015 through FY 2019, and decreased in FYs 2020 and 2021 (Table E-1).

Service domain	Pre-implementation			Post-implementation			
	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Total Kent County expenditures	\$33,041	\$35,385	\$40,959	\$47,461	\$47,827	\$42,229	\$36,097
Total private agency expenditures (excluding URM, YAVFC, JJ, & OTI)	\$25,268	\$25,116	\$28,245	\$33,836	\$35,385	\$28,929	\$24,208
Placement – Maintenance ²	\$11,891	\$12,850	\$15,288	\$16,338	\$16,388	\$15,300	\$13,189
Placement – Administrative	\$12,245	\$11,303	\$12,492	\$16,651	\$18,387	\$12,805	\$10,580
FC Placement Service	\$865	\$776	\$200	\$198	\$224	\$239	\$252
Residential Services	\$104	\$44	\$124	\$505	\$240	\$493	\$92
Mental Health	\$129	\$128	\$113	\$129	\$115	\$41	\$29
Physical Health	\$7	\$14	\$18	\$8	\$14	\$8	\$6
Independent Living	\$0	\$1	\$1	\$4	\$12	\$31	\$60
Education	\$12	\$1	\$9	\$4	\$6	\$11	\$0
Adult FC Service	\$14	\$0	\$0	\$0	\$0	\$0	\$0
URM, YAVFC, JJ, or OTI expenditures	\$7,773	\$10,269	\$12,714	\$13,625	\$12,442	\$13,299	\$11,889

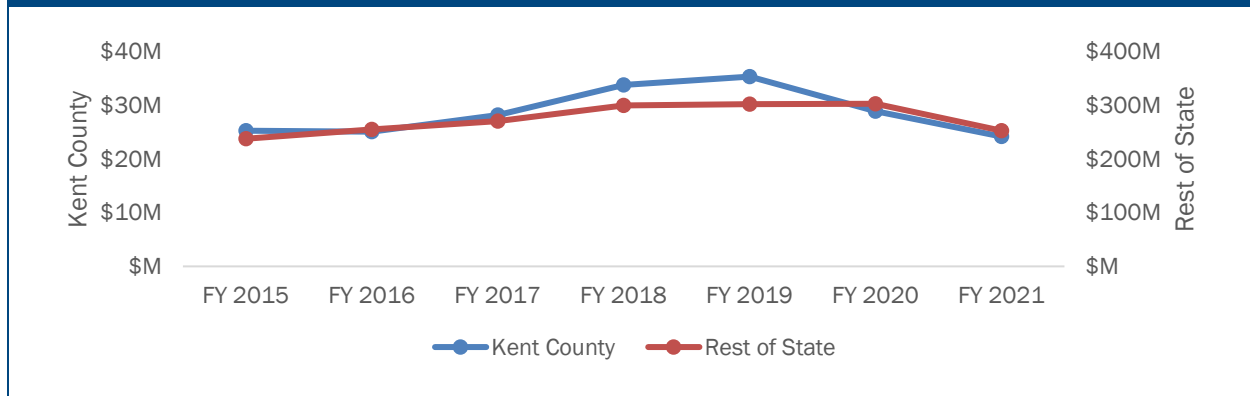
Research Question: How does the cost of out-of-home care in Kent County compare to the cost of out-of-home care in prior periods and to the rest of the state?

During the pilot period, state expenditures plateaued between FY 2018 and FY 2020, with a slight drop in FY 2021, while Kent County's expenditures increased between FY 2017 and FY 2019, dropped substantially in FY 2020, and continued to decline in FY 2021 (Figure E-1).

¹ Kent County expenditures here represent all expenditures for which Kent County is listed as the Responsible County.

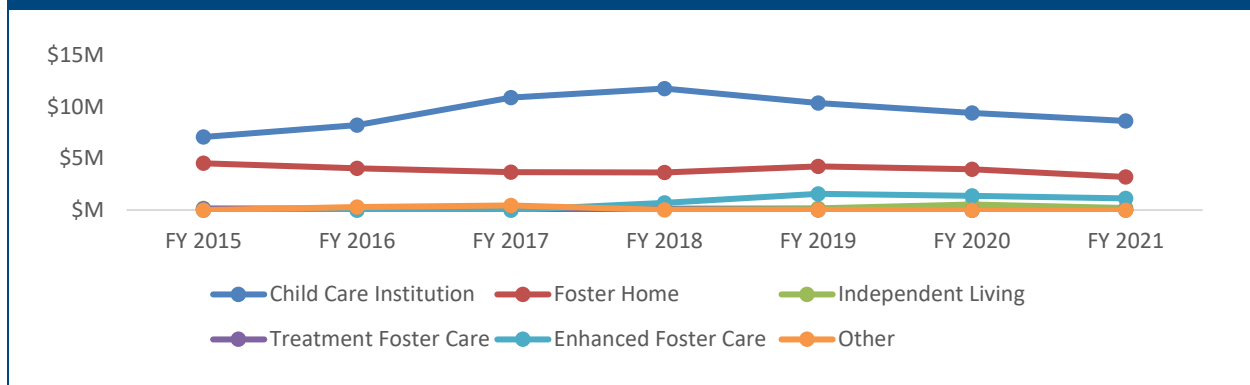
² Maintenance expenditures reflect payments for daily care and out-of-home care supervision. For CCI placements, maintenance costs also include the provision of social services and clinical treatment. Administration expenditures represent the costs to manage child placement services and administrative costs related to foster care for children.

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



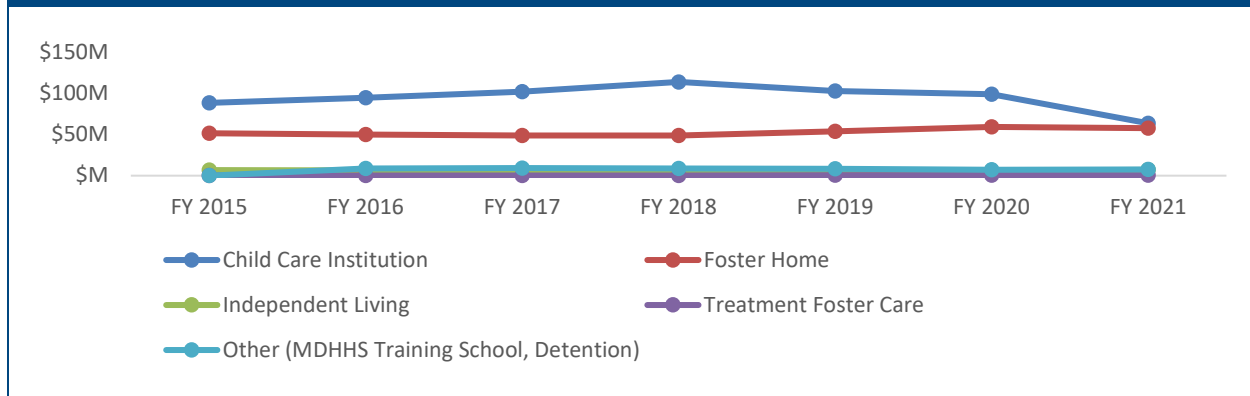
In Kent County, expenditure trends are driven by placement costs. Total placement maintenance expenses increased from FY 2015 to FY 2019 before declining in FYs 2020 and 2021. CCI maintenance expenses account for the majority of these costs. (Figure E-2).

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



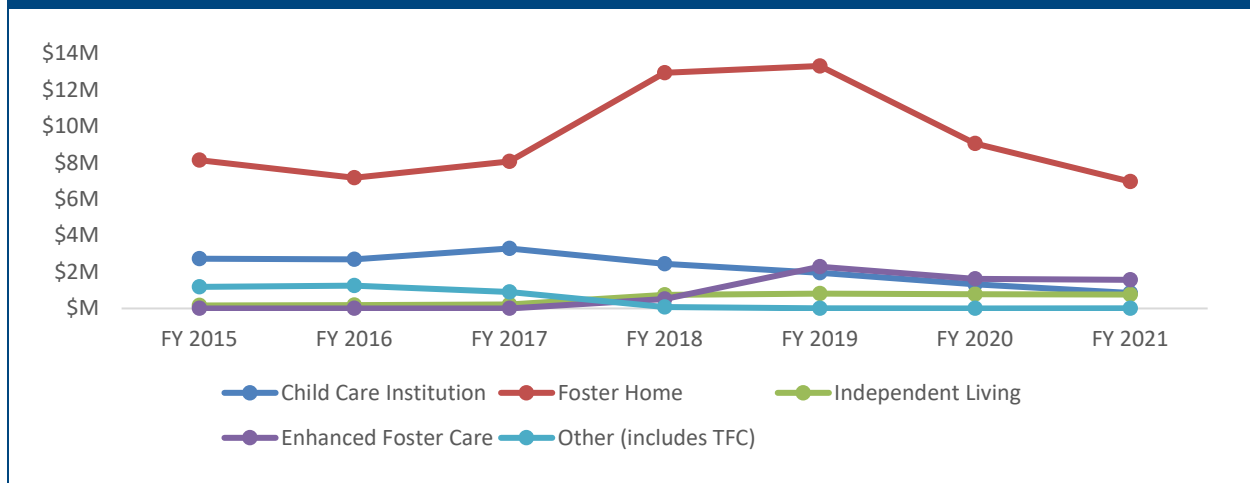
Just as in Kent County, CCI maintenance costs make up the majority of the expenditures in the rest of state, and peak in FY 2018 (Figure E-3).

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



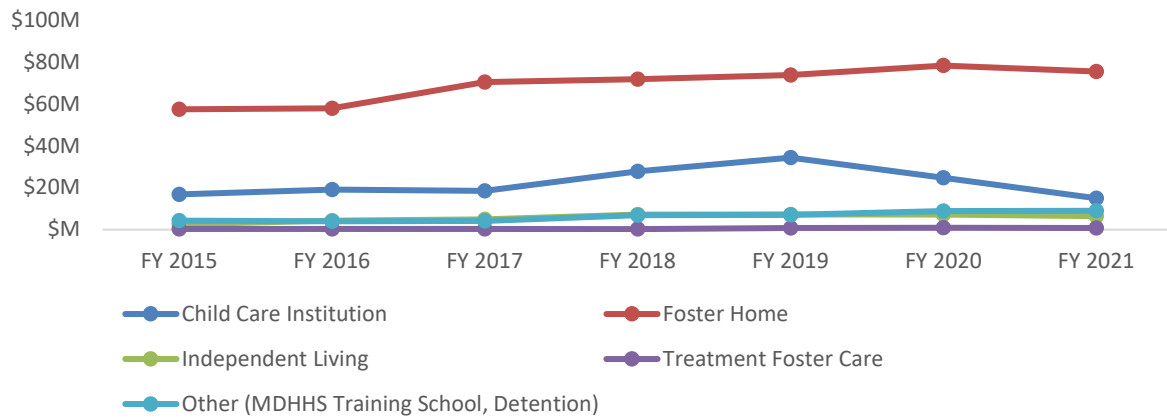
The rise in placement administrative expenditures between FY 2016 and FY 2019 is largely attributable to WMPC's increased administrative daily rate compared to the rest of the state. WMPC's administrative per diem was adjusted downward in FY 2020, contributing to a decrease in administrative expenditures (Figure E-4).

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



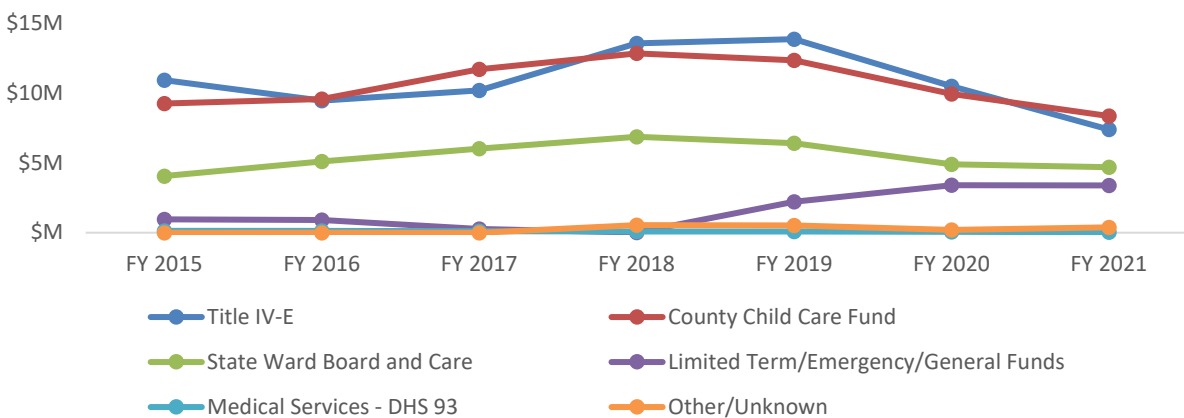
Placement administration expenses in the rest of the state showed much less variability, particularly in the Foster Home category (Figure E-5).

Figure E-5. Rest of State – Placement administrative expenditure trends by placement setting, adjusted for inflation



Revenue Trends. As shown in Figure E-6, the two largest funding sources for out-of-home placement services are the Federal Title IV-E funds and the County Child Care Fund.

Figure E-6. WMPC-related – Revenue totals by overall funding source and Fiscal Year, adjusted for inflation ^{3, 4, 5}



³ All pre-implementation revenue is determined by the OVERALL_FUND_SOURCE in MiSACWIS.

⁴ 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.

⁵ Other/Unknown revenue includes Temporary Assistance for Needy Families and YIT revenue and the revenue associated with Kids First expenditures.

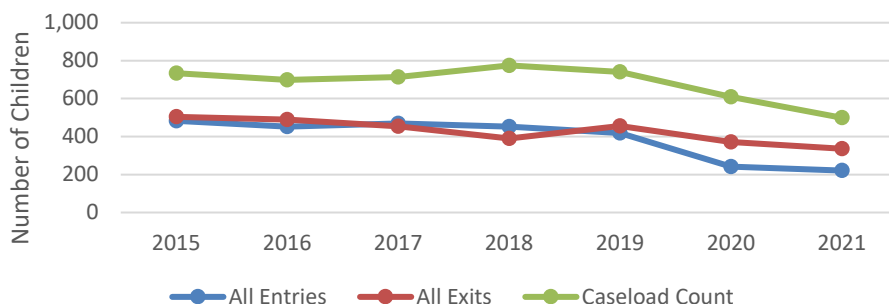
Placement Days. Care-day utilization increased slightly in FY 2018 and FY 2019 and then decreased substantially in FY 2020 and again in FY 2021 (Table E-2).

Table E-2. 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	2021
Total Care Days	332,334	297,465	295,932	305,254	311,831	277,910	223,631
Foster Care	178,393	146,946	139,131	140,803	135,839	118,450	83,491
Kinship	71,401	78,331	82,039	88,166	98,984	83,569	75,148
Parental Home	39,001	29,700	28,989	26,649	27,967	28,586	26,231
Congregate	22,169	26,949	31,208	32,741	26,775	24,879	15,558
Independent Living	6,271	5,041	3,386	4,359	5,260	5,457	5,273
Emergency Shelter	1,688	1,861	3,311	3,109	2,829	1,957	635
Runaway	2,390	3,114	3,605	2,662	2,230	2,117	1,597
Enhanced FC				2,366	9,192	11,127	12,289
Adoptive Home	7,103	2,944	1,301	1,547	1,058	50	279
Detention	1,812	1,246	642	1,156	595	682	1,167
Treatment FC	2,142	1,524	1,677	923			46
Other*	694	541	1,373	773	1,102	1,036	1,917
Total Year-Over-Year Change		-10%	-1%	3%	2%	-11%	-20%
Foster Care		-18%	-5%	1%	-4%	-13%	-30%
Kinship		10%	5%	7%	12%	-16%	-10%
Parental Home		-24%	-2%	-8%	5%	2%	-8%
Congregate		22%	16%	5%	-18%	-7%	-37%
Independent Living		-20%	-33%	29%	21%	4%	-3%
Emergency Shelter		10%	78%	-6%	-9%	-31%	-68%
Runaway		30%	16%	-26%	-16%	-5%	-25%
Enhanced FC					289%	21%	10%
Adoptive Home		-59%	-56%	19%	-32%	-95%	458%
Detention		-31%	-48%	80%	-49%	15%	71%
Treatment FC		-29%	10%	-45%			
Other		-22%	154%	-44%	43%	-6%	85%

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

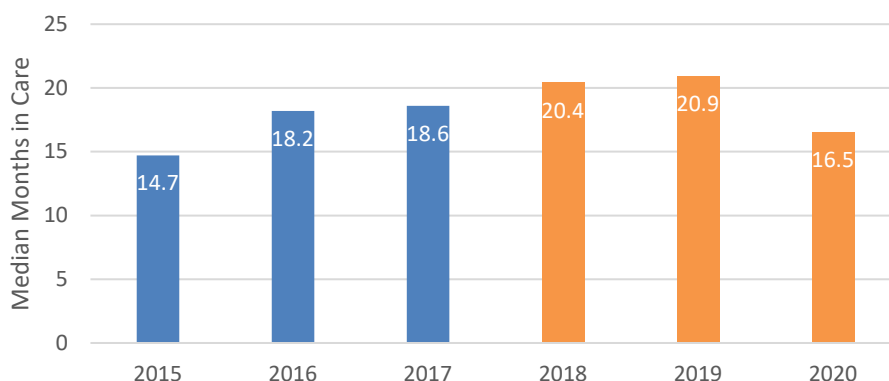
The number of child entries was stable through FY 2018, and then declined from FY 2019 through FY 2021. Child exits and the caseload count also declined in FY 2020 and FY 2021 (Figure E-7).

Figure E-7. Kent County child entries, exits, and caseload count at the end of the Fiscal Year



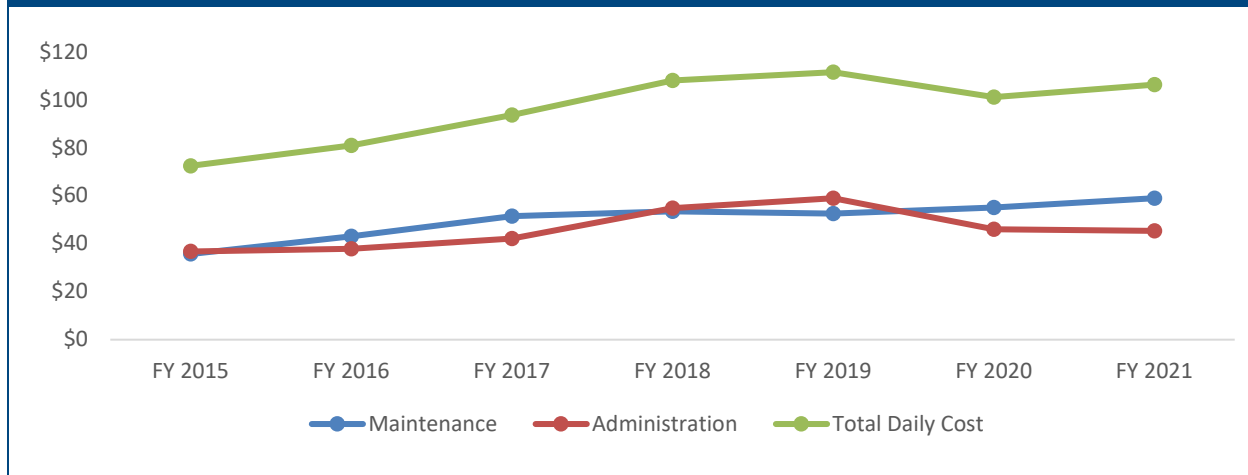
Median duration in care increased in the year prior to the implementation of the Kent Model (FY 2017) and continued to increase slightly in the first 2 years of WMPC implementation before declining for children entering care in FY 2020 (Figure E-8).

Figure E-8. Median duration in months by State Fiscal Year of child entry in Kent County



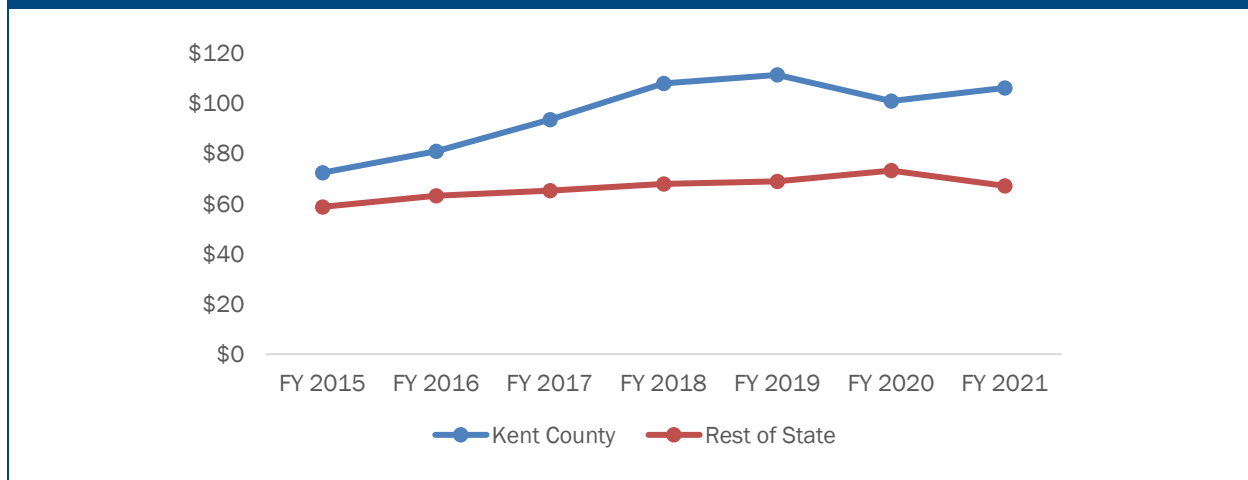
Average Daily Unit and Child Level Placement Costs. In Kent County, the overall average daily cost per care day (total annual placement expenditures divided by total placement days for each Fiscal Year) increased each observable year from FY 2015 through FY 2019, dropped slightly in FY 2020, and rose again in FY 2021 (Figure E-9). The average daily administrative cost increased between FYs 2015 and 2019. This growth was fueled by increases in the administrative daily rate paid to providers at both the state- and WMPC-levels. FY 2020 saw a decrease in the average daily administrative rate as WMPC adjusted the daily rate being paid to providers from \$48 to \$46.20 (Figure E-9).

Figure E-9. WMPC-related average daily unit cost for out-of-home placements by Fiscal Year, adjusted for inflation



In FY 2015, Kent County's average daily unit cost was 23 percent higher than the rest of the state. This difference grew to 43 percent higher in FY 2017. The average daily unit cost in care grew slowly and steadily in the rest of the state until dipping in FY 2021, while Kent County saw greater variability and then an increase during FY 2021 (Figure E-10).

Figure E-10. WMPC-related and Rest of State – Average daily unit cost for out-of-home placements by Fiscal Year, adjusted for inflation



Safety, Permanency, and Stability

Table E-3 presents demographics of children in care and indicates that the PSM resulted in equivalent groups (e.g., no statistically significant differences across race, gender, and age).

Table E-3. Demographics of children in care		
	Kent	Comparison
Total (N)	1,954	1,947
In care prior to 10/1/2017 (legacy)	763	770
In care after 10/1/2017	1,184	1,184
Age (at removal date) mean and standard deviation	M = 6.5 sd = 5.5	M = 6.4 sd = 5.6
% Male	51.8%	52.1%
% Hispanic	15.7%	14.7%
% Black	31.7%	32.3%
% White	49.9%	49.0%

Research Question: Does the Kent Model improve the safety of children?

Safety. Chi-square tests indicate that there are no statistically significant differences between children served in Kent County and the comparison group who experienced maltreatment recurrence after isolating the most recent Child Protective Services (CPS) report (Categories I, II, or III⁶) *prior* to removal, and the most recent CPS report (Categories I, II, or III) *after* removal (Table E-4).

Table E-4. Second substantiation within 1 year			
Group	No recurrence	Experienced recurrence	Total
Comparison, entered care after 10/1/2017	94.7% (1,121)	5.3% (63)	1,184
Comparison, in care prior to 10/1/2017 (legacy)	93.8% (722)	6.2% (48)	770
Kent, entered care after 10/1/2017	93.0% (1,101)	7.0% (83)	1,184
Kent, in care prior to 10/1/2017 (legacy)	93.4% (713)	6.6% (50)	763
Total	93.7% (3,657)	6.3% (244)	3,901

⁶ Category III dispositions apply to cases in which the county DHHS agency 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 dispositions apply to cases in which DHHS 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 dispositions apply to cases in which DHHS determines that there is a preponderance of evidence of child abuse or neglect, and a court petition is needed and/or required. As with Category II dispositions, services (or foster care) must be provided by CPS, in conjunction with community-based services.

Maltreatment in Care (MIC). Overall, 9.2 percent of children experienced MIC or a Category I-III disposition⁷ while they were in an out-of-home placement setting or still under the legal guardianship/supervision of the state (Table E-5).

Table E-5. Maltreatment in care			
Group	No MIC	Experienced MIC	Total
Comparison, entered care after 10/01/2017	92.6% (1,096)	7.4% (88)	1,184
Comparison, in care prior to 10/01/2017 (legacy)	87.5% (674)	12.5% (96)	770
Kent, entered care after 10/01/2017	92.9% (1,100)	7.1% (84)	1,184
Kent, in care prior to 10/01/2017 (legacy)	88.1% (672)	11.9% (91)	763
Total	90.8% (3,542)	9.2% (359)	3,901

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

Permanency. Among children who entered care after 10/1/2017, those in Kent County exited care at a significantly higher rate (p -value <0.001) and stayed significantly fewer days (p -value <0.05) than children in the comparison group (Table E-6).

Table E-6. Exited or still in care					
Group	Exit status	% (N)	Length of stay		
			Mean	Standard deviation	Median
Comparison, entered care after 10/01/2017	In care	42.7 (505)	670	411	634
	Exited	57.3 (679)	629	306	603
Comparison, in care prior to 10/01/2017 (legacy)	In care	9.5 (73)	1,637	693	1,785
	Exited	90.5 (697)	966	493	869
Kent, entered care after 10/01/2017	In care	36.9 (437)	531	399	423
	Exited	63.1 (747)+	560*	334	554
Kent, in care prior to 10/01/2017 (legacy)	In care	5.5 (42)	1,854	1,122	1,776
	Exited	94.5 (721)	954	513	839

* Indicates p <0.05, + indicates p <0.001

A higher percentage of children in Kent County who entered care after 10/1/2017 achieve permanency at a statistically higher rate than children in the comparison counties within 6 months (p -value <0.0001) and 12 months (p -value <0.001; Table E-7).

⁷ https://www.michigan.gov/mdhhs/0,5885.7-339-73971_7119_50648_7193-159484--00.html

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 = 2,844)
Comparison, entered care after 10/01/2017	6.77% (46)	21.21% (144)	40.80% (277)	91.31% (620)	679
Comparison, in care prior to 10/01/2017	2.30% (16)	7.89% (55)	17.65% (123)	87.52% (610)	697
Kent, entered care after 10/01/2017	16.60% (124)++	30.79% (230)+	46.45% (347)	93.84% (701)	747
Kent, in care prior to 10/01/2017	1.39% (10)	4.99% (36)	16.09% (116)	89.04% (642)	721

+ Indicates $p < 0.001$, ++ Indicates $p < 0.0001$

Note: The additional exit within 18 months in Kent County for children who entered care after 10/1/2017 appears to reflect a crossover case. This child's Child Welfare Continuum of Care (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's data from the sample, we have grouped it with data from other children who are enrolled under the CWCC program type after 10/1/2017.

Cumulative Re-Entry. Children in Kent County who entered care after 10/1/2017 return to care at a significantly lower rate than children in the comparison group (p-value < 0.05) (Table E-8).

Table E-8. Cumulative re-entries

Group	Returned within 6 months	Returned within 12 months	Returned within 18 months	Ever re-entered care	Total exits
Comparison, entered care after 10/01/2017	5.15% (35)	6.48% (44)	7.36% (50)	9.72% (66)	679
Comparison, in care prior to 10/01/2017	6.17% (43)	7.75% (54)	9.47% (66)	11.62% (81)	697
Kent, entered care after 10/01/2017	3.08% (23)	4.15% (31)	5.35% (40)	6.29% (47)*	747
Kent, in care prior to 10/01/2017	10.12% (73)	11.65% (84)	14.01% (101)	15.40% (111)	721

* Indicates $p < 0.05$

Permanency Categories by Study Group. For children who entered care after 10/1/2017, those in Kent County are significantly *less likely* to exit to adoption (p-value < 0.05 ; Table E-9).

Table E-9. 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	40.5% (251)	7.3% (45)	0.6% (4)	51.6% (320)
Comparison, in care prior to 10/01/2017	62.8% (383)	6.4% (39)	0.0% (0)	30.8% (188)
Kent, entered care after 10/01/2017	32.1% (225)*	10.1% (71)	1.3% (9)	56.5% (396)
Kent, in care prior to 10/01/2017	56.9% (365)	10.0% (64)	0.9% (6)	32.2% (207)

* Indicates $p < 0.05$

Time in Care. Children in Kent County who entered care after 10/1/2017 exited to reunification significantly faster than those in the comparison group (p -value < 0.001 ; Table E-10).

Table E-10. Time to exit by exit type

Group	Exit type	N	Time to exit		
			Mean	Median	Standard deviation
Comparison, entered care after 10/01/2017	Adoption	251	739	771	265
	Reunification	320	427	482	299
Comparison, in care prior to 10/01/2017	Adoption	383	939	1,035	426
	Reunification	188	568	714	470
Kent, entered care after 10/01/2017	Adoption	225	817	819	238
	Reunification	396	363+	401	303
Kent, in care prior to 10/01/2017	Adoption	365	959	1,028	421
	Reunification	207	612	759	499

+ Indicates $p < 0.001$

For older youth (ages 16-18) exiting care, those associated with WMPC are significantly more likely to achieve permanency within 12 months than older youth in the comparison group (p -value < 0.05 ; Table E-11).⁸

⁸ The number of older youth is only 5 percent of the entire sample, which affects the statistical power necessary to evaluate and detect differences between youth in Kent County and the comparison group.

Table E-11. 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 = 230)
Comparison, entered care after 10/01/2017	8.06% (5)	8.06% (5)	19.35% (12)	27.42% (17)	62
Comparison, in care prior to 10/01/2017	3.17% (2)	4.76% (3)	7.94% (5)	12.70% (8)	63
Kent, entered care after 10/01/2017	19.30% (11)	31.58% (18)*	36.84% (21)	45.61% (26)	57
Kent, in care prior to 10/01/2017	0% (0)	4.17% (2)	12.50% (6)	35.42% (17)	48

* Indicates $p < 0.05$

Placement Stability. There were no significant differences between groups in the number and percentage of children who experienced placement changes (beyond their initial setting when entering care; Table E-12).

Table E-12. Placement stability

Group	2+ changes	<2 changes	Total
Comparison, entered care after 10/01/2017	38.6% (457)	61.4% (727)	1,184
Comparison, in care prior to 10/01/2017	54.5% (420)	45.5% (350)	770
Kent, entered care after 10/01/2017	40.5% (479)	59.5% (705)	1,184
Kent, in care prior to 10/01/2017	57.8% (441)	42.2% (322)	763
Total	46.1% (1,797)	53.9% (2,104)	3,763

Implementation of the Kent Model

Research Question: What resources are necessary to support the successful implementation of the Kent Model?

Key Kent Model Elements. Enhanced Foster Care (EFC) and Care Coordination continue to be considered important Kent Model facilitators. Private agency staff are managing under the per-agency cap instituted 2 years ago because WMPC allows some flexibility in approving EFC slots above the cap. However, the demand for EFC services increased during the COVID-19 pandemic, when a higher proportion of children with high needs entered foster care.

Although agency staff reported it is helpful to have Care Coordinators as a single point of contact for referrals and to provide guidance on policy and support for difficult cases, the Care Coordination team has experienced substantial turnover and restructuring. WMPC created the Intake and Placement Coordinator to handle daytime child placements and residential referrals, to allow Care Coordinators to focus on supporting their assigned agency or agencies.

In the current reporting period, WMPC added two new elements to the Kent Model. Through the parent engagement program, birth parents of children aged 0-5 in foster care receive peer mentoring and additional supports. Additionally, WMPC initiated the Enhanced Shelter Home program to provide temporary emergency shelter for youth in need.

West Michigan Partnership for Children (WMPC) Staffing. There were substantial staffing changes at WMPC during the fourth year of the pilot. The Performance and Quality Improvement (PQI) and

Care Coordination teams both had staff turnover and restructuring, and the administrative assistant and Chief Executive Officer resigned. There were also several new positions added, including Parent Engagement Specialists, PQI Manager, Clinical and Utilization Manager, Intake and Placement Coordinator, and a Chief Engagement and Equity Officer (CEEEO).

Interagency Collaboration Among Kent County Partners. Collaboration across the public/private divide has gone smoothly over the past 2 years. 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 more consistently, although WMPC is still working to improve the process. The 17th Circuit Court has supported the Kent Model since implementation, with some judges stepping

"I think it's more of like the mental health system as a whole is exploding with an intense amount of need, and they don't have the services. They have a high level of people who need their services and not enough providers to provide them."

–Private agency supervisor

up as particular champions. Although collaboration with WMPC was still going well, WMPC staff turnover has been the greatest challenge over the past year. Three years after a second Clinical Liaison position was added at WMPC, most private agency staff agreed that the Clinical Liaison helped them connect families with mental health services. There have been challenges, however, including Medicaid eligibility requirements, differences in perceptions of the need or sequence for certain services, and staffing shortages.

Residential and Shelter Placement. Private agency staff perceived they have been successful at reducing the number of residential placements over the course of the pilot. However, the ongoing challenges in Michigan's residential system (e.g., facilities shutting down or reducing capacity) presented continuing difficulties in finding and maintaining placements for youth with high needs. Over the past year, the Qualified Residential Treatment Programs (QRTP) process launched as part of Michigan's plan for the Families First Prevention Services Act. Although private agency staff identified challenges with the new process, they largely praised the intention behind QRTP.

Relative Placements. In the past year, WMPC provided funding to all five private agencies for a family finder/engagement position in an effort to increase relative engagement. Respondents from Kent County DHHS described an increased emphasis in training CPS workers on the importance of relative engagement to provide additional support for the family and to bolster prevention and family preservation efforts.

"I think that Kent County in the last year has definitely realized that the culture of our county needs to be more kinship focused, and that's been really positive to have that."

–Private agency supervisor

Quality Performance and Accountability. All private partner agencies now have agency-level dashboards, and nearly all the private agencies have specific staff positions that focus on PQI, data, and utilization management. Several private agency staff reported that the WMPC PQI meetings provide an important feedback mechanism that works in conjunction with their own agency quality improvement teams. Data accuracy was reported as an ongoing challenge and, at the time of our interviews, WMPC was in the process of developing a data quality analyst position. Over the past year, WMPC produced statistical reports that proactively flagged cases with a higher risk of MIC based on a set of identified risk factors and provided those reports on agency dashboards. Also in year 4, WMPC initiated the development of similar analyses on permanency in order to better predict success within 12 months and support the management of effective use of resources.

Utilization management remains a central focus of Kent Model implementation. The approach was credited with improving such outcomes as facilitating increased permanency within 12 months by using intensive efforts to manage residential utilization and enhanced foster care (EFC) services.

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

MiTEAM Fidelity Assessments and Service Satisfaction. Overall, most case practice behaviors were implemented in accordance with MiTEAM’s design; across quarters, the average percentage of MiTEAM behaviors that caseworkers implemented as they were intended ranged from a low of 88 percent in 2016 to a high of 97 percent in 2017. Across quarters, 93 percent of case practice behaviors were implemented as intended.⁹ Despite the changes in service delivery due to the COVID-19 pandemic, agency clients (parents, foster parents, and youth) indicated in surveys they were satisfied with over 80 percent of services each year of the pilot.¹⁰

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?

“Just the ability to work remotely and be present virtually...it makes it easier to be able to manage your day and not have a whole day wasted driving to a meeting.”

—Private agency supervisor

Changes to Child Welfare Practice Due to COVID-19.

Respondents in Kent, Ingham, and Oakland counties expressed strong support for flexible work schedules. It enables them to improve their work-life balance, increase efficiency, and work in a comfortable workspace. Additionally, respondents identified many benefits to virtual court hearings, such as the substantial time saved by not having to make in-person court appearances. One caseworker noted that agency staff can “be doing other things

while we’re waiting for our case to be called.” Interview and focus group participants also observed more participation from parents in virtual hearings than in-person hearings. Respondents also noted increased participation in virtual team decision-making (TDM) meetings and FTMs from key stakeholders involved with the case who may not have attended consistently in person (e.g., attorneys, service providers). Additionally, respondents in the three counties appreciate being able to use electronic signatures, with one caseworker stating the process “has saved so much time.”

Service Approvals and Family Support. During the current year, respondents from all three counties described the service approval process in positive terms, overall. Respondents theorized that the

⁹ There is a substantial amount of missing data, which limits the degree to which meaning can be extracted and findings can be generalized across agencies. Additionally, several items in the instrument are applicable to more than one MiTEAM competency. The number of agencies that reported fidelity data each year in Quarter 4 was—2016: two agencies; 2017: three agencies; 2018: two agencies; 2019: five agencies; 2020: five agencies; and 2021: five agencies.

¹⁰ 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 has 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.

process has occurred without major delays, even in comparison counties without an intermediary. However, the amount of time between submitting a service request and receiving approval hinges on the type of service (or the cost of the service) and the DHHS representative responsible for reviewing and approving the request (some representatives approve requests faster than others), according to private agency staff in Ingham and Oakland counties.

The COVID-19 pandemic prompted child welfare staff to develop new strategies for recruiting and engaging foster care families, including partnering with other agencies, businesses, or organizations; conducting virtual recruitment and support activities; and using social media to engage potential foster families.

Prevention and Reunification. Agency respondents described a number of programs and services that have been implemented in response to the Federal government’s enactment of the Family First Prevention Services Act¹¹ and MDHHS’ prevention planning. For example, specific programs are being implemented in each county (e.g., Homebuilders¹² in Kent County, Parents as Teachers¹³ in Ingham County, Project Recovery Intensive Services for Mothers¹⁴ in Oakland County), while respondents from all three counties described dedicated staff whose work focuses exclusively on child welfare prevention (e.g., support families in target areas, conduct outreach calls, provide home essentials).

Staff Support and Service Quality. Despite experiencing challenges that lead to turnover (e.g., long-term remote work leading to reduced opportunities for support, high caseloads, lack of experience), many agency staff are able to persevere in their position. Factors cited as most helpful include supervisor and peer support, regular check-in meetings to maintain connections and troubleshoot issues, and agency leader assessment of staff needs.

“I appreciate that every different supervisor has their own kind of like niche, where I’m more likely to go to one supervisor for a certain issue and then another supervisor for a different one.”

– Private agency caseworker

Respondents from at least one private agency in each county reported that there are plans to hire, or the agency recently hired, a dedicated staff member responsible for quality assurance tasks like tracking data and services, and helping staff hit specific targets. Across counties, most respondents found ChildStat meetings and data useful (e.g., they have access to additional data that is not regularly available) but also found some aspects of the process frustrating (e.g., burden of preparing for the ChildStat meeting if your case is chosen for review).

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

Facilitators. Across counties, factors that support agency staff efforts to serve families effectively include processes or policies established during the pandemic that increased staff effectiveness and efficiency (e.g., electronic signatures), increased interagency collaboration that has occurred via virtual platforms (e.g., Zoom, Microsoft Teams). In Ingham and Oakland counties, respondents

¹¹ <https://www.acf.hhs.gov/cb/title-iv-e-prevention-program>

¹² <https://youth.gov/content/homebuilders>

¹³ <https://parentsasteachers.org/>

¹⁴ <https://www.oaklandfamilyservices.org/behavioral-health>

described reciprocity among colleagues (each person provides and receives support), relationships with community-based organizations, and having adequate resources as key facilitators.

“There's a big push in Michigan to get children out of residential care. But there's no place for them to go.”

–Private agency caseworker

Challenges. Service availability was a commonly reported challenge among respondents in all three counties again this year (e.g., inadequate number of service providers). Identifying placements and services for youth transitioning from residential care was also a challenge among agency staff in Kent, Ingham, and Oakland counties, as many facilities have closed or are at full capacity.

E4. Conclusions and Next Steps

Summary of Findings. Overall, child welfare expenditures increased each year between FY 2015 and FY 2019, although the growth slowed over time. The number of children entering care was stable from FYs 2015 through 2018 before declining slightly in FY 2019, while the median number of months children were in care increased from FY 2016-17 through FY 2018-19. This indicates there was an increase in the time children spent in care, not child entries. Outcome study results reveal that overall, children in Kent County (who entered care after 10/1/2017) exited care in significantly fewer days than children in comparison counties (p -value <0.05).



The cost study team also found that the average daily unit cost per care day decreased, which led to the subsequent plateau of placement maintenance costs. Interview and focus group respondents from Kent County emphasized that moving children from residential care into community-based placements is a primary focus of the Kent Model and a priority for MDHHS. Private agency staff attributed a reduction in the number of residential placements to implementation of EFC. Additionally, there was a substantial decline in care day utilization in FYs 2020 through 2021, corresponding with reduced spending on placement maintenance and administrative expenses. There was also a substantial decline in child entries in FY 2020-21, leading to decreases in caseload counts and care day utilization.

The outcome study team reported that a significantly higher percentage of children from Kent County than the comparison counties achieved permanency within 6 and 12 months of entering care. An important element of the Kent Model is private agency staff in Kent County having greater financial flexibility to develop and implement innovative solutions to service provision. During interviews and focus groups with the process evaluation team, most private agency respondents agreed that some miscellaneous funding requests they submit to WMPC allow for greater creativity in case planning to help them achieve key outcomes (e.g., permanency).

Process evaluation findings indicated that the COVID-19 pandemic continues to heavily influence case practice, inter- and intra-agency collaboration, and service provision. Interview and focus group respondents described factors that both facilitated (e.g., virtual court hearings) and were barriers (e.g., limited services) to serving families effectively, overall, and as a result of the pandemic.

Next Steps. The cost study team will continue to track overall expenditure trends, as well as how patterns change as the nation emerges from the COVID-19 pandemic. The outcome study team will also continue to analyze data on safety, permanency, and placement 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. The process study team will conduct interviews and focus groups approximately 6 months after the last round of data collection, shortly before the pilot ends. Data collection will focus exclusively on the experiences and perceptions of Kent County stakeholders, to obtain in-depth information on key topics relevant to this late stage of implementation (e.g., lessons learned). This will enable the process study team to examine patterns that emerged over the entirety of the pilot (e.g., strategies, facilitators, challenges) and explore stakeholder reflections on pilot implementation from those who have been involved with Kent Model implementation since its launch.

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 outcomes, and *how* child welfare stakeholders create and sustain systemic changes.

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 decisions are 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 funding model¹⁵ with the goal of improving outcomes for children (www.wmpc.care).

The Kent Model is being tested to determine if, in combination with the aforementioned guiding principles, the funding model 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

¹⁵ In 2021, MDHHS' contract agreement with WMPC was revised to reflect the shift from a case rate to a capitated payment model (https://www.michigan.gov/documents/mdhhs/Section_5043_PA_166_of_2020_719406_7.pdf).

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

This report, which covers the period from October 2020 to September 2021, 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 (and subsequent capitated 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 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?

2.2 Logic Model

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 implementation¹⁶ of the model, as well as outcomes associated with it, through the cost, outcome, and process 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 pathways 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

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 research questions (see Section 2.1) in the following ways. To address the first research question, the cost study team examined system-level expenditure and revenue trends in Kent County, focusing on the 3-year baseline period (FY 2015 – FY 2017) and the first 4 years post-

¹⁶ As noted, planning was assessed in 2017-2018. Since then, the process evaluation has focused on implementation of the Kent Model.

implementation (FY 2018 – FY 2021). These expenditure patterns and revenue sources were also compared with those across the state, to address the second research question. The comparison to statewide expenditure patterns was made using individual child-level cost data. The type, amounts, and costs of services received by children in out-of-home placements were 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 was developed using propensity score matching (PSM).

For the third research question, to understand whether the WMPC case rate (now referred to as the capitated rate) fully covers the cost of services required under the contract, the cost study team analyzed relevant data in FY 2020 and submitted results 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. The latter includes costs related to providing Enhanced Foster Care (EFC) and increasing the administrative rate above state levels in FYs 2018 through 2020.¹⁷ The average daily reimbursement rate under WMPC was about \$104, which is 9 percent higher than the daily revenue received.

In response to this shortfall, WMPC changed to a capitated funding model starting in FY 2021. Chapin Hall monitored spending under the capitated allocation on a quarterly basis via memos to WMPC and MDHHS. Quarterly and projected annual spending was estimated using care day utilization and child admission, caseload, and exit patterns. WMPC had a budget surplus under the capitated allocation for FY 2021, in large part due to decreased child admissions.

2.3.2 Data Sources

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

1. **MiSACWIS Payment Data.** This data includes only paid¹⁸ payments where Kent County is listed as the responsible county, from 5/1/2014 through 9/30/2021, 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. This data is categorized by their Service Domain, Service Category, and Service Description. A full mapping of these expenditure categories is in Appendix D. The data is assigned to the appropriate Fiscal Year via the Claim Begin and Claim End Dates.¹⁹ For any payments that spans multiple Fiscal Years, the total cost is pro-rated across the applicable Fiscal Years based on the number of days within the claim period in each Fiscal Year.
2. **MiSACWIS Placement Data.** These are the same child-level data the University of Michigan uses 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. This data is combined with fiscal data to assess the “average daily unit cost of care” to examine how these daily

¹⁷ See https://www.michigan.gov/documents/mdhhs/Section5035-PA166of020-Rpt_1_715344_7.pdf for the executive summary of WMPC’s Case Rate Review Sub-Study from September 2020 for more details.

¹⁸ All unpaid services are excluded.

¹⁹ 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.

out-of-home costs have changed before and after the Kent Model was first implemented (10/1/2017).²⁰

3. **WMPC Actual Cost Reporting Workbook and Accruals Detail.** These quarterly workbooks include comprehensive documentation of WMPC operational costs, including administrative costs, payments to private agencies for services provided, child-level residential payments, case rate or capitated allocation revenue payments, and other revenue sources for FY 2018 through FY 2021 only (10/1/2017 – 9/30/2021). Because the WMPC Cost Report is recorded on a cash basis, this data is supplemented with accrual payment data from WMPC for private agency expenses claimed but not paid in FY 2018 through FY 2021 (and, as such, not recorded in WMPC Cost Reports for these years).²¹ FY 2018 through FY 2021 data from the WMPC Cost Report and Accruals Detail used in this study include:

- 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 through FY 2021.
- 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 WMPC 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.²²
- (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.²³

²⁰ For FY 2021, we identified children with multiple ID numbers in MiSACWIS and removed duplicates from the dataset. As a result, placement counts for the 5th annual report are slightly lower than previous reports.

²¹ All accrued expenses added to each FY's expenditure totals were removed from the subsequent FY totals to avoid double counting.

²² 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.

²³ 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.

- (iii) **ILP Admin.** The total ILP Administration expense incorporated in this Cost Study is taken in aggregate from the WMPC Cost Report and Accruals detail and is not allocated at the child level for the county-level analysis.
 - (iv) **Other Purchased Services – Kids First.** Representing expenses made to secure available beds, these costs were captured on both the WMPC Cost Report and Accrual Detail. They were grouped under the Service Domain of Residential Services.²⁴ (See Appendix D for a full mapping of expenditures codes.)
- C. **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 (FYs 2015-2017), 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.
4. **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 (FYs 2015-2017), 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 9/30/21 (FYs 2015-2021) 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).²⁵

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, youth²⁶ with an out-of-state supervision (OTI), and unaccompanied refugee minors (URM) are not under WMPC’s purview. The cost study identified children that 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 WMPC. These parameters were

²⁴ WMPC Cost Report – WMPC tab, cell C66.

²⁵ Each fiscal and placement record indicates a County of Responsibility and Removal County. For this report, we are focusing on the County of Responsibility.

²⁶ The term “youth” is used to refer to children across the age continuum, from young children to older youth.

also applied to the baseline period of FY 2015 through FY 2017 so that the fiscal activity in FY 2018 through 2021 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 URM, YAVFC, JJ, or OTI case – both in the pre- and post-implementation periods. Table 2-1 summarizes key cost data elements and data sources. It is important to note that because WMPC began implementation of the Kent Model on 10/1/2017, some data sources vary across the two time periods (before and after implementation).

Table 2-1. Kent County fiscal data elements by data source		
Data source	Pre-implementation (10/1/14 – 9/30/17)	Post-implementation (10/1/17 – 9/30/2021)
MiSACWIS Payments	<ul style="list-style-type: none"> • Maintenance and administrative payments for out-of-home placement services • Includes all private agency administrative payments and all Child Caring Institution (CCI) payments 	<ul style="list-style-type: none"> • Maintenance and administrative payments for non-CCI out-of-home placement services • Excludes private agency administrative payments and all CCI payments
WMPC Actual Cost Reporting Workbook		<ul style="list-style-type: none"> • CCI payments for children that the WMPC serviced • PAFC, ILP, and EFC administrative payments • Other purchased services (Kids First)
Other Fiscal Data	<ul style="list-style-type: none"> • BP 515 payments (administrative payments for CCI and other non-admin-paid living arrangements) • Trial reunification payments 	<ul style="list-style-type: none"> • WMPC accruals (CCI, PAFC, ILP, & EFC Admin, Kids First)
MiSACWIS Child Placement Data	<ul style="list-style-type: none"> • Child placements, child demographics, removal information, worker information 	<ul style="list-style-type: none"> • Child placements, child demographics, removal information, worker information

Building on the data in Table 2-1, the cost study team constructed a basic longitudinal database allowing for analysis of changes in expenditure and revenue patterns at the state and county levels, across Fiscal Years. The database 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 (FYs 2015-2017) and 4 years post-implementation (FYs 2018-2021). 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 Section 3.2 reflects events and outcomes through March 11, 2022. PSM was used to generate a comparison group. The overall Kent County sample (n = 1,957) was matched with children who were associated with a private agency outside Kent County for at least 80 percent of their placement (n = 1,954). 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 (10/1/2017). 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 ($n = 1,184$).

For the purpose of this outcome study, the definition of out-of-home placement spells aligns with the definition used for the cost study. Children whose out-of-home care included only parental home placement types during their time under state supervision are excluded from both the study and comparison group samples. For children who have additional or other placement types (besides parental home placement types), the date of removal is used as the beginning of their out-of-home placement spell. The end of a child's out-of-home placement spell is the date of discharge from care, unless the child was discharged to reunification, their last recorded placement was "parental home," and the child had been at that placement for at least 30 days. For these children, the start of parental home placement is used as the date for the end of out-of-home placement spell.

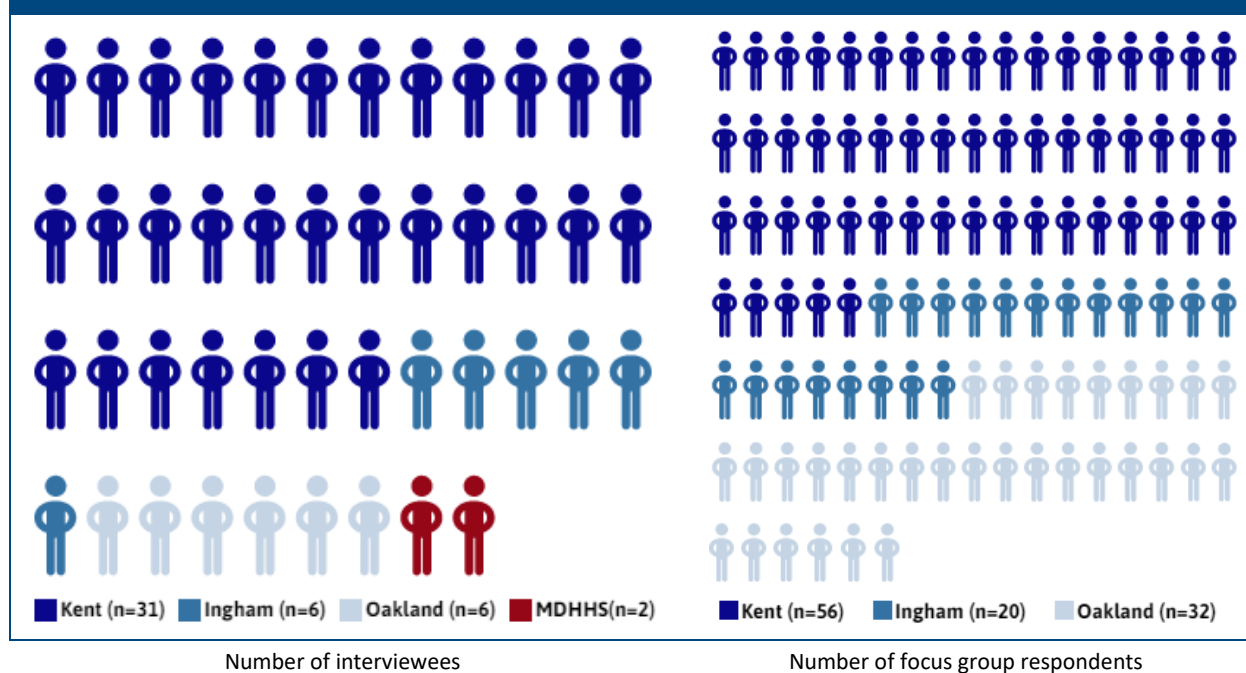
2.5 Process Study Methodology

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. Subsequent data was collected in 2018, 2019, and 2020. The fifth round of data collection, the focus of this report, was conducted August through October 2021. 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. In 2020 and 2021, 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 the fourth and fifth rounds 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 (Zoom or Microsoft Team). Data collection activities in 2021, the focus of this report, included a total of 29 interviews and 24 focus groups with 153 respondents (Exhibit 2-1).

Exhibit 2-1. Number of interview and focus group respondents by county



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 representatives from MDHHS, county court systems and mental health agencies, and WMPC. For Kent County in particular, 4 years of data on implementation of the Kent Model allowed 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.

Kent County was the focus of the fourth year of data collection (third year of implementation) to obtain a deeper understanding of implementation. For remaining waves of data collection, including the current year, data was 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 across the three counties. 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 also are used to understand child welfare practice and 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. The period examined is split between the baseline years (FYs 2015-2017)—the 3 years prior to the implementation of the Kent Model—and the first 4 years post-implementation (FYs 2018-2021). 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 2021 dollars as the base year and adjusting previous years' expenditures by the Consumer Price Index (CPI).²⁷

As previously stated, under the Kent Model, WMPC does not serve all children and families receiving child welfare services in Kent County—YAVFC, OTI, JJ, and URM are not under 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 WMPC and all children and families during the baseline period who belonged to a population served by WMPC. The designations 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 2021).** During the first 2 years of the Kent Model, costs and revenue were limited to those WMPC reported. 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 were:

1. **Annual Expenditures by Service Type.** For this analysis, annual expenditure levels within Kent County from FY 2015 through FY 2021 are compared to examine changes in expenditures by service types (Service Domain).

²⁷ United States Department of Labor (2022). 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 2021 dollars, so the Base Year is FY 2021. The CPI for FY 2021 is calculated by taking the average CPI of the monthly CPIs for the period October 2020 through September 2021 (266.616).

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.²⁸ For this analysis, we include an in-depth look at shifting expenditures by placement setting maintenance expenditures.
3. **Annual Revenue by Funding Source.** For this analysis, annual WMPC-related revenue totals within Kent County from FY 2015 through FY 2021 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 sections that follow.

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 presented 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/capitated rates are excluded.²⁹ 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.

²⁸ 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 and beyond.

²⁹ 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).

Table 3-1. Kent County³⁰ – 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	FY 2021
Total Kent County expenditures	\$33,041	\$35,385	\$40,959	\$47,461	\$47,827	\$42,229	\$36,097
Total private agency expenditures (excluding URM, YAVFC, JJ, & OTI)	\$25,268	\$25,116	\$28,245	\$33,836	\$35,385	\$28,929	\$24,208
Placement – Maintenance ³¹	\$11,891	\$12,850	\$15,288	\$16,338	\$16,388	\$15,300	\$13,189
Placement – Administrative ³²	\$12,245	\$11,303	\$12,492	\$16,651	\$18,387	\$12,805	\$10,580
FC Placement Service	\$865	\$776	\$200	\$198	\$224	\$239	\$252
Residential Services	\$104	\$44	\$124	\$505	\$240	\$493	\$92
Mental Health	\$129	\$128	\$113	\$129	\$115	\$41	\$29
Physical Health	\$7	\$14	\$18	\$8	\$14	\$8	\$6
Independent Living	\$0	\$1	\$1	\$4	\$12	\$31	\$60
Education	\$12	\$1	\$9	\$4	\$6	\$11	\$0
Adult FC Service	\$14	\$0	\$0	\$0	\$0	\$0	\$0
URM, YAVFC, JJ, or OTI expenditures	\$7,773	\$10,269	\$12,714	\$13,625	\$12,442	\$13,299	\$11,889

Overall, total out-of-home private agency expenditures increased in Kent County from FY 2015 through FY 2019 and decreased in FYs 2020 and 2021. In the baseline period, from FY 2015 to FY 2017, total private agency expenditures (excluding URM, YAVFC, JJ, and OTI) increased by 12 percent, 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 (20%) 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. There was an annual decrease of 18 percent in total child welfare expenditures in FY 2020, followed by a 16 percent decrease in FY 2021. As the report presents later, these decreases in FY 2020 and FY 2021 expenditures are due in large part to a decline in admissions to care that began in FY 2019 and escalated during the COVID-19 pandemic.

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?

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

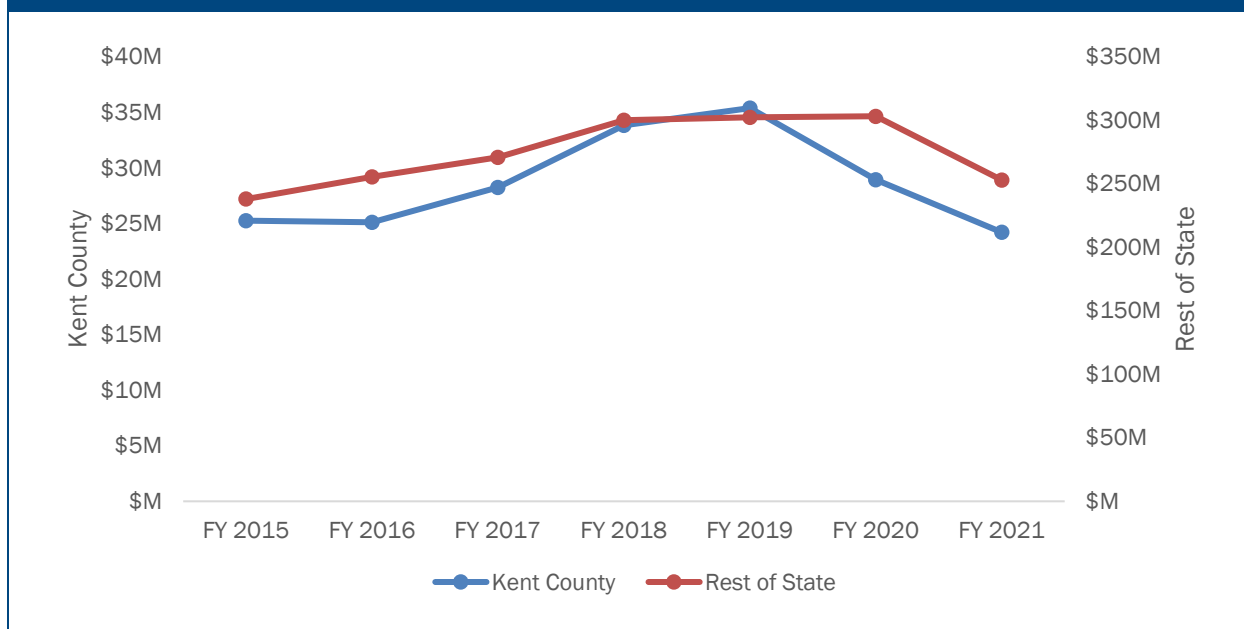
³⁰ Kent County expenditures here represent all expenditures for which Kent County is listed as the Responsible County.

³¹ 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.

³² Administrative expenses reported are related to private agency payments and do not include WMPC's \$2 million administrative allocation.

period, the rest of the state saw a 13 percent increase while Kent County saw theirs increase by 12 percent. However, during the pilot period, the rest of the state saw total child welfare expenditures plateau between FY 2018 and FY 2020 while Kent County's expenditures increased slightly in FY 2019 and then dropped in FY 2020. In FY 2021, expenditures declined similarly in Kent County and across the rest of the state.

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



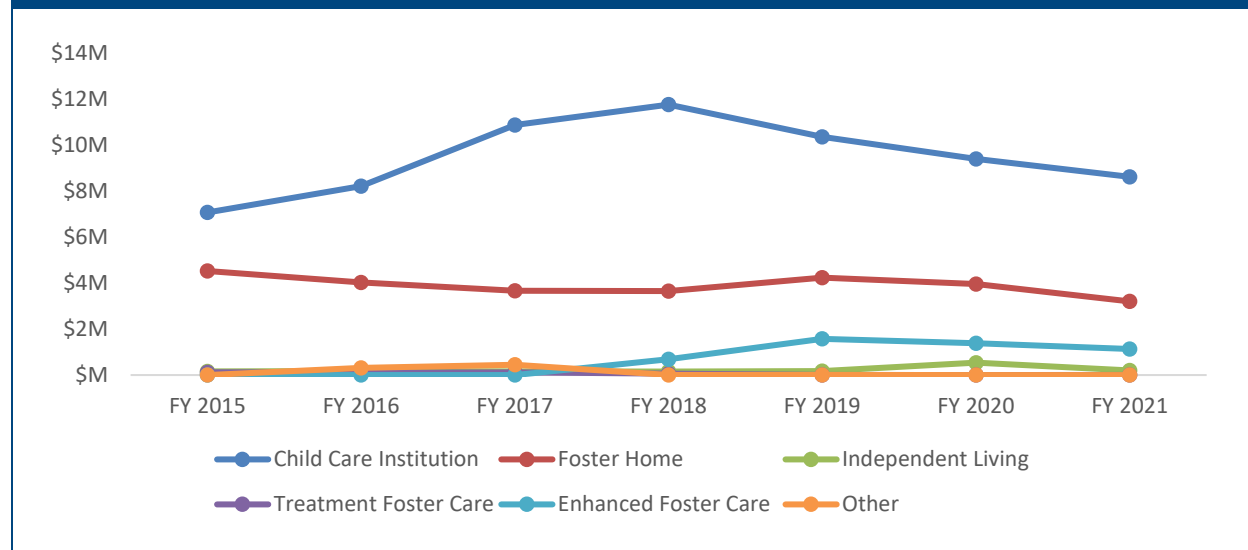
In Kent County, placement maintenance and placement administrative expenses make up 98 percent of the total private agency expenditures, so the expenditure trends described above are driven by these placement costs. Placement maintenance costs include the daily maintenance rate paid for a child's placement, 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 7 percent and 33 percent, respectively. FY 2019 saw a 10 percent increase in placement administrative expenditures, but only less than 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 one third (30%). Reductions continued through FY 2021, with a 14 percent decrease in maintenance costs and a 17 percent decrease in administrative costs. The reduction in placement costs in FY 2020 and FY 2021 was due to a decrease in the number of care days provided and a reduction in the administrative per diem rate. 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 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 Table 3-1, placement maintenance expenditures increased each year from FY 2015 through FY 2018, growing by 29 percent during the baseline period and an additional 7 percent in the first year of 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 54 percent from FY 2015 to FY 2017. This trend continued into the first year following implementation—although at a reduced rate—with CCI maintenance costs increasing 8 percent from FY 2017 to FY 2018. Not only did CCI maintenance expenses increase in total, but they also grew in proportion. In FY 2015, CCI maintenance costs made up 60 percent of all placement maintenance costs, but in FY 2018, that proportion had grown to 72 percent.

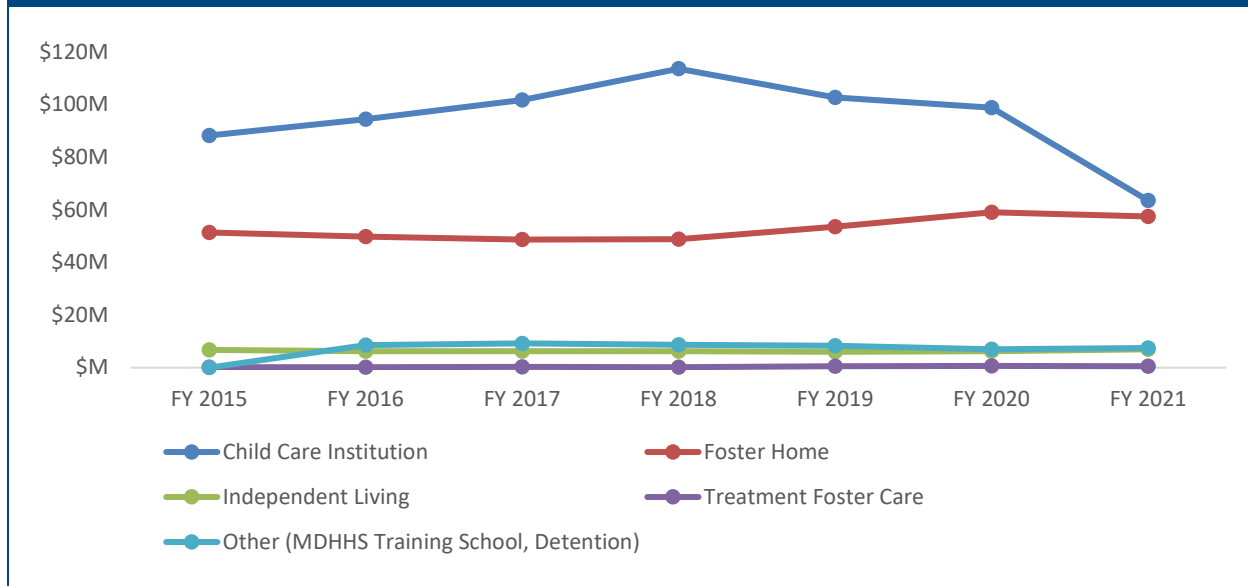
Figure 3-2. WMPC-Related – Placement maintenance expenditure trends by placement setting, adjusted for inflation



However, FY 2019 saw the first observable slow in placement maintenance expenditure increases with an increase of under 1 percent from FY 2018 levels. Although foster care and enhanced foster care maintenance expenditures grew during FY 2019 (by 16% and 130%, 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 decreasing by 6 to 12 percent. Reductions in major placement setting expenditures continued in FY 2021, with decreases of between 8 and 19 percent.

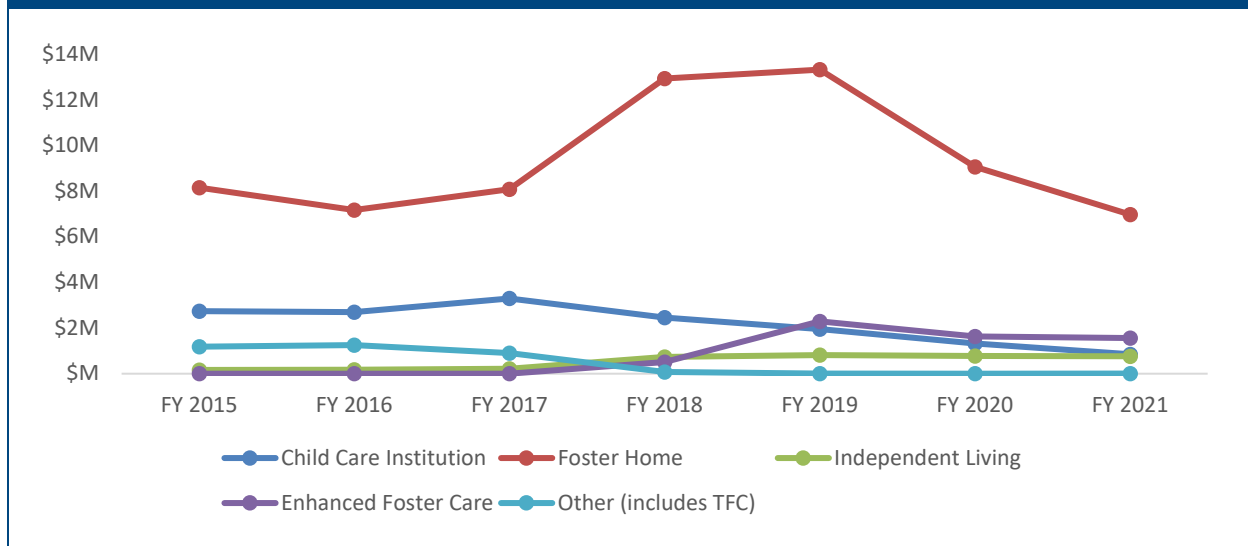
Looking at maintenance expenditures by placement setting in the rest of the state shows some similar trends in CCI placements (Figure 3-3). CCI maintenance costs make up the majority of the costs in the rest of state, and peak in FY 2018, just as in Kent County. The rest of the state also saw a decline in CCI maintenance costs between FY 2019 and FY 2021, for a total decrease of 44 percent from FY 2018 levels. However, the rate of decline in CCI costs was flatter in Kent County during the same period, with a 27 percent decrease.

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



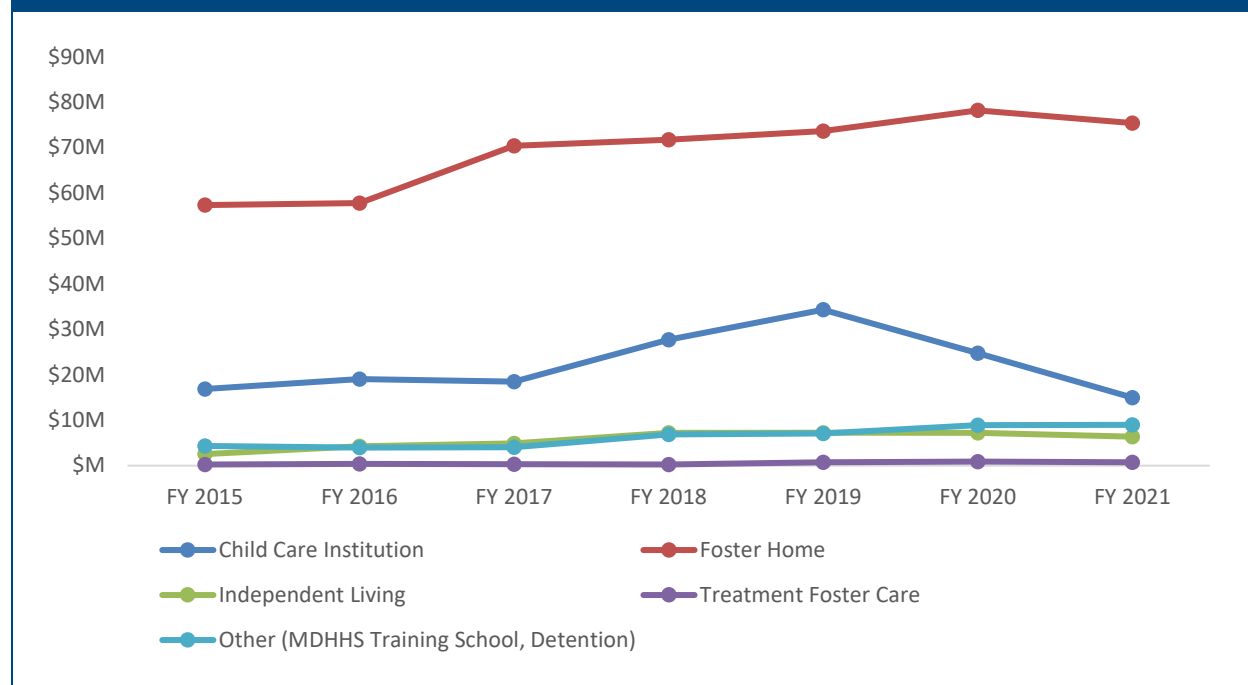
Looking at placement administrative costs, there is a slightly different picture. The rise in placement administrative expenditures since FY 2016 has been attributable primarily to administrative costs associated with foster home placements, and in FY 2018 and FY 2019, enhanced foster care placements as well (Figure 3-4). The largest increase came in the first year of 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 and FY 2021 was spread across Foster Home, CCI, and EFC administration costs, with each category decreasing by 32 to 56 percent between FY 2019 and 2021.

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 more stable, experiencing slight increases each year from FY 2017 through FY 2020, and dipping slightly in FY 2021. CCI administration costs increased in FY 2018 and FY 2019 but was followed by steady reductions in FYs 2020 and 2021.

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 the 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. Beginning in FY 2020, Limited Term/Emergency/General Funds grew to make up 12 percent (FY 2020) and 14 percent (FY 2021) of the revenue used to support child welfare activities in Kent County as all other major revenue sources declined in amount and proportion.

The rest of the state receives the majority of revenue from Title IV-E, the County Child Care Fund, and State Ward Board and Care (see Table 3-3). Revenue from Title IV-E has declined recently for the rest of the state, from 36 percent of total revenue in FY 2020 to 28 percent in FY 2021. Similarly, Title IV-E funds account for a smaller proportion of Kent County's revenue in FY 2021. The rest of the state has a significantly lower proportion of revenue from Limited Term/Emergency/General Funds compared to Kent County. For example, in FY 2021 Kent County received 14 percent of total revenue from this source compared to 5 percent in the rest of the state. The opposite is true of State

Ward Board and Care revenue; in FY 2021, Kent County received 19 percent of total revenue from this source compared to 35 percent for the rest of the state.

Figure 3-6. WMPC-Related – Revenue totals by overall funding source and Fiscal Year, adjusted for inflation ^{33, 34, 35}

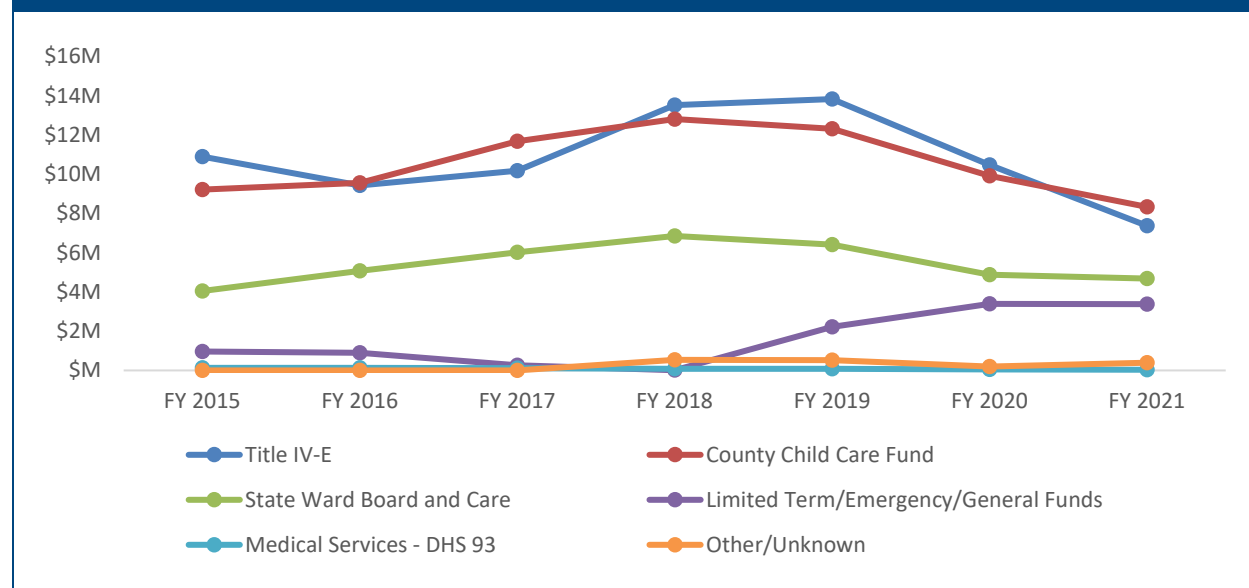


Table 3-2. WMPC-Related – Revenue proportions by overall fund source and Fiscal Year

Overall fund source	Pre-implementation			Post-implementation			
	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Total private agency revenue (excluding URM, YAVFC, JJ, and OTI)	100%	100%	100%	100%	100%	100%	100%
Title IV-E	43%	38%	36%	40%	39%	36%	30%
County Child Care Fund	37%	38%	41%	38%	35%	34%	34%
State Ward Board and Care	16%	20%	21%	20%	18%	17%	19%
Limited Term/Emergency/General Funds	4%	4%	1%	0%	6%	12%	14%
Medical Services – DHS 93	1%	1%	0%	0%	0%	0%	0%
Other/Unknown²¹	0%	0%	0%	2%	1%	1%	2%

³³ All pre-implementation revenue is determined by the OVERALL_FUND_SOURCE in MiSACWIS.

³⁴ 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.

³⁵ Other/Unknown revenue includes Temporary Assistance for Needy Families and YIT revenue and the revenue associated with Kids First expenditures.

Table 3-3. Rest of State – 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	FY 2021
Total revenue (excluding URM, YAVFC, JJ, and OTI)	100%	100%	100%	100%	100%	100%	100%
Title IV-E	45%	41%	44%	43%	41%	36%	28%
County Child Care Fund	24%	25%	25%	26%	25%	28%	27%
State Ward Board and Care	25%	29%	28%	27%	26%	31%	35%
Limited Term/Emergency/General Funds	4%	3%	1%	1%	6%	3%	5%
Medical Services – DHS 93	1%	1%	1%	1%	1%	1%	3%
Other/Unknown ³⁶	1%	1%	1%	1%	1%	1%	1%

3.1.1.3 Placement Days

Table 3-4 and Figure 3-7 show WMPC-related care-day utilization observed during the 3-year baseline period (FYs 2015-2017), and for the four most recent Fiscal Years under WMPC (FYs 2018-2021). 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 and FY 2020 and again from FY 2020 to FY 2021—from 277,910 in FY 2020 to 223,631 in FY 2021—a 20 percent overall decrease. Emergency shelter and congregate placements showed the largest total decrease in care days when comparing FY 2020 to FY 2021, decreasing by 68 percent and 37 percent respectively. As a proportion of total care days, foster care decreased in FY 2021 compared to FY 2020, while kinship care and enhanced foster care days increased slightly (see Figure 3-8).

Table 3-4. Kent County care days by state Fiscal Year and living arrangement (excluding URM, YAVFC, JJ, and OTI)

Placement setting	Pre-Implementation			Post-Implementation			
	2015	2016	2017	2018	2019	2020	2021
Total Care Days	332,334	297,465	295,932	305,254	311,831	277,910	223,631
Foster Care	178,393	146,946	139,131	140,803	135,839	118,450	83,491
Kinship	71,401	78,331	82,039	88,166	98,984	83,569	75,148
Parental Home	39,001	29,700	28,989	26,649	27,967	28,586	26,231
Congregate	22,169	26,949	31,208	32,741	26,775	24,879	15,558
Independent Living	6,271	5,041	3,386	4,359	5,260	5,457	5,273
Emergency Shelter	1,688	1,861	3,311	3,109	2,829	1,957	635
Runaway	2,390	3,114	3,605	2,662	2,230	2,117	1,597
Enhanced FC				2,366	9,192	11,127	12,289
Adoptive Home	7,103	2,944	1,301	1,547	1,058	50	279
Detention	1,812	1,246	642	1,156	595	682	1,167
Treatment FC	2,142	1,524	1,677	923			46
Other*	694	541	1,373	773	1,102	1,036	1,917

³⁶ Other/Unknown revenue includes Temporary Assistance for Needy Families and YIT revenue and the revenue associated with Kids First expenditures.

Table 3-4. Kent County care days by state Fiscal Year and living arrangement (excluding URM, YAVFC, JJ, and OTI) (continued)

Placement setting	Pre-Implementation			Post-Implementation			
	2015	2016	2017	2018	2019	2020	2021
Total Year-Over-Year Change		-10%	-1%	3%	2%	-11%	-20%
Foster Care		-18%	-5%	1%	-4%	-13%	-30%
Kinship		10%	5%	7%	12%	-16%	-10%
Parental Home		-24%	-2%	-8%	5%	2%	-8%
Congregate		22%	16%	5%	-18%	-7%	-37%
Independent Living		-20%	-33%	29%	21%	4%	-3%
Emergency Shelter		10%	78%	-6%	-9%	-31%	-68%
Runaway		30%	16%	-26%	-16%	-5%	-25%
Enhanced FC					289%	21%	10%
Adoptive Home		-59%	-56%	19%	-32%	-95%	458%
Detention		-31%	-48%	80%	-49%	15%	71%
Treatment FC		-29%	10%	-45%			
Other*		-22%	154%	-44%	43%	-6%	85%

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

Figure 3-7. Kent County care-day utilization by state Fiscal Year and placement setting

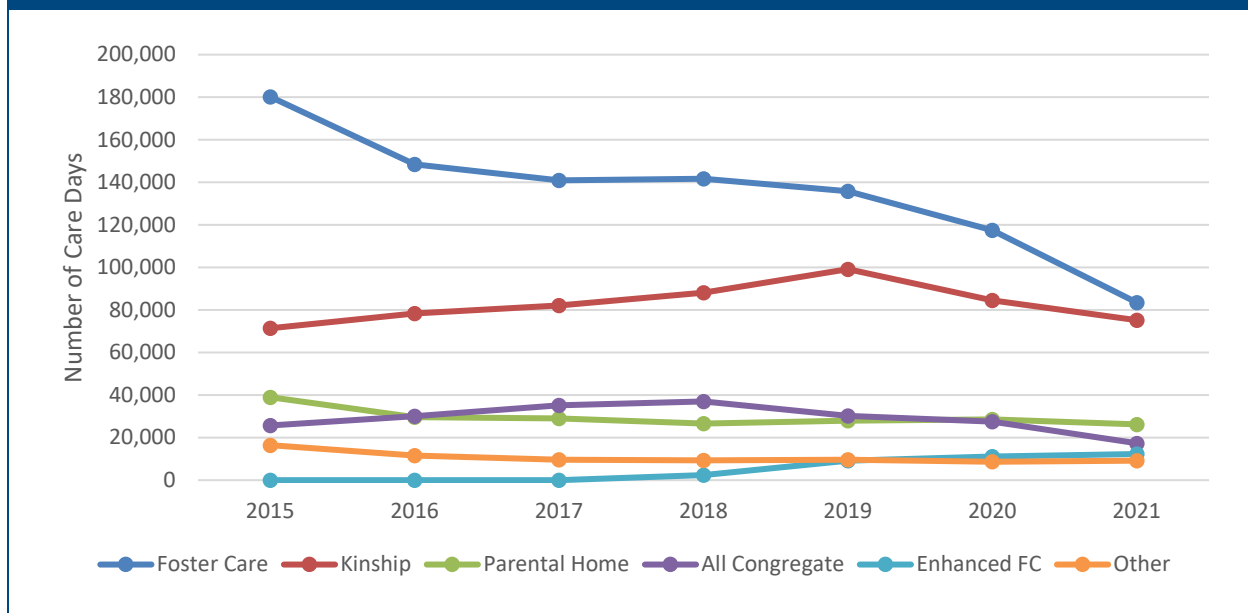


Figure 3-8. Kent County care-day utilization by state Fiscal Year and placement setting as a percentage of total care days

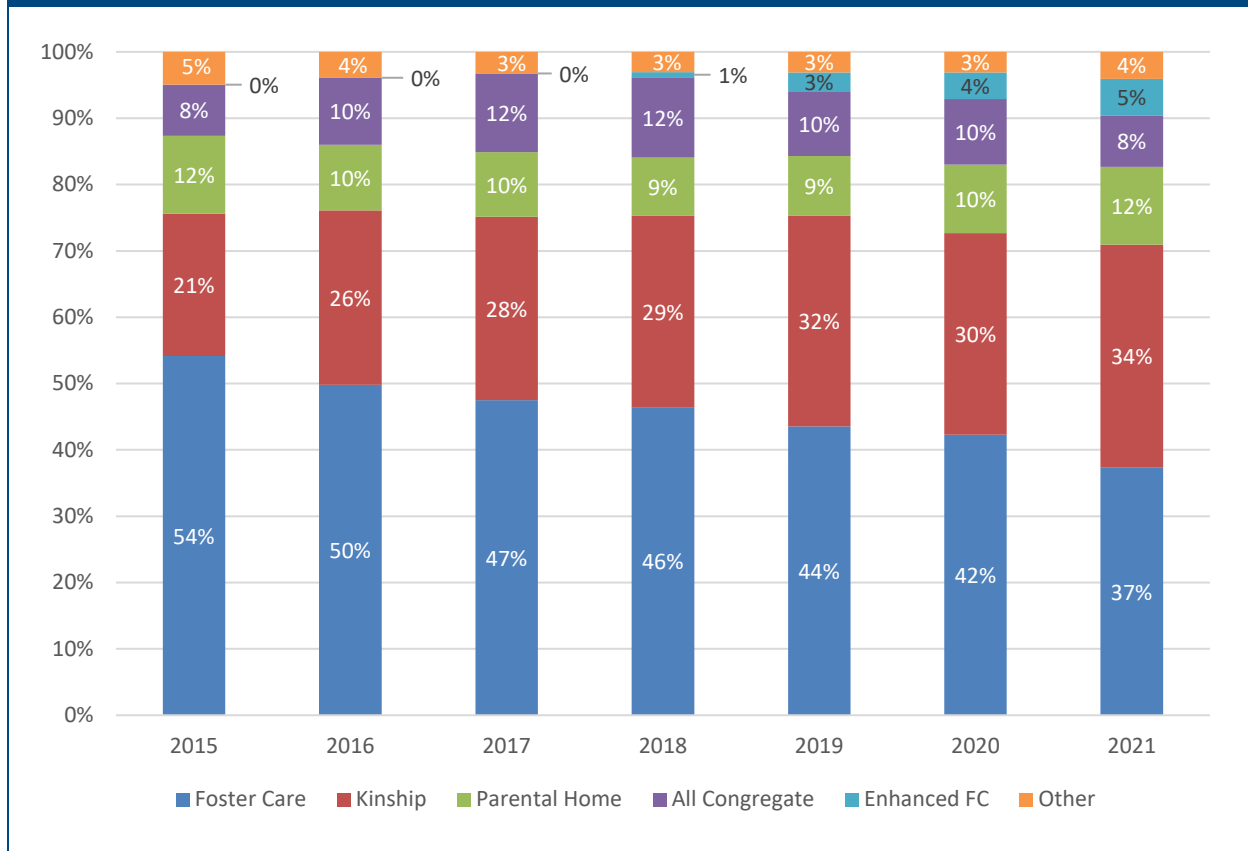
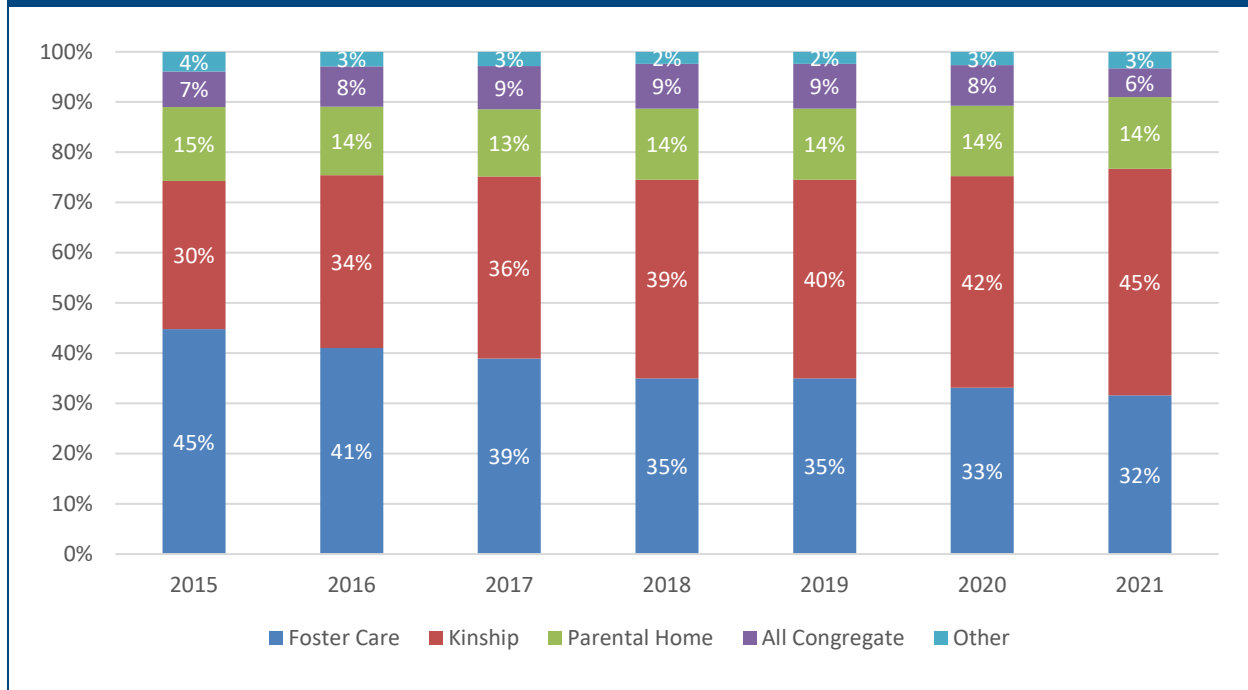


Figure 3-9 shows care-day utilization for the rest of the state as a percentage of total annual care days. Like Kent County, the rest of the state has consistently used the majority of care days in the least costly foster care and kinship care settings. However, Kent's use of more expensive care types, namely congregate and enhanced foster care, is slightly higher than the rest of the state. While Kent has decreased their use of congregate care during the pilot compared to pre-pilot, it remains higher than the rest of the state. For example, in FY 2021, 8 percent of Kent County's total care day utilization was in congregate settings compared to 6 percent in the rest of the state. Kent County's use of enhanced foster care, which is intended to reduce reliance on congregate care, has also increased gradually during the pilot. Enhanced foster care has a higher maintenance and administrative rate than regular foster care, contributing to Kent's higher daily unit cost of care compared to the rest of the state (see Figures 3-14 and 3-15).

Figure 3-9. Rest of state care-day utilization by state Fiscal Year and placement setting as a percentage of total care days



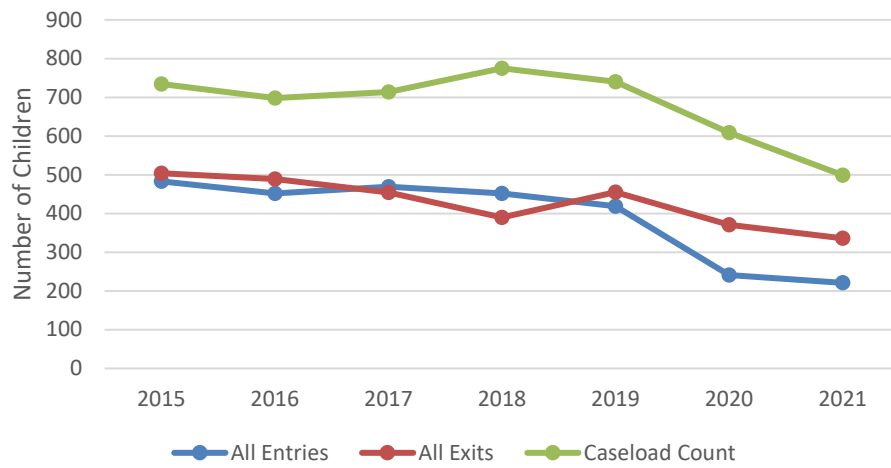
To understand shifts in out-of-home placement days and their related costs, expenditure structure must be examined. Total out-of-home placement expenditures are influenced by two components: (1) price of care and (2) quantity of care days; that is, how much a child welfare system spends on out-of-home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

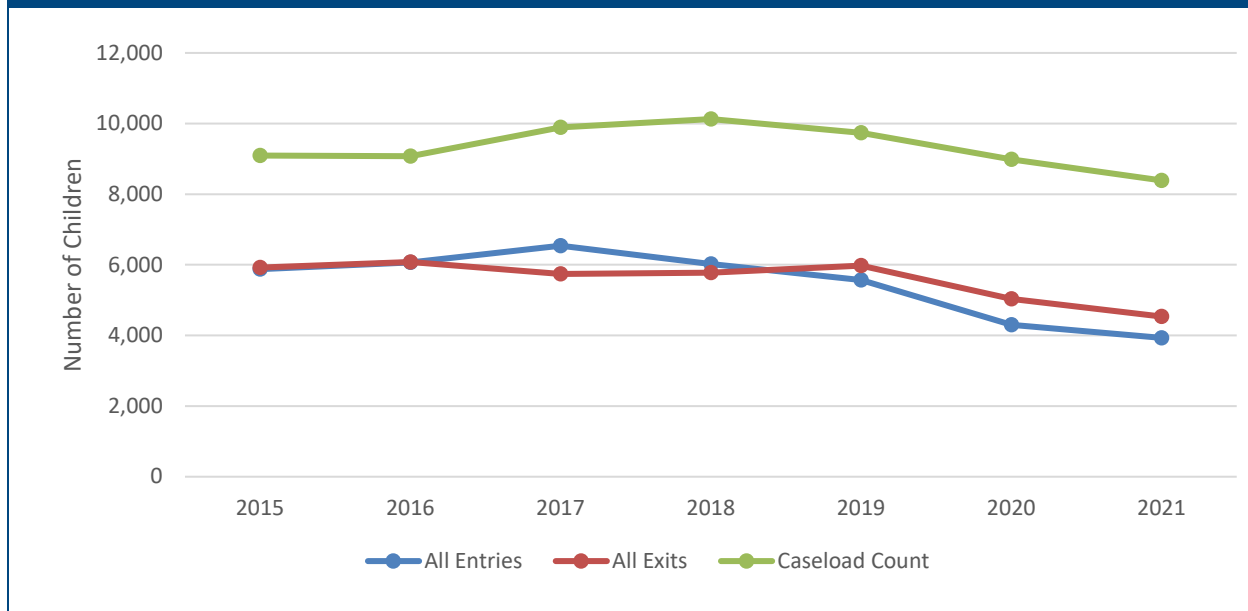
Historic child entries, exits, and a point-in-time caseload count at the end of the Fiscal Year are measured to determine how changes in care-day utilization over time correspond to the volume of children moving in and out of care (see Figure 3-10). Child entries include all children entering care for 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, then declined more dramatically in FY 2020, and continued to drop in FY 2021. In FY 2020, there was a 42 percent drop in the number of children entering care compared to FY 2019, and in FY 2021, child entries declined another 8 percent from FY 2020 levels. Child exits and the caseload count also declined in FY 2020 and FY 2021 compared to previous years. In FY 2021, the caseload count declined by 18 percent, relative to FY 2020, and exits dropped by 9 percent.

Figure 3-10. Kent County child entries, exits, and caseload count at the end of the Fiscal Year



The number of children entering, exiting, and in care (i.e., the caseload count) in the rest of the state followed the same overall trend as Kent County with a decline between FY 2019 and 2021 (see Figure 3-11). However, the decline in the rest of the state was not as substantial as it was for Kent County between FY 2019 and FY 2020—child entries decreased by 42 percent in Kent County from FY 2019 to FY 2020, compared to a 23 percent decline in the rest of the state. Between FY 2020 to FY 2021, child admissions declined by about 8 percent and exits decreased by 9 percent in both Kent County and the rest of the state. However, Kent County saw a larger decrease in caseload for FY 2021—Kent County’s caseload count dropped 18 percent from FY 2020 to FY 2021 compared to 7 percent in the rest of the state. Kent County’s decline in caseload count may be explained by a shorter duration in care for children admitted in FY 2020 (see Table 3-4, previously shown, and Figure 3-12).

Figure 3-11. Rest of state child entries, exits, and caseload count at the end of the Fiscal Year

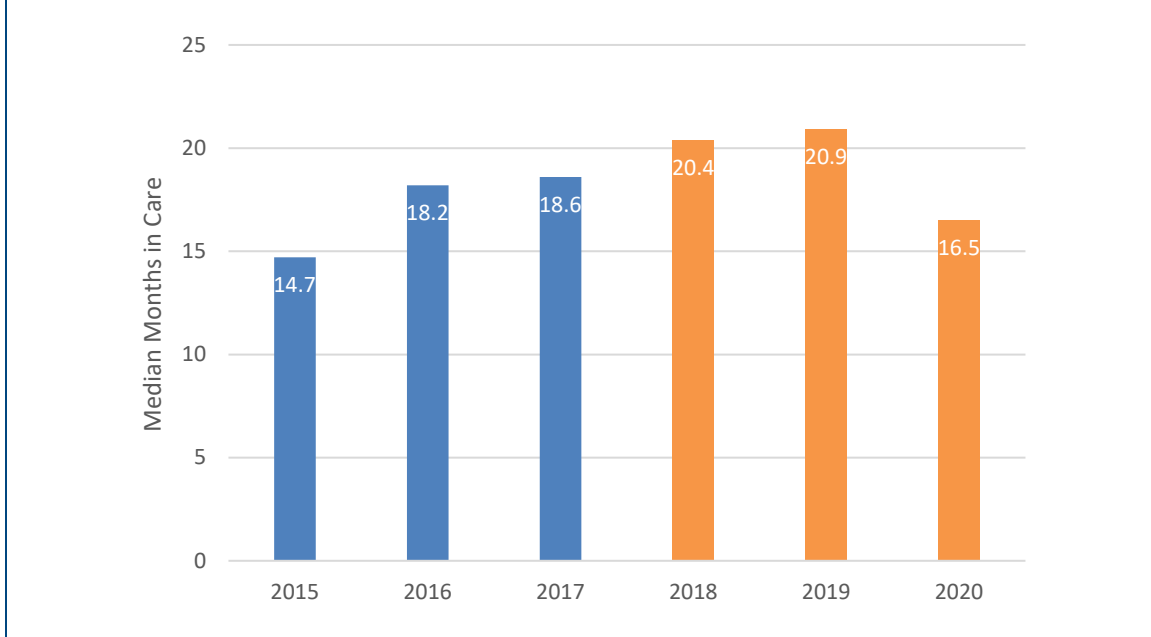


The volume of care days provided is also a function of how many days children stay in care. Duration in care was measured for entry cohorts using survival analysis. Table 3-5 shows that for all children entering care in Kent County in FY 2019, it took 10.2 months for children who entered in the first quarter to exit care, and 21.1 months for children who entered in the first half (i.e., the median) to exit care. Median duration in care 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 20.3 months in FY 2018 and 21.1 months in FY 2019 (see Figure 3-12). Median duration in care declined in FY 2020 to 16.5 months, but too many children were still in care at the end of FY 2021 to observe median duration for the most recent full year of WMPC implementation (FY 2021).

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	2021
25th Percentile	6.7	7.3	8.8	11.8	10.2	8.6	10.4
50th Percentile (Median)	14.5	18.2	18.6	20.3	21.1	16.5	--
75th Percentile	25.9	27.0	28.4	31.0	31.0	--	--

Figure 3-12. Median duration in months by State Fiscal Year of child entry in Kent County



3.1.1.4 Average Daily Unit and Child Level Placement Costs

Figure 3-13 displays the trend in the overall average daily unit cost of care across time along with the unit cost of the two major components of placement expenditures—average maintenance and administration daily costs.^{37,38} “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 (FY 2015-2017), when the average daily unit cost increased by 29 percent. The average daily unit cost continued rising after the implementation period began, but with a 15 percent increase in FY 2018, followed by a 3 percent increase in FY 2019. FY 2020 saw a 9 percent reduction in the average cost to provide one day of care. While the average daily unit cost increased between FY 2020 and FY 2021, the FY 2021 average was still below that of FY 2019—a reduction of 5 percent from the FY 2019 high.

³⁷ 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 child’s age and whether or not they are medically fragile. In future reporting periods, further analysis will be made into the difference between these figures and the foster home average daily cost presented in Figures 3-13-3-15.

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

³⁸ CCI per diem rates range from \$254-\$689 depending on rate type.

Figure 3-13. WMPC-related average daily unit cost for out-of-home placements by Fiscal Year, adjusted for inflation

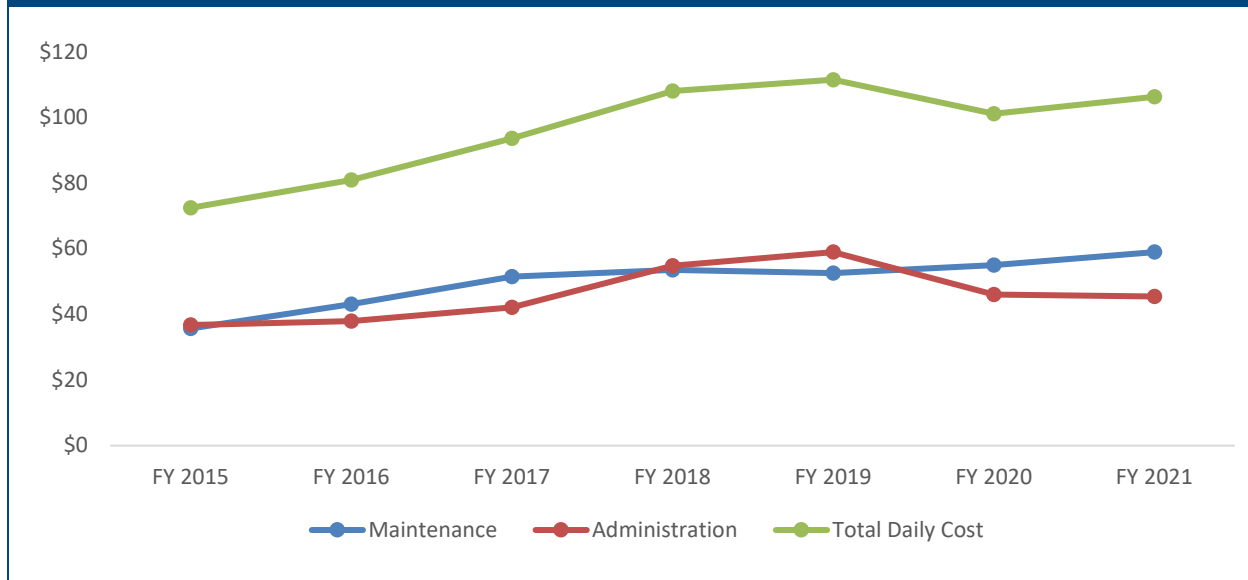
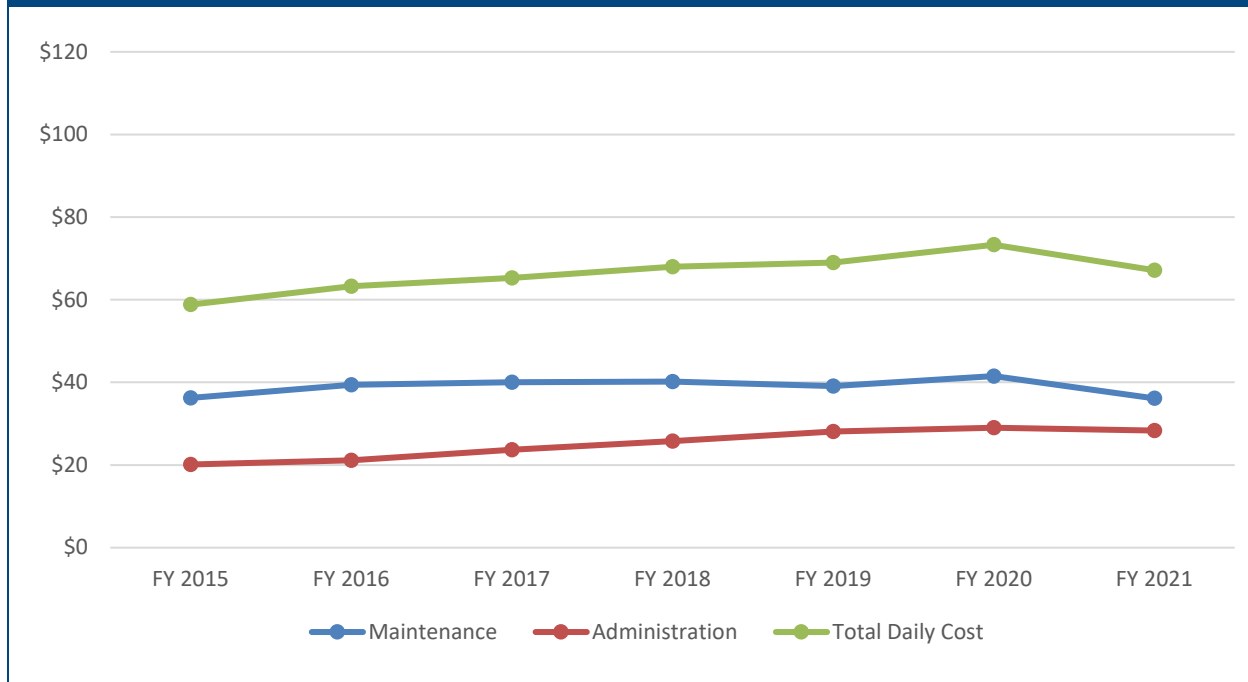


Figure 3-14 shows the average daily unit costs for maintenance and administration in the rest of the state. Average daily unit rates in the rest of the state have been consistently lower than Kent County both before and during the pilot. This is partially explained by Kent County being more privatized than the rest of the state, and agencies receiving a placing agency administrative rate. Additionally, administration costs in the rest of the state did not climb as much in FY 2018 and FY 2019 when WMPC increased the administrative per diem over state-level placing agency rates. Maintenance rates have also increased more in Kent County than the rest of the state. This is, in part, explained by Kent's utilization of more costly care types, including slightly higher use of congregate care settings both before and after the pilot, and increasing utilization of enhanced foster care during the pilot (see Figures 3-8 and 3-9 previously shown).

Figure 3-14. Rest of state average daily unit cost for out-of-home placements by Fiscal Year, adjusted for inflation

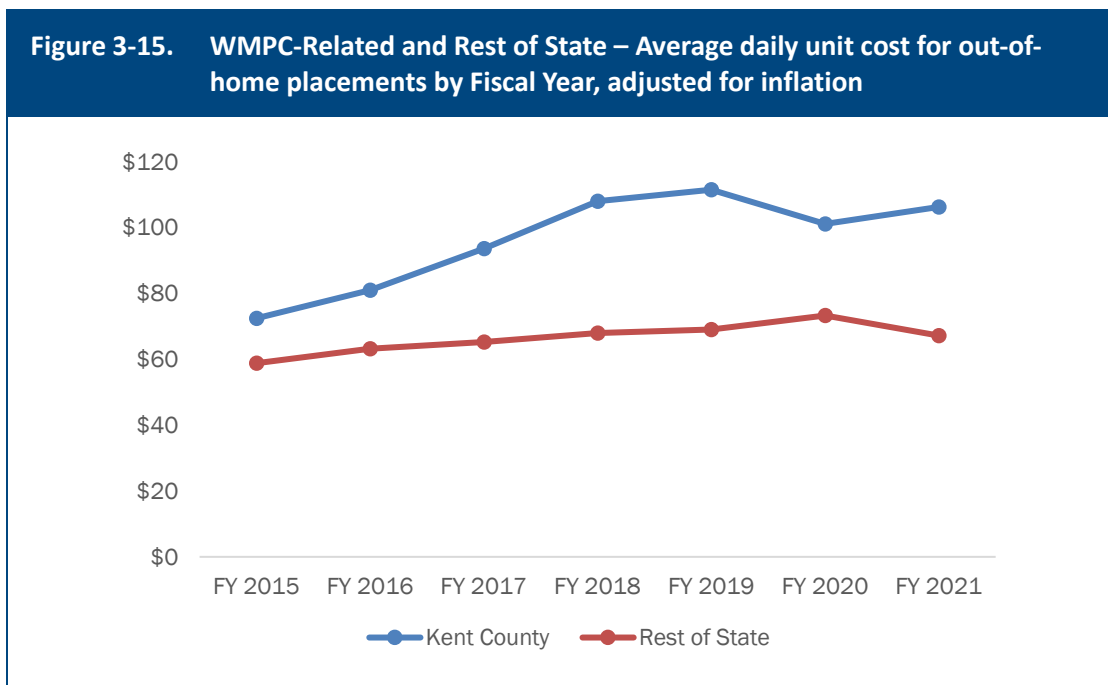


As shown previously (Table 3-3), CCI and emergency shelter days increased during the baseline period (FYs 2015-2017) while foster care days decreased. Thus, the observed increase in average daily maintenance cost during the baseline period most likely stems from a shift to more expensive care types (i.e., CCI care) and 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 and a 7 percent increase in FY 2021, when the total care days used 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 (see Figure 3-8, previously shown). In FY 2021, foster care days continued to decrease as a proportion of total care days while more costly enhanced foster care utilization increased slightly (see Figure 3-8, previously shown). Additionally, the state increased placement maintenance per diem rates for FY 2021, contributing to increased daily unit costs.

The average daily administrative cost increased by 15 percent during the baseline period (FYs 2015-2017) 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-levels. FY 2020 saw a decrease in the average daily administrative rate as WMPC adjusted the daily rate being paid to providers from \$48 to \$46.20. A small reduction of the average daily unit cost (1%) continued between FY 2020 and FY 2021.

Figure 3-15 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 43 percent higher in FY 2017. The average daily unit cost in care grew slowly and steadily in the rest of the state until dipping in FY 2021, while Kent County saw greater

variability and then an increase during FY 2021. In FY 2021, the average daily unit cost in Kent County was 58 percent higher than the rest of the state. As discussed previously, Kent’s higher daily unit costs are related to placement agency administrative costs (see Figures 3-13 and 3-14, previously shown) and utilization of more costly care types (Figures 3-8 and 3-9, previously shown).



3.1.2 Summary of Cost Study

Fiscal trends during the baseline period—3 years prior to implementation of the Kent Model—were characterized by rising costs. After adjusting for inflation, overall child welfare expenditures rose by 12 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 54% 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 20 percent, 7 percent, and 8 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 continued to rise, but by a smaller annual percentage (5%), and maintenance costs plateaued—only rising by less than 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 decreased, 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, Kent County child welfare expenditures experienced a large decline, beginning in FY 2020, and continued to drop in FY 2021. Placement

maintenance and administrative spending declined due to this reduction in the number of care days being purchased and a decline in the average daily administrative cost of care 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 2020-21. The number of children entering care remained fairly stable during the baseline period and into FY 2018 but declined slightly in FY 2019. At the same time, the median duration in care increased in FY 2016-17 leading up to WMPC implementation (in 2017) and continued to rise for children entering care in FY 2018-19. 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 2020-21, compared to the first 2 years of the pilot, driving a reduction in care day utilization. At the same time, median duration for children entering care in FY 2020 declined compared to FY 2018-19, contributing to lower caseload counts and reduced care day utilization.

As previously mentioned, WMPC switched from a case rate to a capitated rate funding model in FY 2021. The capitated rate amount was based on historic spending—\$36,975,564 for foster care services and \$2,000,000 for administrative expenses. However, the recent trends discussed above (i.e., declining child admissions and caseload) have led to lower spending in FY 2021. As a result, WMPC currently has a substantial surplus relative to what the new rate would cover.

3.2 Outcome Study: Safety, Permanency, and Stability

This section of the report covers safety and permanency outcomes for the Kent Model. 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 3-6 presents demographics of children in care and indicates that the PSM resulted in equivalent groups (e.g., no statistically significant differences across race, gender, and age).

	Kent	Comparison
Total (N)	1,954	1,947
In care prior to 10/1/2017 (legacy)	763	770
In care after 10/1/2017	1,184	1,184
Age (at removal date) mean and standard deviation	M = 6.5 sd = 5.5	M = 6.4 sd = 5.6
Male	51.8%	52.1%
Hispanic	15.7%	14.7%
Black	31.7%	32.3%
White	49.9%	49.0%

3.2.1 Safety

Research Question: Does the Kent Model improve the safety of children?

3.2.1.1 Maltreatment Recurrence

What percentage of children experience maltreatment recurrence? To answer this question, we isolate the most recent Child Protective Services (CPS) report (Categories I, II, or III³⁹) *prior* to removal, and the most recent CPS report (Categories I, II, or III) *after* removal. Table 3-7 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 3-7. Second substantiation within 1 year			
Group	No recurrence	Experienced recurrence	Total
Comparison, entered care after 10/1/2017	94.7% (1,121)	5.3% (63)	1,184
Comparison, in care prior to 10/1/2017 (legacy)	93.8% (722)	6.2% (48)	770
Kent, entered care after 10/1/2017	93.0% (1,101)	7.0% (83)	1,184
Kent, in care prior to 10/1/2017 (legacy)	93.4% (713)	6.6% (50)	763
Total	93.7% (3,657)	6.3% (244)	3,901

3.2.1.2 Maltreatment in Care

What percentage of children experience maltreatment while in foster care? Table 3-8 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 (CFSR) round three approach to MIC, although we display the estimates in percentages rather than as a rate per 100,000 days of care. Overall, 9.2 percent of children experienced MIC or a Category I-III disposition⁴⁰ while they were in an out-of-home placement setting or still under the legal guardianship/supervision of the state (Table 3-8). There were no statistically significant differences between children served in Kent County and similar children served by private agencies outside of Kent County.

³⁹ Category III dispositions apply to cases in which the county DHHS agency 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 dispositions apply to cases in which DHHS 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 dispositions apply to cases in which DHHS determines that there is a preponderance of evidence of child abuse or neglect, and a court petition is needed and/or required. As with Category II dispositions, services (or foster care) must be provided by CPS, in conjunction with community-based services.

⁴⁰ https://www.michigan.gov/mdhhs/0,5885,7-339-73971_7119_50648_7193-159484--,00.html

Table 3-8. Maltreatment in care			
Group	No MIC	Experienced MIC	Total
Comparison, entered care after 10/01/2017	92.6% (1,096)	7.4% (88)	1,184
Comparison, in care prior to 10/01/2017 (legacy)	87.5% (674)	12.5% (96)	770
Kent, entered care after 10/01/2017	92.9% (1,100)	7.1% (84)	1,184
Kent, in care prior to 10/01/2017 (legacy)	88.1% (672)	11.9% (91)	763
Total	90.8% (3,542)	9.2% (359)	3,901

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 that 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 the parental home with a placement start date that is at least 30 days prior to the date of the data extraction. Table 3-9 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 care days (length of stay in days). We present both median and mean lengths of stay. For children who entered care after 10/1/2017, Kent County groups exited care at a higher rate than the comparison group (63.1% vs. 57.3%); this difference is statistically significant (p -value <0.001). 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 (560 days vs. 629 days); this difference is also statistically significant (p -value <0.05).

Table 3-9. Exited or still in care					
Group	Exit status	% (N)	Length of stay		
			Mean	Standard deviation	Median
Comparison, entered care after 10/01/2017	In care	42.7 (505)	670	411	634
	Exited	57.3 (679)	629	306	603
Comparison, in care prior to 10/01/2017 (legacy)	In care	9.5 (73)	1,637	693	1,785
	Exited	90.5 (697)	966	493	869
Kent, entered care after 10/01/2017	In care	36.9 (437)	531	399	423
	Exited	63.1 (747)*	560	334	554
Kent, in care prior to 10/01/2017 (legacy)	In care	5.5 (42)	1,854	1,122	1,776
	Exited	94.5 (721)	953	513	839

* Indicates $p < 0.05$, + indicates $p < 0.001$

Focusing more specifically on the timing associated with exits, Table 3-10 shows cumulative exits to permanency at 6, 12, and 18 months. A higher percentage of children in Kent County who entered care after 10/1/2017 achieve permanency within 6 months of entering care at a statistically higher rate than children in the comparison counties (16.60% vs. 6.77%, p -value <0.0001). This difference is maintained by the 12th month (30.79% vs. 21.21%, p -value <0.001) but disappears after the 18th month.

Table 3-10. Cumulative exits to permanency

Group	Permanency within 6 months	Permanency within 12 months	Permanency within 18 months	Ever achieved permanency	Total exits (N = 2,844)
Comparison, entered care after 10/01/2017	6.77% (46)	21.21% (144)	40.80% (277)	91.31% (620)	679
Comparison, in care prior to 10/01/2017	2.30% (16)	7.89% (55)	17.65% (123)	87.52% (610)	697
Kent, entered care after 10/01/2017	16.60% (124)**	30.79% (230)*	46.45% (347)	93.84% (701)	747
Kent, in care prior to 10/01/2017	1.39% (10)	4.99% (36)	16.09% (116)	89.04% (642)	721

* Indicates $p < 0.001$, ** indicates $p < 0.0001$

Note: The additional exit within 18 months in Kent County for children who entered care after 10/1/2017 appears to reflect a crossover case. This child's Child Welfare Continuum of Care (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's data from the sample, we have grouped it with data from other children who are enrolled under the CWCC program type after 10/1/2017.

Cumulative Re-entry. For the purpose of this study, a re-entry is defined as a child who returned to a substitute care setting after they have been discharged from care with any discharge type. Children in Kent County re-enter care at a lower rate at each time period and overall (Table 3-11). However, this difference is not significant. Overall, children in Kent County who entered care after 10/1/2017 return to care at a significantly lower rate than children in the comparison group (6.29% vs. 9.72%, p -value < 0.05).

Table 3-11. Cumulative re-entries

Group	Returned within 6 months	Returned within 12 months	Returned within 18 months	Ever re-entered care	Total exits
Comparison, entered care after 10/01/2017	5.15% (35)	6.48% (44)	7.36% (50)	9.72% (66)	679
Comparison, in care prior to 10/01/2017	6.17% (43)	7.75% (54)	9.47% (66)	11.62% (81)	697
Kent, entered care after 10/01/2017	3.08% (23)	4.15% (31)	5.35% (40)	6.29% (47)*	747
Kent, in care prior to 10/01/2017	10.12% (73)	11.65% (84)	14.01% (101)	15.40% (111)	721

* Indicates $p < 0.05$

Permanency Categories by Study Group. Table 3-12 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 finding that 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, children with shorter stays had already exited the system to reunification. For the children who entered care after 10/1/2017, the children in Kent County are significantly *less likely* to exit to adoption (p -value < 0.05), and slightly—but not significantly—more likely to exit to guardianship than the comparison group. This helps explain the differences observed in terms of time in care.

Table 3-12. 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	40.5% (251)	7.3% (45)	0.6% (4)	51.6% (320)
Comparison, in care prior to 10/01/2017	62.8% (383)	6.4% (39)	0.0% (0)	30.8% (188)
Kent, entered care after 10/01/2017	32.1% (225)*	10.1% (71)	1.3% (9)	56.5% (396)
Kent, in care prior to 10/01/2017	56.9% (365)	10.0% (64)	0.9% (6)	32.2% (207)

* Indicates $p < 0.05$

Time in Care. Reunification and adoption are the two most common types of permanency; as such, Table 3-13 focuses on the length of time between children's entry to and exit from care. The amount of time (in days) is summarized with means, medians, and standard deviations. As shown, children in Kent County who entered care after 10/1/2017 exited to reunification faster than those in the comparison group (363 vs. 427 days); this difference is statistically significant (p -value < 0.001).

Table 3-13. Time to exit by exit type

Group	Exit type	N	Time to exit		
			Mean	Median	Standard deviation
Comparison, entered care after 10/01/2017	Adoption	251	739	771	265
	Reunification	320	427	482	299
Comparison, in care prior to 10/01/2017	Adoption	383	939	1,035	426
	Reunification	188	568	714	470
Kent, entered care after 10/01/2017	Adoption	225	817	819	238
	Reunification	396	363 ⁺	401	303
Kent, in care prior to 10/01/2017	Adoption	365	959	1,028	421
	Reunification	207	612	759	499

⁺ Indicates $p < 0.001$

Table 3-14 displays cumulative exits to permanency for older youth at 6, 12, and 18 months from their removal date. Older youth (defined here as youth ages 16-18) typically face challenges that are different 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. Unfortunately, the overall number of children in this age range across the study groups is quite small (the total is approximately 5% of the entire sample). While this does not preclude their importance, it poses difficulties (for reasons of statistical power) to evaluating and detecting differences between the youth served by WMPC and youth in the comparison group. In previous iterations of this evaluation report, there were differences between the two groups, but they did not reach statistical significance (again, related to low statistical power). In the current analysis, there is enough power, and the differences reach statistical significance. For older youth exiting care, those associated with WMPC are significantly *more likely* to achieve permanency than older youth in the comparison group within 12 months (p -value < 0.05), but significance is not reached for the difference between the permanency within 18 months nor the ever-achieved permanency measures (Table 3-14).

Table 3-14. 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 = 230)
Comparison, entered care after 10/01/2017	8.06% (5)	8.06% (5)	19.35% (12)	27.42% (17)	62
Comparison, in care prior to 10/01/2017	3.17% (2)	4.76% (3)	7.94% (5)	12.70% (8)	63
Kent, entered care after 10/01/2017	19.30% (11)	31.58% (18)*	36.84% (21)	45.61% (26)	57
Kent, in care prior to 10/01/2017	0% (0)	4.17% (2)	12.50% (6)	35.42% (17)	48

* Indicates $p < 0.05$

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.⁴¹ Thus, it is important to minimize the number of placement changes a child experiences while in foster care. Table 3-15 shows the number and percent 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 3-15. Placement stability

Group	2+ changes	<2 changes	Total
Comparison, entered care after 10/01/2017	38.6% (457)	61.4% (727)	1,184
Comparison, in care prior to 10/01/2017	54.5% (420)	45.5% (350)	770
Kent, entered care after 10/01/2017	40.5% (479)	59.5% (705)	1,184
Kent, in care prior to 10/01/2017	57.8% (441)	42.2% (322)	763
Total	46.1% (1,797)	53.9% (2,104)	3,763

3.2.4 Summary of Outcome Study

The outcome study focuses on safety, permanency, and placement stability, common outcomes in child welfare evaluation studies. The outcomes were estimated and displayed across four unique groups of children. These groups include: (1) children in Kent County prior to 10/1/2017; (2) a matched group of children associated with counties other than Kent prior to 10/1/2017; (3) children associated with WMPC after 10/1/2017; and (4) a matched group of children associated with counties other than Kent County after 10/1/2017. Propensity score procedures

⁴¹ Center for Advanced Studies in Child Welfare (2010).

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 10/1/2017, children in Kent County achieved permanency by 6 and 12 months at a higher rate than children in the comparison group. This difference disappears by the 18th month. Children in Kent County re-entered care at a lower rate overall than children in the comparison group. Children in Kent County were less likely to exit to adoption as compared with children in the comparison group, and exit to reunification more quickly than children in the comparison group.
- **Placement Stability.** Children in Kent County experienced two or more placement changes at a rate similar to children outside Kent County.

3.3 Implementation of the Kent Model

The process evaluation looked at the ongoing implementation of the Kent model, including the unique aspects of the model, the structure and function of the WMPC, the collaboration between the most significant entities in the Kent County child welfare system, the use of data to support the model, and finally, the effects of the model on overall child welfare practice in the county and in comparison to current practice in the two comparison counties.

Research Question: What resources are necessary to support the successful implementation of the Kent Model?

Financial Flexibility and Innovation

A significant aspect of the Kent Model, as originally planned, was to allow private agencies greater financial flexibility to develop and implement innovative solutions to better meet the needs of the children and families in the foster care system in Kent County. WMPC planned two main strategies to increase flexibility: (1) increasing the staffing rate paid to the private agencies, and (2) paying for a wider variety of innovative services through miscellaneous funding requests than would have been approved by DHHS prior to the Kent pilot.

Earlier in the pilot, WMPC paid private agencies a staffing rate of \$48, higher than the statewide rate (set by MDHHS) of \$46.20. In focus groups, private agency leadership and staff reported that private agencies used funding from the higher staffing rate to fund additional positions such as family finders, case aides, buffer workers, and supervisors. In year 4, WMPC lowered the rate back to the statewide rate. The lowering of the rate left some agencies looking for alternate funding sources to retain these positions. However, near the end of the current reporting period, the state announced additional appropriations for MDHHS for the 2022 fiscal year, which enabled MDHHS to raise the staffing rate to \$55.20 statewide, a considerable increase.

With regard to miscellaneous funding requests through WMPC, most private agency respondents agreed that these requests allow for greater creativity in case planning, specifically for needs that support placement stability, permanency, or reunification. For example, some caseworkers described using miscellaneous funding requests to pay for counseling, specialized therapy, or other

medical or behavioral health services that could not be paid for through Medicaid. However, some respondents expressed that they had less flexibility or funding fluidity than they had originally envisioned at the beginning of the pilot. As one private agency supervisor noted:

We can advocate a lot easier when it comes to creativity around finance, if finances are a barrier... I think if you can make a really good case for why it helps with permanency or meeting the kids' or the parents' needs, there's a lot more flexibility in that way.

Enhanced Foster Care (EFC)

Since the start of implementation, EFC has been the most well-received aspect of the Kent Model. EFC provides a higher foster care rate and intensive in-home clinical services for children with high needs; respondents universally consider EFC an important facilitator for getting or keeping children out of residential care. As one private agency staff person shared:

I've had the opportunity to do EFC as a clinical case manager, as a foster parent, in all the different roles and... I think it's incredibly successful. I think that we'd have far better outcomes in foster care if EFC became the base model for it in how we did all of our services.

Two years ago, WMPC instituted a per-agency cap on EFC cases and a process for regular case review. The cap and review process were intended to control EFC expenditures and ensure that EFC was being used as intended. In the most recent data collection focus groups, private agency staff agreed that they were managing under the caps, especially because WMPC was able to allow some flexibility in approving a small number of additional EFC slots even if the agency was at their cap. However, private agency staff also expressed the perception that, during the COVID-19 pandemic, they were seeing a higher proportion of children with high needs entering foster care, which increased the demand for EFC services.

"I think that the caps need to be [adjusted], given that residential facilities have closed and our caps have not changed. They're really only still related to the number of kids that we have in care like, they haven't accounted for the change in more high needs kids in the community. So that's been difficult because we have all these teens now that would have typically been in residential, and then we still have our littles that wouldn't be eligible for residential. And we're struggling to support everybody."

–Private agency supervisor

During the current report period, WMPC also began training EFC staff and caregivers in the Together Facing the Challenge curriculum, an evidence-based therapeutic foster care program that helps foster parents build skills in communication and behavior management. Although Together Facing the Challenge was still in the early stages of implementation at the time of the focus groups, respondents reported hearing positive feedback about the model from both staff and caregivers who had been through the training. Some private agency staff described an early challenge to implementing the model: because EFC follows the child rather than the caregivers, as in traditional therapeutic foster care, some caregivers were trained in Together Facing the Challenge, but the placement ended before the caregivers had a chance to use the training.

Care Coordination Team

The WMPC Care Coordinators remain the primary point of connection between WMPC and the private agency frontline staff. 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 on policy. 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. In the current reporting period, the Care Coordination team saw significant turnover and restructuring. Private agency respondents described challenges in building relationships with new Care Coordinators, due to the lack of in-person office time, a Care Coordination feature highly praised in previous years. However, despite these challenges, respondents at each of the private agencies said that they feel supported by their current Care Coordinators.

From the WMPC perspective, the realignment of the Care Coordination program begun during the previous reporting period continued this year. At the beginning of 2021, WMPC assessed the program to identify inefficiencies and opportunities to build further capacity. This process resulted in the creation of a new position: the Intake and Placement Coordinator. The purpose of the new position is to handle daytime child placements, as well as all residential referrals, to allow Care Coordinators to focus on supporting their assigned agency or agencies. WMPC hired the first Intake and Placement Coordinator shortly before data collection for the current reporting period.

New Elements

In the current reporting period, WMPC added two new elements to the Kent Model: (1) a parent engagement program to support birth parents of children aged 0-5 in foster care, and (2) the Enhanced Shelter Home program.

Parent Engagement Program. WMPC launched the new parent engagement program in March 2021 with funding from the Ready by Five Early Childhood Millage fund. The program's manager and two Parent Engagement Specialists work closely with the Care Coordination team and private agency foster care workers to offer peer mentoring and additional supports to birth parents as they navigate the child welfare system. In the first months of implementation, respondents described both challenges and successes in engaging parents and building working relationships with community partners. Private agency staff expressed positive feelings about the potential of the program:

"We know a lot of times we're looking at services and supports for the child, but our parents, have to say, they kind of get left behind. But they not necessarily get all the support that they could really use, versus a list of, 'Here's all the thousand services you need to do and work on in order to try to get your child back.' And so we're here to really walk alongside our parents and break down those services and say, what is the priority right now, how can I best support you, and what are the steps that are needed."

– WMPC representative

I'm really excited about it. I feel like the additional kind of parent mentorship is really what we've needed for quite a while and could make a difference in some cases. I think it's just kind of figuring out how to get them involved in working with parents.

Enhanced Shelter Homes. When the KidsFirst shelter shut down over 2 years ago, Kent County was left without a youth shelter. In an effort to provide temporary emergency shelter capacity, WMPC initiated the Enhanced Shelter Home program at all five private agencies, based on the state transitional foster home program. Enhanced shelter homes are foster families who are paid a per diem to reserve a bed for youth in need of emergency shelter. Shelter homes also receive intensive daily support from their agency's EFC team. Both private agency and WMPC staff agreed that the program has not launched as well as hoped, mainly due to the challenge of finding foster families willing to participate. Participating in the program means that foster homes have a limited ability to refuse placements, which are likely to be with youth who may have higher needs. As one private agency respondent explained:

I would say that that has been very helpful as long as you have a home that is willing to provide that service, which has been the biggest difficulty. There's just not a lot of families that are open to providing that service. But when we did have our home, it was very helpful.

3.3.1 West Michigan Partnership for Children (WMPC) Staffing

There were substantial staffing changes at WMPC during the fourth year of the pilot. Changes were reported as a result of an agency-wide analysis that included staff feedback—a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis, as well as consultant-facilitated sessions to review the needs of each WMPC department and how each could best serve agency partners, as well as contribute to the achievement of network performance goals. The Performance and Quality Improvement (PQI) and Care Coordination teams both had staff turnover and restructuring throughout the year. The administrative assistant left, and her position had not yet been filled, and in addition, the Chief Executive Officer (CEO) announced her departure at the end of the 2020 fiscal year. There were also several new positions added. WMPC added Parent Engagement Specialists (as discussed in the previous section) and created several other positions, including: PQI Manager, Clinical and Utilization Manager, Intake and Placement Coordinator. Most significantly in lieu of filling the now vacant Chief Operating Officer (COO) position, a Chief Engagement and Equity Officer (CEEEO) was added. Many of these changes and their impact are addressed further in the following section.

Parent Engagement Specialists. As mentioned in the previous section, the parent engagement program launched in spring 2021. Funding was used to hire three Parent Engagement Specialists.

Care Coordination. The Care Coordination department experienced both new positions created and staff turnover. Two new positions included a Clinical and Utilization Manager, and an Intake and Placement Coordinator. The current Care Coordination Manager moved into the Clinical and Utilization Manager role in the spring/summer, and a new Care Coordinator Manager was hired in July 2021. The newly appointed Clinical and Utilization Manager and the Director of Care Coordination and Innovation left WMPC soon after the data collection period ended.

PQI Team. The WMPC PQI team experienced considerable turnover and restructuring during the past year. Restructuring included a new role of PQI Manager that was filled by the lead PQI Coordinator, and changes in the PQI Coordinator assignments. One PQI Coordinator is now assigned to all five private agencies, and one PQI Coordinator is assigned to supportive services and residential contracts, whereas previously, each coordinator had a mix of both. These changes allow for more focus and specialization by the coordinators. Staff turnover included the departure of one of the PQI Coordinators hired last year, and the PQI Director who left shortly after our data

collection period and joined one of the private partner agencies. By January 2022, a new Director of Performance and Quality Improvement had been hired.

WMPC Chief Engagement Equity Officer (CEEO) and WMPC CEO. At the end of 2020, WMPC announced the imminent departure of their longtime CEO. WMPC selected the former Chief Operation Officer (COO) to take on the CEO position and did not seek to fill the COO position. Instead, the WMPC Board restructured the organization, moving some operational responsibilities to the CEO position and developing a new Chief Engagement Equity Officer position.

WMPC respondents overall reported enthusiasm about the addition of the new Chief Engagement Equity Officer position and the support it provides to the agency's strategic goal to advance equity and inclusion in the WMPC and the child welfare system. However, a few respondents reported that without a COO, certain administrative responsibilities felt like they were "*missing*" and there was some confusion around how certain functions of the former COO role were being fulfilled. Some reported that there was not a shared understanding or a clear delineation of all of the administrative tasks, and this dynamic was further challenged by the loss of the administrative assistant this year.

3.3.2 Interagency 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 has gone smoothly over the past 2 years. While staff from the public and private agencies report that they interact much less than they did before the pilot, Kent County DHHS still approves education mileage reimbursements and trauma assessments, as well as the initial funding stream determination for new cases. As in previous years, private agency staff may also reach out to DHHS workers for questions around Medicaid, birth certificates, or other issues.

In addition to collaboration among staff in public and private child welfare agencies, another regular point of collaboration in foster care cases occurs when cases are transferred from Child Protective Services (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 more consistently, although WMPC is still working to improve the process. Private agency staff noted that they still have challenges obtaining copies of key CPS reports that provide important information about the family (e.g., sometimes CPS staff simply do not send the materials), and also noted that WMPC often helps them obtain missing information. WMPC respondents also noted that more collaboration with local DHHS leadership has begun occurring over the last year regarding case consultations:

I think in the past, we wouldn't just pick up the phone and schedule something with DHS to collaborate on, and I think we're doing that more regularly now.

"I think what's gone well just continues to be the immediacy of the response that we get. ...So compared to before when we had to deal with all the layers of state bureaucracy, I still think it's great."

–Kent County Judge

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 their 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. Two judges

interviewed for this report felt that collaboration with WMPC was still going well, with the greatest challenge being the turnover in WMPC leadership and key staff over the past year. WMPC leadership continues to meet monthly with the court administrator to discuss any current issues and receive feedback from the court.

Mental Health. Network 180 is the longstanding community mental health authority in Kent County. During early implementation of the Kent Model, private agency staff expressed frustration in navigating the Network 180 system to connect families with mental health services. Kent County

"I think it's more of like the mental health system as a whole is exploding with an intense amount of need, and they don't have the services. They have a high level of people who need their services and not enough providers to provide them."

–Private agency supervisor

DHHS has a long-established Clinical Liaison position to support DHHS staff in this work; however, the Clinical Liaison was not able to also support the five private foster care agencies. In response to this need, 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 to consult with foster care workers on appropriate available services. After 3 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 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. One private agency respondent shared:

I think that working with Network 180, they have their own level of accountability and things that they have to follow, which doesn't usually match with what we need... it's been a struggle.

In addition, staffing shortages at service provider agencies, likely pandemic related, have also contributed to challenges in mental health service delivery over the past year.

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 began. Consistent with last year's findings, private agency staff reported that service referrals now run mostly smoothly and have a reasonable turnaround

time, with both WMPC and Kent County DHHS. No major changes to the service referral process occurred in this reporting period.

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. Private agency staff perceived they have been successful at reducing the number of residential placements over the course of the pilot, identifying EFC as a key support for children stepping down into community placements. All children leaving residential placements are automatically eligible for EFC.

However, staff at all agencies acknowledge 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 ongoing challenges in Michigan's residential system presented continuing difficulties in finding and maintaining placements for youth with high needs. A youth fatality at one Michigan residential facility last year, 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 children with the highest needs, due to residential facilities becoming more risk averse. Private agency staff described the situation as a mixture of challenge and opportunity. While some staff said they used creative supports and services to find placement solutions under pressure for some youth, other youth have been left without resources. As discussed in Section 3.3, the only youth shelter in Kent County closed some time ago, and efforts to replace the shelter's function with a transitional placement model has had limited success in its first year of operation.

"We take them to the hospital for an assessment, because we know their needs are so high, to determine if they qualify for inpatient. And then if they don't qualify, we just leave them at the hospital because we don't have anywhere else for them to go."

–Private agency supervisor

An additional change for the residential system over the past year has been the statewide launch of the Qualified Residential Treatment Programs (QRTP) process as part of Michigan's plan for the Families First Prevention Services Act. QRTP requires an assessment process to be completed within 30 days for youth to be approved for a residential placement. Although some challenges with the new process were identified, private agency staff largely praised the intention behind QRTP:

They're doing assessments to really determine if residential placement is the most appropriate placement for some of our youth. And I love that because I think we have to do a little bit more work before putting children into institutionalized placement because we know... sometimes the outcomes don't show the benefit in the way that we thought it would.

WMPC intends for the new intake coordinator to handle QRTPs for all Kent County agencies with the aim of streamlining the process.

Foster and Adoptive Homes. Most private agency licensing staff reported that the initial increase in inquiries from families interested in becoming foster parents at the start of the COVID-19 pandemic has since dropped off. While the transition to virtual platforms for foster family licensing and training went well, private agency staff reported they have found little success in recruitment due to the lack of in-person events and staff time. Consistent with previous reporting periods, most

private agencies still have difficulty finding families willing to take older children or children with extensive medical or behavioral needs. This was identified as a substantial challenge by court, private agency, and WMPC respondents.

“I think that Kent County in the last year has definitely realized that the culture of our county needs to be more kinship focused, and that's been really positive to have that.”

–Private agency supervisor

Relative Placements. Focus group respondents in Kent County described a continued push for kinship placements. As discussed earlier, some private agencies had used the funding from the increased administrative rate to create a family finder/engagement position to support relative placements. These positions were jeopardized by the lowering of the administrative rate in the previous year. In response, WMPC provided funding to all five private agencies for a required family finder/engagement position in an effort to increase

relative engagement. Respondents from Kent County DHHS described an increased emphasis in training CPS workers on the importance of relative engagement to provide additional support for the family and to bolster prevention and family preservation efforts.

3.3.4 Quality Performance and Accountability

As described in previous annual 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 assessments, which are presented in Section 3.3.5.

Respondents from WMPC’s PQI department described their efforts in year four of Kent Model implementation as focused on strengthening collaboration within WMPC and encouraging collaboration within the entire network of private agencies and Kent County DHHS. They restructured and added new roles to strengthen the connection between care coordination and PQI (Exhibit 3-1); in the words of one WMPC respondent they “*changed the trajectory and how PQI and care coordination works together.*” As mentioned in Section 3.3.1, a new role of the PQI Manager was filled by the lead PQI Coordinator, and PQI Coordinator assignments were changed so that one PQI Coordinator was assigned to all five private agencies, and another was assigned to supportive services and residential contracts. Additionally, they created a Clinical Utilization Manager position as a result of an agency-wide analysis that identified utilization management as the “*center point*” between PQI and care coordination (described more fully in the last paragraphs of this section). Despite ongoing staff turnover within the PQI department, they continued to develop efficient processes and produced reports using advanced data analytics as was originally envisioned when the pilot began. In its second year, with the benefit of a full-time data analytics lead, WMPC continued to strengthen its analytic and reporting capabilities. All private partner agencies now have agency-level dashboards. Nearly all of the private agencies have specific staff positions that focus on PQI, data, and utilization management, and WMPC PQI staff were meeting regularly with agency quality assurance staff in what they referred to as a new “*PQI network*” on issues such as identifying best practices and technical assistance needs.

Exhibit 3-1. WMPC PQI staff positions restructured and added

Position	Change
• PQI Manager	• New position
• PQI Coordinator	• Changed distribution of assignment and focus
• Clinical and Utilization Manager	• New position designed to strengthen link between PQI, care coordinators, and utilization management

WMPC PQI meetings with private agencies continued to be held virtually as a result of the COVID-19 pandemic. Data-driven discussions occur during monthly meetings, quarterly meetings, and annual audits. Monthly agency meetings include a focus on utilization and the permanency trajectory of children in care, and services in place and/or needed. During these meetings, attention is paid to the duration of EFC services and identifying potential alternatives, as well as children in residential facilities and how to best transition them to a community setting. During year 4 of Kent Model implementation, performance plans for each private agency continued to be reviewed on an ongoing basis, allowing more frequent adjustment. Quarterly review meetings are focused on specific performance measures, as well as comparative trends in the data between the agencies and state metrics. At the time of data collection interviews, quarterly meetings had just started to be held with all private agencies together instead of as separate agency meetings. This group format provided a more comparative presentation of the data and facilitates agencies sharing best practices.

Overall, the majority of private agency respondents reported support for WMPC PQI efforts. Several private agency staff reported that the WMPC PQI meetings provide an important feedback mechanism that works in conjunction with their own agency quality improvement teams. Data provided by WMPC was reported to be shared with agency staff on a monthly and quarterly basis and are comparable to what an agency tracks within their own data systems as well as to monthly reports received from the State. One private agency worker described PQI efforts resulting in her feeling “*in the know about data and kind of like where we stand.*” Another private agency manager compared PQI efforts in Kent County to the lack of such processes in other counties and reported “*there is no other county where there is a set process for reviewing their data.*” This respondent went on to describe how regular data presentations and reviews with WMPC motivates staff to be “*engaged in the data*” and allows for course corrections in real time in response. Other private agency staff reported the benefit of cross-agency data comparisons, sharing that through the newly rolled out quarterly report format, all private agencies participate at the same time and can make comparisons of key performance indicators across the five private agencies. According to the respondents, the new format facilitated collaboration between the private agencies and cross-agency learning. Other respondents reported the value of having data that is transparent, accessible, and presented in a visually appealing format. Still others valued being able to view data trends on intake and discharges and described how the data helps inform budgets, or they valued the ability to track EFC data (MiSACWIS does not track these data). Exhibit 3-2 lists strengths and challenges respondents described that relate to PQI processes.

Exhibit 3-2. WMPC Performance Quality Improvement (PQI) strengths and challenges

Strengths	Challenges
<ul style="list-style-type: none">• Provides transparent and accessible data• Supports private agency quality improvement efforts• Provides a process to review data county wide• Encourages private agency staff to engage with data• Cross agency data comparisons motivate agency and staff to make course corrections in real time	<ul style="list-style-type: none">• Perceived as repetitive of other State data efforts such as audits• Needs stronger links to solutions and operationalizing changes based on data• Data accuracy within MiSACWIS

Several WMPC respondents reported an awareness that despite their efforts to be more “*action oriented*” in the presentation of quarterly data, it was sometimes a challenge to present data in a way that is best understood and able to be operationalized by agencies into potential practice changes. This was especially true beyond the director or manager level. Respondents from at least one private agency reported that WMPC provides data, but at times it can seem repetitive or redundant of data they receive from their own agency staff, data sent by the State data analyst, or data from DCWL State compliance audits that result in a corrective action plan. A few respondents reported that they looked to the WMPC to emphasize more of a solution focus along with data on key performance indicators. One agency respondent reported that the statistical reports and predictive analytics from WMPC were more confirmatory than new information and struggled to see how understanding the data directly impacts and informs practice.

WMPC continued to progress with advanced data reporting using both MindShare and other statistical modeling programs. WMPC respondents reported greater understanding of the data and by year 4 of the Kent Model had developed more efficient procedures to confidently produce analytic reports. However, data accuracy was reported as an ongoing challenge and, at the time of our interviews, WMPC was in the process of developing a data quality analyst position. At the end of the last reporting cycle, WMPC had just reported to the network on the development of a cost acuity score and the ability to predict costs for children who come into care, highlighting children with the highest needs for multiple services. This was developed to support early planning for higher service need cases (and therefore costly) early on. In year 4 of the pilot, WMPC produced statistical reports that proactively flagged cases with a higher risk of MIC based on a set of identified risk factors and provided those reports on agency dashboards. Also in year 4, WMPC initiated the development of similar analyses on permanency in order to better predict success within 12 months and support the management of effective use of resources. Ultimately, WMPC is working toward the ability to identify case trajectories for children that include the likelihood of experiencing MIC, length of stay in care, and cost of care in the first 12 months in order to be in the best position to support services on the front end when the child enters foster care.

WMPC representatives also reported their ongoing work to examine data using a “disproportionality index,” one of their early goals. They strive to disaggregate data by race and view more data with a race equity lens. In year 4 of the pilot, efforts were expanded to analyze data at different decision points within the foster care trajectory in an attempt to foster discussion around equity.

Kent County DHHS. WMPC also supports Quality Improvement Activities at Kent County DHHS and participates in their PQI group. Kent County DHHS representatives reported that their own CQI teams are including more “intentional efforts” around quality assurance as well as noting an enhanced emphasis on CQI from the State. Quality Improvement Audits, mandated by the State, focus on one area of practice, such as recurrence of abuse and neglect or referral procedures and processes. DHHS also reported ongoing work looking at the disproportionality and overrepresentation of children of color being screened in for investigation. Current efforts include review of the blind removal analyses and examining processes that happen at the “front door” that may contribute to an implicit or explicit bias. Respondents from Kent County DHHS also reported that a qualitative review by Grand Valley State University around the blind removal process was mentioned as forthcoming.

Utilization Management. Utilization management remained a central focus in year 4 of Kent Model implementation. The utilization management approach is designed to improve financial management and efficacious use of services, described by respondents as essential for sustainability. The approach was credited with improving such outcomes as facilitating increased permanency within 12 months by using intensive efforts to manage residential utilization and enhanced foster care (EFC) services. At the time of data collection, WMPC was in the early stages of implementing a new Clinical Utilization Manager position (mentioned previously) developed as a result of an agency-wide analysis that identified utilization management as the “center point” between PQI and care coordination.

“Clinical services and utilization [are] as [sic] two really key components. One, making sure kids are getting the right service at the right time; but also two, the clinical services piece, making sure that those clinical services are efficacious and being monitored and managed and developed in a way.”

–WMPC representative

“Having access to our own data, cleaning our own data, and then having someone that can actually analyze it in a deep way has really transformed how we think at the WMPC, but also how we think at a network... we’re now using-- data is now in place to enhance decision making.”

–WMPC representative

The new position was designed not only for oversight of such programs as EFC and the Together Facing the Challenges initiative, but also to conduct clinical case reviews of potential crisis cases along with the clinical liaison. In addition, the new clinical utilization manager conducts utilization review meetings with private agency representatives, which is especially important for cases with higher needs. The meetings focus on the best mix of services and placement type. WMPC envisions building upon its success using a utilization management approach to improve outcomes, including fewer children in residential placements, and to “pivot” in the

upcoming year to a focus on reducing the length of stay in foster care and increasing placement with relatives. The approach was described by one respondent as “giving time to stop and pause” as follows:

It gives us the time to stop and pause and the agency to stop and pause, because they're just determined to make a placement work. And sometimes we operate out of that crisis mindset where we have to stop and pause and take a look. And that gives us a great time to be able to gather where we're at. And it also helps WMPC in the long run, too, with our funding in regards to where are we paying for services and what services are appropriate and what is really needed, and how can we make this the best we can?

3.3.5 MiTEAM Fidelity Assessments

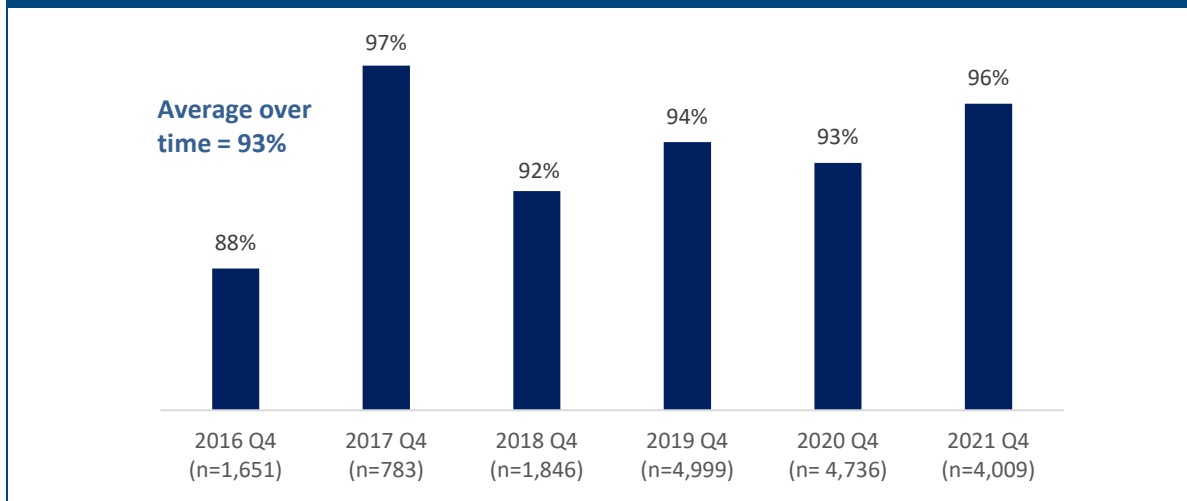
Research Question: Do child placing agencies adhere to the MiTEAM practice model when providing child welfare services?

MDHHS provides the evaluation team with quarterly fidelity reports for Kent County, beginning with the fourth quarter of 2016 (the evaluation team has received 21 reports to date). The evaluation team examines changes in the percentage of caseworker behaviors associated with the practice model that was implemented as designed, overall, and by each MiTEAM competency. Fidelity results described in this section must be interpreted with caution. For 10 of the 21 quarters for which the evaluation team received fidelity reports, data was missing from at least one of the five private agencies in Kent County.⁴² 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 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.

The current report includes a summary of data for the fourth quarter of each of the past 6 years. Overall, most activities assessed indicated that caseworkers in Kent County's five private agencies implemented behaviors in accordance with MiTEAM's design; across quarters, the average percentage of MiTEAM behaviors that caseworkers implemented as they were intended ranged from a low of 88 percent in 2016 to a high of 97 percent in 2017. Across quarters, 93 percent of case practice 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 3-16).

⁴² The number of agencies that reported fidelity data each year in Quarter 4 was—2016: two agencies; 2017: three agencies; 2018: two agencies; 2019: five agencies; 2020: five agencies; and 2021: five agencies.

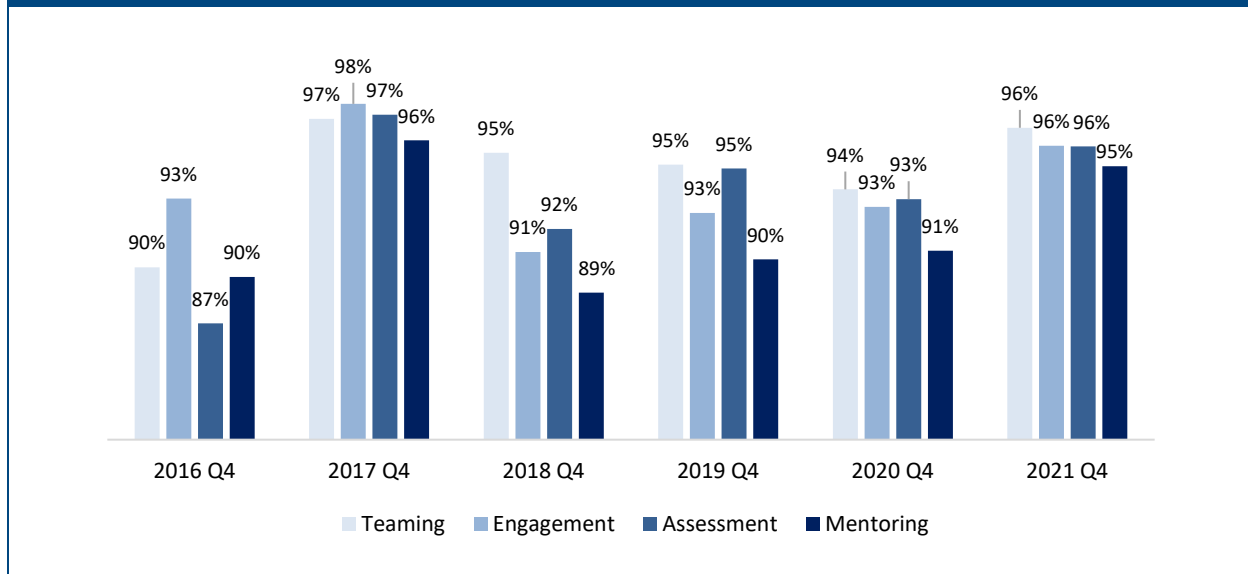
Figure 3-16. Average percentage of MiTEAM behaviors implemented as intended



Note: The number of caseworkers assessed each year in Quarter 4 was the following: 2016: 23; 2017: 11; 2018: 23; 2019: 65; 2020: 68; and 2021: 50.

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 3-17). As a reminder, several items in the instrument are applicable to more than one MiTEAM competency, so this may be one reason the range of average scores across competencies was narrow for most years. The average percentages are also high overall and for each competency—in 2017, 2019, 2020, and 2021 the average percentage of MiTEAM behaviors implemented as intended was at least 90 percent for each competency. (Supplemental fidelity data is in Appendix E.)

Figure 3-17. Average percentage of MiTEAM behaviors implemented with fidelity by MiTEAM competency

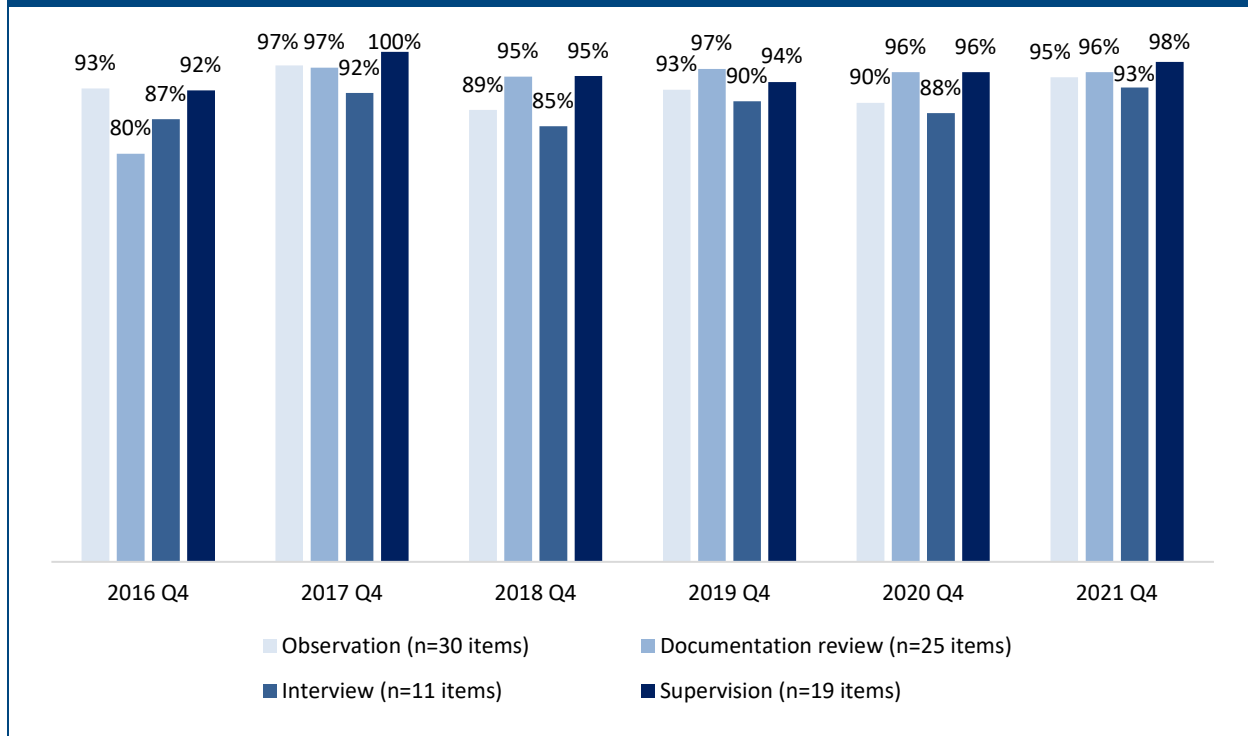


Note: The total number of responses on which each percentage is based is the following: Teaming – 480 in 2016, 225 in 2017, 555 in 2018, 1,489 in 2019, 1,488 in 2020, and 1,192 in 2021; Engagement – 441 in 2016, 207 in 2017, 463 in 2018, 1,298 in 2019, 1,335 in 2020, and 1,008 in 2021; Assessment – 1,293 in 2016, 617 in 2017, 1,471 in 2018, 3,954 in 2019, 4,024 in 2020, and 3,189 in 2021; and Mentoring – 632 in 2016, 292 in 2017, 671 in 2018, 1,796 in 2019, 1,830 in 2020, and 1,413 in 2021

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).⁴³ 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 3-18). 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 ranged from 85 percent in 2018 to 93 percent in 2021.

⁴³ **Observation:** The supervisor observes a worker interacting with a family they serve; **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 3-18. 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), 1,724 in 2020 (67 caseworkers assessed), and 1,356 in 2021 (50 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), 1,487 in 2020 (65 caseworkers assessed), and 1,191 in 2021 (50 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), 679 in 2020 (65 caseworkers assessed), and 531 in 2021 (50 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), 1,208 in 2020 (68 caseworkers assessed), and 931 in 2021 (50 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, birth parents, relative caregivers, 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 this data for the year prior to implementation of the Kent Model (2016-17) and the subsequent 4 years after implementation (2017-18, 2018-19, 2019-20, and 2020-21). Agency representatives submitted data that was 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

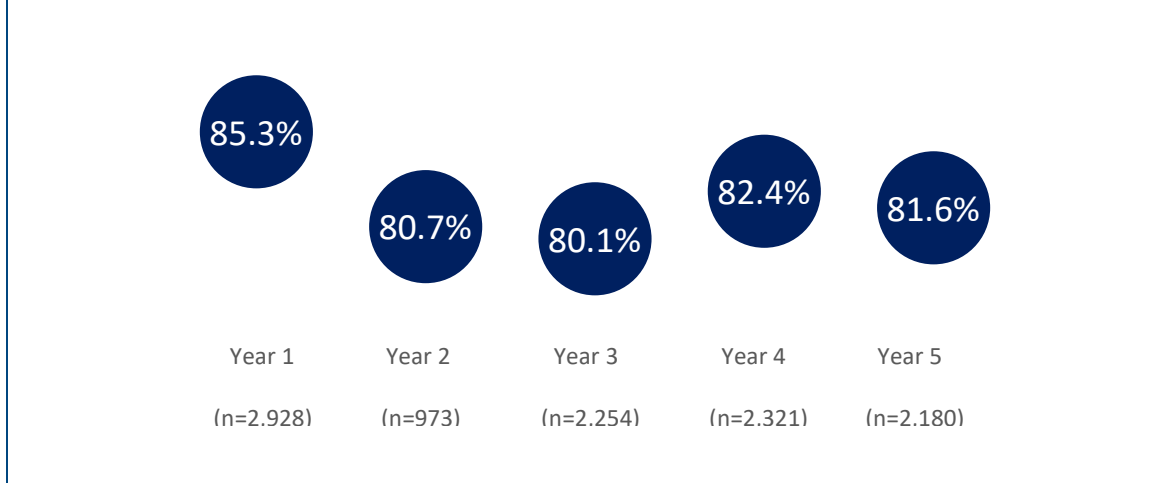
requirements and can use results to identify areas of strength or in need of improvement, the data reported has limitations. For example, the number of respondents from some agencies was considerably higher than the number of respondents from other agencies, so cross-agency patterns that emerged may 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. Agency surveys include a variety of scales, such as the extent to which they agreed with statements about service quality, level of satisfaction, and frequency of interactions with agency staff. The evaluation team recoded the data such that higher scores across scales (e.g., agreement, satisfaction, frequency) signify greater satisfaction. Each agency administers one or more surveys to their clients, which they developed internally or obtained from an external source. Some agencies updated their survey instruments over the course of the evaluation (e.g., added or removed items or surveys), so the number of survey items on which percentages are based varies over time.

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), satisfaction data results focused on survey categories that were most closely aligned with practice model competency areas. Additionally, overall satisfaction with services was examined by aggregating data across all service quality questions and respondents.⁴⁴ Despite the changes in service delivery due to the COVID-19 pandemic, agency clients were satisfied with over 80 percent of services prior to and throughout the pandemic (Years 4 and 5; Figure 3-19).

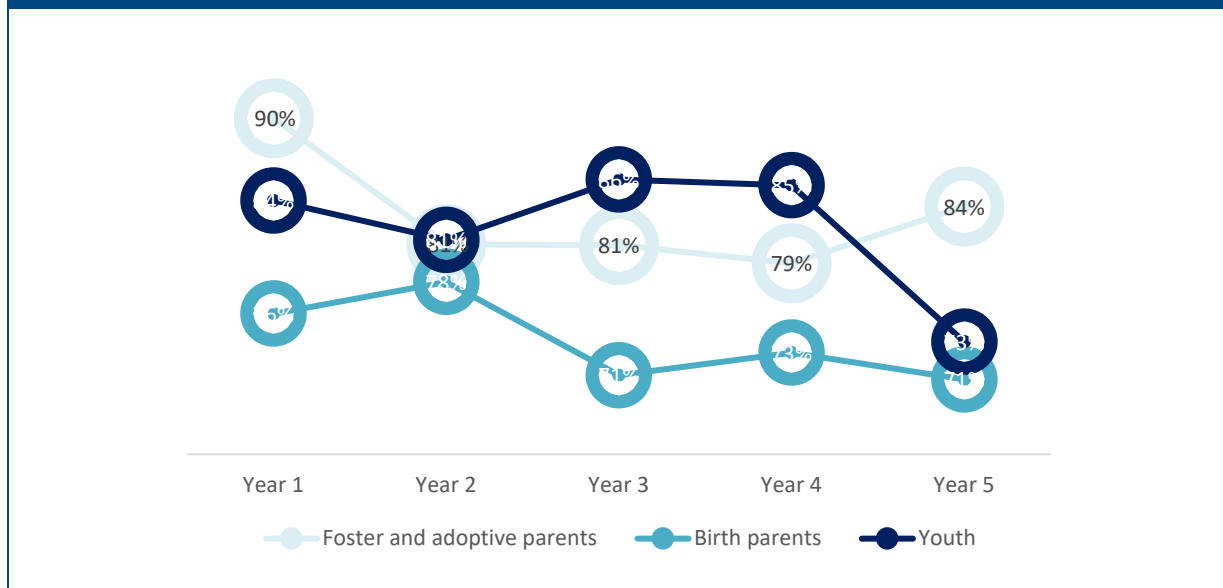
⁴⁴ Percentages reported are based on data from four agencies in year 1, three agencies in year 2, and five agencies in years 3, 4, and 5.

Figure 3-19. Overall percentage of services in which respondents were satisfied



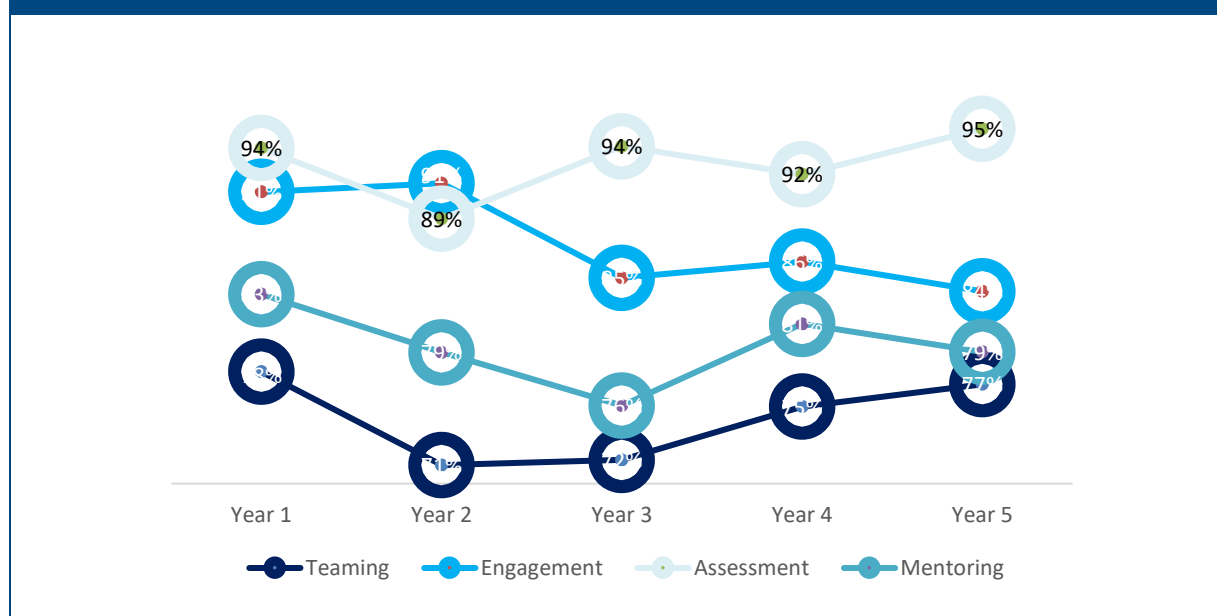
Across all 5 years, foster and adoptive parents reported they were more satisfied with services than parents (Figure 3-20). Additionally, foster parents' satisfaction increased by five percentage points in year 5. However, it is important to note that there were substantially more respondents who were foster and adoptive parents than birth parents over the 5-year period (e.g., in year 5, 163 foster and adoptive parents completed a survey compared to 30 birth parents). The percentage of services with which parents were satisfied fluctuated over time but did not exceed 78 percent, while the percentage of services with which foster and adoptive parents were satisfied declined steadily over time (90% in the first year to 80% in year 4) but increased in year 5 (84%). The percentage of youth satisfied with services was over 80 percent between years 1 and 4 before declining in year 5. However, it is important to note that there was a substantial decline in the number of youth who completed satisfaction surveys in year 5 compared to the prior years.

Figure 3-20. Percentage of services with which foster and adoptive parents, birth parents, and youth were satisfied



Between years 2 and 5, 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 after year 1 (from 71% in year 2 to 77% in year 5), while satisfaction percentages for services related to **E**ngagement (e.g., “My caseworker treats me with respect.”) declined over time (from 91% in years 1 and 2 to 84% in year 5). Percentages for services related to **A**ssessment (e.g., “My caseworker meets with me in the foster home every month.”) remained fairly high across the 5 years (over 90% for 4 of the 5 years). Lastly, satisfaction with services related to **M**entoring (e.g., “My caseworker helped me understand the foster care system and my individual rights.”) has hovered around 80 percent in the past 2 years (Figure 3-21).

Figure 3-21. Percentage of all respondents’ satisfaction by MiTEAM competencies



When comparing survey item categories related to the four MiTEAM competencies over time, satisfaction was highest for services related to assessment in 4 of 5 years (Years 1, 3, 4, and 5). Satisfaction was lowest for teaming all 5 years. (Additional data on satisfaction with services related to each MiTEAM competency is in Appendix F.)

The findings reflected in this year’s report are consistent with findings from previous years and may underscore the need for additional support in certain areas such as teaming and mentoring. Although there was a slight increase between years 4 and 5 in the percentage of services related to teaming for which respondents were satisfied, satisfaction with services related to teaming and mentoring has been consistently lower than satisfaction with services related to the other competencies. Agency staff may benefit from training or support that targets topics such as family team meeting (FTM) facilitation and effective partnering to increase knowledge or skills. 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. As stated earlier, satisfaction survey data must be interpreted with caution, due to data limitations (e.g., more respondents from some agencies than others).

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 is adjusting to the ongoing public health crisis that affects 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 emergence of the COVID-19 pandemic prompted immediate recalibration of child welfare service delivery processes and practices. Federal, state, and local leaders established guidelines to maintain the health and safety of members of the public. During interviews and focus groups conducted in 2020, respondents described their experiences, as both child welfare staff and the families they serve adjusted to the unprecedented public health crisis. One year later during the current reporting period (2021), as the pandemic continues to impose its will on the public, child welfare staff and partners described policies and practices that are currently in place due to the pandemic and that they hope will remain in place even after the pandemic ends.

Remote Work Schedule. To minimize exposure to COVID-19 through face-to-face contact, employees at child welfare and partner agencies continue to work remotely most days each week. Interview and focus group respondents described a hybrid schedule, in which they work from home the majority of the week and are in the office 1-2 days per week. Respondents described a staggered in-person office schedule to enable staff to complete administrative tasks (e.g., print documents) and meet with other staff, if necessary, while minimizing the number of people in the office at any given time.

Agency directors, supervisors, and caseworkers in Kent, Ingham, and Oakland counties expressed strong support for flexible work schedules. They appreciate having the ability to work from home, as they are able to improve their work-life balance, increase efficiency by eliminating or reducing the time required to drive to multiple locations to attend court hearings or meetings, and work in a comfortable workspace. Respondents hope to maintain a remote work schedule when the pandemic ends. Many respondents indicated that their agency had already created a new remote work policy or expressed confidence that the agency would be revising its policy in the near future.

“Just the ability to work remotely and be present virtually...it makes it easier to be able to manage your day and not have a whole day wasted driving to a meeting.”

–Private agency supervisor

Court Activities. Child welfare staff have attended virtual court hearings for their cases throughout the pandemic and hope that they continue to be offered virtually. Respondents identified many benefits to virtual hearings, for both agency staff and the families with children in care.

“[Foster parents and caregivers] don’t want to be cornered by parents after a court hearing or have to be walked out. Whereas now they can just click that ‘Leave’ button, and they don’t have to deal with it.”

–Private agency director

Respondents in all three counties noted that substantial time is saved by not having to make in-person court appearances. One caseworker noted that agency staff can “*be doing other things while we’re waiting for our case to be called.*” Interview and focus group participants have also observed more participation from parents in virtual hearings than in-person hearings. Agency leaders noted that foster care providers can avoid challenging situations with parents by participating in online meeting spaces. For example, one agency director stated that “*the virtual option has led to foster parents and caregivers*

being more a part of those court hearings.” Additionally, a county court representative emphasized that at the beginning of the pandemic “*we had to change the way we do things with about 10 minutes to prepare. But now that we’ve got a year, year and a half under our belt, what works?*” Assessing what worked well and what was less successful will help stakeholders determine which court activities should continue virtually.

Contact with Families. Interview and focus group respondents support virtual engagement with families under certain circumstances.

- Respondents prefer to conduct team decision-making (TDM) meetings and FTMs virtually, as they have increased participation from key stakeholders involved with the case who may not have attended consistently in person (e.g., attorneys, service providers).
- Meetings with families and other entities (e.g., TDM meetings, FTMs) involved with cases are easier to schedule when participants do not have to consider variables such as travel time to a central location.

“I feel like it also helps the parents feel not as threatened. When you’re sitting in a room with workers from DHS, monitors, supervisors, plus your caseworkers, that can feel very intimidating.”

–Private agency supervisor

- Families are less likely to experience challenges participating due to transportation limitations or other barriers (e.g., lack of childcare services).

There were mixed reactions about the value of virtual services or programs for families with children in care. For example, respondents reported increased participation in trainings for foster care orientation. As one supervisor stated, *“I think we actually get more participation now that they*

“I’ve gone into homes with our relatives where our older kids appreciate [online therapy sessions], that they can do it in the comforts of their beds and their room, [and] they don’t have to go to an awkward office setting.”

–Public agency caseworker

are virtual because more people can now attend, they can be at home if they have kids, they don’t need to worry about childcare.” However, certain factors may influence the extent to which children benefit from virtual services (e.g., young children with a short attention span versus older and more mature youth). Several respondents described how creative and dexterous service planning for families, prompted by the pandemic, enabled child welfare staff to collectively reflect on what they learned, and identify processes that increased effectiveness and efficiency and should be maintained.

Documentation Processes. Respondents from public and private agencies in Kent, Ingham, and Oakland counties described improved processes for documenting case activities. Specifically, respondents in the three counties appreciate being able to use electronic signatures, with one caseworker stating, *“that has saved so much time,”* since multiple people must sign various case-related documents. Additionally, a director stated that the process has become *“more effective because we are able to do a lot more electronically and it has helped...with the workers’ ability to get more time back.”*

The implication of the aforementioned findings is that challenging circumstances resulting from the COVID-19 pandemic led to child welfare agency staff and partners uncovering new, and sometimes more useful, methods for serving families. Respondents reported that the new processes increased agency staff productivity and efficiency, and they increased participation by parents and agency partners around virtual meeting tables.

3.4.2 Service Approvals and Family Support

3.4.2.1 Service Approval Process

Each year, the evaluation team asks child welfare agency staff about service approval processes and practices. Child welfare staff in Ingham and Oakland counties often describe it as time-consuming process, while respondents from Kent County’s private agencies typically describe it as occurring expeditiously and seamlessly, as WMPC acts as an intermediary between Kent County DHHS and the private agencies. During the current year, respondents from all three counties described the service approval process in positive terms, overall. Respondents theorized that the process has occurred without major delays, even in comparison counties without an intermediary, because of changes in processes described in Section 3.4.1 (e.g., increased use of electronic signatures). In addition to electronic transmission of case documents,

“When you’re in the office, you have a lot of moving parts. You might have to run out and do a visit or run out and see a client. But when you’re at home, it’s less distractions [sic] and you can focus a little bit more. So I feel like for the people that are approving these services or just DHS in general, individuals have less [sic] distractions.”

–Private agency caseworker

thus reducing the amount of time necessary to review and approve service requests, respondents in all three counties reported that service approval processes are occurring faster now because agency staff have fewer distractions while working from home. One WMPC representative explained, *“because they’re not in the office, they have the flexibility to be able to do some things on a computer without interruption.”* A DHHS supervisor in Oakland County commented that increased accessibility of case documents that are available electronically has resulted in *“a smoother [service approval] process.”*

Overall, most respondents described service approvals as occurring within a reasonable amount of time. However, the amount of time between submitting a service request and receiving approval hinges on the type of service (or the cost of the service) and the county DHHS representative responsible for reviewing and approving the request (some representatives approve requests faster than others), according to private agency staff in Ingham and Oakland counties. For example, some respondents indicated that requested services that are not covered by Medicaid can take a substantial amount of time to be approved because of the amount of documentation required.

“I think that this pilot of getting the funding and everything in key services approved through WMPC has been a lot quicker.”

–Kent County caseworker

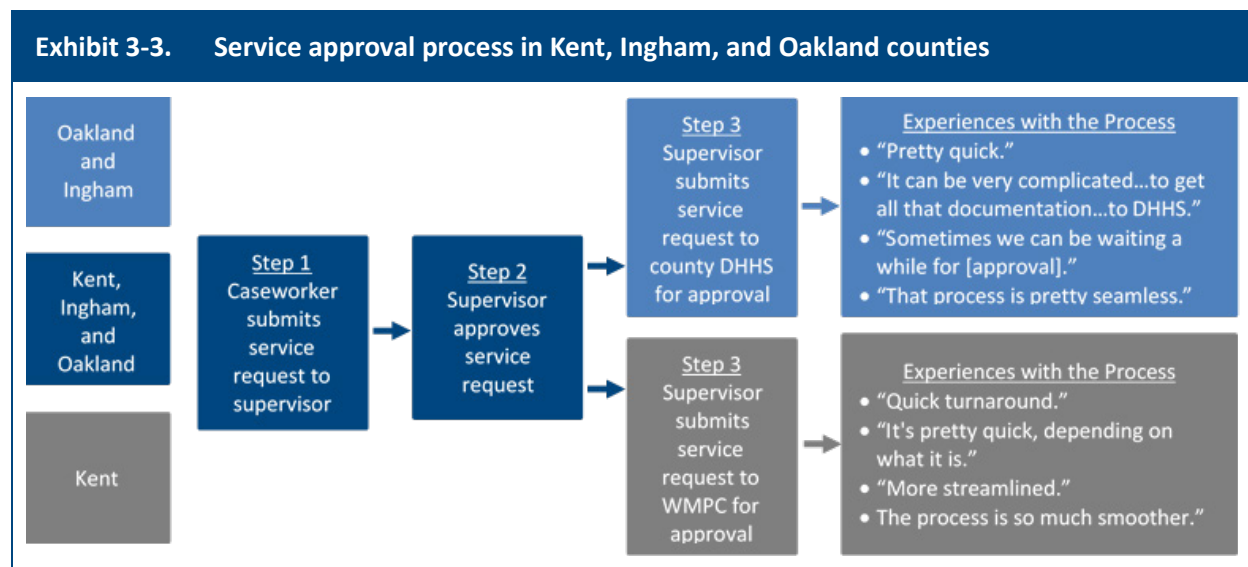
Exhibit 3-3 shows the service approval process, as described by interview and focus group respondents. For most services, caseworkers in Ingham and Oakland counties

“We’ve been working for six weeks on getting a substance abuse assessment paid for...that still is frustrating because no matter what, DHHS is always going to be that middleman for us.”

–Comparison county supervisor

submit service requests to their supervisor, and the supervisor submits the request to the county DHHS agency for approval. Although experiences with the approval process were positive overall, there were specific aspects of the process in which reactions were mixed. For example, according to a private agency leader in a comparison county, *“it can be very complicated for a really busy foster care worker to get all that documentation through the DHHS.”* In contrast, most respondents in Kent County described the service approval process in positive terms. Several respondents used *“quick”* as a descriptor for the process that occurs through WMPC for most service requests. They noted that the process occurs *“a lot quicker than what we are [sic] dealing with five years ago.”* They appreciate the *“fiscal flexibility”* and having to cut through *“much less red tape”* to obtain approval for service requests. However, some respondents articulated challenging aspects of the process. WMPC requires private agency staff to provide detailed information about the service need and why it is necessary prior to receiving approval for the request. Although some respondents were frustrated by the meticulous requirements in Kent County, others acknowledged that requirements often change based on lessons learned, and there are circumstances when specificity is necessary. One of the priorities for agency staff is to ensure families on their caseload have access to the services they need as quickly as possible. This ensures families are on the path to achieving case goals (e.g., permanency) without undue delays. The implication is that expedited service approval processes in Kent County may be associated with differences between Kent County and comparison counties in relevant outcomes (e.g., time to permanency). This was confirmed through the outcome study— the number of days before children

in Kent County exited care to reunification *was significantly lower* than the number of days before children in comparison counties exited to reunification (Table 3-13, shown previously).⁴⁵



3.4.2.2 Foster Care Recruitment and Support

The COVID-19 pandemic prompted child welfare staff to develop new strategies for recruiting and engaging foster care families, since they must abide by state, local, and agency guidelines for physical distancing. During the current reporting year, strategies described most frequently in interviews and focus groups across counties include:

- **Partnering with other agencies, business, or organizations** to plan and implement joint events for foster families, distribute or use other means to share recruitment information, and help identify foster homes for youth who are difficult to place.
- **Conducting virtual recruitment and support activities**, including web-based trainings, orientations, and information sessions.
- **Using social media** to engage potential foster families. A caseworker in a private agency stated that a coalition of staff from the county DHHS agency and private agencies “started by doing a Facebook Live event each month, and then they were doing them every week to kind of ramp-up our efforts.”

“The private agencies are kind of by ourselves doing recruitment. I think they just saw the benefit of everyone coming together, sharing resources, sharing information.”

–Private agency caseworker

Interview and focus group respondents in Kent, Ingham, and Oakland counties agreed there is increased emphasis on placing children with relative providers. They stressed that placements with relatives, with whom the children are familiar and may live within close proximity, supports their

⁴⁵ Please note that comparison counties for the process study are Ingham and Oakland counties, and the comparison counties for the outcome study are all counties in Michigan other than Kent County.

goal of keeping the children in their community, when possible, and reduces the trauma associated with children’s entry into foster care.

Respondents also intimated that relative providers are given more leniency in meeting foster care requirements than potential non-kin providers. As one caseworker explained, *“I think even if there are concerns maybe about the caregiver’s ability...they’re given the benefit of the doubt”* and provided with necessary support to increase the likelihood of success. Caseworkers in Ingham County theorized that the dearth of foster care homes for children who are difficult to place (e.g., older youth, children with a high level of need) increased agencies’ efforts to identify appropriate relatives, both biological and fictive (non-biological adult with whom the child has a trusting relationship). Agency staff identified multiple methods to increase relative placements. Examples of some of the strategies are listed in Exhibit 3-4.

Exhibit 3-4. Strategies for identifying and recruiting relative providers in Kent, Ingham, and Oakland counties			
Expansion of how “relative” is defined	Payment to relative providers	Character consideration	Technology/software
“Before, you had to be blood-related, and now, you can be considered a relative through marriage, even if that marriage has dissolved.”	“We are as a private agency [seeing an increase in kinship placements] since [the county DHHS agency] started paying relative providers and sending them to private agencies.”	“The WMPC will allow me as a director to approve relatives who have what’s called a good moral character crime. It’s like 20-years-old, they got picked up for shoplifting...Do we really feel that that’s a risk to these children?”	“We use the Genome Pro software...I think the goal is that, when these families come back under our radar, if there’s a genogram created, we already have that information in an organized way, and we can use that in the future if there’s [sic] removals.”

“It has been a challenge to find homes that are willing to take teenagers, teenagers who have experienced multiple years of trauma. That, I feel like has really pushed us to do a lot of family finding.”

–Private agency caseworker

While there was limited discussion of relative engagement or support staff in the comparison counties (one agency in Oakland County established a Relative Support Specialist position to conduct relative assessments), respondents from each of Kent County’s five PAFCs, Kent County DHHS, and WMPC identified a dedicated staff member within the agency who recruits and/or supports relative foster care providers. Kent County DHHS has a staff member who *“does all the initial safety screens for relatives while families are engaged with CPS so that*

we can determine whether or not they’re appropriate for placement.” As mentioned in Section 3.3.3, respondents from Kent County’s private agencies stated that WMPC provided the agencies with funding for a family finder position. It is important to note that the lack of foster homes for older youth was a common theme that emerged among caseworkers and supervisors across private agencies in Kent County. Although several respondents in Kent County identified this as a state issue and not specific to Kent County, likely due to numerous shelters closing throughout Michigan, few respondents in Ingham and Oakland counties discussed this challenge during this year’s interviews and focus groups.

Considering the challenges agency staff described in recruiting foster families, a critical question is how they support and retain their current foster families. Strategies discussed most frequently are provided in Exhibit 3-5.

3.4.2.3 Prevention and Reunification

In response to the Federal government’s enactment of the Family First Prevention Services Act,⁴⁶ MDHHS drafted a plan for addressing the needs of families at risk for child welfare intervention. MDHHS had submitted its draft prevention plan to the Administration for Children and Families’ Children’s Bureau just prior to data collection in 2020. During the current reporting period, respondents described specific activities that have been implemented (or will soon be implemented) as a result of statewide prevention planning. Examples of programs and services described by interview and focus group respondents in each county are listed below.

Exhibit 3-5.
Examples of foster family supports described by respondents in Kent, Ingham, and Oakland counties


Training and orientation

- Topics include effective parenting, trauma, grief
- Resources and products


Peer support activities

- Support groups
- Experienced foster parents mentor new foster parents


Information and resources

- Gift cards, gas cards
- Clothing, household supplies through community partnerships
- Access to a file-sharing website to access relevant agency information (e.g., policies contact information)


Special events

- Foster parent appreciation parties and gifts
- Holiday-themed parties to distribute supplies (e.g., backpacks)

- Agency representatives in **Kent County** mentioned implementation of a program that includes in-home family preservation services (Homebuilders⁴⁷).
- Respondents in **Ingham County** stated that they implement a parent education program (Parents as Teachers⁴⁸), as well as a substance abuse prevention program and wraparound services.
- In **Oakland County**, respondents identified a program that involves intensive in-home services (Families Together/Building Solutions⁴⁹), and a substance use treatment program (Project Recovery Intensive Services for Mothers⁵⁰).

⁴⁶ <https://www.acf.hhs.gov/cb/title-iv-e-prevention-program>

⁴⁷ <https://youth.gov/content/homebuilders>

⁴⁸ <https://parentsasteachers.org/>

⁴⁹ https://www.michigan.gov/mdhhs/0,5885,7-339-73971_7119_50648_7210-15376--,00.html

⁵⁰ <https://www.oaklandfamilyservices.org/behavioral-health>

Respondents from all three counties described dedicated staff whose work focuses exclusively on child welfare prevention; however, there were differences in descriptions of the types of activities in which prevention staff engage. For example, in Oakland County, agency staff assign prevention workers to support families in target areas with a high prevalence of child welfare intervention (e.g., conduct outreach calls, provide in-home support). One respondent in Kent County stated that the agency's prevention team conducts "warm outreach" (engagement among individuals who are familiar with each other) with families that have abuse allegations. One of Ingham County's private agencies has a prevention unit that distributes home essentials (e.g., toilet paper, toothpaste, food) to families.

"We assigned the prevention workers to the city...with a goal of not only servicing many of our families within the community, but establishing contacts within the community as far as service providers, advocates, churches, political leaders."

–DHHS Leader

For families that do require child welfare intervention, agencies provide a range of resources and support to facilitate family reunification. For example, caseworkers in Oakland County facilitate peer support through parent partners (pair parents with open cases with parents formerly involved in child welfare), and also provide parents with gift cards, bus passes, or gas cards. Representatives in Ingham and Oakland counties mentioned specific use of funds allocated for reunification to purchase home necessities, such as furniture and cleaning supplies, which will help them prepare the home environment for their children's return. A supervisor in Kent County emphasized the challenge parents face securing reasonably priced housing, and stated that WMPC provides housing vouchers "for families who have kind of eliminated their other barriers and just need to identify stable housing in order to get their kids back."

One process that was discussed in most interviews and focus groups with agency staff in public and private agencies in Ingham and Oakland counties, but not in Kent County, was TDM meetings.⁵¹ TDM meetings are conducted in addition to FTMs and occur when a child moves to a new placement setting. According to a caseworker in a county DHHS agency, through the TDM process, participants (e.g., parents, caseworker, DHHS facilitator, attorney) work together to "head off any problems or problem solve...and try to figure out ways to support either a foster parent or a relative," in an effort to increase placement stability. Respondents explained that although TDM meetings are not new, aspects of and requirements for the meetings have changed over time. For example, respondents explained that DHHS staff who are not involved with the case facilitate TDM meetings. The facilitator role had been eliminated but was recently reintroduced, and it is the main difference between FTMs and TDMs—a third party is present to lead meetings. Exhibit 3-6 lists the strengths and weaknesses of TDMs, as described by agency representatives in Ingham and Oakland counties.

⁵¹ Respondents in Kent County did not discuss TDM meetings during interviews and focus groups, but that does not mean they are not occurring in the county. Different processes emerged as more (or less) central to case management in Kent as opposed to Ingham and Oakland counties.

Exhibit 3-6. Strengths and challenges of TDMs

Strengths	Challenges
<ul style="list-style-type: none"> • Meeting facilitation conducted by a neutral and objective third party • Team approach to identifying creative solutions to problems • Facilitators guide discussions with parents that can be contentious, relieving pressure from caseworkers <p><i>Sometimes our direct workers are in a precarious relationship with the clients in the relative placement of foster parents. So having that neutral person facilitate those meetings can be very, very helpful.</i></p>	<ul style="list-style-type: none"> • Facilitator's lack of knowledge about the case • Finding time to meet with multiple stakeholders who have limited availability • Caseworkers have to find time to participate in another meeting <p><i>We had facilitators...probably 10 years ago. But then they got rid of the facilitators because they felt like the facilitators were being inserted in these meetings, but they had no clue anything about these cases. And so and it made the families uncomfortable...They just changed it again. So now they have a facilitator in the meeting who knows nothing about the case again.</i></p>

“To try and find a place that can offer therapy right away is not an option. I just had a dad who was on a waitlist...for like seven weeks or something to even get an intake appointment. And that delays permanency.”

–Private agency supervisor

Agency staff also discussed factors that limited their ability to support reunification efforts. Caseworkers and supervisors in Ingham and Oakland counties expressed frustration with limited-service availability and long waitlists for community-based services. Additionally, a supervisor in Oakland County expressed disappointment that “a lot of parents are still choosing to visit with their children virtually, as opposed to in person” due to the pandemic. Although they have the option to participate in parenting time virtually, it has “a negative effect on the parent-child bonding relationship.”

3.4.3 Agency Staff Support and Functioning

The previous subsections summarized how agency staff conduct casework and *provided* support to families with children in care. It is also essential to understand agency staff experiences and the support they *receive* to be able to perform optimally in their job. Additionally, the process evaluation team asked agency staff and partners how their agency or organization addresses issues of diversity, equity, and inclusion. This information is summarized in the sections that follow.

3.4.3.1 Supervision and Support

Child welfare agency staff strive to provide timely and high-quality services to families with children in care, ensuring their safety and well-being. Although some of the state- or agency-level changes instituted due to COVID-19, such as remote work policies (see Section 3.4.1), have improved collaborative processes and work-life balance for agency staff, turnover continues to pose a tremendous challenge to agency staff. Respondents from Kent, Ingham, and Oakland counties perceived that long-term remote work was a leading contributor to turnover. For example, agency staff appreciate the flexibility they have with remote work but miss the in-person comradery (and support) they had before the pandemic. It may also be difficult to balance work and family

expectations (e.g., helping children with virtual school), or for new staff to form relationships with peers virtually. Not surprisingly, respondents also attributed high turnover to inadequate compensation and stress associated with this line of work. Despite experiencing these and other challenges that lead to turnover (e.g., high caseloads, lack of experience or qualifications), many agency staff are able to persevere in their position, often because they have adequate support and resources. Interview and focus group respondents in the three counties found the following factors to be most helpful.

- **Supervisor Support.** Across counties, caseworkers expressed appreciation for supervisor support. Caseworkers in one Oakland County private agency stated that the agency has a document that lists agency staff and their strengths, enabling staff to direct specific questions to the person with the most extensive knowledge on a specific topic or issue. Caseworkers at a private agency in Ingham County also had awareness of supervisor strengths or areas of specialization, which they find very helpful when certain needs arise.

“I appreciate that every different supervisor has their own kind of like niche, where I’m more likely to go to one supervisor for a certain issue and then another supervisor for a different one. And I just think it makes for a more well-rounded staff when we have that capacity.”

– Private agency caseworker

- **Peer Support.** In addition to supervisor support, caseworkers rely heavily on each other for support. Oakland County caseworkers at two different agencies use group chats via text message or electronic team pages (e.g., through Microsoft Teams) to exchange ideas or address issues. According to a private agency caseworker, *“One of the reasons I have stayed so long and I survived in casework for two years was because of my co-workers, just having that sense of community.”*
- **Regular Check-In Meetings.** Although agencies require supervisor-supervisee meetings at established intervals (e.g., monthly), agency staff in Ingham and Oakland counties in particular stated that they have met with their coworkers more frequently than is prescribed throughout the pandemic. Meetings may be formal (e.g., biweekly team meetings) or informal (e.g., daily check-in meetings with a supervisor) to maintain connections and troubleshoot issues as they emerge.
- **Needs Assessment.** Directors in agencies in Ingham and Oakland counties described actions to obtain feedback from staff on their specific needs. For example, in an agency a director worked with other leaders in the agency to examine *“how we communicate, and [we are] surveying staff to ensure that they’re getting information.”* Another agency leader observes *“the agency constantly looking for feedback about what staff do need, which has resulted in getting them the services they need to do their job, especially remotely.”*

3.4.3.2 Addressing Issues of Diversity, Equity, and Inclusion

Child welfare agency staff serve a broad range of children and families, representing various races, ethnicities, cultures, socioeconomic statuses, gender identities, and sexual orientations. The evaluation team asked agency staff and partners about the ways in which their agency promotes and supports diversity, equity, and inclusion (DEI).

"I know that we had DEI trainings that we had to do here and there, but it wasn't like what it is now. Now it sort of feels like everybody has to buy into this because this is where the state is moving."

–DHHS supervisor

Representatives in Kent, Ingham, and Oakland counties reported that there are frequent opportunities to participate in DEI-related trainings. Some respondents observed that, in addition to regular in-person offerings, there are substantially more virtual training opportunities available due to the pandemic. While agency staff can choose to participate in some DEI trainings, one component of required new staff training is on DEI. Additionally, existing agency staff must complete certain state-mandated trainings on relevant topics (e.g., implicit

bias). Respondents identified a number of topics in which trainings have been offered. Examples of some of the topics mentioned by representatives in two or more counties are shown in Exhibit 3-7.

Exhibit 3-7. Topics of trainings for staff in Kent, Ingham, and Oakland counties

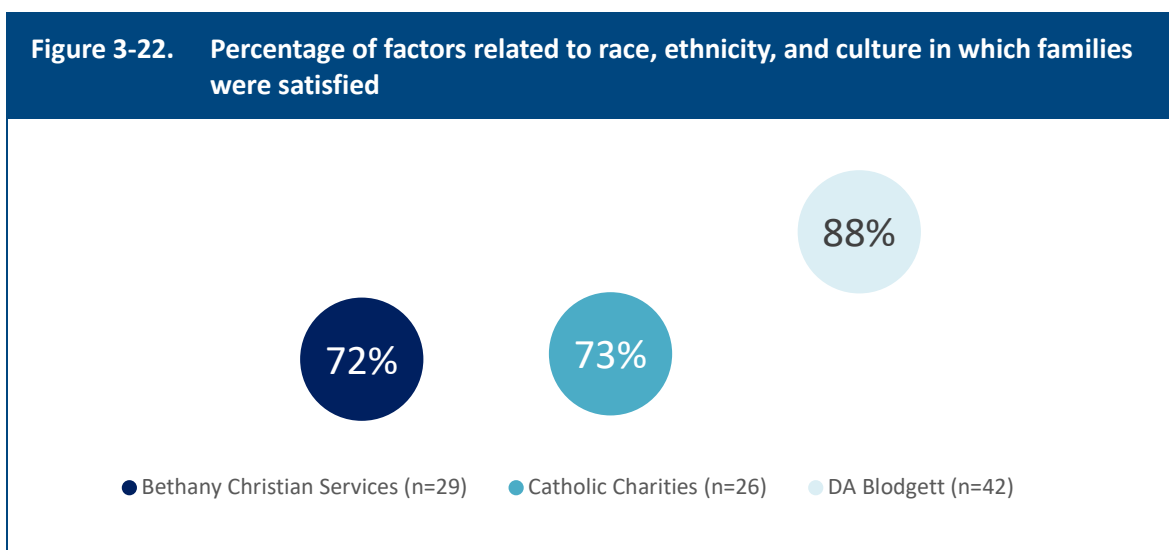


In addition to training opportunities, agencies within each county engaged in other activities to bolster staff knowledge of DEI and increase their application of the knowledge directly to their work with families. Respondents in Kent County, in particular, described a range of specific activities being conducted in the county, which are listed below.

- **Action Teams or Workgroups.** Examples of some of the groups in which respondents participate include the Children's Services Agency's Antiracism Transformation Team; Diversity and Culture Inclusivity Team; Engaging, Managing, and Bonding through Race (EMBRACE); Eliminating Racism and Creating/Celebrating Equity (ERACCCE); Race, Equity, Diversity, and Inclusion (REDI), and intra-agency DEI committees.
- **Informal Discussion Groups.** Agency staff and partners described engagement in informal discussion groups to share experiences and transfer knowledge. One supervisor credited the agency's director *"for creating an environment that is constantly safe enough to have these conversations."*
- **Data Monitoring.** Agency staff in public and private agencies continue to use data to strategize about how to reduce the overrepresentation of children of color in child welfare and ensure that placement decisions and the time to permanency is reduced for all children.

- **Contracts and Staffing.** WMPC incorporates expectations related to DEI in private agencies' contracts. As one private agency director explained, the agency's contract specifies that agency leaders must identify *"a local program advocate around DE&I,"* if they do not have an equity office, and ensure *"staff will have 20 hours of DE&I training within the year or as part of staff recruitment or orientation materials."*

As mentioned in Section 3.3.6, the process evaluation team reviews client satisfaction data collected by private agencies in Kent County. Bethany Christian Services, Catholic Charities, and D.A. Blodgett have survey items related to agency staff sensitivity to the family's race, culture, ethnicity (e.g., *"My culture/beliefs were respected and considered."*). During the current reporting year, the percentage of factors related to race, culture, and ethnicity in which families reported satisfaction was over 70 percent across the three agencies (Figure 3-22).



3.4.4 Monitoring and Accountability

This section summarizes information about how agency staff use data or other information to make decisions about service delivery processes.

Ongoing Continuous Quality Improvement (CQI) and Quality Assurance (QA). Ingham, Oakland, and Kent County DHHS respondents stated that they regularly perform internal CQI and QA monitoring through dedicated committees/teams (e.g., Kent County DHHS has a CQI Team) and meetings that focus on specific topics, such as youth in residential settings and permanency. Oakland County DHHS respondents noted they have an internal CQI team with dedicated CQI analysts and respond to state CQI requests. Respondents from Kent County DHHS reported that they participate in quality reviews that are initiated at the state level (i.e., Quality Improvement Activity [QIA]). An agency leader in Ingham County explained that agency staff routinely use a tool that helps them determine at what point a child can be safely reunified with the family.

Ingham County private agency respondents explained that internally their leadership (directors, program managers, etc.) routinely extract data to assess quality and identify areas for improvement. When a specific area of improvement is identified, agency leaders may establish a subcommittee to focus on that area (e.g., ensuring medical and dental services are completed in a timely manner). Some respondents from private agencies also reported they participate in Quality

Assurance and Performance Improvement (QAPI) meetings. Other structures or activities described by respondents in Oakland County's private agencies include regular CQI and QA checks (e.g., random case reviews) by an internal quality assurance department or QA representative, incident report tracking, administration of client satisfaction surveys, and quality monitoring through supervision.

Respondents in Kent County private agencies stated their leadership teams also track data internally and identify missing data or areas in need of improvement. This data is used to assist caseworkers in addressing issues and to make recommendations for improvement.

Respondents from some agencies also stated they have staff responsible specifically for QA. Agency staff from all Kent County private agencies stated that they participate in monthly and/or quarterly performance review meetings with WMPC. Participants explained that WMPC staff share data from all five Kent County private

agencies, which is helpful. Some agency staff stated they can view their agency's performance compared to other agencies, and this encourages friendly competition and the opportunity to share best practices among agencies. Some caseworkers from Kent County private agencies noted that data, or information about the data, is not often shared with staff at their level.

"We all know that the data equals child safety and that's what we're all here for. So we also are very intentional about communicating that message to staff and leadership and letting leadership know even though you are not frontline staff, you have a stake in making sure that workers are held accountable to that data. And if there is a deficit, how can we improve it?"

–Private agency director

Improvements to CQI and QA. During interviews and focus groups, respondents were asked if there had been any recent changes in how their agency uses data and/or tracks CQI and QA data. Respondents from at least one private agency in each county reported that there are plans to hire, or the agency recently hired, a dedicated staff member responsible for quality assurance tasks like tracking data and services and helping staff hit specific targets. One example of a recent change in an Ingham County private agency is the development of a strategic plan for disseminating data to make it more consistently available to staff members.

Respondents in Kent County described various improvements being made in private agencies to enhance their CQI and QA processes. For example, staff in one agency recently began tracking how quickly new foster and adoptive families are matched with a child after they sign their letter of intent, and they track foster and adoptive parent trainings. Another agency has been focused on retention, and identifying and addressing barriers (e.g., transportation). Lastly, a Kent County private agency recently began implementing "learning labs," which are interactive trainings that include role-playing and peer learning for staff in areas in need of improvement.

ChildStat. MDHHS' 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 over the past 2 years. Across counties, nearly all interview and focus group respondents were aware of ChildStat data, and many had participated in the meetings when their case was chosen for review. Most respondents found ChildStat meetings and data useful. For example, agency staff:

- Has access to additional data that is not regularly available (e.g., on medical and dental services, MIC complaints and outcomes).

- Is able to see cross-county comparisons, learn what other counties in the state are implementing, and identify best practices.
- Benefit from preparing for and participating in ChildStat case reviews (i.e., outside perspective looking at cases with a different lens).

Across counties, respondents at all levels expressed frustration with some aspects of ChildStat meetings and case review processes, including:

- Burden of preparing for the ChildStat meeting if your case is chosen for review.
- Uncertainty of the value of the ChildStat meetings and case reviews because: (1) often the agencies have begun making changes outlined in the recommendations prior to the ChildStat meeting, and (2) not all agencies are included in ChildStat case reviews.
- Irregular communication regarding ChildStat data across individual agencies or countywide (including specific communication about changes being implemented as a result of ChildStat case reviews).

According to some respondents, there may be plans to expand case review eligibility. As stated in last year's evaluation report, a revised state and county dissemination process may be helpful in sharing outcome data, recommendations, and changes implemented as a result of ChildStat reviews.

MiSACWIS. Respondents in all three counties (DHHS and private agencies) noted that they use MiSACWIS, Michigan's child welfare case management system. They explained that agency staff use the Book of Business and data warehouse reports to track various data, and supervisors use the system as part of supervision/quality assurance monitoring. This year, as in past years, respondents expressed frustration with the MiSACWIS system. One recent barrier created by COVID-19 concerns virtual visits. MDHHS approved virtual visits during the pandemic, but caseworkers were unable to document these virtual visits in MiSACWIS. To address the system-related issues, MDHHS recently made the decision to replace MiSACWIS with a new state database. Many respondents expressed excitement about the new system. According to interview respondents, individual system modules will launch in phases over several months.

3.4.5 Interagency Collaboration

The evaluation team asked interview and focus group participants about community agencies they partner with most often, how they would characterize the relationships, and if they experienced any changes in those partnerships in the last year. Respondents stated their relationships include numerous partners such as the county DHHS agency, private foster care agencies, mental health organizations (private and county agencies), and the judicial system. The sections that follow summarize collaborative partnerships with local agencies and organizations.

County DHHS Agencies. There were mixed reactions by respondents from private agencies in the comparison counties regarding their partnership with county DHHS staff. Some respondents described the relationship as positive, with open lines of communication, effective teaming during routinely scheduled meetings, and responsiveness (e.g., *"Accessibility...any worker that I've worked with has been easy to get in touch with them and get things done."*). Additionally, private agency staff appreciate county DHHS representatives' role as facilitators in TDM meetings. Other respondents

noted challenges such as a lack of support (e.g., “Sometimes it very much feels like us against them or them against us.”) and difficulty working with some DHHS caseworkers.

A theme that emerged last year and remained this year among private agency staff in Kent County is the limited interaction they have with DHHS. WMPC acts as a “middleman” between private agencies and Kent County DHHS. The interactions are limited to contact “between [foster care caseworker] and [POS] monitors to get approvals,” for “special evaluations with foster homes,” and for collaboration for Youth in Transition (YIT) activities. Some respondents stated they appreciate having WMPC’s partnership and support as the medium between their agency and Kent County DHHS.

Mental Health Systems. Respondents in the comparison counties described their relationship with the local mental health provider in the county as mostly positive and supportive with a few challenges. Respondents in one county noted that the county mental health provider sometimes has limited capacity and could improve communication, especially when caseworkers request reports or updates on a client. However, one Oakland County respondent described the importance of the county mental health liaison in their office, stating:

A CMH liaison sits in our office and helps in regards to SED waivers, advocating as far as services and access to services. [CMH] actually made that commitment to us to have someone in our office, which shows a lot in regards to our relationship with them.

Additionally, respondents from a comparison county noted that they often work with private mental health providers in the county, including non-profit agencies and in-house mental and behavioral health service providers.

Private Agencies. When asked about the relationship between DHHS and private agencies in the county, Ingham County DHHS respondents had mixed responses. Some respondents explained their

“...our private agency providers [show] their willingness to...step up. Not only in placement, but in various other aspects...When we have various meetings and groups, we always involve them...because they’re our partners and they play a large role in regards to providing services and care for our children who are in foster care and otherwise. So we need their input and they need to be partners in the process...and I think they recognize that.”

–DHHS leadership

relationship with private agency staff in the county is very collaborative, especially with the POS monitors. Staff from Ingham County DHHS and the private agencies partner often during regularly scheduled interagency meetings and one-on-one meetings as needed. Respondents also noted an increase in collaboration as part of TDM meetings. However, other respondents stated that turnover at private agencies has presented challenges, prompting the need for increased collaboration between private agency staff and DHHS POS monitors to ensure expectations are being met and gaps created by turnover are resolved. Respondents from Oakland County DHHS stated they also collaborate effectively with staff in the county’s private agencies and meet with them regularly in

meetings. The respondents also noted that engagement with private agency staff has increased since the COVID-19 pandemic began, and considers private agencies important partners for services they provide (e.g., one private agency provides supportive visitation).

Private agency staff in Kent County emphasized that collaboration among private agencies has increased because of the pilot in Kent County, and they stated that WMPC provides opportunities for continuous teaming. One respondent stated, *“There’s an ability for us to connect and get to know each other in a way that probably is not true in some of the other geographies without this model.”* Respondents from one private agency stated that they have now started collaborating with other private agencies outside of WMPC-facilitated interactions.

Courts. Respondents from DHHS agencies in all three counties stated that their experiences working with the court system and court officials was positive, describing their relationships as respectful and collaborative. In Ingham County, DHHS respondents stated that recently a few judges and new judges were appointed. With these changes there are some growing pains associated with the transitions—understanding new judges’ expectations and building relationships. Some respondents from Oakland and Kent Counties’ DHHS agencies experienced a few challenges to collaboration due to COVID-19, including less engagement with prosecutors (virtual court has limited DHHS and prosecutor opportunities for engagement) and court backlogs.

In interviews and focus groups with private agency staff in the comparison counties, respondents stated that they have good relationships with court representatives, such as guardian ad litem (GALs) and referees. Respondents in Ingham County expressed appreciation for court trainings that referees offer to caseworkers. Oakland County respondents cited two particularly important types of court-related partners: permanency monitors and attorneys assigned to caseworkers. They work with and assist caseworkers by coordinating with them on cases, preparing caseworkers to testify, and serving as an additional support to caseworkers. In both comparison counties, respondents described various challenges, some due to COVID-19, that they experience while working with the court system. Some caseworkers stated that participating in court is one of the most challenging parts of their job. Some examples of the types of challenges they experience are:

“...permanency monitors...they’re an extra level of support...if you’re having an issue getting something approved, they will step in... talk to the judge or the referee...they also track how efficiently you’re doing a case. So...if you’re not completing things timely, you’re going to know about it in court, which is beneficial because our goal is to make sure that children achieve permanency as timely as possible...”

–Private agency supervisor

- County courts have different processes, which can be frustrating for private agency staff that work in multiple counties. One respondent stated, *“What you may need to turn in for adoption in this county is very different in the other county while reports in this county...is very different than the other county. There’s no cohesiveness to any of it.”*
- Expectations of individual court officials vary and are inconsistent. As one supervisor stated, *“We’ve had to flex quite a bit over the last year to adjust to whatever [the court’s] latest requirement is.”*
- Interactions that agency staff have with some judges, referees, and GALs may be challenging.

Other Partners. Interview and focus respondents described other partners with whom they often collaborate. Those partners include:

- Agencies or organizations that provide substance use screening and treatment;
- Other county entities such as hospitals, public schools, and law enforcement;
- Organizations that work with licensing departments such as licensing coalitions, DCWL, and the county health department;
- Providers located in private agencies that offer services, such as therapy and family support; and
- Agencies or organizations that provide supportive services for foster, adoptive, or birth parents (e.g., parenting classes, supportive visitation).

Overall, respondents stated they have good working relationships with the above-mentioned community partners. Some respondents noted that service providers located in their agency makes it convenient for families to receive the services. One barrier mentioned by respondents from one county DHHS agency is that they are contractually required to use specific services by providers that often have waitlists.

3.4.6 Facilitators and Challenges

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

Facilitating Factors

Representatives from public and private child welfare and partner agencies described a number of factors that supported their efforts to serve families effectively, many of which have been described throughout this report. For example, interview and focus group respondents in Kent, Ingham, and Oakland counties described a number of **processes or policies established during the pandemic** that increased staff effectiveness and efficiency, including virtual court proceedings, virtual FTMs and TDM meetings, flexible work schedules, availability of virtual services for families where appropriate, and documentation processes (e.g., electronic signatures). Respondents in all three counties, including agency staff and partners, observed and appreciated **increased interagency collaboration** that has occurred as a result of the shift to the convenience of meeting via virtual platforms (e.g., Zoom, Microsoft Teams).

Inter- and intra-agency collaboration was identified most often by respondents in Ingham and Oakland counties as important to job effectiveness. A common theme articulated by respondents is **reciprocity among colleagues**—each person provides and receives support so that collectively, the team provides optimal services to families with children in care.

Agency staff in Ingham and Oakland counties also identified their **relationships with community-based organizations** as key facilitators. A supervisor in Oakland County described local organizations that have partnered with the agency and have been supporting its efforts for decades. Respondents in Ingham County described longstanding relationships with representatives in other community agencies whom they can call for thought partnership, to address issues, and work together to achieve common goals.

Additionally, respondents in Ingham and Oakland counties noted that there are **adequate resources** in the local community that are available to the families they serve. As mentioned in Section 3.4.5, some agencies in the comparison counties have resources or services available internally, through their own agency. For example, a respondent from a private agency in Ingham County stated that having a behavioral health team within the agency “has been amazingly helpful, and really ups the quality of service having it under one roof because you have that consistent follow up and contact with service providers right in your own office.” Similarly, a respondent from Oakland County DHHS likes “that we have cribs, toddler beds in the office, car seats in the office,” which the respondent considered “a really nice feature” the agency offers. A respondent from a private agency in Oakland County stated, “we have a myriad of services that we can self-refer our clients to...it’s really helpful that we do have those services here.” As mentioned in Section 3.4.2.1, the service approval process can take a considerable amount of time. Having access to internal services and resources reduces the time between identification of a need and the family’s receipt of the service or resource.

Challenges

Each year, a common challenge reported among interview and focus group respondents is the limited availability of high-quality services for families with children in care. Service availability was a commonly reported challenge among respondents in all three counties again this year. There is often limited availability of or there are waitlists for services, there is an inadequate number of providers available for certain services, and agency staff sometimes have difficulty locating services to meet families’ specific needs. Respondents attributed staff shortages to the COVID-19 pandemic, which caused service providers to take leaves of absence (e.g., due to virus symptoms).

“I think our staff appreciate that we all still will jump in. I’ll supervise a parenting time. I’ll transport a kid. I’ll sit at a hospital. When we have an emergency, it’s not that worker’s individual responsibility to fully cover it. It is our team’s responsibility to make sure we’re there.”

–Private agency supervisor

“Once you schedule a [psychological evaluation], you can almost guarantee that it’ll be four months away.”

–Private agency supervisor

“There's a big push in Michigan to get children out of residential care. But there's no place for them to go. We don't have a lot of foster homes that will take older children with significant issues.”

–Private agency caseworker

Identifying placements and services for youth transitioning from residential care was also a challenge among agency staff in Kent, Ingham, and Oakland counties. Many residential facilities have closed, and other facilities are often at full capacity. One supervisor recognized that it may be “unrealistic” for individuals to agree to foster a youth with high needs who was receiving support from “a fleet of staff” in a residential facility. The supervisor questioned, “how do you go from a whole staff and a residential program down to this two-adult household caring for

this child?” Agency staff emphasized that youth need services to be in place upon placement. They cannot request services for youth transitioning from residential facilities until they are placed in a foster home and, as mentioned above, there may be a substantial delay after placement before services are received. Several interview and focus group respondents from Kent County stated that youth often spend extended periods in local hospitals because “they have nowhere to go.” Respondents in Ingham and Oakland counties stated that transportation limitations (e.g., no public transportation in some areas) make it difficult for families in the counties to access services. Other challenges identified by respondents in Kent, Ingham, and Oakland counties are listed in Exhibit 3-8.

Exhibit 3-8. Challenges identified by respondents in Kent, Ingham, and Oakland counties			
Challenge	Kent	Ingham	Oakland
Housing	“I’m working with homeless youth who have aged out of foster care and connecting them with the housing vouchers, and supposed to be helping them find housing, which is just been a nightmare because there isn’t housing available.”	“[It is a struggle to locate] housing resources as well, specifically for the teens that are aging out and looking to become independent.”	“The program that I use now is the Planning and Housing Commission, and they don’t assist families until that’s the last barrier they have to overcome. And so it’s still a long waiting list for that.”
Foster care recruitment and retention	“It’s about the right foster homes to deal with the behaviors that we’re seeing, to actually keep these kids.”	“Right now, you can go get a job almost anywhere and make \$15 an hour, and that’s more than you get paid. Almost more than you get paid a whole day for being a foster care parent.”	“[It has been a challenge to] retain those families and preserve placements...But I feel like this past year, we have improved and we continue to improve with our collaboration.”
Service costs, financing services, and activities	“With census low, expenses were higher, COVID. There were just extra expenses that we incurred. And just not knowing where our census is going to fall, that has caused us to then have to take cases from other counties.”	“When clients come to us with Medicare as their primary insurance, finding them providers is extremely difficult because it’s just not accepted, especially with mental health.”	“I’ve got two main challenges to my position, and I don’t think this is going to come as a surprise to anybody when I say lack of funding for recruitment [is the biggest one].”

3.5 Summary of Process Study

Through the process study, the evaluation team builds understanding of *how* Kent Model implementation occurs, and similarities and differences in policies and practices among agencies in Kent County and the comparison counties (Ingham and Oakland).

EFC is a service that is implemented in Kent County and continues to be the most supported aspect of the Kent Model since its inception. Agency staff reported that over the past year, they appreciated having increased flexibility from WMPC in EFC approvals, particularly given limitations on the number of children who can be referred from each agency for this service. Private agency staff perceived that the number of children in residential care has decreased over the past several years, largely due to the EFC support that children receive as they transition to community placements.

Over the past year, WMPC continued to restructure its staffing structure and operations to meet the needs of private agencies. Some changes were prompted due to internal challenges (e.g., staff turnover), while others were initiated through lessons learned as the pilot evolves. For example, WMPC:

- Created **new positions** (Intake and Placement Coordinator, Parent Engagement Specialists, PQI Manager, Clinical and Utilization Manager, Intake and Placement Coordinator, Chief Engagement and Equity Officer).
- Launched two **new programs** (parent engagement and enhanced shelter homes) to address emergent needs from the parents and youth WMPC serves.
- **Reorganized** the PQI team to facilitate more specialized PQI coordination.

WMPC and private agency staff in Kent County continue to use MindShare (and other platforms) to report and monitor case data and trends. This year, interview and focus group respondents reported an increased understanding of the data and how to produce analytic reports. Respondents continue to question the reliability of the data, but reported that WMPC is in the process of creating a position focused on data quality. Additionally, over the past year, WMPC used predictive analytics to identify (1) children at high risk of MIC, and (2) the likelihood of achieving permanency within 1 year, so that services and resources can be allocated more effectively. Relatedly, utilization management remains a central focus of the Kent Model, and respondents described it as essential for sustainability of pilot activities.

Several common themes emerged among interview and focus group respondents across Kent, Ingham, and Oakland counties. For example, there was strong support across counties and roles (i.e., directors, supervisors, caseworkers) for flexible work schedules. State and local leaders and public health officials established public health guidance and recommendations during the COVID-19 pandemic, which included remote work. Respondents agreed that a flexible work schedule (e.g., time is split between working from home and in the office) improves work-life balance and increases efficiency—and they hope this policy remains in place post-pandemic. Other

changes that were instituted that respondents would like agencies and partners to maintain include:

- **Virtual court activities**, as there is increased participation from parents in hearings, and staff time is used more effectively (e.g., caseworkers can complete other tasks during the time that would have been used to drive to a hearing).
- **Electronic case documentation**, including electronic signatures, reduces the amount of time required to process required forms.

In prior years of the evaluation, respondents in the comparison counties typically experienced longer service approval delays than in Kent County, as WMPC facilitates and expedites the process. This year, respondents across counties described the process in positive terms overall, which some respondents attributed to the increased efficiencies described above in response to policy changes due to the pandemic. Other common themes that emerged among respondents in all three counties include:

- An increased emphasis on relative providers, to keep the child in the community and reduce the trauma associated with placement in foster care.
- The assignment of dedicated staff who conduct child welfare prevention activities (e.g., conduct outreach calls in areas with high rates of child welfare referrals).
- Supports around staff retention, as turnover continues to present a challenge, including supervisor support, peer support, regular check-in meetings, and staff needs assessment are factors related to staff retention.
- Frequent opportunities to participate in trainings on diversity, equity, and inclusion.
- Challenges to being able to serve families effectively include inadequate housing, difficulty recruiting and retaining foster families, and service costs.

As the Kent Model nears completion, interview and focus group respondents in Kent County described shifts in planning and programming with an eye toward sustainability. Agency leaders apply lessons learned to the identification and implementation of new strategies to meet the needs of both agency staff and families with children in care. Across counties, the common thread connecting agency staff is their dedication to providing families with optimal care.

4. Conclusions and Next Steps

4.1 Summary of Findings

The Kent Model launched in 2017 and was expected to produce gradual systemic changes to child welfare agency policies and procedures, casework practices, and interagency collaborative processes in Kent County. These changes were theorized to lead to increased data-driven decision making, improved service delivery, and ultimately, improved outcomes for families with children in care. The current report reflects the evolution of the Kent Model and contrasts cost, outcome, and process findings for Kent County with those for comparison counties (Ingham and Oakland).



Cost study results indicated that overall, child welfare expenditures increased each year between FY 2015 and FY 2019, although the growth slowed over time. The cost study team noted that the number of children entering care was stable from FYs 2015 through 2018 before declining slightly in FY 2019. Over roughly the same period (FY 2016-17 through FY 2018-19), the median number of months children were in care increased. This indicates there was an increase in the time children spent in care, not child entries. Outcome study results reveal that overall, children in Kent County (who entered care after 10/1/2017) exited care in fewer days than children in comparison counties, and this difference is statistically significant.

The cost study team also found that deceleration of placement maintenance costs coincides with reduced CCI care day utilization. Specifically, the average daily unit cost per care day decreased, which led to the subsequent plateau of placement maintenance costs. During interviews and focus groups for the process study, respondents in Kent County emphasized that moving children from residential care into community-based placements is a primary focus of the Kent Model and a priority for MDHHS. Private agency staff attributed a reduction in the number of residential placements to implementation of EFC. This service provides children with the support they need as they transition from residential care to a community placement.

There was a substantial decline in care day utilization in FYs 2020 through 2021, during the COVID-19 pandemic. The decline corresponds with reduced spending on placement maintenance and administrative expenses. Additionally, there was a substantial decline in child entries in FY 2020-21, which led to subsequent decreases in caseload counts and care day utilization. In 2021 MDHHS' contract agreement with WMPC was revised to reflect the shift from a case rate to a capitated rate based on historic spending. The recent trends that the cost study team described led to lower spending in FY 2020-21 and a substantial surplus relative to the new rate.

The outcome study team did not find statistically significant differences between children in Kent County and children in the matched comparison group, with regard to safety (maltreatment in care or recurrence of maltreatment). Although there were no statistically significant differences between groups, interview and focus group respondents for the process study described increased data-driven decision making to address this outcome. For example, over the past year WMPC used predictive analytics to identify children at high risk of MIC, to proactively identify and implement appropriate services and resources to combat it.

Process evaluation findings indicated that the COVID-19 pandemic continues to heavily influence case practice, inter- and intra-agency collaboration, and service provision. Interview and focus group respondents described factors that both facilitated (e.g., virtual court hearings) and were barriers (e.g., limited services) to serving families effectively, overall, and as a result of the pandemic. The evaluation team asked interview and focus group respondents in all three counties to use one word to describe their work in child welfare (Exhibit 4-1). The 132 words respondents used encapsulates the range of experiences and the nature of the work—challenging (n=14), rewarding (n=10), unpredictable (n=8), and fulfilling (n=6). A DHHS caseworker found the work to be fulfilling because *“I feel like I’m helping, especially when I know I did a really good job, the kid is safe, the kid is happy, and I’ve done everything I could do to reunify that child with their parent.”*

[illegible]

In addition to requesting one word to describe their job in child welfare, agency staff in Kent County (as well as MDHHS representatives) were asked to provide one word to describe the Kent Model (Exhibit 4-2). Of the 69 words respondents selected, the most common were innovative (n=9), frustrating (n=4), helpful (n=4), and collaborative (n=3). A private agency supervisor stated that the relationship with WMPC *“feels more like a partnership and a collaboration, rather than somebody looking down on you and telling you what you’ve done wrong.”*

4.2 Next Steps

The current report summarizes cost, outcome, and process data collected for the fourth year of Kent Model implementation. Substantive parts of cost and process study chapters of the report described the ways in which the COVID-19 pandemic affected child welfare expenditures and agency policies and procedures. Last year’s report described how agencies responded to the public health crisis that had recently emerged, while part of this year’s report summarized how agencies have adjusted to a “new normal.” The cost study team illustrated in the current report how the pandemic affected fiscal trends through the most recent fiscal year. The team will continue to track overall trends, as well as how the patterns change as the nation emerges from the pandemic. The outcome study team will also continue analyzing data on safety, permanency, and placement 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.

The process study team will conduct interviews and focus groups approximately 6 months after the last round of data collection, shortly before the pilot ends. Data collection will focus exclusively on the experiences and perceptions of Kent County stakeholders, to obtain in-depth information on key topics relevant to this late stage of implementation (e.g., lessons learned). This will enable the process study team to examine patterns that emerged over the entirety of the pilot (e.g., strategies, facilitators, challenges) and explore stakeholder reflections on pilot implementation from those who have been involved with Kent Model implementation since its launch.

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 outcomes, and *how* child welfare stakeholders create and sustain systemic changes.

Exhibit 4-2. Words used to describe the Kent Model



References

Center for Advanced Studies on Child Welfare (CASCW), School of Social Work, College of Education and Human Development, University of Minnesota. (2010). *Promoting placement stability (CW360°)*. Available at: <https://hdl.handle.net/11299/185439>.

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Appendix A

State and County Characteristics

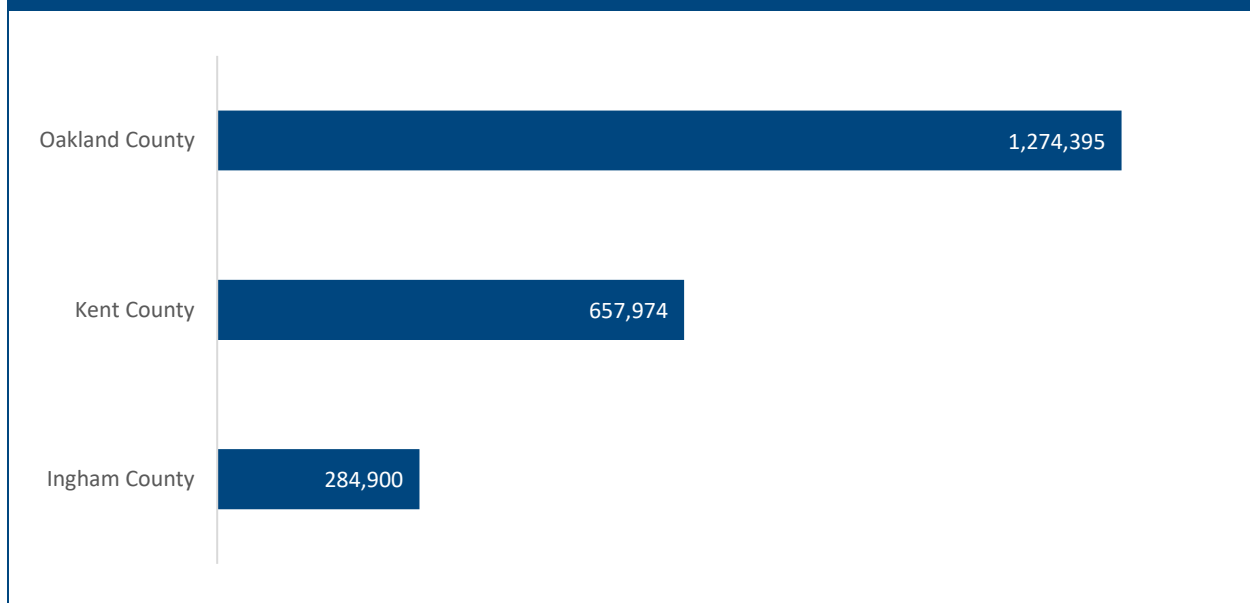
Appendix A

State and County Characteristics

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).⁵² While most of the county is agricultural and sparsely inhabited, the state capital, Lansing, is in Ingham County.⁵³ 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).⁵⁴

Figure A-1. Population estimates by county, 2020



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).³⁸ In 2019 the percentage of the population living in poverty

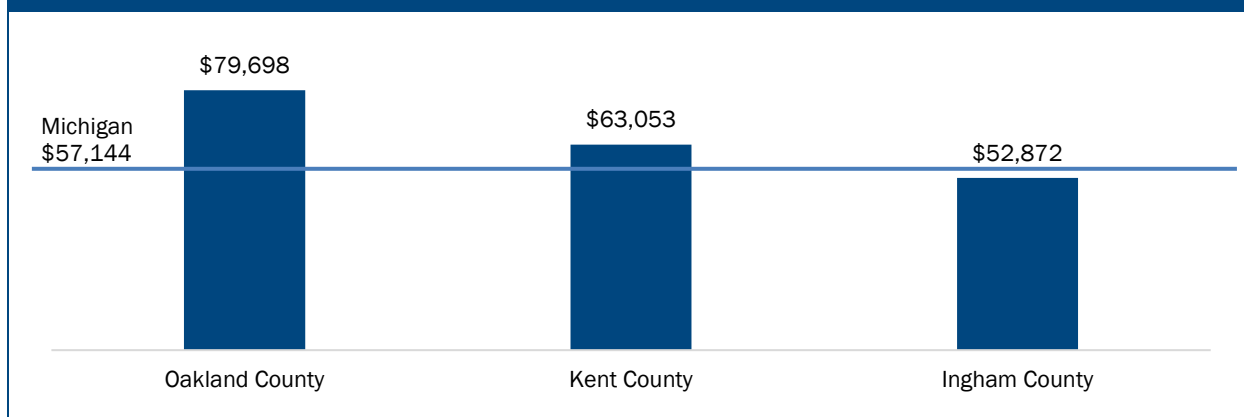
⁵² <https://www.census.gov/quickfacts>

⁵³ <http://ingham.org/About.aspx>

⁵⁴ <https://www.census.gov/data/datasets/time-series/demo/popest/2010s-counties-total.html>

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.¹

Figure A-2. Median household income, 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.⁵⁵

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

	Kent County	Ingham County	Oakland County	Michigan
Racial group				
White, not Hispanic or Latino	73%	69%	72%	75%
Black or African American	11%	12%	14%	14%
Hispanic or Latino ⁵⁶	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%
Foreign born				
Ages 5+ speak a language other than English at home	13%	13%	15%	10%
Education				
High school graduate or higher	91%	93%	94%	91%
Bachelor's degree or higher	36%	39%	47%	29%
Persons in poverty				
Persons under 18 years	11%	17%	8%	13%
	24%	20%	21%	22%

Statewide, nearly one quarter of the population is under 18 years old,⁴¹ and approximately one-third of households (34%) are headed by a single parent.⁵⁷ According to 2021 Kids Count in

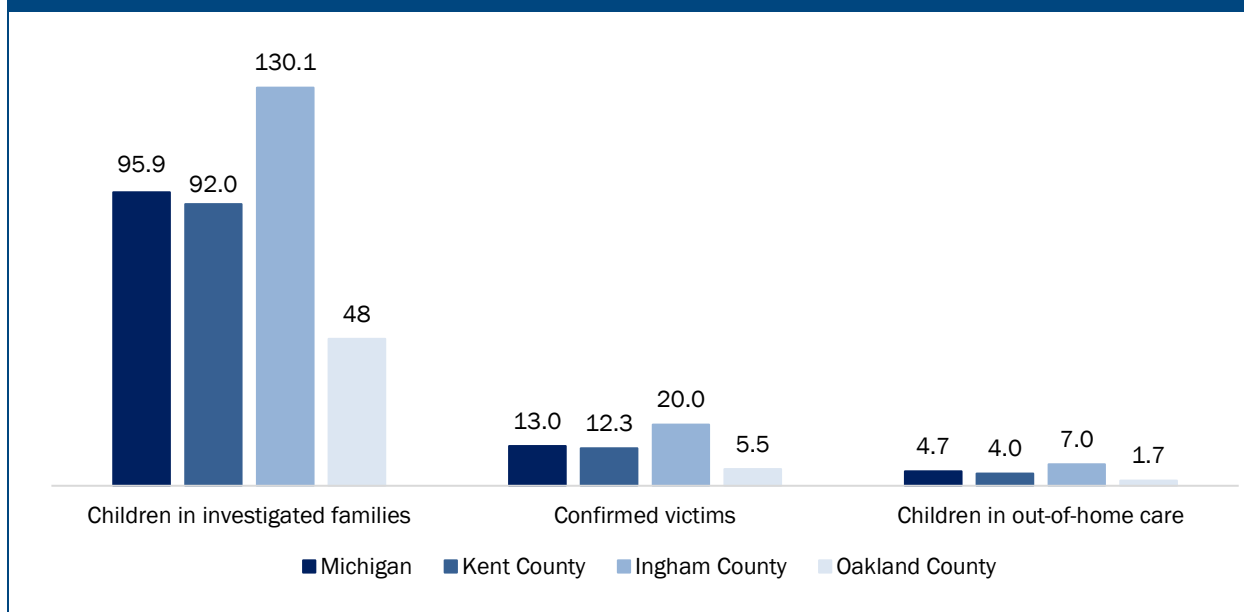
⁵⁵ <https://www.census.gov/quickfacts>

⁵⁶ 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.

⁵⁷ <https://mlpp.org/2021kcdataprofiles/Michigan%20Profile.pdf>

Michigan state-level data, 18 percent of children live below the poverty threshold, and 14 percent of children reside in a neighborhood with a high poverty rate.⁵⁸ 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. 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).⁴⁴

Figure A-3. Rates of child abuse and neglect for Michigan and by county, 2019



⁵⁸ <https://mlpp.org/2021kcgeographicprofiles/2021-kids-count-alpha-list/>

Appendix B

Evaluation Plan

Summary: Evaluation Plan				
Research Question	Subquestions	Indicator	Method	Source
Process Evaluation				
Do the counties adhere to the state's guiding principles in performing child welfare practice?		<ul style="list-style-type: none"> Fidelity of implementation to the MiTEAM practice model among caseworkers in Kent County Kent County client reports of satisfaction with agency services Quality of services caseworkers provided in Kent, Ingham, and Oakland counties 	<ul style="list-style-type: none"> Calculate the percentage of sampled cases for which services were provided in accordance with MiTEAM competency standards Calculate the percentage of clients who reported they were satisfied with the services they received from the agency Review findings from quality services reviews (QSR) on the quality of case practice Obtain information about preparation for and implementation of the practice model and fidelity assessments (e.g., training, tools, monitoring) 	<ul style="list-style-type: none"> MiTEAM Fidelity Data Reports (quarterly) Family satisfaction surveys (annually) QSR reports (every 3 years) Interviews and focus groups with caseworkers, supervisors, agency leaders (annually)
What resources (strategies, infrastructure) are necessary to support the successful delivery of child welfare services?	What resources (strategies, infrastructure) are necessary to support the successful implementation of the Kent Model?	<ul style="list-style-type: none"> Availability of community-based services Agency infrastructure Ability to enter and use data effectively 	<ul style="list-style-type: none"> Obtain information on interagency partnerships (e.g., services provided, quality of relationships) Obtain information of data management processes and systems (e.g., MiSACWIS, data accessibility) 	<ul style="list-style-type: none"> Interviews and focus groups with caseworkers, supervisors, agency leaders, key stakeholders (annually); agency documents (ongoing)
What factors facilitate and inhibit effective implementation of child welfare practice, in general, and importantly, the Kent Model (in Kent County)?	What factors facilitate and inhibit effective implementation of the Kent Model?	<ul style="list-style-type: none"> Availability of community-based services Agency infrastructure Ability to enter and use data effectively 	<ul style="list-style-type: none"> Obtain information on interagency partnerships (e.g., services provided, quality of relationship) Obtain information of data management processes and systems (e.g., MiSACWIS, data accessibility) 	<ul style="list-style-type: none"> Interviews and focus groups with caseworkers, supervisors, agency leaders, key stakeholders (annually); agency documents (ongoing)

Summary: Evaluation Plan				
Research Question	Subquestions	Indicator	Method	Source
Cost Study				
What effect has the transition to the Kent Model had on expenditure and revenue patterns in the county?		<ul style="list-style-type: none"> The total annual costs in Kent by service domain, category, and description to pay for the full cost of services provided to children in out-of-home care and their families to support stable transition into a permanent home. The total annual revenue in Kent County applied to costs to pay for the full cost of services provided to children in out-of-home care and their families to support stable transition into a permanent home. The average annual daily unit cost of out-of-home placement in Kent County. 	<ul style="list-style-type: none"> Categorize spending patterns in the fiscal data by state fiscal year and service and placement type. Categorize revenue patterns in the fiscal data by state fiscal year and funding source Using the child placement data, calculate the annual number of care days used. Calculate average daily unit cost by dividing total placement expenditures by care days used. Where possible, calculate the annual average daily unit cost by placement type. 	MiSACWIS payment data; Quarterly WMPC PAFC Cost Reports; MiSACWIS placement data
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?		<ul style="list-style-type: none"> The total of annual costs in Kent by service domain, category, and description to pay for the cost of services provided to children in out-of-home care and to their families to support the stable transition into a permanent home (Kent County costs will be limited here to those cost types that can also be accurately tracked outside of Kent County). The total of annual costs in Michigan for a matched case comparison group of children by service domain, category, and description to pay for the cost of services delivered to children in out-of-home care and to their families to support stable transition into a permanent home. The average annual daily unit cost of out-of-home placement in Kent County. The average annual daily unit cost of out-of-home placement in the matched case group. 	<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"> Comparing the proportion costs by expenditure categories for each group Comparing the average daily unit cost of out-of-home care for each group Comparing the growth rates by expenditure category in each group over time 	MiSACWIS payment data; Quarterly WMPC PAFC Cost Reports; MiSACWIS placement data

Summary: Evaluation Plan				
Research Question	Subquestions	Indicator	Method	Source
Cost Study				
To what extent does the WMPC case rate (and subsequent capitated rate) ⁵⁹ fully cover the cost of services required under the contract?		Difference between the total annual case/capitated rate revenue received and the total annual costs in Kent to pay for the full cost of services provided to children in out-of-home care and to their families to support a stable transition into a permanent home. Difference between the total annual contract WMPC administrative payment revenue received and the total annual WMPC administrative costs.	Examine and assess the extent to which total annual case/capitated rate revenue covered total annual applicable costs in Kent County. Examine and assess the extent to which total annual contract WMPC administrative payment revenue covered total annual applicable WMPC administrative costs. Examine and assess the extent to which case/capitated rates applied to individual child and family equals the total program and service expenditures for full case management and the services needed by the child and family.	MiSACWIS payment data; Quarterly WMPC PAFC Cost Reports
What are the cost implications of the outcomes observed under the transition to the Kent Model?		Cost-effective child and family outcomes	Cost sub-studies will be conducted for each successful outcome identified by the outcome evaluation. Details of these cost sub-studies will be dependent on the findings of the outcome evaluation. In general, examine and assess the type and costs of the services 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

⁵⁹ In 2021, MDHHS' contract agreement with WMPC was revised to reflect the shift from a case rate to a capitated payment model (https://www.michigan.gov/documents/mdhhs/Section_5043_PA_166_of_2020_719406_7.pdf).

Summary: Evaluation Plan				
Research Question	Subquestions	Indicator	Method	Source
Outcome Study ⁶⁰				
Does the Kent 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"> • 3 months; • 6 months; and/or • 12 months. 	MiSACWIS
		Risk of maltreatment recidivism	Examine the role that race, gender, age, history of maltreatment, and other important covariates play in explaining recurrence of maltreatment.	MiSACWIS

⁶⁰ 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 ⁶¹				
Does the Kent Model improve permanency for 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"> • Reunification (physical and legal return) • Guardianship • Living with other relative • Adoption (physical and legal return). 	MiSACWIS
		The children who enter foster care and who exit to permanency	The number of children who exit foster care to: <ul style="list-style-type: none"> • Reunification • Guardianship • Living with other relative • Adoption, divided by the number of children remaining in foster care. 	MiSACWIS
		The children who are discharged from foster care and whose cases have been closed/remain open, and who re-enter foster care within 6, 12, or 18 months after case closure	The number of children who re-entered foster care within: <ul style="list-style-type: none"> • 6 months • 12 months • 18 months, divided by the number of children discharged from foster care. 	MiSACWIS
		The children's risk of re-entry into foster care	Examine the role that race, gender, age, history of maltreatment, and other important covariates play in explaining the likelihood of achieving reunification and adoption.	MiSACWIS
		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"> • Family-based setting • Congregate-care setting 	MiSACWIS

⁶¹ 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 ⁶²				
Does the Kent Model improve permanency for children?		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 who move to a less restrictive placement type, and those who move to a more restrictive placement type.	The number of children who move to a: <ul style="list-style-type: none"> • Less restrictive placement setting; or • More restrictive placement setting divided by the number of children in foster care placement. 	MiSACWIS
		The youth who enter foster care as adolescents who experience permanent exits	The number adolescents in foster care who exit to: <ul style="list-style-type: none"> • Reunification • Guardianship • Relative Care • Adoption, divided by the number of adolescents remaining in foster care. 	MiSACWIS
Does the Kent Model improve the well-being of children and families?		The children with an open case who receive timely physical/dental health care <ul style="list-style-type: none"> • Children in open cases receive timely and regular health exams • Children in open cases receive timely and regular dental exams 	The number of children in open cases who receive timely and regular health exams divided by the number of children in open cases. The number of children in open cases who receive timely and regular dental exams divided by the number of children in open cases.	MiSACWIS
		The children entering foster care who receive timely physical/dental health care: <ul style="list-style-type: none"> • Children in foster care receive timely and regular health exams • Children in out-of-home care receive timely and regular dental exams 	The number of children entering foster care who receive timely and regular health exams divided by the number of children in foster care. The number of children in out-of-home care who receive timely and regular health exams divided by the number of children in out-of-home care.	MiSACWIS

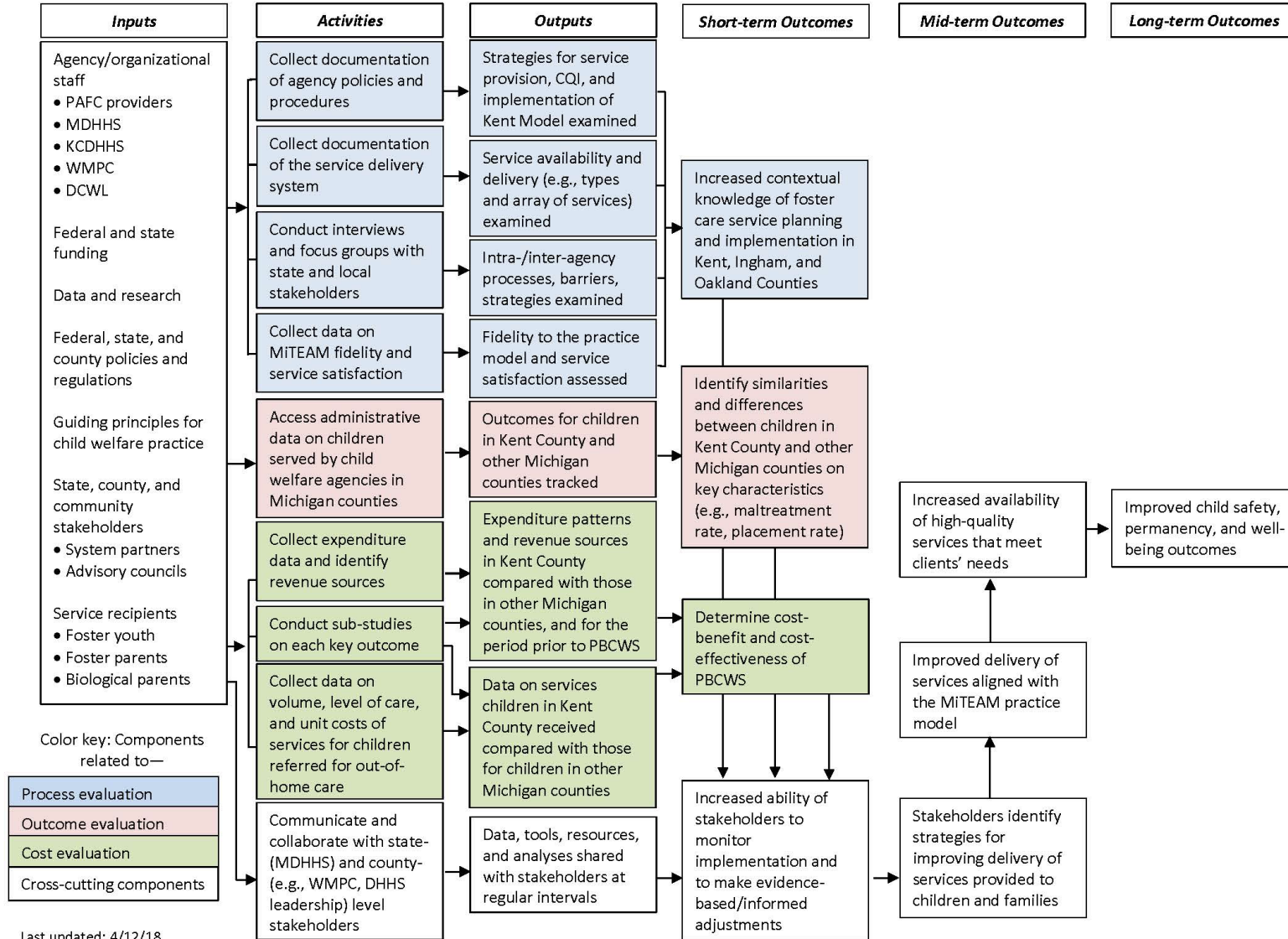
⁶² Outcomes are measured by comparing WMPC-served children to a representative state sample (developed using propensity score matching).

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

Table D-1. 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/Psyc. Expenses

Table D-1. FY15-FY17 – Kent expenditure categories (continued)

Service domain	Service category	Service description
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

Table D-2. FY18-FY21 – Kent expenditure categories

Service domain	Service category	Service description
Placement – Admin	CCI	PAFC Admin – WMPR_CR CCI
Placement – Maint	CCI	WMPC_CR CCI Placement Payment
Placement – Maint	Enhanced Foster Care	1787-Enhanced Foster Care
Placement – Maint	Enhanced Foster Care	1789-Enhanced Foster Care (step-down)
Placement – Maint	Foster Home	1780-General Foster Care
Placement – Admin	Foster Home	PAFC Admin – 1780 General Foster Care
Placement – Maint	Independent Living	1782-General Independent Living
Placement – Maint	Independent Living	1783-Specialized Independent Living
Placement – Admin	Independent Living	PAFC Admin – 1782 Independent Living
Placement – Admin	Independent Living	ILP Admin – 1783 Spec Independent Living
Placement – Maint	Treatment Foster Care	1788-Treatment Foster Care
Placement – Admin	WMPC EFC Admin	WMPC EFC Admin
Placement – Admin	WMPC EFC Incentives	WMPC EFC Incentives
Residential Services	CCI	WMPC Other Purchased Services – Kids First
Residential Services	One on One Supervision	1834-One on One Supervision
FC Placement Service	Clothing	1801-Initial Clothing Allowance 0-5
FC Placement Service	Clothing	1802-Initial Clothing Allowance 6-12
FC Placement Service	Clothing	1803-Initial Clothing Allowance 13-21
FC Placement Service	Clothing	1821-Special Clothing Allowance 0-5
FC Placement Service	Clothing	1822-Special Clothing Allowance 6-12
FC Placement Service	Clothing	1823-Special Clothing Allowance 13+
FC Placement Service	Clothing	1824-Special Clothing Ward Child
FC Placement Service	Clothing	1896-Semi Annual Clothing Allowance 0-12
FC Placement Service	Clothing	1897-Semi Annual Clothing Allowance 13+
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	Adult Education	Tutoring
Independent Living	College/Post-Secondary Support	College Application Fees
Independent Living	College/Post-Secondary Support	SAT/ACT Preparation and Testing
Independent Living	Conference/Camps/Workshops	Independent Living Skills
Independent Living	Daily Living	Computer Purchase/Software/Hardware
Independent Living	Employment Support	Certification Courses
Independent Living	Employment Support	Interview Clothing
Independent Living	Employment Support	License/Certification Fees
Independent Living	Graduation Expenses	1806-Senior Dues
Independent Living	Graduation Expenses	1806-Senior Expenses
Independent Living	Graduation Expenses	1830-Class Ring
Independent Living	Graduation Expenses	Senior Pictures
Independent Living	Housing	Rent/Security Deposit/Utility Deposit
Independent Living	Housing	Start-Up Goods

Table D-2. FY18-FY21 – Kent expenditure categories (continued)

Service domain	Service category	Service description
Independent Living	Relationships	Healthy Relationships
Independent Living	Secondary School Support	Educational Field Trip
Independent Living	Secondary School Support	Tutoring
Independent Living	Transportation Support	1832-Driver's Education
Independent Living	Transportation Support	Auto Insurance
Independent Living	Transportation Support	Bus Pass
Independent Living	Transportation Support	Driver's Education Classes
Independent Living	Transportation Support	Driver's Education Testing
Independent Living	Transportation Support	Gas Card/Reimbursement
Independent Living	Transportation Support	Other
Independent Living	Transportation Support	Vehicle Purchase
Independent Living	Transportation Support	Vehicle Repair
Independent Living	Youth Development/Advocacy	Youth Board Meeting
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 Competencies⁶³

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

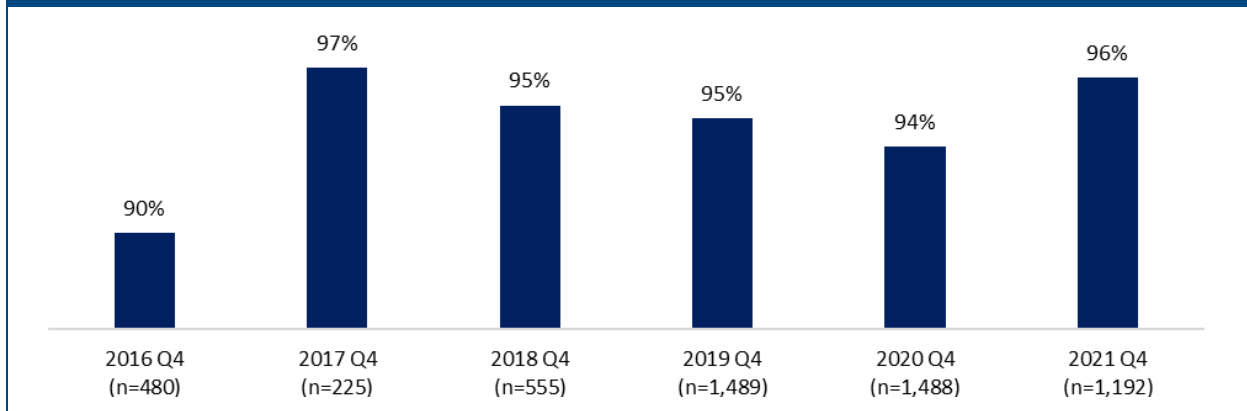
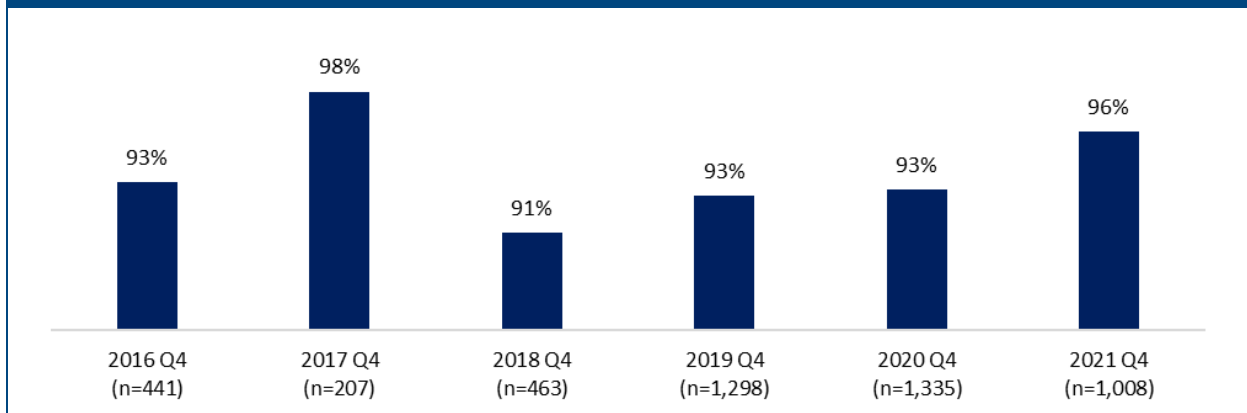


Figure E-2. Average percentage of MiTEAM behaviors related to engagement implemented with fidelity



⁶³ 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, 68 in 2020, and 50 in 2021.

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

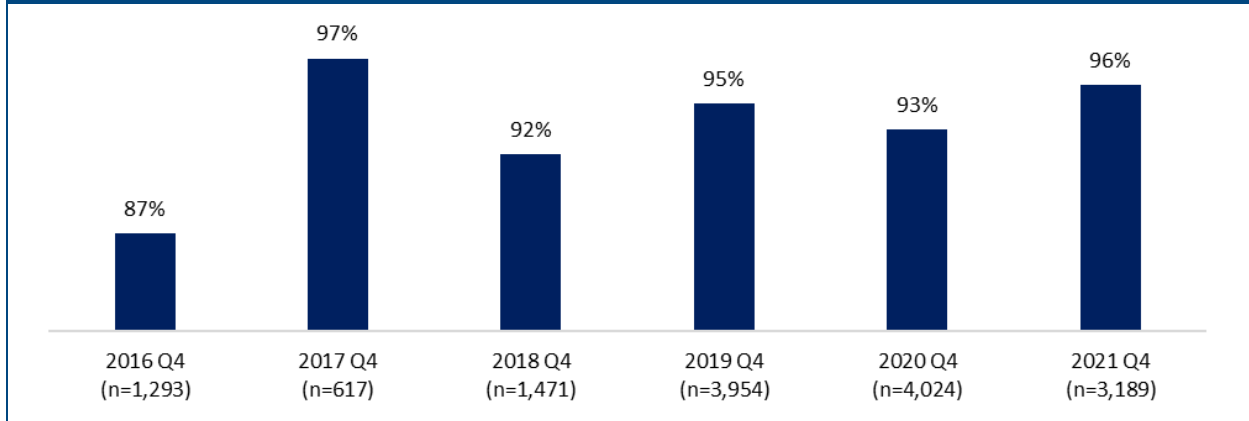
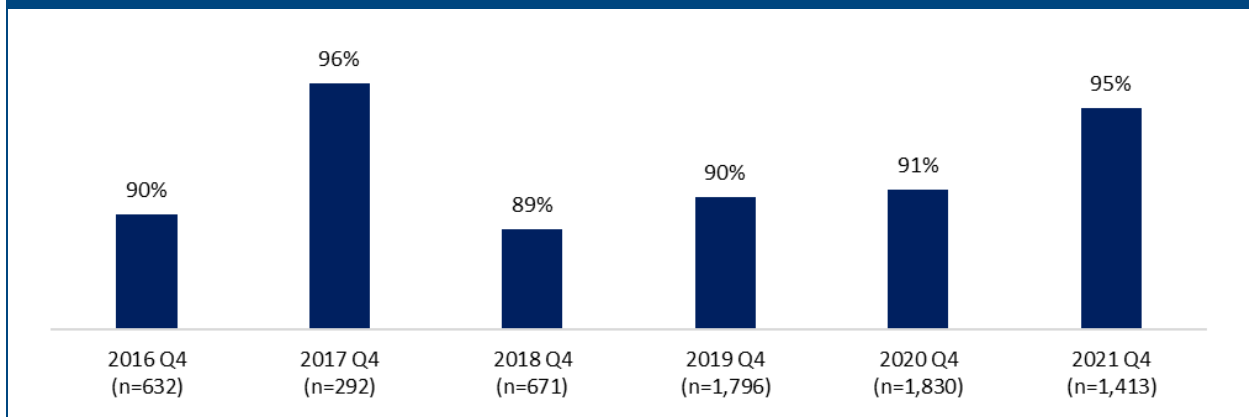


Figure E-4. Average percentage of MiTEAM behaviors related to mentoring implemented with fidelity



Appendix F

Supplemental Satisfaction Data

Appendix F

Supplemental Satisfaction Data

Figure F-1. Respondents' overall level of agreement that they were satisfied with services related to teaming⁶⁴

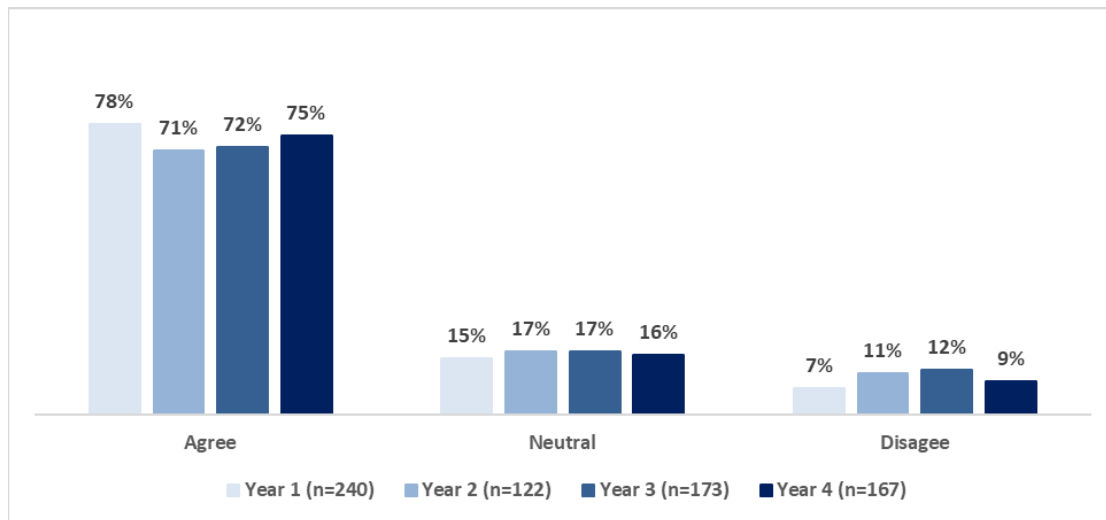
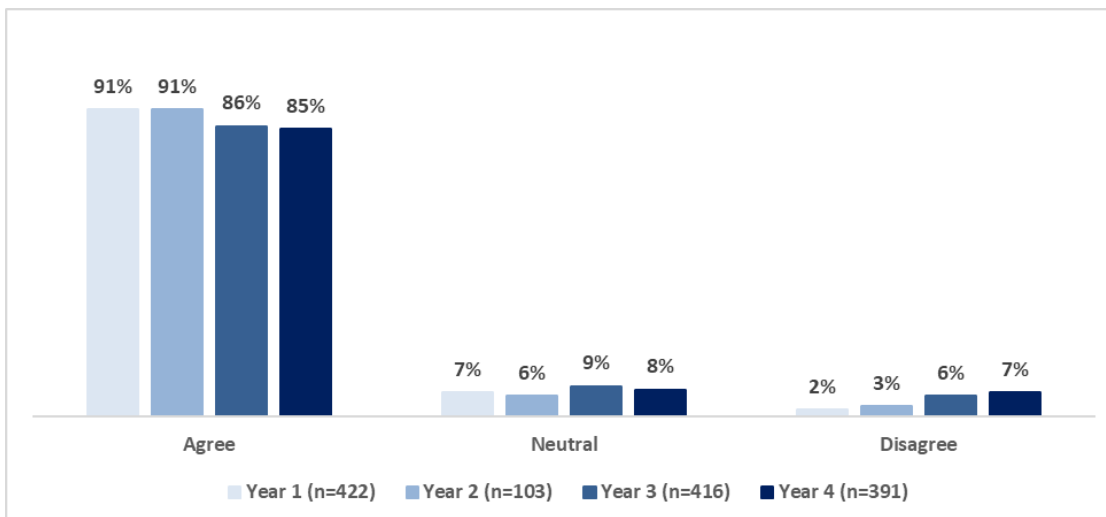


Figure F-2. Respondents' overall level of agreement that they were satisfied with services related to engagement⁶⁵



⁶⁴ The total number of *respondents* was 124 in year 1, 61 in year 2, 141 in year 3, and 86 in year 4.

⁶⁵ The total number of *respondents* was 186 in year 1, 57 in year 2, 152 in year 3, and 103 in year 4.

Figure F-3. Respondents' overall level of agreement that they were satisfied with services related to assessment⁶⁶

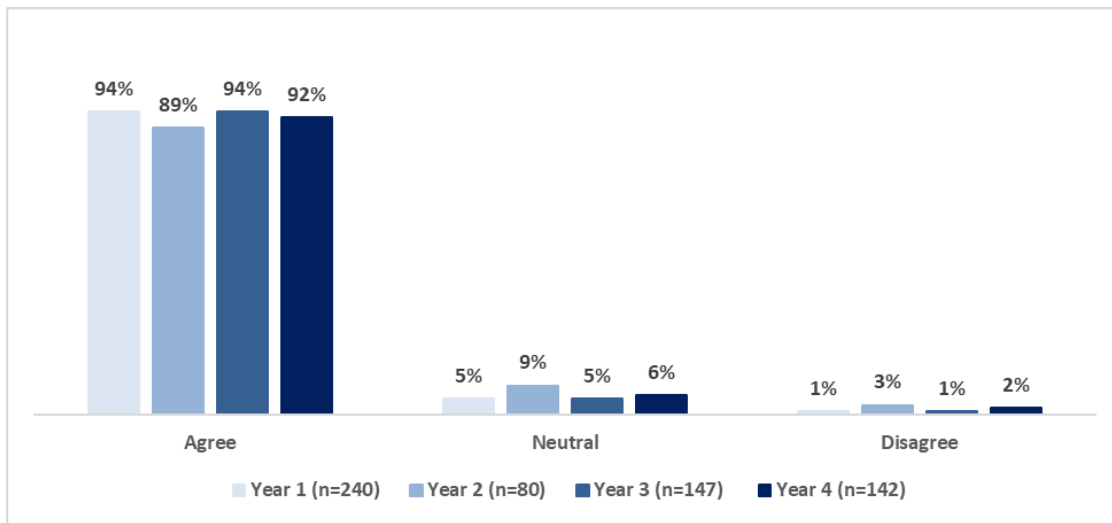
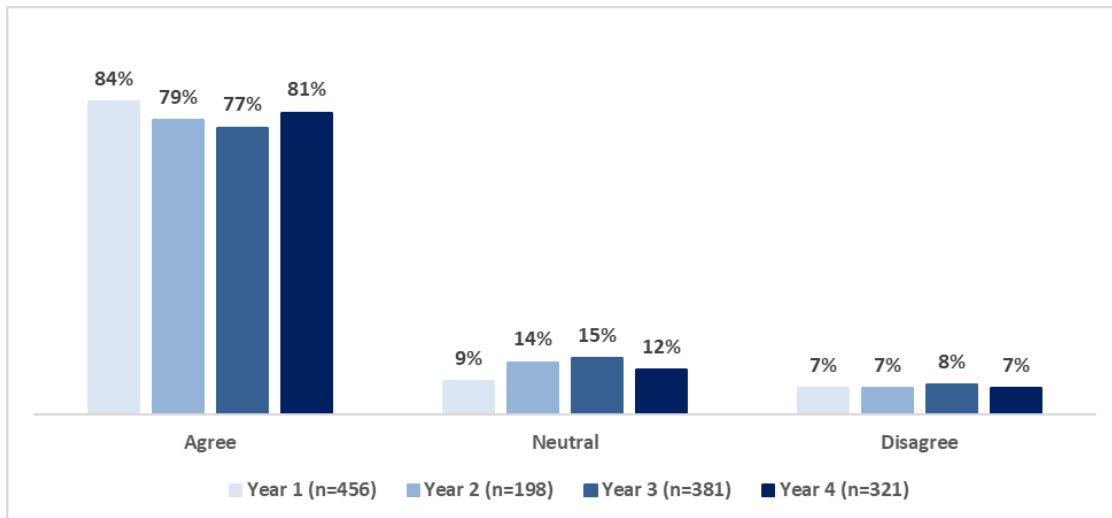


Figure F-4. Respondents' overall level of agreement that they were satisfied with services related to mentoring⁶⁷



⁶⁶ The total number of *respondents* was 144 in year 1, 49 in year 2, 77 in year 3, and 62 in year 4.

⁶⁷ The total number of *respondents* was 137 in year 1, 57 in year 2, 148 in year 3, and 107 in year 4.