STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Jim Beougher, Director
Child and Family Services Administration

September 23, 1999

From: Rita Barker, Director
Office of Internal Audit

Subject: Audit of Child Well Being Program
Period: 10/1/98 through 9/8/99
Audit # 99-394

The Office of Internal Audit performed a limited scope audit of the Child Well Being Program for the current fiscal year. The objective of our audit was to determine if there were gaps in the system that caused the large discrepancy between the number of cases closed due to sanction and the number of referrals local office specialists made to the Child Well Being Program. As of July 22, 1999, statistics compiled by the Budget, Analysis and Financial Management Administration showed 3,174 cases closed due to employment related sanctions, 338 referrals to the Child Well Being Program, and 142 families visited as a result of those referrals.

During our audit we visited Berrien, Crawford, Genesee, Kalamazoo, Kent, Newaygo, and Oakland Counties; and the Fort/Wayne, Hamtramck, Inkster, Redford, Romulus, Schoolcraft/Stansbury, and Taylor Districts in Wayne County. We interviewed the Child Well Being (CWB) Liaison in each office, and reviewed their records related to CWB referrals and follow-up with the local health departments, who were responsible for the home visits, and for providing the families with information and assistance needed to ensure the well being of the children in the home.

Our review disclosed four problem areas that, if corrected, would result in more referrals to the CWB Program being made, and in improved documentation and reporting of visits made by the local health departments.

Identification of Closed Cases

1. CWB liaisons had no way of readily identifying cases closed due to employment related sanctions. Three of the offices we visited had implemented a system, but it required them to review and compare three reports to identify these cases. If a listing of cases closed due to employment was available to the CWB liaisons on a regular basis, they would be able to follow up with the specialists to ensure that referrals to the CWB Program were made when necessary.

   WE RECOMMEND that the Child and Family Services (CFS) Administration work with the Field Operations Administration to develop a report of cases closed due to employment related sanctions, and make that report available to CWB liaisons.

Follow-Up on Referrals Made to Local Health Departments

2. Many of the local and district offices we visited were meeting regularly with their local health departments to follow-up on cases they had referred to the CWB Program, but some were not. Regular follow-up with the local health department helps to ensure that coordination problems are addressed promptly, and that no case referred is overlooked.

   WE RECOMMEND that CFS and FOA jointly develop a recommendation to the CWB liaisons to meet at least monthly with their local health department to address any problems, and to ensure that all referrals made are being followed up on by the health department CWB staff.

Reporting of Referrals and Visits

3. Referrals to the CWB Program and visits made to families referred were not reported timely or accurately to FIA. The local health departments prepared billings and summaries of their case activity each month, and forwarded them with copies of the Home Visit Documentation (FIA-2507) for each case to the FIA local office. The FIA local office forwarded the billing and summary to the Department of Community Health (DCH) Central Office for payment. In some instances the FIA-2507's were attached. DCH then forwarded the summaries and FIA-2507's to FIA Central Office. FIA used the figures from these reports to determine the number of referrals to the CWB Program, and the number of visits made by the local health departments The number of hand-offs in this process delays the receipt of information in FIA Central Office, and creates additional opportunities for information to be lost. We found that the actual number of referrals made by the local offices, and the actual number of visits completed by the local health departments were significantly greater than the number reported by FIA Central Office.

   WE RECOMMEND that CFS instruct the FIA local and district offices to forward FIA-2507's directly to FIA Central Office.

The fourth problem area we discovered was the large discrepancy in Wayne County. Wayne County FIA district offices had referred in excess of 600 families to the City and County Health Departments. The Health Departments had returned only 56 FIA-2507's to Wayne County at the time of our review. The Health Departments stated that they have made contacts and/or visits well in excess of that number, but are unable to process the paperwork due to staffing shortages. We were unable to verify the accuracy of these statements. Wayne County FIA staff have developed a good working relationship with the Health Departments, and are now in the process of working with them to resolve the reporting problems.

Please contact me if you need additional information related to this audit.

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