



Quality Service Review
Alcona, Iosco, Alpena-Montmorency Counties

Review Conducted
June 2018

Quality Service Review

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Introduction

The Michigan Department of Health and Human Services (MDHHS) Division of Continuous Quality Improvement (DCQI) conducted a Quality Service Review (QSR) to provide a comprehensive view of case practice in Alcona, Iosco, Alpena-Montmorency Counties on June 25-28, 2018.

The QSR includes in-depth interviews with case participants, stakeholder interviews, focus groups and surveys. While the QSR process allows an opportunity for participants to share their perceptions in individual and focus group interviews, the validity of the statements made are not verified by the reviewer or facilitators. Child welfare communities may use the information gleaned from the focus groups, stakeholder interviews, and the case reviews collectively, to inform improvement efforts. Following the QSR, a Practice Improvement Plan (PIP) is developed by the county director to address identified areas needing improvement.

The QSR is a real-time assessment of how children and their families are benefiting from services, identifying practice strengths, and identifying opportunities where coordination and collaboration can be improved. The QSR examines the county’s progress implementing the MiTEAM case practice model, which focuses on seven competencies: Engagement, Assessment, Teaming, Case Planning, Placement Planning, Case Plan Implementation, and Mentoring and using two distinct indicators, “Child and Family Status Indicators” and “Case Practice Performance Indicators.” Child and family status is based on a review of the focus child and the parent(s) or caregiver(s) for the most recent 30-day period, unless stated otherwise in the indicator. Practice performance is based on a review of the most recent 90-day period for cases that have been open and active for at least the past 90 days.

The QSR uses a six-point rating scale to determine whether an indicator is acceptable or unacceptable. Any indicator scoring at a four or higher is viewed as acceptable, while indicators scoring at a three or lower are considered unacceptable. All indicators with an overall baseline score of 75 percent or above are identified as a strength and are an area to maintain. Any indicator scoring at 74 percent or lower would be included and addressed as an opportunity for improvement.

The rating scale is also broken into three categories: maintain (5-6), refine (3-4), and improve (1-2). The ranges are as follows:

UNACCEPTABLE			ACCEPTABLE		
1 – Adverse Status/ Performance:	2 – Poor Status/ Performance:	3 – Marginally Inadequate Status / Performance:	4 – Fair Status/ Performance:	5 – Good Ongoing Status/ Performance:	6 – Optimal & Enduring Status / Performance:
Status/practice may be absent	Status/practice is fragmented,	Status/practice may be	Status/practice is minimally or	At this level, the status/practice is	

or substantially inadequate. Performance may be missing or not done. Strategies may be inadvisable and in need of immediate action to address the situation.	unreliable, lacking necessary intensity, or validity. Performance warrants prompt attention and improvement.	insufficient, inconsistent, or not well matched to need. Performance may be falling below the acceptable range and there is a need for adjustment at the present time.	temporarily adequate to meet short-term needs or objectives. There is a reasonable prospect of achieving the desired outcomes if this performance level continues or improves.	functioning reliably and appropriately under changing conditions and over time. Performance has continued to be generally effective and dependable with signs of stability being apparent.	At this level, there is exceptional, steady, and effective status/practice in the function area. Performance has shown an enduring pattern of stability.
IMPROVEMENT		REFINEMENT		MAINTENANCE	

Michigan has developed a four-prong approach to illustrate the connection between the implementation of the MiTEAM case practice model to good outcomes for children and families in the areas of safety, permanency and well-being for children and families. The four prongs include the use of the evaluation to MiFidelity, results from a Quality Service Review, measurement of Key Performance Indicators and the Child and Family Service Review Outcomes.

The QSR findings in concert with these metrics support local offices and the state to understand the strengths and opportunities within a child welfare community.

When child welfare members implement the key behaviors or activities of the practice model and track key performance indicators on a regular basis, the direct outcomes experienced by children and families as measured by the federal Child and Family Services Review in the areas of safety, permanency and well-being can be achieved.

Alcona, Iosco, Alpena-Montmorency Counties are part of Business Service Center (BSC) 1 situated in the upper part of the Lower Peninsula. These counties are made up of small communities located in the northeast quarter of the Lower Peninsula are along the Lake Huron shoreline. Much of Alcona, Iosco, Alpena-Montmorency are forested and have several national or state forest lands. Most of the area is seen as a tourist town with the population peaking during summer season. These counties are known for their outdoor sporting activities such as fishing and hunting. Community resources' support assist caseworker and the court in achieving positive outcomes for children and families.

At the time of the review in June 2018, Alcona-Iosco Counties and Alpena-Montmorency Counties were providing foster care services to 76 and 65 children respectively.¹

¹ Data provided in the Monthly Fact Sheet June 2018 produced by the Data Management Unit within the Division of Continuous Quality Improvement.

The number of children in care at the time of the review accounted for less than one percent of the total number of children in the State of Michigan’s foster care population. Children under the age of nine represented 51.3 percent of the foster care population in Alcona-Iosco Counties and 64.6 percent in Alpena- Montmorency Counties.²

Of the 16 cases reviewed, Alcona-Iosco and Alpena-Montmorency Counties had seven cases with previous MDHHS interventions. Specifically, Alcona-Iosco Counties had three cases with previous MDHHS interventions; accounting for 37.5 percent of the total cases reviewed. Alpena-Montmorency Counties had four reviewed cases with previous MDHHS interventions; accounting for 50.0 percent of the total cases reviewed. This previous CPS history data is tracked within the past three years.

County Name	Prior CPS in-home case (within past 3 years)	Prior foster care case (within past 3 years)	Total % of cases reviewed
Alcona-Iosco Counties	1	2	37.5%
Alpena-Montmorency Counties	2	2	50.0%

As seen statewide in smaller rural communities, both strengths and challenges exist when servicing families. Often team members may know or have a history with case participants which presents a challenge in building rapport and engaging a family. In two cases reviewed, the family had previous contact with the criminal and family court system. All case participants were very familiar with the family. This presented challenges for the family in trusting or working with team members. The team relied on previous assessments when identifying the family’s current strengths and needs. This had a direct affect on case planning and achieving permanency.

Summary of Findings

Sixteen cases, eight cases in Alcona-Iosco counties and eight cases in Alpena-Montmorency counties, were randomly selected from a sample that was stratified based on children’s age, placement type and case status. Six foster care cases and two Child Protective Services (CPS) on-going cases were reviewed at each site. In Alcona-Iosco Counties 60 interviews were conducted and in Alpena-Montmorency Counties 48 interviews were conducted related to the case reviews.

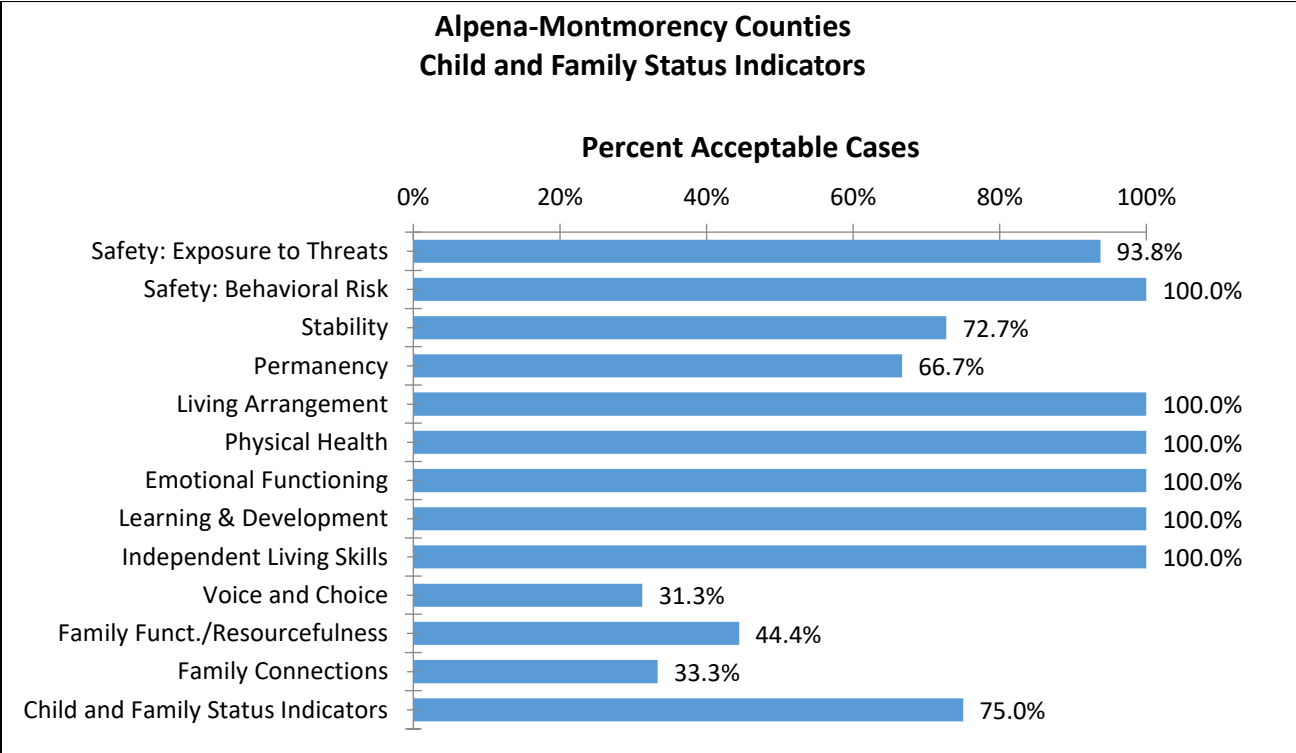
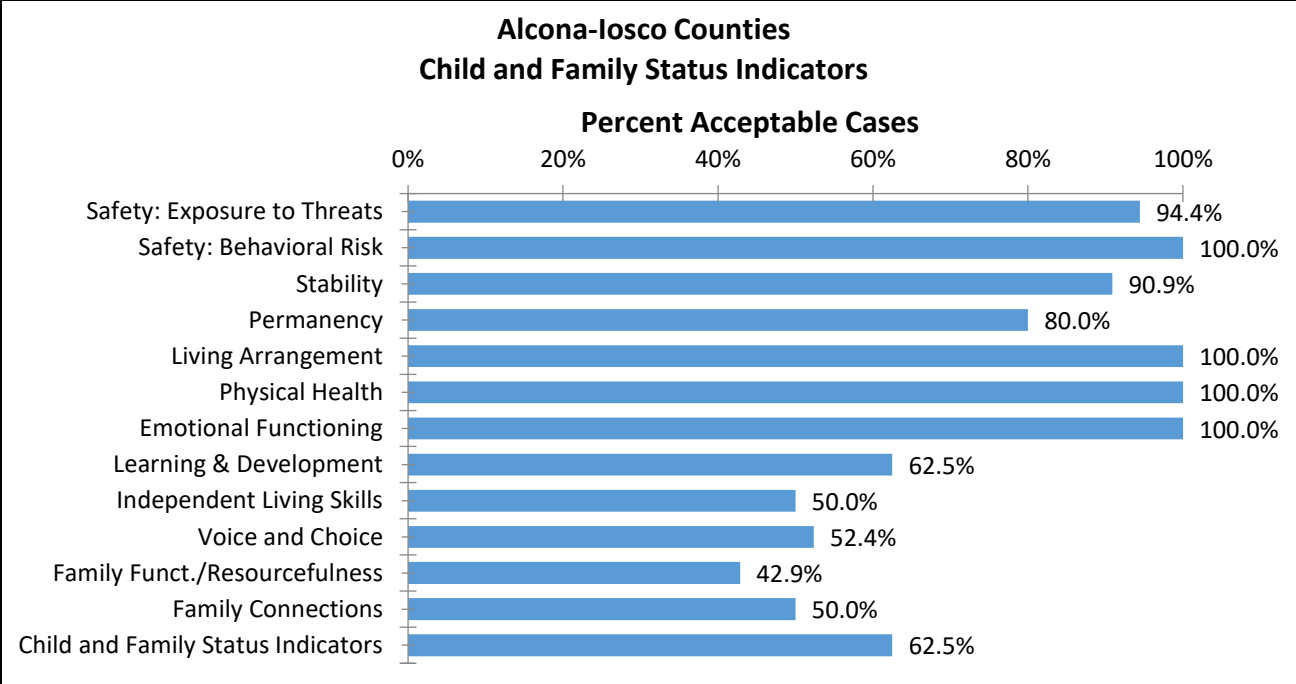
Age of Children	Alcona-Iosco	Alpena-Montmorency
	Number of Cases	Number of Cases
0 to 4 years old	4	6
5 to 9 years old	1	1
10 to 13 years old	1	0

² Data provided in the Monthly Fact Sheet June 2018 produced by the Data Management Unit within the Division of Continuous Quality Improvement.

14 to 17 years old	2	1
18 to 21 years old	0	0
TOTAL	8	8
Time in Care	Number of Cases	Number of Cases
4 to 6 months	2	2
7 to 9 months	1	0
10 to 12 months	1	0
13 to 18 months	1	3
19 to 36 months	2	2
37+ months	1	1
TOTAL	8	8
Type of Placement	Number of Cases	Number of Cases
Parental Home	4	3
Unlicensed Relative	1	0
Licensed Relative	1	2
Unrelated Licensed Foster Home	0	1
Pre-Adoptive	1	2
Residential	0	0
Independent Living	1	0
TOTAL	8	8

Child and Family Status Indicators

Child and Family Status Indicators provide a picture of how the child and the family are functioning at the time of the review. The length of time a case is open can impact a rating and should be considered when reviewing the overall score. Child and Family Status Indicators concentrate on the outcomes of Safety, Well-Being and Permanence. The following scores reflect only those that fell in the acceptable (4-6) range.



In all four counties, focus children were found to be placed in an acceptable living arrangement with a caregiver that meet all the focus children’s needs. Children were bonded with their caregivers and reunification was the primary focus. All focus children were found to be healthy with only some refinement needed with follow up services. Despite limited resources and reported service gaps in Community Mental Health, children were receiving appropriate

services to assist with emotional functioning as all cases scored in the acceptable range. Good collaboration with the local schools was highlighted in multiple focus groups. In Alpena-Montmorency Counties, all focus children were placed in appropriate educational settings able to meet the focus children's educational needs. In three cases reviewed, children were placed in pre-adopt homes with case closure anticipated within the very near future.

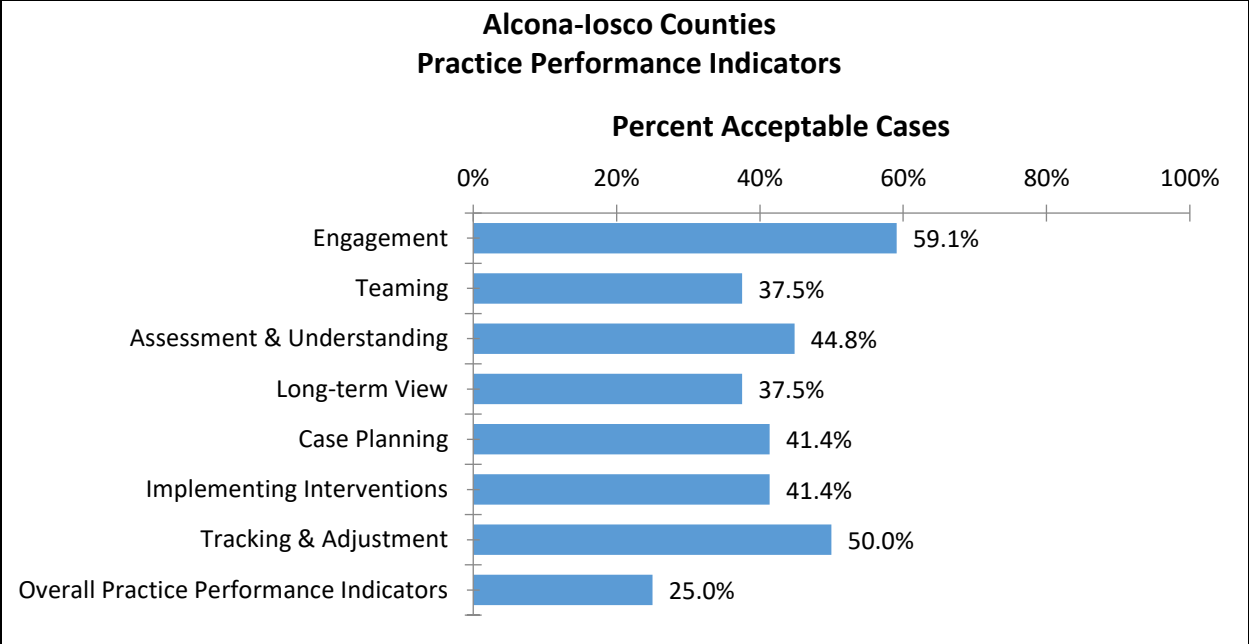
In Alcona-Iosco Counties, children appear stable in their current placements. In most of cases reviewed, children remained in care for seven months or longer. Fifty percent of the focus children had less than two placements since entering care. This is reflected in the higher Stability and Permanency scores.

In Alpena-Montmorency Counties, all children had no more than two placements since entering care. Unlike Alcona-Iosco Counties, most cases reviewed had focus children who remained in care for 13 months or longer. So, children are stable in their placements, but barriers appear to exist in achieving permanency. This can be seen in the overall Permanency score.

Family Functioning and Resourcefulness was noted as a possible area of improvement. With 12 out of the 16 cases reviewed being open for seven months or longer, the family should be building a support system and developing the necessary resources. An increase in Teaming efforts would assist with empowering the family to start to develop the skills, resources and supports necessary to assist with case closure and beyond.

Practice Performance Indicators

Practice Performance Indicators are a set of activities that correlate with the seven MiTEAM competencies and is the primary tool used to measure how well the child welfare community is implementing the case practice model. The practice indicators are assessed based on (1) whether the strategies and supports are being provided in an adequate manner; (2) whether the strategies and supports are working or not based on the progress being made; and (3) whether the outcome has been met. The following scores reflect only those that fell in the acceptable (4-6) range.

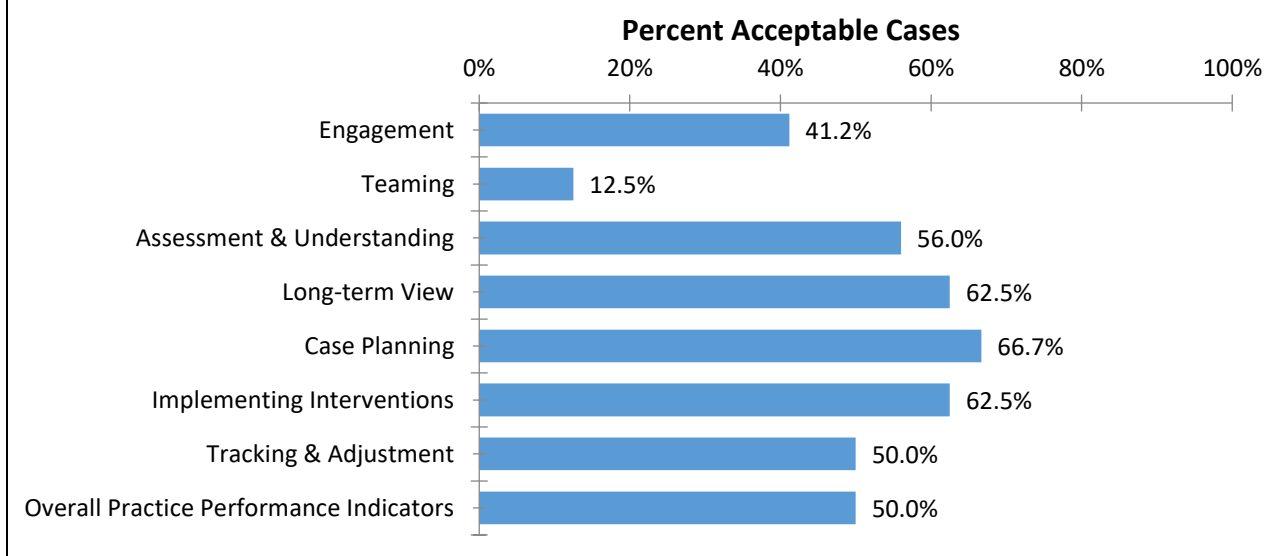


**In 2018, the QSR Protocol was updated. The Case Planning indicator has changed. Previously this indicator was named Planning Interventions and scored in four categories: Safety/Protection, Well-Being, Permanency and Transition to Life Adjustment. The Implementing Interventions indicator has changed and multiple individuals are now scored (child, mother, father caregiver and other). The previous QSR Protocol only assessed one score for this indicator.*

In Alcona-Iosco Counties, good collaboration and communication was described between MDHHS staff and service providers, as reflected in the high Engagement and Tracking and Adjustment ratings. Although Teaming was assessed as an opportunity for improvement, it appears that MDHHS staff have regular contact and have built strong relationships with service providers in the child welfare system. Teaming can be strengthened by ensuring all the necessary team members participate in meetings and communications. A combination of formal and informal supports should participant in meetings to ensure a supportive environment and collaborative discussions.

Lack of available foster placements and residential care in these communities provide a barrier for workers to find an appropriate placement able to meet the child’s needs within proximity of the child’s family. Children are then placed out of county and often miles away. This presents challenges for the worker as the distance can make communication and teaming a challenge. Worker visitation and contacts often decrease. This often will affect how well planning and service implementation occurs.

Alpena-Montmorency Counties Practice Performance Indicators



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In Alpena-Montmorency Counties, stakeholders interviewed identified low staff turnover as a strength within the child welfare community. Staff longevity contributed to acceptable ratings in the Case Planning and Implementing Interventions indicators. When there is longevity among staff working with a child and family, the assessment of a family is comprehensive which leads to thoughtful case plan development with service implementation that is well coordinated, suited for the family's needs and leads to positive outcomes.

This was evident in a case reviewed where the worker developed a good rapport and engaged the mother in her services. The mother reported that the worker discussed her goals and needs and included her on the service plan development. This allowed the mother to trust and ask for additional needs or services as needed. Due the worker engaging the mother in the case planning process, appropriate in-home services were provided and assisted the mother in addressing all identified needs. The mother received assistance with the security deposit and first month's rent for her new apartment, and new furniture for her residence from the In-home service provider. The In-home service provider also taught the mother how to maintain the cleanliness of her home. Although an abundance of services was not needed for this family, the services implemented appear carefully planned interventions lead to timely case closure and a sustainable Long-Term View.

In all four counties reviewed, Teaming appeared to be the largest barrier. In most cases, family team meetings (FTM) were occurring, however these meetings did not include all the necessary formal and informal supports. These meetings often appeared rushed and included only the parents and workers. Some team members did report being invited to the meetings but explained that the lack of notice provided made it very difficult for them to participate. Family members and community supports were not invited although many were identified as a support to the family or child.

Practice Performance Indicators	Alcona-Iosco Counties	Alpena-Montmorency Counties	Statewide Fiscal Year 2017
Cultural Identity and Need	N/A	N/A	97.8%
Engagement	59.1%	41.2%	65.0%
Teaming	37.5%	12.5%	37.4%
Assessment and Understanding	44.8%	56.0%	64.4%
Long-Term View	37.5%	62.5%	64.4%
Planning Interventions/Case Planning	41.4%	66.7%	80.8%
Implementing Interventions	41.4%	62.5%	74.4%
Medication Management	N/A	N/A	93.8%
Tracking and Adjustment	50.0%	50.0%	52.2%

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Summary from Focus Groups and Stakeholder Interviews

Alcona-Iosco Counties

One individual stakeholder interview and 14 stakeholder focus groups with a total of 48 participants were conducted. The findings from the individual focus groups are outlined in Appendix A.

Strengths: Many trauma informed practices are in place within the child welfare community for children and families. Staff also reported feeling supported by each other and by supervisors. A good collaboration and team exist at the local offices. Good communication and positive relationships with service providers exist and assist with achieving positive outcomes for children and families.

Opportunities for Improvement: A lack of resources was reported with transportation, housing and substance abuse programs. There are also limitations in the criteria for access to mental health services and difficulty in achieving acceptance for services was reported with the local

Community Mental Health (CMH) programs. There is a need for additional foster homes. The lack of available foster homes often results in children being placed outside of the community.

Alpena-Montmorency Counties

Four individual stakeholder interviews and 10 stakeholder focus groups with a total of 43 participants were conducted. The findings from the individual focus groups are outlined in Appendix B.

Strengths: Low staff turnover, seasoned professionals and supportive staff members across programs was reported as a strength. There is strong child welfare community collaboration among Law Enforcement and other community partners. A renewed effort in cooperation with private agencies for recruitment of foster parents has been useful and appreciated. The counties also have a strong Michigan Youth Opportunities Initiative (MYOI) program which services children preparing for adulthood.

Opportunities for Improvement: A lack of potential foster parents and a need for additional foster homes were noted as necessary needs. There is a need for more providers to complete psychological evaluations. In addition, the community would benefit from having psychiatric providers for in-person consultations. It was reported that there is difficulty obtaining access to CMH services. Consistent feedback among the focus groups shared a desire for improved contact between the Lawyer Guardian Ad Litem (LGAL) and children prior to court hearings. In addition, there are not enough daycare providers and there are challenges with applying for daycare assistance which is a barrier for relative care providers and foster parents.

Ongoing Monitoring Systems

The QSR is one method in measuring and monitoring the ongoing progress within the child welfare system statewide. However, the QSR alone should not be used as the means by which a child welfare community assesses performance. The QSR uses a unique and qualitative approach, other monitoring systems examine the compliance of statewide standards.

MiTEAM Fidelity Tool

The Fidelity Tool is used to ensure that the main competencies of the case practice model: teaming, engagement, assessment and mentoring, are being implemented and used effectively by field staff.

Key Performance Indicators

Key Performance Indicators (KPIs) are identified areas of compliance used to benchmark progress within the child welfare system statewide.

All these areas of measurement are used to lead us to the desired outcomes as measured in the Child and Family Services Review (CFSR).

CFSR Outcomes

The CFSR assesses the outcomes of services provided to children and families and also examines systemic factors that affect the ability of the state to help children and families achieve positive outcomes.

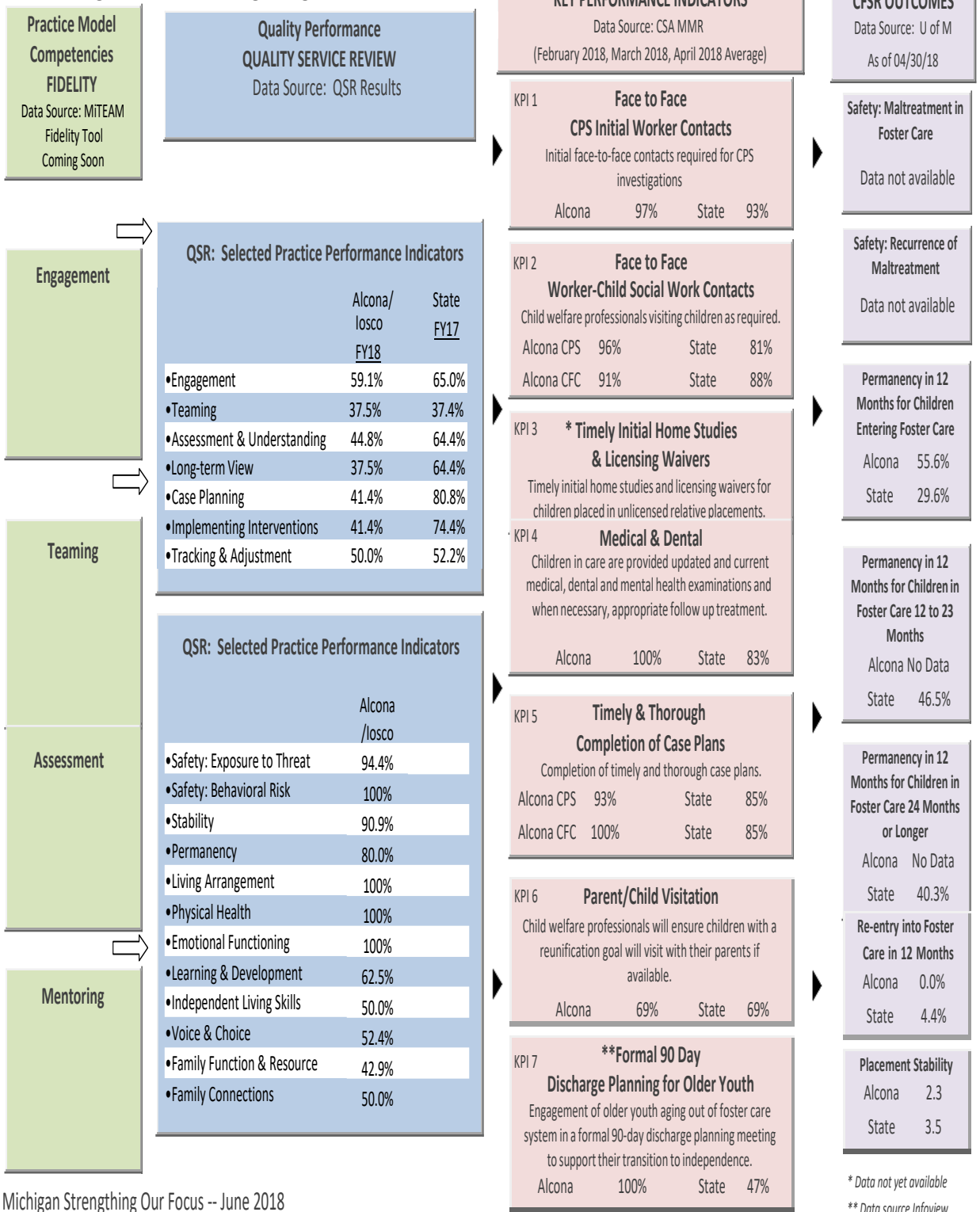
The CFSR assesses the following areas to promote child safety, permanency, and well-being outcomes:

- Safety Outcome 1: Children are first and foremost, protected from abuse and neglect.
- Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.
- Permanency Outcome 1: Children have permanency and stability in their living situations.
- Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.
- Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.
- Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.
- Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

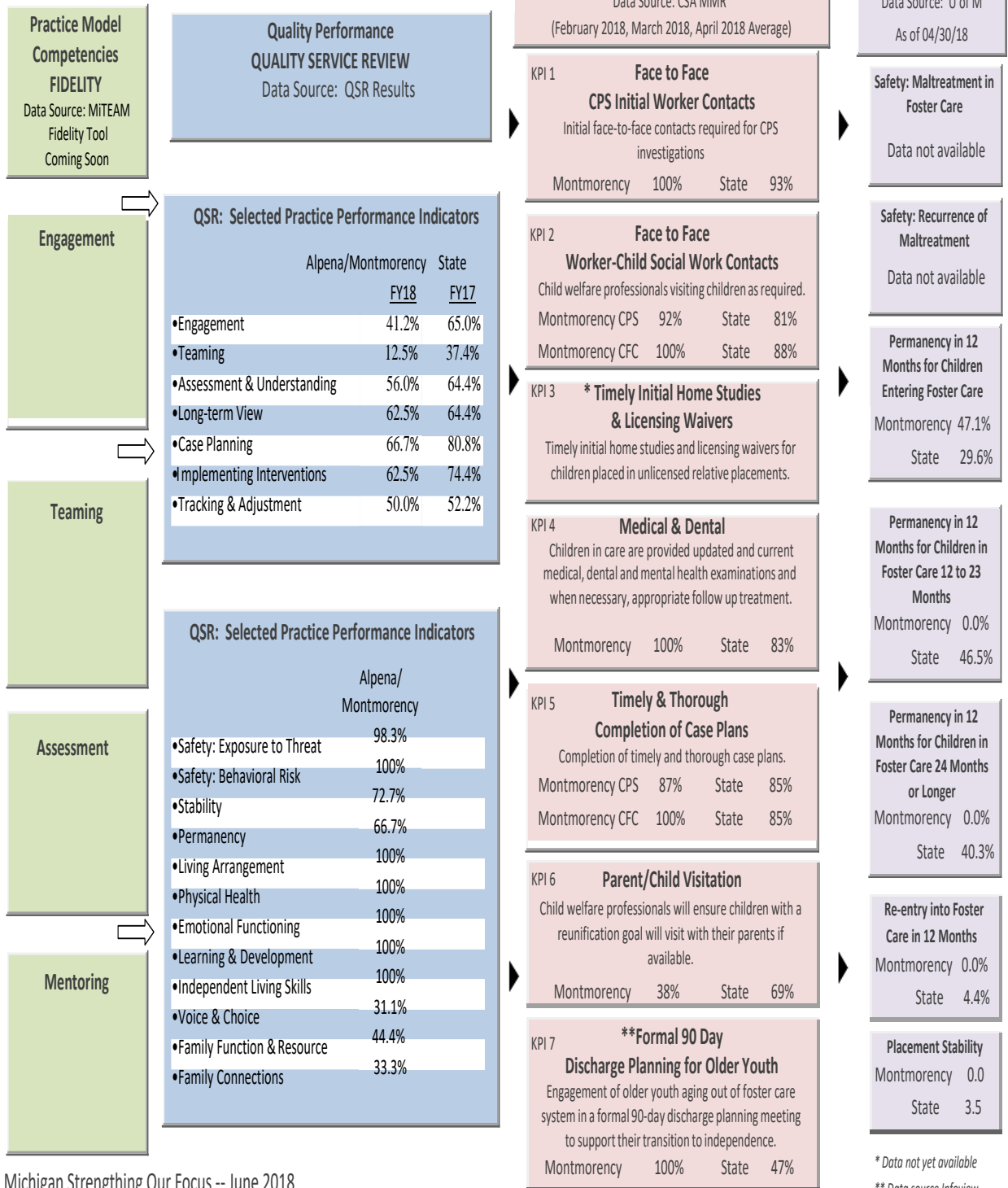
The CFSR focuses on the entire statewide welfare system and examines the effectiveness using seven systemic that include:

- Statewide information system.
- Case review system.
- Quality assurance system.
- Staff and provider training.
- Service array and resource development.
- Agency responsiveness to the community.

Measuring and Monitoring Progress - Alcona



Measuring and Monitoring Progress Alpena - Montmorcency



Michigan Strengthening Our Focus -- June 2018

The University of Michigan with the collaboration of the MDHHS has developed a CFSR monitoring tool. The CFSR Observed Performance dashboard is a useful resource in monitoring county and BSC performance. The dashboard allows users to monitor Michigan's performance on CFSR measures by county and BSC, monthly. The dashboard can be found at <http://ssw-datalab.org/project/cfsr-in-michigan/>.

Next Steps

To address areas identified as needing improvement, the child welfare director, in partnership with the child welfare community, will utilize the results of the QSR focus groups and practice performance measurements to develop a Practice Improvement Plan (PIP). The BSC director will provide support to the county director on the development of the plan, its implementation and tracking of progress. A copy of the final approved plan will be provided to the director of the Division of Continuous Quality Improvement, as well as the executive director of the Children's Services Agency.

It is recommended that the local Continuous Quality Improvement (CQI) team engage in ways to address staff retention and staff training. Staff performance could benefit from a concentrated training effort aimed at coaching key caseworker activities outlined in Michigan's case practice model. The CQI team could be a resource to outline an action plan for specific enhanced case practice training.

The CQI team may want to focus their attention in the areas that are immediately impacting case practice such as the following:

- Foster parent recruitment/additional foster homes: Due to the lack of available foster homes and residential facilities, children are being placed outside of the counties. A need was identified for additional foster homes and possible residential placements. The CQI team may want to focus on alternative plans on how to recruit, retain and find additional foster homes along with other placement opportunities.
- Availability of a range of service providers: Improved collaboration with local CMH providers is needed. The challenges for children and families to receive services presents barriers to timely reunification and permanency. Develop a more streamlined CMH intake process and a better understanding of program requirements would assist with the referral process.
- The CQI team may want to research a possibility for more contracted providers to complete psychiatric services and psychological exams. Case planning and implementation can be affected, it is important that all recommendations are able to be followed without lengthy waiting list or an alternative service.
- Improving case practice regarding the teaming process: This trend has been seen statewide. All team members should be communicating, which allows for consistency

when sharing updates and discussing case challenges. The teaming process allows for parents and children to feel empowered and develop a voice of advocacy. This will assist them in gaining the confidence and knowledge needed for case closure and beyond.

Appendix A

Alcona-Iosco Counties Interviews and Focus Groups

The QSR process allows an opportunity for participants to share their perceptions in individual and focus group interviews. It should be noted that the validity of the statements made during group sessions are not verified by the group facilitators, but rather the information is intended to be an opportunity for further exploration by the county child welfare leadership.

Individual Stakeholder Interviews

An individual stakeholder interview was held with the Community Mental Health (CMH) supervisor for family programming.

Focus Groups

Focus groups were conducted with the following groups:

Foster Youth

A total number of three youth participated and provided feedback in this focus group.

Strengths: The opportunity to participate in the MYOI group was identified as a strength. All children reported that MYOI provides added support and financial assistance.

All youth agreed that workers visit at least monthly. Most youth interviewed agreed that workers did allow them to have a voice and choice in case decisions. Most youth stated that if their worker could not follow through with the youth's request the worker would promptly update the child and try and offer an alternative.

Youth reported that they are provided with different options if a regular school setting is unable to meet their educational needs. On-line school and Michigan Works programs have been offered as alternatives plans.

All youth were able to identify supports in their life. Many chose a family friend, friend or family member.

Opportunities for Improvement: Most youth reported that family and sibling visitation has been sporadic since entering the foster care system. One youth reported not seeing his or her father for over a year. All youth agreed that maintaining a family connection is very important to them.

Most youth reported having multiple workers since entering care. On average each youth interviewed had between 4-5 workers. The youth explained how this can present challenges for building a relationship with a worker and affects case planning.

The biggest concern that was noted by the youth interviewed are the rules that exist because they are in the foster care system. Youth would like an opportunity to stay overnight away from their foster homes and visit with friends. Many youth interviewed stated they would like to have a cellphone.

Foster Parents

Two individuals participated and offered feedback in this focus group. One foster parent had been licensed for a year and the other was licensed for four years.

Strengths: Foster parents reported having a good rapport with workers and service providers. They agreed that the child welfare community has some good workers. Timely communication was reported with workers.

Foster parents reported being invited to and participating in family team meetings. Foster parents attend court hearings and reported they have an opportunity to speak if requested.

A wide variety of trainings are provided and useful to foster parents. One foster parent reported that children receive the necessary services.

Opportunities for Improvement: Staff retention was noted as a barrier for foster parents. One foster parent stated that one foster child has had three workers on a case opened for less than a year. Foster parents reported that worker changes have a significant impact on case practice.

One foster parent noted a lack of support from assigned workers. An example provided included an older child receiving probation and foster care services. Foster parent reported no support from either worker causing the foster parent to consider closing their license.

The foster parents felt a service gap exists with mental health services for children and families. The foster parents interviewed agreed that a foster parent support group would be very beneficial in their community.

MDHHS Child Welfare Supervisors (CPS and Foster Care)

Four individuals participated in this focus group. Two CPS supervisors and two MDHHS foster care supervisors provided feedback in this focus group. The experience within the foster care supervisors ranged from five to 16 years and both CPS supervisors had just over a year of supervisory experience.

Strengths: A strength identified by all supervisors was a strong team of staff who supports each other. Supervisors are consistent and provide support to staff. A good working relationship was reported between Alcona-Iosco staff.

CPS Supervisors reported good collaboration with community partners to support and educate the community related to safe sleep campaign efforts. Foster care supervisors reported the relationship with community providers is improving and staff have started to engage and form relationships with service providers.

A good relationship is reported with court personnel and law enforcement. A quarterly luncheon occurs with judges and MDHHS supervision.

All supervisors described their role as a leader and mentor. Supervisors report that they care about staff and make themselves available when needed.

Opportunities for Improvement: Supervisors felt there was a need to improve the relationship with Community Mental Health (CMH). Steps are needed to improve the communication and collaboration with CMH, as many referrals that are made for services are rejected.

The lack of services was reported as the biggest challenge for staff. Service gaps were reported in the areas of substance abuse assessments and with inpatient treatment options. Additionally, there are not sufficient sex offender and domestic violence treatment services. Transportation was identified as a need for families.

Supervisors reported that their number one priority remains safety; however, a focus on data places significant stress on them and their staff. They would prefer the focus to be on a quality approach and less on the quantity of numbers.

MDHHS Foster Care Workers

Two individuals participated in this focus group, one MDHHS foster care worker and one MYOI/foster care worker provided feedback in this focus group. One staff person had one-year experience and the other two years' experience.

Strengths: Staff identified the small community as a strength. They stated everyone knows each other through work and public activities and are vested in the community being successful. They view themselves as a "close knit" group.

Services which were identified as strengths in the community, include foster care supportive visitation, domestic violence and transitional housing. A positive relationship with service providers was reported, with service providers being described "as just a phone call away."

Additionally, workers express being dedicated to their jobs and wanting to provide quality services. There was also a strong relationship identified with law enforcement, schools and medical providers.

Opportunities for Improvement: A challenge for staff is the limited resources available within the small community. Some services will only cover one area and will not cross over to the neighboring county, which limits the availability of resources.

Staff reported long waiting list for needed services. Eighty percent of cases come in due to substance abuse. The drug of choice for parents is methamphetamine, opiates and alcohol. Limited substance abuse treatment was reported.

Additional training is needed for new staff. The new worker training only “touches the surface.” Staff reported being assigned a mentor but due to time restrictions they are unable to provide all of the needed guidance. Workers reported not feeling “prepared” after training.

Child Protective Services (CPS) Workers

A total of eight individuals participated in this focus group. The experience within the participants ranged from four months to seven years.

Strengths: Staff reported that they respect and support one another, work well together and have formed long lasting relationships. Supervisors are very supportive to staff members and stress the importance of self-care.

A good relationship with the court and law enforcement was reported. Good collaboration occurs, and law enforcement is very supportive when needed. Service providers are responsive and timely with providing updated information.

Specific services were identified as strengths in the community. Families First, the Day One Program, Maternal Infant Health, Early-On and Carol’s Pantry were all identified as important resources that assist in achieving positive outcomes for children and families.

Opportunities for Improvement: Service gaps were reported in the areas of transportation, parenting classes and mentor programs. Additional daycare services were also noted as a need for foster parents, which was described in context of CPS challenges in securing placements for children.

A barrier noted by some workers was engaging with families who reported having a negative experience with a previous worker. In a small community, knowing individuals personally can cause conflicts and adds additional challenges for workers.

Service Providers

Seven individuals participated and offered feedback in this focus group.

Strengths: Most providers identified the working relationship with MDHHS staff as a strength. Great communication exists between MDHHS staff and service providers, with communication occurring on a regular basis through email or phone calls. MDHHS staff are very supportive and collaboration exists in informing the community of trauma informed practice.

All providers are invited and attend the family team meetings. They are asked for their input and feel like they have a voice.

Opportunities for Improvement: Service gaps noted for families were housing, transportation, food and clothing banks. Prevention services were noted also as a need.

There is a need for more flexible locations for visitation when the agency does not have visit rooms available. Service providers would also like more contact and communication with foster parents or relative care providers.

Attorneys

A focus group was held in each location. Seven individuals participated and offered feedback in these focus groups. Two attorneys from Alcona County and five attorneys from Iosco County participated in the focus groups.

Strengths: In Alcona County, attorneys reported that staff are prepared for court, they “know their cases,” and provide insight on cases. The judge is very familiar with the families and this is useful in understanding the dynamics of the case. Overall, a trusting relationship between child welfare professionals was described.

In Iosco County, workers are aware of the services available for families, the county has “good quality workers,” and workers have a good amount of background information as people know each other due to the small community size.

Opportunities for Improvement: A need for additional foster homes was seen as an opportunity for improvement in both counties. Challenges exist for families related to substance abuse.

A good array of services was noted but a need for employment opportunities, housing and transportation was identified as service gaps.

School Liaisons

Five individuals participated and offered feedback in this focus group.

Strengths: Children are offered alternative education services if needed and this was identified as a strength. Good collaboration and communication between school personnel and MDHHS staff exists and has improved from previous years.

Staff members report that children in the child welfare community are not labeled and individuals do not recognize which children are in care.

Each school district has two assigned foster care liaisons assigned to them. These individuals are very useful and have assisted in improving the communications.

Opportunities for Improvement: A need for additional foster homes were noted in both counties. Children are often forced to change schools due to the lack of available foster homes.

School districts would like to have Pathways to Potential staff located in schools. They identified this as an opportunity of improvement in the districts.

Service gaps were noted in the following areas: housing, transportation, summer programs, breakfast and lunch programs, lack of psychiatric services and mental health treatment.

Court Staff

A focus group was held in each location. A total of six individuals participated and offered feedback in these focus groups. A probation officer, probate register, juvenile officer and juvenile register from Alcona County and juvenile register and referee from Iosco County.

Strengths: In Alcona County, a “decent” relationship was described with MDHHS staff members. MDHHS staff and the probation department share information to try and mainstream the court process (i.e. drug screens). Workers are referring and obtaining timely psychological examinations.

In Iosco County, petitions are well written and when corrections are needed the process is quick and the corrections are completed timely. Reports are well written and completed timely from MDHHS staff. LGALs are seeing their children on a quarterly basis.

Opportunities for Improvement: In both counties, challenges were noted regarding private agency staff. It was reported they do not complete reports timely and are not prepared for court. Staff turnover was noted as a barrier within the private agencies. A need for additional foster homes was noted. Service gaps were noted in substance abuse services and transportation.

MDHHS Director and Program Manager/Private Agency Directors

A total of three individuals participated and offered feedback in this focus group.

Strengths: An identified strength was the willingness of private agency staff and MDHHS on all levels to collaborate and work together.

A partnership was described between MDHHS and private agencies. MDHHS staff are always willing to mentor private agency staff and make themselves available when needed.

A good relationship with court personnel and law enforcement was described.

Opportunities for Improvement: A significant need for additional foster homes was noted. It was reported that “a lot of repair is needed” with the foster parent relationships and improvement is needed when explaining the needs of foster children.

Issues and concerns with MiSACWIS still exist but it continues to improve.

Appendix B

Alpena-Montmorency Counties Interviews and Focus Groups

The QSR process allows an opportunity for participants to share their perceptions in individual and focus group interviews. It should be noted that the validity of the statements made during group sessions are not verified by the group facilitators, but rather the information is intended to be an opportunity for further exploration by the county child welfare leadership.

Individual Stakeholder Interviews

Individual stakeholder interviews were held with MDHHS county director, CPS supervisor, CPS worker, and MDHHS contracted attorney.

Focus Groups

Focus groups were conducted with the following groups:

Foster Youth

A total number of three youth participated and provided feedback in this focus group. The youth were in care ranging from three to seven years.

Strengths: MYOI is identified as a strength. Youth reported that the MYOI assigned staff member is a proactive leader and assists the children with housing, jobs and resumes.

The youth reported having regular and frequent visitation with siblings. The youth reported having stable housing. One child was placed in an independent living placement, one in an adoptive home and one in a foster home.

Youth reported that they all had a voice in their case planning and understood their goals. Youth reported their assigned GALs visits with them prior to each court hearing.

Opportunities for Improvement: The youth reported multiple placement changes since entering care. Youth stated they would like to see more family visitation while in care and thought reunification could happen in a more timely manner.

Staff turnover was noted as a barrier, with most youth having more than three caseworkers since entering care. Youth explained how this presents challenges with engaging and building trust with a worker.

Foster Parents

Seven individuals participated and offered feedback in this focus group. The participants have experience ranging from less than a year to seven years of being licensed foster parent(s).

Strengths: The foster parents stated the greatest strength is the MDHHS licensing workers and the licensing process. They explained that communication is great with the licensing workers, the workers work well with the families and the licensing department even assisted one family with getting a new door to become licensed.

Foster parents reported that foster care workers are always available to provide direction or answer questions and they feel like they are never “left in the dark.” Workers know their assigned families and develop strong relationship with their families.

Foster parents reported that improvement has occurred with getting daycare payments approved and set up. The average length of time it takes to complete the process is approximately two weeks.

Opportunities for Improvement: The foster parents reported that LGALs do not see their assigned children on a regular basis. According to the foster parents interviewed children do not receive telephone calls from their LGALs and the attorneys do not know case information.

Gaps were noted for services to assist with fetal alcohol exposed children and trauma-based treatment. A lack of mental health services for children exists leading to very generic services that are unable to meet all children’s needs.

Foster parents report they are invited and attend court hearings but are not encouraged to speak or provide insight during the court hearings.

MDHHS Child Welfare Foster Care Supervisors

Two supervisors participated in this focus group. One supervisor had four years’ experience the other had eight years’ experience.

Strengths: Supervisors reported their role to be a teacher, guide and support person. They explained that management’s expectation for them is to be “an expert in everything.” A strength identified by all supervisors was that staff members work well together. Foster care staff reportedly have a “strong unit.” Staff have a good rapport and participate in a fellowship by eating lunch together.

Supervisors stated they have a good collaboration with service providers, court and law enforcement. MDHHS management meets with the private agencies on a quarterly basis. They also meet monthly with CMH staff. Supervisors noted that they used to meet monthly with court personnel, but this abruptly ended within the past two months. The supervisors indicated

they would like to meetings to continue in the future. Supervisors have a wealth of knowledge and experience within the county. They report providing one on one monthly supervision to staff.

Opportunities for Improvement: Supervisors shared a challenge as “time and expectations,” and explained that staff do not have enough time to complete all job expectations. They further explained that as supervisors you spend most of your time dealing with data or other tasks, therefore have little time to mentor your staff.

The priority was described as “whatever the BSC is stating is important at the time.” It was explained that management will want supervisors to put all efforts and time into that task.

Service gaps were reported in psychological examinations and a play therapist. The lack of services was reported as the biggest challenge for staff.

MDHHS and Private Agency Foster Care Workers

Three individuals participated in this focus group, one MDHHS foster care worker and two private agency foster care workers. The experience within the participants ranged from two to ten years.

Strengths: Workers identified teamwork among co-workers as a strength. Workers use “creative thinking” when planning for services. The foster care workers reported that the community is filled with caring people who are invested in the wellbeing of children.

Another identified strength was the positive relationship with court. In Alpena County, they have representation of the county prosecutor and in Montmorency they have a hired attorney to represent MDHHS in hearings. They will assist with petition writing and filing motions in court.

Staff reported the highest priority is given to child safety and ensuring monthly visitation is occurring.

Opportunities for Improvement: A challenge that workers identified was limited resources available within their community. Service gaps were reported with trauma informed therapist, substance abuse services, mental health services for youth, lack of childcare, residential services for youth and more foster homes.

A disconnect was reported by workers with service providers. Workers reported they have difficulty retrieving releases from CMH. A partnership has been started to address this concern.

Service Providers

Seven individuals participated and offered feedback in this focus group.

Strengths: Most stated that more referrals are received from Alpena County. Referring workers work closely with the agency, and they are very helpful and play an important role in ensuring that service implementation is successful.

Service providers stated that MDHHS workers are responsive and described a good relationship. A positive relationship with court personnel was also reported.

The child welfare community has a trauma practice initiative and is assisting with improving service delivery for children and families. A strong community collaboration to ensure multiple providers are familiar with trauma informed practice exists.

Opportunities for Improvement: Service gaps noted for families were transportation, respite, foster care placement, non-Medicaid in home services and mental health services for children.

There is a need for inpatient substance abuse treatment. Parenting or nurturing father programs are needed. A lack of domestic violence batterer programs makes it difficult for workers to service a family and meet all identified needs.

Staff turnover leads to multiple workers being involved in a case, which make it difficult for service providers to contact the appropriate worker.

Court and Legal Staff

Three individuals participated and offered feedback in this focus group, a MDHHS contracted attorney, juvenile court officer and juvenile register referee from Alpena County.

Strengths: A “free flow of information” exists between MDHHS, private agencies and court personnel.

Child welfare staff are committed to the children and families they serve. They are passionate and want to see the families succeed. Staff are responsive and very cooperative.

Staff try to be objective in testimony and reports but remain focused on the best interest of the children.

Opportunities for Improvement: Private agency staff are less prepared for court hearings. Staff retention in the private agencies makes it difficult to get workers trained.

A need for additional substance abuse treatment programs is evident. Services to assist young parents with obtaining resources to maintain sobriety without MDHHS assistance is challenging. Little to no stability in service providers was noted as a barrier. Families are forced to use the same services repeatedly with no progress identified.

MDHHS Program Manager/Private Agency Directors

A total of three individuals participated and offered feedback in this focus group.

Strengths: An identified strength was the excellent communication between MDHHS staff and private agency staff. Great teamwork was identified among MDHHS supervisors, they work as one unit.

A partnership was described between private agencies, MDHHS and other community agencies.

Opportunities for Improvement: A need for additional foster homes was stressed as placement is a large barrier in the counties.

LGALs are not having regular contact with their assigned children. They will quickly see the children before a court hearing and appear unprepared.

Appendix C

Child and Family Status Indicators

* The following scores reflect only scores that fell in the acceptable (4-6) range.

Category	Item	Alcona-Iosco Counties	Alpena-Montmorency Counties
Safety: Exposure to Threats	a. Home	100.0%	100.0%
Safety: Exposure to Threats	b. School	100.0%	100.0%
Safety: Exposure to Threats	c. Other Settings	85.7%	75.0%
Safety: Behavioral Risk	a. Risk to Self	100.0%	100.0%
Safety: Behavioral Risk	b. Risk to Others	100.0%	100.0%
Stability	a. Home	87.5%	75.0%
Stability	b. School	100.0%	66.7%
Permanency	Permanency	80.0%	66.7%
Living Arrangement	Living Arrangement	100.0%	100.0%
Physical Health	Physical Health	100.0%	100.0%
Emotional Functioning	Emotional Functioning	100.0%	100.0%
Learning & Development	a. Early Learning / Development	75.0%	100.0%
Learning & Development	b. Academics	50.0%	100.0%
Independent Living Skills	Independent Living Skills	50.0%	100.0%
Voice and Choice	a. Child/Youth	100.0%	100.0%
Voice and Choice	b. Mother	42.9%	40.0%
Voice and Choice	c. Father	20.0%	0.0%
Voice and Choice	d. Caregiver	80.0%	40.0%
Voice and choice	e. Other	50.0%	0.0%
Family Functioning/Resourcefulness	a. Mother	50.0%	33.3%
Family Functioning/Resourcefulness	b. Father	50.0%	66.7%
Family Functioning/Resourcefulness	c. Other	0.0%	N/A
Family Connections	b. Mother	25.0%	33.3%
Family Connections	c. Father	25.0%	50.0%
Family Connections	d. Siblings	75.0%	33.3%
Family Connections	e. Other	75.0%	0.0%

Practice Performance Indicators

* The following scores reflect only scores that fell in the acceptable (4-6) range.

Category	Item	Alcona-Iosco Counties	Alpena-Montmorency Counties
Engagement	a. Child/Youth	66.7%	100.0%
Engagement	b. Mother	57.1%	40.0%
Engagement	c. Father	40.0%	0.0%
Engagement	d. Caregiver	80.0%	60.0%
Engagement	e. Other	50.0%	0.0%
Teaming	Teaming	37.5%	12.5%
Assessment & Understanding	a. Child/Youth	75.0%	12.5%
Assessment & Understanding	b. Mother	42.9%	16.7%
Assessment & Understanding	c. Father	14.3%	25.0%
Assessment & Understanding	d. Caregiver	60.0%	100.0%
Assessment & Understanding	e. Other	0.0%	0.0%
Long-Term View	Long-Term View	37.5%	62.5%
Case Planning	a. Child/Youth	50.0%	87.5%
Case Planning	b. Mother	57.1%	33.3%
Case Planning	c. Father	14.3%	50.0%
Case Planning	d. Caregiver	60.0%	100.0%
Case Planning	e. Other	0.0%	0.0%
Implementing Interventions	a. Child/Youth	50.0%	87.5%
Implementing Interventions	b. Mother	42.9%	33.3%
Implementing Interventions	c. Father	14.3%	25.0%
Implementing Interventions	d. Caregiver	80.0%	100.0%
Implementing Interventions	e. Other	0.0%	0.0%
Tracking & Adjustment	Tracking & Adjustment	50.0%	50.0%